



# Global Threats.

# Local Response.

[www.njohsp.gov](http://www.njohsp.gov)

@NJOHSP

[ohsp@njohsp.gov](mailto:ohsp@njohsp.gov)

# Active Shooter Response Training for Dialysis Centers



The New Jersey Office of Homeland Security and Preparedness (NJOHSP) helps to direct prevention, detection, protection, response, and recovery planning, not only at the state level, but also at the regional and national levels with our varied partners. In addition to coordinating efforts with other state agencies, NJOHSP plays a critical role in helping to shape state and inter-state homeland security policy and practices. NJOHSP is comprised of four Divisions: the Division of Intelligence, the Division of Policy and Planning, the Division of Cybersecurity, and the Division of Administration.



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# Objectives

- Participant will be able to name options to use if they suspect an active shooter situation
- The participant will be able to describe the violence that has taken place at dialysis centers
- Participant will be able to choose the best course of action for their survival and for that of others
- Participant will be able to describe why preparedness helps reduce risk



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# Background

Active shooter incidents have increased in recent years at:

- Schools
- Workplaces
- Places of worship
- Shopping malls
- Public meetings
- Movie theaters



**Westfield Garden State Plaza Mall in Paramus.  
Active shooter situation (November 4, 2013).**



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# Active Shooter Defined

“An individual(s) engaged in killing or attempting to kill in a populated area”

- Firearms usually weapon of choice
- No pattern of targeted victims
- Incidents are dynamic and evolve quickly



**Aaron Alexis**



**Dylann Roof**



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# Five Stages of an Active Shooter

- Fantasy Stage
- Planning Stage
- Preparation Stage
- Approach Stage
- Implementation Stage





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# First Stage of an Active Shooter

## Fantasy Stage

- Shooter dreams of the shooting
- Fantasizes about making headlines
- He may draw pictures of the event
- He may make web postings
- May possibly discuss with a friend



VA Tech 2007



Columbine HS 1999

# Second Stage of an Active Shooter

- Determining the logistics:
  - Who, what where, why and when
- Time and location is decided
- Targeted individuals, if any, will be chosen
- Weapons and the acquiring explosives of will be decided
- Decisions on dress and travel to target location





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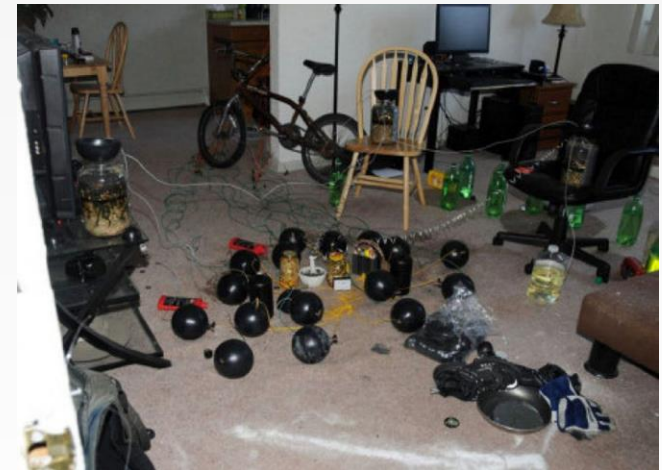


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# Third Stage of an Active Shooter

## Preparation Stage

- May acquire gunpowder or chemicals for improvised explosive devices
- May break into a house and steal weapons and ammunition
- Possible dry run or walk through of the assault
- May call friends and advise them not to show up for work or school





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# Fourth Stage of an Active Shooter

## Approach Stage

- Dangerous time
- Plans are made and shooter is committed to act
- Shooter is actually moving towards target
- Very dangerous time for intervention by law enforcement





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# Fifth Stage of an Active Shooter

## Implementation Stage

- Shooter opens fire
- Committed to carrying out the act
- Will kill until he runs out of victims or ammunition
- Initial responding officers need to intercept shooter and stop the threat





# Threats In Dialysis Centers



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- Patients feeling anger and frustration from:
  - Resentment of being ill
  - Losing control of their lives
  - Dietary changes and effects of medication
  - Stressed at job loss





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# Threats In Dialysis Centers

- Patients being victimized:
  - Significant number of patients are 65 and older
  - Many feel frail, weak tired and worn-out
  - May seem easy targets for criminals, especially when coming to or leaving the center
- Staff Victim rate:
  - Rate of assaults on healthcare workers 8 of 10,000 compared to 2 of 10,000 for private sector industries



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# Hospital Based Shooting Study

- **Out of 154 hospital shootings:**
  - 59% inside hospital vs 41% outside
  - 91% of shooters were male
- **Location:** 29% ED, 23% parking lot, 19% patient room
- **Motive:** 27% grudge, 21% suicide, 14% euthanize relative, 11% prisoner escape
- **Victim:** 45% perpetrator, 20% hospital employee, 3% physician, 5% nurse
- **Weapon taken from security guard:** 23% of ED shootings,



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# September, 2005 Long Island City, New York

- Dialysis technician was shot by a deranged former patient
- The 64 year old former patient fired a .357 Magnum, striking the 41 year old mother, as he fired at staff and patients
- She recovered from her wound
- He was kicked out of the facility several weeks earlier for threatening staff with a knife





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# May, 2013 Orlando, FL Man Shot Inside Florida Dialysis Center

- A man was shot in the abdomen at an Orlando dialysis center
- Shemira R. Hargrove, 32, was arrested and charged with attempted murder
- She walked in and fired at the man lying on the table
- Police suggested there was some sort of argument prior to the gunfire
- She gave no reason for the shooting





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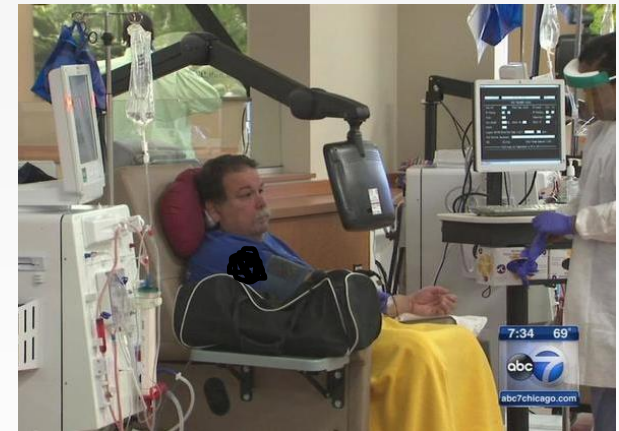


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# February 2016

## Five Arrested After Burglarizing Dialysis Center

- 2 were arrested and charged with theft/burglary
- 3 were arrested charged as accessories after the fact in assisting in the sale of stolen artwork
- Patients have grown concerned for their safety





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# December, 2016

## Florida Dialysis Center Robbery

- Two armed robbers on a crime spree entered a dialysis center and robbed three people
- Gregory Whitbecka, a 55 yoa social worker was the final victim and was shot in the parking lot after a struggle
- Employees at the center attempted to save Whitbeck's life when he walked but he died in the clinic





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# What Should You Do During A Robbery?

- Remain calm and obey the robber.
- Keep your hands visible.
- Do not have a discussion with him/her.
- Keep him informed.
- Give him/her what he demands.
- Observe him/her attentively and get a description (sex, age, height, weight, eye color, clothing, weapon, tattoos, scars, accent, distinct odors such as alcohol or tobacco).
- Memorize what he/she touches for fingerprinting by authorities.
- Do not chase the robber.
- Most importantly, you have to remain calm and do everything the person demands you do

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# Albanian Dialysis Patient Kills Three By Fire

This video contains footage some viewers  
may find upsetting



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# Active Shooter

- An active shooter response is different than a robbery
- Their goal is to kill not rob you
- You can't negotiate or talk them out of killing
- You have to think fast and decide what to do
- Try to get away if possible



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# Active Shooter: What to Expect

- Fear, noise, confusion, and alarms
- Severe injuries and deaths
- Average police response time is three minutes
- 60 percent of active shooter incidents end before police arrive
- 30 percent of police officers who make solo entries are shot



**Garden State Plaza Mall**



**Washington Navy Yard**

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# Communication

*The first few seconds are critical.*

- Mass communication system is key (plain language not codes)
- Must alert employees, patients and visitors
- Public address system, text alerts, or both are preferable, sounds and lights could also be used
- Response strategy should be planned and practiced



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# Assess the Situation

**What is going on?**

**Where is it happening?**

**Who is doing it?**

***Run. Hide. Fight.***

Consult NJOHSP website for training videos:

[www.njohsp.gov/homeland-security-resources](http://www.njohsp.gov/homeland-security-resources)



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# Response: Run

*Run away when it is safe to avoid the gunfire.*

- Evacuate regardless of whether others follow
- Leave your belongings
- Help others escape, if possible
- Prevent individuals from entering the shooter's area





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# Response: Hide

*If you cannot run, hide where it is safe to hide.*

- Stay out of shooter's view
- Seek cover from gun shots
- Do not trap yourself or restrict movement
- Lock or block any doors
- Do not move. Be silent
- Turn off lights and any source of noise, including your cell phone





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# Securing the Door with Blocks and Stops

- There are different ways to secure doors.





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# Response: Fight

*As a last resort, fight for your life.*

- Take aggressive action
- Disrupt or incapacitate
- Yell and scream
- Throw items and use improvised weapons such as a chair, stapler, mug, plaque, or heavy book
- Full commitment is necessary to disarm and eliminate the threat



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# Improvised Weapons

- Anything can become a weapon
- Fire extinguisher - spray attacker in the face, then beat them with the canister
- A hot cup of coffee or water thrown in their face may distract them allowing you to escape
- Pens or pencils for stabbing in the neck
- Stethoscopes can be used for striking
- Pepper spray if you have it

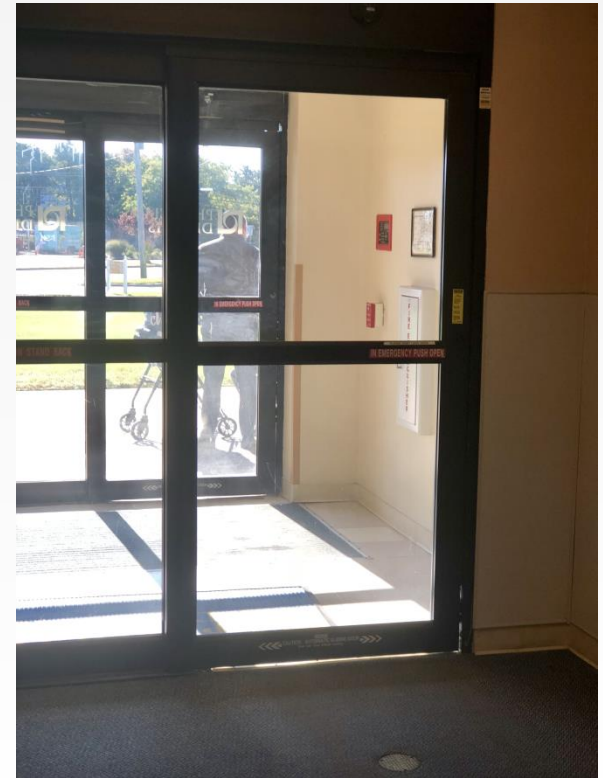




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# Facility Entrance

View from inside hallway  
through outside doors





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# Facility Entrance

View from waiting room  
to exterior doors

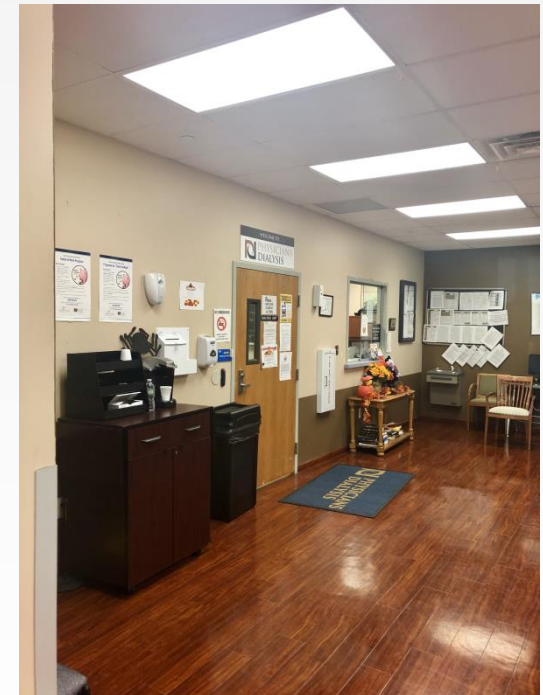




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# Waiting Room

View from inside entry door to waiting room and clinic entrance

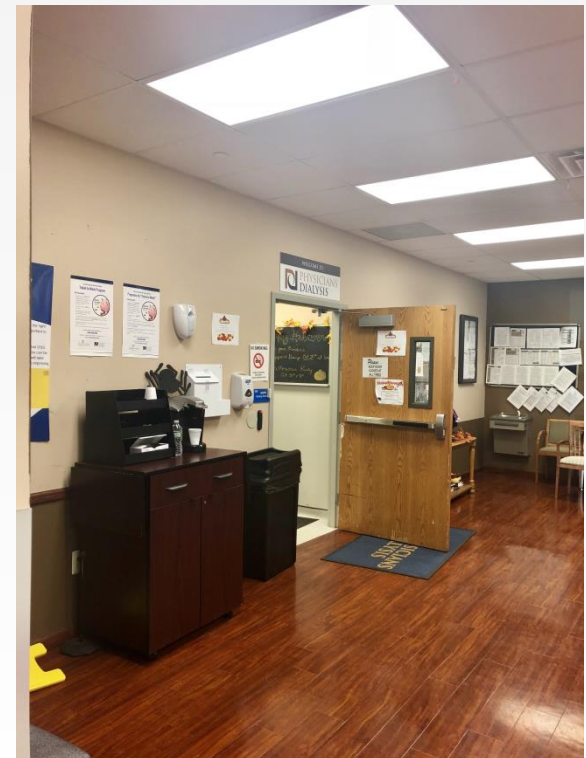




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# Waiting Room

- View from inside entry door to waiting room and clinic entrance
- Receptionist's view is obstructed by the door





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# Waiting Room

View of receptionist's window from waiting room





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# Receptionist's View

Receptionist's view  
of waiting room

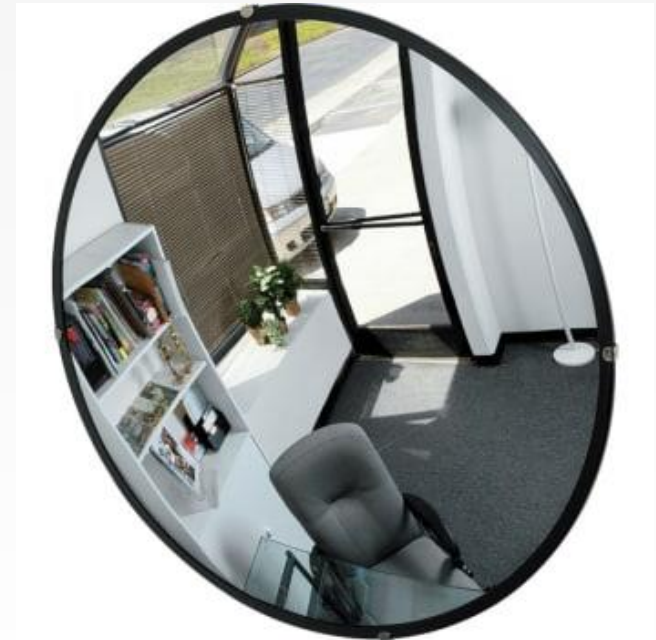




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# Convex Mirror

- A convex mirror allows the receptionist to see patients entering the door into the clinic at a blind spot
- Allows better control of individuals who may pose a threat
- Helps prevent “tailgating”





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# View From Clinic by the Weigh-In Area

View of door leading  
to the waiting room

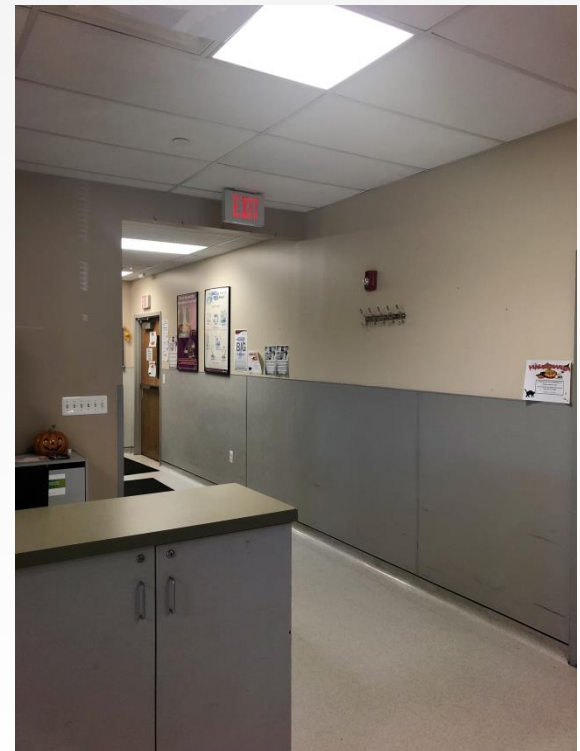




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# Clinic

## View from Patient Treatment area





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# Weigh-In Area

View of weigh-in  
area and hallway  
to the right of the door

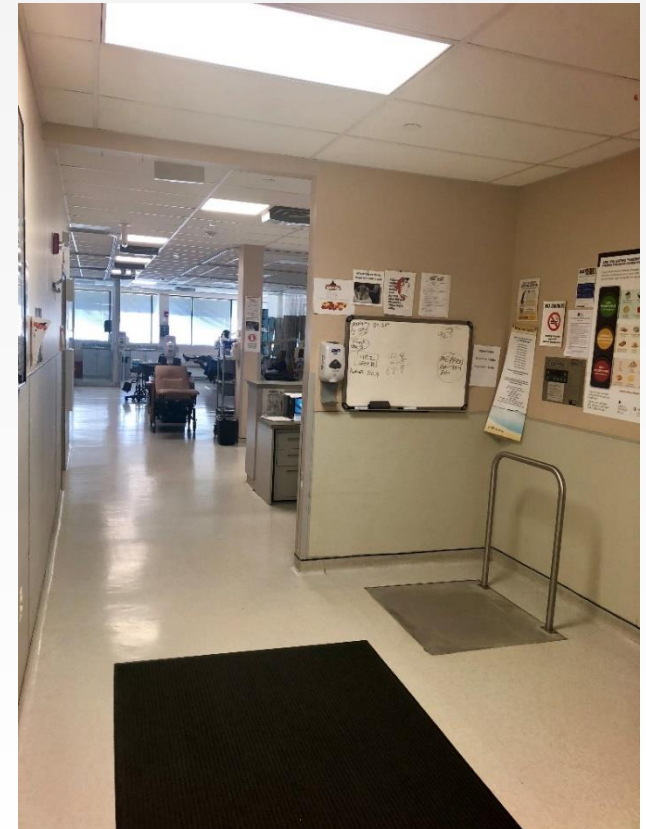




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# Weigh-In Area

View of clinic and weigh-in area on right, which is to the left of the entrance door





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# Weigh-In Area

View of the hallway going away from clinic, weigh-in area is to the left





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# Hallway to Back Offices

View down hallway  
to back offices





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# How to Respond When Police Arrive

***Remember, the police will not know you when they arrive.***

- Remain calm and do as you are told
- Do not point at them
- Put down items you are carrying
- Slowly raise your hands and spread your fingers
- Avoid sudden movements, yelling, or screaming
- You may be pushed to the ground for safety



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# Developing a Plan

- Assemble a planning team:
  - Executive Leadership
  - Legal
  - Nursing
  - Security
  - Facility Engineering
  - Emergency Management
  - Risk Managers
  - Local Law Enforcement



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# Develop a Plan

- Confusion and chaos can be minimized by a quick response with structure and focus
- Make sure it integrates with the facility Continuity of Operations Plan
- An evacuation policy and procedure
- Methods for reporting an active shooter
- Select areas that can be secured for lockdown
- Ensure locked doors remain closed and locked



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# Hospital and Healthcare Facility Response

- Send out the alarm message - simple and clear
- Use “plain language” not codes
- Studies have shown when people know what the threat is there is less stress
- Make sure police are notified ASAP and have access to the facility



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# Securing Patient Care Areas

- Secure patient care areas where life sustaining treatment is being administered
- Get patients to a protected area if possible
- Provide only the essential care to patients
- Use electronic or mechanical devices to secure access points
- Stay away from windows and doors, dim the lights
- Silence cell phones, i.e. ringer and vibrate



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# Teaching Patients Emergency Disconnect

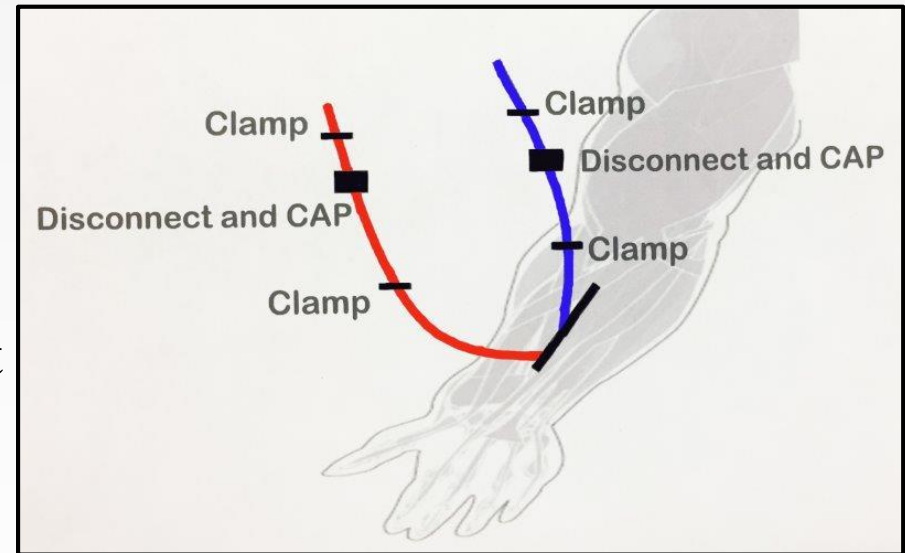
- Patient Subject Matter Experts (SMEs) from ESRD Network 3's Patient Advisory Committee (PAC) shared:
- That they receive education at the facility for emergency self-disconnection and are asked to sign a document attesting their participation in the training.
- Most patient SMEs agreed that they do not feel quite confident in actually doing the process and hope they never have to do it.
- SME consensus is that patients should be given the opportunity to practice emergency self-disconnect with the guided supervision of staff.
- Practice will help patients overcome any fears and build confidence in being able to follow the process if an actual emergency happens.



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# Emergency Disconnect Technique

- In order to expedite moving patients:
  - Staff will teach patients to clamp off their own hoses
  - Patient can quickly disconnect so they can then be moved
- Diagram shows the position of the clamps prior to disconnecting



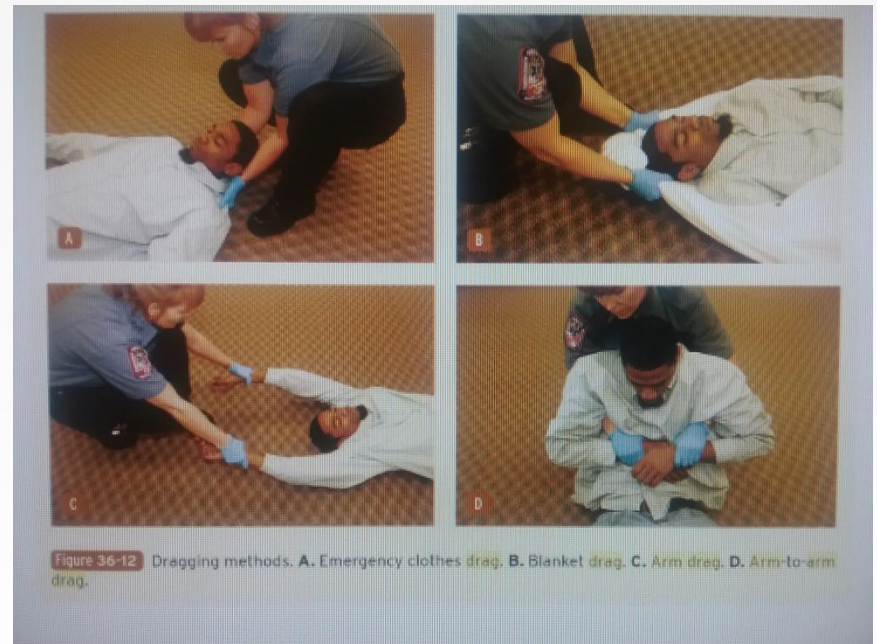
Emergency Disconnect Technique



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# Moving Patients

- Dialysis patients need to be moved to a safe area quickly
- Use a clothes drag
- Pulled to safety on a blanket or a coat
- Arm drag
- Crossed arm to arm drag





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# Continuity of Operations

## Four Phases of Continuity of Operations Activation

- Phase I - Readiness and Preparedness
- Phase II - Activation and Relocation: plans, procedures, and schedules to transfer activities, personnel, records, and equipment to alternate facilities
- Phase III - Continuity Operations: full execution of essential operations at alternate operating facilities is commenced
- Phase IV – Reconstitution: operations at alternate facility are terminated and normal operations resume



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# Continuing Operations After the Incident

- Notify essential care areas when shooter has been neutralized
- Remove barricades only after notification has been received
- Continue providing essential medical and surgical care to patients
- Plan for rapid recovery and discharge of patients undergoing outpatient procedures
- Implement your Mass Casualty or Trauma Care Plan



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# Recovery

- Plan for notifying patient's status to family
- Media notification – Public Information Officer
- Diversion of all emergency medical service transports
- Have a plan to divert patients
- Get psychological first aid (short and long term) for everyone present during the incident



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# Signs of Potential Workplace Violence

- Increased use of illegal drugs
- Unexplained absenteeism or vague physical complaints
- Depression or withdrawal
- Noticeably unstable or emotional responses
- Increased claims of problems at home
- Unsolicited comments about violence and dangerous weapons



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# Preventive Measures

- Healthcare facilities are increasingly becoming targets
- Assess your physical security environment for staff safety
- Take a look at your violence prevention plan
- Look at ways to mitigate violent incidents
- Practice your response plans, revise as necessary
- Train staff to recognize warning signs that signal possible violent behavior



Christina Catlett, MD  
John Hopkins Hospital



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# Management Responsibilities

- Ensure, develop, and practice policies and procedures
- Train and exercise all personnel and security staff
- Establish an emergency notification system
- Have readily available crisis/trauma kits and employee rosters
- Establish safe rooms, evacuation routes and assembly points from your buildings



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# Final Thought

***Failure to Prepare is Preparing to Fail!***

***We cannot afford to fail.***