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.

January 2023

MITIGATION

Violence Prevention

Components/Promising Practices	Resources
☐ Facility violence prevention plan should include education, reporting, exercising, categorizing certain events and actions or patients as "high risk." ☐ The multidisciplinary workplace violence committee should meet regularly to review data and make recommendations for changes. ☐ 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). ☐ Create a tracking system for all violent threats and incidents. ☐ 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. ☐ 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). ☐ Hazard Vulnerability Analysis (HVA) should consider armed assailants and/or a specific risk assessment for armed assailants. ☐ Monitor threats via social media, major media, law enforcement (LE) partnership (e.g., Fusion Centers, InfraGard, homeland security districts, healthcare coalitions, threat assessment team).	• 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 • 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 » *Education and Training* » *Healthcare Settings* » *Plans, Tools, and Templates* • Information Sharing Topic Collection • Evaluation of Hazard Vulnerability Assessment Tools

TRACIE

MITIGATION

Violence Prevention

Components/Promising Practices	Resources
☐ Meet with local first responders and provide leaders with a campus map with potential hotspot areas identified (e.g., ED, ICU, labor and delivery, nursery, pediatrics, oncology). ☐ Provide suspicious activity reporting and behavioral threat assessment and management training to all staff. ☐ Define violence prevention's scope of practice, which should cover a wider range of concerning incidents that are the precursor for violence. These incidents include harassment, bullying, domestic violence, as well as threats against an individual or a facility. ☐ Develop and exercise a process for accountability of patients, staff and visitors.	• U.S. Department of Homeland Security: National Threat Evaluation and Reporting (NTER) Office • U.S. Department of Veterans Affairs. Implementing Multidisciplinary Behavioral Threat Assessment and Management Practice in Health Care: Disruptive Behavior Committee (DBC) Guidebook

Facility Design Features

Components/Promising Practices	Resources
☐ Consider implementing these design features: • Bulletproof barriers/glass in at-risk areas (floor to ceiling) • Sequential controlled areas/controllable areas • One-way windows/glass • Code compliant just-in-time lockable doors or easy to apply hardware to lock/block unlockable doors • Safe rooms (ensure these are documented in your armed assailant procedure and staff are aware of locations via training and reminders) to possibly be constructed of ballistically rated (level III minimally) sheet rock and include: » Peep sights (for occupants to confirm LEO presence prior to exiting) » Intercom or networked hardline phones » No exterior ground floor windows » An internal dead bolt to override card reader entrance » Camera monitoring inside the safe room • Prominent signage/marking indicating secure area(s)	• Center for Safe Schools. Model Door Numbering System • IAHSS Security Design Guidelines for Healthcare Facilities-3rd Edition • IAHSS 04.01 – 04.10 Systems Guidelines ASPR TRACIE Resources • Violence in the Emergency Department: Strategies for Prevention and Response • Information Sharing Topic Collection • Hospital Active Shooter and Door Control Resources for Active Violence Incidents (TA Response, 2019) • Hospital Lockdown Procedures (TA Response, 2020) • Melton, M. Tool for Identification of Shelter-in-Place (or "Safer") Room for Use to Hide during a Violent Attack • U.S. Department of Homeland Security. Stop the Bleed

MITIGATION

Facility Design Features

Components/Promising Practices	Resources
• Signage that prohibits staff from propping doors open • Improved sight lines ☐ Label all entrance/exit doors with large fluorescent number inside and outside to reference when calling for help. Provide local first responders with map/key. ☐ Ensure signage in all stairwells/landings communicates ability to exit to outside and directional information (e.g., south tower, SE stairwell) to improve location precision for responders/facility staff. Include relevant emergency phone numbers. ☐ Per local and state ordinances and statutes, provide ability to lock department and/or fire doors by floor/unit from secure location(s). ☐ Provide ability to lock stairwell doors to allow exit while preventing entrance. ☐ Avoid “dead end” units/workrooms that are not lockable/controlled. ☐ Ensure access to controlled units – particularly for high-risk and high dependency patient areas (ED, ICU, nursery, pediatrics, psych). ☐ Communications throughout facility • Overhead paging • Computer-based alerting • Phone/paging alerts • Public Safety and Security radio (no “dead zones”) • Emergency call boxes in remote locations of the facility (e.g., parking garages) • Emergency signage ☐ Place hemorrhage control kits w/AEDs and fire extinguishers in select areas; periodically remind staff and provide training. • Consider developing in-house, campus-wide, self-sustaining program (e.g., Stop the Bleed).	

MITIGATION

Video Monitoring

Components/Promising Practices	Resources
☐ Monitor all entrances/exits, elevator lobbies, hallways, loading docks, and other key areas. ☐ Link local cameras to mobile devices (e.g., tablets) for facility security and local first responders. ☐ Label cameras to ensure SOC dispatcher can read off the camera name and provide critical real-time information as to the location of a suspect or their last known direction of travel. • If the camera is covering an exterior access point, include the street name onto which the doors open. ☐ Larger facilities may benefit from having designated camera layouts/ templates that allow a team to select a specific area of department or floor to view. ☐ Ensure ability to record data and bring up images/search on outside computers (redundant system). ☐ Place monitors/recorders on emergency power.	ASPR TRACIE Resources • Trends, Policies, and Protocols Related to Healthcare Workplace Violence • Violence in the Emergency Department: Strategies for Prevention and Response • IAHSS 04.04 Video Surveillance Guidelines

Public Entrance Control

Components/Promising Practices	Resources
☐ Limit visitor/patient entrances. ☐ Develop protocols for the screening of individuals that may enter the building (e.g., visitors, vendors) before, during, and after an incident. ☐ Develop and implement screening protocols of employees (particularly when there is a threat or concern). ☐ Conduct visitor and vendor intake/badging at predetermined entrance(s). ☐ Strongly consider a metal/weapons screening program for patients and visitors (including ambulance arrivals and wanding after initial assessment). ☐ Enforce policies on limiting visitors during high-risk periods/for high-risk patients. ☐ Develop access control plan that includes considerations for full, partial, and zoned lockdown.	ASPR TRACIE Resources • Violence in the Emergency Department: Strategies for Prevention and Response • Hospital Lockdown Resources (TA response, 2022) • IAHSS 04.03.03 Facility Restricted Access (Emergency Lockdown) Guidelines

MITIGATION

Public Entrance Control

Components/Promising Practices	Resources
☐ Consider installing overhead coiling gates at all points of entry at high-risk locations. These gates can be locally or remotely activated in the event of civil unrest or a near-by active shooter incident.	

Facility Security Staff

Components/Promising Practices	Resources
☐ Provide security presence at entrance(s). ☐ Restrict staff entrance(s) to only those that can be reasonably monitored by available staff. ☐ Provide training/policies for weapons situations. ☐ Station armed security/law enforcement (LE) on-site. ☐ Augment facility security staff (via pre-determined surge staffing plans and/or memoranda of understanding with local contractors and LE). ☐ Add signage indicating no weapons permitted on campus at main entrance points and in parking areas.	ASPR TRACIE Resources • Violence in the Emergency Department: Strategies for Prevention and Response • Healthcare Preparation for and Response to Local Civil Unrest • IAHSS 02.01 Security Staffing and Deployment

PREPAREDNESS

Support for Responding LE

Components/Promising Practices	Resources
☐ Provide periodic facility walk throughs for LE command, SWAT, and patrol officers to promote facility and staff familiarization. ☐ Determine if any radio “dead spots” exist for public safety radio transmission within the facility and address with repeaters or other strategies. ☐ Create go-kits for responding LE with thumb drives that store facility maps and other relevant information, access cards/keys for all areas of facility, maps, internal radios as required. • Consider an emergency key box system like that provided for the fire department.	• FBI: Active Shooter Planning and Response in a Healthcare Setting • ASPR TRACIE. Healthcare Preparation for and Response to Local Civil Unrest • IAHSS 08.09 Active Shooter/Hostile Event Response Plan Guidelines • IAHSS 08.01 Emergency Management General Guidelines

PREPAREDNESS

Support for Responding LE

Components/Promising Practices	Resources
• Place go-kits/equipment at facility/campus entrances/reception desks. Equipment such as radios (ensure chargers are on emergency power), and hemorrhage control kits may also be included. • Provide remote opening capability if possible. • Train facility security to hand radios (that have been preset to an independent channel) to LE to facilitate communications and continuity of operations. ☐ Review procedures for patient relocation and full facility evacuation, with a focus on maintaining patients within the facility to the extent possible. ☐ Exercise LE-hospital interactions and consider LE liaison role. Discuss these protocols prior to finalizing plans. • Include crime scene issues in discussion with LE (e.g., need to rapidly re-open patient care areas after an event – particularly in the ED, ICU, etc. and how both LE and hospital needs are balanced). • Provide staff in high-risk areas with basic training for evidence collection. ☐ Have hospital leadership team meet/train with local LE command and Fire/EMS command to be clear on roles and responsibilities and rehearse establishing unified command. ☐ Instruct hospital staff on specific LE information reporting needs during an active shooter event. ☐ Develop and regularly update a document that provides guidance to LE as to which floors/departments would be ideally swept/cleared first. Consider prioritizing ICU, surgical services, ED, and blood banks. If these areas can be cleared and held, lifesaving operations can continue/resume ASAP. ☐ Meet with LE public information officer to review messaging approaches and strategies for social media, press releases and press conferences. ☐ Ensure that the hospital has a pre-determined liaison officer working with the LE incident commander to prevent putting themselves or patients at risk during their response.	

PREPAREDNESS

Identifying Refuge/Escape Options

Components/Promising Practices	Resources
☐ Provide clear exit/stair markings. ☐ Hold unit/office-based "Run/Hide/Secure-Fight" training to identify exits/ refuge rooms, potential escape routes, weapons/barricades. ☐ Ideal room characteristics include size (to hold multiple personnel spread out), a solid door that opens in and can be locked from inside, items ☐ to block the door, phone to call for help, and items to use for personal defense if needed. ☐ Stock with hemorrhage control kits.	• Inaba, K., Eastman, A., Jacobs, L., and Mattox, K. Active-Shooter Response at a Health Care Facility

Staff Policies and Training

Components/Promising Practices	Resources
☐ Ensure clear policies during active violence event, for example: • Shelter on unit actions unless imminent threat on the unit • Specific patient protection actions by unit and location of violence • Run-hide-fight or similar assailant response philosophy if staff member is in direct danger (assailant on unit) ☐ Ensure that temporary staff (e.g., travel nurses) are informed about facility policies including alert/emergency codes. ☐ Develop pre-messages (with details added, repeated, and updated) for paging and computer-based notification systems. ☐ Collaborate with first responders on evacuation plans so they understand facility- specific considerations (e.g., patients that are not able to evacuate). ☐ Identify a "monitor" for every floor or unit for each shift that can assist with basic emergency procedures for the given area (e.g., evacuation). ☐ Provide training (initial and refresher) and regular exercises that include active violence scenarios with and without first responders to understand policies and practice/memorize procedures. ☐ Repeat messaging to staff about not allowing "piggybacking" or "tailgating" (allowing an unknown person to trail in behind them through an opened door).	ASPR TRACIE Resources • Exercise Program Topic Collection » *Discussion-Based Exercise Templates: Active Shooter* » *Operations-Based Exercise Templates: Active Shooter* • Active Shooter Drill and Evaluation Resources (TA Response, 2018) • Active Violence Exercise Templates for Healthcare Facilities (TA Response, 2019) • California Emergency Medical Services Authority. Hospital Incident Command System: Active Shooter Incident Planning Guide. • FEMA: IS-907: Active Shooter: What You Can Do; IS-904: Active Shooter Prevention: You Can Make a Difference; IS-905: Responding to an Active Shooter: You Can Make a Difference; and IS-906: Workplace Security Awareness • IAHSS 08.09 Active Shooter/Hostile Event Response Plan Guidelines • IAHSS 01.09 Violence in Healthcare Guidelines • IAHSS. Workplace Violence Training and Prevention in Hospital-Based Healthcare: Implications for Nursing and the Interdisciplinary Team in the Hospital • IAHSS. Mitigating Workplace Violence via De-Escalation Training

PREPAREDNESS

Security Policies

Components/Promising Practices	Resources
☐ Create policy for response and degree of engagement of assailant (based on capabilities of security team). ☐ Develop policies for alerting/notification/callbacks internal and external. ☐ Create and share a plan for integrating with responding LE (e.g., providing LE a spot in the command post/center). ☐ Address management of on-coming staff arriving during or following an incident (e.g., where to enter, park, show identification).	ASPR TRACIE Resources • Active Shooter and Explosives Topic Collection » *Guidance Documents*

Medical Response Policies

Components/Promising Practices	Resources
☐ Security/LE clearing of the area must precede medical response. ☐ Determine role of local EMS on-campus for victim care and movement. • Fire/EMS patient care and movement may be preferred to in-house medical teams. • Moving patients directly to ambulances may be preferred at facilities that do not usually manage penetrating trauma – however, an on-site triage/assessment by facility staff is optimal prior to transfer. ☐ Augment "code team" and supplies/carts as required. ☐ Acquire hemorrhage control kits to support medical response. ☐ Ensure personnel who respond to these situations have trauma care experience. ☐ Discuss with regulatory staff any Emergency Medical Treatment and Active Labor Act (EMTALA) issues related to victims being removed by EMS without being assessed by hospital staff if transporting to another hospital (e.g., trauma center). Determine whether victims will receive a medical screening exam and emergency stabilizing treatment on-site if the facility is not a trauma center and if so, how this will be documented. ☐ If the facility is a trauma center, ensure process for rapid patient movement to the emergency department resuscitation area.	ASPR TRACIE Resources • DASH Tool: Trauma Supply Module • Active Shooter and Explosives Topic Collection » *Plans, Tools, and Templates* • Workplace Violence Topic Collection » *Plans, Tools, and Templates* • EMTALA and Disasters • Pennardt, A. and Schwartz, R. Hot, Warm, and Cold Zones: Applying Existing National Incident Management System Terminology to Enhance Tactical Emergency Medical Support Interoperability

PREPAREDNESS

Medical Response Policies

Components/Promising Practices	Resources
☐ Determine how to provide medication or other needed assistance to patients in warm (area where a potential threat exists, but there is no direct or immediate threat) or hot zones (area where a direct and immediate threat exists) who can't be evacuated. ☐ Provide employees working in dietary, supply chain, lab, radiology, respiratory therapy, or pharmacy who may be in an affected area with appropriate training and ensure they understand expectations regarding communications and accountability processes during and after an incident. ☐ Perform related unit tabletop exercises regularly and functional exercises on a yearly basis.	

RESPONSE

Activation and Notification

Components/Promising Practices	Resources
☐ Ensure facility security and clinical and support staff are aware of who to notify externally and what information to share when reporting active shooter/active violence such as: • Location of the incident (hospital, building, floor/area, and room) • The number of armed person(s) and their behavior • Type of weapon(s) involved (e.g., handgun, long gun, knife, bomb) • Physical description of armed person(s) if any (may wish to prompt for footwear description as unlikely to change) • The number of hostages, if applicable • Closest entry point for LE • Vehicle make and model, license plate, and direction of travel (if the perpetrator flees the scene in a vehicle) ☐ Ensure messaging is specific to the facility involved (i.e., not disseminated throughout an entire healthcare system). ☐ When using overhead paging use plain language and share last known suspect location (e.g., "Security Alert - Gunshots reported medical ICU 1, 4th floor"). Update as situation evolves.	ASPR TRACIE Resources • Active Shooter Resources and Secure-Preserve-Fight Model (TA Response, 2019) • Incident Management Topic Collection • Information Sharing Topic Collection • FBI: Active Shooter Planning and Response in a Healthcare Setting • Hospital Incident Command System – Incident Response Guides • IAHSS 08.01 Emergency Management General Guidelines • IAHSS 08.02 Security Role in the Emergency Operations Center Guidelines • IAHSS 08.09 Active Shooter/ Hostile Event Response Plan Guidelines

RESPONSE

Activation and Notification

Components/Promising Practices	Resources
☐ Ensure in-hospital notifications are prioritized; also ensure all staff are notified when a threat is ongoing to prevent off-duty staff from reporting to work unnecessarily. ☐ Ensure incident command group notification systems are in place for in-person or virtual command center activation. ☐ Notify ambulance services of the situation if it is affecting the emergency department (i.e., diversion). ☐ Implement facility access control procedures and prohibit walk-in traffic. ☐ Designate by policy initial incident commander (IC) until LE arrives (e.g., security supervisor) then liaison with LE IC until threat controlled. ☐ Consider activation of full hospital incident command system when safe to do so (this enables entire team to handle internal and external messaging, for example). ☐ Monitor and share situation information/size up based on calls, on-scene officers, and related details. ☐ Unified command with LE should be in forward command post or hospital command center. ☐ Liaison with responding fire/EMS agencies. ☐ Support threat containment actions. ☐ Determine scope of ongoing facility operations during the active incident. ☐ Once the threat is neutralized, continue hospital command center operations for further actions centered on restoration and recovery.	

Integrated First Responders and Facility Response

Components/Promising Practices	Resources
☐ Plan for facility security staff to accompany/ trail initial LE for navigation. ☐ Share facility infrastructure plans for the area of the incident (e.g., medical gas lines in the walls) to facilitate damage assessment. ☐ Integrate LE into security office early to monitor CCTV/video and establish unified command. Ideally “right seat” them with security supervisor operating the cameras and provide phones, internet access and electrical outlets for their use.	ASPR TRACIE Resources • Active Shooter and Explosives Topic Collection » *Plans, Tools, and Templates* • IAHSS 08.02 Security Role in the Emergency Operations Center Guidelines

RESPONSE

Integrated First Responders and Facility Response

Components/Promising Practices	Resources
☐ Provide virtual access to camera views, if possible, to LE (e.g., on tablet or via link sent to command center). ☐ Assess the operational status of all units and buildings on campus including any damage to the facility, equipment, or supplies. ☐ From LE IC confirm: • What areas are crime scenes and off limits? • Is there any ongoing threat?	

Containment/Neutralization

Components/Promising Practices	Resources
☐ Ensure/create joint prioritization/policy of first responders and security to localize and contain/neutralize any threat. ☐ Evacuate around contained threat – perimeter determined by circumstances. ☐ Access controls planning –lockout elevators, close fire doors, etc. as needed/possible to contain threat. ☐ Plan for different event durations. • Is event over "quickly" or has it become a longer-term incident with a barricade or hostage situation? ☐ Ensure that someone from the healthcare organization continues to monitor patients located in the containment area(s). Patient movement and care strategies might have to be developed in real time with LE to save lives. ☐ If it is a longer-term incident, plan with LE how patient care operations can continue safely in affected and unaffected areas	ASPR TRACIE Resources • Active Shooter and Explosives Topic Collection » *Plans, Tools, and Templates*

RESPONSE

Rescue

Components/Promising Practices	Resources
☐ Clear policies with LE about "contained threat" (i.e., casualty access/ evacuation once an area is secured but there is ongoing potential threat). ☐ Determine staging area for medical personnel (e.g., hospital or EMS providers) in the cold zone (the area where no significant threat is reasonably anticipated and additional medical/transport resources may be staged) to respond from once threat is contained/neutralized. ☐ Create plans/policies for moving the injured. Ensure adequate first responder/ provider/ EMS/ security to move victims and fabric carriers/ drag carriers/wheelchairs/ carts available. ☐ Predetermine "safe area" for victim assessment after initial rescue. ☐ Assess victims and determine any emergent intervention (e.g., tourniquet) needed prior to rapid movement to ED or ambulance to other hospitals for additional care. ☐ Alert other hospitals of possible patient transfers. ☐ Plan to arrange patient transport via on-scene EMS as practical. • Include transport plans for patients in ED prior to the incident if evacuation needed • If EMS is transporting from the incident hospital to a trauma center assure initial assessment and stabilizing interventions to the degree possible before transport	ASPR TRACIE Resources • Active Shooter and Explosives Topic Collection » *Injuries and Treatment* » *Plans, Tools, and Templates* • Pennardt, A. and Schwartz, R. Hot, Warm, and Cold Zones: Applying Existing National Incident Management System Terminology to Enhance Tactical Emergency Medical Support Interoperability

Accountability

Components/Promising Practices	Resources
☐ Maintain accountability process for all patients, staff, and known visitors. ☐ Determine if any patients/staff are missing. ☐ Plan with LE and facility security to clear staff to re-enter building/units to resume patient care.	

RECOVERY

Internal Communications

Components/Promising Practices	Resources
☐ Communicate (per unified command decision) the "all clear" to on-site staff. ☐ Share initial information with patients and staff via a variety of platforms. ☐ Pre-determined facility leaders should directly communicate with staff and patients on affected units. ☐ Pre-determined facility leaders should provide initial update on injuries, including injuries to staff. ☐ Determine timeline and mechanism for communicating degree of injury/death particularly if staff member injured/killed in conjunction with family notification(s); determine who will make notifications. ☐ Communicate with staff who were offsite during the incident. Include event summary and all clear, and list impacted services and areas if applicable.	ASPR TRACIE Resources • Risk Communications/Emergency Public Information and Warning Topic Collection • Social Media in Emergency Response Topic Collection • FBI: Active Shooter Planning and Response in a Healthcare Setting

External Communications

Components/Promising Practices	Resources
☐ Create pre-scripted messaging, modified for event initial summary and any communication of impacted services as immediate media release/social media posting. ☐ Remind staff of social media policy. ☐ Be ready to dispel rumors. ☐ Determine with LE whether and when/where to conduct joint press conference and what information to share. If LE does not wish to participate in a joint press conference, the facility should proceed with one in a timely manner. ☐ Schedule press conference(s) at appropriate location and time, determine speakers and content. ☐ Monitor press, radio and social media and correct misinformation. ☐ Determine timeline and content for additional release of information on extent of injuries/deaths.	ASPR TRACIE Resources • Risk Communications/Emergency Public Information and Warning Topic Collection • Social Media in Emergency Response Topic Collection

RECOVERY

Service Restoration

Components/Promising Practices	Resources
☐ Determine any services that need to be relocated due to damage/ extended lockdown/crime scene investigation. ☐ Reschedule or relocate elective and outpatient procedures as required. ☐ Clear areas/campus to return to normal activities as permitted by LE (agreed to with leadership – some services in the area may be temporarily discontinued). ☐ Inspect infrastructure lines within the incident site to ensure they are not damaged/ leaking (e.g., medical gas, water, sewer). ☐ Repair, decontaminate, or otherwise address any damage to the facility/ physical evidence of event as soon as cleared to do so by LE. • Consider need to hire outside vendor rather than staff handling restoration (especially in trauma-laden areas)	• ASPR TRACIE. Healthcare Facilities Engineering Evacuation Checklists. (TA Response, 2020)

Family Support

Components/Promising Practices	Resources
☐ Ensure family reunification and assistance plans include the following: • Additional operator staffing for large volumes of inquiry / information calls • Space and staffing (by facility personnel, security, and community groups/volunteers as needed) of a family support center as required • Availability of trained staff to talk with loved ones via phone or in person • Expanded access to restrooms and electrical outlets or portable battery chargers to charge electronic devices while waiting • Mental health support for patients, visitors, and staff	ASPR TRACIE Resources • Family Reunification and Support Topic Collection • Tips for Healthcare Facilities: Assisting Families and Loved Ones after a Mass Casualty Incident

RECOVERY

LE Investigations

Components/Promising Practices	Resources
☐ Isolate crime scenes and support evidence gathering activities (e.g., video footage). ☐ Identify involved staff and liaison with LE if interviews needed; coordinate private interview location(s). ☐ Support decedent management/death notifications in cooperation with LE/ medical examiner/coroner as required. ☐ Activate Line of Duty Death LODD plan as appropriate. Hospitals may wish to develop their own plan or reference key tasks from fire department standard operating procedures.	• ASPR TRACIE. Fatality Management and Mass Gatherings: Looking Back at the Route 91 Harvest Festival Shooting • National Fallen Firefighters Foundation. Planning Considerations for a Line-of-Duty Death

Staff Support

Components/Promising Practices	Resources
☐ Provide immediate Psychological First Aid support to employees. ☐ Ensure that someone from senior leadership is visible and communicates with affected staff as soon as safely possible. ☐ Call back additional staff as required to relieve immediately affected staff of duties. ☐ Ensure multi-modal support for decompression and venting with focus on individual conversations for short- and long-term support. ☐ Ensure small group voluntary facilitated discussions available starting 48-72h after the event for those directly affected. ☐ Determine any recognition/memorial/other acknowledgments/ events needed. ☐ Develop long-term tracking for staff most directly involved including scheduled “touch base” with professional mental health provider at determined intervals based on exposure. ☐ Prepare for multiple staff from affected areas to transfer to other work areas or leave practice (clinical and support staff). ☐ Conduct psychological and physical training to prepare staff for handling these types of incidents prior to an occurrence.	ASPR TRACIE Resources • Responder Safety and Health Topic Collection » *Behavioral Health and Resilience: Resources for Responders* » *Behavioral Health and Resilience: Resources for Supervisors* » *Education and Training* • Disaster Behavioral Health Resources Page • ASPR and NACCHO. Psychological First Aid (free registration required)

RECOVERY

After Action

Components/Promising Practices	Resources
☐ Conduct initial incident debrief (hotwash) with directly involved security and clinical staff; establish common understanding of the events and any initial feedback about systems successes and areas for improvement. ☐ Activate formal after-action analysis process including improvement plan (integrate first responders into after action process). ☐ Identify any facility legal issues in conjunction with LE/legal counsel and determine handling of materials, reports, and communications. ☐ Institute action plan to address identified areas for improvement. ☐ Consider the potential need to remodel an affected area to improve safety and reduce negative associations with the event. ☐ Consider updating policies and procedures and comprehensive emergency management plan with findings and improvements following the incident.	• ASPR TRACIE. After Action Reports - Real-Life Events from the Hospital/Health System Perspective. (TA Response, 2019)

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