Objectives

1. Discuss Policy Development
2. Lay a Foundation for the Policy and Training
3. Review Some Statistics and Trends
4. Review the Run/Hide/Fight Strategy
5. Discuss Law Enforcement’s Arrival
6. Discuss Management’s Responsibility
Armed Threat Policy

The Need For a Well Developed Policy or Plan

• Should be developed by a multidisciplinary group very familiar with the facility and organization.

• Should be signed by the highest ranking executive with the broadest scope of authority.
Armed Threat Policy

• Policy Statement
• Scope
• Definitions
• Policy Guidelines
  • Reporting
  • Notification of Staff/Patients/Visitors
  • Incident Command
• Staff Response/Expectations
• Law Enforcement Arrival
• References

WFBMC Armed Threat Policy
Justification

The Harvard Study
• A Study of all Hospital Based Shootings in the United States: 2000 thru 2011.
  • Annals of Emergency Medicine, December 2012
  • JAMA, March 2015

Brown University
• Hospitals Face Growing Active Shooter Threat in United States.
  • Science Daily, February 2015
Man killed in police shooting at Duke Hospital

Security guard killed, manhunt under way in Blacksburg

Armed man arrested in NC emergency room

Police disarm gunman at Carolinas Medical Center

Man shoots, kills girlfriend at Duke health clinic
Active Shooter or Targeted Homicide?

• **Active:**
  - Looking For a High Body Count
  - Making a Statement
  - Seeking Martyrdom

• **Targeted:**
  - Seeking/Hunting a Specific Target
The Active Shooter

• An active shooter is a person whose activity is causing death or serious bodily injury. The activity is not contained and there is immediate risk of serious injury or death.

• An active shooter is typically not interested in taking hostages and is not there to negotiate. Instead, they may be preoccupied with a high body count, racing to accomplish it and avoiding police.
The Active Shooter

• If the shooting stops, the shooter may be reloading, planning a secondary attack or actively hunting.

• An active shooter is always considered a threat until neutralized* or captured.

* Neutralize: to render ineffective; counterbalance or counteract the effect of.
Mindset of an Active Shooter

• Wants to kill and seriously injure, without concern for personal safety or threat of capture.

• Often has intended victims and will search them out.

• Accepts targets of opportunity while searching for or after finding intended victims.

• Continues to move throughout building/area until stopped by law enforcement, suicide or other intervention.
“The bodies of Tazeman Boone, 27, and Saqueeena Cutchin, 28, were found about 11:20 p.m. in a third-floor room of the hospital off Silas Creek Parkway. No one else was injured.

Cutchin died of gunshot wounds to the head, while Boone died of a self-inflicted gunshot wound, Winston-Salem police said Tuesday.”
2009 Nursing Home Shooting
Carthage, NC

domestic violence

• March 29, 2009, in North Carolina
• Suspect Robert Stewart, 45, kills seven elderly patients and one nurse
• His estranged wife worked at the nursing home.
• Shooting stopped after Stewart was wounded by the police.
Statistics on Recent Shootings

• In the U.S. between 2000 and 2011:
  • 154 shootings occurred in 148 hospitals in 40 states.
  • 235 total victims/161 fatalities
  • Five states (Florida, California, Texas, Ohio, and North Carolina) accounted for more than one third of the events.
  • Shootings ranged from 6 in 2000 to 28 in 2010.
Statistics (cont.)

- Rate from 2000 to 2005:
  - About 9 Shootings Per Year

- Rate from 2006 to 2011:
  - 16.7 Shootings Per Year

- 2014:
  - 14 Hospital Shootings that left 15 People Dead
The Profile

• 98% of offenders act alone.
• 80% plan to die during the attack.
• 80% use a long gun (rifle, shotgun, or carbine of pistol caliber).
• 75% bring multiple weapons to the scene, sometimes with hundreds of rounds of ammunition.
• More and more offenders are wearing body armor.
• A scenario is typically over within less than 10 minutes.
The Profile (cont.)

• 91% of perpetrators are male, representing all age groups.

• Top locations:
  • ED – 29%
  • Parking areas – 23%
  • Patient rooms – 19%
  • 20% of victims are hospital employees.
Common Motives of Hospital Shooters (from the Harvard Paper)

1. Score to Settle (grudge) – 27%
2. Suicide – 21%
3. “Euthanizing” an Ill Relative – 14%
4. Prisoner Escape – 11%
5. Ambient Society Violence – 9%
6. Mental Instability – 4%
“Score to Settle” (broken down)

1. You Killed My Mama!
2. Domestic Violence
3. Disgruntled Employee
Hospitals and Weapons

All weapons are banned at all Wake Forest Baptist locations. Nevertheless, concealed weapons do arrive.

• With today’s concealed weapon laws, patients and visitors arrive with weapons in clothing, belongings, etc.

• **Nationally, 73% of weapons that enter the ED come in via patients.**

• Does your facility have a policy for dealing with weapons that “honestly” arrive on campus?
If You See Something, Say Something.

Any concerning behavior from an individual (a patient, family member, employee, etc.) suggesting potential violent activity should be reported to your Security Services right away.

Do not hesitate to report your concerns or suspicions.
The WFBMC Our Armed Threat Policy states:

“Anyone witnessing a person displaying a deadly weapon or threatening the use of a deadly weapon on any WFBMC property should, as quickly as reasonably possible, call Emergency Communications.”

- Inpatient campuses (WFBMC, LMC, DMC) call Emergency Communications at extension 6-9111.
- All other locations dial 911 first, and then notify our ECC at 716-9111 when possible.
The Shooting Starts
Recognizing Gunfire

Have you ever heard a gunshot fired inside a concrete hallway? Can you tell where it is coming from?

(Most post-incident interviewees have said their initial reaction to the sound was, “Was that a gunshot?”)

Listen. What else is happening? (screaming, running, hysteria, etc.)
Gunfire and Your Reaction

If you hear gunfire, do not freeze up. **DO SOMETHING!!**

• If in a hallway, get into a room and secure the door.
• If inside an office, stay there and secure the door.
• **DO NOT** GO INVESTIGATE!
• Turn off or silence cell phones, pagers, radios etc. They can draw attention to you by ringing unexpectedly! *(Also watches, tablets or other devices.)*
Run, Hide, Fight

Introducing the ‘Run/Hide/Fight’ Strategy
Strategy #1 - Run

• Strategy #1 is to escape (if there is an accessible escape path!)

• Be familiar with at least two different evacuation routes from your work location to an exterior space.

• Help others escape if possible, but go regardless of whether others agree to follow you.

• Do not turn back or take extra time to retrieve items or belongings.
Run (continued)

• Try to remain calm and QUIET.
• Do not carry anything in your hands.
• (Cell phones, pagers, and radios may be in your pocket or on your belt, but silenced!)
• After arriving at a safe location, call 911.
• Prevent other people from entering the area where the danger is.
• If you encounter law enforcement, keep your hands elevated, with palms open and facing the officers.
Strategy #2 - Hide

The Run strategy assumes that you know where the shooter is.

But if you don’t know or if you are unable to run, evacuation may not be your best option.
Hide (continued)

• Secure the door, preferably with a lock and heavy furniture. There is a high probability the shooter will bypass a secured room.

• Try not to restrict a secondary escape route.

• Do not use your body to block the door.

• Cell phones, pagers, radios should be off or silenced.

• Get down and stay quiet.

• Stay away from windows and/or close the blinds.

• Do not huddle together. Spread out in the room.
Considering the Last Resort

In spite of your efforts, you may find yourself confronted with an approaching shooter.

What you do depends solely on your own judgement and your own capabilities.

After the first two priorities (Run; Hide), there is a third strategy (a last resort..).
Strategy #3 - Fight

• This is a Life and Death decision.

• LAST RESORT – only to be considered at the point of Imminent Death.

• Your goal is to incapacitate the shooter by any means possible.

• BE AGGRESSIVE.

• COMMIT TO YOUR DECISION!
A Survival Mindset

At this moment, you have two choices:

The untrained response

Panic, helplessness and a question:
“Why is this happening to me?”

The trained response

Survival behavior and the statement:
“We can do this!”
You Can Do This – You Must Do This!

Remember, the shooter wants to harm or kill as many people as possible and may shoot everyone in the room unless you stop them.

• You have what it takes to survive.

• Act as a team.

• Once you have committed, don’t hesitate.
Weapons of Opportunity

Use anything heavy that you can swing, drive or throw, such as:

- fire extinguishers
- any type of “pole shaped” instrument
- large skillets
- boiling water
- chairs
- laptops
If Fighting Becomes the Only Option for Survival:

When a shooter enters the room,
Make noise. Yell!
Throw items at head.
Charge/swarm.
Control the weapon.
Take the intruder down.
Hold them for the police.
Pile On!

If there are enough people:

• Lie on all extremities (arms and legs).
• Lie on their body and control their head and neck.
• Toss the weapon.
• Call 911.
• Do not let shooter up until police take over!

It is important to keep control! Strike, kick, claw at their head and body as needed to maintain control.
Make Observations

To inform law enforcement, observe as much as you safely can:

• The number and location of shooter(s)
• Physical description
• Number and type of weapons
• Number and location of victims
• Closest stairwells for law enforcement
• Shooter’s mechanism to gain entry (key code, badge swipe, etc.)
Law Enforcement’s Arrival

Upon arrival, law enforcement’s ONLY OBJECTIVE is to **stop the shooting**.

They will proceed directly to the area where the last shots were fired.

The initial responding officers will not stop to aid the injured.
Everyone is a Suspect!

When law enforcement arrives:

• Do not rush towards them.

• Do not hold anything in your hands! It could be mistaken for a weapon. Keep your hands raised, palms open.

• Remain calm and follow instructions.
  • Officers may shout commands and may push people to the ground.
Rescue Teams

• Rescue teams will follow the initial officers.
• Rescue teams may ask you to assist in moving the wounded.
• Do not attempt to engage officers in conversation. Just go where they tell you to go.
• Once you reach a safe location, STAY PUT.
• The officers may want to separate you from each other (This is known as sequestering).
Management’s Responsibility

• Employees and patients are likely to follow the lead of managers during an emergency situation.

• Managers should be familiar with their Emergency Action Plans. They should be prepared to stay calm and take appropriate actions such as barricading doors and evacuating staff and patients, via pre-planned evacuation routes, to a safe area.
Summary of Run, Hide, Fight

• **Run:** If you can safely evacuate, do so quickly and encourage others to go with you, but don’t let anyone’s indecision delay you. Call 911 from a safe location.

• **Hide:** Secure doors with locks and furniture. Silence phones and other devices. Avoid windows and shutter them. Consider what improvised weapons are available.

• **Fight:** As a last resort, use the element of surprise. Yell! Throw items at shooter’s head and charge to disarm him/her. Pile on and keep suspect subdued until the police take over.
Companion Resources

Videos to bookmark:

• City of Houston Mayor’s Office: Run, Hide, Fight

• Massachusetts Healthcare Preparedness Coalition: Armed! Are You Ready?

• Los Angeles County Sheriff’s Department: Surviving an Active Shooter

Department of Homeland Security Resources

• http://www.dhs.gov/active-shooter-preparedness

• 90 minute webinar: Virtual Roundtable
• Active Shooter Booklet
• Active Shooter Poster
• Active Shooter Poster (Spanish)
• Active Shooter Pocket Card
• Active Shooter Pocket Card (Spanish)

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