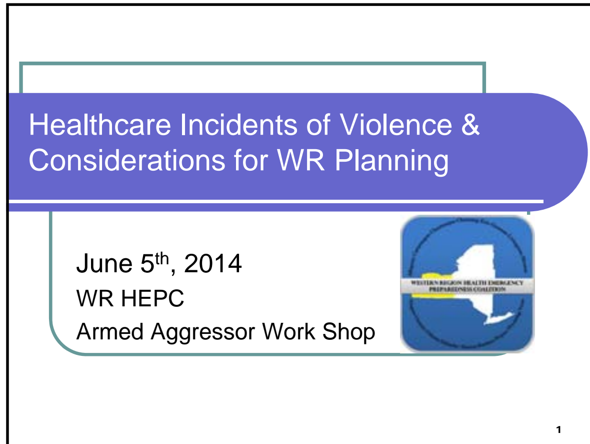
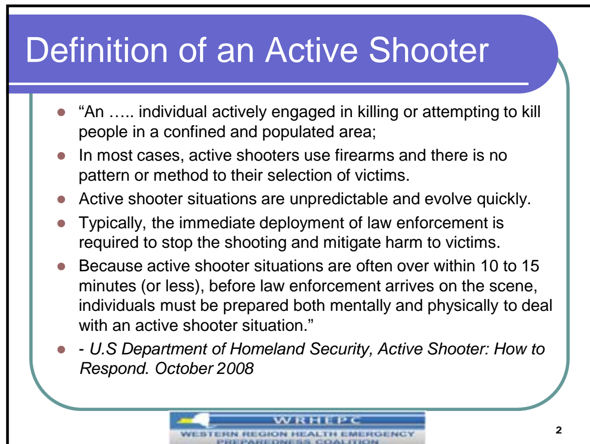
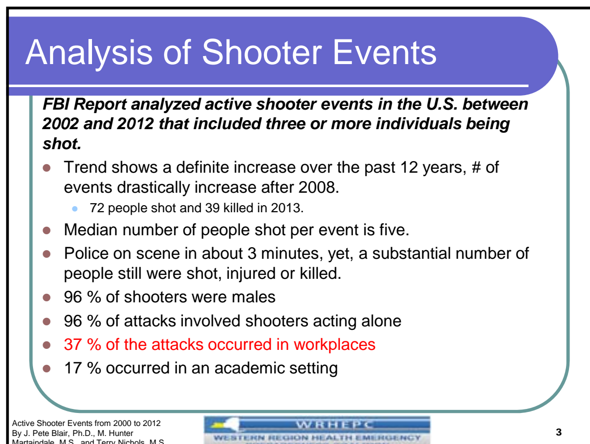
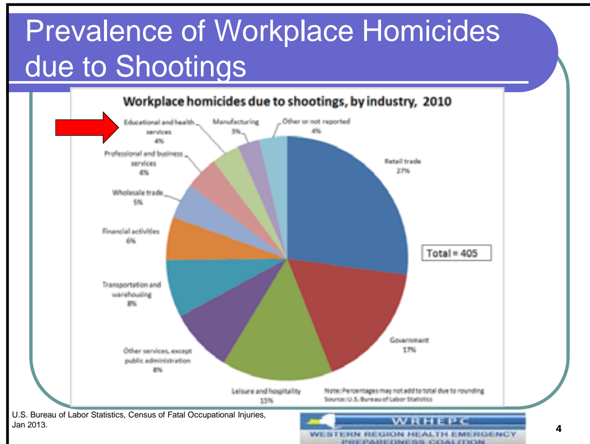

Healthcare Incidents of Violence & Considerations for WR Planning
June 5th, 2014
WR HEPC
Armed Aggressor Work Shop
1


Definition of an Active Shooter
"An ….. individual actively engaged in killing or attempting to kill people in a confined and populated area;
In most cases, active shooters use firearms and there is no pattern or method to their selection of victims.
Active shooter situations are unpredictable and evolve quickly.
Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.
Because active shooter situations are often over within 10 to 15 minutes (or less), before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation."
- U.S Department of Homeland Security, Active Shooter: How to Respond. October 2008
2


Analysis of Shooter Events
FBI Report analyzed active shooter events in the U.S. between 2002 and 2012 that included three or more individuals being shot.
Trend shows a definite increase over the past 12 years, # of events drastically increase after 2008.
72 people shot and 39 killed in 2013.
Median number of people shot per event is five.
Police on scene in about 3 minutes, yet, a substantial number of people still were shot, injured or killed.
96 % of shooters were males
96 % of attacks involved shooters acting alone
37 % of the attacks occurred in workplaces
17 % occurred in an academic setting
Active Shooter Events from 2000 to 2012 By J. Pete Blair, Ph.D., M. Hunter Martaindale, M.S., and Terry Nichols, M.S.
3

Prevalence of Workplace Homicides due to Shootings



U.S. Bureau of Labor Statistics, Census of Fatal Occupational Injuries, Jan 2013.

WRHEPC Western Region Health Emergency Preparedness Coalition

4

The Hospital Setting*

Soft Target

- Open access 24/7
- Few do security screening @ entry
- Security (if available) mostly unarmed, not trained for shooter
- Staff entering and leaving at all hours
- Numerous doors and entrances

Potential Emotional Triggers for Violence:

- Family issues
- Domestic violence
- Community violence
- Psychiatric patients
- Forensic patients
- End of life issues
- Bad news, new diagnoses
- Births

* Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System

WRHEPC Western Region Health Emergency Preparedness Coalition

5

Healthcare Statistics*

- Workplace assault rate is nearly 5X greater in health care than other industries
- The Joint Commission's Sentinel Event Database includes an assault, rape and homicide category with 256 reports since 1995
  - Believed there is significant under-reporting of violent crimes in health care institutions.
- This category is consistently among the top 10 types of sentinel events reported to The Joint Commission.
- About 3% of the nation's hospitals experienced a shooting incident during a 12-year study period (2000-2011) – Hospital Employee Health Association.

* Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System

WRHEPC Western Region Health Emergency Preparedness Coalition

6

Healthcare Statistics*

- Shootings happened in hospitals of all size, but they were more common in larger hospitals.
- Incidents occurred in all regions of the country.
- Being in an inner-city or dangerous neighborhood did not appear to be a factor.

* Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System

7

Recent Incidences of Gun Violence in Hospitals*

- **Sept. 2010:** A gunman upset over news about his mother's medical condition opened fire inside Baltimore's Johns Hopkins Hospital, wounding a doctor before fatally shooting his mom and then turning the gun on himself.
- **Jan 2011**: Daniel Cesar Dominguez-Garcia, 21, entered the hospital room where a woman and her child were. An argument ensued. Dominguez pulled out a small-caliber pistol and fired one shot, nobody injured.
- **March 2012:** A gunman opened fire at a Pittsburgh psychiatric clinic, leaving to two people dead, including the gunman, and injuring seven others.
- **June 2012:** Buffalo, NY – A Surgeon opens fire and kills his girlfriend on hospital grounds.
- **December 2012:** A man opened fire in a hospital, wounding an officer and two employees before he was fatally shot by police.
- **February 2013:** One person shot dead on the grounds of a Portland, OR. Hospital.
- **March 2013:** A man in a hospice on a hospital campus shot his wife dead and then turned the gun on himself.
- **December 2013:** A Louisiana man attacked his in-laws, wife, and the Administrator of a hospital where he'd worked, killing three and wounding three others before killing himself.
- **May 2014:** A gun-wielding man was shot several times by a police officer in the emergency room at Cache Valley Hospital, Utah after he challenged the officer.

*Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System

8

*Hospital-Based Shootings in the United States 2000 to 2011, Johns Hopkins

Out of the 154 Incidents Tracked

235 Injured or Dead Victims

- The most common victim was the perpetrator (45%).
- Hospital employees composed 20% of victims; physician (3%) and nurse (5%) victims.
- Event characteristics that distinguished the ED from other sites included younger perpetrator, more likely in custody, and unlikely to have a personal relationship with the victim
- In 23% of ED shootings, a security officer's gun was used

*Hospital-Based Shootings in the United States: 2000 to 2011, Johns Hopkins Office of Critical Event Preparedness and Response

Motivation

- Overall, most perpetrators had a personal association with their victims: 32% were current or estranged
- 25% were current or former patients, and 5% were current or former employees.
- In only 13% of events was the association not obvious.
- Most of the events involved a determined shooter with a specific target.

Hospital-Based Shootings in the United States: 2000 to 2011, Johns Hopkins Office of Critical Event Preparedness and Response

10

Motive, John Hopkins Study

- Grudge- 27%
- Suicide- 21%
- Ill relative- 14%
- Escape attempt- 11%
- Social violence- 9%
- Mentally unstable patient- 4%
- Unclear- 22%

Hospital-Based Shootings in the United States: 2000 to 2011, Johns Hopkins Office of Critical Event Preparedness and Response

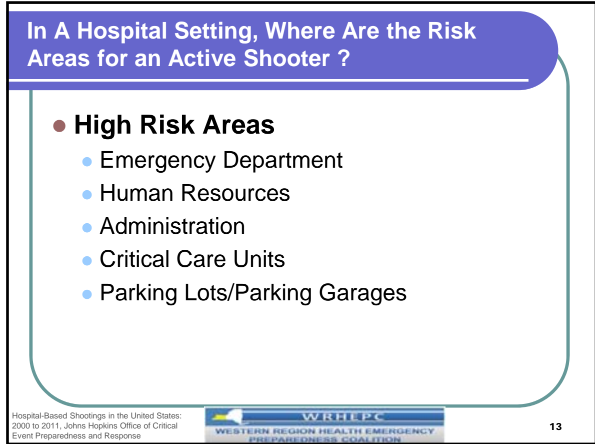
11

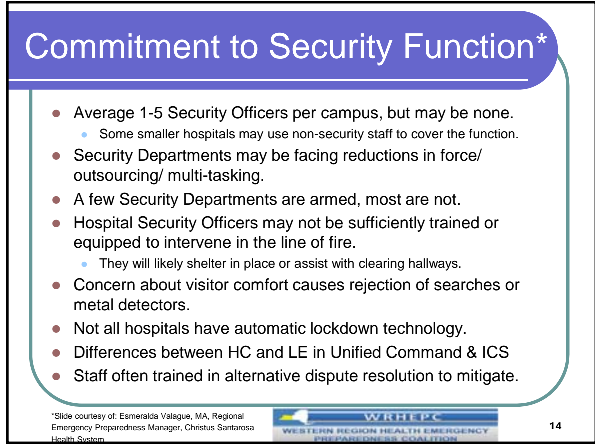
Hospital Shooting Locations

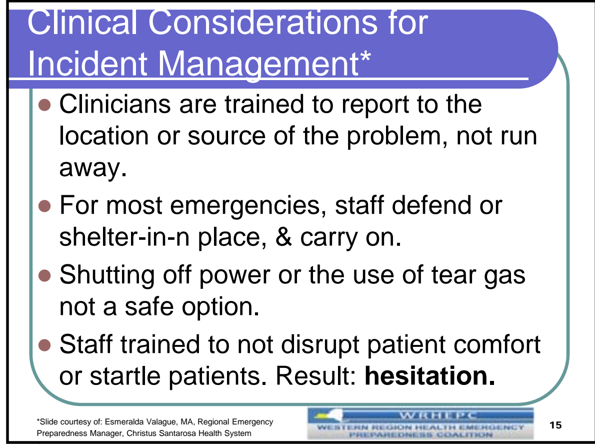
- 59% INSIDE the Hospital
  - 29% Emergency Department
  - 19% Patient Rooms
- 41% OUTSIDE on Hospital Grounds
  - 23% Parking Lot

Hospital-Based Shootings in the United States: 2000 to 2011, Johns Hopkins Office of Critical Event Preparedness and Response

12


In A Hospital Setting, Where Are the Risk Areas for an Active Shooter ?
High Risk Areas
Emergency Department
Human Resources
Administration
Critical Care Units
Parking Lots/Parking Garages
Hospital-Based Shootings in the United States: 2000 to 2011, Johns Hopkins Office of Critical Event Preparedness and Response
WRHEPC
WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION
13


Commitment to Security Function*
Average 1-5 Security Officers per campus, but may be none.
Some smaller hospitals may use non-security staff to cover the function.
Security Departments may be facing reductions in force/ outsourcing/ multi-tasking.
A few Security Departments are armed, most are not.
Hospital Security Officers may not be sufficiently trained or equipped to intervene in the line of fire.
They will likely shelter in place or assist with clearing hallways.
Concern about visitor comfort causes rejection of searches or metal detectors.
Not all hospitals have automatic lockdown technology.
Differences between HC and LE in Unified Command & ICS
Staff often trained in alternative dispute resolution to mitigate.
*Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System
WRHEPC
WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION
14


Clinical Considerations for Incident Management*
Clinicians are trained to report to the location or source of the problem, not run away.
For most emergencies, staff defend or shelter-in-n place, & carry on.
Shutting off power or the use of tear gas not a safe option.
Staff trained to not disrupt patient comfort or startle patients. Result: hesitation.
*Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System
WRHEPC
WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION
15

Factors in Response*

- **Licensure issues:** Nurses' may have concerns re: licensure issues related to patient abandonment and may defy orders to evacuate.
- **OSHA:** Company policy cannot require that someone stay in harms way. Result: Indecision

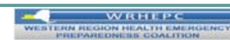
*Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System

16

Other considerations*

- **Law Enforcement:** THOUGH BLUEPRINTS ARE USUALLY AVAILABLE -- INCIDENT DAY IS NOT THE OPTIMAL TIME TO LEARN THE LAYOUT OF YOUR LOCAL HOSPITALS… **TOUR YOUR HOSPITALS REGULARLY!**
- **Hospitals:** Ensure you have accessible floor plans and diagrams useful/ to Law Enforcement to understand your building layout.

*Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System

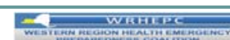


17

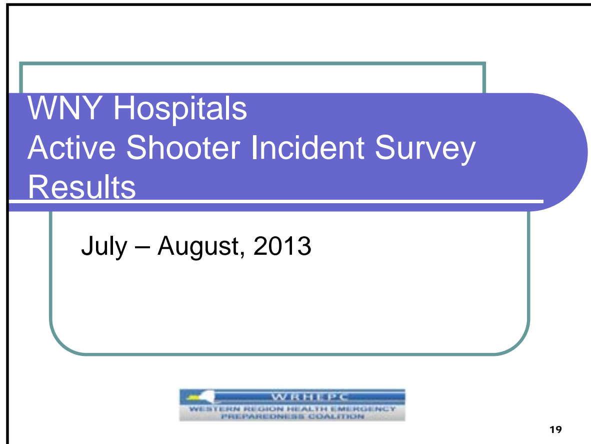
Post-Incident Considerations*

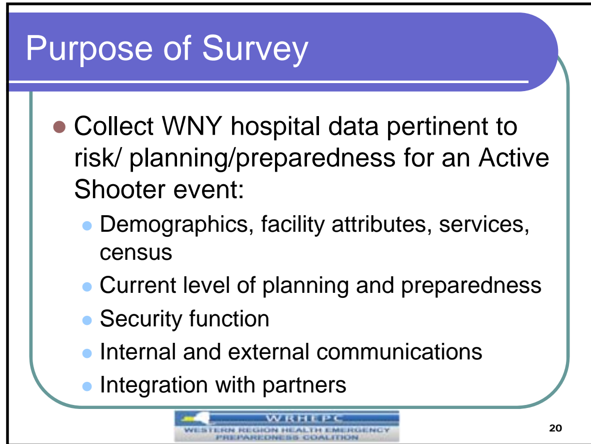
- EDs often operate at capacity; consider potential need to activate surge areas (i.e. Alternative Care Sites).
- Expect the need to call in extra staff - the incident duty staff will likely be overwhelmed and/or emotionally incapacitated.
- EMTALA effects on transferring patients to trauma hospitals/diversion issues to de-stress the incident site.
- Hospitals may not have the capacity to handle the public information and may need logistical support.
- Patients may arrive on foot or by police officers who drove the patients to the hospital before ambulances arrive.
- How often does your hospital practice a Mass Casualty Response?

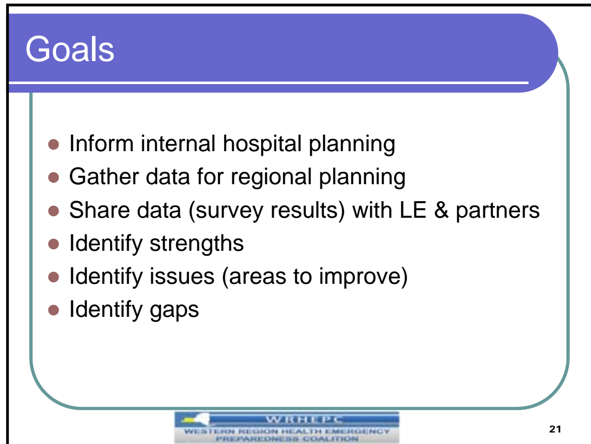
* Slide courtesy of: Esmeralda Valague, MA, Regional Emergency Preparedness Manager, Christus Santarosa Health System

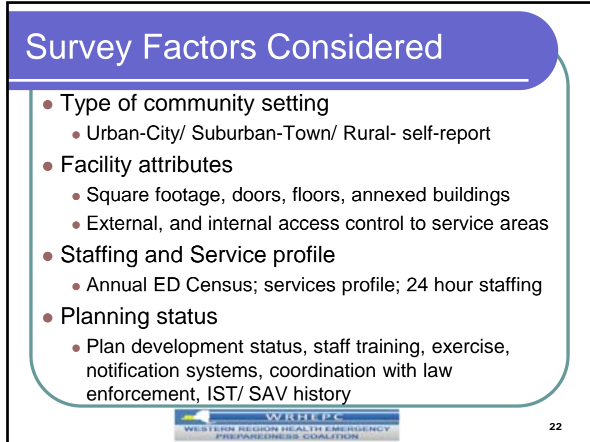


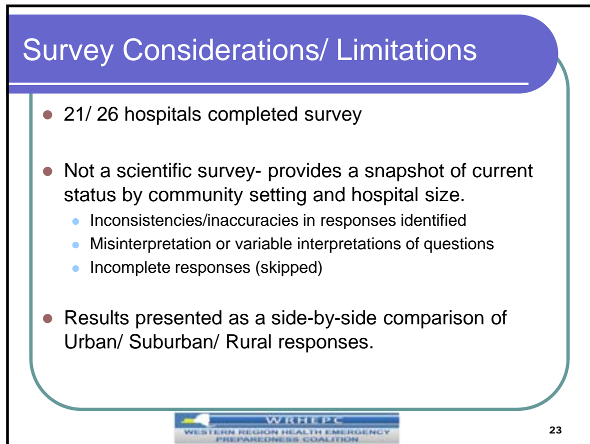
18

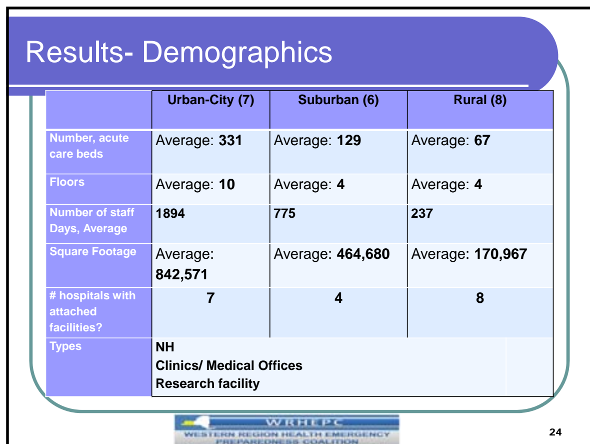

WNY Hospitals
Active Shooter Incident Survey Results
July – August, 2013
WRHEPC
WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION
19


Purpose of Survey
Collect WNY hospital data pertinent to risk/ planning/preparedness for an Active Shooter event:
Demographics, facility attributes, services, census
Current level of planning and preparedness
Security function
Internal and external communications
Integration with partners
WRHEPC
WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION
20


Goals
Inform internal hospital planning
Gather data for regional planning
Share data (survey results) with LE & partners
Identify strengths
Identify issues (areas to improve)
Identify gaps
WRHEPC
WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION
21







	Urban-City (7)	Suburban (6)	Rural (8)
Number, acute care beds	Average: **331**	Average: **129**	Average: **67**
Floors	Average: **10**	Average: **4**	Average: **4**
Number of staff Days, Average	**1894**	**775**	**237**
Square Footage	Average: **842,571**	Average: **464,680**	Average: **170,967**
# hospitals with attached facilities?	**7**	**4**	**8**
Types	**NH** **Clinics/ Medical Offices** **Research facility**		

Services Profile

	Urban-City (7)	Suburban-Town (6)	Rural (8)
Medical/Surgical	All		
ICU	All		6
Pediatrics	4	1	4
Labor and Delivery/ Nursery	4	2	5
Psychiatric	4	0	3
Operating Rooms	7	5	7
Emergency Department	6	6	8
ED Census-Annual	Average: 40,000 Range: 5,500 – 78,000	Average: 18,000 Range:5,000-30,660	Average: 18,600 Range: 10,000-33,498

WRHEPC WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION

25

Facility Attributes/ Access

WRHEPC WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION

26

	Urban-City (7)	Suburban-Town (6)	Rural (8)
# of External Doors	Average: 20	Average: 7	Average: 14
Mechanical access control on external doors?	All hospitals have some external controls		
Which Doors?	All external doors. Employee entry. ED doors. Doors from parking garage. Doors from main lobby to interior of main hospital building.	All external doors. Employee entry. Computerized lockdown.	All exterior ED Doors Morgue Lobby doors Loading dock. Doors must be manually locked.
Internal Access Control	All hospitals have some internal areas with automatic access controls		
Departments w/ access control	ED L&D- ICU- OR Suite- Behav Health- Special Areas- Pharmacy, cath lab, data center, Mail room, med rooms		
Types of Internal Controls	Card swipe, Proxy reader Punch Code, Key * 2 methods used, in some cases	Card swipe Key code	Key fob Card swipe Code

Planning

	Urban-City (7)	Suburban-Town (6)	Rural (8)
Have an Active Shooter Plan/ in process?	1- Have Plan 3- In development 3- No Plan	1- Have Plan 3- In development 2- No Plan	5- Have Plan 1- In development 2- No Plan
What model?	3- DHS 1- Local LE & NYSP	3- DHS 1-No specific	1- DHS 1-ASHE 1- Code Silver, Grey 1-Unknown
Acronym/ pneumonic?	Avoid, Hide, Fight	2-Avoid, Hide, Fight 2- No	1-Run, Hide, Fight 4- No
Discussed with Legal?	3- Yes 4- No	3- Yes 2- No	1- Yes 5- No
Shared w/ LE	4- Yes 2- No	4- Yes 2- No	1- Yes 5- No
Floor Plans available	6- Yes 1- No	5- Yes	5- Yes 1- No
Supportive policies in place	Security Policies Access Control WP Violence Public safety Site Control & Mass Communications Plans		

Incident Experience, Notifications

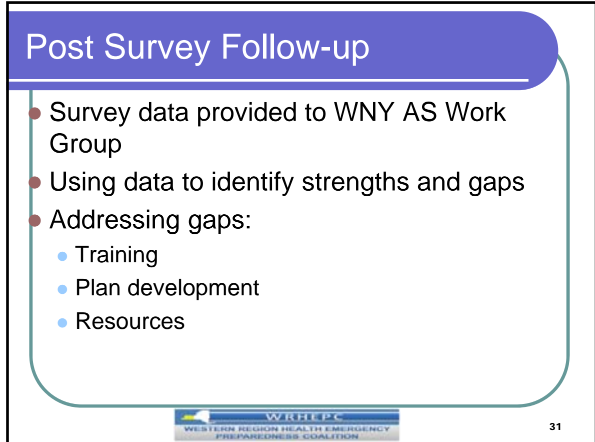
	Urban-City (7)	Suburban-Town (6)	Rural (8)
Code Used to announce Event?	Code Silver Plain language		
Use Active Shooter or Dangerous Person in Overhead announce?	2- Yes 4- No	2- Yes 3- No	1- Yes 7- No
Methods of immediate notification	All- Overhead page		
Mass notification system?	Pager System; Mass notification & text		
Routine Gang Violence?	4- Yes 3- No	No	No
Had a shooting event in the hospital?	2- Yes, 2012, 2013	2- Yes	2- Yes, 2012

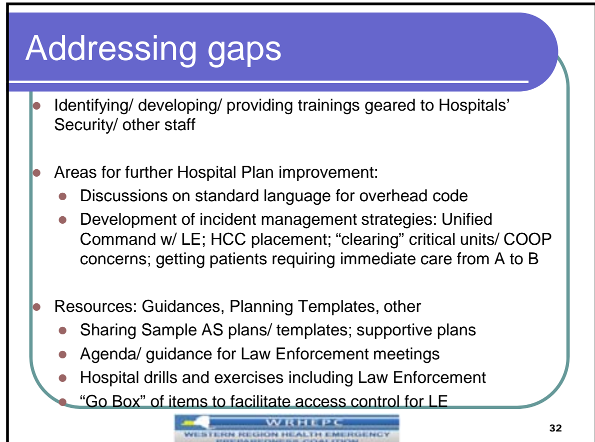
Training/ Preparedness

	Urban-City (7)	Suburban-Town (6)	Rural (8)
Have Security staff?	2- Armed 5- Unarmed	2- Armed 5- Unarmed	3- Unarmed 5- Do not have dedicated security staff
If not, who provides function?	NA		2- Maintenance, facilities 1- Local LE 5- No security response
Trained for Active Shooter event?	3- Yes 4- No	3- Yes 3- No	2- Yes 1- No
Other staff trained for Active Shooter	2- Yes; All staff including switchboard	None	Maintenance, nursing, all employees have recd policy, crisis intervention trng.
Exercise for Active Shooter?	4- No 3- Yes; Live event; TT; Full scale w/ LE	5- No	7- No 1- Yes
LE included in Exercise?	3- Yes	NA	1- Yes
DHS-SAV Visit	6- Yes 1- No	2- Yes 4- No	1- Yes 7- No
DHS- IST Visit	5-Yes 2-No	4-Yes 2-No	2-Yes 6-No

WRHEPC
WESTERN REGION HEALTH EMERGENCY PREPAREDNESS COALITION

30


Post Survey Follow-up
Survey data provided to WNY AS Work Group
Using data to identify strengths and gaps
Addressing gaps:
Training
Plan development
Resources
31


Addressing gaps
Identifying/ developing/ providing trainings geared to Hospitals' Security/ other staff
Areas for further Hospital Plan improvement:
Discussions on standard language for overhead code
Development of incident management strategies: Unified Command w/ LE; HCC placement; "clearing" critical units/ COOP concerns; getting patients requiring immediate care from A to B
Resources: Guidances, Planning Templates, other
Sharing Sample AS plans/ templates; supportive plans
Agenda/ guidance for Law Enforcement meetings
Hospital drills and exercises including Law Enforcement
"Go Box" of items to facilitate access control for LE
32