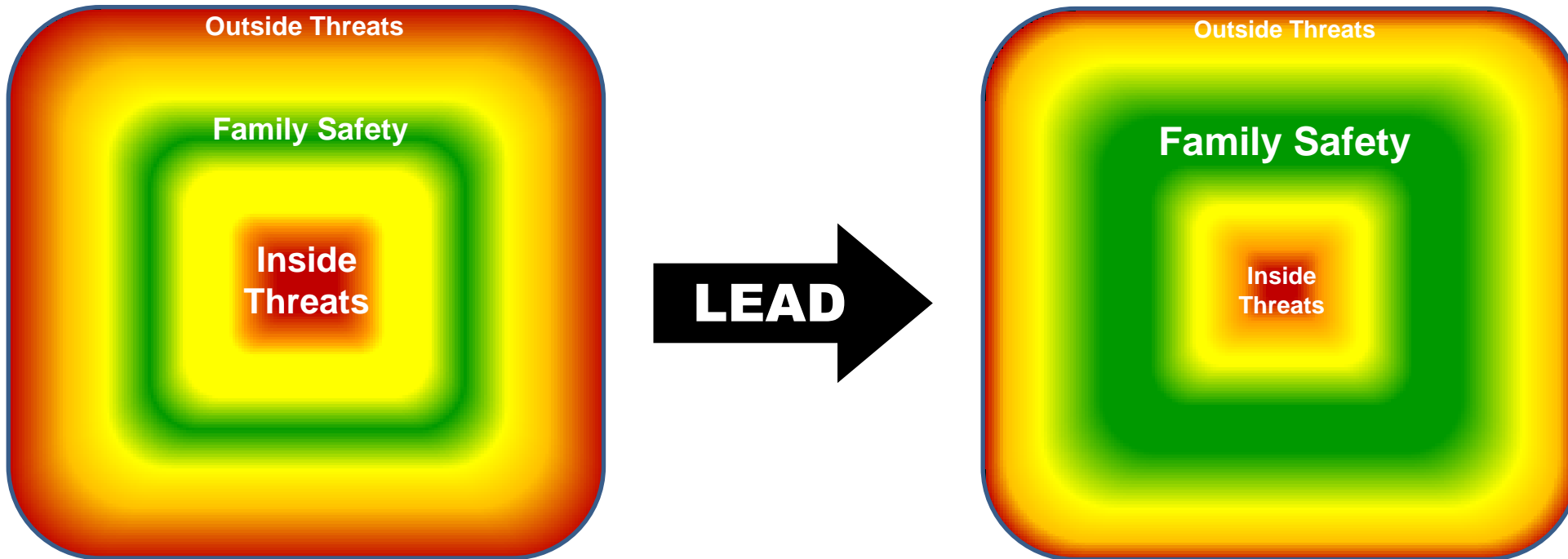
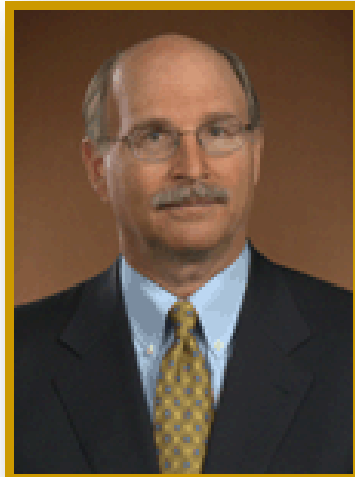


# Family Survive & Thrive Guide:<sup>TM</sup> Keeping Our Kids Safe



# Welcome

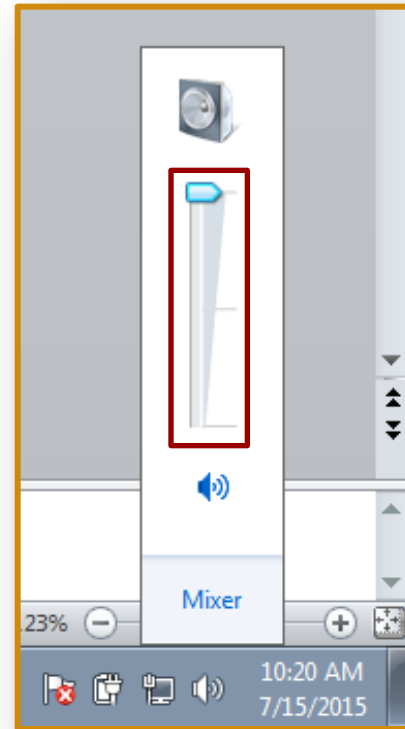
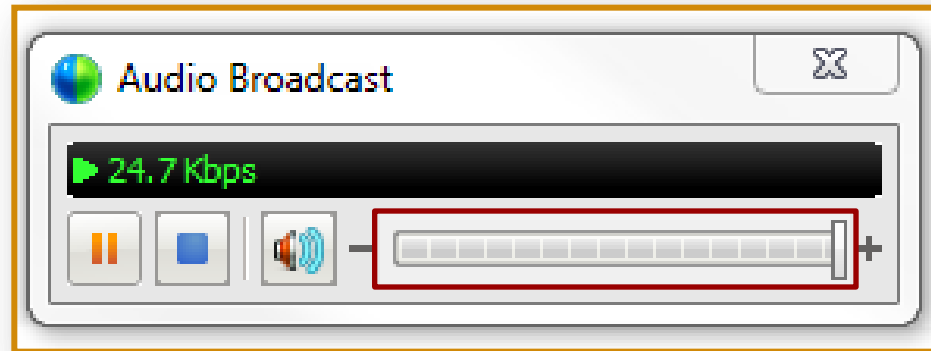


## **Charles Denham, MD**

Chairman, TMIT Global  
Founder Med Tac Bystander Rescue Care

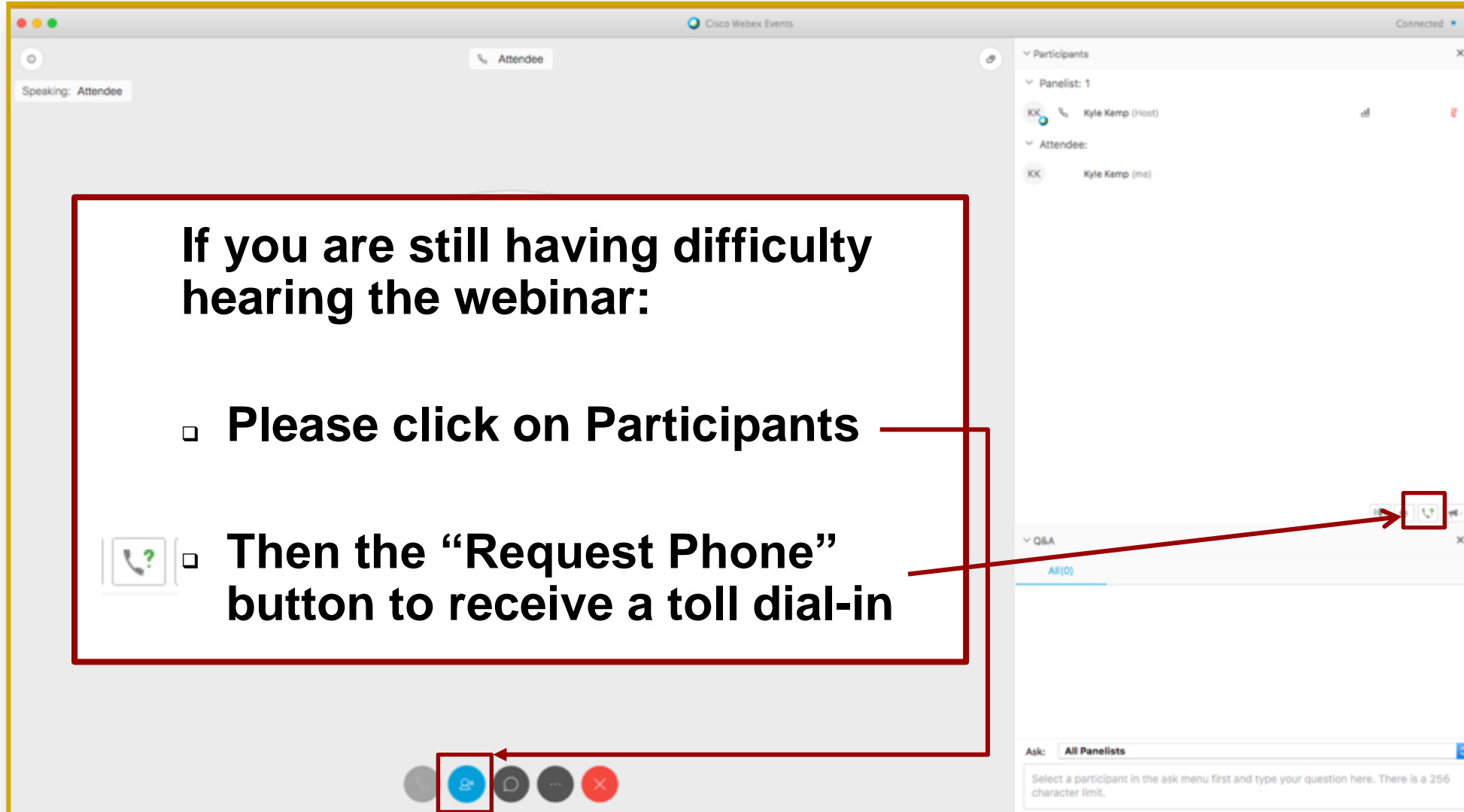
**Med Tac Bystander Rescue Care  
August 06, 2020**

**CareUniversity Webinar #145**



To optimize webinar sound volume, please check:

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- Then the “Request Phone” button to receive a toll dial-in

The screenshot shows a Cisco Webex Events window. A red box highlights the 'Participants' button in the bottom toolbar. A red arrow points from the 'Request Phone' button in the 'Participants' list to the 'Request Phone' button in the bottom toolbar. Another red arrow points from the 'Request Phone' button in the 'Participants' list to the 'Request Phone' button in the bottom toolbar.

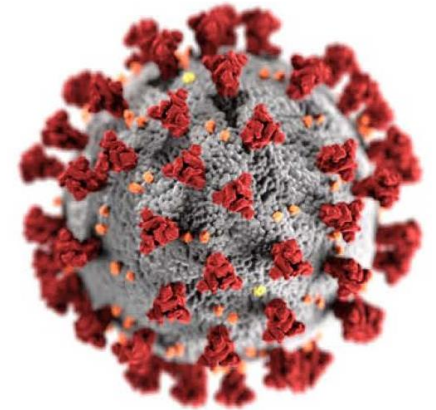


## ***Voice of the Patient***



### **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**





## Our Purpose, Mission, and Values



### Our Purpose:

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

**EMERGING THREATS  
COMMUNITY OF PRACTICE**

### Our Mission:

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

**CAREUNIVERSITY®**

### Our **ICARE** Values:

**Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.**

## 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 pharmaceutical or device companies discussed in their presentations. The funding of the program is from the Denham Family fund of TMIT Global, a 501c3 Medical Research Organization

- Gregory H. Botz, MD, FCCM, has nothing to disclose.
- Dr. Christopher Peabody has nothing to disclose.
- Brittany Owns MD has nothing to disclose.
- Randal Styner has nothing to disclose.
- David Beshk has nothing to disclose.
- Preston Head III has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Heather Foster has nothing to disclose.
- Perry Bechtle III has nothing to disclose.
- Clair Peck has nothing to disclose.
- John Tomlinson has nothing to disclose.
- John Little has nothing to disclose.
- Keith Flitner has nothing to disclose.
- Randy Styner has nothing to disclose.
- Danny Policichio has nothing to disclose.
- Paul Bhatia has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Jacqueline Botz has nothing to disclose.
- Jaime Yrastorza has nothing to disclose.

Charles Denham, MD, is the Chairman of TMIT Global; 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 the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.

# **TMIT Global Research Test Bed**

**3,100 Hospitals in 3,000 Communities**

**500 Subject Matter Expert Pool**







**500 Subject  
Matter Experts**

**Educators  
Declared  
Essential Critical  
Infrastructure  
Workers**



The Washington Post

August 21, 2020

## The Trump administration declared teachers 'essential workers.' Here's what that means.



The declaration of teachers as “critical infrastructure workers,” which came in an Aug. 18 guidance published by the Department of Homeland Security, **means that teachers exposed to coronavirus but who show no symptoms can return to classrooms and not quarantine for 14 days as public health agencies recommend.** School district leaders have spent the summer preparing safety protocols aimed at preventing the virus’s spread when buildings reopen, but many teachers say not enough has been done to allow for safe reentry.



Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response



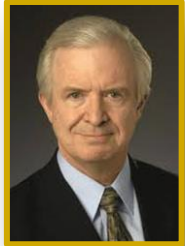
Source: <https://www.washingtonpost.com/education/2020/08/21/trump-administration-declared-teachers-essential-workers-heres-what-that-means/#comments-wrapper>





# Coronavirus Care Community of Practice

# Bystander Rescue Care *CareUniversity Series*



John Nance JD



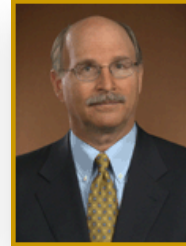
Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



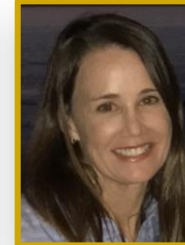
Bob Chapman



Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



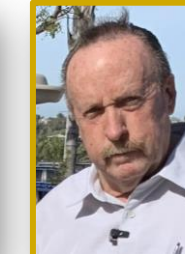
Ann Rhoades



Nancy Conrad



Dr. Chopra



John Little



Debbie Medina







# Coronavirus Care Community of Practice

# Bystander Rescue Care *CareUniversity Series*



Matt Horace



John Tomlinson



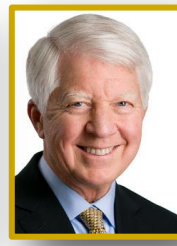
Dan Ford



Arlene Salamendra



Jennifer Dingman



Bill George



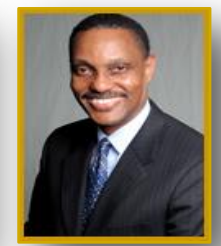
Penny George



Hilary Schmidt PhD



Paul Bhatia EMT



Dr. McDowell

## Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



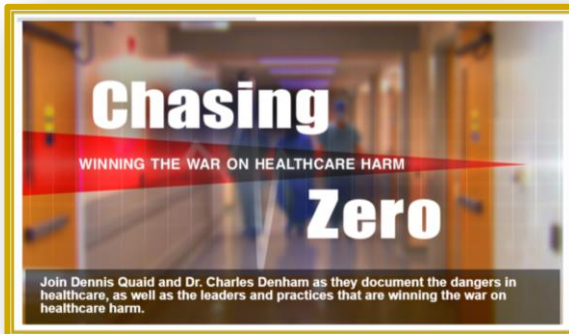
Dr. Howard Koh



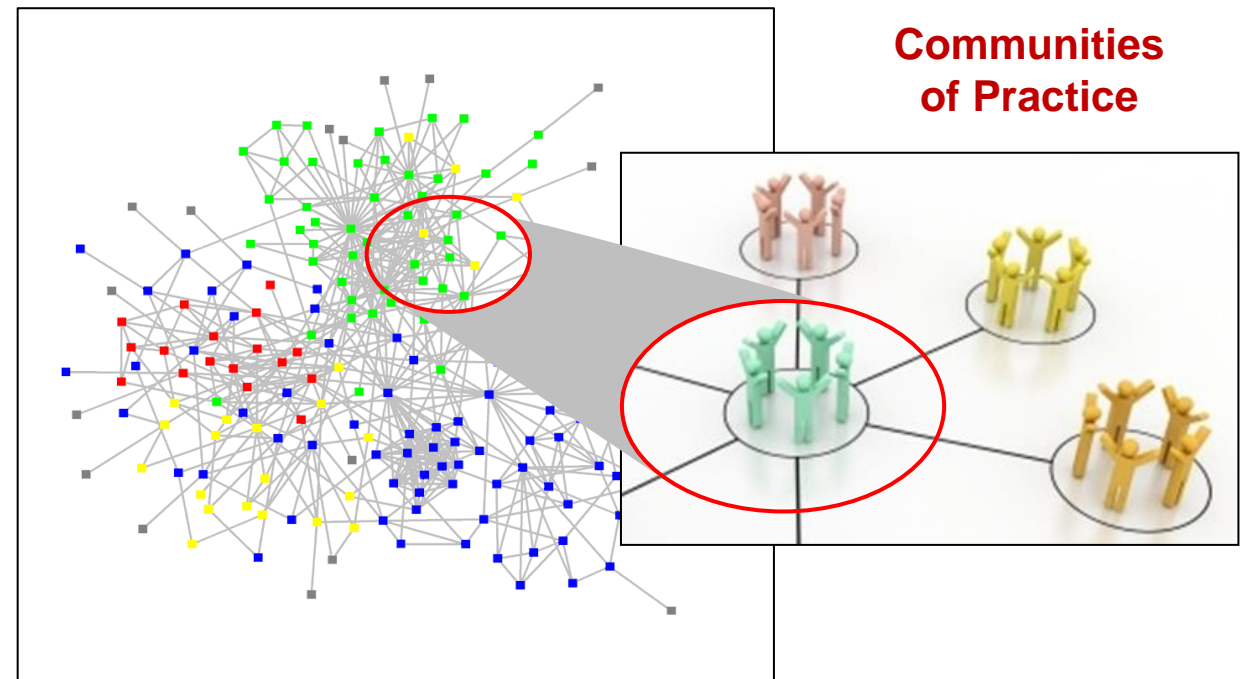
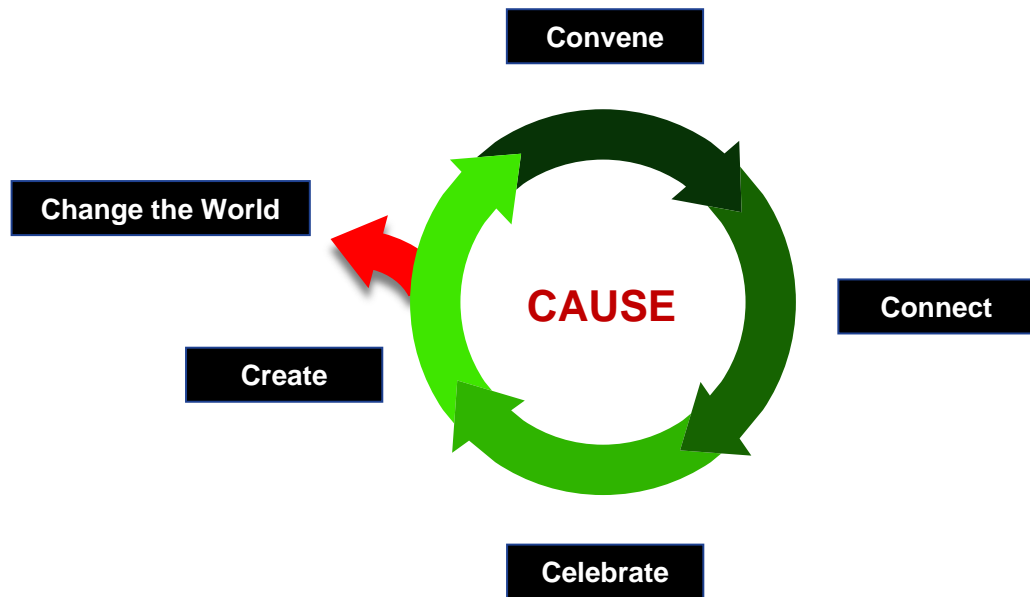
Dr. Jim Bagian



Dr. Harvey Fineberg



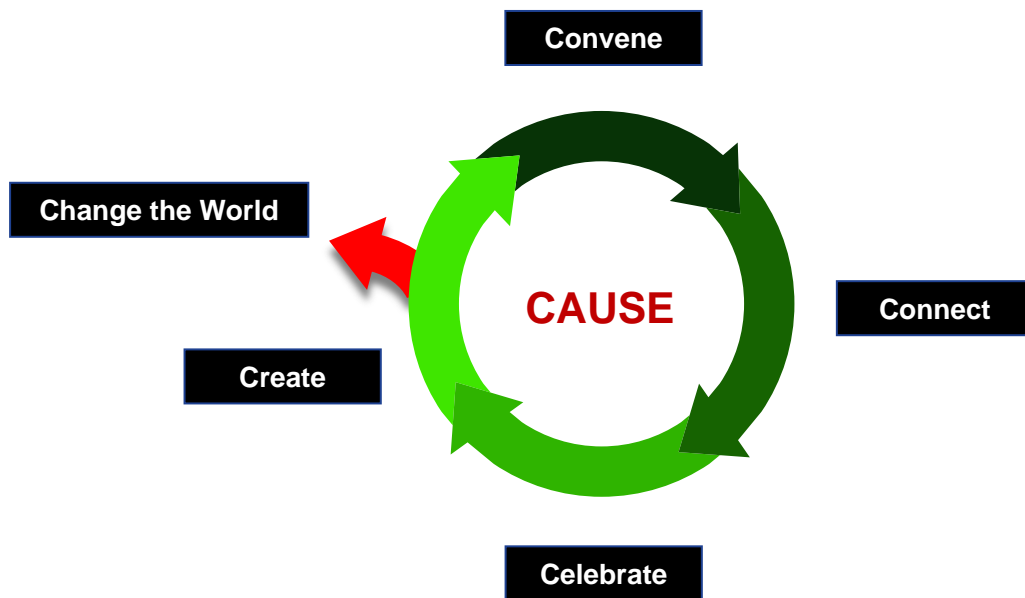
# Communities of Practice Model





# Coronavirus Care Community of Practice

## 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



## Coronavirus – Protecting You & Your Family

See the videos, answers to FAQs, and resources below. They will be continuously updated for the communities we serve.

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

We have organized the videos below as BASIC VIDEOS to provide critical information quickly. For those who want more detail, view the ADVANCED VIDEOS. The source articles may be downloaded below.

**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

The following ADVANCED MODULES address more comprehensive information you may wish to watch. The medical and scientific articles are provided below the viewer.

**ADVANCED MODULES**

- Preparing for CARE at Home
- TELEMEDICINE Works - Try It
- Care of Seniors & those AT-RISK
- The Latest Best Practices
- Caregivers Surf the Next Wave
- Coming Home Safe Webinar
- The New Normal Webinar
- Back to School Safety

The following table provides resource articles and links to video assets that viewers may use and download to understand the science behind the best practices.

Task Name	Notes
<b>Background &amp; Foundational Information</b>	
US and UK Were Best Prepared - What Went Wrong? Time Magazine July, 2020 <a href="https://time.com/584897/us-uk-failed-coronavirus-response/">https://time.com/584897/us-uk-failed-coronavirus-response/</a>	This is a review of the preparedness of both countries. Countries can have the best ranking for preparedness but still contain the virus.
PANDEMIC RESILIENCE: Getting It Done - A Supplement to the Roadmap to Pandemic Resilience 05-20-20 EDMOND J. SAFRA CENTER FOR ETHICS AT HARVARD UNIVERSITY	A plan developed at Harvard that proposes the levels of disease prevalence require different tool strategies. With community specific approaches, the to be successful in suppressing COVID-19 in the US.
Amid the Coronavirus Crisis, a Regimen for Rentry, New Yorker 08-15-20 Dr/Alai Gwande	One of the best articles to be read by all audiences. Dr. Gwande has been one of our heroes of patient safety. He provides a term, evidence based description of the valuable practices we need to undertake.

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

**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

- BASIC MODULES:**
- Short Videos 4-10 min
  - Critical Information
  - Hits Pillars of Prevention

**ADVANCED MODULES**

- Preparing for CARE at Home
- TELEMEDICINE Works - Try It
- Care of Seniors & those AT-RISK
- The Latest Best Practices
- Caregivers Surf the Next Wave
- Coming Home Safe Webinar
- The New Normal Webinar
- Back to School Safety

- ADVANCED MODULES:**
- Longer more detailed
  - Webinar Recordings
  - Technical Information

**Related Resources**

Resources:

**Care of the At Risk & Seniors at Home**

[www.medtacglobal.org/coronavirus-response/](http://www.medtacglobal.org/coronavirus-response/)

# Survive & Thrive Guide™ Series: Coming Home Safely

## Hot Zone

Public & Work Exposure



## Warm Zone

Disinfection Area



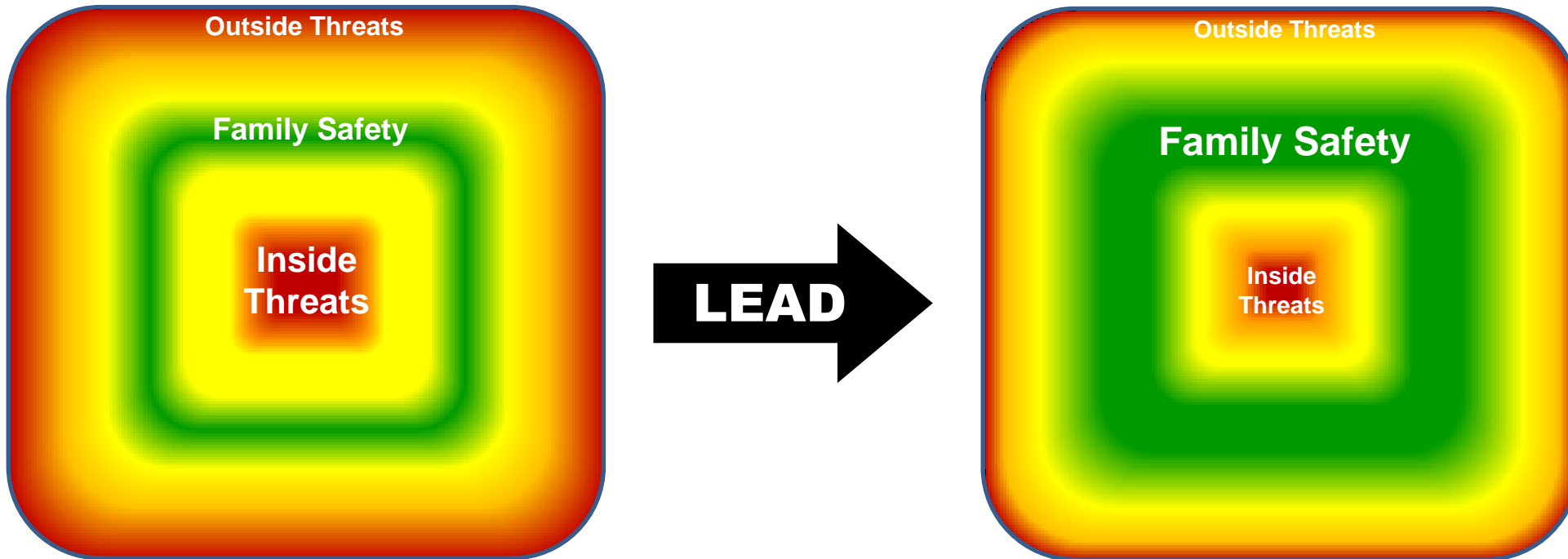
## Safe Zone

Home with Family



August 6, 2020

# Family Survive & Thrive Guide:<sup>TM</sup> Keeping Our Kids Safe



## Speakers & Reactors



Dr. Gregory Botz



Dr. B Owens



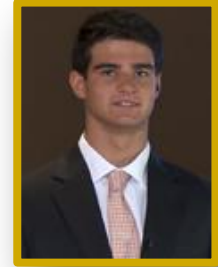
Heather Foster RN



Dr. C Peabody



David Beshk



Perry Bechtle III



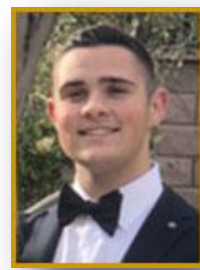
Jennifer Dingman



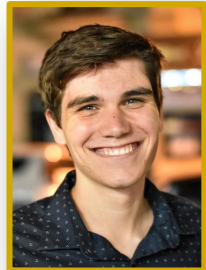
Clair Peck



Jacqueline Botz



D Policichio



Jaime Yrastorza



Paul Bhatia EMT



Charlie Denham III



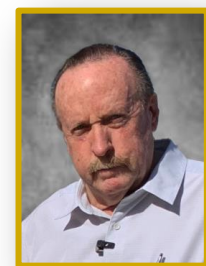
Preston Head III



Randal Styner



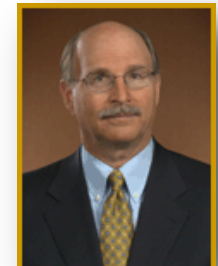
Keith Flitner



John Little



John Tomlinson



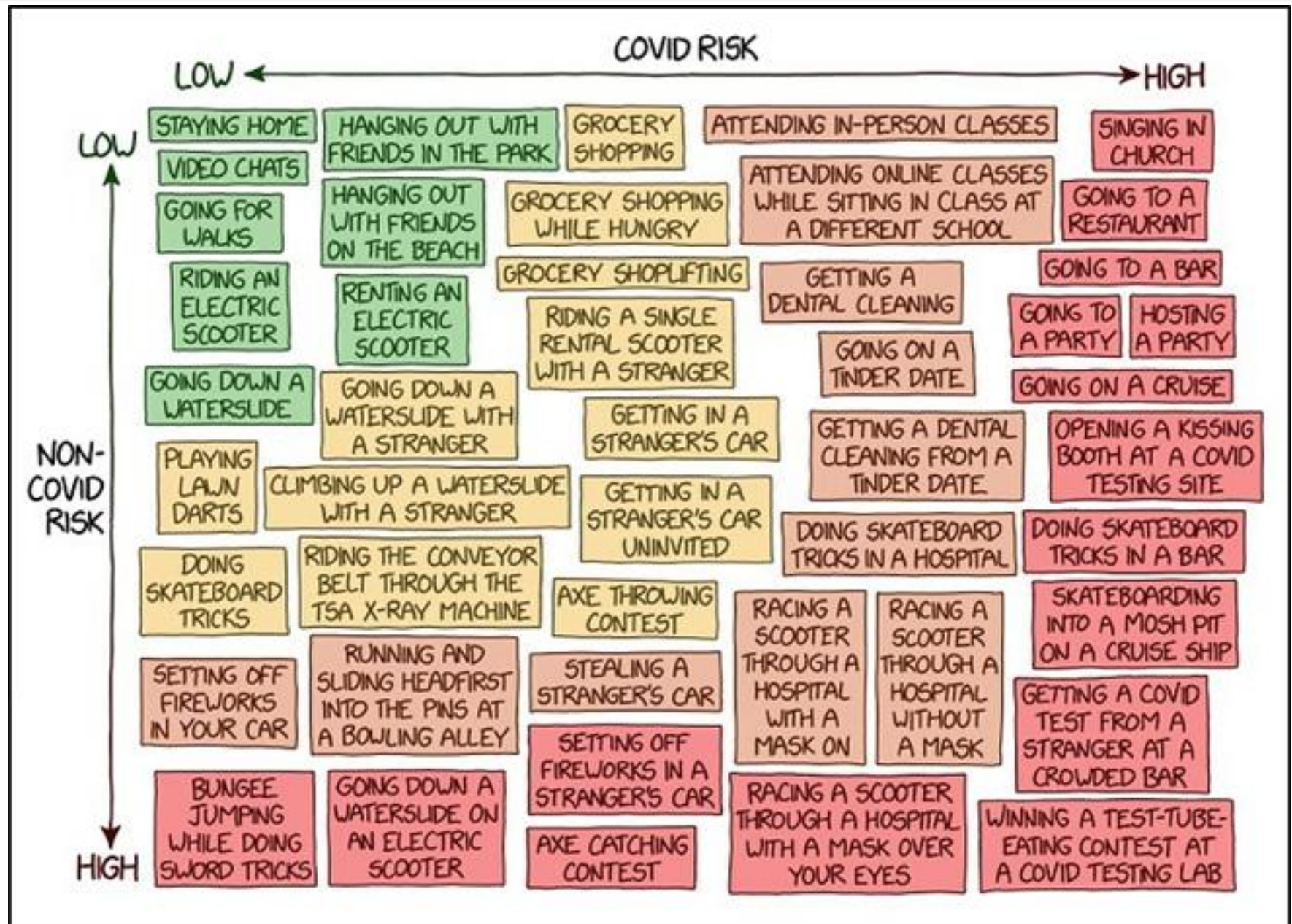
Dr. Charles Denham

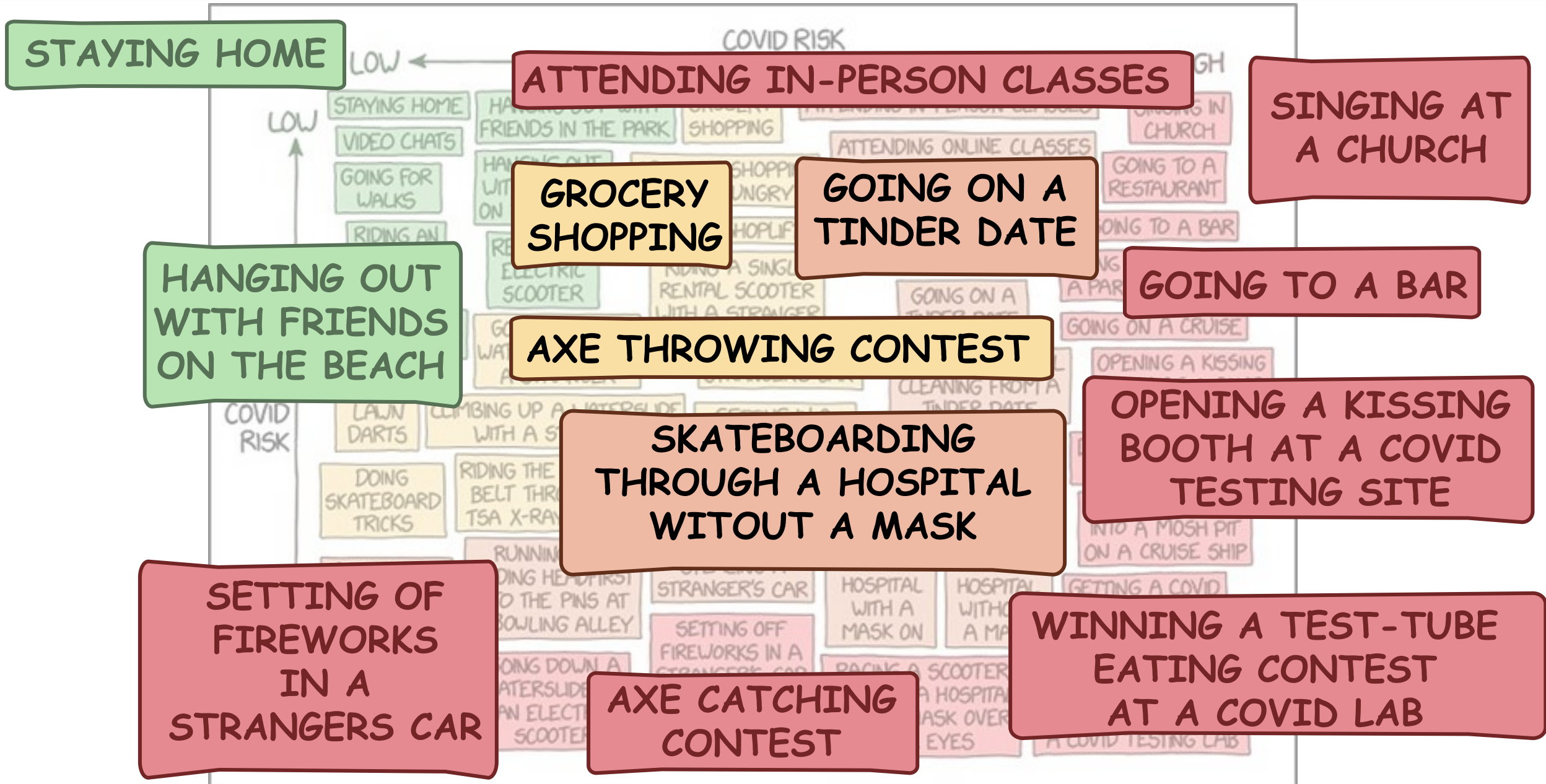
## **Keeping Our Kids Safe**

- **What is the science behind the risk to your kids?**
- **Does risk vary for kids under 10, teens, and youth?**
- **What about our college students and young adults?**
- **What are the CDC school and college guidelines?**
- **What are the highest risk environments?**
- **Why are the indoors riskier than the outdoors?**
- **Are there best practices for play dates and sports?**
- **How can we safely return to the beach and pool?**
- **How do we get teens, those in their 20's, and 30's to take the lead in protecting our families?**



# Humor the Best Medicine







**CAREMOMS  
& FAMILIES**



**HOME FAMILY  
CAREGIVERS**



**AT WORK**

# Our Discovery:

## Family Training Works

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



THE UNIVERSITY OF TEXAS  
**MD Anderson  
Cancer Center**



**UCSF**  
University of California  
San Francisco



TIME

August 29, 2020

## 10 Epidemiologists and Infectious Disease Experts On Whether They Are Sending Their Kids Back to School



Dr. Joshua Barocas - Infectious Disease Physician and Assistant Professor of Medicine at Boston University School



Tara Smith - Professor of Epidemiology at Kent State U. College of Public Health



Kimberly Powers - Associate Professor of Epidemiology at University of North Carolina Gillings School of Global Public Health



Dr. Alison Rustagi—resident physician at the UCSF Medical Center who has a Ph.D. in epidemiology



Lisa Bodnar—professor of epidemiology at the University of Pittsburgh



Lisa Bodnar—professor of epidemiology at the University of Pittsburgh



Jamie Lloyd-Smith—professor of ecology and evolutionary biology at the University of California, Los Angeles professor



Sandra Albrecht—assistant professor of epidemiology at Columbia University Mailman School of Public Health



Whitney Robinson—associate professor of epidemiology at University of North Carolina Gillings School of Global Public Health



Eyal Oren—associate professor of infectious disease and social epidemiology at the San Diego State University School of Public Health

Source: <https://abcnews.go.com/US/university-notre-dame-battle-planrise-covid-19/story?id=72576408>

TIME

August 29, 2020

## 10 Epidemiologists and Infectious Disease Experts On Whether They Are Sending Their Kids Back to School

- Most mentioned that the local community infection **positivity rate** was a major factor in the decision.
- Ongoing widespread, and **sustained community transmission** was identified as a major risk factor.
- They recognized the **negative aspects of not sending the children to school**.
- The importance of **physical spacing, enforcing mask wearing, and outdoor education** were addressed.
- They **emphasized the precautions** taken by the schools and the local community being taken.

“In interviews with TIME, 10 experts explained how they’re trying to strike a delicate balance: between their children’s academic and emotional needs; the risk to their communities; keeping their children and their families safe from the virus; and trying to preserve their own sanity and careers.”

Source: Time Magazine August 29, 2020



August 12, 2020

## Dr. Sanjay Gupta: Why I am not sending my kids back to school

- **Largest Pediatric Study out of China:**
  - 90% of children develop mild or moderate symptoms.
  - 4% were entirely asymptomatic.
  - 6% became severely or critically ill.
- **90 children in US Died** by first week in August of Covid-19 according to American Academy of Pediatrics and Children's Hospital Association.
- **South Korean Spread Study:** widely cited showed that kids 10 to 19 were spreading the virus just as much as adults. They had highest rate of Covid-19 among household contacts. Under 10 spread half as much.
- **Younger Children may carry larger amount of virus** in their noses according to JAMA Pediatrics.
- **Infections in children grew 90% in July and August** even before schools opened.
- **Nearly 25% of teachers at risk for serious disease** due to age or underlying conditions.
- **For schools to open safely** the community new infection rate needs to be dropping and below 100 per 100,000 for 14 days.
- **The positivity rate for testing** needs to be low enough to indicate low risk for infection.
- **MIS-C A Multi-system Inflammatory Syndrome** was identified in 570 children in the US. 2/3rds did not have underlying conditions before diagnosis.

Source: CNN



# Where are we?

## THE LATEST NUMBERS

As of 7:00 a.m. ET, September 1

Global Cases

25,506,759

Global Deaths

851,095

US Cases

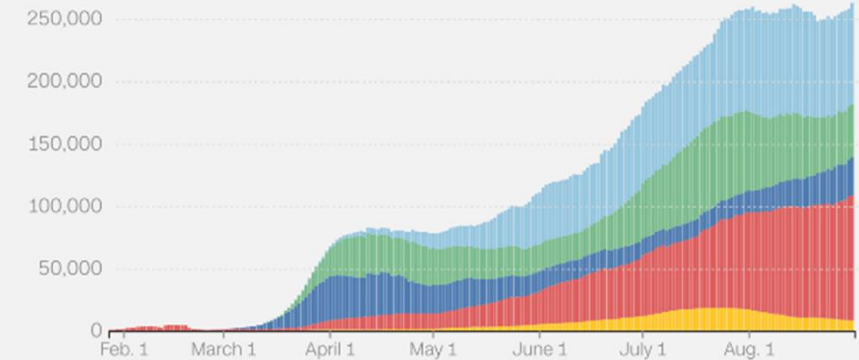
6,031,287

US Deaths

183,602

## Daily new cases by region

Latin America and the Caribbean North America Europe  
Asia Africa Oceania



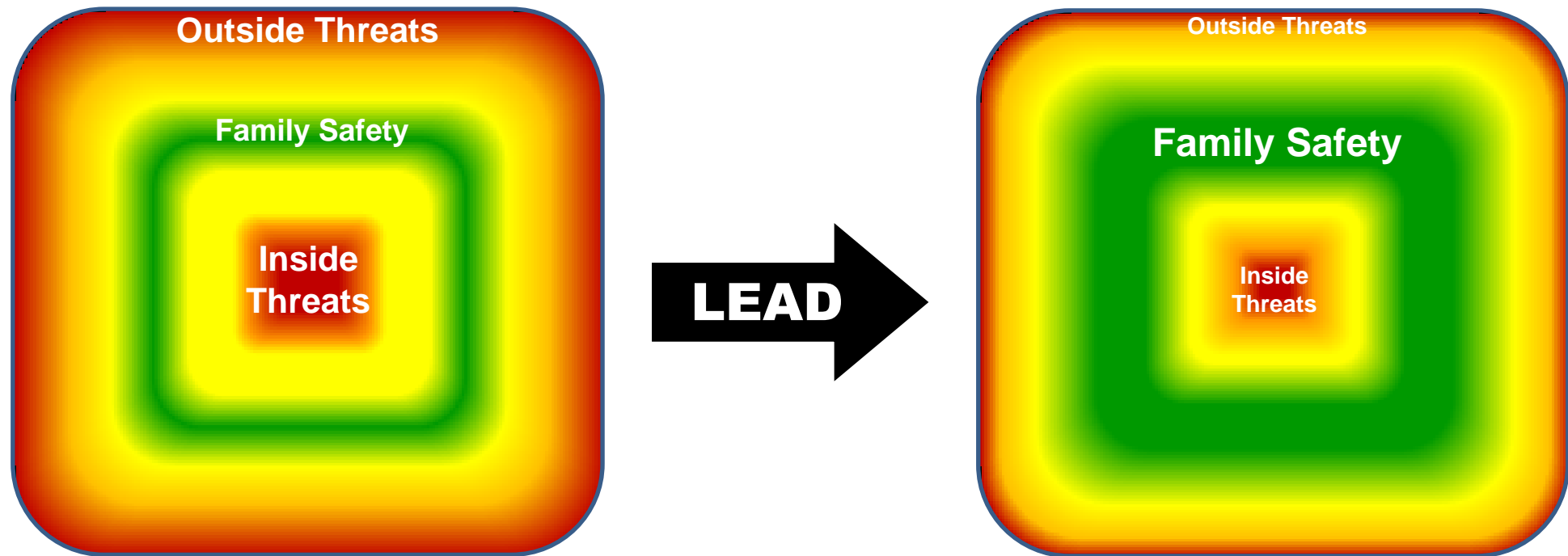
- **1 in 55 Americans** have been infected as of Sept 1.
- The average person has less than 1% chance of dying from the virus. It is 6 times more lethal than the flu.
- People 85 years and older are 20 times more likely to die than those in their 50's.
- **Over 60% of new infections under the age of 50 years.**
- **"Long Haulers"** include people who have cardiac, neurological, and other organ system impact 60-90 days after infections. Most had no preexisting conditions.
- **Children develop Multi-system Inflamm. Syndrome MIS-C**
- **1 in 3 adults and children who are hospitalized are admitted to the ICU.**
- **A fast-growing group of those infected are children.**
- Those with diabetes are 3 times more likely to be hospitalized.
- Those who are obese are 3-4 times more likely to die than those with normal weight.
- Obesity was **40.0% among young adults 20-39** years, 44.8% among ages 40-59 years, and 42.8% among adults aged 60 and older.



# How do we Keep Our Kids Safe?

**ONLY POSSIBLE** by keeping the “family unit” safe...

We have to **BREAK FAMILY TRANSMISSION CHAINS...**



# **Health Security: The Family Unit**

## **PUBLIC HEALTH**



**Versus**

## **FAMILY HEALTH**



**Tradeoffs for Population:  
Cost of Doing Business**

**You will pay more and do  
more to spare your family**

**YOU HAVE TO TAKE CHARGE NOW!**

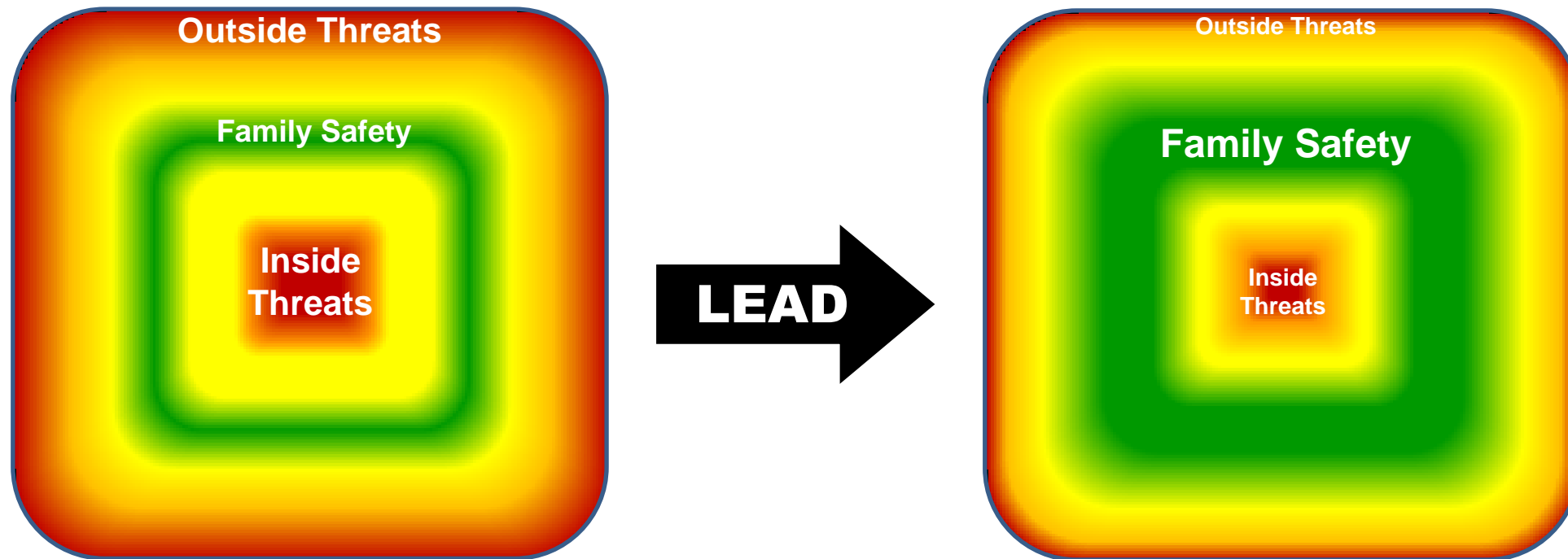
Source: C Denham

# Threats X Vulnerability = Risk to Your Family

**Threats:**  
Likely to  
cause HARM.

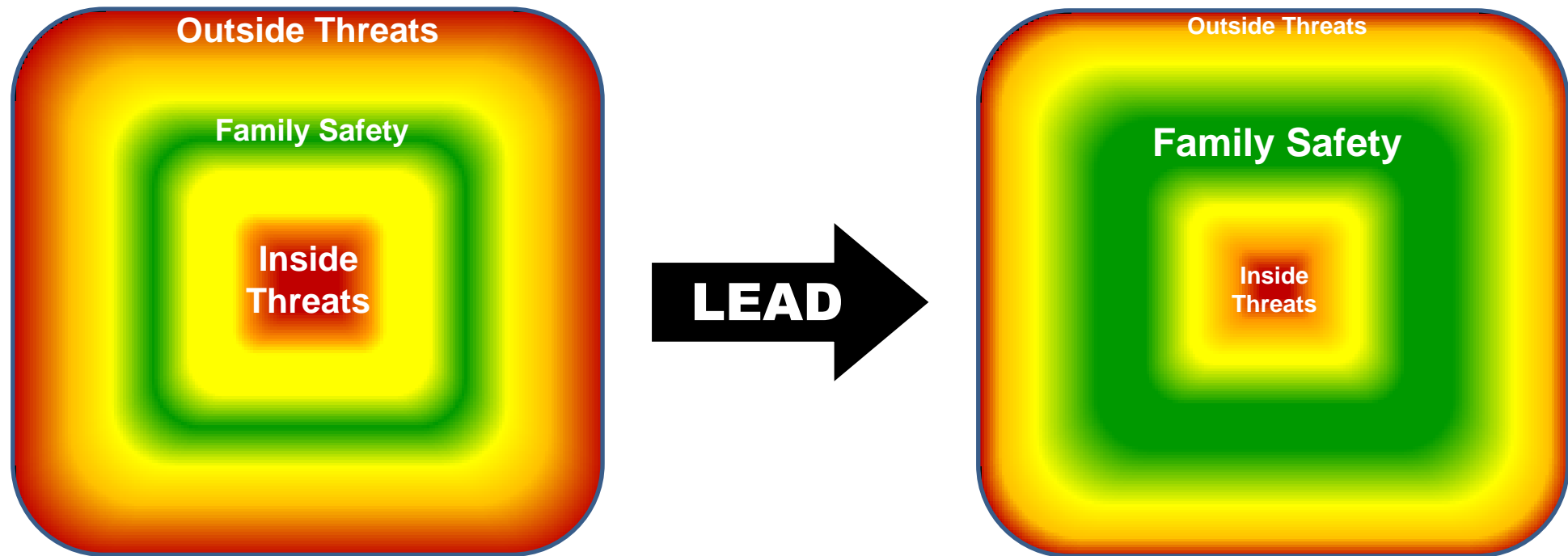
**Vulnerability:**  
Weaknesses that can be  
EXPLOITED by threats.

**Risk:**  
PROBABILITY of harm by a  
threat exploiting vulnerability.

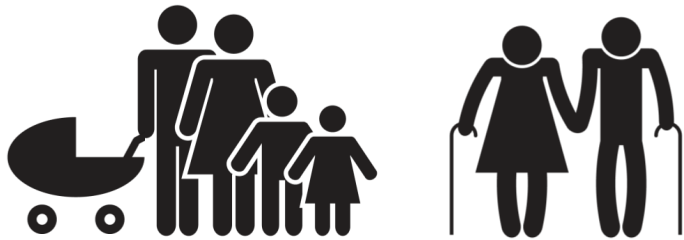


# Threats X Vulnerability = Risk to Your Family

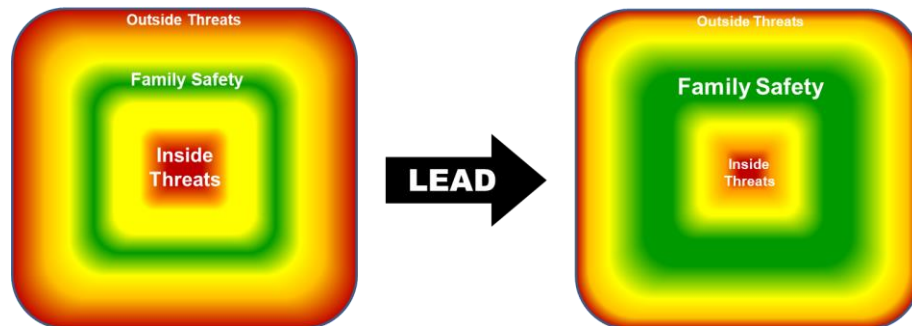
Our Goal: Reduce Risk of Family Harm  
by **Reducing Vulnerability** to Threats



# Keeping Our Kids Safe...by Keeping the Unit Family Safe



Reduce Family Vulnerability



## STEP 1: Identify Each Family Member's Threat Profile

- Family living together and those in direct contact.
- Identify threats due to age, underlying conditions, and outside threats related to region and living conditions.

## STEP 2: Identify and Follow Local Coronavirus Threats

- Local Community infection factors, trends, and public health guidelines will drive your behaviors and plans.
- Understand the public health processes in place where the family members will work, learn, play, and pray.

## STEP 3: Develop a Family Safety Plan

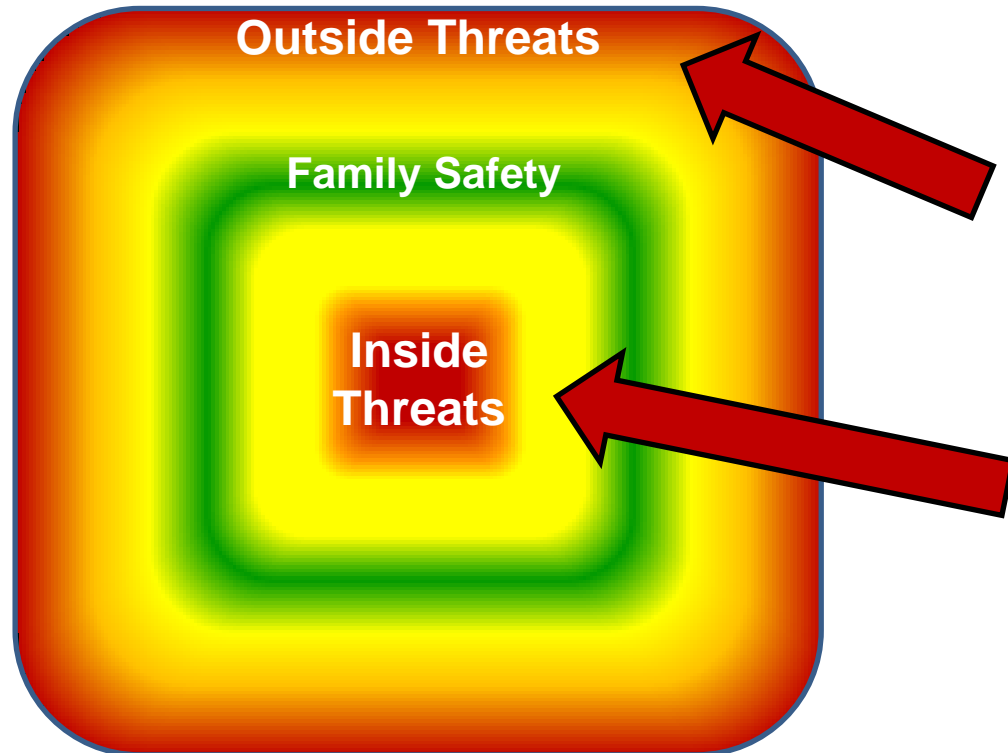
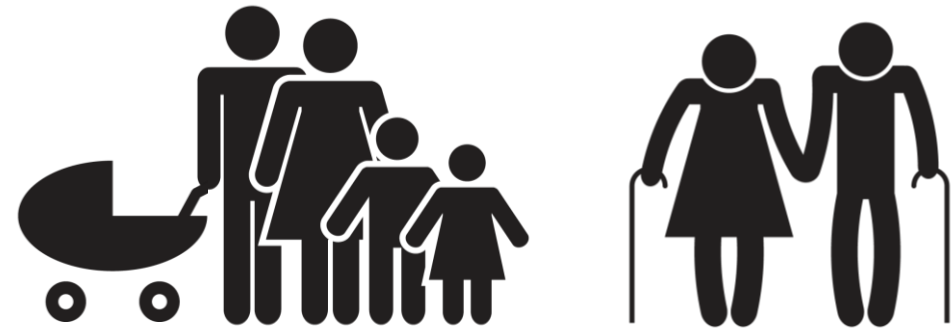
- A leader or leaders of the family act as the CFO – Chief Family Officer who drives the plan: Readiness, Response, Rescue, Recovery, and Resilience.

## STEP 4: Plan the Flight and Fly the Plan

- The novel Coronavirus virus science, threats, vulnerabilities, and therefore the family risk changes continuously. Every airplane flight plan is modified along the route – so will your family safety plan.

## STEP 1: Identify Each Family Member Threat Profile

Understanding the Threats, Vulnerability, and Risk of Harm to our Children



### Family Unit Threat Profile:

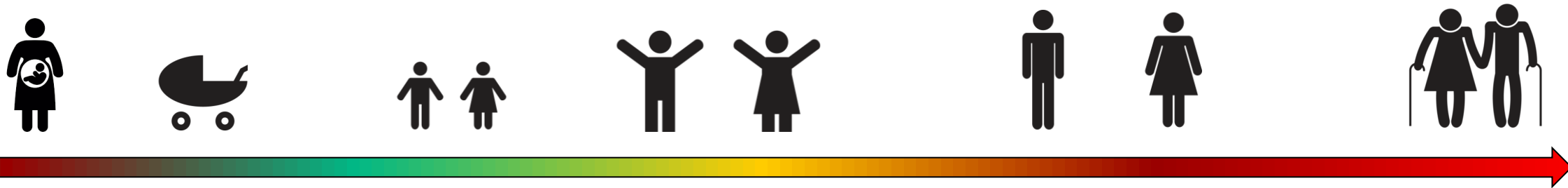
#### Outside Threats from Community

- Threats, Vulnerability, and Risk from the outside environment for each individual family member for being infected, harmed, and death.
- Threats, Vulnerability, and Risk of current behaviors.

#### Inside Threats to Family – Home and Conditions

- Threats, Vulnerability, and Risk for each family member unique to them for being infected, harmed, and death.
- Threats, Vulnerability, and Risk of current behaviors within the home and living spaces.

## STEP 1: Identify Each Family Member Threat Profile



**Pregnant Moms**

### Pregnant Moms

- Have been found to have certain higher risks for severe COVID illness due to pregnancy – an “inside risk” (CDC)

### Under 2 Years

- Watch evolving science in this area for “inside risks”.

### 2 to 10 Years

- May have more virus in their nasopharynx than adults.
- Half as likely to get infected as over 10 years old.
- A rise in infection rate seen with school attendance.
- May develop MIS-C – Multisystem Inflammatory Syndrome in Children. <21 years old, lab evidence of inflammation, >2 organ involvement. SEE CDC Case Description on CDC website.

**10 to 30 Years**

### 10 to 30 Years

- Fastest growing infection group – more than 50%
- Super Spreaders due to social interaction.
- Over 30% of COVID positive Big 10 players have cardiac inflammation on cardiac MRI. SEE Evolving CNN Reports

### 30 to 50 Years

- Rapidly growing group of infections in later surge stage. Underlying conditions including obesity a factor.

### 50 to 65 Years

- Have higher incidence in underlying conditions putting them at higher risk for infections and harm.

### Over 65 Years

- Age is a risk factor independent of underlying conditions and have them. Highest death rate.

## STEP 2: Identify and Follow Local Coronavirus Threats

### Inside versus Outside Threats

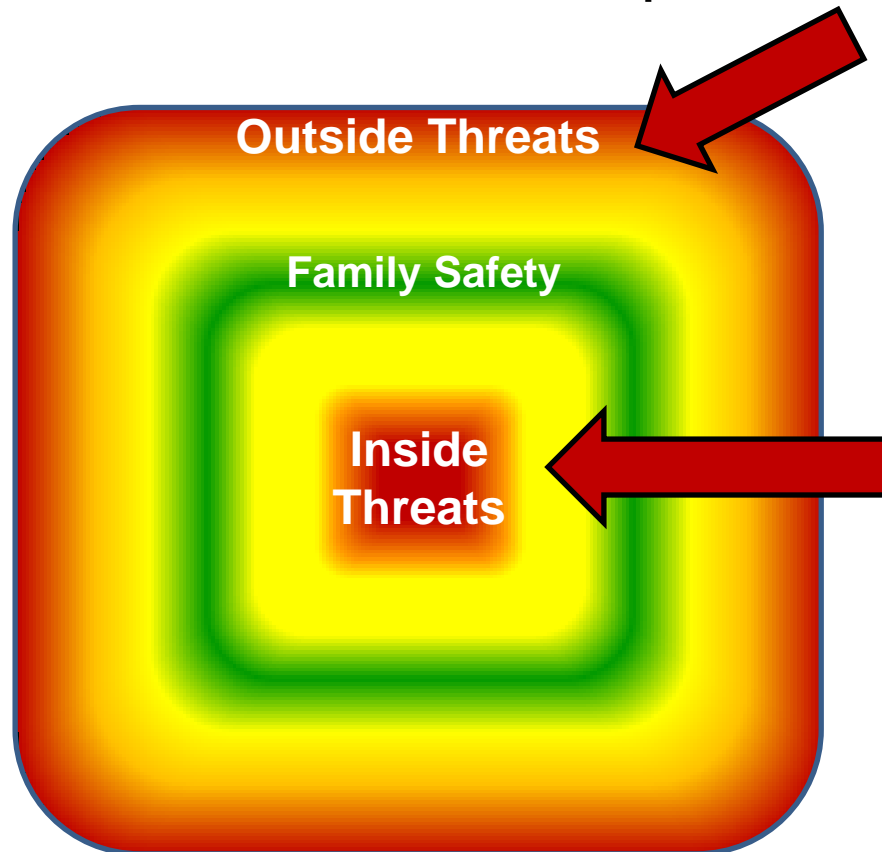
- High Background Community Infection or trending with more infections.
- Schools without proper Test, Trace, Treat, Isolate, and Quarantine Programs.
- Group Activities and Sports without Proper Prevention - Social Distancing etc.

### Outside Threats:

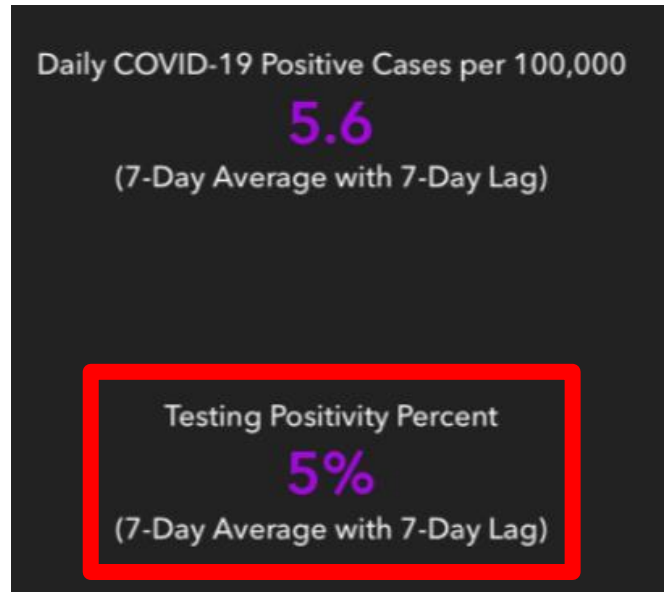
- Lack of Mask Use by all exposed to family.
- Community without adequate public health services including Test, Trace, Treat, Isolate, and Quarantine Programs.
- Critical Essential Infrastructure Worker Exposure bringing virus home to family.

### Inside Threats:

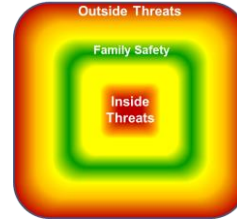
- Delayed Emergency Medical Care for Children due to fear.
- Delayed Vaccines for Children due to fear.
- Depression in Children isolated at home.
- Threats to Immune Compromised Children.
- Inadequate Nutrition of Children.
- Lack of Exercise of Children and Adults.
- Adults with underlying at-risk illnesses.
- Seniors over 65 years of age at risk due to age.
- Delayed Emergency Medical Care for Adults due to Fear.
- Delayed or absent Screening for Adults and Seniors.
- Delayed Elective Medical Procedures for adults.
- Inadequate Disinfection of Hi Contact Surfaces.







*2,040 SNF residents, 539 OC jail inmates, and 151 Persons Experiencing Homelessness*



- Male over 65 years of age.



- Female in mid 50's with history of pulmonary infections & bronchitis.



- Mid-teen youth with recent cardiac surgery and hospitalizations for hyperimmune reactions to viral infections.



- Grandmother at 99 years of age in assisted living with history of lung disease.

## Example Family Threat Profile Orange County CA

## STEP 3: Develop a Family Safety Plan

### Reduce Vulnerability

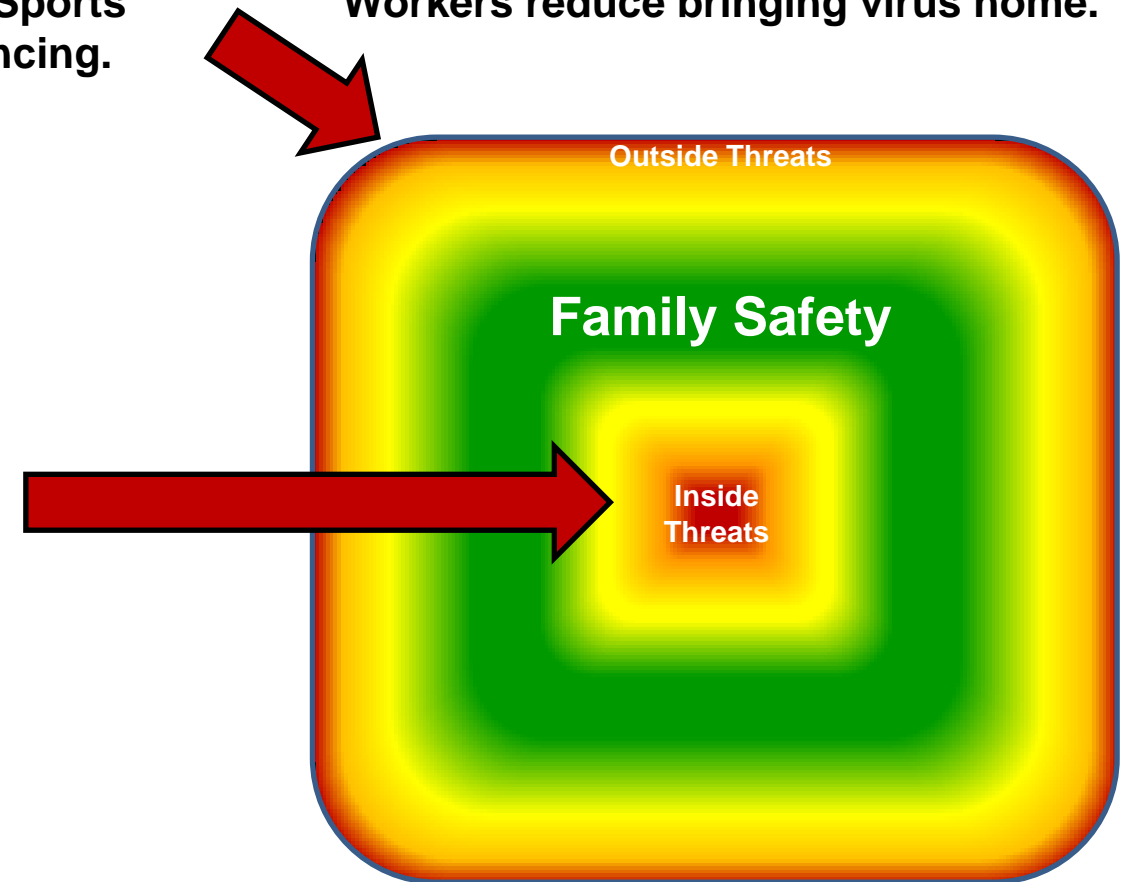
- Adjust behaviors depending on Background Community Infection and local infection trends.
- Base school decisions on Test, Trace, Treat, Isolate, and Quarantine Programs.
- Avoid Group Activities and Sports without Proper Social Distancing.

### Reduce Vulnerability to Outside Threats:

- Assure Mask Use by all exposed to family
- Monitor public health services including Test, Trace, Treat, Isolate, and Quarantine Programs and adjust behavior to it.
- Assure Critical Essential Infrastructure Workers reduce bringing virus home.

### Reduce Vulnerability to Inside Threats:

- Produce a Medical Care Emergency Plan for the Children and Adults (5 Rights of Emergency Care).
- Safely see Pediatricians to maintain Vaccines.
- Combat depression in Children with activities
- Protect Immune Compromised Children .
- Protect Adults with underlying at-risk illnesses.
- Protect Seniors over 65 years of age.
- Safely Pursue Regular Screening for Adults.
- Weigh Risks for Elective Medical Procedures.
- Assure Nutrition for children and adults in isolation.
- Pursue Regular Exercise during isolation/quarantine.
- Inadequate Disinfection of Hi Contact Surfaces.



## STEP 3:

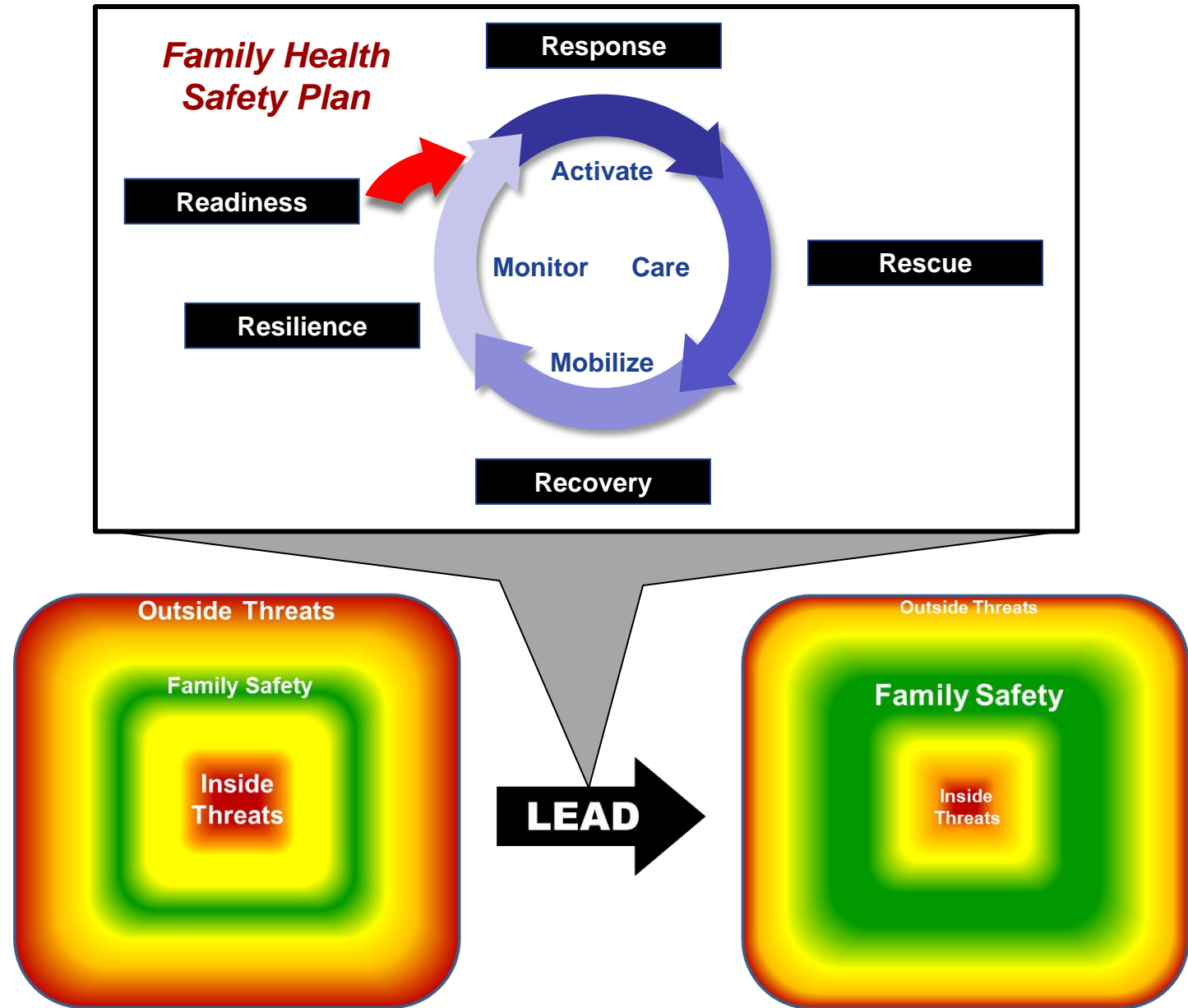
### Develop a Family Safety Plan

- A leader or leaders of the family act as the CFO – Chief Family Officer who drives the plan: Readiness, Response, Rescue, Recovery, and Resilience.

## STEP 4:

### Plan the Flight and Fly the Plan

- The novel Coronavirus virus science, threats, vulnerabilities, and therefore the family risk changes continuously. Every airplane flight plan is modified along the route – so will your family safety plan.



## Caregiver and Educator Panel



Dr. Gregory Botz



Dr. B Owens



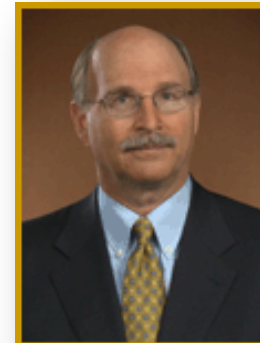
Heather Foster RN



Dr. C Peabody



David Beshk



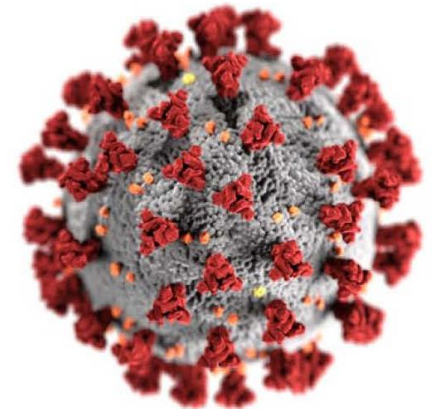
Dr. Charles Denham  
Moderator

# Keeping our Kids Safe Family Survive & Thrive Guide™



**Gregory Botz MD**

**Critical Care Physician  
Professor University of Texas  
Professor Stanford Medical  
College**

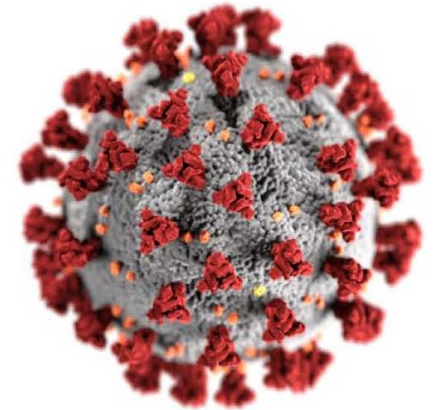


# Keeping our Kids Safe Family Survive & Thrive Guide™



**Dr. Brittany Owens**

**Community Pediatrician  
Practicing in Philadelphia**



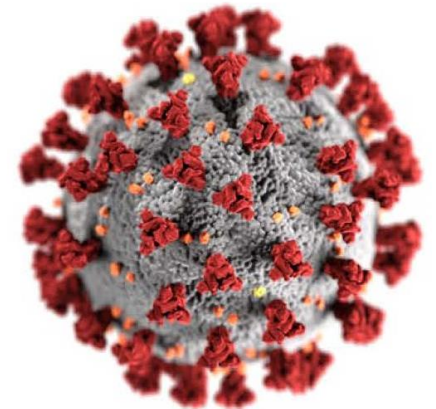


# Keeping our Kids Safe Family Survive & Thrive Guide™



**Heather Foster, RN**

**Practicing Nurse  
Infection Preventionist  
Patient Safety Expert**



**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**



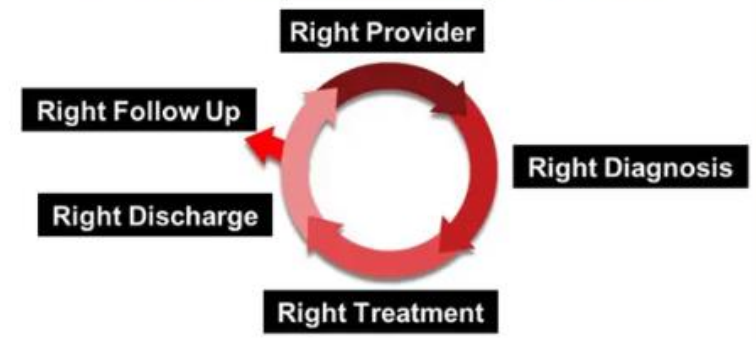
**Dr. Christopher Peabody**

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

**NEW Emergency Dept. Issues**

**Emergency Department and COVID Care**

*The 5 Rights of Emergency Care*

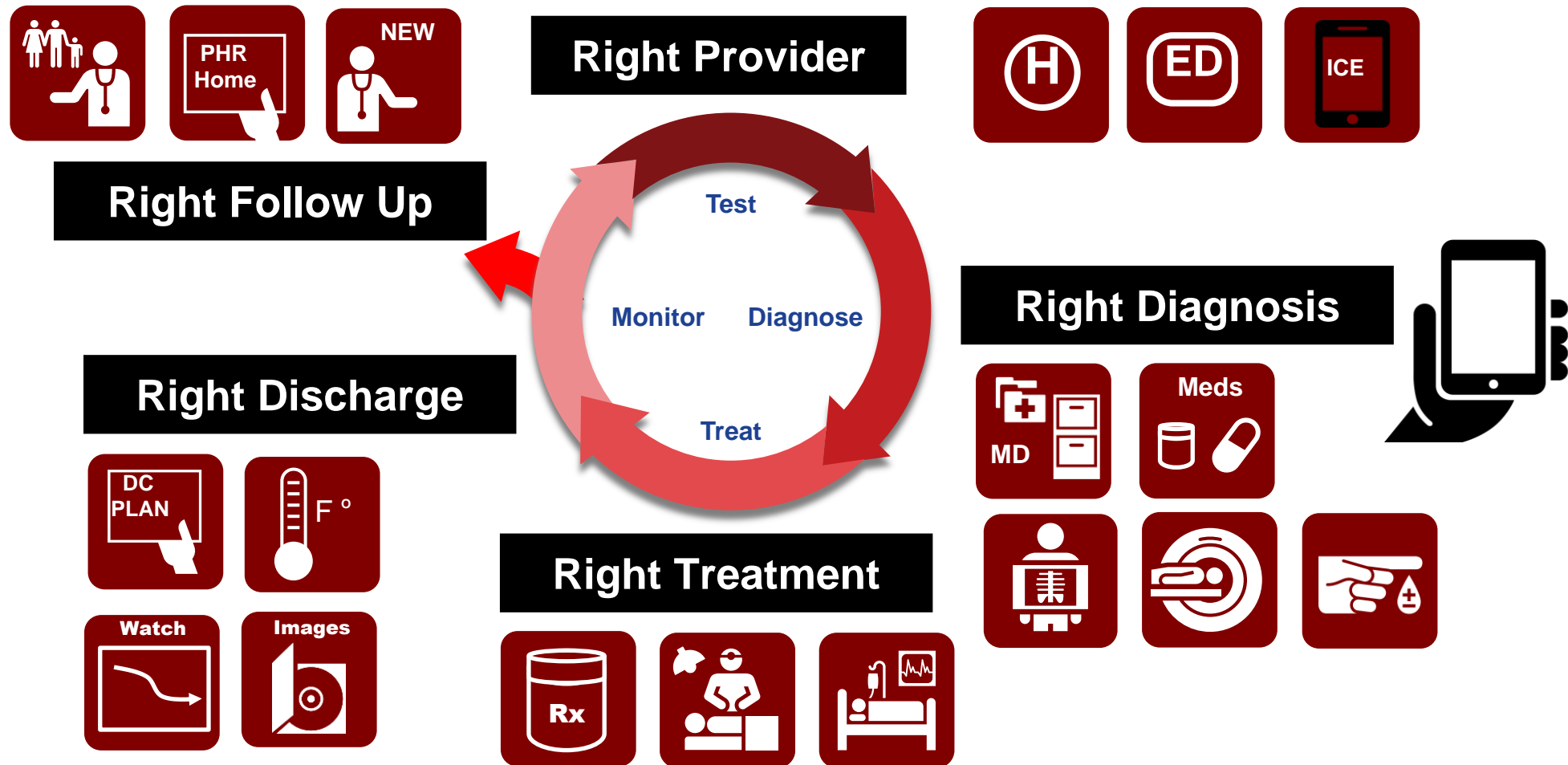


06:10 [Progress bar] [Signal strength] [Settings] [Fullscreen]





# The 5 Rights of Emergency Care<sup>®</sup>

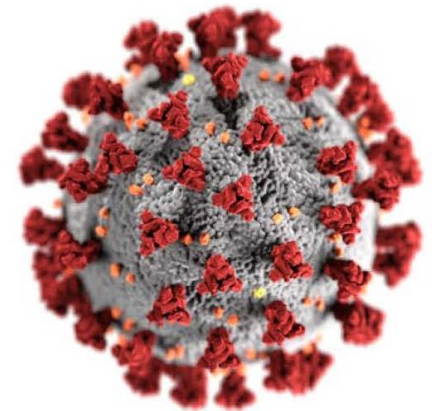


# Keeping our Kids Safe Family Survive & Thrive Guide™



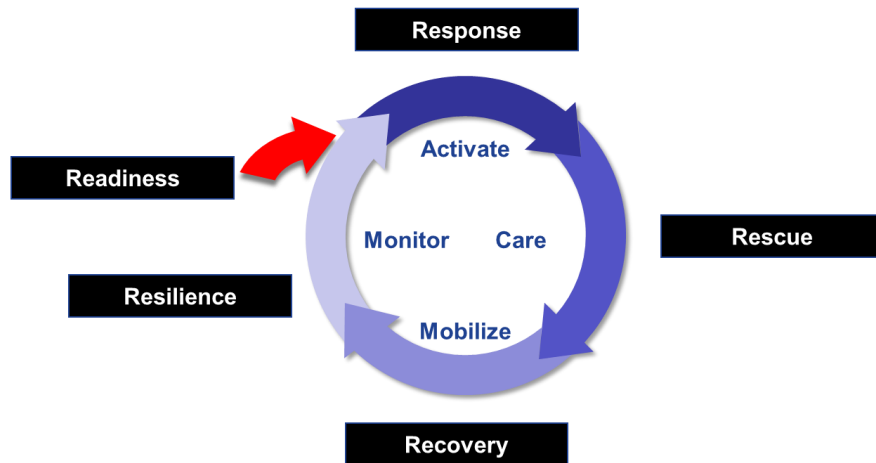
**David Beshk**

**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™*



## Who is the CFO?

**T**RUTH

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

The Science of Spread and Safety.

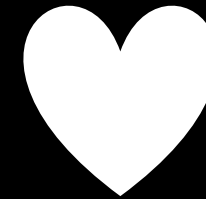


**HEAD**

**T**RUST

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

The Fight for Life for your loved ones.

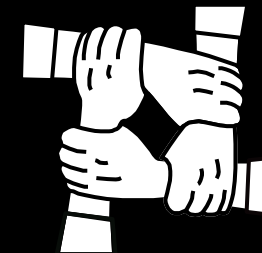


**HEART**

**T**TEAMWORK

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

Plan the Work & Work the Plan



**HANDS**

**T**RAINING

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

All Teach All Learn



**VOICE**



## BASIC MODULES

### Why Social Distancing WORKS

Masks ARE Critical

Masks: The SCIENCE of Success

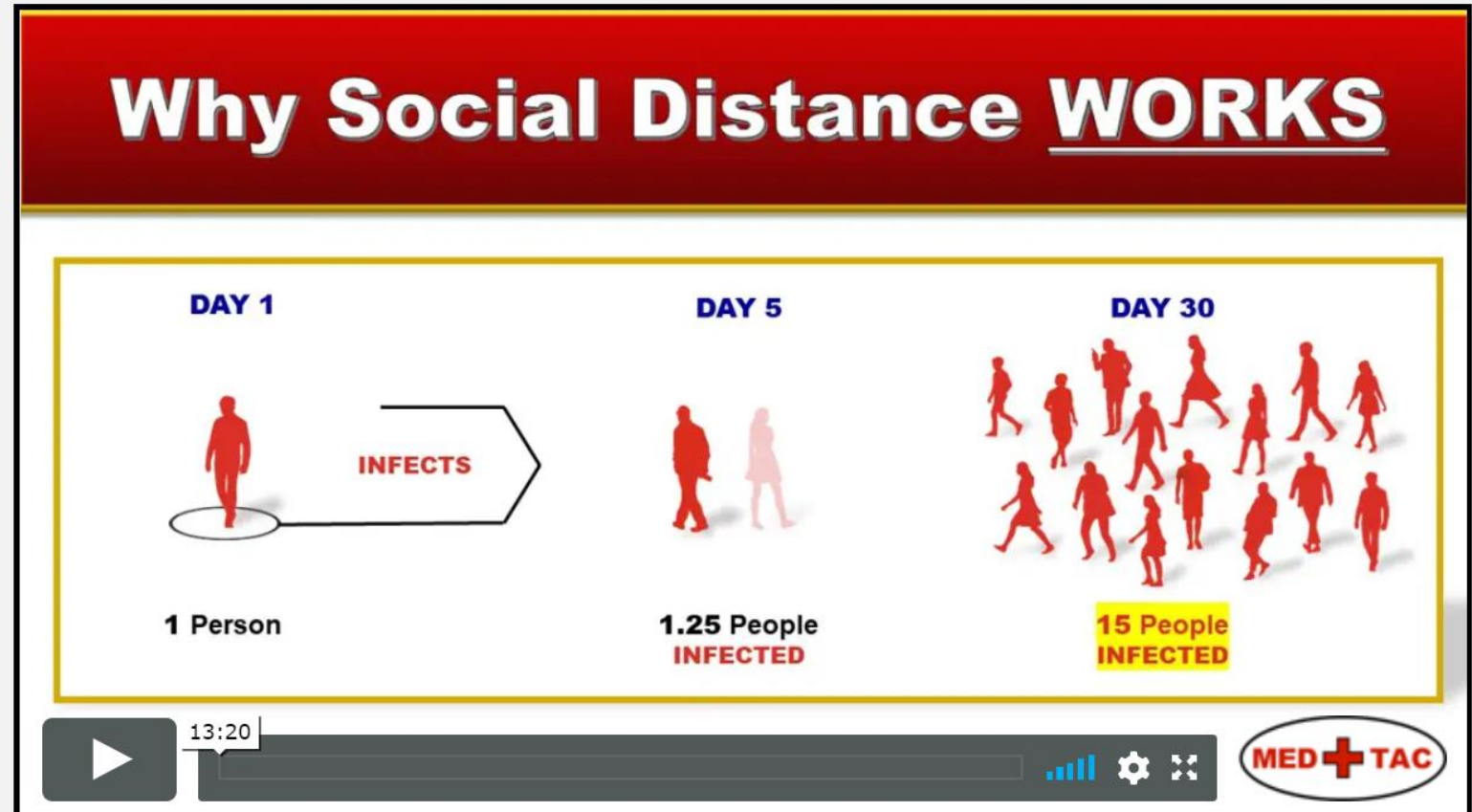
Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

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## BASIC MODULES

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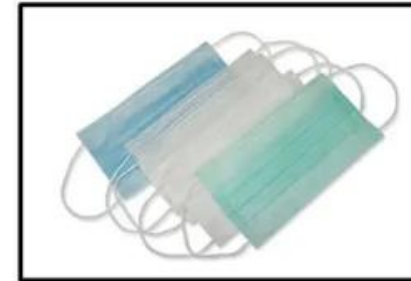
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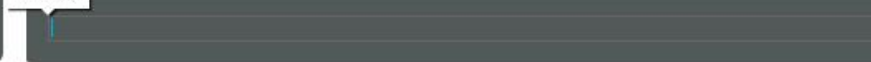
# Masks ARE Critical



*“I protect you; you protect me”*



09:34





## BASIC MODULES

**Why Social Distancing WORKS**

**Masks ARE Critical**

**Masks: The SCIENCE of Success**

**Hand Washing & DISINFECTANTS**

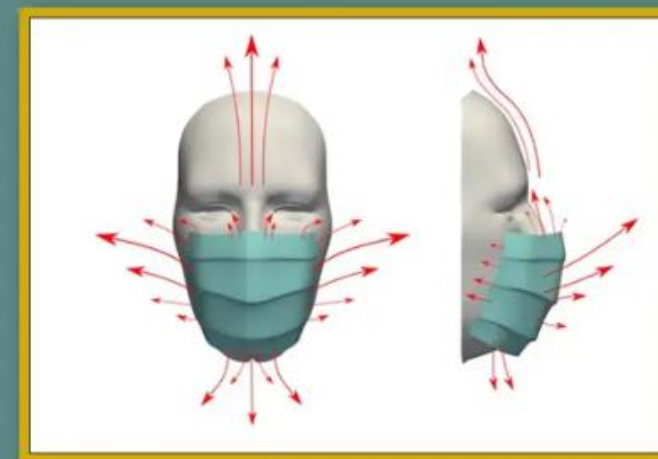
**CLEAN High Contact Surfaces**

**Building a FAMILY SAFETY PLAN**

**If we NEED Emergency Care**

**Why ICU, Respirators, and ECMO**

# Masks: The SCIENCE of Success



27:07



**BASIC MODULES**

**Why Social Distancing WORKS**

**Masks ARE Critical**

**Masks: The SCIENCE of Success**

**Hand Washing & DISINFECTANTS**

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**Handwashing & DISINFECTANTS**

04:20

MED + TAC

The video player shows a close-up of hands being washed with white soap suds against a light blue background. The video title 'Handwashing & DISINFECTANTS' is displayed in white text on a red background at the top. The video progress bar shows a play button, a time indicator of 04:20, a progress slider, and icons for signal strength, settings, and full screen. The MED + TAC logo is in the bottom right corner.

## BASIC MODULES

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



Building a FAMILY SAFETY PLAN

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## RISK of High Contact Surfaces

### Coronavirus Lives on Surfaces

	Paper and Tissue Paper**	3 hours	
	Copper*	4 hours	
	Cardboard*	24 hours	
	Wood**	2 days	
	Cloth**	2 days	

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



07:34





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August 19, 2020

## Here's what happened when students went to school during the 1918 pandemic



While the vast majority of cities closed their schools, three opted to keep them open -- New York, Chicago and New Haven, according to historians. Research showed that cities who **implemented quarantining and isolation, school closures and bans on public gatherings fared the best**, he said.

"The cities that did more than one" of these measures "did better. School closures were part of that contribution,"

**Markel said.**

Source: <https://www.cnn.com/2020/08/19/us/schools-flu-pandemic-1918-trnd/index.html>





theguardian



August 11, 2020

## Dying young: the healthcare workers in their 20s killed by Covid-19



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Source: Available at: [https://www.theguardian.com/usnews/2020/aug/11/young-health-workers-killed-covid-19-coronavirus-us?CMP=oth\\_b-aplnews\\_d-1](https://www.theguardian.com/usnews/2020/aug/11/young-health-workers-killed-covid-19-coronavirus-us?CMP=oth_b-aplnews_d-1)



September 3, 2020

## Colleges Ask Students to Leave Campus amid COVID-19 Outbreaks, but Experts Advise the Opposite



Source: ABC News Sept 3, 2020







**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
CareUniversity Series**

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## Survive & Thrive Guide

### Masks: The SCIENCE of Success

Charles Denham II MD

This article is a narrative summary of the short film entitled *Masks: The SCIENCE of Success* posted on the Med Tac Global website that provides access to free films and resources to families of the Essential Critical Infrastructure Workers of sixteen industry sectors and the general public.1



N95 Mask



Surgical Mask



Cloth Mask

*"It is critical that we all take the personal responsibility to slow the transmission of COVID-19 and embrace the universal use of face coverings"*

Dr. Robert Redfield, CDC Director

*"There is no doubt that wearing masks protects you and gets you to be protected"*

Dr. Anthony Fauci, National Institute of Allergy and Infectious Diseases Director

*"We need to support mask wearing when I'm not in uniform I wear them their white they were very effective, and I think there are a great investment for the American people"*

Admiral Brett Giroir, Assistant Secretary Health and Human Services

*"It is not an inconvenience it is not a suppression of your freedom"*

Dr. Jerome Adams  
U.S. Surgeon General

*"When you're outside and not have the capability of maintaining distance, you should wear a mask at all times"*

Dr. Anthony Fauci, National Institute of Allergy and Infectious Diseases Director

*This face covering actually is an instrument of freedom for Americans if we all use it.*

Dr. Jerome Adams  
U.S. Surgeon General

*"Wear facial coverings were social distancing is not possible."*

Dr. Alex Azar Secretary Health and Human Services

*"Please... please... please... wear a face covering when you go out in public"*

Dr. Jerome Adams  
U.S. Surgeon General

**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

Denham, CR CareUniversity Series, 07-18-20 1 of 8

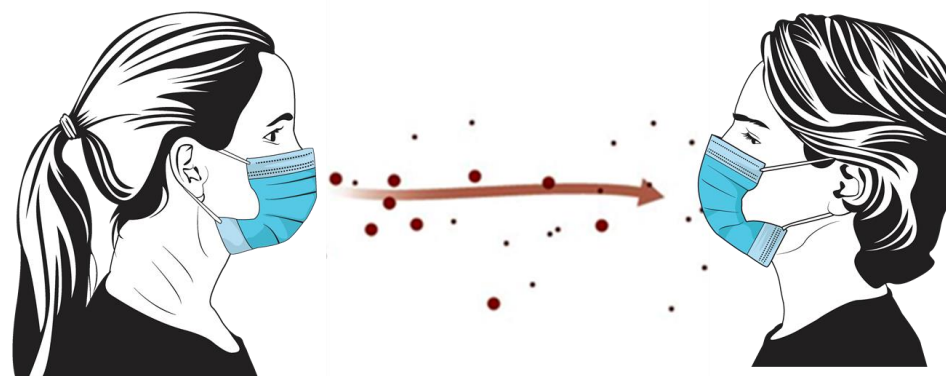
## Survive & Thrive Guide: Masks: The SCIENCE of Success

### Mask Facts & Fiction

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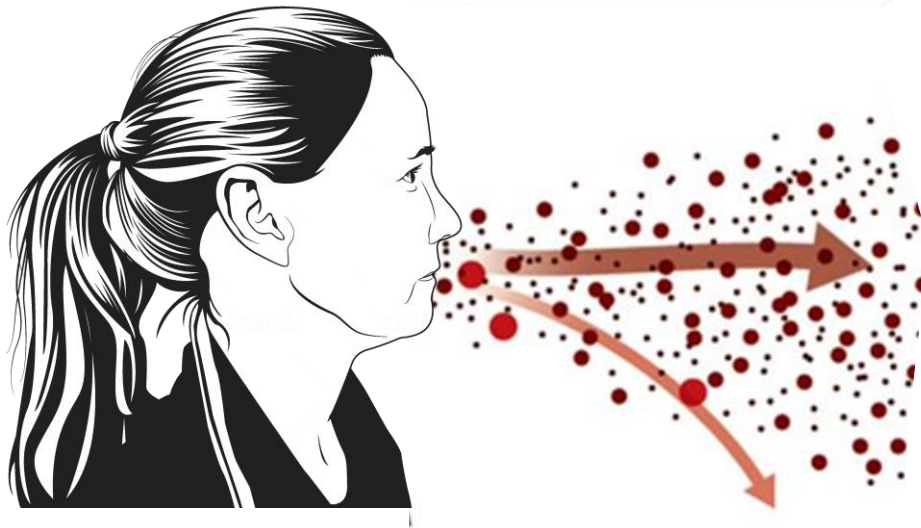
### Dramatically Reduced Risk



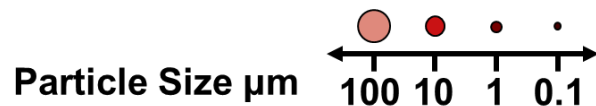
**Best Solution – All Wear Masks**  
**N95 for Caregivers, Surgical Best for Consumers. Next Best Cloth – All are of Value**

# Mask Reduction of Airborne Transmission

A competition between droplet size, inertia, gravity, and evaporation determines how far emitted drop-lets and aerosols will travel in air.

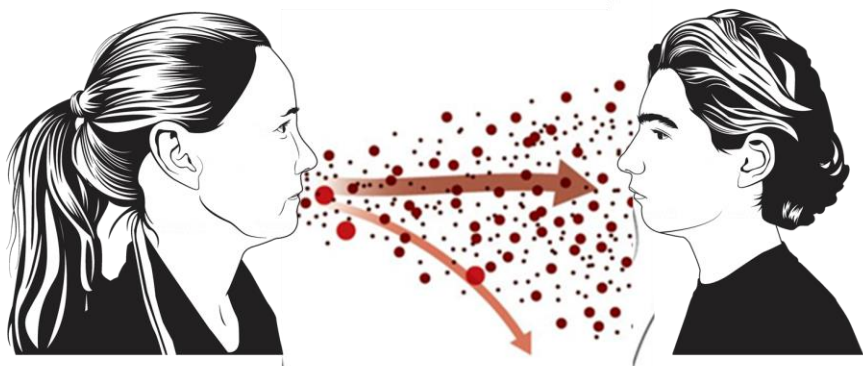


**AEROSOLS** are smaller will evaporate faster than they can settle, are buoyant, and thus can be affected by air currents, which can transport them over longer distances.



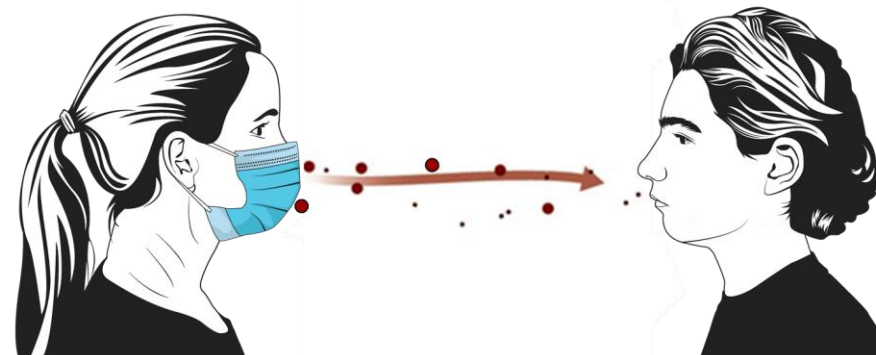
**DROPLETS** will undergo gravitational settling faster than they evaporate, contaminating high contact surfaces and leading to contact transmission.

**No Mask – Extreme Risk**



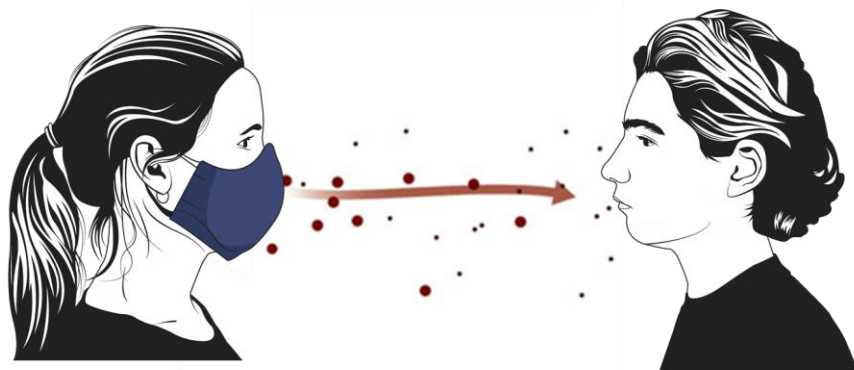
**15 minutes within 6 feet = “High Risk”**

**Surgical Mask – Reduced Risk**



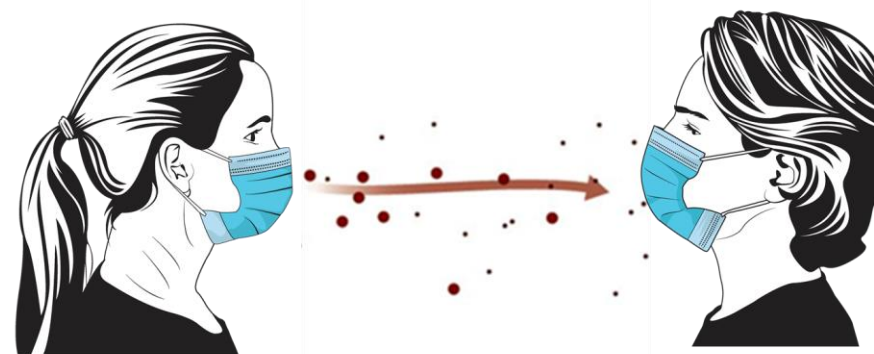
**Surgical Mask Reduces Exhaled Droplets Reduced by 99% and Inhaled Droplets by 75%**

**Cloth Mask – Reduced Risk**



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

**Dramatically Reduced Risk**



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



## Multiple Articles on Inflammation of the Heart in College Athletes: Questions



Earliest articles quoted Penn State leaders: "When we looked at our COVID-positive athletes, whether they were symptomatic or not, 30 to roughly 35 percent of their heart muscles are inflamed ... and we really just don't know what to do with it right now. It's still very early in the infection. Some of that has led to the Pac-12 and the Big Ten's decision to sort of put a hiatus on what's happening".

Follow Up Articles report the incidence as a lower percentage. The community is awaiting more answers to the question of cardiac inflammation. It will be important to wait for the peer-reviewed medical articles in

Source: CNN being followed



trustworthy sources.

## Youth & Young Adult Panel



**Perry Bechtle III**  
Moderator



**Clair Peck**



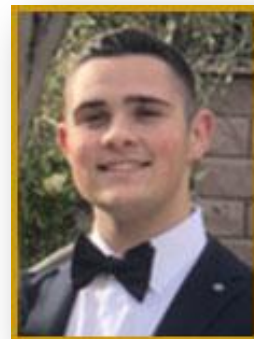
**Jacqueline Botz**



**Jaime Yrastorza**



**Paul Bhatia EMT**



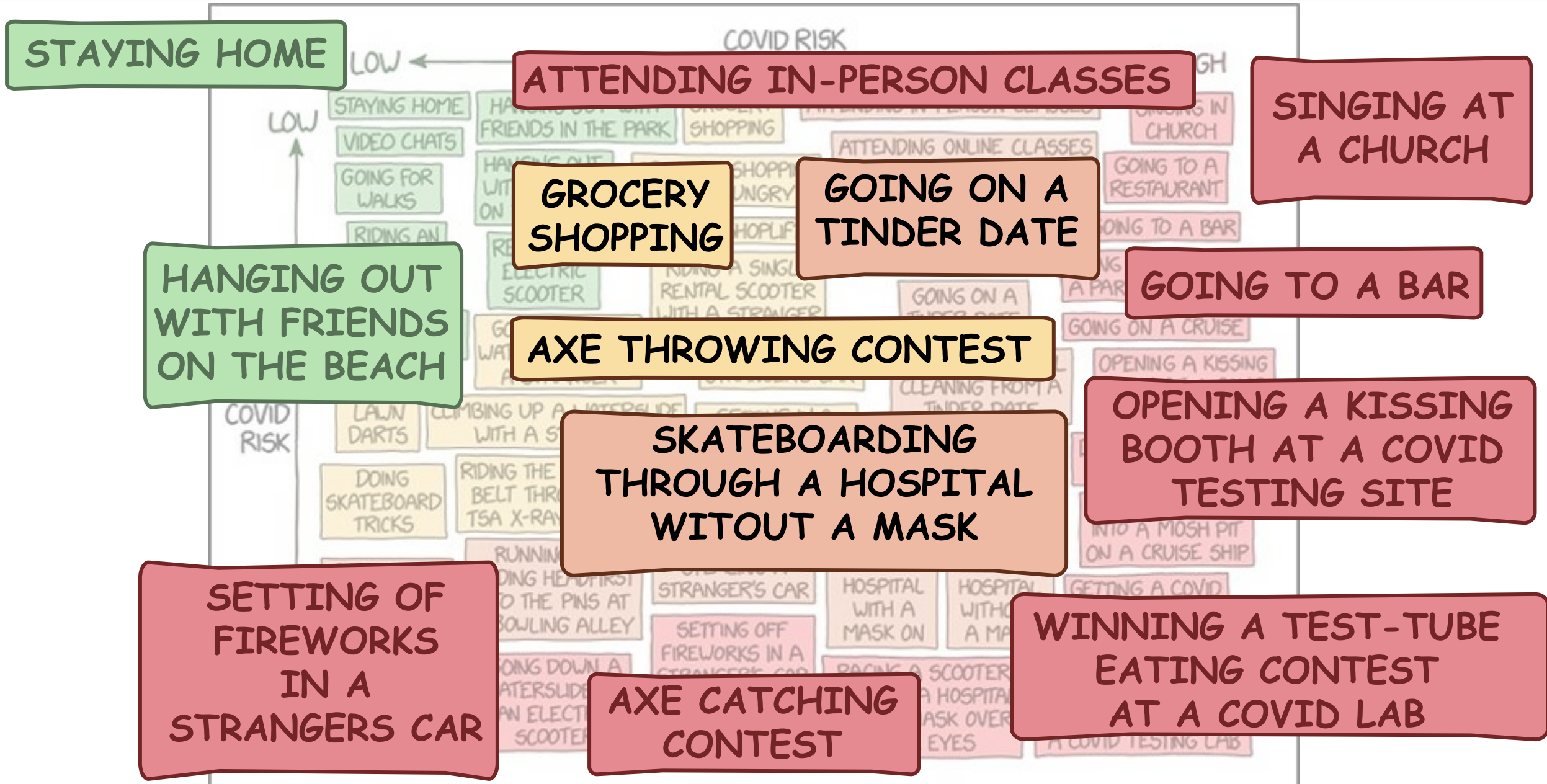
**D Policichio**



**Charlie Denham III**



**Preston Head III**





## The 4 A's of Innovation Questions

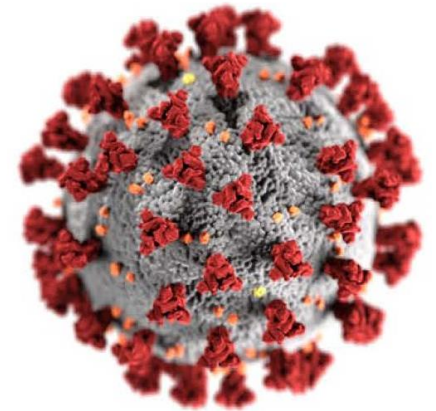
- **Awareness**: Being aware of being part of the problem as super spreaders and being aware that they could be part of the solution.
- **Accountability**: Personal accountability for becoming part of the solution - is there a leadership opportunity for youth and young adults?
- **Ability**: Being able to have impact rests on the concepts, tools, and resources. Is there an opportunity for storytelling, film, and media?
- **Action**: What line of sight actions young adults can take to help solve the problem and address their role in the spread of the virus.

# **Keeping our Kids Safe Family Survive & Thrive Guide™**



## **Perry Bechtle III**

**University of Florida Senior  
Pre-Med Student  
Med Tac Master Instructor  
Eagle Scout and Eagle Team Lead**



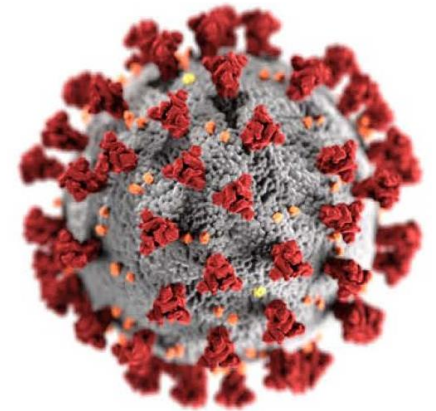


# Keeping our Kids Safe Family Survive & Thrive Guide™



**Clair Peck**

**NYU Sophomore  
Film Student  
Med Tac Production  
Team Member**

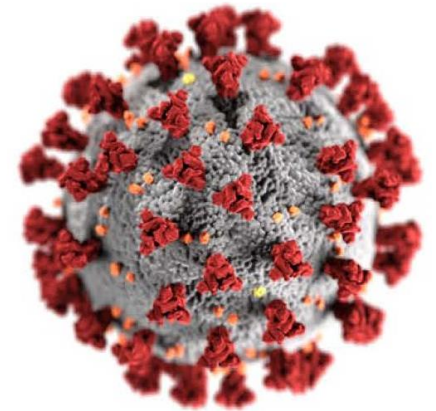


# Keeping our Kids Safe Family Survive & Thrive Guide™

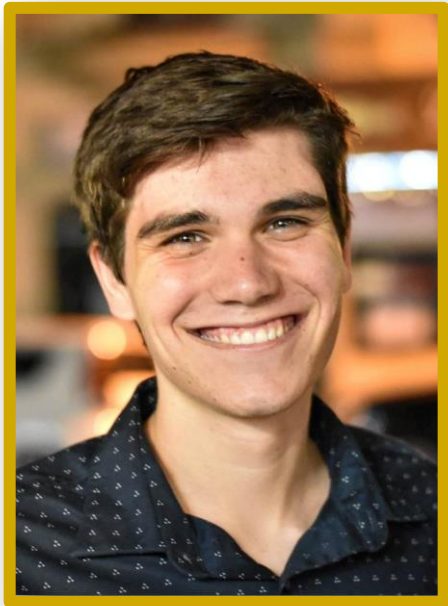


**Jacqueline Botz**

**Chapman University  
Sophomore  
Theatrical Arts Student  
Med Tac Program Intern**

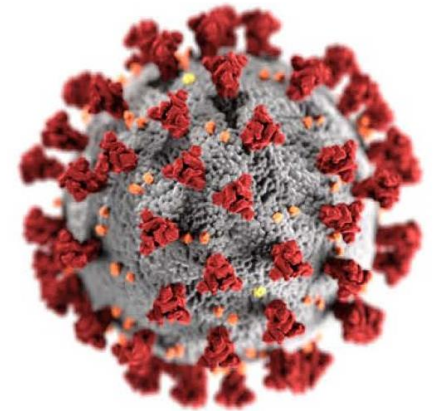


# Keeping our Kids Safe Family Survive & Thrive Guide™



**Jaime Yrastorza**

**Graduate UCSD  
Pre-Med Student  
Med Tac College Team**

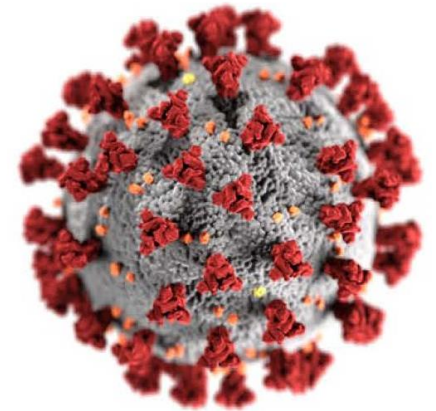


# Keeping our Kids Safe Family Survive & Thrive Guide™



**Paul Bhatia, EMT**

**UCI Pre-Med Student  
EMT  
President UCI EMT Association  
Med Tac Instructor**

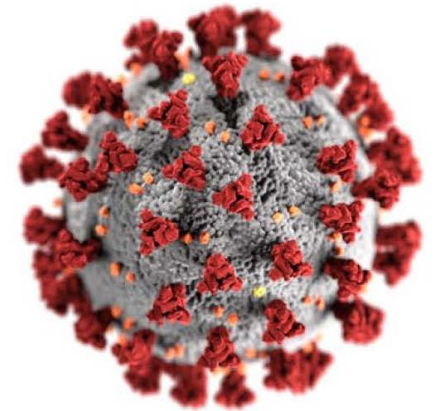


# Keeping our Kids Safe Family Survive & Thrive Guide™



## **Danny Policichio**

**NYU Film Student  
Producer Med Tac Bystander  
Rescue Program Films**



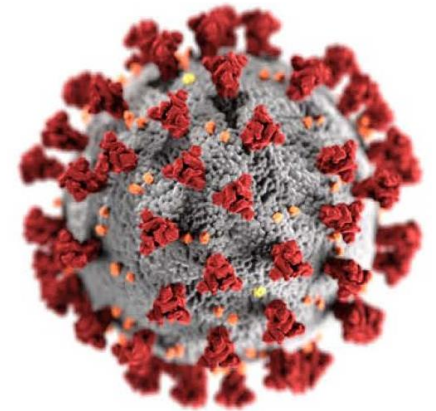


# Keeping our Kids Safe Family Survive & Thrive Guide™



## Charles R Denham III

**Co-founder Med Tac Bystander  
Rescue Program  
Junior Med Tac Instructor  
Co-lead Med Tac Surf &  
Lifeguard Program**

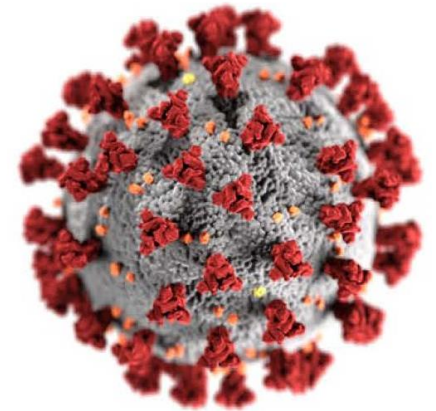


# Keeping our Kids Safe Family Survive & Thrive Guide™



## Preston Head III

**Master Med Tac Instructor  
Co-founder Med Tac Surf &  
Lifeguard Program**



## *Survive & Thrive Guide™ Series*

### **Hot Zone**

School & Public



### **Warm Zone**

Transitions

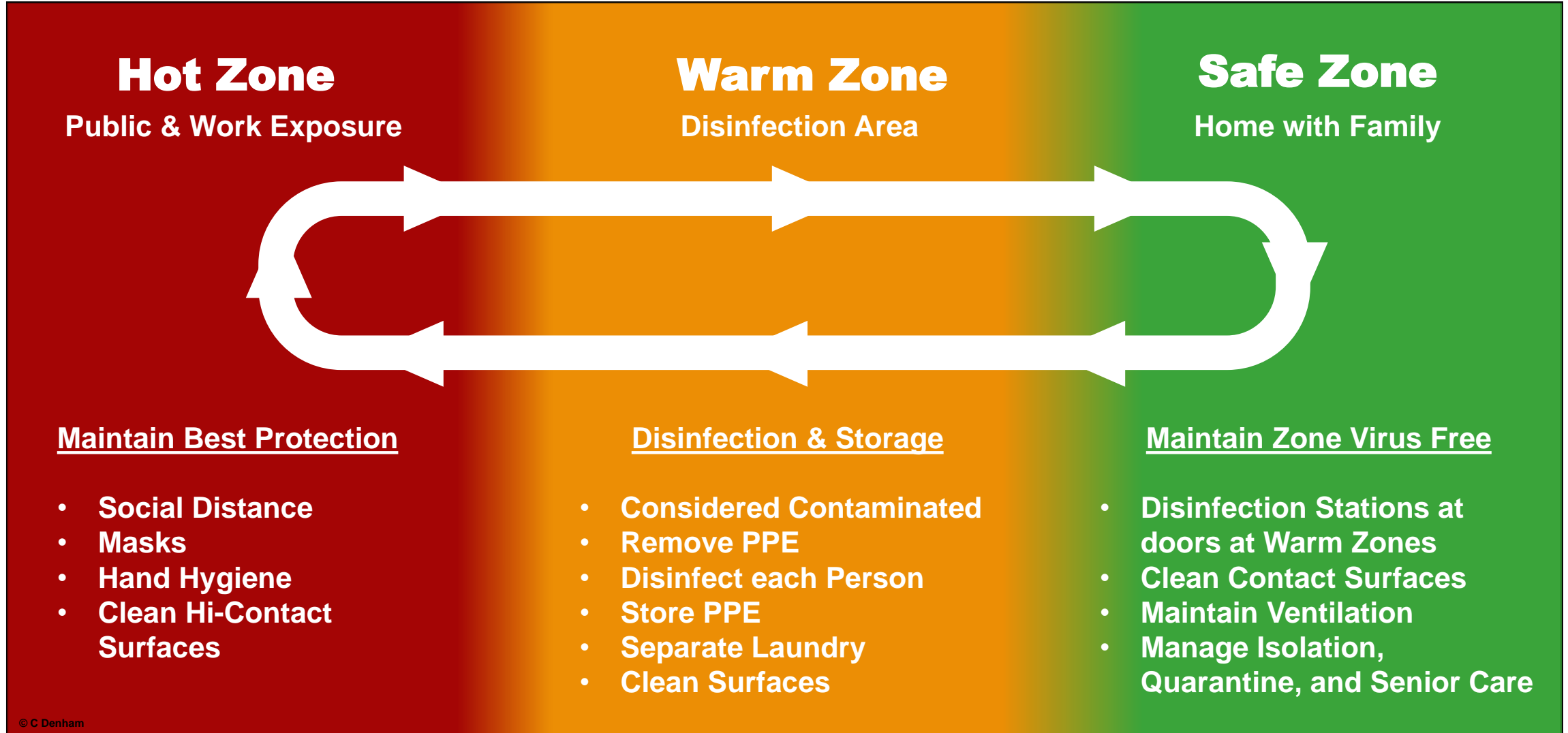


### **Safe Zone**

Home



## Hot-Warm-Safe Zone Practices



## Hot-Warm-Safe Zone Practices

### Hot Zone

Public & Work Exposure



#### Maintain Best Protection

- Social Distance
- Masks
- Hand Hygiene
- Clean Hi-Contact Surfaces

© C Denham

### 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.
- “Exposure to Infected” is being within 6 FEET OF INFECTED FOR LONGER THAN 15 MINUTES.



## Hot-Warm-Safe Zone Practices

### WARM ZONE

#### Leaving Hot Zone Practices

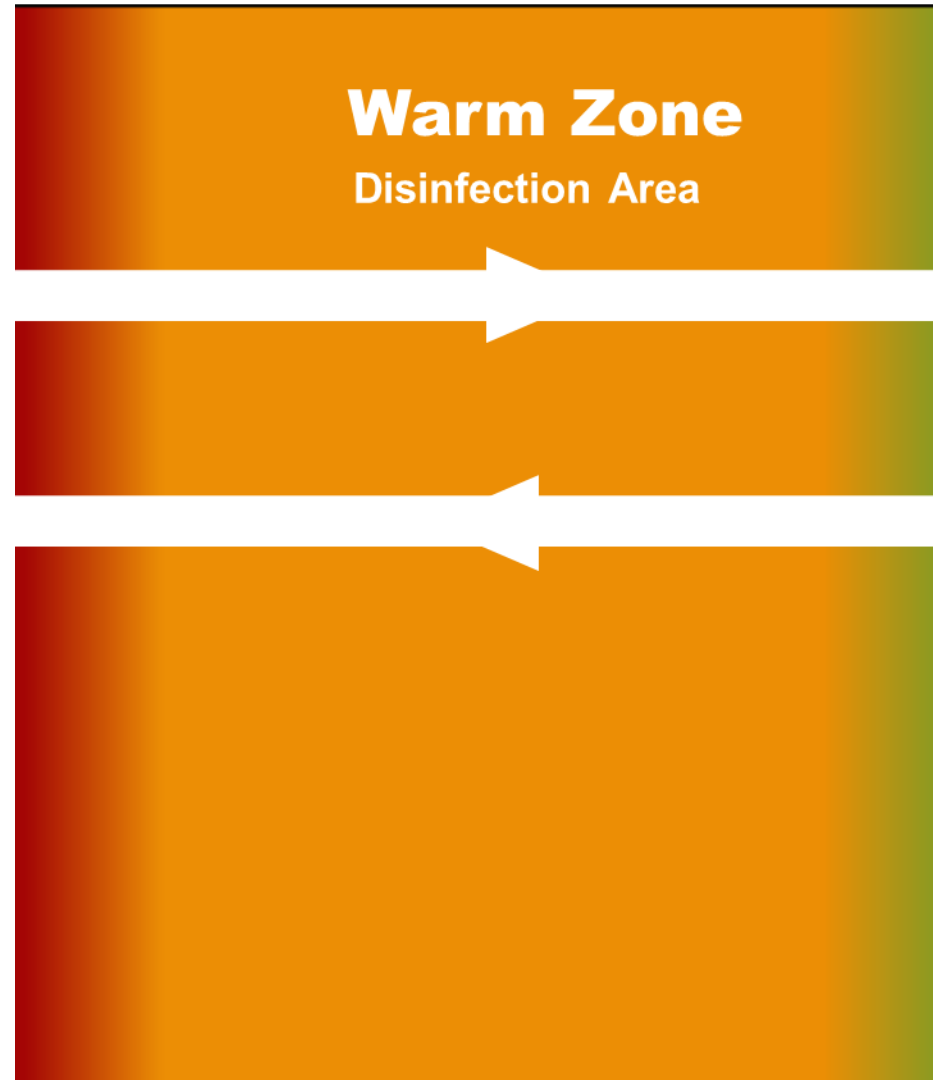
- Disinfect before getting in car.
- Contain Contaminated Materials
- Wipe Down Car Door Handles and contact surfaces if car is warm zone.
- If Car is WARM ZONE: It must be considered contaminated.
- Be ready to store contaminated gear in your car if you must.

### 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.

© C Denham



### 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.

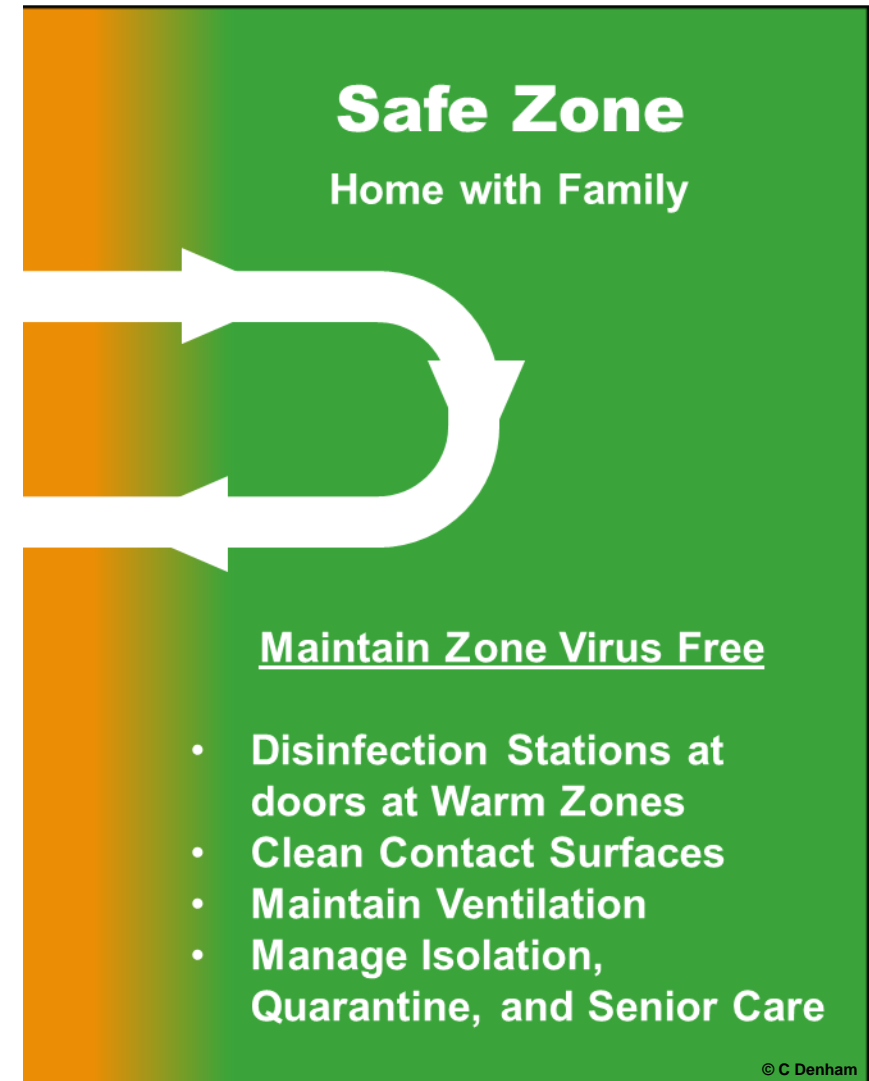
## Hot-Warm-Safe Zone Practices

### 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.



## Speakers & Reactors



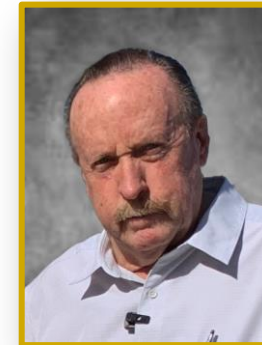
John Tomlinson



Randal Styner



Keith Flitner



John Little



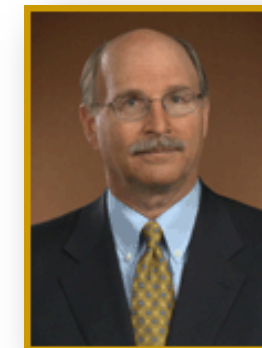
Perry Bechtle III



David Beshk



Heather Foster RN



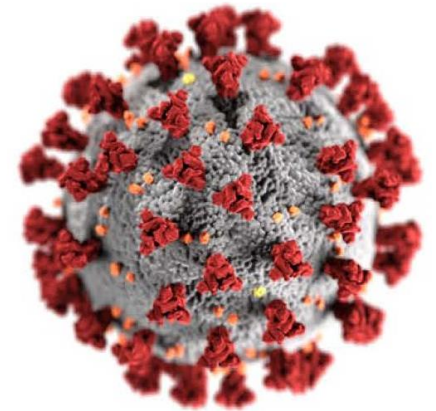
Dr. Charles Denham

# Keeping our Kids Safe Family Survive & Thrive Guide™



**John Tomlinson JD MBA**

**Scout Troop Committee Chair  
Med Tac Adopt a Cove  
Program Partner  
Community Leader**





# Tomlinson Home Isolation Chamber

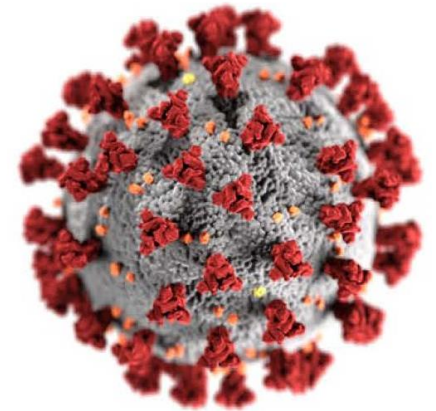


# Keeping our Kids Safe Family Survive & Thrive Guide™



**Randy Styner**

**Emergency Management Director  
UCI Police Department  
Assistant Scout Master**

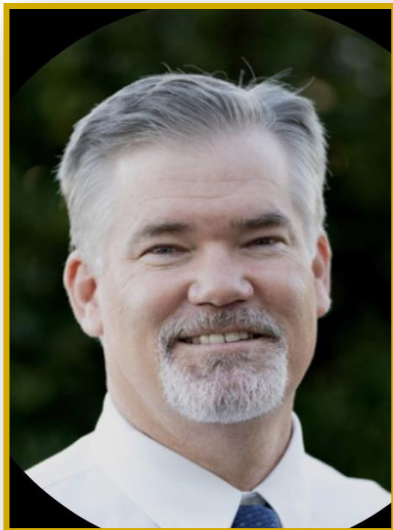




# Return to Scouting Safely

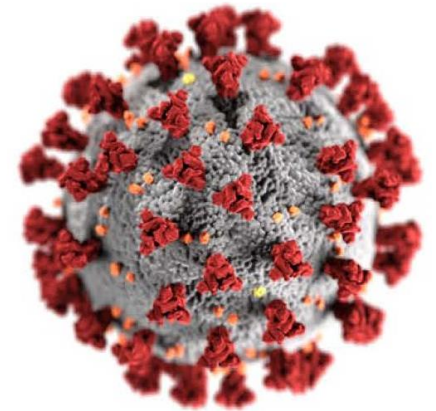


# Keeping our Kids Safe Family Survive & Thrive Guide™



**Keith Flitner**

**Aerospace Engineer  
Scout Leader  
Eagle Scout**



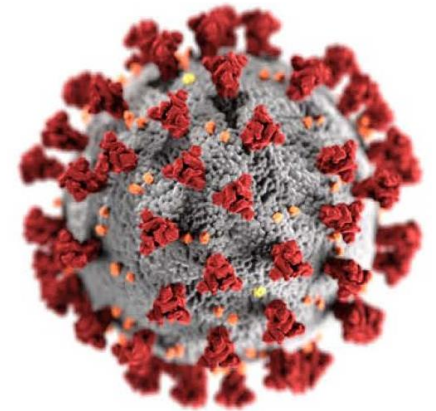


# Keeping our Kids Safe Family Survive & Thrive Guide™



**John Little**

**Paramedic  
Faith-based Security and  
Medical Leader  
Med Tac Master Instructor**



# 922

US healthcare worker deaths are under investigation by the Guardian and KHN.

Did they have to die?

## New Interactive Database by KFF's Kaiser Health News and Guardian US Reveals More Than 900 Health Care Workers Have Died in the Fight Against COVID-19 in the U.S.

Many Were Unable to Access Adequate Personal Protective Equipment, and People of Color Account for a Disproportionate Share of Deaths Among Those Profiled So Far

Key themes have emerged from the lives and deaths of the 167 workers whose profiles are in the database so far, including:

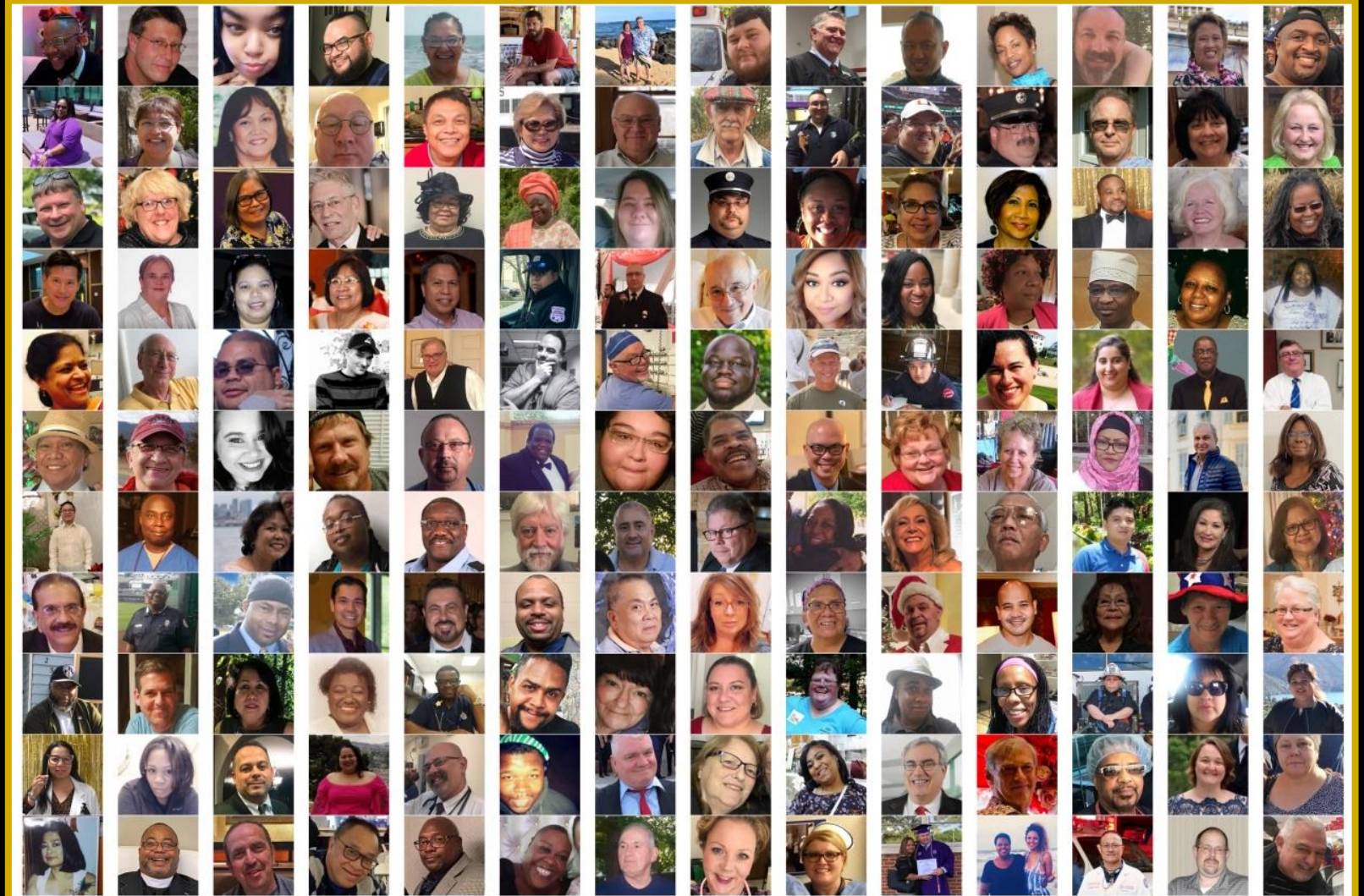
- At least 52 (31%) had **inadequate personal protective equipment (PPE)**.
- At least 103 (62%) were identified as people of color.
- Sixty-four **(38%) were nurses**, the largest single group, but the total also includes physicians, pharmacists, first responders and hospital technicians, among others.
- **Ages ranged from 20 to 80**, with 21 people (13%) under 40, including eight (5%) under 30. Seventy-seven people — or 46% — were 60 or older.
- At least 53 workers **(32%) were born outside the U.S.**, including 25 (15%) from the Philippines.

Exclusive stories by the project reporters have revealed that many health care workers are using surgical masks that are far less effective and have put them in jeopardy.

# Healthcare Worker Deaths from COVID-19

**KHN**  
KAISER HEALTH NEWS

theguardian



Source: <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>



# Healthcare Worker Deaths from COVID-19

# 922

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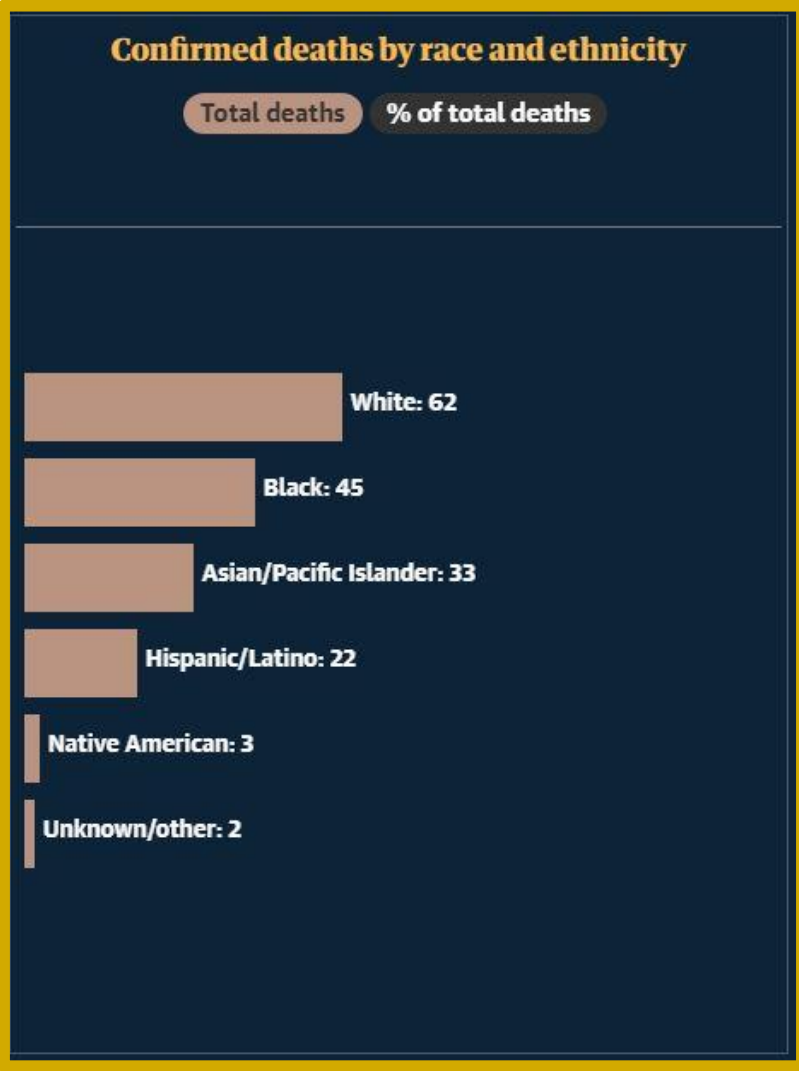
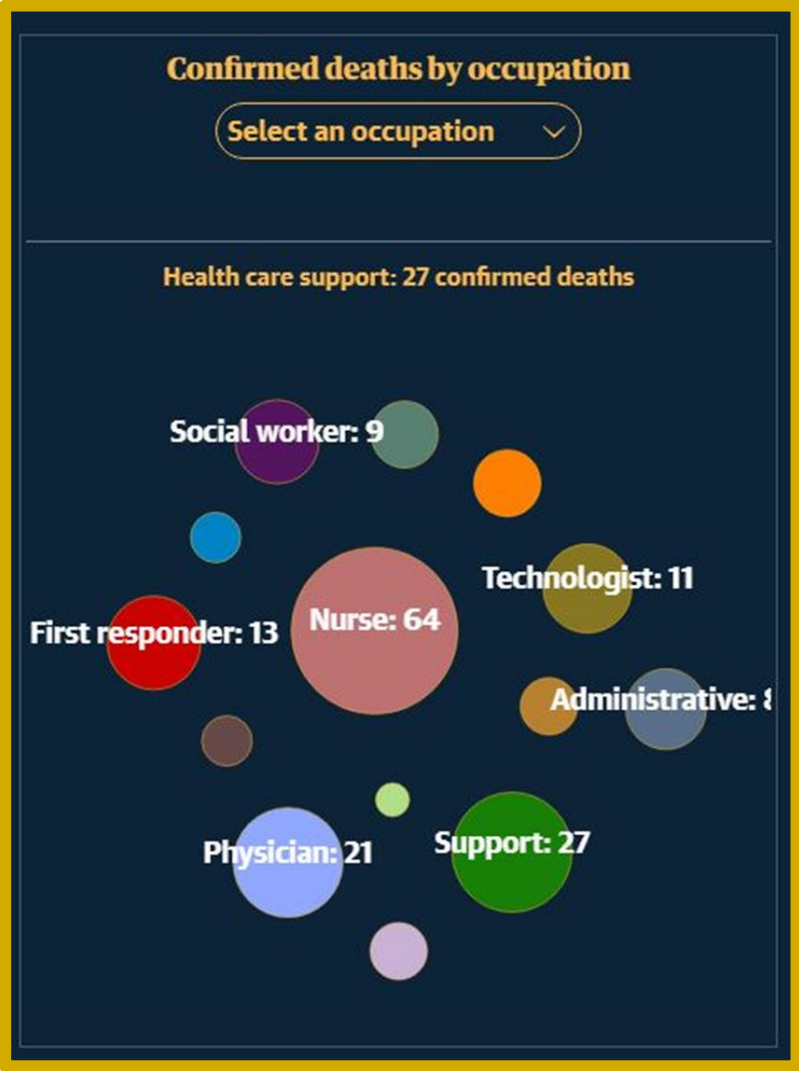


As of 11 August, our journalists have profiled **167** health workers and included them in our database. Read their stories below.

Source: <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>



# Healthcare Worker Death Breakdown



Source: **INSERT**



August 11, 2020

American  
Academy of  
Pediatrics



**There has been a 90% increase in Covid-19 cases in US children in the last four weeks, report says**

**There has been a 90% increase in the number of Covid-19 cases among children in the United States over the last four weeks**, according to a new analysis by the American Academy of Pediatrics and the Children's Hospital Association that will be updated weekly. Dr. Sean O'Leary, vice-chair of the American Academy of Pediatrics Committee on Infectious Diseases, told CNN's Anderson Cooper on Monday that coronavirus cases in children should be taken seriously.

**"It's not fair to say that this virus is completely benign in children,"** said O'Leary. **"We've had 90 deaths in children in the US already, in just a few months. Every year we worry about influenza in children, and there are roughly around 100 deaths in children from influenza every year."**

Source: <https://abcnews.go.com/US/university-notre-dame-battle-planrise-covid-19/story?id=72576408>

August 19, 2020

## Prioritization for Testing: Close Contact with SARS-CoV-2 confirmed infection

Accessed 08-30-20

## Testing, Isolation, and Quarantine for School-Aged Children

As children return to school and other in-person activities, pediatric healthcare providers should be prepared to answer questions from families about testing and when it is safe to return to school or be with people outside the household. Review CDC's information for school administrators on [symptom screening](#) and [testing](#) for children in school as well as CDC's [Community Mitigation framework](#).

School-aged children should be prioritized for viral testing if they have:

- Signs or symptoms of COVID-19 **and**
  - [close contact](#) (within 6 feet of someone for a total of 15 minutes or more) with a person with laboratory confirmed or probable SARS-CoV-2 infection **or**
  - increased likelihood for exposure (which includes living in or traveling to a community with [substantial transmission](#) as defined by the local public health department and described in CDC's [Community Mitigation framework](#))
- No symptoms but have had [close contact](#) (within 6 feet of someone for a total of 15 minutes or more) with a person with laboratory confirmed or probable SARS-CoV-2 infection.

Children with symptoms of an infectious disease should not attend school, but the length of time the child should stay home depends on the most likely etiology of illness (COVID-19 or not). Return to school policies for children with COVID-19 should be based on CDC's recommendation for [discontinuation of home isolation](#). A negative test or doctor's note should **not** be required for return to school upon completion of the 10 days of isolation with improvement of symptoms.

Source: [www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html)

August 19, 2020

- **Hospitalization is 8.0 per 100,000 for children, however increasing.**
- **Adults 164.5 per 100,000.**
- **1 in 3 children admitted to ICU – same as adults.**
- **Severe illness includes multi-organ system failure.**
- **MIS-C is multisystem inflammatory syndrome: cardiac, renal, respiratory, hematologic, GI, dermatologic, or neurological. (2 or more)**

Accessed 08-30-20

## Severity of Illness in Children

While children infected with SARS-CoV-2 are less likely to develop severe illness compared with adults, children are still at risk of developing severe illness and complications from COVID-19. Recent COVID-19 hospitalization surveillance data shows that the rate of hospitalization among children is low (8.0 per 100,000 population) compared with that in adults (164.5 per 100,000 population), but hospitalization rates in children are increasing.<sup>5</sup> While children have lower rates of mechanical ventilation and death than adults, 1 in 3 children hospitalized with COVID-19 in the United States were admitted to the intensive care unit, which is the same in adults.<sup>5</sup>

Current evidence suggests that children with certain underlying medical conditions and infants (age <1 year) might be at increased risk for severe illness from SARS-CoV-2 infection.<sup>10,11,14</sup> Of the children who have developed severe illness from COVID-19, most have had underlying medical conditions.<sup>5</sup>

- There is [limited evidence](#) about which [underlying medical conditions](#) in children might increase the risk for severe illness. Current evidence suggests that children with medical complexity, with genetic, neurologic, metabolic conditions, or with congenital heart disease might be at increased risk for severe illness from COVID-19. Similar to adults, children with obesity, diabetes, asthma and chronic lung disease, sickle cell disease, or immunosuppression might also be at increased risk for severe illness from COVID-19.
- While healthcare providers should maintain a high index of suspicion for SARS-CoV-2 infection in these populations and monitor the progression of illness closely, it appears that most infants<sup>18</sup> and children with certain underlying conditions such as cancer<sup>19</sup> who are infected with SARS-CoV-2 do not usually develop severe illness.
- Hospitalization rates in the United States are higher among Hispanic/Latino children and black, non-Hispanic children and non-Hispanic black children compared with white children, which may be related to the higher rates of obesity and other underlying conditions among these populations.<sup>5</sup>

Similar to adults, children with severe COVID-19 may develop respiratory failure, myocarditis, shock, acute renal failure, coagulopathy, and multi-organ system failure. Some children with COVID-19 have developed other serious problems like intussusception or diabetic ketoacidosis.<sup>10,14,20,21</sup> Children infected with SARS-CoV-2 are also at risk for developing multisystem inflammatory syndrome in children (MIS-C).<sup>22</sup> For the case definition, recommended evaluation, and current data on MIS-C cases in the United States, visit [MIS-C Information for Healthcare Providers](#).

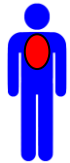
Source: [www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html)



# TEST, TRACE, TREAT, QUARANTINE, and ISOLATE



Infected



Infected and  
Asymptomatic



Not Infected

**TEST** for COVID & AB

**TRACE** Contacts

**TREAT** Infected Early

**ISOLATE** the Infected

**QUARANTINE** those At Risk

## **Keeping Our Kids Safe**

- **What is the science behind the risk to your kids?**
- **Does risk vary for kids under 10, teens, and youth?**
- **What about our college students and young adults?**
- **What are the CDC school and college guidelines?**
- **What are the highest risk environments?**
- **Why are the indoors riskier than the outdoors?**
- **Are there best practices for play dates and sports?**
- **How can we safely return to the beach and pool?**
- **How do we get teens, those in their 20's, and 30's to take the lead in protecting our families?**

## Speakers & Reactors



Dr. Gregory Botz



Dr. B Owens



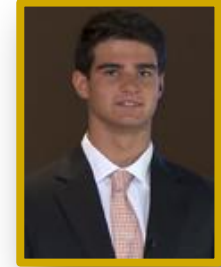
Heather Foster RN



Dr. C Peabody



David Beshk



Perry Bechtle III



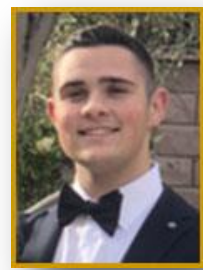
Jennifer Dingman



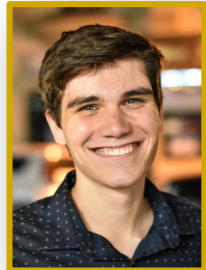
Clair Peck



Jacqueline Botz



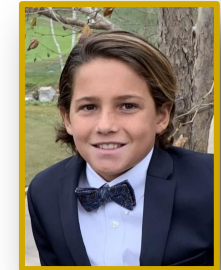
D Policichio



Jaime Yrastorza



Paul Bhatia EMT



Charlie Denham III



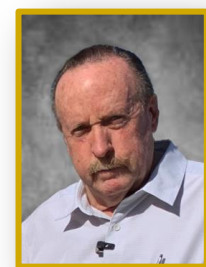
Preston Head III



Randal Styner



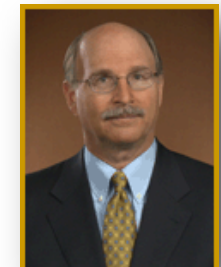
Keith Flitner



John Little



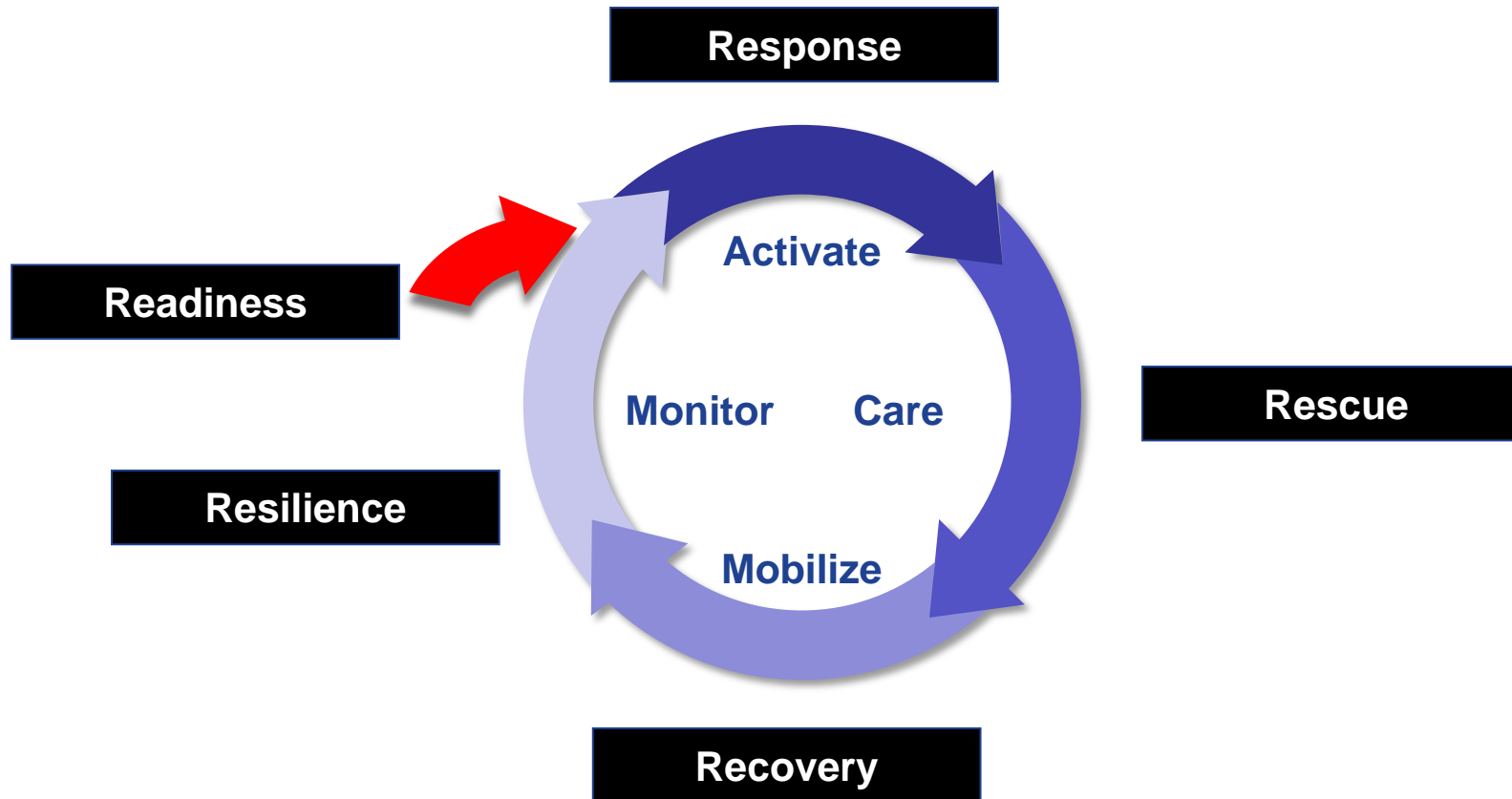
John Tomlinson



Dr. Charles Denham



# Family Health Safety & Organization Security Plans™

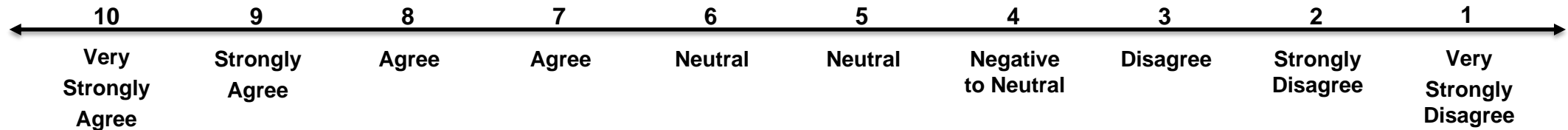




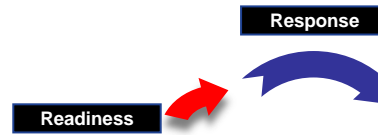


# READINESS

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

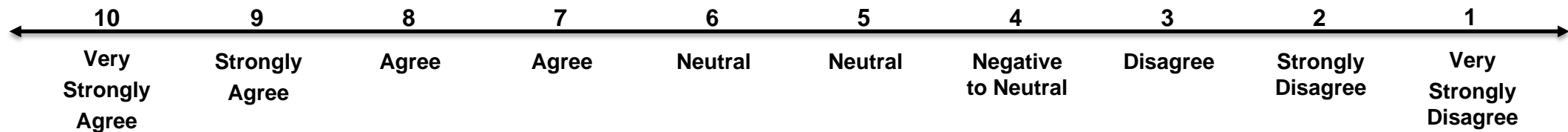


**What readiness information would you like to have?**



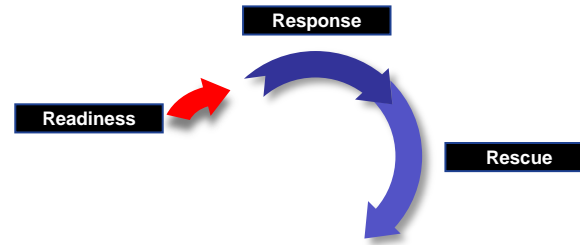
# RESPONSE

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

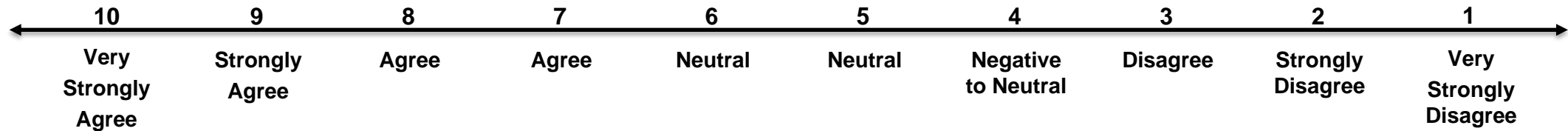


**What information would help you respond when a loved one becomes infected?**

# RESCUE

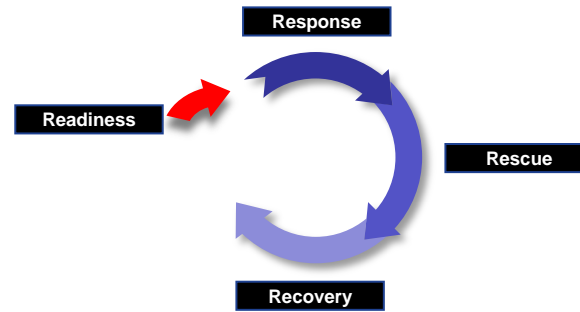


**My family knows what do when someone develops severe COVID-19 symptoms.**

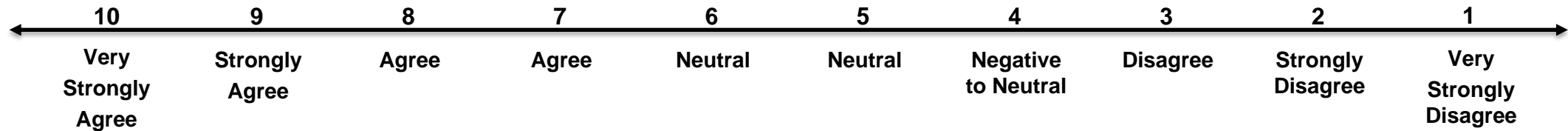


**What information would help your family react if someone develops severe symptoms?**

# RECOVERY



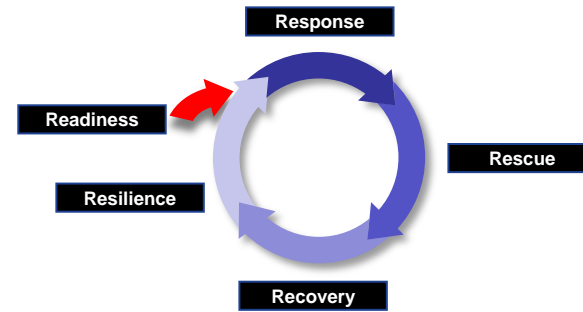
**My family has a safety plan to return to work and play when the Coronavirus social restrictions are relaxed.**



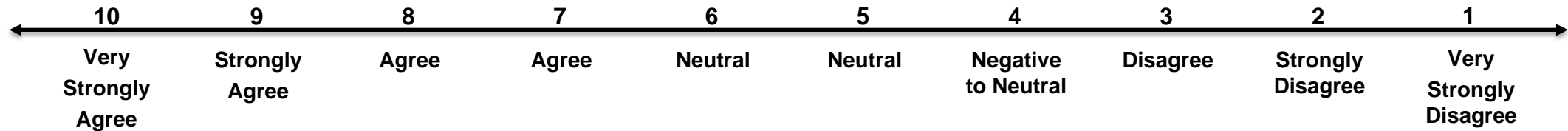
**What information would help your family return to the new normal?**



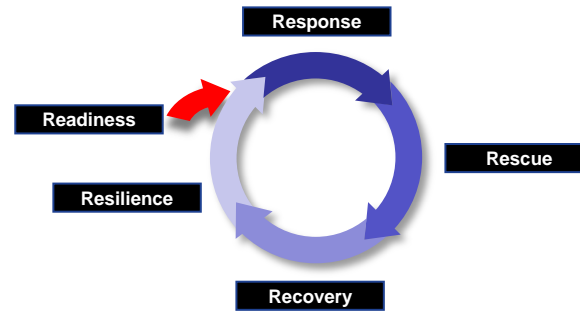
# RESILIENCE



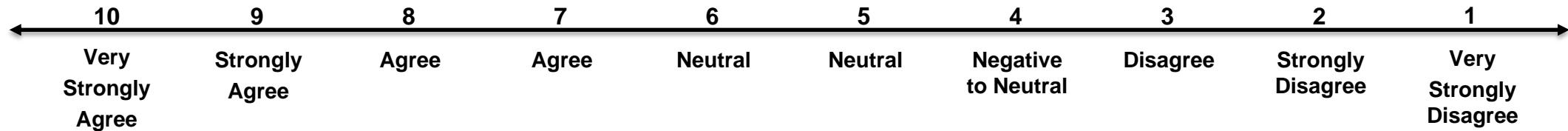
**My family has a plan to make them less vulnerable to epidemics in the future.**



**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.**



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

## ***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**

