



## **HERNANDO COUNTY ESF-8 WORKING GROUP**

*To enhance health and medical preparedness and response in Hernando*

# **Healthcare Active and Directed Shooter Planning, Training and Exercise Project**

## **Supporting Materials**

This Healthcare Active Shooter Project is funded by the **Hernando County ESF-8 Working Group**.

The compilation of documents was performed by Paul L. Ford.

This document was edited by 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 within 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!

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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



## Scenario

### **For use by health care facilities and agencies regardless of size or function**

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 nursing center through the front door.

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

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

### **Edits can be made for the scenario to fit out-patient facilities, non-residential agencies, store-front offices, office park locations, shelters or group homes.**

#### **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>



## **Implementation Timeline / Calendar**

**This timeline may be adjusted to fit your health care facility or agency needs and schedule**

### **Preliminary Actions**

Scheduling of Stakeholders—

Initial Meeting 6 weeks from Exercise Date

Midterm Meeting 4 weeks from Exercise Date

Final Meeting 2 weeks from Exercise Date

### **Day of the Exercise**

Presentation Planning 2 days

Room Set-up 1 hour

Exercise Orientation 30 minutes

Exercise —30 to 45 minutes

Exercise Interject 1—30 to 45 minutes

Exercise Interject 2 —30 to 45 minutes

Exercise (Hot Wash)—10 minutes

Total time of Table Top Exercise is approximately 2 hours, 30 minutes

### **Follow Up Actions**

Exercise Evaluation and Plan for Improvement 2 days

Plans and policies revisions may take several days to a month depending on the size of the organization.

Staff training may take several days to a month depending on the size of the organization.



## Proposal to Senior Leadership

You are responsible for the reputation of your organization and safety of staff, patients and physicians. An active shooter would be catastrophic to both your organization's reputation and the safety of everyone on your campus. This risk cannot be eliminated but it can be mitigated, and a plan of threat recognition, planning, response and recovery can be developed to reduce the damages to your organization's reputation and improve the survival of those on your campus.

Your leadership support of an Active/Directed Shooter (a directed shooter has a specific target) Program and implementation of training, planning, and exercises will demonstrate to your staff, patients, visitors, physicians and your community that you understand there is a risk and are willing to do all you can to mitigate, respond and recover to the best of your organization's capabilities. This is one way you are showing that your organization prepares for events that could happen. This is one way you are showing how much you support your employees, patients and physicians. This is one way you reduce your legal responsibilities and liabilities when an event occurs.

Hopefully you will never have to implement the response or recovery sections of the plan, but being prepared is much better than hoping it does not happen.



## Planning Team Members & Roles

All recommended members of the planning team should utilize their everyday responsibilities to help guide and develop the Active Shooter Program and Exercise.

- Senior Management Representative – CEO, CFO, COO, DON
- Medical Staff Representative
- Patient Care Representative (Nursing, physical therapy, speech and occupational therapy). There may be a need to have several nursing representatives to reflect the types of services provided.
- Risk Management
- Patient Safety Officer
- Employee/Facility Safety Officer
- Security
- Emergency Department/Trauma (other specialty units – memory care, isolation / infection control, etc.)
- Facilities Director
- Education and Training Director
- Business Office Representative
- Volunteer Coordinator



## Email / Newsletter / Blog

### To Educate Managers & Staff

Internal Newsletters should promote, encourage and report on progress, planning and exercises.

Internal video of organizational plan or generic healthcare video for staff basic education. Set up the video for everyone in the cafeteria or staff lounges; post to internal network; send a link to desktop and mobile devices.

Utilize department meetings to disseminate information about active shooter policy, plan, and exercise schedules.

Utilize internal department meetings to develop specific department policies and training.

External information should be part of your Emergency Management Communications Plan. There should be sections for patients, family members, staff, and physicians, as well as the community.

The use of Email and Blogs communications during and after the event should be part of the planning process.

#### 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>





## Table Top Exercise

### Agenda Initial Planning Meeting

Presentation of Active Shooter data in healthcare organizations. (Much is provided in this template.)

Review of current policy or assignment to research and develop basic policy.

Review for overall understanding the process for program development.

1. Policy development
2. Table Top Exercise for Leadership to refine and revise policy
3. Discussion with local Law Enforcement
4. Development of staff training (internal video if possible)
5. Development of exercises
6. Continual Improvement

Have the group approve the assignments and the plan.

Determine internal champion to guide process to completion.

Determine if internal resources have the expertise and experience or if external support may be needed.

The date, time and place of next meeting are set. If a need to add someone to the committee is determined, they should be added to the group and the Champion should find time to explain the committee purpose and why they were asked to participate.



## **Agenda Mid-Term Planning Meeting**

Champion reads revised or developed policy.

The group is asked to comment as the reading is performed; changes are made if the group agrees.

The Champion explains the work plan and asks for volunteers or makes assignments.

Someone reads the presented scenario. Discussion centers on any changes that are needed specific to your facility.

Each Module of the table top is read; discussion centers on overall applicability and specifics to your facility. Someone is assigned to rewrite each Module and redo PowerPoint if needed.

Group determine proposed dates, number of exercises, place and participants of exercises.

A date, time and place for the next meeting is set.



## **Agenda for Final Planning Meeting**

The Champion presents the entire table top exercise PowerPoint to the group for additions or suggestions.

Verifications of room, participants, computers, and numbers of participants expected and other needs are discussed.

Each planning team member is given assignments to monitor and assist in Table Top Exercises.

A meeting is scheduled after the first exercise to review and to make adjustments.



## **Agenda for a Functional or Full-Scale Exercise**

- I. Welcome and Introductions
- II. Action Items from assignments or last meeting
- III. Exercise Design Elements
  - A. Venue/Site
  - B. Facilitation Requirements
  - C. Registration Process
  - D. External Organizational Representation
  - E. Scenario
  - F. Documentation/Certificates
- IV. Logistics and Support Requirements
  - A. Volunteers
  - B. Observers
  - C. Media Coordinator
  - D. Support Staff
  - E. Security
  - F. Signage
  - G. Methods of facilitator communication
  - H. Purchased or rented equipment or supplies
- V. Proposed Exercise Timeline
  - A. Planning Meetings
  - B. Practice/Set-up
  - C. Schedule
  - D. Evaluation/Breakdown
- VI. Revised Action Items
- VII. Contact Information



## Core Capabilities and Objectives

The Core Capabilities are drawn from federal guidance, for more details, see References below.

### Core Capabilities

- Intelligence and Information Sharing
- Physical Protective Measures
- Risk Management for Protection Programs and Activities
- On-scene Security and Protection
- Operational Communications
- Situational Assessment
- Planning for Active Shooter events
- Testing of Active Shooter Planning
- Testing of Active Shooter Communications

### Objectives

- To use a flexible and scalable Table Top Exercise format for multiple healthcare providers
- To coordinate sharing of best practices of participating healthcare providers
- To improve recognition, planning, and response to an active shooter event by healthcare partners
- To support achievement of preparedness requirements set forth by the Florida Agency for Health Care Administration, the Federal Centers of Medicare and Medicaid Services, and national accreditation organizations.
- To increase awareness of the ESF-8 Working Group / Hernando COAD efforts to assist health, medical, mental health, and affiliated service providers with Active Shooter planning and exercises
- To improve participation by health, medical, mental health, and affiliated service providers in ESF-8 Working Group / Hernando COAD

### References

2017-2022 Health Care Preparedness and Response Capabilities Office of the Assistant Secretary for Preparedness and Response November 2016  
<https://phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>  
<http://www.tampabayhmpc.org/documents/>



# Situation Manual Template

## Preface

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

## Purpose

The Active Shooter Tabletop Exercise Template provides healthcare facilities a useful exercise planning and operational template to address active and directed shooter workplace violence threats, issues, and concerns. The exercise encourages participants to address key issues 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 your 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 full-function Active Shooter exercises.



## Participants

The following personnel are encouraged to participate in this exercise:

- Administrators, CEOs, COOs, CFO, DONs
- Department Heads, Safety/Security Officer, and CNAs
- Office staff, and ALL STAFF possible, Volunteer representative
- Local law enforcement

## Exercise Structure

The room should be divided into teams of 6 to 8 participants. Each team will see the same scenario overview and key event summaries.

Teams will review the situation and engage in discussions of appropriate response issues. Scenario interjects will be provided by the exercise facilitator during the exercise.

While it is unlikely that any team will have time to fully answer all questions presented, it is highly encouraged that all participants discuss portions of each section. Each team will present a brief synopsis of its 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.
- To improve response and preparedness, suggestions and recommendations are more helpful than identifying issues. Problem-solving efforts should be the focus.
- Healthcare facilities should bring the exercise day's actual patient/resident census to the tabletop exercise for use during discussions.

## Assumptions and Artificialities

In any exercise a number of assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

- Healthcare facilities should assume that initial patient/resident census is actual patient/resident census.
- The scenario is plausible, and events occur as they are presented.
- There is no "hidden agenda" nor any trick questions.
- All participants receive information at the same time.



## 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.





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### 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?



## 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 residents and staff members. They begin a systematic search of the building for the intruder and call for the county bomb squad to respond on location as they have found a large duffle bag that appears suspicious and could contain an improvised explosive device. The maintenance director remains outside at the Leadership Rallying Point to give the police officers more information about the intruder. Additional gun shots can be heard inside the building.

### Questions

1. How does the arrival of law enforcement change the response landscape? (How have your employees be trained to act?)
2. How would you establish a rallying 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 would be expectations of your staff to assist in the coordination of triage and pre-hospital treatment with on-scene incident command and the EMS?
5. 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?



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## 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.

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

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

**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?

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



# Checklist for Day of the Exercise

## Safety Checklist:

Preparation				
Checklist Items	Yes	No	Not Required	Comments
<b>Prior to the Drill Day</b>				
Drill notice mailed to Law Enforcement and Fire and EMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Pre-Drill Instructions Drill Day</b>				
Attendees advised to TURN OFF PHONES. THEY WILL NOT BE ABLE TO LEAVE EXERCISE TO ANSWER PHONE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendees searched for weapons by Security Dept. before they enter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-Exercise: Presentation to attendees of Expectations During Drill Look Think, Listen Decide whether you would RUN, HIDE, FIGHT based upon the situation you will see Notice how you feel What would you have done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety word " <b>Red Blanket</b> " Posted on walls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Final area check for safety issues – Ask for concerns from attendees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Advise Attendees to prepare for Drill to Begin				
<b>FINAL Pre-Drill Instructions for Players</b>				
Checklist Items	Yes	No	Not Required	Comments



## After Action Report - Improvement Plan

If this exercise is for internal understanding, knowledge and training, the After-Action Report can be the minutes of a hot wash (meeting held by participants to gather their recommendations, suggestions, comments and improvement opportunities). Participants should also have the opportunity to send email comments to the exercise leader. These suggestions, comments and improvement opportunities can be reviewed and prioritized by the facility safety committee and an action plan developed with person responsible and completion dates. This document should be reviewed by the safety committee at all meetings until items are completed, included in future funding or dropped with some reason provided.

Although state and federal funding do not require you to use this HSEEP format (Homeland Security Exercise Evaluation Plan), it is highly recommended you use this format. This will ensure your findings are presented in a similar format to those used by Emergency Management agencies, Fire Rescue, Law Enforcement, and Health and Medical response agencies.

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine to include the National Preparedness Goal and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.



## Exercise Overview

<b>Exercise Name</b>	[Insert the formal name of exercise, which should match the name in the document header]
<b>Exercise Dates</b>	[Indicate the start and end dates of the exercise]
<b>Scope</b>	This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
<b>Mission Area(s)</b>	[Prevention, Protection, Mitigation, Response, and/or Recovery]
<b>Core Capabilities</b>	[List the core capabilities being exercised]
<b>Objectives</b>	[List exercise objectives]
<b>Threat or Hazard</b>	[List the threat or hazard (e.g. natural/hurricane, technological/radiological release)]
<b>Scenario</b>	[Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)]
<b>Sponsor</b>	[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]
<b>Participating Organizations</b>	[Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.]
<b>Point of Contact</b>	[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)]





## Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned core capabilities, and performance ratings for each core capability as observed during the exercise and determined by the evaluation team.

Objective	Core Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Core capability]				
	[Core capability]				
[Objective 2]	[Core capability]				
[Objective 3]	[Core capability]				

### Ratings Definitions:

- Performed without Challenges (P):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Performed with Some Challenges (S):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
- Performed with Major Challenges (M):** The targets and critical tasks associated with the core capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
- Unable to be Performed (U):** The targets and critical tasks associated with the core capability were not performed in a manner that achieved the objective(s).

**Table 1. Summary of Core Capability Performance**

The following sections provide an overview of the performance related to each exercise objective and associated core capability, highlighting strengths and areas for improvement.



## [Objective 1]

The strengths and areas for improvement for each core capability aligned to this objective are described in this section.

### [Core Capability 1]

#### Strengths

The [full or partial] capability level can be attributed to the following strengths:

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

#### Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.]

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

**Area for Improvement 2:** [Observation statement]

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.]

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]

### [Core Capability 2]

#### Strengths

The [full or partial] capability level can be attributed to the following strengths:

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

#### Areas for Improvement

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.]

**Analysis:** [Provide a root cause analysis or summary of why the full capability level was not achieved.]



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# Improvement Plan

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element <sup>1</sup>	Organization POC	Start Date	Completion Date
Core Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]				
		[Corrective Action 2]				
		[Corrective Action 3]				
	2. [Area for Improvement]	[Corrective Action 1]				
		[Corrective Action 2]				
Core Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]				
		[Corrective Action 2]				
		[Corrective Action 3]				
	2. [Area for Improvement]	[Corrective Action 1]				
		[Corrective Action 2]				

# Exercise Participants

Participating Organizations	
Federal	
State	
[Jurisdiction A]	
[Jurisdiction B]	



## 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 a procedure that indicates 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 possible counselors for those who may become distraught, triple checks of all weapons utilized and permission of all participants.



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### Conclusion

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; edited by Nina Mattei, APR, FPEM.



## HERNANDO COUNTY ESF-8 WORKING GROUP

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[www.tampabayhmpc.org/](http://www.tampabayhmpc.org/)



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**These materials FREE to download at --** <http://www.tampabayhmpc.org/hernando-county-2/>