

## ASPR TRACIE Technical Assistance Request

**Request Receipt Date (by ASPR TRACIE):** 29 November 2019

**Response Date:** 3 December 2019

**Type of TA Request:** Complex

### Request:

The requestor asked what door blocks are recommended for use in the hospital during an active shooter event.

### Response:

First, we must note that ASPR TRACIE does not provide formal policy recommendations, nor can we endorse particular vendors or commercial third parties. That said, the ASPR TRACIE Team reviewed existing Topic Collections, technical assistance (TA) responses, and spoke with a member of our subject matter expert (SME) Cadre regarding safeguarding doors in active shooter situations involving hospitals.

Section I in this document includes the feedback from the SME. Section II includes links to resources developed by ASPR TRACIE that are relevant to active shooter incidents. Section III provides links to articles that include information on securing doorways in these incidents.

## I. ASPR TRACIE SME Cadre Member Comments

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

### *SME Cadre Member 1*

- At [my facility], we have been exploring options for 6 months now after an active shooter threat situation. Staff wanted something more than just swipe card access as a security measure. We are currently looking at "sleeve" devices that slide over the door opening mechanism on the top corner of some doors.
- One alternative to the metal sleeve is to teach rapid duct taping which can accomplish a similar result.
- There are also stand-up devices that slide under a door handle so you can't force the door open.

- Another device can connect the floor and door, so the door won't move during an emergency and otherwise just hangs on the wall. Placing a broom handle at the base of sliding doors is cheap and you can cut them to fit any door frame size.
- Now the hard part - we would be using all of these various options at the hospital already except the fire marshal who will not approve any of these without individual applications citing why they are needed. These tools cannot interfere with egress during a fire alarm.
- I suggest the requestor talk with the hospital safety officer and engineering staff to gather their ideas and talk to the fire marshal to gather feedback and ensure that any next steps/ options are approved.

## II. ASPR TRACIE-Developed Resources

- ASPR TRACIE TA responses:
  - [Active Shooter Incidents in Healthcare](#)
  - [Hostage Situation-Specific Resources](#)
  - [Active Shooter Drill and Evaluation Resources](#)
  - [ASPR TRACIE-Developed Active Shooter Resources and "Secure-Preserve-Fight" Model Articles](#)
- [Select Mass Violence Resources Page](#)
- [Workplace Violence Topic Collection](#)

## III. Resources that Include information on Securing Doorways in Active Shooter Situations

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:** On this webpage, follow the links to “[Active Shooter: How to Respond](#)” “[Pocket Card](#),” and “[Active Shooter Response Poster](#),” which emphasize locking and blocking doors. Links to videos, educational materials, and exercises are also included.

Huddy, J. (2017). [Design Considerations for a Safer Emergency Department](#).

The author shares strategies for designing safer emergency departments. He emphasizes the need for a front and back door that “allows the staff member to escape a dangerous situation.” He also discusses challenges associated with public access to clinical areas and suggests adding a “second set of locking doors that is not unlocked until the first set

of doors is closed and latched.” This inner vestibule should be equipped with security cameras and monitored.”

MESH Coalition. (2014). [Responding to an Active Shooter in a Healthcare Setting](#).

This video provides information on preparing for and responding to an active shooter event in a healthcare setting. **Note:** the speaker demonstrates how best to “hide” in a healthcare facility (behind a locked and—if possible—blocked door).

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. **Note:** starting on page 6, the reader is encouraged to “secure” the door. The authors suggest barricading the door if there is no lock and it opens inward.

Occupational Safety and Health Administration. (2015). [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#). U.S. Department of Labor.

This document includes guidance to prevent violence in healthcare facilities and includes strategies such as: (a) using physical barriers (such as enclosures or guards) or door locks to reduce employee exposure to the hazard; (b) metal detectors; (c) panic buttons, (d) better or additional lighting; and (e) more accessible exits (where appropriate).” The authors also suggest having glass panels in doors/walls for better monitoring and locking doors to staff counseling and treatment rooms. The authors emphasize the need to survey facilities on a regular basis to “ensure that doors that should be locked are locked—smoking policies should not allow these doors to be propped open.” They also emphasize the need for these strategies to adhere to local fire codes.

The Joint Commission. (2018). [Sentinel Event Alert: Physical and Verbal Violence Against Health Care Workers](#).

On page 5 of this document, the authors list changes to the physical environment of a healthcare facility that may prevent or minimize harm, including: “enhanced security or alarms, better exit routes, regular security patrols/rounds, metal detectors, panic buttons (including mobile panic buttons), monitoring or surveillance technology (such as cameras), barrier protection (for example, keypad access doors and fencing), environmental changes to facilitate de-escalation and reduce hazards, and better lighting.”

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2017). [Active Shooter Planning and Response in a Healthcare Setting](#).

This document provides active shooter guidance tailored specifically to the healthcare setting. **Note:** on page 16, this document emphasizes the need to regularly change the codes for doors with keypad access. On page 21, readers are encouraged to “close/lock doors, barricade doorways with furniture, etc.” (this is repeated on page 31). On page 43, the authors note the importance of ensuring that all “items needed to open every possible lockable door (e.g. card swipe, FOB, Master Keys, or code punch) ...are present in pre-positioned access kits.