# Active Shooter Incident Planning: Emergency Plans and De-escalation

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# Introduction

- Our Nation's health care facilities (HCFs) are entrusted with providing expert medical care in safe and secure environments for patients, staff, and visitors. HCFs include hospitals, health clinics, hospices, long-term care facilities, academic medical centers, group medical care facilities, and physicians' and other health care providers' offices. HCFs are faced with planning for emergencies of all kinds, ranging from active shooters, hostage situations, and other similar security challenges, as well as threats from fires, tornadoes, floods, hurricanes, earthquakes, and pandemics of infectious diseases. Many of these emergencies occur with little to no warning; therefore, it is critical for HCFs to plan in advance to help ensure the safety, security, and general welfare of all members of the health care community.

# Challenges

- HCFs often include multiple buildings and structures in addition to the area where patients are seen or housed. These may include parking garages, medical office buildings, and other locations, which expand the security concerns for the HCF if an armed person or persons gains access.

# Potential Targets


Many HCFs are repositories for critical research, sensitive information, radioactive materials, and other dangerous pharmaceuticals and narcotics. Safeguarding these materials from terrorists and other criminal threats is a matter of national importance.

# Active Shooter Incidents

- Active shooter incidents are defined as those where an individual is "actively engaged in killing or attempting to kill people in a confined and populated area." ("Active Shooter: How to Respond." U.S. Department of Homeland Security. 2013)
- Law enforcement generally applies this definition to situations where the individual is armed with at least one gun and has come to the area, with the intent to kill people, not to commit another crime. Sometimes the incident occurs inside a building, sometimes outside.
- Other gun-related incidents that may occur in a health care environment are not defined as active shooter incidents because they do not meet this definition. However, these should also be accounted for in plans. These incidents may involve a single shot fired, an accidental discharge of a weapon, or incidents that are not ongoing.

# Active Shooter Incidents (cont'd)

- During an active shooter incident, the natural human reaction, even for those who are highly trained, is to be startled, feel fear and anxiety, and even experience initial disbelief and denial.

# Active Shooter Incidents (cont'd)

- Training provides the means to regain composure, recall at least some of what has been learned, and commit to action.

- Training for can focus on the easy-to-remember mantra of:

"Run, Hide, Fight"

- Everyone should be trained first to run away from the shooter, and, if possible, encouraging others to follow. If that is not possible, they should seek a secure place to hide and deny the shooter access. As a last resort, each person must consider whether he or she can and will fight to survive, incapacitate the shooter, and protect others from harm.

# 3-Fold Responsibility

- **First:** Learn signs of a potentially volatile situation and ways to prevent an incident.
- **Second:** Learn steps to increase survival of self and others in an active shooter incident.
- **Third:** Be prepared to work with law enforcement during the response.

# Planning for an Active Shooter Incident

## An effective plan includes

- Proactive steps, including training, that can be taken by employees to identify individuals who may be on a trajectory to commit a violent act.
- A preferred method for reporting active shooter incidents, including informing all those at the HCF or who may be entering the HCF.
- An evacuation policy and procedure.
- Emergency escape procedures and route assignments (e.g., floor plans, safe areas).
- Lockdown procedures for individual units, offices, and buildings.
- Integration with the facility incident commander and the external incident commander.
- Information concerning local area emergency response agencies and hospitals (e.g., name, telephone number, and distance from the location), including internal phone numbers and contacts.

# Who is an Active Shooter?

- No profile exists for an active shooter; however, research indicates there may be signs or indicators. HCF employees should learn the signs of a potentially volatile situation that could develop into an active shooter incident. Each employee should be empowered to proactively seek ways to prevent an incident with internal resources or additional external assistance.

- In 2010, the U.S. Secret Service, U.S. Department of Education, and the FBI collaborated to produce the report *Campus Attacks: Targeted Violence Affecting Institutions of Higher Education*, which examined lethal or attempted lethal attacks at U.S. universities and colleges from 1900 to 2008.11 The report featured several key observations related to pre-attack behaviors

# Pre-Attack Behaviors

- In 31 percent of the cases observed behaviors included, but were not limited to paranoid ideas, delusional statements, changes in personality or performance, disciplinary problems on site, depressed mood, suicidal ideation, non-specific threats of violence, increased isolation, “odd” or “bizarre” behavior, and interest in or acquisition of weapons.
- In only 13 percent of the cases did subjects make verbal and/or written threats to cause harm to the target. These threats were both veiled and direct and were conveyed to the target or to a third party about the target.
- In 19 percent of the cases, stalking or harassing behavior was reported prior to the attack. These behaviors occurred within the context of a current or former romantic relationship or in academic and other non-romantic settings.
- In only 10 percent of the cases did the subject engage in physically aggressive acts toward the targets. These behaviors took the form of physical assaults, menacing actions with weapons, or repeated physical violence to intimate partners.

# *Pre-Attack Behaviors (cont'd)*

- The FBI has identified some behavioral indicators that should prompt further exploration and attention from law enforcement and/or HCF safety stakeholders.

  These behaviors often include:

1. Development of a personal grievance.
2. Contextually inappropriate and recent acquisitions of multiple weapons.
3. Contextually inappropriate and recent escalation in target practice and weapons training.
4. Contextually inappropriate and recent interest in explosives.
5. Contextually inappropriate and intense interest or fascination with previous shootings or mass attacks.
6. Experience of a significant real or perceived personal loss in the weeks and/or months leading up to the attack, such as a death, breakup, divorce or loss of a job.

# *Warning Signs*

There are observable pre-attack behaviors that, if recognized, could lead to the disruption of a planned attack. The FBI has identified some behavioral indicators that should prompt further exploration and attention. These behaviors often include:

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# *Practical Application of "Run, Hide, Fight" Model in HCF Settings*

- Regardless of training or directions given, each employee, visitor, and patient will react and respond based on his or her own instincts. Some people may not be able to leave; others may refuse to leave. Some will find comfort in a group; others will face the challenges alone.
- It is not uncommon for people confronted with a threat to first deny the possible danger rather than respond.
- Train staff to overcome denial and to respond immediately.
- Forcefully communicate the danger and necessary action (e.g., "Gun! Get out!").
- Helping others to safety increases the survivability for all potential victims.
- Rendering aid can be as simple as rallying likely victims to "Follow me!" or aiding non-ambulatory persons.
- Consideration should be given to children and others who may have difficulty evacuating without assistance.

# *Run*

- If it is safe to do so, the first course of action that should be taken is to run.
- Individuals should be trained to run out of the facility or away from the area under attack and move as far away as possible until they are in a safe location.

## Staff should be trained to:

- Leave personal belongings behind.
- Visualize possible escape routes, including physically accessible routes for patients, visitors, or staff with disabilities and others with access and functional needs.
- Avoid escalators and elevators.
- Take others with them but not stay behind because others will not go.
- Call 911 when safe to do so.

Because employees may scatter, they should be given directions on who they should contact in order to account for all employees.

# *Hide*

If running is not a safe option, staff should be trained to hide in as safe a place as possible where the walls might be thicker and have fewer windows. Likewise, for patients that cannot “run” because of mobility issues (e.g., they are unable to leave their bed) hiding may be their only option.

**In addition:**

- Lock the doors if door locks are available.
- Barricade the doors with heavy furniture or wedge items under the door.
- Those in a specialty care unit should secure the unit entrance(s) by locking the doors and/or securing the doors by any means available (e.g., furniture, cabinets, bed, equipment).
- Close and lock windows and close blinds or cover windows.
- Turn off lights.
- Silence all electronic devices.
- Remain silent.
- Look for other avenues of escape.
- Identify ad-hoc weapons.
- When safe to do so, use strategies to silently communicate with first responders, if possible (e.g., in rooms with exterior windows, make signs to silently signal law enforcement and emergency responders to indicate the status of the room’s occupants).
- Hide along the wall closest to the exit but out of view from the hallway (which would allow the best option for ambushing the shooter and for possible escape if the shooter enters or passes by the room).
- Remain in place until given an all clear by identifiable law enforcement.

# *Hide (cont'd)*

Consider these additional actions:

- Barricade areas where patients, visitors, and/or staff are located.
- Transport patients in wheelchairs or on stretchers or carry them to a safe location.
- Identify a safe location in each unit before an incident occurs where staff, patients, and visitors may safely barricade themselves during an event.
- Train people in how to lock down an area and secure the unit, including providing a checklist of instructions on the back of doors and by phones.
- Ensure emergency numbers are available at all phone locations.

# *Fight*

- If neither running nor hiding is a safe option, as a last resort and when confronted by the shooter, adults in immediate danger should consider trying to disrupt or incapacitate the shooter by using aggressive force and items in their environment, such as fire extinguishers, chairs, etc.
- Speaking with staff about confronting a shooter may be daunting and upsetting for some staff, but great comfort can come from the knowledge that their actions could save lives. To be clear, confronting an active shooter should never be a requirement of any health care provider's job; how each individual chooses to respond if directly confronted by an active shooter is up to him or her.

# *Interacting with First Responders*

- Police officers, firefighters, and EMS personnel (i.e., first responders) who come to an HCF because of a 911 call involving gunfire face a daunting task.
- Staff should be trained to understand and expect that law enforcement's first priority must be to locate and stop the person or persons believed to be the shooter(s); all other actions are secondary.
- Staff should be trained to cooperate and not to interfere with the law enforcement response. When law enforcement arrives, staff—including those providing emergency medical care—and all present must follow directions and display empty hands with open palms. Law enforcement may instruct everyone to get on the ground, place their hands on their heads, and they may search individuals.
- Emergency responders also should have advance information on locations where they are likely to find patients unable to evacuate, such as the operating room, critical care units, nurseries, and pediatric units.
- In actual emergencies, timely intelligence is critical. Staff should be trained to contact the police and share with them essential information, such as the location and description of attackers, types of weapons, methods and direction of attack, and flight of attackers. Law enforcement encourages all calls, and no one should assume that someone else has called. Video surveillance that is accessible to smart phones and other electronic devices must be shared with responding units as soon as practical.

# *After an Active Shooter Incident*

After the active shooter has been incapacitated and is no longer a threat, human resources and/or management should engage in post-event assessments and activities, including:

- Accounting for all individuals at one or more designated assembly points to determine who, if anyone, is missing or potentially injured.
- Coordinating with first responders to account for any patients, visitors, and staff who were not evacuated.
- Determining the best methods for notifying families of individuals affected by the active shooter, including notification of any casualties; this must be done in coordination with law enforcement.
- Assessing the behavioral health of individuals at the scene, ensuring access to victims resources including distress helplines, Office for Victims of Crimes counselors or employee assistance personnel, and establishing platforms for contact and recovery support.
- Ensuring equal access to all such resources and programs for people who are deaf, hard of hearing, blind, have low vision, low literacy and other communication disabilities and individuals with limited English proficiency. Planning and activating an employee family unification plan, communicating this to employees and providing a safe place, away from press to facilitate its execution.
- Identifying and filling any critical personnel or operational gaps left in the organization as a result of the active shooter.
- Determining when to resume full services.

# *Psychological First Aid*

- Psychological First Aid (PFA) is an evidence-informed, modular approach used by mental health and disaster response workers to help individuals of all ages in the immediate aftermath of disaster and terrorism.
- PFA is designed to reduce the initial distress caused by traumatic events and to foster short-and long-term adaptive functioning and coping.
- PFA is designed for delivery by mental health and other disaster response workers who provide early assistance to affected children, families, and adults as part of an organized disaster response effort.

# *Psychological First Aid (cont'd)*

Basic objectives of PFA are to:

- Establish a human connection in a non-intrusive, compassionate manner.
- Enhance immediate and ongoing safety and provide physical and emotional comfort.
- Calm and orient emotionally overwhelmed or distraught survivors.
- Help survivors specifically discuss what their immediate needs and concerns are, and gather additional information as appropriate; offer practical assistance and information to help survivors address their immediate needs and concerns.
- Connect survivors as soon as possible to social support networks, including family members, friends, and neighbors.
- Support adaptive coping, acknowledge coping efforts and strengths, and empower survivors; encourage adults, children, and families to take an active role in their recovery.
- Provide information that may help survivors cope effectively with the psychological impact of disasters.
- When appropriate, link the survivor to another member of a disaster response team or to
- local recovery systems, mental health services, public sector services, and organizations.

# Health Insurance Portability and Accountability Act of 1996 (HIPAA)

***What Is HIPAA?***

HIPAA and its implementing regulations, commonly known as the HIPAA Privacy Rule and the HIPAA Security Rule, protect the privacy and security of individually identifiable health information, called PHI. Such information is held by health plans, health care clearinghouses, and most health care providers, collectively known as “covered entities,” and their business associates (entities that have access to individuals’ health information to perform work on behalf of a covered entity).

A major goal of the Privacy Rule is to ensure that individuals’ health information is properly protected while still allowing the flow of health information that is needed to provide and promote high quality health care and to protect the public’s health and well-being.

# HIPAA (cont'd)

The U.S. Department of Health and Human Services Office for Civil Rights has responsibility for administering and enforcing the Privacy and Security Rules.

## How Does HIPAA Apply in HCFs?

A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected heath information may be used or disclosed by covered entities. A covered entity may not use or disclose PHI, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.

For circumstances that may necessitate the disclosure of PHI during an emergency, the Privacy Rule includes several permissions. Among the most relevant permissions are:

# HIPAA (cont'd)

- To report PHI to a law enforcement official or other person reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
- To report PHI to law enforcement that the covered entity in good faith believes to be evidence of a crime that occurred on the premises.
- To alert law enforcement to the death of an individual when there is a suspicion that the death resulted from criminal conduct.
- When responding to an off-site medical emergency, as necessary to alert law enforcement to criminal activity.
- To report PHI to law enforcement when required by law to do so (such as reporting gunshots or stab wounds).
- To comply with a court order or court-ordered warrant, a subpoena, or summons issued by a judicial officer, or an administrative request from a law enforcement official (the administrative request must include a written statement that the information requested is relevant and material, specific and limited in scope, and de-identified information cannot be used).
- To respond to a request for PHI from law enforcement for purposes of identifying or locating a suspect, fugitive, material witness, or missing person, but the information must be limited to basic demographic and health information about the person.

# HIPAA (cont'd)

After an emergency situation has been resolved, a covered entity may need to provide updates to family or other persons involved in an individual's care. The Privacy Rule, in addition to other potentially applicable provisions, permits the use and disclosure of PHI about an individual to persons that were involved in the individual's care or payment, as well as to public or private entities authorized to assist in disaster relief efforts.

# References


- U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response, Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans, Washington, DC, 2014.
- U.S. Department of Homeland Security
- Assistant Secretary for Preparedness and Response
- Department of Justice Federal Bureau of Investigation