DEFINITION:

Per the Joint Commission, an "active shooter" is an individual actively engaged in killing or attempting to kill people in a confined and populated area. Victims of an active shooter can be randomly selected and often are healthcare staff. Active shooter situations are often over within 15 minutes.

PURPOSE:

To provide guidance in the event an individual brandishes a weapon, holds a person hostage against his/her will, is actively shooting or in the process of attacking individuals with a deadly weapon.

POLICY:

- **IMMEDIATELY** notify local law enforcement in the event that hospital staff are involved in a situation in which an active shooter has entered the hospital.

- The law enforcement agency will take charge of the investigation and resolution of the situation.

- The Security Director and Patient Safety Director shall:
  - Establish a working relationship with local law enforcement, and determine and communicate to law enforcement the organization’s law enforcement liaison officer.
  - Ensure law enforcement is familiar with the organization’s buildings.
  - Provide law enforcement with life safety drawings, both electronically and in hard copy.

- The Security Director and Patient Safety Director shall develop and implement a plan to assist law enforcement with access control, **OR**

- The Security Director and Patient Safety Director shall provide local law enforcement with a “Go Kit” that includes access badges and Life Safety drawings.
**POSITION DESCRIPTION / PERFORMANCE EVALUATION**

**Job Title:** Emergency Department Nurse Manager  
**Supervised by:** Chief Nursing Officer  
**Prepared by:** ___________________________  
**Approved by:** ___________________________  
**Date:** ________________  
**Date:** _________________________________

**Job Summary:** Responsible for direction of patient care activities in the Emergency Department. Manages _____ staff in the Emergency Department, provides management of operational and nursing activities. Consults with staff, physicians and the Chief Nursing Officer on nursing problems and interpretation of hospital policies to ensure patient needs are met.

**DUTIES AND RESPONSIBILITIES:**

<table>
<thead>
<tr>
<th>3 = Exceeds Performance</th>
<th>2 = Expected Performance</th>
<th>1 = Needs Improvement</th>
</tr>
</thead>
</table>

**Demonstrates Competency in the Following Areas:**

- Responsible for direction of the Emergency Department staff. Supports and empowers staff to embrace the mission and value statements of the hospital.  
- Ability to perform a head-to-toe assessment on all patients and reassessments as per policy. This includes pediatric, adolescent and geriatric patients and the general patient population.  
- Uses the triage process to ensure timely and appropriate care to patients. Accurately assigns triage categories.  
- Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.  
- Ability to monitor hemodynamic status of patient and correctly interpret the results.  
- Maintains current knowledge of medications and their correct administration based on age of the patient and his/her clinical condition.  
- Follows the seven (7) medication rights and reduces the potential for medication errors.  
- Demonstrates knowledge of the principles of growth and development over the life span and the skills necessary to provide age appropriate care to the patients served. Able to interpret data about the patient’s status in order to identify each patient’s age specific needs and provide care needed by the patient group.  
- Formulates a teaching plan based on identified learning needs and evaluates effectiveness of learning; includes family in teaching, as appropriate.  
- Treats patients and their families with respect and dignity. Identifies and addresses psychosocial, cultural, ethnic and religious/spiritual needs of patients and family. Functions as liaison between administration, patients, physicians and other healthcare providers.  
- Interacts professionally with patient/family and involves patient/family in the formation of the plan of care.  
- Demonstrates knowledge of cardiac monitoring, identifies dysrhythmias and treats appropriately.  
- Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.
DEFINITIONS:

- **Hospital with an Emergency Department**: A hospital with a dedicated emergency department. (§489.24(b))
  - A critical access hospital (CAH) that operates a dedicated Emergency Department is subject to the requirements of EMTALA.

- **Hospital Property**: The entire main hospital campus including the parking lot, sidewalk and driveway or hospital departments, including any building owned by the hospital that is within 250 yards of the hospital. (§413.65(a))

- **Physicians**: A Doctor of Medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he/she performs such function or action. (This definition is not to be construed to limit the authority of a Doctor of Medicine or osteopathy to delegate tasks to other qualified healthcare staff to the extent recognized under state law or a state’s regulatory mechanism). (§1861(r)(i))

- **Emergency Medical Condition**: A medical condition with sufficient severity (including severe pain, psychiatric disturbances, symptoms of substance abuse, pregnancy/active labor) such that the absence of immediate medical attention could place the individual's health at risk. (§489.24)

- **Medical Screening Exam**: The process required to reach, with reasonable clinical confidence, the point at which it can be determined whether the individual has an emergency medical condition or not.

- **Labor**: The process of childbirth, beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman experiencing contractions is in true labor unless a physician, certified nurse-midwife or other qualified medical person acting within his or her scope of practice as defined in hospital medical staff bylaws and state law, certifies that, after a reasonable time of observation, the woman is in false labor. (§489.24(b))
POLICY:

- Patient’s shall be triaged upon entrance into the Emergency Department to determine the care treatment and services needed.

- The triage area shall be an area or room, with a telephone, next to the Emergency Department with direct access to the Emergency Department. The triage area shall provide privacy for the patient’s initial assessment and vital signs.

- A five-level triage acuity system shall be used to evaluate the patient’s chief complaint/medical condition and immediacy of need to be admitted into the Emergency Department.

- The five levels of the acuity system shall be based on patient condition and threat to the patient’s immediate overall well-being. The levels shall include:
  - Level 1 - Resuscitative or life threatening; immediate treatment is needed
  - Level 2 - Emergency; major illness or injury, but stable
  - Level 3 - Urgent
  - Level 4 - Semi-urgent
  - Level 5 - Routine or non-urgent

- Patient’s shall be taken into the emergency department for treatment according to their acuity level.

PROCEDURE:

- Upon arrival into the Emergency Department triage/waiting area, the patient shall be checked in by the Admitting Department Clerk.
  
  Refer to Emergency Department Patient Registration Policy and Procedure.

- The patient shall be taken into the triage area and the triage Registered nurse shall evaluate the patient and subsequently categorize each patient according the emergency department’s five level acuity system.
EQUIPMENT:

- Chest Tube Tray:
  - Syringes
  - Needles/trocar
  - Basins/skin germicide
- Sutures
- Local anesthetic
- Tape
- Sterile gloves, gown
- Chest tube (appropriate size) and connector
- Chest drainage system:
  - Connecting tubes and tubing, collection bottles or commercial system, vacuum pump (if required)

POLICY:

A chest tube shall be inserted by a physician or other licensed independent practitioner (LIP) to remove air, fluid or blood from the pleural space, allowing inflation of affected lung.