

# Active Shooter Preparedness

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RISK MANAGEMENT SERVICES

 **KITCH**

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# Speakers



**Angie Szumlinski, LNHA, GERO-BC, RAC-CT, BS**

*Director of HealthCap Risk Management Services*

## **HealthCap**

Ms. Szumlinski is a nationally-recognized leader in long-term care with experience as an Owner/Provider, Administrator, Director of Nursing, Corporate Quality Assurance Coordinator and independent consultant. Ms. Szumlinski conducts risk management visits at facilities across the country, touching every acuity level within the post-acute care spectrum. Ms. Szumlinski served as an Associate Board Member for NCAL, is a member of the AHCA/NCAL Survey/Regulatory committee, NCAL Quality committee, HCAM Legal/Clinical Committee, and is in her 8th year serving as a Senior Examiner/Team Leader for the AHCA/NCAL Quality Award Program. Ms. Szumlinski is a Nurse Planner for the HealthCap® RMS ANCC accredited education program



**John P. Hessburg**

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## **Kitch Drutchas Wagner Valitutti & Sherbrook**

John Paul Hessburg is a Senior Partner in the firm of Kitch Drutchas Wagner Valitutti & Sherbrook in Detroit, Michigan, where he heads the firm's Post-Acute Care practice group. John has represented healthcare providers for over 30 years. John is AV® Preeminent Peer Review rated by Martindale-Hubbell and has been named a top healthcare lawyer by DBusiness Magazine. He has been working with HealthCap® since it wrote its first policy 21 years ago.

# Objectives



01

**Define an Active Shooter Event**

02

**Identify the four phases of an Active Shooter Program**

03

**List methods to establish response and recovery after an Active Shooter event**

# Defining an Active Shooter

An individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms




# Trained Officer Prevented a Worse Outcome

- A lone gunman burst into a North Carolina nursing home and started "shooting everything," barging into the rooms of terrified residents, sparing some from his rampage without explanation while killing seven residents and a nurse caring for them.
- Authorities said Robert Stewart also wounded three others, including the Carthage police officer who confronted him in a hallway of Pinelake Health and Rehab and stopped the brutal attack.
- "He acted in nothing short of a heroic way today, and but for his actions, we certainly could have had a worse tragedy," said Moore County District Attorney Maureen Krueger. **"We had an officer, a well-trained officer, who performed his job the way he was supposed to and prevented this from getting even worse..."**



The screenshot shows a news article from WRAL.com. The main headline is "Eight dead in Carthage nursing-home shooting". Below the headline, it says "Posted March 29, 2009" and "Updated March 31, 2009". There are social media sharing icons for Facebook (62), Twitter, Google+, and Email (0). A "3 Reactions" button is also visible. The article text begins with "CARTHAGE, N.C. — A lone gunman burst into a North Carolina nursing home Sunday morning and started 'shooting everything,' barging into the rooms of terrified patients, sparing some from his rampage without explanation while killing seven residents and a nurse caring for them." A quote from Moore County District Attorney Maureen Krueger is included: "He acted in nothing short of a heroic way today, and but for his actions, we certainly could have had a worse tragedy," said Moore County District Attorney Maureen Krueger. "We had an officer, a well-trained officer, who performed his job the way he was supposed to and prevented this from getting even worse than it is now." There are also links for "MORE ON THIS" with categories like "Gunman at nursing home kills eight", "Sky 5 : Scene of Carthage nursing home shooting", "Pinelake Health and Rehab Center", and "Map". A photo of a police officer in uniform is shown at the bottom left of the article.



A photograph of a sign for Pinelake Health & Rehab in Carthage, North Carolina, on a Sunday morning. The sign is in the foreground, featuring a green tree logo and the text "PINELAKE HEALTH & REHAB". In the background, a white ambulance with "AMBULANCE" written on its side is parked on a grassy area. A large, light-colored building is visible in the distance under a clear blue sky.

# Carthage, North Carolina Sunday Morning

# Four Phases of an Active Shooter Program

- Phase I: efforts to prepare for and reduce the risk of an active shooter event
- Phase II: train and educate staff members on plans to respond to an active shooter
- Phase III: interacting with First Responders and
- Phase IV: implement a response and recovery plan

# Four Phases of an Active Shooter Program





# PPO vs. TRO

Personal Protection Order (PPO)  
Temporary Restraining Order (TRO)



# Personal Protection Order (PPO)

- A PPO is a way to place restrictions on an individual who is causing problems for another individual.
- A PPO can do the following:
  - Prevent contact by any means (in person, by phone, by mail or e-mail, etc.) This includes Cyberbullying via Facebook, Google Voice, etc.
  - Prevent the harasser from entering the residence property or work place of the victim
  - Assaulting, attacking, beating or doing any physical harm to the victim
  - Removing any minor children from where they live unless their removal is part of court-ordered visitation
  - Purchasing or possessing a firearm. If a firearm is in possession, it is to be seized by police
  - Interfering with or engaging in conduct that impairs Petitioner's employment or educational environment.

# Temporary Restraining Order (TRO)

- A TRO is a court order that protects a person or persons from physical, mental, verbal, or other abuse. It can require the abuser to keep at least 100 yards away from the victim, enforceable by arrest.
- TROs are short-term pre-trial temporary injunctions. To obtain a temporary restraining order, a party must convince the judge that he or she will suffer immediate irreparable harm unless the order is issued.

# Restraining Orders – Worth The Cost / Effort? ... Absolutely

- Staff Protection
  - Staff appreciation / loyalty
- Resident / Visitor Protection
- Piece of paper...



# What Do Restraining Orders Really Do?

- Remove discretion from law enforcement
  - Domestic dispute
    - Common for law enforcement to calm the situation down and not remove and/or arrest the aggressor
- Ensures individual is removed from your property



# Ethical Considerations

During a Healthcare Active  
Shooter Event



# Ethical Considerations

- Healthcare professionals have a duty to care for the residents for which they are responsible.
- Some ethical decisions may need to be made to ensure the least loss of life possible.
- Every reasonable attempt to continue caring for residents must be made, but in the event this becomes impossible without putting others at risk for loss of life, certain decisions must be made.

# Ethical Considerations

- Allocate resources fairly with special consideration given to those most vulnerable
- Limit harm to the extent possible
  - With limited resources, healthcare professionals may not be able to meet the needs of all involved
- Treat all residents with respect and dignity
  - Regardless of the level of care that can continue to be provided to them
- Prepare to decide to discontinue care to those who may not be able to be brought to safety in consideration of those who can
- Realize some individuals who are able to avoid the incident will choose to remain in dangerous areas
  - Consider how to react to those situations
- To the extent possible, think about the needs of others as well as yourself.
- Consider the greater good as well as your own interests

# Response Plans

- The primary purpose of your response plan shall be to prevent, reduce or limit access to potential victims and to mitigate the loss of life.
- Options for consideration in developing your response plan include:
  1. Run, Hide, Fight Active Shooter Response
  2. Avoid-Deny-Defend
  3. The 4As Active Shooter Response
  4. ALICE Active Shooter Response
  5. Window of Life Active Shooter Response

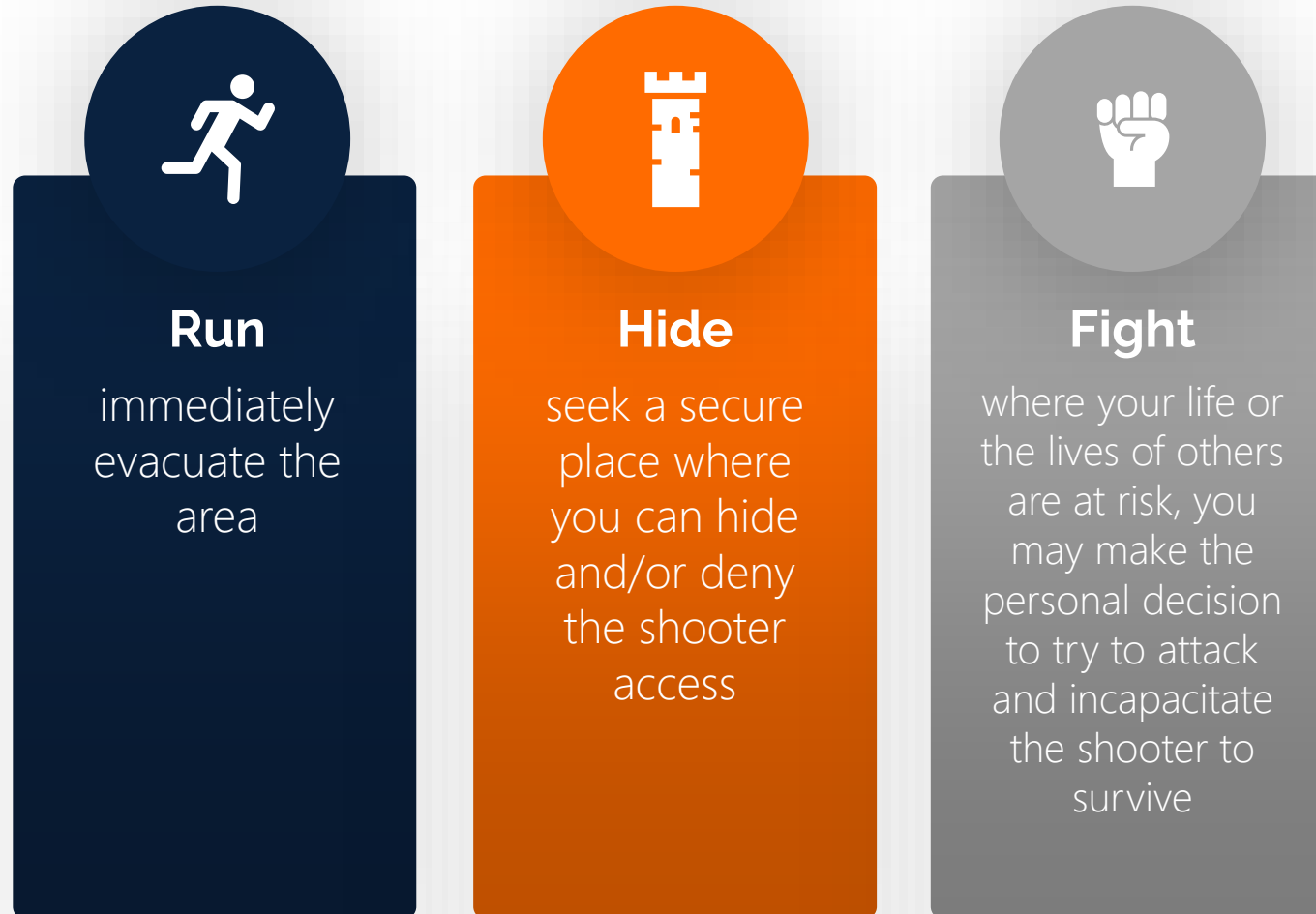


# Run, Hide, Fight



# Run, Hide, Fight – Active Shooter Response

- This is a three step process to prevent or reduce loss of life in an active shooter event.







# Surviving an Active Shooter

# RUN

- What evacuation routes are available?
- Will the entire unit decide together whether to run or hide?
- Will some be able to evacuate and others stay?



## Inpatient Clinical Staff

Unit cannot be locked but it can be barricaded. Safe to leave and patients can evacuate quickly

## Outpatient Clinical Staff

Suite/room cannot be locked but they can be barricaded. Safe to leave and patients can evacuate quickly

## Non-Clinical Staff

Room cannot be locked but safe to leave room

# HIDE

- Are there any safe rooms?
- Does the unit lockdown?
- Do certain areas or rooms lockdown?
- How can the area be barricaded?



## Inpatient Clinical Staff

- Unit can be locked. Only some patients are mobile. Shooter not near unit
- Can lock, only some patients are mobile, shooter near unit
- Shooter entering area but does not see you
- If shooter is just outside or near unit you are in or headed in your direction
- Can lock or not but can be barricaded, cannot locate shooter, patients cannot evacuate quickly

## Outpatient Clinical Staff

- Can lock or not, can be barricaded but patients cannot evacuate quickly. Not safe to leave unit.
- Shooter is nearby or headed in your direction
- Can lock or not but can be barricaded but do not know how close shooter is
- Shooter is entering your area but does not see you yet
- Can lock, only some patients are mobile, shooter near unit

## Non-Clinical Staff

- Can lock or not but can be barricaded but do not know how close or where shooter is
- If shooter is just outside or near unit you are in or headed in your direction
- Shooter is entering your area but does not see you yet

# FIGHT

- What can be used as a weapon?
- What are options on your unit?
- Who will communicate with residents and visitors?
- Who will be the leaders on the unit?
- How will staff communicate?
- Who will contact: Corporate Security or Dept. Leaders or Dept. Command Management Center?



## Inpatient Clinical Staff

If shooter sees you and you also see him.

## Outpatient Clinical Staff

If shooter sees you and you also see him.

## Non-Clinical Staff

If shooter is already in the room and he sees you



# Phase III: Interacting with First Responders

Interacting without interfering  
with First Responders



# First Responders – Pre-Planning

- Maximizes efficacy of response;
- Minimizes chance of miscommunication;
- Minimizes chance of confusion;
- Missteps can result in avoidable harm.

# Securing the Scene

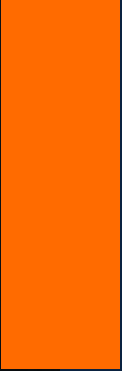
- Law enforcement will secure the scene
- First responders work with facility staff and victims to treat and transport the injured
- Law enforcement/designees interview witnesses and initiate the investigation



# Law Enforcement and First Responders

When law enforcement arrives:

- Follow your plan
- Follow directions
- Avoid quick movements
- Do not ask questions
- Try to remain calm and avoid yelling, crying and screaming
- Remain in area designated until instructed otherwise
- Law enforcement may request assistance; provide the assistance



# Phase IV: Response and Recovery After an Active Shooter Event



# Response:

CREATING ORDER  
FROM CHAOS

# Employee/Facility Response

- Required facility employees to return
- Crash carts/hemorrhage control equipment
- Coordinate care and services for victims with the first responders

# Accounting For People and Notification

- Designated team leaders account for residents, on-duty employees and vendors or visitors signed into the building
- Notification of physicians and families by designated team members including of casualties
- Law enforcement will be involved in this process and may provide direction

# Family Unification Plans

- Implement family unification plan for employees and residents.
- Assign facility spokesperson is to provide “real time” updates when immediate threat has ended

# Physician and Pharmacy Orders

- As needed orders will be obtained for residents on site
- Initiate pharmacy emergency action plan



# Crime Scene Preservation

- Until directed by law enforcement:
- Preserve the Crime Scene
- No clean up
- No moving items

# Call In Staffing Reinforcements

- Caring for the residents and relieve on-duty team members involved in the event
- Have procedures to contact:
  - Off-duty employees as needed
  - Staffing agencies
  - Volunteers; vendors
  - Community agencies



# Recovery Plan

After being cleared by law enforcement taking the actions to recover



# Crime Scene Clean Up

- Verified services nationwide
- Check references and contact information BEFORE an event occurs

# Critical Personnel

- Who is critical in your operations?
- Is there one “go to” person in house?
- Identify operational needs

# Structure and Environment

- Physical plant inspection
- Environmental needs
- Based on findings determine time frame and plan to resume full operations

# Psychological First Aid

- Contracts for services related to Psychological First Aid (PFA)
- Core actions to coordinate PFA resources:
  - Contact and engagement
  - Safety and comfort stabilization
  - Information gathering; current needs and concerns
  - Practical assistance
  - Connection with social supports
  - Information on coping
  - Linkage with collaborative services

# Special Considerations for Psychological First Aid

- Special circumstances increase susceptibility to emotional distress after a disaster (including but not limited to):
  - Memory and cognitive loss
  - Serious mental illness
  - “Transfer trauma”
  - Communication deficit
  - Significant loss of possessions
  - PTSD
  - Specialized needs



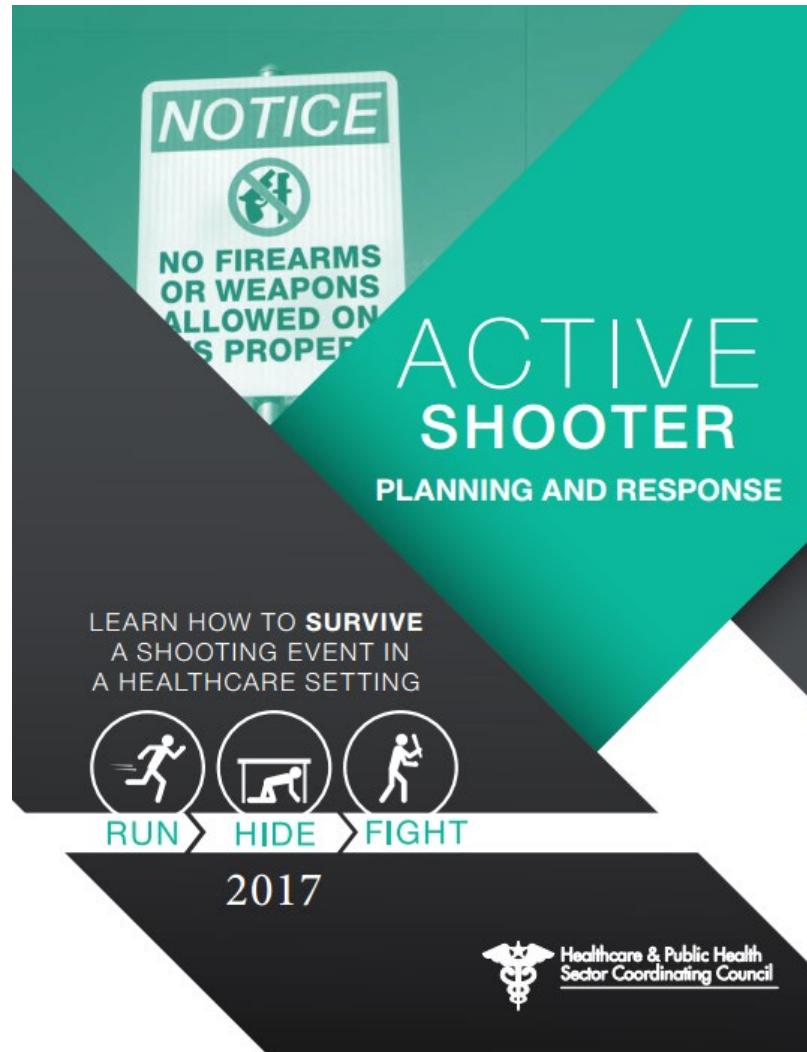
# Evaluation of Emergency Action Plan

- After resuming “normal” operations
- The TAT coordinates an evaluation and analysis of the Emergency Action Plan
- May be coordinated with the assistance of law enforcement and other agencies



**Questions?**

# The Active Shooter Planning and Response Guide (2017)



# Active Shooter Planning and Response Guide

- The Active Shooter Planning and Response Guide takes an in-depth look at the 4-phases of emergency management; mitigation, preparedness response and recovery and offers step by step guidance to assist healthcare facilities in active shooter planning and response.
- Designed with input from industry experts and incorporating the latest recommendations and techniques used in active shooter planning and response, this guide is a must read for all healthcare facilities.



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# Thank You

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