



EMIRATES FLIGHT 203

Wednesday, September 5th 2018

Presented at
NYC Healthcare Coalition
Leadership Council Meeting
Thursday May 30, 2019

Nick Caputo
Assistant Director
Pre-Hospital Care &
Emergency Management

EK 203

- Airbus 380
- Dubai to JFK – Scheduled arrival 8:50 AM (14 hour flight)
- 521 Passengers - 37 Crew

Timeline

- 0805 - Initial notification to CommCtr from PAPD stating 2 passengers sick with fever – 100 passengers coughing. Flight is approximately one hour out from JFK.
- 0815 - Internal EM and ED notifications and conversations taking place.
- 0900 - Flight landed at JFK. The CDC, FDNY and PAPD started screening patients at this time.
- 1000 - Incident is announced at Safety Huddle.

Timeline (continued)

- 1010 – FDNY Level-B MCI standby at JFK called into the JHMC ED.
- 1012 – EM CommCtr transmits Level-B MCI notification.
- 1019 – SitRoom is activated and transmits additional information to Level-5 and F/T recipients regarding JFK incident.
- 1019 – JFK Operations reports 10 passengers/crew being transported to JHMC.
- 1025 – ED preparing for arrival of patients.
- 1030 – NYC DOHMH calls the SitRoom requesting patients be placed in airborne isolation rooms and oral and nasal swabs for influenza and MERS.
- 1037 – CommCtr transmits update stating 10 patients to be transported to JHMC from JFK.

Timeline (continued)

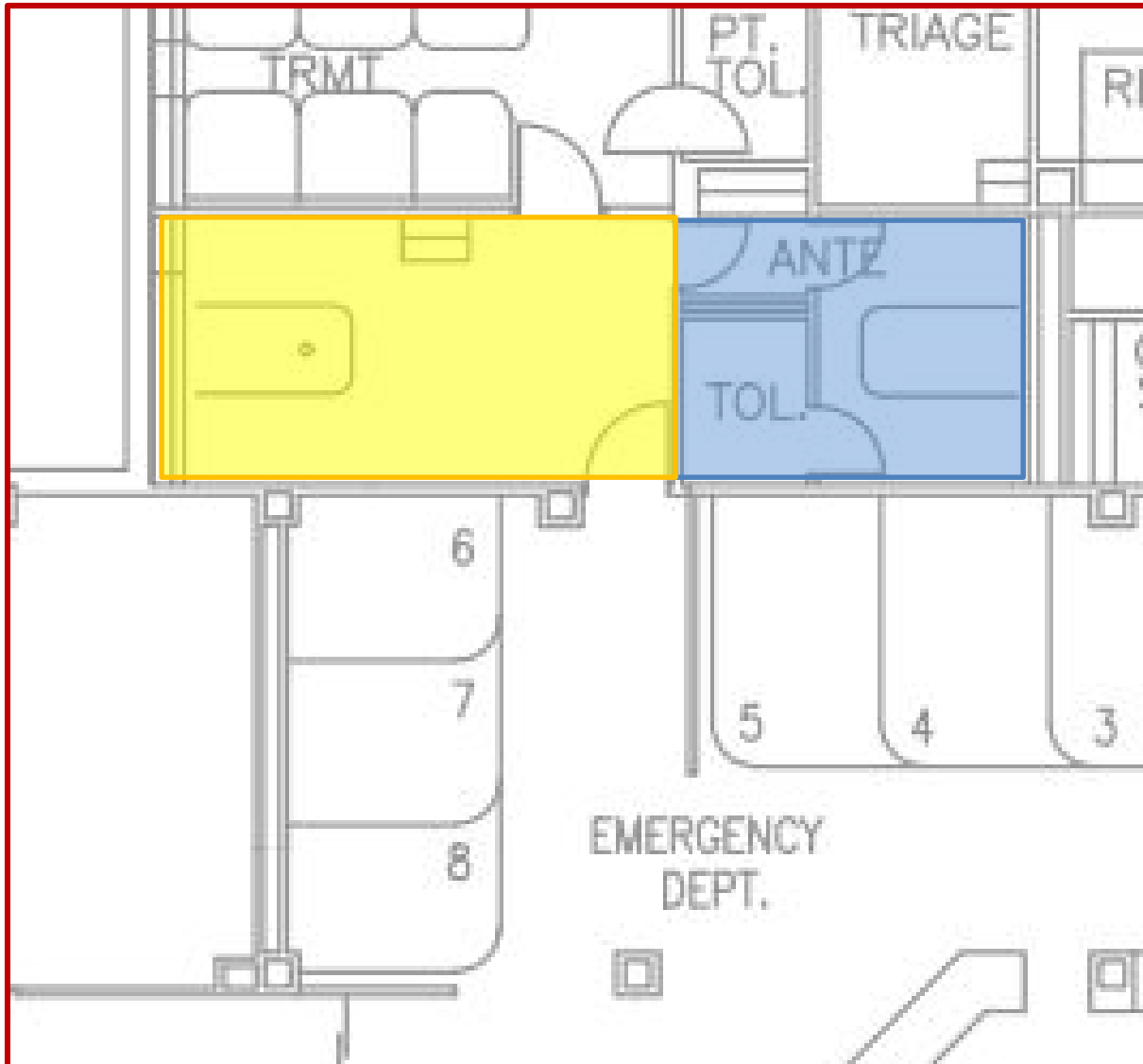
- 1038 – FDNY EMS Supervisor (present in ED) notifies ED that 10 patients are being transported to JHMC.
- 1100 – 10 patients arrive at JHMC via EMS.
- 1125 – CommCtr transmits EM Conference call.
- 1155 – NYCEM contacts JHMC requesting 25 disposable thermometers for JFK Airport.
- 1300 – NYC DOHMH arrives on site.
- 1325 – FDNY has declares the Level B MCI standby completed.
- 1328 – JFK EMS #1 responds to JFK building 269 for 1 patient from the F/T incident.

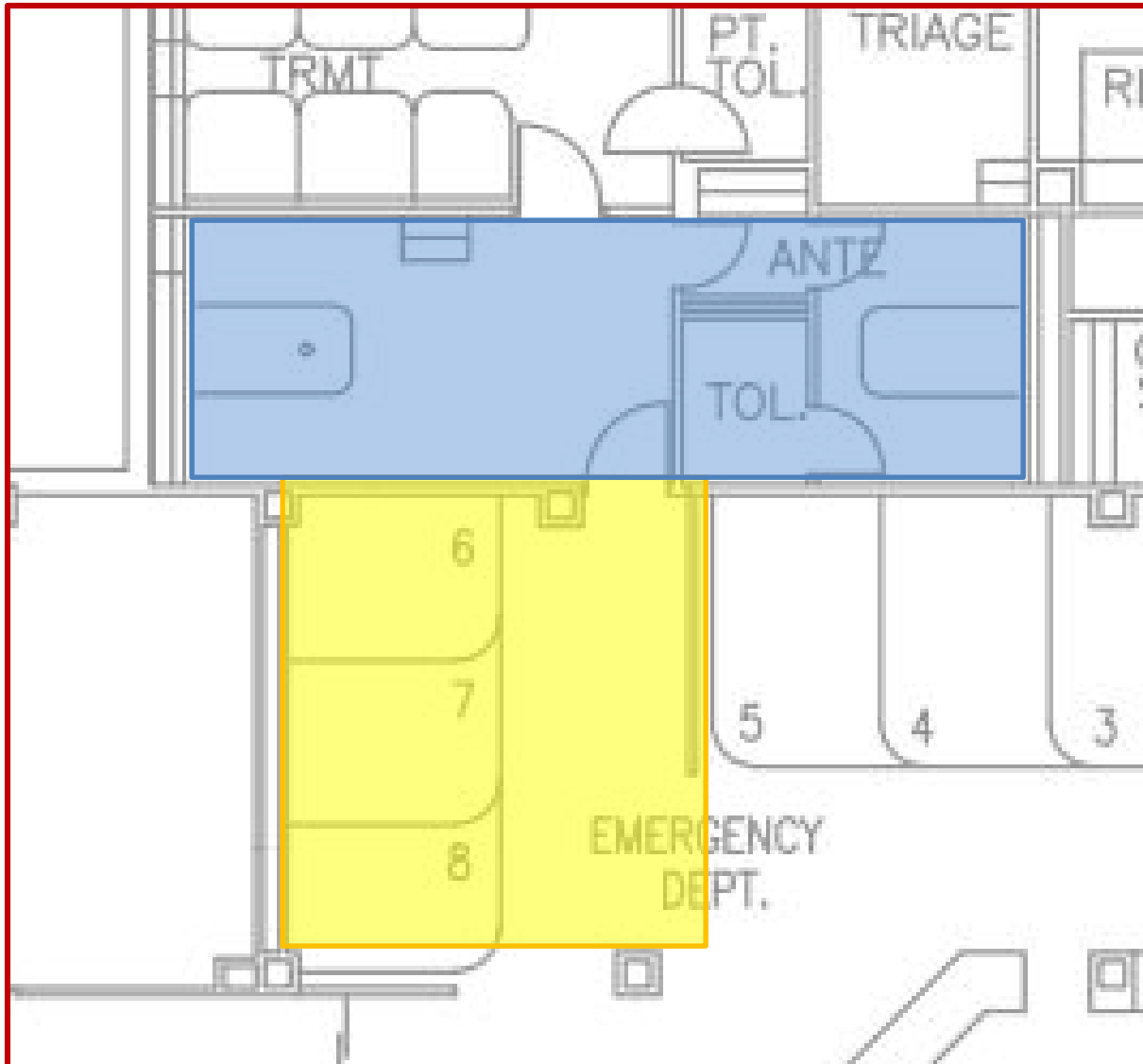
Strengths

1. Early and ongoing communication between MediSys Emergency Management, Port Authority Police, and JFK Operations was very useful in obtaining early notification about the incident and ongoing operational situational awareness from the scene. This communication is a byproduct of Jamaica Hospital providing dedicated ALS EMS service at JFK Airport.
2. Early and ongoing communication with DOHMH was very useful in obtaining clinical situational awareness from the scene and obtaining clinical guidance and instruction.
3. Initial patient triage by ED staff was conducted in the ambulances prior to the patients entering the JHMC ED.
4. Just-in-time PPE refresher training conducted by JHMC Prehospital Care staff was very successful. These individuals also served as the “gatekeepers” and maintained exposure rosters.
5. Face-to-face staff huddles, conducted by Nursing Department leadership, with employees not involved in the response were very effective in dispelling false rumors and misinformation.

Challenges

1. On many levels, the incident type was a hybrid between an MCI and a biological event. The MediSys mass notification system is designed with pre-established notification groups. The CommCtr dispatcher, having received notification of an FDNY Level-B MCI, appropriately followed the protocol for MCI notification. This notification group, different than the Fever/Travel response group, resulting in many necessary departments being notified later into the incident timeline.
2. The JHMC ED has three airborne isolation rooms. At the time of this incident, two of the rooms were occupied by patients also requiring airborne isolation. This resulted in the third room being utilized to cohort all ten of the patients from this incident utilizing the exam room and anteroom as treatment space. An area immediately outside the isolation room, in the main ED, was cleared and utilized as a make-shift anteroom. Moveable patient screens were utilized to create a “warm zone” in this area.





Challenges

3. The arrival of ten potentially infectious patients at one time made registering the patients into the EHR challenging as:
 - a) Space was limited inside the isolation room for extra registration staff, given there were ten patients and several nursing staff.
 - b) Efforts to limit the overall number of staff exposed to the patients in play.

This resulted in slowing down the patient initial evaluation process.

4. The number of nursing staff required to care for ten patients exceeded our typical biological response staffing assumptions (which allows for teams of staff to be rotated in and out of the treatment area due to the utilization of PPE). Supplemental (non-ED) nursing staff were relocated to the ED to backfill the additional ED nursing staff needed to care for the ten patients from this incident.

Challenges

5. The HVAC in the relatively small space was not sufficient to handle the body heat load of ten patients and several staff members resulting in the area being very warm. This resulted in the discomfort for the patients, and a need to shorten the staff rotation interval as the staff was becoming overheated wearing PPE.
6. There was a delay in obtaining representation from Emirates Airlines. The patients (both passengers and crew members) had many questions and issues that required intervention from the airline. Port Authority Operations was able to assist with contacting the airline and requesting a representative.

Action Items

- Observation: There was a delay in notifying several departments about the incident because the notification process was handled as an MCI rather than a Fever/Travel notification.

Recommendation: Emergency Management should conduct a review of the mass notification groups to determine if more generic (and inclusive) notification groups should be developed.
- Observation: The JHMC ED airborne isolation capacity is not suitable for the cohorting of multiple patients requiring airborne isolation.

Recommendation: Emergency Management should convene a workgroup to evaluate if additional space can be converted into airborne isolation space for the purposes of cohorting patients.
- Observation: Patient registration was delayed due to the restrictions placed on the number of registrars that could be utilized for this type of incident.

Recommendation: Emergency Medicine should evaluate if a downtime registration form should be utilized when multiple patients from the same incident arrive together and the number of registrars are limited.

Action Items

4. Observation: Staffing level needs assumptions in the Fever/Travel Response Plan may be inadequate to manage multiple patients simultaneously.

Recommendation: Emergency Management should convene a workgroup to review the Fever/Travel Response Plan with a lens toward managing multiple patients (staffing, supplies, etc.).

5. Observation: The HVAC in “core” isolation area is not adequate for cohorting several patients.

Recommendation: Engineering should do an assessment to determine if the HVAC can be increased or supplemented while still maintaining airborne isolation standards.

QUESTIONS?

BP1-Supplemental Deliverables

1. **Submit contract**
2. **Participate in Leadership Council meetings**
3. **Attend Emergency Preparedness Symposia**
4. **Update Network contact information**
5. **Support the Bronx Emergency Preparedness Coalition**
6. **Participate in a Citywide Surge Exercise (SurgeEx 2.0)**
7. **Complete a Network Training Plan and Staff Training**
8. **Update Network Acute Care Facility EOPs to Reflect Use of Juvare EMResource**
9. **Mass Fatality Planning**
10. **Participate in Workgroups**
11. **Design a Deliverable**



Support the Bronx Emergency Preparedness Coalition (BEPC)

- **Meetings**

- Kings Harbor, Moses, St. Barnabus (upcoming)
- New participants
 - Lifeline Ambulance Service (invited)

- **Functional Exercise**

- April 11, explosion at Jacobi with evacuation
 - LiveProcess and GroupMe



- **Community Outreach Project**

- NYSDHSES Citizen Preparedness Corps
- Three sessions conducted, fourth on June 20
 - Over 150 attendees



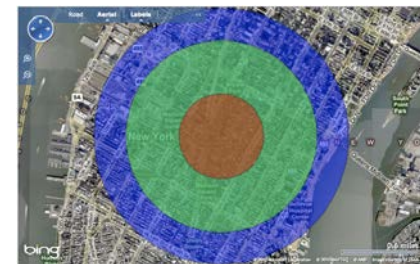
Mass Fatality Planning

- **Concept of operations**
- **Body collection points**
- **Logistics**
 - BCP availability
 - Alternate sites
- **Challenges**
 - Facilities
 - Regulatory relief
 - Public messaging
 - Just-in-time training



Participate in Workgroups

- **Moses: GNYHA FDNY Multiple Casualty Incident (MCI) Workgroup**
- **CHAM: Improvised Nuclear Device (IND) Healthcare Component Planning Workgroup**
- **Einstein: GNYHA Cybersecurity Learning Series Workgroup**
- **Wakefield: Hazard Vulnerability Analysis (HVA) Workgroup**



Design a Deliverable

- Implement a web-based facility-wide status reporting process

- Across all New York City MEPC facilities
- Training roll-outs
- Department-level orientations
- STATREP drills

- Outcome: rapid situational awareness across the campus and the Coalition with real-time patient and resource status, impact, and needs

Montefiore Moses Wakefield Einstein
Comprehensive Emergency Management Plan
Status Report (STATREP)

Printed: 01/10/2010 09:23:26 AM
User: [Name] | Department: [Department]

1. Staffing
This table lists all staff working in the department and their availability status.

2. Total Patient Count
This table lists the number of patients in the department and their availability status.

3. Available Beds
This table lists the number of beds available in the department and their availability status.

4. Technology Status
This table lists the status of all technology items in the department.

5. Resource Status
This table lists the status of all resources in the department.

6. Problems/Progress
This table lists any problems or progress in handling the event.

IntelligentHealthSystem Status Report Master My Reports My Account Sign Out Logged In [Name]

Montefiore Status Report (STATREP)
0:23:26 PM / 10 Jan 2010 [Tue]

Montefiore
Comprehensive Emergency Management Plan
Hospital: Montefiore Hutchinson Department: 12th Floor Med Sub Spec

1. Staffing

Title	Number Present	Available to Labor Pool (if needed)
Select Title		

2. Total Patient Count 0

3. Available Beds

Not Applicable	Patients Present		Awaiting Discharge		Available Beds		Evacuation Mobility [Transportation Assistance] Level		
	Male	Female	Male	Female	Male	Female	Ambulatory	Wheelchair	Stretcher
Adult	0	0	0	0	0	0	0	0	0
Pediatric	0	0	0	0	0	0	0	0	0

4. Technology Status

Technology Item	Status	Technology Item	Status
Computers	Functioning	Fax Machine-Line	Functioning

Urgent Need
[Check for Life Safety Issues]

STATREP Dashboard / HCC Summary

Secure | <https://www.intelhs.com/event> ☆ 🗨 🔍 📺 📄 📱 ⋮

IntelligentHealthSystem Status Report Master My Reports My Account Sign Out Logged In: jhorowitz

All Summary ⌵ Event ID : Close Event

Submission Dashboard

Hospital	Department	Status	Submit Time
Montefiore CHAM	CHAM 10: CCU	GREEN	Dec 13, 2017 12:13 PM
Montefiore CHAM	CHAM 8: Cardiology (Toddlers)	RED	Pending
Montefiore CHAM	CHAM 4: Outpatient Ambulatory	RED	Pending
Montefiore CHAM	CHAM 7: Pharmacy	RED	Pending
Montefiore CHAM	CHAM 4: Peds Cardiac Cat	GREEN	Dec 13, 2017 12:45 PM
Montefiore CHAM	CHAM 3: Endoscopy	RED	Pending

Feedback Summary

Staffing

Title	Number Present	Available to Labor Pool
Critical Care R.N.	363	160
Hospitalist	78	40
P.C.T.	19	18
Pediatric R.N.	63	49
Physician	50	33
R.N.	12	113
R.T.	0	0
Speech Therapist	11	0

Wrap Up

- **Deliverables were challenging but rewarding**
- **Advanced the preparedness levels of the facilities**
- **Some workgroup activities are ongoing and participation will continue**
- **Thank you for the opportunity to participate**



Montefiore

DOING MORESM

Mount Sinai Health System Emergency Management

Leadership Council Meeting
May 30, 2019



**Mount
Sinai**

Table of contents

1. Program Successes
2. Program Challenges
3. Future Initiatives

Program Successes

- ▶ Vice President of Mount Sinai Health System Emergency Management
- ▶ Training and Exercise Coordinator
- ▶ NYSNA Strike Planning
- ▶ Health System coordination
 - Daily System and Facility Huddles
 - MSHS Health System Emergency Management Committee
 - MSHS Ambulatory Services Emergency Management Sub-Committee
- ▶ Development of a system-wide Threat and Hazard Identification Risk Assessment (THIRA)
 - Provides health system risk profile overview for both hospitals and ambulatory facilities within MSHS
 - Used as a resource to solicit feedback from MSHS leadership pertaining to prioritization of hazard-specific planning, training, and exercise initiatives

Program Challenges

- ▶ System-wide situational awareness software
- ▶ Document management
- ▶ Maturation of health system Incident Management Team
- ▶ Decontamination
- ▶ MCI Preparedness
- ▶ Evacuation/Surge

Future Initiatives

- ▶ System-wide MCI Surge full-scale exercise
- ▶ Expand engagement and collaboration with hospital based ambulatory services emergency management sub-committees
- ▶ Development of a comprehensive facility and system-based Emergency Management “scorecard”
 - Identification of health system response standards
 - Prioritization of most relevant hazards
 - Operational assessment of the planning, organization, equipment, training, and exercises as it relates to health system initiatives
 - Dashboard capability will allow for health system overview of progress related to core elements

Thank you!

2018 Accomplishments & 2019 Goals



EM & HP Priorities:

- **Integrated health system**
 - **Standardization**
 - **Assessments**
 - **Policies & procedures**
 - **Communications plan**
 - **Training & exercise**
- **EM/ HP Academies**

EM Planning & Ops:

2018

- Juvare design, build, implementation & growth
- Expanding CO EM initiatives
 - CO leadership emergency incident on-call
 - Coastal storm planning (surge, SMNS)
 - EITS cybersecurity partnership
- EM communication upgrade
 - Mass Notification
 - EM Radios

2019

- Juvare phase 2
 - Detailed view additions & verification
 - Integrating HPP Deliverables into EM Resource
- Mass Notification System
- Strategic workgroups
 - Surge capacity analysis
 - Juvare best practices
 - Gotham Health EM

System-wide Special Pathogens Program:

2018

- Designed, coordinated & led PanX 2018
- Implemented the “System Special Pathogens Response Standardization Initiative” across all 3 service lines
 - Standardized to 2 PPE ensembles
 - Launched SP carts
- Developed, overseeing & co-teaching first-of-its-kind Frontline Facility SP Course
 - 7 classes completed

2019

- Building a global arm to the System-wide Special Pathogens Program
- Expanding the Frontline SP Course nationally
- Conducting PanX 2019 model at individual clinical sites

System-wide Security & Hospital Police:

2018

- Development & implementation of HP productivity reports
- HP process standardization
 - Services, equipment, technology
- Solidification of HP Council as SMEs & problem-solving, decision-making body

2019

- Implement HP staffing models
 - Leadership
 - Supervision
 - Staff
 - Support
- Codify policies & procedures
- Develop key performance indicator (KPI)-based reporting system

EM Finance, Administration & COOP:

2018

- Managed 8 grants
 - UASI (2015, 2017)
 - HPP Network Coalition (FY 18, FY 19)
 - HPP Ebola (FY 18, FY 19)
 - ICF / Special Pathogens Program
 - NETEC Base & Supplemental
- Continue CO COOP program

2019

- Pursue additional funding sources to expand grant portfolio
 - System-wide security & HP
 - All-hazards EM
- Improve departmental & grant / financial data records management
 - PeopleSoft Finance / Supply Chain use
 - Develop tracking sheets to monitor grant purchases & budgets
- Improve CO COOP program to include delinquent departments

EM Training, Exercises, & Response:

2018

- Facilitated interactive trainings for Juvare EMResource & eICS
- Improved system-wide situational awareness
- Facilitated GothamHealth active shooter functional exercise series

2019

- Develop robust multi-year training and exercises calendar
- Implement & oversee system-wide NIMS / HICS training program (May 2018-May 2020)
- Develop Emergency Management with Workforce Development
 - Supports standardized and system-wide, emergency management training & exercise program

Moving Forward:

- Develop and lead standardized emergency management initiatives that improve our ability to communicate, collaborate, and coordinate NYC Health + Hospitals resources.

**Ready or not,
patients will present**

Madeline M. Tavarez, MPA

Senior Director, Emergency Management Planning and Operations

NYC Health + Hospitals

125 Worth Street


New York, New York 10013

Office: (212) 323-2524

Mobile: (646) 787-5006

Email: tavarezm1@nychhc.org

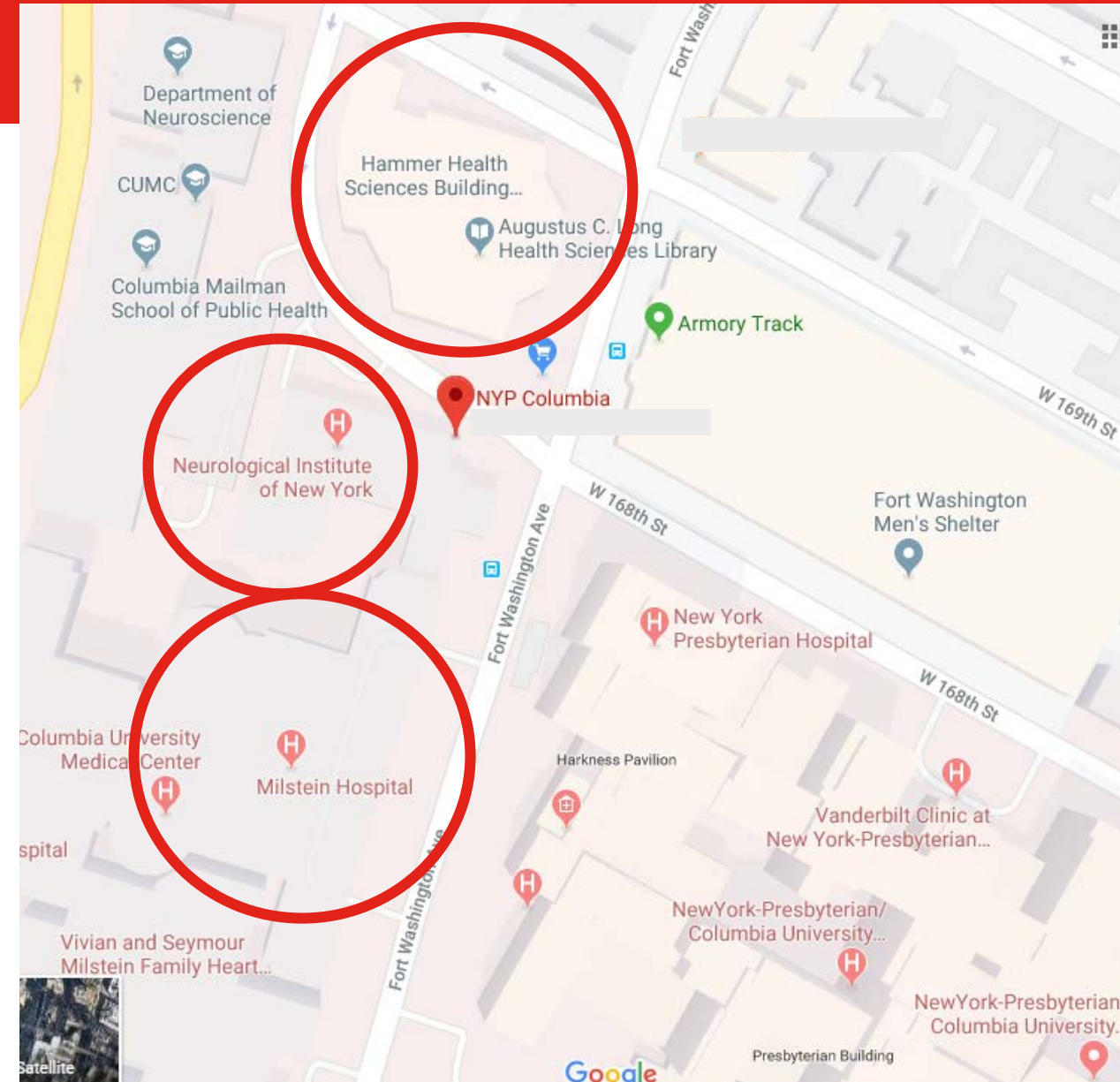
**NYCHCC LC Meeting
NYP/CU Milstein Electrical Shutdown**

 March 9-10 & May 4-5

**AMAZING
THINGS
ARE
HAPPENING
HERE**

What happened?

- Main electrical vault structural failure identified
Unsafe to make any repairs with the live electrical services in the room
- The Facilities Team identified all affected areas
 - Significant portions of the Milstein building
 - All power for the Neurological Institute
 - All of the power for the Hammer Building (Columbia University)
- The Fix?
 - 2 shutdowns were needed
 - Both repairs taking approximately 24 hours



What was affected at NYP/CU Milstein Building?

Location Name	Hudson North	Hudson South	Knuckle North	Garden North	Garden South	Knuckle South
10	MER	MER	Pharmacy	MER	MER	MER
9	McKeen	McKeen/Hotel	Cafeteria	9GN	9GS	Offices
8	8HN	8HS	Offices	8GN	8GS	Offices
7	7HN	7HS/BMT	Offices	7GN	7GS	Offices
6	6HN	6HS	Offices	6GN	6GS	Offices
5	Cardiac Surgery/Step Down	CCU/CT ICU	Offices	5GN	5GS	HC CCU/CTU
4	ICU/Invasive Radiology	SICU	OR Recovery	OR/PACU	Cysto Suite	HC Echo/US
3	Radiology	Radiology	OR	OR	HC OR Suite	HC Prep
2	Invasive Cardiology	Non Invasive Cardiology	Cafeteria	Cafeteria	HC Prep	HC Recovery
1	Dialysis/Admitting	Administration	Lobby/Starbucks	Lobby	Lobby	Conference Center
Milstein Basement				Radiology MRI		



All normal power circuits will be shut down; emergency circuits will be on generator power

No visible impact, however emergency circuits will be on generator power

Lighting on emergency power, limited equipment

Not impacted by the shutdown

Preparatory Efforts

HICS operationalized for Pre-Planning

- The command center was opened for 1 week before any actual work began
- Held daily calls with Clinical leadership
- Confirmed all circuits affected
- Addressed any and all questions at daily meetings
- Staged supplies such as extension cords, flashlights, portable lights
- Ensuring adequate supplies of emergency equipment



Communication

- Staff
 - Mass Email
 - Updates at the Tier 3 Huddle
 - Computer Pop-up Alert Boxes
 - Patient Safety Friday Presentation
- Patients
 - Notifications included with all the breakfast, lunch and dinner meal trays
 - Signage

Command Center

- **Around-the-clock Command Center Coverage during event**
 - Saturday, March 9 at 1:00pm – Sunday, March 10 at 3:00pm pending completion of work (day light savings)
 - Saturday, May 4 at 11:00am – Sunday, May 5 at 12:00pm pending completion of work
- **Command Center Team**

Facilities	Biomed
Operations	Nursing and Provider support
Security & Emergency Management	AOC
IT	Columbia University Facilities
- **Full Department Leadership Weekend Coverage Contact List (different both weekends)**
- **Full Subject Matter Expert Contact List**

NYP Facilities	ConEdison
Columbia University Facilities	Construction Contractors

Response During the Shutdown

- **Command Center**

- Responded to and managed the emergency response
- Troubleshoot all issues immediately
- Pushed out communication every 4 hours (or sooner if necessary) to the Senior Leadership team

- **Patient Care Team**

- **Completed routine rounding**

- Reported emergent issues immediately to the Command Center
- If non-emergent, it waited for the conference call

- **Conference Call**

The purpose: each unit reported out anything unusual, anything needed, anything that they expected to be on emergency power that wasn't, and/or if operations were normal

- Every 2 hours the Patient Care Team called into a conference call with the Command Center
- Continuous open communication and transparency

Response During the Shutdown Continued

■ Sit Stat 2.0

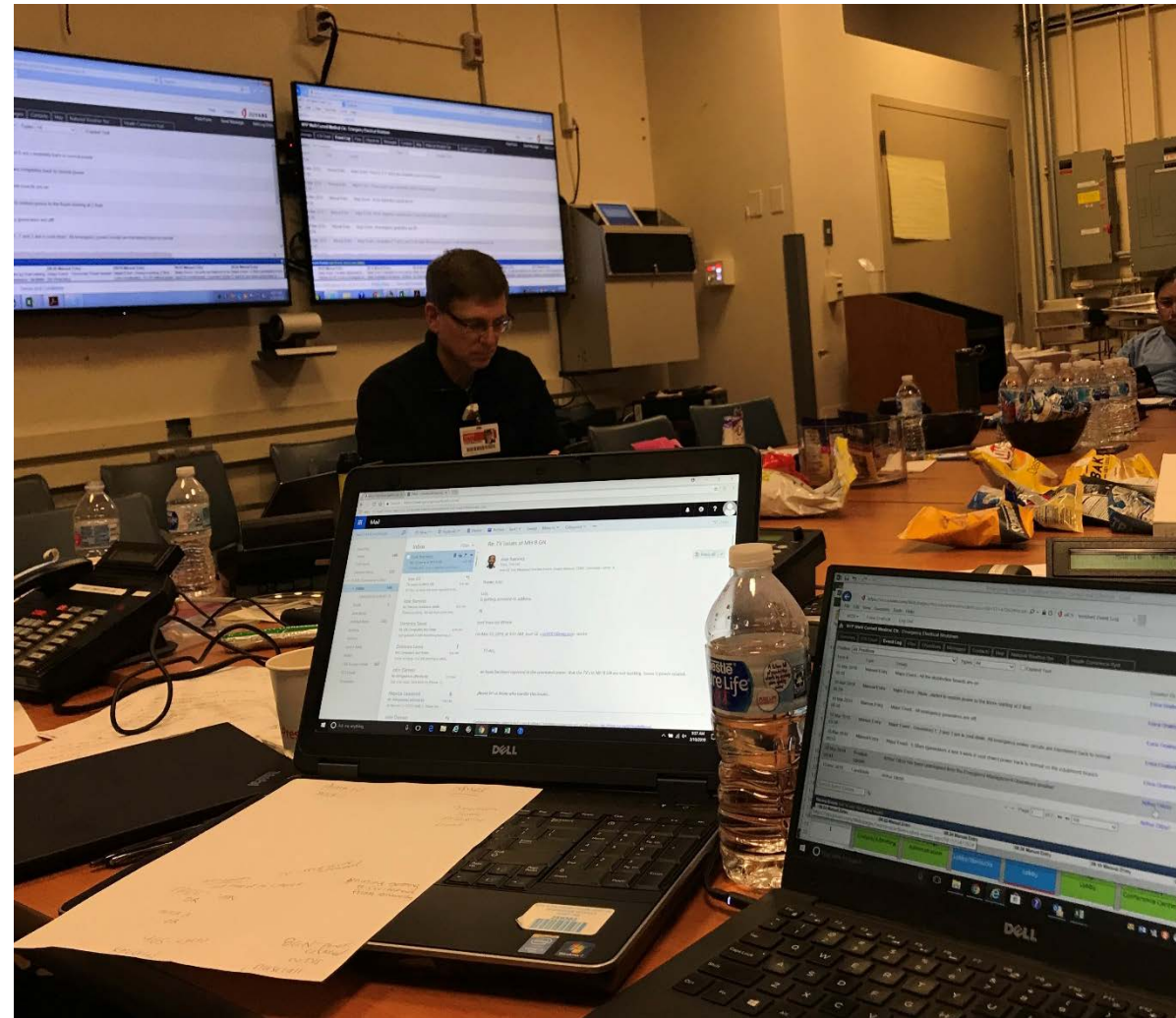
- Security & Emergency Management team recorded and tracked all communication to the Command Center using eICS
 - Reports of variations from normal operations
 - Requests for assistance
 - *Most importantly* progress of the work
- Command Staff roles were assigned and changes were made with operational periods

Time	Type	Details	Created By	Edits	Comments	Priority
04 May 2019 16:12	Situational Update	Neurological Institute 13th floor/ physician on call suite - Door Access issue. For access into this room, staff are to call Security to gain access. Response time will be 5 minutes or less. (Security created the sign for this door)	Erica Gralnick		No Comments Add Comment	Normal
04 May 2019 16:05	Situational Update	All 6 elevators are now currently working, and on generator power	Erica Gralnick		No Comments Add Comment	Normal
04 May 2019 15:47	Position Update	The Operations Section Chief position is assigned to Josef Lehmkuhler.	Arthur Ditzel		No Comments Add Comment	Normal
04 May 2019 15:46	Situational Update	3:45pm NYP Electric Secured. Handing everything off to ConEd	Erica Gralnick		No Comments Add Comment	Normal

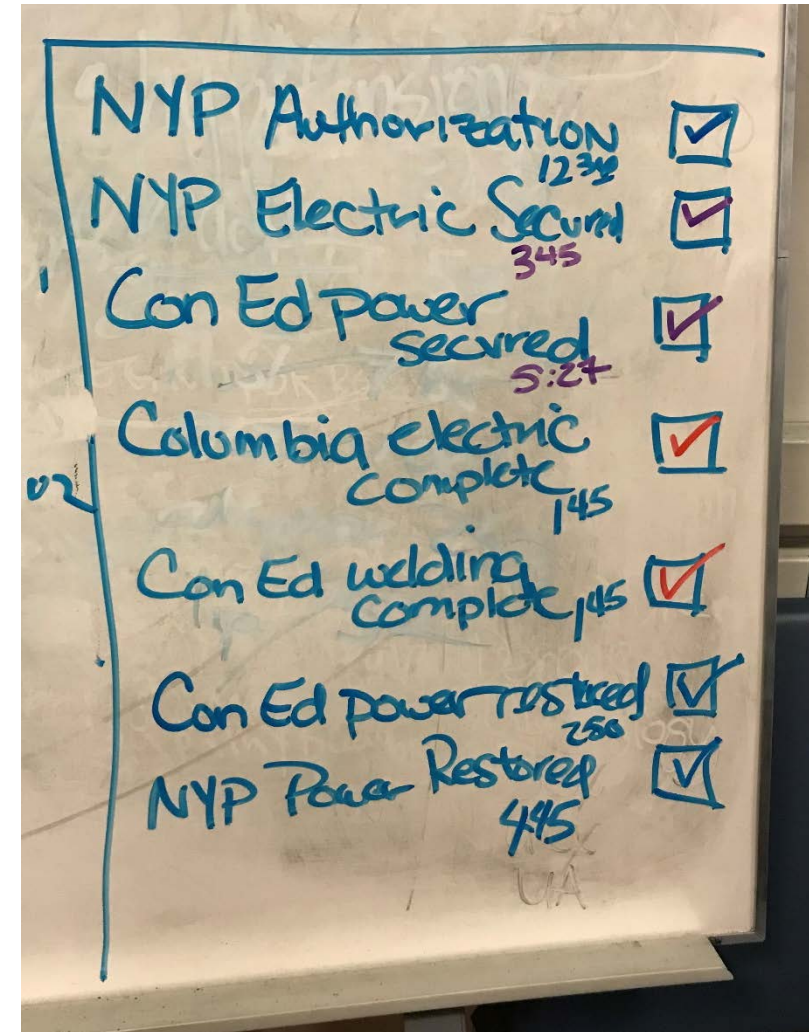
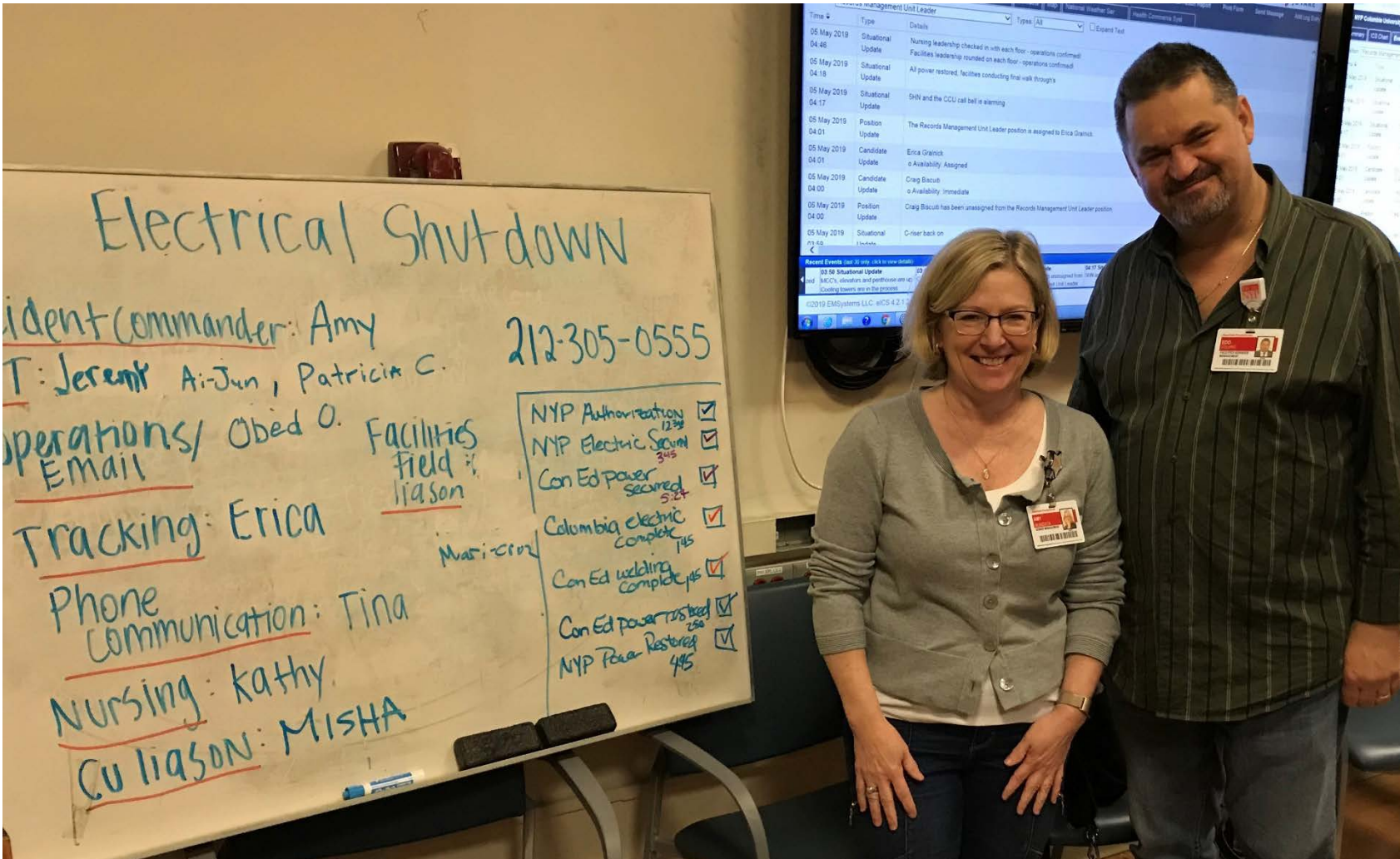
Lessons Learned: After Shutdown #1

- **Communication EM.02.02.01**
 - Targeting the right listserv
 - Reaching Medical Providers
 - Language
 - Level of employee involved / Point Person
 - Social Media team involvement
 - Bridgeline Capacity
- **Resources & Assets EM.02.02.03**
 - Contact lists
 - Signage
 - Refreshments
 - Equipment
 - Field Operations Command Center
- **Safety & Security EM.02.02.05**
 - Dim lighting in certain areas
 - Security sensitive areas vulnerability
- **Staff Responsibilities EM.02.02.07**
 - Pressed for time right before shutdown
 - Additional command center needed
 - Inconvenience
- **Utilities Management EM.02.02.09**
 - Air condition in climate controlled areas (pharmacy)
- **Patient Clinical & Support Activities EM.02.02.11**
 - Patient Flow
 - Vulnerable Patient Management

Response During the Shutdown



Response During the Shutdown



Questions



AMAZING
THINGS
ARE
HAPPENING
HERE

Thank You

LEADERSHIP COUNCEL MEETING (LCM) – IGNITE PRESENTATION

**Active Shooter “Prep Talks”
NYU Langone Health**

Caitlin Flynn, Director
Matthew Scott, Sr. Emergency Management Specialist



Types of Workplace Violence

- Type One – Criminal Intent
- **Type Two – Customer / Client**
- Type Three – Worker-to-Worker
- Type Four – Domestic Violence
- Type Five – Ideological Violence

Customer / Client Violence in Healthcare

Type Two – Customer / Client

- By far the ***most prevalent within healthcare***
- Healthcare and social service workers are ***four times more likely to be victims of violence*** on the job than any other U.S. worker
- ***Offender known*** to organization (client, customer, patient)
- ***Violence occurs during routine delivery of services***
- Risk of assault or injury by patients represents a ***real and ongoing threat in everyday work***

Why is Healthcare Different?



- No longer a question of if, but rather when/where
- Hospitals present unique environment and challenges – “soft targets”
- Events evolve rapidly and end quickly
- During initial moments, intervention/response is essential. **TRAINING!**

Training Options for Staff

- **Online Training**

- Animated video (imbedded in annual training requirements)
- MHSDA Plan to Live Module 1 (All Staff)
- MHSDA Plan to Live Module 2 (Managers and above)

- **In-Person Training**

- Auditorium Sessions (EM+ER & Security)
- FBI Active Shooter SME
- NYPD Shield Unit

Training Options for Staff



**UNIT LEVEL TRAINING
REQUIRED**



Unit Based Training Plan

NYU Langone Health
High-Impact Situations *Unit-Based Training*

You have the power

You could suddenly find yourself facing the threat of violence in your workspace – a High-Impact Situation

You have all the ability and the skills you need to handle such a situation

- The key is to use those abilities and skills
- To react quickly and stay in control

⏻

Stay aware

We are built to spot patterns...but many people turn that instinct off when they go to work

⏻

Look for warning signs

Look out for warning signs that could indicate the potential for violent behavior, such as:

- Aggressive mumbling/ talking/ threats
- Quiet with angry or smoldering expression
- Sudden unexplained energy bursts
- Law enforcement or military clothing or paraphernalia

You could see these behaviors in:

- Existing or former co-workers
- Patients/Family members/Customers
- Strangers

⏻

Be ready to take action

If you find yourself in a High-Impact Situation, take action...

- Take a moment to assess what is happening
- Control your breath (it will help you to not panic)
- If you are in danger ...Run Hide Fight

Use it to take action

⏻

Know your workspace

Let's focus on you and your workplace as we talk through how to use the ability and the skills you have

To react quickly and stay in control

Let's walk through your workplace...

- How would you evacuate or lock down patients, visitors, and staff?
- What are your evacuation routes and exits?
- Where can you shelter in place (lockable/ non-lockable doors, barricaded doors)
- Where is cover vs concealment?
- What could you use as an improvised weapon?

⏻

Communicate

Talk to others who are in the High-Impact Situation with you...

- Speak clearly and loudly...use plain language...make sure you are understood

If you are warned of a threat outside your workplace:

- What is your first step?
- When do you shelter in place?


⏻

Help others if you can


If you are a patient care provider, you will always be compassionate

During a High-Impact Situation some will choose to stay and try and protect others while others will leave


- It is OK to leave and it is OK to stay
- The decision about your patient is yours to make...but you must make it



RUN

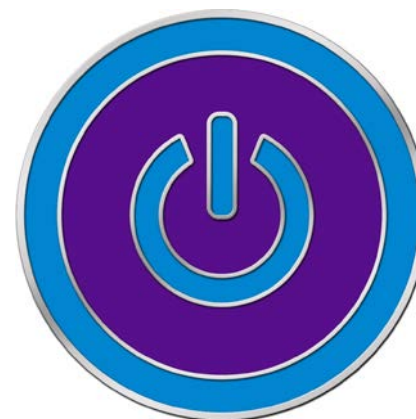


HIDE



FIGHT

- Reinforce the concepts of Run, Hide, Fight in a practical, hands-on environment
- Bring training to front line staff – WHERE THEY WORK
 - 15 and 30 min options available
- Empower staff to be ready to take action



Unit Based Training Plan

- Key concepts:

- Situational Awareness
- Warning Signs and Escalation
- Readiness and Control
- Communication and Plain Language
- Help others – if you can
- THIS TRAINING IS 100% PORTABLE

NYU Langone Health High-Impact Situations *Unit-Based Training*

You have the power

You could suddenly find yourself facing the threat of violence in your workspace – a High-Impact Situation
You have all the ability and the skills you need to handle such a situation

- The key is to use those abilities and skills
- To react quickly and stay in control

Stay aware

We are built to spot patterns...but many people turn that instinct off when they go to work

Look for warning signs

Look out for warning signs that could indicate the potential for violent behavior, such as:

- Aggressive mumbling/ talking/ threats
- Quiet with angry or smoldering expression
- Sudden unexplained energy bursts
- Law enforcement or military clothing or paraphernalia

You could see these behaviors in:

- Existing or former co-workers
- Patients/Family members/Customers
- Strangers

Be ready to take action

If you find yourself in a High-Impact Situation, take action...

- Take a moment to assess what is happening
- Control your breath (it will help you to not panic)
- If you are in danger ...Run Hide Fight

Use it to take action

Know your workspace

Let's focus on you and your workplace as we talk through how to use the ability and the skills you have
To react quickly and stay in control
Let's walk through your workplace...

- How would you evacuate or lock down patients, visitors, and staff?
- What are your evacuation routes and exits?
- Where can you shelter in place (lockable/ non-lockable doors, barricaded doors)
- Where is cover vs concealment?
- What could you use as an improvised weapon?

Communicate

Talk to others who are in the High-Impact Situation with you...

- Speak clearly and loudly...use plain language...make sure you are understood

If you are warned of a threat outside your workplace:


- What is your first step?
- When do you shelter in place?

Help others if you can

If you are a patient care provider, you will always be compassionate
During a High-Impact Situation some will choose to stay and try and protect others while others will leave

- It is OK to leave and it is OK to stay
- The decision about your patient is yours to make...but you must make it

RUN HIDE FIGHT



Unit Based Training Plan

- Challenges / Barriers
 - Training Bandwidth
 - Supply and Demand / Prioritization
 - Scheduling
 - No “stupid” questions





EM + ER
Emergency Management
Enterprise Resilience



THANK YOU

