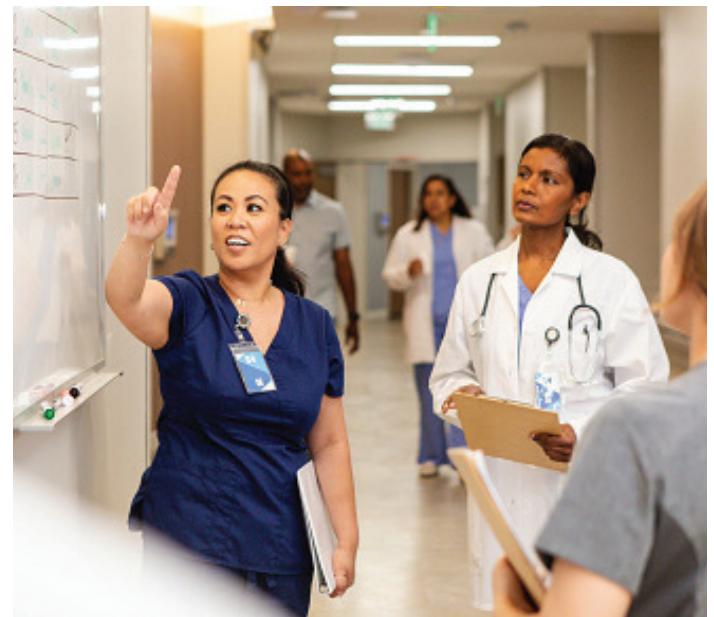




THE HEALTH CARE LEADERS' GUIDE TO MASS VIOLENCE PREPAREDNESS, RESPONSE, RECOVERY AND MITIGATION

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LOOKING TO LEADERSHIP: A HOSPITAL PLAYBOOK



Michelle Hood

Hospitals and health systems don't just treat routine problems that come through the doors; they must anticipate and plan to be ready to address what might happen. Whether it's a power outage, severe weather or a global pandemic, hospitals'

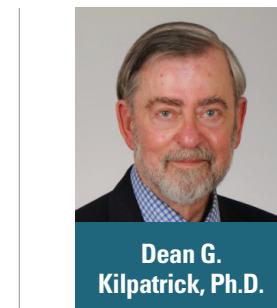
dedication to care must include preparation for incidents that may strain resources, affect care delivery, and affect hospital workers long after the crisis has passed. Emergency preparedness is vital to any hospital's ability to be a refuge during any crisis — and that includes having a plan in place to address incidents of mass violence.

In this guide hospital leaders will find strategies to be prepared for mass violence incidents (MVI)s and to best address them if and when they happen.

These guidelines extend beyond the immediate aftermath of an incident, providing a framework to support not only victims, survivors and witnesses of an MVI, but also the hospital staff who care for them. Regardless of the specific event, the healing process is not complete until everyone affected — including survivors, their families, the broader community, health care providers and hospital personnel — is on the path to full physical and emotional recovery.

The AHA and our partners at the NMVC hope these guidelines and suggestions are never needed, but if an MVI does happen, it is our responsibility as health care providers to be prepared to respond and meet the challenges, serve and support our communities, protect our workforce, and promote overall healing.

Michelle Hood, FACHE
*Executive Vice President and
Chief Operating Officer*
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**Dean G.
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Hospitals and health systems are essential partners for communities as they prepare and plan for coordinated mass violence responses, recovery and long-term mitigation. The initial crisis response to MVI's requires immediate actions that compassionately treat countless victims who are wounded, often seriously, and save lives.

Since 2017, the American Hospital Association has partnered with the National Mass Violence Center to identify and address the needs of hospital and health systems in effectively responding to MVI's. Many "lessons learned" and effective protocols from hospitals that have experienced an MVI have been identified and are reflected in this Health Care Leaders' Guide to Mass Violence Preparedness, Response, Recovery and Mitigation.

It is also essential that hospitals and health systems be aware of the very real consequences of secondary trauma that derives from direct exposure to the carnage caused by perpetrators, whose goal is to kill and injure as many innocent people as possible. Improving the mental and physical health of all hospital workers who respond to MVI's is a priority for the AHA and NMVC, and they have our gratitude for their heroic efforts.

As more communities proactively engage in efforts to prepare for MVI's, the NMVC recognizes the importance of ensuring that hospitals and health systems are part of all planning efforts. They remain on the front line for victims and survivors of mass violence crimes, and their value to effective, coordinated responses to MVI's cannot be emphasized enough.

Dean Kilpatrick
*Distinguished University Professor
of Psychiatry and Behavioral Sciences
Director, National Mass Violence Center
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WHAT LEADERS NEED TO KNOW

Mass violence is a growing public health concern that requires key community stakeholders, including hospitals and health systems, to be prepared. Hospital and health system leaders know that patients, families, and community members rely on them to navigate crises ranging from mass shooting incidents, bombings, vehicle ramming attacks or terrorist attacks while continuing to provide high quality, reliable health care. Care doesn't end when the immediate threat or danger is over; hospitals and health systems also have the responsibility to monitor and care for the long-term physical and mental impacts of an MVI on both their health care workforce and the broader community. Being prepared to carry out this vital role requires hospital and health system leaders to have plans in place to address MVIs before, during and after their occurrence.

MVIs are a subset of mass casualty incidents (MCIs), which were defined by the National Institutes of Health in 2024 as "disasters, either man-made or natural, in which local management agencies and the health care system are overwhelmed." When an MVI occurs, health care and community leaders are not responding solely as health care providers. They also assist law enforcement and prosecution efforts through preservation of evidence, and may work with officers from multiple federal, tribal, state and/or local jurisdictions. Furthermore, additional agencies, systems and coordinated services may be involved in order to address victims' rights and offer victim/survivor services, including crime victim compensation. As such, hospitals' and health systems' MCI emergency response plans should include an MVI-focused section to address these additional considerations.

WHAT IS A MASS VIOLENCE INCIDENT?

According to the U.S. Department of Justice Office of Victims of Crime (OVC), mass violence is "an act of intentional violent crime that results in physical, emotional, or psychological injury to a sufficiently large number of people and significantly increases the burden of victim assistance and compensation for the responding jurisdiction, as determined by the OVC Director."

Hospitals and health systems play a critical role in responding to MVIs, beginning with the initial crisis response and continuing through longer-term actions that address the physical, behavioral and mental health needs of MVI victims, survivors, first responders, and their own workforce, as well as the collective health of the communities they serve. By employing evidence-based approaches, hospitals can mitigate the impact of MVIs on victims, survivors, and their families.

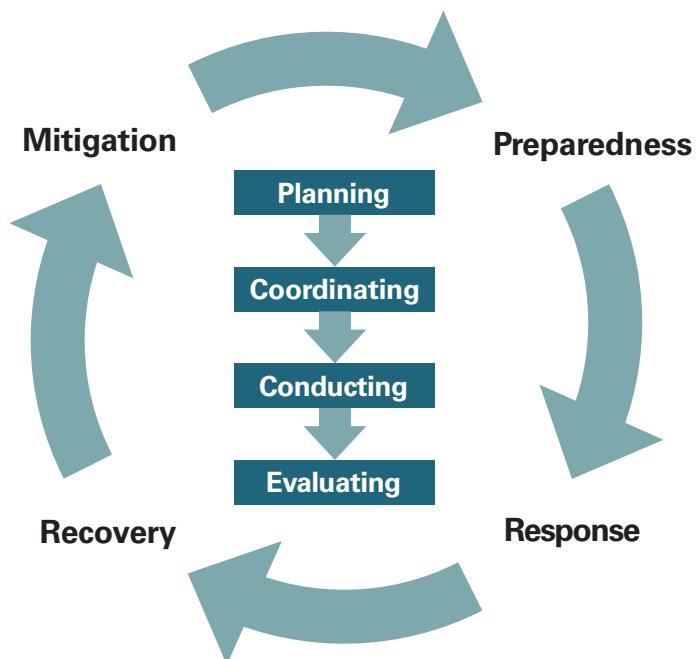
This guide, developed by the American Hospital Association and the National Mass Violence Center, offers evidence-based strategies that are easily incorporated into existing comprehensive emergency and disaster management plans, enhancing the ability to best respond to incidents rooted in violent crime. The recommendations offer specific guidance to prepare for and respond to MVIs, and are provided to enhance — not duplicate — an organization's existing emergency management plan. This guide provides essential information to leaders about MVIs, along with links to detailed implementation resources for key staff and departments.

EXAMPLES OF MASS VIOLENCE INCIDENTS

- Mass shooting incidents
- Terrorist attacks
- Bombings
- Incidents involving vehicles as weapons
- Radiological bombings

THE MVI CONTINUUM

The MVI Continuum provides a framework and checklist for hospital and health system leaders to follow as they prepare for, respond to, recover from and mitigate MVIs.





PREPAREDNESS

The effectiveness of MVI response, recovery and mitigation activities depends upon collaborative planning efforts across the organization and community. While the initial preparedness strategy and actions take considerable time, these efforts to build trust and relationships across the organization and community have been shown to contribute to a smoother MVI response.

Key Actions for Hospital and Health System Leaders:

- Develop and review your organization's MVI emergency plan section on an annual basis.
- Practice MVI response protocols via [drills and tabletop exercises](#), preferably with partner agencies.
- Establish [models and processes for surge staffing](#), including coordination with local, state, tribal and federal law enforcement agencies and their respective [victim/survivor services](#).
- Develop and sustain strong, consistent partnerships across community response agencies using timely, reliable information provided by the [MVI Incident Command/Joint Operations Center](#).
- [Decide on and codify communications](#) procedures for the dissemination of public information by a designated Public Information Officer or hospital/health care system leader.
- Develop a plan to identify and address the potential [secondary trauma of staff](#).
- Ensure your response plan includes the three types of Centers that could be established in the aftermath of MVIs to facilitate response, recovery and mitigation.
 - Friends and Relatives Center
 - Family Assistance Center
 - [Resiliency Center](#)
- Review plans with your board, and ensure they understand the importance of having an MVI response plan in place.



RESPONSE

In responding to an MVI, hospitals and health systems will need to adapt their activities to the scope and impact of the incident, and ensure that their plans and preparations include flexibility for the frontline teams.

Key Actions for Hospital and Health System Leaders:

- Contact the Incident Command/Joint Operations Center leadership to coordinate all response activities, including the location(s) of victims/patients.
- Activate internal unified incident command, in accordance with the organization's MVI emergency response plan.
- Activate medical surge and triage protocol as appropriate.
- Establish and maintain consistent internal and external communication pathways. Internal pathways may include the health care workforce and the board; external pathways may include key MVI response partners such as law enforcement, victim services, EMS, emergency management professionals and faith leaders.
- Ensure the organization's leadership team is visible to the workforce throughout the response period.
- Alert staff of financial resources available from state crime victim compensation programs that can help MVI victims recover costs incurred for health care, and alert families of mortuary or funeral services (if needed). Financial systems should integrate crime victim compensation billings into their existing billing processes.
- In the aftermath of an MVI, disseminate the MVI-specific Resource Guide curated by the NMVC for the impacted community, and provided by the AHA to all who may find it helpful.

For more detailed information, see the [Response tip sheet](#).



RECOVERY

Recovery activities should continue to address the needs of MVI victims, survivors, first responders, impacted community members, and the health care workforce long after the MVI is over. In addition to serving as a key resource for community members to receive ongoing treatment and support after an MVI, hospitals and health systems should provide recovery resources to their own workforce to help them cope with and heal from the potentially traumatic experience of responding to an MVI in their community.

Key Actions for Hospital and Health System Leaders:

- Cooperate with law enforcement agencies that are investigating the MVI, along with prosecutors, as needed.
- Collaborate with law enforcement and/or community-based victim service organizations and faith leaders in ongoing coordination of care for victims and survivors.
- Ensure organizational presence at MVI-related community events and memorial observances to help address the collective trauma and impact on survivors, first responders and community members.
- Remind staff of financial resources available from [state crime victim compensation programs](#) that can [help MVI victims recover costs](#) incurred for health care, mention mortuary or funeral services (if needed) to family members and any inform them of donation funds organized within the community.
- Share available well-being and behavioral/mental health resources with your workforce.

For more detailed information, see the [NMVC Three Centers tip sheet](#).



MITIGATION

Mitigation activities are ongoing and long-term in nature. Mitigation efforts will require continuous efforts from leaders to identify and address the individual and collective trauma and impact that result from an MVI.

Key Actions for Hospital and Health System Leaders:

- Participate in the development of any collaborative [After-Action Report \(AAR\)](#) that assesses the overall, community-wide effectiveness of and challenges to MVI preparedness, response and recovery and includes documentation of victim assistance and mental/behavioral health services.
- Assess the organization's MVI preparation and response and the direct impact both have on the health care workforce.
- Provide human and social service resources to staff to identify and address secondary trauma.
- If a Resiliency Center is established in the impacted community, [connect](#) to learn about available resources and services for victims, survivors, first responders, team members and others.

For more detailed information, see the [Mitigation tip sheet](#).

CONCLUSION

While hospitals and health systems cannot prevent MVIs, careful preparation and integration with existing emergency preparedness policies and procedures can mitigate both the short- and long-term effects of such an incident on victims, first responders, the health care workforce and the community at large. By combining evidence-based procedures and practices with existing plans, hospitals and health systems can strengthen their ability to respond effectively to future tragedies.

RESOURCES

AHA

[**AHA's Hospitals Against Violence Initiative**](#)

[**Supporting Victims and Communities of Mass Violence Incidents**](#)

[**The CLEAR Field Guide for Emergency Preparedness**](#)

NMVC

[**National Mass Violence Center**](#)

[**NMVC Virtual Resiliency Center**](#)

NMVC free [**Transcend-NMVC mobile self-help app**](#)

[**NMVC/AHA Collaborator Matrix**](#)

USDOJ Office for Victims of Crime

[**Helping Victims of Mass Violence and Terrorism Toolkit**](#)