SOCIETY FOR AMBULATORY ANESTHESIA
Outpatient • Office Based • Non-Operating Room
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SAMBA 2024 Annual Meeting
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An Active Shooter in an ASC

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Disclosures

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- I have the following financial interests or conflicts to disclose:

  Merck – Consulting Fees
  This arrangement has no influence on my presentation

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What will we talk about?

Healthcare workers experience violence at high rates

Run, Hide, Fight may need to be Secure, Preserve, Fight

HC Professionals' obligation to Run or Stay is very personal and not a moral, ethical question

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WPV Study of Anesthesiologists

Anesthesiologists report a relatively high incidence of workplace violence

Survey conducted in 2018

- 2694 responses from ASA members = low response rate
- **Physical violence = 20%**
  - **Mostly from patients/family members**
- **Non-physical violence = 69%**
  - **Most from physicians in other specialties**
  - Next most was from patients/family members

A majority of respondents did not report the event to a supervisor, human resources, hospital leadership, or law enforcement

Workplace Violence Against Anesthesiologists: We are not Immune : International Anesthesiology Clinics (lww.com)

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Healthcare workers - 5x more likely to be injured from violence at work

60% of ALL workplace assaults occur in a healthcare setting

- Healthcare: 13% of total workforce (2016)
- Patients/Family Members account for 80% of incidents

JCAHO Quick Safety Bulletin, Issue 47, January 2019
N Osterweil, www.medscape.com/viewarticle/853533#vp_1, Oct. 2015
Bureau of Labor Statistics

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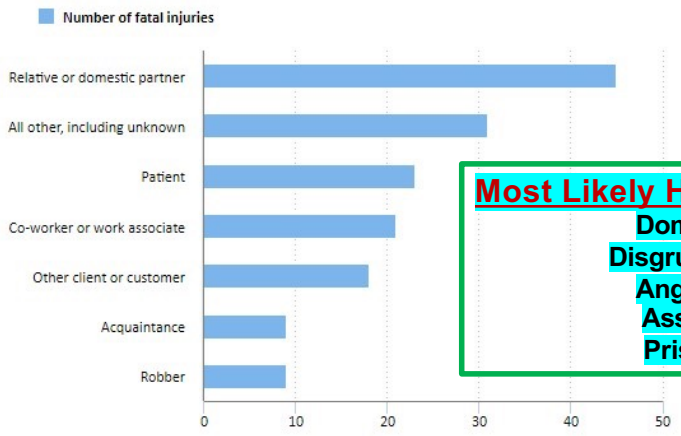
2011-2018 = 156 workplace homicides to healthcare workers

Homicides to Healthcare Workers by Assailant (2011-18)



Hospital Shootings are often targeted & personal

91% Male Shooters

Most Likely Healthcare Shootings
Domestic dispute
Disgruntled employee
Angry at provider
Assisted suicide
Prisoner escape

Bureau of Labor Statistics – Fact Sheet April 2020
OSUWMC Police Interview
Everbridge.com Webinar. Active Shooter Preparedness and Response in Healthcare, Steven M. Crimando

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2023 Healthcare Shootings

January 25th – Daytona Beach, FL – Hospital Patient Room

76 yr old woman shot & killed her terminally ill husband

They made a suicide pact if his condition deteriorated

May 3rd – Atlanta, GA – Clinic Waiting Room

24 yr. old former Coast Guard opened fire after appointment

Killed 1 CDC employee, injured 4 other people **(all women)**

Mother states he had "some mental instability going on" from meds he received from VA

July 11th – Collierville, TN – Clinic Exam Room

Current patient shot & killed popular upper extremity surgeon

Stated he had schizophrenia and had stopped taking his meds

July 22nd – Portland, OR – Hospital Patient Floor

Suspect visiting a patient threatened staff who called security

Security officer was fatally shot, one staff member injured

Suspect later shot after police chase

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70% of Shooting Incidents Last 5 Minutes or Less

It is difficult to talk about these types of events but thoughtful discussion & 'preplanning' is critical

Simple, plain language communication is key

- **Not everyone will understand a code system – "Code Silver"**

Situations are dynamic & unpredictable – 'drills' are difficult to create

- **Tabletop discussions are best for staff (vs. "drills" or demos)**
- **Record participation in employee file**

Everbridge.com

Everbridge.com Webinar. Active Shooter Preparedness and Response in Healthcare, Steven M. Crimando

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Preparation is Required

Nationally, health care facilities have requirements for emergency preparedness

- Emergency preparedness rule from CMS & accreditation mandate from JCAHO
- Both rules require hospitals have emergency response plans for "all hazards"
- In June 2021, JCAHO included active shooter preparation as a requirement

Proposed legislation to address shootings at health care facilities

- House passed a bill requiring health care employers to implement workplace violence prevention plans
- Currently in Senate Committee

Source: https://www.advisory.com/daily-briefing/2022/06/03/shooting-preparedness

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Healthcare locations present unique challenges

Incidents have no patterns in victim selection or method

- Unpredictable and quickly evolving situation → loss of life and injury

"Duty-to-care" commitment

Varying levels of patient mobility & patient special needs

Healthcare facilities open to the public, sometimes at unusual hours

- Relatively easy for a shooter to gain access

↓ Community psych. resources → ↑ number of patients with serious mental illness

https://www.nso.com/Learning/Artifacts/Articles/active-shooter

https://www.cisa.gov/sites/default/files/publications/19_0515_cisa_action-guide- hospitals-andhealthcare.pdf

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National Institute for Occupational Safety & Health (NIOSH)

Prevention Strategies for Healthcare Employers

- **Environmental Designs**
  - Develop emergency signaling, alarms, and monitoring systems
  - Install security devices such as metal detectors to prevent armed persons from entering the hospital
- **Administrative Controls**
  - Restrict the movement of the public in hospitals by card-controlled access
  - Develop a system for alerting security personnel when violence is threatened
- **Behavior Modifications**
  - Provide all workers with training in recognizing and managing assaults & maintaining hazard awareness
- **Dealing With the Consequences of Violence**
  - Provide an environment that promotes open communication

https://www.cdc.gov/niosh/docs/2002-101/#Prevention%20Strategies%20for%20Employers

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Effective Communication is Essential

Many facilities block overhead announcements in the OR to decrease distractions

- Work with facility management to make emergency announcements audible in the OR

Announcements should be clear & redundant

- "Code Silver, Active Shooter, Last Seen at ***"
- Overhead announcements, Phone calls, Text messages, Alerts popping up on Workstations
- Personnel should know how they will be notified if an active shooter is present

Personnel should know if and how the doors in their area lock

Scott Herring, AORN Journal, June 2022, Vol. 115, No. 6

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When Run, Hide, Fight isn't Possible

Run – "Nobody can or should be instructed that they must stay, or they must leave"

Hide – Hospitals have open designs to maximize the visibility of patients

Secure, Preserve, Fight

Source: Inaba, et al. N Engl J Med. 379;6. August 9, 2018

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Secure, Preserve, Fight (SPF like Sunscreen)

Secure - *Secure the location immediately*

- Secure areas where essential life-sustaining treatment is ongoing
- Use electronic access systems or mechanical devices to 'isolate' areas
- Dim or turn off all nonessential lights
- Silence telephones and pagers

Preserve - *Preserve the life of patient & yourself*

- Stay away from windows and doors
- Move patients to sheltered areas if possible
- Provide only care required to preserve life

Fight - *Fight only if necessary*

- Only as a last resort, if your life or patient's life is in immediate danger

Inaba, et al. N Engl J Med. 379;6. August 9, 2018
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Incorporating Active Shooter Planning into Health Care Facility Emergency Plans

1. All employees should think through what their response might be

- Tabletop discussions are preferred
- Mental rehearsal can lead to better preparation
- Know your area
  - Ways in/out – at least 2 nearby exits
  - Where would you hide?
  - Be mindful of your cover (drywall vs. brick)

2. Because denial, disbelief, fear & anxiety often occur → training should address those reactions to avoid delayed response

3. Have conversations about how to help patients & visitors

- Review evacuation policies and procedures

L Jacobs & K Burns, J AM Coll Surg, Vol 225 No 3, September 2017

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What About Our Patients?

Patient & Visitor Management

This is a difficult discussion and decision

Should not be a moral, ethical question

Preplanning and thoughtful discussion will help to guide the response

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What would you do?

Scott Herring, AORN Journal, June 2022, Vol. 115, No. 6

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2014 –

U.S. Dept. of Health & Human Services
U.S. Department of Homeland Security
U.S. Department of Justice
Federal Bureau of Investigation
Federal Emergency Management Agency

Nobody can or should be instructed that they must stay or they must leave

- HCFs can help employees better prepare, respond, and recover by discussing & inviting employees to trust that they will make the best decision they can at the time, relying on their individual circumstances

Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans (phe.gov)

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"Health care professionals have a responsibility to accept significant, but not disproportionate, risk in their efforts to benefit their patients"

Self-protection is an understandable and permissible reason for choosing a particular action

Without substantial measures to protect themselves & patients, professionals' attempts to shield vulnerable patients from active shooters are very likely to be ineffective and self-sacrificial

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Actions That Facilities Can / Should Take

Risk mitigation is typically beyond the capacity of individual professionals

Reciprocal duty of health care facilities to develop and implement reasonable measures to help professionals keep patients and themselves safe from such attacks

Facilities can/should implement effective control measures:

1. **Security screening, including metal detectors, at facility entrances**
2. **Development and dissemination of an active shooter response plan**
3. **Internally activated locking systems to secure the doors to hospital units with vulnerable patients**
4. **Active shooter alert systems for immediate notification to all staff**
5. **Initial and periodic training for staff on their roles**

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Hartford Consensus National Survey

Level of Personal Risk Doctors and Nurses Should Accept to Help Patients Who Cannot Get Out of Harm's Way in an Active Shooter Attack

Level of Personal Risk

	Very High	High	Moderate	Low	None
Public %	12	27	41	12	5
Healthcare %	8	19	47	21	5

VH, H, M Risk – Public 80%, Healthcare 74%

L Jacobs & K Burns, J AM Coll Surg, Vol 225 No 3, September 2017

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Hartford Consensus

Thought questions on the obligation of HC Professionals

- **If there was an announcement that an active shooter is in the hospital, who should be designated to stay and care for the patients and who should be able to leave?** Should this be based on administrative seniority, type of healthcare provider, eg MD, RN, aid, or security officer?
- **If you, as a healthcare provider, leave and patients are injured, will you be able to work in that environment again or would that be too emotional?**
- If it happens that there was a false alarm but the patients who were abandoned had untoward outcomes, who should bear the liability? **What would the consequences be for those who left the patient, especially if the shooter did not stay in the area but the patient had untoward outcomes when left unattended?**
- If the patients could be involved in the decision making and tell staff to leave, does this affect your decision making as the professional assigned to care for them?
- Should the response of professional staff in the ICU or the operating room be different than the response from the professional staff that cares for patients who can ambulate?
- Are there similarities in the responsibilities to firefighters to retrieve victims from a burning building or to rescue patients from a fire in the hospital?

L Jacobs & K Burns, J AM Coll Surg, Vol 225 No 3, September 2017

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Discussion about Pepper Spray at OSU

Inquiry about "emergency boxes" that would trigger an automatic call to security/911 if opened and would contain some type of Pepper Spray (from Q&A after 2022 ASA Lecture)

Reasons for declining request, after significant discussion:

1. "Every unit will want one"
2. Training "everyone" would be very challenging
3. If it were ever used, the public opinion would be very harsh about a "safe place" that is supposed to care for everyone, using force on someone

What did we talk about?

Healthcare workers experience violence at high rates

Run, Hide, Fight may need to be Secure, Preserve, Fight

HC Professionals' obligation to Run or Stay is very personal and not a moral, ethical question

Thank You

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IAHSS Foundation 2023 Crime Survey

Rate of hospital violent crime increased 47% in 2021 compared to 2020

- Includes murders, rapes, robberies, and aggravated assaults

The 2021 assault rate also increased nearly 25%

- Includes non-violent crimes

2023 Survey is pending

International Association for Healthcare Security and Safety (IAHSS)

https://www.campussafetymagazine.com/news/hospital-violent-crime-increased-47-last-year/
https://cdn.ymaws.com/www.iahss.org/resource/collection/48907176-3B11-4B24-A7C0-FF756143C7DE/2021_IAHSS_Foundation_Crime_Survey.pdf

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JCAHO

Trained individuals

will more likely respond according to training received
- will **not** descend into denial

Untrained individuals

will more likely not respond appropriately
- will descend into denial and helplessness
- will usually become part of the problem

Safety Actions to Consider

Involve local law enforcement in your plans
Develop a communication plan
Assess and prepare your building
Establish processes & procedures to ensure patient & employee safety
Train and drill employees
Plan for post-event activities

https://www.jointcommission.org
https://www.jointcommission.org/-/media/tjc/documents/resources/workplace-violence/2017_active_shooter_planning_response_healthcare_settingpdf.pdf

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