GERIATRIC EMERGENCY PREPAREDNESS AND RESPONSE (GEPR) WEBINAR SERIES SESSION THREE
THE "ACTIVE SHOOTER" IN LONG TERM CARE AND ASSISTED LIVING COMMUNITIES

Presenters
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Judith A. Metcalf is Principle Investigator and Director of the University of New England Maine Geriatric Education Center. Ms. Metcalf has her Bachelors in Nursing from Salem State College, Salem, Massachusetts, her Masters from Boston University and her Post-Masters Adult Nurse Practitioner Certification in Primary Health Care Nursing from Simmons College Boston, Massachusetts.

- Ms. Metcalf has directed the programs of the UNE-MGEC since 2003. Focus areas include evidence based practice falls and quality of falls care team training for emergency department health professionals, geriatric health literacy collaborative team training, Living Art – Living Well Studio for health professionals and emergency preparedness training for health professionals in long term care and assisted living communities. UNE-MGEC is also one of six HRSA funded GECs that are members of the Geriatric Emergency Preparedness Response (GEPR) Collaborative. Her position, as Director of the UNE-Maine GEC is complemented by her involvement in the UNE Mature Care Practice as a nurse practitioner providing primary care to older adults in residential, assisted living, rehabilitation and long term care settings.
- She serves on several national and statewide committees and boards.

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Kathy Knight, RN, BSN, CHEC

Kathy Knight is the director of the Northeastern Maine Regional Resource Center (NE-MRRC) at Eastern Maine Medical Center (EMMC), the EMHS Center for Emergency Preparedness, and the Northeastern Maine Medical Reserve Corps.

- Since 2004, she has worked in partnership with Maine Centers for Disease Control (MeCDC) and 21 regional hospitals to develop local, regional and state-wide Medical, Behavioral and Public Health Emergency Preparedness and Response Plan for the northeastern area Maine. She facilitates the assessment of resources and regional needs, engages in all-hazards emergency and bio-event planning efforts with stakeholders, develops, coordinates and conducts disaster exercises, provides consultative services to healthcare organizations and businesses, lectures nationally and coordinates education and training offerings.
- Kathy worked 23 years in EMMC's Emergency Department in a variety of positions as nursing staff, department nurse manager, hospital emergency preparedness coordinator and staff developer. She is actively engaged in volunteer activities with the Critical Incident and Stress Management Team, Northeastern Maine Medical Reserve Corps, State of Maine Disaster Behavioral Health Team, and the Central Maine Incident Management Assistance Team.
- Kathy obtained and managed the Comprehensive Continuum of Care Operational Preparedness and Emergency Response (CCOPER) Grant to improve the level of preparedness among Long Term Care Facilities, Home Healthcare Agencies, Hospice and Residential Care Facilities by developing standardized templates for emergency management plan, training and educational offerings and integrating these organizations into the traditional emergency response community.

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Background

National Association of Geriatric Education Centers Initiative
Geriatric Emergency Preparedness, Response (GEPR) Collaborative

2001 – 02: National Association of Geriatric Education Center (NAGEC) surveyed GECs; presented position statement to HRSA on the need for geriatric emergency preparedness training

2004 – now: HRSA funded 6 GECs (*CA, KY, MO, NY, OH, TX), initially called* the Bioterrrorism Emergency Preparedness in Aging (BTEPA) , developed interprofessional training for health professionals; continues its work today as the GEPR Collaborative ~ **Consortium of NYGEC, Ohio Valley Appalachia Regional GEC, University of Kentucky, Saint Louis University Gateway GEC of MO & ILL, Stanford GEC, Stanford University, Texas Consortium GEC, and University of New England Maine GEC.**

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Background

National Association of Geriatric Education Centers Initiative
Geriatric Emergency Preparedness, Response (GEPR) Collaborative

2010-2015: GEPR committed to offer inter-professional geriatric preparedness programs through GECs' HRSA funded educational activities.

2010-2015: Three members of the Collaborative formed a national consortium to provide a Webinars Series on Geriatric Emergency Preparedness hosted by Stanford GEC. These include the Ohio Valley Appalachia Regional GEC/University of Kentucky, University of New England, Maine GEC, and Stanford GEC.

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Background

UNE Maine Geriatric Education Center & Northeastern Maine Regional Resource Center (NE-MRRC) collaboration.

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The "Active Shooter" in Long Term Care and Assisted Living Communities

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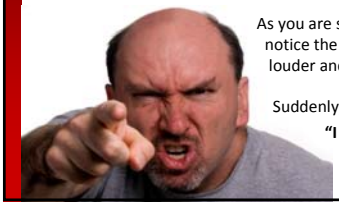
What Would You Do?

One day, while at work, you enter the lobby or common area to collect your patient. You vaguely note there is a man at the reception desk talking quietly to the receptionist.



As you are speaking with your patient, you notice the man's voice gradually growing louder and more emphatic.

Suddenly, he states loudly,

"I want to see her NOW!"

What Would You Do?

The man begins yelling the name of an employee. The receptionist attempts to calm the man and tells him he is disturbing the other patients and must stop yelling. Other staff members enter the area to see what is going on.

Suddenly…. the man pulls a gun from the back of his pants and begins firing rapidly at the receptionist and other staff. Thirty seconds later, he has fired an entire magazine of ammunition and 5 people lay dead or injured. He begins to reload.

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Could it happen to you?

In the time you have worked at your organization, has there been at least one incidence where you thought a co-worker, patient or visitor was contemplating attacking another person?

Learning Objectives

- Identify at least 2 possible indicators for a potential "active shooter" situation in a LTC facility.
- Describe constructive strategies that can be adapted in LTC facilities to prevent or prepare for a potential "active shooter" situation.
- List at least 3 ways that LTC personnel can assist law enforcement responders during a crisis.
- Describe how to manage the after-effects of an incident particularly for the cognitively impaired residents/patients.

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Content

- **Statistics** related to active shooter events in healthcare settings.
- **Preparing** for an active shooter situation.
- **Preventing** an active shooter situation.
- **Responding** to an active shooter situation.
- **Interacting** with First Responders.
- **Impact** of an active shooter situation.
- **Intervention** for post-event behavioral health needs

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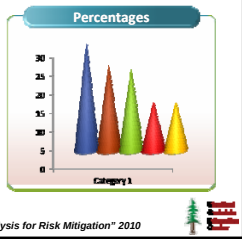
Active Shooter Venues NYPD

- Location of Attacks

1. School 29%
2. Open Commercial 23%
3. "Other", Churches, Police Stations, Hospitals 22%
4. Office Building 13%
5. Factory or Warehouse 13%



NYPD Active Shooter "Recommendations & Analysis for Risk Mitigation" 2010

Active Shooter Venues

Although active shooter situations are typically associated with schools, the threat of an active shooter exists in any facility type.

Vulnerabilities of Healthcare Settings

Access	• 24/7/365 open access • Limited or absent security resources (e.g., no metal detectors, unarmed security guards, etc.) • Lack of Automatic Lockdown Capability
Personal nteractions	• Emotional Triggers. • Financial Triggers. • Family & Social Triggers.

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Workplace Violence

- Healthcare professionals are 16 times more likely to be attacked on the job than any other service professional.
- 80% of attacks on healthcare professionals go unreported.
- Nurses experience workplace crime at a rate of 72% higher than medical technicians and at more than twice the rate of other medical workers.
- NIOSH reports an average of 69,500 assaults against nurses annually.

"Workplace Violence in Healthcare Settings", Developed by Center for Personal Protection and Safety

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Most Likely Healthcare Venues

Predominance of Healthcare Shootings

- Five states, Florida, California, Texas, Ohio and North Carolina accounted for more than a third of the events.
- Shootings within hospital walls averaged 12/year.
- Large hospitals (>400 beds) had highest incidence.

Location of Shootings

- 154 events
- Shootings Occurring Inside Facility:
  - 34% occurred inside the ED
  - 29% inside patient rooms
- 41% of Shootings Occurred Outside on Hospital Grounds:
  - 56% occurred in parking lot areas
  - 21% near the ED

"Hospital-Based Shootings in the United States: 2000 to 2011"; Gabor D. Kelen, MD, Christina L. Catlett, MD, Joshua G Kubit, MD, Yu-Hsiang Hsieh, PhD; Annals of Emergency Medicine 2012

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Hospital-Based Shootings in the U.S.-2000-2011

Gabor D. Kelen, MD, Christina L. Catlett, MD, Joshua G. Kubit, MD, Yu-Hsiang Hsieh, PhD, Annuals of Emergency Medicine September 2012

- 154 Hospital Related Shooting Events-235 Victims
- 91% of shooters were men < 45 yo
- Most perpetrators had a personal association with their victims
  - 32% estranged intimate relations
  - 25% current or former patients
  - 5% current or former employees
- In 18% of cases, the shooter did not bring firearm. 50% of shootings in the ED were with security personnel's firearm
- Similar rates to lawyers' offices and post offices
- Only 30-36% of events were likely preventable by the use of a metal detector
- 61% of events had only 1 victim and 55% were innocent victims

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Hospital Based Shootings

- Rate of assaults on healthcare workers is 8 in 10,000 compared to 2 in 10,000 for private-sector industry
- ED accounts for a third of all active shooter events
- Most shooters had a personal relationship with their victims
- Most frequently ascribed motives were:
  - Grudge or revenge (27%)
  - Suicide (21%)
  - Ending the life of an ill hospitalized relative (14%)
  - Escape attempt by patient in police custody (11%)
  - Societal violence (9%)
  - Mentally unstable patient (4%)
  - Perpetrator takes security personnel gun (8%)

Carthage Nursing Home Shooting

- Lone gunman (45 yo, Stuart) burst into Pinelake Health and Rehab Center, (110 bed facility) Carthage, North Carolina, March 2009 at 1000 am.
- Barging into rooms of terrified patients, wounding 1 police officer, killing 7 residents and 1 nurse.
- History of violent tendencies.
- Shooter wounded by responding law enforcement officials and taken into custody.

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Preparing for an Active Shooter Situation

- Development of an emergency operations plan
- Build relationships with first responders
- Staff training

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Purpose of Response Plan

- Goal: Survive and Protect
- Prevent, reduce or limit access to potential victims and to mitigate the loss of life.

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Principles Used in Plan Development

- Seek to maximize the protection of life.
  - Reduce number of people in harm's way.
  - Facilitate police response.
- Individuals will make their own decisions how best to maximize protection of life and what tactics to employ.
- "Duty to care" for patients will impact employees' response to the event.

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Acronym Soup

ALICE

- **A** = Alert
- **L** = Lockdown
- **I** = Inform
- **C** = Counter
- **E** = Evacuate

The 4 "As"

- **A**ccept the emergency is occurring
- **A**ssess what to do
- **A**ct: lockdown, evacuate, etc.
- **A**lert: law enforcement

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Development of An Emergency Operations Plan (EOP)

- Methodology for organization report the active shooter event?
- Update your evacuation policy.
- Emergency escape procedures and route assignments.
- Lockdown procedures.
- Incident Command System (ICS).
- Notification of local emergency response agencies.
- Communication with those that have language barriers.
- Notification of individuals at remote locations within premises or other campus buildings.

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Other Preparedness Activities

- Conduct Security & Risk Assessment
- Identify Evacuation Routes
- Establish Access Control System
- Maintain Facility-Wide Communication
- Keep the Plan Simple
- Use Plain English in Plans and Announcements
- Train Staff Expectations of Law Enforcement
- Train Staff to Find a Safe Hiding Place (thick walls, few windows, solid door, communications)
- Practice, Practice, Practice

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Clinical Training Affecting Healthcare Response

Clinical personnel are trained:

- To run toward source of a problem, not away
- Shelter-in-place
- Decrease disturbances for patients and avoid disruptions that may impact patient comfort or recovery
- "Patient First"
- Do not desert your patients

Responses

- Getting into harms way
- Hesitation
- Indecision
- Panic
- Refuse to leave patients

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Personal Responsibilities

- Three-Fold Responsibility:
  - Learn the signs of a potentially volatile situation and ways to prevent an incident.
  - Learn the best steps for survival when faced with an active shooter situation.
  - Be prepared to work with law enforcement during the response.

Untrained Personnel

- Experience: Alarms, gunfire, explosions, people shouting and screaming.
- Untrained personnel will:
  - Experience Initial Disbelief
  - Be Startled
  - Feel Fear
  - Feel Anxiety

Training Commitment

Trained Response

- Survival Mindset
- Survival Reaction
- Recall Learned Info
- Survival Behavior
- Live and Win

"WE CAN DO THIS!"

Untrained Response

- Panic Reaction
- Denial and Disbelief
- Shock and Helplessness
- Do nothing.....

"This can't be happening to me!"

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Trained Personnel

- Research shows that:
  - People do not panic when given clear and informative warnings,
  - They want to have accurate information and clear information and instructions on how to protect themselves in an emergency.

Window of Life

- A person in crisis has four responsibilities:
  - A person's **first** responsibility is for his or her safety.
  - A **second** responsibility is to those in the immediate vicinity, those who are within line of sight or ear shot of where you are.
  - A **third** responsibility is to those who may be affected by the crisis so that they may have more time to respond.
  - A **fourth** responsibility is to notify public safety.

Maintain Situational Awareness

- Remain alert
- Have a rudimentary mental plan in the event of an emergency situation.
- Focus attention on the environment
- Look out for odd or threatening behavior
- Know the location of security personnel
- Locate stairwells
- Take note of unattended packages
- Note the locations of panic alarms.

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Preventing an Active Shooter Situation

- Identify common pre-attack behaviors
- Provide anonymous reporting mechanism for staff
- Train a team that may assess risks individuals may present

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Active Shooter Definition

An individual actively engaged in killing or attempting to kill people in a confined or populated area.

Characteristics of an Active Shooter Event

- Rarely impulsive events
- Attack is thought out and planned in advance, but there is no pattern or method to their selection of victims.
  - Almost every attacker had engaged in behavior prior to shooting that seriously concerned others
  - In many cases, warning signs are ignored, downplayed, or misjudged in severity
  - Most active shooter situations evolve quickly.
  - Because most incidents are over within minutes, we must be prepared to deal with the situation until law enforcement personnel arrive.

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Common Characteristics Of An Active Shooter

- Male < 45 yo
- Loner, usually quiet, with defiant outbursts, emotionally unstable
- History of violence
- Elevated frustration level
- Erratic behavior
- Pathological blamer or complainer
- Strained work relationships
- Reduced productivity
- Extremist views
- Threatening behavior
- Changes in health or hygiene
- Feels victimized, makes threats
- Fascination with weapons
- Exhibits paranoia
- Seems depressed
- Dependence on alcohol or drugs
- Is involved in a troubled, work-related romantic situation
- Suffers dramatic personality swings or depression
- Evidence of psychosis

Triggers Do Exist! "People Don't Just Snap"

- Violent behavior or the potential for violent behavior is **rarely new** for perpetrators
- Usually demonstrate **patterns** of negative thinking, feeling, and/or behavior as **part of his/her history**
- **Certain triggers intensify** the negative behavior
- **Planning** for a violent response or action (by the shooter) usually takes place over time
- During this time, **signals, flags** and sometimes **threats** exist but are **rarely seen as serious** or are **not reported**

Violence/Shooter Functioning

- Personal Functioning Driven By:
  - **THINKING**: Mental Process
  - **FEELING**: Emotional Process
  - **BEHAVING**: Actions

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Individual Violent Process

- VIOLENT BEHAVIOR
- PLANNING
  Weeks/Months/Years
- IDEAS
  "Change is not possible in peaceful way"
  "Violence is necessary and justified"
- INTENSE FEELINGS
  Anger, Hostility, Retaliation, Vengeance
- NEGATIVE SITUATIONS
  Personal, Social, Political, Religious, etc.

Impact of Personal Interactions

Multiple Conditions In Multiple Situations Impact the Continuum of Life Function

Continuum of Life Functioning

A wide range of normal responses may be experienced when confronted with an abnormal situation

Negative Responses.

- Unproductive
- Unsafe
- Unhealthy
- Disruptive
- Threatening to Self, Others, or Workplace Assets

Positive Responses.

- Productive
- Safe
- Stable
- Healthy
- Resilient

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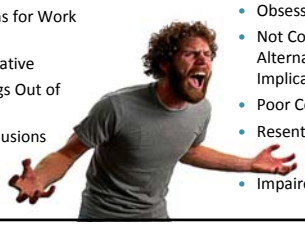
Negative Thoughts

- Off Track Ideas
- Easily Distracted
- Poor Decisions for Work Actions
- Focus on Negative
- Blowing Things Out of Proportion
- Illogical Conclusions
- Suspicions
- Delusions



- Strong Biases and Opinions
- Obsessing
- Not Considering Alternatives or Implications of Actions
- Poor Concentration
- Resentful of Coworkers
- Impaired Memory

Negative Feelings

- Intense Anger
- Hostile Emotions
- Feeling Arrogant or Supreme
- Feeling Powerless
- Intense, Dramatic, and Unstable Moods
- Anxiety and Panic
- Depression

- Chronic Fatigue
- Extremely Stressed
- Intense Guilt
- Worthless
- Jealousy
- Envy
- Helpless

Negative Behaviors

- Argumentative
- Refusal to Cooperate With Supervisors
- Rage Reactions
- Impulsive
- Insomnia
- Acting Like a Victim and Blaming Others
- Accidents
- Manipulative

- Exploiting Others
- Withdrawing / Avoiding Coworkers
- Making Mistakes
- Not Compliant With Work Policies
- Bullying
- Threatening Violence
- Committing Violence

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Workplace and School Shooters (Non-Terrorist) Shooters

- Individual is concerned about current situations and specific problems (i.e., job termination, conflict with another person, financial difficulty, marital problems, bullying, etc.)
- Shooter believes the violence will "solve the current problem"
- Persons or company/school resources are specifically targeted

Security

"Impenetrable hospital security in an open society represents a particular challenge, and zero risk is not achievable."

The Joint Commission

Central Peninsula General Hospital

- **Location**: Soldatna, Alaska
- **Date**: November 26, 2008
- **Name**: Ryan K. Smith
- **Victims**: 2 deaths/1 injury
- **Hospital Area**: Imaging Dept./Main Corridor
- **Duration**: 11 minutes
- **Description**: Had been fired. Shot both of former supervisors. Tried to shoot CFO and others in administrative wing. Perpetrator shot himself.
- http://www.youtube.com/watch?v=lY2W1I5BBP0

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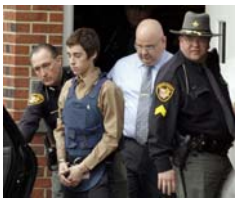
Active Shooter Response



Response In An Outpatient Setting or Business Occupancy

- **RUN !**
- **HIDE !**
- **FIGHT !**

http://www.youtube.com/watch?v=5VcSwejU2D0

Law Enforcement Response

- The primary goal of law enforcement is to eliminate the threat and stop the active shooter as soon as possible.
  - As the first responders' primary responsibility is to eliminate the threat, they will not be able to stop to help injured persons until the environment is safe.
  - Officers will need to take command of the situation.

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Arrival of Officers and Rescue Teams

- May wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Be armed with rifles, shotguns, and /or handguns
- Use pepper spray or tear gas to control the situation
- Shout commands and may push individuals to the ground for their own safety
- Emergency medical personnel will also arrive at the scene
- Rescue teams will treat and remove any injured persons
- These teams may also request able-bodied individuals to assist in removing the wounded from the premises

When Law Enforcement Arrives

Clearing the Building

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Expectations for Law Enforcement

- Remain calm and follow instructions
- Keep your hands visible at all times
- Avoid pointing or yelling
- Avoid making sudden moves
- Know that help for the injured is on its way

- Do not ask officers for help while you are being evacuated from the scene. Rescue personnel will be in a safe area to provide assistance

Post-event Interventions

- Accounting of all individuals
- Notification of physicians off campus
- Notification of families of individuals affected by the event
- Assessing the psychological state of victims
- Identifying and filling critical personnel or operational gaps
- Conduct “debriefing” or “hotwash” or “After Action Review” (AAR)
- Identify opportunities to improve response capabilities, capacity and competency
- Develop Corrective Action Plan (CAP)

Victim Recovery

- Identify personnel and victims requiring behavioral health support:
  - Direct Victims
  - Indirect Victims: Family Members, friends of Victims
  - Response Personnel
- Signs that a person is in need of trauma support:
  - Blank stare
  - Crying
  - Frantically trying to return things to order
  - Wandering around without purpose
  - Difficulty making decisions
  - Easily startled
  - Appears confused

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Behavioral Health Resources

- Behavioral Health Care Facilities
- Local Behavioral Health Professionals
- State Disaster Behavioral Health Team
- Employee Assistance Program (EAP)
- Medical Reserve Corps
- American Red Cross
- Social Workers
- Clergy

Thank you

- Stay Vigilant
- Be Proactive
- Remember to:
  - Run
  - Hide
  - Fight

Special Thanks and Credit

National Protection and Programs Directorate,
Department of Homeland Security,
The Office of Infrastructure Protection

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Northeastern Maine Regional Resource Center
public health emergency preparedness and response

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Final Question
Thank You for Participating!

Reminder: Please complete our short survey.
We appreciate your feedback.
***NOTE:** Continuing Education Participants must complete a final survey in order to receive CEU/CME credit*

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