

Active-shooter drills in schools may do more harm than good

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Active-shooter drills in schools expose students to frighteningly realistic scenarios with masked intruders and loud gunfire sounds. They also may be doing more harm than good, says a Rutgers University–Camden

nursing scholar who urges school and law enforcement officials alike to include school nurses in their plans to prepare for violent situations.

Robin Cogan, a lecturer in the Rutgers School of Nursing–Camden and lead author of an article published in *Current Trauma Reports*, says [school](#) nurses are ideally positioned to work with other medical professionals, law enforcement, and government officials who are committed to public health approaches to prevent mass shootings.

"Nurses are key stakeholders in addressing [health issues](#) across our nation, and in engaging and promoting long-term human well-being and survival," says co-author Donna Nickitas, dean of the Rutgers School of Nursing–Camden.

In the article, titled "School Nurses Share Their Voices, Trauma, and Solutions by Sounding the Alarm on Gun Violence," Cogan and her co-authors say school nurses know of the acute need for evidence-supported, school-based mental health services. Based on those metrics, active-shooter drills may not be achieving their desired outcomes.

Since World War I, schools have been holding safety drills, fire drills, and natural disaster drills, but Cogan says today's active-shooter drills can expose students and staff to frighteningly realistic scenarios.

Cogan says there is no evidence to show that the drills are effective in preparing students, teachers, and administrators to deal with [gun violence](#) in schools.

"While the incidence of school shootings is rare, now more than 95 percent of schools across the country have active-shooter drills," says Cogan, who also works as a school nurse in Camden. "We do not prepare our students for fire drills by making them walk through smoke and debris-filled hallways."

Cogan worries about the impact that the drills have on the psychological development of young children, and the effect the drills have on school nurses.

In the article, the authors share concerns from school nurses who have participated in active-shooter drills. One nurse reports that her heart sank the day she was in her office when she heard the sounds of gunshots from the school's loudspeaker. She did not know if it was an unannounced lockdown drill or if there was an active shooter in the building. Instinctively, she locked her office door, closed the blinds, and hid in a corner. After she found out it was just a drill and the gunfire sounds were from an app used by the person running the drill, she did not understand the need to endure the fear and concern for herself and everyone in the building.

"Our brains cannot always differentiate when an incident is real or just a [drill](#)," says Cogan, who adds that there is no evidence that even some of the most recognized programs—including Alert Lockdown Inform Counter Evacuate (ALICE), which uses a run, hide, fight options framework—are effective in preventing injuries.

Among the problems Cogan sees with the programs are that they are not evidence-based and do not consider the students' ages and developmental stages, if they have special health care needs, or if they have learning challenges.

"These are reactive measures and are not taking into consideration the need for preventative programs to create a culture of kindness, acceptance, and safety in schools," says Cogan. "Money is being spent on hardening schools instead of softening them."

Cogan and her co-authors suggest a better approach to preventing violence: a multistrategy, multidisciplinary approach that takes into

consideration student and faculty development, and mental and emotional health. They authors say investing in a nurse workforce in the school "would transform fear into courage and anticipation into action by implementing student-focused strategies rooted in prevention."

The Rutgers–Camden educator says that an emergency preparedness program such as Stop the Bleed, a national awareness program launched by the White House in 2015, may be effective in saving lives. The program encourages bystanders to be trained to help stop bleeding victims in an emergency before medical professionals arrive.

The Sandy Hook Promise organization offers programs that encourage relationship building, which Cogan says could help to prevent violence. She says initiatives that focus on safe gun storage to keep guns out of the hands of students and offering gun locks to families on Back to School Night activities could also be effective.

Cogan's own family experience motivates her to work to prevent gun violence. In 1949, her father was 12 years old when he hid in a closet in his family's Camden home while a deranged neighbor went on a shooting rampage, killing Cogan's grandmother, grandfather, and great-grandmother, and 10 other people in the city. Nearly 70 years later, Cogan's 17-year-old niece hid in a Parkland, Fla., high school closet with her teacher and other students in 2018, when a gunman opened fire at the school. Fourteen students and three teachers died, and 17 students were injured.

"My decision to use my position as a school [nurse](#) to fight against gun violence came from a promise I made to my sister and niece in the aftermath of the Parkland shootings," says Cogan. "Prevention of firearm violence belongs in the health care arena and requires funding for research as any public health issue has been afforded."

Donna Mazyck of the National Association of School Nurses and Sunny Hallowell of Villanova University also co-authored "School Nurses Share Their Voices, Trauma, and Solutions by Sounding the Alarm on Gun Violence."

More information: Robin Cogan et al. School Nurses Share Their Voices, Trauma, and Solutions by Sounding the Alarm on Gun Violence, *Current Trauma Reports* (2019). [DOI: 10.1007/s40719-019-00179-1](https://doi.org/10.1007/s40719-019-00179-1)

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