Active Shooter-Armed Intruder

Emergency Response Guideline

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PURPOSE

The purpose of the Active Shooter-Armed Intruder Emergency Response Guideline is to provide provincial guidance on how to alert and safely respond to an incident in which a weapon is being used by an individual(s) actively engaged in inflicting harm or attempting to kill people within any health facility/site in Manitoba.

The Active Shooter-Armed Intruder Emergency Response Guideline shall guide the implementation of site-specific plans within Service Delivery Organizations (SDO) and non-devolved healthcare organizations in Manitoba. Facilities/sites who may wish to adopt the plan as is or add content specific to their facility/site operations.

The main objectives of activating the Active Shooter-Armed Intruder Emergency Response Guideline are:

- To minimize risk and preserve the safety of staff, physicians, patients/ residents/clients, visitors, volunteers, contractors;
- To trigger an immediate response from Law Enforcement;
- To communicate and activate a standard organizational response to an incident where a person presents an active weapons threat (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury).

ACTIVATION

The Active Shooter-Armed Intruder Emergency Response Guideline can be initiated by any member of staff who witnesses or recognizes an active threat that requires immediate Police notification and response by activating the ***Active Shooter-Armed Intruder Emergency Response Algorithm.***

Once Police arrive at the scene Incident Management becomes a law enforcement responsibility. The primary objective of Police is to locate, contain and stop the active threat as soon as possible. The first Police units at the scene will proceed directly to the incident location, and quickly liaise with facility Security or Site Administration before proceeding with take-down operations.

POST INCIDENT ACTIONS

For a facility/site impacted by an Active Shooter-Armed Intruder event, Site Administration is to:

- Assess for injuries and facility damage.
- Implement subsequent emergency response plans as appropriate.
- Complete incident documentation as follows:
    - Ensure Critical Occurrence is reported as per SDO policy.
    - In consultation with Occupational Environmental Safety and Health (OESH) and Site Leadership, arrange psychosocial trauma supports for staff through available employee assistance programs
    - Arrange to hold a post-incident debriefing to review incident response and recommend actions for improvement.

Advice and assistance in completing the required post incident reports and facilitating the post incident debriefing is available from Shared Health Emergency and Continuity Management sharedhealthdisasteroperations@sharedhealthmb.ca.

EDUCATION AND COMMUNICATION

All staff are required to review the Active Shooter-Armed Intruder Emergency Response Guideline as a part of their standard orientation and training. Province-wide education resources are available on the Learning Management System (LMS).

Site leadership are encouraged to have ***Service-Unit Response Plans*** completed, outlining response actions for personnel working in specific areas of their site.

Any changes to this document will be communicated to SDO leadership by the Chief Operating Officer, Emergency Response Services.

Any changes to Facility/Site response procedures will be communicated by Facility/Site emergency/contingency committees to Shared Health Emergency and Continuity Management sharedhealthdisasteroperations@sharedhealthmb.ca.

EVALUATION

Shared Health Emergency and Continuity Management shall review Active Shooter-Armed Intruder incidents as needed. Ongoing reporting of Active Shooter-Armed Intruder incidents will occur as per policy on Critical Occurrences.

RUN IF YOU ARE ABLE TO EVACUATE

- Leave the area of the threat immediately; leave your belongings behind.
- Do not wait for others to follow and do not stop to assist anyone injured.
- If you are with a patient, resident or client see Appendix II titled *Patient/Resident/Client Care Considerations*.
- When exiting the area:
  - Do not scream.
  - Do not pull fire alarms
  - Try to keep others from entering the area
  - Keep your hands raised and visible
  - Do not make sudden movements towards Police or Security Officers
- Move away from the facility until you are in a safe location.
- As you look for a safe zone, do not cluster in large groups.
- Use caution and follow directions of Emergency Response Personnel.
- Do not re-enter the area until "All Clear" is conveyed by a person of authority, switchboard or Police.

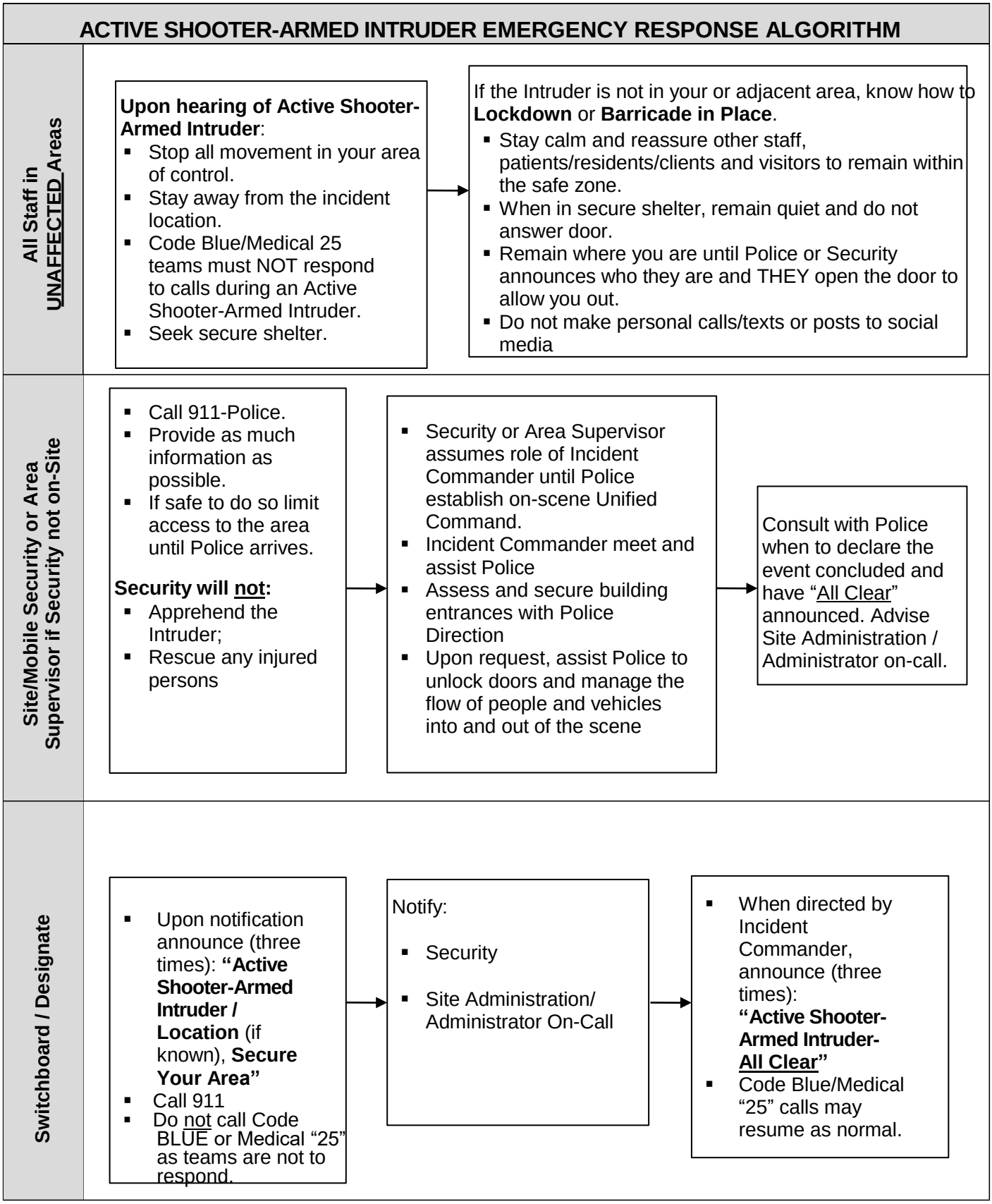
HIDE IF EVACUATION IS NOT POSSIBLE

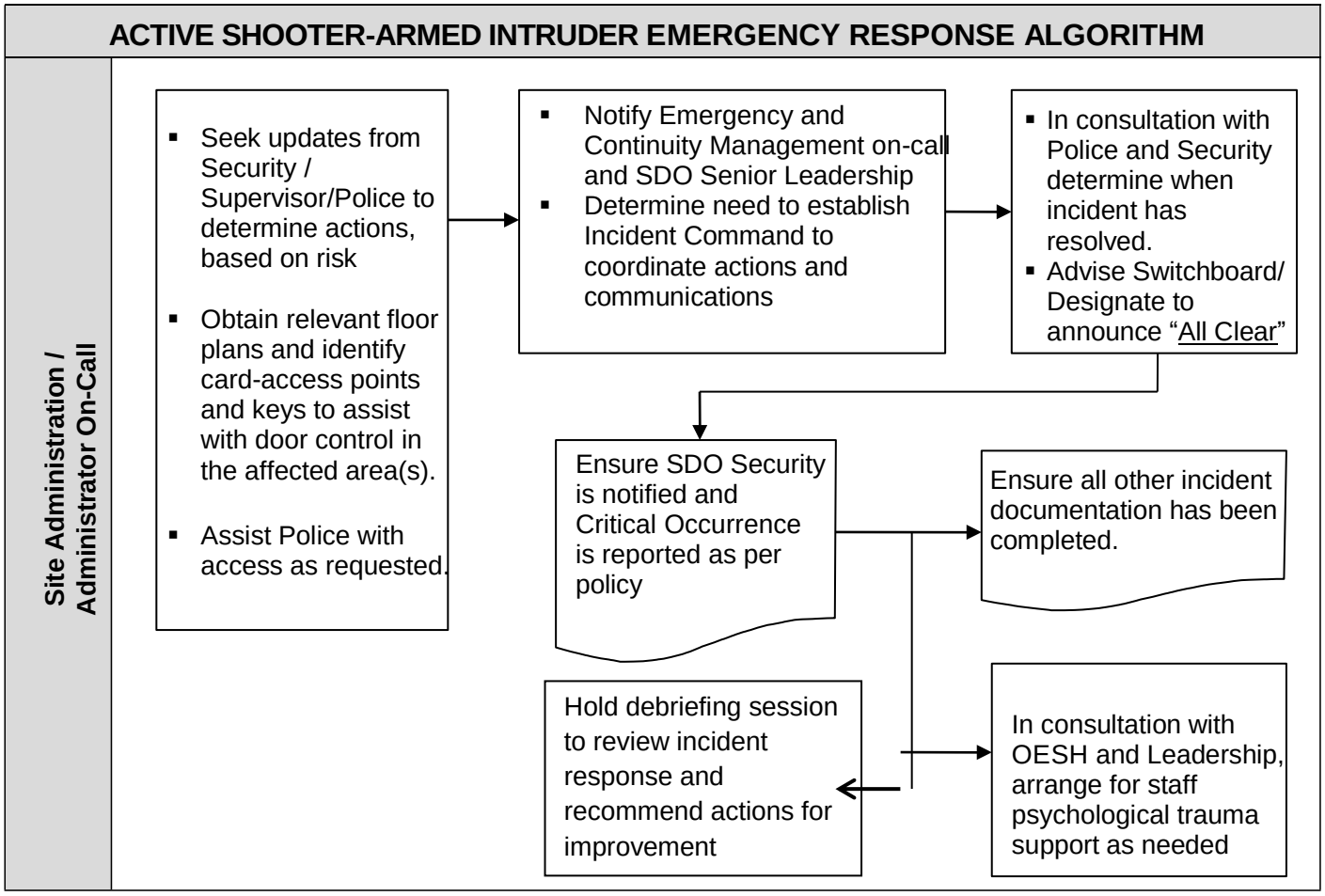
- Find shelter such as an office, a closet or boardroom.
- Close and lock doors to shelter area
- If applicable cover *door* windows and barricade the door with beds, desks or other heavy furniture.
- Turn out the lights. The room must appear empty. Hide behind large items (cabinets, desks, beds) and not behind doors.
- Stay low to the floor, crouch down.
- If possible, hide against the wall that is on the same side as the door into the room.
- Stay quiet; silence your pager and cell phone; turn off any sources of noise.
- As soon as it is safe to do so call 911-Police or Facility Switchboard. If you are with a group of people designate only one person to call.
- If you or people with you are injured inform 911 and if possible administer First Aid (see Appendix 1 *Reporting Active Shooter/Armed Intruder Incident to Police*).
- Remain quiet and do not answer door. Wait until Switchboard announcement or Police or Security announce themselves and instruct you to open the door.

FIGHT IF YOUR LIFE IS IN IMMEDIATE DANGER

- Plan to fight if the Intruder finds you.
- Use improvised weapons (e.g. fire extinguisher, chair, IV pole).
- Your goal is to disrupt or incapacitate the Intruder.
- Act as aggressively as possible.
- If with others, act as a team.

ACTIVE SHOOTER-ARMED INTRUDER EMERGENCY RESPONSE ALGORITHM




ACTIVE SHOOTER-ARMED INTRUDER EMERGENCY RESPONSE ALGORITHM
Site Administration / Administrator On-Call
Seek updates from Security / Supervisor/Police to determine actions, based on risk
Obtain relevant floor plans and identify card-access points and keys to assist with door control in the affected area(s).
Assist Police with access as requested.
Notify Emergency and Continuity Management on-call and SDO Senior Leadership
Determine need to establish Incident Command to coordinate actions and communications
In consultation with Police and Security determine when incident has resolved.
Advise Switchboard/ Designate to announce "All Clear"
Ensure SDO Security is notified and Critical Occurrence is reported as per policy
Ensure all other incident documentation has been completed.
Hold debriefing session to review incident response and recommend actions for improvement
In consultation with OESH and Leadership, arrange for staff psychological trauma support as needed

APPENDICES

Appendix I: REPORTING AN ACTIVE SHOOTER/ARMED INTRUDER INCIDENT TO POLICE

Upon recognizing the danger, as soon as it is safe to do so, call **911- Police**.

Some of the information the dispatcher may request:

- How many suspects are there?
- Where is/are the suspect(s)? Be as specific as possible.
- Are they still in the building/on campus or have they left the scene?
- What direction are they moving toward?
- What sort of clothing are suspects wearing?
- Do the suspects have portable 2-way radios or cellphones?
- Are they carrying backpacks and/or weapons?
- If with backpacks, did they leave their backpack somewhere (could contain an explosive device)
- If carrying weapons, what types of weapons (handgun, rifle, military style gun)
- Have shots been fired? If so, how many?
- Where are you presently located?
- Are you alone? If with a group, how many people are with you?
- Do you know of or see anyone injured?
- Have the suspects grabbed hostages? If yes, how many?
- Where are the hostages now?

Appendix II: PATIENT/RESIDENT/CLIENT CARE CONSIDERATIONS

"Health care professionals may be faced with the decision about the safety of patients/residents/clients and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure."[1]

"Every reasonable attempt to continue caring for patients/residents/clients must be made, but in the event this becomes impossible without putting others at risk for loss of life, certain decisions must be made."[2]

Intruder is in or adjacent to the patient/resident/client care area

You may have to make decisions about your own personal safety and the discontinuation of patient/resident/client care. Staff should take steps to protect patients/residents/clients if there is time and using a method that does not jeopardize the personal safety of staff or visitors or interfere with law enforcement and emergency responders. These steps may include evacuating the area or preventing entry to an area. However, during an active Intruder situation staff may find there is not sufficient time to do anything but to ensure their own safety. In this instance, as soon as the situation has resolved the staff should promptly resume care of patients/residents/clients and deal with visitors who may be present.

Follow the **RUN, HIDE, FIGHT** action plan, even if you are engaged in patient/resident/client care:

- Discontinue all patient/resident/client care
- Assist patients/residents/clients and visitors to evacuate with you if they are able and if it is safe to do so
- If you are with a patient/resident/client who cannot escape with you:
    - Let the patient/resident/client know that you have to leave
    - Instruct the patient/resident/client to remain calm and stay alert
    - Instruct the patient/resident/client to not be in contact with the Intruder
    - Turn off the lights in the patient/resident/client room and secure the door if possible upon existing.

If **RUN** is not a safe option, hide in as safe a place as possible. If it is best for you to remain in a room with the patient/resident/client and visitors, follow the **HIDE** actions, in the Response Algorithm. Secure entrance(s) by any means available (either locking, blocking doors with furniture, cabinets, bed, equipment, etc.).

NOTE: Code BLUE or Medical "25" teams must not respond to calls during an Active Shooter-Armed Intruder, as it may put their lives in danger.

[1] U.S. Department of Health and Human Services U.S. Department of Homeland Security U.S. Department of Justice Federal Bureau of Investigation Federal Emergency Management Agency; Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans; November 2014;

[2] Healthcare and Public Health Sector Coordinating Council; Active Shooter Planning and Response in a Healthcare Setting; April 2015;

Appendix III: FACILITY/SITE INFORMATION TO BE PROVIDED TO POLICE

Primarily Important:

- Maps and Floor plans with building segmentation by department (i.e. Emergency Department, Pharmacy, ICU, etc.).
- Identify the site/facility Incident Commander by name.
- Describe how Security personnel are dressed (uniform color, safety vest, etc.)
- Identify facility personnel who will have all access of doors (card access pass, push button codes and keys).
- Have communication tools (e.g. 2-way radios, cellphones)
- Know how to contact Switchboard, where applicable, to make a notification.

Secondarily Important:

- Location of the site/facility Incident Command Post
- List of people assigned to site/facility Incident Command Structure, including names, phone/mobile contact and email address.
- Identify site Security resources and CCTV monitoring area
- What emergency notification has been made
- Site Emergency Response Plans
    - Active Shooter-Armed Intruder
    - Actions during a Hostage Situation
    - Code Black-Bomb Threat
    - Code Green-Evacuation

Appendix IV: ANTICIPATED POLICE ACTIONS

Upon Police arrival, the incident becomes a law enforcement responsibility and they will establish a site Incident Command post and will manage the scene from that location.

Law enforcement's goal is to locate, contain and stop the active threat as soon as possible. Officers will proceed directly to the area in which the Intruder was last reported.

Teams of Officers may wear regular patrol uniforms, specialized Police team will be seen in darker color uniforms with tactical vests (body armor), helmet and weapons such as military-style rifles, shotguns and handguns. They may use additional enforcement tools such as pepper spray or tear gas or taser to control the situation.

Police will shout commands and push individual by-standers and non-emergency persons to the ground for their personal safety.

"Contact Teams" (first officers to arrive at the scene) will not stop to help injured persons. Expect "Rescue Teams" comprised of additional officers to follow. These Rescue Teams may include Tactical EMS-Paramedics, who will treat and remove any injured persons when safe to do so. They may also call upon any able-bodied individuals to assist in removing the wounded from the premises.

If someone is injured within your group or you know of injured persons around you but they are outside of your group call 911 to advise of their location and status.

While safe and until EMS arrive, you may within reason and when possible perform First Aid and assist people around you. Do not leave safety to assist injured people on the outside or try to move them back to your safe-zone. Doing so may jeopardize your cover and place others at risk.

When individuals have reached a safe location or an assembly point, they will be held in that area by law enforcement/emergency responders until the situation is under control and all witnesses have been identified and questioned. No one is to leave the safe location or assembly point until law enforcement authorities have instructed individuals to do so. Be prepared: it could be a number of hours before police locate everyone in their hiding or locked down positions and until all persons have been interviewed and identified.

Appendix V: PERSONAL EMERGENCY ACTION PLAN FOR ACTIVE SHOOTER-ARMED INTRUDER

Action to Be Taken
1. Develop a Personal Action Plan: ❖ Be aware of your environment - Note at least two (2) nearest exits in your Facility/Site. ❖ Familiarize yourself with Facility/Site Emergency Response Plans. ❖ If you are in an office, stay there and secure the door. ❖ Remain calm and quiet. Put cell phone on "vibrate". ❖ If you are in a hallway, go into a room and secure the door. ❖ If possible, contact 911-Police and say: "*there is an armed intruder on site".* ❖ DO NOT leave your safe location, even if a 911-operator suggests you try to do so. ❖ If possible, notify on-site Security of the situation. ❖ Do NOT make personal phone calls; keep lines of communication open. ❖ Follow all directions of on scene Police/Security/Incident Commander.
2. If gun shots are heard near you: ❖ Remain calm, and alert others in your vicinity to seek shelter. ❖ Make note of location and description of shooter(s) and any injured persons. ❖ Find a room that can be locked or barricaded. If the door can't be locked from the inside; see if you can move furniture up against the door. ❖ Lock doors/windows and close the blinds. ❖ Turn-off radios, ❖ Place cell-phone(s) on vibrate and seek cover (get low to the ground). Do not walk around. ❖ Once you have made safe; notify facility Security. ❖ If possible, also contact 911-Police and say: "*There is an armed intruder on-site".* ❖ Do not leave your area or the building unless instructed to do so by on scene Police or Incident Commander.
3. Emergency Response: ❖ Emergency Responders (i.e. Police) have been trained to neutralize an armed intruder. ❖ When police first arrive at the scene, they will immediately search, locate and neutralize the threat. ❖ You will hear a variety of loud noises, sirens, yelling, shouting, screaming and possibly gun-fire (shots). ❖ Listen to the sounds carefully, whatever you do; DO NOT open the door or respond to commands until it is verified that you are dealing with Police/Security and the area is "safe".
4. If you are in another building: ❖ Follow directions of the Police/Security/ Incident Commander. ❖ Stay clear of any area where the armed intruder is located. ❖ Stay clear of Police/EMS staging areas; unless instructed otherwise. ❖ Avoid leaving the building and remain inside a safe/secured room. ❖ Wait for the "all clear" from Police or the Incident Commander.

5. When you exit the area:

- Follow all instructions Police/EMS give you
- Do not carry objects in your hands **If you carry objects in your hands it can be mistaken as a weapon and you may be shot at.*
- Keep hands up in the air to show police you are not a suspect.

Appendix VI: SPECIAL AREAS OF CONSIDERATION FOR RESPONSE

Reference: *Active Shooter Planning and Response in a Healthcare Setting*, Healthcare and Public Health Sector Coordinating Council, 2015 (American).

Healthcare facilities present unique and sometimes complex challenges for Emergency Responders. Some of these challenges may be present at other facilities, however these challenges must be considered when responding to incidents.

During the planning stage of an Active Shooter/Armed Intruder response plan, healthcare and emergency responders need to consider all challenges, have frank discussion about the level of difficulty which may exist and how best to address the challenges.

The planning stage should include (essential to the site/facility Incident Command Post)

- A thorough review of surveillance camera capabilities.
- Incorporate surveillance video in exercises and use it to improve planning.
- Test law enforcement communication equipment in all areas of the health facility to ensure operational effectiveness.
- Review protection and access control of critical infrastructure within the site/facility such as power, gas, data and communication.
- Be prepared to brief law enforcement personnel and to identify key challenges ahead of any planned action.
- Identify and know “Lock-Down” processes and access control.
- Consider if evacuation of non-impacted areas is possible or event desirable. Consider risk to patients, staff and visitors if a move to a safe location is suggested.
- Consider event logistics with regard to essential medical supplies, equipment, pharmaceuticals, water, and food to lockdown areas.
- Consider census of people on site (number of staff on shift, number of in patients/out-patients, number of visitors, services reps, contractors, etc.

Planning by Service Unit/Department

Detailed service unit/department plans need to be developed to augment a site/facility plan.

The following considerations are provided to assist with planning for service units/departments:

Emergency Department

The emergency department (ED) of any facility is one of the most visible and heavily utilized areas of the facility. As a focal point for the public because of the services provided there, the ED of a facility is often a dynamic environment which requires a law enforcement presence on any given day. This is especially true in the event of an active shooter within the facility. If the ED is not directly affected

by the active shooter incident, wounded victims, including suspects, may be evacuated to the ED for treatment. A significant law enforcement security element may be required to adequately secure the ED, allowing staff to feel secure and perform their duties.

Security Services

In preparing for an active shooter incident specialized training for Security personnel should be discussed before an active shooter incident occurs. Law enforcement and Security personnel should also address additional ways weapons could get into the hospitals. Hospitals typically have multiple public entrances and large numbers of visitors each day. Law enforcement and facility administration should develop a plan for diverting incoming traffic for the emergency department to other healthcare facilities, and notify local EMS agencies of this diversion.

Operating Room Suites

A well-planned response to an active shooter/armed Intruder is vital for the operating room suites. Law enforcement and security should develop a pre-plan for securing the staff and patients within surgical suites. Staff and patients may be unable to avoid the threat because of ongoing or in-progress procedures. Security and law enforcement personnel may need to establish security procedures so medical personnel can continue to care for surgical patients.

Neonatal Intensive Care Unit and Newborn Areas

The Neonatal Intensive Care Units (NICU) and newborn areas are extremely vulnerable to an active shooter threat due to the difficulty in evacuating the area. In addition, newborn areas pose additional concerns related to domestic situations, kidnappings, and custodial disputes. Law enforcement and facility security should develop a plan for the security of the area and working with the staff to continue to be able to provide medical care for the patients.

Intensive Care Unit

Patients in an Intensive Care Unit (ICU) who are unable to avoid the threats should be protected and the area locked down. Law enforcement and facility security should develop a pre-plan for the lock down and the security of the staff and patients. The plan should include:

- Lock-down and access control
- Evacuation of non-impacted areas. Movement of patients, staff and visitors to safe locations
- Providing supplies, equipment, pharmaceuticals, water and food to lockdown areas (as relevant to the scenario)
- Facility census, updates and reporting in coordination with lockdown

Prisoner Healthcare Forensics

An active shooter event could be an escape attempt or diversion needed to effect an escape. Prisoner patients within a facility will be guarded by law enforcement or correctional staff, but there should be a pre-plan on how to provide additional resources to secure these patients in an active shooter event. In, addition the custodial agency guarding the prisoner may not be the primary responding agency and therefore unaware of an attack within the facility. The law enforcement responders should attempt to quickly communicate with the custodial guarding agency to coordinate the continued safety and security of the prisoner.

High Profile Patients

Healthcare facilities draw patients from all walks of life including high profile personalities who may have personal protection officers providing security. Although nearly impossible to pre-plan who these individuals are or where they may be at the time of an active shooter event, the incident commander working with the incident command team should plan to make attempts to identify and communicate with uniformed officers with any private or governmental protection detail providing security for a patient.

Mental Health In-Patient Areas

Mental Health inpatients within a healthcare facility may be guarded by staff but law enforcement personnel and sites should have a pre-plan on securing the area and the patients during an active shooter incident. For those patients that do not evacuate, a plan should be in place for the protection of the patients and staff while in lockdown.

Infectious Disease/Quarantine Areas

Law enforcement and security should coordinate before an active shooter incident to identify the infectious disease/quarantine areas of the healthcare facility. A plan should be developed for the security and protection of the patients and staff since evacuation may not be possible.
Coordination with the staff should include prior training of the proper protective equipment for the area, where PPE is located, and proper donning and doffing techniques, as well as basic information about the disease. Patients and/or staff who may exit the quarantine area should be handled per the policy of the healthcare facility, in coordination with its infection control team.

Medical Gases

Healthcare facilities utilize a magnitude of medical gases onsite and the responding law enforcement officers need to be aware of these and their dangers. These gases in large facilities are typically roughed-in during construction or remodeling and incased in the walls of the facility with large volume storage containers supplying the gases through piping. In smaller facilities these can be contained in standard cylinders. Law enforcement needs to identify the specific gases within their jurisdictional healthcare facilities and then identify the hazards associated with those gases. This can be accomplished by reviewing a current copy of the Emergency Response Guidebook or the Material Safety Data Sheets (MSDS), which the healthcare facility maintains. Gases would include but not be limited to:

- **Oxygen**

Oxygen may be used for patients requiring supplemental oxygen via a mask. Usually accomplished by a large storage system of liquid oxygen at the hospital, which is evaporated into a concentrated oxygen supply, pressures are usually around 380 Pa (55 psi). In small medical centers with a low patient capacity, oxygen is usually supplied by multiple standard cylinders.

- **Nitrous Oxide**

Nitrous Oxide is supplied to various surgical suites for its anesthetic functions during pre-operative procedures. It is delivered to the hospital in standard tanks and supplied through the medical gas system. System pressures are around 345 Pa (50 psi).

- **Nitrogen**

Nitrogen is typically used to power surgical equipment during various procedures. Pressures range around 1.2 kPa (175 psi) to the various locations.

- **Carbon Dioxide**

Typically used to inflate or suspend tissues during surgery, and also used in laser surgeries. System pressures are maintained at about 345 Pa (50 psi).

- **Medical Air**

Medical air is supplied by a special air compressor to patient care areas using clean outside air. Pressures are maintained around 380 Pa (55 psi). Medical air can be used as surgical air when the pressures are raised to 7 Bars. Surgical air is majorly used in driving pneumatic tools like dental hand pieces. Oxygen can be used as medical air but medical air should never be used as oxygen.

- **Medical Test Gas Mixtures**

There are many gas mixtures used for clinical and medical applications. They are often used for patient diagnostics such as lung function testing or blood gas analysis. Test gases are also used to calibrate and maintain medical devices used for the delivery of anesthetic gases.

- **Medical Culture Growth Mixtures**

Culture growth applications include controlled aerobic or anaerobic incubator atmospheres for biological cell culture or tissue growth. Controlled aerobic conditions are created using mixtures rich in oxygen, and anaerobic conditions are created using mixtures rich in hydrogen or carbon dioxide.

- **Waste Anesthesia Gas Disposal**

Waste Anesthesia Gas Disposal or WAGD is used in hospital anesthesia evacuation procedures. Although it uses the same vacuum pump as the medical vacuum system, the piping may be a separate line from the source or can be combined with the medical vacuum. Continuous vacuum is maintained around 50-65 kPa (15-19 inches of mercury).

Biohazard Areas and Laboratories

Law enforcement is familiar with working in locations which contain biohazard areas and laboratories which are, either due to a result of personal injuries, prisoner issues, or mobile and stationary drug labs. Within a healthcare facility, these areas contain increased concerns for the responding officer due to the quantity of biohazard samples, tissues, fluids and the testing associated with these hazards. Based on the degree of hazard posed by these agents, labs are divided into four biosafety levels, and mandated protective practices increase with each level. Biosafety Level 1 labs work with the least dangerous agents and require the fewest precautions; Biosafety Level 4 labs have the strictest methods for handling organisms because they deal with agents that are most dangerous to human health. Laboratories within a healthcare facility will typically not exceed a Biosafety Level 2 lab (BSL-2). Academic and Research healthcare facilities may include a Biosafety Level 3 lab (BSL-3).

During the pre-planning period, law enforcement needs to identify the locations of the laboratories, their biosafety level(s), and requirements for personal protective equipment.

Blood bank areas will most likely have a blood irradiator, which is utilized for the prevention of transfusion-associated graft versus host disease in immunosuppressed or otherwise at-risk patients. The majority of blood irradiators in operation are gamma-ray irradiators, with X-ray irradiators recently brought on the market.

Magnetic Resonance Imaging Suites

This area of a healthcare facility is one which law enforcement and other emergency response personnel should be briefed on not only with respect to an active shooter situation, but any incident that could occur in a Magnetic Resonance Imaging (MRI) suite. The powerful magnetic field within this area has the potential of taking a firearm out of the hands of an officer, accidentally discharging a firearm, or pulling any metallic object into the magnet to include the officer himself. The MRI

magnetic field is never turned off unless the unit is being installed, dismantled or repaired. To turn the MRI magnetic field off takes several minutes and is only done by specially trained technicians.
Due to the powerful magnetic field used by the MRI Scanner, MRI facilities and hospitals restrict access to the MRI suite by establishing four conceptual zones around the MRI scanner. Each boundary zone in this four-zone safety system is defined by its purpose and distance from the MRI scanner. Since the magnetic field extends in three dimensions, some zones may extend into other areas or floors of the facility.

- **Zone One**
  Consists of all areas freely accessible to the general public. This zone includes the entrance to the MRI facility and the magnet poses no hazards in these areas

- **Zone Two**
  Acts as a buffer between Zone One and the more restrictive Zone Three. Here, patients are under the general supervision of MRI staff. Normally, these areas are also safe from the powerful magnet. Zone Two may include the reception area, dressing room and interview room.

- **Zone Three**
  Access to Zone Three should be restricted by a physical barrier. Only approved MRI personnel and patients that have undergone a medical questionnaire and interview are allowed inside Zone Three. The MRI control room and/or computer room are located within Zone Three.

- **Zone Four**
  Zone Four is the area within the walls of the MRI scanner room, sometimes called the magnet room. Access into the MRI scanner room should only be available by passing through Zone Three. Zone Four is sometimes considered to be inside of Zone Three because it does not have a direct entrance to unrestricted areas. Zone Three and Zone Four are sometimes collectively referred to as the MRI Suite.

Inside the MRI suite is an invisible boundary defined by the magnetic field's five Gauss line. The five Gauss line is the point at which the magnetic field begins to affect electromagnetic devices, such as pacemakers. Because the magnetic field extends in all directions, the five Gauss line can also extend to areas outside of the MRI Suite, including other floors, if the magnetic field is large enough. Magnetic fields cannot be seen or felt, so the five Gauss line is sometimes marked on floors or walls for safety. Marking the five Gauss line is particularly important when it extends beyond the walls of the MRI scanner room. The importance of pre-planning and training for law enforcement and other emergency response personnel is greatly encouraged with respect to MRI Suites. The healthcare facility designated radiologist or the manufacturer can assist in providing this essential training.

Kitchen Areas

A location that is commonly not thought of during pre-planning or response is kitchen areas within the healthcare facility, especially those areas providing food service. Individuals who run from these areas do not consider the potential for food being ignited after they evacuate. They will immediately leave the area with items on burners, ovens, grills, toaster ovens, etc. which have the capability of both starting a fire and producing smoke which is not readily identified by law enforcement or emergency response personnel. They will initially identify this as a potential incendiary device used by the active shooter, when it most likely a result from cafeteria staff evacuating the area.

Pharmacies

The healthcare pharmacy may not be an area that law enforcement would look at as a special consideration, but the fact there are large quantities of medications (including narcotics) should make it a priority. Some of the medications in their inventories are available from a neighborhood pharmacy.

An active shooter may want to go to a pharmacy area for self-treatment of a wound, to self-medicate, to obtain a higher sense of invisibility, or to assist them with committing suicide. Law enforcement should provide a force protection team when all other areas of heightened concern have been addressed or when it appears the active shooter is moving towards this area. Non-affected areas of the healthcare facility will continue to need supplies from the pharmacy during and after the incident to support patient care.

Crime Scene Considerations

Crime scenes in a hospital or medical facility are especially challenging to not only the medical personnel but to law enforcement. It must be clearly understood that the first duty of all personnel is to protect and preserve human life. Patient care should be given highest priority in all situations. To the extent possible, care should also be given with the consideration to the needs of law enforcement with respect to personnel safety, crime scene management, and the preservation of evidence. Every crime scene will come with various challenges for medical personnel and law enforcement. By working as a team, law enforcement can act to ensure the safety of the employees, patients, victims, and the public, and medical personnel can accomplish the task of responding to the medical needs of the patients and victims, while still maintaining the integrity of the evidence needed by law enforcement.

Although law enforcement and the hospital incident command team will respond effectively to these events, it could be unavoidable that operations for some departments will be disrupted. Some parts of the hospital campus will be locked down and others will be evacuated. Patient care could be disrupted until the situation is under control by law enforcement. Hospital leadership and staff should review and enhance their emergency operations procedures, so medical personnel will be able to respond swiftly and effectively without hindering law enforcement efforts.

The law enforcement officer is in charge of the crime scene. The officer will make a determination regarding the status of the scene and make this information known to the responding police, fire, EMS, and the hospital incident command team. In the absence of being notified, the fire and medical

units shall NOT assume the scene is secure, and they should take precautions to protect themselves from any potential danger. Law enforcement needs to emphasize if medical personnel rush into a crime scene and are injured or killed they become a victim themselves; take up valuable resources of fellow providers; increase additional risk to law enforcement and are no longer capable of being a trained care provider. Medical personnel shall follow the directions of law enforcement with respect to the crime scene management, but this direction shall not prevent nor detract from quality patient care.