

Identification of Secure Places to Hide in the Emergency Department During a Security Alert

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Background

Increasing violence in the ED.

-Amplified during episodes of civil unrest in the neighborhood of a Level 1 Trauma Center of a major metropolitan area.

-Response required the development of an *Emergency Department Active Threat Plan*.

The plan lays out staff responsibilities during the use of the **Run, Hide, Fight** protocol from the FBI and FEMA. Specifically, the *ED Active Threat Plan* identifies secure/lockable spaces for all staff, EMS personnel, patients and visitors to take shelter in the event of an internal security alert.

- Colored dot stickers were placed on the door frame of the identified secure rooms.
- Staff members and EMS agencies were educated on the meaning and purpose of the stickers.

Objective

Design and implement an active threat plan that clearly marks the spaces that are locked and secure for staff and patients to evacuate during a security alert and communicate this plan to the large staff of healthcare assistants, unit coordinators, nurses, doctors, prehospital providers, housekeeping and all other hospital staff that are in the ED when there is a security alert.

References

FBI. "Active Shooter Planning and Response in a Health Care Setting." 2017.

FEMA. "Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans." 2014.

Hennepin Healthcare. "Active Threat Plan: Emergency Department." October 2021.

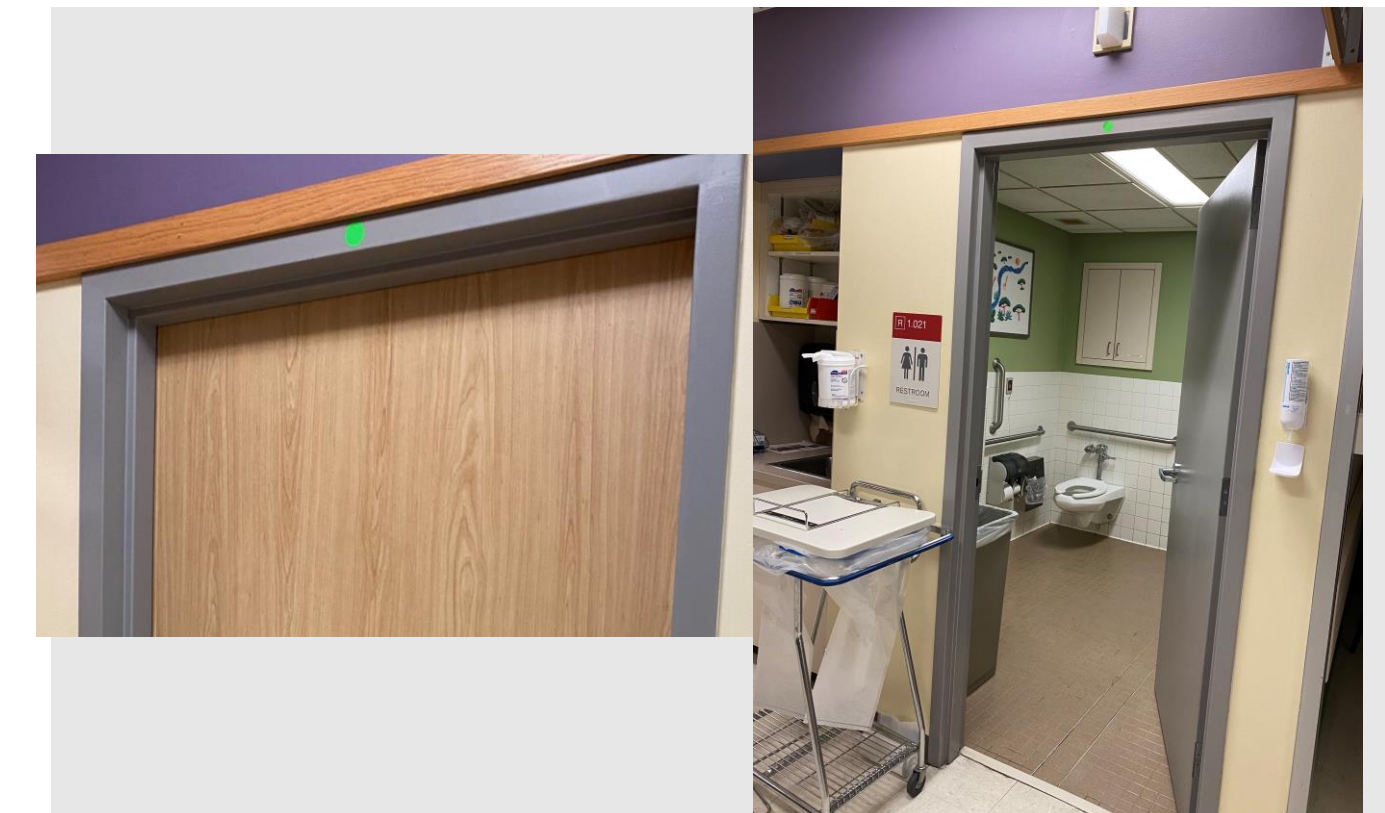
Pitts, Stephen R., et al. "A Cross-sectional Study of Emergency Department Boarding Practices in the U.S." *Academic Emergency Medicine*, Vol. 21. Issue 5, May 2014.

Design

After an obvious need for a clearly documented active threat plan specifically designed for the Emergency Department was identified, a multidisciplinary team met to develop a plan that addressed the on-going safety concerns. This team included the ED leadership, ED Nurse Manager, Clinical Care Supervisors, Hospital Security, Emergency Management, and ED faculty.

The physical layout of the ED is divided into three team centers, a Stabilization Room with four bays, a locked Elopement Risk Unit, a low-acuity area, and a triage area, plus an internal lab and radiology suite. The team went to each named area of the department and identified spaces that are secure and lockable. The criteria used to determine if a space was secure included: 1) a lack of exterior windows and no window on the door 2) a space lockable from the inside or that could only be accessed with a badge or door code.

The spaces meeting criteria were cataloged into the *Active Threat Plan* in two ways; actual room number and the name commonly used in the department. Additionally, a small, circular green dot sticker was placed on the upper external door frame of these spaces to give staff a quick visual cue of the nearest lockable/secure space. Staff were educated to the details of the *Emergency Department Active Threat Plan* through email and department huddles .



Discussion

This was a simple and low-cost project implemented into our large Emergency Department. It would be simple to apply to many departments in most health care facilities. It took principles learned in the **Run, Hide, Fight** Active Shooter curriculum and applied the concepts into the hospital's response to an internal safety alert. As the number of internal and external safety alerts have increased, staff safety has become a popular topic. *Employees demand a safer work environment.*

Next steps for this project include education to prehospital providers and local police officers that are frequently present in the ED to the green dot sticker's meaning. Then, they can also keep themselves safe during an active threat. And, completion of a similar survey in other units in the hospital to make a hospital-wide initiative tailored to each department.

Any department's adoption of the *Emergency Department Active Threat Plan*, could lead to a more confident and quick response to keep staff and patients safe.