From Horror to Heroism: The Bronx-Lebanon Hospital Shooting

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ACTIVE SHOOTER IN A BUSY HOSPITAL
FROM HORROR TO HEROISM

OBJECTIVES

- Review unique challenges of an active shooter in a busy hospital
- Identify strengths of hospital drills and how they can be improved
- Understand unique challenges of a hospital lock-down
- Review immediate and intermediate effects on hospital staff
- Understand the inherent conflicts of escape and rescue in an acute care hospital
THE INCIDENT

- Duration <10 mins
- Topmost floors
- Fire and smoke
- Shut down of elevators
- NYPD hospital lockdown
- 2 dead, 6 seriously injured

TRAINING

- Presentation of a Video Tutorial
- Review of Policies and Protocols
- Q&A
- Escape, Barricade, Fight Back
## COMMUNICATIONS

<table>
<thead>
<tr>
<th>Code Silver “active shooter”</th>
<th>Text Messaging to All Key Personnel</th>
<th>Identification of shooter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Location</td>
<td>• Smart phones</td>
<td>• Communicated to NYPD:</td>
</tr>
<tr>
<td>• Activation of 911</td>
<td>• EMR notification</td>
<td>&lt; 5mins</td>
</tr>
<tr>
<td>• Overhead paging</td>
<td></td>
<td>• Photograph of shooter – All</td>
</tr>
<tr>
<td></td>
<td></td>
<td>rescue units &lt;10 mins</td>
</tr>
</tbody>
</table>

## COMMUNICATIONS (CONT.)

<table>
<thead>
<tr>
<th>Unique Challenges</th>
<th>Simultaneous Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Temporary deafness</td>
<td>• Code for Fire</td>
</tr>
<tr>
<td>• Heavy smoke in hallways</td>
<td>• Code for Rapid Response teams</td>
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<tr>
<td></td>
<td>• Code Silver at multiple locations</td>
</tr>
</tbody>
</table>
What happens at other locations?

- Barricade or evacuate

Crime Scene: Remains under NYPD Control

- Rest of hospital

Paging not heard

- Methods of communication

Evacuation

Staff prioritized patients who could ambulate

- Evacuated using elevators and stairs

Staff barricaded themselves in patient rooms with patients

- Locked doors and used furniture

Victims

- 4/6 victims were evacuated by staff
  - Bedsheets, gurneys, elevators, stairs
- 2/6 NYPD/FDNY

Nearly 500 patients were in the building

- One injured
EVACUATION (CONT.)

Evacuation from Crime Scene
- Limited access
- Extremely traumatic

Selection of Staff
- Experience
- Familiarity

Evacuation Floors
- Emergency rooms
- Swing Floors

TRAINING

- Realistic Video Tutorial
- Safe Zones?
- Securing Emergency and Operative rooms
- Identification of Key Personnel to Rescue Unit
- Understanding a Lockdown
NEW PROTOCOL: NYPD

“You have to stop the killing before you can stop the bleeding”

HOSPITAL LOCKDOWN

NYPD: Control Command Center

- Complete Restriction of Movements: EXIT ONLY
- ESU in All Areas
- Based on Profile- Repeated Checks
- Hospital Staff Removed
- Combat Gear/Dogs
- Laser scopes/Loud orders
- Key Clinical Staff within 30 min
- Blood Banks
- Central Sterile
- Critical Care Units
- Female Staff Allowed to Stay After Checks
- Operating Rooms Suite Breached
IMMEDIATE AFTERMATH

Evacuation of Floors
- Vent Floor
- Partner Hospital
- Emergency Room Diversion
- Crime Scene: 48 hours NYPD control

Clinical Staffing on Remaining Floors
- Nearly 200 Active patients
- Swing Floor Operations

Assessment of Clinical Staff: Ability to Work
- 16/17 Floor Staff – deemed non-functional
- Operating Room Staff – Required Additional Days

IMMEDIATE AFTERMATH: POST-TRAUMATIC STRESS

Victims and Staff on both floors
- Nearly 25 staff members on sick leave
- Felt guilty of abandoning colleagues

Staff removed while providing first aid to victims

Operating room staff
- Repeatedly stopped while rendering life saving care

"Near Miss" "What if?" "Survivors guilt"

Tension between staff on duty and on vacation

NYPD Grievance Counselors

Our Psychiatry staff
On that fateful day, walls between clinical services crumbled, lofty egos of accomplished physicians melted and they all worked as a team like never before. Some men were repeatedly stopped even while transporting blood and instruments to the operating rooms – they said nothing. They just got up and went about saving lives.

A vast majority of calls that we received that day were patients in the community calling doctors to enquire about their safety. It is usually the other way around!
Questions?

Thank you!

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