

## How Inova Fairfax Hospital responded following last week's prisoner escape

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Just after lunch on an otherwise ordinary day March 30, [Inova Health System](#) executives gathered for a routine board room meeting on disaster preparation. On the agenda: what to do in an active shooter situation.

A little more than 12 hours later, some of those very executives found themselves racing in the middle of the night to [Inova Fairfax Hospital](#). They had been called in for that very scenario. “You talk about it one day and you’re doing it the next morning in real life,” said Fairfax Hospital CEO [Patrick Christiansen](#).

Somewhere around 3 a.m. Tuesday, convicted bank robber [Wossen Assaye](#), 42, overpowered a security guard while being a patient at the hospital. In a struggle, police said a shot was fired and the prisoner was able to get possession of the guard’s gun, holding her as a shield as he walked the hallway before fleeing, [WTOP reported](#).

The incident set off a chain reaction to call a “Code Silver,” an order to lock down the entire Fairfax medical campus. It’s also since prompted the 833-bed hospital to review its emergency response, as well as what led to the prisoner escape. Officials would not say if any immediate changes have been made in the wake of the incident, but said the hospital had scheduled meetings with Fairfax County police last week and this week to discuss what happened.

Disaster experts say one of the most important elements in a hospital's response to a crisis is how well staff are trained and how empowered they feel to execute the plan. "This event, believe it or

not, is not unusual," said [Al Berman](#), president of the Disaster Recovery Institute International. The same week Assaye escaped custody, a prisoner escaped custody while being transported from a psychiatric hospital in New Orleans and another prisoner escaped from a Newark, New Jersey, hospital, [Newsweek reported](#).

The most critical point of an emergency response — and where things often go wrong — is immediately after the incident, Berman said. "It breaks down at the beginning with notification." At Inova, officials said staff reacted quickly and according to plan in initiating the first "Code Silver" ever to occur at the hospital.

"It's almost immediate," Christiansen said. "We're not going to wait 15 minutes to try to get permission to activate it. If the call is made, we activate. Staff and patient safety is of the utmost priority. We want to get everybody secured, everybody out of the corridors and everybody protected. ... We have given the liberty to our employees to be able to initiate."

By 3:05 a.m., phone calls were waking executives, including [Greg Brison](#), the hospital's director of emergency management and security. The lockdown was announced over the intercom system by about 3:15 a.m., Brison said. A security perimeter was set up quickly by Fairfax County police restricting access to the hospital, allowing only those from the administrative suite to enter, he said. Police were sweeping the building. "We went into a hard lockdown," Brison said.

There were about 2,000 employees and 800 patients at the hospital at the time, he said.

Since the incident occurred overnight, the hospital was already in a controlled-access environment with exterior doors locked. But the lockdown required all staff, patients and visitors to stay where they were. "I don't want to go into too much of the security detail of how we do things within the hospital," Brison said. "But part of the plan is securing the patient, closing doors and whatnot, so if there's a perpetrator running through the building, we don't want there to be opportunities. We let the patients know what's going on. If we need to, we turn out lights, etc. We have an operational plan to do that. And it worked extremely well."

Christiansen said during the lockdown, hospital officials were in communication with hospital units that had any urgent medical needs. "All non-emergent needs that usually go on with a patient — say, if a patient needed a CT scan or an MRI — those were delayed," he said. "The only need that was justified, giving the security forces, the police forces and the caregivers [ability] to leave the unit, would have been an emergent need. None of those occurred during this time."

Officials said they meet emergency preparation guidelines set by [The Joint Commission](#), which accredits and certifies hospitals, by giving employees "All Hazards" training at least once annually. That includes video training, with information specific to responding to shots fired in a health care system, which employees have been required to watch annually for the past three years. When Inova built its latest patient tower, it allowed emergency responders to use the facility for training before the hospital moved any patients into the facility.

This fall, Inova is planning to invite emergency personnel to come into its new Women and Children's Hospital for a training exercise, Christiansen said. "You can't just work in a vacuum. It's very important you have the community involved with your planning," he said.

Hospital officials said they are reviewing their response and emergency plans, a must for hospitals to deal with this sort of event going forward.

"Regardless of what industry you're in, you should have a written plan," Christiansen said. "That plan should be continuously reviewed, not something that's just put on the shelf. Your staff have to be trained. They need to know what their roles are because most incidents happen unannounced."