

ACTIVE SHOOTER

Tips for Survival

MI **NURSES**
Association

December 1, 2016 -
December 31, 2018

Disclosure to Participants



- A total of 1.0 contact hours will be awarded for the successful completion of this study. Participants must achieve a minimum passing score of 80% to receive the certificate.
- Requirements for the successful completion of this self-study are: 1) Read the entire power point/module. 2) Complete the post-test and indicate responses online or on the Evaluation and Post-Test Responses sheet (PDF form). Pay fee ONLINE if you are a non-member. 3) Return the Evaluation and Post-Test Responses sheet by mail, e-mail or fax to: Lisa Gottlieb-Kinnaird, 2310 Jolly Oak Road, Okemos, MI 48864; 517-349-5818 (fax) or lisa.gottlieb@minurses.org) FREE for members, \$20 for non-members.
- Certificates will be mailed within six weeks after receiving the completed post-test. Participants who do not achieve a passing score will have the option to retake the test at no additional cost.
- *Michigan Nurses Association is accredited as a provider of nursing continuing education by the American Nurses Credentialing Center's Commission on Accreditation.*

Objectives



1. Recognize potential workplace violence indicators.
2. Articulate the three choices of action that could be taken in an *Active Shooter* occurrence.
3. Describe actions to prevent and prepare for potential *Active Shooter* incidents.

// Department of Homeland Security defines the Active Shooter as 'an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, *active shooters* use firearm[s] and there is no pattern or method to their selection of victims.'

//

Definition of an active shooter

Department of Homeland Security offers free courses, materials, and workshops to better prepare you to deal with an active shooter situation and to raise awareness of behaviors that represent pre-incident indicators and characteristics of active shooters.



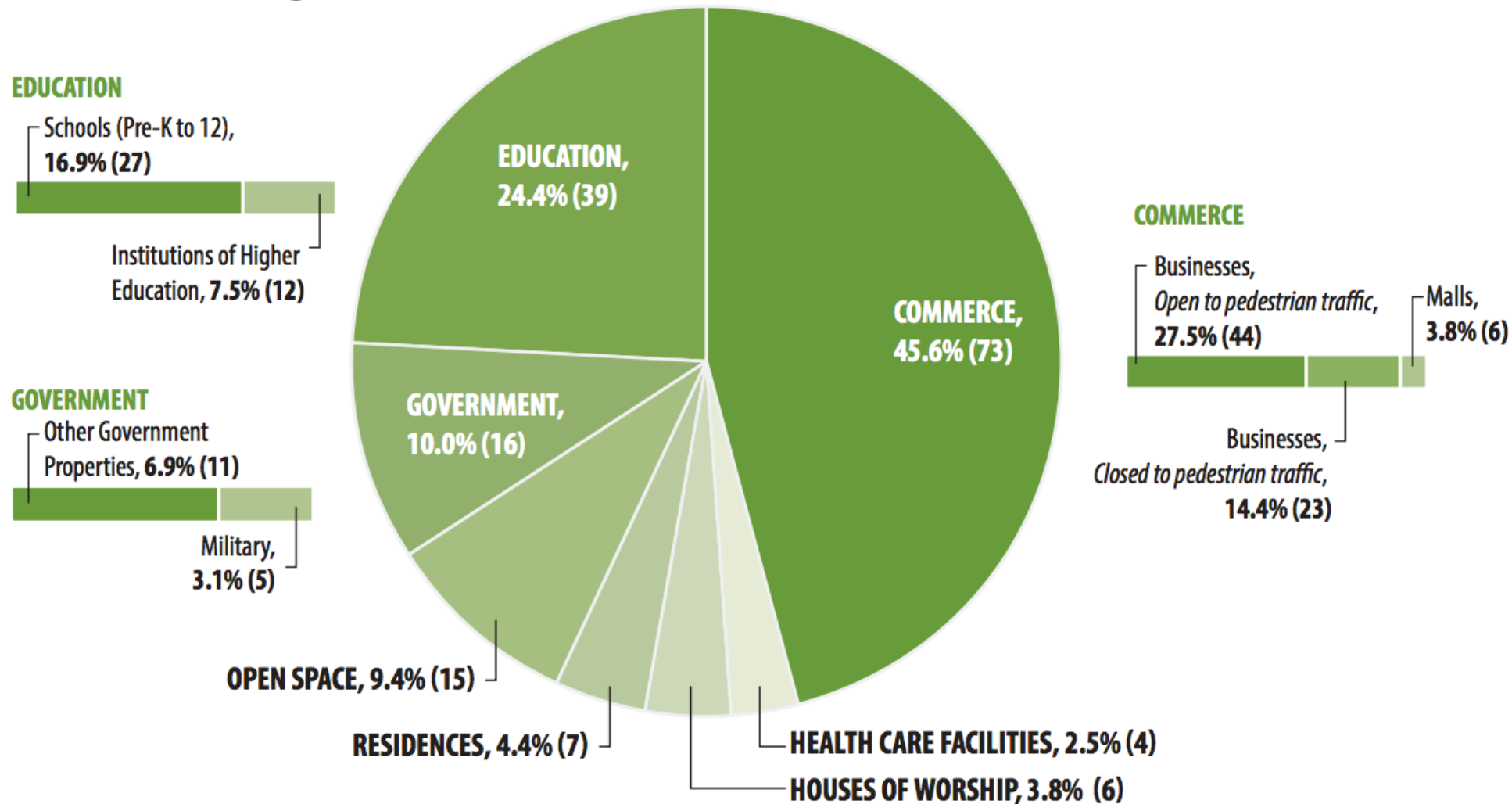
The sad truth about active shooter incidences



- FBI statistics show that active shooter incidences in hospitals have jumped to more than 20 per year.
- In 2015-2016 there has been almost one active shooter incident a day (in places besides a hospital).
- 40% of hospital employees said they did not feel prepared if there were an active shooter on their campus.

(USDHS, 2008)

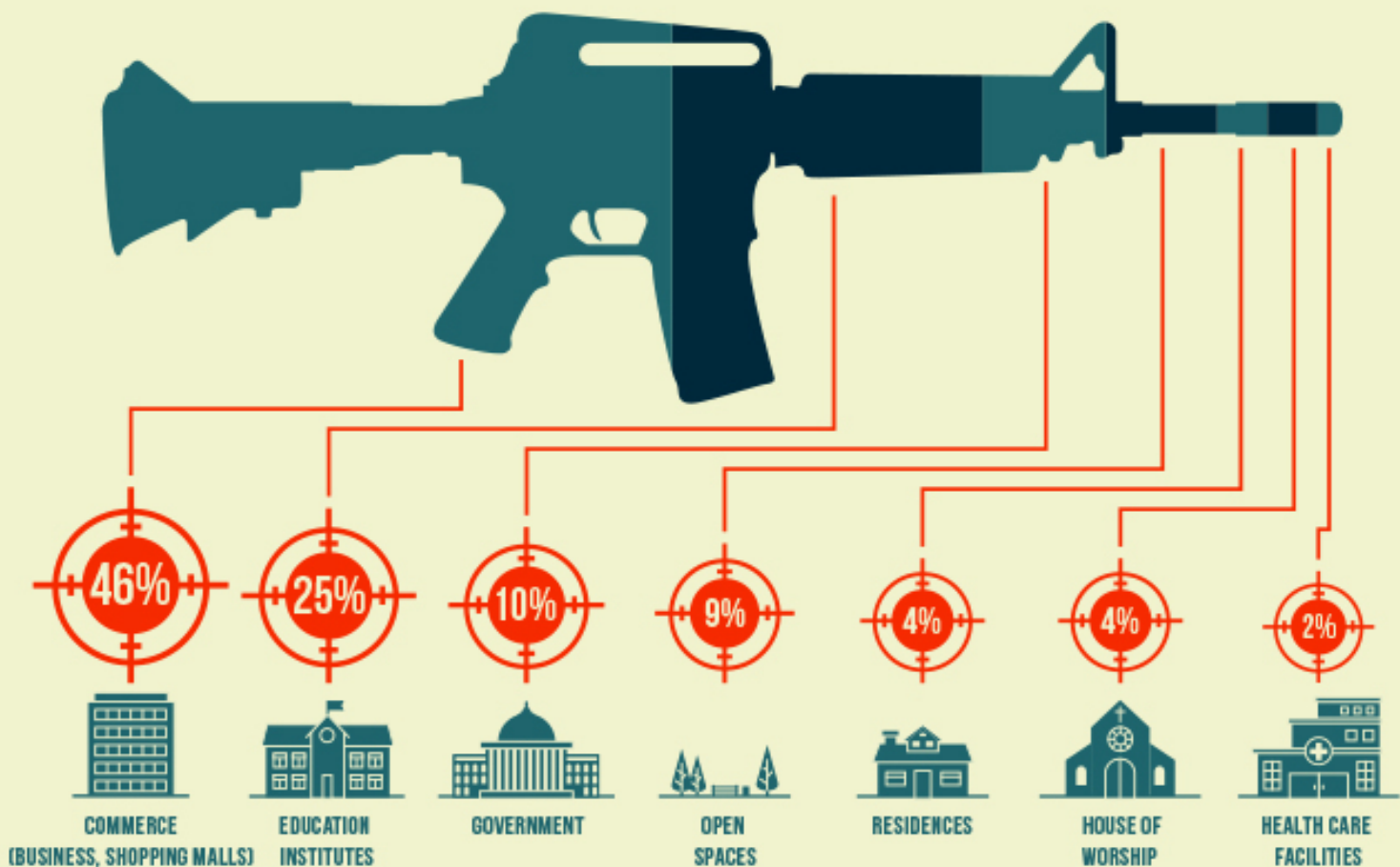
A Study of 160 Active Shooter Incidents in the United States Between 2000 - 2013: Location Categories



Source: Federal Bureau of Investigation, 2014



ACTIVE SHOOTER INCIDENTS IN THE UNITED STATES BY LOCATION (2000-2015)



AFIMACGLOBAL.COM/ACTIVESHOOTER



A reality check



- In most violent incidences involving a perpetrator and the public, a firearm is used, although there may be the threat of violence by other means (knives, bombs, pepper spray, etc.).
- 40% of hospital shootings happen on the exterior grounds.
- Active shooter incidences are most commonly over in 10-15 minutes.
- A person is more likely to die from being struck by lightning than by a bullet fired by a shooter.
- There is usually no pattern to the selection of victims by a perpetrator.

(Brown University, 2015)

Glossary of terms



- **Active Shooter** - An individual actively engaged in killing or attempting to kill people in a confined and populated area.
- **CRASE** - Civilian Response to Active Shooter Events; this training is being offered throughout the country (AVOID, DENY, DEFEND).
- **Code Silver** - A call for a plan of action to be implemented in a hospital when there is an active shooter present (may also be known as Code Black).
- **EAP** - Emergency Action Plan - A set of protocols to be instituted by an organization in case of any emergency including active shooter, tornado, bomb threat, etc.

What is the profile of a shooter?



General characteristics

- most shooters are male
- may have a history of violent encounters
- may have an increased use of alcohol and/or drugs
- may have unexplained absences at work or school, vague physical complaints
- may have depression/withdrawal
- may have an overreaction to changes in company policy
- may have repeated violations of company policy
- may have explosive outbursts of anger
- may make suicidal comments
- may express paranoid thoughts
- may have domestic and/or financial problems
- may express empathy toward those committing violence in the news
- may show new interest in firearms and other weapons (*Campus Safety, 2015*)

What is the profile of a shooter?



Verbal clues

- A nervous laugh or laughing at inappropriate times (laughing is a way for the body to shed emotions)
- Speaking about a person as if they are not present (but they are) - again, trying to shed emotions and build confidence - "I'm going to get that guy"
- Comments about hurting or killing others
- An increase in pitch when speaking - reflex to the body becoming nervous
- Repetitive word use, parroting, and/or echoing - the brain is focusing on actions essential to survival, not proper grammar - "Sit down, sit down, sit down"
- Forced or strained speech - again, the person is not concerned about proper speech
- Masked statements - the person says things you want to hear, but in a sarcastic tone - "Oh, I'll sit down alright"

(Campus Safety, 2015)

What is the profile of a shooter?



Non-verbal clues

- Hands on head, rubbing his or her head or scalp - as a way to release emotion
- Clenched fists, hand wringing - as a way to release anger
- Carrying a concealed weapon - shooters will touch or adjust the weapon concealed often
- They most often do this when getting out of a chair or car, or when walking up a curb or flight of stairs
- They may walk with an unnatural gait - failing to bend their knees because they have a rifle or shotgun in their pants
- They may wear a large coat and have a hunchbacked appearance
- Their jacket may sag on one side, and the weapon may be outlined in the pocket

(Campus Safety, 2015)

Hospital Active Shooter General Guidelines



- Every hospital should have a plan, and there may be specific plans for individual departments (such as the Emergency Department).
- There should be training for new employees, and re-training and practice drills for everyone else at least yearly.
- Non-security personnel must receive training.
- Additionally, all hospitals should be constantly improving access control and visitor management.
- Sign-in sheets are NOT recommended; the person should be asked what their business is.
- From there, all hospital workers in all departments should pay attention to persons acting suspiciously in restricted areas and who appear agitated.

Security Alert - Active shooter in the hospital:



Where?

- Most hospital violence occurs in the Emergency Department. This is an area known for high frustration levels due to long waits, intoxication, drug-seeking behavior, and emotional responses to an emergency of a loved one.
- Controlled access, limiting the number of bedside visitors, panic buttons, and bulletproof glass are interventions that improve ED security.
- Other areas where violence can occur include the ICU, or any other critical care location where emotions are running high.

(The Advisory Board Company, 2015)

Security Alert – Active shooter in the hospital:



When?

- After hours when more visitors are present are the most common times, although an Active Shooter can appear anytime.
- Hospital personnel should be constantly alert to visitors and other people in the rooms, hallways, and other parts of the building.

(The Advisory Board Company, 2015)

Security Alert – Active shooter in the hospital:



Who?

- Typically someone who is upset over care, over an emergency situation, who holds a grudge because of past care at the institution, who generally mistrusts health care providers.
- See verbal, non-verbal, and other characteristics (Slides 10, 12, 13) of the person likely to be an Active Shooter.
- May also be a person involved in a violent encounter with an intimate partner who is employed at the hospital.

(The Advisory Board Company, 2015)

Security Alert - Active shooter in the hospital:



How?

- Active Shooters will typically NOT have a plan, and may be acting out on the spur of the moment.
- They will bring a weapon (that may be newly acquired, and usually concealed under clothing) without knowing exactly whether they will use it.
- They do not usually have a selection plan for choosing their victims.
- They may surreptitiously enter a room or hallway or they may come through the normal entrance to the hospital unit.

(The Advisory Board Company, 2015)

Security Alert - Active shooter in the hospital:



Why?

- The person is unable to adequately express anger and frustration in a socially acceptable manner.
- They may feel as if they have been slighted, are being ignored or unheard.
- They may feel as though this is the only way to make their feelings public.
- They may also do it out of admiration for others who have acted violently or for a distorted measure of fame.

(The Advisory Board Company, 2015)

Hospital Plans: how they differ from those of the general public



- The biggest difference is that patients are still present and require care.
- The hospital's Active Shooter plan should account for patients, staff and visitors.
- The surroundings may be different - there may be multiple entrances or windows.
- Furniture (such as unoccupied patient beds) can be used to reinforce doors.
- Hiding places may be fewer or non-existent, be creative.
- Communication with law enforcement and others on the outside may be better because of the situation's notoriety.
- Be sure to use laymen's terms when communicating.

Active Shooter: What to do before it happens



- Know the hospital's policy/plan. It should be reviewed and rehearsed by all employees at least yearly.
- Ensure that the institution employ all safety measures available including metal detectors, more cameras, better lighting, panic buttons, well-defined evacuation plans, and limiting the number and accessibility of entrances.
- The Federal Occupational Safety and Health Act of 1970 requires that all organizations "provide a workplace free from hazards that are likely to cause death or serious physical harm, including violence."
- Hospitals can face civil liability if they are willfully underprepared.

An Active Shooter Plan for anyone, anywhere



- Being aware of surroundings and environment - home, office, shopping centers, parking lots, cinemas, restaurants, etc., especially if it is an unknown place.
- When walking into an unfamiliar locale (even for 5 minutes), take note of the two nearest exits.
- When in an office and unable to evacuate, secure the door (more about that later).
- When in a hallway and unable to exit, get into a room and secure the door (again, more about that later).

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



BEFORE an Incident:

- Know the basic floor plan of the place
- Identify two evacuation routes
- Identify a route DIFFERENT than the entry route
- Evacuation routes should be clear of obstacles
- Evacuation routes should be in different part of the building, if possible
- Be aware of any locks or obstacles to get through the doors, and how to get through
- Be aware of a safe area outside out of the line of fire (this may be pre-determined if the work facility has an Emergency Action Plan)
- Visualize taking this evacuation route often if possible

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



BEFORE an Incident: Think about, locate, and secure safe hiding places

- In often-frequented locations (including work and home), become familiar with possible hiding places
- Avoid elevators and open spaces
- Hiding places should have thick walls, few windows, a solid door (preferably with a lock), and reliable communication if possible
- Hiding places should not trap or restrict options for movement or escape
- These will be “go to” safe hiding places during an incident
- Practice going to a safe hiding place quickly and often
- Visualize what to do after reaching a safe hiding place
- Adopt a “survival mindset” - awareness of surrounding (using all senses), preparation before (“what if?”), rehearsal over and over again

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



DURING an Incident:

- Be able to identify an escalating situation -- arguing and/or raised voices
- **Be able to identify the sounds of gunfire:**
 - Gunfire is rhythmic (as opposed to random like fireworks) popping, cracking, high pitched, there will be an echo.
 - Rifle fire has a lower pitch, and shotguns are more of a boom.
 - Don't stop to see what the noise is or where it is coming from, duck and evacuate ASAP (denial is a powerful thing, and people may not wish to believe that something bad is happening).
 - Don't hesitate -- a moment of hesitation could mean the difference between life and death.

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



DURING an Incident:

- There are three ways to react - choose the safest, most appropriate first
 - 1) Evacuate (aka AVOID)
 - 2) Hide (aka DENY)
 - 3) Take action against the shooter (aka DEFEND)

(USDHS, 2008 & CNN, 2016)

An Active Shooter Plan for anyone, anywhere



CHOICE #1 - Evacuate (AVOID the Shooter) - if possible, do this first

- Go through the previously-identified route
- Evacuate regardless of whether others agree to follow
- Leave all belongings behind
- Don't linger anywhere (including stairwells) if able to exit the building safely
- Consider opening a window, knocking out a screen and exiting
- If possible, help others escape
- Do not attempt to move wounded people
- Call 911 from a safe area

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



CHOICE #2 - Hide, only if unable to evacuate (DENY the shooter's chance to kill)

- Go to a safe hiding place if possible
- Lock the door
- Barricade the door with heavy furniture
- Stay away from the windows or cover them if possible (to eliminate the chance of discovery, and stay out of the shooter's line of fire)
- Silence phone or pager
- Turn off any source of noise (i.e., the radio)
- Turn off the lights
- Stay behind a desk or cabinet
- Lie on the floor and remain silent
- Call 911 but do not speak, instead allow the dispatcher to listen

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



CHOICE #3 - Take Action against the shooter - DEFEND yourself (only if unable to evacuate or hide, if confronted by the shooter, and if your life is in imminent danger)

- Act as aggressively as possible against her/him
 - Don't try to reason with the shooter or talk him/her out of the situation
 - Throw objects
 - Kick and punch
 - Use keys, pens, scissors to scratch and claw at the perpetrator's eyes
 - Throw chairs, computers, books or a fire extinguisher at him/her
 - Yell and continue to make noise
- (USDHS, 2008)*

An Active Shooter Plan for anyone, anywhere



When law enforcement arrives:

- Officers usually arrive in teams of four
- They may be wearing uniforms and bulletproof vests, helmets and other tactical equipment
- They will be armed with guns and pepper spray
- They may shout commands and push people to the ground for safety

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



When law enforcement arrives:

- Follow the officers' instructions
- Put down any items being held
- Immediately raise hands and arms and spread fingers
- Keep hands visible at all times
- Avoid making quick movement
- Avoid pointing, screaming, yelling
- Do not hold on to officers for safety
- Do not stop to ask officers for help, just listen and follow their orders

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



Communicate with law enforcement (only when safe to do so):

- Location of the shooter(s)
- Number of shooter(s)
- Physical description of the shooter(s)
- Number and type of weapon(s) the shooter has if known (long gun, handgun, bomb, knife, etc.)
- Number of potential victims and location

(USDHS, 2008)

An Active Shooter Plan for anyone, anywhere



After an incident:

- Stay until directed to leave by law enforcement
- Be prepared to be interviewed by law enforcement again about the incident
- Seek counseling through the employer or others
- Return to work when ready
- Feel good about the actions taken at the time and about SURVIVING

Review



From the Department of Homeland Security

Employees typically do not just “snap,” but display indicators of potentially violent behavior over time.



- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism; vague physical complaints
- Noticeable decrease in attention to appearance and hygiene
- Depression / withdrawal
- Resistance and overreaction to changes in policy and procedures
- Repeated violations of company policies
- Increased severe mood swings
- Noticeably unstable, emotional responses
- Explosive outbursts of anger or rage without provocation
- Suicidal; comments about “putting things in order”
- Behavior which is suspect of paranoia, (“everybody is against me”)
- Increasingly talks of problems at home
- Escalation of domestic problems into the workplace; talk of severe financial problems
- Talk of previous incidents of violence
- Empathy with individuals committing violence
- Increase in unsolicited comments about firearms, other dangerous weapons and violent crimes

Profile of an Active Shooter



An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

Characteristics of an Active Shooter



Victims are often selected at random

The event is unpredictable and evolves quickly

Law enforcement is usually required to end an active shooter situation

Active Shooter Situations



- Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.
- Active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene.
- Individuals must be prepared both mentally and physically to deal with an active shooter situation.

Coping with an Active Shooter situation:



Be aware of your environment and any possible dangers

Take note of the two nearest exits in any facility you visit

If you are in an office, stay there and secure the door

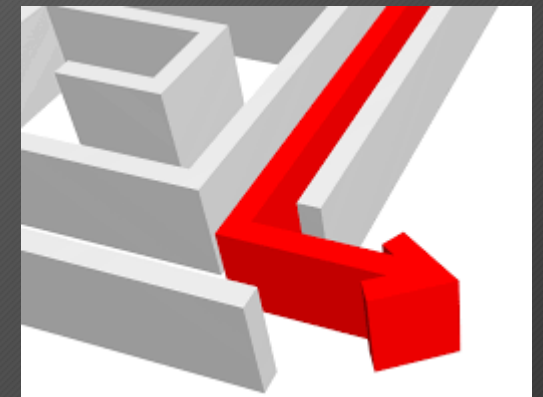
Attempt to take the active shooter down as a last resort

Run!



If there is an accessible escape path, attempt to evacuate the premises.

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Help others escape, if possible
- Prevent individuals from entering the area
- Follow the instructions of any police officers
- Do not attempt to move wounded people



Hide



Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

Fight!



As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

If the active shooter is nearby:



Lock the door

- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you can't speak, leave the line open & allow the dispatcher to listen

MANAGING THE CONSEQUENCES OF AN ACTIVE SHOOTER SITUATION



After the active shooter has been incapacitated and is no longer a threat, human resources and/or management should engage in post-event assessments and activities, including:

- An accounting of all individuals at a designated assembly point to determine who, if anyone, is missing and potentially injured
- Determining a method for notifying families of individuals affected by the active shooter, including notification of any casualties
- Assessing the psychological state of individuals at the scene, and referring them to health care specialists accordingly
- Identifying and filling any critical personnel or operational gaps left in the organization as a result of the active shooter

Your organization's "*Emergency Action Plan*"



- Evacuation procedures and routes: should vary depending on each location/area within your facility
- Route assignments: the way certain people should escape depending on the area of the facility they are most likely to be
- Floor plans: to help people better understand their best escape routes
- List of exits: make sure to check each exit to verify it is well marked
- Safe areas: areas that can be used to safely hide during an active shooter situation
- Notification systems: how employees and guests will be alerted to an active shooter situation
- Contact information: include: law enforcement, fire and rescue, local hospitals
- Methods for reporting emergencies: to these emergency personnel and who should be responsible for contacting them

References



- Brown University (2015). *Hospitals face growing active shooter threat*. Accessed 4/1/2016 from <https://news.brown.edu/articles/2015/02/shooters>
- Campus Safety (2016). *Eight verbal indicators of violence*. Accessed 7/7/2016 from <http://www.campussafetymagazine.com>
- CNN (2016). *In active shooter situation, don't just stand there...* Accessed 7/12/2016 from <http://www.cnn.com/active-shooter>
- The Advisory Board Company (2014). *How to survive a hospital shooting*. Accessed 5/5/2014 from <https://www.advisory.com>
- US Department of Homeland Security (2008). *Active Shooter: How to Respond*. Published by the USDHS, Maryland.
- Brad Spicer is the founder of [SafePlans](#), a leading provider of all-hazards preparedness solutions; including a DHS designated [anti-terrorism technology](#) and national [active shooter prevention and survival program](#).

References



- Safety Guidelines for Armed Subjects, Active Shooter Situations, Indiana University Police Department, April 2007.
- Safety Tips & Guidelines Regarding Potential “Active Shooter” Incidents Occurring on Campus, University of California Police.
- Shots Fired, When Lightning Strikes (DVD), Center for Personal Protection and Safety, 2007.
- Workplace Violence Desk Reference, Security Management Group International, www.SMGICorp.com
- How to Plan for Workplace Emergencies and Evacuations, U.S. Department of Labor, Occupational Health and Safety Administration, OSHA 3088, 2001.

ACTIVE SHOOTER: Tips for Survival

Carefully read the entire article. This CE is free for MNA members and \$20 for non-members.

POST-TEST DIRECTIONS

Complete the evaluation and post-test response form and make your payment online by clicking [HERE](#).

OR

Complete the evaluation and post-test response [PDF FORM](#) and send to:

By mail: Michigan Nurses Association, 2310 Jolly Oak Road, Okemos, MI 48864

By fax: 517-349-5818

AWARDING OF CE

Participants who achieve a minimum passing score of 80% will receive a certificate awarding 1.5 contact hours. Certificates will be mailed within six weeks of receipt of evaluation and post-test. Participants who do not achieve a passing score will have the option to retake the test at no additional cost.