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Workplace Shootings: CRNAs Surviving as the First and Second Victim

While rare, workplace shootings unfortunately pose a real risk for healthcare professionals such as CRNAs.¹

As a CRNA, you are also likely to care for a shooting victim over the course of your career. Knowledge of what to do in these situations is imperative for your physical and emotional health. Between the years 2000 and 2011, there were 154 hospital-related shootings in 148 hospitals, affecting 235 casualties.² Of this number, close to 60% occurred within areas of the hospital, such as the emergency department (ED), outpatient clinic, patient rooms, and intensive care

unit (ICU).^{2,3} The remaining 40% occurred outside of the facility, either in the parking lot or directly outside of the ED.^{2,3}

The two types of shootings are either a “shooting incident,” a spontaneous event when two people know each other; or an “active shooter,” a preplanned incident to kill, or attempt to kill multiple people. The five categories of active shooting incidents are summarized in Table 1.³ Knowledge of the types of shootings can provide valuable background information when healthcare facilities implement active shooter drills or training.

Table 1

Type	Definition	Example
Type 1: Criminal Intent	Shooter has no connection with workplace. Deadly weapon is used with an increased risk of worker fatalities. Chief motive is theft.	Banks, jewelry stores, prescription drug robberies in hospitals or pharmacies.
Type 2: Customer/ Patient	Shooter may be a customer or patient shooting an employee during work hours.	Sept. 20, 1991: Alta View Hospital in Sandy, Utah, Richard Worthington killed Dr. Glade Curtis, who had performed a tubal ligation on his wife. ⁴ Worthington carried a handgun, shotgun, and dynamite and also fatally shot a nurse who attempted to disarm him. ³
Type 3: Worker-to- Worker	Shooter is a current or former employee who possibly feels they were treated unjustly or unfairly; accounts for close to 7% of all workplace killings.	May 31, 2019: Former Virginia Beach public utilities worker killed 12 and wounded four in a city building in Virginia Beach, Va. ⁵ June 30, 2017: Dr. Henry Bello’s shooting rampage in Bronx-Lebanon Hospital, N.Y. killed one person and wounded six. ⁶
Type 4: Domestic Violence/ Intimate Partner Violence	Shooter or their partner is an employee and shooting can occur at the workplace. The victim is usually female and the shooter a male acquaintance or spouse.	Nov. 19, 2018: Dr. Tamara O’Neal and two others killed by Dr. O’Neal’s former fiancé in a Chicago-area hospital parking lot. ⁷
Type 5: Ideological Violence	Shooter’s belief (political, religious, etc.) is motive behind the mass shooting.	Nov. 25, 2015: Planned Parenthood in Colorado Springs, Colo.: three killed and nine injured. ³

Healthcare professionals can be either a “first” or “second victim” of a shooting.^{8,9} The first victims face the immediate threat of the shooter as a possible casualty or hostage.⁸ The second victims are the healthcare professionals who treat the casualties, such as in an emergency surgery, or have been involved in another adverse event and feel traumatized.⁹ Healthcare professionals commonly believe that they must always uphold a perfect and stoic image, which is an unfair expectation.⁹ What will you do if you find yourself as the first or second victim?

First Victim

The best way to survive a workplace shooting is to **be prepared**.¹⁰ On average, an active shooting lasts only 10 to 15 minutes but can cause a great deal of harm during this time; diligent preparation can save lives.^{11,12} If your hospital has no emergency plan, it's time to develop one. At minimum, employees should know about **active shooter response plans, emergency phone numbers, and emergency exits**.¹¹ Designating a code to this type of emergency, such as “Code Silver” or “Code Grey,” can help prevent additional casualties among staff who would normally run into the scene to help.¹¹

Just as we have spent decades practicing fire and tornado drills, active shooter drills are the most effective way to prepare.¹¹ This type of training can help staff recognize what gunshots sound like and how to react.¹¹ Think proactively about this type of situation and what you would do.^{1,13} During training, practice calling security or law enforcement with these pertinent details:¹³

- **Where** is this happening?
- **How many** shooters and/or hostages
- **What** is happening? (i.e. is someone waving a gun around, is there active shooting?)
- **Describe** the type of weapon used (i.e. long gun, handgun)
- **Don't hang up!** Even if you are unable to talk, leave the line open for the responders to listen.

The U.S. Department of Homeland Security recommends three steps to improve your chances of survival when an active shooter is present: **Evacuate, hide, or take action**.^{11,12}

- **Evacuate**^{11,12,14}
 - If an exit is nearby and accessible, leave your belongings behind and escape while ensuring your hands are visible to law enforcement.
 - Try to help others escape.
 - Call 911 when safe to provide law enforcement with the pertinent information noted above.

- **Hide**¹¹⁻¹⁴
 - If you cannot evacuate, find a hiding place not in the shooter's direct view.
 - Best hiding places provide protection without trapping (e.g., a closed and locked door).
 - Turn off lights, silence cell phones, and if possible, move a heavy piece of furniture against the door to prevent entry.
 - If near an exterior window, silently communicate with law enforcement with a makeshift sign.
- **Take Action**^{11,12,14}
 - If unable to evacuate or hide, the last resort is to act, which includes acting aggressively toward the shooter, throwing items, or improvising weapons to distract or disarm (e.g., chairs, scissors, books, fire extinguishers).

Second Victim

CRNAs are likely to care for a shooting victim at some time during their career. Patti Parolari, MS, CRNA, had that frightful and life-altering experience following the May 2019 Virginia Beach, Va., shooting. A public utilities worker opened fire at his place of employment, where he had resigned just hours before, killing 12 people.⁵ Parolari states, “As a seasoned CRNA and previous ED nurse, I have cared for many injured patients, but this time it was different. I was working that evening, and of course we were very busy. Our team was great and we worked so hard. The wounds were life-changing. I was ok until I was walking to my car later that night. I suddenly began crying. In fact, I sat in my car for over 30 minutes before I could drive home” (P. Parolari, personal communication, June 7, 2019).

It is normal to experience symptoms such as fear, difficulty sleeping, and hypervigilance if you provide treatment to a shooting victim.¹⁵ After the September 11 terrorist attacks in New York City, healthcare workers reported depression, acute stress disorder, and increased substance use.^{8,15} Other symptoms may include poor concentration, withdrawal, and anxiety.⁸ When this type of tragedy happens at or close to home, there is an emotional attachment similar to the thought of, “It could have been me.”¹⁵ If symptoms remain unaddressed, the risk of posttraumatic stress disorder (PTSD) increases, and one should seek professional support.⁸ PTSD is “characterized by clinically significant distress symptoms that persist longer than one month and can result in permanent disability, further affecting the second victim's ability to assume optimal patient care responsibilities.”⁸

AANA Support Resources

- AANA Peer Assistance Helpline: 800-654-5167
- www.AANA.com/AdverseEvents or www.AANA.com/PTSD
- www.AANA.com/WorkplaceWellness (see Safe Practices/Workplace Violence tab)
- Need additional help? Email Wellness@AANA.com

Conclusion

Active shootings can happen anywhere and anytime.¹⁴ Preparation is key. It is imperative for each healthcare facility to have a plan in the event of an active shooter. Improve your chances of survival by practicing with drills, designating a specific code, and ensuring all staff know what to do in this type of emergency. If you experience a similar or other traumatic event, it's normal to feel an emotional attachment to the situation, but recognize when to seek professional help. More information is online among AANA Wellness in the Workplace resources for emotional turmoil following an adverse event and other workplace wellness challenges (see box). If these unresolved feelings lead to concerns about alcohol or drug abuse, the AANA Peer Assistance Helpline offers confidential live support 24/7 with information and resources.

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