

# Active Shooter Drills: A Five Step Approach for Hospitals

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Workplace violence has become increasingly common, and healthcare facilities that should be caring for the victims of attacks have themselves become high-risk targets. According to the U.S. Department of Labor, during a two-year period, the number of workplace assaults ranged from 23,540-25,630 annually, with 70%-74% of them occurring in healthcare and social service settings.<sup>1</sup>

In this article, Esmeralda Valague, emergency preparedness expert in planning, training and technological solutions for safety, emergency management, national security and hospitals, shares key insights learned from responding to numerous critical events including two hospital active shooter incidents. In her current role at Community Health Network, she works as an Applications Analyst, Information Technology, to improve emergency and patient safety communication through technology solutions.

In managing active shooter incidents, hospitals face logistical and ethical challenges that differ from other organizations. The standard advice of the FBI to “run, hide, fight” (run to safety, hide if running is not an option, and fight off the shooter as a last resort) is not always possible in a hospital where many people can neither run nor fight and could not survive an evacuation.<sup>2</sup>

For example, patients in an Intensive Care Unit (ICU), Neonatal ICU (NICU), dialysis unit, surgery recovery room, or labor/delivery room can neither move nor be moved safely. And by instinct and training, healthcare providers certainly are not inclined to leave them to fend for themselves.

### Practice makes preparedness

Most hospitals are required to run emergency drills at least twice a year, but these are usually practice sessions for how to handle mass casualty events, or hazardous materials spills that occur elsewhere, not how to manage a shooter within the hospital.

There often is a reluctance to run active shooter drills in hospitals due to the possible disruption in already-complex daily operations or given the perception that they’ll be noisy or scary, further causing patients to panic and placing them at risk for increased illness or injury. Drills also can be expensive and resource-intensive.

However, hospitals that conduct active shooter drills will be better equipped to safeguard patients and medical staff with the knowledge they gain from them. Here are five ways to minimize the disruption and maximize the lessons hospitals and staff can learn from conducting active shooter drills.

1 U.S. Department of Labor (2015). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. Washington, DC: Occupational Safety and Health Administration.

2 Inaba, K., Eastman, A., Jacobs, L. and Mattox, K. (2018). Active-Shooter Response at a Health Care Facility. *New England Journal of Medicine*, 379(6), pp.583-586.

# 1

## Invite local law enforcement to participate



In a real active shooter emergency, hospital staff will contact the local police department immediately—that's why it's best to coordinate drills with local police when possible.

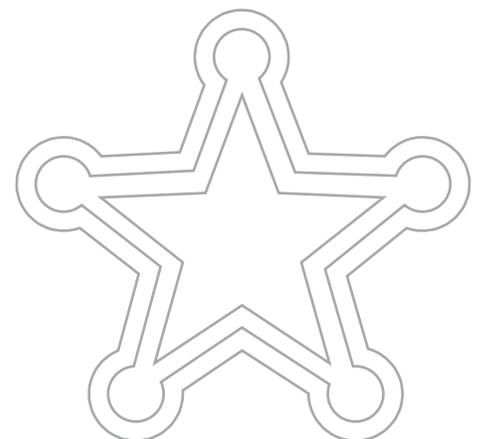
Not informing the local police of an active drill can be risky. Active shooter drills done without law enforcement collaboration or prior knowledge have resulted in miscued responses that caused serious injuries, personal property loss, and public relations debacles, underscoring the importance of this step.

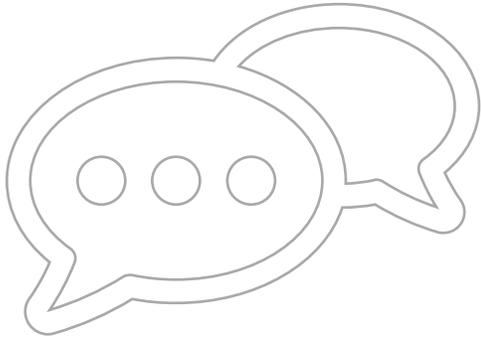
Involving local law enforcement can help to create a more coordinated response, a better understanding of best practices as well as necessary protocols and familiarity of the layout of the hospital, strengthening the response of hospital staff as well as law enforcement.

During an active shooter situation, police have a unique set of responsibilities with the highest priority of ensuring public safety, in this case by locating and de-activating the shooter. Until the facility is secure, everyone is a suspect and given that every second is critical, anyone impeding or interfering with law enforcement personnel is at risk of being arrested.

Simple practices including keeping badges visible, avoiding quick movements and refraining from putting hands in pockets can help police in their response. After one active shooter drill, nurses expressed concern that police officers didn't take more time to assist them—but in those instances, police focused on acting swiftly to shut down the shooter and prevent more casualties.

Also, given that most active shooter incidents arise suddenly, and are over in minutes, in some cases ending even before the police have arrived on the scene, drills are vital to helping train and empower staff on procedures and de-escalation techniques to better respond. Police feedback on these exercises can be of immense value.





## 2

## Differentiate drills from non-drills

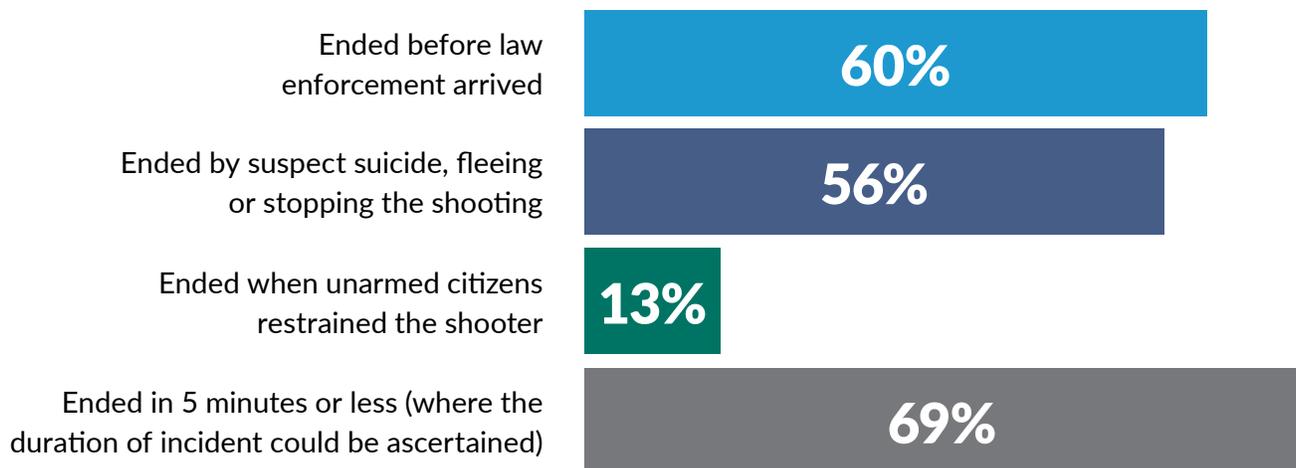
It's critical that a hospital's emergency communications system has a built-in capability to differentiate drills from non-drills. For example, at Community Health Network, as an automatic measure to prevent miscommunication during an active shooter drill, we utilize a drop-down menu item that requires users to indicate "This is a drill only" or "THIS IS \*NOT\* A DRILL" before sending a system-wide alert. This safeguard will prevent staff from being unduly alarmed.

Also, given that emergency communications are sent to hospital personnel on handheld and desktop devices

and aren't visible to patients and visitors, signage and audio systems should be leveraged to inform all of the drill and underscore that it's not a real incident.

Hospitals can become complacent about emergencies; healthcare workers deal with life and death situations every day. However, if you run active shooter drills, your staff will learn that this type of emergency requires a different approach. During a critical event, when the alert "This is not a drill" needs to be activated, any lingering complacency will vanish, and people will respond appropriately.

### Active shooter incidents: every second counts





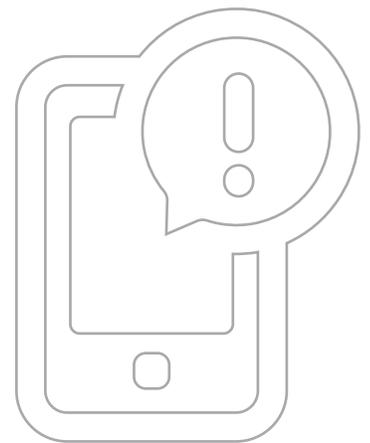
# 3

## Customize alerts for an active shooter scenario

In fast-moving active shooter emergencies, the right information must immediately reach the right people, and communications software must be adaptable. Customization will ensure you can quickly adapt your response to a variety of emergencies/scenarios.

For example, active shooter incidents require a different communications strategy than, say, a bomb threat. Bomb threats require phased communications that initially target only executives on a need-to-know basis, allowing time for the credibility of the threat to be assessed without raising unnecessary alarm. No further contact may be needed if the threat is not credible. In an active shooter incident, an alert must go out to everyone immediately because there is no time to assess the credibility and everyone is equally at risk.

An effective system should be able to reach every contact type at once to get the word out. Then it must shut down with no follow-up calls after that round of notification. Although, there's the initial instinct to contact everyone continually throughout an event to provide updates, cellphone rings and notifications can give away the locations of people who are hiding. Employees should silence their phones when there is an active shooter at large.



# 4

## Understand the unique culture and training of healthcare workers

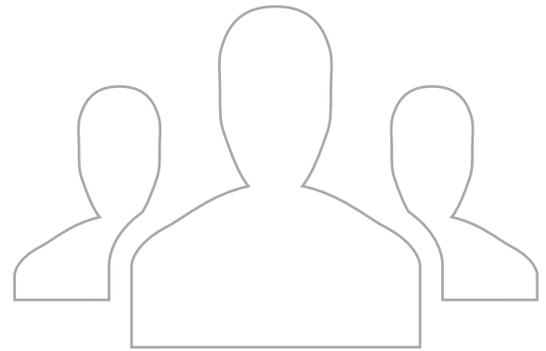
Active shooter situations are particularly complex in a hospital environment due to the caregiver culture and the training healthcare workers receive.

For example, in a previous role, while conducting an active shooter drill at an underground nuclear waste facility, people behaved relatively predictably and while evacuating avoided risks that might place them directly in harm's way. In contrast, in active shooter drills at hospitals, we routinely find that workers put themselves in harm's way by running toward the shooter trying to deescalate the situation, or failing to take cover and other defensive actions while continuing to care for patients.

Identifying ways hospital staff can take action without abandoning their patients is a core element of conducting drills.

One recent article suggested that the “run, hide, fight” mantra should be adapted for healthcare workers to “secure, preserve, fight”: secure the location immediately, preserve the life of the patient and oneself, and fight only if necessary.<sup>3</sup>

If there is an active shooter, healthcare workers should stop what they are doing, find the closest closed door and lock it or block it, concealing themselves and their patients as best they can. This is how to save the most lives.



<sup>3</sup> Inaba, K., Eastman, A., Jacobs, L. and Mattox, K. (2018). Active-Shooter Response at a Health Care Facility. *New England Journal of Medicine*, 379(6), pp.583-586.



# 5

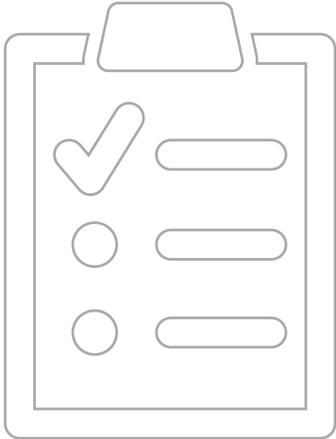
## Conduct a thorough post-drill analysis

Hospitals should always conduct an “after-action” analysis to learn as much as possible from the drill. In one recent active shooter drill, a large group of evaluators fanned out across the facility to watch what people did, tagging them with yellow stickies if they failed to pick out a good hiding place. (It can be expensive to engage enough evaluators, so we used volunteers.) After-action analysis sessions provided employees with insight on how they behaved during the drill, and how important it is to hide well.

Hospitals typically have many exits and entrances and contain unique dangers such as magnetic resonance imaging (MRI) machines with high-powered magnets that can snatch a weapon from a law enforcer’s hand or wall pipes carrying dangerous gases. After analyzing the results of a recent drill, one police chief realized his officers needed

to know where the MRI machines and gas pipes were before they entered the hospital to deal with an active shooter.

Action reports are more valuable if they break down responses usefully, such as: How did the NICU do? How did the operating room (OR) do?





## Active shooter drills save lives

In any drill, from a full force exercise with SWAT teams and noise to a minor training exercise which may not be facility-wide, there always are valuable lessons to be learned. In my experience running dozens of drills in hospitals large and small, we have never had a situation where patients panicked or were injured during a training exercise. This is due to our work with hospital leadership and stakeholders, including police and emergency personnel to devise and follow proper protocols and procedures, including notifying and updating patients and staff about the drills.

Recently, a hospital experienced two active shooter emergencies within a short period: one a domestic violence incident and one involving a psychiatric patient. Both crises were resolved quickly and there were no fatal injuries. I believe this was due to the insights hospital staff gained from the training, and protocols reinforced in prior active shooter emergency drills. The best outcomes are shaped within seconds—in both situations drills saved lives.

### About the author



Esmeralda Valague is a Certified Emergency Manager with undergraduate degrees in Behavioral Health and Emergency Management and a Master's Degree in National Security Policy. Her Emergency Management experience in volunteer, consulting, academic and paid staff capacities spans multiple industries from non-profit organizations, military, the oil and gas industry, hazardous materials and nuclear waste management, multiple educational institutions and her current specialty: hospitals and public health. She has responded to numerous declared disasters including Hurricanes Katrina, Rita, Ike and Harvey, the WIPP nuclear accident, 2 hospital active shooters, numerous floods, health facilities fires, the Ebola incident in Texas, etc. In her current role, she helps a medium-sized hospital system with technology solutions to improve emergency and patient safety communication.