**Purpose**

This Emergency Response Plan forms a general template, as a guide for each Continuing Care site to utilize. It is essential that the Emergency Response Plan be site specific. Individual work sites may need to add (or delete) items that are specific to their operation.[[1]](#footnote-1)

**Active Assailant** is the designated Emergency Response Plan implemented to communicate and activate a standard organizational response to an incident in which a weapon (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, or attempting to kill, people within any Continuing Care facility. The main objectives of activating the Active Assailant Emergency Response Plan are:

* To minimize risk and preserve the safety of staff, physicians, patients, visitors, volunteers, contractors
* To trigger an immediate response from Police Services

**Policy**

[Organization name] is committed to preparing for all types of foreseeable emergencies. All staff are required to follow these steps in the case of an Active Assailant to protect themselves and others.

**Definitions**

* **Active Assailant**: an individual(s) actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active assailants use firearm(s) and there is no pattern or method to their selection of victims.[[2]](#footnote-2)
* **Pertinent Health Information**: anything having a potential effect on the patient including anything relative to the stay, or having direct medical, physical or mental consequences.

**Responsibilities**

Compliance with this Emergency Response Plan is required by all personnel. This Emergency Response Plan does not limit any legal rights to which you may otherwise be entitled.[[3]](#footnote-3)

**Procedure**

1. **ACTIVATION**

The Active Assailant Emergency Response Plan can be initiated by any member of staff who witnesses or recognizes an active threat that requires an immediate Police Service notification and response by activating the actions outlined in the preceding algorithm.

Upon Police Services arrival the incident becomes a law enforcement incident and they will assume full responsibility of managing the situation. Law enforcement’s goal is to locate, contain and stop the active threat as soon as possible. Officers will proceed directly to the incident location, as directed by Security (if on-site) or Site Administration.

1. **POST INCIDENT ACTIONS**

For a facility impacted by an Active Assailant Emergency, Site Administration is to:

* Assess for injuries to persons involved in the incident, and facility damage.
* Implement subsequent emergency response plans as appropriate.
* Complete incident documentation as outlined in the Site Administration section of the Response Plan algorithm

In consultation with Site Leadership, arrange for staff support as needed (EFAP).

A patient’s health record would not normally be annotated with details of the incident. However, all **Pertinent Health Information** relevant to the care of the resident should be documented in the resident’s health record.

**References**

**Cross Reference:**

Lockdown Emergency Response Plan; Violence / Aggresssion - ERP; Hostage - ERP

**Forms/Appendixes**

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| **ACTIVE ASSAILANT EMERGENCY RESPONSE PLAN ALGORITHM** |

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| |  |  | | --- | --- | | **Staff Member Discovering the incident** | **Staff in close proximity to the incident** |   **Recognizes or Becomes Aware** of an incident in which a weapon (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, or attempting to kill, people  **RUN**   |  |  | | --- | --- | | aars-run-print | * Have an escape route and plan in mind * If you are with a patient,resident, client see **Resident Care Decisions** (**Appendix 1**) * Leave the area of the threat immediately; leave your belongings behind * Do not wait for others to follow and do not stop to assist anyone injured by the assailant. If an injured person is ambulatory and will not delay your escape, have them travel with you away from the building * Choose a safe exit to leave the facility * Call **911** when it is safe to do so |   **Depending on the situation/where you are, your best option may be to HIDE**   |  |  | | --- | --- | | aars-hide-print | * Get out of the assailant’s view * Block entry to your hiding place; close and secure doors. As able, cover any *door* windows, barricade the door with beds, desks, supply carts, heavy furniture * Turn out the room lights. **The room must seem to be empty.** * Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g. radio, TV) * If safe and able, particularly if there are injured individuals with you, call **911** (cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you * Remain where you are until Police or Security announce themselves and **they** open the door to allow you out |   **If RUN or HIDE are not safe options, when your life is in imminent danger; prepare to FIGHT**   |  |  | | --- | --- | | aars-fight-print | * As a last resort and only when your life is in imminent danger * Attempt to incapacitate the assailant * Act with physical aggression. If with others, act as a team; use improvised weapons (e.g. fire extinguishers, scissors, chairs) | |

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| **ACTIVE ASSAILANT EMERGENCY RESPONSE PLAN ALGORITHM** |

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| |  | | --- | | **Staff not in close proximity to the incident** |   Upon hearing of an Active Assailant:   * Stop all movement through the building * Do not return to a Unit / Department in close proximity to the incident * Stay away from the incident location (if known)   **Depending on the situation/where you are, your best option may be to HIDE**   |  |  | | --- | --- | | aars-hide-print | * Confidently and calmly assure other staff, patients, resident, clients and visitors to remain within their secured locations * Block entry to your hiding place; close and secure doors. As able, cover any *door* windows, barricade the door with beds, desks, supply carts, heavy furniture * Turn out the room lights. **The room must seem to be empty.** * Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g. radio, TV) * If safe and able, particularly if there are injured individuals with you, call **911** (cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you * Remain where you are until Police or Security announce themselves and **they** open the door to allow you out |   **If HIDE is not a safe option, when your life is in imminent danger; prepare to FIGHT**   |  |  | | --- | --- | | aars-fight-print | * As a last resort and only when your life is in imminent danger * Attempt to incapacitate the assailant * Act with physical aggression. If with others, act as a team; use improvised weapons (e.g. fire extinguishers, scissors, chairs) | |

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| **ACTIVE ASSAILANT EMERGENCY RESPONSE PLAN ALGORITHM** | |
| **Security(1)/ Supervisor or Manager (2)\*** | \*If Secuirity is not on-site, these duties are to be reassigned (**Site Specific Designate**)  Consult with Supervisor / Site Administration / Designate / Police when to declare event concluded and to have “All Clear” announced   * Meet and assist Police (see **Appendix 3; Appendix 4**) * Evaluate and secure building entrances, under Police direction * Provide Police with access cards / keys, as required * If requested, assist Police to unlock doors to release those in hiding, at the conclusion of the incident * Manage the flow of people and vehicles into and out of the scene * Call Police to provide as much information as possible (see **Appendix 2**) (**911 or Site Specific**) * If you are able, **lockdown** or control access to the area until Police arrive   **Protective Services / Security WILL NOT:**   * Attempt to apprehend the assailant **or** * Attempt to rescue any injured individuals |
| **Switchboard(3) / Designate(4)\*** | \*If Switchboard / Designate is not on-site, these duties are to be reassigned (**Site Specific**)  When directed by Site Admin / Admin On-Call, announce:   * **“Active Assailant, All Clear”** (three times) * Site specific variations to overhead announcements **(5)** and internal activations (**Site Specific**)   Upon receiving notification, advise all staff:   * **“Active Assailant / Location** (if known), **Secure Your Area”** (three times) * Call Police to provide as much information as possible (see **Appendix 2**) (**911 or Site Specific**) * Site specific variations to overhead announcements **(5)** and internal activations (**Site Specific**)   Notify:   * Security if on-site (**Site Specific**) * Site Administration / Administrator (**Site Specific**), unless aware this was already done |

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| **ACTIVE ASSAILANT EMERGENCY RESPONSE PLAN ALGORITHM** | |
| **Site Administration /**  **Site Specific Designate On-Call** | In consultation with engaged parties determine when incident has resolved:   * Advise Switchboard / Designate to announce “All Clear” (three times)   Seek updates from Supervisor of affected area / Security / Police to determine actions, based on risk (**Site Specific**)  Ensure support is provided to Police, if possible:   * Relevant floor plans * Support with opening of locked doors by providing access cards / keys * If requested by Police, contact facility maintenance and request shutdown of utilities and medical gasses to the affected area   In consultation with Site Leadership, arrange for staff support as needed (EFAP etc)  Ensure all other incident documentation has been completed.  Once the incident has concluded  Ensure Reportable Incident Form has been completed   * Determine the need to establish a Site Command Post at the facility or alternate location, to coordinate actions and communications to staff * Ensure notification to Zone Leadership. |

**Purpose**

**APPENDIX 1: RESIDENT CARE DECISIONS**

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| “Health care professionals may be faced with the decision about the safety of patients and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure.”[[4]](#footnote-4)  “Every reasonable attempt to continue caring for patients must be made, but in the event this becomes impossible without putting others at risk for loss of life, certain decisions must be made.”[[5]](#footnote-5)  **IF AN ASSAILANT IS ON, OR IN CLOSE PROXIMITY TO YOUR UNIT / DEPARTMENT**  If an assailant is on, or in close proximity to your Unit / Department, and you are with a patient, you may have to make decisions about your own personal safety and the temporary discontinuation of resident care. Staff should take steps to protect residents if there is time and using a method that does not jeopardize the personal safety of the staff or interfere with Police actions. These steps may include evacuating the area or preventing entry to an area where the active assailant is located. However, during an active assailant situation staff may find there is not sufficient time to do anything but to ensure their own safety. In this instance, as soon as the situation has resolved the staff should promptly resume care of residents.  Staff are to follow the **RUN, HIDE, FIGHT** action plan, even if you are engaged in patient care.   * Temporarily discontinue all patient care * Assist residents to evacuate with you if they are able and if it is safe to do so * If you are with a residentwho cannot escape with you: * Let the resident know that you have to leave * Instruct the resident to remain calm and stay alert * Instruct the resident to remain quiet and not to make contact with the assailant * Turn off the lights in the resident room and secure the door as best you can upon exiting   If **RUN** is not a safe option, hide in as safe a place as possible. If it is best for you to remain in a patient’s room, follow the **HIDE** actions, in the Response Algorithm. If you are in a specialty care unit, secure the unit entrance(s) by any means available (e.g. door locks, furniture, cabinets, bed, equipment, supply carts, etc.) |

**APPENDIX 2: REPORTING AN ACTIVE ASSAILANT INCIDENT TO POLICE**

Upon recognizing the danger, as soon as it is safe to do so, staff or others must alert Responders by contacting Police (**911 or Site Specific**) with as clear and accurate information as possible.

Some of the information the dispatcher may request is:

* How many suspects are there?
* Where is/are the suspect(s)?
* Have they left the scene?
* Where are they moving toward?
* What are they wearing (including body armour)?
* What types of weapon(s) are involved?
* Have there been any shots fired? If so, how many?
* When was the last time you heard gunfire?
* Where are you located?
* How many people are with you?
* How many people are injured?
* Are there hostages?

**APPENDIX 3: SITE INFORMATION TO BE PROVIDED TO POLICE SERVICES**

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| **Primarily Important**:   * Maps and Floor Plans (Bird’s Eye View maps and floor plans similar to “You Are Here”)   + Gas main shut off highlighted   + Electrical breaker panels highlighted   + Water shut off highlighted   + HVAC controls highlighted   + Building segmentation by department (e.g. Emergency Department, Pharmacy, Neonatal Unit, MRI suites, Operating Rooms, ICUs, etc.) highlighted * Ability to open every possible lockable door (e.g. card swipe, Master Keys, code punch). Protective Services / Security may be asked to accompany Police to open locked doors to release those in hiding, at the conclusion of the incident   **Secondarily Important**:   * Location of Site Command Post with identification of Site Leadership and contacts   + Facility’s communication messaging (e.g. what have the staff been told) * Site Emergency Response Plans   + Actions for an *Active Assailant* Response   + Actions during a Hostage Situation   + Actions during a reported Bomb / Improvised Explosive Device Situation   + Evacuation Plan to include routes and assembly areas * How Protective Services / Security personnel are identified   + Location of video control room (if applicable) |

**APPENDIX 4: ANTICIPATED POLICE SERVICES ACTIONS**

Upon Police Services arrival, the incident becomes a law enforcement incident and they will assume full responsibility of managing the situation. Law enforcement’s goal is to locate, contain and stop the active threat as soon as possible. Officers will proceed directly to the area in which the assailant was last reported.

Teams of Officers may wear regular patrol uniforms or external bulletproof vests, helmets and other tactical equipment including rifles, shotguns and handguns. They may use pepper spray or tear gas to control the situation, shout commands and push individuals to the ground for their personal safety.

“Contact Teams” (first officers to arrive at the scene) will not stop to help injured persons. Expect “Rescue Teams” comprised of additional officers to follow. These Rescue Teams may include paramedics, who will treat and remove any injured individuals. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

When individuals have evacuated and reached a safe location, they will be held in that area by law enforcement until the situation is under control and all witnesses have been identified and questioned. No one is to leave the safe location until law enforcement authorities have instructed individuals to do so. It could be a number of hours before police locate everyone in their hiding or locked down locations. If someone is hiding or in a locked down location and is injured then 911 needs to be called to advise of their location and status. If possible, those hiding with the injured person should try to control any bleeding, while waiting for Police to respond.

Police will control all movement within, access to and egress from the building.

1. *OHS Code Explanation Guide*, published by Alberta Queen’s Printer for the Alberta Government [↑](#footnote-ref-1)
2. Adapted from definitions for Active Shooter and Active Assailant, used by RCMP and US Federal Government Agencies. [↑](#footnote-ref-2)
3. Section 31 of the Alberta OH&S Act states that:31(1) Subject to this section and section 5, a worker may refuse to work or to do particular work at a work site if the worker believes on reasonable grounds that there is a dangerous condition at the work site or that the work constitutes a danger to the worker’s health and safety or to the health and safety of another worker or another person. [↑](#footnote-ref-3)
4. U.S. Department of Health and Human Services U.S. Department of Homeland Security U.S. Department of Justice Federal Bureau of Investigation Federal Emergency Management Agency; Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans; November 2014; [↑](#footnote-ref-4)
5. Healthcare and Public Health Sector Coordinating Council; Active Shooter Planning and Response in a Healthcare Setting; April 2015; [↑](#footnote-ref-5)