

Active Shooter Preparedness Template

A planning guide to assist nursing centers in preparing an individual active shooter procedure as part of the center's disaster plan.

GHCA Emergency Preparedness Committee

November 18, 2014

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Disclaimer: The information contained in this planning guide is intended to serve as a guide and resource for the enhancement and/or development of a comprehensive emergency operations plan based on available resources, planning considerations and recommended best practices. Providers may use or adapt from any of the information provided in this guide

I. **OBJECTIVE:** To assist associates in responding to an active shooter event.

II. **DEFINITIONS:**

Active Shooter - An **active shooter** is defined 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.

III. **POLICY:**

In order to preserve life and address the reality of an active shooter event, these guidelines have been established to guide our response to this event to maximize survivability. It is very important to quickly determine the most reasonable way to protect your own life and to assist others as appropriate.

IV. **PROCEDURES:**

A. The intent of most active shooters is to kill as many people as quickly as possible. Traditional law enforcement response will include the concept of "surround and contain" in order to minimize the number of victims. In order to save lives, the law enforcement agency having jurisdiction will initiate an immediate response.

B. Upon discovery of an active shooter situation, **as soon as possible** and when safe to do so, notify law enforcement (**911**) and provide overhead announcement of "**Active Shooter**" and location.

1. The phone call to 911 (from the area where the caller is safely concealed) should provide the following information:

a. Description of suspect and possible location.

b. Number and types of weapons.

c. Suspect's direction of travel.

d. Location and condition of any victims

C. Incident Commander will meet and guide law enforcement officers if possible and as appropriate. The goal of law enforcement is to locate, isolate, and neutralize the shooter as quickly as possible to prevent additional deaths or injuries.

D. **Response:**

Evacuate - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

Hide out - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

- Direct associates and residents into resident rooms or other adjacent rooms, close the door and attempt to barricade the door.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., locating into a resident bathroom and locking the door, stay as low to floor as possible and remain quiet and still)
- Avoid areas which do not provide barriers or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

Lock the door

- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)

- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

Take action against the active shooter - As a last resort, and only when your life is in imminent danger, attempt to:

- Disrupt and/or incapacitate the active shooter by:
 - Acting as aggressively as possible against him/her
 - Throwing items and improvising weapons
 - Yelling
 - Committing to your actions.

E. An “all clear” will be announced overhead when the situation has been addressed and the scene is declared safe by law enforcement officials.

F. **Recovery:**

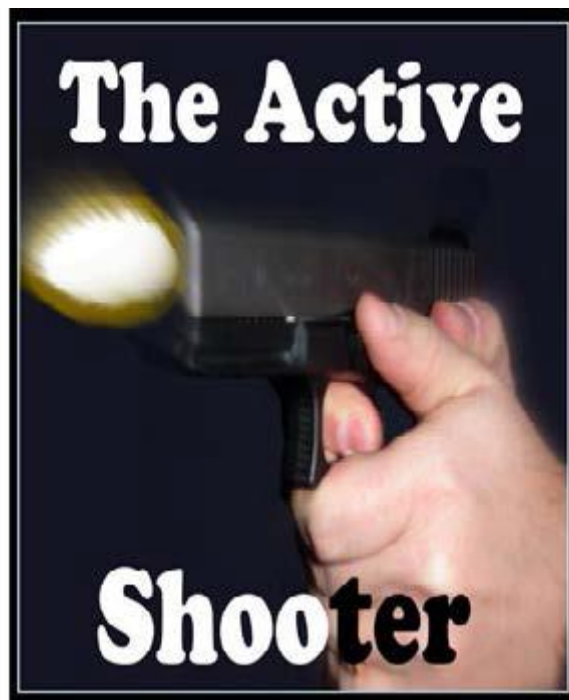
1. **Share Information with Associates** - The health and wellbeing of our residents and associates is critical. As soon as possible after law enforcement has relinquished Command and Control of the scene back to the facility incident commander, the incident commander will develop information strategies to address resident, associate, and family questions related to the event. Activate the Crisis Communication Protocol. This will implement a support response for the facility.
2. Initially, the site of a violent incident will be secured as a crime scene. After the authorities have completed their investigation and have released the crime scene, management will need to have the facility appropriately cleaned and sanitized. Cleanup for the safe removal of bio-hazardous substances including blood borne pathogens must take place, yet must be sensitive compassionate, and caring for the deceased. A bio-hazards remediation company will provide response services to your facility. Contact Ethica Resource Management for support.
3. **Buffer those Affected from Post-Event Stresses** - Effective coordination with the media and timely dissemination of information can help reduce

media pressure on those who are the most vulnerable. Assistance with employee benefits and other administrative issues can reduce the burden on victims and families. The incident commander or a corporate representative will be designated as the Public Information Officer who is authorized to speak on behalf of the facility to the media. Activate the Crisis Communication Protocol. This will implement a support response for the facility.

4. **Bring in Crisis Response Professionals** - Before an incident ever occurs, the planning group will identify trained mental health professionals. When an incident occurs, these emergency mental health consultants will as soon as possible, provide any necessary physical, emotional and psychological support.

- (1) www.georgiadisaster.info will take you to the Georgia Disaster Mental Health web page for possible assistance in identifying trained professionals. This site is sponsored by the Georgia Department of Public Health and the Georgia Behavioral Health and Developmental Disabilities

Active Shooter Tabletop Exercise Template



**GHCA Emergency Preparedness Committee
November 18, 2014**

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PREFACE

The Active Shooter Tabletop Exercise Template was developed by the Health Care Association of New Jersey (HCANJ) and revised by the Georgia Health Care Association (GHCA) Emergency Preparedness Committee. This Active Shooter Tabletop Exercise (TTX) Situation Manual (SitMan) provides exercise participants with all the necessary tools for their roles in the exercise. This SitMan was developed specifically as a learning tool. It is tangible evidence of the facility's commitment to promote public safety through collaborative partnerships that will prepare the facility to respond to any emergency. All exercise participants should use appropriate guidelines to promote a positive and effective TTX.



INTRODUCTION

Background

Skilled Nursing Facilities (SNF)s must embrace and expand upon their knowledge of emergency management methodologies (National Incident Management System (NIMS) / Incident Command System (ICS) that are congruent with their external healthcare, public health, homeland security and emergency management partners with whom they may be required to work in conjunction with, during an emergency event. Similar to the overarching mission of homeland security, in order to strengthen emergency preparedness, SNFs must develop their capabilities to prevent, protect, respond, and recover. The implementation of a facility's emergency management plan and the true validation of their plan through the exercise and improvement planning process, will only strengthen a facility's capabilities.

An Active Shooter is defined as an individual who is actively engaged in killing or attempting to kill people. In most cases active shooters use a firearm(s) and display no pattern or method for selection of their victims. In some cases, Active Shooters use other weapons and/or improvised explosive devices to cause additional victims and act as an impediment to police and emergency responders.

Although the probability of an Active Shooter event occurring within a SNF is relatively rare, the business impact and the impact to the health and well-being of residents, staff and their families is great. In recent history, Active Shooter events have occurred within many diverse business environments including elementary schools, high schools, shopping malls, university campuses, museums, hotels, and hospitals. SNFs are not immune to the potential for an Active Shooter event. In fact, in March 2009, a gunman burst into a North Carolina nursing home and fatally shot seven nursing home residents and a nurse while wounding at least three other individuals. Unfortunately, all businesses need to take steps to prepare for such a horrible event. This includes training, exercising, and plan development, and establishing relationships with local law enforcement agency.

This exercise is tangible evidence of GHCA's commitment to ensure the continued safety of our client Centers, their patients, associates, and visitors through education and the development of collaborative partnerships that will help prepare them to respond to any emergency whether natural or man-made.

Purpose

The Active Shooter Tabletop Exercise Template provides facility owners and operators with a useful exercise planning and conduct template to address workplace violence threats, issues, and concerns. The exercise allows participants to address key issues through a series of facilitated discussions.

Scope

This tabletop exercise is an interactive, discussion-based activity focused on a domestic-based Active Shooter incident. The scenario consists of three modules in chronological order and portrays a pre-incident phase, an incident and response phase, and an assessment phase.

Target Capabilities

The capabilities listed below have been selected by the GHCA Emergency Preparedness Committee. These capabilities provide the foundation for development of the exercise objectives and scenario, as the purpose of this exercise is to measure and validate performance of these capabilities and their associated critical tasks.

- Planning
- Communications

Exercise Objectives

Exercise design objectives are focused on improving the understanding of information sharing and incident management activities, and developing recommended actions and procedural adjustments to address potential problem areas. The objectives are as follows:

1. Identify and evaluate plans for response and mitigation of potential workplace violence such as an Active Shooter event.
2. Assess the roles and effectiveness of coordination between public safety officials and SNF Leadership in reacting to an Active Shooter event in accordance with existing plans.
3. Examine and evaluate facility incident response plans used during an Active Shooter event.
4. Assess the methods and effectiveness of internal and external communications during an Active Shooter event in accordance with existing plans.
5. Identify and evaluate response, mitigation, and recovery actions associated with an Active Shooter event at their facility.
6. Identify gaps, redundancies, developmental activities, and best practices in draft procedures in response to an Active Shooter event.

Participants

The following personnel are encouraged to participate in this exercise:

- Center Associates: Administrators, DONs, Department Heads, Safety Officer, and CNA representatives.
- Corporate Office Associates: Operational associates are encouraged to participate within a center TTX as feasible; Office associates are encouraged to participate within your local office location as requested.

It is important that all participants at the table take notes and work to identify questions for discussion or possible gaps in capabilities to take back and discuss with their respective group or agency. Improvement planning is extremely important within the exercise cycle and cannot be done without such participation.

Exercise Structure

The TTX begins with a scenario overview that summarizes key events of the exercise. Then, participants review the situation and engage in facilitated group discussions of appropriate response issues. Additional scenario updates will be provided as participants move through the discussion questions. Players will participate in the following three distinct modules:

- Module 1: Did I Just See That?
- Module 2: Lockdown
- Module 3: Incident Resolution

While it is unlikely that any group will have time to fully answer all questions presented in the SitMan, it is highly encouraged that all participants discuss portions of each section. Each group will present a brief synopsis of its discussion at the end of the tabletop.

Exercise Guidelines

- This is an open, low-stress, no-fault environment. Varying viewpoints, even disagreements, are expected.
- Respond based on your knowledge of current plans and capabilities (i.e., you may use only existing assets) and insights derived from training.
- Decisions are not precedent setting and may not reflect your organization's final position on a given issue. This 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.
- Healthcare facilities should bring the exercise day's actual patient/resident census to the tabletop exercise for use during discussions.

Assumptions and Artificialities

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

- Healthcare facilities should assume that initial patient/resident census is actual patient/resident census.
- The scenario is plausible, and events occur as they are presented.
- There is no "hidden agenda", nor any trick questions.
- All participants receive information at the same time.

MODULE 1: Did I Just See That?

It is a pleasant hot summer day at lunchtime with temperatures approaching 95F. Your maintenance director is in the parking lot assessing tree damage from last evening's thunderstorm, when he observes a noticeably agitated unknown adult male exiting his pickup truck. The individual is dressed in a long black trench coat and is wearing a black ski hat. Upon exiting the truck, he reaches into the bed of the pickup and pulls out a long camouflaged duffle bag and is soon observed entering the nursing center through the front door. The maintenance director calls to the administrator's office to inform them of what he has just observed. "John Smith" is a disgruntled employee, who had a previous history of combative arguments with the SNF administrator, before he was terminated last year.

Shortly after John Smith enters the building, the maintenance director hears loud screams and "popping noises" similar to gun shots coming from inside the front foyer of the nursing center. Several staff members are then seen fleeing the building and some of them are obviously covered in blood and look like they are in shock. The gunman then leaves the front foyer and proceeds to walk down the hallway towards the day room and resident dining area. The sound of popping noises and screaming continues sporadically.

Key Issues

- Lone gunman has entered the front of the building – initial notification by maintenance.
- Several staff members have fled the building and show evidence of blood on their clothing.
- Popping noises that sound like possible gun fire.



Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 1. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

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.

1. In your current position, what are **your** initial actions and the actions of the staff? Does the draft Active Shooting Plan give you needed guidance?
2. What information is most important when notifying emergency responders at this time? Why?
3. What are your facility's procedures for securing the SNF and keeping residents and staff safe in an Active Shooter event? What other actions would you take at this point? Could this be accomplished at this point in the scenario?
4. What does your emergency organizational structure look like? Who is in charge?
5. What is the facility's procedure for securing the building and keeping residents and staff safe?
6. What other actions should be taken by residents or staff?
7. If doors to critical facility components are locked, how does law enforcement obtain access?
8. Does your facility have pre-established safe refuge areas and multiple escape routes?
9. Does your facility have maps and master key sets available to law enforcement **outside** the building?



MODULE 2: Lock Down

Local law enforcement officials arrive on scene within five minutes of the first 911 call from an employee cell phone inside the building. Police quickly enter the SNF to act on “Active Shooter” formation. The entry team confirms that the popping noises were indeed gun shots and they have encountered several wounded or dead residents and staff members on the floor. They begin a systematic search of the building for the intruder and call for the county bomb squad to respond on location as they have found a large duffle bag that appears suspicious and could contain an improvised explosive device. The maintenance director remains outside at the Incident Command Post to give the police officers more information about the intruder. Additional gun shots can be heard inside the building.

Key Issues

- Local law enforcement is now on scene and begins search of building.
- Finding of large suspicious looking duffle bag.
- Numerous casualties are confirmed and begin to mount.



Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 2. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

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 in this section.

1. How does the arrival of law enforcement change the response landscape?
2. Where would you establish an incident command post to assist law enforcement with their response?
3. What are your priority action items for consideration at this point in the incident?
4. Would there be any expectations that your associates might assist in the coordination of triage and pre-hospital treatment with on-scene incident command and the EMS?
5. How do you deal with internal and external communications? Is this written in your emergency management plan?
6. What specific information about the incident would you release to the media at a news conference or in a news release? What topics would you address? What information will need to remain closely held? Do you have a Crisis Communication Plan?
7. Are your associates trained for this type of emergency incident?
8. What instructions will be given to the associates (e.g., evacuation, shelter-in-place, lockdown)? How is this accomplished?
9. How would you warn others in the center that someone has a gun?



MODULE 3: Incident Resolution

Local news agencies pick up the chatter from law enforcement agencies on police scanners and begin to broadcast news of the incident “LIVE”. Initial reports indicate that the SNF administrator and Director of Nursing have been shot and killed. Emergency Medical Service ambulances have been dispatched and begin to arrive on location at the incident staging area. Several staff members run from the rear of the building shouting that the man has grabbed a fellow associate and has shot and killed several elderly residents. They give directions to the approximate location of the gunman to law enforcement personnel. The SWAT team finds the gunman in the dining room on the west side of the center holding an associate hostage. Meanwhile, first responder teams enter the center, secure the east wing and begin evacuation of the building. Negotiation with the gunman continues for a brief period of time as the SWAT team enters the barricaded room, but not before the gunman shoots himself and commits suicide.

Summary of Casualties

Total Casualties 23

Fatalities 17

Key Issues

- Several long term care residents and staff members have been killed or seriously injured
- Resident and staff families begin to learn of the unfolding events and flock to the facility
- Continued media inquires



Questions

Based on the information provided, participate in the discussion concerning the issues raised in Module 3. Identify any additional requirements, critical issues, decisions, and/or questions that should be addressed at this time.

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 in this section.

1. What will be the immediate effects on staff, residents and families?
2. What type of emotional support is in place for your staff members?
3. What system is in place to deal with families of the deceased?
4. Do you have the resources to provide immediate and long term stress management and/or mental health services to your personnel? If not, how could those services be delivered?
5. Who will notify next of kin dead, wounded?
6. How do you keep staff members from the media?
7. How will your business recover and cleanup from carnage? How do you bring the center back to a sense of “normal” after an incident of this magnitude?
8. What are your priority action items at this point?
9. What is the media strategy at this time? Will interviews and access to the site be allowed at this point? How will this be decided? How will it be coordinated?
10. How would inquiries from private citizens seeking information on missing loved ones be handled? How will the families of victims be notified?



APPENDIX A: Acronym List

AAR	After Action Report
AAR/IP	After Action Report/Improvement Plan
CBRNE	Chemical, biological, radiological, nuclear, and high-yield explosive
DHS	U.S. Department of Homeland Security
DMORT	Disaster Mortuary Operational Response Team
DoD	Department of Defense
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EOC	Emergency Operations Center
ESF	Emergency Support Function
ExPlan	Exercise Plan
FBI	Federal Bureau of Investigation
FEMA	Federal Emergency Management Agency FOIA Freedom of Information Act
FOUO	For Official Use Only
HSEEP	Homeland Security Exercise and Evaluation Program
ICS	Incident Command System
IED	Improvised Explosive Device
IST	Incident Support Team (Urban Search and Rescue)
JIC	Joint Information Center
JOC	Joint Operations Center
MAA	Mutual-Aid Agreement
MCI	Mass Casualty Incident
MOU	Memorandum of Understanding
NIMS	National Incident Management System NRP National Response Plan
PIO	Public Information Officer
POC	Point of Contact
SitMan	Situation Manual
SME	Subject Matter Expert
SOP	Standard Operating Procedure
TCL	Target Capabilities List
TTX	Tabletop Exercise

APPENDIX B: Evaluation

1. Please provide feedback on the Active Shooter Tabletop Exercise:
 - a. Was it helpful in guiding your actions?
 - b. Did you identify any gaps in the plan?
 - c. Do you have any recommendations for the plan?
2. Did you find this TTX helpful for emergency preparedness?
 - a. Why or why not?
3. Did you find the format of this SitMan helpful for the TTX?
 - a. Why or why not?