Coronavirus - Protecting You & Your Family:
First Responder & Family Briefing

March 18, 2020
CareUniversity Webinar #135

For resource downloads go to:
www.MedTacGlobal.org

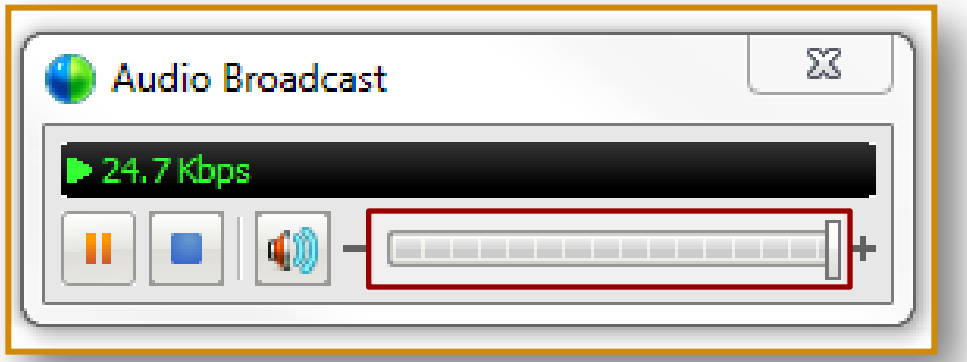
Welcome

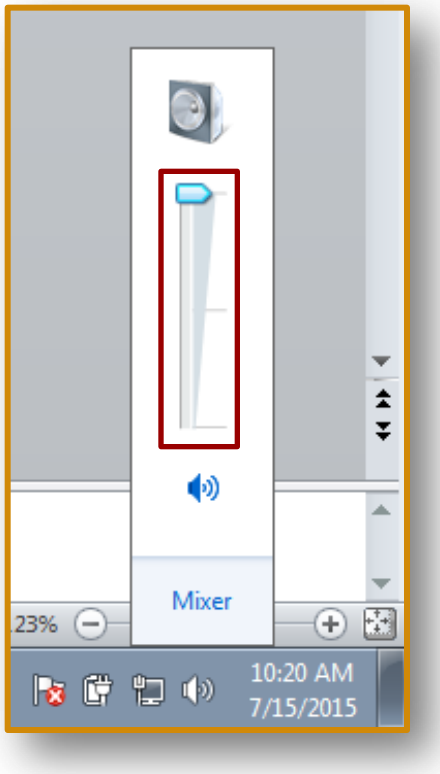
Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

Med Tac Bystander Rescue Care
March 18, 2020

CareUniversity Webinar #134





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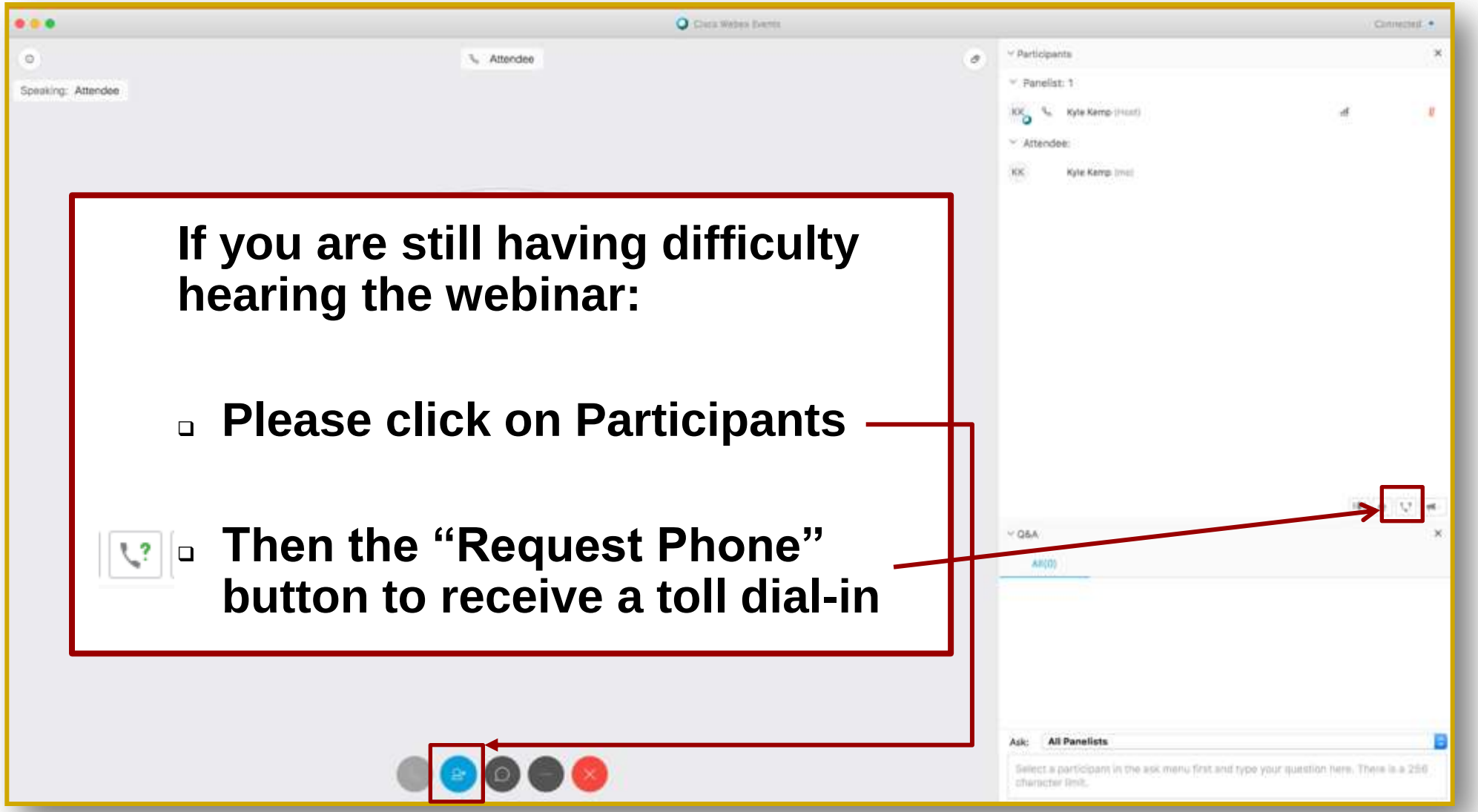

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- **Then the "Request Phone" button to receive a toll dial-in**

Our Purpose Statement

EMERGING THREATS
COMMUNITY OF PRACTICE

CAREUNIVERSITY®

Our Purpose:

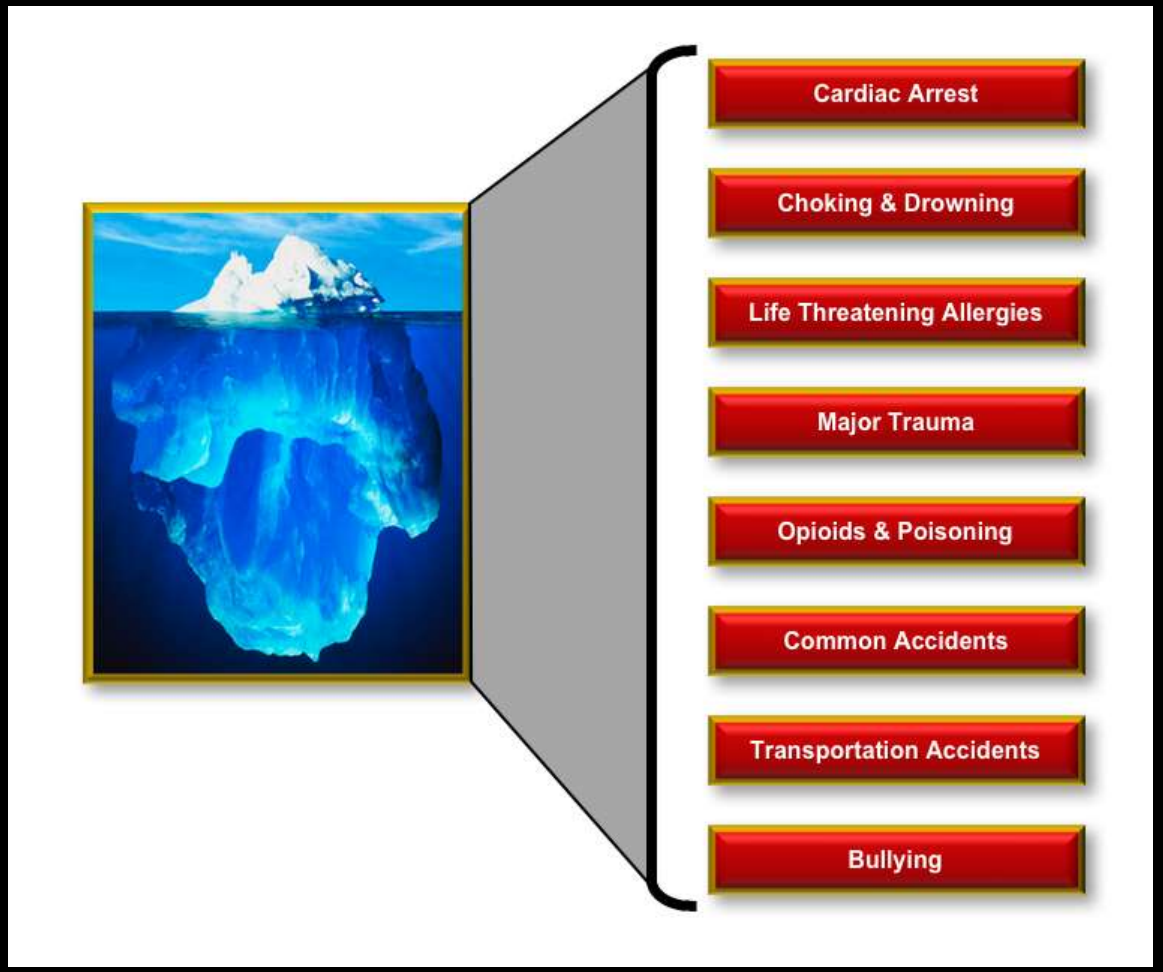
We will measure our success by how we protect and enrich the lives of families…patients AND caregivers.

Our Mission:

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

www.MedTacGlobal.org

Bystander Rescue Care for Failure to Rescue



Downloads

Click here to download the combined speakers' slide set in PDF format – **one (1) slide per page.**
Click here to download the combined speakers' slide set in PDF format – **four (4) slides per page.**

To view the file, click the desired link **(please note: the files may take several minutes to download)**. To save to your hard drive, right click on the link and choose "Save Target As." (In some browsers it might say "Save Link As.")

CE Credit Information

CE Participation Documentation

Texas Medical Institute of Technology, approved by the California Board of Registered Nursing, Provider Number 15996, will be issuing 1.5 contact hours for this webinar. TMIT is only providing nursing credit at this time.

To request a Participation Document, please click here.

Related Resources

MED TAC GLOBAL — Care of the At Risk & Seniors at Home — Coronavirus Response *CareUniversity Series*

MED TAC Global

Emerging Threats Community of Practice

Bystander Rescue Care Webinar Series

In response to the Coronavirus pandemic we have asked our panel of experts to produce a series of free webinars to help the public, professional first responders, security and medical volunteers, and families deal with the critical issues.

Coronavirus – Protecting You & Your Family: First Responder & Family Briefing

March 18, 2020 webinar – To attend use this link: Insert

Webinar Resources are Found Below

Video Library

WHO Coronavirus Story

CDC Website Tour

Why ICU Care Needed

Briefing March 18, 2020

Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship medication or device companies discussed in their presentations.

- Gregory H. Botz, MD, FCCM, is a professor in the Department of Critical Care at the UT MD Anderson Cancer Center. He received his medical degree from George Washington University School of Medicine in Washington, DC. He completed an internship in internal medicine at Huntington Memorial Hospital and then completed a residency in anesthesiology and a fellowship in critical care medicine at Stanford University in California. He also completed a medical simulation fellowship at Stanford with Dr. David Gaba and the Laboratory for Human Performance in Healthcare. Dr. Botz is board-certified in anesthesiology and critical care medicine. He is a Fellow of the American College of Critical Care Medicine. He has nothing to disclose.
- William H. Adcox serves as the Chief of Police and CSO at The University of Texas MD Anderson Cancer Center and The University of Texas Health Science Center. Chief Adcox holds an MBA degree from UTEP and is a graduate of the PERF's Senior Management Institute for Police and the Wharton School ASIS Program for Security Executives. He is the recipient of the IACLEA's 2013 Award for Administrative Excellence and was named by Security Magazine as one of the "Most Influential People in Security 2013." The agency received the IHSS Foundation's prestigious 2015 Lindberg Bell Distinguished Program Award. Nationally, Chief Adcox received the Campus Safety 2015 Director of the Year Award in Healthcare; and locally he received the Texas Police Chiefs Association's 2015 Leadership Award. He has nothing to disclose.
- Dan Ford, MBA, LFACHE, developed a deep passion for patient safety as a result of medical errors experienced in Illinois by his first wife, Diane, and the treatment he experienced when he started asking logical and genuine questions. The mother of three children (11, 14, and 17 at the time) and age 47, Diane was pursuing her second master's degree, and suffered a morphine-induced respiratory arrest following a hysterectomy. She has permanent brain damage/short-term memory loss and a poor quality of life, and resides in an independent living facility. He has nothing to disclose.
- Dr. John Christian Fox has nothing to disclose.
- Randal Styner has nothing to disclose.
- David Beshk has nothing to disclose.
- Jennifer Dingman realized, after her mother's death in 1995 due to errors in medical diagnoses and treatment, that there is little to no help available for patients and their families in similar situations. This life-changing experience left her feeling vulnerable, and she decided to dedicate her life to help prevent medical tragedies from happening to others. She has nothing to disclose.
- Charles Denham, MD, is the Chairman of TMIT; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is a collaborator with Professor Christensen at Harvard Business School.

Speakers

Dr. Gregory Botz

Chief William Adcox

Dr. Charles Denham

Reactors

Dan Ford

Dr. Chris Fox

Randy Styner

Tom Renner

David Beshk

Jennifer Dingman

Voice of the Patient

Dan Ford

Retired Healthcare Executive
National Patient Safety Advocate

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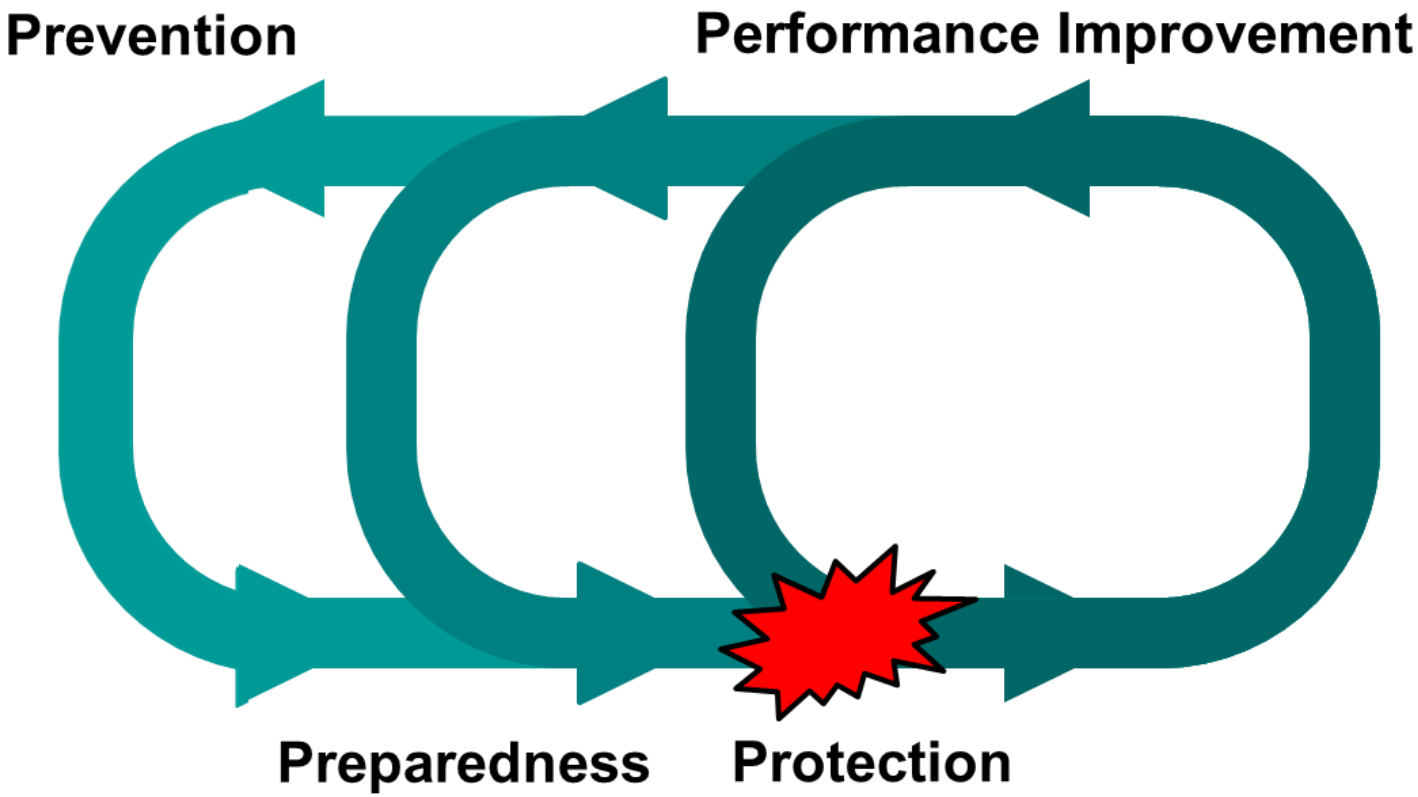
EMERGING THREATS COMMUNITY OF PRACTICE

Global Patient Safety Forum

SAFETYLEADERS®

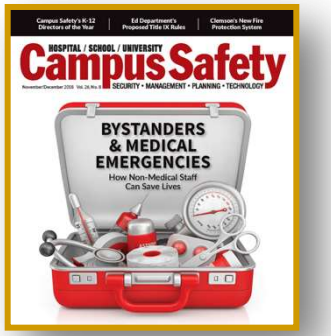
The 4 P's: Prevention, Preparedness, Protection, and Performance Improvement



High Impact Care Hazards to Patients, Students, and Employees

- Cardiac Arrest
- Choking & Drowning
- Opioid Overdose
- Anaphylaxis
- Major Trauma
- Common Accidents
- Transportation Accidents
- Bullying

Med Tac Story Article



Active Shooter Healthcare Article

Rapid Response Teams Article

AED & Bleeding Control Gear Article

A **Medical-Tactical Approach** undertaken by clinical and non-clinical people can have enormous impact on los of life and harm from very common hazards:

- ***High Impact Care Hazards*** are frequent, severe, preventable, and measurable.
- ***Lifeline Behaviors*** undertaken by anyone can save lives.

In the News: Med Tac Updates

Nov/Dec 2018 Issue

Supply kits/care packs like the ones pictured here continue to be developed for any bystander care emergency, in addition to packs for specific use in the lifeguard-surf, divers, aviation and health ministries specialty programs. Med Tac is even developing modified golf carts with AEDs and emergency response gear onboard.

to enable delivery of lifesaving bystander care within 3 minutes of an event and until professional first responders arrive in 8-10 minutes.

- **Video Stories:** Our learning management approach uses the power of stories to communicate concepts, illustrate tools and describe resources. We are continuously capturing stories and adding them to our multimedia curriculum.
- **Immersive Simulation Scenarios:** The many stories used in our online training allow us to develop simulation scenarios, putting students in real-life situations that apply and reinforce key concepts. We use techniques pioneered in aviation and other industries to drive retention and competency impact.

START A MED TAC PROGRAM OF YOUR OWN

Although the Med Tac Team won the 2018 Pete Conrad Global Patient Safety Award for its work, we believe any community, inspired by the "all teach — all learn" mantra, can easily start a program like ours. We challenge others to start similar initiatives or join us in this cause.

We believe the CPR/AED/First Aid programs of the American Heart Association are excellent. Instructors of those programs are ideally suited to engage with campus programs. Further, the Stop-the-Bleed program sponsored by the American College of Surgeons is also excellent when it is taught as designed. The combination of these two programs can dramatically improve the frequency and effectiveness of bystander responses to emergencies.

Recent studies have shown that bystander skills degrade over time, so try to assure "competency-currency." Regular, repeated training, with deliberate practice of bystander care skills, complemented by readily accessible emergency care supplies, is the winning combination for a campus team to help serve those entrusted in their care.

Remember, odds are that a medical emergency will happen on your campus and your students, clinicians, public safety officers, teachers, staff members and administrators will be the immediate responders until professional help can arrive. Med Tac can provide them with the skills they need to respond appropriately and save lives.

For more information about Med Tac visit med-tac.org or email info@med-tac.org. CS

WILLIAM ADCOX is the chief security officer for the UT MD Anderson Cancer Center and UT-Health Chief of Police; **Dr. GREGORY BOTZ** is a professor of anesthesiology and critical care and UT MD Anderson Cancer Center; **CHARLES DENHAM III** is a Junior Med Tac instructor. **Dr. CHARLES DENHAM II** is the chairman of the Texas Medical Institute of Technology.

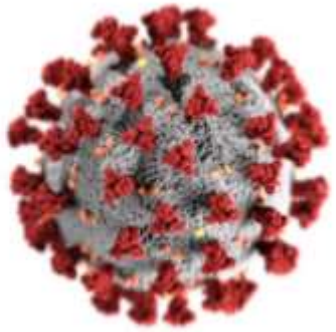
The University of Texas Police Department serving the UT MD Anderson Cancer Center and the UT Health Science Center at Houston are pioneering a Med Tac program to specifically address the needs of major medical centers and healthcare institutions. Chief William Adcox and the security team at MD Anderson are pioneering the new study domain of inside and outside threats to the caregivers who serve, the patients they serve and the property they need to deliver their care.

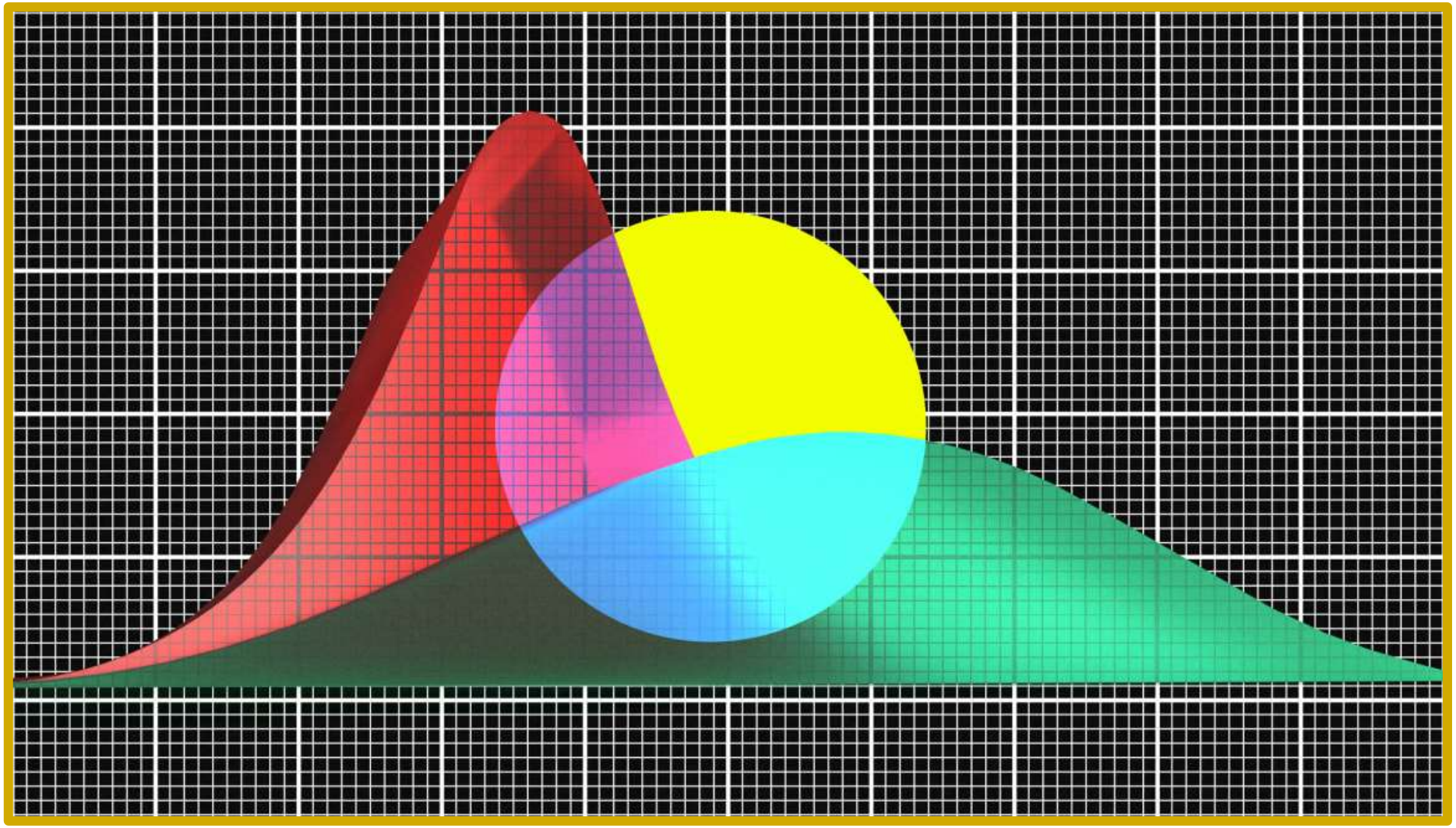
STOP THE BLEED

CPR AED
Heartsaver® CPR for Non-Medical Professionals
American Heart Association.

Source: Campus Safety Nov/Dec Issue - https://www.campussafetymagazine.com/public/med-tac-training-bystanders/

Flattening the Curve: Avoid the Surge





www.GlobalPatientSafetyForum.org

Emerging Threats Community of Practice

Global Patient Safety Forum

Global Patient Safety Forum

The GPSF is a convening alliance with a mission to save lives, save money, and build value in the community it serves. The Forum was expressly founded to make available important content that the collaborators want to share more broadly. This website is not intended to compete with any other initiative and will meet its objectives if collaborators and those interested in the topics share the information with their communities. There are no financial requirements of users of the site. Certain communities are private in order to protect those we serve and those who serve. Those we serve are patients and their families. Those who serve are the caregivers, administrators, researchers, educators, and staff in the healthcare industry.

Global Innovators Network

We are a global network of leaders from academ… NGOs, philanthropy, and faith-based organizat… best practices in leadership of innovation. S… of innovators in healthcare and patient sa… multiple sectors with a focus on mento… There is no specific commercial pur… website financial relationship between the… …rs. No dire… financial support of any type… …lthcare indust… or communities of practice … The informatio… website is entirely free.

Featured Leaders | Global Webinars & Summits | Patient Safety Community Of Practice | Med Tac Bystander Care Program | Emerging Threats Community Of Practice | CareUniversity & Continuing Education

Thomas Zeltner, MD
Expert leader in Public Health
Former Special Envoy of the WHO
Former Secretary of State for Health
Swiss Federal Office of Public Health, Bern, Switzerland

Read bio...

View video clip

The private community of practice addresses a number of sensitive topics and subject matter that should not be made public for security reasons.

- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force** Incidents including events causing physical harm to staff, caregivers, and or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biologic, radiologic, nuclear, and explosive weapons. Also weaponization of transportation & vehicles (CBRNET)
- **Violent Acts Against Leadership** where administrative, clinical, or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients with or without enablers who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems failures identified by mortality reviews such as diagnostic errors.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Hospital Optimization and Flow** leading to overcrowding, boarding, and transfer issues.
- **Readiness for Epidemics** including preparedness for testing and volume surges.
- **Sexual Misconduct** including sexual harassment, abuse of power, and or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those we serve including patients and their families and or those who serve in the organization.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and or ransom crimes.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or whistleblowers.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and supplies that may prevent proper care.
- **Regulatory Compliance Issues** including new risk for non-compliance.

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Emerging Threats: The Context

Chief William Adcox, MBA

Chief Security Officer
MD Anderson Cancer Center
Chief of Police at University
of Texas at Houston

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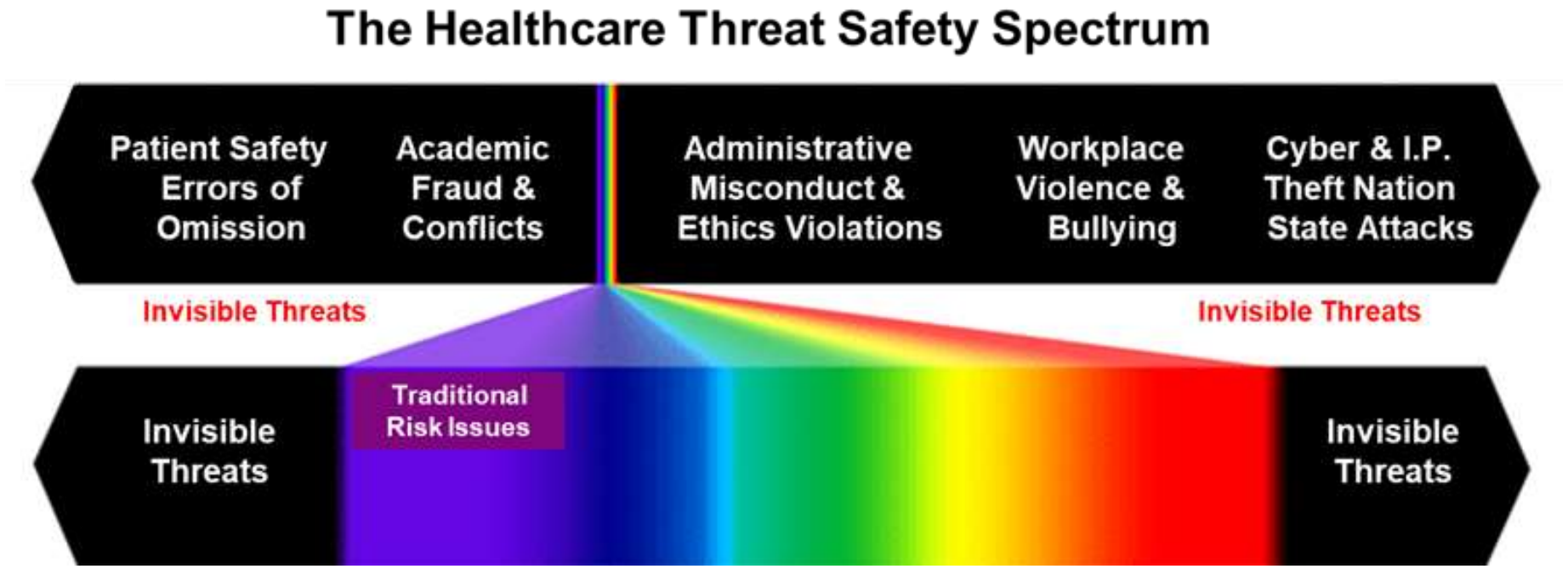

Emerging Threats

- ***Threat Velocity:*** **The speed of new threats challenging us are appearing much faster than ever before.**
- ***Threat Spectrum:*** **The range of different threats challenging us are increasing as well.**
- ***Invisible and Visible Threats:*** **Many of the threats are invisible to us until they are upon us. The Coronavirus COVID-19 is an example of a threat that is invisible. Many who are infected with the virus are asymptomatic AND contagious.**

Protecting You & Your Family:
First Responder & Family Briefing

Gregory H. Botz, MD, FCCM

Professor, Department of Critical Care
Division of Anesthesiology and Critical Care
The University of Texas
MD Anderson Cancer Center
Adjunct Clinical Associate Professor
Stanford University School of Medicine

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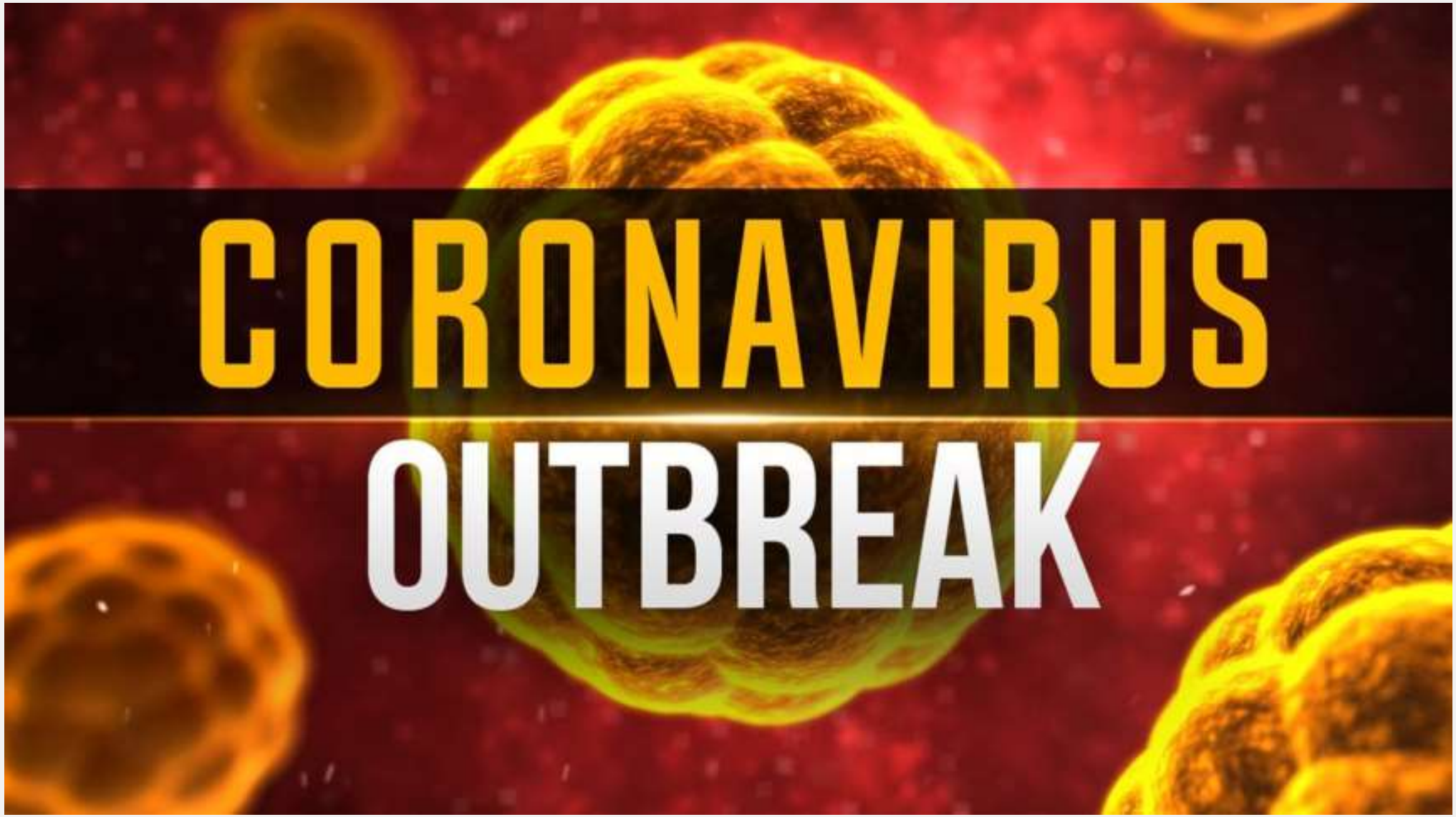
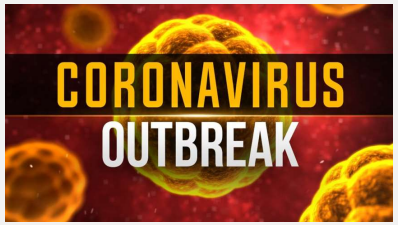
No Relevant Conflicts of Interest or Financial Relationships to Disclose

The views and opinions expressed herein are my own.
They do not necessarily represent the views and opinions of the
MD Anderson Cancer Center, the University of Texas or the State of Texas


CORONAVIRUS
OUTBREAK



Objectives:

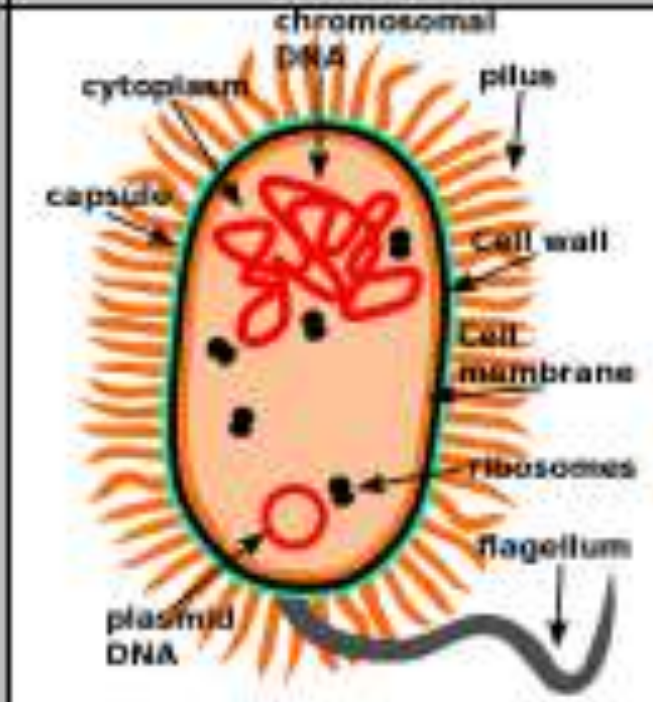
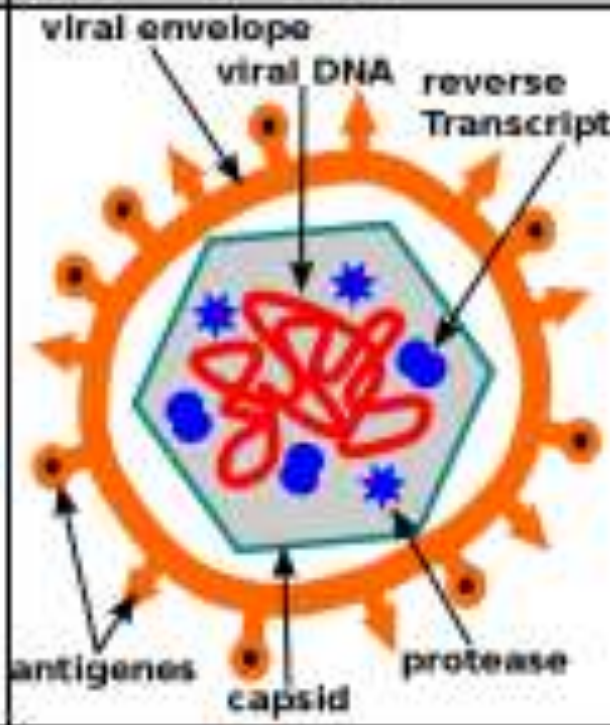
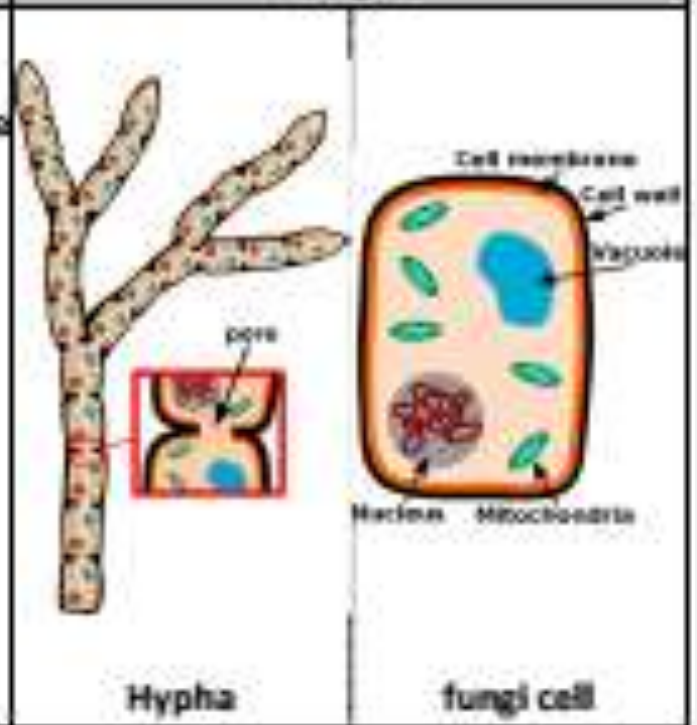
- ✓ Background Information
- ✓ Current Situation
- ✓ Facts vs. Fiction
- ✓ What can you do to stay safe?
- ✓ How can you protect yourself and your families?

First of all, let me assert my firm belief that the only thing we have to fear is fear itself - nameless, unreasoning, unjustified terror which paralyzes needed efforts to convert retreat into advance.

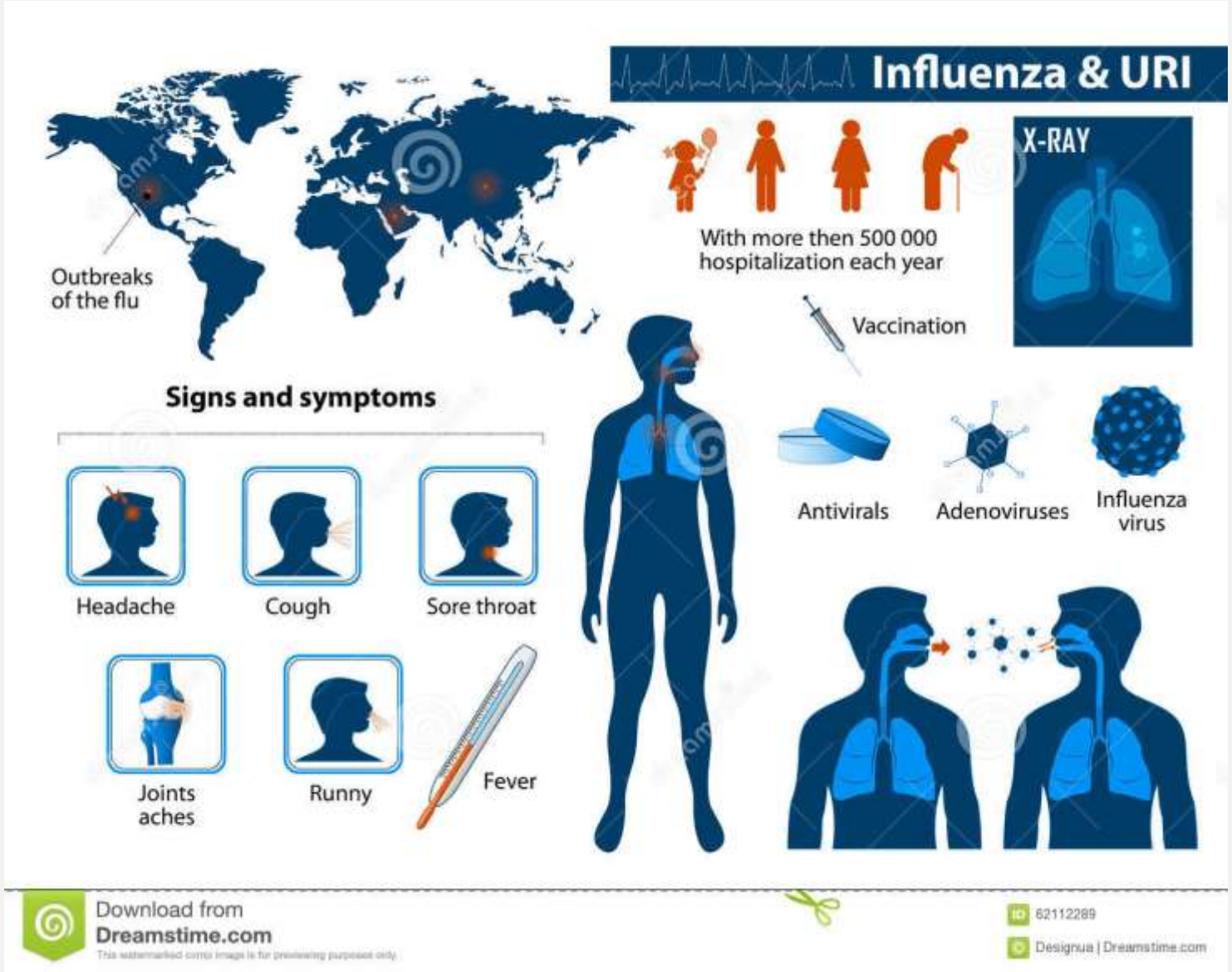
(Franklin D. Roosevelt)

IZQuotes

FDR. March 4, 1933. First Inaugural Speech

	Bacteria	Virus	Fungus
General overview			
Most common morphologies			 The hypha consists of an assembly of linked cells. The linked cells are perforated and thus can exchange cell material through among them.
			Diameter 2 – 10 µm

Seasonal Infections


Influenza & URI
Outbreaks of the flu
With more then 500 000 hospitalization each year
X-RAY
Vaccination
Signs and symptoms
Headache
Cough
Sore throat
Joints aches
Runny
Fever
Antivirals
Adenoviruses
Influenza virus
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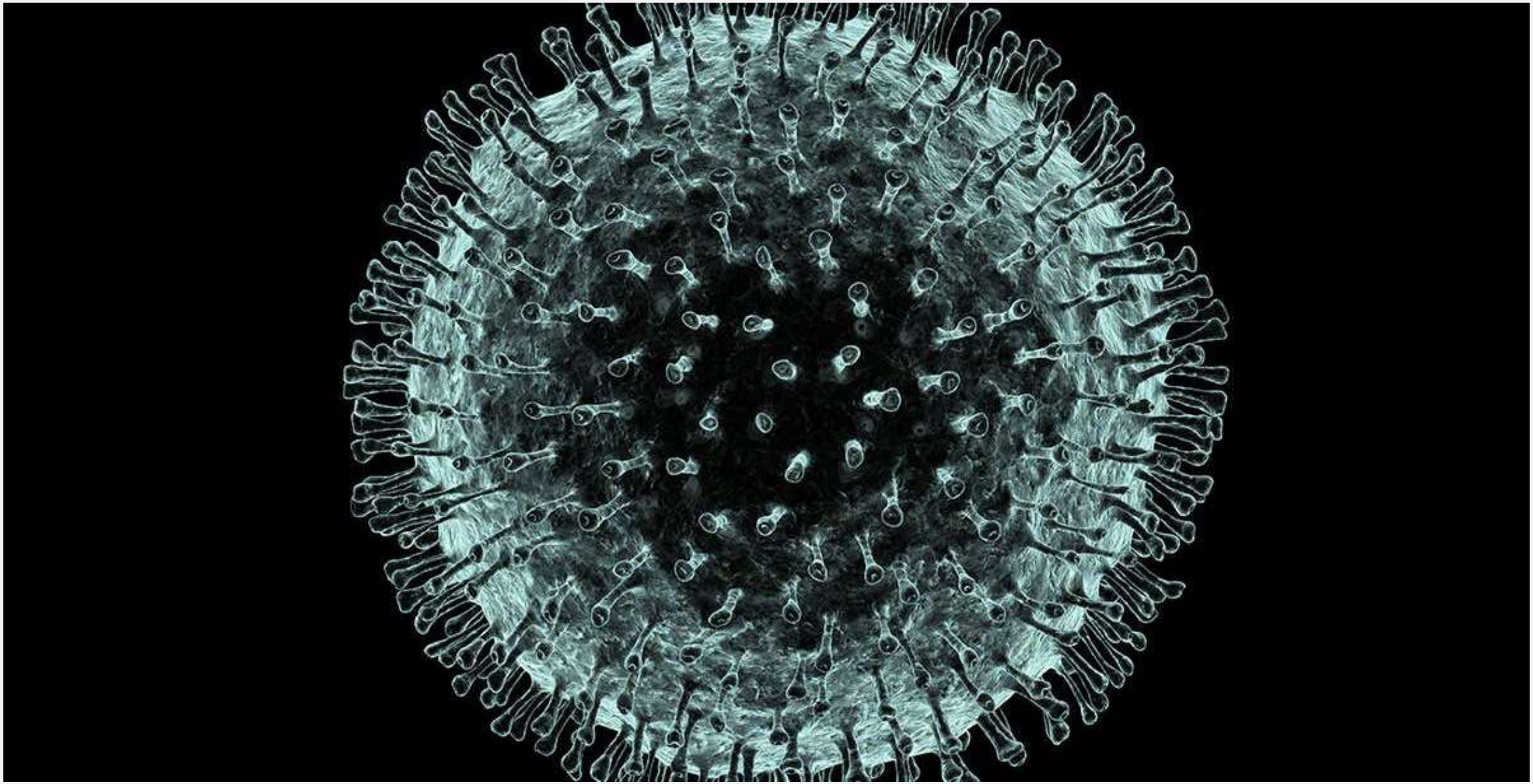
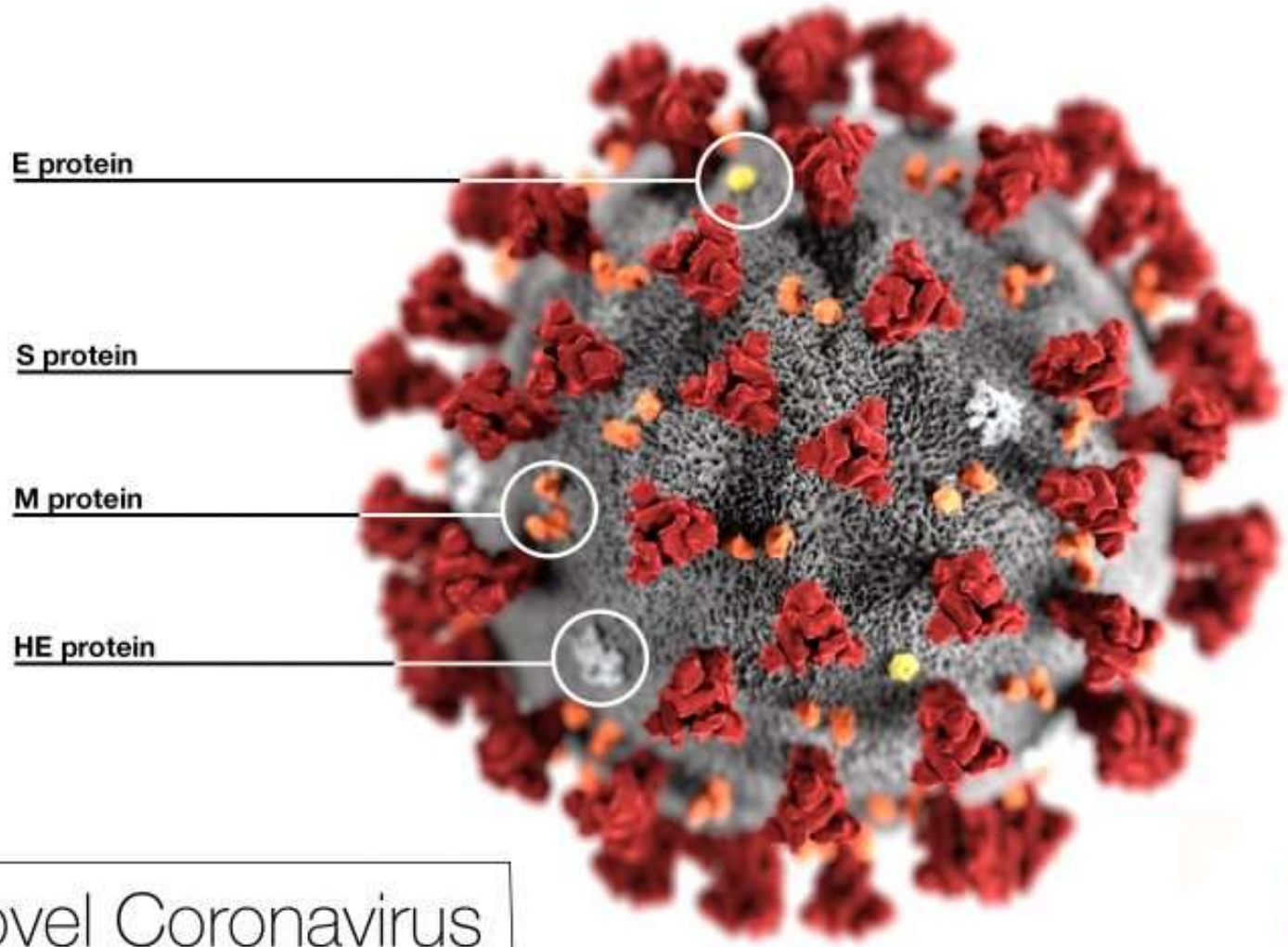
Coronavirus

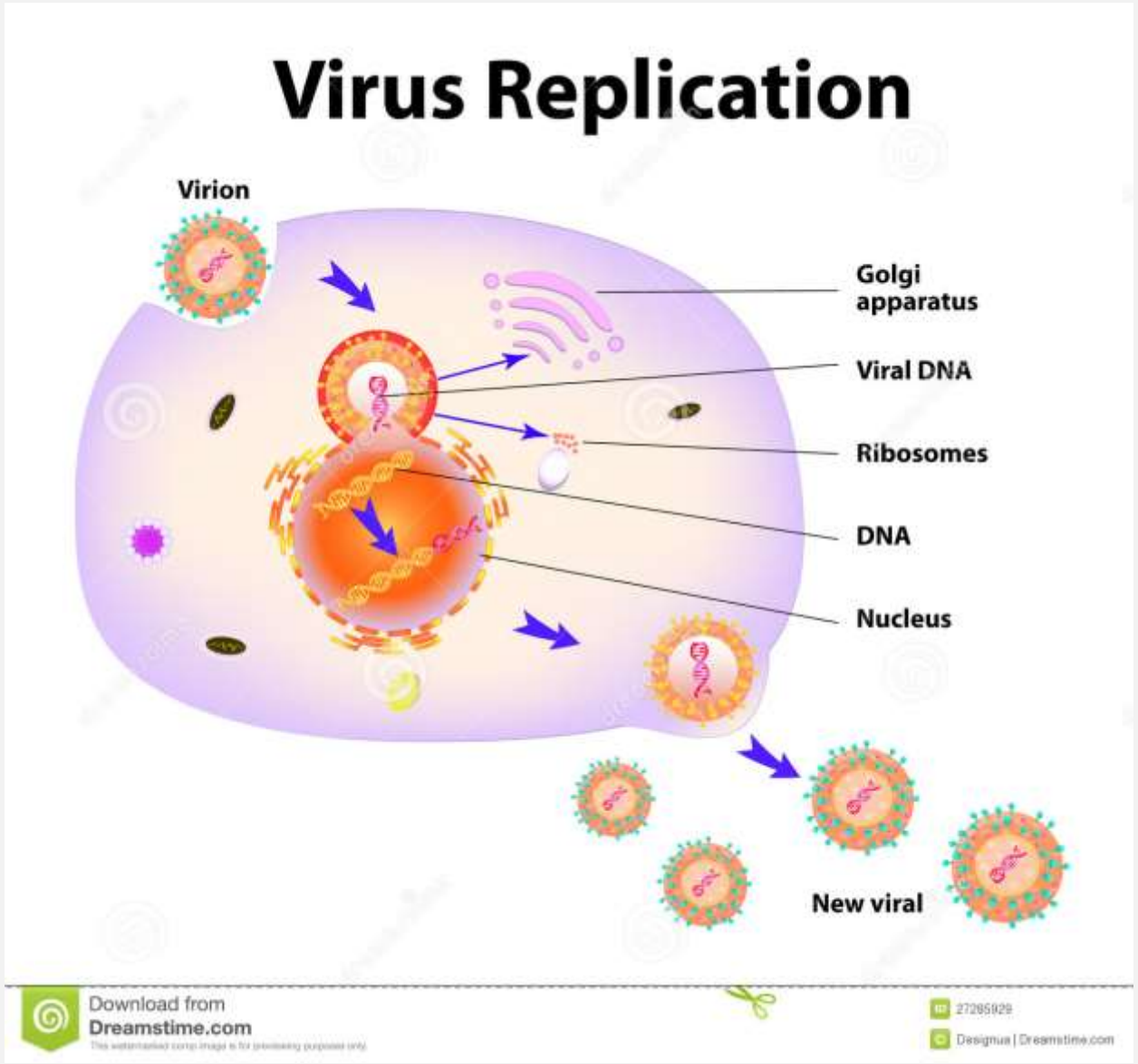


Coronavirus Surface Proteins

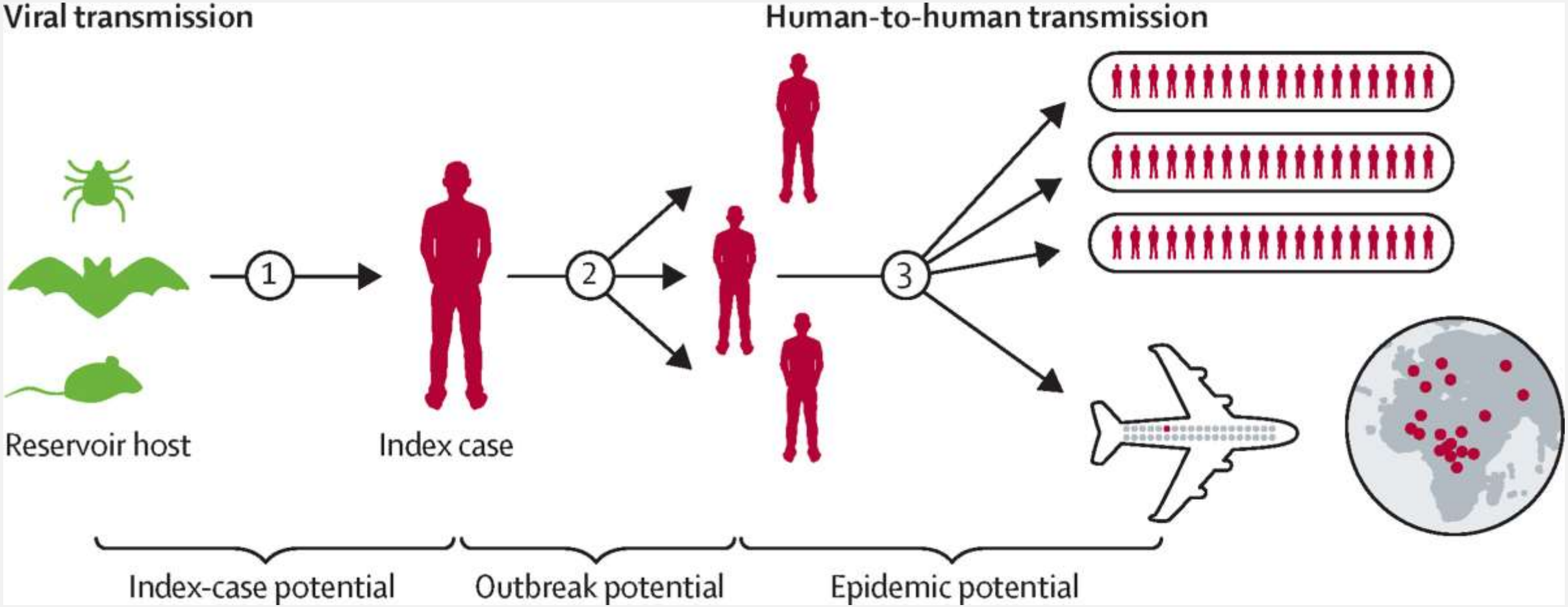


2019 Novel Coronavirus

Why do Viruses Infect Cells?



Zoonotic Transmission- Animals to Humans



Bats

Human Coronavirus Types

Coronaviruses are named for the crown-like spikes on their surface. There are four main sub-groupings of coronaviruses, known as alpha, beta, gamma, and delta.

Human coronaviruses were first identified in the mid-1960s. The seven coronaviruses that can infect people are:

Common human coronaviruses

1. 229E (alpha coronavirus)
2. NL63 (alpha coronavirus)
3. OC43 (beta coronavirus)
4. HKU1 (beta coronavirus)

Other human coronaviruses

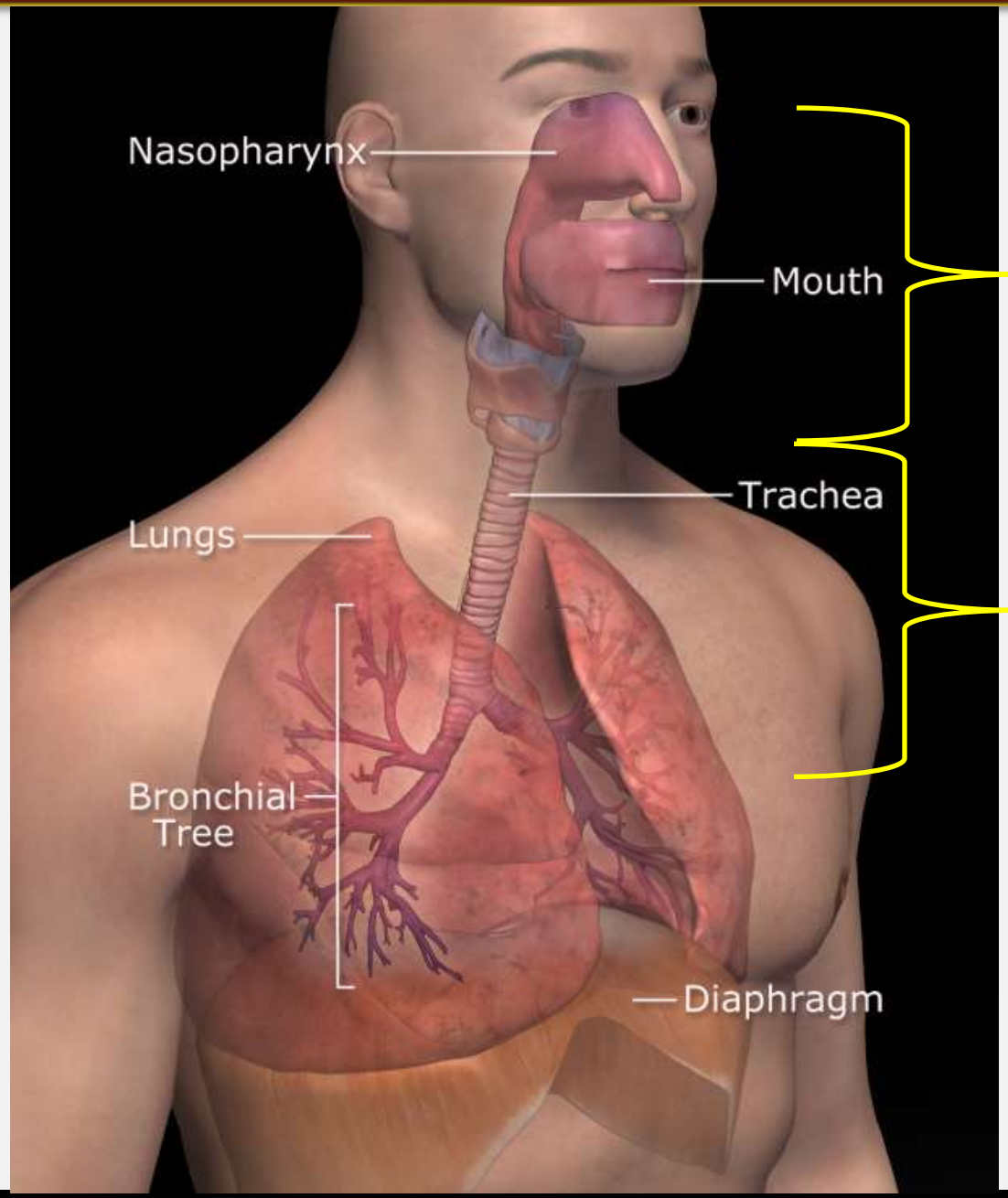
5. MERS-CoV (the beta coronavirus that causes Middle East Respiratory Syndrome, or MERS)
6. SARS-CoV (the beta coronavirus that causes severe acute respiratory syndrome, or SARS)
7. SARS-CoV-2 (the novel coronavirus that causes coronavirus disease 2019, or COVID-19)

People around the world commonly get infected with human coronaviruses 229E, NL63, OC43, and HKU1.

Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are 2019-nCoV, SARS-CoV, and MERS-CoV.

www.cdc.gov/coronavirus

Infection Targets



Influenza
“Common Cold”
Upper Respiratory Infection

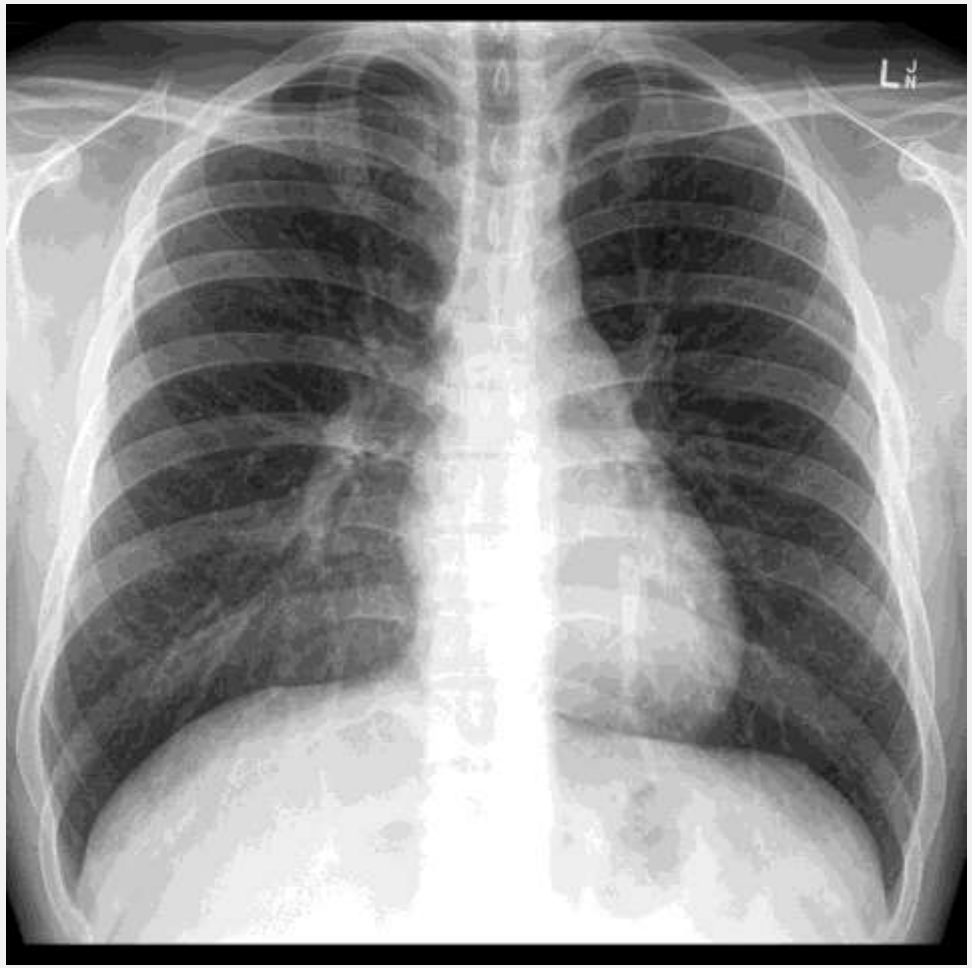
Coronavirus (SARS CoV-2)

Most Common COVID-19 Symptoms:

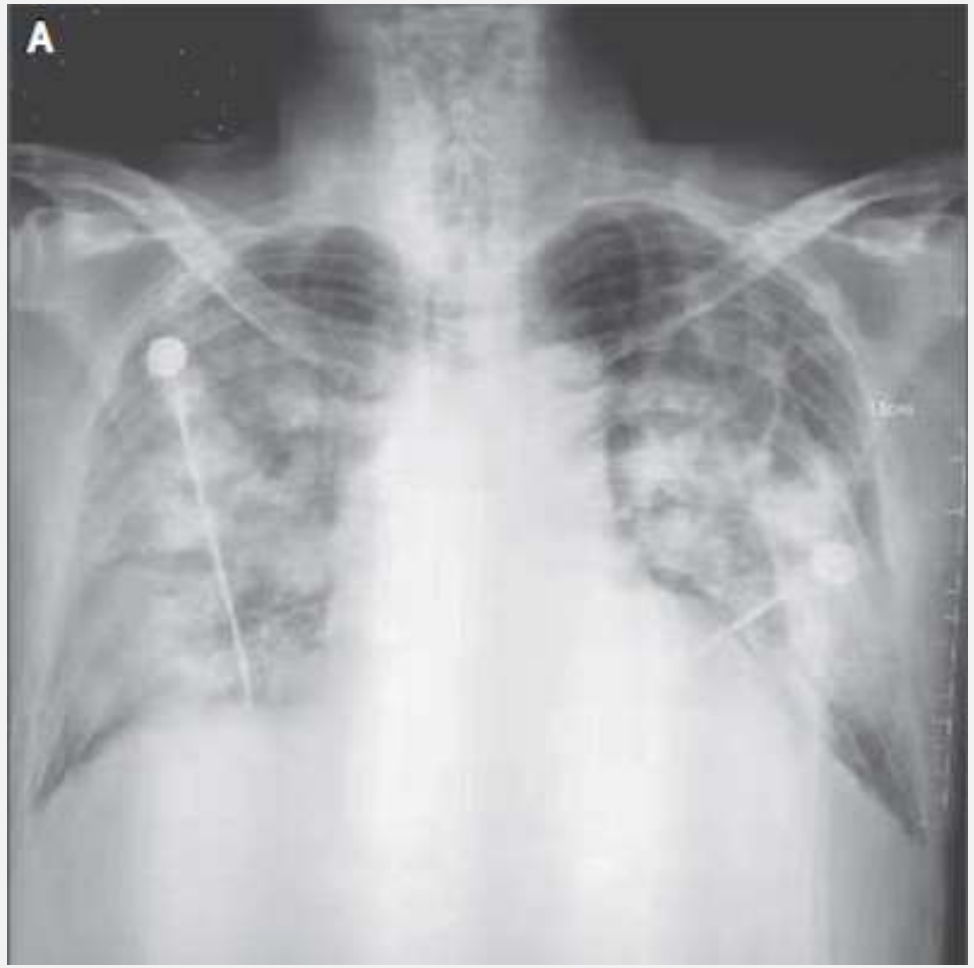
• **Fever**	88%
• **Dry Cough**	68%
• Fatigue	38%
• Phlegm	33%
• **Shortness of breath**	19%
• Joint or muscle pain	15%
• Sore throat	14%
• Headache	14%
• Chills	11%
• Nausea or vomiting	5%
• Nasal congestion	5%
• Diarrhea	4%
• Coughed up blood or blood-stained mucus	<1%
• Watery eyes	<1%

*Data from nearly 56,000 laboratory-confirmed COVID-19 patients in China

Chest X-Ray

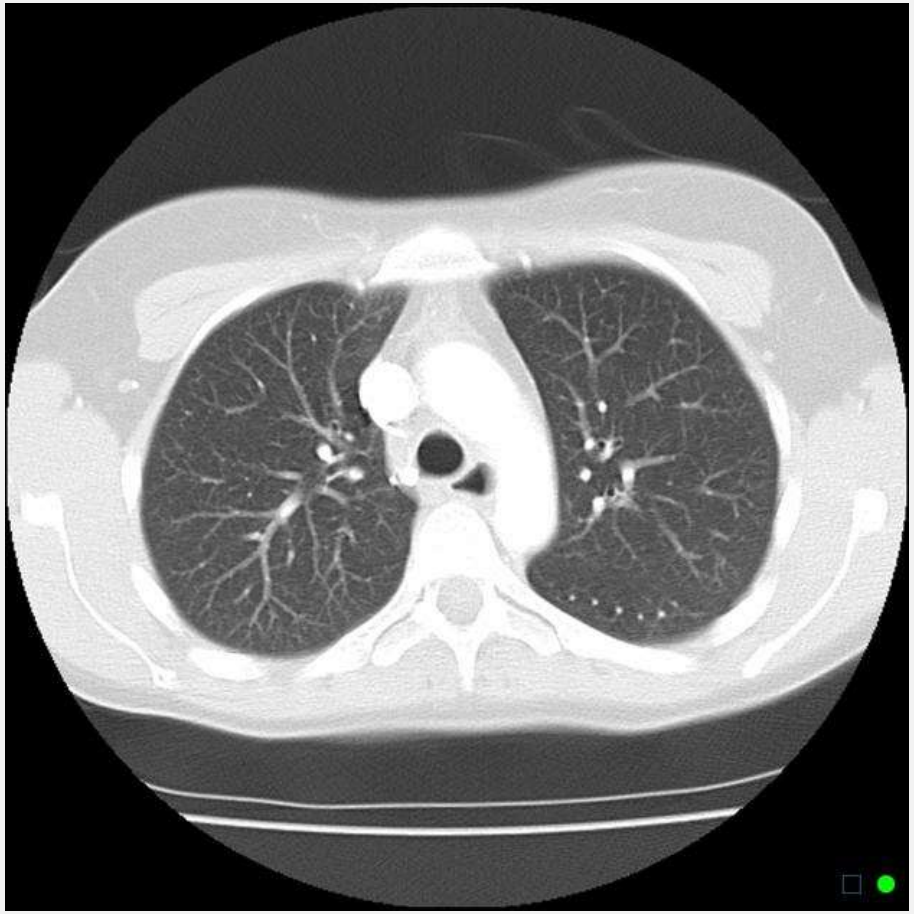


Normal



Pneumonia

Chest CT Scan



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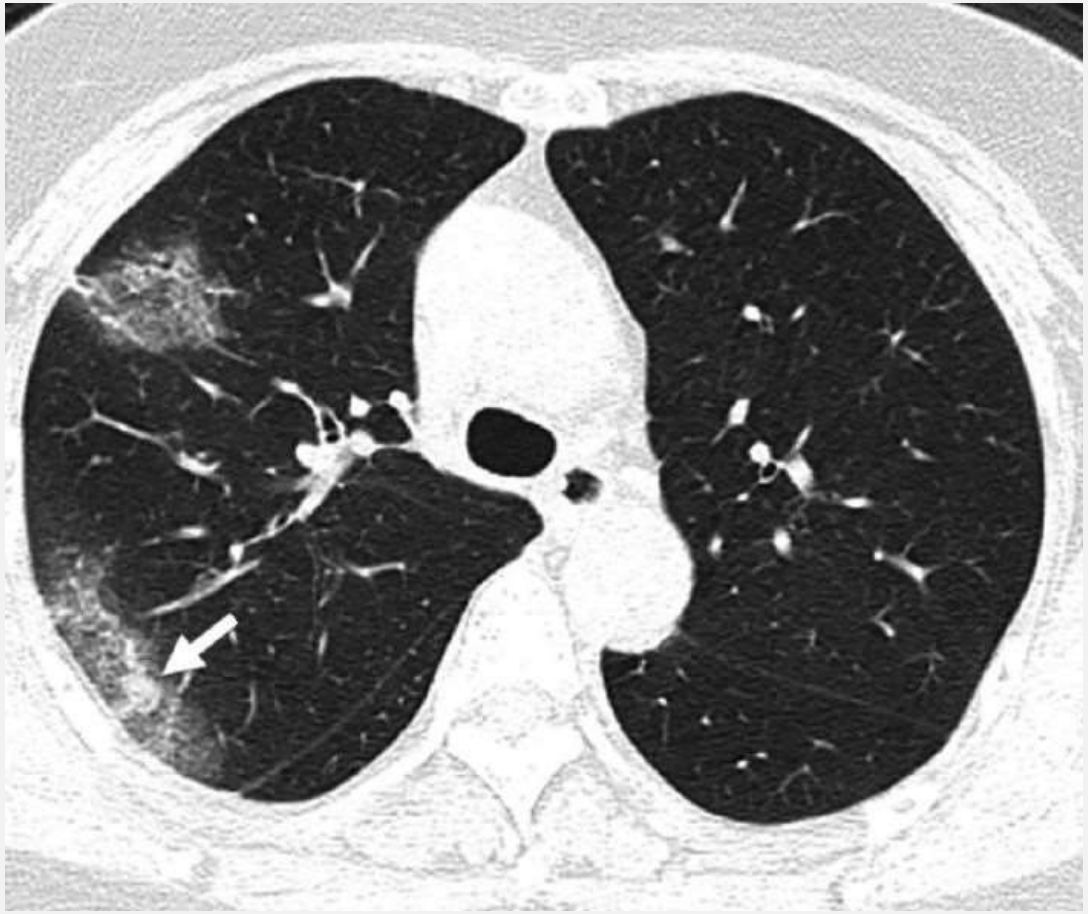
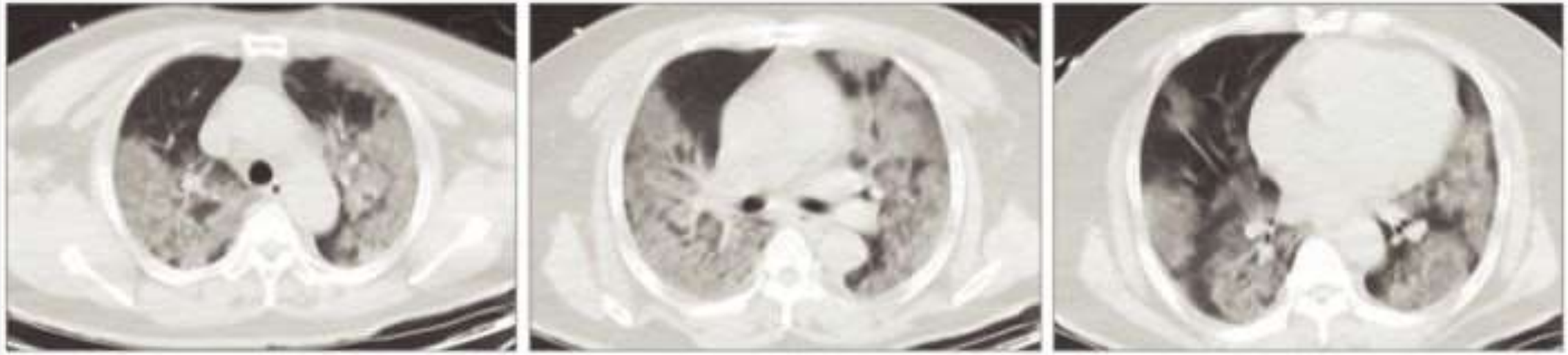


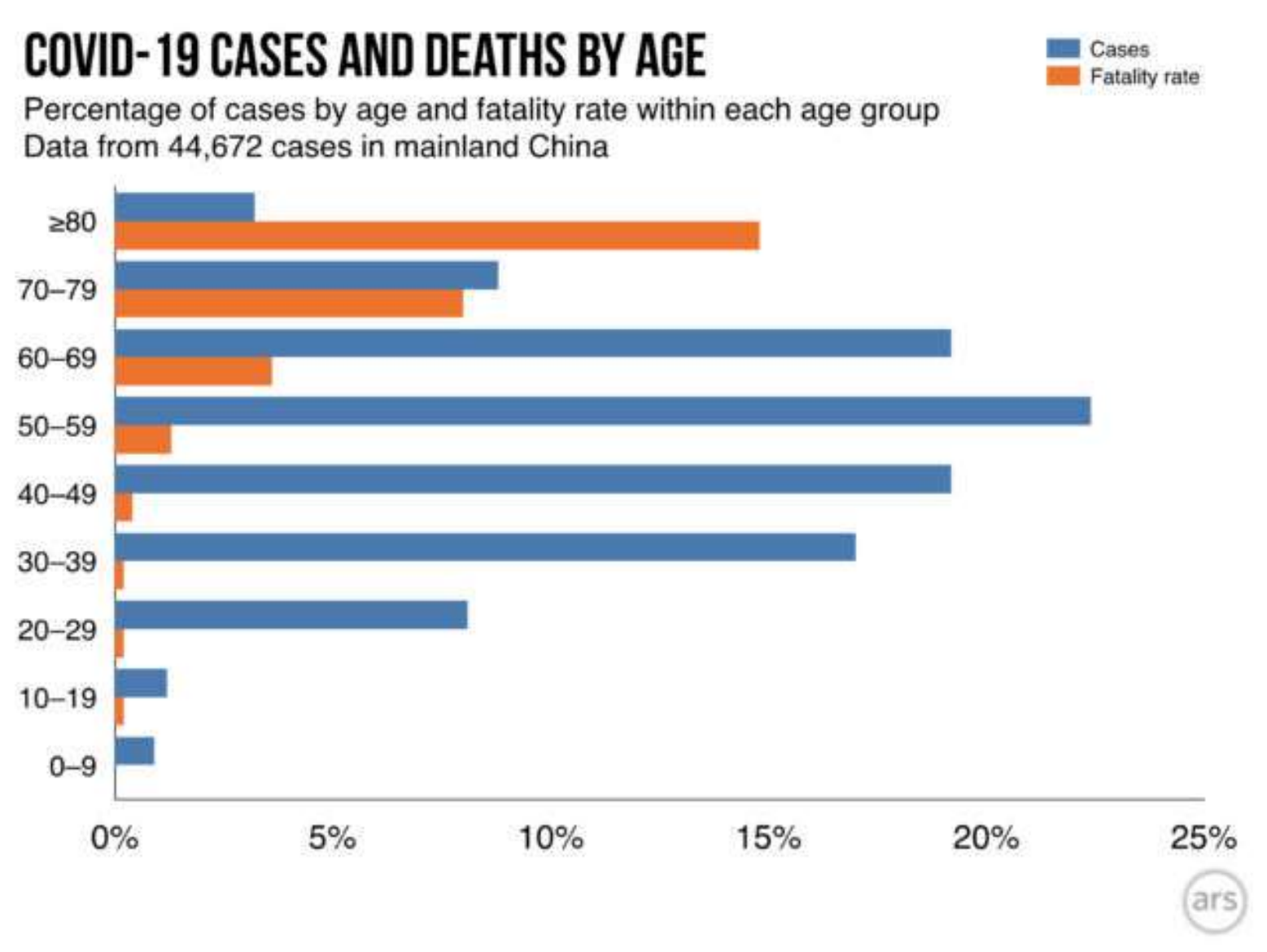
Ground Glass Pneumonia

A Computed tomography images on day 5 after symptom onset

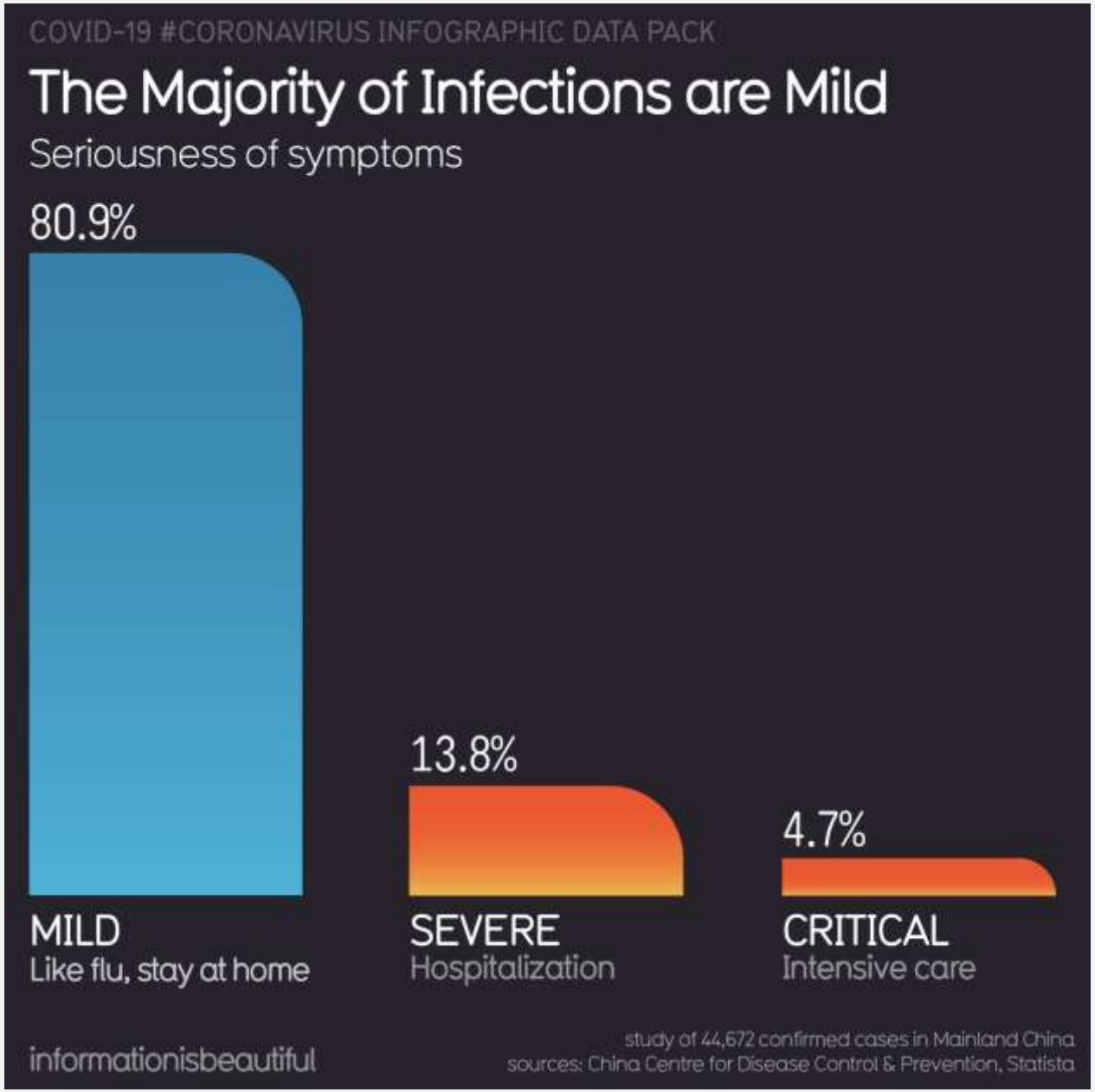


B Computed tomography images after treatment on day 19 after symptom onset

COVID-19 Age Ranges and Mortality



Coronavirus COVID-19 Disease Spectrum



MILD:
Slight symptoms to mild pneumonia.
None were fatal; all recovered.

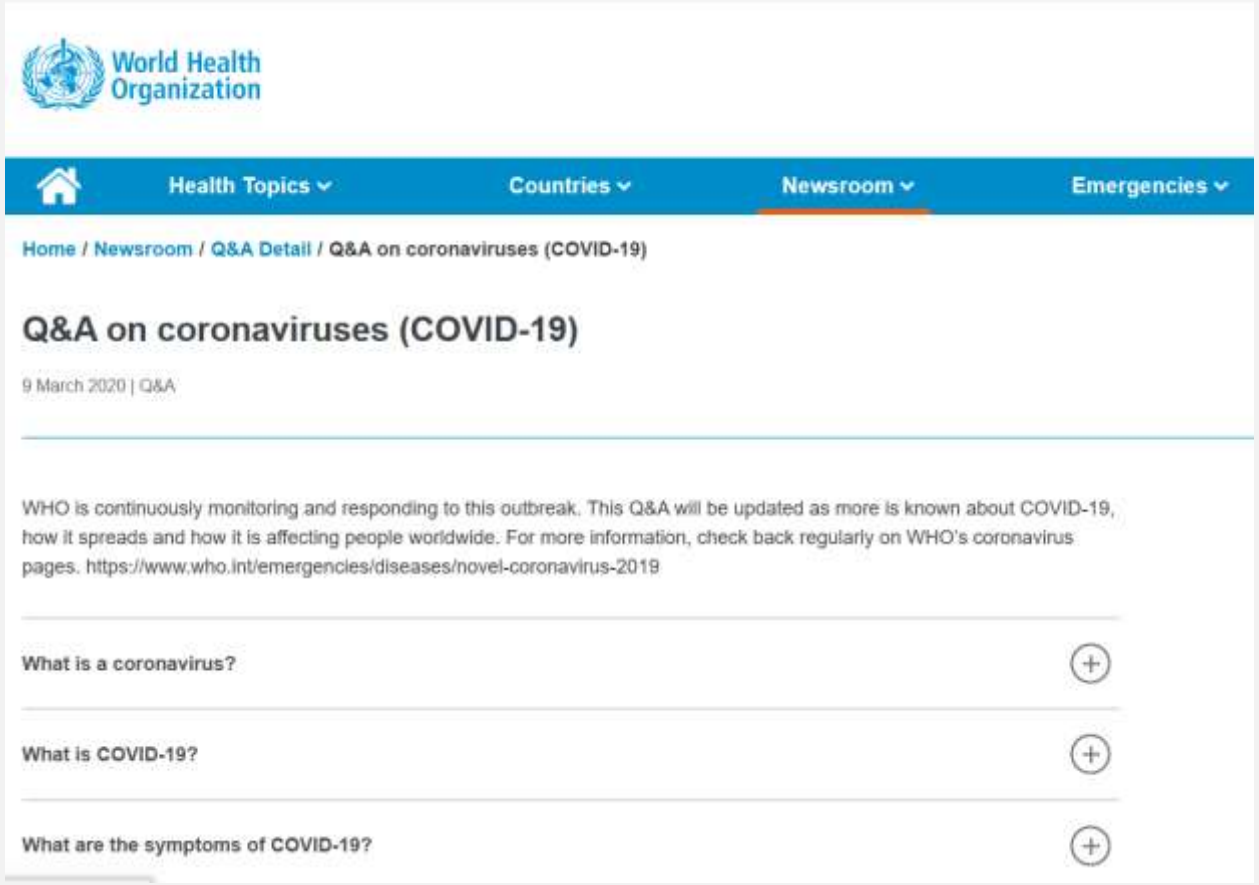
SEVERE:
Difficult or labored breathing, an increased rate of breathing, and decreased blood oxygen levels. *None were fatal; all recovered.*

CRITICAL:
Respiratory failure, septic shock, and/or multiple organ dysfunction or failure.
About half of these patients died.

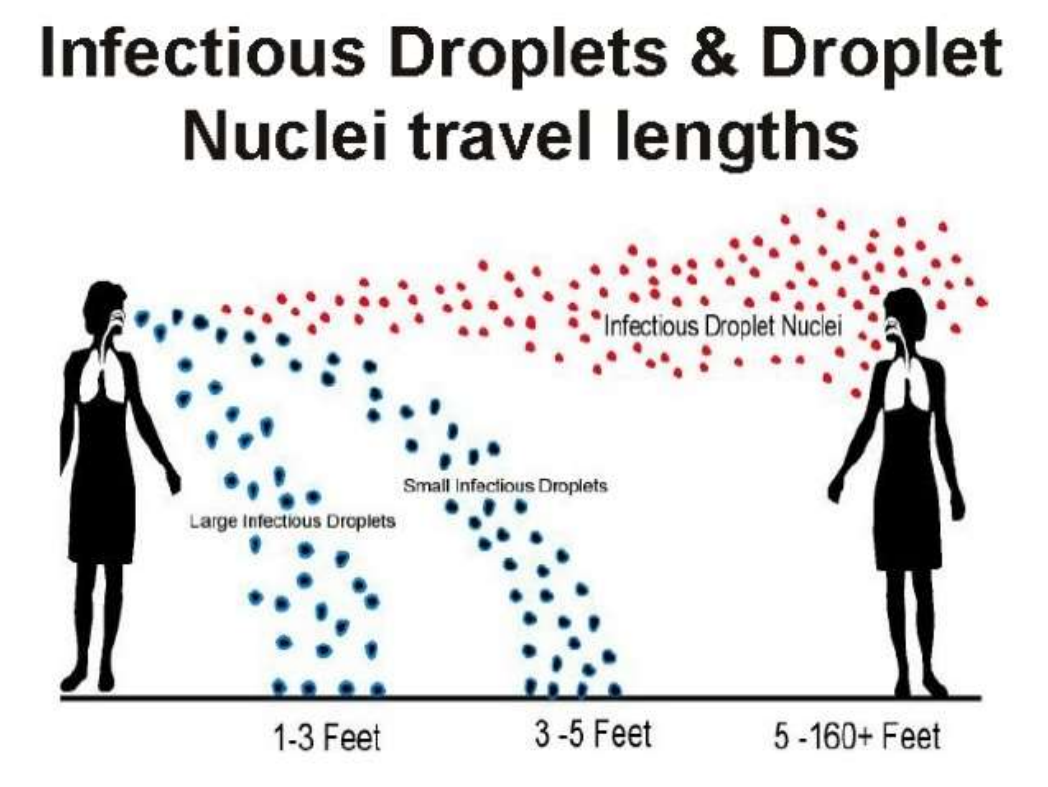
Overall Mortality: 2.3%
Highest in age > 80 and pre-existing Heart Dx
Limited by availability of COVID-19 testing

From: Tomas Pueyo. Coronavirus: Why You Must Act Now. Politicians, Community Leaders and Business Leaders: What Should You Do and When? https://medium.com/@tomaspueyo/coronavirus-act-today-or-people-will-die-f4d3d9cd99ca. Accessed 3/16/20.

Coronavirus Incubation Period



- Incubation Period
  - Time from exposure to symptoms
  - 2-14 days after exposure
  - Average is about 5 days
- Infective Period
  - Not entirely clear
  - Certainly while symptomatic
- Post-Infection Immunity
  - Too soon to tell



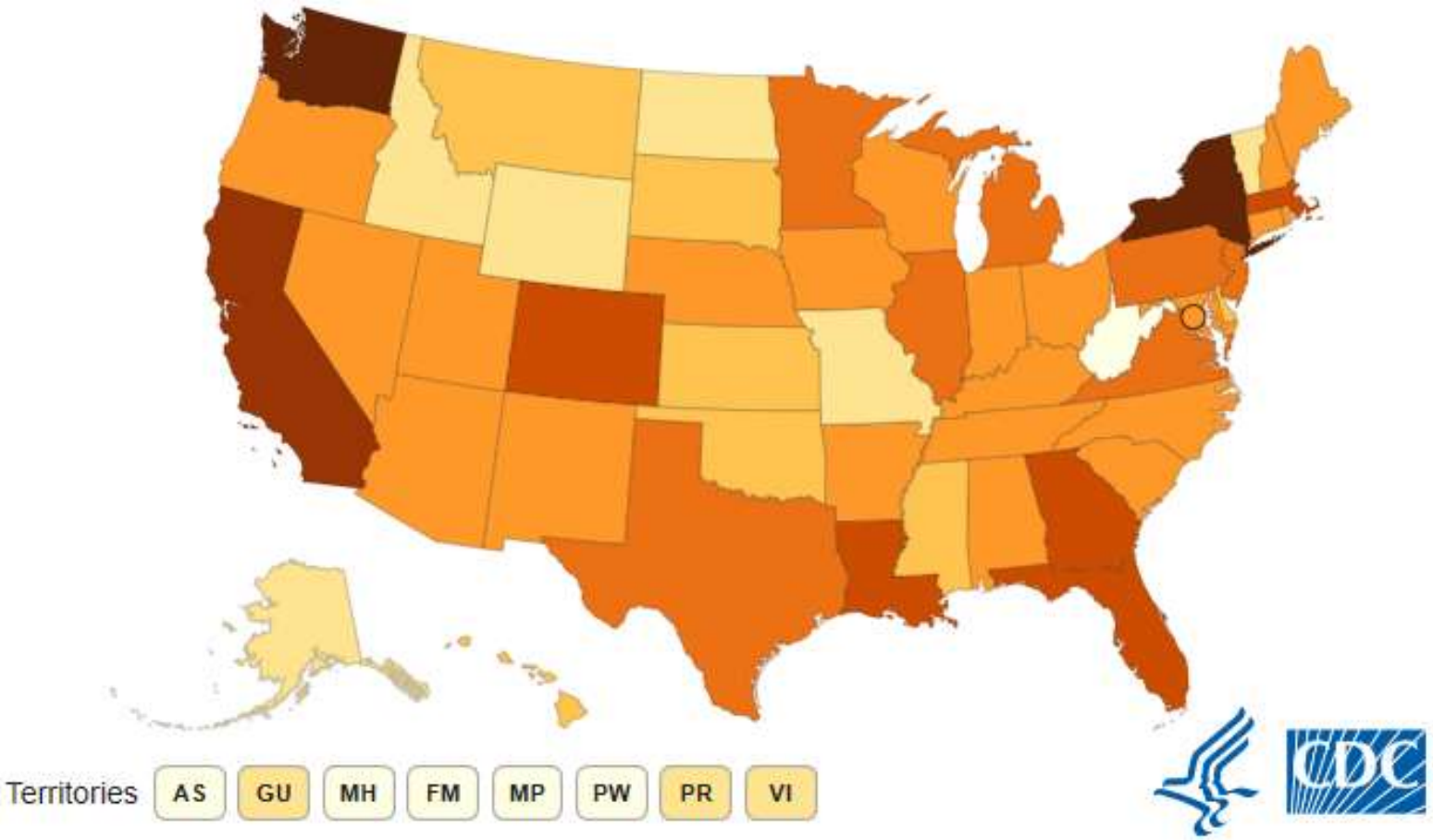
Transmission:

- Contact with mucous membranes
- SARS-CoV-2 spreads mainly in respiratory droplets
- Once airborne, these fall rapidly onto the ground and typically don't land more than one meter away.
- A single sneeze can unleash 40,000 droplets between 0.5–12 micrometers in diameter.
- SARS-CoV-2 can exist on surfaces for hours to days.
- Viral shedding in stool

https://arstechnica.com/science/2020/03/dont-panic-the-comprehensive-ars-technica-guide-to-the-coronavirus/

Viral Fusillade!

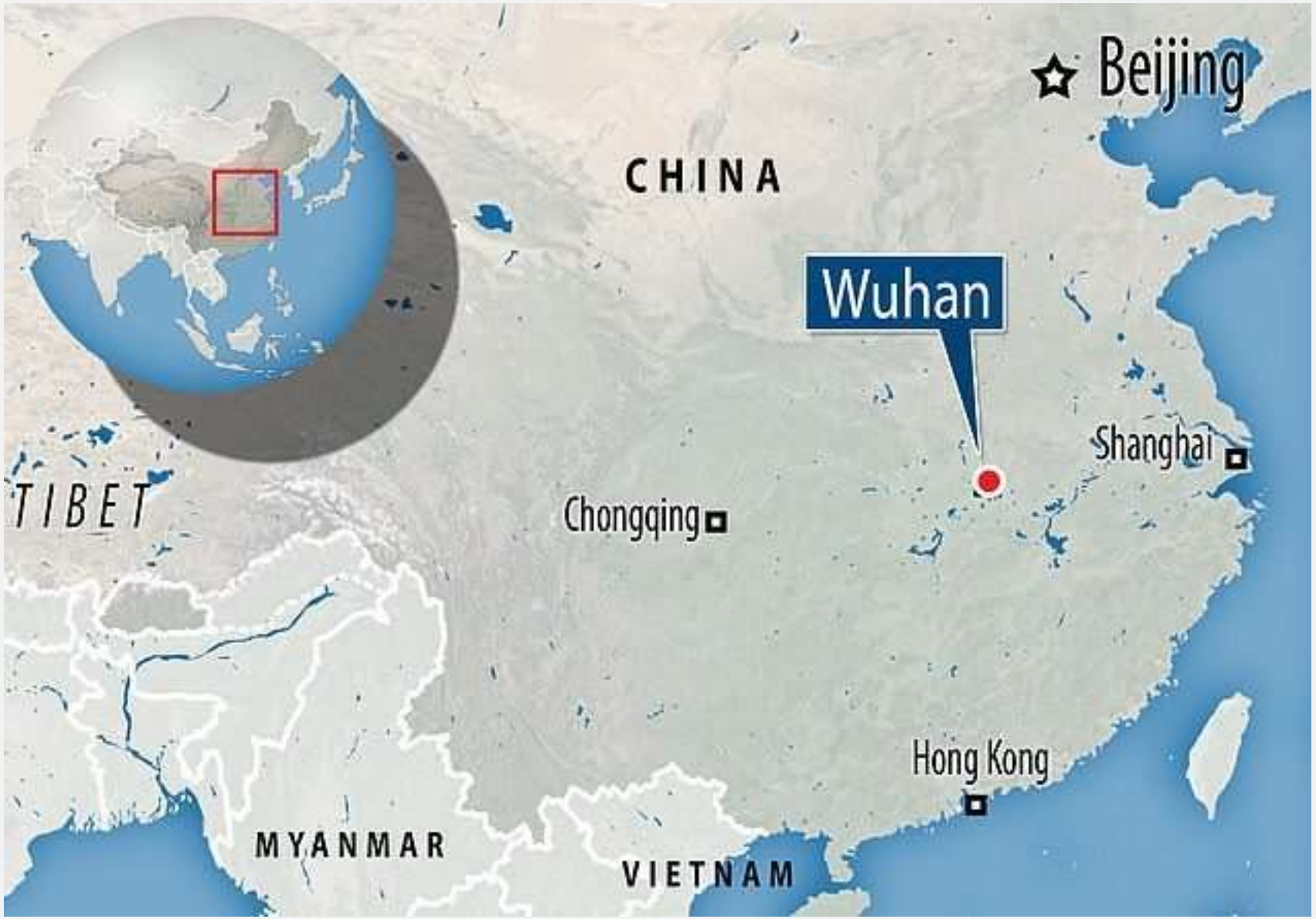
States Reporting Cases of COVID-19 to CDC*



Reported Cases (last updated March 16, 2020)

- None
- 1 to 5
- 6 to 10
- 11 to 50
- 51 to 100
- 101 to 200
- 201 to 500
- 501 to 1000

Coronavirus Origins



Wet Market Wuhan China

Bat Soup is a delicacy in China!

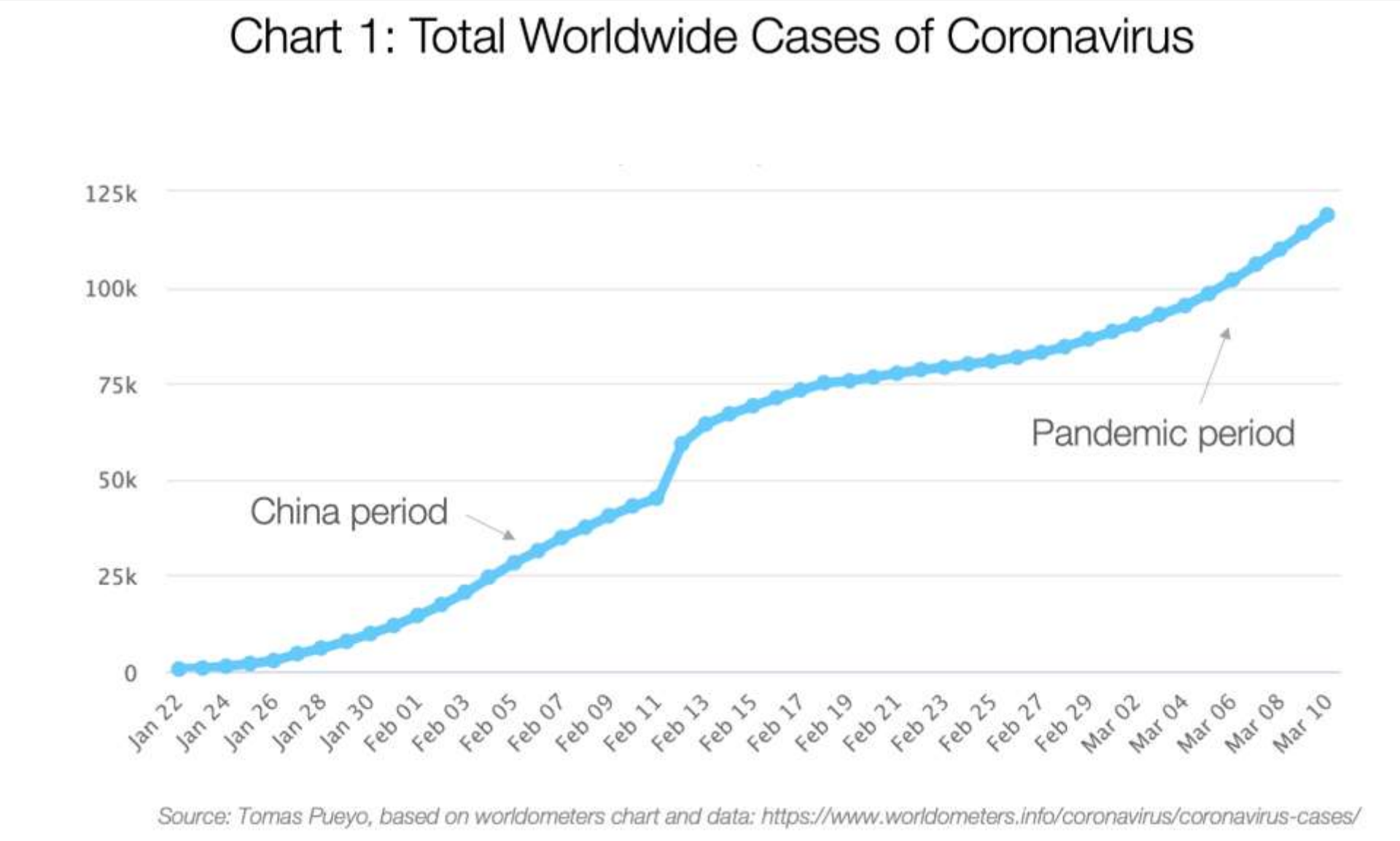
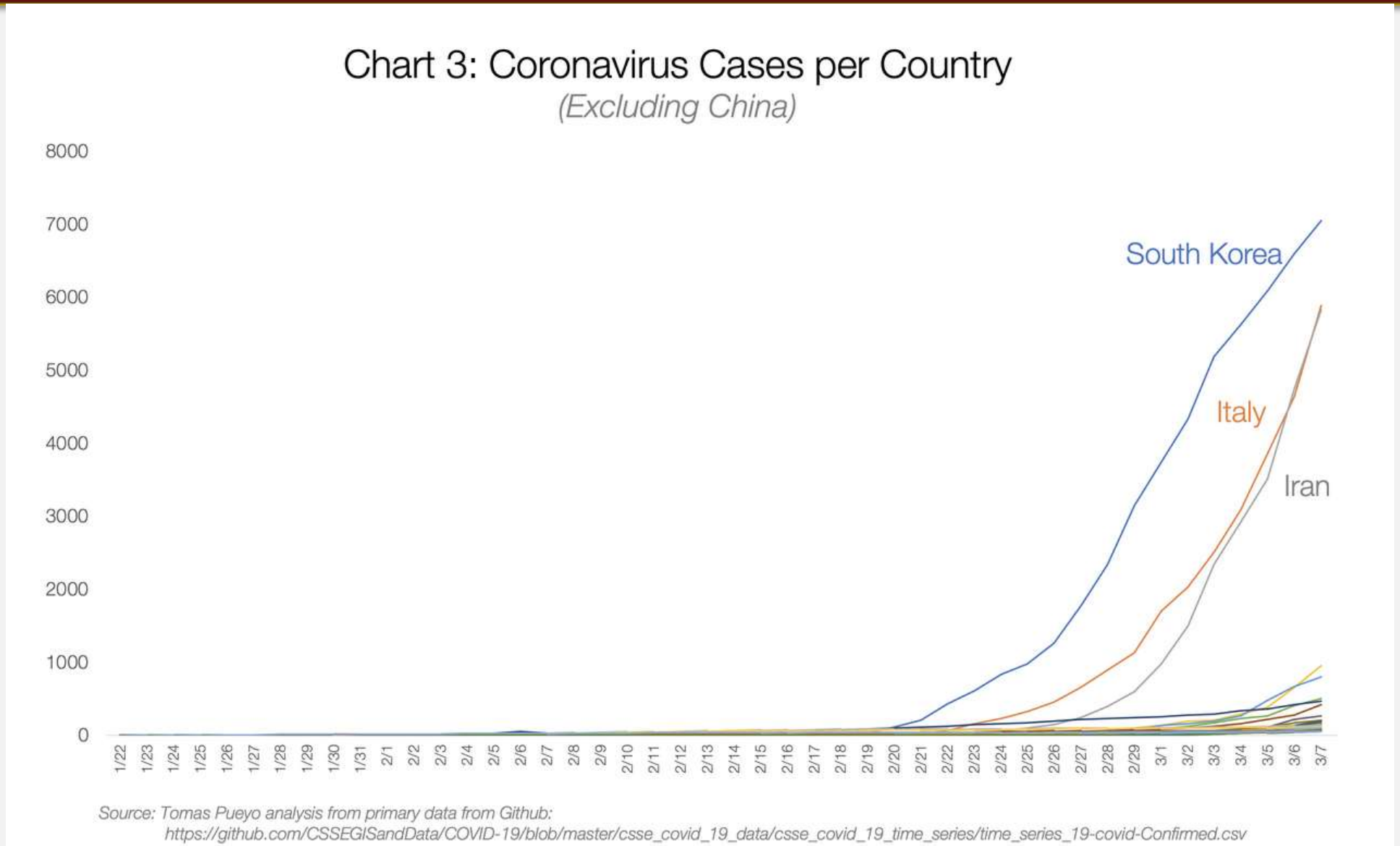


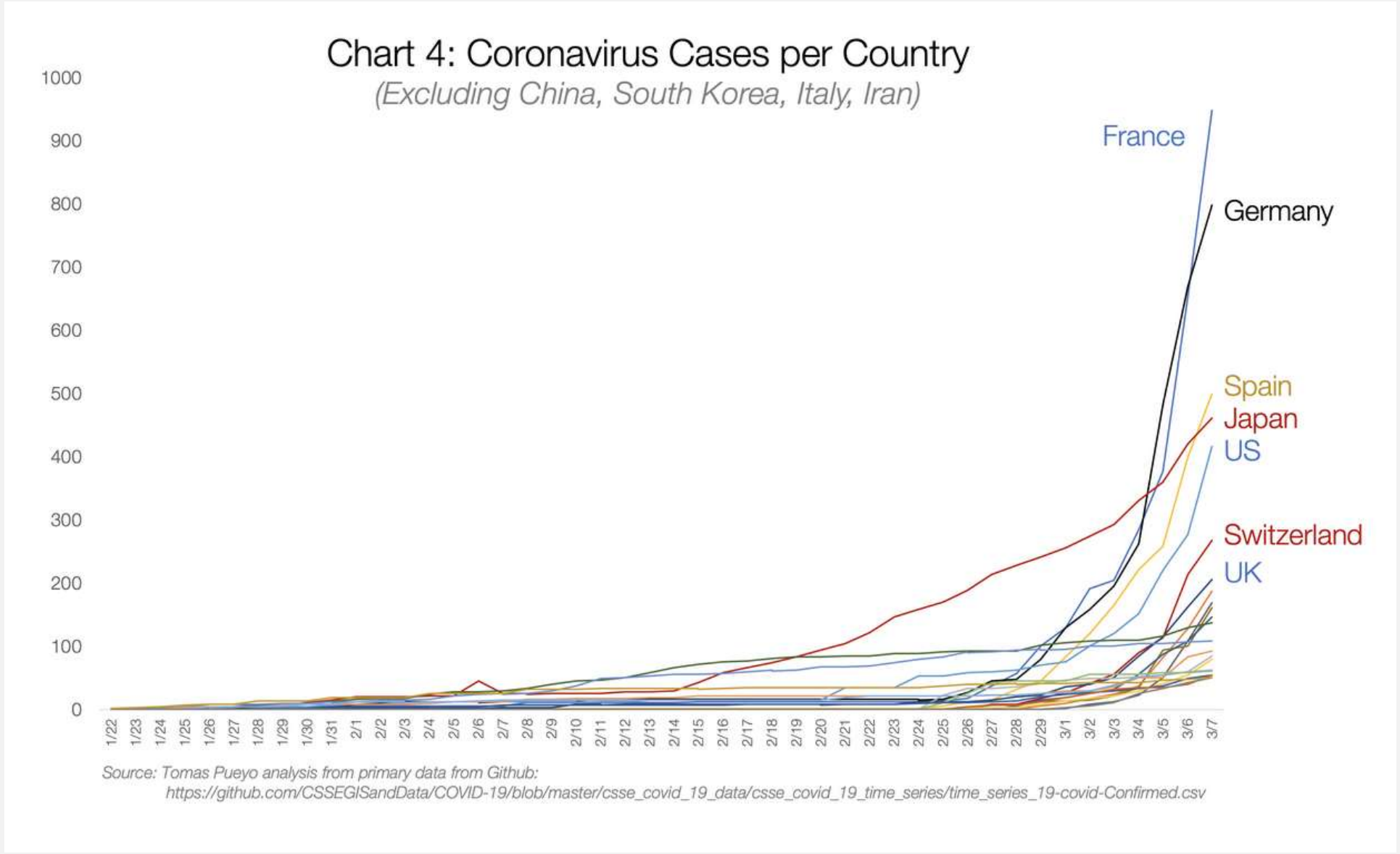
Chart 1: Total Worldwide Cases of Coronavirus
125k
100k
75k
50k
25k
0
China period
Pandemic period
Jan 22
Jan 24
Jan 26
Jan 28
Jan 30
Feb 01
Feb 03
Feb 05
Feb 07
Feb 09
Feb 11
Feb 13
Feb 15
Feb 17
Feb 19
Feb 21
Feb 23
Feb 25
Feb 27
Feb 29
Mar 02
Mar 04
Mar 06
Mar 08
Mar 10
Source: Tomas Pueyo, based on worldometers chart and data: https://www.worldometers.info/coronavirus/coronavirus-cases/

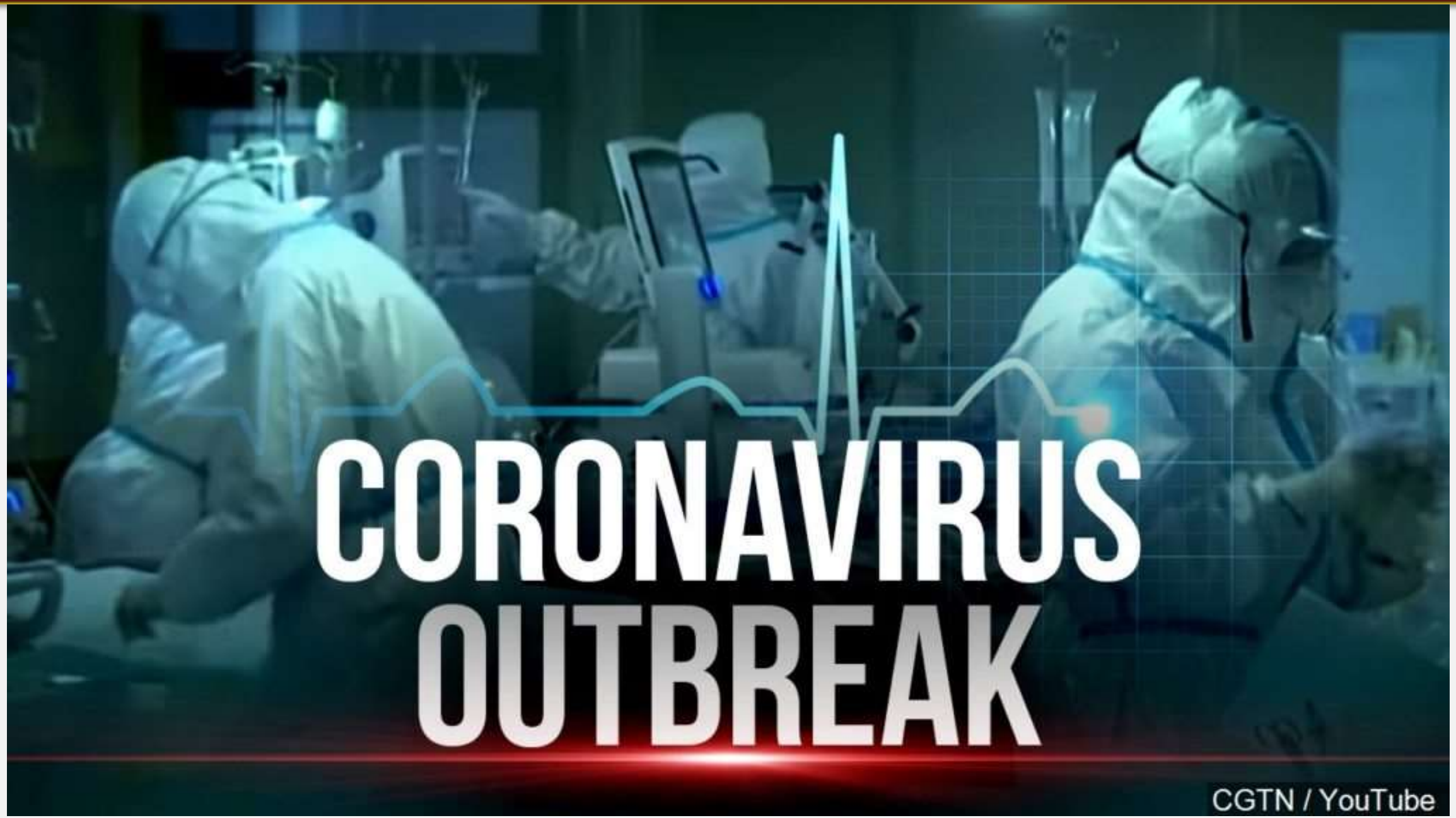
Spread to South Korea, Europe and Middle East



Source: Tomas Pueyo analysis from primary data from Github:
https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/time_series_19-covid-Confirmed.csv

Worldwide Spread




CORONAVIRUS
OUTBREAK
CGTN / YouTube

Individuals

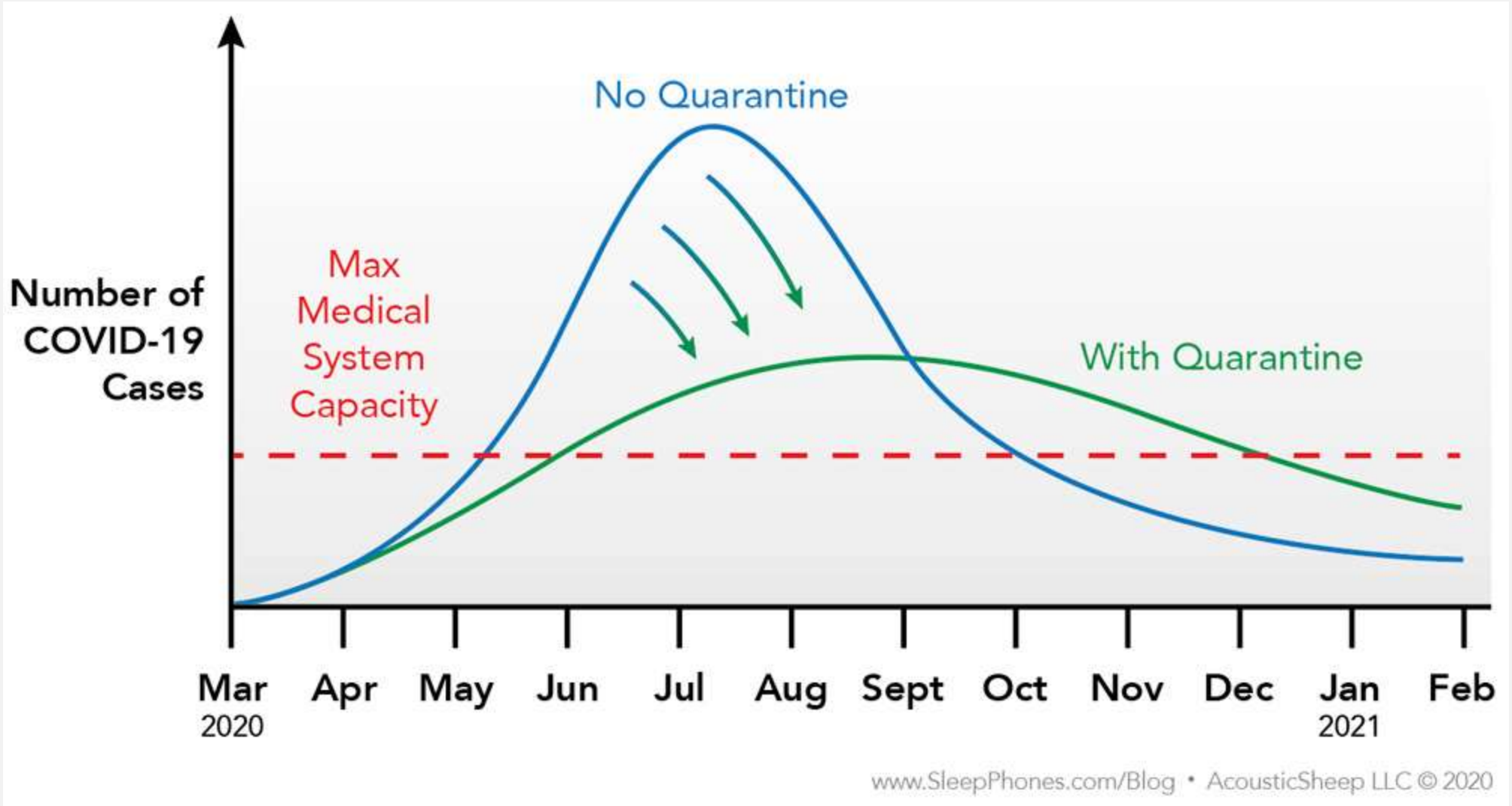
- Detecting/Treating Infections
- Isolation/Cohorting
- Supportive Care
- Advanced Life Support
- Healthcare Workforce

Populations

- Reducing Spread!
- Risk Reduction
- Quarantines
- Social Distance
- Vaccine Development
- “Flatten the Curve”

Social Distance

Flatten the Curve!



What can you do to stay safe?

CDC Coronavirus Webpages

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

All A-Z Topics

Search | Coronavirus

The President's Coronavirus Guidelines for America -- 15 Days to Slow the Spread of Coronavirus (COVID-19) More at Whitehouse.gov.

Coronavirus (COVID-19)

How to Protect Yourself

If You Think You Are Sick

What You Need to Know

CDC Coronavirus Webpages

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

All A-Z Topics | Search | Coronavirus

Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > How to Prepare

- Coronavirus Disease 2019 (COVID-19)
- How to Prepare
  - How It Spreads
  - Protect Yourself
  - Protect Your Family
  - Protect Your Home
  - Manage Anxiety & Stress
- Symptoms & Testing
- If You Are at Higher Risk
- If You Are Sick
- Frequently Asked Questions

How to Protect Yourself

中文 | Español

Older adults and people who have severe underlying chronic medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Please consult with your health care provider about additional steps you may be able to take to protect yourself.

The President's Coronavirus Guidelines for America: 15 Days to Slow the Spread

Know How it Spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - Between people who are in close contact with one another (within about 6 feet).

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

All A-Z Topics

Search | Coronavirus

Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > How to Prepare

- Coronavirus Disease 2019 (COVID-19)
- How to Prepare
  - How It Spreads
  - Protect Yourself
  - Protect Your Family
    - Preparing for an Outbreak
    - Children
    - Pregnancy & Breastfeeding
  - Protect Your Home
  - Manage Anxiety & Stress
- Symptoms & Testing

Protect Your Family

You can take steps to protect the health of you and your family during a COVID-19 outbreak. Learn what you can do to plan and prepare.

- How to Protect Yourself
- Get Your Home Ready
- Children
- Pregnancy & Breastfeeding

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index

Search

Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > How to Prepare

Protect Your Home

You can plan and make decisions now that will protect you and your family during a COVID-19 outbreak. Learn what you can do to prepare your home and family.

Get Your Home Ready

Clean & Disinfect

Checklist to Get Ready

What law enforcement personnel need to know about coronavirus disease 2019 (COVID-19)

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.

Patients with COVID-19 have had mild to severe respiratory illness.

- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.
  - Close contact increases your risk for COVID-19, including:
    - » Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
    - » Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.

To protect yourself from exposure

- **If possible, maintain a distance of at least 6 feet**.
- **Practice proper hand hygiene**. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.

Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html.

Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e., coveralls) must provide protection that is at least as

If close contact occurred during apprehension

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

To protect yourself from exposure

- If possible, maintain a distance of at least 6 feet.
- Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.

Personal Protective Equipment:

- ✓ Powered Air Purifying Respirator (PAPR), or Face Shield/Goggles/N-95 mask
- ✓ Gown
- ✓ Gloves

Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS. Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e. coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.

The minimum PPE recommended is:

- A single pair of disposable examination gloves,
- Disposable isolation gown or single-use/disposable coveralls*,
- Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator); Facemasks are an acceptable alternative until the supply chain is restored, and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

If close contact occurred during apprehension

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

Personal Kit:

- ✓ Gloves, Eye Protection
- ✓ Surgical Mask/ N-95
- ✓ Gown/Coveralls
- ✓ Hand sanitizer
- ✓ Trashbag

Contact Kit:

- ✓ Extra gloves
- ✓ Extra Surgical Masks

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

This guidance applies to all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work.

Updated March 10, 2020

Summary of Key Changes for the EMS Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
  - Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
  - Eye protection, gown, and gloves continue to be recommended.
    - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities

Recommendations for EMS Clinicians and Medical First Responders

EMS clinician practices should be based on the most up-to-date COVID-19 clinical recommendations and information from appropriate public health authorities and EMS medical direction.

State and local EMS authorities may direct EMS clinicians to modify their practices as described below.

Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Precautions and use the PPE as described below. Recommended PPE includes:
  - N-95 or higher-level respirator or facemask (if a respirator is not available),
    - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure
  - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,
    - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
  - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
  - Close the door/window between these compartments before bringing the patient on board.
  - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
  - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
  - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
  - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.

- Good hygiene practices at work
- Disinfect duty gear, as needed
- Work Clothes → Home Clothes
- Shower before contact
- Watch for symptoms
- If sick, wear a surgical mask

What to do if you get sick?

Signs and Symptoms of COVID-19 Infection:

- Fever > 100.4 (or subjective fever)
- Dry cough
- Fatigue
- Muscle aches
- Runny nose/Phlegm
- Shortness of breath
- “Just like the seasonal flu”

Self Treatment Guidelines:

- ***Call*** your Doctor for advice/plan
- Wear a surgical mask
- Cover your cough/sneezes
- Wash your hands often
- Stay/Sleep in a separate room (Home Isolation)
- Stay away from others in your home
- Avoid sharing personal household items
- Clean surfaces at least daily
- Keep hydrated
- Tylenol/Ibuprofen for fever/pain

“Bread, Milk and Toilet Paper!”

“Bottled Water and Hand Sanitizer!”

Homemade

HAND SANITIZER RECIPE

- 2/3 cup 70% isopropyl alcohol or higher
- 1/3 cup aloe vera gel
- 8-10 drops essential oils (optional) like Lavendar, eucalyptus,
- bowl and spoon
- recycled hand sanitizer or liquid soap bottle.

The Frugal Farm Girl.com

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MHO Containers | empty, clear, refillable flip-cap bottles - TSA-approved, 2 ounce (60 milliliter)- set of 20

by MHO Containers

4.4 out of 5 stars 180 ratings | 25 answered questions

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Get it as soon as Wednesday, April 1 if you choose **Two-Day Shipping** at checkout. Details

Sold by Mile High Online and Fulfilled by Amazon.

This item is returnable

- PERFECT CONTAINERS for multiple uses. Included is a set of 20 containers with flip-top caps for easy dispensing for any project. The 2oz. bottles are clear in color disclosing the contents. The wide-mouthed lid ensures easy filling.
- MANY USES including travel containers as these are TSA approved. Extreme portability! Additionally, use the containers for a myriad of projects: arts and crafts, travel, home projects, cosmetic containers, and even condiments. Disclaimer--not intended for crèmes or high viscosity liquids. Examples of use include: containers for paint, mouthwash, saline solution, alcohol or hand sanitizer.
- MADE OF HIGH QUALITY products that will stand up to multiple uses. BPA free and Paraben free material that is recyclable. Have peace of mind

Decontamination

- Solution of 5.25% sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water. The standard recommendation is to use at least a quarter cup of bleach per one gallon of water.
- Use Lysol or some other EPA-registered tuberculoid disinfectant. Check the label of all disinfectants to make sure they meet this requirement.

Bleach Concentrations to Use for Various Disinfection Needs

(Example: 1:100 means 1part Bleach mixed in 99 parts Water)

Skin decontamination	1:100 bleach concentration
Surface decontamination	1:50 bleach concentration
Contaminated clothing/linens	1:10 bleach concentration

*** Never use undiluted bleach. Can cause serious injuries.

How long will this last?

MED TAC
Certificate Course

- Cardiac Arrest
- Choking & Drowning
- Opioid Overdose
- Anaphylaxis
- Major Trauma
- Common Accidents
- Transportation Accidents
- Bullying

Use Your Head, Stop the Spread!

The Security Leader's Perspective

Chief William Adcox, MBA

Chief Security Officer
MD Anderson Cancer Center
Chief of Police at University
of Texas at Houston

Med Tac Bystander Rescue Care
March 18, 2020

CareUniversity Webinar #134

Major Medical Centers – What you might expect to encounter:

1. Limited access points
2. Exterior access screening for everyone
3. Lines and delays
4. Limiting patient visitors and access to only patients and person involved in direct patient care of the support of direct patient care.
5. No visitors under 18 years of age
6. Reducing and cancelling of elective surgery
7. Off-site screening and testing for COVID19
8. Public areas limited with social distancing recommended
9. Limited food services within the hospitals for visitors
10. Limited or eliminated valet services
11. Crowding and delays

Hospital Challenges for Security

1. PPE, Sanitizing and cleaning supplies are now in greater demand and harder to obtain. The value of these has gone up and now must be protected in ways not previous done.
2. Reduced access point while controlling access into the hospitals
3. Limiting visitors
4. Utilization of PPE
5. Patient surges
6. Reduced staffing
7. Fear
8. Added responsibilities

Police and Security – Changes occurring:

1. Non-violent crimes and misdemeanors not being accepted by jails and Juvenile centers
2. Diversion programs for habitual trespassers, alcohol intoxication, etc. closing
3. Some reporting of problems with Emergency Commitments due to illness
4. Setting up alternatives to first responders' homes for quarantine
5. Establish "drive up" testing and prioritized first responders and health care workers
6. Enhanced Sanitizing of police buildings, prisoner holding areas and vehicles
7. Staffs supplied with additional disinfecting wipes and hand sanitizer
8. PE deployments and testing (Nationwide shortages)
9. Communication Centers asking screening questions of callers to better inform responding personnel and establish social distancing.
10. Limiting police responses to non-life threatening or crimes in progress calls
11. Taking more Reports over the phone instead of a police officer response.
12. Performing "Doorway Triage" at the scene of all 911 calls and asking complaints to come outside on calls.
13. Modified and reduced staffing plans
14. Civilian employees working from home where possible
15. Repurposing of police officers assigned to special assignments
16. Require social distancing inside police facilities to include modified roll calls
17. Recommending officers sanitize their duty belts and equipment, changing out uniforms at work or immediately upon reaching home to avoid contact with family

What we all can do:

1. Understand the virus and obtain information from credible sources only
2. Educate our children. Answer their questions. Understand their fear. Establish new routines and expectations
3. Explain basic hygiene practices to our families and everyone's responsibility to practice good hygiene and help more frequently clean the most touched surfaces
4. Support each other, their families and your community
5. Don't try to over stock thus emptying out grocery stores

Protecting our Seniors

Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

Med Tac Bystander Rescue Care
March 18, 2020

CareUniversity Webinar #134

MED TAC GLOBAL

Care of the At Risk & Seniors at Home

Coronavirus Response
CareUniversity Series

Supplies Checklist:

- **Prescription Medications On Hand:** Have at least 90 days of prescription medications on hand. If insurance will allow it, get a 120-day supply. If not, keep track of when they can renew them and then have them filled so they have them on hand.
- **Over the Counter Medications:** Make sure they have over the counter medications for headache, colds, and other ailments they may have not needing prescriptions.
- **Thermometers:** Every home should have a thermometer on hand to so that inhabitants can monitor their temperature whether healthy or sick. Many will get colds or the flu and may be frightened they may have Coronavirus.
- **Food and Bottled Water:** It is important to have food on hand that will not spoil. If power goes out as it can in ordinary circumstances, it may take longer to repair if service personnel are sick. Food that does not require refrigeration or to be stored in freezers needs to be on-hand.
- **Flashlights and Batteries:** (better than candles for reasons of risk) and batteries incase power goes out.
- **Cleaning and Disinfectant Supplies:** Soap and water is very effective to kill the virus because it dissolves fats and the virus has a fat layer. Liquid Soap and water is even better than alcohol disinfectants for both hands and for contact surfaces for killing the Coronavirus.
  - If alcohol and soap runs out, bleach may be diluted to 1:10 Bleach to Water for contaminated clothing.
  - Dilution of 1:50 Bleach to Water for contact surfaces.
  - Dilution of 1:100 Bleach to Water for skin cleaning.
  - Having plenty of liquid soap, buckets, and rags are important if caring for someone at home. Paper towels may become in short supply – rags and towels cleaned in washing machines are safe.
- **Kitchen Rubber Gloves:** Two to three pairs of rubber gloves will be good to have on hand if one has to take care of someone in the home. They should be used for disinfecting the surfaces. Some surfaces will sustain the virus for a few hours. Some, however, can sustain the virus for three to nine days.
- **Full Tank of Gas:** If the supply chain is disrupted by illnesses of those transporting or operating gas stations, you may have a hard time getting fuel. We need to be prepared as we will with a storm.
- **Reading Materials & Recordings:** In the extreme case cable systems and internet providers may go down, seniors should have access to reading materials and recordings to inspire them and maintain hope. Our faith-based communities can support them here.

Process Checklist:

- **In Case of Emergency - ICE Contact List:** Phone numbers and email addresses of friends and family members who know they are going to be called if an individual experiences an emergency should be on an accessible list. The In Case of Emergency phone numbers should be generated. It should include those who have a Power of Attorney for healthcare and for business issues.
- **All Caregivers Contact Information:** A master list of the doctors, nurse practitioners, pharmacists, and caregiver's office phone numbers, emergency numbers, and addresses should be on an easy to read list.
- **Local Support Individuals:** Names and mobile numbers of friends and family who can pick up supplies for them, transport them, care for them, and check on them.
- **"If I Get Sick Plan":** A plan of "what if I get sick" directions. For instance – what signs and symptoms should prompt them to call for help. A certain temperature or other developments to drive action.
- **Hospital of Choice:** If an individual has been under the care of a hospital, their medical records are very important to future care. They may identify that hospital or a hospital as a first choice for care.
- **Medical Power of Attorney:** Everyone over the age of 18 will need to execute a medical power of attorney if they are to allow another person to make decisions regarding care if the victim is unable to do so. For instance, college students going to school in another state who are in another state get sick, parents will need one to get medical records.
- **Regular Expenses & Payment Mechanism:** Create a list of regular bills and how to pay them if a person is in the hospital and unable to take care of them.
- **Regular Home Chores:** A list of tasks that must be undertaken if residents become ill and are taken to the hospital should be created. They might include watering indoor and outdoor plants, pet care, and pet care.
- **Daily Check in Calls:** Seniors and those with underlying conditions such as heart, lung, or kidney disease as well as those with immune compromised conditions such as chemotherapy and transplant patients should have someone check in on them if they are alone.
- **Food Replenishment Process:** A process for regular replenishment of food and supplies should be set up.
- **Meals on Wheels & Support Programs:** If seniors and those who qualify can be added to such programs, they should consider such support.
- **Sick Care Room:** A room or section of the home should be identified where a family member can be treated in case, they become ill. This is whether they get the Coronavirus, a cold, or the flu.

Care of the At Risk & Seniors at Home

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- ❑ **Full Tank of Gas:** If the supply chain is disrupted by illnesses of those transporting or operating gas stations, you may have a hard time getting fuel. We need to be as prepared as we would with a storm or during any natural disaster or emergency.
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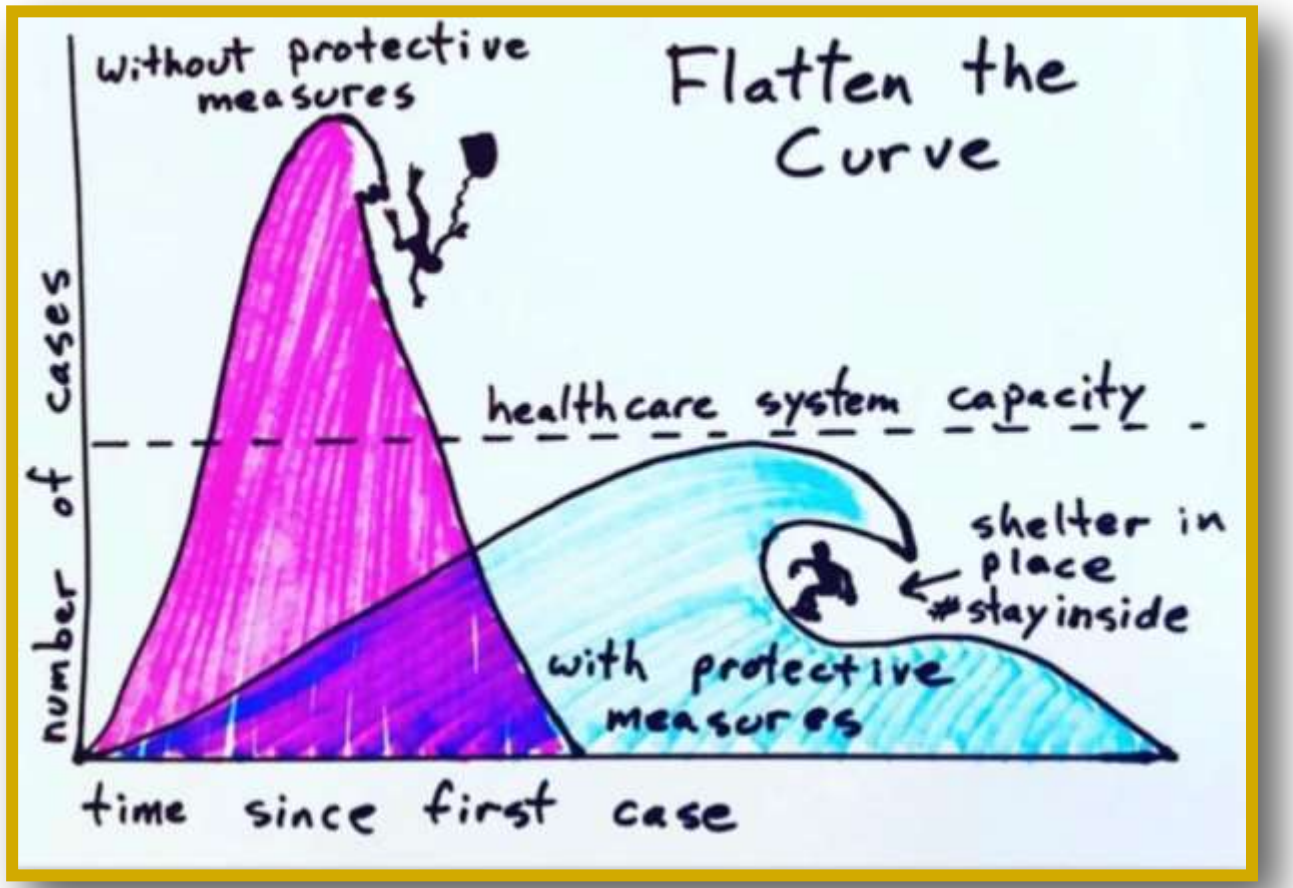
Can We Still Have Fun Through the Curve?



Social Distance Means Distance and No Mutual Contact Surfaces

Speakers

Dr. Gregory Botz

Chief William Adcox

Dr. Charles Denham

Reactors

Dan Ford

Dr. Chris Fox

Randy Styner

Tom Renner

David Beshk

Jennifer Dingman

The EMT and Lifeguard Educator Perspective

Tom Renner EMT

EMT
Lifeguard Trainer
Med Tac Master Trainer

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The Emergency Department Leader's Perspective

Dr. John "Chris" Fox

Professor and Chairman
University of California, Irvine

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The Emergency Preparedness Leader's Perspective

Randy Styner

Emergency Management Director
University of California, Irvine

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The Educator's Perspective

David Beshk

Lower School Educator
Master Med Tac Instructor

Med Tac Bystander Rescue Care
March 18, 2020

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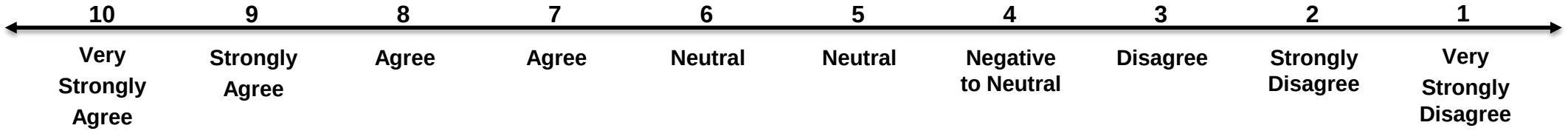
National Survey Questions

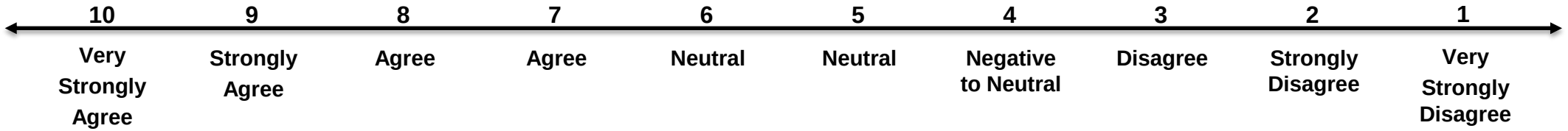
I would like another webinar on RESPONDING TO THE CORONAVIRUS THREAT



The topics I wish to have covered in another webinar on the CORONAVIRUS THREAT

National Survey Questions

I am interested VIDEO updates on the CORONAVIRUS THREAT



The topics I wish to have covered in VIDEO updates on the CORONAVIRUS THREAT

Voice of the Patient

Jennifer Dingman

National Patient Safety Advocate
Published Author in Patient Safety

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