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COVID-19
Family Safety Plans



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*Hospitals Using Collaboration, Cameras,
Access Control & More to Protect Their Supplies*





COVID-19 Safety Plans: *How Protecting Your Family Can Help Save America*

If you break the family- and living-unit COVID-19 transmission chains, you can save the lives of teachers, healthcare workers and police officers. You might even help save our nation. **By Dr. Charles Denham II, Dr. Gregory Botz, Charles Denham III, & Chief William Adcox**

AS THIS ARTICLE goes to print, it's estimated that 500,000 Americans will have died from COVID-19 by February. Our national public health system has failed us. If we passively rely on it alone, our loved ones, roommates and essential workers are at great risk.

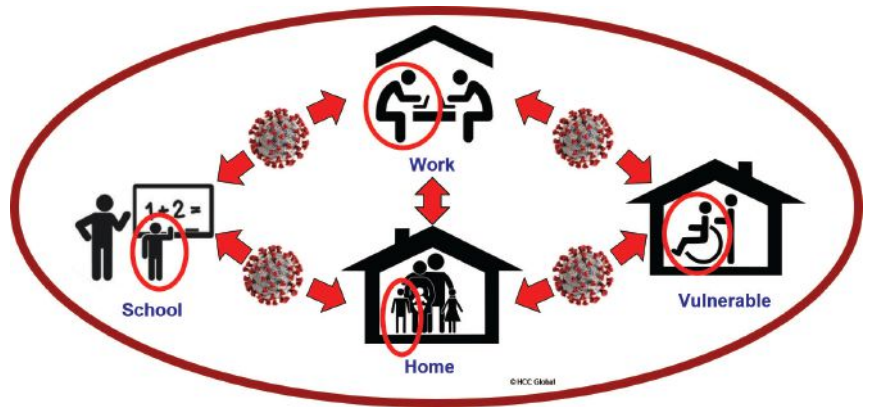
The Problem: **Family Transmission Chains**

The CDC has found that 50% of people living with someone with COVID-19 will become infected, usually within five days. Family transmission chains are our Achilles Heel.

The good news is that if we take

focused action at the family- or living-unit level, we can save lives and save organizations. If taken to scale, we might even be able to help save our nation. Family transmission chains must be broken to win the war on the coronavirus.

The essential critical infrastructure



If you save the family living units across communities of the more than 100 million essential workers, you have a good chance of saving those who are keeping our nation alive.

The Solution: Coronavirus Family Safety Plans

Based on our research, we recommend families or living units develop a safety plan. We also recommend that organizations put together their coronavirus security plan using the same framework. If you save the family from infection by breaking the family- and living-unit transmission chains, you can save the worker.

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The following describes the program we have created to help you develop and carry out your family's and organization's COVID-19 safety plans.

Plans Must Be Flexible

Given that COVID-19 and the response guidelines are constantly evolving, safety and security plans must also evolve. They must include a living set of checklists that evolve as a continuous improvement cycle. We apply our "5R" framework to family living unit plans and entire organizations: Readiness, Response, Rescue, Recovery and Resilience (see page 20 for a more in-depth explanation of the 5 Rs).

For each phase, we focus on recognizing threats, vulnerability and risk. The goal is to reduce vulnerability to infection, harm and death. Our

vulnerabilities are to "inside threats" inherent to family members and the "outside threats" of the surrounding community infection presence and the ineffectiveness of local public health interventions. For brevity, we will refer to anyone in the living unit as "family members." They may not be relatives, such as when college students or roommates share a living space.

» **Family Impact Scenarios:** Plans should be fine-tuned to defined family impact scenarios (see chart on page 20): when one is exposed to coronavirus, those who are infected, those who develop severe symptoms requiring emergency care and those who are hospitalized.

» **4A Checklist Framework:** Checklists are organized by the four As: awareness, accountability, ability and action. Awareness is what the family should know about prevention, preparedness, protection and performance improvement. Personal accountability to complete tasks is vital. Ability includes skills and resources that can enable actions. Actions are those tasks that must be undertaken.

» **5R Score Scorecards:** We are developing a Family 5R Score to measure the impact of our solutions. Our Institution 5R Score measures coronavirus safety and security for organizations.

We briefly cover the highlights of each of the R Phases. More detail, videos, and webinars are available at www.medtacglobal.org.

workforce is most vulnerable to contracting COVID-19. The Kaiser Health Foundation reports that more than 2,900 U.S. healthcare workers lost their lives to the virus last year.

There are also other essential workers who keep the power, water, food and information flowing in our nation, as well as law enforcement officers and other first responders who protect us locally and nationally. They are the more than 100 million essential workers in 16 industry sectors originally defined by the Department of Homeland Security. In August, "workers who support the education of pre-school, K-12, college, university, career and technical education, and adult education students, including professors, teachers, teacher aides, special education and special needs teachers" and virtually all their service providers were added to DHS' list of workers designated as essential.

The 1st R: READINESS

Readiness checklists address preparation based on the latest science. Regular deliberate practice of roles and skills are critical to readiness.

1. Awareness: Make sure family members understand prevention, preparedness, protection and performance improvement plans. They must understand the latest public health guidelines related to social distancing, mask use, hand hygiene, contact surface cleaning, avoiding group gatherings and avoiding poorly ventilated areas. The CDC, local public health, and school guidelines are evolving. The latest local community spread and its implications on family members are key.

2. Accountability: Personal task assignments to members and completion logs are important. When a crisis strikes, such documentation will be vital. Memories fade when adrenaline surges.

3. Ability: Skill maintenance or what we call “competency currency” is vital. Readiness skills are tied to each family impact scenario. Services must be on tap, supplies must be maintained and space needs to be allocated for quarantine and isolation.

4. Action: A written family safety plan should be prepared, even for a single person or roommate. Such a plan should include:

- a. An individualized threat profile:** Seniors, those with pertinent underlying conditions, and children may have increased risks. Medical records for each member should be assembled, including summaries and current medication lists.
- b. Local virus threat resources:** The local community infection rates and notifications are web-based. Links should be available to monitor the local risk and guidelines.
- c. Checklists for R phases:** Readiness, Response, Rescue, Recovery and Resilience phases.
- d. A go-bag for members:** In case of emergency care and hospitalization, a bag including what one would want in the hospital and medical records should be prepared. Place current medications in the go-bag when leaving to see caregivers or going to the hospital. Supporting documents include vendor and supply lists that may be needed to execute the checklists.

The 2nd R: RESPONSE

This phase is activated when a member is exposed to an infected person or becomes infected.

1. Awareness: All need to know what to do if a member is exposed to infected people, becomes infected or develops severe symptoms. All must understand quarantine guidelines for those exposed and isolation guidelines for those infected.

2. Accountability: Tasks must be assigned to family members for each Family Impact Scenario (see below). A Task Completion Log should be maintained.

3. Ability: Response skills need de-

liberate practice to support isolation, care at home and quarantine processes. Address the “3Ss”: service, supplies and space. Service includes family member support and outside service providers or caregivers.

4. Action: Checklists should be developed for Family Impact Scenarios.

- a. Exposure to Infected Person and No Test - Quarantine**
- b. Infected and Asymptomatic - Isolation**
- c. Pre-symptomatic – Isolation and care when symptomatic**
- d. Infected and Symptomatic – Isolation and care at home.** Follow the Rescue Checklist if CDC emergency warning signs develop.

The 3rd R: RESCUE

The rescue phase is critical. Family members need to respond immediately when those infected develop severe symptoms needing immediate care.

1. Awareness: Every member needs to know how to recognize when severe symptoms arise. The CDC “emergency warning signs” and severe symptoms list is continually updated by the CDC.

2. Accountability: Everyone needs to know what, when, why and how to respond when someone develops emergency warning signs.

3. Ability: The rescue skills and resources include using PPE, personal safety actions and safe transport of the infected person to the hospital.

4. Action: A checklist for each Family Impact Scenario must be followed.

a. Infected & Severely Symptomatic: Need Help - Recognition of the emergency symptoms, safe transportation to the hospital and caregiver communication by phone.

b. Infected Requiring Hospitalization: Communication with caregivers given patients will be admitted alone.

The 4th R: RECOVERY

A return to normal activities after quarantine, isolation and especially hospitalization is critically important.

Family Impact Scenarios
No Exposure No Test or Negative Test
Exposure to Infected Person and No Test
Infected & Asymptomatic No Symptoms Ever
Infected & Pre-symptomatic Before Symptoms
Infected & Symptomatic Have Symptoms
Infected & Severely Symptomatic – Need Help
Infected & Requiring Hospitalization
Infected & Require ICU Life Support Respirator & ECMO

1. Awareness: All should know how to help family members return to a “new and safe normal,” including watching for persistent or “long hauler” threats and threats to children such as Multisystem Inflammatory Syndrome (MIS-C) – an uncommon but serious condition. Post infection immunity is not well understood, therefore ongoing prevention behaviors need to be reinforced.

2. Accountability: Members will need to maintain accountability for recovery tasks. Documentation logs may be needed to inform future caregivers.

3. Ability: Recovery skills and resources should support family members as they safely return to work, worship and play.

4. Action: The actions include care documentation and preparation for future problems:

- a. **Record and Follow Return-for-Care Precautions:** The specific caregiver instructions to return for care if patients deteriorate.
- b. **Update Family Member Threat Profiles:** New medical information should be added.
- c. **Update and Maintain Medical Records:** The latest medical records of the infected person need to be included in case of a future infection, hospital admission or “long hauler” disease.

The 5th R: RESILIENCE

During the “quiet before the storm” between community infection surges or after caring for someone, it is an ideal time to “harden the target” of the home and members. Readiness, response, rescue and recovery plan checklists can be optimized.

1. Awareness: Family Impact Scenarios can be updated. Performance improvement can be informed by member caregivers and guidelines.

2. Accountability: Every member should re-review assigned tasks considering lessons learned.

3. Ability: Resilience skills include audits of the service, supplies, and



Individuals who test positive for COVID-19 should isolate from other family members so their loved ones don't contract the virus.

space to improve readiness, response, rescue, and recovery phases.

4. Action: All plan phase checklists can be updated for the next pandemic wave or emergency.

Why You Should Adopt This Strategy

We recommend families and organizations consider creating family safety and organizational security plans and ask themselves the following questions:

1. Why create a plan? The coronavirus crisis will not be our last epidemic. The same 5 Rs outlined in this article can be applied to the next one, the next surge and other disasters. A plan combats fear and gives us hope. By leveraging the science-based weapons of prevention, preparedness, protection and performance improvement, we can defeat the virus.

2. Why now? The COVID-19 virus never sleeps. The skyrocketing rate of infection, hospitalization and death demands action now. When the coronavirus strikes your family or someone in your living space, it will be too late to plan. If you fail to plan, you can plan to fail.

3. Why this framework? The virus exploits the vulnerabilities and systems faults in our public and personal health systems. A systematic plan that evolves with and tackles these faults will dramatically close the gaps. Families and organizations can no longer

play passive defense and rely on public health systems to protect them. We must go on offense and systematically break family transmission chains.

Our Message to Educators, Students, Caregivers and Law Enforcement

» **Educators:** As experts in imparting knowledge, learn the science and practice your craft with those in your reach.

» **Students:** Be a student leader! Tell your fellow students, “Seize this great opportunity to grow the leadership role within your family and be a role model for your fellow students and friends.”

» **Law Enforcement Leaders:** Recognize you are at great risk. Develop plans now to keep yourself and your families safe. If you get sick, it will be too late.

As we say to our teams, we must fight the good fight, finish the race and keep the faith. Everyone is a patient... and everyone CAN BE a caregiver. **CS**

William Adcox is AVP, Chief of Police and Chief Security Officer, University of Texas MD Anderson Cancer Center; Dr. Gregory Botz, MD, FCCM, is Professor of Anesthesiology and Critical Care, University of Texas MD Anderson Cancer Center; Dr. Charles Denham II is the chairman of the Texas Medical Institute of Technology and Charles Denham III is a Junior Med Tac instructor.