

Planning and Response for Active Shooter Situations

An active shooter situation is a very frightening and unfortunate reality for healthcare facilities. These situations can arise at a fast pace and often last about 10 to 15 minutes before law enforcement officers arrive.¹

It is clearly incumbent upon healthcare facilities to attempt to ensure the safety of employees, patients, and visitors during any active shooter situation. Doing so requires advance planning, including preparing an emergency action plan that (a) specifies processes/procedures for securing the facility, and (b) designates responsibilities to appropriate personnel. Healthcare facilities also should devise plans for an incident command center, meet with local law enforcement officers, educate and train all employees, conduct drills and tabletop exercises, create a hotline, and more.

This checklist is designed to provide a general high-level overview of planning for and responding to an active shooter situation in healthcare facilities.²

	Yes	No
Planning		
Does your facility have an emergency action plan for an active shooter situation that includes processes and procedures to create an incident command center and to secure the facility?		
Has a script been created for those who will work in the incident command center to respond to calls from family members and others in an active shooter situation?		
Has the facility's media contact/public information officer joined a local or regional group of public information officers to exchange information and plans for an active shooter situation?		

	Yes	No
Planning (continued)		
Has an emergency hotline with a recorded message for employees been created, and are employees aware of the phone number?		
Is there a specific plan for how employees and patients will be accounted for during an active shooter situation, including how to handle critical patients (with a possible police escort if necessary)?		
Are security system passcodes created to control access?		
Are removable floor plans mounted near entrances and exits for emergency responders/local law enforcement officials?		
Have crisis kits with radios, floor plans, keys, staff roster and emergency contact numbers, first aid kits, and flashlights been assembled?		
Has facility management or designated personnel met with local law enforcement officers to discuss the emergency action plan?		
 Has a way been devised for law enforcement officials to move throughout the facility during an active shooter situation if access control is in place? 		
 Has facility management familiarized local law enforcement officials with the layout of the building and shown them the location of where the incident command center will be located in an active shooter situation? 		
 Has a primary communication method with local law enforcement officials been planned, such as a police radio in dispatch? 		
 Have local law enforcement officials received electronic and hard copies of the facility's life safety drawings? 		
 Has a facility employee been designated to be the liaison with local law enforcement officials? 		
Education and Training		
Are all employees familiar with the facility's emergency action plan and have they been educated about the processes and procedures planned to manage an active shooter situation?		

	Yes	No
Education and Training (continued)		
Do all employees receive ongoing training on:		
 How to report and respond to active shooter situations? 		
What to expect when local law enforcement officers arrive?		
How best to protect patients?		
 How to respond depending on their proximity to the active shooter? 		
How to be aware of high-risk, security-sensitive areas?		
Do facility employees participate in drills and tabletop exercises to simulate an active shooter situation?		
Are employees and local law enforcement notified in advance about drills to prevent a chaotic or dangerous response?		
Have appropriate facility security personnel, house supervisors, leadership, and other employees that will assist in incident command support been trained to assume their roles in the incident command center?		
Response		
Have healthcare employees been trained to first consider leaving the building if they hear an active shooter or know that an active shooter is close to them?		
If healthcare employees hear an active shooter, but are unable to leave the building, have they been trained to find a place to hide that is out of the active shooter's sight?		
 Have they been trained to go into a room and lock the door if they're in a hallway? 		
 Have they been trained to lock the door and block it with heavy furniture if they're in an office? 		
 Have they been trained to call 911 when it is safe to do so? 		

	Yes	No
Response (continued)		
If employees are unable to leave the facility or hide in a room, have they been trained to stay calm and call 911 when/if possible?		
 If employees are afraid of being heard by the active shooter, have they been trained to leave their phone line open after calling 911 so the police dispatcher can hear what's happening? 		
Have employees been trained to try to eliminate all noise (including silencing their cellphones), lock the door, hide behind substantial pieces of furniture, and stay quiet in the event an active shooter is close?		
Have employees been trained to only confront an active shooter in a life-and-death situation?		
Are they trained to be loud and aggressive?		
Are they trained to try to incapacitate the shooter?		
Have employees been trained to stay calm and follow instructions from law enforcement officers when they arrive?		
 Upon seeing law enforcement officers, have employees been trained to remove anything in their hands, raise their hands, and spread their fingers? 		
 Have employees been trained to keep their hands in sight and avoid being loud or pointing toward law enforcement officers? 		
 Have employees been trained to resist grabbing onto the law enforcement officers or making any fast movements toward them? 		
When calling 911, have employees been trained to:		
Give the active shooter's location and physical description?		
 Inform 911 if they believe more than one active shooter is onsite? 		
 Provide the number and type of weapons and the number of potential victims if possible? 		

	Yes	No
After the Threat of an Active Shooter		
Is a system/plan in place to account for all employees, patients, and visitors to determine whether any are missing?		
Are the families of those missing and affected by the active shooter situation contacted by the facility?		
Do facility managers identify anyone with anxiety or fear and refer them to behavioral health services as needed?		
Are debriefings held after the active shooter situation?		
Is an after-action report completed that specifies any critical gaps in personnel or operations that occurred during the active shooter situation?		
Is a security risk assessment conducted to identify potential gaps in security processes and systems?		

Resources

For more information about preparing for active shooter situations and other emergencies, see MedPro's *Risk Resources: Emergency Preparedness and Response*.

Endnotes

This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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¹ U.S. Department of Homeland Security. (2008, October). Active shooter: How to respond. Retrieved from https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

² Ibid.; The Joint Commission. (2021, June). Quick safety 4: Preparing for active shooter situations (updated June 2021). Retrieved from https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety--issue-4-preparing-for-active-shooter-situations/preparing-for-active-shooter-situations-addendum-february-2017/#.YtHTIpfMI2z