Get Ready
Stay Ready

Disaster Planning for California Hospitals

Full Scale Exercise on Violent Threats — Lessons Learned

Patty Skoglund, RN
Senior Director, Emergency Management, Business Continuity, Scripps Health

Eric Lovell, MD
Chair, Emergency Department
Scripps Memorial Hospital, Encinitas
Planning for the Exercise — Coalition of Agencies

- San Diego Sheriff's Department: Police Officers played role of Suspect, Victim and Hostage
  - Sub Station Response
  - SWAT Team
  - Bomb Arson
  - IMT Type 1 Representative: Unified Incident Commander
- Encinitas Fire Department

- Carlsbad Fire Department
- American Medical Response Ambulance
- North County Dispatch
- San Diego Police Department
  - Police Academy Training
  - Hospital Liaison
- Chula Vista Police Department
  - Patrol Officers
  - SWAT team

Planning for the Exercise — Health Care and Government Coalition

- Scripps Health exercise volunteer participants
  - Volunteer Leadership: manager and above
  - Patients, staff
  - Controllers, evaluators
  - Observers

- Community health care partners: UCSD and Sharp disaster coordinators
  - Evaluators, controllers
  - Observers

- Government representatives: Local EMS/CDPH and state EMSA
  - Evaluators
  - Observers
### Health Care Objectives

**Objectives**

1. Identify effective Unified Command and Hospital Command Center locations
2. Establish Collaborative Communications between Law Enforcement/Fire/EMS Agency Unified Command and Hospital Command
3. Establish effective communications and management of hospital operations during event, mitigating business disruption, patient and staff safety and evacuation
4. Test existing policy and procedure for lockdown, hospital codes and mass casualty

### Health Care Goals

**Goals**

1. Develop new policy, education and communications for violent threat
2. Develop web-based training for violent threat scenarios for all staff with video clip demonstrations
Scripps Exercise Participants

Law Enforcement, EMS, Fire, Dispatch, Mutual Aid
Exercise Approach

- Non-scripted for all agencies
- Exercise to verify what participants know based on historical knowledge, education, current policy
- Observation of participant behaviors
- Scripted only suspect, police officer victim and police officer hostage
- Each agency will develop specific objectives
- Exercise concluded when objectives completed

Event-Based Scenarios

Train on top five real, event-based scenarios within the hospital environment
- Violent patient, active shooter, hostage situation, bomb threat, hospital evacuation
- Scenario escalation beginning as patient is delivered by EMS to emergency department; patient becomes violent, shooting several victims — active shooter scenario
- Patient becomes a suspect, moving from emergency department into the hospital onto the second floor taking a hostage
## Exercise Timeline

<table>
<thead>
<tr>
<th>APPROX. TIME</th>
<th>APPROX. TIMELINE FOR RESPONSE BY AGENCIES AND HOSPITAL STAFF</th>
<th>LOCATION OR COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0600-0630</td>
<td>Event Leads Arrive</td>
<td>Meet at MMU for briefing</td>
</tr>
<tr>
<td>0700</td>
<td>Event Controllers Arrive</td>
<td>Meet at MMU registration area for radio assignment</td>
</tr>
<tr>
<td>0700-0900</td>
<td>GSW Victims Arrive</td>
<td>Register in Conference Center, go to Cardio Pulm Patio for Moulage</td>
</tr>
<tr>
<td>0730-0800</td>
<td>Event registration all participants</td>
<td>Agency staging area, VIP area, Scripps Staff area</td>
</tr>
<tr>
<td>0730-0900</td>
<td>Participant orientation: role assignment</td>
<td>Assignment, report to staging area for briefing and setup</td>
</tr>
<tr>
<td>0730-0915</td>
<td>Agency Safety Briefing</td>
<td>Agency staging area</td>
</tr>
<tr>
<td>0915-1000</td>
<td>Event Safety Briefing</td>
<td>All participants: Front Lobby Entrance to Emergency Dept.</td>
</tr>
<tr>
<td>1015</td>
<td>911 called</td>
<td>Police Assistance: arrival ambulance loading area</td>
</tr>
<tr>
<td>1020</td>
<td>Patient arrival</td>
<td>EMS drop off to Emergency Dept. ambulance loading area</td>
</tr>
<tr>
<td>1025-1030</td>
<td>EMS medics ribbon and triage</td>
<td>Total of 12 patients Transport x 12 @ 10 min = 1 hr 40 mins</td>
</tr>
<tr>
<td>1100</td>
<td>SWAT arrives with Hostage Negotiators</td>
<td>Time for completion: all clear 1.5 hours ++ training</td>
</tr>
<tr>
<td>1115</td>
<td>ED evacuation #2</td>
<td>ED all clear: Under Force protection Approx 30 mins out the door - 1145</td>
</tr>
<tr>
<td>1130-1145</td>
<td>Evacuation of 2nd floor begins</td>
<td>Approx. 60 mins out the door 1230 will leave one patient in room</td>
</tr>
<tr>
<td>1130</td>
<td>Bomb Arson arrives</td>
<td>Time for completion: all clear 1.5 hours ++ training</td>
</tr>
<tr>
<td>1200-1330</td>
<td>All Clear</td>
<td>Event over</td>
</tr>
<tr>
<td>1200</td>
<td>Lunch</td>
<td>Move to lunch area to pick up box lunch at anytime after completion of objective</td>
</tr>
<tr>
<td>1230</td>
<td>Hot wash: Debrief</td>
<td>Education Conference Center</td>
</tr>
<tr>
<td>1500</td>
<td>Area Cleanup</td>
<td>All participants</td>
</tr>
<tr>
<td>1530-1600</td>
<td>Demobilization: Check out all participants</td>
<td>Checkout : Education Conference Center</td>
</tr>
</tbody>
</table>
Anybody Home?
No “Right” or “Wrong” Way — And Nowhere to Hide

- Staff Interview Summary
- Who had the authority to make the call on what type of immediate response?
- What were the risks associated to patients and staff?
- Incident Alert and Notification
  - Communications during the event — what was used?
  - Code vs. plain language, overhead paging

What’s Next — Where Do You Go From Here

- Staff safety assumptions
- Department Assessment, roles, responsibilities
- Patient treatment: emergency department patients vs. gunshot victims
- Definition of language
  - Lockdown, 911
Finding Your Leaders — A Natural Evolution

Emergency Department Response
• There is no right or wrong way
• Keep in mind the staff response was unscripted
• Difficult to isolate and hide in the ED — all-glass enclosures
• Evolution of natural leadership
It’s Time to Recover

• Time capability?
  – Communication to the outside world?
  – Delegation of tasks: security, communication?
• Evacuation Plan with force protection support
  – Emergency room staff expectations?
• Type of force protection in your community?
  – Contact teams
  – SWAT teams
• Rules of engagement
Force Protection Presence... Impact?

Time to Go... Is It Safe? Who Makes the Decision?

- First Contact Team entrance: unusual vs. mission?
- Swat Team entrance: announcement, movement, approach
- Environment created with law enforcement presence
Let the Evacuation Begin

Evacuation of the Emergency Department
• Roles and responsibility?
• Evacuation of the department — is it a leadership responsibility and how does it fit under law enforcement direction and protection?
• Take note of the environmental change in staff comfort — new normal? Is this scenario-driven or real life?
Force Protection Mutual Aid

We Need Help Here…
Staff Response Medical Unit
Continuing Care: Coordinated Response

Medical Surgical Unit Response
- Code communication: did this offer enough information?
- Response difference based on scene safety?
- Response difference based on environment, culture, behaviors?
- Was this realistic?
- Staff evaluation survey results
External Command and Control

- EMS/Fire and Law Enforcement Perimeter Command and Control
- Opportunities for Just in Time Training
- EMS/Fire response and coordination with evacuation
- Who’s in charge?
Continuity of Patient Care…
What Does it Take
Amid the Shock of the Event…
This Was Just a Drill

• Is tracking staff as critical as tracking patients?
• Underestimated the need to track staff — why?
• Patient tracking — paper? Communication with community?
• Do you need to transfer patients? How will you know?
• Patient continuity of care — how can this be accomplished?

Amid the Shock of the Event…
This Was Just a Drill (cont.)

• Can staff reenter the hospital to help with patient evacuation? Will law enforcement allow this?
  – What coordination is required?
• Moving patients to a non-licensed area is considered an austere care environment while waiting for transfer to another facility
  – What are the logistical resources and support patients require with a rapid evacuation — power, environmental protection and supplies that must be considered?
So What Happened to the Shooter?

Positive Ending for All... What is Our Mission?
Summary — Lessons Learned

- Staff response is based on personality, culture and choice at the time of the event
- Each person makes their choice based on their perception of the risk to their personal safety
- In many cases the hospital environment offers nowhere to hide — plan and map out hiding places for staff
- There is no right or wrong response: decisions are based on perceived risk, avenue of escape, tools available and the environment

Summary — Lessons Learned (cont.)

- Step back, realize that one type of education for this type of situation does not fit all
- Hospital Alert and Notification: build safe communications that use plain language and speak to everyone in the building
- Evacuation: how do you control rapid response by staff based on perceived risk? Plan this scenario and stage locations
- Our mission as teachers: train for maximum survival
Ten Minutes to Survival —
Four Simple Things to Remember

Can we save lives by teaching simple basic response?

• Instinct versus reaction

• Trained instinct: what should their first thoughts be?
  What choices should be made?
  1. Am I safe: what are security measures?
  2. Should I run or hide?
  3. Communicate with team: did someone call for help? If in a safe location call for help, notify someone, update status
  4. Everyone is responsible for security and communications

• Teach situational awareness: Risk Evaluation

Thank you

Patty Skoglund
skoglund.patty@scrippshealth.org

Eric Lovell
lovell.eric@scrippshealth.org
Questions?