

Active Killer or Shooter Procedure

COURTESY OF A NHA MEMBER HOSPITAL

EVACUATE/HIDE, CALL 911, then ANNOUNCE "ACTIVE SHOOTER in the hospital"

**+ location (91-911 for outside line on patient phones, 80 on phone for PA system).
Panic buttons or the Emergency Button may also be pushed to notify Sheriff's Office.**

I. PURPOSE

To establish a standard operating procedure to be followed to have an effective response to minimize the hazards that occur when an active shooter situation arises on the hospital/clinic campus.

II. INTRODUCTION

Although active shooters or killers are not an everyday occurrence, the potential for this type of incident exists. Past history has shown that high profile targets tend to be high schools, shopping centers, hospitals and college campuses.

III. DEFINITION

- A. An active shooter/killer is a person (or persons) who appears to be actively engaged in killing or attempting to kill people in a populated area.
- B. There may be no pattern or method to their selection of victims.
- C. These situations evolve rapidly—within 10-15 minutes-- demanding immediate deployment of law enforcement resources to stop the shooting and minimize harm to innocent victims.
- D. This document provides direction to employees to save themselves or assist anyone who may be caught in the active shooter situation, and describes what to expect from responding law enforcement and emergency medical personnel.

IV. POLICY

- A. All staff will be responsible for knowing and directing others concerning actions to be taken within their area in the event of an active killer or shooter.
 1. All new employees during their orientation will be briefed on the policy.
 2. This policy shall be shared with local law enforcement.
- B. It is essential that training be conducted with responding law enforcement agencies to ensure an effective response is developed, which can be completed by briefings, presentations, tabletop, functional or full scale exercises.
- C. The following strategies are in place to minimize and detract a potential active killer/shooter(s) from choosing this facility for such an act, and measures put in place to limit the threat include, but are not limited to:
 - a. Video surveillance cameras inside and outside the facility to deter an event and to gather intelligence,
 - b. If possible and as appropriate, use overhead intercom system where available to notify patients, visitors and staff of an emergency.
 - c. Work with the Police Department to ensure the facility is doing all it can to protect patients, visitors and staff from the intruder.

- d. Train all employees to be aware of the warning signs of a potential active killer/shooter(s), and to relay that information to their supervisor and police.

V. PROCEDURE

A. Warning Signs:

1. Based upon past events, there may be warning signs of a potential event by a person:
 - a. Discourteous or disrespectful demeanor
 - b. Uncooperative behavior, refuses to follow directions
 - c. Verbally abusive language and/or obscenities
 - d. Destruction of property
 - e. Stalking, harassing, showing undue focus on someone
 - f. Making direct or indirect threats, suicidal threats
 - g. Body language such as arms folded over chest, eye brows knitted, face reddening
2. When violence is imminent:
 - a. Behaviors: intense anger, suicidal threats, extreme rage
 - b. Aggressive acts: throwing or striking objects, cursing
 - c. Pounding furniture or walls, angrily jumping up and down
 - d. Body Language: lowering head, tucking chin, clenching and re-clenching fists, pacing. Touching head, pulling their hair, talking through gritted teeth, wide eyed stare, and difficulty controlling fine motor skills (tremors-tics).
3. Any employee who has a feeling someone might be a potential active killer/shooter needs to relay that information to their supervisor or police department.
4. All employees must be continually vigilant to the risk of violence.
 - a. Be aware of your surroundings
 - b. Secure your safety, keep yourself between the individual and the door
 - c. Call for help, avoid being alone, leave the room at any time
5. Defensive strategies:
 - a. Keep something (desk, bed, table) between you and the individual
 - b. Remain calm, speak in slow, soft, clear voice
 - c. Ask questions to distract the individual (What do you hope to gain by this?)
 - d. Get out and call for help

B. Actions to Take

1. Evacuate the area and when you are safe:
 - a. CALL 911 and page overhead (80) "Active Shooter (or Killer), location" and repeat. The Panic Buttons may also be pressed or the eEmergency activation may be used.
 - b. When calling 911, provide the following information:
 - i. Identify yourself
 - ii. "I am in the (exact location), we have an active killer/shooter(s) on campus; shots have been fired."
 - iii. Exact location of the shooter(s) if known; if not, then the last place or direction you heard gunshots. If other methods of killing such as

- knifings, dispersment of chemicals, etc are known, relay that information.
- iv. Description of the attacker(s); sex, race, clothing, type of weapon(s), location, direction(s) of travel, and if known, their identity.
 - v. Location and number of victims (if known).
 - vi. Any other information they request.
2. The 911 dispatcher is relaying this information to responding officers and at this time, you are the eyes and ears for the police officers. The information you provide will assist them in locating and stopping the attacker(s) as soon as possible. Stay on the line if possible.
 3. **EVACUATE or HIDE** – always know two exits from your work location - There are two options available if the attacker is present in the area; one is to evacuate the building, and the other is shelter in place (**HIDE**).
 - **EVACUATE:**
 - a. Do whatever is necessary to survive the situation, preserve your safety first (even before that of the patient). Evacuate regardless of whether others are willing to follow you.
 - b. If possible, save those that can be quickly saved (ambulatory first, then wheelchair, then bedbound). Do not attempt to move injured persons.
 - c. All people are to move in a direction away from the area of gun shots
 - d. Move out of building through the closest door.
 - e. Make a list of those present in the safe area, to account for anyone who may be missing or injured.
 - f. Do not stay in an open hallway. Clear all corridors; warn others and help others escape. **DO NOT PULL FIRE ALARM.**
 - **HIDE:**
 - a. If you cannot leave the building, move people into rooms that lock from inside if possible – Dictating Room, Med Room, Radiology, Lab, Office/Medical Records, Nursery, Public Restrooms.
 - b. Protect self with any available barrier such as concrete wall, desk, file cabinet, or table. Stay behind a solid object.
 - c. Patient rooms do not lock but bathrooms do, go into bathroom, lock door. Or push bed against the door, break window with a chair and move patient and self out of the window.
 - d. A shooter or killer will follow anyone he sees moving, so **HIDE**.
 - e. Turn lights off and silence any noise making devices (TV, radio, cell phones, machine alarms, etc). Noise will attract the attacker, remain quiet and calm.
 - f. Do not confront the attacker.
 - g. If, as a last resort, to save your life, act as aggressive as possible against the attacker—throw objects at him/her, yell, commit to your actions.

C. Notification Strategies

Anyone aware of an active or potential active killer(s) needs to not only call 911 from any phone, but also page overhead: "ACTIVE SHOOTER (or KILLER) in the hospital" (80) and the location. (Example: east hallway, patient area, clinic) **REPEAT**.

D. Law Enforcement Response

Law enforcement response will vary depending on the situation; however, based upon their training, the following can be expected from responding police officers:

- a. If the situation involves a gun, they will proceed immediately to the area in which the shots were last heard; their purpose is to stop the shooting as quickly as possible.
 - i. They may ask several times where the shooter(s) is.
 - ii. They need to know so they can stop the actions of the shooter(s).
 - iii. They may shout commands and may push anyone in the area to the ground for their safety.
- b. They will normally go in teams and not proceed alone.
 - i. They will not always have on a patrol uniform.
 - ii. They may also be wearing a bulletproof vest, Kevlar helmets, and other tactical gear.
 - iii. They may also be armed with a variety of weapons and equipment.
- c. Regardless of how the police appear, staff must remain calm, follow instructions, and do not obstruct their progress; it is best for all people evacuating the building to **put their hands in the air and not make any sudden gestures**. Put down any items in your hands, keep hands visible at all times. Do not point, scream or yell. DO NOT stop officers to ask for help or directions, proceed in the direction from which officers are entering.
- d. The first officers on scene will not stop and assist the wounded; rescue teams composed of other officers and emergency medical personnel will follow the first officers into secured areas to treat and remove injured persons.
 - i. Staff will not enter the active area to give aide or care until cleared by police.
- e. Once in a safe and secure location, all staff needs to remain on scene, as the entire area is a crime scene, and they will need to provide all necessary information to investigators.
- f. Police will establish an onsite Incident Command location. The charge nurse and/or hospital administrator will report to assist with guidance and information.
- g. The perpetrator may now be injured and need to be treated and cared for the same as any other patient.

E. Hospital Emergency Operations Center (EOC)

- a. The hospital incident command plan will be followed; a unified command response will be initiated.
- b. Crisis intervention for staff and patients will be initiated by the hospital emergency operations center or administrator when indicated.
- c. **All** media releases will come from the PIO/EOC (administrator or police).
- d. When the situation is secure, per law enforcement instruction, an "all clear" will be paged and also sent per Blackboard Connect. All employees should check in with his or her supervisor to ensure all are accounted for.

F. Continuity of Operations and Recovery:

- a. Identify and fill any critical personnel gaps left in the organization due to the event or response.
- b. Return evacuated patients to their rooms/beds as directed by police, or arrange transfer to another facility.
- c. Reschedule any postponed appointments, procedures.
- d. Repair structural damages.
- e. Consider impact on facility as a crime scene.
- f. Fill out After Action Report and follow up with debriefing discussion for all staff, scheduled by administration.

G. Hospital Emergency Operations Center (EOC)

- a. The hospital IC plan will be followed; a unified command response will be started.
- b. All media releases will come from the EOC. (PIO)
- c. Crisis intervention for staff and patients will be initiated by the hospital EOC.
- d. When the situation is secure, all clear will be announced.