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CPPS 

CENTER FOR PERSONAL
PROTECTION AND SAFETY

The Active Shooter

Readiness, Response, Recovery

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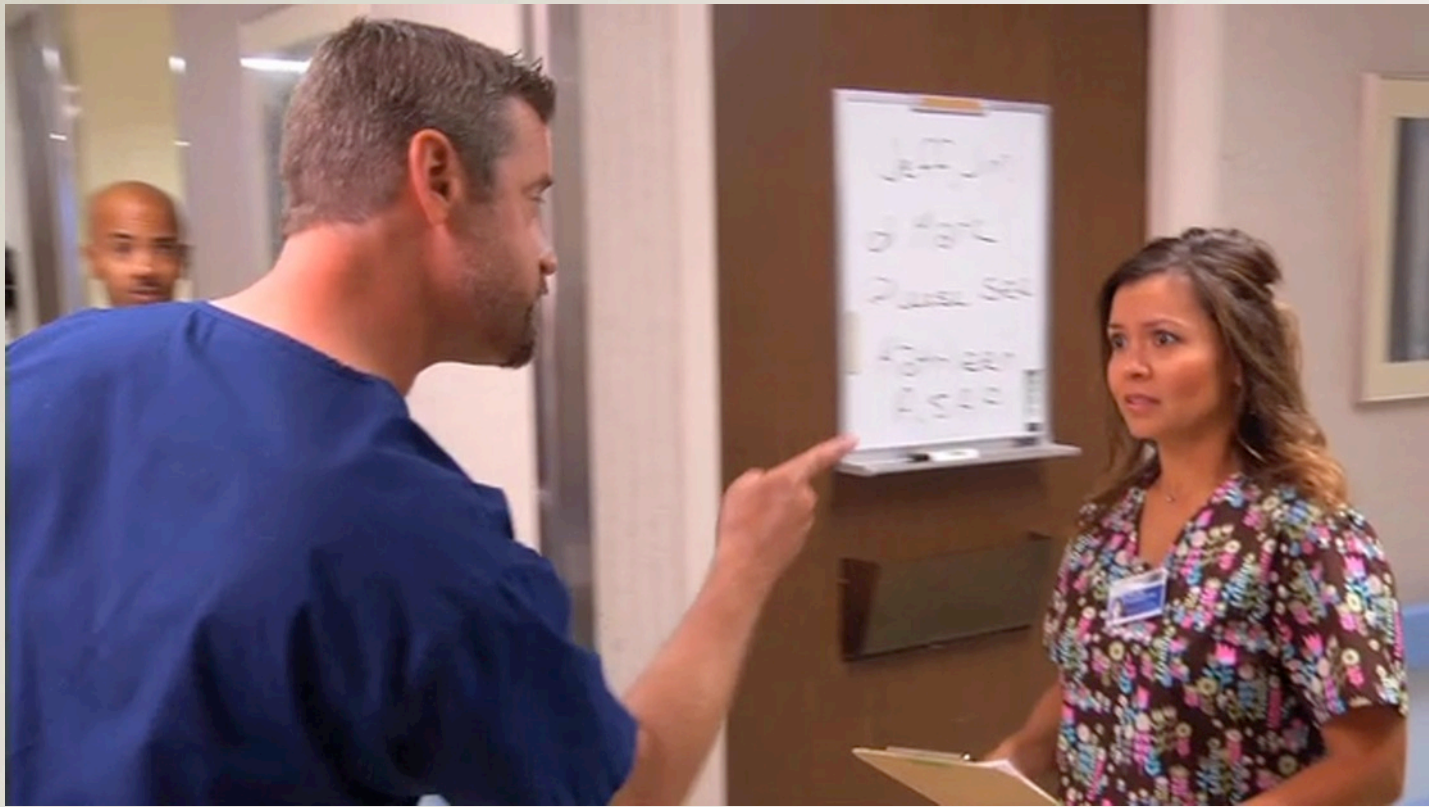
Healthcare...

Unique Environmental Considerations

- ▲ Diverse Population
 - Can't turn anyone away
 - Ambulatory & non-Ambulatory
 - Diverse Population - Patients, Family, Friends, Vendors, Staff
- ▲ Open Access to Public
 - 24/7 & Multiple Access Points
- ▲ Duty to Provide Care & Protect the Vulnerable
- ▲ “Prescriptive Culture”
- ▲ Heightened Anxiety and Frustration Levels
 - Crisis Mentality
 - Staffing Shortages
 - Unpredictable
- ▲ Last Place People Want to Be...

Individual Training

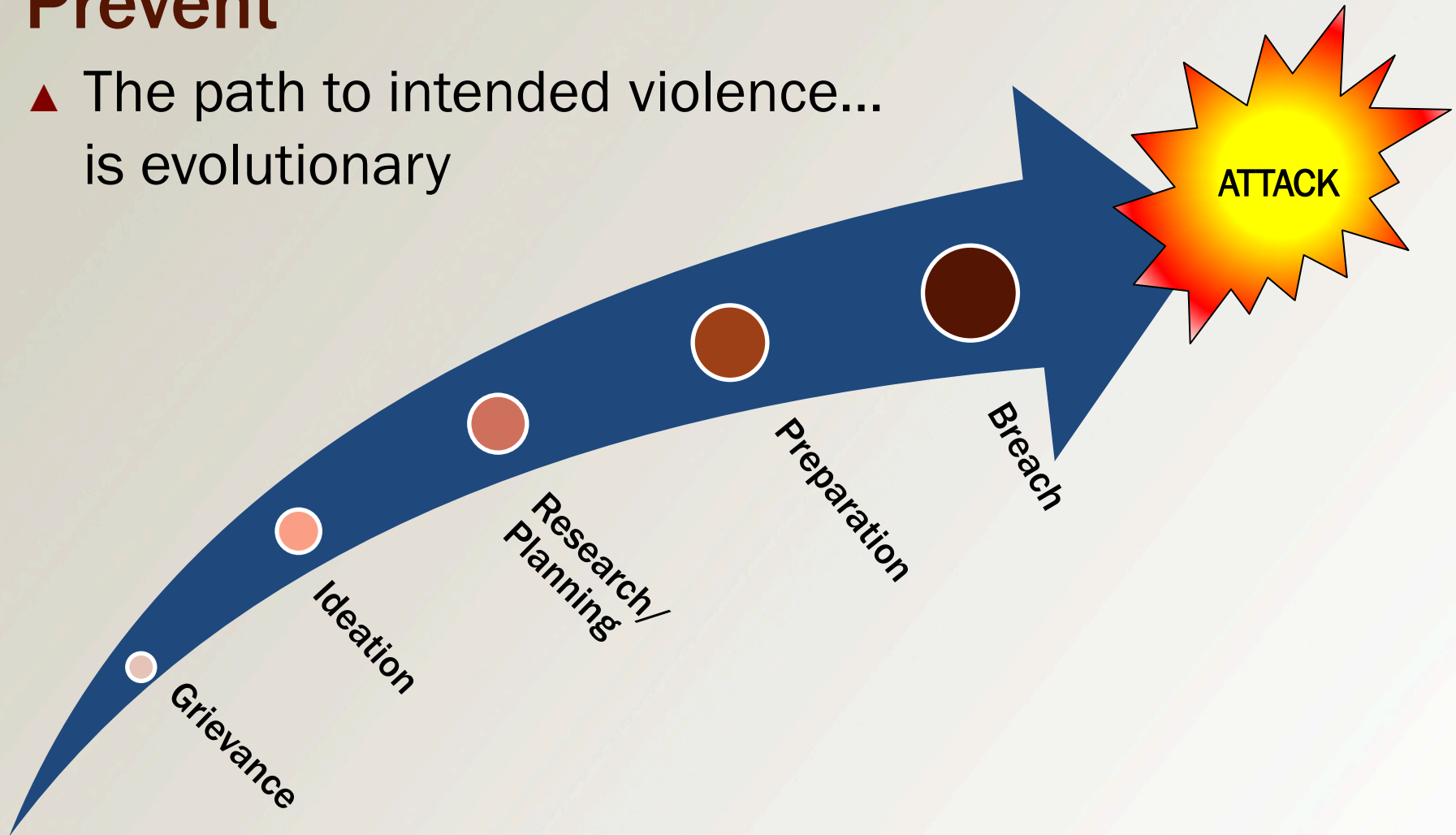
Prevent



Organizational Response...

Prevent

- ▲ The path to intended violence... is evolutionary



Recognizing the Sequence

Prevent

- ▲ Establish a Baseline
 - Normal behaviors defined by
 - › Specific environment
 - › The individual
- ▲ Recognize “Boundary Probing”
 - Pushing tolerance levels
 - Testing what will be accepted
- ▲ Must Disrupt Boundary Probes
 - If not, the new behavior becomes “normal.”
 - “If they broadcast it, they believe it!”
 - John Nicoletti, Ph.D.
Clinical/Police Psychologist



Interrupting the Sequence

Prevent

▲ Post Intervention Evaluation

- Probing Behaviors Continue?
 - › Choosing to disregard
 - › No capacity to control his/her actions
- Document
- Initiate a Disrupter
- Re-evaluate



▲ Best Predictor for Future Behavior is...

Post-intervention Behavior

Workplace Violence Prevention

Considerations for Healthcare

▲ Unique and Complex Human Relations

- Patient on Worker | Visitor on Worker | Visitor on Visitor (e.g. Family Disputes) | Worker on Worker | Patient on Patient
- Mental Health Patient Population
- Forensic Patients (Prisoner/Inmates)
- Gang Violence

▲ Family Dynamics

- Strained relations – Philosophical Differences
- All come together to help patient
- Custodial Disputes

Workplace Violence Prevention

Considerations for Healthcare

- ▲ Negative Medical News
 - Terminal Medical Diagnosis
 - End-of-life and Living Will Issues
 - Adverse Outcomes
 - Death
- ▲ Cultural Diversity & Sensitivity
- ▲ Drugs & Alcohol
- ▲ Stress-Filled Environment

Summary

- ▲ Awareness Mindset Critical
 - CANNOT Ignore Behaviors of Concern
 - › Do NOT Go Away
 - › Escalation Likely
- ▲ Recognition
 - Intervene Early and Appropriately
- ▲ Alert supervisors to concerns
- ▲ ACTION is vital
 - Report ALL incidents
 - Nothing is insignificant



Threat Management in Healthcare

- ▲ Threat assessment violence prevention
- ▲ Integral component
 - Mature, effective Workplace Violence Prevention program
 - Assess and manage threats and threatening behavior
- ▲ Primary mission
 - Assess likelihood of violence
 - Determine best means of intervention

Threat Assessment Team Members



- ▲ Managers/Administrators
- ▲ Security/Local Law Enforcement
- ▲ Human Resources
- ▲ Risk Management
- ▲ Legal Counsel
- ▲ Employee Assistance
- ▲ Mental Health and Counseling Services
- ▲ Union representatives
- ▲ Ad Hoc members as needed

Threat Assessment

Definition

- ▲ Threat assessment is a structured group process used to evaluate the risk posed by a person or persons, typically as a response to an actual or perceived threat or concerning behavior.
- ▲ Is conducted on individuals whose behavior or behaviors cause concern about the safety of staff, patient or visitors

Threat Assessment

How

- ▲ Assessments involve analysis of a subject's behavior and examination of patterns of conduct that may result in an act of workplace violence.
- ▲ The level of the threat posed by a given subject at a given time becomes a central concern.
- ▲ The threat assessment approach is a fact-based method of evaluation that has been developed, refined and used by the U.S. Secret Service.

Threat Assessment

Key Questions to completing a Threat Assessment

- ▲ What motivated the subject to make the statements or take the action that caused him/her to come to your attention?
- ▲ What has the subject communicated to anyone concerning his/her intentions?
- ▲ Has the subject shown an interest in targeted violence, perpetrators of targeted violence, weapons, extremist groups or murder?

Threat Assessment

- ▲ Has the subject engaged in attack-related behavior, including any menacing, harassing, or stalking-type behavior?
- ▲ Does the subject have a history mental illness involving command hallucinations, delusional ideas, feelings of persecution, etc. with indications that the subject has acted on those beliefs?

Threat Assessment

- ▲ How organized is the subject? Is he/she capable of developing and carrying out a plan?
- ▲ Has the subject experienced a recent loss or loss of status, and has this led to feelings of desperation and despair?
- ▲ Corroboration—What is the subject saying and is it consistent with his/her actions?

Threat Assessment

- ▲ Is there concern among those that know the subject that he/she might take action based on inappropriate ideas?
- ▲ What factors in the subject's life or environment might increase/decrease the likelihood of the subject attempting to attack a target?

Healthcare Threat Management

Actions to Avert Workplace Violence

- ▲ Applies to ALL Employees
 - Fosters a Climate of Trust and Respect
 - WPV Program Policy and Reporting Procedures Communicated
 - Recurring Awareness Training
 - › Preventive measures
 - › Warning Signs/ Behaviors of Concerns
 - Outside Resources

INDIVIDUAL Empowerment is Key

Incident Management Response

- ▲ Identified your key team members and alternates?
 - E.g. – Admin, Security, HR, Legal, Media Relations, etc.
- ▲ Determined their roles and responsibilities?
 - Have you created operational checklists for these members?
- ▲ Determined their training requirements?
- ▲ Received appropriate training?
- ▲ Team members been trained in the Incident Command System (ICS) / National Incident Management System (NIMS)?

Incident Management Response

- ▲ Are they trained to the appropriate level in NIMS?
 - If not, go to www.training.fema.gov/ for guidance
- ▲ Determined a primary and secondary meeting location for your Incident Management Team?
- ▲ Have call-in protocols if key members are not physically present?

Risk Assessment/Gap Analysis

- ▲ Conducted a Risk Assessment?
 - Physical Environment | Personnel Issues | Internal vs. External Threats | Critical Infrastructure
 - Have you identified contingency operating locations to maintain business continuity?
- ▲ Assessment up-to-date?
 - Recommend Risk Assessment be conducted semi-annually
- ▲ Identified gaps in policies and procedures?
- ▲ Instituted necessary changes?

Notification & Communications

- ▲ What mass notification systems do you have available?
 - Do you have primary and backup systems in place?
 - Have you determined message content (Subject – Details – Action)
 - Have you determined message release procedures and tested?
- ▲ Are evacuation plans/routes posted and practiced?
- ▲ Are rallying points determined and disseminated?
- ▲ Have you determined notification procedures?
 - Is your emergency call-out list up-to-date? (Recommend quarterly review)
 - Who is notified and when?

Response Resources

▲ Internal - What are your internal capabilities?

- Do you have security personnel available?
 - › Are they armed/unarmed?
 - › What level of training do they have?
 - › What limitations do they have?
 - › What supporting equipment do you have?
 - First Responder Kits
 - » Maps | Rosters | Entry Cards | Keys | Radios | Up-to-Date Floor Plans
- What internal medical/aid resources do you have such as a Rapid Medical Response Team with medical go-bags (once zones are determined to be safe)?
- Do you have an Employee Assistance Program (EAP)?
 - › E.g. - Counselors

Response Resources (Continued)

- ▲ EXTERNAL – What are the external partners that are available to you?
 - Are the appropriate Memorandums of Understanding in place with the following entities?:
 - › Local Law Enforcement
 - › Local Emergency Medical Services
 - › Local Fire Department
 - Identify multiple staging areas
 - Consultants (Security | Media | Counselors | Legal)

Staging & Execution

▲ Hospitals

- Have you identified trauma centers and their capabilities and limitations to assist?
- Family and media staging capabilities

▲ Family Support Center

- Have you identified a primary and secondary location to manage family and friends?
- Have you identified clergy for assistance?
- Have you coordinated for critical incident counselors?

Staging & Execution (Continued)

▲ Media Center

- Have you identified a primary and secondary location to direct responding media personnel?
 - › Is the area properly outfitted with data/electrical capabilities?
 - › Is the area properly outfitted with necessary “creature comforts?”

▲ Emergency Operations Center

- Have you identified a primary and a secondary location?
- Do these locations have the necessary infrastructure to support operations?

Training & Education

- ▲ How often do you review and exercise your plan?
 - Recommend plan review annually and update as appropriate
 - Recommend practicing your plan, or elements of your plan, every six months
 - Full plan (all components) exercised at least once per year

- ▲ Have all the members of your organization received the appropriate level of awareness and response training?

Organizational Response

- ▲ Convene Incident Management Team
 - Execute Responsibilities/Incident Action Checklists
 - Assess the situation and determine initial course of action
 - › Senior Administrators | Security | HR | Risk Mgt./Legal
 - › Public Info Officer | Corporate Comm | Media Relations
 - › ADHOC members?
- ▲ Activate Emergency Operations Center
- ▲ Activate Emergency Communication Protocols
 - Timely Warning / Mass Communications
 - Activate internal notification procedures
- ▲ Activate Memorandums of Understanding with external entities
 - Law Enforcement | Emergency Medical Services | Fire | Other Hospitals

Organizational Response (Continued)

- ▲ Establish Incident Command
 - Prepare for first responders
 - › Meet, Brief, Escort
 - › Provide situational information and first responder kits
 - Establish an Emergency Services Staging Area
 - Transition Incident Command to Unified Command
- ▲ Activate Perimeter Control – Hospital Lockdown Procedures
- ▲ Activate Media Center
 - Verify and establish location
- ▲ Activate Family Center
- ▲ Incident Management Team coordinates with Law Enforcement to determine when Emergency Response phase is concluded

Individual Response

▲ Implement training

- Figure Out
 - › Active Shooter
 - Initial Response – Critical Survival Envelope
 - » Get Out | Hide Out & Keep Out | Call Out | Help Out | Take Out
 - » Assess | Accept | Act | Alert
 - Response When LE Arrives
 - » Follow orders | Show Hands | Be Non-threatening
 - › Hostage/Barricade
 - Stay Calm | Follow Orders | Be Patient

▲ Remain at rally points until dismissed

- Personnel Accountability
- Debriefing
- Avoid media interaction

Recovery

Short-term

▲ Crime Scene Management

- Secure/Preserve scene
- Identify witnesses
- Activate alternate operations plan to maintain business continuity

▲ Death/Injury notification

- Coordinate notification protocols with Law Enforcement
- HR/EAP follow notification protocols
 - › Coordinate family/media activities with hospitals

▲ Activate Crisis Communication Plan

- Internal
 - › Provide up-to-date information
 - › Administrative guidance and way forward

Recovery

Short-term (Continued)

▲ Activate Crisis Communication Plan

- External
 - › Issue Holding or Stand-by statements
 - › Schedule Press Conferences
 - › Coordinate media deadlines

▲ Family Center

- Ensure adequate resources are dedicated
 - › Employee Assistance Program (EAP)
 - › Counselors
 - › Clergy

Recovery

Short-term (Continued)

- ▲ Conduct Initial Critical Incident Operations Debrief (“Hot-wash”)
 - What was done right?
 - What didn’t go well?
 - What improvements can be made
- ▲ Implement initial scene clean-up and stabilization

Recovery

Long-Term

- Conduct damage assessment and impact on business continuity
- Provide group and individual counseling services
 - › Note: Anniversary dates can be troublesome
- Conduct Formal Post Incident Debrief
 - › Accomplish After Action Report
 - Include trends and assessment
 - Be prepared to share with other agencies

Case Study



▲ 13 Acute Care Hospitals

- Trauma Center – busiest trauma center in US
- Children's Hospital
- Urban/ Suburban
- Texas Institute of Rehabilitation and Research
- Prevention and Recovery Center
- CCC – Stand alone Emergency Centers
- 175 Retail Center locations

Case Study



- ▲ Gap Analysis
- ▲ Formation of a Multidisciplinary Team – WPV/Active Shooter
- ▲ Draft Policy and Procedure Vetting - **CRITICAL**
- ▲ Simultaneously working on standardization of crisis intervention training

Case Study

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- ▲ Selling the approved new Workplace Violence Policy – Active Shooter
- ▲ Road Show
- ▲ Training – Personal Investment
- ▲ Champions – Champions - Champions



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QUESTIONS?



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