Active Shooter Considerations

Is anybody ever ready?

Considerations

- Architecture
  - Old v. New
  - CPTED – Crime Prevention Through Environmental Design
- Security Appliances
  - How many
  - Deployment Plan
  - Creating Barriers
  - Exercise these appliances and functions on a scheduled basis
- Training
  - One and Done v. Ongoing
  - Evolving characteristics need to be shared
- Drilling
  - Full facility v. Departmental
  - Voluntary v. Compulsory
  - Leadership buy in

Architecture

- Old
  - How do you make old buildings more functional for safety?
  - Purposeful placement of services and security devices.
- New
  - Crime Prevention Through Environmental Design
    - 360 degree visibility
    - Staging areas for at risk areas
    - Purposeful placement of Outpatient services v. Inpatient services
- Security Appliances
  - Integration with, Fire Systems, Access Control Systems, Surveillance Systems, etc.
- Forcing Security Involvement in Project planning
  - At the table to encourage security component

Training

- Most facilities use a One and Done approach
  - Run, Hide, Fight (K.I.S.S. approach)
  - This should be mandatory
- Ongoing
  - Active shooter events are changing with each occurrence
    - Long rifle use with multiple and large capacity magazines
    - Suppressors (Virginia Beach)
    - As changes occur, introduce staff to the possibilities via bulletin distribution listing recent events and highlight trends and causes when known.
    - Suggest ways for employees to augment their own personal protection plans
      - Paracord, nylon webbing, mirrors/compacts, known architectural features of their workplace
- Department Specific Training
  - Encourages team building and develops problem solving skills
    - Managers and Directors can mandate this training
    - Inpatient units and specialty practices are good starting points

Training (Cont'd)

- Current Training Offered
  - Active Shooter, "RHF", mandatory for new employee orientation with emphasis on each employees role for reporting specific behaviors to their managers and security.
  - Active Shooter, A Changing Environment, currently and elective but easily incorporated in the basic problem by injecting the current trends from recent events
  - Mental Simulation/Personal Contingency Training – Visualizing events in advance of occurrence based upon your environment "You don't rise to the occasion, you sink to your level of training". Currently being delivered at our annual, mandatory, nursing reorientation.
  - Associate Self Defense
  - Illicit Drug Recognition
  - Aggressive Patient Management
  - WPV Prevention – Recognizing early warning signs and reporting obligations
  - Gang Awareness Training – Commensurate with your environment
  - Stop The Bleed Training
  - Recognizing Suspicious Behavior

Drills

- Scenario based training based upon current healthcare vulnerabilities:
  - Domestic Violence or relationship violence
  - Forensic Patient
  - Mercy Killing by family or loved one
  - External violence that spills into facility
- Drills should be a relaxed and non judgmental events. Negative feedback can often undermine training by demoralizing participants.
- Tabletops at the department level encourage team building and can assist in identifying architectural challenges for unique spaces
- Future considerations are working with local and regional EMS to discuss prospects for training EMS staff in safety triage process to ensure at risk patients are being screened for weapons for their safety and prior to delivery at healthcare facility.

LOURDES
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INFORMATIONAL BULLETIN

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Inside This Edition:

Workplace Violence

According to OSHA and other credible sources, Healthcare leads in workplace assaults reported annually. Simply stated, approximately 75 percent of nearly 25,000 workplace violence assaults reported annually occurred in health care and social service settings. These employees are four times more likely to be victimized than workers in all other private sector industries. Another disturbing fact is that the actual number of these assaults is likely much higher as reporting these incidents is typically voluntary. As members of the health care community we all need to do a better job in recognizing this threat. Workplace Violence is defined as:

"…a threat or act of violent behavior, against oneself, another person, or a group that either results in or has a high likelihood of resulting in injury, death or psychological harm. These events may involve patients or family member, visitors, volunteers, vendors, physicians or other associates. Examples include; bullying, hostility, intimidation, or use of physical force, weapons or power."

As an institution we do not consistently report these events and allow these behaviors to occur without an appropriate response. It is incumbent upon us all to recognize this at-risk behavior. Take the time and energy to report these occurrences. Doing so ensures that current resources are consistent with our needs as well as offering the victims an opportunity to discuss during a meaningful debriefing session. Lessons can be learned by talking about each incident that occurs.

Aggressive Patient Management

Today those of us who work inside the Health Care community are challenged by a changing patient demographic. Diminished community-based resources for behavioral health clients, those suffering from substance abuse and other comorbidities challenge us every day. Unless you have planned for a future in these arenas you are probably not prepared for this challenge. For the last five years we have been tracking various causes for aggressive behavior inside the Lourdes Community. The evidence clearly demonstrates that this unpreparedness has produced alarming results. Incidents reported to our Security Department, during that time, clearly show that in about 80 percent of the cases the obvious cause for escalating behavior is **Our** behavior. None of us are adequately prepared to deal with this crisis.

Since July 2018 the Security Department has been offering a new curriculum for managing aggressive behavior that is being presented at annual Nursing Re-Orientation. To date the feedback from this presentation has been very positive. The program, of our own design, helps the attendee acknowledge their own frailty as it pertains to controlling anger.

Questions/Discussion

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