Preparation is the first step to dealing with a hospital mass shooting

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"Run, hide, fight" is the Department of Homeland Securities response directive for the public if they find themselves in an active shooter event. However, for healthcare professionals this suggestion might not be an option. An alternative strategy has been created by a collaboration of experts including Baylor College of Medicine.

The other institutions contributing to the alternative strategy were the University of Southern California, the University of Texas Southwestern Medical Center, the University of Connecticut, the Los Angeles Police Department, the Dallas Police Department and the Department of Homeland Security in Dallas County.

Secure, preserve, fight

The large majority of people inside a hospital or similar healthcare facility, such as staff, some patients and visitors, will be able to comply with the "run, hide, fight" directive.

"However, those providing essential medical care to patients who cannot run, hide or fight because of the patient's medical condition still need to take action," said Dr. Kenneth L. Mattox, professor of cardiothoracic surgery at Baylor and chief of staff and surgeon-in-chief at Harris Health's Ben Taub Hospital. Mattox was part of the collaborative group that designed the new recommendation for hospital workers.

"We need to secure the location immediately, preserve the life of the patient and oneself and fight only if necessary," he said. "Secure, preserve, fight."

This strategy, described in a recent publication in the *New England Journal of Medicine*, was created by reviewing data of past hospital shootings between 2000 and 2011.

Preparation

The group's strategy emphasizes that an integral first step to this response is to prepare beforehand.

Areas should be designated as life-sustaining areas and should be equipped with devices that can lock and secure doors and entry points. There also should be life-saving kits placed throughout the hospital. The kits are specifically designed to treat excessive bleeding, which is usually the most urgent care needed when someone is shot. Proper training for hospital employees on how to use the kits also is needed.

Communication is key and an efficient and clear notification system of emergency events needs to be in place.

"Currently, color-coded notifications are the norm in hospitals, but in mass shooting events everyone, including visitors, should be able to understand the message," Mattox said. "Also important is having advanced communication with the regional law enforcement agencies that are likely to respond to an active shooter. They should be aware of essential patient care areas that will probably have been secured so they know what to expect, to a certain degree, when entering the hospital."

After Care

Once a shooter has been stopped it is important to be able to notify those who have barricaded themselves in the secure locations. Most likely the clinicians in these areas will be needed to attend to injuries elsewhere. There also needs to be a plan to notify patients' families, media and, if needed, other hospitals in the area to take on patients who need to be moved.

"Long-term after care should be a part of the response," Mattox said. "The short and long-term psychological effects are important to think about. There should be a plan to follow up with those affected and to treat people as they work through dealing with such a traumatic event."

 More information: Kenji Inaba et al. Active-Shooter Response at a Health Care Facility, *New England Journal of Medicine* (2018). DOI: 10.1056/NEJMms1800582

Provided by Baylor College of Medicine

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