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A Different Kind of Gun Safety

Do you remember the “Duck and Cover” drills during the Cold War? Students were taught to hide under their desks in the event of a nuclear bomb. I grew up in Wyoming, where no nuclear power would bother to attack, so we didn’t have Duck and Cover drills.

We did, however, know a great deal about guns, gun safety, and gun-related risks. In the same way that children who live in a neighborhood with swimming pools are taught how to swim at an early age, I was taught about guns. We had them everywhere: on the gun racks, in the glove box, under the car seat, and under the beds. I could clean a gun and shoot one with reasonable accuracy, and I was an expert in gun safety. Even though we were taught to empty every gun of its ammunition every time, we were also taught to treat every gun as though it were loaded every time. Even so, my brother once accidentally shot a hole through his bed and into the floor of our house.

Now, we need to learn a different kind of gun safety: educating ourselves and our staff about how to respond to an active shooter. Last year, 346 mass shootings—defined as 4 or more people killed by a shooter at the same time—occurred in the United States.¹ While it seems incomprehensible that an active shooter would terrorize our offices, mass shootings are common enough that we must prepare for the possibility. As our country seeks to find some common ground about how to address this uniquely American public health issue, the safety and well-being of our employees and our patients is a pragmatic consideration that transcends politics.

If your practice is like mine, you have protocols in place for all kinds of unpredictable occurrences. We have fire drills, Code Blue drills, and—as we are in the Midwest—tornado drills. We have policies for managing patients with communicable diseases, aggressive behavior, and even lice. Sadly, we must add an Active Shooter Response Plan to the list.

Any good plan should be based on insight, practical advice, and preparedness. For example, typical stress responses are freeze, flee, or fight, but calculated action is needed when there is an active shooter. The Department of Homeland Security provides 6 recommendations for coping with an active shooter event: 1) Be aware of your environment and any possible dangers; 2) Take note of the 2 nearest exits in

any facility you visit; 3) If you are unable to escape and are in an office, stay there and secure the door; 4) If you are in a hallway, get into a room and secure the door; 5) As a last resort, attempt to take the active shooter down; and 6) Call 911 when it is safe to do so.

Preparedness can include a discussion about when and how staff can lead patients away from the building, where we might guide patients to hide, and what barricades might slow down a shooter. When trained emergency teams arrive, it’s crucial that our staff instruct patients to drop to the floor, empty their hands, cover their heads, and stay quiet. This allows the emergency responders to direct attention to the real threat.

Resources for training our staff are abundant and free. One example is the Active Shooter Preparedness Training video at www.VividLearningSystems.com; showing it to our employees would be a great first step. On its website, the Department of Homeland Security provides detailed advice about how to develop a “Run. Hide. Fight.” action plan and an excellent educational booklet *Active Shooter: How to Respond*. And the Healthcare and Public Health Sector Coordinating Council recently updated a report that addresses challenges particular to health care settings in the event of an active shooter.

As we collectively grieve the loss of another 17 lives from a mass shooting, ophthalmologists can funnel frustration into action. We can educate our staff, create action plans, and implement active shooter drills. I desperately hope that none of us ever has to make use of these preparations.



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¹ www.shootingtracker.com.



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