

ACTIVE SHOOTERS !!

Preventing and Reducing Active Shooter Incidents



Presenter: Caroline Ramsey-Hamilton
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MEET CAROLINE HAMILTON

Caroline Ramsey-Hamilton, CHS III

Since 1988, Caroline Ramsey-Hamilton has been a Thought Leader in All Aspects of Active Shooter and Security Risk Assessment in both Public and Private companies and organizations.

Completed more than 5000 Security Risk Assessments - 2500 in Healthcare

Certified in Homeland Security (CHS-III), Anti-Terrorism (ATAB) and Security Risk Assessments

Participated as a member of the U.S. Government Security Posture Assessment Group: Co-wrote the Coast Guard Risk & Vulnerability Assessment Model for Port Security ; Participated in National Institute of Justice on Assessment Models for Homeland Security. Board member IAHS South Florida Chapter ; Member, ASIS International, Information Technology & Physical Security Councils : Lifetime Achievement Award – Anti-Terrorism Certification Board Member: IAHS – International Association of Healthcare Security & Safety

Works with hundreds of hospitals including University of Texas Anderson Cancer Center, Magellan Health, Chase Brexton, Medical City Dallas, Parrish Medical, Sutter Health, The Villages, Magellan Health Arizona, Baxter, Sheik Khalifa Medical City in Abu Dhabi, Henry Ford Health, Mills-Peninsula Hospital, Community Health, Federal Agencies and all 50 State Governments doing Security Risk Assessments in the U.S. and around the world and Developing Easy to Use Security Assessment Apps!

Risk-Pro Hospital Security Assessment Software and RISKAlerts Security Awareness Programs

TAKING THE ACTIVE SHOOTER WORKSHOP ON THE ROAD

Sponsored by SISCO - The leading provider of Visitor Management Solutions for the Maritime industry, Education, Healthcare, Education and the Maritime Industry, as well as Corporations, Government and Law Enforcement Agencies.

Meet Me in Person at **ASIS 2015**

in Anaheim, California in the

SISCO BOOTH No. 1648

Orlando, Florida

Chattanooga & Nashville, Tennessee

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SISCO FAST-PASS is frontline protection!

Why the New Requirements for Facilities Security Risk Assessments Are Happening Now?

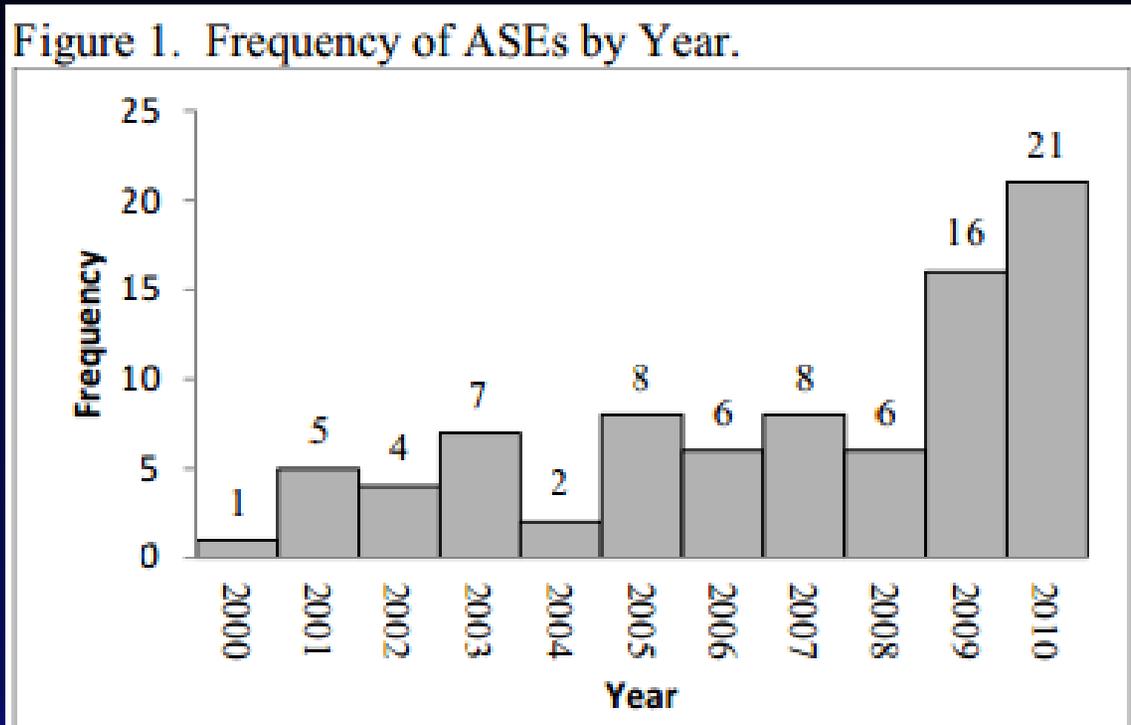
1. **REALITY CHECK** - **Baby Boomer Active Shooter Threat** is emerging 1/3 of U.S Population is OVER 55 – think Emergency Depts. overflowing with Dementia & Alzheimer's patients.
2. ISIS and Rise of Jihadis Internationally – Terrorism is no localized or bound by Geography. (*see last night's news*)
3. Old Security and Law Enforcement Models **DO NOT MATCH** these emerging Threats.
4. Security Risk Assessments have been used by DOD & Feds for years, because model self-adjusts based on the threat environment! Now it's **REQUIRED for Hospitals**

Active Shooter Incidents

June – August, 2015

Basics	Charleston SC	Chattanooga TN	Lafayette, LA	near Roanoke VA	Totals
Age	21	25	59	41	
Sex	Male	Male	Male	Male	
Issue	Racist	Anger/ Jihad	Depressed	Workplace Grudge	
Mental Illness ?	YES	YES	YES	YES	
Shooter Died	NO	YES by Police	YES by Himself	YES by Himself	
Response Time	15 minutes	15 minutes	5 minutes	5 minutes	
No. Killed	9	6	2	2	19
No. Injured	0	3	10	1	14
					33

ACTIVE SHOOTER Statistics



2000- 2004 **Average is 3.8** incidents/year (5)

2005- 2010 **Average is 10.8** incidents/year (6)

2011- 2013 **Average is 16** incidents/yr (3)

RISKAlert Case Study #774, August 28, 2015

Broadcast Journalist Gunned Down by Former Co-Worker Who had Been Fired For Cause, and who Lived Tweeted the Murders on Social Media and Filmed the Incident with a Go-Pro Camera, in a Classic Workplace Violence Incident.

Vester Flanagan's (Bryce Williams) sent a 26-page manifesto to ABC News stating his intent to start a "race war" by killing two white people as "payback" for the murders in Charleston, South Carolina earlier in the summer.

The incident began while the two journalists were filming a tourist spot at a shopping center near Roanoke, Virginia. Alison Parker and Adam Ward, both in their 20's, details in the horrific shooting emerged Friday after the sheriff's office, Virginia State Police, the Bureau of Alcohol, Tobacco, Firearms and Explosives, and the FBI spent 48 hours combing through documents and evidence.

As in other similar incidents, Flanagan was mentally unstable, angry at society, and felt he had been discriminated against, and passed over for promotion because of his race. He killed himself after posting a film of the murders on Twitter.



LESSONS LEARNED

In most Active Shooter incidents, there is a background of mental illness in the shooter. Screenings to identify this threat in employees up front allows them to get help and avoid paranoid feelings that they may later act on.

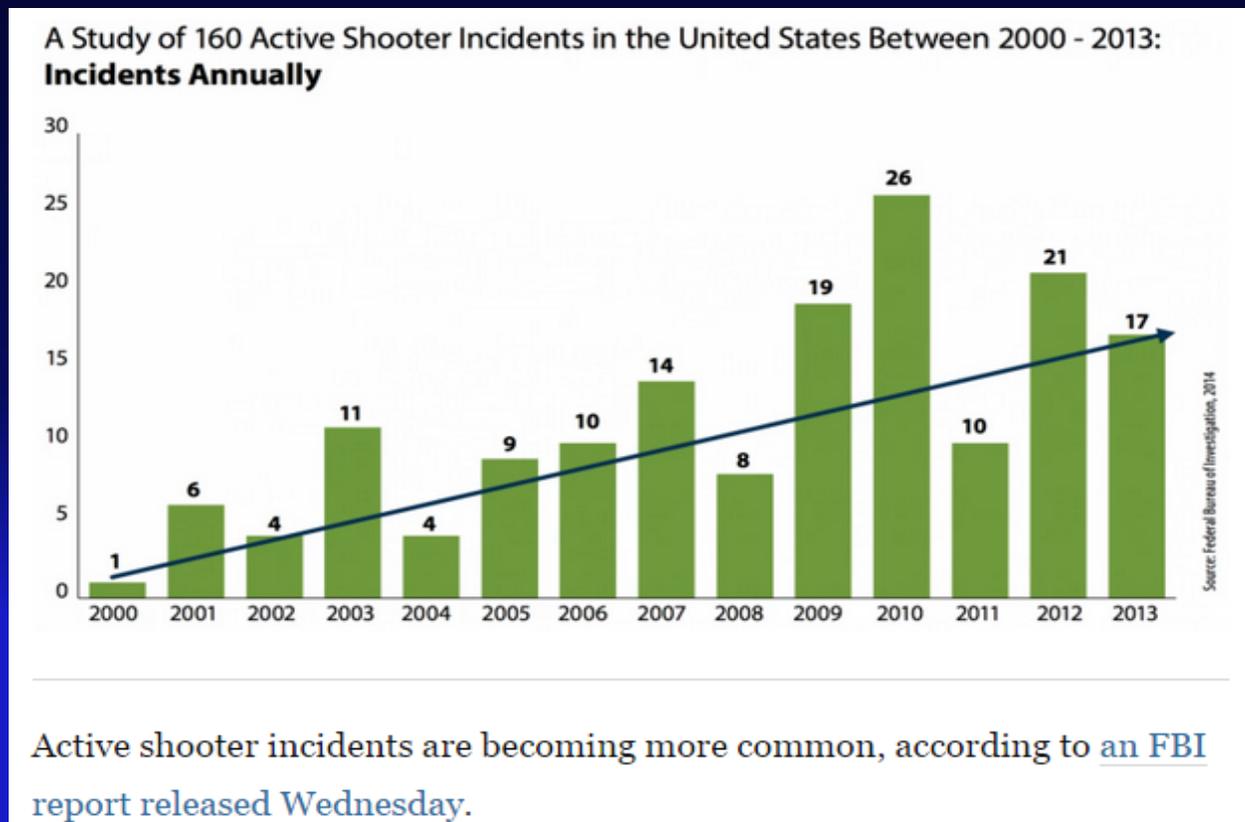
Security should make ALL EMPLOYEES aware of the risk from employees who are fired for cause. They should review accompanying employees, and **do** **quickly** check all their social media sites to judge their potential for violence, and be able to provide pro-active protection.

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NEW FBI DEFINITION

An **active shooter** is defined by the U.S. Department of Homeland Security as "an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, **active shooters** use firearm[s] and there is no pattern or method to their selection of victims.



Trend of Increasing Numbers of Shooter Victims

<u>YEAR</u>	<u>TOTAL</u>	<u>AVERAGE</u>
2000	2	7.5
2001	7	7.5
2002	5	7.5
2003	15	7.5
2004	7	7.5
2005	9	7.5
2006	11	16
2007	15	16
2008	12	16
2009	22	16
2010	20	16
2011	11	16
2012	17	16
2013	24	22

Case Study No. 625

Hospital-Facilities-625 Jan 1, 2015

RISK Alert- Active Shooter No. 625, January 21, 2015, Boston, Mass.

Middle-Aged Shooter kills Cardiologist at Brigham and Women's Hospital, and then Kills Himself, in an apparent Grudge Shooting Because the Doctor had Operated on his Mother, who Died on November 15, 2014.

On Tuesday morning on Jan. 21, at 11 am, Stephen Pasceri, 55, walked into the Shapiro Center at Brigham and Women's Hospital, and asked to see cardiologist, Dr. Michael J. Davidson. When he saw Dr. Davidson, outside of an exam, he shot him twice, critically injuring him. Dr. Davidson later died from his injuries. Pasceri then went to the 2nd floor and killed himself with a gunshot to the head.

Later, it was discovered that Dr. Davidson had operated on Pasceri's mother, Marguerite, and she had died on November 15, 2014.

Pasceri's sister was quoted as saying, "He loved his mom, and he loved her very much. He appeared to be handling her death well," the sister said of her brother. "Everything seemed to be going really well. I have no idea why he snapped like this. He was a great guy. He took care of his family, he had a beautiful house and he has four beautiful children. He was an upstanding citizen."

The hospital locked down and rushed Dr. Davidson into surgery, but he died during the night from his injuries. Brigham and Women's Hospital's COO said the hospital was one of the first to institute an active shooter training program. The hospital does not use metal detectors.

*Incidents happened in 40 out of 50 States and
DC – **Red** or **Blue** States – Doesn't Matter*

REALITY-CHECK!

In 60% of the incidents:

**THE INCIDENT WAS OVER BEFORE
LAW ENFORCEMENT ARRIVED!**

***That's Why Emergency Preparedness
and Response are so Critical***

My Advice:
TAKE MASSIVE ACTION
and
ENERGIZE SECURITY!

There's an APP for THAT
Active Shooter-Risk-Pro

What to Check First ? Threats or Controls ?

1. A is for ACCESS CONTROLS
2. More Eyes
3. Take Advantage of Partially Implemented Controls
Like Cameras – Already in Place – Not Monitored
4. Redo the Security Policy to REFOCUS IT!
5. Take advantage of Drills, Table Top Exercises
6. Which is Better ?

IT DOESN'T MATTER!

CMS : Each Healthcare Facility MUST have two annual security risk assessments per Facility

- **CLARIFICATION:**
- Each Hospital/Healthcare Facility Must have an Annual
 1. Hazard Vulnerability Risk Assessment (HVA)
(Safety + Active Shooter)
- Each Hospital/Healthcare Facility Must have an SEPARATE Annual Security Risk Assessment.
- Facilities will Include Hospitals, Clinics, Infusion Centers and Long Term Care Facilities.

The Centers for Medicare & Medicaid Services (CMS) published in the Dec. 27 *Federal Register* a proposed rule that would establish emergency preparedness conditions of participation (CoPs) and conditions for coverage (CfCs) that hospitals, critical access hospitals (CAHs) and **15 other provider and supplier types would have to meet in order to participate in the Medicare and Medicaid programs.**

CMS has identified four key areas that the agency believes are central to an effective emergency preparedness system. These are:

- Risk assessment and planning based on an “all hazards” approach;
- Policies and procedures based on risk assessment and planning;
- Communications plan; and Training and testing.

The proposed rule would require participating providers and suppliers to adopt standards in these areas, although the specific proposed requirements are adjusted to reflect the characteristics of each type of provider and supplier. In addition, inpatient providers, including hospitals, long-term care facilities and CAHs, would be required to comply with emergency and standby power systems requirements.

How Would Staff, Patients, Students, Customers Respond to an ACTIVE SHOOTERS ?

Active Shooters: People Intent on Killing others, whether with a gun or guns, Knives or other means.

FBI – 3 or more people Injured or Killed, including the Shooter

Research after 9/11 found that people respond better in emergencies IF THEY HAVE PRIOR KNOWLEDGE and exposure to that type of disaster, they are less likely to FREEZE IN PLACE.

READ THE 9/11 STUDY HERE:

http://www.nist.gov/customcf/get_pdf.cfm?pub_id=101046

Easy **5 Step Guide** For Facilities Security Risk Assessments (HVAs)

1. **Analyze & Update All Threat & HVA Data**

Blending Industry Data & Local Incident Data

2. **Identify Criticality of Hospital Assets**

To Add Context to the Assessment – Including The Dollar Value of What Security Protects.

3. **Survey Staff to Rate Compliance & Awareness**

Use auto-surveys to save time and get to more people.

4. **Analyze & Rate Implementation of All Potential Controls**

5. **Prepare Action Reports Based on ROI**

Easy Enough for a Board Member to Understand

Navy Yard Shooting had a REDUCED SECURITY BUDGET

- Background Checks
- Security Clearance Procedures

Online vs. Investigators

- Access Control
- Active Camera Monitoring
- Active Shooter Training & Awareness

What Should a Active Shooter Facility Risk Assessment Include ?

No- Name Generic Risk Assessments

1. No Real Numbers
2. No Standards Used
3. No Threat Frequencies
4. No Ranking of Controls
5. No Return On Investment
6. No Repeatability

Risk-Pro^R for Active Shooter Facility Security Risk Assessments

1. Based on Real Numbers
2. Standards-Based
3. Uses Actual Threat Numbers
4. Controls Ranked by Return on Investment
5. Complete Repeatability between Facilities, Regions,
6. Shows Continual Improvement Improvement

Easily Review-Evaluate How Current Controls Reduce the Likelihood of Active Shooters

Analysis Reports My Account Logout

Start Info Surveys Assets Risks and Threats **Controls and Safeguards**

?

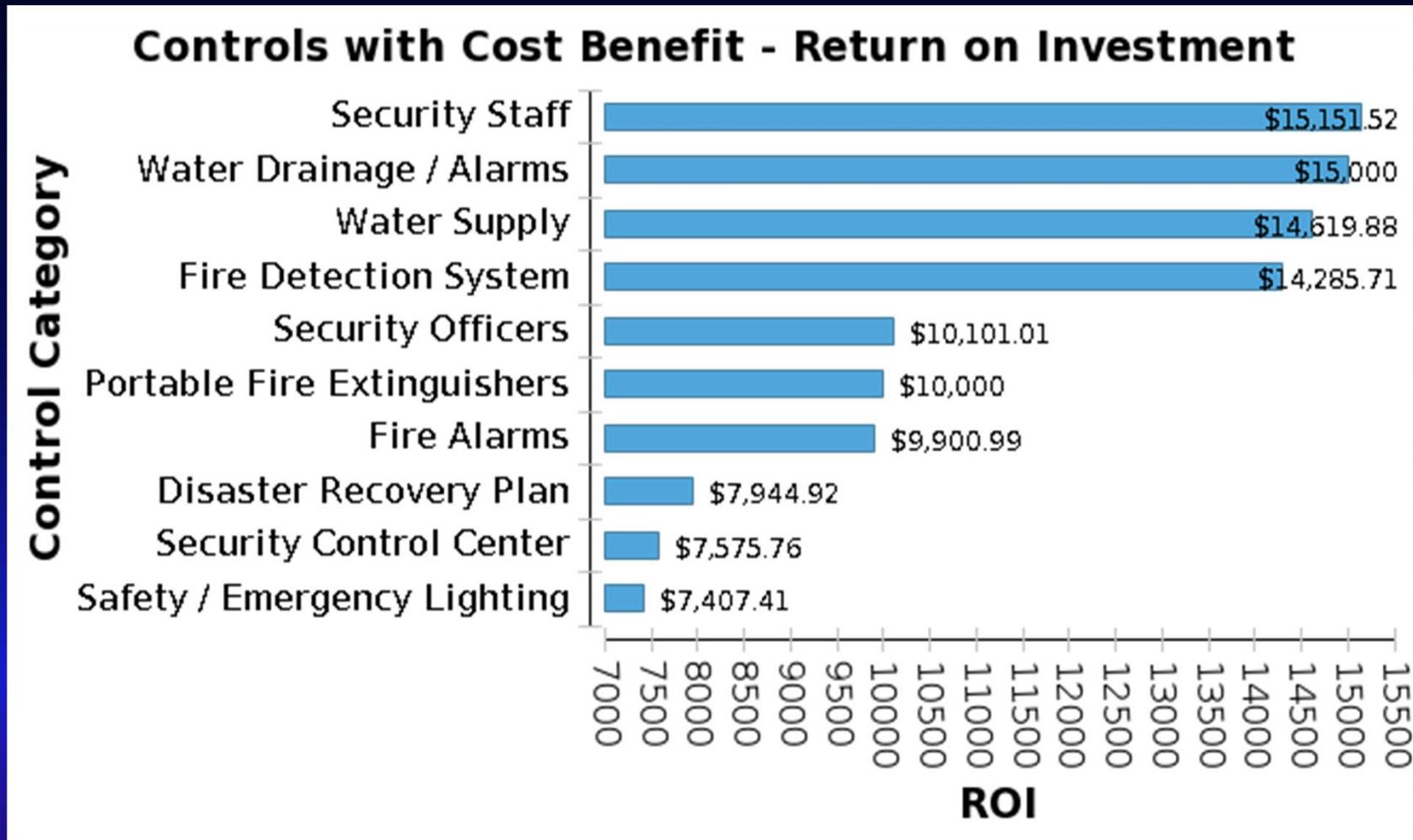
Control	Implementation	Cost
1. Access Control Systems	Not Implemented	0
2. Background Checks	Not Implemented	0
3. Business Continuity / Disaster Recovery Plans	Not Implemented	0
4. Contract Specifications / Vendors	Not Implemented	0
5. Data Backup/Recovery	Not Implemented	0
.....	-

Save Prev Next

4. Evaluate Existing Controls

- **Measure Controls by % of Implementation:**
 - 0 - Not Implemented
 - 3 - Partially Implemented
 - 5 - Fully Implemented
- **Find the weaknesses in:**
 - Use of Existing Controls - are they used correctly?
 - Training on Existing Controls - are staff trained?
 - Are New Controls properly introduced to hospital staff?

List Controls by Return On Investment, Not Just a List of Everything that Needs Improvement



7. Fix Control Gaps

- Close Unnecessary Exits
- Increase Training and Security Awareness
- Use Technology that has been Purchased but Not Implemented
- Work with HR on OSHA-related, cross-over issues
- Work with Facilities and Emergency Management
- Investigate Use of DHS Grant Money to Purchase Additional Controls
- Make Presentation to Administration and the Board

Use Metrics Based on Real Numbers

1. Cost of Controls (Safeguards)

2. Threat Frequencies (Likelihood of Occurrence)

Crime Rates

Industry Statistics

3. Survey Results from on-the-ground Staff

Short Surveys

Random Samples

Representative Samples

Methods for Doing Risk-Pro App for Preventing Active Shooter & Risk Assessment

1. Use Excel Spread Sheets
2. Do Manual Analytics combining Threat x Controls x Weaknesses (Vulnerabilities) x Asset Values = ROI
3. Use “soft’ numbers (qualitative, not quantitative.
Note: doesn’t meet current standards.

(Joint Commission: “must be more than a checklist”).

4. Use traditional software programs like Access
5. Use simple iPhone- type apps

(NOTE: The next pages use the Risk-Pro App as a simple example of screens & automated reports)

Involve the Staff in Preventing Active Shooter & Violence with Fast, Simple Web-Based Surveys

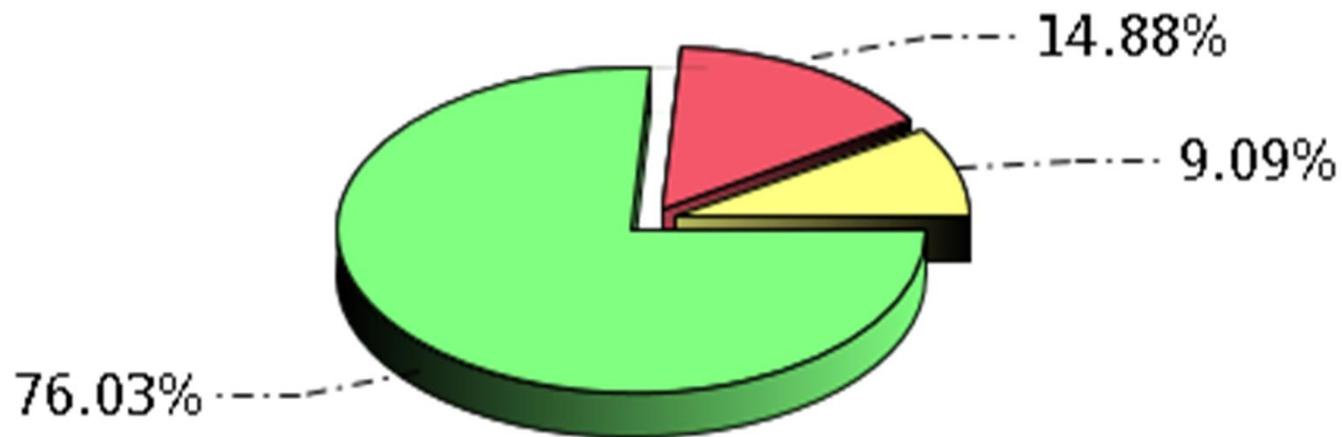
- Finds undiscovered security weaknesses.
- Surveys can be completed only by the analyst or you can include key managers.
- Analyst can also give the surveys to selected individuals.
- Reduce the Active Shooter Risk by including additional training, drills, messaging, etc.

Facilities Risk-Pro®
Controls – Threat/Risk Matrix

CONTROL	THREAT/RISK
Alarms, Duress/Panic	Active Shooter, Assault, Burglary/Robbery, Chem/Bio, Explosion, Homicide/Murder, Kidnapping, Rape/Sexual Assault, Theft, Vandalism, Workplace Violence Incidents
Alarms, Testing	Active Shooter, Assault, Burglary/Robbery, Chem/Bio, Explosion, Homicide/Murder, Kidnapping, Rape/Sexual Assault, Severe Cold Weather, Theft, Vandalism, Workplace Violence Incidents
Barriers, Walls & Fences	Active Shooter, Assault, Burglary/Robbery, Chem/Bio, Explosion, Homicide/Murder, Kidnapping, Rape/Sexual Assault, Severe Cold Weather, Theft, Vandalism, Workplace Violence Incidents
Bollards/Planters/Posts	Chem/Bio, Explosion, , Kidnapping, Vandalism, Workplace Violence Incidents
Bomb Threat Procedures	Chem/Bio, Explosion, Workplace Violence Incidents
Cameras, Digital, Color	Accident, Active Shooter, Assault, Blackmail, Burglary/Robbery, Chem/Bio, Explosion, Fire, Homicide/Murder, Kidnapping, Rape/Sexual Assault, Theft, Workplace Violence Incidents
Cameras, Monitoring	Accident, Active Shooter, Assault, Blackmail, Burglary/Robbery, Chem/Bio, Explosion, Fire, Homicide/Murder, Kidnapping, Rape/Sexual Assault, Active Shooter, Assault, Theft, Workplace Violence Incidents
Disaster & Contingency Plan:	Chem/Bio, Earthquakes, Explosion, Fire, Flooding/Water Damage, Power Loss, Severe Cold Weather, Storms/Hurricanes/Tomadoes,

GET INPUT FROM THE STAFF – Use Simple Graphs to Measure The Current Compliance Level

Compliance Metrics



-  **Full Compliance**
-  **Non Compliance**
-  **Partial Compliance**

Threat Numbers from National Databases, Our Proprietary Databases, **Your Incident Report Data**, or a Blend of all Three

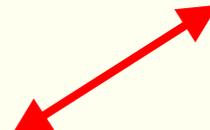
Analysis Reports My Account Logout

Start Info Surveys Assets **Risks and Threats** Controls and Safeguards

?

Risk	Frequency
<input checked="" type="checkbox"/> 1. Abductions / Kidnapping	<input type="text" value="0.5"/>
<input checked="" type="checkbox"/> 2. Accident / Staff-Patients	<input type="text" value="5"/>
<input checked="" type="checkbox"/> 3. Arson	<input type="text" value="0.2"/>
<input checked="" type="checkbox"/> 4. Assault	<input type="text" value="4"/>
<input checked="" type="checkbox"/> 5. Bomb Threat	<input type="text" value="0.3"/>
<input checked="" type="checkbox"/> 6. Burglary / Theft	<input type="text" value="4"/>
<input checked="" type="checkbox"/> 7. Chemical / Biological Attack	<input type="text" value="0.2"/>
<input checked="" type="checkbox"/> 8. Communications Failure	<input type="text" value="0.4"/>
<input checked="" type="checkbox"/> 9. Disclosure / Patient Information	<input type="text" value="1"/>
<input checked="" type="checkbox"/> 10. Earthquake / Natural Disasters	<input type="text" value="0.2"/>

*How many Incidents per year?
(4 = 4x per year)*



Easily Review & Evaluate Current Controls for Criticality and Level of Implementation

Analysis Reports My Account Logout

Start Info Surveys Assets Risks and Threats **Controls and Safeguards**

Control Implementation Cost

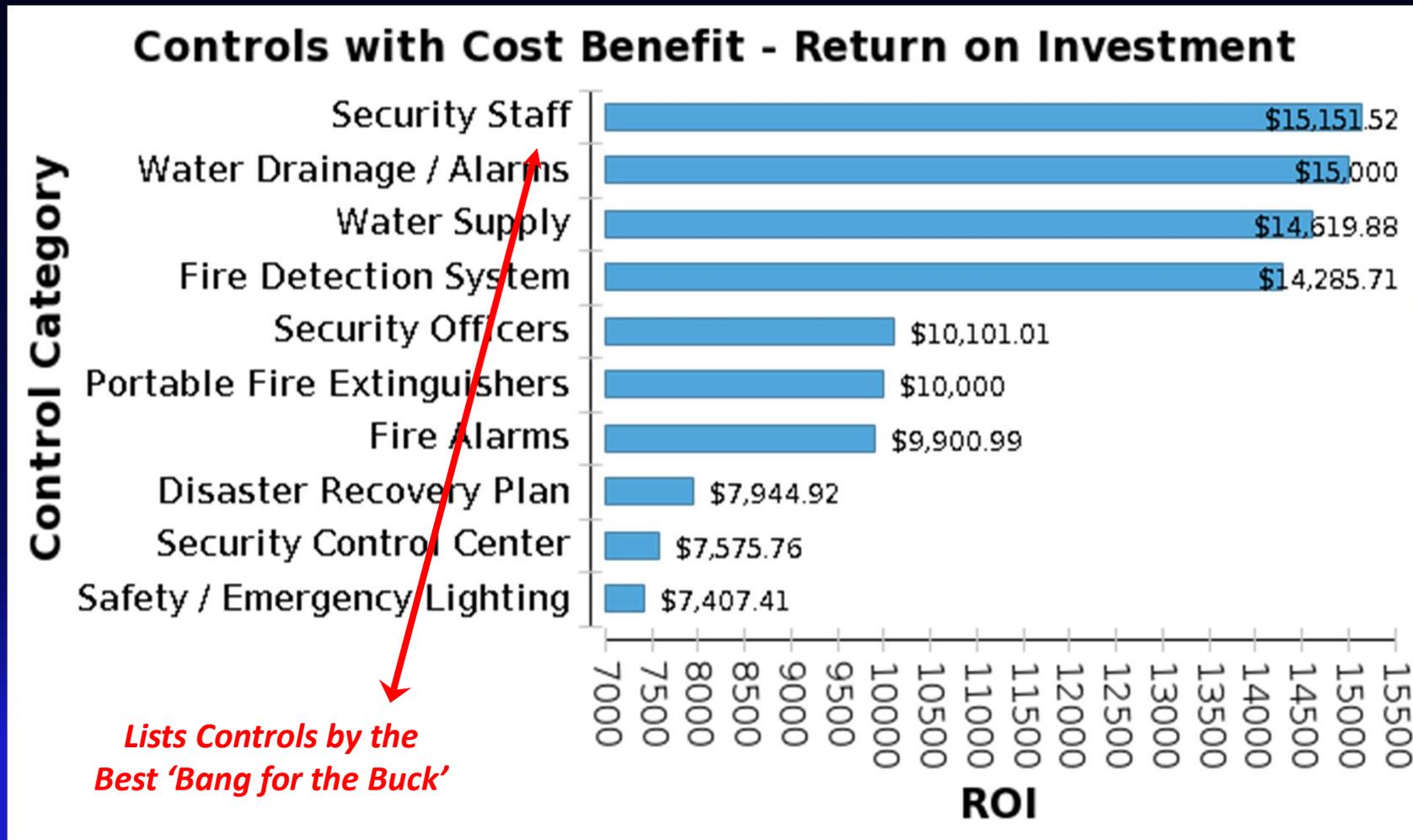
1. Access Control Systems	Fully Implemented	50000
2. Active Shooter Policies/Drills	Somewhat Implemented	10000
3. Alarm Systems / Codes	Fully Implemented	0
4. Baseline Workplace Violence Assessments	Mostly Implemented	10000
5. Bomb Threat Procedures	Somewhat Implemented	1000
6. Buffer / Control Zones	Fully Implemented	1000
7. Bullet-proof Glass	Fully Implemented	15000
8. Camera Coverage	Fully Implemented	0
9. Camera Real-Time Monitoring	Mostly Implemented	25000
10. Conflict Resolution for Managers	Not Implemented	5000

Save Prev Next

Controls Costs are Included

You Set How Much Control is In Place

Automatically Calculate Recommended Controls and Prioritize by Return On Investment



Automatically Analyze Data and Get Clear, Easy to Understand Reports with Graphics

Assessment Survey **Analysis** Reports My Account Logout

User Name
carolinerh@aol.com

Assessment Name
Hospital Security Analysis

Hospital Safety and Security

IAHSS Security Guide

Joint Commission

OSHA 3148

Select Reports

Executive Summary Part A

Executive Summary Part B

Standards Compliance Analysis

Respondent Analysis

Raw Data Sheets/Working Papers

Attachments and Appendix

With Full Detailed Reports to Give Management Accurate Assessments

Adequate Site Lighting	Is the site lighting adequate from a security perspective?	Caroline Hamilton	Always	
		Mark Smith	No Response	
		Jim Garitty	No Response	
Adjacent Parking Minimum Setbacks	Does adjacent surface parking on site maintain a minimum stand-off (setback) distance?	Caroline Hamilton	Never	We're on a major city street, that's not possible.
		Mark Smith	No Response	
		Jim Garitty	No Response	
Area of Refuge	Are areas of refuge identified, with special consideration given to escaping an incident?	Caroline Hamilton	Always	
		Mark Smith	No Response	
		Jim Garitty	No Response	
Barrier Controls In Place	Is a perimeter fence or other type of barrier control in place?	Caroline Hamilton	Never	
		Mark Smith	No Response	
		Jim Garitty	No Response	
Building Information Access	Is access to building information restricted?	Caroline Hamilton	Always	
			No	

The Bottom Line

Active Shooter and Violent Incidents will Increase

- Get an App, like Active Shooter RISK-PRO – to help Prevent Active Shooter Using Accurate, Data-Driven Risk-Based Facility Security Risk Assessment Programs, instead of Reactive Models.
- Doing Integrated, Holistic Security Risk Assessments can manage Active Shooter and other Violent Incident Risk by Return on Investment gives you the '*best bang for the buck*'
- Security Risk Assessments are one of the best ways to prepare for Active Shooter or Workplace Violence Incident and meet security requirements), design effective security controls, and focus the security program in the right areas and in the right amounts !



**Caroline Ramsey-Hamilton
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Call for a Free Consultation

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