# CODE SILVER / ACTIVE SHOOTER

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## **DISCLOSURE**

• I have nothing to disclose

## **OBJECTIVES**

- I. Explain the US Home Security "Run, hide, fight" model as a method of response during an active shooter incident.
- 2. List key external and internal resources that should be involved in planning a
  health care facility active shooter drill.
- 3. Due to the unique challenges presented in an active shooter incident, staff
  may be required to take actions that can be uncomfortable to them and/or not
  practiced in other emergency drills. Identify some of these actions.

#### FEMA DEFINES ACTIVE SHOOTER AS

- an individual actively engaged in killing or attempting to kill people in a confined and populated area
- 70% are over in 5 minutes
- 2000-2015 an FBI study identified 200 active shooter events, 6 in health care settings
- Most gun-related events in hospitals (not just active shooter) are due to grudges, suicide, euthanasia

# MITIGATION AND PREPAREDNESS

# BEFORE THE EVENT – THREAT ASSESSMENT

- Diligence to identify a threat, watch for:
  - Escalating disruptive or violent behavior
  - Work place violence
  - People standing, pacing, wearing a heavy coat in the summer time
  - Employee ID badges
  - Threatening or intimidating statements, bizarre behavior, statements about suicide

#### **DRILLS**

- Involve external and internal resources
- Practice practice practice
- Loss of fine motor skills VS procedural / muscle memory
- Opportunity to discuss uncomfortable topics
- Have two routes of escape identified in advance

## **RESOURCES - INTERNAL**

- Facility Security
- Engineering
- Public safety
- Executive leadership
- Clinical Care providers
- Risk management
- Ethicists

#### RESOURCES - EXTERNAL

- Fire department
- Police
- Emergency Medical Servcies (EMS)
- Emergency management

#### NOTIFICATION

- Plain language codes not code silver
- The panic myth
- People want clear details about what they should do and when they should do
  it.

# **RESPONSE**

#### RUN

- React quickly
- Leave your belongings
- How will you leave and where would you go
- Who to notify once you reach a safe location
- Encourage others to leave with you, but do not let them slow you down
- Do not attend to the wounded
- If police are on scene hands in the air, follow directions

#### HIDE

- Identify places to hide
- Turn off cell phones and pagers
- Turn off lights
- Be quiet
- Barricade door (stretcher / desk / bookshelf)
- Do not hide in an area that restricts your movements
- If you have dialed 911 but can't speak, leave the line open so they can hear

#### **FIGHT**

- Identify potential improvised weapons (chairs, fire extinguisher, coffee pot)
- Commit to the action and act with aggression
- Unarmed citizens safely restrained shooter in 21 incidents

#### HYPERBARIC CHAMBER

- Leave them pressurized or depressurize
  - Location and time
- How will it respond if shot (acrylic)
  - Depends on perpetrator distance from chamber, internal chamber pressure and weapon / caliber of bullet
  - Most common weapon used in active shooter incidents is a pistol

#### HYPERBARIC CHAMBER

- No time leave the chamber(s) and run or hide
- Time for action but no depressurization:
  - Lower pressure to 0 psi depressurizing decreases risk of rupture if shot
  - Can cover acrylic
  - Turn down sound

#### HYPERBARIC CHAMBER

- If barricaded in the room / secured access room
  - Turn communication system off
  - Silence phones
  - Turn off lights
  - Turn chambers to zero and find a weapon
  - Are patient's safer in the chamber at 0 psi than barricaded in the room outside the chamber?

# **RECOVERY**

#### **POST EVENT**

- Notification
- Debriefing for staff / lessons learned
- Counseling

#### IMPORTANT DISCUSSIONS

Unlike other emergency drills – staff may need to purposely take actions that oppose what is usually practiced.

- Avoid regular evacuation staging location
- May need to leave people (including patients) behind, including patients in the hyperbaric chamber

#### **SOURCES**

- FEMA IS-907- Active Shooter: What you can do. <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-907">https://training.fema.gov/is/courseoverview.aspx?code=IS-907</a>
- Behavioral Analysis Unit National Center for the Analysis of Gun Crime. Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks. <a href="https://www.fbi.gov/file-repository/making\_prevention\_a\_reality\_identifying\_assessing\_managing\_threats\_of\_ta.pdf/view">https://www.fbi.gov/file-repository/making\_prevention\_a\_reality\_identifying\_assessing\_managing\_threats\_of\_ta.pdf/view</a>
- FBI Resources. Active Shooter Incidents in the United States in 2014 and 2015. <a href="https://www.fbi.gov/file-repository/activeshooterincidentsus\_2014-2015.pdf/view">https://www.fbi.gov/file-repository/activeshooterincidentsus\_2014-2015.pdf/view</a>
- FBI Resources. A Study of Active Shooter Incidents in the United States Between 2000 and 2013.
   <a href="https://www.fbi.gov/file-repository/active-shooter-study-2000-2013-1.pdf/view">https://www.fbi.gov/file-repository/active-shooter-study-2000-2013-1.pdf/view</a>
- ALERRT Active Shooter Data. Texas State University. <a href="http://www.activeshooterdata.org/index.html">http://www.activeshooterdata.org/index.html</a>
- International Association of Emergency Medical Services Chiefs. 2017. Active shooter planning and response:
   Learn how to survive a shooting event in a healthcare setting.