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WHITE PAPER

Healing Amidst Violence:

Workplace Violence and Active Shooter Planning for Healthcare Facilities



Healthcare workers face a significant risk of workplace violence, as evidenced by several tragic incidents in recent years, including a deadly attack in a Georgia medical office waiting room and a shooting at a hospital in Illinois. These incidents highlight the urgent need for increased safety measures and support for healthcare workers.



1. In 2023, four people were injured and one woman was killed in a medical office waiting room in Georgia.
2. In 2018, four people were killed, including a police officer and the perpetrator, at a hospital in Illinois.
3. In 2016, a gunman entered a Florida hospital and shot a patient and an employee before being arrested.
4. In 2014, an elderly patient pulled a bar from the side of his hospital bed and attacked a team of nurses at a Minnesota hospital.

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Violence in healthcare settings

Acts or threats of violence are a frequent occurrence in healthcare settings. One system had 30 nurses who required treatment for violent injuries within one year, reports OSHA. Judging from studies quoted in an article published in the New England Journal of Medicine, that's not an isolated example. According to the article sources:

3 in 4 workplace assaults

happened in healthcare settings between 2011 and 2013.

80% of medical workers

will experience violence during their career.

78% of ER physicians

nationwide report being the target of workplace violence in the past year.

100% of ER nurses

report verbal assault, and 82.1% report physical assault in the past year.

> One health system had 30 nurses who required treatment for violent injuries within one year.

Extent of the crisis

5x

Healthcare workers are five times more likely to experience workplace violence than workers in other industries.
Bureau of Labor Statistics

73%

Healthcare workers accounted for 73% of all non-fatal workplace injuries and illnesses due to violence in 2018.
Bureau of Labor Statistics

88 shootings

Between 2012–2016, 88 shootings occurred in 86 hospitals, resulting in 121 firearms-related casualties, including 54 victims and 67 perpetrators.
National Library of Medicine

All sources agree such incidents are vastly underreported.

The rise of such threats makes it imperative for your organization to know and practice your response long before it's needed. In this resource, we'll help you understand key implementation strategies, including the use of threat assessment teams, so you're well prepared when the unthinkable happens.



Workplace violence categories

The Healthcare and Public Health Sector Coordinating Council updated "Active Shooter Planning and Response in a Healthcare Setting", an in-depth guide co-authored by Scott Cormier, Vice President, Emergency Management, Environment of Care, and Safety at Medxcel.

That guide outlines four broad categories of workplace violence:

1. **Violent acts by criminals** who have no other connection with the workplace, but enter to commit robbery or another crime
2. **Violence directed at employees** by customers, clients, patients, students, inmates, or others whom the organization serves
3. **Violence against coworkers, supervisors, or managers** by a current or former employee
4. **Violence committed in the workplace** by someone who doesn't work there, but has a personal relationship with an employee (e.g. abusive spouse or domestic partner)

Not all scenarios where a gun is present qualify as an active shooter scenario, an important distinction from other workplace violence scenarios:

Workplace violence

- ✔ Workplace violence entails "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site." (OSHA)
- ✔ This type of violence doesn't manifest out of thin air. Rather, early events generally build up, culminating with a violent outburst.
- ✔ In a healthcare facility, it's crucial to assess areas that could fuel or enable such a reaction, and counter risks when possible.

Active shooter

- ✔ An active shooter event, as defined by the FBI, is one or more individuals engaged in killing or attempting to kill people in a populated area.
- ✔ Active shooter events are highly unpredictable, presenting unique challenges to healthcare facilities. Visitors will be present and healthcare professionals may have to make decisions about evacuating, leaving patients, or interrupting medical procedures. Additionally, some patients and/or staff may not be able to evacuate due to age, injury, or illness.
- ✔ These events evolve quickly. "Because active shooter situations are often over within 15 minutes, before law enforcement arrives, healthcare organizations must prepare their staff [to manage it]," cautions The Joint Commission.

Where are other healthcare facilities failing?

The Joint Commission highlights the top six "contributing causal factors", or failures by healthcare facilities, which contributed to violent incidents in recent years. These are improvement opportunities you should consider as you re-examine violence prevention and response practices in your organization.

1. **Leadership failure** (62% of events) – particularly in policy and procedure development and implementation
2. **Factors related to human resources** (60% of events) – greater need for staff screening and education
3. **Assessment failures** (58% of events) – flawed patient observation protocols, inadequate assessment tools, lack of psychiatric assessment
4. **Communication failures** (53% of events) – among staff, and with patients and families
5. **Physical environment** (36% of events) – safety/security deficiencies in the environment
6. **Inadequate care planning, information management, and patient education**

In January 2022, CMS and The Joint Commission updated "Conditions of Participation for Workplace Violence in a Healthcare Setting." These requirements include an annual risk assessment, data collection, education and training, and leadership oversight.



Response plan basics: six steps

1. Define a clear and prompt reporting process to staff, patients, and guests.

Don't delay in letting people know what is happening and and the actions they should take during a violent incident, particularly when they may only have seconds to protect themselves. Use plain language and, when appropriate, multi-lingual messaging.

A misconception is that early alerts could cause panic, however research shows that during an emergency people do not panic due to messaging. Rather, they may not respond appropriately due to a lack of guidance. Clear, specific instructions that are easy to understand can save lives.

When creating your notification plan, consider any communication barriers and layer your emergency alerts through various formats and vehicles – visual, audio, digital signage, text notifications, and automated phone calls, for example.

As you plan the content and delivery of those notifications, also consider hospital workers in remote locations or outside the main building. Ensure you're able to quickly alert other local hospitals and emergency responders. Finally, let patients, visitors, and staff know when the hospital grounds are safe again.

2. Create emergency escape procedures and route assignments for staff.

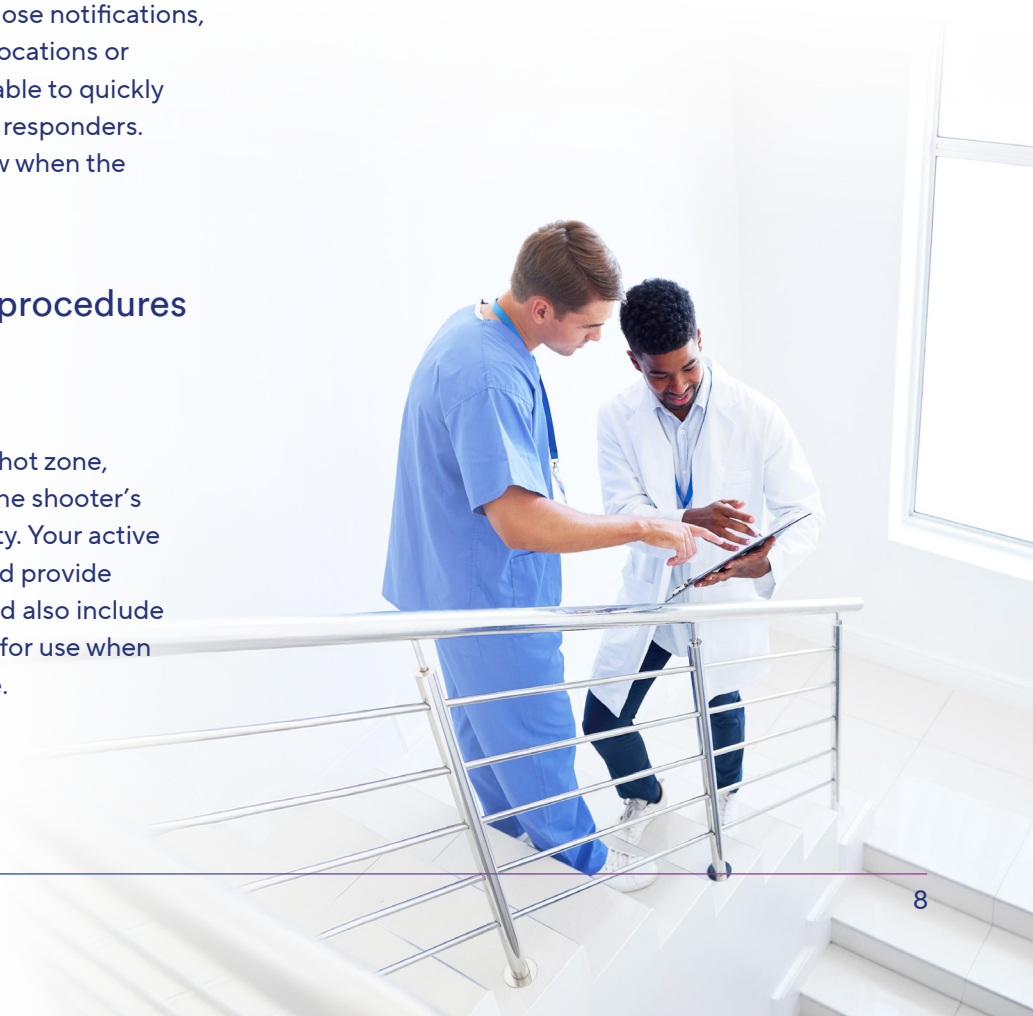
As a general rule, the fewer people in the hot zone, the fewer victims. Getting people out of the shooter's immediate area should be your first priority. Your active shooter plan should identify safe areas and provide floor plans of your entire network. It should also include secondary and, if possible, tertiary routes for use when primary evacuation routes are unavailable.

3. Establish lockdown procedures for individual units, locations, and other buildings.

Hospital grounds typically include multiple buildings and wings. In fact, 40% of all hospital-based shootings occurred outside of hospital buildings, according to research by John Hopkins University of Medicine in Baltimore.

When creating an active shooter plan, consider how to effectively lock down patients, visitors, and staff to keep them safe, taking into account access to functional safety needs.

To that end, effective shelter-in-place locations should be carefully selected. Optimal location characteristics include thick walls, solid doors with locks, minimal interior windows, first-aid emergency kits, communication devices, and telephones or duress alarms.



4. Integrate the plan with your facility's emergency operations plan and incident command system.

Integrate your active shooter plan with both your hospital's emergency operations plan (EOP) and incident command system (ICS).

Your healthcare facility is required to have an EOP, which describes how you will respond to and recover from all hazards. It includes six critical elements within The Joint Commission's Emergency Management Standards:

- ✔ Communications
- ✔ Staff responsibilities
- ✔ Resources and assets
- ✔ Utilities and clinical
- ✔ Safety and security
- ✔ Support activities

An ICS is a management system designed to enable efficient domestic incident management by integrating facilities, equipment, procedures, and communications operating within the organization.

5. Establish pertinent information for emergency response agencies and hospitals.

Help other local hospitals and emergency response agencies assist you during a violent or active shooter event. Relevant information needed may include names, telephone numbers, and distance from the active shooter location.

Having this information ready and easily accessible during an emergency can help teams act quickly when every second counts.

6. Maintain the program with ongoing training.

It's great to implement a plan, but tougher to maintain it. Put simply, training will decrease the chance of deaths in your healthcare facility.

Your training shouldn't be limited to one approach, however. Ensure all relevant audiences know their role and what's expected of them through periodical orientations, training videos, newsletters, and exercises.



Potential violence triggers

- ✓ Medication abuse
- ✓ Unfounded malpractice accusation
- ✓ Grief reaction
- ✓ Unresolved chronic pain
- ✓ Pre-existing behavioral health issues
- ✓ Clinical findings negatively affecting disability claim
- ✓ Clinical findings adversely affecting patient's employment
- ✓ Billing disputes
- ✓ Mandatory reporting (suspected neglect and abuse)
- ✓ Care of the underprivileged
- ✓ Patient involuntarily discharged from practice for cause
- ✓ First visit of a patient with extensive criminal history
- ✓ Inability to cope with stress (patient or family member)



Enhancing your response

Drawing from the Healthcare and Public Health Sector Coordinating Council's "Active Shooter Planning and Response Guide" co-authored by our own Scott Cormier, one of the most effective ways healthcare facilities can identify, evaluate and address violence threats is through multidisciplinary threat assessment teams (TAT).

The TAT is a central convening body that ensures warning signs observed by multiple people do not slip through the cracks. The team reviews troubling or threatening behavior — whether by current patients, their family members, visitors, staff, or others — and assesses the many aspects of that person's life and how to manage them.

More than focusing on warning signs and threats alone, the TAT assessment involves a holistic analysis of changing and relevant behaviors. Aspects to be considered might include any threats made, family issues, not-yet substantiated information, or any personal issues affecting a troubled individual. The TAT may also identify potential victims and appropriate course of action, law enforcement intervention, counseling, etc.



1. **Diverse representation** - Ideally, a TAT should have diverse representation, including input from administrators, counselors, employees, medical and behavioral health professionals, residential life, public safety, and law enforcement personnel to create the most value.

2. **Collaboration** - For the sake of consistency and efficiency, TATs should be developed in coordination with healthcare facility policy and address annual training requirements, and how often the team will convene.

3. **Law enforcement support** - As the TAT carries out threat assessments, keep in mind that law enforcement is available to help assess reported threats and provide additional resources as needed.

In fact, the FBI's behavioral experts in its National Center for the Analysis of Violent Crimes (NCAVC) are available through your local FBI field office to work with healthcare facility TATs. The goal of the the FBI is not only to respond tactically to an active shooter scenario, but to prevent one. Your TAT should consult with your facility's administration to develop a process for seeking out these resources.

Deeper dive: in-depth and personalized guidance

No doubt, implementing effective strategies and ensuring everyone knows what they must do during a violent or active shooter event is a colossal job, and more than we can cover in this brief resource.

Our advice? Don't go it alone. Get help from experts and peers who have been there and solved the very problems you're grappling with now.

We're happy to share lessons learned from working with hundreds of your peers, and shed light on whatever question or obstacle is hindering your violence response plans today. Ask away.

We've provided a list of resources on the right to further sharpen your know-how.

We hope a violent or active shooter incident never occurs at your facility, but if it does, ensure everyone in your organization knows what to do to save themselves and others.

Resource Roundup

- ✓ The Joint Commission Workplace Violence Prevention Portal
- ✓ Active Shooter Planning and Response: Learn How to Survive in a Healthcare Setting (PDF)
- ✓ Run. Hide. Fight. Surviving an Active Shooter Event (video)

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