Interface of Hospital and First Responder ICS During A Shooter Incident

The Fifth National E-Mgt Summit 2011 in New York City, September 14, 2011 -- Howard S. Gwon, MS, CHEC
Campus overview

- Baltimore, Md.
- Organizations: The Johns Hopkins Hospital, The Johns Hopkins University Schools of Medicine, Nursing and Public Health and Kennedy Krieger Institute
- Campus consists of five North/South and four East/West blocks on 44 acres
East Baltimore Campus Population

- Approximately 47,450 people on campus at the time of the shooting
  - 30,000 + employees
  - 6,500+ Students
  - 950 + inpatients
  - 10,000+ visitors daily
Overview

• What happened during the incident at The Johns Hopkins Hospital on September 16, 2010?

• How to prepare for a shooting incident
Event description

• The son of a patient shoots a Hopkins physician in hallway on inpatient unit.
  – Located in building at the center of the main campus
  – Interconnected to all hospital buildings
• Clinicians immediately begin assisting the injured physician and checking the other patients
• Shooter then barricades himself in the patient’s room
• Shooter ultimately kills his mother and then himself
• Security is on the unit within three minutes, Baltimore City Police in five minutes
• Hospital is put on lockdown
How to prepare for a shooting incident

- Response to 2007 shooting at Virginia Tech
- Campus overview
- Event description and location
- Initial alert and response
- Security incident timeline
- About the suspect
Response to Virginia Tech Shootings, April 2007

• Assessed vulnerabilities
• Met with police department to discuss strategy and needs
• Implemented Johns Hopkins Emergency Alert system
• Coordinated response with Emergency Management
• Created policies
• Started training for all Security supervisors
Coordination of internal efforts

- Floor plans
- Electricity/power
- Door keys
- Television broadcasts in patient rooms
## Security incident timeline

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:10 am</td>
<td>Multiple calls received in the Corporate Security Communications Center from staff members alerting us to a shooting on Nelson 8.</td>
</tr>
<tr>
<td>11:11 am</td>
<td>All available units are dispatched to Nelson 8. Available supervisors are dispatched.</td>
</tr>
<tr>
<td>11:12 am</td>
<td>The Assistant Director of Internal Security, Senior External Operations Supervisor, External Security Lieutenant, and an Off-Duty Police Officer are instructed to call the Communications Center. The Assistant Director informs the Director of Internal Security a doctor has been shot on Nelson 8.</td>
</tr>
<tr>
<td>11:13 am</td>
<td>The Assistant Director and Director of Internal Security arrive on the scene and are advised the shooter may be in Nelson 873. The Assistant Director takes position outside of the door with his authorized sidearm in a cover position.</td>
</tr>
<tr>
<td>11:14 am</td>
<td>The Director of Internal Security instructs Security Lieutenant to activate the Active Shooter Plan; it is broadcasted over the radio. The Director of External Security, Senior External Operations Supervisor, and Off-Duty Police Officers arrive on the scene. First units from Baltimore Police Department (BPD) Eastern District arrive at the main entrance.</td>
</tr>
<tr>
<td>11:15 am</td>
<td>BPD Eastern District arrives on Nelson 8 and takes command of the scene.</td>
</tr>
<tr>
<td>Time</td>
<td>Event Description</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11:17/18 am</td>
<td>The Director of Internal Security calls the Administrator of Emergency Management and informs him that the Active Shooter Plan has been activated and requests he send a message via the Emergency Alert System.</td>
</tr>
<tr>
<td>11:26 am</td>
<td>Facilities is on the scene, shutting down elevators and assisting with other pertinent information.</td>
</tr>
<tr>
<td>11:27 am</td>
<td>Notifind alert message sent. (Additional notifications and emails sent throughout the event.)</td>
</tr>
<tr>
<td>11:45–12:15</td>
<td>The decision to relocate and find beds for patients. Two patients cannot be relocated as they would have to cross the “hot zone”.</td>
</tr>
<tr>
<td>12:20 pm</td>
<td>A command center is opened in the Smith Room on campus.</td>
</tr>
<tr>
<td>1:40 pm</td>
<td>Baltimore Police Department gives the “all-clear”.</td>
</tr>
<tr>
<td>2:10 pm</td>
<td>JHH fully reopened except for Nelson 8</td>
</tr>
<tr>
<td>2:30 pm</td>
<td>Press statement issued, continued internal updates</td>
</tr>
<tr>
<td>3:05 pm</td>
<td>Press conference; continued internal updates</td>
</tr>
</tbody>
</table>
## Alerts & Updates

<table>
<thead>
<tr>
<th>Alerts</th>
<th>Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EAS (text message)</td>
<td>1. Broadcast E-Mails (x7 at &lt;5 min intervals to 30,000)</td>
</tr>
<tr>
<td>2. <em>Notifind</em>: Web based communication system</td>
<td>2. Plasma Screens</td>
</tr>
<tr>
<td>3. Broadcast e-mail</td>
<td>3. Social Networks (Facebook &amp; Twitter x7 at&lt;15 min intervals)</td>
</tr>
<tr>
<td>4. Overhead speakers (not used; unreliable; new system was in test phase)</td>
<td>4. No briefings held since staff was sheltering in place</td>
</tr>
<tr>
<td></td>
<td>5. Media x 3 (before apprehension and 2 post apprehension)</td>
</tr>
</tbody>
</table>

**Enhancements**

- Repeat updates on EAS & Notifind
- Add updates to Web site
- Activate call tree which includes voice message for staff, family info center, external calls and media
- Determine which communication methods will be used for each type of disaster event
<table>
<thead>
<tr>
<th>Message Update</th>
<th>Plus Implied Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wear badges and</td>
<td>• Pending Baltimore Police Department room to room and floor to floor search if</td>
</tr>
<tr>
<td>no badges leave</td>
<td>shooter not in alleged room</td>
</tr>
<tr>
<td>campus</td>
<td>• Employees without badges should move to a controlled building or safe haven if</td>
</tr>
<tr>
<td></td>
<td>they do not want to be detained by BPD</td>
</tr>
</tbody>
</table>
Twitter

Average of 609 clicks per post, 149 new followers.

Typical social media post receives an average of 44 clicks.

The Nobel Prize announcement received just over 200 clicks.
Checklist: Assessing a successful response

1. Were employees notified of the incident? Were initial instructions communicated? Were subsequent internal communications timely, ongoing, informative and redundant?
2. Did the Hospital Incident Command Center (HICC) provide adequate updates and sufficient details after the initial alert?
3. Was the HICC and Department Incident Command Centers (ICCs) set up in time?
4. Was the active shooter contained and apprehended in a reasonable period?
5. Were all of the appropriate response procedures implemented?
6. Was leadership kept up-to-date?
7. Were there any issues about who was actually in charge?
8. Was the coordination between the major command centers efficient and effective?
9. Was essential business continuity preserved and maintained?
Conclusions

1. Critical and essential services were maintained
2. Response to scene and inner perimeter was efficient and effective by internal and external responders as well as patient care team and supplementary staff
3. Response to event by major incident command centers – security, 2-police, Hospital, fire – were effective & well coordinated for inner perimeter
4. Alert/Notification based on available systems were timely sent to update leaders and employees
5. Event alerts and updates were sufficient for those who read and received them (even though more details would have been desired)
What happened before and during the incident?

- Planning and preparedness parameters
- Response by Incident Command Team (ICT)
- Emergency management responsibilities based on life cycle of an event concept and specific duties by ICS position
- Notification and communication responsibilities
E-Mgt Policies and Plans

• Integrated Policies
  – HICC and internal first responder
  – Internal and external first responders when necessary

• Plus Standard Operating Procedures
  – Hospital, Department and Internal Responders
Policy: Major Components

- Procedures
  - Immediate Actions for Staff
  - Law Enforcement Response
  - Decision Maker(s)
  - Subsequent Procedures/Information
  - References
Who’s In Charge

Security

Police

HICC
Combined hospital and school of medicine HICC structure

- Incident Commander
  - Public Info Officer
  - Medical Control Chief
    - Liaison Officers
    - Safety Officer
  - Security Officer
    - Situational Assessment Chief (Event Dependent)
    - Planning Chief
    - Operations Chief
    - Logistics Chief
    - Finance & Admin Chief (Assumed by Liaison Ofc)
Shooter event HICC structure

- Account Executives (President, EVP/COO)
- BPD ICC, BFD ICC, Security ICC
- Incident Commander
- BCHD OP&R in HICC
- Public Info Officers 2 plus 3 more
- Medical Control Chief
  - Family Info Center and Hot Line Team
  - Liaison Officer
  - Software Communications Officer for HICC
  - Safety Officer
- Enhancement
- Situational Assessment Chief (Corp Security VP)
- Planning Chief
- Operations Chief
- Logistics Chief
- Finance & Admin Chief
ICS Changes

1. Hospital Incident Commander relinquished command to Police ICC
2. CEO agrees to close his ad hoc ICC
3. Deployed Additional Security, PIO, Medical Control Chief and Admitting
4. No face to face briefings
5. Family Info Center placed on alert status
6. Finance and Logistics Chiefs not activated
HICS Life Cycle of An Event

• A disaster has a beginning and an end
• Life Cycle describes response steps from activation to recovery
• Life Cycle 3-Phases
  1. Surveillance
  2. Pre-Incident Response
  3. Responses
Surveillance

- Disaster Control Administrator: 24/7 coverage
- Receives alerts from external and internal responders or surveillance groups
- Implements pre-incident response phase of life cycle
Surveillance Sources for DCA

**Internal Sources**
- First Responders: Facilities, Infection Control, IT, Respiratory Therapy, Safety, Security, Telecom
- First Recipients: AOC, EDs, Outpatient Clinics, Trauma Services
- Others: Senior Leaders, JH Ctr. for Preparedness & Response

**External Sources**
- JH Affiliates
- JHH E-Mgt Network Partners
- Government: Local, State and Federal Agencies
- Weather Service
Components Of pre-incident response

EAS (plus activate HICC as Enhancement)

#1 Data Gathering + Situational Assessment
- Event Type, Location, Extent, Ended or On Going
- Damage to Facility or Unavailable Resources

#2 Plan Selection And Level of Activation
- Evacuation or Shelter In Place
- Extent of Evacuation
- Disaster Plan Triggers
- Select Plan
- Plan Level

#3 Staff and Responder Notification
- Which Call Rosters
- Day vs. Off Shift Process
- Which Devices or To Use
- Which Software to Use
- Report to HICC at (Time?)
- Tell DICCs Which Communication Methods To Be Used

#4 Immediate Actions
- Required Controls
  - Lock Down
  - STAT Resources
  - Utility Shut Down
  - Physical Plant Specs
  - Risk Assessment
  - And Resolution
  - Job Reassignment

#5 Prep for Initial Briefing
- #1, 2, 3, 4
- Set u HICC
- I A P: Direction & Dept Roles / Duties Mobilization
  - (What & Whom?)
  - Who’s In Charge

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HICC Coordination Of Response/Recovery Phases

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**Initial Briefings Messages**
- Briefings to ICC Staff
- OPS Grp, Leaders, Community, etc
- Damage to Facility
- Evacuate and/or Shelter In Place

**Execution of Incident Action Plans (You Must Act)**
- IAP based on Initial Situational Assessment
- Protective Measures
- Mitigation Actions
- Roles & Responsibilities
- Initial Problems
- Q & A
- Continue Critical Business

**Continuation of Assessment and Monitoring**
- External Reports
- Internal Reports
- Sufficient Resources
- Any Risk Mgt or Legal Issues
- Mutual Aid

**Adjust IAP As Needed**
- Results of Initial IAP Actions
- Other Problems
- Escalate Response
- Job Reassignments
- Deployment
- Mutual Aid
- Network Partners

**Demobilization And Recovery**
- Termination
- System Recovery
- Return to Normal or “Almost” Normal
- Honor Dead
- Psychological Svcs
- Debrief & QI
- Analyze Perf
- Enhancements
  - RCA
  - Regulatory Agency Reviews
Perimeters

1. Inner Perimeter: Scene & Associated Building
   A. Contain shooter(s) until police arrive (~ 5 minutes)
   B. Limit access to affected unit, floor and building
   C. Relinquish control at scene and associated building to police and then support them
   D. Return to business as usual as much as possible except for affected unit and/or building

2. Middle Perimeter
   A. Security officer post at each entrance

3. Outer Perimeter: Streets Accessing Campus
   A. Police posted at each designated street/road block
Lessons learned

• After-action assessment by perimeter
• Recommended strategies
• Additional recommendations
  1. 4-Town Meetings
  2. Comments via E-Mail
Event life cycle: Pre-incident phase

Situational Assessment

• Delayed Activation of HICC → Request ICC team members to open up HICC once EAS message is received
• Relocate command center if within inner perimeter
• Activate campus-wide unified command system
Metrics

• Traffic to hopkinsmedicine.org almost doubled; up to 59,164 visits
  – Traffic on a normal weekday the month prior was 30,000

• Intranet viewers more than doubled to 9,200 visits
  – Typically about 4,200 visits on a typical Thursday.

• Home page had four times the normal number of views
  – 22,151 page views – 17,171 unique views. On a normal weekday over the previous month, the home page normally experienced close to 5,500 page views, with about 4,500 being unique.

• Incident update web page received 9,117 page views, 7,721 of which were unique

• Approximately 75 reporters in designated media area, off site

• Covered extensively in local, national and international media

• 145 new followers on Twitter
# Communication Evaluation and Improvements

<table>
<thead>
<tr>
<th>Method</th>
<th>Used on 9/16/10</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Alert System</td>
<td>✓</td>
<td>Continue current process; add updates</td>
</tr>
<tr>
<td>Notifind</td>
<td>✓</td>
<td>Continue current process; add updates</td>
</tr>
<tr>
<td>Broadcast e-mail</td>
<td>✓</td>
<td>Continue current process</td>
</tr>
<tr>
<td>All pagers</td>
<td>No</td>
<td>Not possible to send an alert to all pagers at one time. May crash the system.</td>
</tr>
<tr>
<td>Plasma Screens</td>
<td>✓</td>
<td>Add more updates</td>
</tr>
<tr>
<td>Social Network (FaceBook, Twitter)</td>
<td>✓</td>
<td>Continue current process</td>
</tr>
<tr>
<td>Department Command Centers</td>
<td>Sporadic</td>
<td>Develop procedure to communicate with staff</td>
</tr>
<tr>
<td>Overhead Page</td>
<td>No</td>
<td>New system installed</td>
</tr>
<tr>
<td>Intranet &amp; Web Updates</td>
<td>✓</td>
<td>Continue current process</td>
</tr>
<tr>
<td>Media Updates</td>
<td>✓</td>
<td>Continue current process</td>
</tr>
</tbody>
</table>
Lessons learned (for Post Conference Workshop)

• Communication
• After-action assessment by perimeter
• Recommended strategies
• Additional recommendations
  1. 4-Town Meetings
  2. Comments via E-Mail

- Regulatory review
Major Enhancements or Improvements

Hosp Command Center
1. Did not activate unified command system
2. Updates provided by one communication method
3. Safety of code/trauma team members since they were not alerted to shooter when paged
4. Which team is more appropriate to respond to victims

• Enhancement
1. Formalize ICS for remaining organizations
2. Initiate redundant messaging procedures
3. Train activators to alert first responders of an active shooter
4. Adult Trauma Attendings
Event life cycle: Response phase

II. Middle Perimeter

4. Communication challenges at dept level
5. Communicating up to date info to people at some entrances
6. No safe haven for visitors @ entrances during lock down
7. Access to hospital for vendors & internal deliveries

• Enhancements
4. Redundant messaging from HICC + exception by depts
5. Assign to and train security officers at entrances
6. Establish safe havens for people
7. Establish designated loading dock away from main response activity
Initiatives to deal with dangerous behaviors

**How to anticipate violent behavior?**
- Establish a flagging system in EPR to note issues and potential aggressive behavior
- Train staff to be recognize issues and ask for assistance

**How to de-escalate it**
- Establish a STAT team of experienced mediators – Behavioral Management Team – that can assist 24/7

**Be aware of agitated individuals**
- Monitor security responsiveness and invigorate issues database
Health care workers are nearly **four times** as likely as other American workers in private industry to be assaulted on the job, usually by patients or family members.

**Likelihood of Assault**

**Health Care Workers**

**Other American Workers**

Workplace violence realities

Almost half of all incidents of assault, rape, or homicide voluntarily reported to the Joint Commission since 1995 have occurred in the past three years.

Source: Joint Commission Data 1995 to 2010.
Questions

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