



Nowhere to run, nowhere to hide

BY TONYA WAGNER, RN





Recent events have demonstrated that no place is considered safe in today's society. The Charleston 9 shooting at Mother Emmanuel AME church has reshaped and redefined our view of active shooters and the importance of preparation. If schools and churches are targeted by such acts of violence, then healthcare facilities should be aware that this type of incident can occur at any time.

The Department of Homeland Security defines an active shooter as an individual or others who are actively engaged in killing or attempting to kill people in a confined and populated area. Active shooter situations are unpredictable and tend to evolve quickly. Because of this, individuals must be prepared to deal with an active shooter situation before law enforcement personnel arrive on the scene.

There are many types of healthcare facilities, ranging from large hospitals to free-standing ambulatory surgery centers. Each facility needs to actively commit to pairing up with local law enforcement agencies and emergency personnel. One of the most important things a healthcare facility can do is invite all emergency personnel to do a walk-through. This allows law enforcement to provide input and suggestions regarding strategic plans for preparation and evacuation. This also allows them to see the layout of the facility. There are many dangers police officers, specifically, need to be informed of prior to arrival. If the facility has an MRI machine, medical staff members need to provide education on the dangers of this equipment. MRI machines produce powerful magnetic fields that can interfere with weapons. These machines can pull an officer's gun out of his/her hands, which can then become stuck inside the machine. Pre-planning is essential. Many times, law enforcement and emergency personnel do not know the safety hazards related to medical equipment.

The FBI uses the Run, Hide, Fight response for active shooters.¹ This is a three-step process to prevent or reduce the loss of life in this situation.

- **Run:** Immediately evacuate the area if it is safe to do so.
- **Hide:** Seek a secure place where you can hide or deny access to the shooter.

- **Fight:** This should only be used as a last resort. Each individual has to make this decision based on the situation.

This article will focus on the SCOPE method used for disasters.

Security and safety. In an ideal world, every registration desk would have bullet-proof glass that encloses the area so no hostile intruder or active shooter could penetrate entry. Doors that lead from the waiting room to procedure rooms should have a locking mechanism to allow limited access to staff members, including nurses and physicians.

Communicate and collaborate. A panic button should be under the reception desk to notify the local authorities automatically and instantaneously. There should be several different panic buttons located throughout the facility. To advise patients, visitors, and staff in an active shooting situation, it is best to use plain language ("Gun, get down") as opposed to calling a CODE RED that only staff may be able to accurately interpret. Notify 911 as soon as possible. Collaborate with others in your area in order to determine what your next option might be: run, hide, or fight.²

Organize and obtain necessary equipment. Have a safe haven room or area where staff can direct patients and visitors to enter. This room should have the emergency kit with supplies, including water, cell phones, etc. If you do have your cell phone turned on, remember to set it on silent if you are hiding. The vibration from cell phones may alert the shooter to your location.

Prepare and protect. Preparation is the key to chaotic situations. You can never have drills that would cover every possible scenario, but preparation is the key to saving your life and the lives of others. Always remember that your life is of the utmost importance.

Educate and evaluate. Educate yourself with the local emergency preparedness team. Involve them in training exercises. They will be able to provide your facility with valuable suggestions and feedback after a drill is conducted.

One point that needs to be understood: Law enforcement's purpose is to neutralize the situation. Once the police are on the scene, they have control because now it is a crime scene. The police officers will advise and direct patients, visitors, and staff where to go and what to do next for a safe evacuation. Follow all law enforcement commands. Evidence can be compromised or destroyed if you are not careful.

Remember, your number-one job in this type of situation is to ensure your own safety. Preparedness and training are vital to survive an active shooter incident. In any chaotic situation, it is natural to feel scared and anxious. Staff members need to realize they will hear noise from a variety of sources (gunshots, alarms, people screaming, sirens, etc.). The FBI states that training provides the means to regain your composure, recall at least some of what you have learned, and commit to action.³ As the situation develops, staff may have to make decisions about which option is best (run, hide, or fight). They may utilize more than one action and have to reanalyze their plan several times. Staff should always proceed with the option that best protects their lives.

Our society has to realize that active shooter situations do occur. In order to be effective in this situation, you must have an active shooter policy, have all staff members participate in drills, and involve your local law enforcement and emergency personnel. Hopefully no one will ever be involved in a real life active shooter situation, but you never know who is targeting you, your staff members, or your facility. **P**

References

1. Federal Bureau of Investigation. Workplace Violence. Available at: www.fbi.gov/stats-services/publications/workplace-violence. Accessed October 2015.
2. MESH Coalition Indiana Video (11:02). Available at: <https://vimeo.com/meshcoalition/review/108575641/dd69fdb233>. Accessed October 2015.
3. Federal Bureau of Investigation. Active Shooter Incidents. Available at: <https://fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents>. Accessed October 2015.



WHAT SPARKED YOUR INTEREST IN EMERGENCY PREPAREDNESS AND INFECTION PREVENTION?

My father was a South Carolina highway patrolman before becoming a SLED [South Carolina Law Enforcement Division] agent. I grew up around police officers discussing all aspects of the law and having great respect for law enforcement. My brother was also a police officer. During the summer while attending college, I was a 911 dispatcher. Then, I was hooked. I had to become a police officer.

I graduated from the South Carolina Criminal Justice Academy in 1996. I worked the streets of North Charleston, South Carolina, for several years. After my daughter was born, I went back to the streets. They proved to be extremely dangerous and because I was a first-time mom, I rethought my career path.

I graduated from the Medical University of South Carolina in 2000 with my BSN and began working in the emergency department. It was the only place I wanted to go because I needed that adrenaline rush. Then I went to the operating room where I became interested in infection control. It paralleled being a detective.

It wasn't until I accepted a position at an ASC that I was afforded the opportunity to become involved in APIC. Infection control parallels detective work, affording me a way to combine my two careers. My husband is retired from USAF Security Forces. We have four daughters and two grandchildren. I will be sitting for my CIC this month.

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