ACTIVE SHOOTERS IN THE HOSPITAL ENVIRONMENT

Thursday, February 2, 2012
1:00 PM – 2:15 EDT

Presenters:

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Objectives

- Describe key elements of planning, the importance of having a written plan & communicating it in advance
- Explain the importance of recognizing the signs of potential violence
- Describe actions that can be taken when confronted with an active shooter & the law enforcement response
- Describe how to manage the consequences of an active shooter incident
- Explain the importance of implementing HICS

Active Shooter By Definition…

- An individual actively engaged in killing or attempting to kill people in a confined & populated area
- Active shooter situations are unpredictable & evolve quickly
- Typically, immediate intervention of law enforcement is required to stop the shooting & mitigate harm or death to victims

Active Shooter By Definition,

cont'd…

- Active shooter situations are often over within 10 to 15 minutes
- Staff should try to be prepared both mentally & physically to deal with an active shooter situation

Right now – have a plan in place!

In A Hospital Setting, What Are The Personalities Of An Active Shooter?

- A person seeking attention with an attack in a populated area resulting in many deaths, injuries & national attention

- A person directing their anger & rage at one person or department, although unintended casualties may result

In A Hospital Setting, What Are The Personalities Of An Active Shooter? Cont'd

- Shooters will often times create chaos along the way as part of their plan, such as placing explosives or pulling fire alarms as they move through buildings
- Most are cowards
- Most take their own life when confronted by Law Enforcement or resistance

In A Hospital Setting Where Are The Risk Areas For An Active Shooter ?

- **High Risk Areas**
  - Emergency Department
  - Human Resources
  - Administration
  - Critical Care Units
  - Parking Lots/Parking Garages

Review for Brevard County Hospitals...

Of the four (4) shooting events at Brevard County hospitals: *All were on day shift...*

- One at Wuesthoff Medical Center – Murder/suicide of patient & significant other
- One at Parrish Medical Center– Domestic violence, killed former girlfriend & then himself
- One at Cape Canaveral Hospital – Suicide
- One at Palm Bay Hospital – Potential 'active shooter' but due to response, only a suicide. Potentially 3 or more casualties...

Palm Bay Hospital Shooting

- **Date**: November 4, 2010
- **Location**: Palm Bay, FL
- **Shooter**: John Jack
- **Victim (s)**: 1 Death (Gunman)
- **Hospital Area :** Kitchen

Event: A recently fired employee returned to the hospital. After being isolated in the kitchen & the potential victims were removed, he barricaded himself in a room & took his own life.

Timeline:

1:40 PM: Subject argues with his landlord saying he could not afford the rent

2:20 PM - 5:20 PM : Armed subject barricades himself in kitchen manager's office; 3 ½ hour standoff with police

5:40 PM: Police robot sent in; subject dead from self-inflicted gunshot wound

Parrish Medical Center Shooting

- **Date**: June 8, 2009
- **Location**: Titusville, FL
- **Shooter**: Jeremiah Crosley-Williams
- **Victim:** 1 Death
- **Hospital Area :** Parking Lot

Event: Shots rang out just after 7AM In the parking lot of Parrish Medical Center. A 30 year-old nursing assistant was shot & killed as she arrived at work. The shooter was her estranged husband. She had left him a month earlier. She had filed a protective order against her estranged husband in May, 2009, & said her husband threatened she wouldn't live to make it to court.

Who Responded?

- Palm Bay Police Department
- Brevard County Sheriff's Office
  - SWAT & Bomb Units
  - The Bomb Unit confused media as to what event was actually occurring
- Melbourne Police Department
- West Melbourne Police Department

The Campus

- We had over 100 armed law enforcement officers on the campus of a 152 bed hospital!
- Patients & (allegedly) volunteers are calling news media as they are watching the outside event unfold on TV from their rooms
- Air traffic surrounding hospital...

The VP of Operations

- As these events are characterized by a rapid pace, the first knowledge that an event was occurring on campus was an armed SWAT member running across in front of her window!
- Separation of kitchen staff
  - Some evacuated across street
  - Head count

A Place in Time…

- VP of Safety & Security speaking at conference in Orlando
- Response from HRMC Security
- The infamous 911 call
- Relationship with local law enforcement

Clinical Impact

- PBH went on divert
  - Patients already in ED....
- Caused overcapacity quickly at HRMC
- Director of ED became dispatcher in the ED & point of contact for the area
- Staff instructed to remain in locked down ED & in patient rooms out of clear sight

Clinical Impact, cont'd

- Staff families informed of situation calmly on the phone & assured their loved ones would call as soon as all clear was given
- Critical patients monitored for deterioration & need for advanced care
- All other patients made aware of situation & kept comfortable
- Critical patient required transport to ICU with police escort

Lessons Learned From The Palm Bay Hospital Shooting

Internal critique illustrated a few opportunities & areas where the hospital staff did very well…

- Staff knowledge regarding emergency phone numbers
- Kardex was noted as helpful as associates & managers read instructions
- One-on-one training completed several weeks prior to event with "Safety on the Go"

Lessons Learned From The Palm Bay Hospital Shooting, cont'd

- Supporting hospital opened command center to support
- PBH – this allowed a centralized command center
- Post stress de-briefing was timely & well received after event & the several days that followed

Lessons Learned From The Palm Bay Hospital Shooting, cont'd

Internal critique illustrated areas where the hospital illustrated areas of improvement…

- Security to carry 800 MHz radios at all times (the radio that allowed direct communication to PBPD was in the office)
- Consider "flashing" yellow light to warn associates coming into the bldg (Env Svs folks were entering for next shift)

Lessons Learned From The Palm Bay Hospital Shooting, cont'd

- Centralize dispatch so officers can speak to dispatchers at a distant location to ask for assistance with notifying law enforcement, PBH admin, etc. (this is planned for FY11 capital year)
- Secure elevators to limit shooters ability to access other floors (Security or Plant Ops)

Lessons Learned From The Palm Bay Hospital Shooting, cont'd

Once law enforcement arrives have the management team leave area & assemble at command center so expertise can be used when needed…

- The PBPD liaison had nowhere to go!
- We didn't open the command center, so HRMC AOC opened command center to assist in the event & provide for a location for team to call
- This was a critical failure

Lessons Learned From The Palm Bay Hospital Shooting, cont'd

- Project to lock OR corridor completed
- We didn't use disaster hotline with information on staff reporting & we didn't take the opportunity to push any message via Skylight
- Staff hiding – did not know when it was safe to leave
- PIO responded outside to media – not to command center – needed more than one Marketing person to respond to address both command center & external needs
- Annual PIO meeting in Brevard

Lessons Learned From The Palm Bay Hospital Shooting, cont'd

- Supporting hospital opened command center to support PBH – this allowed a centralized command center
- Place door tags on inside of room so you can inform 911 or Security where you are located
- No PIO at command center – need to activate HICS

Lessons Learned From The Palm Bay Hospital Shooting, cont'd

- Joint hospital & law enforcement critique held - Container with up to date plans & access badges are to be incorporated into "Go Kits" for facility access
- Provided 'thumb drives' of life safety plans to all respective police departments
- Take lessons learned & incorporate to the hospitals system wide

As Hospital Employees, How to Prepare and React

- Evacuate if there is an accessible escape path
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be

As Hospital Employees, How to Prepare and React, cont'd

- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

As Hospital Employees, How to Prepare and React cont'd

Where to hide if you can't get out?

- Get out of the active shooter's view
- Silence cell phones, radios & televisions
- Provide protection if shots are fired in your direction (i.e., an office with a closed & locked door)
- Do not trap yourself or restrict your options for movement
- To prevent an active shooter from entering your hiding place, lock door or blockade door with heavy furniture

As Hospital Employees, How to Prepare and React, cont'd

- Take action against the active shooter as a last resort & only when your life is in imminent danger
- Attempt to disrupt or incapacitate the active shooter by acting as aggressively as possible against him or her (Throw items or improvise weapons)
- Yell & be angry...commit to your actions to survive

What to Expect When Law Enforcement Arrives

- Law enforcement's purpose is to stop the active shooter as soon as possible
- Officers will proceed directly to the area in which the last shots were heard
- Officers usually arrive in groups of two or more
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, other tactical equipment, street clothes

What to Expect When Law Enforcement Arrives, cont'd

- Officers may be armed with rifles, shotguns & handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, & may push individuals to the ground for everyone's safety
- The first officers to arrive to the scene will not stop to help injured persons

How to React When Law Enforcement Arrives

- Remain calm, & follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands & spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers

How to React When Law Enforcement Arrives, cont'd

- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating
- Proceed in the direction from which officers are entering the premises
- Stay in safe place until instructed otherwise

Topics As Hospital Employees to Contemplate

Ethical…leave patients

- Most attacks are directed at hospital staff
- If medical staff are injured or worse, they cannot help anyone

Moral issues…survival

- Escape, if you're in the area under attack
- Hide & lock yourself in a secluded area
- Close patient room doors if time permits

Resource Materials

- Active Shooter on the Premises
- Call Center & Security Dispatch Emergency Guide
- Code Quick Reference & Kardex Revision 1/2011
- Guidelines for Preventing Workplace Violence – OSHA
- ED Assessment Tool

Thank you for your participation!

For more information:

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