ACTIVE SHOOTERS IN THE HOSPITAL ENVIRONMENT

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

Presenters:

James Kendig, Safety & Security Surveyor

Yuri Mykoo, RN, BSN, MBA
Director of Clinical Nursing Services
Palm Bay Hospital
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
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)
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
• 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:

- [www.doh.state.fl.us/demo/BPR/hospprepared.html](http://www.doh.state.fl.us/demo/BPR/hospprepared.html)
- [Sandra_parry@doh.state.fl.us](mailto:Sandra_parry@doh.state.fl.us)
- [James.kendig@att.net](mailto:James.kendig@att.net)