

Prepare Today, Stay Safe Tomorrow

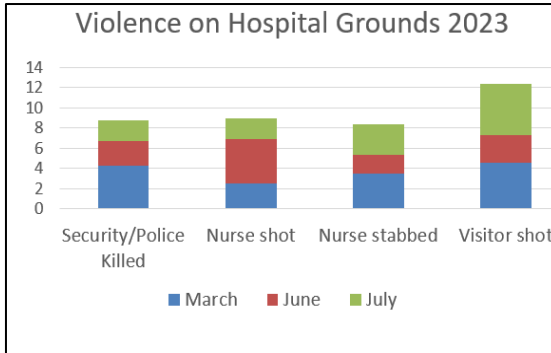
Evolution of the Active Shooter/ Active Threat Training and Exercise Program

Erik Angle RN, MICN, MEP, NHDP
Jered Johnsen RN, BSN, MHA
Gary Gates RN, DNP, MS, CNML



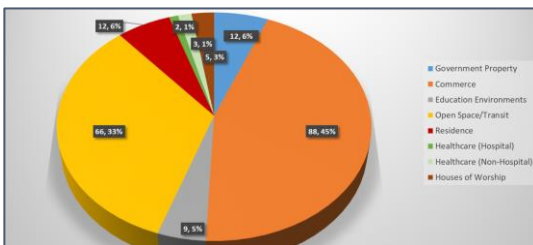
Background/Significance

Violence and active threats are issues that Hospitals, EMS, and Healthcare across our nation need to address. Some examples from 2023 include:



The **“it will never happen here”** mentality was a significant barrier faced. When it did happen on the campus and in our community, that was very eye opening to personnel. Interest that was very much initially lacking in the subject of preparedness became a subject of significant interest.

Preparing for these types of incidents can be a challenge but not preparing can be devastating. Active threats can involve more than just Active Shooters with firearms. Threats can include guns, knives or even explosives. Healthcare must plan and prepare for the worst-case scenario.



Introduction

After several incidences including a shooting on campus, shots fired at a hospital in our area, a high-profile murder, and a general increase in weapons, it was determined that Active Shooter/Active Threat Disaster Exercises should occur on a quarterly basis. A training program was designed for these threat responses. The main objectives to this were:

- Provide education related to Active Shooter/Active Threat response on campus and in the community.
- Provide emergency Stop the Bleed Training available to all personnel and the community and community partners.
- Design and provide departmental “min-drills” related to Active Shooter/Active Threat response to be utilized during Environment of Care Rounding.
- Design and provide Tabletop Exercise (TTX) for Active Shooter/Active Threat response.
- Design and provide Quarterly Operations –Based Exercise (i.e., Functional or Full-Scale) for Active Shooter/Active Threat response.
- Use the findings to upgrade Active Shooter/Active threat response for facility personnel and volunteers and expand beyond a policy just stating “Run, Hide and Fight”.
- Provide the ability for staff to practice Active Shooter/Active Threat Response and become more comfortable with response and get the actions into “muscle memory”.

Interventions

- Formed a multidisciplinary team including Medical Staffing, Administration, Nursing Leadership, Department of Protective Services, Emergency Management and key community partners of local law enforcement, EMS Agency and Public Health.
- Emergency Preparedness partnered with a Nursing Leadership champion to spark and garner more interest in the subject of training and exercises.

Interventions cont.

- This broadened the training and exercise participation level significantly.
- Hold departmental “mini-drills” with departmental personnel between 2-3 months ahead of the first exercise.
- Held in-person training courses based on newest information and best practices the Emergency Preparedness Program, additional courses from the Federal Bureau of Investigation (FBI), local law enforcement, and national consortium training from the Academy of Counter-Terrorist Education. Active Shooter/Active Threat drills held on quarterly
- The drills were designed based on the national Homeland Security Exercise Evaluation Program (HSEEP) modified to include Joint Commission standards, CMS Emergency Preparedness Rule requirements, Hospital Preparedness Program (HPP) requirements and applicable state requirements.
- The quarterly Active Shooter/Active Threat drills routinely tested:
 - ✓ Prevention of assailant to enter facility and/or threat recognition.
 - ✓ Test ability to communicate internally, utilize mass communication notifications to Medical Office Buildings/Urgent Cares on campus and with community-based partners.
 - ✓ Test knowledge and response actions for safety related to an Active Shooter/Active Threat Incident including defend in place, aspects to maintain personal safety as well as patient care other actions such as Run, Hide and Fight and Stop the Bleed.
 - ✓ Test knowledge on use of the Hospital Incident Command System (HICS) roles and responsibilities and utilization of key HICS procedures and forms.



Results

- Personnel are much more comfortable performing potential tasks related to Run, Hide and Fight.
- Personnel are now attending education from Emergency Management and national level courses by National Domestic Preparedness Consortium (NDPC).
- The Active Shooter/Active Threat drills have been requested to spread to other affiliates.
- Ancillary staff more engaged and included in education.
- Mass notification developed and streamlined. Overhead announcements include the location and plain language instructions.
- Successful contact by mass notification improved from 70% to 100% .
- Patients and visitors have complimented the medical center and stated that they feel safer here at the medical center seeing personnel actively engaged and performing actions the drills. responding to Active Shooters/Active Threats.

Conclusions

Active Shooter/Active Threat drills and education have proven to be successful. There have been improvements in subsequent drills. Additionally, personnel felt less distress and more comfortable with emergency responses. Shortly after these drills a real-world incident including a violent felon showed the hospital was able to preform a lock down and other protective measures much more efficiently than the past.

For more Information

