Active Shooter Incidents (ASI) Course

**Part 2 - Introduction & Key Concepts
Draft Slides**

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** Slide For Descriptive Purposes Only & Has No Added Content Value **

Think About This… (P2-001)

Take a moment to listen to this brief audio clip and think about what you would be doing and how you would feel if you were in the shoes of the caller.

{Insert audio clip of a brief 911 call between an operator and caller}

Take a moment to listen to this brief audio clip and think about what you would be doing and how you would feel if you were in the shoes of the caller.

Click the button below to listen to the audio clip.

Reality Of Our World (P2-002)

Calls like the one that you just listened to a moment ago are sadly becoming more common than ever before. Workplace violence in the healthcare and social services continues to increase year over year. In fact…

- Between 2012 and 2013, workplace violence assaults in general increased year over year by nearly 9.00% (23,540 in 2012 vs. 25,630 in 2013)
- Within that, more than 70.00% of those incidents occurred in a healthcare and/or social service setting
- Can happen at any time or any day of the week

Sources: Bureau of Labor Statistics (BLS), U.S. Department of Justice / Federal Bureau of Investigations – *A Study of Active Shooter Incidents in the United States Between 2000 and 2013)*

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Sources: Bureau of Labor Statistics (BLS), U.S. Department of Justice / Federal Bureau of Investigations – *A Study of Active Shooter Incidents in the United States Between 2000 and 2013)*

Active Shooter Incidents (ASI's) (P2-003)

Nearly all the workplace violence assaults consist of an Active Shooter Incident (ASI). Over the next couple of pages, will define core concepts of an ASI and lay down a foundation for the remainder of the course.

- Encouragement to take notes and review material often
- Actively think about how you may react in specific situations or actions described in the training
- Apply knowledge into daily duties and tasks to promote a safer environment for all

Nearly all the workplace violence assaults consist of an Active Shooter Incident (ASI). Over the next couple of pages, will define core concepts of an ASI and lay down a foundation for the remainder of the course. There are a couple of suggestions that we would like to give out so that you get the most out of the training. First, we strongly encourage you to have pen and paper handy and take notes down so that you can review material often. Second, actively think about how you may react in specific situations or actions described in the training. Finally, knowledge gained can and should be applied into duties and tasks that you perform on a daily bASI's. Remember, the safety of all persons – whether they are patients, visitors, vendors, or core staff, is key above anything else.

Core Terms Of An ASI (P2-004)

Active Shooter

- A person, by definition, that is an individual actively engaging in killing or attempting to kill people
  - Can be former family and/or friends, past co-workers and management, or innocent passers-by.
- Executed in confined or populated areas (e.g. healthcare facilities)
- May occur anywhere on a healthcare facility property
- Involve the use of firearms or some other deadly weapon

So, who, is considered to be an active shooter? By definition, it is a person that is one that is actively engaged in killing or attempting to kill people. Targets of theirs can be former family and/or friends, past co-workers and management, or innocent passers-by. Really, anyone can be a target.

Active shooters tend to display their aggressions in a confined space or populated area. Thus, that is why healthcare facilities are common targets of these individuals. Specifically focusing on healthcare facilities, the location that an active shooter commits an incident doesn't matter much to them. Though their focus is on confined spaces or populated areas, other areas that the incident may take place would be in parking lots of garages, walkways, lobbies, and authorized personnel areas too.

To round out the discussion, in order for an active shooter incident to occur, it must involve a deadly weapon. In almost every case, the use of a gun is the most likely weapon of choice.

Core Terms Of An ASI (P2-005)

Active Shooter Incidents (ASI's)

- Situations that takes place where the intention is for an active shooter to harm and/or kill others and himself/herself
- Commonly short-term events lasting no more than 10-15 minutes in length
- May or may not have a reason to commit an act
  - Possibly out of spite or matter of revenge or retaliation against others
- Requires coordinated efforts of numerous federal, state, and local agencies as well as local security personnel

Active shooter incidents (ASI's) are situations that take place where the intention is for an active shooter to harm and/or kill others and himself/herself. ASI's tend to be short terms events with most commonly lasting no more than 10 to 15 minutes of time. When the event is taking place, it is possible that the active shooter is doing it out of spite or is targeting a specific individual or group of people. If and when it does occur, incidents like this requires a coordinated effort of numerous federal, state, and local agencies as well as the security personnel that protects the healthcare facility (or facilities) targeted. This is to not only apprehend the shooter quickly and swiftly but to also protect and save as many lives as possible.

Core Terms Of An ASI (P2-006)

Risks

- "The possibility that something bad or unpleasant (such as an injury or a loss) will happen"
- Components of risks (security related)
  - Threats
  - Vulnerabilities
  - Consequences
- Integral component of an ASI

Source: Merriam-Webster Dictionary (2016 edition)

ASI's involve a significant amount of risk. Risk, by definition in the *Merriam-Webster* dictionary, is "the possibility that something bad or unpleasant (such as an injury or a loss) will happen." In an ASI, this is likely the case as harm is intended to be done in some, shape, or form. Regardless of what decisions are made during an ASI, there are three (3) common components of risk that are security related): threats, vulnerabilities, and consequences.

Threats are natural or manmade occurrences, individuals, entities, or actions that has or indicates the potential to harm life, information, operations, the environment, or property within a healthcare facility. Vulnerabilities are physical features of operational attributes that render an entity open to exploration or susceptible to a given hazard. Vulnerabilities may be associated with physical factors (e.g. Broken fence), cyber factors (e.g. lack of firewalls), or human factors (e.g. untrained guards). Consequences is the effect of an event, incident, or occurrence. Specific to the healthcare industry, these can be divided up into several groups including public health and safety, economic, psychological, and governance impacts.

Thus, risk is an integral component of an ASI.

Sources: Merriam-Webster Dictionary (2016 edition).

Healthcare Risk Factors (P2-007)

Healthcare risk factors are industry-specific attributes, situations, and behaviors that can trigger or lead to a possible ASI.

- Facility risk factors
- Personnel risk factors
- Human resource risk factors
- Medical risk factors
- Mental risk factors
- Other risk factors

Healthcare risk factors are industry-specific attributes, situations, and behaviors that can trigger or lead to a possible ASI. Generally, they can be categorized into six (6) general categories of risks and include facilities, personnel, human resources (e.g. training), medical, and mental. The next couple of pages includes risk factors for each of these categories. Please continue on to view those risk factors.

Healthcare Risk Factors (P2-008)

- Facility risk factors
  - Poor environmental design of facility (e.g. blocking of employees' vision or interference with escaping from violent incident and patient transport)
  - Unrestricted movement of the public in clinics and hospitals
  - Poorly lit corridors, rooms, parking lots, and other common areas
  - Facility location
  - Long waits for patients or clients and uncomfortable waiting rooms
- Personnel risk factors
  - Understaffing (especially during mealtimes & visitation hours)
  - Working alone in a facility or patients' home
- Human Resource risk factors
  - High employee turnover
  - Lack of training specializing in managing escalating hostile and assaultive behaviors from patients, clients, visitors, or staff
  - Lack of means of emergency communication

To start, let's look at some of the most common facility risk factors that may be observed which could trigger and lead to an ASI. Factors such as a poor design of the facility is one of the most common risks that healthcare facilities may have to deal with. For example, the blocking of employees vision or interference with a clear escape route is a good starting point. Unrestricted movement of the public through a facility, the appearance of, location, and the layout of the facility itself can be additional risks to take note. This is especially so for waiting rooms that are uncomfortable and long waits for service as this leads to the second set of risk factors.

Personnel risk factors are likely one of the most challenging set of risk factors healthcare facilities face outside of facilities. Understaffing due to a lack of talent during peak times and even healthcare professionals working in a remote location like a patients' home can be risky and lead to a possible ASI. Similar in tune, human resource risk factors fall along a similar wavelength. More specifically here, this relates to high turnover at a facility, lack of training specializing in managing escalating hostile and assaultive behaviors from patients, clients, visitors, or staff are commonly noted. Though not talked about a lot, the lack of means of emergency communication is also a huge risk factor that could lead to an ASI to occur.

Healthcare Risk Factors (P2-009)

- Medical risk factors
  - Dispensaries of power pharmaceuticals
  - Access to medications within a healthcare facility
- Mental health risk factors
  - Working directly with people who have a history of violence, abuse, drugs, alcohol, interaction with gang members, and relatives of patients and/or clients
  - Prevalence of firearms, knives, and other weapons among patients and their families and friends
- Other risk factors
  - Perception that violence is tolerated and victims will not be able to report an incident to authorizes and/or press charges

The last three (3) sets of risk factors are ones that healthcare professionals that should particularly pay attention to. Medical risk factors, though limited in nature, can have a significant impact on a cause of an ASI. Most factors revolve around the dispensary of power medications like opioids and narcotics and access to said medications.

The last three (3) sets of risk factors are ones that healthcare professionals that should particularly pay attention to. Medical risk factors, though limited in nature, can have a significant impact on a cause of an ASI. Most factors revolve around the dispensary of power medications like opioids and narcotics and access to said medications. Mentally speaking, the risk factors there are just as important and are the most common reasons that an ASI takes place. This includes people working directly with people who have a history of violence, abuse, drugs, alcohol, interaction with gang members, and relatives of patients and/or clients. Leading along that same line, the prevalence of firearms, knives, and other weapons among patients and their families and friends.

The final category which is thought of as a catch-all are other risk factors that may apply. The perception that violence is tolerated and victims will not be able to report an incident to authorizes and/or press charges is a risk factor unique to the healthcare industry. Regardless it is an employee of a healthcare facility or a patient or client, the victims can

be anyone and if there is no clear cut directive to report such incidents, and ASI may be the only net result in their minds to report it.

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Minimizing Risk In Healthcare Facilities (P2-010)

We live in a world of ever-increasing risk. No workplace or healthcare facility – is immune. By minimizing risk to as low of a level as possible…

- Workers will remain safe, employee morale will be positive, and a healthcare facilities' economic livelihood will remain stable
- Employees are often the target of ASI's but also the first line of defense
- Security is a **shared responsibility** and employees are an integral part of an organization's security solution, implementation, and execution
  - Controls such as concrete barriers, locks, gates, alarms, and other protective measures to protect all

Unfortunately, few things, if any, are risk free in life. Additionally, at times it appears that physical risks and threats to our health and well-being are on the rise. Our common goal in almost all areas of our daily lives, is to minimize or mitigate risks. Risks impacts our safety, our morale, and the spirit of a healthcare facility. If affects our care givers and care receivers.

You, as staff and employees, will often continue to be the target of these threats, but it is imperative to communicate, you are also the healthcare organizations First Line of Defense. Security is a shared responsibility. This includes having controls in place like concrete barriers, locks, gates, alarms, and other measures.