

**Proposed Outline – Active Shooter Incidents in Healthcare Facilities**  
**\*\* Subject to Change \*\***

*Prepared by Doug Trovinger, MBA, Ed.S.*

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**Module Contents at a Glance**

**Part 1 – Course Objectives**

**Part 2 – Introduction & Key Concepts**

**Sub-Section 1 – 911 Call**

**Sub-Section 2 – Definition of an Active Shooter Incident (During Slides, p. 15) & Statistical Data on ASI's**

**Sub-Section 3 – Healthcare Risk Factors (including tangible risk factors like suspicious letters, packages, bomb threats, etc. that can be used as decoys for an ASI to take place)**

**Sub-Section 4 – Components of Risk & Minimizing Security Risk in Workplace**

**Sub-Section 5 – Security Is Everyone's Responsibility (Closure Topic for Part 2)**

**Part 3A – Planning & Preparation for Active Shooter Incidents (ASI's)**

**Sub-Section 1 – Emergency Action Plans (EAP) Review (Incl. Contents, Practice, Considerations, Patient focus, etc.)**

**Sub-Section 2 – ASI Walkthroughs with Staff, Key Personnel, & Volunteers of Medical Facilities (when applicable)**

**Sub-Section 3 – Best Practices for ASI Execution Plan Maintenance**

**Part 3B – Prevention of Active Shooter Incidents (ASI's)**

**Sub-Section 1 – Explanation of Who Could Be an Active Shooter**

**Sub-Section 2 – Defense Strategy & Employees Being First Line of Defense (e.g. Environment, Security, and Educational Factors)**  
*Example: Physical security systems, limited access area review, employee badging program, computer use & tracking software, etc.*

**Sub-Section 3a – Suspicious Behaviors & Warning Signs of Potential ASI's (e.g. Behavioral Analysis, Specific Warning Signs Presented, Violence Types & Levels – detail provided in next section as this last piece is a lead into that subject)**

**Sub-Section 3b – Hand, Waist, & Face**

*Example: When evaluating a threat, that looking at ones hands (are they carrying a weapon?; or are they clinched?); waist (most people that try to conceal a weapon will do so on the waist some-where); and face (read their expression and if they look angry this is a way to judge their intent).*

**Sub-Section 4 – Reporting of Said Behaviors (including staff & management response and/or actions that need to be taken)**

*Example: Approaching suspicious people and tips that should be utilized when approaching him/her*

**Part 4 – Active Shooter Incidents (ASI's) In Progress**

**Sub-Section 1 – Brief Review of Material Covered So Far & Bridging to Actual ASI Event in Progress**

**Sub-Section 2 – Basic Principles #1 of an ASI Event in Progress – Run**

*Safe evacuation of facility and exit strategy; general behaviors to exhibit (e.g. alerting others, don't carry things, staying calm); patient management and evacuations*

*Calling 911 when appropriate and safe to do so (required items; p. 28 of During)*

*Conclusion on sub-section*

**Sub-Section 3 – Basic Principles #2 of an ASI Event in Progress – Hide**

*When it is better to hide from active shooters (hiding places and protections from stray gunfire); cover vs. conceal; optimal hiding places and benefits of them; personal precautions and actions (e.g. turning off lights, silencing phone, etc.); hiding immovable patients (and situations warranting hiding vs. running)*

*Conclusion on sub-section*

**Sub-Section 4 – Basic Principles #3 of an ASI Event in Progress – Fight**

*Last option resort – utilize only if other options are unavailable; physical actions to disarm active shooter, aggressive actions mimic active shooter; element of surprise/unexpected attacks, swift action; yelling & drawing of attention, use of objects as weapons to throw (e.g. fire extinguishers, solid objects that can be thrown easily or trip one up); commit to actions; strength of numbers; incapacitate, disarm, and restrain active shooter and hide weapon (DO NOT CARRY/HOLD) until authorities arrive*

*Conclusion on sub-section*

**Sub-Section 5** – *Law Enforcement Encounters (securing the scene during an ASI only)*

Sample Document

**Sub-Section 6** – *Suggested Knowledge Check with 3-5 scenarios that course takers work through determining the best approach. Each answer provided gives them the reason why it may be an effective choice and why it is likely not an optimal choice (re-hash thinking)*

**Part 5** – Post Active Shooter Incidents (ASI's)

**Sub-Section 1** – *Scenario Setup & law enforcement neutralizing and stabilizing scene(s) restraining active shooter until law enforcement Arrives (on-scene); if involved in fights with active shooter(s), providing information on additional active shooters – if applicable*

**Sub-Section 2** – *First Encounters with Law Enforcement – safely evacuate remaining personnel and patients as needed; post-custody information of active shooter; officers stationed in strategic areas of facility; practices to execute while officers on alert*

**Sub-Section 3** – *Contact with External Sources (e.g. family & friends, social media, news reporters, television stations, passers-by, etc.) – follow facility-specific policies on conversations with outside sources to prevent miscommunicated messages, HIPAA violations (patient data being provided – e.g. names of patients, room location, etc.), and details that should be shared with law enforcement instead of other sources; let public relations & management designees handle external communication to prevent unnecessary delays to securing scene and endangering lives that would otherwise not be.*

**Part 6** – Conclusion (Optional – time permitting)

**Sub-Section 1** – *Brief review of definition of an active shooter and what an active shooter incident is; suspicious behaviors >> call it out; Run, Hide, & Fight; cooperation with law enforcement; and above everything – safety of staff AND patients is more important than anything else.*

**Part 7** – Course Assessment & Certification (Recommended if resources allowable to execute)

**Recommendation #1** – *Certification statement stating that they are aware of policies and procedures in place at their facility and to direct additional questions/concerns to security/safety department (“I AGREE” checkbox)*