Hospital Code Silver Activation; Active Shooter Planning Checklist

CALIFORNIA HOSPITAL ASSOCIATION

Hospitals are required by facility security plans, CalOSHA and The Joint Commission to incorporate Workplace Violence planning into their operations. Hospitals coordinate planning with training to maintain a safe workplace for patients, staff and visitors. This includes planning for an armed individual such as an active shooter.

Healthcare organizations are increasingly vulnerable as events involving armed individuals and guns are on the rise. Incidents of a violent nature can never be entirely prevented; the challenge is to plan and protect the occupants in a healthcare facility from a threat with potential for significant consequences. The active shooter "Code Silver" event may be over in 10 to 15 minutes, leaving little time to react.

The success of the active shooter policy will depend on planning with the appropriate multi-disciplinary response partners. Protecting patients, visitors and staff are key objectives. Life saving options such as lockdown or swarming the perpetrator are not typical to the healthcare emergency preparedness event or training. It is critical to educate staff to respond to these types of events and train staff actions they might take to remain as safe as possible.

It is not the intent of this document to address every aspect for planning or responding to an active shooter event. This checklist is intended to assist in the discussion and decision-making process and facilitate the development of plans for an active shooter situation. This checklist is designed to prompt consideration of critical decision-making factors, determine protocols for activation, lockdown or evacuation plans while considering facility risk, safety and community threat assessment reviews of an active shooter scenario.

Plan Component		
Overview	**Reference/Location**	**Status**
A. Document active shooter, "Code Silver" scenario policy and procedure		
B. Define scope and applicability		
C. Identify activation authorities (immediate)		
D. Define activation criteria and decision-making		
1. Mitigation	**Reference/Location**	**Status**
A. Hazard Vulnerability Analysis (HVA) • Integrate facility HVA with law enforcement response partner's HVA • Review facility HVA with law enforcement response partners annually		
B. Reference lockdown as potential response to event (for example, disgruntled family member enters area, takes hostages. "Code Silver, Lockdown" overhead page announcement		
C. Reference mitigation activities that may support Lockdown plans (for example "go kits" for arriving law enforcement responders; food and comfort supplies for units under Lockdown and law enforcement responders; unit specific plans for specialty areas such as NICU, OR, ICU, etc.)		
D. Perform facility Gap Analysis for the "active shooter"; "Code Silver, Lockdown" event		
E. Review community threat assessment data to evaluate adequacy of facility policy and protocol		
F. Conduct review of associated organizational policy and activities (for example, "Code Silver"; "Code Gray"; Lockdown vs. evacuation response directives; HICS under short-term vs. extended scenario timeframe; communications under activation) to assure the appropriate multi-disciplinary team has been included in the planning process.		
G. Consider using standardized emergency codes – such as the Hospital Association of Southern California (HASC) Codes (1) to avoid confusion or miscommunication.		
H. Perform facility site assessment with security and law enforcement response partners		

Note: There is no requirement for hospitals to reorganize their plans to coincide with the checklist. This checklist assumes a facility-specific workplace violence program is in place.

2. Preparedness	Reference/Location	Status
A. Preparedness activities are based on review and analysis of facility and law enforcement Hazard Vulnerability Analysis (HVA), community threat assessment data, the facility gap analysis and risk assessment review • Include a thorough review of surveillance camera capabilities on a regular basis • Incorporate surveillance video in exercises and use to augment planning		
B. Response plans incorporate lockdown and/or evacuation option(s) as appropriate. Develop a coordinated plan for training staff in the critical elements in the plan		
C. Integration and coordination of hospital plans with law enforcement responders plans to identify: • Law enforcement response protocols • Coordination/communication plans with hospital security and emergency managers • Information/resources needed to assist in response (e.g., floor plans, entrances and exit diagrams, etc)		
D. Communication Plans • Develop Risk Communication (Pre-event; and in coordination with gap analysis and community threat assessment reviews) • Develop internal alert/notification (staff, patients and visitors) • Develop external communications plan (law enforcement, community response partners, media) • Test law enforcement communications equipment in all areas of the hospital to ensure viability such as basement, CT/x-ray rooms, MRI, elevators, lab, etc. • Consider enrolling all staff cell phones in text alert system similar to what may university now use for similar situations • Review protection of critical nodes in area of facility with power, gas, communications partners		
E. Conduct violence in the workplace training addressing active shooter and other threat situations consistent with facility emergency codes and plans. Employee records document staff training (such as, new employee orientation, "Combative Person" activation codes, "Code Silver" and/or "Lockdown" response plans)		
F. Build critical connections (for example with community law enforcement response partners, with area healthcare partners, with labor workforce representatives, with the media)		
G. Stage critical access and entry supplies ("go kit") for law enforcement responders (example contents of "go kit": facility maps, keys/card access entry options, location of Hospital Command Center, etc) Familiarize/brief law enforcement personnel in advance to facilitate knowledge of contents ahead of potential events		
H. Prepare for mental health needs and support for on-duty staff, patients and visitors, patients, family and staff • Develop protocol to provide mental health support for affected individuals in coordination with Human Resources and facility Risk Management • Develop protocol to conduct immediate post event stress debriefings		

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2. Preparedness (Continued)	Reference/Location	Status
• Drills/exercises incorporate critical decision-making activities and realistic "active shooter" response options into facility training events. Repetitive and focused training can assist by having a positive impact on reaction and response in "survival situations" • Check power redundancy, oxygen supply redundancy, • Confirm computer driven lockdown actions i.e. can security activate remote door locks via computer program? • Assure communications redundancy i.e., in house paging system vs. SMS or net driven backup		
I. Prepare business continuity and recovery plans and protocols in coordination with facility Risk Management and finance officers		
J. Documentation of drills/exercises • Document exercise summaries • Document evaluation (After Action Reports) • Document Improvement Plans (Corrective Action Plans)		
3. Response	**Reference/Location**	**Status**
A. Issuance of alert for code for lockdown activation		
B. Utilization of Hospital Incident Command (HICS) tools for the scenario • Job Action Sheets • Event-Specific Planning Guides and Response Plans [2] • Hospital policy and/or protocol clearly identify critical response activities, as appropriate to circumstances (for example evacuation, lockdown, barricade, counter and swarm)		
C. Initiation of facility lockdown and/or evacuation activities/plan clearly indicating which area(s) are being locked down • Criteria and decision making process • Assessment/reassessment of "real time" event Information/Intelligence • Assessment/reassessment of internal response • Assessment/reassessment of facility needs if under lockdown		
D. Activation of the Hospital Command Center (HCC) under "active shooter"; "Code Silver, Lockdown" declaration		
E. Establishment of a coordinated command and communications between local law enforcement, SWAT and/or FBI and the Hospital Command Center (HCC) • Procedure to designate an agency representative from the facility to liaison with arriving law enforcement and communicate with hospital officials i.e. hospital security, facility/building engineer or equivalent who have facility knowledge critical for law enforcement's response		
F. Develop protocol and procedures for evacuation of the immediate hospital areas not impacted by the event, as necessary, and in coordination with security and law enforcement • Reevaluate need for further evacuation on an ongoing basis and implement safe and effective evacuation		
G. Procedure to Initiate/maintain Internal and external event communications • Ensure communications into the incident area		

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3. Response (continued)	Reference/Location	Status
H. Activate policy and procedure(s) to provide mental health support for on-duty staff, patients and visitors, patients, family and staff • Ensure Human Resources and Risk Management department(s) inclusion in policy and procedure development		
I. Maintain communications with community response partners such as law enforcement, Emergency Medical Services (EMS), Emergency Operations Center (EOC), other healthcare facilities, media etc. • Process to ensure ongoing communications with law enforcement responders • Routinely communicate the situation and provide regular updates to patient's family members, in coordination with law enforcement and hospital Public Information Officer • Process to provide staff/medical staff alerts and on-going event notifications • Communicate the situation and provide regular updates to the media, in coordination with law enforcement and hospital Public Information Officer		
J. Assure appropriate process and procedure for required notifications and/or waivers to local authorities, State licensing agencies and/or Federal agencies should temporary re-location or staging of patients occur		
K. Address hostage support needs (water, medications, illness/injury) under the direction of law enforcement (as relevant to the scenario)		
L. Plan provides for any hostage family/friends to have a quiet room in secure area with support services while the incident evolves (as relevant to the scenario) • Process to coordinate situation status updates and briefings with hostage family, under the direction of law enforcement		
M. Process to document operational response procedures (what, who, where, how) that are coordinated with law enforcement, such as protocols for: • Lock-down and access control • Evacuation of non-impacted areas. Movement of patients, staff and visitors to safe locations • Providing supplies, equipment, pharmaceuticals, water and food to Lockdown areas (as relevant to the scenario) • Facility census, updates and reporting in coordination with Lockdown		
N. Management of facility and perimeter security in coordination with law enforcement • Process to establish and coordinate internal safety and security • Process to activate facility and perimeter security plans • Process to control access and movement in the facility • Process to coordinate communication of facility lockdown status with area healthcare partners		
O. Process for when the facility is under lockdown for monitoring, conserving and alternatives for Life Safety critical systems and utilities (for example fire safety systems, overhead paging, patient call lights, etc.)		

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3. Response (continued)	Reference/Location	Status
P. Procedure for management of continuing clinical and support activities • Implement patient management plans in coordination with facility emergency management plans (such as surgery cancellations, diversion, emergency care, patient tracking) • Management of patient clinical activities (such as nutritional needs of in house patients, critical procedures, ancillary support activities etc) • Full or partial evacuation (see CHA Evacuation Checklist (3)) • Documentation and tracking of patient clinical information • Specific responsibilities by department or identified need (such as "Code Blue" response procedures, Labor Pool, Auxiliary/Volunteers, Emergency Department, Dietary, Environmental Services, Plant Operations, Pharmacy, Respiratory Therapy, Social Services)		

4. Recovery	Reference/Location	Status
A. Process for termination of facility lockdown activities/plan. Coordinate **any** "all clear" declaration with law enforcement • Procedures to update and local area notifications (such as declaration of "Code Black"; EM Systems; ReddiNet, etc.)		
B. Procedures to first restore critical care services and reopen unit(s) to normal operations		
C. Process for activation of facility recovery procedures for activities initiated during response phase (for example areas where evacuation was ordered; cessation of elective procedures; Emergency Department diversion, etc.)		
D. Process to secure and initiate clean-up and decontamination of any contaminated facilities or grounds in coordination with Fire and Safety		
E. Process to address hostage support needs after the event has concluded • Procedure to reunite hostages with family • Procedure to coordinate press conferences with hostages • Plan for providing mental health support and debriefing services to the hostage(s)		
F. Process to address facility staff support needs after the event has concluded • Activation of protocol and mechanism to provide mental health support and debriefing services for hospital staff • Coordinate Staff recovery and re-entry into the workplace with Human Resources		
G. Procedures to return facility to normal operations (phased, approvals, priorities, checklists) in coordination with law enforcement investigations and post event demobilization procedures • Conduct immediate debriefing with law enforcement response agencies • Process for evidence collection and preservation		
H. Process to coordinate comprehensive event evaluation • Multi-disciplinary incident debriefing • Evaluation of response plans (After Action Reports) • Improvement plans/Emergency Operations Plan update (Corrective Action Plans)		

Footnotes:

(1) Hospital Association of Southern California "Healthcare Facility Emergency Codes: A Guide for Code Standardization"

(2) HICS Incident Planning Guides (such as Hostage/Barricade and Evacuation)
HICS Incident Response Guides (such as Hostage/Barricade and Evacuation)

(3) California Hospital Association (CHA) Evacuation Checklist

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