**POST-CONFERENCE QUESTIONNAIRE**

The following questions are intended to assess your participation in the drill, and to help with planning of future Active Shooter education and drills. Thank you for taking the time to respond to these questions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| My first response in an “Active Shooter” incident at my hospital is likely to be: | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Flee the scene | ☐ | ☐ | ☐ | ☐ | ☐ |
| Protect patients | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hide | ☐ | ☐ | ☐ | ☐ | ☐ |
| Confront the shooter | ☐ | ☐ | ☐ | ☐ | ☐ |
|  |  |  |  |  |  |
| Hospital security personnel should carry: | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Firearms | ☐ | ☐ | ☐ | ☐ | ☐ |
| Non-lethal weapons (e.g. TASER, pepper spray) | ☐ | ☐ | ☐ | ☐ | ☐ |
| Radio communication | ☐ | ☐ | ☐ | ☐ | ☐ |

|  |  |
| --- | --- |
| Which areas of the hospital need the most security presence? | Rank 1 (most) to 5 (least) |
| Emergency Department | \_\_\_\_\_ |
| Administrative offices | \_\_\_\_\_ |
| Inpatient areas | \_\_\_\_\_ |
| Parking lot & hospital campus | \_\_\_\_\_ |
| Lobby/Waiting Room/Public Areas | \_\_\_\_\_ |

|  |  |
| --- | --- |
| Which group(s) pose the greatest risk of becoming an “Active Shooter” | Rank 1 (greatest) to 5 (least) |
| Gang members | \_\_\_\_\_ |
| Psychiatric patients | \_\_\_\_\_ |
| Disgruntled patient or family members | \_\_\_\_\_ |
| Disgruntled employees | \_\_\_\_\_ |
| Intoxicated/Drug dependent patients | \_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| The scenarios provided in the drill were realistic and informative | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt fear/anxiety during the drill | ☐ | ☐ | ☐ | ☐ | ☐ |
| Having the drill in an actual hospital space was important to the realism | ☐ | ☐ | ☐ | ☐ | ☐ |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Because the Active Shooter drill did not take place at my actual work place, it was ineffective | ☐ | ☐ | ☐ | ☐ | ☐ |
| The noise of the “blanks” and the simulated security response were an important aspect of the drill | ☐ | ☐ | ☐ | ☐ | ☐ |
| I feel better prepared to act in the event of an Active Shooter | ☐ | ☐ | ☐ | ☐ | ☐ |
| Active Shooter training and drills are essential for adequate facility response | ☐ | ☐ | ☐ | ☐ | ☐ |
| Training in de-escalation techniques (e.g. Management of Assaultive Behavior, MOAB) may prevent Active Shooter events. | ☐ | ☐ | ☐ | ☐ | ☐ |
| Metal detectors should be a part of a hospital security program | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hospitals should implement a “code” for an “active shooter” | ☐ | ☐ | ☐ | ☐ | ☐ |
| An Active Shooter drill is an important part of hospital and patient safety | ☐ | ☐ | ☐ | ☐ | ☐ |
| Active shooter scenarios seem extremely unlikely to occur at my workplace | ☐ | ☐ | ☐ | ☐ | ☐ |
| I am not at risk of being a victim of an “active shooter” in my hospital workplace | ☐ | ☐ | ☐ | ☐ | ☐ |

Please add any additional comments regarding the training, scenarios, or hospital safety & preparedness: