

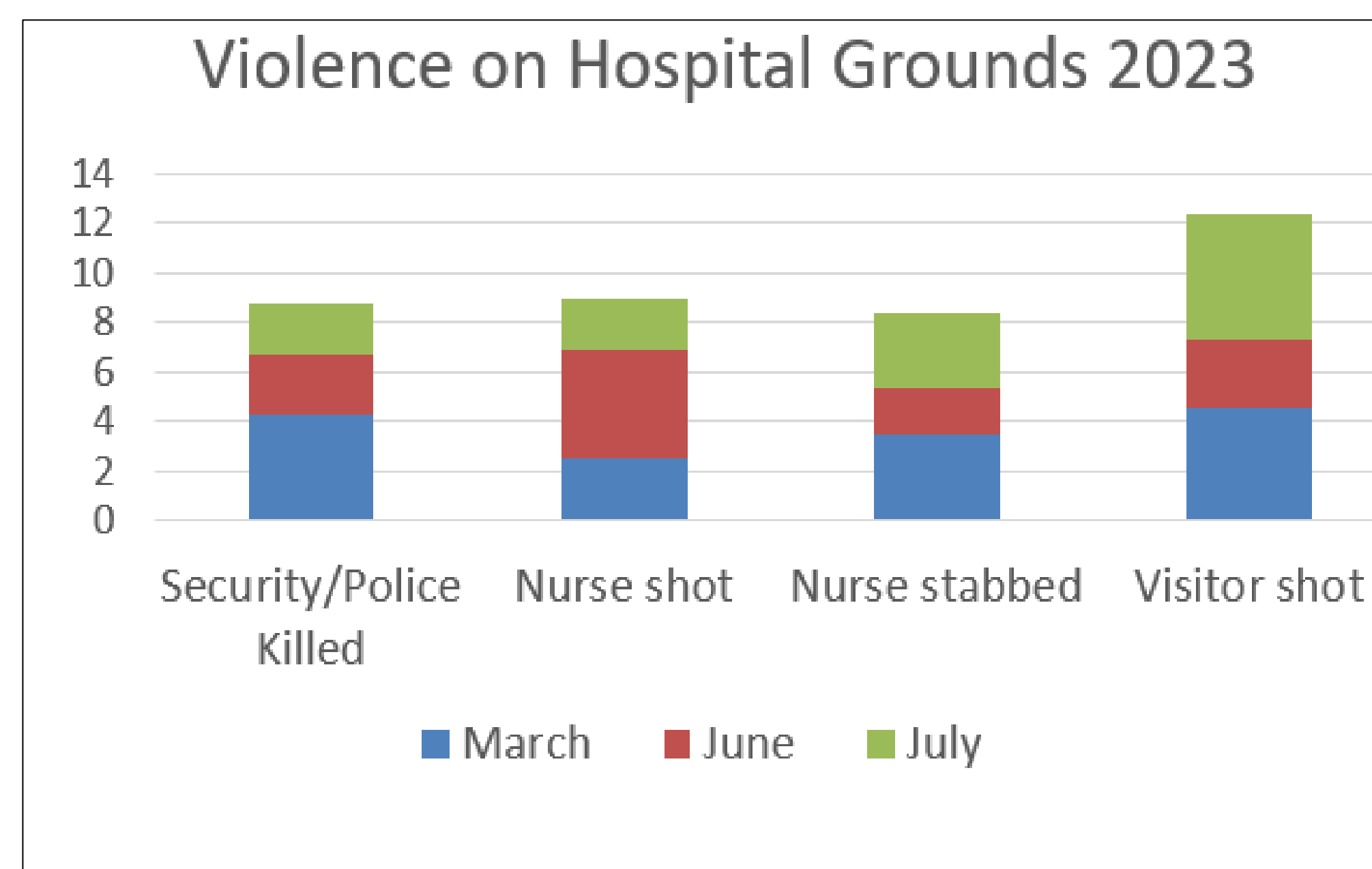


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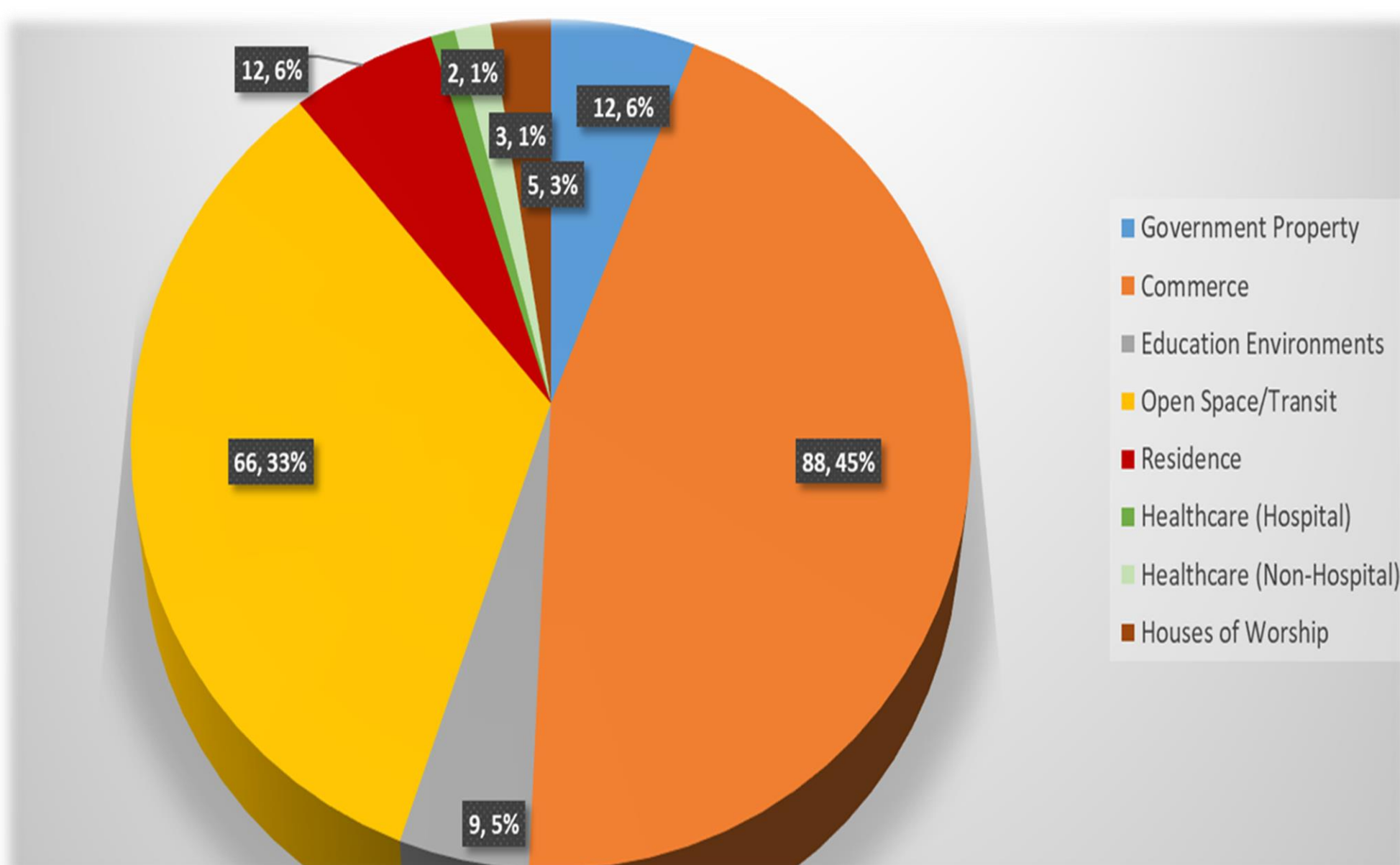
Background/Significance

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 that we faced. When a weapons incident did happen on the campus and in our community, that was very eye-opening to our personnel. There was a renewed focus on preparedness by staff and administration.

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 ultimate workplace violence worst-case scenario.



Introduction

After several incidences, including a shooting on campus, shots fired at a hospital in our area, a high-profile murder in the community, and a general increase in weapons found, 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 included:

- 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, the community, and community partners.
- Design and provide departmental “mini-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 from the exercises to upgrade the Active Shooter/Active threat response for facility personnel and volunteers and expand beyond a policy just stating “Run, Hide, and Fight.”
- Allow staff to practice Active Shooter/Active Threat Response, become more comfortable with the response, and establish the actions as “muscle memory.”

Interventions

Formed a multidisciplinary team that included 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 significantly.
- Hold departmental “mini-drills” with departmental personnel 2-3 months before the first exercise.
- Held in-person training courses based on the newest information and best practices of the Emergency Preparedness Program, additional Federal Bureau of Investigation (FBI) courses, local law enforcement, and national consortium training from the Academy of Counter-Terrorist Education. Active Shooter/Active Threat drills held every quarter
- 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, American College of Surgeons (ACS) requirements, and applicable state requirements.
- The quarterly Active Shooter/Active Threat drills routinely tested:
 - ✓ Prevention of the assailant from entering the facility and/or threat recognition.
 - ✓ Test ability to communicate and utilize mass communication notifications in medical office buildings/urgent care 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, and other actions such as Run, Hide, fight, and Stop the Bleeding.



Results

- Hospital leadership and hospital personnel are much more comfortable performing potential tasks related to Run, Hide, and Fight as well as Stop the Bleed.
- Staff are now attending education events from Emergency Management and national-level courses offered by the 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 messages. 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, seeing personnel actively engaged and performing drills and 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 perform a lockdown and other protective measures much more efficiently than in the past.

For more Information

