

Active Shooter Drill (Hospital): Collaboration & Communication are Critical

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Objectives

- Why Hospitals need to do more full scale active shooter drill..
- The planning process
- Multi-agency collaboration
- The actual event
- Lesson Learned from the drill
- Improvement Implemented
- Improvements that we are still working on

- Active Shooter with Hospital Flavor
 - Patient stress is the most common cause of hospital violence.
 - The person inflicting the violence is usually known to the agency.
 - Your top priority when violence occurs is to protect yourself and your patients.
- 1. Hospitals are a very compassion environment for healing people. The welcoming high level of compassion and openness make it very vulnerable for an active shooter event.
- 2. Assessed vulnerability-hospital compassion.

Hospital Vulnerability

- In this presentation, we aim to provide practical tactics and lessons learned from our drill that can be applied to other healthcare settings.
- Healthcare workers are at risk for violence.
- Often, hospitals do not have a tested efficient process to address active shooter and workplace violence.
- In reality, hospitals are prime soft targets for firearm violence or other forms of workplace violence.

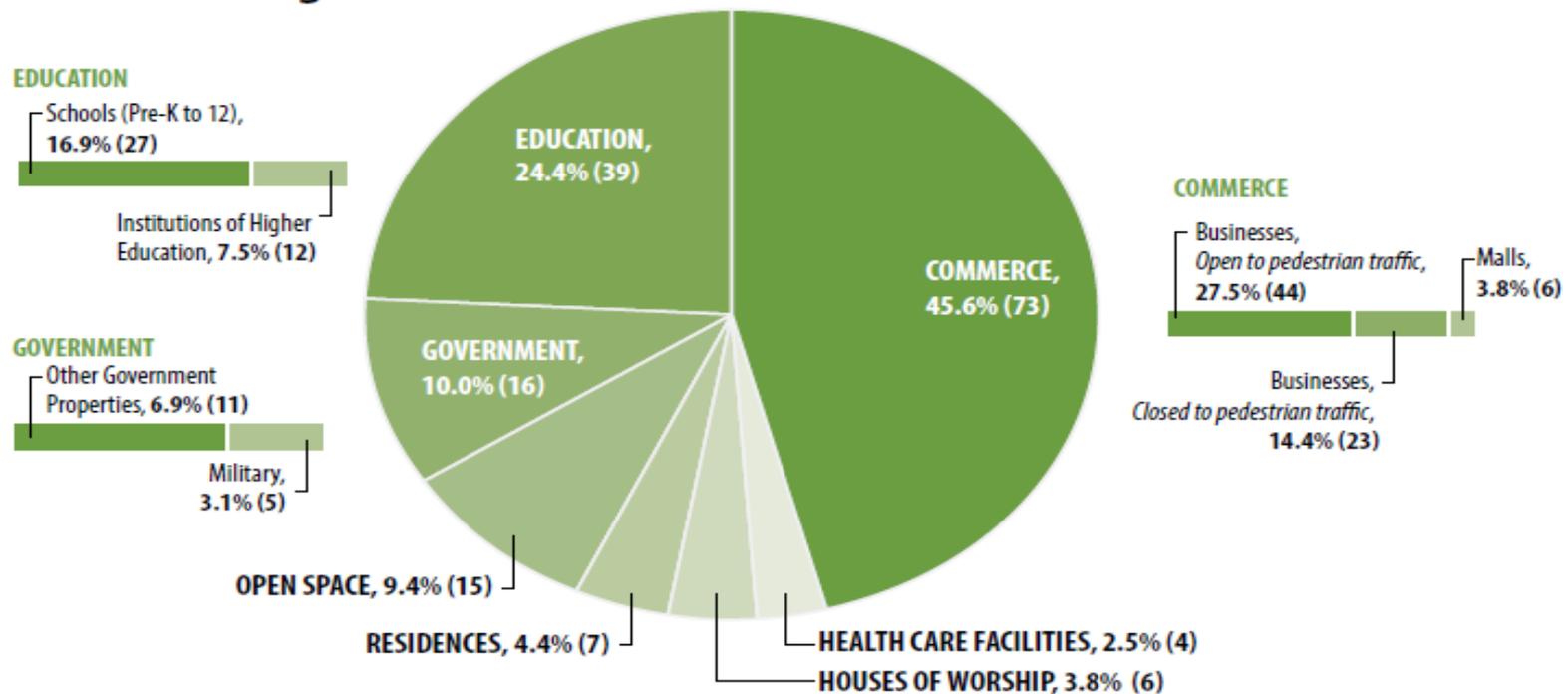


Health Care Vulnerability

- What is an **Active Shooter**

- To actively engaged in killing or attempting to kill people in a confined and populated area with the intent to kill people in masses.

A Study of 160 Active Shooter Incidents in the United States Between 2000 - 2013: **Location Categories**

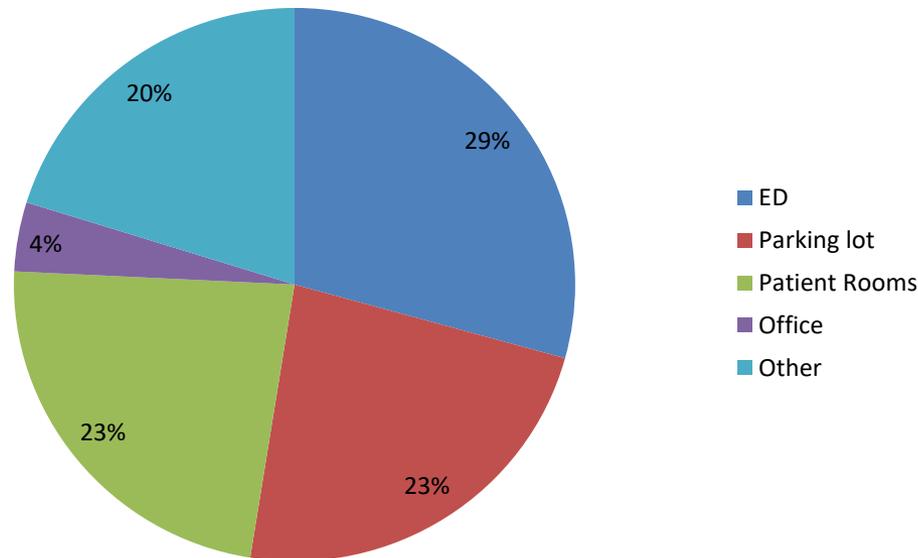


- Virtual Command
- Alternate Command Center
- Liaison with police/fire
- Unified Command
 - Police
 - Fire
 - Emergency Management
 - Hospital Leaders
- Intense interest and concern with previous shootings and mass attacks
- Significant perceived or real personal loss
- Previous arrest for violent crime

Health Care Vulnerability

- A study by OSHA showed that each year over 1.7 million people are victims of nonfatal workplace assaults.
- This diagram from Kelen et al, shows the most vulnerable hospital shooting locations.

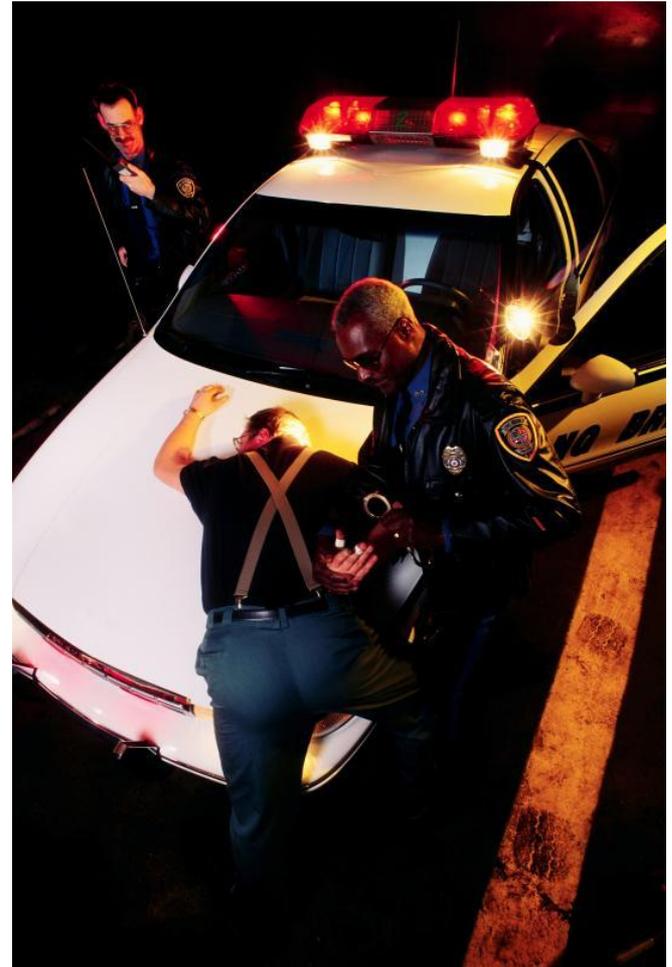
Hospital Shooting Locations



“Hospital Based Shooting in the United States 2000-2011” Kelen et al

Coordination of response

- Personal grievance
- Inappropriate acquisition of multiple weapons
- Escalation of target practice and weapons training
- Inappropriate interest in explosives



Planning Phase

- Held a table top drill
- Pre-drill learning module completion
- Recruited participant volunteers and Police
- Consulted organization Medical Legal team
- Developed release of liability
- Developed patient/visitor notification at entry points
- Safety and security planning for the drill location

Law Enforcement Partners



Collaboration Process

- Multi-agency collaboration
- SETRAC
- HPD SWAT
- HCC-PCT5
- Harris County Sheriff's Office
- Neighboring Community hospitals (TCH)
- Our system hospitals (HMH, HMWB & HMWL)

Staff and Volunteers



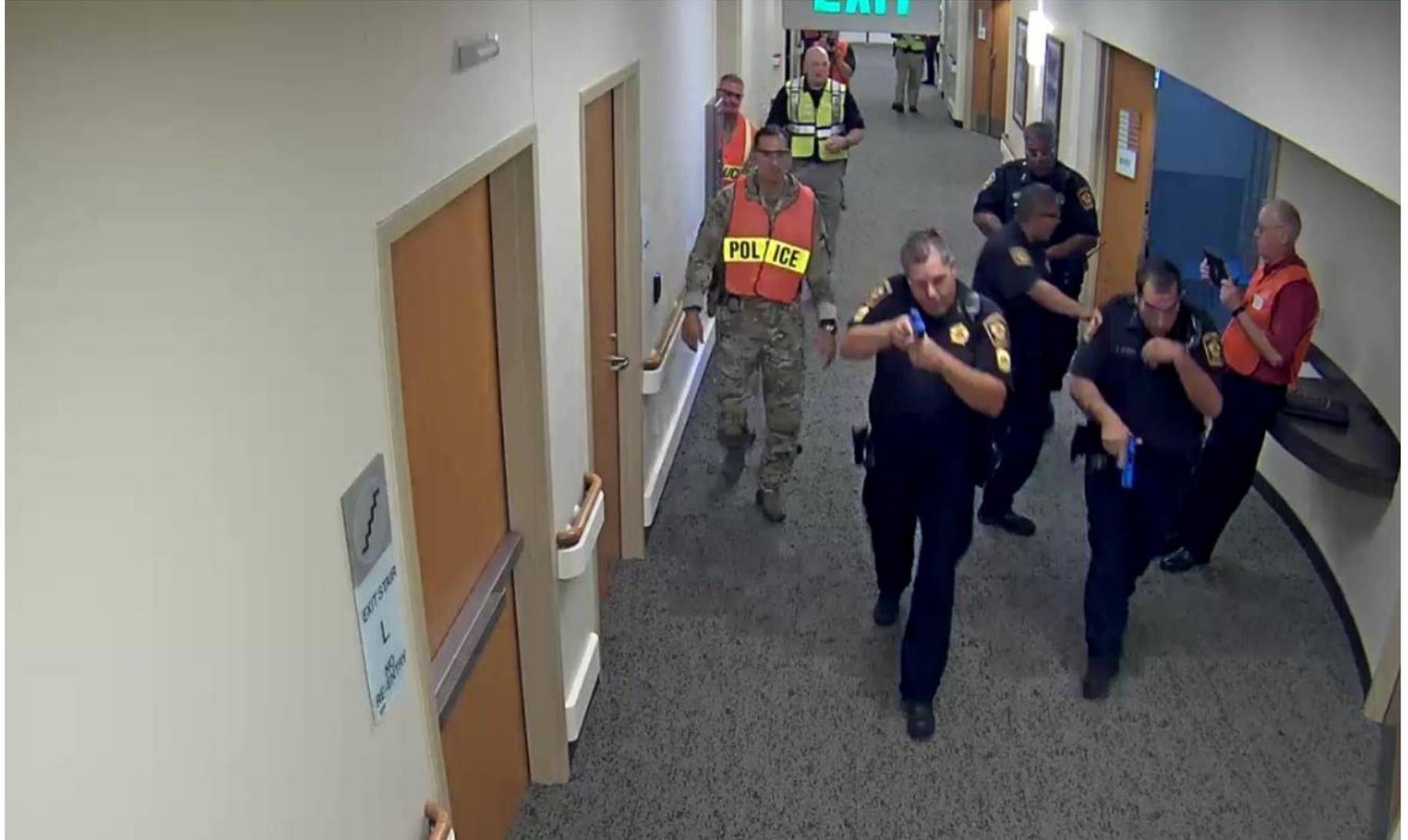
Drill Day Objectives

- Safety Inspections for weapons and authorized personnel
- Evaluate staff knowledge of Code Silver – Active Shooter
- Observe and evaluate staff reaction during Code Silver – Active Shooter
- Evaluate facility lockdown capability
- Evaluate law enforcement access to HMW
- Test Everbridge communication system
- Evaluate ICC initiation and functionality post drill

Actual Event

- On June 27th 2018 (0800-1230), we conducted a multiagency full scale code silver drill.
- Pre-drill briefing,
- Safety checks,
- Communication check (Radios, overhead paging)
- 4 Scenario Injects
- Activation of the Incident Command
- Activation of Information officer
- Post-drill debrief

Law Enforcement Response Team



Successes

- Patient room “Hide” effective
- Everbridge message complete
- Panic alarm were immediately used by staff
- Entries secured on 1st floor
- Security with eyes on perpetrator provided details and was timely (e.g. location, changes as occurred)
- ICC (a.) well organized (b.) Labor Pool and Media planned well (c.) emotional support planned for staff, medical staff, and patients
- Staff yelled “gun” & conveyed urgency better with each scenario

Incident Command Structure



Gaps Identified

- Staff did not inform others of the shooter as they ran from it during the initial scenario.
- Physicians were not aware of the code silver descriptions
- Patient and family members were not aware of what a code silver meant.
- No identified process for triaging of the injured and applying self care
- Volunteer services, physicians, and medical buildings are not included on the Everbridge paging system.
- Need plan to address procedures/surgeries in progress at the time including restricting access/lockdown to areas & increased security

After Drill Debrief



Corrected Gaps

- Develop Efficient mass communication to all hospital staff,
- Communication with first responders access to secured facility,
- Implemented First Responder access to our building (Knox box)
- Self aide/Buddy aide (Mounted stop the bleed kits by AEDs)
- Identified ideal safe rooms for each hospital clinical units
- Business recovery during the investigation – to include PIO,
- Addressed employee mental health post-drill (EAP)
- Developed a process for family reunification
- Added physician to our Everbridge communication system.

Hospital Lockdown Button



Knox Box (Code Silver Box)



Self Aide – Stop the Bleed Kit



Coordination of response

- Part of the problem or part of the solution
- Coordinated message
- Spokesperson
- Early and frequent updates
 - Contact numbers
 - Safety messages
 - Family



Other Improvement Opportunities.

- Continuously working with our system leadership to change the code notification language to plain languages.
- Leverage the use of technology, using the scrolling message to flash active messages on hospital televisions.
- Currently reviewing opportunities within our hospital system for locking down critical areas like the Operating Rooms (OR) and Intensive Care Unit (ICU).
- Develop a process for a potential mobile IC.

- Active Shooter Planning and Response in a Health Care Setting
<http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents/active-shooter-planning-and-response-in-a-healthcare-setting>
- Multiple plan examples:
<http://www.calhospitalprepare.org/active-shooter>
- Lockdown and Active shooter: <http://www.fha.org/health-care-issues/emergency-preparedness/workplace-violence-toolkit/active-shooter.aspx>
- Multiple plan examples and resources:
<https://www.urmc.rochester.edu/emergency-preparedness/Preparedness-and-Response-Tools-Resources/Active-Shooter.aspx>

“The achievement of an organization are the results of the combined effort of each individual”
- Vince Lombardi

Questions

