ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 14 January 2020
Response Date: 22 January 2020; updated 25 May 25, 2022; updated 21 September 2022; updated 20 October 2023
Type of TA Request: Complex

Request:

The (original) requestor asked for references, procedures, checklists, and plans related to a hospital lockdown.

On 10/20/2023, this technical assistance response document was updated to address a new request received by ASPR TRACIE. The requestor asked for information on the time it would take a health care facility to lockdown and the time it would take the facility to send an alert once it is known that an active shooter is present.

Response:

A variety of incidents could necessitate a hospital or other health care facility implementing lockdown procedures, including active shooter incidents, hostage situations, patients/visitors/staff exhibiting threatening behavior, child abductions, and threats exterior to the facility. ASPR TRACIE reviewed existing resources, including those in the Active Shooter and Explosives, Responder Safety and Health, and Workplace Violence Topic Collections, for examples related to health care facility lockdowns. The team also reviewed previous technical assistance requests and searched for general information on lockdowns.

On 10/20/2023, this document was updated to include comments from the ASPR TRACIE Subject Matter Expert (SME) Cadre.

Section I includes comments received from our SME Cadre members. Section II provides resources related to active shooters, hostage-taking, and other potentially violent incidents that include information on hospital lockdowns. Section III includes resources that are specifically focused on hospital lockdowns.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- In general, all our metropolitan facilities have electronic locks; so, the physical lockdown of a building could happen within 30 seconds of when the caller notified the Security Operations Center (either via a phone call or lockdown button).

- The overhead announcement of an active shooter/active violent event could be done within a minute, maybe two minutes. There would simply need to be verification from the Security Operations Center that the event was occurring. Most of the time this can be done via video monitor vs. a verbal acknowledgement from the staff if they are fleeing the area.
- Lastly, in an ideal state it would take less than a minute to push out a mass notification via our facility security notification tool. However, in real life events, I have seen it take anywhere from 5-10 minutes depending on the process in place. Sometimes the mass notification system was not even used.
- There are templates in place to make this process quicker, but at our organization a system-wide advisory needs leadership approval before the message is disseminated. My recommendation was to remove this step, but to my knowledge it has not been removed.

SME Cadre Member 2:

- Locking down a health care facility requires that all doors be able to be locked. Outside doors will typically all lock with keys, and in some instances, a button can be pushed to lock all of them at once. However, many facilities do not have this capability and key locks are not likely to be practical in this high-risk situation. Inside doors are different. There are A LOT more of these doors in most health care facilities and some will lock, and many will not.
- Increasingly, health care facilities are putting swipe access controls in place or face phones with door locks that require someone inside to press a button and allow access in. Otherwise, there is NO locking mechanism, so they can either be opened by anyone OR some hospitals now (like my own) are exploring how to make these doors unopenable (not lockable) by adding some device connecting the bottom/top of door to the floor/ceiling via a drop down latch or simply taking tape and going around the push handles so they can't be pushed in after several wrap arounds.
- Either approach should take less than a minute to complete. However, the challenges include finding someone willing to do it under stress and having the needed items available.
- I don't like the word "lockdown" for this situation. I want to secure the facility and that can be accomplished using several techniques previously described. The end goal is to secure the facility safely and as quickly as possible.
- As for messaging/notification, the process should be situation recognition:
    - Report to designated announcer (most often hospital communications or security).
    - Public/staff announcement via PA system, computer messaging, and/or smart phone/pager messaging providing pre-scripted succinct message that includes the last known location of the suspect.
    - This should ideally take 60-90 seconds and be repeated periodically until the situation is over and that can be announced.

SME Cadre Member 3:

- The time it takes to lock down a health care facility is directly related to the facility size, the type of access controls being implemented, and the technology/personnel available.
- Alerting is also dependent on the systems available, but a process should be in place to rapidly communicate the situation to all occupants of the facility not just staff, in plain English language (e.g., "active weapons situation – 3rd floor north hallway").

II. Resources That Include Information on Hospital Lockdowns

NOTE: The resources listed in Section I are checklists, templates, plans, and other written documents. The Topic Collections linked earlier in this response also include several videos demonstrating behaviors, including lockdown actions, that may be helpful to incorporate in training programs, scenario development, or other planning efforts. However, those videos are not listed in this Section.

ASPR TRACIE. (2019). ASPR TRACIE-Developed Active Shooter Resources, and "Secure-Preserve-Fight" Model Articles.

This ASPR TRACIE TA response provides links to ASPR TRACIE-developed resources specific to healthcare active shooter incidents. It also includes published articles related to the concept of a "secure-preserve-fight" model.

ASPR TRACIE. (2019). Code Grey Exercise Templates.

This ASPR TRACIE TA response includes links to tabletop exercise materials and related resources to help plan a Code Grey hospital/healthcare exercise. Code Grey indicates an abusive or assaultive person.

ASPR TRACIE. (2019). ASPR TRACIE TA Response-Hospital Active Shooter and Door Resources.

This ASPR TRACIE TA response includes links to resources that mention securing doors in hospital-based active shooter incidents.

California Hospital Association. (2017). Planning for Active Shooter Incidents.

This webpage provides two pages of links to resources that can help hospitals and other healthcare facilities plan for active shooter incidents. It includes a checklist, plans, guidelines, educational videos, and other materials. **NOTE**: An Active Shooter Lockdown sample hospital policy is included on page two of the website.

Healthcare and Public Health Sector Critical Infrastructure Protection Partnership. (2017). Active Shooter Planning and Response in a Healthcare Setting.

This guide provides a comprehensive overview of issues and response to active shooters in the healthcare environment and includes response plan templates in the appendix.

Interagency Security Committee Active Shooter Working Group. (2015). Planning and Response to an Active Shooter: An Interagency Security Committee Policy and Best Practices Guide.

This guide sets forth a new active shooter policy requirement for all nonmilitary federal facilities within the executive branch of the government and a set of recommendations to assist with implementing this policy.

Motzer, E. and Smock, W. (2010). "Active Shooter" Safety Guidelines for Healthcare Campuses.

The authors provide active shooter planning guidance under five main categories: Pre-Incident Prevention and Preparation, Management During and Incident, Post Event Management, Safety Tips for Personnel, and Additional Resources.

Santa Barbara County Public Health Department. (n.d.). 2016 Active Shooter Exercise. (Accessed 10/20/2023.)

This webpage includes information specific to the 2016 California statewide exercise, as well as training and exercise resources and templates to support an active shooter exercise. The Key Components of Policy Slides under the Presentation section and some of the Sample Policies/Procedures under the Additional Resources section may be particularly helpful.

Stanford Medicine. (n.d.). Security Lockdown Levels and Response. (Accessed 10/20/2023.)

This document provides guidelines for locking down a healthcare facility (partial or complete) during emergency situations.

The Center for HICS Education and Training. (2014). Incident Planning Guide: Hostage or Barricade Incident.

This guide introduces a scenario associated with a hospital hostage situation and includes checklists for hospital and emergency management program staff to consider when addressing this type of incident. **NOTE**: Click on the Hostage or Barricade Incident links to open a Word or PDF version of this document.

The Center for HICS Education and Training. (2014). Incident Response Guide: Hostage or Barricade Incident.

This guide provides checklists of tasks that should be completed by hospital staff during a hostage or barricade incident in the hospital. It includes checklists for the various response timeframes: immediate response (0-2 hours), intermediate response (2-12 hours), extended response (greater than 12 hours), and demobilization/system recovery. **NOTE**: Click on the Hostage or Barricade Incident links to open a Word or PDF version of this document.

U.S. Department of Health and Human Services, U.S. Department of Homeland Security, U.S. Department of Justice, Federal Bureau of Investigation, and Federal Emergency Management Agency. (2014). Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans.

This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.

III. Lockdown-Specific Resources

Capital Health. (2012). Access Control to District Facilities at Times of Crisis (All Hazards).

This document outlines various lockdown procedures for a health system in Canada.

Health Facilities Scotland. (2010). Hospital Lockdown: A Framework for NHSScotland – Strategic Guidance for NHSScotland.

The document provides guidance to healthcare sites and buildings in Scotland to plan and execute a lockdown.

Trauma Center Association of America. (2013). ASK TRAUMACARE: Active Shooter/Violent Intruder.

This document summarizes 23 responses to a request for information on trauma center active shooter/violent intruder planning efforts including whether they have lockdown policies, who has authority to implement such policies, and what types of incidents result in their use. Note that the policies identified as attached are only available to members.

University of Nebraska Medical Center. (n.d.). Emergency Lockdown Procedures. (Accessed 10/20/2023.)

This downloadable graphic can be used by healthcare facilities to remind staff of lockdown procedures.

University of Toledo Health Science Campus. (2019). Elevated Security/Lockdown Policy Number SM-08-003.

This document, last revised in 2019, is the lockdown procedures for the University of Toledo Medical Center, Emergency Department, and other campus facilities.

Western Connecticut Health Network. (2005). Code Silver: Site Emergency Lockdown.

This document is the site emergency lockdown policy for a health system in Connecticut.