

1. **Introductory Information and Orientation to the Simulation Lab Nursing Unit** (prior to Initial Simulation)
 - a. Familiarize students with the simulation space, rooms, hallway, exits, etc.
 - b. Students wear clothing consistent with their assigned role in the simulation.
 - i. Students are divided into three equal groups
 - a. Patients/visitors
 - b. Clinical staff
 - c. Non-clinical staff
 - c. Instructor Roles
 - i. Aggressor
 - ii. Unprofessional Unit Manager
 - iii. Responding Officers
 - iv. Telephone Operator
 - d. Students may choose to observe from the control room if they feel uncomfortable to participate in simulations.
 - e. Orientation to fake firearm with opportunity to handle the plastic firearm.
 - f. General guidance
 - i. Take scenario seriously. Respond as if it were really happening.
 - ii. Dial "0" for operator to initiate a code violet/silver.
 - iii. Reminder that no physical or hands-on interactions are permitted by students.

2. Initial Simulation: Visitor/aggressor escalates and pulls out a firearm

Summary: This scenario is the first time the students will be introduced to an aggressor. Visitor (Aggressor) arrives on the unit looking for the physician that performed treatment on a family member weeks earlier, becomes agitated and angry at the hospital staff, paces around with clenched fists, looks in rooms, and escalates quickly. Visitor reveals a firearm and waves it around in a threatening manner, occasionally pointing it at the unit manager (not at course students).

Standardized Participant Role:

- a. Unit Manager:
 - i. Will confront aggressor inappropriately, contradicting his claims
 - ii. To escalate the situation: manager states, "Sir you need to calm down", and gently shoves aggressor.
- b. Aggressor:
 - i. Comes to unit to find the physician that operated on a close family member (e.g., spouse or other close family)
 - ii. Demands to see the physician, then demands to see the CEO of hospital
 - iii. Begins to question staff and becomes increasingly agitated
 - iv. Speaks very loudly, does not listen, and behavior is increasingly aggressive
 - v. Blames the hospital staff for killing this family member
 - vi. Aggressor reveals firearm and waves it in a threatening manner

Student Performance Expectations:

Early aggressor agitated behaviors should solicit a "Protective Services is needed" request with a closing of patient room doors.

- a. Call a “Code Violet” for increased agitation and aggressive behavior (NO firearm). Distance themselves from the aggressor.
- b. Call a “Code Silver” for aggressive behavior with weapon. Leave the unit or barricade in rooms.

Debriefing Talking Points:

- a. No post simulation debriefing. Students go to classroom presentation.

3. Simulation: Scenario 1: Patient upset with nurse

Summary: This simulation begins after students have had lecture on *Barricade* and *Leave* response options, but not yet “engage”. Students are reminded that no hands-on intervention is permitted for the simulations.

Instructors reassign students’ assigned roles from Intro Simulation

Standardized Participant Role:

- a. Unit Manager:
 - i. Will confront aggressor inappropriately by contradicting and escalating situation
- b. Aggressor:
 - i. States wants pain meds, wants them now, has been in pain since arrival
 - ii. Begins to make demands of staff and becomes more upset with answers
 - iii. Situation begins to escalate due to frustration with care
 - iv. Begins to act out by pushing tray table, throwing bed pan, throwing papers, swinging IV pole (weapon)
 - v. Starts yelling, not listening, getting aggressive

Student Performance Expectations:

This should solicit moving of patients, visitors, and staff to a safe area.

- a. Call for Protective Services for aggressive, escalating behaviors
- b. Initiate a “Code Violet” as there is NO Firearm or Knife, but do indicate if another weapon is present (e.g., IV pole)

Debriefing Talking Points:

- a. You are on your own until protective services arrive.
- b. Remind students once protective services is called, officers are on their way while the caller remains on the call with dispatch to provide more details.
- c. Communicating as much detailed information as possible to responders to enhance response.
- d. Closing doors as first step in creating a barricade. Not uncommon when “noisy” situation.
- e. Listening to your gut feelings and when to “flip the switch” to react.
- f. Positioning in the room to avoid being trapped.
- g. Review of the detail students provided when they called to report.
- h. Escaping the situation, leaving the floor.
- i. Discuss moral obligations to patients versus self-preservation.
- j. Identify how to communicate within the area to alert other staff members (facility specific).
- k. Protective Services should be notified of the initial threat.

- l. Question family on capabilities of aggressor, “do they own a weapon?”, “what kind of car do they drive?”, “do you know where they are going?”, “should we be worried about them?”, etc.
- m. Discuss staff’s actions, in particular after the threat before the return with a firearm.
- n. Additional discussion includes barricade, secretary actions, leave, halls cleared
- o. A.B.L. review.
- p. All students practice yelling “gun, gun, gun”.

4. Simulation Scenario 2: Spoken Threat

Summary: In this scenario, an angry spouse of a patient yells a threat to the staff and leaves the unit. The spouse returns with a firearm and shoots the Unit Manager.

Standardized Participant Role:

- a. Unit Manager
 - i. Will not engage the aggressor during the first visit to the unit.
 - ii. When the aggressor returns waiving a firearm and subsequently shooting, the manager yells “they’ve got a gun!”.
- b. Aggressor:
 - i. Receives life changing critical news about loved one on the phone, is upset prior to arrival on the unit.
 - ii. Comes in to see family member and confirm their disbelief of the bad news.
 - iii. Very briefly, gets loud, not listening, getting aggressive, blames staff for “killing patient” or “not saving” patient.
 - iv. **Leaves the unit, LOUDLY** stating, “Someone is going to pay” or “You’re all dead” or some other threat that should cause students to worry about a return.
 - v. The aggressor returns within 3 minutes with a firearm and shoots staff (pre-selected and coached to carefully fall to the floor and remain there).

Student Performance Expectations:

- a. When the aggressor leaves yelling a threat, a call to operator describing the aggressor and the situation.
- b. When the aggressor returns waiving the firearm, call a “Code Silver” and implement all other options learned in lecture.
- c. Yell “gun, gun, gun!” when firearm is brandished.

Debriefing Talking Points:

- c. What went well, what can we do better and if they did not do something, reiterate what was discussed in prior debrief.

5. Simulation Scenario 3: Replica of Initial Simulation

Summary: This scenario is identical to the initial simulation's scenario to evaluate class learning. Aggressor will show their gun.

Standardized Participant Role: See Initial Simulation (above)

Student Performance Expectations:

This should solicit "Code Silver" activation from students and all previously learned response options reviewed in Simulation Scenario 2 debriefing.

Debriefing Talking Points:

- a. Recap all options and practices applied.
- b. When to call...When to leave...When to barricade...
 - i. What to tell the operator when calling.
 - ii. When to call again and update the situation (when facts change).
 - iii. What to do when barricading.
 - iv. How to barricade.
 - v. How to assure an escape route from the patient's room (or other location). So as to not get trapped with aggressor.