Healthcare Security:

Violence Awareness and Reducing Disruptive and Aggressive Behavior Incidents
Active Shooter (Killing) Awareness

Presented By: Robert W. Field, Jr., CHEP

Healthcare Security Awareness

- Violence in health care has been on the rise for several years despite underreporting
- Between 2011 and 2013, the number of workplace assaults averaged approximately 24,000 annually, with nearly 75% occurring in health care
- 21% of RN's surveyed nationally reported being physically assaulted and 50% being verbally abused in the past year
- More patients are presenting with untreated mental illness, drug abuse/addiction & violent/aggressive behavior
- Violence can be perpetrated by anyone- patients, families, visitors and even staff members

See Something Say Something Do Something

Violence In Health Care
Safety & Security Awareness

How can health care professionals reduce or eliminate acts of aggressive, disruptive, and violent behaviors?

Violence In Health Care
Safety & Security Awareness

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Same 4 methods used in Emergency Management planning

Violence In Health Care
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How can health care professionals reduce or eliminate acts of aggressive, disruptive, and violent behaviors?

Same 4 methods used in Emergency Management planning

Mitigation - Preparedness - Response - Recovery

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Safety & Security Awareness

- Mitigation –Actions taken to remove elements of risk
- Preparedness –Understanding risks that can not be removed through mitigation and providing training and education to anticipate types of situations
- Response –How to act and what to do when confronted with an aggressive, disruptive, or violent behavior
- Recovery –Report the event and Accept / Seek Offered Assistance

See Something Say Something Do Something

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Presentation Topics

- Situational Awareness - Self, Others, Environment
- Perceptions - The way you think about or understand someone or something.
- Security and Police Involvement – Facts Regarding Assistance
- Verbal De-Escalation – Developing Techniques and Skills
- Reporting All Disruptive, Aggressive, Violent Behaviors

See Something Say Something Do Something

Situational Awareness - Self, Others, Environment

Think of a Color / describe

Think of an Animal / describe

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See Something Say Something Do Something

Situational Awareness - Self, Others, Environment

Think of a Color / describe
This is how you "see" yourself

Think of an Animal / describe
This is how others "see" you

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See Something Say Something Do Something

Situational Awareness - Self, Others, Environment

How did you get
what you wanted as a child?

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Situational Awareness - Self, Others, Environment

How did you get
what you wanted as a child?

This is often the same way in adulthood

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Perceptions –

The way you think about or
understand someone or something
……. or the way you believe it to be!

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Perceptions –

How old is this woman?

Do you see a young lady or an older person?

Can your view switch between them?

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Perceptions –

Are the dots below the same color or of varying shade?

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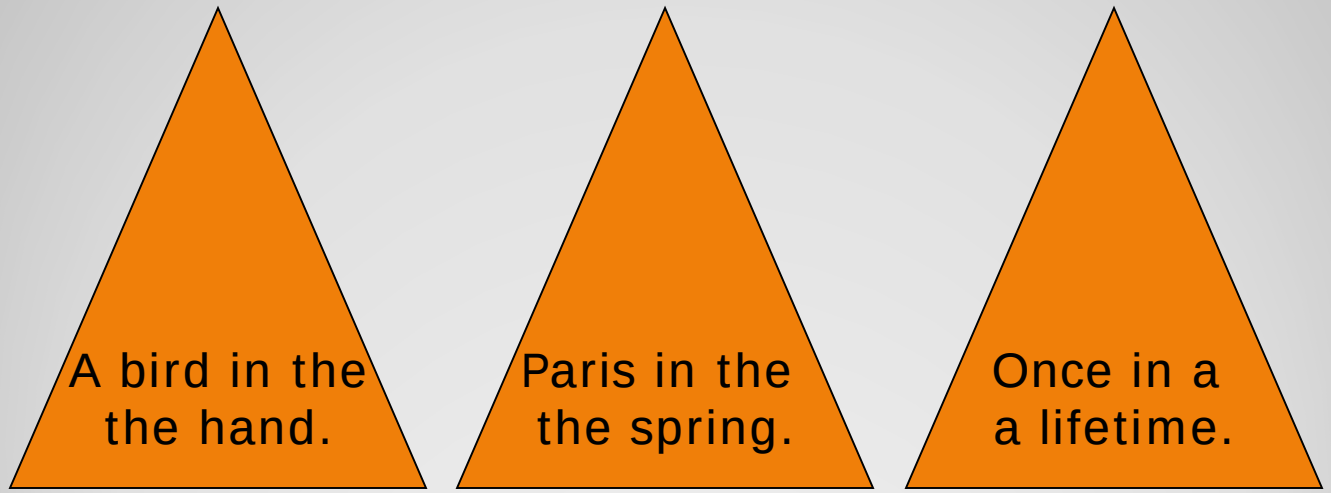
Perceptions –

Read each of the following sentences.



Perceptions –

Three principle of perception:

- **We see what we expect to see (or want to see)**
- **It takes a lot of evidence for us to change our preconceived view (our mindset) of things**
- **New data is layered over old templates.**

(Heuer 1999:8-11)

Perceptions –

Take Away:

- What an individual may have seen, heard, encountered, or even been subjected to may not be interpreted in the same manner by others.

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Security Officer Involvement

– Facts Regarding Security Assistance

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Security Officer Involvement – Facts Regarding Security Assistance

SECURITY OFFICERS *ARE NOT* POLICE OFFICERS

(In the state of NJ, a security officer has no more authority than the average citizen)

Security Officers *Observe and Report* incidents as a creditable witness and should act as a liaison with outside agencies.

When units require security assistance; the arriving officer(s) must be specifically told what the situation is and what task to perform.

(Many NJ state laws apply which limit the abilities of a security officer)

See Something Say Something Do Something

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Police Involvement

– Facts Regarding Assistance

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Police Involvement

New Jersey Criminal Code

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Police Involvement

New Jersey Criminal Code

In New Jersey
Crimes *are not* categorized as
Felonies and Misdemeanors

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Police Involvement

New Jersey Criminal Code

In New Jersey
Crimes *are not* categorized as
Felonies and Misdemeanors

Indictable crimes in New Jersey are classified by ***DEGREES***
(First degree being the most serious and Fourth degree being the least serious)

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First degree –
Prison sentence between 10 and 20 years

Second degree –
Prison sentence between 5 and 10 years

Third degree –
Prison sentence between 3 and 5 years

Fourth degree –
Up to eighteen months in prison

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Disorderly Person Offenses - More serious offenses than petty disorderly person offenses and include possession of marijuana under 50 grams, assault, shoplifting, and resisting arrest.

Disorderly person offenses are punishable by up to six months in jail and a fine up to $1,000.

Petty Disorderly Person Offenses - Least serious criminal offense in New Jersey for which a person can be sentenced to time in jail. Petty disorderly offenses include disorderly conduct and harassment.

Petty disorderly person offenses are punishable by up to 30 days in jail and a fine up to $500.

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New Jersey law (A-2309/S-911) upgrades the offense for any individual who assaults a nurse or other healthcare professional, while in the performance of his or her official duties, from a simple assault to aggravated assault.

If the nurse or healthcare professional suffers bodily injury as a result of the assault, it will be classified as a third degree crime; otherwise it will be a fourth degree crime.

Police Involvement

A police officer may make an arrest when:

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Police Involvement

A police officer may make an arrest when:

Personally observes a crime –
when the police officer actually sees the crime occur.

Has Probable Cause that a crime was committed –
reasonable belief based on facts and circumstances that a crime was committed.

An Arrest Warrant is issued –
Legal document issued by a judge that authorizes the police to make an arrest.

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Law Enforcement and HIPPA

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Law Enforcement and HIPPA

Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions:

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(1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
(2) to identify or locate a suspect, fugitive, material witness, or missing person;
(3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime;
(4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death;
(5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and
(6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

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Security and Police Involvement

Take Away:

- Security Officers assistance is based on specific policies and procedures, and Police assistance is based on specific police department policies, procedures, and New Jersey Attorney General administrative directives.

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Verbal De-Escalation – Developing Techniques and Skills

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Verbal De-Escalation – Developing Techniques and Skills

First: *Understanding* the aggressive, disruptive, or violent behavior

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Verbal De-Escalation – Developing Techniques and Skills

Understanding the aggressive, disruptive, or violent behavior

What two emotions are known to cause an individual to become potentially aggressive, disruptive, or even physically violent?

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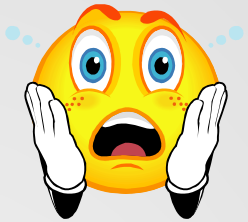
Verbal De-Escalation – Developing Techniques and Skills

Understanding the aggressive, disruptive, or violent behavior

What two emotions are known to cause an individual to become potentially aggressive, disruptive, or even physically violent?

Anger and Fear



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Verbal De-Escalation – Developing Techniques and Skills

Anger and Fear

These emotions can be the result of both internally and externally produced conflicts

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Verbal De-Escalation – Developing Techniques and Skills

Anger and Fear

Internal Conflict: Not experienced by others; delusions, hallucinations, delayed reactions to a real events

External Conflict: i.e., wait times, billing issues, diagnosis, meals, visitors

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Verbal De-Escalation – Developing Techniques and Skills

Internal Conflict or External Conflict

May Cause

Inwardly or Outwardly

displays of aggression, and disruptive or violent behaviors

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Verbal De-Escalation – Developing Techniques and Skills

Inwardly or Outwardly

Inwardly - keeps emotions inside. May become quiet or withdrawn, loss of interest, avoids eye contact

Outwardly – demonstrates verbal or physical outbursts; i.e. yelling, pacing, clenching fists, slamming door / object, punching wall or person

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Verbal De-Escalation – Developing Techniques and Skills

Which display of conduct is considered the most concerning?

Inwardly or Outwardly

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Verbal De-Escalation – Developing Techniques and Skills

Which display of conduct is considered the most concerning?

Inwardly

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Verbal De-Escalation – Developing Techniques and Skills

Second: *Handling* an aggressive, disruptive, violent behavior?

- Manage *your own* de-escalation needs
- Demonstrate: Calm – Professional – In Control Demeanor
  (The louder an individual becomes, the quieter you should be)
- Position yourself in a manner that provides for a safe exit
- Engage with positive verbal interaction, set expectations and limits
- Use colleagues to assist with support and behavior management

What You Say Is Not As Important As How You Say It

See Something Say Something Do Something

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Reporting All Disruptive, Aggressive, Violent Behaviors

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Reporting All Disruptive, Aggressive, Violent Behaviors

- Do Not accept disruptive behaviors as “Part of the Job”
- Statements like “No Big Deal” or “I’ve Experienced Worse” or “the patient was ……. what do you expect” should not be made.
- Document all negative interactions; date, time, involved, witnesses, summary of encounter.
- Know your organizations protocols for reporting workplace violence and disruptive behaviors. (Manager, Human Resources, Security)
- At a minimum, err on the side of caution and report to Security

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Reporting All Disruptive, Aggressive, Violent Behaviors

- Reporting verbal and physical disruptive, aggressive, and violent behaviors will provide for increased awareness.
- Increased awareness will validate the need to proactively protect health care workers and provide for an accurate account of incidents.
- Encourage all staff to report events that they may have witnessed even if they were not directly involved.

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Active Shooter (Killing) Awareness

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Hospital Shootings

- **Latest Headlines**

- **Doctor Killed, 6 Wounded in NYC Hospital Shooting; Gunman Dead ...**
- **NBC New York-Jun 30, 2017 A former employee opened fire at Bronx Lebanon Hospital on Friday afternoon, killing one doctor and injuring 6 other people. Checkey ...** June 30, 2017

- **Hospitals reassess security after Boston surgeon shooting, but is threat overstated?** January 22, 2015 | By Zack Budryk

- **Hospital shootings: What to do when disaster strikes** May 2, 2014 | By Katie Sullivan
- With more than **150 shootings at hospitals across the United States from 2000 to 2011--30 percent of those in emergency departments**--the threat to patients and staff safety is real. An April symposium at Johns Hopkins examined ways to prepare for an active shooter situation, according to MedPage Today.

- **"Silver" linings: Boston hospitals set protocols for active-shooter situations** November 14, 2013 | By Zack Budryk
- In light of recent shooting rampages that have occurred anywhere from a movie theater, an elementary school and a Navy yard, many hospitals in the Boston area are developing protocols for a "Code Silver," or active shooter situation, WBUR reports.

- **Hospital workers learn how to survive a shooting** July 18, 2013 | By Alicia Caramenico
- With studies showing **91 shootings occurred inside U.S. hospitals and 63 outside on hospital grounds** between 2000 and 2011, hospitals are training their staff on how to handle a shooter in the workplace, according to the Los Angeles Times.

- **Hospital shooting calls further attention to violence** December 17, 2012 | By Karen Cheung-Larivee
- A gunman on Sunday morning opened fire at St. Vincent's Hospital in Birmingham, Ala., wounding two hospital employees and a police officer.

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February 20, 2018
Man kills wife, himself in shooting at N.J. hospital rehab center

Updated 3:31 PM; Posted 1:06 PM
NJ Advance Media for NJ.com

A 76-year-old man shot and killed his wife Tuesday at a hospital rehabilitation center in Gloucester County before killing himself, authorities said.

Arlene McKenna, 74, who was being treated at the Jefferson Health's Sub-Acute Rehabilitation Unit was shot shortly before 8 a.m. by her husband Raymond McKenna, of Mullica Hill, according to the Gloucester County Prosecutor's office.

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Shooting in Alabama Hospital Leaves Nurse and Gunman Dead | Time

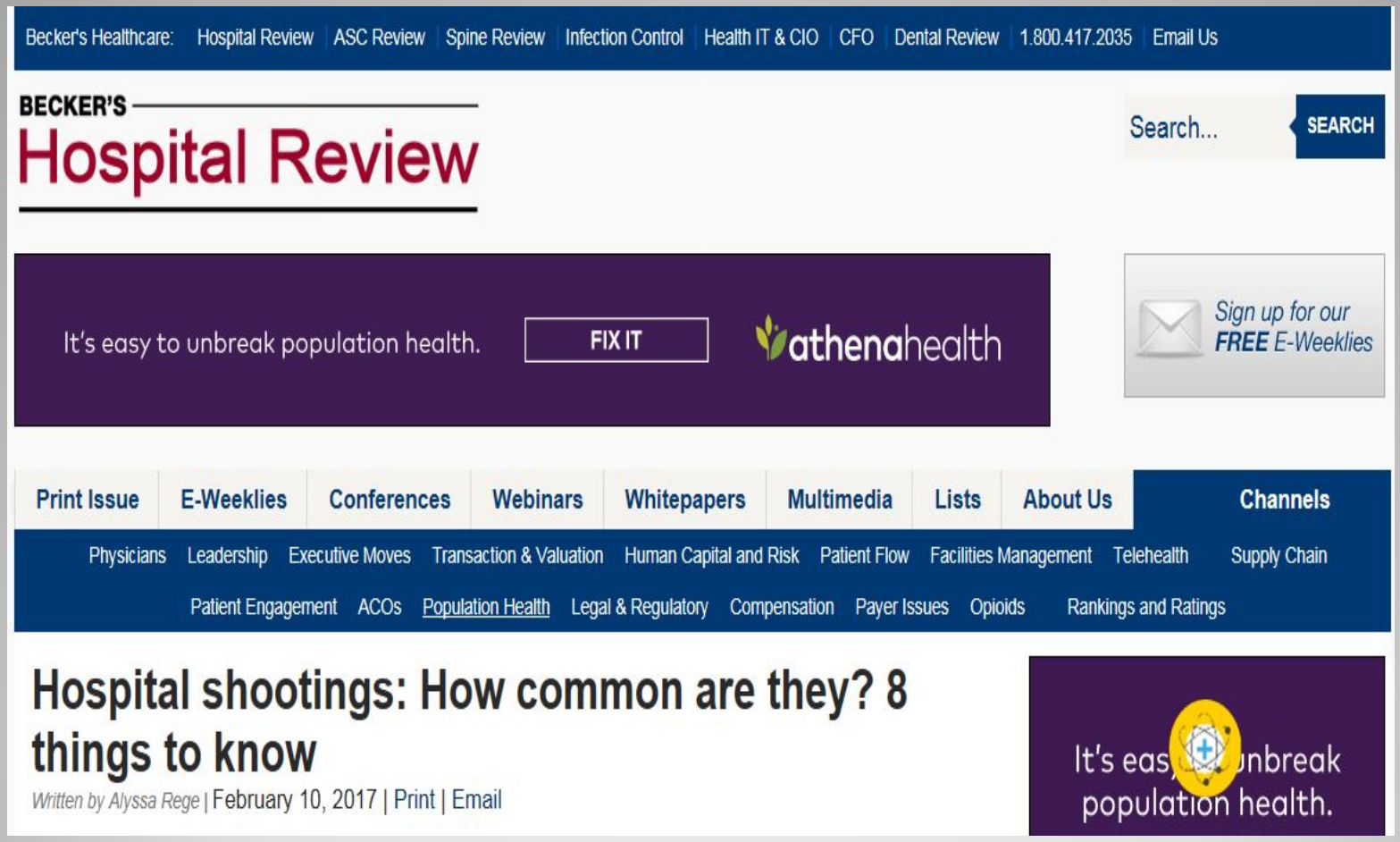
*time.com › U.S. › alabama*Cached

Mar 15, 2018 - (BIRMINGHAM, Ala.) —

Authorities say a disgruntled employee killed a nursing supervisor and wounded another medical worker before killing himself inside a *hospital* in Birmingham, *Alabama*

Hospital Shootings

- Statistics from the Hospital Employee Health Association indicate that about 3% of hospitals experienced a shooting incident between 2000 and 2011.
- Another study identified 154 shootings at U.S. hospitals over the same 12-year period, ranging from a low of six shootings in 2000 to 28 in 2010 .
- Gun violence in hospitals occurred far more frequently in the second half of the study: A mean of nine shootings was reported annually in the first six years of the study; that rose to 16.7 per year in the latter half.
- The increase was limited to firearm violence that occurred outside of hospital walls but still on hospital grounds. Shootings on hospital property increased from 2.0 per year in 2000 to 8.5 per year just over a decade later.
- At the same time, shootings within hospital walls remained relatively stable, at 7.0 versus 8.2 per year.
- Over the 12 years of study, 59% of shootings took place inside the hospital and 41% outside on hospital grounds.
- *No matter how one looks at the numbers, firearm violence in hospitals is rare compared with other forms of workplace violence, the study investigators stressed in their conclusions.“*
- **The Department of Labor, Bureau of Labor Statistics indicated that less than 2% of workplace shootings involve the health care sector**, a percentage that is similar to that of college and university campuses that reported 1.5% ‘active shooter on campus’ incidents within a five-year period and is otherwise lower than the percentage of lightning-related deaths.



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- **Hospital shootings: How common are they?**

8 things to know

- 1. Hospital-based shootings are a relatively rare occurrence, with 154 hospital-related shootings — or an average of 14 per year — identified between 2000 and 2011, according to a study conducted by researchers at Johns Hopkins. Of the 154 hospital-related shootings identified, 59 percent — or 91 instances — took place inside hospitals. Forty-one percent — or 63 instances — took place on hospital grounds.
- 2. Researchers participating in the same study identified the most common perpetrators of hospital shootings were overwhelmingly men (91 percent).
- 3. The Johns Hopkins study identified the *emergency department as the most common site of hospital gun violence* (29 percent), followed by the parking lot (23 percent) and patients' rooms (19 percent).
- 4. Johns Hopkins researchers found the most common victim of shootings in hospitals or other healthcare facilities to be the perpetrator (45 percent). Hospital staff, in total, composed roughly 20 percent of victims. Of the hospital staff victims, nursing staff made up 5 percent of victims, physicians comprised 3 percent, pharmacists made up 2 percent and the remaining non-medical staff, labeled "other," made up 10 percent.

- **Hospital shootings: How common are they?**

8 things to know

- 5. According to data released in 2015 by the U.S. Bureau of Labor and Statistics, the healthcare industry as a whole witnessed 19 homicides in 2015, 16 of which were committed intentionally by gun violence. The number represents a 46 percent increase from 2014 when the industry experienced seven homicides, all of which were committed intentionally by gun violence.

- 6. A 2015 study conducted by researchers at Brown University found that of the 241 incidents of hospital shootings from 2000 to 2015, the majority of hospital shootings took place at facilities located in the South (105 shootings), followed by the Midwest (56), the West (42) and the Northeast (38).

- 7. According to the same study, 33 percent of perpetrators committed hospital shootings because of a grudge, 15 percent did so as a result of social violence, 14 percent did so to escape the facility and 11 percent did so as a result of suicidal tendencies.

- 8. In instances of hospital shootings, Brown researchers discovered roughly 46 percent of perpetrators committed suicide following the incident, 25 percent were arrested and 16 percent were shot and killed by police.

Gun/Weapon Related Event

Vs.

Active Shooter

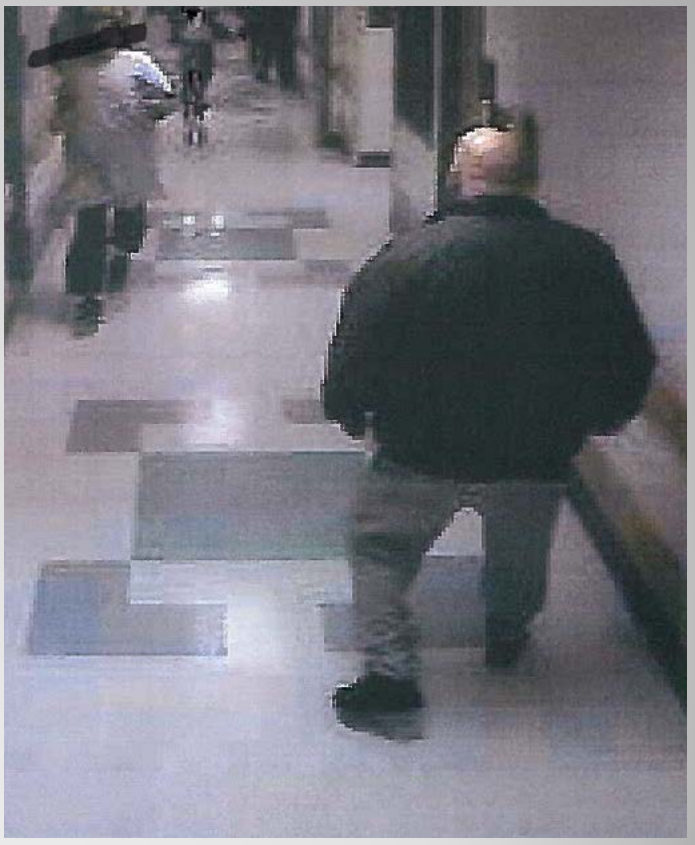
See Something Say Something Do Something

Hospital Code Silver

- In February 2012, a New Jersey hospital encountered a Code Silver event which occurred on a Nursing unit and an adjacent secured non clinical department.
- This event was a real situation and documented as part of the hospitals Emergency Preparedness Exercises.

- Back ground: US Marshals arrested a fugitive who complains of chest pains.
- Patient is brought to hospital and admitted.
- Patient is placed under the protection by US Marshals contracted security officers.
- On the afternoon of the incident the patient undergoes a medical procedure and returns to the patient room.
- Patient asks to use bathroom and is unshackled by contracted security officers.
- Once unshackled, patient begins to run and attempted to flee hospital……..

As patient is being pursued through hallway by PSOs, a visiting outpatient entered into the hallway



Visiting outpatient attempted to stop individual from running

Escaping patient is able to deflect attempted stop but is slowed down

Outpatient visitor turns and joins in the chase to stop this escaping patient

First contracted Security Officer continues towards outpatient visitor and the patient

Second contracted Security Officer continues towards outpatient visitor, first Security Officer and the patient

The escaping patient entered into a secured area which is a locked unit and was unable to access through doors.

The visiting outpatient was then able to grab the escaping patient and a struggle ensued.

The contracted security officers arrived and began to engage in the struggle and the escaping patient was attempting to gain control of one of the security officers concealed handgun.

Security Officer began asking for help and for someone to remove his weapon from the area.

Hospital employee bystander Removes the handgun from Security Officer's holster proceeds into the hallway adjacent to where the struggle is happening.

Hospital employee remains in the hallway and is also standing at the elevators entrance areas.

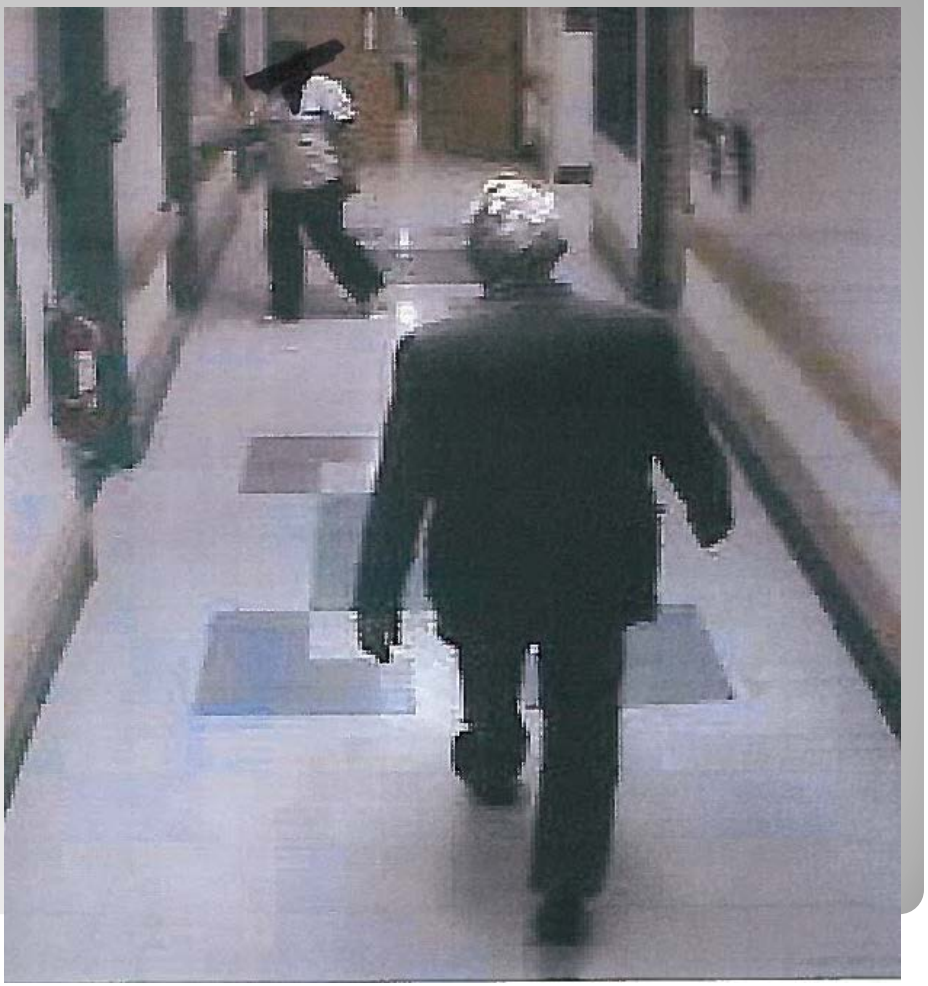
13:2012-02-13 14:01:15 796

Employee
is still in the hallway
with weapon in
hand.

Security Officer retrieves his weapon from employee and hoslters it.

Contracted Security Officer's and Hospital Security return the patient to room

Contracted Security Officer returning to patients room.



2:07pm local police arrive on scene at Hospital Lobby entrance

Police make entry into Hospital ground floor hallway.

2:24pm Police clear from Hospital

Gun/Weapon Related Event

Vs.

Active Shooter

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ACTIVE SHOOTER SITUATION

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- What is an Active Shooter Situation?

- What is an Active Shooter Situation?

  An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

US Department of Homeland Security Profile of an Active Shooter

What are characteristics of an Active Shooter situation?

What are characteristics of an Active Shooter situation?

- Victims are selected at random
- The event is unpredictable and evolves quickly
- The event may be over before Law Enforcement arrives

Coping with an Active Shooter situation:

Coping with an Active Shooter situation:

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- Attempt to take the active shooter down as a last resort

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How to Respond during an Active Shooter situation?

How to Respond during an Active Shooter situation?

EVACUATE (Run)

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

How to Respond during an Active Shooter situation?

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HIDE OUT (Hide)

- Hide in an area out of the shooter's view
- Block entry to your hiding place and lock the doors
- Silence your cell phone and/or pager

See Something Say Something Do Something

How to Respond during an Active Shooter situation?

EVACUATE (Run)

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TAKE ACTION (Fight)

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the shooter
- Act with physical aggression and throw items at the active shooter

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How to respond when Law Enforcement arrive?

How to respond when Law Enforcement arrive?

- Remain calm and follow instructions
- Put down any items in your hands (i.e., bags, jackets)
- Raise hands and spread fingers
- Keep hands visible at all times
- Avoid quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not stop to ask officers for help or direction when evacuating

Information you should provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters
- Physical description of shooters
- Number and type of weapons held by shooters
- Number of potential victims at the location

Health Care Active Shooter Awareness

See Something Say Something Do Something

2000 – 2013 (14-15)

- 160 Active Shooter Incidents in U.S.
- Shootings occurred in 40 of the 50 states
- 60% ended before police arrived
- 6 Involved Healthcare Facilities

2000 – 2015

The 6 incidents involving health care facilities resulted in 14 killed and 20 wounded
(including 8 police officers).

The ages of the shooter ranged between 38 and 57.

All incidents occurred on different days of the week. Monday, Tuesday, Thursday, Friday, Saturday, and Sunday.

2 shooters committed suicide, 1 killed by police, 3 custody

Awareness

Pinelake Health and Rehabilitation Center

On March 29, 2009, at 10:00 a.m., Robert Kenneth Stewart, 45, armed with a handgun, a shotgun, and a rifle, began shooting in the Pinelake Health and Rehabilitation Center in Carthage, North Carolina, where his estranged wife worked. He did not find her. Eight people were killed; three were wounded, including one police officer. The shooter was apprehended after being wounded during an exchange of gunfire with police.

Awareness

Parkwest Medical Center

On April 19, 2010, at 4:30 p.m., Abdo Ibssa, 38, armed with a handgun, began shooting in the Parkwest Medical Center in Knoxville, Tennessee. He had been distressed over the outcome of his recent surgery and was trying to find his doctor, who he believed had implanted a microchip in him. When he was unable to find the doctor, he moved to the emergency room and began shooting. One person was killed; two were wounded. The shooter committed suicide before police arrived.

Awareness

St. Vincent's Hospital

On December 15, 2012, at 4:00 a.m., Jason Heath Letts, 38, armed with a handgun, began shooting in St. Vincent's Hospital in Birmingham, Alabama. No one was killed; three were wounded, including one police officer. The shooter was killed by police.

Awareness

Renown Regional Medical Center

On December 17, 2013, at 2:00 p.m., Alan Oliver Frazier, 51, armed with a shotgun and two handguns, began shooting in the Renown Regional Medical Center in Reno, Nevada. One person was killed; two were wounded. The shooter committed suicide at the scene after police arrived.

Awareness

Sister Marie Lenahan Wellness Center

On July 24, 2014, at 2:20 p.m., Richard Steven Plotts, 49, armed with a handgun entered his psychiatrist's office at Sister Marie Lenahan Wellness Center in Darby, Pennsylvania, and began shooting, killing his caseworker and wounding his doctor. The doctor, who possessed a valid firearms permit, returned fire. One person was killed; 1 was wounded. Employees restrained the wounded shooter until law enforcement arrived.

Awareness

Planned Parenthood – Colorado Springs Westside Health Center

On November 27, 2015, at 11:38 a.m., Robert Lewis Dear, Jr., 57, armed with a rifle, allegedly began shooting at a Planned Parenthood - Colorado Springs Westside Health Center in Colorado Springs, Colorado. Three people were killed, including a law enforcement officer; 9 were wounded, including 5 law enforcement officers. The shooter eventually surrendered to law enforcement after the exchange of gunfire.

Recommended Code Announcement for *Active Shooter* ?

Recommended Code Announcement
for
Active Shooter ?

Plain Language

Active Shooter

"Person with a gun shooting in the area of …"

Any Questions?

Thank You