ENA Topic Brief

Active Shooter Preparedness in the Emergency Department

Purpose

Active shooter incidents are on the rise across the United States and occur in many different settings. In a 2000–2011 study on hospital-based shootings, the emergency department (ED) was the most common site of attack with 29% of 154 recorded incidents. These events are unpredictable and unsettling to the community, first responders, and receiving medical facilities. Any hospital setting with an active shooter incident faces a serious public health and safety threat, but the potential for violence in the ED is particularly high because of its unique position as the receiving area for patients with undetermined mental and physical health conditions. The purpose of this topic brief is to provide guidance for safety of staff, patients, and visitors in the ED prior to or during an active shooter incident.

Overview

The consensus definition for active shooter among U.S. government agencies, including the Department of Homeland Security, is “an individual actively engaged in killing or attempting to kill people in a confined and populated area” and implies the use of a firearm. Mass killings are defined in the Investigative Assistance for Violent Crimes Act of 2012 as three or more people killed in a single event. Public mass shootings are defined as incidents when three or more victims, not including the shooter, are wounded or killed, and that are not identifiably gang- or drug-related. It is prudent for hospitals to include the potential for either type of event when preparing for active shooter incidents.

There are few published studies focusing on active shooter incidents in the hospital setting; most are case reports or epidemiological studies. Even less information exists on interventions that address active shooter incidents, or on the development, evaluation, and efficacy of active shooter trainings. Most hospital-based shooting incidents have involved the deaths of a small number of persons, and limited guidance exists on active shooter incidents in the ED. Between 2000 and 2013, the Federal Bureau of Investigation recorded 160 active shooter incidents, with an increase from 6.4 incidents per year between 2000–2006 to 16.4 per year from 2007–2013. In the hospital setting, rates of active shooter incidents also increased, from an average of 9 per year between 2000 and 2005 to an average of almost 17 shootings per year between 2006 and 2011.

Key Information

The Department of Homeland Security defines an active shooter as “an individual actively engaged in killing or attempting to kill people in a confined and populated area.”

In the hospital setting, rates of active shooter incidents have increased from an average of 9 per year between 2000 and 2005 to an average of almost 17 shootings per year between 2006 and 2011.

In a 2000–2011 study of hospital-based shootings, the emergency department was the most common site of attack, with 29% of 154 recorded incidents.

“Run-Hide-Fight” is perhaps the most well-known and advocated response for any individual involved in an active shooter incident.

Regular, ongoing training for all employees should be in place that includes procedures for responding to active shooter events and protection of staff and patients as well as the expected response from law enforcement.
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2011. Sixty-seven percent of healthcare facility-based shootings occurred before police arrived and could engage the shooter.

Key examples of active shooter incidents in healthcare settings include:

- Parkwest Medical Center (Knoxville, TN), April 19, 2010: A male patient was upset about his surgery and thought the physician had implanted a microchip in him. The patient was unable to locate his doctor so he went to the ED where he killed one person and wounded two others before committing suicide.
- St Vincent’s Hospital (Birmingham, AL), December 15, 2012: A man walked into the facility with a handgun and wounded three people. The shooter was killed by police.
- Renown Regional Medical Center (Reno, NV), December 17, 2013: The shooter killed one person and wounded two others before committing suicide upon police arrival.
- Planned Parenthood Clinic (Denver, CO), November 27, 2015: A gunman killed three people, including a veteran police officer, and injured nine others.
- Parish Medical Center (Titusville, FL), July 18, 2016: A shooter killed two people in a hospital room, one patient, and one hospital employee. The shooter was subdued by security guards until taken into police custody.

Education and Standards

An emergency action plan and training exercises are core components of ED preparedness. A great variety of training methodologies exists (see Resources). Many state hospital associations have ready-made drills and training materials available at no charge. It is vital that all EDs engage in regular active shooter training that includes a video or classroom component as well as a hands-on community-based drill that involves both local law enforcement and emergency medical services.

It is important to note that workplace violence protocols in healthcare organizations may not always address and may not apply to active shooter incidents. Therefore, it is essential to review all educational activities to ensure information specifically related to active shooter preparedness is included. Many local and federal law enforcement agencies offer training and guidance on active shooter incidents which can vary widely in scope and practice (see Resources). With standardization and the establishment of best practices, hospitals can effectively mitigate or minimize the tragic consequences of active shooter incidents.

Run-Hide-Fight is perhaps the most well-known and advocated response for any individual involved in an active shooter incident. Originally produced by the City of Houston with the support of the Department of Homeland Security, Run-Hide-Fight uses three central tenets to decrease morbidity and mortality in an active shooter incident. First, if a safe path is available, run to a safe place, assisting others if possible. Second, if accessing a safe place is not possible, find a secure place to hide. This includes locking or barricading doors, silencing cell phones and, if possible, calling emergency services. Third, if running to a safe place or finding a secure place to hide are not options, fighting the attacker aggressively is the last resort.

On March 16, 2016, The Joint Commission (TJC) sent out a heightened security awareness message on active shooter incidents calling for more hospital preparedness to address this growing issue. Core information from this message includes the following preparedness activities:

- **Involve local law enforcement in hospital planning**
  The involvement of law enforcement is vital and must be established prior to developing an emergency action plan. Use of the incident command system with regular drills is important. Establishing a law enforcement and...
hospital liaison that will serve as primary contacts in any incident can help to decrease confusion. Law enforcement should be aware of the location of the Hospital Incident Command Station and be familiar with the layout of the hospital. A Go Kit that includes documents vital to a hospital-based response should be prepared and disseminated in advance (see Definitions).

- **Develop a communication plan**
  A method for communication between the hospital and law enforcement should be established early in the planning process. A predetermined script should be available for the public relations officer to relay information to concerned family members and the public. The hospital buildings should be assessed as part of planning procedures, and a lockdown procedure should be in place in order to avoid walk-in traffic. Departmental lockdown drills should be practiced on a regular basis.

- **Establish processes and procedures to ensure patient and employee safety**
  A plan should be put in place that ensures all in-house employees and patients are accounted for; it should also include how to continue to care for critical patients while staging a hospital-wide evacuation should that become necessary. Hospitals and surrounding spaces could become a crime scene or suffer damage and loss of operations. A plan for both onsite and offsite continuation of operations should be developed.

- **Train and drill employees**
  Regular, ongoing active shooter training for all employees should be provided that includes procedures for responding to active shooter events, protection of staff and patients, and the expected response from law enforcement. Training should also include regular hands-on drills for all members of the healthcare team and community first responders. Separate drills should be conducted regularly for members of the Hospital Incident Command Team, security officers, and hospital administrators to ensure family information centers can be rapidly established and media questions addressed.

- **Plan for post-event activities**
  Debriefings or hot washes should be conducted after each training session and especially after an incident, to identify what went well and what needs to be improved. Plans for mental health concerns should include the referral of patients or employees to appropriate mental health resources offered by the hospital’s Employee Assistance Program or other available services in the community.

### Emergency Management Strategies for an Active Shooter Incident

#### Mitigation and Preparedness

Preparation to facilitate early intervention is crucial as most active shooter incidents are over before police arrive. Education of departmental staff is vital so they can identify early warning signs of threats or actual violence, especially with disgruntled patients, families, or even employees. Workplace violence resources may be helpful for risk assessment and determining strategies without specifically addressing an active shooter incident. Training, team development, and routine drills or table-top exercises can help staff and others become more familiar with what to do in an active shooter incident.

Prior to any incident, it is critical that clear channels of communication are readily available between a hospital’s emergency management team, departmental administration, and local law enforcement agencies. To avoid confusion among the general public and law enforcement agencies, active shooter incidents should be communicated in plain language whenever possible.
Response and Recovery

As stated previously, Run-Hide-Fight is the most widely recommended response for the immediate area of an active shooter incident. These incidents evolve rapidly and the priority is to quickly remove as many people as possible from danger to minimize the number of potential victims. Healthcare providers may be faced with life-or-death decisions about leaving their patients in order to survive the incident.

After any traumatic event, immediate availability of mental health support is important for all those involved to prevent extreme psychological trauma. Psychological first aid (PFA) attends to early post-incident reactions to promote adaptive coping through debriefing, calm reassurance, and community assistance so those impacted can feel safe and supported. Because the impact of an active shooter incident extends far beyond the primary victims to encompass the ED, healthcare facility, and the community, facilities may do well to openly communicate how they are working post-incident to ensure a safe environment for all.

Conclusion

In today’s healthcare milieu, it is imperative that emergency nurses are prepared to respond in an active shooter event. Development of a comprehensive emergency action plan requires the dedication of hospital administration to partner with the community, local emergency services, and law enforcement. This all-inclusive approach involves planning, education, training, and preparation drills to maximize survival of staff and patients and prevent a mass casualty. Structured psychological support services, both short- and long-term, are also essential to incorporate into the hospital emergency action plan.

As a patient advocate and caretaker, the emergency nurse may experience ethical dilemmas in an active shooter situation. The Run-Hide-Fight response directs healthcare workers to “run to a safe place, assisting others if possible,” with the rationale that nurses and other healthcare personnel will be needed to provide ongoing patient care post-event. Because it is the nature of healthcare providers to protect their patients, it is important to allow for open discussion regarding ethical concerns so that providers can be prepared to make the best possible decisions in an active shooter situation.
Definitions of Terms

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

Go Kit: Commonly requested by law enforcement, these kits include Life Safety Drawings of a facility, utility shut-offs, hospital communication devices, hospital radios, and access badges.

Hot Wash: Discussion and evaluation of an agency’s performance following an exercise, training session, or major event.

Mass killing: One event where three or more people are killed.³

Mitigation: Action that prevents or minimizes loss of life in an event or disaster.⁹,¹⁰

Preparedness: An ongoing cycle of actions (e.g., planning, organizing, training, evaluating) to ensure effective coordination during an incident response.⁹,¹⁰

Public mass shooting: Shootings where three or more victims, not including the shooter, are wounded or killed and that are not identifiably gang- or drug-related.⁴

Recovery: Includes resources that provide therapeutic assistance to those impacted by an event as well as post-incident evaluations and mitigation of future incidents.⁹,¹⁰

Response: Immediate actions to save lives and meet basic human needs. Also involves implementation of emergency operations plans, restoring a safe environment, and assisting in the transition to recovery.⁹,¹⁰

Resources

Surviving an Active Shooter – Los Angeles County Sheriff
https://www.youtube.com/watch?v=DFQ-oxhdFjE

RUN. HIDE. FIGHT.® Surviving an Active Shooter Event (Ready Houston)
https://www.youtube.com/watch?v=5VcSwejU2D0

Last Resort ACTIVE SHOOTER SURVIVAL Measures (Alon Stivi)
https://www.youtube.com/watch?v=r2tLeRUbRHw&feature=related

Active Shooter Preparedness (Homeland Security)
https://www.dhs.gov/active-shooter-preparedness
Planning for Active Shooter Incidents (California Hospital Association) [http://www.calhospitalprepare.org/active-shooter](http://www.calhospitalprepare.org/active-shooter)

Emergency Management Resources – Security/Violence/Active Shooter (The Joint Commission) [https://www.jointcommission.org/emergency_management_resources_violence_security_active_shooter/](https://www.jointcommission.org/emergency_management_resources_violence_security_active_shooter/)


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