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.

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 zigzag 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.
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

Who is Medxcel FM?

- Practicing an integrated model to best serve large healthcare systems
- 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

Ascension Health Clinical Perspective

STATISTICS

- Number of Births: 166k
- Bed Days: 18k
- Occupant Days: 16kM
- Surgical Volumes: 140k
- Equivalent Discharges: 1.5M
- 3,900 Sites of Care
- 145 Locations
- 24 States and the District of Columbia
- 15k Associates
- 45k Affiliated Physicians
- More than 22k Variable Beds
From 2002 to 2013, incidents of serious workplace violence were four times more common in healthcare than in private industry on average.

Healthcare Workplace Violence
Definition:
Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.

Sources of Serious Workplace Violence

Who’s Receiving the Serious Violence
Bullying is Workplace Violence Too

Bullying

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

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
Threat Assessment Teams

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

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

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 (Policy)
9. Evaluate Efficiency
10. Sustain Process
**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

**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

**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
### Interventions

**Stage 1**: Diffusing
- If employee, immediate manager or supervisor
- Record incident
- Notify chain of command

**Stage 2**: Call for Help

### 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

### Healthcare Active Shooter Statistics

- 6 incidents between 2000-2017
- It’s not part of a bundle
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.

Other Events

**Case Report**

Spontaneous Discharge of a Firearm in an MR Imaging Environment

A 27-year-old presented to an emergency department with complaints of headache, nausea, and vomiting. He was found to have a gun in his hand and was denied access to the MR machine. He was then transported to the hospital, where he was found to have sustained a gunshot wound to the head. The injury was fatal.

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
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

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

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
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 (multilingual, hearing impaired, learning disabled)

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

Maintaining the Program

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

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

HOPE IS NOT A PLAN
Questions
Thank you for all you do in keeping our communities safe!

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