

Incident Planning Guide: Active Shooter

Definition

This Incident Planning Guide is intended to address an incident involving an active shooter, defined as an individual actively engaged in killing or attempting to kill people in a confined and populated area. Hospitals may customize this Incident Planning Guide for their specific requirements.

Scenario

A 40-year-old man enters your hospital's main lobby, pulls a shotgun from under his jacket and shoots the lobby security officer. He then shoots a visitor who attempts to close the interior doors to the facility. As this occurs, a hospital volunteer in the main lobby calls 911. An employee hears the noise and walks toward the main lobby to investigate. The shooter fires at the approaching employee, but the employee dives for cover and the shooter misses. The shooter continues into the building, while the employee calls the hospital's main switchboard operator and reports that a man has entered the building shooting at staff and visitors. The operator activates the Active Shooter Plan, notifying facility leadership and security, while making an overhead announcement to notify all staff of the incident in the main lobby area. The shooter proceeds through the hospital into patient care areas, shooting at people indiscriminately. Within ten minutes, law enforcement officers arrive and begin their tactical response. A patrol supervisor has set up their command post outside the hospital, where one of your security officers is acting as a liaison to the hospital's Incident Commander. Law enforcement tactical team finds the shooter dead in a patient care area, with a single gunshot wound to the head, then conducts a building-wide sweep to clear any other potential threats. Several wounded people are known to be within your hospital and at least three others are dead. The emergency department is on diversion and at least one patient care area (where the shooter expired) has been evacuated, is designated as a crime scene, and will not be released to return to normal patient care operations for several hours. Law enforcement remains on scene coordinating interviews and collecting evidence. Fire department and emergency medical services are also on scene. The Hospital Command Center (HCC) turns its attention to recovery: reopening the emergency department, rescheduling appointments and procedures, assessing the impact of canceled deliveries, and providing behavioral support to patients, families, and staff. A media briefing is scheduled in one hour.

Does your Emergency Management Program address the following issues?

Mitigation

1.	Does your hospital address the threat and impact of an active shooter incident in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics?
2.	Does your hospital participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators, and other appropriate public and private organizations, including meetings and conference calls to plan and share status?
3.	Does your hospital have a plan to establish a liaison role with local law enforcement, special weapons and tactics (SWAT) team and the Federal Bureau of Investigation?
4.	Does your hospital have a plan to immediately evacuate patients from nearby areas for protection?
5.	Does your hospital have a way to notify and provide information to staff without causing unnecessary fear?
6.	Does your hospital have a policy to secure the immediate area and the hospital and to restrict entrance or exit of nonessential personnel?
7.	Does your hospital have a staff photo identification badge policy and procedure? Is the policy enforced? Are visiting healthcare providers (residents, students) provided with photo identification?
8.	Does your hospital have a visitor policy that provides visible identification and tracking of all visitors, vendors, and others who may be onsite?
9.	Does your hospital have a mechanism for rapid notification of public relations staff (e.g., Public Information Officer)?
10.	Does your hospital have a media contact policy, including limiting staff speaking to the media without prior approval?
11.	Does your hospital provide regular staff training on managing aggressive behavior?
12.	Does your hospital provide training and reporting procedures that differentiate between an armed suspect, a barricaded suspect, a hostage situation, and an active shooter?
13.	Does your hospital have closed circuit television (CCTV) or video cameras and surveillance recording capabilities (digital or tape) in the hospital and on the campus?

Preparedness

1.	<p>Does your hospital have an Active Shooter Plan that includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The role of local law enforcement in hospital response? <input type="checkbox"/> The hospital's role in the law enforcement response and its integration with the incident command system external to the organization(e.g., the Incident Command Post)? <input type="checkbox"/> Providing training and education to all staff to respond to an active shooter incident? <input type="checkbox"/> A method to rapidly notify staff and visitors of the event? Is there a standardized code that signifies an active shooter incident, and have staff been trained on the notification?
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	<input type="checkbox"/> Response to all areas internal to the hospital as well as external areas? Does it include the surrounding neighborhood? <input type="checkbox"/> Addressing employees who may have an issue with domestic violence or restraining orders? <input type="checkbox"/> Addressing threats against patients, staff, or visitors? <input type="checkbox"/> Coordinating communications and information sharing with law enforcement officials? <input type="checkbox"/> Sharing information obtained from security systems with law enforcement and, if necessary, prosecutorial officials?
2.	Does your hospital exercise the Active Shooter Plan yearly and revise it as needed?
3.	Does your hospital train employees in how to handle difficult clients or patients?
4.	Does your hospital have a clear policy and procedure for reporting violence?
5.	Does your hospital have a process for staff or patients to alert the hospital of any restraining orders or other restrictive court orders?
6.	Does your hospital train the appropriate staff in violence prevention and de-escalation?
7.	Does your hospital have an Evacuation Plan with escape procedures and route assignments (e.g., floor plans, safe areas, reunification sites)?
8.	Does your hospital train security personnel in providing guidance to staff and visitors during an active shooter response?
9.	Does your hospital invite local law enforcement and emergency responders to visit or train at your hospital?
10.	<p>Does your hospital have the capability to control access to the hospital, including:</p> <input type="checkbox"/> Ensuring access for first responders? <input type="checkbox"/> Keeping an extra set of master keys and access cards available for law enforcement? <input type="checkbox"/> Limiting access for additional employees and preventing visitors from entering? <input type="checkbox"/> Releasing the magnet-held fire doors without sounding an audible alarm? <input type="checkbox"/> Locking doors remotely?
11.	Does your hospital have adequate security resources? Are those resources armed?
12.	Does your hospital have security technology to assist law enforcement in locating the victims and shooter, and controlling building access?
13.	Does your hospital have a plan to manage visitors and contractors on site?
14.	Does your hospital develop pre-incident emergency messaging strategies based on the identified threat?
15.	Does your hospital clearly identify and mark fire exits and escape routes?
16.	Does your hospital identify and provide safe rooms for staff?
17.	Does your hospital equip patient rooms with locks? Are bathrooms capable of being locked? Can a patient care unit be secured?

18.	Does your hospital tailor training to specific units, patient populations, or job functions?
19.	Does your hospital have a Lockdown Plan (full and zoned lockdown capabilities)? Have all staff been trained in the hospital and campus lockdown procedures and the impact on operations?
20.	Does your hospital have a Shelter-in-Place Plan?
21.	Does your hospital have a process for staff or patients to alert the hospital of any restraining orders or other restrictive court orders?
22.	Does your hospital have emergency call boxes within parking lots, garages, and other remote locations?
23.	Does your hospital have panic or duress alarm buttons installed in high risk areas? Are the alarms routinely tested?
24.	Does your hospital have pre-incident standardized messages for communicating the risks associated with this incident and recommendations to the public and media?
25.	Does your hospital have a process to coordinate the release of risk communications and other public messaging through the incident's Public Information Officer (PIO)?

Immediate and Intermediate Response

1.	Does your hospital have procedures for evacuation of the immediate hospital areas and to regularly reevaluate the need for further evacuation? Is this evacuation plan coordinated with law enforcement to ensure safety of those evacuated?
2.	Does your hospital have procedures to quickly obtain incident specific details (e.g., witnesses, security cameras, surveillance tapes)?
3.	Does your hospital designate a person to meet with arriving law enforcement and provide access (i.e., keys, access card), maps and detailed floor plans?
4.	Does your hospital have a plan to ensure communications to the incident area?
5.	Does your hospital have an evidence collection policy developed in conjunction with local law enforcement and prosecutorial authorities?
6.	Does your hospital have 24/7 access to risk management and legal counsel?
7.	<p>Does your hospital use social media to disseminate information during and after the event?</p> <p><input type="checkbox"/> Are all messages approved through the incident's Public Information Officer (PIO) and the Incident Commander prior to release?</p> <p><input type="checkbox"/> Is information coordinated within the Joint Information Center in cooperation with local, regional, and state emergency management partners?</p>
8.	Does your hospital have a plan to communicate the situation and provide regular updates to patients' family members, as approved by the incident's Public Information Officer (PIO) and the Incident Commander?
9.	Does your hospital have a plan for providing behavioral health support and debriefing services to the incident victims, staff, and visitors?

10.	Does your hospital have a procedure to coordinate media briefings with victims or hostages if approved through the incident's Public Information Officer (PIO) and the Incident Commander?
11.	Does your hospital have a procedure to restore critical care services and reopen to normal operations?
12.	Does your hospital's incident notification procedure include an overhead announcement? Is it in code or in plain language? Does it provide for the incident's detailed location? What language is used?
13.	Does your hospital have procedures that designate who will meet the first responders when they arrive, and where? Do they have communications capability with the first responders?
14.	Does your hospital have procedures that identify how critical phone calls will get through the hospital to Security and the Hospital Command Center (HCC)?
15.	Does your hospital have procedures that address the automatic opening of card access doors to aid in law enforcement response, escaping hostages, and the deactivation of card readers to isolate the threat?

Extended Response and System Recovery

1.	Does your hospital have dedicated space for long term operations of outside response agencies, including law enforcement?
2.	Does your hospital have the means to relocate services if campus lockdown is extended?
3.	Does your hospital have memoranda of understanding with other hospitals to support clinical operations if campus lockdown is extended?
4.	Does your hospital have a continuing process to capture all costs and expenditures related to operations?
5.	Does your hospital have procedures for evacuation of immediately threatened areas and to regularly reevaluate the need for further evacuation, as the incident evolves?
6.	Does your hospital have a process to reevaluate need for further evacuation on an ongoing basis and implement safe and effective evacuation?
7.	Does your hospital have a mechanism to address hostage support needs (e.g., water, medications, illness, and injury), under the direction of law enforcement?
8.	Does your hospital plan provide for the loved ones of hostages to have a quiet room in a secure area with support services?
9.	Does your hospital have procedures for reporting and documenting staff injuries?
10.	Does your hospital have a policy and procedure to address line-of-duty death?
11.	Does your hospital have a procedure to reunite hostages with their loved ones?
12.	Does your hospital have a procedure to restore normal patient care services and reopen any closed units?

13.	Does your hospital have Hospital Incident Management Team position depth to support extended operations?
14.	Does your hospital have a Business Continuity Plan for long term events?
15.	Does your hospital have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan?