

# Safeguarding Healthcare



## Active Shooter Preparedness Resources

Creating a safer environment for healthcare organizations, patients, families and communities



# 300+

In the US, from 2018-2023, there has been a consistent rise in active shooter events (injuries and casualties) to more than 300 in 2023.

## Vizient Member Networks Task Force

Forty people from 27 Vizient member organizations worked together to establish leading practices for healthcare organizations developing active shooter policies and procedures.

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*“Working on this task force highlighted the value of Vizient Member Networks coming together to create solutions to solve common healthcare challenges.”*

**Tony S. Reed, MD, PhD, MBA**

SVP, Chief Quality, Safety and Experience Officer, Inspira Health

# Active shooter preparedness resources

## Creating a safer environment for healthcare organizations, patients, families and communities

Healthcare active shooter preparedness requires balancing patient safety and care in the complex healthcare setting. A proactive plan incorporating security, compassionate care, and crisis management is needed to reduce patient harm and medical operations.

Vizient Medical Executive Network leaders polled healthcare institutions regarding active shooter response. Several organizational tactics were found to be lacking or inconsistent. The Vizient Medical Executive Network issued a call to action to address these vulnerabilities. Forty people from twenty-seven Vizient member organizations developed recommendations and rationales to help hospitals mitigate common risks, identify national guidelines and prepare for such situations. Continue reading for more details on:

- **Communications**
  - Plain language versus code language
  - Internal communication
  - Media and public messaging drills and simulations
  - Emergency communication and law enforcement
- **Drills and simulations**
  - Planning and preparation phase
  - Executing drills and simulations
  - Post-drill/simulation conclusion phase
- **Physical security**
  - Mitigating active shooter event vulnerabilities through building design
  - Access management
  - Physical security mitigation strategies
  - Safe rooms
- **Plan and response**
  - Active shooter response plan
  - Active shooter response plan activation
  - Hemorrhage control plan and activation
- **Post event response**
  - Culture
  - Employee wellbeing
  - Peer support program
  - Post event critical incident stress management
  - Animal assisted crisis response
  - Psychosocial response for patients/families/visitors

To learn more, please visit  
[Safe-Guarding Healthcare – Active Shooter Preparedness Resources](#).

For more information related to this project or Vizient Member Networks, contact  
[clinicalexecutivenetworks@vizientinc.com](mailto:clinicalexecutivenetworks@vizientinc.com).

# Communication

## 1: Plain language versus code language

### Recommendation

The healthcare organization should consider whether plain language or code language is to be used during the initiation of an active shooter situation. Evidence supports using plain language.

### Rationale

The decision to employ plain language or code language in the event of an active shooter situation initiation is not a trivial matter; it carries significant implications for safety and well-being of all involved. There is a need for organizations to balance clarity and immediate understanding against anonymity and security. Alternatively, code language can cause misinterpretation and confusion, especially when others are involved, such as patients, family members, external entities such as law enforcement, emergency services, or neighboring organizations. This choice revolves around finding the most effective and efficient way to communicate critical information in an emergency where every second counts.

### Supporting evidence

### Source(s)

#### Use plain language:

Many of the State Hospital Associations have gone beyond standardization and advocated for the use of plain language alerts that remove the potentially confusing system of codes altogether. The use of plain language emergency codes is recommended by federal agencies such as: The US Department of Homeland Security Federal Emergency Management Agency (FEMA) and the US Department of Health and Human Services (DHHS). Each has advocated plain language in emergency communications.

Reliance on codes instead of plain language to communicate during an emergency may introduce ambiguity into a potentially life-threatening situation. Consequently, this means that coded alerts may endanger staff, patients, and visitors rather than protecting them from threats.

Plain language allows for easier communication and better understanding. This allows for a more thorough and effective response during an Active Shooter event.

1. Prickett, K.J. and Bellino, J. (2019). White Paper. Plain Language Emergency Alert Codes: The Importance of Direct Impact Statements in Hospital Emergency Alerts. Accessed July 2023 from [https://cdn.ymaws.com/www.iahss.org/resource/resmgr/docs/WhitePaper\\_Plain\\_Language\\_Em.pdf](https://cdn.ymaws.com/www.iahss.org/resource/resmgr/docs/WhitePaper_Plain_Language_Em.pdf)
2. Daukewicz, B.W. (2018). Hospitals should replace emergency codes with plain language. American Society for Health Care Risk Management of the American Hospital Association. DOI: 10.1002/jhrm.21346
3. The Joint Commission. Quick Safety Issue 4: Preparing for active shooter situations. (Updated June 2021). <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety--issue-4-preparing-for-active-shooter-situations/>

4. The Joint Commission. Emergency Management Overhead Emergency Codes Poster.  
<https://www.jointcommission.org/-/media/tjc/documents/resources/emergency-management/em-overhead-emergency-codes-posterpdf.pdf>
5. Selecting an Approach to Overhead Emergency Communications; ECRI; 1/20/2021

Alternative evidence	Source(s)
<p><b>Certain emergency codes may be relevant in a healthcare organization:</b> An anonymous survey of 304 employees at five facilities asked respondents to identify the codes for fourteen different emergencies. Participants correctly identified the emergency codes with 44.37% accuracy on average. The codes for fire, infant abduction, and cardiac arrest were commonly identified correctly.</p>	<ol style="list-style-type: none"> <li>1. Harris, C., Zerylnick, J., McCarthy, K., Fease, C. and Taylor, M. (2022). Breaking the Code: Considerations for Effectively Disseminating Mass Notifications in Healthcare Settings. Public Health 2022, 19(18), <a href="https://doi.org/10.3390/ijerph191811802">https://doi.org/10.3390/ijerph191811802</a></li> </ol>
<p><b><i>No evidence could be identified that refutes either option in this guideline.</i></b></p>	

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# Communication

## 2: Internal Communication

### Recommendation

The healthcare organization should consider several rapid communication platforms such as overhead pages, text messages and emails. Consideration should be given to content and frequency of messaging with clear and concise instructions. While there is no specific evidence that supports one type of rapid communication over the other, experience shows that direct, quick communication has the potential to mitigate the situation.

### Rationale

Direct communication is essential in an active shooter situation for several critical reasons. First, it enables immediate and unambiguous dissemination of information to all individuals involved, reducing confusion and panic. Clear instructions can guide people on how to react, where to seek shelter, and when to act, potentially saving lives. Second, direct communication helps law enforcement and security personnel coordinate their response efforts efficiently. Last, in such high-stress situations, direct communication fosters trust and reassurance among those affected, providing a sense of control and a better chance of survival.

Supporting evidence	Source(s)
<p><b>Consider the following process for internal communication:</b></p> <ol style="list-style-type: none"> <li>Confirmation of active shooter by security.</li> <li>Security to inform hospital operators to announce using plain language, identifying the location, and providing clear instructions for applicable action (exit immediately, shelter in place, etc.).</li> <li>Security to continue to provide operators with overhead announcements including real time location information about the threat.</li> <li>Activate hospital’s emergency protocol.</li> <li>Security, in conjunction with Public Relations or other incident command staff as applicable, to communicate with staff using internal communication channels (text and electronic platforms) providing real time. Communication of the shooter’s location and direction of travel.</li> <li>Real time updates to continue until the threat is over.</li> <li>Security, in conjunction with Public Relations or other incident command staff as applicable, will send out an “All clear” communication through all internal communication channels, providing only pertinent information about the incident.</li> <li>Use internal communication channels to communicate with all staff to refer all media inquiries to the hospital’s Public Relations Department to avoid misinformation and to protect patient privacy.</li> </ol>	<p>Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.</p> <p>IAHSS Healthcare Security Industry Guideline, 08.09, Active Shooter</p>

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9. Consider post-event resources to provide emotional support following the incident and communicate directions on how they can access that support.

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**Consider communication platforms that allow for mass communication to hospital staff:**

A communication platform designed for mass communication during an event is typically robust and scalable that facilitates information to many people in real-time. Vizient does not endorse any single vendor. Key features and components that may be of benefit in an emergency event include:

1. Multi-channel messaging (SMS, email, push notifications, in-app messaging, social media integration)
2. Centralized dashboard to allow for creation of standard messaging, management of recipient list and monitoring of delivery status of messages.
3. Mass Messaging capabilities that can be customized based on recipient segments, ensuring relevant information reaches the right people.
4. Emergency alerts with high priority notifications.
5. Real-time updates

Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.

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Consider telecommunication override services to manage high volume cellular and telephone traffic due to emergency.

<https://www.cisa.gov/resources-tools/services/government-emergency-telecommunications-service-gets>

<https://www.cisa.gov/resources-tools/programs/priority-telecommunications-services>

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**Alternative evidence**

**Source(s)**

*No evidence could be identified that refutes information in this guideline.*

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# Communication

## 3: Media and Public Messaging

### Recommendation

The healthcare organization should have a crisis communication plan in place to manage initial communication decisions before a crisis happens. When available, the healthcare organization should partner with Law Enforcement Public Information Officers. In rural communities, when law enforcement resources are scarce or not immediately available, the healthcare organization should have bullet point communication prepared in advance for concise information to be shared.

### Rationale

The media plays a significant role in disseminating information during emergencies. Having an outlined process, involving law enforcement, is a critical component of crisis management and helps healthcare organizations work effectively with media, providing them with timely, accurate and ethical information which not only prevents the spread of unverified details but also protects the healthcare organization's reputation, and ultimately saves lives.

Supporting evidence	Source(s)
<p><b>Consider partnering in advance with local media:</b></p> <ol style="list-style-type: none"> <li>1. Establish relationships with local media agencies before a crisis occurs.</li> <li>2. Establish a process for providing timely, accurate information to the media.</li> </ol>	<p>Centers for Disease Control and Prevention:  <a href="https://emergency.cdc.gov/cerc/cerccorner/article_031517.asp">https://emergency.cdc.gov/cerc/cerccorner/article_031517.asp</a></p> <p>IAHSS Healthcare Security Industry Guideline, 01.11 Media and External Relations</p> <p>IAHSS Healthcare Security Industry Guideline, 08.09, Active Shooter</p>
<p><b>Ensure law enforcement is integrated into the communication process:</b></p> <p>Local law enforcement will have the primary lead in stabilizing the Active Shooter situation. They will take the lead in providing communication to the media and other external audiences.</p> <ol style="list-style-type: none"> <li>1. Prior to local law enforcement arrival, consider communicating pertinent details and information on applicable communication channels to the following groups:             <ol style="list-style-type: none"> <li>a. Patients who have immediate or same day appointments, cancelling their appointment and directing them to avoid coming to the healthcare organization</li> <li>b. Local community members and businesses</li> </ol> </li> </ol>	<p>Federal Bureau of Investigation:  <a href="https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view">https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view</a></p> <p>IAHSS Healthcare Security Industry Guideline, 01.10, Collaborating with Law Enforcement</p> <p>IAHSS Healthcare Security Industry Guideline, 08.09, Active Shooter</p>



2. Establish separate predetermined staging areas for applicable groups (patients, visitors, media, etc.). Communicate these locations through the applicable communication channels.
3. Consider assigning and preparing a member of the executive team and/or medical staff to partner with law enforcement to brief the media with updates on the number and type of injuries.
4. Once law enforcement has given all clear, consider designating a member of the executive team and/or medical staff to partner with law enforcement to debrief the media.
5. Post-event consideration: Issue a prepared statement on the healthcare organization's website and applicable communication channels.

NFPA 3000 Standard for an Active shooter/ Hostile Event Response (ASHER) Program (2021) <https://www.nfpa.org/codes-and-standards/3/0/0/nfpa-3000>

Supporting evidence	Source(s)
<b>Law enforcement suggests communication to the masses should be in simple language, with accurate information about the shooter.</b>	Active Shooter Response. Schwerin DL, Thurman J, Goldstein S. 2023 Feb 13. In: StatPearls [Internet]. Treasure Island (FL). StatPearls Publishing; 2023 Jan- PMID: 30085609

Alternative evidence	Source(s)
<b><i>No evidence could be identified that refutes information in this guideline.</i></b>	

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# Communication

## 4: Emergency Communication and Law Enforcement

### Recommendation

Consideration should be given to partnering with emergency services and law enforcement agencies in advance of any emergency to ensure a well-coordinated, efficient, and safe response to a potential or real Active Shooter threat.

### Rationale

Collaboration between healthcare organizations, emergency services and law enforcement leverage the strengths of all three organizations to protect public safety and minimize the impact of a potential or real Active Shooter threat. The rationale for this partnership is to plan for an efficient response and mitigate the impact of a highly dangerous and fast-evolving situation.

Supporting evidence	Source(s)
<p><b>Utilize local, state, and federal law enforcement agencies and mutual aid partnerships.</b></p> <ol style="list-style-type: none"> <li>Partner hospital security with law enforcement to quickly provide access to hospital property and assist with wayfinding.</li> <li>Consider partnering with law enforcement to provide Hospital Security with a direct line to law enforcement triage officer to assist with redirecting law enforcement staff to active shooter incident, bypassing 911 call line.</li> <li>Consider mutual aid agreements with nearby hospital campuses or campuses within the health system as well as the commissioning law enforcement agencies.</li> <li>Utilize responding individuals to quickly react and form an external barrier to prevent patients, staff, and visitors from entering unsafe areas of the hospital.</li> </ol>	<p>Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.</p> <p>Example reference: Kansas City Regional Fusion Center <a href="https://kcrfc.org/">https://kcrfc.org/</a></p>
<p><b>Create a common mindset and standard set of tactical formations and methods for responders to utilize in an active shooter event.</b></p> <ol style="list-style-type: none"> <li>Consider solutions that provide first responders with immediate access to secure buildings.</li> <li>Consider pre-packed kits that include essential tools and supplies for emergency preparedness response.</li> </ol>	<p>Perry C. (2017) One healthcare system's experience with active shooter training. <i>J Healthc Prot Manage</i>;33(1):53-61. PMID: 30351549</p>

Alternative evidence	Source(s)
<i>No evidence could be identified that refutes information in this guideline.</i>	

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# Drills and Simulations

## 1: Planning and Preparation Phase

### Recommendation

Development of an active shooter response plan, with a robust drills and simulation process is an imperative step in safeguarding the well-being of the patients, families, staff and visitors present in your healthcare organization's facilities.

### Rationale

The decision to develop an active shooter response plan allows a healthcare organization to identify key stakeholders, prioritize preparedness, training, and collaboration to minimize the impact of such incidents and demonstrate a commitment to safety. Engaging key stakeholders from hospital leadership, front-line staff, community members, local law enforcement and emergency responders allows for the development of a comprehensive and effective response.

Supporting evidence	Source(s)
<p><b>Efficient response:</b> Planning allows for healthcare facilities to develop a comprehensive and coordinated response to an active shooter situation. By establishing a clear plan, healthcare professionals can understand their roles and responsibilities, ensuring an efficient and effective response to mitigate the threat.</p>	<p>U.S. Department of Health and Human Services. (2014). <i>Active Shooter Planning and Response in a Healthcare Setting</i>. Retrieved from: <a href="https://www.phe.gov/Preparedness/plannin/abc/Documents/active-shooter-planning-healthcare.pdf">https://www.phe.gov/Preparedness/plannin/abc/Documents/active-shooter-planning-healthcare.pdf</a></p>
<p><b>Planning</b> allows healthcare organizations to establish effective communication channels and coordination protocols among staff members, security personnel, and first responders. Clear communication during an active shooter incident can help minimize confusion, facilitate rapid decision-making, lead to better response outcomes.</p>	<p>Hawryluck, L., Oczkowski, S.J., &amp; Peters, S. (2014). Hospital response to active shooter situations: the importance of disaster planning. <i>Canadian Journal of Emergency Medicine</i>, 16(6), 484-486.</p>
<p>Poor planning can result in disastrous outcomes to those participating in drills and simulations. These adverse outcomes can result in injuries, unsolicited police response (based on assumed reality of the event), undo panic to all involved, potential legal ramifications.</p>	<p>Alexander, H. (2023, May 18). Black Detroit hospital worker sues after he agrees to play gunman for active shooter drill at work, only to be cuffed and detained by 50 tactical cops after bosses didn't share plan and terrified patients dialed 911. Retrieved from Daily.mail.com:</p>
<p>It is crucial to involve key stakeholders, including but not limited to medical staff, security personnel, administrators, and local law enforcement in the planning process to address these special considerations effectively. Regular drills, simulations, evaluations, and revisions should be conducted to refine the plan and ensure readiness.</p>	<p><a href="https://www.dailymail.co.uk/news/article-12101041/Black-Detroit-hospital-worker-sues-asked-play-gunman-work-arrested.html">https://www.dailymail.co.uk/news/article-12101041/Black-Detroit-hospital-worker-sues-asked-play-gunman-work-arrested.html</a></p>
<p><b>Training and education</b> are an essential component of the active shooter response plan. Routine training and education plus drills and simulation exercises, staff gain an understanding of the response process, can practice their response strategies, understand roles, and</p>	<p>American Hospital Association. (2018). <i>Active Shooter Planning in Healthcare Settings</i>. Retrieved from</p>

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familiarize themselves with the layout of the facility which leads to increase preparedness and safety for all involved.

<https://www.aha.org/hospitals-against-violence/active-shooter-incidents-health-care-settings>

ALICE strategies are supported by peer-reviewed research and help every organization meet and exceed active shooter response requirements and minimum requirements designated by their industry oversight rules.

**Active Shooter Preparedness | ALICE Training® Solutions**

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### **Involve law enforcement and first responders in drills and simulation:**

The importance of involving *first responders* in drills and simulation cannot be overstated. Drilling to reality provides a better understanding of what events may occur. A comprehensive study found that in more than half (57 percent) of active shooter incidents where a solo officer arrived on the scene, shooting was still underway when the officer arrived. In 75 percent of those instances, a solo officer had to confront the perpetrator to end the threat. In those cases, the officer was shot one-third of the time.

Healthcare & Public Health Sector Coordinating Councils. (2014). *Active Shooter Planning and Response in a Healthcare Setting*.

**Special consideration:** Below are some unique challenges and healthcare specific needs that should be considered in the development of an Active Shooter Response Plan.

Centers for Medicare and Medicaid Services; Quality, Safety & Oversight Group – Emergency Preparedness

<https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-emergency-preparedness>

### **Patient care and safety:**

1. Ensure patient safety is top priority at all times.
2. Establish protocols for protecting patients who are unable to protect themselves, respond or evacuate on their own.
3. Establish a safe zone for patients and staff

The Joint Commission. (2018). *Active Shooter Preparedness in Health Care Settings*.

### **Evacuation challenges:**

1. Plan for those patients within the healthcare facility that have limited mobility, medical equipment requiring special arrangements for evacuation, inability to be relocated or evacuated
2. Develop procedures and resources for evacuating patients safely, including the use of specialized medical transport equipment, as applicable.
3. Consider alternative evacuation routes or methods, such as using stairwells, external exits, in case primary exit routes are compromised.

Centers for Disease Control and Prevention. (2019) *Preparing for an Active Shooter: A Guide for Healthcare Facilities*.

Department of Homeland Security. (2015) *Active Shooter Preparedness; Healthcare*.

American College of Emergency Physicians. (2013). *Emergency Department Planning and Response to Active Shooter and Active Assailant Incidents*.

### **Integration of medical response:**

1. Coordinate medical response efforts by integrating medical staff into the incident command structure with their clinical roles during an active shooter event.
2. Ensure clear communication channels between medical staff, the multidisciplinary care team, security personnel, and law enforcement.

National Fire Protection Association (NFPA) 3000. (2021). *Standard for an Active Shooter / Hostile Event Response (ASHER) Program*.

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**Protection of sensitive information:**

1. Develop protocols for securing and protecting patient records and other sensitive information and protected health information (PHI) in case of evacuation or lockdown.

**Communication and public relations:**

1. Establish clear lines of communication between staff, patients, visitors and law enforcement during an active shooter event.
2. Refer to Communication Guidelines for detailed recommendations.

**Psychological support:**

1. Recognize the potential psychological impact on staff, patients, and visitors during an active shooter drill.
2. Provide psychological support resources and counseling services for those affected by the drill.
3. Ensure staff are trained to provide emotional support and reassurance to patients and visitors during the drill.
4. Refer to Post-Event Guidelines for detailed recommendations.

**Legal and regulatory compliance:**

1. Ensure the active shooter drill planning and execution comply with all relevant legal and regulatory requirements.
  2. Review and align the response plan with guidelines from regulatory and accrediting bodies and local authorities.
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**Alternative evidence****Source(s)**

*The overwhelming consensus among experts supports the necessity of planning for active shooter incidents in healthcare settings.*

*No evidence could be identified that refutes either option in this guideline.*

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# Drills and Simulations

## 2: Executing Drills and Simulations

### Recommendation

Simulating an active shooter drill or simulation in a secure environment in conjunction with law enforcement is the best practice. As close to a real-life scenario or series of scenarios without creating security risks or staff/community trauma is the goal. Leaders and staff must be trained in their respective roles and responsibilities but also in the roles and responsibilities of others, such as how and when law enforcement will respond. The desired outcome is to create perspective on how all roles impact each other to contribute to the success of the overall response is by drilling.

### Rationale

Simulating an active shooter event in a healthcare organization, although unsettling, serves several important purposes. First and foremost, it prepares everyone involved for real-life emergencies. Simulation, training and education promote improved coordination, opportunities for gap analysis and risk assessment, as well as enhancement of response and safety measures. It is crucial to conduct active shooter drills and simulations with care, sensitivity and a focus on safety. The goal is to strike a balance between preparedness and minimizing potential harm to participants' mental well-being.

Supporting evidence	Source(s)
<p><b>Options and overview</b></p> <p>Of utmost priority is the security parameter and awareness that the activity is only a drill. Assess the safety/security of the space and staff/community perceptions before and during the drill.</p> <p>Tabletop exercises are an advancement from e-Learning; they can be simple or complex drills and simulation opportunities. This initiative will take organizations to the next level of readiness, particularly if built up towards the execution of a full-scale drill. Tabletops provide a safe and interactive space for drilling roles, concepts, policies, and procedures with less intense security and labor requirements. The goal is to simulate and assess the organization's ability to continue to advance. Virtual tabletops are a viable option that can provide a means for testing technology that may prove to be beneficial in an active shooter or other situation that prevents Incident Command from immediately assembling in person.</p> <p>Simulation time can be spent on a scenario that unfolds over the allotted time with injects that build upon themselves or can consist of short simulations (such as 5-minute scenarios) to promote comprehensiveness and to maximize the experiences within the scheduled event.</p>	<p>Active Shooter planning and response in a healthcare setting – Federal Bureau of Investigation  <a href="https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view">https://www.fbi.gov/file-repository/active_shooter_planning_and_response_in_a_healthcare_setting.pdf/view</a></p> <p>Active Shooter How to Respond – U.S. Department of Homeland Security  <a href="https://www.cisa.gov/sites/default/files/publications/active-shooter-how-to-respond-2017-508.pdf">https://www.cisa.gov/sites/default/files/publications/active-shooter-how-to-respond-2017-508.pdf</a></p> <p>Workplace Violence Training Using Simulation. Brown, Robin G. BSN, RN, CHEP; Anderson, Shauna MSN, RN, NE-BC; Brunt, Barbara MA, MN, RN-BC, NE-BC; Enos, Trish BS, BSN, RN, CPHQ; Blough, Keith MBA; Kropp, Denise BS, CCRP</p> <p><i>American Journal of Nursing</i> 118(10):p 56-68, October 2018.   DOI: 10.1097/01.NAJ.0000546382.12045.54</p>

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Injects should be included in the tabletop simulation. The timing of each inject should reflect the actual anticipated response time for local law enforcement's arrival and length of time of an incident based on data. Inject ideas and simulation videos are available through several free and reliable resources.

Simulate "Run, Hide, Fight" – endorsed by the FBI and U.S. Department of Homeland Security for an active shooter situation – or the organization's emergency response plan. Challenge pre-conceived notions and assumptions during the simulation. Pause for "spot" corrections in thinking and behavior. Remember that a healthcare worker's "everyday hero" mentality can be a hindrance during active shooter incidents.

Leaders and staff must also practice what NOT to do, which often goes against their basic instincts in day-to-day operations. Examples of going against intuition: running away from a crisis instead of running to it (Run), leaving the wounded unattended and silencing self and devices when hiding (Hide), becoming physically aggressive/violent to increase chances of survival (Fight).

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### **Weapon and sound considerations:**

Demonstrate situational awareness and general safety/weapon concepts during the simulation.

- Defer to your local law enforcement and leadership regarding the presence of any real weapons for learning purposes.
- Consider that the more realistic the weapon provisions or sounds, the more caution and preparation will be needed to avoid additional security risks or trauma responses of participants.
- Consider having participants self-assess their ability to cope emotionally. Provide resources proactively.
- Set clear expectations and an opportunity to ask questions before the simulation begins.
- Consider providing staff with written expectations beforehand.
- Always conduct a safety briefing before the simulation begins.

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### **Examples of special considerations/questions for reflection:**

**Nerf guns:** Will safety goggles be used? What are the "no hit zones" during simulation (i.e., below the waist only)? Were staff trained and competent on how to use the toys safely before the simulation day? Is general first aid available?

**Water guns:** Will water guns have water in them? Could staff get sprayed? Were they prepared to have a change of clothes if needed? Will waterproof PPE be provided?

**Sounds:** How will you limit sound to the simulation environment? Who is responsible for playing the sounds and volume adjustments? Consider an "icebreaker" and play fireworks and other noises that sound like gun shots and ask for a show of hands – were those gun shots or something

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else? This interactive experience can help ease tensions while also setting a serious tone.

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**Pro tips:**

Regardless of the type of simulation being conducted, demonstrate the activation of the Emergency Operations Plan, the Incident Command System process and the Active Shooter policies/procedures.

Remember that no two scenarios are alike, and opportunities may be limited for such simulations. Leaders must demonstrate tangible survivability options and multiple options. Emphasize the constants of the emergency response and not the unlimited variables and variances.

Refrain from simulating with the provision of all imaginable information or facts during each inject/scenario as all relevant information will rarely be available at the response time and decision-making. In multi scenario simulations, simulate from the first signs of an impending incident with a patient or visitor escalating to the worst-case scenario with the least amount of warning.

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**Alternative evidence**

There is some apprehension in the community about the psychological trauma of active shooter drills. Not everyone should participate in a real-life simulation.

Preparation and communication are key to preventing more trauma for healthcare leaders and workers.

**Source(s)**

Active Shooter Simulation Drills: Harmful or Helpful?  
<https://www.sandyhookpromise.org/blog/advocacy/active-shooter-drills-harmful-or-helpful/>

Locks, Lights, Out of Sight – How Lockdown Drills Affect America’s Children  
<https://www.cnn.com/interactive/2021/03/us/school-shooting-lockdown-drills/>

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# Drills and Simulations

## 3: Post-Drill / Simulation Conclusion Phase

### Recommendation

After an active shooter exercise/drill has been concluded, consideration should be made to (1) conduct a debrief of the drill, (2) offer support resources to staff as needed, (3) conduct a survey for the drill and (4) develop an after-action report.

### Rationale

Debriefing after a drill or simulation is a critical and valuable component of the preparedness and learning process for any organization. Debriefs provide an opportunity to reflect on the drill, identify gaps and challenges, as well as clarify roles, responsibilities, and communication procedures. Organizations committed to excellence and safety view debriefs as part of a continuous improvement process. Regularly conducting debriefs ensures that the organization adapts, evolves, and improves its response process.

Supporting evidence	Source(s)
<p><b>Debrief:</b> Hold a debrief after the drill / simulation, write up an after-action report to learn from the exercise. The report should identify strengths and areas for improvement. Assign actions and hold responsible parties accountable for follow-through.</p> <p>Document lessons learned and successes achieved. Make sure recommendations are incorporated into the next drill / simulation.</p>	<p>Mayo Clinic. (2022). The Hows and Whys of active shooter exercises. Rochester: Mayo Clinic</p> <p>The Joint Commission. (2021). Quick Safety 4: Preparing for active shooter situations. Oakbrook Terrace: The Joint Commission.</p>
<p><b>Key items to address during a debrief:</b></p> <ol style="list-style-type: none"> <li>1. Did the drill/exercise meet objectives?</li> <li>2. What went well?</li> <li>3. What were the challenges?</li> <li>4. What improvements can be achieved?</li> <li>5. Are there gaps, changes, and/or additions requiring modifications to the plan(s)?</li> <li>6. For all action items, ensure that accountability is documented, and deadlines are identified.</li> <li>7. Significant changes should be communicated appropriately across the organization, staff should be trained/educated as applicable and best practice would be to follow up with a future drill / simulation to validate the changes implemented improved the identified issues.</li> </ol>	<p>American Red Cross. (2023). Quick Drill - Active Shooter. Los Angeles: The American National Red Cross.</p>
<p>Debrief as a team after the emergency event or exercise and create an after-action report that evaluates results, identifies gaps or shortfalls, and documents lessons learned.</p>	<p>After-Action Reports: Capturing Lessons Learned and Identifying Areas of Improvement. North Bethesda: Readiness and Emergency Management for Schools Technical Assistance Center. (n.d.).</p>

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After-action reports support organizations in effectively executing an exercise as well as reviewing, revising, and maintaining the plan. Therefore, after-action reports should ideally be created after the plan is activated, either because of an emergency exercise or an actual incident. The report will help teams close the loop in the planning process and enhance their overall preparedness for an emergency.

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**Key components of after-action reports are:**

- Overview
  - Goals and objectives
  - Analysis of the outcomes
  - Analysis of the capacity to perform critical tasks
  - Summary
  - Recommendations
- 

U.S. Department of Education. (2007). *Lessons Learned from Schools Crisis and Emergencies*. Washington, D.C.: U.S. Department of Education.

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Alternative evidence	Source(s)
<i>The overwhelming consensus among experts supports the necessity of debriefing after a drill / simulation (as well as actual event).</i>	
<i>No evidence could be identified that refutes either option in this guideline.</i>	

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# Physical Security

## 1: Mitigating Active Shooter Event Vulnerabilities through Building Design

### Recommendation

Utilize an evidence-based approach to designing or renovating healthcare organization facilities to increase safety and prevent vulnerabilities that may be further exposed during a crisis. Conduct security vulnerability assessments yearly to identify gaps and areas of improvement.

### Rationale

Facility design plays a large part in mitigating the vulnerability of the organization during any critical incident or crisis. Designing buildings with appropriate protective/safety features can significantly enhance the chances of mitigating poor outcomes during any crisis, specifically an active shooter event. It is essential to adapt these guidelines to the specific needs and characteristics of each building and its occupants.

Supporting evidence	Source(s)
<p>The use of Crime Prevention Through Environmental Design (CPTED) is widely favored when designing healthcare facilities as an effective tool to reduce crime and create a higher perception of safety by staff, patients and visitors.</p> <p>CPTED strategies rely upon the ability to influence offender decisions that preceded criminal acts. It requires application of psychology as well as sound security design. CPTED includes common sense approaches of ensuring adequate lighting, eliminating hiding places, etc. that can improve security, reduce vulnerability and help deter criminal activity.</p>	<p>Crowe, T. (2000) Crime Prevention Through Environmental Design. Butterworth-Heinemann, Stoneham, Massachusetts</p>
<p>CPTED has proven effective at creating an overall security culture in any workplace.</p>	<p>Fennelly &amp; Perry (2018) CPTED and Traditional Security Countermeasures: 150 Things You Should Know</p>
<p>Ensure a robust security posture and presence for healthcare facilities. As evidenced by the statistics, many active shooters are set on destruction, and their own mortality is not a concern. They never intend to get out of the assault alive. A robust security posture can deter an active shooter because they fear they'll be stopped or interdicted prior to completing their mission.</p>	<p>Active Shooter: A Role for Protective Design. April 2021, Joseph L. Smith, PSP and Daniel R. Renfroe, PSP. <i>Applied Research Associates</i></p>
<p>Conduct a healthcare facility safety risk assessment in the design phase to minimize safety issues impacting workflow, procedures and capabilities while ensuring the safety of staff.</p>	<p>Health Care Facility Design Safety Risk Assessment Toolkit. (2020) Agency for Healthcare Research and Quality (AHRQ). <a href="https://www.ahrq.gov/patient-safety/settings/hospital/resource/safety-assess.html">https://www.ahrq.gov/patient-safety/settings/hospital/resource/safety-assess.html</a></p>

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Conduct a routine hazard vulnerability assessment annually.

U.S. Department of Health and Human Services. Healthcare Emergency Information Gateway.  
Workplace Violence Risk Assessment (WVRAT). The Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, Information Exchange (TRACIE) Evaluation of Hazard Vulnerability Assessment (HVA) Tools <https://workplace-violence.ca/tools/workplace-violence-risk-assessment-wvrat/>

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Alternative evidence	Source(s)
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*No evidence could be identified that refutes either option in this guideline.*

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# Physical Security

## 2: Access Management

### Recommendation

Implement an access control plan that provides protection against an external threat, establishes reasonable security controls and mitigates risks as identified in the healthcare organizations security management risk assessment.

### Rationale

The recommendation to implement an access control plan in a healthcare organization is rooted in the need to safeguard patients, visitors, and staff. In addition, by implementing an access control plan, a healthcare organization can meet the fundamental principles of data security, regulatory compliance and risk management.

Supporting evidence	Source(s)
Healthcare organizations should implement an access control plan that establishes reasonable and responsible security controls and processes that protect people, property, systems, equipment, and other assets while restricting access where appropriate.	International Association for Healthcare Security and Safety (IAHSS) Design Standard 04.01
Access control plans need to be part of the Security Management Plan and based on information from the security management risk assessments.	Centers for Medicare and Medicaid Appendix Z – Emergency Preparedness for All Provider and Supplier Types Interpretive Guidance. (2019). <a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Download/Appendix-Z-EP-SOM-February-2019.pdf">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Download/Appendix-Z-EP-SOM-February-2019.pdf</a>  The Joint Commission Environment of Care Standards (EC.01.01.01 EP5 and EC.02.01.01)
Healthcare security Survey (2008) revealed that the average lockdown time for a hospital was 11 minutes. 20% of hospitals surveyed took up to 15 minutes and 7% of hospital revealed that they could not lock down their facility completely.	Timme Ann Geissler. <i>4 items you can analyze today for improved security</i> . Campus Safety Magazine; 2013, June/July. Retrieved October 22, 2013, from <a href="http://www.campussafetymagazine.com/article/4-items-you-can-analyze-today-for-improved-hospital-access-management">http://www.campussafetymagazine.com/article/4-items-you-can-analyze-today-for-improved-hospital-access-management</a> .

### Supporting evidence

### Source(s)

Provide functional locking mechanisms on all interior doors as allowable within the Life Safety Code. Community Standard

Establish procedures for facility lockdown within the organization's emergency preparedness plan.

More options are available for protecting against an external threat versus an internal threat. For external threats, access control is a key component. Minimize the number of access points and condition building occupants not to bypass security measures for convenience. Verifying entrants is an important element of the process.

### Alternative evidence

### Source(s)

*No evidence could be identified that refutes this guideline.*

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# Physical Security

## 3: Physical Security Mitigation Strategies

### Recommendation

The use of physical security safeguards plays a critical role in active shooter mitigation strategies. Have the integration of multiple physical facility options and technologies creates expanded and enhanced opportunities for early detection of threats, expedited response times and more robust forensic evidence.

### Rationale

Emphasis on physical security safeguards in active shooter mitigation strategies is based on the paramount importance of proactively protecting individual and assets from potential harm in high-risk environments. By integrating multiple physical facility options and technologies, organizations can significantly enhance their capabilities in early threat detection, expedited response, and the collection of robust forensic evidence. This approach ultimately contributes to a safer environment and more effective response to active shooter incidents, mitigating the potential for harm and loss of life.

Supporting evidence	Source(s)
<p><b>Access control, video surveillance, alarms:</b> The integration of access control, video surveillance, alarms and other supportive technology creates a powerful and proactive security system that significantly reduces the risk of “unwanted” visitors, including active shooters, gaining access to secure areas. A cohesive approach not only enhances deterrence but also provides early detection and rapid response capabilities, making it a fundamental component of any comprehensive security strategy. By working in tandem, these technologies strengthen security measures, safeguarding both people and assets in today’s complex threat landscape.</p>	<p>IAHSS Healthcare Security Industry Guideline, Section 4, Systems</p> <p>Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.</p>
<p><b>Shot detection technology:</b> Provides alerts to local law enforcement as soon as shots are fired / detected within the facility which can activate a more immediate response to a threat or event.</p> <p>Reacts during an active shooter event (indoor or outdoor) by capturing energy levels with acoustic characteristics and performing on-board sensor waveform analysis. The analysis results determine whether further captured event signal examination is needed and what other system actions to initiate.</p> <p>Utilization/Implementation based on risk assessment.</p>	<p>Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.</p>
<p><b>Bullet resistive glass:</b> Bullet resistive glass is made by layering a polycarbonate material between pieces of ordinary glass in a process called lamination. This</p>	<p>Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.</p>



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process creates a glass-like material thicker than normal glass, ranging from an approximate thickness of 7 millimeters to 75 millimeters.

A one-way bullet resistive glass is available that has one side able to stop a bullet, while the other side allows bullets to pass through unaffected. This feature provides the person being shot at the ability to return fire – a feature that probably has little or no application in the protection of healthcare facilities.

Polycarbonate glazing is frequently used to protect pharmacy transaction windows, cashier cages, admission, and registration desks, nursing desks/units in higher risk units such as behavioral/mental health, and some door applications where safety is a specific consideration.

Utilization/Implementation based on risk assessment.

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**Weapon detection system:**

Advanced technology helps keep weapons out of healthcare facilities, without compromising the welcoming environment. Screening capabilities provide a comfortable, non-intrusive walk-through process.

Utilization/Implementation based on risk assessment.

Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.

IAHSS Healthcare Security Industry Guideline, Section 4, Systems

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**Electronic facility mapping:**

In situations of urgency, where time is of the essence, electronic facility mapping provides first responders to an active shooter incident, instant access to real-time digital maps of the facility. The access expedites their response by enabling them to quickly pinpoint areas where the active shooter may have entered.

Recommendation based on consensus of Vizient Task Force, industry experts and stakeholders.

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**Alternative evidence**

**Source(s)**

*No evidence could be identified that refutes this guideline.*

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# Physical Security

## 4: Safe Rooms

### Recommendation

In active shooter situations, every second is critical. Safe rooms enable occupants to seek immediate protection rather than evacuating the premises, which may expose them to danger. It is recommended, staff should be trained and have the ability during a crisis event to identify a safe room or area to hide, barricade and lockdown.

### Rationale

Training staff to identify the best options for reacting swiftly and effectively in the event of an active shooter threat, reduces panic and confusion. Establishing the option of a safe room demonstrates commitment to the safety and well-being of patients, visitors and staff. It also aligns with legal and regulated requirements related to workplace safety, fulfilling duty of care responsibilities.

Supporting evidence	Source(s)
<p><b>Implementation of training on situation assessment:</b> Individuals will need to make decisions based on situation assessment. Decisions to act will depend on how best to maximize the protection of life and tactical options available.</p> <p>Utilization/Implementation based on risk assessment.</p>	Active Shooter Planning and Response in a Healthcare Setting, January 2014. Healthcare and Public Sector Coordinating Councils.
<p><b>Implementation of training on safe room determination:</b> If evacuation is not an option, staff must determine best safe room option. Staff should hide in closest, safest space. Preferable safe spaces are room where walls may be thicker, have fewer windows, have locking doors or materials in the room to use as barricades to “lock-down” the room.</p> <p>Utilization/Implementation based on risk assessment.</p>	Active Shooter Planning and Response in a Healthcare Setting, January 2014. Healthcare and Public Sector Coordinating Councils.

Alternative evidence	Source(s)
<i>No evidence could be identified that refutes this guideline.</i>	

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# Plan and Response

## 1: Active Shooter Response Plan

### Recommendation

Develop and implement comprehensive an active shooter incident response plan and procedures within healthcare organizations to mitigate risks, minimize harm and ensure critical business operations and patient care can be maintained.

### Rationale

Active shooter incidents have become an unfortunate reality in our society, and healthcare organizations are not immunity to the potential threats they pose. These incidents can have devastating consequences, with lives hanging in the balance. To mitigate these risks and minimize harm, it is imperative that healthcare leaders take proactive measures to ensure the safety and well-being of everyone within their facilities. As these procedures are developed the following goals must be considered: prioritization of safety, minimization of casualties, reduction of chaos, enhancement of communication and prevention of future harm and finally, business continuity. Healthcare operations must continue during the event, during the investigation and post-event recovery.

Supporting evidence	Source(s)
<p>Consideration of response options is critical in achieving the optimal goals as outlined in the rationale.</p> <p><b>Response options</b></p> <ul style="list-style-type: none"> <li>• Run/hide/fight               <ul style="list-style-type: none"> <li>– Preferred verbiage for those areas where patients, visitors and staff are mobile and could respond with no assistance.</li> </ul> </li> <li>• Secure/preserve/defend               <ul style="list-style-type: none"> <li>– Preferred verbiage for those areas where patients, visitors and staff are immobile / unable to run, need further care and assistance.</li> </ul> </li> <li>• Secure/preserve/fight/stop the Bleed               <ul style="list-style-type: none"> <li>– The addition of Stop the Bleed can be used in environments where there is expertise and kits that are available in strategic locations to aid in recovery after an active shooter event</li> </ul> </li> </ul>	<p>Healthcare and Public Health Sector Coordinating Council, Active Shooter Planning and Response Guide, Healthcare &amp; Public Health Sector Coordinating Council, 2017 March (pg. 21)</p> <p>Inaba K, Eastman AL, Jacobs LM, Mattox KL. Active-Shooter Response at a Health Care Facility. <i>N Engl J Med</i>. 2018 Aug 9;379(6):583-586. doi: 10.1056/NEJMms1800582. PMID: 30089071</p> <p>Clark, Kevin R. An Active Shooter Response: Secure, Preserve, Fight, Stop the Bleed. <i>Radiologic Technology</i>. November/December 2019 vol. 91 no. 2 187-190</p> <p>American College of Surgeons Stop the Bleed® Program  <a href="https://www.stopthebleed.org/">https://www.stopthebleed.org/</a></p>
<p>Create criteria for choosing the appropriate response option, outline expectations for each unit/area in response plan and train staff to the expectations.</p> <p>Run/hide/fight utilized for:</p>	<p>Inaba K, Eastman AL, Jacobs LM, Mattox KL. Active-Shooter Response at a Health Care Facility. <i>N Engl J Med</i>. 2018 Aug 9;379(6):583-586. doi: 10.1056/NEJMms1800582. PMID: 30089071</p>

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- Areas that are not able to be locked down or
  - Non-patient care areas that staff can quickly exit the facility
  - Staff in hallways and not with patients

Secure/preserve/defend (stop the bleed)

- Complex/critical patients and their staff are vulnerable and require special considerations.
- A security risk assessment for each area of the facility would be used to determine at risk locations. (ASPR Tracie and ASHE Resources available)
  - Areas to consider: Surgery, Intensive Care Units, Emergency Department, Procedural areas such as Catheterization Lab, Obstetrics/Maternity
- Ability to quickly lockdown designated areas
  - Physical locking mechanisms such as door barricade, night lockdown, door floorplate
  - Pushbutton lockdown that disables badge readers and does not allow entry

Combination: Run/hide and secure/fight/stop the bleed

- Areas where patients, visitors, staff can quickly exit the area
- Area where lockdown of unit is an option with the ability to secure into a room to prevent assailant entry
- Fight should be used as a last resort to preserve life. If chosen, commit to your actions and do whatever is possible to incapacitate the assailant.
- Once in a secure location, out of hazard area, provide bleeding control to help prevent further blood loss and loss of life.

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Designate predetermined safe zones and areas of refuge, outline areas in response plan, and train staff to the expectations.

Identify and map safe zones and areas of refuge to enable staff to identify locations and quickly respond.

- Conducting a security risk assessment for each area of the facility would be useful to determine areas of highest risk as well as optimal safe zones/areas of refuge.
  - Example: staff break rooms may be able to become areas of refuge if they are able to be secured from the inside preventing outside access.

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Designate an assembly / rally point to gain accountability, outline areas in response plan and train staff to expectations.

Healthcare and Public Health Sector Coordinating Councils. Active Shooter Planning and Response in a Healthcare Setting. January 2014

<https://www.alicetraining.com/wp-content/uploads/2016/04/Active-Shooter-Planning-and-Response-in-a-Healthcare-Setting.pdf>

Clark, Kevin R. An Active Shooter Response: Secure, Preserve, Fight, Stop the Bleed. Radiologic Technology. November/December 2019 vol. 91 no. 2 187-190

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Healthcare and Public Health Sector Coordinating Councils. Active Shooter Planning and Response in a Healthcare Setting. January 2014

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Blog Post: Workplace Violence: Three Ways to Improve Hospital Employee Safety  
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Healthcare and Public Health Sector Coordinating Councils. Active Shooter Planning and Response in a Healthcare Setting. January 2014

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Identify and map assembly / rally points to enable staff to identify locations and quickly respond.

- If rally points are utilized, they should be coordinated with and secured by law enforcement. This is to help prevent further injury or loss of life if the assailant is a known staff member and knows where the rally points are located.
- If rally points are not able to be secured as part of the response plan, then consider not utilizing this process and direct staff to run to other nearby locations and remain there until an all-clear is alerted.
- Staff should be trained to seek protective structures such as other buildings out of sight from the healthcare facility.

<https://www.alicetraining.com/wp-content/uploads/2016/04/Active-Shooter-Planning-and-Response-in-a-Healthcare-Setting.pdf>

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Healthcare facilities face a unique set of challenges in an active shooter incident. Numerous factors associated with the environment complicate traditional responses. It is important to include in the response plan, a business continuity plan to minimize disruption of service and care.

Cybersecurity & Infrastructure Security Agency (CISA)  
<https://www.cisa.gov/topics/physical-security/active-shooter-preparedness/resources-businesses-and-ci-partners>

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Alternative evidence	Source(s)
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*No evidence could be identified that refutes either option in this guideline.*

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# Plan and Response

## 2: Active Shooter Response Plan Activation

### Recommendation

Include and train staff on options and criteria for active shooter incident responses in the Active Shooter Response Plan.

### Rationale

Developing options and criteria for active shooter response in healthcare organizations allows staff to think quickly to determine how they can meet their duty of care, protect the safety and well-being of patients, visitors, and other staff. Such preparation allows the activation to be swift, efficient, and effective which not only contributes to a safer environment but also the preservation of business operations as well as the trust and reputation of the healthcare organization.

Supporting evidence	Source(s)
<p>Consideration of response options is critical in achieving the optimal goals as outlined in the rationale.</p> <p><b>Response options</b></p> <ul style="list-style-type: none"> <li>• Run/hide/fight               <ul style="list-style-type: none"> <li>– Preferred verbiage for those areas where patients, visitors and staff are mobile and could respond with no assistance.</li> </ul> </li> <li>• Secure/preserve/defend               <ul style="list-style-type: none"> <li>– Preferred verbiage for those areas where patients, visitors and staff are immobile / unable to run, need further care and assistance.</li> </ul> </li> <li>• Secure/preserve/fight/stop the Bleed               <ul style="list-style-type: none"> <li>– The addition of Stop the Bleed can be used in environments where there is expertise and kits that are available in strategic locations to aid in recovery after an active shooter event</li> </ul> </li> </ul>	<p>Healthcare and Public Health Sector Coordinating Council, Active Shooter Planning and Response Guide, Healthcare &amp; Public Health Sector Coordinating Council, 2017 March (pg. 21)</p> <p>Inaba K, Eastman AL, Jacobs LM, Mattox KL. Active-Shooter Response at a Health Care Facility. <i>N Engl J Med.</i> 2018 Aug 9;379(6):583-586. doi: 10.1056/NEJMms1800582. PMID: 30089071</p> <p>Clark, Kevin R. An Active Shooter Response: Secure, Preserve, Fight, Stop the Bleed. <i>Radiologic Technology.</i> November/December 2019 vol. 91 no. 2 187-190</p> <p>American College of Surgeons Stop the Bleed® Program  <a href="https://www.stopthebleed.org/">https://www.stopthebleed.org/</a></p>
<p>Create criteria for choosing the appropriate response option, outline expectations for each unit/area in response plan and train staff to the expectations.</p> <p>Run/hide/fight utilized for:</p> <ul style="list-style-type: none"> <li>• Areas that are not able to be locked down or</li> <li>• Non-patient care areas that staff can quickly exit the facility</li> <li>• Staff in hallways and not with patients</li> </ul>	<p>Inaba K, Eastman AL, Jacobs LM, Mattox KL. Active-Shooter Response at a Health Care Facility. <i>N Engl J Med.</i> 2018 Aug 9;379(6):583-586. doi: 10.1056/NEJMms1800582. PMID: 30089071</p> <p>Healthcare and Public Health Sector Coordinating Councils. Active Shooter Planning and Response in a Healthcare Setting. January 2014</p>

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Secure/preserve/defend (stop the bleed)

- Complex/critical patients and their staff are vulnerable and require special considerations.
- A security risk assessment for each area of the facility would be used to determine at risk locations. (ASPR Tracie and ASHE Resources available)
  - Areas to consider: Surgery, Intensive Care Units, Emergency Department, Procedural areas such as Catheterization Lab, Obstetrics/Maternity
- Ability to quickly lockdown designated areas
  - Physical locking mechanisms such as door barricade, night lockdown, door floorplate
  - Pushbutton lockdown that disables badge readers and does not allow entry

<https://www.alicetraining.com/wp-content/uploads/2016/04/Active-Shooter-Planning-and-Response-in-a-Healthcare-Setting.pdf>

Clark, Kevin R. An Active Shooter Response: Secure, Preserve, Fight, Stop the Bleed. Radiologic Technology. November/December 2019 vol. 91 no. 2 187-190

Combination: Run/hide and secure/fight/stop the bleed

- Areas where patients, visitors, staff can quickly exit the area
- Area where lockdown of unit is an option with the ability to secure into a room to prevent assailant entry
- Fight should be used as a last resort to preserve life. If chosen, commit to your actions and do whatever is possible to incapacitate the assailant.
- Once in a secure location, out of hazard area, provide bleeding control to help prevent further blood loss and loss of life.

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Designate predetermined safe zones and areas of refuge, outline areas in response plan, and train staff to the expectations.

Identify and map safe zones and areas of refuge to enable staff to identify locations and quickly respond.

- Conducting a security risk assessment for each area of the facility would be useful to determine areas of highest risk as well as optimal safe zones/areas of refuge.
  - Example: staff break rooms may be able to become areas of refuge if they are able to be secured from the inside preventing outside access.

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Healthcare and Public Health Sector Coordinating Councils. Active Shooter Planning and Response in a Healthcare Setting. January 2014

<https://www.alicetraining.com/wp-content/uploads/2016/04/Active-Shooter-Planning-and-Response-in-a-Healthcare-Setting.pdf>

Blog Post: Workplace Violence: Three Ways to Improve Hospital Employee Safety

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Designate an assembly / rally point to gain accountability, outline areas in response plan and train staff to expectations.

Identify and map assembly / rally points to enable staff to identify locations and quickly respond.

- If rally points are utilized, they should be coordinated with and secured by law enforcement. This is to help prevent further injury or

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Healthcare and Public Health Sector Coordinating Councils. Active Shooter Planning and Response in a Healthcare Setting. January 2014

<https://www.alicetraining.com/wp-content/uploads/2016/04/Active-Shooter-Planning-and-Response-in-a-Healthcare-Setting.pdf>

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loss of life if the assailant is a known staff member and knows where the rally points are located.

- If rally points are not able to be secured as part of the response plan, then consider not utilizing this process and direct staff to run to other nearby locations and remain there until an all-clear is alerted.
- Train staff to seek protective structures (other buildings out of sight from the healthcare facility)

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As part of the active shooter response plan activation, activate the business continuity plan to minimize disruption of service and ensure care to patients.

Cybersecurity & Infrastructure Security Agency (CISA)  
<https://www.cisa.gov/topics/physical-security/active-shooter-preparedness/resources-businesses-and-ci-partners>

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Alternative evidence	Source(s)
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*No evidence could be identified that refutes either option in this guideline.*

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# Plan and Response

## 3: Hemorrhage Control Plan and Activation

### Recommendation

Develop and implement a plan which includes training and applicable supplies for providing hemorrhage control capabilities during an active shooter event. Deploy hemorrhage control kits to points of entry and other areas within the healthcare organization. Hemorrhage control kits contain essential supplies to control severe bleeding and are vital for immediate first aid response.

### Rationale

Strategic placement and accessibility of supplies and kits, training and education of staff, standard operating procedures as well as collaboration with law enforcement can significantly improve the preparedness and response capability of healthcare organizations during an active shooter event. This preparedness helps to ensure quick and effective bleeding control, thereby increasing the chances of survival for those directly impacted during the event.

Supporting evidence	Source(s)
<p>External Hemorrhage control is the intervention that has proven most effective in the prehospital setting.</p> <ul style="list-style-type: none"> <li>The victim, an immediate responder, or a professional first responder should use this technique as quickly as possible once the immediate threat of further injury has been mitigated.</li> <li>Healthcare workers as well as lay persons should seek training in hemorrhage control with the goal of mirroring numbers in the community trained in Cardiopulmonary Resuscitation (CPR).</li> </ul>	<p>The Hartford Consensus IV: A Call for Increased National Resilience   The Bulletin (facs.org) <a href="#">The Hartford Consensus IV: A Call for Increased National Resilience - PubMed (nih.gov)</a></p> <p><a href="#">STOP THE BLEED®: A model for surgeon leaders looking to initiate a new program   The Bulletin   ACS (facs.org)</a></p>
<p>Organizational and Public training on Stop the Bleed per the American College of Surgeons-Committee on Trauma.</p> <ul style="list-style-type: none"> <li>Consider lead training agencies as Healthcare Education Departments, Community Training Centers, EMS Agencies, Healthcare Coalitions, etc.</li> </ul>	<p>The American College of Surgeons (ACS)-Committee on Trauma Bleeding Control (B-Con)</p> <p>A framework for the design and implementation of Stop the Bleed and public access trauma equipment programs, <a href="#">Matthew J. Levy, DO, MSc, <sup>1, 2</sup> Jon Krohmer, MD, <sup>3</sup> Eric Goralnick, MD, MS, et al</a></p>
<p>Placement of Stop the Bleed Kits; Crash Carts, AED cabinets, Stop the Bleed cabinets, department “Go-Kits”; including tourniquets, dressings, hemostatic dressings, trauma shears.</p>	<p><a href="#">Stop the Bleed Project – Everyone can learn to stop traumatic bleeding.</a></p>
<p>Stop the Bleed Training Sites-Hospitals, Community Training Centers, EMS agencies, Healthcare Coalitions</p>	<p><a href="#">Training   Stop the Bleed</a></p>

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Potential Funding Sources; US Department of Justice grants for Law Enforcement, FEMA Assistance to Firefighters Grant (AFG),

AFG Grants

FEMA State Homeland Security Grant program for First Responders, Department of Education Safe Schools Grants, Local charities, endowments and grant programs, Local healthcare systems community outreach and injury prevention programs.

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FEMA State Homeland Security Grants

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Alternative evidence	Source(s)
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*No evidence could be identified that refutes either option in this guideline.*

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# Post Event Response

## 1: Culture

### Recommendation

Consider integrating a culture that aims to balance accountability and fairness in handling errors, incidents, and near-misses within an organization or specific context promoting a culture that values learning and improvement while also holding individuals accountable and balanced manner.

### Rationale

Implementing a fair culture in emergency response plans creates an environment that encourages reporting, learning, and improving while maintaining a balance between accountability and fairness. During emergencies, where decisions often need to be made under pressure and uncertainty, a fair culture encourages individuals to act without the fear of severe consequences for honest mistakes, enabling a more agile and effective response. This approach strengthens the healthcare organization's ability to respond proactively to emergencies while promoting trust, professionalism, and ongoing improvement in response procedures.

Supporting evidence	Source(s)
<p>Within healthcare, the Just Culture is a model of workplace justice intended to create fairness for providers and create better outcomes for patients. It is about creating a common language to evaluate provider conduct. A Just Culture helps create an open reporting culture. To create better patient safety outcomes, a Just Culture shifts the focus from errors and outcomes to system design and the facilitation of good behavioral choices.</p>	<ol style="list-style-type: none"> <li>1. Marx D. Patient Safety and the Just Culture. <i>Obstet Gynecol Clin North Am.</i> 2019 Jun;46(2):239-245. doi: 10.1016/j.ogc.2019.01.003. PMID: 31056126.</li> </ol>
<p>Establishing a just culture promotes the safety of healthcare professionals, patients, and visitors during emergent situations.</p>	<ol style="list-style-type: none"> <li>1. Barkell, N. P., &amp; Snyder, S. S. (2021). Just culture in healthcare: An integrative review. <i>Nursing Forum</i>, 56(1), 103–111. <a href="https://doi.org/10.1111/nuf.125">https://doi.org/10.1111/nuf.125</a></li> </ol>
<p>Creating and sustaining a just culture has been identified as a crucial component fostering healthcare organizations to learn from incidents and error allowing organizations to promote staff and patient safety <b>rather than</b> focusing on placing blame on those involved in negative safety events which has actually been shown to create unsafe environments.</p>	<ol style="list-style-type: none"> <li>2. Van Baarle, E., Hartman, L., Rooijackers, S., Wallenburg, I., Weenink, J.-W., Bal, R., &amp; Widdershoven, G. (2022). Fostering a just culture in healthcare organizations: experiences in practice. <i>BMC Health Services Research</i>, 22(1), 1–7. <a href="https://doi.org/10.1186/s12913-022-08418-z">https://doi.org/10.1186/s12913-022-08418-z</a></li> </ol>
<p>A just culture fosters the building of trust between healthcare professionals and their organizations. This trust results in clear, honest communication contributing to safe and successful outcomes during both emergent and non-emergent situations.</p>	<ol style="list-style-type: none"> <li>3. Van Marum, S., Verhoeven, D. &amp; de Rooy, D. (2022). The Barriers and Enhancers to Trust in a Just Culture in Hospital Settings: A Systematic Review.</li> </ol>

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*Journal of Patient Safety*, 18 (7), e1067-  
e1075. doi:  
10.1097/PTS.0000000000001012

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Alternative evidence	Source(s)
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*No evidence could be identified that refutes either option in this guideline.*

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# Post Event Response

## 2: Employee Wellbeing

### Recommendation

Implementing an employee well-being program is a way to enhance the overall health, happiness and productivity of the workforce. A successful employee well-being program is an ongoing initiative that requires continuous evaluation, adaptation and improvement based on the evolving needs and feedback of the workforce. Tailoring the program to the unique cultural needs of the organization is the key to success.

### Rationale

During and after an emergency response situation, the well-being of employees becomes even more critical due to the heightened stress, potential trauma and the demanding nature of the work. Implementation of an employee well-being program helps to mitigate stress and trauma, enhances resilience, facilitates communication and information sharing, demonstrates care and support, helps to ensure long-term recovery and adaptation, and helps to prepare for future emergencies. An employee well-being program is crucial for safeguarding the physical, mental and emotional health of employees fostering resilience, and ensuring a more cohesive, supportive and adaptive workforce.

Supporting evidence	Source(s)
<p>Providing proactive stress management and well-being initiatives for healthcare workers reduces risk of second victim's syndrome as well as post-traumatic stress disorder (PTSD), burn out after emergencies including active shooter threats or events.</p>	<p>1. Buhlmann, M., Ewens, B., Rashidi, A. Moving on after critical incidents in health care: a qualitative study of the perspectives and experienced of second victims. <i>Journal of Advanced Nursing</i>, 2022;78:2960-2972. doi:10.1111/jan15274</p>
<p>Creating a peer response team rooted in evidence- based programs such as CISM and Psychological First Aid/Stress First Aid allows health care organizations to provide a proactive approach to stress management that foster trust and well-being that promotes post-even resilience while reducing post event stress illness including PTSD, burn out, moral distress/moral injury</p>	<p>1. Civil, N.M., Hoskins, J.D. Building a critical incident peer response team: A full theatre welfare intervention. <i>Anesthesia and Critical Care</i>, 2022Nov:50(6);421-429. Doi10.1177/0310057x22107934.Epub 2022 June 8.PMID:35676829</p>
<p>Organizations that establish robust and evidence-based formal and informal peer support programs are able to increase post traumatic growth (PTG) of their staff that results in increased levels of over-all well-being of staff pre and post traumatic events.</p>	<p>1. Donovan, N. Peer support facilitates post-traumatic growth in first responders: A literature review. <i>Trauma (SAGE)</i> 2022;24(4):277-286. Doi10.1177/14604086221079441</p>

Alternative evidence	Source(s)
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# Post Event Response

## 3: Peer Support Program

### Recommendation

Consider implementing a peer support program as part of a post-event emergency response to provide a network of support that goes beyond the typical structure of professional or hierarchical assistance.

### Rationale

Current evidence suggests that organizations that demonstrate a proactive approach to staff well-being and stress management experience lower rates of post-incident conditions including post-traumatic stress disorder (PTSD), stress related illness, moral distress/moral injury, second victim’s syndrome, and professional burnout. This type of response provides quick response to relatable support, promotes psychological safety and reduces stigma, enhances communication and trust as well as provides a supportive community.

Supporting evidence	Source(s)
<p>Stress First Aid is an evidence-based peer support model that was originally developed for active-duty military and first responders. This model was adapted to support acute care healthcare workers during the pandemic. Current evidence supports the use of this model to promote a formalized, proactive approach to stress management in acute care organizations.</p>	<ol style="list-style-type: none"> <li>McLean, C. P., Betsworth, D., Bihday, C., Daman, M. C., Davis, C. A., Kaysen, D., Rosen, C. S., Saxby, D., Smith, A. E., Spinelli, S., &amp; Watson, P. (2023). Helping the Helpers: Adaptation and Evaluation of Stress First Aid for Healthcare Workers in the Veterans Health Administration During the COVID-19 Pandemic. <i>Workplace Health &amp; Safety</i>, 71(4), 162–171. <a href="https://doi.org/10.1177/21650799221148650">https://doi.org/10.1177/21650799221148650</a></li> </ol>
<p>The use of Psychological First Aid (PFA) has been shown to enhance the ability of nurses to emotionally respond to and recover from psychological issues experienced during and after emergencies and disasters.</p>	<ol style="list-style-type: none"> <li>Said, N. B., Molassiotis, A., &amp; Chiang, V. C. L. (2022). Psychological first aid training in disaster preparedness for nurses working with emergencies and traumas. <i>International Nursing Review</i>, 69(4), 548–558. <a href="https://doi.org/10.1111/inr.12749">https://doi.org/10.1111/inr.12749</a></li> </ol>
<p>This study demonstrated that the use of PFA with EMTs appears to be an appreciated and beneficial first step in supporting the emotional well-being of EMTs in a busy emergency department. Not considered as a treatment for PTSD, the results suggested that it fulfilled post-traumatic needs and fostered adaptive functioning (Brymer et al., 2006; Ruzek et al., 2007).</p>	<ol style="list-style-type: none"> <li>Tessier, M., Lamothe, J., &amp; Geoffrion, S. (2022). Psychological First Aid Intervention after Exposure to a Traumatic Event at Work among Emergency Medical Services Workers.</li> </ol>

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Annals of Work Exposures & Health,  
66(7), 946–959.  
<https://doi.org/10.1093/annweh/wxac013>

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Skills for psychological recovery (SPR) is an evidence-informed modular intervention designed as an adjunctive support model to PFA. SPR was developed through the national child traumatic stress network and the national center for PTSD. Combines use of PFA and SPR has been found to promote and sustain emotional wellbeing for nurses and healthcare professionals.

1. Heavey Y, E. (2021). Psychological first aid for nurses during the pandemic response. Nursing, 51(8), 17–20.  
<https://doi.org/10.1097/01.NURSE.0000754052.65053.fe>

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Alternative evidence	Source(s)
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*No evidence could be identified that the recommendations in this guideline.*

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# Post Event Response

## 4: Post Event Critical Incident Stress Management (CISM)

### Recommendation

Post Event Critical incident stress management is crucial to the emotional well-being of healthcare workers. There are a variety of evidence-based models recommended in current literature. Organizations should identify which evidence-based program (or portions of that program) best align with the clinical expertise of their staff and the values and beliefs of the patient populations they serve.

### Rationale

Critical incidents, such as active shooter threats or actual events, can result in acute stress, trauma and psychological distress among individuals involved or affected. A CISM program provides immediate and structured psychological support to help alleviate and mitigate impacts. Providing timely support to the workforce supports faster recovery, quicker return to productivity, and contribution to the overall recovery efforts.

Supporting evidence	Source(s)
<p>This systematic review identified these evidence-based support programs as viable options for healthcare organizations to consider: Critical Incident Stress management (CISM), Resilience in Stressful Events (RISE), For You program, Peer Support Team (PST).</p>	<ol style="list-style-type: none"> <li data-bbox="966 1073 1521 1234">1. Neft, M. W. (2022). Support Methods for Healthcare Professionals Who Are Second Victims: An Integrative Review. <i>AANA Journal</i>, 90(3), 189–196.</li> </ol>
<p>The “caring for the Caregiver” initiatives developed through the Maryland Patient Safety Center ( a nonprofit safety organization) developed and initiative to support healthcare organizations around the world to implement the Hopkins RISE program in a manner that best aligns with the organization’s culture. The Covid 19 pandemic cast a light on the gaps that continue to exist related to the emotional support provided to healthcare workers. This study underscores the need to provide emotional support to healthcare workers during “normal times” so that they are better prepared to cope and thrive during and after emergent and critical incidents.</p>	<ol style="list-style-type: none"> <li data-bbox="966 1234 1521 1549">1. Wu, A. W., Connors, C. A., &amp; Norvell, M. (2021). Adapting RISE: meeting the needs of healthcare workers during the COVID-19 pandemic. <i>International Review of Psychiatry</i>, 33(8), 711–717. <a href="https://doi.org/10.1080/09540261.2021.2013783">https://doi.org/10.1080/09540261.2021.2013783</a></li> </ol>
<p>This study focused on the challenges that medical surgical nurses and nurse midwives experienced as they attempted to “move on” after experiencing a critical incident. This study magnified the need for both additional resources and research to support the emotional well-being of nurses, midwives and other healthcare professionals before and after they experience a critical incident.</p>	<ol style="list-style-type: none"> <li data-bbox="966 1549 1521 1799">1. Buhlmann, M., Ewens, B., &amp; Rashidi, A. (2022). Moving on after critical incidents in health care: A qualitative study of the perspectives and experiences of second victims. <i>Journal of Advanced Nursing</i> (John Wiley &amp; Sons, Inc.), 78(9), 2960–2972. <a href="https://doi.org/10.1111/jan.15274">https://doi.org/10.1111/jan.15274</a></li> </ol>

Alternative evidence	Source(s)
<i>No evidence could be identified that the recommendations in this guideline.</i>	

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# Post Event Response

## 5: Animal Assisted Crisis Response (AACR)

### Recommendation

The use of animal assistance crisis response (AACR) interventions before, during, and after critical events has been shown to be beneficial in promoting emotional well-being of healthcare professionals while mitigating the risk of post-traumatic stress disorders such as post-traumatic stress disorder (PTSD), stress illness, burn out, moral distress/moral injury.

### Rationale

Implementing the use of animal-assisted crisis response is grounded in its ability to provide emotional support, comfort, and a unique form of non-verbal communication, which can significantly aid individuals in coping with and recovering from the psychological impact of a crisis. There is scientific evidence that interacting with animals has been shown to lower blood pressure, reduce feelings of isolation and trigger the release of oxytocin, all of which contribute to a sense of well-being and comfort. Therapy animals can be adaptable to numerous types of crisis situations, they can be deployed quickly and in various settings to provide immediate support.

Supporting evidence	Source(s)
<p><b>Animal Assisted Workplace Wellbeing (AAWW)/Animal Assisted Crisis Response (AACR)</b> AAWW model includes establishing routine visits to healthcare facilities by Critical Incident Stress Management (CISM) certified handlers and Crisis Response Canines. Handlers staff screen utilizing an evidence-based tool to assess stress levels and for any recent traumatic events.</p>	<p><a href="https://icisf.org/">https://icisf.org/</a>  <a href="https://icisf.org/strategic-partners/">https://icisf.org/strategic-partners/</a>  <a href="https://www.crisiscanines.org/">https://www.crisiscanines.org/</a></p>
<p>A proactive approach to stress management includes a multi-modal approach. Peer support that includes Animal Assistive Interventions promote well-being of patients and health care professionals before and after critical incidents.</p>	<p>Gaudet, L.A., et.al. Pet Therapy in the emergency department and ambulatory care: A systematic review and meta-analysis. <i>Academy of Emergency Medicine</i> 2022;29:1008-1023.</p>
<p>This randomized clinical trial found that a five-minute interaction with a specially trained therapy dog resulted in a significant reduction in self-reported anxiety using a visual analog scale compared with providers randomized to deliberative coloring (art therapy) and control groups. Providers in the pet therapy group also had lower cortisol levels (salivary testing) than the coloring and control groups.</p>	<p>Kline, J.,A., et al (2020). Randomized trial of therapy dogs versus deliberative coloring (art therapy) to reduces stress in emergency medicine providers. <i>Academic Emergency Medicine</i>, 27: 265-275.</p>
<p>The use of therapy Dogs has been identified as an adjunctive component to proactive stress management in healthcare workers including medical and nursing students. The use of pet therapy has been linked with increased self-reported levels of well-being in healthcare professionals and healthcare students that supports decreases in moral distress, burnout while promoting resilience.</p>	<p>Norton, M. J., Funaro, M. C., &amp; Rojiani, R. (2018). Improving Healthcare Professionals' Well-Being Through the Use of Therapy Dogs. <i>Journal of Hospital Librarianship</i>, 18(3), 203–</p>

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209.<https://doi.org/10.1080/15323269.2018.1471898>

This study suggests that the use of specially trained full-time therapy dogs promotes the over-all well-being while reducing work-related burnout in healthcare workers.

Jensen, C. L., Bibbo, J., Rodriguez, K. E., & O’Haire, M. E. (2021). The effects of facility dogs on burnout, job-related well-being, and mental health in pediatric hospital professionals. *Journal of Clinical Nursing* (John Wiley & Sons, Inc.), 30(9/10), 1429–1441. <https://doi.org/10.1111/jocn.15694>

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### Alternative evidence

### Source(s)

*No evidence could be identified that refutes either option in this guideline.*

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# Post Event Response

## 6: Psychosocial Response for Patients/Families/Visitors

### Recommendation

Include in Active Shooter Response Plan invention procedures to address communication, screening, triage services to the appropriate level of care, support, and practical recovery assistance to all involved in the threat or event, including on patients, families, and visitors.

### Rationale

An active shooter response plan should include a comprehensive crisis response. Consideration should be given to all in the vicinity of the threat or within the healthcare organization during the event. Crisis situations can have a profound psychological impact on everyone involved, not just the employees. Offering psychosocial support helps in mitigating the stress, fear, and emotional upheaval experiences by patients, families, and visitors, aiding in their recovery and resilience. This support improves overall organizational resilience and enhances trust and communication within the community.

Supporting evidence	Source(s)
Psychological first-aid interventions involve physical and emotional support and practical assistance. Stepped care interventions include screening and triage services to the appropriate level of care, followed by ongoing re-evaluation. Three-level exposure model <b>primary, secondary and tertiary</b> . Primary = persons who were injured or present in the danger area. Secondary = include direct family or friends of those primarily affected. Build an internal social network to connect with family and close friends.	Abdalla, S.M., Cohen, G.H., Tamrakar, S., Sampson, L., Moreland, A., Kilpatrick, D.G., & Galea, S. (2022). Mitigating the mental health consequences of mass shootings: an in-silico experiment. <i>eClinical Medicine</i> 51:101555. <a href="https://doi.org/10.1016/j.eclinm.2022.101555">https://doi.org/10.1016/j.eclinm.2022.101555</a>
Each active shooter event has its unique characteristics. Ensure continuity of operations by returning to full functionality as quickly as possible, which may be orderly and linear in sequence or compressed and rearranged to fit the circumstances of the incident. The magnitude of the incident will depend on how fast this happens.	U.S. Department of Homeland Security (2017). Active shooter recovery guide. <a href="https://www.cisa.gov/sites/default/files/publications/active-shooter-recovery-guide-08-08-2017-508.pdf">https://www.cisa.gov/sites/default/files/publications/active-shooter-recovery-guide-08-08-2017-508.pdf</a>
Using a critical incident checklist can help management assess the situation. EAP response must be immediate to have licensed clinicians trained in critical response appear on site within a few hours or within 24 to 72 hours to comfort and educate, not provide counseling or therapy.	Meyer, Z., & Hullet, J. (2014). Responding to traumatic events that affect the workplace. White paper. Optum. <a href="https://www.optum.com/">https://www.optum.com/</a>
Crisis Communication: a consistent message of reliable, updated information is critical. Some data to communicate should be updated on the incident, causalities, location, and status of evacuees. The public information officer (PIO) or designated person should give consistent scripted responses. Additionally, organization websites and social media can provide communications as well. All are controlled through a trained spokesperson.	U.S. Department of Homeland Security (2017). Active shooter recovery guide. <a href="https://www.cisa.gov/sites/default/files/publications/active-shooter-recovery-guide-08-08-2017-508.pdf">https://www.cisa.gov/sites/default/files/publications/active-shooter-recovery-guide-08-08-2017-508.pdf</a>

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Keeping connected with victims, family, employees to support ongoing recovery:

Long-term Recovery – restoration process. The first step is to assist employees with employee assistance programs and benefits. Facilitate worker compensation applications, and provide employees information to seek federal, state, and local victim assistance programs.

Grief counseling – The psychological impact of the incident covers a spectrum of emotional crises.

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The mental health effects of gun violence include anxiety, depression and PTSD. Social workers understand how different issues are related to gun violence. Trauma-informed care is an approach when working with people who have experienced trauma.

Various tools exist to work with survivors, including cognitive behavioral therapy, acceptance, and commitment therapy, and cognitive processing therapy. Teaching mindfulness, meditation, and other techniques to calm physiological trauma is crucial. The challenge when addressing the trauma experienced by people exposed to gun violence is that such violence is part of our regular lives. People don't seek mental health services or feel stigmatized for reaching out. However, sharing experiences is part of healing.

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Psychological first aid can help normalize survivors' immediate fear, anxiety and helplessness. Knowing that support is available can help people feel connected and less anxious and worried, knowing help is available if they need or want it. Trauma-informed care experts help survivors build a sense of control and improvement. Victims' coping strategies and support systems strongly predict their long-term health and wellness. The grief process is shared, leading to healthy mourning and coping.

U.S. Department of Homeland Security (2017). Active shooter recovery guide. <https://www.cisa.gov/sites/default/files/publications/active-shooter-recovery-guide-08-08-2017-508.pdf>

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Reardon, C. (2019). Gun violence trauma: beyond the numbers. *Social Work Today*. 20:10.

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Novotney, A. (2018). What happens to the survivors? *American Psychological Association*. 49:8.

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## Alternative evidence

## Source(s)

***No evidence could be identified that refutes either option in this guideline.***

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