THREAT SUPPRESSION, INCORPORATED

THREAT SUPPRESSION®

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Healthcare Response to the Active Assailant

Executive Summary:

Healthcare Response to the Active Assailant gives hospital leaders, clinicians, security personnel, public-safety partners, and emergency managers a healthcare-specific framework for preparing for and responding to an active assailant event. The course addresses the realities that make hospitals different: patients may be unable to move, clinical units may be locked or specialized, staff may have competing duties, and a hospital may receive a sudden influx of casualties from an attack somewhere else. The program combines current research, case studies, policy analysis, and practical decision-making to help organizations align prevention, notification, lockdown, patient movement, law-enforcement response, emergency medical coordination, and recovery.

THE CHALLENGE: Hospitals and healthcare organizations must protect patients, staff, and visitors while continuing clinical operations. An active assailant plan that works in an office or school may fail when patients cannot evacuate, staff cannot abandon care, or the emergency department becomes the receiving point for casualties.

Course Overview:

Length	Four to eight hours, based on the host agency's objectives, audience, and desired level of discussion.
Format	Instructor-led lecture, facilitated discussion, current research, case studies, policy review, and healthcare-specific response analysis. Available in person or as a live webinar.
Audience	Hospital executives and administrators, clinicians, hospital police and security, emergency managers, public-safety personnel, government officials, and healthcare risk or preparedness leaders.
Class Size	Host-specific and scalable. Final limits depend on room capacity, delivery platform, and the desired level of participant interaction.
Prerequisite	No prior tactical or law-enforcement qualification is required. Participants should be familiar with their organization's emergency-management and workplace-violence policies.
Cost	Customized quote based on delivery method, course length, participant count, travel, and lodging.

What Participants Will Learn:

Healthcare Is a Distinct Active-Assailant Environment

Hospitals are not ordinary workplaces. A single campus may contain emergency and behavioral-health units, operating rooms, intensive-care units, neonatal and pediatric patients, locked departments, public entrances, parking areas, and people who do not know the facility. Patients may be sedated, injured, cognitively impaired, dependent on equipment, or unable to move without staff assistance. The course examines how those conditions affect notification, lockdown, evacuation, sheltering, patient movement, family reunification, and protection of critical clinical functions.

Current Evidence and What the Data Actually Measure

A 2026 systematic review in JAMA Network Open identified 327 unique hospital-based shooting events in acute-care hospitals across 47 states from 2012 through 2024. Annual events increased from 14 in 2012 to 34 in 2024, an average 8.4 percent annual increase. The study identified 189 injured nonperpetrators, including 59 health care workers, 24 patients, 24 law-enforcement officers, and 18 visitors; 81 of the nonperpetrators died. Nearly half of the events occurred in parking lots or other outdoor areas (45.6 percent), 18.0 percent on hospital floors, and 17.7 percent in emergency departments. Researchers classified 32.1 percent as potentially preventable through weapons-screening technology.

The course distinguishes hospital-based shootings from the narrower FBI definition of an active-shooter incident. Those datasets are not interchangeable. The JAMA study found that 96.0 percent of events occurred in urban settings, 49.2 percent occurred in the South, and current or former patients represented 31.8 percent of identified perpetrators; suicide was the most common identified motive at 30.9 percent. NIOSH reports, using Bureau of Labor Statistics data, that health care workers represented about 10 percent of the workforce but experienced 48 percent of nonfatal workplace-violence injuries in 2021 and 2022. In the 2024 AHRQ Hospital Workplace Safety Supplemental Items, only 49 percent agreed that aggression from patients or visitors was appropriately addressed; emergency-department and short-stay areas had the lowest composite score at 57 percent.

Prevention, Reporting, and Emergency Notification

Preparedness begins before the first shot. Participants examine how hospitals identify concerning behavior, route reports, assess threats, coordinate with behavioral-threat-management resources, and document decisions. The course addresses the limits of code words, the need for plain-language emergency notification, and messages that tell staff what is happening, where it is happening, what actions are available, and how updates will be delivered. It also examines access control, weapons screening, visitor management, staff identification, and security presence without creating a false sense of security.

Response Decisions Inside the Hospital or Healthcare Facility

The program reviews the conflict between traditional Run, Hide, Fight messaging and the realities of patient care. Participants analyze when staff should shelter, secure a room, move patients, evacuate laterally or vertically, assist others, or provide care while awaiting law-enforcement access. The discussion includes hospital security and police response, law-enforcement entry and search operations, fire and EMS integration, command, communications, accountability, controlled access, evidence preservation, and protection of essential clinical operations. The course does not prescribe one universal response policy; it helps each organization build decisions around its patients, facility, staffing, and public-safety capabilities.

The Hospital as a Receiving and Secondary Scene

A hospital can become part of an active assailant incident even when the attack occurs elsewhere. Following a community mass-casualty event, patients may self-transport before formal distribution plans take effect, arrive with family members, or present at multiple entrances. Receiving-hospital case studies, including the response to the Route 91 Harvest Festival shooting in Las Vegas, examine emergency-department surge, patient tracking, triage, security, access control, family assistance, staff protection, media pressure, and coordination with neighboring hospitals and public-safety agencies.

From Policy to Exercise-Ready Capability

The final portion translates the discussion into improvement priorities. Participants identify conflicts between written plans and actual operations, determine which decisions require executive direction, and develop exercise questions for administrators, clinical leaders, security, public safety, and external partners. The course supports later tabletop, functional, or full-scale exercises and can be tailored to a specific campus, health system, or regional response model.

Learning Objectives:

At the conclusion of the program, participants will be able to:

1. Define an active assailant event and distinguish it from the broader category of workplace violence.
2. Summarize current national data on hospital-based shootings and explain what those data do and do not measure.
3. Describe the physical, clinical, staffing, and operational characteristics that make hospitals different from other workplaces.
4. Identify patient populations and clinical environments that create special challenges during an active assailant event.
5. Evaluate the limitations of applying generic Run, Hide, Fight messaging to healthcare settings.
6. Describe options for emergency notification, plain-language messaging, and redundant communications.
7. Compare lockdown, sheltering, evacuation, relocation, and patient-movement decisions in a hospital environment.
8. Explain the respective responsibilities and limitations of hospital leadership, clinical staff, security, law enforcement, fire, EMS, dispatch, and emergency management.
9. Identify common weaknesses in hospital access control, weapons screening, visitor management, and staff identification.
10. Describe how workplace-violence reporting and behavioral threat assessment support prevention and preparedness.
11. Assess how hospitals should protect patients who cannot independently evacuate, shelter, or communicate.
12. Identify the security, triage, tracking, and family-assistance challenges created by self-transported casualties.
13. Explain command, coordination, accountability, and information-sharing requirements during a joint hospital response.
14. Recognize conflicts between hospital policies, clinical duties, security procedures, and public-safety response tactics.
15. Apply lessons from hospital active assailant case studies to organizational planning and exercise design.
16. Develop prioritized improvement questions for hospital leaders and public-safety partners before the next exercise or incident.

Host Requirements:

The host agency is responsible for coordinating the course, registering participants, obtaining any applicable continuing-education credit, and providing a suitable classroom or virtual-delivery environment. For in-person delivery, the host should provide a computer, projector or display, reliable audio, and adequate seating for the confirmed attendance. For virtual delivery, the host should provide the meeting platform, participant access, and a point of contact who can manage attendance and technical issues.

The lecture configuration does not require a live-fire facility, training weapons, practical-training props, or participant protective equipment. If the host requests a site-specific walkthrough, tabletop, functional exercise, or other practical component, the facility, staffing, safety, equipment, and attendance requirements will be addressed in a separate course plan before scheduling.

Threat Suppression provides education and preparedness support; it does not provide medical malpractice insurance or other coverage for the host agency, students, medical directors, or affiliated organizations. The host remains responsible for its own insurance, clinical governance, medical direction, credentialing, policies, and operational decisions. Threat Suppression is not responsible for decisions made by medical directors or other personnel who are outside its control.

About Threat Suppression:

Threat Suppression, Incorporated is a research-driven safety, security, and public-safety training and consulting firm founded in 2012. The company is a leading provider of integrated active assailant training for the Department of War, providing more than 165 classes at 45 major installations. The company has invested more than 50,000 hours in internal active assailant research. Threat Suppression serves as a principal member of NFPA 3000 and participates in multiple state and federal ASHE workgroups that shape national active assailant preparedness standards and policy.

The company's leadership has commanded active assailant events and was lead author on the 2021 Oxford High School mass shooting after-action report, one of the most comprehensive analyses of an active assailant incident response. Threat Suppression provides active assailant preparedness, rescue task force training, emergency management support, behavioral threat assessment and management, exercises, after-action reviews, and physical security services to federal agencies, military installations, public safety organizations, healthcare systems, schools, and private organizations. Our work combines operational experience, applied research, and field-tested instruction.

We have provided this training to the Emergency Nurses Association, American College of Emergency Physicians, American Association of Critical Care Nurses, and multiple state hospital organizations. We have also provided this training for major healthcare organizations, such as Advocate Health, Duke University Medical Center, the Veteran’s Administration Medical Center, and many more.

To Schedule or Learn More:

Phone: 1-800-231-9106
Email: info@ThreatSuppression.com
Course Page: www.threatsuppression.com/healthcare-active-assailant
Website: www.threatsuppression.com