



DOWNSTATE  
HEALTH SCIENCES UNIVERSITY

March 24, 2022  
NYCHCC Emergency  
Preparedness Symposium  
(EPS)

\*Co-hosted by The Brooklyn  
Coalition



THE BROOKLYN COALITION



THE BROOKLYN COALITION

# Agenda

## 3/24/2022

### ***Welcome and Introduction to topic:***

Pia Daniel, MD, MPH, Medical Director Emergency Preparedness, SUNY Downstate UHB, Chair The Brooklyn Coalition

### ***TBC AVERT Training Experience and Next Steps- Coney Island Hospital***

Stuart Rosenhaus, Associate Director/Emergency Preparedness Coordinator

### ***Mobile Crisis Unit - Crisis and De-escalation- Kings County Hospital Center***

Lance Winslow, PsyD, NYC H+H |

### ***The Lavender Response Team- NYU Langone Health***

Zania Campos, MPA, Elizabeth Douglas, Senior Director, ED/BH/CC Nursing, Darah Salmaggi, Program Manager, Integrative Health

### ***Security Department De-escalation Training-Interfaith Medical Center - Interfaith Medical Center***

Jack Finkelstein, MPA, CEM, NREMT-P, CIC, Director of Emergency Services

### ***“Helping Healers Heal” Staff Wellness Program- DSSM Nursing & Rehabilitation Center***

Jeremy Segall, MA, RDT, LCAT

### ***Pediatric Disaster Mental Health- Pediatric Disaster Coalition***

Dr. Michael Frogel, (Chair) MD, FAAP , Senior Advisor ASPR Pediatric Disaster Center of Excellence: Western Regional Alliance for Pediatric Emergency Management (WRAP-EM), Co-Principal Investigator for the New York City Pediatric Disaster Coalition

Coney Island  
**READY**



## Workplace Violence Education

- Collaborative effort between:
  - Human Resources
  - Hospital Police
  - Emergency Management
  - Emergency Department



## Active Shooter Education

- Multi- pronged approach to the education
- New Employee Orientation
- Annual In-service
- Badge backers
- Live sessions in the auditorium
- Unit Specific Training
- Supplemental Training



## This Years Focus – From an EM Standpoint

- Active Shooter/Active Assailant Training
  - Identified as one of our top risks in the annual Hazardous Vulnerability Assessment (HVA)
  - In the news – Staff request
  - Always a topic of discussion from Joint Commission and other inspections



## Continuing what we have always done.....

- Reviewed Run/Hide/Fight including notification procedures during multiple auditorium sessions – all 3 tours.
  - Having multiple instructors allow for this
  - Class going onto our Learning Management System for self study and tracking – Now a mandatory training module within the system
- Teach Stop the bleed classes at Health Fairs and to Staff
- Included as a topic on Environment of Care rounds



## And Enhancing it

- Able to dedicate grant funding to the project
  - H+H funding from our pool
  - TBC made it one of the coalition deliverables which allows use of funding
  - Reviewed multiple programs including
    - AVERT
    - ALICE
  - Wanted something more than video – we liked the hands on component and built in drills





## Chose AVERT

- **Active Violence Emergency Response Training.**
  - Fits nicely with our existing plans
  - Marketed as extra and enhanced training
  - Hands on training in bleeding control and tourniquet use
  - Staff likes the small group, chance to discuss and practice.
  - Best classes have been team taught with Hospital Police and Clinical Staff



## Spreading the wealth

- Hosted a series of Instructor Development Classes for both Coalitions
- Instructors receive:
  - kits with teaching supplies
  - Access to videos
  - Instructor manuals with lesson plans



## Participant Feedback

- Like the hands on component
- Small groups allow for some customization



Stu Rosenhaus

Emergency Preparedness Coordinator

NYC Health + Hospitals/Coney Island

[Stuart.Rosenhaus@nychhc.org](mailto:Stuart.Rosenhaus@nychhc.org)





# MOBILE CRISIS UNIT

# MCU MISSION

- The Mission of the Kings County Hospital Mobile Crisis Unit (MCU) is to serve individuals in the community who are experiencing or at risk of experiencing a psychological or psychiatric crisis.
- MCU will provide services with the goal of preventing hospitalization. Rapid crisis assessment/ evaluation will anchor the overall plan of care. Persons and/or families in crisis will receive psycho-education, supportive counseling and relevant appropriate options based on the current circumstances. This will be accomplished by linking the consumer with appropriate community based mental health treatment, resources and/or interagency support systems to help them lead a more meaningful life.

## Description

The Mobile Crisis Team (MCT) is a division of the Kings County Hospital Center, Department of Behavioral Health, Comprehensive Psychiatric Emergency Program. This interdisciplinary team provides crisis care to patients with mental illness at their place of residence. To be eligible for MCT services patients must be at least 5 years of age.

Mobile Crisis seeks to assist individuals with linkage to ongoing treatment, patients not connected to ongoing care after discharge from the hospital, and patients who are currently in crisis.

## Outreach Service

Our interdisciplinary team comprised of addiction counselors, caseworkers, licensed clinical social workers and psychiatrists assists people in the community by providing the following range of outreach services→

- Psychiatric evaluation and assessment
- Individual crisis intervention and supportive therapy
- Family assessment and counseling
- Patient advocacy
- Referrals & reconnection to resources
- Brief treatment.
- Assistance with the process of involuntary hospitalization

## Referrals & Screening

MCT receives referrals via NYC WELL from a variety of sources including family, friends, community-based agencies, health care providers, police precincts and individuals identifying themselves in crisis. The team will respond within 24- 48 hours. Cases are triaged based on level of urgency. Patients who are in imminent danger (suicidal, homicidal, violent or medically unstable) will be referred to 911.

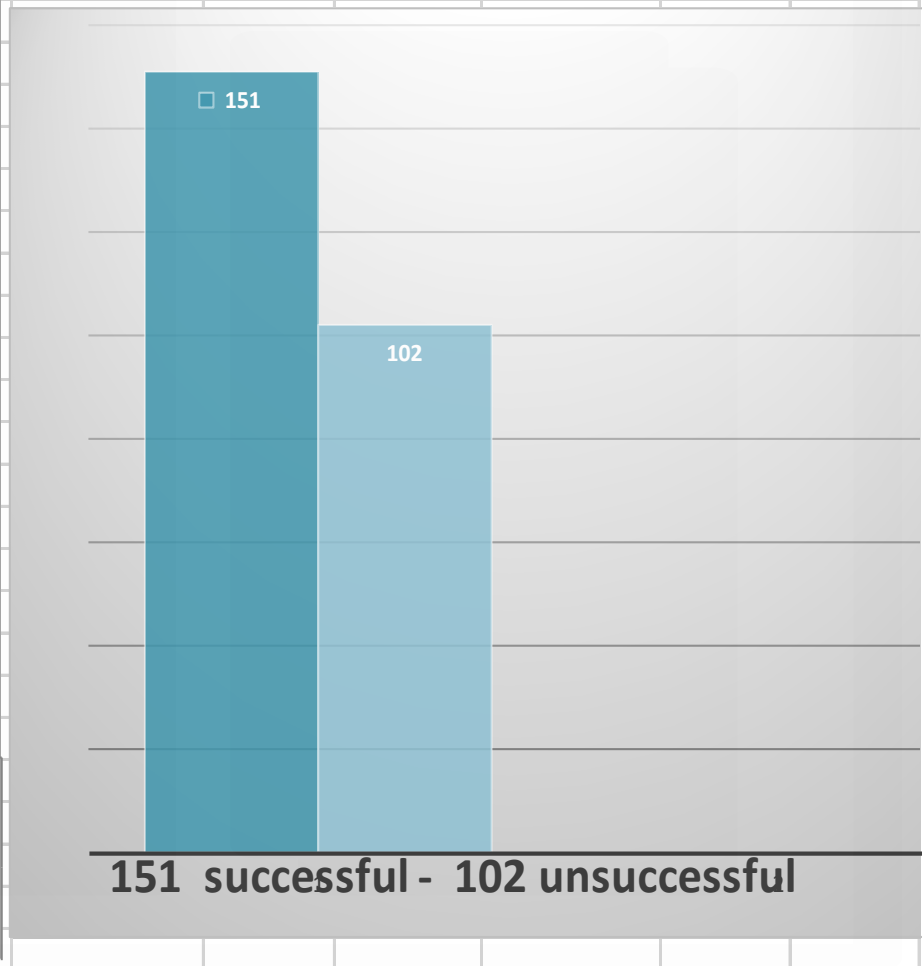
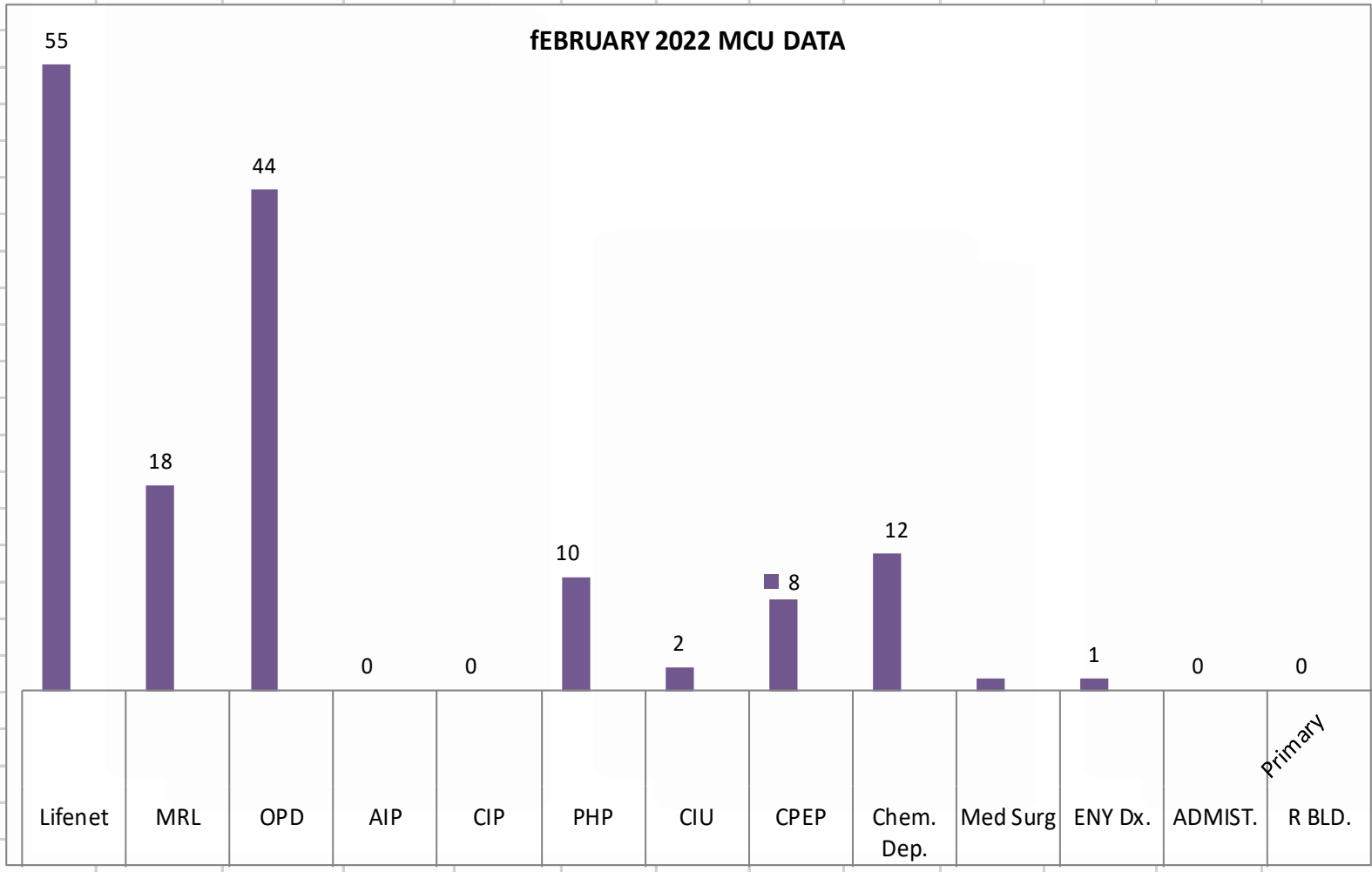


*Regarding your treatment by MCU please contact Guest Relations at 718-245-7418 where you will be provided information regarding the process of initiating a grievance. Guest Relations can discuss the appeals process should you have further concerns.*



# FEBRUARY 2022 DATA

Activity: Month	New Referrals	Lifenet	MRL	OPD	AIP	CIP	PHP	CIU	CPEP	Chem. Dep.	Med Surg	ENY Dx.	ADMIST.	R BLD. Primary	successful visits	Unsuccessful Visits
FEB 2022	155	55	18	44	0	0	10	2	8	12	1	1	0	0	151	102



# 2021 REFERRAL DATA

B	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU
	1	2	3	4	5	6	7	8	9	10	11	12
	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021	2021
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
LIFENET: Interim	0	0	3	0	0	1	2	0	0	0	0	0
LIFENET: Outreach	45	59	66	64	46	76	61	58	56	59	55	51
In-House Interim: CPEP	10	8	28	23	49	36	34	39	46	34	20	10
In-House Outreach: MRL	21	18	25	19	12	28	14	9	17	19	23	15
In-House Outreach: OPD	70	63	89	65	81	61	64	69	55	59	61	67
In-House Outreach: AIP	1	0	1	1	0	0	1	1	1	0	0	0
In-House Outreach: CIP	0	0	1	0	0	0	1	0	0	0	0	0
In-House Outreach: PHP	8	8	12	9	11	7	6	15	6	3	7	4
In-House Outreach: CIU	11	14	18	8	4	14	5	12	10	17	7	5
In-House Outreach: R bldg primary care	0	0	0	0	0	0	0	0	0	0	0	0
In-House Outreach: Chem Dep	7	8	16	16	11	11	6	9	11	12	8	14
In-House Outreach: Med/ surge	0	0	2	2	2	3	0	0	0	0	0	0
In-House Outreach Administration	0	1	0	0	0	0	0	1	0	0	0	0
In-House Outreach East NY Diagnostic	0	1	2	3	2	1	4	1	2	2	1	1

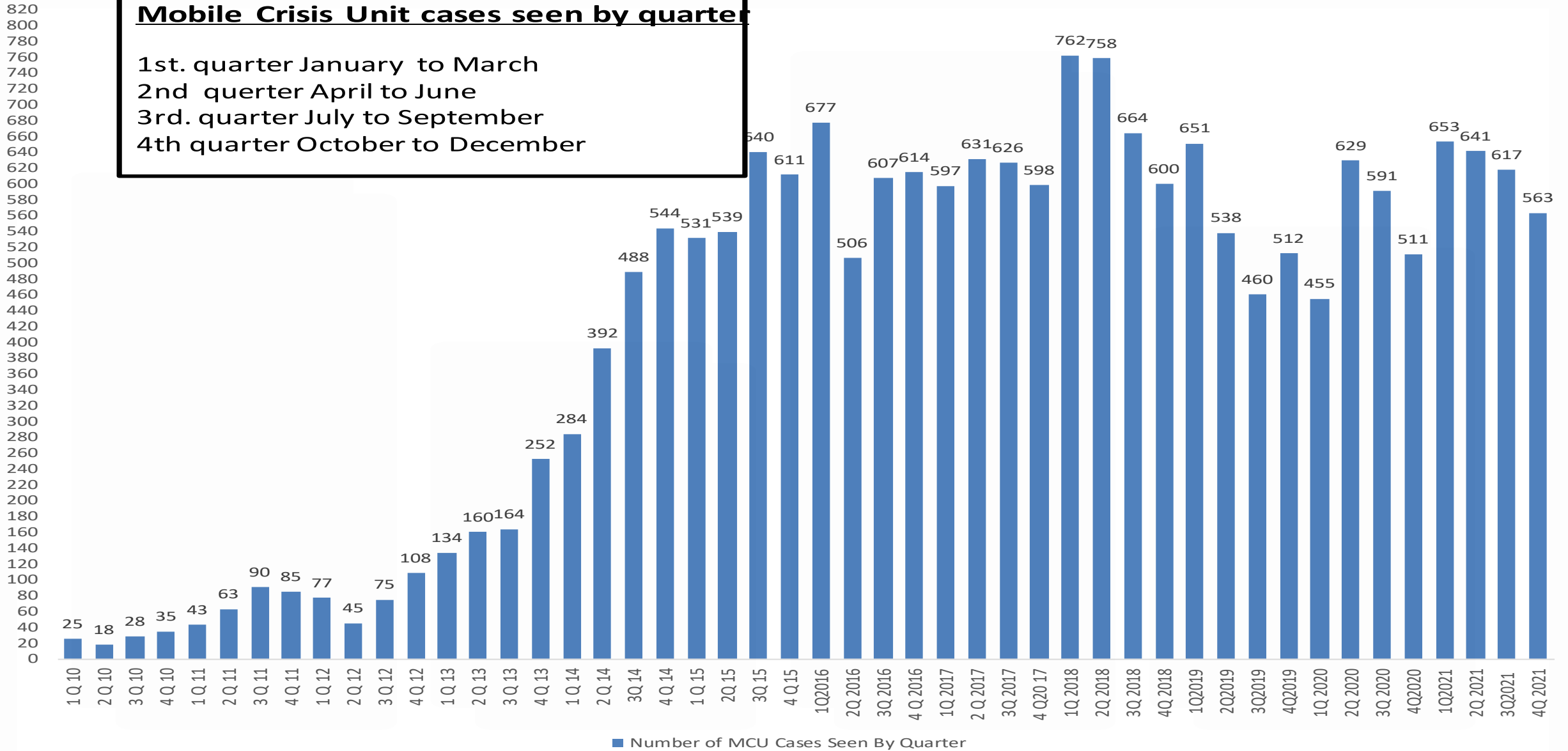
## Mobile Crisis Unit cases seen by quarter

1st. quarter January to March

2nd quarter April to June

3rd. quarter July to September

4th quarter October to December



■ Number of MCU Cases Seen By Quarter



# **LAVENDER RESPONSE TEAM**

## **NYCHCC 2<sup>ND</sup> EMERGENCY PREPAREDNESS SYMPOSIUM (EPS)**

### **CO-HOSTED WITH THE BROOKLYN COALITION (TBC)**

March 24, 2022



# Purpose

Provide in-person emotional support & in-the moment therapy to **ALL STAFF** in times of crisis

**burnout**

**work/personal stress**

**traumatic experience**

# Lavender Team Campus Debuts

Tisch Hospital & Kimmel Pavilion (1/4)

NYU Langone - Brooklyn (1/10)

NYU Langone Hospital - Long Island (1/17)

NYU Langone Orthopedic Hospital (1/24)



# Team Member Spotlight

**Elizabeth Douglas**

**Senior Director, ED/CC/BH/ICU Nursing**



**Darah Salmaggi**

**Program Manager, Integrative Health**



# EM+ER and Lavender Team Collaboration

## Needs assessment of commonly used items

- By Campus
- Candy, ear seeds, stickers, water, lip balm, affirmation cards

## Resource Request

- Formal Request for Funds – EM+ER AVP & Director approval
- Secure Grant Funds

## Order / Deliver / Fill

- Backpacks
- Self-Care Resource Carts





# EM+ER and Lavender Team Collaboration

## Supports and enhances

- **Enterprise-wide emergency preparedness, enterprise resilience, and business continuity**
- **The Mission of the Emergency Preparedness Program**
  - **EM+ER leads the focus on the key essentials**



Safeguarding  
human resources



Maintaining  
business  
continuity



Protecting  
physical resources



**THANK YOU**



# Workplace Violence (WPV) Stats, Regulations, and Training

Jack Finkelstein, MPA, CEM, NREMT-P, CIC

Director of Emergency Services

Interfaith Medical Center



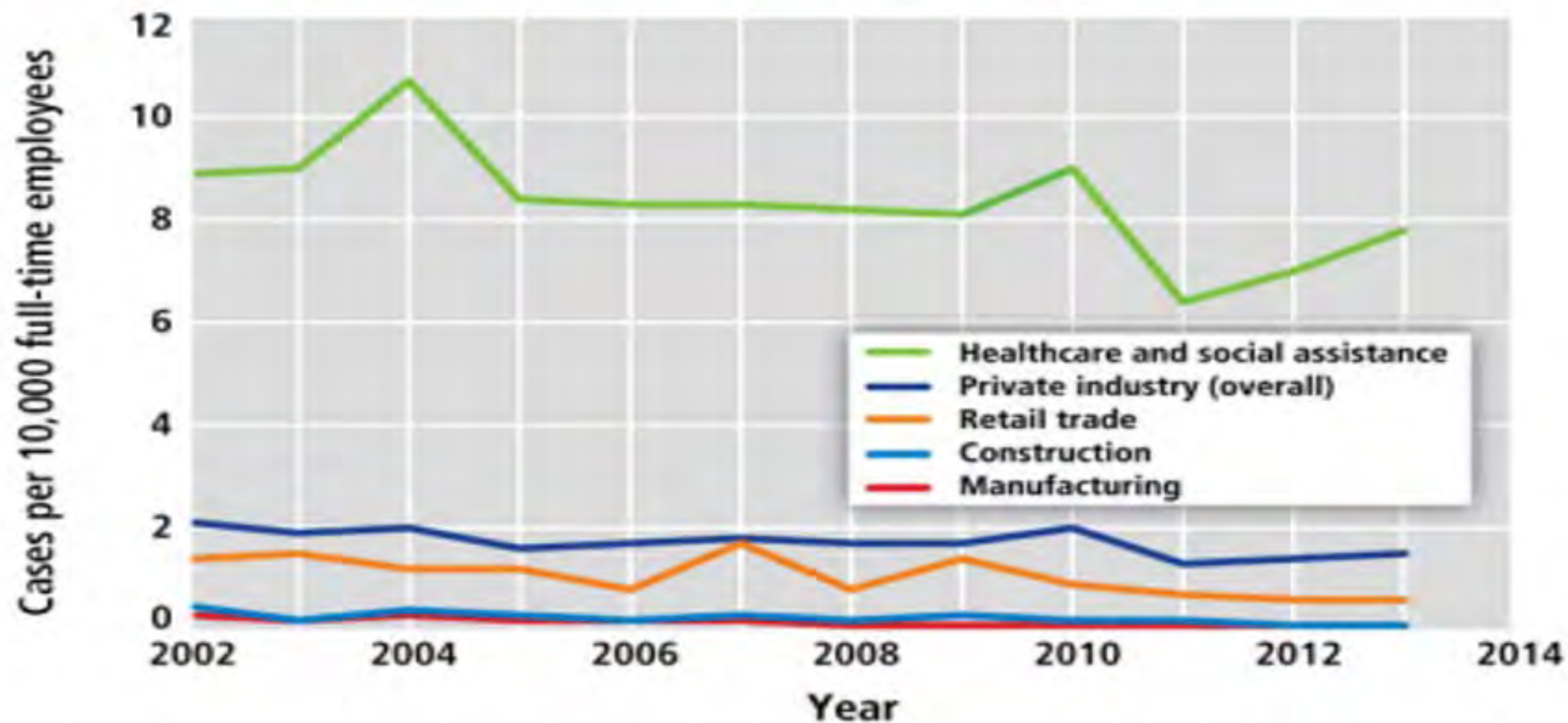
# Statistics

- Healthcare Workers are 4x more likely to have a WPV incident than in the private industry.
- Nurses are 3x more likely to be injured than any other professional group.
- 80% of healthcare sector WPV cases are caused by interactions with patients.
- In 2018, Healthcare and Social Assistance sector had 10.4 cases of serious WPV incidences per 10,000 Full Time employees compared to 124.9 for Psychiatric and substance abuse facilities. There were less than 2 cases per 10,000 full time employees for the construction, manufacturing, and retail industries.

## Statistics continued...

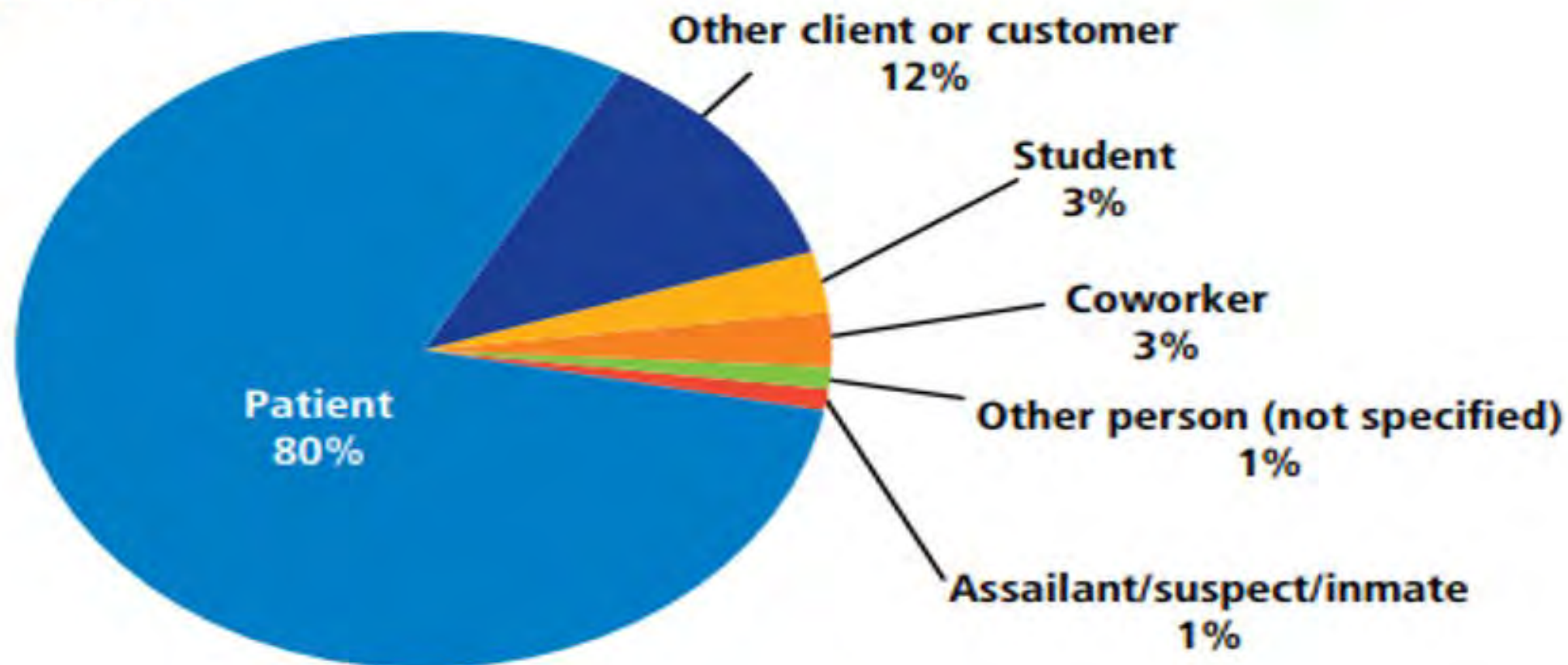
- The average victim of WPV assault loses 3.5 days from work.
- From 2011-2018, there were 156 workplace homicides to private healthcare workers, averaging 20/year. The majority were from the patient's relative or domestic partner.
- In a study conducted by The Joint Commission, 51% of the healthcare workers stated they had no training at all in WPV.
- The main strategy in WPV is risk assessment and de-escalation. Most facilities have a policy in place, but no real training on de-escalation techniques (ie. Redirection).
- The number of cases continues to increase each year.

## Violent Injuries Resulting in Days Away from Work, by Industry, 2002–2013



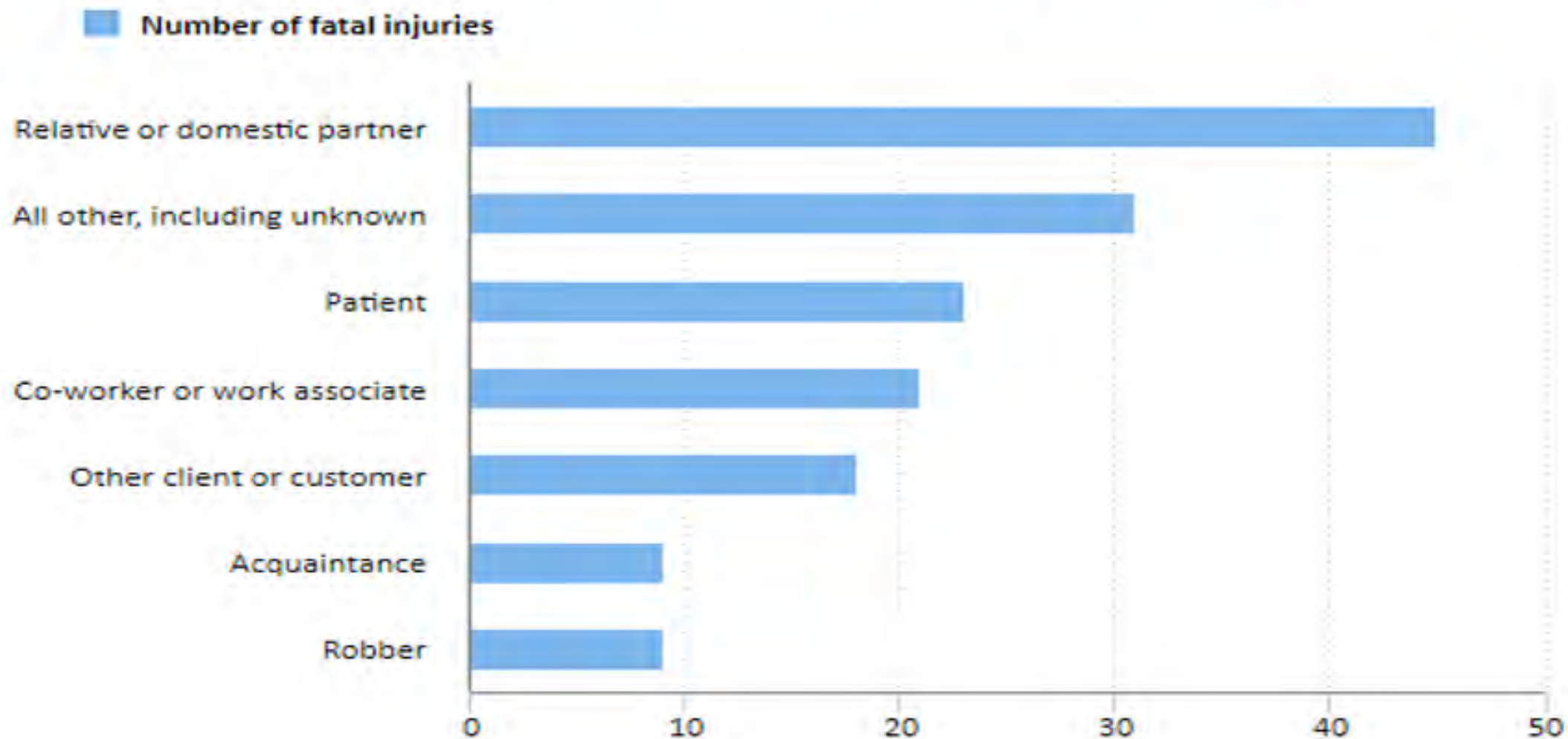
Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

## Healthcare Worker Injuries Resulting in Days Away from Work, by Source



*Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.*

**Chart 3. Workplace homicides to healthcare workers, by assailant, 2011-18**



Click legend items to change data display. Hover over chart to view data.  
Source: U.S. Bureau of Labor Statistics.



# The Joint Commission Regulations for WPV

- EC.02.01.01-17: The Hospital conducts an annual worksite analysis related to its WPV program, and takes actions to mitigate or resolve WPV safety and security risks based upon those findings.
- EC 04.01.01-1&6: Hospital collects information to monitor conditions in the environment to report and investigate events.
- HR 01.05.03-29: Hospital offers ongoing training and education to address, prevent, recognize, report, and respond to events. It is expected for training to occur upon hiring, annually, and when changes occur.
- LD 03.01.01-9: The WPV program is led by a designated individual and developed by a multidisciplinary team, and reports to a governing body.

Guidelines and Resources may be found at "[JointCommission.Org](https://www.jointcommission.org)"

# OSHA WPV Regulations

- There are currently no established regulations from OSHA, but they did put out a voluntary guideline for preventing WPV and are looking into establishing regulations for this type of event.
- Their publication titled “Guideline for Preventing Workplace Violence for Healthcare and Social Service Workers” can be found at:  
<https://www.osha.gov/sites/default/files/publications/osha3148.pdf>
- The guide offers statistics, identifying WPV hazards, prevention and control, safety training, recordkeeping, and program evaluation.
- NOTE: CMS (the Center for Medicaid and Medicare Services) currently refers to the OSHA WPV guidelines.

## Other Resources

- The American Society for Healthcare Risk Management (ASHRM) offers a Workplace Violence Toolkit at:  
<https://www.ashrm.org/sites/default/files/ashrm/Workplace-Violence-Tool.pdf>
- The Risk Management division of Business Insurance offers a guide for preventing WPV with comprehensive employee training at:  
<https://www.businessinsurance.com/article/20140608/NEWS06/306089983>

# Department of Labor WPV Information

- The Department of labor (DOL) offers a prevention information document at:  
<https://dol.ny.gov/workplace-violence-prevention-information>
- DOL WPV Regulation 12 NYCRR Part 800.6:  
<https://dol.ny.gov/system/files/documents/2021/03/workplace-violence-prevention-regulations.pdf>
- Compliance Guide for 12 NYCRR Part 800.6 Regulation:  
<https://dol.ny.gov/system/files/documents/2021/03/how-to-comply-guide.pdf>
- Related free courses offered by the DOL:  
<https://dol.ny.gov/system/files/documents/2021/03/on-site-training-catalogue.pdf>

# Training - CPI

- CPI is Crisis Prevention Intervention.
- Training is one to two days.
- Url is: <https://www.crisisprevention.com/>
- Equips staff with decision-making skills to confidently assess and address the risk.
- It combines verbal intervention strategies and restrictive interventions with advanced physical skills.
- Training is customizable to the type of industry and staff.
- There is a fee for this service. Best to consider T-t-T course (4 days) at \$5,000.

# Training - PMCS

- PMCS is Preventing and Managing Crisis Situations.
- Training is 2-days, or 5 days for the T-t-T course.
- URL is: <https://onlinecourseschools.com/nys-omh-pmcs-training>
- This is designed to provide competence and the skills necessary to prevent and manage crisis situations. It includes awareness, aggression influencers, intervention strategies, de-escalation techniques both verbal and non-verbal, defensive and restrictive physical interventions, and after action corrective measures.
- Training is provided free by the NYS Office of Mental Health (OMH) Bureau of Education and Workforce Development (BEWD).

## SFM – The Work Comp Experts

- SFM offers free online training and guide for de-escalation tactics.
- The URL is: <https://www.sfmic.com/de-escalation-tactics-can-prevent-violence-in-the-workplace/>
- They offer programs specific for the healthcare industry, but also have for the education/academic setting, policing/public service, and for social work.

# Tactics & Techniques

- Situational awareness
- Maintaining a safe distance or a barrier between you and them
- Avoid disruptions and distractions
- Provide clear and concrete direction
- Have others present to diffuse targeting one person
- Safe body positioning
- Always have an means for egress
- Notice changes (posture, breathing, tone, pacing, anxiety)
- Don't take words or actions personally

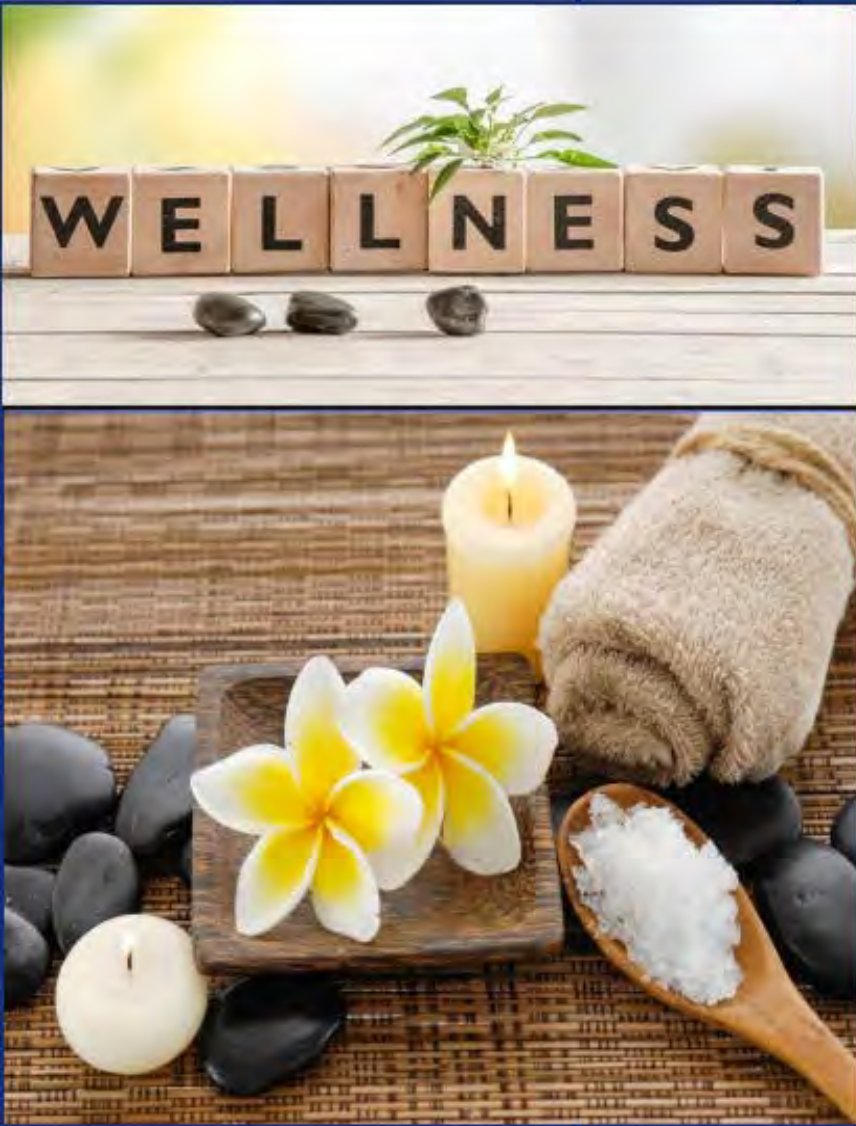


## Tactics & Techniques continued...

- Be mindful of your own triggers and emotions
- If possible, learn their history and what triggers them
- Use active listening – listen and observe verbal and non-verbal messages without interruptions, and provide appropriate feedback to show your attentiveness to their message
- Redirect with a different task
- Remove potentially dangerous items from their reach
- Beware of their personal space – could be threatening to them
- Follow behavior / care plan at all times



Centrak Security Alert System or Alt+F3 on any computer in the Psychiatric units, or Dr. Armstrong/Strong



# HELPING HEALERS HEAL PAST, PRESENT, & FUTURE





**Jeremy Segall, MA, RDT, LCAT**

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*Assistant Vice President*

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**“Don’t judge each day by the harvest you reap, but by the seeds you plant.”**

- Robert Louis Stevenson

Who Are We?

How Did We Get Started?

Where Are We Now

Outcomes & Future State

Learning Lessons

Q & A

**WHO ARE WE?**

- NYC Health + Hospitals is the **largest public health care system** in the United States
- We provide essential **inpatient, outpatient, and home-based services** to more than **one million New Yorkers every year** in more than 70 locations across the city's five boroughs
- Our **11 acute care hospitals** provide top-ranked trauma care and provide up to **60% of all mental health services** in New York City making communities healthy through a robust network of hospital-based inpatient and primary care services for children and adults
- Our **five post-acute/long-term care facilities** have earned the highest five and four star ratings by the Centers for Medicaid and Medicare for their excellent long-term care, skilled nursing care, and rehabilitation services
- Gotham Health is our **network of Federally Qualified Health Center clinics** across the five boroughs that offers patient-centered primary and preventive care services for the entire family
- Community Care offers **comprehensive care management** and better access to social support services in patients' homes and communities
- Our diverse workforce is uniquely focused on **empowering New Yorkers**, without exception, to **live their healthiest life possible**





**HOW DID WE GET  
STARTED?**

Growing the NYC Health + Hospitals H3 Initiative:



**Strategic Goal**



**Executive Support**



**Grand Rounds/  
Publicity**



**Central  
Steering Team**



**Establish H3  
Leads**



**Facility-based  
Steering  
Committees**



**Peer Support  
Champion  
Identification**



**Training**



**H3 Team  
Websites**



**Resource  
Sheets**



**Peer Support  
Activation  
Workflows**  
(by site)



**Support for the  
Supporters**  
(e.g. wellness events,  
support groups)



**Measurements  
for Success**



**Improvement  
Plans**

# HELPING HEALERS HEAL: PHASE I

## Medical error: the second victim

*The doctor who makes the mistake needs help too*

When I was a house officer another resident failed to identify the electrocardiographic signs of the pericardial tamponade that would rush the patient to the operating room late that night. The news spread rapidly, the case tried repeatedly before an incredulous jury of peers, who returned a summary judgment of incompetence. I was dismayed by the lack of sympathy and wondered secretly if I could

improvements that could decrease errors. Many errors are built into existing routines and devices, setting up the unwitting physician and patient for disaster. And, although patients are the first and obvious victims of medical mistakes, doctors are wounded by the same errors: they are the second victims.

Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled

*Personal story  
p #12*

*"Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed.....You agonize about what to do..... Later, the event replays itself over and over in your mind"*

laboratory tests, and innovations that present tangible images of illness have in fact created an expectation of perfection. Patients, who have an understandable need to consider their doctors infallible, have colluded with doctors to deny the existence of error. Hospitals react to

overly attentive to the patient or family, lamenting the failure to do so earlier and, if you haven't told them, wondering if they know.<sup>1,3</sup>

Sadly, the kind of unconditional sympathy and support that are really needed are rarely forthcoming.

Second Victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.



2017



## BURNING PLATFORM

Build platform to activate and engage; what info do you need to gather to build the business case and attain executive buy-in?



## BUILD A COALITION

Who are your innovators who can help you implement? Cast a broad net to include champions across disciplines, departments, etc.



## GOVERNANCE STRUCTURE

Who should be on your steering committee? Executive sponsor? H3 leads?



## IDENTIFY RISK AREAS

Where do you anticipate the program will have the greatest impact and/or easiest deployment? (e.g. ED, ICU, L&D, BH) Identify crucial conversations.



## INVENTORY RESOURCES

Which disciplines and departments have the human capital to support the program? What internal supports do you have for T3?

2018



## IT INFRASTRUCTURE

Establish necessary IT support (e.g. intranet, public internet page, electronic tools for tracking and monitoring, feedback loop, referral resource links)



## FIRST T2 TRAINING COHORT

Identify participants, seeking wide representation of departments, disciplines, service lines, shifts, etc. (including both clinical and non-clinical)



## COMMUNICATION PLAN

Determine multi-tiered plan to communicate awareness of program and culture change to leadership, general workforce, and managers/supervisors, as well as to internal and external partners



## GAP ANALYSIS

What is needed to build out all three tiers of the program; what needs to be created from scratch that's not already there?

2019



## GROW T2

Establish a consistent facility-based communication and training plan, recruitment strategy, and crowdsourcing mechanism



## GROW T3

Ensure equity and accessibility of internal and external resources, utilize feedback to fill gaps as they emerge, expand anonymous outside supports and internal expedited referrals

2020



## SUSTAINABILITY PLAN

Establish goals for all departments, disciplines, shifts, etc.



## SUPPORT THE SUPPORTERS

Refresher courses, supervision groups, wellness events, recognition and celebration



## QUALITY IMPROVEMENT PLAN

Collect and utilize data to grow and improve the program. Leverage data to identify trends of risks, clinical outcomes, etc. to enable proactive address

# LAUNCHING ACROSS THE SYSTEM



- **Jacobi** launched: July 10, 2018
- **Central Office** Training: July 12, 2018
- **Queens** launched: July 23, 2018
- **Lincoln** launched: August 16, 2018
- **Kings County** launched: September 12, 2018
- **NCB** launched: October 3, 2018
- **Bellevue** launched: October 31, 2018
- **PAC Facilities** launched: November 14, 2018
- **Coney Island** launched: November 29, 2018
- **Metropolitan** launched: November 30, 2018
- **Woodhull** launched: December 3, 2018
- **Elmhurst** launched: January 7, 2019
- **Harlem** launched: April 18, 2019
- **Gotham Health** launched: July 17, 2019
- **Community Care** launched: July, 29 2019



- Empathy is the ability to identify and understand another's situation, feelings, and motives
- Empathy allows us to form trust, helps us understand how or why others are reacting to situations, and sharpens our “people acumen”
- Empathy is an emotional and thinking muscle that becomes stronger the more we use it



## Key concepts added in addition to Second Victim:



### Compassion Fatigue & Burnout

The condition of emotional and physical fatigue that results when helpers feel compassion for those they help but do not have adequate time away from caring for others to refuel and care for themselves.



### Vicarious Traumatization

The emotional residue that helpers accrue from exposure to stories of trauma and witnessing the pain, fear, and terror that trauma survivors have endured.

# EARLY 2020 H3 IMPROVEMENT PLANS



## Education & Wellness

- Education (new trainings for identified peers / yearly refreshers / modules)
- Resource guides / job aids (i.e. – scripts, presentations, FAQ sheets, printouts, etc.)
- Quarterly wellness events



## Communications & Marketing

- Frontline awareness of the H3 initiative
- Standardized promotional materials (i.e. – slide decks, brochures, pamphlets, etc.)
- Testimonials



## Tier 3 Resources

- Enhanced/seamless services for those that require escalation after activation
- Proactive learning from encounter forms to fill gaps in resources
- Sharing and standardization of Tier III internal resource lists



## System Integration

- Partnerships with various internal and external stakeholders (i.e. – GME)
- Link H3 to PSI, RCA, Incident Reports, Debriefs, HP, etc.



## Data & Analytics

- Monthly collection of activity to analyze system trends
- Develop improvement plan based on findings



# EPICENTER OF THE EPICENTER

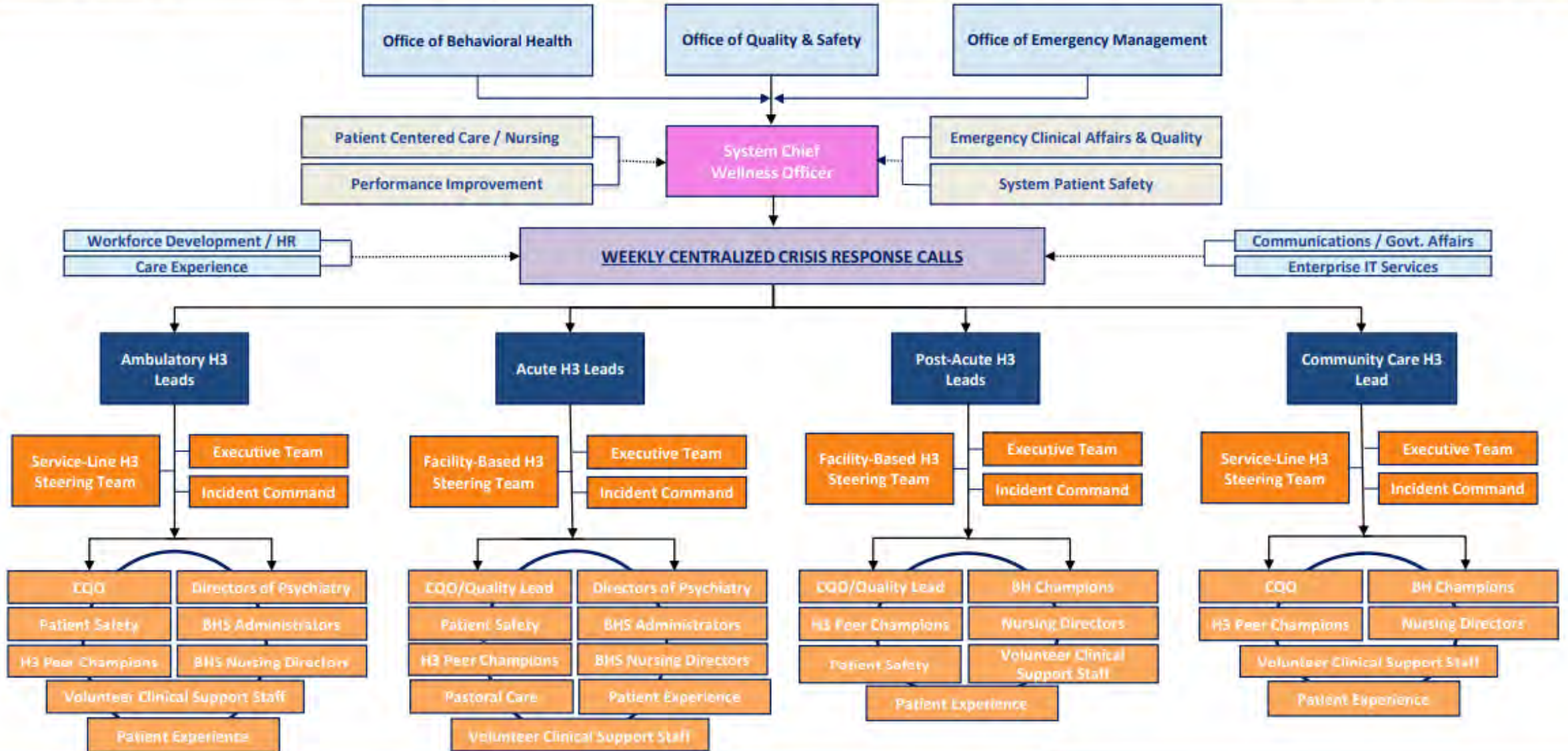


**MARCH 13**  
NYC Health + Hospitals  
treats first confirmed  
COVID-19 patient



**MARCH 25**  
Crisis intensifies as 13  
patients pass away in 24  
hours at NYC Health +  
Hospitals/Elmhurst

# ENHANCED INTERDISCIPLINARY H3 SUPPORT



# FURTHER EXPANSION OF H3



## Stress

- Happens to everyone, every day
- General response to stressful situations (tough commute, work problems, moving, etc.)
- Most people develop coping mechanisms (tools to get us through the experience)



## Distress

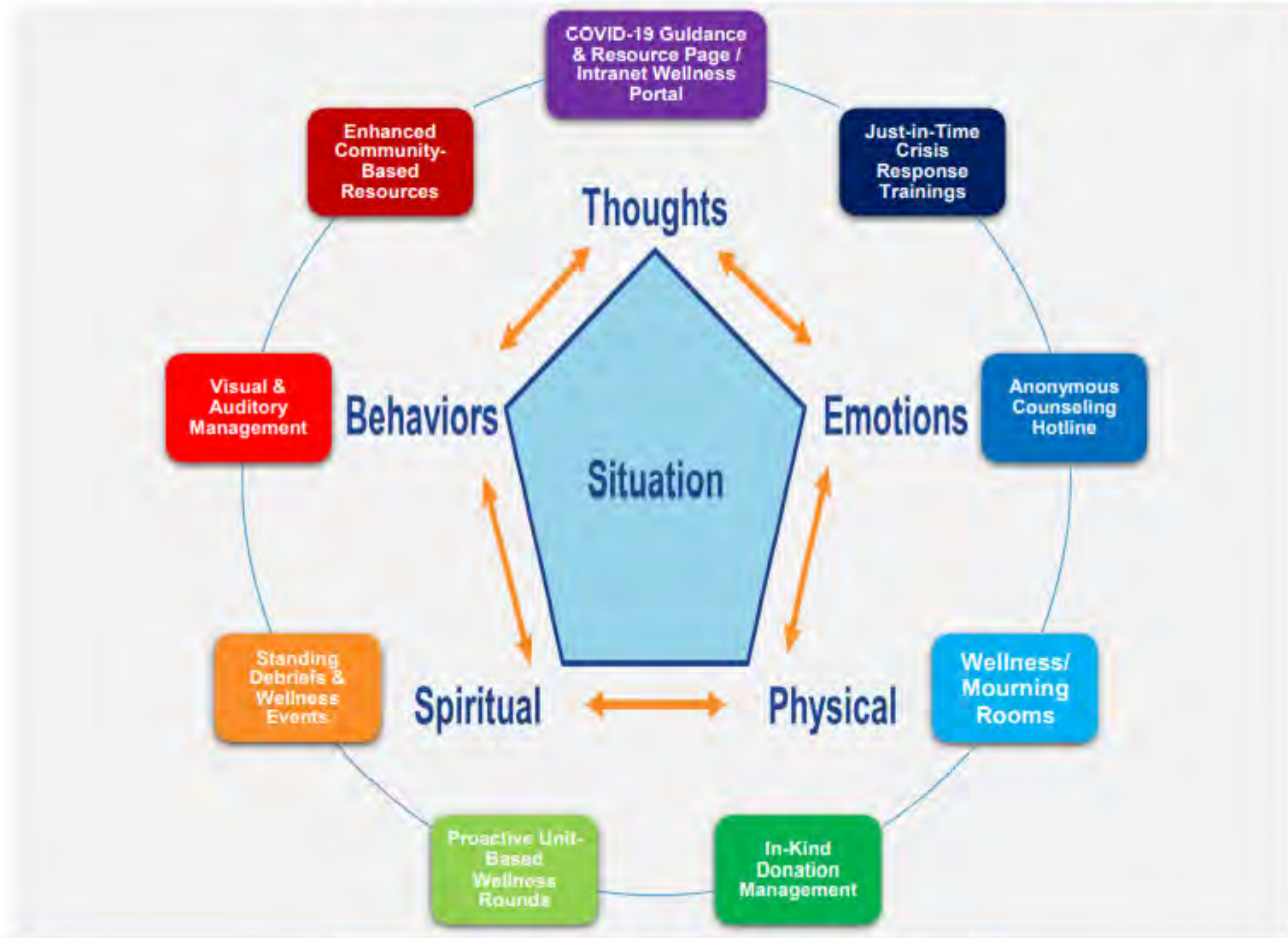
- Sometimes life is harder than we expected
- We experience deep loss (death of a parent or friend) or a life change (divorce, health)
- Requires additional support (some people seek counseling or spiritual guidance to learn additional coping skills, or medication)



## Disorder

- Mental disorders are also known as mental illness or psychiatric disorders: PTSD, Depression, Substance Use Disorder
- Mental disorders are brain disorders
- Assessed and treated by behavioral health clinicians with a variety of medications as needed

# H3 CRISIS RESPONSE TO WELLNESS



# H3 ALIGNING TO SIX DIMENSIONS OF WELLNESS



# COMBAT RESILIENCE BATTLE BUDDY



## **Largely Developed by the US Armed Forces**

It has shown to have a positive effect on confidence, morale, and commitment



## **A peer at work**

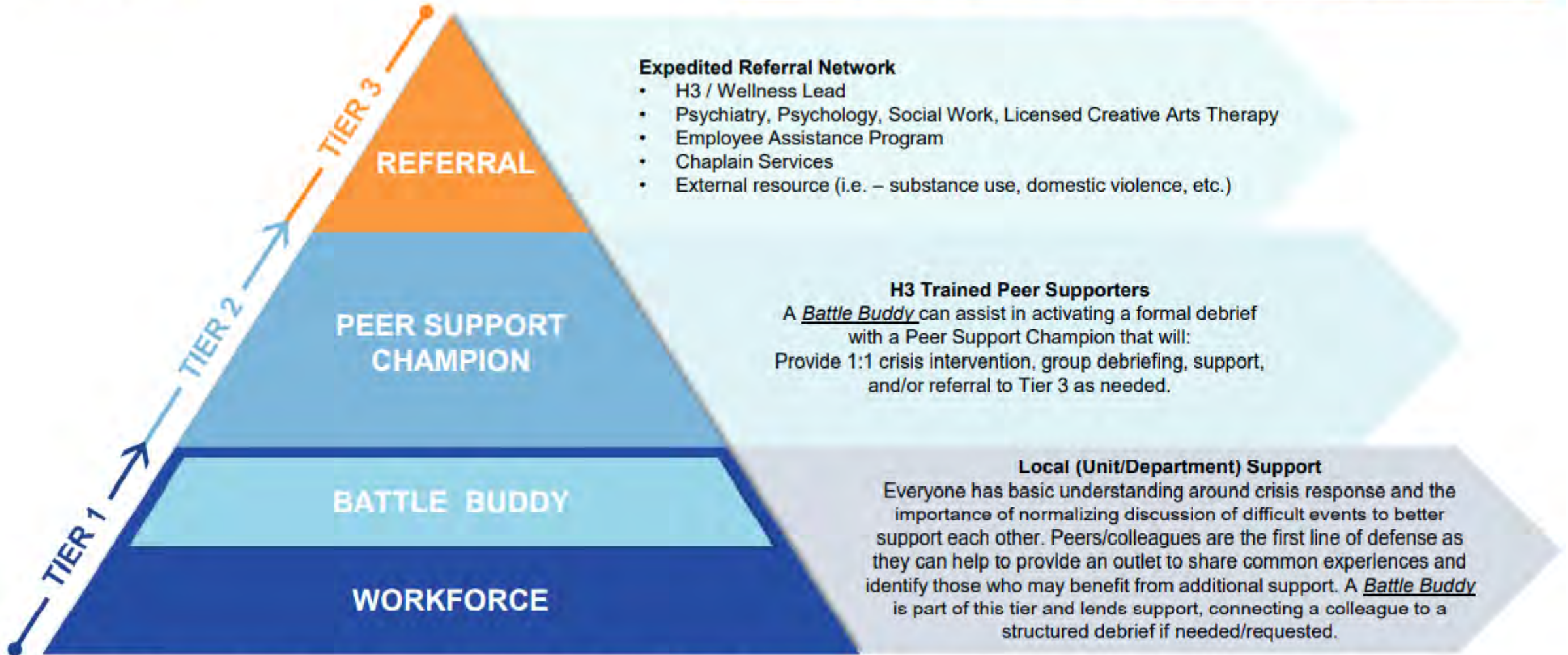
That can provide informal emotional and psychological support by acting as an outlet for a staff member to discuss their experiences, their worries, and their stressors



## **Ideally will be matched based on**

Shared work environment and similar level of experience and responsibilities. These shared characteristics help the BB relate to the staff member and their situation

# ADDED H3 RESPONSE LAYER



# SYSTEM MILESTONES

REFLECTION (MARCH – DECEMBER 2020)



Data Sources include End of Month Summary Forms, H3 Portal, Office of Behavioral Health (BH Hotline)



**WHERE ARE WE NOW**

## Welcome to Wellness!

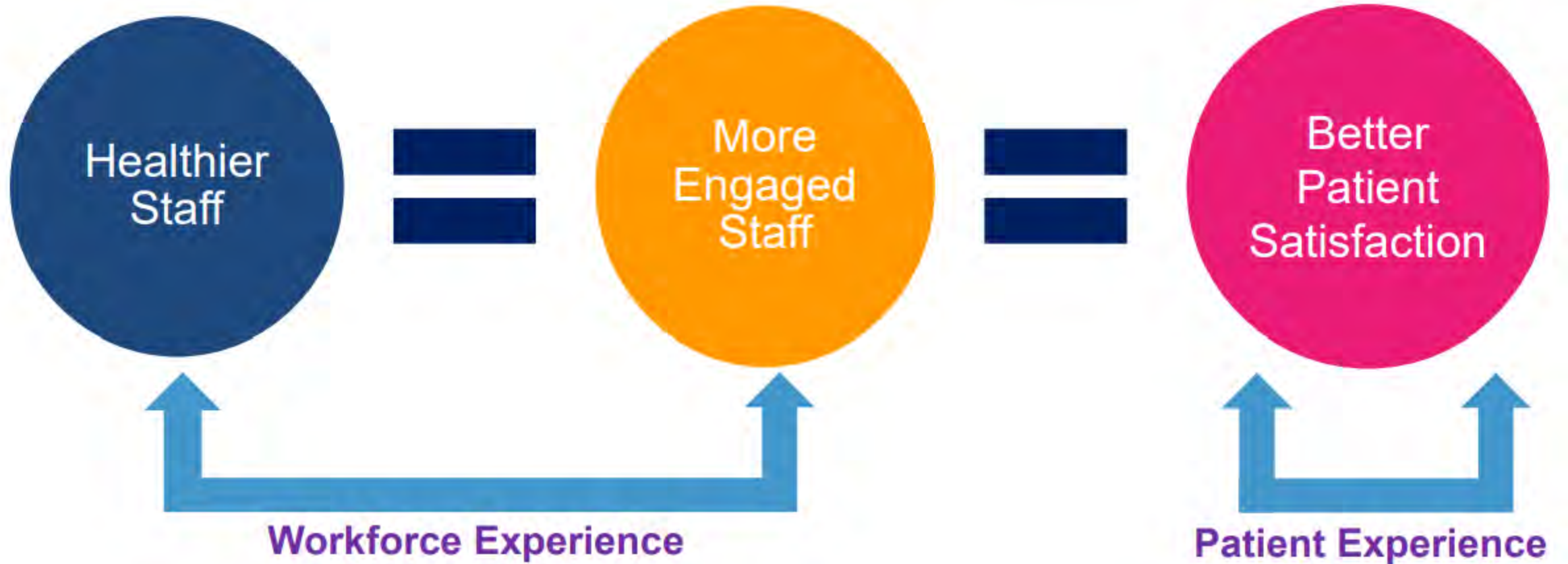
### What is Wellness?

Wellness is defined as an active pursuit of new life skills and becoming aware of and making conscious choices toward a balanced and fulfilling lifestyle. There are eight dimensions that contribute to a more successful existence.

The goal of wellness is to reach a state where you are flourishing and able to realize your full potential in all aspects of life, despite adversity.



# WHY PROACTIVE & PREVENTATIVE WELLNESS?



## Helping Healers Heal

Helping Healers Heal or H3, is the foundational infrastructure for enhanced wellness programming across all service lines of NYC Health + Hospitals to address emotional and psychological needs of all staff

## H3 Evolution

H3 holistic wellness programming has evolved over the last few years and continues to address the emotional and psychological needs of our staff through debriefs, including, but not limited to: acute reaction to unanticipated and adverse work-related events, reaction to stress, secondary, vicarious, complex, and collective traumatization, as well as compassion fatigue, and burnout

## 8 Dimensions of H3 Wellness



Emotional

Environmental

Financial

Intellectual

Occupational

Physical

Social

Spiritual

# 8 DIMENSIONS OF WELLNESS



## Resources

Emotional	Environmental	Financial	Intellectual	Occupational	Physical	Social	Spiritual
<ul style="list-style-type: none"> <li>Helping Healers Heal</li> <li>Workwell</li> <li>Anonymous Hotline</li> <li>COVID-19 Resource Page</li> <li>Mental Health Awareness Month</li> </ul>	<ul style="list-style-type: none"> <li>ICARE</li> <li>Diversity &amp; Inclusion</li> </ul>	<ul style="list-style-type: none"> <li>Employee Resource Center</li> <li>Information strategies for student loans, medical bills, spending, investments, &amp; savings</li> </ul>	<ul style="list-style-type: none"> <li>Workforce development</li> <li>JIT</li> <li>Professional improvement training</li> </ul>	<ul style="list-style-type: none"> <li>Wellness Rooms</li> <li>Transcendental Meditation</li> </ul>	<ul style="list-style-type: none"> <li>Workwell</li> <li>NYC EAP</li> </ul>	<ul style="list-style-type: none"> <li>Battle Buddy</li> <li>Staff Appreciation Events</li> </ul>	<ul style="list-style-type: none"> <li>Chaplains</li> <li>Spiritual Council</li> </ul>

**OUTCOMES &  
FUTURE STATE**

***"This is the first time in all our years of working that someone has come to our team after a trauma and asked how we were feeling and what we needed. This is truly amazing***

— Cathy & Donna, ADN & Attending Physician,  
H3 Encounter Participants

***"Underneath all of the titles, we are just human beings. There are a lot of wonderful people working together who are affected by our work, and we all need support."***

— Jonah, Attending Physician,  
H3 Encounter Participant

***"I knew I was having trouble... I wasn't sleeping or eating, but I kept trying to shake it off. I never expected help so quickly and certainly never on a Friday night at 8pm. You have no idea how much better I feel."***

— Caitlyn, Physician Assistant,  
H3 Encounter Participant

***"The fact that I could help a colleague made my day so much better."***

— Kevin, H3 Peer Champion & Head Nurse





## Proactive Unit-based Wellness Rounds

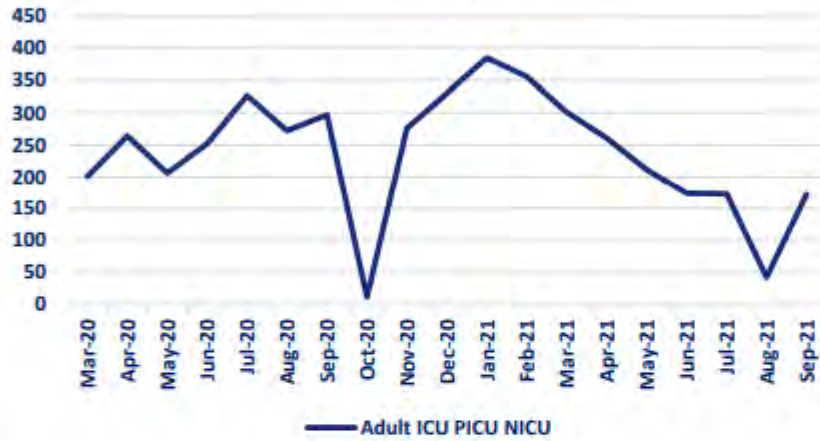


**Approximately 40,975 wellness rounds have been completed\***

*\*based on data submitted within End of Day/Monthly Summary Reports (from 3-17-20 until 9-30-21)*

# WELLNESS ROUNDS ACROSS SERVICE AREAS

**Adult ICU PICU NICU**



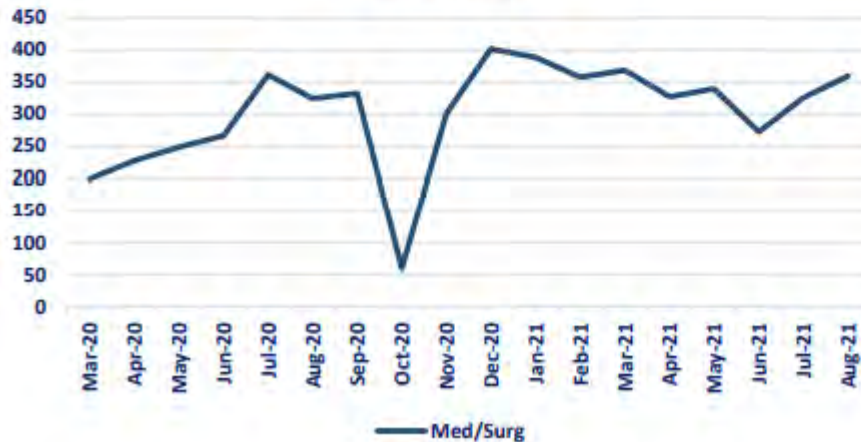
**Emergency Department**



**Labor and Delivery**



**Med/Surg**



**Other**

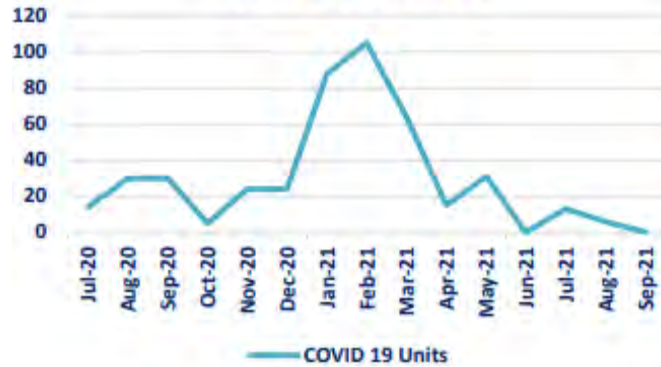


**Since the inception of Wellness Rounds, these units were being tracked for # of wellness rounds conducted.**

**\*Based on data from: March 2020 – Sept 2021**

# WELLNESS ROUNDS ACROSS SERVICE AREAS

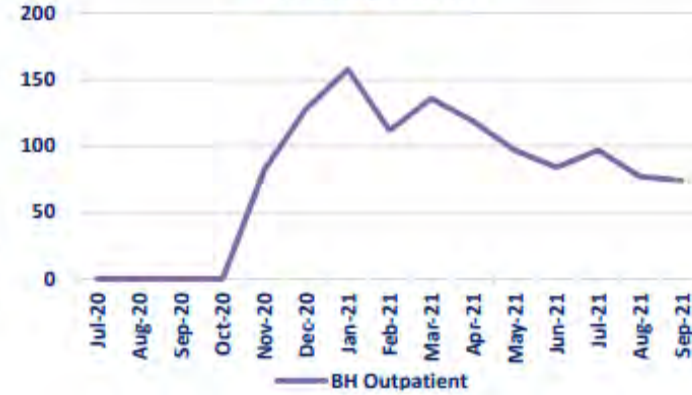
**COVID 19 UNITS**



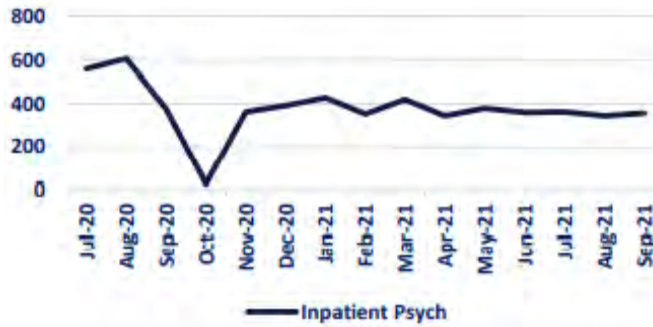
**Ambulatory**



**BH Outpatient**



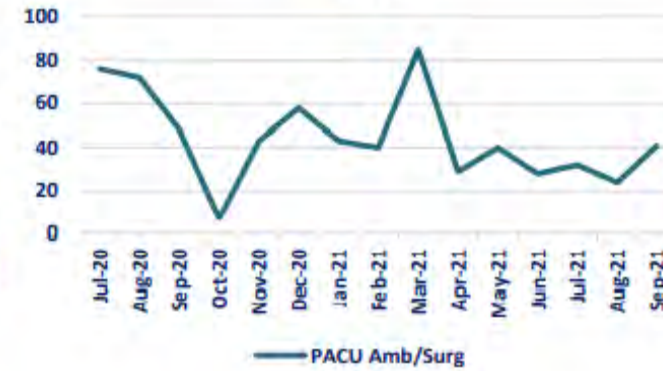
**Inpatient Psychiatry**



**Mother Baby Unit**



**PACU**



**Beginning July 2020, our dropdown menu included rounding on additional units**

**\*Based on data from: July 2020 –Sept 2021**

# WELLNESS ROUNDING

## Staff are experiencing burnout and compassion fatigue

60% of staff stated they were experiencing burnout & compassion fatigue. Most frequent S/S were burnout, always feeling tired, anxiety and dreading going to work

## Staff are more aware of H3 and their support offerings

76% of staff stated they were aware of H3 and their offerings. Staff noted that H3 Leads presence/check-ins, Respite Rooms, support at their department meetings and COVID website were most helpful

## Staff would like to work through their challenges by being creative and active

Staff expressed interest in deep breathing and decompression exercises, art/music therapy, team building, interpersonal skills, time/stress management, and physical exercise

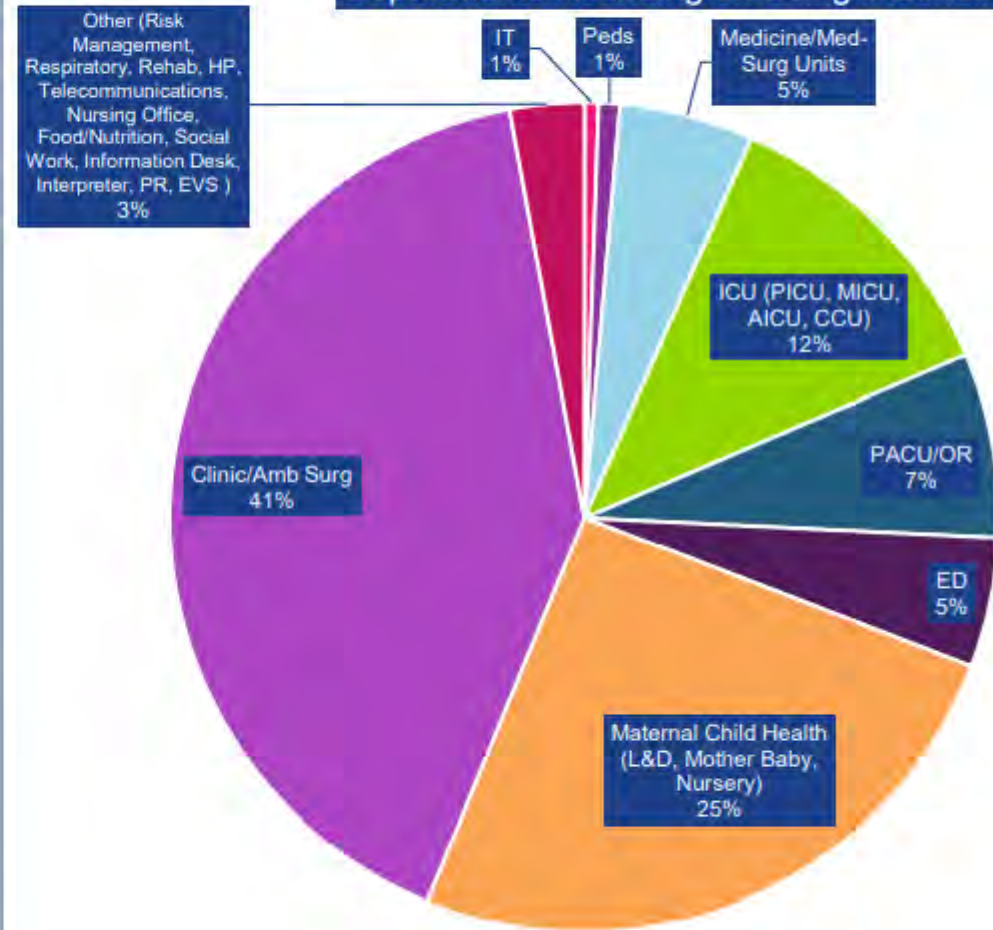
## Staff would like to feel appreciated and words of encouragement

Staff expressed they would like weekly emails of encouraging words as well as just feeling welcomed and appreciated for all they do  
Staff would also like organization in distribution of supplies

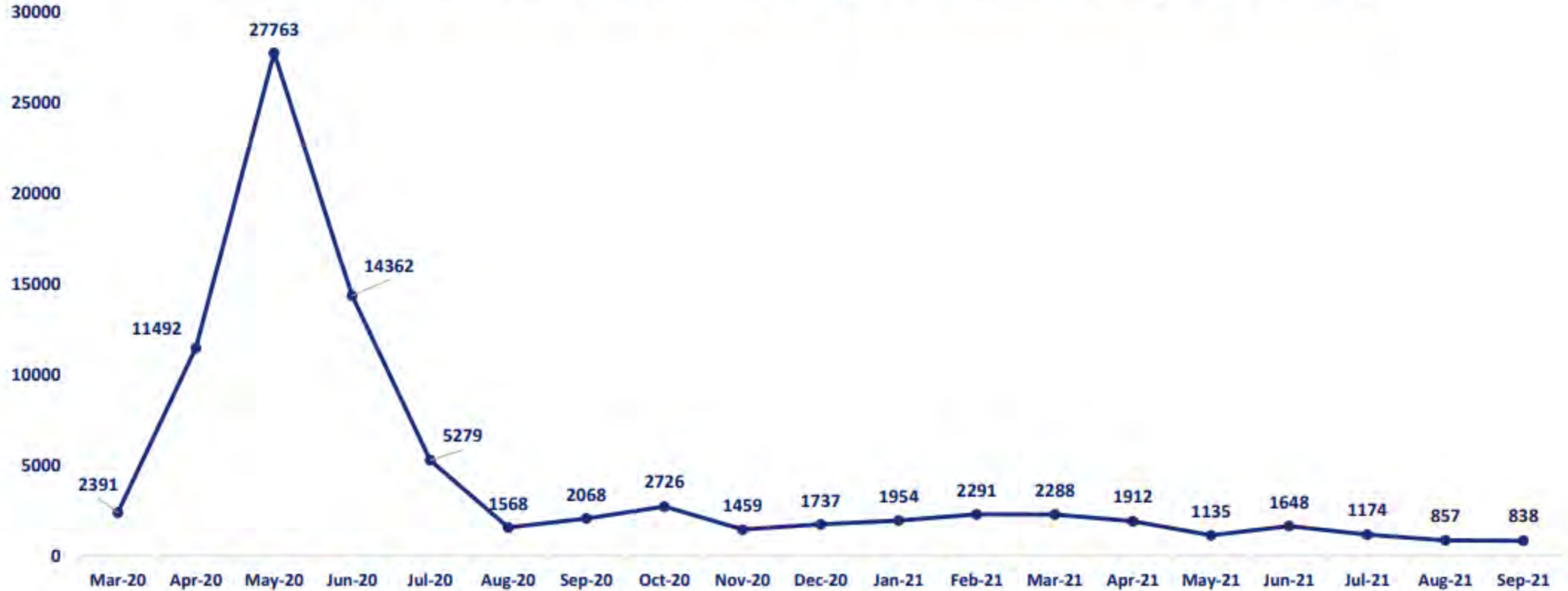
## Staff truly appreciate the Respite Rooms, snacks and water, frequent check-ins, having someone to talk to and listen to them

These resources were frequently expressed in regards to how we can help staff personally

Departments Rounding on Using iRounding Platform



## Estimated Number of Staff Visiting Wellness Areas (Per Month)

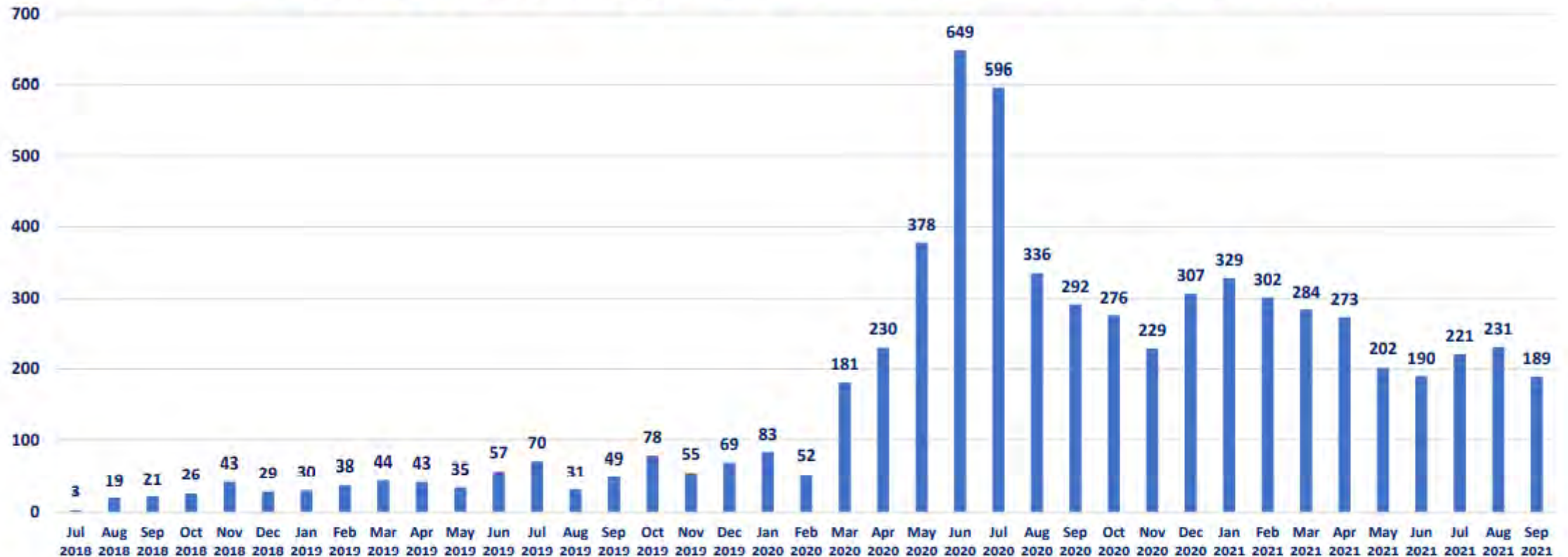


**Wellness areas have been visited approximately 84,942 times\***

*\*based on data submitted within End of Day/Monthly Summary Reports (from 3-17-20 until 9-30-21)*

# H3 DATA (JUN 2018 - SEP 2021)

## Number of Encounters (1:1s, Group Debriefs, Wellness Events)



**6,570+ Emotional Support Encounters\***

*\*based on data submitted via the intranet portal*

## NYC Health + Hospitals Wellness Scorecard – October 2021

Key Performance Indicators			Data			
Key Performance Indicators	Strategic Pillars	Data Definition	Current Month (Sep)	Previous Month (Aug)	3Q 2021 (Jul-Sep)	Cumulative (Jul 2018 – Sep 2021)
Visits to Wellness Rooms	Access to Care	Designated physical space that is visually enhanced to offer a satisfying opportunity for all staff to obtain temporary reprieve from work duties and enjoy a serene space for relaxation and rejuvenation, as well as connection with opportunities for debriefs	838	857	2,869	84,942
Wellness Rounds	Access to Care	Proactive and psychologically supportive discussion with staff that is regularly undertaken on units/service areas/departments	1,624	1,815	3,945	40,975
1:1 Peer Support	Culture of Safety	One-to-one interaction to serve as a touch point to connect with staff and to engage in order to normalize the consistent expression of emotional perceptions, offer informational resources and provide therapeutic support	67	107	253	2,445
Group Debrief	Culture of Safety	Group interaction that is conducted at the same day, time, and location in order to normalize the consistent expression of emotional perceptions, offer informational resources and provide therapeutic support to enhance coping and recovery through a traumatic event or experience. Standing debriefs can also be proactively supportive	103	104	309	3,413
Wellness Event	Culture of Safety	Formally structured event with a directive or experiential component facilitated by Peer Support Champions, licensed clinicians or those that specialize in nonverbal processes or art expression, as well as other H3 trained staff	10	10	30	347

## NYC Health + Hospitals Wellness Scorecard – September 2021

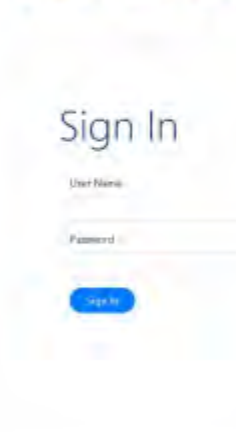
Key Performance Indicators			Data			
Key Performance Indicators	Strategic Pillars	Data Definition	Current Month (Sep)	Previous Month (Aug)	3Q 2021 (Jul-Sep)	Cumulative (Jul 2018 – Sep 2021)
Combined Wellness (1:1, Group, Wellness Event)	Culture of Safety	In some cases, there are wellness activities that are transformed from one wellness encounter type that spawns into another (e.g. – wellness event or group debrief that spawns 1:1 peer support)	9	10	49	365
# of Staff Reached	Culture of Safety	Total # of Staff that have participated in a 1:1, wellness event, group debrief, or combined activity	189	231	641	6,570
# of Peer Support Champions	Culture of Safety	# of active peer support champions	904	904	879	904
# of Peer Support Champions Trained	Culture of Safety	# of Peer Support Champions Trained	0	25	35	904
# of Battle Buddies across the System	Care Experience	# of voluntarily enrolled employees	2	0	578	578 (Nov 20 – Sep 21)



# UNIT-BASED WELLNESS TIMELINE

## IMPLEMENTATION PLAN





Welcome to  
Helping Healers Heal  
Portal

NYC HEALTH+ HOSPITALS | HELPING HEALERS HEAL PORTAL

Request Forms | All Requests | All Encounters | My Requests | My Encounters | Wellness Counts | Reports

Welcome! CHANNING THOMAS (BELLEVUE) Log Out

### All Submitted Requests

Total Requests	New	Contact Initiated
0	0	0
Assigned	Completed	Declined
0	0	0

Search: [ ] Facility: Bellevue Start Date: MM/dd/yyyy End Date: MM/dd/yyyy Search

All
  New
  Contact Initiated
  Assigned
  Completed
  Declined

Request ID	Facility	Submitted Date	Requestor Name	Requestor Email	Requestor Phone	Status	PC Champion	Initiate	Edit
Records not found.									

- Portal site is live and ready for use

- Training underway

New site includes: visual dashboard, advanced reporting, one stop shop for all H3 reporting (Wellness rounds, debriefs, events, requests and encounters)



# Helping Healers Heal

Helping Healers Heal or H3, is the foundational infrastructure for enhanced wellness programming across all service lines of NYC Health + Hospitals to address emotional and psychological needs of all staff.

[Learn about the Impact of the H3 Program](#)



## Wellness Programming

What is Helping Healers Heal?



## Wellness Rounds

Does H3 come to me?



## H3 Debriefs

How can I receive support for myself and what does that look like?



## Stress Continuum

How do I know that I'm stressed?



## Wellness Rooms

Where can I go to decompress?



## Self-Care Tools

What can I do for myself?



## Peer Support Champions

How can I get involved?



## 8 Dimensions of Wellbeing



## H3 Feedback Welcome

We welcome your thoughts, comments, and suggestions

[Click Here To Submit Your Feedback](#)



## H3 Portal

Visit the H3 Portal to submit or view Request Forms and Encounters.

[Click here to visit the H3 Portal](#)

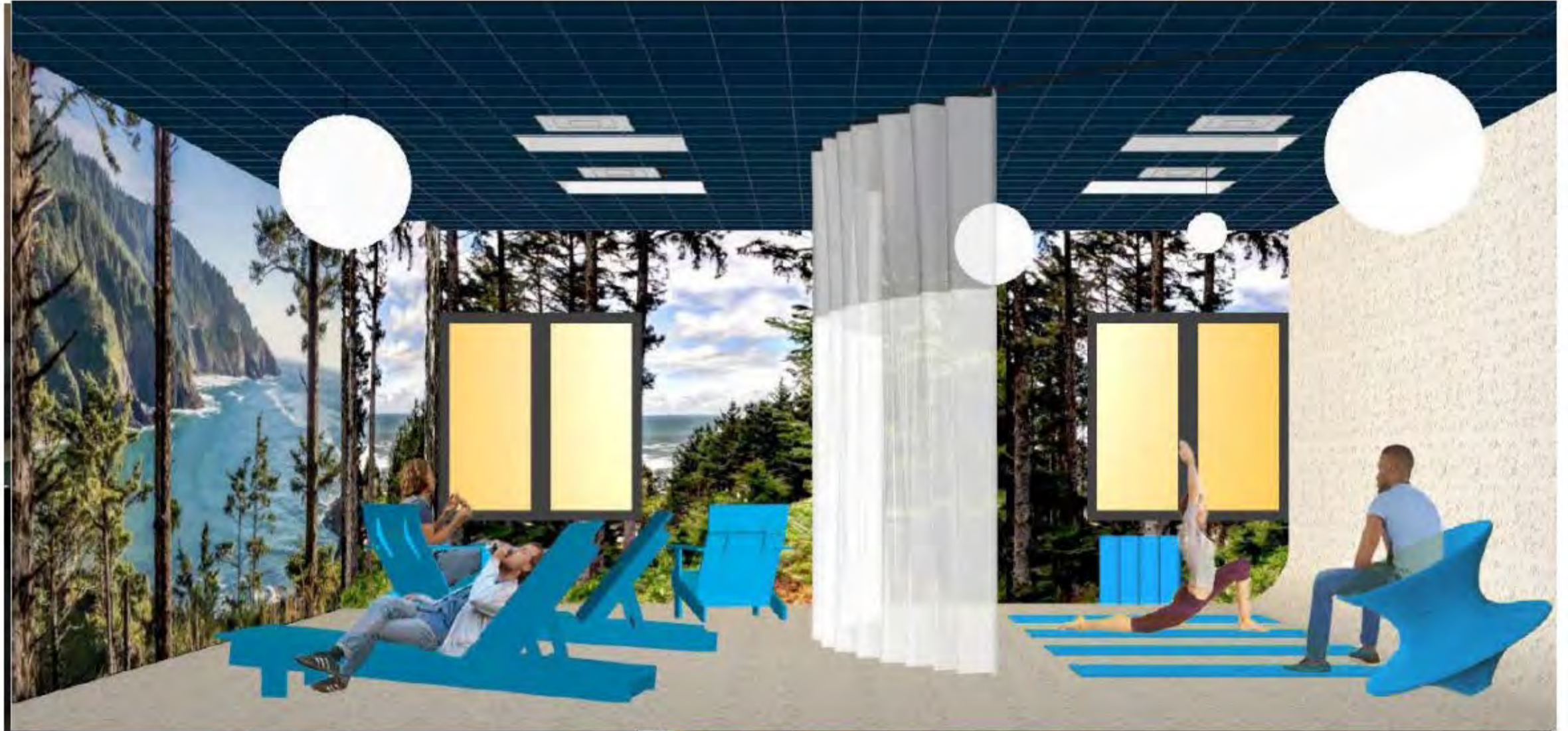


## H3 Peer Support Request

Receive support from your local H3 Team.



# FUTURE H3 WELLNESS ROOMS



# STRATEGIC GOALS & NEXT STEPS



# STRATEGIC WELLNESS GOALS AND TIMELINE

	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022
<b>Leadership/ Management Training</b>		H3 Training for leaders Manager Toolkit	Unit Wellness Lead		
<b>Optimizing H3</b>	H3 Portal Wellness Rounding	Wellness Hires			
	Wellness Room Improvements				
	Wellness Survey		Wellness Retreats		
	Happy or Not Meter				
<b>Ongoing Engagement</b>	Pulse Checks Stress Continuum Battle Buddy	Town Halls Virtual Support Groups Wellness Incentives		Behavior of the Month	
	Resident Debriefs				
<b>Competencies</b>	H3 Leads				
	Referral Policies	Peer Support Champions			
<b>Resource Building</b>	Tiered Support/Resources Support by discipline Transcendental Meditation	Learning Modules		Unit Based Wellness	
<b>Onboarding/ Ongoing Training</b>	Resident Training Resident GME/DIO Training	All Staff Orientation Formalized Recruiting Strategy	Facility/Unit Orientation Overnight Tour Trainings		
			Trainings by discipline		
<b>Role Definition</b>	Facility Wellness Steering Committee Facility Wellness Plans and Charters		Wellness Workgroup Development		
	Role Clarity for C-Suite	Leadership Toolkit			

Blue = Central  
Green= Workgroup  
Pink= Facility/Site

# LEARNING LESSONS



- Don't wait for "formal" approval or permission, this is part of all of our work
- Start small, scale up and spread when/if you can
- Failure is only a mindset, what is the worst thing that can happen?
- Accept the mess, it won't be perfect, there is no right or wrong with good intention
- You cannot please everyone – remember the mission & purpose
- Resistance to change is part of the process, don't get caught up on it, and start with those that you do not need to convince
- Once a few see the positive affects, impact, and reward others will join
- Focus on the small successes each day, one person that utilizes services could be a life saved
- It is okay to feel overwhelmed, that is par for the course of responsibility



**JUST DO IT**



- There will never be enough time, we will always be too busy and stretched thin
- Create the time and space, or no one will
- Rome wasn't built in a day, transformation takes years
- If you cannot take five minutes in your day, what is the real problem or root cause?
- Ask what kind of culture are you trying to establish; break the narrative
- Intentional small steps make big differences over time
- Roll well-being into day-to-day operations and preexisting forums



# INFRASTRUCTURE & COMMUNICATION

- Consistent cadence of meetings for alignment is needed
- The success of a wellness program cannot be contingent on the shoulders of only a few
- Champions and stakeholders should be identified across services, departments, disciplines, and specialties at multiple levels of the institution/organization
- A Steering Team should be established for communication, transparency, and accountability; it takes a village
- All levels of the organization can be engaged and we want to capture the voice of the “customer”; you don’t have to have all the answers
- Wellness program offerings are for all
- Establish a feedback loop for checks and balances (e.g. - workgroups, committees, etc.)



# START WITH THE HARD

- Short-term pain for long-term gain
- Find what will have the greatest impact and don't start with the surface
- You don't have to reinvent the wheel, use models that are already out there
- Defining and understanding thoughts and feelings will help staff to realize what they are experiencing and what services can support them
- Dimensions of wellness can be used as coping strategies and resources tied to thoughts, feelings, and experiences
- Grant permission and approval that wellness does not have to act or look one specific way
- Emotional and psychological safety will pave the way for everything else (e.g. culture change, programming, etc.)



# STRATEGY, GOALS, & DATA

- If we don't measure how will we know where we are, where we need to go, and how we are doing along the way?
- Data collection is important and doesn't have to sink the boat; think smarter not harder and prioritize what you can
- Only measure what you can be responsible for; make sure it is meaningful and manageable
- Continuous improvement is necessary as wellness is fluid with the times
- Workforce wellness is a blank canvas, whatever you have will always be enough and not enough at the same time
- Create a roadmap and self-direction plan for yourself, and stick to it with timelines while stretching if necessary
- Think big and celebrate when you get close to the target



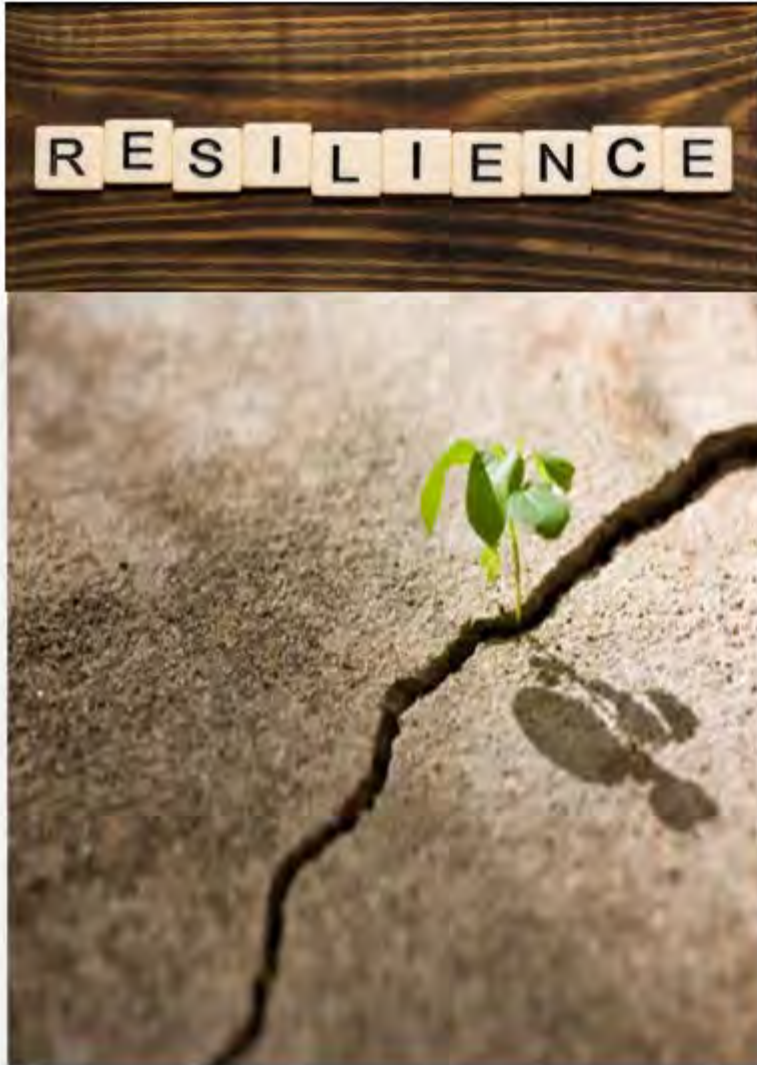
# SATISFACTION VS. WELL-BEING

- Wellness ≠ Satisfaction
- Working conditions have an impact on well-being and satisfaction, but cannot always be linked
- Wellness is not an ideal state, it is a journey
- We have to be able to work with the staff to identify and differentiate 'wants' versus 'needs'
- We do not have ultimate control over everything, and part of well-being is communicating limits and restrictions
- Recognition, kindness, and valuing others goes a long way and can assist with well-being and satisfaction at the same time
- Collaborate closely with HR, Labor, Legal, and various Councils



- Ensure that workforce wellness is part of your institution's strategic goals and align reporting in various governing body forums
- Measure for success (process, outcome, and balance)
- Have a sustainment plan in mind and continuously improve
- Meet people where they are – a “medicalized” approach is not always necessary
- “Micro-interventions” go a long way – examples include self-management tools, informal check-ins, recognition, music, meals, etc.
- Wellness is for everyone, be sure it is equitable across tours, departments, and disciplines
- Don't leave out administration as they deserve support, as well as can further advocate when they see the value
- Wellness is not the “flavor of the month” and “business as usual” is no longer the norm
- Self and social stigma to mental health issues must be addressed by the organization
- Dedicate time for staff to participate in wellness programming
- Wellness is all of our responsibility





- **Start talking about crisis response, traumatic stress, and spread the word that we are all human and are not invincible**
- **Monitor colleagues on an ongoing basis and continue to advocate for wellness and resilience programming**
- **Determine a way that you can make an individual difference**
- **If you have a personal story, share it with a colleague in need**
- **Begin to assess your own comfort level and ability to open up more emotion-based conversations in various settings**
- **Promote resources that are in place and vocalize the importance of building resiliency via training and empathy skill-building**
- **Evidence the impact wellness programming can have on individuals and healthcare systems**
- **Champion traumatic growth via emotional support debriefs and peer support programming**
- **Support the supporters and ensure management and leadership know their role**
- **Have one debriefer in every tour and department; roll it into operations**
- **Identify cheerleaders and supporters who you can collaborate with that will help you champion wellness**





Impact of H3 Program: [https://youtu.be/qw8cVWhq\\_s0](https://youtu.be/qw8cVWhq_s0)



Second Victim Story: <https://youtu.be/aazkTgsBXRw>



Mock Group Debrief: <https://youtu.be/TkUAUSTXmvc>



Helping Heal Healthcare Heroes:  
[https://www.nychealthheroes.com/video\\_helpingHealers.html](https://www.nychealthheroes.com/video_helpingHealers.html)

# STOP STIGMA, START HEALING





# Pediatric Disaster Mental Health

**New York City Pediatric Disaster Coalition**

**Emergency Preparedness Symposium**

**March 24, 2022**



# MICHAEL FROGEL, MD, FAAP



Dr. Michael Frogel is the Co-Principal Investigator NYC Pediatric Disaster Coalition and Chairman of the National Pediatric Disaster Coalition

He has served as the Medical Director of the Pediatric Disaster Mental Health Intervention, Americares Grant, Maimonides Infants and Children's Hospital/American Academy of Pediatrics. This was established as a model training program for pediatric primary care providers in Pediatric Disaster Mental Health. It was successfully utilized in disaster zones including Super-Storm Sandy and Tornadoes in Oklahoma City.

Dr. Frogel is a recognized local, national and international expert in Pediatric Emergency and Disaster Preparedness. He frequently lectures on the topic worldwide.



# Children Today (United States)

- Estimated 78 million people less than 18 years of age
- Roughly 25% of the population
- Largest vulnerable population
- Disabled children
- Tech dependent children
- 16% living at or near the poverty level\* vs 11% adults
- Environment and Response provided by adults

\*Children's Defense Fund 2020 report

**But the challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating.**

\*Surgeon's General Report on Youth Mental Health 12-21



# Children are different!

## Anatomical

Dehydration, shock, types of injury, >chemical weapons risk, decon- hypothermia

## Terror Related Injuries are Different

Blast Lung, intra-abdominal, CNS, Shrapnel, Vascular



## Psychological Response

Mirror parent's illness  
Increased ASD, PTSD

## Developmental Difference in response by age group

## Psychosocial Response

Parent Dependent  
Depend on others

## Immunological/ID

Influenza, smallpox, Zika, Coronavirus (MISC)





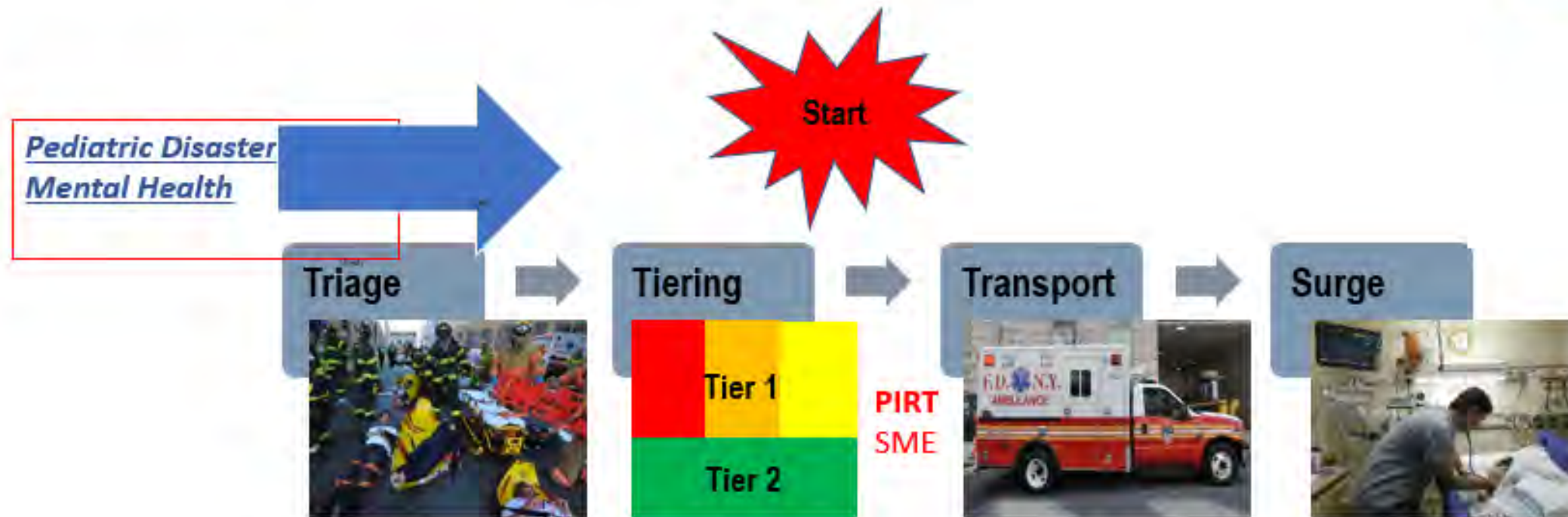
# NYC Pediatric Disaster Coalition



- Established in 2008 to prepare NYC for a catastrophic pediatric mass casualty event
- Funded by the Department of Health and Human Services, Assistant Secretary for Preparedness and Response via the NYC Department of Health
- Our Membership/Liaisons Includes:
  - NYC pediatric general and specialty hospitals
  - Pediatric Community Healthcare providers
  - Pediatric Long-Term Care Facilities
  - NYC Fire Department EMS
  - NYC Emergency Management
  - NYC Department of Health and Mental Hygiene
  - and more...



# NYC Pediatric Disaster Plan



The PDC and their collaborative planning team created a comprehensive Draft Pediatric Disaster Plan from the onset of the event and first response through pediatric intensive care surge. **It is essential to consider and address the disaster mental health impacts from the outstart**

# Planning is a Continuous Process



# Potential child/family challenges due to COVID-19 or other large scale infectious disease outbreak:

- Death of a family member or friend (150,000)
- Feeling as your life or the lives of loved ones are in danger
- Serious illness of loved ones
- Previous illness from COVID-19 or other infectious disease
- Worrying about becoming sick in the future
- Inability to get basic supplies (eg. food)
- Unable to see friends or peers on a regular basis
- Depression, anxiety, bereavement or other mental health issue
- Isolation from society due to quarantine
- Loss of exercise or weight gain
- Loss of jobs
- Loss of normal routine or daily functions
- Financial issues
- Substance abuse
- School closures
- Domestic abuse

## Common reactions of children during COVID-19 or other large scale infectious disease outbreak:

- Worries and fears (constantly thinking over and over about what has happened and what might happen next)
- **Sadness or depression**
- Acting younger than their age
- **Withdrawal**
- Loneliness
- Not sleeping or bad dreams
- Having difficulty focusing or with attention
- Not finishing tasks
- **Easily upset or angry (Acting Out)**
- Increased behavioral issues
- **Thoughts or harming themselves or others**

# PEDIATRIC DISASTER MENTAL HEALTH

## COVID-19 Impact on Children beyond physical illness

- Loss of Education
  - Loss of Social Interaction
  - Disruption of Family
  - Disruption of Routine Activities
  - Stress
  - Death of Family member/parent
- **Increased:**
    - Suicide
    - Anxiety
    - Depression
    - Child Abuse
    - Domestic Violence
    - Drug, Alcohol Abuse
    - Motor Vehicle Accidents
    - **PICU/ED overload**
    - **Lack of Mental Health Resources**

# Adults Working with Children and Teens

## **When Disaster Strikes**

- As a parent or guardian, you set limits and teach values as you guide children and teens into adulthood. You don't expect them to face life's challenges in the same way that you do. You want to protect them and help them learn about the world outside of your control.
- This responsibility is challenging and, at times, stressful. Now think about how important your role becomes when disaster strikes your community. As a parent with your own children or as an adult caring for other children, you know how young people will look to you as the person in charge. They want to believe you are in control, know what to do, and will protect them.
- So, how will you respond in those hours and days after a disaster? What can you do to comfort the children in your care?

## **Psychological First Aid in Situations with Children and Teens**

- Children and teens often react based on cues they pick up from the adults around them. Though, you cannot always predict how a child or teen will react to what he sees or experiences. Even if you are calm, confident and in control, you should anticipate that children may experience a range of reactions based on their age, family stability, physical and mental health, past traumatic experiences, and whether or not they have been separated from their parents or guardians.



# When Disaster Strikes

- Covid 19 is reaching epidemic proportions throughout your county. The local public health director has declared a health emergency, placing all hospitals, clinics, and medical providers on high alert. With the national concern and publicity about Covid 19 , you know that your healthcare facility will be overwhelmed with people, some with actual symptoms and many who are worried that they have been exposed to the flu.
- Individuals who are sick will be encouraged to stay home from work and social activities. Parents will stay home to care for their children or older family members who are sick. Many doctors, nurses, and healthcare staff will be exposed to the sick and dying and may get sick themselves. Staffing levels will be reduced; resources will be stretched; stress levels will be high. You know that it will take more than medical expertise to maintain an effective and organized environment and to perform essential job tasks.

## Psychological First Aid in Healthcare Settings

- Your background and training tell you that in times of crisis it is imperative to keep people calm and to provide support to co-workers, patients, and family members who are experiencing high levels of stress and uncertainty.
- People may find themselves overwhelmed by the magnitude and complexity of issues and problems they must face in trying to work, care for family members, understand the treatment options available to them, and get effective medical services, all within a healthcare system that is overwhelmed by the demand placed upon it by the influenza epidemic.

# PFA

- No matter what the circumstances or the reactions are, it is important to provide comfort and assurance. Children and teens will need to know that they are safe and surrounded by adults who care about them.
- Psychological First Aid (PFA) is a way to give emotional support and help to youth of any age, ethnic and cultural heritage, and social and economic background in the immediate aftermath of disaster.
- You can use PFA to meet the basic needs of people in stressful situations, no matter what the differences are among them. PFA will provide you with basic strategies to help people cope with their pressing concerns and needs in the days and weeks after the disaster.

# Pediatric Psychological First Aid

## The eight *PFA* Core Actions include:

- **Contact and Engagement:** To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.
- **Safety and Comfort:** To enhance immediate and ongoing safety. Provide physical and emotional comfort.
- **Stabilization (if needed):** To calm and orient emotionally overwhelmed or disoriented survivors.
- **Information Gathering on Current Needs and Concerns:** To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.
- **Practical Assistance:** To offer practical help to survivors in addressing immediate needs and concerns.
- **Connection with Social Supports:** To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.
- **Information on Coping:** To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
- **Linkage with Collaborative Services:** To link survivors with available services needed at the time or in the future.

# Skills for Psychological Recovery

- **Gathering Information and Prioritizing Assistance** helps survivors to identify their primary concerns and to pick the SPR strategy to focus on.
- **Building Problem-Solving Skills** teaches survivors the tools to break problems down into more manageable chunks, identify a range of ways to respond, and create an action plan to move forward.
- **Promoting Positive Activities** guides survivors to increase meaningful and positive activities in their schedule, with the goal of building resilience and bringing more fulfillment and enjoyment into their life.
- **Managing Reactions** helps survivors to better manage distressing physical and emotional reactions by using such tools as breathing retraining, writing exercises, and identifying and planning for triggers and reminders.
- **Promoting Helpful Thinking** assists survivors learn how their thoughts influence their emotions, become more aware of what they are saying to themselves, and replace unhelpful with more helpful thoughts.
- **Rebuilding Healthy Social Connections** encourages survivors to access and enhance social and community supports while keeping in mind the current post-disaster recovery circumstances.

# For Providers: Take care of yourself

## **Self Care**

- Try exercising or other physical activity to relieve stress.
- Engage in helpful, productive activities that are satisfying and useful in the situation.
- Follow the advice you would give others.
- Manage your own reaction when faced with emotional outbursts from others or your own impacts by:
  - Speak with members of your team
  - Seek professional help when needed

## **Difficult Encounters**

- Remaining quiet and calm.
- Avoiding the temptation to engage in a shouting match.
- Acknowledging the person's point of view.
- Disengaging and respectfully walking away from the person if you are being insulted or threatened.
- Contacting law enforcement personnel if you feel that you are in danger.

# Strategies forward

- Screen all children for behavioral/mental health issues during and after disasters (include primary care and schools)
- Triage and refer high risk patients for evaluation and treatment
- Provide adequate resources for emergencies including alternate care sites
- Provide disaster mental health response teams from scene through hospital, that have adequate staffing
- Setup Family Mental Health Operation Centers with Reunification services
- Provide Long Term Follow-up
- Build Resiliency
- Train Providers In Pediatric Screening, PFA and other Disaster Mental Health Tools

# Resources

- **The National Child Traumatic Stress Network (NCSTN):** provides evidence informed intervention designs to put in place after a disaster, terror event, and other emergencies. The following is a tip sheet to help parents with infants and toddlers after a disaster. The site has extensive material on all aspects of pediatric disaster mental health including pediatric psychologically first aid, bereavement counseling etc.
- Give kids age related information, consider using <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources>
- [https://www.nctsn.org/sites/default/files/resources/pfa\\_parent\\_tips\\_for\\_helping\\_infants\\_and\\_toddlers\\_after\\_disasters.pdf](https://www.nctsn.org/sites/default/files/resources/pfa_parent_tips_for_helping_infants_and_toddlers_after_disasters.pdf)
- **The Behavioral Health Toolbox for Families:** is a comprehensive toolbox created by the Washington State DOH for families specific to the COVID-19 pandemic to help support children and teens during the pandemic. It includes: self-care recommendations, detailed coping strategies, recognizing behavioral changes, and additional resources.
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/BHG-COVID19-FamilyToolbox.pdf> Guided Breathing and Relaxation for Teens
  - <https://kidshealth.org/ChildrensHospitalWisconsin/en/teens/relax-breathing.html>
- Guided Imagery for Children
  - <https://www.choc.org/programs-services/integrative-health/guided-imagery/>
- [http://www.talesfromthelilypad.com/AAP\\_interim\\_guidance\\_on\\_children's\\_emotional\\_and\\_behavioral\\_health\\_during\\_the\\_pandemic](http://www.talesfromthelilypad.com/AAP_interim_guidance_on_children's_emotional_and_behavioral_health_during_the_pandemic)
- [Information for parents from HealthyChildren.org on mental health during the pandemic](#)
- [Information for parents from HealthyChildren.org on childhood grief](#)
- **NY Project Hope, Coping with COVID** was created to provide resources for New Yorkers including an Emotional Support Helpline. They have a section specific to children and family members that includes: recognizing and coping with stress for children and adolescents, talking with children and adolescents, and how parents can help.

<https://nyprojecthope.org/recognizing-coping-with-stress-for-children-and-adolescents/>

[For More Detail: Appendix A below](#)





# Thank You for your Time!

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# Appendix A

- Additional Information
  - Surgeon General Advisory Youth Mental Health
  - Elements of PFA
  - Health Providers PFA

# Surgeon General Advisory Youth Mental Health

- Every child's path to adulthood—reaching developmental and emotional milestones, learning healthy social skills, and dealing with problems—is different and difficult. Many face added challenges along the way, often beyond their control. There's no map, and the road is never straight.
- **But the challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating.**
- Recent national surveys of young people have shown alarming increases in the prevalence of certain mental health challenges— in 2019, one in three high school students and half of female students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009. We know that mental health is shaped by many factors, from our genes and brain chemistry to our relationships with family and friends, neighborhood conditions, and larger social forces and policies. We also know that, too often, young people are bombarded with messages through the media and popular culture that erode their sense of self-worth—telling them they are not good looking enough, popular enough, smart enough, or rich enough. That comes as progress on legitimate, and distressing, issues like climate change, income inequality, racial injustice, the opioid epidemic, and gun violence feels too slow.
- And while technology platforms have improved our lives in important ways, increasing our ability to build new communities, deliver resources, and access information, we know that, for many people, they can also have adverse effects. When not deployed responsibly and safely, these tools can pit us against each other, reinforce negative behaviors like bullying and exclusion, and undermine the safe and supportive environments young people need and deserve.

# Surgeon General Advisory Continued.

- All of that was true even before the COVID-19 pandemic dramatically altered young peoples' experiences at home, at school, and in the community. The pandemic era's unfathomable number of deaths, pervasive sense of fear, economic instability, and forced physical distancing from loved ones, friends, and communities have exacerbated the unprecedented stresses young people already faced.
- It would be a tragedy if we beat back one public health crisis only to allow another to grow in its place. That's why I am issuing this Surgeon General's Advisory. Mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable. This Advisory shows us how.
- To be sure, this isn't an issue we can fix overnight or with a single prescription. Ensuring healthy children and families will take an all-of-society effort, including policy, institutional, and individual changes in how we view and prioritize mental health. This Advisory provides actionable recommendations for young people and their families, schools and health care systems, technology and media companies, employers, community organizations, and governments alike.
- Our obligation to act is not just medical—it's moral. I believe that, coming out of the COVID-19 pandemic, we have an unprecedented opportunity as a country to rebuild in a way that refocuses our identity and common values, puts people first, and strengthens our connections to each other.
- If we seize this moment, step up for our children and their families in their moment of need, and lead with inclusion, kindness, and respect, we can lay the foundation for a healthier, more resilient, and more fulfilled nation.

# Surgeon General Report

- As we learn the lessons of the COVID-19 pandemic, and start recovering and rebuilding, we have an opportunity to offer a more comprehensive, more fulfilling, and more inclusive vision of what constitutes public health. **And for a generation of children facing unprecedented pressures and stresses, day in and day out, change can't come soon enough.**
- It won't come overnight. Many of the recommendations offered in this Advisory require structural buy-in and change.
- **But everyone has a role to play in combating this mental health pandemic. Without individual engagement, no amount of energy or resources can overcome the biggest barrier to mental health care: the stigma associated with seeking help. For too long, mental and emotional health has been considered, at best, the absence of disease, and at worst, a shame to be hidden and ignored.**
- If we each start reorienting our priorities to create accessible space in our homes, schools, workplaces, and communities for seeking and giving assistance, we can all start building a culture that normalizes and promotes mental health care.
- This is the moment to demand change—with our voices and with our actions.
- **Only when we do will we be able to protect, strengthen, and support the health and safety of all children, adolescents, and young adults—and ensure everyone has a platform to thrive.**

## Elements of PFA

- Reach out to those who need help and provide comfort care.
- Make certain that children and teens in your care are safe and out of harm's way.
- Offer immediate assistance to distressed individuals by looking for ways to keep them comfortable (e.g., providing blankets and water or directing them to a place to sit).
- Convey that you are there to help and that you care.
- Stay close to them; make sure they can see you or another adult who is in charge at all times.

### Recognize basic needs and support problem-solving.

- Get them something to eat and drink, if they are hungry or thirsty.
- Be prepared to accompany them to nearby bathrooms, ensuring their safety in unfamiliar environments.
- Help them clean up and change into fresh clothes.
- Be patient with them. Be prepared to explain things more than once.
- Assume a position at eye level when you address youngsters. Use words they can understand.
- [Arrange activities that will keep them engaged and helpful, such as recreational activities or helping out in an evacuation shelter while they wait to return home.](#)
- Recognize and attend to their medical conditions.
- Locate their parents or guardians as soon as the situation allows it.

### Validate feelings and thoughts.

- Listen and hear what children and teens have to say by being fully present and attentive.
- [Allow them to talk as little or as much as they care to. Try not to push too hard to get them to talk about what happened or how they are feeling.](#)
- Avoid the temptation to judge the rightness or wrongness of their reactions; just accept their thoughts and feelings for what they are.

### Provide accurate and timely information.

- Provide accurate information in response to their questions as soon as you can or have the information available to you.
- Treat all questions seriously and offer truthful answers.
- Avoid the temptation to ignore questions that seem unimportant to you.
- Gauge the amount of information the child can understand; wait until he or she asks a question before providing details of the situation.

### Connect children with support systems.

- Reunite them with family members.
- Facilitate spiritual practices as practiced in your family or as desired and requested by children and teens in your care.
- Contact medical professionals who can help with physical conditions and medication needs.
- Consider seeking help from mental health professionals, especially if they exhibit risky or dangerous behaviors or ask to see a counselor.

### Provide education about stress responses.

- [Help them to understand the stress they may be experiencing in response to the situation will lessen with time.](#)
- Exercise caution that you don't minimize their reactions.
- Seek help from medical or mental health professionals to understand more about stress responses.

### Reinforce strengths and positive coping strategies.

- [Make it possible for them to get back to routine activities as soon as practical.](#)
- Help them choose healthy foods and minimize the amount of junk food they eat.
- Help them achieve a regular sleep pattern.
- Encourage physical activities and combine these activities with useful tasks.

### Take care of yourself.

- [Get enough rest and eat healthy foods.](#)
- [Pay attention to your own stress responses.](#)
- [Seek out family and friends for](#)

## Health Care Providers: PFA

### Reach out to those who need help and provide comfort care.

- Let individuals know you are concerned about them and describe how you may be able to help.
- Make eye contact and determine the person's comfort level with you as a helper. Be aware that some people are not comfortable asking for help.
- Speak slowly and clearly. Allow the person to speak without interruption.
- Protect the person's privacy by keeping your conversation from being overheard.
- Avoid making promises you will not be able to keep.
- Make certain that you, your co-workers, and patients understand and practice the facility's hygiene and infection control procedures.
- Offer immediate assistance to distressed individuals by looking for ways to keep them comfortable (e.g., providing blankets and water or directing them to a place to sit).
- Provide an interpreter or translator when necessary and be sensitive to cultural and ethnic needs.

### Recognize basic needs and support problem-solving.

- Determine and coordinate activities that will keep co-workers engaged and helpful to each other.
- Be tolerant and patient. You may need to explain things more than once.
- Help your co-workers contact their family members and childcare providers.
- Assist them in finding resources to care for their pets.
- Help individuals get transportation to and from the hospital.
- Facilitate information sharing between healthcare providers and families of patients.
- Identify what an individual's specific needs are and help him or her develop a plan of action.
- Be specific and concrete, Focus on one task at a time.

• Mark Wolfe/FEMA Photo

### Provide accurate and timely information.

- Provide accurate information in response to questions as soon as you can.
- Treat all questions seriously and offer truthful answers.
- Avoid the temptation to ignore questions that seem unimportant to you.
- Connect individuals with the resources that can provide the answers to their questions.

### Connect individuals with support systems.

- Encourage co-workers to stay connected with their family members.
- Help families to provide support and care for loved ones who are hospitalized.
- Facilitate spiritual practices by connecting patients, co-workers and their family members with spiritual leaders and practitioners.
- Seek help from mental health professionals, especially if individuals exhibit risky or dangerous behaviors or request to see a counselor.

### Provide education about stress responses.

- Help patients, co-workers, and their family members to understand the stress they may be experiencing in response to the situation will lessen with time.
- Encourage individuals to seek help from a family physician or mental health professional.
- Exercise caution that you don't minimize a person's reactions.

### Reinforce strengths and positive coping strategies.

- Encourage patients, co-workers, and their family members to get back to routine activities as soon as practical.
- Suggest that individuals choose healthy foods and minimize the

### Validate feelings and thoughts.

- Listen and hear what individuals have to say about the current situation by being fully present and attentive.
- Allow them to talk as little or as much as they care to. Try not to push too hard to get them to talk about what happened or how they are feeling.
- Avoid the temptation to judge the rightness or wrongness of their reactions.

# Anticipate Plan Cope

- Based on the extensive number of challenges to the family and the child it is imperative to choose and define the challenges that are most applicable to your family/child.
- Think through the top challenges your family and child is impacted by
- Choose one at a time to focus on
- The challenge should be specific (e.g. Need to decide about school for when I work) and not general (e.g. Problems with school)
- Write this challenge down
- Know that constant changes are challenging
- Coping fatigue is possible when a prolonged situation such as an infectious disease outbreak (e.g. COVID-19) is occurring and it feels there is no end in site
- By following the Anticipate.Plan.Cope model you can build family coping
- Your plan should be individual and unique for your situation
- Due to the number and volume of the challenges stress is to be expected. By planning ahead for stress you can better manage it. Therefore, it is important to write down the stress reactions you have felt and those that you have observed from your child and family. What are your top stressors?



# Anticipate Plan Cope

- In response to these challenges and stressors coping will be the key to effectively managing and overcoming the hardship.
- Coping overview:
- Build on success – What has worked well for you in the past to cope with a crisis? Write these success down (Active coping is facing challenges head on) Some common examples include:
  - Taping into social support (people you can count on)
  - Accessed faith traditions
  - Asked others for their input
  - Took a break
- Brainstorm new ideas that you believe may work. Examples of active coping tools are included below (note these applications can be downloaded). You are encouraged to try these and assess how well they work for your family's needs.
  - Mindfulness Coach: How to relax and distress: Mindfulness and breathing exercise
  - Mood Coach: Managing sadness, depression and loss
  - PTSD Coach: Managing traumatic stress
  - Insomnia Coach: Help with difficulty sleeping
- Utilize your social support network
  - Who are the people in your family's support system?
  - Plan regular times or touch base safely (e.g. phone or video such as Zoom)
  - Prepare to give and receive support. You have the power to both ask for support and to be there for others.

# Anticipate Plan Cope cont.

- Select a trusted go-to source for the changing health information you need to access. Information can change quickly and be confusing. The following are suggested ways to help cope with changing information:
    - Expect information to change
    - Decide regular times to get the news
    - Decide how long you will watch
    - Plan a time and length of time to watch and stick to your plan
    - List the official sources you will use
    - Give kids age related information, consider using <https://www.nctsn.org/what-is-child-trauma/trauma-types/disasters/pandemic-resources>
  - Note: Following these steps may help reduce information overload.
  - Once your expected challenges and coping methods are identified you should link the two together to make sure they match. Going back and reviewing your plan is perfectly acceptable and encouraged. Consider if anything has changed and most importantly ensure your active coping strategies align with your challenges. Continue to monitor for challenges going forward and add any concerns you may have to a list. When a challenge emerges this means it's time to create or launch your coping plan utilizing this model.
- \*\*Source\*\***
- Schreiber, C., levers-Landis, C., Gupta, S., Stout, C., Bethany, C., Williams, E., Chanice, M., & McGuire, T. (n.d.). *Anticipate.Plan.Cope Building a Family Resilience Map*. Western Regional Alliance for Pediatric Emergency Management. Retrieved February 28, 2022, from <https://wrap-em.org/index.php/mentalhealth>

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# Questions?



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