



# Active Shooter/Critical Incident Response Training

Hospitals and medical facilities





# What is “Gap” Training?

“Gap” Training is the time span from when the first shot is fired, or first injury is inflicted, to the point where the massacre is stopped by Police intervention or suicide.

The national average is 10 to 14 minutes.





# What happens in the Gap?

- 97% of all deaths and injuries occur during this “Gap” period
- Staff are the ONLY group there 100% of the time
- Hospital staff is only group present 100% of the time
- We train the one who won't be there, fail to train the ones who are



# location for mass casualty incidents

Schools

Churches

Hospitals

Malls/Theatres

Hotels



# Hospital Shooting Statistics

- 30% of all medical facility shootings are in the E.R.
- There were 154 shootings from 2000-2011 with 235 deaths
- 91 fatalities were inside facilities and 63 were outside
- No hospital is immune and almost all have a 24 hour open campus





# Brigham and Woman's Hospital- Boston

- Jan 20, 2015-Stephen Pasceri, 55 shot Dr. Michael Davidson twice, killing him Davidson then killed himself
- Dr Davidson treated Pasceri's mother just before her death
- No Hospital security present





# San Bernadino

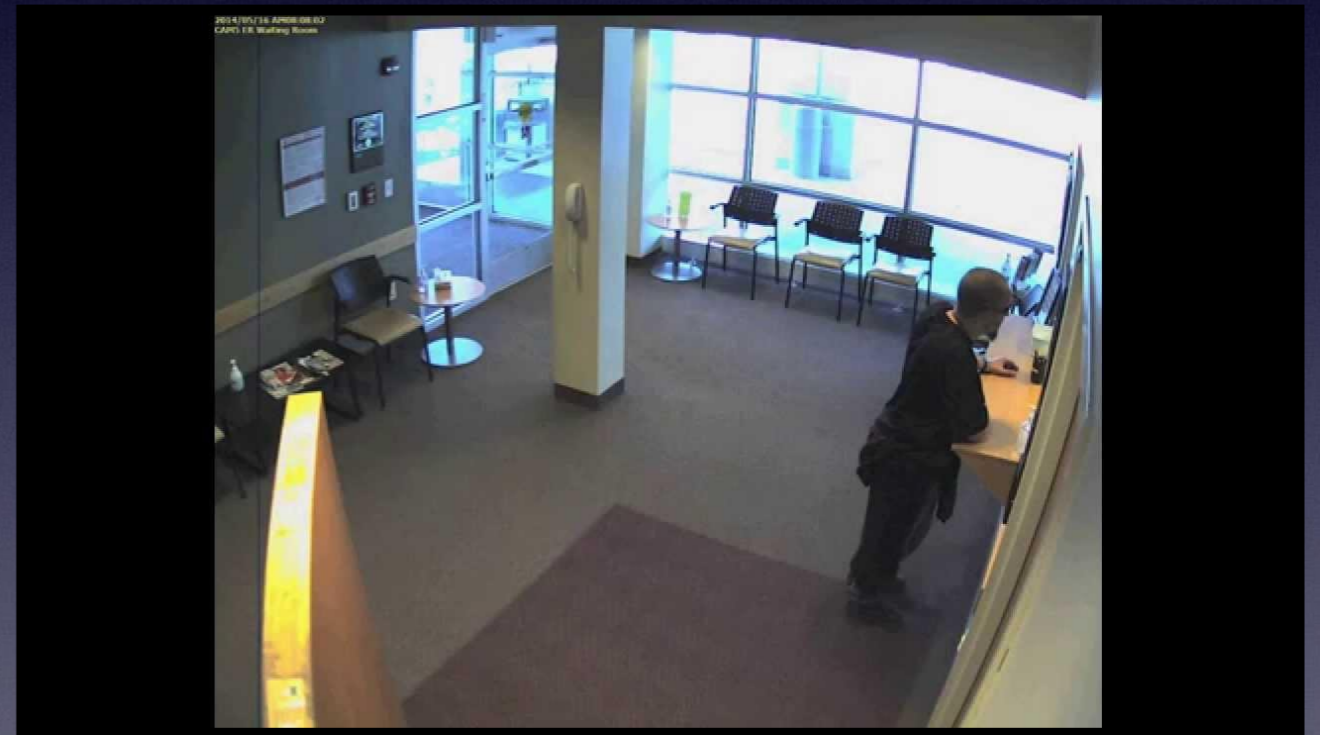
- December 2015, San Bernadino County Health Department
- Syed Farook and Tashfeen Malik shot and killed 14 and wounded 17 at a Christmas party
- Syed knew the workers there and knew the victims
- Killed by L.E. during pursuit





# Cashe Valley Hospital

- N. Logan Utah May 2014
- Jason Burr 34, with two handguns, entered E.R. demanding staff come out.
- Jason was a prescription drug addict with multiple prescription drug charges
- Shot three times and arrested by on site parole agents there on unrelated matters
- Facing attempted robbery and aggravated assault charges
- No security at the hospital





–Dr. Eli Adashi, former Dean of medicine and biological science  
at Brown University

“We would like to think that hospitals are not an area that would be subject to harm, and maybe that’s why we want them to be free and accessible and not overly secure like a fortress, but I think times are changing.”





# Why Hospitals?

“What if we just hired a security guard?”  
Perceived safety or Actual safety?



- **Soft Targets, unarmed staff, little to no security**
- **gun free zones**
- **High likelihood of success in planned mission/attack (who will stop them?)**
- **Staff with NO means of defense**
- **Little to no resistance**
- **Mass casualty potential**
- **Access to high level drugs (for an addict, it's better than robbing a bank and much easier)**
- **Easy access to victims**
- **Grouping of victims**
- **Lining up of victims**
- **Hiding victims**
- **Prey/victim mentality**
- **It's the perfect location!**



# Two responses

- Spontaneous assault: You have two choices
- Each choice has a consequence
- The faster you act, the greater chance of survival for others
- Proper training elicits faster response
- Lack of training will delay response and create a “pause” or “blank screen” mode



# Assaults on Hospital staff- Bureau of Labor Statistics and FBI

- 2014-80% of E.R. nurses reported being assaulted in last year
- 70% of all “non fatal” workplace violence is in the Health Care industry
- 50% of those assaults were patients on drugs or some form of narcotic
- Many were in the process of being restrained via “soft restraints”
- Domestic issues, court orders and custody battles





- The U.S. averaged 9 shooters in hospitals or medical facilities per year from 2000-2005 with 74 dead.
- Rate climbed 16.7% per year from 2006-2011 with 161 dead.

**Run...Hide...Fight?**  
**or**  
**Fortify and Fight?**

**What is it?**



- Running triggers the “chase” instinct in predatory behavior
- Causes expected/anticipated chaos
- Creates chaos in the victims thought process
- Panic takes over
- Shooter becomes emboldened, excited and overwhelmed with adrenaline “A.T.T.C.P.”
- Running causes the “herd” mentality/then stampede process in victims and triggers the chase instinct in the shooter
- Creates “bottle necks” in doorways, exposes backs with no ability to defend. Front victims survive, rear victims are shot

- Hiding triggers natural instinct to hunt “hide and seek”
- Hiding is expected behavior and can increase adrenaline and testosterone in males
- Once located, the victim is completely at the mercy of the shooter
- Shooter feels sense of reward for the find and often becomes excited before pulling the trigger
- Hiding victims give the shooter a greater reward for his find
- Hiding takes away any will to fight effectively, decreasing chances of survival
- Panic sets in diminishing any clear and rational thought process



- A fighting mindset/ trained plan will increase survival chances exponentially
- The “will” to fight back during an attack will confuse a shooter that was not planning for it
- The “ability” to fight will force the shooter to think as he goes and creates unexpected stress, forcing him to make mistakes
- Anticipate and capitalize on the shooters mistakes
- Have a plan, have the right tools and train

# Commonalities in behavioral patterns among mass shooters

What can we learn from their predictable actions?

How do we circumvent their thought processes?

- Little to no firearms experience
- Shooters rely on predicted behaviors of the victims i.e. running, hiding, easy access and no resistance
- Shooters will often get within arms reach before pulling the trigger
- The shooter will lose his peripheral and vertical vision “SNS” activation
- Shooters predictably walk into doorways with no regard for the “corners”. This can be an advantage to the victims with the proper training, mindset and tools.
- Weapons of opportunity top increase chances of survival for other who can't run?



# How you train is how you'll perform

- Do you leave or stay? What is it?
- Do you know the variables outside the hospital?
- Do you know how many shooters, where they are at, how many injured, is it a trap?
- I DO know they are not in my room so why leave and risk it?
- FORTIFY and DEFEND the room if possible



**Room Fortification**

**(FORTIFY)**

**Defending the Fatal**

**Funnel**

**(FIGHT)**



# Training Available through Force Dynamics

- Active Shooter/Critical Incident Response Training “Gap”
- De-escalation training for front end staff
- Security Consultation for entire facility with written report
- 40 hour firearms training program and certification for armed staff
- Soft Restraint training for hospital nursing staff
- Personal Defense training



# Force Dynamics Defense Systems

Jon Ladines, Owner and Founder

For scheduling training or a security consultation, contact Force Dynamics at

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