

# Fraud in the COVID Ecosystem

## Survive and Thrive Guide



July 7, 2022 - Webinar 189

**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**  
 July 7, 2022  
 CareUniversity Webinar 189

2 Med Tac Bystander Rescue Care



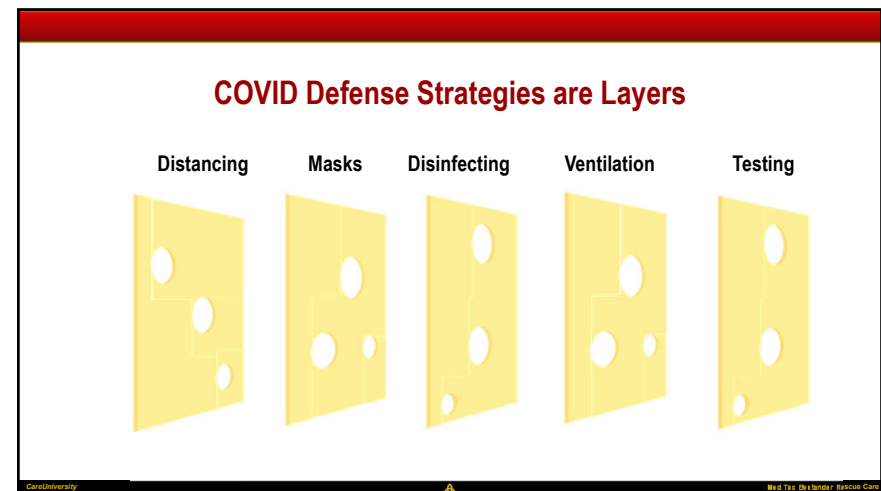
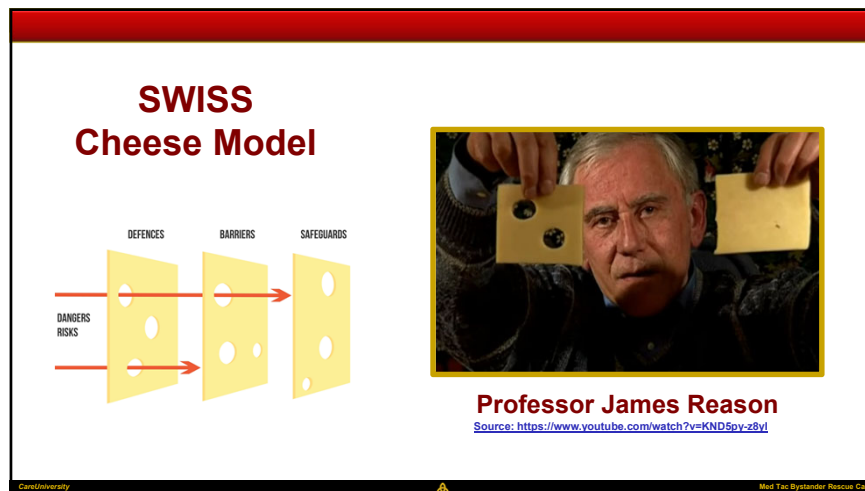
## Alert from Health & Human Services

- Fraudulent Tests
- HHS Grants
- Medicare Prescription Cards
- Identity Theft
- Fraudulently Bill Medicare



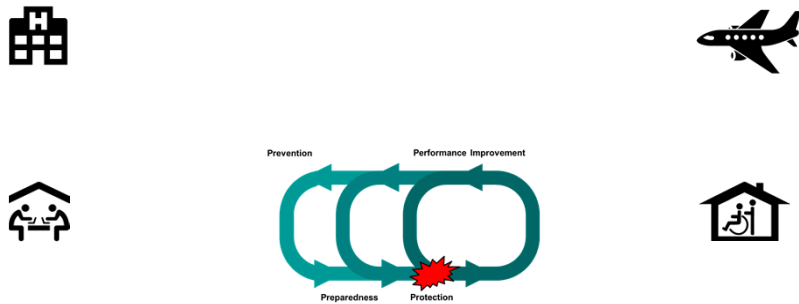
## Fraud Alert: COVID-19 Scams

- 1 Scammers are out there preying on COVID-19 fears.
- 2 Scammers can cause harm. They can fraudulently bill federal health care programs or commit identity theft.
- 3 COVID-19 fraud is rapidly evolving. Be cautious of unsolicited requests for personal information.
- 4 Talk to your doctor to get COVID-19 testing or treatments.
- 5 If you suspect fraud, take action.



## Fraud in the COVID Ecosystem

- **Prevention: How to prevent harm from fraudsters**

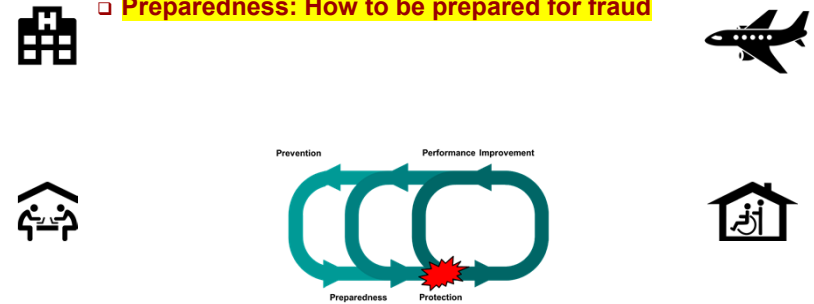


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## Fraud in the COVID Ecosystem

- Prevention: How to prevent harm from fraudsters
- **Preparedness: How to be prepared for fraud**

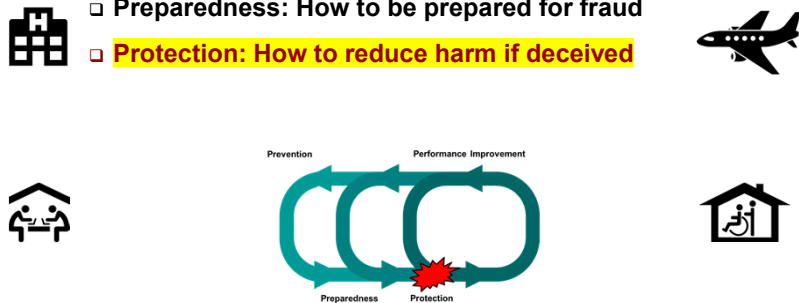


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## Fraud in the COVID Ecosystem

- Prevention: How to prevent harm from fraudsters
- Preparedness: How to be prepared for fraud
- **Protection: How to reduce harm if deceived**

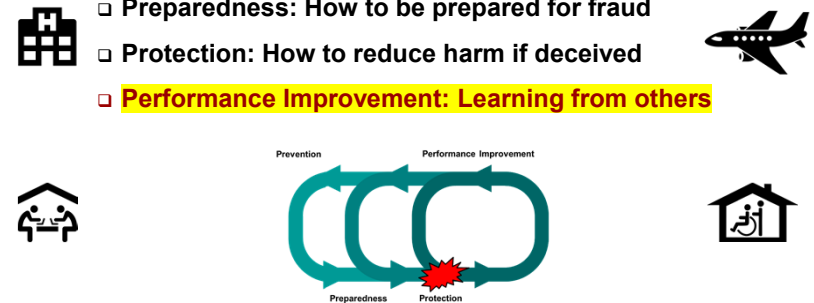


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## Fraud in the COVID Ecosystem

- Prevention: How to prevent harm from fraudsters
- Preparedness: How to be prepared for fraud
- Protection: How to reduce harm if deceived
- **Performance Improvement: Learning from others**



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**Coronavirus Care Community of Practice**

**Bystander Rescue Care CareUniversity Series**

**Speakers & Reactors**

Bill Adcox

Dr. Gregory Botz

Dr. Christopher Peabody

Charlie Denham III

Jennifer Dingman

Heather Foster RN

David Beshk

Dr. Charles Denham

**CAREUNIVERSITY**

**Coronavirus Care Community of Practice**

**Bystander Rescue Care CareUniversity Series**

**Our Purpose, Mission, and Values**

**EMERGING THREATS COMMUNITY OF PRACTICE**

**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.

**Coronavirus Care Community of Practice**

**Bystander Rescue Care CareUniversity Series**

**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.
- Chief William Adcox has nothing to disclose.
- David Beshk has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Heather Foster RN 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 *Surfing the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for BioPlanet, 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.

**Coronavirus Care Community of Practice**

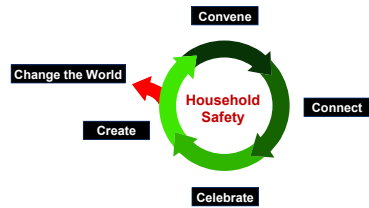
**Bystander Rescue Care CareUniversity Series**

<https://www.medtacglobal.org/webinarjune2022/>



## Coronavirus Care Community of Practice

### 2022 Q3 Progress Report



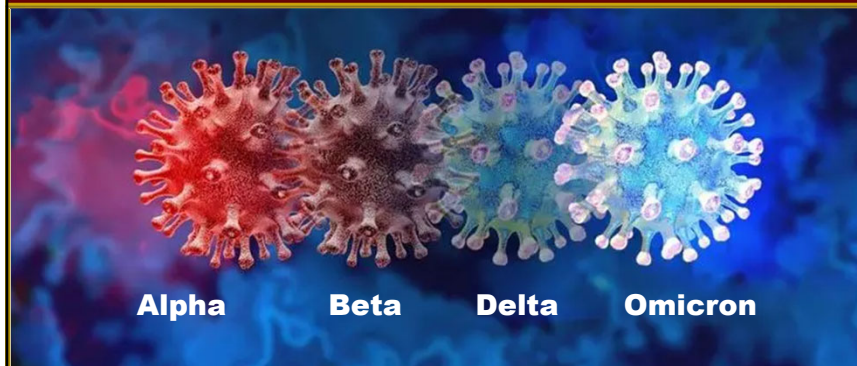
## Coronavirus Care Community of Practice

### 2022 Q3 Progress Report



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

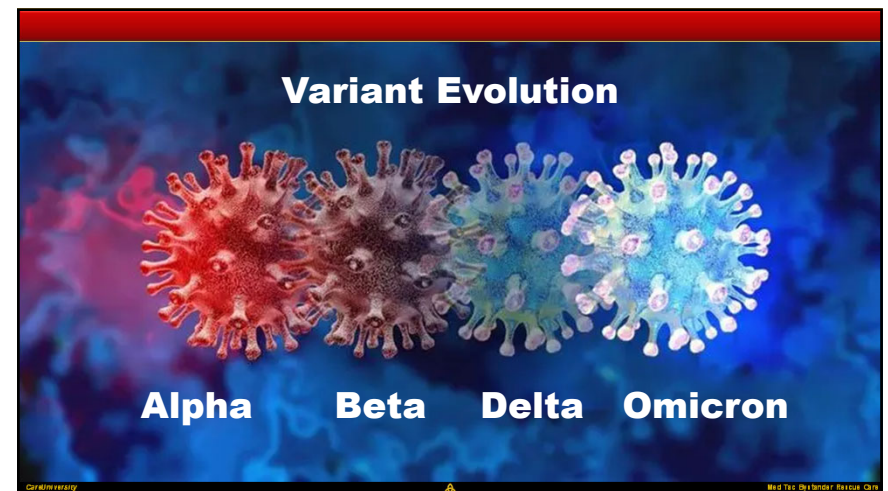
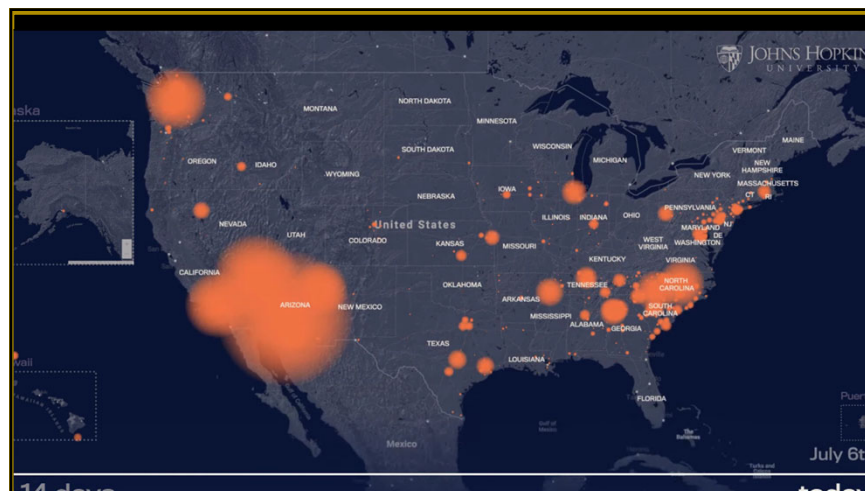
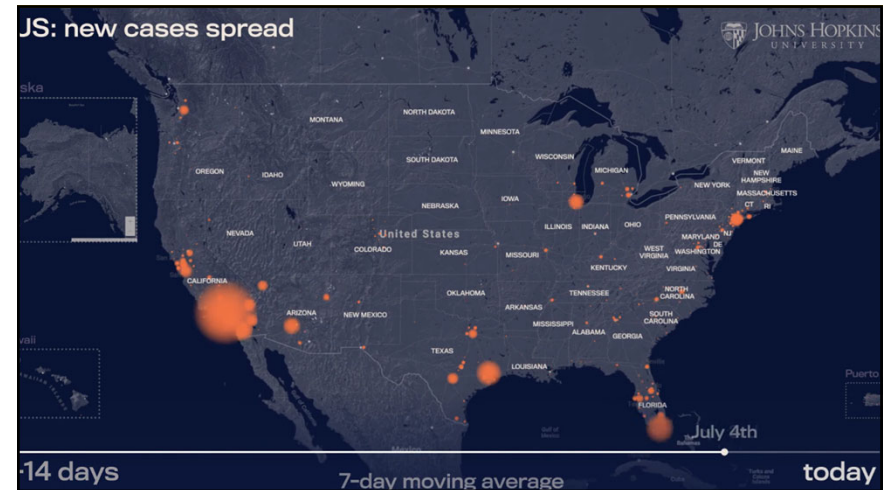
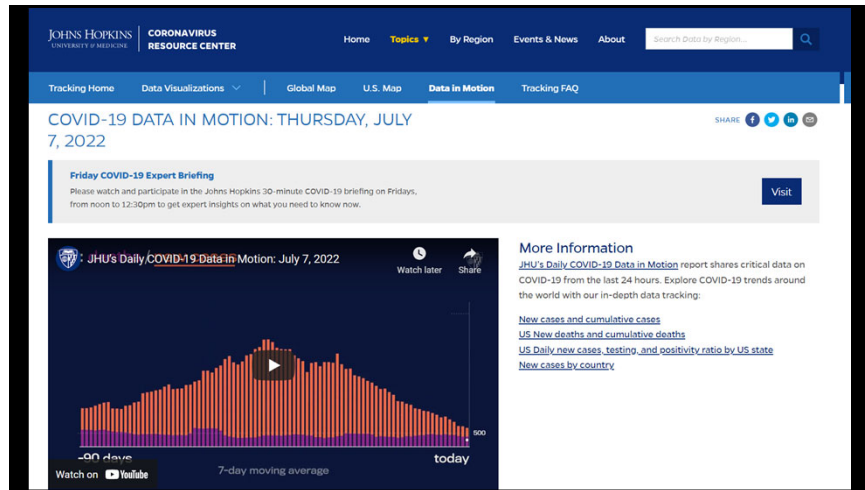
## Coronavirus: Not Done Yet!



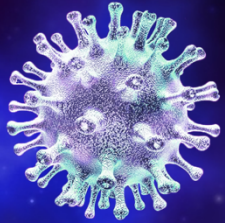
## Fraud Status and The Basics



- ❑ Coronavirus - where are we...BA 4, BA 5
- ❑ Swiss Cheese Model
- ❑ 4 P's: Prevention, Preparedness, Prevention, Performance Improvement
- ❑ Left of Boom
- ❑ Supplier, Provider, and Purchaser Value Chain
- ❑ The Narratives: Competing Stories
- ❑ Misinformation, Disinformation, and Malinformation
- ❑ Emerging Threats
- ❑ 5 Rights of Medical Records
- ❑ 5 R Family Plan: Readiness, Response, Rescue, Recovery, and Resilience

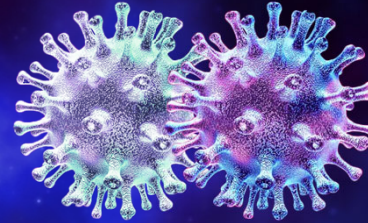


### Variant Evolution



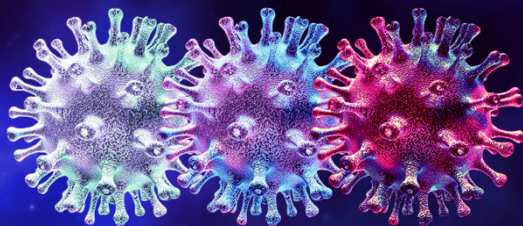
**Alpha**

### Variant Evolution



**Alpha    Beta**

### Variant Evolution



**Alpha    Beta    Delta**

### Variant Evolution



**Alpha    Beta    Delta    Omicron**



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

## TMIT Global Research Test Bed & 500 Subject Matter Expert Pool

**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



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

**500 Subject Matter Experts**



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**MED + TAC** **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 Ullem	Dr. McDowell	Dennis Quaid	Preston Head III
									
Fred Haise	Dr. Steve Swensen	Tyler Sant	Avarie Pettit	Dr. Mary Foley	Bob Chapman	Perry Bechtie III	Becky Martins	Betsy Denham	Charlie Denham III
									
Dr. C Peabody	Dr. Chris Fox	Randy Styner	Tom Renner	David Beshk	Ann Rhoades	Nancy Conrad	Dr. Chopra	John Little	Debbie Medina

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Matt Horace	John Tomlinson	Dan Ford	Arlene Salamendra	Jennifer Dingman	Bill George	Penny George	Hilary Schmidt PhD	Paul Bhatia EMT	Dr. McDowell

**Contributions Through Segments of our Discovery Channel Documentaries**

							
Prof Christensen	Jim Collins	C Sullenberger	Charlotte Guglielmi	Dr. Don Berwick	Dr. Howard Koh	Dr. Jim Baglan	Dr. Harvey Fineberg

**Chasing Zero**

Chasing the goal of healthcare zero

**Surfing the Healthcare Tsunami**

Surfing the Healthcare Tsunami: Bring Your Best Boat™

**3 Minutes & Counting**

**Bystanders Care!**

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## Coronavirus Care Results

- Established National Community of Practice
- Launched Multi-center 1,000 Family Household R&D Study
- 50 Ninety Minute Broadcasts and Online Programs
- 26 *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



**Coronavirus Care**  
Community of Practice

**Bystander Rescue Care**  
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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  
UCSD

Charlie Denham III  
High School Lead

Charlie Beall  
Stanford Alum

Marcus McDowell  
U of Cincinnati

Jaime Yrastorza  
UCSD Pre-med

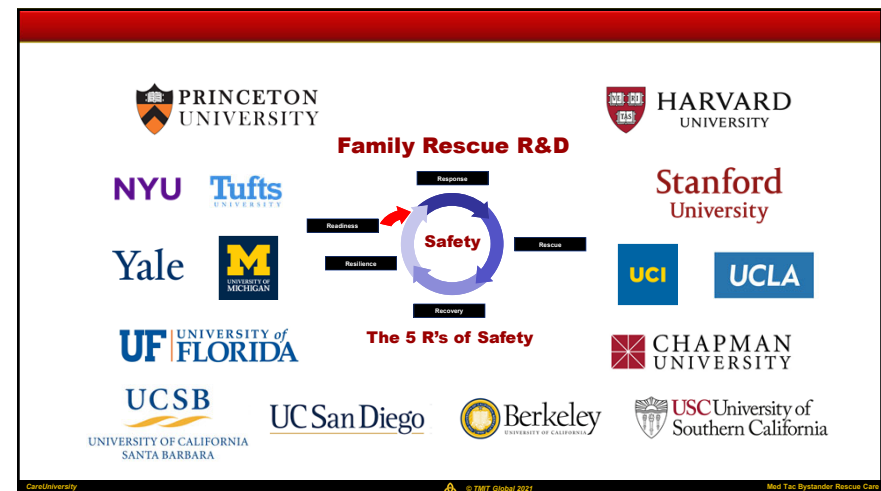
Paul Bhatia EMT  
UCI Pre-med

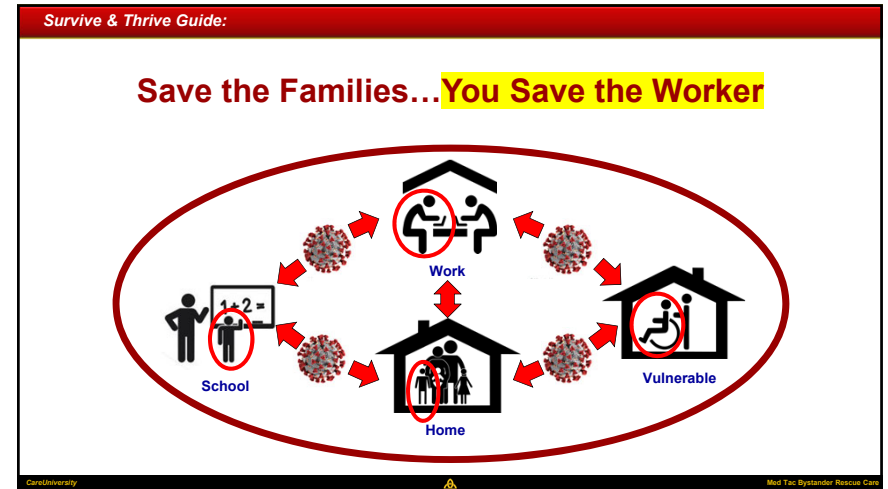
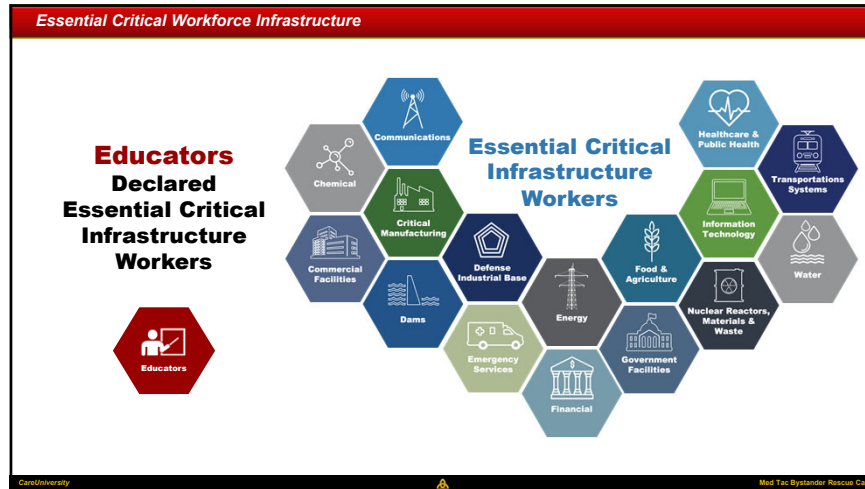
D Policchio  
NYU Film

Manue Lopez  
Berkeley Alum

Preston Head III  
UCLA Alum

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

**Short Video Topics**

- Masks: Filter, Fit, and Finish
- Hand Washing & Disinfectants
- OSHA High Contact Surfaces
- Building a FAMILY SAFETY PLAN
- If not REED Emergency Care
- Why N95, Respirators, and ABEH
- Family Labeled Program
- Vaccination Conversation

**SHORT TOPIC:**

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

**Survive & Thrive Guide Program Road Map**

**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**

**1,000 Worker Study**

**The 5 R's of Safety**

- Readiness
- Response
- Rescue
- Recovery
- Resilience


**HEAD**

**HEART**

**HANDS**

**VOICE**


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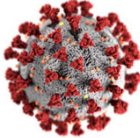
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## Voice of the Patient

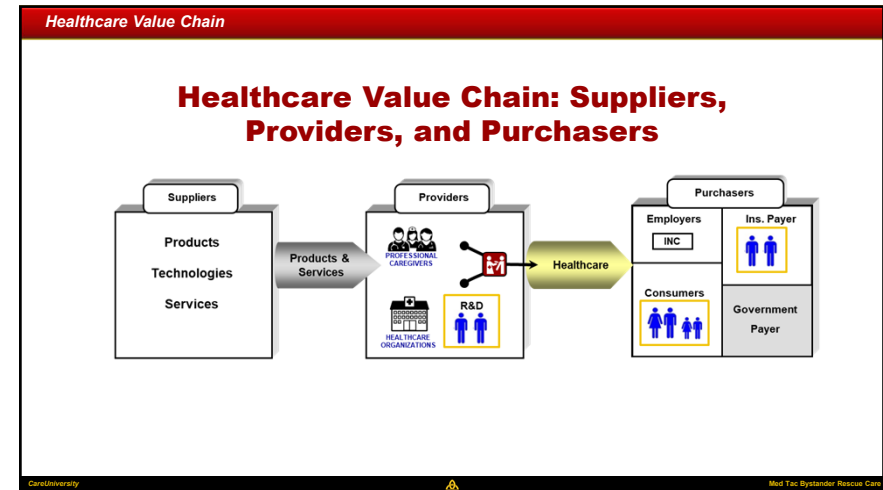


**Jennifer Dingman**


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



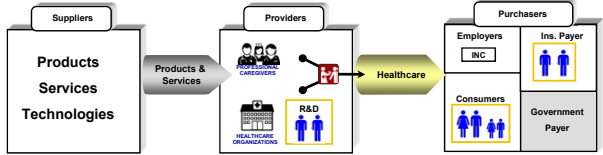
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### Healthcare Value Chain



## Fraud Examples Along Value Chain



**Suppliers**

- ☐ Counterfeit Masks
- ☐ Counterfeit Tests
- ☐ Counterfeit Medications
- ☐ Misinformation & Disinformation


**Providers**

- ☐ Price Gouging & Conflicts
- ☐ Surprise Billing
- ☐ Lawsuits Against Patients
- ☐ Counterfeit Testing

**Purchasers**

- ☐ Denial of Coverage
- ☐ Denial of Disability Benefits
- ☐ COVID Timebomb
- ☐ Identity Theft Cybercrime


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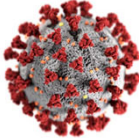
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## The Next Normal: Left of Boom & 4P's



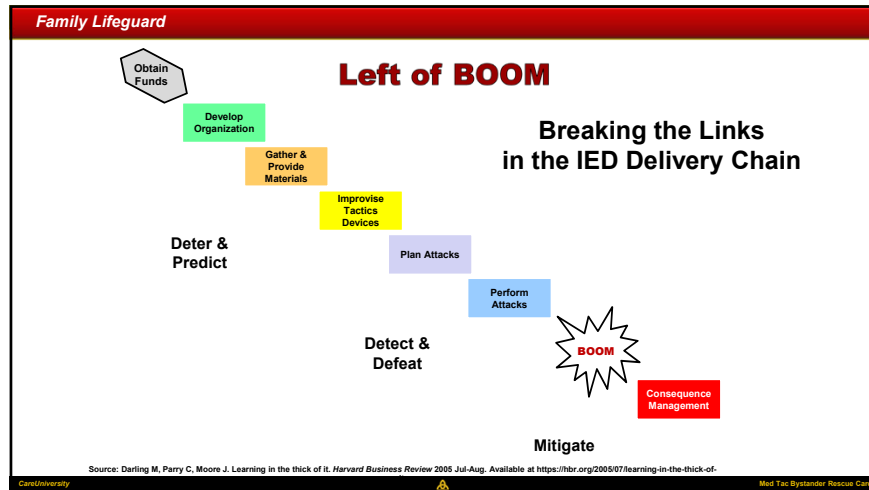
**William Adcox MBA**

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



04-07-22 Community of Practice Webinar <https://www.medtacglobal.org/webinarapril2022/>
Video 6 Minutes

44
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[www.GlobalPatientSafetyForum.org](http://www.GlobalPatientSafetyForum.org)

**Emerging Threats Community of Practice**

**Global Patient Safety Forum**

The GPSF is a convening alliance with a mission to save lives, save money and build value in the community of care. The forum has expressly founded to make measurable important content that the collaborative want to share most readily. This website is not intended to compete with any other initiative and not meet its objectives if collaborators and those interested in the forum share the information with their communities. There are no financial requirements or costs of the site. Content contributors are provided in order to protect those we serve and those who serve. There are no patents and no fee families. Those who serve are the caregivers, administrators, researchers, educators, and staff in the healthcare industry.

**Global Innovators Network**

We are a global network of leaders from academic, NOVA, pharmaceutical, and life-science organizations. We are focused on best practices in leadership or innovation. We are focused on multiple sectors with a focus on innovation. We are focused on financial sustainability and innovation. We are focused on the financial support of any form or contribution of product. The information website is entirely free.

**The Healthcare Threat Safety Spectrum**

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, or Mixed Outside-Inside Threats including Cyberattacks.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Fire 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 weapons, also weaponization of transportation & vehicles (CBRN).
- **Violent Acts Against Leadership** where active, passive, clinical, or administrative leaders are targeted by students or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients and/or related entities who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems or events identified by multiple reviews such as diagnostic errors.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity.
- **Healthcare Operations & Risk** with reviewing & handling transfer results.
- **Readiness for Epidemics** including preparedness for testing and vaccine trials.
- **Sexual Misconduct** including sexual harassment, abuse of power, and sexual assault, 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 compromise of medical records relating to patients and caregivers.
- **Cybersecurity Operation** issues including breach, theft, and compromise of operational records, violation 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.
- **Biological Threat** including misrepresentation of identity or miscommunication, safety related issues such as vaccination and testing status, and annotations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related issues such as vaccination and testing status, and annotations of truth.
- **Drug Diversion** by staff including caregivers and pharmacists who compromise medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosure and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or intentional gross documentation including preparation and reports.
- **Defamation or Slander** by investigative reporting or false statements.
- **Biomedical** misrepresentation, misdiagnosis, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance** issues including new risk for non-compliance.

Thomas Zehner, MD  
Expert Speaker in Public Health  
Former, Special Director of the WHO  
Former, Secretary of State for Health  
Swiss Federal Office of Public Health, Bern, Switzerland

Read this...  
View video clip

**Emerging Threats Community of Practice**

**The Healthcare Threat Safety Spectrum**

Academic Fraud, Patient Safety Errors of Omission, Workplace Employee Bullying, Administrative Misconduct, Cyber & I.P. Theft, Invisible Threats, Unintentional Patient Harm, Intentional Patient Harm, Visible Threats.

THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

STANFORD University

UCSF University of California San Francisco

UFI UNIVERSITY of FLORIDA

MAYO CLINIC

HARVARD UNIVERSITY

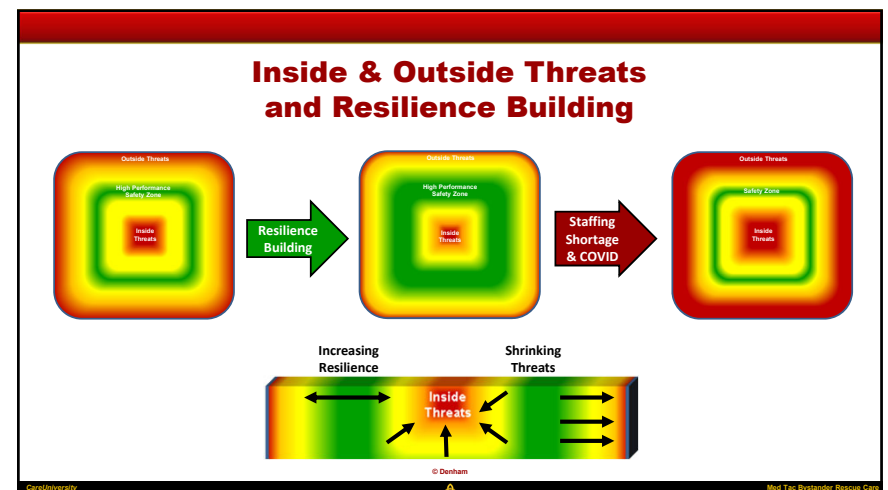
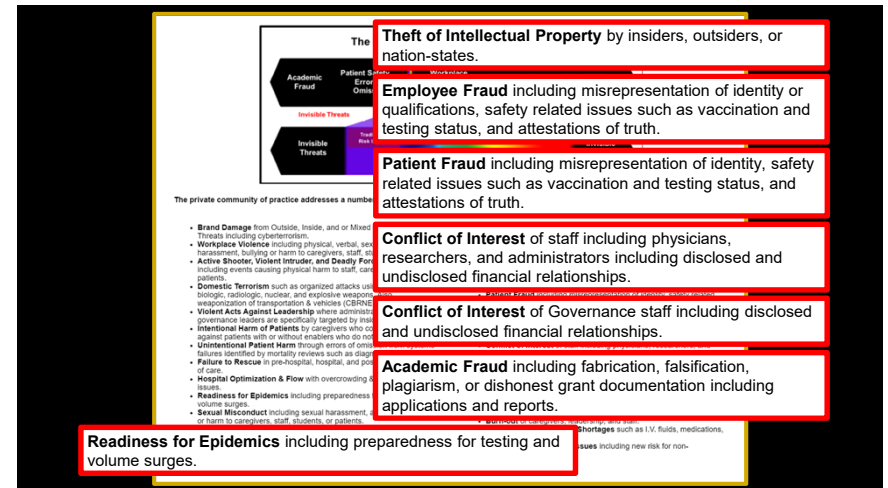
UCI

USC University of Southern California

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# Misinformation, Disinformation, and Malinformation



## The Narrative and Competing Narratives



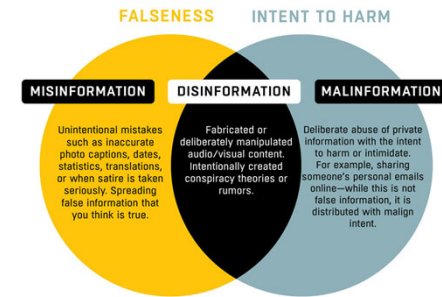
The **NARRATIVE** is the story that is told that makes sense of a version of the facts that support the argument made by an organization or individual. Attorneys will take advantage of the existence or absence of documentation to support their clients. It is critical that patients manage their medical documentation and supplement it to protect themselves.



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## Misinformation – Disinformation - Malinformation

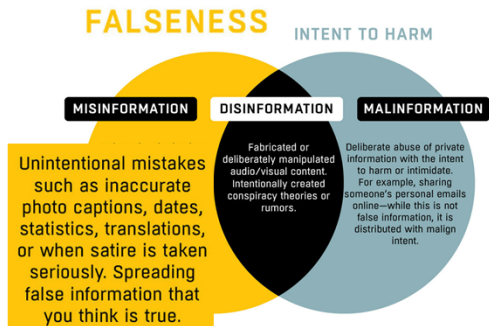


*Turn the Science into Safety.*

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## Misinformation – Disinformation - Malinformation

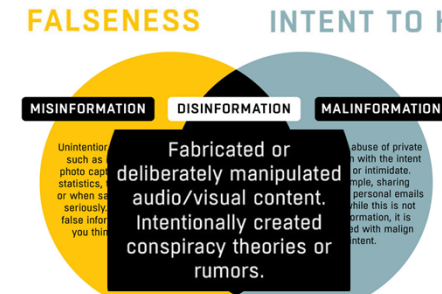


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## Misinformation – Disinformation - Malinformation

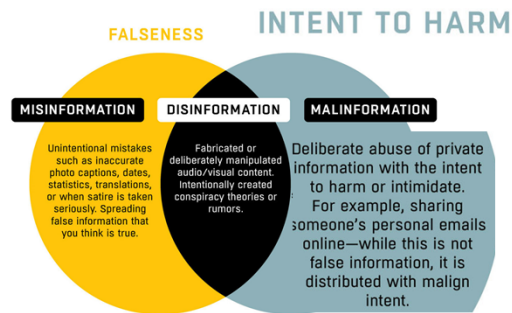


*Turn the Science into Safety.*

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## Misinformation – Disinformation - Malinformation



*Turn the Science into Safety..*

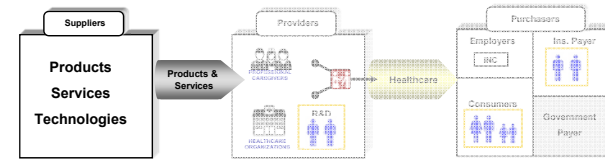
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## Healthcare Value Chain



## Fraud Examples Along Value Chain



### Suppliers

- ☒ Counterfeit Masks
- ☐ Counterfeit Tests
- ☐ Counterfeit Medications
- ☐ Misinformation & Disinformation

### Providers

- ☐ Price Gouging & Conflicts
- ☐ Surprise Billing
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### Purchasers

- ☐ Denial of Coverage
- ☐ Denial of Disability Benefits
- ☐ COVID Timebomb
- ☐ Identity Theft Cybercrime

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## Masks: Filter, Fit, and Finish



N95 Mask



Surgical Mask



Cloth Mask

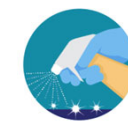
## Survive & Thrive Guide: Protecting Your Family



## CDC Guidelines



**Social  
Distancing**



**Disinfecting  
Surfaces**



**Hand  
Washing**



**Use of  
Masks**

SOURCE: Centers for

CaroUniversity

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## Take the Shot – Save a Life

### Why Mask...Vaccinated or Not?

- Can I CATCH it?
- Can I SPREAD it?
- Can I GET SICK NOW?
- Can I GET LONG HAUL?

#### Why Mask?

Vaccination Status	CATCH IT?	SPREAD IT?	GET SICK NOW?	GET LONG HAUL?
Unvaccinated	Yes	Yes	Yes	Yes
Vaccinated	Yes	Yes	Yes	Yes
Youth 12-17	Yes	Yes	Yes	Yes
Children Ages 2-12	Yes	Yes	Yes	Yes

## Counterfeit Masks

CDC Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

Search NIOSH Advanced Search

The National Personal Protective Technology Laboratory (NPPTL)

NIOSH > NPPTL > Respirator User Notices

NPPTL

What's New on the NPPTL Website

A to Z Index

Respiratory Protection Videos

Resources for Mine Workers

Resources for Emergency Responders

Respirator Approval Program

Respirator Assessments to Support COVID-19 Response

Protective Clothing and Ensembles

### Counterfeit Respirators / Misrepresentation of NIOSH-Approval

**Notice on NIOSH ownership of respirator certification marks**

NIOSH has successfully recorded the NIOSH stylized logo with and without text, as well as the certification marks N95, N99, N100, P95, P100, and the term "NIOSH Approved", with the U.S. Patent and Trademark Office (USPTO). NIOSH, as the certifying federal entity for the NIOSH Respirator Approval Program, owns these certification marks, meaning that NIOSH controls who can use these marks. Accordingly, NIOSH will let manufacturers use these certification marks only if they become NIOSH-approval holders because of their products satisfying the NIOSH's regulatory standards set forth in 42 C.F.R. Part 84. While these marks have historically been protected under common law (as opposed to a trademark registration) since they were established by the program regulations, these marks are now registered with the USPTO as federal registrations, as well as in various foreign countries, and are subject to additional protections under the Lanham Act, 15 U.S.C. §§ 1051 et seq. and foreign trademark laws. Thus, any misuse of these marks, including on respirators that have failed to satisfy NIOSH's regulatory requirements or have not received a NIOSH approval, is a direct violation of applicable trademark laws and NIOSH may pursue action as necessary. This also applies to approval holders that misuse or misplace the marks or terms against the regulations, specifically outlined in 42 C.F.R. § 84.33.

<https://www.cdc.gov/niosh/npptl/usenotices/counterfeitResp.html>

## Counterfeit Masks

CDC Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers. When NIOSH becomes aware of counterfeit respirators or those misrepresenting NIOSH approval on the market, we will post them here to alert users, purchasers, and manufacturers.

#### How to identify a NIOSH-approved respirator:

NIOSH-approved respirators have an approval label on or within the packaging of the respirator (i.e. on the box itself and/or within the user's instructions). Additionally, an abbreviated approval is on the FFR itself. You can verify the approval number on the [NIOSH Certified Equipment List \(CEL\)](#) or the [NIOSH Trusted Source](#) page to determine if the respirator has been approved by NIOSH. NIOSH-approved FFRs will always have one of the following designations: N95, N99, N100, R95, R99, R100, P95, P99, P100.

#### Signs that a respirator may be counterfeit:

- No markings at all on the filtering facepiece respirator
- No approval (TC) number on filtering facepiece respirator or headband
- No NIOSH markings
- NIOSH spelled incorrectly
- Presence of decorative fabric or other decorative add-ons (e.g., sequins)
- Claims for the approval for children (NIOSH does not approve any type of respiratory protection for children)
- Filtering facepiece respirator has ear loops instead of headbands

Check the respirator approval markings using the [Example of Correct Exterior Markings on a NIOSH-Approved Filtering Facepiece Respirator](#) graphic.

#### Signs that a respirator may be counterfeit:

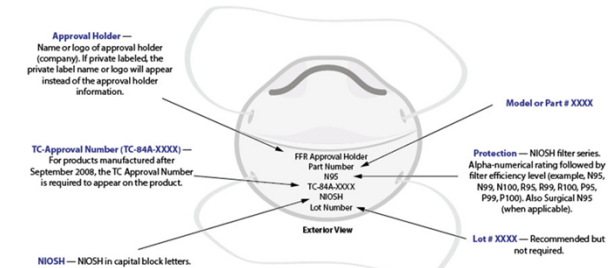
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<https://www.cdc.gov/niosh/npptl/usenotices/counterfeitResp.html>

## Counterfeit Masks

Check the respirator approval markings (graphic below) or the [Certified Equipment List](#) to verify your respirator is NIOSH-approved. Additional information is available on the [NIOSH Trusted Source](#) page.


### Example of the Correct Exterior Markings on a NIOSH-Approved Filtering Facepiece Respirator



<https://www.cdc.gov/niosh/npptl/usenotices/counterfeitResp.html>

### Counterfeit Masks

#### 2022 List of Counterfeit Masks



NOT NIOSH-APPROVED

NOT NIOSH-APPROVED


NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

<https://www.cdc.gov/niosh/nppt/usernotices/counterfeitResp.html>

#### Prior Lists of Counterfeit Masks

View Additional Counterfeit Registrations Listed in 2019 to 2021



NOT NIOSH-APPROVED

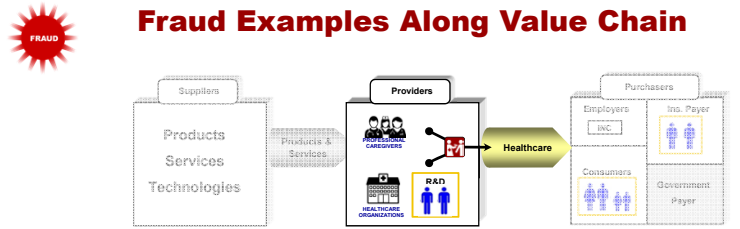
NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

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### Healthcare Value Chain

#### Fraud Examples Along Value Chain



#### Suppliers

- Counterfeit Masks
- Counterfeit Tests
- Counterfeit Medications
- Misinformation & Disinformation

#### Providers

- Price Gouging & Conflicts
- Surprise Billing
- Lawsuits Against Patients
- Counterfeit Testing

#### Purchasers

- Denial of Coverage
- Denial of Disability Benefits
- COVID Timebomb
- Identity Theft Cybercrime

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### Martin Adel Makary MD MPH


Chief, Islet Transplant Surgery  
Professor of Surgery  
Johns Hopkins Medical School








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Martin Makary MD MPH

### Billing Quality Measures




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## Billing Quality Measures



**Martin Makary MD MPH**

February 4, 2020


**Billing Quality Is Medical Quality**

Simon C. Mathews, MD<sup>1</sup>; Martin A. Makary, MD, MPH<sup>1,2</sup>

> Author Affiliations

JAMA. 2020;323(5):409-410. doi:10.1001/jama.2019.19648

- **Itemized bills:** Are patients routinely provided an itemized bill with items explained in plain English?
- **Price transparency:** Are patients provided real prices for common "shoppable" services when they ask?
- **Service quality:** Can patients speak with a billing representative promptly about a concern they have about their bill and be informed of a transparent review process?
- **Suing patients:** For patients who have not entered into a written agreement specifying a price for a medical service, does the institution sue patients to garnish their wages, place a lien on their home or involuntarily withdraw money from a patient's income tax return?
- **Surprise bills:** Are out-of-network patients paying out of pocket expected to pay more than the region-specific, reference-based price [a price outside of that set by traditional insurance carriers]? and
- **Are patients billed for complications:** stemming from National Quality Forum (NQF) serious reportable events?



**JAMA Network**

Search All Enter Search Term

**Research Letter**

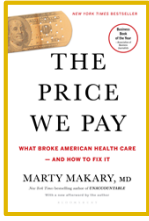
June 25, 2019

**Prevalence and Characteristics of Virginia Hospitals Suing Patients and Garnishing Wages for Unpaid Medical Bills**

William E. Bruhn, BS<sup>1</sup>; Laine Rutkow, JD, PhD, MPH<sup>2</sup>; Peiqi Wang, MD, MPH<sup>3</sup>; et al.


> Author Affiliations | Article Information

JAMA. 2019;322(7):691-692. doi:10.1001/jama.2019.9144



- **25,400 lawsuits at one non-profit hospital**
- **Garnishment revenue = 0.01% of total Revenue**
- **Most common employee sued: Walmart Workers**

### Healthcare Value Chain



## Fraud Examples Along Value Chain

Suppliers

Products  
Services  
Technologies

Providers

HEALTHCARE ORGANIZATION

Purchasers

Employers  
Ins. Payer  
Government Payer

**Suppliers**

- ❑ Counterfeit Masks
- ❑ Counterfeit Tests
- ❑ Counterfeit Medications
- ❑ Misinformation & Disinformation


**Providers**

- ❑ Price Gouging & **Conflicts**
- ❑ Surprise Billing
- ❑ Lawsuits Against Patients
- ❑ Counterfeit Testing

**Purchasers**

- ❑ Denial of Coverage
- ❑ Denial of Disability Benefits
- ❑ COVID Timebomb
- ❑ Identity Theft Cybercrime

### The Healthcare Threat Safety Spectrum



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 cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force Incidents** including events causing physical harm to staff, caregivers, students, or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biologic, 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.
- **Readiness for Epidemics** including preparedness for testing and volume surges.
- **Sexual Misconduct** including sexual harassment, abuse of power, and or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those who serve including patients and their families and or those who serve in the organization.
- **Cybersecurity Patient Records** 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 dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or false whistleblowers.
- **Burnout** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.

**The Healthcare Threat Safety Spectrum**

**Wrongful Termination and Harm to Caregivers and Staff**

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 Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual harassment, bullying or harm to caregivers, staff, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force** including events causing physical harm to staff, caregivers, or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biological, radiologic, nuclear, and explosive weapons.
- **Violent Acts Against Leadership** where administrative governance leaders are specifically targeted by individuals.
- **Intentional Harm of Patients** by caregivers who do not act in the best interest of the patient.
- **Unintentional Patient Harm** through errors of omission or commission.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Hospital Optimization & Flow** with overcrowding issues.
- **Readiness for Epidemics** including preparedness volume surges.
- **Sexual Misconduct** including sexual harassment or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those including patients and their families and or those who work for the organization.
- **Cybersecurity Patient Records** issues including breach, theft, and contamination of medical records leading to patient and caregiver harm.

**Conflict of Interest of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.**

**Conflict of Interest of Governance staff including disclosed and undisclosed financial relationships.**

**Academic Fraud including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.**

**Regulatory Compliance Issues** including new risk for non-compliance.

CardUniversity Med Tac Bystander Rescue Care

**The Right Test at the Right Time**

CardUniversity Med Tac Bystander Rescue Care

**Healthcare Value Chain**

**Fraud Examples Along Value Chain**

**Suppliers**

- ❑ Counterfeit Masks
- ❑ **Counterfeit Tests**
- ❑ Counterfeit Medications
- ❑ **Misinformation & Disinformation**

**Providers**

- ❑ Price Gouging & Conflicts
- ❑ Surprise Billing
- ❑ Lawsuits Against Patients
- ❑ **Counterfeit Testing**

**Purchasers**

- ❑ Denial of Coverage
- ❑ Denial of Disability Benefits
- ❑ COVID Timebomb
- ❑ Identity Theft Cybercrime

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**TMIT Global Research Test Bed High Performer Webinar SafetyLeaders.org**

**Med Record Fraud: Vaccinations, Tests, and Medical Records**

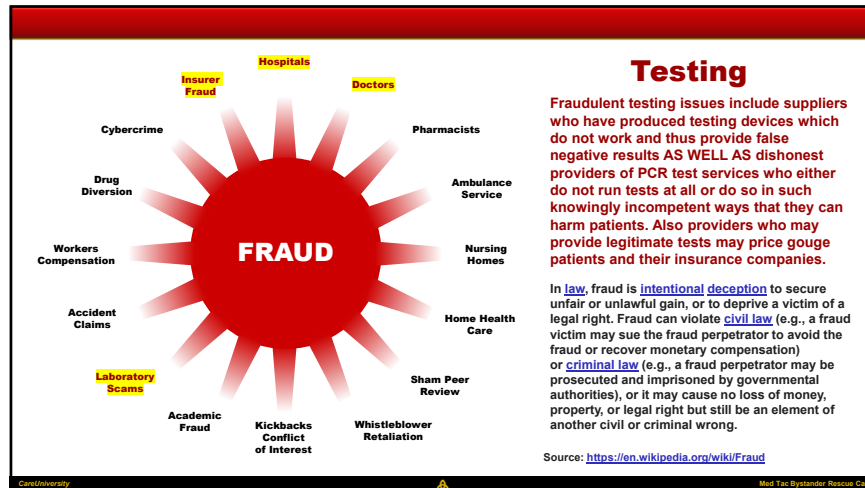
**FRAUD**

**COVID-19 Vaccination Record Card**

**FRAUD ALERT**

[www.SafetyLeaders.org](http://www.SafetyLeaders.org) December 16, 2021  
<https://www.safetyleaders.org/webinardecember2021/>

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## COVID Testing to Navigate Care

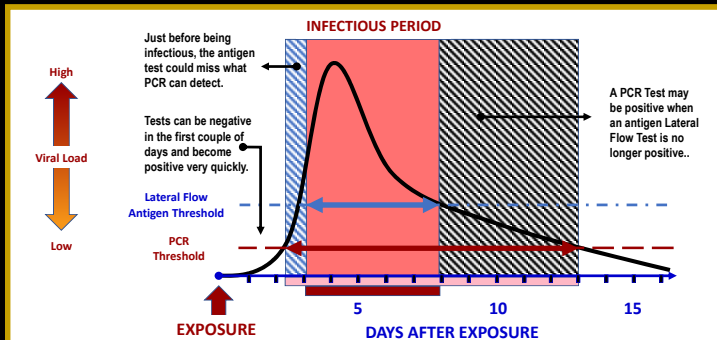


- ❑ VIRAL LOAD – why is it important?
- ❑ What is the RIGHT TEST at the RIGHT TIME?
- ❑ QUARANTINE: How does testing impact it?
- ❑ ISOLATION: How does testing impact it?
- ❑ Can testing make FAMILY GATHERINGS SAFER?
- ❑ How does TEST-TO-STAY work?
- ❑ How do I best TEST-TO-TRAVEL?

*Turn the Science into Safety..*

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## The WHO, WHAT, WHEN, and HOW to TEST



## Most Important Tests: PCR & Rapid Antigen

RT-PCR



Rapid Antigen





### Pros and Cons of Tests

#### PCR



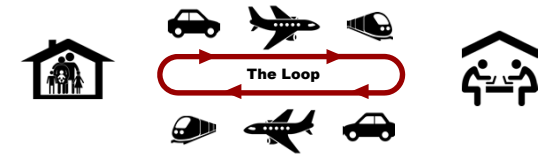
- Gold Standard for Diagnosis
- Detects Virus Before Infectious
- Detects Virus Debris after Infectious
- Tie Breaker if Antigen Tests Unclear

#### Rapid Antigen



- Inexpensive
- Can be done At Home
- Positive when Infectious
- Risk of False Negative Result

### Test to Travel Safer



- Assess Threats, Vulnerabilities and Risks
- Test Before Departure
- Maintain Safe Practices in Cars
- Practice Airport & Boarding Safety
- Practice Enroute Safety
- Repeat Airport Safety Practices
- Repeat Safe Practices in Cars
- Test Before Meeting
- Repeat Processes Going Home
- Test Upon Return Home

**Save the Family...and You Save the Worker**

CoreUniversity

AS

Med Tac Bystander Rescue Care

### COVID Testing Fraud & Scams

- Test Site Scams
- False Results
- Identity Theft

**Fraudulent Test Sites**

**Defrauding Seniors**

**Travelers Buy Negative Test Results**

### COVID Testing Fraud & Scams

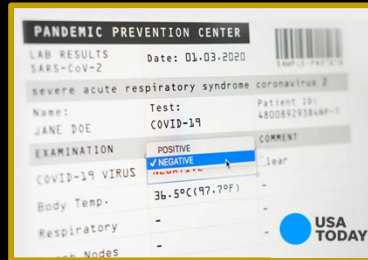
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**Fraudulent Test Sites**

## COVID Testing Fraud & Scams

- Test Site Scams
- **False Results**
- Identity Theft

### Travelers Buy Negative Test Results



## COVID Testing Fraud & Scams

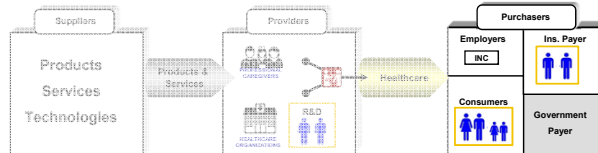
- Test Site Scams
- False Results
- **Identity Theft**

### Defrauding Seniors



### Healthcare Value Chain

## Fraud Examples Along Value Chain



#### Suppliers

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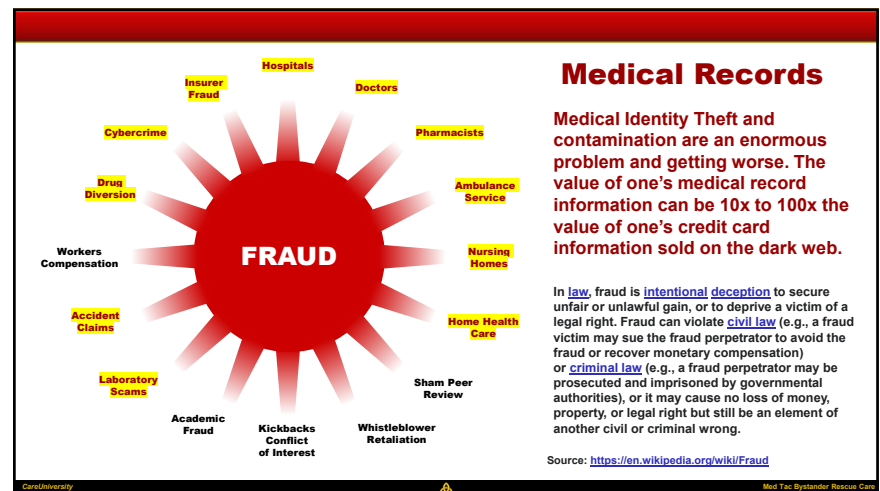
- ☐ Denial of Coverage
- ☐ Denial of Disability Benefits
- ☐ COVID Timebomb
- ☐ Identity Theft Cybercrime

## Medical Records

Medical Identity Theft and contamination are an enormous problem and getting worse. The value of one's medical record information can be 10x to 100x the value of one's credit card information sold on the dark web.

In law, fraud is intentional deception to secure unfair or unlawful gain, or to deprive a victim of a legal right. Fraud can violate civil law (e.g., a fraud victim may sue the fraud perpetrator to avoid the fraud or recover monetary compensation) or criminal law (e.g., a fraud perpetrator may be prosecuted and imprisoned by governmental authorities), or it may cause no loss of money, property, or legal right but still be an element of another civil or criminal wrong.

Source: <https://en.wikipedia.org/wiki/Fraud>



## Survive &amp; Thrive Guide:

## Medical Identity Theft

According to the Federal Trade Commission (FTC), medical identity theft happens when:

Someone uses your personal information – like your name, Social Security number, health insurance account number or Medicare number – to see a doctor, get prescription drugs, buy medical devices, submit claims with your insurance provider, or get other medical care.

Source: <https://www.idx.us/knowledge-center/medical-identity-theft-in-the-new-age-of-virtual-healthcare>

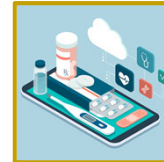
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## Survive &amp; Thrive Guide:



March 15, 2021



## Medical Identity Theft in the New Age of Virtual Healthcare

The impact of this criminal activity isn't only felt by the victim. Both individuals and healthcare providers suffer when thieves make fraudulent medical claims. Studies in previous years have estimated that medical identity theft costs the healthcare industry \$30 billion a year, and an average of \$13,500 for each victim to resolve the issue.

Valued at 20 to 50 times more than financial identities on the black market, confidential records with sensitive health data and personal identifying information are prime targets for criminals. Today, the industry stands at a crossroads as we continue into the digital future of healthcare – will we succeed in mounting a strategic defense against these attacks, or will we always remain one step behind?

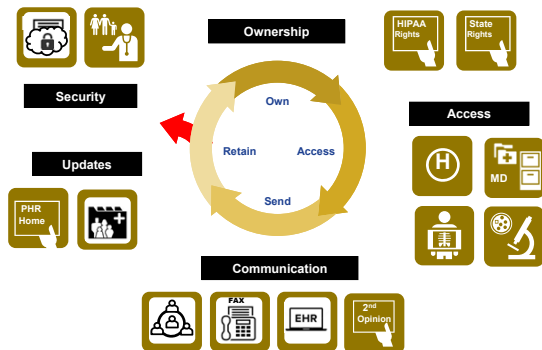
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## The 5 Rights to Your Medical Records

## The 5 Rights of Medical Records™

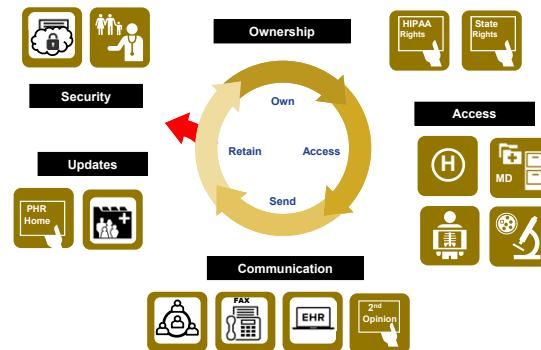


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## The 5 Rights to Your Medical Records

## The 5 Rights of Medical Records™



CareUniversity

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**The 5 Rights to Your Medical Records™**

**Security:** Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware is an issue for both inpatients and outpatients.

**Ownership:** Patients are entitled to the ownership of a copy of their medical records. Providers often presume since they are the owners of the records that they do not need to provide them to patients and families.

**Access:** The safety and quality of care is directly related to the access of all medical records to the patient and to all care providers. Ideally there should be minimal lag in availability.

**Updates:** Accurate and timely updates to medical records including tests and medication lists are critical to safety.

**Communication:** Breakdown in the transmission of medical records is a major source of adverse events causing preventable harm and expense. Patients must ensure transmission.

CarrollUniversity Med Tac Bystander Rescue Care

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

## The Next Normal: Our Family Safety Plan

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

### Family Health Safety Plans

**Readiness:** Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.

**Response:** Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

**Rescue:** Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

**Recovery:** Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine.

**Resilience:** Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this "target hardening".

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**Family Rescue R&D**

**The 5 R's of Safety**


Logos of partner institutions:

- THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
- Stanford University
- UCSF University of California San Francisco
- UF UNIVERSITY of FLORIDA
- UT Southwestern Medical Center
- MAYO CLINIC
- HARVARD UNIVERSITY
- UCI
- USC University of Southern California

CareUniversity Med Tac Bystander Rescue Care


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

## 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

102 Med Tac Bystander Rescue Care



parentingOC

MARCH 2017 - ISSUE

What Every Parent's Talking About



FOURTH ANNUAL TOP 25 TEACHERS



### 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

**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:**

- ☐ 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:**

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**Family Lifeguard**

**What's New for 2022**  
90% Prevention and 10% Rescue  
**Community Immunity & Aerosol Transmission**

**Family Safety Plan**

**Holiday Huddle Checklist**

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

**Before Event:**

- ☐ Know Vaccination Status of Guests
- ☐ Know Threat Status of Guests
- ☐ 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:**

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- ☐ Review Four Safety Pillars
- ☐ Protect At-risk Guests - Apply the Pillars
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**Family Lifeguard**

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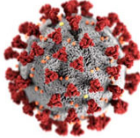
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**MED + TAC** **Coronavirus Care Community of Practice** **Bystander Rescue Care**  
**CareUniversity Series**

***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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**Fight the Good Fight...**

**Finish the Race...**

**Keep the Faith...**

CareUniversity Med Tac Bystander Rescue Care

**Everyone is a Patient**

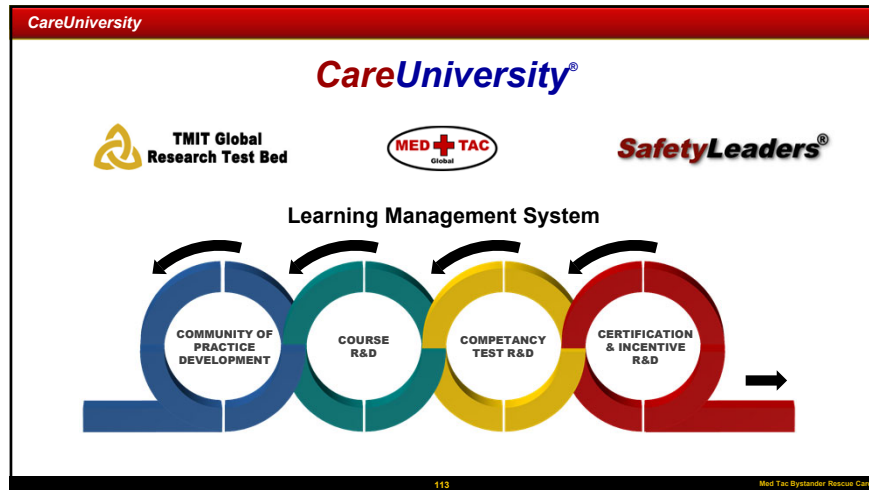
**and**

**Everyone **CAN BE** a Caregiver**

CareUniversity Med Tac Bystander Rescue Care

***Additional Resources***





CareUniversity

**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/>

**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.

**Cardiac Arrest**

**Choking & Drowning**

**Opioid Overdose**

**Anaphylaxis**

**Major Trauma**

**Infection Care**

**Transportation Accidents**

**Bullying**

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**High Impact Care Hazards to Patients, Students, and Employees**

**MED+TAC Global**

**Cardiac Arrest**

**Choking & Drowning**

**Opioid Overdose**

**Anaphylaxis**

**Major Trauma**

**Infections**

**Transportation Accidents**

**Bullying**

**Active Shooter Healthcare Article**

**Rapid Response Teams Article**

**AED & Bleeding Control Gear Article**

**Family Safety Plan Article**

**Med Tac Story Article**

**Campus Safety**

**Support today's webinar**

**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**

**Campus Safety**

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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**

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### The Solution: Bystander Rescue Care

**Cardiac Arrest**



**Choking & Drowning**



**Opioid OD & Poisoning**


**Anaphylaxis**



**Major Trauma**


**Infection Care**


**Transportation**


**Bullying**


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### The Solution: 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 - 20% of SCA deaths in children occur at such events.

**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:** 12 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:** 1 per day

**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.

**Anaphylaxis**


**Anaphylaxis & Life-Threatening Allergies:** Many events are unreported, however 22% occur in children without a prior diagnosis of allergy. 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

**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

**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**

**Transportation**


**Non-Traffic Related Vehicular Accidents:** The incidence of non-traffic related drive-over accidents near schools and homes 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 1,800 deaths per year; many are preventable.

**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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### Med Tac Rescue Stations




## Soaring Eagle Award

**Soaring Eagle Awards:**  
David Beshk  
Danny Policchichio

**Lives Saved by Med Tac**  
Bystander Rescue Care  
Trainers in Community



## Full Rescue Station

**Rescue Station Stand:**

- Treated Wood
- Stainless Steel and Bronze Cleats
- Aluminum Signage
- Quick Release Bungie Cords for easy access

**Rescue Gear:**

- Dedicated 911 phone
- Soft Rescue Tubes
- Rescue Surfboard
- Spine board

## Care Case of Rescue Gear

**Care Case:**

- AED
- Stop the Bleed Kits
- CPR Rescue Masks
- COVID Safety Gear


**Approved by Advisors:**

- OC Lifeguards
- Laguna Beach Lifeguards
- Emergency Medicine MDs
- Critical Care MDs
- Infection Control Experts

MED  
TAC**Med Tac Rescue Station Sites**

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


**Step 4**  
  
 Use an AED as soon as it is available.

K11424 4/20 © 2020 American Heart Association

CardUniversity © TMT Global 2021 Med Tac Bystander Rescue Care


### Med Tac Bystander Rescue Care

#### Cardiac Arrest



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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 buprenorphine. 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.

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

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](https://www.PrescribeToPrevent.org)


Used with permission from Boston Medical Center

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### Med Tac Bystander Rescue Care


#### Anaphylaxis



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*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, hoarse/scratchy throat or drooling.
- Mouth: Swollen tongue or lips.
- Skin: Swelling or severe itching or hives.

References:  
www.nationalallergy.org  
www.pharmacydirect.co.uk/epipen-what-is.html

For More: GILL RN RSCM

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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*

#### STOP THE BLEED SAVE A LIFE




**CALL 911**

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### 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*

#### CLEAN A CUT – SAVE A LIFE

Med Tac Rescue Skill	
1 CLEAN ONLY WITH SOAP AND WATER	2 APPLY ANTIBIOTIC OINTMENT TO CUT
3 BANDAGE TO WOUND KEEP CLEAN	4 IF HURTS MORE ON DAY 2 – SEE DOCTOR




**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

#### Transportation



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