




# Healthcare in Crisis: Preparing for Active Shooter / Workplace Violence Incidents



One of the worst active shooter incidents in recent memory unfolded at Chicago's Mercy Hospital & Medical Center on November 19, 2018. Four people died that morning, including an emergency room physician, a first-year pharmacy resident, a police officer, and the gunman. Unfortunately, this was not an isolated case. Active shooter incidents in hospitals have been on a steady rise over the past two decades, to the point that they are now a monthly occurrence in hospitals nationwide.

Since the year 2000, there have been 154 hospital-related shootings involving 148 hospitals. The incidents resulted in 235 injuries, including several deaths. Hospital shootings take place in hospitals of all sizes, and over half of the shootings since 2000 were in hospitals with less than 40 beds.

- 60% of hospital shootings occurred inside hospitals
- 40% of hospital shootings took place outside the facility

**The most common locations for hospital shootings are:**

- Emergency Department (highest)
- Outpatient Clinic (second highest)
- Parking Lot
- Patient Rooms
- Intensive Care Unit (ICU)

**Who is the shooter in active shooter incidents?**

In more than 90% of the documented cases, the shooter is an adult male.

**What is the motive for hospital shootings?**

Due to the different types of motives behind each shooting, prevention can be challenging. Among the most common, however, include:

- Grudges
- Revenge
- Ending the life of an ill relative
- Ideology
- Suicide
- Prisoner escape
- Mental disturbances



## **Who are the victims in hospital shootings?**

In a majority of hospital active shooter incidents, there is one shooter and one victim. In about 10% of the cases, there have been more than three victims. When there are multiple victims, 60% to 80% are innocent bystanders, including physicians (3%), nursing staff (5%), and other patients (13%).

After a hospital shooting, nearly 50% of the shooters took their own life, 40% were killed by authorities, and only 10% of shooters were captured alive.

## **Healthcare professionals are concerned about safety**

32% of healthcare professionals believe the odds of an active shooter incident occurring at their facility is high or very high. Moreover, the U.S. Bureau of Labor Statistics reported healthcare and human service workers are five times as likely to be attacked or assaulted on the job when compared to other occupations.

## **The challenge hospitals face with active shooter incidents**

Throughout their history, hospitals have been a place where members of society can go for medical care, and to heal and recover from sickness and injury. Because hospitals house the sick, injured, immobile, and elderly, hospital staff face massive challenges keeping patients safe and evacuating when necessary.

From a logistical standpoint, the sheer size and complexity of hospital environments make planning for an active shooter incident difficult. Hundreds or thousands of patients and visitors may enter and exit a healthcare facility every day. Effectively monitoring each department, recognizing potential threats, and responding to incidents in real-time requires a highly complex plan.

One of the biggest challenges in securing a hospital environment is the speed and unpredictability in which an active shooter incident unfolds. Sometimes, the weapon used by an active shooter has been taken from an on-site officer or security guard. Once an event is underway, all departments need quick notification, and lockdown procedures need to go into effect immediately afterward. The goal is to protect patients, staff, and visitors while isolating the shooter in one area to prevent widespread damage.



## Vulnerable hospital departments during an active shooter incident

As we noted above, there are areas within hospital facilities that have a higher percentage of active shooter incidents. Each department serves a specific purpose and houses different types of patients and staff, creating unique challenges when dealing with active shooters.

- **Emergency Departments:** When an active shooter incident occurs in an ER, treating patients in need of critical care is difficult, if not impossible, making a timely response even more vital than in other departments.
- **Intensive Care Units (ICU):** Many critically ill or injured patients in ICUs require life support, making evacuation not a viable option in most cases.
- **Labs:** Exposure to lethal chemicals and microorganisms can occur during an active shooting incident in a lab, adding a dangerous variable to an already volatile situation.

## Active shooter response plans

When designing and implementing an active shooter response plan, best practices include:

1. Involve all personnel working in the hospital environment.
2. Establish a framework of procedures to follow during an active shooter event.
3. Develop multiple scenarios and practice routines.
4. Utilize local law enforcement for input to help develop the program.

Several effective active shooter response plan frameworks are available for hospitals to use.

### ALICE Active Shooter Response

**“ALICE” is an acronym for five steps that can increase the chances of surviving an attack by an active shooter. ALICE stands for:**

- **Alert:** Stay alert of your surroundings at all times.
- **Lockdown:** If you are unable to evacuate, you should lock down the room.
- **Inform:** Pass on real-time information by any means possible.
- **Counter:** Proactive techniques to use if you’re confronted by an active shooter.
- **Evacuate:** Remove yourself from the dangerous area as soon as possible.



## **The window of life active shooter response**

The Window of Life is an emergency response method authored by Safe Havens International. It states a person in a crisis has three responsibilities:

1. Your safety. If you're unable to find safety, you cannot help others around you.
2. The safety of others in your immediate vicinity.
3. The safety of those outside your vicinity. Alert others who might not be aware of what is happening.

By emphasizing these three essential steps, hospital staff members will remember priorities during an active shooter incident. The steps, however, are not a full plan. A thorough and effective response plan covers details of multiple scenarios and involves drills to put staff members through the physical motions of what they can do during an event. Staff members must practice the plan and update it frequently to achieve maximum effectiveness.

## **Artificial Intelligence (AI) assistance to protect against mass shootings**

Part of your plan should include adapting the best technologies to help prevent an active shooter incident, predict when one may occur, and notify all staff instantly when an event is in progress. Notification systems have long been in use to assist in active shooter responses. Today's systems are continually improving and can now alert security and administrators with emergency notifications through text, email, voice, desktops, and digital signage.

### **Real-time information**

Whenever an active shooter incident is underway, the best way to stop it and minimize damage is to communicate effectively. In an emergency, there can be a lot of information coming in from multiple sources, which may lead to confusion. AI-supported technology can distill, organize, and distribute critical information in real-time. If an ER team knows the direction a shooter is moving, for example, exit maps can be displayed to show the safest evacuation route, as defined in the response plan. And with real-time data gathered from heat maps, a security officer could determine who remains in a facility just by looking at their mobile phone.



## **Using AI proactively to prevent active shooter incidents**

Artificial intelligence integrated into hospital systems add an extra layer of prevention like never before. AI is transforming surveillance cameras into active observers that can identify people, behaviors, and even guns and other weapons. By continually analyzing data, machines are learning how to recognize mannerisms, gait, clothing or mask indicators, and faces. An AI-enabled camera can capture images of an individual banned from a hospital, and immediately alert officials if that person enters the building.

AI can also alert security in real-time if a gun or threatening action is detected. Live video feeds give security personnel real-time alerts about location, threat level, and bystanders in the area. Security can quickly respond, seal off exit points, and effectively keep the incident isolated to one area within the hospital. Often security can arrive at the location and stop an incident before it escalates.

Effective security is about prevention, response, speed, and accuracy. Artificial intelligence helps improve each area. AI frees humans from sorting through information in real-time and allows them to act swiftly, with determination, efficiency, and precision.

## **Active Shooter/Workplace Violence incident insurance**

With the rise in mass shootings and active shooter incidents, hospital systems have taken action to prepare more thoroughly than ever before. Many have implemented prevention and response plans, often incorporating artificial intelligence to help mitigate and prevent shooting events. Hospital staff across the U.S. have received training and participate in regular drills to prepare for incidents. Overall, hospitals have ramped efforts to protect their staff, patients, and visitors. But as critical as prevention and response preparations are, equally important is the recovery plan. That's where Active Shooter/Workplace Violence insurance proves valuable.



### **The problem with general liability insurance**

Since a majority of hospital facilities are open to the public, security and staff members cannot easily control who walks through the doors. Emergency departments, in particular, are vulnerable because of the constant influx of critically ill and injured patients, along with their family members or friends, who are often under mental distress. Additionally, emergency departments regularly treat patients with mental illness, addiction, or drug-related incidents or overdoses. With so many variables and potential for emotional crisis and violence, hospitals need an extra layer of protection for when a worst-case scenario happens.

Most general liability insurance policies do not provide adequate coverage to protect a hospital when an active shooter incident occurs. The aftermath of such an event requires extensive resources. There are response team costs, victim counseling, funeral expenses, facility damages, and possible lawsuits that all need coverage, and most general liability insurance policies do not cover these expenses completely.

### **The dangers of not having Active Shooter/Workplace Violence insurance**

If a recovery plan doesn't include Active Shooter/Workplace Violence insurance, the hospital may be responsible for paying civil liability lawsuits. In 2016, a victim's family filed a \$58 million lawsuit after a shooting at the Inland Regional Center in San Bernardino, California. Without adequate insurance, hospitals are liable for all costs associated with injuries and fatalities, including settlements and lawsuits won by victims and family members.

## What Active Shooter/Workplace Violence insurance covers

Active Shooter/Workplace Violence insurance covers all of the “gray areas” not covered by your general liability insurance policy. Here is a list of items to be included in any Active Shooter/Workplace Violence insurance policy:

- Medical treatment for victims and staff
- Funeral expenses
- Damages to the hospital
- Monetary settlements to victims
- Counseling services for victims and staff
- Crisis management team expenses

Your organization also needs to understand how the policy works, and more specifically, how the terms and situations are defined. Essential questions include:

- How is an active shooter defined in the plan?
- Are there requirements for a certain amount of damage or a specific number of people affected to file a claim?
- What crisis response services are covered?

## Does your hospital have Active Shooter/Workplace Violence insurance?

When out-of-pocket fees and settlements can reach millions of dollars, hospitals need to protect themselves with an Active Shooter/Workplace Violence insurance policy. Paul Marshall, McGowan’s director of Active Shooter/Workplace Violence programs, emphasizes the value of auditing security features, assessing vulnerabilities, and developing a plan to mitigate the risks these processes expose.

**Get a quote:** <http://mcgowanprograms.com/products/active-shooter-insurance/get-quote/>





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