

Hernando ESF-8 Working Group / COAD

**Healthcare Active &
Directed Shooter
Tabletop Exercise Template**

HEALTHCARE ACTIVE SHOOTER CONSULTING SERVICES

PAUL L. FORD, PHD, MBA, CHPA



Hernando County ESF-8 Working Group

To enhance health and medical preparedness and response in Hernando County

Special thanks go to **Nina Mattei** who conceived of this project and provided guidance in the development. It would not have happened without her leadership.

Presentation Includes

- 1) Active/Directed Shooter Background information Slides 3 to 8
- 2) ACTIVE/DIRECTED Shooter tabletop Exercise Template Slides 9 to 25
- 3) Basic Employee training Slides 11 to 30

You may copy the website below and watch how one hospital did an active shooter and mass casualty EXERCISE together.

<https://www.youtube.com/watch?v=XuTJdNk2c9o>



Reference: "Active Shooter: How to Respond." U.S. Department of Homeland Security. 2013. <http://www.dhs.gov/publication/active-shooter-how-respond>

Background

- John Hopkins Healthcare specific research
 - "the likelihood of being shot in a hospital is less than the chance of getting struck by lightning"
 - "Most of the events involved a determined shooter with a specific target"—Directed Shooter
 - "Zero risk is not achievable"
- Tabletop exercises are an excellent method to refine and improve current policies and procedures.

Reasons to Develop an Active / Directed shooter Plan

1. Active Shooters are rare, but catastrophic

- Loss of Life
- Loss of Reputation
- Loss of Jobs

2. OSHA Standards

can be utilized to win negligence law suits if there is no plan/education

3. You care



2000 to 2011 Healthcare Shootings

FBI Statistics:

Shootings occurred in 40 States—Florida, California, Texas, Ohio and North Carolina account for more than one third of all shootings. 44% occurred in southern states.

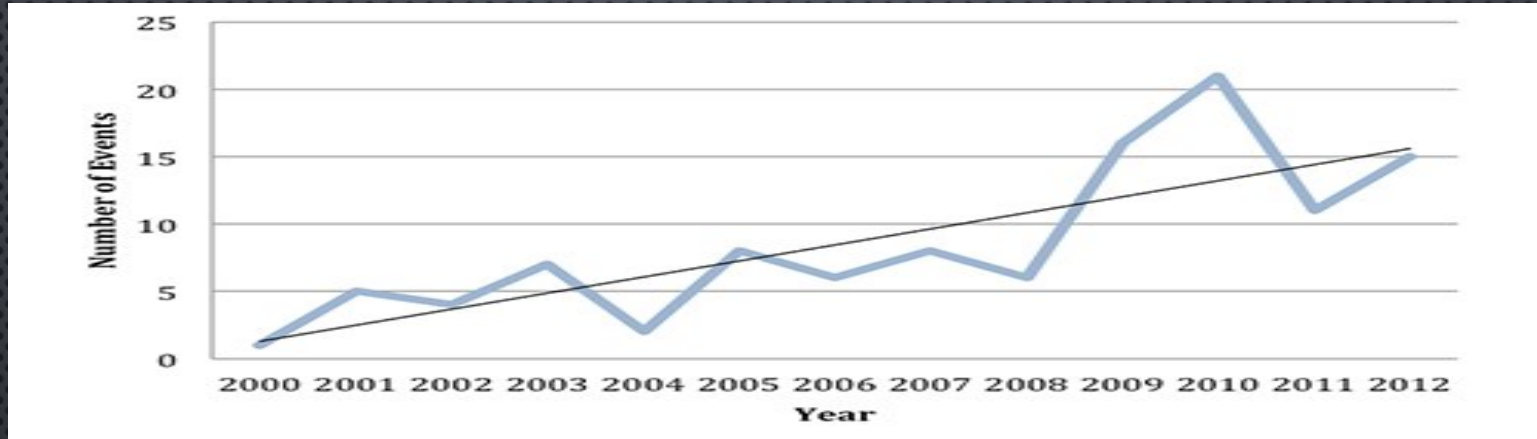
- 91% of perpetrators were men (all ages)
- 29% in the Emergency Department (only 19% fatality)
- Most common victim was perpetrator (45%)
- 32% current or estranged intimate relations
- 25% former patients
- 5% former employees (this is where workplace violence programs fail)



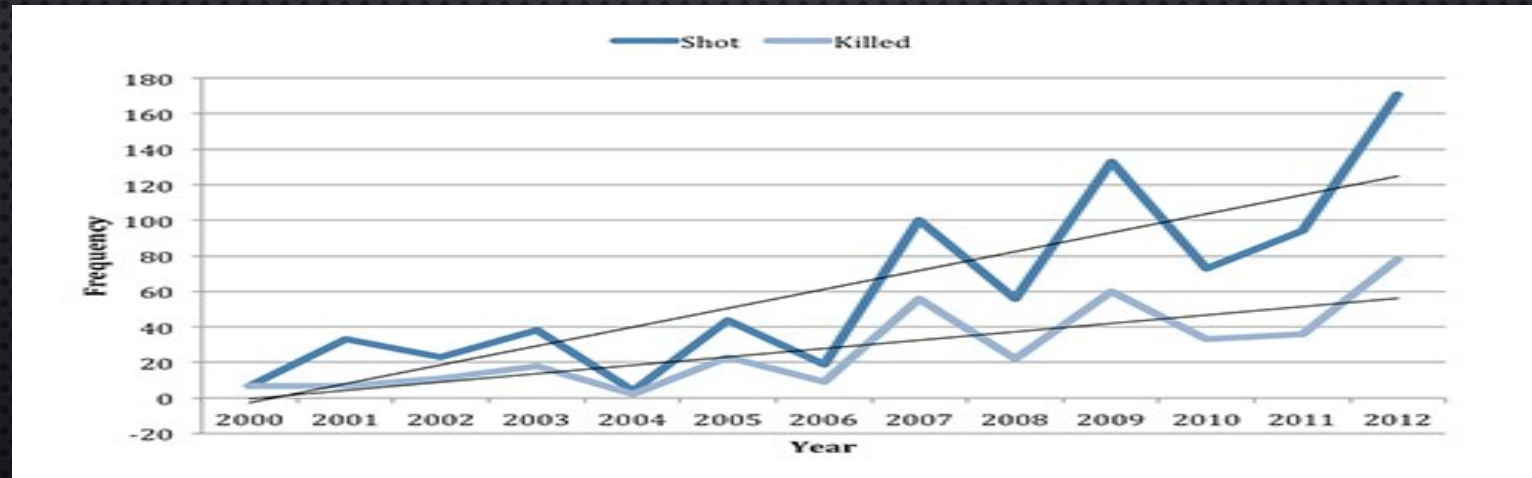
Active/Directed shooter Events are Increasing

FBI-Law Enforcement Bulletin, January 2014

J. Pete Blair, Ph.D., M. Hunter Martaindale, M.S., and
Terry Nichols, M.S.



The above chart demonstrates the increases in active shooter events.



The above chart demonstrates that frequencies of people both shot and killed are increasing.

Healthcare Risks

- An **Active Shooter** is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, **active shooters** use firearm(s) and there is no pattern or method to their selection of victims (almost impossible to prevent less than 1% of events)
- A **Directed Shooter** is an individual who feels they have been wronged and has a grudge or reason for their action and is focused on a specific person. This is 99% of healthcare shooters
- Directed Shooter motivations
 - Domestic Violence overflow from home
 - Euthanasia of loved ones in pain
 - Grudge or grievance against healthcare provider
 - Employee Anger situations
 - Overflow from Street events





Hernando County ESF-8 Working Group

To enhance health and medical preparedness and response in Hernando County

Healthcare Active / Directed Shooter Exercise

This Active Shooter Tabletop Exercise Template was developed specifically for the Hernando County ESF-8 Working Group. It is developed as a learning tool. It is tangible evidence of the facilities' commitment to promote safety through preparedness for an active/directed shooter event.

Purpose

The Active Shooter Tabletop Exercise Template provides healthcare facilities a useful exercise planning and operational template to address active and directed shooter workplace violence threats, issues, and concerns. The exercise encourages participants to address key issues. This tabletop exercise is an interactive, discussion-based activity focused on a domestic-based Active Shooter incident. The scenario consists of three modules in chronological order and portrays a pre-incident phase, an incident and response phase, and an assessment phase.

Target Capabilities

These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise is to measure and validate performance of these capabilities and their associated critical thinking and task necessities.

Planning

Communications

Exercise Objectives

1. To open communications among participants concerning Active/Directed shooter events.
2. Assess the methods and effectiveness of internal and external communications during an Active/Directed Shooter event in accordance with existing plans.
3. Identify and evaluate preparedness, mitigation, response, and recovery actions associated with an Active/Directed Shooter event at your facility.
4. Identify gaps, redundancies, deficiencies for improvement in the current policy.
5. Provide discussion on possible best practices and revision of Active/Directed Shooter policy/procedures.
6. Prepare your facility for active shooter full-function active shooter exercises.

Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This is an opportunity to discuss and present multiple options and possible solutions.
- Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.
- Healthcare facilities should bring the exercise day's actual patient/resident census to the tabletop exercise for use during discussions.

Assumptions and Artificialities

- In any exercise a number of assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:
 - Healthcare facilities should assume that initial patient/resident census is actual patient/resident census.
 - The scenario is plausible, and events occur as they are presented.
 - There is no “hidden agenda” nor any trick questions.
 - All participants receive information at the same time.
- This event could apply to any healthcare organization.
- Some details of the presentation and pictures of your facility should be added.



It is a pleasant, summer day at lunchtime with temperatures approaching 95F. Your maintenance director is in the parking lot assessing tree damage from last evening's thunderstorm when he observes a noticeably agitated unknown adult male exiting his pickup truck. The individual is dressed in a long black trench coat and is wearing a black ski hat. Upon exiting the truck, he reaches into the bed of the pickup and pulls out a long camouflaged duffle bag and is soon observed entering the center through the front door.



The maintenance director calls to the administrator's office to inform them of what he has just observed. ("John Smith" is a disgruntled employee, who had a previous history of combative arguments with the administrator before he was terminated last year.)

Shortly after John Smith enters the building, the maintenance director hears loud screams and "popping noises" similar to gun shots coming from inside the front foyer of the center. Several staff members are then seen fleeing the building and some of them are obviously covered in blood and look like they are in shock. The gunman then leaves the front foyer and proceeds to walk down the hallway towards the day room and resident/client dining area. The sound of popping noises and screaming continues sporadically.

Questions?—Please take notes

1. In your current position, what are your initial actions and the actions of the staff?
2. Who would call 911 and what information should be provided?
3. Who is in charge?
4. How is what has happened communicated, internally and externally?
5. Do you lock down, and if so how?
6. Where does law enforcement arrive? (Do they know the facility or plan?)
7. Do you have planned escape routes or safe rooms? What is a safe room?
8. Do you have a plan to facilitate communications and decision making by meeting with law enforcement at a leadership rallying point? (Where, who, how)



INJECT 1: ARRIVAL OF LAW ENFORCEMENT

Law Enforcement Arrives

Local law enforcement officials arrive on scene within five minutes of the first 911 call from an employee cell phone inside the building. Police quickly enter the building through the front doors to act on “Active Shooter” information. The entry team confirms that the popping noises were indeed gun shots and they have encountered several wounded or dead residents/clients and staff members. They begin a systematic search of the building for the intruder and call for the county bomb squad to respond on location as they have found a large duffel bag that appears suspicious and could contain an improvised explosive device. The maintenance director remains outside at the Leadership rallying point to give the police officers more information about the intruder. Additional gun shots can be heard inside the building.

Questions?

1. How does the arrival of law enforcement change the response landscape? (How have your employees been trained to act)?
2. How would you establish a Leadership Rally point to assist law enforcement with their response? (Who, where)
3. What are your priority action items for consideration at this point in the incident?
4. What documentation is being done by your staff?
5. What would be the expectations that your staff might assist in the coordination of triage and pre-hospital treatment with on-scene?
6. What specific information about the incident would you release to the media at a news conference or in a news release? What topics would you address? What information will need to remain closely held? Do you have a Crisis Communication Plan?



INJECT 2: INCIDENT RESOLUTION

Incident Resolution

Local news agencies pick up the chatter from law enforcement agencies on police scanners and begin to broadcast news of the incident "LIVE". Initial reports indicate that the Administrator and Director of Nursing have been shot and killed. Emergency Medical Service ambulances have been dispatched and begin to arrive on location at the incident.

Several staff members run from the rear of the building shouting that the man has grabbed a fellow associate and has shot and killed several patients/residents/clients. They give directions of the approximate location of the gunman to law enforcement personnel. The SWAT team finds the gunman in the dining room on the west side of the center holding an associate hostage.

Casualties

Meanwhile, first responder teams enter the center, secure the east wing and begin evacuation of the building. Negotiation with the gunman continues for a brief period of time as the SWAT team enters the barricaded room, but not before the gunman shoots himself and commits suicide.

Summary of Casualties

- Total Casualties 23
- Fatalities 17



Questions

1. What will be the immediate effects on staff, residents and families?
2. What type of emotional support is in place for your staff members?
3. What system is in place to deal with families of the deceased?
4. Do you have the resources to provide immediate and long term stress management and/or mental health services to your personnel? If not, how could those services be delivered?
5. How will your business recover and cleanup from carnage? How do you bring the center back to a sense of "normal" after an incident of this magnitude?
6. Who will notify next of kin of the dead or wounded?
7. How do you keep staff members from the media?
8. What are your priority action items at this point?
9. What is the media strategy at this time? Will interviews and access to the site be allowed at this point? How will this be decided? How will it be coordinated?
10. How would inquiries from private citizens seeking information on missing loved ones be handled? How will the families of victims be notified?
11. What type of decisions and actions would have been decided at your leadership rallying point during this event?

Will your organization be a casualty or emerge stronger and more resilient?

Exercise Evaluation

Please provide feedback on the Active Shooter Tabletop Exercise:

1. How could this event have actually happened?
 - a) What gaps did you identify in your plan?
 - b) What recommendations do you have to improve the current plan?
2. Were you engaged enough to stimulate active thinking?
 - a) What things did you discover that had not been discussed before the exercise?
3. Would you recommend this exercise to other facilities?
 - a) Why or why not?



Hernando County ESF-8 Working Group

To enhance health and medical preparedness and response in Hernando County

Basic Employee Active Shooter Training

Run, Hide, Fight

- Options for Escape Routes and Meeting Places
- Equipped Safe Rooms
- Plain Language Internal and External Communications
- Hot Wash (After Action Reports)
- Employee Assistance Program Available
- An excellent hospital training video is <https://vimeo.com/111756310>



Personal Planning

➤ **RUN**

➤ **HIDE**

➤ **FIGHT**



RUN



- If you hear shots or “Gun, get out” RUN away from the shooter and gunshots--fast in a zigzag pattern using cover if possible, looking for exit signs
- Try to get everyone to go with you but leave personal belongings
- Call 911 as soon as it is safe

HIDE



- Go to safest room possible (med room, patient room, bathroom); if in a patient room, reassure patient and explain you will lock and barricade the doors with heavy furniture and wedge the bottom
- Turn off lights
- Silence all electronic devices
- Signal law enforcement if possible (paper sign in window)
- Remain silent but prepare to Fight
- Remain until law enforcement stays it is all clear

FIGHT



- Find a weapon

- Fire extinguishers, chairs, IV poles, flowers, phone, keys, etc.

- Texas State Study 2013

- Of 41 Active Shooter events from 2000 to 2010 that ended before law enforcement arrived
 - Potential victims stopped the attacker 16 times
 - The attacker was subdued 13 times

Moving Forward



**For help with a facility specific plan,
training and exercises:**

Paul L. Ford, Ph.D.
pford51@gmail.com
(813) 610-8148

Nina Mattei, APR, FPEM
Nina.Mattei@FLHealth.Gov
(352) 540-6822