Active Threat at the El Paso VA

PETER DANCY

ACTING DIRECTOR

Incident Commander

- Courage to lead in a Crisis
- Comfortable being uncomfortable
- Support the grieving; pay tribute to the lost

Care During a Lockdown

- Purposeful visibility
- Guide the “new normal”
- Thank and praise staff

Active Threat at the El Paso VA

Thomas Nelson

Chief of Police, Northern Arizona

INTRODUCTION

- During this training, El Paso Community members will be presented with some key information regarding Active Threat Events. There are numerous instances throughout history where criminals have randomly killed as many victims as possible during one incident before taking their own lives or being stopped by law enforcement. These types of “mass killings” became know as “Active Shooter Incidents” after the tragedy at Columbine High School in April, 1999.

- Active threat events can, and do occur wherever large groups of people congregate – in the workplace, shopping malls, schools, movie theatres and places of worship. Unfortunately the reality is that Healthcare Organizations are susceptible to an Active Shooter Event as well. Therefore, it is imperative that the El Paso Community members are aware to recognize an Active Threat Event and know what to do, in addition to understanding how Police Officers are trained to respond.

Definition of an Active Threat Event

- The event is described as an emergency situation involving a person or persons who are actively engaged in killing or attempting to kill people in a populated area by acts of either random or systematic violence.
- The overriding objective appears to be that of mass murder, rather than criminal conduct such as robbery, kidnapping, etc.
- Active Threat Events include any assault with a deadly weapon (guns, knives, explosives, etc.) with one objective in mind; causing as many deaths as possible.

Characteristics associated with an Event

- Focus is on harming anyone whom they come into contact with.
- The assault is generally not focused on one particular victim or group of victims, but rather on “targets of opportunity”.
- Little to no warning is given before the assault begins.

- Updated by LETC, Feb/2015.
- Data Source: Office of Security & Law Enforcement

Characteristics

- **Characteristics associated with an active threat suspect(s) vs. Active Threat(s).**

  - Suspects choose populated areas to commit the assaults such as, schools, theaters, churches and shopping malls
  - The suspect(s) usually have some degree of familiarity of the location of the event.
  - A variety of weapons are used in different ways.
  - Some suspects engage multiple victims at close range using edged weapons, pistols, shotguns or submachine guns.
  - Some suspects engage victims at longer distances using a rifle.
  - Some Suspects engage victims and first responders with Improvised Explosive Devices (IED).

- Updated by LETC, Feb/2015
- Data Source: Office of Security & Law Enforcement

Notification Procedures

- While mode or delivery of an Active Threat Event may vary by facility (Giant Voice, phone internet or all the above), it is vital that the alert/notification be sounded as quickly as possible.
- Plain English identifying an “Active Threat” is in progress with location, if known can be used throughout the Healthcare Organization.
- When an Active Threat Event is announced it should be immediately followed by the location, i.e., “Active Threat Firearms”, Bldg. #XYZ, 3rd Floor or Ward XYZ.
- This will provide those in or near the affected area the information they need to initiate their response.
- From the time the Active Threat Event begins until it is announced there is an unavoidable time lapse, which may give the suspect(s) the opportunity to relocate.

Options to Protect Your Life

- Events are often over before law enforcement can respond and only occur over a span of a few minutes (e.g. Fort Hood shooting). Maj. Nidal Hasan. Before being engaged by DOD Police and wounded, there were 43 casualties, 12 of which were soldiers, 1 civilian employee and 30 people were wounded and required hospitalization.

- Virginia Tech gunman Seung-hui Cho killed 30 and wounded 17 in approximately 10 minutes. This means staff is often in a better position to mitigate loss of life than police.

As soon as you become aware of an event, you need to act quickly to determine the most reasonable way to protect your own life.

The fundamental intent of this training is to provide you the information you need to assess your situation rapidly, to help you choose the best/safest course of action.

Three Options

- There are generally three options to choose from. The best option for you will be based upon the specific circumstances or situation you are in at the time you become aware of the event. Here are some factors you need to consider:
    - What type of setting are you in; patient care, office, outside etc.?
    - Are there others in your immediate area who need your assistance?
    - Are they mobile or do they have limitations?
- The options that are most widely accepted are: **Evacuate** (RUN) **Evade** (Shelter in Place and Hide), or as a last resort, **Engage** (Take action against the attacker(s) and fight).
- The **Evacuate, Evade, Engage** model has been widely distributed and accepted throughout the Federal Government.
- All models, including **Evacuate, Evade or Engage** emphasize how important it is for you to understand how to properly assess and make the best decision for your particular situation.

Evacuate

- Unlike a fire emergency, evacuation is best suited in a setting where you have clear access to an escape route, or are in the immediate area of the attack. The idea is to get as many Victims/Targets out of the area as possible to reduce casualties. Traditional philosophy is that you should encourage others to flee with you, but not to wait if they hesitate. In other words "look out for number one." If your assessment indicates that this is the best course of actions for you then act swiftly, get out and away from the affected area. Staff should attempt to evacuate if:
  - You are caught in the immediate vicinity of the assault, or
  - You are notified of the assault and have a visible, unobstructed path to safety.

Evacuate

- If a staff member decides to evacuate, he or she should:
  - Leave personal belongings behind
  - Help others, *if possible*
  - Prevent others from entering the threat area*, if possible*
  - Keep their hands visible
  - Follows the instructions of any police officers
  - Do not attempt to move wounded people
  - Do not attempt to drive away
  - Call 911 when they are safe

Evade

- Often during an Active Threat Event, one of the best courses of action for staff, patients and visitors is to "EVADE AND SHELTER IN PLACE" OR "LOCK DOWN" In their immediate vicinity. If there is a relatively secure location to hide nearby, in the absence of a clearly safe escape route, staff should shelter themselves, patients and visitors in a secure location and lock down until the threat is neutralized. Most doors in the Medical Center are solid core and able to be locked. Many walls are constructed of block and brick. These are likely to provide some protections. Staff should secure their immediate area by:
  - Locking and barricading doors with whatever is available (i.e. desks, file cabinets, beds, etc.).
  - Turning off lights, radios and computer monitors
  - Blocking windows and closing blinds
  - Silencing cell phones

Evade

- **Once secured, staff should also:**
  - Take cover within the location behind heavy furniture, equipment, etc.
  - Remain calm, quiet and out of sight (and encourage others to do the same-remember, calm is contagious)
  - Contact authorities if possible (if you cannot speak, leave the line open and allowing the dispatcher to listen)
  - Render basic first aid to injured person *if feasible*, as not to endanger your life or the lives of others
  - Place signs in exterior windows to identify the location of the injured

Discussion

- The choice to Evacuate (Run) or Evade (Shelter in place and Hide) yourself and others, **are two options that may carry equal benefits.** It is impossible to identify all situations where one option would be better than another. Staff in an office environment may have a better chance of evacuation when those in the area are mobile and can assist each other with moving to safety.
- People who attempt to evacuate may leave a position of relative safety and expose themselves to the threat. Law Enforcement officers forced to manage people evacuating will also have more difficulty locating, responding to and neutralizing the threat. In short, a mass evacuation adds chaos to an already chaotic situation and may even serve to give the suspect more opportunity to harm more innocents.
- Staff in a clinical area may choose to evade and “Shelter in Place” when having the ability to move patients to safer locations within the clinical areas that can be locked or barricaded.

Engage

- Staff should take action against the suspect only as a last resort when their life is in immediate and imminent danger. If action is taken against the suspect, staff must be committed to acting swiftly and aggressively to disrupt and/or incapacitate the attacker(s).

Information to 911 Dispatchers

- **Contact the Police**: Immediate notification of police is crucial. As soon as possible, staff should contact the police and relay as much information as they can. Remember, the police emergency line may be overwhelmed.
- Staff should be aware of alternate means of contacting the police (i.e. police non-emergency line, police email, panic alarm activation, etc.) Information to be relayed to dispatchers should include:
- The specific location of the suspect (building & room numbers, floors, etc.)
- The number of suspects (Do you know the suspect(s)? What are their names?)
- The suspect's physical description (race, gender, clothing color and style-is the suspect wearing a backpack or carrying a bag?)
- The number and type of weapons involved (i.e. pistol, long-gun etc. – have you heard gunfire? Have you heard an explosion?)
- When contacting the authorities, the most important thing that staff can do is to remain calm and be a good witness

First Responding Officers Role

- The modern era of police response to an Active Threat Event was one of “secure the perimeter and wait for SWAT or SRT.”
- First Responders no longer contain the situation and wait for “SWAT” First responders are trained to respond directly, and as quickly as possible to assertively, and decisively engage and neutralize the Active Threat thereby, preventing the further loss of innocent life.
- Responding officers will most likely be in duty uniform and may be from multiple agencies. The first responding officers will not stop to aid the injured.

Actions Upon Police Arrival

- Upon Police arrival, staff should:
  - Immediately follow directions
  - Put down any items they are holding (i.e. bags, jackets etc.)
  - Keep hands visible at all times
  - Remain in sheltered location
  - Relay as much information as possible to any responding officers
- **Upon Police arriva**l, staff should not:
  - Make quick movements towards officers
  - Hold onto officer for safety
  - Point and scream

Follow Up Actions

- **FOLLOW UP ACTIONS THAT STAFF MAY BE CALLED UPON TO DO**
  - After police have neutralized the threat and secured the area, teams of rescue personnel comprised of medical staff and police officers will follow.
  - Staff may be called upon to help treat and move the injured.
  - If you have sheltered in place, do not un-secure and leave your area until you have visual or audible confirmation by a police officer or supervisor that it is safe to come out.
  - If you are unsure, remain barricaded in the secure location.
  - Staff may be called upon to help treat and move the injured.

Medical Centers

- **<u>WHAT CAN MEDICAL CENTERS CAN DO TO BETTER PREPARE FOR AN ACTIVE THREAT</u>**

- As with any other emergency situation, preparation greatly increases one's likelihood of survival. Medical Centers should prepare for an Active Threat event by:

  - Having an Emergency Action Plan
  - Maintaining an emergency notification system
  - Disseminating information to employees
  - Training employees for an Active Threat event

Medical Centers

- **<u>WHAT MEDICAL CENTERS CAN DO TO BETTER PREPARE FOR AN ACTIVE THREAT</u>**
- Coordinating and training with local law enforcement and EMS
- Maintaining good physical security
- Conducting effective employee screening and background checks
- Maintaining a system where staff, patients, and visitors can report signs of potential violent behavior

Events Occurring in an Active Threat Event

- First Responder
  - VA Police
- Unified Incident Command
  - VA Police
  - Ft Bliss Directorate of Emergency Services
    - Military Police
    - Ready Platoon (for directing traffic, posting guards, etc.)
  - William Beaumont Army Medical Center Provost Marshal Office
  - Federal Bureau of Investigation
  - VA Office of Inspector General – Criminal Investigative Division
  - Ft Bliss III Army Corps Criminal Investigative Division

Events Occurring in an Active Threat Event

- Notification
  - Executive Leadership
  - VISN 18 (Executive Leadership, Chief of Police)
  - Integrated Operations Center
- Investigation
  - FBI – takes lead or joint investigation if necessary (i.e., El Paso incident was joint FBI, Army CID, and VAOIG investigation).
  - VA Police – conducts local investigative report
- Recovery
  - Provided Critical Incident Debriefing Team
  - Disaster Emergency Medical Personnel System (DEMPS)
    - Nationwide support request for Accredited VA Police Officers
    - Funding request from VISN 18 and OEM. OS&LE Physical Security program and oversight team

Conclusion

- The truth is, the facility staff can do more to mitigate the loss of life than police, due to being on scene when the Active Threat Event starts. The need for training staff how to recognize, react to and prevent Active Threat Events is critical.

- Furthermore, employees will have added responsibilities to account for patients and visitors. Having active threat incidents as part of a facilities comprehensive safety plan is simply not enough. Preparation and training for all employees to an Active Threat event is an important step.

Active Threat at the El Paso VA

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Jesus Diaz

Chief of Environmental Management Service

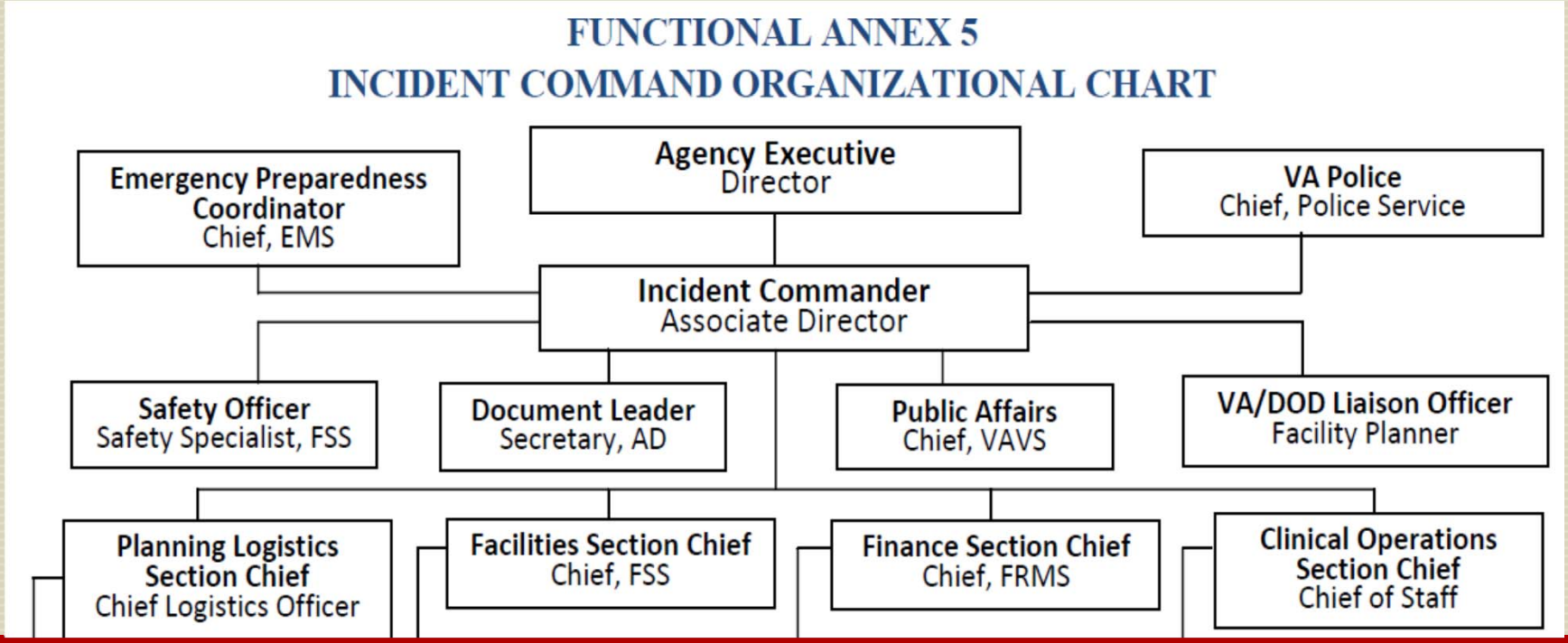
Emergency Manager on January 2015

Hospital Incident Command System (HICS)

- Methodology for using the Incident Command System (ICS) in a Hospital or Healthcare environment.
- Includes training courses, forms, and response and planning guides
- Consistent with the National Incident Management System (NIMS)

El Paso VA Health Care System's Incident Command System

- Identifies Key Staff for response during emergency events and exercises
- Assigned by Position with 2-3 levels of depth



HICS 202 – Incident Objectives

HICS 202- INCIDENT OBJECTIVES		
1. INCIDENT NAME El Paso VAMC Active Shooter Recovery	**2. DATE** 1/11/2015	**3. TIME** 1400
4. OPERATIONAL PERIOD (DATE/TIME) 1/12/2015: 0700 - 1700		
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES) 1. Repair of Infrastructure 2. Account for Staff 3. Safety Measures 4. Manage Clinic Cancellation 5. Re-establish Clinics 6. EAP Counseling/Psychological Safety 7. Return to Full Operations		
6. OPERATIONAL PERIOD COMMAND EMPHASIS		
7. GENERAL SITUATIONAL AWARENESS		
8. Attachments (☑ if attached)		
X Organization List (ICS 203)	☐ Medical Plan (ICS 206)	**X Weather Forecast**
☐ **Assignment List (ICS 204)**	☐ Incident Map	☐
☐ **Communications Plan (ICS 205)**	☐ Traffic Plan	☐
9. PREPARED BY (PLANNING SECTION CHIEF)		**10.APPROVED BY** (INCIDENT COMMANDER)

HICS 203 – Organization Assignment List

HICS 203 – ORGANIZATION ASSIGNMENT LIST			
1. INCIDENT NAME El Paso Active Shooter Recovery	**2. DATE PREPARED** 1/10/2015	**3. TIME PREPARED** 1600	**4. OPERATIONAL PERIOD DATE/TIME** 01/9/15-01/16/15
POSITION	**NAME / AGENCY**		
5. Incident Commander and Staff			
Incident Commander:	Deputy Network Directory (DND) VISN 18		
Public Information Officer:	Chief, VA Voluntary Service (VAVS)		
Liaison Officer:	Area Emergency Manager, Office of Emergency Management (OEM)		
Safety Officer:	Safety Specialist, Facilities Support Service (FSS)		
Police Branch:	Chief, Police Service		
6. Operations Section			
Chief:	Chief of Staff (COS)		
Staging Manager:	Associate Director of Patient Care Services, Nurse Executive		
Clinical Admin:	Chief, Health Administrative Services (HAS)		
7. Planning/Logistics Section			
Chief:	Chief, Logistics Service (LOG)		
Situation Unit	Executive Assistant to the Director		
8. Facilities Section			
Chief:	Chief, Facilities Support Service (FSS)		
Service Branch	Supervisor, Biomed/Maintenance & Operations		
9. Finance Section			
Chief:	Chief, Financial Resource Management Service (FRMS)		
Procurement Unit	Contract Liaison, LOG		

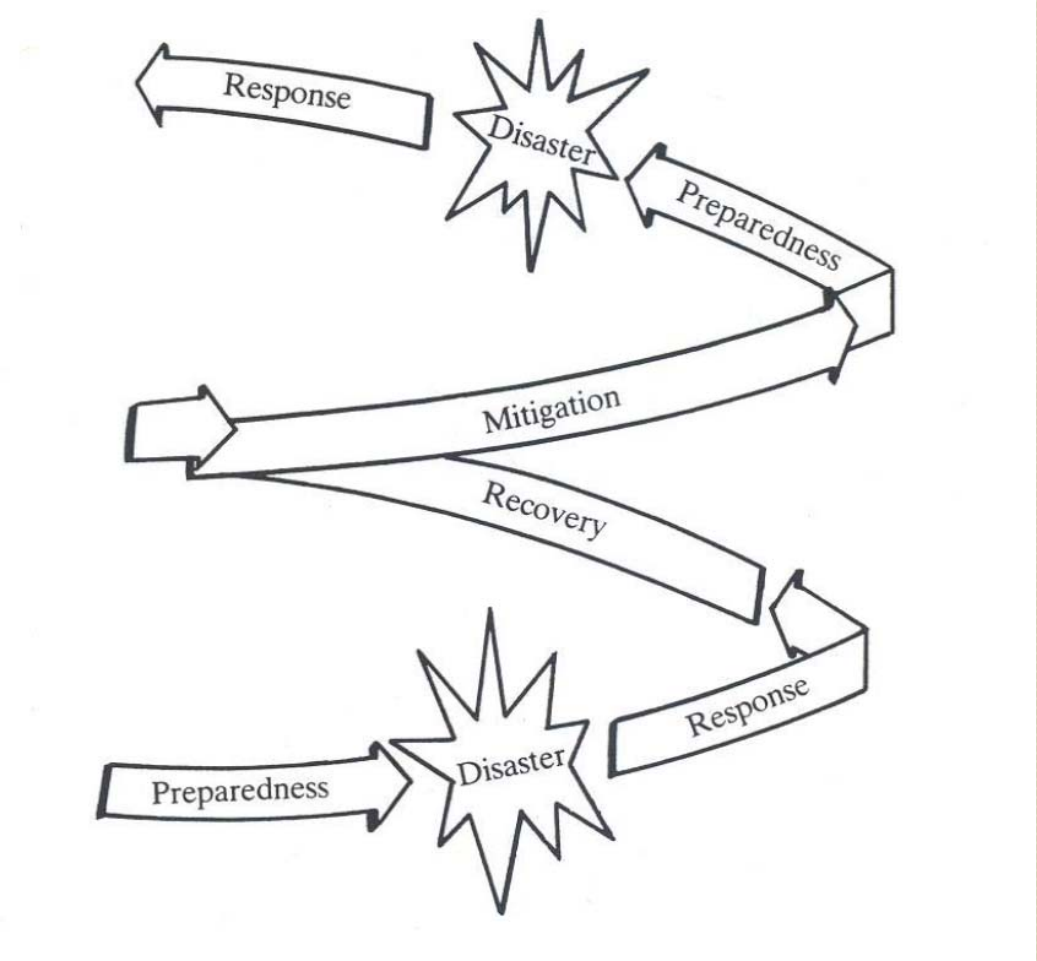
Response Coordination and Communication

- Response Coordination
  - Ft. Bliss and WBAMC
  - Other VA Entities
    - Local, Network and National
- Communication
  - Incident Command Staff
  - El Paso VA Staff
  - Stakeholders

The Four Phases of Emergency Management

- *Mitigation*: All activities that reduce or eliminate the probability of a hazard occurrence, or eliminate or reduce the impact from the hazard if it should occur. Mitigation activities are undertaken during the time period prior to an imminent or actual hazard impact.
- *Preparedness*: Actions designed to build organizational resiliency and/or organizational capacity and capabilities for response to and recovery from disasters and emergencies.
- *Response*: Activities immediately before (for an impending threat), during, and after a hazard impact to address the immediate and short-term effects of the disaster or emergency.
- *Recovery*: Activities and programs implemented during and after response that are designed to return the entity to its usual state or to a "new normal."

The Four Phases of Emergency Management



After-Action Report and Improvement Plan

- After-Action Report (AAR)
  - Assess strengths and areas for improvement in core capabilities.
- Improvement Plan Matrix
  - IP converts AAR recommendations into specific, measurable steps that will result in improved preparedness.

Core Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Core Capability 6: Health and Social Services	1. Revise and update EOP on management of staff, patients and visitors affected by events that impact psychological safety.	Update EOP Annex 19 to include operational support of MVC or similar entities when staff is impacted by emergency events.	Planning	Police Service	EM, EPVAHCS	March 25, 2015	

[1] Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.

Hazard Vulnerability Analysis

TYPE OF EVENT	SEVERITY CLASSIFICATION - LOW, MODERATE, HIGH				RANK
	PROBABILITY	HUMAN IMPACT	PROPERTY IMPACT	OPERATIONAL IMPACT	
	Likelihood this will occur within 1 year	Possibility of death or injury	Physical losses and damages	Interuption of services	*SCORE 2 OR HIGHER IN ANY CATEGORY REQUIRES SOP*
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	*SOP Required Yes or No?*

Active Threat at the El Paso VA

Manuel M. Davila

Chief of Logistics

Interim Associate Director on January 2015

Operations Management- During

- Initial Response
  - Are you prepared?
  - Contacts / Contingencies / Capabilities
- Safety of Others (Including yourself)
  - Your response to the incident
  - Oversight of staff's response
- Incident Command (Informal)
  - Contacts / Contingencies / Capabilities / Control
  - Priorities
- Incident Command (Formal)
  - Joint Command Structure
  - Key Players

Operations Management – Post Incident

- Overview
  - What happened?
  - How did we respond? – Did we do what we were trained to do?
- Assessment
  - Handoffs
  - Damage / Cleanup / Recovery Effort
  - Accountability
  - Needs for Returning to Partial / Full Operation
- Collaboration
  - Community Resources Available

Operations Management – Sustainment

- Logistics Operations
  - What do you need? (e.g. Doors, Heaters, Fuel etc.)
  - Strategic Sourcing options / Partnerships / Support
  - Funding Sources / Procedures
  - Timeline of Resource Availability
  - What did we forget?
- Where do we go from here?
  - New Posture? – What does it take to sustain it?
  - New Perspective? – What are the focus areas?
  - Don’t forget your staff and stakeholders

Active Threat at the El Paso VA

SHEILA AUSTIN
PUBLIC AFFAIRS OFFICE
CHIEF OF VOLUNTARY SERVICE

Communication during a Crisis

Gunman, One Victim Dead in VA Clinic Shooting in El Paso

Reports of Active Shooter Prompted Lockdown of Army Medical Center

--Wall Street Journal headline

Have a Plan

- Identify the messenger
- Know your partners
- Know your internal and external audiences
- Communicate early – not too early

Reaching your Audiences

- Use every available channel
  - Social Media
  - Traditional Outlets
    - Television
    - Newspaper
- Adapt the message
  - Frequency
  - Duration

Lessons Learned

- Social platforms are a blessing and a curse
  - Week one: more than 3 million hits
  - Hour one: more that 5 texts from local media
- Everyone is a messenger
  - Employees share information anonymously
  - Employees initiate contact with media
- Communicate with stakeholders as long as there's a message to be shared

Active Threat at the El Paso VA

Lenore Enzel

Nurse Executive

Psychological Support

- **Available methods of offering psychological support to employees, patients and visitors**
  - Mobile Vet Centers & El Paso/Las Cruces Vet Centers
  - EAP – 34 Calls
  - Chaplains
  - “Borrowed” Mental Health professionals
  - Critical Incident Debriefings – Chaplains, Mental Health
  - 24hr Crisis Line
  - **BE VISIBLE** at all sites – it won’t be enough
  - Remember Your Own Grief and Mental Health

24/7 Support is Necessary

Psychological Support cont'd

- **Available methods of offering psychological support to employees, patients and visitors**
  - Underlying PTSD
  - Town Halls – away from scene – **Thanks EPCC & AL!!!**
    - Employee – 46% are Veterans
    - Veteran
  - De-escalation Training
  - Active Threat Training
  - Address Culture – see slide
  - Follow Up Psychological Safety Survey

Psychological Support cont'd

The El Paso VA Health Care System is a healthcare system in which a culture of respect and safety is highly valued.

We ask all employees, Veterans, Volunteers and visitors help create an environment based on the VA Core Values of Integrity, Commitment, Advocacy, Respect & Excellence (ICARE).

This environment includes behaviors like:

- Speaking in a normal tone voice.
- Using polite words when making a request- even when you disagree.
- Not swearing, cursing or insulting each other.
- Taking responsibility for your words and actions.

In efforts to ensure a safe and respectful environment, all perceived threats will be reported to VA Police.

~Office of Director

Privacy Concerns

- Privacy Concerns that may arise when dealing with an active threat situation
  - HIPAA Violations
  - NOK contact
  - Media

Alternate Care Site

- **Providing patient care in the parking lot**
  - Care of patients and families (pregnant, children, fragile elderly)
    - Weather
      - Warming / cooling / precipitation
    - Food
    - Water
    - Diapers
    - Oxygen
    - Emotional Support

Memorial Service

- **Things to consider in planning a Memorial Service**

1. Chaplain – nondenominational
2. Site – size / parking
3. Music
4. Speakers
5. Ushers
6. Seating
7. Program
8. Refreshments
9. Pictures
10. Guest Book
11. Psychological Support Onsite

Resolution in Loving Memory of Dr. Timothy Fjordbak

There is now a hush in our hearts as we come together to pay our respects to the memory of Dr. Timothy Fjordbak -- one whose full life was ended when he was called to join that innumerable heavenly caravan. According to His tender mercy, God, who is infinite in His wisdom, has seen fit to move from our midst our beloved brother in Christ by means of death on January 6, 2015.

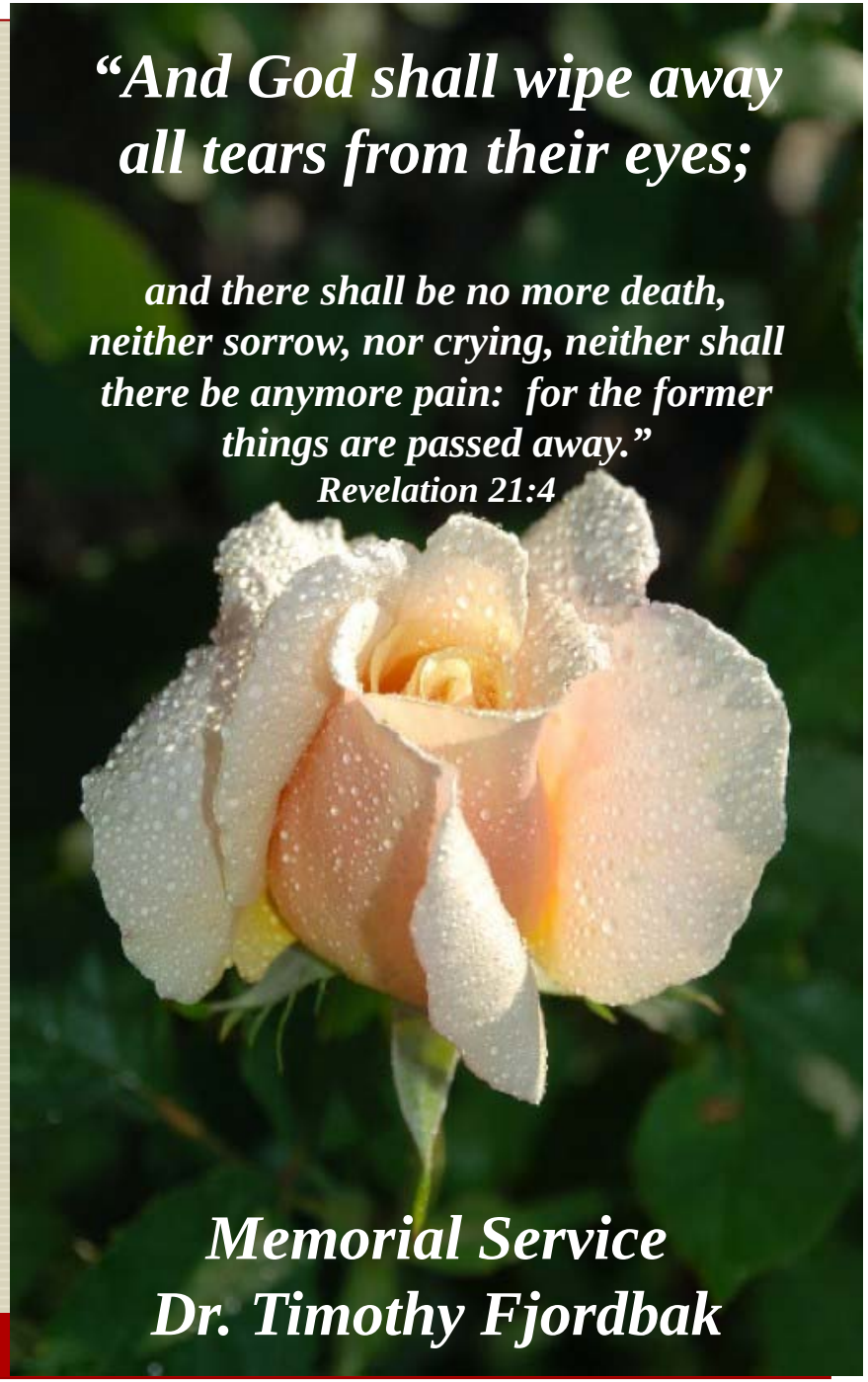
WHEREAS, Dr. Fjordbak dedicated his professional energy to serving our nation's Veterans as a psychologist at the El Paso Veterans Affairs Health Care System,

WHEREAS, Dr. Fjordbak, was a beloved provider who offered encouraging words to everyone he encountered,

WHEREAS, our beloved colleague was compassionate and supportive to the many co-workers and friends whose lives he touched. He will be missed but not forgotten, and

WHEREAS, we believe the words of Jesus in John 14 that encourages us to "Let not your heart be troubled: ye believe in God, believe also in me. In my Father's house are many mansions: if it were not so, I would have told you. I go to prepare a place for you. And if I go and prepare a place for you, I will come again, and receive you unto myself; that where I am, there ye may be also."

THEREFORE BE IT RESOLVED, that we embrace the family because all of us have a common bond that will connect us for the rest of your lives. We cannot replace Dr. Timothy Fjordbak, but will attempt to demonstrate his love and dedication to you.



In Loving Memory of Dr. Timothy Fjordbak

El Maida Shrine
6331 Alabama
El Paso, Texas 79904

5:15 p.m. **January 15, 2015**

Prelude		**Mr. Bart Kennedy**
***Invocation**		**CH (CPT) Troy Blan**
***Scripture Reading**	**"Psalm 23"**	**CH (CPT) Troy Blan**
Reading of the Resolution		**Mr. Peter Dancy**
Special Music	**"If I Saw You in Heaven"**	**Mr. Brian Rosette**
Tributes and Reflections		**Michael Faulkner**
		Dr. Paul Mostrom
Memorial Meditation		**CH (MAJ) Virgil Thomas**
Hymn of Consolation	**"Amazing Grace"**	**All**
***Benediction**		**CH (CPT) Troy Blan**
Postlude		**Mr. Bart Kennedy**

***Indicates for the Congregation to Please Stand.**

DR. TIMOTHY FJORDBAK

February 23, 1951 - January 6, 2015

Dr. Timothy Fjordbak was born on February 23, 1951 in Dallas, Texas to Rev. Everitt Merlin Fjordbak and Mary Annette Tarter Fjordbak. He died Jan. 6 while on duty serving his calling: helping those with brain injury, Post Traumatic Stress Disorder and other mental issues. Following his Christian beliefs, Tim cared for others more than himself. After the U.S. response to the Sept. 11, 2001 attacks caused many soldiers to return from the Middle East with brain injury and PTSD, he left his private practice in Georgia for the VA hospital in Fort Bliss in El Paso to do what he could to help them with recovery. He cared for his patients as if they were family. Tim was a published researcher, and lectured globally. His early mentor was the late Dr. Carmen Miller Michael at UTSW Medical Center in Dallas, who instilled a passion for helping people recover. Tim was predeceased by his father. Survivors include his mother, Ann Fjordbak, brothers and their wives and families Ed and Sharon Fjordbak and their daughter Felicia Manno, grandchildren Greyson and Greer; Steve and Patty Fjordbak, their children Matthew, Michael and Lauren; a host of cousins and his colleagues at the VA whom he loved and considered family.

Hodge Podge

- Communicating with your own family
- Once active threat resolves, keep in touch with those not yet evacuated as needed
- Scene Clean-up
- Structural Damage – 180 doors damaged
- While Closed, Skelton Crew Onsite for Pharmacy, etc.
- Move Care to Offsite as Feasible
- New doors placed to increase staff sense of safety
- Joint Commission – Sentinel Event?
- Do not underestimate anger
- Accolades, Awards, Thank Yous

Hodge Podge cont'd

- When to resume 'normal' operations?
  - Soft opening with roving MH professionals & Leadership
  - Reschedule Patients
  - Incident Command Stand-down on 1/26
- "Visitors"
  - OSHA
  - IG
  - Media
  - TJC
  - Higher HQ/Corporate
- Everyone has an opinion on how you should do things

Hodge Podge cont'd

- Cannot overcommunicate
  - Weekly message changed to daily message
  - Texts, phone, rounds, emails
- Remember care for the Perpetrator's Family
- RN Tent Coverage
  - Identify the RNs
  - Triage
  - Oxygen swap out
  - Warming
  - Wheelchairs
  - Pacemakers and wanding/metal detectors (problem unlikely / minimize exposure, advise Security of device

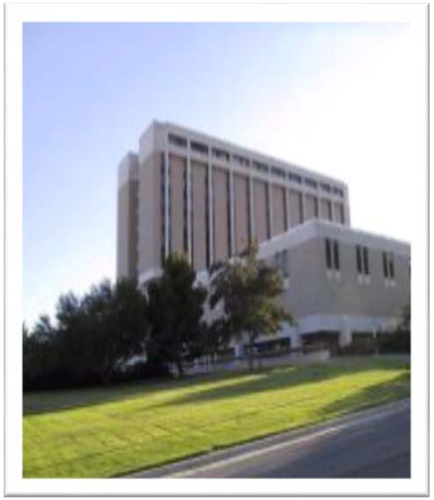
We Hope This Training Can Prevent Another Tragedy

El Paso VA Health Care System
2 mins ·

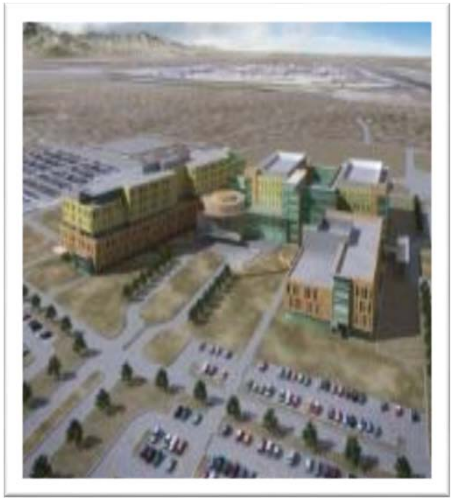
In Memoriam
Dr. Timothy Fjordbak
February 23, 1951 - January 6, 2015

VA Panel Q & A

William Beaumont Army Medical Center



Emergency Manager
Maurice Riley
06 January 2015
Active Shooter



"As an Emergency Manager I Always Plan, Prepare, and Think the Worst but I Look, Hope, and Pray for the Best"

AGENDA

- Incident Overview
- Incident Command (Who's in charge)
- Notification
- Patient Care
- Security
- Lessons Learned
- The Way Ahead

Slide 62

M1 Maurice.Riley, 05/14/2015

INCIDENT OVERVIEW

06 JAN 15

1507: El Paso VA Clinic reported an active shooter situation within the clinic, VA Police responded

1515: MP patrols, local, and federal law enforcement arrives on scene

1519: Reports of one individual shot on VA clinic's 4th floor. Alabama and Fred Wilson gates closed

1526: DES and VA police enter VA clinic

1534: FBI arrives on scene

1538: Patrol identifies suspect with a self-inflicted gunshot wound

1559: VA clinic cleared; deliberate search initiated.

1730: FBI assumes lead for investigation from CID

1840: FBI and CID initiate interviews at the WBAMC cafeteria

1847: Search and evacuation of VA Clinic complete

1900: Press conference with Fort Bliss Senior Commander; PAO issued press release

1907: Outbound traffic began to exit

07 JAN 15

0407: FBI departs scene, released security detail

INCIDENT COMMAND

- Commanding General Fort Bliss
- FBI
- Director, El Paso VA Health Clinic
- Commander, William Beaumont Army Medical Center
- Director of Emergency Services, Fort Bliss
- Chief of Fire Department, Fort Bliss
- Homeland Security

NOTIFICATION

- Stream (Old Emergency Notification System)
- Emergency Management Modernization Program (EM2P) (New MASS Notification System)
- WBAMC Public Address System
- Defense Connect Online (DCO)
- Defense Collaboration Services (DCS)
- WBAMC Face Book
- WBAMC Intranet

PATIENT CARE

- During the response, residents and non-essential WBAMC staff swarmed the trauma room, over-crowding the vicinity and making it difficult for trauma staff to perform their functions
- Ensure all staff members know primary and secondary evacuation routes, if orders are given to evacuate
- There was a great deal of pediatric patients in WBAMC. The support staff was fantastic in providing water, food, and supervising trips to the restroom near the unsecured door
- ER called for emergency medications. Inpatient personnel needed to leave the pharmacy while still in lockdown.
- ED should be able to receive patients that are deemed emergent or urgent from other areas within the facility.

SECURITY

- Review policies regarding proper identification of emergency/law enforcement personnel in building clearing and evacuation.
- Review Code White drills quarterly within section. Assign staff member to maintain security and order while others are engaged in patient care.
- Not enough security officers to provide security, escorts, access control. Security was overtaxed and was unable to sustain extended escort support
- Ensure security of the hospital can be achieved through access control devices (doors) utilizing security controls.
- During a lengthy incident, there will be a need for armed escort to continue operations and dedicated routes from point A to Point B.

LESSONS LEARNED

- Communication
- Need crowd control inside ER
- DCO was awesome provided the staff is self educated (Virtual EOC)
- Social media training needed
- Length of time it took to get building cleared
- Staff wasn't getting continuous information
- Establish secure corridor to continue services

THE WAY AHEAD

- Emergency plans & coordination procedures will be improved where needed
- Drills and exercises will validate changes
- WBAMC had already identified in our Hazard Vulnerability Analysis (HVA) for 2014 under Human Events: Code White: Active Shooter or Armed Intruder
- Code White procedures are briefed during the WBAMC orientation of new personnel and Medical Support Assistant (MSA) University
- This organization keenly recognizes the active shooter threat and will remain ever vigilant in order to protect the lives of those working at the WBAMC and those we serve

? QUESTIONS ?


SINCE 1775