

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

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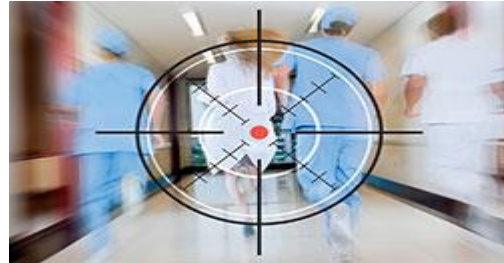
- Pediatric Health System
- Level I Trauma Center
- Level IV NICU
- 50 Specialty programs
- 595 beds
- 785,563 Patient Encounters
- 253,308 Unique Patients
- 172,839 ER Visits
- 28,355 OR Cases
- 5,800+ Transports

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Background and Significance

Frequency of violent events in the workplace²

- Families
- Patients
- Coworkers
 - Decreased staff satisfaction.³
 - Higher turnover



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Purpose

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

Simulation Objectives

- Staff should demonstrate
 - Situational awareness
 - Effective interprofessional communication
 - Appropriate response



Strategy and Implementation

- Interprofessional collaboration
 - Clinical Education
 - Critical Care Units
 - Security
 - Emergency Management
 - Simulation Lab



Strategy and Implementation

- Critical Care Services – Needs assessment
- Security – Risk Assessment
- Interdisciplinary meetings (4 = Face to Face)
 - logistics, parties to involve, etc.



Strategy and Implementation

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

Strategy and Implementation

- Recreating the scenes
 - High fidelity simulators
 - Confederates/actors
 - Evolving case studies



Psychological Safety Plan

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

Results

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

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Lessons Learned

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



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Lessons Learned

- Abandonment Concerns
 - Patients
 - Families
 - State BON
 - Injured colleagues
 - Law Enforcement



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Lessons Learned

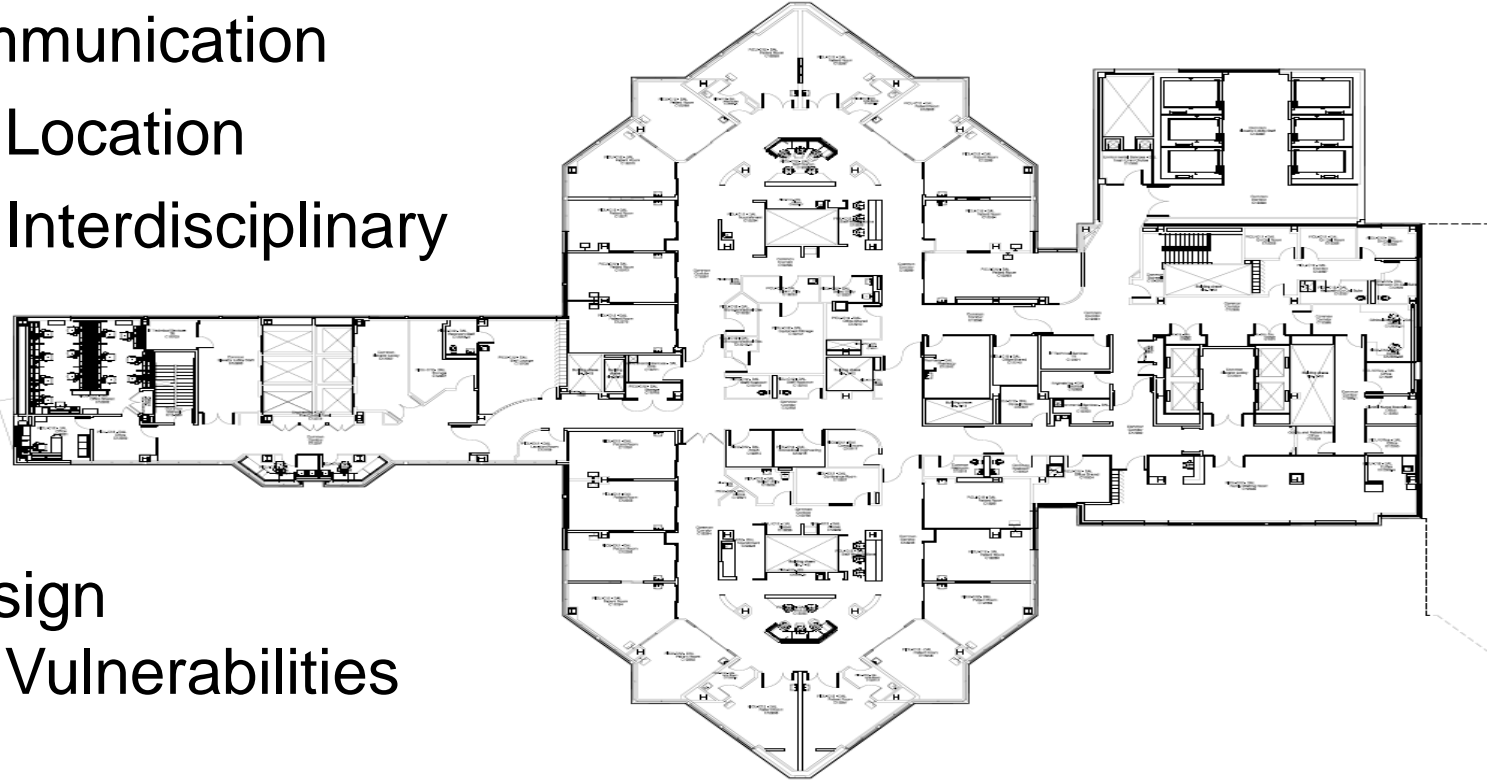
- Unit is unit employee badge access entry only
 - Leaving family members to allow access to others.



Lessons Learned

- Communication
 - Location
 - Interdisciplinary

- Design
 - Vulnerabilities



Conclusion

- Prevention
 - Situational Awareness
 - Communication
 - Transparency
 - Interdisciplinary training
- Know the organizational policy
 - Run, Hide, Fight

References

¹Children's Health. (2014). Facts and Figures. Retrieved from www.childrens.com/footer/aboutsection/about/facts-and-figure

²Hulse, M.; Bozeman, L.; Cummings, D.; & Davis, E. (2014). *Preventing Violence in the Workplace by Promoting Situational Awareness*. Columbus, Ohio: Office of Learning and Professional Development

³Kelen, G.D.; Catlett, C.L.; Kubit, J.G.; Hsieh; Y.H. (2011). Hospital-based shootings in the United States: 2000 to 201. *Annals of Emergency Medicine*. 60(6):790-798.e1. doi: 10.1016/j.annemergmed.2012.08.012.

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Thank you

