

ACTIVE SHOOTER-TIPS FOR SURVIVAL

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DISCLOSURES TO PARTICIPANTS

Successful Completion of this Continuing Nursing Education Activity

In order to receive full contact-hour credit for this CNE activity, you must:

- ▶ Carefully read the entire self study module.
- ▶ Complete the evaluation form and post-test and indicate responses on the answer sheet. Submission instructions and links to the post test and evaluation are on the last page of this self study.
- ▶ This CE is **FREE** for MNA members and \$20 for non-members.
- ▶ Participants who achieve a minimum passing score of 80% will receive a certificate awarding 1.0 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.

Conflicts of Interest

- ▶ A conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a *commercial company* with which she/he has a financial relationship.
- ▶ The planners and presenters of this Continuing Nursing Education activity have disclosed no relevant financial relationships with any commercial companies pertaining to this activity.

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- ▶ Describe the particulars (who, what, when, why and how) of an Active Shooter scenario.
- ▶ Discuss general actions to be taken during an Active Shooter event.
- ▶ Articulate the three choices of action that could be taken in an Active Shooter occurrence.

OBJECTIVES

- ▶ There is no profile of an active shooter. They come from all walks of life. They can be male or female, black or white, affluent or in poverty.
- ▶ Typically, shooters do not just snap or suddenly become violent.
- ▶ However, there are some indicators of potential violence.

USDHS, 2017

PROFILE OF AN ACTIVE SHOOTER

According to a report released by the US Department of Homeland Security, a shooter may exhibit:

- ▶ Increased use of alcohol or drugs
- ▶ Depression
- ▶ Severe mood swings
- ▶ Decreased attention to appearance and hygiene
- ▶ Resistance to policy and procedures
- ▶ Repeated violations of institutional policies

USDHS, 2017

INDICATORS OF POTENTIAL VIOLENCE

- ▶ Emotional and unstable responses
- ▶ Explosive outbursts of anger
- ▶ Paranoia behavior
- ▶ Domestic and/or financial problems
- ▶ Talk of other violent incidents
- ▶ Increased interest in firearms

USDHS, 2017

OTHER INDICATORS

- ▶ Comments about hurting or killing others
- ▶ Increase in pitch when speaking (happens when nervous)
- ▶ Parroting or repetitive word use
- ▶ Improper grammar
- ▶ Forced or strained speech

Campus Safety, 2015

VERBAL CLUES TO A POTENTIAL SHOOTER

- ▶ Hands on head, rubbing head
- ▶ Clenched fists
- ▶ Hand wringing-trying to release anger
- ▶ Aggressive body stance-knees bent, feet far apart
- ▶ Removing clothing such as a jacket or sweater

Brooks, 2009.

NON-VERBAL CLUES OF VIOLENCE

- ▶ “AN ASYMMETRICAL GAIT: A gun in a right-hand pocket or tucked into the right side of a waistband may hinder leg movement on that side, making the right stride shorter than the left. A slightly clipped arm swing may also signal a hidden gun; the arm on the gun side will tend to stay close to the body, instinctively guarding the weapon.”
- ▶ “A QUICK ADJUSTMENT: Because its weight is distributed unevenly, a gun may shift position when jostled. Vertical motion - like stepping onto a curb or descending stairs - tends to shift a gun's barrel upward. A quick, circular movement of the hand or forearm adjusts the gun's position.”
- ▶ “RUNNING FROM THE RAIN: When running - toward shelter from rain, or across a busy street - a person concealing a gun is likely to brace the weapon with his arm or hand.”

Gallagher, 1992.

SPOTTING A CONCEALED WEAPON

- ▶ Hospital shooters are rare.
- ▶ They are, however, on the rise from 9 shootings a year in the US, between 2000 and 2005, to 16.4 shootings a year in the US, between 2007 and 2013.
- ▶ Most incidents take place within the hospital.
- ▶ Some hospital units are more vulnerable: Emergency Department, Intensive Care Unit, Pediatrics

Kelen, Catlett, Kubit, & Hsieh, 2012

ACTIVE SHOOTER IN THE HOSPITAL

- ▶ The Joint Commission recommends that healthcare organizations prepare their staff for a violent encounter. This may include a safety plan (sometimes known as a Code Silver) with regular training for employees.

The Joint Commission, 2014

- ▶ The Occupational Safety and Health Act of 1970 requires a safe workplace without the threat of physical injury or death

OSHA Section 2B,1970

HOSPITALS HAVE AN OBLIGATION TO KEEP
PEOPLE SAFE (INCLUDING EMPLOYEES)

- ▶ In order to avert violent incidents, hospitals can:
- ▶ Create a safety plan that involves local law enforcement
- ▶ Have all employees wear identification badges
- ▶ Encourage employees to report suspicious activity
- ▶ Keep doors that are supposed to be locked
- ▶ Change the codes on keypads frequently

Healthcare and Public Health Sector Coordinating Council (PHCC), 2017

WHAT A HOSPITAL CAN DO

- ▶ BEFORE an Incident
 - ▶ Know the basic floor plan of the place
 - ▶ Identify two **evacuation** routes no matter where you are
 - ▶ Identify two safe places to hide
 - ▶ Be aware of a safe area outside that you could go to and be out of the line of fire (this may be pre-determined if your work facility has an Emergency Action Plan)
 - ▶ Visualize taking this evacuation route often, if possible

USDHS, 2017

A PLAN FOR ANYONE, ANYWHERE

- ▶ Be able to identify an escalating situation (arguing, raised voices)
- ▶ Be able to identify the sounds of gunfire (vs. fireworks which are random)
- ▶ Do not stop to see where the noise is coming from
- ▶ Take one of your pre-determined evacuation routes. Leave your belongings behind. If possible, help others escape but do not attempt to move wounded people
- ▶ Consider opening a window, and/or pushing out a screen

FEMA, 2015

DURING AN INCIDENT-EVACUATE

- ▶ If you can not safely evacuate, go to one of your pre-determined hiding places.
- ▶ Be out of the shooter's view
- ▶ Lock the door
- ▶ Barricade the door with heavy furniture
- ▶ Hide behind any large object
- ▶ Eliminate any noise/silence your cell phone

USDHS, 2017

DURING AN INCIDENT-HIDE

- ▶ Act aggressively
- ▶ Throw anything within reach (books, a computer, a chair)
- ▶ Yell and make noise
- ▶ Kick and punch
- ▶ Use keys, pens, scissors to hurt the perpetrator

USDHS, 2017

DURING AN INCIDENT-DEFEND
YOURSELF

- ▶ They will usually enter in teams of four
- ▶ They may be wearing tactical equipment and bulletproof vests
- ▶ They will be armed
- ▶ They may shout commands and push people to the ground for safety

USDHS, 2017

WHEN LAW ENFORCEMENT ARRIVES

- ▶ Follow their instructions
- ▶ Keep your hands visible at all times
- ▶ Do not hold on to the officers for safety
- ▶ Avoid pointing or screaming

USDHS, 2017

WHEN LAW ENFORCEMENT ARRIVES

- ▶ Be prepared to be interviewed by law enforcement
- ▶ Stay until law enforcement says you can leave
- ▶ Seek counseling if needed through your employer
- ▶ Return to work when you feel you are ready

USDHS, 2017

FOLLOWING AN INCIDENT

- ▶ Brooks, Bret, *Nonverbal indicators of violence: What to look for*, Schoolbus fleet (2009) available at <http://www.schoolbusfleet.com/article/611869/nonverbal-indicators-of-violence-what-to-look-for>.
- ▶ Dorn, Michael, *Seven signs that a weapon is being concealed*, Campus Safety Magazine (2016) available at <https://www.campussafetymagazine.com/safety/7-signs-a-weapon-is-being-concealed/>.
- ▶ Eckholm, Erick, *Who's got a gun? The clues are in the body language*, NY Times (1992) available at <http://www.nytimes.com/1992/05/26/nyregion/who-s-got-a-gun-clues-are-in-the-body-language.html>.
- ▶ Federal Emergency Management Agency, *Active shooter: What you can do*, FEMA Training (2015) available at <https://training.fema.gov/is/courseoverview.aspx?code=IS-907>.
- ▶ Healthcare and PHSCC, *Active shooter planning and response in a healthcare setting*, FBI (2017) available at <https://www.fbi.gov>.
- ▶ Joint Commission, *Preparing for active shooter situations*, Quick Safety, Issue Four. (2014). available at <https://www.jointcommission.org>.
- ▶ Kelen, G., Catlett, C., Kubit, J., & Hsieh, Y. , *Hospital-based shootings in the United States: 2000-2011*, Annals of Emergency Medicine (2012) 60, 6, 790-798.
- ▶ OSHA § 2(b), The Occupational Safety and Health Act of 1970 Section, available at https://www.osha.gov/laws-regs/oshact/section_2
- ▶ USDHS, *Active shooter: How to respond*, U.S. Dept. of Homeland Security, (2017) available at <https://www.dhs.gov/sites/default/files/publications/active-shooter-how-to-respond-2017-508.pdf>

REFERENCES

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

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