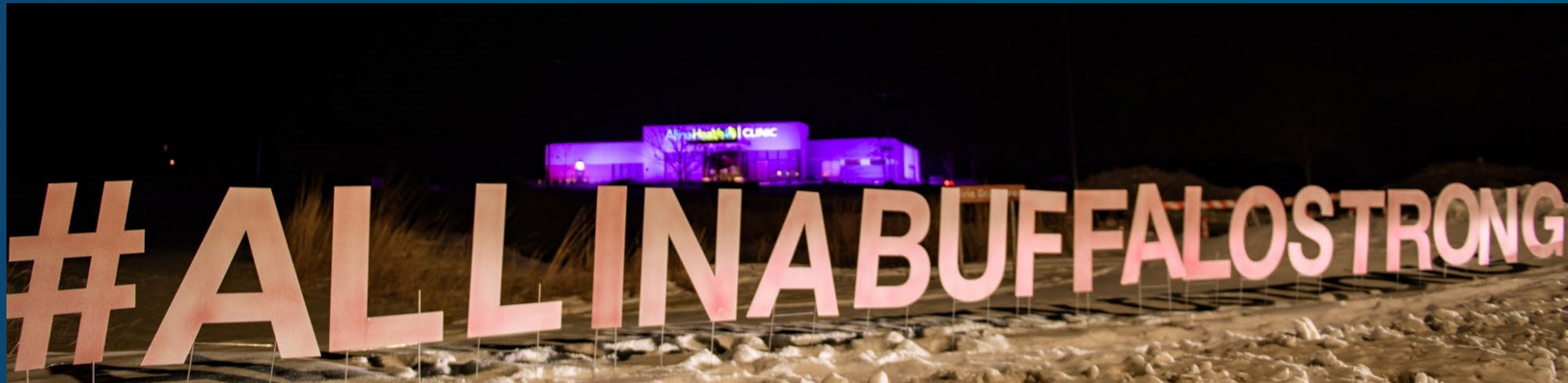


# Buffalo Strong

## Response and Recovery to an Active Shooter Incident



Kyra Crepin, MS, CEM-MN; System Emergency Manager, Allina Health  
Clinton Maxson, CEM-MN; System Emergency Manager, Allina Health

## Kyra Crepin

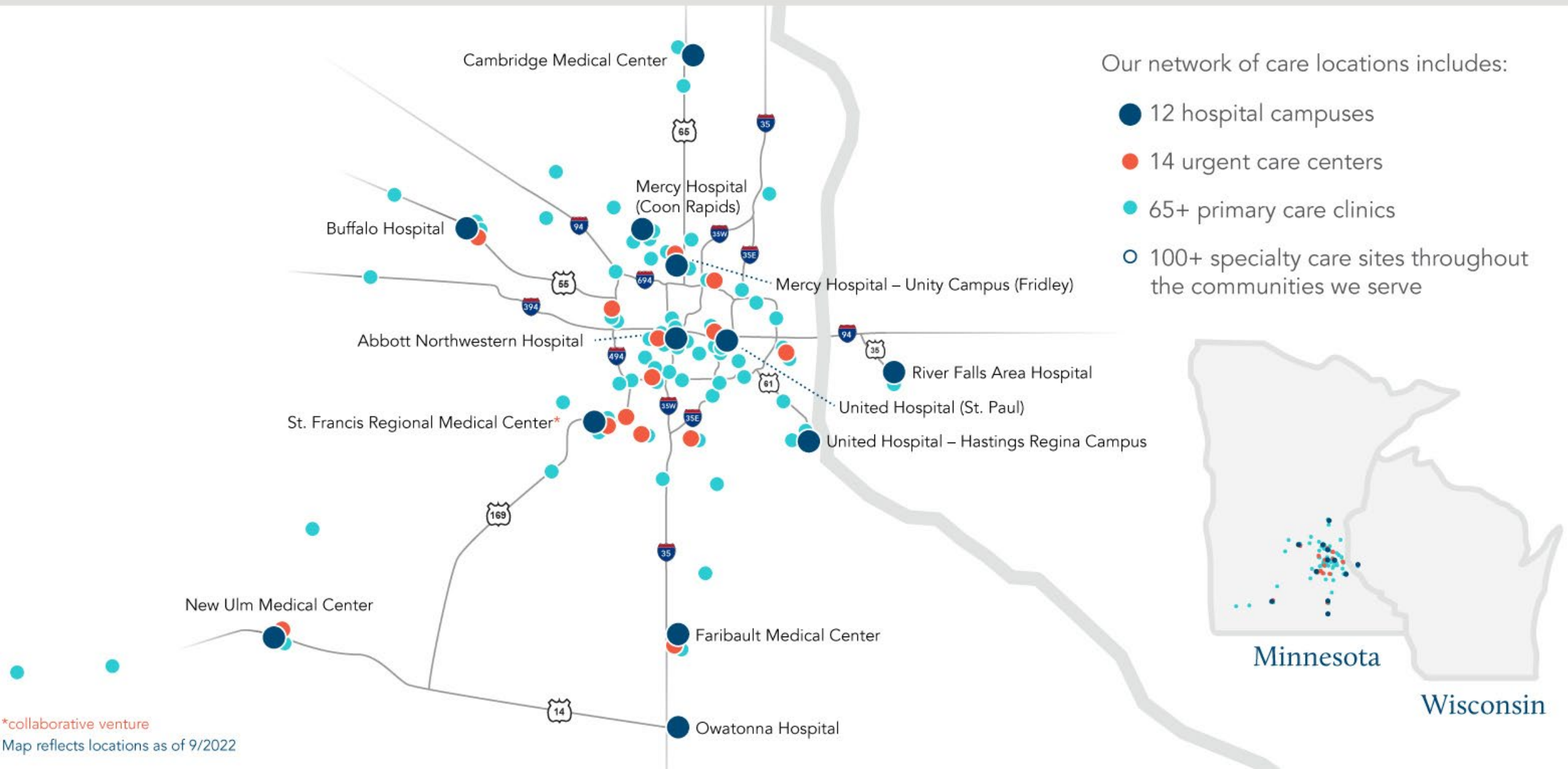
- With Allina for 2.5 years
- Primary EM for Abbott Northwestern, Tenth Avenue Facility, Allina Commons, Owatonna, and Faribault.
- Member of the MN-AHIMT 1 (2 deployments)

## Clinton Maxson

- With Allina for 8 years
- Primary EM for Buffalo, Cambridge, Mercy, and Mercy-Unity.
- Member of the MN-AHIMT 1, and Vice Chair of the Metro Health and Medical Preparedness Coalition.

# Allina Health Overview

# Allina Health system map





# Immediate Response

February 9<sup>th</sup>, 2021



# Timeline of Events (Clinic/External Agencies)

- 1053: Shooter enters the main doors of clinic
- 1054: Places down briefcase (found later to contain several IEDs), walks to front desk and begins to discharge firearm in the direction of Allina Health staff.
- Walks into the back clinic and continues to discharge firearm; shot and injured 5 Allina Health staff members
- 1056: Deploys 4 IEDs (2 did not detonate) in Main Lobby and Office area; shooter calls 911
- 1104: LEO make contact with suspect
- 1107: Scene secured, suspect in custody
- Total time for initial response: 13 minutes
- Total 911 Calls: 14 (including suspect) within 16 minutes



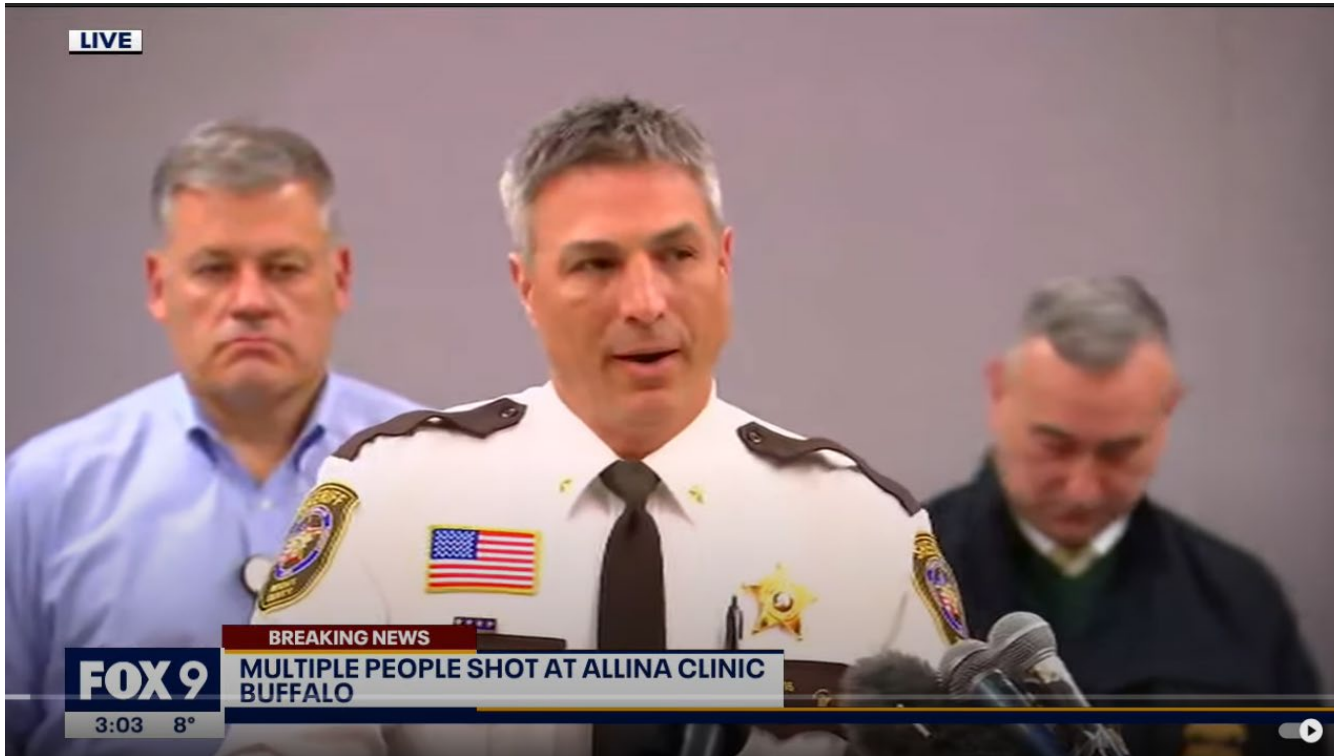
- Contributing agencies: Buffalo Police Department, Bureau of Criminal Apprehension (BCA), Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), Federal Bureau of Investigation (FBI), Minneapolis Police Department Bomb Squad, Wright County Sheriff's Department

# Timeline of Events

## Allina Health Response

- Allina Emergency Management was notified in multiple ways
  - Notified directly by Wright County EM, Security Operations Center, and Allina Health Group Safety
- Security notified by Risk Management
  - Were able to lock down video right away
  - Were able to dispatch an increased security presence to both clinic and Buffalo Hospital.
- Command Center opened at Buffalo Hospital
  - Lockdown and Code Orange (Mass Casualty Incident) initiated at Hospital; Code Yellow (Bomb Threat) within an hour of incident
  - 2 victims treated at Buffalo Hospital before transport to Trauma Centers
- Virtual Briefings held at 11:30 AM, 12:00 PM; then shifted to physical 1:00 PM, 2:00 PM and 4:00 PM.

# Press Coverage



- First media started reporting shooting within 30 minutes.
- Local, National, and International Coverage within hours.
- Joint Press Conference held at 1500 (Buffalo Hospital President was Allina Spokesperson).
- Coverage continued heavily for weeks; with investigative stories by local media



# Emergency Management Community Response

- Numerous texts, phone calls, emails, etc.
- Offer of Metro and Central Coalition Assistance
- Offer of MN-AHIMT 1 Support
- Reach out by MN-HSEM Director for support





# Response to Recovery: The First Week

# Addressing Emotional Harm

- Chaplains and Social Workers for the day of shooting and immediate week following
  - Lead group sessions and individual sessions with staff.
  - Held for both clinic staff and hospital staff
- Employee Assistance Program (EAP)
  - Approved numbers of sessions with a licensed therapist
- Senior leaders attending support sessions
  - President of Buffalo Hospital, Allina Health Group executives, Chief Operating Officer, Chief Executive Officer.





# Community Response



- Donations
  - Buffalo Strong 501c3 Organization established the week of the shooting
  - Food donations, t-shirt donations
- Fundraisers
  - Multiple held at various restaurants, breweries, businesses.
  - GoFundMe's established (multiple)
  - Blood drives
- Kites on Ice Festival (February 13, 2021)
  - Annual event held in Buffalo, MN
  - Allowed community members to gather, donate, and support each other



## Allina Strong Command Established

- Focus on the immediate and long-term recovery of the Allina Health system.
- Key objectives included:
  - Long term mental health resources for Allina staff
  - Media Management and internal communications to staff and patients.
  - Physical security assessments of ALL facilities
  - Physical recovery of Buffalo Crossroads Clinic
  - Hotwashes and draft of AAR
- Met in person at an offsite education center from February-April



# Long Term Recovery- 1<sup>st</sup> year and beyond.



# 1<sup>st</sup> Year Recovery- Immediate Actions



- Security assessments completed at every facility
- Facilities remediated the Crossroads clinic to prepare for reopening
  - This done in discussion with staff who survived incident
  - Clinic reopened September 27<sup>th</sup>, 2021.
- Continued focus on mental health of staff and patients.
- Security and Emergency Management rounding
  - Ask from some clinics, hospitals for discussion with staff about Active Shooter response.
  - Reminder of Run, Hide, Fight.

# Hotwashes and Development of After Action Report

- Held in person and lead by Emergency Management
- Three separate hotwashes
  - Buffalo Hospital staff and leaders
  - Security team
  - System Leaders/Command Center Staff
- With diverse audiences; able to get comprehensive view of response and areas of strength/areas of improvement.
- AAR was finished and released to leaders and participants April 30<sup>th</sup>, 2021

Allina Health  
Buffalo Crossroads Active Violent Event  
February 9<sup>th</sup>, 2021



## AFTER ACTION REPORT/IMPROVEMENT PLAN

April 30<sup>th</sup>, 2021

Allina Health



# Areas of Strength



- Rapid increase of security staffing, including supplemental contracted (sometimes armed) security.
- Swift and continuing response from EAP
- Allina Health Executives immediate response to Buffalo Hospital, HCMC, and North Memorial.
- Strong surge response, coordination, and medical care at Buffalo Hospital
- Strong internal coordination with incident command stood up within 30 minutes

# Opportunities for Improvement-HIPAA

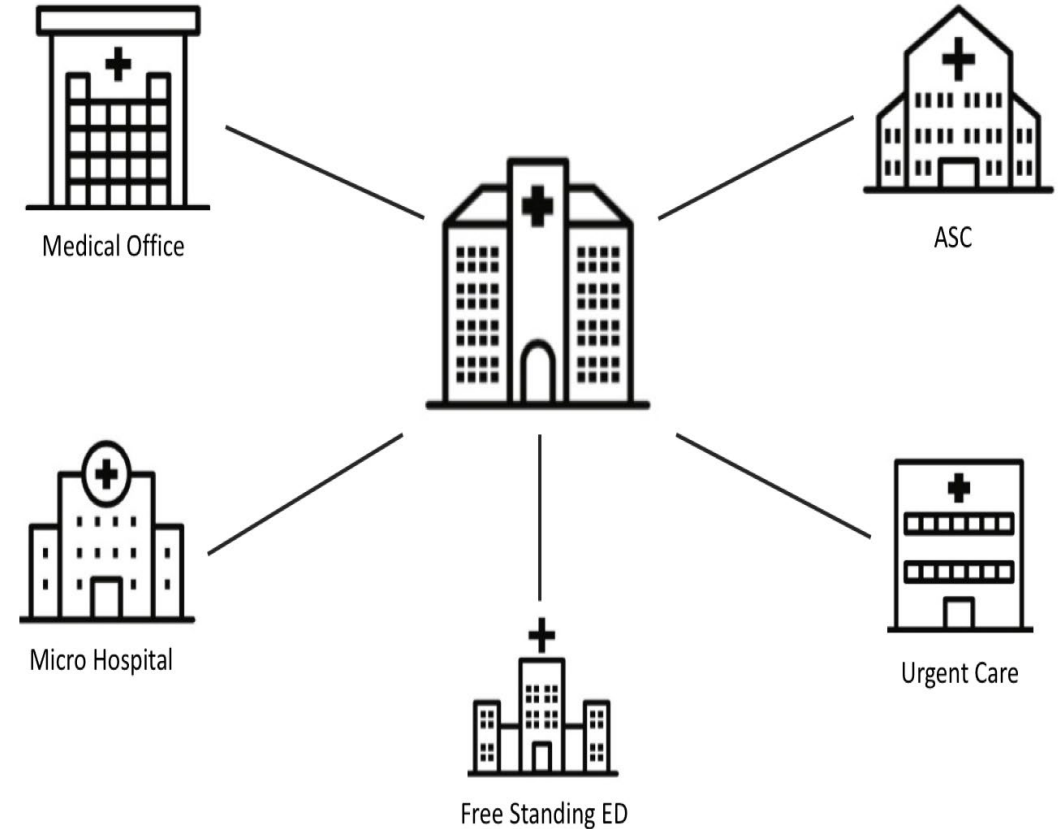


- Concern by some with releasing the names of the victims to Law Enforcement
- The Rule permits covered entities to disclose protected health information (PHI) to law enforcement officials, without the individual's written authorization, under specific circumstances summarized below.
  - To respond to a request for PHI about a victim of a crime, and the victim agrees. If, because of an emergency or the person's incapacity, the individual cannot agree, the covered entity may disclose the PHI if law enforcement officials represent that the PHI is not intended to be used against the victim, is needed to determine whether another person broke the law, the investigation would be materially and adversely affected by waiting until the victim could agree, and the covered entity believes in its professional judgment that doing so is in the best interests of the individual whose information is requested (45 CFR 164.512(f)(3)).
- Communication was sent out to staff about when we can release PHI and when we cannot.



# Opportunities for Improvement- Need for System Policies

- Each site had their own lockdown policy
  - Variance between hospitals, clinics, business units.
  - Lead to confusion by system employees responding.
  - System Active Violent Event policy had some gaps in ambulatory response.
- System-Wide policy workgroups started summer 2021
  - Multidisciplinary workgroups including clinic manager from Buffalo Crossroads.
  - Active Violent Event policy, Code Yellow (Bomb Threat), Controlled Access/Lockdown, and Code Grey have all converted to system policies

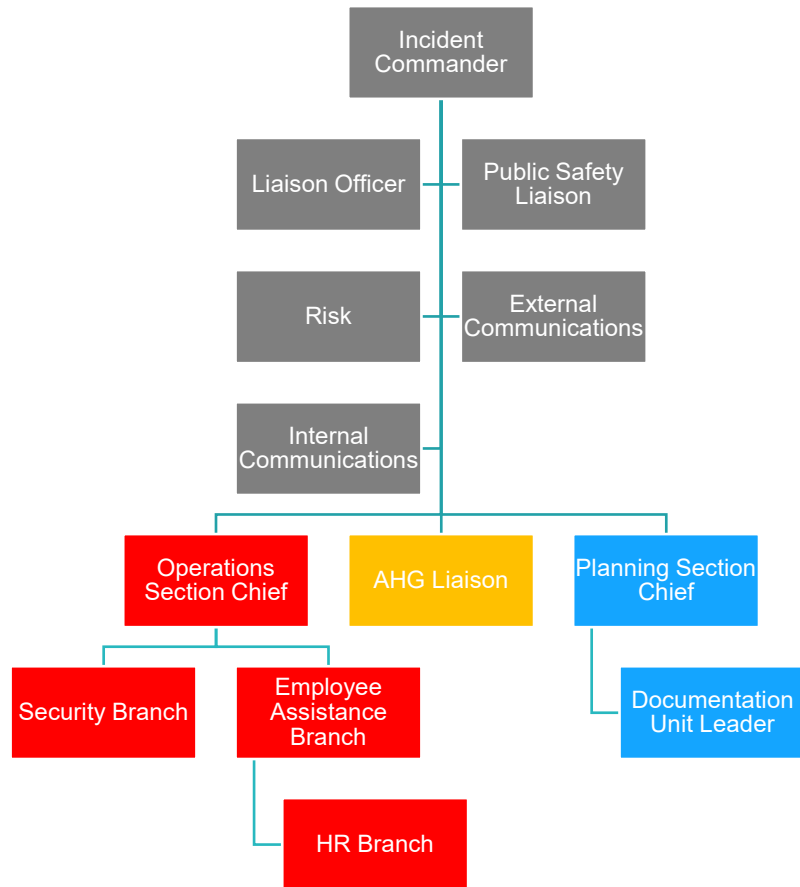


# Opportunities for Improvement: Mass Transfusion Supplies

- Buffalo Hospital: 65 Licensed beds; 39 Staffed; 15 Emergency Department Beds
  - Located 1.7 miles from Crossroads Clinic.
- Have Mass Transfusion protocol; but did not have enough supplies for two patients at once.
- Mitigation:
  - Increased the number of supplies to be able to accommodate multiple patients at once.
  - Have developed a regional plan for being able to acquire blood in a quicker fashion.



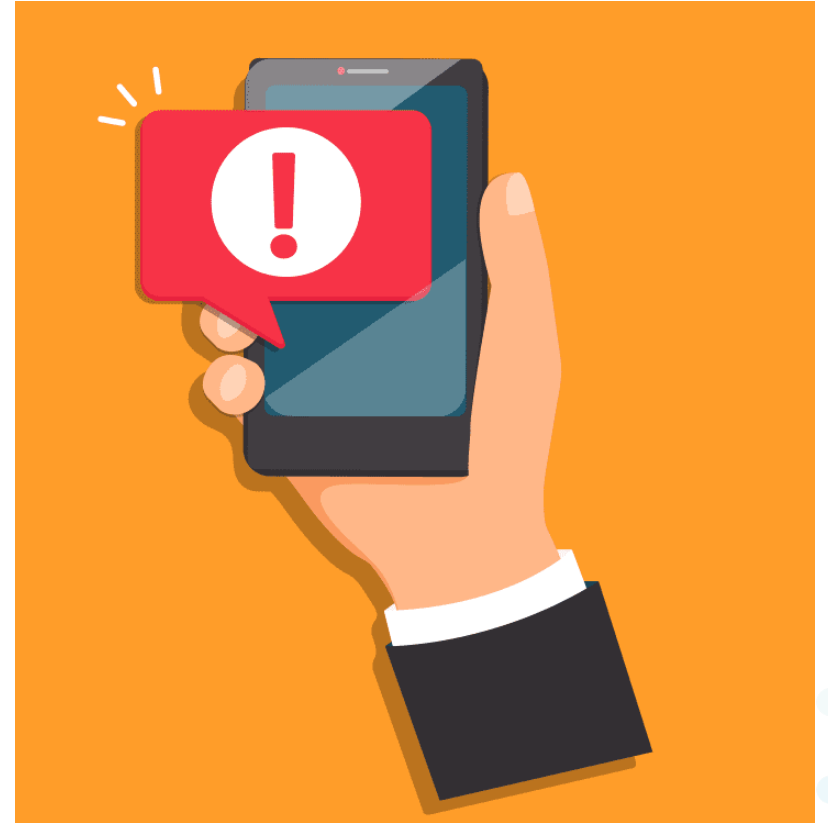
# Opportunities for Improvement- HICS/Code Orange Knowledge



- HICS was activated within 30 minutes; some discomfort in roles.
- Staff questions around Code Orange (MCI)
  - Mass Notification did not get to all leaders
  - Unclear response/communication requirements from shared leaders at other hospital
  - Questions about automatic initiation of Lockdown during a Code Orange.
- Mitigation:
  - Increased awareness of High Acuity, Low Frequency Events.
  - Revision and consolidation of individual, site-level Code Orange policies to single, systemwide all hazards approach (Administrator on Call/Escalation policy)
  - In-person trainings to SLT, All Leaders, and Nursing Supervisor groups.

# Opportunities for Improvement-Mass Notification

- Everbridge used for emergency notifications.
- At time of incident; opt in system vs. opt out.
  - Leader only notifications and did not go to all due to manual process to update lists and input of information.
- Mitigation:
  - Automation of the Everbridge System
    - Notification templates that pulls user data based on job class vs. manual updating of groups. Daily data interface between Everbridge and Workday.
  - Communications to leaders about updating information in HR system
  - Policy by Security and Emergency Management about standardized message templates, when to use Everbridge, notification methods, etc.
  - In 2023; will transition to an opt out vs. opt in system



# Community Response

- Buffalo Strong
  - Raised over \$450,000 through GoFundMe's
  - Facilitated community fundraisers with \$150,000 to Buffalo Hospital Foundation
  - Raised \$30,000 through t-shirt, light bulb, and tote sales to physically injured victims
- Creation of memorial outside and inside of Crossroads Clinic
  - Sunflower memorial garden planted directly outside of clinic







# Ongoing Work

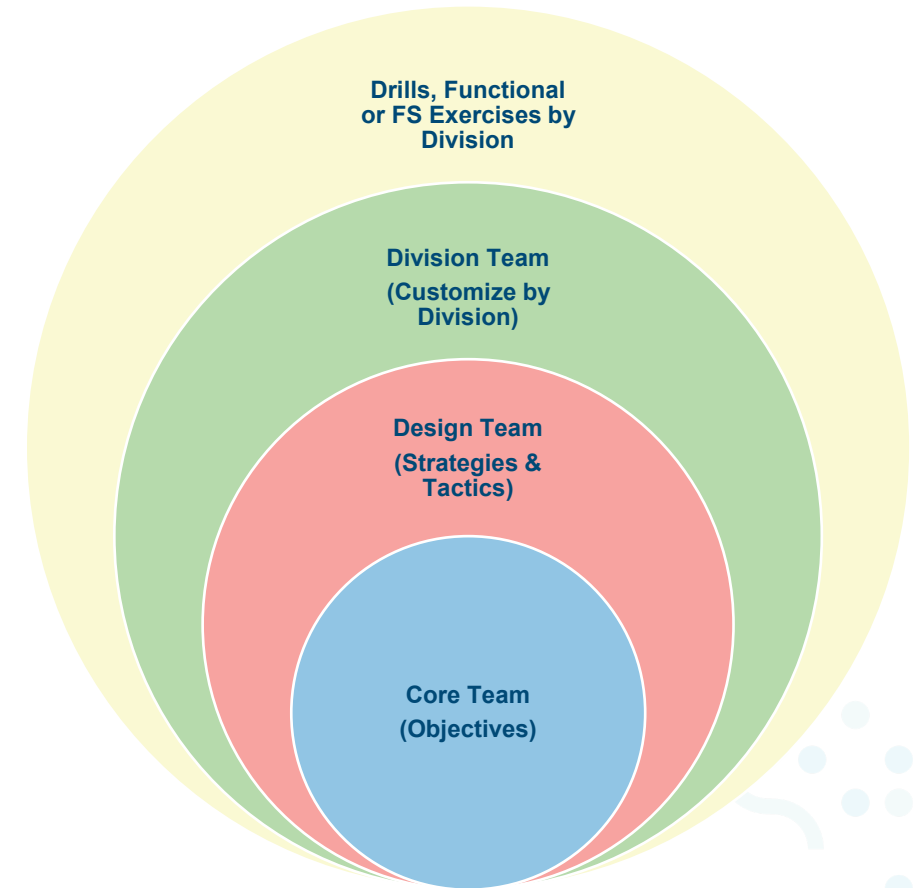
# One Year Anniversary



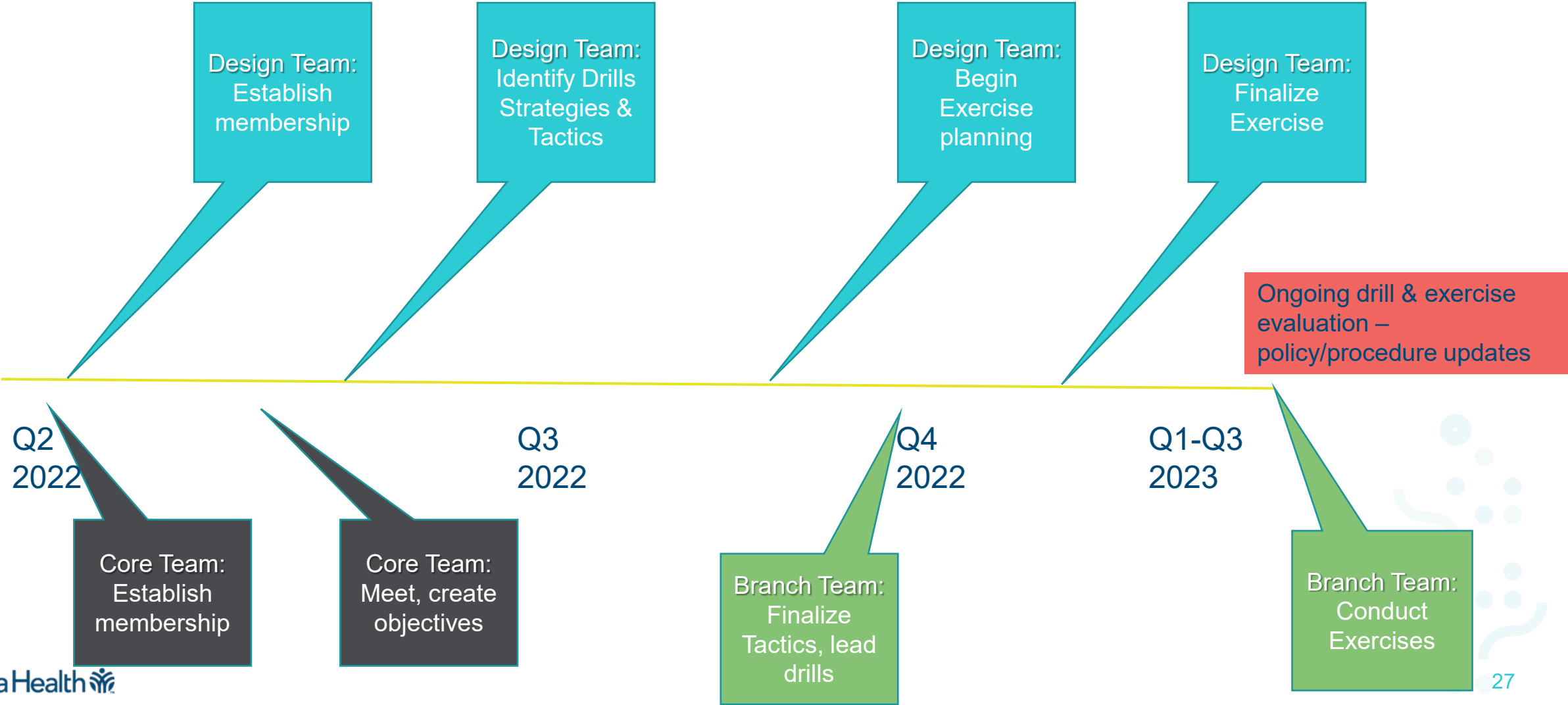
- Allina Response
  - Moment of Silence across system at 11:00 AM 2/9/22
  - Lighting of Buffalo Crossroads in purple
  - Support from EAP and Spiritual Care for emotional needs of staff.
- Community Response
  - Buffalo Strong organized a day of memorial events
  - Official proclamation of February 9<sup>th</sup> as Buffalo Strong day.
  - Sharing of mental health resources leading up to anniversary
- Trial
  - Started on May 24<sup>th</sup>, 2022
    - Found guilty of first-degree murder and 10 other charges on June 2<sup>nd</sup>, 2022 and sentenced to life in prison without the possibility of parole.
  - Multiple mental health resources and communications provided to staff who needed support.

# Ongoing Work- Active Violent Event Exercises

- Starting in 2023; the multidisciplinary Active Violent Event workgroup releasing quarterly exercises.
  - Finalizing development of simple to more complex exercises and tools for discussions with staff.
  - Ranging from Tabletop Exercises to Functional Exercises.
- General categories defined:
  - Communication – initial notification, ongoing briefings, internal & external
  - Response – Run-Hide-Fight
  - Coordination – tracking of staff/patients, coordination with community agencies/first responders
  - Recovery – EAP support, impact to community and business
- Simple to more complex - 1-pager mini-drills, 95% Tabletops, Functional Exercises
  - Bomb Threat, LE Integration, Mass Notification, Personal Preparedness, Family & Staff Support, Risk/Legal Aspect, Employee Assistance Program, Facility Damage Assessment, Psychological First Aid.



# AVE Design Team Timeline





# On Going Work- Transition to Plain Language

Emergency Alert	Initial Announcement
Active Violent Event	"Security Alert + Active Violent Event + (Location) + Run, Hide, Fight"
Controlled Access	"Security Alert + Controlled Access + (Location) + Remain in Your Area"
Behavioral Emergency	"Code Green + (Location)"
Bomb Threat	"Security Alert + Bomb Threat + (Description) + (Location) + Report Suspicious Activity and Packages"
Chemical Spill	"Safety Alert + Chemical Spill + (Location) + Stay Away"
Evacuation	"Safety Alert + Evacuation Ordered + (Description) + (Location) + Follow Evacuation Procedures"
Fire	"Safety Alert + Fire + (Location)"
I.S. Outage	"I.S./Technology Outage/Interruption/Alert + <u>(Description of Outage, (i.e. Excellian, Phone) + (ETA) + (Location) + Follow Downtime Procedures</u> "
Lockdown	"Security Alert + Lockdown + (Location) + Remain in Your Area, Do Not Leave Building."
Mass Casualty Incident	"Safety Alert + Mass Casualty Incident + (Description + ETA) + (Location) + Report to Your Unit for Instructions"
Medical Emergency	Code Blue/Medical Emergency + (Cardiac Emergency – if appropriate) + (Location)"
Missing Person	"Security Alert + Missing <u>Infant/Child/Adult</u> (Choose One) + <u>Gender/Age/Race/Clothing</u> (Description)"
Severe Weather	"Weather Alert + <u>Thunderstorm Watch/Warning OR Tornado Watch/Warning</u> (Description-Choose One) Until (Time) + (Location) + <u>Stay Aware, Close Curtains, Move People to Corridors, Seek Shelter</u> (Instructions-Choose)"
Utility Outage	"Utility Alert + (Description of Outage, <u>i.e.</u> Power, Tube Station, etc.) + (ETA) + (Location) + (Instructions)"

- 2023 Allina Health will fully transition over to plain language vs. coded emergency response.
- This will be reflected in visual aids, policies, and emergency notifications
- In alignment with national best practice and Joint Commission recommendations.
- Blue and Green remain for now –as they target a subset, not whole population



# Recommendations for Preparedness

- Ensure alignment system wide.
  - Clinics, hospitals, business offices.
- Training on active shooter response
  - ALICE/Run-Hide-Fight
- Exercises for front line staff, not just leaders.
  - Try to vary the time as well (hospitals are open 24/7)
- HICS training
- Physical Security
- Encourage staff to speak up
  - Create a safe environment for them to report escalating/unsafe conditions, threatening patients, etc.
- Make it an ongoing conversation
  - Best way to be prepared is to discuss; not hide from the tough topics.

# Questions?