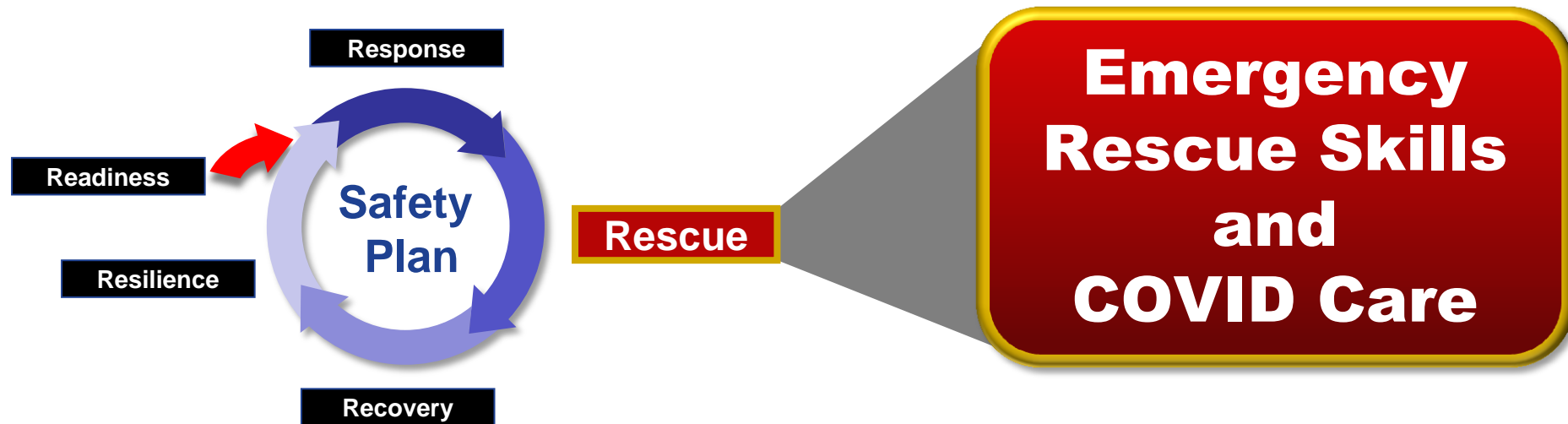
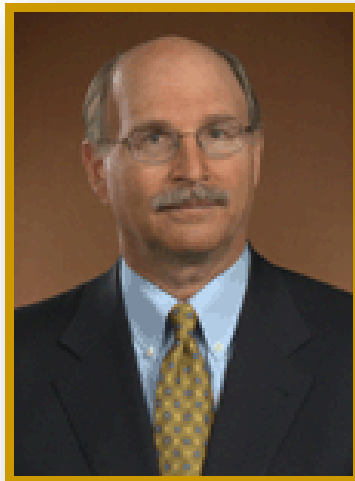


# Emergency Rescue Skills

## *A Survive & Thrive Guide™*



# Welcome



## **Charles Denham, MD**

Chairman, TMIT Global  
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care  
February 4, 2020**

**CareUniversity Webinar 155**



## 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***<sup>®</sup>

### 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.
- John Christian Fox, MD, has nothing to disclose.
- Casey Clements, MD, has nothing to disclose.
- Christopher Peabody, MD, has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Heather Foster has nothing to disclose.
- Keith Flitner has nothing to disclose.
- Jaime Yrastorza has nothing to disclose.
- Daniel Policicchio, Jr., has nothing to disclose.
- Jahnvi Rao, has nothing to disclose.
- Jacqueline Botz, has nothing to disclose.
- Paul Bhatia has nothing to disclose.
- Randal Styner has nothing to disclose.
- Matthew W. Horace, has nothing to disclose.
- Chief William Adcox, 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.

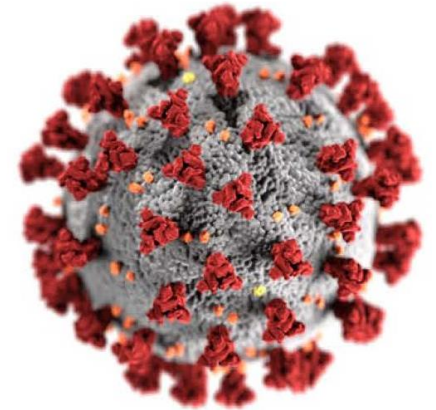


## ***Voice of the Patient***

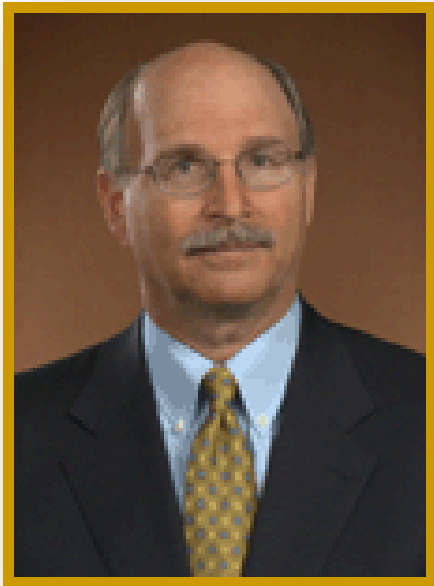


### **Jennifer Dingman**

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

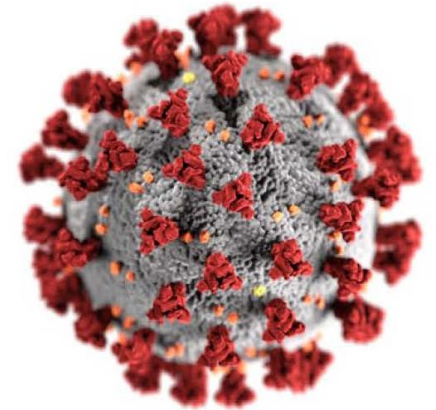


# **Emergency Rescue Skills: *A Survive & Thrive Guide*<sup>™</sup>**



**Charles Denham, MD**

**Chairman, TMIT Global  
Founder Med Tac  
Bystander Rescue Care**





# Coronavirus Care Community of Practice

# Bystander Rescue Care *CareUniversity Series*

## Speakers & Reactors



Dr. Casey Clements



Keith Flitner



Dr. Gregory Botz



Matt Horace



Chief William Adcox



Jennifer Dingman



Dr. Chris Fox



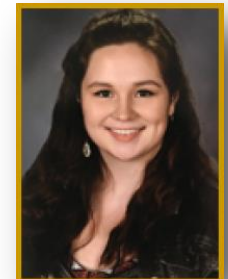
Randy Styner



Jahnavi Rao



Charlie Denham III



Jacqueline Botz



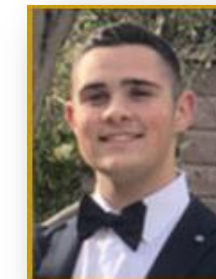
Heather Foster RN



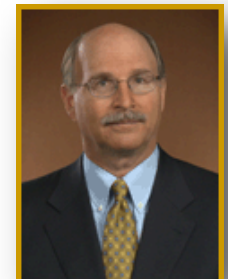
Jamie Yrastorza



Paul Bhatia EMT



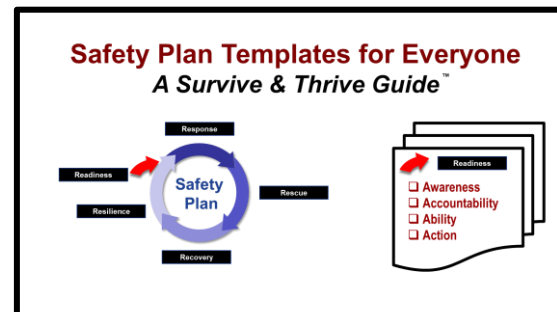
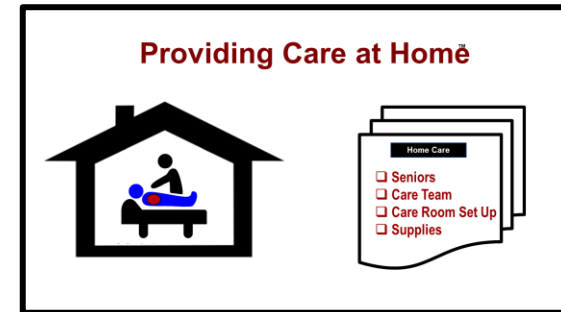
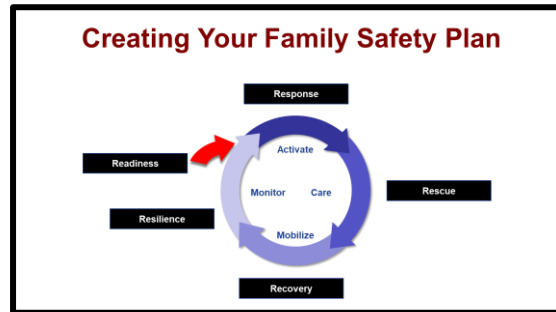
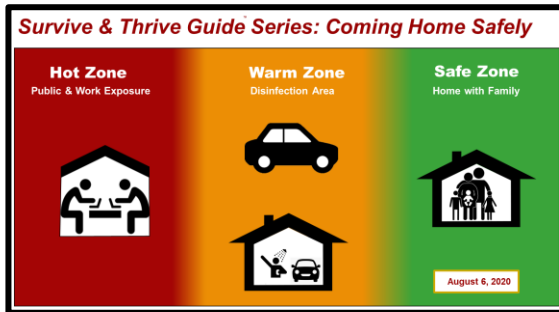
Danny Policicchio



Dr. Charles Denham

## Survive & Thrive Guide™ Program Road Map

**Feb Webinar**





## **TMIT Global Research Test Bed**

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

**500 Subject Matter Expert Pool Developed over 35 Years**



# 500 Subject Matter Experts

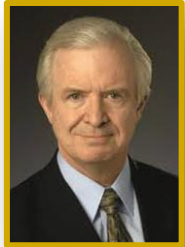
Graphic Representation to Protect Expert Privacy





## Coronavirus Care Community of Practice

## Bystander Rescue Care *CareUniversity Series*



John Nance JD



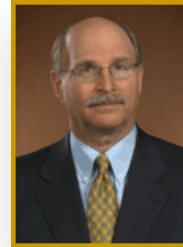
Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



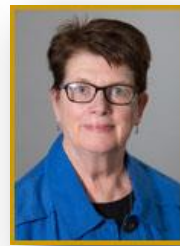
Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



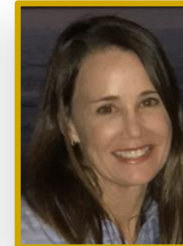
Bob Chapman



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



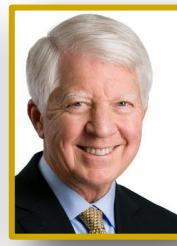
Dan Ford



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



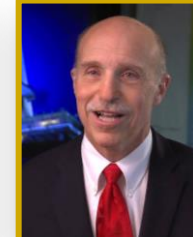
Charlotte Guglielmi



Dr. Don Berwick



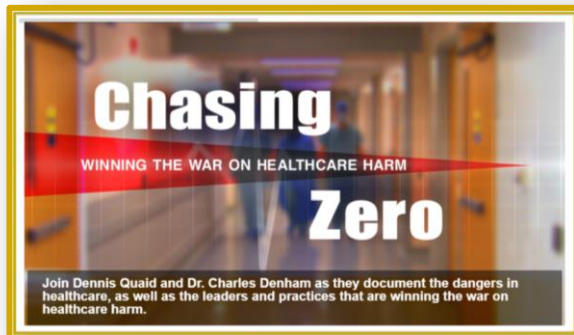
Dr. Howard Koh



Dr. Jim Bagian

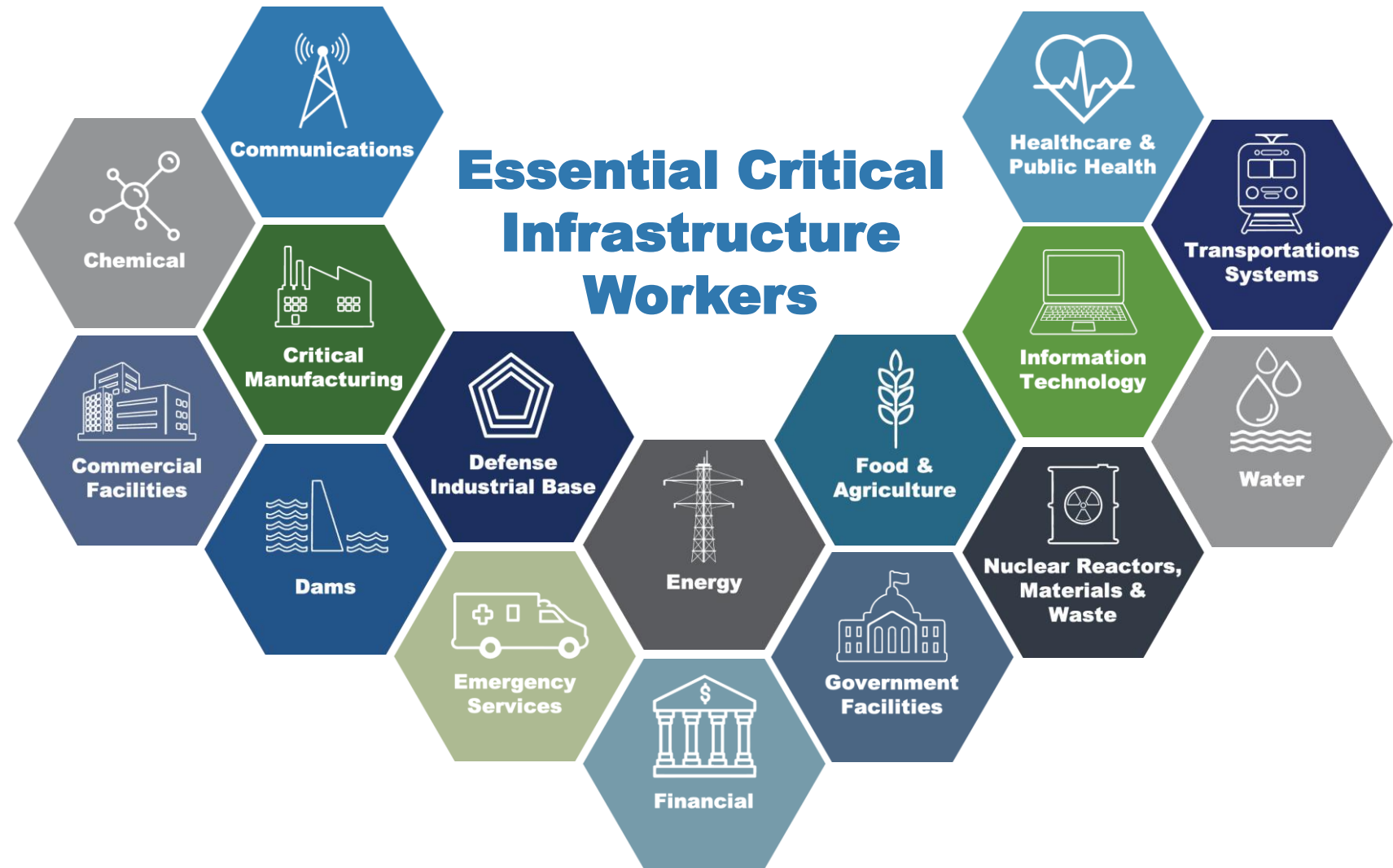


Dr. Harvey Fineberg

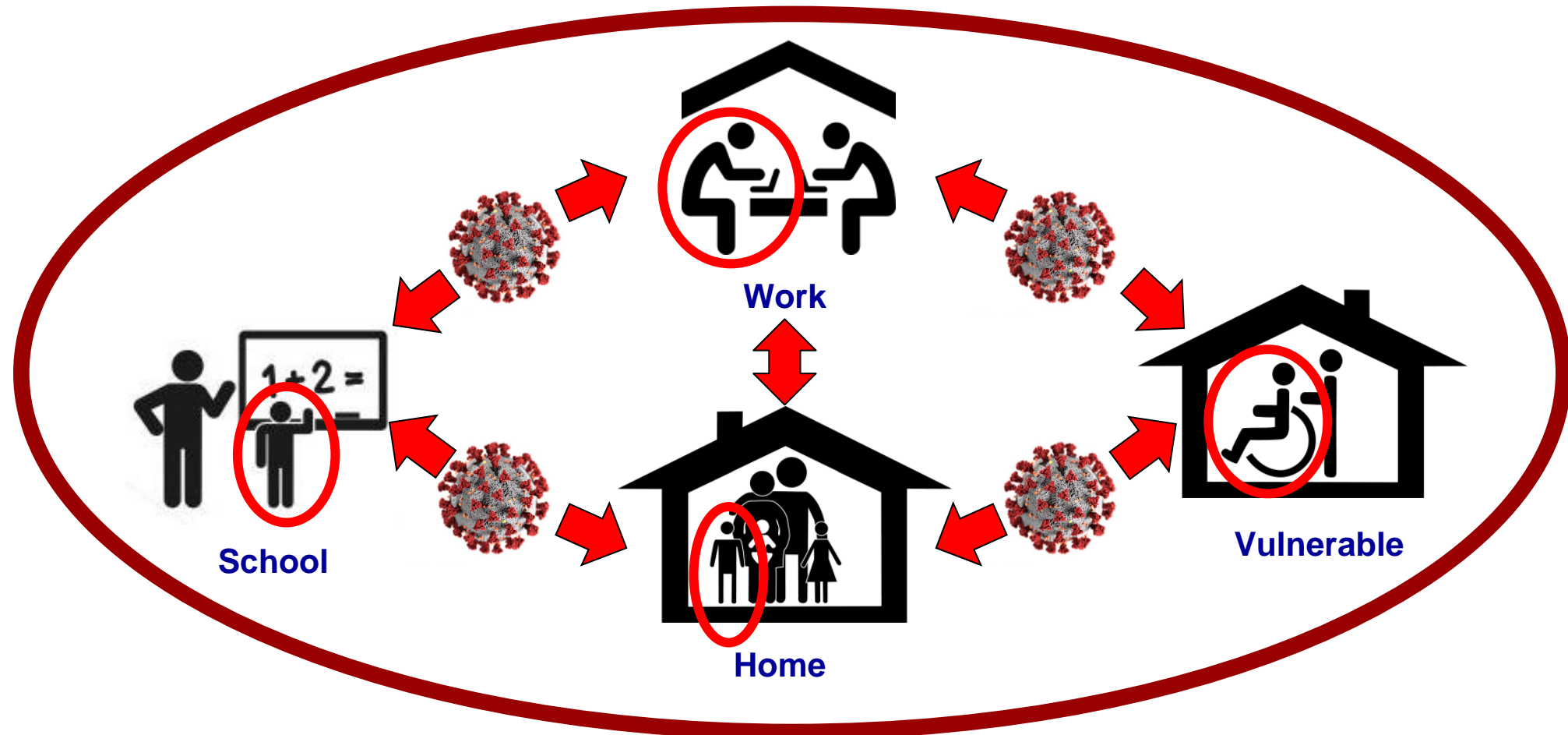




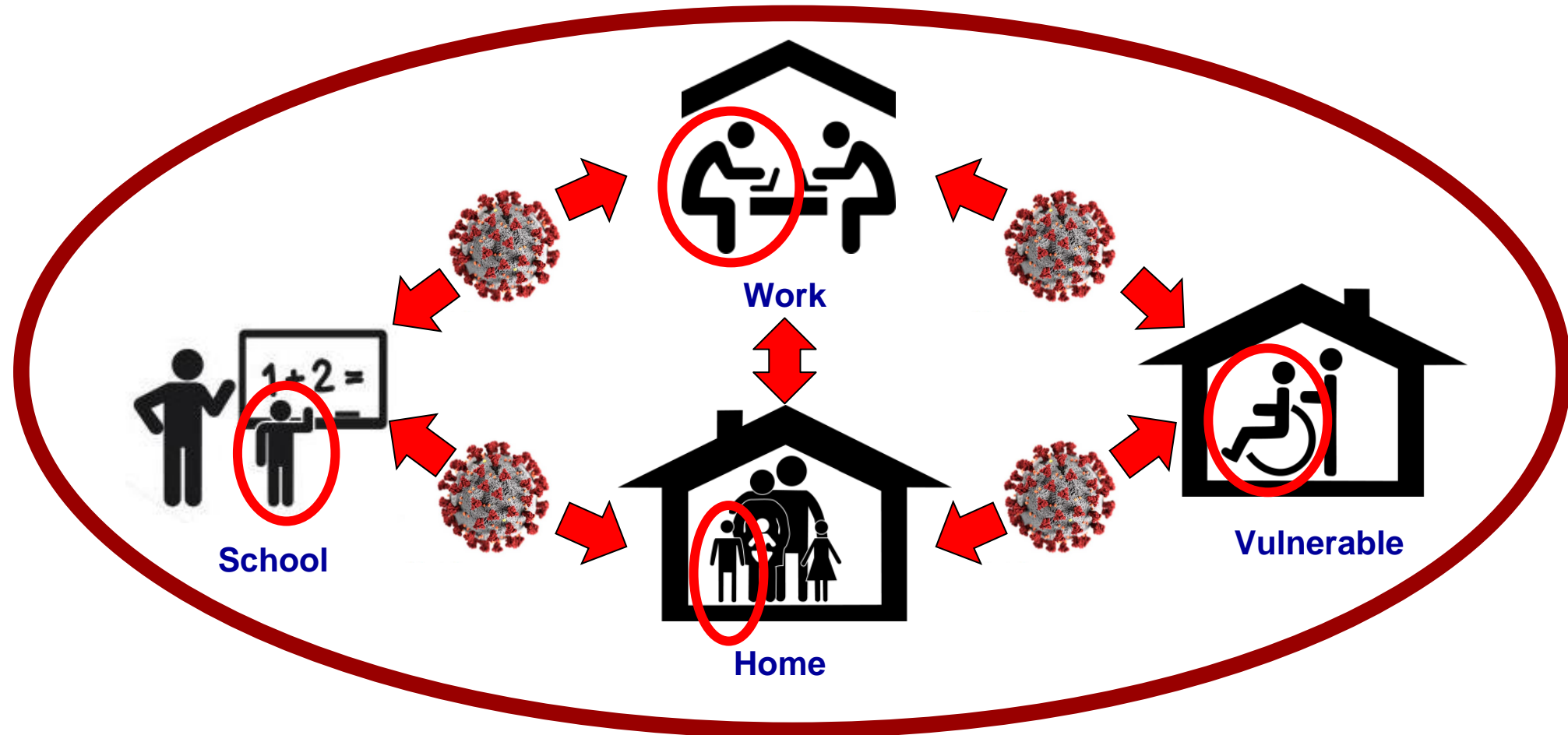
**Educators  
Declared  
Essential Critical  
Infrastructure  
Workers**



# Save the Families...

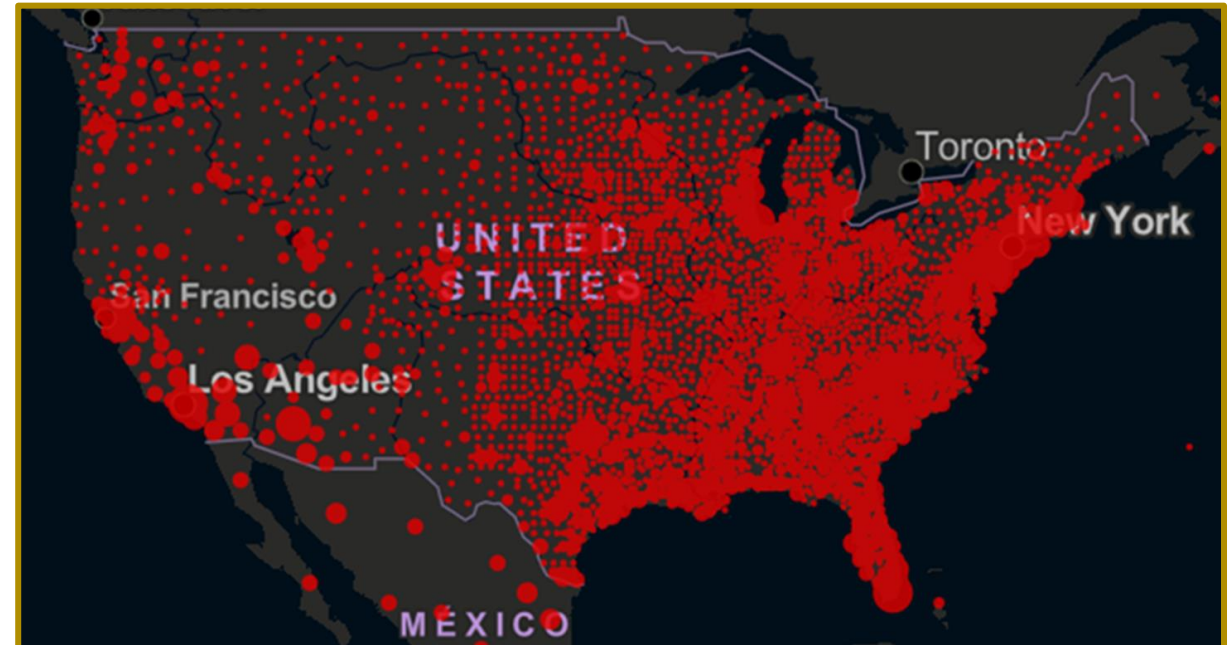
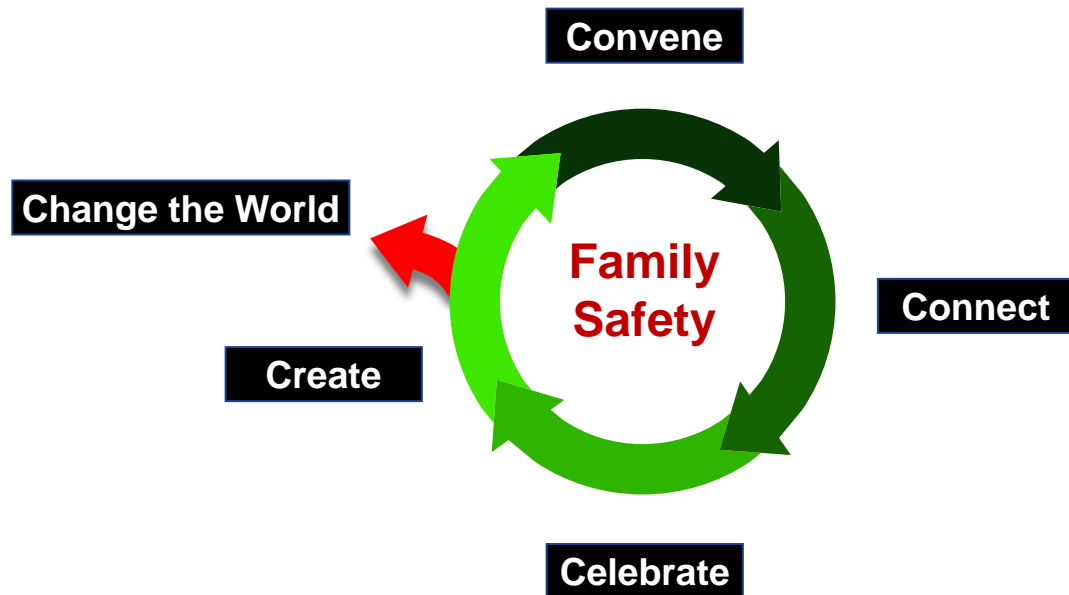


# Save the Families... You Save the Worker



# Coronavirus Care Community of Practice

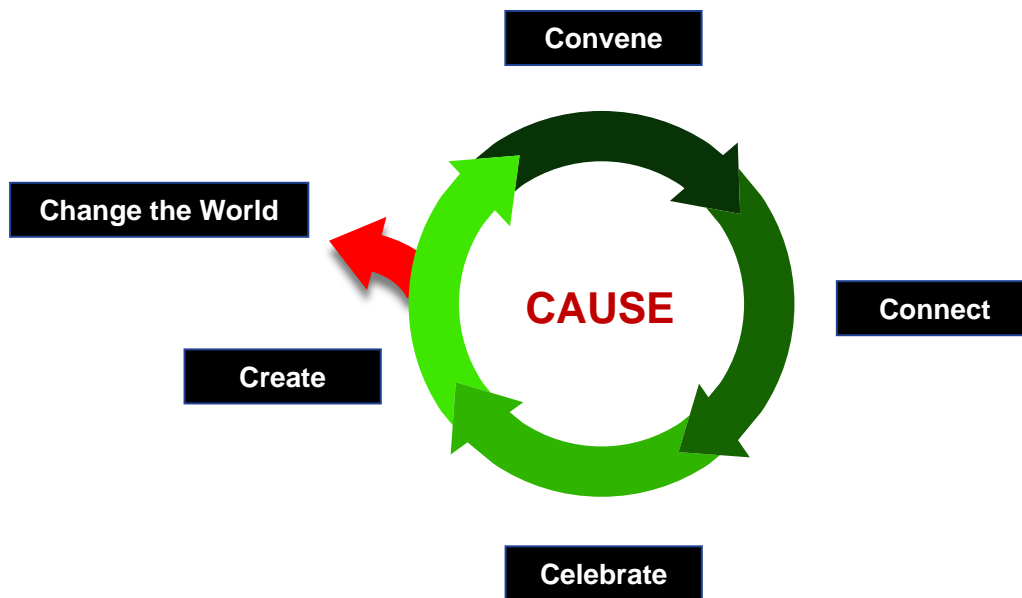
## *2020 Year End Report and 2021 Plan*





# 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



**MED + TAC**  
About Values & Team Coronavirus Response Webinar Programs

This webpage and videos have been produced for essential infrastructure workers and general public families. We have drawn on our network of 500 subject matter experts and a patient safety community of practice of 3,100 hospitals in 3,000 communities to tackle the Coronavirus Crisis. To join the Coronavirus Community of Practice and have the option of taking our Survive & Thrive™ certification courses and earn continuing education credits [click here](#). The first short video in the Basic Videos library below describes how you can participate. Join our free monthly 90 minute webinars for families of professional caregivers, essential workers, and the public. [Click here](#) to register. [Join Our Community Intro Video Click Here](#)

### Coronavirus – Protecting You & Your Family

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

**MED + TAC** 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 Safely



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.

MedTacGlobal Coronavirus Resources (View Only)

ID	Task Name	Notes
1	Background & Foundational Information	
2	US and UK Were Best Prepared - What Went Wrong? Time Magazine July, 2020 <a href="https://time.com/5641987/us-uk-failed-coronavirus-response/">https://time.com/5641987/us-uk-failed-coronavirus-response/</a>	This is a review of the preparedness of both countries. Countries can have the best ranking for preparedness and still contain the virus.
3	PAIDEMIC 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 tactics and strategies. With community specific approaches, the to be successful in suppressing COVID-19 in the US.
4	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 timely 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 Safely



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

**Related Resources**

Resources:

**MED + TAC GLOBAL** Care of the At Risk & Seniors at Home

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

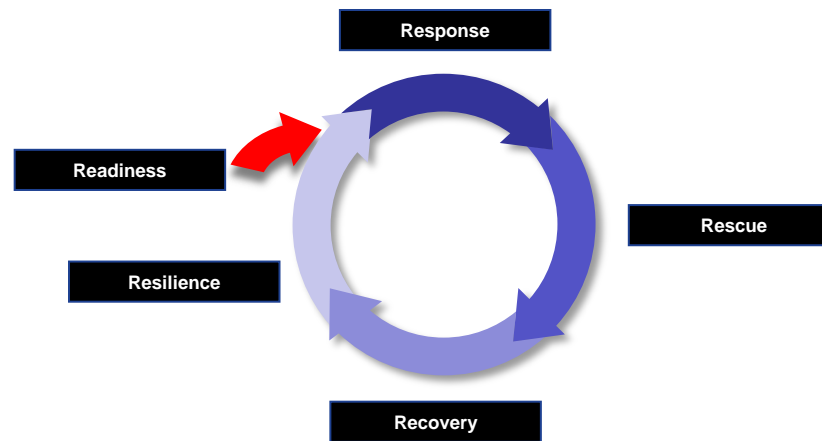
THE UNIVERSITY OF TEXAS  
**MD Anderson**  
~~Cancer Center~~

**Stanford**  
University

**UCSF**

University of California  
San Francisco

## Family Rescue R&D



## The 5 R's of Safety

**UT Southwestern**  
Medical Center

MAYO  
CLINIC

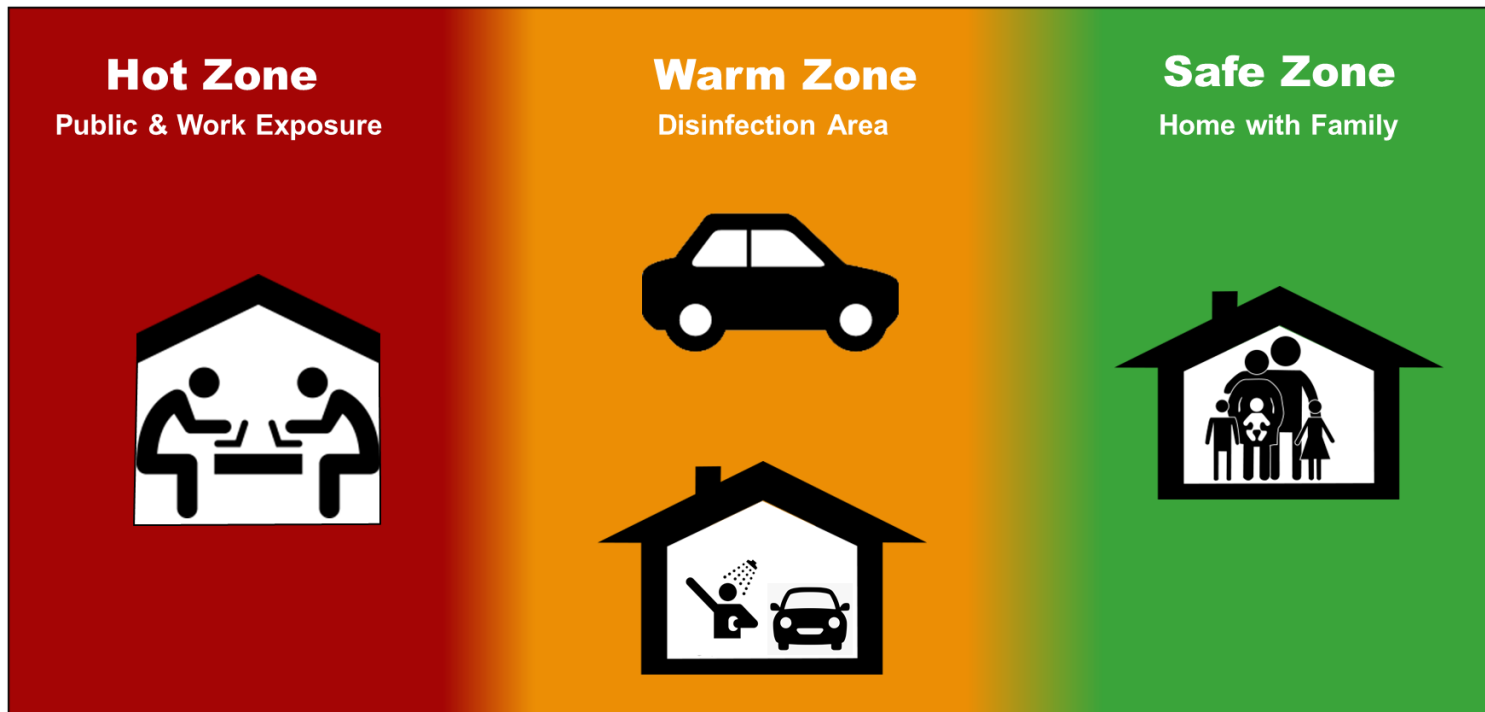


HARVARD  
UNIVERSITY



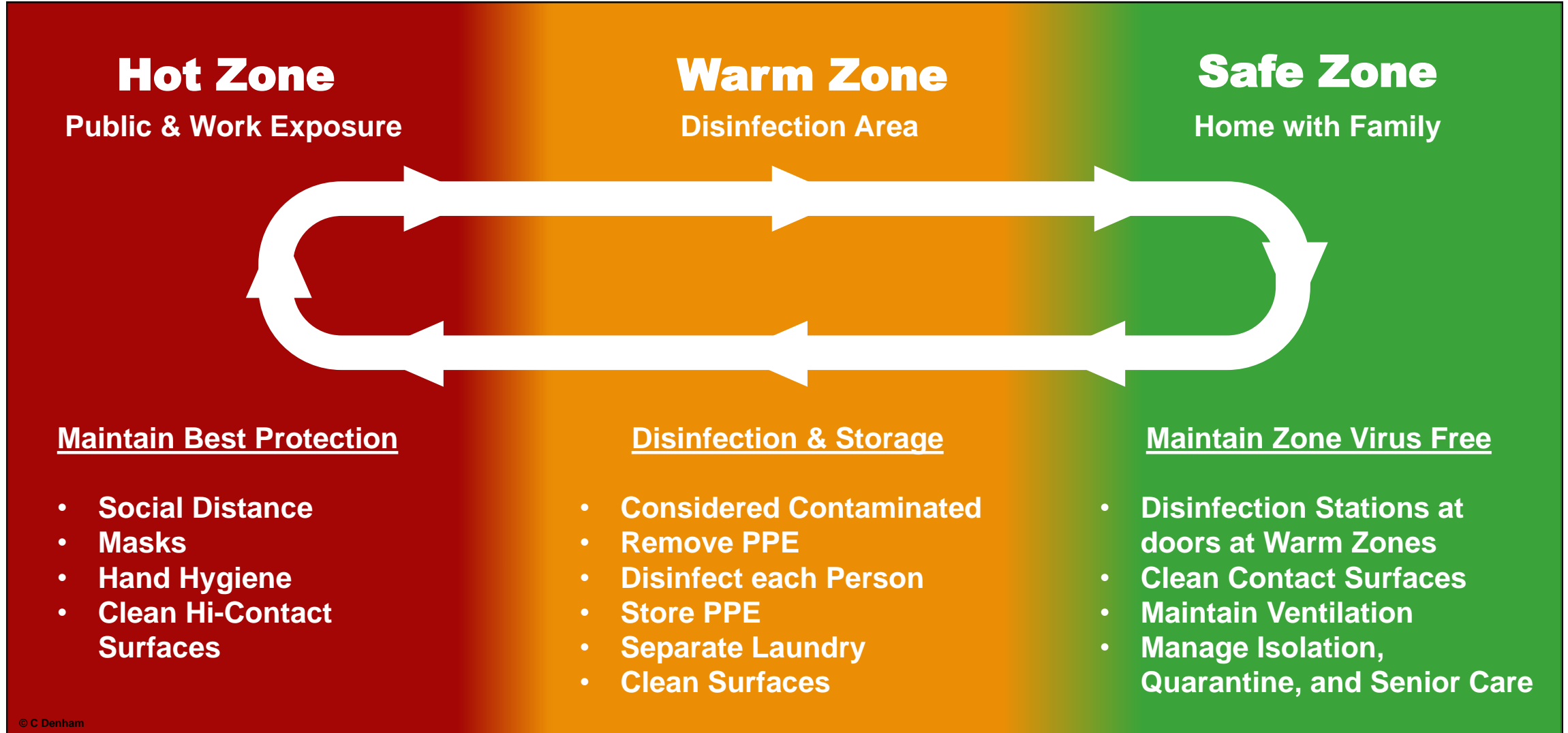
# Coming Home Safely

## *Family Survive & Thrive Guide™*





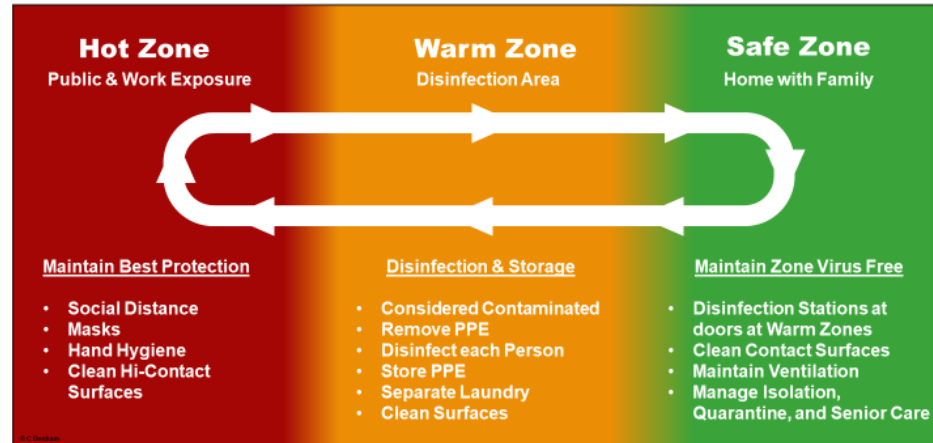
## **Hot-Warm-Safe Zone Practices**



# Survive & Thrive Guide: Protecting Your Family

## Survive & Thrive Guide: Protecting Your Family

### Hot-Warm-Safe Zone Practices



## Survive & Thrive Guide: Protecting Your Family

### Hot-Warm-Safe Zone Practices



#### 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.

## Survive & Thrive Guide: Protecting Your Family

### 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**  
**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.

## Survive & Thrive Guide: Protecting Your Family

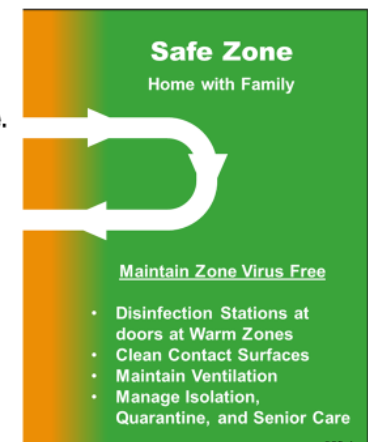
### Hot-Warm-Safe Zone Practices

#### 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.

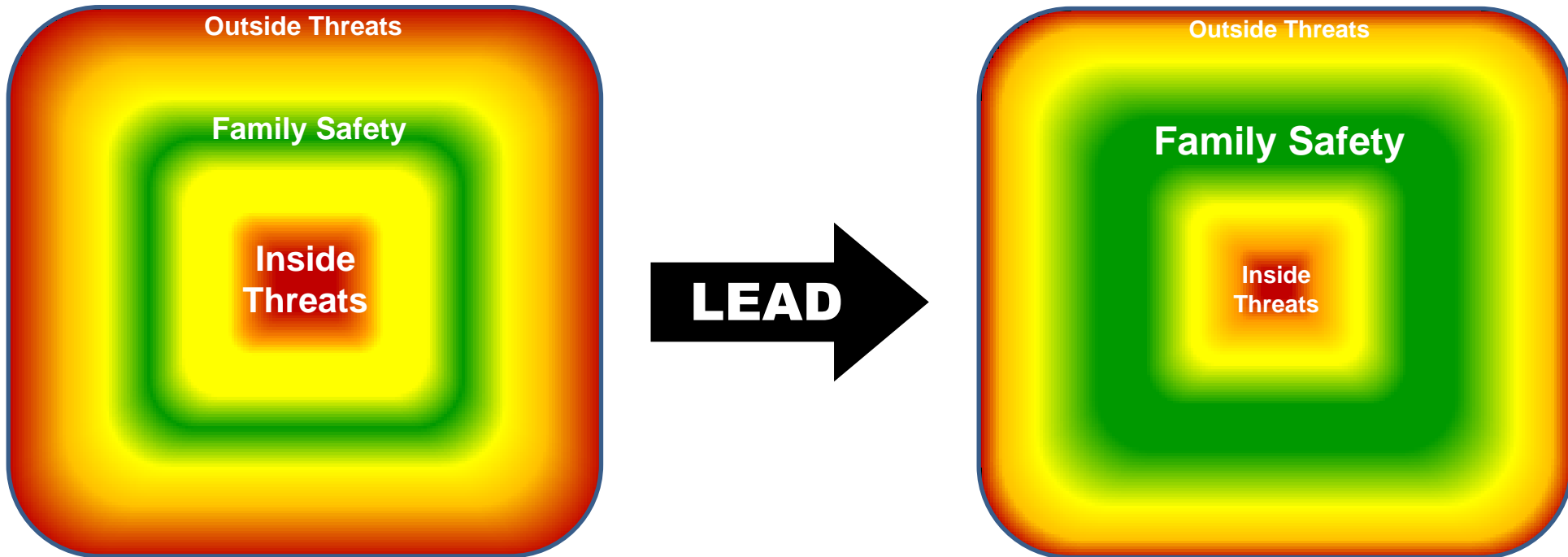
#### Care of Someone At Home

- 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.



# Keeping Our Kids Safe

## *Family Survive & Thrive Guide™*



# Survive & Thrive Guide: Protecting Your Family

## Keeping Our Kids Safe: Steps 1-4

### 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.

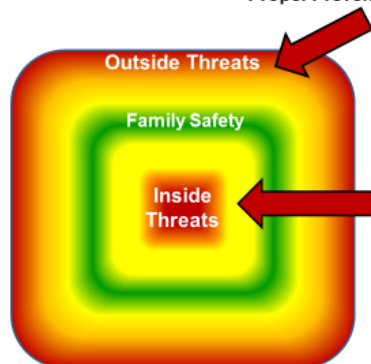
#### STEP 4: Plan the Flight and Fly the Plan

- 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.

## Survive & Thrive Guide: Protecting Your Family

### STEP 2: Identify and Follow Local Coronavirus Threats

#### Inside versus Outside Threats



#### 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.
- 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.

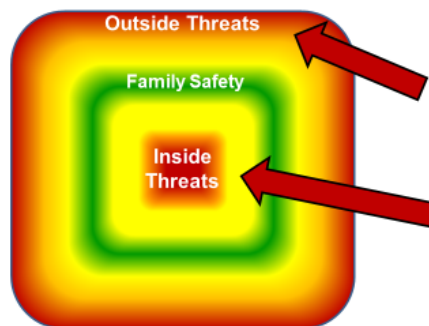
#### Inside Threats:

- Delayed Emergency Medical Care for of 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.

## Survive & Thrive Guide: Protecting Your Family

### 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.

## Survive & Thrive Guide: Protecting Your Family

### STEP 3:

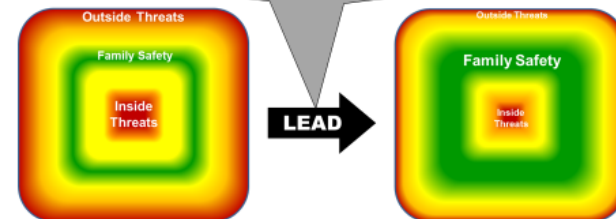
#### Develop a Family Safety Plan

- 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.



# Creating Your Family Safety Plan

## *Family Survive & Thrive Guide™*



## **Family Health Safety Plans**

**Readiness:** Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.

**Readiness**

**Resilience**

**Resilience:** Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this “target hardening”.

**Response**

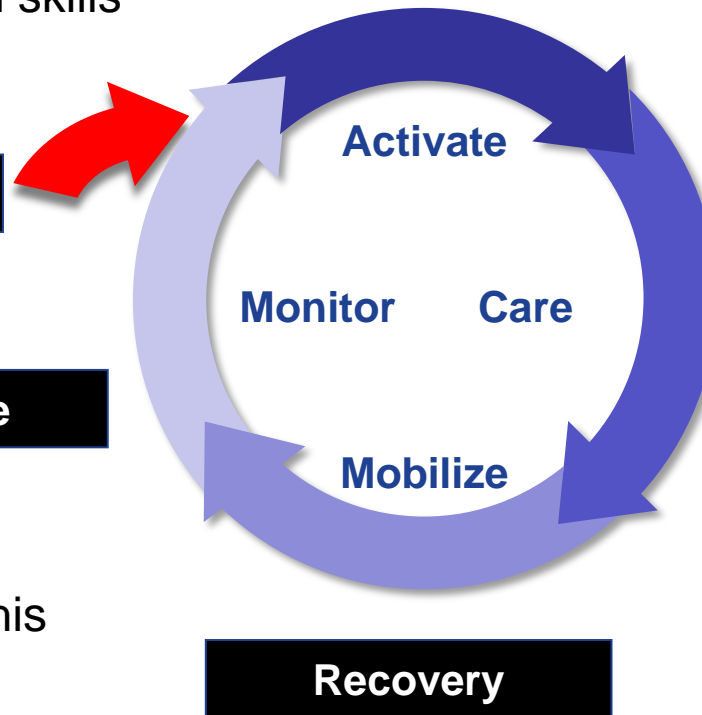
**Response:** Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

**Rescue**

**Rescue:** 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**

**Recovery:** Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine.”



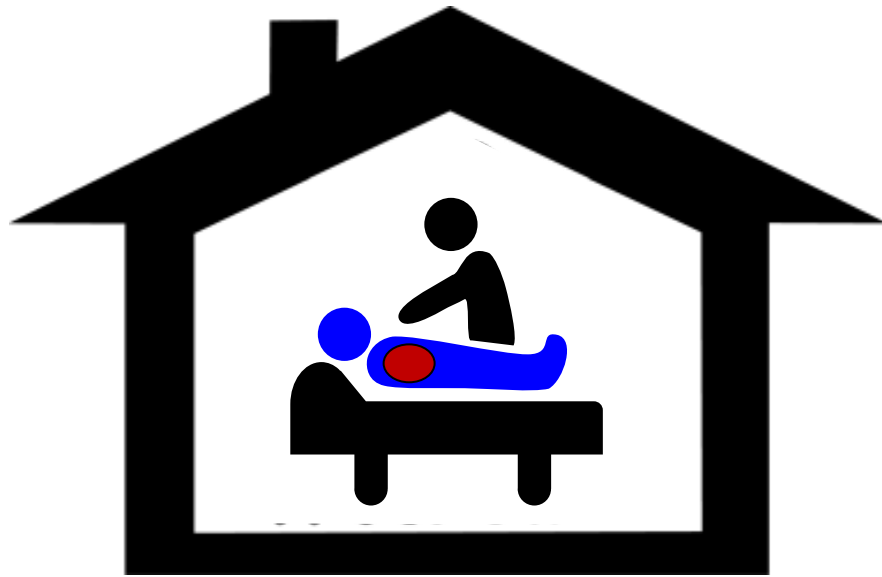
# Safety Plan Templates for Everyone

## *A Survive & Thrive Guide™*



# Providing Care at Home

## *Family Survive & Thrive Guide™*







## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Select a Care Room Checklist:

- ☐ Select a room separate from the rest of the home that ideally should be used only for patient care.
- ☐ Identify the bathroom that can be used to wash hands.
- ☐ If a fully dedicated room is not available, use a room where supplies and equipment are stored, away from the family and other visitors.
- ☐ If another room or station set that up for patient care.
- ☐ Make sure the Care Room is clean and disinfected.
- ☐ If you have no separate room, use plastic sheets, or vinyl curtains or tents to create a separate room.
- ☐ Optimize ventilation by opening a window that may be available.
- ☐ If Heating and Air Conditioning is available, use separate ventilation for the Care Room.
- ☐ Make decisions regarding the Care Room. It is optimal for the patient.



## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Care Room Set Up Checklist:

- ☐ Set Up Cleaning Supplies
- ☐ Set Up Cleaning Equipment
- ☐ Equip Both Clean and Contaminated Areas
- ☐ Post Signs to Restrict Access
- ☐ Consider Signs for Contaminated Areas
- ☐ Prepare a Daily Cleaning Schedule
- ☐ Remove Hard to Clean Items
- ☐ Set Up Personal Protective Equipment
- ☐ Set up a Contaminated Area
- ☐ Set up Waste Containers
- ☐ Set up a Contaminated Area
- ☐ Set up a Non-contaminated Area
- ☐ Put Waste Cans, Sharps Containers, and Medication in Care Room
- ☐ Place Safe Containers for Injection Meds Under Sink
- ☐ Keep Patient's Personal Items in Care Room
- ☐ Place Water Pitcher and Personal Hygiene Items in Care Room
- ☐ Keep dedicated Thermometers in Care Room
- ☐ Keep Reusable Supplies in Care Room



## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Supplies Checklist:

- ☐ Eye Protection
- ☐ A Face Shield
- ☐ Reusable Gloves
- ☐ Rubber Gloves
- ☐ Disposable Hair Coverings
- ☐ N95 Mask or Medical Grade Mask
- ☐ Aprons - single-use and reusable gowns.
- ☐ Plastic Aprons
- ☐ Alcohol-based Hand Sanitizer
- ☐ Plain Soap
- ☐ Clean Single-use Paper Towels
- ☐ Safe Puncture Proof Containers
- ☐ Detergent for Cleaning
- ☐ Thermometer & Medical Grade Thermometer
- ☐ Mobile Phone
- ☐ Waste Bags - Garbage



## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Home Care Team Checklists:

#### Laundry Processes:

- ☐ Disinfect Laundry Room after Every Wash
- ☐ Always Separate Contaminated Laundry from Non-contaminated Laundry
- ☐ Wash all regular and Non-contaminated laundry first
- ☐ Wash kitchen towels and bathroom hand towels daily.
- ☐ Wash all Contaminated Laundry last
- ☐ Disinfect Laundry Room while Contaminated Laundry are in the wash
- ☐ Move Formerly Contaminated Laundry from Washer to Dryer after Disinfecting Laundry Room

#### Cleaning the Home:

- ☐ Door knobs

# Creating Your 2021 Family Safety Plan

## *A Survive & Thrive Guide* <sup>TM</sup>





### Global Cases

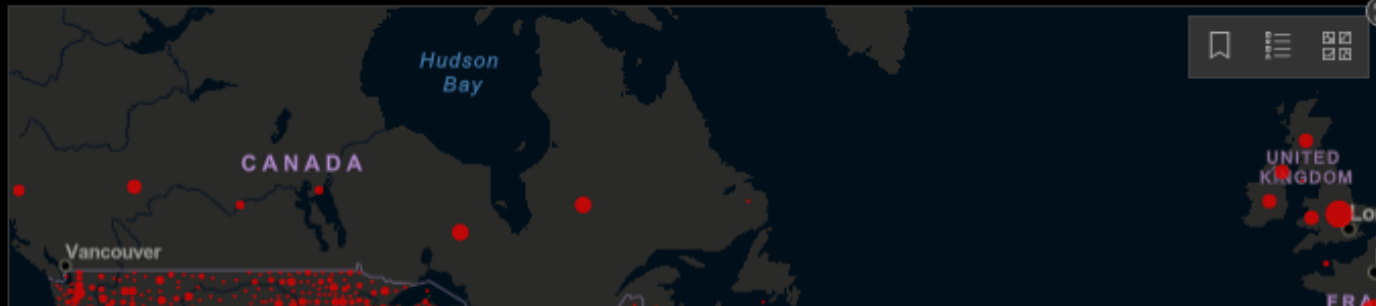
**61,787,692**

### Cases by Country/Region/Sovereignty

13,094,010 US  
9,351,109 India  
6,238,350 Brazil  
2,248,209 France  
2,223,500 Russia  
1,628,208 Spain  
1,593,260 United Kingdom  
1,538,217 Italy  
1,407,277 Argentina  
1,290,510 Colombia  
1,078,594 Mexico  
1,038,649 Germany  
973,593 Poland

Admin0

Last Updated at (M/D/YYYY)  
**11/28/2020, 5:27 AM**



Cumulative Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

**191**

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).  
Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and [JHU APL](#). Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: [Slack](#), [GitHub](#), [JHU CSSE](#).

### Global Deaths

**1,445,541**

264,866 deaths  
US

171,974 deaths  
Brazil

57,648 deaths  
United Kingdom

53,677 deaths  
Italy

51,000 deaths

Global Deaths

### US State Level Deaths, Recovered

34,477 deaths, **84,723**  
recovered  
New York US

21,693 deaths, **946,663**  
recovered

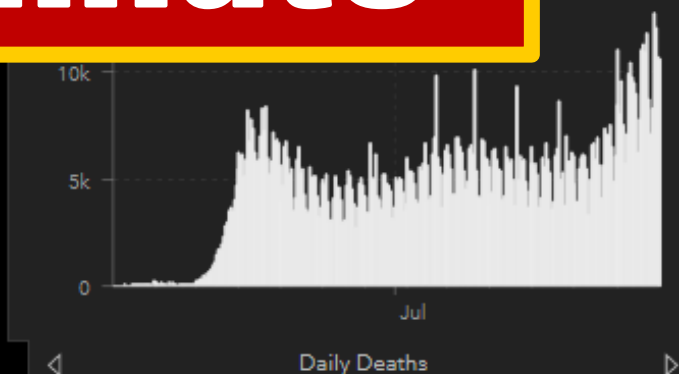
18,363 deaths,  
recovered  
Florida US

16,942 deaths, **42,923**  
recovered

US Deaths, Re...

**2 Infections Every Second**

**2 Deaths Every Minute**



Daily Deaths





Global Cases

61,787,692

Cases by  
Country/Region/State

13,094,010 US

9,351,109 India

6,238,350 Brazil

2,248,209 France

2,223,500 Russia

1,628,208 Spain

1,593,260 United Kingdom

1,538,217 Italy

1,407,277 Argentina

1,290,510 Colombia

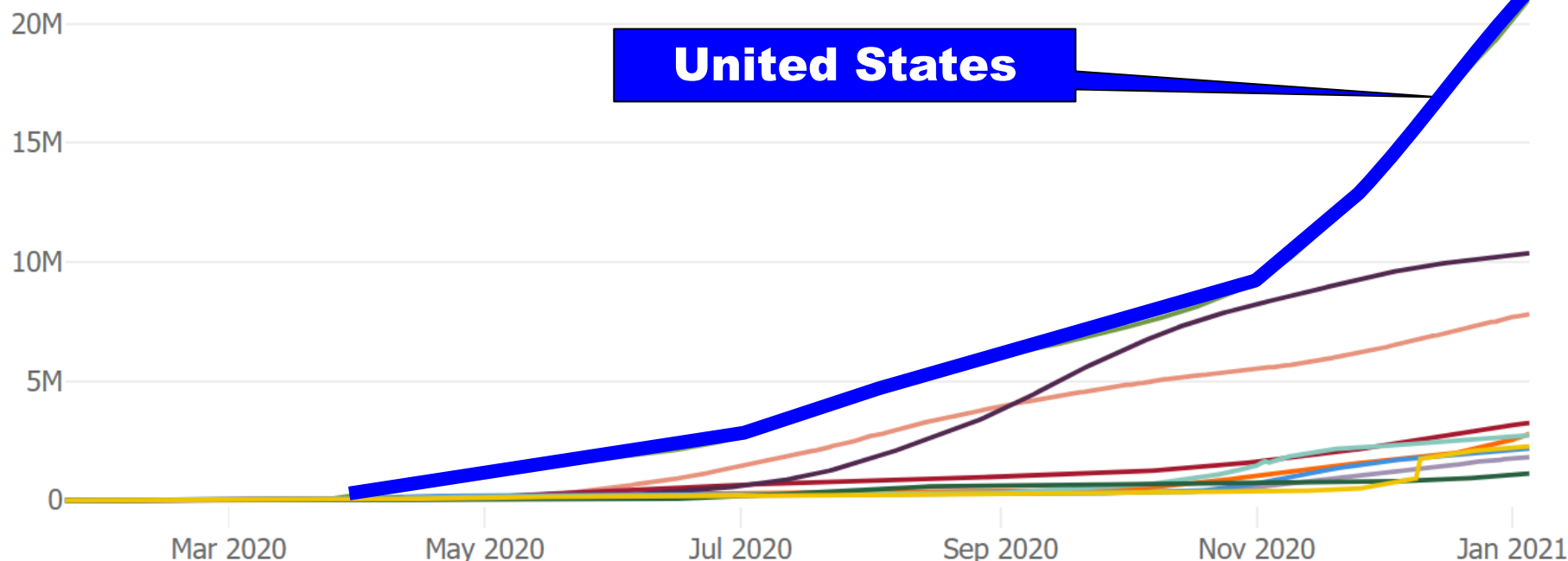
1,078,594 Mexico

1,038,649 Germany

973,593 Poland

Admin0

Number of Cases



Click any country below to hide/show from the graph:

**United States**

United Kingdom

Brazil

Russia

India

Germany

Italy

France

South Africa

Turkey

Global Deaths

1,445,541

US State Level  
Deaths, Recovered

477 deaths, 84,723

covered

New York US

693 deaths, 946,663

covered

Mass US

090 deaths,

covered

California US

363 deaths,

covered

Florida US

942 deaths, 42,923

covered

US Deaths, Re...

Last Updated at (M/D/YYYY)

11/28/2020, 5:27 AM

countries/regions

Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack, GitHub, JHU CSSE, and others.

Daily Deaths



## Daily deaths [↗](#)

[Trend](#)[Compare](#)[Map](#)

**Daily deaths** is the best indicator of the progression of the pandemic, although there is generally a 17-21 day lag between infection and deaths.

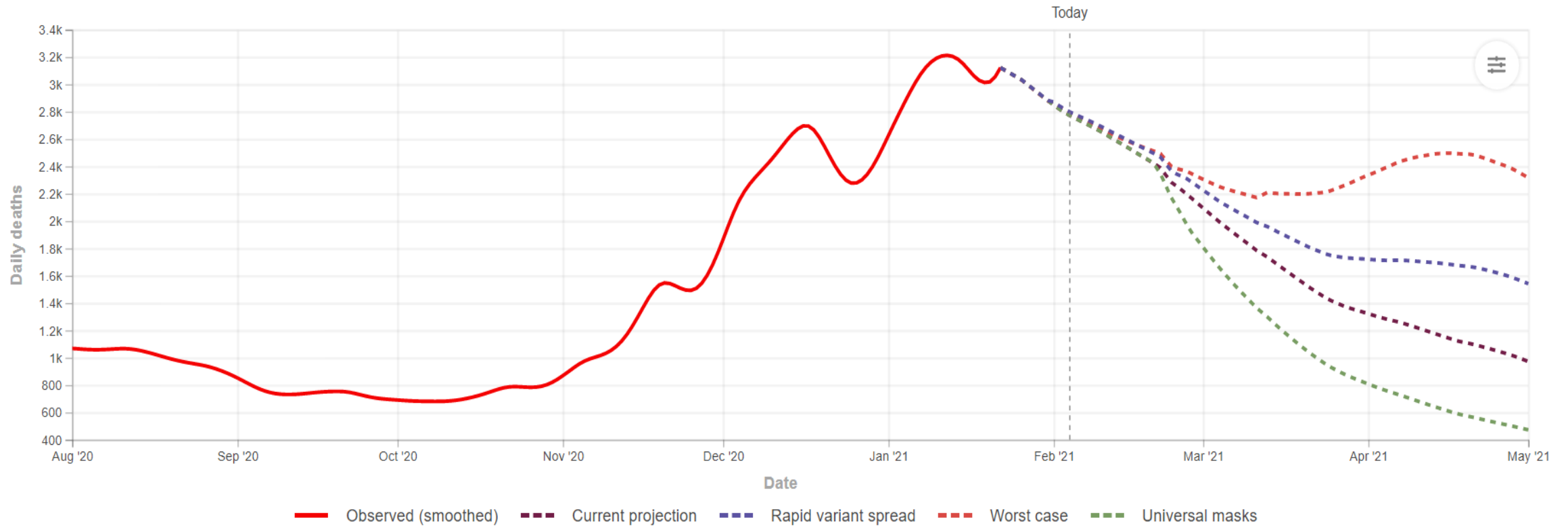
Scenario ⓘ

Projection ×

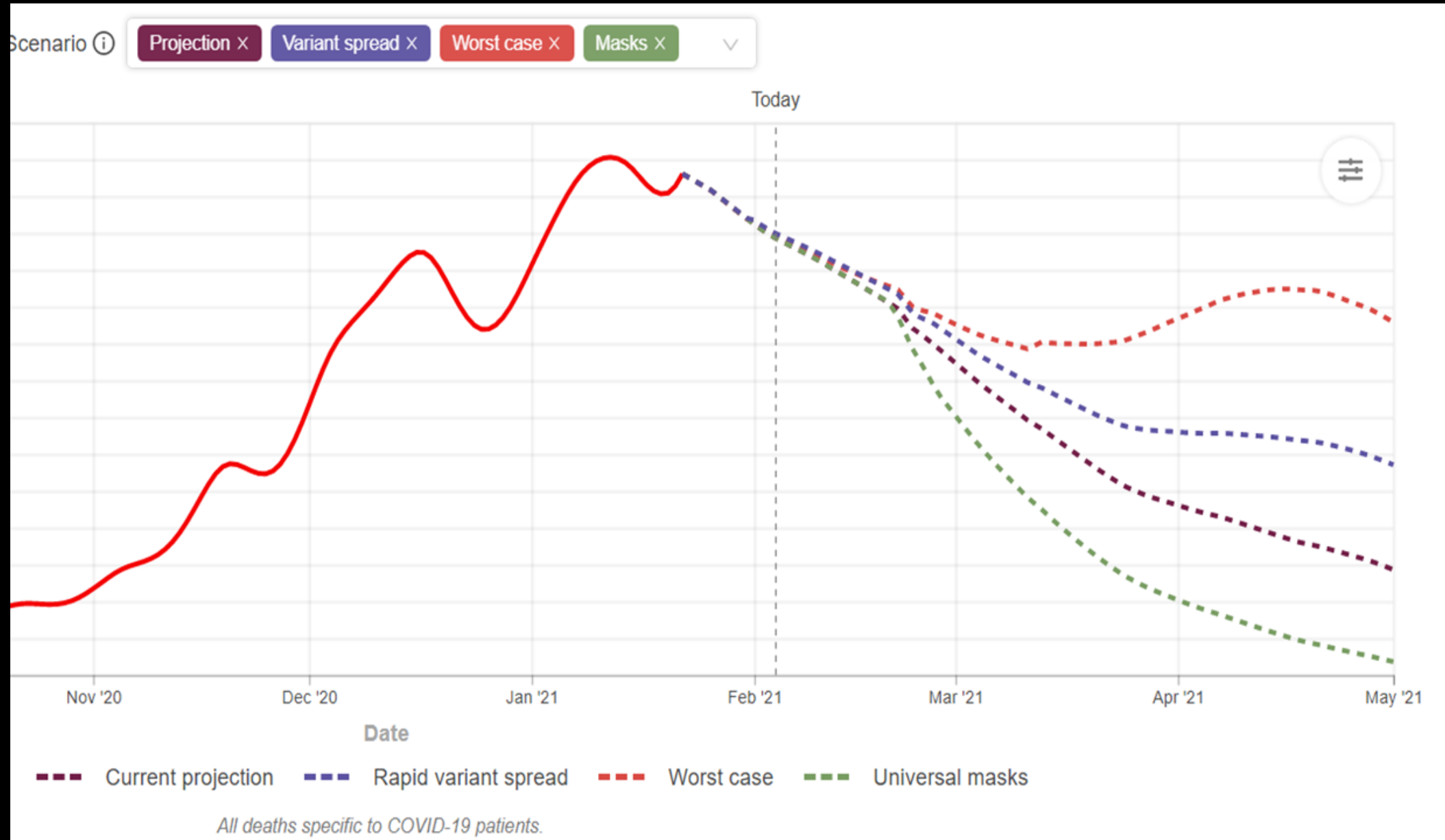
Variant spread ×

Worst case ×

Masks ×

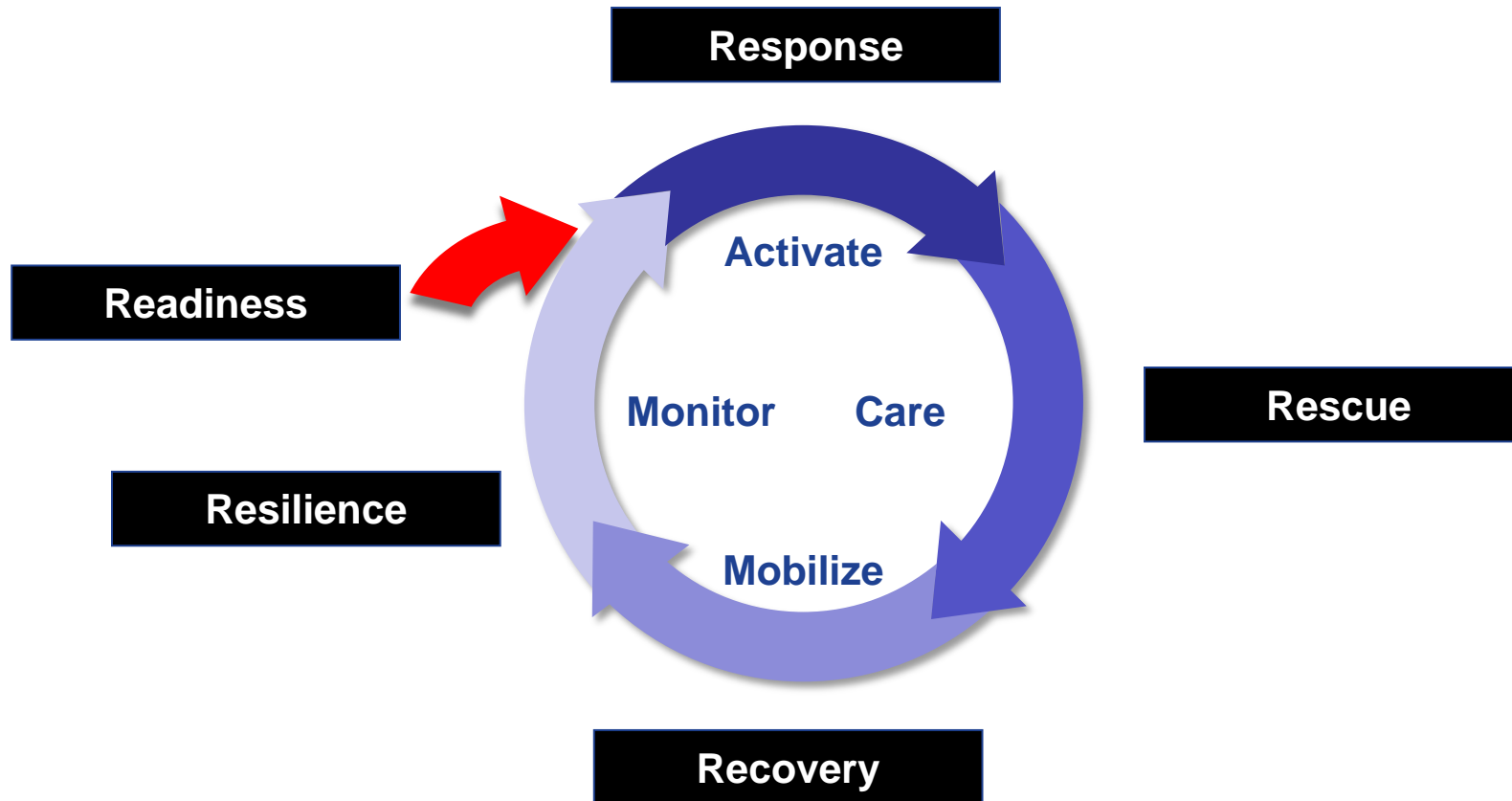


*All deaths specific to COVID-19 patients.*





## ***Family Health Safety & Organization Security Plans™***



## National Survey Questions

**I have already responded to  
the Family Health Safety Survey**



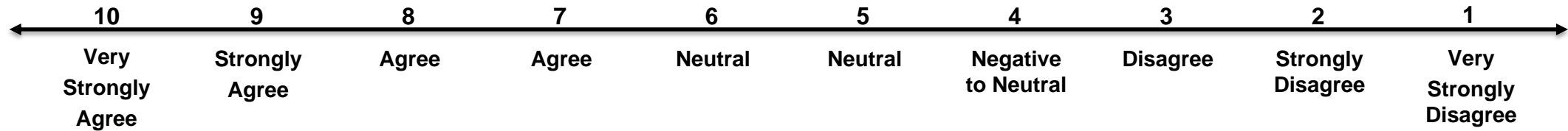
**State what you want to see in the  
Family Safety Plan Templates in Free Text Entry**

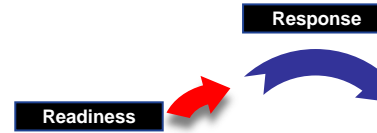




# READINESS

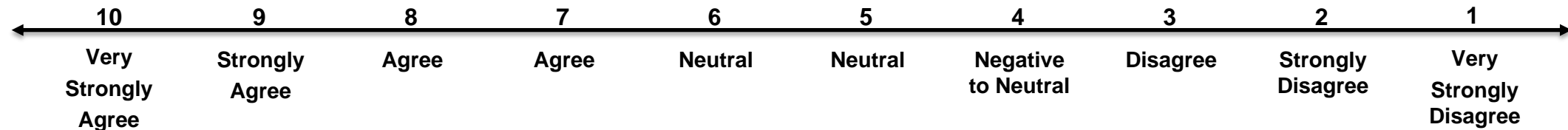
**My family is ready to take care of a loved one with Coronavirus in our home.**



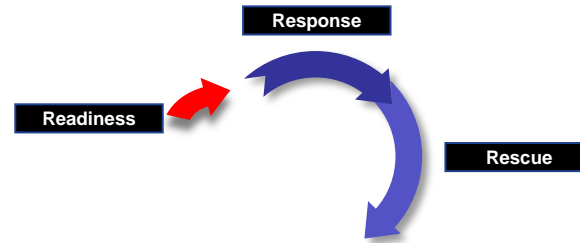


# RESPONSE

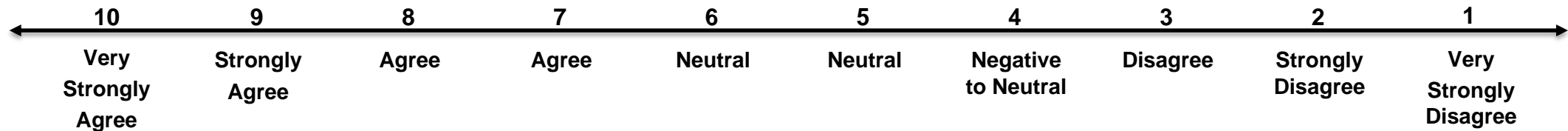
**My family knows what actions to take if a loved one becomes infected with Coronavirus.**



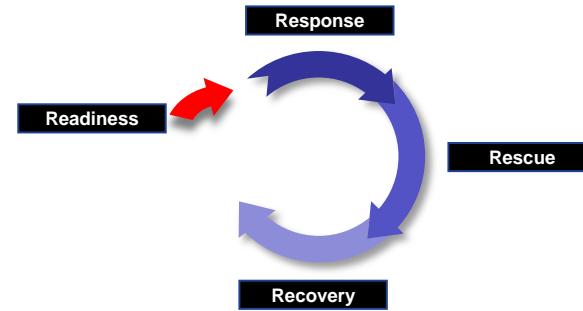
# RESCUE



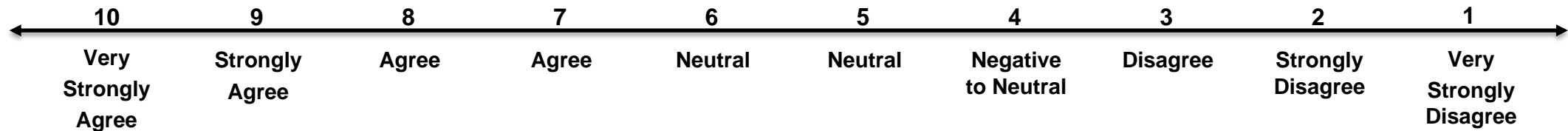
**My family knows what do when someone develops severe COVID-19 symptoms.**



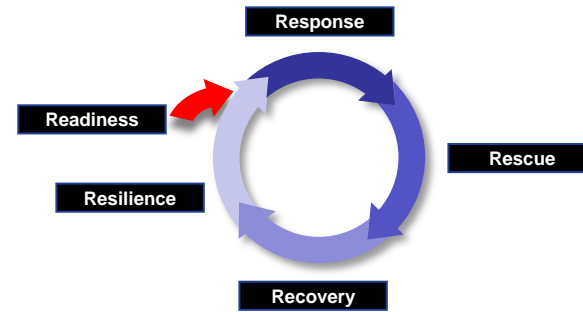
# RECOVERY



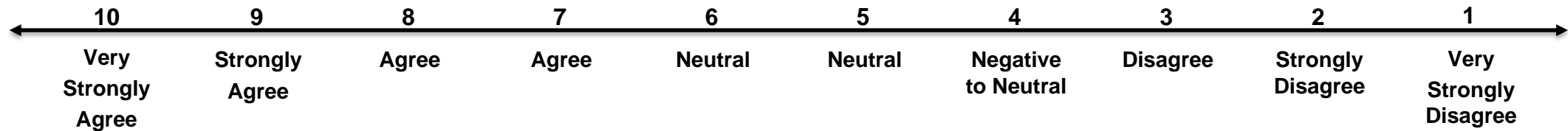
**My family has a safety plan to return to work and play when the Coronavirus social restrictions are relaxed.**



# RESILIENCE

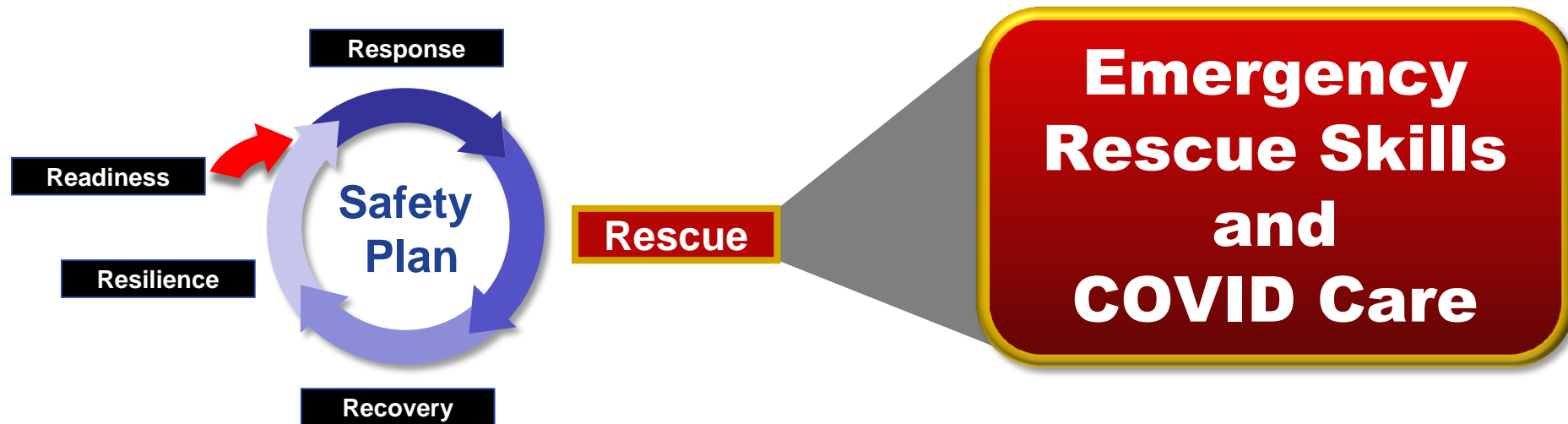


**My family has a plan to make them less vulnerable to epidemics in the future.**



# Emergency Rescue Skills

## *A Survive & Thrive Guide™*





# The 5 Rights of Emergency Care Review



## **Christopher R. Peabody, MD, MPH**

Emergency Physician  
Director, UCSF Acute Care Innovation Center,  
University of California San Francisco  
Clinical Instructor, University of California San  
Francisco  
San Francisco, CA





The screenshot shows the MED+TAC Global website. At the top is the MED+TAC Global logo and a navigation menu with links: About, Values & Team, Coronavirus Response, Webinar Programs, Specialty Programs, Innovations & Supplies, and CAREUNIVERSITY. Below the navigation is a paragraph explaining the purpose of the webpage and videos, aimed at essential infrastructure workers and general public families. It mentions a network of 500 subject matter experts and a patient safety community of practice of 3,100 hospitals in 3,000 communities. It encourages joining the Coronavirus Community of Practice and taking Survive & Thrive™ certification courses. A red button labeled "Join Our Community Intro Video Click Here" is present. Below this is a section titled "Coronavirus – Protecting You & Your Family" with a subtext: "See the videos, answers to FAQs, and resources below. They will be continuously updated for the communities we serve." Further down is a banner for "Coronavirus Care Community of Practice" and "Bystander Rescue Care CareUniversity Series". Below the banner is a paragraph stating: "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." This is followed by a section titled "BASIC MODULES" with a list of topics: "Why Social Distancing WORKS", "Masks: The SCIENCE of Success", "Hand Washing & DISINFECTANTS", "CLEAN High Contact Surfaces", "Building a FAMILY SAFETY PLAN", "If we NEED Emergency Care", and "Why ICU, Respirators, and ECMO". At the bottom is a video player titled "NEW Emergency Dept. Issues" showing a video thumbnail with the text "The 5 Rights of Emergency Care" and a diagram of the 5 rights: Right Provider, Right Follow Up, Right Discharge, Right Treatment, and Right Diagnosis. A red button on the thumbnail says "Emergency Department and COVID Care". The video player has a play button, a progress bar at 06:10, and the MED+TAC logo.

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



**Christopher R. Peabody, MD, MPH**  
Emergency Physician  
Director, UCSF  
Acute Care Innovation Center

**Dr. Peabody walks us through The 5 Rights of Emergency Care with the COVID-19 perspective:**

- Family members may not be able to be present and may need to wait outside.
- Communication is vitally important.
- Be prepared for a completely new experience with caregivers wearing full Personal Protective Equipment.



## Med Tac Bystander Rescue Care

Med Tac is short for "Medical Tactical" and is an advanced first aid platform to battle failure to rescue. The mission is to teach anyone the critical bystander care skills that can save lives during the most common life threatening emergencies. Our focus is to train all ages to provide the greatest help in the first 10 minutes before professional first responders arrive and then assist them when they do. The training includes how to work with professional first responders and how to help families as they proceed through hospital emergency care.

### Video Library

[Med Tac Story](#)

[Med Tac Leadership Team](#)

[Adopt a Cove Program](#)

[5 Rights of Emergency Care](#)

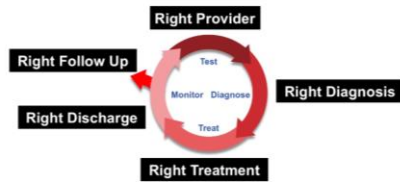
[College and Youth Program](#)

[Surf & Lifeguard Program](#)

[3 Minutes & Counting Trailer](#)

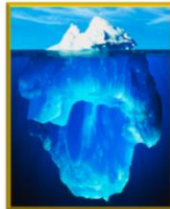
[Opioid Overdose Briefing](#)

### The 5 Rights of Emergency Care™



### The Battle Against Failure to Rescue

The Med Tac Program was developed by a team originally focused on active shooter events. When they found that there at least 8 leading causes of preventable death including severe bleeding and that there was no integrated program to teach the public what they can do to save lives and prevent "failure to rescue" before EMS arrives, Med Tac was born. In many cases bystander rescue care can triple survival if the public knows what to do. The program was funded through 2019 by philanthropy through TMIT Global, a 501c3 medical research organization that leads a global patient safety community of practice found at [www.SafetyLeaders.org](http://www.SafetyLeaders.org). With the development of the Coronavirus crisis, our rapid response team has prioritized infection care as one of our major focus areas. As of January 1st, 2020 the team has published four articles and has developed pilot programs in five states. [Click here](#) to download a PDF of the four articles.



[Cardiac Arrest](#)

[Choking & Drowning](#)

[Opioid Overdose](#)

[Anaphylaxis](#)

[Major Trauma](#)

[Infection Care](#)

[Transportation Accidents](#)

[Bullying](#)

**Bystander Care Training** is a critical need in all communities. The preventable deaths we see in the news are the tip of the iceberg. Our program is a Good Samaritan support system to help everyone learn life-saving actions that will save lives.

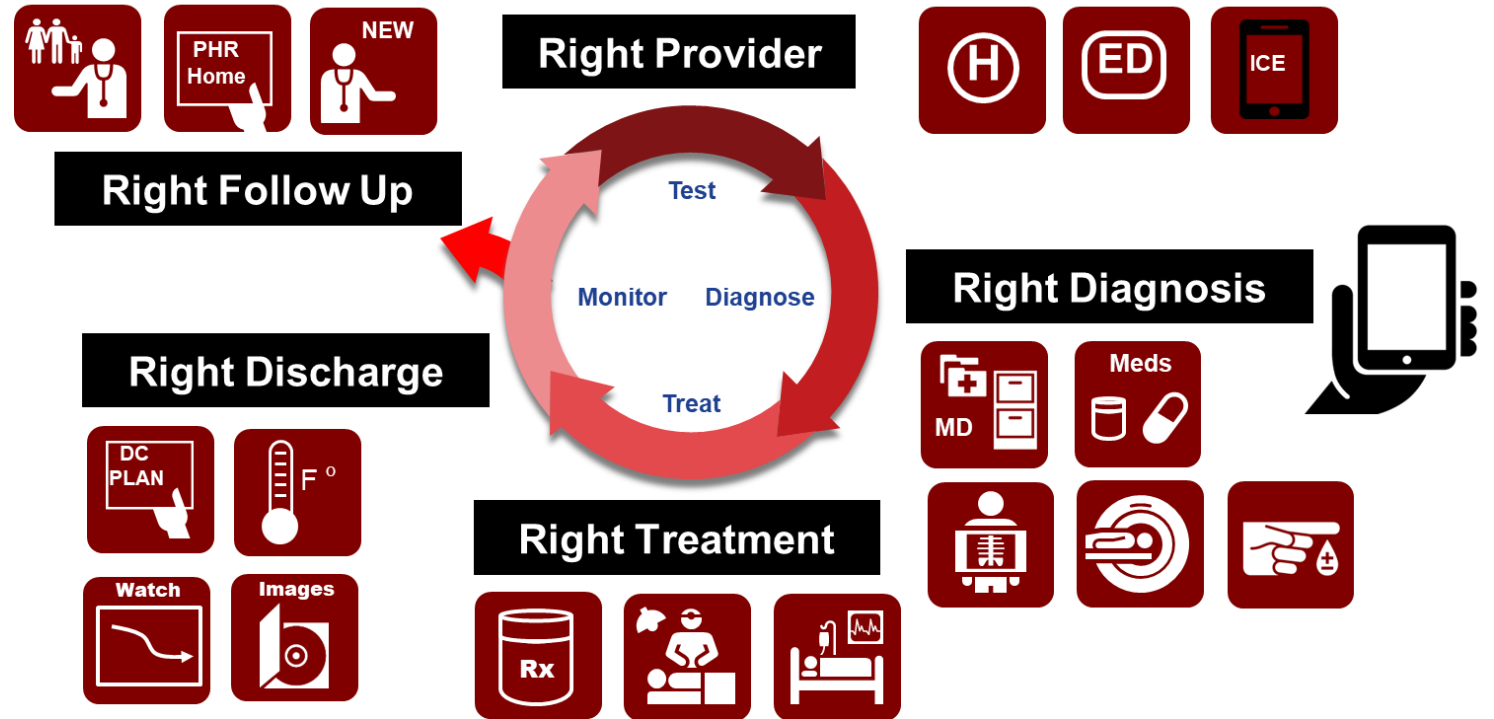
**High Impact Care Hazards** are conditions that are frequent, severe, preventable, and measurable. We have identified the leading causes of death that strike children, youth, and those in their workforce years. We provide evidence-based bystander care training that can have the greatest impact.

**Bystander Rescue Skills** are the competencies that bystanders can learn that will save lives in the few precious minutes before the professional first responders arrive. Such behaviors can be learned by children, adults, and entire families. We have programs for children, adults, law enforcement, educators, lifeguards, and caregivers.

**MedTac** is the only integrated program addressing the top causes of death of otherwise healthy children, youth, and adults in the workforce. Med Tac partners with terrific on-site trainers from great organizations who are already in the community.

[www.medtacglobal.org/](http://www.medtacglobal.org/)

## The 5 Rights of Emergency Care™



News

### Coronavirus Family Safety Plans: Protect Your Loved Ones and Help Save America

If you break the family-unit COVID-19 transmission chains, you can save the lives of teachers, healthcare workers and police officers. You might even help save our nation.



Dr. Charles Denham II, Dr. Gregory Botz,  
Charles Denham III, Chief William Adcox

#### **The Problem:** **Family Transmission Chains**

#### **The Solution:** **Coronavirus Family Safety Plans**

#### **Plans Must Be Flexible:**

- **Family Impact Scenarios**
- **4A Checklist Framework**
- **5R Score Scorecards<sup>™</sup>**

#### **The 5 R Framework:**

- **Readiness**
- **Response**
- **Rescue**
- **Recovery**
- **Resilience**

#### **The 3 Whys:**

- **Why a Family Safety Plan?**
- **Why Now?**
- **Why This?**

#### **Our Message:**

- **Educators**
- **Students**
- **Law Enforcement Leaders**

#### **Family Impact Scenarios**

No Exposure  
No Test or Negative Test

Exposure to Infected Person  
and No Test

Infected & Asymptomatic  
No Symptoms Ever

Infected & Pre-symptomatic  
Before Symptoms

Infected & Symptomatic  
Have Symptoms

Infected & Severely  
Symptomatic – Need Help

Infected & Requiring  
Hospitalization

Infected & Require ICU  
Life Support  
Respirator & ECMO



# Family Safety Plan



## Readiness

## Response

## Rescue

## Recovery

## Resilience

Family Member Scenarios	Be ready for waves or new epidemics.	Response if someone in the home gets sick.	Care of loved on with severe symptoms.	Assistance safely to the “new normal”.	Making the family “hardened” as a target
No Exposure No Test or Negative Test	Social distance, hygiene, cleaning, and masks. Protect high risk family members.	Recognize people with no exposure – no test are at risk for infections.	Know the triggers for emergency care. Have med records ready for family	Be very careful until vaccine, antivirals, or an immunity shield is can protect public.	Learn from others who are infected. Maintain medical records for family members.
Exposure to Infected Person and No Test	Know: what “exposure” is, what to if exposed, and if notified by a contact tracer.	Know where to get testing, maintain quarantine period, and how to protect family.	Know the triggers for emergency care. Have med records ready for family	If infected, be aware of the possible long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Asymptomatic – No Symptoms Ever	Family behaves as if they can infect someone. Protect “at risk” family members	Isolate if test positive and contact tracers link infections to you	Watch for the signs and symptoms triggering seeking emergency care	Be aware of and watch for the long-term consequences of infection	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Pre-symptomatic Before Symptoms					Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Symptomatic – Have Symptoms					Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Severely Symptomatic – Need Help	plan. Be ready for patient to be solo phone only contact.	Infections to you. Watch for worsening signs/symptoms	records and medications for ED care providers.	being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND best emergency care location.
Infected & Requiring Hospitalization	Be ready for no contact with patient while at hospital. Be ready to give care at home following hospital discharge.	Be ready to respond to infections of others at home or in contact with patient.	Watch for triggers for emergency care of other family members who may get sick.	Recognize probable long-term consequences after being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.
Infected & Require ICU Life Support Respirator & ECMO	Keep the family ready for a death. Prepare to deliver substantial care at home if the patient is discharged.	Be ready to respond to isolate and care for infected family members. Quarantine those in significant contact.	Watch for symptom triggers requiring emergency care visit if others in family get sick.	Recognize probable long-term consequences after being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.

**Customize Your Family Checklists to the Real-life Scenarios that CAN HAPPEN to You!**

# Family Safety Plan



## Readiness

## Response

## Rescue

## Recovery

## Resilience

Family Member Scenarios	Be ready for waves or new epidemics.	Response if someone in the home gets sick.	Care of loved on with severe symptoms.	Assistance safely to the “new normal”.	Making the family “hardened” as a target
No Exposure No Test or Negative Test	Social distance, hygiene, cleaning, and masks. Protect high risk family members.	Recognize people with no exposure – no test are at risk for infections.	Know the triggers for emergency care. Have med records ready for family	Be very careful until vaccine, antivirals, or an immunity shield is can protect public.	Learn from others who are infected. Maintain medical records for family members.
Exposure to Infected Person and No Test	Know: what “exposure” is, what to if exposed, and if notified by a contact tracer.	Know where to get testing, maintain quarantine period, and how to protect family.	Know the triggers for emergency care. Have med records ready for family	If infected, be aware of the possible long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Asymptomatic –	Family behaves as if they	Isolate if test positive and	Watch for the signs and symptoms triggering seeking emergency care.	Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
Infected & Severely Symptomatic – Need Help			Watch for the signs and symptoms triggering seeking emergency care.	Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
			Watch for the signs and symptoms triggering seeking emergency care.	Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
			Watch for the signs and symptoms triggering seeking emergency care.	Be aware of and watch for the long-term consequences of infection.	Maintain prevention, testing, contact tracing, isolation and quarantine knowledge.
			Seek emergency care immediately. Have medical records and medications for ED care providers.	Recognize probable long-term consequences after being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND best emergency care location.
Infected & Requiring Hospitalization	Be ready for no contact with patient while at hospital. Be ready to give care at home following hospital discharge.	Be ready to respond to infections of others at home or in contact with patient.	Watch for triggers for emergency care of other family members who may get sick.	Recognize probable long-term consequences after being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.
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**Casey Clements, MD PhD**

Assistant Professor  
Practice Chair, Dept of  
Emergency Medicine  
Staff Safety Officer  
Mayo Clinic  
Rochester, MN



**John Christian Fox, MD**

Professor and Chair  
Emergency Medicine  
Department  
Director of Ultrasound  
in Medical Education  
University of California  
at Irvine



**Heather Foster RN BSN**

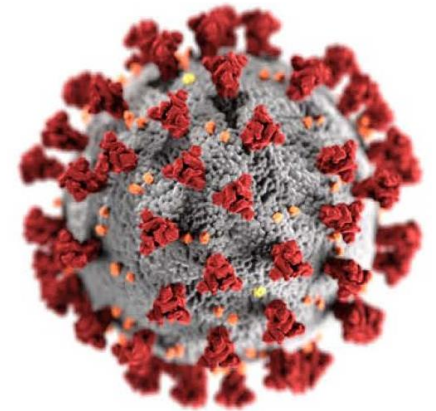
Frontline Nurse  
Infection Prevention Advisor  
Patient Safety Advocate  
Dolores Colorado

# Emergency Rescue Skills: A Survive & Thrive Guide™



**Casey Clements, MD PhD**

Assistant Professor  
Practice Chair, Dept of Emergency Medicine  
Staff Safety Officer  
Mayo Clinic  
Rochester, MN

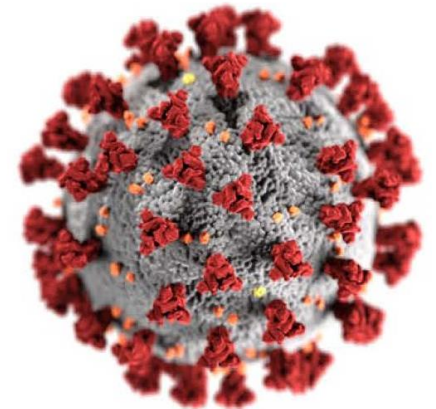


# Emergency Rescue Skills: A Survive & Thrive Guide™



**John Christian Fox, MD**

**Professor and Chair  
Emergency Medicine Department  
Director of Ultrasound in Medical Education  
University of California at Irvine**

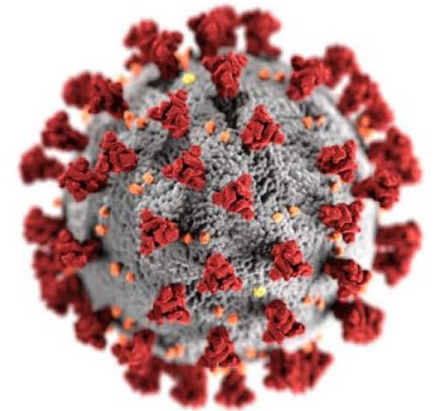


# Emergency Rescue Skills: A Survive & Thrive Guide™



**Heather Foster RN BSN**

**Frontline Nurse  
Infection Prevention Advisor  
Patient Safety Advocate  
Dolores Colorado**



## Awareness

- ☐ **Family Rescue Scenario Awareness:** Members need to be aware of “rescue scenarios” and what the CDC describes as “emergency warning signs”:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- ☐ **Rescue Knowledge - 4 P's:** Family members are aware of how to be prepared, prevent medical errors, protect loved ones, and learn performance improvement from caregivers.

## Accountability

- ☐ **Rescue Task Accountability Reinforced:** Everyone needs to know what, when, why, and how to respond when someone develops the CDC emergency warning signs.
- ☐ **Rescue Task Completion Log:** These recorded lifesaving tasks are vital to professional caregivers.

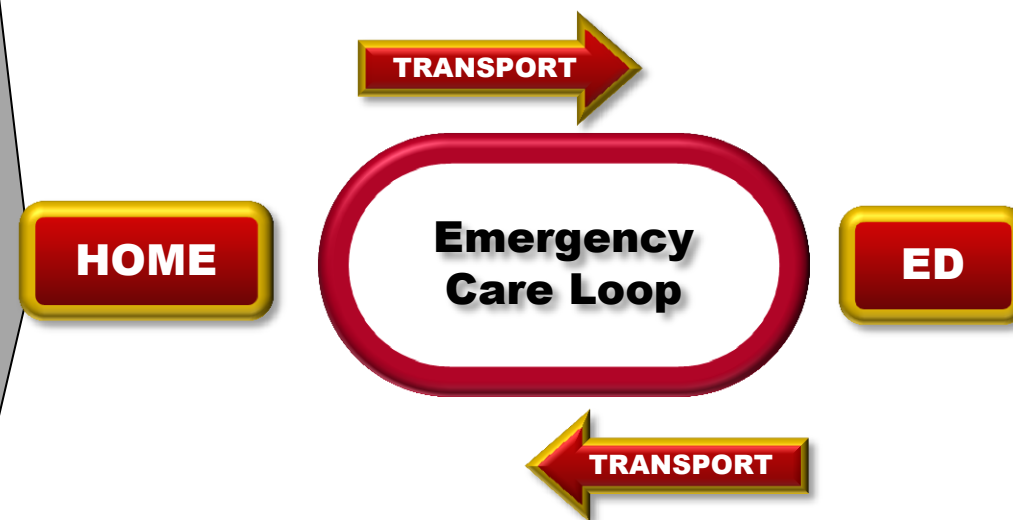
## Ability

- ☐ **Rescue Skills:** Care of an infected family member in isolation requires safe use of PPE, safe transportation, and protecting family members.
- ☐ **Rescue Resources:** Staff, supplies, space, and financial resources vital. Staff include family members and service providers. Adequate funding, PPE supplies, and disinfection resources are critical.

## Action

- ☐ **Follow the Plan for the Family Member Scenario:** Specific checklists for each scenario needs to be followed. The most important issue is that patients will have to be admitted to hospital alone.
  - ☐ **Infected & Severely Symptomatic – Need Help:** Emergency Sign recognition, safe transportation, safe communication with Caregivers are critical. See SBAR for Patients Communication Tool.
  - ☐ **Infected Requiring Hospitalization:** Communication with Hospital Caregivers will have to be by phone or mobile web device. Briefings with family members is ideal through one family member.
  - ☐ **Infected & Require ICU Life Support Respirator & ECMO:** The seriousness of the situation should be communicated to the family members.

## Emergency Rescue Skills: Decision to Act at Home







## Rescue

Family Member Scenarios	Care of loved on with severe symptoms.
No	ned
Expo	ned
Infect	e.
Infect	seeking emergency care.
Infected & Symptomatic	signs and triggering emergency care.
Infected & Symptomatic	cy care Have medical medications for ders.
Infected & Hospital	gers for re of other rs who may get
Infected & Life Support	ptom triggers emergency care
Respirator & ECMO	visit if others in family get sick.



## Rescue

## Family Plan Checklist

### Awareness

- ☐ **Family Rescue Scenario Awareness:** Members need to be aware of “rescue scenarios” and what the CDC describes as “emergency warning signs”:

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- Persistent pain or pressure in the chest
- New confusion
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- ☐ **Rescue Task Completion Log:** These recorded lifesaving tasks are vital to professional caregivers.

### Ability

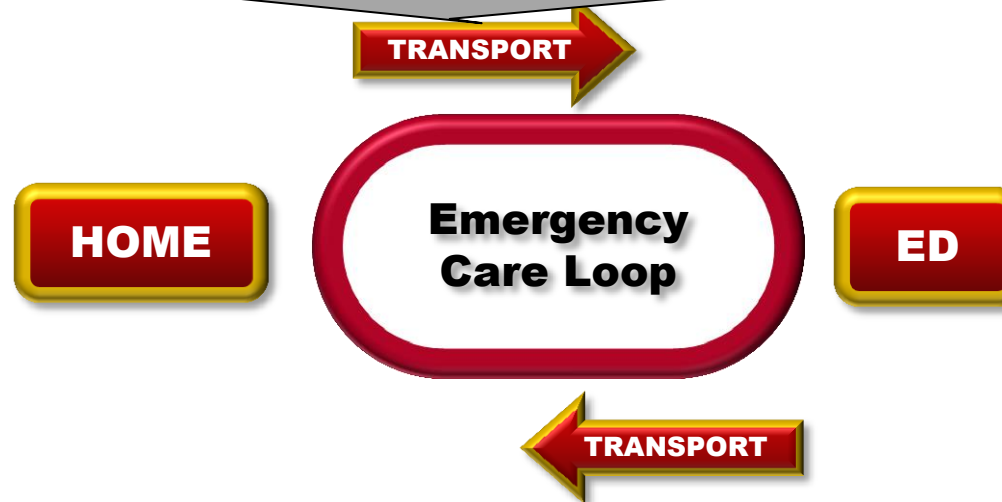
- ☐ **Rescue Skills:** Care of an infected family member in isolation requires safe use of PPE, safe transportation, and protecting family members.
- ☐ **Rescue Resources:** Staff, supplies, space, and financial resources vital. Staff include family members and service providers. Adequate funding, PPE supplies, and disinfection resources are critical.

### Action

- ☐ **Follow the Plan for the Family Member Scenario:** Specific checklists for each scenario needs to be followed. The most important issue is that patients will have to be admitted to hospital alone.
  - ☐ **Infected & Severely Symptomatic – Need Help:** Emergency Sign recognition, safe transportation, safe communication with Caregivers are critical. See SBAR for Patients Communication Tool.
  - ☐ **Infected Requiring Hospitalization:** Communication with Hospital Caregivers will have to be by phone or mobile web device. Briefings with family members is ideal through one family member.
  - ☐ **Infected & Require ICU Life Support Respirator & ECMO:** The seriousness of the situation should be communicated to the family members.



## Emergency Rescue Skills: During Transport to Hospital



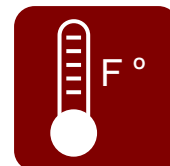
## Emergency Rescue Skills: While at Emergency Dept.



### Right Diagnosis

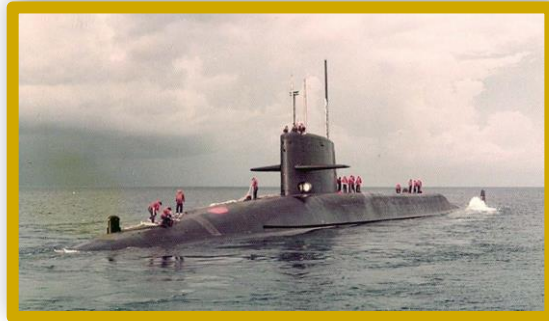


### Right Discharge



### Right Treatment





## Original **SBAR**

- **S**ituation
- **B**ackground
- **A**ssessment
- **R**ecommendation

## **SBAR** for Patients

- **S**ituation
- **B**ackground
- **A**ssessment
- **R**equest

## Situation

- **The Current Situation of Concern:** What brought patient and family to request help.
- **“Active Medical Problems”:** We can teach families to understand they are conditions requiring treatment.
- **Purpose of Visit:** Briefly summarize why seeing caregiver.

## Background

- **What led to Situation:** Summarize what led to visit – the facts.
- **Prior Diagnosis:** Include diagnosis and treatment to date.
- **Important Information:** Patient and family to express what they think is important information.

## SBAR for Patients

- **Situation**
- **Background**
- **Assessment**
- **Request**

## Assessment

- **Brief Summary:** We don't expect patients or families to make a diagnosis. Just a summary of where they are that leads to their request.
- **Re-cap of Concerns:** State what is important to them.

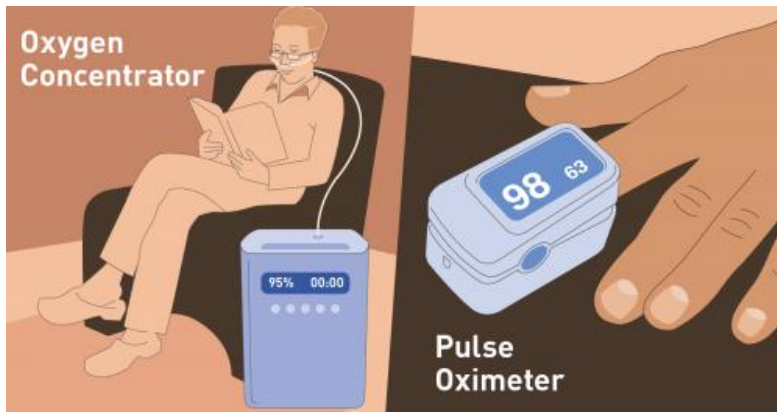
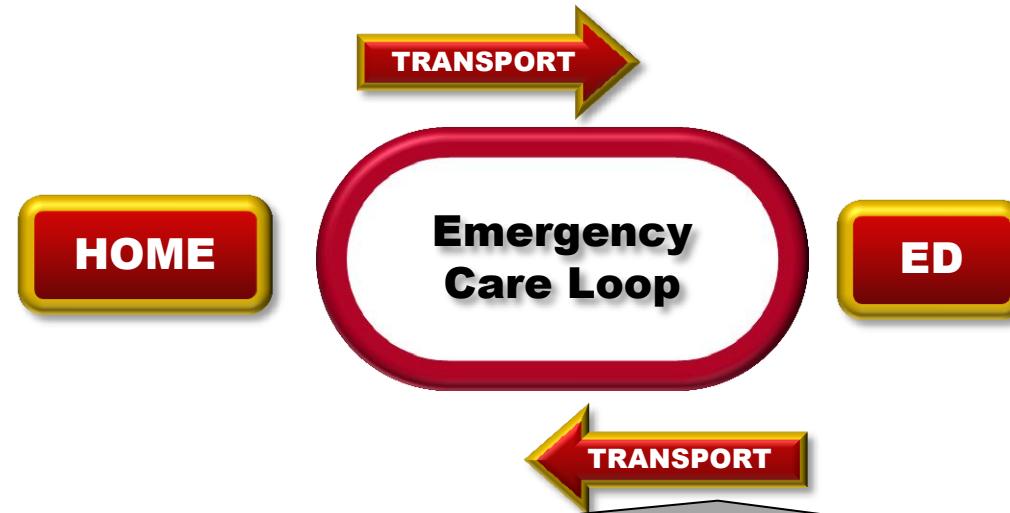
## Request

- **Clear Ask:** Patients and families to be encouraged to make a clear “ask” for help. The structure
- **Our Priority on their Priorities:** It is important to readback the priorities of the request.

## Key Opportunities

- **Human Factors:** We can improve on the communication by structures that optimize connections.
- **Health Literacy:** The tool allows us to speak at a level of detail that can more easily close health literacy gaps. This makes patients a partner.
- **Active Listening:** The structure allows us to be much more attentive to the key issues.

# Emergency Rescue Skills: After Discharge & Transport Home



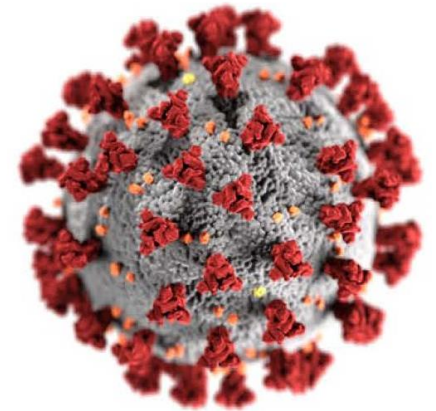


# Emergency Rescue Skills: A Survive & Thrive Guide™

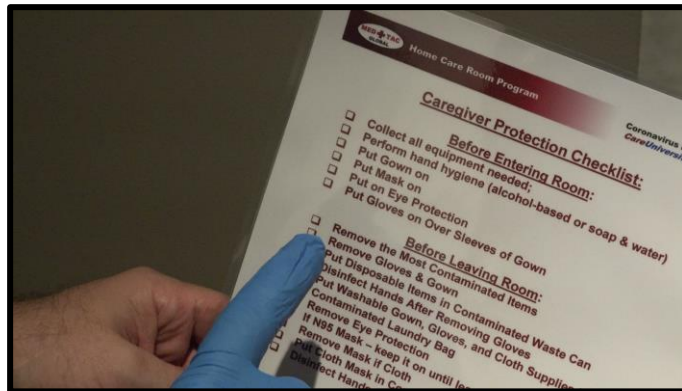


**Gregory H. Botz, MD, FCCM**

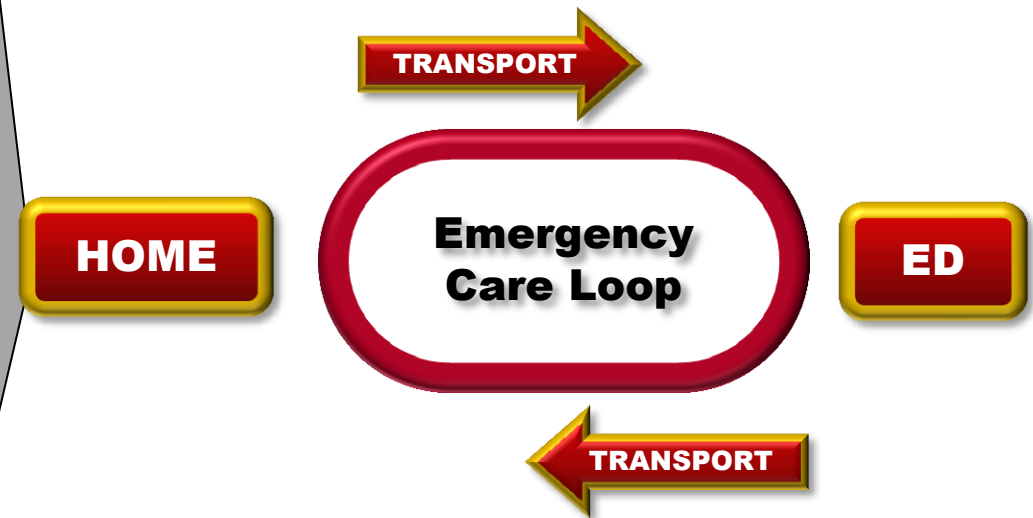
**Professor of Anesthesiology and Critical Care  
UT MD Anderson Cancer Center, Houston, TX  
Adjunct Clinical Professor, Department of  
Anesthesiology  
Stanford University School of Medicine,  
Stanford, CA**







## Emergency Rescue Skills: Care at Home Post ED



**Home Care Room Program** Coronavirus Response CareUniversity Series

Select a Care Room Checklist:

- ☐ Select a room separate from the rest of the house that ideally should not be used for other purposes.
- ☐ Identify the bathroom that can be used to wash hands.
- ☐ If a fully dedicated room is not available, where supplies are stored, the family and others should not enter.
- ☐ If another room or bathroom is used, set that up as a dedicated care room.
- ☐ Make sure the Care Room is well-ventilated.
- ☐ If you have no separate bathroom, use plastic sheets, or curtains or tents to create a separate space.
- ☐ Optimize ventilation by opening windows that may be available.
- ☐ If Heating and Air Conditioning is used, set up separate ventilation for the Care Room.
- ☐ Make decisions regarding the Care Room. It is optimal for the patient.

**Home Care Room Program** Coronavirus Response CareUniversity Series

Care Room Set Up Checklist:

- ☐ Set Up Cleaning Supplies
- ☐ Set Up Cleaning Equipment
- ☐ Equip Both Care Room and Bathroom
- ☐ Post Signs to Restrict Access
- ☐ Consider Signs to Post
- ☐ Prepare a Daily Cleaning Schedule
- ☐ Remove Hard to Clean Items
- ☐ Set Up Personal Protective Equipment
- ☐ Set up a Contaminated Laundry Bin
- ☐ Set up a Waste Container
- ☐ Set up a Non-contaminated Laundry Bin
- ☐ Put Waste Cans, Containers, and Materials in Care Room
- ☐ Place Safe Container for Contaminated Laundry
- ☐ Place Safe Container for Injection Medications
- ☐ Keep Patient's Personal Items in Care Room
- ☐ Place Water Pitcher in Care Room
- ☐ Personal Hygiene Supplies
- ☐ Keep dedicated Thermometers in Care Room
- ☐ Keep Reusable Supplies in Care Room
- ☐ Keep Reusable Disinfectant in Care Room
- ☐ Put Equipment Near Care Room with Lid outside
- ☐ Set Up Phones, Mobile Devices, and Tablets out of patient's reach

**Home Care Room Program** Coronavirus Response CareUniversity Series

Supplies Checklist:

- ☐ Eye Protection
- ☐ A Face Shield
- ☐ Reusable Gloves
- ☐ Rubber Gloves
- ☐ Disposable Hair Coverings
- ☐ N95 Mask or Medical Equivalent
- ☐ Aprons - single-use and reusable gowns.
- ☐ Plastic Aprons
- ☐ Alcohol-based Hand Sanitizer
- ☐ Plain Soap
- ☐ Clean Single-use Paper Towels
- ☐ Safe Puncture Proof Container
- ☐ Detergent for Cleaning
- ☐ Thermometer & Medical Supplies
- ☐ Mobile Phone
- ☐ Waste Bags - Garbage
- ☐ Laundry Bags - Contaminated
- ☐ Laundry Bags - Non-contaminated
- ☐ Plates and Cutlery for patient
- ☐ Collection Container for Contaminated Laundry
- ☐ Disinfecting

**Home Care Room Program** Coronavirus Response CareUniversity Series

Home Care Team Checklists:

Laundry Processes:

- ☐ Disinfect Laundry Room after Every Wash
- ☐ Always Separate Contaminated Laundry from Non-contaminated Laundry
- ☐ Wash all regular and Non-contaminated laundry first
- ☐ Wash kitchen towels and bathroom hand towels daily.
- ☐ Wash all Contaminated Laundry last
- ☐ Disinfect Laundry Room while Contaminated Laundry are in the wash
- ☐ Move Formerly Contaminated Laundry from Washer to Dryer after Disinfecting Laundry Room

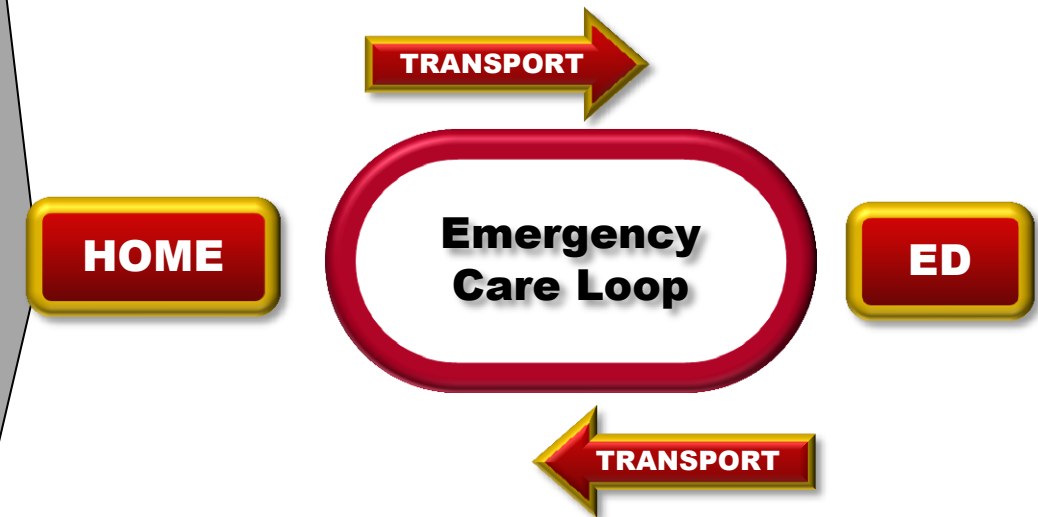
Cleaning the Home:

- ☐ Door knobs
- ☐ Light switches and bedside lamp switches
- ☐ Bathroom Faucets and toilet flush handles
- ☐ Kitchen faucets, knobs/pulls, refrigerator handle, stove knobs, dishwasher & microwave buttons
- ☐ All TV Remote controls
- ☐ All phones, keyboards, and iPad and tablet screens
- ☐ Railings
- ☐ Desk surfaces
- ☐ Floors - Once daily.

Upon Returning Home:

- ☐ Disinfect Car steering wheel/door handles
- ☐ Remove Shoes Before Entry
- ☐ Leave Keys Outside Door Before Sanitizing
- ☐ Use Disinfection Station inside door
- ☐ Disinfect Hands On Entry
- ☐ Go To Bathroom Wash Hands
- ☐ Remove Clothes and place in Contaminated Laundry
- ☐ Shower or Bath before interacting with family

## Emergency Rescue Skills: Care at Home Post ED







## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Select a Care Room Checklist:

- ☐ Select a room separate from the rest of the home that ideally should be used only for patient care.
- ☐ Identify the bathroom that can be used to wash hands.
- ☐ If a fully dedicated room is not available, use a room where supplies and equipment are stored, away from the family and other visitors.
- ☐ If another room or area is used, set up a station set that up a dedicated area.
- ☐ Make sure the Care Room is well-ventilated.
- ☐ If you have no separate room, use plastic sheets, or vinyl curtains or tents to create a separate area.
- ☐ Optimize ventilation by opening a window that may be available.
- ☐ If Heating and Air Conditioning is available, use separate ventilation for the Care Room.
- ☐ Make decisions regarding the Care Room. It is optimal for the patient.



## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Care Room Set Up Checklist:

- ☐ Set Up Cleaning Supplies
- ☐ Set Up Cleaning Equipment
- ☐ Equip Both Cleaning Areas
- ☐ Post Signs to Restrict Access
- ☐ Consider Signs for Patient and Family
- ☐ Prepare a Daily Cleaning Schedule
- ☐ Remove Hard to Clean Items
- ☐ Set Up Personal Protective Equipment
- ☐ Set up a Contaminated Laundry Area
- ☐ Set up a Contaminated Waste Can
- ☐ Set up a Non-contaminated Waste Can
- ☐ Put Waste Cans, Sharps Containers, and Medication in Care Room
- ☐ Place Safe Contaminated Laundry in Care Room
- ☐ Injection Meds Used in Care Room
- ☐ Keep Patient's Personal Items in Care Room
- ☐ Place Water Pitcher and Personal Hygiene Items in Care Room
- ☐ Keep dedicated Thermometers in Care Room
- ☐ Keep Reusable Supplies in Care Room



## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Supplies Checklist:

- ☐ Eye Protection
- ☐ A Face Shield
- ☐ Reusable Gloves
- ☐ Rubber Gloves
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- ☐ N95 Mask or Medical Grade Mask
- ☐ Aprons - single-use and reusable gowns.
- ☐ Plastic Aprons
- ☐ Alcohol-based Hand Sanitizer
- ☐ Plain Soap
- ☐ Clean Single-use Paper Towels
- ☐ Safe Puncture Proof Containers
- ☐ Detergent for Cleaning
- ☐ Thermometer & Medical Grade Thermometer
- ☐ Mobile Phone
- ☐ Waste Bags - Garbage



## Home Care Room Program

Coronavirus Response  
*CareUniversity Series*

### Home Care Team Checklists:

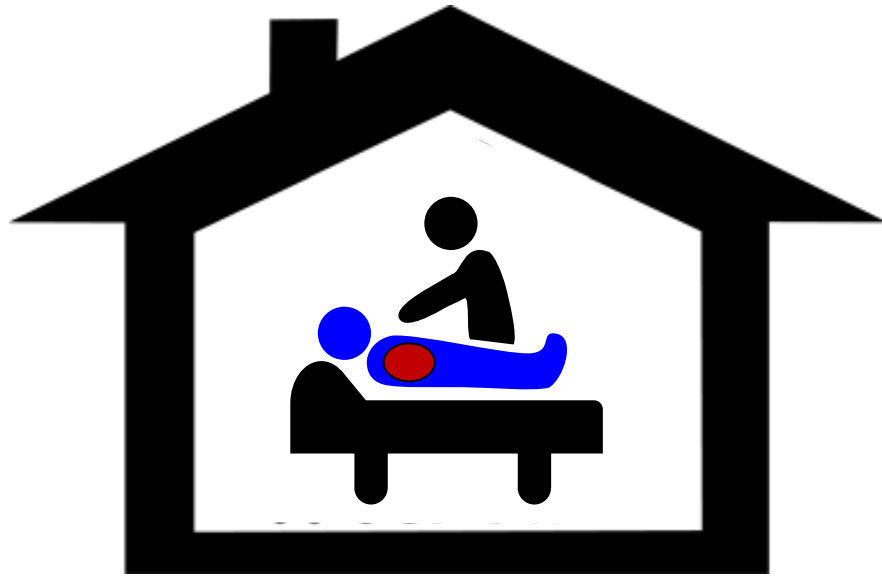
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- ☐ Wash all Contaminated Laundry last
- ☐ Disinfect Laundry Room while Contaminated Laundry are in the wash
- ☐ Move Formerly Contaminated Laundry from Washer to Dryer after Disinfecting Laundry Room

#### Cleaning the Home:

- ☐ Door knobs

# Family Survive & Thrive Guide:<sup>TM</sup> Providing Care at Home

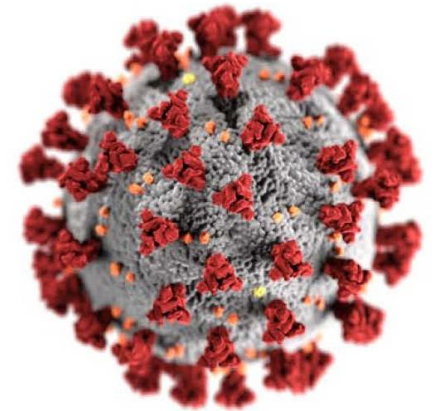


# Emergency Rescue Skills: A Survive & Thrive Guide™



**Heather Foster RN BSN**

**Frontline Nurse  
Infection Prevention Advisor  
Patient Safety Advocate  
Dolores Colorado**





### Youth, Young Adult, and Youth Leader Reactors



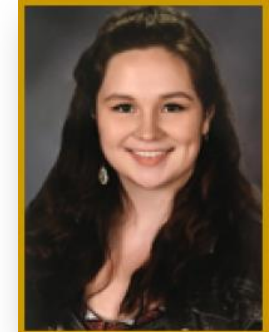
Randy Styner



Jahnavi Rao



Charlie Denham III



Jacqueline Botz



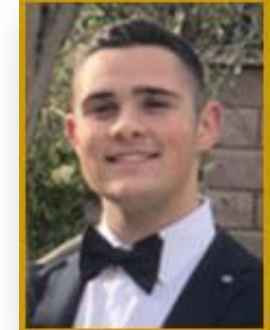
Keith Flitner



Jamie Yrastorza



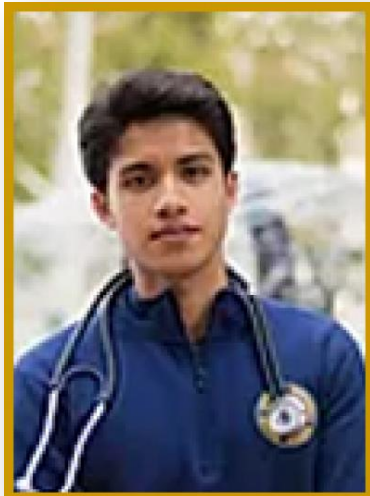
Paul Bhatia EMT



Danny Policicchio

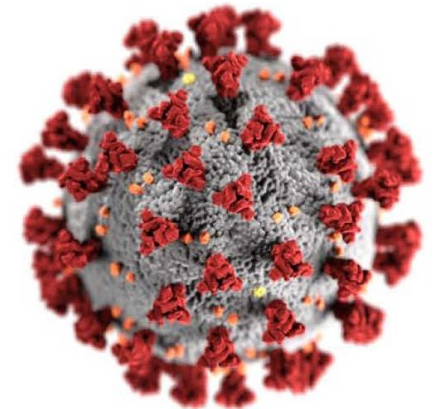


# Family Emergency Rescue Skills: A Survive & Thrive Guide™



**Paul Bhatia, EMT**

**President, Anteater Emergency  
Medical Services  
Pre-medical Student  
University of California at Irvine**

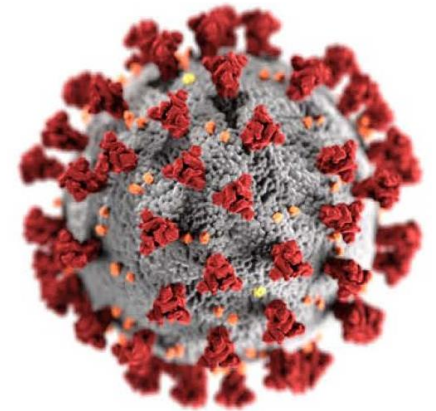


# Family Emergency Rescue Skills: A Survive & Thrive Guide™



**Jaime Yrastorza**

**UCSD Graduate  
Med Tac College Team Member**





**Coronavirus Care  
Community of Practice**

**Bystander Rescue Care  
*CareUniversity Series***

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

Charles Denham II MD, William Adcox, Charles Denham III, Jaime Yrastorza, and Gregory Botz MD FCCM

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.<sup>1</sup>



**N95 Mask**



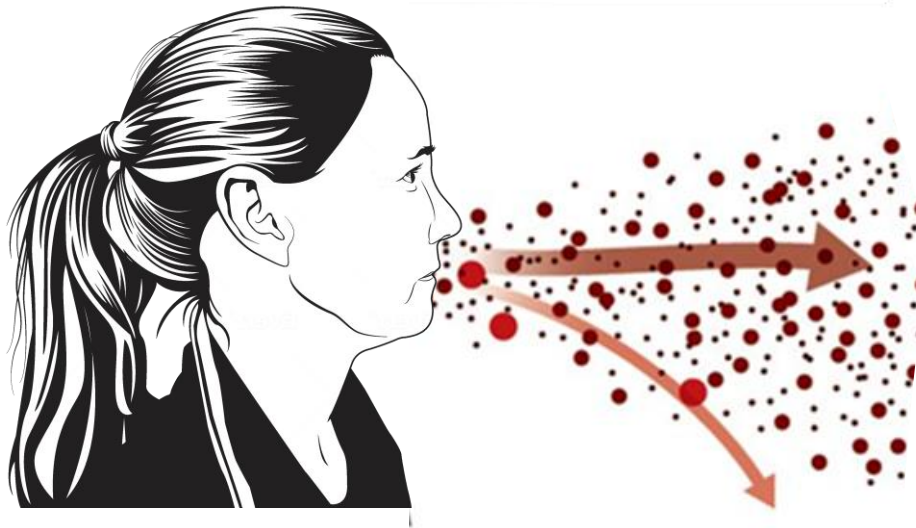
**Surgical Mask**



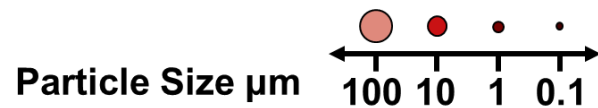
**Cloth Mask**

# 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.



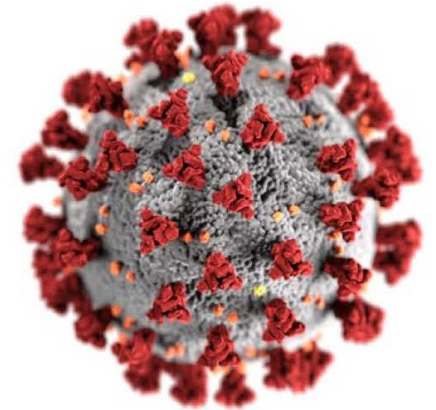
**DROPLETS** will undergo gravitational settling faster than they evaporate, contaminating high contact surfaces and leading to contact transmission.

# **Emergency Rescue Skills: A Survive & Thrive Guide™**



**Charles R. Denham III**

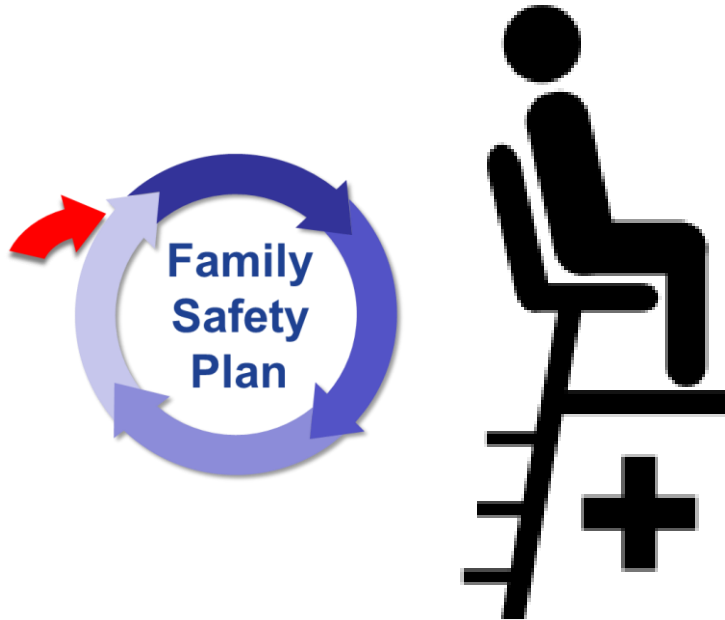
**High School Student  
Co-founder Med Tac Bystander  
Rescue Care Program  
Co-lead Lifeguard Surf Program  
Junior Med Tac Instructor**



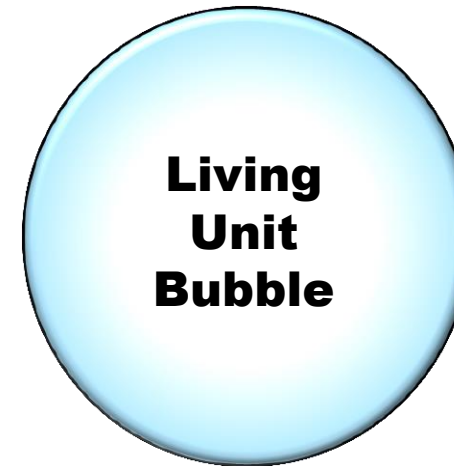


# Be Your Family Lifeguard

90% Prevention and 10% Rescue



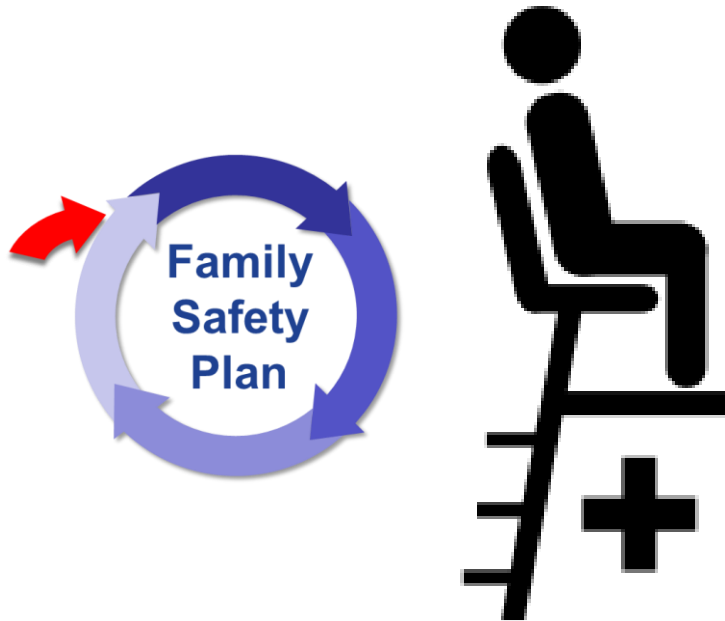
**Avoid  
“Double Bubble Trouble”**





# Be Your Family Lifeguard

90% Prevention and 10% Rescue



## Holiday Huddle Checklist

### The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

#### Before Event:

- ☐ Assign Tasks to Family Members
- ☐ Prepare Separate Family Bubble Portions
- ☐ Set Up Handwashing Stations
- ☐ Develop a Bathroom Plan
- ☐ Prepare Bathroom – Optimize Ventilation
- ☐ Maintain Kitchen Hygiene

#### During Event:

- ☐ Convene Holiday Huddle with Guests
- ☐ Opening Prayer
- ☐ Describe Safe Family Bubbles
- ☐ Review Four Safety Pillars
- ☐ Provide Restroom Plan
- ☐ Describe Eating Plan
- ☐ Summarize Clean Up Plan

#### After Event:

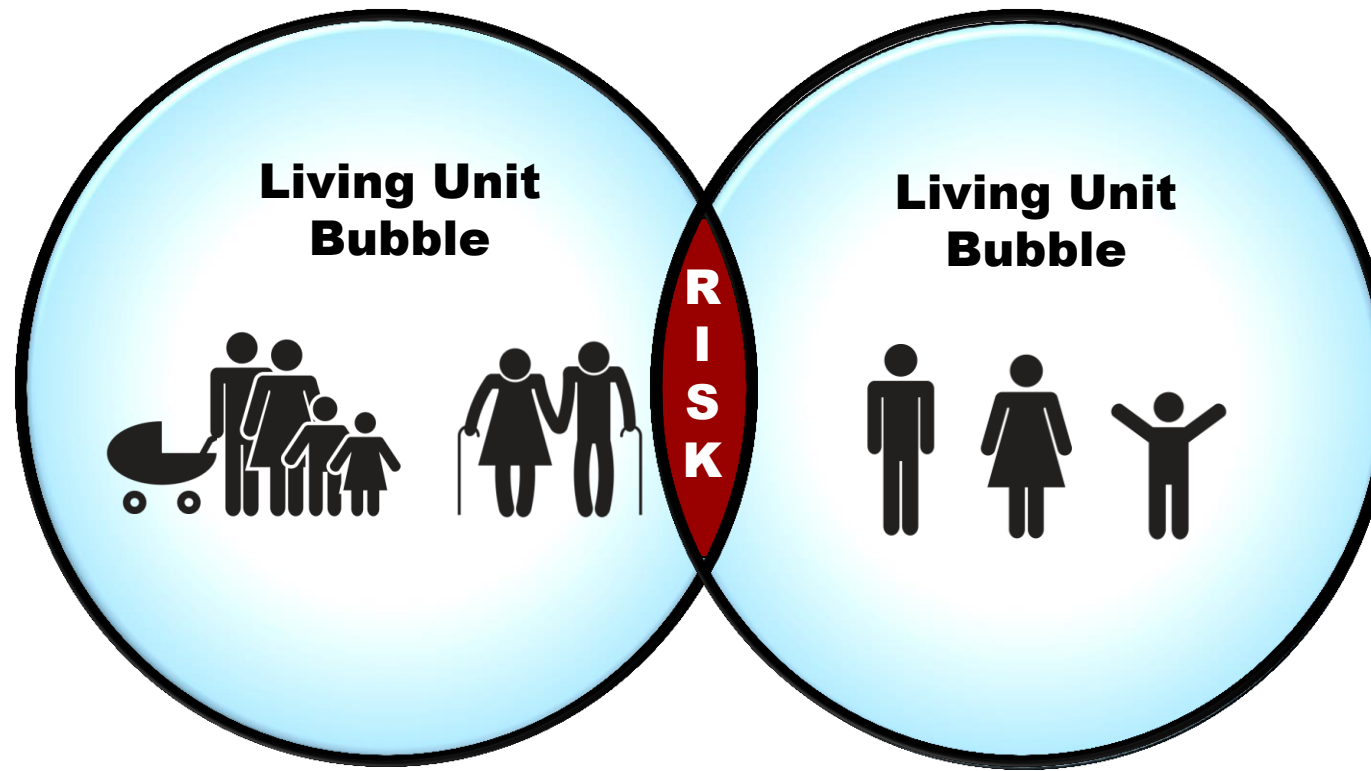
- ☐ Glove up to Clean Up
- ☐ Soak Plates and Cutlery in Soapy Water
- ☐ Wipe down surfaces touched by guests
- ☐ Wipe down bathroom used by guests
- ☐ Meet to de-brief to be safer next time

# “Double Bubble Trouble” Create Transmission Chains

## CDC Close Contact

### Exposure Risks

- 15 Minutes within 6 feet over 24 Hours
- Provided Care to COVID-19 Infected
- Physical Contact (hugs & kisses)
- Use Same Cooking Utensil's
- Droplet Contact



## General Risks

- Indoor Events
- Poorly Ventilated Environments
- Common use bathroom facilities
- High Contact Surfaces not disinfected
- Common Food Access

# Med Tac Care Huddle Checklist



## Holiday Huddle Checklist

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Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

#### Before Event:

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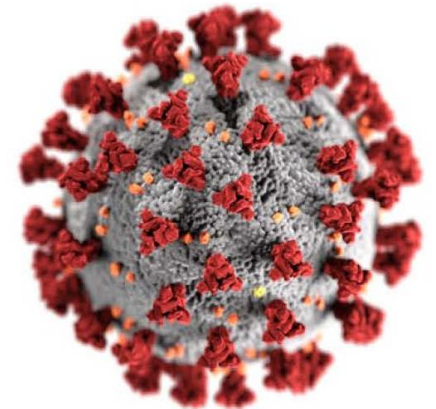


# Family Emergency Rescue Skills: A Survive & Thrive Guide™



**Daniel Policicchio, Jr.**

**Assistant Producer  
Med Tac Films  
NYU Student  
New York City**



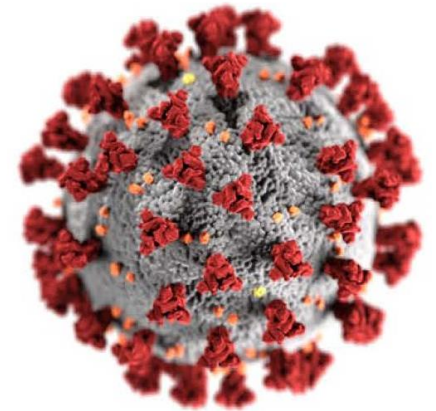


# Family Emergency Rescue Skills: A Survive & Thrive Guide™



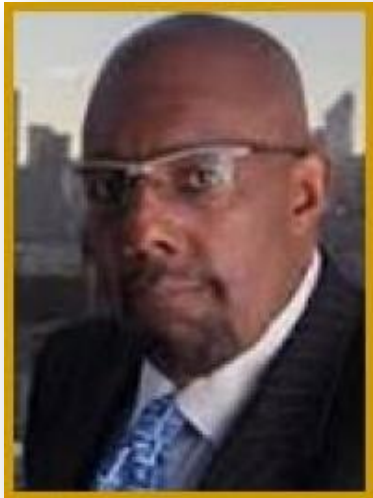
**Jahnavi Rao**

**Med Tac Student Leader  
College & High School Outreach  
Harvard University**



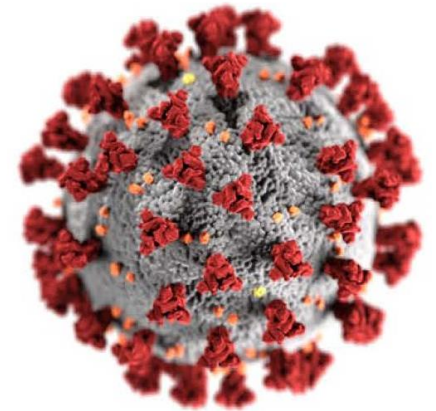


# Family Emergency Rescue Skills: A Survive & Thrive Guide™



**Matthew W. Horace, M.A.**

**Chief Security Officer  
Mayo Clinic  
Rochester, MI**

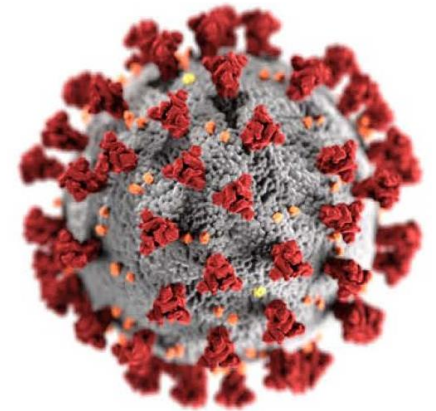


# **Family Emergency Rescue Skills: A Survive & Thrive Guide™**



**Randal Styner**

**Director of Emergency  
Management  
UCI Department of Finance and  
Administration  
University of California Irvine**

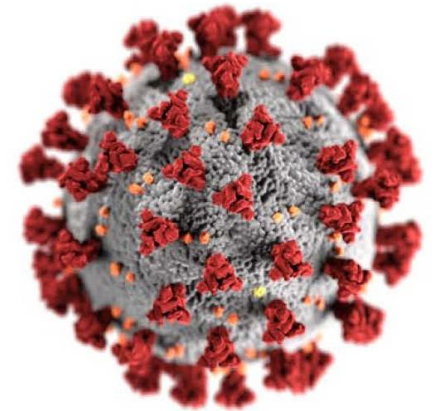


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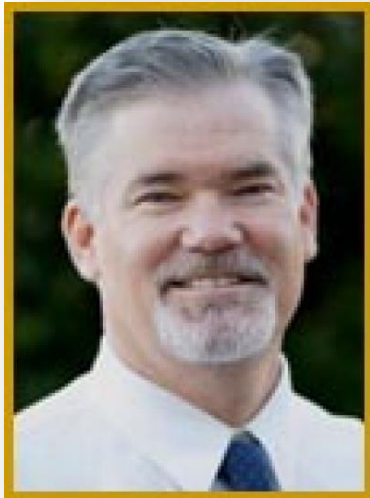


**William Adcox, MBA**

**Chief of Police and CSO  
The University of Texas MD Anderson  
Cancer Center/The University of Texas  
Health Science Center  
Houston, TX**

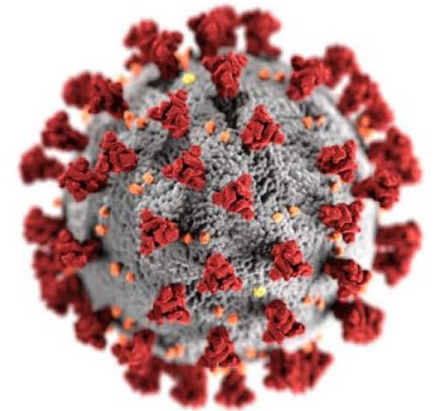


# Family Emergency Rescue Skills: A Survive & Thrive Guide™



**Keith Flitner**

**Business Development Manager  
Gas Turbine Products  
Continental Controls Corporation  
Rancho Santa Margarita, CA**

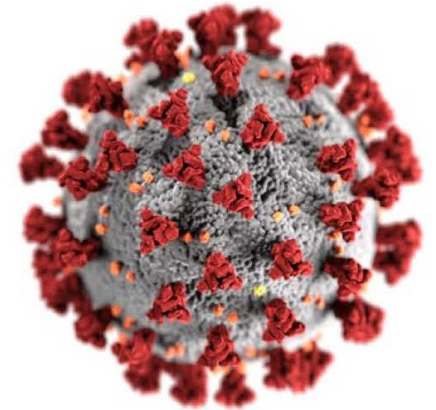


# Family Emergency Rescue Skills: A Survive & Thrive Guide™



## 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





# ***Additional Resources and Slides from Videos***



## Rescue

Family Member Scenarios	Care of loved on with severe symptoms.
No Exposure No Test or Negative Test	Know the triggers for emergency care. Have med records ready for family
Exposure to Infected Person and No Test	Know the triggers for emergency care. Have med records ready for family
Infected & Asymptomatic – No Symptoms Ever	Watch for the signs and symptoms triggering seeking emergency care.
Infected & Pre-symptomatic – Before Symptoms	Watch for the signs and symptoms triggering seeking emergency care.
Infected & Symptomatic – Have Symptoms	Watch for the signs and symptoms triggering seeking emergency care.
Infected & Severely Symptomatic – Need Help	Seek emergency care immediately. Have medical records and medications for ED care providers.
Infected & Requiring Hospitalization	Watch for triggers for emergency care of other family members who may get sick.
Infected & Require ICU Life Support Respirator & ECMO	Watch for symptom triggers requiring emergency care visit if others in family get sick.

## Rescue

## Family Plan Checklist

### Awareness

- ☐ **Family Rescue Scenario Awareness:** Members need to be aware of “rescue scenarios” and what the CDC describes as “emergency warning signs”:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

- ☐ **Rescue Knowledge - 4 P’s:** Family members are aware of how to be prepared, prevent medical errors, protect loved ones, and learn performance improvement from caregivers.

### Accountability

- ☐ **Rescue Task Accountability Reinforced:** Everyone needs to know what, when, why, and how to respond when someone develops the CDC emergency warning signs.
- ☐ **Rescue Task Completion Log:** These recorded lifesaving tasks are vital to professional caregivers.

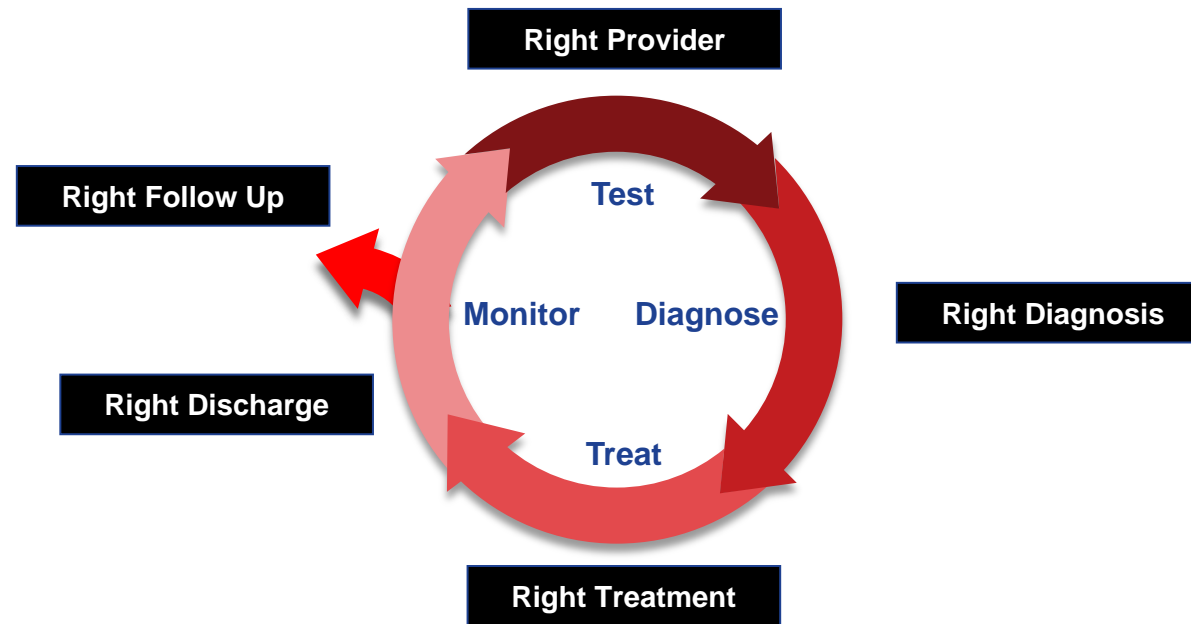
### Ability

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### Action

- ☐ **Follow the Plan for the Family Member Scenario:** Specific checklists for each scenario needs to be followed. The most important issue is that patients will have to be admitted to hospital alone.
  - ☐ **Infected & Severely Symptomatic – Need Help:** Emergency Sign recognition, safe transportation, safe communication with Caregivers are critical. See SBAR for Patients Communication Tool.
  - ☐ **Infected Requiring Hospitalization:** Communication with Hospital Caregivers will have to be by phone or mobile web device. Briefings with family members is ideal through one family member.
  - ☐ **Infected & Require ICU Life Support Respirator & ECMO:** The seriousness of the situation should be communicated to the family members.

# *The 5 Rights of Emergency Care™*



**Right Provider:** Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.

**Right Diagnosis:** The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.

**Right Treatment:** It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

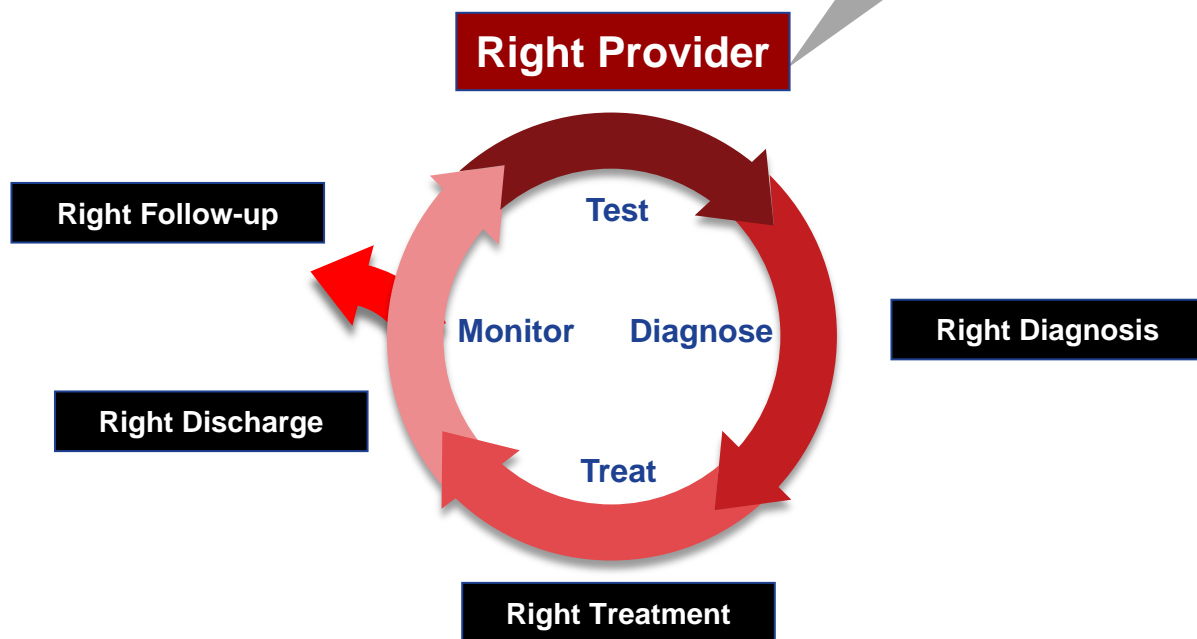
**Right Discharge:** A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

**Right Follow-up:** The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

Source: Denham, CR

# The 5 Rights of Emergency Care™

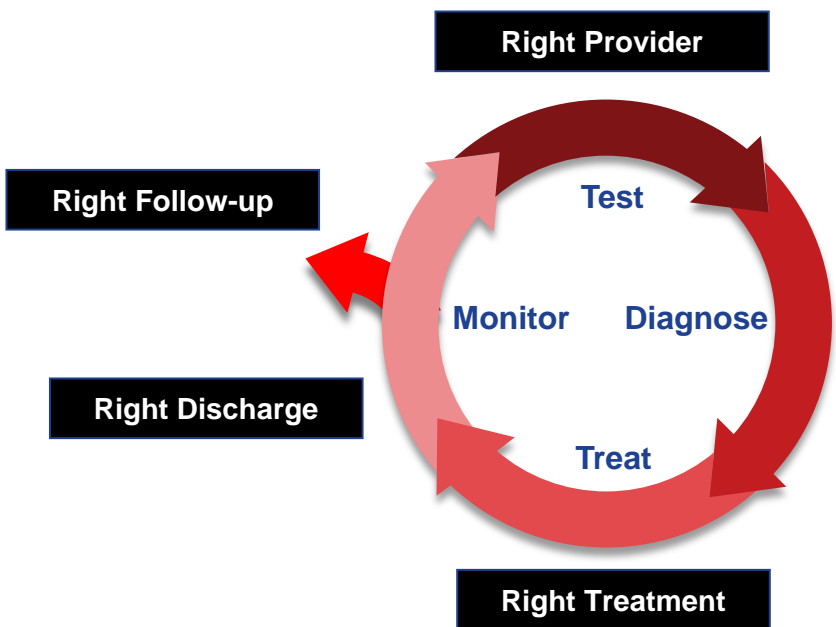
**Right Provider:** Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.



- **Choose RIGHT Emergency Care Provider:** The one that already has your records, especially for complex issues
- **Your Choices:** Urgent Care, Community Hospital, Specialty Center – Pediatric, CA, Stroke Center Trauma Center...if you have a choice.
- **Bigger Centers – Bigger Problems:** when in doubt with serious problems the larger more comprehensive center may be best.
- **ICE – In Case of Emergency:** Make sure to always have your In Case of Emergency (ICE) contact in your wallet and on phone. First responders will look for it if you are in an accident.

Source: Denham, CR

# *The 5 Rights of Emergency Care™*



**Right Diagnosis:** The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.

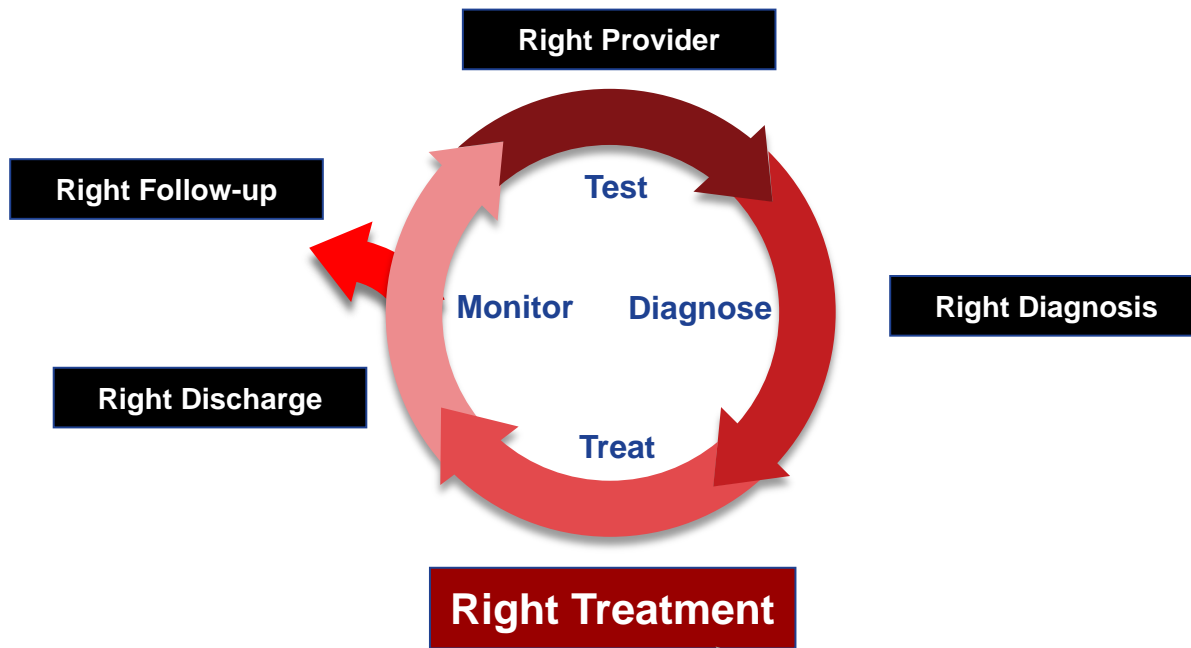
## Right Diagnosis

- **Bring Your Medical Records:** your prior hospital records and summaries of the latest care if you have them.
- **Bring your Care Plan** if you have one.
- **Bring Medications:** your actual medications in a bag and be prepared to describe how you take them.
- **Imaging Studies & Reports:** If you have imaging studies on disc which can prevent you from getting other studies.
- **Tests & Diagnosis:** Understand the tests the findings of the tests.

Source: Denham, CR



# The 5 Rights of Emergency Care™



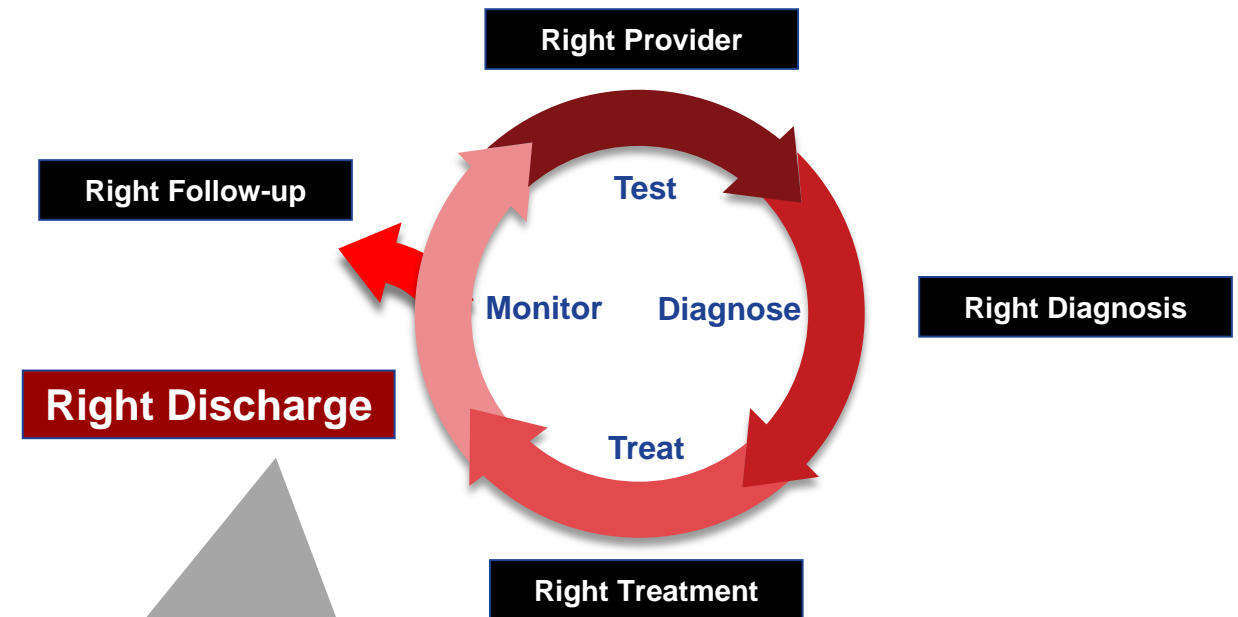
- **Treatment of Short-term Symptoms and of Long-term Conditions:** Procedures, medications, and new behaviors you need to maintain should be understood for the short-term and long-term timeframes.
- **Shared Decision Making:** Understand the treatment and decide together
- **Risks and Benefits:** Understand the risks and the benefits of proposed treatment.
- **Hospital Admissions:** Understand why you might be admitted for care in the hospital versus what would be required for care at home.

**Right Treatment:** It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

Source: Denham, CR;

- **Return Precautions:** Understanding when to come back to ED — signs and symptoms to return. Care is never over during the visit. This is a vital safety area and we often wait too long before returning.
- **Understanding What Happened:** The Medical Problem, Diagnosis, and Treatment must be understood to make sure to have long-term results.
- **Medication Reconciliation:** The stops, adds, and changes in medications must be understood.
- **Records Reconciliation:** Assembling and summarizing the latest records are vital.
- **Care Plan:** Wound care, diet, and special instructions need to be understood.
- **Get the Records:** All of the records of the visit including imaging should be obtained and maintained at home – even if releases are required and in the following days to get the records.

## *The 5 Rights of Emergency Care™*



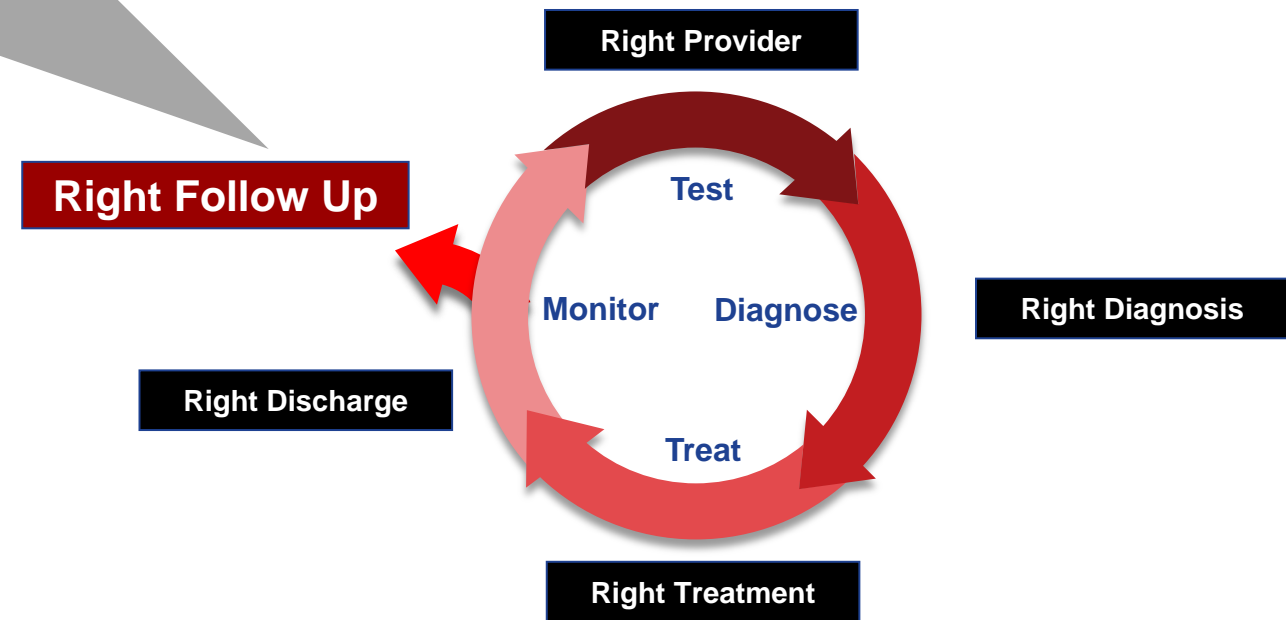
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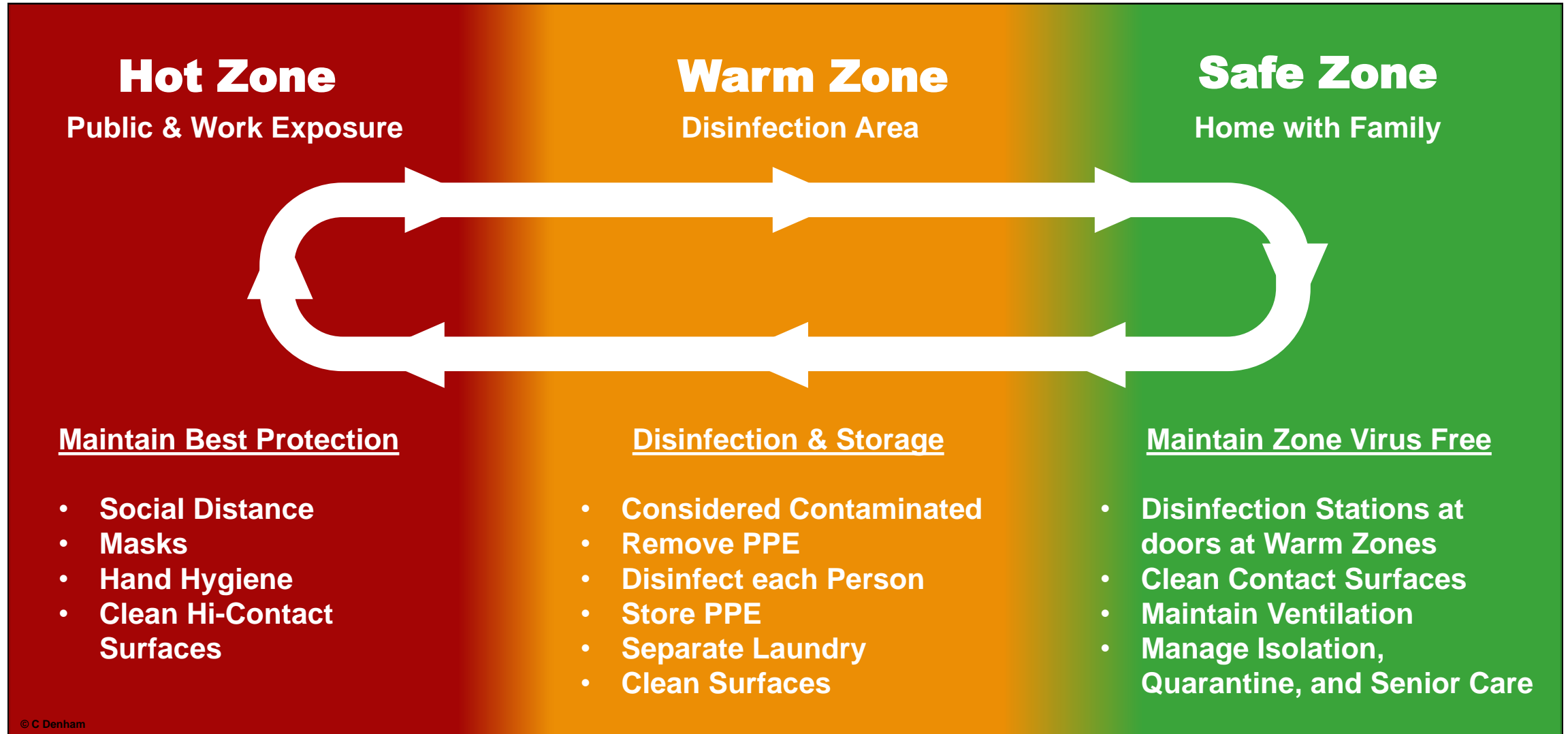
- **WHO, about WHAT, and WHEN:** In follow up we need to understand who we need to see as a caregiver, about what issues, and when we need to see them.
- **Update Your Records:** You will want to update your home records with the follow up visit records for future reference.
- **See New Caregivers:** You may need to see a new doctor and the records from primary care, ED visit, medications lists, and imaging studies will all be important.

Source: Denham,

## *The 5 Rights of Emergency Care™*



## **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

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### **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.

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**Warm Zone**  
Disinfection Area

### **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.

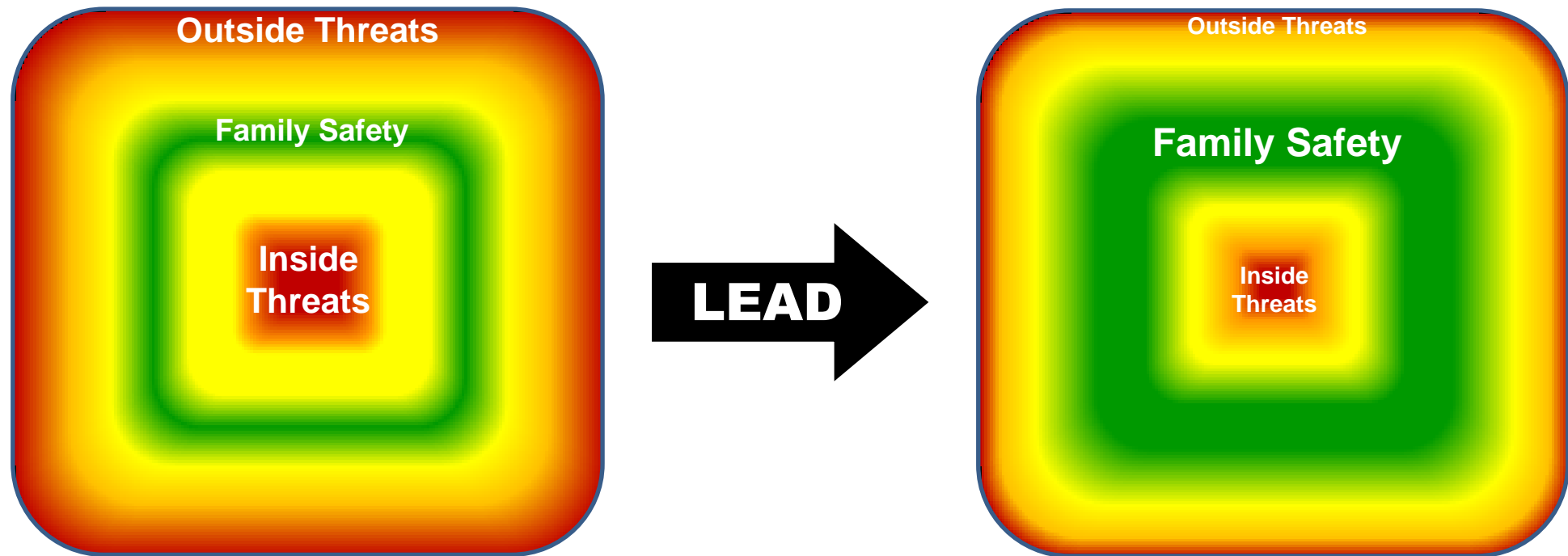


# Threats X Vulnerability = Risk to Your Family

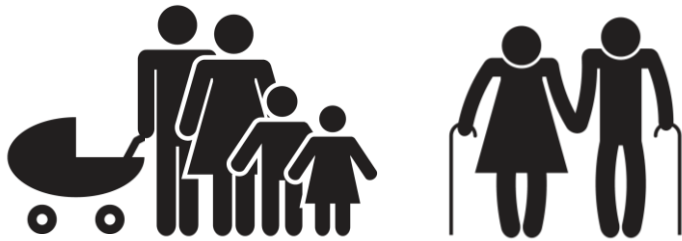
**Threats:**  
Likely to  
cause HARM.

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

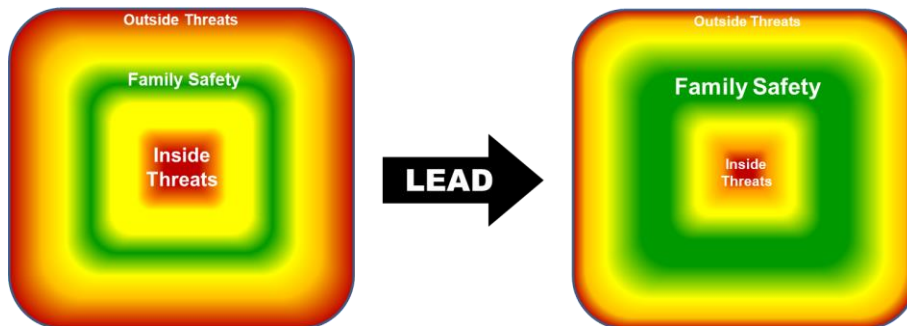
**Risk:**  
PROBABILITY of harm by a  
threat exploiting vulnerability.



# 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.