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Preparing for an Active Shooter Incident in a Health Care Facility

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Meet Today's Speakers

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Welcome

- The slides for today's webinar are available at the link included in your login instruction email, or here:
<http://bit.ly/oberwebinarjan22>
- Type your questions into the Q&A box. We'll answer as many as we can at the end of the program.
- After the program, you'll receive an email with a link to a survey. Please take a moment to fill that out and give us your feedback.

Agency Guidance

- “Incorporating Active Shooter Incident Planning Guidance into Health Care Facility Emergency Operations Planning,” (November 2014)
 - U.S. Department of Health and Human Services
 - U.S. Department of Homeland Security
 - U.S. Department of Justice
 - Federal Bureau of Investigation
 - Federal Emergency Management Agency

Agency Guidance

- Encourages facilities to consider how to prepare for an active shooter incident
- Highlights issues and challenges unique to health care facilities
- www.phe.gov/Preparedness/planning/Documents/active-shooter-planning-eop2014.pdf

Unique Challenges

- Complex Buildings/Operations
- Operations at Capacity
- Potential Targets
- Numerous Regulators
- Sensitivity of their Operations
- Professionals whose mission is to care for others
- Demanding business, little time for proactive planning

Agency Guidance

- Prevention
- Protection
- Mitigation
- Response
- Recovery

Active Shooter

“...actively engaged in killing or attempting to kill people in a confined and populated area.”

The Federal Bureau of Investigation,
Active Shooter and Mass Causality Incidents,
[www.fbi.gov/about-us/cirg/
active-shooter-and-mass-casualty-incidents](http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents)

Prevention and Protection

Education

What to expect from an Active Shooter:

- 98 % act alone
- 90 % end own life at the scene
 - Most do not take hostages or negotiate
 - Shooters usually have no exit strategy
 - Police intervention is most effective way to end the situation

Prevention and Protection

- 80 % use a shoulder fired weapon
- 75 % bring multiple weapons
 - Preparing for longer engagements
- Response time is the crucial factor
 - *An average of 1 victim every 8 seconds*

Prevention and Protection

Planning

- Establish an internal security team
 - Creates and implements emergency policies and procedures
 - Lead in an emergency situation
 - Threat assessment
- Create emergency policies specific to an active shooter
 - Communication protocols (internal and external)
 - Evacuation, lockdown, safe-room procedures
 - Patient specific considerations

Prevention and Protection

- Incorporate local law enforcement
- Communication is key throughout
- Operational Protocols
 - Consider unique aspects of facility and populations
- Training
 - Process and procedures
 - Incorporate law enforcement
 - Identifying an active shooter

Response

1. RUN
2. HIDE
3. FIGHT

Response

- RUN
 - Leave - get far away from situation
 - Call for help/911
 - Bring others with you

Response

- HIDE
 - Lock/barricade
 - Turn off lights, no shadows
 - Silence
 - Stay out of sight

Response

- FIGHT
 - Never required
 - Could be only option

Response

- Health care providers
 - Duty to care v. self protection
 - Open dialogue with health care providers
 - Avoid imposing requirements
- Real-time response will be uncertain
 - Instincts take over
- Act quickly (1 in every 8 seconds)

Response/Mitigation

- Understanding a First Responders' role
 1. Find and stop the shooter
 2. Secure the area
 3. Assist the injured

Response/Mitigation

- Communication and information is critical
 - Location of shooter
 - Number of shooters
 - Description of shooter
 - Kind of weapon
- Guidance and aid to law enforcement

Recovery

- Mass casualty plans
- Notification procedures
- Rescue procedures
- Areas may be restricted
- Counseling resources

Questions?

The Q&A box
is located on the right side
of your screen.

More questions? Contact us.

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