Healthcare

ALERTBULLETIN®

A Risk Management Update | Republished 2020

Active Shooter Response: Precautionary Measures Can Save Lives

Fatal shootings within healthcare settings have tripled in number since 2010, in comparison to the first decade of the new millennium.[1] Such incidents are painful to contemplate, but history demonstrates they may occur in any type of facility and should be included in risk management planning. Although armed intrusions are unpredictable and not entirely preventable, a sound emergency response plan can help save lives and minimize civil liability for lack of preparation.

The following measures can significantly enhance organizational response to a potentially panic-inducing situation:

Make the issue an organizational priority. According to statistics from the U.S. Department of Justice, Federal Bureau of Investigation, two of the 28 active shooter incidents in 2019 involved healthcare facilities.[2] Although still relatively rare, the frequency of both shootings and fatalities is on the rise. As with all risk management initiatives that target serious and potentially life-threatening exposures, leadership support and follow through are integral to the success of active shooter preparations.

Identify facility vulnerabilities. The first step in active shooter response planning is to complete a security vulnerability assessment of the healthcare setting. The assessment should include both internal and external threats that may give rise to an active shooter event, as well as weaknesses in security operations and risks posed to patients, staff and visitors in the event that an armed intruder enters a facility. For additional information on preparing for an active shooter situation, including the role of threat assessment teams, see the Healthcare & Public Health Sector Coordinating Council's "Active Shooter Planning and Response."

Create a written policy. Depending upon circumstances and the nature of the patient/resident population, the presence of an active shooter in or near the facility may call for full evacuation or sheltering in place, and the written response plan should encompass both options. The plan should be realistic, detailed and current, designating a response team – comprising such areas as security, clinical departments, plant operations and media relations – and assigning responsibilities to specific individuals.

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1 See Rege, A. "17 Fatal Hospital Shootings Since 2002." *Becker's Hospital Review*, November 21, 2018, noting that 13 of the 17 fatalities occurred between 2010 and 2018.
2 See *Active Shooter Incidents in the United States in 2019*, from the U.S. Department of Justice, Federal Bureau of Investigation. April 2020.

Conduct armed intruder exercises and drills. Simulated active shooter scenarios (ideally including law enforcement and other first responders) and situational awareness training help ensure that staff understand the risks and know how to execute the response plan. A combination of "tabletop" exercises and live drills gives administrators the opportunity to evaluate the plan's effectiveness and make necessary modifications. Drills should be fully documented, including dates, attendees, positive results and deficiencies to be addressed. For mock scenario materials, visit the website of the Hospital Association of Southern California®. For aging services settings, see "LTC Shots Fired–Tabletop Exercise," jointly issued by the Health Care Association of New Jersey Foundation and LeadingAge™ New Jersey.

Develop a communication plan. Lives may depend upon the promptness and accuracy of communication with law enforcement officials, internal security personnel and other staff. The active shooter communication plan should be in written form and include the following guidelines and directives, among others:

- **Instruct staff to dial 911 immediately and inform law enforcement of the situation.** Explain to staff that if they cannot speak without placing themselves in danger, they should leave the telephone line open, so that the dispatcher or operator can identify the nature, location and extent of the danger.
- **Issue an internal security alert** via the overhead paging system, accompanied by text message alerts.
- **Use clear, jargon-free language when making emergency announcements** – e.g., "Active shooter, second floor, shelter in place" – rather than obscure and sometimes confusing codes, such as "Silver Alert" or "Code Silver."
- **Establish an emergency hotline** to relay urgent instructions and safety messages to employees, and also to summon appropriate on-call personnel if the incident occurs after business hours.
- **Train command center leaders to respond to calls from family members and community leaders** about an unfolding incident. Draft a script, if necessary.
- **Designate a media relations representative** to respond to inquiries from news organizations, and ensure that this spokesperson maintains constant contact with leadership and is aware of emerging developments.

Collaborate with emergency responders. Upon arrival, local law enforcement will establish a command center. Organizations can facilitate the process by having critical information at hand, including building maps and blueprints, patient and employee lists, life safety and access control drawings and descriptions, and live-feed video views. Employees and others should be prepared for immediate debriefing regarding what they have seen and heard. For more information about coordinating with law enforcement and related topics, see "Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans," issued by the U.S. Department of Health and Human Services, in conjunction with other federal entities.

Appoint an incident commander (IC). ICs are typically facility administrators who are assigned the following emergency responsibilities, among others:

- **Coordinating and documenting communication** between the healthcare organization and law enforcement.
- **Summoning the response team** to implement the written plan.
- **Activating emergency response measures,** which may include initiating a lockdown or evacuation, implementing emergency communication procedures, restricting building access, diverting emergency department cases, creating a controlled perimeter around the facility, and/or securing IT systems and other key areas.
- **Receiving and reviewing reports** at the command center, and making decisions and issuing instructions based upon the latest information.
- **Monitoring building ingress and egress,** and maintaining a log of individuals' names, titles and times of access.
- **Issuing the all-clear directive,** in coordination with law enforcement officials.
- **Supervising post-incident follow-up,** including documented debriefings with involved personnel, as well as trauma counseling.

Establish a uniform response for lockdowns. Relying on lockdown alone during an armed intrusion may actually worsen the situation by creating captive targets. Therefore, law enforcement officials and the designated IC must determine quickly whether the shooter is working alone in an isolated section of a building, which would permit individuals in other areas to evacuate safely.

When lockdown is deemed necessary because patients/residents lack mobility or a safe escape route, instruct individuals in direct danger to:

- **Seek shelter in rooms without windows** (e.g., utility spaces, storage areas, procedure rooms, laboratory settings, triage and surgical suites).
- **Lock doors and blockade entrances** with heavy furniture. Shooters typically avoid taking the time to force their way into locked or obstructed areas.
- **Remain quiet and silence cell phones, pagers and other sources of noise,** such as radios, televisions and non-critical medical equipment.
- **Stay out of the shooter's view,** to the extent possible, by drawing blinds and hiding behind cabinets, beds or desks.
- **Identify structures in the environment that can serve as barriers** between people and the shooter, such as nursing workspace partitions.
- **Be prepared to throw a chair or another suitably heavy object at the assailant** in case of an unavoidable face-to-face confrontation.

Staff members who are not in immediate danger should continue providing needed care to patients/residents, informing them of the situation as calmly as possible. Direct supervisors outside of the affected area should report injuries to the IC, as well as the number of staff, patients/residents and visitors being sheltered.

Advise employees against confronting an active shooter. Staff should be directed to run-hide-fight, in that order. Only if their life is in imminent danger should individuals attempt to distract and/or incapacitate an armed intruder. If they cannot escape the danger zone, they should seek cover (i.e., hide behind something that a bullet cannot penetrate) or, if that is impossible, retreat to rooms that can be locked. If rooms are not secure, staff should devise an alternate plan to barricade a door, using patient/resident beds, bedside tables, chairs or other available objects. In addition, train employees to remain in hiding until the all clear signal is given by the IC and law enforcement officials. The Joint Commission offers additional advice on preparing for active shooter situations.

Be prepared for a hostage situation. Policy should strictly prohibit staff, family members or other visitors from negotiating with intruders for the release of hostages. If an armed intruder alerts a staff member by telephone of a hostage situation, the employee should attempt to identify the intruder and the hostages, secure a call-back number and promptly report all information to the command center, thus permitting trained individuals to respond.

Law enforcement officials and the **designated IC must determine** quickly whether the **shooter is working alone** in an isolated section of a building, which would **permit individuals** in other areas **to evacuate safely**.

Provide safe evacuation routes. One element of any emergency response plan is to ensure that exit signs are present and well-lit, evacuation plans and routes are posted, and hallways are kept clear.

Determine whether to evacuate or shelter in place, based upon such factors as availability of an escape route, mobility of patients/residents, and awareness of the number and location of the shooter(s). If the decision is made to evacuate, instruct employees to keep their hands visible when leaving a danger zone, retreat to a safe location, communicate their whereabouts to the command center and be prepared to administer first aid to the wounded. For more information regarding evacuation and other response measures, see the U.S. Department of Homeland Security "Active Shooter: How to Respond."

Carefully consider whether to advertise that the building is "weapons-free." It is possible that such an overt statement may make the facility a more likely target of an armed attack. Many states have laws that designate the types of weapons that can be brought into healthcare facilities. If weapons are permitted, written policy should clearly designate what constitutes a weapon (e.g., guns, batons, taser guns and pepper spray), who is allowed to carry them and where they are permitted within the facility.

Unfortunately, no healthcare facility is immune to the threat of random violence. The guidelines and resources listed herein can help organizations plan a coordinated and rehearsed response to an armed intrusion, thereby potentially reducing danger to individuals, disruption of care and exposure to liability.

Quick Links

- Active Shooter Preparedness, a resource from McKesson.
- Active Shooter Resources, from the U.S. Department of Justice, Federal Bureau of Investigation.
- Active Shooter: Tools/Resources, from the New York State Health Emergency Preparedness Coalition.
- Planning for Active Shooter Incidents, from the California Hospital Association.

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