

Establish processes and procedures to ensure patient and employee safety.

- Determine how to account for employees and patients during an incident.
- Determine how to handle critical patients during an event. In the case of evacuation, you may need a police escort for these patients.
- Hospitals should take into consideration the loss of services and access to critical operations for up to 10 hours following an event. The hospital and any adjacent space becomes a crime scene.

Train and drill employees.

- Provide ongoing training for all employees, including:
 - How to report and respond to active shooter events
 - What to expect when law enforcement arrives
 - How to protect patients
 - Awareness of high-risk security sensitive areas (such as the emergency department, operating rooms and pharmacy), and how to implement mitigation strategies
- Conduct Incident Command support training for security personnel, “house supervisors,” and other employees who need to be aware of, or involved in, IC support during an incident.
- Conduct periodic drills or “table top” exercises to prepare employees for an active shooter event. If drills are conducted, inform patients and visitors of the drill so they will not be alarmed, or hold the event in a section of the building that is no longer in use or occupied.

Plan for post-event activities.

- Conduct debriefings
- Identify and manage anxiety or fear among patients, staff and leaders. This may manifest immediately, or in the days and weeks after the incident. Use behavioral health resources, your organization’s Employee Assistance Program (EAP) or chaplaincy, as needed.

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In August 2000, the AANA Board of Directors adopted Position Statement 1.10, *Workplace Violence and Disruptive Behavior*. This position statement was revised by the AANA Board of Directors in June 2010. In 2014, the AANA Board of Directors archived this position statement and adopted the *Promoting a Culture of Safety and Healthy Work Environment, Practice Considerations*. The current document was revised by the AANA Board of Directors in September 2018.