



BMS Family Health and Community Wellness Center, Brownsville, Brooklyn

Active Shooter Preparedness and Response

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Our vision is to “ignite a total health and wellness revolution that creates significant and lasting positive change in the communities we serve.”

-Brownsville Community Development Corporation

TABLE OF CONTENTS

Preface.....3

Signature Page.....4

Base Plan.....5

 Mission Statement5

 Statement of Purpose.....5

 Authorities and Governance6

 Communication Plans.....7

Mutual Aid Agreements..... 7

Concept of Operations.....8-11

Annex 1: Threat and Hazards Assessment Table.....12

Annex 2: Drill & Exercise.....13

References.....14

PREFACE

Brownsville, Brooklyn is a 1.16 square mile area with an estimated 140,000 residents, dominated by 18 NYCHA public housing developments. The poverty level in Brownsville is one of the highest in New York City at 28 percent, with 48 percent of people receiving income support or some form of public assistance.

Brownsville has consistently held one of the highest poverty and crime rates of any neighborhood in New York City. Brownsville is also one of the deadliest neighborhoods in New York. In 2012, Brooklyn had the highest murder rate in New York City, accounting for 39 percent of the city's murders.

BMS Family Health and Wellness Centers (BMS Family Health Centers) is located in Brownsville and is a Federally Qualified Center that provides care for individuals in need of Primary Care, Pediatrics, Ob/Gyn, Dental, Social Services, Physical Therapy, to a largely underserved population. BMS Family Health Centers is also challenged with maintaining clinical operations and service delivery during emergencies and crises.

As a healthcare provider in New York City, in addition to general preparedness for emergencies in a densely populated urban setting, the facility maintains a *heightened level* of readiness for terrorism and weapons of mass destruction events due to current national circumstances.

One of the worst-case scenarios That BMS Family Health Centers might have to respond to is an active shooter event resulting in injuries and deaths. Every healthcare institution faces unique challenges in planning and responding to active shooter events. Community health centers and hospitals see hundreds of patients every day in many different departments. Some events may have security or police already on scene (i.e. in the emergency department) so the firearm is not necessarily brought into the institution, it is the officer's weapon. Moreover, with multiple entrances and exits, planning for an active shooter incident is very complex. Further adding to the complexity of an active shooter is the fact that most events occur without any hindsight and end quickly; often before law enforcement even arrives. Thus, during the initial phase of an active shooter at a community health care facility like BMS, intervention by bystanders, healthcare personnel, and other civilians may be necessary if one is going to develop a preventive plan.

BASE PLAN

MISSION STATEMENT:

The mission of the BMS Family Health Centers Emergency Management Program (CEMP) is to:

- Protect patients, staff, and physical plant.
- To ensure safety and continuity of operations
- Provide for the largest possible number of people requiring services promptly and effectively to reduce the number of deaths and disabilities and to aid recovery.
- Provide proper and ongoing care to patients and victims of a disaster and restore normal services as quickly as possible following an emergency.
- Maintain patient care in the event of partial or total evacuation of the facility.

STATEMENT OF PURPOSE AND ACTIVITIES:

The purpose of this plan is to raise awareness of active shooter possibilities, to prepare a response plan to any active shooter event at BMS and to ensure that related agencies will respond efficiently and effectively in the face of an active shooter event by:

- Utilizing the four phases of emergency management – mitigation, preparedness, response, and recovery – to frame BMS' approach to crisis events
- Assessing the vulnerability of the facility to real or perceived threats that may adversely affect the environment of care or BMS' ability to deliver patient care services
- Establishing policy and procedures for effective, efficient response to those threats
- Utilizing an all-hazards approach to emergency management that is applicable to any type of situation or event, whether pre-identified or not
- Utilizing the national standard Incident Command System (ICS) as the management model for BMS' response to crisis
- Orienting and educating BMS leadership and staff to their roles in emergency management
- Incorporating BMS' emergency management activities into the facility's routine operations and overall quality management process, including an ongoing annual exercise, evaluation, review, and revision cycle

- Facilitating community emergency management, integrating the facility's activities with emergency management programs across the region, thereby fostering the coordination of medical planning, preparedness, response, information sharing, and recovery.

The Active Shooter portion of the BMS Family Health Centers Emergency Management Plan will set forth procedures to:

- Assess the facility's vulnerability to potential active shooter events
- Orient and train facility personnel for their roles during an active shooter emergency
- Use ICS for clear and direct command, control, and organization of the facility during an active shooter crisis
- Mobilize and respond to an active shooter event that adversely impacts BMS' ability to provide services or provides an overload of patients
- Maximize safety and protection from injury to patients, visitors, and staff
- Attend promptly and efficiently to all individuals requiring medical attention in an active shooter situation
- Integrate the facility with the regional health care community, local government, and emergency response agencies
- Provide and maintain necessary logistical support for the physical plant, facility systems, and materiel and nutritional supplies

AUTHORITIES AND GOVERNANCE:

- *CMS Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, Part 483*, as effective November 16, 2016
- The Joint Commission Accreditation Program, Leadership Chapter and Emergency Management Chapter, as effective January 1, 2016
- 11 National Incident Management System (NIMS) Implementation Objectives for Healthcare Organizations
- National Fire Protection Association (NFPA) Standard 99-12
- *Health Care Emergency Management* and Standard 1600
- *Standard on Disaster/Emergency Management and Business Continuity Programs*

- New York City Department of Health
- New York State Department of Health
- Centers for Disease Control and Prevention, Department of Health and Human Services

COMMUNICATIONS PLANS:

In the event of an active shooter event, BMS should follow two forms of communication: both internal and external.

- Internal Communications
 - Staff within BMS (phone numbers, emails, etc.)
 - Communication with first responders and incident command networks
- External Communications
 - Communicate with local media about area to avoid and the situation at hand.
 - Communicate with agencies responding.
 - Provide briefings to families with patient at BMS at the time of an active shooter event about the situation at hand.

MUTUAL AID AGREEMENTS

BMS FAMILY HEALTH CENTERS recognizes the need and value of mutual aid agreements and will participate in and promote NIMS-compliant interagency and inter-organizational mutual aid programs with public, private, and non-governmental organizations that are supportive in meeting mutual goals during an emergency.

- New York City Emergency Management (NYCEM)
- New York City Police Department
- New York City Fire Department
- Federal Bureau of Investigations
- Central Intelligence Agency
- Department of Homeland Security
- Federal Emergency Management Agency (FEMA)
- The facility maintains an ongoing relationship with various municipal agencies in the borough of Brooklyn as well as throughout New York City

CONCEPT OF OPERATIONS

Introduction

BMS focuses on providing medical care, mental health assistance, and access to specialized medical teams to its patient population. Responding to an active shooter at the BMS Family Health and Community Wellness Center (BMS) requires understanding of those affected, including vulnerable groups. The main goal during an active shooter event are medical treatment and staff, patient, and visitor safety. The Emergency Response Team (ERT) assesses the situation with local law enforcement, emergency medical services, and other healthcare groups. Sharing information and coordinating activities improves response times and manages shifting circumstances during decision making and implementation of either shelter-in-place or evacuation protocols.

Assessing the needs of the affected population, including the needs of vulnerable populations

The ERT conducts a complete situation assessment to determine the incident's location, intensity, and potential effects. Local law enforcement, emergency medical services, and other healthcare organizations collaborate to improve response times.¹ Communicating updates and exchanging information timely is necessary to properly manage and respond to the changing circumstances. To provide comprehensive care, it is important to consider a variety of elements while assessing the needs of the afflicted population, including underserved individuals living in poverty, elderly patients, people with mobility challenges and other disabilities, and people with unique medical needs.³ Depending on the location and status of the active shooter, protocols for sheltering-in-place or evacuation may be implemented.

Shelter-in-place protocols may be activated to reduce the risk of injury and protect individuals, including those who aren't mobile and can't escape. Food, water, personal protective equipment, and medical supplies are made available during shelter-in-place to save lives. Triage protocols and medical assessments will be activated to prioritize treatment for patients with

injuries and then handle non- traumatic medical needs. Specialists, including trauma surgeons, emergency medicine doctors, and critical care clinical and nursing staff may be called in from neighboring institutions that have mutual aid agreements with BMS.

In the event of evacuation, residents are moved quickly and safely from the building via evacuation routes that are clearly designated. Staff are responsible for the safe evacuation of patients; they have been trained in the necessary procedures and protocols to ensure the safety of all involved, including how to handle vulnerable individuals and patients with special needs.

An active shooter scenario has psychological impacts of varying degrees and at different times for different people. Some individuals will need immediate crisis counseling while others will need help with post-traumatic stress disorder, sleep disorders, and general support for coping with the aftereffects of the event.

Matching available resources to the needs, including how you will address the needs of vulnerable populations.

The ERT starts with an inventory review of the current list of resources that are available, such as personnel, equipment, medical supplies, food and water, and mutual aid agreements to ensure resources are ready for deployment. The ERT prioritizes the provision of these resources to fulfill crucial needs by evaluating the seriousness of injuries and the numbers of people in the facilities at the time of the active shooter event. Planning for surge capacity is crucial for matching resources to needs during an active shooter scenario where BMS can expect to handle an increase in the number of patients with gunshot and other penetrating wounds or blunt force injuries.

Additionally, BMS will leverage mutual aid agreements made with local hospitals, healthcare facilities and community organizations including social assistance agencies, schools, and churches and the local Dept of Health. Local Police, Fire, and EMS Departments will also quickly respond. Collaboration makes it possible for BMS to gain ready access to additional

providers, resources, and equipment as necessary. Incident victims including children, the elderly and the disabled, particularly vulnerable individuals with special needs might fare better and be more comfortable with service providers from their own safe space community or faith-based organizations. By utilizing community resources, BMS makes sure vulnerable people receive the attention and care they need, to ensure their safety and well-being. The ERT sets up a system to monitor resource and referral usage to ensure efficient resource allocation and replenishment.

Evaluating the effectiveness of the disaster response

The resource management system allows for effective decision-making during the incident, post-event review, and enhancement of resource allocation tactics. Following an active shooter incident, evaluating the effectiveness of the emergency response is a critical step in improving emergency preparedness at BMS. Key participants in this evaluation include representatives from the community, law enforcement, and neighboring healthcare facilities. They can provide insights and critiques of response tactics used during the crisis. The after-action review gives collaborating organizations the chance to evaluate communication, coordination, and overall reaction effectiveness, as well as to pinpoint any gaps or issues that surfaced so they can take corrective action. A crucial part of assessing the reaction is gathering and analyzing pertinent data on patient outcomes, resource use, response times, and other relevant indicators. This data-driven methodology enables a thorough understanding of the advantages and disadvantages of each of the response initiatives. Careful examination of data trends and patterns allows for improvements to future decision-making, resource allocation, and training.

To improve readiness and assess the efficacy of the response plans, regular training sessions and emergency drills will be held². Drills will imitate active shooter situations and give healthcare professionals a safe setting to practice their response. Staff members, patients, and community partners will be active participants and their feedback and observations will be valuable identifying [RG1] areas for improvement. The ERT frequently analyzes and updates BMS' emergency management and response policies, procedures, and protocols based on these drills and collaborative training sessions as well as ongoing, regular review of industry best practices and new developments in emergency management.

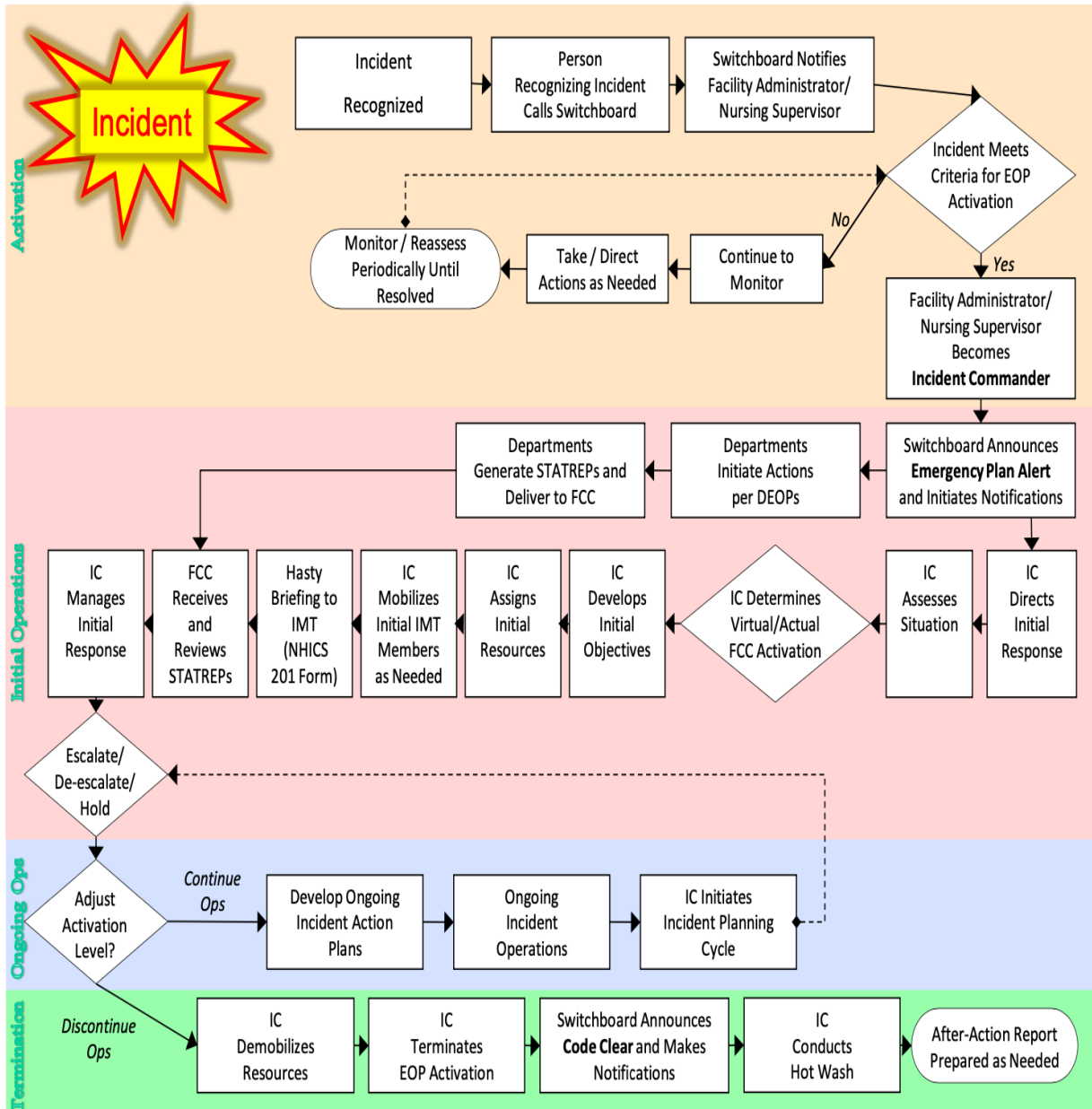
Conclusion

In conclusion, it is essential that BMS be at the ready to respond to the needs of its impacted community, especially those who are vulnerable, in an active shooter event. BMS plans put the safety and well-being of staff, patients, and visitors first by conducting thorough planning, activation, and assessment exercises in coordination with stakeholders. The most vulnerable people's safety and needs are considered when developing shelter-in-place and evacuation procedures and plans. BMS appreciates the critical need for immediate and longer-term mental health assistance, offering counseling and coping strategies to victims. BMS is well positioned to provide care to a more extensive patient population with resources carefully managed, taking surge capacity into account and working in conjunction with other healthcare facilities, community, and faith-based organizations. BMS is better prepared to respond quickly and ensure everyone's safety in an active shooter situation by engaging in thorough planning, implementation, and review of BMS resources and the ERT's response.

Annex 1: Threat and Hazards Assessment Table for [Community Health Center, Brownsville, Brooklyn](#)

Natural	Technological	Human-caused
Resulting from acts of nature	Involves accidents or the failures of systems and structures	Caused by the intentional actions of an adversary
<ul style="list-style-type: none"> • Located in storm surge zone • Climate Change <ul style="list-style-type: none"> ○ Hurricane storm surges ○ Heat waves ○ Flooding • Green infrastructure and community gardens; lack of participation in cleanup and redevelopment efforts • Nutrition <ul style="list-style-type: none"> ○ Food shortages; lack of healthy foods; contaminated food ○ Clean water; shortages of hot water • Many structures with lead based paint; poisoning • Emissions from burning of fossil fuels a threat to public health 	<ul style="list-style-type: none"> • Waste removal: Trash and litter in common areas of public housing <ul style="list-style-type: none"> ○ Recycling and waste removal tech solutions like “Zero Waste in Shared Space” • Lighting: Dimly lit or dark streets <ul style="list-style-type: none"> ○ Brighter LED lighting to promote safe nightlife activities. ○ Installation of solar-powered, sensor-triggered smart lights on storefronts ○ Projection systems showcasing community created art and projects • Public Utility problems: inconsistent heat and lack of hot water • Aging Housing Infrastructure • Public Safety <ul style="list-style-type: none"> ○ Fire department, police/law enforcement, emergency medical services (EMS) ○ Schools ○ Churches ○ Community Based Organizations • Transportation <ul style="list-style-type: none"> ○ Motorists, cyclists, pedestrians, transit riders accidents and fatalities ○ Car-oriented highways and intersections isolate pedestrians from neighboring areas ○ Motor vehicle congestion ○ Public transit overcrowding: majority of residents use buses and subways/public transportation ○ Bus and LIRR stop relocations ○ Truck loading and unloading zones • Parking <ul style="list-style-type: none"> ○ Shortfall; on and off street facilities utilization; filled to capacity • Artificial Intelligence and Information Technology <ul style="list-style-type: none"> ○ Algorithmic bias ○ Racial profiling ○ Income inequities ○ Reduced access to services 	<p>Brownsville as one of the deadliest neighborhoods in New York. In 2012, Brooklyn had the highest murder rate in New York City, accounting for 39 percent of the city’s murders. Most of those deaths occurred in Brownsville.</p> <ul style="list-style-type: none"> • Active Shooter: <ul style="list-style-type: none"> ○ Brownsville has consistently held one of the highest poverty and crime rates of any neighborhood in New York City. • Gang violence: <ul style="list-style-type: none"> ○ Man Up and Not Another Child: education and gun violence counseling ○ Brownsville Safety Alliance’s Brownsville In Violence Out letting neighbors vs. police respond to low level street crime • Housing overcrowding <ul style="list-style-type: none"> ○ 1.16 square mile area with 140,000 residents; dominated by 18 NYCHA public housing developments, the public housing facilities and buildings are grossly overcrowded, with up to eight families living in two-family houses ○ High concentration of shelters • Poverty level in Brownsville is one of the highest in New York City at 28 percent, with 48 percent of people receiving income support or some form of public assistance. Children and people of color at highest risk • Low education rate of people entering the workforce, particularly among ages 15-17 • Gentrification and social tensions

Annex 2: Drill & Exercise



REFERENCES:

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