

## ASPR TRACIE Technical Assistance Request

**Request Receipt Date (by ASPR TRACIE):** 20 November 2018

**Response Date:** 21 November 2018

**Type of TA Request:** Standard

### Request:

The requestor asked for assistance in locating resources related to active shooter incidents in healthcare facilities (e.g., a better understanding of the problem, designing exercises/drills, and determining if there is a targeted vulnerability point for hospitals).

### Response:

The ASPR TRACIE Team reviewed existing Topic Collections and other ASPR TRACIE resources. Section I in this document includes resources specific to active shooters in healthcare facilities; and Section II provides general resources on workplace violence. Based on our findings, it is important to note that shootings are relatively rare in healthcare facilities; however, incidents involving workplace violence are still prevalent.

We also collected recent statistics on active shooter incidents in healthcare facilities:

- [FBI active shooter data](#) found that four incidents occurred **in healthcare facilities** between 2000 and 2013, and [two occurred between 2014 and 2015](#). (Note: Refer to page 12 and page 5, respectively).
- According to [this article](#), in 2015 there were 14 active shooter incidents in hospitals (Note: ASPR TRACIE could only access the abstract—the authors may have broken the data down by facility type).
- [ALERRT data on active shooter incidents](#) (uses federal definition): In one 2016 incident (October 26), an armed man began by shooting his wife's workplace. He then travelled to Miller-Meier Limb and Brace (where prosthetics and braces are built and fit) and continued shooting.

The ASPR TRACIE Team would also like to highlight the following resources:

- ASPR TRACIE Technical Assistance response on [Active Shooter Incidents in Healthcare](#).
- ASPR TRACIE Technical Assistance response on [Active Shooter Drill and Evaluation Resources](#).
- ASPR TRACIE's [Select Mass Violence Resources Page](#).
- [Explosives and Mass Shooting Topic Collection](#).
- [Workplace Violence Topic Collection](#).

## I. Resources Specific to Active Shooter Incidents in Healthcare Facilities

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, please review the Active Shooter Planning and Response in a Health Care Setting Guidance 2017. Hostage situations are addressed throughout the document, and specific procedures are outlined starting on page 93.

Critical Incident Response Group, National Center for the Analysis of Violent Crime. (2002). [Workplace Violence: Issues in Response](#). U.S. Department of Justice, Federal Bureau of Investigation.

This report highlights findings from a “Violence in the Workplace” symposium which featured representatives from law enforcement, private industry, government, law, labor, professional organizations, victim services, the military, academia, mental health, and others.

Kelen, G.D., Catlett, C.L., Kubit, J.G., and Hsieh, Y.H. (2012). [Hospital-Based Shootings in the United States: 2000 to 2011](#). (Abstract only.) *Annals of Emergency Medicine*. 60(6):790-798.

The authors analyzed reports on acute care hospital shooting events in the U.S. from 2000-2011 and found 154 incidents in 40 states, resulting in 235 injured or dead victims. They provide additional demographic data (e.g., perpetrator characteristics, location of shooting).

Kendig, J. and Mykoo, Y. (2012). [Active Shooters in the Hospital Environment](#). The Joint Commission.

This presentation highlights the signs of potential violence, lessons learned from past incidents, and provides strategies for planning and responding to active shooter incidents.

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.

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.

Newton, E. (n.d.). [Hospital Violence Active Shooter](#). (Accessed 11/20/2018.)

This speaker defines active shooter incidents, illustrates the problem with recent data, outlines the planning process for hospitals, and shares information related to active shooter exercises—general and specific to her healthcare organization.

Occupational Safety and Health Administration. (n.d.). [Workplace Violence Prevention - Health Care and Social Service Workers](#). (Accessed 11/20/2018.) U.S. Department of Labor.

This presentation provides an overview of the Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers published by the Occupational Safety and Health Administration (“OSHA 3148”).

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.

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.

U.S. Fire Administration. (2013). [Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents](#). Federal Emergency Management Agency.

This white paper includes checklists and step-by-step considerations for active shooter event planning and response by pre-hospital providers, and references the framework suggested by the Hartford Consensus.

Weidner, D. (2014). [LTC Shots Fired Tabletop Exercise \(TTX\) Situation Manual \(SitMan\)](#). Health Care Association of New Jersey.

This tabletop exercise can help healthcare facility executives and team members address key active shooter issues through a series of facilitated discussions.

## II. General Workplace Violence in Healthcare Facilities Resources

Beech, B., and Leather, P. (2005). [Workplace Violence in the Health Care Sector: A Review of Staff Training and Integration of Training Evaluation Models](#). *Aggression and Violent Behavior*. 11(1): 27-43.

The authors discuss: workplace violence in healthcare settings, the extent of the problem, the importance of staff training, key training content, and models of training evaluation.

Centers for Disease Control and Prevention. (2013). [Workplace Violence Prevention for Nurses](#).

This short course is based on Occupational Safety and Health Administration guidance and can help healthcare providers understand, prevent, prepare for, and respond to workplace violence. Participants can earn continuing education credits.

Garrett, T. (2013). [Safety in the Workplace](#). Alabama Department of Public Health.

This webinar is geared toward healthcare professionals. The speaker discusses how to identify potential risk factors in the work setting and develop a response plan in the event of a violent situation.

Gillespie, G.L., Gates, D.M., Kowalenko, T., et al. (2014). [Implementation of a Comprehensive Intervention to Reduce Physical Assaults and Threats in the Emergency Department](#). (Abstract only.) *Journal of Emergency Nursing*. 40(6): 586-591.

The authors measured the effectiveness of a workplace violence reduction program against emergency department workers. While their original hypothesis was not supported, two intervention sites did notice significant decreases in violence.

Gomaa, A., Tapp, L., Luckhaupt, S. et al. (2015). [Occupational Traumatic Injuries Among Workers in Health Care Facilities — United States, 2012–2014](#). *Morbidity and Mortality Weekly Report (MMWR)*.

This article examines occupational injuries in the health care sector including those injuries resulting from workplace violence.

Grange, J.T., and Corbett, S.W. (2002). [Violence Against Emergency Medical Services Personnel](#). (Abstract only.) *Prehospital Emergency Care*. 6(2): 186-190.

An analysis of more than 4,000 calls in one month showed that some sort of violence occurred in close to 9% of encounters, half of which was directed at prehospital care providers. The authors stress the need for training, protective gear, and protocols for dealing with violent situations.

Judy, K., and Veselik, J. (2009). [Workplace Violence: A Survey of Paediatric Residents](#). *Occupational Medicine*. 59(7): 472-475.

The authors surveyed 25 U.S. pediatric residency program directors to determine the prevalence of workplace violence in pediatric residency training programs.

Kowalenko, T., Cunningham, R., Sachs, C.J., et al. (2012). [Workplace Violence in Emergency Medicine: Current Knowledge and Future Directions](#). (Abstract only.) Journal of Emergency Medicine. 43(3):523-31.

The authors reviewed literature on emergency department workplace violence and found that staff face higher risk of physical assaults compared to other health settings. They offer suggestions for preventing and reducing violent incidents.

Missouri Hospital Association. (2018). [Broadening the Culture of Safety: Addressing Workplace Violence](#).

This issue of Trajectories focuses on workplace violence in healthcare settings. The authors describe findings from a fall 2017 listening tour with Missouri Hospital Association groups who noted their top threats and themes for future consideration. The rest of the issue covers regulatory and programmatic topics, statistics related to the role of security in a healthcare facility, mitigation tools, and promoting a culture of safety.

Morken, T., Johansen, I. and Alsaker, K. (2015). [Dealing with Workplace Violence in Emergency Primary Health Care: A Focus Group Study](#). BMC Family Practice. 16:51.

This study explores how emergency primary health care organization personnel have dealt with threats and violence in the workplace.

Nachreiner, N., Gerberich, S., Ryan, A. (2007). [Minnesota Nurses' Study: Perceptions of Violence and the Work Environment](#). (Abstract only.) Industrial Health. 45:672-678.

This study identified rates of violence against nurses in the State of Minnesota, and their perceptions of the work environment.

Papa, A. and Venella, J. (2013). [Workplace Violence in Healthcare: Strategies for Advocacy](#). The Online Journal of Issues in Nursing 18(1): Manuscript 5.

This article provides a brief overview of workplace violence, and discusses the settings where it often occurs. The authors examine the direct and indirect financial impact of workplace violence (e.g., jury awards for injuries; staff turnover rates, and increased requests for medical leaves) and suggest legislative advocacy, workplace policy, and education strategies for countering violence in the workplace.

Peek-Asa, C., Casteel, C., Veerasathpurush, A., et al. (2007). [Workplace Violence and Prevention in New Jersey Hospital Emergency Departments](#). (Abstract only.) Journal of Occupational and Environmental Medicine. 49: 756-763.

This report highlights workplace violence prevention programs in 50 emergency departments in New Jersey hospitals. The authors identified several challenges, including uncoordinated surveillance of workplace violence events and unsatisfactory interactions between nursing staff and security personnel.

Stene, J., Larson, E., Levy, M., et al. (2015). [Workplace Violence in the Emergency Department: Giving Staff the Tools and Support to Report](#). The Permanente Journal. 19(2).

This research study examines the results of a workgroup that developed a workplace violence survey and reporting tool.

Trotto, S. (2014). [Workplace Violence in Health Care](#). Safety and Health Magazine.

The author discusses workplace violence in healthcare settings and provides an overview of proposed legislation to protect healthcare workers.