ACTIVE SHOOTER

Hospital Planning Considerations

Updated March 2018

Planning & Response Topics

- Risk & Security Assessment
- Planning With Law Enforcement
- Plan Review & Coordination
- Alert & Notification Procedures
- Access Control & Lockdown
- Managing Critical Functions
- Coordinated Training Plans
- Response & Incident Management
- Demobilization & Recovery
- Active Shooter Policy Template
- Guidance & Resource Documents

IROQUOIS Healthcare Association

Experts cite planning and training as the fundamental elements of response to an unpredictable event. Active Shooter responses requires a commitment by hospital leadership to conduct pre-incident planning internally and in partnership with law enforcement, and provide training for effective alert, protective response actions, incident management.

This document identifies key planning considerations and critical response actions for an active shooter incident in a hospital. It is suggestive of issues that a hospital may wish to analyze; it is not definitive, nor meant to prescribe hospital policies and procedures.

This document has been developed through an analysis of after-action reviews, law enforcement recommendations, best practices and selected resources.

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MITIGATION

RISK ASSESSMENT

- ❑ Assess the threat and impact of an active shooter incident including identification of mitigation strategies and tactics during annual HVA.
- ❑ Conduct a security assessment to determine the facility's vulnerably to an active shooter attack.
- ❑ Conduct an interactive facility walk through with LE based on an active shooter scenario.

PRE-INCIDENT PLANNING WITH LAW ENFORCEMENT

- ❑ Conduct pre-incident planning with LE, local emergency management and public safety officials and healthcare coalition partners.
- ❑ Conduct a security assessment to determine facility's vulnerably to an active shooter attack.

  Consider high-risk areas such as:
  - Emergency Department;
  - Human resources;
  - Administration;
  - Critical care units;
  - Patient rooms; and
  - Parking lots and garage.
- ❑ Conduct an interactive facility walk through with LE based on an active shooter scenario.

  Identify locations of:
  - Patients that may be unable to evacuate (i.e. OR, ICU, nurseries, and pediatric units);
  - Pre-planned areas of refuge and shelter-in-place;
  - Exterior Evacuation Assembly Points;
  - Public address and communications systems, surveillance cameras and viewing area, alarm controls, utilities and HCC.; and
  - Areas that may have unique considerations for LE response.

  See Special Areas for Consideration (HPHSCC Active Shooter Planning and Response)
- ❑ Discuss the coordination of hospital functions relating to security, facility management, engineering and public information including:
  - Establishing a liaison role with local law enforcement;
  - Crowd control, evacuation control, control of assembly areas;
  - Utility controls, lockdown, observation, and information;
  - Hospital interface from the incident commander's location; and
  - Public information (i.e. casualty notification).
- ❑ Update and provide the following essential facility information to LE:

- Maps and Floor Plans Highlight locations of:
  - Entrances and exits;
  - Gas main shut off;
  - Electrical shutoff;
  - Water Shutoff;
  - HVAC Controls;
  - Fire Extinguishers;
  - Building segmentation by department;
  - Hazardous materials;
  - MRI equipment; and
  - Medical Supplies;
- Access keys, cards, codes and entry options;
- Technology and tools should be maintained in secured locations from which it can be immediately provided to or accessed by responders (e.g., flash drives compatible with first responders' computers);
- The locations should be known by and be accessible to a number of individuals, keeping in mind the ultimate goal of ensuring ready access in an emergency;
- Site Emergency Management Plan;
- Evacuation Plan to include routes and assembly areas;
- Tactical Medical Surge Capability;
- Site Security Plan including actions for an active shooter response and other response plans such as a Hostage Situation and Bomb/Improvised Explosive Device Situation;
- Identification of key hospital personnel and immediate contacts;
- Location and capabilities of facility Hospital Command Center;
- Security technology to locate victims and shooter, and controlling building access;
- Information on location and operation of surveillance cameras, monitors and recording capabilities including:
  - The locations should be known by and be accessible to a number of individuals, keeping in mind the ultimate goal of ensuring ready access in an emergency;
  - Capabilities and limitations of the system (e.g. fixed vs. movable cameras, zoom/wide-angle);
  - Remote access capabilities or means to access video via smart phones and other devices;
  - What can and can't be observed by the system;
  - Which camera or series of cameras give the best likelihood of shooter detection based on last known sighting of shooter;
  - What seasonal change does to the view of exterior cameras;
  - Whether the video control system is serviced by backup power should the facility lose power;
- Facility mass communication messaging (i.e. what employees been told, what does message say).

❑ Stage critical access kits for LE responders

- Facility maps, floor plans, entrances and exit diagrams;
- Access keys/cards/codes and entry options to open every possible lockable door;
- Supplies, equipment, pharmaceuticals, water and food for areas under lockdown; and
- Hospital radio to get immediate information from personnel that intimately know the building.

❑ Designate a team, or more than one individual charged with meeting and providing responders with all information identified above.

- Identify these individuals to responders during planning.

❑ Review external and internal notification and communication plans and systems.

See Appendix A: Notification and Communication

- Understand common terminology. In addition to NIMS and ICS terminology, review and define common LE terms used in active shooter response and hospital terminology; and

- Test LE communications in all areas of the hospital to ensure viability such as basement, CT/x-ray rooms, MRI, elevators, lab, etc.

❑ Review and document hospital and LE operations and response protocols.

- The first officers on the scene will move quickly to the location of the threat and take immediate action to stop the ongoing threat; *See Appendix A: Law Enforcement Planning and Response Tactics*
- Integrate LE response and operations protocols into facility plans and procedures;
- Educate and train staff to understand response protocols and to act accordingly.

❑ Review and coordinate management of facility and perimeter security, including:

- Process to establish and coordinate internal safety and security;
- Process to activate facility and perimeter security plans;
- Process to control access and movement in the facility; and
- Evacuation of non-impacted areas, and movement of patients, staff, and visitors to safe locations.

❑ Review and coordinate additional plans with LE such as:

- Facility lockdown policies and procedures to ensure that lockdown actions isolate the active shooter and protect human life;
- Evacuation and shelter-in-place options and plans; *See Facility Clearing, Evacuation and Casualty Collection Points/ Force Protection Teams*[i]
- Legal, risk management and security policies related to inspection, handling, storage and return of weapons, and refusal to surrender weapons;
- Policies related to persons who are professionally exempted or authorized by law to carry a weapon in the performance of their duties. Security and enforcement personnel should adhere to safe carrying practices;
- Policies and procedures for patients in custody.

❑ Conduct ongoing site surveys

- Review any updates to essential facility information *(see section below)*, plans and mitigation strategies that may alter LE tactical response plans;
- Check and update critical access kits.
- Consider establishing a hospital liaison with LE for information sharing and maintaining updated information.

MITIGATING WORKPLACE VIOLENCE

❑ Develop stand-alone written hospital-based workplace violence prevention program.

- Ensure that procedures and training are in place for responding to incidents of workplace violence (e.g., notifying department managers or security, activating codes);
- Train employees how to respond to patients and family members who are agitated and potentially violent. Include education on procedures for notifying supervisors and security staff;
- Train the appropriate staff in violence prevention and de-escalation;
- Develop a clear policy and procedure for reporting violence;
- Establish a process for staff or patients to alert the hospital of any restraining orders or other restrictive court orders;
- Thoroughly prescreen job applicants; establish and follow procedures for conducting background checks of prospective staff;

- Ensure procedures for disciplining and firing employees minimize the chance of provoking a violent reaction;
- Encourage staff to report incidents of violent activity and any perceived threats of violence;
- Educate supervisors that all reports of suspicious behavior or threats by another employee must be treated seriously and thoroughly investigated. Train supervisors to recognize when an employee or patient may be experiencing behaviors related to domestic violence issues.
- Ensure that counseling programs for employees who become victims of workplace crime or violence are in place.

See Workplace Violence Resources

- ❑ Ensure that human resource plans and procedures are integrated with those of risk management and security.
- ❑ Review patient screening process, particularly in the Emergency Department, when there are signs of domestic violence.
  - *Many hospital shootings have involved motives of grudge or revenge, with indication of domestic violence. Such cases may be prevented with appropriate screening.*
  - Train staff to ask victims of domestic violence if their attackers know that they came to the hospital and might follow them;
  - Confirm procedures for immediate and effective notification of appropriate facility staff/departments;
  - Review precautionary procedures to prevent violent acts, including alerting security to be on the lookout for the person, and restricted access.
- ❑ Review policies related to patient valuables/belongings to assist in rendering a safe environment. *See Danbury Hospital Shooting and Investigation.*

PREPAREDNESS

PLANNING ASSUMPTIONS

- ✓ Emergency departments are considered particularly vulnerable.
- ✓ Active shooter situations are unpredictable, evolve quickly and are often over within 10 minutes. Individuals must be prepared both mentally and physically to deal with an active shooter situation.
- ✓ No two incidents are the same. Response depends on where it is occurring. As shooter moves, response will change. Factors ranging from the shooter's motive, their weapons, knowledge of the location and the number of staff and visitors present can all influence an incident's response and outcome.
- ✓ Policies and procedures should not replace common sense and personal decisions about safety. It is impossible to plan for every situation. Run, hide, fight are un-numbered options. Self-preservation is a personal issue. People do heroic things, but not by policy.
- ✓ Preparation is the key to responding to a mass shooting incident, including a clear idea of your actions before the incident occurs.

- ✓ Plans and procedures should be updated on a regular basis. New best practices, lessons learned, and training become available on an on-going basis.
- ✓ Expect to implement surge strategies.
- ✓ Be prepared to implement your Mass Casualty or Trauma Care Plan as soon as it is safe to do so. Quick hemorrhage control is an important success factor in saving lives. Have medical supplies available and set the expectation for staff to assist victims as soon as it is safe to do so because the arrival of Emergency Medical Services may be delayed.
- ✓ The facility becomes a crime scene. Normal instincts to render care to victims and standard treatment procedures may need to wait until LE indicates that it is safe to do so. LE's crime scene protocols may prevent normal operation, including triage of wounded, within the incident area.
- ✓ Extra staff will need to be called. The incident duty staff will likely be overwhelmed and/or emotionally incapacitated.
- ✓ Hospital will require logistical support in responding to phone calls and media. The Aurora Shooting prompted 2000 phone calls to the hospital.
- ✓ Services and operations may need to be relocated. Incident areas will need to be secured for evidence preservation and investigation.

ACTIVE SHOOTER PLAN

- ❑ Create a multidisciplinary team to develop, review, and update active shooter plans, as well as all related policies and procedures.
  - In addition to LE, key external planning partners include emergency management, EMS, fire, healthcare coalition partners, and people with disabilities;
  - Internal team members should include staff representing:
    - Executive leadership,
    - Clinical care providers,
    - Legal and risk management,
    - HR and volunteer program,
    - Emergency management,
    - Security,
    - Facility engineering,
    - Chaplain.
- ❑ Keep the active shooter plan simple.
  - The plan should be easy to understand and follow. Quick, effective decisions on the safest course of action could mean the difference between life and death;
  - Develop response guides, policies, SOGs etc. to supplement the plan;
- ❑ Facility plans must be coordinated with LE operational response.
  - Conduct facility site assessment with LE and review facility plans and procedures with them;
  - Review LE operational response and integrate into facility plans;
  - Conduct training, drills, and exercises with LE.
- ❑ An effective active shooter plan should include proactive steps, including:

- Training, to identify individuals who may be on a trajectory to commit a violent act;
- Addressing employees who may have an issue with domestic violence or restraining orders;
- Addressing threats against patients, staff, or visitors;
- Training and education to all staff to respond to an active shooter incident;
- A method to rapidly notify staff and visitors of the event, including a standardized code that signifies an active shooter incident, and have staff been trained on the notification;
- An evacuation policy and procedure including emergency escape procedures and route assignments (e.g., floor plans, safe areas);
- Lockdown procedures for individual units, offices, and buildings;
- Response to all internal and external areas of the hospital, including the surrounding neighborhood;
- The role of local law enforcement in hospital response;
- The hospital's role in the law enforcement response and integration with the facility incident commander and the external incident commander;
- Coordinating communications and information sharing with law enforcement officials;
- Sharing information obtained from security systems with law enforcement and, if necessary, prosecutorial officials;
- Information concerning local area emergency response agencies and hospitals (e.g., name, telephone number, and distance from the location), including internal phone numbers and contacts.

❑ Communication procedures must be precise and responsibilities clearly defined, trained and exercised.

- Research shows warnings do not induce panic. People need accurate information and clear instructions.

❑ Review all related policies and procedures that may mitigate an event or may be critical during response including

- Shelter-in-Place Plan
- Evacuation Plan
- Lockdown Plan
- Security Plan
- Risk Communication Plan
- Alternate Care Site Plan
- Business Continuity Plan
- Employee Health Monitoring & Treatment Plan
- Patient, Staff & Equipment Tracking Procedures
- Behavioral Health Support Plan
- Fatality Management Plan
- Emergency Patient Registration Plan
- Interoperable Communications Plan
- Demobilization Plan
- Other gun-related incidents that do not meet the active shooter definition should also be accounted for in plans. These incidents may involve a single shot fired, an accidental discharge of a weapon, or incidents that are not ongoing. Because these incidents rarely involve an ongoing threat to those present at the hospital, the way civilians and LE respond will be different.

❑ Train staff to act. Each person carries a three-fold responsibility.

- Learn signs of a potentially volatile situation and ways to prevent an incident.
- Learn steps to increase survival of self and others in an active shooter incident.
- Be prepared to work with LE during the response.

ALERT AND NOTIFICATION PROCEDURES

- ❑ Use multi-disciplinary team to determine how and what will be communicated internally and externally. *See Appendix A: Notification and Communication*
  - Develop standard alert language;
  - Consider plain language that is clear and instructive ("Security Alert" + "Active Shooter" + "Location" + "Safety Instruction");
  - Avoid codes or jargon that only hospital staff may understand. For example, instead of "We have a code silver in the ICU," state "We have an active shooter in our Intensive Care Unit located on the third floor of our hospital's west wing." HHS provides the following recommendation:

    "Generally, plain language communications, not coded, should be used in conjunction with any coded light and sound systems to maximize message delivery. If the use of coded language is necessary, beyond merely training staff, extra care should be given to how best to communicate the presence of an active shooter to others at risk."

- ❑ Provide training on external notification procedures.
  - Repetition in training and preparedness shortens the time it takes to orient, observe, act, and decide.
  - Ensure staff is trained to give critical information such as:
    - Concise summary of what is happening;
    - Identify yourself and your location;
    - Number of people at your location;
    - Number of injured and types of injuries;
    - Number of assailants if known
  - Additional information the dispatcher may request includes:
    - How many suspects are there?
    - Where is/are the suspect(s)?
    - Have they left the scene?
    - What are they wearing (including body armor)?
    - Where are they moving toward?
    - What types of weapon(s) are involved?
    - How many shots have been fired?
    - When was the last time you heard gunfire?
    - Where are you located?
    - How many people are with you?
    - How many people are injured?
    - Are there hostages?

- ❑ Determine internal notification protocols.
  - Be sure that responsibilities and steps are clear for:
    - Making overhead active shooter notification;
    - Notifying COO, Administrator on Call, et. al.;
    - Ongoing communication of incident status. Make sure there are multiple points the message can be sent from, such as the security department, communications or marketing and IT;
    - Cancellation of active shooter event code/status or "all clear."

- ❑ Those closest to the public-address or other communications system, or otherwise able to alert others, should communicate the danger and necessary action.
  - Upon recognizing the danger, as soon as it is safe to do so, staff or others must alert responders by contacting 911 with as clear and accurate information as possible.

- ❑ Ensure this protocol is readily available and understood by those who may be responsible for sending out or broadcasting an all-facility announcement.
  - To reduce the time between recognition of a threat and transmitting an alert, a variety of people need to be able to authorize and execute these broadcasts.

- ❑ Rapid notification of a threat can save lives by keeping people out of harm's way.
- ❑ Develop procedures to maintain facility-wide communication.
- ❑ Real-time communication systems are essential for warning employees, patients and LE of an emergency event.
  - Use multiple modes of notification to reach all persons inside the facility and on its grounds. These may include overhead pages, text (SMS) messaging, digital displays, e-mails, intercoms, call boxes, popup messages, or other notification;
  - Inform staff outside the building as well as those within it;
  - Develop process and messages to inform families of staff and patients of situation, assuring that their loved ones will call as soon as all clear is given;
  - Determine how to communicate with areas of the facility that have no public address or communications system such as using facility-wide "reverse 911-style" text messages;
  - Consider how to communicate with those who have language barriers or need other accommodations, such as visual signals or alarms to advise deaf patients, staff, and visitors about what is occurring;
  - Test communication capacity regularly and review your contact list to ensure you have included everyone.
- ❑ Integrate active shooter related planning into risk communication plans.
- ❑ Review related codes to ensure that each communicates the appropriate directives.

EVACUATION

- ❑ Review evacuation options and procedures in conjunction with lockdown policies to ensure that multiple options that may optimize personal safety of all staff, patients, and visitors.
- ❑ Establish procedures for ongoing evaluation and decisions about evacuation.
- ❑ Develop protocol and procedures for evacuation of the immediate hospital areas not impacted by the event, as necessary, and in coordination with security and LE.
- ❑ Identify multiple evacuation routes.
  - Establish variable escape routes, including outside destinations, and practice evacuating each route.
  - Multiple routes can help if the shooter is familiar with one.
  - Avoid open spaces where possible, and locations that will trap you such as an elevator.
- ❑ Designate a safe location away from facility a building as an Evacuation Assembly Point.

  See Healthcare and Public Health Sector Coordinating Council; p. 37.
  - All persons evacuating should gather at the designated location to be accounted for as prescribed in the facility's evacuation plan, and remain at this location until informed that they can return to the facility or depart the premises.
  - The location should not be an open area within sight of the facility or that may interfere with LE response. Consider nearby buildings that may be used.
  - Exterior Evacuation Assembly Points present a target for the active shooter and must be addressed during planning by law enforcement.
  - Considerations for the hospital and law enforcement regarding Evacuation Assembly Points include:

- Employee assembly areas are typically tied to fire evacuation and NOT an active shooter resulting in the areas selected placing the evacuees in direct line of sight to the healthcare facility.;
- Between law enforcement and facility security, or administration, a decision must be made on understanding who and how the evacuees are contained/controlled;
- Safe corridors must be established between assembly areas and Employee Facility Return Points or Family Reunification Points as additional manpower arrives;
- Identification of potential witnesses who require interviewing by law enforcement and process for conducting interviews/obtaining statements after the facility has been made safe.

❑ Address accessibility and communication requirements for individuals with special needs/functional needs.

- Procedures should be in place to ensure that people with access and functional needs can evacuate the physical area in a variety of conditions and accommodation must be provided for individuals with access and functional needs, such as individuals with disabilities or limited English proficiency.
- People with a mobility disability may need assistance leaving a building without a working elevator and may need accessible modes of transportation to move to an evacuation point nearby the facility;
- People needing accessible communications, such as individuals who are blind or who have low vision or individuals who have limited English proficiency or who are non-English speaking may not be able to independently use traditional orientation and navigation methods such as exit or evacuation signs. An individual who is deaf or who has cognitive or intellectual disability may be trapped somewhere unable to communicate if they cannot hear or speak to responders;
- Children require adult supervision and require support to evacuate safely and avoid becoming lost or separated.

SHELTER IN PLACE

❑ Review shelter in place options and procedures in conjunction with lockdown policies to ensure that multiple options optimize personal safety of all staff, patients, and visitors.

- If evacuation is not possible, train staff to find a place to hide where the shooter is less likely to find them. The best location would have thick walls, few windows, a solid door, and reliable communication capabilities such as a telephone, cell phone reception or a duress alarm button.
- Instruct employees to lock and block the door with heavy furniture, cover all windows, turn off all lights, silence any electronic devices, lie on the floor and remain silent.
- These areas can be stocked with accessible first aid and emergency kits designed for hemorrhage control, communication devices, and telephones and/or duress alarms.
- Designated “shelter in place” locations are often designed for natural hazards and so may not be ideal for active shooter incidents. Consider potential safe rooms and spaces where staff, patients, and even visitors can retreat to in the event of an immediate threat of danger. A designated safe room should be equipped with a duress button, telephone, reinforced, locking doors with peepholes installed, and an external lock with key access. Safe rooms must provide physical and communication accessibility for people with disabilities.

❑ Establish procedures for ongoing evaluation and decisions regarding shelter in place.

ACCESS CONTROL AND LOCKDOWN

❑ Ensure that the hospital has the capability to control access to the facility.

Issues to consider include:

- Ensuring access for first responders;
- Keeping an extra set of master keys and access cards available for law enforcement;
- Limiting access for additional employees and preventing visitors from entering;
- Releasing the magnet-held fire doors without sounding an audible alarm;
- Locking doors remotely.

❑ Review facility lockdown policies and procedures to isolate the shooter and protect human life.

Issues to consider include:

- Initiation of facility lockdown and/or evacuation plans clearly indicate lockdown area(s)
- Criteria and decision-making process;
- Assessment/reassessment of "real time" event Information/Intelligence;
- Assessment/reassessment of internal response;
- Process to establish and coordinate internal safety and security;
- Process to activate facility and perimeter security plans;
- Process to control access and movement in the facility;
- Evacuation of non-impacted areas;
- Movement of patients, staff and visitors to safe locations;
- Establish ongoing evaluation and decisions regarding lockdown procedures.

MASS CASUALTY AND TRAUMA CARE

❑ Be prepared to implement your mass casualty or trauma care plan as soon as it is safe to do so. *Quick hemorrhage control is an important success factor in saving lives.*

- Have medical supplies available and set the expectation for staff to assist victims as soon as it is safe to do so because the arrival of Emergency Medical Services may be delayed.

❑ Review ethical considerations.

- The understanding of duty to care is challenged when planning and training for an active shooter event. The accepted tenet that healthcare facilities and staff would make, as in any instance, every reasonable effort to protect and continue to care for patients may become impossible, without putting others at risk for loss of life. Staff may need to make difficult decisions to protect themselves and others.
- The following guidelines presented in *Active Shooter Planning and Response in a Healthcare Setting* may prompt facility discussions and prepare staff for decisions before ever facing them:
  - Allocate resources fairly with special consideration given to those most vulnerable;
  - Limit harm to the extent possible. With limited resources, healthcare professionals may not be able to meet the needs of all involved;
  - Treat all patients with respect and dignity, regardless of the level of care that can continue to be provided them;
  - Prepare to decide to discontinue care to those who may not be able to be brought to safety in consideration of those who can;
  - Realize some individuals who are able to avoid the incident will choose to remain in dangerous areas. Prepare how to react to those situations;
  - To the extent possible, always consider the needs of others as well as yourself. Consider the greater good as well as your own interest.

MANAGING CRITICAL FUNCTIONS

❑ Staff Roles and Responsibilities

- Use appropriate Job Action Sheets to carry out assigned roles and responsibilities.
- Staff members take protective measures and instruct others as outlined in protective response actions developed by hospital.
- Determine responsibilities by department or need i.e. "Code Blue" response procedures

❑ Communication

- Coordinate all internal and external communication messages through the PIO within ICS, and in conjunction with the LE PIO.
- Consider establishing a Joint Information Center (JIC) in conjunction with the LE PIO.
- Internal and external telephone communication should be kept to a minimum. Two-way radio traffic should be restricted to emergency transmissions only.

❑ Resources and Assets

- Request and stage necessary equipment for incident responders through the Logistics Section within the ICS. Assets not immediately available may be acquired through normal and emergency procurement procedures and coordinated through the Logistics Section within the ICS.

❑ Safety and Security

- Closely monitor safety of all staff, patients, and visitors.
- Evacuation procedures should be determined/coordinated by LE command and IC.
- Vehicle and pedestrian traffic flow should be monitored and managed by the Security Branch Director to minimize any disruption to the emergency response

❑ Utilities

- Utilities such as HVAC, telecommunications, P.A. system, or lighting may be manipulated at the direction of LE command and coordinated through IC.
- Facilities Management staff should be available to the EOC throughout the duration of the active shooter incident.
- Review protection of critical nodes in area of facility with power, gas, communications, and ability to monitor and mitigate:
  - Chemical Reagents;
  - Biologicals;
  - Halon Gas Fire Suppression Systems;
  - Needle Sticks and Biohazards;
  - Medical Gasses and Explosives;
  - Nuclear Medicine/Radiology; and
  - MRI magnetics

❑ Patient Management

- Review procedures for management of clinical and support activities.
- All patient management activities should be maintained if safe to do so and any modifications will be coordinated through the Medical Care Branch Director within the ICS. Implement patient management plans in coordination with facility emergency management plans (such as surgery cancellations, diversion, emergency care, patient tracking);
- Review process for monitoring, conserving and determining alternatives for Life Safety critical systems and utilities (for example fire safety systems, overhead paging, patient call lights, etc.) when the facility is under lockdown or operations are impacted;

- Documentation and tracking of patient clinical information under evacuation or lockdown;

TRAINING & EXERCISES

DEVELOP A COORDINATED TRAINING PLAN

- ❑ All staff should be trained on critical elements of the response plan with the goal of rendering responses intuitive.

  The primary purpose of an active shooter response plan is to prevent, reduce, or limit access to potential victims, and to mitigate the loss of life. Providing information on how staff can respond to the incident can help prevent and reduce the loss of life. No single response fits all active shooter incidents; however, making sure each individual knows his or her options for response and can react decisively will save valuable time. The mental rehearsal of scenarios and considering response options in advance will assist individuals and groups in quickly selecting their best course of action.

- ❑ Each person should be trained to carry out a three-fold responsibility:
  - Learn signs of a potentially volatile situation and ways to prevent an incident.
  - Learn steps to increase survival of self and others in an active shooter incident.
  - Be prepared to work with LE during the response.

- ❑ Provide violence in the workplace training to help identify individuals who may be on a trajectory to commit a violent act.

  Train employees in:
  - How to handle difficult clients or patients;
  - Policies and procedures for reporting violence;
  - Process for staff or patients to alert the hospital of any restraining orders or other restrictive court orders;
  - Violence prevention and de-escalation.

- ❑ Train all staff and volunteers on protective response options.

- ❑ It is recommended that staff be trained to decide what action is appropriate based on their assessment of the situation, including how best to maximize the protection of life and what tactics to employ. Options for consideration in developing your response plan and training are outlined in Appendix A Training: Protective Response Actions
  - Incorporate critical decision-making activities and realistic response options into facility training events.
  - Train staff to overcome denial and to respond immediately. For example, train staff to recognize the sounds of danger, act, and forcefully communicate the danger and necessary action (e.g., “Gun! Get out!”).

- ❑ Determine any Duty of Care requirements or guidelines and include these in training so that staff may include this aspect in determining the best course of action to take in maximizing the protection of life.

- ❑ Train security personnel in providing guidance to staff and visitors during an active shooter response.

- ❑ Provide ongoing training on Alert and Notification procedures.

- ❑ Repetition in training and preparedness shortens the time it takes to orient, observe, and act.
  - Upon recognizing the danger, staff must alert responders as soon as it is safe to do so by contacting 911 with information that is as clear and accurate as possible.
  - Those closest to the public address or other communications system, or who are otherwise able to alert others, should communicate the danger and necessary action. *See Section X: Response and Appendix A: Notification and Communication.*

WORKING WITH LAW ENFORCEMENT

- ❑ Develop and conduct training and exercises in conjunction with LE partners.
  - For an effective response and to avoid mistaken identity, instruct employees in appropriate reactions when LE arrives.
- ❑ Identify critical aspects of LE response such as:
  - Primary role is to stop the armed assailant as soon as possible;
  - Officers will proceed directly to the area where assailant is known to be or where shots were fired;
  - Officers will wear regular patrol uniforms, bulletproof vests, helmets, and/or other tactical equipment;
  - Officers may be armed with rifles, shotguns or handguns;
  - Officers may use pepper spray, tear gas or Tasers to control the situation;
  - Officers may shout commands, and may push individuals to the ground for their safety;
  - The first officers to arrive at the scene will not stop to help injured persons;
  - Expect rescue teams comprised of additional officers and emergency personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon other individuals to assist in removing the wounded from the premises if it is determined safe to do so.
- ❑ Review directives for when LE arrives
  - Remain calm and follow officers' instructions.
  - Put down any items you might have in your hands (i.e. bags, jackets)
  - Keep your photo identification visible at all times.
  - Immediately raise your hands and spread your fingers.
  - Keep your hands visible at all times.
  - Avoid making quick movements toward officers such as attempting to hold onto them for safety.
  - Avoid pointing, screaming and/or yelling.
  - Do not stop to ask officers for help or direction when evacuating.

ENSURE APPROPRIATE ICS TRAINING AND STAFFING

- ❑ Review Hospital Command Center (HCC) activation procedures under active shooter/ code silver/lockdown declaration.
- ❑ Review procedures for establishment of unified command and communications between LE and the HCC.
- ❑ Identify staff with facility knowledge to liaison with responding LE and to communicate needs to hospital officials (i.e. hospital security, facility/building engineer or equivalent).

- Prepare Hospital Incident Command (HICS) tools for the scenario including:
  - Job Action Sheets;
  - Event-Specific Planning Guides and Response Plans;
  - Incident Action Plan Initial Incident Objectives may include:
    - Identify the location of the incident;
    - Establish a perimeter;
    - Clear the area of all possible by-standers;
    - Secure incident area; initiate lockdown/evacuation as appropriate;
    - Gather information from witnesses;
    - Coordinate response with LE.

EXERCISE THE ACTIVE SHOOTER PLAN ANNUALLY

- Design drills and exercises to identify gaps in existing hospital policies allow hospital personnel to practice physically the procedures of an active shooter incident.
- Repetitive and focused training through drills and exercises can assist by having a positive impact on reaction and response in survival situations.
- Focus drills and exercises on critical decisions and coordination of actions such as:
  - Notification procedures;
  - Operational procedures for internal and external plans;
  - Current response capabilities; and
  - Identify training needs.
- Key drill and exercise objectives and capabilities include:
  - Explain the priorities of the Hospital during an incident:
    - Notify Police;
    - Protect lives of patients, visitors and staff by IMMEDIATELY implementing active shooter protocols;
    - Activate the Critical Incident Management Team or HICS; and
    - Provide all operational response and support as the incident may dictate.
  - Explain the priorities of the police during an incident:
    - Capture or neutralize the suspect as soon as possible;
    - Protect the lives and provide safety for those in near proximity of the shooter;
    - Protect the lives and provide safety for those in the general area; and
    - Provide for the safety of police officers.
  - Explain the role of staff during an incident
    - To be trained in the plan and response protocols;
    - Know the layout of facilities and best routes for evacuation;
    - Know and train on how to defend in place if needed;
    - Train to eliminate the threat as a last resort;
    - Explain the police response during an incident;
    - Assure communications redundancy i.e., in house paging system vs. SMS or net driven backup;
    - Check power redundancy, oxygen supply redundancy;
    - Confirm electronic security and lockdown actions (i.e. can security activate remote door locks via computer program?)

- Conduct department specific exercises (e.g., ED closure/relocation/resumption) based on active shooter scenario impact on normal operations.

RESPONSE

NOTIFICATION

- ❑ As soon as an active shooter or armed assailant situation is known, dial 911 to contact LE.
  - Identify yourself and your location.
  - Number of people at your location.
  - Number of injured and types of injuries.
  - Number of assailants if known.
  - Identify the entrance which should be used by the first arriving officers.
- ❑ Issue overhead alert pursuant to Active Shooter notification procedures.
- ❑ Notify hospital executive and command staff pursuant to Active Shooter notification procedures.
- ❑ Implement facility lockdown pursuant to situation and policy.
- ❑ The operator will continue to make overhead Active Shooter notifications.

IMMEDIATE SAFETY

- ❑ Reference: DHS Active Shooter Response Card.
- ❑ Secure the area and prevent access by unauthorized personnel until LE officers arrive. All doors and elevators will be secured as requested by LE command.
- ❑ Do not attempt to rescue or assist any injured subjects until instructed to do so by a clearly identified LE officer.
- ❑ Do not use the telephone or cell phone for outside calls.
- ❑ All units and departments will prepare a list of everyone present at your location and will be sent as designated.
- ❑ Remain in your location unless instructed to evacuate by a clearly identified police officer. If you are not in your department, DO NOT attempt to return to your unit/department until the All Clear is announced.

WHEN LE ARRIVES

- ❑ "Designated Individual" will meet the first arriving and subsequent LE officers at the designated entrance and provide initial information and an "all-access" swipe card.
  - Location of armed assailant(s);
  - Number of assailants, if more than one;

- Physical description of assailant(s);
- Number and type of weapons held by the assailant(s);
- Number of potential victims and their location(s).

- ❑ "Designated Department" representative will remain at the entrance and will not accompany LE officers into the building.
- ❑ Floor plans and other requested facility information will be made available to LE command upon request.
- ❑ A liaison officer will be dispatched to the LE command post, once established. Liaison officer will maintain constant communication with the Hospital EOC via cell phone and/or two-way radio to provide ongoing information and updates.
- ❑ For incidents occurring on the main campus, the LE command post will be established at "Designated Site."
- ❑ Unified command may be established in conjunction with LE command.
- ❑ Closed circuit television (CCTV) cameras, where available will be utilized, and provide the lead LE agency with "real-time" information by radio to the LE command post, or through direct contact with the appropriate LE agency.
- ❑ Unless directed otherwise by LE, all staff members will attempt to secure patients, visitors and other staff members in a secured area, close all doors and await further instructions. Staff members are not to put themselves in jeopardy while attempting to secure patients, visitors or other staff members.

INCIDENT MANAGEMENT

- ❑ If it is determined safe to do so, an Emergency Operations Center (EOC) will be activated and positioned away from the facility. Only members of the Administrator-On-Call group will respond and only if it is safe to do so.
- ❑ Utilize Hospital Incident Command (HICS) tools for the scenario:
  - Incident Response Guide: Active Shooter
  - Job Action Sheets
- ❑ Establish unified command and communications between local LE and the Hospital Command Center (HCC).
  - Designate a representative with facility knowledge (i.e. hospital security, facility/building engineer or equivalent) to liaison with responding LE and to communicate needs to hospital officials.
  - Ensure ongoing communications with LE responders.
- ❑ Maintain internal and external event communications including:
  - Notify and update Emergency Medical Services (EMS), Emergency Operations Center (EOC), NYSDOH, other healthcare facilities, etc. of status;
  - Notify and update patients' family members of situation, in coordination with LE and hospital PIO;

- Provide staff with alerts and on-going event notifications;
- Communicate with the incident area;
- Providing regular updates to the media, in coordination with LE and hospital Public Information Officer.

- ❑ Assure appropriate notifications and/or waivers to local authorities, State licensing agencies and/or Federal agencies should temporary re-location or staging of patients occur.
- ❑ Manage facility and perimeter security in coordination with LE.
  - Establish and coordinate internal safety and security;
  - Activate facility and perimeter security plans;
  - Control access and movement in the facility;
  - Discontinue routine corridor movement;
  - Direct clinical response to IC or EOC and review with LE to ensure safety.
- ❑ Reevaluate need for further evacuation on an ongoing basis and direct safe and effective evacuation.
- ❑ Activate policy and procedure(s) to provide mental health support for staff, patients and visitors.
- ❑ Address support needs (water, medications, illness/injury) under the direction of LE.
- ❑ Establish secure off-site area with support services for family, off-duty staff etc.

DEMOBILIZATION AND RECOVERY

COORDINATE POST EVENT ACTIONS WITH LE AND PUBLIC SAFETY

- ❑ Coordinate any “all clear” declaration with LE.
- ❑ Provide internal and external notification of update/change in facility status/code.
- ❑ Conduct immediate debriefing with LE response agencies.
- ❑ Coordinate with LE the securing of incident area.
- ❑ Assess damage and initiate repair, clean up and decontamination of any contaminated facilities or grounds in coordination with Fire and Safety prior to reoccupying the area.
- ❑ Determine actions needed to return facility to normal operations, coordinate resumption of any curtailed services in coordination with LE investigations, and post event demobilization procedures.
- ❑ Initiate actions to relocate services and operations during investigation.

STAFF SUPPORT

- ❑ Activate protocol and mechanism to provide mental health support and debriefing services for hospital staff.
- ❑ Coordinate staff recovery and re-entry into the workplace with Human Resources.

EVALUATION

- ❑ Conduct comprehensive event evaluation including:
  - Multi-disciplinary incident debriefing;
  - Evaluation of response plans (After Action Reports);
  - Improvement plans/Emergency Operations Plan update (Corrective Action Plans).

ACTIVE SHOOTER POLICY TEMPLATE A

I. PURPOSE

This plan will serve as a guideline to assist in the management of an incident involving an armed assailant in "Facility Name".

II. DEFINITIONS

Armed Assailant – Suspect(s) who enters a "Facility Name" building and commits an act of violence and continues to commit, and/or remains a threat to commit, acts of violence with a weapon.

Normal Business Hours – Monday through Friday, "Business Hours", excluding Hospital holidays.

III. GENERAL RESPONSE OVERVIEW

Immediate Staff Response:

- Dial 911 to contact local LE.
  - Summarize concisely what is happening
  - Identify yourself and your location
  - Number of people at your location
  - Number of injured and types of injuries
  - Number of assailants if known
- If an armed assailant enters your immediate area, you should:
  - Try to remain calm.
  - Try not to do anything that will provoke the armed assailant.
  - If the assailant leaves the area, barricade the room or go to a safer location.
  - If safe to do so, escape the area immediately using the nearest exit or stairwell and instruct others in the area to do the same. DO NOT stop to collect belongings. Do not return to the building until the All Clear message is broadcast.
- RUN/EVACUATE: If there is an accessible escape path, attempt to evacuate the premises.
  - Evacuate regardless of whether others agree to follow
  - Leave your belongings behind
  - Help others escape, if possible
  - Prevent individuals from entering an area where the shooter may be.
  - Follow the instructions and directions of police officers.

- Do not attempt to move wounded people.

- HIDE: Move to a nearby room and close the door. If a room cannot be located, hide under a desk or other furniture.
  - Quickly glance outside the room and direct visitors and staff in the hall to proceed into your room immediately.
  - Lock your door and close your blinds.
  - Have the occupants of your room look for a "safe corner" against a wall out of sight, so as not to be seen by the door.
  - Turn off lights and computer monitors, silence cell phones, and remain quiet.
- FIGHT: If there is not a possibility of escaping or hiding and only as a last resort when your life is in imminent danger, you may make a personal choice to attempt to negotiate with or overpower the assailant.
  - Commit to your actions
  - Attempt to disrupt and/or incapacitate the shooter.
  - Act as aggressively as possible against him/her.
  - Throw items
  - Do whatever is necessary to neutralize the situation.

Law Enforcement (LE) Response:

- Primary role is to stop the armed assailant as soon as possible.
- Officers will proceed directly to the area where the assailant is known to be or where the shots were fired.
- Officers will wear regular patrol uniforms or external bulletproof vests, helmets, and/or other tactical equipment.
- Officers may be armed with rifles, shotguns or handguns.
- Officers may use pepper spray, tear gas or Tasers to control the situation.
- Officers may shout commands, and may push individuals to the ground for their safety.
- The first officers to arrive at the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon other individuals to assist in removing the wounded from the premises if it is determined safe to do so.

When LE arrives at the scene:

- Remain calm and follow officers' instructions.
- Put down any items you might have in your hands (i.e. bags, jackets)
- Keep your photo identification visible at all times.
- Immediately raise your hands and spread your fingers.
- Keep your hands visible at all times.
- Avoid making quick movements toward officers such as attempting to hold onto them for safety.
- Avoid pointing, screaming and/or yelling.
- Do not stop to ask officers for help or direction when evacuating.

IV. PROCEDURE

A. As soon as it is discovered that an armed assailant situation exists, dial 911 to contact local LE.

B. Advise and provide information regarding the situation including which entrance should be used by the first arriving officers.

C. Notify the Hospital Chief Operating Officer (COO) during normal business hours, or the Administrative Nursing Supervisor outside normal business hours. The Administrative Nursing Supervisor will notify the Hospital Administrator-On-Call (AOC).

D. Security Services will contact the Telecommunications operator and request activation of an "Armed Assailant/Active Shooter Notification".

E. For an Active Shooter situation at the "Facility", the operator will announce "Armed Assailant/Active Shooter" **<and the location>. Remain clear of this area until further notice"** three times via the public address (P.A.) system.

F. The Telecommunications operator will initiate the "Armed Assailant/Active Shooter Notification" including location.

G. "Designated Individual" will initiate a full-facility lockdown.

H. If it is determined safe to do so, an Emergency Operations Center (EOC) will be activated and positioned away from the facility. Only members of the Administrator-On-Call group will respond and ONLY if it is safe to do so.

I. The operator will continue to page "Armed Assailant/Active Shooter" **<and the location>. Remain clear of this area until further notice"** via the P.A. system three times every minute for the first 5 minutes, then every 5 minutes thereafter until the conclusion of the incident or as directed by LE command or Incident Command.

J. "Local LE Agency" will be the lead LE (LE) agency.

K. "Designated Individual" will meet the first arriving and subsequent LE officers at the designated entrance and provide initial information and an "all-access" swipe card. "Designated Department" representative will remain at the entrance and will not accompany LE officers into the building.

L. The following information is to be provided to the LE upon their arrival (if known):
   1. Location of armed assailant(s)
   2. Number of assailants, if more than one
   3. Physical description of assailant(s)
   4. Number and type of weapons held by the assailant(s)
   5. Number of potential victims and their location(s)

M. Floor plans and other requested facility information will be made available to LE command upon request.

N. A liaison officer will be dispatched to the LE command post, once established. Liaison officer will maintain constant communication with the Hospital EOC via cell phone and/or two-way radio to provide ongoing information and updates.

O. For incidents occurring on the "Facility" Main Campus, the LE command post will be established at "Designated Site".

P. Unified command may be established in conjunction with LE command.

Q. Closed circuit television (CCTV) cameras, where available will be utilized, and provide the lead LE agency with "real-time" information by radio to the LE command post, or through direct contact with the appropriate LE agency.

R. Unless directed otherwise by LE, all staff members will attempt to secure patients, visitors and other staff members in a secured area, close all doors and await further instructions. **Staff**

members are not to put themselves in jeopardy while attempting to secure patients, visitors or other staff members.

S. "Designated Department" will secure the area and prevent access by unauthorized personnel until LE officers arrive. All doors and elevators will be secured as requested by LE command.

T. Do not attempt to rescue or assist any injured subjects until instructed to do so by a clearly-identified LE officer.

U. **Do not use the telephone or cell phone for outside calls**. Contacting the operator using 911 must be done to provide vital information related to the "Armed Assailant/Active Shooter". This will include location of the suspect(s); identification of the suspect(s); or the number of person(s) injured at your location.

V. All units and departments will prepare a list of everyone present at your location and will be faxed to the EOC at "Fax Number".

W. Remain in your location unless instructed to evacuate by a clearly-identified police officer. If you are not in your department, **DO NOT attempt to return to your unit/department until the All Clear is announced.**

V. CRITICAL FUNCTIONS

A. Staff Roles and Responsibilities
   1. Any staff assigned an alternate role through ICS, specific responsibilities will be carried out according to the appropriate Job Action Sheet.
   2. If possible, staff members will instruct all persons to get out of the hallways and seek shelter inside the nearest room and, if possible, lock the door and turn out the lights. Attempt to keep all persons away from the door and away from any view of the hallway. Keep all persons quiet and await further instructions.

B. Communication
   1. All internal and external communication messages will be coordinated through the Public Information Officer within the ICS, and in conjunction with the LE Public Information Officer. A Joint Information Center (JIC) should be considered, in conjunction with the LE PIO.
   2. Information and messaging will be developed by the PIO, in conjunction with the IC, and communicated using all modalities.
   3. Internal and external telephone communication will be kept to a minimum.
   4. Two-way radio traffic will be kept to a minimum and restricted to emergency transmissions only.

C. Resources and Assets
   1. All necessary and requested supplies and equipment will be requested, staged, and provided to incident responders through the Logistics Section within the ICS.
   2. Assets not immediately available will be acquired through normal and emergency procurement procedures and coordinated through the Logistics Section within the ICS.

D. Safety and Security
   1. Safety of all staff, patients, and visitors will be closely monitored.
   2. Evacuation procedures will be strongly considered and implemented as required and only when deemed safe to do so by the LE command.
   3. Vehicle and pedestrian traffic flow will be monitored and managed to minimize any disruption to the emergency response by the "Designated Department" Director or designee(s) within the ICS.

E. Utilities
   1. Utilities such as HVAC, telecommunications, P.A. system, or lighting may be manipulated at the direction of LE command and coordinated through "Designated Department".
   2. Facilities Management staff will be available to the EOC throughout the duration of the "Armed Assailant/Active Shooter Event Name".

F. Patient Management
   1. All patient management activities will be maintained if safe to do so and any modifications will be coordinated through the Medical Care Branch Director within the ICS.
   2. Routine corridor movement will discontinue until the "All Clear" message is announced.
   3. Clinical response teams **will not** respond to any requests unless cleared to do so by LE command. Response team requests will be directed to the EOC and will be reviewed by LE command prior to responding to ensure that it is safe for the team to proceed.

VI. DEMOBILIZATION AND RECOVERY

A. The "Armed Assailant/Active Shooter Event Name" may only be cancelled by "Designated Individual", in conjunction with the on-scene LE commander. When cancelled, "Designated Individual", will contact Telecommunications operator, identify her/himself, and request a ""Armed Assailant/Active Shooter Event Name" All Clear". The **"**"Armed Assailant/Active Shooter Event Name" message will be initiated through the emergency notification system.

B. "Designated Groups/Individuals/EAP" will be notified to assist with emotional/psychological support to all patients, visitors and staff affected by the event and will be coordinated by "Designated Individual".

C. If required following deactivation of this plan, ongoing support to the investigation will be coordinated through the _____ with frequent updates provided to the Hospital Chief Operating Officer.

D. A debriefing session will be conducted within five (5) days of the incident and an After-Action Review (AAR) will be developed and coordinated through the Emergency Management Office.

ACTIVE SHOOTER POLICY TEMPLATE B

SCOPE:

All Company-affiliated clinical subsidiaries including, but not limited to hospitals, ambulatory surgery centers, outpatient imaging centers and physician practices (collectively, "Affiliated Employers" and individually, "Affiliated Employer").

PURPOSE:

To provide all facility staff response information to address an active shooter or hostage situation within the facility.

POLICY:

To provide a safe and secure environment for all employees, patients and visitors. In the event of a person or persons taking a hostage during an incident on the property, or someone actively firing a weapon, facility staff will respond quickly and efficiently to secure the affected areas, protect life, and to clear the area for response by LE.

In the event that a person or group of persons enter onto the property and take any person as a hostage or begin to fire weapons, there must be a controlled response to this situation. Patients, staff and visitors must be removed from the affected areas. Movement by the hostage takers must be reduced as much as possible. Information must be clear so LE can respond in a timely manner. The goal of this policy is to expedite the conclusion of the incident in the safest manner possible.

It is of the utmost importance that no employee risk injury to him/herself or others to try to end the situation. Employees are to cooperate as much as possible without putting themselves into further danger.

DEFINITIONS:

"Active Shooter" is an individual or persons actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of LE is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes, before LE arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

"Hostage Situation" is defined as a person being held by force by one or more individuals in a conflict with security until specific terms are met.

ACTIVE SHOOTER PROCEDURE

In the event an individual or individuals come into the facility displaying a firearm or as an "active shooter" as defined above, employees in the affected area should quickly determine the most reasonable way to protect their own life. Remember that visitors are likely to follow the lead of employees during an active shooter situation.

Run If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be

- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe. If possible, employees should call "XXXX" stat to inform the PBX operators to activate Code XXX. The intent is for the employee to give as much information to the PBX operator as possible so they can dispatch security and call 911 to the scene immediately.

Hide If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction
- (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement
- To prevent an active shooter from entering your hiding place:
- Lock the door
- Blockade the door with heavy furniture
- If the active shooter is nearby:
- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

Fight As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

Departments outside of the affected area should lockdown their units. Curtains will be closed calmly reassuring patients and visitors who may seem distressed. Keep all visitors and patients as calm as possible during this time. Emergency Lockdown status should be ensured (stairwells and elevators) so staff can calmly continue patient care responsibilities. Department supervisors, charge nurses or clinical leaders for patient and non-patient areas should take a count of all individuals in their respective units or departments and be ready to report the following to the Incident Commander:

- Number of staff members
- Number of patients
- Number of other individuals such as visitors, vendors, etc.
- Number of individuals who may be hurt or wounded.

Upon arrival, LE will assume accountability for the situation. The facility will provide assistance as needed, which may include providing access badges, floor plans of the area and any live feed cameras that the facility can provide.

IN THE EVENT AN ACTIVE SHOOTER EVENT BECOMES A HOSTAGE EVENT, THE FOLLOWING ADDITIONAL STEPS APPLY:

- Hospital PBX Operator---phone 911.
- Upon notification, give the appropriate plain language active shooter announcement with the location overhead six (6) times. Call 911 and give information that there is a hostage situation with the specific location, how many people are involved, any weapons involved. A Security Officer will meet the local Police at a location designated by the Incident Commander.

HOSTAGE PROCEDURE

If the PBX operator receives a call that a hostage or hostages have been taken on the facility property and the caller is the hostage taker, the operator will try to keep the caller on the telephone as long as possible and attempt to obtain as much information as possible. If the caller is a staff member, the operator will obtain whatever information is available and a call- back phone number for the staff member.

The operator should listen to the background of the phone call to see if there are any identifying sounds or noises that may indicate the location, number of people involved or extent of danger.

The operator must write down all information obtained from the telephone call. This information is vital to LE and all information must be kept secure.

Under no circumstances will the operator try to solve the situation or otherwise discuss the incident with the caller, other than to obtain the necessary information.

The PBX operator will page “Code XXX” or “Code XXX” overhead six (6) times as well as the location of the incident, then contact the police department by dialing 911 and informs them of the situation. Next, the operator will notify the security supervisor or acting supervisor by telephone. The PBX operator will then notify the Nursing Supervisor or supervisor on duty. Following the Nursing Supervisor or supervisor on duty, Administration or facility management will be notified during normal business hours. After business hours, the Administrator-on-Call (AOC) will be notified. Notifications will be made in that order. The operator will provide the information they have obtained at that time. This information will not be transmitted by radio. Additionally, if the Security Site Supervisor is not on duty, he/she will be notified immediately of the situation.

Do not call any codes to the affected area or areas of the “Active Shooter” scene until cleared by LE officials. Codes to other areas of the facility should be sent via pager or phone. It is important to remember that certain persons responding may not be able to respond due to being compromised by the existing condition.

Security Officers will provide a safe perimeter for staff and visitors to the best of their ability and await the arrival of LE. They should collect as much critical information about the situation/event regarding the perpetrator and victims. Security Officers will provide information to LE upon their arrival. The security officers will then act as back-up to LE while the security supervisor will act as the liaison to the AOC for information until Facility Incident Command System is established. The liaison role may remain with Security or be otherwise appointed by the Incident Commander upon arrival.

Staff outside the area of the incident will remain in their areas. They will secure their areas if they can be secured. Curtains will be closed calmly reassuring patients and visitors who may seem distressed. Department supervisors, charge nurses or clinical leaders for patient and non- patient

areas should take a count of all individuals in their respective units or departments and be ready to report the following to Incident Commander:

A. Number of staff members
B. Number of patients
C. Number of other individuals such as visitors, vendors, etc.
D. Number of individuals who may be hurt or wounded.

The AOC or Incident Commander will activate the "call tree" to fellow Administrators in the event of a hostage situation or active shooter. Collectively they will meet in a predetermined area to assume roles designated by the Incident Commander. The AOC/Incident Commander will activate the emergency lockdown procedure for the facility and other buildings as required.

Patients and visitors will be given limited information of the event/incident by department directors assuring them of the safety measures being taken on their behalf.

All traffic in and out of the facility will be limited. Any suspicious activity should be reported immediately to the Incident Commander, Security Supervisor or the local Police (or agency in charge of the incident). A log will be kept of any persons allowed access to the facility by security or someone designated by the Incident Commander.

Upon arrival, LE will assume accountability for the situation. The facility will provide assistance as needed, which may include providing access badges, floor plans of the area and any live feed cameras that the facility can provide.

Security Department:

The Security Supervisor and one Security Officer will respond to the scene of the hostage situation in order to clear the area of patients, visitor, family, and nursing personnel. If possible, the Security Officers will contain the hostage taker to the immediate area. If the hostage taker has a weapon, the Security Officers will await the arrival of the local Police Department. In the event that there are Armed Security Officers in the facility, they should clear the area and contain the hostage taker/situation to the immediate area and wait for the arrival of the local Police Department. The Security Site Supervisor will be notified.

Security will ensure appropriate personnel only are at the scene of the incident to assist Police.

This will include the Director and/or Manager of Safety and Security Services, Administrators, and Physician, Engineering Department Representative and/or other key personnel upon request of the Incident Commander or local Police as needed.

Security Officers will not permit any family, loved ones or relatives to negotiate with the hostage taker as they may exacerbate the problem, unintentionally or intentionally with their conversation. Police will screen friends and relatives to determine if they can be of any assistance in the negotiating process.

Public Relations and/or the local Police Department will designate an area away from the scene where information can be disseminated. It will serve to provide the release of information to the media. Remember, the hostage taker may have access to a radio and/or television and incorrect information can make the situation much worse. All inquiries will be given to a Public Relations Representative.

Hospital Staff:

Hospital staff, regardless of department, will notify Security, through the PBX Operator, of the hostage situation. The PBX Operation will make all other notifications.

The hospital staff shall give the PBX operator all information possible. This must include the location of the incident within the department, the number of hostage takers and hostages, a description of the hostage taker(s) and the nature of the incident at that time. This information must be written down for LE's use later.

Hospital staff shall institute either partial or lateral evacuations of patients. Patients and non-essential personnel must be moved from the "danger zone", identified as the immediate area of the hostage situation, to an area of safety and to continue necessary medical care.

Under no circumstances shall any hospital staff play the "hero" and try to "take out" the hostage taker during a hostage situation. This can exacerbate the situation and may possibly harm the employees, a hostage or another patient.

Under no circumstances will any drug be given to the hostage taker. If this becomes a demand, only management may authorize this after conferring with LE.

A number of LE agencies such as local and regional SWAT Teams may respond to this situation. LE officers from outside agencies will not recognize employees of the facility. It is imperative that all employees are wearing their identification badge at all times.

Hospital staff may be de-briefed by LE. This information would include what was seen and heard while the employee was in the "danger zone". This information is vital to LE as it may indicate the type of further response to the incident. Hospital staff is required to cooperate fully with LE and relay any information they may possess.

Administration:

In the event that an administrator or the administrative offices are taken hostage, the procedure outlined above for hospital staff shall be followed.

In the event that the situation occurs in another part of the facility, Administration shall activate the facility command center. All personnel assigned to the facility command center shall respond and the situation may be controlled from there.

LE may have its own command post for the incident. A member of the Administration should be at the command post to facilitate communication between LE and the facility.

Transportation:

Transporters shall assist hospital staff in moving patients during any type of evacuation. This shall be authorized by the management.

All Other Ancillary Departments:

Hospital staff from any other ancillary department shall follow all procedures outlined in the Hospital Staff section of this policy.

No one will speak to the media except the Public Relations Representative.

The Media:

Regardless of an Active Shooter or Hostage Situation, the following steps will apply:

Public Information Officers will guide any media that is present and direct them to the command post for public relations.

Information provided will be at the Incident Commander's discretion.

If any media outlet calls to obtain information concerning the incident, all calls will be directed to the Marketing Department or Public Relations Department. The PBX Operators will neither confirm nor deny any information concerning the incident.

The PBX Operator must keep complete and accurate record of all actions taken during the incident, including any recordings. These recording may be subpoenaed at a later date and must be accurate.

Recovery Phase:

Facility Incident Command will gather all intelligence regarding the incident and process with the Command Chiefs. Recovery phase will be activated by the Incident Commander.

The Incident Commander will determine all-clear. Due to extreme circumstances, the Code may be cleared while leaving a partial lockdown intact.

Facility PBX Operator will announce the "all-clear" as directed by the Incident Commander only.

REFERENCES: Department of Homeland Security Active Shooter Booklet, October 2008

APPENDIX A: HICS INCIDENT PLANNING GUIDE: ACTIVE SHOOTER[ii]

Does your Emergency Management Program address the following issues?

Mitigation

1. Does your hospital address the threat and impact of an active shooter incident in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics?
2. Does your hospital participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators , and other appropriate public and private organizations, including meetings and conference calls to plan and share status?
3. Does your hospital have a plan to establish a liaison role with local law enforcement, special weapons and tactics (SWAT) team and the Federal Bureau of Investigation?
4. Does your hospital have a plan to immediately evacuate patients from nearby areas for protection?
5. Does your hospital have a way to notify and provide information to staff without causing unnecessary fear?
6. Does your hospital have a policy to secure the immediate area and the hospital and to restrict entrance or exit of nonessential personnel?
7. Does your hospital have a staff photo identification badge policy and procedure? Is the policy enforced? Are visiting healthcare providers (residents, students) provided with photo identification?
8. Does your hospital have a visitor policy that provides visible identification and tracking of all visitors, vendors, and others who may be onsite?
9. Does your hospital have a mechanism for rapid notification of public relations staff (e.g., Public Information Officer)?
10. Does your hospital have a media contact policy, including limiting staff speaking to the media without prior approval?
11. Does your hospital provide regular staff training on managing aggressive behavior?
12. Does your hospital provide training and reporting procedures that differentiate between an armed suspect, a barricaded suspect, a hostage situation, and an active shooter?
13. Does your hospital have closed circuit television (CCTV) or video cameras and surveillance recording capabilities (digital or tape) in the hospital and on the campus?

Preparedness

1. Does your hospital have an Active Shooter Plan that includes:
   - The role of local law enforcement in hospital response?
   - The hospital's role in the law enforcement response and its integration with the incident command system external to the organization(e.g., the Incident Command Post)?
   - Providing training and education to all staff to respond to an active shooter incident?
   - A method to rapidly notify staff and visitors of the event? Is there a standardized code that signifies an active shooter incident, and have staff been trained on the notification?
   - Response to all areas internal to the hospital as well as external areas? Does it include the surrounding neighborhood?
   - Addressing employees who may have an issue with domestic violence or restraining orders?
   - Addressing threats against patients, staff, or visitors?

- Coordinating communications and information sharing with law enforcement officials?
- Sharing information obtained from security systems with law enforcement and, if necessary, prosecutorial officials?

2. Does your hospital exercise the Active Shooter Plan yearly and revise it as needed?
3. Does your hospital train employees in how to handle difficult clients or patients?
4. Does your hospital have a clear policy and procedure for reporting violence?
5. Does your hospital have a process for staff or patients to alert the hospital of any restraining orders or other restrictive court orders?
6. Does your hospital train the appropriate staff in violence prevention and de-escalation?
7. Does your hospital have an Evacuation Plan with escape procedures and route assignments (e.g., floor plans, safe areas, reunification sites)?
8. Does your hospital train security personnel in providing guidance to staff and visitors during an active shooter response?
9. Does your hospital invite local law enforcement and emergency responders to visit or train at your hospital?
10. Does your hospital have the capability to control access to the hospital, including:
    - Ensuring access for first responders?
    - Keeping an extra set of master keys and access cards available for law enforcement?
    - Limiting access for additional employees and preventing visitors from entering?
    - Releasing the magnet-held fire doors without sounding an audible alarm?
    - Locking doors remotely?
11. Does your hospital have adequate security resources? Are those resources armed?
12. Does your hospital have security technology to assist law enforcement in locating the victims and shooter, and controlling building access?
13. Does your hospital have a plan to manage visitors and contractors on site?
14. Does your hospital develop pre-incident emergency messaging strategies based on the identified threat?
15. Does your hospital clearly identify and mark fire exits and escape routes?
16. Does your hospital identify and provide safe rooms for staff?
17. Does your hospital equip patient rooms with locks? Are bathrooms capable of being locked? Can a patient care unit be secured?
18. Does your hospital tailor training to specific units, patient populations, or job functions?
19. 19. Does your hospital have a Lockdown Plan (full and zoned lockdown capabilities)? Have all staff been trained in the hospital and campus lockdown procedures and the impact on operations?
20. Does your hospital have a Shelter-in-Place Plan?
21. Does your hospital have a process for staff or patients to alert the hospital of any restraining orders or other restrictive court orders?
22. Does your hospital have emergency call boxes within parking lots, garages, and other remote locations?
23. Does your hospital have panic or duress alarm buttons installed in high risk areas? Are the alarms routinely tested?
24. Does your hospital have pre-incident standardized messages for communicating the risks associated with this incident and recommendations to the public and media?

25. Does your hospital have a process to coordinate the release of risk communications and other public messaging through the incident's Public Information Officer (PIO)?

Immediate and Intermediate Response

1. Does your hospital have procedures for evacuation of the immediate hospital areas and to regularly reevaluate the need for further evacuation? Is this evacuation plan coordinated with law enforcement to ensure safety of those evacuated?
2. Does your hospital have procedures to quickly obtain incident specific details (e.g., witnesses, security cameras, surveillance tapes)?
3. Does your hospital designate a person to meet with arriving law enforcement and provide access (i.e., keys, access card), maps and detailed floor plans?
4. Does your hospital have a plan to ensure communications to the incident area?
5. Does your hospital have an evidence collection policy developed in conjunction with local law enforcement and prosecutorial authorities?
6. Does your hospital have 24/7 access to risk management and legal counsel?
7. Does your hospital use social media to disseminate information during and after the event?
   - Are all messages approved through the incident's Public Information Officer (PIO) and the Incident Commander prior to release?
   - Is information coordinated within the Joint Information Center in cooperation with local, regional, and state emergency management partners?
8. Does your hospital have a plan to communicate the situation and provide regular updates to patients' family members, as approved by the incident's Public Information Officer (PIO) and the Incident Commander?
9. Does your hospital have a plan for providing behavioral health support and debriefing services to the incident victims, staff, and visitors?
10. Does your hospital have a procedure to coordinate media briefings with victims or hostages if approved through the incident's Public Information Officer (PIO) and the Incident Commander?
11. Does your hospital have a procedure to restore critical care services and reopen to normal operations?
12. Does your hospital's incident notification procedure include an overhead announcement? Is it in code or in plain language? Does it provide for the incident's detailed location? What language is used?
13. Does your hospital have procedures that designate who will meet the first responders when they arrive, and where? Do they have communications capability with the first responders?
14. Does your hospital have procedures that identify how critical phone calls will get through the hospital to Security and the Hospital Command Center (HCC)?
15. Does your hospital have procedures that address the automatic opening of card access doors to aid in law enforcement response, escaping hostages, and the deactivation of card readers to isolate the threat?

Extended Response and System Recovery

1. Does your hospital have dedicated space for long term operations of outside response agencies, including law enforcement?
2. Does your hospital have the means to relocate services if campus lockdown is extended?
3. Does your hospital have memoranda of understanding with other hospitals to support clinical operations if campus lockdown is extended?

4. Does your hospital have a continuing process to capture all costs and expenditures related to operations?
5. Does your hospital have procedures for evacuation of immediately threatened areas and to regularly reevaluate the need for further evacuation, as the incident evolves?
6. Does your hospital have a process to reevaluate need for further evacuation on an ongoing basis and implement safe and effective evacuation?
7. Does your hospital have a mechanism to address hostage support needs (e.g., water, medications, illness, and injury), under the direction of law enforcement?
8. Does your hospital plan provide for the loved ones of hostages to have a quiet room in a secure area with support services?
9. Does your hospital have procedures for reporting and documenting staff injuries?
10. Does your hospital have a policy and procedure to address line-of-duty death?
11. Does your hospital have a procedure to reunite hostages with their loved ones?
12. Does your hospital have a procedure to restore normal patient care services and reopen any closed units?
13. Does your hospital have Hospital Incident Management Team position depth to support extended operations?
14. Does your hospital have a Business Continuity Plan for long term events?
15. Does your hospital have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan?

DEFINITIONS & ACRONYMS

Active Shooter: An individual actively engaged in killing or attempting to kill people in a confined and populated area. Law enforcement generally applies this definition to situations where the individual is armed with a gun and has come with the intent to kill, not to commit another crime.
Other gun-related incidents that may occur in a health care setting are not defined as active shooter incidents because they do not meet this definition (see Armed Assailant and Hostage Situation). These incidents may involve a single shot fired, an accidental discharge of a weapon, or incidents that are not ongoing.[iii] Response to these events may be different and should be accounted for in plans.

Armed Assailant: Suspect(s) who enters a building, commits an act of violence, and continues to commit, and/or remains a threat to commit, acts of violence with a weapon.

Codes: Defined per hospital policy. Hospitals should determine what language would be used for overhead codes and internal alerts and notifications.

The following are example code definitions:

Active Shooter – Exterior: Report of a person(s) using or displaying a firearm outside of hospital buildings but on the hospital grounds.

Active Shooter + 'Location': Report of a person(s) using or displaying a firearm inside Hospital Building (Example: "Code Active Shooter Emergency Department").

Code Silver: Commonly used to refer to Active Shooter or Armed Assailant events.

Evacuation: Refers for the purpose of Active Shooter events to "facility clearing" as defined below.

Facility Clearing: The rapid and coordinated movement of persons not involved in the active shooter event to safety beyond the confines of the building and the simultaneous, methodical search of the facility for the active shooter or armed assailant.

Facility Lockdown: Defined per facility policy and procedures.

Hospital: The term may apply to other healthcare settings having "Duty to Act" and "Abandonment" concerns within their mission of care (i.e. clinics, physician practices, medical schools, freestanding MRI centers, oncology clinics, ambulatory surgery centers, and long-term care facilities).

Hostage Situation: A person being held by force by one or more individuals in a conflict with security until specific terms are met.

HHS ASPR: U.S. Department of Health & Human Services Office of the Assistant Secretary for Preparedness and Response.

HPHSCC: Healthcare and Public Health Sector Coordinating Council.

LE: Law enforcement.

Shelter in Place: Refers to the described process of locking department or office doors, turning off lights, advising patients and visitors to stay within secured area and hide from danger.

Staff: Includes, but not limited to, employees, licensed independent practitioners, allied health care professionals, volunteers, residents, students in training, and vendors that work in or are frequently in the facility.

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