CHCANYS

ACTIVE SHOOTER PLAN ANNEX DEVELOPMENT WORK SHEET

Version 2019.07.13

Instructions

Please use this worksheet to support development of your organization's Active Shooter Plan. In the "Situation and Assumptions" section, please make notes to answer the guidance questions provided. In the "Concept of Operations" section, please review each question to mark "Yes" or "No" to assess the status of plan development by Emergency Management Phase.

Please Note:

This document is not meant to be a comprehensive template that covers each section of an *Active Shooter Plan Annex* for your organization's *Emergency Operations Plan (EOP)*. It is meant to assist health centers to focus on Active Shooter-specific considerations for the Situation and Assumptions and Concept of Operations sections of an *Active Shooter Plan Annex* to support targeted, meaningful development of a plan annex in a short amount of time. A complete *Active Shooter Plan Annex* will need to include additional information, such as that pertaining to: Scope; Purpose; Command and Control/ICS; Roles and Responsibilities by emergency management phase; and Training and Exercises.

Please contact emteam@chcanys.org for additional assistance, or review the additional resources on the list provided.

CHCANYS

Situation and Assumptions *(Note in "Situation and Assumptions" section of plan document.)*

1. Think about your patient population and the services offered at your facility/facilities. Describe them here. Note all concerns related to access and functional needs of staff and patients, and how those impact them being able to evacuate, or relocate within, the facility rapidly during an active shooter event.

   _____
   _____
   _____

2. Think about the physical space for your organization's facility/facilities. What challenges do you anticipate with staff and patients being able to leave the facility as quickly as possible? Are there any chokepoints for crowding (e.g., narrow stairwells; limited number of exits)? Challenges because your organization rents space?

   _____
   _____
   _____

3. Think about any hazardous materials that may be on site at your facility. Note their location(s), if they are able to be secured easily if an active shooter situation occurs, and the potential for harm to staff, patients, and visitors should they be compromised by gunfire.

   _____
   _____
   _____

4. Note your organization's firearms policy, as well as any workplace violence policies, procedures, or programs related to your Active Shooter Plan.

   _____
   _____
   _____

5. Note what plans and information have been provided to law enforcement (LE), and what LE's role has been in the planning process.

   _____
   _____
   _____

6. Note what planning/response approach your organization will use (e.g., Run, Hide, Fight; ALICE; etc.)

   _____
   _____
   _____

7. Note what your organization's policy is with regard to "Duty to Care" (i.e., what are the expectations of staff during an active shooter incident)?

   _____
   _____
   _____

Concept of Operations: Considerations by Emergency Management Phase

Mitigation		
Does your organization change codes for keypad access doors regularly, and do staff wear visible identification at all times?	☐Yes	☐No
Does your organization have panic buttons and cameras throughout its facility/facilities? If not, can they be installed?	☐Yes	☐No
Does your organization have a facility-wide communications system and plan for alerting staff and patients of an active shooter incident? If not, can such a system be created/purchased? Are there redundant systems/protocols?	☐Yes	☐No
If your facility rents space from another organization, or is in a large building with other tenants, does your organization have access to the building-wide communications system to alert all occupants of an active shooter incident? Are there redundant systems/protocols?	☐Yes	☐No
Has your organization identified any potential chokepoints for crowding in its facility/facilities that could affect evacuation and/or lockdown routes? If so, are there any changes to the physical space that could be made to alleviate such challenges?	☐Yes	☐No
If necessary, can your organization update its facility/facilities to ensure that doors are solid and have locks, and internal windows are minimized or eliminated entirely?	☐Yes	☐No
Do rooms selected for lockdown contain communications equipment (including panic buttons, if possible) and first aid equipment? If not, can these supplies be added to those spaces?	☐Yes	☐No
Do rooms selected for lockdown contain any heavy furniture or equipment for barricading the door(s)? Do they contain items that may be used for weapons, as needed?	☐Yes	☐No
Does your organization have hemorrhage control supplies on site? If not, can they be ordered and maintained within supply stores?	☐Yes	☐No
Has law enforcement (LE) confirmed that communication equipment will work inside your organization's facility/facilities?	☐Yes	☐No

Preparedness		
Does your organization have a multidisciplinary team working to develop an Active Shooter plan?	☐Yes	☐No
Has your organization defined its Active Shooter response approach?	☐Yes	☐No
Has your organization defined the messaging and methods to be used inside its facility/facilities to notify staff, patients, and visitors of an active shooter incident? Have redundancies been identified? Accommodations for hearing-impaired and/or non-English speakers?	☐Yes	☐No
Has your organization developed external emergency communications messaging and transmission protocols to define who will be notified of an active shooter incident and how and when they will be contacted?	☐Yes	☐No
Has your organization exercised internal active shooter communication protocols? How about external communication protocols? If not, when might they be scheduled?	☐Yes	☐No

Preparedness		
Has your organization pre-determined evacuation routes, and lockdown routes if evacuation is not possible? *(Remember that evacuation routes may not be the same as those for fire.)*	☐Yes	☐No
Are staff aware of preferred evacuation routes and alternative options if their primary exit is not an option?	☐Yes	☐No
Has your organization included local law enforcement (LE) input on evacuation plans, and have you provided these plans (along with relevant critical information) to LE?	☐Yes	☐No
Has your organization conducted scenario-based training and exercises to prepare staff to put evacuation plans into practice? If not, when might they be scheduled? Has/will LE be involved?	☐Yes	☐No
Has your organization defined expectations for staff related to Duty to Care, and are staff aware of their responsibilities with regard to assisting patients to evacuate?	☐Yes	☐No
Has your organization included LE input on lockdown/hiding locations, and have you provided these plans to LE?	☐Yes	☐No
Has your organization conducted scenario-based training and exercises to prepare staff to put lockdown plans into practice? If not, when might they be scheduled?	☐Yes	☐No
Has your organization developed facility re-entry plans with LE? Have these plans been shared with staff?	☐Yes	☐No
Has your organization determined response time from local LE under different scenarios/conditions?	☐Yes	☐No
Has your organization developed critical access kits (swipe cards, keys, access codes, etc.) for LE to use during an incident when arriving on scene?	☐Yes	☐No
Has your organization pre-developed messaging for media/social media? Who will serve as spokesperson/Public Information Officer (PIO)?	☐Yes	☐No
Has your organization trained staff in hemorrhage control protocols?	☐Yes	☐No
Has your organization trained staff in Psychological First Aid? Are there other plans for providing post-event behavioral health support to affected staff, patients, and family members?	☐Yes	☐No
Have staff been trained to maintain HIPAA compliance following an incident to understand what information may be shared with family and friends of victims?	☐Yes	☐No
Has your organization developed a clear protocol for declaring the facility "all clear" after the shooter threat has been ended? Have staff been trained to recognize when it is safe for them to come out of lockdown/come back into the clinic space?	☐Yes	☐No
Does your organization's active shooter plan contain contact information for city, state and federal partners, as well as CHCANYS, and are policies and procedures for obtaining needed waivers clearly defined?	☐Yes	☐No

Response		
Has your organization identified and trained an individual, or individuals, responsible for serving as the law enforcement (LE) liaison during response?	☐Yes	☐No
Does your organization's plan document describe the actions staff may take under the organization's response framework (e.g., Run, Hide, Fight; ALICE; etc.)?	☐Yes	☐No

Recovery		
Has your organization identified and trained an individual/individuals to serve as the LE liaison during recovery?	☐Yes	☐No
Do plans describe the protocol for accounting for all staff, patients, and visitors that were in the building, as well as for communicating this information to LE, loved ones, and the media?	☐Yes	☐No
Upon return to the facility, is there a protocol for notifying patients and staff expected to report to the facility later that day/in the coming days about what has occurred?	☐Yes	☐No
Does your organization have a plan to care for victims on site until they may be moved by EMS or other first responders?	☐Yes	☐No
Does your organization have policies and procedures for conducting damage assessments to the physical space and supply stores after an incident?	☐Yes	☐No
Does your organization have policies and procedures to provide behavioral health support to staff, patients, and their families after an incident?	☐Yes	☐No
Is there a protocol jointly developed with LE for interviewing witnesses? For evidence collection?	☐Yes	☐No
Are there guidelines for staff to follow regarding post-event media communication?	☐Yes	☐No
Does your organization have a policy and procedure for writing an After Action Report to summarize lessons learned and identify additional mitigation and preparedness activities to put in place post-event?	☐Yes	☐No

Active Shooter Working Session Resources List

ALICE Training Institute. (n.d.). 5 Differences Between "Counter" and "Fight" in an Active Shooter Event. (Accessed 2/27/2019.)

American College of Surgeons, The Committee on Trauma. (n.d.). https://www.bleedingcontrol.org/ (Accessed 3/8/2019).

American College of Surgeons. (n.d.). The Hartford Consensus. (Accessed 3/8/2019.)

ASPR TRACIE. (2017). Explosives (e.g., bomb, blast) and Mass Shooting.

ASPR TRACIE. (2017). HIPAA and Disasters: What Emergency Professionals Need to Know.

ASPR TRACIE. (2015). Mental/Behavioral Health (non-responders).

ASPR TRACIE. (2018). Tips for Healthcare Facilities: Assisting Families and Loved Ones after a Mass Casualty Incident.

ASPR TRACIE. (2017). Trauma Care and Triage.

ASPR TRACIE. (2015). Workplace Violence.

Blair, J. P., and Schweit, K.W. (2014). A Study of Active Shooter Incidents, 2000 - 2013. Texas State University and Federal Bureau of Investigation, U.S. Department of Justice.

Healthcare and Public Health Sector Critical Infrastructure Protection Partnership. (2017). Active Shooter Planning and Response in a Healthcare Setting. Federal Bureau of Investigation.

Inaba, K., Eastman, A.L., Jacobs, L.M., and Mattox, K.L. (2018). Active-Shooter Response at a Health Care Facility. The New England Journal of Medicine. 379(6): 583-586.

Kelen, G.D., Catlett, C.L., Kubit, J.G., and Hsieh, Y.H. (2012). Hospital-Based Shootings in the United States: 2000 to 2011. Annals of Emergency Medicine. 60(6):790-798.

MESH Coalition Responding to an Active Shooter in a Healthcare Setting. (2015). *(Note that this video uses a hospital as its setting.)*

The National Child Traumatic Stress Network. (n.d.). Psychological First Aid. (Accessed 3/8/2019.)

U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2016). First Responder Communication Strategies.

U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response; U.S. Department of Homeland Security, Federal Emergency Management Agency; and U.S. Department of Justice, Federal Bureau of Investigation. (2014). Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans.