

# 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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