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

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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.

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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.

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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.

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