ACTIVE SHOOTERS:

A Hospital Security Director Reflects on a Decade of Changes

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In 2006, I was working as a police officer in the ED with the St. John's (MI) Hospital Police Authority near Detroit. One night, a family member brought a relative to the hospital seeking mental health treatment. They were arguing, and just before they got to the metal detector, the man being brought in for treatment pulled out a gun and shot his relative. Police officers who were stationed in the area witnessed what had taken place and returned fire, shooting the armed subject. I responded to the scene as I was only 20 seconds away. I vividly remember only being able to hear myself breathe. My training immediately kicked in and I began to scan the area for further threats. I ensured the area was safe while protecting the crime scene. Workplace active shooter situations most often occur with little to no notice, and training can mean the difference between life and death. Now, 10 years after that active shooter incident, as the current Director of Security for Oakland Regional Hospital (MI), I still use this real-life example when I deliver active shooter training to new employees. Based on the U.S Department of Homeland Security's Run, Hide, Fight approach, I give my staff the tools they need to protect themselves and others. Once all staff members have been trained, we practice what we have learned during table-top exercises and annual drills. These hospital-wide drills include an "active shooter" who enters the building and then starts a rampage using a blank gun to simulate gunshots, making the drill more realistic. (Managers go from room-to-room prior to the drill, notifying patients. We also post signs at the building's entrances on the day of the drill.) Staff often thank the training team for making the situation as real as possible and state how valuable the active shooter information is. While nothing beats in-person training and drills, in the past decade, technology has made it easier to train staff online and deliver supplemental information on active shooter situations via webinars.

One challenge I encounter when training staff at my medical center is that those who provide direct patient care often raise issues with having to leave a patient to escape an active shooter. I encourage them to use their best judgment based on the scenario, and remind them that if they are shot or wounded, they will not be able to take care of other wounded individuals.

While training is important, so is the layout of a facility. Floorplans that give potential criminals easy access to staff and patients are being rerouted, facility emergency preparedness planners have had metal detectors installed at the main entrance, and new construction often takes crime prevention through environmental design into account.

The levels and types of hospital security still vary across the country. Facilities may employ private police departments and staff buildings with armed officers, local police officers who work part-time, or guards who are armed with less lethal instruments (e.g., pepper spray and Tasers). One agency serves them all—the International Association for Healthcare Security and Safety (IAHSS). With more than 2,000 members, IAHSS develops resources and guidance on healthcare facility security and publishes the Journal of Healthcare Protection Management. They also offer various certification programs. While many of their resources are available to members only, their webpage includes information on and links to many helpful resources that I, as the Vice Chairperson for the Great Lakes Chapter, use often.

Jason Berenstein currently serves as the Director of Security for Oakland Regional Hospital (MI) and the Vice Chairperson for the IAHSS Great Lakes Chapter.

What strategies have you incorporated to harden your healthcare facilities? We want to hear from you. Please email us your input (including tips, plans, and templates) at askasprtracie@hhs.gov to be considered for a future ASPR TRACIE resource.