



T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Access the recording here: <https://attendee.gotowebinar.com/recording/515834115128723291>

Access the speaker series here:

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-health-care-workplace-violence-speaker-series-summary.pdf>

An Overview of the Health Care Facility Armed Assailant Planning Considerations Tool





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Workplace Violence

- Was a problem before COVID-19
- Exacerbated by pandemic



IAHSS Foundation 2022 Crime Survey Results		
	2020	2021
Rate of hospital violent crime incidents per 100 beds	1.7	2.5
Rate of assaults per 100 beds	14.2	17.7



the E CHANGE

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE



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HEALTHCARE EMERGENCY PREPAREDNESS
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**The Other Epidemic: Violence
Against Healthcare Workers**

PATIENT AT HOLY SPIRIT HOSPITAL ACCUSED
OF ASSAULTING 2 STAFF MEMBERS

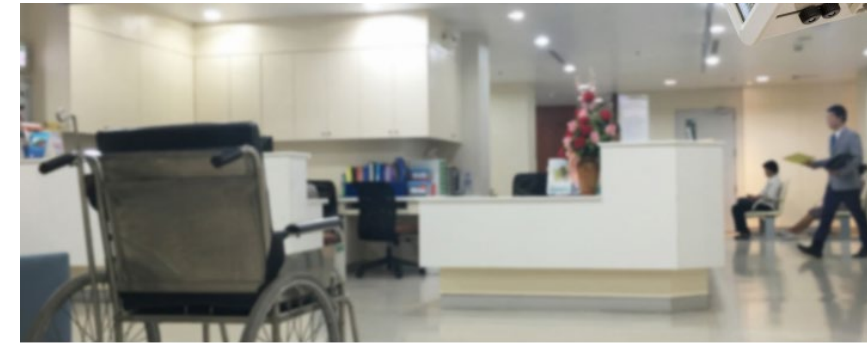
Nurses Under Attack: Violence Is
Getting Worse in Hospitals

ER Nurses File Workplace Safety Complaint
Over Alleged Violence Against Staff

Escalating Workplace Violence
Rocks Hospitals

Health Workers Once Saluted
as Heroes Now Get Threats

**Trends, Policies, and Protocols Related to Healthcare
Workplace Violence**



**Violence in the Emergency Department: Strategies for
Prevention and Response**

- 2010-2020: 39 shootings in accredited health care facilities
- 39 deaths (21 staff members, 18 patients)
- Reasons: grudge, suicide attempt, euthanizing ill relative, prisoner escape
- Locations: emergency department, parking lot, patient rooms

Access the issue here: <https://files.asprtracie.hhs.gov/documents/aspr-tracie-the-exchange-issue14.pdf>

On-Campus Armed Assailant Planning Considerations

- Four sections:
 - Mitigation
 - Preparedness
 - Response
 - Recovery
- Includes various components under each section and links to related resources

On-Campus Hospital Armed Assailant Planning Considerations

Hospital planners can use this checklist to help prepare their facilities to mitigate, respond to, and recover from an active shooter or armed assailant situation on campus. In an actual emergency, follow facility protocol for armed assailant/active shooter codes. Inform 911 and use your internal approach for alerting security and other healthcare facility personnel of the incident. **Notes:** this checklist does not include considerations related to being trapped with an assailant or other hostage/victim scenarios. URLs are only provided for resources that are available at no cost. Additional resources from the International Association for Healthcare Security and Safety (IAHSS) and other organizations are available to members. Though principally designed around hospital needs, this document may be valuable to other types of healthcare facilities. The checklist is broken into four phases ([mitigation](#), [preparedness](#), [response](#), and [recovery](#)). Plan components/promising practices and resources are provided for select issues by phase.

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Violence Prevention	
Components/Promising Practices	Resources
MITIGATION	
<ul style="list-style-type: none"><input type="checkbox"/> Facility violence prevention plan should include education, reporting, exercising, categorizing certain events and actions or patients as "high risk."<input type="checkbox"/> The multidisciplinary workplace violence committee should meet regularly to review data and make recommendations for changes.<input type="checkbox"/> Provide rapid reporting process for staff with concerns (e.g., "red phone" by emergency department [ED] nurse station, internal 911, wearable or digital duress/panic buttons, 911 PSAP, "blue light" cameras on campus).<input type="checkbox"/> Create a tracking system for all violent threats and incidents.<input type="checkbox"/> Develop security, human resources, department, and staff policies for high-risk/high-profile inpatients (e.g., VIP, gang-related violence, gunshot wounds, aggressive patients) including checking for hidden weapons, using metal detectors, limiting or restricting visitors during high-risk times, and discharge processes.<input type="checkbox"/> Provide de-escalation training to all staff based on their assessed risk for exposure to workplace violence (e.g., as determined by a Workplace Behavioral Risk Assessment).<input type="checkbox"/> Hazard Vulnerability Analysis (HVA) should consider armed assailants and/or a specific risk assessment for armed assailants.<input type="checkbox"/> Monitor threats via social media, major media, law enforcement (LE) partnership (e.g., Fusion Centers, InfraGard, homeland security districts, healthcare coalitions, threat assessment team).	<ul style="list-style-type: none">• ASPR: Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans• Cybersecurity & Infrastructure Security Agency: De-Escalation Series• Federal Bureau of Investigation (FBI): Active Shooter Planning and Response in a Healthcare Setting• IAHSS Guidelines - Workplace Violence Bundle• IAHSS Guideline on Incident Categories and Data Analysis• IAHSS 01.09 Violence in Healthcare Guidelines• IAHSS 01.04 Hazard Vulnerability Assessment Guidelines• IAHSS 04.01 – 04.10 Systems Guidelines• The Joint Commission: Workplace Violence Prevention Resources• OSHA: Worker Safety in Hospitals: Caring for our Caregivers <ul style="list-style-type: none">• ASPR TRACIE Resources• Strategies for Healthcare Workplace Violence Prevention: Risk Assessment and De-Escalation (Webinar)• Trends, Policies, and Protocols Related to Healthcare Workplace Violence• Workplace Violence Topic Collection<ul style="list-style-type: none">• Education and Training• Healthcare Settings• Plans, Tools, and Templates• Information Sharing Topic Collection• Evaluation of Hazard Vulnerability Assessment Tools

<https://files.asprtracie.hhs.gov/document/s/on-campus-hospital-armed-assailant-planning-considerations.pdf>

Mitigation

Violence prevention

- Plans
- De-escalation training
- Tracking systems
- Meet with local law enforcement

Facility design

- Safe rooms
- Signage
- Communications throughout
- Place kits with AEDs throughout facility

Video monitoring

- Link cameras to mobile devices
- Label cameras
- Ensure able to record
- Place monitors on emergency power

Public entrance control

- Limit visitor/patient entrances
- Screening protocols
- Consider weapons screening
- Zoned access plan

Facility security staff

- Provide presence at entrance(s)
- Station armed staff on site
- Have surge staff plans with local law enforcement

Preparedness

Support for responding LE

- Help local LE get familiar with floorplan
- Determine radio dead spots
- Create go-kits for responding LE
- Stress which areas to be cleared first

Identifying refuge/escape options

- Clear exit/stair markings
- Provide staff with related training
- Ensure specific items (e.g., telephone, material to block door) are available

Staff policies and training

- Provide to all, including temporary staff
- Identify “monitor” on every floor to help with evacuation
- Reminders about “tailgating”

Security policies

- Specific to degree of engagement
- For alerting/callback
- For integration with local LE
- For management arriving to scene

Medical response policies

- Clearing of area must precede medical response
- Augment code team, supplies
- Process for patient movement to resuscitation area
- How will you care for wounded patients?

Response

Activation and notification

- Set parameters for notification
- Activate access control procedures
- Liaison with responding LE/fire

Integrated first responders and facility response

- Share infrastructure plans
- Integrate LE into security office early
- Provide virtual access to footage
- Confirm off-limits areas and determine ongoing threat

Containment/neutralization

- Lockout elevators, close fire doors as necessary
- Monitor patients in containment area
- Plan for different event durations
- Work with LE to move patients

Rescue

- Determine staging area in cold zone
- Predetermine “safe area” for victim assessment
- Alert other hospitals of potential transfers
- Work with EMS to transport

Accountability

- Maintain process for patients, staff, and visitors
- Determine if any patients or staff are missing
- Work with LE to clear staff to re-enter buildings

Recovery

Internal communications

- Share initial information with patients and staff.
- Communicate “all clear” to on-site staff.
- Pre-determine who will make notifications specific to staff involvement (i.e., injury, death).

External communications

- Modify pre-scripted messaging.
- Remind staff of social media policy.
- Dispel rumors.
- Determine with LE when/where to conduct press conferences.

Service restoration

- Determine any services to be relocated.
- Reschedule/ relocate elective and outpatient procedures.
- Inspect infrastructure within affected area
- Repair, decontaminate (hire contractor to avoid re-traumatizing staff)

Family support

- Ensure family support and reunification plans include factors such as increased telephone operator capacity, availability of trained staff to speak to loved ones, expanded access to restrooms and chargers, and mental health support.

Recovery (continued)

LE investigations

- Isolate crime scenes and support evidence gathering.
- Coordinate LE-staff interviews.
- Support decedent management.

Staff support

- Provide immediate Psychological First Aid to staff.
- Ensure senior leadership visible and communicating with staff.
- Call back staff to relieve others.
- Develop long-term tracking that allows staff to “touch base” with mental health providers.
- Provide training to help staff deal with past and potential incidents.

After action

- Conduct initial debrief with security and clinical staff.
- Activate formal after-action analysis process.
- Identify legal issues (e.g., handling of materials, reports).
- Create plan to incorporate lessons learned.

Related ASPR TRACIE Resources

- [On-Campus Armed Assailant Planning Considerations](#)
- Topic Collections
 - [Workplace Violence](#)
 - [Active Shooter and Explosives](#)
 - [Responder Safety and Health](#)
- *The Exchange*, Issue 14: [The Impact of Civil Unrest and Workplace Violence on Healthcare](#)
- Resource Pages
 - [Mass Violence](#)
 - [Disaster Behavioral Health](#)

Contact ASPR TRACIE



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