The Active Shooter in the Pediatric Intensive Care Unit: Interprofessional Education Through Simulation

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• Pediatric Health System
• Level I Trauma Center
• Level IV NICU
• 50 Specialty programs
• 595 beds
• 785,563 Patient Encounters
• 253,308 Unique Patients
• 172,839 ER Visits
• 28,355 OR Cases
• 5,800+ Transports
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Background and Significance

Frequency of violent events in the workplace

- Families
- Patients
- Coworkers
  - Decreased staff satisfaction.
  - Higher turnover

Photo Credit: www.mdnews.com
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Purpose

• Simulate workplace violence, the process of de-escalation, and the appropriate response to an active shooter threat.
  o Interprofessional education
  o Inpatient setting
  o Psychologically safe setting
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Simulation Objectives

- Staff should demonstrate
  - Situational awareness
  - Effective interprofessional communication
  - Appropriate response
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Strategy and Implementation

• Interprofessional collaboration
  o Clinical Education
  o Critical Care Units
  o Security
  o Emergency Management
  o Simulation Lab
Strategy and Implementation

• Critical Care Services – Needs assessment
• Security – Risk Assessment
• Interdisciplinary meetings (4 = Face to Face)
  o logistics, parties to involve, etc.
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Strategy and Implementation

• Scenario development
  o Subject Matter Experts (SME)
• Simulation test run
  o Test for validity and reliability
• Implementation dates (5 workshops x 2)
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Strategy and Implementation

• Recreating the scenes
  o High fidelity simulators
  o Confederates/actors
  o Evolving case studies
Psychological Safety Plan

• Didactic education - recognition/de-escalation
  o Lecture and video
  o Review of hospital policy
• Safety checklist for facilitators
• Opt-out prior to simulation
• Critical Incident Stress Management Team
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Results

• 173 staff members from eleven disciplines participated.
• Evaluations demonstrated that participants overwhelmingly found the education valuable.
  o Concerns and lessons learned were grouped into common themes:
    • Environmental considerations
    • Moral distress
    • Policy
    • Process
Lessons Learned

• The “norm” = chaos
  o Alarm fatigue
  o Family disputes
    • Frequency desensitizes staff
  o Less situational awareness at shift change.
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Lessons Learned

• Abandonment Concerns
  o Patients
  o Families
    • State BON
  o Injured colleagues
    • Law Enforcement
Lessons Learned

• Unit is unit employee badge access entry only
  - Leaving family members to allow access to others.
Lessons Learned

- Communication
  - Location
  - Interdisciplinary

- Design
  - Vulnerabilities
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Conclusion

• Prevention
  o Situational Awareness
  o Communication
    • Transparency
      o Interdisciplinary training
• Know the organizational policy
  o Run, Hide, Fight
References


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Thank you