Active Shooters in the Hospital Setting

Code Silver

Presented by
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Objectives

- Define active shooter and Code Silver
- Profile of an Active Shooter
- Recognize potential workplace violence indicators
- Inherent Hospital Risk Factors
- Discuss Johns Hopkins Study and Statistics
- The Joint Commission standards
- Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans
- Ethical challenges

The Active Shooter Defined

An "Active Shooter" is an individual engaged in killing or attempting to kill people in a confined and populated area, in most cases, active shooters use firearms

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Active Shooter Event

- Highly dynamic, rapidly evolving
- Staff and public have the potential to affect the outcome of the event based on their responses. (FBI, 2014)
- "Code Silver" term widely used for Hospitals
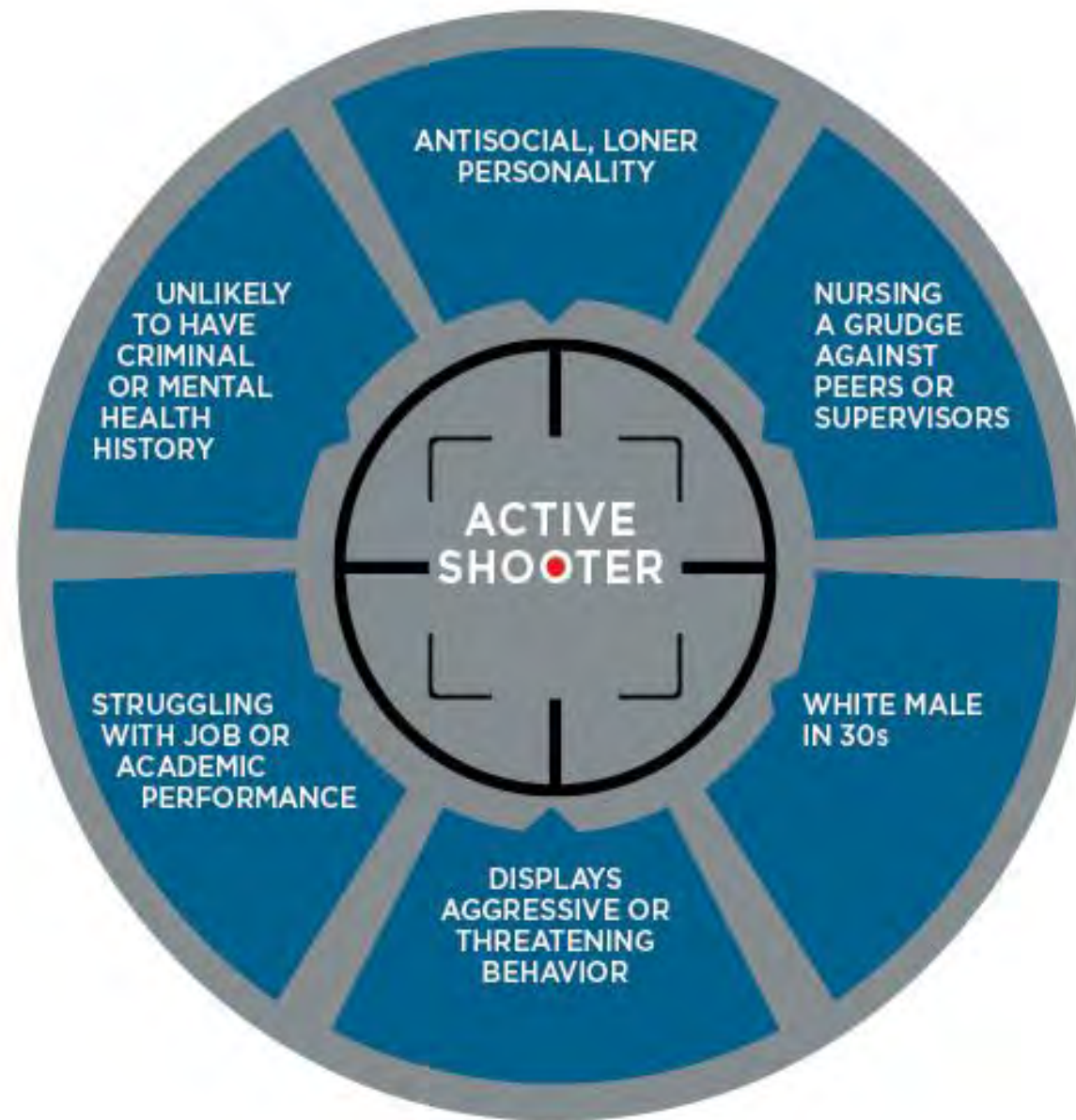
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Code Silver (Weapon / Hostage)
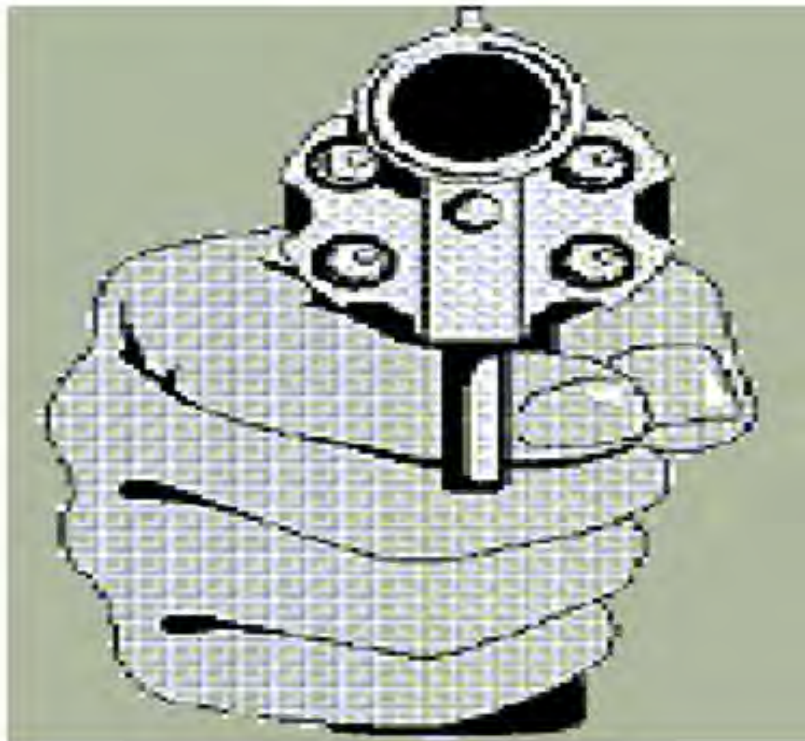
- A weapon is defined as any firearm, knife, or instrument that can cause bodily harm or injury

- If a person is found (or suspected) of having a weapon, call emergency number immediately

- If someone is being held hostage call emergency number immediately.

- Seek cover and warn others of the situation

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Profile of an Active Shooter

ACTIVE SHOOTER

- ANTISOCIAL, LONER PERSONALITY
- NURSING A GRUDGE AGAINST PEERS OR SUPERVISORS
- WHITE MALE IN 30s
- DISPLAYS AGGRESSIVE OR THREATENING BEHAVIOR
- STRUGGLING WITH JOB OR ACADEMIC PERFORMANCE
- UNLIKELY TO HAVE CRIMINAL OR MENTAL HEALTH HISTORY

http://www.buildings.com/Portals/1/images/Magazines/2014/0314/B_0314_HardenBuilding1.jpg

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RECOGNIZING POTENTIAL WORKPLACE VIOLENCE
Indicators of Potential Violence by an Employee

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism; vague physical complaints
- Noticeable decrease in attention to appearance and hygiene
- Depression / withdrawal
- Resistance and overreaction to changes in policy and procedures
- Repeated violations of company policies
- Increased severe mood swings
- Noticeably unstable, emotional responses
- Explosive outbursts of anger or rage without provocation

- Suicidal; comments about "putting things in order"
- Behavior which is suspect of paranoia, ("everybody is against me")
- Increasingly talks of problems at home
- Escalation of domestic problems into the workplace; severe financial problems
- Talk of previous incidents of violence
- Empathy with individuals committing violence
- Increase in unsolicited comments about firearms, other dangerous weapons and violent crimes

Source: DHS Active Shooter Booklet

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Inherent Hospital Risk Factors

- Increasing number of acute and chronically mentally ill patients being released without f/u care
- The availability of drugs or money in hospital or clinic
- Public Building-unrestricted movement in most areas
- Presence of Street gangs in some locations
- Trauma patients are many times victims of violence
- Distraught family members
- Domestic disputes which may spill into the work environment
- Low staffing levels during periods of increased activity
- Isolated work with clients
- Remote locations
- Lack of staff training in recognizing and managing escalating hostile and assaultive behavior

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" Chaos, panic and fear can only be minimized - never eliminated - when it is preceded by preparation and planning. "

Capt. George Deuchar, Law Enforcement Training Consultant

Johns Hopkins Hospital

Annals *of* Emergency Medicine
An International Journal

Hospital-Based Shootings in the United States: 2000 to 2011

Gabor D. Kelen, MD, Christina L. Catlett, MD, Joshua G. Kubit, MD, Yu-Hsiang Hsieh, PhD

From the Johns Hopkins Office of Critical Event Preparedness and Response, Johns Hopkins Institutions, Baltimore, MD (Kelen, Catlett); the National Center for the Study of Preparedness and Catastrophic Event Response, Johns Hopkins University, Baltimore, MD (Kelen, Catlett, Hsieh); and the Department of Emergency Medicine, Johns Hopkins University School of Medicine, Baltimore, MD (Kelen, Catlett, Kubit, Hsieh).

Study objective: Workplace violence in health care settings is a frequent occurrence. Emergency departments (EDs) are considered particularly vulnerable. Gunfire in hospitals is of particular concern; however, information about such workplace violence is limited. Therefore, we characterize US hospital-based shootings from 2000 to 2011.

Methods: Using LexisNexis, Google, Netscape, PubMed, and ScienceDirect, we searched reports for acute care hospital shooting events in the United States for 2000 through 2011. All hospital-based shootings with at least 1 injured victim were analyzed.

Results: Of 9,360 search "hits," 154 hospital-related shootings were identified, 91 (59%) inside the hospital and 63 (41%) outside on hospital grounds. Shootings occurred in 40 states, with 235 injured or dead victims. Perpetrators were overwhelmingly men (91%) but represented all adult age groups. The ED environs were the most common site (29%), followed by the parking lot (23%) and patient rooms (19%). Most events involved a determined shooter with a strong motive as defined by grudge (27%), suicide (21%), "euthanizing" an ill relative (14%), and prisoner escape (11%). Ambient society violence (9%) and mentally unstable patients (4%) were comparatively infrequent. The most common victim was the perpetrator (45%). Hospital employees composed 20% of victims; physician (3%) and nurse (5%) victims were relatively infrequent. Event characteristics that distinguished the ED from other sites included younger perpetrator, more likely in custody, and unlikely to have a personal relationship with the victim (ill relative, grudge, coworker). In 23% of shootings within the ED, the weapon was a security officer's gun taken by the perpetrator. Case fatality inside the hospital was much lower in the ED setting (19%) than other sites (73%).

Conclusion: Although it is likely that not every hospital-based shooting was identified, such events are relatively rare compared with other forms of workplace violence. The unpredictable nature of this type of event represents a significant challenge to hospital security and effective deterrence practices because most perpetrators proved determined and a significant number of shootings occur outside the hospital building. [Ann Emerg Med. 2012; xx:xxx.]

Please see page XX for the Editor's Capsule Summary of this article.

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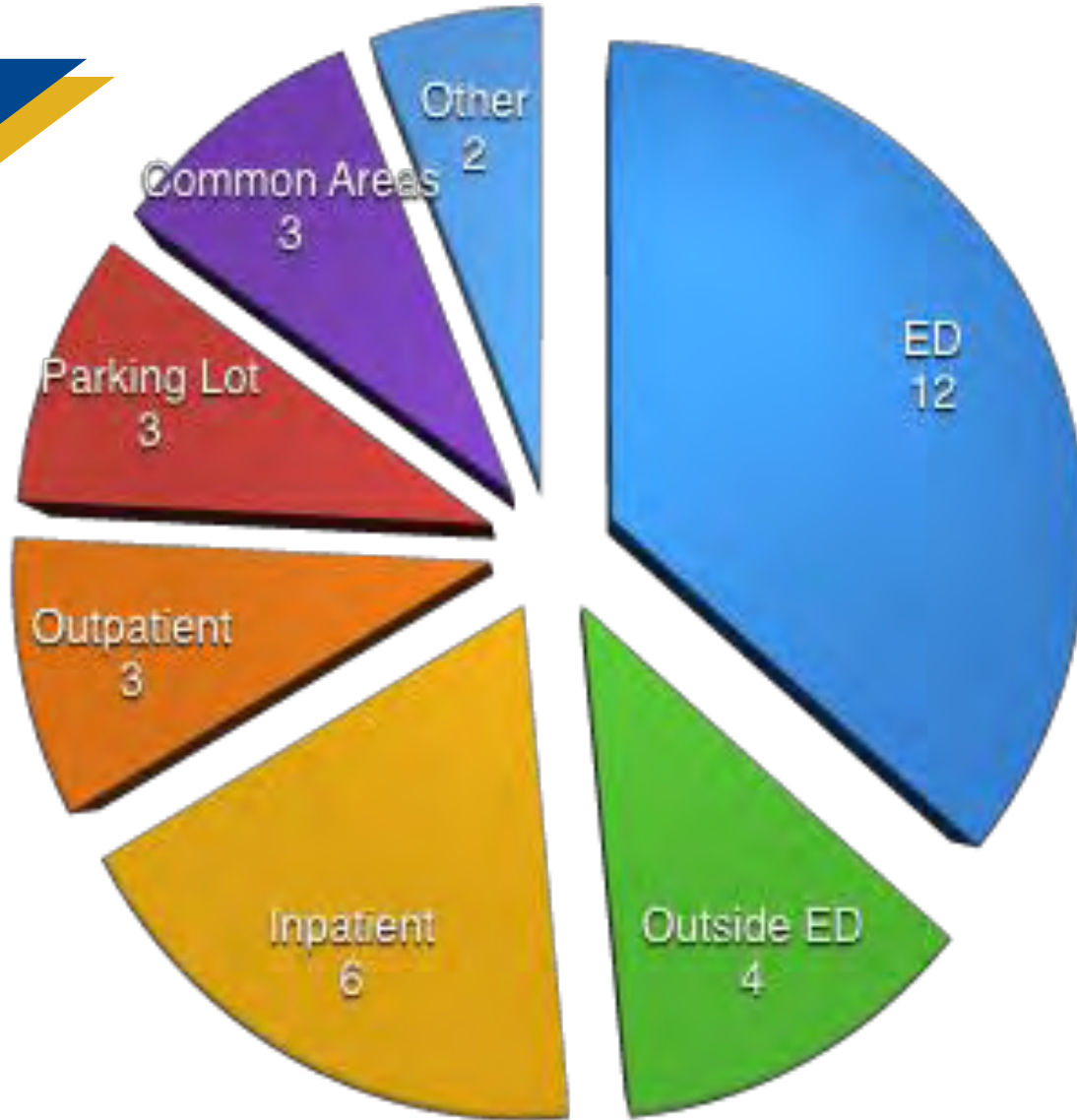
Location of Incidents at the Hospital/Healthcare Facility:
The locations of incidents at the hospital varied, but the majority of incidents occurred in the **Emergency Department** treatment area, waiting areas, or immediately outside the ED, followed by inpatient areas.

http://www.thesecurehospital.com

The Joint Commission Accreditation Standards

- Emergency Management
- Environment of Care
- Human Resources
- Leadership
- Provision of Care
- Performance Improvement

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QuickSafety

An advisory on safety & quality issues

The Joint Commission.

Preparing for active shooter situations

Since January 2010, The Joint Commission has received reports of :
19 shootings that resulted in more than 27 deaths.

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The Joint Commission and Emergency Management

Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans

Four phases of emergency management:
- Mitigation
- Preparedness
- Response
- Recovery

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Emergency Operations Plan

https://www.fema.gov/national-preparedness-cycle

Run   Hide   Fight

http://www.brighamandwomens.org/publicaffairs/Images/Bulletin2013/ActiveShooterScreenGrab.jpg

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Ethical Challenges

- 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 patients with respect and dignity, regardless of the level of care that can continue to be provided 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

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Capt. George Deuchar, Law Enforcement Training Consultant

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QUESTIONS

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- **Profile of an Active Shooter** What kind of person commits mass homicide in the workplace? Jennie Morton http://www.buildings.com/Portals/1/images/Magazines/2014/0314/B_0314_HardenBuilding1.jpg 02/25/2014

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