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Active Shooter Training: Exercise Coordination with Law Enforcement and Fire Department Response

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- Describe how to successfully engage with community partners in ways that will benefit hospital employees and the organization.
- Explain the importance of a live drill vs. a tabletop exercise.
- Identify challenges related to exercise attendance.



544 Beds

- 38 ICU
- 51 NICU
- 56 Perinatal
- 18 Pediatric
- 23 Rehab
- 12 Chemical Dependency
- 305 General Acute Care
- 41 Acute Psychiatric
- ED/Level II Trauma Center
- Cardiovascular Surgery
- Heart/Vascular Lab
- Stroke Center
- GI Services
- Radiation Therapy
- Respiratory Care Services
- Social Services
- Cancer Center
- Neurosciences/Sleep Center
- Speech Pathology
- Physical/Occupational/Speech Therapy
- Senior Care Network



PASADENA



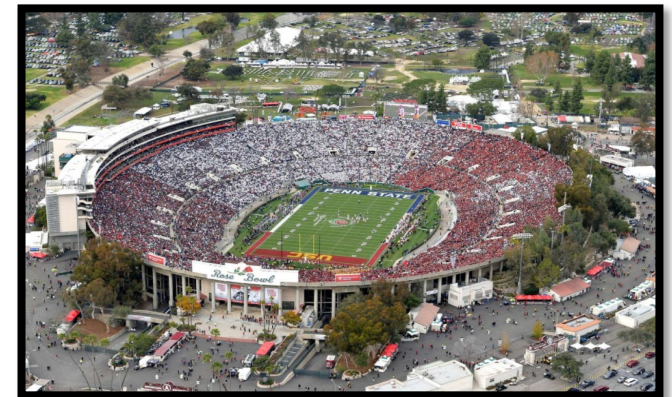
- Population: 138,699
- San Gabriel Valley population: 2 million
- Only Trauma Center in the San Gabriel Valley
- Home to museums, gardens, historic architecture
- Old Town Pasadena
- Pasadena City College



High risk venues and events



- New Year's Events:
Rose Bowl & Rose Parade
- Caltech and USGS
- Jet Propulsion Lab (JPL)
- Pasadena Convention Center



Hospital Shooting Statistics

- In the last decade, the incidence of hospital shootings has increased annually
- Hospital shootings have been known to occur in hospitals of all sizes
- Since 2002, over 50% of hospital shootings have occurred in hospitals with < 40 beds
- There have been more than 154 hospital-related shootings in the US since 2000
- The most common location for shooting incidents in hospitals



-NIH, National Library of Medicine

Hospital Shooting statistics

- 60% of shootings occur inside the hospital. 40% in outdoor areas.
- Motive for shooting:
 - Grudge
 - Treated poorly
 - Revenge
 - Ending life of ill relative with terminal diagnosis
 - Ideology
 - Political beliefs
 - Prisoner escape
 - Mentally unstable
 - Complications from medical procedure



-NIH, National Library of Medicine

Hospital Shooting statistics

- Victims:
 - Majority are 1 shooter, 1 victim. Only 10% had more than three victims. When multiple victims, 60-80% are innocent bystanders. Remainder are MDs (3%), Patients (13%) and nursing staff (5%).
 - Non-hospital shooting: Close to 25% of victims have no prior relationship to the shooter.
 - Hospital setting: more than 50% of the time the shooter and victim know each other. Hospital shootings are not random and are often personal and targeted. Many are due to a personal grudge against an ex-spouse, doctor, nurse or colleague.
 - The most common relationship between the victim and the shooter is an active personal relationship

-NIH, National Library of Medicine

- What happens to the shooter?
 - Over 50% commit suicide, 30-40% require law enforcement to engage, <10% captured alive. -FBI

Realistic training is critical

- Allows staff to apply their knowledge of active shooter response to a seemingly real threat in real time.
- Encourages engagement with law enforcement and fire personnel to develop mutual understanding of the operational response.
- A simulated exercise can help staff understand how an actual event may play out.
- Huntington Hospital's location places it at increased risk for an active shooter incident.



Does training work?

Current active shooter training is focused on the education environment – K through College.

Deficit in research related to the results of adult active shooter training.

Since 1966, the most common site for a mass shooting is the workplace. Most perpetrators are current or former employees who have access and familiarity with the buildings. Rather than relying on drills, employers should increase investment in mental health services, crisis intervention training and grief management.

-SHRM (Society for HR Management)

However, it is our experience at Huntington Health that hospital employees WANT this training.

Planning: Internal team members

Facilities/Construction

Education

Security

PR/Communications

Trauma Services

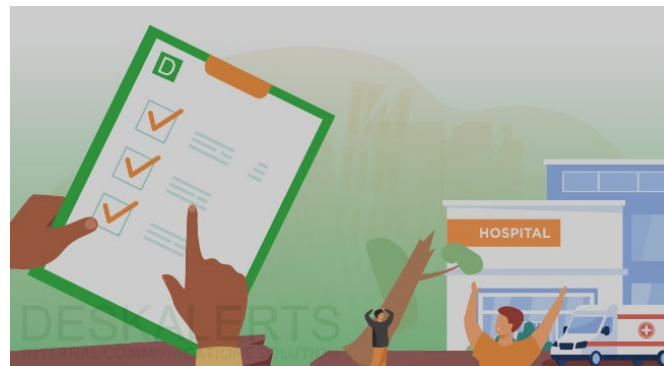
Risk Management

ED Leadership

Human Resources

Leaders from adjacent clinical areas

Hospital Safety Officer



Planning: Community partners

Pasadena Police Department

Pasadena Fire Department



Planning: Safety measures

- Safety Briefing before each session
- Masks
- Earplugs
- Vests for Facilitators/Controllers/Observers
- Professional debrief to address emotional impact of exercise



Planning: Safety measures

- Weapons sound check and noise exposure
 - Measure gunshot (blank) against OSHA and NIOSH standards: @1 foot and @10 feet
 - Cannot exceed 140 db. at any time
 - Must be below 90db for time weighted average (TWA) before requiring hearing protection
 - Highest peak measurement 136.4 db.
 - Highest TWA 74.6



Planning: Roadblocks



Finding agreeable meeting time



Challenging when all members are not present



Changes to exercise plan from community partners



Exercise delayed an additional 6 weeks due to:

EMR change from Cerner to Epic

Severe staffing shortages



Exercise/Training execution

- Four (4) Exercise Training Sessions over two (2) consecutive days
 - Utilized a demobilized nursing unit
 - Final session included activation of virtual HCC and Unified Command
- 130 hospital staff attended:
 - Participants, Facilitators, Observers, Victims/Role Players
- 60+ Law Enforcement/Fire Department Participants:
 - 10+ Pasadena Police Department Officers
 - 60+ Pasadena Fire Department



Evaluation: What went well?

- Executive Leadership Support
- Successful Collaboration with Community Partners
- Enthusiastic Participants
- Realism
- Excellent communication
- Use of multiple sessions
- Materials created by Internal Communications
- Development of Training Video
- Use of Therapist from Employee Assistance Program (EAP)



Evaluation: Improvement actions

- Develop regular schedule for active shooter training.
- Foster robust attendance at future trainings.
- Increase leadership attendance at trainings.
- Ensure consent form is signed by all non-hospital participants.

IMPROVE



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Questions?

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