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Meet the Presenters…

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On the topic:
Active Shooter Response Preparedness
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Active Shooter Response
Healthcare Industry

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Agenda

Who We Are
Factors Unique to Healthcare
Situational Awareness
  - The Situation
  - OO_DA Loop
  - Reducing Risk
Anatomy of Fear
  - What to Expect
  - How to Handle
First Aid: What’s in Your Office?
What Makes Healthcare Different?

Challenges
- Perpetrator is usually well-known to staff
- Vulnerable patient population
- Level 1-3 trauma centers are where victims of a shooting are sent for treatment; ability to leave the area (Run/Hide/Fight) may be unrealistic
- Law enforcement may not understand the dangers of lab equipment like MRI, medical gases, etc.

Considerations
- Recognize that despite being a healthcare facility, you may not be able to meet the needs of all injured parties
- Be ready to prioritize patient care (life sustaining, access to location, capability to treat, etc.)
- Understand that some individuals who are able to avoid the hot zone will remain in the area either through fear/freeze or conscious choice

What’s in a Plan?

Basic Considerations
At a minimum, an Emergency Operations Plan (EOP) should include
1. Communications Plans
2. Employee safety
3. Patient safety
4. Facility safety (keypad passwords, lanyards for employees, even furniture in the waiting room)
5. Coordination with law enforcement and other first responders
6. Alternate nearby location for patient treatments
7. Staff Responsibilities
8. Training
9. Testing & Review/Audit
Why Should We Be Prepared?

Seconds Count
- Average time from first shot fired to dialing 911 = **15 seconds**\(^1\)
- Average time between victims shot = **15 seconds**\(^2\)
- Average time from dialing 911 to police response (National) = **18 minutes**\(^1\)
- Average police response time (2016 Dallas PD) = **8.24 minutes**\(^4\)
- Average time of active shooting = less than **5 minutes**\(^5\)

Managing the response gap between “Active Shooter” and “Shooter Down” means we are all immediate responders.

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The Situation: Even Pros Freeze

**Timeline**
- 911 call was 2 mins long
- 2:22 Dispatch alerts officers
- 3:00 Officers arrive
- 3:35 Shots fired
- 3:50 Officer down

**Red Truck**

**Shots Fired**

**Officer Down**

**LISTEN FOR:**
- Initial distraction of Red Truck (witness error)
- Speed of escalation at Shots Fired
- Panic and shock in officer’s voice

**NOTE:** Officer transmissions begin with their #
Situational Awareness & OODA Loop

KEY ELEMENTS:
- Picture
- Normal Range of Behavior
Orient

1. Less than a minute!
2. Orient yourself to the situation and determine the **normal** range of behavior for people in these areas:
   - Collective Mood
   - Habitual Areas
   - Anchor Points
   - Groups

Decide - Quantify

- Determine in **specific** terms what exactly seems “off”
- Quantify, Quantify, Quantify
**Act**

- LEAVE the immediate area for a safe location
- COMMIT to your actions
- ALERT someone in authority using specific terms & plain language
- TREAT anyone you can once you are to safety

![Dialing 911](911.png)

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**Reducing Risk - Logistics**

**Optional Precautions:**
- Reduce crowded waiting rooms if possible
- Invite local law enforcement to your office to familiarize them with your staff and office layout
- Check on patients in both waiting rooms and exam rooms
  - Look for pre-indicators like body language, glaring, raised voice
  - De-escalation as appropriate
- Know who is in your office
  - Most people who commit violence in healthcare facilities are known to staff:
    - Family member of a critically ill patient
    - Angry about large bill
    - Significant other of a co-worker
- Safety in numbers: team members should not be alone when possible
- Have a communications protocol
  - If a violent incident occurs up front, who should the front desk call for help?
  - Is there an alarm to let everyone know there is a crisis? (Note: Codes are discouraged and cause confusion; use plain language whenever possible during a crisis)
  - Consider having a script posted at the front desk and other areas (lab, workspaces, etc.) for prompts on what to tell 911
# Reducing Risk – Phases of Aggression

<table>
<thead>
<tr>
<th>Phase</th>
<th>Indicators</th>
<th>Intervention Options</th>
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<tbody>
<tr>
<td>1. Anxiety/Agitation</td>
<td>Nervous, angry, suspicious, frustrated, paranoid; restless, foot tapping or clenching hands/jaw; loud or fast speech with demands</td>
<td>Provide space and sense of safety; call for back-up; use calming tone of voice and de-escalation strategies</td>
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<tr>
<td>2. Verbal threats</td>
<td>Menacing posture including personal space invasion, swearing, yelling; proffering threats and personal attacks at a specific person</td>
<td>Verbal de-escalation strategies; contact 911 if you feel threatened</td>
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<td>3. Overt aggression</td>
<td>Broad range of behaviors including physical outbursts (e.g. hitting, slapping, punching); attempts to use common objects as a weapon or reveals a weapon or threat of weapon</td>
<td>Contact 911 and alert staff; consider physical or chemical restraint if possible</td>
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# Reducing Risk – De-Escalation Strategies

**Physical**
- Take a **deep breath and calm yourself** before talking to an aggressive person
- Visualize someone who evokes **empathy** in your life and keep them in mind while you talk to the person in distress
- Use **open body language** – arms at side or palms up (no crossed arms, no head tilt)
- Show that you are listening by making **eye contact** (if culturally appropriate)
- Use a steady, low **tone of voice** when speaking
- Listen with **empathy**; consider their feelings and listen without judgment
- **Clarify** what they say by repeating it back in a similar way: "**What I hear you saying is _____**" or "**You’re upset about ____, am I understanding you correctly?**"
- Have another **team member** nearby
Reducing Risk – De-Escalation Strategies

Verbal
“Would you like to talk in a room with more space and privacy?”

“Can we sit down in here [a room away from other patients] together? I want to hear more about what is upsetting you.”

“I can see you’ve been waiting a long time and you’re angry. What can I do at this point to make this better?”

Active Threats & OODA Loop

The body can't go where the mind's never been
Active Threats & OODA Loop

OPTIONS:
• Flight
• Redirect
• Submit
• Posture
• Fight
• Freeze
• Collapse

GOALS IN AN ACTIVE THREAT:
• Stop the killing
• Stop the dying
• Don’t get stuck in the Invisible “O”
The Anatomy of Fear

HYPOTHALAMUS
Incorporates messages from organs, triggers pituitary gland & nervous system, causing the body’s major organs to prepare for action

AMYGDALA
Directs central & autonomic nervous systems to trigger an all-systems alarm; also stores the memory of threat

HIPPOCAMPUS
Cements the response to the threat into your long-term memory

PITUITARY GLAND
Produces thyrotropin & adrenocorticotropin, triggering thyroid & adrenal system

The Anatomy of Fear: What’s Happening & How Do I Stop It?

EYES
Pupils dilate, ready to relay threats to thalamus

SALIVA
Decreases as digestive system slows

THYROID GLAND
Raises metabolic rate

LUNGS
Bronchioles dilate to increase oxygen intake

LIVER
Breaks down glycogen to meet rising metabolism

HAIR & SKIN
Hair stands on end; vessels constrict causing chills & sweat

HEART
Blood pressure and heart rate spike to provide more energy

ADRENAL MEDULLA
Floods bloodstream with adrenaline & noradrenaline, constricting blood vessels and increasing blood sugar

SPLCEN
Pumps out white blood cells in anticipation of injury

STOMACH & GI
Reduced activity to divert blood to muscles

BLADDER & COLON
Prepare to void in anticipation of injury

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The Anatomy of Fear

MORE COOL THINGS TO LOOK FORWARD TO EXPERIENCING:

- Reduced fine motor skills (115 BPM)
- IMPROVED! Gross motor skills (115 BPM)
- Tachypsychia (time feels distorted)
- Reduced hearing (145 BPM)
- Reduced cognitive function (175 BPM)
- Tunnel vision/becoming far sighted (175 BPM)
- “Critical Stress Amnesia” (175 BPM)
- Dry mouth
- Loss of bladder/bowel control
- Cold sweats / chills
- Hypervigilance/feedback loop – leads to Freezing (185‐220 BPM)

Anatomy of Fear Impacts Everyone

LISTEN FOR:
- Number of times Officer 14 states location
- Number of times people ask his location
- Hear Officer 19 unfreeze and refocus

NOTICE:
Others’ inability to regroup can impact YOU
Overcoming the Anatomy of Fear

Breaking Fear Paralysis:
- Control your breathing (3-2-3)
- Verbalize commands
- Moving – if you are moving, continue moving
- Visualize yourself in motion, or Plan A & Plan B
- Focus on others who may need your help

Pre-emptive options:
- Thinking/talking through “what if” scenarios – always visualize successful outcomes
- Active shooter simulation courses
- Force on Force exercises (where two sides are armed – for example, Paintball)
- “Anti-freeze” habits; get comfortable being uncomfortable

Break the Fear: Focus on BREATHING

The best way to unfreeze and reduce panic symptoms is by controlling your breath!

Practice Abdominal Breathing
1. Inhale 3 seconds through nose, filling your lower lungs
2. Hold for 2 seconds
3. Exhale 3 seconds through mouth

Try holding a hand over chest and one over stomach
Break the Fear: Talk it Out

Hearing your own voice can have a calming & focusing effect which helps you unfreeze.

Talking to yourself:
- Verbalize commands
- Short action words
- Self-talk, self-confidence

Pre-emptive options:
- Active shooter simulation courses
- Force on Force exercises (where both sides are armed – Laser Tag, Paintball)
- Thinking/talking through “what if” scenarios – always visualize successful outcomes
- “Anti-freeze” habits; get comfortable being uncomfortable
First Aid: What’s in Your Office?

If you have access to this:  You should have access to this:

- Automated External Defibrillator (AED)
- First aid kit
- Trauma belt

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