

ASPR TRACIE Technical Assistance Request

Requestor:

Requestor Phone:

Requestor Email:

Request Receipt Date (by ASPR TRACIE): March 6, 2017

Response Date: March 8, 2017

Type of TA Request: Standard

Request:

██████ requested technical assistance statistics on active shooter incidents in healthcare, specifically in long term care facilities 2014 to the present date. She also requested data on any violent crimes against healthcare workers from 2014 to present.

Response:

The ASPR TRACIE Team conducted a search for resources related active shooter incidents and in healthcare, specifically in long term care facilities and violent crimes committed against healthcare workers from 2014 to the present date.

ASPR TRACIE was unable to locate any research that specified incidents occurring at a long term care facility.

We would also like to direct you to the [ASPR TRACIE Explosives and Mass Shooting Topic Collection](#) and [Long Term Care Topic Collection](#), which include various resources including plans, tools, and templates.

I. Active Shooter Incidents in Healthcare Facilities, 2014-Present

We present these findings, based on the [federal definition of active shooter](#): “an individual actively engaged in killing or attempting to kill people in a confined and populated area.”

- [FBI active shooter data](#) found that four incidents occurred in healthcare facilities between 2000 and 2013, and [two occurred between 2014 and 2015](#).
- According to [this article](#), in 2015, there were 14 active shooter incidents in 2015 in hospitals (note: ASPR TRACIE could only access the abstract—the authors may have broken the data down by facility type).
- [ALERRT data on active shooter incidents](#) (uses federal definition): In one 2016 incident (October 26), an armed man began by shooting his wife’s workplace. He then travelled to Miller-Meier Limb and Brace (where prosthetics and braces are built and fit) and continued shooting.

Since there are several resources included in this document, we would like to specifically highlight the following resources we feel provide the best examples:

Berkowitz, B., Gamio, L., Lu, D., et al. (2017). [The Math of Mass Shootings](#). The Washington Post.

This article uses interactive graphics to illustrate the history of mass shootings in the U.S. in which four or more people were killed by a lone shooter (or two shooters in three cases).

California Hospital Association. (2016). [Planning for Active Shooter Incidents](#).

This webpage provides two pages of links to resources that can help hospitals and other healthcare facilities plan for active shooter incidents. It includes a checklist, plans, guidelines, educational videos, and other materials. Note: There are two pages of materials.

Federal Bureau of Investigation. (2014). [Active Shooter Study: Quick Reference Guide](#).

This factsheet summarizes data as a result of a study into 160 active shooter incidents between 2000 and 2013.

Healthcare and Public Health Sector Critical Infrastructure Protection Partnership. (2015). [Active Shooter Planning and Response in a Healthcare Setting](#).

This guide provides a comprehensive overview of issues and response to active shooters in the healthcare environment and includes response plan templates in the appendix.

Hospital Association of Southern California. (2013). [Active Shooter Drill Materials](#).

The Hospital Association of Southern California developed several documents that can help a healthcare facility plan for active shooter incidents and carry out an active shooter drill (e.g., checklists, participant releases, and pocket cards).

MESH Coalition. (2014). [Responding to an Active Shooter in a Healthcare Setting](#).

This video provides information on preparing for and responding to an active shooter event in a healthcare setting.

U.S. Department of Health and Human Services, U.S. Department of Homeland Security, U.S. Department of Justice, Federal Bureau of Investigation, and Federal Emergency Management Agency. (2014). [Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans](#).

This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.

II. Violent Crimes Committed Against Healthcare Workers, 2014-Present

The Occupational Safety and Health Administration (OSHA) recently released a [request for information](#) regarding the development of a new standard on workplace violence in the healthcare and social assistance settings. This information—the most recent ASPR TRACIE was able to locate—was pulled directly from this document:

“OSHA's analysis of available data suggest that workers in the Health Care and Social Assistance sector (NAICS 62) face a substantially increased risk of injury due to workplace violence. Table 1 compiles data from the Bureau of Labor Statistics' (BLS) Survey of Occupational Injuries and Illnesses (SOII). In 2014, workers in this sector experienced workplace-violence-related injuries at an estimated incidence rate of 8.2 per 10,000 full time workers, over 4 times higher than the rate of 1.7 per 10,000 workers in the private sector overall (BLS Table R8, 2015). Individual portions of the healthcare sector have much higher rates. Psychiatric hospitals have incidence rates over 64 times higher than private industry as a whole, and nursing and residential care facilities have rates 11 times higher than those for private industry as a whole... In 2014, 79 percent of serious violent incidents reported by employers in healthcare and social assistance settings were caused by interactions with patients (BLS, 2015, Table R3, p. 40).”

ASPR TRACIE also located the following additional information from the abstract of this article:

Shovein, E., Hebenstreit, C., and Drexler, M. (2016). [Violence in a U.S. Veterans Affairs Healthcare System: Worker Perspectives on Prevalence, Causes, and Contributors](#). (Abstract only.) Policy and Practice in Health and Safety.

The authors examined focus group data from a large, public veterans' healthcare system in the United States, to determine how Veterans Affairs healthcare workers experience violence and aggression on the job. Out of seven focus groups, 65 workers reported regular experiences of verbal aggression and less frequent exposure to physical violence. *(Note: because we could only access the abstract, these findings should be taken as anecdotal only—the sample size was not reported in the abstract, nor were the years that the incident[s] occurred.)*

We would also like to direct you to the [ASPR TRACIE Workplace Violence Topic Collection](#), which includes various resources including plans, tools, and templates.