



# MINISTRY HEALTH CARE

## ENTERPRISE POLICY

### TITLE: ACTIVE SHOOTER POLICY

<p><b>Original Effective Date:</b> July 1, 2013  <b>Effective Date of Current Revision:</b> N/A  <b>Review/Revision Date(s):</b> N/A  <b>Scope:</b> Ministry Health Care and all Wholly Owned Ministry Health Care Organizations</p>	<p><b>Policy Number:</b> RM-24</p>
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Defined terms are “**Capitalized.**” Definitions are imbedded in or included at the end of the Policy.

#### Policy Statement/s:

1. It is the policy of Ministry Health Care to provide a safe and secure environment for all employees, patients and visitors in the event of a person or persons taking a hostage during an incident, or someone actively firing a weapon.
2. The scope of this policy is to provide all Ministry Health Care staff response information to address an active shooter or hostage situation. Each entity will maintain a procedure to meet the intent of this policy.
3. The Corporate Risk Management Committee is accountable to ensure each entity has procedures in place that addresses action points in this policy.

#### Mitigation Activities:

1. Each entity should authorize a committee to oversee the development, implementation and effectiveness of the Active Shooter Policy and local procedures. Examples of a current committee that may be utilized to oversee the program include, but are not limited to, Safety Committee, Emergency Management Committee or Risk Management Committee.
2. Each entity should complete a Risk Assessment for an Active Shooter event. The risk assessment at a minimum should cover:
  - a. Community review for potential threats, response, and preparedness
    - i. Social and Economic community challenges
      1. Crime rates (domestic violence, gang activity, alcohol/drug use)
      2. Large institutional community presence (Schools, government buildings, festivals, activist groups)
      3. History of violence in facility both employee and patient

- ii. Community Preparedness
  - 1. Plans in place by first responders
  - 2. Training activities, after action reports
  - 3. Integration of roles between responding agencies.
- b. Review of facility for unique characteristics that may hamper or aid response.
  - i. Type of patients/clients served
  - ii. Security functions of building
    - 1. Guard Service
    - 2. Panic Alarms
    - 3. Automatic Lockdown
    - 4. Surveillance system
    - 5. Area/department lockdown capabilities
- c. Review of current policy, training and awareness of staff to identify and respond to an event.
  - i. Standardization of Alert announcements through Ministry Facilities
  - ii. After Action Report for actual events and/or drills
  - iii. Policies in place for Security Alert Events
    - 1. Deescalating events prior to becoming an issue
    - 2. HR process for reporting and dealing with employee related issues
- d. Active shooter events should be included on the entities Hazardous Vulnerability Analysis (HVA) and reviewed annually.

**Preparedness:**

- 1. Each entity shall develop a site specific response and recovery procedure based upon the guidance provided in the Active Shooter Policy and information obtain through the risk assessment.
  - a. Entities with multiple locations may utilize a single plan as long as site specific information is provided within the plan for elements that are not standardized.
  - b. Active Shooter procedures may be incorporated in other security alert policy and procedures as long as all required elements are addressed.
- 2. Response and recovery procedure need to cover the following items
  - a. Activation of plan
  - b. Staff responsibilities including patient and visitor management
  - c. Communication of the event to employees, occupants, and public
  - d. Steps to recovery
- 3. Incident Command Structure should be utilized to respond to an active shooter event.
- 4. Staff education and training should be completed to address opportunities identified in the risk assessment or by Ministry Health Care including:
  - a. Staff recognition of potential threats

- b. Roles and responsibilities
- c. Survival Techniques
- d. Recovery process

**Response:**

1. During an Active Shooter event, it is imperative that all occupants of the building are aware of what is occurring so that they may take the appropriate steps for self-preservation. Procedures should identify the role of staff at the scene of the event and the role for departments away from the scene.
2. Notification- Each entities procedure shall identify how notification occurs. Dependent on location, this may be through a local switchboard, centralized switchboard, security, ED, receptionist, or charge nurse. Items to be address include:
  - a. How the plan is activated and by who
  - b. Who is responsible to page or overhead announce the information
  - c. Who contacts the following
    - i. Local law enforcement
    - ii. Administration
    - iii. Incident Command
    - iv. Security (if applicable)
    - v. Others as identified by local administration or policy
  - d. Clear text/plain language should be used for all internal and external communication.
    - i. Internal Example “Attention Please, Security Alert: Person with a weapon (location), take safety measures immediately”
    - ii. External Example phone call to 911 “This is Ministry Hospital, we have a person with a gun with shots fired.”
    - iii. Overhead announce when law enforcement enter the building. Example: “Law enforcement has entered the facility, follow their directions.”
3. Each entity shall identify the responsibilities of staff in responding to an event. Most active shooter events last between 10 to 15 minutes. Employee response plays a key to limit casualties. Patients and visitors are likely to follow the lead of employees and management during an event.
  - a. Escape
    - i. With the notification of the event, staff should coordinate and evacuate the area (in inpatient units, escape may not be possible for all patients)
      1. Departments and employee should have two escape routes pre identified.
      2. If gun shots are heard, move away from the sound
      3. Evacuate as far away from the building as possible or follow police instructions. Law enforcement does not know if you are a victim or perpetrator.

4. Keeps hands visible and do not make sudden moves
  5. Keep calm and follow their directions
- b. Hide out
- i. When escape is not possible, the next step is to hide out and put as many barriers between you and the shooter
    1. Secure the area as best as possible by locking access doors to departments.
    2. Choose a room to hide out in
      - a. Rooms should have locking doors that swing into the room.
      - b. Rooms that are good choices are
        - i. Constructed out of concrete, lead or has large objects to hide behind
        - ii. Corner rooms
    3. Barricade door with furniture
    4. Lay on the ground behind heavy objects. Avoid being right in front of the door.
  - ii. Turn off anything that will make a noise that would key the shooter into that room. Items to include cell phones, pagers, and watch alarms.
  - iii. Keep quiet, do not talk with others in the room and try not to make any noise.
  - iv. Do not allow anyone in or out of the room. Wait for law enforcement to clear the building and come to you; this may take a while. Listen to overhead announcements
  - v. Inpatient units are typically not designed to be secured. When it is not possible to evacuate a patient due to medical reasons, the patient and a staff member should attempt to barricade themselves within the patient room. Nursing should work with facilities on way to barricade the room. For example, rooms with a push paddle may have a wedge made that can be inserted between the paddle and the door to limit it from being pushed open. Any option should be discussed and reviewed with a risk assessment prior to being used.
- c. Take Action
- i. The last course of event, incase escape and hiding out are not an option, is to take action against the shooter. This is best alternative when shooter is at close range.
    1. Attempt to disrupt and/or incapacitate the shooter.
    2. Act as aggressively as possible against them
    3. Throw items and improvise weapons such as a fire extinguisher or office chair
    4. Yell during your attempt as noise can distract the shooter or confuse them
    5. Commit to your plan.

4. Communication is needed throughout the event to help individuals in harm's way to determine the best response strategy. Each entity shall identify in their procedure how communication is handled.
  - a. Certain information is best provided overhead as it can be a tactical advantage
    - i. Information such as current location of shooter can help individuals determine if it is safe to escape or if they need to hide.
    - ii. The arrival of law enforcement on scene. Recent reports suggest that a shooter knowing law enforcement is there is more likely to flee or take their own life.
  - b. Other forms of communication may be used to provide more detail information to staff. Procedure should spell out what device or method is used and when it should be used. As an example broadcasting number of casualties may have a negative effect on staff hiding out.
  - c. Communication with media is limited to the Public Information Officer (PIO) as identified in the entities Emergency Operations Plan. This is to insure we are not violating patient confidentiality and accurate information is being disseminated. All request for information or interviews should be referred to the PIO.
  - d. Employees are not permitted to disseminate information on the event through any form of social media including, but not limited to Facebook, twitter, news blogs, or media sites.

#### **Recovery Phase:**

Active shooter events can have an emotional and physical effect on all that are involved. Each entity needs to identify in their procedure how they will address the following items.

1. End of the event. Staff needs to be made aware that the all clear has occurred. This needs to be a joint decision between the Incident Command and Law Enforcement. Topics needing to be addressed by policy including but are not limited to:
  - a. Overhead notification
  - b. Accounting for whereabouts and condition of all staff, patients, and visitors.
2. Debriefing. Procedure should identify process to conduct staff debriefing. They may be done through internal resources such as Spiritual Services, Mental Health Staff and EAP. If internal resources are not available, procedure should identify outside resource to conduct debriefing activities.
3. Incident Review – Local procedures should indicate that all events whether they are a drill, real, or false are required to be reviewed through the Emergency Management review process with completion of an After Action Report.

**Related Policies/Position Statements /Other Documents:** N/A

**Definitions:**

**Active Shooter:** Is an individual or persons actively engaging 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. 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 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

**Hostage Situation:** Is defined as a person being held by force by one or more individuals in a conflict with security until specific terms are met.

**Distribution:** Ministry Health Care and all wholly owned Ministry organizations, except Agape. Agape Community Center will be provided notification of and access to all Ministry Administrative Guidance and will determine applicability and the need to implement.

**Values:** This Policy has been reviewed for support of the Ministry Health Care Values.

**Key Words:** Shooter, Weapon, Hostage

**Applicable Standards:** N/A

**Applicable Federal/State Regulations:** N/A

**For More Information Contact:** Facility Risk Manager

**Responsible Senior Leader:** Director of Risk Management

**Consulted With:** Lori Henley, Vice President Legal Svcs & Assc General Counsel

**Notice:**

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