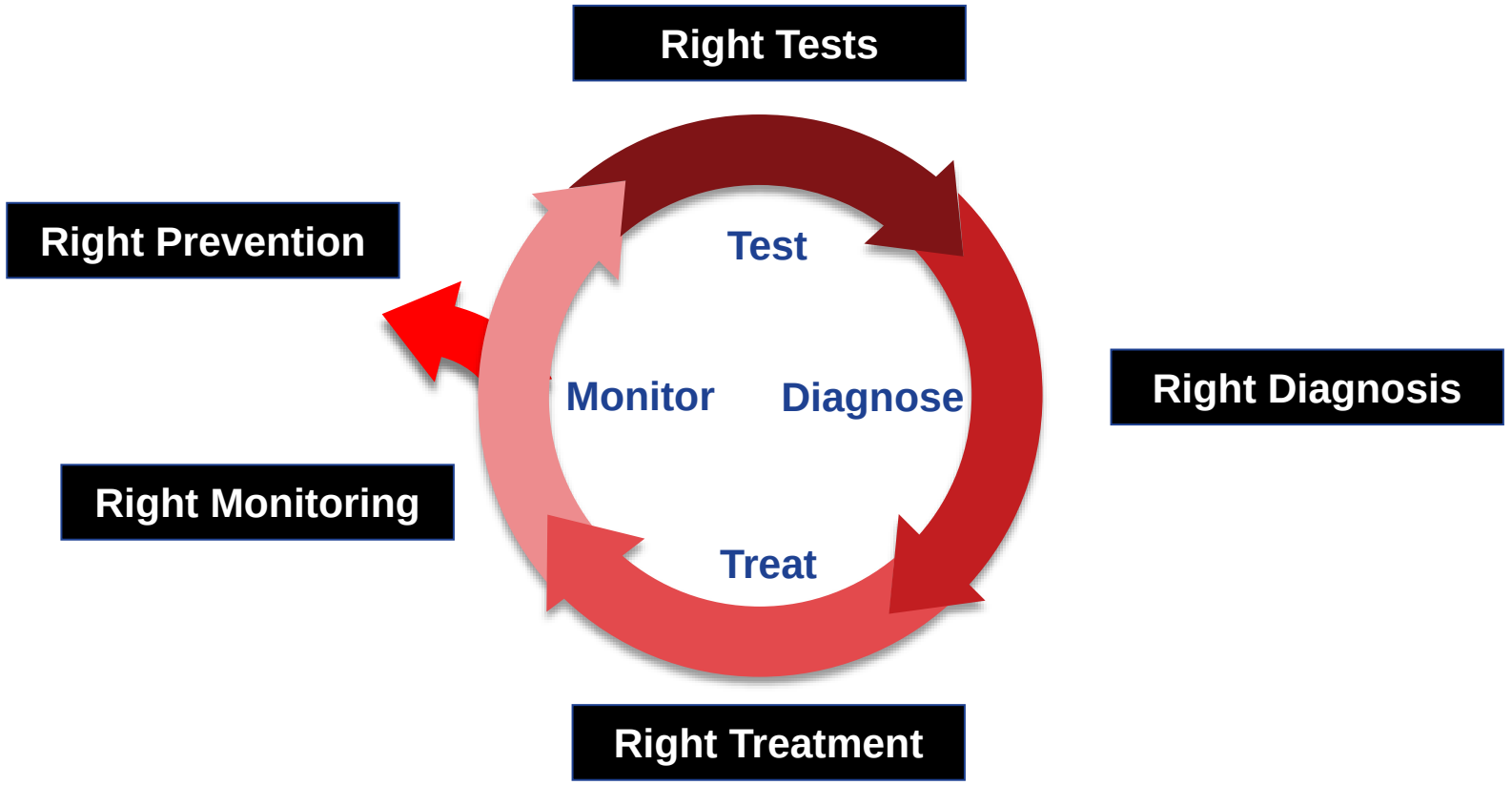
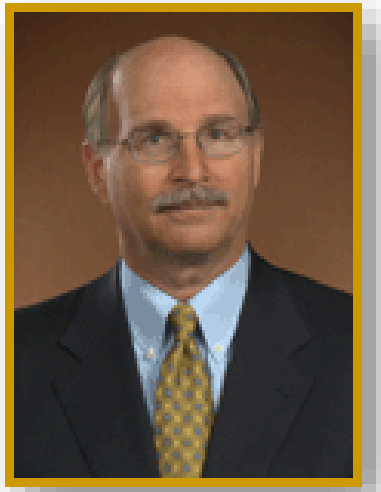
The 5 Rights of Pain Care ®



Welcome



Charles Denham, MD

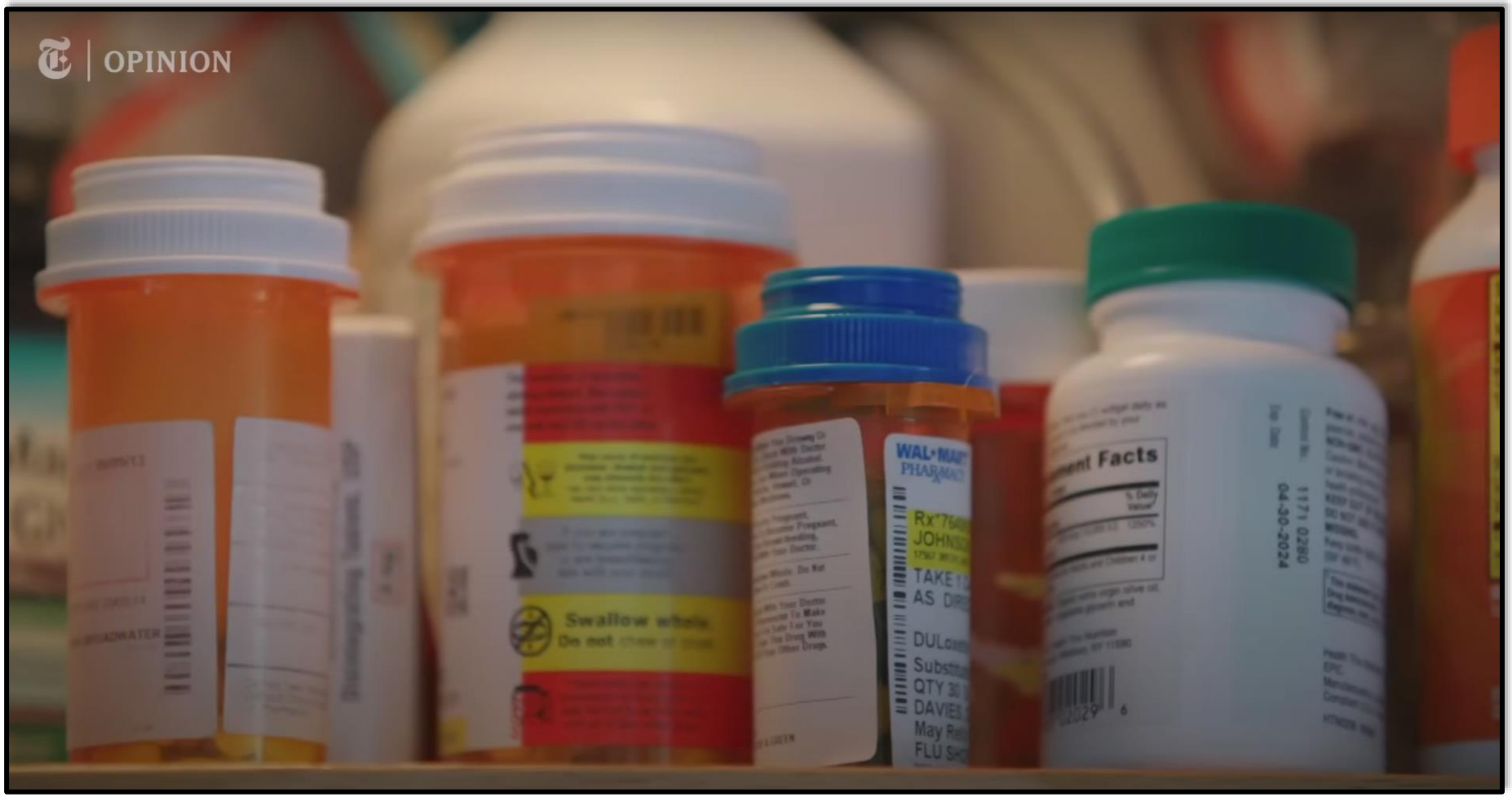
Chairman, TMIT Global

TMIT High Performer Webinar
November 16, 2023

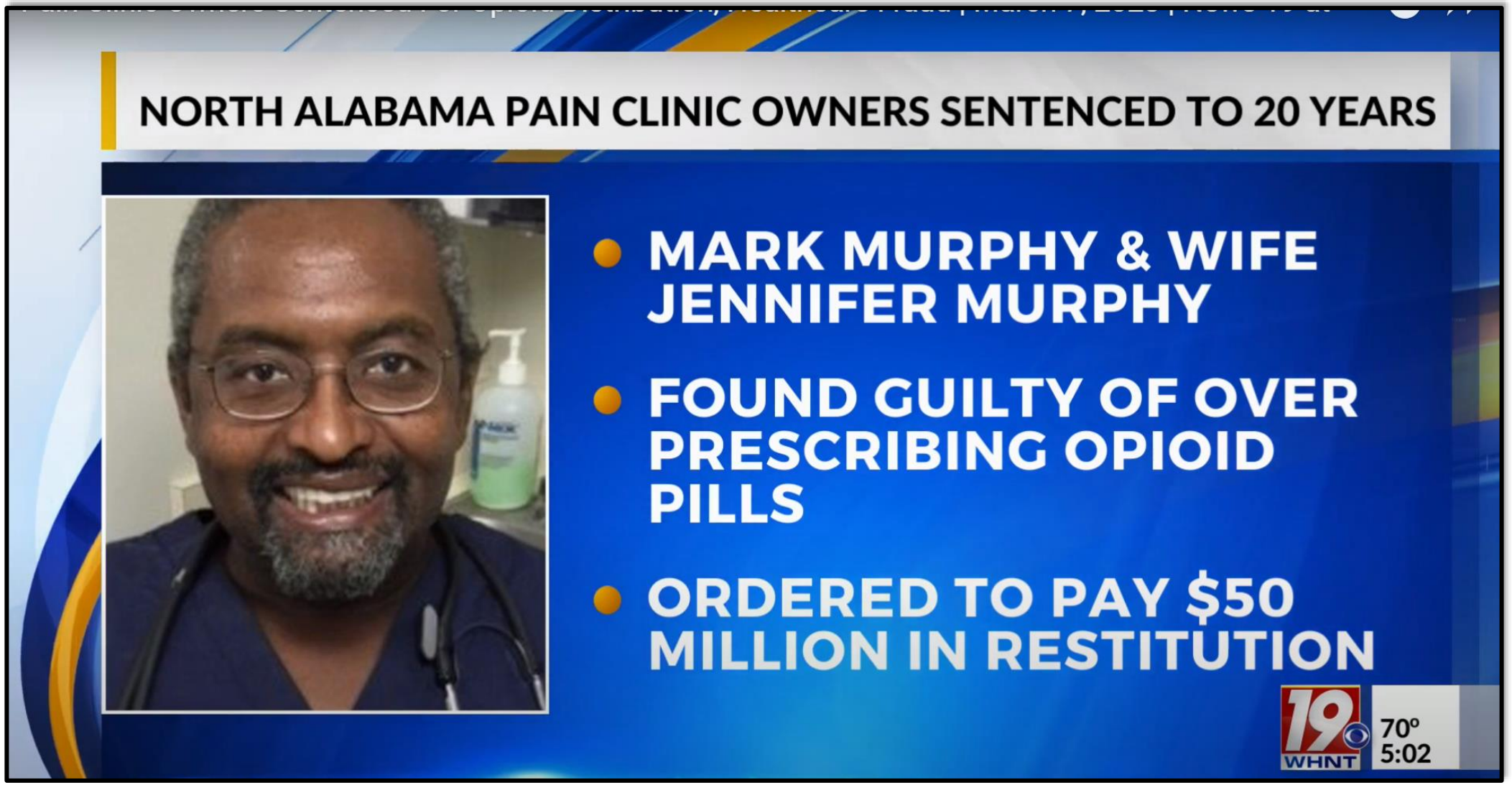
Webinar 210

The Opioid Crisis Is a Tragedy, but America's Response Created a Second One | NYT Opinion

The New York Times

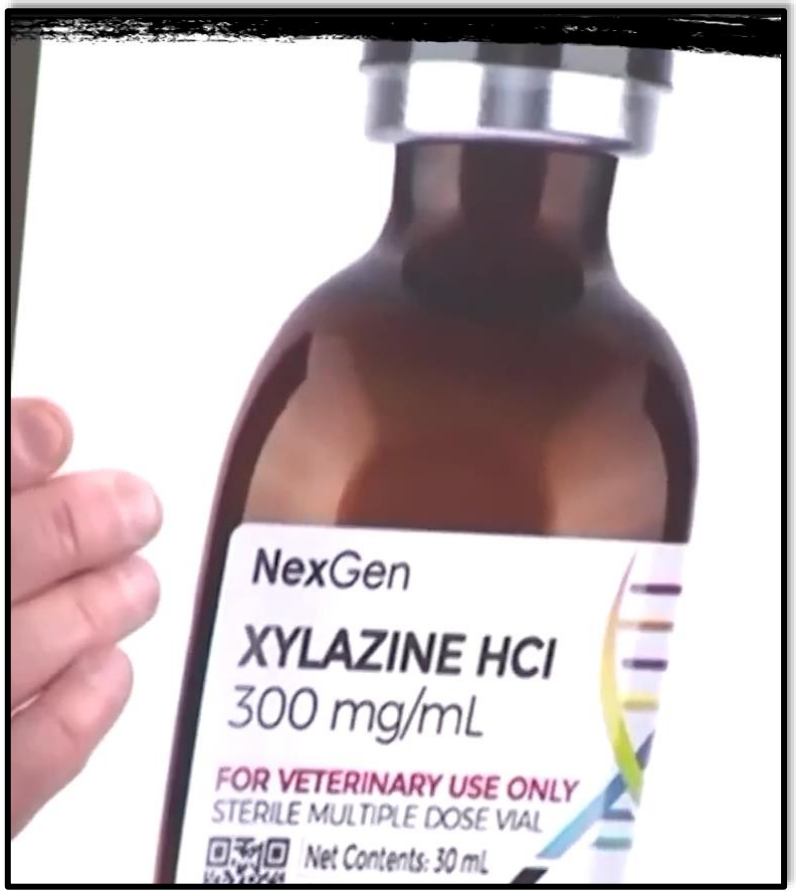


https://www.youtube.com/watch?v=9IVYSLv-zUA 5 Minutes



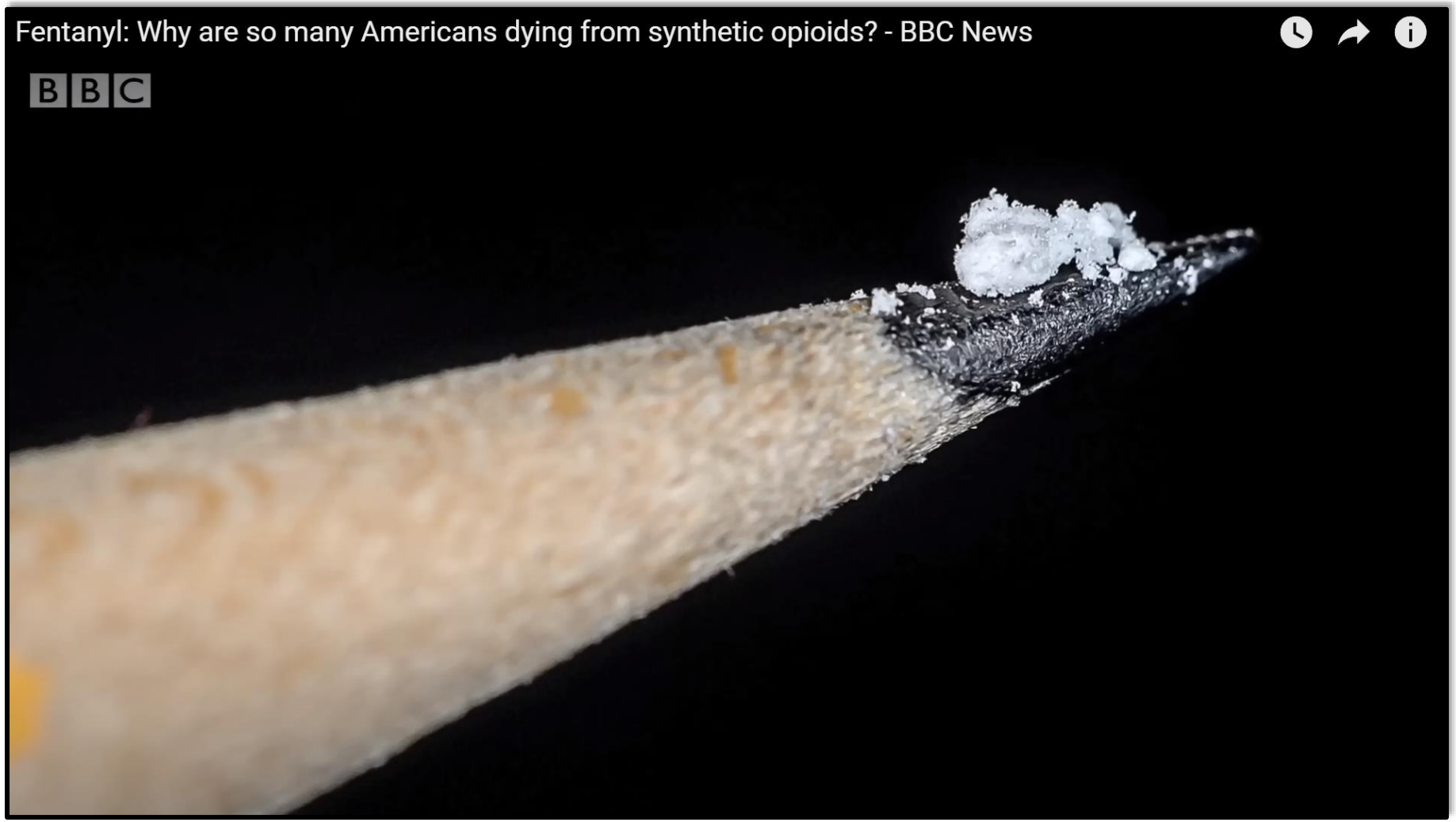
https://www.youtube.com/watch?v=WApQgQ-mP4U

The TRANQ: The Zombie Effect



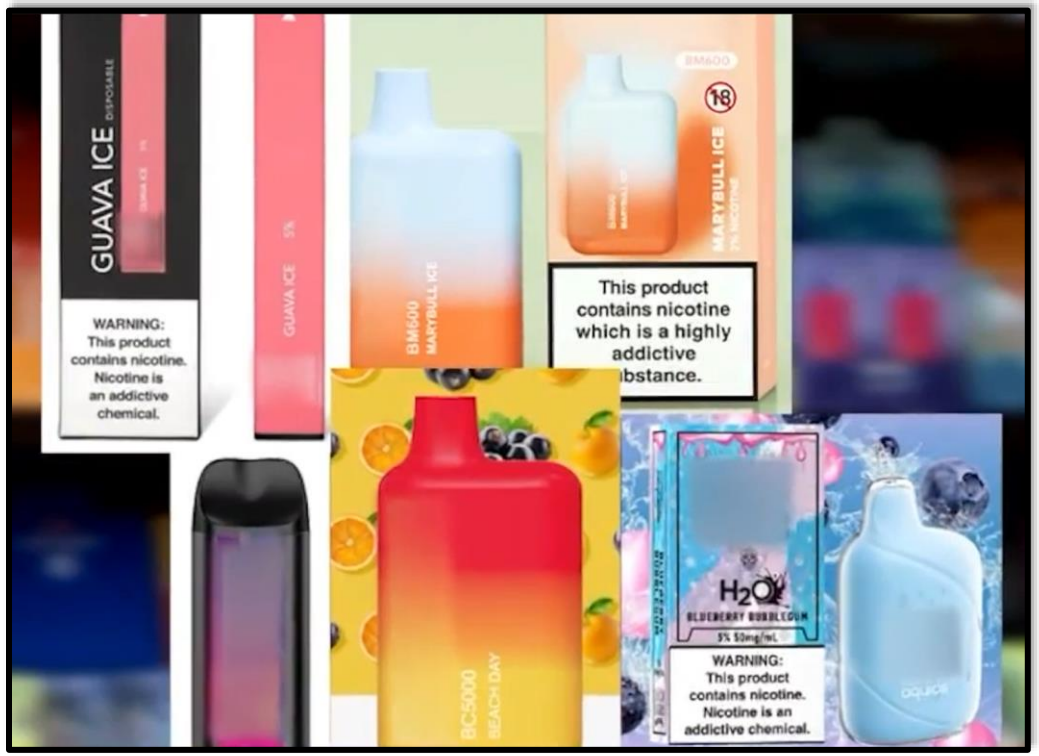
https://www.youtube.com/watch?v=bRj3Sa-Q41A

Fentanyl: Why are so many Americans are Dying



https://www.youtube.com/watch?v=lmxF2owm3Gg

Death of a Teenager – Fentanyl in Vape Pod



https://www.youtube.com/watch?v=ikhQOdODXbI

TMIT Research Test Bed

SafetyLeaders®

LEAD Hospital Initiatives | Patient Safety Documentaries | Research Programs | Webinars & Meetings | Patient Programs | Multimedia Center

Home | Disclosures | FAQs | About

Surfing the Healthcare Tsunami

BRING YOUR BEST BOARD

Surfing the Healthcare Tsunami: Bring Your Best Board!™

TMIT presents our Discovery Channel documentary, Surfing the Healthcare Tsunami. The incoming healthcare tsunami threatens all but the best. Will you surf, swim, or sink?

High Performer Webinar

The 5 Rights of Pain Care:
Battling the Opioid Crisis
November 16, 2023

MORE INFO | REGISTER

Surfing the Healthcare Tsunami Hospital Leaders Toolbox

The **Surfing the Healthcare Tsunami Hospital Leaders Toolbox** has been released online! Go deeper into the subject matter of the documentary by exploring the 5 Rights of Imaging™, the Boardroom, Racing & Aviation, and much more. **Click here** for more details.

Click here to watch the entire 58-minute documentary online.

MED TAC Global

Med Tac Bystander Rescue Care Program

Join us at Med Tac Global to learn from our experts how the public can battle failure to rescue of friends and loved ones from the most common emergencies. **Click Here**

High Performance 5 Rights Collaboratives

We are undertaking high impact research activities in the fields of Imaging of Adults and Children, Pain Care, Back Care, Testing, and Surgery to convert Waste to Value and Harm to Healing. For more information on each collaborative, click **Imaging, Imaging Children, Back, Pain, Testing, Cancer, or Surgery.**

CAREMOMS®

Click here to view our grassroots program to help parents Save Lives, Save Money, and Build Value in their Communities.

Trademarks and Tools

The Information Power Grid™ *is a repository and continuously updated decision support system that provides network partners and customers with the information they need to make good decisions. Information obtained through TMIT National Research Test Bed surveys, expert presentations, interviews, and data pertaining to specific topics allow HCC Global and its affiliates to continuously improve the data and evidence that its network partners and customers use for optimal decision-making. Such affiliates include TMIT Global and CareUniversity®. Such projects include the Med Tac Certificate advanced first aid program and communities of practice including a Threat Safety R&D Community. Information Power Grid™ is a registered trademark of HCC Global.*

External Sources

AHRQ Pt. Safety Network (PSNet)
Assoc. for Prof. In Infection Control
American Hospital Association
AHRQ
Centers for Medicare & Medicaid Services
WHO Collaborating Centre for Patient Safety Solutions
Governance Institute
National Patient Safety Foundation
ECRI Institute
Institute for Safe Medication Practices
Veterans Admin. Patient Safety Center
Joint Commission Resources
World Health Organization
National Priorities Partnership

Powered by HCC Global's **Information Power Grid™ System**
SafetyLeaders® and CareUniversity® are trademarks of HCC Global, licensed to TMIT Global

TMIT Research Test Bed

SafetyLeaders®

LEAD Hospital Initiatives | Patient Safety Documentaries | Research Programs | Webinars & Meetings | Patient Programs | Multimedia Center

Home | Disclosures | FAQs | About

TMIT Global Research Test Bed

High Performer Webinar

November 16, 2023, 12:00 pm – 1:30 pm CT / 1:00 pm – 2:30 pm ET

REGISTER | JOIN EVENT

The 5 Rights of Pain Care:
Battling the Opioid Crisis

Session Overview

The opioid crisis dominates the news; however, solutions are elusive. Opioids are always near the top of the list of medications causing adverse drug events. Counterfeit medications and illicit drugs are stealing the future of our youth.

Join us now in the fall of 2023 to address the 5 Rights of Pain Care:

The Right Tests: Undertaking the right tests and investigations.
The Right Diagnosis: Making the right diagnosis of the pain generators.
The Right Treatment: The right care for both the short-term and long-term pain issues.
The Right Monitoring: The right continuous assessment and adjustments to pain care.
The Right Prevention: The right steps for preventative maintenance to keep pain at bay.

Join us to address the threats to our youth and young adults from counterfeit medications, vaping, and the explosive use of cannabis and illicit drugs. There IS a gateway to opioid overdoses that must be closed by families.

We offer these online webinars at no cost to our participants.

Webinar Video, and Downloads

The webinar video will be available within five (5) business days after the webinar.

Speaker Slide Set:

The slides will be posted here before the webinar begins.

Date, Time, Dial-in Information, & Objectives

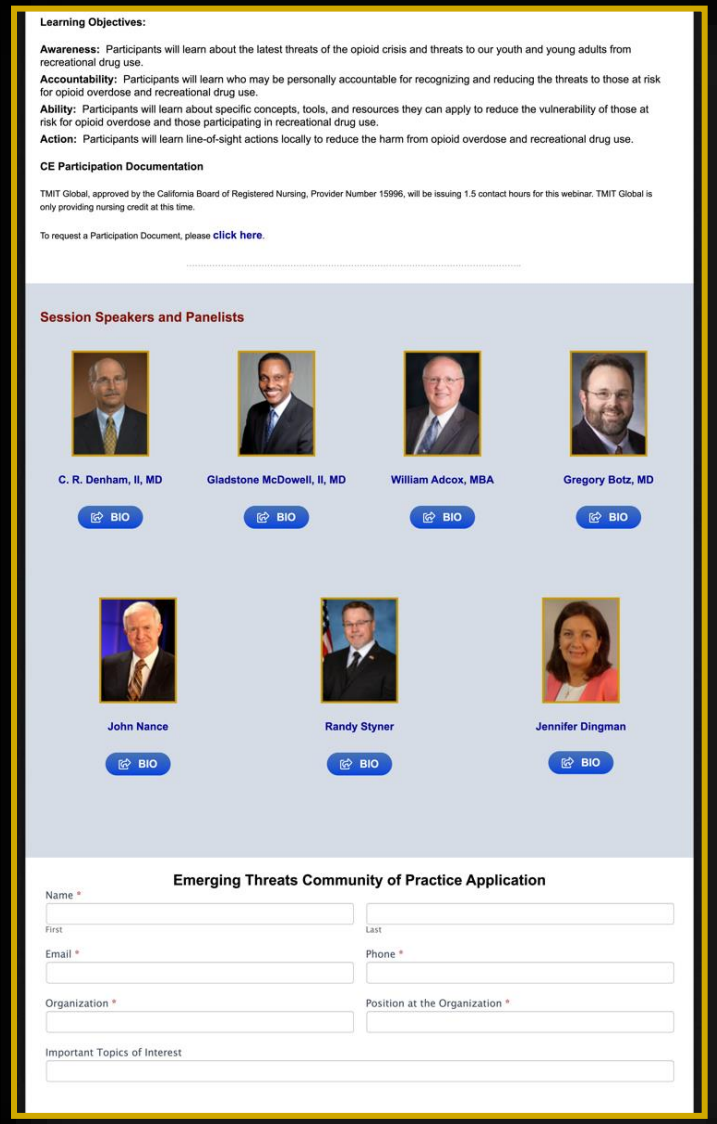
November 16, 2023

01:00 PM to 2:30 PM Eastern Time
12:00 PM to 1:30 PM Central Time
11:00 AM to 12:30 PM Mountain Time
10:00 AM to 11:30 AM Pacific Time

Dial-in Info: Audio will be provided through your computer (VoIP) at no cost to you. If VoIP is not an option on your computer, or if you choose to join by phone only, you can use either of the following numbers to dial-in: 1-669-900-6833 OR 1-646-876-9923 Webinar ID: 848 1692 0599. If you use this dial-in number, you will be charged by your local phone company or long-distance provider for the call.

Learning Objectives:

Awareness: Participants will learn about the latest threats of the opioid crisis and threats to our youth and young adults from recreational drug use.
Accountability: Participants will learn who may be personally accountable for recognizing and reducing the threats to those at risk for opioid overdose and recreational drug use.



Learning Objectives:

Awareness: Participants will learn about the latest threats of the opioid crisis and threats to our youth and young adults from recreational drug use.
Accountability: Participants will learn who may be personally accountable for recognizing and reducing the threats to those at risk for opioid overdose and recreational drug use.
Ability: Participants will learn about specific concepts, tools, and resources they can apply to reduce the vulnerability of those at risk for opioid overdose and those participating in recreational drug use.
Action: Participants will learn line-of-sight actions locally to reduce the harm from opioid overdose and recreational drug use.

CE Participation Documentation

TMIT Global, approved by the California Board of Registered Nursing, Provider Number 15996, will be issuing 1.5 contact hours for this webinar. TMIT Global is only providing nursing credit at this time.

To request a Participation Document, please **click here**.

Session Speakers and Panelists

C. R. Denham, II, MD — BIO
Gladstone McDowell, II, MD — BIO
William Adcox, MBA — BIO
Gregory Botz, MD — BIO
John Nance — BIO
Randy Styner — BIO
Jennifer Dingman — BIO

Emerging Threats Community of Practice Application

Name *
First | Last
Email * | Phone *
Organization * | Position at the Organization *
Important Topics of Interest

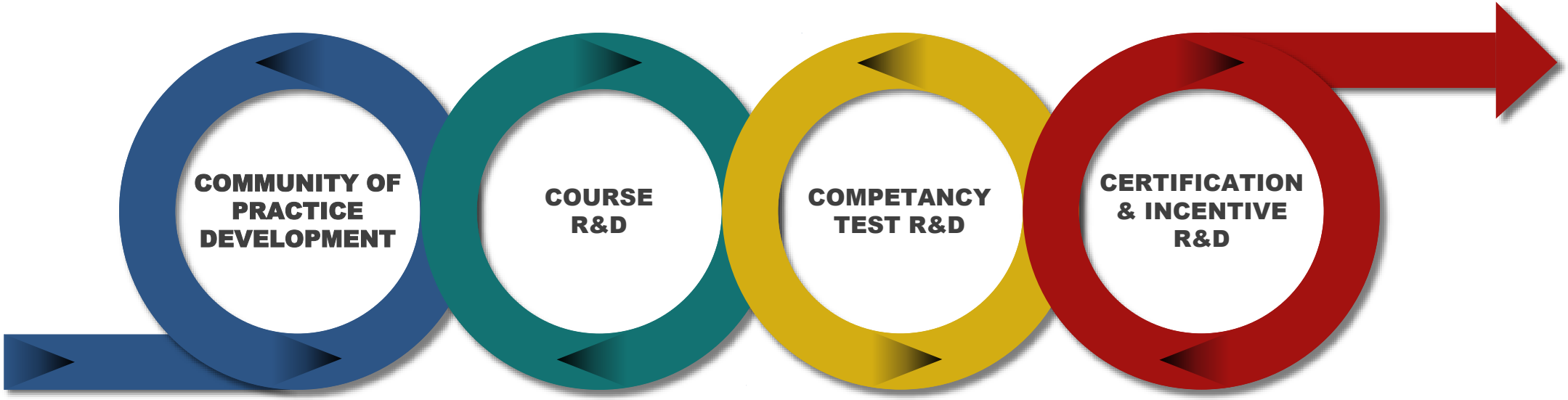
CareUniversity®

TMIT Global Research Test Bed

MED TAC Global

SafetyLeaders®

Learning Management System



CareUniversity®

TMIT Global Research Test Bed

MED TAC Global

SafetyLeaders®

Certificates for Med Tac Program

STOP THE BLEED
SAVE A LIFE

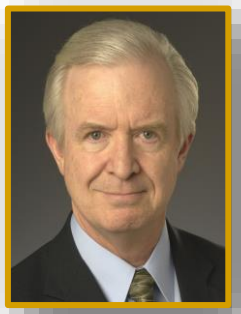
American College of Surgeons
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

American Heart Association®
Heartsaver® First Aid CPR AED

Pain Care and Opioid Crisis Series Speakers and Reactors


Jennifer Dingman


Vicki King


John Nance JD


Randy Styner


Dr. Gladstone McDowell


Chief William Adcox


Gregory Botz MD


Charles Denham MD

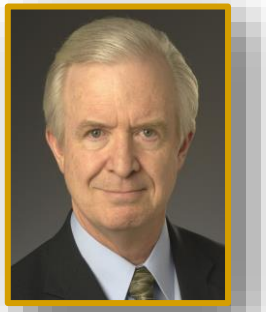
Current 2023 Workplace Violence & Fraud Series

Workplace Violence Series 2023 Speakers and Reactors


Jennifer Dingman


David Morris PhD JD


Vicki King


John Nance JD

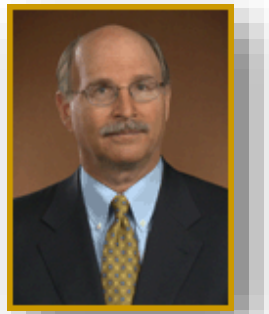

Randy Styner


Ann Rhoades


C. Clements MD PhD


Chief William Adcox


Gregory Botz MD


Charles Denham MD

Voice of Patient and Family

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

If you wish to follow us on Twitter,
go to: http://twitter.com/TMIT1
or use #safetyleaders hashtag

Also, go to:
www.facebook.com/SafetyLeaders
and related sites

Our Purpose, Mission, and Values

MED TAC Global

EMERGING THREATS COMMUNITY OF PRACTICE

CAREUNIVERSITY®

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.

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 medication or device companies discussed in their presentations.

Dr. Gladstone McDowell has nothing to disclose
Vicki King has nothing to disclose
John Nance JD has nothing to disclose
Chief William Adcox has nothing to disclose
Dr. Botz has nothing to disclose
Randy Styner has nothing to disclose
Jeni Dingman has nothing to disclose

Charles Denham, MD, is the Chairman of TMIT; 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 ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company and has not done so for more than 5 years. 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 has been a collaborator with the late Professor Christensen at Harvard Business School.

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 medication or device companies discussed in their presentations.

The TMIT Global High Performer Webinar Series has been entirely funded by private family philanthropy. No direct, indirect, or affiliated financial support has ever been or ever will be provided by healthcare pharmaceutical or device companies.

David Grinsfelder has not

Randy Styner has nothing

Chief William Adcox has n

Danny Policichio nothing

Dr. Gladstone McDowell n

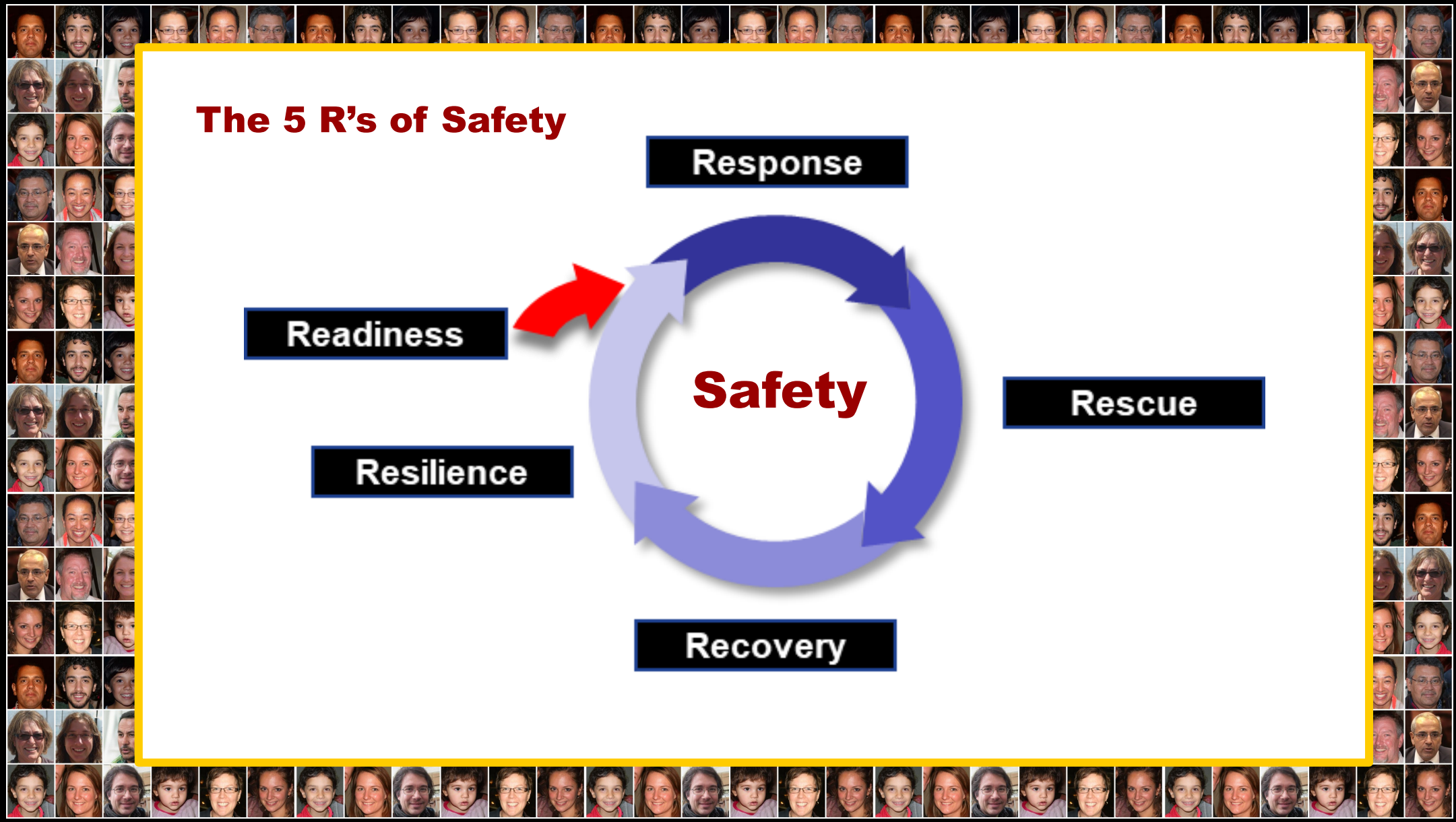
Dr. Botz has nothing to di

Charlie Denham III has no

Jeni Dingman has nothing

Charles Denham, MD, is t ction 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 ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company and has not done so for more than 5 years. 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 has been a collaborator with the late Professor Christensen at Harvard Business School.


1,000
Worker Study
The 5 R's
of Safety
Response
Readiness
Safety
Rescue
Resilience
Recovery
HEAD
HEART
HANDS
VOICE

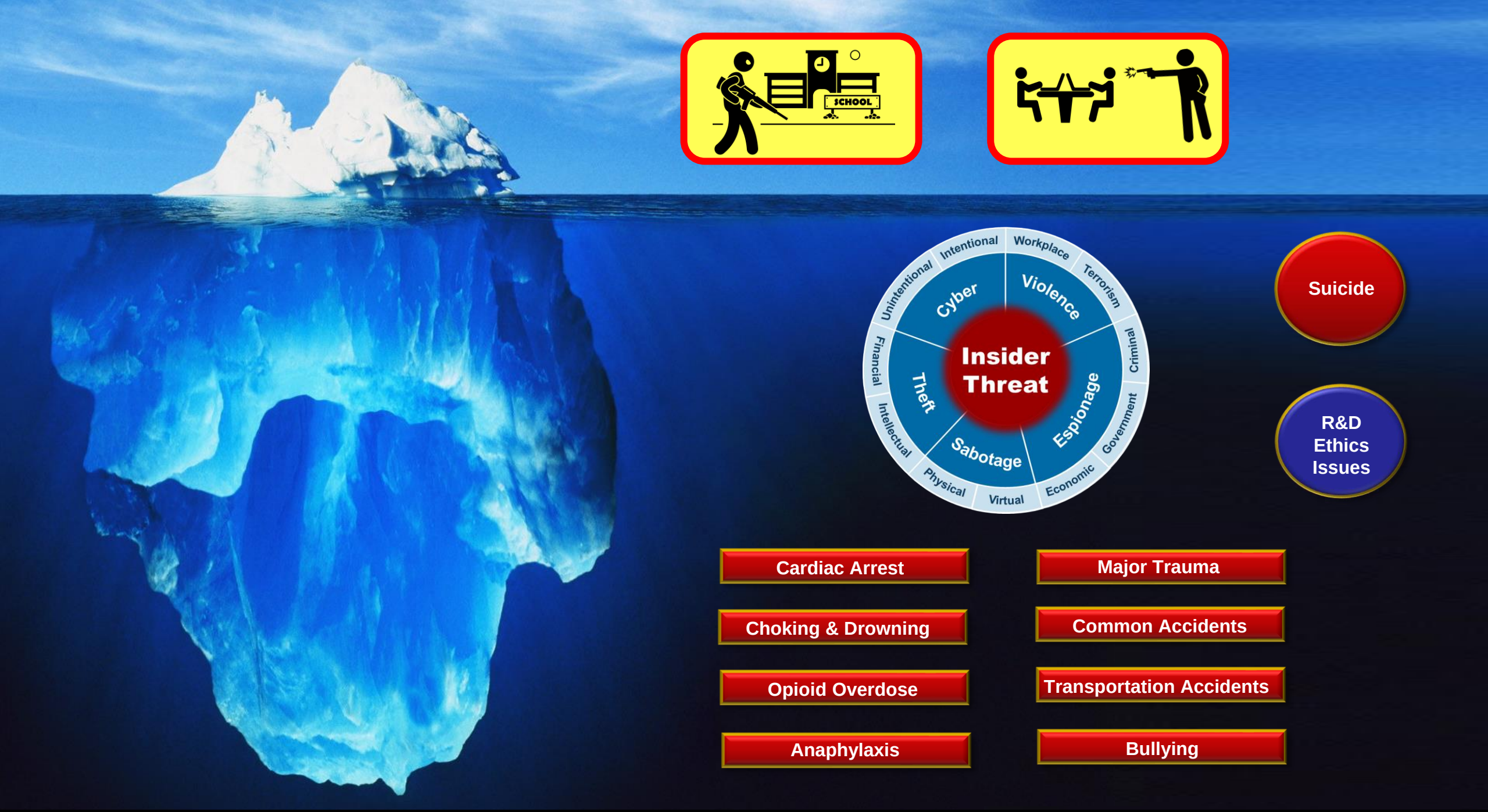

The 5 R's of Safety
Response
Readiness
Safety
Rescue
Resilience
Recovery

TMIT Global Research Test Bed

3,100 Hospitals in 3,000 Communities

500 Subject Matter Expert Pool Developed over 39 Years

Turn the Science into Safety™



Emerging Threats

Community of Practice™

0:00:02

0:09:08

www.GlobalPatientSafetyForum.org

Emerging Threats Community of Practice

Global Patient Safety Forum

Global Patient Safety Forum

The GPSF is a convening alliance with a mission to save lives, save money, and build value in the community it serves. The Forum was expressly founded to make available important content that the collaborators want to share more broadly. This website is not intended to compete with any other initiative and will meet its objectives if collaborators and those interested in the topics share the information with their communities. There are no financial requirements of users of the site. Certain communities are private in order to protect those we serve and those who serve. Those we serve are patients and their 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 academia, industr
NGOs, philanthropy, and faith-based organizations who ar
best practices in leadership of innovation. Spawned to me
of innovators in healthcare and patient safety, our work ha
multiple sectors with a focus on mentorship and developm
There is no specific commercial purpose of this websit
financial relationship between the collaborators. N
financial support of any type from the healthc
or communities of practice served he
website is entirely free.

Featured Leaders | Global Webinars & Summits | Patient Safety Community Of Practice | Med Tac Bystander Care Program | Emerging Threats Community Of Practice | CareUniversity & Continuing Education

Thomas Zeltner, MD
Expert leader in Public Health
Former Special Envoy of the WHO
Former Secretary of State for Health
Swiss Federal Office of Public Health, Bern, Switzerland

Read bio...

View video clip

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

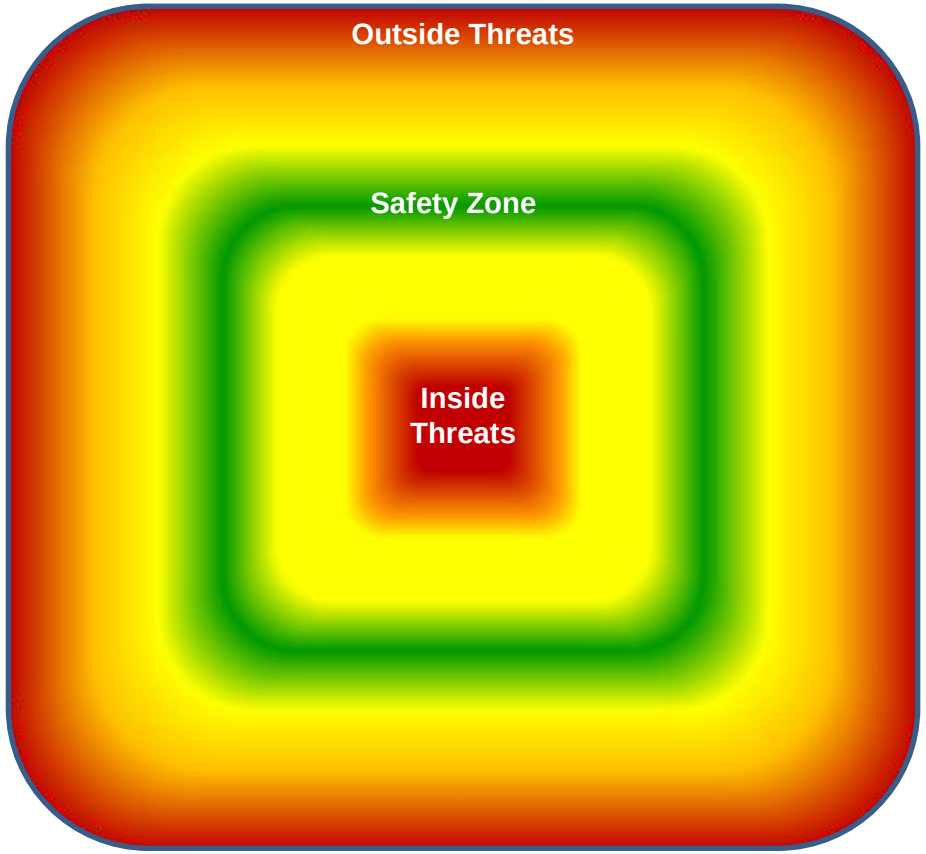
- **Brand Damage** from Outside, Inside, and or Mixed Outside-Inside Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force 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 as well as 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 such as those identified by mortality reviews including diagnostic errors or NQF Never Events.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Preventable Death or Severe Injury** of staff or students on or off campus or site.
- **Financial Harm** to patient families by aggressive payment policies and actions.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Readiness for Epidemics** including preparedness for volume care need 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 we serve including patients and their families and or those who serve in the organization.
- **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.
- **Insider Threats** of intentional clinical, operational, or financial harm.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Employee Fraud** including false identity/credentials, testing/vaccinations, attestations of truth, or false witness against patients or staff.
- **Patient Fraud** including false identity, testing/vaccinations, attestations of truth, or false witness against other patients or staff.
- **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, staff, or administrators including undisclosed as well as disclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial as well as disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, or plagiarism in publications or dishonest grant documentation including applications or reports.
- **Defamation or Unfair Press** by investigative reporting, false whistleblowers, or harm due to misinformation, disinformation, or mal-information publicized.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including evolving risks of non-compliance.

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 we serve including patients and their families and or those who serve in the organization.
- **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 dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or false whistleblowers.
- **Burn-out** 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.

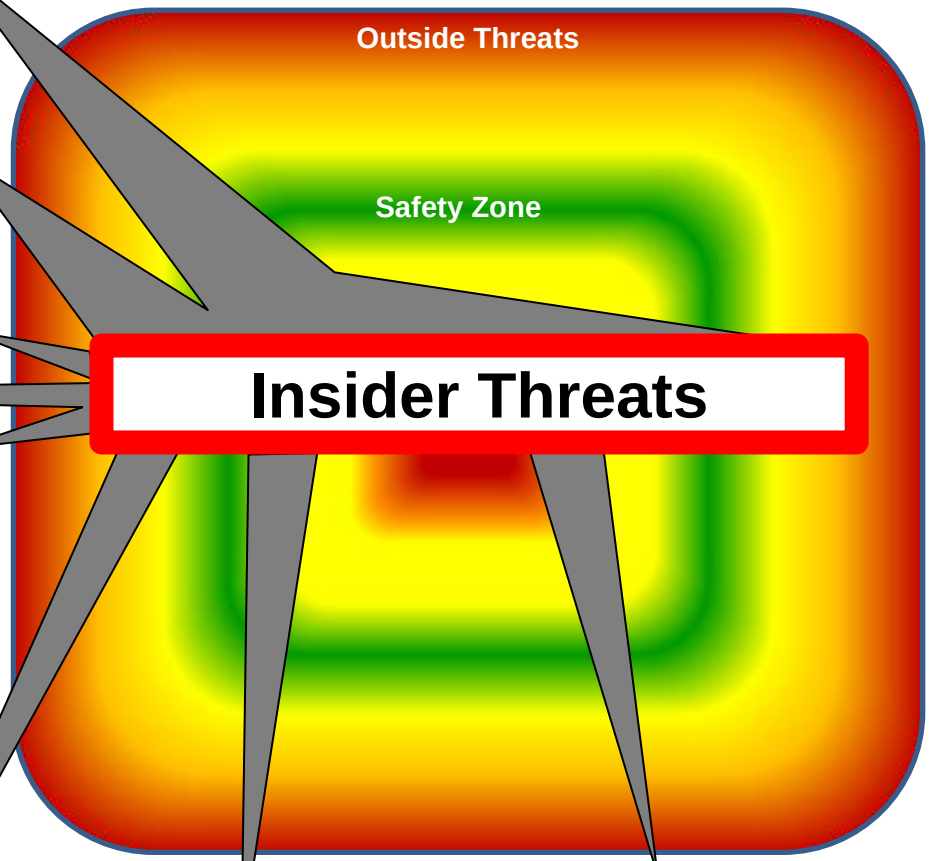
Inside & Outside Threats and Resilience Building

- Cybersecurity Operation Issues
- Cybersecurity Patient Records Issues
- Theft of Intellectual Property
- Insider Threats
- Sabotage
- Employee Fraud
- Patient Fraud
- Sexual Misconduct
- Racial and or Sexual Discrimination
- Nation State Influence
- Workplace Violence
- Active Shooter, Violent Intruder, and Deadly Force Incidents
- Domestic Terrorism
- Violent Acts Against Leadership
- Intentional Harm of Patients
- Conflict of Interest
- Conflict of Interest of Governance
- Academic Fraud
- Drug Diversion
- Financial Harm to Patients



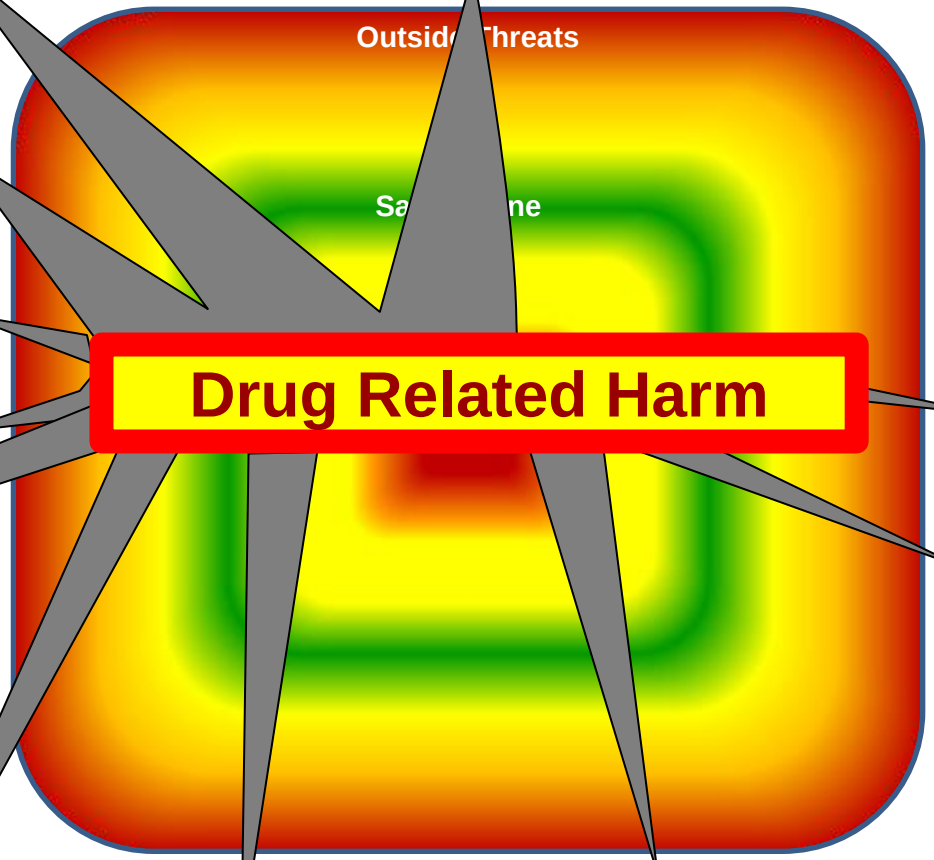
- Brand Damage
- Hospital Optimization & Flow
- Readiness for Epidemics
- Failure to Rescue
- Unintentional Patient Harm
- Burn-out
- Defamation or Unfair Press.
- Preventable Death or Severe Injury
- Regulatory Compliance Issues
- Critical Drug and Supply Shortages

Inside & Outside Threats and Resilience Building



- Cybersecurity Operation Issues
- Cybersecurity Patient Records Issues
- Theft of Intellectual Property
- Insider Threats
- Sabotage
- Employee Fraud
- Patient Fraud
- Sexual Misconduct
- Racial and or Sexual Discrimination
- Nation State Influence
- Workplace Violence
- Active Shooter, Violent Intruder, and Deadly Force Incidents
- Domestic Terrorism
- Violent Acts Against Leadership
- Intentional Harm of Patients
- Conflict of Interest
- Conflict of Interest of Governance
- Academic Fraud
- Drug Diversion
- Financial Harm to Patients
- Brand Damage
- Defamation or Unfair Press.
- Preventable Death or Severe Injury
- Regulatory Compliance Issues
- Critical Drug and Supply Shortages
- Hospital Optimization & Flow
- Readiness for Epidemics
- Failure to Rescue
- Unintentional Patient Harm
- Burn-out

Inside & Outside Threats and Resilience Building



Cybersecurity Operation Issues

Cybersecurity Patient Records Issues

Theft of Intellectual Property

Insider Threats

Sabotage

Employee Fraud

Patient Fraud

Sexual Misconduct

Racial and or Sexual Discrimination

Nation State Influence

Workplace Violence

Active Shooter, Violent Intruder, and Deadly Force Incidents

Domestic Terrorism

Violent Acts Against Leadership

Intentional Harm of Patients

Conflict of Interest

Conflict of Interest of Governance

Academic Fraud

Drug Diversion

Financial Harm to Patients

Brand Damage

Defamation or Unfair Press.

Preventable Death or Severe Injury

Regulatory Compliance Issues

Critical Drug and Supply Shortages

Hospital Optimization & Flow

Readiness for Epidemics

Failure to Rescue

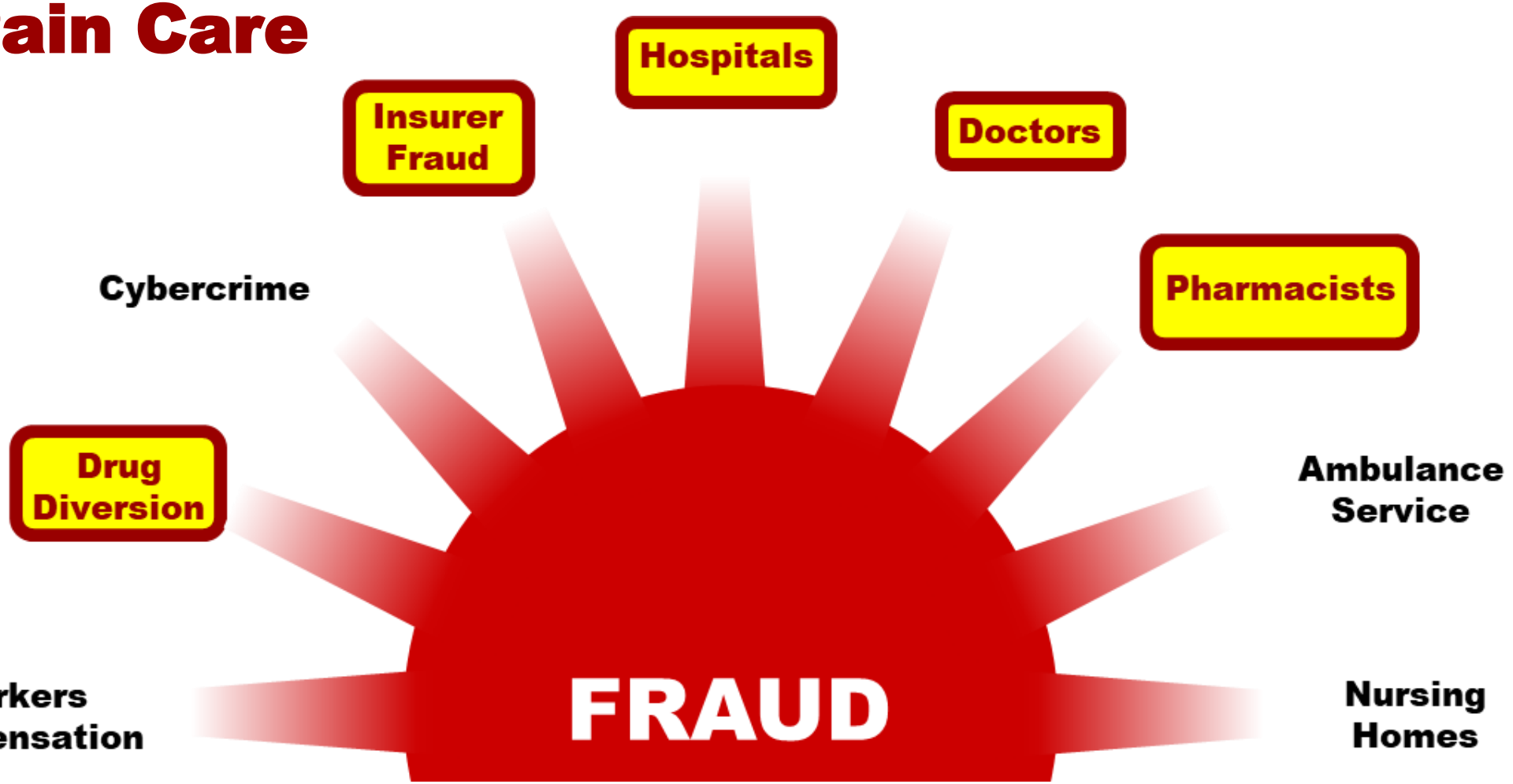
Unintentional Patient Harm

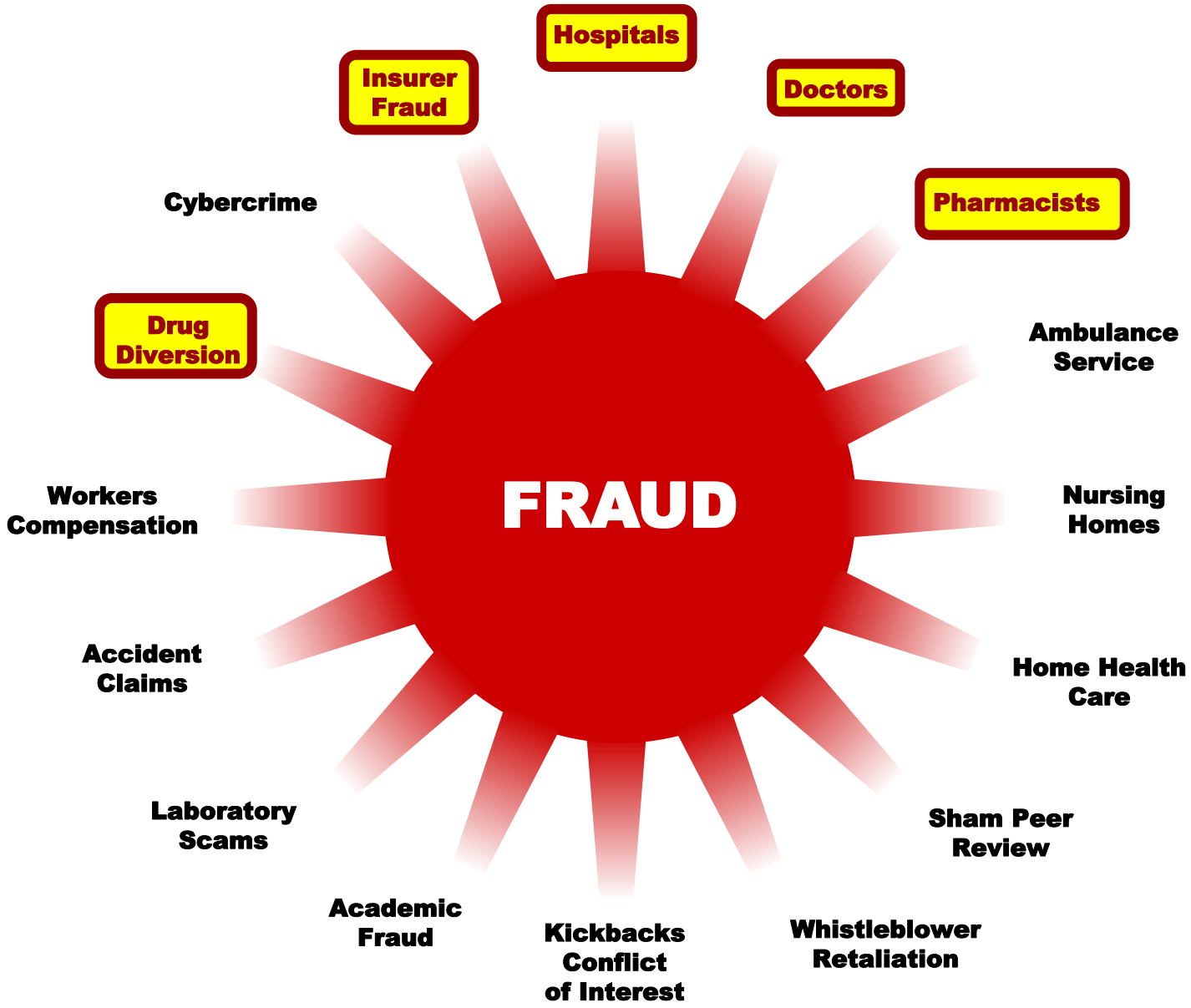
Burn-out

Emerging Threats: The Fraud Factor

TMIT High Performer Webinar October 21, 2021
https://www.safetyleaders.org/webinaroctober2021/

The Fraud Factor & Pain Care





Fraud Definition

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

WSJ

10-06-23

Your Ambulance Is on the Way. ETA: 65 Minutes.

At least 4.5 million people nationwide live in an ambulance desert, where they are farther than a 25-minute drive from an ambulance station.

More than 55 ambulance providers have closed since December 2021, according to a log of news reports compiled by the American Ambulance Association and the Academy of International Mobile Healthcare Integration.

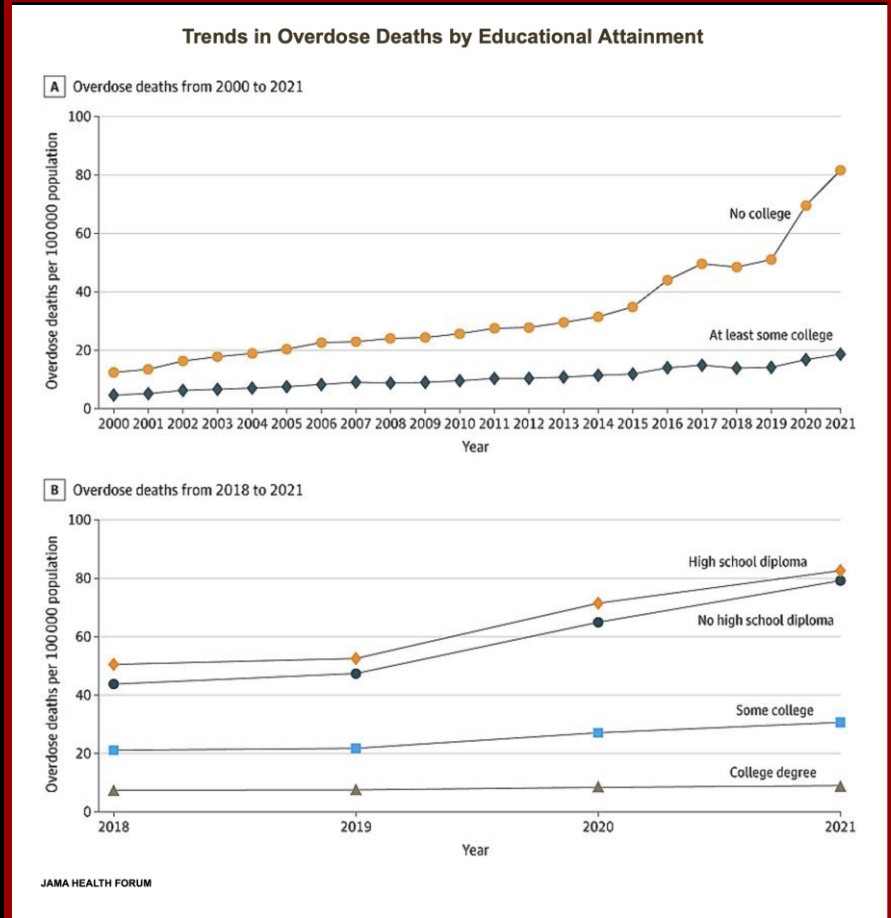
Source: https://www.wsj.com/us-news/your-ambulance-is-on-the-way-eta-65-minutes-0431facd?mod=Searchresults_pos1&page=1

PAIN NEWS NETWORK

10-06-23

Lack of Education Is Fueling Overdose Crisis

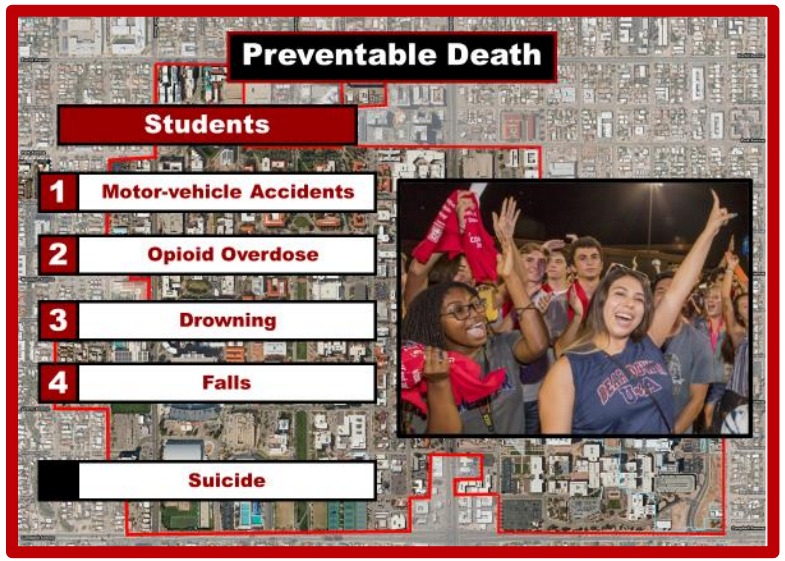
Anti-opioid activists have long claimed that excessive prescribing of opioids over a decade ago created an "epidemic of addiction" that lingers to this day. Once hooked on prescription opioids, patients turned to stronger and more lethal drugs — like heroin and illicit fentanyl — sending the overdose rate to record levels.

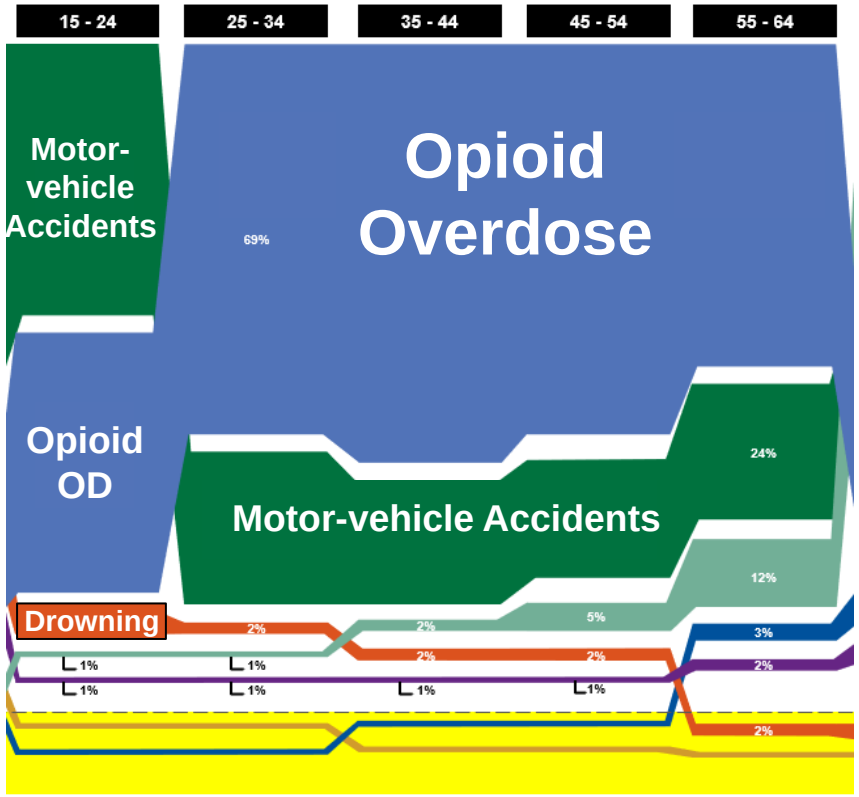


Top Causes of Unintentional Death By Age - 2020

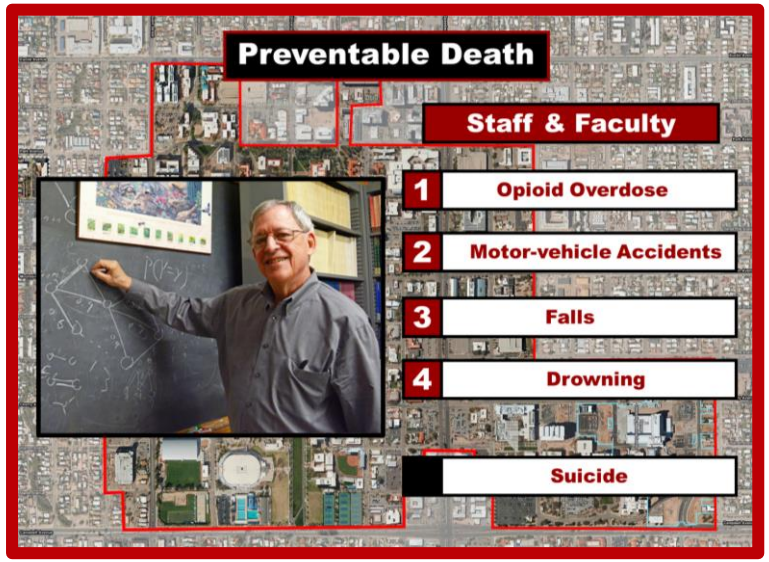
2020 Data

Students

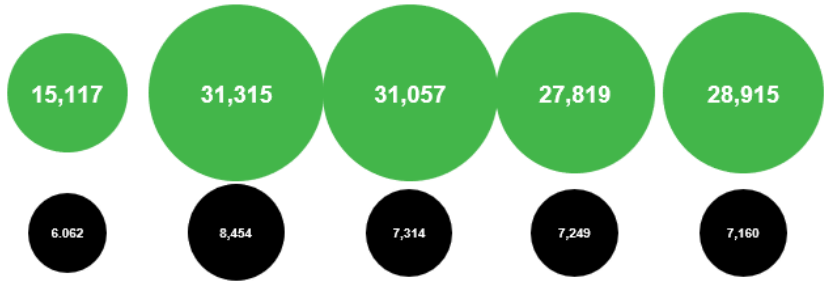




Faculty & Staff



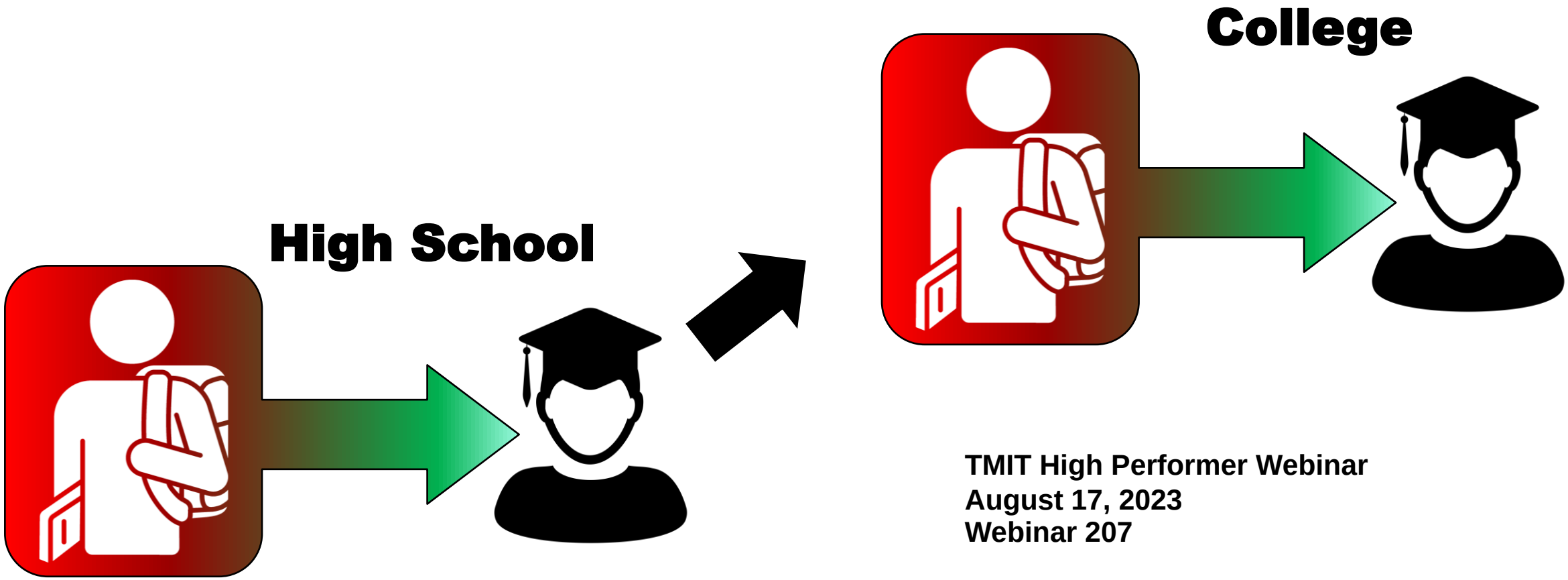
Total unintentional deaths by age group



Total Suicide Deaths: 44,298

Source: Adapted from the National Safety Council Injury Facts, 2020 Edition

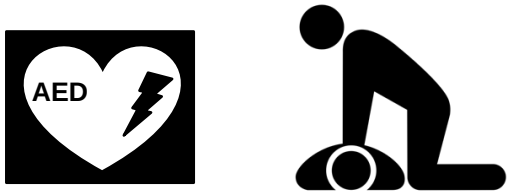
Safety of Rising Freshmen:
Battling Failure to Rescue



TMIT High Performer Webinar
August 17, 2023
Webinar 207

The Problem: Failure to Rescue

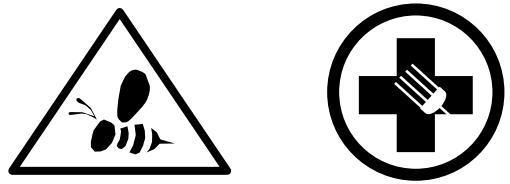
Cardiac Arrest



Choking & Drowning

Opioid OD & Poisoning

Anaphylaxis



Major Trauma

Infection Care

Transportation

Bullying

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: 41 adults every hour and 19 children per day. 25% of SCA deaths in children occur at such events – 4 per day.

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: 11 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 293 OD deaths per day. Up to 11 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 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: 2 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: 14 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 – More than 1 Million from COVID alone. Almost 1,000 per day from sepsis.

Transportation

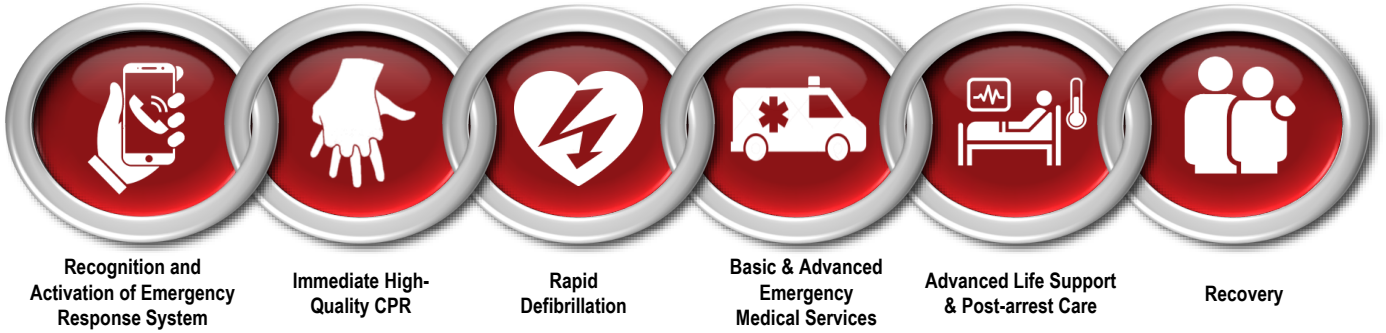
Non-traffic Related Vehicular Accidents: The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.
Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.

Bullying

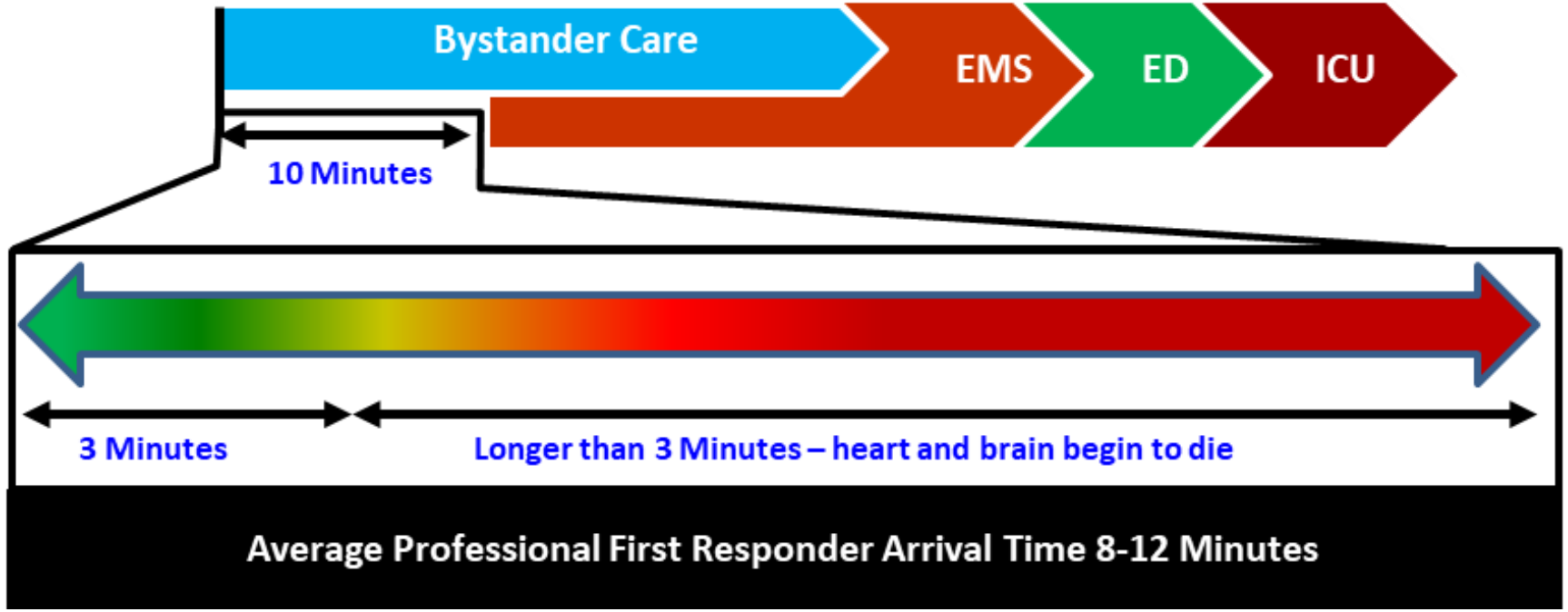
Bullying & Workplace Violence: Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.
Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.

Sources: CDC and Other Sources

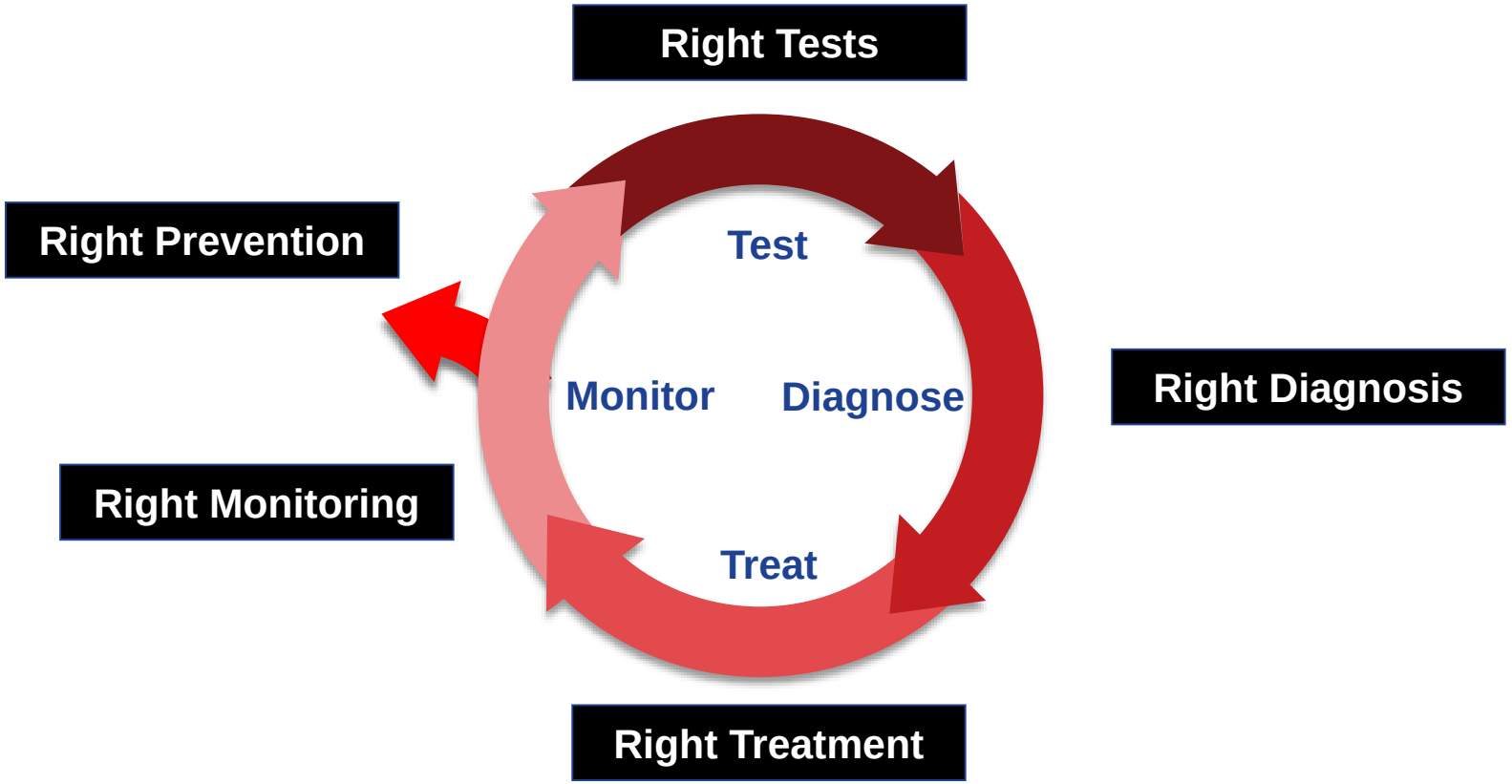
The Problem:
FAILURE TO RESCUE



The Solution:
Bystander Care

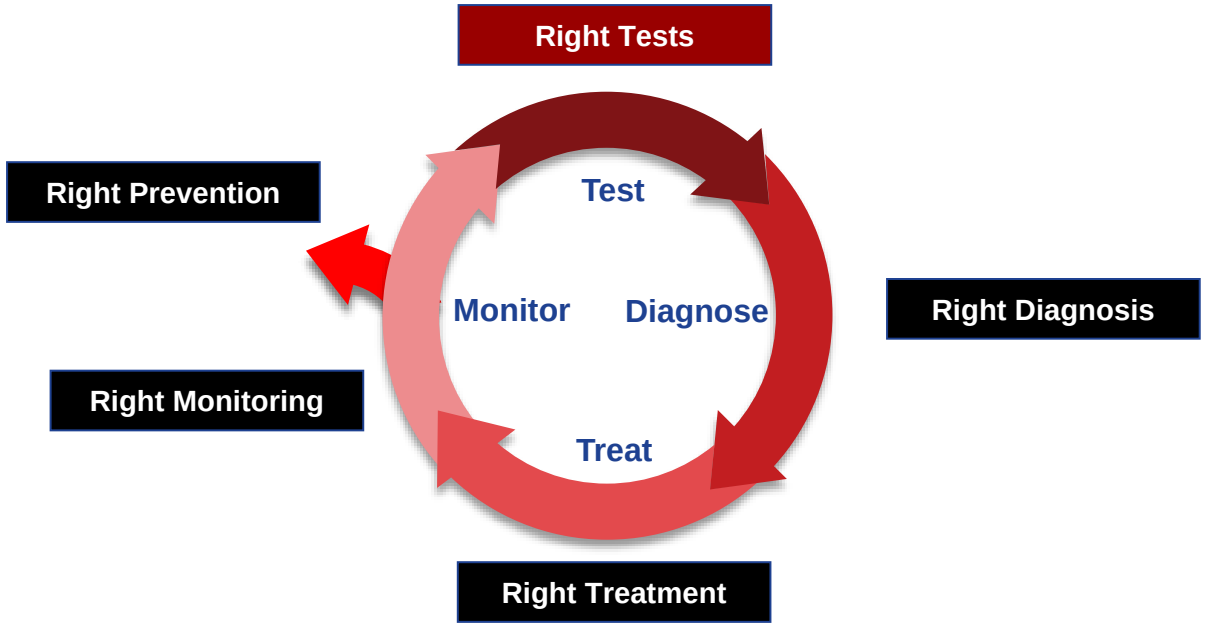


The 5 Rights of Pain Care ®



Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®



Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

Right Diagnosis: Pain often has causes, requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

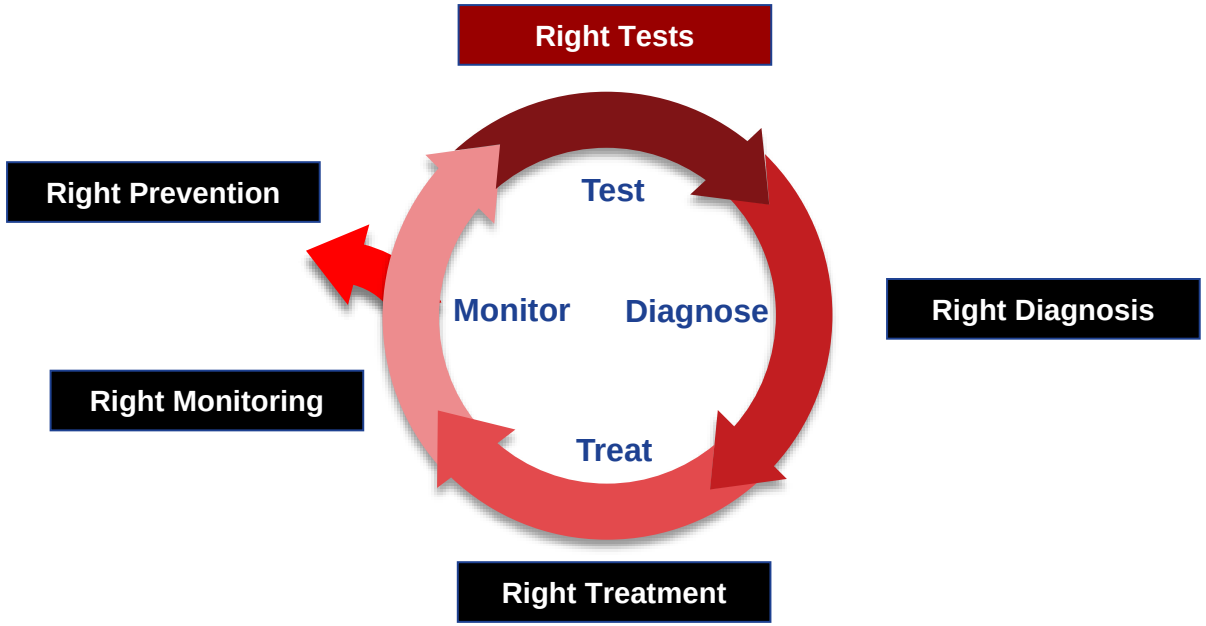
Right Treatment: Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

Right Monitoring: When caregivers, patients, and families record the impact of pain care, the tactics can be fine-tuned to the patient and an integrated approach can be taken.

Right Prevention: Certain pain scenarios are related to what patients are doing in their daily lives. For instance, back pain can be impacted by safer ways of doing work and exercise can strengthen muscular support and a reduction in pain generation.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

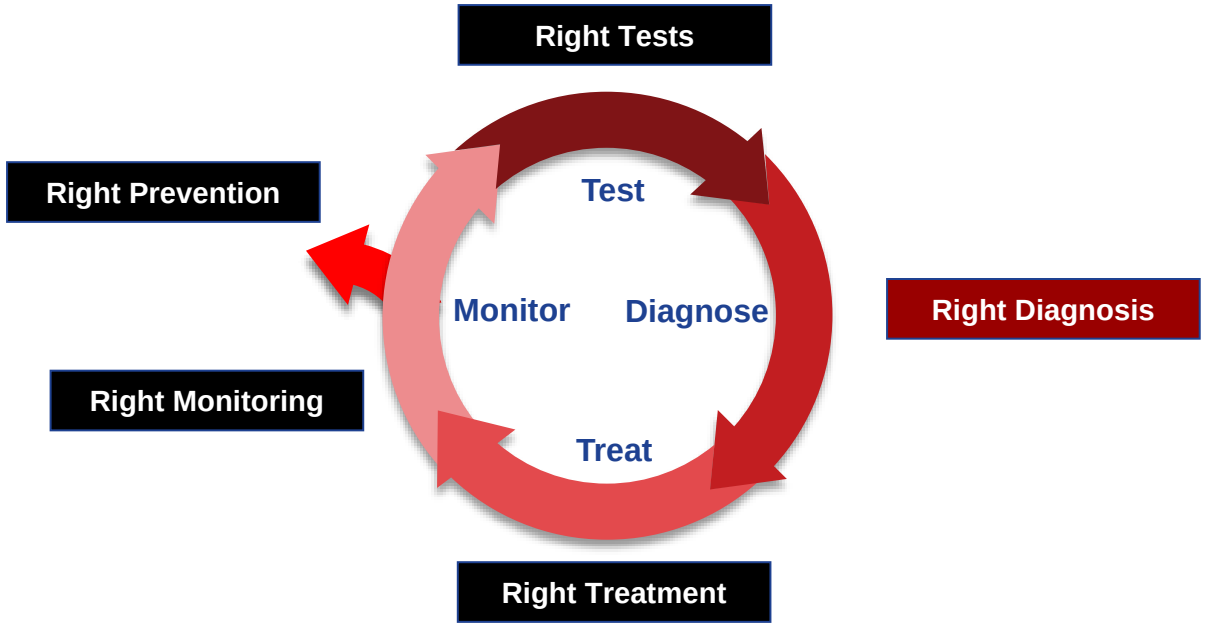
The 5 Rights of Pain Care ®



Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®

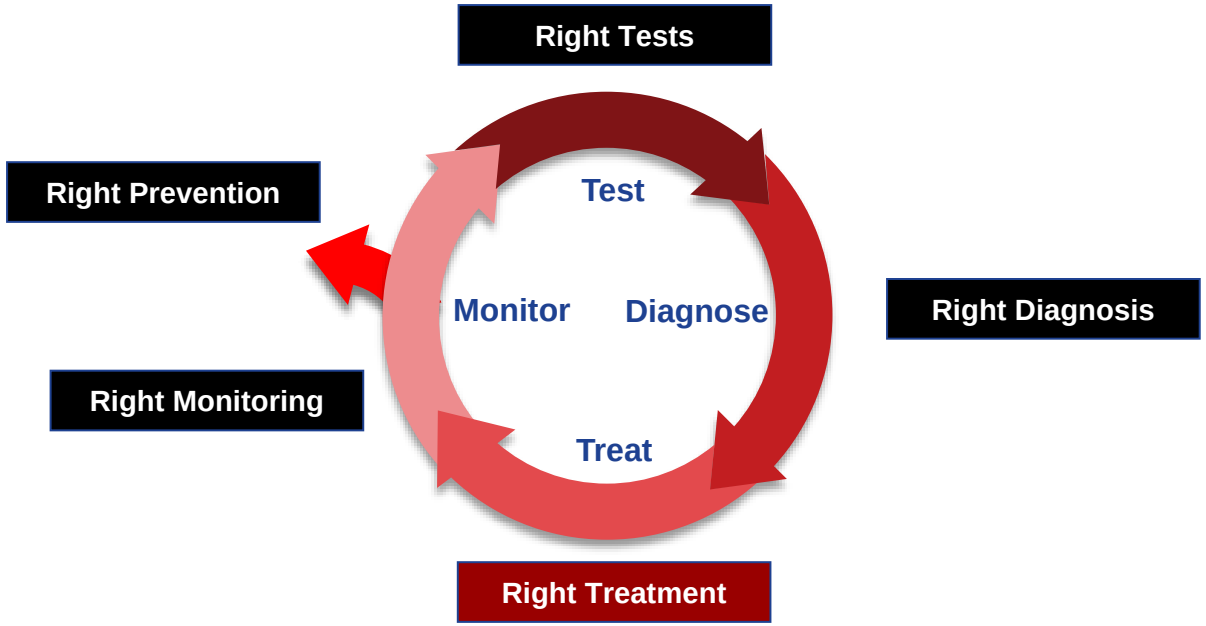


Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

Right Diagnosis: Pain often has causes, requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®



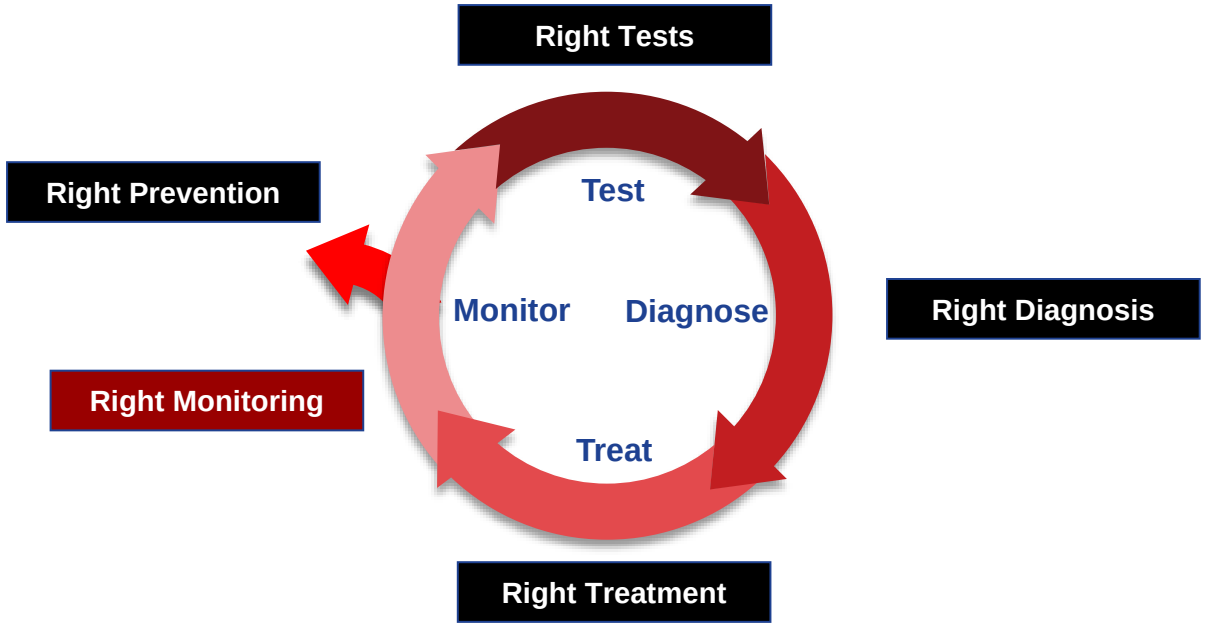
Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

Right Diagnosis: Pain often has causes, requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

Right Treatment: Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®



Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

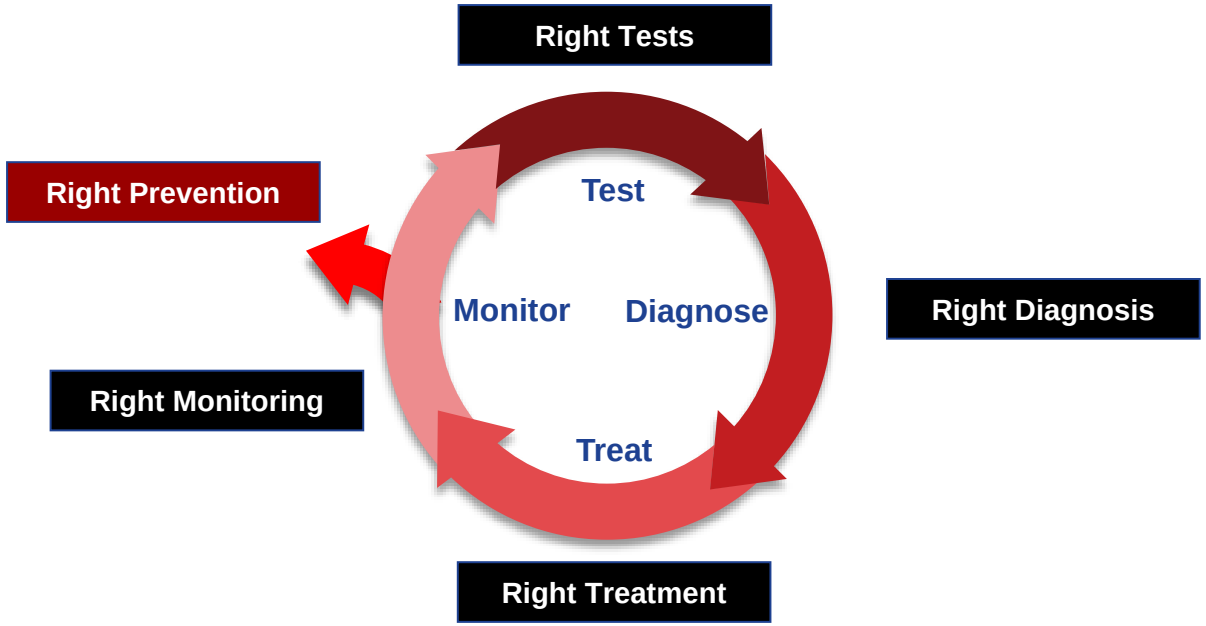
Right Diagnosis: Pain often has causes, requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

Right Treatment: Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

Right Monitoring: When caregivers, patients, and families record the impact of pain care, the tactics can be fine-tuned to the patient and an integrated approach can be taken.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®



Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

Right Diagnosis: Pain often has causes, requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

Right Treatment: Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

Right Monitoring: When caregivers, patients, and families record the impact of pain care, the tactics can be fine-tuned to the patient and an integrated approach can be taken.

Right Prevention: Certain pain scenarios are related to what patients are doing in their daily lives. For instance, back pain can be impacted by safer ways of doing work and exercise can strengthen muscular support and a reduction in pain generation.

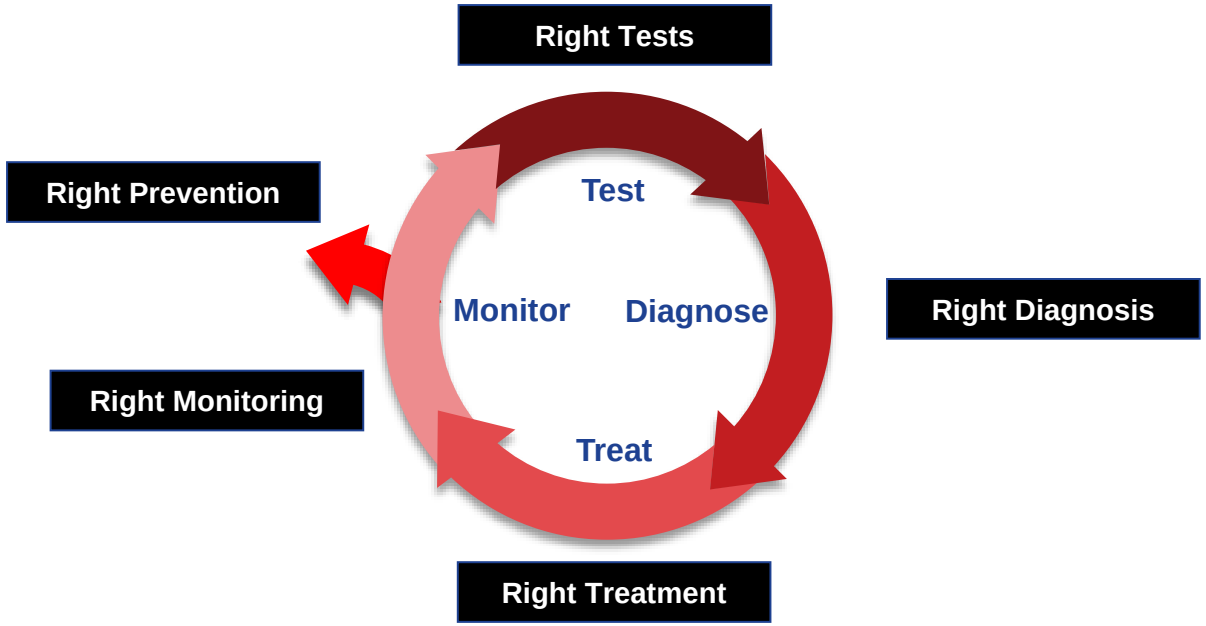
Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Management
Prior Presentation Webinar #125

Gladstone C. McDowell, II, MD

Pain Management Specialist
Urologic Oncologist
Director, Task Force Leader
Texas Medical Institute of Technology (TMIT)
Austin, TX

The 5 Rights of Pain Care ®



Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.

Right Diagnosis: Pain often has causes, requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

Right Treatment: Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

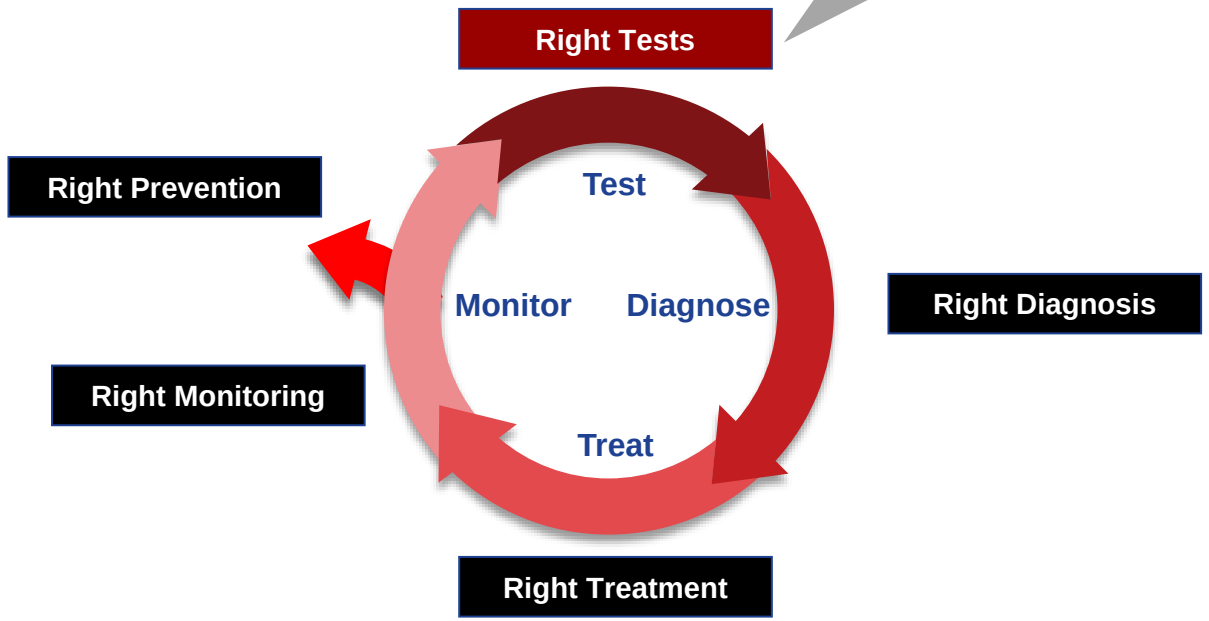
Right Monitoring: When caregivers, patients, and families record the impact of pain care, the tactics can be fine-tuned to the patient and an integrated approach can be taken.

Right Prevention: Certain pain scenarios are related to what patients are doing in their daily lives. For instance, back pain can be impacted by safer ways of doing work and exercise can strengthen muscular support and a reduction in pain generation.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®

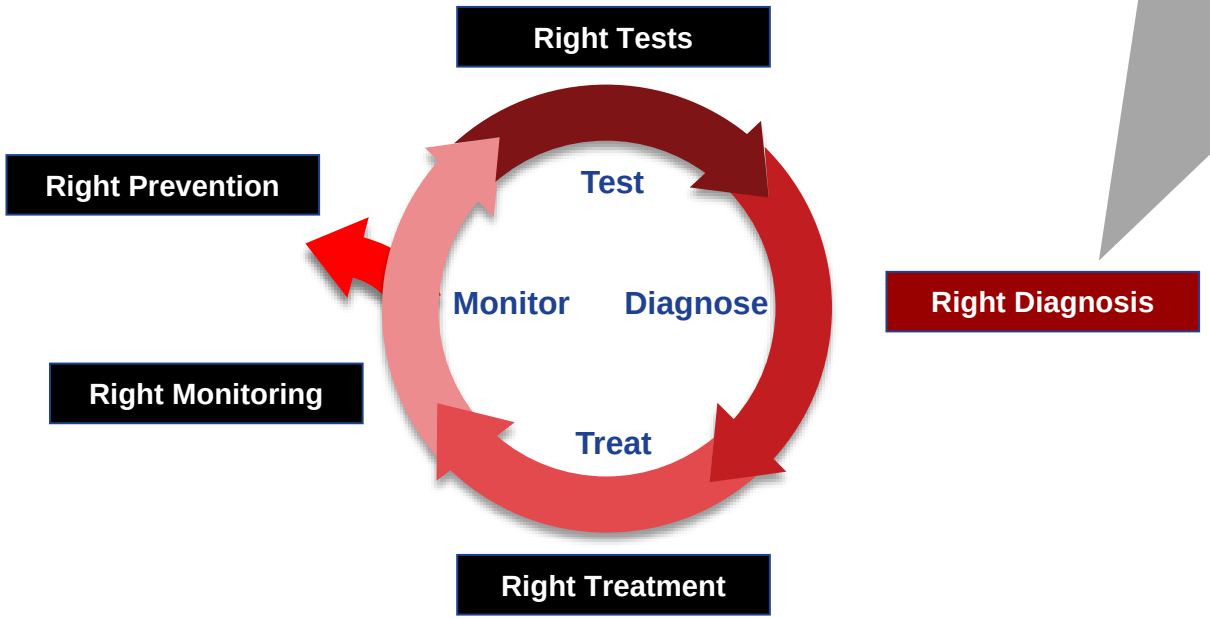
Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.



- **Pain is Subjective:** Many factors can impact pain age, gender, culture, communication, experience, and genetics are all important factors.
- **What are the Pain Generators:** The most important factor here is the history and physical exam.
- **Imaging is Important:** MRI, CT, ultrasound, PET, bone scans, and plain films may all be important.
- **Lab Work:** Such as Vitamin D, renal function, hepatic function, and urine drug screen, and pharmaco-genomics. Metabolism is important and structures involved in processing pain are important.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®

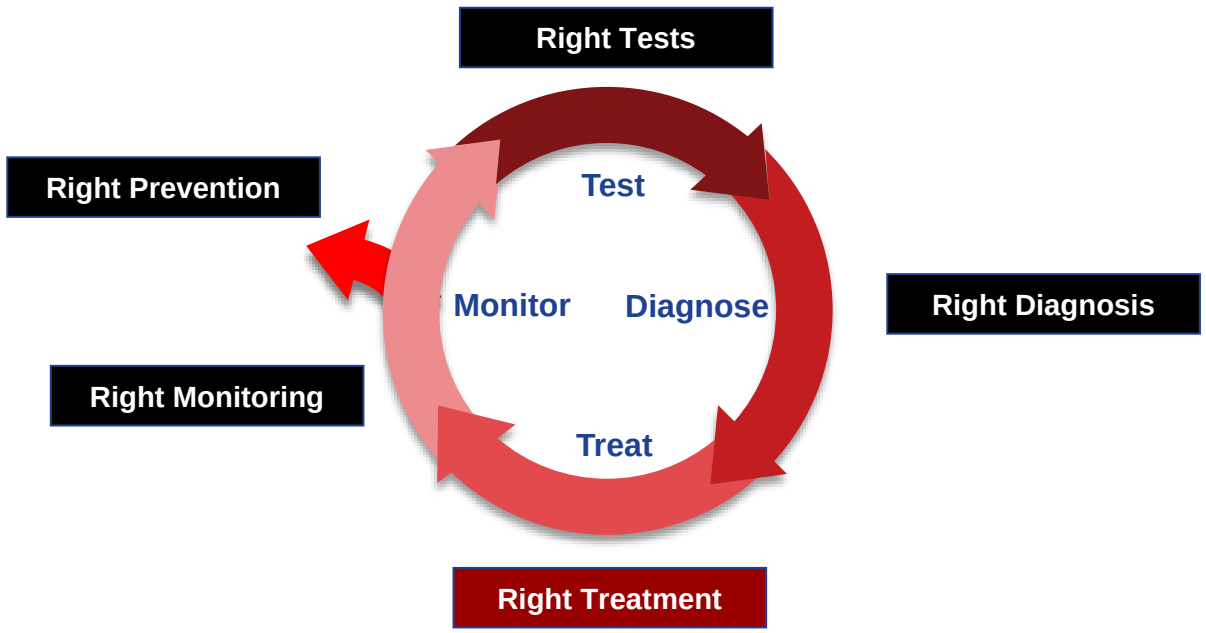


Right Diagnosis: Pain often has causes requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

- **Causes Must Be Understood:** The pain generators are important to be fully understood.
- **Look Beyond Global Pain Approach:** When we understand the pain generators, we can much more effectively map the proper pain solutions against those generators rather than a global approach using opioids.
- **Fine Tuned Solutions:** We can much more effectively care for our patients over time if we have a solid grasp of the evolution of the pain scenarios that are negatively impacting their lives.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®

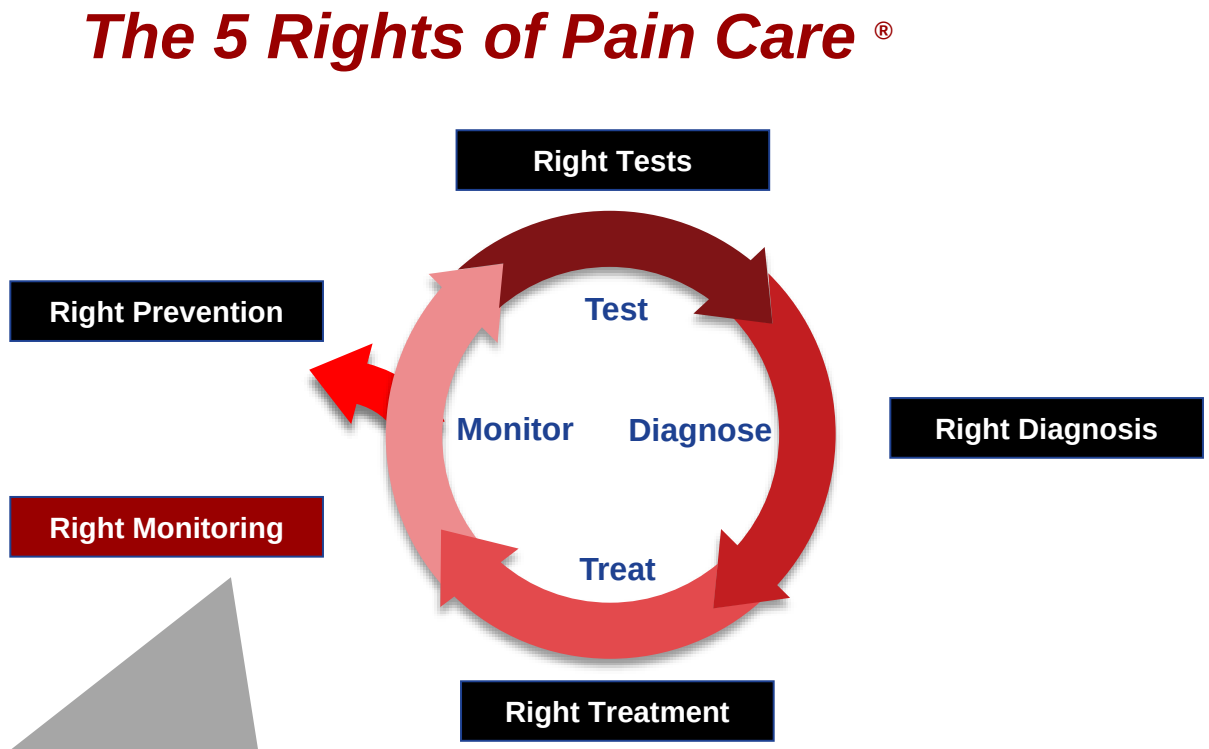


- **Right Combination:** An integrated team based approach with the right caregivers providing the proper interventions at the right time..
- **Comprehensive Medical Management:** Non-opioid approaches and comprehensive approaches that use them targeting the pain generators with carefully laid plans.
- **Integrative Care Tools:** Acupuncture, chiropractors, healing touch, physical therapy, water aerobics, healing touch, and yoga have great value.
- **Minimally Invasive Procedures:** Injections of steroids, spinal cord stimulators, targeted drug delivery with non-opioids may be much better than opioids. These can prevent surgery in some patients.

Right Treatment: Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

- **Historically Poor Monitoring:** In the past we probably did not monitor patients well enough during and after treating them.
- **Carefully Study Baseline Pain Control:** We need to carefully monitor patients through initial interventions and use the baseline to compare against their evolution over time.
- **Lab Work:** Metabolic panels, CBC, testosterone, estradiol, and comparisons to initial lab work.
- **Compliance and Adherence:** Key to make sure patients are following directions properly.
- **Pain Agreements:** We hold patients to them to keep their commitments.



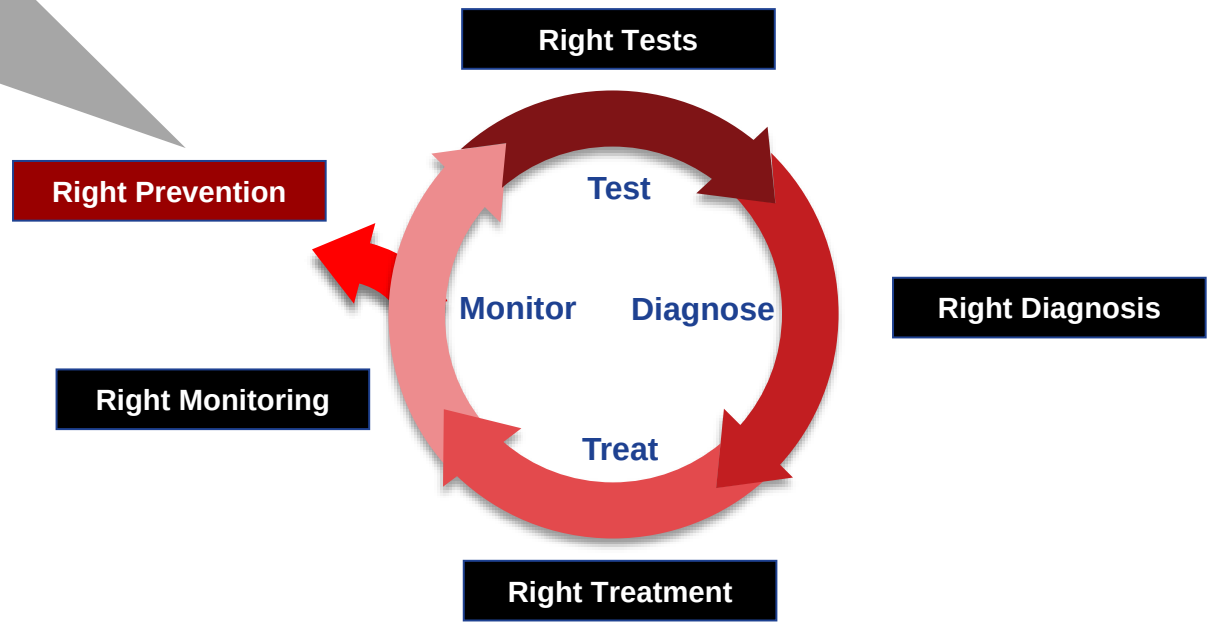
Right Monitoring: When caregivers, patients, and families record the impact of pain care, the tactics can be fine-tuned to the patient and an integrated approach can be taken.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

Right Prevention: Certain pain scenarios are related to what patients are doing in their daily lives. For instance, back pain can be impacted by safer ways of doing work and exercise can strengthen muscular support and a reduction in pain generation.

- **Back Pain:** How daily work and physical movement is undertaken can have real impact on back pain.
- **Exercise:** Can strengthen the core and reduce the risk for pain generation to occur.
- **Sit – Stand Desks:** Allow patients to get up more often, maintain better posture, and reduce risk for pain over time.
- **Movement and Stretching:** Regular movement and stretching can prevent pain scenarios.
- **Physical Therapy:** We often have patients see such therapists to help them reduce the risk for the pain scenario to return.

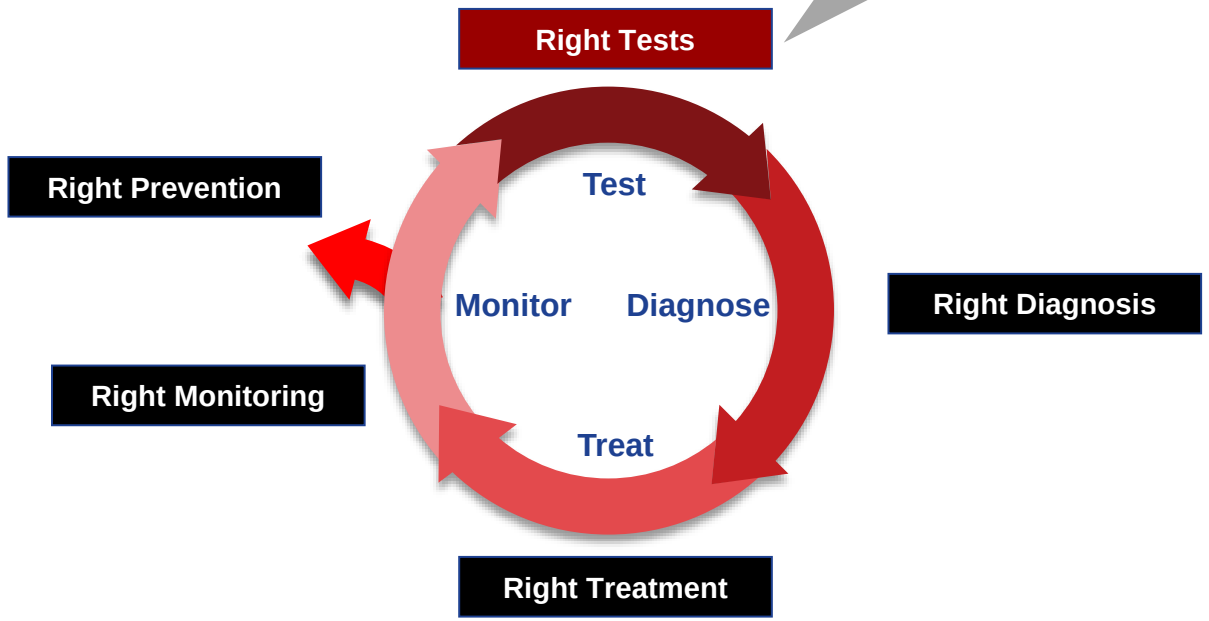
The 5 Rights of Pain Care ®



Source: Denham, CR; McDowell, GM CareUniversity CME Program

The 5 Rights of Pain Care ®

Right Tests: Caregivers and patients need to make sure that the right tests are undertaken to make the right diagnosis of the sources of pain.



Condition	Number affected	Source
Chronic Pain	100 million Americans	Institute of Medicine of The National Academies
Diabetes	25.8 million Americans (diagnosed and estimated undiagnosed)	American Diabetes Association
Coronary Disease	16.3 million Americans	American Heart Association
Stroke	7.0 million Americans	
Cancer	11.9 million Americans	American Cancer Society

Source: Denham, CR; McDowell, GM CareUniversity CME Program

Right Tests

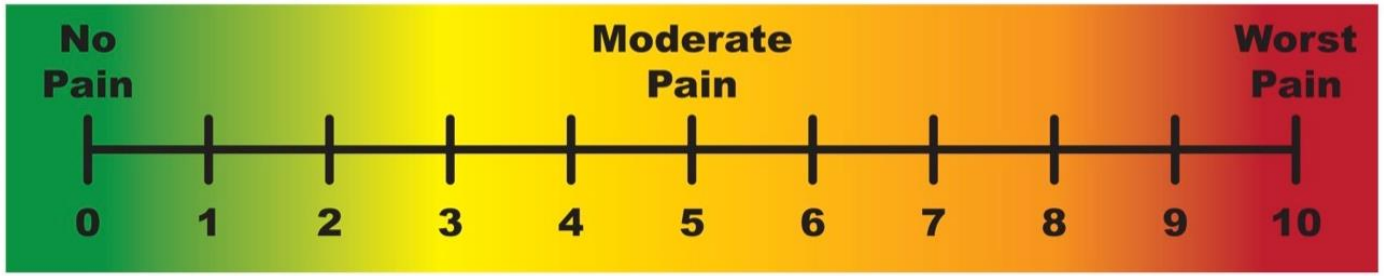
Frequency Of Pain

Condition	Number affected	Source
Chronic Pain	100 million Americans	Institute of Medicine of The National Academies
Diabetes	25.8 million Americans (diagnosed and estimated undiagnosed)	American Diabetes Association
Coronary Disease	16.3 million Americans	American Heart Association
Stroke	7.0 million Americans	
Cancer	11.9 million Americans	American Cancer Society

Right Diagnosis

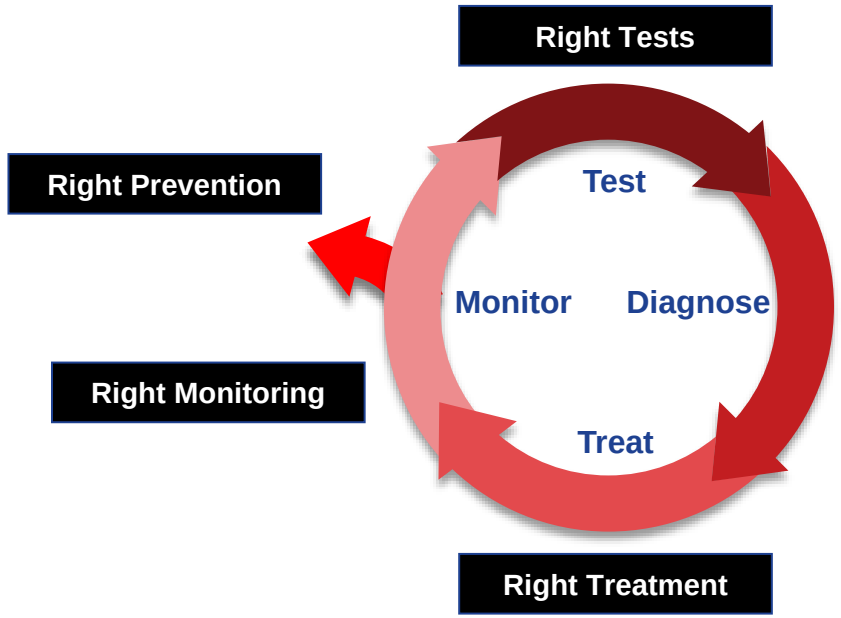
Pain Screening

- Pain intensity scales can be used as part of a comprehensive pain assessment
  - Assess “current” pain as well as “usual,” “worst,” and “least” pain in the last 24 hours
  - For a comprehensive assessment, include “worst pain in past week,” “pain at rest,” and “pain with movement”
- Numeric rating scale
  - Patient verbally describes pain on a scale from 0 (“no pain”) to 10 (“worst pain you can imagine”)
  - Patient circles number, on a scale of 0 to 10, that best indicates pain intensity



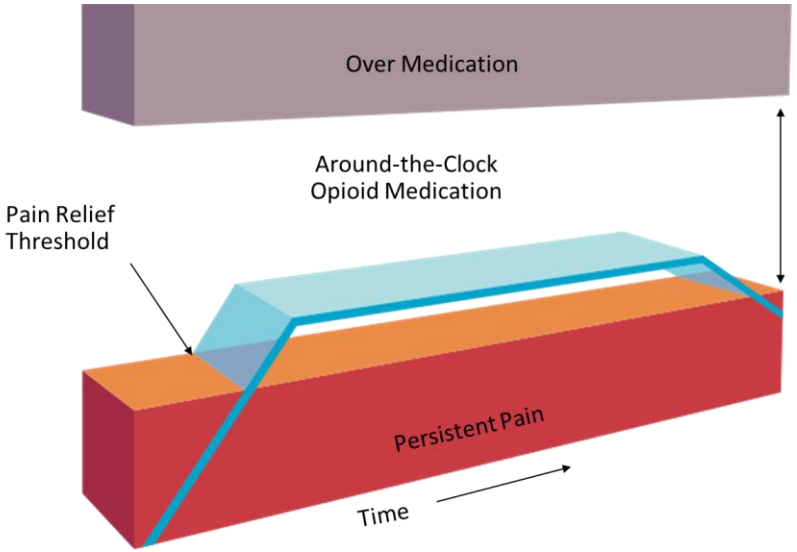
Mild (1-3) **Moderate (4-6)** **Severe (7-10)**[1]

The 5 Rights of Pain Care ®



Right Diagnosis: Pain often has causes requiring a thoughtful approach to understanding the pain generators in order to undertake the right treatment.

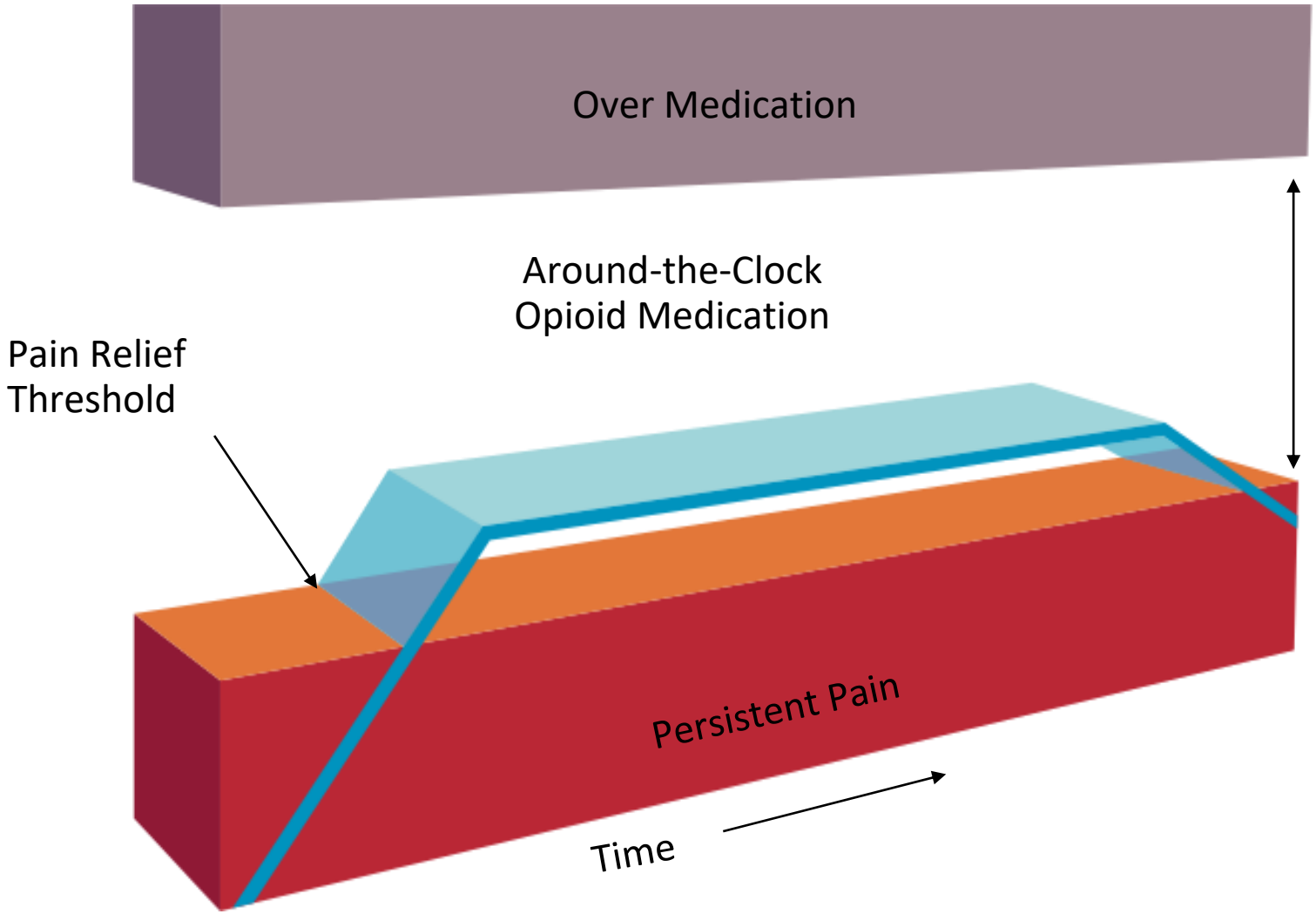
Right Diagnosis



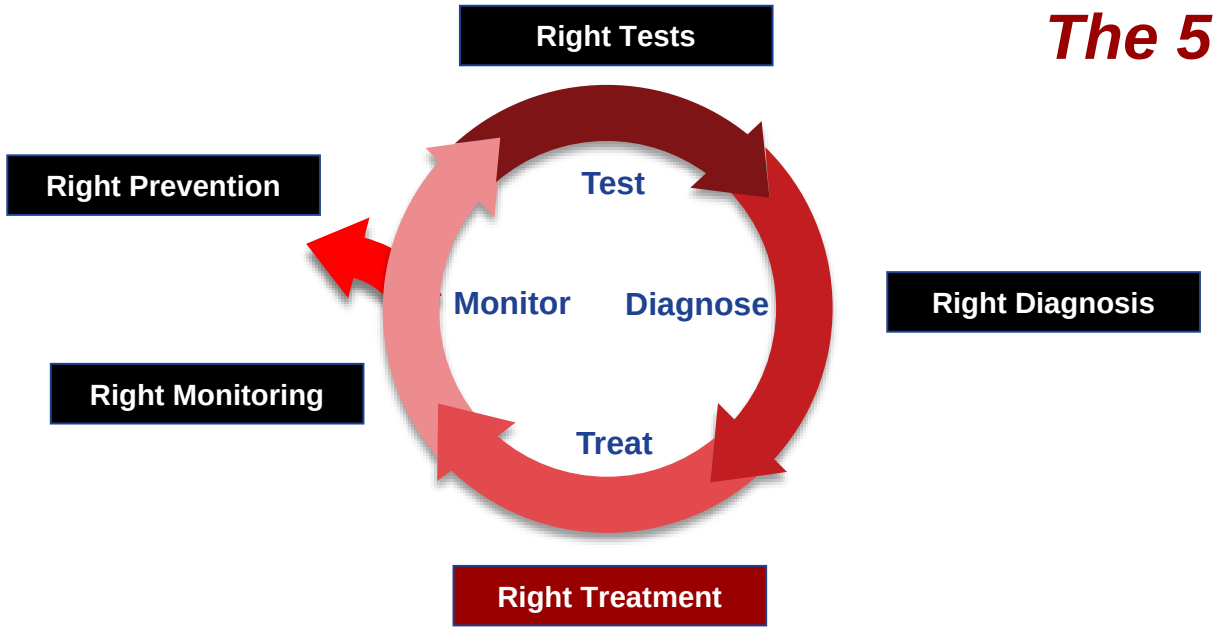
Source: Denham, CR; McDowell, GM CareUniversity CME Program

Right Diagnosis

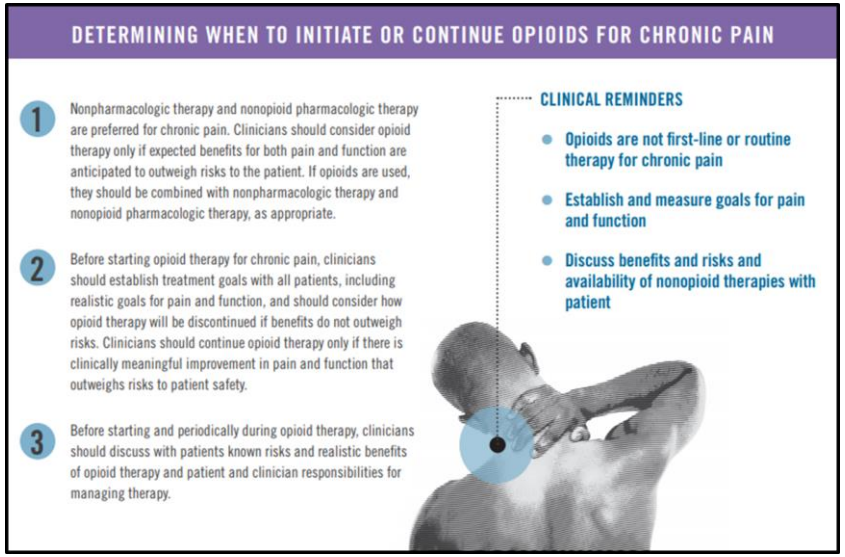
Balance of Over Medication versus Under Medication



Integrated Pain Solutions
Solutions for Active Living



The 5 Rights of Pain Care ®


DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1 Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2 Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3 Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient

Right Treatment: Optimal pain relief often requires an integrated strategy of multiple tactics. The right combination with a team-based approach has enormous potential.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

Right Treatment

Guideline for Prescribing Opioids for Chronic Pain

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Aug. 31, 2018

The 5 Rights of Pain Care ®

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

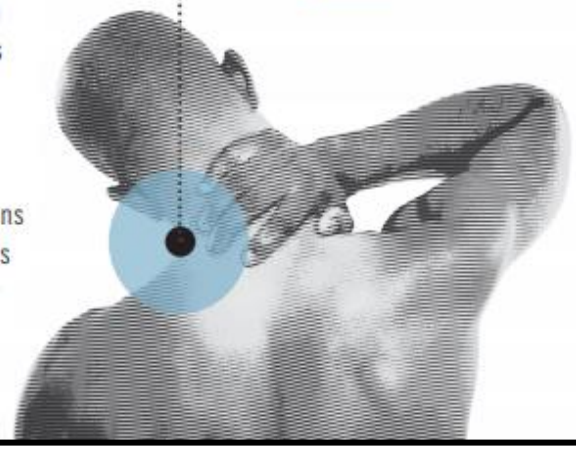
1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3. Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient



Source: https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

Right Treatment

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Aug. 31, 2018

The 5 Rights of Pain Care ®

OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

CLINICAL REMINDERS

- Use immediate-release opioids when starting
- Start low and go slow
- When opioids are needed for acute pain, prescribe no more than needed
- Do not prescribe ER/LA opioids for acute pain
- Follow-up and re-evaluate risk of harm; reduce dose or taper and discontinue if needed

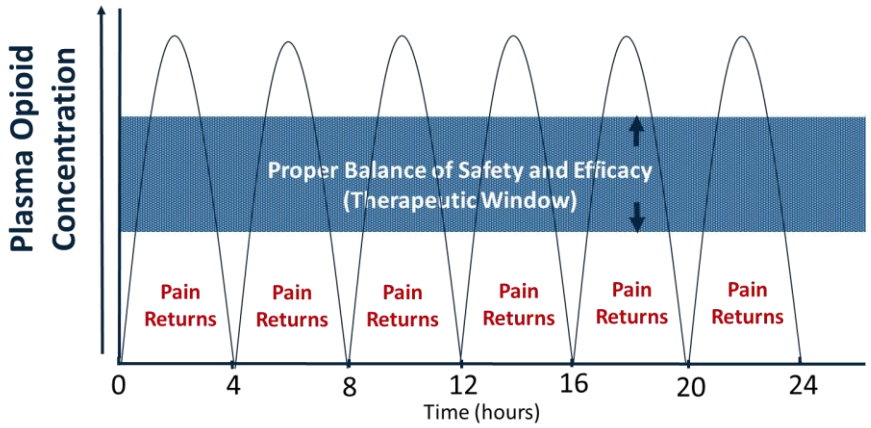
4 When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

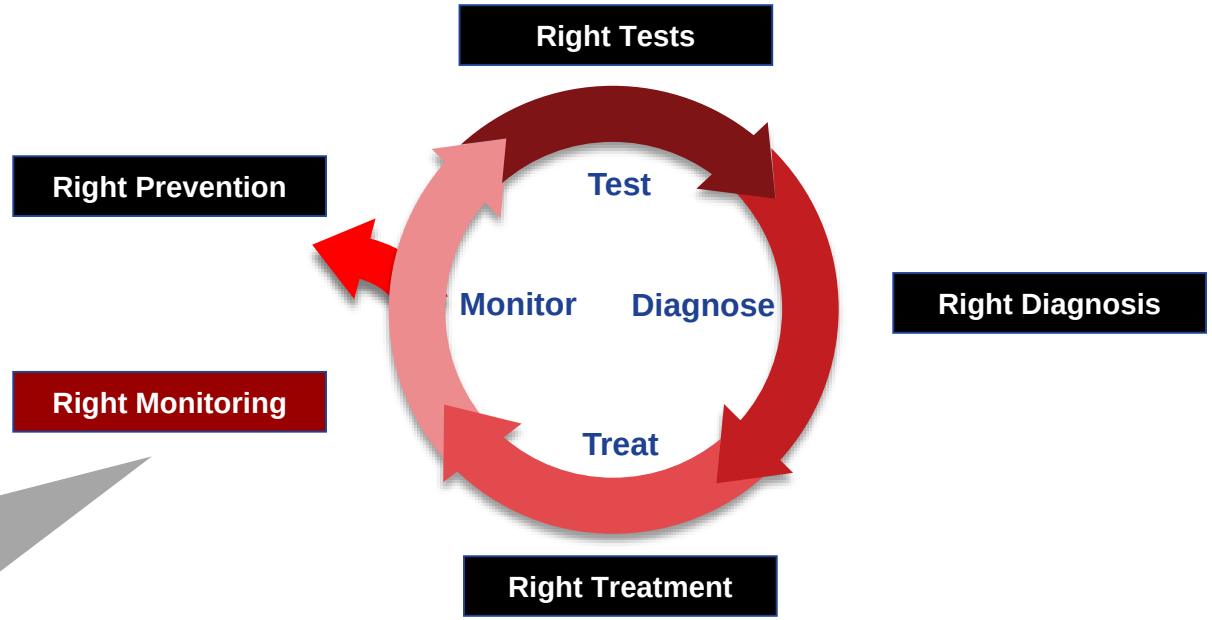
5 When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

6 Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

7 Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

The 5 Rights of Pain Care ®





Right Monitoring: When caregivers, patients, and families record the impact of pain care, the tactics can be fine-tuned to the patient and an integrated approach can be taken.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

Right Monitoring

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Aug. 31, 2018

ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE

8 Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.

9 Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

10 When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

11 Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12 Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

CLINICAL REMINDERS

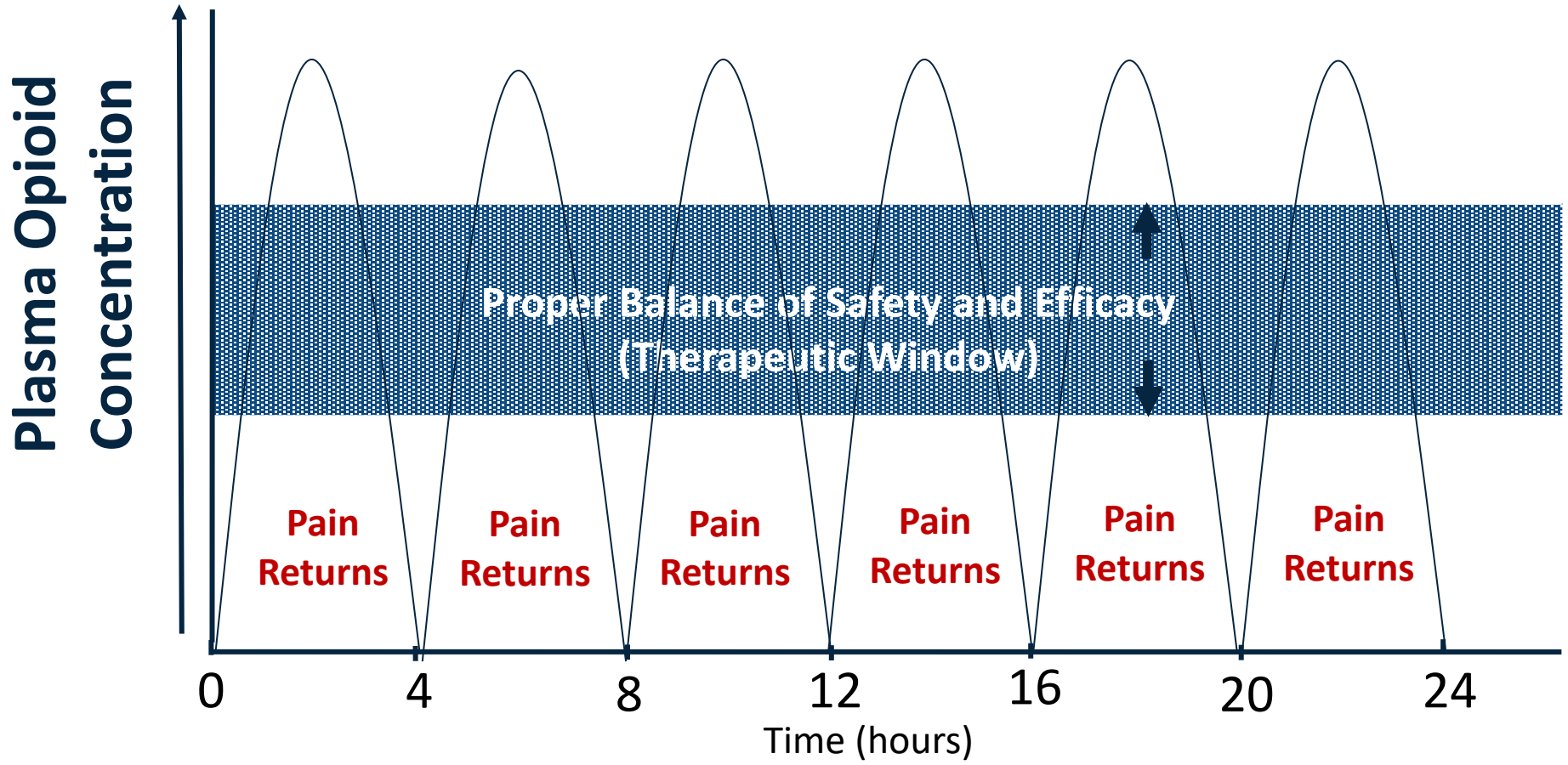
- Evaluate risk factors for opioid-related harms
- Check PDMP for high dosages and prescriptions from other providers
- Use urine drug testing to identify prescribed substances and undisclosed use
- Avoid concurrent benzodiazepine and opioid prescribing
- Arrange treatment for opioid use disorder if needed

Source: https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf

Right Monitoring

Adverse Effects: Sedation, Euphoria, Dysphoria, Nausea

Fluctuating Opioid Levels Observed with Short-acting Opioids



Right Monitoring

Checklist for Prescribing Opioids for Chronic Pain

CDC Centers for Disease Control and Prevention

Aug. 31, 2018

When CONSIDERING long-term opioid therapy

- ☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- ☐ Check that non-opioid therapies tried and optimized.
- ☐ Discuss benefits and risks (eg, addiction, overdose) with patient.
- ☐ Evaluate risk of harm or misuse.
  - Discuss risk factors with patient.
  - Check prescription drug monitoring program (PDMP) data.
  - Check urine drug screen.
- ☐ Set criteria for stopping or continuing opioids.
- ☐ Assess baseline pain and function (eg, PEG scale).
- ☐ Schedule initial reassessment within 1–4 weeks.
- ☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

If RENEWING without patient visit

- ☐ Check that return visit is scheduled ≤3 months from last visit.

When REASSESSING at return visit

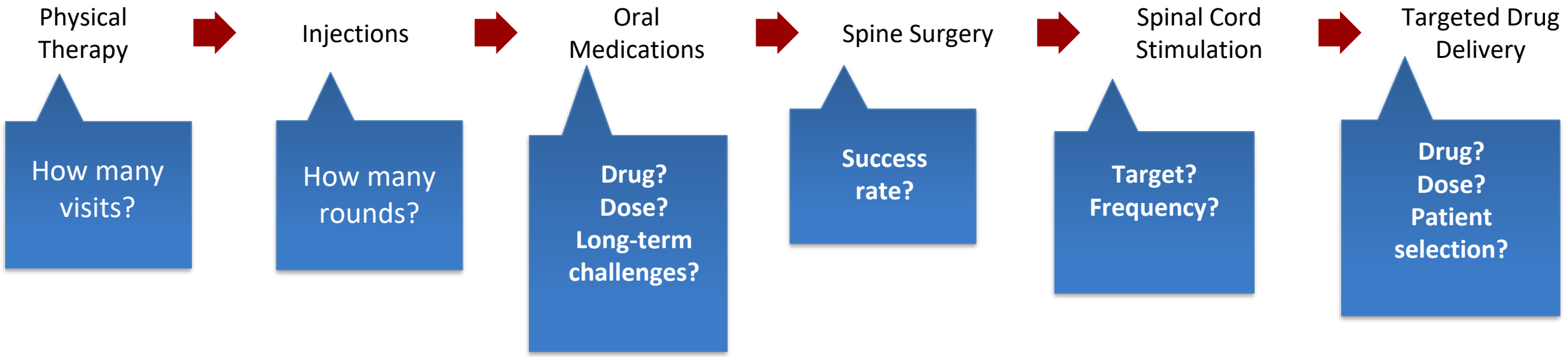
Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- ☐ Assess pain and function (eg, PEG); compare results to baseline.
- ☐ Evaluate risk of harm or misuse:
  - Observe patient for signs of over-sedation or overdose risk.
    - – If yes: Taper dose.
  - Check PDMP.
  - Check for opioid use disorder if indicated (eg, difficulty controlling use).
    - – If yes: Refer for treatment.
- ☐ Check that non-opioid therapies optimized.
- ☐ Determine whether to continue, adjust, taper, or stop opioids.
- ☐ Calculate opioid dosage morphine milligram equivalent (MME).
  - If ≥50 MME/day total (≥50 mg hydrocodone; ≥33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  - Avoid ≥90 MME/day total (≥90 mg hydrocodone; ≥60 mg oxycodone), or carefully justify; consider specialist referral.
- ☐ Schedule reassessment at regular intervals (≤3 months).

Source: https://stacks.cdc.gov/view/cdc/38025

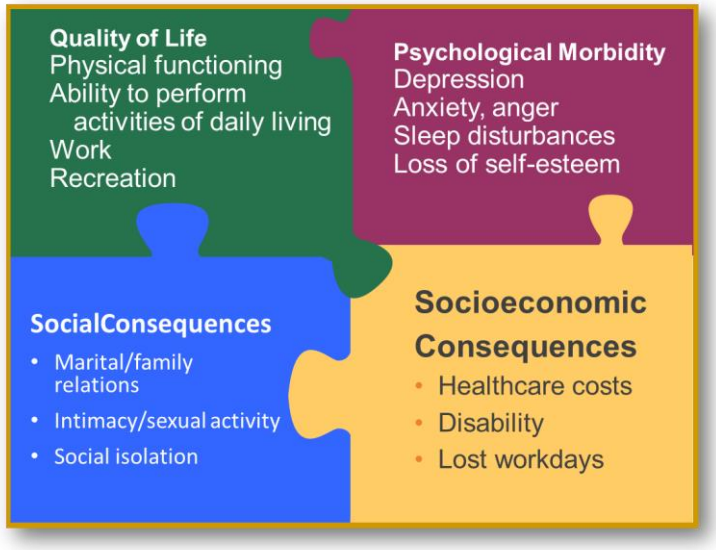
Right Monitoring

Nothing is perfectly effective…..

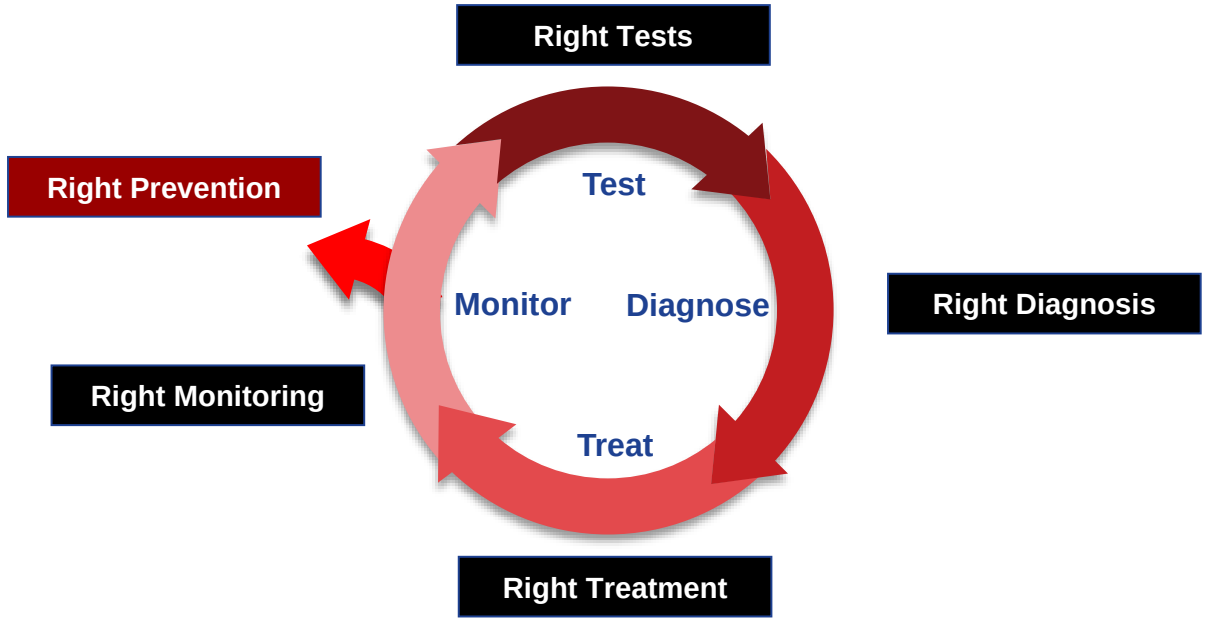


1. Vargas-Shaffer G. *Can Fam Physician.* 2010; 56(6):514-517.

Right Prevention: Certain pain scenarios are related to what patients are doing in their daily lives. For instance, back pain can be impacted by safer ways of doing work and exercise can strengthen muscular support and a reduction in pain generation.



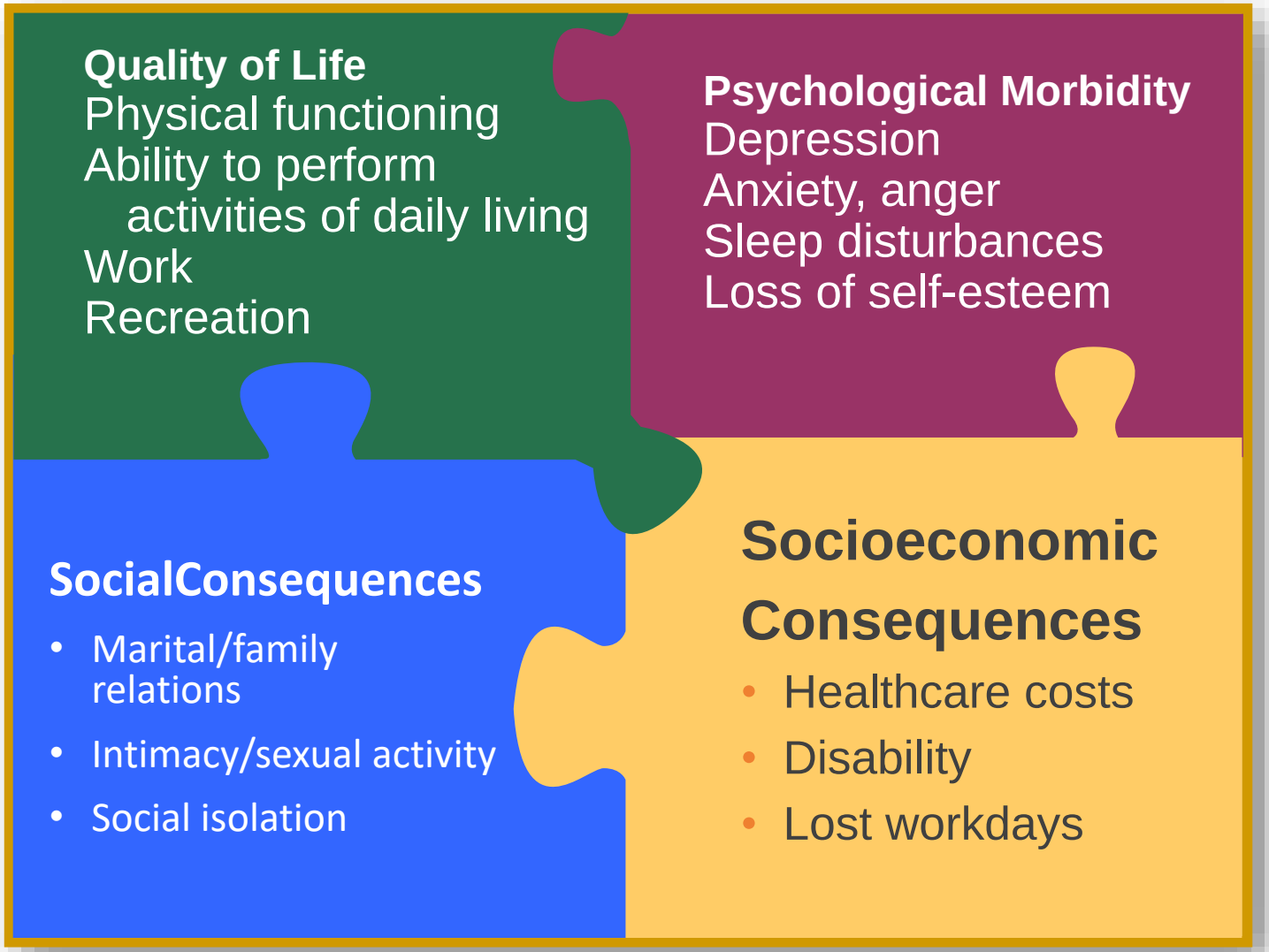
The 5 Rights of Pain Care ®



Source: Denham, CR; McDowell, GM CareUniversity CME Program

Right Prevention

Domains Of Pain



The Opioid Crisis: Security Leader Perspective

Chief Bill Adcox

Chief Security Officer
MD Anderson Cancer Center
Chief of Police – UT Health Science Center
Houston Texas

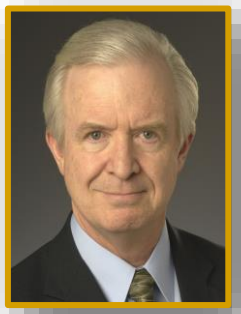
The TRANQ: The Zombie Effect – Full Program

https://www.youtube.com/watch?v=bRj3Sa-Q41A

Pain Care and Opioid Crisis Series Speakers and Reactors


Jennifer Dingman


Vicki King


John Nance JD


Randy Styner


Dr. Gladstone McDowell


Chief William Adcox


Gregory Botz MD


Charles Denham MD

Voice of Patient and Family

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

Fight the Good Fight…

Finish the Race…

Keep the Faith…

Everyone is a Patient

and

Everyone CAN BE a Caregiver

ADDITIONAL RESOURCES

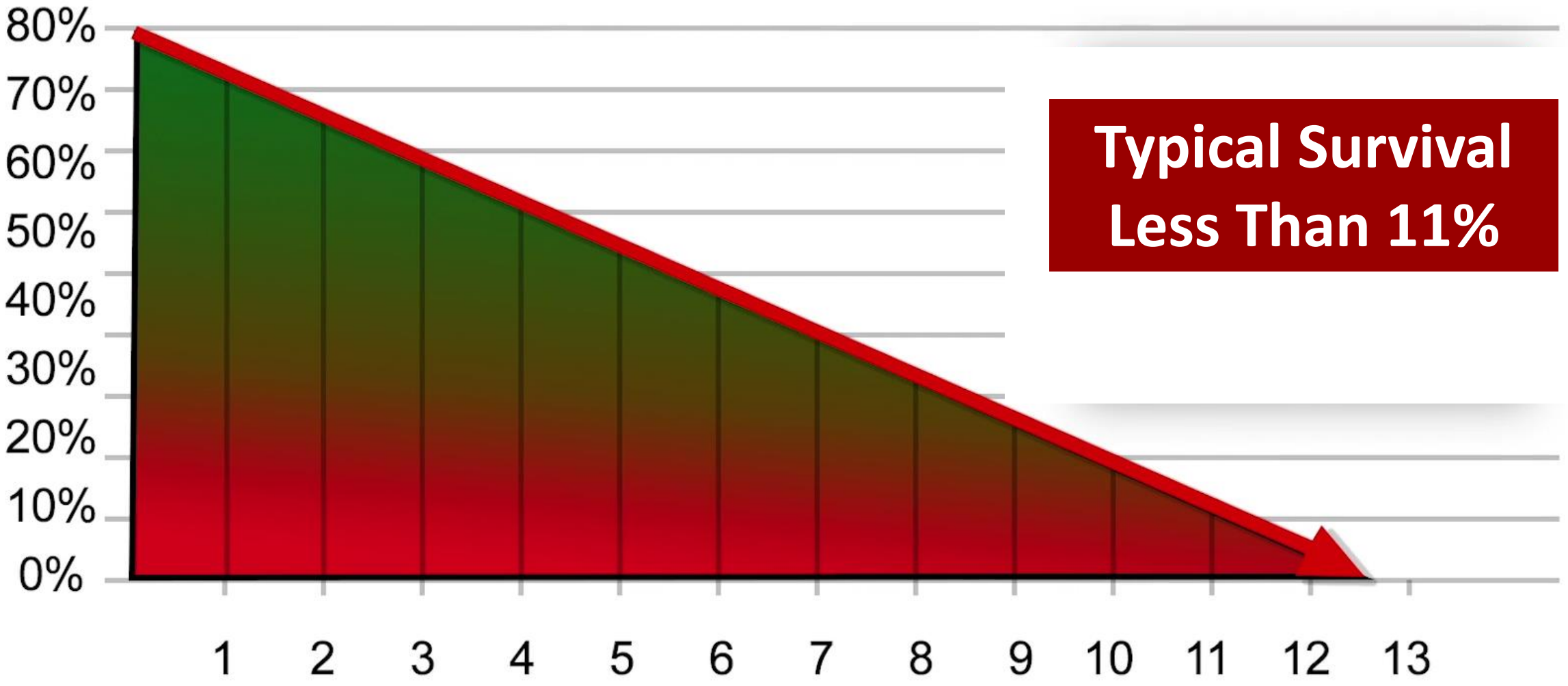
INFORMATION DISORDER MACHINES

False Narratives & Weaponizing Information

- **Mis-information:** when false information is shared, but no harm is meant.
- **Dis-information:** when false information is knowingly shared to cause harm.
- **Mal-information:** when genuine information is shared to cause harm, often by moving information designed to stay private into the public sphere.

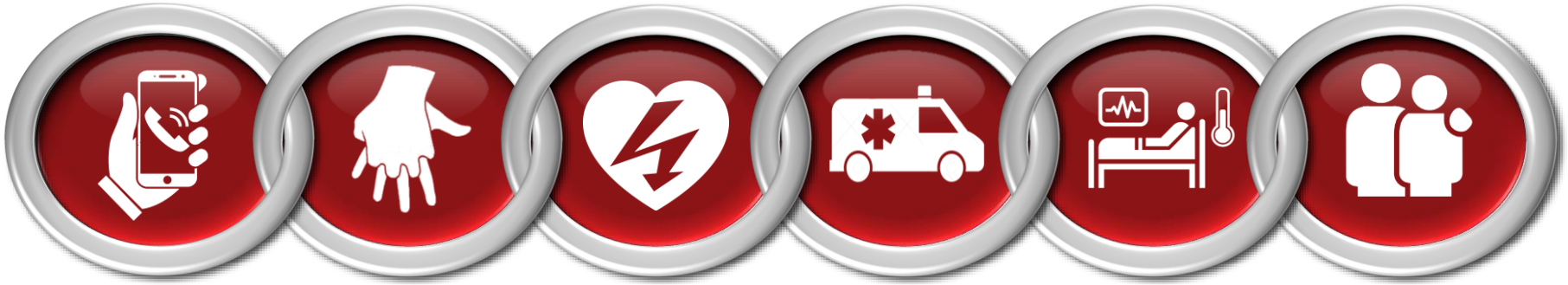
Source: Claire Wardle and Hossein Derakhshan “Information Disorder”

Survival Loss Over Time for Sudden Cardiac Arrest



Minutes Until CPR and AED Use

Cardiac Arrest Chain of Survival



Recognition and Activation of Emergency Response System

Immediate High-Quality CPR

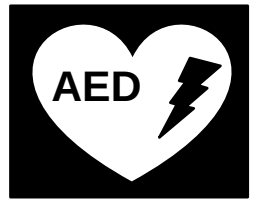
Rapid Defibrillation

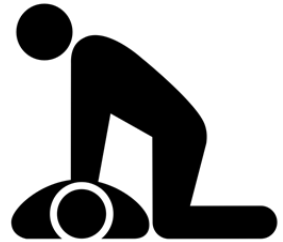
Basic & Advanced Emergency Medical Services

Advanced Life Support & Post-arrest Care

Recovery

Bystander Care

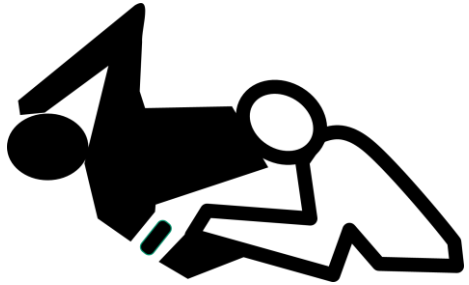




3 Minutes from Drop to Shock

Trauma Chain of Survival

Bystander Care



3 Minutes from Gun Shot to Stop the Bleed

Freshmen Survive & Thrive™ Checklists

High School Freshmen:

Basic Actions:

- ❑ Phone 911 – Automatically call ICE Parents
- ❑ Know Local Hospitals – Level 1 Trauma Centers
- ❑ Review Family FEMA Checklist for Disasters

Sudden Cardiac Arrest:

- ❑ Consider Cardiac Screening – EKG & Ultrasound
- ❑ Get CPR-AED Certified

Choking & Drowning

- ❑ Learn Heimlich Maneuver & Rescue Position

Life Threatening Allergies

- ❑ Venom, Meds, Food Allergies and Epinephrine Auto-injectors

Opioids and Poisoning

- ❑ Counterfeit Pills, Fentanyl, THC, and Nicotine Poisoning
- ❑ Vaping Dangers
- ❑ Narcan and Rescue Skills

Major Trauma

- ❑ Stop the Bleed Training
- ❑ Understanding Concussions

Infections

- ❑ Clean a Cut Save a Life
- ❑ COVID, Flu, and Pandemics

Transportation Accidents

- ❑ Non-traffic Drive-over Accidents
- ❑ Traffic Accidents, Risk Taking, and Substance Impairment

Bullying & Suicide

- ❑ Physical, Emotional, and Cyber-bullying
- ❑ Suicide Risk and Rescue

College Freshmen:

Basic Actions:

- ❑ Medical Power of Attorney – college, home, and recreation US States
- ❑ Phone 911 – Automatically call ICE – Parents or Another Adult
- ❑ Know Local Hospitals – Level 1 Trauma Centers near College

Sudden Cardiac Arrest:

- ❑ Consider Cardiac Screening – EKG & Ultrasound
- ❑ Get CPR-AED Certified

Choking & Drowning

- ❑ Learn Heimlich Maneuver & Rescue Position

Life Threatening Allergies

- ❑ Venom, Meds, Food Allergies and Epinephrine Auto-injectors

Opioids and Poisoning

- ❑ Counterfeit Pills, Fentanyl, THC, and Nicotine Poisoning
- ❑ Vaping Dangers
- ❑ Narcan and Rescue Skills

Major Trauma

- ❑ Stop the Bleed Training
- ❑ Understanding Concussions

Infections

- ❑ Clean a Cut Save a Life
- ❑ COVID, Flu, and Pandemics

Transportation Accidents

- ❑ Non-traffic Drive-over Accidents
- ❑ Traffic Accidents, Risk Taking, and Substance Impairment

Bullying & Suicide

- ❑ Physical, Emotional, and Cyber-bullying
- ❑ Suicide Risk and Rescue

Freshmen Survive & Thrive™ Checklists

High School Freshmen:

Basic Actions:

- ❑ Phone 911 – Automatically call ICE Parents
- ❑ Know Local Hospitals – Level 1 Trauma Centers
- ❑ Review Family FEMA Checklist for Disasters

Sudden Cardiac Arrest:

- ❑ Consider Cardiac Screening – EKG & Ultrasound
- ❑ Get CPR-AED Certified

Choking & Drowning

- ❑ Learn Heimlich Maneuver & Rescue Position

Life Threatening Allergies

- ❑ Venom, Meds, Food Allergies and Epinephrine Auto-injectors

Opioids and Poisoning

- ❑ Counterfeit Pills, Fentanyl, THC, and Nicotine Poisoning
- ❑ Vaping Dangers
- ❑ Narcan and Rescue Skills

Major Trauma

- ❑ Stop the Bleed Training
- ❑ Understanding Concussions

Infections

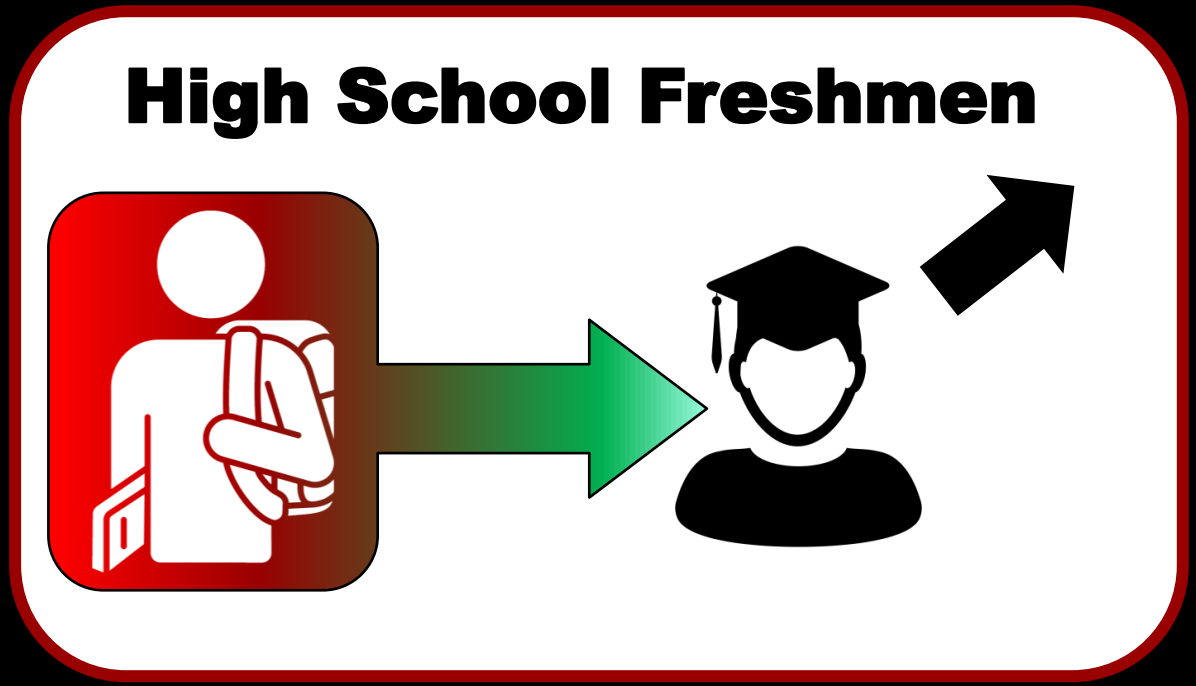
- ❑ Clean a Cut Save a Life
- ❑ COVID, Flu, and Pandemics

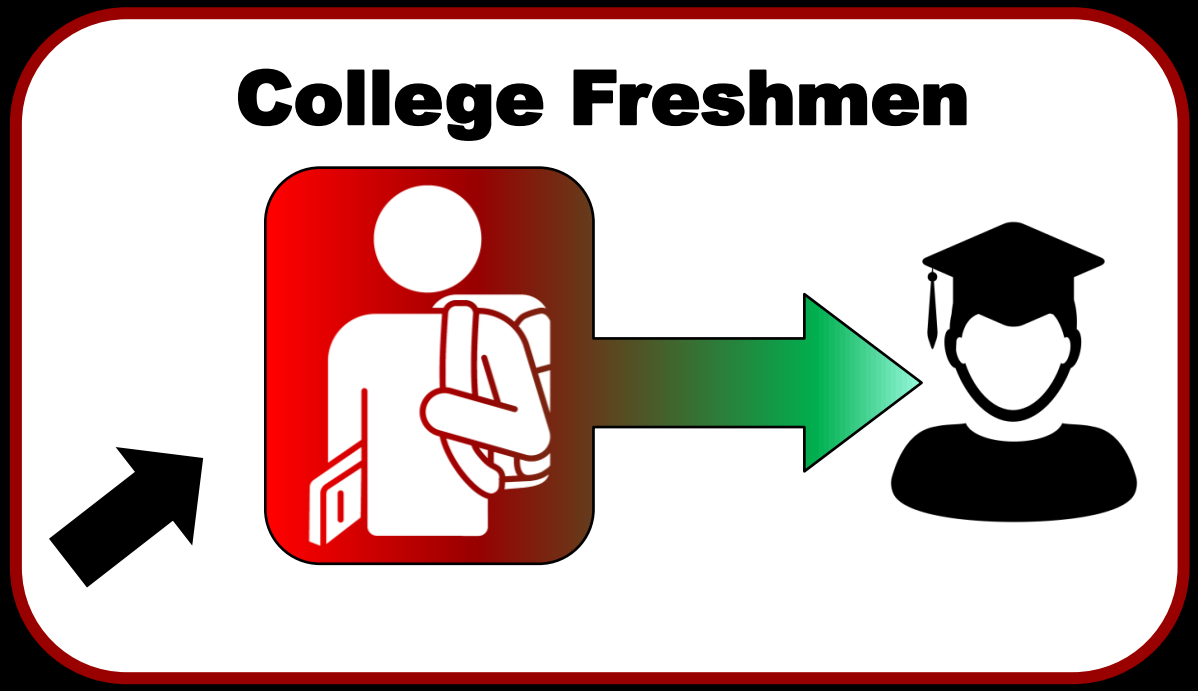
Transportation Accidents

- ❑ Non-traffic Drive-over Accidents
- ❑ Traffic Accidents, Risk Taking, and Substance Impairment

Bullying & Suicide

- ❑ Physical, Emotional, and Cyber-bullying
- ❑ Suicide Risk and Rescue





College Freshmen:

Basic Actions:

- ❑ Medical Power of Attorney – college, home, and recreation US States
- ❑ Phone 911 – Automatically call ICE – Parents or Another Adult
- ❑ Know Local Hospitals – Level 1 Trauma Centers near College

Sudden Cardiac Arrest:

- ❑ Consider Cardiac Screening – EKG & Ultrasound
- ❑ Get CPR-AED Certified

Choking & Drowning

- ❑ Learn Heimlich Maneuver & Rescue Position

Life Threatening Allergies

- ❑ Venom, Meds, Food Allergies and Epinephrine Auto-injectors

Opioids and Poisoning

- ❑ Counterfeit Pills, Fentanyl, THC, and Nicotine Poisoning
- ❑ Vaping Dangers
- ❑ Narcan and Rescue Skills

Major Trauma

- ❑ Stop the Bleed Training
- ❑ Understanding Concussions

Infections

- ❑ Clean a Cut Save a Life
- ❑ COVID, Flu, and Pandemics

Transportation Accidents

- ❑ Non-traffic Drive-over Accidents
- ❑ Traffic Accidents, Risk Taking, and Substance Impairment

Bullying & Suicide

- ❑ Physical, Emotional, and Cyber-bullying
- ❑ Suicide Risk and Rescue