



Pennsylvania Coalition of Affiliated
Healthcare & Living Communities

The Armed Intruder / Active Shooter

Planning For...Responding To..Recovering From the Unthinkable

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Steve Wilder, BA, CHSP, STS

- Over 35 years safety/security/risk management
- Started Sorensen, Wilder & Associates (SWA) in 2001 along with business partner Chris Sorensen
- Today serving over 500 healthcare, manufacturing, educational, governmental, and retail facilities in 49 states
- 35 years in public safety; retired fire chief in suburbs of Chicago
- Has worked with companies that have had active shooter events in manufacturing, healthcare, and governmental facilities
- 2018 Recipient of [Leadership Award in Emergency Preparedness](#) by Illinois Security Professionals Assoc.



OBJECTIVES

At the completion of this program, you will
Understand

- A State of Preparedness

At the completion of this program, you will
Learn

- Active Shooter Safety Action Plan
- Stress Control and Decision-Making
- Safety Transition Adjustment Formula (STAF) Protocol

Remain

- Safe and alive during an active-shooter incident



The prevailing attitude:
“It won’t happen here.”



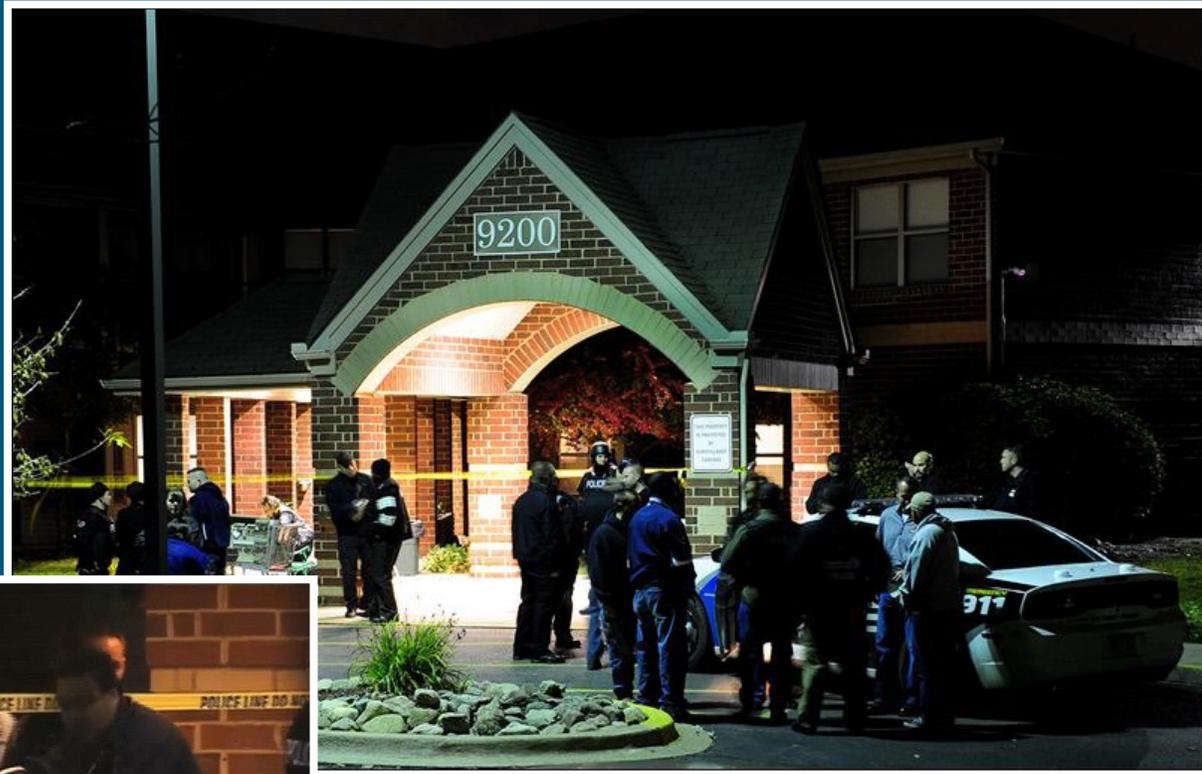
Golden West Towers Senior Community November 20, 2012 • Torrance, CA



Double Murder–Suicide:

A male resident in his 80s shot and killed two females (a 54-year-old facility manager and 54-year-old caregiver) in the lobby before turning the gun on himself.

Pablo Davis Elder Living Center October 20, 2013 • Detroit, MI



A 65-year-old male resident shot and killed two female residents at the center after retrieving a rifle from his room. The shooting stemmed from a breakup with his girlfriend that he blamed on the two women.

Abington Manor
November 4, 2013 • South Abington, PA



Murder-Suicide:

A 42-year-old staff nurse shot a resident to death at a nursing home where she worked and then turned the gun on herself.

HOMEWORK ASSIGNMENT #1

Accept the fact that no matter why you think it
won't happen in your facility

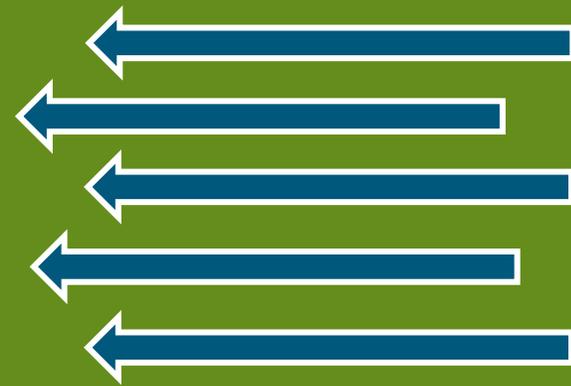
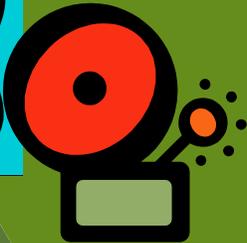
IT CAN HAPPEN TO YOU!

**Armed Intruder and Active Shooter in the Healthcare Environment:
*Plan...Respond...and Survive the Unthinkable***

Creating a State of Preparedness

Your Emergency Operations Plan

It probably addresses a lot of possibilities...



Reaction to Disaster or Crisis

It's not what you think



Failure to Respond

- Subconscious need for normalcy
- Overwhelming sense of denial
- Unable to comprehend scope of event
- Optimistic bias
- Lack of safety culture
- No planning or preparedness
- Poor training
- No practice or rehearsal



Situational Awareness

Operation plans need to consider these factors

- Location
- Crime in surrounding areas
- Changes to neighborhoods
- Changes to infrastructure



How Vulnerable Are They?



Characteristics of an Active Shooter

- As with all aspects of human behavior, there is no 100 percent “tried and true” characteristic of a shooter. But we still need to focus on behaviors, not profiles
- Common characteristics include:
 - A “brittle” personality
 - Feelings of persecution
 - Feelings of injustices
 - Sensitive to rejection
 - Self-perception (outsider)
 - Sees no other options



NBC NEWS



**Armed Intruder and Active Shooter in the Healthcare Environment:
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Concepts of Violence

Concepts of Violence

PHASE® Incident

CAVE® Incident

Rapid Response

Self Aid / Buddy Aid



PHASE[®] Incident

P: Personal
H: Hostile
A: Agenda
S: Singular
E: Event



PHASE[®] Incident

Personal: This incident is not random and occurs between known persons. The incident is driven by an emotional cause (passion, rage, love, revenge, etc.)

Hostile: The offender's action toward the victim is driven by emotion and will be brutally violent

Agenda: The offender has a premeditated plan and has come to the facility prepared to carry it out

Singular: The incident will be over once the agenda has been completed; not a continuous act

Event: The quantified incident

PHASE[®] Incident Examples

- Mercy killing
- ‘Wrongful death’—targeting caregiver
- Resident mistreatment/abuse
- Domestic dispute
- Child custody
- Employee harassment
- Employee termination



DANGER

CAVE[®] INCIDENT



www.kemper.com

CAVE[®] Incident

Continuous: The offender will continue the incident until (s)he is stopped by some outside force

Active: The offender's agenda has no clear end point. (S)he may have an objective, but it is very broad and not clearly defined

Violent: Because the objective is broad, the offender needs a grandiose method to carry it out (e.g., large quantities of weapons, munitions, and possibly explosives). The method of violence delivery is usually well thought out

Event: The quantified incident

CAVE[®] Incident Examples

- **Mental illness**
- **'Wrongful death'**
(departmental-wide)
- **Resident
mistreatment/abuse**
- **Employee termination**
- **Political agenda**
- **Vendetta agenda**
- **Displaced Hostility**



CAVE[®] Incident Examples

- **Mental illness**
- **'Wrongful death'**
(departmental-wide)
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- **Political agenda**
- **Vendetta agenda**
- **Displaced Hostility**



Evolution of **PHASE** into **CAVE** Incident

Mindset Characterizations

PHASE[®]

Personal agenda
Emotions are HIGH!!!
Detailed/planned event
Determined
Single Weapon

CAVE[®]

Vendetta motivated
Anger & Unfocused
Planned or panic response
Mass casualty driven
Multiple weapons

Evolution of **PHASE** into **CAVE** Incident

**MURPHY'S
LAW**

**IF IT CAN GO WRONG,
IT WILL!**

Factors prompting the evolution

- Change of Heart
 - Offender cannot kill himself – decides to run
- Planned victim not there
 - Offender deep in building, might shoot his way out
- Murphy and his ruthless law

Rapid Response



Rapid Response

- A trained, coordinated law enforcement technique to respond to and mitigate the potentially high casualty count from an active-shooter incident
- Developed after and due to the Columbine High School mass shooting in 1999
- Primary objective: Enter the facility, proceed to the sound of gunfire, stop the threat
 - The initial entry team will bypass the wounded and those in need of help
 - The second entry team is tasked with assisting the wounded and directing evacuation



Self Aid / Buddy Aid (SABA)



“Stop The Bleed”

Self Aid / Buddy Aid (SABA)

A military and law enforcement technique now being expanded into the private sector that teaches care and treatment basics for self survival and buddy survival. Topics include:

- Controlling Bleeding
- Direct Pressure or Pressure Bandage
- Tourniquet Application and Use
- Penetrating Chest Wound
- Airway Management

Individual SABA Trauma Kits



**Armed Intruder and Active Shooter in the Healthcare Environment:
*Plan...Respond...and Survive the Unthinkable***

A Long-Term Care Case Study

**SORENSEN
WILDER
& Associates**

Specializing in Safety & Security Solutions

Pinelake Health & Rehab Carthage, NC



Case Study: Pinelake Health & Rehab • Carthage, NC

Facility Overview

- Skilled nursing, Alzheimer's care, rehabilitation therapy, and hospice care
- 110 beds on campus
 - 90 resident beds
 - 20 special care (Alzheimer's/dementia)

Case Study: Pinelake Health & Rehab • Carthage, NC

On Sunday, March 29, 2009, at approximately 10:00 a.m., an act of violence at Pinelake Health & Rehab in Carthage, North Carolina ended several lives and wounded residents, staff, and a visitor—both physically and emotionally.

Case Study: Pinelake Health & Rehab • Carthage, NC

Incident Overview

- The gunman, Robert Stewart, arrives on location and parks in the front of the building
- Stewart fires multiple rounds into the PT Cruiser of his estranged wife, who is an employee of the facility
- Before entering the building, Stewart shoots a visitor, Michael Cotton, in the shoulder
- Stewart enters the building to search for his estranged wife, Wanda Stewart
- Unable to find her because she is in a locked dementia unit, Stewart begins to shoot at residents and staff



Case Study: Pinelake Health & Rehab • Carthage, NC

Incident Discoveries and Aftermaths

- 7 residents and 1 staff member killed
- 3 injured, including the gunman
- Stewart brought multiple firearms to the facility and a bag of ammunition
 - 12-gauge shotgun
 - .22 caliber rifle
 - .22 Magnum semi-automatic pistol
 - .357 Magnum revolver
- The 12-gauge shotgun was Stewart's primary weapon of choice



Motive

“Robert Stewart entered Pinelake that day with a specific reason—to chase down Wanda Stewart. He brought four guns and a bag of ammunition with the intent of creating mass casualties.”

Opening statement to jurors by Tiffany Bartholomew, Assistant District Attorney for Moore County, North Carolina, at the homicide trial of Robert Stewart on August 1, 2011

Defense Argument

“Stewart doesn't recall what happened the day of the shooting and can't be held legally responsible for his actions. Stewart overdosed on the sleep-aid Ambien the night before the shootings and also was taking antidepressants at the time.”

Attorney Jonathan Mergerian (defense attorney for Robert Stewart)

Case Study: Pinelake Health & Rehab • Carthage, NC

On Saturday, September 3, 2011, Robert Stewart, 45, was found guilty of second-degree murder for killing eight individuals while the influence of antidepressants and six (6) Ambien pills.



He was sentenced to 142 years in prison.

Case Study: Pinelake Health & Rehab • Carthage, NC

Summary and Conclusions

- A quick announcement of “Lockdown” by nurse Jerry Avant Jr. alerted staff and residents, saving countless persons
- Nurses and CNAs were able to secure and save many patients in locked areas that were unable to be accessed by the gunman
- A quick, composed response by a well-trained Carthage police officer stopped the shooting rampage, preventing further casualties
- Robert Stewart will spend the rest of his life in jail
- Several families filed wrongful death civil suits against the parent company of Pinelake Health & Rehab for lack of safety procedures and related issues

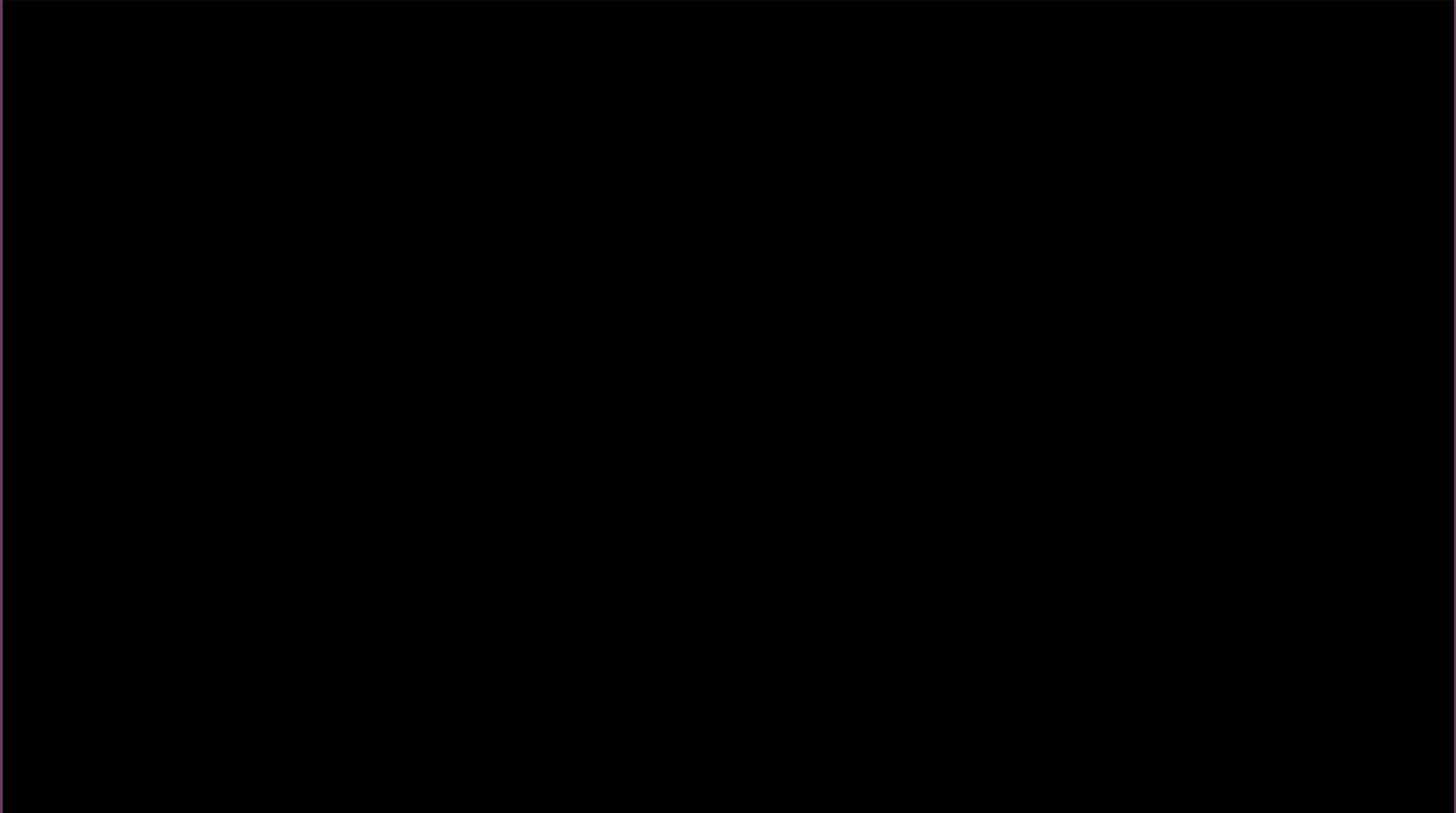


Armed Intruder and Active Shooter in the Healthcare Environment:
Plan...Respond...and Survive the Unthinkable

Your Active Shooter Safety Action Plan: The **FOUR OUTS** to Survival



The Four OUTS



Active Shooter Safety Action Plan

Get Out

Hide Out

YOU

Keep Out

Take Out

Active Shooter Safety Action Plan



Active Shooter Safety Action Plan

Get Out

- **Exit the facility as quickly as possible**
- **Leave personal belongings behind**
- **Encourage people to go with you**
- **Use the “bounding overwatch” technique to move groups of people and yourself from point of cover to cover if you are not aware of the offender’s location**
- **Stay calm and quiet**
- **When in a safe location, call 911**
- **Follow police directions**

Getting out Considerations

Stairways vs. Elevator?

Activate the fire alarms?



911

Things to remember regarding 911

- **Who should call 911?**
 - Anyone and everyone!
- **When should you call 911?**
 - When it's safe to do so!
- **How should you call?**
 - If possible, use a facility phone. This will allow the 911 operator to positively identify the address you are calling from without you having to give it, If using a cell phone, the 911 operator may not be able to identify your location unless you give them the address!



911

Information to give the 911 Operator

- **Facility name and location**
- **Your name**
- **Nature of the event**
- **Description of the subject or shooter (if known)**
- **Type of weapon(s)**
- **Persons injured—number and extent**
- **Don't hang up if you leave the phone.**



Firearm Types

Handgun



Long Gun



Active Shooter Safety Action Plan

Statistically, trained and prepared law enforcement officers involved in a gunfight only hit 35% of armed adversaries.

The likelihood of being hit by a bullet fired by the offender during an Active Shooter Event is lower if you move quickly!

Active Shooter Safety Action Plan



Active Shooter Safety Action Plan

Hide Out

- Inconspicuous place
- Cover yourself
- Call 911 if able and safe to do so
- Be QUIET
- Silence cell phones, pagers, etc.
- Be still
- Hide in 'plain sight'
- Play dead





Active Shooter Safety Action Plan

Hide Out: *It's easy to miss something you're not looking for!*

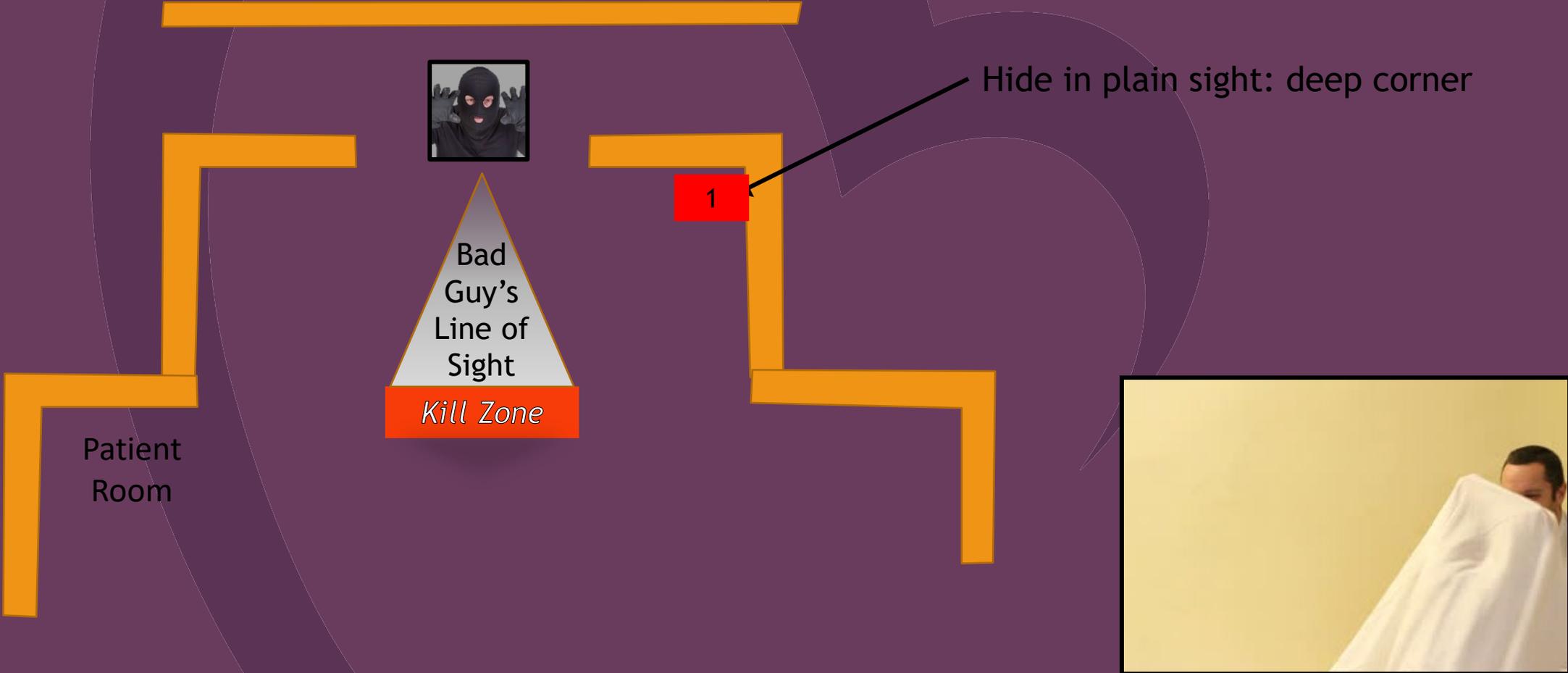
- **HIDING IN PLAIN SIGHT**

- The bad guy is looking for targets of convenience and opportunity
- If you can hide out of the bad guy's Line of Sight, chances are low (s)he will not see you
- Can be utilized to hide residents
- Because of the police Rapid Response, the bad guy will be moving quickly and not take time to search for victims



Active Shooter Safety Action Plan

Hiding in Plain Sight



Active Shooter Safety Action Plan



Active Shooter Safety Action Plan

Keep Out

- Lock/deadbolt
- Big, heavy things
 - Furniture (desks, bookshelves, etc.)
 - Medical equipment
 - Hospital beds
- Lots of smaller things
- Once secure, call 911



Keep Out Devices



Active Shooter Safety Action Plan



Active Shooter Safety Action Plan

Take Out

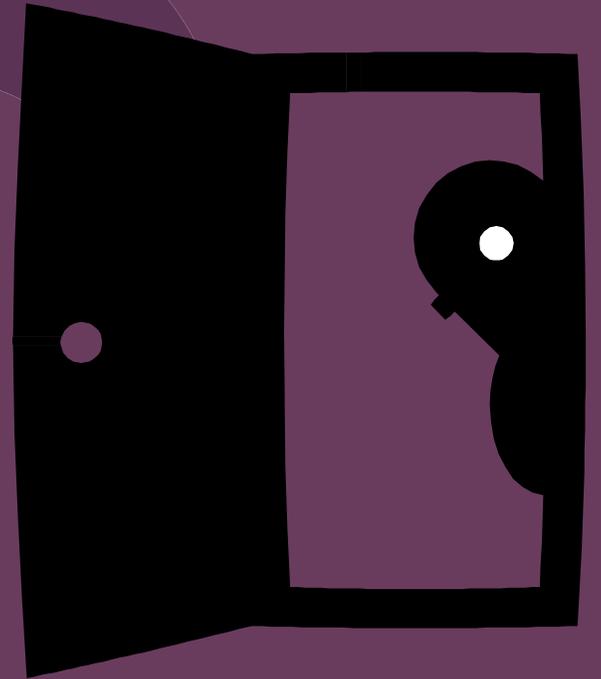
- The FIGHT of—and for—your LIFE
- Commit to the act...
...and do not stop until the threat has ended
- Misery LOVES company—strength in numbers
- Weapons of opportunity in the workplace
- Position of Tactical Advantage
- Diversion and confusion prior to the fight
- Surprise, Aggression, Speed



Active Shooter Safety Action Plan

Opportunity

- What is 'opportunity'?
- Look for behavior patterns
- An opportunity to act may only occur once
- Have a plan and commit to action
- If you miss the moment of opportunity, you may not have it again



**Bay County School Board Meeting • Panama City, FL
Tuesday, December 14, 2010 (approximately 2:00 p.m.)**



Active Shooter Safety Action Plan



Active Shooter Safety Action Plan

Take Out: Diversion

- Key component in a coordinated 'Take-Out' action plan
- What is 'diversion'?
- What can be used for a 'diversion'?
- How can you use your tools of 'diversion'?



Active Shooter Safety Action Plan

- **Diversion is the action of creating confusion and misdirection**
- **A proper diversion is an important tool to give you the upper hand to defeat and control the bad guy**
- **Tables, chairs, fire extinguishers, items that can easily be thrown are objects that can be used in diversion**
- **Two or more persons can participate in the act of bad guy diversion**



**Armed Intruder and Active Shooter in the Healthcare Environment:
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Safety Transition Adjustment Formula Protocol (STAF-P)



The Dilemma—What about my *residents*?!?!



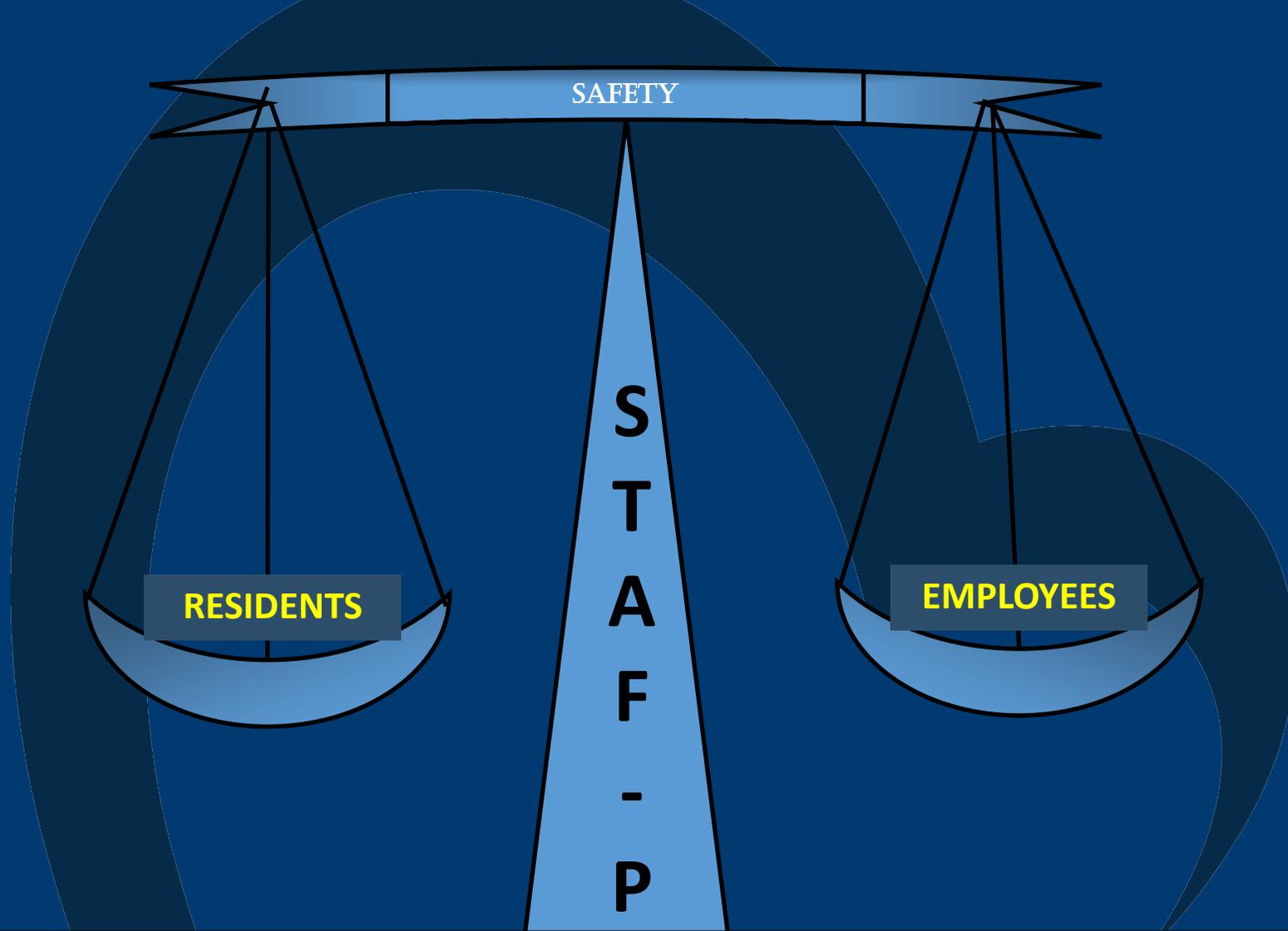
“If I put myself first,
something could
happen to my resident”

“If I put my resident
first, something could
happen to me”

Resident Safety *and* Personal Safety During a PHASE[®] or CAVE[®] Incident

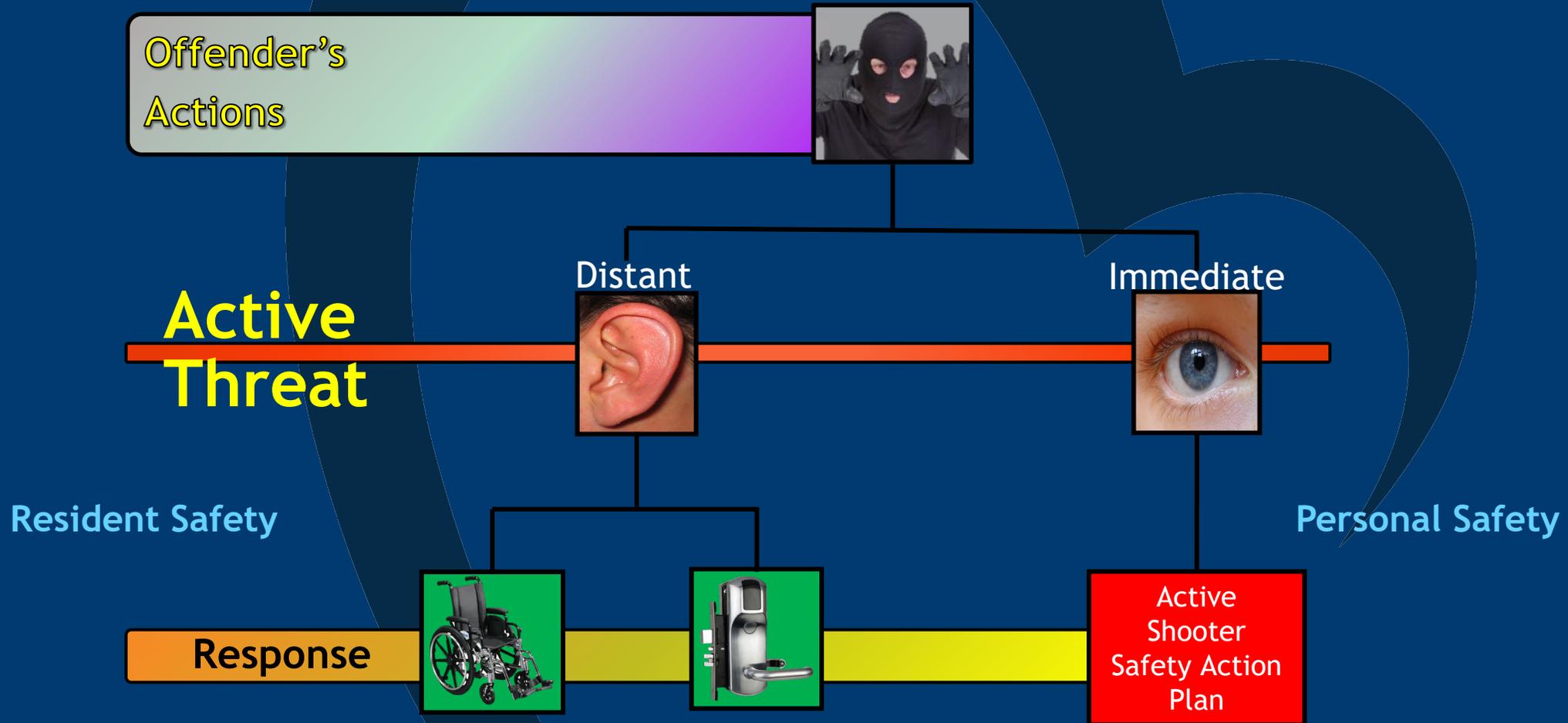
- How do I protect myself?
- How can I protect my students?
- When should I act?
- How should I react?

Introducing the *Safety Transition Adjustment Formula Protocol*
(STAF-P)



Safety Transition Adjustment Formula Protocol (STAF-P)
“...balancing the safety of residents and employees”

Safety Transition Adjustment Formula Protocol (STAF-P)



Safety Transition Adjustment Formula Protocol (STAF-P)

Time of Recognition

- Employee awareness and recognition of a PHASE[®] or CAVE[®] incident needs to be immediate. Is there a paging system? Where at? (front desk)
Where does the bad guy enter? (front desk?)
- Employees need to identify and announce to the facility the Offender's location and intention
- Employees need to move residents and visiting family members to and secure them in areas of safety per the STAF protocol
- When the offender breaches your area/wing/floor, transition from resident safety to personal safety utilizing the Active Shooter Safety Action Plan

Safety Transition Adjustment Formula Protocol (STAF-P)

Protocol: Hide Out/Keep Out

- Know your facility
 - Are you able to lock your wing or floor and keep the Offender from gaining access?
- Can you secure residents in their rooms?
- Is there a room where you can 'stash' numerous residents and lock the door?
 - Supply/janitor's closet
 - Medication room
 - Records room
 - Bathrooms
- Hide 'in plain sight'



Questions





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