



**NORTHERN INTER-TRIBAL  
HEALTH AUTHORITY**

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# **LOCKDOWN AND ACTIVE ASSAILANT PROCEDURES TEMPLATE**

**Created For:**

NITHA Partnership Communities

**Updated:**

January 17, 2023



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## Definitions

**Active Assailant:** an active assailant is a situation where a person or persons is/are actively harming or threatening to harm (persons threats are credible and likely) staff or facility.

**Lockdown:** an emergency response procedure to temporarily restrict movement within/or into the facility by controlling access points to the facility and its departments to assist with various emergency situations that may affect the safety of patients, residents, visitors, staff, physicians, volunteers or others. The threat may be inside the facility or very near the facility.

### Stages of Lockdown

**Full Lockdown:** Highest level of facility and perimeter security. Activated in response to a threat of violence within or in relation to a SHA health care facility. In a Full Lockdown, ALL perimeter doors to the facility are secured and no one is allowed to enter or exit the building until the situation is resolved. Protective Services and/or designates will be assigned to key entrance/exit locations.

**Hold and Secure:** Required when the facility needs to be secured due to an emergency situation occurring outside and not related to the health care facility. The facility will continue to function as normal; however, all entry/exit doors are secured and monitored with security staff and/or designated staff to control traffic flow in to the facility. There could be one, several departments or the entire facility affected.

**Departmental Lockdown/Shelter-in-Place:** Department secures their area/location by locking and securing all entrances to the location due to an internal emergency.

**Incident Leader:** Local staff member responsible for the coordination and direction of all activities related to the Lockdown incident (site administrator, director or other member of the leadership team). A lockdown activation may be needed due to other events such as an external situation near the location of the facility. The Incident Manager may hand over the managing of the incident to a more appropriate level of leadership if necessary. This person will also liaise with local police/RCMP and executive leadership throughout the duration of the event.

**Designate:** For the purpose of the Lockdown Procedure the designate refers to any staff member that may be required to take on the role of maintaining access restrictions at assigned entrance/exit points. A variety of staff members may take on this role which may be determined by the type of event and risk level associated with the event; and the availability of security staff. The designated staff will be appointed by the Incident Manager/Leadership.

**“Behavioral Disturbance”** mean the attempted, threatened or actual conduct of a person that causes, or is likely to cause injury, and includes any threatening statement or behavior that gives a worker reasonable cause to believe that the patient/client/family or worker is at risk of injury.

The term “**violence**” can be interchanged with aggression and includes but not limited to, verbal or physical threats, verbal abuse, swearing, or use of a weapon. Aggressive or hostile behavior may be directed towards staff, other people or self.

## Overview

**Access to the facility or a department in the facility may need to be controlled for different incidents, including but not limited to:**

- Workplace violence
- Hostage taking
- Bomb threat
- Active assailant
- Fire
- Hazardous material
- Police activity
- Patient activity
- Physical threat (internal or external)
- Environmental threat (internal or external)

**The Lockdown may be accomplished by various means, such as:**

- Access card modifications, including restrictions
- Manual key locks
- Staffing of access points
- Site perimeter controls and restrictions
- Temporary barricades
- Any combination of above, depending on site, nature and time of day of the incident

## Preventative and Proactive Responsibilities

- We have a responsibility to keep those entrusted to our care, visitors and each other safe
- This plan is intended to provide guidance and decision making to staff at the time of an incident. Make the best choices for your own safety and the safety of others
- When staff become aware of a situation that may require a LOCKDOWN or a HOLD AND SECURE in their facility, they need to communicate the situation to local leadership and co-workers in the facility/department. Contact Emergency Services IMMEDIATELY (Police/RCMP/Fire). See algorithm
- Access restrictions to any facility or department may be considered when there is indication of a potential threat, a violent situation or other event that could impact the safety and security of those in the facility and the facility itself. Access restrictions to any facility or department will be determined in consultation with local leadership and local police/RCMP/Fire Departments.
- The stage of lockdown activated should be the least restrictive level possible while still addressing the safety of building occupants

## Roles and Responsibilities - Lockdown

### Incident Leader:

- Determine the requirement for a Lockdown activation and what type of Lockdown (can consult Director On-call/executive leadership for guidance). Protective Services and Building Services may also need to be consulted, along with external partners
- The Incident Leader will complete a risk assessment with internal and external key stakeholders (see above bullet point) to determine the type of Lockdown
- Map(s)/floorplans of the facility will be required
- Support the response and staff within the department and/or facility
- If applicable, assign screening staff
- Provide ongoing communications to executive leadership, local police/RCMP and staff as appropriate
- Activate overhead paging (if available) and provide notification of the appropriate level of activation. Appropriate wording for activation on the Overhead Paging System:
  - *Full Lockdown Activated* – Location x3
  - *Hold and Secure Activated* – Location x3
  - *Departmental Lockdown/Shelter-In-Place Activated* – Location x3
  - *Active Assailant* – Location x3
- The Lockdown or Hold and Secure must be terminated/cleared as soon as it is safe to do so. This decision will be made by the Incident Leader, RCMP and executive leadership as appropriate
- When the All Clear is decided – Overhead Paging (if applicable) should be:
  - *Full Lockdown* – Location – ALL CLEAR x 3
  - *Hold and Secure* – Location – ALL CLEAR x 3
  - *Departmental Lockdown/Shelter-In-Place* – Location – ALL CLEAR x 3
  - *Active Assailant* – Location – ALL CLEAR x 3
- Follow up with Leadership so they can organize a debrief if required along with any corrective action

### Security Staff:

Upon becoming aware of a situation requiring a Lockdown or Hold and Secure:

- Secure facility entrances
- Assist as directed to provide support, both logistical and staffing to manage the flow of people and vehicles into and out of the scene
- Other duties as determined by the Incident Leader or supervisor

### Screening Staff:

Staff assigned to screening duties:

- Individuals will be screened upon entry to the facility if a Hold and Secure is activated.
- RCMP may require additional screening measures of bags, packages, or equipment. If this is implemented it will be communicated to screen staff by the Incident Leader or supervisor

## Do's and Don'ts

### Staff Must:

Upon becoming aware of a situation requiring a Lockdown or Hold and Secure:

- Notify others of the situation
- Must follow all directions of leadership and law enforcement.
- Ensure the ongoing care and comfort of patients/clients, including gathering additional required supplies
- Confirm the safety of others
- Prevent others from going into or leaving the affected area unless safe to do so or directed by RCMP.
- All other staff will continue normal work duties; unless otherwise directed
- Remain alert and aware.

### Staff Must NOT:

Upon becoming aware of a situation requiring a Lockdown or Hold and Secure:

- Do **NOT** panic
- Do **NOT** allow unnecessary access to the area (if applicable and depending on what the situation is)
- Staff off-site, must **NOT** return to the site upon being notified of the event
- If a visitor wishes to leave while a FULL LOCKDOWN or HOLD AND SECURE, advise them of the situation and encourage them to wait until the ALL CLEAR is announced. If they choose to leave against staff advice, do **NOT** attempt to stop them.
- Do **NOT** provide details of the event to media or on social platforms.

## After the Lockdown

- Staff, volunteers, physicians experiencing stress or difficulty related to the event are supported to contact Employee and Family Assistance Program (EFAP) or your healthcare provider for assistance
- Leadership will initiate efforts to return to normal operations as soon as possible after the event

## Roles and Responsibilities – Active Assailant

- i. Employer/Leadership
  - Support and promote commitment to internal Violence Prevention program
  - Active Assailant training and orientation of all staff
  - Assign specific leadership responsibilities
- ii. Managers/Supervisors
  - Assure evaluation of the organization's active assailant procedures/plan

- Ensure risk assessments are completed to identify real or potential hazards contributing to aggressive behaviors against staff and clients
  - Communicate to all levels of care when a real or potential hazards have been identified
  - Ensure proper documentations are completed
  - Ensure all violent/aggressive incidents are investigated and corrective action identified and taken to prevent recurrence
  - Ensure staff receive training on defense and de-escalation of aggressive behaviors appropriate to their workplace
  - Provide support to all staff directly affected by aggression and ensure appropriate follow-up including Critical Incident Stress Management is available
  - Ensure all staff adhere with this policy
- i. Staff
- Learn and use techniques to avoid aggressive situations or potentially aggressive facts
  - Adhere to the organization's policies and procedures relating to workplace violence/aggression
  - Report and document all incidents of aggression
- ii. Emergency Response Coordinators
- Ensure the Lock Down and Active Assailant Procedures are up to date
  - Conduct, document and communicate all active assailant drills

## Training

The Lockdown and Active Assailant Policy and Procedure will be provided to all staff during orientation. Existing workers will review the policy and procedure annually. To download "**Active Assailant Training**" PowerPoint presentation [click here](#).

## Procedure

### **When workers determine that there is a situation requiring immediate assistance:**

- Request Active Assailant to be paged by supervisor or manager or page immediately depending on situation. If police assistance is necessary immediately call 911.
- An Active Assailant call becomes a 9-1-1- call:
  - i. Whenever there is a real or perceived threat that lives are in danger
  - ii. When the initial staff/ supervisor or management determines the situation is beyond their abilities
  - iii. Whenever an edged weapon or firearm is involved
  - iv. When the aggressor threatens staff and client safety and other means of intervention is not available.

When 911 is called please provide the following information and do not hang up until told to do so:

- What is the nature of the incident?
- Where exactly is the incident occurring?
- What exactly is the person doing?

- Does the person have a weapon?
  - Has anyone been injured?
  - How many people besides the person are in the room?
  - Describe the person
  - If the person leaves, what is the direction of travel?
  - How long ago did they leave?
- Ensure safety of the patients and workers in the area.
  - Direct other staff as necessary to reduce stimulation in the area (remove clients, visitors from the area, reduce noise levels where possible).

**In the event Police have been called:**

- Security waits at the entrance to direct RCMP to the crisis situation.

**When an Active Assailant is paged:**

The goal is to provide a safe and timely intervention during a violent situation, whereby patients/clients/residents/families/visitors and staffs are safe and unharmed.

- In the event medication is to be administered, ensure medication orders have been received, medication has been prepared and is ready
- Mechanical restraints are used in consultation with the physician (if available) and only if needed.

When responding to non-patient(s);

- Attempt to control the situation with non-violent de-escalation
- Determine if the person needs to leave with a police officer or requires emergency care

**Effectuated area staff are to:**

- Assess the situation
- Call for additional resources if required
- Gathers information: details of current situation, name of patient/client, history of past incidents, pertinent medical information, mental status, intervention needed (i.e. medication, seclusion, etc.)
- Ensure safety of staff by removing items such as watches, glasses, if not safety glasses, pens, ties, pagers, scissors, stethoscopes and name tags as appropriate
- Communicate with acting out individual or designate the most appropriate person to be communicating with the person. It is imperative to note that only one staff should be communicating with the person
- Follow instructions from management, supervisors, or RCMP.
- Remove personal items which could cause personal injury
- Be ready to act – RUN, HIDE, FIGHT – (see power point training)

**Role of other workers in the department:**

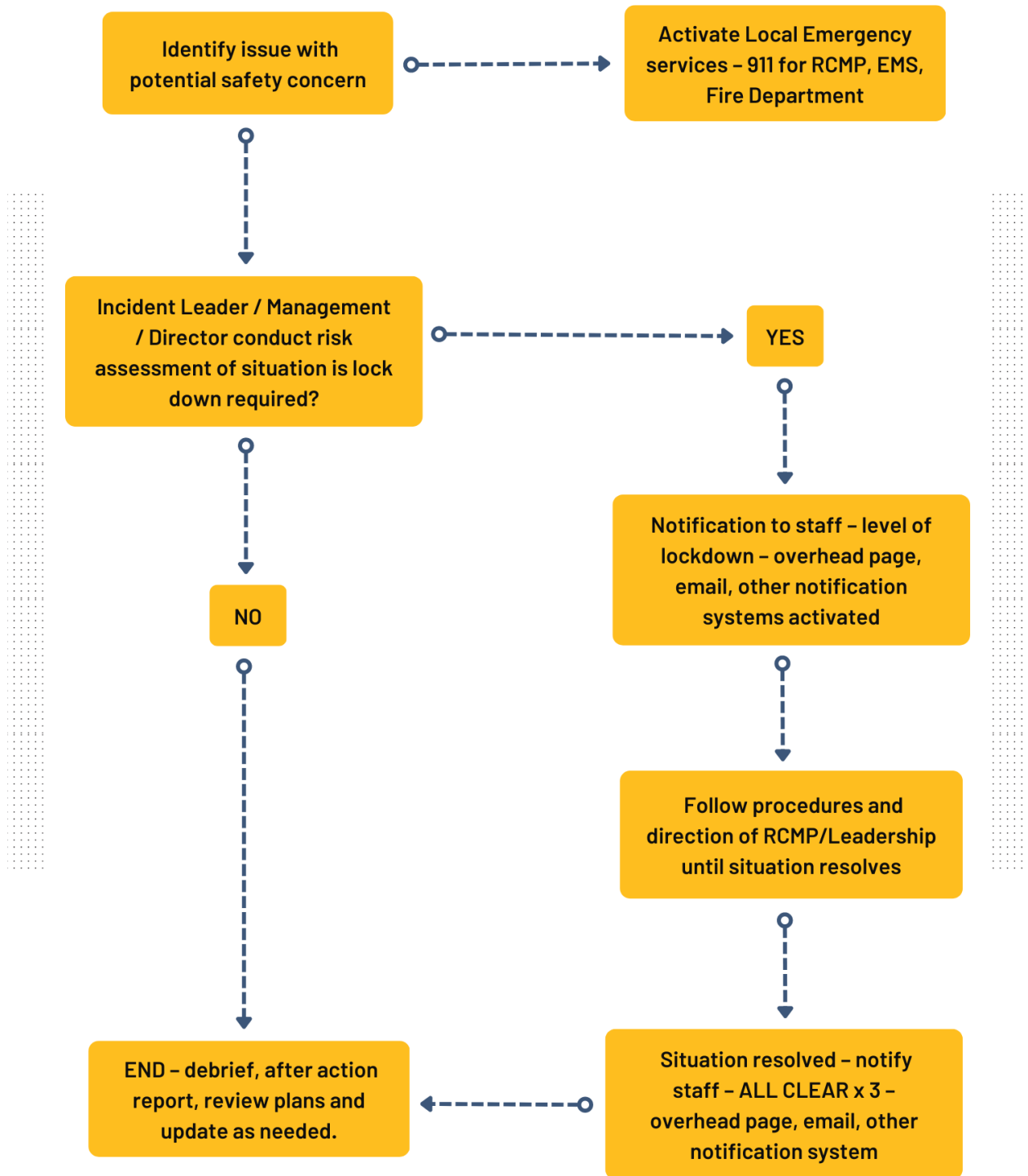
- Add department specific actions here



## Post Intervention

- Management, Supervisor or Leader Role:
  - If there are injuries ensure that the worker(s) receives medical treatment or first aid.
  - Ensure all OH&S Incident Report Forms and an Unusual Incident Report is completed
  - Participate in debriefing session as soon as possible
  - Ensure the client's physician is consulted to determine whether any changes in medication, medical treatment and or precautionary measures are necessary to eliminate or minimize the risk to staff and modifies care plan
  - Review client's care plan with staff to ensure appropriate changes to care are made to address "triggers" that might precipitate the aggressive behaviors

## Appendix 1 - Lockdown Algorithm



## Appendix 2 - Floorplan Map

Must include detailed perimeter door locations.

## Appendix 3 – Department/Site Specific

Enter your department name here.

Department Details	
Department Name:	
Site Specific Actions or Directions:	

## References:

“Code Silver Emergency Response Plan” Saskatchewan Health Authority (2022) [Guide-HEM-CodeSilverEmergencyResponsePlan.pdf \(saskhealthauthority.ca\)](#)

Former Saskatoon Health Region – Lockdown Procedures (2015)

Health Sciences North – Code Silver – Weapons Threat/Active Killer Emergency Response Plan (2019)

RCMP – F Division Operational Manual – Chapter 16.11 School Action or Emergencies (SAFE) Plan. (2019) <https://www.rcmp-grc.gc.ca/en/school-action-emergencies-safe-plan>

St. Joseph’s Healthcare Hamilton – Access and Control Lockdown (2018)

Thunder Bay Regional Health Sciences Centre – Hospital Lockdown Alert – Access Control Policy (2019)

Everbridge – “Between Shots Fired and Shooter Down: managing the response gap and platinum minutes” (2022). <https://go.everbridge.com/rs/004-QSK-624/images/Active%20Shooter%20-%20Response%20Gap%20SLG%20WP%2010.13.pdf>

Everbridge – “Active Shooter Preparedness” (2022). <https://www.everbridge.com/solutions/keep-employees-safe/active-shooter-preparedness/>

FBI – “A study of Active Shooter Incidents in the United States Between 2000 and 2013” (2014) - <https://www.fbi.gov/file-repository/active-shooter-study-2000-2013-1.pdf/view>