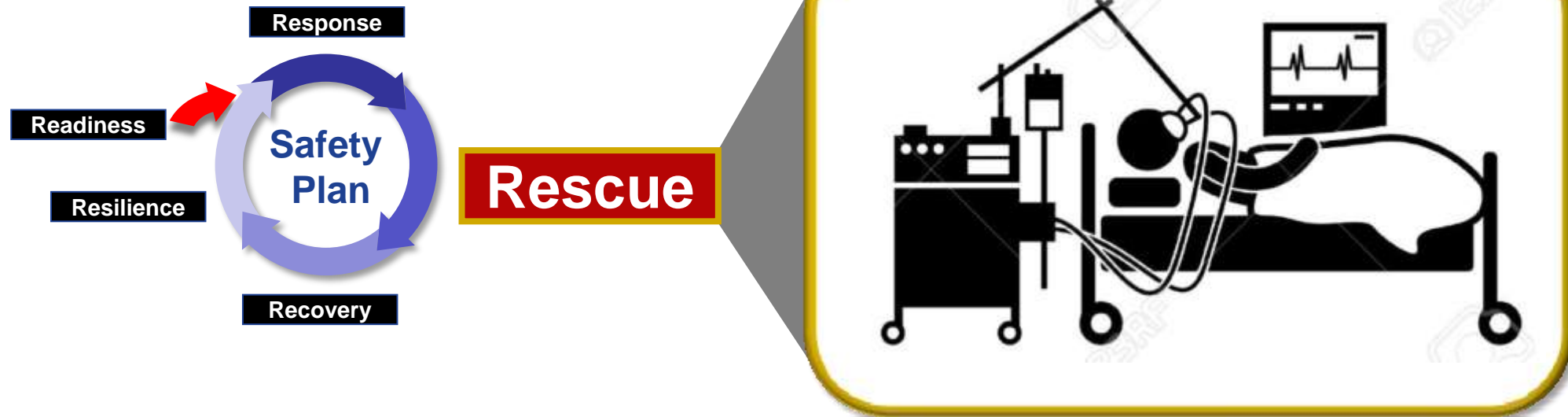


# What To Do – They're in the ICU *A Survive & Thrive Guide™*



# Welcome



## **Charles Denham, MD**

Chairman, TMIT Global  
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care  
March 4, 2021**

***CareUniversity* Webinar 156**



## 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. Tim Jessick 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.
- Paul Bhatia has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Audrey Lam has nothing to disclose.

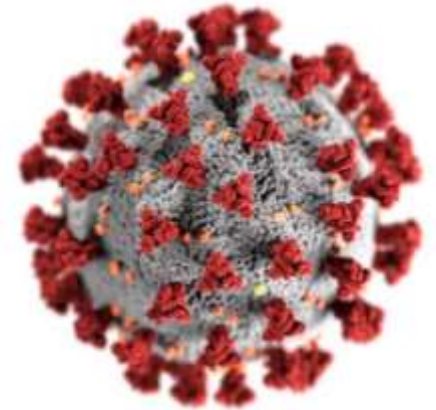
Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare 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**



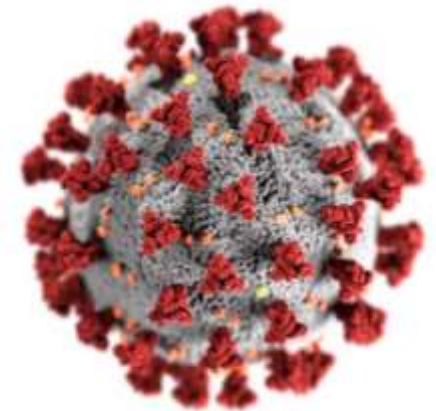
# What To Do – They're in the ICU

## *A Survive & Thrive Guide™*



**Charles Denham, MD**

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





**MED+TAC** About Videos & Tours Coronavirus Response Recorded Broadcasts

This webpage and videos have been produced for essential infrastructure workers and general public audiences. We have drawn on our network of 500 subject matter experts and a patient safety community of practice of 1,500 communities to tackle the Coronavirus Crisis.

Protecting You & Your Family

2020 Year-End and 2021 Plan Video  
 33rd Annual Free Live Broadcast  
 View 30 Minute Programs Online  
 Access Print Resources & Tools  
 View Short Video Summaries

**Coronavirus Care Community of Practice** **Bystander Rescue Care Community 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 science articles may be downloaded below.

**BASIC MODULES**

- Masks: The SCIENCE of Success
- Why Social Distancing WORKS
- Hand Washing & DISINFECTANTS
- CLEAN High Contact Surfaces
- Building a FAMILY SAFETY PLAN
- If we NEED Emergency Care
- Why ICU, Respirators, and ECMO

**ICU Care, Respirators, and ECMO**

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

**ADVANCED MODULES**

- Coming Home Safely
- Keeping Our Kids Safe
- Family Safety Plan
- Safety Plan Templates
- Care for Families of Critical Care Workers
- Care of Seniors & Those AT-RISK
- TELEMEDICINE Works
- The Latest Best Practices
- Preventing Care at Home

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.

Med+TAC Global Community Resources (View Only)

Resource Slides and Presentations

Creating Your Family Safety Plan: A Survive & Thrive Guide 10-30-20 Video Program  
<https://www.medtacglobal.org/webinars/2020/>

Keeping Our Kids Safe & Survive & Thrive Guide 00:01:20  
<https://www.medtacglobal.org/webinars/2020/>

Coming Home Safely: A Survive & Thrive Guide 00:01:20  
<https://www.medtacglobal.org/webinars/2020/>

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

**BASIC MODULES**

- Masks: The SCIENCE of Success
- Why Social Distancing WORKS
- Hand Washing & DISINFECTANTS
- CLEAN High Contact Surfaces
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- If we NEED Emergency Care
- Why ICU, Respirators, and ECMO

**ICU Care, 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

**TELEMEDICINE Works - Try It**

- 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/)

## **BASIC MODULES**

**Masks: The SCIENCE of Success**

**Why Social Distancing WORKS**

**Hand Washing & DISINFECTANTS**

**CLEAN High Contact Surfaces**

**Building a FAMILY SAFETY PLAN**

**If we NEED Emergency Care**

**Why ICU, Respirators, and ECMO**

**8 Minute Video at**

**<https://www.medtacglobal.org/coronavirus-response/>**

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

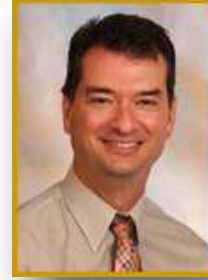




## Speakers & Reactors



Dr. Gregory Botz



Dr. Tim Jessick



Heather Foster RN



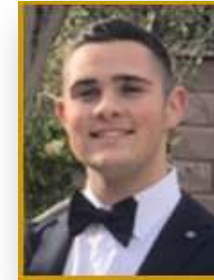
Jennifer Dingman



Keith Flitner



Charlie Denham III



Danny Policicchio



Dr. Charles Denham



Jamie Yrastorza

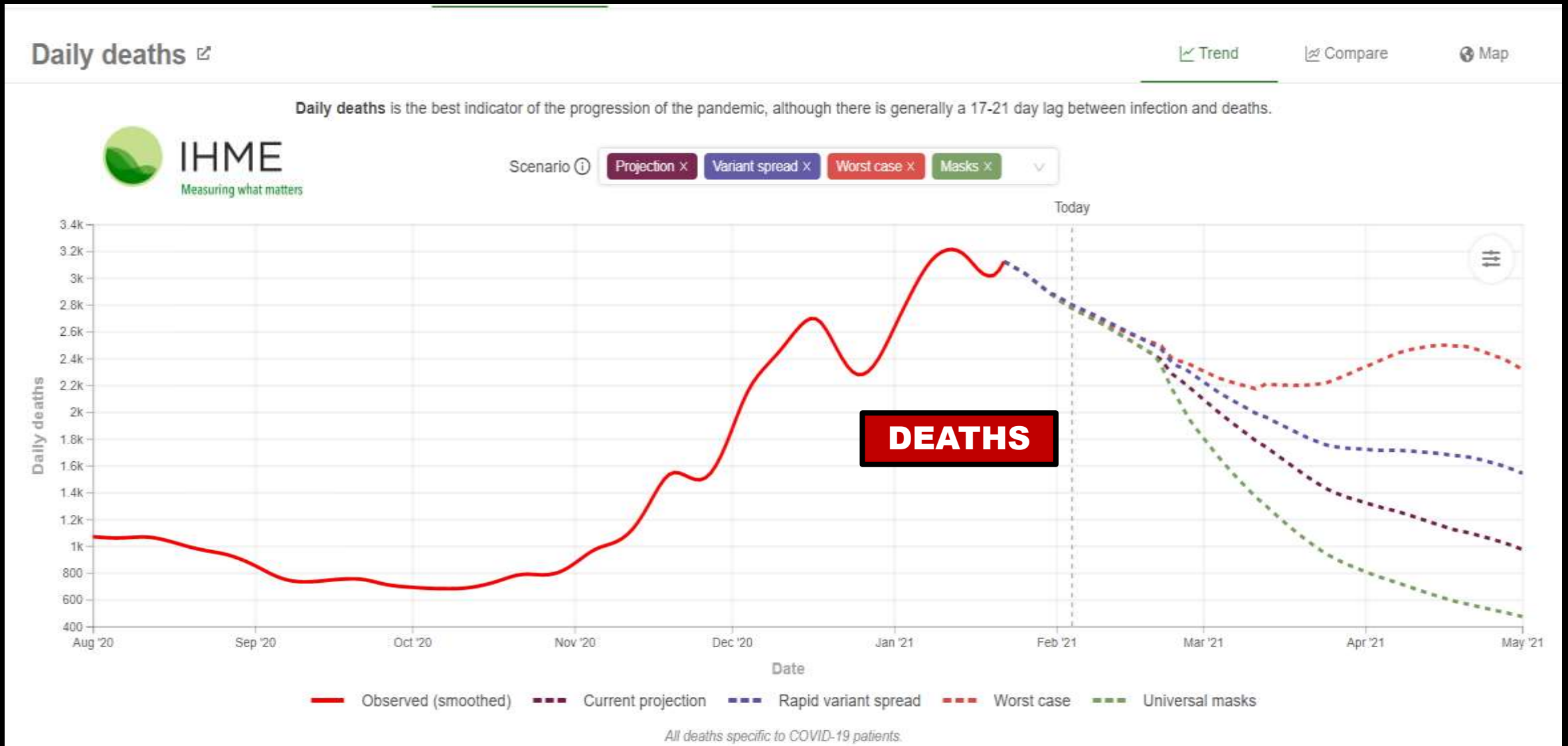


Paul Bhatia EMT



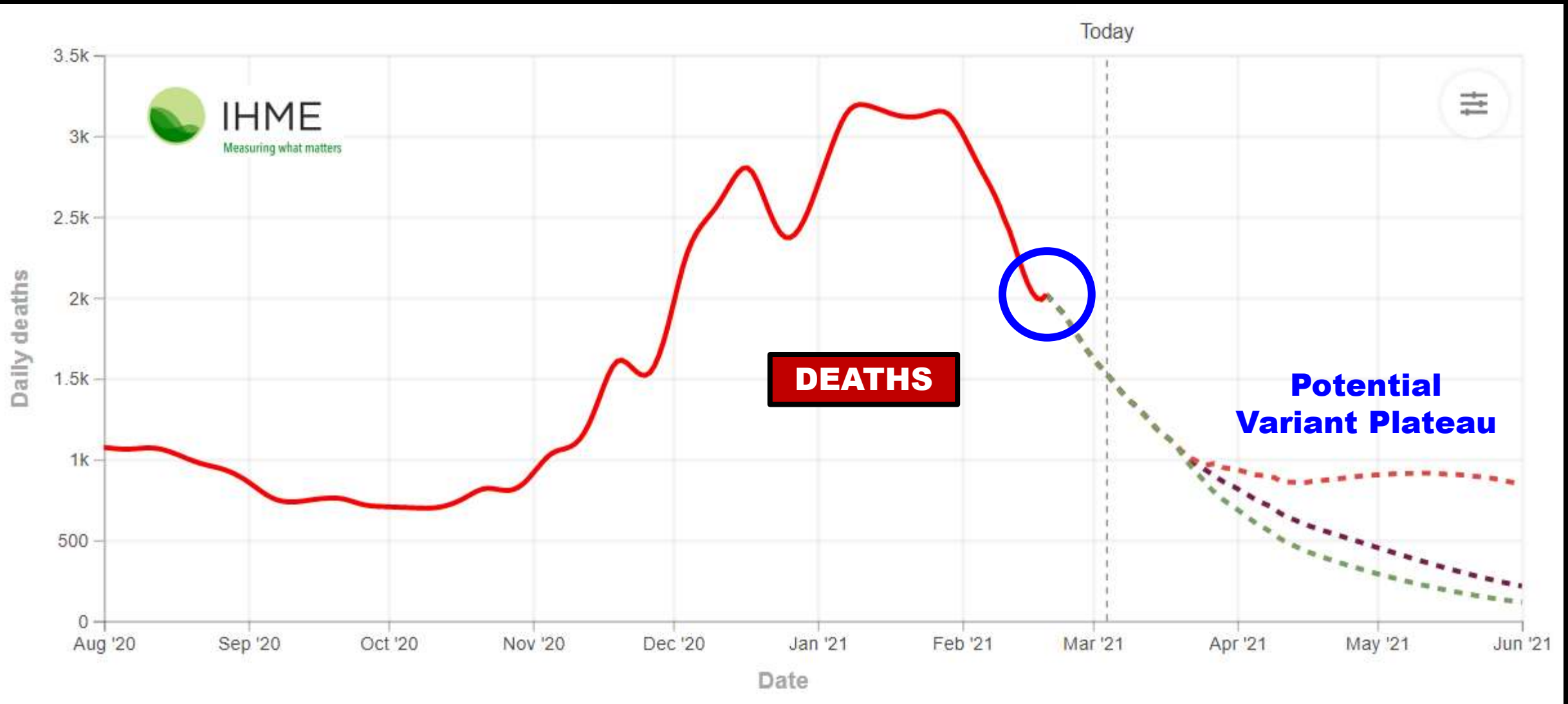
Audrey Lam EMT

# Deaths Forecasted by IHME



<https://covid19.healthdata.org/united-states-of-america?view=total-deaths&tab=trend>





<https://covid19.healthdata.org/united-states-of-america?view=total-deaths&tab=trend>





Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

Transportation Accidents

Bullying

Med Tac  
Story Article



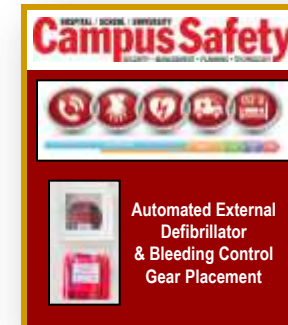
Active Shooter  
Healthcare Article



Rapid Response  
Teams Article



AED & Bleeding  
Control Gear Article



Family Safety  
Plan Article



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

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

**Supports  
today's webinar**



# Survive & Thrive Guide™ Program Road Map

*Survive & Thrive Guide Series: Coming Home Safely*

**Hot Zone**  
Parks & Walk Exposure

**Warm Zone**  
Restriction Area

**Safe Zone**  
Home with Family

August 6, 2020

**Creating Your Family Safety Plan**

Response

Readiness

Resilience

Monitor

Care

Recovery

Rescue

**Providing Care at Home**

**Home Care**

- Seniors
- Care Team
- Care Room Set Up
- Supplies

**Emergency Rescue Skills**

Response

Readiness

Resilience

Safety Plan

Recovery

Rescue

**Emergency Rescue Skills and COVID Care**



**Keeping Our Kids Safe**

Family Safety

LEAD

Family Safety

LEAD

**Safety Plan Templates for Everyone**

Response

Readiness

Resilience

Safety Plan

Recovery

Rescue

- Awareness
- Accountability
- Ability
- Action

**Your 2021 Family Safety Plan**

Response

Readiness

Resilience

Safety Plan

Recovery

Rescue

**What To Do – They're in the ICU**

Response

Readiness

Resilience

Safety Plan

Recovery

Rescue

**March Webinar**

# Survive & Thrive Guide™ Program Road Map

*Survive & Thrive Guide Series: Coming Home Safely*

**Hot Zone**  
Public & Work Exposure

**Warm Zone**  
Isolation Area

**Safe Zone**  
Home with Family

August 6, 2020

Keeping Our Kids Safe

Outside Threats → LEAD → Family Safety

Creating Your Family Safety Plan

Response  
Monitor  
Mobilize  
Recovery

Resilience  
Resistance  
Rescue

Safety Plan Templates for Everyone

Resilience  
Resistance  
Recovery

**Safety Plan**

- Awareness
- Accountability
- Ability
- Action

Providing Care at Home

Home Care

- Seniors
- Care Team
- Care Room Set Up
- Supplies

Your 2021 Family Safety Plan

Resilience  
Resistance  
Recovery

**Safety Plan**

Emergency Rescue Skills

Resilience  
Resistance  
Recovery

**Safety Plan**

Rescue

**Emergency Rescue Skills and COVID Care**

What To Do – They're in the ICU

Resilience  
Resistance  
Recovery

**Safety Plan**

Rescue

Vaccines, Variants, and Victory

Resilience  
Resistance  
Recovery

**Safety Plan**

Recovery

# **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



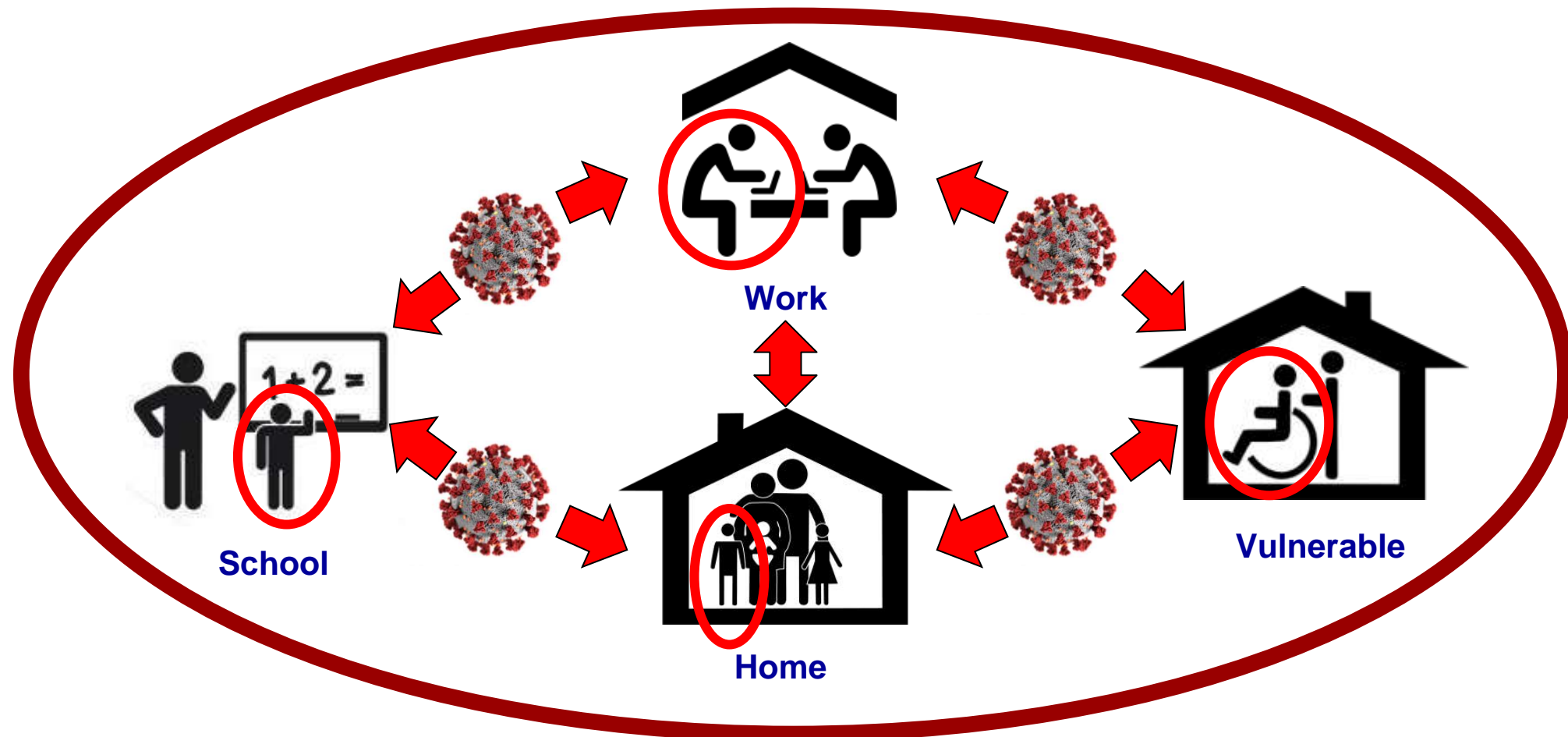
Dr. Harvey Fineberg



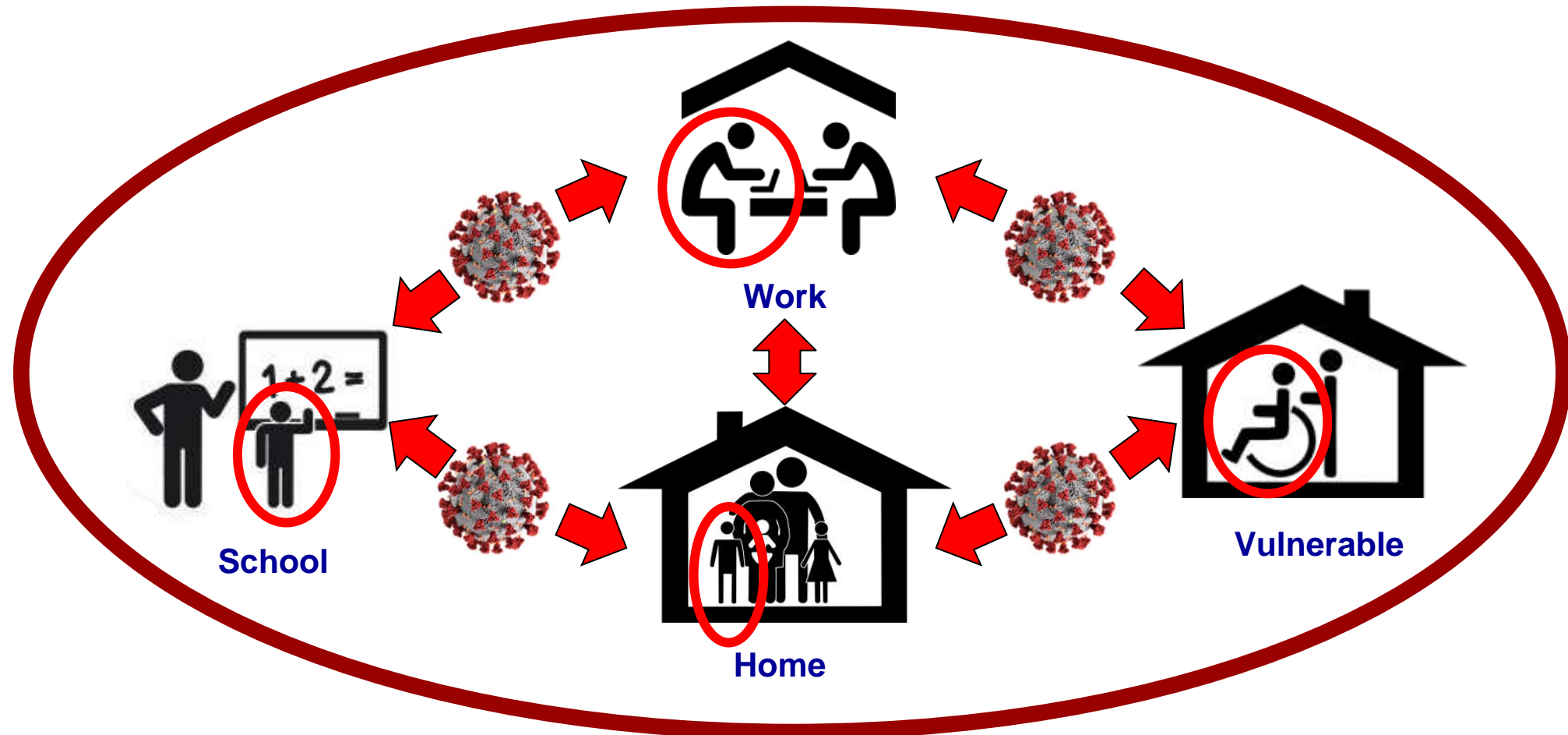
**Educators  
Declared  
Essential Critical  
Infrastructure  
Workers**



# Save the Families...



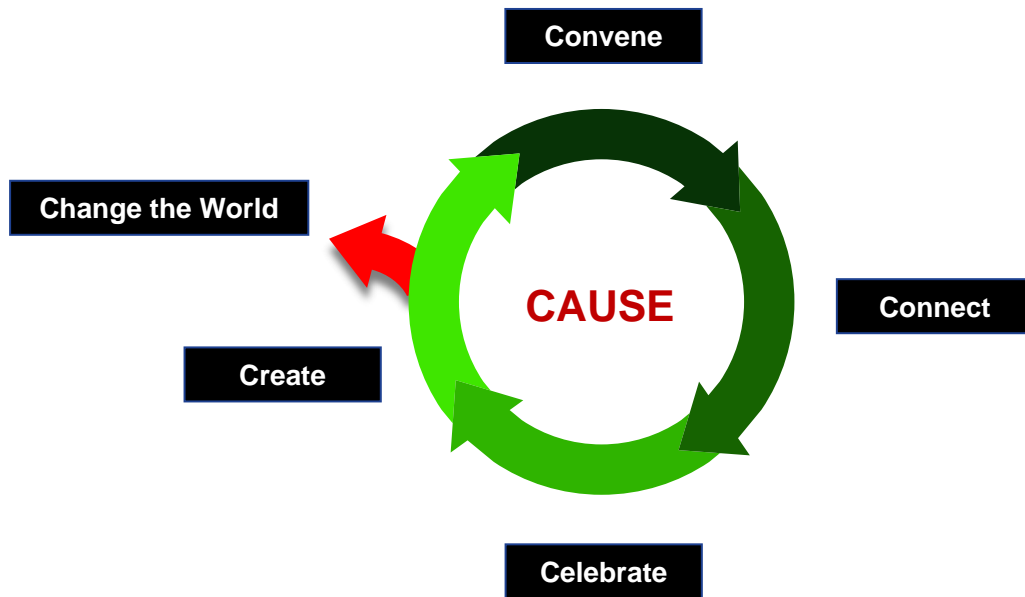
# Save the Families... You Save the Worker





# Coronavirus Care Community of Practice

## 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





# Creating Your Family Safety Plan

## *Family Survive & Thrive Guide™*

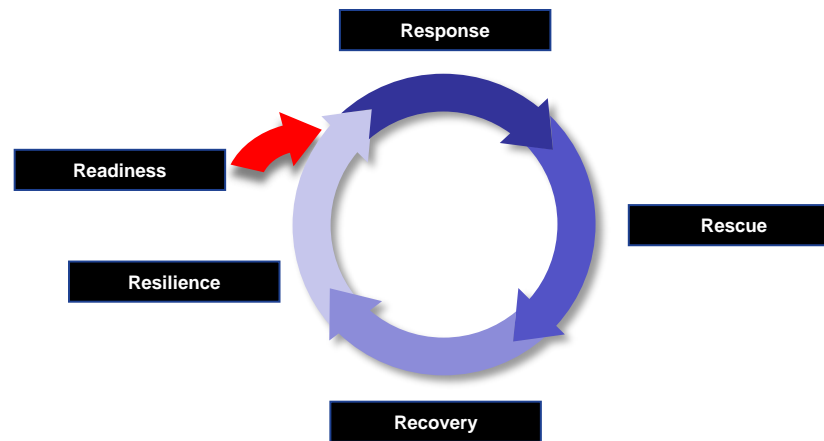


THE UNIVERSITY OF TEXAS  
**MD Anderson  
Cancer Center**

## Family Rescue R&D



**Stanford  
University**



**UCSF**  
University of California  
San Francisco

## The 5 R's of Safety



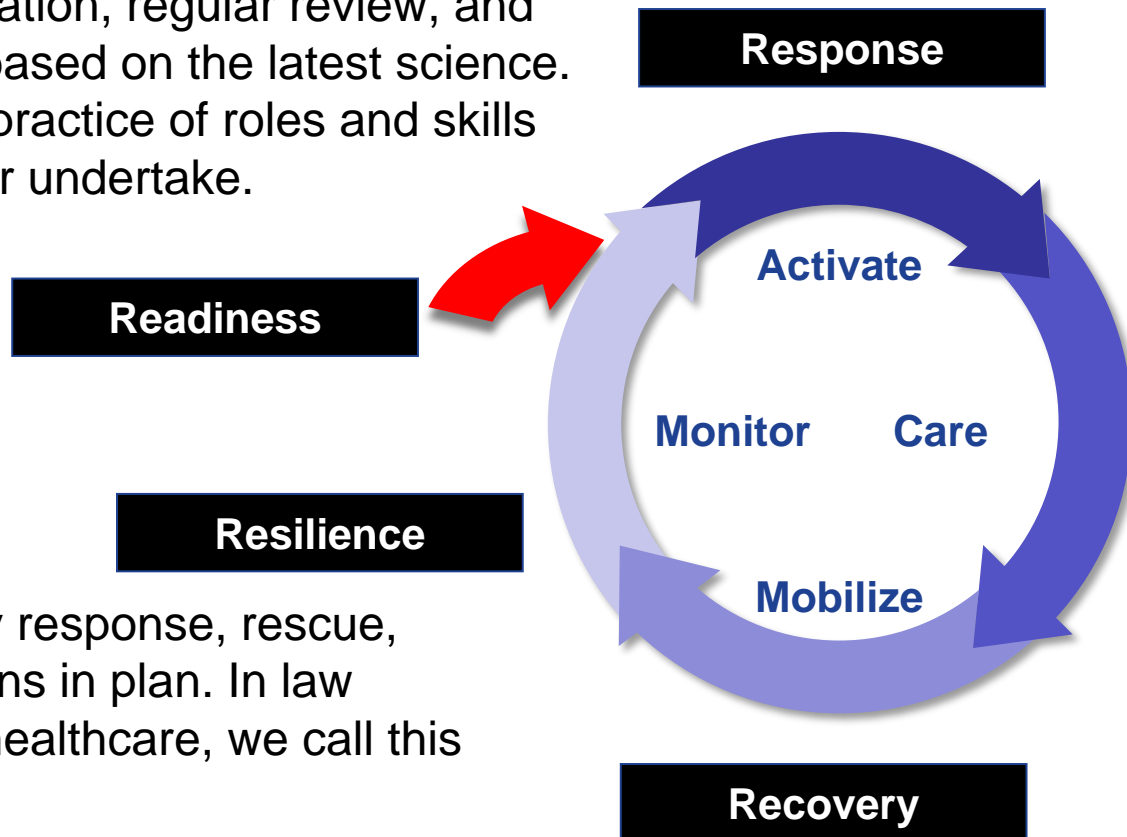
**UF** UNIVERSITY of  
FLORIDA

**UT Southwestern**  
Medical Center



## 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.



**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.

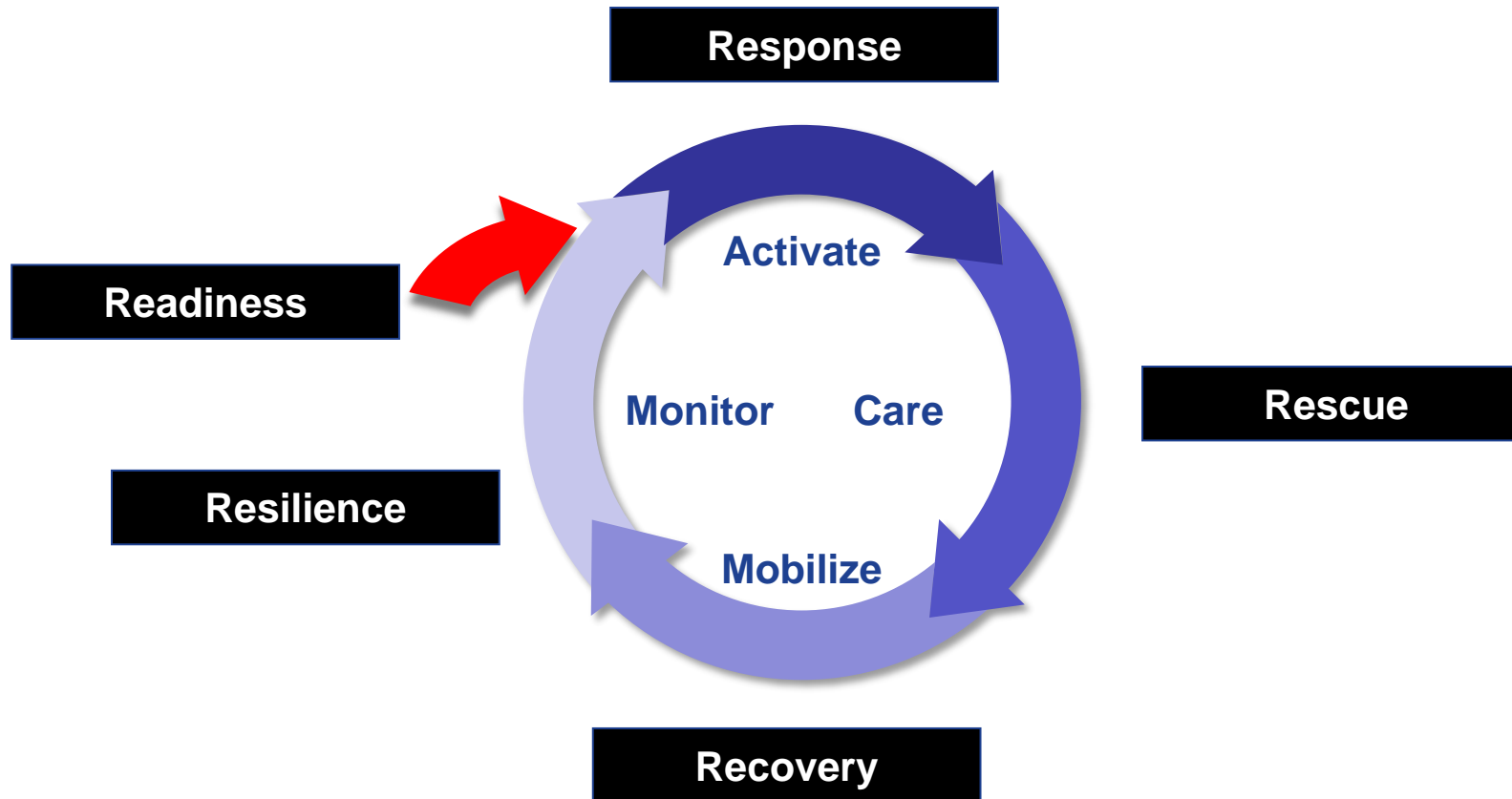
**Resilience:** Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this “target hardening”.

**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:** 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.”



# Family Health Safety & Organization Security Plans™





## National Survey Questions

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

**YES**

**NO**

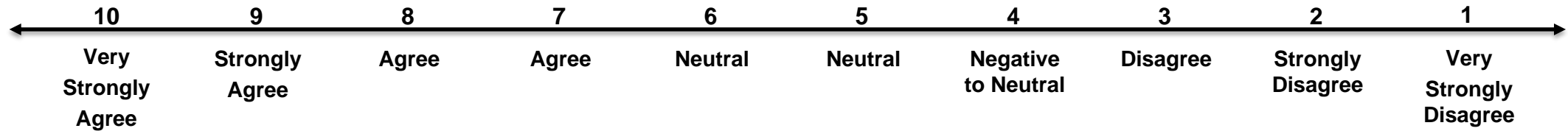
**State what you want to see in the  
Family Safety Plan Templates in Free Text Entry**

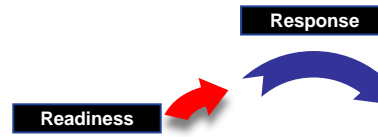
Readiness



# READINESS

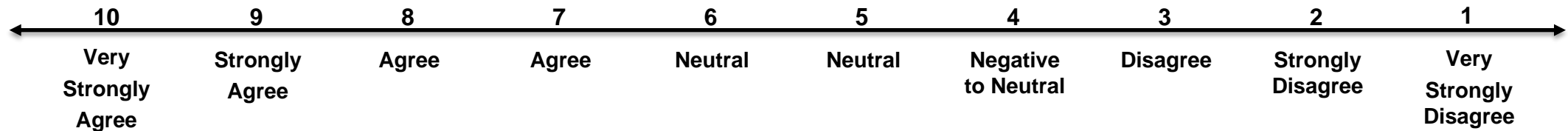
**My family is ready to take care of a loved one with Coronavirus in our home.**



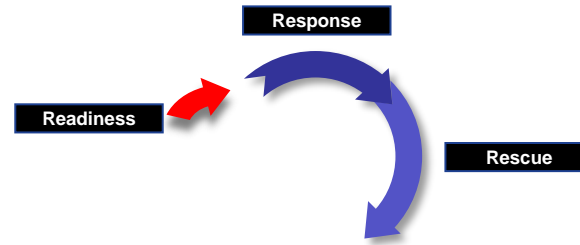


# RESPONSE

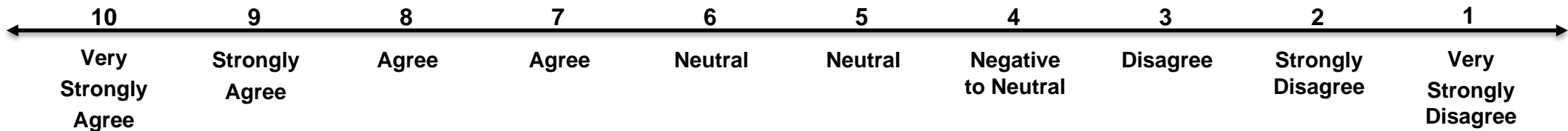
**My family knows what actions to take if a loved one becomes infected with Coronavirus.**



# RESCUE

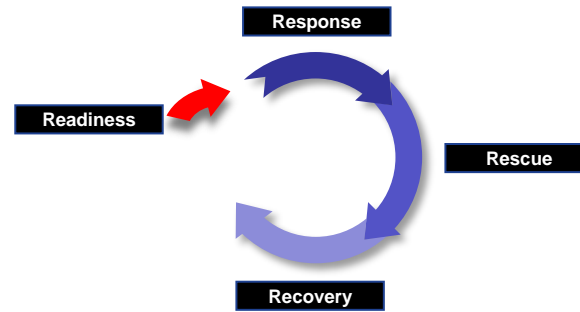


**My family knows what do when someone develops severe COVID-19 symptoms.**

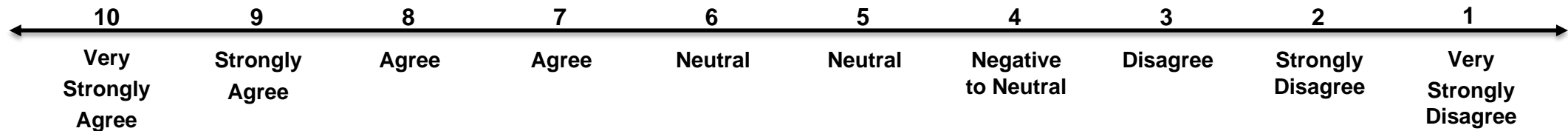




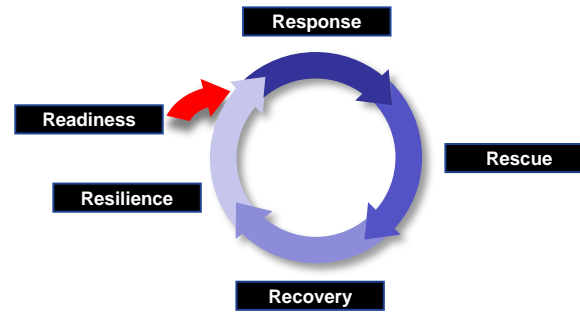
# RECOVERY



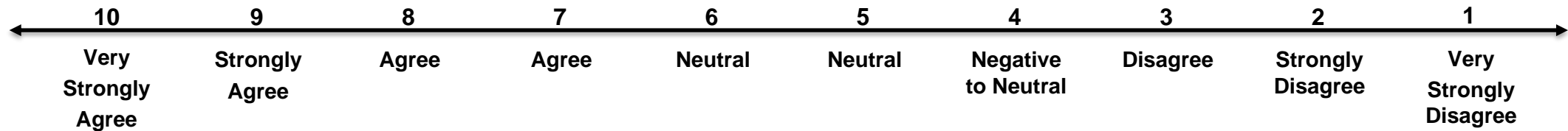
**My family has a safety plan to return to work and play when the Coronavirus social restrictions are relaxed.**



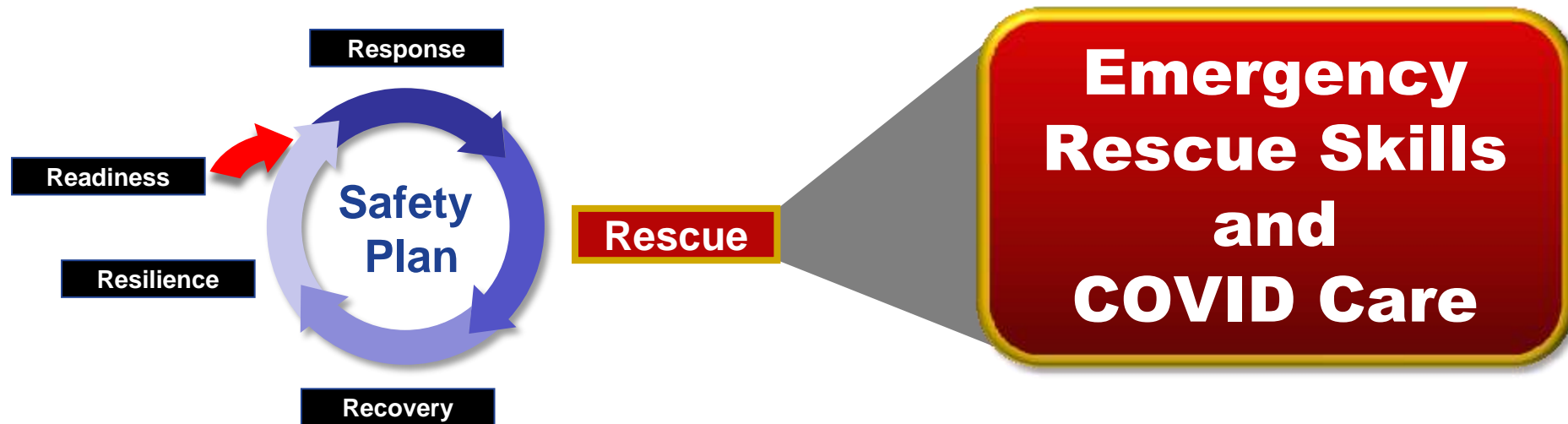
# RESILIENCE



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



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



# Family Safety Plan



## Readiness

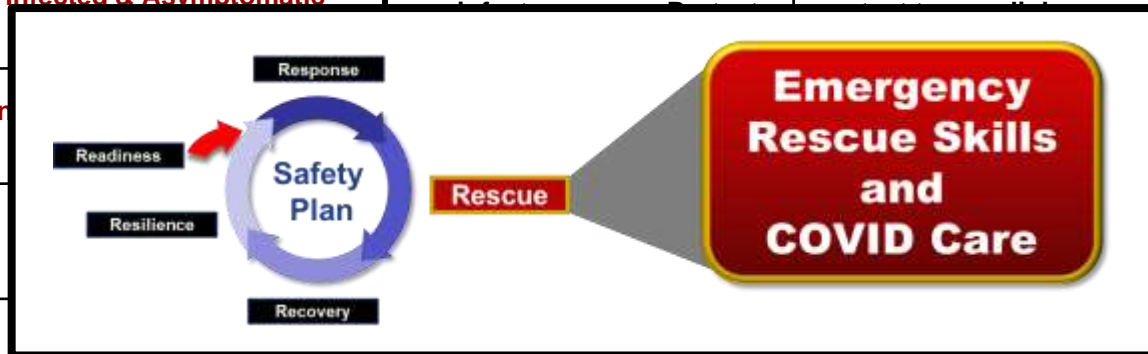
## Response

## Rescue

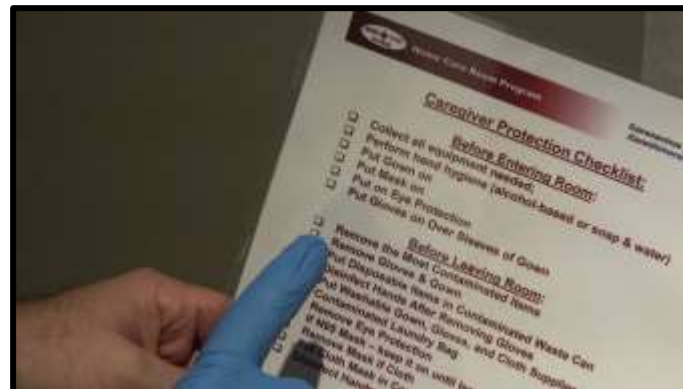
## Recovery

## Resilience

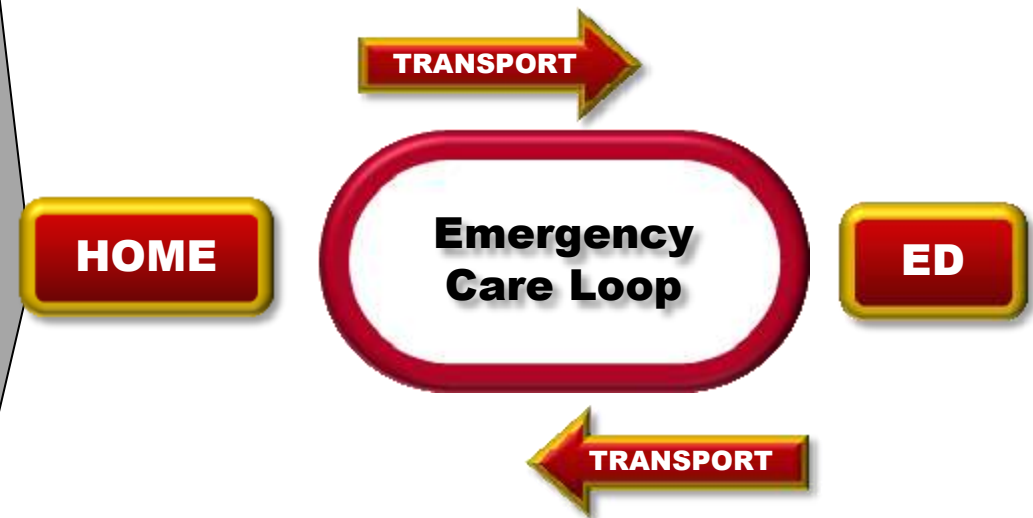
Family Member Scenarios	Be ready for waves or new epidemics.	Response if someone in the home gets sick.	Care of loved on with severe symptoms.	Assistance safely to the "new normal".	Making the family "hardened" as a target
<b>No Exposure No Test or Negative Test</b>	Social distance, hygiene, cleaning, 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.
<b>Exposure to Infected Person and No Test</b>	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.
<b>Infected &amp; Asymptomatic –</b>	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.
<b>Infected &amp; Severely Symptomatic – Need Help</b>	med records, meds, and a plan. Be ready for patient to be solo phone only contact.	Contact tracers link infections to you. Watch for worsening signs/symptoms	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.
<b>Infected &amp; Requiring Hospitalization</b>	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.	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.
<b>Infected &amp; Require ICU Life Support Respirator &amp; ECMO</b>	Be ready to respond to infections of other family members who may get sick.	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.



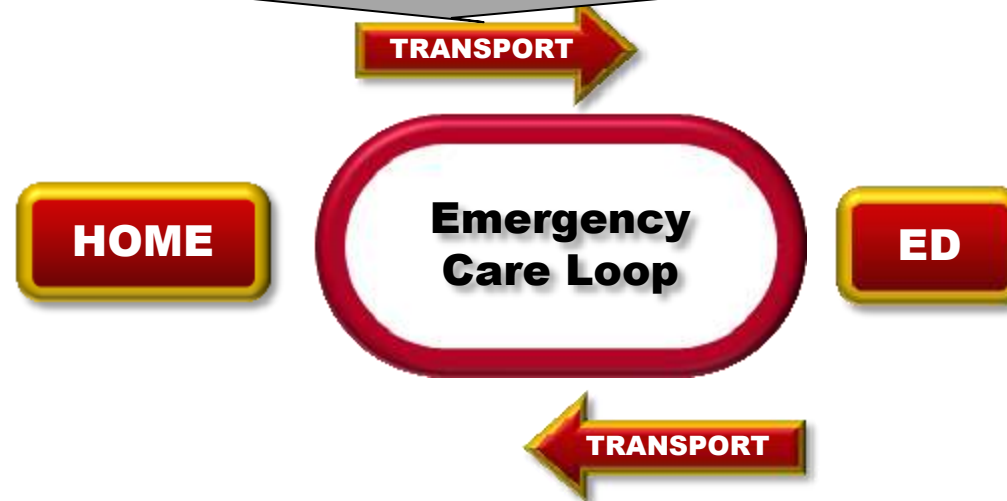




## Emergency Rescue Skills: Care at Home Post ED



# Emergency Rescue Skills: During Transport to Hospital



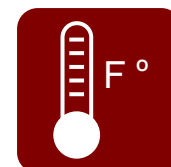
# Emergency Rescue Skills: While at Emergency Dept.



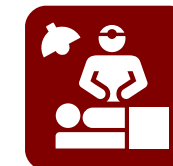
## Right Diagnosis



## Right Discharge



## Right Treatment



**MED TAC** Values & Team CarePartners Response Webinar Programs Specialty Programs Innovations & Supplies CareUniversity

**Med Tac Bystander Rescue Care**

Med Tac is short for "Medical Tactical" and is an advanced first aid platform to help before help arrives. 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
- Oploid Overdose Briefing

**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 make survival if the public knows what to do. The program was funded through 2018 by philanthropy through TMFT Global, a 501(c)(3) 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.](#)

**Bystander Care Thinking** 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 reversible. We have identified the leading causes of death that strike children, youth, and teens in their work/life 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 community. Med Tac partners with terrific on-site trainers from great organizations who are already in the community.

**Cardiac Arrest**

**Choking & Drowning**

**Oploid Overdose**

**Anaphylaxis**

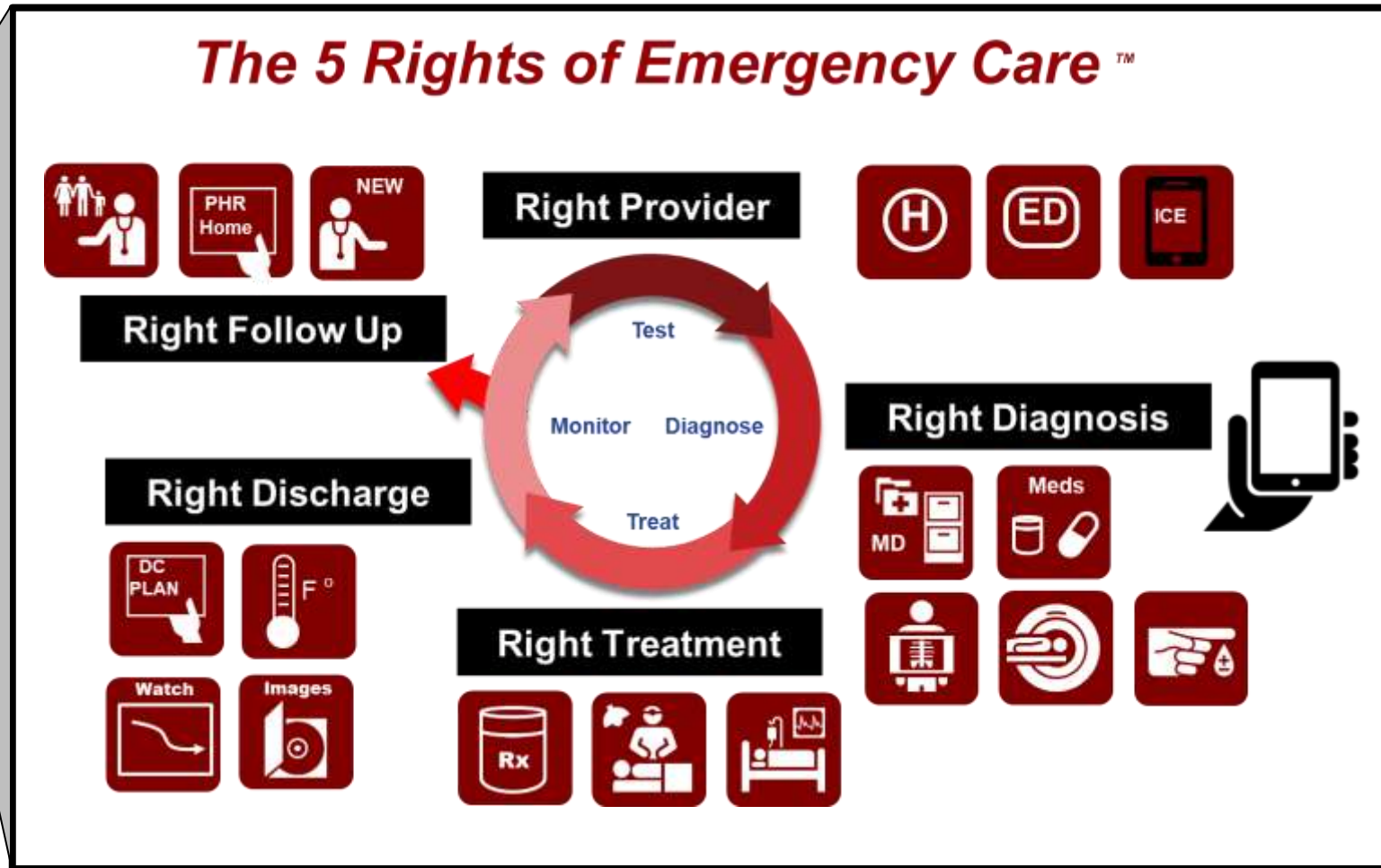
**Major Trauma**

**Infection Care**

**Transportation Accidents**

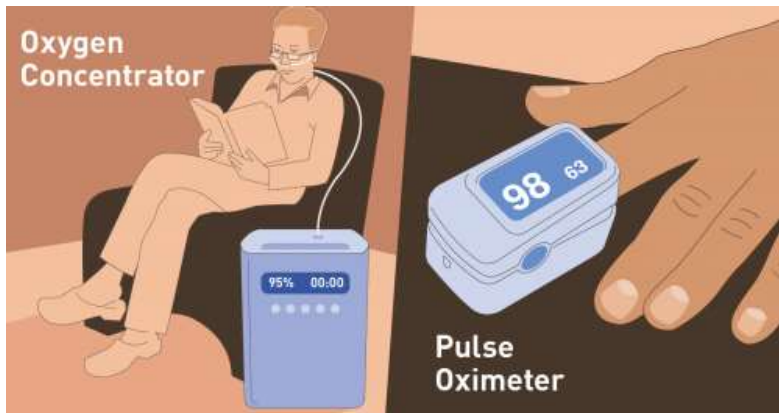
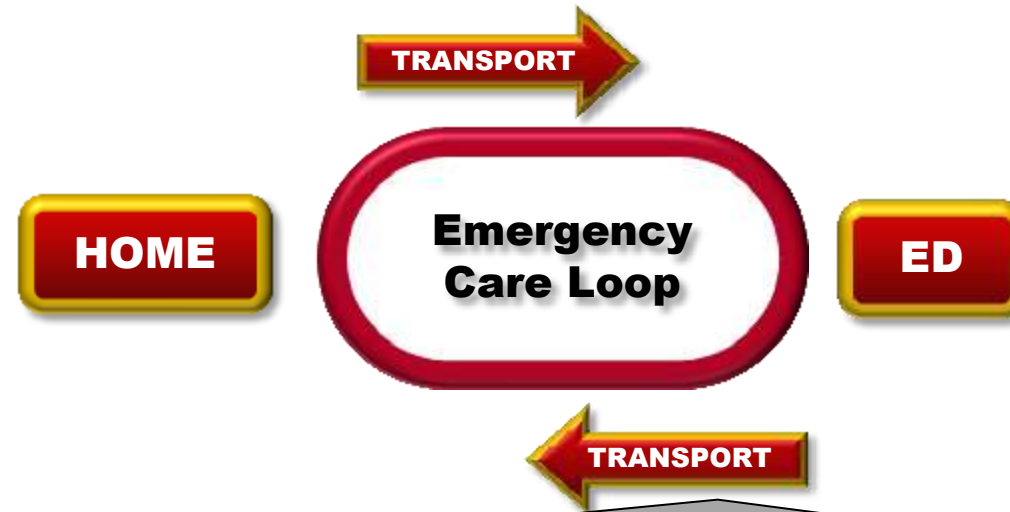
**Bullying**

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# Emergency Rescue Skills: After Discharge & Transport Home





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Practice Chair, Dept of  
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Frontline Nurse  
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Patient Safety Advocate  
Dolores Colorado

# What To Do – They're in the ICU

## *A Survive & Thrive Guide™*



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™

#### 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



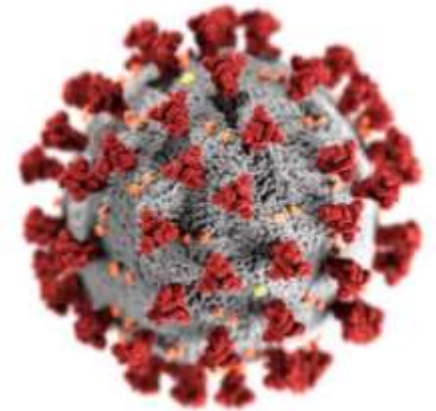
# What To Do – They're in the ICU

## *A Survive & Thrive Guide™*



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

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# Coronavirus Care Community of Practice



MED + TAC

About Values & Team Coronavirus Response Recorded Broadcasts Specialty Programs R&D Surveys & Innovations CAREUNIVERSITY

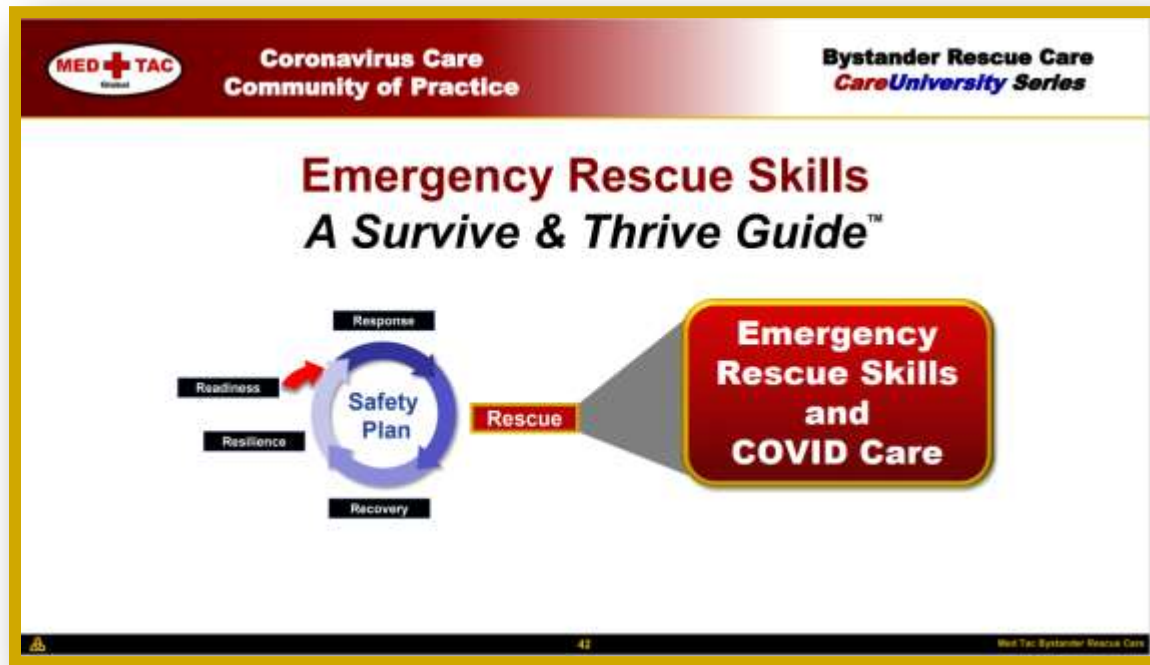
MED + TAC Coronavirus Care Community of Practice

Bystander Rescue Care CareUniversity Series

Title	Date	Resources
Emergency Rescue Skills: Family Survive & Thrive Guide	February 4, 2021	Audio and Resources
Creating your 2021 Family Safety Plan: Family Survive & Thrive Guide	January 7, 2021	Audio and Resources
Providing Care at Home: Family Survive & Thrive Guide	December 3, 2020	Audio and Resources
Safety Plan Templates for Everyone: Family Survive & Thrive Guide	November 5, 2020	Audio and Resources
Caregiver and Family Readiness: Living with the Coronavirus (DEA Webinar)	November 20, 2020	Audio and Resources
Creating Your Family Safety Plan: Family Survive & Thrive Guide	October 1, 2020	Audio and Resources
Keeping Our Kids Safe: Family Survive & Thrive Guide	September 3, 2020	Audio and Resources
Coming Home Safely: Family Survive & Thrive Guide	August 6, 2020	Audio and Resources
Family Survive & Thrive Guide: The Latest Best Practices	July 2, 2020	Audio and Resources
Pandemic Preparedness: Surfing the Next Wave	June 18, 2020	Audio and Resources
Coronavirus Survive & Thrive Guide for Caregiver & Critical Worker Families	May 21, 2020	Audio and Resources
Coronavirus – Protecting You & Your Family: First Responder & Family Briefing	March 18, 2020	Audio and Resources

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# Coronavirus Care Community of Practice



- Hospital Admission → ICU
  - ◆ HOW do we prepare?
  - ◆ WHAT to anticipate?
  - ◆ WHAT do we need to know?
  - ◆ HOW to get the best care?
  - ◆ WHAT can the family do?

What is the ICU?

# HOW to Prepare?



- **Discuss key findings that signal the need for ICU**
- **Discuss Advance Directives**
- **Identify Family Contact**
- **Use Video Conferencing**
- **Plan Transition Out of ICU**

# Why Go to the ICU?



- **Worsening Oxygenation**
- **Worsening Infection**
- **Kidney Failure**
- **Neurological Symptoms**
- **Underlying Medical Issues**

WI



# WHAT to Anticipate?





# Intensive Care Unit

- **“Intensive Care”**
- **“24-Hour Care”**
- **Critical Care Teams**
- **Lower provider-patient ratio**
- **Life Support Equipment**
  - **Monitoring**
  - **Mechanical Ventilators**
  - **Medication Infusions**
  - **Hemodialysis**
  - **ECMO**



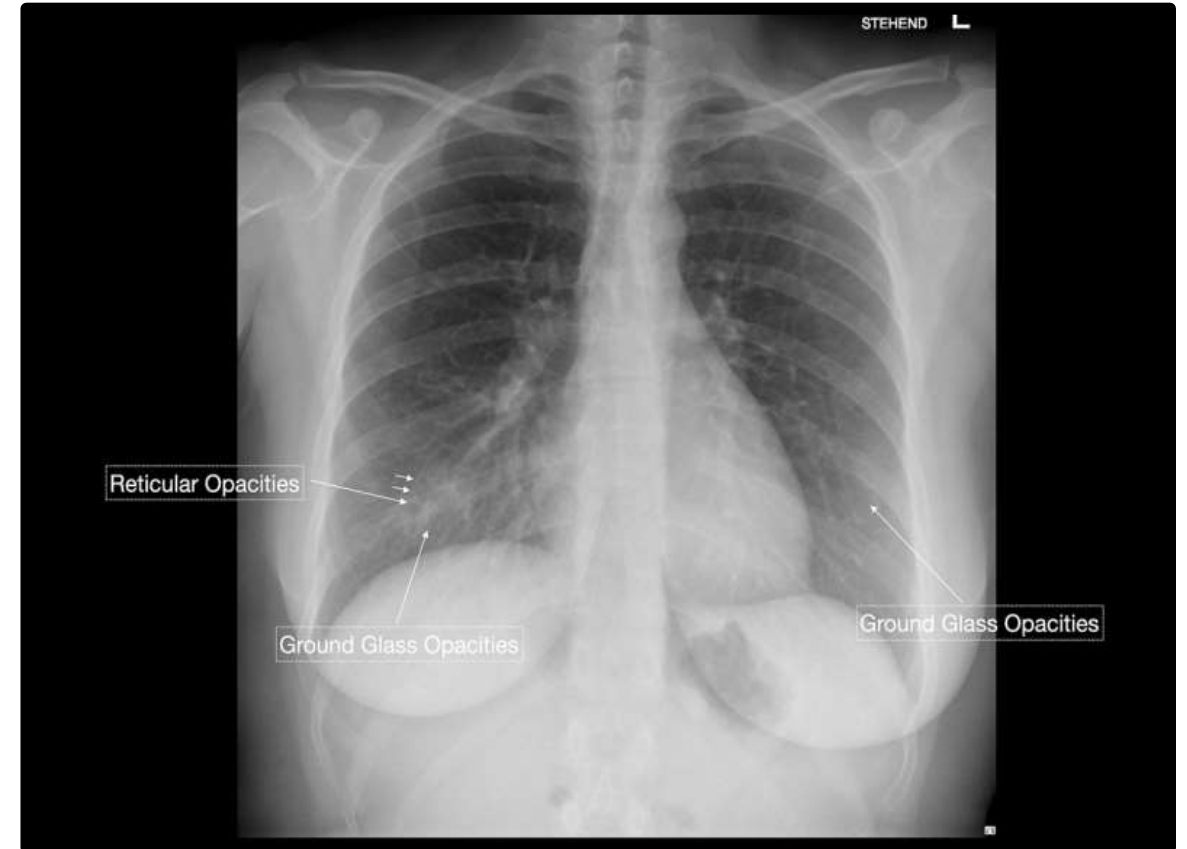
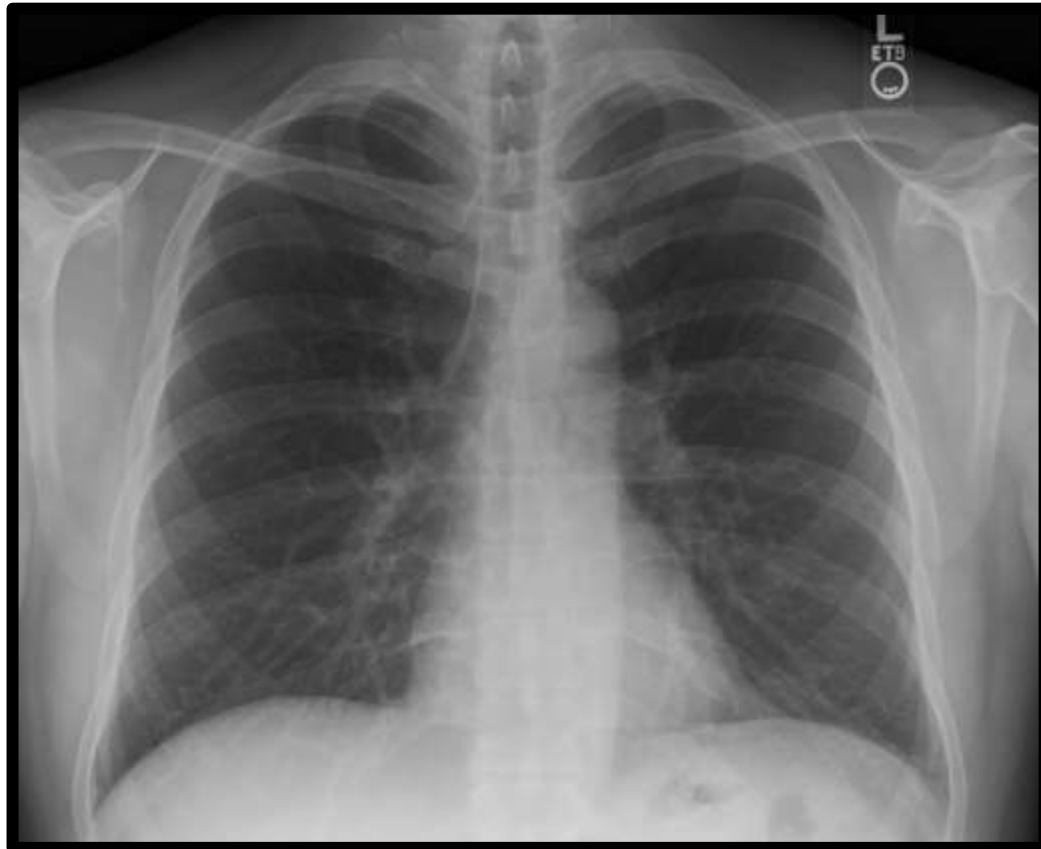
# ICU During the COVID-19 Pandemic



# Acute Respiratory Failure

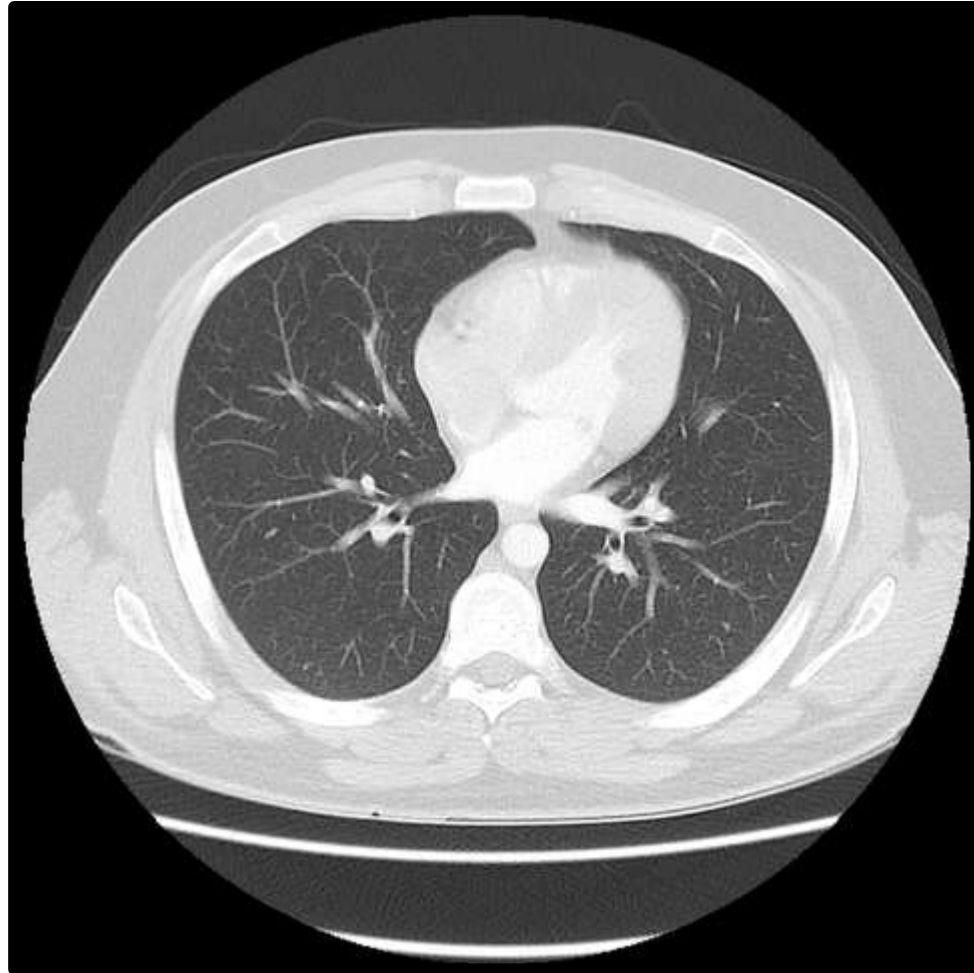
Normal

COVID-19

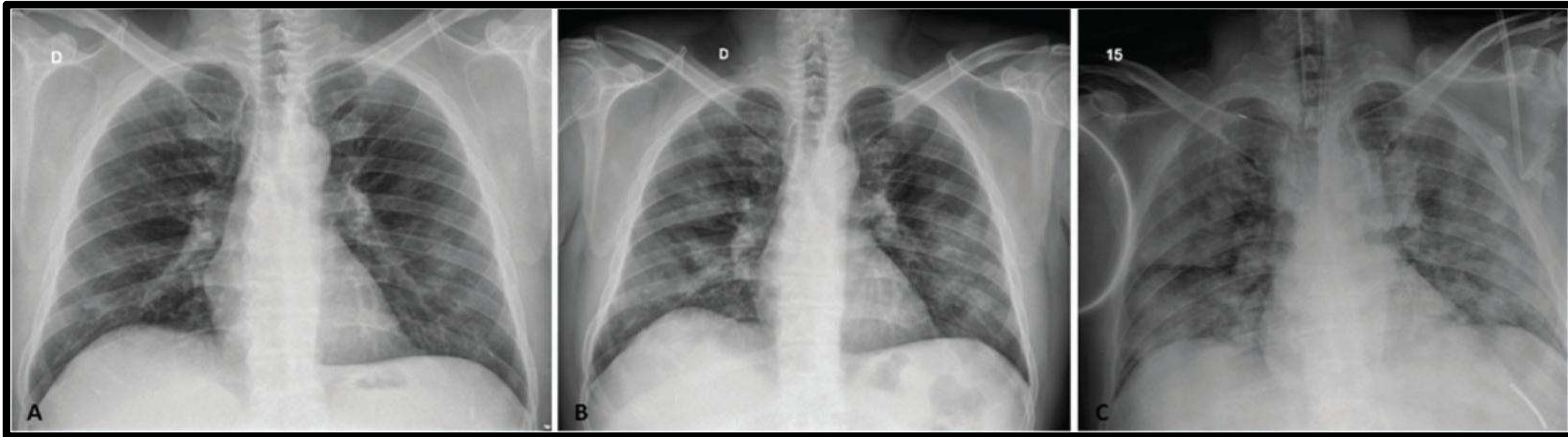




# COVID Pneumonia

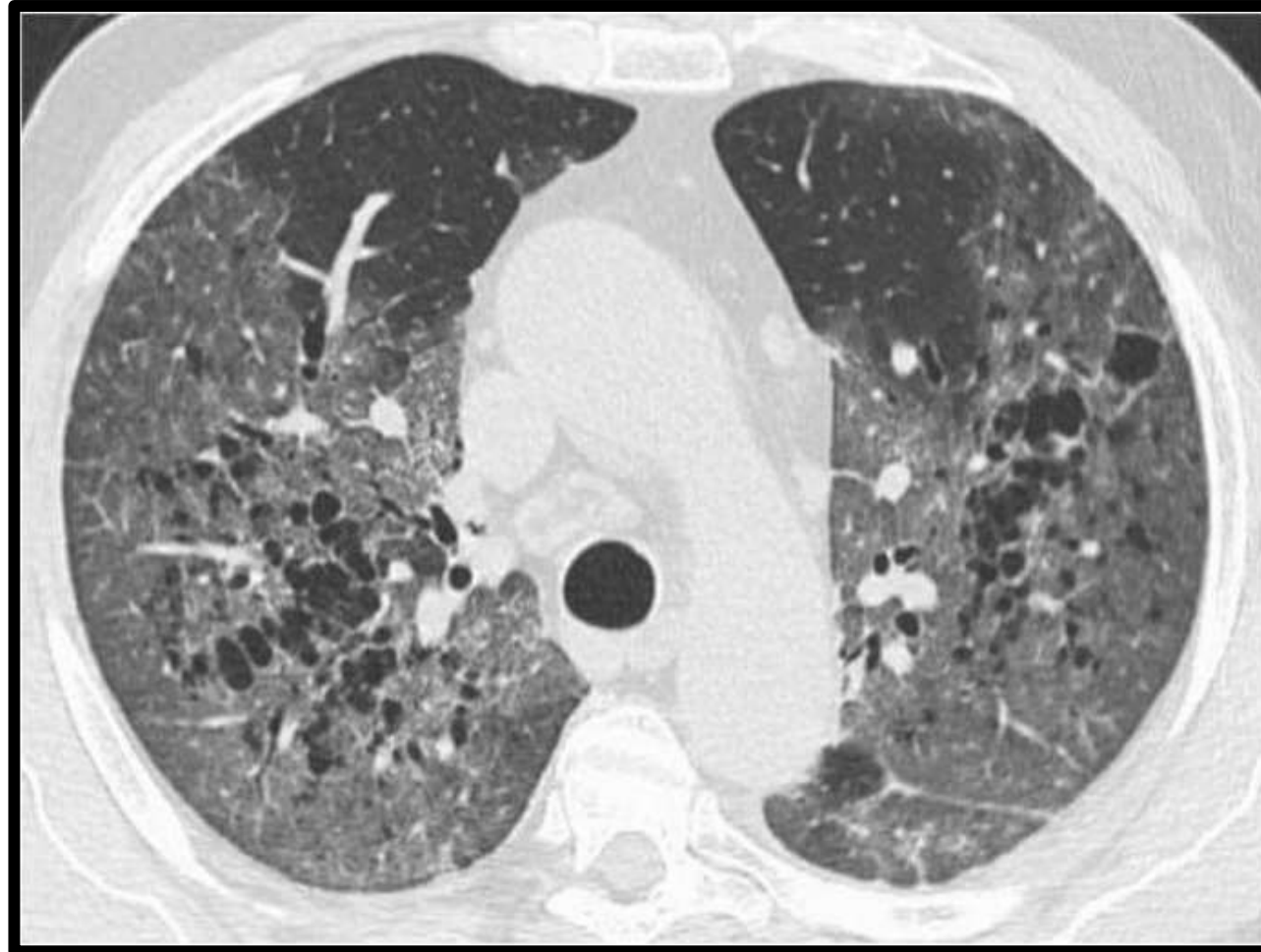


# COVID-19 Acute Lung Injury





# COVID-19 Acute Lung Injury



# COVID Medications



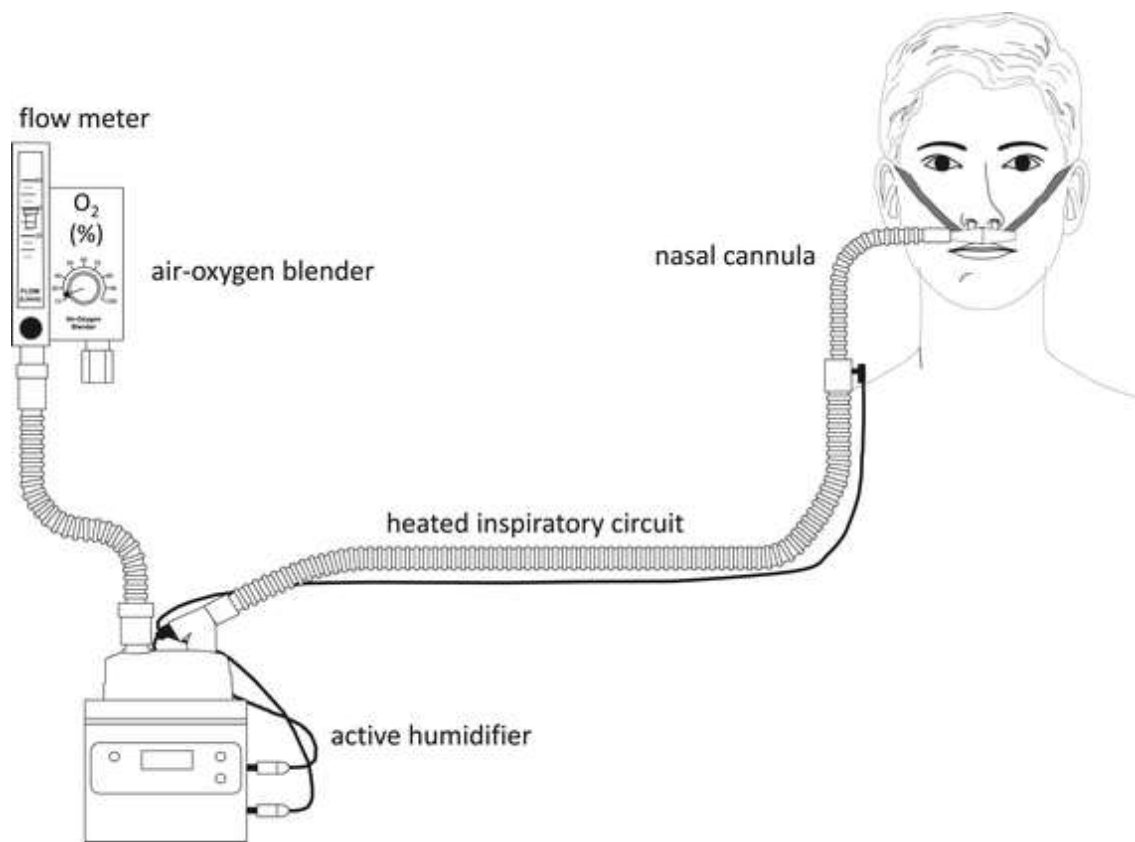
- Immune Therapy Drugs
- Dexamethasone
- Rheumatoid Arthritis Drugs?
- Convalescent Plasma?
- Antiviral Drugs?

## What Works?

# Respiratory Support

## High Flow Nasal Cannula

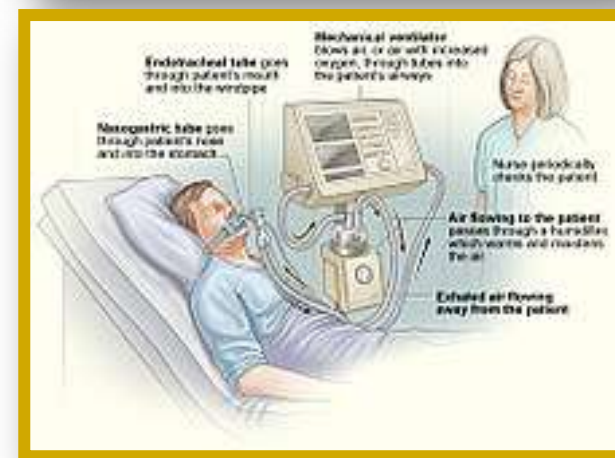
## Non-Invasive Ventilation



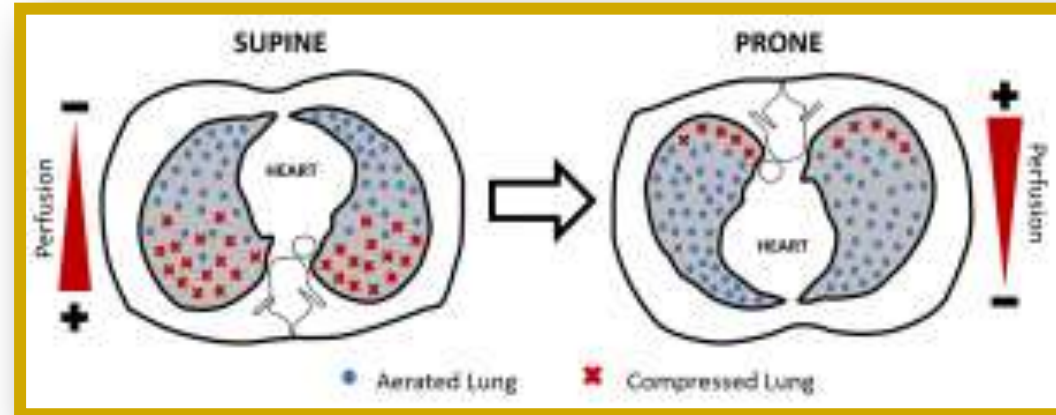


# Respiratory Support

## Invasive Mechanical Ventilation



# Prone Positioning





# Extracorporeal Membrane Oxygenation (ECMO)



# Good Critical Care!





# 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
<b>No Exposure No Test or Negative Test</b>	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.
<b>Exposure to Infected Person and No Test</b>	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.
<b>Infected &amp; Asymptomatic – No Symptoms Ever</b>	<div data-bbox="435 568 1615 1015" data-label="Complex-Block"> <h3>Recovery after ICU Care or Severe Disease</h3> </div>				
<b>Infected &amp; Pre-symptomatic – Before Symptoms</b>					
<b>Infected &amp; Symptomatic – Have Symptoms</b>					
<b>Infected &amp; Severely Symptomatic – Need Help</b>					
<b>Infected &amp; Requiring Hospitalization</b>					
<b>Infected &amp; Require ICU Life Support Respirator &amp; ECMO</b>	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.
<b>Infected &amp; Require ICU Life Support Respirator &amp; ECMO</b>	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.



## Speakers & Reactors



Dr. Gregory Botz



Dr. Tim Jessick



Heather Foster RN



Jennifer Dingman



Keith Flitner



Charlie Denham III



Danny Policicchio



Jamie Yrastorza

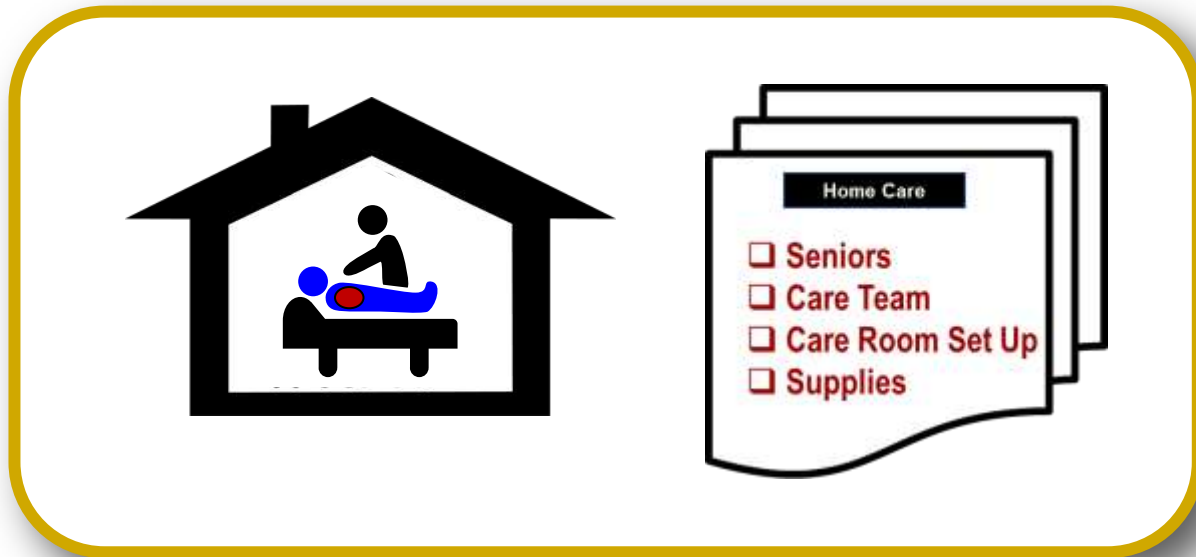


Paul Bhatia EMT



Dr. Charles Denham

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



## Primary Contributors



Heather Foster RN



Dr. Gregory Botz



**Select a Care Room Checklist:**

- Select a room sep...
- Identify the bathro...
- If a fully dedicate...
- where supplies an...
- the family and oth...
- If another room or...
- station set that up...
- Make sure the Car...
- If you have no sop...
- plastic sheets, or...
- curtains or tents t...
- Optimize ventilati...
- window that may b...
- If Heating and Air...
- separate ventilati...
- Make decisions re...
- Room. It is optima...
- patient.

**Care Room Set Up Checklist:**

- Set Up Cleaning
- Set Up Cleaning
- Equip Both Clea...
- Post Signs to Re...
- Consider Signs
- Prepare a Daily
- Remove Hard to
- Set Up Personal
- Set up a Contam...
- Set up Waste Ca...
- Set up a Contam...
- Set up a Non-co...
- Put Waste Cans,
- Materials in Care
- Place Safe Conta...
- Injection Meds U...
- Keep Patient's Pa...
- Place Water Pite...
- Personal Hygien...
- Keep dedicated T...
- Oximeters in Car...
- Keep Reusable S...
- Keep Reusable D...
- Put Equipment N...
- with Lid outside
- Set Up Phones, M...
- patient's reach

**Supplies Checklist:**

- Eye Protection
- A Face Shield
- Reusable Gloves
- Rubber Gloves
- Disposable Hair Cov...
- N95 Mask or Medical
- Aprons - single-use l...
- reusable gowns.
- Plastic Aprons
- Alcohol-based Hand
- Plain Soap
- Clean Single-use Pap...
- Safe Puncture Proof
- Detergent for Cleani...
- Thermometer & Med
- Mobile Phone
- Waste Bags - Garbag...
- Laundry Bags - Cont...
- Laundry Bags - Non-
- Plates and Cutlery fo...
- Collection Container
- Disinfecting

**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

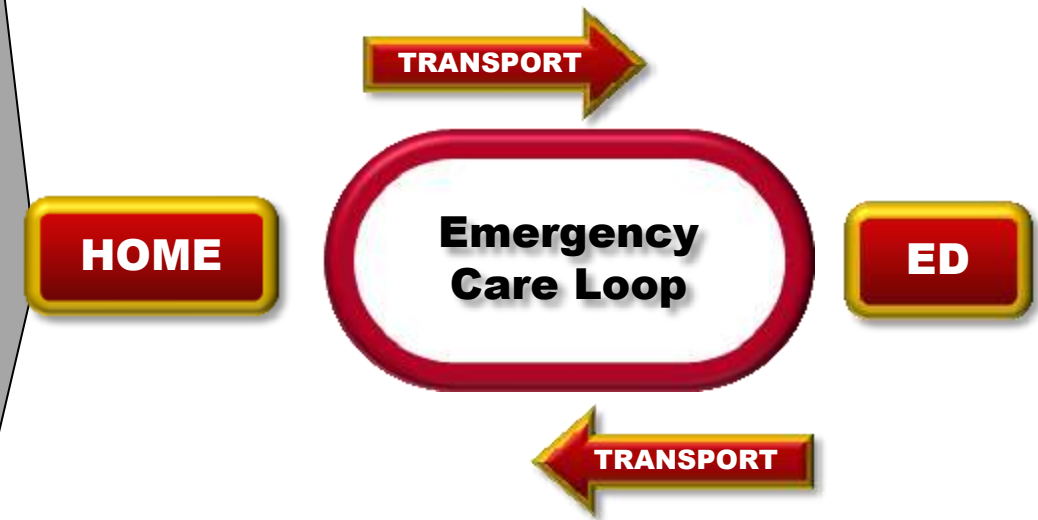
Cleaning the Home:

- 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



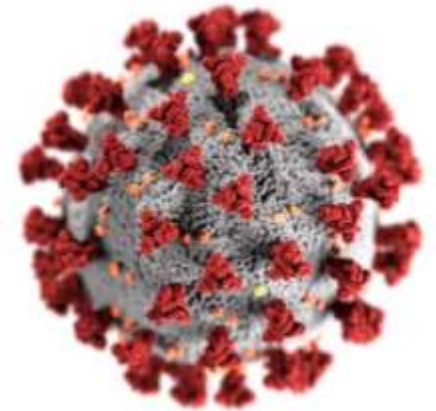
# What To Do – They're in the ICU

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**Heather Foster RN BSN**

**Frontline Nurse  
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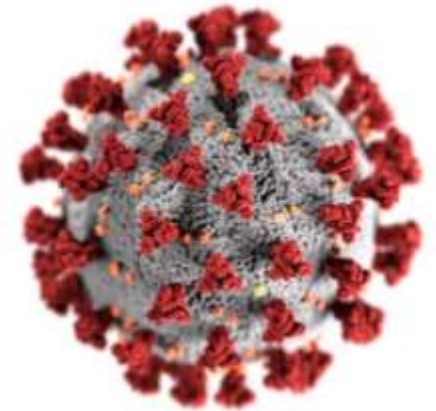
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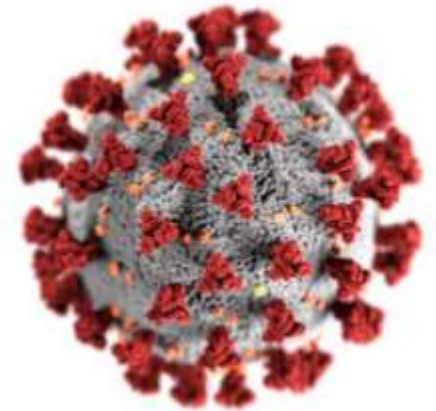
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**UCSD Graduate  
Med Tac College Team Member**





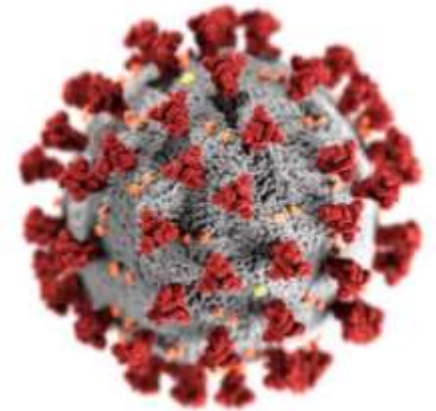
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**Undergraduate University of  
Southern California  
Majoring in Human Development  
and Aging Leonard Davis School  
of Gerontology**





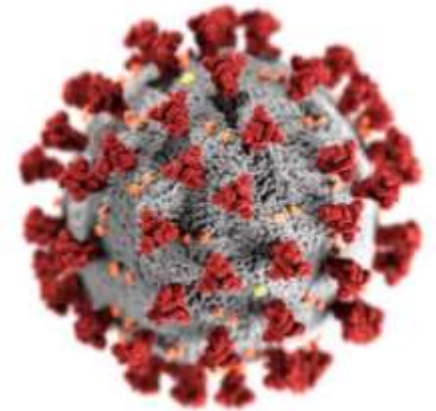
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**Assistant Producer  
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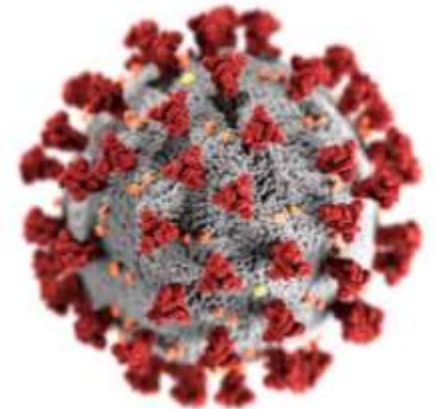
# What To Do – They're in the ICU

## *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 a Lifeguard For Your Family & Friends

90% Prevention and 10% Rescue



## Gathering 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

# Spring Break, Ski Week, and Easter Vacations



## Holiday Huddle Checklist

### The Goal - Prevent Bubble Trouble

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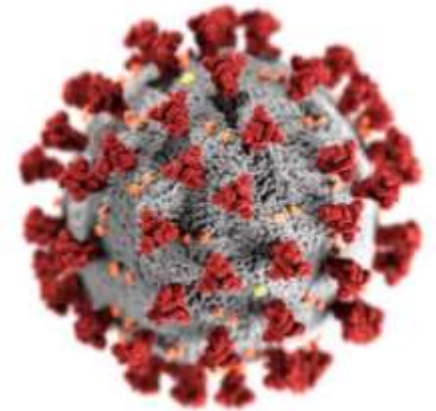
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Gas Turbine Products  
Continental Controls Corporation  
Rancho Santa Margarita, CA**



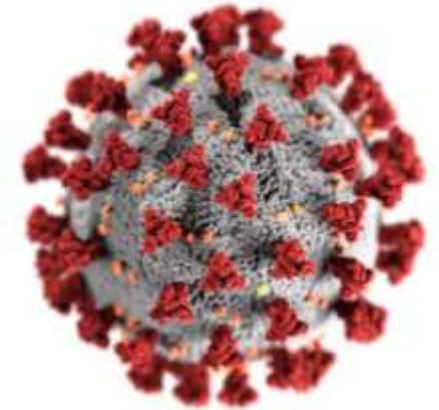
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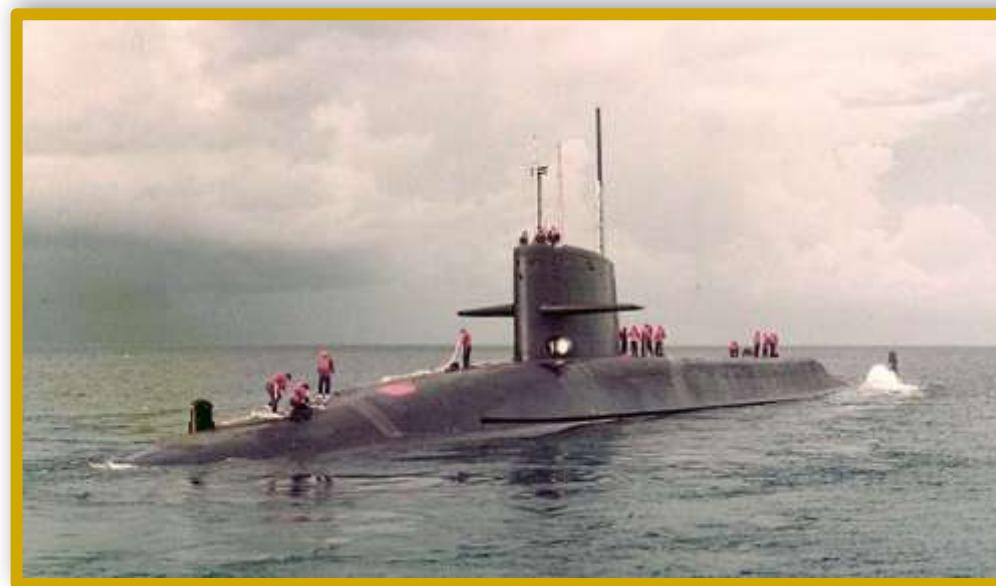
### **Jennifer Dingman**

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





## Original SBAR



### Original **SBAR**

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

SOLUTIONS FOR LEADERS

SBAR for Patients

*Charles R. Denham, MD*

## 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.



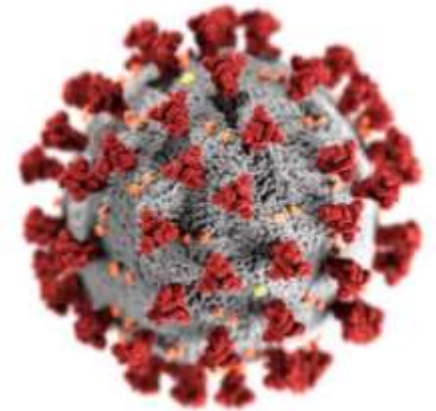
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**Dr. Timothy Jessick**

**Palliative Care and Family Medicine  
Post Acute Medical Director  
ThedaCare**

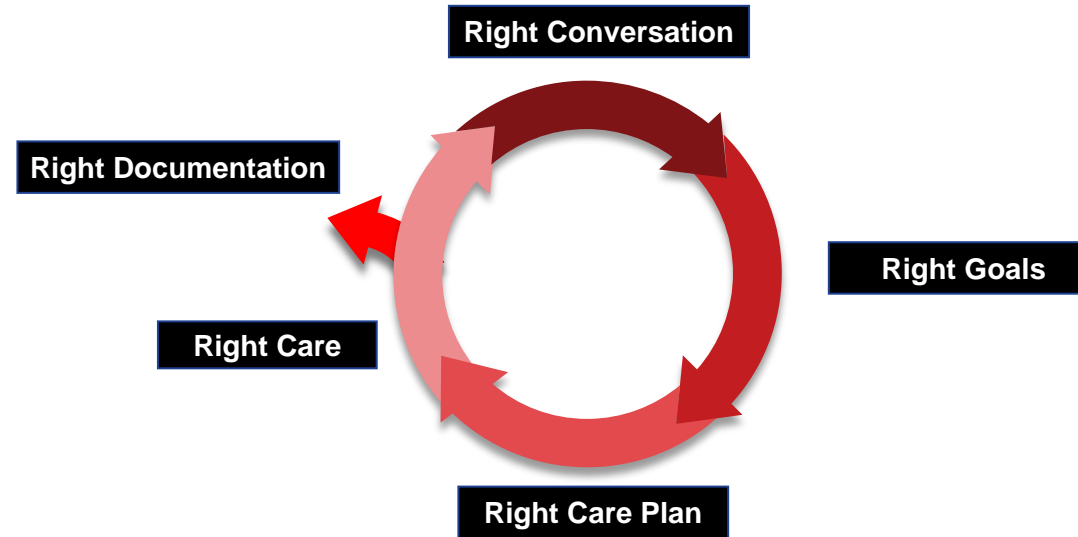


# Critical Questions

- Why is an End of Life Program important?
  - Communication is a skill
  - It should be “person focused”
- Is an End of Life Program “good business”?
  - They improve quality, decreases cost, and is measurable
  - It enhances patient and provider experience.
  - Improve “Quad-triple Aim
- Have you had a loved one who experience poor care at the end of life?
  - Story about Couple
- How do we change the culture in medicine to be more family-centered?
- How do we become more proactive than reactive?
- What do you need for a good End of Life Program?
  - We need system support - top down support



# The 5 Rights of End of Life Care™



**Right Conversation:** Early conversations to be prepared for future events, proper conversations about care interventions, and the conversation at the end of life.

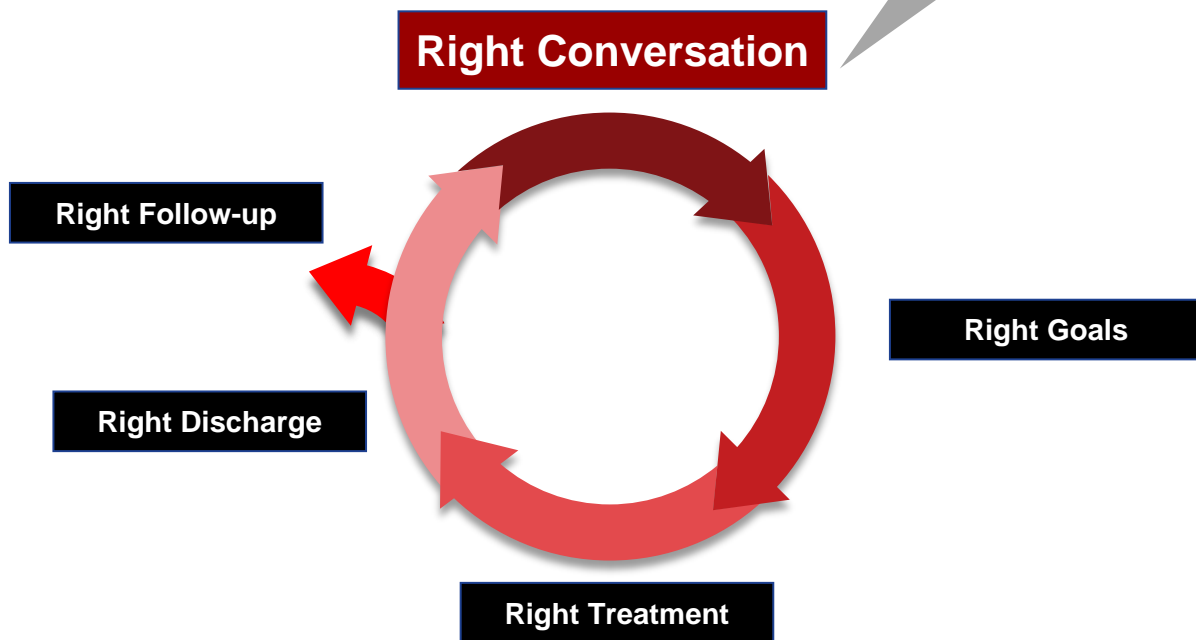
**Right Goals:** The patient and family goals and expectations grounded in reality that are synchronized to their personal values and desires. Meet them where they are and help them get to where they want to go.

**Right Documentation:** Processes and systems are in place to make sure that all documentation flows properly between caregivers, the organization, and the family.

**Right Care:** Here we make sure that the care provided is consistent with the Right Goals and Care Plan.

**Right Care Plan:** Linked to the Right Goals; the orders, procedures, and documentation such as Advance Directives, DNR, and Powers of Attorney support the Care Plan.

# The 5 Rights of End of Life Care™



**Right Conversation:** Early conversations to be prepared for future events, proper conversations about care interventions, and the conversation at the end of life.

## Concepts:

- Patient Centered conversations are a skill.
- Clinicians need communication training.
- The right conversation at the right time in the right place with the right participants (family & caregivers)

## Tools:

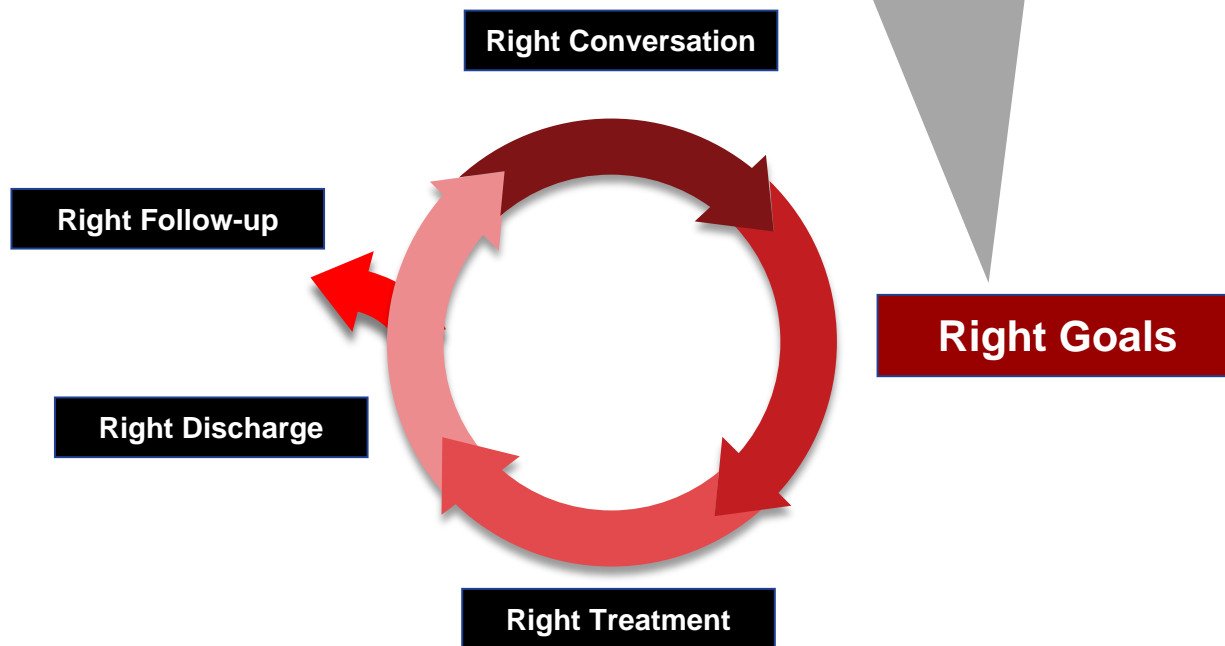
- Advance Care Planning and Goals of Care Documentation SEE: SafetyLeaders website.
- **CODES** mnemonic: **C**onversation, **O**rders, **D**ocumentation, **E**ducations, and **S**ystem **C**hange.

## Resources:

- Improving Generalist Palliative Care for Hospitalized Seriously Ill Patients Guidebook. David Weissman MD & Tim Jessick DO, et al. SEE SafetyLeaders website.



# The 5 Rights of End of Life Care™



**Right Goals:** The patient and family goals and expectations grounded in reality that are synchronized to their personal values and desires. Meet them where they are and help them get to where they want to go.

## Concepts:

- Determine patient's goals
- Prognosis, plan for future deterioration
- Mind, body and spirit evaluation

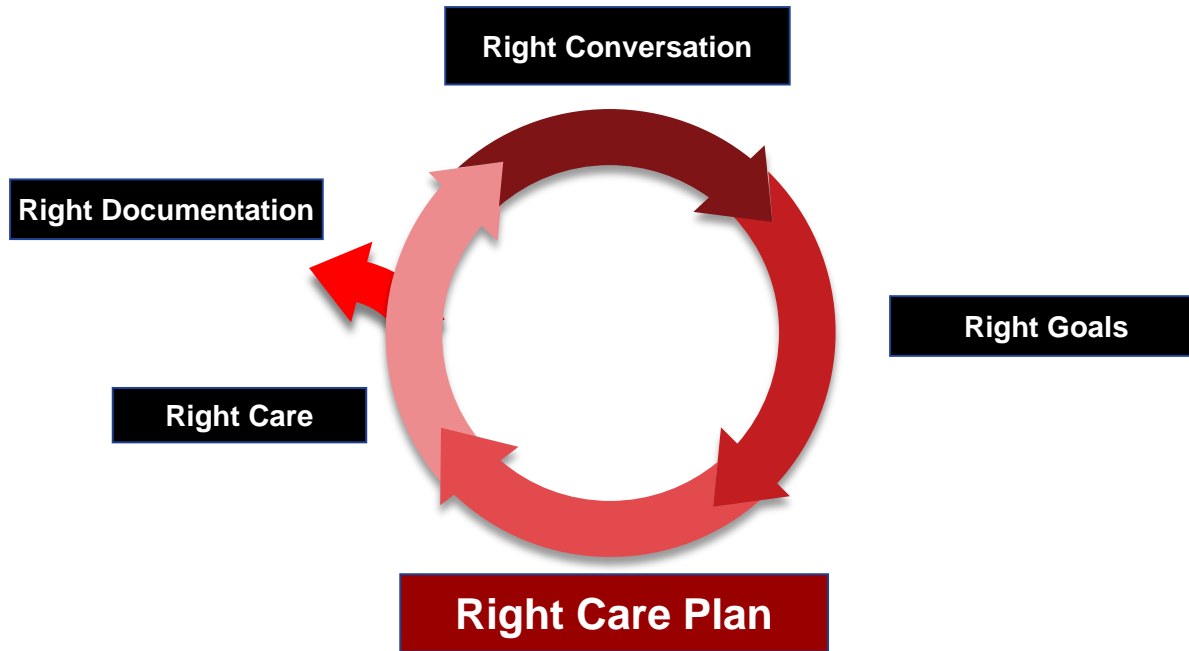
## Tools:

- **PEACE** Tool: **P**hysical, **E**motional, **A**utonomy/Advance Directives, **C**oping/closure, **E**xpenses, Transcendent/Spiritual
- FICA tool(link) [www.mypcnw.org/fast-fact/the-fica-spiritual-history-tool/](http://www.mypcnw.org/fast-fact/the-fica-spiritual-history-tool/)

## Resources:

- Prognosis Fast Fact [www.mypcnw.org/fast-fact/determining-prognosis-in-advanced-cancer/](http://www.mypcnw.org/fast-fact/determining-prognosis-in-advanced-cancer/)
- SBAR: Situation, Background, Assessment, and Recommendation.
- SBAR for Patients in Journal of Patient Safety – Situation, Background, Assessment, and **Request**.

# The 5 Rights of End of Life Care™



**Right Care Plan:** Linked to the Right Goals; the orders, procedures, and documentation such as Advance Directives, DNR, and Powers of Attorney support the Care Plan.

## Concepts:

- Discussing orders such as code status is crucial;
- Discussing future plans such as returning to the hospital if condition worsens, tube feeding, assessing aggressive surgeries and treatments.

## Tools:

- Advance Directive resources/links for each state  
National Hospice and Palliative Care Organization and a list of all state AD's  
(<https://www.nhpco.org/advancedirective/>)

## Resources:

- Honoring Choices Wisconsin website with videos and basic ACP information  
(<https://www.wismed.org/wisconsin/wismed/about-us/honoring-choices/wismed/about-us/honoring-choices.aspx>),
- Fast Fact resource on Myths of advance directives  
[www.mypcnow.org/fast-fact/myths-about-advance-directives/](http://www.mypcnow.org/fast-fact/myths-about-advance-directives/)

# The 5 Rights of End of Life Care

## Concepts:

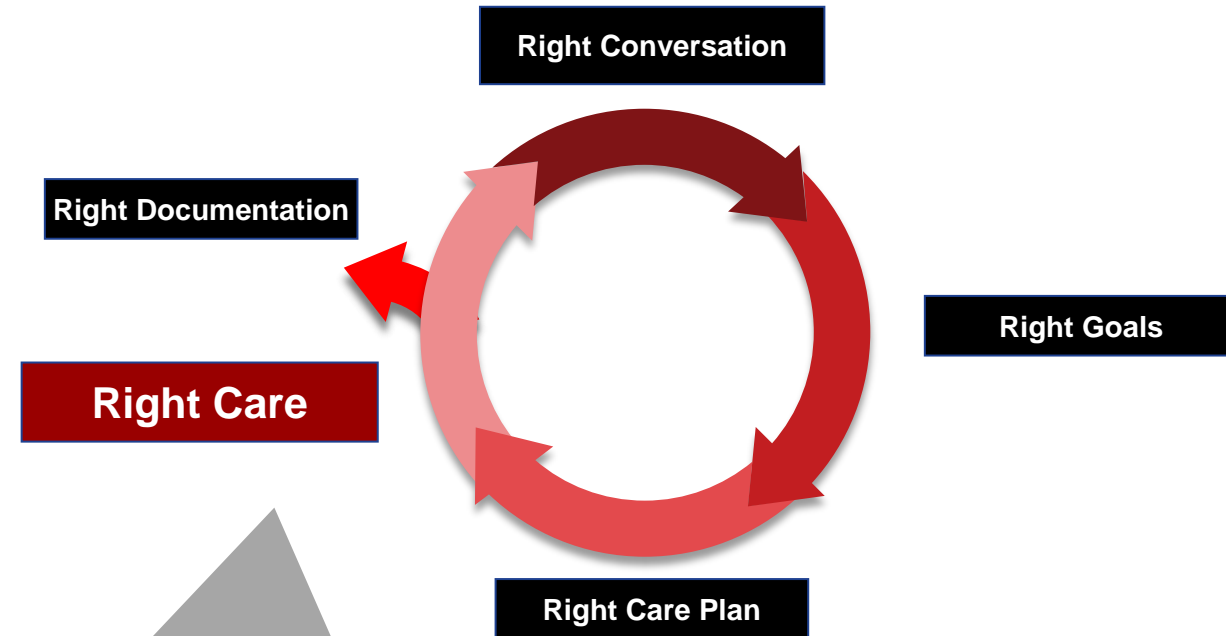
- Measurement of clinical, operational, and financial outcomes.
- Mind, body and spirit outcomes – synchronize with Care Goals.
- Patients and families must be continuously informed of the care plan.

## Tools:

- Safety Learning System such as Dr. J Huddleston's work in Opportunities for Improvement (OFIs).

## Resources:

- See original article in Journal of Patient Safety regarding Mayo Mortality Reviews
- [www.HBHealthcareSafety.org](http://www.HBHealthcareSafety.org)



**Right Care:** Here we make sure that the care provided is consistent with the Right Goals and Care Plan.

**Right Documentation:** Processes and systems are in place to make sure that all documentation flows properly between caregivers, the organization, and the family.

### Concepts

- Care across the continuum and over time is well documented.
- Good care coordination is documented.
- Goals of care are documented over time.
- Distribute goals of care documents and other documents to all facilities and sites of care

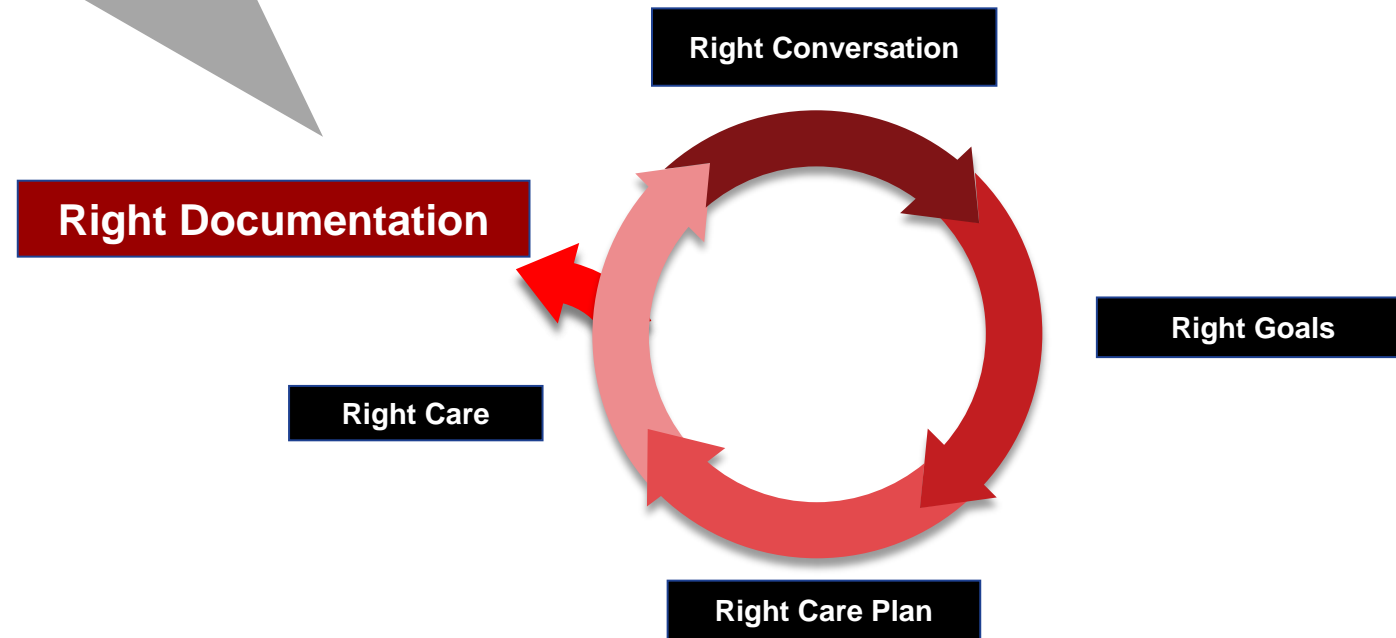
### Tools

- Standardized templates for organization.
- Transitions Checklists and Flow Charts

### Resources

- The 5 Rights of Medical Records (March 2021)

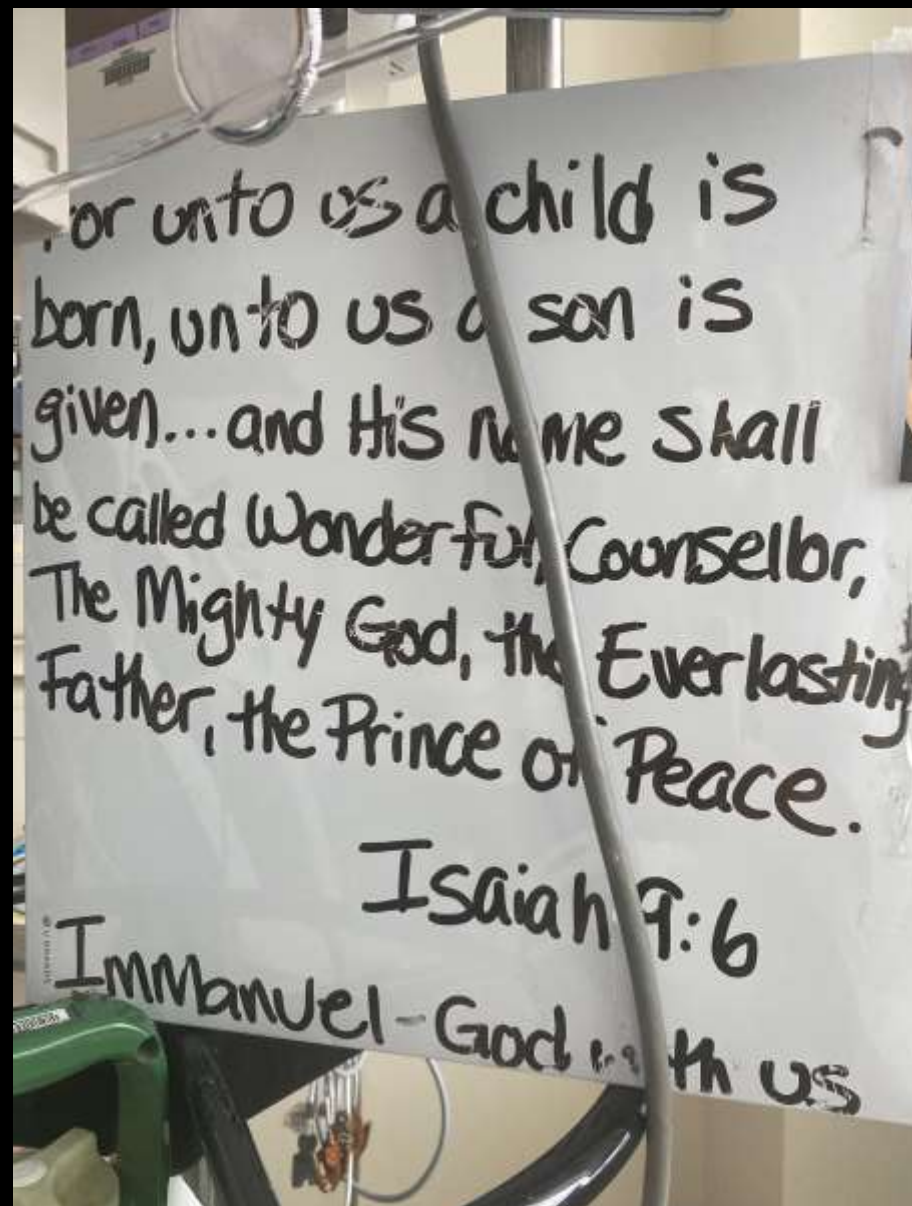
## *The 5 Rights of™ End of Life Care*







Photos Used with Permission of Family



Photos Used with Permission of Family

# The Dream Scenario

- Patient centered care is the norm for all patients
- Goals of care are completed and then documented for all appropriate patients in all settings
- Goals of Care Conversations are a credentialing requirement
- Patient care is concordant with their wishes





## **BASIC MODULES**

**Masks: The SCIENCE of Success**

**Why Social Distancing WORKS**

**Hand Washing & DISINFECTANTS**

**CLEAN High Contact Surfaces**

**Building a FAMILY SAFETY PLAN**

**If we NEED Emergency Care**

**Why ICU, Respirators, and ECMO**

**8 Minute Video at**

**<https://www.medtacglobal.org/coronavirus-response/>**

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



## Speakers & Reactors



Dr. Gregory Botz



Dr. Tim Jessick



Heather Foster RN



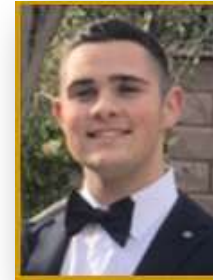
Jennifer Dingman



Keith Flitner



Charlie Denham III



Danny Policicchio



Dr. Charles Denham



Jamie Yrastorza



Paul Bhatia EMT



Audrey Lam EMT



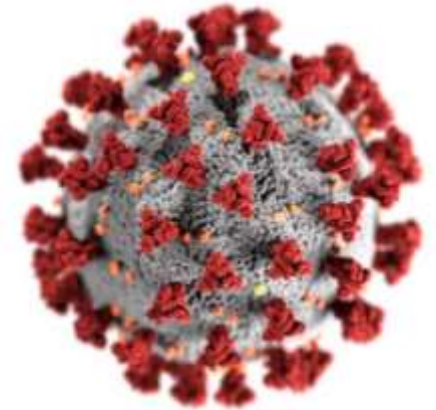
# What To Do – They're in the ICU

## *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.
<b>Infected &amp; Pre-symptomatic – Before Symptoms</b>	Watch for the signs and symptoms triggering seeking emergency care.
<b>Infected &amp; Symptomatic – Have Symptoms</b>	Watch for the signs and symptoms triggering seeking emergency care.
<b>Infected &amp; Severely Symptomatic – Need Help</b>	Seek emergency care immediately. Have medical records and medications for ED care providers.
<b>Infected &amp; Requiring Hospitalization</b>	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

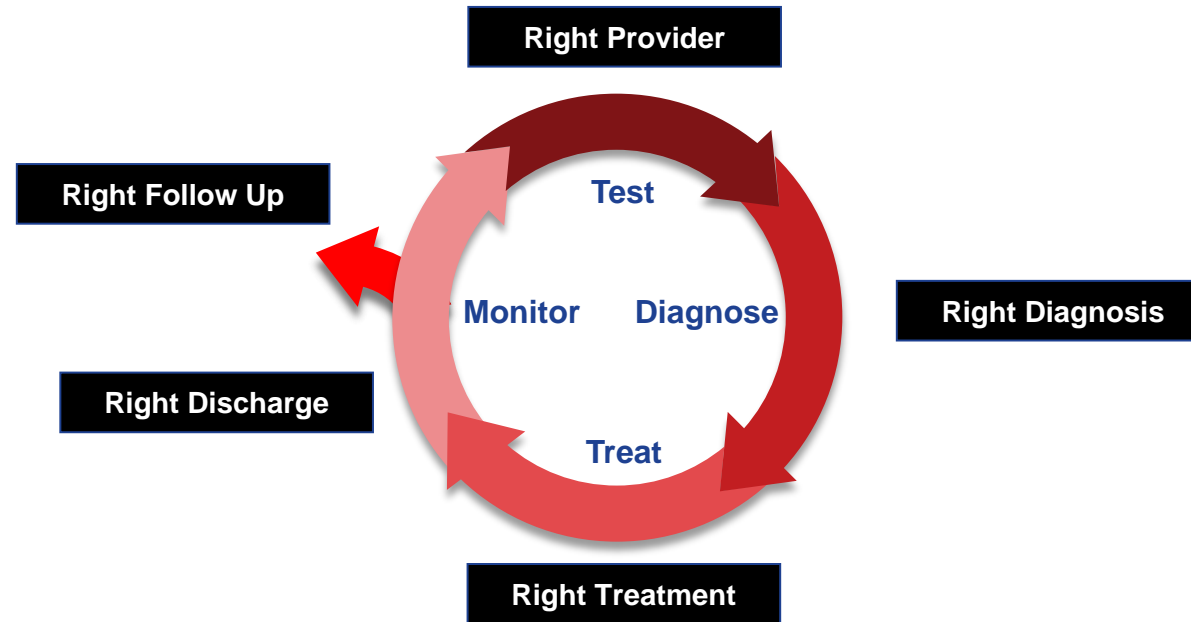
- Rescue Skills:** Care of an infected family member in isolation requires safe use of PPE, safe transportation, and protecting family members.
- Rescue Resources:** Staff, supplies, space, and financial resources vital. Staff include family members and service providers. Adequate funding, PPE supplies,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



# 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.

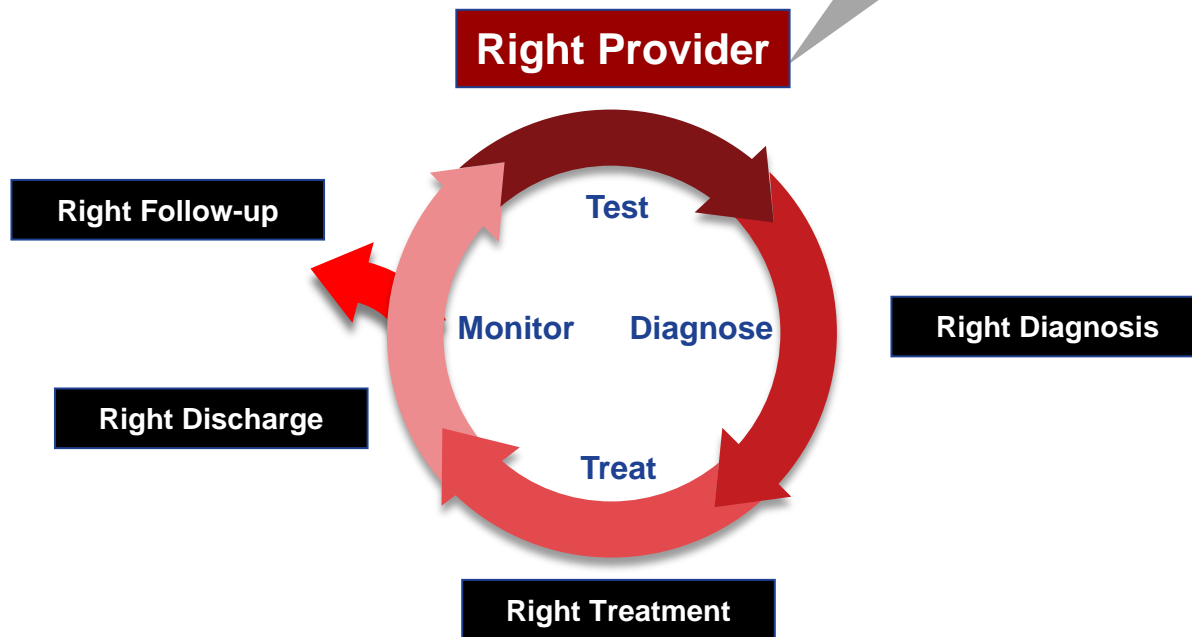
**Right Follow-up:** The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

Source: Denham, CR



# The 5 Rights of Emergency Care™

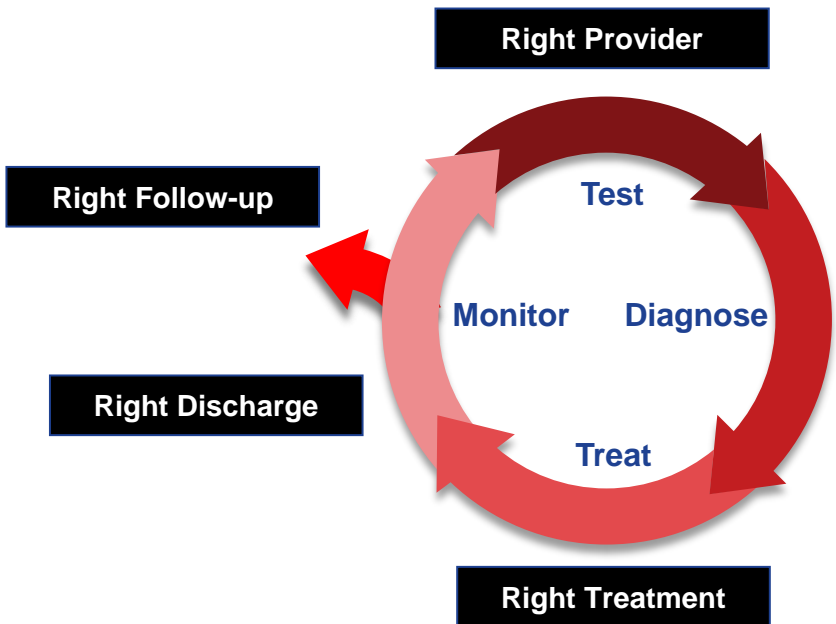
**Right Provider:** Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.



- **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™



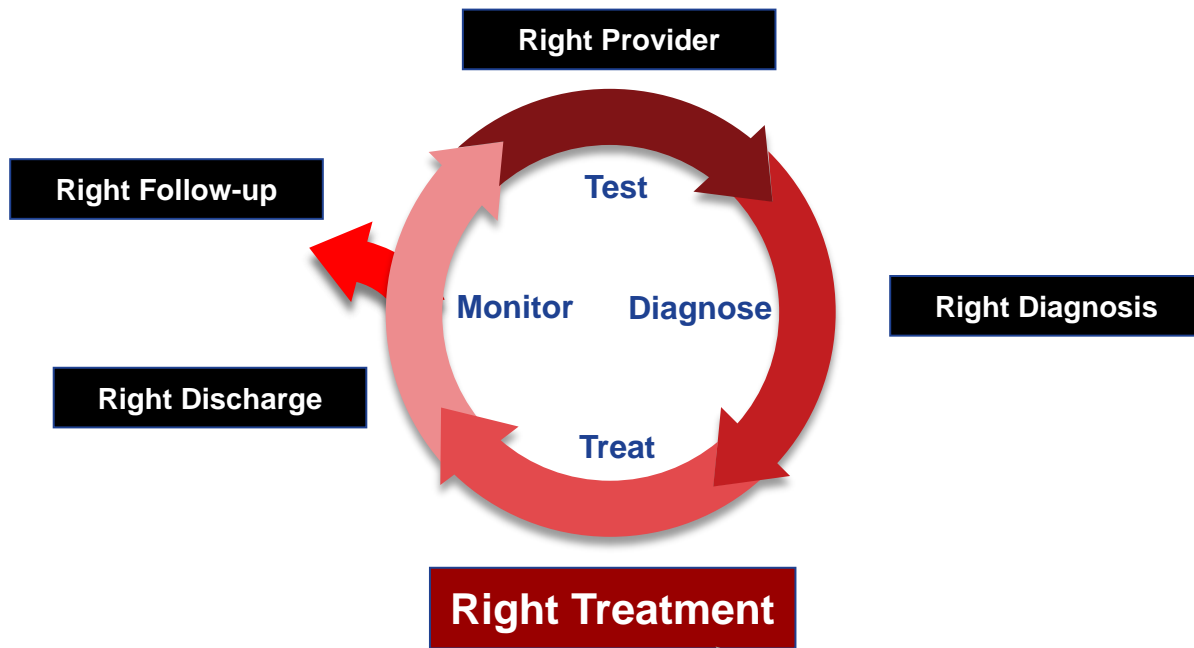
**Right Diagnosis:** The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.

## 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™



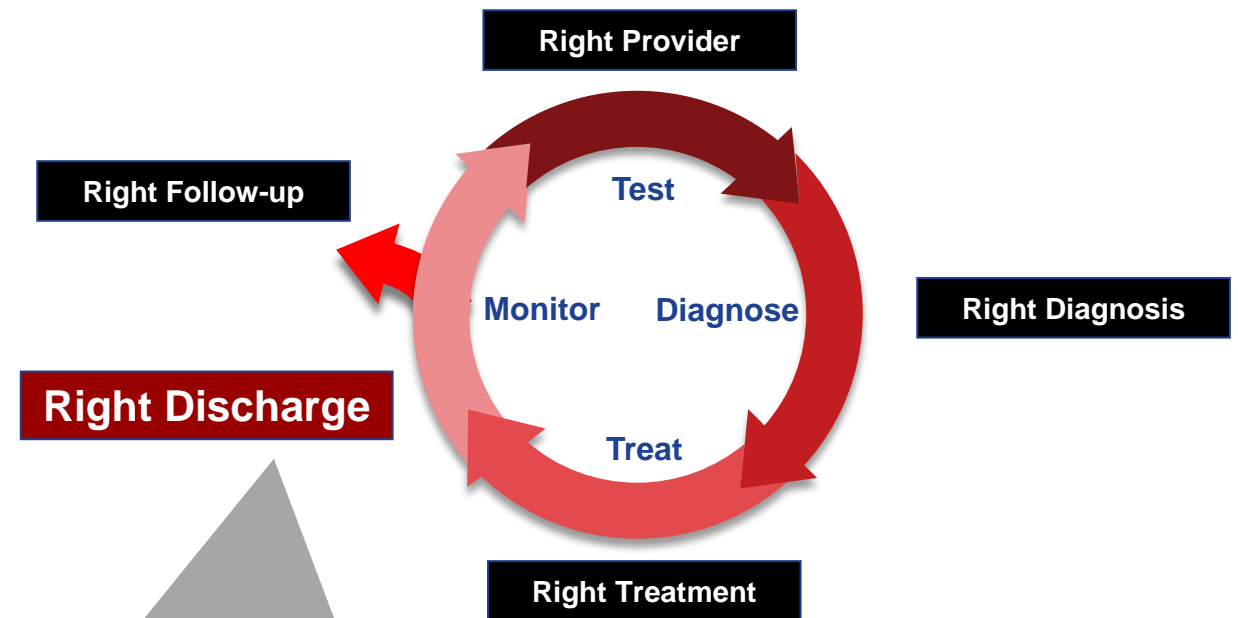
- **Treatment of Short-term Symptoms and of Long-term Conditions:** Procedures, medications, and new behaviors you need to maintain should be understood for the short-term and long-term timeframes.
- **Shared Decision Making:** Understand the treatment and decide together
- **Risks and Benefits:** Understand 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;

# The 5 Rights of Emergency Care™

- **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.



**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.

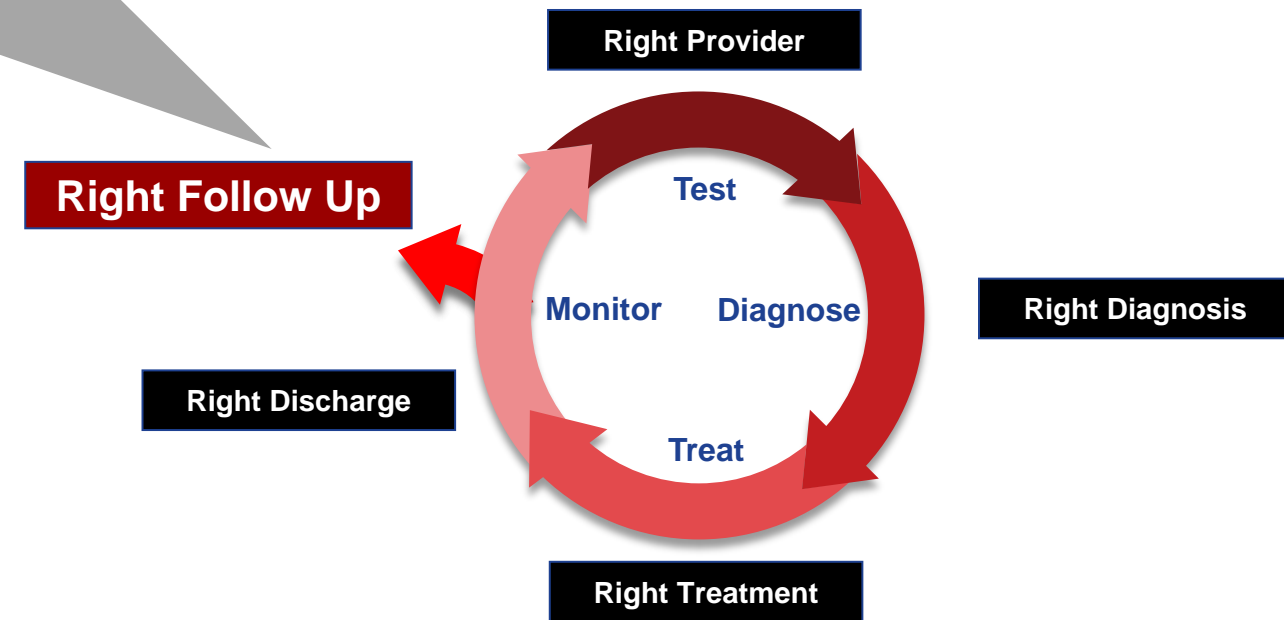


**Right Follow-up:** The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

- **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™*

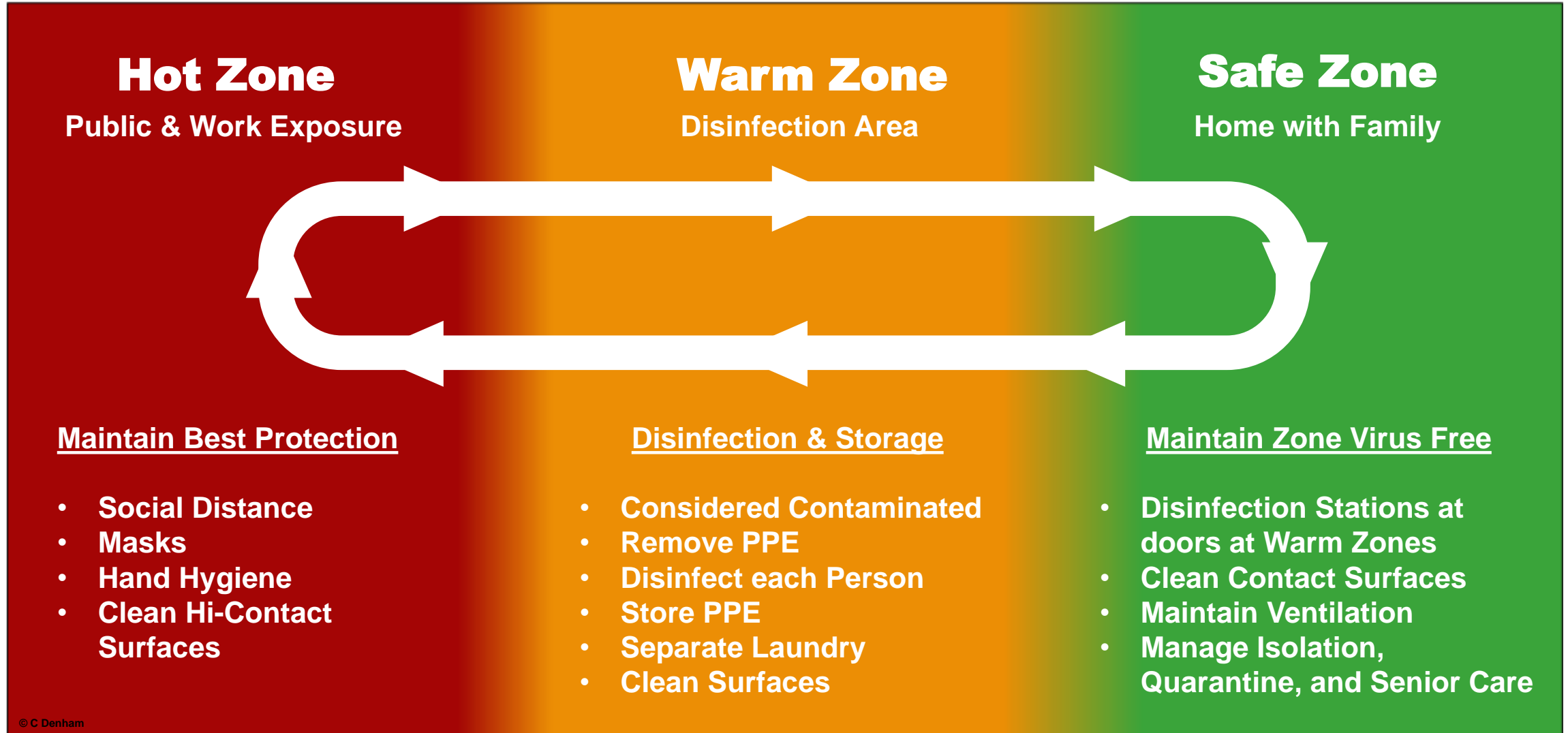


# Coming Home Safely

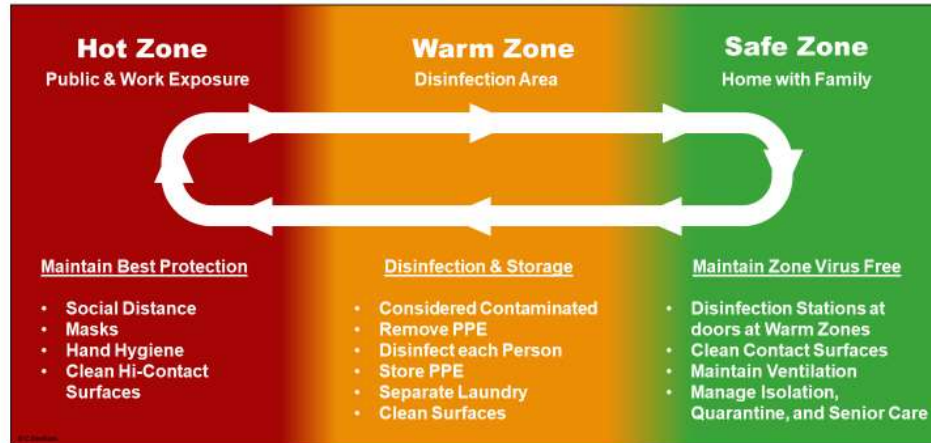
## *Family Survive & Thrive Guide™*



## Hot-Warm-Safe Zone Practices



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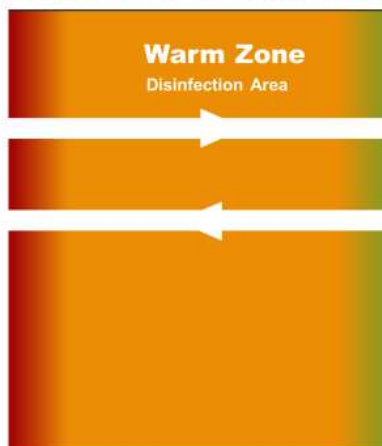


### HOT ZONE PRACTICES

- 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.

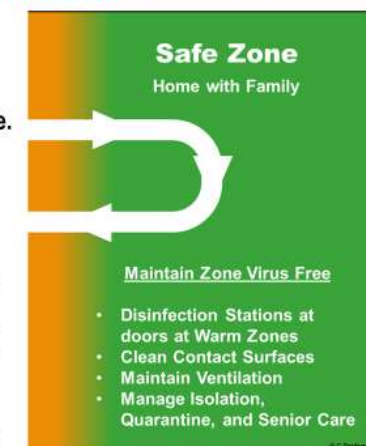


- WARM ZONE**
- Coming Home Practices**
- Designate WARM ZONE room or space for disinfecting,
  - Assemble & Maintain Disinfection Station with cleaning supplies.
  - Keep the family out of WARM ZONE
  - Increase precautions if someone is in quarantine or isolation.

- 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.



## 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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### WARM ZONE

#### Leaving Hot Zone Practices

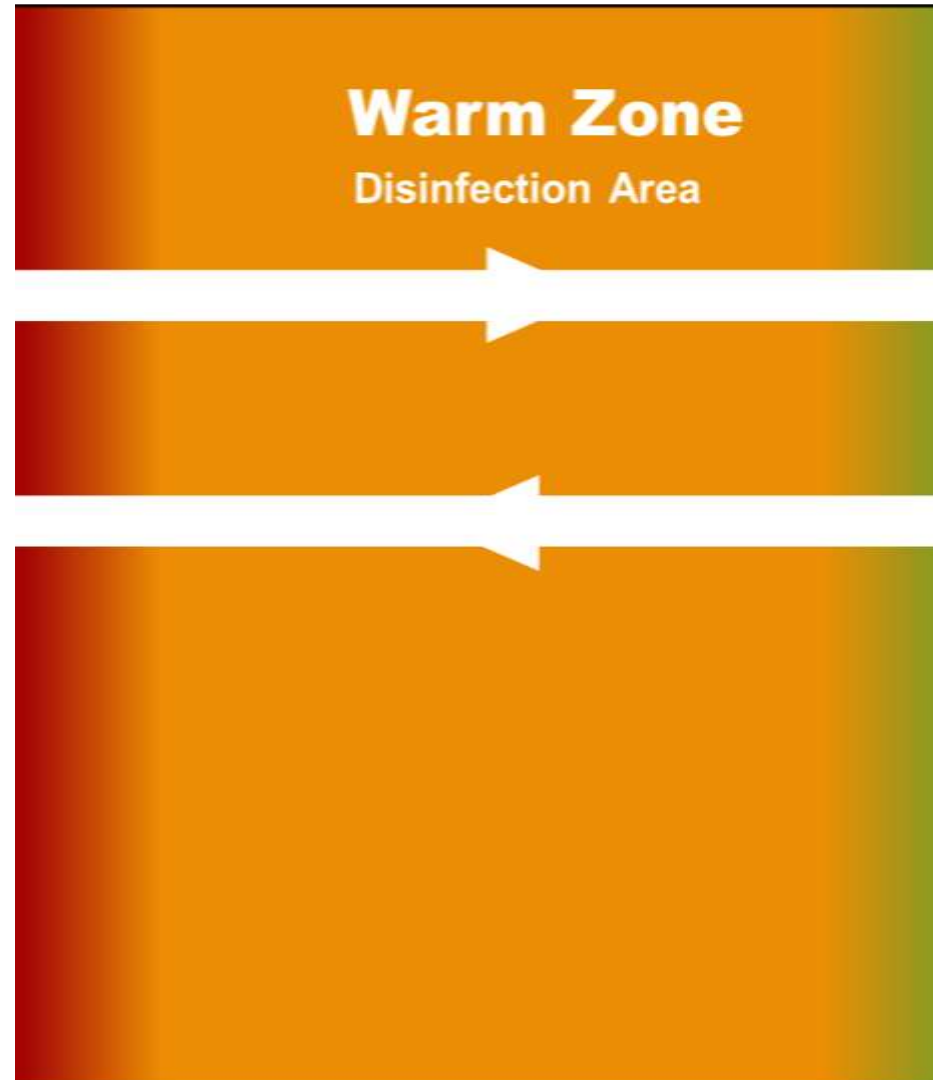
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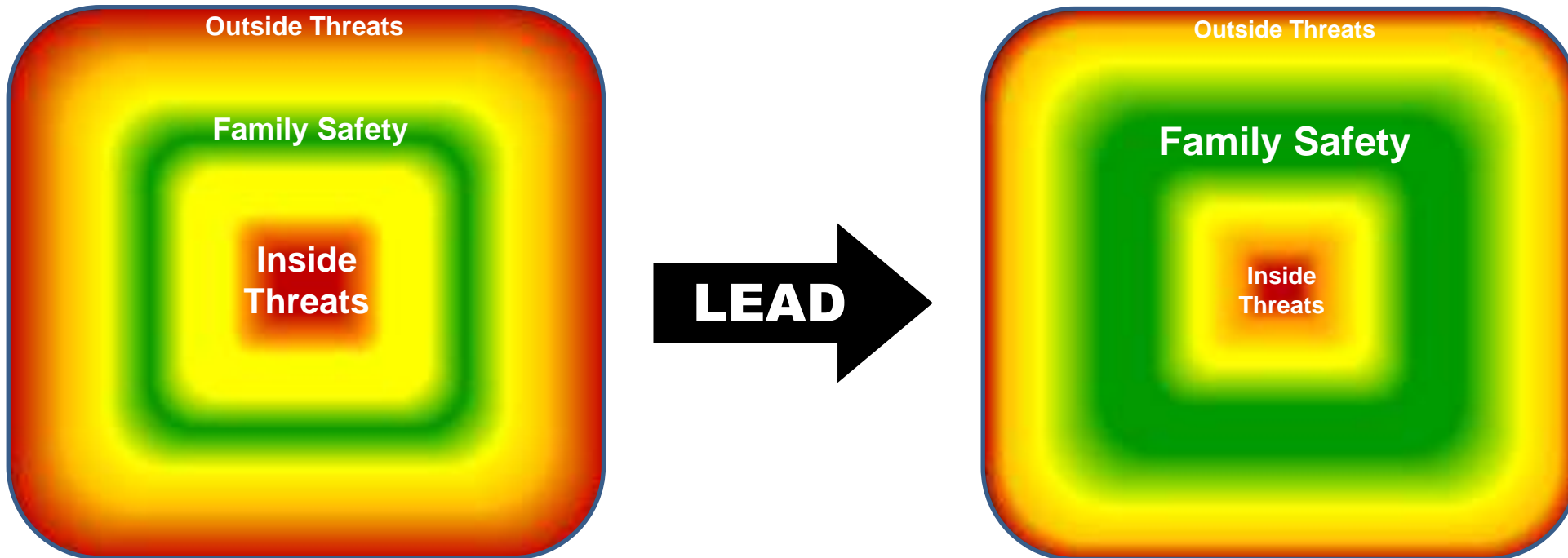
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# Keeping Our Kids Safe

## *Family Survive & Thrive Guide™*

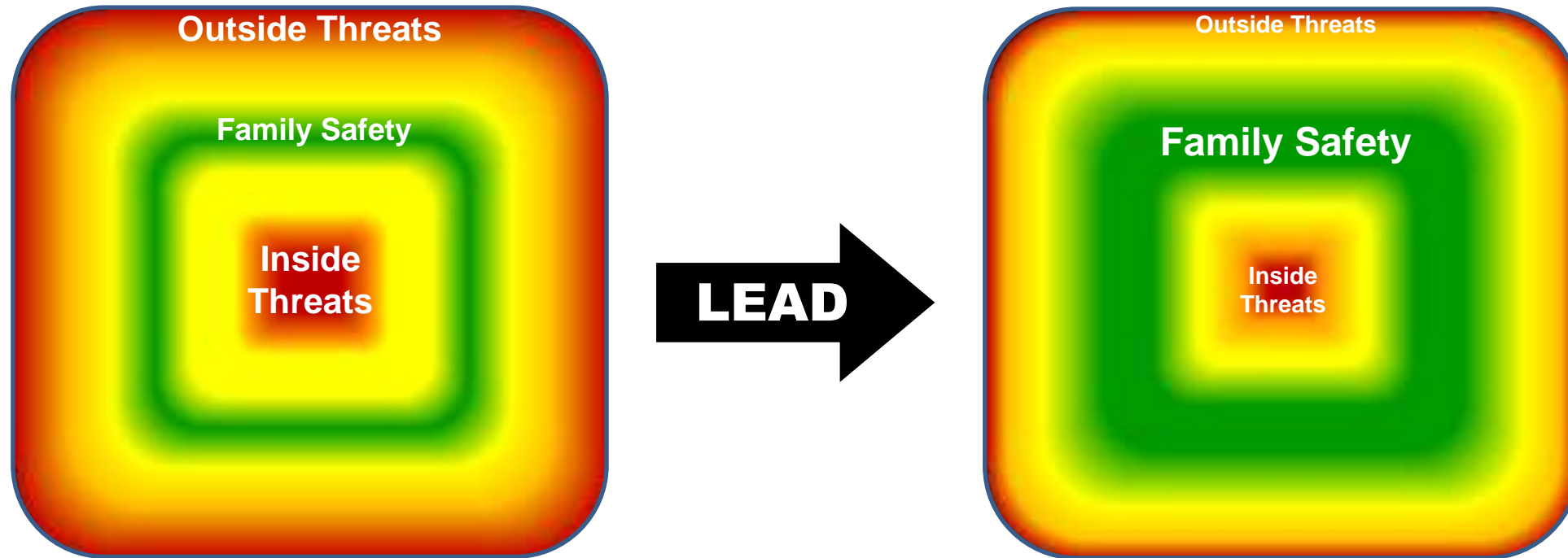


# Threats X Vulnerability = Risk to Your Family

**Threats:**  
Likely to  
cause HARM.

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

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





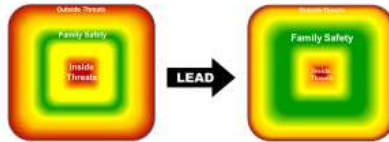
# Survive & Thrive Guide: Protecting Your Family

Keeping Our Kids Safe: Steps 1-4

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



Reduce Family Vulnerability

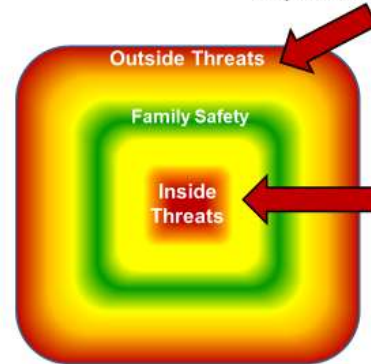


- STEP 1: Identify Each Family Member's Threat Profile**
- Family living together and those in direct contact.
  - Identify threats due to age, underlying conditions, and outside threats related to region and living conditions.
- STEP 2: Identify and Follow Local Coronavirus Threats**
- Local Community 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



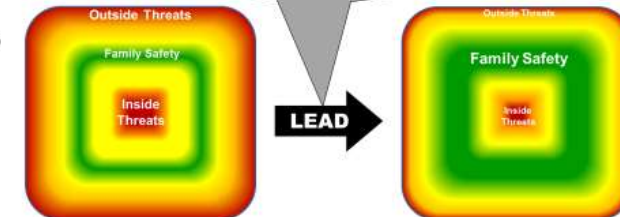
### Family Unit Threat Profile:

- 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

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CareUniversity

Med Tac Bystander Rescue Care

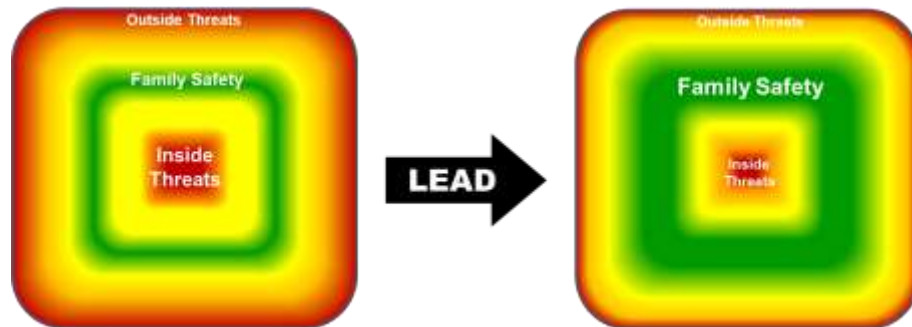
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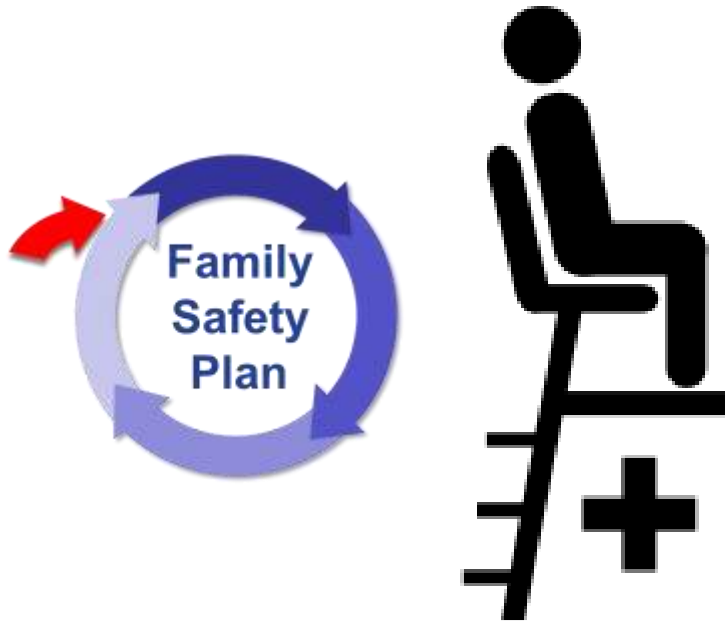
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# Be Your Family Lifeguard

90% Prevention and 10% Rescue

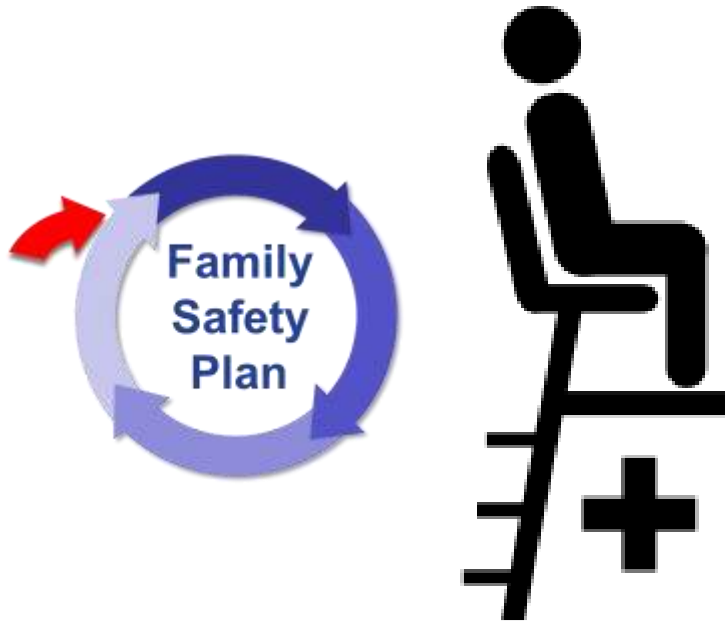


Avoid  
“Double Bubble Trouble”



# 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:

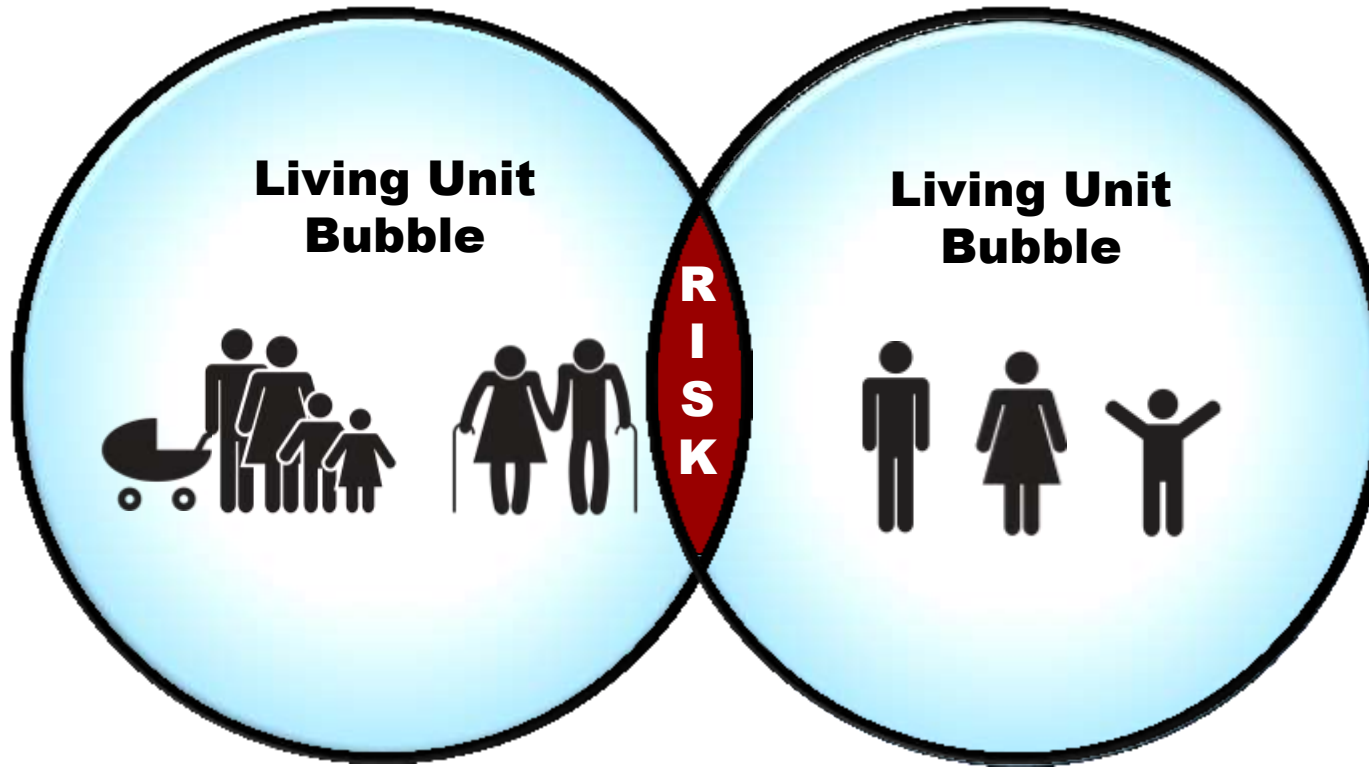
- Glove up to Clean Up
- Soak Plates and Cutlery in Soapy Water
- Wipe down surfaces touched by guests
- Wipe down bathroom used by guests
- Meet to de-brief to be safer next time

# “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