

**MED TAC** Global **Coronavirus Care Community of Practice** **Bystander Rescue Care CareUniversity Series**

## Welcome


**Charles Denham, MD**  
Chairman, TMIT Global  
Founder Med Tac Bystander Rescue Care  
Med Tac Bystander Rescue Care  
March 3, 2022  
CareUniversity Webinar 181

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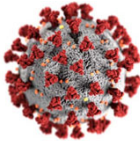


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## Voice of the Patient







**Jennifer Dingman**  
 Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division  
 Co-founder, PULSE American Division  
 TMIT Patient Advocate Team Member  
 Pueblo, CO



Med Tac Bystander Rescue Care

## Our Stressed Emergency Safety Net


- ❑ What is the state of our Public Safety Net?
- ❑ How do we deal with family medical emergencies?
- ❑ What do I need to know about EMS?
- ❑ How do we help loved ones get to the ED?
- ❑ How has COVID impacted Law Enforcement?
- ❑ How has COVID impacted Firefighters?
- ❑ What should Good Samaritans do in COVID world?

*Turn the Science into Safety..*

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## The High Performance Envelope



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## Speakers & Reactors

 Jennifer Dingman	 Dr. Gregory Botz	 Chief William Adcox	 Dr. Christopher Peabody	 Charlie Denham III
 Dr. Brittany Barto-Owens	 Vicki King MS	 David Morris PhD JD	 David Beshk	 Dr. Charles Denham

Med Tac Bystander Rescue Care



**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
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## Our Purpose, Mission, and Values


  
  


**Our Purpose:**  
We will measure our success by how **we protect and enrich the lives of families...patients AND caregivers.**

**Our Mission:**  
To accelerate performance solutions that **save lives, save money, and create value** in the communities we serve and ventures we undertake.

**Our ICARE Values:**  
**Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.**

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## Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship pharmaceutical or device companies discussed in their presentations. The funding of the program is from the Denham Family fund of TMIT Global, a 501c3 Medical Research Organization

- Dr. Gregory H. Botz has nothing to disclose.
- Dr. Christopher Peabody has nothing to disclose.
- William Adcox has nothing to disclose.
- David Beshk has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Vicki King has nothing to disclose.
- David Morris has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Dr Charles Denham has nothing to disclose.


Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surging the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonic, which produces a sterilization device. Trophon, HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.

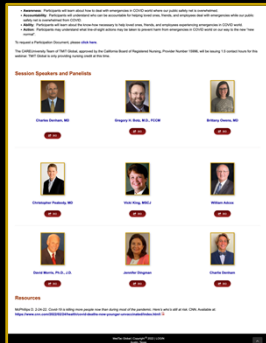
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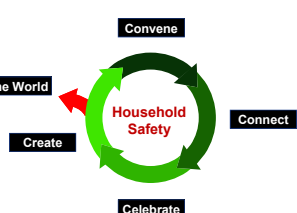
<https://www.medtacglobal.org/webinarmarch2022/>

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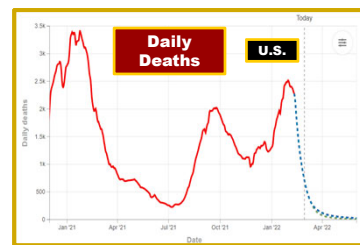
## Coronavirus Care Community of Practice

### March 2022 Progress Report

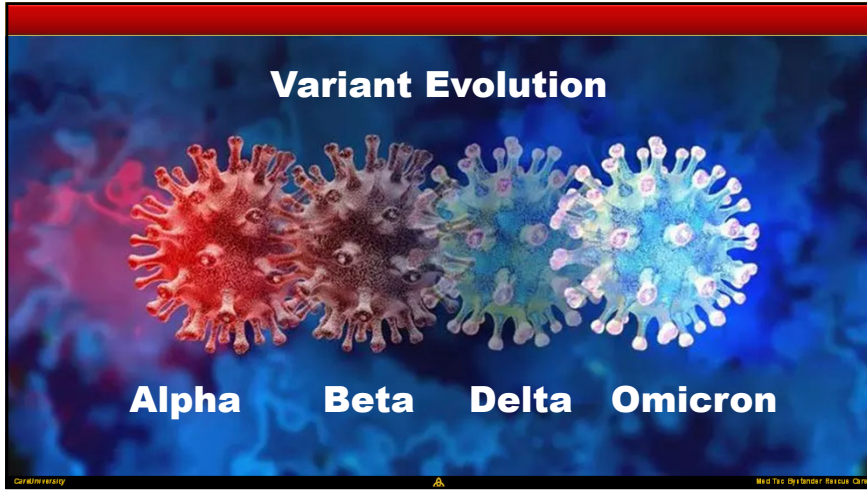
Change the World



Connect



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**Coronavirus Care Community of Practice**

**March 2022 Progress Report**

Change the World → Create → Connect → Celebrate

**Household Safety**

**Daily Deaths U.S.**

[www.medtacglobal.org/coronavirus-response/](http://www.medtacglobal.org/coronavirus-response/)

[www.GlobalPatientSafetyForum.org](http://www.GlobalPatientSafetyForum.org)

**Emerging Threats Community of Practice**

**The Healthcare Threat Safety Spectrum**

Academic Fraud, Patient Safety Errors/Omissions, Workplace Employee Bullying, Administrative Misconduct, Cyber & I.P. Theft

Invisible Threats, Hidden Threats, Visible Threats

The private community of practice addresses a number of sensitive topics and subject matter that should not be made public for security reasons.

- Brand Damage from Outside, Inside, and/or Mixed Outside-Inside Threats including Counterfeits
- Workplace Violence including physical, verbal, sexual, or emotional harassment, bullying or harras to caregivers, staff, students or patients
- Active Shooter, Violent Incident, and Deadly Force Incidents including events causing physical harm to staff, caregivers, students or patients
- Domestic Terrorism such as organized attacks using chemical, biological, radiologic, nuclear, and explosive response force
- Unintentional Patient Harm through errors of omission from systems issues identified by multiple reviews such as diagnostic errors
- Failure to Report in pre-hospital, hospital, and post-hospital continuity
- Healthcare Operations & Risk with environmental & bioterrorist threats
- Sexual Harassment including sexual harassment, abuse of power, and at least supervisors, staff, students, or patients
- Racial and/or Sexual Discrimination against those we serve including patients and their families and/or those who serve in the organization
- Cybersecurity Patient Records Issues including breach, theft, and dissemination of medical records relating to patient and caregiver harm
- Cybersecurity Operation Issues including breach, theft, and dissemination of operational records, mission of data systems, and system controls
- Theft of Intellectual Property by insiders, outsiders, or sub-contractors
- Sabotage of service, information systems, clinical care, and property including events causing physical harm to staff, caregivers, students or patients
- Biodefense, safety related issues such as vaccination and testing status, and attributes of staff
- Patient Fraud including misrepresentation of identity, safety related issues such as vaccination and testing status, and attributes of staff
- Drug Diversion by staff including caregivers and pharmacists who contribute to harm to patients or others
- Conflict of Interest of staff including physicians, researchers, and contractors including disclosure and undisclosed financial relationships
- Conflict of Interest of Governance including undisclosed financial relationships and disclosed financial relationships
- Delegation or Under Prep by Investigative reporting or false documentation
- Academy Fraud including fabrication, falsification, plagiarism, or intentional gross documentation including applications and reports
- Critical Drug and Supply Shortages such as I.V. fluids, medications, and key supplies
- Regulatory Compliance Issues including new risk for non-compliance

**Emerging Threats Community of Practice**

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Academic Fraud, Patient Safety Errors/Omissions, Workplace Employee Bullying, Administrative Misconduct, Cyber & I.P. Theft

Invisible Threats, Hidden Threats, Visible Threats

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

STANFORD UNIVERSITY

UCSF University of California San Francisco

UCI UNIVERSITY OF CALIFORNIA

MAYO CLINIC

HARVARD UNIVERSITY

USC University of Southern California

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- **Domestic Terrorism** such as organized attacks using chemical, biological, radiologic, nuclear, and explosive weapons. Also weaponization of transportation & vehicles (CBRNET).
- **Violent Acts Against Leadership** where administrative, clinical, or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients with or without enablers who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems failures identified by mortality reviews such as diagnostic errors.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage of service, information systems, clinical care, and property.**
- **Employee Fraud** including misrepresentation of identity or qualifications, safety related issues such as vaccination and testing status, and attestations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related issues such as vaccination and testing status, and attestations of truth.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest of staff** including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or misrepresentation including applications and reports, as by investigative reporting or false relationships, and staff shortages such as I.V. fluids, medications, and staff shortages.
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**Readiness for Epidemics including preparedness for testing and volume surges.**

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**Survive & Thrive Guide: Keeping Your Family Safe**

**TMIT Global Research Test Bed**  
 3,100 Hospitals in 3,000 Communities  
 500 Subject Matter Expert Pool Developed over 35 Years

© DSM

CaseUniversity Med Tac Bystander Rescue Cam

**Survive & Thrive Guide: Protecting Your Family**

**500 Subject Matter Experts**

Graphic Representation to Protect Expert Privacy

CaseUniversity Med Tac Bystander Rescue Cam



**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
CareUniversity Series**

 John Nance JD	 Dr. Gregory Botz	 Chief William Adcox	 Heather Foster	 Dr. Charles Denham	 Dr. Casey Clements	 Beth Ullen	 Dr. McDowell	 Dennis Quaid	 Preston Head III
 Fred Haise	 Dr. Steve Swenson	 Tyler Sant	 Avario Pettit	 Dr. Mary Foley	 Bob Chapman	 Perry Bechtlo III	 Becky Martins	 Betsy Denham	 Charlie Denham III
 Dr. C Peabody	 Dr. Chris Fox	 Randy Styner	 Tom Renner	 David Beahk	 Ann Rhoades	 Nancy Conrad	 Dr. Chopra	 John Little	 Debbie Medina



**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
CareUniversity Series**

 Matt Horace	 John Tomlinson	 Dan Ford	 Ariene Salamendra	 Jennifer Dingman	 Bill George	 Penny George	 Hilary Schmidt PhD	 Paul Bhatia EMT	 Dr. McDowell
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**Contributions Through Segments of our *Discovery Channel* Documentaries**

 Prof Christensen	 Jim Collins	 C Sullenberger	 Charlotte Guglielmi	 Dr. Don Berwick	 Dr. Howard Koh	 Dr. Jim Bagian	 Dr. Harvey Fineberg
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**Chasing  
the Zero**




**Surfing  
the Healthcare  
Tsunami**



**3 Minutes & Counting  
Bystanders Care!**

THE UNIVERSITY OF TEXAS  
**MD Anderson  
Cancer Center**

**Family Rescue R&D**



**The 5 R's of Safety**

**MAYO CLINIC**

**Stanford  
University**

**HARVARD  
UNIVERSITY**

**UCSF**  
University of California  
San Francisco

**UCI**

**UF UNIVERSITY OF  
FLORIDA**

**UT Southwestern  
Medical Center**

**USC University of  
Southern California**



1,000 Family Household Study

**Survive & Thrive Guide**

**1,000 Worker Study**

**The 5 R's of Safety**

- Readiness
- Response
- Resilience
- Rescue
- Recovery

**HEAD**

**HEART**

**HANDS**

**VOICE**

CardUniversity Med Tac Bystander Rescue Care

**Coronavirus Care Results as of 03-01-22**

- Established National Community of Practice
- Launched Multi-center Family R&D Study – 1,000 Polled
- 42 Ninety Minute Broadcasts and Online Programs
- 22 *Survive & Thrive Family Training* Programs
- Produced a National Campus Safety Summit
- Published Multiple Articles Providing Guidance
- Established Student Led College & Alumni Programs
- Delivered Free Continuing Education for Caregivers
- Short Videos for Mobile Viewing
- Rapid Response to Family Gatherings
- National Vaccine Hesitancy Student Outreach
- Smart Phone Mobile Applications

**Monthly Webinars every first Thursday of the month at 1PM ET (Noon Central and 10AM PT). Free, video, and resources posted.**

**SHORT TOPIC:**

- Short Videos 4-10 min
- Critical Information
- Hits Pillars of Prevention

**SURVIVE & THRIVE 90 MINUTE COURSES:**

- Longer more detailed
- Webinar Recordings
- Technical Information

**Related Resources**

**Care of the At Risk & Seniors at Home**

[www.medtacglobal.org/coronavirus-response/](http://www.medtacglobal.org/coronavirus-response/)

**Survive & Thrive Guide™ Program Road Map**

<b>Survive &amp; Thrive Guide Series: Coming Home Safety</b>	<b>Keeping Our Kids Safe</b>	<b>Creating Your Family Safety Plan</b>	<b>Safety Plan Templates for Everyone</b>
<b>Providing Care at Home</b>	<b>Updating Your Family Safety Plan</b>	<b>Emergency Rescue Skills</b>	<b>What To Do – They're in the ICU</b>
<b>Vaccines, Variants, and Victory</b>	<b>Long Haulers &amp; Severe COVID Recovery</b>	<b>10 Best Practices for Reopening</b>	<b>The New Normal &amp; The 4 P's</b>

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## Survive & Thrive Guide™ Program Road Map

- Dealing with Delta: The Critical FAQs**
- Essential Worker Toolbox**
- Special Care for Special Populations**
- Safer Holidays & Safer Families**
- Omicron and Back to Work**
- Bystander Rescue Care & Omicron**
- Testing to Navigate Care**
- Our Stressed Emergency Safety Net**
- Fraud in the COVID Ecosystem**
- COVID Safe Practices Update**
- 1,000 Household COVID Study**
- Faith-based COVID Leadership**

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### Youth & Young Adult Team

D Contreras EMT Harvard	Ivy Tran EMT Harvard	Nick Scheel UCSB	Sophia McDowell California Inst. of Arts	Audrey Lam EMT USC	Jacqueline Botz Chapman	Luis Licon UCI Alum	Melanie Rubalcava UCSB
Charlie Denham III High School Lead	Charlie Beall Stanford Alum	Marcus McDowell U of Cincinnati	Jaime Yrastorza UCSD Pre-med	Paul Bhatia EMT UCI Pre-med	D Policichio NYU Film	Manue Lopez Berkeley Alum	Preston Head III UCLA Alum

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### Family Rescue R&D

**The 5 R's of Safety**

**PRINCETON UNIVERSITY**

**NYU**

**Tufts UNIVERSITY**

**Yale**

**M UNIVERSITY OF MICHIGAN**

**UF UNIVERSITY of FLORIDA**

**UCSB UNIVERSITY OF CALIFORNIA SANTA BARBARA**

**UCSan Diego**

**Berkeley UNIVERSITY OF CALIFORNIA**

**HARVARD UNIVERSITY**

**Stanford University**

**UCI**

**UCLA**

**CHAPMAN UNIVERSITY**

**USC University of Southern California**

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### Take the Shot...Save a Life

**The Vaccination Conversation**

Video Tape: < 14 Minutes

<https://www.medtacglobal.org/student-outreach-program/tsconverstation/>

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### In the News: Tackling Vaccine Hesitancy

















TEAM PLAYER <https://vimeo.com/679763639/0cfc1c62b6>

### Our Stressed Emergency Safety Net

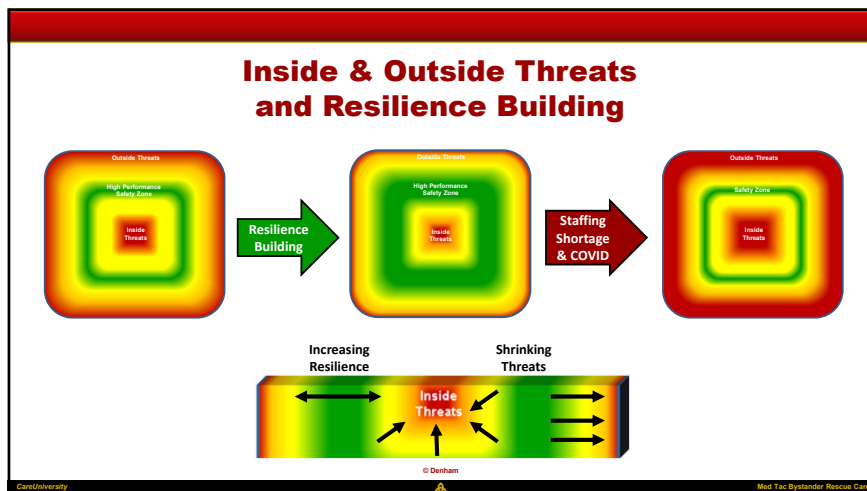
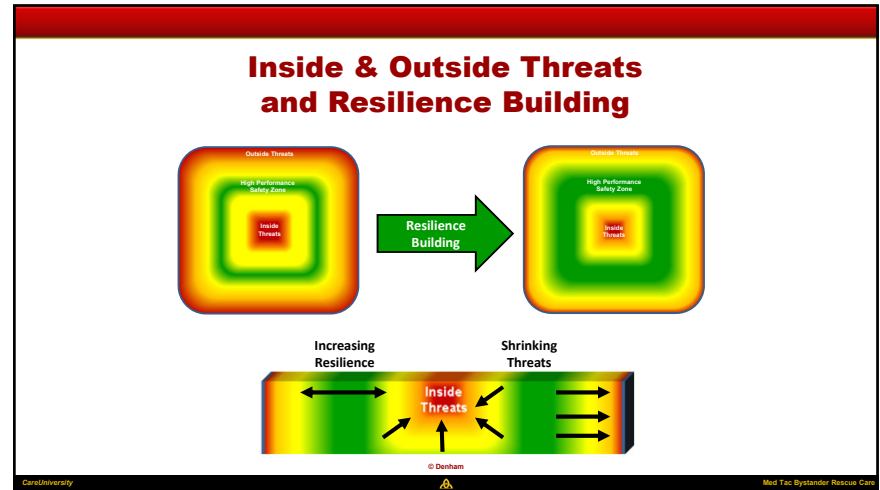
✓ **What is the state of our Public Safety Net?**

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*Turn the Science into Safety..*



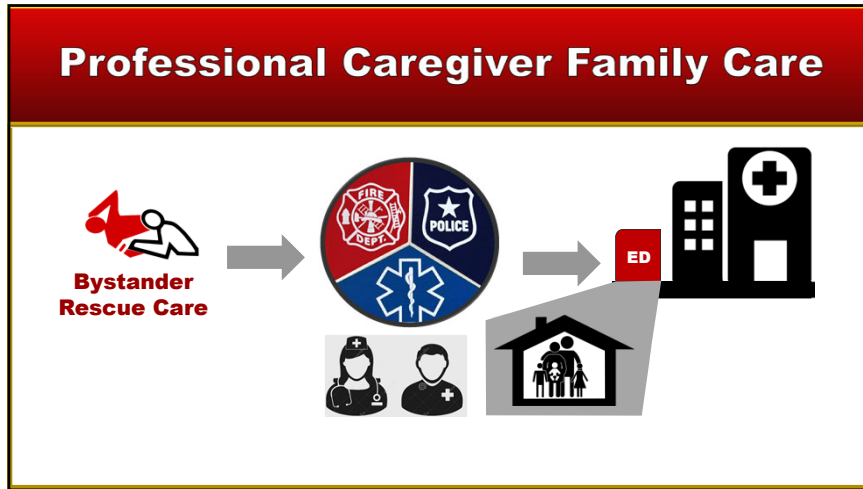


## Our Stressed Emergency Safety Net

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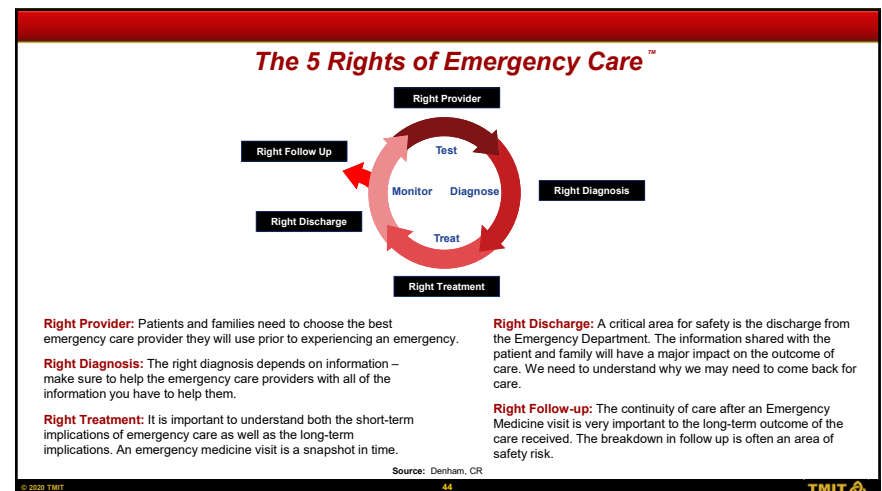
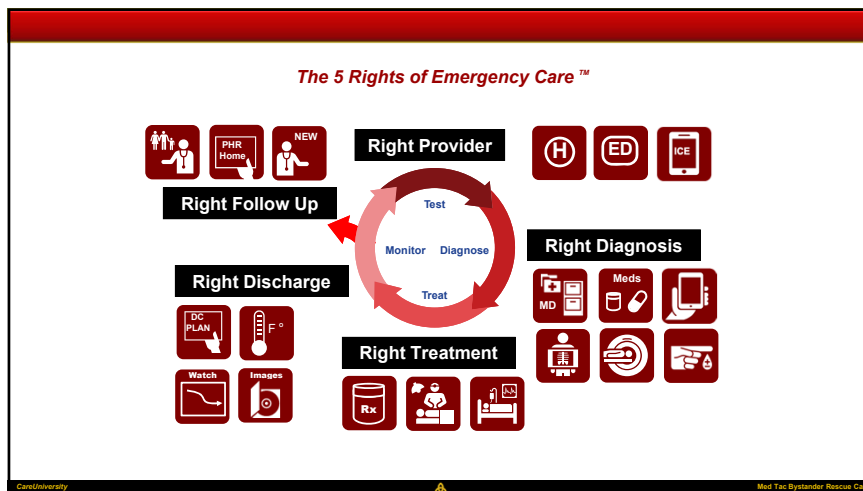


**Christopher Peabody MD MPH**  
Associate Professor  
Emergency Medicine  
UCSF School of Medicine  
Director of the UCSF  
Acute Care Innovation Center

<https://www.medtacglobal.org/>



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### The 5 Rights of Emergency Care™ An Introduction

- Right Provider:** Choose **RIGHT** Emergency Care Provider. The one that already has your records, especially for complex issues.
- Right Follow Up:** Your **Clinical Urgent Care, Community Hospital, Specialty Center – Pediatric, CA, Stroke Center Trauma Center...** If you have a choice.
- Right Discharge:** **Bigger Centers – Bigger Problems** when in doubt with serious problems.
- Right Treatment:** **ICE – In Case of Emergency.** Make sure to always have your ICE contact in your wallet and on phone.
- Right Diagnosis:**
  - Bring Your Medical Records:** your prior hospital records and summaries of the latest care if you have them.
  - Bring your Care Plans:** if you have one
  - Bring Medications:** your actual medications in a bag and be prepared to describe how you take them.
  - Imaging Studies & Reports:** If you have imaging studies on disc which can prevent you from getting other studies.
  - Tests & Diagnosis:** Understand the tests and answers of what you have

- Return Precautions:** Understanding when to come back to ED — signs and symptoms to return. Care is never over
- Understanding What Happened:** the Medical Problem, Diagnosis, and Treatment
- Medication Reconciliation** — stops, adds, changes.
- Records Reconciliation:** Assembling and summarizing the latest records.
- Care Plans:** Wound care, diet, and special instructions.
- Get the Records:** Get your all records to take home

**Treatment of Short-term Symptoms and of Long-term Conditions:**  
Procedures, medications, further and eye behaviors you need to maintain

**Shared Decision Making:** Understand the treatment and decide together

**Risks and Benefits**

**Hospital Admissions:** Understand why you might be admitted for care versus care at home

**Get the Records:** Get your all records to take home

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## A Message to Families Regarding Emergency Care

**Christopher Peabody MD MPH**

Associate Professor  
Emergency Medicine  
UCSF School of Medicine  
Director of the UCSF  
Acute Care Innovation Center

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## Emergency Care of Children

**Dr. Brittany Barto-Owens**

Community Pediatrician  
Med Tac Advisor  
Coronavirus Care  
Community of Practice

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**Misinformation – Disinformation - Malinformation**

**MISINFORMATION** (FALSENESS): Unintentional mistakes such as inaccurate photo captions, dates, statistics, translations, or when satire is taken seriously. Spreading false information that you think is true.

**DISINFORMATION** (FALSENESS & INTENT TO HARM): Fabricated or deliberately manipulated audio/visual content, intentionally created conspiracy theories or rumors.

**MALINFORMATION** (INTENT TO HARM): Deliberate abuse of private information with the intent to harm or intimidate. For example, sharing someone's personal emails online—while this is not false information, it is distributed with malign intent.

*Turn the Science into Safety.*

CareUniversity Med Tac Bystander Rescue Care

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*Turn the Science into Safety.*

## EMS Family Care

**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
CareUniversity Series**

## Our Stretched Public Safety Net and EMS

**Gregory H. Botz, MD, FCCM**

Professor of Anesthesiology and Critical Care  
UT MD Anderson Cancer Center, Houston, TX  
Adjunct Clinical Professor, Department of Anesthesiology  
Stanford University School of Medicine,  
Stanford, CA

## Healthcare Worker Deaths from COVID-19

Source: <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>

### Healthcare Worker Deaths from COVID-19

[ABOUT](#) [KEY FINDINGS](#) [OUR REPORTING](#) [METHODOLOGY](#) [SUBMIT A NAME](#)

# 922

US healthcare worker deaths are under investigation by the Guardian and KHN.  
Did they have to die?



As of 11 August, our journalists have profiled **167** health workers and included them in our database. Read their stories below.

Source: <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>

## 922

US healthcare worker deaths are under investigation by the Guardian and KHN.  
Did they have to die?

New Interactive Database by KFF's Kaiser Health News and Guardian US Reveals More Than 900 Health Care Workers Have Died in the Fight Against COVID-19 in the U.S.

Many Were Unable to Access Adequate Personal Protective Equipment, and People of Color Account for a Disproportionate Share of Deaths Among Those Profiled So Far

Key themes have emerged from the lives and deaths of the 167 workers whose profiles are in the database so far, including:

- At least 52 (31%) had **inadequate personal protective equipment (PPE)**.
- At least 103 (62%) were identified as people of color.
- Sixty-four (38%) were nurses, the largest single group, but the total also includes physicians, pharmacists, first responders and hospital technicians, among others.
- **Ages ranged from 20 to 80**, with 21 people (13%) under 40, including eight (5%) under 30. Seventy-seven people — or 46% — were 60 or older.
- **At least 53 workers (32%) were born outside the U.S.**, including 25 (15%) from the Philippines.

Exclusive stories by the project reporters have revealed that many health care workers are using surgical masks that are far less effective and have put them in jeopardy.


Source: <https://www.kff.org/coronavirus-covid-19/press-release/new-interactive-database-by-kffs-kaiser-health-news-and-guardian-us-reveals-more-than-900-health-care-workers-have-died-in-the-fight-against-covid-19-in-the-u-s/>

### Healthcare Worker Death Breakdown

Confirmed deaths by occupation

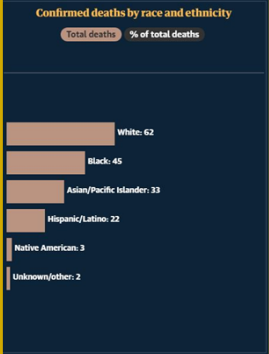
Select an occupation

Health care support: 27 confirmed deaths



Confirmed deaths by race and ethnicity


Total deaths % of total deaths



Confirmed deaths by state

Select a state



Texas: 5 confirmed healthcare worker deaths



Source: **INSERT**

## Our Stressed Emergency Safety Net

- ✓ What is the state of our Public Safety Net?
- ✓ How do we deal with family medical emergencies?
- ✓ What do I need to know about EMS?
- ✓ **How do we help loved ones get to the ED?**
- How has COVID impacted Law Enforcement?
- How has COVID impacted Firefighters?
- What should Good Samaritans do in COVID world?

Turn the Science into Safety.

**Family Lifeguard**

### Emergency Rescue Skills: Getting to the ED

**HOME** — TRANSPORT — **Emergency Care Loop** — TRANSPORT — **ED**

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**Family Lifeguard**

### Emergency Rescue Skills: After Discharge & Transport Home

**HOME** — TRANSPORT — **Emergency Care Loop** — TRANSPORT — **ED**

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### Our Stressed Emergency Safety Net

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### Law Enforcement Family Care

**Bystander Rescue Care** → [Fire, Police, EMS] → [House with Family] [Photo of Police Officers]

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**Essential Critical Workforce Infrastructure**

## Five times as many police officers have died from Covid-19 as from gunfire since start of pandemic



The coronavirus has become the leading cause of death for officers despite law enforcement being among the first groups eligible to receive the vaccine at the end of 2020. **The total stands at 476 Covid-19 related deaths since the start of the pandemic, compared to 94 from gunfire in the same period.**




<https://www.cnn.com/2021/10/16/us/police-vaccine/index.html>


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## Crisis in the United States: Erosion of Police Service



**Vicki King MS**  
Assistant Chief of Police for Converged Threat/Risk Protection and Investigations MD Anderson Cancer Center and UT Health Science Center Houston Texas



**William Adcox MBA**  
Chief Security Officer and Vice President MD Anderson Cancer Center Chief of Police, University of Texas at Houston Med Tac Lead Threat Safety Scientist

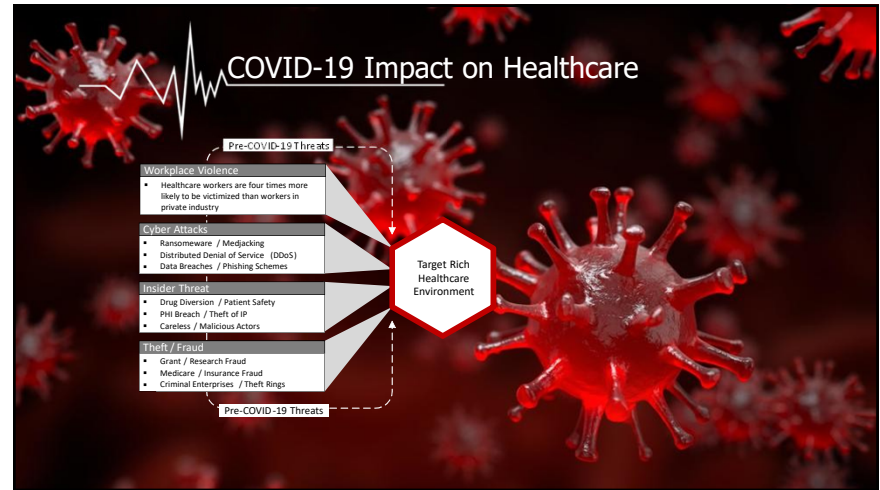
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**OUR STRESSED EMERGENCY SAFETY NET - A SURVIVE & THRIVE GUIDE**

**CRISIS IN THE UNITED STATES: EROSION OF POLICE SERVICE**

## COVID-19 Impact on Healthcare



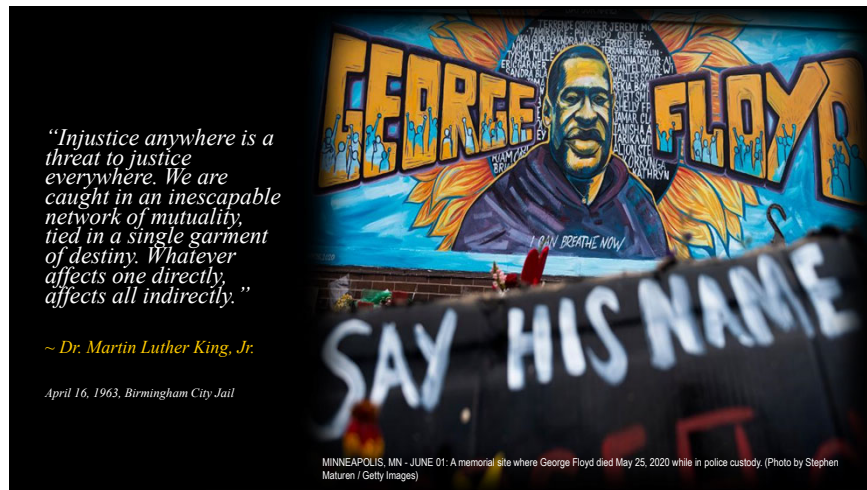
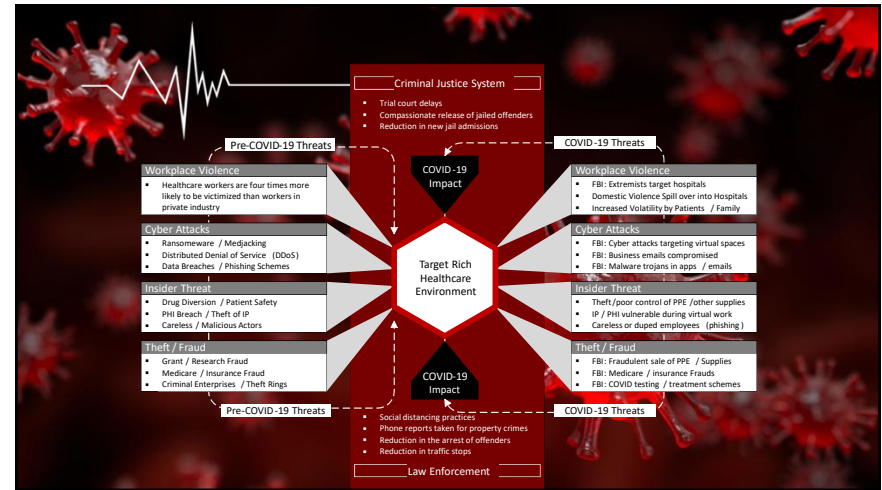
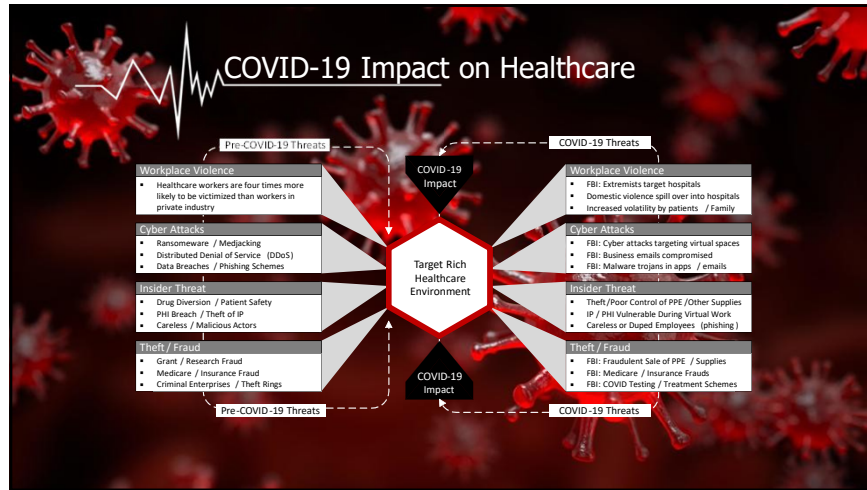
**Pre-COVID-19 Threats**

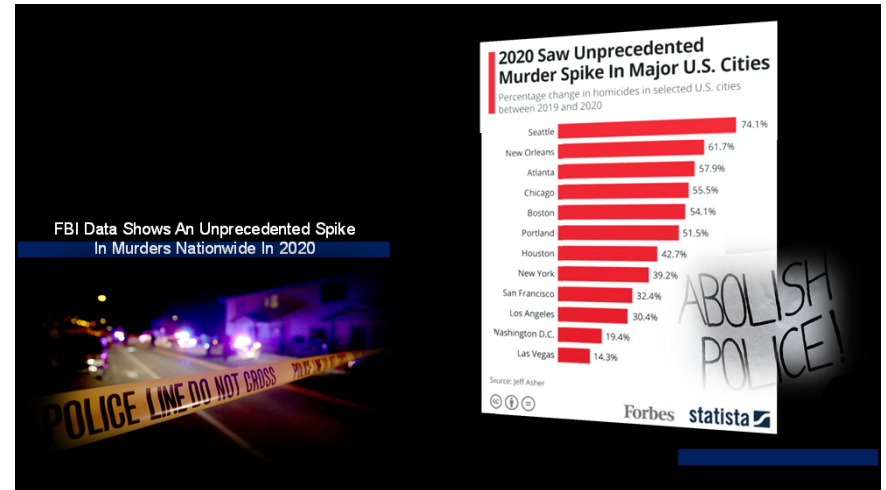
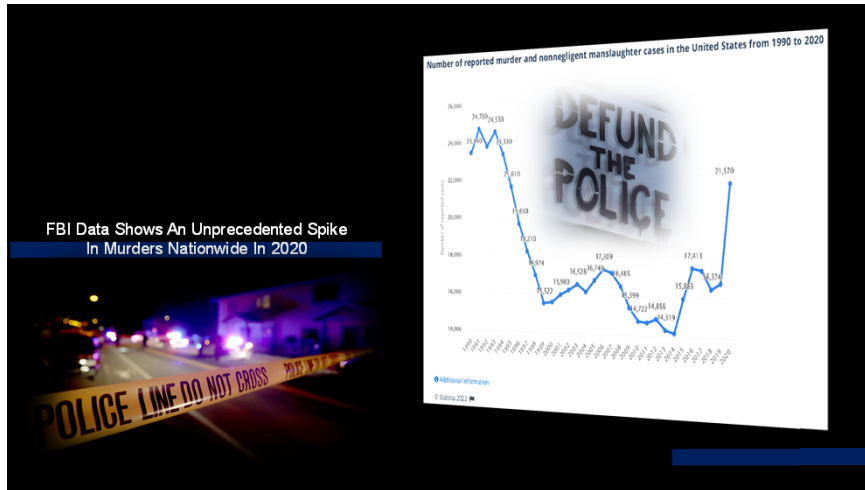
- Workplace Violence**
  - Healthcare workers are four times more likely to be victimized than workers in private industry
- Cyber Attacks**
  - Ransomware / Medjacking
  - Distributed Denial of Service (DDoS)
  - Data Breaches / Phishing Schemes
- Insider Threat**
  - Drug Diversion / Patient Safety
  - PHI Breach / Theft of IP
  - Careless / Malicious Actors
- Theft / Fraud**
  - Grant / Research Fraud
  - Medicare / Insurance Fraud
  - Criminal Enterprises / Theft Rings

**Target Rich Healthcare Environment**

**Pre-COVID-19 Threats**



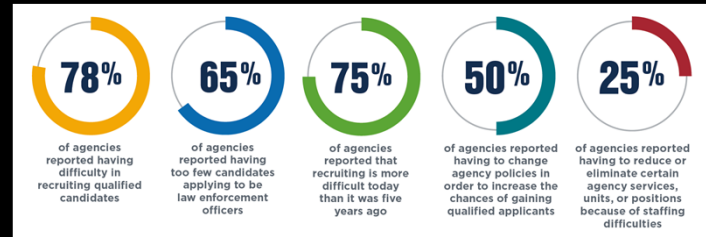




Police departments across the nation report historic staffing shortages



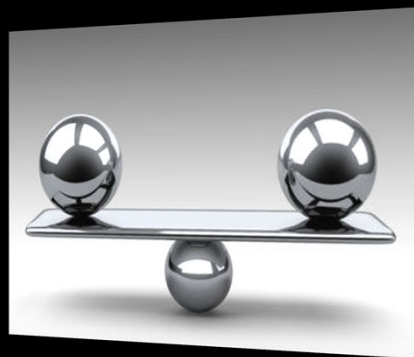
Police services are eroding



Source: IACP: The State of Recruitment: A Crisis for Law Enforcement  
<https://www.icap.org/about-the-icp/state-of-recruitment-2021>

Policing is at a tipping point

- Change the public narrative through accountability and professionalism measures
  - Hiring and selection reflective of the community
  - Early warning systems / Values-driven corrective action process
  - Promotion and retention of competent leaders of good character
  - Accreditation and oversight of police organization
  - Police union focus confined to safety and compensation issues
  - Management retains authority over work assignments and corrective action
- Build social capital with your community
  - Create transparency and inclusion with community stakeholders
  - Direct resources to address community needs and priorities



Questions



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## The First Responders – Best Responders



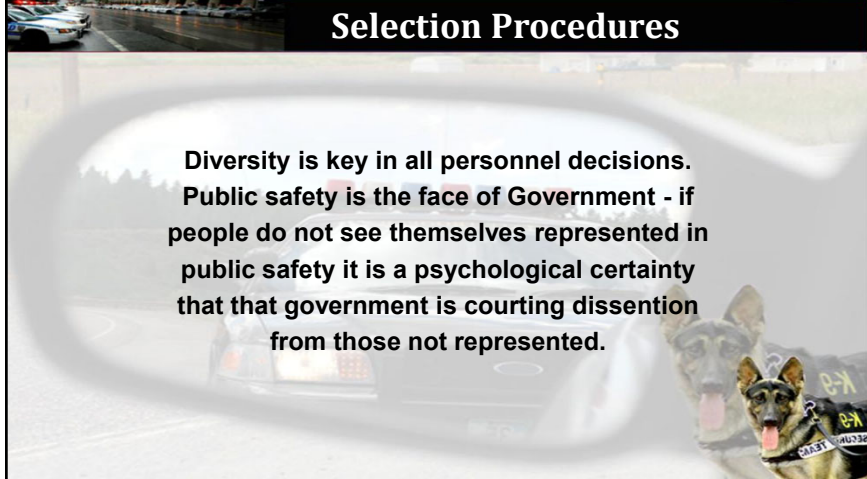
**David Morris PhD JD**  
 Forensic Psychologist  
 Attorney  
 Expert Advisor to  
 Public Safety Organizations  
 for Performance Improvement



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## Selection Procedures

Diversity is key in all personnel decisions. Public safety is the face of Government - if people do not see themselves represented in public safety it is a psychological certainty that that government is courting dissension from those not represented.



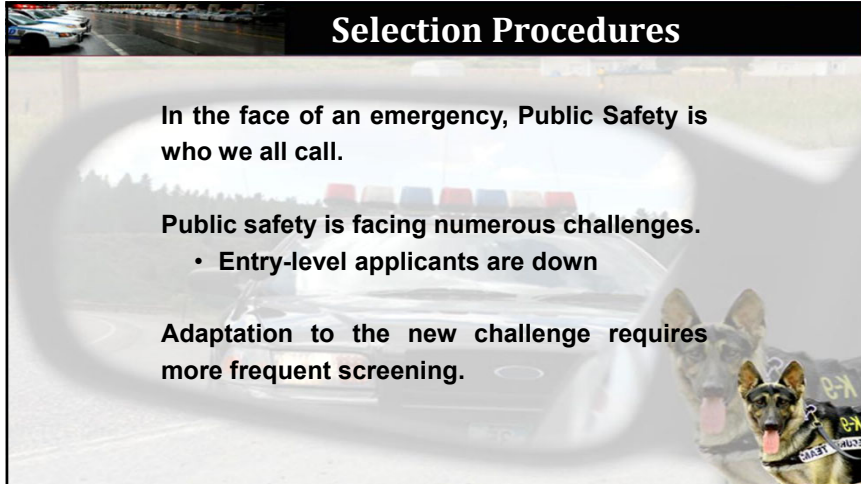
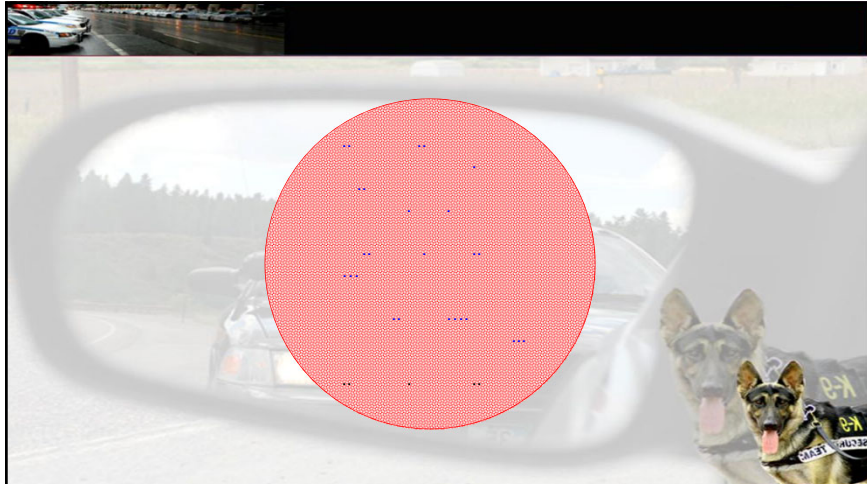
## Selection Procedures

In the face of an emergency, Public Safety is who we all call.

Public safety is facing numerous challenges.

- Entry-level applicants are down


Adaptation to the new challenge requires more frequent screening.



### Promotional Procedures


- Must be done on a regular basis
- Consider looking at more than just a written test
- Past performance has value



### A Good System

**PROMOTIONAL PROCEDURES**



- A. Written Test
- B. Assessment Center or Structured Oral Board
- C. Character-Based on Past Performance





### What It Means For You



## Our Stressed Emergency Safety Net

- ✓ What is the state of our Public Safety Net?
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- ✓ **How has COVID impacted Firefighters?**
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## Firefighter Family Care



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### Essential Critical Workforce Infrastructure



10-20-21



RESEARCH

### Report: On-Duty Firefighter Fatalities in 2020

Last year, more firefighters died in the line of duty than since 2001. Research shows COVID infections are to blame. Plus, a look at the 62 non-COVID-related on-duty firefighter deaths in 2020.

**Half of firefighter deaths were from COVID.**

Last year, a total of 140 firefighters in the United States died while on the job—more than double the figure reported in 2019. Of those, 78 are believed to have died from line-of-duty COVID-19 exposures. An additional 62 on-duty firefighter deaths occurred from other causes.

<https://www.cnn.com/2021/10/16/us/police-vaccine-covid-deaths/index.html>



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### Training of Firefighters, EMTs, and First Responders



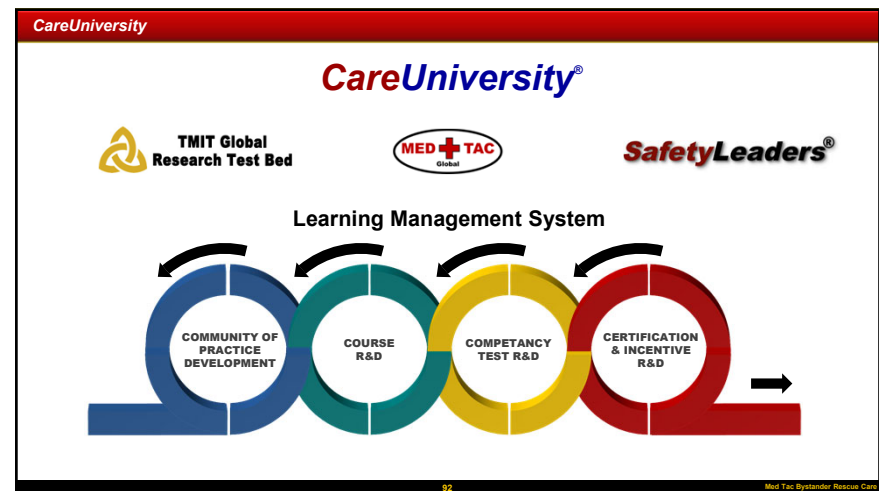
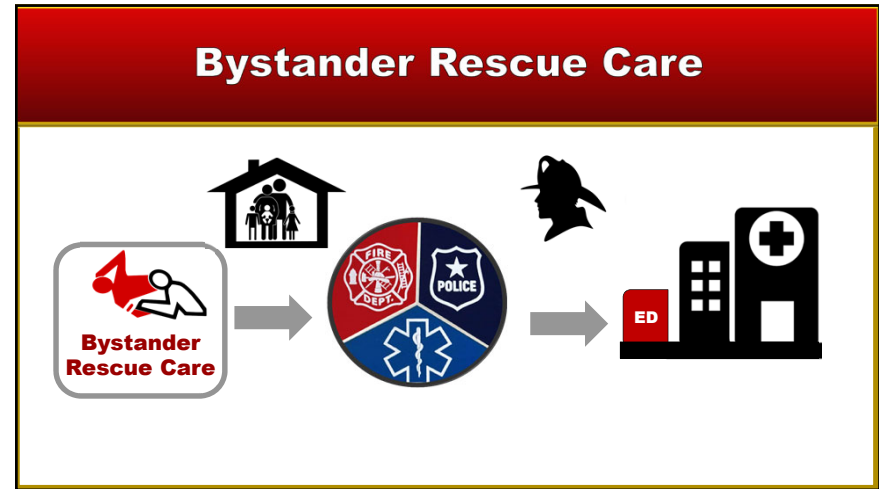



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*Turn the Science into Safety.*



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**CareUniversity**

TMIT Global Research Test Bed

MED + TAC Global

**SafetyLeaders**

**Certificates for Med Tac Program**

STOP THE BLEED SAVE A LIFE

AMERICAN COLLEGE OF SURGEONS  
Inspiring Quality. Highest Standards. Better Outcomes.  
100+ years

Heartsaver® First Aid CPR AED

American Heart Association

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High Impact Care Hazards to Patients, Students, and Employees

<https://www.medtacglobal.org/>

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

Bystander Care Training is a critical need in all communities. The preventable deaths we see in the news are the tip of the iceberg. Our program is a Good Samaritan support system to help everyone learn life-saving actions that will save lives.

High Impact Care Hazards are conditions that are frequent, severe, preventable, and measurable. We have identified the leading causes of death that strike children, youth, and those in their workforce years. We provide evidence-based bystander care training that can have the greatest impact.

Bystander Rescue Skills are the competencies that bystanders can learn that will save lives in the few precious minutes before the professional first responders arrive. Such behaviors can be learned by children, adults, and entire families. We have programs for children, adults, law enforcement, educators, lifeguards, and caregivers.

MedTac is the only integrated program addressing the top causes of death of otherwise healthy children, youth, and adults in the workforce. Med Tac partners with terrific on-site trainers from great organizations who are already in the community.

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High Impact Care Hazards to Patients, Students, and Employees

MED + TAC Global

Active Shooter Healthcare Article

Rapid Response Teams Article

AED & Bleeding Control Gear Article

Family Safety Plan Article

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

Transportation Accidents

Bullying

Med Tac Story Article

**A Medical-Tactical Approach** undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.

Take the Shot... Save a Life

Support today's webinar

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High Impact Care Hazards to Patients, Students, and Employees

<https://www.medtacglobal.org/>

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## The Solution: **Bystander Rescue Care**

<b>Cardiac Arrest</b>  	<b>Choking &amp; Drowning</b>  	<b>Opioid OD &amp; Poisoning</b>  	<b>Anaphylaxis</b>  
<b>Major Trauma</b> 	<b>Infection Care</b> 	<b>Transportation</b> 	<b>Bullying</b> 

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## The Solution: Bystander Rescue Care

<b>Cardiac Arrest</b>   <p><b>Sudden Cardiac Arrest:</b> There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.  <i>Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.</i></p>	<b>Choking &amp; Drowning</b>   <p><b>Choking:</b> More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.  <i>Possible Lives Saved in the US: 13 per day</i></p> <p><b>Drowning:</b> By population, drowning and near drowning events are very common. Since much of the US population is near water, the numbers are likely much greater.  <i>Possible Lives Saved in the US: 8 per day</i></p>	<b>Opioid OD &amp; Poisoning</b>  <p><b>Opioid Overdose and Poisoning:</b> An exploding opioid OD crisis is gripping our nation with a great toll on families. Naxson opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.  <i>Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.</i></p>	<b>Anaphylaxis</b>   <p><b>Anaphylaxis &amp; Life-Threatening Allergies:</b> Many events are unreported, however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.  <i>Possible Lives Saved in the US: 1 per day</i></p>
<b>Major Trauma &amp; Bleeding</b>  <p><b>Major Trauma &amp; Bleeding:</b> Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.  <i>Possible Lives Saved in the US: 1 per hour</i></p>	<b>Infection Care</b>  <p><b>Infection Care:</b> Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care.  <i>Possible Lives Incalculable</i></p>	<b>Nontraffic-Related Vehicular Accidents</b>  <p><b>Nontraffic-Related Vehicular Accidents:</b> The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.  <i>Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.</i></p>	<b>Bullying &amp; Workplace Violence</b>  <p><b>Bullying &amp; Workplace Violence:</b> Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.  <i>Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.</i></p>

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**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
CareUniversity Series**

## Med Tac Bystander Rescue Care: The Good Samaritans





**Gregory H. Botz, MD, FCCM**  
 Professor of Anesthesiology and Critical Care  
 UT MD Anderson Cancer Center, Houston, TX  
 Adjunct Clinical Professor, Department of Anesthesiology  
 Stanford University School of Medicine,  
 Stanford, CA



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## Med Tac Bystander Rescue Care


**Cardiac Arrest**


**Sudden Cardiac Arrest:** There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.  
*Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.*

### COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.




**Step 1**




Phone 9-1-1 and get an AED.

**Step 2**




Cover your own mouth and nose with a face mask or cloth.

**Step 3**



Cover the person's mouth and nose with a face mask or cloth.

**Step 4**



Perform Hands-Only CPR. Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.


Use an AED as soon as it is available.

© 2020 American Heart Association

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### Med Tac Bystander Rescue Care

#### Cardiac Arrest



**Sudden Cardiac Arrest:** There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.

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### Med Tac Bystander Rescue Care

#### Choking & Drowning



**Choking:** More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.

**Possible Lives Saved in the US: 13 per day**

**Drowning:** By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.


**Possible Lives Saved in the US: 8 per day**



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### Med Tac Bystander Rescue Care

#### Opioid OD & Poisoning







**Opioid Overdose and Poisoning:** An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.

**Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.**

#### SAVE A LIFE. GET NALOXONE.

Naloxone stops an overdose caused by opioid pain medication, methadone or heroin. People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life.

**To get naloxone, present this card to the pharmacy staff.**


<p><b>A</b></p>  <p><b>MULTI-STEP NASAL SPRAY</b> DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril. NO BRAND NAME/GENERIC COST: \$-\$\$</p>	<p><b>B</b></p>  <p><b>SINGLE-STEP NASAL SPRAY</b> DIRECTIONS: Spray full dose into one nostril. BRAND NAME: Narcan COST: \$\$\$</p>	<p><b>C</b></p>  <p><b>INTRAMUSCULAR INJECTION</b> DIRECTIONS: Inject 1 mL in shoulder or thigh. NO BRAND NAME/GENERIC COST: \$-\$\$</p>	<p><b>D</b></p>  <p><b>AUTO-INJECTOR</b> DIRECTIONS: Use as directed by voice-prompt. Press black side firmly on outer thigh. BRAND NAME: Evzio COST: \$\$\$</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**FOR ALL PRODUCTS, repeat naloxone administration after 2-3 minutes if there is no response.**

**Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses.**

**For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to [PrescribeToPrevent.org](http://PrescribeToPrevent.org)**


Used with permission from Baxter Medical Center



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### Med Tac Bystander Rescue Care

#### Anaphylaxis



**Anaphylaxis & Life Threatening Allergies:** Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.

**Possible Lives Saved in the US: 1 per day**

#### How To Use An EpiPen

Epipen is used for severe life-threatening allergic reactions.

**Signs & Symptoms**  
Lungs: Chest tightness, cough that will not stop, Wheezing or shortness of breath.  
Heart: Lightheaded feeling, fainting, weak pulse, or low blood pressure.  
Throat: Tightness of throat, hoarseness/strawny throat or difficulty.  
Mouth: Swollen tongue or lips.  
Skin: Swelling or severe itching or hives

1. Hold the EpiPen at arm's length. Pull off the cap and hold the blue cap.
2. Press the green button firmly against the outer thigh. (Do not pull the cap off.)
3. Rub the EpiPen 5 seconds. (Do not pull the cap off.)
4. After using Epipen, seek medical attention.


References:  
[www.naloxonechildrens.org](http://www.naloxonechildrens.org)  
[www.pharmacistdirect.co.uk/epipen](http://www.pharmacistdirect.co.uk/epipen)  
[pubs.nhs.uk](http://pubs.nhs.uk)

By: Manjit Gill RN BSc


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### Med Tac Bystander Rescue Care

#### Major Trauma




**Major Trauma & Bleeding:** Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.  
*Possible Lives Saved in the US: 1 per hour*




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Med Tac Bystander Rescue Care

### Med Tac Bystander Rescue Care

#### Infection Care



**Infection Care:** Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care.  
*Possible Lives Incalculable*




Med Tac Rescue Skill  
**CLEAN A CUT - SAVE A LIFE**

**Clean A Cut - Save A Life:** The pathogens of today are very resistant to antibacterial agents and can progress to life-threatening sepsis. So minor cuts and scrapes must be treated immediately and watched closely. Such wounds need to be cleaned quickly, only with soap and water. Alcohol or hydrogen peroxide will harm healing and they harm the infant cells critical to closing the wound.


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Med Tac Bystander Rescue Care

### Med Tac Bystander Rescue Care

#### Transportation



**Non-traffic Related Vehicular Accidents:** The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.  
*Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.*



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Med Tac Bystander Rescue Care

### Med Tac Bystander Rescue Care

#### Bullying




**Bullying & Workplace Violence:** Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.  
*Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.*




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## Family Lifeguard Update for 2022



**David Beshk**  
Award Winning Educator  
Med Tac Master Instructor  
Eagle Scout Advisor  
Merit Badge Counselor



**Charles R. Denham III**  
High School Student  
Co-founder Med Tac Bystander Rescue Care Program  
Co-lead Lifeguard Surf Program  
Junior Med Tac Instructor  
Certified Lifeguard

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**Family Lifeguard**

### Be Your Family Lifeguard

90% Prevention and 10% Rescue



**Family Huddle Checklist**

**The Goal - Prevent Bubble Trouble**  
Maintain the Four Pillars: Distance, Mask Use, Hand Hygiene, and Disinfect Surfaces.

**Before Event:**

- Consider Rapid Antigen Testing
- Identify how to Optimize Ventilation
- Determine how to protect At-Risk Members
- Assign Tasks to Family Members
- Prepare Separate Family Bubble Portions
- Set Up Handwashing Stations
- Develop a Bathroom Plan
- Prepare Bathroom - Optimize Ventilation
- Maintain Kitchen Hygiene

**During Event:**

- Convene Holiday Huddle with Guests
- Opening Prayer
- Describe Safe Family Bubbles
- Review Four Safety Pillars
- Provide Restroom Plan
- Describe Eating Plan
- Summarize Clean Up Plan

**After Event:**

- Glove up to Clean Up
- Soak Plates and Cutlery in Soapy Water
- Wipe down surfaces touched by guests
- Wipe down bathroom used by guests
- Meet to de-brief to be safer next time

CareUniversity Med Tac Bystander Rescue Care

**Survive & Thrive Guide: Protecting Your Family**



## Safe Practices



**Social Distancing**



**Use of Masks**



**Hand Washing**



**Disinfecting Surfaces**

SOURCE: Centers for Disease Control

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**Family Lifeguard**

## Holidays, Spring Break, Ski Week, and Vacations



**Family Huddle Checklist**

**The Goal - Prevent Bubble Trouble**  
Maintain the Four Pillars: Distance, Mask Use, Hand Hygiene, and Disinfect Surfaces.

**Before Event:**

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- Describe Eating Plan
- Summarize Clean Up Plan

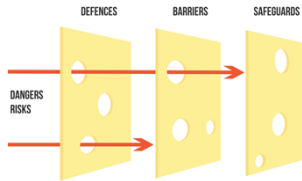
**After Event:**

- Glove up to Clean Up
- Soak Plates and Cutlery in Soapy Water
- Wipe down surfaces touched by guests
- Wipe down bathrooms used by guests
- Meet to de-brief to be safer next time



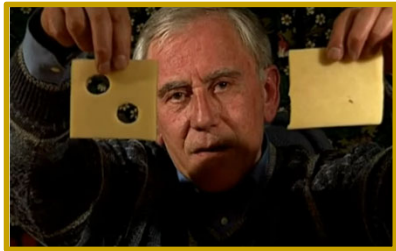
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## SWISS Cheese Model



DEFENCES    BARRIERS    SAFEGUARDS

DANGERS  
RISKS



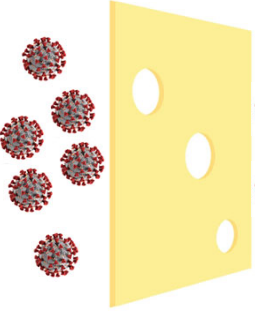
**Professor James Reason**

[Source: https://www.youtube.com/watch?v=KND5py-z8yI](https://www.youtube.com/watch?v=KND5py-z8yI)

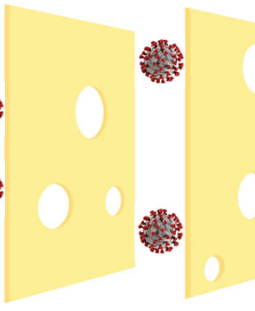
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## COVID Defense Strategies

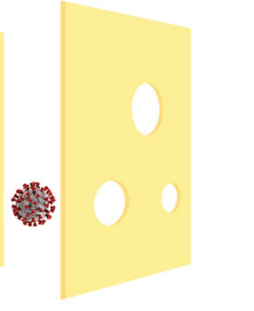
Social Distancing



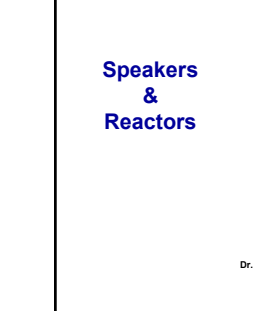
Masks



Ventilation



TESTING



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**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
CareUniversity Series**



Jennifer Dingman



Dr. Gregory Botz



Chief William Adcox



Dr. Christopher Peabody



Charlie Denham III



Dr. Brittany Barto-Owens



Vicki King MS



David Morris PhD JD



David Beshk



Dr. Charles Denham


**Speakers & Reactors**

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**MED + TAC** Global  
**Coronavirus Care Community of Practice**

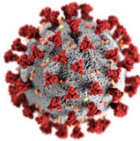
**Bystander Rescue Care**  
*CareUniversity Series*

## Voice of the Patient



**Jennifer Dingman**

Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division  
 Co-founder, PULSE American Division  
 TMIT Patient Advocate Team Member  
 Pueblo, CO




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# Additional Resources

## The High Performance Envelope

**High Performance Envelope:**  
 Technology-Practices-Leadership Sphere Intersection




**Drive Power through High Performance Envelope:**  
 Technology-Practices-Leadership Sphere Intersection

- **Leadership at Multiple Levels Key** –Dept, C Suite, and Governance: Highest performance is generated when all three levels of leadership are engaged in delivering high performance. Safety being an intrinsic property of high performance and the life blood of delivering high value accountable care.
- **Department Level Leadership:** Compliance with practices is absolutely dependent on dept level managers (Joint Commission data has revealed this).
- **C Suite Level Leadership:** C Suite is critical to "In Budget" Funding Allocations (light green dollars (capacity)).
- **Governance Board Leadership:** New "Out of Budget" Allocations of Funds are available with engagement of governance board supporting C Suite. Safety is key to board!
- **Transformational Improvement:** Is absolutely impossible without engagement of leaders, predictable safe practices, and technologies to enable them.


**Technology Alone:**

- **Magical Thinking:** One of the most common pitfalls is to suffer "magical thinking" regarding a new medication, device, technology, or service. The chains of habit are too tight to be felt until they are too heavy to break. The healthcare ecosystem is littered with the bodies of those who have bet their companies, healthcare organizations, and careers on technology alone. Without enabling best practices with leadership engagement, many technologies fall alone.



**Technology & Practices Alone:**


- **Leadership is the Vital Ingredient for Sustainable Success:** The data shows that even when evidence based best practices are enabled by the right technologies, that sustainable performance is uncertain. Most importantly, without engaged leaders at macro-level (governance and C Suite), micro-level (dept directors), and micro-level (at tech level) optimal compliance and reliability is not possible.



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## The 5 Rights of Imaging, Risk, and Consultative Radiology

**The 5 Rights of Imaging Children™**

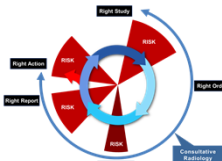


**The 5 Rights of Imaging Children™**

- **Big Surprises:** 10% of all imaging is of children, however 90% of that imaging is done at non-child focused facilities and sites.
- **Translation to Adults:** ALL of the quality improvement and safety interventions are **directly applicable** to adults.
- **Powerful Lever at the Frontline:** When it comes to child safety, ROI, the business case, and budgets are not powerful barriers to prevent purchasing of improvement services and products.

**Risk and Consultative Radiology**

- **Radiation Risk:** It is not likely that there will ever be full consensus on the amount of radiation that causes harm, however 100% of physicists and leaders agree that it should be minimized and tracked.
- **Study and Order Risk:** A major area of malpractice risk to primary care and internal medicine physicians is in study selection/ordering.
- **Reporting Risk:** Another major area of risk is that of report tracking and action on results.
- **Care Action Risk:** Downstream referral and the closing of info-circuits is also an area of risk.



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