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### **PURPOSE:**

To establish the protocol, guidelines and appropriate response in the event of an incident involving a person with a weapon, an active shooter or a hostage situation within the facility.

### **SCOPE:**

Applies to all employees of Dr. Pablo O. Torre Memorial Hospital


### **PERSON RESPONSIBLE:**

Hospital Incident Command Response Team, Security Officer, Security Department, CRO, All Department/ Division Personnel.

### **GENERAL GUIDELINES:**

#### **1. Hospital Command Center (HCC)**

- 1.1 The administrator-in-charge or designated Division Officer, by policy, assumes the role of the incident commander or delegates the responsibility to the most qualified individual.
- 1.2 The incident commander activates the Hospital Command Center (HCC) in a location not affected by the incident.
  - 1.2.1 If the incident commander works outside of the Incident Command Post (ICP), a deputy incident commander is appointed within the HCC.
  - 1.2.2 If the incident commander works inside of the HCC, a liaison officer is assigned to the Law Enforcement's Incident Command Post (ICP).
  - 1.2.3 A "Unified Command" with the law enforcement incident commander is established.
  - 1.2.4 The incident commander appoints the appropriate command and general staff, who will, in turn, assign appropriate personnel to HICS positions needed to accomplish the incident's objectives.

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- 1.2.5 All incoming patients should be routed to other appropriate areas within the hospital or to other nearby healthcare facilities for medical care until the Code Silver event has been cleared. These facilities should be notified about the situation.

## 2. CODE SILVER RESPONSE TEAM

The Code Silver Response Team is a predesignated security response team consisting of staffs trained in the response to violent situations.

- 2.1 It is important to remember that a Code Silver is primarily a law enforcement event, and should be addressed by trained law enforcement officials. Hospital staff should take direction from local responding law enforcement officers.
- 2.2 The Hospital Incident Command System (HICS) is used as the incident's management structure.
- 2.3 Code Silver Response Team members may include representatives from Security, Safety, Administration, and all other departments wherein Code Silver incident is happening.
- 2.4 The Code Silver Response Team leader is the ranking security representative.
- 2.5 A formal communication indicating the members of the Code Silver Response Team should be posted in the hospital bulletin board for proper information dissemination. Any changes in the membership should be communicated to the Management Committee and concerned personnel.
- 2.6 The Code Silver Response Team shall perform as instructed by the Team leader in support of the incident objectives.
- 2.7 The Team leader reports to the incident commander until directed otherwise.
- 2.8 The incident action plan (IAP) objectives may include:

<b>Initial Incident Objectives</b>
<input type="checkbox"/> Identify the location of the incident.


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<input type="checkbox"/> Establish a perimeter.
<input type="checkbox"/> Clear the area of all possible bystanders.
<input type="checkbox"/> Gather intelligence from witnesses.
<input type="checkbox"/> Coordinate the response with law enforcement.


- 2.9 The Code Silver Response team should respond to the general area of the incident location.
- 2.10 The team leader will brief the team and coordinate the response.
- 2.11 If it is safe to do so, the Code Silver Response Team shall:
- Establish a perimeter around the area.
  - Clear the area of bystanders from the surrounding area to protect them from danger.
  - Maintain communications with the HCC and or responding law enforcement.
- 2.12 The Code Silver Response team will not bargain with or make any promises to the person(s) with a weapon or hostage taker(s).

### 3. EDUCATION AND TRAINING

- a) Dr. Pablo O. Torre Memorial Hospital (DPOTMH) shall ensure that all employees understand the application of Code Silver and how to address the situation.
- b) Training and education ensures that all staff is aware of potential security hazards and how to protect themselves and their co-workers through established policies and procedures.
- c) All employees of DPOTMH shall undergo training and orientation pertaining to Code Silver. Training will be a part of the pre-employment orientation for new employees and in-service training for existing employees. Yearly re-orientation for all employees is required.

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- d) A certificate shall be given to the employee after completing the orientation/training. A copy will be retained in the employee file for at least 3 years for evaluation purposes.
- e) Specific training shall be provided to the Code Silver Response Team members as to their specific roles and responsibilities during a variety of scenarios.
- f) The most effective way to train your staff to respond to an active shooter situation is to conduct mock active shooter training exercises. Local law enforcement is an excellent resource in designing training exercises such as the following:
  - Recognizing gun shots
  - Reacting quickly with the gunshots
  - Calling the authorities
  - Reacting when the law enforcement arrives.
  - Adopting the survival mind during in times of crisis.
- g) Trainers/ Resource speakers from various government agencies may be invited to assist in the training and orientation for Code Silver.
- h) All training and orientation conducted are to be documented for evaluation purposes.
- i) If actual training for employees is not possible to be conducted for any specified reason, other modes of teaching should be utilized (e.g. online teaching or presentation).
- j) Other information to be considered during the training:
  - **Remain calm and be patient.** Time is on your side. Avoid drastic action. The captors in all probability do not want to harm persons held by them, however such direct challenges may cause the captor to escalate his actions.
  - **The initial 45 minutes are the most dangerous.** Follow instructions, be alert. Your focus is on staying alive. Don't make mistakes that could hazard your well-being.
  - **Don't speak unless spoken to and only when necessary.** If it is necessary to speak with the captors, avoid appearing hostile, avoid arguments and don't talk down to him or her. Maintain eye contact with the captor but do not stare.

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- **Be Compliant.** Treat the captor like royalty. Comply with instructions the best you can. Expect the unexpected. Displaying a certain amount of fear can possibly work to your advantage.
- **Be Observant.** When you are released, or when you escape, the personal safety of others may depend on what you remember about the situation.

## **PROCEDURES:**

### ***Management during an incident:***

#### **1. PERSON BRANDISHING A WEAPON (NO GUNFIRE/ SHOTS FIRED)**


##### **1.1 Upon Discovery**

- 1.1.1 Seek cover and warn others of the situation. Do not confront the person brandishing a weapon.
- 1.1.2 Contact Command Center and notify the Security Department if it safe to do so.
- 1.1.3 Evacuate the building/facility.
- 1.1.4 Leave your belongings behind.
- 1.1.5 Notify others not to enter the building and facility.
- 1.1.6 Call the local law enforcement authorities even others are unable to do so.
- 1.1.7 Security Team shall secure the entrances and not to allow all individuals go near the building/facility until the authorities arrive.

#### **2. ACTIVE SHOOTER (GUNFIRE/SHOTS FIRED)**

##### **2.1 Remain Calm and Evacuate**

- 2.1.1 **RUN**, If it is safe to do so, the first course of action is to run out of the building and move far away until you are in a safe location.
- 2.1.2 If there's an accessible escape path, attempt to evacuate the premises.
- 2.1.3 Have an escape route and plan in mind.
- 2.1.4 Evacuate regardless of whether others agree to follow.
- 2.1.5 Help others to escape, if possible and safe to do so.

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2.1.6 Prevent others entering and near the building where the active shooter is present.


2.1.7 Evacuate if able to and safe to proceed.

- Only evacuate if you are close to the exit and can get there safely, without attracting attention.
- While evacuating keep hands visible at all times so that not to be mistakenly identified as the shooter.
- Leave any belongings behind.

## 2.2 If unable to evacuate, HIDE.

If running is not a safe option, hide in a safe place as possible (and run when it becomes safe to do so). Staff should be trained to hide in a location where the walls might be thicker, have fewer windows, and contain the least amount of piping for medical gases and vacuums. In addition:

- 2.2.1 Lock the doors if door locks are available;
- 2.2.2 Barricade the doors with heavy furniture;
- 2.2.3 If you are in a specialty care unit, secure the entrance(s) by locking doors and/or securing the doors by any means available (furniture, cabinets, beds, equipment, etc).
- 2.2.4 Close and lock windows, and close blinds or cover windows.
- 2.2.5 Turn off lights; Be Quiet.
- 2.2.6 Silence all electronic devices (e.g. TVs, Radios, etc); Remain Silent;
- 2.2.7 Use strategies to silently communicate with first responders if possible (e.g., in rooms with exterior windows make signs to silently signal law enforcement and emergency responders to indicate the status of the room's occupants.) Be careful not to expose yourself to the active shooter if they are located outside of the healthcare facility;
- 2.2.8 Do not use telephone unless directly related to the Code Silver. Medical Emergency Codes will not be called for victims of the assailant until the incident site is secured by the authorities.

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- 2.2.9 Hide along the wall closest to the exit but out of the view from the hallway (allowing for an ambush of the shooter and for possible escape if the shooter enters or passes by the room); and
- 2.2.10 Remain in place until given an all clear by identifiable law enforcement.

### 2.3 Inside patient care rooms/ward: (if Shooter is nearby)

- 2.3.1 Once you hear gunshots, do not attempt to return to your department.
- 2.3.2 Stay where you are, protecting yourself and assisting others in your area if possible.
- 2.3.3 Lock and barricade the entry door with heavy furniture, cabinets or table etc.
- 2.3.4 Advise patients, visitors, watchers and others to hide, ask them to remain calm, quiet, and avoid using mobile phones, any electronic devices, or posting status in social media.
- 2.3.5 Move away from exposed windows, walls, and doors. Cover interior windows if able. Lay down to the floor, under or behind furniture. If possible hide against the wall that is on the same side as the door into the room. The room must appear empty.
- 2.3.6 Minimize the movement within the area to essential, safely related matters.
- 2.3.7 Silence personal phones or message alarms/ringtones, and turn off electronic appliances.
- 2.3.8 Do not use telephone unless directly related to the Code Silver incident.
- 2.3.9 Identify possible ad – hoc improvised weapons.

#### Consider these additional actions:


- 2.3.10 Barricade areas where patients, visitors, and/or staff are located.

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- 2.3.11 Transport patients in wheelchairs or on stretchers or carry them to a safe location.
- 2.3.12 Identify a safe location in each unit before an incident occurs where staff, patients, and other individuals, may safely barricade themselves during an event.
- 2.3.13 Ensure emergency numbers area available at all phone locations.
- 2.3.14 The information you shall provide to the local authorities/police includes:
  - 2.3.14.1 Your location
  - 2.3.14.2 Location of the active shooter/gunman
  - 2.3.14.3 Number of Hostiles
  - 2.3.14.4 Physical description of the gunman
  - 2.3.14.5 Number and type of weapon/firearms used.
  - 2.3.14.6 Number of possible hostages/victims/dead at the location.

#### 2.4 In a Department or Office

- 2.4.1 Utilize your organization's emergency contact procedure.
- 2.4.2 If you're in a room or office, STAY THERE, secure the door.
- 2.4.3 If the door has no lock and the doors opens in, look for heavy furniture to barricade the door.
- 2.4.4 If the door has a window, cover it if you can.
- 2.4.5 Depending on the gun man's location, consideration may also be made to exit through window openings. Have someone watch as you get as many individuals out of the windows (ground floor) as calmly and as quiet as possible.
- 2.4.6 If no police units are yet on the scene move well away from the incident and find safe cover positions (not in the parking lots), and wait for the police to arrive.
- 2.4.7 If police officers arrive on the scene, individuals shall get out and move toward the police vehicle when safe to do so while keeping their hands on top of their head and do exactly immediately what the police tell you to do.

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## 2.5 In Hallways or Corridor:

- 2.5.1 If in the hallways, get in a room and secure it.
- 2.5.2 Unless you are very close to an exit, don't run through a long hall to proceed to another room. You may encounter the gunmen or hostage taker. Don't hide in restrooms.

## 2.6 FIGHT/DEFEND

### Take action against the shooter


As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- 2.6.1 Decision to stay or go is dependent on circumstances, what is important is to make decision and react.
- 2.6.2 If unable to get away, and faced with an immediate threat prepare to fight.
- 2.6.3 Identify possible weapons
- 2.6.4 Work together with others
- 2.6.5 Using aggressive force and items their environment, such as fire extinguishers, chairs, etc.
- 2.6.6 Throwing items and improvising weapons
- 2.6.7 Yelling
- 2.6.8 Distractions
- 2.6.9 Committing your actions.

## 3. HOSTAGE TAKING SITUATION

### 3.1 Trapped in Hostage Situation

- 3.1.1 If you are trapped with the shooter(s), don't do anything to provoke them. If they are not shooting, do what they say and don't move suddenly. Only you can draw the line on what you will or will not do to preserve your life or lives of them.
- 3.1.2 If they do start shooting people, you need to make a choice, (*at this point it is your choice*) stay still and hope they don't shoot you, run for an exit while zigzagging, or even attack the shooter. This is very

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dangerous, but certainly no more than doing nothing and dying in place. A moving target is much harder to hit than a stationary one and the last thing the shooter will expect is to be attacked by an unarmed person. Any option chosen may still result in a negative consequence.


3.1.3 Again this is **not a recommendation** to attack the shooter, but rather a choice to fight when there is only one other option.

### 3.2 If you are taken hostage:

- 3.2.1 Remain calm, be polite, and cooperate with your captors.
- 3.2.2 DO NOT attempt to escape unless there is an extremely good chance of survival. It is safer to be submissive and obey your captors.
- 3.2.3 Speak normally. DO NOT complain, avoid being belligerent, and comply with all orders and instructions.
- 3.2.4 DO NOT draw attention to yourself with sudden body movements, statements, comments, or hostile looks.
- 3.2.5 Observe the captors and try to memorize their physical traits, voice patterns, clothing, and details that can help provide a description.
- 3.2.6 Avoid getting into political or ideological discussions with your captors.
- 3.2.7 Try to establish a relationship with your captors and get to know them. Captors are less likely harm to you if they respect you.
- 3.2.8 If forced to present terrorist demand to authorities, either writing or on a tape, state clearly the demands are from your captors. Avoid making plea on your own behalf.
- 3.2.9 Try to stay low to the ground or behind cover from windows or doors. If possible.

### 3.3 If you are a victim:

- 3.3.1 A good description will be vital to the police, so try to remember everything you can about the thief, robber or assailant. Important things to look for are:

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- height and weight
- race
- sex
- age
- color of hair and haircut
- complexion
- facial hair (beard, mustache, sideburns)
- color of eyes or eyeglasses
- scars or other unusual marks (Tattoos, birthmarks, etc.)
- language used/accent
- clothing
- jewelry
- weapon
- vehicle color or make
- plate number
- direction of escape

#### 3.4 In a rescue situation:

- 3.4.1 DO NOT RUN. Drop to the floor and remain silent still. If that is not possible, cross your arms, and bow your head, and stand still. Make no sudden moves that a tense rescuer may interpret as hostile or threatening.
- 3.4.2 Wait for instructions and obey all instruction you are given.
- 3.4.3 Do not be upset, resist, or argue if a rescuer isn't sure whether you are terrorist or a hostage.
- 3.4.4 Even if you are handcuffed and searched, DO NOT resist, just wait for the confusion to clear

#### 4. SECURITY RESPONSE

- 4.1 All RMC Security Force shall respond to the area where Code Silver is happening while the communications/command center are calling the authorities.

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- 4.2 Armed guards shall engage and use necessary force to stop the shooter.
- 4.3 Civilian Relations officer shall secure all the entrances and exits including possible passage way to ingress or egress the building to avoid individuals entering the hospital premises.
- 4.4 CRO shall be deployed to the perimeter area to:
  - Assist and guide the law enforcement response to familiarize the facility.
  - Directing and Control traffic;
  - Managing Evacuations;
  - Closely monitor activity and perpetrator (serving as eyes and ears).

## 5. CCTV COMMAND CENTER

- 5.1 Once received CODE SILVER call, the command center shall immediately call the law enforcement and provide informative details of the gunman/shooter.
- 5.2 Coordinate and cooperate with the law enforcement regarding the location of the gunman and other details which the authorities asked the information about the facility.
- 5.3 Intensive monitoring of every movement of the gunman and the area where he/she was located.
- 5.4 Guide and inform all employees the safe passage going to the safe area.
- 5.5 Document the incident for evidence or legal purpose and basis for future establish prevention and strategic plan.

## 6. HOW TO REACT WHEN LAW ENFORCEMENT ARRIVES:

- 6.1 Remain Calm.
- 6.2 Put down any items in your hands (ex. Bags, jackets).
- 6.3 Raise hands and spread fingers.
- 6.4 Keep hands visible at all times.
- 6.5 Avoid quick movements towards authorities such as holding on to them for safety.
- 6.6 Avoid pointing, screaming, and yelling.

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6.7 Do not stop to ask officers for help or direction when evacuating.

The active shooter incident will be a dynamic situation that evolves rapidly and demands immediate response from law enforcement to terminate the life-threatening situation. The immediate response of the first patrolmen or officer on scene is to take aggressive action to find and stop the shooter(s). Rescue efforts will be delayed until the danger can be either mitigated or eliminated.


Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

## 7. LAW ENFORCEMENT ARRIVAL

- 7.1 When law enforcement arrives, the Code Silver becomes a law enforcement incident and they assume full responsibility for managing the situation. Law enforcement will request and expect cooperation and assistance from the staff.
- 7.2 Law enforcement will need a copy of the facility's layout, indicating rooms, exits, windows, utility access, keys and access cards and a hospital 2-way radio, if such communications are utilized by security within the hospital.
- 7.3 Law enforcement will establish an incident command post in a location of their choosing, most likely outside the facility and away from the incident.

## 8. MEDIA

- 8.1 The Corporate Communications Office will contact families of identified hostages, in conjunction with Law Enforcement, and serve as a liaison with the media.
- 8.2 Law enforcement will request that any and all official statements of the facility be discussed with the designated law enforcement representative before being released.

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- 8.3 All media coverage is directed by the Corporate Communications Office. Staff must avoid giving out any information to the media. Media representatives may be quite assertive and some may not display official identification. The incident should not be discussed openly among the staff. Protection of privacy is extremely important.

## 9. ALL CLEAR


- 9.1 After consultation with law enforcement the incident commander authorizes an "all clear" notification to the operator indicating the termination of response operations.
- 9.2 The operator announces "Code Silver, all clear" three (3) times via the overhead paging system, mass notification system or other approved notification system.
- 9.3 All employees are to return to normal operations.

## 10. AFTER ACTION REPORT

- 10.1 Be prepared to spend time with the law enforcement authorities to review the incident in detail.
- 10.2 Provide details of the perpetrators, victims, incident scene and events leading up to the initial trigger point of the incident.
- 10.3 Facility administrators, staff and public safety first responder groups must meet within a 24-48 hour time frame after the conclusion of the incident to review the incident from start to finish. The goal of the debriefing is to determine what actions, policies and procedures could be enhanced to better respond to a future Code Silver incident. This debriefing is to determine the how and why, not to assign blame. The goal is to understand what happened and how to be better prepared to respond to any future event.

## 11. FACILITY CLEARING RESPONSE

The composition of the teams used to clear the facility will be dependent upon the situation encountered. Until the threat is controlled, teams must


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include armed police officers or security staff, and safety officer enabling these teams to defend themselves as they clear the facility. Each situation is unique, but some fundamental principles apply. Those Facility Clearing Principles include:

- 11.1 Perimeters shall be monitored and controlled.
- 11.2 Areas should be cleared once then access shall be limited until situation is resolved;
- 11.3 Threats can be present in several forms, facility clearing teams shall maintain situational awareness for improvised weapons, pre – planned fire, ambushes, and secondary and tertiary attacks.
- 11.4 Guides may be used in declared warm zones to speed the process of facility clearing. These staffs can identify normal/abnormal activities throughout the healthcare facility to first responders.
- 11.5 Trained Canine units can aid the clearing process. Incident commander shall declare intent, specifying if these teams.

## 12. CASUALTY COLLECTION POINTS/FIELD TREATMENT SITE

Once the gunman has been neutralized and there is no longer an ongoing threat to patients, clients, employees/medical practitioners and visitors, the law enforcement officers together with the Local City Disaster Risk Reduction Management team or BFP (Bureau of Fire Protection) and HICS Medical Team may advise to establish “casualty collection points” or Field Treatment Site. A CCP/FTS may also be established in the event that the shooter has not been located and law enforcement/PNP is actively searching for the threat, through there is no current threat in the area of wounded victims. This designated location within crisis site will be where injured victims are consolidated in one place in order to provide more efficient care and rapid extraction of higher levels of care. The movement of wounded victims may be done by law enforcement or law enforcement working in coordination with Fire, CDRRMO EMS and HICS Medical team. In the latter model, law enforcement provides security and force protection for the Fire/EMS providers as they assess, move, treat, triage and ultimately evacuate the wounded.

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The following are the areas where the CCP/FTS located:

**A)ER (Emergency Room)**

ER patient care ward can be utilized as FTS (Field Treatment Site) treating all injured and severe wounded victims with HICS Medical Team, and EMS provider.

**B) Corporeal Remains (Hospital Chapel Side) Parking Area**

Corporeal Remains parking space shall be vacated and utilized as CCP (Casualty Collection Points) where casualties are being managed by the PNP and BFP assisted by HICS Evacuation Team, Security and Auxiliary Department.


**13. MENTAL HEALTH CONSIDERATIONS**

Mental health evaluations for employee & non-employee victims: Post Traumatic Stress Disorder (PTSD) is a significant and debilitating disorder that affects victims of and responders to violent events such as an active shooter or hostage event. It is strongly recommended that all affected persons be required to complete an initial PTSD evaluation by a mental health professional to determine if continued therapy is required and for what duration of time the therapy is to continue. The evaluation will also include a physical component to determine what effect if any the stress is having on the person's physical well-being. All persons involved in the event should be provided a written evaluation with the mental health professional's recommendation for a return to duty date.

**REFERENCES:**

Adapted from: *Hospital Emergency Codes – Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California.  
<https://www.hasc.org/resource/hospital-emergency-codes>

California Code of Regulations, Title 22.


 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P13-S02
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The Hospital Incident Command System (HICS) Guidebook, [www.emsa.ca.gov/HICS](http://www.emsa.ca.gov/HICS).

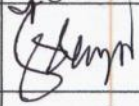
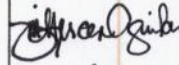

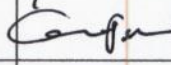

National Fire Protection Association (NFPA) 101 and 99, [www.NFPA.org](http://www.NFPA.org).

Occupational Health and Safety Administration, (OSHA) 29 CFR 1510, 1910, 1915

The Joint Commission, [www.jcrinc.com/Joint-Commission-Requirements](http://www.jcrinc.com/Joint-Commission-Requirements).

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	Name/Title	Signature	Date
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