From the Editor

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Responding to an Active Shooter in a Health Care Setting

It is that time of year when hospitals, universities, and other institutions often begin the year by helping ensure employees are up to date on current issues of importance. One issue is the active shooter incident (ASI). An active shooter is "an individual actively engaged in killing or attempting to kill people in a confined and populated area" (U.S. Department of Homeland Security, 2013). Although still rare compared to other shooting sites, hospital ASIs are increasing (Schwerin et al., 2022).

Sure enough, before the end of January, this message arrived in my email inbox:

> *As we do each January, we want to take this opportunity to review our emergency preparedness efforts and remind you about available training opportunities. As we have seen in recent tragic mass shootings,* ***every community member can play an important role*** *in responding to and mitigating an active shooter incident.*

The email provided information about upcoming "Run, Hide, Fight" active shooter response training, the most common training model used in health care settings and recommended by federal law enforcement guidelines. The stepwise response to ASIs is endorsed by the U.S. Departments of Health and Human Services, Homeland Security, and Justice; Federal Bureau of Investigation; and the Federal Emergency Management Agency (2014). Using this three-option strategy presented in order of preference, the individual is instructed to first "run;" that is, rapidly leave the area under attack, encourage others to do the same, and keep moving until in a safe location. If the individual cannot run away, the next best option is to "hide" in as safe a place as possible. This option may include locking and barricading doors and windows, silencing mobile phones, and remaining silent. If unable to run or hide, and only if in imminent danger, the individual should "fight" when confronted; that is, use force to disrupt or incapacitate the shooter (Interagency Security Committee, 2015). The intent of this approach is to remove the greatest number of people from the threat of harm and decrease the extent of injuries during the event.

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What About Patients?

When considering this response, we must also consider hospitals have patients, which adds another layer of vulnerability. Unlike most individuals in institutions, such as schools or businesses, patients might be unable to run to safety or understand commands due to states induced by medical conditions, procedures, or treatments (Jacobs & Burns, 2017). Patients might be undergoing surgery and completely dependent on operating room or intensive care personnel and life-sustaining equipment. And what about patients undergoing cardiopulmonary or trauma resuscitation who are totally dependent on the team intervening to save their lives? Minutes left unattended by medical personnel could and most likely would mean death.

Inaba and colleagues (2018) also pointed out that even patients being treated for relatively minor medical problems might not be able to effectively run. Further, most hospitals are designed vertically, with transportation heavily relying on elevators, leaving only small, narrow stairwells as alternative escape routes. Stairwells can become crowded, dangerous, target-rich chokepoints for a shooter.

Another important consideration: health care professionals have a moral and ethical duty not to abandon their patients, directly conflicting with the primary directive to run (Hodge & Nelson, 2014; Inaba et al., 2018; Jacobs & Burns, 2017). In one survey, more than half of public and health care professional respondents believed doctors and nurses have a special duty to protect patients; more than half of public respondents said they would expect doctors and nurses to put themselves at risk to try to protect them if they were a patient unable to get out of harm's way (Jacobs & Burns, 2017).

What if the patient is a child? In a survey of 874 pediatric nurses and 81 parent/family advisors from four hospitals in the United States, 76.4% of nurses and 66.7% of parent/family advisors agreed or strongly

agreed that nurses have a professional duty to protect patients, like that of law enforcement officers and firefighters to protect the public (Walden et al., 2021). Findings also revealed that 57% of respondents, nurses and patient/family advisors, believed nurses have a higher obligation to protect the lives of pediatric patients than they do of adult patients.

Inaba and colleagues (2018) accept that the "run, hide, fight" directive should be followed by health care professionals, hospital workers, patients, and visitors who are able to comply with it. Included in this category are most occupants in both outpatient and inpatient facilities. However, for professionals providing essential medical care to patients who cannot run, hide, or fight because of their medical condition or ongoing life-sustaining therapy, a different response plan should be considered (Inaba et al., 2018).

An Alternative Approach

The proposed alternative approach is called "Secure, Preserve, Fight." Steps include 1) secure the location immediately, 2) preserve the life of the patient and oneself, and 3) fight only if necessary (Inaba et al., 2018). The elements of this response follow the widely accepted principles of emergency management: mitigation, preparation, response, and recovery. Regarding prevention, although there are no universally accepted minimum standards of security, many hospitals have already sealed all but a few entrances, issued electronic key cards to hospital personnel, required visitors to pass through metal detectors, and so on. In some instances, many of these strategies were implemented in response to COVID-19 infection control.

The proposed plan is as follows (Inaba et al., 2018). To "secure" includes 1) identifying essential patient care areas where life-sustaining treatment is provided, which may include the emergency department, operating rooms, interventional radiology suite, intensive care units, and labor and delivery floors; 2) deploying electronic or mechanical devices designed to barricade entrances into those areas; 3) dimming or turning off all nonessential lights; and 4) silencing telephones and pagers. Implementing "preserve" requires health care personnel to 1) stay away from windows and doors; 2) move patients into a sheltered area, if possible; and 3) provide only the essential medical care required to preserve life, such as abbreviating any operative procedures using damage-control principles and weaning anesthetics. Regarding "fight," only when one's life or one's patient's life is in immediate danger should occupants attempt to fight off the shooter. Once the active-shooter threat is over, health care professionals in the secure area continue providing care. It is likely that many people in other areas of the hospital have been evaluated. Follow-up plans should be in place for activities, such as notifying patients' families of patients' medical status and attending to the psychological first aid needs of patients, family, visitors, and health care workers who were present.

There are many other elements to both the "Run," Hide," "Fight" and the "Secure," "Preserve," "Fight" approaches. There also are other approaches that have not been discussed here (e.g., "Avoid," "Deny," "Defend," and "Treat"). Whatever the approach, staff training is critical; unless staff are trained for an ASI, the response could be general panic. An incident also could set off "normalcy bias" in potential victims, a process of rationalization, and disbelief that delays reaction and response (Evans, 2023). Some hospitals are experimenting with various methods and combinations of methods to be prepared to keep patients, families, and their employees safe, which requires risk mitigation typically beyond the capacity of individual professionals.

Duty to Care

Regarding the health care professional's moral and ethical duty to patients, Giwa and colleagues (2020) contended that health care professionals have a responsibility to accept significant, but not disproportionate, risk in their efforts to benefit their patients. The American Nurses Association (ANA, 2015) position statement adds that accepting personal risk exceeding the limits of duty is not a moral obligation but a moral option. A pediatric nurse with small children of their own will have factors to weigh much different from those of a nurse a year or two from retirement. According to Walden and colleagues (2021): "Each nurse in an active shooter situation must assess their own level of risk and make a personal choice to either prioritize their own safety by temporarily leaving their patients or to remain and accept the high risk for personal injury or death in at the hands of the shooter" (p. 259).

Without measures to protect their patients from an active shooter, nurses' efforts are likely to be unsuccessful. Thus, there is a reciprocal duty of health facilities to develop and implement reasonable measures to help nurses and other professionals keep patients and themselves safe. The ultimate moral and legal responsibility toward patients during an ASI "should fall squarely on the healthcare institution and not the individual HCP" (Giwa et al., 2020, p. 341).

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