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DHS Active Shooter Response Guidelines

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HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

1. Evacuate

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

2. Hide out

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

3 If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

3. **Take action** against the active shooter

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers usually arrive in teams of four (4) or as manpower allows
- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety
- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

Information to provide to law enforcement or 911 operator:

- Location of the active shooter
- Number of shooters, if more than one
- Physical description of shooter/s
- Number and type of weapons held by the shooter/s

• Number of potential victims at the location

The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

TRAINING YOUR STAFF FOR AN ACTIVE SHOOTER SITUATION

To best prepare your staff for an active shooter situation, create an Emergency Action Plan in the content of your existing Health and Safety Program, and conduct training exercises.

Together, the Action Plan and training exercises will prepare your staff to effectively respond and help minimize loss of life.

Components of an Emergency Action Plan:

Create the Action Plan with input from several stakeholders including your human resources department, union, your training department (if one exists), facility owners / operators, your property manager, and local law enforcement and/or emergency responders.

Review your preferred method for reporting fires and other emergencies An evacuation policy and procedure

Emergency escape procedures and route assignments (i.e., floor plans, safe areas) Contact information for, and responsibilities of individuals to be contacted under the EAP

Information concerning local area hospitals (i.e., name, telephone number, and distance from your location)

An emergency notification system to alert various parties of an emergency including:

- Individuals at remote locations within premises
- Local law enforcement
- Local area hospitals

Components of Training Exercises

The most effective way to train your staff to respond to an active shooter situation is to conduct mock active shooter training exercises.

Recognizing the sound of gunshots

Reacting quickly when gunshots are heard and/or when a shooting is witnessed:

- Evacuating the area
- Hiding out

- Acting against the shooter as a last resort

Calling 911
Reacting when law enforcement arrives
Adopting the survival mind set during times of crisis)

The Incident Management Team is available to help your organization:

- Conduct On-Site Active Shooter Drills and Exercises
- Comprehensively review your existing Health and Safety Workplace Violence Prevention Program
- Design and develop comprehensive workplace violence prevention programs
 - o Program Ownership
 - o Policy
 - o Infrastructure
 - o Reference Manual
 - Systems to Report
 - o Protocols to Investigate
 - o Threat Assessment and Management
 - o Post- Incident Crisis Response and Recovery
 - o Training Content for Respective Audiences
 - o Institutionalization of Program
- Consult on how to enhance your Threat Assessment capabilities
- Plan Post-Incident Crisis Response protocols and actions to reduce the impact of trauma if violent incidents or workplace emergencies occur at your facility
- Train your employees, supervisors and Workplace Threat Assessment Team on how manage and respond to incidents of violence.

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Note: These training materials are from the Department of Homeland Security Active Shooter Manual: How to Respond, October 2008. They are general in nature and have been designed and developed to facilitate discussion and to promote learning. The print materials are presented with the understanding that they are not to be construed as the direct rendering of, or as a substitute for, legal or specific case management advice. Each risk situation must be assessed on its individual facts and choices and options for any one incident, must be explored given its circumstances.



Assessment, Management and Prevention of Workplace Violence

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I. DEFINITION OF WORKPLACE VIOLENCE

- 1. Any act which is physically assaultive.
- 2. Behaviors indicating potential for violence (throwing objects, shaking fists, destroying property, etc.).
- 3. Any substantial threat to harm another individual or endanger safety of employees.
- 4. Any substantial threat to destroy property.
- 5. Disturbed behavior that might signal emotional distress.

II. POSSIBLE BEHAVIORAL INDICATORS OF THE POTENTIALLY AFFRESSIVE INDIVIDUAL

The first question many people ask when starting to develop a workplace violence prevention program is, *How can we identify potentially violent individuals?* It is understandable that people want to know this - and that "early warning signs" and "profiles" of potentially violent employees are in much of the literature on the subject of workplace violence. It would save time and solve problems if managers could figure out ahead of time what behaviors and personality traits are predictive of future violent actions.

No one can predict human behavior and there is no specific "profile" of a potentially dangerous individual. However, indicators of increased risk of violent behavior are available. These indicators have been identified by the Federal Bureau of Investigation's National Center for the Analysis of Violent Crime, Profiling and Behavioral Assessment Unit in its analysis of past incidents of workplace violence.

These are some of the indicators:

- Direct or veiled threats of harm;
- Intimidating, belligerent, harassing, bullying, or other inappropriate and aggressive behavior;
- Numerous conflicts with supervisors and other employees;
- Bringing a weapon to the workplace, brandishing a weapon in the workplace, making inappropriate references to guns, or fascination with weapons;
- Statements showing fascination with incidents of workplace violence, statements indicating approval of the use of violence to resolve a problem, or statements indicating identification with perpetrators of workplace homicides;
- Statements indicating desperation (over family, financial, and other personal problems) to the point of contemplating suicide;
- Drug/alcohol abuse; and
- Extreme changes in behavior

Each of these behaviors is a clear sign that something is wrong. **None should be ignored.** By identifying the problem and dealing with it appropriately, managers may be able to prevent violence from happening. Agency planning groups should ensure that the appropriate staff member (or an incident response team) is prepared to assist supervisors and other employees in dealing with such situations. Some behaviors require immediate police or security involvement, others constitute actionable misconduct and require disciplinary action, and others indicate an immediate need for an assessment referral. (From U.S. Government, OPM Workplace Violence Task Force Agency Planners Manual, 1999)

A. Basic Criteria and Variables

- 1. Male/female
- 2. Ages 20-40
- 3. Socioeconomic status
- 4. Marital/Relationship status
- 5. Moral/ethical convictions

B. Moderately Significant Criteria

- 6. Recent behavior changes
- 7. Alienation, "loner"
- 8. Excessively bitter
- 9. Mental health/Substance abuse
- 10. Irrationality/grandiosity
- 11. Active delinquency as child
- 12. Externalizes/projects responsibility for own behavior
- 13. Raised in abusive/dysfunctional family
- 14. Sexual fetishes/fantasies

C. <u>Significant Criteria</u>

- 15. Grudge over loss or threat of loss
- 16. Recent loss of significant other
- 17. Emotional mood swings
- 18. Fascination with violence/pornography
- 19. Self- destructive behavior/mutilation
- 20. Sexually/physically abused as child
- 21. Severe intoxication
- 22. Expresses "fear of losing control"
- 23. Rages
- 24. Abusive to opposite sex
- 25. Symbolic dehumanization of others
- 26. Harassment of others
- 27. Lack of empathy coupled with intense anger
- 28. History of violence
 - recent acts
 - incarcerated for violence
 - against animals
 - breaking/smashing objects
 - made threats
- 29. Collects weapons/military training
- 30. Pathological jealousy
- 31. Stalking
- 32. Making veiled or conditional threats
- 33. Expresses explicit plan/intent
- 34. Fascination with/displays weapons
- 35. Reckless disregard for safety of others
- 36. Intense sense of "injustice" or "entitlement"
- 37. Describes method
- 38. Availability of means
- 39. Sees violence as "only" solution
- 40. Paranoid obsession/documents, makes "lists", surveillance of others

- 41. Expresses futility of living
- 42. Precipitating "self-perceived unjust" act
- 43. Loss of:
 - job
 - promotion
 - arbitration
 - status e.g. discipline (Addis and Associates, 1993)

D. Obtaining History of Violence

- 1. Date of onset
- 2. Frequency and target(s) of violent behavior
- 3. Recurring patterns and escalation
- 4. Severity of injuries to others
- 5. Symptoms associated with violent episodes
- 6. Previous diagnostic testing (to obtain records)
- 7. History of impulsive behavior
 - suicide attempts, destructiveness
 - driving, criminal offenses
 - -fire-setting, acting out
- 8. History of familial violence as a child
- 9. History of head injury, birth complications, developmental problems childhood diseases
- 10. Past and current medical problems

E. Substance Abuse Related to Violence

F. Disorders Causing Possible Violence

G. "Uncomfortable" Behaviors requiring further assessment

- 1. "Veiled" or indirect threats
- 2. "Conditional" threats, direst threats
- 3. Excessive and intimidating references to other violent events or perpetrators
- 4. Special, excessive interest in police, military, survivalist activities
- 5. Inappropriate communications to co-workers
 - "I' m losing it"
- 6. Intimidating or frightening comments about weapons
 - not just gun collector
- 7. "Documenting" of other people who are "causes" of one's problems
 - keeps "notes"

- makes "lists"
- conducts "surveillance", "interviews"
- 8. Paranoia
 - plots, conspiracies
 - "stealing" of loved one
 - externalizes, blames others
- 9. Repeatedly accusing others for causing one's problems
- 10. Depression, suicidal thinking
- 11. Non-specific anger, resentment, irritability
- 12. Litigious, filing of numerous grievances and lawsuits
- 13. "Loner"
- 14. Narcissism, Extreme inflexibility
- 15. Specific threats of harm to identifiable targets (P. Deitz; TAG)

It is important to remember that correlation is not causation.

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- Comprehensively review your existing Workplace Violence Prevention Program
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- Consult on how to enhance your Threat Team / Assessment capabilities
- Plan Post-Incident Crisis Response protocols and actions to reduce the impact of trauma if violent incidents or workplace emergencies occur at your facility
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Dr. Kenneth L. Wolf consults on Workplace Violence Prevention, Active Shooter Survival, Threat Assessment, Crisis Management and Executive Protection. He is the CEO of the Incident Management Team with affiliates worldwide.

He has been a Violence Management and Crisis Response Consultant to the United States Postal Service (USPS) and assisted with designing the USPS National Violence Prevention Program and also with on-site crisis management following the mass shootings at the United States Post Offices in Royal Oak and Dearborn, Michigan.

He helped develop world-wide Violence Prevention Programs for Intel and Eaton Corporation and trained threat assessment teams in North America, England, Holland, Switzerland, China, Brazil, Mexico, the Philippines, Malaysia and Southeast Asia.

Dr. Wolf assisted in writing the National Critical Incident Crisis Programs for UAW-General Motors and UAW-Chrysler.

He has consulted on Violence Prevention with the United States Army, OSHA and Fortune 500 companies including Ford Motor Company, Chrysler Corporation, DTE Energy- Detroit Edison, AT&T, Ryder Systems, NBC, Lockheed-Martin, and healthcare systems including Ascension / Providence HealthCare, Henry Ford, Oakwood, Sparrow and University of Michigan. He has also worked with Continental AG, World Bank, Daimler, Hemlock Semiconductor (Dow), Southern California Edison, General Electric, SIAC, First Energy (Ohio), NBC, BASF, U.S. Dept. of Energy, Sandia National Laboratory, U.S. Securities & Exchange Commission (SEC), U.S. Dept. of Labor OSHA, Wacker Chemical, TRW Corporation and Masco.

Dr. Wolf assisted US Army Infantry Units on-site at Ground Zero after the World Trade Center Terrorist attack. Dr. Wolf assisted Ryder System and UAW- General Motors after the Oklahoma City Terrorist bombing.

Dr. Wolf has presented at American Bar Association (ABA) National Labor Litigation Law Section conferences and State Bar of Michigan Programs on *Threat Assessment of Dangerous Individuals; Managing High Risk Terminations; and Crisis Recovery after Mass Casualty Events*. Dr. Wolf has consulted on litigation defense strategies with law firms including Morgan Lewis & Backius; Littler Mendelson; Paul, Hastings, Janofsky & Walker; Gardner, Carton & Douglas; Constangy, Brooks & Smith; Clark Hill; Dykema Gosset; Dickinson Wright; Kella Thoma; Eastman and Smith; Foster Swift Collins & Smith; Barnes & Thornburg.

He has been a News Analyst for the Detroit affiliates of ABC, NBC and CBS television. Dr. Wolf received his B.A. from Columbia College and his Ph.D. in Clinical Psychology from Wayne State University.

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