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Hospitals & Healthcare Facilities

Security Awareness for Soft Targets and Crowded Places

Hospitals and healthcare facilities face a unique set of challenges in an active shooter incident. These incidents have no patterns in victim selection or method, creating an unpredictable and quickly evolving situation that can lead to loss of life and injury. Numerous factors associated with hospital and healthcare environments complicate traditional response to active shooter incidents, including the “duty-to-care”, also known as “duty-to-act”, commitment and the varying levels of patient mobility and patient special needs. Additionally, staff must consider response planning for patients that require the greatest allocation of resources, as well as the unique characteristics within the hospital and healthcare environment.

Potential Indicators

Healthcare facilities are open, healing environments with limited restricted access areas such as the emergency department, Intensive Care Unit, behavioral health, and radiology. Since active shooter events occur with little or no warning, response requires significant thoughtful planning and preparation, taking into account an organization-specific area and vulnerabilities critical for an effective response and recovery.

Below are several potential warning signs that may be applicable to staff, patients, visitors, students, contractors, and volunteers:

- Individual presents increasingly erratic, unsafe, or aggressive behaviors;
- Individual threatens harm to themselves or others;
- Claims of marginalization or distancing from friends and colleagues;
- Changes in performance at work by staff member;
- Sudden and dramatic changes in home life or personality;
- Appearing out of place in staff-only, restricted access locations;
- Stalking/harrassing of staff/patients;
- Observable grievances and making statements of retribution;
- Auditory indicators and menacing, antagonistic behavior;
- Staff, students, contractors and volunteers not displaying proper identification such as an ID badge.

In the event of an active shooter, there is no single method that is guaranteed to be effective. The Department of Homeland Security recommends the “Run, Hide, Fight” strategy, which provides three options in order of preference. Those who find themselves in an active shooter situation should choose whichever option is best in their respective environment. In a hospital setting, response will vary depending on the mobility of patients and area affected by the shooting.

FACTS & EVENTS

Between 2000-2017, there were hundreds of hospital-related shootings. Active shooter incidents continue to increase, including several notable incidents at hospitals:

- On June 30, 2017, a doctor formerly employed at the Bronx Lebanon Hospital Center killed another doctor and wounded six others before committing suicide.
- On July 17, 2016, a shooter randomly opened fire at Parrish Medical Center in Titusville, Florida and killed an elderly man and a hospital employee.
- On December 17, 2013, a former patient shot and killed a former doctor at Urology of Nevada on Renown Regional Medical Center Campus in Reno; he also wounded another doctor and patient before committing suicide.

What Should Healthcare Staff Do in Case of an Active Shooter?

Respond immediately, communicating the threat to law enforcement and others present at the facility using appropriate protocols involving auditory systems, visual cues and plain text messaging where possible.

- Provide real-time intelligence to local law enforcement and first responders from command center.
- Ensure law enforcement familiarity with and access to a first responder kit that includes facility maps, access keys, two-way radios and other items applicable to the facility.

Run Avoid the assailant – if safe to do so, evacuate the immediate areas where the shooter(s) are located, and lock down other units; leave personal belongings behind. Avoid escalators, elevators and encourage others to come with you. Call 911 when safe to do so.

- **Secure** patients and lockdown critical areas, such as operating rooms, treatment and intensive care units; move mobile and immobile patients to a secure area if possible; run to designated safe location in unit if escape from the building is not immediately possible.

Hide If running is not an option, **preserve** the safety of patients and visitors. Seek to hide in room with thick walls and limited windows. This will likely be the primary response for immobile patients and their caregivers.

- Silence electronics.
- Secure entryways or rooms by locking door(s) and securing with available furniture/equipment.

Fight Defend yourself and your patients – as a last resort, attempt to disrupt or subdue the attacker, using available items, such as a fire extinguisher.

Mitigation Strategies and Protective Measures

Due to the unpredictable nature of active shooter incidents, it is critical that hospitals and healthcare facilities take proactive steps to prepare. Planning should take the specific characteristics of the hospital or healthcare facility into account and include partnering with local law enforcement and first responders. Plans should be dynamic and adaptive to changes that may occur. All active shooter preparedness plans should seek to maximize the protection of staff and patients.



Physical Security

- Select optimal shelter-in-place locations (thick walls, solid doors with locks, minimal interior windows, first-aid emergency kits).
- Implement facility-wide notification system, complete with plain text, electronic hospital signage and PA system alerts.
- Post signage relating to emergency exit and entry, first-aid locations, and shelter.
- Share detailed facility layout with local first responder units and law enforcement by installing first responder kits at entrances to various wings, complete with hospital maps, key cards, and two-way radios.
- Designate “safe” location in each hospital unit.
- Limit facility access, especially at night, with monitored entrances.



Access, Planning, and Personnel

- Develop Emergency Action and Notification Plan.
- Develop a Threat Assessment Team to review potential warning signs of workplace violence, report suspicious behavior to security office.
- Periodic background checks on staff and conduct personnel safety/security training.
- Monitor credential systems, access control and badges; install badge-access checkpoints to prevent tailgating.
- Conduct active shooter exercises at least annually.
- Evacuate lockdown procedures, taking into account access and functional needs of patients.
- Early, consistent coordination with local police is critical; request initial site assessment; institute an annual walk-through with local police.
- Consider adding language to job descriptions such as SAY SOMETHING timely to security if you SEE SOMETHING that concerns you.

Additional Resources for Owners & Operators

For direct regional support, visit Hometown Security Initiative: <https://www.dhs.gov/hometown-security>

For additional resources, products, and information regarding the security of soft targets and crowded places, please visit www.dhs.gov/active-shooter-preparedness