

Monthly Safety Notice

October 2019

National Baromedical Services, Inc.

Active Shooter in HBO

In 2019, NBS added the Active Shooter policy to its Policy and Procedures with specific details on how to ideally manage patients in the hyperbaric chamber.

The important detail to keep in mind is that the oxygen filled chamber is susceptible to fire arm ammunition penetration depending on the caliber of weapon used. If a live round penetrated either the chamber acrylic or metal door while pressurized the result would invariably be a catastrophic fire emergency. Therefore, once confirmation of an active shooter is threatening the vicinity, initiating decompression of the chamber(s) should commence.

Below is the summary of the current NBS Active Shooter policy, which can be found in the NBS policy and procedure manual. While we understand most institutions have by now developed their own hospital wide policies but very few have considered the hyperbaric chamber specific requirements. We suggest conducting a hyperbaric unit safety drill so team members are prepared.

ACTIVE SHOOTER

PURPOSE

The hyperbaric chamber with its unique setting has additional considerations when it comes to responding to an active shooter. Ensuring the staff are informed and prepared for such evacuation shall be addressed with a multidisciplinary approach and open communication through available resources.

Policy Elements

1. CHARACTERISTICS OF AN ACTIVE SHOOTER:

1.1 Active shooters are individuals actively engaged in using or attempting to use deadly force to cause death or serious bodily injury to people in a confined and/or populated area; in most cases, the active shooter uses firearm(s) and there is no pattern to their selection of victims.

1.2 Active shooters may act in the manner of a sniper (assaulting victims from a distance) or may engage multiple targets while remaining constantly mobile.

1.3 Active shooters are likely to engage more than one target with the intent on causing death or serious bodily injury to as many people as quickly as possible.

1.4 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 ten (10) to fifteen (15) minutes, before law enforcement can be adequately deployed, individuals must be prepared both mentally and physically to deal with the situation.

1.5 Active shooters intentions are usually an expression of hatred or rage.

1.6 Generally, the first indication of the presence of an active shooter is when he or she begins to assault victims.

1.7 Tactics such as containment and negotiation, normally associated with standoff incidents, may not be adequate in active shooter events. Active shooters typically continue their attack despite the arrival of emergency responders and the situation cannot be peacefully resolved.

1.8 Active shooters may have a planned attack and may be prepared for a sustained confrontation with the police. Historically, active shooters have not attempted to hide their identity or conceal their attacks. Escape from the police is usually not a priority of the active shooter.

1.9 Active shooters may be indiscriminate in their violence or they may seek specific victims.

1.10 Active shooters may be suicidal, deciding to die in the course of their actions either at the hand of others or by self-inflicted wound.

1.11 Active shooters usually have some degree of familiarity with the building or location they choose to occupy.

1.12 Active shooter events are dynamic and may go in and out of an “active” status; a static incident may turn into an active shooter event or an active shooter may go “inactive” by going to a barricaded status without access to victims.

2. ALERT NOTIFICATION:

2.1 Upon discovery of an active shooter situation, or a person entering the facility with a firearm displayed, when safe to do so, make an emergency call to the Communication Center utilizing the hospital phone system. The Communication Center Operators will notify Law Enforcement (via 911) and they will make the following overhead page: “Security Alert – Active Shooter” followed by the location.

2.2 If unable to call the facility’s emergency phone number or you are at a location that does not have hospital phone system installed, if available, use your cell phone and call 911.

3. CLINICAL STAFF RESPONSE IN PATIENT CARE AREAS:

3.1 Clinical staff and support staff in patient care areas will remain calm and calm the fears of patients and visitors.

3.2 **Evacuate:** If it is possible to escape the area safely and avoid danger, do so by evacuating to the nearest exit. Otherwise, do not flee from the area or leave the facility unless instructed to do so by law enforcement officers.

3.2.1 For patients undergoing hyperbaric treatment begin decompression.

3.2.2 If danger is imminent, activate emergency decompression.

3.2.3 Once all hyperbaric patients are out of the chamber(s), begin hospital-wide evacuation process if possible or hide out (see below).

3.3 Leave your belongings behind and keep your hands visible when evacuating.

3.4 **Hide Out:** If evacuation is not possible then staff, patients and visitors will immediately go into exam/bath/office rooms, close and lock the doors and use heavy furniture to barricade the doors and lock the brakes for additional stability.

3.5 Staff, patients and visitors will remain there until rescued by responding law enforcement officers or a “Security Alert - Active Shooter All Clear” is paged.

3.6 Staff, patients and visitors will stay as low to the floor as possible.

3.7 Staff, patients and visitors will remain quiet and still. Make sure to silence cell phones, pagers, IP phones, medical equipment alarms, televisions and radios.

3.8 **Information Needed:** If staff members can safely call campus emergency number or 911 using a cell phone or landline from the area in which they are concealed they should do so, give the following information:

3.8.1. Location of Active Shooter

3.8.2. Description of the suspect(s)

3.8.3. Number of Shooters and weapon type

3.8.4. Shooter's direction of travel

3.8.5. Location along with condition of any known victims

3.9 **Take Action:** As a last resort and only when life is in imminent danger, attempt to disrupt and/or incapacitate the shooter. This may increase chances for survival.

3.9.1. Act with physical aggression towards shooter

3.9.2. Plan your attack on the shooter

3.9.3. Disrupt this plan by throwing items towards the shooter in an attempt to incapacitate Active Shooter

REVIEWED ANNUALLY

EFFECTIVE DATE

4.12.2019

REVISION

DATE