Incident Planning Guide: Hostage or Barricade Incident

## Definition

This Incident Planning Guide is intended to address issues associated with a hospital hostage situation or barricaded suspect, regardless of the cause: domestic violence; disgruntled patient, employee, or visitor; person with behavioral health issues; random violence; attempted robbery, etc. Hospitals may customize this Incident Planning Guide for their specific requirements.

## Scenario

A hospital staff member has a restraining order against her spouse after he threatened to shoot her. She has reported this to hospital’s leadership, human resources, and security. At 9:00 am, her spouse approached her in the clinic within the hospital where she works. He is armed with at least one visible gun. He directs other staff members to close the doors to the clinic and move chairs and tables to block the fire doors. A scheduling clerk at the registration desk is able to push the panic alarm before the patients and staff are moved into a conference room. Four hours pass, local law enforcement personnel have arrived and are working with hospital security and administration to resolve the situation. The hospital campus remains in lockdown. Elective surgeries, clinic appointments, and routine deliveries for the day have been canceled. Visiting hours are suspended. Media are onsite and the Public Information Officer, in collaboration with the law enforcement spokesperson, has kept them up-to-date on the negotiations. The law enforcement negotiator reports the suspect is near surrendering and the hospital should begin to plan for medical evaluation of released staff, patients, and family members. There will be comprehensive law enforcement interviews of everyone involved and intense media attempts to talk to both staff and patients that were held hostage. Plans are needed for the resumption of normal operations, rescheduling cancelled appointments, and resuming supply deliveries. There is a need for behavioral health counseling for patients, staff, and visitors affected by the incident. The hospital will also need to restore public trust.

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| **Does your Emergency Management Program address the following issues?** | |
| **Mitigation** | |
| 1. | Does your hospital address the threat and impact of a hostage or barricade incident in the annual Hazard Vulnerability Analysis, including the identification of mitigation strategies and tactics? |
| 2. | Does your hospital participate in pre-incident local response planning with public safety officials (e.g., emergency medical services, fire, and law enforcement), local emergency management officials, other area hospitals, regional healthcare coalition coordinators , and other appropriate public and private organizations, including meetings and conference calls to plan and share status? |
| 3. | Does your hospital have security systems and procedures in place to respond to a hostage or barricade incident? |
| 4. | Does your hospital have security systems to provide a rapid notification to onsite security? If there is no onsite security, is there a method to rapidly notify local law enforcement? |
| 5. | Does your hospital identify all potential entry and exit points of the hospital and contain this information in a single document or file for rapid access? |
| 6. | Does your hospital have panic or duress alarm buttons installed in high risk areas? Are the alarms routinely tested? |
| 7. | Does your hospital have security systems and procedures in place to prevent an armed person from entering the hospital or campus? Is there signage within the buildings or on campus that notifies people entering the hospital that weapons are not allowed? |
| 8. | Does your hospital have a staff photo identification badge policy and procedure? Is that policy enforced? Are visiting healthcare providers (e.g., residents, students) provided with photo identification? |
| 9. | Does your hospital have a visitor policy that provides visible identification and tracking of all visitors, vendors, and others who may be onsite? |
| 10. | Does your hospital provide training and reporting procedures that differentiate between an armed suspect, a barricaded suspect, a hostage situation, and an active shooter? |
| 11. | Does your hospital include issues related to domestic violence and workplace violence in employee training? |
| 12. | Does your hospital address issues of disruptive or violent behavior in patients, staff, and visitors during employee training? |
| 13. | Does your hospital have closed circuit television (CCTV) or video cameras and surveillance recording capabilities (digital or tape) in the hospital and on the campus? |

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| **Preparedness** | |
| 1. | Does your hospital have a Hostage or Barricade Incident Plan that includes:   * The role of local law enforcement in hospital response? * Addressing the use of a liaison role to coordinate response and recovery with law enforcement? * Providing training and education to all staff to respond a hostage or barricade incident? * A method to rapidly notify staff and visitors of the incident? Is there a standardized code that signifies a hostage or barricade incident? Has staff been trained on the notification? * Response to all internal and external areas, and the surrounding neighborhood? * Addressing employees who may have an issue with domestic violence or restraining orders? * Addressing threats against patients, staff, or visitors? * Coordinating communications and information sharing with law enforcement officials? * Sharing information obtained from security systems with law enforcement and, if necessary, prosecutorial officials? |
| 2. | Does your hospital exercise the Hostage or Barricade Incident Plan yearly and revise it as needed? |
| 3. | Does your hospital’s Hostage or Barricade Incident Plan include:   * Procedures for immediate, controlled, or planned shelter-in-place or evacuation of the hospital? * Authority to activate the plan and recover from the incident? * Established priorities for patients and the hospital? * Procedures and tracking systems for all patients (ambulatory and non-ambulatory), visitors, staff, and equipment? * Designated evacuation locations, assembly areas, and routing options, including   + Within the hospital (atrium, auditorium, gym, etc.)?   + External to the hospital (adjacent building, nursing home, other hospitals, schools, etc.)? * Process for initiating assembly area and holding area operations, including provision of adequate staff and equipment? * Process to facilitate transfer of individual patient information, medications, and valuables with the patient? * Defined personnel roles in evacuation? * Processes to reassign staff to alternate sites and staging areas, and other hospitals? * Coordination with ambulances, aeromedical services, and other transportation providers, including:   + Additional out of area medical transportation?   + Nonmedical transportation providers (school buses, other types of buses, etc.)? * Business Continuity Plans that include use of computerized patient and billing records from another, adequately secured, location? |
| 4. | Does your hospital have multiple methods and equipment for evacuating patients (e.g., chairs, stretchers, backboards, evacuation assist devices, blanket drag, single person carry, multiple person carry)? |
| 5. | Does your hospital have evacuation equipment for bariatric and special needs patients? |
| 6. | Does your hospital have an evidence collection policy developed in conjunction with local law enforcement and prosecutorial authorities? |
| 7. | Does your hospital have incident standardized messages for communicating risks and recommendations to the public and the media? |
| **Immediate and Intermediate Response** | |
| 1. | Does your hospital have a process to confirm that a hostage or barricade incident has occurred? |
| 2. | Does your hospital identify and document who has the authority to activate the Hostage or Barricade Incident Plan? |
| 3. | Does your hospital have a Lockdown Plan (full and zoned lockdown capabilities)? |
| 4. | Does your hospital provide training for all staff on lockdown procedures and the impact on operations? |
| 5. | Does your hospital have a mechanism to address hostage support needs (e.g., water, medications, illness, and injury), under the direction of law enforcement? |
| 6. | Does your hospital have procedures that address the automatic opening of card access doors to aid in law enforcement response, escaping hostages, and the deactivation of card readers to isolate the threat? |
| 7. | Does your hospital have a dedicated staging area for law enforcement on arrival?   * Is the staging area documented in the Hostage or Barricade Incident Plan? * Is there a dedicated staff person to liaise with law enforcement? * Is there a staff person with responsibility to gather patient and employee information and provide intelligence to law enforcement? |
| 8. | Does your hospital have 24/7 access to risk management and legal counsel? |
| 9. | Does your hospital use social media to disseminate information during and after the incident?   * Who has approval over messages to be released? * Is information coordinated within the Joint Information Center? |
| 10. | Does your Hostage or Barricade Incident Plan address communications, including:   * Rapid notification of local emergency management, other hospitals, and regional medical resources of potential: * Need for assistance with hostage or barricade incident, * Need for possible immediate shelter-in-place or evacuation of the hospital * Need to ascertain their situation status? * Rapid family notification of possible evacuation and where family member is being relocated? * Regularly providing information and updates to patients, families, staff, and media? * Coordination with the Joint Information Center in cooperation with local, regional, and state emergency management partners? * A method to notify all staff and visitors? Does messaging reach all areas of the hospital? * Training of multiple people given the authority to activate notifications and messaging? * A process to identify patients and to notify family members? |

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| **Extended Response and System Recovery** | |
| 1. | Does your hospital have dedicated space for long term operations of outside response agencies, including law enforcement? |
| 2. | Does your hospital have a process to maintain:   * Patient tracking? * Response integration with external agencies and hospitals? * Supplies, equipment, and staffing to support an alternate location? |
| 3. | Does your hospital have the means to relocate services if campus lockdown is extended? |
| 4. | Does your hospital have memoranda of understanding with other hospitals to support clinical operations if campus lockdown is extended? |
| 5. | Does your hospital have procedures for repatriation of patients and staff, including:   * Managing patients dissenting from repatriation? * Patient transportation coordination with sending hospital? * Medical records management? * Attending physician assignments? * Room assignments? * Patient registration? |
| 6. | Does your hospital have criteria for reopening the hospital that consider:   * Differences between partial and complete evacuation? * Certification by local authorities (public health, fire, licensing and accreditation agencies, etc.)? * Regulatory issues? * Psychological considerations of reoccupation? * Corporate influence? * Funding? |
| 7. | Does your hospital have a process for notifying:   * Local and state Department of Health, licensing, and regulatory agencies? * Staff? * Other hospitals? * Local emergency management, Emergency Operations Center, and emergency medical services? * Media? * Patient families? |
| 8. | Does your hospital have a plan for providing behavioral health support and debriefing services to the incident victims, patients, staff, visitors and community partners? |
| 9. | Does your hospital have procedures for reporting and documenting staff injuries? |
| 10. | Does your hospital have a policy and procedure to address line-of-duty death? |
| 11. | Does your hospital have a policy that oversees and coordinates reunification of the impacted patients and employees and their families? Does it address law enforcement considerations? |
| 12. | Does your hospital plan provide for the loved ones of hostages to have a quiet room in a secure area with support services? |
| 13. | Does your hospital have a procedure to reunite hostages with their loved ones? |
| 14. | Does your hospital have procedures to document all costs incurred in the incident response and recovery? |
| 15. | Does your hospital have Hospital Incident Management Team position depth to support extended operations? |
| 16. | Does your hospital have a Business Continuity Plan for long term events? |
| 17. | Does your hospital have procedures to collect and collate incident documentation and formulate an After Action Report and Corrective Action and Improvement Plan? |