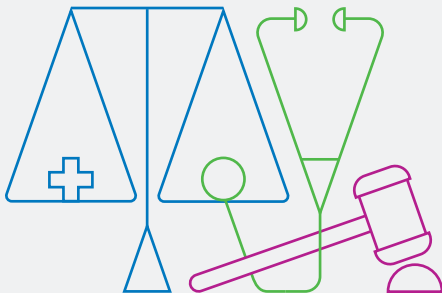


Tabletop Exercise

WORKPLACE
VIOLENCE—
ACTIVE
SHOOTER



Introduction

Thank you for being a valued policyholder. As part of our commitment to provide insureds with practical risk management resources, we have developed this tabletop exercise guide to assist you and your teams with emergency planning and preparedness.

All healthcare organizations should anticipate, plan for, and be prepared to effectively respond to medical emergencies in their healthcare setting. Drills, simulations, and tabletop exercises can highlight knowledge deficits or gaps in expected response. They are useful for subsequent staff training on established protocols and identifying unique role-based responsibilities during emergencies.

Tabletop exercises are used in many industries but can be particularly relevant in the healthcare setting. A tabletop exercise is an informal, collaborative discussion to review emergency scenarios or unexpected situations that could arise in a particular setting. These sessions are intended to help organizations develop the roles that key team members may play and their responses during specific emergencies. They are also meant as a collaborative meeting where leaders and subject matter experts present an emergency scenario and allow the team to work through the organization's response protocol based on organizational policies, procedures, and industry best practices. The key to conducting these exercises is to allow candid, thought-provoking discussion to identify gaps in existing protocols to help your organization build a more successful and situationally appropriate response to emergencies.

Tabletop exercises will help you:

- Identify potential hazards specific to your practice location, patient population, and facility type, including patient emergencies, system disruptions, hostile patient behavior, and weather events.
- Clarify the departments and specific staff roles that will be impacted by an emergency and outline their unambiguous responsibilities and particular duties during an emergency response.
- Develop a written emergency plan outlining the specific steps that staff should follow during an emergency.
- Focus on triage and prioritization of patient care during an emergency based on the availability of supplies and equipment as well as possible transfer needs.

Lessons learned from a tabletop exercise put you in a better position to:

- Establish direct communication channels with staff, patients, families, and external partners to provide updates and coordinate efforts as needed during an emergency.
- Allocate resources such as designated funds, human capital, and other resources to maintain a readily accessible inventory of essential medications, equipment, and provisions for use in an emergency.
- Conduct training sessions for team members to better recognize the triggers for initiating emergency response procedures.
- Conduct training sessions to ensure team members are competent in emergency response, including proficiency in administering first aid, basic life support (BLS), or CPR; appropriately calling 911 for assistance; and understanding evacuation or shelter-in-place protocols.

By engaging key staff in a proactive conversation, the practice can more carefully plan, prepare for, and practice a potential emergency scenario. Medical staff and leadership will then be better positioned to support staff and patients during emergencies.

For additional information, please watch our 2-minute video *Emergencies in the Medical Office Setting* (<https://bit.ly/3ZMsm5l>). For any questions, please contact us at RiskAdvisor@ProAssurance.com or **844-223-9648**.



2-MINUTE
VIDEO

What Is Expected During a Tabletop Exercise?

Tabletop exercises are used in many industries but can be particularly relevant in the healthcare setting. A tabletop exercise is an informal, collaborative discussion to review emergency scenarios or unexpected situations that could arise in a particular setting. These sessions are intended to help organizations proactively develop the roles that key team members may play and their responses during specific emergencies. They are also meant as a collaborative meeting where leaders and subject matter experts present an emergency scenario and allow the team to work through the organization's response protocol based on organizational policies, procedures, and industry best practices. The key to conducting these exercises is to allow candid, thought-provoking discussion to identify gaps in existing practices to help your organization build a more successful and situationally appropriate response to emergencies.

These exercises take place, as the name suggests, at a table (or tables) in a conference room type setting. The typical exercise should only take about an hour to complete.

Who Needs to Be at the Table?

Leadership buy-in, regardless of practice size, is imperative for these exercises to be successful. Depending on the scenario being reviewed during the exercise, participants could include:

- **Front-line staff** such as practice managers, registration, front desk, medical assistants, nursing, practitioners, and lab and radiology techs
- **Administration and management staff** such as CEO, CMO, CNO, CFO, COO, legal/compliance department, human resources, and team managers
- **Organizational support staff** such as call center, maintenance, environmental services, IT, risk management, quality improvement, supply chain, pharmacy, and laboratory

For smaller practices that may not have multiple leadership positions, the list of management or lead personnel attendees may be much smaller and include different role types. In a small practice, the tabletop exercise attendees may include a practice owner or manager, principal provider, and lead nurse. Tabletop exercises are designed to apply to your practice's unique setup and staff ratios.

A constructive part of the discussion may include the realization that certain coworkers or departments valuable to the discussion were not in attendance and should be included in the next session. All participants should record their attendance on a sign-in sheet to capture team members who completed the exercise.

What Is the Focus of the Discussion?

During the exercise, attendees discuss an emergency that could feasibly occur at the practice. Participating individuals should discuss and confirm which departments and specific roles would be impacted and, therefore, should play a part in the response. It is important to discern if participants are aware of the existence of or the need for a relevant governing organizational policy or procedure. Taking these factors into account, the team will seek to lay out the consequences of the emergency, which staff must act, when they should act, and what sequential actions they will need to take individually or in tandem with other departments. Consider providing copies of relevant policies at the time of the exercise for review with the team.

What About Your Specific Practice Might You Learn from a Tabletop Exercise?

The process of presenting a full-blown emergency scenario to relevant staff may yield surprising results. Oftentimes, the organization and staff members themselves realize that there is a learning gap when it comes to awareness of active policies and their content. There may be an assumption that the duty to react is someone else's responsibility, or maybe a misunderstanding of how many and which departments should take action to mitigate the emergency. These exercises are beneficial and eye-opening, pointing out areas for continued or focused training and mindfulness. A tabletop exercise is an efficient preliminary step to a simulation or mock drill.

What Do You Do After the Tabletop Is Completed?

- Consider assigning key tasks to team members along with realistic timelines to complete. Included with this packet is an evaluation form to record opportunities identified during the exercise.
- Review policies and procedures for accuracy and update them as needed based on the results of the exercise.
- Work the improvements into your Quality Improvement program and include any emergency response team members, if applicable.

The information provided offers risk management strategies and resources. Guidance and recommendations contained in these materials are not intended to determine the standard of care but are provided as risk management advice only. The ultimate judgment regarding the propriety of any method of care must be made by the healthcare professional. The information does not constitute a legal opinion, nor is it a substitute for legal advice. Legal inquiries about this topic should be directed to an attorney.

Potential Staff to Include at a Tabletop Exercise

Note: The listed roles are suggestions for inclusion in the tabletop exercise. The list is not exhaustive, and you may want to include roles in your practice that are not listed here. Your attendee list may be shorter or longer depending on the staff makeup of your office.

Leadership

- ☐ CEO/President
- ☐ CFO
- ☐ COO
- ☐ CMO
- ☐ CNO
- ☐ Information/Technology Director - CIO
- ☐ General Counsel
- ☐ Board of Director representation

Other Supportive Departments

- ☐ HR
- ☐ Legal/Compliance
- ☐ Risk Management/Quality Improvement
- ☐ IT
- ☐ Materials Management (supplies/equipment)
- ☐ Maintenance
- ☐ Security
- ☐ Medical Records
- ☐ Credentialing (if emergency credentials may be applicable)

Providers and Clinical Support Staff

- ☐ Practitioners
- ☐ Nursing
- ☐ MAs/CNAs/Techs
- ☐ Front Desk
- ☐ Practice/Office Manager
- ☐ Pharmacy staff
- ☐ Radiology staff
- ☐ Laboratory staff

Other

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

CASE SCENARIO:

Workplace Violence—Active Shooter

A former patient who had a vasectomy three years prior walked into a urology practice located in a rural area. The patient immediately started shouting that the procedure was botched and ruined his life. He walked through an unlocked door into the back-office area. He shouted, “Where are the doctors” and “I want to kill the doctors.” A front desk staff member was able to push a nearby panic button before running into the waiting room to escape. The former patient shot at a physician and patient in an exam room, unfortunately striking both. Several medical assistants located in the back office ran toward a back exit. They were slowed down by boxes and supplies stacked near the door but were able to escape. The former patient continued to walk through the office for several minutes while the remaining staff and a few patients hid in a locked back room. He then calmly exited the office.

How would your office respond to this scenario?

How would your office respond if the scenario included any of these alternate fact patterns, reviewed individually or collectively?

- The patient did not have a weapon but was displaying very angry, aggressive behavior.
- There was no panic button available to the front desk staff.
- The patient had called the office from the car, yelled that the office had ruined his life, and warned staff that he would be there soon.

GROUP BRAINSTORMING

Suggested Discussion Questions

How to Use These Suggested Questions:

The questions and topics below are suggestions for use by staff members discussing the emergency presented. You can utilize some, all, or none of these questions, depending on how the conversation organically flows. These questions can be provided to the group at the start of the session, or a facilitator can interject some of the inquiries during the discussion process. The questions may also be used to keep staff focused on the specific scenario or to redirect the discussion. Responses to these questions will help pinpoint potential gaps in patient safety or staff knowledge.

Scenario Considerations:

1. Does your office have a medical emergency plan?
 - a. Do you have any written policy or procedure applicable this situation?
 - b. Do you provide any training on responding to active shooters?
 - c. Do you conduct active shooter drills?
 - d. Are staff trained to identify a potential threat and differentiate between a de-escalation need and a Run-Hide-Fight situation?
 - e. Are staff trained to recognize and report suspicious behavior (“see something, say something”)?
 - f. Do you utilize a code system to alert staff to an active shooter situation such as Code Silver?
2. Do you provide training on how to keep patients safe during an emergency or threat?
 - a. Have you identified locations within the office for staff and patients to find safety? If so, where?
 - b. Is there an exit route to a safe location outside? How is this information shared with staff? How does staff communicate this information to patients?
3. Have you worked with local law enforcement to assist with developing a response plan, evacuation strategy, and a safe location to gather during and after an emergency?
 - a. Is there a designated staff member to report and communicate the most up to date information on the threat?
 - b. Does staff know what to do when law enforcement arrives?
4. Do you have panic buttons at the front desk or in exam or therapy rooms that can trigger a 911 call? If so, is there a staff member assigned to conduct regular tests to ensure the panic buttons are operating as expected, and to notify law enforcement that the alert is only a test?

GROUP BRAINSTORMING

Suggested Discussion Questions *(continued)*

5. Do the doors leading from the entrance to the clinical space have locks, and what is the protocol for when the doors are locked and unlocked?
 - a. Are there cameras that monitor activity inside and outside the clinical space?
6. How do you communicate when a staff member suspects a dangerous situation in real-time or the near future (something that may occur within the next few days or weeks)?
7. Once patients and staff are safe, how do you communicate with local law enforcement to report an active shooter on the premises?

Additional Resources

To access additional information, visit the ProAssurance Violence in Healthcare resource bundle (<https://bit.ly/4gn9Ojj>).

Post-Tabletop Action Items

Opportunities Identified	Team Member Assigned	Action Plan/Next Steps

Attendance Sign-In Sheet

Name	Department	Signature