Active Shooter Drill Planning Workshop

October 20th and 27th 2016
Scenario
Objectives for Exercise
Meeting requirements
Assessing the status of healthcare system
Participation on November 17\textsuperscript{th}
  - CAHAN
  - Status Report
What do you need to submit?
  - Status form, Exercise checklist, After Action (if you do a tabletop or drill)
Policy Development
Practice Tabletop and 2 Minute Drill
What will your facility do on November 17\textsuperscript{th}?
**Scenario**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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</thead>
</table>
| November 16 3:00 pm | A man posing as a patient entered the Lompoc Healthcare Center and asked to see a doctor.  
|            | • After entering the patient area he used a handgun (such as a 9mm semiautomatic handgun) to shoot a physician, two medical assistants, and three patients.  
|            | • He then ran into the WIC portion of the building and barricaded himself in an assessment room.  
|            | • Majority of staff ran from the HCC, approximately 15 staff hid in locked or barricaded rooms in Lompoc HCC.  
|            | • Seeing the staff running from the area the some Wellness Buildings staff also run, the remaining staff lock down the building.  
|            | • As staff run out of the Wellness Center two backpacks are seen at the back entrance. Witness later reports seeing two men carrying backpacks behind the center at 2:45.  
|            | • Multiple 911 calls received from staff fleeing building.  |
| 3:10       | • Lompoc PD arrived on scene within 3 minutes of first call. Sheriff arrived within 7 minutes.  
|            | • Social Services staff see law on scene and get message to lock down.  
|            | • HCC representative joins command post.  |
| 3:20 pm    | • Law enforcement enters building and begins search for shooter.  
|            | • Shooter shoots from his location in the barricaded room. Law enforcement returns fire and kills the assailant.  |
| 3:30       | • EMS providers enter building and transport 3 patients.  
|            | • 3 persons and 1 assailant are deceased at scene.  |
| 4:00       | • Wellness Center is evacuated via front door.  
<p>|            | • Law searches building for the 15 staff who are sheltering in place.  |
| 4:30       | • Bomb squad on scene determines backpacks have unexploded devices (IED’s).  |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
</table>
| November 16 5:00 pm | 911 received call stating:  
  - “this is not over”  
  - “you won’t’ see us coming, we know these facilities and will get you where you are most vulnerable” |
| November 16 7:00 pm | In coordination with law enforcement and OEM, the health department issues alerts to all healthcare facilities:  
  - “Due to active shooter and potential additional assailants who are threatening healthcare facilities: Advise increase your security including verifying identity of all persons or entities who enter your parking or buildings, review your active shooter and bomb plans and procedures, hold discussions and tabletop your response.” |
| November 17 | PHD DOC opens to coordinate response and continuity of operations. |
Exercise Objectives for All Healthcare Partners

- Communication during a disaster with staff and partners
- Ability to submit a Status Report for facility/agency
- Test facility active shooter policy by completing a drill or tabletop
- Other objectives as required for your accreditation or licensing
Active Shooter Policies and Procedures

- **Fall under:**
  - Workplace Safety and Health AND
  - Disaster/Emergency Plans

- **May be regulated and required by:**
  - CDPH Licensing
  - Joint Commission, AAA HC, other licensing body
  - Cal-OSHA and New Rules for Healthcare
  - Centers for Medicare and Medicaid Services (CMS)
Assessing the Status of Healthcare System

- Determine the status of the healthcare system
- Contacts facilities and agencies to get status and resource requests
  - Phone
  - Fax
  - Email
  - ReddiNet
Role of Medical and Health Operational Area Coordinator “MHOAC”

MHOAC

Status Report and Requests from Medical and Health during disaster

Healthcare, long term care, animal services, environmental health, EMS
CITY EOC

- Water/Utility Service
- Generator
- Shelter
- PortaPotties
- 911 Calls

CITY EOC

- Medical Evacuations
- Water/Utility Service
- Generator
- Medical Shelter
- Medical Services/Supplies

PUBLIC HEALTH DEPARTMENT/EMS

- Licensing

Healthcare or Long Term Care Facility or Agency

COUNTY EOC
## Beyond Run, Hide, Fight 2016 Active Shooter Exercise and Training Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Activity</th>
<th>Participants</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-Oct</td>
<td>1:00-5:00 pm</td>
<td>Santa Barbara</td>
<td>Active Shooter Policy and Procedure workshops for Disaster Healthcare Coalition and other partners</td>
<td>Healthcare facilities and agencies</td>
<td>Workshop on how to develop policy, procedures, training, and drills for active shooter for medical and non-medical facilities.</td>
</tr>
<tr>
<td>13-Oct</td>
<td>8:00 am -12:00 pm</td>
<td>Santa Maria</td>
<td>Active Shooter Policy and Procedure workshops for Disaster Healthcare Coalition and other partners</td>
<td>Healthcare facilities and agencies</td>
<td>Workshop on how to develop policy, procedures, training, and drills for active shooter for medical and non-medical facilities.</td>
</tr>
<tr>
<td>20-Oct</td>
<td>10:00 am -12:00 pm</td>
<td>Lompoc</td>
<td>Active Shooter Workshop</td>
<td>Healthcare facilities and agencies</td>
<td>Assist with procedure writing drill selection Work with law enforcement</td>
</tr>
<tr>
<td>27-Oct</td>
<td>10:00 am -12:00 pm</td>
<td>Santa Barbara</td>
<td>Active Shooter Workshop</td>
<td>Healthcare facilities and agencies</td>
<td>Assist with procedure writing drill selection Work with law enforcement</td>
</tr>
<tr>
<td>7-Nov</td>
<td>9:00 am -12:00pm</td>
<td>Santa Barbara</td>
<td>Final Tabletop Required for full scale optional for others</td>
<td>Healthcare facilities and agencies PHD Staff</td>
<td>Review exercise timeline and answer any last minute questions</td>
</tr>
<tr>
<td>14-Nov</td>
<td>9:00am-10:00am</td>
<td>Conference Call</td>
<td>Final Conference Call</td>
<td>Healthcare facilities and agencies</td>
<td>Test ability to respond to active shooter events that affect PHD facilities.</td>
</tr>
<tr>
<td>17-Nov</td>
<td>8:30 am -12:30 pm</td>
<td>PHD</td>
<td>Disaster Exercise</td>
<td>PHD DOC Staff and healthcare partners</td>
<td></td>
</tr>
</tbody>
</table>
November 17th:
- Respond to CAHAN alerts
- Submit:
  - Status Report or reply to a Reddinet for facility/organization
  - Exercise Checklist

**Conduct Tabletop:**
- Submit Sign-In Sheet and After Action Form by 12/31/16

**Conduct Drill:**
- Submit Sign-In Sheet and After Action Form by 12/31/16
CAHAN is the official public health altering and notification program for California.

PHD uses CAHAN to alert partners in a disaster or emergency.

All facilities should have at least one person enrolled in CAHAN.
Pre-Exercise:
1) Please complete the **2015 Exercise Participation Survey** on Survey Monkey by **October 30th**. Use the following link to access the survey: [https://www.surveymonkey.com/r/Y29JT89](https://www.surveymonkey.com/r/Y29JT89). Only complete one per facility.

2) Participate in exercise trainings and teleconferences leading up to the November 19th exercise date. Please see the Statewide Exercise webpage for more information about trainings and teleconferences: [http://cosb.county.ofsb.org/phd/disasterprep.aspx?id=50893](http://cosb.county.ofsb.org/phd/disasterprep.aspx?id=50893)

3) Check to be sure you are enrolled in the California Health Alert Network (CAHAN) alerting system. We will use a CAHAN alert during the week of the exercise November 16-20th and also on the day of the exercise November 19th. PHD staff will assist you to enroll. Email: Stacey.rosenberger@sbcphd.org for assistance.

4) **Exercise Participation**
   a) Assign staff to participate in exercise training and in the exercise on November 19th.
   b) During the November 19th exercise your facility will be asked for:
      1. Respond to CAHAN Notification Poll
      2. Submit a Status Report with your objectives.
      3. Complete and Submit an Exercise and Evaluation form. (See the exercise instruction form below.)

During Exercise You will Use the Following Forms:
1) **Exercise Checklist and Evaluation Form** (attached below)
   Use Exercise and Evaluation Form to record your actions during the exercise. Turn this form in to PHD at end of exercise. Stacey.rosenberger@sbcphd.org or fax to 861-5142 (EMS Office).

2) **Status Report Form** (attached below)
   You will receive a request for a status report and disaster objectives from the Public Health Department Operations Center (PHD DOC) staff via CAHAN.
   1. Share the scenario with your staff
   2. Share the status report form with your staff and discuss your objectives, and fill out the form based on the scenario.
   3. Send the status report form to the PHD DOC Clinic Branch via email or fax at DOCOpsCB@sbcphd.org or fax to 805-681-5192 or 805-681-5142 alternate fax
# Exercise Checklist & Evaluation Form

## 2015 Outpatient Exercise and Evaluation Form

Please submit this form to Stacey Rosenberger via email: Stacey.rosenberger@sbephd.org or FAX to 681-5142

<table>
<thead>
<tr>
<th>Completed</th>
<th>Action</th>
<th>Time Received</th>
<th>Action Taken</th>
<th>Time Submitted</th>
<th>Write Your Comments and Improvements Here</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11/17: Respond to CAHAN Poll confirming Mass Prophy numbers for facility/organization</td>
<td></td>
<td></td>
<td></td>
<td>Confirm all CAHAN alerts.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Questions? Call the Public Health DOC Operations Section 805-696-1106</td>
</tr>
<tr>
<td></td>
<td>9:00 a.m. on 11/20 receive CAHAN with signaling the start of the exercise.</td>
<td></td>
<td></td>
<td></td>
<td>Example: Open status. Limited capacity to take new patients due to staff shortage, surge of patients</td>
</tr>
<tr>
<td></td>
<td>Review the <a href="#">Status Report Form</a>. Share form with staff and determine your facility's status based on the scenario.</td>
<td></td>
<td></td>
<td></td>
<td>Sample Objectives: Determine available staff. Determine number of ill.</td>
</tr>
<tr>
<td></td>
<td><strong>Determine Response Objectives for your facility:</strong> List these on <a href="#">Status Report Form</a>.</td>
<td></td>
<td></td>
<td></td>
<td>Email: <a href="mailto:DOCOpsCB@sbephd.org">DOCOpsCB@sbephd.org</a></td>
</tr>
<tr>
<td></td>
<td>9:30-10:30 a.m. Submit status report via email or fax.</td>
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<td></td>
<td>Or FAX: 805-681-5192/681-5142</td>
</tr>
<tr>
<td></td>
<td>10:00 a.m. participate in PIO teleconference call</td>
<td></td>
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<td></td>
<td>Call 1-866-906-7447</td>
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<td></td>
<td>Use Passcode: 3638573</td>
</tr>
</tbody>
</table>
### DOC PUBLIC HEALTH CLINICS BRANCH STATUS REPORT - INDIVIDUAL

<table>
<thead>
<tr>
<th>Outpatient Facility Name:</th>
<th>Facility Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Report Prepared By:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number:</th>
<th>Fax:</th>
<th>Email:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Report Date:</th>
<th>Report Time:</th>
</tr>
</thead>
</table>

**Status:**
- [ ] Open - Full Function
- [ ] Closed - Reopen on ______
- [ ] Closed - Building Damaged
- [ ] Closed and Red-Tagged
- [ ] Open - Limited Function

**Please briefly describe the current capacity of your facility to serve your patients:**

**How many patients is your facility currently serving on daily basis?**

**Can you accept additional patients?** If yes, how many immediately: per day?

**Can we refer appropriate patients to your facility during this disaster/event?**  [ ] Yes  [ ] No

(Please indicate on the next page any resources you need to continue or increase your services.)

**What types of care can you provide (include specialty services):**

**Are you providing care to disaster/event victims?**  [ ] Yes  [ ] No

Approximate number:

**Please describe any services you are providing related to the disaster or event:**

**Do you have patients in your facility that need a higher level of care?**  [ ] Yes  [ ] No

**What is the approximate wait time at your facility currently?**

- [ ] Less than 30 mins
- [ ] 30 mins to 1 hour
- [ ] 1 hour to 2 hours
- [ ] 2 hours to 3 hours
- [ ] 4 hours or more
Are you currently short-staffed?  □ YES  □ No, but anticipate shortage within 24 hours  □ No

If yes or if you anticipate a shortage within 24 hours, please list the positions and the quantities you are/will be understaffed below:

*You may make arrangements with other facilities to share staff or complete a resource request form to formally request staff via the Public Health Department Operations Center.*

<table>
<thead>
<tr>
<th>Personnel Title/Description</th>
<th>QTY Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments or Explanation:

Please describe the status of your pharmacy (if applicable):

PUBLIC INFORMATION ASSISTANCE: Please list any information that you would like to be distributed to the media for communication to your patients or the general public regarding your services (number to call, cancelled appointments, closed locations, alternate locations for care or pharmaceuticals, etc.). The PHD or County EOC will provide this information to the media.

Your Facility’s Objectives for Next 24 hours (*obtain critical resources to continue care, method to locate alternate care for patients, method to provide pharmaceuticals, prepare to assure safety of building/water/utilities for before resuming operations, etc.)*:

1. 
2. 
3. 
Submitting the Status Report

- Status Report Forms are now fillable and can be completed on your computer
- To Submit the Status Report Forms use the button
  - It will send the form directly to DOCOpsCB@sbcphd.org
- You can also Print the form and fax it during the exercise
## Hospital Status Reports aka Reddinet

<table>
<thead>
<tr>
<th>Question</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the LIAISON officer?</td>
<td>Text</td>
</tr>
<tr>
<td>PHONE # for your HCC/EOC/DOC?</td>
<td>Text</td>
</tr>
<tr>
<td>Who is the IC?</td>
<td>Text</td>
</tr>
<tr>
<td>Who is the FINANCIAL/ADMIN SECTION CHIEF?</td>
<td>Text</td>
</tr>
<tr>
<td>Who is the LOGISTICS SECTION CHIEF?</td>
<td>Text</td>
</tr>
<tr>
<td>Who is the MEDICAL TECHNICAL SPECIALIST?</td>
<td>Text</td>
</tr>
<tr>
<td>Have you activated your HCC/EOC/DOC</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Who is the PLANNING CHIEF?</td>
<td>Text</td>
</tr>
<tr>
<td>Who is the SAFETY OFFICER?</td>
<td>Text</td>
</tr>
<tr>
<td>Who is the PIO (Public Information Officer)?</td>
<td>Text</td>
</tr>
<tr>
<td>Who is the OPS SECTION CHIEF?</td>
<td>Text</td>
</tr>
<tr>
<td>Is the hospital capable of maintaining the health status of the current patients?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Have you cancelled elective surgeries?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Can the hospital accept additional patients?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Is the hospital functional?</td>
<td>Multiple Choice</td>
</tr>
<tr>
<td>How will you test water in your facility system after the water order is lifted?</td>
<td>Multiple Choice</td>
</tr>
<tr>
<td>Have you turned off water to your facility?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>What are the HVAC limitations in the hospital, if any.</td>
<td>Text</td>
</tr>
<tr>
<td>Is your ED fully functional?</td>
<td>Text</td>
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<tr>
<td>Is your facility on diversion for any services? Please list.</td>
<td>Text</td>
</tr>
</tbody>
</table>
Cumulative Status Report

- Completed by facilities that have multiple locations or licenses on one campus
  - Sansum, Neighborhood Clinics, Community Health Centers of the Central Coast
  - Valle Verde, Samarkand, Vista Del Monte, Atterdag Care Center etc.

- Submit Cumulative form along with status reports for each facility in your organization
Command center reviews and populates cumulative Status Report providing a full picture of organization capacity and capability to the PHD DOC.
## STATUS REPORT - CUMULATIVE for Outpatient Providers

*For use by multi-facility organizations

Provide this sheet along with all the status reports from facilities in your organization*

### Incident Information

<table>
<thead>
<tr>
<th>Incident Name:</th>
<th>Report Date:</th>
<th>Report Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Organization Contact (Name):</th>
<th>Contact Number &amp; Email:</th>
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<tbody>
<tr>
<td></td>
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</table>

### Status Summary for [Name of Organization]

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Contact Name/Number</th>
<th>Status Open/Closed</th>
<th>Please describe services and limits (e.g., staff, resources, specialty services, hours or facility)</th>
<th>Approx. wait time</th>
<th># of Pts/Day</th>
<th>Supply Shortage</th>
<th>Personnel Shortage</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td>Running low on critical supplies? (Y/N)</td>
<td>Running low on supplies? (Name &amp; Brief Description)</td>
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<td>Description</td>
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<td>Describe current total capacity for your organization</td>
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<td>Describe Supply Shortages and resource requests</td>
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<td>Describe Staffing Shortages and requests</td>
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<td>Describe pharmacy status (if applicable)</td>
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<td>Describe any Public Information needs</td>
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<td>(number to call, cancelled appointments, closed locations, alternate</td>
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<td>locations for care or pharmaceuticals, etc.)</td>
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<td>Describe services your organization is providing related to incident</td>
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<tr>
<td>Describe Concerns, Critical Issues and Actions Taken</td>
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<td>Other critical events outside of incident</td>
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</tbody>
</table>
Policy Development and Improvement

- Purpose
- Definitions
- Procedures
- Specific departmental responses
  - Communication, Security, Public relations
- Lockdown
- Training & Exercise
- Recovery
I. PURPOSE:
To provide an immediate and effective response to minimize personal risk/harm and loss of life to patients, visitors and staff in the event of an active shooter event at Beth Israel Medical Center (BIMC).

II. POLICY:
In order to preserve life and address the reality of an active shooter event, these guidelines have been established to guide response(s) to this event to maximize survivability.

Unauthorized firearms and illegal weapons are prohibited at BIMC. Only persons authorized by law to carry weapons in the performance of duty such as City, State and Federal law enforcement authorities may carry weapons on hospital property. Weapons, dangerous devices and illegal or unsafe items will be retained by security personnel and/or local law enforcement authorities.

III. DEFINITIONS:

a) Active Shooter: An armed person(s) on the hospital property with a firearm/weapon threatening to cause harm or actively engaged in the use of deadly force and/or causing serious physical injury. The armed person is not contained and has intent to seek victims in both public and confined areas with the potential of unrestricted access to additional victims.

b) “Shelter-In-Place”: Term used to seek shelter outside of public view. Employees should remain calm; clear the hallways of patients, visitors and staff, if possible close blinds, turn out all lights, silence all cell phones and remain quiet.

c) Weapon: An actual or perceived firearm, knife, bomb or instrument that can cause or threaten others with bodily harm, injury or death.
IV. PROCEDURES:

A. General:
   Any staff member who encounters or observes a person with an unauthorized or illegal weapon or using a weapon on the campus should adhere to the following guidelines:

1. **Hospital Staff Members Should Not Attempt to Intervene or Negotiate.**

2. **Dial “911” (Once it is deemed safe to do so)**
   - “911” on Bi-hopital phones are forwarded to Security @ Petrie and Bi-Brooklyn. Security will notify the New York City Police Department (NYPD). Security will also call 77 and report a “CODE SILVER – ACTIVE SHOOTER” condition.
   - “911” calls from off-site locations go directly to NYC Emergency Services. Off site callers must report the active shooter/hostage situation to the City 911 Operator.
   - Employee’s cell phones can be used to dial directly to “911.”
   - Caller should report:
     a) A description of suspect(s) and location of incident (building, floor and room)
     b) The number and types of weapons
     c) The suspect’s direction of travel
     d) The location and condition of any victims
B. TELECOMMUNICATIONS DEPARTMENT (TELECOM OPERATOR):
CODE SILVER TELECOM OPERATOR NOTIFICATIONS PROTOCOL

1. Telecom Operators receiving any **Code Silver – Active Shooter** call shall ask the caller to provide the following information:
   a. Caller’s name
   b. A description of suspect(s) and location of incident (building, floor and room)
   c. The number and types of weapon(s)
   d. The suspect’s direction of travel
   e. The location and condition of any victims

2. Telecom Operator Telecom Operators will immediately **contact NYPD** by calling **911** and provide as much information as was collected from the caller(s) reporting to the Telecom Operator.

3. Telecom Operators will overhead the following message three (3X) times:
   “ATTENTION, ATTENTION: CODE SILVER IN EFFECT – FOLLOW CODE SILVER SECURITY PROCEDURES”

4. Any Code Silver report to the Telecom/Operator will prompt the immediate locking of the TELECOM office front door and the initiation of Shelter in Place procedures

5. The Telecom Operator will activate the **CODE SILVER – Active Shooter email notification tree via the hospital’s Emergency Alert System** that will go out to persons on the Code D Disaster Notification List. The message should include the following text:
   “Campus or Site / Building / Floor: Code Silver – Active shooter on site”
   (for example: Petrie/Dazian-1/ER: Code Silver – active shooter on site)

4. **Back-Up Notification**: If the hospital’s automatic calling emergency alert system is not operational or as merited by the situation, the Telecom Operator shall immediately activate the Code Silver Pager Group and initiate the following notifications to all listed below:
• “Code Silver-Active Shooter 4th Floor-Exit the building or shelter in a secure area”
<table>
<thead>
<tr>
<th>Incident / Event</th>
<th>Recommended Plain Language Code</th>
<th>Alternative Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active shooter</td>
<td>“Security Alert + Active Shooter + Descriptor (location)”</td>
<td>No color code; Use plain language only</td>
</tr>
<tr>
<td>Armed, violent intruder</td>
<td>“Security Alert + Descriptor (threat/location)”</td>
<td>No color code; Use plain language only</td>
</tr>
<tr>
<td>Hostage situation</td>
<td>“Security Alert + Descriptor (threat/location)”</td>
<td>No color code; Use plain language only</td>
</tr>
<tr>
<td>Need for security personnel</td>
<td>‘Code Gray + Descriptor (threat/location) –or– ‘Security Alert + Descriptor (threat/location) –or– ‘Security Alert + Security Assistance Needed + Location”</td>
<td>Code Gray</td>
</tr>
</tbody>
</table>
B. If the Active Shooter is in your vicinity:

- **MOVE AWAY / EVACUATE FROM THE ACTIVE SHOOTER’S AREA**
  - Upon hearing CODE SILVER announcement, move yourself and ambulatory patients away from ACTIVE SHOOTER area if possible and safe to do so
  - Have an escape route and plan in mind
  - Leave your and patient belongings behind
  - Follow directions from emergency responders for EVACUATION to street or safe shelter
  - Keep your hands visible while moving away or evacuating (to show you carry no weapon).

- **HIDE OUT (if moving away or evacuation is not an option):**
  - Staff and patients should hide in an area out of the shooter’s view
  - Block entry to your hiding place and lock the doors
  - Silence all cell phones and pagers
  - Avoid windows where possible

- **TAKE ACTION:**
  - As a last resort only and only when your life is in imminent danger
  - Attempt to incapacitate the shooter
  - Coordinate action with group if possible
  - Act with physical aggression and throw items at the active shooter

Remember to include patients and visitors in this section
E. Response – All departments
1. Lockdown
   a. Close patient doors and consider placing patients in bathrooms
   b. Conduct a sweep of the hallway, sequester visitors and lead them to a lockable/secure room (Nutrition Services rooms, locker rooms, public bathrooms and/or clean/soiled utility rooms).
   c. Shout out warning to others
   d. Grab mobile phones if possible
   e. Silence your personal devices/mobile phones
   f. Call 911 only if you witness the active threat situation or have another emergency
   g. Don’t make any unnecessary phone calls
   h. Go to a lockable room and secure the door
   i. Close corridor blinds
   j. Dim lights
   k. If in an area that is normally locked (i.e. access with card swipe access), ensure no occupants exit the area permitting unwanted entrance to the locked area
   l. Stay in the locked room until an “all clear” is announced or until the door is unlocked with a key

Options when lockable rooms are not available:
   a. Find a place of concealment and consider quick actions to block doors with furniture or other items
V. SPECIFIC DEPARTMENTAL RESPONSES:

4. Security will contact (via phone or radio) the Engineering Department and request that the Engineer on Duty meet with Security officers receiving law enforcement. Engineering shall be able to provide facility information (such as stairways, roof, and elevator shaft locations) and any other pertinent information as requested by law enforcement.

5. Security will provide responding police with:
   a. Campus site layout
   b. Campus area maps (Life Safety diagrams)
   c. List of areas of special attention (Machine rooms, generator rooms, critical care areas, L&D, ER, CPEP, and other areas as appropriate)
   d. Master keys and access cards to doors and elevator call cards
   The above are maintained at the main Security Post(s) and at each entrance for the site.

6. Security will deploy Security Teams at a safe distance to the general vicinity (at the officer’s discretion) to observe and report back to the Security leader.

7. Security will clear and remove all non-participants from the area and retreat to a safe distance. Security will monitor conditions from a safe distance.

8. Security will control access to the Active Shooter known location until police take control.

9. Security will lockdown hospital entrances and other areas away from the Active Shooter to minimize movement within the facility

10. Security will assist the NYPD, SWAT Teams, FBI and other law enforcement by establishing a command post with communications capabilities.

11. Security will isolate CCTV monitors to key locations for prompt review for law enforcement/security operations.
H. Training and Exercising

Training and exercising of this policy will be included in the schedule of safety drills and training. All department directors and managers (__________list persons responsible for training and exercising this policy) shall:

☐ Verify that all employees are knowledgeable of this plan and lockdown plan (if separate), particularly notification and response procedure.

☐ Verify that all employees have viewed the Run, Hide, Fight video available at__________ (list videos you want staff to view)

☐ Verify that all employees receive instruction and training about how to respond in an active shooter situation for either lockdown or Run, Hide, Fight (or insert your curriculum here) upon hiring and on an annual basis.

☐ Participate in the exercise of this plan at least once per year. Active shooter drills may be substituted for one fire drill per year.

☐ Develop department or area specific response plan and training for high risk area.
F. Recovery:
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/administrator will develop a recovery plan including:

1. Crisis Communication and Staff/Patient Assistance
The agency/facility will share information with (staff/residents/patients) through the following methods (________________talks, emails, hotline, meetings, --add here how your facility/agency will do this) about the following:

- The status of the agency/facility operations
- Availability of patient/client services and alternate locations to receive care (transfer to an alternate facility, availability of outpatient care at another site, etc.)
- Counseling available to staff/clients
- Family assistance and disability payments for employees not returning to work
- Hotlines for families
- Other ____________________________

2. Facility as a crime scene
If the facility is the site of a violent incident it 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.
- ____________________________is a bio-hazards remediation company that will be called to provide response services to our facilities.
3. Media Liaison
A media liaison will be appointed. Liaison is ideally someone who was not immediately affected by the incident. This person will be designated as the only contact to speak to the media. Effective coordination with the media and timely dissemination of information can help reduce media pressure on staff and clients.

4. Employee Assistance
- Designate a staff person to coordinate assistance with employee benefits and other administrative issues. Designated personnel and early coordination can reduce the burden on victims and families.

5. Crisis Response Professionals – ______________are identified as agency/personnel who are trained mental health professionals appropriate to assist our facility after an active shooter or other violence event. When an incident occurs, these emergency mental health consultants will as soon as possible, provide any necessary physical, emotional and psychological support.
Tabletop Exercise/Drill

- Complete Individual Action Plan
- Tabletop - one scenario
- 2 minute drill
## Individual Emergency Action Plan

**The TWO EXITS closest to my work area are:**

1)  
2)  

**My Building OUTDOOR Assembly area is:**

-  

**My HIDING and/or SHELTER IN PLACE location(s) are:**

-  

-  

**Weapons I would use from my desk to FIGHT are:**

-  

-  

-  

-  

**In case of an emergency dial:**

9 911 (County Phone), 911 (Cell)
Scenario:

It’s business as usual and you are in a meeting room. Suddenly gunshots are heard coming from the hall to the right.
Questions

1. What initial actions would you take? (be specific)

1. Why did you choose this course of action?
Practice 2 Minute Drill

- Who wants to use the nerf gun?
- Practice Run, Hide, Fight
- Use dodge balls as weapons- don’t throw too hard
- Post-it means you have been hit
What type of drill will you do?
- Tabletop and Walkthrough with staff
- 2 minute drill
- Larger drill

What will your drill focus on?
- Run, Hide, Fight? Or all three?
- Lockdown
Tabletop: Admin or Staff Response

**ADMINISTRATIVE**
- Helps you evaluate your policies and plans in a low stress environment
- Identity administrative actions that need to be taken

**STAFF RESPONSE - CALTECH**
- Customize scenario exercise to work space/location
- Discuss specific actions that staff will take and why they chose their course of action
- Can cover multiple scenarios
Issues that may come up in Tabletop

- Facility transfers
- 911 calls
- Home Health going into other facilities when on lockdown
- How would home health know there was a problem at a facility they were going to? Or if facility was on lockdown?
Communication

- Event at facility
- Lockdown or increased security due to event in area
  - Informing patients/visitors
  - Staff off site
  - Vendors
Add on to Tabletop: Walk-Through

- Allows staff and supervisors to walk through their work space and identify:
  - Closest exits
  - Hiding/Safe Space Rooms
  - Discuss lockdown of building
  - Communication with each other
  - Weapons available in workspace
  - Issues
    - Door doesn’t lock/window doesn’t open
WHAT DOES IT ENTAIL?

- Use a cowbell or some other sound to indicate gun shots
- Assign someone to be active shooter
- “Assigned shooter” walks calmly around work area for 2 minutes allowing staff to react based on the location of the “shooter”

WHY DOES IT WORK?

- Designed to be done during normal work hours
- Minimal interruption to work flow
- Allows supervisors and managers to run drills over a period of time
- Get **ALL** staff involved in drills
- Capture feedback from staff
Beyond the 2 Minute Drill- Conducting a Full Scale Exercise

Considerations:
- Communication with staff don’t catch them unaware
  - Informing law enforcement, neighbors, partners
- Location: Patient area? Admin area? Where are you going to conduct your drill?
  - How will you secure the area?
- Will law enforcement be involved? Can they shoot blanks in your facility to allow staff to hear real gun?
Long or Short Full Scale Exercise

SHORT
- Gunman enters and fires shots
- Staff respond by – Run or Hide
- Fighting with nerf balls
- Tagging staff with stickies
- All clear on overhead page
- Debrief

LONG
- Coordinating with law-maps, keys, access to building, cameras
- Search of building by law
- Evacuation of building after all clear
- Accounting for staff, patients, visitors
- Debrief
How do you mimic an active shooter without scaring people?
Wrap Up & Next Steps

- What do we need to change or clarify before the November 17th?
- What do you need to make your tabletop or drill run smoothly?
We appreciate your time and efforts to build response capacity for emergencies disasters in our community!