

Disclosure of Commercial Interests

I have commercial interests in the following organization(s): (or I consult for the following organizations): **NONE**

List the Name of Your Employer:

M. Barry - Bolingreen Health and Rehabilitation, Macon, GA
W. Hervey - Middle Georgia State University, Macon, GA

What the company does? **Bolingreen provides skilled nursing care to the community for sub-acute care and long term care needs. Middle Georgia State University is a regional university in University of Georgia System.**

If consultant for organizations, only list the names of the companies for which you consult: **None**

List all commercial interests:

M. Barry - Bolingreen Health and Rehabilitation, Macon, GA
W. Hervey - Middle Georgia State University, Macon, GA

PLANNING AN ACTIVE SHOOTER FULL SCALE EXERCISE

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Active Shooter Defined

- Active Shooter is *“an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.”*
- In SNFbut overwhelmingly know at least 1 victim
- Most likely family member
- 2nd most likely disgruntled employee

Description

- Skilled nursing facility administrators face unique challenges when designing and conducting an active shooter training exercise.
- This presentation covers the domains of environment, management and leadership for the administrator.
- Content includes lecture, active discussion, and video of a successful actual full scale exercise.

Quick Statistics

- 160 Active Shooter incidents from 2000-2013 in U.S.
- 74 (46%) Commerce
- 39 (24%) Education
- 16 (10%) Government
- 15 (9.4%) Open Space
- 7 (4.4%) Residential
- 6 (3.8%) Worship
- 4 (2.5%) Health Carebut.....

Incidents of Shooters in SNF

Recent SNF shootings:

- Canyon County, California; husband shoots and kills wife with dementia; 2016
- Canton Township, Ohio; nurse gun downed by estranged husband 2015
- Chesterfield, Missouri; nurse gun downed by estranged boyfriend 2015
- Carthage, North Carolina; 8 killed, 1 wounded by estranged husband, 2009
- Barnesville, GA; 1 killed by estranged husband 2009
- McDonough, GA SNF 1 resident killed and family member shot self. 2008

Unique Challenges

- ASEs in a healthcare setting present unique challenges:
 - vulnerable patient population
 - Difficult choices often need to be made
 - state and federal life safety rules
 - high community and media visibility
 - dangerous physical environment
 - Hazmat & infectious disease, locked units
- Soft target????
- No single method how to respond to an incident

Legal Issues

- Potential plaintiffs
 - Legal duties conflict
 - Negligence
 - For doing it wrong, or not doing
 - Potential for suit is growing
 - Elder abuse potential
 - HIPAA etc
 - Gross Negligence
 - Criminal?
 - Disruptive event tag
- **Not just in actual event but in training!!!**

Rapid, Structured Communication Saves Lives

- The single best way to protect the workforce and save lives during an ASE is to deny the shooter potential targets.
- Rapid, pre-constructed messages delivered to multiple points upon immediate awareness of the threat can redirect staff, visitors and guests away from harm and toward safety.

So planning is essential!!!

Basic Strategy

1. PREVENTION!

2. **“Run** - If there is an accessible escape path, attempt to evacuate the premises

Hide - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

“Fight” - As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter

Active Shooter Exercise (In-service)

- Plan at least 6 weeks from the actual exercise
 - Local Law Enforcement
 - Family and residents
 - Staff
- Provide detailed information about Active Shooter
 - Show healthcare video
 - Provide handouts from Homeland Security
- Make time for questions and answers

The Table Top Exercises (TTX)

- Rehearsal (twice, early and close to exercise date)
- Critical piece to the planned exercise
- ALL key players must be present (in-house and services)
 - Relaxed and inviting atmosphere
 - Walk through of the exercise
 - Discussion of players roles
- Discuss opportunities missed
- Finalize details of actual exercise

After Action Review

- No media should be allowed to attend
- ALL players should say something
- Have a designator recorder
- Have Observers/Evaluators report
 - MESL objectives met
 - Good and bad points
- Key Players report
- Stress 3 positives and opportunities

Healthcare Active Shooter Video

• <https://vimeo.com/112455575>

Briefing on ACTIVE SHOOTER FULL SCALE EXERCISE

**BOLINGREEN HEALTH AND
REHABILITATION
HELD JUNE 1, 2016**

INTRODUCTION

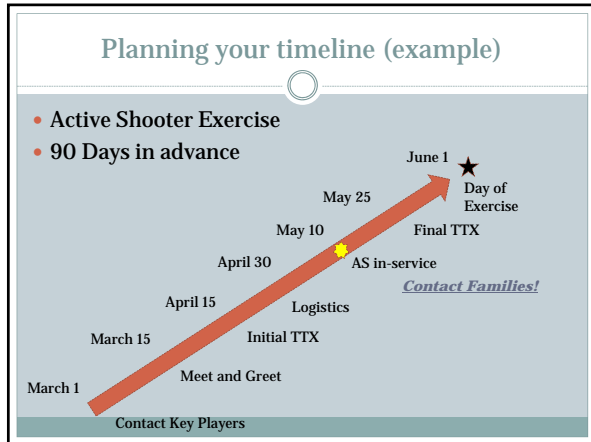
- SNFs must embrace and expand upon their knowledge of emergency management methodologies that are congruent with partners with whom they may be required to work in conjunction with during an emergency event.
- In order to strengthen emergency preparedness, SNFs must develop their capabilities to prevent, protect, respond, and recover.
- The implementation of a facility's emergency management plan and the true validation of their plan through the exercise and improvement planning process will only strengthen a facility's capabilities.

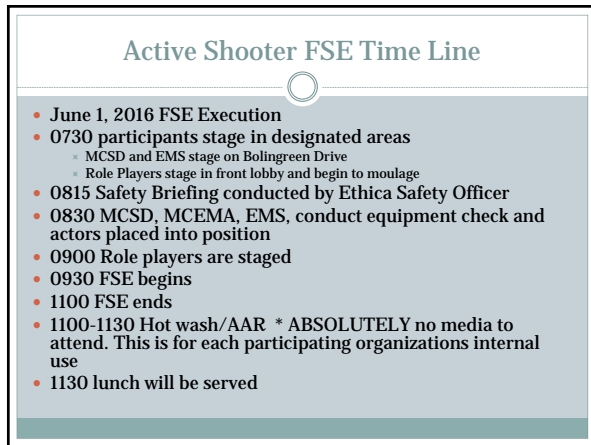
Service Participants

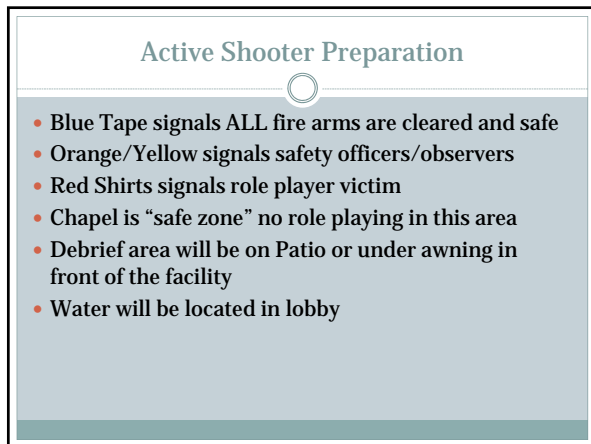
- County EMA Director
- County & City Sheriff or Police Department
- EMS
- Area College (faculty in charge of students)
- Company Emergency Preparedness Director
- Company PIO
- Company Spiritual Director
- Director of Nurses
- Facility Emergency preparedness Director

Exercise Objectives

1. **Identify and evaluate plans** for response and mitigation of potential workplace violence such as an ASE.
2. **Assess the roles and effectiveness of coordination** between public safety officials and SNF Leadership in reacting to an ASE in accordance with existing plans.
3. **Examine and evaluate facility incident response** plans used during an ASE.
4. **Assess the methods and effectiveness of internal and external communications** during an ASE in accordance with existing plans.
5. **Identify and evaluate response, mitigation, and recovery** actions associated with an ASE at their facility.
6. Identify gaps, redundancies, developmental activities, and best practices in draft procedures in response to an ASE.







Scenario Pre-phase

- Walter, a floor tech at BG had a work related injury back in December of 2015 and worker's compensation denied to cover his injury secondary to noncompliance with established safety standards.
- Walter continued to see doctors and have rehabilitation services at his own expense until March of 2016.
- Walter is a pleasant person and congenial worker always willing to go above and beyond to help others but his demeanor had begun to change in April of 2016.
- Walter's work performance started to decline and he started reporting late to work and cutting corners to get work completed. He has been counseled for this performance.
- Walter seemed to have improved but still had what was perceived as an "attitude" problem and he spoke with the supervisor and administrator and he said he would improve.

Scenario Pre-phase

- May 15 2016, Walter was a no-call and no show for duty. This is not a normal behavior from him. Administrator spoke with him and discovered that he and his wife were fighting over medical bills and that money was tight. Administrator spoke with HR and determined that this was an exception to termination and Walter was able to keep his job.
- May 16, 2016, Bibb County Sheriff came to facility and issued a garnishment order to Walter for unpaid bills.
- May 20, 2016, staff were reporting to administrator that Walter's has been talking hateful about BG and how the company doesn't care about people or situations it put people in. Administrator and supervisor speak with him about this and discover he needs financial help and send him to Community Health Foundation for assistance.
- May 22, 2016, CHF denied Walter's claim. Walter begins to really talk negatively about the company and slacks on work by not doing floors to standard and he is counseled again for job performance.
- May 25, 2016, it is reported that Walter has been really getting a bad attitude and staff as well as residents don't want him around.

Scenario Pre-phase

- May 27, 2016, Walter is late for work. The supervisor meets with the administrator with Walter to terminate him for cause. Walter states to the administrator his life is a mess and his wife called him a loser and wants him out of her life. Administrator offers to get counseling help with the company chaplain but Walter said he will be ok and knows what he has to do. Walter leaves the premises.
- June 1, 2016, a Bibb County woman (identity not released) was shot and sheriff is actively looking for suspect.
- June 1, 2016, administrator is conducting rounds in facility and is conversing with staff when they hear what appears to be a car backfiring in the parking lot. The administrator is called to the front office for a visitor. When the administrator arrives in the lobby is confronted by Walter (former employee) and is shot. Walter runs to the back of the building.

Pre-phase Discussion

- Evaluate administrator's response prior to day of shooting.
- What information is most important when notifying emergency responders at this time? Why?

Law Enforcement Response

- Local law enforcement officials arrive on scene within five minutes of the first 911 call from an employee cell phone inside the building. Police quickly enter the SNF to act on "Active Shooter" formation.
- The entry team confirms that the popping noises were indeed gun shots and they have encountered several wounded or dead individuals on the floor.
- They begin a systematic search of the building for the intruder and call EMS personnel as they clear sections.
- The maintenance director remains outside at the Incident Command Post to give the police officers more information about the intruder. Additional gun shots can be heard inside the building.

Staging Areas



Law Enforcement Response

- Law enforcement continues to clear the building and are directed by staff that the shooter when downstairs to lower level.
- The shooter has taken the HR manager and is threatening her life. Law enforcement negotiates the release of the HR manager and is able to subdue the shooter without further incident.
- Reports come from command that there the housekeeping supervisor is missing and was last seen at 9:00am. Law enforcement searches the remaining areas of the building and discover the housekeeping supervisor dead in her vehicle.

Discussion

1. How does the arrival of law enforcement change the response landscape?
2. Where would you establish an incident command post to assist law enforcement with their response?
3. What are your priority action items for consideration at this point in the incident?
4. Would there be any expectations that your associates might assist in the coordination of triage and pre-hospital treatment with on-scene incident command and the EMS?
5. How do you deal with internal and external communications? Is this written in your emergency management plan?
6. What specific information about the incident would you release to the media at a news conference or in a news release? What topics would you address? What information will need to remain closely held? Do you have a Crisis Communication Plan?

Incident Resolution

- Local news agencies pick up the chatter from law enforcement agencies on police scanners and begin to broadcast news of the incident "LIVE".
- Initial reports indicate that the SNF administrator has been killed. Emergency Medical Service ambulances have been dispatched and begin to arrive on location at the incident staging area.
- Several staff members run from the rear of the building shouting that the man has grabbed a fellow associate and has shot and killed several elderly residents. They give directions to the approximate location of the gunman to law enforcement personnel.
- The SWAT team finds the gunman in the class room on the east side of the center holding an associate hostage.
- Meanwhile, first responder teams enter the center, secure the facility and begin evacuation of the building. Negotiation with the gunman continues for a brief period of time as the SWAT team enters the barricaded room, and is successful in talking the shooter down and takes into custody without further incident.

Incident Resolution

- **Casualties:**
 - 2 Dead
 - 10 wounded:
 - 4 with various GSW to extremities
 - 2 with GSW to the chest
 - 2 with GSW to the head
 - 2 with GSW to abdomen

Incident Resolution

- Chaplain is on scene to handle psychological first aid and is consoling staff and concerned community members.
- PR for company is handling media questions and coordinating press release to provide community with accurate report on the incident.
 - Several staff members have been killed or seriously injured
 - Resident and staff families begin to learn of the unfolding events and flock to the facility
 - Continued media inquires
- **The facility incident command station is still active:**
 - Accountability of all residents and staff conditions
 - Notification being sent to immediate family
 - Accessing counseling services for staff and family members
 - Preparing for facility to continue operations

Learned from our ASE

- Preparing staff is crucial
- Handle residents with care
- Have a sentry ready by entrance for unscheduled visitors
- Advise local media **right before** starting
- Discussion with responding officers, EMS, etc is crucial

Discussion

1. What will be the immediate effects on staff, residents and families?
2. What type of emotional support is in place for your staff members?
3. What system is in place to deal with families of the deceased?
4. Do you have the resources to provide immediate and long term stress management and/or mental health services to your personnel? If not, how could those services be delivered?
5. Who will notify next of kin dead, wounded?
6. How do you keep staff members from the media?
7. How will your business recover and cleanup from carnage? How do you bring the center back to a sense of "normal" after an incident of this magnitude?
8. What are your priority action items at this point?
9. What is the media strategy at this time? Will interviews and access to the site be allowed at this point? How will this be decided? How will it be coordinated?

Training Resources

training.fema.gov
FEMA Self Instruction:
IS-100 Incident Command System
IS-120 Introduction to Exercises
IS- 130 Introduction to Exercise Evaluation and Improvement
IS- 907 Active Shooter-What can you do?
Basic and Advanced Emergency Management Courses

Training Resources

- Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans
- Active Shooter: How to Respond pamphlet 508
- National Incident Management System (NIMS) / Incident Command System (ICS)
