Active Shooter Guidance for Healthcare Facilities

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Marine Corps Air Station Yuma Hospital Active Shooter Exercise
Objectives

- Review history of active shooter events at healthcare facilities
- Review government resources for active shooter
- Understand why healthcare facilities are different
- Review HPH SCC Work
STATISTICS

18 MILLION PATIENT CONTACTS PER YEAR
APPROXIMATELY 5% OF MAJOR HOSPITAL SERVICES IN THE U.S.

ADMISSIONS  < 1.5 MILLION
PATIENT DAYS  < 7.6 MILLION
DELIVERIES  < 0.23 MILLION
TOTAL SURGERIES  < 1.3 MILLION
ED VISITS  < 6 MILLION

166 HOSPITALS
124 FREESTANDING SURGERY CENTERS
>550 PRACTICES IN
23 STATES AND ENGLAND

HOSPITALS RANGE FROM COMPLEX TERTIARY REFERRAL AND ACADEMIC MEDICAL CENTERS TO URBAN AND SUBURBAN COMMUNITY MEDICAL CENTERS

197,000 EMPLOYEES
35,000 AFFILIATED PHYSICIANS
MORE THAN 38,000 LICENSED BEDS
Our Corporate Community

- Corporate Office
- Division Office

- Data/Administrative Centers
- Outpatient Centers
- Physician Offices
- Hospitals
- Supply Centers
Disaster Response

- 2001 - Amerithrax
- 2005 - Hurricane Katrina
- 2008 - Hurricanes Gustav and Ike
- 2009 - H1N1 Pandemic
- 2010 - Haiti Earthquake, Nashville, TN Floods
- 2011 - Hurricane Irene
- 2012 – VA Severe Weather, Aurora, CO, Hurricanes Isaac and Sandy
- 2013 – Nashville HazMat, KC Snowstorms, OK Tornados, TDoS Attacks
- 2014 – Ebola Crisis
Active Shooter in a Healthcare Setting

- Hospital-Based Shootings in the United States: 2000 to 2011
- 154 hospital-related shootings
  - 91 (59%) inside the hospital and 63 (41%) outside on hospital grounds.
  - 235 injured or dead victims
  - The ED environs were the most common site (29%), followed by the parking lot (23%) and patient rooms (19%).
  - Most events involved a determined shooter with a strong motive as defined by grudge (27%), suicide (21%), "euthanizing" an ill relative (14%), and prisoner escape (11%)
  - Ambient society violence (9%) and mentally unstable patients (4%) were comparatively infrequent
  - The most common victim was the perpetrator (45%)
  - Hospital employees composed 20% of victims
    - physician (3%) and nurse (5%) victims were relatively infrequent.
  - In 23% of shootings within the ED, the weapon was a security officer's gun taken by the perpetrator.

Gabor D. Kelen, MD, Christina L. Catlett, MD, Joshua G. Kubit, MD, Yu-Hsiang Hsieh, PhD Ann Emerg Med. 2012 Dec;60(6):790-798.e1
Recent Events

- April 2015: Man shoots shotgun near hospital in Covington, LA and flees.
- March 2015: Prisoner escapes from guards at a Fairfax, VA hospital, takes gun and flees.
- March 2015: A Man abducts an employee at a Racine, WI Hospital and fires at police officer during pursuit.
- January 2015: A man shot a doctor and then himself at a hospital in TX.
- January 2015: A man opens fire at security officers at a hospital in DeKalb County, GA. No one injured.
- January 2015: A man shot a doctor at a hospital in Boston, MA. Suspect shot himself.
- January 2015: A man shot a nurse at a hospital in Los Angeles
- November 2014: A patient draws a handgun in a Highland Park, IL Emergency Department after a traffic accident. Police shot suspect.
- November 2014: Police shot and killed a man who was threatening hospital staff with a gun
- October 2014: A man enters outpatient pharmacy at a Hospital in Houston, TX and kills worker and self
- May 2014: An employee was injured after a man entered a Dayton, OH VA hospital with a gun
- May 2014: A man enters a North Logan, UT emergency department wielding two firearms. Police shot suspect.
- May 2014: Armed man in parking lot shot and killed by hospital security in Hillcrest, OK
- May 2014: A man shot his wife and then himself at a Worthington, MN nursing home.
- January 2014: A man shot himself after firing on cars and attacking two nurses at a Daytona Beach, FL hospital
- December 2013: A man kills sister in Los Angeles, CA nursing home. Suspected mercy killing.
- December 2013: A man kills one doctor and wounds another, then kills himself at a Reno, NV hospital
- November 2013: Staff nurse kills patient then shoots self at a Clarks Summit, PA nursing home.
- March 2013: A man in a hospice on a hospital campus shot his wife dead and then turned the gun on himself
- February 2013: One person shot dead on the grounds of a Portland, OR. Hospital
- December 2012: A man opened fire in a hospital, wounding an officer and two employees before he was fatally shot by police
- June 2012: Buffalo, NY – A Surgeon opens fire and kills his girlfriend on hospital grounds
- March 2012: A gunman opened fire at a Pittsburgh psychiatric clinic, leaving to two people dead, including the gunman, and injuring seven others
- March 2009: A gunman killed eight staff and patients and wounded two at a nursing home in Carthage, NC
Other Events

Case Report

Spontaneous Discharge of a Firearm in an MR Imaging Environment
Anton Oscar Beitia¹, Steven P. Meyers¹, Emanuel Kanal², William Bartell³

An incident recently occurred at an outpatient imaging center in western New York State, in which a firearm spontaneously discharged in a 1.5-T MR imaging environment with active shielding. To our knowledge, this is the first documented case of such an occurrence. The event occurred in the control room, where the officer was not aware of the weapon’s presence. The technologist was entering the officer’s personal data into the computer and did not see him entering the MR suite.

Once the officer was inside the MR suite, he attempted to secure the weapon in that room, where he felt it would be safe. However, the officer apparently misunderstood and took the gun into the MR suite. The technologist was entering the officer’s personal data into the computer and did not see him entering the MR suite.

A subsequent examination of the weapon revealed that it was a Colt 1991 A-1 .45 caliber pistol, and the weapon’s safety mechanisms were not activated.

Police officer has service gun wrenched from his hand by MRI machine while responding to burglary in medical center

By SNEJANA FARBEROV
PUBLISHED: 12:42 EST, 8 February 2013 | UPDATED: 12:44 EST, 9 February 2013

NEW DELHI: The patient's personal security officer was not in the MR room — not with a gun tucked under his belt, at least, but he of his life. In an incident that neither the gunman nor the doctors in Gurgaon will forget, the MRI machine reportedly sucked out the gun.

MRI machines that are used to visualize the internal structure of the human body using magnetic fields, thousands of times stronger than the earth's, may have sucked the gun out by this tremendous magnetic force.
Sandy Hook Elementary School

- December 14, 2013
- 20 Children, six adults killed
- Perpetrator also killed mother and himself
- Shot through glass panel in door to enter
- 16 killed hiding in bathroom
- 6 killed hiding in classroom, 9 fled and survived
- 15 survived hiding in class bathroom with window covered
- Others survived in barricaded closet
Hartford Consensus

• Joint Committee to Create a National Policy to Enhance Survivability From Mass Casualty Shooting Events
• April 2, 2013

– Integrated Response

1. Threat suppression
2. Hemorrhage control
3. Rapid Extrication to safety
4. Assessment by medical providers
5. Transport to definitive care
New Government Documents

• Released June 2013
  • Run, Hide, Fight

• November 2014
Active Shooter in a Healthcare Setting

- What is a healthcare setting?
  - Hospital (teaching, critical access)
  - Clinic
  - Physician practice
  - Medical School
  - Free standing MRI
  - Oncology clinic
  - Ambulatory surgery center
  - Long term care
Commonality

- Vulnerable population
- Hazardous materials
- Openness
- Visitors
- “Duty to Act” and “Abandonment” concerns
- Ability to provide care
Sector Coordinating Council

• Established Ad-Hoc Committee in early 2013
• Represented by:
  – Healthcare community
  – FBI
  – DHS
  – FEMA
  – HHS
  – Public safety
  – Healthcare attorneys
Active Shooter Planning and Response in a Healthcare Setting

- Initially released January 2014
  - Definition
  - Ethical considerations
  - Preparing
  - Planning
  - Working with first responders
  - Exercises
  - Prevention
  - Aftermath
  - Psychological first aid
Active Shooter Planning and Response in a Healthcare Setting

- Updated guidance released April 2015
  - Additional content includes
    - Law enforcement planning and tactics
      - Initial response
      - Facility clearing
      - Coordination with security teams
      - Access kits
      - Special areas of consideration
      - Crime scene
    - Integrated Medical Response
      - Triage
      - Treatment and Transport
      - Warm zone operations
    - Behavioral Health Assistance
      - PsySTART Triage
      - Psychological First Aid
The Elephant in the Room

• Is running abandonment?
• Is there an ethical or moral obligation to stay?
• Can you require someone NOT to run?
• Helpless patients
  – Operating room
  – Ventilators
  – Non-ambulatory
What we Know

• Golden Rule:
  Less People in Hot Zone = Less Victims

• Healthcare facilities can be large
  – Multiple buildings
  – Multiple floors/wings
  – Educational campus

• Response depends on where it is occurring

• Run, hide, fight are un-numbered options

• Situations are fluid
What we Think

• Training will decrease deaths
• Individual facilities will make a plan appropriate for them
• Pre-planning how to “barricade” at the unit level will decrease deaths
• As shooter moves, response will change
• Self preservation is a personal issue
• People do heroic things, but not by policy
Ethical Considerations

• Every reasonable attempt to continue caring for patients must be made, but in the event this becomes impossible, without putting others at risk for loss of life, certain decisions must be made
Planning

- A preferred method for reporting active shooter incidents
- An evacuation policy and procedure
- Emergency escape procedures and route assignments (i.e., floor plans, safe areas)
- Lockdown procedures for individual units and locations and other campus buildings
- Integration with the facility Emergency Operations Plan and Incident Command System
- Information concerning local area emergency response agencies and hospitals (i.e., name, telephone number, and distance from your location)
Communication

• Panic
  – Research shows warnings do not induce panic
  – People need accurate information and clear instructions

• Codes vs. Plain Language

• Communication barriers (multi-lingual, hearing impaired, learning disabled)

https://healthinfotranslations.org
Working with First Responders

- Share plan with responders
- Consider pre-placed maps and access badges
- Exercises
- Equipment cache location
- Integrating into the care/security teams
- Transport or treat at the facility decisions
- Integrated command post
- Warm zone operations
- Casualty collection points
- Hemorrhage control
Law Enforcement Tactics

- First officer arrival
- Visiting LE duties/off duty officer duties (ED)
- Force protection teams
- Integration of special operation teams
- Facility clearing
- Video control rooms
- Hazardous materials
- Clearing staff to assist with care
- Crime scene operations
Behavioral Health Assistance

- PsySTART
- Psychological First Aid
- Employee Assistance Program
- Family reception center
- Family assistance center
- Memorials/anniversary planning
Healthcare Active Shooter Training Video

- Created by MESH Coalition
  https://vimeo.com/meshcoalition/review/108575641/dd69fdb233
Implementation Strategies
In the Beginning

• A survey conducted in 2008 showed only six hospitals had an active shooter policy
In the Beginning

• A team was formed to develop a model active shooter and hostage policy
• Policy was not mandatory
• Placed on the HCA Code Ready Site
In the Beginning

• By 2009, 16 hospitals had adopted the policy

• 4 held active shooter exercises
• But we still had this:

“Under no circumstances are staff, patients and visitors to flee from the area or leave the facility unless instructed to do so by law enforcement officers or to protect themselves from imminent physical dangers.”
Then

- Aurora Colorado Shooting: July 20, 2012

- Sandy Hook Elementary School Shooting: December 14, 2012
Leadership

• By failing to prepare, you are preparing to fail.
  – Benjamin Franklin

• We are all born ignorant, but one must work hard to remain stupid.
  – Benjamin Franklin
• Executive Team Meeting
  – Need for a standardized policy
  – Incentives
  – Verification of implementation
  – Leadership Responsibility
  – Company-wide; both clinical and non-clinical sites
The Plan

• 90 Days to Implement
  – Adopt Policy
  – Training for all Staff
  – Facility Executive to Sign Attestation
  – Policy and Attestation posted to facility Code Ready page
Roll-Out

- **Message from**
  - Sam Hazen, President of Operations
  - John Steele, Senior Vice President, Human Resources

**Active Shooter Policy**

Boone Diane on behalf of Hazen Sam

You forwarded this message on 4/8/2014 1:57 PM.

Sent: Tue 3/12/2013 4:07 PM

Recent events in Newtown, CT and Aurora, CO remind us that we must always be prepared to respond to emergencies. Hospitals and healthcare facilities may not only receive victims from such unfortunate events, but they may be the location of the event. The US Department of Homeland Security has guidelines on how to respond to these “Active Shooter” events. We have used these guidelines to create two model policies. One is specific to hospitals and the other is written for clinics and offices. These model policies are available on the HCA Code Ready website.

We are requiring each HCA facility (both clinical and non-clinical) to have an active shooter policy in place within the next 90 days. Once the policy is in place, please post your policy to your Code Ready page. The model policies should be adapted to fit your location, but should not deviate from the “Evacuate, Hide Out, Take Action” guidelines. The model policies also include plans to respond to a hostage event.

If your location currently has an active shooter policy in place, you should:
Verification

- Policy and attestation verified on Code Ready site
- Non-Compliant facilities were called by Group President
Incentive

- Premium Credit given to facilities holding an exercise within 6 months
  - 100% participation
Two Policies

- Clinical and Non-Clinical
Maintaining the Program

- It’s great to implement a plan, but tougher to maintain it
  - Annual competencies
  - Newsletters
  - Orientation
  - Training video
Questions

- Thank you for all you do in keeping our patients, staff, and visitors safe!

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