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THE EVOLUTION IN RISK AND RESPONSE: NEXT GENERATION ACTIVE SHOOTER PREPAREDNESS

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The Evolution in Risk and Response: Next Generation Active Shooter Preparedness

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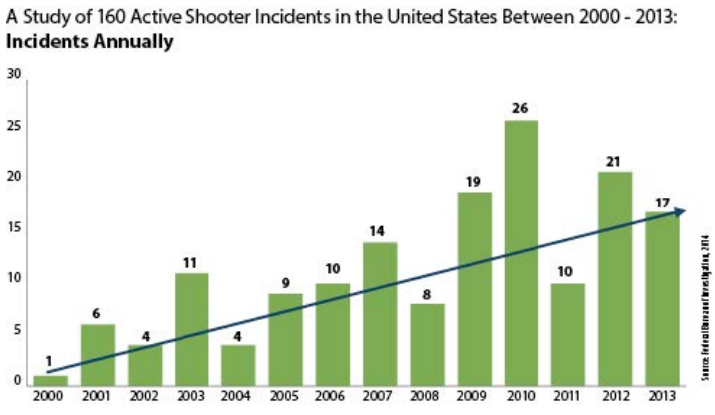
Active Shooter Events (ASEs) are highly dynamic, rapidly evolving situations. In 63 incidents closely analyzed by the FBI in which the duration of the event could be determined, 44 were over in five minutes or less and of those 23 ended in two minutes or less. They happened so quickly that the shooting was over before police arrived. Unlike other violent crimes, the "active" aspect of an ASE inherently implies that both law enforcement personnel and citizens have the potential to affect the outcome of the event based upon their responses. (FBI, 2014)

To effectively prepare for such a fast-moving and potential devastating threat like an ASE, leaders and decision-makers in should be aware of the evolving risk and new approaches in mitigation.

The Evolving Risk

The frequency and characteristics of ASEs have continued to change in scope and complexity since the Texas Bell Tower shooting in 1966, often cited as the first active shooter incident. The rate of ASEs has tripled over the past several years as well. Leaders and planners therefore are confronted with the reality that there are more events, involving great numbers of casualties, demanding a higher level of readiness. It is import that planning efforts are aligned with the today's ASE risks, not yesterday's.



According to an FBI study, active shooter incidents have increased from 6.4 incidents to 16.4 incidents annually.

https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents/a-study-of-active-shooter-incidents-in-the-u.s.-2000-2013

While most ASEs involve lone actors, statistically more often using handguns than long guns, several recent events force planners to also consider the possibility of Hybrid Targeted Violence (HTV). HTV is defined as the use of violence,

targeting a specific population, using multiple and multifaceted conventional and unconventional weapons and tactics. The HTV attackers often target several locations simultaneously (Frazzano & Snyder, 2014). While HTV attacks are not exactly new, or unheard of in the U.S., intelligence estimates show that international extremist groups are very interested in initiating, supporting and inciting this kind of attack on American soil.

There have been several examples of HTV over the past several years, including multi-pronged attacks in Mumbai, the Westgate Mall in Nairobi, Paris, Boston and San Bernardino. Although not as recent, the Beslan School siege is another example of HTV. HTV attacks differ from the more common Active Shooter incidents and include several complicating factors, including:

- Well-trained, tactically competent, and willing-to-die perpetrators
- Multiple operators (attackers) working in small tactical units;
- Effective internal and external communications/coordination;
- Purposeful luring of first responders to inflict even more carnage;
- Use of fire to complicate first-responder operations and cause further damage;
- Potential use of chemical, biological or radiological agents; and
- Use of high-powered military type weapons and explosives, including suicide bomb vests.

HTV involves tactics typically associated with

OSHA's Five Primary Types of Violence

1. Type I occurs during the commission of a property crime such as a robbery, theft or trespassing.
2. Type II is the most prevalence in hospital and health care environments and in fact, health care and social service workers are four times more likely to by the victims of violence on the job than any other type of worker in the U.S. (OSHA, 2014).
3. Type III is co-worker-to-co-worker violence.
4. Type IV is when violence and abuse follow a worker from home to work, it is considered "Intimate Partner Violence."
5. Type V is when the violent actor is an extremist of some sort who believes that violence is necessary, justified or deserved in their radical views.

terrorism. There is another place that terrorism intersects with more traditional workplace or campus violence, and that is in the area of Type V violence. It is important that leaders and planners understanding the concept of Type V violence and integrate it into overall violence prevention and response strategies.

As a brief introduction or refresher of OSHA's five primary types of workplace violence:

Type I violence occurs during the commission of a property crime such as a robbery, theft or trespassing. In this scenario, there is no legitimate business relationship between the offender and the organization. The organization or victims is selected because of the perception that there is something of value to be taken, such as cash, medications or electronics. Type I violence is most common in convenience stores, liquor stores, and gas stations, as well as taxis and limousines, where people may work late at night, all alone, and have cash on hand. This type of workplace violence is the most prevalent, and 85% of workplace homicides occur in this type of circumstance.

> "…85% of workplace homicides occur in this type (1) of circumstance."

Type II violence is the most prevalence in hospital and health care environments and in fact, health care and social service workers are four times more likely to by the victims of violence on the job than any other type of worker in the U.S. (OSHA, 2014). In instances of Type II violence the offender is known to the organization as a client, customer or patient, and the violence occurs during the routine delivery of services. In some settings the risk of assault or injury by customers or clients represents a real and ongoing threat in everyday work.

The type of violence most commonly thought of as "workplace violence" is Type III; co-worker-to-co-worker violence. There are many instances in which this also involves worker-to-supervisor, and in some cases supervisor-to-worker violence. In academic settings this may manifest itself as student-to-student or student-to-faculty violence. In Type III workplace violence the perpetrator is a current or former employee (or student) of the organization. The motivating factor is often one or a series of interpersonal or work/ school-related conflicts, losses or traumas, and may involve a sense of injustice or unfairness. Type III violence accounts for about 7% of all workplace homicides, and those in positions of authority are often at the greatest risk of being victimized. It is important to note that even workers or students who have separated from the organization may still represent a risk of violence in some situations.

When violence and abuse follow a worker from home to work, it is considered Type IV or "Intimate Partner Violence." It is important for employers to recognize that violence and abuse at home are not just personal problems; they can and do intrude into the workplace, sometimes violently with tragic consequences. There are many cases each year, often involving multiple victims, when a former spouse or partner brings their violence or aggression to their partner's workplace. The perpetrator may know their partner's work hours, parking location or other information that may make them vulnerable. The risk of violence increases significantly when one party attempts to separate from the other.

Type IV violence is typically a spillover of domestic violence into the workplace and refers to perpetrators who are not employees or former employees of the affected workplace. Women are more often to be targets. Hospital and health care environments may be particularly vulnerable to Type IV violence since the workforce is likely to be predominantly female.

Lastly, in instances of Type V violence, the violent actor is an extremist of some sort who believes that violence is necessary, justified or deserved in their radical views. In such cases violence is directed at an organization, its people and/or property for ideological, religious or political reasons. Violence perpetrated by extremist environmental, animal rights, and other value-driven groups may fall within this category. In Type V violence, target selection is not based on sense of personal or professional injustice in the workplace, but rather rage against what the targeted organization does or represents. The shooting at the Planned Parenthood clinic in Colorado Springs in November 2015 is an example of extreme ideology driving an Active Shooter Event. Hate crimes and terrorism are examples of Type V violence especially when they are directed against an organization and its employees.

All five types of workplace violence have the potential to evolve into Active Shooter Events. Type V violence blurs the lines between workplace violence and terrorism. Consider these three mass shooting incidents:

1. The Charlie Hebdo attack in Paris in January 2015
2. The attack on the Armed Forces recruitment center and Naval Reserve Center in Chattanooga in July 2015, and
3. The San Bernardino attack in December 2015.

In each instance, the victims were shot while on-the-job and at a work-related function. In the San Bernardino case, one of the attackers was also a co-worker. Each case was motivated by foreign terrorist organization propaganda, and the perpetrators were true believers willing to die for their cause. The media, and often politicians, often argue if such events are workplace violence or terrorism; Type V violence is the place where terrorism and workplace violence intersect.

Some work environments, especially campus settings, which are open and active, may be attractive targets employing the tactics of terrorism during violent attacks.

Integrate Active Shooter Preparedness into Overall Violence Prevention Efforts

Active Shooter Events are high-profile incidents that stir emotions, even for otherwise level-headed leaders. Even though most leaders recognize that ASEs are low-probability, high-consequence situations, they may be asked, or ask themselves in the wake of each new shocking headline, “Are we ready for this?” It is not uncommon for organizations to let the “tail wag the dog” when addressing the Active Shooter risk; that is to say, creating specific Active Shooter policies and procedures that are divorced from other violence prevention efforts.

Active Shooter Events can be motivated by all and any of the five types of violence. For violence prevention policies, plans and exercises to by effective, it is helpful to integrate the concept of Type V violence into the mix of other types of workplace violence. In the moment that shots are fired, the shooter’s motives are completely irrelevant. Regardless if the shooter is or was an employee or student, an enraged spouse or partner, a distraught family member or a homegrown extremist, the action steps needed to survive and minimize the carnage are the same. By integrating Type V violence into the organization’s training programs, employees and students can not only receive information about the common warning signs (e.g., isolation, paranoia, feelings of injustice, etc.) associated with other types of workplace violence, they can simultaneously learn the pre-attack warning behaviors related to terrorism and ASEs . In the San Bernardino case, the shooter was a covert Jihadist. It was unlikely that co-workers who may have been familiar with the red flags related to workplace violence would have spotted the signs that suggest that someone may be on a pathway to mass violence.

By integrating all five types of workplace violence into the organization’s approach to violence prevention it is possible that “bystander intervention” can mean more than “fight” during an attack. Integrated training serves as a “force multiplier” and helps those in the

environment better detect and deter all types of violence, including mass violence motivated by a terrorist mindset.

Provide Reality-based Training and Resources

One of the most pressing realities to convey in active shooter response training is the concept of the "response gap." It is a hard, cold fact that the shooter always has the tactical advantage, at least at the onset of the incident, and until law enforcement arrives when the shooter becomes the "hunted" rather than the "hunter." Every major active shooter guidance stresses the point that during the initial law enforcement response, inbound officers will not stop to assist the wounded. It is also understood that EMS may not be able to enter the "warm zone" until the shooter is neutralized and the situation is made safe. Some communities have begun to adopt the "Rescue Task Force" model, preparing a limited number of EMS responders to operate in the warm zone with the proper training and equipment. Individuals inside the shooting event who are able to find shelter may be in lock-down mode and tucked away in safe rooms or hard to find places for an extended period of time while officers clear the scene of additional suspects and/or suspicious materials.

Stopping the Killing

When considering the critical role of bystander intervention it is important to remember that in studies of ASEs, even when law enforcement was present or able to respond within minutes, civilians often had to make life and death decisions, and therefore, should be engaged in training and discussions about the decisions they may face. Training must be reality-based and aligned with the actual dynamics likely to be encountered in an ASE. Simply showing training videos or informing employees and students that they should "run, hide or fight" is insufficient. Leaders and planners would do well to remember that "practice does not make perfect; perfect practice makes perfect", therefore it is critical to prepare people for the real challenges they may face in an ASE.

It is important to stress that "fight" means:

- Distract: Interrupt the Shooter's focus;
- Disrupt: Interrupt the Shooter's momentum or rhythm;
- Disarm: Interrupt the Shooter's access to weapons.

Many people will have no prior experience handling or even being near a firearm. They should be taught to push the weapon down and to the side (remembered by the acronym "DATTS"), not up or straight down, and not to grab the muzzle of the gun. They should also be trained to use teams, use improvised weapons, and use the element of surprise. Research clearly indicates that bystander intervention can and does make a different in those critical minutes before police arrive. Lives can be saved by the actions of those in the immediate shooting environment with the right knowledge, awareness and skills.

Stopping the Dying

Training should also envision the moments after the shooting regardless if the shooter has been downed or has moved on. It is likely that there will be serious medical and psychological trauma that requires immediate attention, and that others in the environment may be the best and possibly the only sources of rapid assistance.

The most common cause of preventable death in an active shooter incident is the failure to control severe bleeding. Across the U.S., on average, it takes approximately 7 to 15 minutes for first responders to reach the scene and often longer for them to safely enter and start treating patients. Victims who experience massive trauma don't have that much time and can often bleed to death in as little as three minutes. Access by EMS, in some cases, could take up to 30 minutes before initial patient contact – likely longer. Mortality rates are high as patients "bleed out" prior to medical contact while resources are waiting in staging. Given this harsh reality, some communities and organizations have begun to train and equip citizens in bleeding control, also referred to as "B-CON."

> "…it takes approximately 7 to 15 minutes for first responders to reach the scene..."

The U.S. Department of Homeland Security has recently started the "Stop the Bleed" campaign, and communities, like Glendale, Colorado have begun using average citizens as first responders to assist professional emergency responders and reduce the number of casualties during an active shooter event.

In addition to instruction in the basics of B-CON techniques, some organizations have begun prepositioning B-CON supplies in safe rooms and other points likely to experience casualties. Wall-mounted Kits, Carry-Kits and Throw Kits are designed to provide bystanders and initial first responders with quick and easy access to essential medical equipment for stopping life-threatening bleeding. Each Throw Kit contains high-visibility illustrated instructions that take the user through step-by-step procedures to ensure

proper care and device application based on what they observe as injuries. The Throw Kit also includes a tourniquet, occlusive trauma bandage, petrolatum gauze, a tape board, emergency blanket and casualty marking card. No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. It is important to leverage this resource to save lives and reduce both the physical and emotional trauma that may arise for those standing helplessly nearby watching a co-worker suffer and die simply because they had no awareness, knowledge or skills to help save a life.

Managing Psychological Trauma

Imagining the "response gap" between the first shots fired and arrival of police and EMS, compounding the medical trauma in the shooting environment is the potential psychological trauma of facing a real life threat and possibly witnessing others injured or killed. The reaction of people exposed to this degree of overwhelming psychological stress can make a bad situation worse. There is also a growing body of neuropsychological evidence indicating that rapid psychological support is critical in reducing the likelihood of long-term mental health complications stemming from exposure to traumatic events. For both clinical and tactical reasons, it will be necessary to begin managing the psychological trauma associated with an ASE immediately, preferably during the incident itself. Psychological First Aid (PFA) is an evidence-informed approach for assisting children, adolescents, and adults in the immediate aftermath of disaster and terrorism. It is intended to be used in the 0-48 of a violent or threatening event to help reduce the physical and emotional arousal (stress response) that can lead to more harmful (frantic, unfocused) behaviors and potential long-term mental health consequences.

PFA is an "every person" skills set. Just as you don't have to be a doctor, nurse or EMT to use basic medical first aid, you don't have to be a mental health professional to use PFA. It is intended to be used by whoever is on scene or in the incident environment that can initiate basic psychological support and help stabilize the emotional response to the situation. As an example, many viewers of the Active Shooter training video, "Run>Hide>Fight" often ask what can or should be done with the woman in the red sweater who is so emotionally overwhelmed. PFA is an approach to refocusing and grounding the profound emotional response that might lead to her and others around her to being killed. Managing acute stress reactions in the midst of a crisis is another critical task for bystanders.

Although there is a significant national effort underway to promote "Mental Health First Aid," it is important for planners and leaders to be aware that Psychological First Aid and

Mental Health First Aid are not the same. Mental Health First Aid is focused on individuals who have or who may be developing a diagnosable mental health disorder. In that model of support, participant learn about the major categories of mental illnesses, the signs and symptoms of those mental illnesses, ways to assist someone in a mental health crisis, and how to connect individuals in a mental health crisis with the appropriate resources. Mental Health First Aid is not intended to be used in a traumatic event. Psychological First Aid is to be used with everyone, regardless if there is evidence of a mental health problem or not. More specifically, it is focused on the normal reactions normal people have to abnormal events. Both are helpful skill sets to develop in the workforce, but Psychological First Aid, not Mental Health First Aid, would be helpful in an ASE.

Communicating the Risk

Rapid, structure communications save lives. The single best way to protect the workforce or student population during an active shooter incident is to deny the shooter potential targets. Rapid, pre-constructed messages delivered to multiple points upon immediate awareness of the threat can redirect staff, students, and others away from harm and toward safety.

ASEs evolve quickly and time is of the essence. Valuable moments are lost if people are milling around in confusion and panic, leaving them vulnerable and exposed. In training, it is critical to convey the concept that in high-threat situations, it is not enough to run from danger; it is equally or more important to run towards safety. Authorities (i.e., DHS, FBI, others) suggest plain language, not code words, for active shooter incident notification. Research shows people do not panic when given clear and informative warnings; they want accurate information and clear instructions on how to protect themselves in the emergency. Not everyone will understand a code system, and so plain language warnings and clear instructions should be given to make sure everyone in danger understands the need to act.

By pre-developing messages and testing emergency notifications capabilities, leaders and planners can help more quickly and effectively move people away from danger and toward safety. Everything associated with ASE response comes down to speed. Rapid communication can help deprive the shooter of their initial tactical advantage and better enable bystanders to intervene in an effective manner.

The great American poet and essayist Ralph Waldo Emerson said it best, “In skating over thin ice, our safety is in our speed.” In planning for ASEs, focus on the response gap, realize that everyone in the immediate environment is a potential first responder, so

training them as such, and provide the necessary knowledge awareness and skills to succeed. Remember that bystander intervention, beginning with early recognition of the warning signs, as well as specific skills to both stop the killing and stop the dying, will be critical to the success of an active shooter response plan.

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About Everbridge

Everbridge provides a unified critical communication suite that helps clients be better prepared, make better decisions, and respond quickly and confidently during disruptive events. When an incident happens, whether it's a natural disaster or an IT service outage, we automate communications to ensure that the right messages get to the right people at the right time.

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