

AV2520 - ACTIVE DEADLY THREAT RESPONSE

1.0 PURPOSE

Provide all Interior Health (IH) Staff/Employees/Workers with a planned response to ensure the safety of all health care workers, patients and visitors when there is a threat, attempt, or active use of a Weapon to cause death, regardless of the type of Weapon, and an enhanced police response is required. Because Active Deadly Threat situations are often over before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to respond.

2.0 DEFINITIONS

TERM	DEFINITION
Active Deadly Threat	An individual or person(s) actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active deadly threats use firearms and there is no pattern or method to their selection of victims. However, there are instances where specific individuals are targeted.
Facility	Any IH owned or leased: acute care facility, clinic, health centre, office, and long term care facility.
Firearm	A barreled weapon from which any shot, bullet or other projectile can be discharged and that is capable of causing serious bodily injury or death to a person, and includes any frame or receiver of such a barreled weapon and anything that can be adapted for use as a firearm. Includes replicas or anything made to appear to be a real firearm.
Incident Commander	Is a term used to describe the person responsible for management of an incident (and emergency/disaster) operations related to a specific event.
Restricted Access	A condition that may be initiated as a precautionary measure to limit public access to a department or facility. This may be indicated due to potential risks to staff, patients and/or visitors. A "Lockdown" is the term used (within an Active Deadly Threat activation) to describe the occasions when individuals are to find a safe and secure place/area to hide out and lock/barricade doors and close all fire doors, if safe to do so.
Staff/Employees/Workers	All IH employees (contract and non-contract), physicians, volunteers, students, and contractors.
Weapon	Anything used, designed to be used or intended for use: In causing injury or death; or For the purpose of threatening or intimidating. Includes all Firearms, guns (including antique and replica guns), knives, swords, etc.

3.0 POLICY

- 3.1 An Active Deadly Threat protocol is activated when a patient, family member, visitor, or staff member brandishes a Weapon or other sharp object, or if discharge of Weapon is heard. This response should not be confused with a Code White Response, as the defining factor of an Active Deadly Threat is the presence and use of a weapon in an attempt to kill or seriously injure others. While a Code White situation may involve the presence of a weapon and require a police response, the situation becomes an Active Deadly Threat when actions are taken to use the weapon on others.
- 3.2 Staff will follow the principles of RUN, HIDE, and FIGHT
 - RUN: Move as quickly as you can to get away from the Active Deadly Threat and into a safe location.
 - **HIDE**: Includes any action that might keep the shooter from reaching you.

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- **FIGHT:** As a last resort only, if you find yourself face-to-face with the Active Deadly Threat and are not able to run or hide, you can make a personal choice to attempt to overpower the individual who is threatening you.
- 3.3 Do not stop to help the victims of an Active Deadly Threat protect yourself.
- 3.4 When safe to do so, staff should call 911, as well as Switchboard (where applicable) to report the situation involving an Active Deadly Threat.
- **3.5** Police will assume control over the event upon arrival.
- 3.6 Any individual threatening Weapon use may have visitation or employment privileges revoked.
- 3.7 INITIATING AN ACTIVE DEADLY THREAT PROTOCOL:
 - IH Staff/Employees/Workers should call the Facility's switchboard (and/or 9-1-1) and initiate an Active Deadly Threat protocol when they observe or are told of a person who is (or persons who are):
 - o Attempting to kill or killing people with any Weapon; or
 - Carrying a firearm on or near the Facility.
 - When an Active Deadly Threat protocol is initiated, all Staff/Employees/Workers will make every
 reasonable effort to protect, themselves, patients, visitors, and others in their immediate area, following the
 procedures set out in this policy.
 - If working offsite, at a satellite location or in a home setting (refer to the <u>Weapons in the Home</u> protocol for specific response options in a home setting), Staff/Employees/Workers who believe there is a threat of violence involving a Weapon are to **call 911 immediately**. Follow the instructions of the 911 operator and the steps below, where applicable.

4.0 PROCEDURES

4.1 <u>STAFF/EMPLOYEES/WORKERS</u>

<u>DO NOT attempt to engage the Active Deadly Threat. This includes verbal and physical attempts to deescalate the situation. If confronted, do what the Active Deadly Threat asks. (Try not to do anything that will provoke them).</u>

Active Deadly Threat Procedure:

- 1. In the event an individual or individuals come into the Facility displaying a Firearm or any other Weapon as an "active deadly threat" as defined above, Staff/Employees/Workers 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 staff during an Active Deadly Threat situation.
- Based on your location and the location of the Active Deadly Threat, follow the principles of Run, Hide, or Fight: Remember to protect yourself first.

A. RUN

If there is an accessible escape route, 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 Deadly Threat may be
- Keep your hands visible

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- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe. If possible, staff should immediately inform switchboard operators to
 activate an Active Deadly Threat situation. The intent is for Staff/Employees/Workers to give as
 much information to the switchboard operator as possible so they can dispatch security (in a
 hostage situation) and call 911 to the scene immediately.

As providers of care, the decision to escape while not being able to assist all patients in escaping is extremely difficult; however, Staff/Employees/Workers are essential to the recovery process of an Active Deadly Threat situation and the immediate need to evacuate safely is paramount. Only assist others in evacuation if it does not place you at risk.

Duty to Provide Care:

Personal Danger: While you are not entitled to abandon your clients, you are not obligated to place yourself in situations where care delivery would entail unreasonable danger to your personal safety – BC College of Nursing Professionals (BCCNP).

B. HIDE

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

- Be out of the Active Deadly Threat'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 Deadly Threat from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the Active Deadly Threat is nearby:

- Lock the door
- Silence your cell phone and/or pager (i.e., Voicera or personal panic or duress system)
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the Active Deadly Threat's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

C. FIGHT

As a last resort, and only when your life is in imminent danger should you make a personal choice to attempt to disrupt and/or incapacitate the Active Deadly Threat by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions
- If others are available, work together to distract and attack the assailant as fiercely as possible
- D. CALL 911 and then hospital switchboard as soon as possible.
 - a. Inform switchboard operator to initiate an Active Deadly Threat
 - b. Give the operator as much information as possible including:
 - Location of the assailant(s) (current, last known, and/or direction headed)
 - Type of weapon(s)

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- Description of assailant(s)
- Any comments or demands made by the assailant
- Information on victims and/or hostages
- Any information you feel may be relevant
- c. Remain on the line, and follow the instructions of the operator (stay as quiet as possible)

*IH Staff/Employees/Workers who are offsite, at a satellite location or in a home setting (refer to the Weapons in the Home protocol for specific response options in a home setting) should call 911 immediately. IH Staff offsite should then follow instructions of the 911 operator and the safety steps mentioned within this policy, where applicable.

3. Upon Arrival Of Police:

- Hospitals are reminded that law enforcement personnel are the primary responders and will assume control in any Active Deadly Threat response.
- Do not interfere with the Police Officers by delaying or impeding their movements: The Police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.
- Police Officers will be responding with the <u>intent to use a required level of force to end the threat</u>. Ensure you do not present yourself as a threat to them:
 - Drop any items in your hands (e.g. bags, jackets, etc.)
 - o Immediately raise hands and keep them visible at all times
 - o Remain calm and follow Officers' instructions; avoid screaming and/or yelling
 - Avoid making quick movements toward Officers
 - Do not attempt to grab hold of an Officer
 - Do not stop to ask Officers for help or directions when evacuating: Proceed in the direction from which Officers are entering the area or take direction from internal security
- Police Officers may:
 - Be wearing normal uniforms or tactical gear, helmets, etc.
 - o Be armed with rifles, shotguns and/or handguns
 - Use chemical irritants or incapacitating devices (e.g. pepper spray, stun grenades, tasers, etc.)
 to control the situation
 - Shout commands and may push individuals to the ground for their safety
- Rescue teams comprised of additional Officers and emergency medical personnel may follow the
 initial Officers when it is safe to do so. These rescue teams will treat and remove any injured persons.
 They may also call upon able-bodied individuals to assist in removing the wounded from the area.
- Once you have reached a safe location you will likely be held in that area by Police until the situation
 is under control and all witnesses have been identified and questioned. Do not leave the safe location
 until Police have instructed you to do so.
- 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.

4.2 SWITCHBOARD / TELECOMMUNICATION / OPERATORS

If more than one person is available, work to complete all of these requirements in tandem.

- Announce overhead three (3) times "Active Deadly Threat (and specific location, or last known)"
- Call 911 and notify police.
 - Advise 911 operator of all available information such as:

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- Location of incident, including current location and any affected locations
- Description of assailant(s)
- Type & description of weapon(s)
- Information on hostages / victims (if any)
- Any comments or demands made by the assailant
- Any other information you received from the staff member who reported it
- Remain on the line to provide updates
- o Follow instructions of the 911 operator
- Notify Security immediately via radio (if not already notified).
- Notify Plant Services (where available) of the code and any relevant details.
- Notify Administrator On Call immediately after placing 911 call.
- Close, lock and, if possible, barricade the door to the Switchboard/Telecommunication room.

4.3 **SECURITY**

- When you hear "Active Deadly Threat" overhead, initiate organizational site wide Restricted Access (lock-down) procedures:
 - Determine if any armed Police or trained law-enforcement personnel are already on-site (e.g. in Emergency Department) to assist with response
 - Use CCTV and any other available remote surveillance tools to monitor and record the Active Deadly Threat
 - o Determine if Fire Department or EMS personnel are required
 - o Prepare to meet police at a pre-determined location
 - o Prepare site plan for police review (For example, Fire Safety Plan or floor plan)
- Upon Police Arrival:
 - o Provide a situation update to Police
 - Secure Telecom/EOC/Command Centre
 - Provide Police with proximity reader access cards and master keys
 - Assist Police with all requests
 - o Confirm attendance of persons from affected area, to determine if anyone is unaccounted for
 - Take notes and document all activities
 - o Secure (as safety allows) specific interior and exterior doors as directed by police
 - Ensure all public announcements and/or communications requested by police are made, pending the arrival of the hospital Incident Management System (IMS) team.
 - Provide access/egress control as directed.
 - Maintain contact with the Police Command Centre, providing regular updates, and information on any situation changes as they occur.

4.4 ADMINISTRATOR IN CHARGE

- 1. Follow principles of RUN, HIDE & FIGHT until the event has been deemed safe by law enforcement.
 - Remain calm
- When it is safe to do so, establish hospital Incident Management System (IMS) team and undertake the role of Incident Commander
- 3. Notify the Senior Administration / administrator on call
- 4. Assist police with all requests
- 5. Assign roles within the Incident Management Team
- 6. Establish a unified command with collaboration between Incident Commander and Police

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4.5 SENIOR ADMINISTRATOR/ADMINISTRATOR ON CALL

Follow the IH Emergency/Disaster Response On Call procedures to ensure proper notification of Senior Executive Team (SET) and all potentially impacted IH programs, sites and facilities.

4.6 RECOVERY

- Police will advise the Incident Manager (or designate) when it is safe to end the Active Deadly Threat protocols.
- Once the Police have said it is safe to do so, the switchboard operator will announce "Active Deadly Threat, All Clear" overhead three (3) times.
- All Staff/Employees/Workers should return to their work area for debriefing. Staff/Employees/Workers from the affected area should go to a designated meeting point, as directed by the police.
- IH should consider how to address any operations that may not be immediately available post-incident.
 This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use.
- As soon as possible, the IMS team should conduct a debriefing including participation of any responding law enforcement and internal security personnel.
- As part of the recovery process, IH will consider the physical and mental health needs of all Staff/Employees/Workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and worker's compensation, as necessary.)
- Staff/Employees/Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.

5.0 REFERENCES

- Healthcare & Public Health Sector Coordinating Council. "Active Shooter Planning and Response".
 2017
- Nova Scotia Central Health. "CODE SILVER (Armed Intruder or Active Shooter) Emergency Response Plan Framework". 2014
- Nova Scotia Central Health. "Code Silver Policy Template Tool".
- Seattle Children's "Code Silver: Weapon / Active Shooter, 10267"
- "Duty to Provide Care." Ethical Practice, https://www.bccnp.ca/Standards/RN NP/PracticeStandards/Lists/GeneralResources/RN
 NP PS Duty ToProvideCare.pdf
- AV1100 Employee Incident Reporting and Investigation
- AV2500 Violence Prevention Program
- Weapons in the Home Protocol
- Code White Response Plan

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