

- **In summary.** The time of administration is faster and the volume infused is less than FFP. It appears to have good disease oriented outcome with rapid reversal of INR but there is insufficient evidence regarding patient oriented outcomes to say it is better.
- **How much does it cost?** About \$4500 per dose.
- **The only indication is for life-threatening bleeding on warfarin.** This is not for the gum bleeder with an elevated INR.
- You are about to be bombarded with advertising and pressure to use this medication. For now, it seems like it is ok.

Active Shooter Management

Mike Clumpner interviewed by Ilene Claudius MD

- Clumpner is a paramedic, police officer and fire captain. He is completing his PhD in Homeland Security Policy with an emphasis on active shooter response. He also teaches weapons of mass destruction response to healthcare providers, law enforcement and EMS.
- **What is an active shooter?** By definition, this is a perpetrator who is in a target-rich, threat-poor environment (no law enforcement or other weapons), in a confined space with a goal to kill and injure as many people as quickly as possible. This is not limited to schools; it can happen in hospitals.
- **This is a mental health issue.** This is a concern because hospitals, especially the emergency department, deal so frequently with mental health issues and crises. As mental health treatment options decrease, more patients are pushed into the hospital (and ED) for care. In some EDs, patients with mental health issues remain in the ED for 5-6 days because there is no place else for them to go.
- **Active shooters are typically not a random, sporadic event.** They are usually a well thought-out and planned event that the patient has been thinking about for some time. It might not be the patient in front of you, but a patient you saw several weeks ago.
- **There are not a large number of these events.** About 8 to 10 people die each year in hospitals from active shooter events. Approximately 250-300 incidents have been reported to the joint commission on armed robberies, homicides, etc., in the hospital. However, if you look at the literature, there are hundreds of thousands of healthcare providers each year who are violently attacked and these events remain unreported. Most of the evidence is anecdotal from studies performed at a few sites and then the data is projected out.
- **Violence in the hospital will mirror that in the community. A lot of prisoners come through the Emergency Department.** These are often violent offenders and may be guarded by only 1-2 correction officers. There are regular attempts by prisoners to escape from hospitals. In a recent incident, a prisoner grabbed a scalpel and tried to stab the correctional officer, a second officer shot at the prisoner in the emergency department, missed him and he surrendered.
- **Disgruntled family members may return to enact revenge on healthcare providers.** Active shooter events have happened on labor and delivery units.
- **What can we do as providers to avoid this situation?** Prevention starts with your attitude; violence is not acceptable. There is a common misperception that it is just part of the job. Don't be complacent. Always be cognizant of your surroundings. Things can go bad quickly. Emergency departments are the number one place for violence against healthcare workers. Violence against emergency healthcare workers ranks up there with police officers, corrections officers and taxi cab drivers. Talk with your fellow providers and discuss what your response will be. Discuss it with your hospital security. Think about this stuff before it happens.
- **When it happens, it is incredibly scary.** You need to realize that you are in a fight for your life. In prior school shootings, some were unaware that there was active shooting; they attributed the sound of gunshots to construction noises.
- **Run. Hide. Fight.** If you can get away from an active shooter; do it. Run away. Try to put distance between yourself and them. If you can't run or get to an exit, hide in a safe place. Get someplace where you can shut and lock the door, turn off the light and silence your phone. Your life depends on it. Fighting is the last option. More law enforcement officers are telling people that when seconds count, law enforcement officers are still several minutes away.
- **The data from an active shooter events shows that your face time with the shooter will be less than 25 seconds.** Try to run OR hide OR fight. In that order.
- **If you are taken hostage, 70% of the time you will be killed.** Don't go quietly. If a patient is using force against you, you are within your rights to defend yourself. Don't worry about hurting the patient. If you are being attacked, you are in a fight for your life. For example, a nurse was wearing her stethoscope around her neck. A patient grabbed opposite sides and began to choke her. **If you are in this situation, do whatever you can to get out of it alive.**
- **What do you do about your patients?** If you stay with your patient, you will probably die with your patient. If you can't get your patients out readily (and most of your patients in the ED will not be able to get out readily), you need to run or hide and get away from the event. You are not going to be able to protect or help your patient. Staying with your patient will not make the situation better.
- **The staff needs to come together quickly.** Run away together or if someone decides to fight the attacker, everyone needs to jump in.