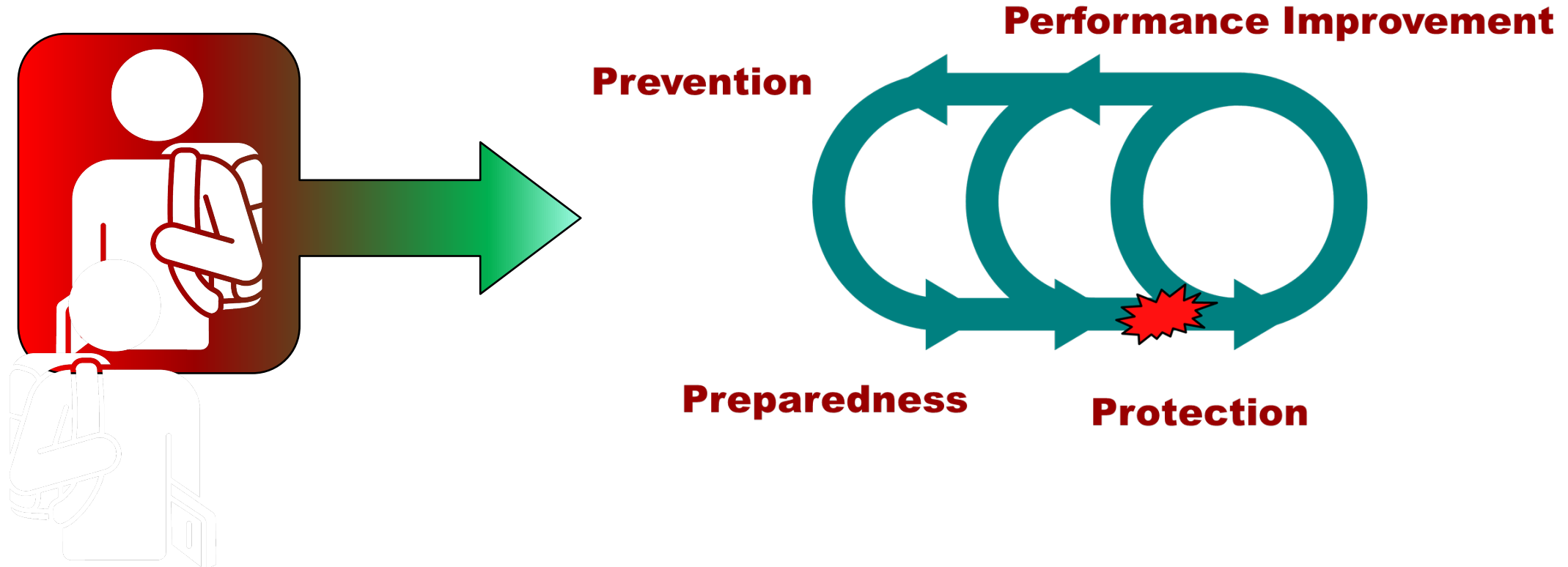




Online Harm to Children: **Threats, Opportunities, and the 4P's**



Welcome



Charles Denham, MD

Chairman, TMIT Global

TMIT High Performer Webinar
February 15, 2024

Webinar 213

U.S. SENATE COMMITTEE ON THE
JUDICIARY

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[COMMITTEE ACTIVITY](#)

[NOMINATIONS](#)

[LATEST NEWS](#)



Protecting Children Online



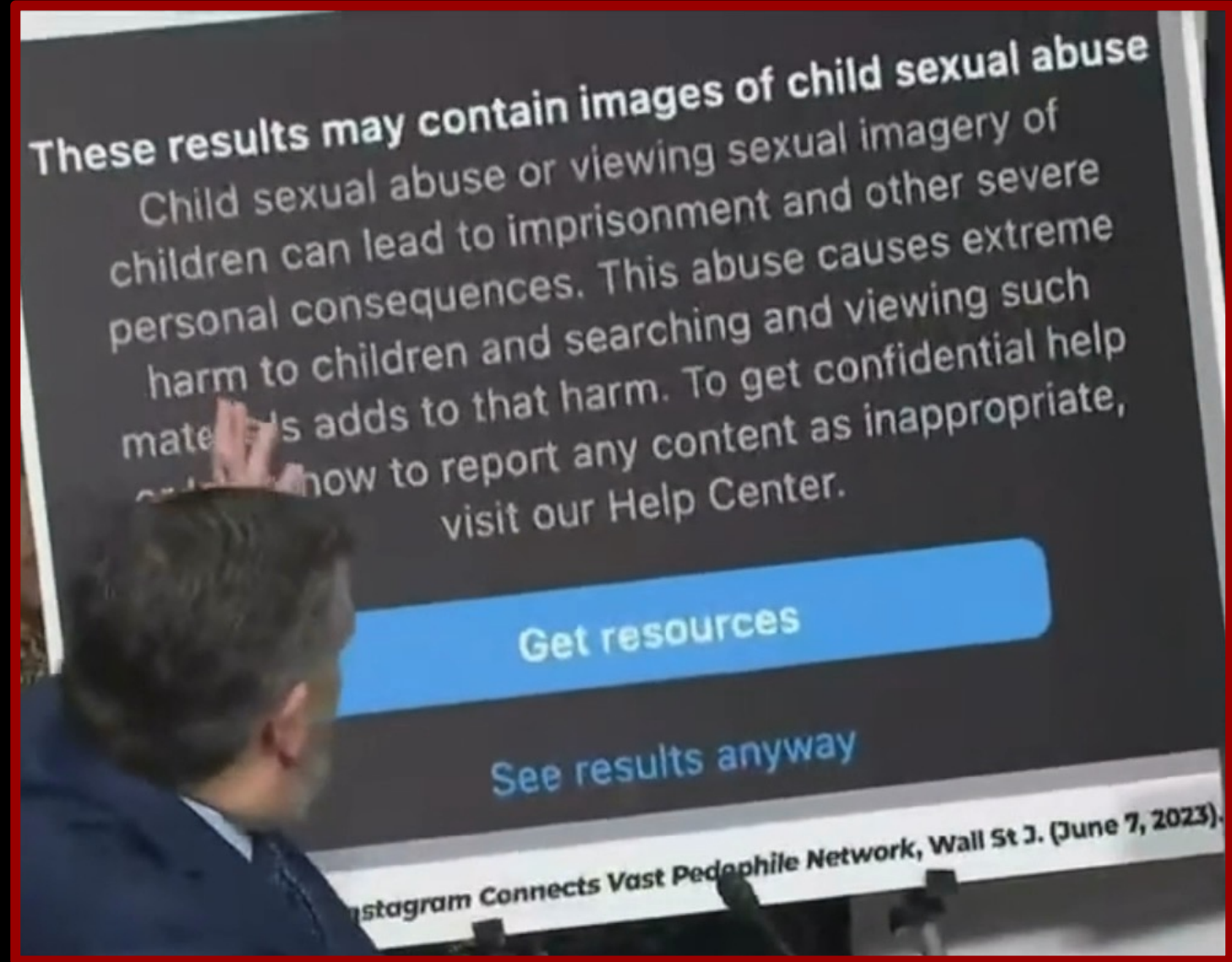
The Senate Judiciary Committee is holding a full committee hearing on January 31, 2024, featuring testimony from the CEOs of social media companies Discord, Meta, Snap, TikTok, and X (formerly known as Twitter)—a consensus panel agreed to by Chair Durbin and Ranking Member Graham.

ABC News



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Protecting Children Online



Source: CSPAN



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Online Harm to Children: Threats, Opportunities, and the 4P's

What are the Threats and Opportunities?

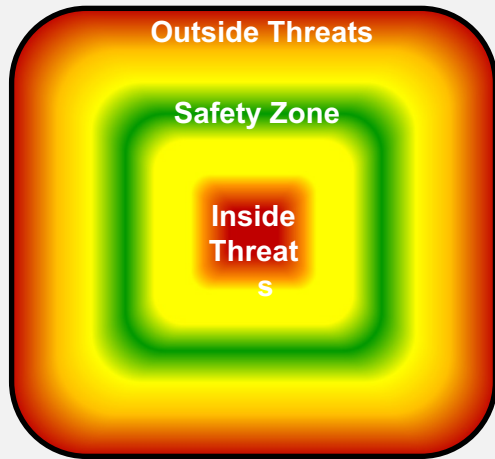
- ❑ Awareness: A Complex Adaptative System
- ❑ Accountability: All Stakeholders...not Just One
- ❑ Ability: Need Resources NOW
- ❑ Action: By Everyone – All Stakeholders

The 4P's Getting “Left of Boom”

- ❑ Move from Defense to Offense
- ❑ Prevention, Preparedness, Protection, and Performance Improvement

WHY Act, Why Now, and Why You?

- ❑ Tell us how long you want to wait, we will tell you how many lives will be lost...or how many you want to lose...and we'll tell you how long to wait.
- ❑ You will either be counting saves or graves.





LEAD Hospital Initiatives

Patient Safety Documentaries

Research Programs

Webinars & Meetings

Patient Programs

Multimedia Center

Home

Disclosures

FAQs

About

Dr. Charles R. Denham Briefing:

Med Tac Bystander Care Training Program

Med Tac Bystander Care Training Program addresses bystander care and what can be done before professional first responders arrive.

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.

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](#).

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 PL 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

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](#)

CAREMOMS®

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

Powered by HCC Global's Information Power Grid™ System

SafetyLeaders® and CareUniversity® are trademarks of HCC Global, licensed to TMIT Global

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TMIT Global Research Test Bed

High Performer Webinar

February 15, 2024, 12:00 pm – 1:30 pm CT / 1:00 pm – 2:30 pm ET

[REGISTER](#)

[JOIN EVENT](#)

Protecting Children Online Threats, Opportunities, and the 4 P's

February 15, 2024

[MORE INFO](#)

[REGISTER](#)

Session Overview

It is critical that we safeguard the safety of children and their families online. Our youth and young adults are especially at risk for harm. We must act now. Healthcare and public health safety leaders must learn global, act local, and be vocal.

Join us to address:

- **Frequency & Severity of Adverse Events:** Learn about what is evidence based and expert opinion about what is being observed.
- **Prevention:** Learn about primary prevention to keep events from happening and secondary prevention of harm from events that cannot be entirely prevented.
- **Preparedness:** Learn about how to help families to maintain a state of readiness for adverse events.
- **Protection:** Learn how to protect children and families from harm and reduce harm when events do occur.
- **Performance Improvement:** Learn how to use stories, case studies, and what has been learned to date about solutions and best practices to help protect children.

Join us to help lead online safety of children in your communities.

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

February 15, 2024

- 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: 896 0453 8099. 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 to children and their families online.
- **Accountability:** Participants will learn who may be personally accountable for recognizing and reducing the threats children and their families online.
- **Ability:** Participants will learn about specific concepts, tools, and resources they can apply to reduce the vulnerability of children online.
- **Action:** Participants will learn line-of-sight actions they can take locally to reduce the harm to children online.

Session Speakers and Panelists

C. R. Denham, II, MD
[BIO](#)

John Nance
[BIO](#)

Gregory Botz, MD
[BIO](#)

Randy Styner
[BIO](#)

William Adcox, MBA
[BIO](#)

David Grinsfelder
[BIO](#)

Gladstone McDowell, II, MD
[BIO](#)

Perry Bechtle, III
[BIO](#)

Jennifer Dingman
[BIO](#)

Emerging Threats Community of Practice Application

Name *

First

Email *

Organization *

Important Topics of Interest

Last

Phone *

Position at the Organization *

[Submit](#)

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TMIT Global



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



Speakers & Reactors



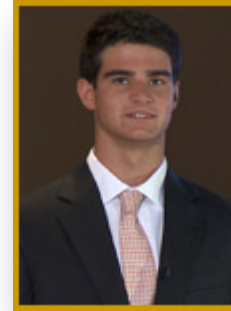
Jennifer Dingman



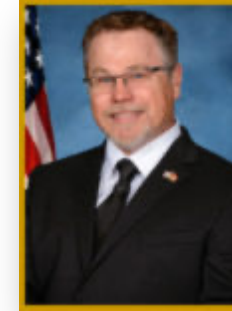
David Beshk



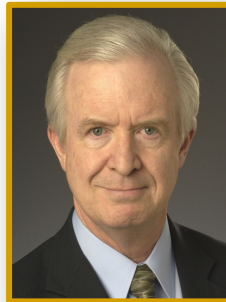
David Grinsfelder



Perry Bechtle III



Randy Styner



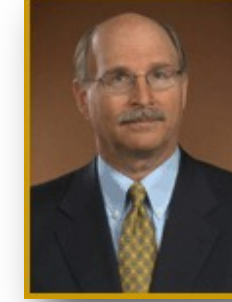
John Nance JD



Chief William Adcox



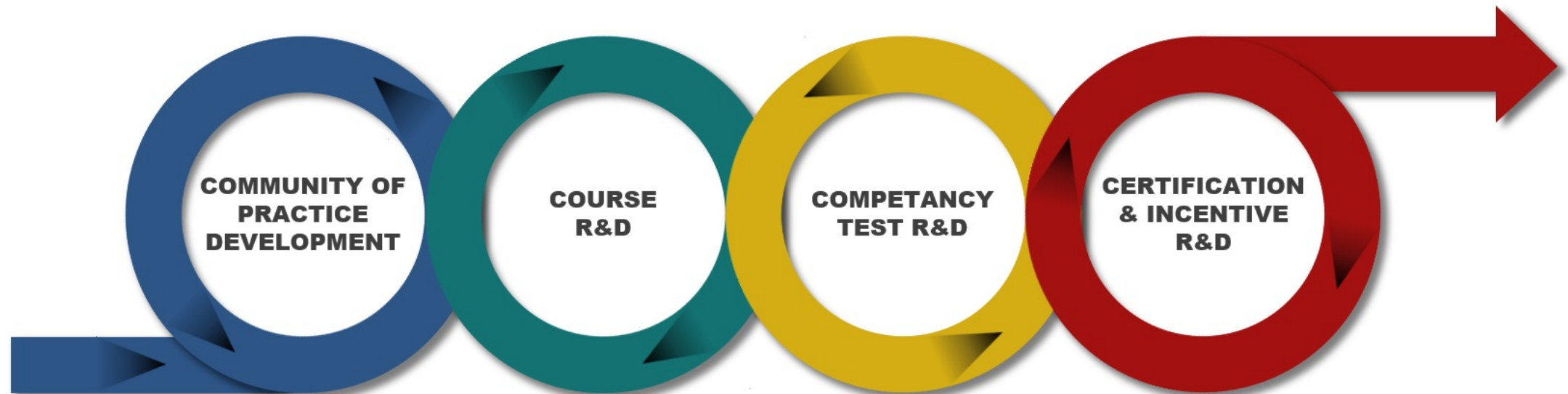
Gregory Botz MD



Charles Denham MD



Learning Management System



CareUniversity®



SafetyLeaders®

Certificates for Med Tac Program



100+years

AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*



American
Heart
Association®

Heartsaver® First Aid CPR AED

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™

High Impact Care Hazards to Patients, Students, Educators, Employees, and Visitors



Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

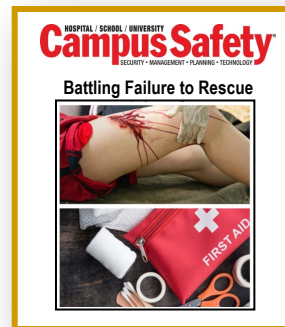
Transportation Accidents

Bullying

Active Shooter Healthcare Article



Rapid Response Teams Article



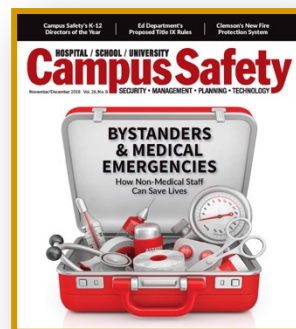
AED & Bleeding Control Gear Article



Family Safety Plan Article



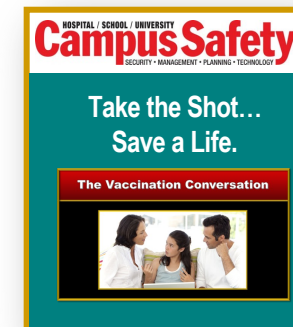
Med Tac Story Article



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



Coronavirus Community of Practice

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

Members: John Nance JD, Dr. Gregory Bott, Chief William Adcox, Heather Foster, Dr. Charles Denham, Dr. Casey Clements, Beth Ulfen, Dr. McDowell, Dennis Guaid, Preston Head II, Fred Halse, Dr. Steve Swensen, Tyler Sant, Avante Pettit, Dr. Mary Foley, Bob Chapman, Perry Bechtel II, Becky Martins, Betsy Denham, Charlie Denham II, Dr. C. Peabody, Dr. Chris Fox, Randy Snyder, Tom Renner, David Beahk, Ann Rhoades, Nancy Conrad, Dr. Chopra, John Little, Debbie Medina.

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

Members: Matt Horace, John Tomlinson, Dan Ford, Arlene Salamandra, Jennifer Dingsen, Bill George, Penny George, Hilary Schmidt PhD, Paul Bhutta EMT, Dr. McDowell, Prof Christensen, Jim Collins, C Sullenberger, Charlotte Guglielmi, Dr. Don Berwick, Dr. Howard Koh, Dr. Jim Baglin, Dr. Harvey Fineberg.

Contributions Through Segments of our *Discovery Channel* Documentaries

Chasing Zero **Surfing the Healthcare Tsunami** **2:53 3 Minutes & Counting Bystanders Care!**

Family Rescue R&D

The 5 R's of Safety

Response, Readiness, Recovery, Resilience, Risk

Partners: PRINCETON UNIVERSITY, HARVARD UNIVERSITY, NYU, Tufts UNIVERSITY, Yale, M UNIVERSITY OF MICHIGAN, Stanford University, UCI, UCLA, UF UNIVERSITY OF FLORIDA, UCSB UNIVERSITY OF CALIFORNIA SANTA BARBARA, UC San Diego, Berkeley, USC University of Southern California, CHAPMAN UNIVERSITY.

Coronavirus Care Results

- Established National Community of Practice
- Launched Multi-center 1,000 Family Household R&D Study
- 60 Ninety Minute Broadcasts and Online Programs
- 30 *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

Survive & Thrive Guide™ Program Road Map

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

Survive & Thrive Guide™ Program Road Map

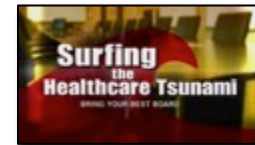
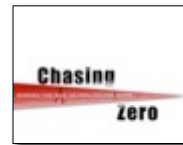
Dealing with Delta: The Critical FAQs, Essential Worker Toolbox, Special Care for Special Populations, Safer Holidays & Safer Families, Omicron and Back to Work, Bystander Rescue Care & Omicron, Testing to Navigate Care, Our Stressed Emergency Safety Net, The Next Normal, 1,000 Household COVID Study,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



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



Our Purpose:

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

EMERGING THREATS
COMMUNITY OF PRACTICE

Our Mission:

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

CAREUNIVERSITY®

Our ICARE Values:

Integrity, **C**ompassion, **A**ccountability, **R**eliability, and **E**ntrepreneurship.

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.

Randy Styner has nothing to disclose

John Nance has nothing to disclose

David Grinsfelder has nothing to disclose

Chief William Adcox has nothing to disclose

Dr. Botz has nothing to disclose

Perry Bechtle 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.

Emerging Threats

Community of Practice



0:00:02



0:09:08



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, industry, NGOs, philanthropy, and faith-based organizations who are best practices in leadership of innovation. Spawned from the work of innovators in healthcare and patient safety, our work has multiple sectors with a focus on mentorship and development. There is no specific commercial purpose of this website. There is no financial support of any type from the healthcare industry or communities of practice served here. The 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.

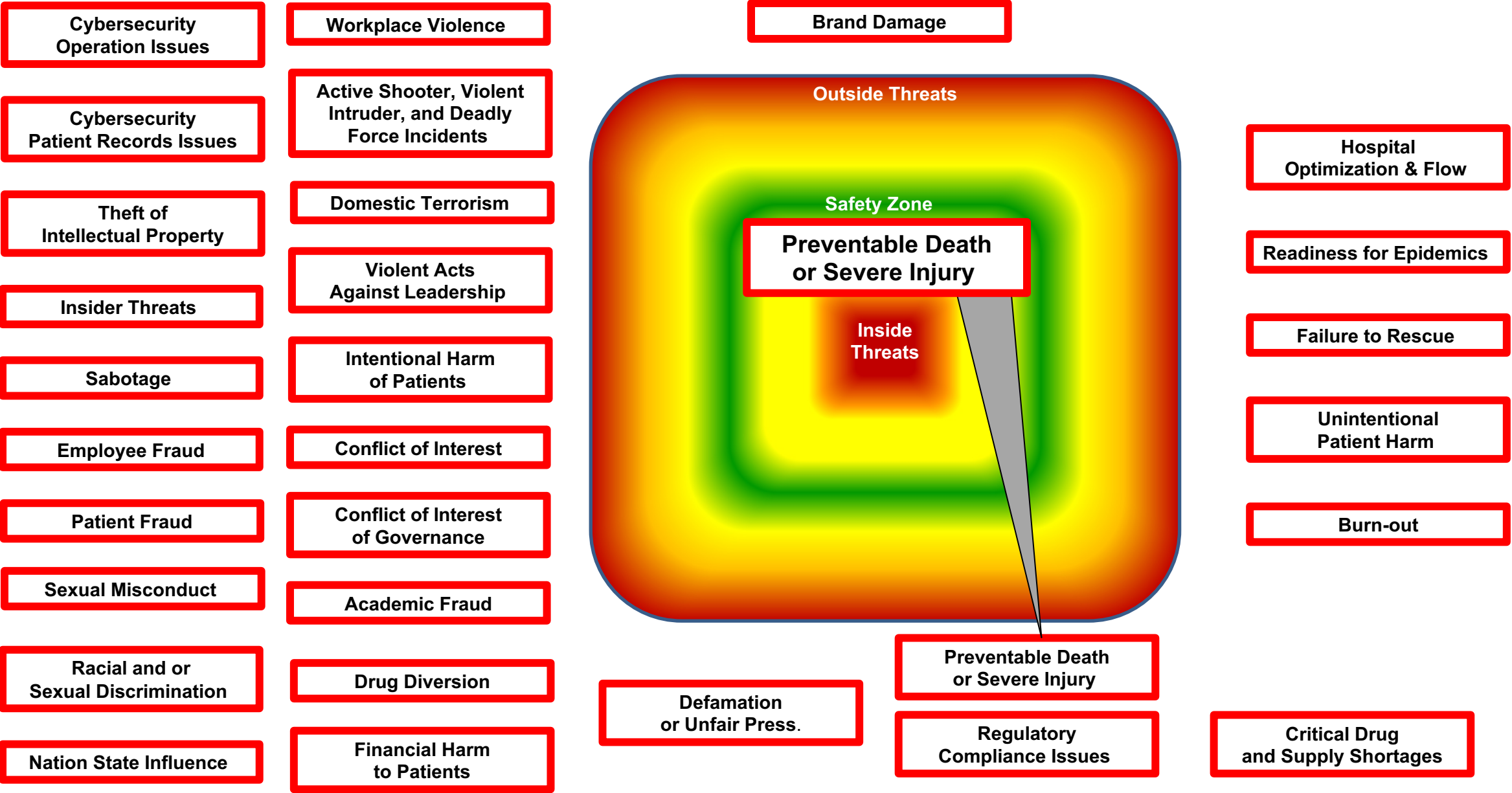
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Insider 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.



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Inside & Outside Threats and Resilience Building



1,000 Worker Study

The 5 R's of Safety



HEAD



HEART



HANDS



VOICE

The 5 R's of Safety



Online Harm to Children:

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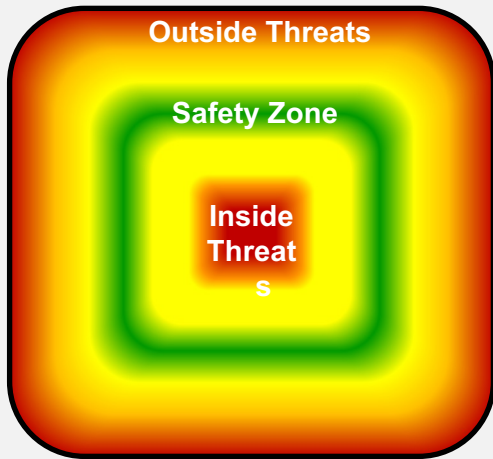
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The 4P's Getting “Left of Boom”

- ❑ Move from Defense to Offense
- ❑ Prevention, Preparedness, Protection, and Performance Improvement

WHY Act, Why Now, and Why You?

- ❑ Tell us how long you want to wait, we will tell you how many lives will be lost...or how many you want to lose...and we'll tell you how long to wait.
- ❑ You will either be counting saves or graves.





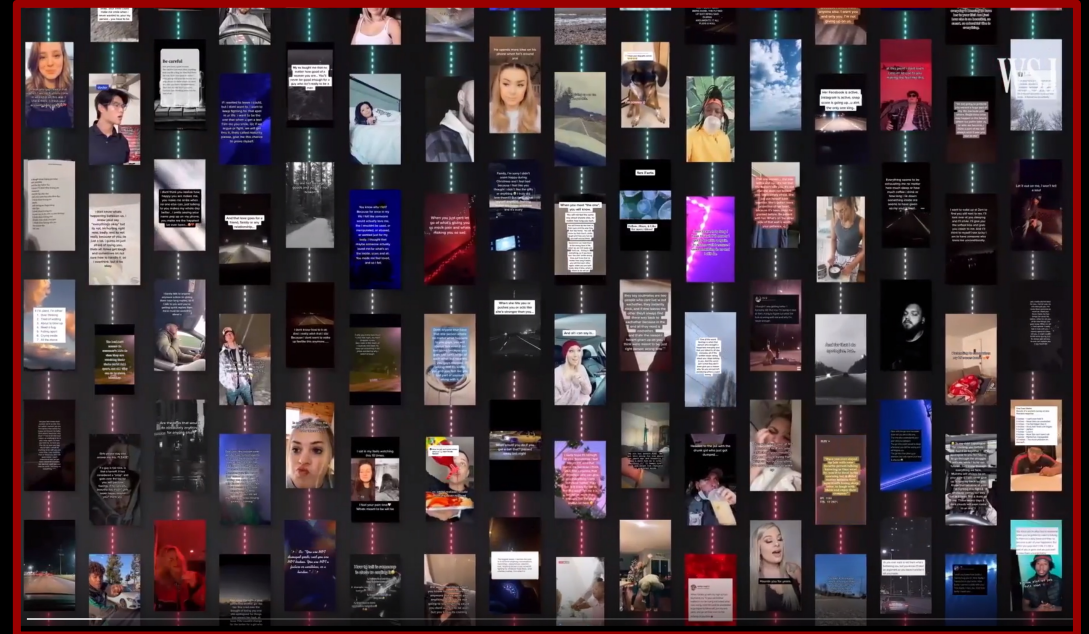
Amanda Staubs-Stewart Online Predator Victim



<https://www.youtube.com/watch?v=AE9dwAr7CUE>

THE WALL STREET JOURNAL.

Investigation: How TikTok's Algorithm Figures Out Your Deepest Desires

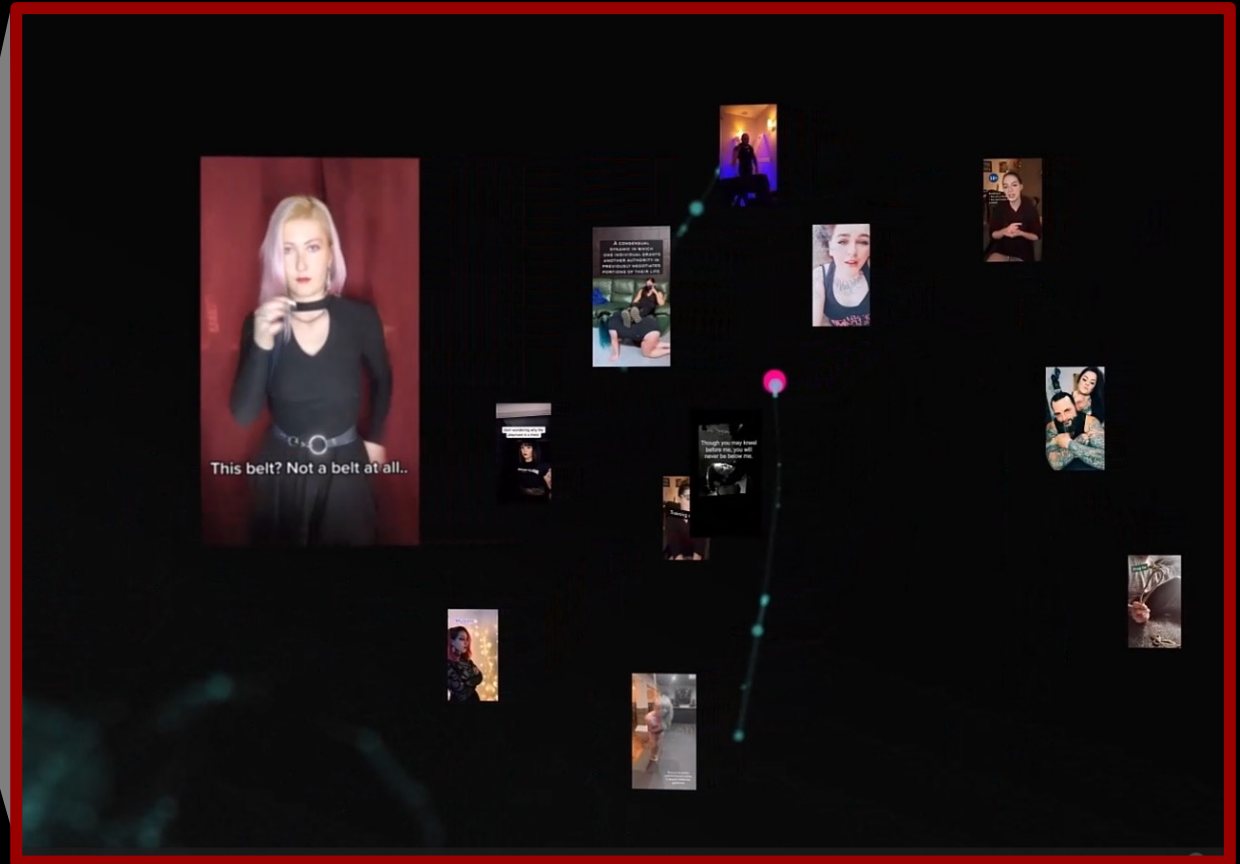


<https://www.wsj.com/video/series/inside-tiktoks-highly-secretive-algorithm/investigation-how-tiktok-algorithm-figures-out-your-deepest-desires/6C0C2040-FF25-4827-8528-2BD6612E3796>

THE WALL STREET JOURNAL.

Investigation: How TikTok's Algorithm Figures Out Your Deepest Desires

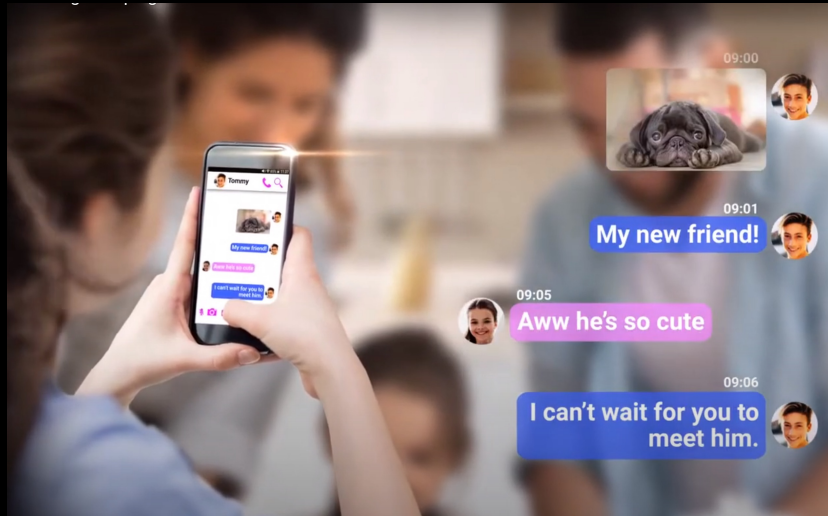
“Rabbit Hole” to Topics”



<https://www.wsj.com/video/series/inside-tiktoks-highly-secretive-algorithm/investigation-how-tiktok-algorithm-figures-out-your-deepest-desires/6C0C2040-FF25-4827-8528-2BD6612E3796>



Grooming – Keeping Children Safe



<https://www.youtube.com/watch?v=TZ6bvYdog4>

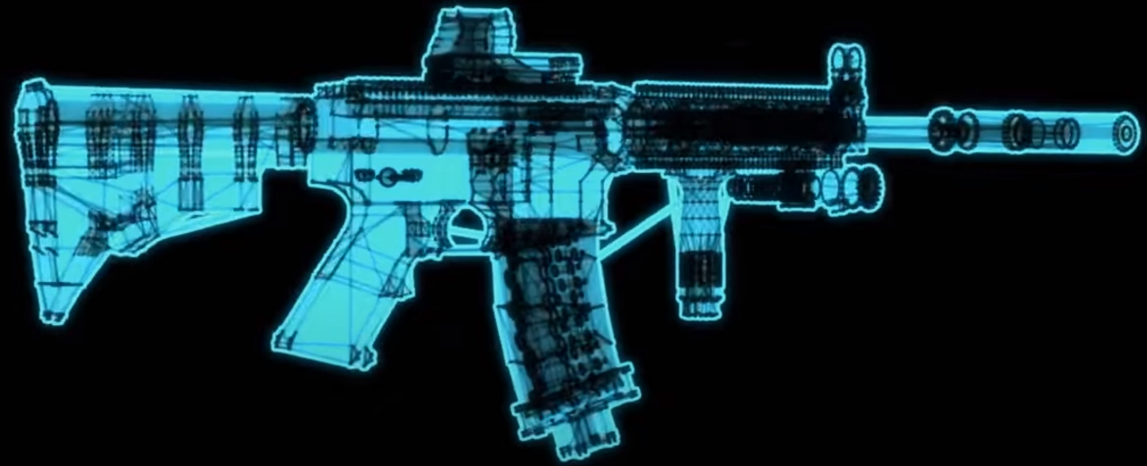
Predators Target Kids Through Online Games



<https://www.youtube.com/watch?v=ReglkKZjEVI>

euro
news.

Criminals in children's rooms? How kids become hackers



<https://www.youtube.com/watch?v=KxI04TI5SOI>

Social Media: A Complex Adaptive System



Source: <https://www.youtube.com/watch?v=Gjwvsk-6640>

Online Harm to Children: Threats, Opportunities, and the 4P's

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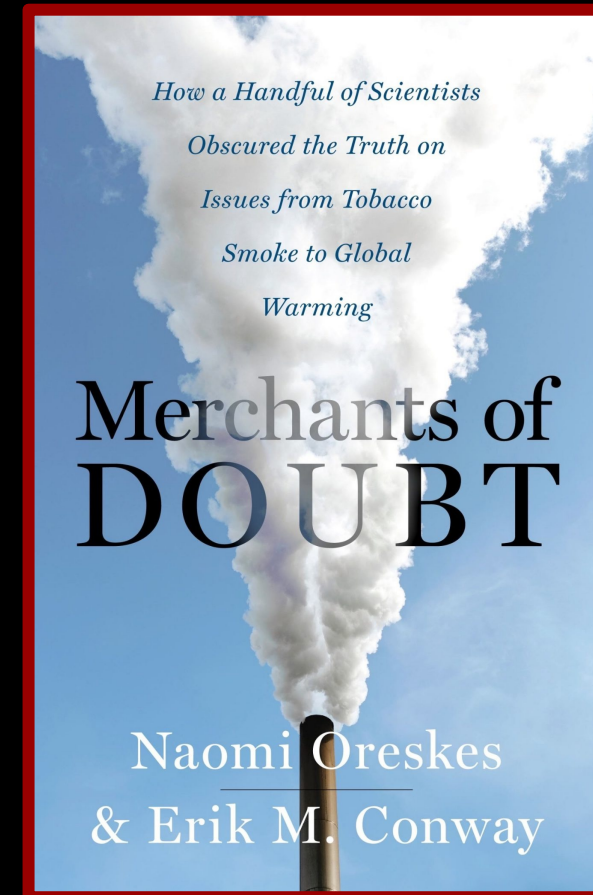
- ❑ Tell us how long you want to wait, we will tell you how many lives will be lost...or how many you want to lose...and we'll tell you how long to wait.
- ❑ You will either be counting saves or graves.



No Consensus on “The Science”



The Big Tobacco Game Plan: Deny, Delay, and Distract Defense





Social Media Platforms Deny Role: Response by Professor Jean Twenge

Via | webex by cisco
San Diego

"DISASTER FOR TEENAGERS" **LIVE**

SOCIAL MEDIA PLATFORMS DENY ROLE IN TEEN MENTAL HEALTH CRISIS
Jean Twenge | Author, "iGen" & "Generations"

6:42 AM PT **CNN**

A DECADE ► NHL OPTED OUT OF 2018 WINTER OLYMPICS IN PYEONGCHANG, SOUTH KOREA SMERCONISH

Jean M. Twenge, PhD
author of *Generation Me*

generations
The Real Differences Between Gen Z, Millennials, Gen X, Boomers, and Silents—and What They Mean for America's Future
JEAN M. TWENGE, PhD

iGen
Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy—and Completely Unprepared for Adulthood*
*and What That Means for the Rest of Us

"DISASTER FOR TEENAGERS" **LIVE**

SOCIAL MEDIA PLATFORMS DENY ROLE IN TEEN MENTAL HEALTH CRISIS
Christopher Wray Says... IN 2026, NHL PLAYERS WILL BE ALLOWED TO PLAY IN THE COUNTRY SMERCONISH

9:42 AM ET **CNN**

Speakers & Reactors



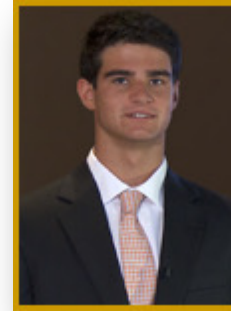
Jennifer Dingman



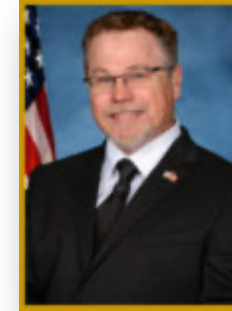
David Beshk



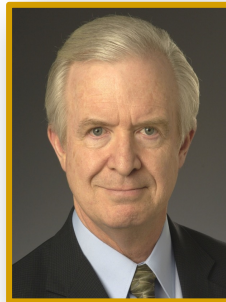
David Grinsfelder



Perry Bechtle III



Randy Styner



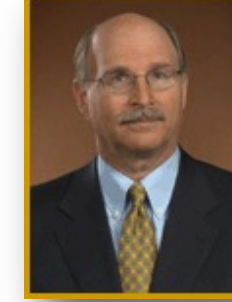
John Nance JD



Chief William Adcox



Gregory Botz MD



Charles Denham MD



Preventable Online Harm to Children:

The Young Adult Perspective



David Grinsfelder

**TMIT Global
Media Expert
Former Amazon
Media Team Member**



Preventable Online Harm to Children: **The Young Adult Perspective**



Perry Bechtle III

Industrial Engineer
Former Tesla Engineer
Pre-med Student
Med Tac Master Instructor
TMIT Global



Preventable Online Harm to Children:

A Parent's Perspective



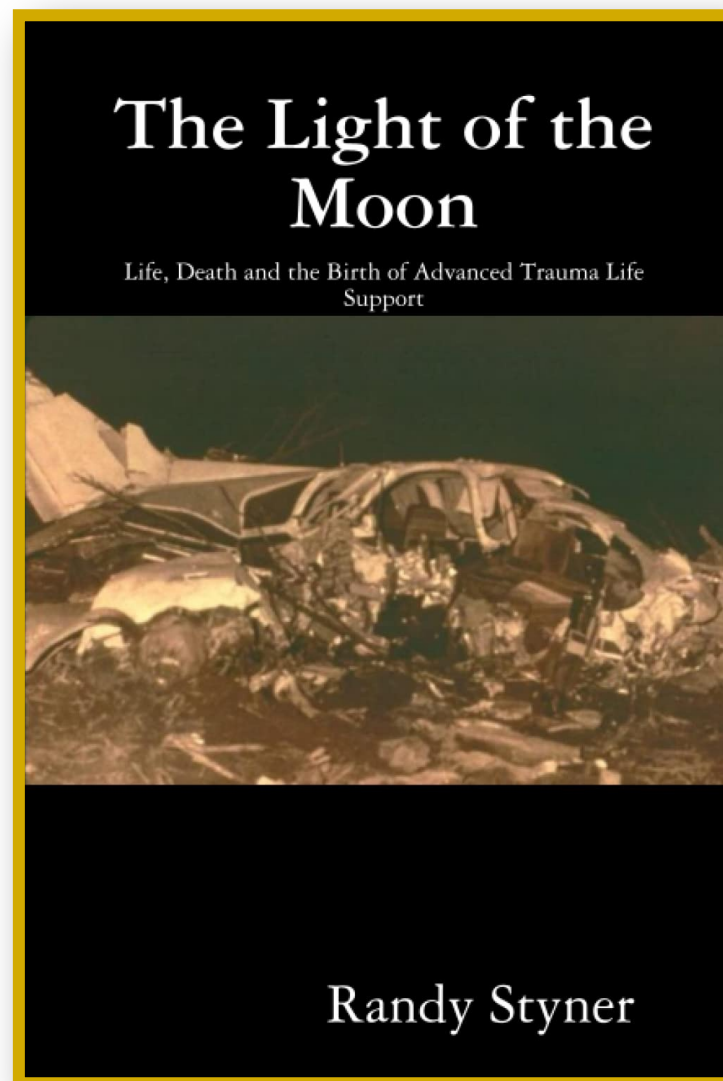
Randy Styner

**Director Emergency Preparedness
University of California Irvine
Best Selling Author
Med Tac Community Leader**



Randy Styner

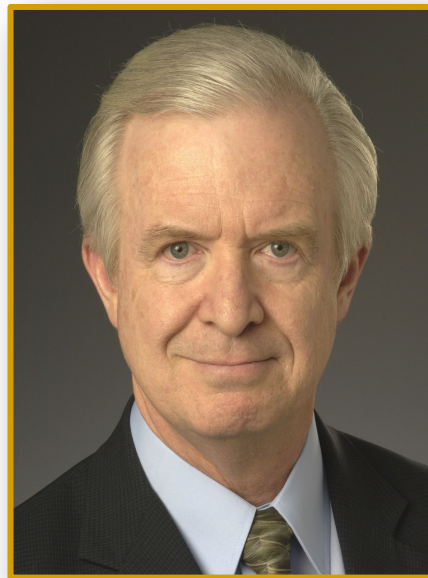
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Best Selling Author
Med Tac Community Leader





Preventable Online Harm to Children:

A Message to Leaders



John Nance JD

**Patient Safety Leader
Aviation Safety Expert
ABC Good Morning America
Expert Commentator
Best Selling Author**



Preventable Online Harm to Children:

A Message to Chief Family Officers



David Beshk

**Award Winning Educator
Med Tac Leader
Bystander Rescue Care Innovator
Eagle Scout Advisor**



The 4 P Model and Left of Boom: The Concepts



Chief William Adcox MBA

Chief Security Officer

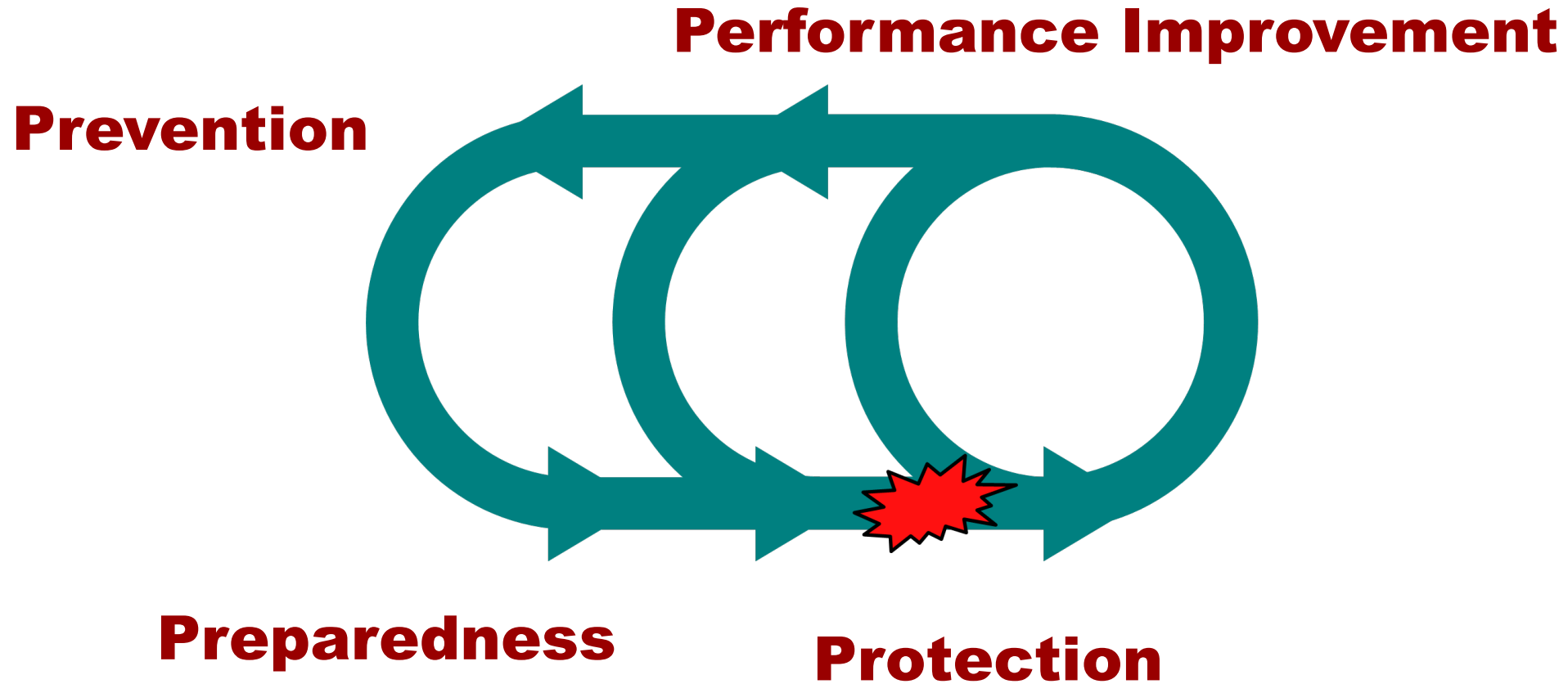
Vice President

MD Anderson Cancer Center

Chief of Police

University of Texas Police Dept.

The 4P's of Safety



What is the State of Our Safety Net?



What is the State of Our Safety Net?



Obtain
Funds

Develop
Organization

Gather &
Provide
Materials

Improvise
Tactics
Devices

Plan Attacks

Perform
Attacks

Consequence
Management

Left of BOOM

Breaking the Links in the IED Delivery Chain

Deter &
Predict

Detect &
Defeat



Mitigate

Source: Darling M, Parry C, Moore J. Learning in the thick of it. *Harvard Business Review* 2005 Jul-Aug. Available at <https://hbr.org/2005/07/learning-in-the-thick-of->





**EMERGING THREATS
COMMUNITY OF PRACTICE**

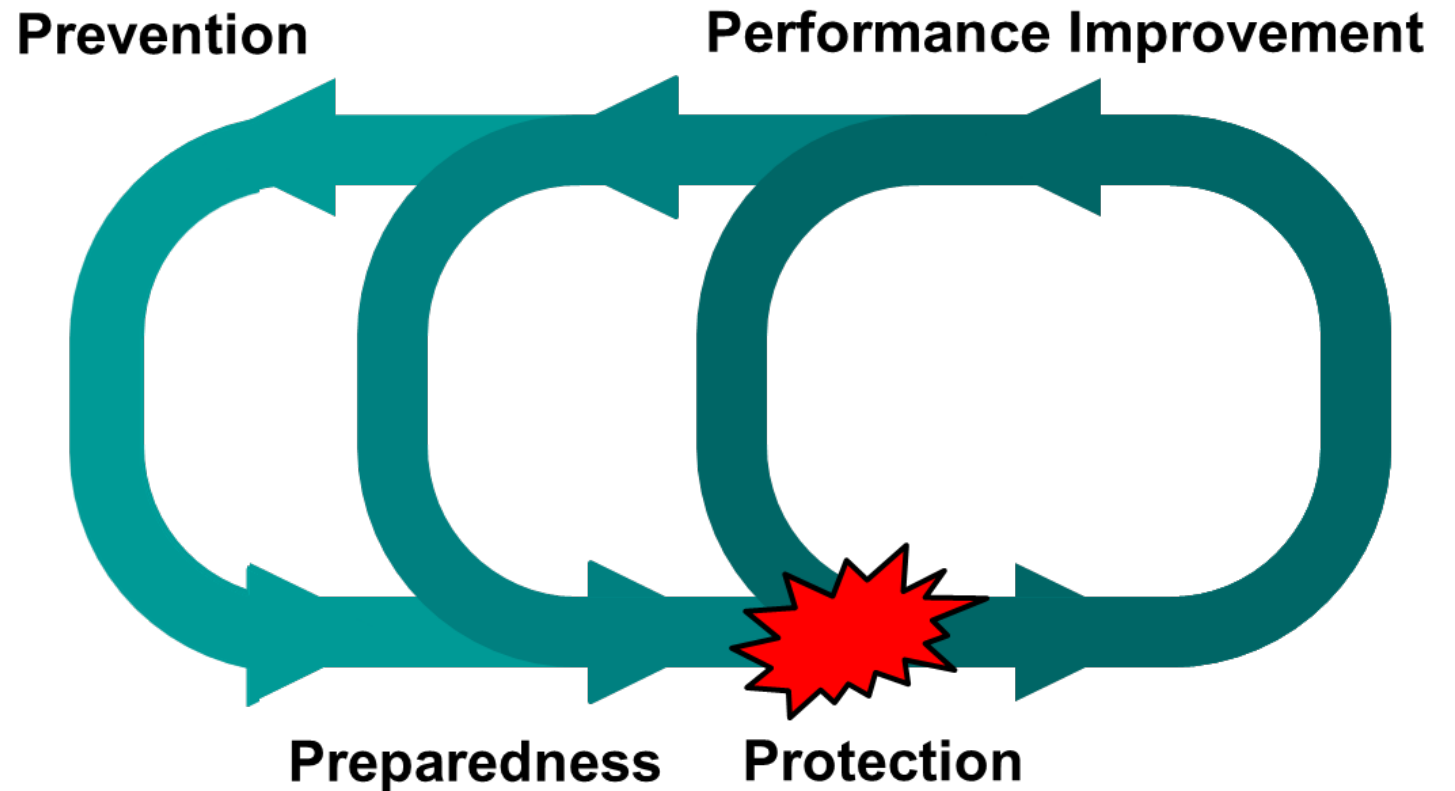


**Global Patient
Safety Forum**

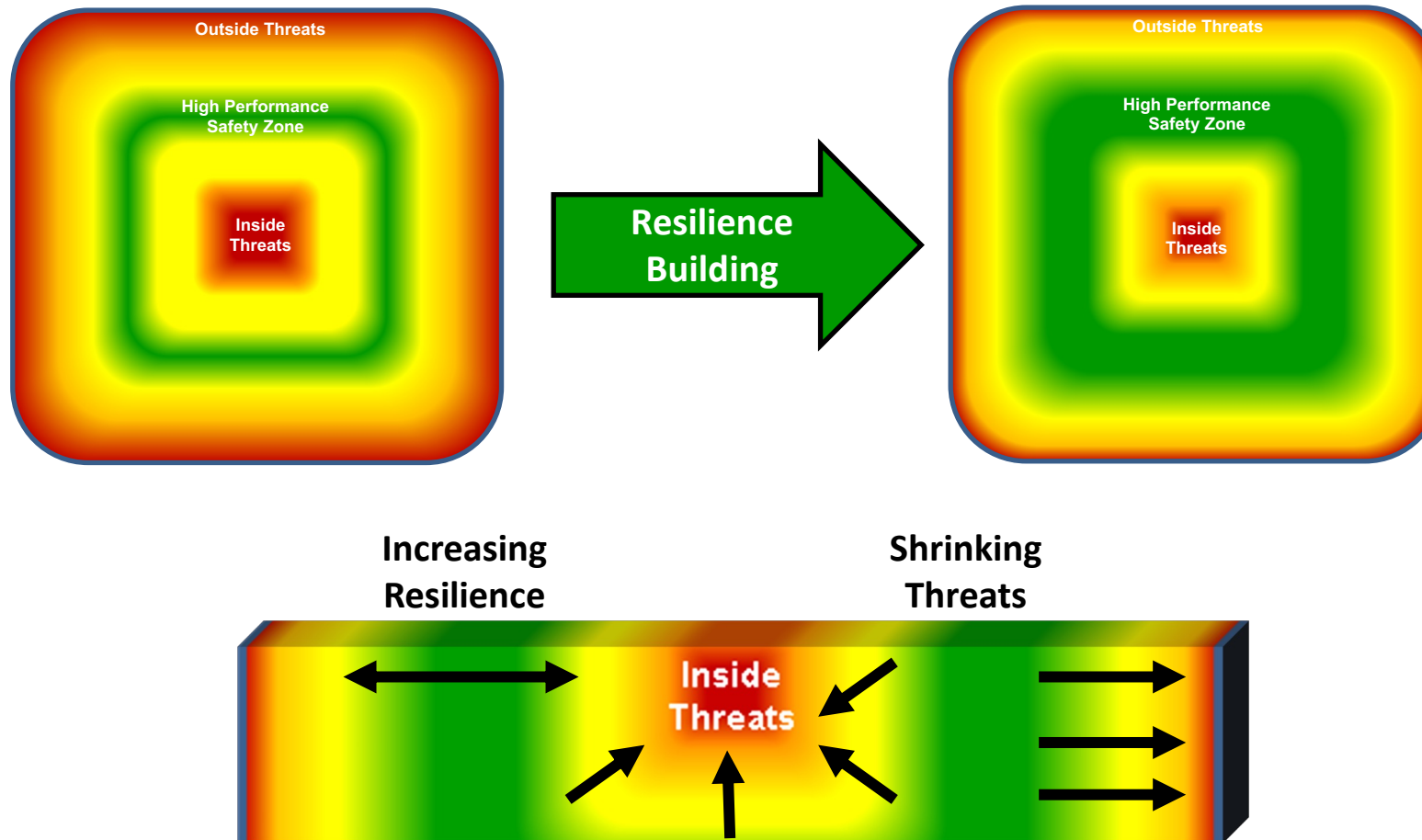
***SAFETY*LEADERS®**

***CARE*UNIVERSITY®**

The 4 P's: Prevention, Preparedness, Protection, and Performance Improvement



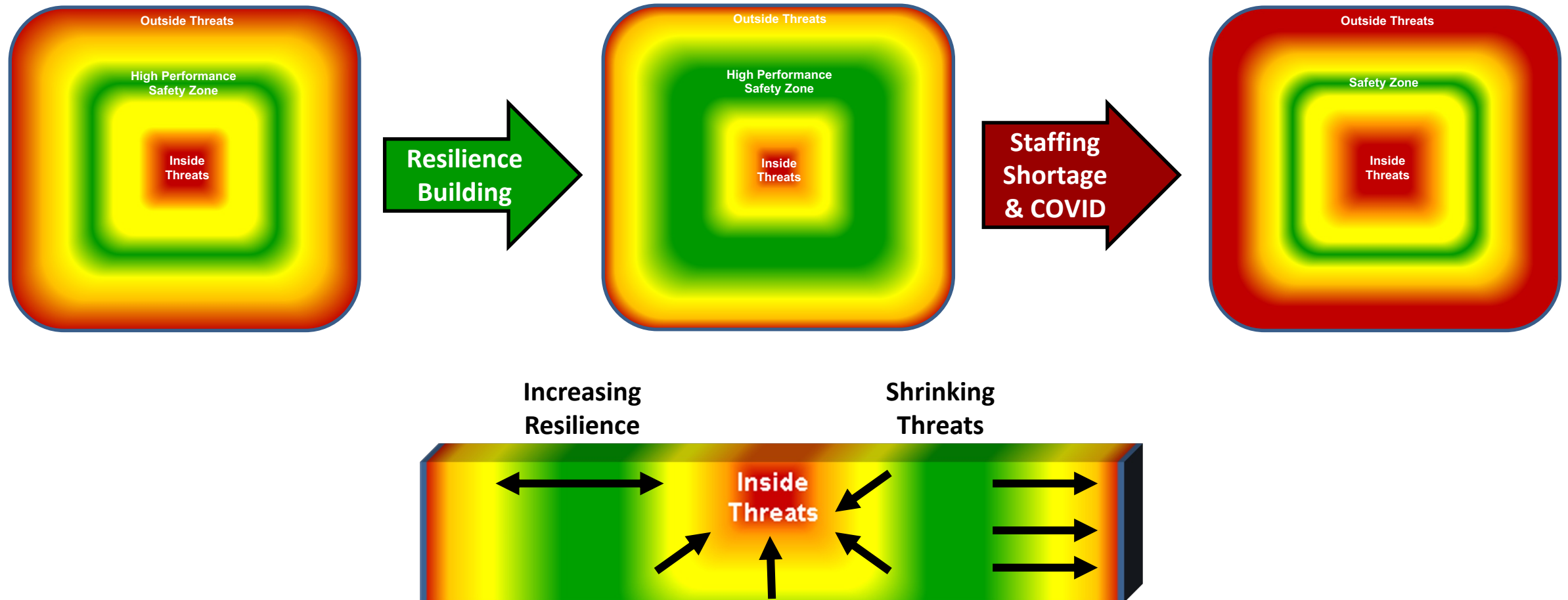
Inside & Outside Threats and Resilience Building



© Denham



Inside & Outside Threats and Resilience Building

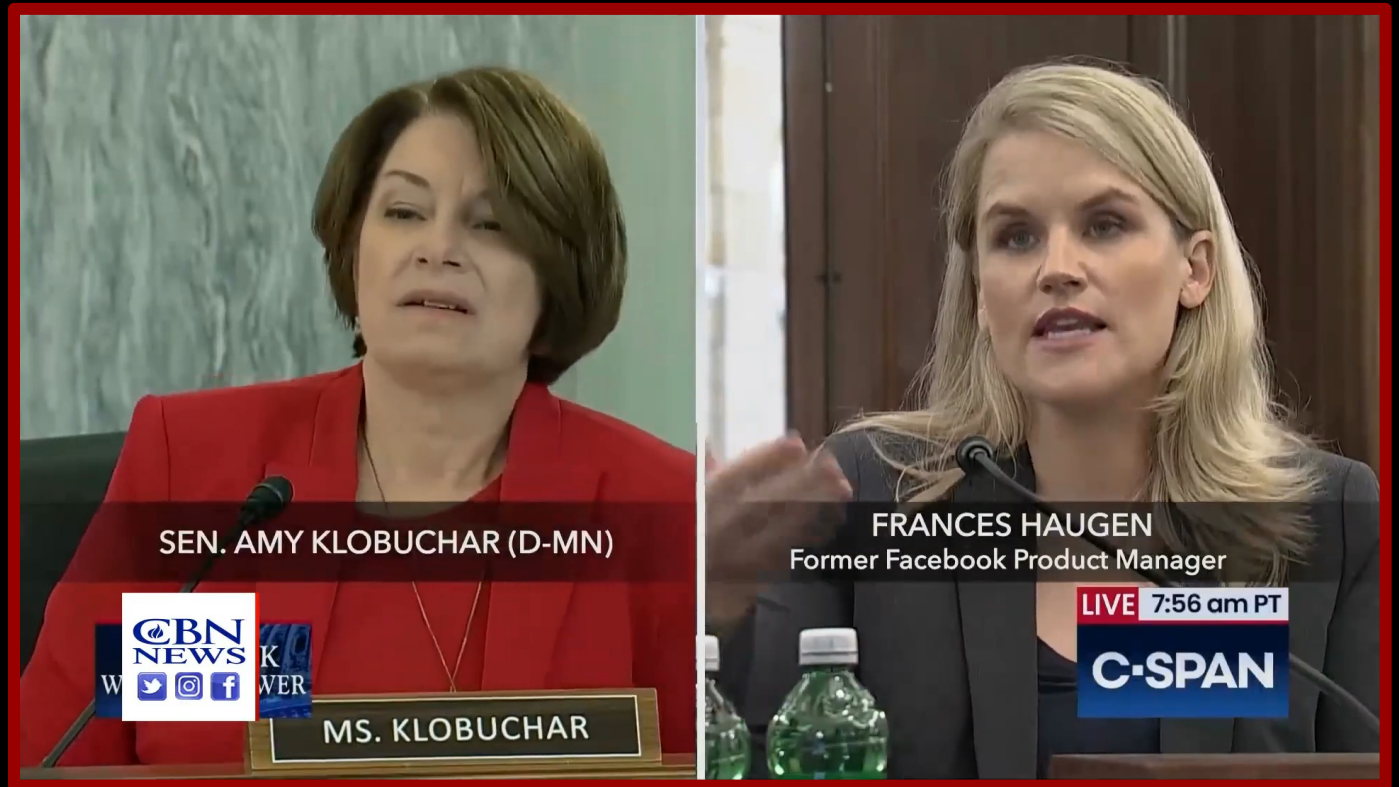


© Denham



What Can Parents Do?

Doomscrolling
Depression
Hopelessness



CBN and CSPAN



© TMIT Global 2024

Online Harm to Children: Threats, Opportunities, and the 4P's

What are the Threats and Opportunities?

- ❑ Awareness: A Complex Adaptative System
- ❑ Accountability: All Stakeholders...not Just One
- ❑ Ability: Need Resources NOW
- ❑ Action: By Everyone – All Stakeholders

The 4P's Getting “Left of Boom”

- ❑ Move from Defense to Offense
- ❑ Prevention, Preparedness, Protection, and Performance Improvement

WHY Act, Why Now, and Why You?

- ❑ Tell us how long you want to wait, we will tell you how many lives will be lost...or how many you want to lose...and we'll tell you how long to wait.
- ❑ You will either be counting saves or graves.



A Strategy: A Community of Practice



Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

Wenger E, McDermott R, Snyder W. Cultivating communities of practice: A guide to managing knowledge. Cambridge, MA: Harvard Business School Press; c2002

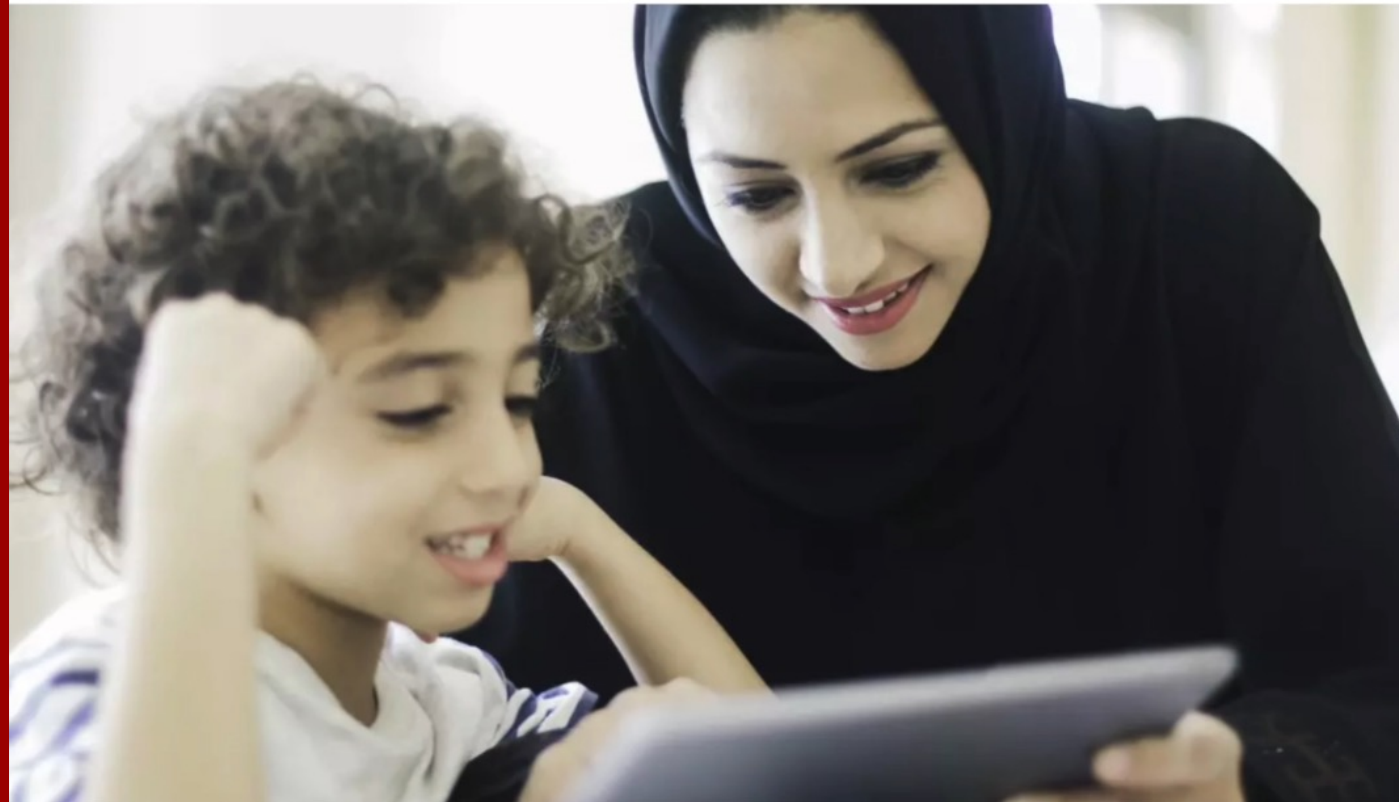
ALL Stakeholders Need to Collaborate





Online dangers for children are rife. We must both pre-empt them and treat the consequences

Jun 9, 2022



World Economic Forum



© TMIT Global 2024

Med Tac Bystander Rescue Care



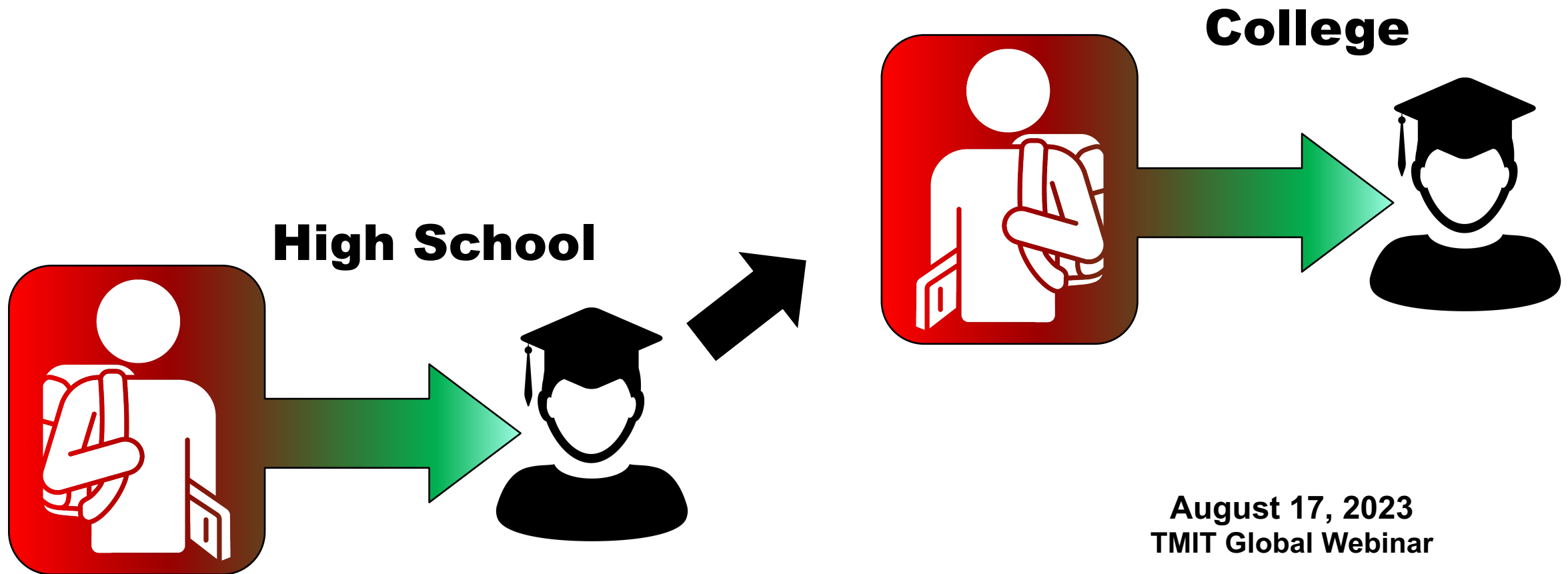
Toolkit for Digital Safety Design Interventions and Innovations: Typology of Online Harms

INSIGHT REPORT
AUGUST 2023





Safety of Rising Freshmen: Battling Failure to Rescue

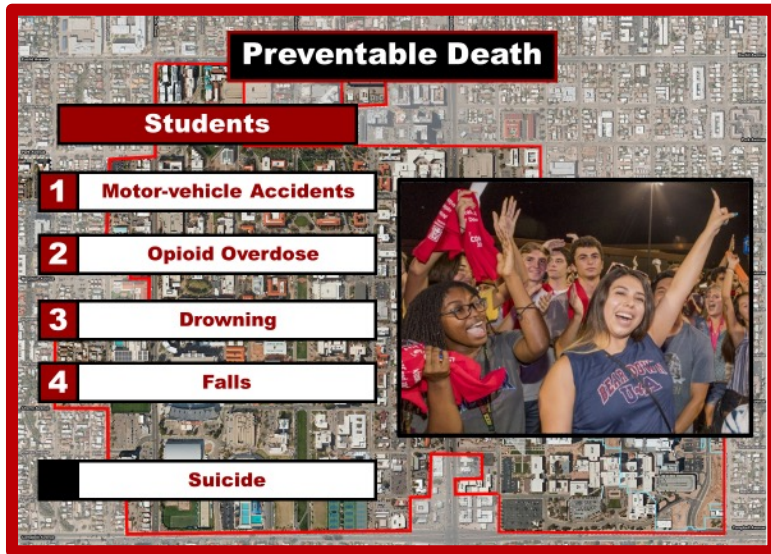


August 17, 2023
TMIT Global Webinar

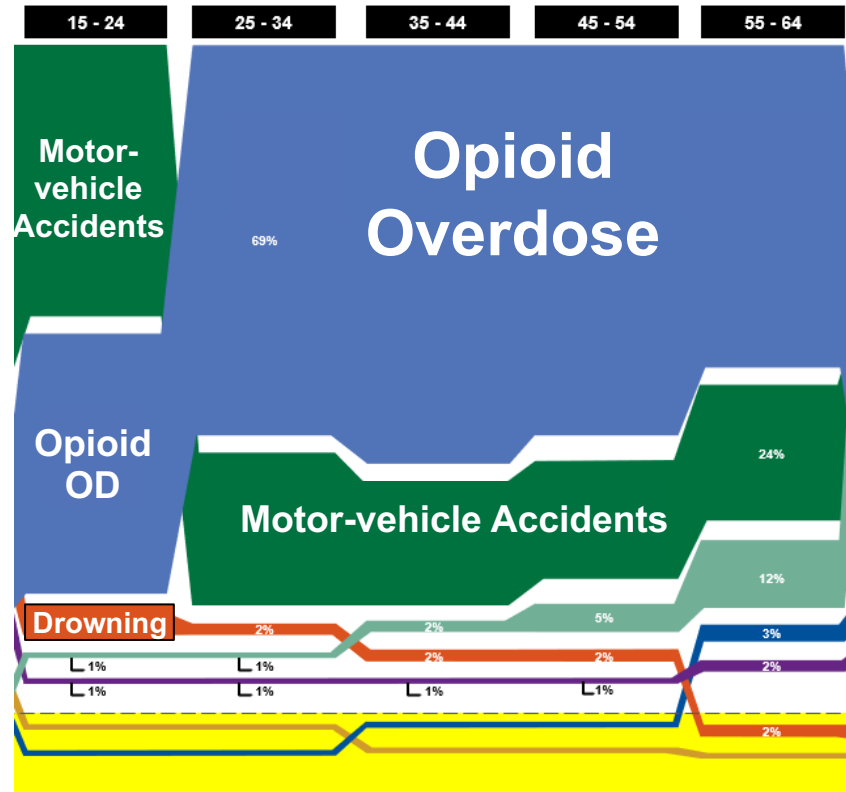
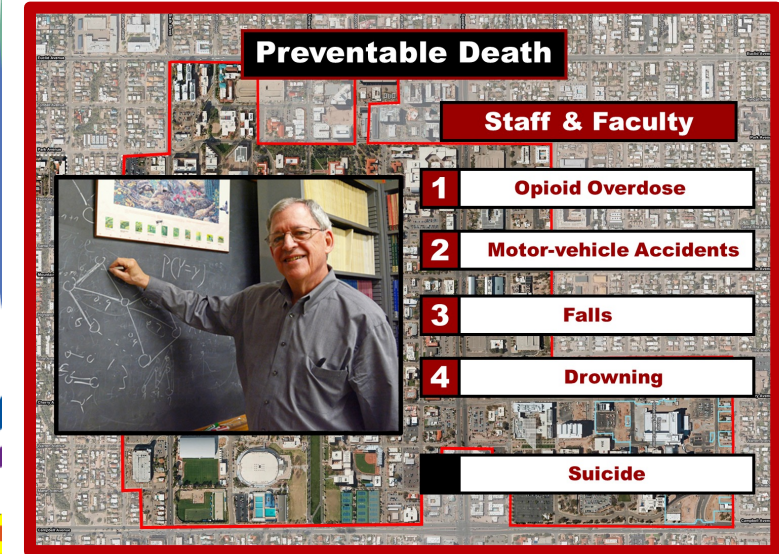
Top Causes of Unintentional Death By Age - 2020

2020 Data

Students

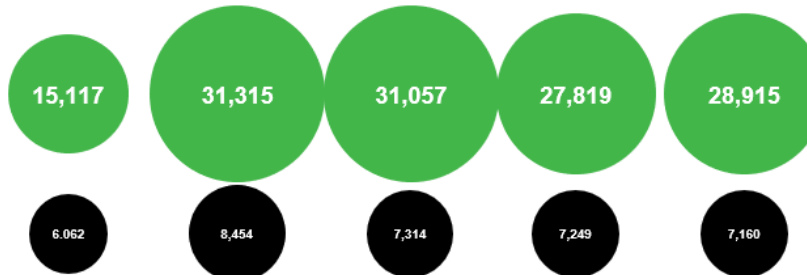


Faculty & Staff



Total unintentional deaths by age group

Total Suicide Deaths: 44,298

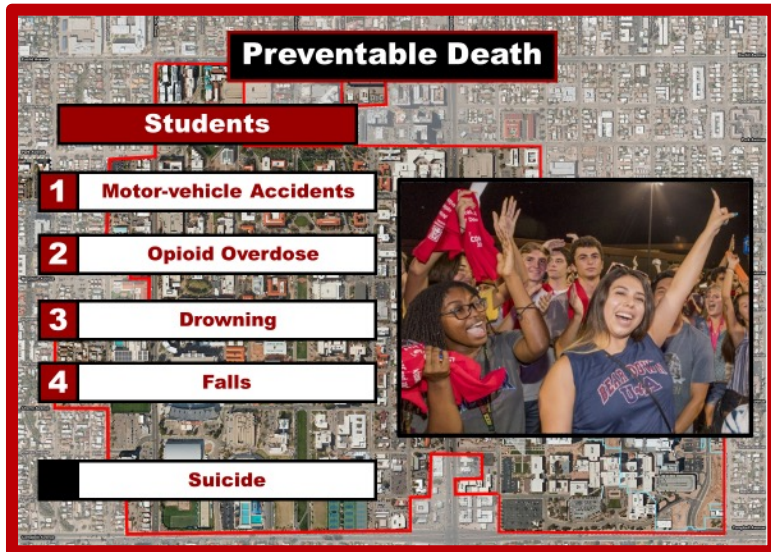


Source: Adapted from the National Safety Council Injury Facts, 2020 Edition

Top Causes of Unintentional Death By Age - 2020

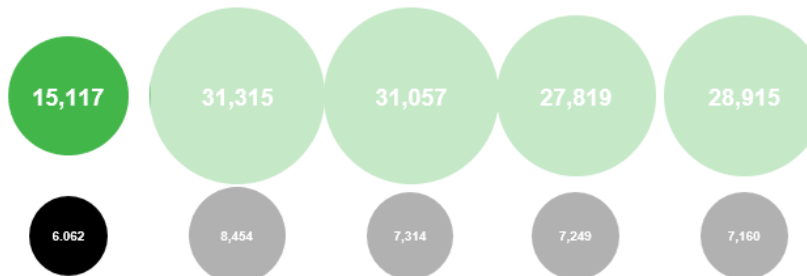
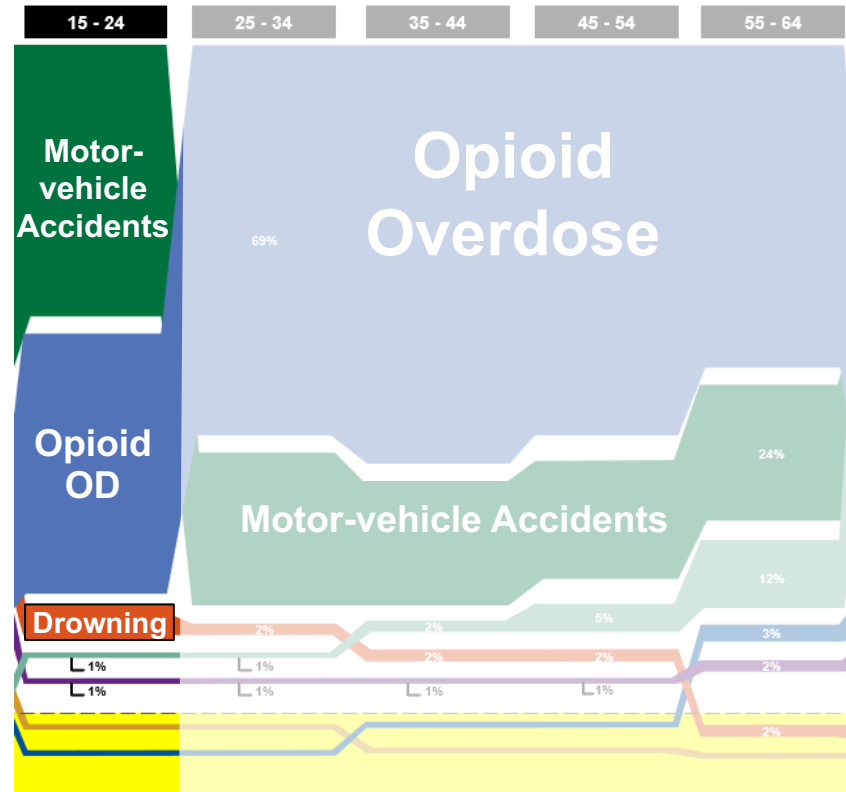
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Safety of Rising Freshmen: Battling Failure to Rescue



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

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

Online Harm, Bullying, and Suicide

- ☐ **Physical, Emotional, and Cyber-bullying**
- ☐ **Online Predator Threats**
- ☐ **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

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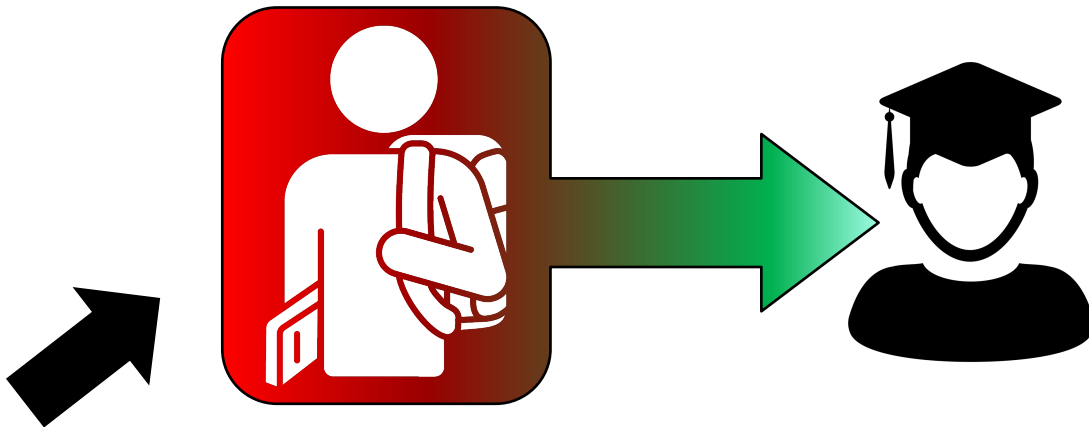
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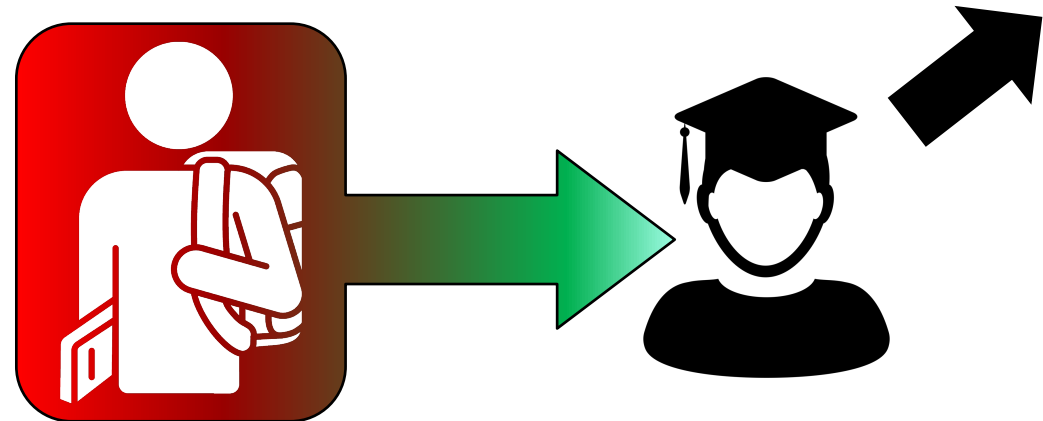
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High School Freshmen





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

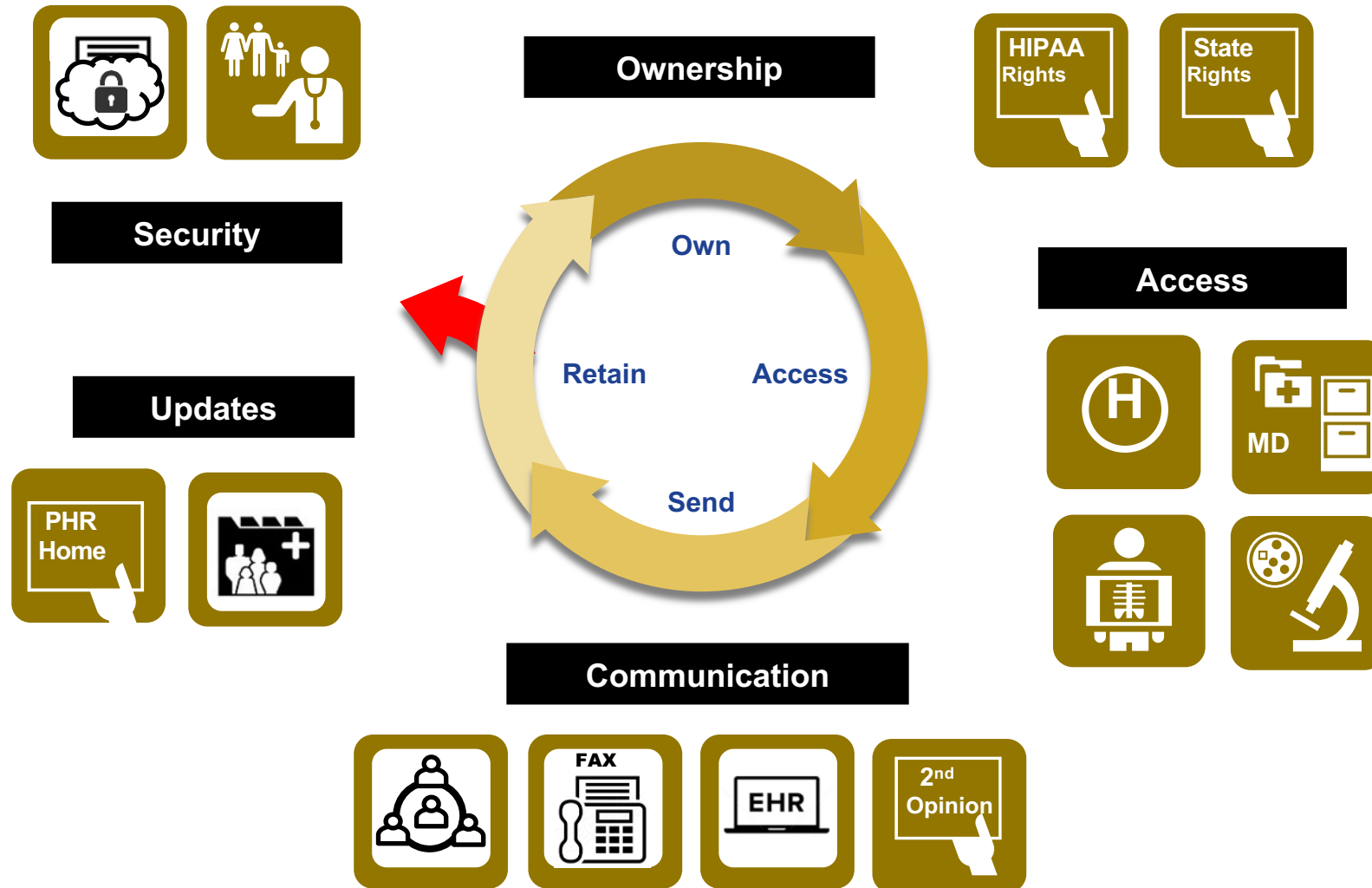
Everyone is a Student

and

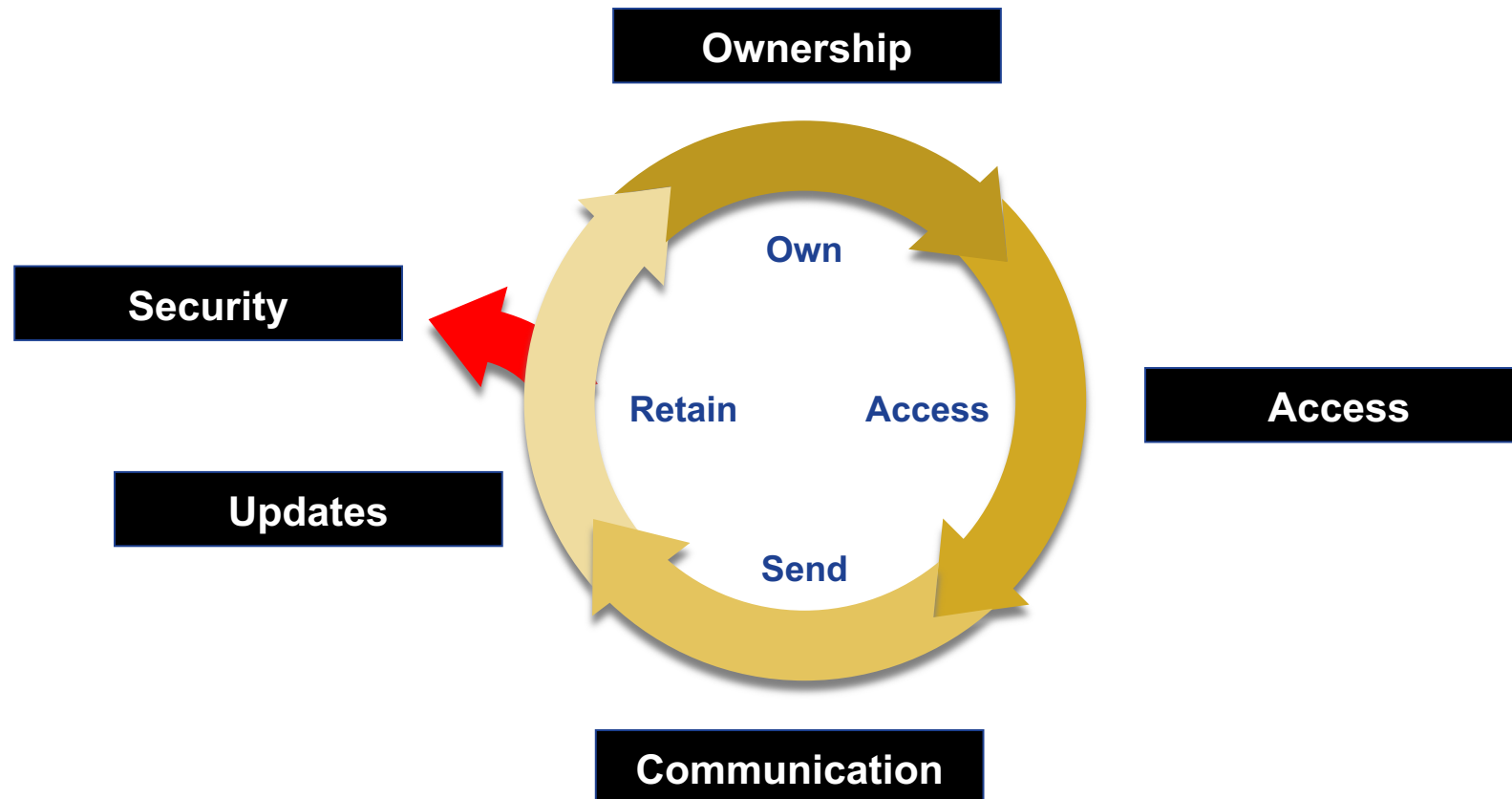
Everyone CAN BE a Teacher

Additional Resources

The 5 Rights of Medical Records™

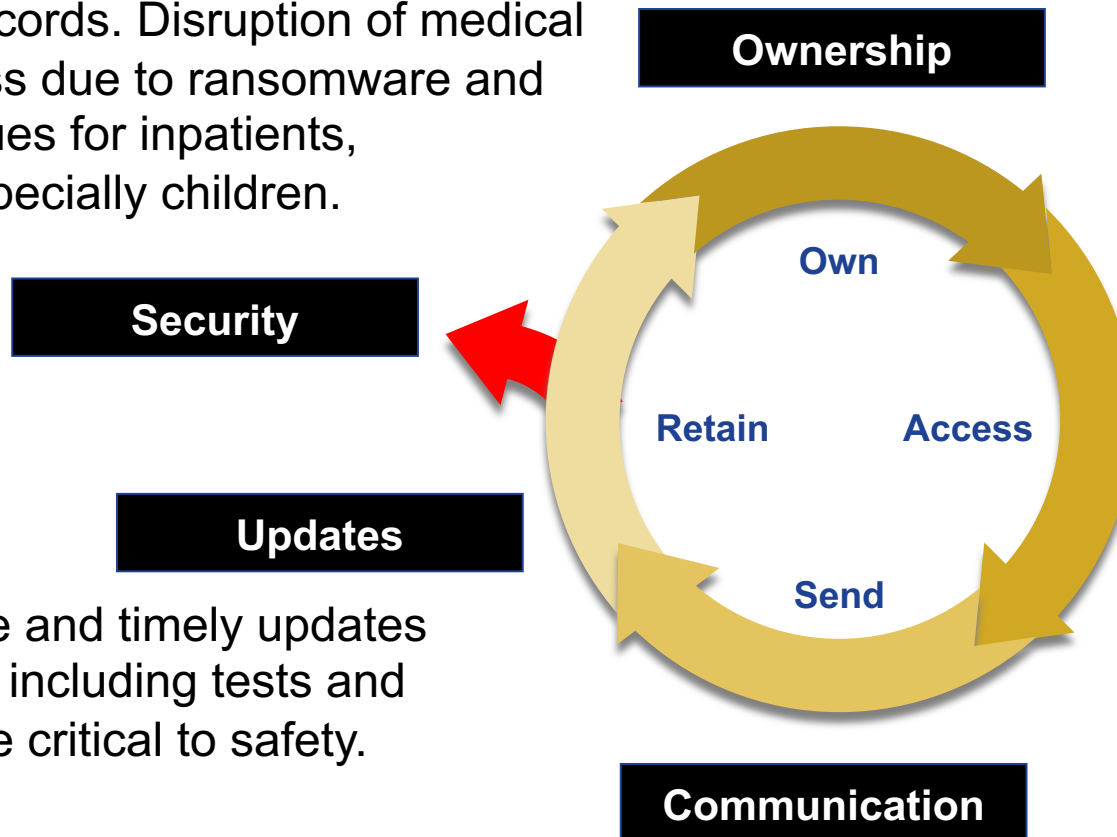


The 5 Rights of Medical Records™



The 5 Rights of Medical Records™

Security: Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware and theft are critical issues for inpatients, outpatients, and especially children.



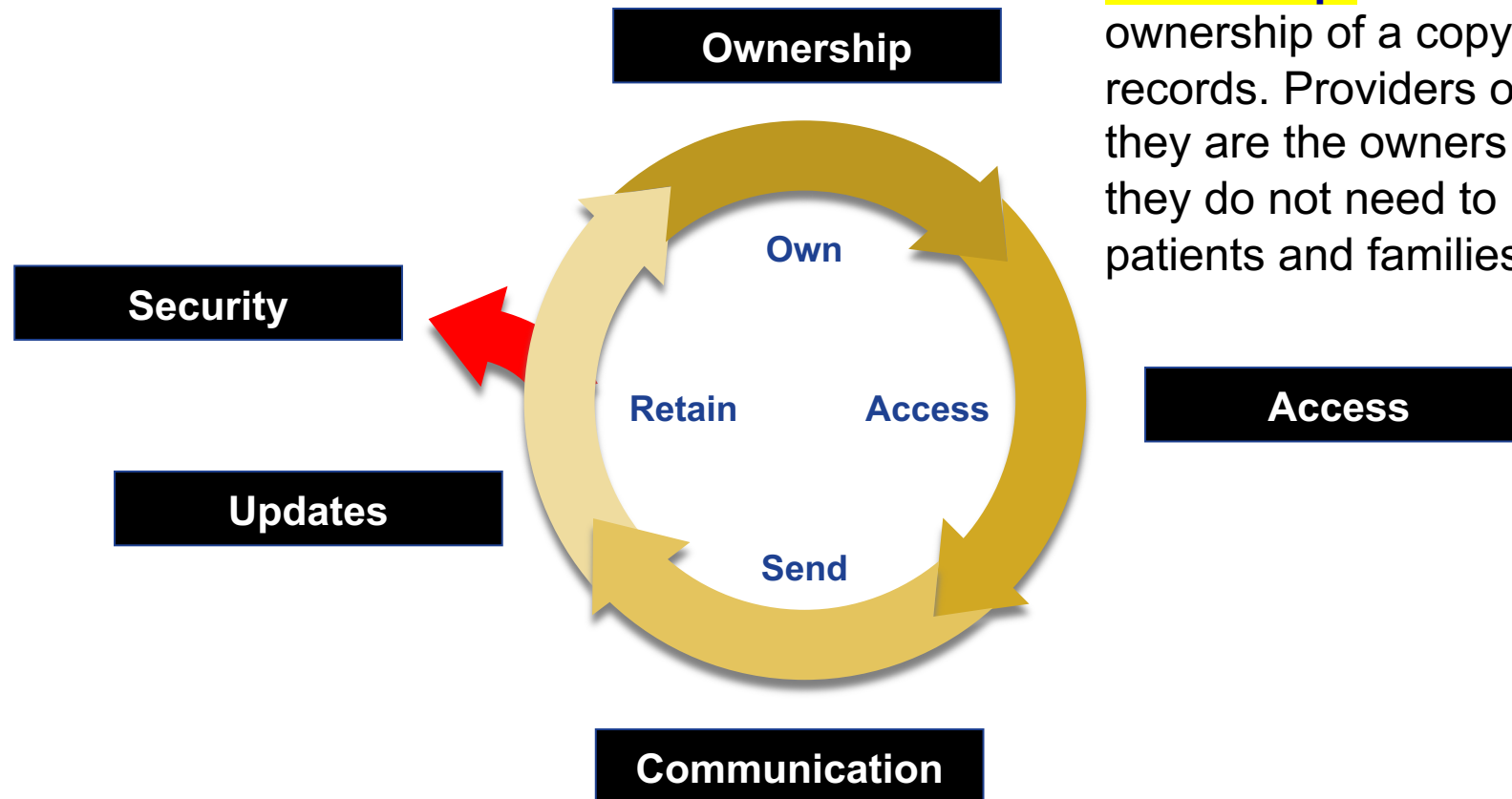
Updates: Accurate and timely updates to medical records including tests and medication lists are critical to safety.

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.

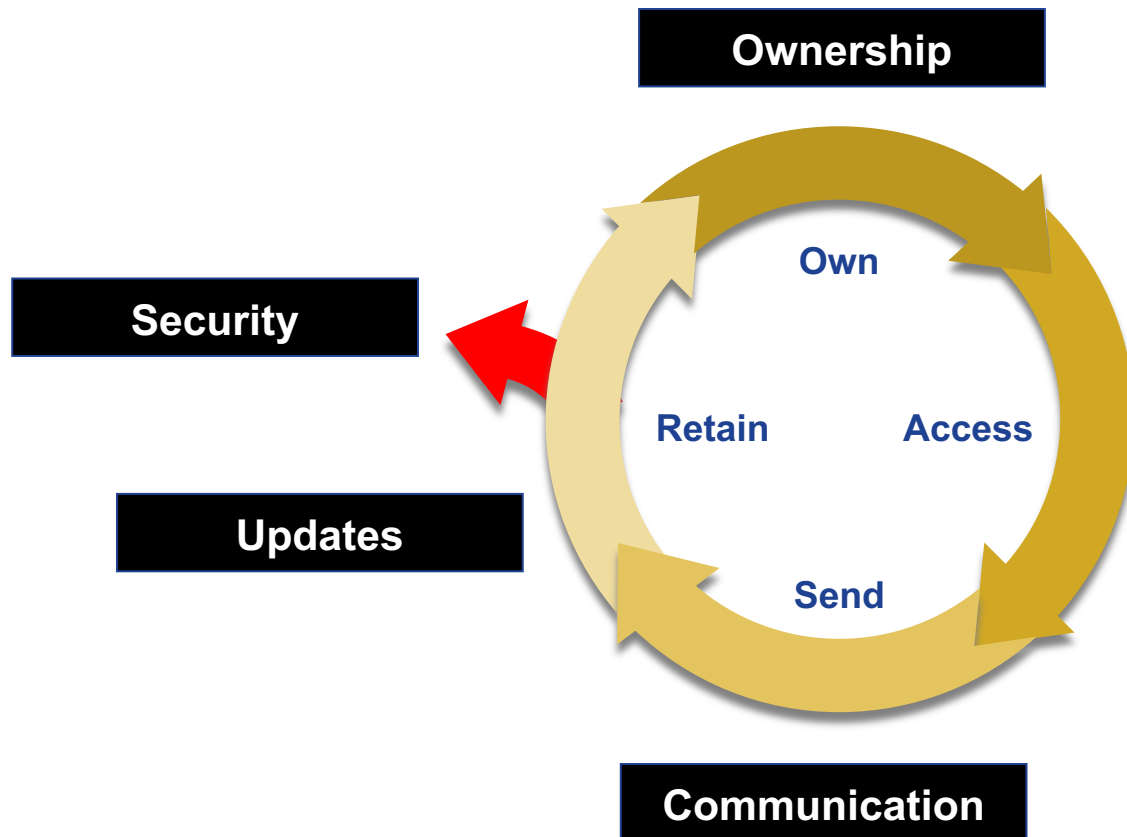
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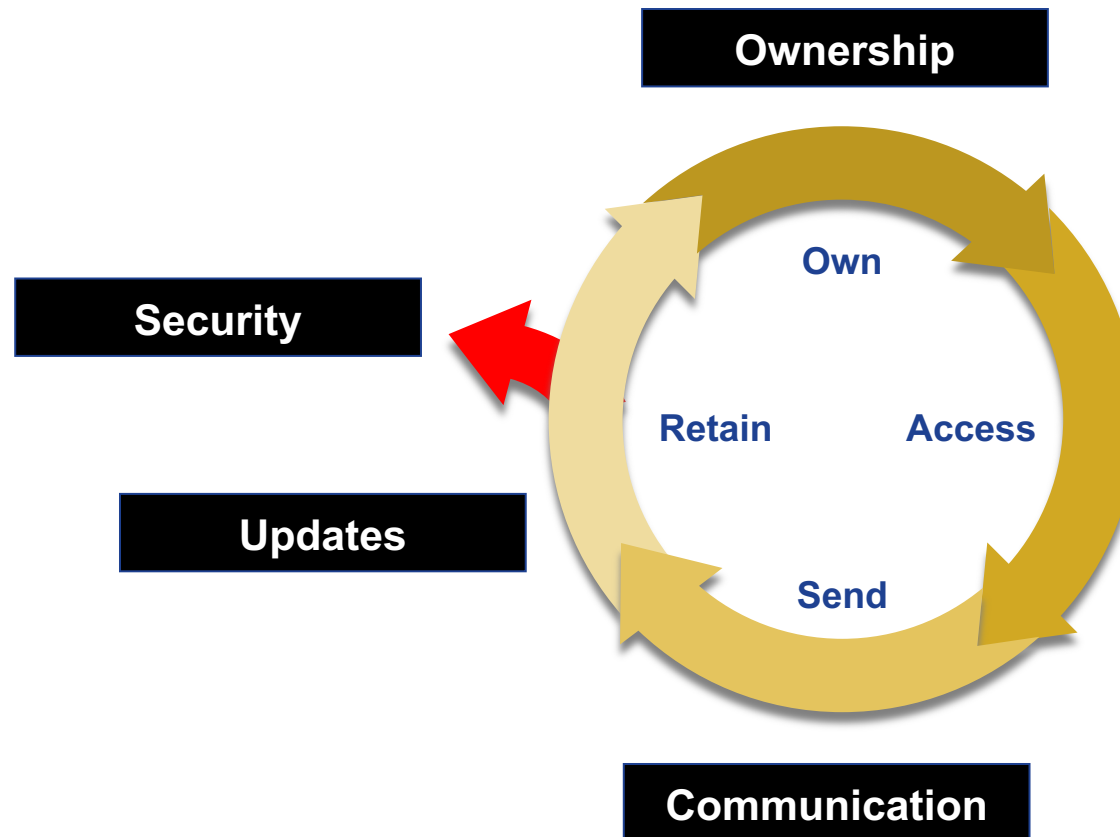
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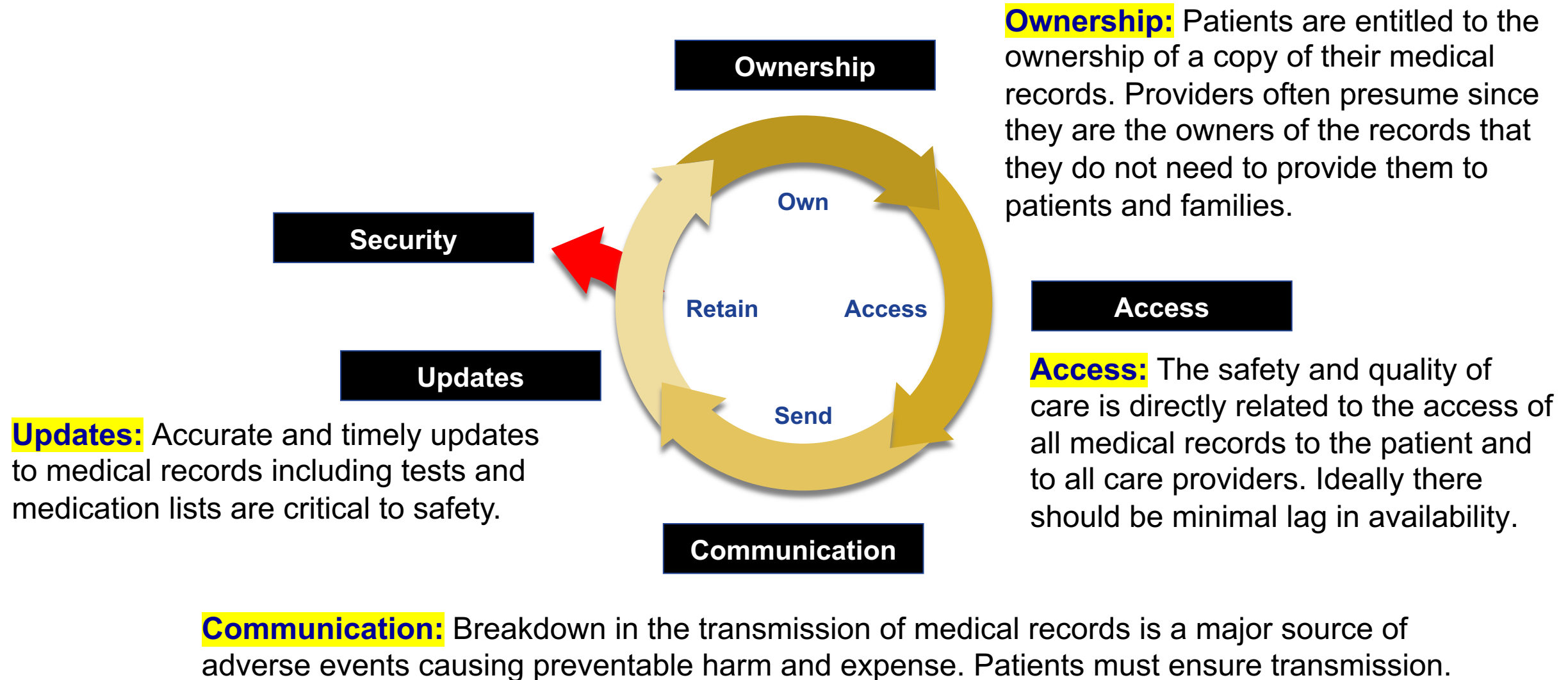


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Security

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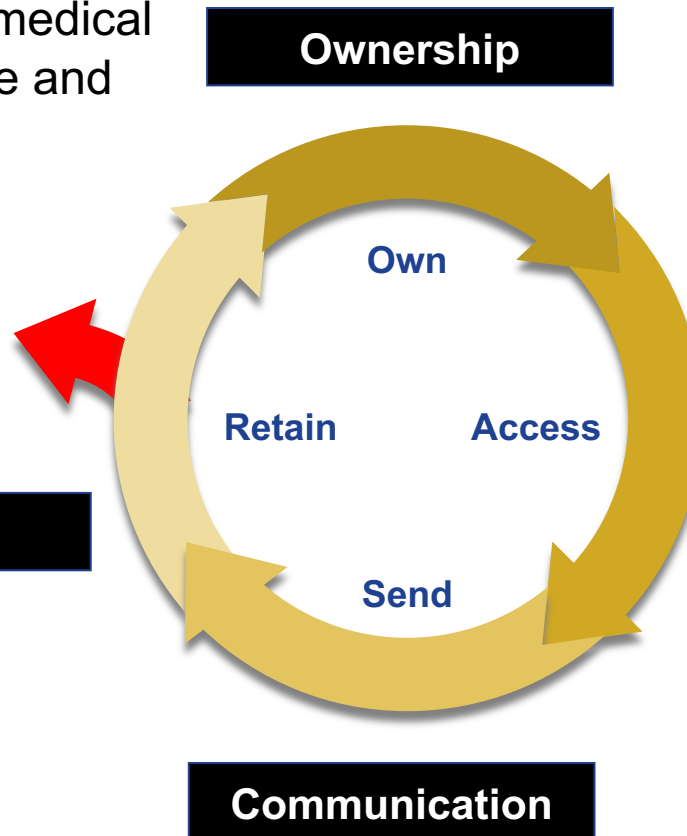
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Family Health Safety Plans

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.

Readiness

Resilience

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

Response

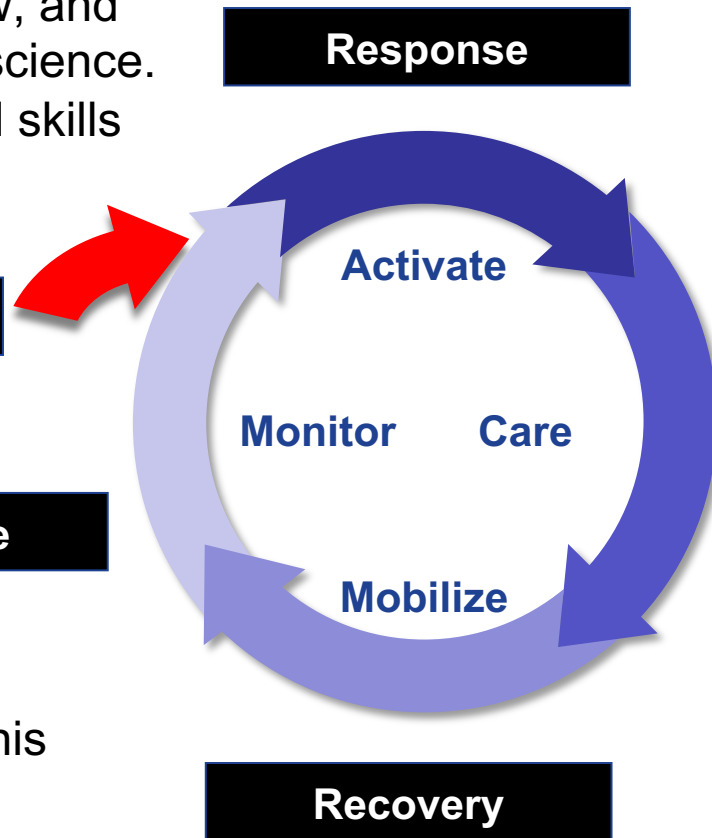
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being impacted by threats.

Rescue

Rescue: Regular deliberate practice of roles and skills that can impact failure to rescue.

Recovery

Recovery: Follow up care of the family member after an event. Returning to normal family activities after a family member has received care for high impact emergencies.



Bystander Rescue Care at www.MedTacGlobal.org

[About & Blog](#)[Values & Team](#)[Med Centers & Schools](#)[Recorded Broadcasts](#)[Specialty Programs](#)[Student Outreach](#)[Research & Development](#)[CARE UNIVERSITY](#)

Med Tac Bystander Rescue Care

Med Tac is short for "Medical Tactical" and is an advanced first aid platform to battle failure to rescue. We train all ages critical bystander care skills that can save lives before EMS arrives during the most common life threatening emergencies. To enquire about participating with Med Tac [click here](#).

In response to the Coronavirus pandemic we have asked our panel of experts to produce a series of free webinars to help the public, professional first responders, security and medical volunteers, and families deal with the critical issues. [Click here for all Coronavirus Content & Video Summaries](#)

Video Library

Med Tac Story

- Adopt a Cove Program
- Lifeguard & Surf Program
- 3 Minutes & Counting Broadcasts
- Water Safety Message
- 5 Rights of Emergency Care
- Opioid Overdose Briefing 2023
- Coronavirus Progress Report



13:31

The Battle Against Failure to Rescue

Our team originally focused on active shooter events. There is no other integrated program to train the public to prevent "failure to rescue" before EMS arrives for the 8 leading causes of preventable death from emergencies. It has been funded by philanthropy through TMIT Global, a 501c3 medical research organization that leads a global patient safety community of practice found at [www.SafetyLeaders.org](#). We have published multiple articles and have developed pilot programs in five states. [Click here](#) to download a PDF of our articles.



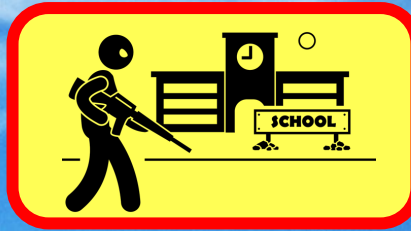
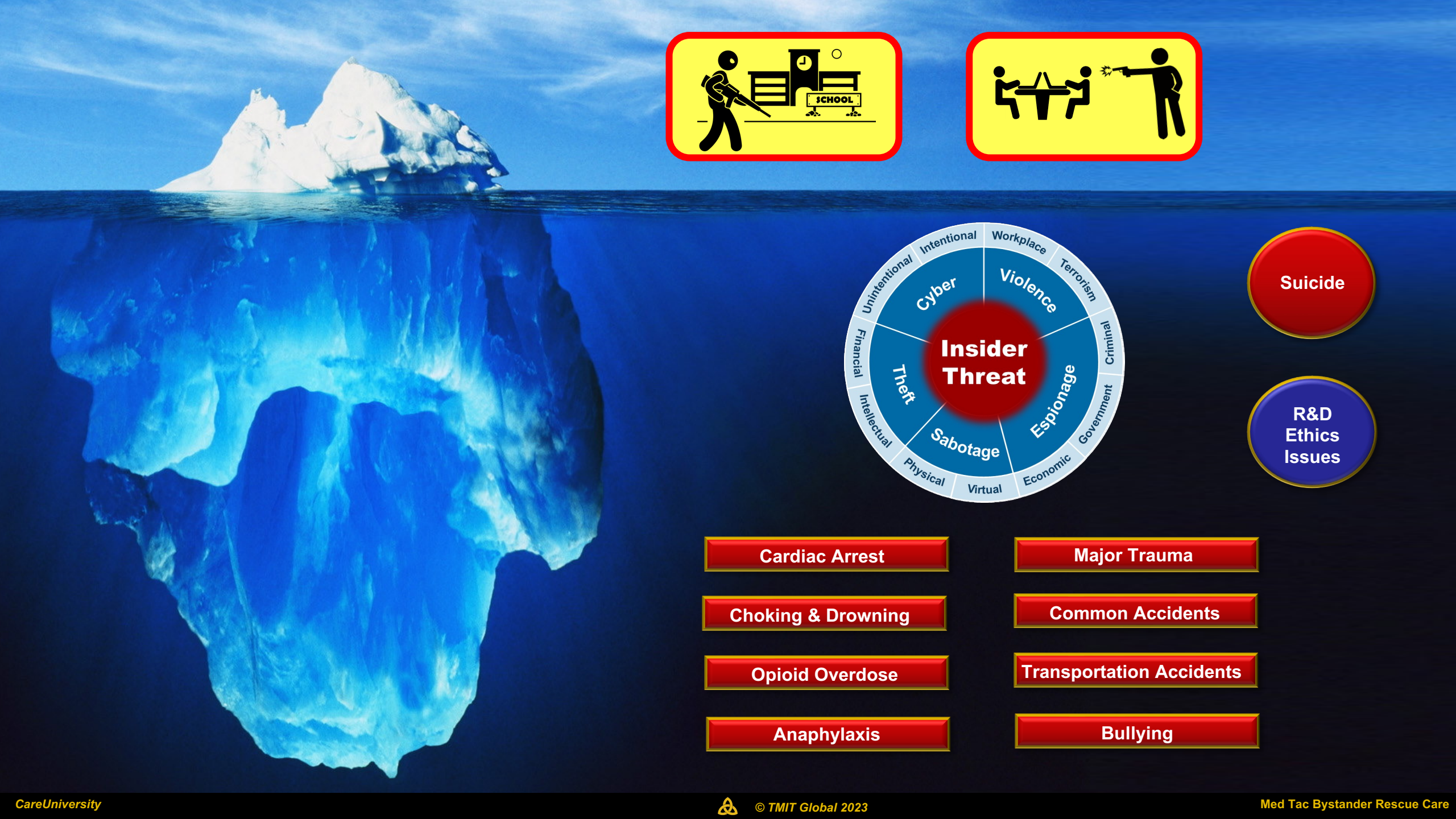
- Cardiac Arrest
- Choking & Drowning
- Life Threatening Allergies
- Major Trauma
- Opioids & Poisoning
- Infections
- Transportation Accidents
- Bullying

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

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

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

Med Tac is the only integrated program addressing the leading causes of death of otherwise healthy children, youth, and adults. Med Tac partners with terrific local trainers from great organizations already in the community. The entire program can be delivered remotely by Zoom.



Suicide

**R&D
Ethics
Issues**

Cardiac Arrest

Major Trauma

Choking & Drowning

Common Accidents

Opioid Overdose

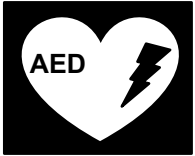
Transportation Accidents

Anaphylaxis

Bullying

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

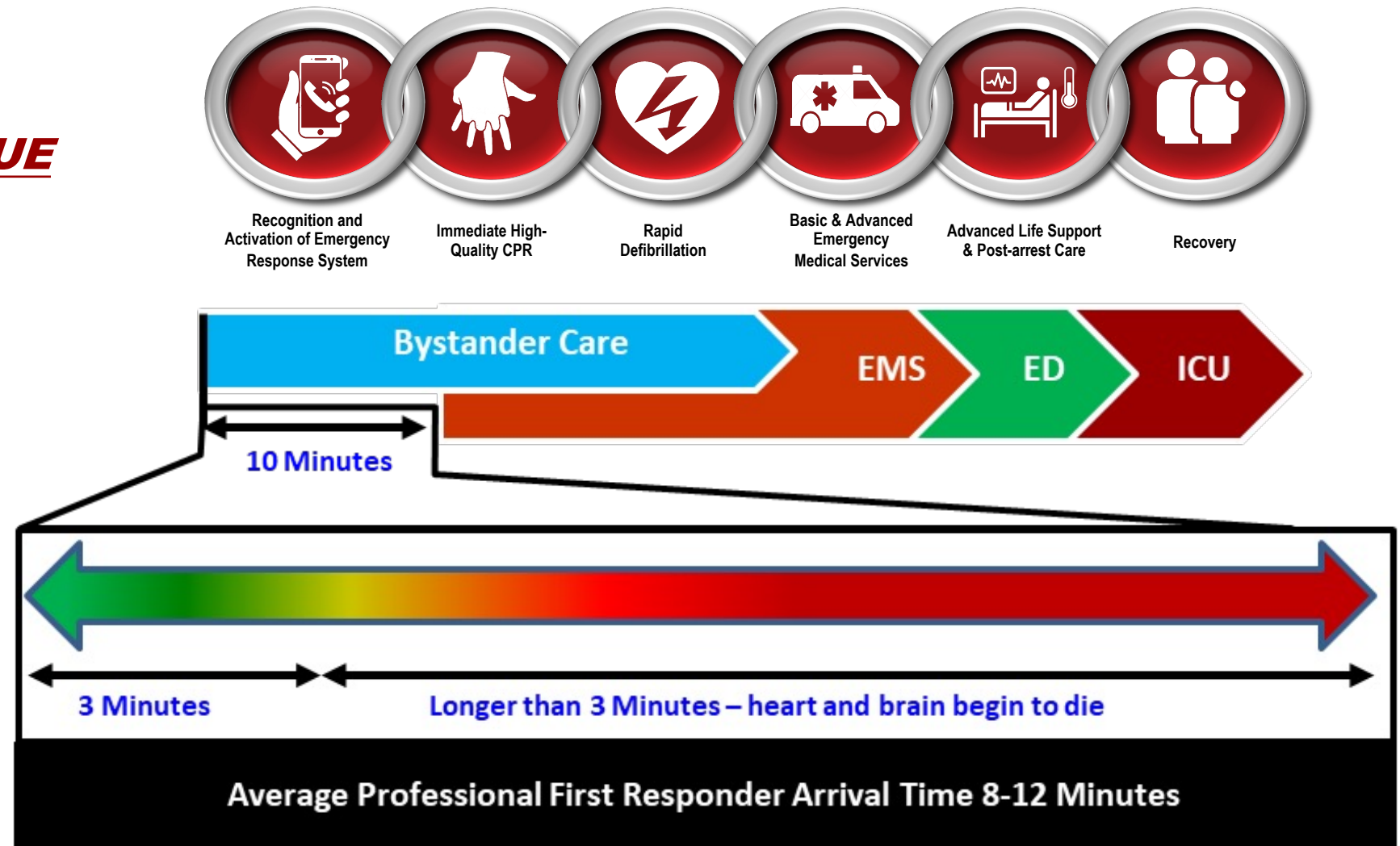


Bullying & Workplace Violence: Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.

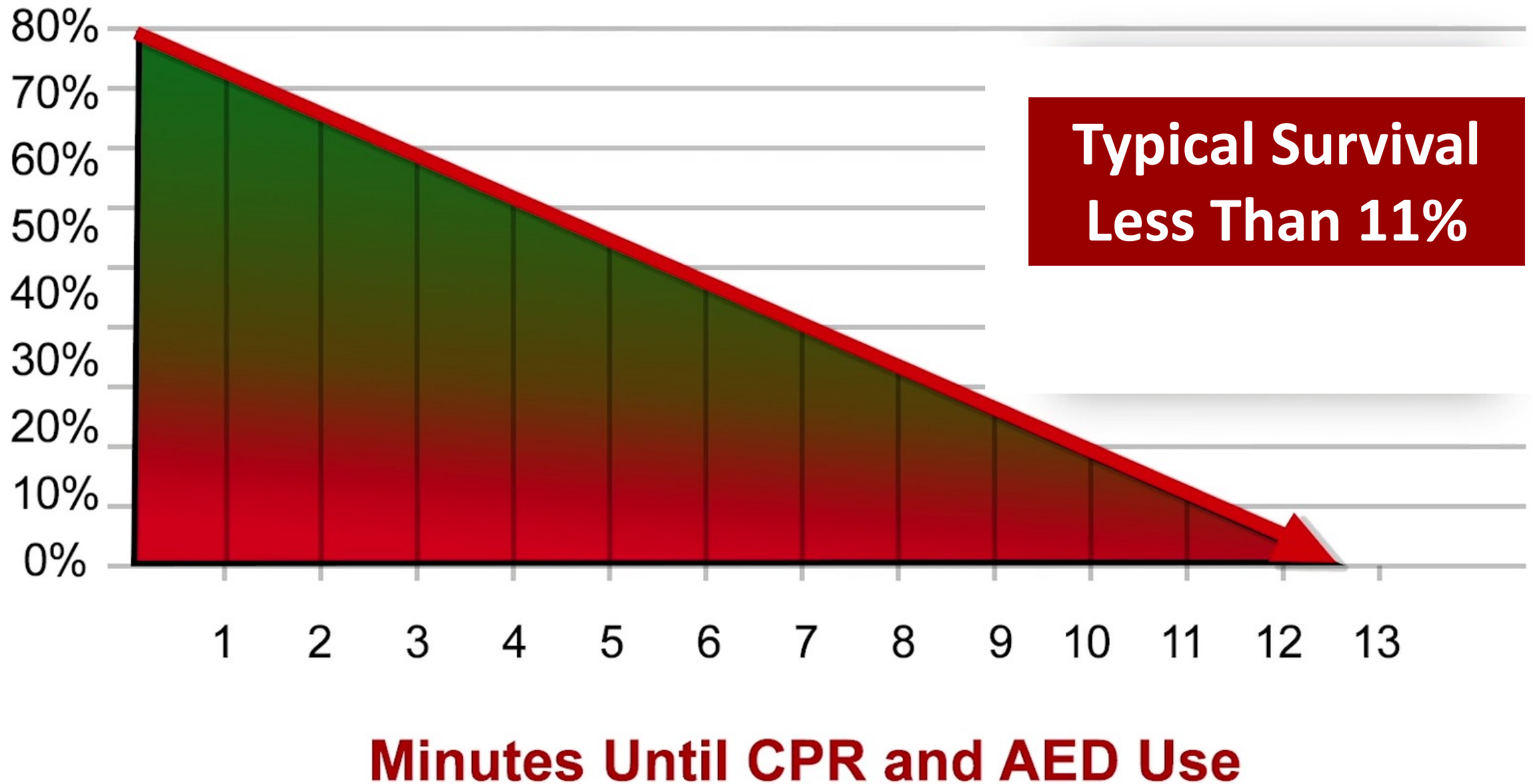
Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.

The Problem: ***FAILURE TO RESCUE***

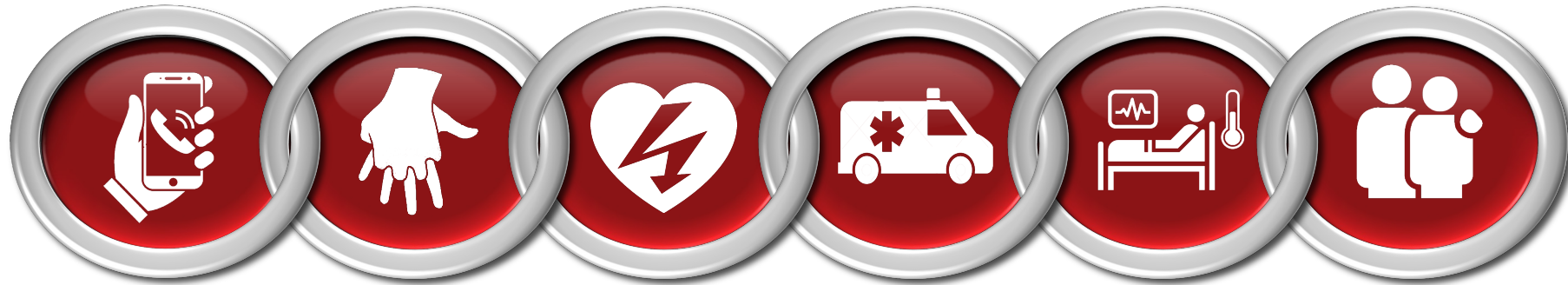
The Solution: ***Bystander Care***



Survival Loss Over Time for Sudden Cardiac Arrest



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

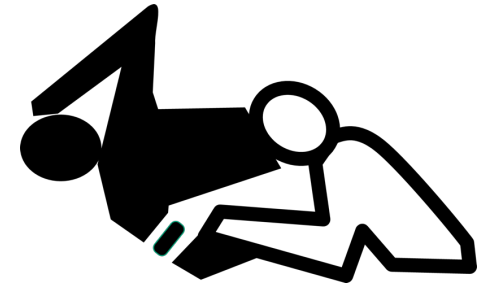


3 Minutes from Drop to Shock

Trauma Chain of Survival



Bystander Care



3 Minutes from Gun Shot to Stop the Bleed

Preventable Death

Students

1 Motor-vehicle Accidents

2 Opioid Overdose

3 Drowning

4 Falls

Suicide



Preventable Death

Students

1 Motor-vehicle Accidents

2 Opioid Overdose

3 Drowning

4 Falls

Suicide



Preventable Death

Students

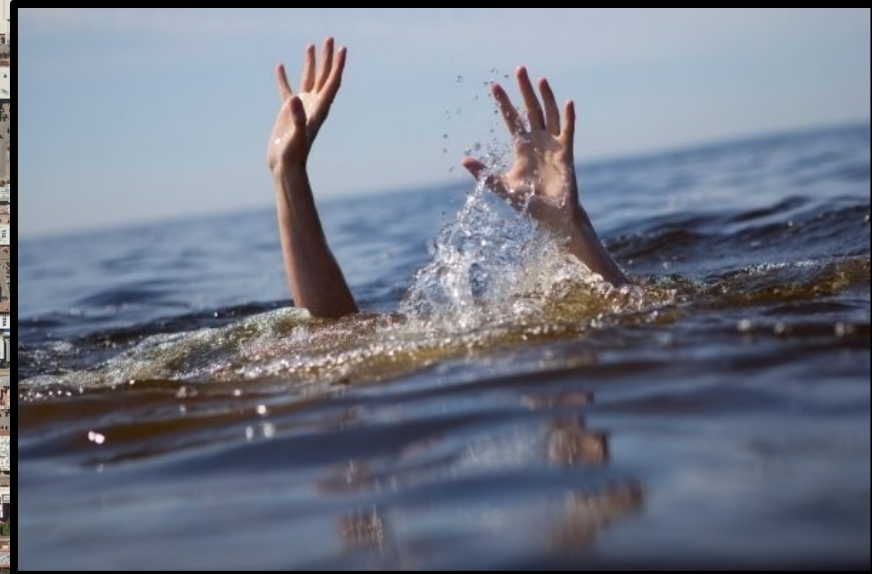
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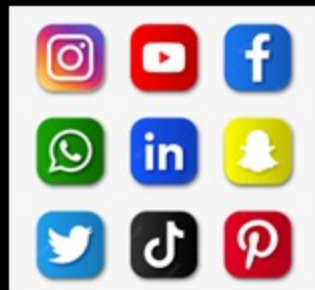
Rising High School & College Freshmen

The Growing New Threats



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**



ONE PILL CAN KILL
Department of Justice Drug Enforcement Administration
FAKE PILLS FACT SHEET

Fake pills are widely available across every state in the Country.

- DEA and its law enforcement partners are seizing deadly fake pills at record rates.
- Fake pills have been seized in all 50 states and the District of Columbia.
- Drug trafficking is also inextricably linked with violence.

In 2022, DEA seized more than 50.6 million
50,600,000
fake pills often laced with fentanyl
-more than double the amount of fentanyl pills seized in 2021-



The only safe medications are ones that come from licensed and accredited medical professionals.

DEA warns that pills purchased outside of a licensed pharmacy are illegal, dangerous, and potentially lethal.



For more information about fake pills, go to [DEA.gov/OnePill](https://www.dea.gov/OnePill)

Data as of December 2022

The Drug Enforcement Administration ensures the safety and health of the American public by fighting against violent criminal drug networks and foreign cartels trafficking in illicit drugs. To accomplish that mission, the Drug Enforcement Administration employs approximately 10,000 men and women throughout the world – Special Agents, division investigators, intelligence analysts, and chemists – across more than 250 domestic offices in 22 U.S. divisions and more than 80 foreign offices in nearly 70 countries.

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50,600,000

fake pills often laced with fentanyl
-more than double the amount of fentanyl pills seized in 2021-

**ONE
PILL CAN
KILL**

A red diagonal line strikes through the text 'ONE PILL CAN KILL'. The line starts from the bottom left, passing through the 'P' and 'I' of 'PILL', and extends towards the top right, passing through the 'E' of 'ONE' and the 'A' of 'CAN'. The word 'KILL' is positioned below 'CAN' and is not directly intersected by the line.



ONE PILL CAN KILL Department of Justice Drug Enforcement Administration
FAKE PILLS FACT SHEET

FAKE PRESCRIPTION PILLS • WIDELY AVAILABLE • INCREASINGLY LETHAL

DEA LAB TESTING REVEALS THAT
6 OUT OF EVERY 10 PILLS
WITH FENTANYL CONTAIN A POTENTIALLY
LETHAL DOSE

Fake pills often contain fentanyl and are more lethal than ever before.

DEA officials report a dramatic rise in the number of fake pills containing at least 2 mg of fentanyl, which is considered a potentially lethal dose.

Drug traffickers are using fake pills to exploit the opioid crisis and prescription drug misuse. In 2021, 107,622 people died by drug poisoning in the United States.

Fentanyl, the synthetic opioid most commonly found in fake pills, is the primary driver in this alarming increase in poisoning deaths.

Criminal drug networks are flooding the U.S. with deadly fake pills.

- Criminal drug networks are mass-producing fake pills and falsely marketing them as legitimate prescription pills to deceive the American public.
- Fake pills are easy to purchase, widely available, often contain fentanyl or methamphetamine, and can be deadly.
- Fake prescription pills are easily accessible and often sold on social media and e-commerce platforms, making them available to anyone with a smartphone.
- Many fake pills are made to look like prescription opioids such as oxycodone (Xycontin®, Percocet®), hydrocodone (Vicodin®), and alprazolam (Xanax®) or stimulants like amphetamines (Adderall®).

For more information about fake pills, go to [DEA.gov/OnePill](https://www.dea.gov/OnePill)

Date as of December 2022

*Picture of fake pills do not represent all available fake pills.



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AUTHENTIC
oxycodone
M30 tablets

***FAKE**
oxycodone M30 tablets
containing fentanyl



TRANQ – Xylazine Crisis

 **DEA** United States Drug Enforcement Administration

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Search DEA.gov

Who We Are | What We Do | Careers | Resources | [Submit A Tip](#)



PUBLIC SAFETY ALERT

DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine

WASHINGTON - The U.S. Drug Enforcement Administration is warning the American public of a sharp increase in the trafficking of fentanyl mixed with xylazine. Xylazine, also known as "Tranq," is a powerful sedative that the U.S. Food and Drug Administration has approved for veterinary use.

"Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier," said Administrator Milgram. "DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. The DEA Laboratory System is reporting that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine."

Xylazine and fentanyl drug mixtures place users at a higher risk of suffering a fatal drug poisoning. Because xylazine is not an opioid, naloxone (Narcan) does not reverse its effects. Still, experts always recommend administering naloxone if someone might be suffering a drug poisoning. People who inject drug mixtures containing xylazine also can develop severe wounds, including necrosis — the rotting of human tissue — that may lead to amputation.

According to the CDC, 107,735 Americans died between August 2021 and August 2022 from drug poisonings, with 66 percent of those deaths involving synthetic opioids like fentanyl. The Sinaloa Cartel and Jalisco Cartel in Mexico, using chemicals largely sourced from China, are primarily responsible for the vast majority of the fentanyl that is being trafficked in communities across the United States.

FDA recently communicated to health care providers about the risks to patients exposed to xylazine in illicit drugs. A copy of that communication can be found [here](#): FDA alerts healthcare professionals of risks to patients exposed to xylazine in illicit drugs.

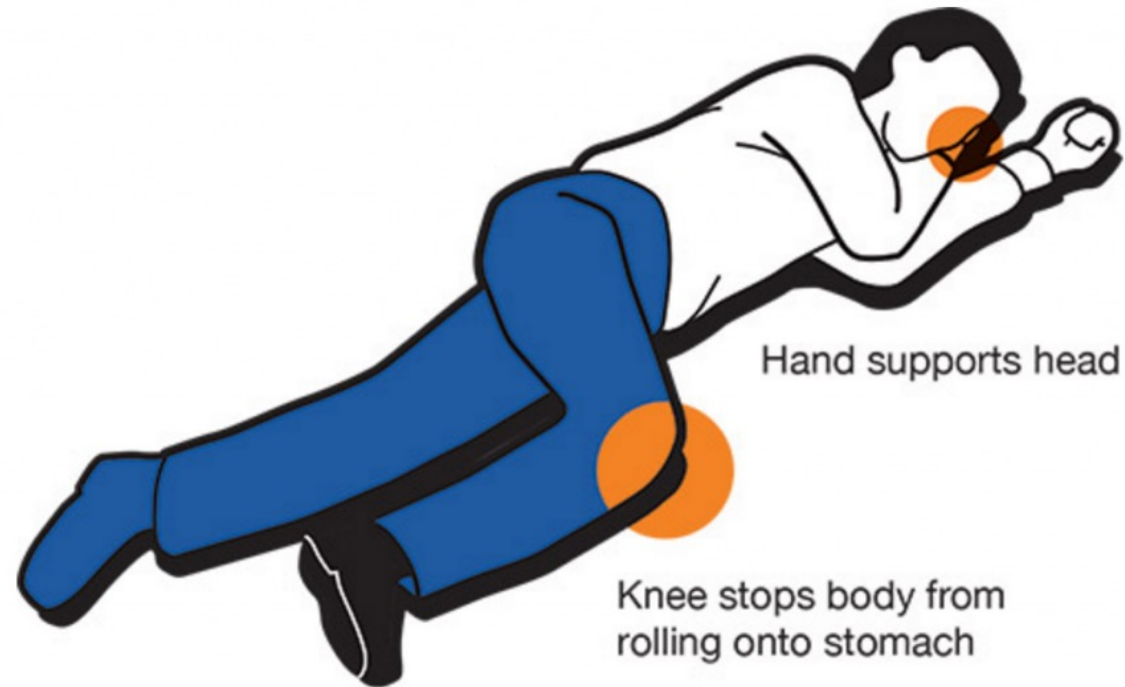
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Source: <https://www.baptisthealth.com/blog/health-and-wellness/knowning-the-recovery-position-and-cpr-could-help-you-save-a-life>

The Recovery Position

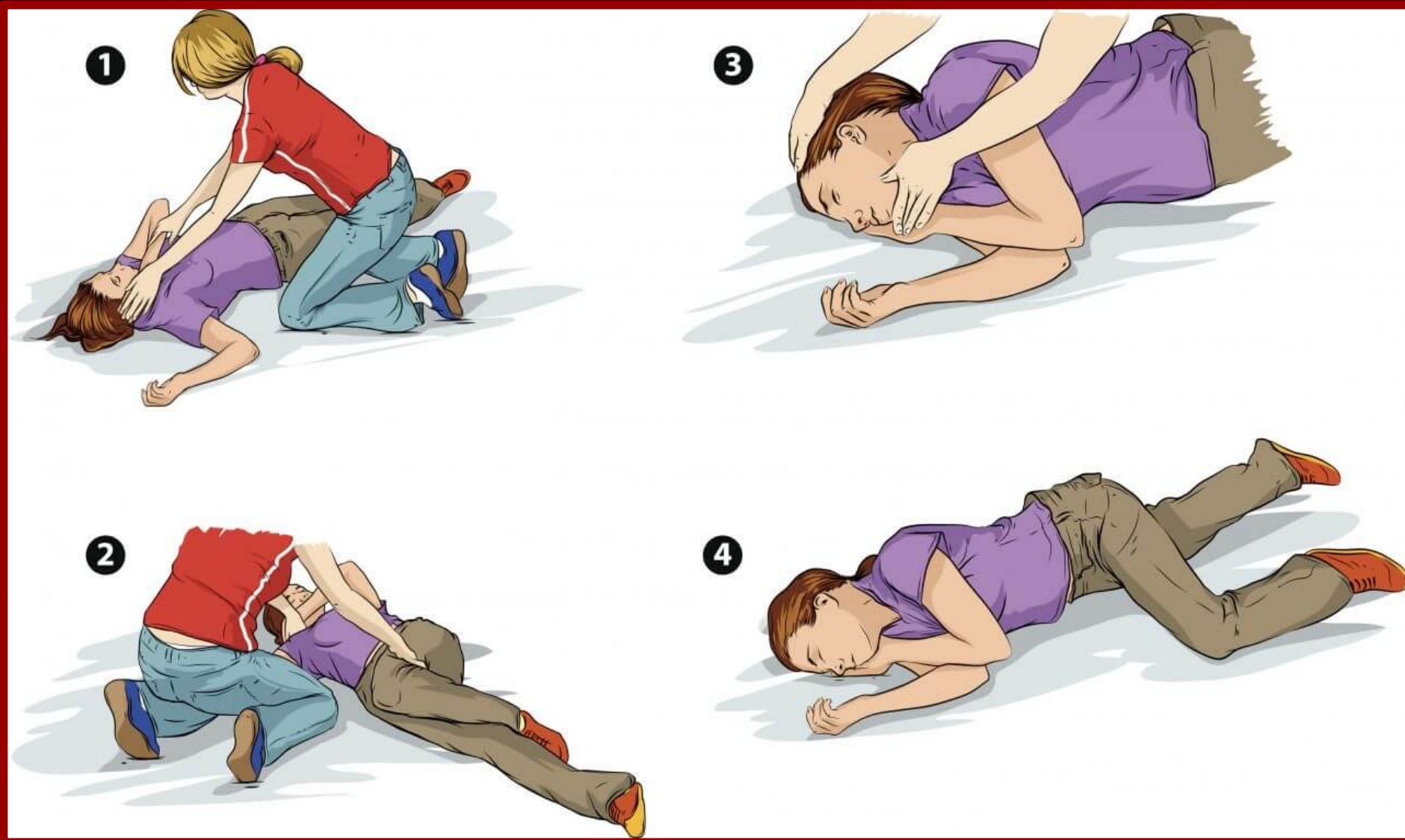
Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

Source: <https://www.firstaidforfree.com/what-is-the-recovery-position-in-first-aid/>

The Recovery Position



Source: <https://www.baptisthealth.com/blog/health-and-wellness/knowing-the-recovery-position-and-cpr-could-help-you-save-a-life>

The Problem with the Current High Potency THC Marijuana from the Perspective of an Addiction Psychiatrist

Elizabeth Stuyt, MD 

“Prior to the 1990s it (concentration) was less than 2%. In the 1990s it grew to 4%, and between 1995 and 2015 there has been a 212% increase in THC content in the marijuana flower.”

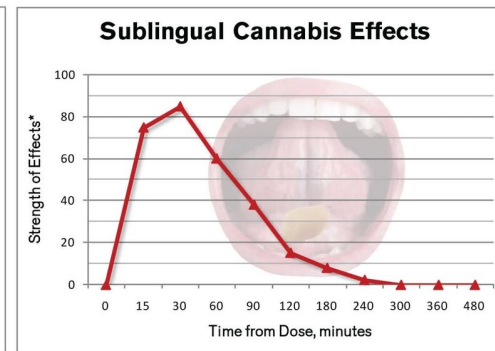
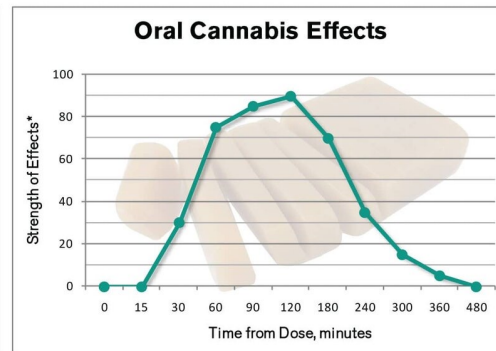
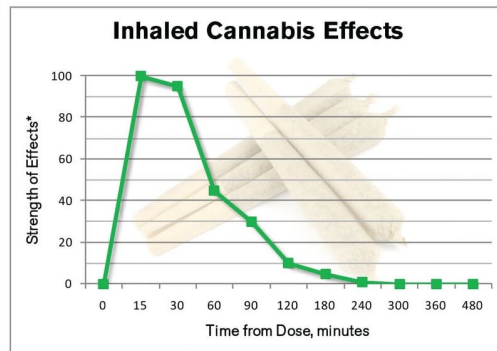
Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6312155/#:~:text=Prior%20to%20the%201990s%20it,content%20in%20the%20marijuana%20flower.>

CANNABIS CONSUMPTION METHODS

strength, onset, and duration of effects over time

How Cannabis is consumed directly impacts the strength of effects, how long it takes effects to become noticeable (onset), and how long the effects will last (duration).

These charts show estimated strength, onset, and duration of effects across 3 common cannabis consumption methods:



*Strength of effects is rated subjectively based on research review (see below), 100 = peak strength of inhaled cannabis effects

Inhalation

Smoking, Vaporizing

- Fast Onset
- Strong Effects Peak
- Rapid Decline in Effects Strength
- Short Duration of Experience

Oral Consumption

Edibles, Beverages

- Delayed Onset
- Drawn-out Effects Peak
- Gradual Decline in Effects Strength
- Long Duration of Experience

Sublingual Absorption

Melting Edibles Under Tongue, Tinctures

- Mid-range Onset
- Drawn-out Effects Peak
- Gradual Decline in Effects Strength
- Mid-range Duration of Experience

Pe

Sources:

Spindle T. et al. Acute Effects of Smoked and Vaporized Cannabis in Healthy Adults Who Infrequently Use Cannabis. *JAMA Network Open*. 2018;1(7):e184841. doi:10.1001/jamanetworkopen.2018.4841

Vandrey R. et al. Pharmacokinetic Profile of Oral Cannabis in Humans. *Journal of Analytical Toxicology*. 2017;41:83-99. doi: 10.1093/jat/bkx012

Lee D. et al. Can oral fluid cannabinoid testing monitor medication compliance and/or cannabis smoking during oral THC and oromucosal Sativex administration? *Drug Alcohol Depend*. 2013 June 1; 130(0): 68-76. doi:10.1016/j.drugalcdep.2012.10.011.



Safety of Rising Freshmen: College911 Story and COREY Bill



Joel Hausman

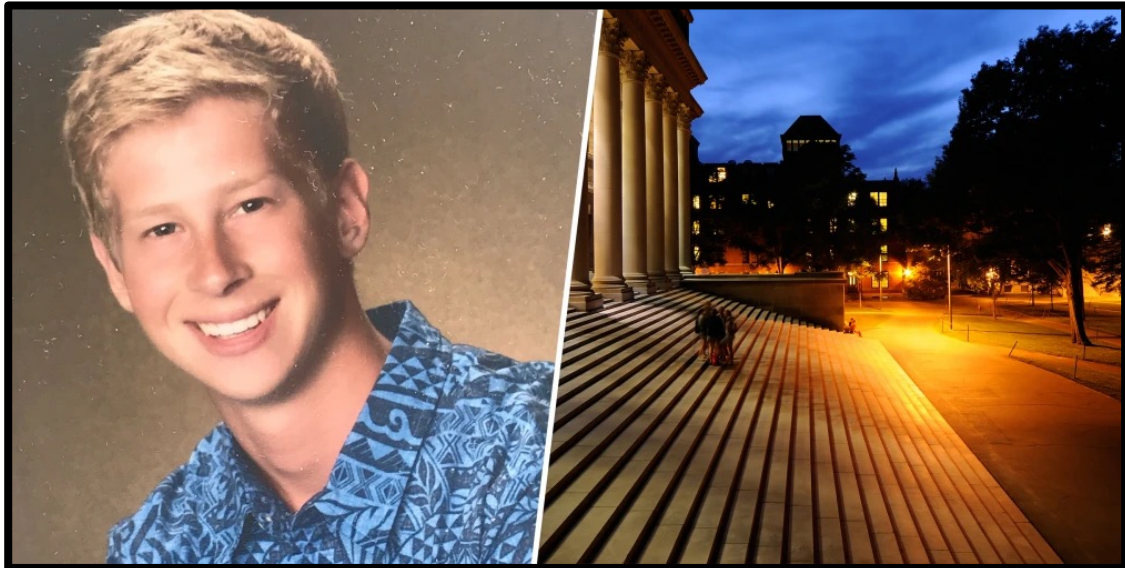
Principle
College911.net
College Safety Champion
Lead COREY Safety Act



TODAY

08-09-21

After Her Son's Death, Mom's Mission Is To Prepare College Kids For Emergencies



“Corey Hausman was just 15 days into his freshman year of college when he was in a skateboarding accident on campus that left him with a severe head injury.

Corey was speaking after the fall and a teacher's assistant called 911, but he later went into a coma.

"We got a call that our son was 2,000 miles away from home in a hospital," said Nanette Hausman, Corey's mother.

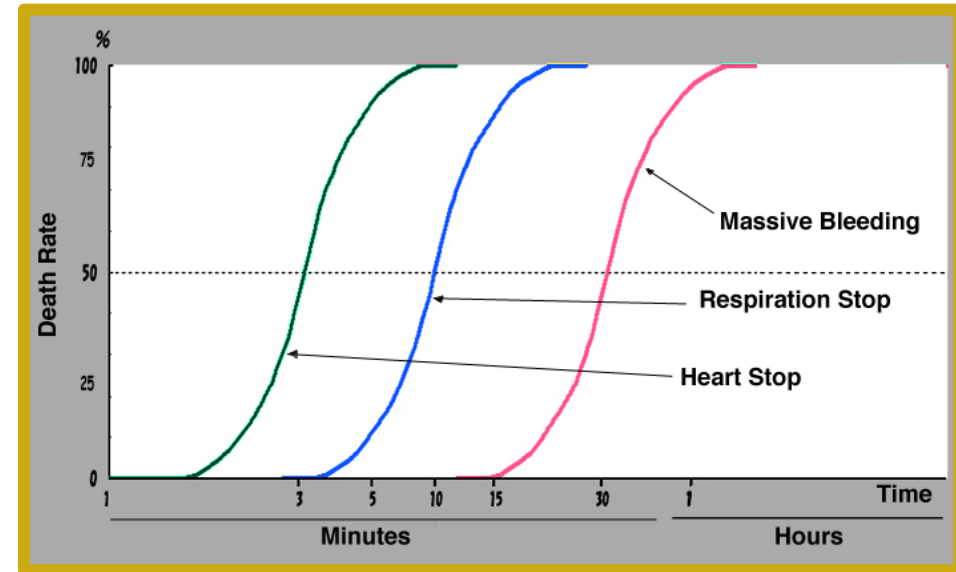
"We didn't know who was taking care of him. We didn't know anything that had happened. Then, we got a call from a doctor suggesting that we let him go because there was no chance for a neurological recovery."

Source: www.today.com/parents/what-do-emergency-college-kids-families-t226995

Emergency Checklist:

- ✓ Medical Power of Attorney
- ✓ Smartphone ICE Notification
- ✓ Know Emergency Providers
- ✓ Medical Record Access

The GOLDEN HOUR



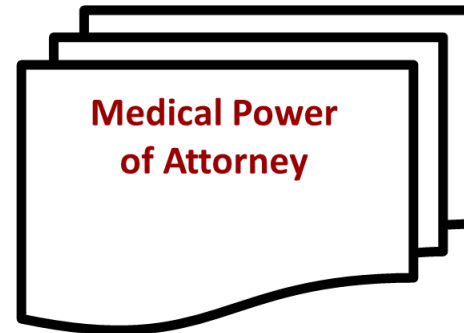
The **GOLDEN HOUR** is the period of time immediately after a **traumatic** injury during which there is the highest likelihood that prompt medical and surgical treatment will prevent death. While initially defined as an hour, the exact time period depends on the nature of the injury and can be more than or less than this duration.^[2] It is well established that the person's chances of survival are greatest if they receive care within a short period of time after a severe injury; however, there is no evidence to suggest that survival rates drop off after 60 minutes.

[https://en.wikipedia.org/wiki/Golden_hour_\(medicine\)](https://en.wikipedia.org/wiki/Golden_hour_(medicine))

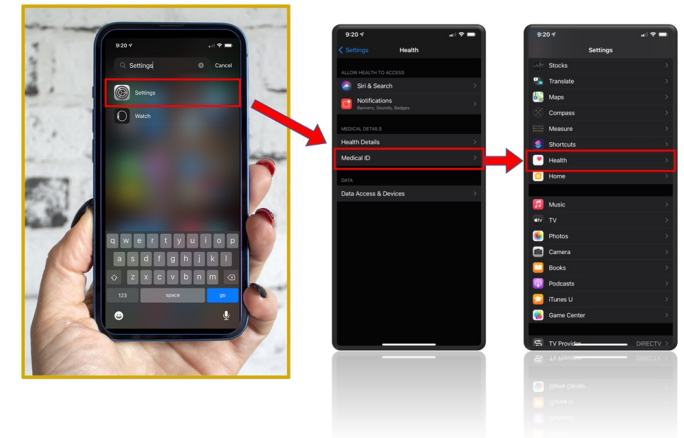
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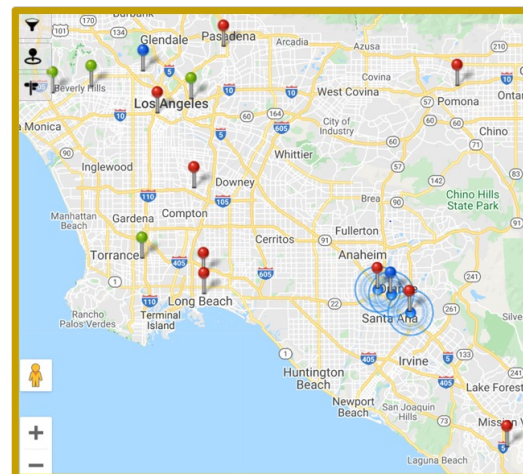
✓ Medical Power of Attorney



✓ Smartphone ICE Notification

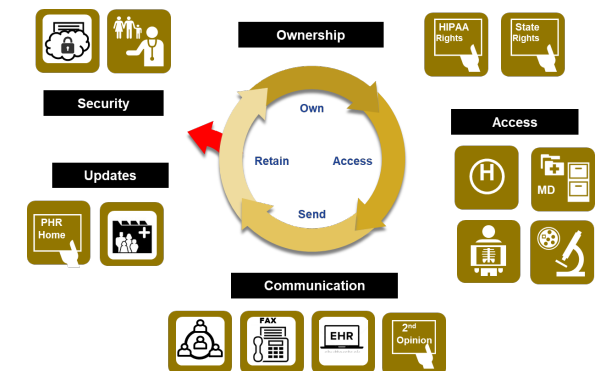


✓ Know Emergency Providers



✓ Medical Record Access

The 5 Rights of Medical Records™



Go to <https://college911.net/>

College911.net™ Medical Emergency Checklist

Attention Students!

Did you know, once you turn 18, you have the responsibilities of an **ADULT** for your medical care. **YOU** make your own healthcare decisions..

Sign/download IMPORTANT Medical/Mental Care waiver & permission forms. Connect home & college caregivers - State requirements may vary.

- ☐ HIPAA can allows access to your Medical/Mental Health records.
- ☐ HCPOA (Healthcare Power of Attorney) allows assigned guardians to make your Healthcare decision if you are not able to.
- ☐ Add & keep current **emergency contacts (EC's)** in college portal.

Always carry with you:

- ☐ ID, Insurance Card, Medical & Medic Alert Card including EC's.

Set-up your smartphone Health APP - research your models instructions.

- ☐ Update Medical ID & allow emergency access (without a code)
- ☐ Add emergency contacts - they are automatically contacted with your location if emergency assistance is called from your phone.
- ☐ If a **friend** needs urgent care, call for assistance from **their** phone.

Attention Parents/Guardians!

If your son/daughter needs Emergency Care (911) on-campus, what happens? How about off-campus? Please find out & consider:

- ☐ How will I be notified?
- ☐ Which hospital will they likely be taken to? Does this hospital have a Level 1 Trauma Center? When does transport to this highest level of care occur?
- ☐ What medical rights do I have once they turn 18?
- ☐ Do I have easy access to my son/daughters medical release (HIPAA) and/or Healthcare Power of Attorney (HCPOA) forms needed to allow me to share their medical information & make medical decisions if they are not able to?
- ☐ Asking for roommates/parents contact information.
- ☐ Visiting the campus medical center & read reviews online.
- ☐ Who to call on campus in case an emergency happens at home and my son/daughter can't be reached?
- ☐ Are rails supplied for loft/bunk beds? How to find out?
<https://RailAgainstTheDanger.org> has done the research.

The College911™ Initiative was established in honor of Corey Hausman - a new student at University of Colorado - Boulder whose life came to an abrupt end just 15 days into his freshman year. He fell from his skateboard while traveling on a steep campus pathway and was unsuccessfully treated at a local medical facility. Corey's passing was the third campus death of the new semester. This medical emergency checklist contains questions & suggestions that his family wish they had considered when planning to send him off to college. Contact info@College911.net or visit <https://college911.net> for information & to help reform campus safety. Find us on 



College Operational Reporting of Emergencies Involving Teens and Young Adults Safety Act of 2022, or COREY Safety Act,

New bill would require colleges publicly report accidents that result in serious harm or death

The COREY Act aims to increase safety on campuses around the country.

By [Nadine El-Bawab](#)

July 18, 2022, 1:17 PM

[Share](#)

The bill, called the College Operational Reporting of Emergencies Involving Teens and Young Adults Safety Act of 2022, or COREY Safety Act, is named after Corey Hausman, a college freshman who died on Sept. 12, 2018, after falling off his skateboard on campus, just 15 days after the start of the semester.



<https://abcnews.go.com/Politics/bill-require-colleges-publicly-report-accidents-result-harm/story?id=86885699>



Nanette & Corey Hausman

THE COREY Safety Act

College Operational Reporting
of Emergencies Involving
Teens & Young Adults

S. 2461/H.R. 4903

Facts:

- Unintentional injuries are estimated to be the leading cause of student death at college.
- According to a study by the ACHA on student mortality published by NIH in 2013, crimes account for .53% of student deaths, whereas accidents account for 10.8%. By applying this data, it follows that students are at least **20 times more likely to die from an accidental injury than a crime.**
- Federal law mandates that colleges publicly report crime, fire-related events, and missing persons. However the reporting of accidents resulting in serious injury and student death are not required when, in reality, an unintentional accidental injury is much much more likely to occur.
- A substantial and critical void exists in the data collected, and metrics used, to identify, manage and minimize serious injury and death in college communities.

How the COREY Safety Act Will Make Campuses Safer:

- Amends the Jeanne **Clery Act** to expand statistical reporting to include unintentional injuries on college and university campuses that result in serious physical injury* or death.
- Creates new metrics and data empowering students and their families, institutions, and the injury prevention community to improve campus safety from multiple perspectives.
- Provides that information about local Level I and II trauma centers be posted on campus, and on institutional websites so that campus community members can quickly locate them during medical emergencies.
- Would require that annual Clery "campus safety" reports be written in a manner that will be easily understood by students and their families rather than in technical language.

**Serious physical injury would be defined as a "physical injury that creates a substantial risk of death, or that causes serious disfigurement, serious impairment of health or serious loss, or impairment of the function of any bodily organ."*

Bipartisan Congressional Support:

Senate Sponsor: Sen. Richard Blumenthal, (D-CT)

Original Co-Sponsors: Rep. Jim Himes (D-CT)

House Sponsor: Rep. Joe Courtney, (D-CT)

Rep. Nancy Mace (R-SC)

Rep. Brian K. Fitzpatrick (R-PA)

This bill has drawn nationwide support from organizations advocating for more transparency in student injury and mortality data, including the Injury Prevention Research Center at Emory University (IPRCE), the Society for Advancement of Violence and Injury Research (SAVIR), Shepherd Center (Atlanta, GA), Safe/Sound Schools (Newtown, CT), SAFE Campuses, LLC, University of Virginia-Gordie Center, MedTacGlobal, Positive Youth Development (Westport, CT), the Connecticut Children's Hospital, and the College Safety Coalition (Rail Against the Danger, Inc., Rachael's First Week, Minger Foundation, Gordie Center, Peace Outside Campus, Protect Students Abroad, and College911.net™).

The COREY Safety Act honors Corey Hausman who died from what began as a preventable accident on September 11, 2018, just 15 days into his freshman year. His was the third student death at his college in those first 15 days. Passage of this bill was his mom, Nanette's final wish before passing away in April 2023, almost five years after Corey's accident.

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