Dispatcher: “911, WHAT IS YOUR EMERGENCY?”

Caller: “THERE’S SOMEBODY WITH A GUN SHOOTING DOWN THE HALL FROM MY OFFICE AND I DON’T . . .”

These situations are unpredictable and evolve quickly.

Are you prepared?
The Active Shooter

Christian Lanphere, PhD, NRP, CEM
A COUNTRY UNDER SIEGE

[Map of the United States with numbers 1 to 16 indicating various locations]
RATIONALE

- Alarming trends in workplace violence
- Vulnerable mental health population, disgruntled employees & domestic violence
- Violence in Emergency Departments on the rise
- Media coverage of active shooter emergencies
- High profile violent events in hospitals, schools, malls, military installations, and social events
- Assailants in some incidents across the country were not students, employees, or in any obvious way affiliated with the victims or the location of the shooting.
We can no longer predict the origin of the next threat.

An active shooter incident is already in progress and the next one is being planned, but you haven’t heard about it yet.

From the first radio call of “Shots Fired” to the last call of “Shooter Down,” the entire incident will likely only be 1 to 11 minutes in duration.

To effectively mitigate the operational risks of workplace violence, and the extreme violence of an active shooter, you must adequately anticipate the entire lifecycle of the event.
CLASSIFICATION OF VIOLENCE

Workplace Violence

Mercy Killings

Domestic Violence

Type I: Criminal Intent
Type II: Customer/Client
Type III: Worker-on-Worker
Type IV: Intimate Partner
Type V: Ideological Violence
COLUMBINE HIGH SCHOOL
LITTLETON, CO

- **Date:** April 20, 1999
- **Victims:** 13 killed, 23 wounded
- **Offenders:** Dylan Klebold, 17  Eric Harris, 18
- **Incident:** Active Shooter
VIRGINIA POLYTECHNIC INSTITUTE AND UNIVERSITY
BLACKSBURG, VA

DATE: April 16, 2007

VICTIMS: 32 killed, 17 injured

OFFENDER: Seung Hui Cho, 23

INCIDENT: Active Shooter

“Virginia Tech killer a self-described question mark”
-CNN, Posted April 18, 2007
SANDY HOOK
NEWTOWN, CT

- **DATE:** December 14, 2012
- **VICTIMS:** 27 killed, 2+ injured
- **OFFENDER:** Adam Lanza
- **INCIDENT:** Active Shooter
DATE: MAY 18, 1927

VICTIMS: 38 KILLED, 58 INJURED

OFFENDER: ANDREW KEHOE

INCIDENT: ACTIVE SHOOTER & EXPLOSION

BATH CONSOLIDATED SCHOOL
BATH TOWNSHIP, MI
CENTURY 16 MOVE THEATER
AURORA, CO

- **DATE:** JULY 20, 2012
- **VICTIMS:** 12 KILLED, 70 WOUNDED
- **OFFENDERS:** JAMES EAGAN HOLMES, 25
- **INCIDENT:** ACTIVE SHOOTER
Date: September 16, 2010

Shooter: Paul Warren Pardus

Victim(s): 2 Deaths/1 Injury

Hospital Area: Patient Room

Event: Dr. Cohen was giving the 50-year-old man some news about the care and condition of his mother just outside the doorway of her room. The gunman grew "overwhelmed" when the doctor told him about the care of his mother and pulled a small semi-automatic handgun from his waistband.
MASSACHUSETTS EYE & EAR INFIRMARY ED
BOSTON, MA

DATE: July 31, 2013
SHOOTER: Raymond Wallace (inmate)
VICTIM(S): 2 injuries (inmate and deputy)
HOSPITAL AREA: Emergency Room

Boston Police Commissioner Ed Davis said the shooting happened around noon in the emergency room of the Massachusetts Eye and Ear Infirmary. The two officers from Middlesex County were removing the inmate's handcuffs when the man grabbed for the gun of one of the officers, he said. During the struggle that followed, one of the deputies was shot in the leg. The other deputy sheriff then fired his weapon, striking the prisoner in the chest, Davis said.
WENTWORTH-DOUGLASS HOSPITAL
DOVER, NH

DATE: DECEMBER 30, 2014
SHOOTER: MARK LAVOIE
VICTIM(S): 2 DEATHS (MURDER/SUICIDE)
HOSPITAL AREA: CRITICAL CARE UNIT

I want to start off by saying this is going to be officially ruled a murder/suicide when in all actuality it is a double suicide. My baby was trying to escape the bi-polar demons that have been swirling around in her brain since childhood and now because of my selfishness in dialing 911 she is experiencing the only thing she feared more than her illness...life support on a respirator. (Even though I brought her living will, the doc said her wishes didn’t apply because depression isn’t a non-reversible state. However did not see that stipulation.) I am more than happy to sacrifice my life to fix my doing and join her spirit in a happier place. I just wanted let people know my thoughts as to why I am doing this, weather you can understand it or not.
There’s something in the past that upset this guy to come in looking for this particular doctor," Police Commissioner William Evans said at a press conference (in regards to the murder of Dr. Michael Davidson, a cardiovascular surgeon at Brigham and Women's Hospital).

• Dec 2, 2015 - 14 dead, 21 wounded | San Bernardino, CA
• Nov 29, 2015 - 3 dead, 9 injured | Colorado Springs, CO
• Oct 1, 2015 - 9 dead, 9 injured | Roseburg, OR
• Jul 16, 2015 - 5 dead, 3 wounded | Chattanooga, TN
• Jun 18, 2015 - 9 dead | Charleston, SC
• May 23, 2014 - 6 dead, 7 wounded | Isla Vista, CA
• Apr 2, 2014 - 3 killed, 16 injured | Ft. Hood, TX
• Sep 16, 2014 - 12 killed, 3 injured | Washington, DC
• Jun 7, 2013 - 5 killed | Santa Monica, CA
• Dec 14, 2012 - 27 killed, 1 injured | Newtown, CT
• Oct 21, 2012 - 3 dead, 4 injured | Brookfield, WI
• Sep 28, 2012 - 6 killed, 2 injured | Minneapolis, MN
• Aug 5, 2012 - 6 killed, 3 injured | Oak Creek, WI
• Jul 20, 2012 - 12 killed, 58 injured | Aurora, CO
• Apr 2, 2012 - 7 killed, 3 injured | Oakland, CA
• Oct 12, 2011 - 8 killed, 1 injured | Seal Beach, CA
• Jan 8, 2011 - 6 killed, 11 injured | Tucson, AZ
• Aug 3, 2010 - 8 killed, 2 injured | Manchester, CT
• Feb 12, 2010 - 3 killed, 3 wounded | Huntsville, AL
• Nov 5, 2009 - 13 killed, 32 injured | Ft. Hood, TX
• Apr 3, 2009 - 13 killed, 4 injured | Binghamton, NY
• Feb 14, 2008 - 5 killed, 16 injured | Dekalb, IL
• Dec 5, 2007 - 8 killed, 4 injured | Omaha, NE
• Apr 16, 2007 - 32 killed, 17 injured | Blacksburg, VA
• Feb 12, 2007 - 5 killed, 4 injured | Salt Lake City, UT
• Oct 7, 2006 - 5 killed, 5 injured | Nickel Mines, PA
• Jan 30, 2006 - 6 dead | Goleta, CA
• Mar 21, 2005 - 9 killed, 7 injured | Red Lake Indian Res., MN
• Jul 8, 2003 - 5 killed, 9 injured | Meridian, MS
• Oct 28, 2002 - 3 killed | Tucson, AZ
• Mar 5, 2001 - 2 killed, 13 injured | Santee, CA
• Dec 26, 2000 - 7 killed | Wakefield, MA
• Nov 2, 1999 - 7 killed | Honolulu, HI
• Sep 15, 1999 - 7 killed, 7 injured | Fort Worth, TX
• Jul 29, 1999 - 9 killed, 12 injured | Atlanta, GA
• Apr 20, 1999 - 13 killed, 24 injured | Littleton, CO
• Mar 24, 1998 - 5 killed, 10 injured | Jonesboro, AR
• Dec 7, 1993 - 6 killed, 19 injured | Garden City, NY
• Jul 1, 1993 - 8 killed, 6 injured | San Francisco, CA
• May 1, 1992 - 4 killed, 10 wounded | Olivehurst, CA
• Nov 1, 1991 - 4 killed, 2 injured | Iowa City, IA
• Oct 16, 1991 - 22 killed, 20 wounded | Killeen, TX
2015: 53,030 gun violence incidents
2015: 53,030 gun violence incidents
331 were mass shootings
96 Bar/Club/Party Incidents

The Causes??
83 Gang/Drive-By shootings
68 Domestic Disputes
54 Lone Wolf/Unknown Motive
12 Armed Robberies/Home Invasions
11 Drug Related Incidents
7 Terrorist Attacks/Hate Crimes
ANALYZING THE FINDINGS

Statistical Analysis conducted on subset of active shooter cases

\( n = 324 \)

- Statistical analysis includes only cases in the United States \( n = 160 \)
- Some degree of variation:
  - Sex of the attacker
  - Age of the attacker
  - Number of attackers
  - Planning Tactics
  - Attack resolution
  - Targets
  - Number of casualties
  - Location of the attack
  - Weapons used
ANALYZING THE FINDINGS

SNAPSHOT
2000-2013

ACTIVE SHOOTER INCIDENTS BY THE NUMBERS

ACTIVE SHOOTING INCIDENTS 2000–2013

1 IN 4 INCIDENTS OCCUR ON EDUCATION PROPERTIES
160 TOTAL INCIDENTS 2000–2013
1043 CASUALTIES KILLED/WOUNDED

2000-2007 – 6.4 incidents per year
2008-2014 – 16.4 incidents per year

Using data from past 30 years
149 days between each event.

SOURCE: FBI.GOV / GRAPHIC BY: JERICHO ROSAS / THE DAILY TOREADOR
Mass Shootings in 14 Countries 2000-2014

Source: Schildkraut SUNY-Oswego and Elsass Texas State University
• 166 mass murders take place at the workplace
• 39 mass murders took place in educational institutions
• 6 mass murders in houses of worship
• 15 mass murders took place in open spaces

• 38% of incidents are over within 5 minutes (avg. is 12 minutes nationally)
• Boston & metropolitan area (1.5 minutes)
• 90% are over before the police arrive

Source: Combs, C (2014) Federal Bureau of Investigation

On average 1 shooting event has been disrupted per week since 2010 (69.3%)
The FBI identified 11 separate incidents location where the public is MOST at risk:

- Commercial areas
  - Malls
  - Businesses (open to pedestrians and closed to pedestrians)
- Educational Institutions
  - Pre-kindergarten – 12th grade
  - Institutions of higher learning
- Open spaces
- Government properties (Military and non-military)
- Residences
- Houses of worship
- Healthcare facilities

Source: Federal Bureau of Investigation, 2014
ANALYZING THE FINDINGS
SEX AND AGE OF ATTACKERS

Male  (92% of active shooter globally)
Female (8% of active shooter globally)
       (3.8% of active shooters USA)

Average age 35
Bimodal distribution by age
15-19 year-olds
35-44 year-olds

Source: NYPD – Active Shooter: Recommendations and Analysis for Risk Mitigation, 2012
• 153 guns used – 81.8% legally obtained.
• Weapons varied inconsistent and inaccurate data
• Knives are the latest weapon used in mass attacks
• Homemade explosives are rarely used but have been increasingly used in more and more mass shootings.
• 76.3% of the weapons used were purchased in the same state as the incident.
ANALYZING THE FINDINGS

WEAPONS USED IN THESE INCIDENTS

GUNMAN’S WEAPONS

Affidavits for search warrants filed with the court presume Cho Seung-Hui had multiple firearms, including the two handguns found at the scene of Monday’s Virginia Tech shootings.

Glock 19
Caliber .45 mm
Length 8.5 in. (17.5 cm)
Height 5 in. (12.7 cm)
Magazine 15 rounds standard; optionally 17, 18, or 33 rounds
Origin Austria

Walther P22
Caliber .22 Long Rifle
Length 6.3 in. (16 cm)
Height 4.5 in. (11.4 cm)
Magazine 10 rounds
Origin Germany

THE GUNS OF SANDY HOOK

BUSHMASTER XM15 E2S
5.56MM/.223

SIG SAUER P226
9mm

GLOCK 20
10mm

WEAPONS IN POSSESSION

James Eagan Holmes legally purchased all four firearms at local stores within 60 days of the shooting at the Century Aurora 16. The ammo for each weapon was legally purchased from online vendors.

REMINGTON 870 12-GAUGE SHOTGUN
Helmes first shot into the crowd with a shotgun, aiming toward the back of the theater.
Purchased at Bass Pro Shop
Ammo: 2.75-inch, 12-gauge shells

SMITH & WESSON MP15
The rifle, a civilian version of the U.S. military’s M-16, was strapped to the shooter’s back and could hold 300 rounds.
Purchased at Gander Mountain in Thornton
Ammo: .223-caliber rounds

Virginia Tech Massacre
Sandy Hook Elementary Massacre
Aurora Movie Theater Massacre
At 14, Charles Andrew Williams shot and killed 2, and injured 13 in the Santee, CA School shooting. Williams used a .22 revolver. He told investigators, that he was “tired of being bullied.”

MENTALITY OF THE ACTIVE SHOOTER

- Nearly all individuals had a reported history of mental health issues.
- All but 3 incidents involved a single shooter.
- 40% of the shooters committed suicide.
- 5 shooters from 4 incidents remain at large.
- Desire is to kill and seriously injure without concern for his safety or threat of capture.
- Generally has intended victims and will search them out.
- Accepts targets of opportunity while searching for or after finding intended victims.
- Will continue to move throughout the area until stopped by law enforcement, suicide, or other intervention.

Nearly every case displayed warning signs and red flags!!
• 206% increase of shooting victims since Columbine High School
• 194% increase in those killed
• Family members (15 incidents) and violence against women (16 incidents)
• Median number of deaths 2 with an average of 3.1
• Median number of wounded is 2 with an average of 3.6
MANAGING CASUALTIES

Survival of an Active Shooter Incident:

- Hartford Consensus II
- Neutralize the threat
- Hemorrhage control
- Rapid Extrication to safety
- Rapid assessment by medical providers (EMS, RN, MD)
- Transport to definitive care settings
CONDUCTING RISK ASSESSMENTS AND DRILLS
CONDUCTING A RISK ASSESSMENT

Hazard Vulnerability Analysis

- Forensic Admissions (Federal, state, local police agencies)
- Gang related violence
- Religious and political philosophies
- Employees or coworkers who are disgruntled at work
- Is there a feeling that something is just not right!

Hospital patient care areas

- Emergency departments
- Secured psychiatric units
- Intensive care units
- Human Resources
- Patient Accounting services
CONDUCTING A RISK ASSESSMENT

Community engagement:
- Joint training with public safety partners
- Problem-solving with the judicial system

Risk Assessments:
- Exterior perimeter security
- Visiting hours and logs
- Search of personal effects on psychiatric units
- Assess the environment in high risk departments
- The “See Something, Say Something” campaign
Armed Intruder policy: Must be more inclusive of all weapons and not just firearms.

- Early warning system
  - Plain language
  - Code system
- Hearing disability
- Vision disability
- Impaired mobility issues

- Communication challenges
  - Language proficiency
  - Children
- Healthcare policies around active shooters should be conducted in consultation with local law enforcement agency
FACILITY INFRASTRUCTURE

- Identify multiple evacuation routes
- Shelter locations:
  - Thick walls
  - Solid doors with locks
  - Minimal interior windows
  - Communication devices
- Incorporate or volunteer in active shooter drills in your community.
- Limit access to building blue prints
- Know the emergency plan!
FACILITY POLICIES

• Zero tolerance policies
  • Human Resources must buy in to the policy and follow through with disciplinary action at all levels of the organization
  • Risk Management follow through of client/employee conduct
    • Behavior contracts
    • Transfer of patients care
    • Termination of care or services
  • Building visitor policies
• Understand your organizations capabilities

• “Go Bags”
  • Card access tags, building maps, and master keys
TRAINING, PREVENTION, AND RESPONSIVENESS
TRAINING OPTIONS

• Initial organization-wide orientation at New Employee Orientation
• Department specific plans
• Online training
  • Clinical setting:
    Boston area hospital video
    “Are You Ready?”
  • IAHSS Training Video

• Business setting:
  Houston video
  “Run, Hide, Fight”
RUN ➔ HIDE ➔ FIGHT
SURVIVING AN ACTIVE SHOOTER EVENT
Normalized Behavior in Stressful Situations

- Plan in place
- Persistence in the face of adversity
- Protection of self and others
- Proactive stance
- Post situation recovery
- Moral obligation met by organization
FINANCIAL ASSISTANCE

Grant programs:
• ASPR hospital grants
• Department of Justice
• Urban Area Security Initiative programs
• Homeland Security (statewide)

Measuring program success:
• Surveys
• Yearly refresher program
• Environmental Safety rounds
Advantages to conducting an exercise:

- Provide a venue to exercise law enforcement multiagency contact and rescue team operations
- Practice organization’s armed threat procedures under optimal impact conditions
- Evaluate organization’s preparedness for ongoing crisis response, business continuity, and employee recovery issues.
CONDUCTING AN EXERCISE

Exercise Time!
• Provide safety briefing
• Consider staging officers

Remember:
• Rubber guns look real
• Panic on telephones if 911 system participates
• Consider fire Alarm
CONDUCTING AN EXERCISE

Tactical medical expertise:

- Consider TEMS certified personnel
- Mass Casualty Incident Triage

- Unfamiliar department environments for internal response team
- Providing security of medical teams
- Provide treatment and transport internally or externally
INCIDENT RESOLUTION

• Protocols and policies must be established requiring a specific response and must include coordination plans with jurisdictional law enforcement agency. Staff must be trained to the plan.

• Communication procedures should be established with a specific announcement (emergency code or plain language)

• Campus-wide notification system should exist in real-time alerting people to danger via overhead paging, texting, digital displays, intercoms, call boxes, pop-up messages, or mass notification systems.

- IAHSS - Active Shooter Response Guidelines
SUPPORT GUIDELINES

• OSHA provides guidance to investigators on workplace violence incidents namely healthcare organizations.
  
  - OSHA guidelines

• Provide risk assessments of the facility
• Extra precautions to Emergency Departments, Human Resources, critical care areas, screening points, and locked psychiatric areas.
• Encourage staff to report incidents of violent activity or perceived violent events.
  
  - Joint Commission Sentinel Event
FUTURE RESEARCH

• Collaboration and partnership with medical community addressing increasing need for services for the mental health community.

• Encourage US Department of Homeland Security to re-implement Metropolitan Medical Response System grants

• Incorporate bystanders as part of the response and not see them an impediment.

• Safety of responders and the public

• Decisions based on risk (sharing of information)
SAN EDWARDINO MASS SHOOTING

‘HORRIFIC’

14 dead, 17 wounded as attackers open fire at center for disabled
Manhunt ends in gunbattle; man and woman suspects killed

Assaults in assault-style clothing appeared ‘as if on a mission’ to kill

One family’s dread: What about Lenie?

‘The unspeakable happened in our city’

20 CHILDREN MURDERED

UNTHINKABLE

MAN ALSO KILLS 6 ADULTS AND HIMSELF AT CONN. SCHOOL
PRESIDENT OBAMA CALLS FOR ACTION TO STOP VIOLENCE

Community’s songs, tears, prayers flow

Hate crime may be S.C.’s deadliest
THANK YOU
“Violence is an admission that one's ideas and goals cannot prevail on their own merits.”

-Edward Kennedy