



HERNANDO COUNTY ESF-8 WORKING GROUP

To enhance health and medical preparedness and response in Hernando County

Healthcare Active and Directed Shooter Planning, Training and Exercise Project

Manual

***THIS HEALTHCARE ACTIVE SHOOTER PROJECT IS FUNDED BY THE
HERNANDO COUNTY ESF-8 WORKING GROUP.***

***THE COMPILATION OF DOCUMENTS AND EDITING WERE PERFORMED BY
PAUL L. FORD AND NINA MATTEI.***

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Introduction

These **Active / Directed Shooter Materials** provide health and medical partners* with a framework to develop a policy, training, and exercise plan. Used as a starting point, you may adapt these materials to fit your organization's unique needs and preferences. The actions of writing a policy, training staff, and conducting exercises may also help your organization to achieve some requirements established by the Florida Agency for Health Care Administration, the Federal Centers for Medicare and Medicaid Services, and national accreditation agencies. Some federal and state programs require you to work with and across disciplines,* including Emergency Management, Fire Rescue, EMS, Law Enforcement, Public Health, and Health Care Coalitions.

Our whole community is stronger and more resilient when we collaborate between business, industry, commerce, first responders, emergency management and public health partners!

Thank you and we wish you great success!

Paul L. Ford, Ph.D., MBA

Nina Mattei, APR, FPEM/Disaster Planner
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Health and Medical Partners

- Hospitals
- Critical Access Hospitals
- Long-Term Care Facilities, Skilled Nursing Facilities, and Nursing Facilities
- Religious Nonmedical Health Care Institutions
- Ambulatory Surgical Centers
- Hospices
- Psychiatric Residential Treatment Facilities
- Programs of All-Inclusive Care for the Elderly
- Transplant Centers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Home Health Agencies
- Comprehensive Outpatient Rehabilitation Facilities
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Organ Procurement Organizations
- Rural Health Clinics and Federally Qualified Health Centers
- End-Stage Renal Disease Facilities



Purpose

1. Shootings are catastrophic
 - a. Loss of Life
 - b. Loss of Reputation
 - c. Loss of Jobs

2. OSHA Standards can be utilized to demonstrate negligence when there is no plan or education





Background Information

Recent Events at Healthcare Facilities

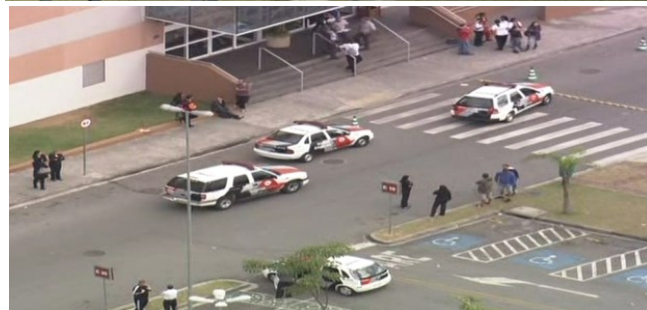
- March 2017: Patient fatally shoots herself in FL hospital's ICU
- June 2017: A man shoots nurse inside Ocala, FL, hospital
- June 2017: Two nurses killed in Titusville
- July 2016: Person killed in FL hospital shooting
- January 2016: OSHA issues Hazard Alert Letter to Boston hospital
- April 2015: A man shoots a shotgun near hospital in Covington, LA, and flees
- November 2015: Murder-Suicide at FL Hospital Tampa
- March 2015: Prisoner escapes from guards at a Fairfax, VA, hospital, takes gun and flees
- March 2015: A man abducts an employee at a Racine, WI, hospital and fires at a police officer during pursuit
- January 2015: A man shot a doctor and then himself at a TX hospital
- January 2015: A man opens fire at security officers at a hospital in DeKalb County, GA - no one injured
- January 2015: A man shot a doctor at a hospital in Boston, MA - suspect shot himself
- January 2015: A man shot a nurse at a hospital in Los Angeles
- November 2014: A patient draws a handgun in a Highland Park, IL, Emergency Department after a traffic accident - police shot suspect
- November 2014: Police shot and killed a man who was threatening hospital staff with a gun
- October 2014: A man enters outpatient pharmacy at a hospital in Houston, TX, and kills worker and self
- May 2014: An employee was injured after a man entered a Dayton, OH, VA hospital with a gun
- May 2014: A man enters a North Logan, UT, emergency department wielding two firearms - police shot suspect
- May 2014: Armed man in parking lot shot and killed by hospital security in Hillcrest, OK
- May 2014: A man shot his wife and then himself at a Worthington, MN, nursing home
- January 2014: A man shot himself after firing on cars and attacking two



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- December 2013: A man kills sister in Los Angeles, CA, nursing home - suspected mercy killing
- December 2013: A man kills one doctor and wounds another, then kills himself at a Reno, NV, hospital
- November 2013: Staff nurse kills patient then shoots self at a Clarks Summit, PA, nursing home
- March 2013: A man in hospice on a hospital campus kills his wife and then turns the gun on himself
- February 2013: One person shot dead on the grounds of a Portland, OR, hospital
- December 2012: A man opened fire in a hospital, wounding an officer and two employees before he was fatally shot by police
- June 2012: A surgeon opens fire and kills his girlfriend on hospital grounds in Buffalo, NY
- March 2012: A gunman opened fire at a Pittsburgh psychiatric clinic, leaving two people dead, including the gunman, and injuring seven others
- March 2009: A gunman killed eight staff and patients and wounded two at a nursing home in Carthage, NC





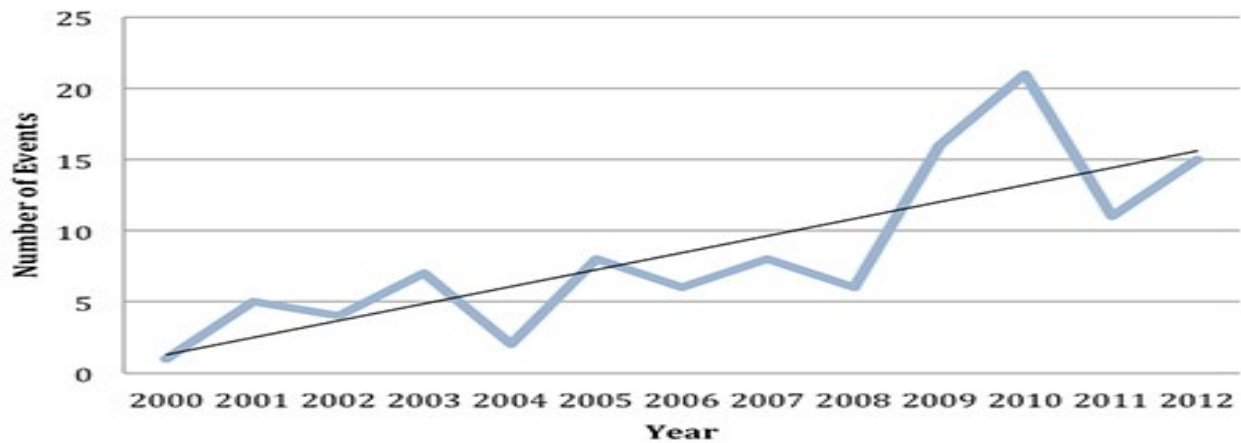
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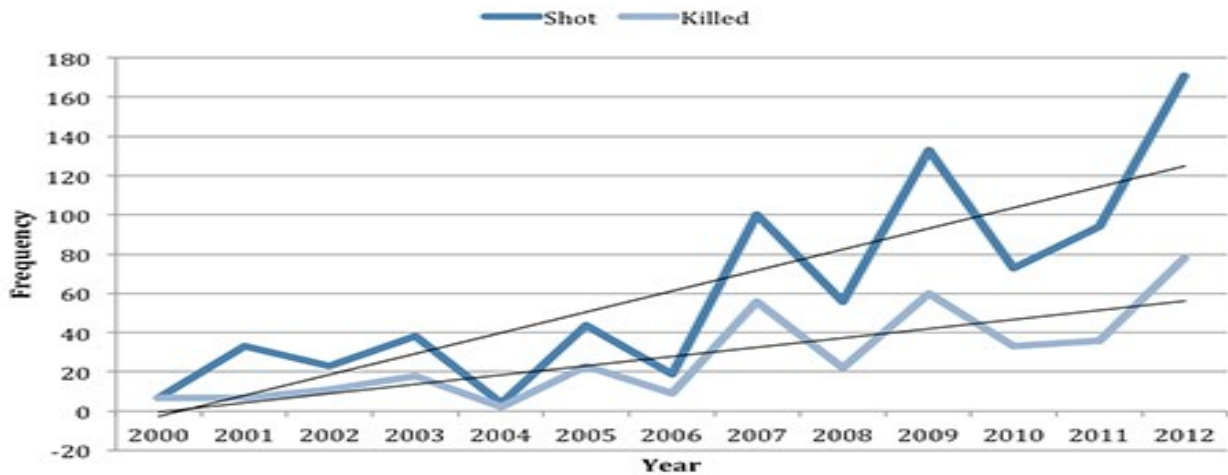
FBI-Law Enforcement Bulletin, January 2014

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

Increasing Active Shooter Events and Deaths



This chart demonstrates that the number of events have been increasing steadily since 2000



The chart above demonstrates that the number of victims shot has increased and the number of dead have increased



A study in the *Annals of Emergency Medicine*

In 2000-2011, the United States had 154 hospital-related shootings.

***Annals of Emergency Medicine*, 60 (6), 790-798. Retrieved from**

<http://dx.doi.org/10.1016/i.annemergmed.2012.08.012>

- 154 shootings
 - 91 or 59% occurred inside the hospital
 - 63 or 41% took place outside on hospital grounds

 - 235 injured or dead

 - 29% in Emergency Departments
 - 23% in parking lot
 - 19% in patient rooms

 - 27% involved a determined shooter with a strong motive defined by a grudge
 - 21% suicides
 - 14% “euthanized” an ill relative
 - 11% prisoner escape
 - 9% ambient society violence
 - 4% mentally unstable patients

 - 45 % of victims were the perpetrator
 - 20% of victims were hospital employees
 - 3% were physicians
 - 5% were nurses



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Brown University, Hospital Active Shooter Research

February 26, 2015 Contact: [David Orenstein](#) 401-863-1862

The number of *active* shooter incidents in *U.S. hospitals* has increased over the last decade to a frequency of more than one a month. In a new Viewpoint in *JAMA*, authors suggest that hospitals examine their security plans.

Review of historical studies and data available indicates Healthcare shootings are not the typical active shooter event. By definition and method of data collection, the FBI and other law enforcement agencies define an active shooter as “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.

The healthcare shooter is, then, not an “Active Shooter” but a “Directed Shooter”. While an active shooter event is almost impossible to prevent, a directed shooter event, if you understand their situational motivation, can be prevented.





Program Development Process

1. Understand common terms and **References** and know where to find **Resources**
2. Perform a **Risk Assessment**--location, patients, services, employees, threats, incident reports
3. Develop Draft **Policy**
4. Organize a **Communications and Training Plan** to support policy
5. Hold **table top exercises** of organizational leaders
6. Develop departmental **Procedures**



References and Resources

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www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf
2. http://www.dhs.gov/sites/default/files/publications/active_shooter_educational_booklet_508.pdf
3. Federal Emergency Management Agency. *Active Shooter: What You Can Do: Instructor Guide*, March 2012, www.fema.gov/information-employees/mount-weather-tests-active-shooter-response
4. Active Shooter What Can You Do <http://emilms.fema.gov/IS907/AS01summary.htm>
5. [Emergency Response Plan | Ready.gov](http://www.ready.gov/business/implementation/emergency)
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6. FBI Run Hide Fight Video <http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents/run-hide-fight-video>
7. Workplace Violence How to Respond, <http://www.police.ufl.edu/wp-content/uploads/2012/07/Active-Shooter-Awareness-Brochure.pdf>
8. Active Shooter Planning and Responding in a Healthcare Setting, <http://www.floridahealth.gov/programs-and-services/emergency-preparedness-and-response/preparedness-planning/documents/active-shooter.pdf>
9. International Association for Healthcare Security and Safety. *Security Design Guidelines for Healthcare Practices*. 2011, <http://www.campussafetymagazine.com/article/IHSS-Foundation-Publishes-Security-Design-Guidelines-for-Healthcare-Facilit>.
10. Hospital-Based Shootings in the United States: 2000 to 2011, Gabor D. Kelen, MD, Christina L. Catlett, MD, Joshua G. Kubit, MD, Yu-Hsiang Hsieh, PhD From the Johns Hopkins Office of Critical Event Preparedness and Response, Johns Hopkins Institutions, Baltimore, MD (Kelen, Catlett); the National Center for the Study of Preparedness and Catastrophic Event Response, Johns Hopkins University, Baltimore, MD (Kelen, Catlett, Hsieh); and the Department of Emergency Medicine, Johns Hopkins University School of Medicine, Baltimore, MD (Kelen, Catlett, Kubit, Hsieh).



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12. Bureau of Labor Statistics. National Census of Fatal Occupational Injuries in 2010. (Preliminary Results). Available at: <http://www.bls.gov/news.release/pdf/cfoi.pdf>. Accessed August 22, 2012.
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http://www.bls.gov/iif/oshwc/foi/work_hom.pdf. Accessed May 17, 2012.
15. National Institute for Occupational Safety and Health. Violence: occupational hazards in hospitals. NIOSH publication 2002-101. Available at:
<http://www.cdc.gov/niosh/docs/2002-101/>. Accessed May 17, 2012.
16. Sample Policies
 - Policy #1. https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf
 - Policy #2.
http://cosb.countyofsb.org/uploadedFiles/phd/Disaster_Preparedness/Active-Shooter%20SNF%20policy%20and%20tabletop%20ex.pdf
 - Policy #3.
<http://c.ymcdn.com/sites/www.lhaonline.org/resource/resmgr/imported/Code%20Silver%20for%20website.pdf>
 - Policy #4. <https://www.dhs.gov/sites/default/files/publications/isc-planning-response-active-shooter-guide-non-fouo-nov-2015-508.pdf>
 - Policy #5. Written by Paul L. Ford from several hospital policies, plford51@gmail.com
 - Policy #6 <http://www.cdse.edu/documents/toolkits-physical/active-shooter-plan-template.docx>



Sample Facility Risk Assessment

(Group judgment is used in all decisions)

<i>Types of Shooters</i>	<i>Probability High=5 low=1</i>	<i>Warning Signs High=5 low=1</i>	<i>Mitigation in place High=0 low=5</i>	<i>Risk total</i>
Sample	5	3	2	10
Overflow from street drug deal or violence		Crime stats Event reports on property	Fences Lighting Access Controls	
Domestic Violence		% of female staff	Program for managers and staff	
Euthanasia		Age and severity of patients	Discussions with family friends	
Disgruntled Employee		Employee outbursts statements	Employee assistance programs	
Grudge against staff		Threatening statements or stalking	Intervention programs with law enforcement	
Active Shooter		Access Controls	Plan and Exercises	

(This form is a guideline and does not contain all possible contingencies, but it is a place to start.)



Sample Policies

It is recommended that you review all sample policies. Pick the policy or combine portions of policies that best fit your facility. Your policy will improve as it is reviewed and you hold exercises.

PLEASE BE AWARE THAT THE SAMPLE POLICIES PROVIDED HERE ARE INTENDED AS A STARTING POINT AND **NOT** A COMPLETED POLICY DOCUMENT. THESE SAMPLE POLICES MUST BE CUSTOMIZED BY EACH FACILITY AFTER CONDUCTING INTERNAL ASSESSMENTS TO DETERMINE AND TO MEET THEIR UNIQUE NEEDS.

Sample policies are in order from the simplest to the most complex.



Sample #1.

Reference https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

US Department of Homeland Security, Active Shooter-How to Respond, 2008

PURPOSE:

The objective of this plan is to provide guidance in the event an individual is actively shooting persons in the hospital or on the campus.

POLICY:

It is the policy of _____ to provide an emergency response plan to alert hospital staff that an active shooter appears to be actively engaged in killing or attempting to kill people in the hospital or on the hospital campus.

DEFINITIONS:

For purposes of this Policy:

An active shooter is defined as a person or persons who appear to be actively engaged in killing or attempting to kill people in the hospital or on the hospital campus. In most cases, active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases, active shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders. These improvised explosive devices may detonate immediately, have delayed detonation fuses, or detonate on contact.

PROCEDURES:

1. The first employee to identify an active shooter situation:
 - a) Should call the facility emergency number (_____) and announce a person with a gun or active shooter (with the location of the incident) and a description of the person(s) with the weapon, and type of weapon if known
 - b) Evacuate patients, visitors and staff if safe to do so
2. The operator or person responsible for emergency notifications will:
 - a) Overhead page "Code _____ (and the location)" three times as well as on the mass notification system (if there is an overhead paging system)
 - b) If no overhead system is in use, utilize other internal emergency notification procedures
 - c) Give all available information to the Emergency Response Leader
 - d) Notify Administration, or the Nurse Supervisor
3. The Emergency Response Leader will attempt to determine all the following information without putting themselves at risk:
 - a) Assess the situation
 - b) Secure the area if not already completed
 - c) Report to the dispatcher the following information to relay to the _____ Police Department at 911:
 - Number of shooters



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- Number of victims
- Exact location of the shooter
- Type and number of weapons possibly in the possession of the shooter

NOTE: CODE _____ medical teams should not enter the area until it has been declared safe to do.

4. If an Active Shooter comes into the area where you are, your unit, office or meeting room:
 - a) Try to remain calm
 - b) Try not to do anything that will provoke the active shooter
 - c) If there is no possibility of escaping or hiding, only as a last resort when your life is in imminent danger should you make a personal choice to attempt to negotiate with or overpower the shooter
 - d) If the active shooter(s) leaves the area, barricade the room or go to a safer location
5. At a location distant from the active shooter, such as on a different unit or floor, or if you are not able to leave the area safely:
 - a) Remain calm
 - b) Warn other staff, visitors and patients to take immediate shelter
 - c) Go to a room that can be locked or barricaded
 - d) Lock and barricade doors or windows
 - e) Turn off lights
 - f) Close blinds
 - g) Block windows
 - h) Turn off radios or other devices that emit sound
 - i) Keep yourself out of sight and take adequate cover/protection (i.e., concrete walls, thick desks, filing cabinets)
 - j) Silence cell phones
 - k) Have one person call 911
6. If you are in an outside area and encounter an active shooter, you should:
 - a) Try to remain calm
 - b) Move away from the active shooter or the sound of gunshot(s) and/or explosions(s)
 - c) Look for appropriate locations for cover/protection (i.e., brick walls, retaining walls, parked vehicles, etc.)
 - d) Call 911 and provide the information listed above
7. What should I expect from responding officers?
 - a) The objectives of responding law enforcement officers are:
 - Immediately engage or contain the active shooter(s) in order to stop the killing
 - Identify threats, such as improvised explosive devices
 - Identify victims to facilitate medical care, interviews and counseling



- Investigate
8. Police officers responding to an active shooter are trained to proceed immediately to the area in which shots were last heard in order to stop the shooting as quickly as possible. The first responding officers may be in teams; they may be dressed in normal patrol uniforms, or they may be wearing external ballistic vests and Kevlar helmets or other tactical gear. The officers may be armed with rifles, shotguns and handguns.
 9. Do exactly as the officers instruct. Officers are focused on stopping the active shooter and creating a safe environment for medical assistance to be brought in to aid the injured.
 10. How to react when the police arrive at your location:
 - a) Remain calm, and follow officers' instructions
 - b) Put down any items in your hands (i.e., bags, jackets)
 - c) Immediately raise hands and spread fingers
 - d) Keep hands visible at all times
 - e) Avoid quick movements toward officers (trying to hold on to them for safety)
 - f) Avoid pointing, screaming and/or yelling
 - g) Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the area
 11. When the police arrive, the following information should be available:
 - a) Number of shooters
 - b) Number of individual victims and any hostages
 - c) The type of problem causing the situation
 - d) Type and number of weapons possibly in the possession of the shooter
 - e) All necessary individuals still in the area
 - f) Identity and description of participants, if possible
 - g) Keys to all involved areas as well as floor plans
 - h) Locations and phone numbers in the affected area
 12. Available staff will supply the Facility Command with a list of patients or staff known to be in the area of the incident.
 13. Marketing will establish a media center in a designated location. All family members involved in the incident will be sent to the Family Information Center, located away from the public and media.
 14. The Hospital Command Center will:
 - a) Establish a medical response team ready to support casualty operations
 - b) Provide floor plans of the hostage area for use by law enforcement
 - c) Plan for a situation that may take several hours to resolve - while the violence may be over quickly, there may be an extensive crime scene over a wide area
 15. The Hospital Public Safety Department will:
 - a) Have a hospital security officer meet responding police and escort them to the incident



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- and incident command
- b) Assign additional staff to control access to the area as directed by the police
 - c) Identify witnesses separate them from one another and escort them to separate rooms to wait police interview
 - d) When law enforcement arrives, they will assume jurisdiction over the event. Hospital security will follow all reasonable directions by Law Enforcement, even when asked to leave the area
16. Hospital staff, visitors, and patients will be kept away from the area until the situation is fully resolved. Once law enforcement announces resolution of the situation the hospital incident command will notify PBX to announce the "All Clear."
17. PBX will announce "Code _____ All Clear" three times on the overhead page and on the mass notification system.

COORDINATION:

1. This policy has been coordinated with the _____ Police Department



Sample 2 –

Reference: Georgia Department of Public Health and the Georgia Behavioral Health and Developmental Disabilities website:

http://cosb.countyofsb.org/uploadedFiles/phd/Disaster_Preparedness/Active-Shooter%20SNF%20policy%20and%20tabletop%20ex.pdfsite

I. OBJECTIVE: To assist associates in responding to an active shooter event.

II. DEFINITIONS:

Active Shooter - An active shooter is defined as "... 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.

III. POLICY:

In order to preserve life and address the reality of an active shooter event, these guidelines have been established to guide our response to such an event to maximize survivability. It is very important to quickly determine the most reasonable way to protect your own life and to assist others as appropriate.

IV. PROCEDURES:

- A. The intent of most active shooters is to kill as many people as quickly as possible. Traditional law enforcement response will include the concept of "surround and contain" in order to minimize the number of victims. In order to save lives, the law enforcement agency having jurisdiction will initiate an immediate response.
- B. Upon discovery of an active shooter situation, as soon as possible and when safe to do so, notify law enforcement (911) and provide overhead announcement of "Active Shooter" and location.
 1. The phone call to 911 (from the area where the caller is safely concealed) should provide the following information:
 - Description of suspect and possible location
 - Number and types of weapons
 - Suspect's direction of travel
 - Location and condition of any victims
- C. Incident Commander will meet and guide law enforcement officers if possible and as appropriate. The goal of law enforcement is to locate, isolate, and neutralize the shooter as quickly as possible to prevent additional deaths or injuries.
- D. Response:
 1. Evacuate - If there is an accessible escape path, attempt to evacuate the premises
 2. Be sure to:
 - a. Have an escape route and plan in mind
 - b. Evacuate regardless of whether others agree to follow
 - c. Leave your belongings behind
 - d. Help others escape, if possible
 - e. Prevent individuals from entering an area where the active shooter may be



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- f. Keep your hands visible
 - g. Follow the instructions of any police officers
 - h. Do not attempt to move wounded people
 - i. Call 911 when you are safe
3. Hide out - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.
 - a. Direct associates and residents into resident rooms or other adjacent rooms, close the door and attempt to barricade the door
 - b. Your hiding place should:
 - Be out of the active shooter's view
 - Provide protection if shots are fired in your direction (i.e., locating into a resident bathroom and locking the door, stay as low to floor as possible and remain quiet and still)
 - Avoid areas which do not provide barriers or restrict your options for movement
 - c. To prevent an active shooter from entering your hiding place:
 - Lock the door
 - Blockade the door with heavy furniture
 - d. If the active shooter is nearby:
 - Lock the door
 - Silence your cell phone and/or pager
 - Turn off any source of noise (i.e., radios, televisions)
 - Hide behind large items (i.e., cabinets, desks)
 - Remain quiet
 4. If evacuation and hiding out are not possible:
 - a. Remain calm
 - b. Dial 911, if possible, to alert police to the active shooter's location
 - c. If you cannot speak, leave the line open and allow the dispatcher to listen
 5. Take action against the active shooter - as a last resort, and only when your life is in imminent danger, attempt to:
 - a. Disrupt and/or incapacitate the active shooter by:
 - Acting as aggressively as possible against him/her
 - Throwing items and improvising weapons
 - Yelling
 - Committing to your actions
- E. An "all clear" will be announced overhead when the situation has been addressed and the scene is declared safe by law enforcement officials.
- F. Recovery:
1. Share information with associates. The health and wellbeing of our residents and associates is critical. As soon as possible after law enforcement has relinquished Command and Control of the scene back to the facility incident commander, the incident commander will develop information strategies to address resident, associate, and family questions related to the event. Activate the Crisis Communication Protocol. This will implement a support response for the facility.



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2. Initially, the site of a violent incident will be secured as a crime scene. After the authorities have completed their investigation and have released the crime scene, management will need to have the facility appropriately cleaned and sanitized. Cleanup for the safe removal of bio-hazardous substances including blood borne pathogens must take place, yet must be sensitive, compassionate, and caring for the deceased. A bio-hazards remediation company will provide response services to your facility.
3. Buffer those affected from post-event stresses. Effective coordination with the media and timely dissemination of information can help reduce media pressure on those who are the most vulnerable. Assistance with employee benefits and other administrative issues can reduce the burden on victims and families.
4. The incident commander or a corporate representative will be designated as the Spokesperson who is authorized to speak on behalf of the facility to the media. Activate the Crisis Communication Protocol. This will implement a support response for the facility.
5. Bring in crisis response professionals. Before an incident ever occurs, the planning group will identify trained mental health professionals. When an incident occurs, these emergency mental health consultants will, as soon as possible, provide any necessary physical, emotional and psychological support.



Sample 3 --

(This is an old policy, but has some very interesting sections.)

<http://c.ymcdn.com/sites/www.lhaonline.org/resource/resmgr/imported/Code%20Silver%20for%20website.pdf>

SAMPLE POLICY:

Code Silver (Active Shooter), Individual with a Weapon or Hostage Situation

PURPOSE:

To provide a rapid, organized and thorough response to an incident where there is an individual wielding/firing a weapon and/or a hostage situation.

DEFINITIONS:

Code Silver: A Code Silver is the response initiated when an individual is wielding/firing a weapon and/or holding a hostage (shooting/hostage situation).

Code Silver Response Team: The Code Silver Response Team is made up of Security Department staff who have been appropriately trained to respond to a shooting/hostage situation. The Code Silver Response Team Leader will be the highest-ranking Security Officer on duty at the time of the initiation of the Code Silver.

NIMS: NIMS, the National Incident Management System, provides an efficient tool for the management of emergency operations and enables a common and consistent language to enhance integration and coordination with local, regional, state and federal agencies. It is designed to be adaptable to any emergency.

SCOPE:

1. This policy and associated procedures applies to the following facilities:
 - A. Hospital campus
 - B. Additional Hospital campus
 - C. Heart Hospital
 - D. Sleep Disorders Center
 - E. Surgical and Neurosurgical Associates
2. In this policy and associated procedures, these facilities will be referred to as the Hospital.

POLICY:

1. This policy was developed in response to the results of the Hospital Hazard Vulnerability Analysis which identified a shooting/hostage situation as a high-risk threat to the Hospital.
2. This policy will be used in conjunction with the Emergency Operations/Management Plan (EOP) to guide the response of the Hospital in the event of a shooting/hostage situation.
3. The Hospital has incorporated NIMS into its EOP and associated code policies and procedures to ensure maximum compatibility with local, regional, state and federal government response plans and procedures.
4. Code Silver will be initiated by dialing “__” at any time a shooting/hostage situation



occurs.

5. The Administrator-on-Call (AOC) and/or Incident Commander (IC) will collaborate with Security in following all instructions of local law enforcement.
6. All Code Silver drills and actual events will be followed by an After-Action Review (AAR) which will be evaluated by the Emergency Management Committee, with oversight from the Environment of Care Committee.

PROCEDURE: Response

National Incident Management System (NIMS)

1. The House Supervisor will be responsible for coordinating the response until the AOC arrives or assigns a designee.
2. The Safety Officer and AOC will determine the need to activate the incident management system.
 - A. Activation will include:
 - i. Location and set-up of the Incident Command Center (ICC) in a building outside of the affected location.
 - ii. Determination of the IC following the Hospital NIMS chart.
 - iii. Assignment of ICC positions.
3. The IC will be responsible for determination to activate ICC positions. This may expand or compress during the response.
4. Upon arrival of local law enforcement, the IC will relinquish command to the law enforcement representative serving as the IC.

Communication-Internal

1. The employee or volunteer who witnesses a shooting/hostage situation will:
 - A. Warn others of the situation by calling out for everyone to “take cover”.
 - B. Immediately seek cover and move away from the door.
 - i. Lock the door to the room or closet if possible.
 - C. If a landline is available dial extension “__” and report “Code Silver”. Do not dial “0”.
 - D. Provide the Operator/Security Dispatch with as much information as possible including, but not limited to, the following:
 - i. Exact location of the shooting/hostage situation and/or where the individual with the weapon was last seen.
 - ii. Description of the individual.
 - iii. Number of victims and/or hostages.
(Leave the phone open.)
 - E. If a landline is not available and a cell phone is used, dial “911” and report that there is a shooting/hostage situation.
 - F. Provide the 911 Call Center with the following:
 - i. Campus and exact location of the shooting/hostage situation and/or where the individual with the weapon was last seen.
 - ii. Description of the individual.
 - iii. Number of victims and/or hostages.



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- iv. Leave the phone on but in the SILENT mode.
 - NOTE:** The steps listed above should only be performed if the situation permits. The employee or volunteer should seek shelter first and remain there until instructed by law enforcement that the area is safe.
2. The Operator/Security Dispatch who receives the call via extension “__” will:
 - A. Record all information from the caller.
 - B. Leave the line open and ask another staff member to monitor the open line and record all that is heard.
3. Once the information is received the Operator/Security Dispatch will communicate in the following ways:
 - A. Notify in-house staff by overhead paging once every 30 seconds for a total five pages.
 - i. “Emergency Code Silver”, followed by the unit, department or location, if known.
 - ii. “All Departments please refer to your Emergency Flipchart”
 - iii. “All staff, patients and visitors, please seek shelter or remain in a room with the door closed and secured.
 - B. Notify Leadership by emailing a text message once.
 - i. “Emergency Code Silver” followed by the specific facility name, unit, department or location, if known.
 - C. Provide a second notification to in-house staff if the “All Clear” is not called within five minutes of the initiation of the Code Silver. See 3.A.i, ii, iii immediately above.
 - D. Meet with local law enforcement to provide any information received from the caller and/or the open phone line.
4. The Operator/Security Dispatch will communicate the “All Clear” when instructed to do so by the AOC or IC under the command of the local law enforcement IC.
 - A. Notify in-house by overhead paging once every 30 seconds for a total of five pages.
 - i. “Emergency Code Silver All Clear”
 - B. Notify Leadership by emailing a text message once.
 - i. “Emergency Code Silver All Clear”

Communication External

1. The House Supervisor, AOC or IC will ensure notification to external agencies which include but may not be limited to:
 - A. The Louisiana Emergency Response Network (LERN)
 - i. LERN will facilitate notification to the Region 2 healthcare facilities via the ESF-8 Portal notification system.
 - B. The 911 Call Center.
 - C. Acadian Ambulance Service.
 - D. Other ambulance services.
 - E. The Mayor’s Office of Homeland Security and Emergency Preparedness.



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2. A Joint Information Center or JIC will be established by the Corporate Communications representative serving as the Public Information Officer (PIO).
3. All internal updates and communications to media and other external agencies will be coordinated by the PIO in collaboration with the AOC or IC.

Resources and Assets

1. Not applicable.

Safety and Security

1. The Code Silver Response Team will report to the perimeter of the affected area to secure the area.



Sample 4 –

<https://www.dhs.gov/sites/default/files/publications/isc-planning-response-active-shooter-guide-non-fouo-nov-2015-508.pdf> (From Federal Agency Recommendations)

INTENT:

The policy outlined herein is meant to establish baseline agency/department protocols across the Federal government for active shooter situations. The Interagency Security Committee (ISC), under the authority of Presidential Executive Orders 12977 and 13286, mandates that the following policy be enacted at all nonmilitary Federal facilities.

Additionally, wherever possible, it is recommended that Agencies commit to the implementation of the best practices outlined in the subsequent sections of this document: Planning and Response to an Active Shooter: An Interagency Security Committee Policy and Best Practices Guide.

POLICY:

- 1) Each facility shall have an active shooter preparedness plan, which is to be updated every two years, as needed. At a minimum, a plan should comprise the following elements:
 - a. Security Assessments
 - b. Preparedness
 - c. Communication
 - d. Incident Plan (i.e., actions to take during an incident)
 - e. Training and Exercises
 - f. Post Incident Recovery
 - i. Employees
 - ii. Operations
- 2) As plans are drafted, reviewed, and updated, each facility Designated Official or designee shall collaborate with the facility security provider (e.g. Federal Protective Service [FPS], U.S. Marshals Service [USMS], etc.), on-site law enforcement agencies (if applicable), and first responder agencies likely to address an active shooter situation.
- 3) Agency representatives shall collaborate with other tenants/agencies in development of the plan.

Requirement

- 1) The policy outlined herein is a requirement of all agencies within the Executive Branch of the Federal government.

Although this is not a requirement for agencies of the Legislative and Judiciary Branches, the ISC strongly recommends that agencies within those branches of government also implement this policy.
- 2) An active shooter is defined as an individual actively engaged in killing or attempting to kill people in a populated area. While the majority of incidents involve the use of firearms, for the purposes of this policy, the term “active shooter” may also apply to an individual armed with any other type of weapon (e.g., firearm, knife, explosives, etc.).

Throughout this policy and the subsequent best practices guidance, the ISC will use the term “active shooter” to describe any incident with a perpetrator who poses an active



threat.

Planning and Response to an Active Shooter

- 1) Agency representatives shall provide training, materials, and/or awareness discussions to inform employees of active shooter preparedness plans as they are updated.
 - a. Employees should be aware of the Federally-endorsed run, hide, fight concept.
 - b. Employees should be informed of the importance of having a personal plan.
 - c. New employees should be given active shooter preparedness training during the initial onboarding period.
- 2) The active shooter plan need not be a stand-alone document. The agency/facility security officials and/or Designated Official will determine the best way to incorporate the active shooter plan into existing protocols.
- 3) As previously noted, the six points above are policy requirements for all agencies within the Executive Branch of the Federal government. What follows throughout the rest of this document is a set of best practices and recommendations which are not policy requirements—these are meant to assist with the implementation of an active shooter plan as mandated by this policy.
 - a. Run, Hide, Fight video with closed captioning option: <http://www.fbi.gov/about-us/cirg/active-shooter-and-masscasualty-incidents/run-hide-fight-video>.
 - b. The video is also available in multiple languages.



Sample 5 –

Written by Paul Ford, plford51@gmail.com

PURPOSE: Provide systematic guidelines for violent incidents, including but not limited to: acts of terrorism, an active shooter, assaults, hostages or other incidents of workplace violence that can occur on the _____ Campus or in close proximity with little or no warning. An “active shooter” is considered to be a suspect or assailant whose activity is immediately causing serious injury or death and has not been contained.

I. IMMEDIATE ACTIONS FOR STAFF AT THE ACTIVE SHOOTER SCENE:

- A. Call Security at _____. You may hear multiple rings – stay on the line until it is answered – do not hang up. Security will be responsible for contacting Law Enforcement. When you call, stay on the phone as long as possible. Try to observe and provide information in a calm clear manner so that the security officer can quickly relay your information to responding law enforcement and emergency personnel. Information that will be helpful:
 - What is happening?
 - Where you are located, including building name (i.e. Hospital Buildings etc.) and room number.
 - Number of telephones in the area.
 - Number of people at your specific location.
 - Injuries, if any, including the number of injured and types of injuries.
 - Your name and other information as requested.
- B. Secure the immediate area:
 - Remove all patients and staff and visitors from the area. Once that is done, the following procedures should be followed:
 - Lock or barricade the door, if able. Block the door using whatever is available (i.e. desks, tables, file cabinets, other furniture, books, etc. or take other action that can keep the active shooter from your area.
 - After securing the door, hide behind solid objects away from the door as much as possible.
 - If the assailant enters your room and leaves, lock or barricade the door after they leave.
 - If safe to do so, allow others to seek refuge with you.
 - Department leaders or designees will communicate with patients and visitors.
- C. Protective Actions. Take appropriate steps to reduce your vulnerability by hiding. The following suggestions may help you protect yourself:
 - Close blinds.



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- Block windows.
- Turn off radios or computer monitors.
- Silence cell phones.
- Keep people calm and quiet.
- After securing the room, people should be positioned out of sight and behind items that might offer additional protection (i.e. walls, desks, file cabinets, bookshelves, etc.).
- The assailant may not stop until his/her objectives have been met or until engaged and neutralized by law enforcement.
- Always consider the risk before opening the door for any reason.
- Attempts to rescue people should only be made if it can be done without further endangering the persons inside of a secured area.
- Be aware that the assailant may bang on the door, yell for help, or otherwise attempt to entice you to open the door of a secured area.
- Do not confront the assailant or assailants unless they are in your immediate area and you and/or others are in danger
- If the assailant enters your area, try to subdue him/her. Use whatever possessions (i.e., throw coins, books, furniture, tools, etc.) you may have to create an opportunity to subdue the assailant or escape.
- If there is any doubt about the safety of the individuals inside the room, the area needs to remain secured.

II. ANTICIPATED IMMEDIATE LAW ENFORCEMENT RESPONSES:

Security will meet and escort the first responding Law Enforcement officer to the area. The first and foremost priority is to contain the assailant from roaming the campus and then subduing the assailant(s).

- A. Law Enforcement will take charge of the scene.
- B. Law Enforcement action may include the following:
 - Remind everyone that the safest place is inside a secure room.
 - Locate, contain and stop the assailant.
 - Remain ready for an assailant who might target arriving officers as they flee the building.
 - So, do not approach first responders.
 - Initial responding police will not treat the injured or begin evacuation until the threat is neutralized and the area is secure.
- C. Secondary responding Law Enforcement with Security assistance will establish safe corridors for people to evacuate. Depending on the situation, you may experience the following:
 - You may think this is time consuming, be patient



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- You may be instructed to remain in secure areas until instructed otherwise by figures of authority.
- You may be instructed to keep your hands on your head.
- You may be searched.
- You may be escorted out of the building by law enforcement personnel- follow their directions.
- You may be taken to a staging or holding area for medical care, interviewing, counseling, etc.
- You will not be permitted to retrieve items from the event area until law enforcement releases the crime scene.

III. LEADERSHIP GUIDELINES

- A. Leader in charge.
- B. In the case of the day shift the highest-ranking Administrator, AOD, with the Security Director/Manager as an advisor will assume leadership. In case of an event after hours the House Supervisor with the Security Supervisor as advisor will assume leadership. The Leader should consider the following:
 - Proceed to _____ as incident command for communications, control and command.
 - Security will set up incident command and remain with a radio for communications with the scene and security operations center.
 - Administrative Leadership may be passed to the COO, CEO or most experienced staff member on site as time allows.
 - The person assuming leadership will take the title of “Incident Commander” for clear external communications and NIMS procedures.
- C. Law Enforcement may decide to set up a command center near the front of the hospital. A designated staff member should be assigned to stay in this command center for communications with the AOD. If possible the Hospital Incident Commander should co-locate with law enforcement.
- D. The “Incident Commander” should consider the following: (a flow chart will be developed for this section, with all appropriate phone numbers)
 - Requesting Telecommunications to announce “Law Enforcement Situation occurring in the _____ area, stay away from the _____ area.
 - Activate the Incident Command Board for additional support.
 - Activate the Media Center per the Emergency Operations Plan under the direction of the Public Information Officer. Advise law enforcement and ask for Joint Information Releases.
 - Activate the Hospital’s “Hot Lines” for incoming external calls
 - Activate the Family Information Center outside of the inner perimeter.



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- Liaison with _____, _____ and _____ County Emergency Operations Center.

IV. SECURITY GUIDELINES

Security Officers

- A. If a Security Officer comes across the event prior to any notification to the Security Operations Center (SOC), he/she shall place themselves in a safe zone and immediately notify the SOC of the location, description, and direction of travel of the assailant(s). When possible, the first security officer will access the injured and notify the SOC of the number of victims and nature of injuries.
- B. If a Security Officer is in the vicinity of the incident, he/she shall attempt to secure the exit(s) with whatever means possible to slow or prevent movement of the assailant(s). *Under no circumstances should an unarmed security officer attempt to apprehend an armed individual.*
- C. Where possible the Security Officer near the scene will update the SOC with additional information.

Immediate Actions by the Security Supervisor/Dispatcher and Security Officers – If it is during a week day on the first shift, the Security Director and Manager will assume the duties below. If it is when there is only one dispatcher and supervisor working, the supervisor will respond to the Security Operations Center (SOC) and will determine suitable personnel to fill in the following roles and complete the following assignments.

- A. Assess the information and document location, assailant(s), direction of travel and victims.
- B. Call 911.
- C. Notify Director, Manager of Security, and AOD of event and ask if the alert system should be activated.
- D. Determine need for assistance in the SOC to coordinate cameras, access controls and assist with phone calls.
- E. Send a Security Officer to escort law enforcement and maintain communications.
- F. Send a Security Officer to open Incident Command and maintain communications with the Incident Commander.
- G. If a patient is involved, advise Patient Care (Nurse Staff) to gather information.
- H. If an employee is involved advise Human Resources to gather any information.
- I. Notify Plant Operations and request plans of the event location, these will be requested by law enforcement. Plant Operations should be prepared, as requested by law enforcement to shut down elevators, lock doors, close stairwells etc. ... by whatever means possible at the request of law enforcement. *Under no circumstances should a plant operations staff member attempt to apprehend an armed individual.*
- J. Send a Security Officer to establish a staging area for local law enforcement response vehicles at the best location for Police to quickly get to the scene. (Pre-planned location for each main building.)



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- If the assailant is in the Emergency Department, consider the ED parking.
 - If the assailant is near Administration or cafeteria, consider main entrance, but instruct the valets to clear all vehicles and only allow police response to park.
 - If the assailant is in the _____ consider the valet area, again have valets clear the vehicles and keep it clear for police vehicles.
 - Once the valet area is clear, instruct the security officer to clear a direct path to the incident and prepare to direct law enforcement and other responding agencies.
- K. Have a Security Officer in the SOC recording all events, timeline, names and locations during the event.
- L. Designate one security officer to remain available for non-event related emergency situations. Non-serious issues response will be available security personnel.
- M. Review all available resources and request assistance from the Incident Command Center if needed.
- N. Prepare to provide non-security staff with specific tasks.

Continuing Actions by the Security Supervisor/Dispatcher and Security Officers

- A. The Security Officer on the incident scene will follow the direction and guidance of law enforcement.
- B. The security dispatcher using the electronic notification system will:
- Continuously update incident command center, law enforcement, media director and supervisor/director/ manager and responding officers with information as it becomes available.
 - Maintain direct communications with Incident Command Center.
 - Maintain cameras monitoring and updates.
- C. Staging area Security Officer will:
- Maintain a presence at the police staging area and render whatever assistance is possible.
- D. Security Supervisor, Manager or Director will:
- Maintain communications with the Incident Command.
 - Instruct all officers to send any media to media center.
 - Advise all security officers relieved by police personnel to report back to the staging area for debriefing and possible reassignment.
 - Account for all personnel. If any security officers are unaccounted for, notify law enforcement and provide their last known location.
 - Assess resources and relief where necessary.
 - Determine need for call back of off-duty Security Resources.
 - Remain cognizant of the time and if the current shift should be held over.



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- If assessment determines this to be an extended event prepare to:
 1. Work with Incident Command and law enforcement to determine the level of staffing and supervision required.
 2. Determine if a 12-hour shift rotation is necessary.
 3. Call in off duty staff and direct where and when to report.
 4. Hold current staff over.
 5. Give consideration to comfort, food, etc., for Security Officers.
 6. Prepare and conduct a briefing for relief supervisors.
- Conduct a de-briefing of relieved personnel.

Post Event Security Actions

This is the de-escalation period. It is the time when the facility is returned to normal operations.

- A. Staging area may be maintained until all emergency vehicles and equipment are cleared from the facility.
- B. The Incident Command Center will be closed at the Incident Commanders request.
- C. Communications should return to normal.
- D. The location of all shooting scenes may require extended crime scene recovery work. Security personnel may have to maintain positions until the scene is cleaned and cleared.
- E. Perform an immediate debriefing and later a group debriefing with all Security Officers to document strengths, opportunities and possible policy, education or other lessons learned.
- F. Develop written event report with timeline, names and events for Administration.
- G. Employee Assistance Program should be advised of all staff, physicians and others that took part in, or witnessed, the event.

V. SUBSEQUENT PROCEDURES/INFORMATION

We cannot predict the origin of the next threat; assailants in incidents across the nation have been students, non-students, employees, and visitors. In many cases, there were no specific targets and the victims were unaware that they were a target until the attack. Being aware of your surroundings, taking common sense precautions, and heeding any warning information can help protect you and other members of our community.

If you see a weapon or hear a threat get away first and call security as soon as possible.



Sample 6 –

Reference: <http://www.cdse.edu/documents/toolkits-physical/active-shooter-plan-template.docx>

I. Introduction

Effective response to an Active Shooter event requires effective planning and role reinforcement through training for personnel caught in the event, as well as for leaders and managers coordinating the response to the event. Personnel in the vicinity of an Active Shooter may need to evacuate or shelter in place depending upon circumstances unique to that event. Organization leadership and managers coordinating the response to an active shooter event need to be able to provide effective direction to personnel in the vicinity of the Active Shooter, provide clear situation information to first responders, and inform the public.

This Active Shooter Response Plan Template is designed to be a supplement to the *(Insert name of organization or facility)* Emergency Plan (EP). The template for this plan was developed by a working group comprised of Federal agencies, law enforcement professionals and experts in emergency management operations.

II. Purpose

This Active Shooter Response Plan provides instructions and guidance to effectively address the response of *(Insert name of organization or facility)* to an Active Shooter incident. The Active Shooter Response Plan provides guidance for developing and implementing procedures in response to an Active Shooter incident.

This Active Shooter Response Plan was prepared by *(Insert Name)*, *(Insert name of organization or facility)* Security/Safety Director and *(Insert Name)*, *(Insert name of County/City)* Emergency Management Director on XX/XX/XX. This document was prepared in coordination and cooperation with the following, and they have signed-off with their concurrence:

Chief of Police _____, & Staff _____ Police Department

Fire Chief _____, & Staff _____ Fire & Rescue

Sheriff _____, & Staff _____ Co. Sheriff's Office

Emergency Management Director _____

Emergency Medical Services Director _____

State Highway Patrol Captain _____, & Staff _____

State Bureau of Investigation _____, & Staff _____

FBI Special Agent in Charge _____, & Staff _____

Bureau of Alcohol Tobacco and Firearms _____

Area Substance Abuse Council _____

Federal Aviation Administration, Flight Standard Office _____

Other – if additional or different people, continue to list. _____

III. Preparedness



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An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated place; in most cases, active shooters use firearms and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10-15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.



IV. Relevant Plans

This section provides an overview of the plans, policies, and guidance documents that are applicable to the *(Insert name of organization or facility)*. Plans may be maintained by the County or City where the organization or facility resides.

A. *(Insert name of organization or facility)* Security and Safety Guideline Reference Manual

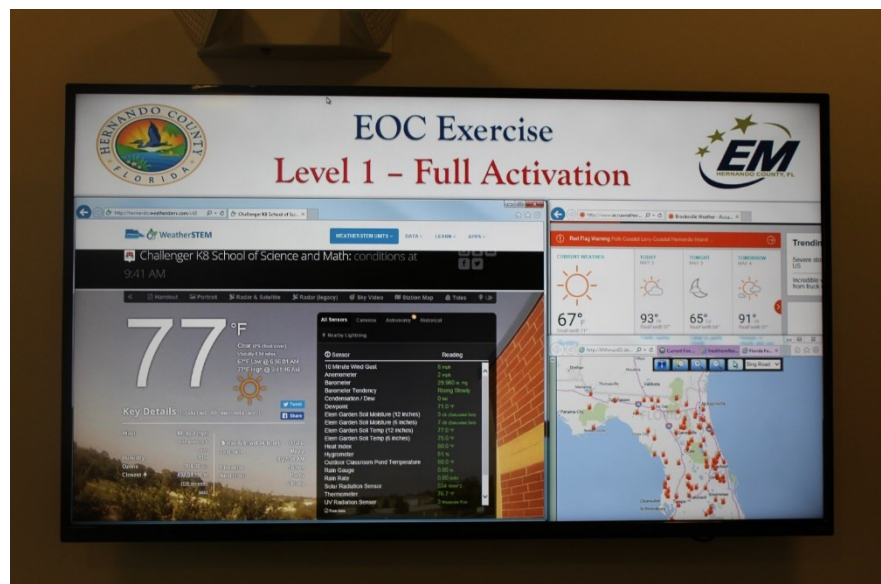
Insert a brief description of the (Insert name of organization or facility) owner's Security and Safety Guideline Reference Manual

B. *(Insert name of organization or facility)* Emergency Action Plan

Insert a brief description of the (Insert name of organization or facility) Emergency Plan.

C. *(Insert name of organization or facility)* Security & Safety Plan

Insert a brief description of the (Insert name of organization or facility) Security &





Safety Plan.

D. Other (as appropriate)

- *Reference other organization or facility plans.*
- *Reference County Plans (including Mass Casualty Plan).*
- *Reference City Plans.*

V. Command Structure/Response Organization

The Command Structure/Response Organization for an Active Shooter incident should mirror the normal Command Structure, as found in Section *(Insert Section Number)* of the Emergency Action Plan.

The diagram below, which depicts the command structure/response organization, is also included in the Emergency Plan.

Exhibit 1: Command Structure/Response Organization

Insert Command Structure/Response Organization Diagram

A. Jurisdiction and Liability

- *Identify laws, ordinances, and authorities that affect active shooter response activities*
- *Identify any issues of liability associated with active shooter response activities*

B. Direction, & Control – Roles and Responsibilities

- *Define for each entity, designate & identify key personnel*

C. Local, State & Federal Assistance – Roles and Responsibilities

- *Define for each entity, designate & identify key personnel*

D. Surrounding Industry/Private Sector Assistance – Roles and Responsibilities

- *Define for each entity, designate & identify key personnel*

E. Local Transportation Structure – Roles and Responsibilities

- *Define for each entity, designate & identify key personnel*

VI. Pre-Incident Planning

Active shooter incidents often begin and conclude quickly, leaving facility management



and security officers little to no time to coordinate response procedures with law enforcement and employees. Facility readiness requires that managers develop and exercise response plans that apply general preparedness and response protocols to specific types of emergencies and facility capabilities (including security resources). Training and exercising the plan was a key finding of experts and facility managers who participated in active shooter exercises, allowing them to identify gaps, correct weaknesses, and validate their plan.

A. Develop Response Plans and Procedures

- Implement a comprehensive Emergency Action Plan that includes incidents beyond an environmental emergency, such as active shooter or suspicious package.
- Review and update the facility's Emergency Action Plan with assistance from law enforcement and emergency responders.
- Establish communication procedures for employees to report signs, flags, and threats of workplace violence.
- Establish alternative methods of communication with employees during an incident—including emergency notification system, e-mail, phone, cell phone, text message, and loudspeaker announcements.
- Determine how to estimate the impact of an incident on facility operations and communicate that to customers, the public, and law enforcement.
- Communicate with emergency responders to manage facility expectations of response capabilities.

B. Employee Training and Awareness

- Training captures the development of skills and/or understanding through procedurally defined learning activities focused on a specific application. This component combines the types of training and exercises and the types of personnel trained.
- Train all employees on general emergency plans and those designed for specific scenarios.
- Train security personnel in providing guidance to employees in each scenario.

C. Prepare for an Incident

- Management:
 - Learn how to recognize potential workplace violence and suspicious behavior.
 - Identify the location of the nearest exits, emergency call boxes, potential safe harbors, emergency response kits, and decontamination sites.
- Employees:
 - Become familiar with emergency procedures and regularly review checklists



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or materials provided on emergency procedures.

- Identify who to call to report an incident and what information to provide about the situation.

D. Exercise Emergency Action Plans Regularly and Repeatedly

- Schedule regular drills, tabletop and functional exercises.
- Assess gaps in plans, exercises and training.

E. Establish a Relationship with Emergency Responders

- Involve emergency services responders from multiple agencies in facility training and exercises.
- Jointly map out incident management procedures and pre-identify a common, secure radio communication channel.
- Invite all emergency services responders to tour your site and provide details about the facility that will help responders to adjust their protocols if necessary.
- Gain a better understanding and awareness of the complexities involved in an integrated response to an incident, including law enforcement procedures and capabilities and the steps to preserving a crime scene.
- Educate law enforcement on the impact of a crime scene on business operations and restoration.

VII. Incident Response Considerations

Active shooter incidents often begin and conclude quickly, and the incident may be at any location in the organization or facility. This leaves facility management and security officers no time to coordinate response procedures with law enforcement and employees. The response to a specific incident will depend on the circumstances unique to that incident. However, there are general procedures that apply to all active shooter incidents.

A. Employees:

- Report the incident:
 - If possible, call 911 or facility/organizational security _____
- Evacuate if possible
 - Determine an escape route based on where an active shooter may be located.
 - Leave your belongings behind. Keep your hands empty and visible at all times.
 - Help others evacuate, if possible, but do not attempt to move the wounded. Evacuate even if others do not agree to follow.
 - Move quickly to a safe place far from the shooter and take cover. Remain there until police arrive and give instructions.



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- Remain calm. Avoid screaming or yelling as you evacuate.
- Follow all instructions of law enforcement.
- Shelter if necessary
 - Go to the nearest room or office and lock the door(s). If the door does not lock, wedge the door shut or use heavy furniture to barricade it.
 - Identify an escape route in the event you are directed to evacuate.
 - Close blinds, turn off lights, and cover windows.
 - Silence all noise, including cell phones, radios, and computers.
 - Have one person call 911, if it is safe to do so. Be prepared to answer the dispatcher's questions.
 - If it is not safe to talk, keep the phone on so it can be monitored by the dispatcher.
 - Stay out of sight and take cover behind large, thick items or furniture.
 - Do not open the door until the person can provide an identification badge.
 - Remain under cover until law enforcement advises it is safe to evacuate.
 - Positively verify the identity of law enforcement as an unfamiliar voice may be the shooter attempting to lure victims from a safe place.
- Take action, if you must
 - If there is no opportunity for escape or hiding, as a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.
- Respond Appropriately When Law Enforcement Arrives
 - Remain calm and follow officers' instructions.
 - Raise your hands, spread your fingers, and keep hands visible at all times.
 - Do not run when police enter the vicinity. Drop to the floor, if you are told to do so, or move calmly out of the area or building.
 - Do not make quick moves toward officers or hold on to them for safety.
 - Avoid pointing, screaming, or yelling.
 - Do not stop officers to ask for help or directions. Evacuate the building in the direction the officers arrived while keeping your hands above your head.
 - For your own safety, do not get upset or argue if an officer questions whether you are a shooter or a victim. Do not resist, even if you are handcuffed and searched.

B. Facility Management and Security:

- Control Access and Account for Personnel
 - Do personnel have the ability to remotely lock buildings or deactivate card readers? How does that impact the need to account for employees?



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- How will management notify employees of the situation and its location?
- How will personnel allow site and building access to emergency responders?
- Account for full-time, part-time, and contract employees
 - Obtain the visitor log
 - Identify employees and visitors who are onsite
 - Identify employees and visitor locations
- Assist Emergency Responders
 - Use security technology, such as closed circuit television, to assist law enforcement in locating the victims and shooter(s)
 - Provide site and building maps
 - Provide facility access to emergency responders
 - Ensure critical phone calls get through to security personnel
 - Provide extra radios for emergency responders
 - Ensure incoming emergency response personnel know where to stage
 - Ensure emergency responders are aware of any safety concerns as they enter process areas
- Manage the Perimeter
 - Assist law enforcement in establishing a secure perimeter
 - Control or prevent the entrance of the media
 - Establish a media center
 - Establish a safe location to stage evacuees
- Identifying Secondary Impacts
 - Identify additional shooters or other threats
 - Determine if the shooter has knowledge of the facility or its operations
 - If necessary, execute safe shutdown procedures

C. Communication Information

This section outlines the communication equipment, systems, and terminology used at the *(Insert name of organization or facility)* for communication among all personnel (i.e., local law enforcement, fire department, Emergency Management Agency, media, facility security, etc.).

- *Identify the systems used for communication among all personnel (i.e., venue personnel, facility security), and emergency response personnel (i.e., local police, fire department, etc.).*
- *Identify the channel(s) that are used for communicating among what particular groups.*
- *Identify the equipment used.*



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- *Identify the terminology used to communicate between the different personnel at the organization or facility.*

D. Warnings, Messages and Signage

In order to notify employees and visitors of the events happening at the (*Insert name of organization or facility*), Emergency Notification Messages need to be pre-scripted. This section includes information related to how messages will reach the employees and visitors, including sample Emergency Notifications, location and method of communicating warnings and messages, number and location of sirens, and lighting.

- *Describe the procedures for making Emergency Notifications.*
- *Describe the procedure for broadcasting different messages to different areas of the organization or facility.*
- *Describe the decision process to determine what announcement/message to provide to employees and visitors.*

Sample Emergency Notification Message:

“Ladies and Gentlemen, we regret interrupting the event. There is no cause for alarm, but we have received information that necessitates that we gradually clear the stadium in _____ area. This is for your safety. As soon as we conclude our investigation of the situation, this event will continue. Again, we apologize for any inconvenience. Please follow the directions of the stadium personnel who will direct you through to the exits most convenient to your location.”

Communication of Warnings -- *List information about how warnings are communicated to employees and visitors.*

- *Describe how messages reach employees and visitors.*
- *Include: cell phone text messages, public address systems, computer messaging, audible alarms, etc.*
- *Other*

E. Physical Resources

This section outlines the process for determining the necessary supplies, resources and equipment that should be available and readily accessible for utilization during an active shooter event.

- *Prepare a needs assessment regarding the equipment and resources that might be required to deal with an active shooter event.*
- *Prepare necessary documentation (i.e., directives, orders, guides, MOUs) to execute an incident response.*

F. Activation, Staging, and Mobilization

The organization or facility Emergency Plan should contain guidance and procedures



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for the activation and mobilization of staging areas associated with an emergency. There should be separate staging areas for emergency responders and evacuees or victims of the active shooter incident. Information should be provided on the preplanned location(s), personnel, equipment (i.e., decontamination, air monitoring), and other resources needed for activating, operating and demobilizing a staging area.

G. Mass Care and Family Assistance

The organization or facility Emergency Plan should contain guidance and procedures for Mass Care/Family Assistance (a scalable Emergency Support Function 6) once the evacuees or victims have been transported to staging area(s). Health and medical support for the evacuation of casualties should encompass the organic medical response assets of the organization or facility, in addition to incorporating the local Emergency Management Services (EMS) authorities' Mass Casualty Plan.

H. Health and Medical Support

The organization or facility Emergency Plan should contain guidance and procedures to address health and medical support needed at the staging areas during an emergency incident. The organization or facility should participate in the local community's Mass Casualty Plan through mutual aid agreements between the organization, local EMS and local hospitals, and home care agencies that comprise the community Mass Casualty Plan.

- *Develop mutual aid agreements*
- *Participate in community Mass Casualty Plan*

I. Incident Recovery Considerations

- *Address Victims and Families*
 - Established a family hotline
 - Assist with victim identification
 - Gather information related to victim identities, extent of injuries, and what hospitals are being utilized
 - Notify the family members
 - Use personnel who are specifically trained for this responsibility
 - Procure counselors for employees and families
 - Develop an action plan to handle concerns about returning to work
- *Communicate Internally*
 - Develop instructions for management to give to employees
 - Develop a plan for communicating the information
 - Consider if employees should return to their homes, remain onsite at a specified location, go to another site, etc.
 - Determine how facility personnel will communicate with families



- *Communicate Externally*
 - Identify the designated official for responding to media inquiries
 - Determine what information and details facility personnel will provide to the media that will ease community concerns without inciting panic or hindering the investigation
- *Continue Business Operations*
 - Implement business recovery/continuity plans
 - Make re-entry decisions after site is released by law enforcement
 - Provide safety and security debriefings
 - Fill positions of deceased and injured employees
 - Take actions to ensure employees feel safe
 - Determine how the facility will continue operating with limited production or with certain areas of the facility designated a crime scene
 - Determine how the stage of the facility—shutdown, idle, restoration—affects protocols

VIII. Post Incident Review/After Action Review Process

This section provides on an overview of the After Action Review (AAR) Process. *An AAR should be conducted immediately following an exercise or event and should involve representatives from each participating agency. This should include information on the major events, all lessons learned, and review any new initiatives developed or identified during the exercise or event. The AAR should also include a discussion of all techniques, tactics, and procedures utilized during the exercise/event to include what went right and what went wrong. It should identify any issues and the consequences resulting from the potential outcomes of those issues. Following the AAR meetings and discussion, an After Action Report/Improvement Plan (AAR/IP) should be written which identifies areas that require improvements, the actions required, the timelines for implementing those improvements, and the organization and party responsible for this action. The AAR/IP should be shared with all stakeholders, and used to further define the plans and procedures related to events at the stadium.*

IX. Program and Plan Maintenance

The Active Shooter Response Plan will be maintained, reviewed, and updated following the Emergency Plan's preparedness cycle that includes planning, training, exercising/responding, evaluating and mitigating. All stakeholders should participate in each phase of this cycle to ensure that the plan reflects the current operational strategies, organizational structures, and methodologies utilized by response personnel. Following each event, training, or incident, an evaluation of all response actions and in-place mitigation measures should be performed. This will allow for the identification of areas to be sustained, improved, or added to enhance the organization or facility overall preparedness.



This section provides an overview of how to utilize the preparedness cycle for maintenance of the Active Shooter Response Plan.

A. Program Maintenance

- *List the annual training, exercises, and drill plan.*

B. Plan Maintenance and Revision

- *List the maintenance and revision plans.*

X. Communications Planning suggestions

- *The plan should explain how communications occur including when there is an active shooter on site, the ongoing status of the incident, and when it is “all clear.”*
- *This could be done through the use of familiar terms, sounds, lights, and electronic communications, such as text messages or e-mails.*
- *Generally, plain language communications, not coded, should be used in conjunction with any coded light and sound systems to maximize message delivery.*
- *If the use of coded language is necessary, beyond merely training staff, extra care should be given to how best to communicate the presence of an active shooter to others at risk.*
- *How to communicate with those who have language barriers or need other accommodations, such as visual signals or alarms to advise deaf patients, staff, and visitors about what is occurring, should be included in the courses of action.*
- *How to communicate with areas of the facility that have no public address or communications system should also be addressed.*
- *HCF-wide “reverse 911-style” text messages sent to pre-determined group distribution lists can be very helpful in this regard. Planners should make sure this protocol is readily available and understood by those who may be responsible for sending out or broadcasting an all-HCF announcement.*
- *To reduce the time between recognition of a threat and transmitting an alert, a variety of people need to be able to authorize and execute these broadcasts.*
- *Rapid notification of a threat can save lives by keeping people out of harm’s way.*
- *Develop an emergency notification system. The emergency notification system can alert various parties of an emergency including:*
 - *Individuals at other locations on the premises;*
 - *Staff or visitors with access and functional needs, including those with limited English proficiency;*
 - *Local emergency responders; and*
 - *Other local area hospitals*



Mitigation Suggestions

FEMA recommendations

- Cameras and signage
- Lighting (calm inside, bright outside)
- Locking doors
- Visibility
- “Panic buttons”
- Well-defined evacuation plans
- Limiting the number of entrances and exits
- Employing metal detectors (hand held)
- Stationing armed police on site

Prevention and Mitigation Suggestions

- Understanding indications of workplace violence and taking immediate remedial actions.
- Oftentimes, perpetrators of crime display visible prevent indicators. Even small bits of information promptly reported may prevent a violent act.
- Require employees, medical staff, students, volunteers and contractors to display an authorized identification badge.
- Create a culture of vigilance and safety by empowering employees to report unusual, dangerous, or suspicious activity.
- Keep security doors closed and locked.
- Change codes on keypad access doors and control codes.
- Empower employees to seek out those who look lost and ask if they can be of assistance.

Design and exercise safe rooms.

- Duress alarm
- Phone
- Reinforced doors and walls
- Locking doors with peepholes
- External lock and key access
- Consider accommodations for disabled



Education and Training

As warning signs, the FBI data indicates shooters often talk to others about

- Grudges or grievances
 - Depression over pain/suffering
 - Domestic violence events
 - Acquisition of multiple weapons
 - Escalation of weapons training
 - Interest in explosives
 - Fascination with past shootings
-



Understanding Directed Shooters

Directed Shooters have shown many different motivations for their actions. The following table shows examples of motivation, common victims, warnings, and interventions that may be useful in preventing an event.

Directed Shooter Event			
Type	Common Victim	Recognition and Warnings	Intervention
Domestic Violence	<ul style="list-style-type: none"> Female care providers 	<ul style="list-style-type: none"> Employee Assistance Program or Domestic Violence Assistance Program 	<ul style="list-style-type: none"> Personal Protection information, shift, parking, driving, living changes assistance to get restraining order or law enforcement assistance
Euthanasia	<ul style="list-style-type: none"> Elderly End of life patients 	<ul style="list-style-type: none"> Observation of visitors and comments of patients 	<ul style="list-style-type: none"> Counseling and attention of care providers
Grudge or Grievance	<ul style="list-style-type: none"> Physicians Patient Care Providers Finance 	<ul style="list-style-type: none"> Threats Stalking High risk procedures Complaints/Grievances 	<ul style="list-style-type: none"> Personal Protection information, shift, parking, driving, living changes, legal documents or law enforcement assistance
Employee Situation	<ul style="list-style-type: none"> Management Leadership Finance 	<ul style="list-style-type: none"> Employee complaints or supervisor/manager information 	<ul style="list-style-type: none"> Employee satisfaction surveys, fair and consistent disciplinary process, respected internal processes
Street Events	<ul style="list-style-type: none"> Common entrances Gang related events 	<ul style="list-style-type: none"> Local crime statistics Drug usage statistics Gang activities or colors 	<ul style="list-style-type: none"> Access control Cameras Security Lighting Fencing



Tips to Remember

Employee Awareness

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office when an event begins, stay there and secure the door
- Attempt to take the active shooter down as a last resort

Active Shooters differ from Directed Shooter

- **An active shooter** is actively engaged in killing or attempting to kill people in a confined and populated area, typically with firearms. The scenario provided in this manual is that of a directed shooter; by definition, a person who has a specific purpose to their shooting.
- **A directed shooter** has a specific purpose to their shooting and is after a specific individual.

Healthcare Shooters Characteristics

- 91% were men of all ages
- 29% occurred in Emergency Departments (only 19% fatality)
- 45% of victims are the perpetrator
- 32% of shooters are in current or estranged intimate relations
- 25% are former patients
- 5% are former employees (this is

where workplace violence programs fail)

Shooters Often Talk About

- Acquiring multiple weapons
- Escalating weapons training
- Interest in explosives
- Fascination with past shootings

Responding When Law Enforcement Arrives

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers (like holding on to them for safety)
- Avoid pointing, screaming, or yelling
- Do not stop to ask officers for help or direction when evacuating

Important for 911

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- How many and type of weapons
- Number of potential victims

Reference:

DHS, Active-Shooter-Pocket-Card.
<https://www.dhs.gov/sites/default/files/publications/active-shooter-pocket-card->



508.pdf

Personal Action Plan

The following pages are in very large print so they can be copied for training purposes.





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 to location (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, flower vase, potted plant, phone, keys, etc.
- Texas State Study, 2013
 - 20 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





Office and Physician Planning

It is important for physicians to understand the difference between an Active Shooter and a Directed Shooter. An active shooter by definition does not care who they shoot, they are mad at the world. A directed shooter has a target and believes he/she has been wronged and seeks revenge. Historical statistics point out that 99% of all physicians involved in shootings are of the directed type, not active shooters. This information then provides the basis for prevention and mitigation.

Prevention

The relationships of a physician with patients, patient family members, and others are their greatest threat of being shot. While they may not be able to prevent being involved in a shooting at the mall or on the streets, they can almost always prevent the directed shooter.

Risk management professionals have long provided guidelines to assist physicians prevent medical mal-practice litigation. These same guidelines of honesty, transparency, compassion and relationship building are important to eliminating or reducing the possibility of a directed shooter. The famous “bedside manor” can be the deciding factor in how a patient or family member reacts after an unexpected or bad outcome. The attitude of a physician can either increase or decrease the probability that they will become the victim of a directed shooter.

Physicians must also consider their lifestyle and home relationships. Overflow of domestic violence is a major cause of patient care provider shootings.

Mitigation

Physical layout of clinical and office areas should be considered when thinking about active or directed shooter mitigation. Office and clinical considerations include:

- Office plan for a person with a gun
- Safe-rooms with phone, heavy doors and strong locks
- Video cameras in waiting areas with monitors
- Protection for reception areas
- Locks between waiting areas and clinical space
- Treatment spaces with physician near exit
- Plan for office evacuation and meeting place

Physicians' relationships with their patients, family members, and others combined with mitigation of their work environment can reduce their risks of ever being involved in a directed shooter event.



Exercise Template

Preface

This Active Shooter Tabletop Exercise Template was developed specifically for the Hernando County ESF-8 Working Group. It was 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 through a series of facilitated discussions.

Scope

This tabletop exercise is an interactive, discussion-based activity focused on a domestic-based Active Shooter incident. The scenario consists of one module that includes a pre-incident phase, an incident phase and a response 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

Exercise design objectives are focused on improving the understanding of information sharing and incident management activities, and developing recommended actions and procedural adjustments to address potential problem areas. The objectives are as follows:

1. 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 the facility.
4. Identify gaps, redundancies, deficiencies in the current policy for improvement.
5. Provide discussion on possible best practices and revision of Active/Directed Shooter policy/procedures.
6. Prepare facilities for active shooter full-function active shooter exercises.



Participants

The following personnel are encouraged to participate in this exercise:

Administrators	CEOs	COOs
DONs	Department Heads	CFOs
Safety/Security Officer	CNAs	Law enforcement
Office staff	Volunteer Rep	ALL STAFF possible

Exercise Structure

- Divide the room into teams of 6 to 8 participants. Each team will see the same scenario overview and key event summaries.
- Each teams reviews the situation and discusses appropriate response issues.
- Scenario interjects are provided by the facilitator during the exercise.
- While it is unlikely that any team will fully answer all questions, all participants should review each section. Each team presents a summary of their discussion at the end of the tabletop.

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.
- It is more valuable to offer suggestions and recommendations instead of Identifying only issues. The goal is to improve response and preparedness. Problem-solving is the focus.
- Healthcare facilities should use the actual patient/resident census on the day of the exercise.

Assumptions and Artificialities

In any exercise some assumptions and artificialities are needed move the scenario forward. During this exercise, the following apply:

- The initial patient/resident census is the actual 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.



It Just Happened?

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. 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 dining area. The sound of popping noises and screaming continues sporadically.

See discussion questions on the next page.



Discussion Questions

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

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

Local law enforcement officials arrive on scene within five minutes of the first 911 call from an employee cell phone inside the building. The entry team confirms that the popping noises were indeed gun shots and they have encountered several wounded or dead clients and staff members on the floor. 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 duffle bag that appears suspicious and could contain an improvised explosive device. The maintenance director remains outside at the Leadership Team Rally point to give the police officers more information about the intruder. Additional gun shots can be heard inside the building.



Discussion 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

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 leadership rallying point.

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 clients. They give directions of the approximate location of the gunman to law enforcement. The SWAT team finds the gunman in the dining room on the west side of the center holding an associate hostage.

Meanwhile, law enforcement enters the center, secures the east wing and begins 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.

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. Who will notify next of kin of the dead or wounded?
6. How do you keep staff members from the media?
7. 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?
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

1. Please provide feedback on the Active Shooter Tabletop Exercise:
 - a) How could this event actually happen at your facility?
 - b) What gaps did you identify in your plan?
 - c) What recommendations do you suggest for your plan?
2. Were you engaged enough to stimulate active thinking?
 - a) What did you discover that had not been discussed before?
3. Would you recommend this exercise to other facilities?
 - a) Why or why not?



Department Specific Procedures

The differences in services, staffing and location of departments requires that each department should put in writing specific procedures of what they will do in the case of a gun being shown or a shooting.

The easiest way to accurately develop these procedures is to hold a departmental meeting with as many staff as possible. At that meeting, the general active shooter policy for the organization will be read and available for reference. The facilitator should ask the group if an active shooter came into this area what would you do, specific to each person or position. Allow each person to provide as much information as possible and combine all this into procedures that indicate how each person will evacuate if possible, hide if they cannot evacuate and fight if there is absolutely no choice. This should be written down and the department provided time to review for several weeks. If possible, this process should be exercised as a practice or full function drill.

A full function exercise will improve learning, memory and allow for greatest improvement of the plan. It, however, should not be conducted without safeguards such as counselors for those who may become distraught, triple checks of all weapons utilized and permission of all participants.



Conclusion

Reference

You may copy the website below and watch how one hospital did an active shooter exercise and mass casualty together: <https://www.youtube.com/watch?v=XuTJdNk2c9o>

This is an excellent example of hospital organizational training: <https://vimeo.com/111156310>

You may want all staff to take this self-study training course to ensure a common understanding of Active Shooter situations and response.

<https://training.fema.gov/is/courseoverview.aspx?code=IS-907>

You may want all staff to view the Run-Hide-Fight-Houston video to ensure a common understanding of Active Shooter situations and response

<http://www.bing.com/videos/search?q=run+hide+fight+houston&view=detail&mid=20D7A79E108D495537D320D7A79E108D495537D3&FORM=VIRE>

Caution

This manual is not all inclusive and does not provide all answers or suggestions to active/directed shooter situations. It is intended to be utilized with other resources to assist healthcare organizations in development, implementation, and testing of Active/Directed shooter plans. Hopefully, the information is never needed. Developed by Paul L. Ford, PhD, MBA, CHPA, and Nina Mattei, APR, FPEM, Disaster Planner, Department of Health, Hernando County Florida.





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