

## Scenario Overview

### Summary

This simulation may be completed as a table top exercise or as part of a multidisciplinary team training emergency preparedness exercise. It is recommended that notification be given to appropriate facility personnel before initiating this training session. It may be advisable to contact your Employee Assistance Program for consultation and support.

This is an active shooter within the perioperative environment scenario. The active shooter is a recently terminated employee. The employee had been hired into the orientation program and was terminated for cause within the 90-day window. Termination occurred as a result of excessive absenteeism and tardiness. The employee was anticipating the termination and came to work with a concealed gun.

### Setting

The simulation should be performed in the surgical department and should begin in the perioperative nurse manager's office. The simulation is best completed in four empty operating rooms (ORs) located away from ORs in use, the post anesthesia care unit (PACU), and other patient care areas.

### Time

Pre-brief: 20 minutes  
Simulation: 15 minutes  
Debrief: 30 minutes

### Participants

Simulation facilitator

Actors

- Shooter (Note: An actor or ESP [embedded simulation person] is required for the active shooter role)
- Resource nurse
- Non-fatally wounded clinician

Multidisciplinary OR team

- Registered nurse (RN) circulators
- Surgical technologists
- Surgeons
- Anesthesia professionals
- Support personnel (eg, OR assistants, pharmacists, others working in the perioperative environment)

### Potential Systems Explored

- Facility policy and protocol
- Roles of perioperative team members during an active shooter situation
- The concepts of RUN, HIDE, FIGHT (Department of Homeland Security [DHS] terminology)
- Interprofessional training in emergency preparedness
- Staff awareness and general overview of an active shooter event

## Learning Objectives

1. The learner will list the strategies to employ in an active shooter situation.
2. The learner will develop a personal plan to follow in the case of an active shooter.
3. The learner will demonstrate how to work with a team in an active shooter event.

## Participant Preparation

### Pre-Simulation

- Read the article: Rorie R. Implementing an active shooter training program. *AORN J.* 2015;101(1):C5-C6. doi: 10.1016/S0001-2092(14)01325-8
- Review facility policy and procedure related to an active shooter situation (Code Silver)
- Review:
  - RUN - The first response is to leave the area, attempt to evacuate, and call 911 when safe to do so.
  - HIDE – If unable to evacuate, lock and block doors, turn off devices, find a place to hide, and stay quiet.
  - FIGHT – This is the last resort. If someone's life is in danger, attempt to incapacitate the shooter by using physical aggression and anything that can serve as a weapon.

### Standard Introduction

1. Sign in and obtain participant consents for video or research, if necessary
2. Have participants introduce themselves
  - a. Specialty
  - b. Experience and role
  - c. Something personal
3. Orient participants to simulation process
  - a. Briefing
  - b. Case (simulation)
  - c. Debriefing-Discuss and review what went well and where there are opportunities for improvement
  - d. Feedback and closing
4. Discuss course objectives
5. Describe learning environment
  - a. Simulation is a safe and confidential learning environment
  - b. Acknowledge anxiety
  - c. Assure confidentiality of participants performance and case
  - d. Obtain buy-in for simulation activities. Treat as a real-life situation, given the limitations of working with a mannequin, simulated medications, etc.
    - o Treat this patient as if it was your perioperative patient.
    - o Inject medications as usual
  - e. You will be video recorded for purposes of debriefing. The video will be destroyed/deleted per the simulation lab guidelines.
6. Discuss expectations of participants
  - a. Clinical role (be yourself)
  - b. Assure participants that the embedded simulation people are there to help them and there are no tricks.
  - c. Agree on a code word for a real event (Simulation will end immediately)
7. Identify equipment that is live or partially functional and explain any related safety issues
  - a. Mannequin
  - b. Defibrillators/emergency equipment
  - c. Electrosurgical units
  - d. Cameras
  - e. Vital signs displayed on monitoring devices
  - f. Phone list
  - g. Documentation
8. Orient participants to patient situation and assumed roles; provide role cards if applicable
  - a. "It is 10:00 am on a Thursday and you are taking care of a patient with..."
  - b. "Your table is set up and all items have been counted..."
  - c. "You will start with conducting a time out...."
9. Ask participants if there are any questions before beginning
  - a. Answer any additional questions/clarify shared mental model
  - b. Announce that the simulation is starting

### Set-up

#### Equipment

- Telephones or usual communication devices
- Fake gun for the active shooter (Note: It should be very obvious that the “gun” is fake (eg, an unusual color, size, configuration).
- Pre-recorded gunshot noise (Resource staff should work to alert facility security personnel and others in the environment before the simulation).

#### Simulator Preparation

- Alert appropriate facility personnel that you are conducting an active shooter drill within the perioperative environment.
- There should be a code word known to everyone in case of a REAL emergency!
- Notify Employee Assistance personnel for support.
- Minimize noise and disruption from the scenario in the environment.

## Sequence of Events

Participants complete video consents. Each participant receives a role assignment (eg, staff administrator lead, team leader, RN circulator, surgical technologist).

**7:00 AM** Participants start pre-brief for the simulation session.

**7:20 AM** Participants are at the control desk or in an OR area getting morning assignments.

**7:22 AM** The terminated employee (ie, active shooter) walks out of the manager's office and runs toward the control desk area. The employee is agitated and has a (fake) gun in hand (Pre-recorded gunshot noise may be used in the background).

The active shooter fires indiscriminately and non-fatally shoots a clinician who falls to the floor and is unable to move (Participants will need to decide how to handle this wounded colleague).

**7:25-7:35 AM** The terminated employee is still agitated and shouting and runs toward the ORs, attempting to shoot as many staff members as possible.

A staff member should call the facility security personnel and provide incident information, including the location, suspect direction of travel, description of person and weapon (gun, knife), and any known victims. Personnel should run to the individual ORs (guided by simulation personnel) and lock as many doors as possible. No more than eight staff members should be allowed into each OR.

The terminated employee then runs through the ORs.

- The first OR is out of the way. (These people should RUN.)
- The second OR has locking doors so the shooter is unable to enter. (These people should lock the doors and HIDE.)
- The third OR does not have a lock on the door. (Personnel in this room should obstruct the doorway and HIDE.)
- The people in the fourth OR are not aware of the active shooter. When the terminated employee enters the OR, the gun stops working. (This team needs to FIGHT.)

**7:35 AM** The simulation end point is the arrival of the facility security personnel. Begin debriefing

### Debrief

Begin debriefing by soliciting the participant's reactions to the simulation experience. Clarify with the team the patient situation so that everyone is on the same page.

Clarify confidentiality and expectations.

Review the learning objectives.

Discuss what happened in the simulation.

Review what went well.

Consider opportunities for improvement.

Encourage expression of reactions.

Ask participants:

- "How did participating in this simulation make you feel?"
- "Describe your thinking when...?"
- "Were there performance gaps?"
- "What could be changed in the OR?"

Review the participant's roles and team expectations.

Review principles of effective interprofessional teamwork.

Review expectations for effective communication.

Discuss appropriate post-event actions:

- Consider keeping the patient intubated and sedated.
- Monitor the patient for 24 hours post-recovery.

Identify learner issues.

#### **Active shooter specific debrief questions:**

- How did the simulation experience of reacting to workplace violence make you feel?
- What is the accepted procedure for a workplace violence situation?

#### **Final thoughts for active shooter simulations**

*You want a location that you can secure entirely so that no one can inadvertently get access to the building. The best time of day obviously for many facilities is usually an ambulatory building after hours, or if you have a new building that you just built right before you populate it.*

*Then, you need to think about sound effects. Sound makes everything and it really, really changes the exercise entirely. If you have sound of gunfire, it really makes or breaks your exercise. Work with your local law enforcement agency. Normally, the shooter should always be the firearms instructor or a member of the police department.*

*You don't want someone who's going to get so overly frightened in this kind of event that you have to remove them. Lastly, communication is probably going to be the biggest bulk of what you're going to do in an exercise like this. There is never a good opportunity to do an unannounced exercise.*

Reference: HCPro. Q&A: Active shooter preparation in hospitals. *Briefings on Hospital Safety*. 2015;23(12):4-9.

## Resources

### Active Shooter Pre/Post Test

1. What are the strategies to be used in an active shooter situation?
  - a. Aim, Shoot, Fire
  - b. Run, Hide, Fight
  - c. Stop, Drop, Roll
  - d. There is no 3 step strategy
2. What is the one accepted code phrase for an active shooter?
  - a. Code Silver
  - b. Code Red
  - c. Code Black
3. What is the typical profile of an individual likely to become an active shooter?
  - a. Homeless person
  - b. There is no typical profile
  - c. Male, 40 years of age, unemployed
  - d. Individual with a precipitating event, a history of frustration, who is unable to cope with disappointment, tends to blame others, and lacks emotional support
4. As a last resort, what items could be used as a weapon if the employee was at the fight level? Select as many as appropriate:
  - a. Phone
  - b. O2 regulator
  - c. Fire extinguisher
  - d. Cafeteria tray
  - e. All of the above
5. What is the recommended frequency that emergency preparedness drills should be held?
  - a. Twice a month
  - b. Every six months
  - c. Once a year
  - d. Every other year
6. When reporting an active shooter, it is a good idea to name the location where the person was last seen shooting.
  - a. True
  - b. False
7. You should always find your phone during an active shooter event.
  - a. True
  - b. False
8. Who should you call with information about an active shooter situation?
  - a. Hospital operator
  - b. Your family
  - c. 911
  - d. The president of the hospital
9. If you cannot speak to the operator you should
  - a. hang up.
  - b. leave the line open.
10. Hospital shootings are rare, but health care personnel are more at risk of violent acts than persons working in other occupations.
  - a. True
  - b. False



## Resources

### Active Shooter Test Answers

1. B
2. A
3. D
4. E
5. C
6. A
7. B
8. C
9. B
10. A

### References

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