	Research Medical Center All Campus Locations POLICY	
	RMC Policy Number	EC-340
	POLICY TITLE:	Code Silver: Armed Violent Intruder/Hostage Situation/Active Shooter
	Policy owner (TITLE ONLY)	Emergency Preparedness Coordinator
	Designation:	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Department Guideline
	Manual:	<input type="checkbox"/> Patient Care <input checked="" type="checkbox"/> Environment of Care <input type="checkbox"/> Collaborative-Multidisciplinary <input type="checkbox"/> Dept specific (list): _____
	New or revise date:	04/2018
	Review cycle:	<input checked="" type="checkbox"/> Annually <input type="checkbox"/> Bi-annually <input type="checkbox"/> Tri-annually <input type="checkbox"/> Other:
Officer with oversight	<input type="checkbox"/> CEO <input checked="" type="checkbox"/> COO <input checked="" type="checkbox"/> CNO <input type="checkbox"/> CMO <input type="checkbox"/> CFO <input type="checkbox"/> MEDICAL DIRECTOR OF DEPARTMENT	

I. SCOPE:
All RMC affiliated employees, physicians, vendors, on-site subcontractors, all HCA affiliated employees for any division working in or visiting RMC, affiliated physician practices, members of the medical staff or credentialed allied health professionals.

II. PURPOSE:
To provide all facility staff response information to address an active shooter or hostage situation within the facility.

III. POLICY:
To provide a safe and secure environment for all employees, patients and visitors.

In the event of a person or persons taking a hostage during an incident on the property, or someone actively firing a weapon, facility staff will respond quickly and efficiently to secure the affected areas, protect life, and to clear the area for response by law enforcement.

In the event that a person or group of persons enter onto the property and take any person as a hostage or begin to fire weapons, there must be a controlled response to this situation. Patients, staff and visitors must be removed from the affected areas. Movement by the hostage takers must be reduced as much as possible. Information must be clear so law enforcement can respond in a timely manner.

The goal of this policy is to expedite the conclusion of the incident in the safest manner possible. It is of the utmost importance that no employee risk injury to him/herself or others to try to end the situation. Employees are to cooperate as much as possible without putting themselves into further danger.

- Due to the unique characteristics of some areas, specifically MRI and Gamma Knife, and

the potential for harm or injury to emergency responders, additional steps are needed for these two areas. For this policy, steps to be followed by staff in these areas are found under “**SPECIALITY DEPARTMENT RESPONSE**”.

IV. PROCEDURE:

A. DEFINITIONS

1. “**Active Shooter**” is an individual or persons actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims.
 - Active shooter situations are unpredictable and evolve quickly.
 - Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.
 - Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.
2. “**Hostage Situation**” is defined as a person being held by force by one or more individuals in a conflict with security until specific terms are met.
3. **MRI (Magnetic Resonance Imaging)** is an area where a strong magnetic field is present. Unscreened entry into the MRI magnet, Zone IV can result in harm and or injury to patients, personnel and the equipment itself.
4. **Gamma Knife** is an area where high intensity radiation is located. Access is restricted and monitored.

B. PROCESS

ACTIVE SHOOTER PROCEDURE:

In the event an individual or individuals come into the facility displaying a firearm or as an “**active shooter**” as defined above, employees in the affected area should quickly determine the most reasonable way to protect their own life. **Remember** that visitors are likely to follow the lead of employees during an active shooter situation.

1. **Evacuate**

If there is an accessible escape path, attempt to evacuate the premises. **Be sure to:**

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers

- Do not attempt to move wounded people
- If possible, employees at the RMC Main Campus should call “*4444” stat to inform the PBX operators to activate Code Silver. Employees at RPC should call “*58111” to inform the RPC PBX operator to activate Code Silver. Employees at the Brookside Campus should call “*64444” to inform PBX of the situation.
- Call 911 when you are safe.
- The intent is for the employee to give as much information to the PBX operator as possible so they can dispatch security and call 911 to the scene immediately.

2. **Hide out**

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter’s view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement
- **To prevent an active shooter from entering your hiding place:**
 - Lock the door
 - Blockade the door with heavy furniture
- **If the active shooter is nearby:**
 - Lock the door
 - Silence your cell phone and/or pager
 - Turn off any source of noise (i.e., radios, televisions)
 - Hide behind large items (i.e., cabinets, desks)
 - Remain quiet

3. **If evacuation and hiding out are not possible:**

- Remain calm
- Dial 911, if possible, to alert police to the active shooter’s location
- If you cannot speak, leave the line open and allow the dispatcher to listen

4. **Take action against the active shooter**

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

5. **Departments outside of the affected area should lockdown their units.**

- Curtains will be closed calmly reassuring patients and visitors who may seem distressed.
- Keep all visitors and patients as calm as possible during this time.

- Emergency Lockdown status should be ensured (stairwells and elevators) so staff can calmly continue patient care responsibilities.
- Department supervisors, charge nurses or clinical leaders for patient and non-patient areas should take a count of all individuals in their respective units or departments and be ready to report the following to the **Incident Commander**:
 - Number of staff members
 - Number of patients
 - Number of other individuals such as visitors, vendors, etc.
 - Number of individuals who may be hurt or wounded.

6. **Upon arrival, law enforcement will assume accountability for the situation.** The facility will provide assistance as needed, which may include providing access badges, floor plans of the area and any live feed cameras that the facility can provide.

IN THE EVENT AN ACTIVE SHOOTER EVENT BECOMES A HOSTAGE EVENT, THE FOLLOWING ADDITIONAL STEPS APPLY:

7. **Hospital PBX Operator---phone 911.**

- Upon notification, page a **Code Silver** with the location overhead six (6) times.
- Call 911 and give information that there is a hostage situation with the specific location, how many people are involved, any weapons involved.
- A Security Officer will meet the local Police at a location designated by the **Incident Commander**.

HOSTAGE PROCEDURE:

1. **If the PBX operator receives a call** that a hostage or hostages have been taken on the facility property and the caller is the hostage taker, the operator will try to keep the caller on the telephone as long as possible and attempt to obtain as much information as possible. If the caller is a staff member, the operator will obtain whatever information is available and a call-back phone number for the staff member.
2. The operator should listen to the background of the phone call to see if there are any identifying sounds or noises that may indicate the location, number of people involved or extent of danger.
3. The operator must write down all information obtained from the telephone call. This information is vital to law enforcement and all information must be kept secure.
4. Under no circumstances will the operator try to solve the situation or otherwise discuss the incident with the caller, other than to obtain the necessary information.
5. The PBX operator will page **“Code Silver”** overhead six (6) times as well as the location

of the incident, then contact the police department by dialing 911 and inform them of the situation.

- Next, the operator will notify the security supervisor or acting supervisor by telephone.
- The PBX operator will then notify the Nursing Supervisor or security supervisor on duty.
- Following the Nursing Supervisor or security supervisor on duty, Administration or facility management will be notified during normal business hours.
- After business hours, the **Administrator-on-Call (AOC)** will be notified. Notifications will be made in that order.
- The operator will provide the information they have obtained at that time. **This information will not be transmitted by radio.**
- Additionally, if the Security Site Supervisor is not on duty, he/she will be notified immediately of the situation.

6. Do not call any codes to the affected area or areas of the “Active Shooter” scene until cleared by law enforcement officials.

- Codes to other areas of the facility should be sent via pager or phone.
- It is important to remember that certain persons responding may not be able to respond due to being compromised by the existing condition.

7. Security Officers will provide a safe perimeter for staff and visitors to the best of their ability and await the arrival of law enforcement.

- They should collect as much critical information about the situation/event regarding the perpetrator and victims.
- Security Officers will provide information to law enforcement upon their arrival.
- The security officers will assist law enforcement while the security supervisor will act as the liaison to the AOC for information until **Facility Incident Command System** is established.
- The liaison role may remain with Security or be otherwise appointed by the **Incident Commander** upon arrival.

8. Staff outside the area of the incident will remain in their areas.

- They will secure their areas if they can be secured.
- Curtains will be closed calmly reassuring patients and visitors who may seem distressed.
- Department supervisors, charge nurses or clinical leaders for patient and non-patient areas should take a count of all individuals in their respective units or departments and be ready to report the following to **Incident Commander**:
 - Number of staff members
 - Number of patients
 - Number of other individuals such as visitors, vendors, etc.
 - Number of individuals who may be hurt or wounded.

9. The **AOC** or **Incident Commander** will activate the “call tree” to fellow **Administrators** in the event of a hostage situation or active shooter.
 - Collectively they will meet in a predetermined area to assume roles designated by the **Incident Commander**.
 - The **AOC/Incident Commander** will activate the emergency lockdown procedure for the facility and other buildings as required.
10. Patients and visitors will be given limited information of the event/incident by department directors assuring them of the safety measures being taken on their behalf.
11. **All traffic in and out of the facility will be limited.**
 - Any suspicious activity should be reported immediately to the **Incident Commander**, Security Supervisor or the local Police (or agency in charge of the incident).
 - A log will be kept of any persons allowed access to the facility by security or someone designated by the **Incident Commander**.
12. **Upon arrival, law enforcement will assume accountability for the situation.** The facility will provide assistance as needed, which may include providing access badges, floor plans of the area and any live feed cameras that the facility can provide.
13. **Security Department:**
 - The Security Supervisor and one Security Officer will respond to the scene of the hostage situation in order to clear the area of patients, visitor, family, and nursing personnel.
 - If possible, the Security Officers will contain the hostage taker to the immediate area.
 - If the hostage taker has a weapon, the Security Officers will await the arrival of the local Police Department.
 - In the event that there are Armed Security Officers in the facility, they should clear the area and contain the hostage taker/situation to the immediate area and wait for the arrival of the local Police Department.
 - The Security Site Supervisor will be notified.
14. Security will ensure appropriate personnel only are at the scene of the incident to assist Police. This will include the Director and/or Manager of Safety and Security Services, Administrators, a Physician, Engineering Department Representative and/or other key personnel upon request of the **Incident Commander** or local Police as needed.
15. Security Officers will not permit any family, loved ones or relatives to negotiate with the hostage taker as they may exacerbate the problem, unintentionally or intentionally with their conversation. Police will screen friends and relatives to determine if they can be of

any assistance in the negotiating process.

16. **Public Relations and/or the local Police Department** will designate an area away from the scene where information can be disseminated.

- It will serve to provide the release of information to the media.
- Remember, the hostage taker may have access to a radio and/or television and incorrect information can make the situation much worse.
- All inquiries will be given to a Public Relations Representative.

17. **Hospital Staff:**

- a. Hospital staff, regardless of department, will notify Security, through the PBX Operator, of the hostage situation. The PBX Operator will make all other notifications.
- b. The hospital staff shall give the PBX operator all information possible. This must include the location of the incident within the department, the number of hostage takers and hostages, a description of the hostage taker(s) and the nature of the incident at that time. This information must be written down for law enforcement's use later.
- c. Hospital staff shall institute either partial or lateral evacuations of patients. Patients and non-essential personnel must be moved from the "danger zone", identified as the immediate area of the hostage situation, to an area of safety and to continue necessary medical care.
- d. Under no circumstances shall any hospital staff play the "hero" and try to "take out" the hostage taker. This can exacerbate the situation and may possibly harm the employees, a hostage or another patient.
- e. Under no circumstances will any drug be given to the hostage taker. If this becomes a demand, only management may authorize this after conferring with law enforcement.
- f. A number of law enforcement agencies such as local and regional SWAT Teams may respond to this situation. Law enforcement officers from outside agencies will not recognize employees of the facility. It is imperative that all employees are wearing their identification badge at all times.
- g. Hospital staff may be de-briefed by law enforcement. This information would include what was seen and heard while the employee was in the "danger zone". This information is vital to law enforcement as it may indicate the type of further response to the incident. Hospital staff are required to cooperate fully with law enforcement and relay any information they may possess.

18. **Administration:**

- a. In the event that an administrator or the administrative offices are taken hostage, the procedure outlined above for hospital staff shall be followed.
- b. In the event that the situation occurs in another part of the facility, Administration shall activate the facility **command center**. All personnel assigned to the facility **command center** shall respond and the situation may be

controlled from there.

- c. Law enforcement may have its own command post for the incident. A member of the Administration should be at the command post to facilitate communication between law enforcement and the facility.

19. **Transportation:**

- a. Transporters shall assist hospital staff in moving patients during any type of evacuation. This shall be authorized by the management.

20. **All Other Ancillary Departments:**

- a. Hospital staff from any other ancillary department shall follow all procedures outlined in the Hospital Staff section of this policy.

21. No one will speak to the media except the Public Relations Representative.

22. **The Media:**

Regardless of an Active Shooter or Hostage Situation, the following steps will apply:

- a. Public Information Officers will guide any media that is present and direct them to the command post for public relations.
- b. Information provided will be at the **Incident Commander's** discretion.
- c. If any media outlet calls to obtain information concerning the incident, all calls will be directed to the Marketing Department or Public Relations Department. The PBX Operators will neither confirm nor deny any information concerning the incident.
- d. The PBX Operator must keep complete and accurate record of all actions taken during the incident, including any recordings. These recordings may be subpoenaed at a later date and must be accurate.

23. **Recovery Phase:**

- a. Facility **Incident Command** will gather all intelligence regarding the incident and process with the Command Chiefs. Recovery phase will be activated by the Incident Commander.
- b. The **Incident Commander** will determine all-clear. Due to extreme circumstances, the Code may be cleared while leaving a partial lockdown intact.
- c. Facility PBX Operator will announce the "all-clear" as directed by the **Incident Commander** only.

Specialty department response

1. **Training:** Done on an Annual Basis:

- a. Staff in MRI and Gamma Knife are trained on the appropriate response to an armed intruder.
- b. Imaging Department administrator, supervisory and team lead staff are trained to assist when MRI or Gamma Knife staff is not on site.
- c. Training is provided to in-house security and Plant Operations staff who may also

respond in the event of an emergency.

- d. Collaboration and training is coordinated with local law enforcement to insure uniformity of response and the safety of law enforcement personnel.
- e. Training includes at a minimum the unique properties of the areas and the steps needed for safe entry by facility or non-facility personnel.

2. Gamma Knife Process:

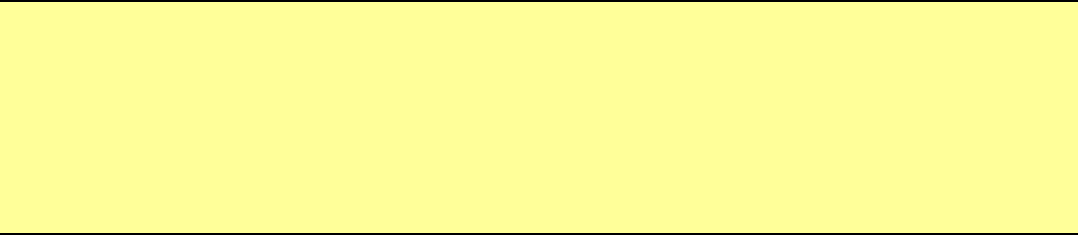
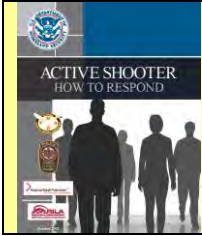
- a. Entry to the Gamma Knife is restricted to personnel who have been cleared according to NRC regulations.
- b. The Gamma Knife area is always locked when not in use.
- c. Security uses cameras to monitor the entry doors to the Gamma Knife suite
- d. When treating a patient, cleared staff is always in attendance.
- e. Staff is trained on how to perform an emergency stop which removes the patient from the unit as well as closing/shielding the radiation source.
- f. Visual and auditory alarms sound in the area if entry into the treatment suite is attempted while the radiation source is exposed.
- g. A camera is located to monitor the suite itself when a patient is being treated. The monitor is located outside the suite.
- h. In the event of an active shooter event, Gamma Knife staff follow the facility policy to remove patients and themselves to safety.
- i. If leaving the area, the radiation source is closed and the area is locked.
- j. If the staff is unable to leave, the Gamma Knife area will be secured from within and follow the facility policy while the event is finalized.

3. MRI PROCESS

- a. Access to the MRI area is restricted by zones. No one is allowed to enter Zone III without being screened by the MRI technologist. Access into this zone is restricted. Entry can be gained by ringing a door bell and assistance is provided by a trained MRI tech. "Fob" access is only for those staff who have completed MRI safety training.
- b. Entry into Zone IV, the magnet room is controlled and no one is allowed into the room without an MRI technologist
- c. Zone IV, the magnet room is locked when no MRI technologist is in Zone III or onsite.
- d. In the event of an active shooter event, the MRI staff in addition to following the facility policy will prior to exiting the area, lock the MRI magnet room and will replace the key in its designated location. In most instances, two technologists are in attendance. One tech will be responsible for locking the door and replacing the key.
- e. When law enforcement arrives, and needs access to the magnet room, Imaging staff can assist in providing the location of the key to gain entry.
- f. In the event that the MRI staff and patients are not able to exit the area, they will follow the facility policy to remain in place and remain either in Zone III or retreat to the equipment room if feasible.

g. If requested by law enforcement, the MRI unit can be quenched.

V. ATTACHMENTS-FORMS: (insert links if applicable)



HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

QUICKLY DETERMINE THE MOST REASONABLE WAY TO PROTECT YOUR OWN LIFE. CUSTOMERS AND CLIENTS ARE LIKELY TO FOLLOW THE LEAD OF EMPLOYEES AND MANAGERS DURING AN ACTIVE SHOOTER SITUATION.

1. EVACUATE

- Have an escape route and plan in mind
- Leave your belongings behind
- Keep your hands visible

2. HIDE OUT

- Hide in an area out of the active shooter's view.
- Block entry to your hiding place and lock the doors

3. TAKE ACTION

- As a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the active shooter
- Act with physical aggression and throw items at the active shooter

**CALL 911 WHEN IT IS
SAFE TO DO SO**

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES ON THE SCENE

1. HOW YOU SHOULD REACT WHEN LAW ENFORCEMENT ARRIVES:

- Remain calm, and follow officers' instructions
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

2. INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s
- Number of potential victims at the location

RECOGNIZING SIGNS OF POTENTIAL WORKPLACE VIOLENCE

AN ACTIVE SHOOTER MAY BE A CURRENT OR FORMER EMPLOYEE. ALERT YOUR HUMAN RESOURCES DEPARTMENT IF YOU BELIEVE AN EMPLOYEE EXHIBITS POTENTIALLY VIOLENT BEHAVIOR. INDICATORS OF POTENTIALLY VIOLENT BEHAVIOR MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism, and/or vague physical complaints
- Depression/Withdrawal
- Increased severe mood swings, and noticeably unstable or emotional responses
- Increasingly talks of problems at home
- Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes



Contact your building management or human resources department for more information and training on active shooter response in your workplace.

VI. REFERENCES:**(ALERTS, HCA CORPORATE POLICIES, STATE SPECIFIC OR REGULATORY OR ACCREDITING AGENCY)**

1. MHA recommendation on health care active shooter response
2. OSHA active shooter in the work place
3. Department of Homeland Security Active Shooter Booklet, October 2008

VII. SIGNATURES-APPROVALS**Approval level one (1)**

Name:	Credentials:	Review-Approval Date:
Department Director:		
Jerry Baker	Director, Plant Operations – Main Campus & Brookside Campus	See electronic signature
Chuck Harmon	Director, Plant Operations – RPC Campus	See electronic signature
Bill Ludwig	Director, Safety-security	See electronic signature
Other:		
Phil Keary	Emergency Management Coordinator	See electronic signature
Matt Pick	Admin Director, Imaging Services	See electronic Signature

Approval level two (2)

Committee Approval:	Date approval noted in meeting minutes:
Emergency Preparedness Committee	06/2015
Environment of Care	06/23/2015

Approval level three (3)

Name:	Credentials:	Date:
Officer with Oversight:		
John Myers	COO	See electronic Signature

Original Policy #	Revision Dates	Policy Retired
05/2012	12/2012, 12/2014, 06/2015, 04/2018	