

## **Practical Lifesaving Solutions Supplemental Review – Bronx-Lebanon Hospital**

Below is a reprint of an on line news article, entitled “Bronx-Lebanon Hospital staff members recall terror” written by Laura Figueroa of Newsday. It appeared on line, July 3, 2017 at 7:09 PM. (<http://www.newsday.com/news/new-york/bronx-lebanon-hospital-staff-members-recall-terror-1.13779869>)

A summary follows the article.

New York NEWS

# **Bronx-Lebanon Hospital staff members recall terror**

Updated July 3, 2017 7:09 PM

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 Reprints   

As gunshots and cries for help rang through the halls of Bronx-Lebanon Hospital Center last Friday, nurses whispered reassuring messages to distressed patients.

Surgeons in the middle of operating kept their composure, despite hearing a “Code Silver” alert play over the hospital’s intercom system, warning them of a shooter in the building.

Medical assistants rushed to aid the injured even as the identity and whereabouts of the shooter still were unknown.

Three days after Dr. Henry Bello set off on a suicidal shooting spree that killed Dr. Tracy Sin-Yee Tam, 32, and injured six others, Bronx-Lebanon workers gathered at a news conference Monday to recount their experiences.

“Babies were delivered . . . surgeries continued,” said hospital spokesman Errol Schmeer, crediting routine emergency drills at the hospital with helping to prevent what could have been a more deadly scene.

On the 16th floor, where Bello first opened fire, nurse Donna Lee Peterkin, was finishing up with an elderly patient suffering from pneumonia. Peterkin heard the “Pop Pop Pop” sound of gun shots. Peterkin said she dove immediately to be near the patient’s bed.

The gunshots “were so close and so loud, that I really thought that whoever it is out there, was going to come inside the room,” said Peterkin, who has worked at the hospital for 25 years.

Despite her own fears — the thought of not seeing her two children ages 12 and 2 again — Peterkin put on a comforting front for the patient, telling her “we’re all in this together.”

“I couldn’t abandon my patient,” Peterkin said. “I was scared, and she was scared, but I had to be brave for her, so that she could see somebody was there for her.”

Armed NYPD officers soon arrived. They told Peterkin and her patient to remain in the room for safety, as it was unclear if there was more than one shooter involved.

Soon after, smoke entered the room, overwhelming the patient, Peterkin said. Police sources have said Bello, 45, who had a history sexual harassment allegations, tried to set himself on fire using a container of flammable liquid, before shooting himself in the chest.

Peterkin went into the hallway in search of an oxygen tank for the patient. She said an officer attempted to stop her, but replied “the patient can’t breathe,” and she finally was able to get aid for the women.

“I was scared walking through the door this morning, but I had to see my colleagues and those who got hurt,” Peterkin said Monday. “I think healing becomes much easier when you heal together.”

On the 12th floor, Kenya Blondell, a medical assistant, heard the cries of a doctor pleading for help — “I’ve been shot! I’ve been shot! Save my hand! Save my hand!”

Blondell, who has worked at the hospital for 11 years, said the doctor, a gastroenterologist, had rushed down the stairs from the 16th floor where he had been shot in the hand. She applied pressure on his hand to stem the bleeding. Other doctors and nurses arrived soon.

“It was like something out of a horror movie, there was blood everywhere,” Blondell said, “But we decided that didn’t matter. Let’s just save him.”

Elevators had been shut off in response to the shooting, forcing several workers to carry the doctor down a stairwell, as Blondell and others continued to apply pressure to his hand. His bleeding was so severe, that they decided there wasn’t time to make it to the first floor emergency room. They carried him to a third floor operating room instead.

“There was no time to think, it was just quick survival mode,” Blondell said.

Medical staff tended to the wounded doctor, although it was unclear if a shooter was at-large, Blondell said.

“What kept me going is hearing him say ‘Save my hand! Save my hand!’ As a doctor that is the most vital part,” Blondell said.

“There was no time to think, it was just quick survival mode,” Blondell said.

“Mentally, you have to talk yourself through it,” Vargas said.

Dr. Sridhar Chilimuri, the hospital’s physician-in-chief, said at least once a month, hospital staff undergo emergency drills to practice for high pressure situations, including active shooter scenarios.

Even so, hospital staff “were never prepared for SWAT teams in our operating rooms,” Chilimuri said.

He credited hospital workers with evacuating more than 500 patients from the hospital, and maintaining order.

“Timely action is what saved lives that day,” Chilimuri said.

The sole fatality was Dr. Sin-Yee Tam. On Monday, Chilimuri recalled her at the news conference as “a young idealistic physician” whose mission was to provide care for underserved communities.

“We feel that is the reason she decided to come to Bronx-Lebanon,” Chilimuri said.

He called her the type of doctor who always said “yes” when asked for a favor. That included working last Friday, when she was scheduled to be off, to substitute for a colleague.

Patricia Cahill, chief nursing officer for the hospital said despite the “sadness” that has overcome many at the hospital “we’re on the road to recovery.”

A candlelight vigil is scheduled to take place at the hospital Thursday evening, Schneer said.

### **Summary**

There are a number of significant points illustrated in this article as follows:

1. The Bronx-Lebanon Hospital had a plan for critical incidents to include active shooter. They train approximately once a month for such contingencies. In this case a “Code Silver” alarm was issued over the hospital’s public address system to announce an active shooter incident was in progress.
2. The true first responders were those caught in the middle of the incident. They were trained medical professionals who recognized the immediate response was to stop the bleeding using basic techniques such as direct pressure.
3. Health care professionals will be very reluctant to abandon their patients. Even if the opportunity to “**run**” (run, hide, fight) presents itself as an option, they will stay by their patients to continue providing care and safeguard them as best they can.
4. Lockdown procedures have a number of consequences. While intended to mitigate the threat of additional movement of an active shooter, in this instance the shutting down of elevators reduced egress for those needing to move to other floors with the wounded.
5. When training, it is important to integrate law enforcement. People need to do know how law enforcement will respond and ensure they understand and comply with basic commands. In this instance, law enforcement had to enter the sterile operating theatre in order to make sure the area was clear.

In crisis situations, people will respond based on their training and will to survive. While no level of preparedness can prevent active shooter and work place violence situations from occurring, planning and training can increase one’s abilities to identify these situations more quickly and take the actions needed to minimize loss of life. As stated by Dr. Chilimuri, ***“Timely action is what saved lives that day,”***