

Bystander Rescue Care CareUniversity Series

# Family Survive & Thrive Guide: Coming Home Safely



August 06, 2020 CareUniversity Webinar #144

For resource downloads go to: www.MedTacGlobal.org





Bystander Rescue Care CareUniversity Series

# Welcome



## **Charles Denham, MD**

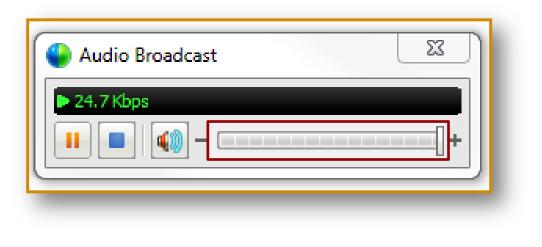
Chairman, TMIT Global Founder Med Tac Bystander Rescue Care

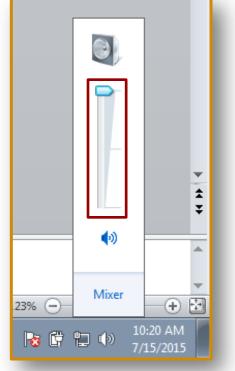
Med Tac Bystander Rescue Care August 06, 2020

CareUniversity Webinar #143



#### Bystander Rescue Care CareUniversity Series





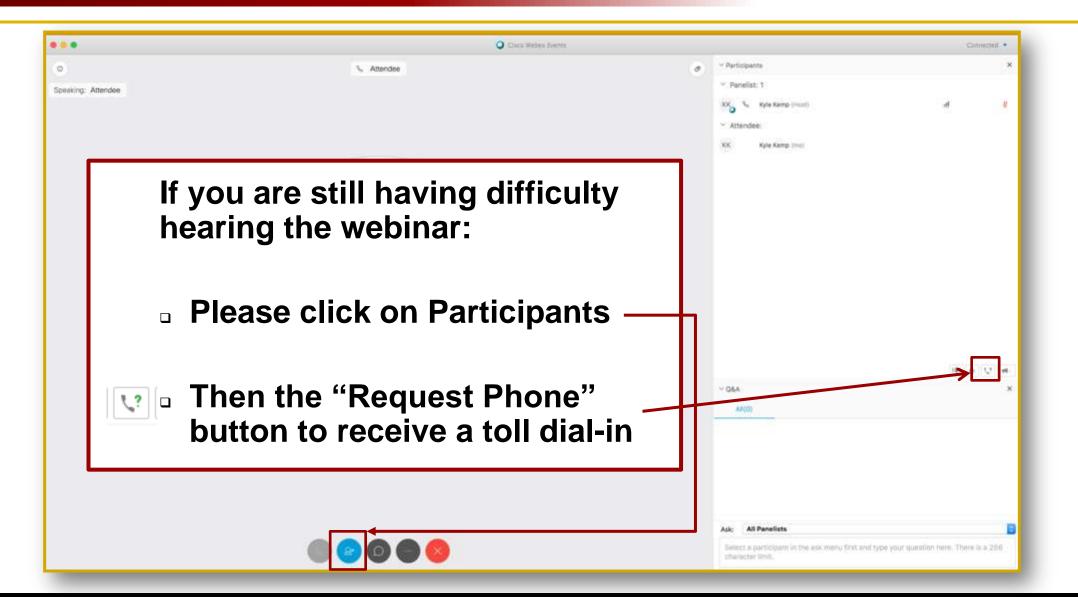


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- <u>Computer volume</u>
- External speaker volume



#### Bystander Rescue Care CareUniversity Series





Bystander Rescue Care CareUniversity Series

## **Our Purpose, Mission, and Values**





#### **CAREUNIVERSITY**®

**Our Purpose:** 

We will measure our success by how we protect and enrich the lives of families...patients <u>AND</u> caregivers.

**Our Mission:** 

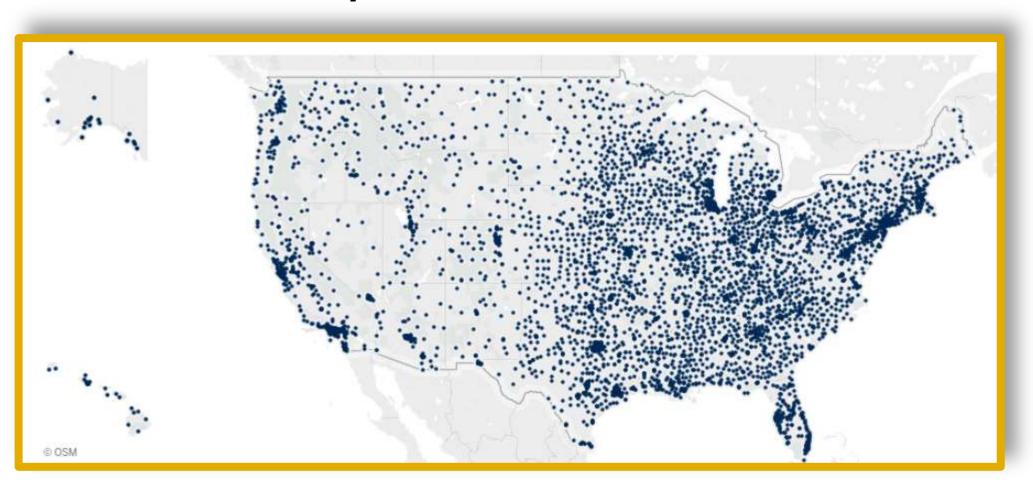
To accelerate performance solutions that save lives, save money, and create value in the communities we serve and ventures we undertake.

**Our ICARE Values:** 

Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.

Survive & Thrive Guide: Keeping Your Family Safe

## **TMIT Global National Research Test Bed** 3,100 Hospitals in 3,000 Communities





#### **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.

- Anne Rhoades has nothing to disclose.
- 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.
- Dr. William Scharf has nothing to disclose.
- Randal Styner has nothing to disclose.
- David Beshk has nothing to disclose
- Jennifer Dingman has nothing to disclose.
- Heather Foster has nothing to disclose.
- John Tomlinson has nothing to disclose.
- Matt Horace 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 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.



Bystander Rescue Care CareUniversity Series

#### **Speakers & Reactors**







**Dr. Gregory Botz** 



Ann Rhoades



**David Beshk** 



**Heather Foster RN** 



**Dr. Casey Clements** 



**Chief William Adcox** 



**Matt Horace** 



**Randal Styner** 



Paul Bhatia EMT



Dr. William Scharf





**Dr. Charles Denham** 



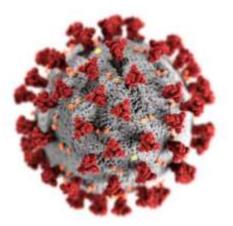
Bystander Rescue Care CareUniversity Series

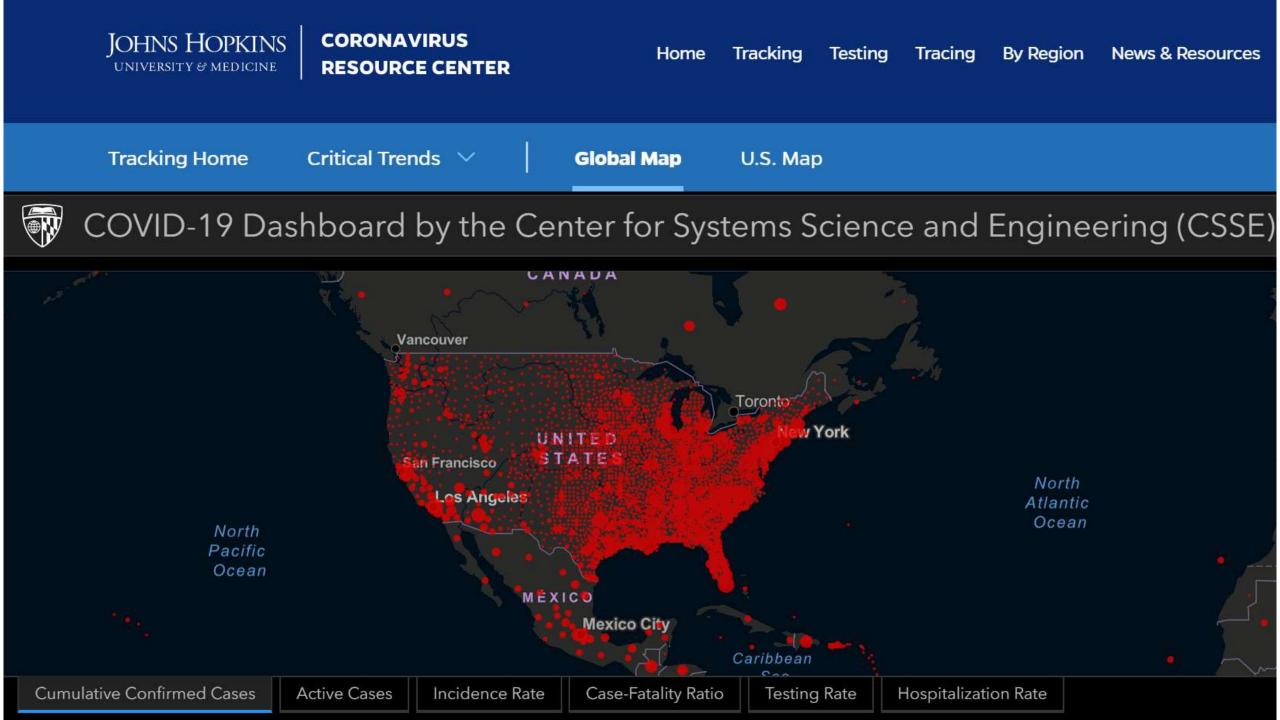
## **Voice of the Patient**



## **Jennifer Dingman**

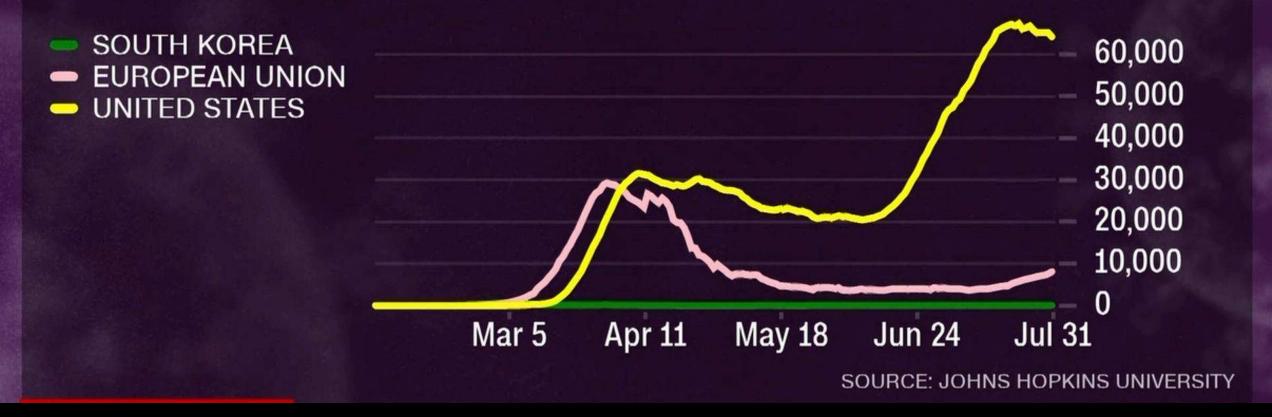
Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division Co-founder, PULSE American Division TMIT Patient Advocate Team Member Pueblo, CO







## **CORONAVIRUS PANDEMIC** 7-DAY MOVING AVERAGE OF NEW CASES



## **Health Security**: The Family View

## PUBLIC HEALTH

## FAMILY HEALTH



Versus



## Tradeoffs for Population: Cost of Doing Business

You will pay more and do more to spare your family

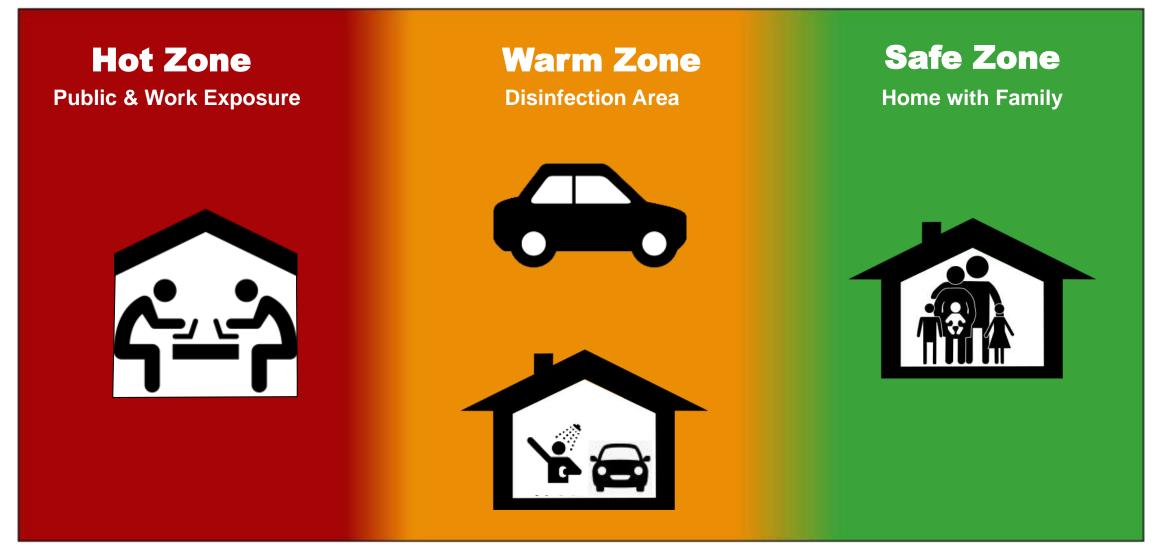
Source: C Denham

## **Coming Home Safely Questions**

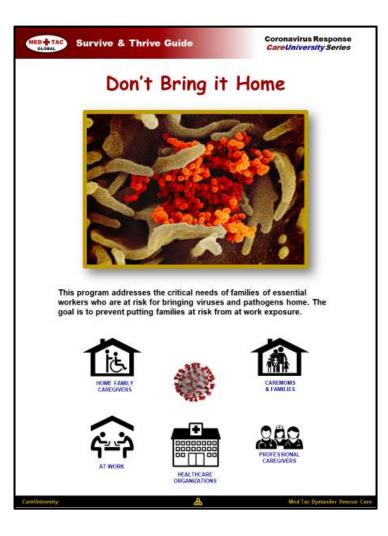
- How do we keep from bringing the virus home?
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Survive & Thrive Guide: Protecting Your Family

## **Survive & Thrive Guide Series**

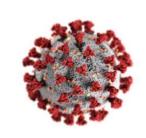


## Survive & Thrive Guide Series





HOME FAMILY CAREGIVERS





CAREMOMS & FAMILIES



**AT WORK** 

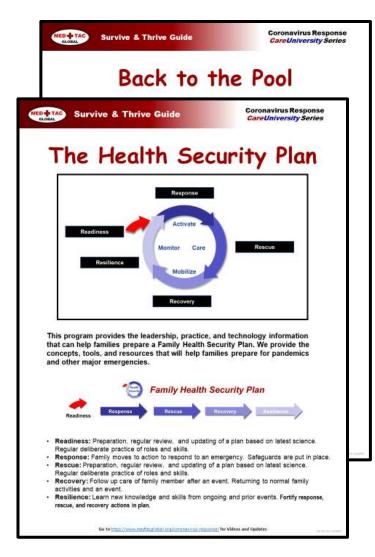


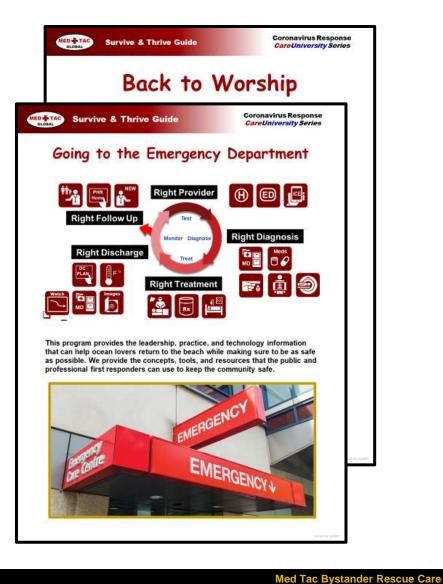
HEALTHCARE ORGANIZATIONS



## **Survive & Thrive Guide Series**







#### High Impact Care Hazards to Patients, Students, and Employees

#### Med Tac Bystander Rescue Care Program

- Founded in 2015 in Orange County CA.
- Early Pilots in 5 States with leaders.
- *Failure to Rescue* is targeted prior to EMS arrival training of the public in evidence-based methods.
- Focus on 8 Leading Causes of Preventable Death
- Collaborate with Leading Medical Centers



# www.MedTacGlobal.org

**Major Trauma** 

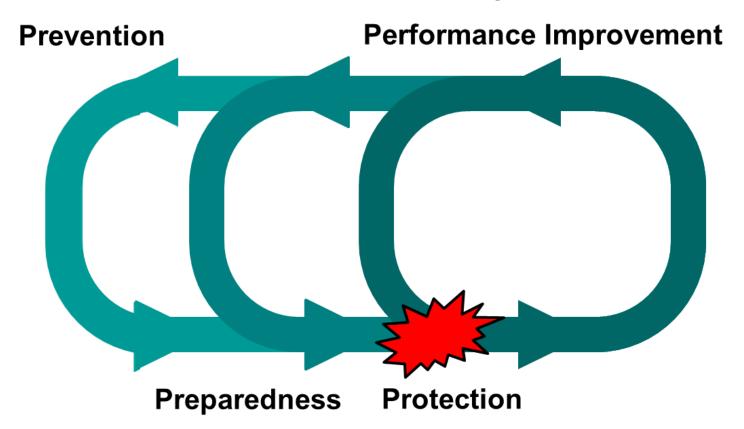
**Infection Care** 

**Transportation Accidents** 

Bullying



#### 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** 



Major Trauma

Infections

**Transportation Accidents** 

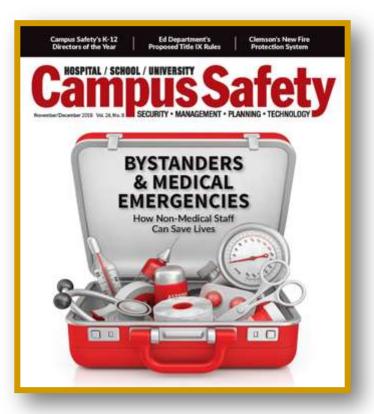
Bullying



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 speciality programs. Med Tac is even developing modified golf carts with AEDs and emergency response gata oeboard.

to enable delivery of lifesaving by stander case within 3 minutes of an event and until professional first responders arrive in 8-16 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 CPB/AED/First Aid pro-

py grams of the American Heart Association are excellent. Instructors of those programs are ideally suited to engage with campus programs. Parther, the Stop-the-Bleed promages and the anon-source of the Stop-the-Bleed promages and the anon-source of the stop-the-Bleed promages and the stop-the-Bleed prosent stop-thestop-the-Bleed programs and the stop-the-Bleed prosent stop-thestop-the-Bleed programs and the stop-theprograms and the stop-thethe-stop-theprograms and the stop-thethe-stop-thethe-stop-thethe-stop-thestop-the-stop-thethe-stop-thestop-the-stop-thestop-the-stop-thestop-the-stop-thestop-the-stop-thestop-the-stop-the-stop-thestop-the-stop-the-stop-thestop-the-stop-thestop-the-stop-the-stop-thestop-the-stop-the-stop-the-stop-thestop-the-stop-the-stop-the-stop-thestop-the-stop-the-stop-the-stop-thestop-the-stop-the-stop-the-stop-the-stop-thestop-the-stop-the-stop-the-stop-the-stop-thestop-the-stop-the-stop-the-stop-the-stop-the-stop-thestop-the-stop-the-stop-the-stop-the-stop-the-stop-the-stop-thestop-the-stop-the frequency and effectiveness of bystander responses to emergencies.

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

Bemember, 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 Tacvisit med-tac.org or email info@medtac.org. CS

WILLIAM ADDOX is the third security officer for the UT MD Anderson Cancer Center and UT-Health Chief of Police, Dr. GREGORY BOTZ is a professor of aneithesiology and initial care and UT MD Anderson Cancer Center, CHARLES DENHAM IIIs is Junior Mest Tac instructor. Dr. CHARLES DENHAM IIIs the chairman of the Teas 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.







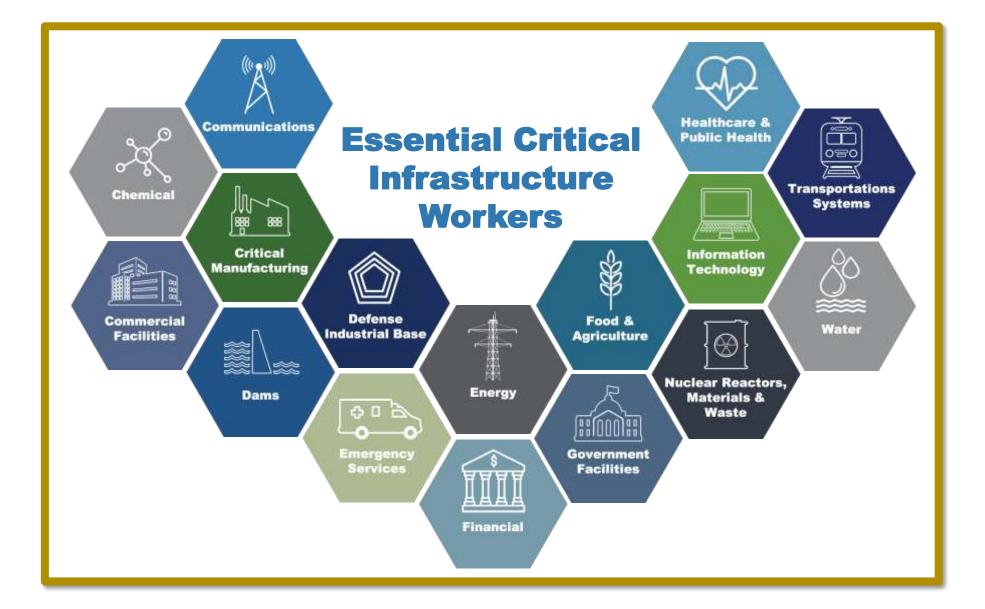
Source: Campus Safety Nov/Dec Issue - https://www.campussafetymagazine.com/public/med-tac-training-bystanders/

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40% of Work Force

No Family Training Provided



Med Tac Bystander Rescue Care



#### **Emerging Threats Community of Practice**

#### **Bystander Rescue Care CareUniversity Series**



John Nance JD





Dr. Gregory Botz

**Chief William Adcox** 

**Heather Foster Dr. Charles Denham** 





**Beth Ullem** 



Dr. McDowell





**Dennis Quaid** 

Preston Head III







**Dr. Chris Fox** 

Fred Haise

**Dr. Steve Swensen** 

**Tyler Sant** 

**Randy Styner** 



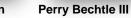




**Bob Chapman** 

















Dr. Chopra





**Debbie Medina** 



CareUniversity

Dr. C Peabody



**Tom Renner David Beshk** 









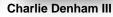




















#### **Emerging Threats Community of Practice**

#### **Bystander Rescue Care CareUniversity Series**















John Tomlinson

Dan Ford

Arlene Salamendra Jennifer Dingman

**Bill George** 

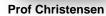
Penny George

**Hilary Schmidt PhD** 

Paul Bhatia EMT

#### **Contributions Through Segments of Documentaries**





**Jim Collins** 

**C** Sullenberger

Charlotte Guglielmi







Dr. Howard Koh

Dr. Jim Bagian

Dr. Harvey Fineberg









**Dr. Don Berwick** 





CAREMOMS & FAMILIES



HOME FAMILY CAREGIVERS



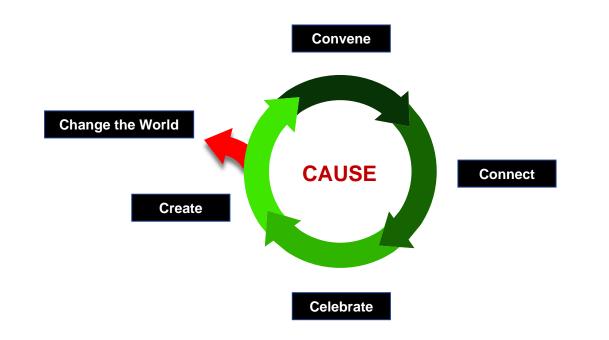
# **Our Discovery:**

# **Family Training Works**

- Saves Companies
- Saves Money
- Saves Liability
- Saves Capacity



## Bystander Rescue Care CareUniversity Series



## **Family Centric**

- General Public
- Critical Essential Workers
- Professional Caregivers
- First Responders
- All Faiths Volunteers & Staff
- Educators & School Staff
- Scouts, Teams, and Membership Organizations

# MDAnderson Cancer Center









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#### Monthly Webinars every first Thursday of the month at 1PM ET (Noon Central and 10AM PT). Free, video, and resources posted.

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Care of the At Risk

& Seniors at Home

**BASIC MODULES:** 

Hits Pillars of Prevention

**ADVANCED MODULES:** 

Longer more detailed

Webinar Recordings Technical Information

Short Videos 4-10 min

**Critical Information** 

#### **Essential Critical Infrastructure Workers**



#### **Coming Home Safely Questions**

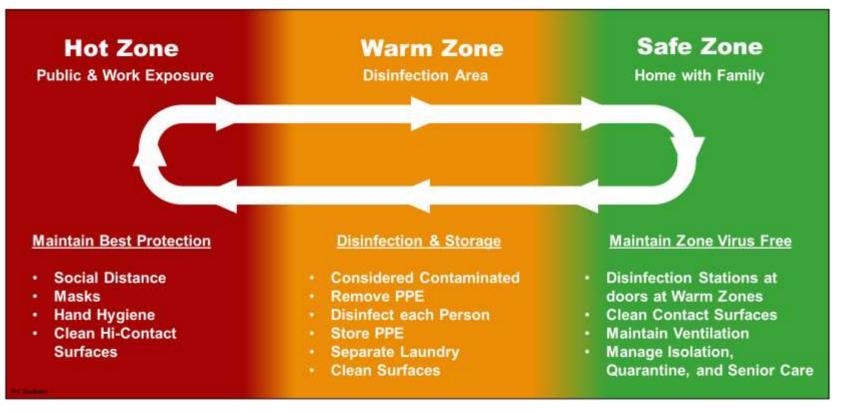
#### How do we keep from bringing the virus home?

- What are the best practices to protect my family?
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- What if a Contact Tracer Calls finds one of my family have been exposed?
- What should be on my family "what if list"?

## **Coming Home Safely**

## • How do we keep from bringing the virus home?

#### Hot-Warm-Safe Zone Practices



© C Denham



- Hand Hygiene
- Clean Hi-Contact Surfaces

- Disinfect each Person
- Store PPE
- Separate Laundry
- Clean Surfaces

- Clean Contact Surfaces
- Maintain Ventilation
- Manage Isolation, Quarantine, and Senior Care



## **HOT ZONE PRACTICES**

- Social Distance 6 Feet is a MINIMUM
- Handwashing is poor even in caregivers 20 sec
- Avoid Poorly Ventilated Spaces
- Don't Touch Face Masks or the Face
- Be gracious but firm when others invade your space
- It is critical to know how to put on and take off Personal Protective Equipment (PPE). Called "Don and Doff" in healthcare jargon.
- Whenever in doubt, wash your hands.
- Know the process for reporting outbreaks.
- "<u>Exposure to Infected</u>" is being within 6 FEET OF INFECTED FOR LONGER THAN 15 MINUTES.

#### WARM ZONE Leaving Hot Zone Practices

- Disinfect before getting in car.
- Contain Contaminated Materials
- Wipe Down Car Door Handles and contact surfaces if car is warm zone.
- If Car is WARM ZONE: It must be considered contaminated.
- Be ready to store contaminated gear in your car if you must.

#### WARM ZONE Joining Hot Zone Practices

- Assure your mask has good fit.
- Practice no mask or face touching
- If contaminated wash hands.
- Know the rules of the workplace or public venue.





#### WARM ZONE Coming Home Practices

- Designate WARM ZONE room or space for disinfecting,
- Assemble & Maintain Disinfection
  Station with cleaning supplies.
- Keep the family out of WARM ZONE
- Increase precautions if someone is in quarantine or isolation.

#### WARM ZONE Leaving Home Practices

- New or Cleaned masks, gloves, face shields and coverings.
- Bring disinfectants in your car or your gear.
- Bring extra masks if you have them.

© C Denham

## **SAFE ZONE PRACTICES**

- Establish and maintain disinfection stations at doors.
- Regularly clean high contact surfaces.
- Prevent people or parcels from bringing the virus home.
- If possible, keep rooms well ventilated.

## **Care of Someone At Home**

- Getting your "MacGyver On" Use what you have.
- Whether the flu or Coronavirus use same processes.
- Isolation is for all those who are infected or sick.
- The infected NEED to wear masks. Social distance and hand hygiene are important. Surfaces ARE a risk.
- Quarantine is for who may be infected assume infected until end of quarantine period or test negative.





**Emerging Threats Community of Practice**  Bystander Rescue Care CareUniversity Series

## Coronavirus Survive & Thrive Guide: Coming Home Safely

#### Dr. Gregory H. Botz



Professor of Anesthesiology and Critical Care, UT – MD Anderson Cancer Center Adjunct Clinical Associate Professor, Department Anesthesiology Stanford University Medical School

#### **Heather Foster RN**



Infection Prevention Nurse Acute Care Nurse Patient Safety Advocate Global Pete Conrad Patient Safety Winner Southwest Colorado

#### Survive & Thrive Guide: Protecting Your Family

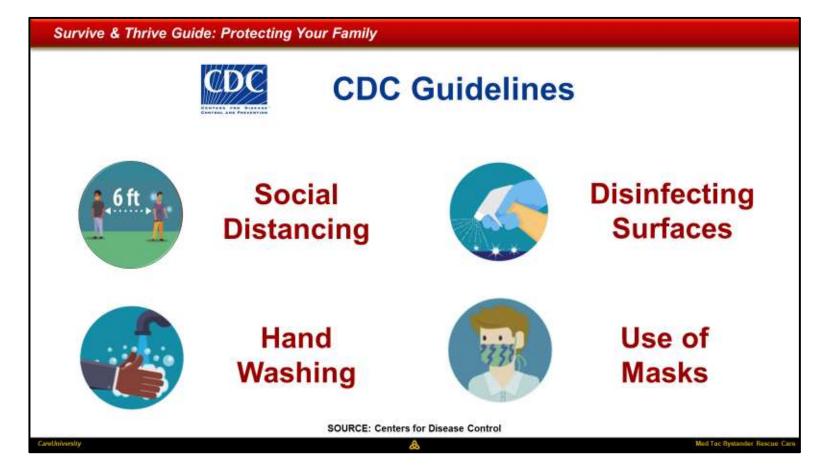
#### Coming Home Safely Questions

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What should be on my family "what if list"?

## **Coming Home Safely**

• What are the best practices to protect my family?



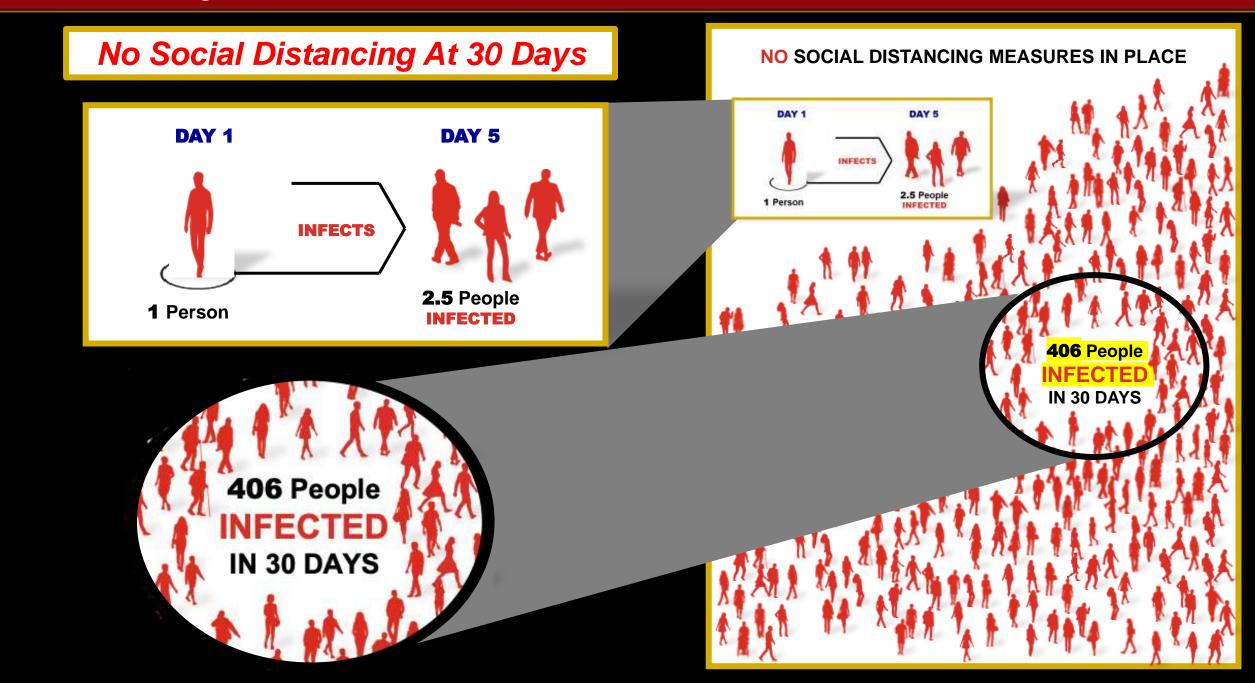
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# Why Social Distance WORKS



### **Social Distancing**



Why Social Distancing WORKS

**Masks ARE Critical** 

Masks: The SCIENCE of Success

Hand Washing & DISINFECTANTS

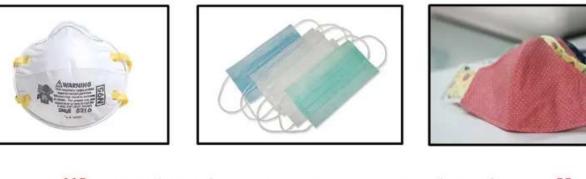
**CLEAN High Contact Surfaces** 

**Building a FAMILY SAFETY PLAN** 

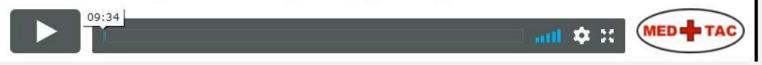
If we NEED Emergency Care

Why ICU, Respirators, and ECMO

# Masks <u>ARE</u> Critical



## "I protect you; you protect me"



Why Social Distancing WORKS

**Masks ARE Critical** 

#### Masks: The SCIENCE of Success

Hand Washing & DISINFECTANTS

**CLEAN High Contact Surfaces** 

**Building a FAMILY SAFETY PLAN** 

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## **Masks: The SCIENCE of Success**



Med Tac Bystander Rescue Care

Why Social Distancing WORKS

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**Masks: The SCIENCE of Success** 

Hand Washing & DISINFECTANTS

**CLEAN High Contact Surfaces** 

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## Handwashing & DISINFECTANTS



Why Social Distancing WORKS

**Masks ARE Critical** 

Masks: The SCIENCE of Success

Hand Washing & DISINFECTANTS

**CLEAN High Contact Surfaces** 

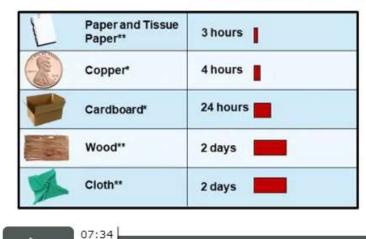
**Building a FAMILY SAFETY PLAN** 

If we NEED Emergency Care

Why ICU, Respirators, and ECMO

# **<u>RISK</u> of High Contact Surfaces**

## **Coronavirus Lives on Surfaces**



T	Stainless Steel*	2-3 days
	Polypropylene Plastic*	3 days
0	Glass**	4 days
X	Paper Money**	4 days
6	Outside of surgical mask **	7 days

anii 🌣 😳

Why Social Distancing WORKS

**Masks ARE Critical** 

Masks: The SCIENCE of Success

Hand Washing & DISINFECTANTS

**CLEAN High Contact Surfaces** 

**Building a FAMILY SAFETY PLAN** 

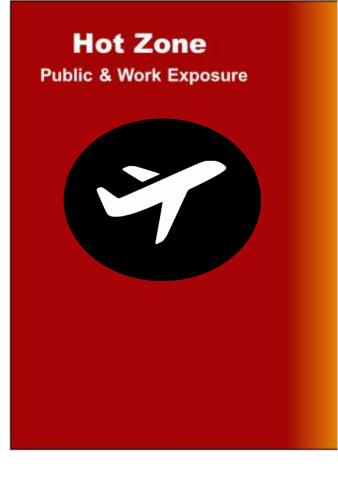
If we NEED Emergency Care

#### Why ICU, Respirators, and ECMO

# **ICU Care, Respirators, and ECMO**



Global Traveler August 4, 2020



This CEO has flown 33 times and spent 160 nights away this year. Here's his safety routine

### At the Hotel:

• "I clean every surface with wipes — all door handles, light switches, the remote control the phone. wipe down the showerhead.

## At Airport:

• "I wear multiple layers of disposable gloves, and peel them off as I go through it. Trams, escalators — peel a layer, check-in, use a kiosk with a touch screen — peel a layer, TSA security check — peel a layer.

## In the Plane:

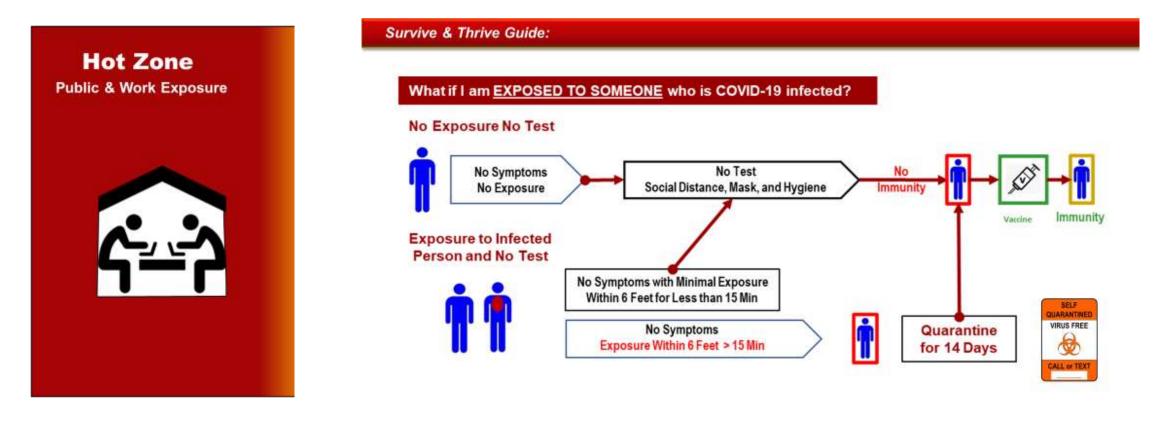
 "I wear multiple layers of disposable gloves and peel them off as I go through it. Trams, escalators — peel a layer, check-in, use a kiosk with a touch screen — peel a layer, TSA security check — peel a layer.

## In the Rental Car:

- ""Spend 10 minutes cleaning it. I use sanitizing wipes to clean every surface I might touch, including the steering wheel, seat belt,
- key fob, seat adjusters, rearview mirror and steering column adjuster. I assume the rental car is my own little domain after that."

# **Coming Home Safely**

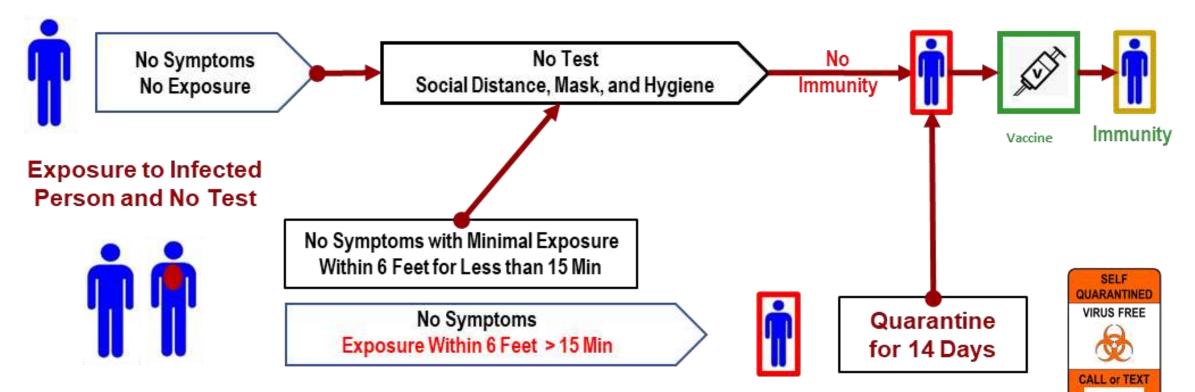
## • What if I am exposed to a COVID-19 patient at work?



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## What if I am EXPOSED TO SOMEONE who is COVID-19 infected?

### No Exposure No Test



# **Coming Home Safely**

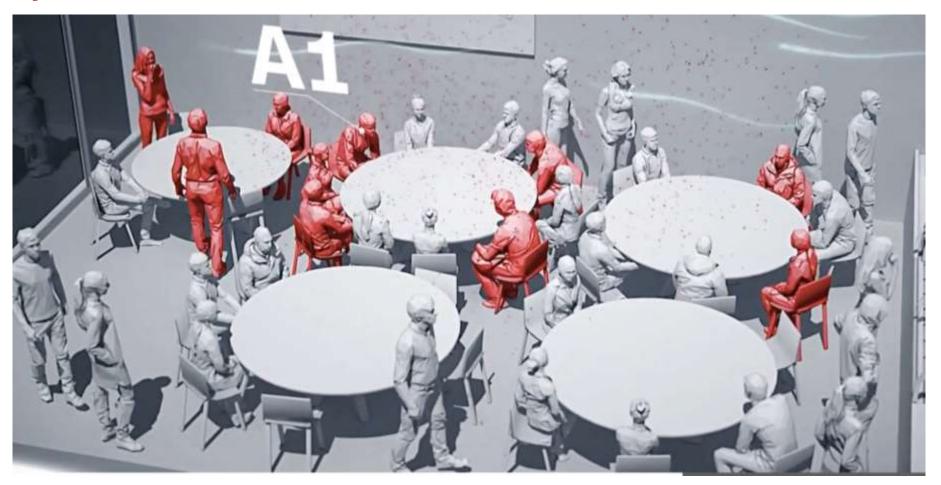
• Can we have safe play dates?



© C Denham

# **Coming Home Safely**

## • Why are indoor activities riskier than those outdoors?

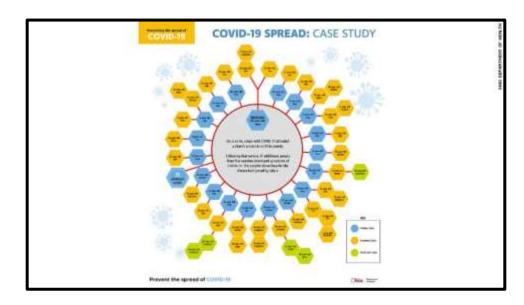




# **How the Virus Spreads**

# Almost 100 people in Ohio were infected with coronavirus after man attended church service

By Steve Almasy, CNN () Updated 8:27 AM ET, Thu August 6, 2020

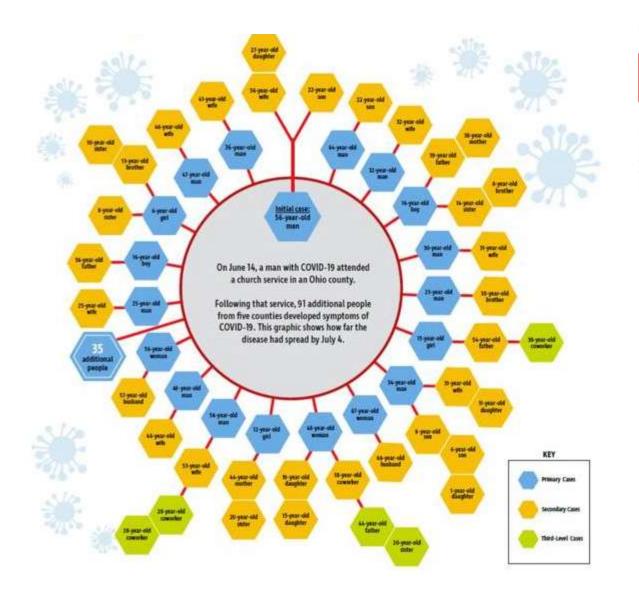


A man with Covid-19 went to church in mid-June, then 91 other people got sick, including 53 who were at the service, according to Ohio's governor.

"It spread like wildfire, wildfire. Very, very scary," Gov. Mike De Wine said Tuesday. "We know that our faith-based leaders want nothing more than to protect those who come to worship."

Source: https://www.cnn.com/2020/08/05/health/ohio-church-coronavirus-spread/index.html and Steve Almasy, CNN August 6, 2020

A.



whealth Food Fitness Wellness Parenting Vital Signs

LIVE TV Edition ∨

#### LIVE

Dr. Fauci speaks to reporters as experts identify new areas of Covid-19 concern across the US

#### Almost 100 people in Ohio were infected with coronavirus after man attended church service By Steve Almasy, CNN () Updated 8:27 AM ET, Thu August 6, 2020

A Case Study in Ohio found enormous spread by one infected person.

- Primary Cases are those directly infected by the first case.
- Secondary Cases are those infected by the first level people infected at event.
- Third Level people are those infected by second level people.

## **Coming Home Safely**

What Personal Protective Equipment do I
 need to care for a loved one at home?



# **Coming Home Safely: Teens and Young Adults**

• How do we get teens and those in their 20's and 30's to take the lead in being safe and protecting families?

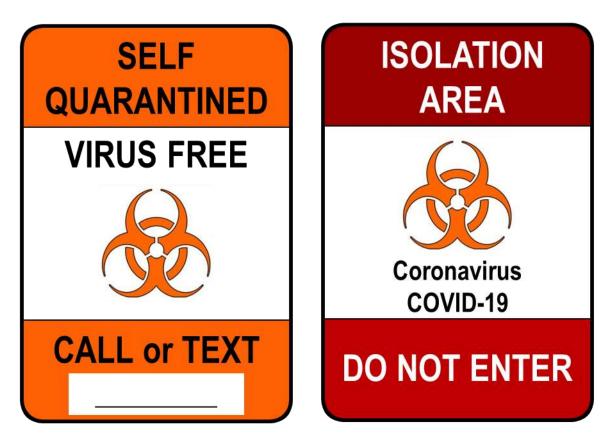


"The good news is 40% of the those infected are asymptomatic...

The bad news is that 40% of those infected are asymptomatic"

# **Coming Home Safely: Exposure Notification**

• What if a Contact Tracer Calls finds one of my family have been exposed?



© C Denham

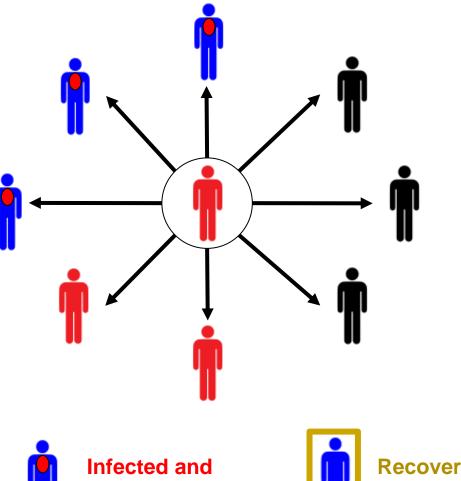
# **Testing: Who, What, Why, and How?**

WHO do we test?

WHAT is tested?

WHY test?

HOW do tests work?











**Asymptomatic** 



Why Social Distancing WORKS

**Masks ARE Critical** 

**Masks: The SCIENCE of Success** 

Hand Washing & DISINFECTANTS

**CLEAN High Contact Surfaces** 

**Building a FAMILY SAFETY PLAN** 

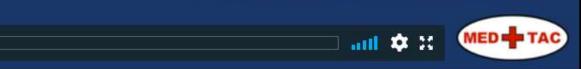
If we NEED Emergency Care

Why ICU, Respirators, and ECMO

# **The Family Safety Plan**

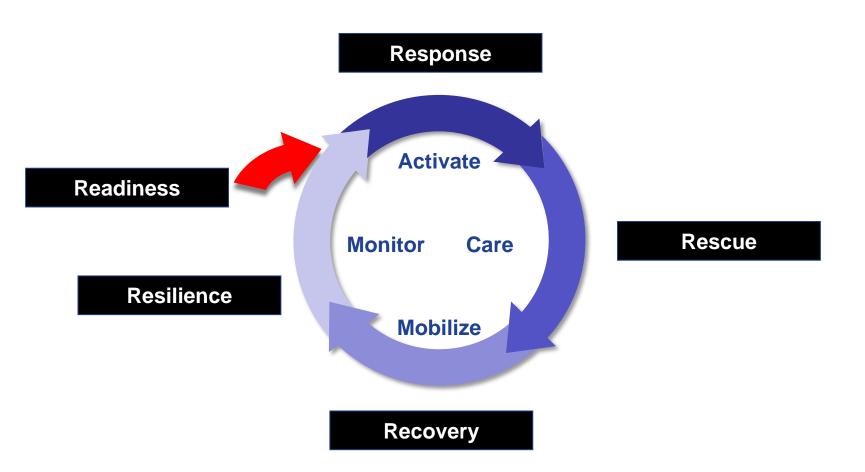








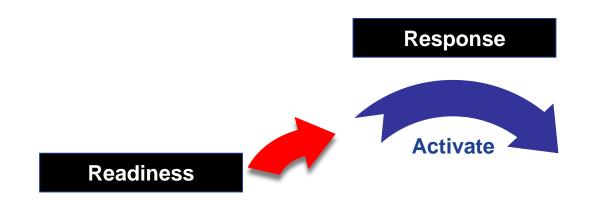
# Family Health Safety & Organization Security Plans<sup>™</sup>



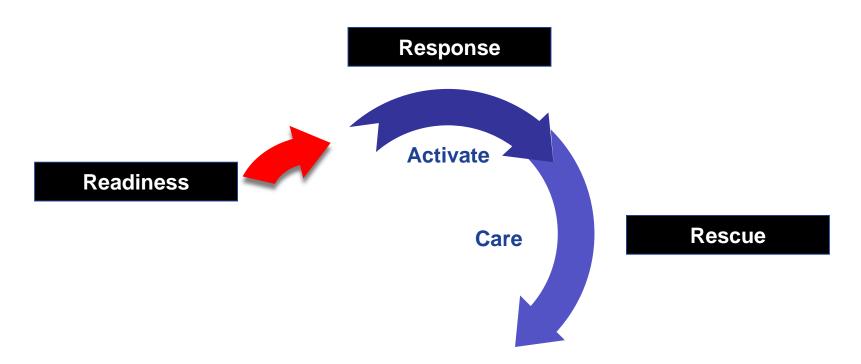




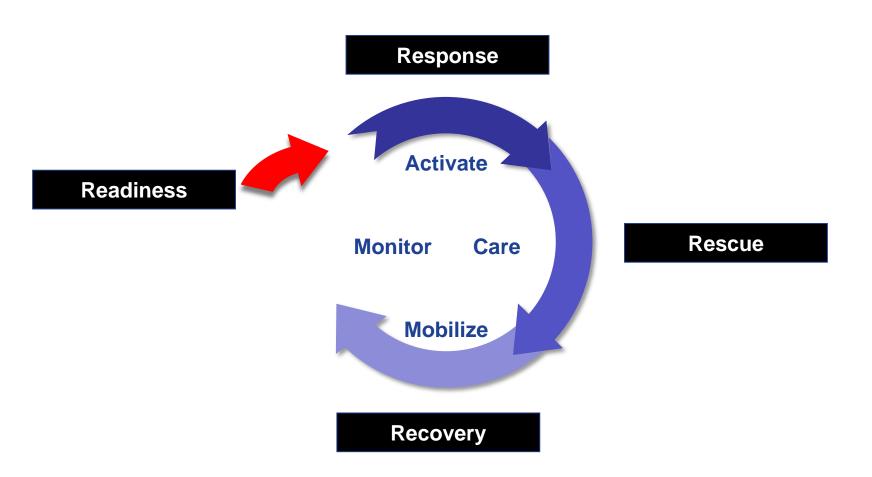














- **Readiness:** Preparation, regular review, and updating of a plan based on latest science. Regular deliberate practice of roles and skills each family member undertake.
- **Response:** Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.
- **Rescue:** Preparation, regular review, and updating of a plan based on latest science. Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.
- **Recovery:** Follow up care of family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine.
- **Resilience:** Learn new knowledge and skills from ongoing and prior events. Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this "target hardening".



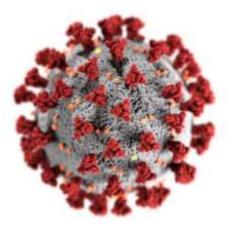
**Coronavirus Care Community of Practice**  Bystander Rescue Care CareUniversity Series

# Family Survive & Thrive Guide: Coming Home Safely



## **Ann Rhoades**

Founder & PRES PeopleInk Co-founder JetBlue Albuquerque, NM

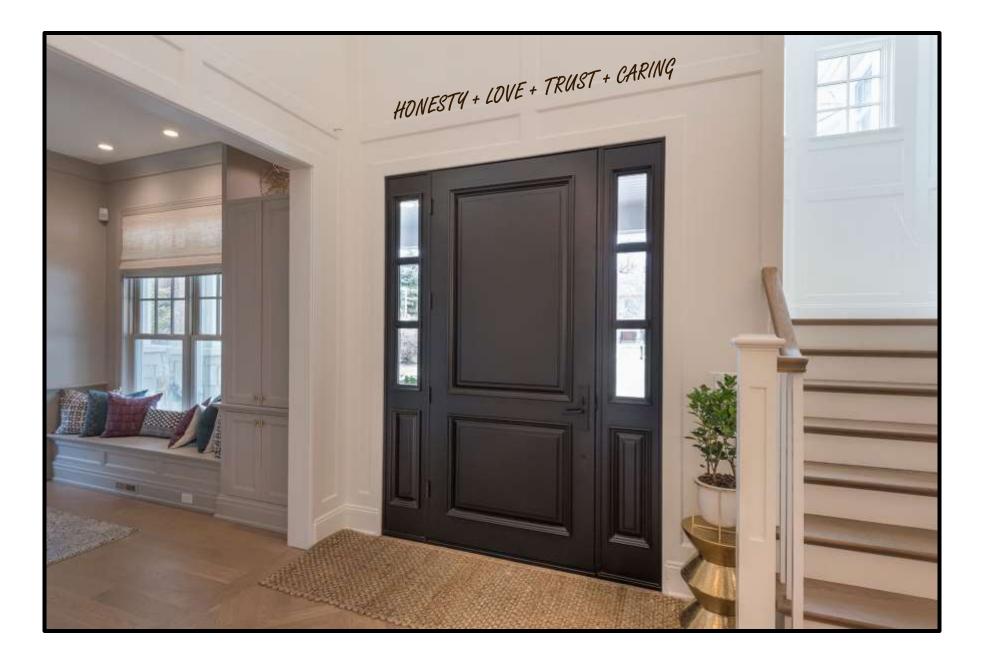


For resource downloads go to: www.MedTacGlobal.org











# **Story Time**







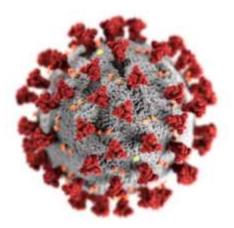
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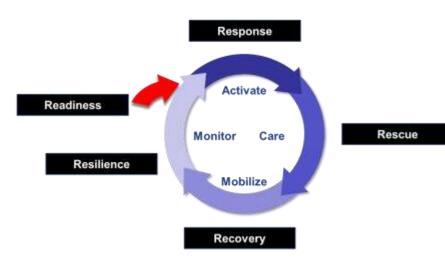
## **David Beshk**

Award Winning Educator Med Tac School Program Leader Scout Program Mentor San Juan Capistrano, CA



# The Family Plan: Learning as a Family

# Family Health Safety & Organization Security Plans<sup>®</sup>





# Who is the CFO?

The Family CFO: The Chief Family Officer

RUTH

What do you want them to **KNOW**?

The Science of Spread and Safety.



What do you want them to **FEEL**?

The Fight for Life for your loved ones.



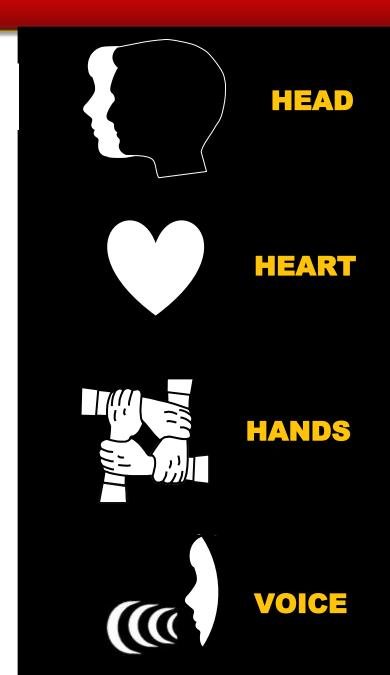
What do you want them to **DO**?

Plan the Work & Work the Plan



What do you want them to **SAY**?

All Teach All Learn





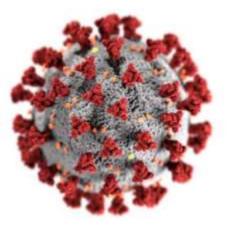
**Emerging Threats Community of Practice**  Bystander Rescue Care CareUniversity Series

# **Coronavirus Survive & Thrive Guide**



## **Christopher Peabody MD MPH**

Assistant Clinical Professor of Emergency Medicine, University of California San Francisco



For resource downloads go to: www.MedTacGlobal.org

#### **BASIC MODULES**

Why Social Distancing WORKS

**Masks ARE Critical** 

Masks: The SCIENCE of Success

Hand Washing & DISINFECTANTS

**CLEAN High Contact Surfaces** 

**Building a FAMILY SAFETY PLAN** 

If we NEED Emergency Care

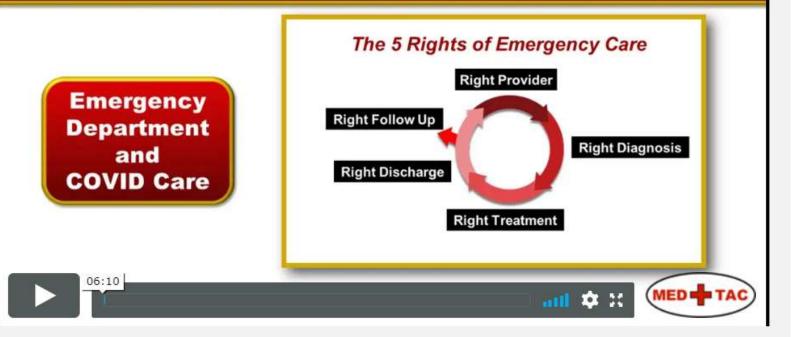
Why ICU, Respirators, and ECMO



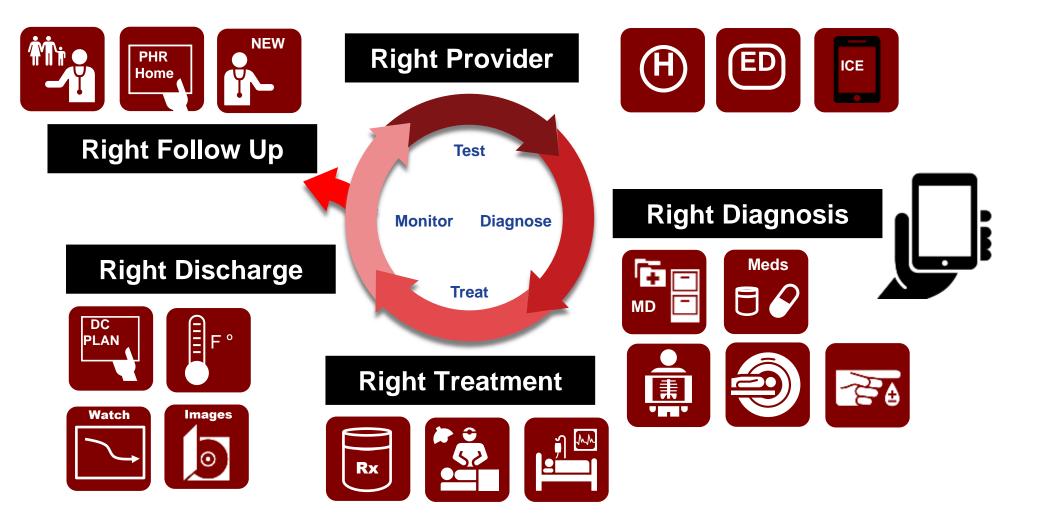
### **Dr. Christopher Peabody**

Discusses the new challenges when bringing a loved one to the Emergency Department

### **NEW** Emergency Dept. Issues



### The 5 Rights of Emergency Care®



#### WARM ZONE: Disinfection Station



#### Going to the Emergency Room

#### \*

#### COVID-19 **Fact Check**

### https://www.covid19factcheck.com/

Learn the facts and myths so you can prepare better and keep others informed.

#### Myth Buster

Helpful Tips

Learn about COVID-19 About

Contact

#### **Table of Contents**

Do I need to stay 6 ft away from others when I wear a mask?

Will spraying and introducing bleach or another disinfectant into your body kill the coronavirus?

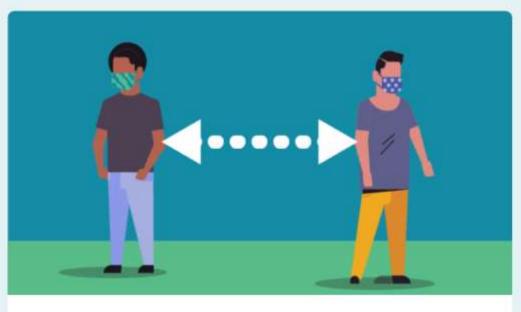
Do I need to buy surgical masks or N95 respirator?

Will wearing gloves 100% protect me from the coronavirus?

Can coronavirus survive on surfaces for days?

Do I have to wash hands often or disinfect surfaces even if I do not leave the house?

Does Ibuprofen worsen disease for people with COVID-19?



Do I need to stay 6 ft away from others when I wear a mask?

Share with friends and family



Most information sourced from WHO & CDC. Last updated 05/18/2020.



Clean Hi-Contact
 Surfaces

- Store PPE
- Separate Laundry
- Clean Surfaces

Maintain Ventilation

Manage Isolation,

Quarantine, and Senior Care

CareUniversity



**Emerging Threats Community of Practice**  Bystander Rescue Care CareUniversity Series

### Coronavirus Survive & Thrive Guide: Coming Home Safely



**Christopher Peabody MD MPH** Assistant Clinical Professor of Emergency Medicine, University of California San Francisco



William Scharf MD Executive Clinical Director of Quality and Safety AdventHealth



Paul Bhatia EMT Pre-Med President EMT Team UCI

#### High Risk Exposure





- Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions.
- Direct exchange of secretions to mucus membranes from laboratory-confirmed COVID-19 infection {e.g. cough into face with no protective personal equipment (PPE)}.

#### Considerations for Agency Actions in Response to **High Risk Exposure**:

- ➔ To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers such as law enforcement personnel may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.
- Officers who have had an exposure to COVID-19 but remain asymptomatic should adhere to the following practices prior to and during their work shift:

#### CDC High Risk Exposure

Law Enforcement & First Responders

High Risk Exposure

- Pre-Screen: Employers should measure the individual's temperature and assess symptoms prior to the start of their shift.
- Regular Monitoring: Individuals should selfmonitor in accordance with their employer's occupational health policy.
- Wear a Mask: Individuals should wear a face mask at all times while in the workplace for 14 days following the last exposure.
- o **Social Distance:** The individual should maintain six feet and practice social distancing as work duties permit.
- Disinfect: The individual should routinely clean and disinfect all areas, including shared equipment.
- → In the event the officer becomes sick during the day, and develops symptoms consistent with COVID-19, they should be sent home immediately and follow guidance for Law Enforcement Sickness with COVID-19.

Information on any individual they had contact with during the time they had symptoms, and two days prior, should also be identified and considered exposed.<sup>4</sup>



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### Coronavirus Survive & Thrive Guide: Coming Home Safely



Chief William Adcox Chief Security Officer MD Anderson Cancer Center



Matt Horace Chief Security Officer Mayo Clinic



Randal Styner Director Emergency Management University of California Irvine



Clean Hi-Contact
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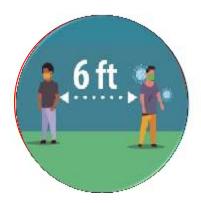
Manage Isolation,

Quarantine, and Senior Care

CareUniversity



**CDC Guidelines** 



# Social Distancing



### Disinfecting Surfaces



### Hand Washing





**SOURCE:** Centers for

#### **BASIC MODULES**

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### **Masks: The SCIENCE of Success**



### THE WALL STREET JOURNAL.

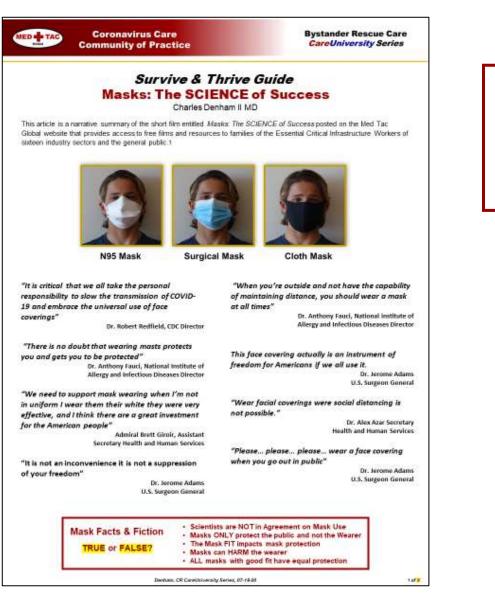
August 3, 2020



### What to Know About KN95 Face Masks

Q: What's the difference between KN95 and N95 face masks? A: Face masks known as N95 and KN95 respirators are the common names for regulatory standards used to test their efficacy at filtering out at least 95% of very small particles. N95 is the standard used in the U.S., while KN95 refers to a standard in China.

On paper they are very similar. Both filter out most small particles and are similarly breathable. But some states, hospitals and other users in the U.S. have reported quality concerns about KN95 masks they ordered in recent months as protection against the new coronavirus. **Tests on KN95 masks have shown that many fail to meet basic filtration standards.** 



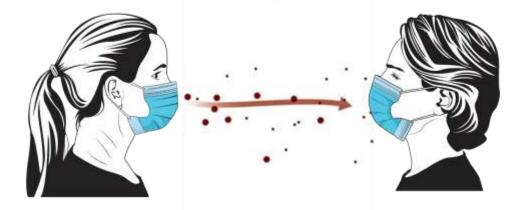
#### Survive & Thrive Guide: Masks: The SCIENCE of Success

#### **Mask Facts & Fiction**

TRUE or FALSE?

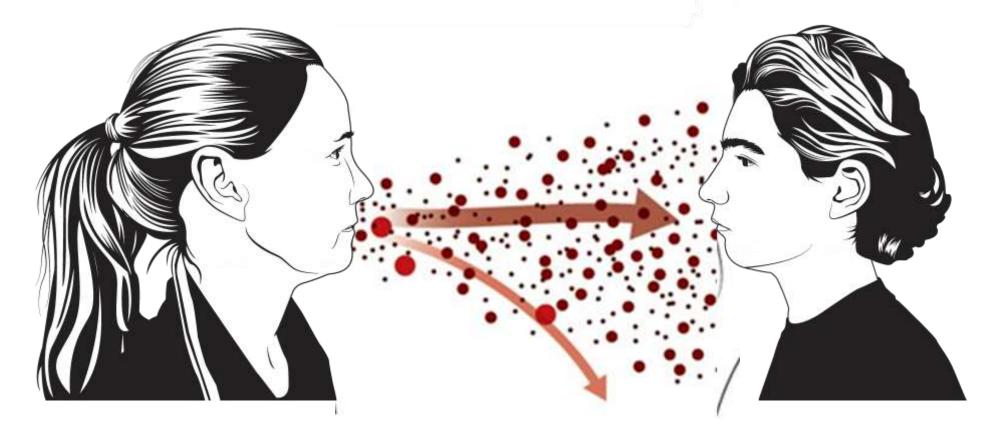
- Scientists are NOT in Agreement on Mask Use
- Masks ONLY protect the public and not the Wearer
- The Mask FIT impacts mask protection
- Masks can HARM the wearer
- ALL masks with good fit have equal protection

#### **Dramatically Reduced Risk**



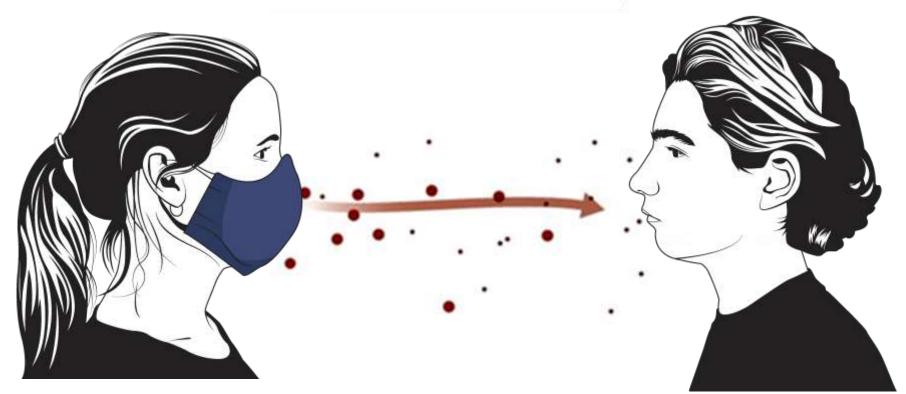
Best Solution – All Wear Masks N95 for Caregivers, Surgical Best for Consumers. Next Best Cloth – All are of Value

### **No Mask – Extreme Risk**



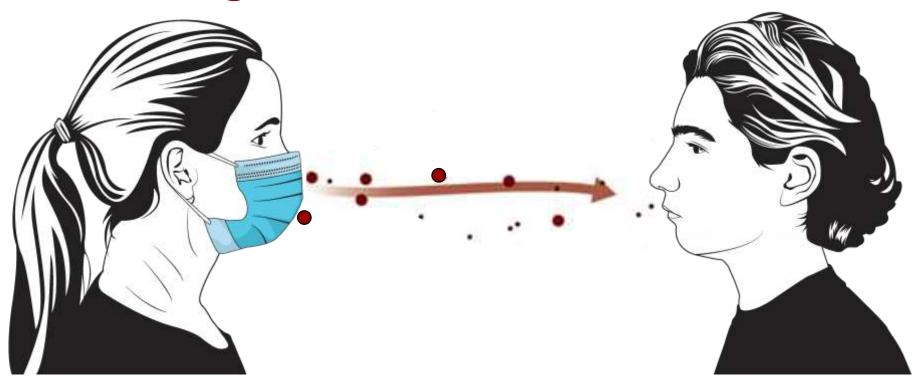
### 15 minutes within 6 feet = "High Risk"

### **Cloth Mask – Reduced Risk**



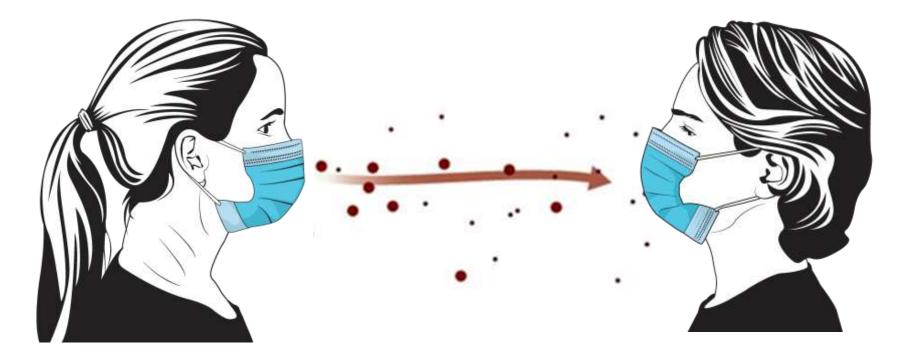
### 2 Layer Cloth Mask Reduces Exhaled and Inhaled Droplets by 60%

### **Surgical Mask – Reduced Risk**



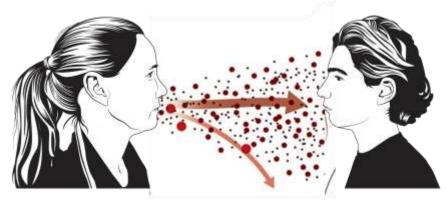
### Surgical Mask Reduces Exhaled Droplets Reduced by 99% and Inhaled Droplets by 75%

### **Dramatically Reduced Risk**



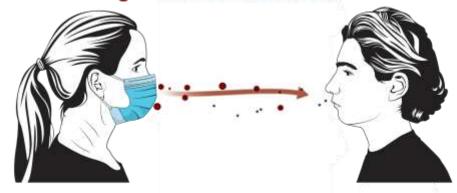
### Best Solution – All Wear Masks N95 for Caregivers, Surgical Best for Consumers. Next Best Cloth – All are of Value

#### No Mask – Extreme Risk



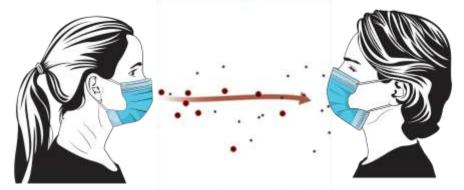
15 minutes within 6 feet = "High Risk"

#### Surgical Mask – Reduced Risk



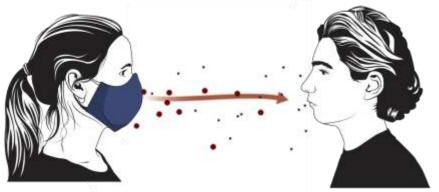
Surgical Mask Reduces Exhaled Droplets Reduced by 99% and Inhaled Droplets by 75%

#### Dramatically Reduced Risk



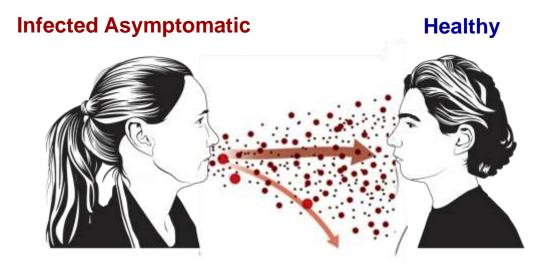
Best Solution – All Wear Masks N95 for Caregivers, Surgical Best for Consumers. Next Best Cloth – All are of Value

#### Cloth Mask – Reduced Risk

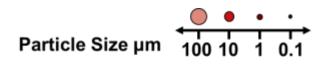


2 Layer Cloth Mask Reduces Exhaled and Inhaled Droplets by 60%

### **Mask Reduction of Airborne Transmission**



#### **Maximum Exposure**



#### AIRBORNETRANSMISSION: DROPLET & AEROSOL

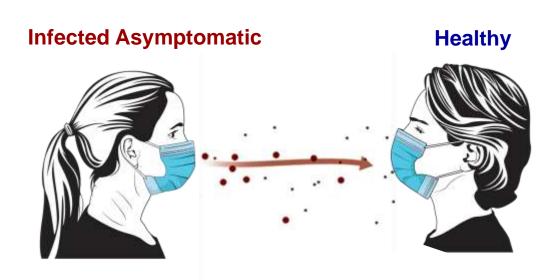
- Droplets > 5 microns and drop nearby 3-6 feet
- Aerosols < 5 microns may float in the air</li>
- Aerosols are likely to represent a large proportion of spread in from pre-symptomatic to lessor degree asymptomatic patients.
- "Silent Shedders" are highly contagious before and may peak at time of first symptoms.
- **Speaking and breathing** generate significant aerosols putting the public at risk.
- Social distancing based on studies of large respiratory droplets in the 1930s prior to higher technology measuring capabilities.
- Airborne transmission was determined to have played a major role in SARS outbreak 2003.
- SARS transmitted >6 ft from index patient

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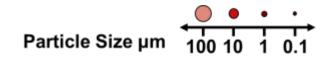
### **Mask Reduction of Airborne Transmission**

#### MINIMAL EXPOSURE WITH MASK USE

- N95 Masks, Surgical Masks, and 2-layer cloth masks all have value to <u>BOTH</u> the wearer and the public.
- Surgical Masks block 99% of respiratory droplets expelled by people with coronaviruses or influenza viruses (Science 2020, Atul Gwande)
- Surgical Masks reduce inhalation of droplet size particles by 75%. (Mueller, Fernandez Dept Civil Eng & Marine & Env. Sci)
- Surgical Masks are 3x better than cloth masks at reducing expelled transmission of respiratory viruses. (Davies at el, Disaster Med & Pub Health Preparedness)
- If at least sixty per cent of the population wore masks that were just sixty-per-cent effective in blocking viral transmission—which a well-fitting, two-layer cotton mask is—the epidemic could be stopped. (Howard et al 2020, Atul Gwande)
- Two Layer Cloth masks reduce inhalation by HALF
  as much as surgical masks (Atul Gwande)
- Mask wearers were HALF as likely to get infected during the SARS Outbreak in 2003.



#### **Minimum Exposure**





**Emerging Threats Community of Practice**  Bystander Rescue Care CareUniversity Series

### Coronavirus Survive & Thrive Guide: Coming Home Safely



John Tomlinson JD MBA Scout Leader Community Leader Orange County CA



Heather Foster RN Infection Preventionist Southwest Colorado



David Beshk Educator Med Tac Instructor Orange County CA



- Hand Hygiene
- Clean Hi-Contact Surfaces

- Disinfect each Person
- Store PPE
- Separate Laundry
- Clean Surfaces

- Clean Contact Surfaces
- Maintain Ventilation
- Manage Isolation, Quarantine, and Senior Care



### **HOT ZONE PRACTICES**

- Social Distance 6 Feet is a MINIMUM
- Handwashing is poor even in caregivers 20 sec
- Avoid Poorly Ventilated Spaces
- Don't Touch Face Masks or the Face
- Be gracious but firm when others invade your space
- It is critical to know how to put on and take off Personal Protective Equipment (PPE). Called "Don and Doff" in healthcare jargon.
- Whenever in doubt, wash your hands.
- Know the process for reporting outbreaks.
- "<u>Exposure to Infected</u>" is being within 6 FEET OF INFECTED FOR LONGER THAN 15 MINUTES.

#### WARM ZONE Leaving Hot Zone Practices

- Disinfect before getting in car.
- Contain Contaminated Materials
- Wipe Down Car Door Handles and contact surfaces if car is warm zone.
- If Car is WARM ZONE: It must be considered contaminated.
- Be ready to store contaminated gear in your car if you must.

#### WARM ZONE Joining Hot Zone Practices

- Assure your mask has good fit.
- Practice no mask or face touching
- If contaminated wash hands.
- Know the rules of the workplace or public venue.





#### WARM ZONE Coming Home Practices

- Designate WARM ZONE room or space for disinfecting,
- Assemble & Maintain Disinfection
  Station with cleaning supplies.
- Keep the family out of WARM ZONE
- Increase precautions if someone is in quarantine or isolation.

#### WARM ZONE Leaving Home Practices

- New or Cleaned masks, gloves, face shields and coverings.
- Bring disinfectants in your car or your gear.
- Bring extra masks if you have them.

© C Denham

### **SAFE ZONE PRACTICES**

- Establish and maintain disinfection stations at doors.
- Regularly clean high contact surfaces.
- Prevent people or parcels from bringing the virus home.
- If possible, keep rooms well ventilated.

### **Care of Someone At Home**

- Getting your "MacGyver On" Use what you have.
- Whether the flu or Coronavirus use same processes.
- Isolation is for all those who are infected or sick.
- The infected NEED to wear masks. Social distance and hand hygiene are important. Surfaces ARE a risk.
- Quarantine is for who may be infected assume infected until end of quarantine period or test negative.





**Coronavirus Care Community of Practice**  Bystander Rescue Care CareUniversity Series

#### **Speakers & Reactors**







**Dr. Gregory Botz** 



Ann Rhoades



**David Beshk** 



**Heather Foster RN** 



Dr. Casey Clements



**Chief William Adcox** 



**Matt Horace** 



**Randal Styner** 



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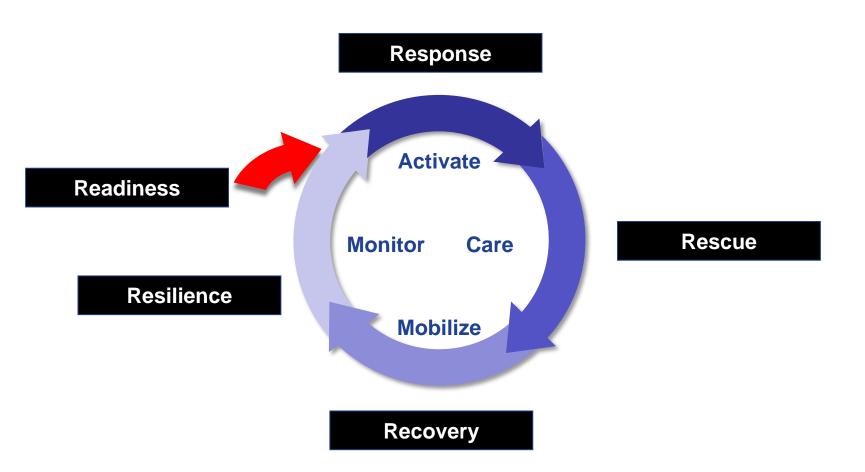


Dr. Charles Denham

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# Family Health Safety & Organization Security Plans<sup>™</sup>





**TELEMEDICINE** Works - Try it

MED TAC



Care of Seniors & those AT-RISK

NEW Emergency Department Issues

**TELEMEDICINE Works - Try it** 

#### Care of Seniors & those AT-RISK





### READINESS

### My family is ready to take care of a loved one with Coronavirus in our home.

-	10	9	8	7	6	5	4	3	2	1
	Very Strongly Agree	Strongly Agree	Agree	Agree	Neutral	Neutral	Negative to Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

#### What readiness information

would you like to have?





### RESPONSE

### My family knows what actions to take if a loved one becomes infected with Coronavirus.

-	10	9	8	7	6	5	4	3	2	1
	Very Strongly Agree	Strongly Agree	Agree	Agree	Neutral	Neutral	Negative to Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

What information would help you respond when a loved one becomes infected?



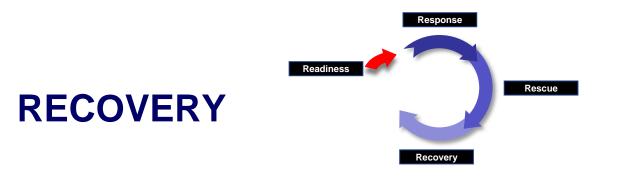


My family knows what do when someone develops severe COVID-19 symptoms.

10	9	8	7	6	5	4	3	2	1
Very Strongly Agree	Strongly Agree	Agree	Agree	Neutral	Neutral	Negative to Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

What information would help your family react if someone develops severe symptoms?

TMIT



My family has a safety plan to return to work and play when the Coronavirus social restrictions are relaxed.

-	10	9	8	7	6	5	4	3	2	1
	Very Strongly Agree	Strongly Agree	Agree	Agree	Neutral	Neutral	Negative to Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

What information would help your family return to the new normal?

TMIT

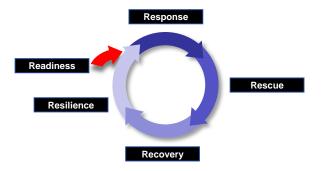


My family has a plan to make them less vulnerable to epidemics in the future.

10	9	8	7	6	5	4	3	2	1
Very Strongly Agree	Strongly Agree	Agree	Agree	Neutral	Neutral	Negative to Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

What information would help you become more resilient in the future?





## Changing behaviors of teens and young adults is key to beating the Coronavirus Crisis.

10	9	8	7	6	5	4	3	2	1
Very Strongly Agree	Strongly Agree	Agree	Agree	Neutral	Neutral	Negative to Neutral	Disagree	Strongly Disagree	Very Strongly Disagree

My suggestions to help making teens and young adults leaders in becoming part of the solution are:

тміт



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Dr. Charles Denham

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### **Voice of the Patient**



### **Jennifer Dingman**

Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division Co-founder, PULSE American Division TMIT Patient Advocate Team Member Pueblo, CO

