# Situation Manual (SITMAN)

Active Shooter Tabletop Exercise  
mm/dd/yyyy

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## Preface

The [enter year and work area] Tabletop Exercise (TTX) is sponsored by [facility]. This Situation Manual (SitMan) was produced by [work area] Exercise Planning Team with input, advice, and assistance from [facility] Emergency Management following guidance set forth in the U.S. Department of Homeland Security (DHS) Homeland Security Exercise and Evaluation Program (HSEEP).

This Situation Manual gives players and observers from participating organizations information they need to observe or participate in a medical surge response exercise that focuses on participant’s emergency response plans, policies, and procedures as they pertain to alternate care centers. The information in this document is current at the date of publication and is subject to change as dictated by the Exercise Director.

## Handling Instructions

1. The title of this document is the [enter year and work area] TTX *Situation Manual (SitMan)*.
2. The information contained in this SitMan is not classified or sensitive.
3. For more information about the exercise, please consult the following point of contact (POC):

[Name of Exercise Lead Planner]  
[Title of Exercise Lead Planner]  
[Phone of Exercise Lead Planner]  
[Email of Exercise Lead Planner]  
[Address of Exercise Lead Planner]

## Introduction

### Background

“The workplace is a common site of hostilities, with approximately 2 million Americans falling victim to workplace violence each year. In fact, homicide is one of the leading causes of job-related deaths in the United States. There were 8,666 occupational homicides in the 14-year period from 1997 to 2010, the majority (79%) perpetrated by firearms. Unfortunately, the health care setting is not immune to workplace violence. The rate of assaults on health workers is 8 of 10,000 compared with 2 of 10,000 for private-sector industries.”[[1]](#footnote-1)

One specific workplace violence situation involves hospital-based shootings, which can, but does not historically involve an active shooter incident. A hospital-based shooting is a broad category that simply includes a shooting incident that occurs within a hospital setting; whereas, “An active shooter is defined by the U.S. Department of Homeland Security as ‘an individual actively engaged in killing or attempting to kill people in a conﬁned and populated area; in most cases, active shooters use ﬁrearm[s] and there is no pattern or method to their selection of victims.’ …Most of these cases have occurred in locations where the shooter has been undeterred and unobstructed from carrying out their attack.”[[2]](#footnote-2)

While the two types of shooting incidents share a common mode of violence, the characteristics and outcomes of each are different.

Event Characteristics

| Type of Shooting | Victim Selection | Progression | Response Opportunity | Event Termination | Casualties | Hostages |
| --- | --- | --- | --- | --- | --- | --- |
| **Active Shooter** | Random | Unpredictable/Evolves Quickly | Yes | By law enforcement/armed security | Mass/unlimited | No |
| **Hospital-based Shooting** | Targeted | Unpredictable/Evolves Quickly | No | By self | Limited | No |

Given these differences, all shootings in hospitals can be categorized as hospital-based shooting incidents, with the exception of one which occurred in 1994 at Fairchild Air Force Base Hospital.[[3]](#footnote-3) Hospital-based shooting incidents are relatively low frequency events; hospital active shooter incidents are extremely low frequency events; however, media attention for the low frequency-high consequence events results in “hazard salience.”

“Hazard salience refers to hazards that stand out in a person’s thinking due to a recent event, magnitude of impact, personal consequences, etc. Salience is important because it appears to distort people’s judgment. Tversky and Kahneman (1974, 1981) and Kahneman and Tversky (1979) reported that, in judging risk, people have a tendency to overvalue low probability salient information, yet undervalue high probability non-salient information.”[[4]](#footnote-4) So, a recent hospital-based shooting event with massive media coverage increases the “salience” of this low probability event that causes individuals to perceive the likelihood of such an event as greater than the actual likelihood of such an event.

“There have been a number of academic studies done on active shooting incidents. Here are some statistics from two of those studies. John Nicolette, PhD, conducted a study of 35 active shooter incidents during 2012 and discussed the results of his study during a lecture entitled “Detection and Disruption of Insider/Outsider Perpetrated Violence.

* The average active shooter incident lasts 12 minutes, while 37 percent last less than five minutes.
* 49 percent of attackers committed suicide, 34 percent were arrested, and 17 percent were killed.
* 51 percent of the attacks studied occurred in the workplace, while 17 percent occurred in a school, 17 percent occurred in a public place, and six percent occurred in a religious establishment.

Peter Blair, PhD, and Hunter Martindale, PhD, conducted a study of 84 active shooter incidents from 2001 to 2010. Here’s a summary of their findings:

* Two percent of the shooters bring improvised explosive devices (IEDs) as an additional weapon.
* In 10 percent of the cases, the shooter stops and walks away. In 20 percent of the cases, the shooter goes mobile, moving to another location.
* In 57 percent of the shootings, an officer arrives while shooting is still underway.[[5]](#footnote-5)

“While the human factors of an incident may be quite unpredictable, experts cite planning and training as two key requirements for consideration at the organizational level.”[[6]](#footnote-6)

## Exercise Requirements

The current Department of Homeland Security (DHS) and Department of Health and Human Services – Office of the Assistant Secretary for Preparedness and Response (ASPR) grants require organizations and communities to conduct exercises to improve disaster response operations capabilities. Additionally, the Joint Commission requires hospitals and ambulatory care facilities to conduct exercises periodically. [facility] recognizes the need to understand expectations, roles, and responsibilities of work areas during an incident involving a shooting, evacuation and short and long-term service interruption of critical functions and essential services.

### Purpose

The purposes of the tabletop exercise are:

* to provide an opportunity for attendees to participate in facilitated discussions of their roles, responsibilities, and anticipated activities in response to an active shooter scenario (module 1)
* to help the participants better understand roles and responsibilities for response to an event requiring relocation/evacuation (module 1 and 2)
* to help the participants better understand roles and responsibilities for continuity/recovery of services involving an event that prevents occupation of routine work areas (module 1 and 2)
* to provide an opportunity to consider internal and external messaging needs for an event involving an incident involving a significant, violent event (module 1 and 2)

Through the exercise process, the exercise planning team also seeks to identify areas that require additional planning, training, and/or exercising to improve organizational and community readiness and resilience. Recommendations will be provided in an After Action Report/Improvement Plan.

### Scope

The scope of play for the exercise involves discussion-based activities. The format of the exercise will be two modules. The exercise will be facilitated; scenario information will be provided progressively as the event unfolds. Players will have an opportunity to both respond to defined questions and discuss topics freely within an established time frame. The tabletop exercise is intended to stimulate discussion of emergency response and clinical/business continuity actions in response to a hypothetical incident.

### Capabilities

Capabilities-based planning focuses on planning under uncertainty because the actual impacts and complexities of an event are subject to infinite variables. However, capabilities-based planning, as an all-hazards approach to planning and preparation, allows organizations and communities to build capabilities that address anticipated needs and can be scaled and applied to a wide variety of incidents.

The capabilities listed here have been selected to provide the foundation for development of the exercise objectives and scenario.

* Onsite Incident Management
* Communication/Information Sharing
* Evacuation/Shelter in Place
* Continuity of Operations

Note: The six core emergency management function areas defined by The Joint Commission were also considered for scenario and question development.

### Exercise Objectives

The Exercise Planning Team selected objectives that focus on staff and public agency response actions to identify areas for improvement and create opportunities for collaboration among stakeholders. This exercise will focus on the following objectives:

1. Onsite Incident Management
   1. Identify and enhance security tactics, techniques, and procedures in combating an active shooter threat within our facility.
2. Communication/Information Sharing
   1. Identify current processes, and contingency methods to provide critical information to employees and the public in a timely manner.
3. Evacuation/Shelter-In-Place
   1. Execute safe and effective sheltering-in-place of patients, and/or the organized and managed evacuation of building occupants to safe areas in response to a potentially or actually dangerous environment.
4. Law Enforcement Response
   1. Enhance operations between local law enforcement and staff in combating/responding to threats.
5. Continuity of Operations
   1. Identify challenges and available resources to ensure the ability to reconstitute essential functions after a disruption.

### Participants

* **Players.** Players respond to the situation presented, based on expert knowledge of response procedures, current plans and procedures, and insights derived from training.
* **Facilitators.** Facilitators provide situation updates and moderate discussions. They also provide additional information or resolve questions as required.
* **Evaluators.** Evaluators collect discussion information for use in an After Action Report/Improvement Plan (AAR/IP).
* **Observers**.Observers view all or selected portions of exercise play. Observers do not participate in exercise play or in exercise control functions.

### Exercise Structure

**This exercise will be conducted on [date] at [time] in [location].** This tabletop exercise (TTX) will be a facilitated exercise supported by PowerPoint.

| Time | Activity |
| --- | --- |
| Enter 30 minutes before Start Time | Breakfast/Registration |
| Enter Start time | Welcome and Introductions |
| Enter start time + 10 | Exercise Introductions |
| Enter start time + 15 | Module 1: Scenario and facilitated discussion (Initial actions, 0-15 minutes) |
| Enter start time + 50 | Break |
| Enter start time + 1 hour | Module 2: Scenario and facilitated discussion (Extended Actions—15 minutes to 4 hours) |
| Enter start time + 2 hours | Wrap up and Debrief |
| Enter Stop time | Exercise ends |

### Exercise Guidelines

* This is an open, no-fault, stress-free environment. There is no single “right” response to scenario events. Varying viewpoints, even disagreements, are expected. Open discussion is encouraged.
* Respond on the basis of your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from your training.
* Decisions are not precedent setting and may not reflect your organization’s final position on a given issue. This exercise is an opportunity to discuss and present multiple options and possible solutions.
* Issue identification is not as valuable as suggestions and recommended actions that could improve response and preparedness efforts. Problem-solving efforts should be the focus.
* Assume the scenario and exercise activities are real. If parts of the scenario seem implausible, do not complain. Recognize that the exercise has objectives that must be satisfied and may require doing things that may not be as realistic as we would like.
* The situation updates, written material, and resources serve as the basis for discussion. There will be situational injects.
* The tabletop exercise is an opportunity to clarify roles and responsibilities, policies and procedures, and understand capabilities and limitations. It is not a forum for “developing” plans***. For discussions that get bogged down with planning details, evaluators will note the issue and facilitators will guide the discussion toward a new topic.***  Any identified planning, training, or exercising need will be documented for inclusion into an after action report and improvement plan.

### Exercise Evaluation

Evaluators will be present to capture information for inclusion in a formal post-exercise After Action Report. Participants will be asked to complete a feedback form to provide input about identified strengths and opportunities for improvement from their perspective. The information will be included in an After Action Report and Improvement Plan to document lessons learned and drive process improvement. [Include details on how feedback will be gathered by paper, email or survey.]

### Assumptions and Artificialities

In any exercise, assumptions and artificialities may be necessary to complete play in the time allotted. During this exercise, the following apply:

* The scenario is plausible, and events occur as they are presented.
* There is no “hidden agenda”, nor any trick questions.
* The tabletop exercise scenario will begin two weeks post incident.
* The tabletop exercise will be played in accelerated time.
* Players will receive detailed information about the incident; in the real world, specific details of this nature would not be readily available.
* Players will typically receive scenario information at the same time; in the real world, this rarely happens.
* Recognizing there are a number of issues associated with this type of scenario, many will not be discussed.

### Support References

* [facility] Active Shooter Response Policy
* [facility] Emergency Operations Plan
* Local Public Safety Agencies Standard Operating Guidelines
* [Department of Homeland Security Active Shooter Training Video](https://www.dhs.gov/options-consideration-active-shooter-preparedness-video)
* [Department of Homeland Security Active Shooter How to Respond Booklet](https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf)

## Appendix A: Discussion Questions

Based on the information provided, participate in the discussion concerning issues raised in the scenario. Identify any critical issues, decisions, or questions that should be addressed.

The following questions are provided as suggested general subjects that you may wish to address as the discussion progresses. These questions are not meant to constitute a definitive list of concerns to be addressed, nor is there a requirement to address every question.

### Onsite Incident Management

1. What is the role of staff in responding to an active shooter incident?
2. What is the role of security in responding to an active shooter incident?
3. What is the role of public safety agencies (law enforcement, fire, EMS) in responding to an active shooter incident?

### Evacuation/Shelter-In-Place

1. Does the work area have a “lockdown” process? If yes, who can initiate the process?
2. What is the process for relocating/evacuating staff, patients, and visitors? Who is authorized to initiate relocation/evacuation?
3. Do you have a way to account for staff once they have left the area?

### Communication/Information Sharing

1. How is the incident communicated to public safety agencies?
2. How is incident information communicated to staff in the work space and in the whole facility?
3. How is area “lockdown” communicated to staff in the work space and in the facility more broadly?
4. How is relocation/evacuation directives communicated to staff in the work space and in the facility more broadly?

### Continuity of Operations

1. How would/could the essential function be reestablished in another area?
2. How is the staff behavioral health aspect of an active shooter incident managed?
3. What is the continuity plan for the work area if the work space cannot be occupied for a period of time following an active shooter incident?
4. How long is a work area expected to be closed following an active shooter incident?
5. Who identifies when the active shooter situation transitions from response to recovery? (Who issues the “active shooter” all clear?)

## Appendix B: Notes

Please document any items you deem significant, any actions items you identify that you need to follow up on, or any identified planning, training, or exercise needs. **You may take these notes with you. You will be provided an online survey following the exercise to provide input on strengths and opportunities for improvement that you identified during the exercise.**

1. Kelen D, Catlett C, Kubit, J, Hsieh Y. Hospital-Based Shootings in the United States: 2000 to 2011. Annals of Emergency Medicine 60(6):December 2012 p.790 [↑](#footnote-ref-1)
2. Wikipedia – Active Shooter. Accessed September 9, 2014. Available at <http://en.wikipedia.org/wiki/Active_shooter> [↑](#footnote-ref-2)
3. Fairchild Air Force Base Hospital Shooting. Accessed February 12, 2015. Available at <http://fairchildhospitalshooting.com/> [↑](#footnote-ref-3)
4. Lindell M., Perry. R. Communicating Environmental Risk in Multiethnic Communities. Sage Publications. Thousand Oaks, CA. 2004. [↑](#footnote-ref-4)
5. Federal Bureau of Investigation, Critical Incident Response Group – Active Shooter Statistics. Accessed September 9, 2014. Available at http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents/active-shooter-statistics [↑](#footnote-ref-5)
6. California Hospital Association – Hospital Preparedness Program. Planning & Training for an Active Shooter Event Executive Summary. Accessed February 12, 2015. Available at <http://www.calhospitalprepare.org/sites/main/files/file-attachments/execsummary_final.pdf> [↑](#footnote-ref-6)