



POTENTIAL INJURY CAUSING EVENTS

Dr Anish Banerjee
SECRETARY, DMSIG, IFEM
VICE PRESIDENT & CHAIR DM SECTION, SEMI
MEDICAL DIRECTOR, GLOBAL HEALTHCARE

Conflict of Interest

None

PICE IS A PIECE OF TAXONOMY

A[ADDITIONAL CASUALTIES]	B [RESOURCE OVERWHELMING]	C [GEOGRAPHIC EXTENT]		STAGE [NEEDED RESPONSE LEVEL]
STATIC	CONTROLLED	LOCAL	P	0
DYNAMIC	DISRUPTIVE	REGIONAL	I	1
	PARALYTIC	NATIONAL	C	2
		INTERNATIONAL	E	3

Disaster Nomenclature—A Functional Impact Approach: The PICE System



**ACTIVE SHOOTER SCENARIO
MANAGEMENT**

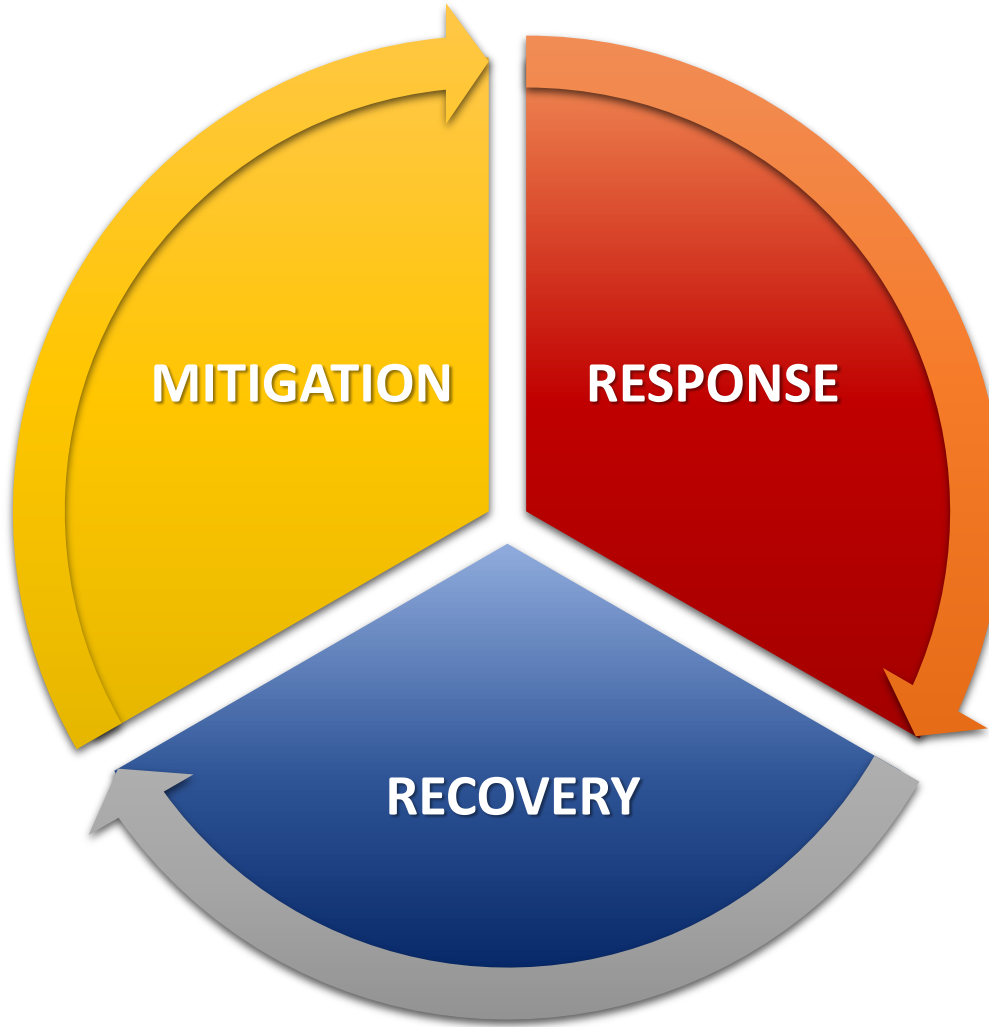
MY EXPERIENCES

2016

- 2,77,000 ACUTE CARE CASES
- 98000 SURGERIES
- 18 CENTRES



DISASTER CYCLE



STAFF

STUFF

STRUCTURE

SYSTEM

INFRASTRUCTURE



Primary prevention | Access Control & Escape

- **CARD/BIOMETRIC BASED ENTRY [NEED TO GO]**
- **HUMAN TORPEDOES**
- **DEDICATED COUNSELLING AREA**
- **PERIMETER ZONING & PERIMETER CONTROL**
- **ESCAPE ROUTE PLANS**

Staffs & Systems



Primary prevention | TRAINING

- **PLANNING TO HAVE A PLAN IS NOT A PLAN**
- **COUNSELLORS NEED TO TRAIN IN CRISIS COMMUNICATION**
- **HOSPITAL SECURITY NEEDS TRAINING IN RESTRAINT & IMMOBILIZATION**
- **COMBINED TRAINING DRILL & SOP WITH POLICE, ARMED FORCES & NDRF/DMAT**
- **ACCESS TO POLICE NEGOTIATORS FOR COMBINED DRILLS**

Primary prevention | TRAINING FOR ALL EMPLOYEES

- DO YOU KNOW THE EXIT ROUTES? DO YOU KNOW WHERE THOSE EXITS GO, DO THEY TAKE YOU OUT OF THE BUILDING?
- DO YOU HAVE AN ESCAPE ROUTE AND PLAN IN MIND?
- WHERE WOULD YOU GO ONCE YOU EXITED THE BUILDING?
- ARE THE FLOOR PLANS FOR THE BUILDING UP-TO-DATE?
- HOW WOULD YOU RESPOND IF THE SHOOTER WAS ON A DIFFERENT FLOOR IN THE BUILDING?
- HAVE YOU CONSIDERED WHICH ROOMS/AREAS WOULD PROVIDE THE GREATEST PROTECTION? WHICH WOULD PROVIDE THE LEAST PROTECTION?
- DO YOU KNOW WHICH DOORS IN THE BUILDING HAVE LOCKS, AND THOSE THAT DON'T? WHAT KIND OF LOCKS DO THE DOORS HAVE? ARE THEY LOCKED?

Primary prevention | TRAINING FOR ALL EMPLOYEES

- **HOW SOON CAN YOU SILENCE YOUR CELLPHONE ?**
- **HAVE YOU TRIED BARRICADING A DOOR ?**
- **WHEN SHOULD YOU COME OUT OF HIDING?**
- **HOW WOULD YOU RESPOND IF YOU WERE DIRECTLY CONFRONTED BY THE SHOOTER?**
- **IF ASKED TO DESCRIBE THE SHOOTER AND THE SITUATION, WHAT INFORMATION WOULD YOU PROVIDE POLICE ?**
- **WHAT WOULD YOU DO IF SHOOTING IS HAPPENING IN ANOTHER AREA AND YOU ARE IN CHARGE OF PATIENTS IN LOW MOBILITY AREA ?**

Shooter SHOOTING NEAR YOU



INCIDENT ONGOING | SHOOTER SHOOTING NEARBY

- **HOW MANY OF US HAVE HEARD OR SMELLED GUNFIRE?**
- **DON'T FREEZE. RUN. DON'T WAIT. RUN. HEROES, OPOSSUMS & OSTRICHES DIE.**
- **PREVENT OTHERS FROM ENTERING THE AREA**
- **HIDE AS PLANNED, IF NO TIME. BARRICADE. SILENCE CELLPHONE**
- **FIGHT AS A LAST RESPONSE. YOU ARE NOT STALONE AND THIS IS NOT A MOVIE.**
- **TRAIN ON DISARMING IN CLOSE QUARTERS & KEEP TRAINING**

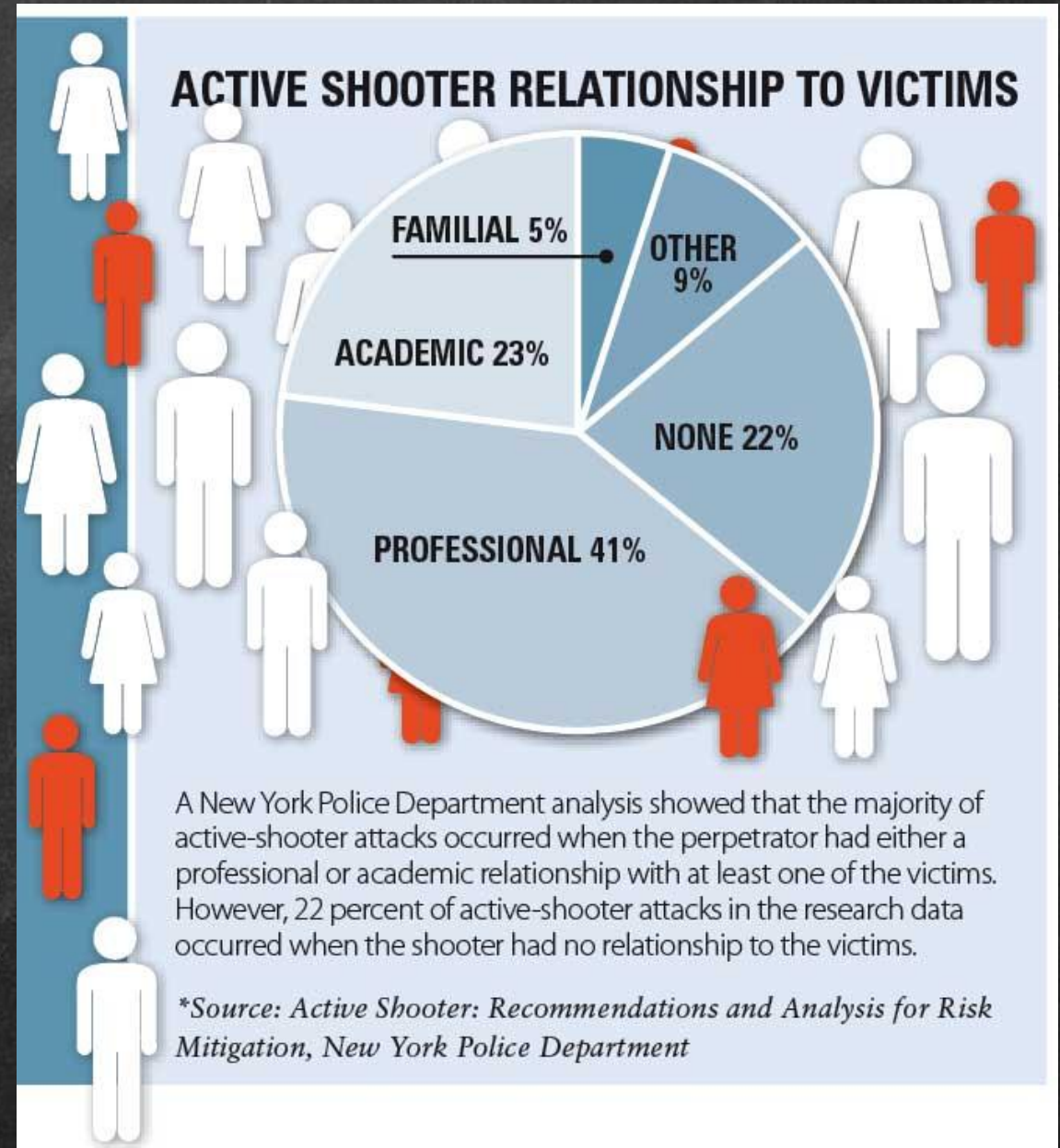
INCIDENT MANAGEMENT | TRAINED HANDLERS

- **UNDERSTAND ROOT CAUSE ASAP**
- **EARLY CHAPERONING TO A DIFFERENT DEDICATED COUNSELLING AREA IN DARWINIAN CASES BY SECURITY**
- **HOSPITAL SECURITY NEEDS TRAINING IN COUNSELLING, RESTRAINT & IMMOBILIZATION**
- **PERIMETER ZONING & PERIMETER CONTROL**
- **EARLY ACCESS TO LAWMAKERS**

COUNSELLING IN ER

- **ACT FOR THE BENEFIT OF THE PATIENT, DO NOT BE JUDGEMENTAL**
- **SPEAK WITH THE LEADER**
- **MAINTAIN NON AGGRESSIVE PHYSICAL & VERBAL CUES**
- **DELEGATE TO THE DEDICATED CRISIS COMMUNICATION TEAM**
- **UPDATE ROUTINELY**

ROOT CAUSE ANALYSIS



COUNSELLING

- **PREPARE MESSAGE MAPS, TRAIN & DRILL**
- **COORDINATE & DRILL WITH THE DMAT TEAMS & POLICE**
- **DEFINE TRIGGERS & PRACTICE**
- **LEAVE NEGOTIATION IN HOSTAGE SITUATION TO TRAINED POLICE
NEGOTIATORS**

SHOOTING IN ANOTHER AREA | PLAN OF ACTION

- PERIMETER SECURITY
- BARRICADE
- MOBILIZE IF SAFE
- DO REVERSE TRIAGE IN CRITICAL AREAS IF EXIT CLEAR
- RESOURCE RATIONING IF STRANDED
- COMMUNICATION CHANNELS

DELAYED SUPPORT | POINTS TO THINK ON

- QUITE OFTEN THE LOCAL PATROL IS UNDER TRAINED, UNDER MANNED & UNDER EQUIPPED
- IT IS ALWAYS THE CASE WITH HOSPITAL SECURITY



RECOVERY | PSYCHOLOGY & CARE CONTINUITY

- **ALL INVOLVED WILL UNDERGO PSYCHOLOGICAL TRAUMA AFTERWARDS. EMPLOYEES WILL NEED THE SUPPORT AS WELL AS PATIENTS & RELATIVES**
- **AFTER INCIDENT IS CLOSED START SERVICES FOR WHICH INFRA & MANPOWER ARE AVAILABLE**
- **STRATEGISE WORKING WITH MEDIA**



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dranishbanerjee@gmail.com