

Hospital Policy

Title: Weapon Related Response Plan

Purpose: To outline guidelines and procedures for the appropriate response to a threatening situation involving a person with a weapon.

The response to a weapons related threat is contingent upon the nature and magnitude of the event and the availability of resources. This document supplements XXXXX

Scope: Hospital

Definitions:

Weapon Threat: A weapon related threat; armed or believed to be armed person who has or intends to use deadly force or inflict serious injury to victims.

Weapon: A weapon is defined as a firearm or anything manifestly designed, made or adapted for the purpose of inflicting death or serious bodily injury; or anything that in the manner of its use or intended use is capable of causing death or serious bodily injury.

Possession of Weapon No Threat: Does not qualify as **Weapon Threat** activation. The carrying of firearms or other dangerous weapons on Hospital property is prohibited, except by law enforcement of those authorized by nature of their employment (armored car guards). Refer to policy : **Possession and Handling of Firearms and Dangerous Weapons on Hospital Property- # XXX**

Guideline(s) for Implementation:

Goals:

- To ensure a safe environment for staff, patients and visitors
- Safely intervene, resolve event and mitigate consequences

A. Activation of the Plan

Notification

Internal:

- Notification may occur from unplanned sources if an event happens on or in the immediate area surrounding the hospital

External:

- Notification may occur via communication from a variety of external sources,

including local Police, State Police, other State law enforcement, any alerting agency, any citizen or staff person.

B. Alert/ Notifications

- Any employee should call “A person with a weapon” by calling **911 directly, then calling XXXX and escalating to the AOC** directly upon recognition of a weapon related threat. State your name, location and any other relevant information listed below.

When calling clearly state if known;

- Building and floor- include address of hospital
- Location of perpetrator
- Number of perpetrators
- Direction of travel of perpetrator
- Physical description
- Number and type of weapons
- Number of potential victims
- **“A person with a weapon”** overhead announcement which will include building and floor may be broadcasted throughout the hospital
- Directives in plain speak may be overhead broadcast if it is determined the perpetrator is roaming.

C. Roles and Major Responsibilities

Operator:

- Overhead announce “A person with a weapon and location”
- Call local Police directly at 1-XXXXXXXXXX
- Page Code Triage- “ A person with a weapon, location of perpetrator, respond to Police Command Center”
- Page security pager with same message pager #XXXXXX
- Once notified by AOC- Page Code Triage” A person with a weapon ALL CLEAR”

Command:

Incident Commander / Hospital AOC/ Nursing Supervisor

- Direct the activation, implementation and operation and management of the Code Triage activation
- Sets up conference call or opens command center within 20 minutes (if in house) and pages group with information
- Activate the Hospital Command Center (HCC), if the situation warrants and establish unified command with law enforcement
- Activate needed positions on the incident command structure

- Safely evacuate the immediate area surrounding the unit if possible or provide security to the nearby areas
- Implement unified command with responding agencies
- Determine need to activate Medical/Technical specialist
- Notify the Emergency Departments of “Code Black” status
- Analyze incoming information
- Assess the hospital’s response capability.
- Develop Incident Action Plan
- Review and approve all internal and external communication (in concert with law enforcement agencies)

Security:

Director will be contacted by phone for initial notification along with ongoing situation reports.

- Call to 911 for law enforcement assistance
- Provide point person to meet and liaison with law enforcement
- Provide overhead protective actions for occupants of affected building
- Notify Administrator on Call of situation
- Establish command post location with law enforcement
 - **Local Police Department**
- Provide law enforcement with hospital floor plans, access cards, elevator keys and phone instructions available in “**Weapons Threat Kit**”
- Decision to Restrict access or lockdown

Lockdown- No persons will be allowed in or out under any circumstances due to an external threat such as a external hazardous environment

Restricting access- Security or law enforcement personnel may restrict access to hospital entrances that can be monitored by Security personnel if needed

Liaison Officer

- Coordinates external resources as needed
- Establish communication with MDPH Duty Officer liaison to notify of the incident and potential need for evacuation of patients
- Interfaces with other external agencies and representatives

Safety Officer

- Ensure the safety of patients, families, visitors and staff in non-impacted areas of the hospital
- Collaborate with law enforcement on safe evacuation of nearby areas

Communications/ Public Information Officer

- Communicate emergency directives overhead to all hospital occupants as outlined by Incident Command and Security.

- Establish staging area for all media outlets in a safe and secluded location in conjunction with Law Enforcement
- Ensure that external communications are coordinated with police, and responding agencies
- Ensure that internal communications are provided in a timely fashion to Incident Commander, hospital leadership and the entire internal hospital community
- Will identify subject matter spokespeople depending on the incident
- Provide regular media briefings and situational status

Operations:

- Suspend non-essential services to the extent necessary
- Restrict access to the facility, no one allowed to enter or exit except essential personnel
- Evacuate the immediate area around the impacted unit, if safe to do so
- Consider and prepare for additional perpetrators
- Liaison with law enforcement and provide facility and utility drawings/schematics upon arrival
- Provide space and communications systems near the unit for law enforcement operations including negotiations
- Be prepared to maintain or shut off selective utility or HVAC systems upon the request of law enforcement
- Ensure continuation of essential patient care management activities in the hospital
- Provide means to communicate to family members of impacted patients, staff or visitors of the situation
- Prepare to render care to injured victims and the perpetrator

Planning:

- Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with Incident Commander and Law Enforcement
- Implement patient tracking
- Provide staff to continue care for existing patients

Logistics:

- Prepare for mental health needs of victims
- Provide mental health support for on-duty staff, patients and visitors, family and staff

Managers and all employees:

Listen to overhead instructions for further instructions. Prepare to evacuate or shelter in place.

ED Charge Nurse:

- Notify C-MED of “Code Black” status and facilitate ambulance company call down if able.

If in IMMEDIATE danger:

Avoid: If there is an accessible escape path, attempt to evacuate the premise. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Get patients to identified holding areas
- Prevent individuals from entering an area where the perpetrator may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people

In patient care areas-

Barricade/Hide Out: If evacuation is not possible, bring in all people in from public spaces, waiting rooms, or elevator areas. Find a place to hide, lock or blockade unit doors with heavy furniture where the perpetrator is less likely to find you. **Once hidden- do not open door until you hear a “Weapons Threat All clear” overhead announcement.** Your hiding place should:

- Be out of the perpetrators view
- Provide protection if shots are fired in your direction (i.e., an office with a closed locked door)
- Not trap or restrict your options for movement

To prevent the perpetrator from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the perpetrator is nearby:

- Lock the door
- Shut off lights
- Silence your cell phone/pager
- Turn off any source of noise
- Hide behind large items
- Remain quiet

Take actions against the perpetrator/ Fight: As a last resort, and only when your life is in imminent danger and you could not evacuate, attempt to disrupt and/or incapacitate the perpetrator by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

How to act when Law enforcement arrives:

- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold onto them for safety
- Avoid pointing , screaming and/or yelling
- Do not stop to ask officers for help or direction from which officers are entering the premises

D. De-escalation and Recovery

After the perpetrator has been incapacitated and is no longer a threat, the incident command team will:

- Overhead a **“Weapons Threat all clear”**

Managing the consequences- in post-event assessments and activities, including:

- Account for all individuals, determine who, if anyone, is missing and potentially injured
- Determine a method for notifying families of individuals directly or indirectly involved in the incident and provide mental health services accordingly.
- Assessing the psychological state of individuals involved in the incident and provide mental health services accordingly
- Identifying and filling any critical personnel or operational gaps left in the

hospital as a result of the incident

E. Education and Training

Education-

The plan will be

- Posted on the hospital portal under Policies
- Weapon Threat sheet for Emergency Response Flipcharts

Training-

- **Awareness-** Will be provided by in Employee Comprehensive Education to all employees
- **Responder level-** Will be provided to all facilities, nursing supervisors, managers and resource nurses
- **Command level-** Training will be provided by Emergency Management for the incident management team

Utilize the Recovery Plan to return to normal operations.

A hotwash will be provided with all responding agencies and hospital personnel.

Debrief incident and an after action report developed from an organizational level to identify gaps and areas for improvement

Developed By:

Reviewed:

Revised:

Next Review: