



ACTIVE SHOOTER PREPAREDNESS PROGRAM

Staff members of this community will be trained and educated using a comprehensive Active Shooter Event Preparedness Program. This program is based on FEMA's 2014 booklet "Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans" and the Department of Homeland Security's Active Shooter booklet. The home's Active Shooter Event Preparedness Program consists of four phases.

An Active Shooter is defined as: An individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

Survival and preservation of life is the goal of Active Shooter training. The team members are provided with training and information but are not expected to risk their own lives to save other lives.

- Phase I: efforts to prepare for and reduce the risk of an active shooter event;
- Phase II: train and educate staff members on plans to respond to an active shooter; including attempts to protect the residents and other people in the home from harm during an Active Shooter Event;
- Phase III: interacting with First Responders and;
- Phase IV: implement a response and recovery plan after an active shooter event.

PHASE I: PREPARING FOR AND REDUCING RISK OF AN ACTIVE SHOOTER EVENT

Preventing violent acts cannot be guaranteed by the community but attempts to protect the residents and mitigate risks related to an Active Shooter are in place. Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined area.

The Interdisciplinary Team (IDT) will be provided the FEMA and Homeland Security booklets and will be educated on the standards established in those documents. Members of the IDT will form the Threat Assessment Team (TAT) and the IDT will also recruit TAT involvement from other team members.

The TAT will establish the home's position and policies regarding the home's weapon environment (i.e., weapons permitted or weapons free).

Threat Assessment Team

1. The community's Threat Assessment Team (TAT) is under the direction of the QAPI Committee and have developed and implemented Emergency Action Plan (EAP) policies and procedures to address emergency actions including Active Shooter Event Response that are reviewed at least annually during TAT's threat assessment evaluation.
2. The TAT will meet regularly and provide recommendations to the QAPI Committee regarding risk assessments, policies, communication and training and testing. The QAPI Committee will be responsible for operationalizing the recommendations.
3. TAT will complete threat assessment and planning evaluations at least annually, or as directed by the QAPI Committee, with a report of findings to the QAPI Committee.
4. The EAP includes the following:
 - a. An emergency notification system to alert the facility and police/fire of the emergency; communication system includes an overhead page in plain language to alert all people in the facility of the event and calling 9-1-1 as soon as possible while maintaining personal safety.
 - b. System to alert other parties of an emergency including:
 - i. Individuals at remote locations within premises
 - ii. Local area hospitals
 - c. An evacuation policy and procedure; evacuation routes prominently posted throughout the facility
 - d. Emergency escape procedures and route assignments (i.e., floor plans, safe areas); first aid kits are located in identified safe areas

- e. Contact information for, and responsibilities of individuals to be contacted under the EAP.
 - f. Local area hospitals and transportation services contacts and understanding of EAP (i.e., name, telephone number, and distance from your location).
5. The TAT will direct Human Resources to complete the following and will review the process during the annual threat assessment:
- a. Complete employee screening and background checks
 - b. Create a system for reporting signs of potentially violent behavior
 - c. Have counseling service references and referrals available to employees
6. Drills, training and testing are in place and will occur upon hire and at least annually during TAT's threat assessment evaluation. Components of training may include:
- a. Information will be provided verbally and in print form to notify employees, residents, families and vendors that Active Shooter drills may occur without prior notice. Residents may participate in the drills, as a component of disaster preparedness, but will most likely not be formally trained in the response protocols.
 - b. Recognizing the sound of gunshots
 - c. Reacting quickly when gunshots are heard and/or when a shooting is witnessed: - Evacuating the area - Hiding out - Acting against the shooter as a last resort
 - d. Calling 9-1-1
 - e. Reacting when law enforcement arrives
 - f. Adopting the survival mind set during times of crisis
 - g. Stabilization and response
7. Recovery procedures have been developed and are reviewed at least annually to restore the facility's operations as soon as possible. These include:
- a. Following law enforcement directive to preserve the identified crime scene
 - b. Coordinating care to victims
 - c. Staffing agency contracts to address personnel shortages
 - d. Pharmacy emergency action plan to obtain medications if medication administration records, medications, medication carts and/or medication rooms are designated part of a crime scene
 - e. Crime Scene Clean Up Contract and Infection Control procedures for bodily fluids and crime scene clean up.

IDENTIFICATION OF INDIVIDUALS ON A TRAJECTORY TO COMMIT A VIOLENT ACT

No profile exists for an Active Shooter; few offenders had previous arrests for violent crimes. The facility will attempt to mitigate risks of an Active Shooter event by identifying and communicating signs of a potentially volatile person and develop responses to this risk. The person may be a staff member, vendor, visitor or family member.

1. Pre-attack behaviors can include:

- a. Personal grievances against the facility, staff members, residents or others affiliated with the building and operations (might talk about getting even or how much person or facility will regret actions);
- b. Recent acquisitions of multiple weapons (may talk or brag about weapons);
- c. Recent interest in explosives, fire and destruction;
- d. Intense interest or fascination with previous attacks and mass attacks;
- e. Experiences that are real, or perceived to be real, including personal issues such as - death, divorce, break up, or loss of job;
- f. Other behaviors, comments or actions that have hostile or threatening implications;
- g. Increased use of alcohol and/or illicit drugs;
- h. Noticeable decreased attention to appearance and hygiene;
- i. Depression/withdrawal/suicidal statements; “putting things in order”;
- j. Paranoia and/or statements such as “everybody’s against me”

2. Report concerns to the Administrator or designee.

3. The Administrator or designee will assemble the Threat Assessment Team to determine response to potential threat. Response may include:

- a. Meeting with person in a public area and when the person does not appear to be armed to discuss person’s behavior and affect.
- b. Alerting law enforcement.
- c. Offering Employee Assistance Programs.
- d. Termination/separation of person; banning person from community.
- e. Placing the facility in a lockdown mode; educating staff members on level of threat concerns.
- f. Other responses based on level of threat and resources.

4. If a person presenting signs of a trajectory to commit a violent act displays escalating behaviors call 9-1-1 and text “Potential Shooter” to the group text; include the shooter’s location and name if possible; begin moving residents away from this location if possible. Be prepared to run, hide or fight.

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

PHASE II: TRAINING AND EDUCATION ON ACTIVE SHOOTER EVENT RESPONSE

Active Shooter or Suspected Active Shooter Response

The facility will attempt to reduce harm related to an active shooter event. An active shooter(s) is a person(s) actively engaged in killing or attempting to kill people generally using firearms. During an Active Shooter event, Law Enforcement may be onsite – follow their directions at all times.

During an Active Shooter Event, RUN, HIDE, FIGHT

1. Call 9-1-1 as soon as it is safe - if staff members see someone with a firearm, or suspects a person has a firearm, or hears gunshots on the premises call 9-1-1 as soon as possible while maintaining personal safety to provide information about shooter.
2. Use overhead paging system to alert staff and visitors of active shooter if possible; use plain language “Active Shooter; run, hide, fight; Active Shooter; run, hide, fight”. Call 9-1-1 as soon as it is safe.
3. If the Active Shooter is in vicinity and there is an accessible path, attempt to run/evacuate and assist others to run/evacuate if possible:
 - a. Have an escape route and plan in mind;
 - b. Help others escape, if possible
 - c. Evacuate regardless of whether others agree to follow
 - d. Leave belongings behind
 - e. Try to prevent individuals from entering an area where the active shooter may be
 - f. Keep your hands visible
 - g. Follow the instructions of any police officers
 - h. Do not attempt to move wounded people
 - i. Call 9-1-1 when safe
4. Hide out if evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:
 - a. Be out of the active shooter’s view

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- b. Provide protection if shots are fired in your direction (i.e., behind closed door and barricade)
 - c. Not trap you or restrict your options for movement (i.e., room with a window)
 - d. Be locked and/or barricade to reduce likelihood of an active shooter entering your hiding place.
- 5. If the active shooter is nearby:
 - a. Lock and/or barricade the door
 - b. Silence your cell phone and/or pager
 - c. Turn off any source of noise (i.e., radios, televisions)
 - d. Hide behind large items (i.e., cabinets, desks)
- 6. Remain quiet if evacuation and hiding out are not possible:
 - a. Remain calm
 - b. Dial 9-1-1, if possible, to alert police to the active shooter's location
 - c. If you cannot speak, leave the line open and allow the dispatcher to listen
- 7. Homeland Security directs as a last resort: Take action against the active shooter only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:
 - a. Acting as aggressively as possible against him/her
 - b. Throwing items and improvising weapons
 - c. Yelling
 - d. Committing to the actions

PHASE III: INTERACTING WITH FIRST RESPONDERS

Law enforcement will arrive with the intent of stopping an active shooter as soon as possible. They generally proceed to the area where the last shots were reported and they do not stop to assist the wounded. It is critical to not interfere with their work.

Law enforcement will secure the scene. During this time first responders work with facility staff and victims to treat and transport the injured. Law enforcement/designees interview witnesses and initiate the investigation.

They may arrive in a group wearing protective gear and carrying weapons; they may use pepper spray or tear gas as they shout commands and push people down. When law enforcement arrives:

1. Follow their directions, avoid quick movements, raise empty hands in the air until told otherwise; do not ask questions; try to remain calm and avoid yelling, crying and screaming.
2. Remain in the area designated by law enforcement until instructed to do otherwise; witness statements and interviews by law enforcement may occur.
3. Law enforcement may request assistance; provide the assistance.

PHASE IV: RESPONSE AND RECOVERY PLAN AFTER AN ACTIVE SHOOTER EVENT

After scene is secured and working with law enforcement and first responders the home will communicate the following:

1. Required employee facility return point: designated employees may be requested or directed to return to the facility.
2. Coordinate care and services for victims with the first responders.
3. Crash carts/boxes with hemorrhage control equipment are available.
4. Designated team leaders will account for residents, on-duty employees and vendors or visitors signed into the building at the time of the event.
5. The physicians and families will be notified by designated team members including notification of casualties; law enforcement will be involved in this process and may provide direction.
6. Implement family unification plan for employees and residents. Determine which facility spokesperson is to provide “real time” updates to families when immediate threat has ended to reduce frustration and de-escalate emotions. This includes the following:
 - a. Identified spokesperson will provide “real time” updates and information on location and status of those present during the event.
 - b. Immediate family members and guardians/responsible parties for residents will be allowed in the facility as soon as law enforcement permits.
 - c. Staff members will be provided a quiet area away from the general public and press to be unified with their immediate families and/or as directed by law enforcement.
7. As needed orders will be obtained for residents remaining on site; pharmacy emergency action plan will be initiated to obtain medications that may be in designated crime scene area.
8. Preserve the Crime Scene; do not begin clean up or move items unless directed by law enforcement.
9. Call off-duty employees as needed; contracts are in place with staffing agencies to assist in caring for the residents and relieve on-duty team members involved in the event.

Recovery Plan after an Active Shooter Event

After the facility has been cleared by law enforcement and is no longer a crime scene the leadership team will implement the Recovery Plan.

1. A crime scene clean-up service contract is in place; the service will be used to clean the crime scene(s).
2. Under the direction of the leadership team, critical personnel and/or operational gaps will be evaluated to identify and fill as needed.
3. The leadership team will coordinate a physical plant inspection to determine structural and physical environment needs.
4. Determination of time frame and strategic plan to resume full operations.
5. Contracts are in place for services related to Psychological First Aid (PFA) to offer assistance to those involved in the Active Shooter Event. Members of the TAT have attended PFA training sessions. Core actions of the facility to coordinate PFA using internal and/or external resources are:
 - a. Contact and engagement
 - b. Safety and comfort stabilization
 - c. Information gathering; current needs and concerns
 - d. Practical assistance
 - e. Connection with social supports
 - f. Information on coping
 - g. Linkage with collaborative services
6. When coordinating Psychological First Aid, the leadership team will be aware of special circumstances that make residents more susceptible to developing emotional distress after a disaster, including but not limited to:
 - a. Memory and cognitive loss or various forms of dementia
 - b. Serious mental illness (i.e., schizophrenia, bipolar disorder)
 - c. Multiple evacuations and displacements, sometimes resulting in “transfer trauma”
 - d. Low literacy level or non-English speaking; other communication deficit
 - e. Significant loss of possessions (e.g., memorabilia and photos) due to the disaster
 - f. Those who have been previously exposed first hand to grotesque scenes or extreme life threat

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- g. Residents having specialized needs such as ventilator and dialysis care to address their fears associated with the threat of interrupted services as a result of the disaster
- 7. The TAT, under direction of the QAPI Committee, will coordinate an evaluation of Emergency Action Plan including analysis of the effectiveness of the existing plan and a plan for improving the Emergency Action Plan if needed. This evaluation may be coordinated with the assistance of law enforcement.

References and Resources

- Active Shooter: How to Respond. US Department of Homeland Security. 2013.
- Active Shooter Planning and Response: Learn How to Survive a Shooting Event https://www.fbi.gov/filerepository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view (2017).
- Incorporating Active Shooter Incident into Health Care Facility Emergency Operation Plans. FEMA. 2014.
- Psychological First Aid: Field Operations Guide for Nursing Homes. https://www.ahcancal.org/facility_operations/disaster_planning/documents/psychologicalfirstaid.pdf 2014.

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