Are We Ready? Preparing for the Unpredictable

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Preparation

- 2012
  - Prioritized Active Shooter in Hazard Vulnerability Analysis
- 2012-2013
  - 2 Tabletop and 1 Functional Exercise
  - Plain Language
  - Video
- 2014
  - “Active Shooter Incidents in Hospitals and Healthcare Settings” Symposium
  - Brigham and Women’s Hospital
  - National Preparedness Leadership Initiative
  - Johns Hopkins CEPAR
1102 – Panic button alarm from Watkins Clinic Base dispatches officers to respond.
1104 – First officer on scene observes employees fleeing. She hears them say someone is shooting. Officer announces “Shots Fired, Watkins Clinic” over radio. BPD detail officer hears our radio call and in turn broadcasts it over the BPD radios.
1105 – Second Security officer on scene hears gunshot from exam room. Suspect is found dead of self inflicted gunshot wound.
1106 – 2 BPD detail officers arrive at Shapiro. Within 5 minutes, dozens of BPD Officers were on scene.
1106 – Stat line Operator announces “Life Threatening situation”
1107 – Dr. Davidson transported to Emergency Department
1108 – Emergency Notification System notice sent out
Response

1110 – Shapiro is “locked down” by Security
1116 - Code Amber called
1125 – Emergency Operations Center (EOC) holds first briefing
1130 - ED on Code Black
1140 - BPD announces scene is secure and we can resume normal operations except for 2nd floor, which is a crime scene. A short time later, the crime scene is reduced to just the Watkins Clinic.
1149 - Code Amber cleared
1155 – ED off Code Black
1230 – EOC has second briefing
1315 – Press briefing
1430 – Leadership Huddle

Recovery: Debriefing

- **Tactical**
  - Watkins Cardiovascular Clinic
  - Public Affairs
  - Emergency Management
  - Senior Leadership
  - Associate Chief Nursing Officers
  - Vice Presidents
  - Support Service Operations
  - Nursing Administration
  - Medical Staff
  - Employee Assistance Program
  - Operating Rooms and PACU Staff
  - Emergency Department Staff
  - Social Work
  - Psychiatry
  - Engineering
  - Emergency Management Committee
  - Human Resources
  - Ambulatory
  - Patient Family Relations

- **Psychological First Aid**
  - Employee Assistance Program
  - Social Work
  - Psychiatry
  - Psychiatric Nursing
  - Peer Support
  - Chaplaincy
Training Helped

- Training and Videos Helped
- Limited group participated in exercises
- Limited follow up from Exercises
- Voluntary Training

#1: Have a Plan, Practice the Plan

- Familiarize yourself with your environment
- Design a Plan
- Drill the Plan
- Modify the Plan
- Educate
- Repeat
Debriefings

- Psychological
  - Multidisciplinary
  - Psychiatry
  - Psychiatric RNS
  - Employee Assistance
  - Peer Support
  - Social Work
  - Chaplaincy
  - Coordination of various efforts
- Tactical
  - Timeliness
  - Prioritization

#2: The Event begins, the minute it ends

- What is your organization’s psychological first aid plan?
  - What services are available?
- Who would facilitate debriefings to capture lessons learned?
Transparent, Timely Communications

• Internal
  ◦ Our Plain Language was Not Plain Enough
  ◦ No speakers in some areas
  ◦ Voluntary Employee Alert System
  ◦ “Text your loved ones”

• External
  ◦ Social Media and Privacy
  ◦ Timely Press Conference

#3: Communications is actually #1, 2 and 3

• What is your personal, family and organizational plan in an emergency?
• How do you and your staff communicate with one another?
• Transparent, timely and accurate
#4: CPR and Tourniquet Training

- Nearly 50% of combat deaths since World War II can be attributed to blood loss
- In 2002, the war in Afghanistan prompted the invention of the one-handed tourniquet
- Death Rates:
  - Pre: 23.3 deaths per year,
  - During: 17.5 deaths per year
  - Post: 3.5 deaths per year, 85% decrease in mortality
- At Home
  - Boston Marathon Bombings
  - “Stop the Bleed” Campaign

References