

DEPARTMENT: Information Protection and Security	POLICY DESCRIPTION: Active Shooter Hostile Event Response (ASHER)
PAGE: 1 of 4	REPLACES POLICY DATED:
EFFECTIVE DATE: February 1, 2019	REFERENCE NUMBER: IP.PS.003
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: Company-affiliated hospitals and free standing emergency departments.
PURPOSE: To establish a framework for the Company facilities to prepare for, mitigate risk of, respond to and recover from an active shooter hostile event (ASHER).
<p>POLICY:</p> <ol style="list-style-type: none"> 1. All employees, physicians, subcontractors, and vendors must carry out their roles and responsibilities in a manner to protect individuals within the facility. 2. In the event an individual(s) enters the facility displaying a firearm as an active shooter hostile event, workforce members should determine the most reasonable way to protect their own life. 3. Facility senior leadership will identify an Active Shooter Hostile Event Response (ASHER) Program manager who will be responsible for organizing, managing and sustaining an ASHER prevention, preparedness, mitigation, and recovery program.
<p>DEFINITIONS:</p> <p>Active assailant(s) - One or more individuals actively engaged in harming, killing, or attempting to kill people in a populated area with means other than the use of firearms.</p> <p>Active shooter - One or more individuals actively engaged in harming, killing, or attempting to kill people in a populated area with the use of firearms.</p> <p>Active Shooter Hostile Event Response - Response to an incident where one or more individuals are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.</p> <p>Concealment - The protection from observation. Anything that prevents direct observation of the threat that might or might not provide protection from the threat.</p>
<p>PROCEDURE:</p> <ol style="list-style-type: none"> 1. Facilities will implement the ASHER Program that identifies: <ol style="list-style-type: none"> a. Governance/Leadership b. Planning/Coordination c. Evaluation d. Resource Management e. Facility Preparedness f. Incident Management

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2. Governance/Leadership

- a. Facility should conduct an ASHER risk assessment. This includes:
 - 1) Community risk assessment to include:
 - a) Likelihood;
 - b) Human impact;
 - c) Economic impact (property loss both direct/ indirect);
 - d) Psychological impact (public confidence); and
 - e) Functional impact (continuity of operations).
 - 2) Facility's risk assessment to include:
 - a) Vulnerability assessment
 - i. At risk locations (Security sensitive areas);
 - ii. Employee preparedness;
 - iii. Number of occupants (patients/employees/visitors);
 - iv. Ability of the occupants to evacuate, relocate, or secure in place;
 - v. Security capabilities (camera, access control, duress, alarm systems, mass communication, etc.);
 - vi. Number of ingress/ egress points;
 - vii. Building construction type;
 - viii. Nearby structures or businesses (e.g., bank, school); and
 - ix. Emergency responder accessibility.
 - b) Consequence identification to include:
 - i. Size of affected area;
 - ii. Likely number of individuals within facility including patients (ambulatory/ non-ambulatory), visitors and workforce.
 - iii. Likely physical, health, and safety hazards within facility;
 - iv. Likely areas/ location of harm within facility; and
 - v. Likely outcomes within facility based on exposures within the area/location of harm.

3. Planning/Coordination

- a. Facility should establish an ASHER program plan based on its resource capabilities and current risk assessment.
- b. Plan should include a multi-agency and multi-discipline coordination to include mutual aid agreements and memorandums of understanding (MOUs).

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- c. The plan should be based on the results of the risk assessment and an analysis of ASHER program capabilities.
- d. The facility should utilize the plan to ensure policies are developed, maintained, updated, tested and activated along with the following three-step process:
 - 1) A needs or gap assessment
 - 2) Plan development
 - 3) Implementation

4. Evaluation

The ASHER Program Manager should discuss with community resources and agency representatives each member’s responsibilities to command their resources in a coordinated effort, common strategy and shared objectives.

5. Resource Management

- a. The facility must have a plan to have the needed resources for the safe and effective response to active shooter/hostile events.
- b. The ASHER program manager should:
 - 1) Coordinate with local response and emergency management agencies and be familiar with existing mutual aid systems and available resources prior to calling for these resources to sustain operations during an existing emergency incident.
 - 2) Develop a thorough and complete record-keeping system to ensure that supply management is documented.
 - 3) Develop personnel policies and procedures to respond to the post-incident recovery phase.

6. Facility Preparedness

- a. The ASHER Program Manager will develop facility specific procedures related to incident management for the safe and effective response to ASHER incidents.
- b. The facility should adopt an emergency action plan to include Run, Hide, and Fight procedures for a standardized methodology within HCA facilities
- c. The facility’s emergency action plan must include:
 - 1) Two methods of alert and warning/ communication procedures (internal and external);
 - 2) Procedures for locking doors from the inside (in compliance of NFPA 101);
 - 3) Procedures for unlocking doors from the outside;
 - 4) Procedures to activate and limit access for the entire facility;
 - 5) Identification of doors designated as means of egress or escape;
 - 6) ASHER awareness training;

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- 7) A protocol for rapid screening of the facility for devices and weapons upon notification of an ASHER incident within or near the facility;
 - 8) Conduct annual exercises (seminars, workshops, tabletop, functional or full-scale drills) to test plan; and
 - 9) Facilities that have experienced an ASHER incident shall complete an after action review (AAR) of the event.
- d. The facility should participate in community drills such as:
- 1) Monthly community communication systems to ensure functionality; and
 - 2) Procedures to communicate information to patient distribution (e.g. transfer centers, Red Cross, etc.) and emergency responders throughout operational period.
- 7. Incident Management in the event of an ASHER incident**
- a. The facility plan should utilize Healthcare Incident Command Structure (HICS) structure to manage the response to the incident.
 - b. The facility should activate their incident command center.
 - c. The facility should provide victim identification in alignment with applicable laws and regulations (e.g., HIPAA).
- 8. Recovery**
- a. The facility will initiate the recovery phase upon an “all clear” from law enforcement agencies (federal/ state).
 - b. The facility shall return to normal operating procedures.
 - c. The facility shall assist in coordinating victim assistance. Employees may be referred to employee assistance program (EAP) to include emotional and psychological needs by providing mental health support, counseling, screening and treatment.

REFERENCES:

- Department of Homeland Security Active Shooter Planning and Response, 2017
- NFPA 3000 (PS) Standard for an Active Shooter/ Hostile Event Response (ASHER) Program. 2018