



Workplace Violence and Healthcare Active Shooter Response

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Watch and Learn

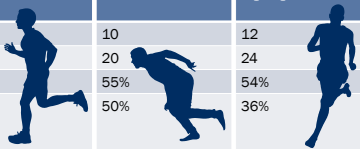


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Watch and Learn

	Straight Line	Crouch	Zig Zag
# Trials	12	10	12
# Shots Fired	21	20	24
% Hits	52%	55%	54%
% Center Mass or head hits (out of total shots fired)	47%	50%	36%

The runners were moving so fast that in three of the test runs (25%), the shooters were unable to fire a second round



Running in a zig zag pattern did NOT reduce the percentage of hits. It did however, reduce the chance that the runner will get hit in the torso or head.

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Objectives

- Define healthcare workplace violence
- Review healthcare workplace violence statistics
- Discuss the use of threat assessment teams
- Review healthcare active shooter response
- Discuss implementation strategies

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Who is Medxcel FM?

Practicing an integrated model to best serve large healthcare systems



- Facility Operations**
- Regulatory Compliance**
 - Three phase approach to compliance assurance
 - Compliant facilities means safe facilities
- Emergency Management & Safety**
 - Local, regional and national support teams
 - Business plan continuity
- Environment of Care**
 - Baseline assessment, review of your data and a plan of action.
 - Security, hazardous materials, fire safety, medical equipment and utility systems

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Ascension Health Clinical Perspective


STATISTICS

Approximately 20% of Catholic Health Services in the U.S.

Number of Births	>84k
ED Visits	>3M
Outpatient Visits	>23M
Surgical Visits - Outpatient	>400k
Equivalent Discharges	>1.5M

2,500 Sites of Care:
141 Hospitals
24 States and the District of Columbia
150k Associates
40k Affiliated Physicians
More than **22k** Available Beds



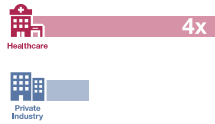
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Healthcare Workplace Violence

Definition:

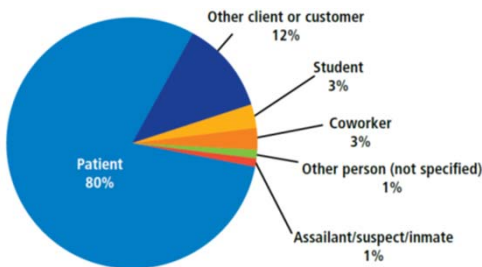
Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.

From 2002 to 2013, incidents of **serious** workplace violence were four times more common in healthcare than in private industry on average.



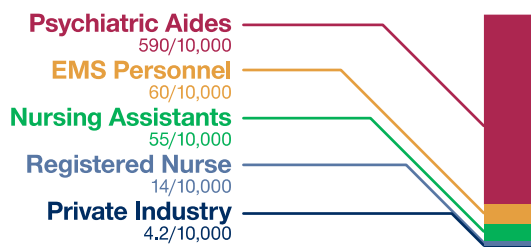
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Sources of Serious Workplace Violence



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Who's Receiving the Serious Violence



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Bullying is Workplace Violence Too

August 12th, 2012
Hospital u



bullying

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Bullying

Definition:
Workplace bullying is repeated, unreasonable behavior directed towards a worker or group of workers, that creates a risk to health and safety.

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Threat Assessment Teams

What they do


- Address concerns about threatening or potentially threatening behavior that could result in violence.
- Formal training
- Patients and family members, visitors, staff, or other persons brought to the attention of the team


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Threat Assessment Teams

Who they are


- Healthcare facility administrators
- Counselors
- Current employees
- Medical and behavioral health professionals
- Residential life
- Public safety
- Law enforcement personnel



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Types of Workplace Violence Perpetrators


- **Type 1:** No relationship to workplace
- **Type 2:** Customers or clients
- **Type 3:** Employment relationship (current or former)
- **Type 4:** Relationship with employee

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10 Steps of Violence Reduction

1 Establish Crisis Management Team	2 Planning and Team Training	3 Violence Vulnerability Assessment	4 Policy, Procedures, and Protocols	5 Professional Threat Assessment
6 Training and Communication for Staff	7 Organizational Collaboration	8 Incident Response (timely)	9 Evaluate Efficiency	10 Sustain Process

#ASHEAnnual


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Escalation Process

Inappropriate Violent Behavior

STAGE 1 >

- Objectifying and dehumanizing others
- Challenging authority
- Regularly becoming argumentative
- Alienating customers or clients
- Originating and spreading lies about others
- Verbal abuse
- Suicidal thoughts
- Angry outbursts/ signs of frustration

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Escalation Process

Inappropriate Violent Behavior

STAGE 2 >

- Arguing frequently or intensely
- Blatantly ignoring policies/procedures
- Setting traps for others
- Stealing/vandalism
- Suicidal threats/intent to harm others
- Conveying unwanted sexual attention/violence by voice, email, letter
- Holding others responsible for others/feeling persecuted


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Escalation Process

Inappropriate Violent Behavior

STAGE 3 >

- Hands on violence
- Very dangerous, clear intent to hurt
- Risk of psychological harm
- Requires law enforcement or mental health intervention

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Interventions

STAGE 1 or **STAGE 2** | **STAGE 3**

Diffusing

- If employee, immediate manager or supervisor
- Record incident
- Notify chain of command

Call for Help

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Active Shooter in Healthcare

Active Shooter:
Actively engaged in killing or attempting to kill people in a populated area.

Mass Killing:
Three or more killed.

Active Shooter is **not**:

- Person with a gun
- Hostage situation
- Murder or murder/suicide

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Healthcare Active Shooter Statistics

- 6 incidents between 2000-2017




- It's not part of a bundle

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Healthcare Active Shooter

- Learn the signs of a potentially volatile situation and ways to prevent an incident.
- Learn the best steps for survival when faced with an *active shooter* situation.
- Be prepared to work with law enforcement during the response.

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Other Events

Case Report

Spontaneous Discharge of a Firearm in an MR Imaging Environment

Anton Oscar Bellia¹, Steven P Meyers¹, Emanuel Kanal², William Barzell³


An incident recently occurred at an outpatient imaging center in western New York State, in which a firearm spontaneously discharged in a 1.5-T MR imaging environment with active shielding. To our knowledge, this is the first documented case of such an occurrence. The incident occurred in that room, which it would be safe. However, the shielded entry mechanism did not lock the gun into the MR suite. The technician was not aware of the incident until the patient officer's personal data was the only one that was lost entering the MR suite.

Gunman 'disarmed' by MRI machine at hospital

Police officer has service gun wrenched from his hand by MRI machine while responding to burglary in medical center

NEW DELHI: The patient's personal security officer was not aware of the incident until the patient officer's personal data was the only one that was lost entering the MR suite. In an incident that neither the gunman nor the doctor will forget, the MRI machine reportedly sucked out his.

MRI machines that are used to visualize the internal structure of the body using magnetic fields, thousands of times stronger than the earth's, can pull metal objects out of the room.

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Active Shooter in a Healthcare Setting

- What is a healthcare setting?
 - Hospital (teaching, critical access)
 - Clinic
 - Physician practice
 - Medical school
 - Free standing MRI
 - Oncology clinic
 - Ambulatory surgery center
 - Long term care

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Commonality

- Vulnerable population
- Hazardous materials
- Openness
- Visitors
- “Duty to Act” and “Abandonment” concerns
- Ability to provide care



Active Shooter Planning and Response in a Healthcare Setting



- Updated guidance released February 2017
- Additional content includes
 - Warm zone operations
 - Updated law enforcement tactics
 - IED's
 - Unified command
 - PSYStart triage
 - Quick guide
 - Workplace violence




Sandy Hook Elementary School

- December 14, 2012
- 20 Children, six adults killed
- Perpetrator also killed mother and himself
- Shot through glass panel in door to enter
- 16 killed hiding in bathroom
- 6 killed hiding in classroom, 9 fled and survived
- 15 survived hiding in class bathroom with window covered
- Others survived in barricaded closet




Run, Hide, Fight



- People tend to make a choice of run or hide, and stick with it

RUN

- During the process of running, you may need to hide and fight, but keep running

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The Elephant in the Room

- Is running abandonment?
- Is there an ethical or moral obligation to stay?
- Can you require someone NOT to run?
- Helpless patients
 - Operating room
 - Ventilators
 - Non-ambulatory



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What we Know

- Golden Rule:
Less People in Hot Zone = Less Victims
- Healthcare facilities can be large
 - Multiple buildings
 - Multiple floors/wings
 - Educational campus
- Response depends on where it is occurring
- Run, hide, fight are un-numbered options
- Situations are fluid

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What we Think

- Training will decrease deaths
- Individual facilities will make a plan appropriate for them
- Pre-planning how to “barricade” at the unit level will decrease deaths
- As shooter moves, response will change
- Self preservation is a personal issue
- People do heroic things, but not by policy



Communication

- Panic
 - Research shows warnings do not induce panic
 - People need accurate information and clear instructions
- Codes vs. Plain Language
- Communication barriers (multi-lingual, hearing impaired, learning disabled)



No Weapons
 No se permiten armas
 Lama Ogala Hubka
 Ножение оружия запрещено
 Armes interdites
 禁止携带武器
 禁止攜帶武器
 武器所持禁止
 무기 금지
 Không được mang vũ khí
 ممنوع حمل الأسلحة

<https://healthinfotranslations.org>



Working with First Responders

- Share plan with responders
- Consider pre-placed maps and access badges
- Exercises
- Equipment cache location
- Integrating into the care/security teams
- Transport or treat at the facility decisions
- Integrated command post
- Warm zone operations
- Casualty collection points
- Hemorrhage control



In the Beginning

- A survey conducted in 2008 showed only six hospitals had an active shooter policy
- A team was formed to develop a model active shooter and hostage policy
- Policy was not mandatory
- Placed on SharePoint site
- By 2009
 - 16 hospitals had adopted the policy
 - 4 held active shooter exercises
- But we still had this:
 - "Under no circumstances are staff, patients and visitors to flee from the area or leave the facility unless instructed to do so by law enforcement officers or to protect themselves from imminent physical dangers."



Then

- Aurora Colorado Shooting: July 20, 2012
- Sandy Hook Elementary School Shooting: December 14, 2012




January 2013

- Executive Team Meeting
 - Need for a standardized policy
 - Incentives
 - Verification of implementation
 - Leadership Responsibility
 - Company-wide; both clinical and non-clinical sites
- 90 Days to Implement
 - Adopt Policy
 - Training for all Staff
 - Facility Executive to Sign Attestation
 - Policy and Attestation posted to facility SharePoint page



The Plan

- 90 Days to Implement
 - Adopt Policy
 - Training for all Staff
 - Facility Executive to Sign Attestation
 - Policy and Attestation posted to facility Code Ready page

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Maintaining the Program


It's great to implement a plan, but tougher to maintain it




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Leadership

- By failing to prepare, you are preparing to fail.
 - Benjamin Franklin
- We are all born ignorant, but one must work hard to remain stupid.
 - Benjamin Franklin



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Questions

Thank you for all you do in keeping our communities safe!

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