# Overview

A Code Silver response is used to support the safety of all staff, medical staff, volunteers, and contract workers (staff), residents/clients, and visitors, when any person(s) are actively engaged in seriously harming, killing or attempting to kill others with a weapon(s), and an enhanced police response is required.

**As in all emergencies, consider your safety first.**

# Scope

* While a Code White situation may involve the presence of a weapon and require a police response, the situation becomes an Active Attacker when a person(s) is actively engaged in seriously harming, killing or attempting to kill others.
* When Code Silver is activated, other health care workers and providers will not be coming to assist. This Code is designed to keep people away from harm.
* This procedure is not intended to address situations where only verbal threats have been received or there are concerns for potential violence.

# DECISION MAKING AND MORAL DISTRESS

Anyone involved in an Active Attacker situation may be faced with a moral dilemma of having to make a very difficult choice between keeping themselves safe and helping others. The decision to escape without assisting residents/clients may be especially difficult for health care staff and providers. Ultimately, each individual will have to make the best decision for themselves at the time of the incident, knowing that the decision to escape an unreasonably dangerous situation is ethically justifiable and supported by health authority guidance.

Staff are encouraged to take steps to mitigate risk to others (for example: assisting and encouraging people to evacuate, closing/locking or barricading doors, etc.) if doing so does not place them in greater danger. It is critical that staff take steps to protect themselves; they are vitally important to provide health care services following the event.

# preparation

Each department/unit should carefully consider mitigation strategies to an Active Attacker situation. This includes:

* Encourage staff to take Active Attacker response training
* Review the exit routes near the work unit/area
* Discuss how to close, lock or barricade the unit/area with staff
* Identify locations in the work unit/area to safely hide
* Consider where and how people with accessibility concerns can be moved to increase their safety (for example: wheelchairs, language, equipment)

# Response Procedures

### All Staff – if you encounter, or are in close proximity to, the event

In the event of an Active Attacker, as defined above, act to protect yourself immediately. Remember that others are likely to follow your lead during the incident. Based on your location relative to the attacker(s), consider your best options and follow the principles of
**RUN-HIDE-FIGHT**:

**RUN**: If there is a safe escape route that will not attract attention to you, evacuate the building

* Exit the area using the shortest and safest way possible
* Leave any belongings behind
* Warn others of the attacker
* Assist others to leave the area, if possible, but do not slow down and keep moving forward
* If it is safe to do so, lockdown critical areas such as emergency departments, operating rooms, treatment and intensive care units

**Only assist others in evacuation if it does not place you at risk.**

While you are not entitled to abandon your clients, you are not obligated to place yourself in situations where care delivery would entail unreasonable danger to your personal safety

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 **DO NOT PULL THE FIRE ALARM** at any stage during your **RUN-HIDE-FIGHT** response as this could potentially lead people into danger during an evacuation.

**FIGHT**: If you cannot evacuate or hide and you are in danger, take action to protect yourself; fight only as a last resort

* Fully commit to your actions and act as aggressively as possible against the attacker
* Throw items and use improvised weapons
(for example: fire extinguishers, equipment, furniture, etc.)
* Work with others to distract and incapacitate the threat
* Do not stop your actions until you are confident the threat is over

**HIDE**: If you cannot evacuate, find a place to hide

* Hide in a place that is out of sight from the direction the attacker may be coming from, preferably behind large solid items (cabinets or desks) or thick walls
* Lock and barricade the doors (shelter-in-place)
* Close window coverings and turn off the lights
* Silence all electronic devices, including vibrate mode
* Remain silent and low to the ground
* If safe to do so, assist people with accessibility concerns to
(for example: wheelchairs, language, or equipment)
* Look for alternate escape routes and identify improvised weapons, in case the situation changes
* Remain in place until given the All Clear by an identifiable authority or the All Clear is announced overhead

### All Staff – if you encounter, or are in close proximity to the event

* When safe to do so, first call Police **911** and provide as much information as possible:
	+ Location of the attacker(s) (for example: current, last known, and direction headed)
	+ Type of weapon(s)
	+ Description of the attacker(s)
	+ Any comments or demands made by the attacker(s)
	+ Information on victims
	+ Any other information you feel may be relevant
* When safe to do so, designate a runner/designate someone to announce overhead three times:
	+ “An Active Attacker situation involving a weapon now exists at
	**[exact location – building, floor, room].**All persons should immediately move away from that location if it is safe to do so.
	If it is not safe to move away, shelter-in-place immediately.”
* Repeat the Active Attacker announcement as needed
(for example: changes in situation or time has passed)

### All Staff – if you are on site/campus but not in close proximity to the event

* If you hear the Active Attacker announcement at your site/campus:
	+ If an Active Attacker is announced in another location/building that does not directly threaten your immediate safety, assess your proximity to the location of the Active Attacker to help determine your level of risk
	+ Follow your leads’ instructions for continuation of care
	+ Secure residents/clients and visitors (if applicable) – Shelter-in-place in your work area and stop all non-urgent movement until an all clear is announced
	+ Always follow **RUN-HIDE-FIGHT** response options if your safety is directly threatened

### All Staff – off-site

* If a staff member is offsite (i.e. escorting a client/resident, recreational outing, etc.), and made aware of the Active Attacker situation, they should not come to the site

### All Staff – encountering First Responders

Police will assume control of the Active Attacker response upon arrival. Their first priority will be to **locate and stop the attacker** using the **required level of force**. All other actions are secondary.

**Do not interfere with the police** by delaying or impeding their movements.

**Do not present yourself as a threat.**

**If you encounter the police:**

* Remain calm, avoid screaming or yelling, and follow their instructions
* Drop any items in your hands
* Raise your hands, palms out, and keep them visible at all times
* Avoid making quick movements towards the police
* Do not attempt to make physical contact of any kind with the police
* Do not stop or ask the police for help or direction during evacuation; continue in the direction from which officers are entering

**Police may:**

* Wear normal uniforms, plain clothes, tactical gear, helmets, etc.
* Be armed with rifles, shotguns, or handguns
* Use chemical irritants or incapacitating devices (for example: pepper spray, stun grenades, stun guns, etc.) to control the situation
* Shout commands and may push individuals to the ground for their safety

Once you have reached a safe location you will likely be held in that area by the police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until the police have instructed you to do so.

### *[Manager/Director of Care/Designate]*

* Adhere to the **RUN-HIDE-FIGHT** principles until the situation has been deemed safe by the police
* Obtain details of the threat
* Liaise with emergency responders
* Assist the police with all requests
* Support a unified response in collaboration with the police
* If safe to do so, activate an Emergency Operations Centre (EOC) and assume the role of EOC Director (police will remain in charge of the incident) in a secure location (for example: in an external location or virtually)
* Notify:
	+ *[Insert departments/agencies/organizations to be notified and consider if family notifications should be made]*
* In consultation with Police, determine appropriate actions:
	+ Send an all-staff email providing appropriate/relevant information
	+ Implement controlled access protocols (i.e. secure doors, no visitors, etc.)
	+ Provide Police with proximity reader access cards, master keys, floor plans and access to video footage
	+ Provide access/egress control
* When directed, contact *[Manager/Director of Care/Designate]*
	+ Request they announce overhead three times:

“Active Attacker - All Clear”

# POST INCIDENT Actions

* Report the incident to your *[Manager/Director of Care/Designate]*
* If staff are attending to residents/clients or providing care to others, continue care activities until relieved
* If not providing care to residents/clients, staff from the immediately affected area should go to an identified meeting point, as directed by the police
* Staff should provide any information they have pertaining to the situation, including casualties and the active attacker
* All site staff must report their status to their *[Manager/Director of Care/Designate]* as soon as possible after the “All Clear” has been made and may not go home unless authorized by their Supervisor/Manager or under direction from law enforcement or the site Emergency Operations Centre
* Ensure proper documentation is completed, as applicable:
	+ *[Insert title of documentation that should be completed after a code silver]*
* Debrief and ensure psychosocial support is provided, as needed

# Supports

* If you experience any type of distress from an incident, you are encouraged to seek incident debriefing or emotional support [*insert information on who to speak with and any resources available*]