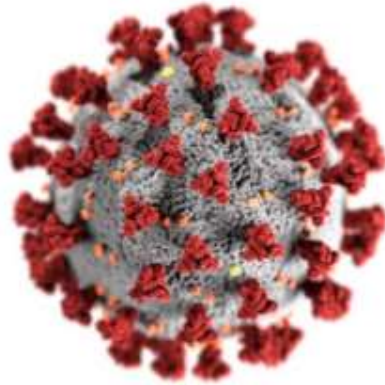


Vaccines, Variants, and Victory

A Survive & Thrive Guide™



Welcome



Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care
April 1, 2021**

***CareUniversity* Webinar 158**



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.
- Christopher Peabody has nothing to disclose.
- William Adcox has nothing to disclose.
- Casey Clements has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Heather Foster has nothing to disclose.
- Manuel Lopez has nothing to disclose.
- Keith Flitner has nothing to disclose.
- Randy Styner has nothing to disclose.
- Brittney Barto 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.
- Jahnvi Rao has nothing to disclose.
- Luis Licon has nothing to disclose.

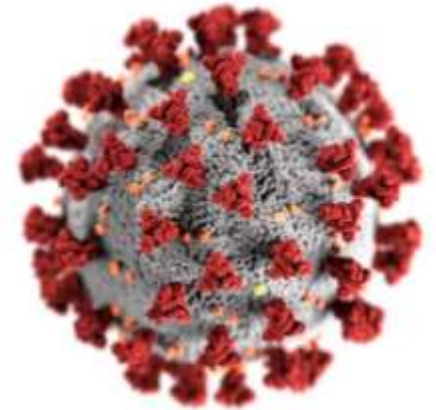
Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare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

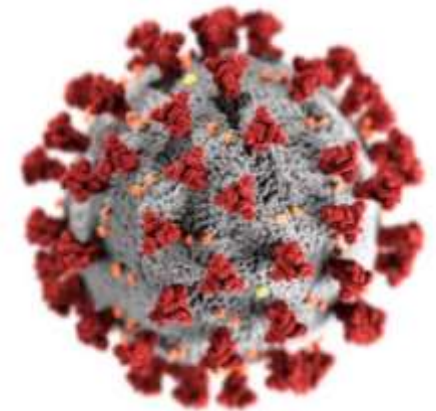


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Charles Denham, MD

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



A Warning



Three Big Lifesaving Opportunities

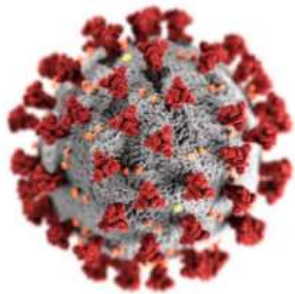
Save Lives Now

The New Normal



***The Reopening Bridge
to The New Normal***

Vaccines, Variants, and Victory: *A Survive & Thrive Guide*



VACCINES:

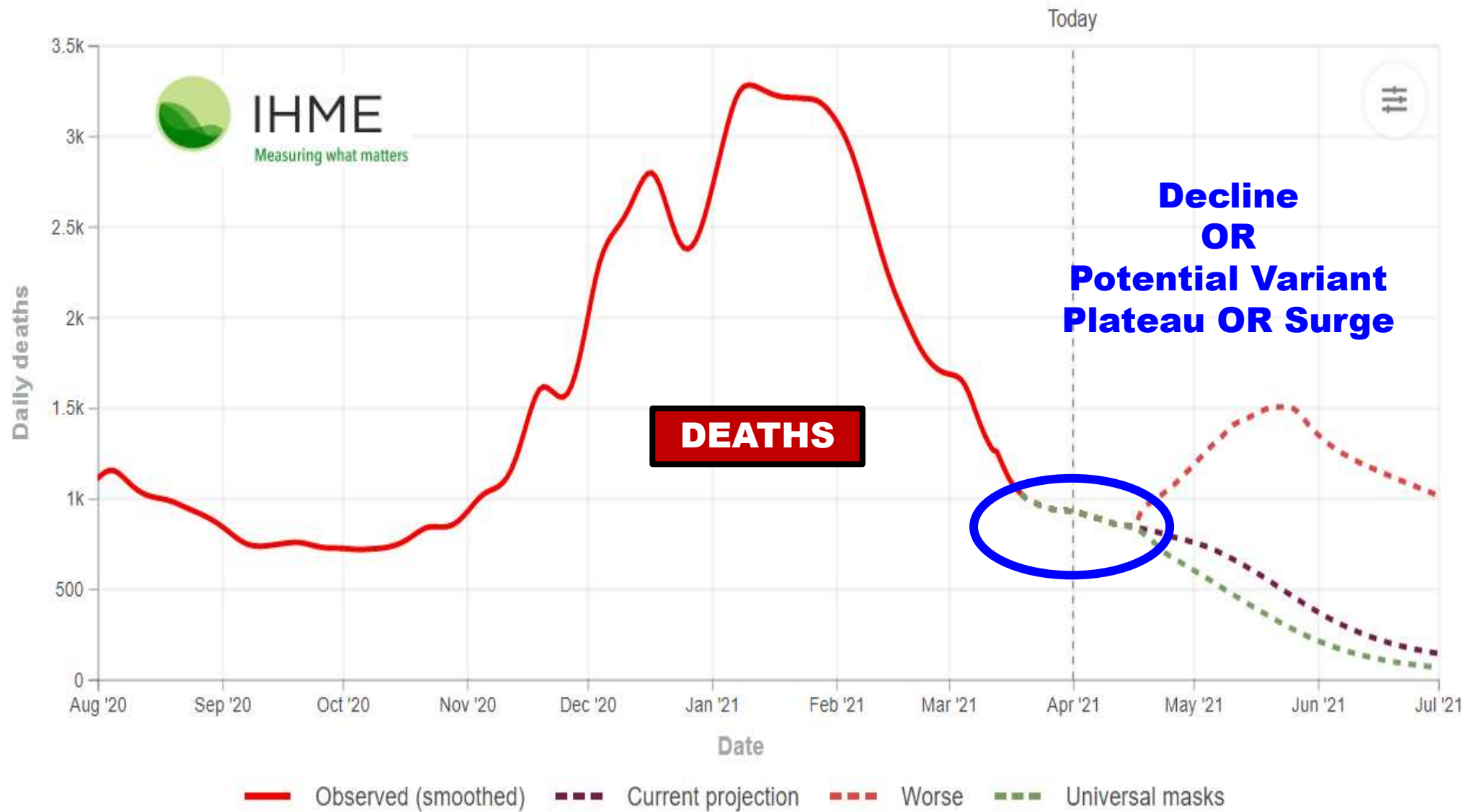
- What are vaccines and how do they work?
- What is the “adaptive immune system” – B cells and T cells?
- What is vaccine hesitancy about?
- Are our vaccines really safe?
- What do I need to know about side effects?
- What are the differences between the vaccines?
- What about kids – are vaccines safe and effective?

VARIANTS:

- What are variants and why are they important?
- Why can they be more contagious and more lethal?
- Why is the B117 U.K variant important to us?
- What about the South African and Brazilian variants?

VICTORY:

- Our *Survive & Thrive Guides*™ What's New?
- What will be the New Normal?
- What do we do on the “recovery bridge to victory”
- What is the “*Take a Shot and Play it Safe*” Campaign.
- What is a Good **AND SAFE** Samaritan





IHME

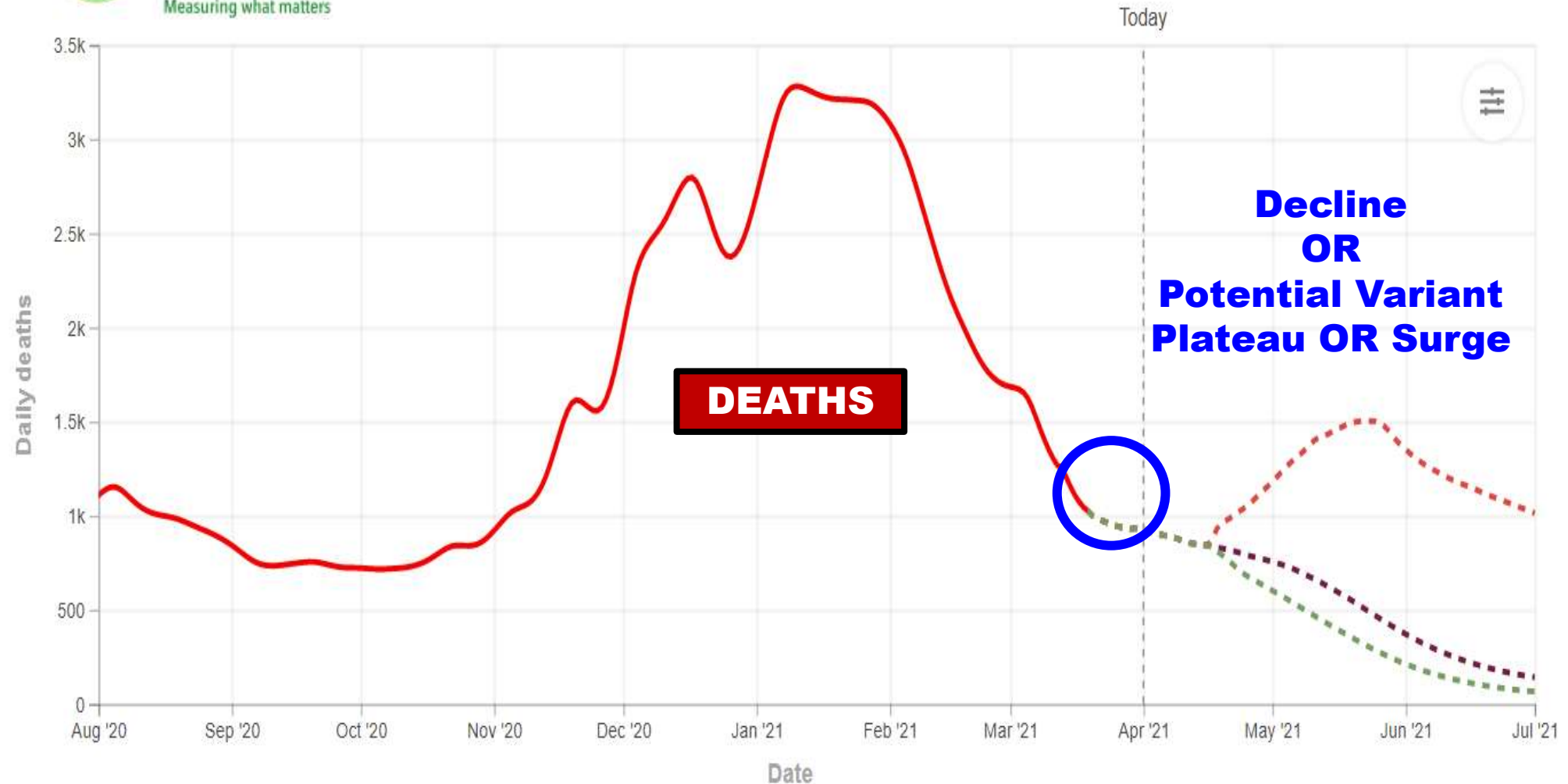
Measuring what matters

Scenario ⓘ

Projection X

Worse X

Masks X



The Atlantic

March 30, 2021



VACCINATED

- 73 percent over 65
- 36 percent of all eligible adults received at least one dose.
- More than 50 million people are now considered fully vaccinated,

The Fourth Surge Is Upon Us. This Time, It's Different.

A deadlier and more transmissible variant has taken root, but now we have the tools to stop it if we want.

Across the United States, cases have started rising again. In a few cities, even hospitalizations are ticking up. The twists and turns of a pandemic can be hard to predict, but this most recent increase was almost inevitable: **A more transmissible and more deadly variant called B.1.1.7 has established itself at the precise moment when many regions are opening up rapidly by lifting mask mandates, indoor-gathering restrictions, and occupancy limits on gyms and restaurants.**

We appear to be entering our fourth surge.

The good news is that this one is different. We now have an unparalleled supply of astonishingly efficacious vaccines being administered at an incredible clip. If we act quickly, this surge *could* be merely a blip for the United States. But if we move too slowly, more people will become infected by this terrible new variant, which is acutely dangerous to those who are not yet vaccinated.

The United States has an advantage that countries such as Canada, France, Germany, and Italy, who are also experiencing surges from this variant, don't. The Moderna, Pfizer, and Johnson & Johnson vaccines work very well against this variant, and the U.S. has been using them to vaccinate more than 3 million people a day. That's more than 4 percent of our vaccine-eligible population every three days. **An astonishing 73 percent of people over 65, and 36 percent of all eligible adults in the country, have already received at least one dose. More than 50 million people are now considered fully vaccinated,** having received either their booster dose or the "one and done" Johnson & Johnson shot. Many states have already opened up vaccination to anyone over 16, and everyone eligible is expected to have a chance to get at least a first dose no later than May.

Source: <https://www.theatlantic.com/health/archive/2021/03/fourth-surge-variant-vaccine/618463/>

Speakers & Reactors



Dr. Gregory Botz



Dr. Toff Peabody



Heather Foster RN



Dr. Brittney Barto



William Adcox



John Little



Jennifer Dingman



Keith Flitner



Randy Styner



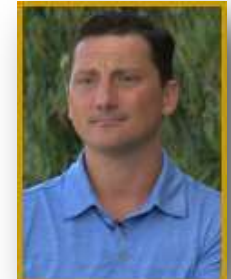
Charlie Denham III



Jamie Yrastorza



Jahnavi Rao



David Beshk



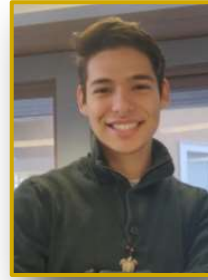
Dr. Charles Denham



Paul Bhatia EMT



Danny Policicchio



Luis Licon



Manue Lopez



Dominick Contreras



Ivy Tran



High Impact Care Hazards to Patients, Students, and Employees



Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

Transportation Accidents

Bullying

Med Tac
Story Article



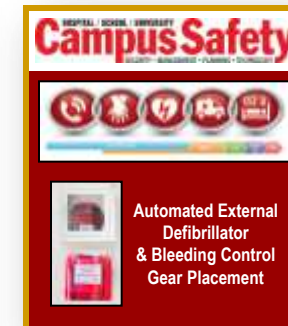
Active Shooter
Healthcare Article



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 loss 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**

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



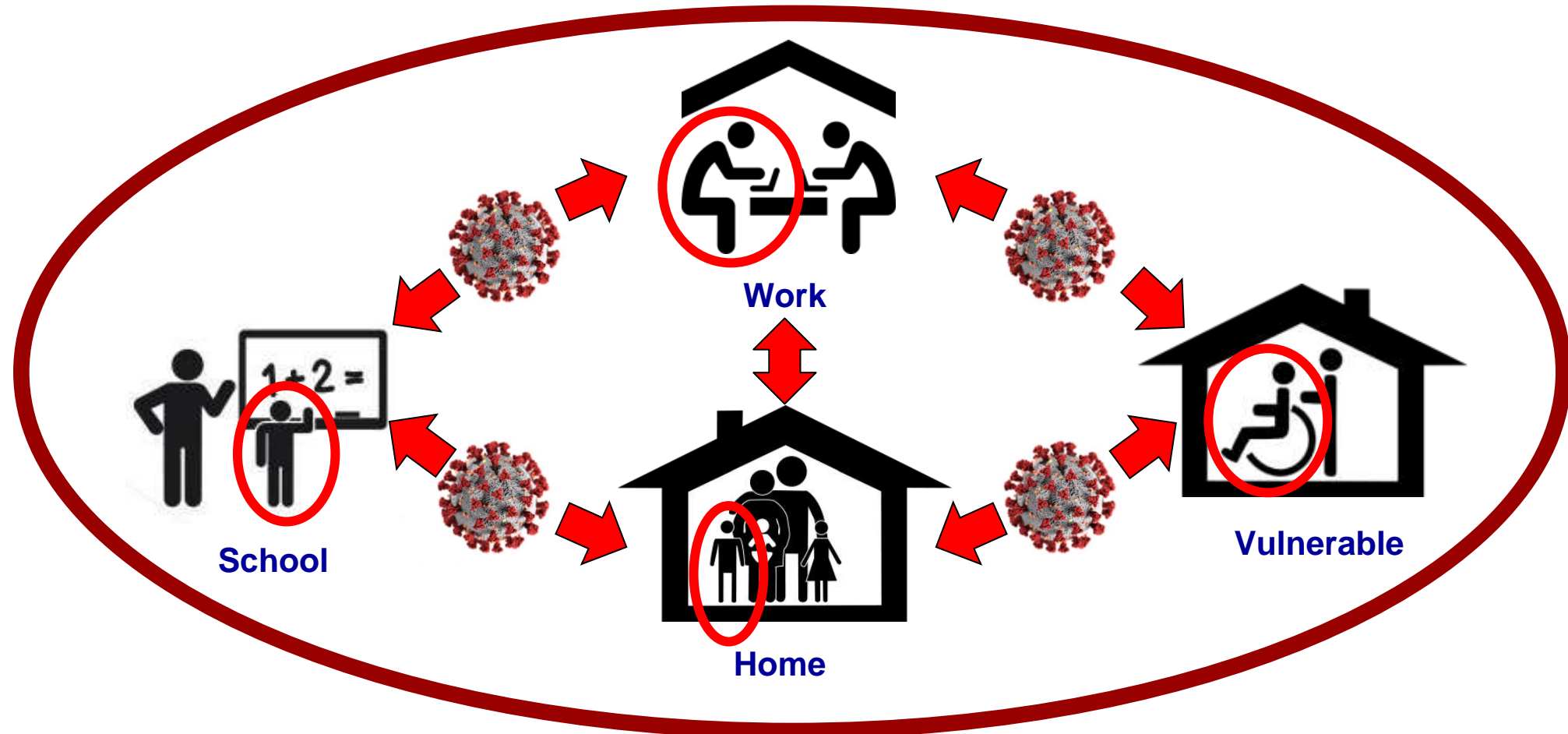
Dr. Harvey Fineberg



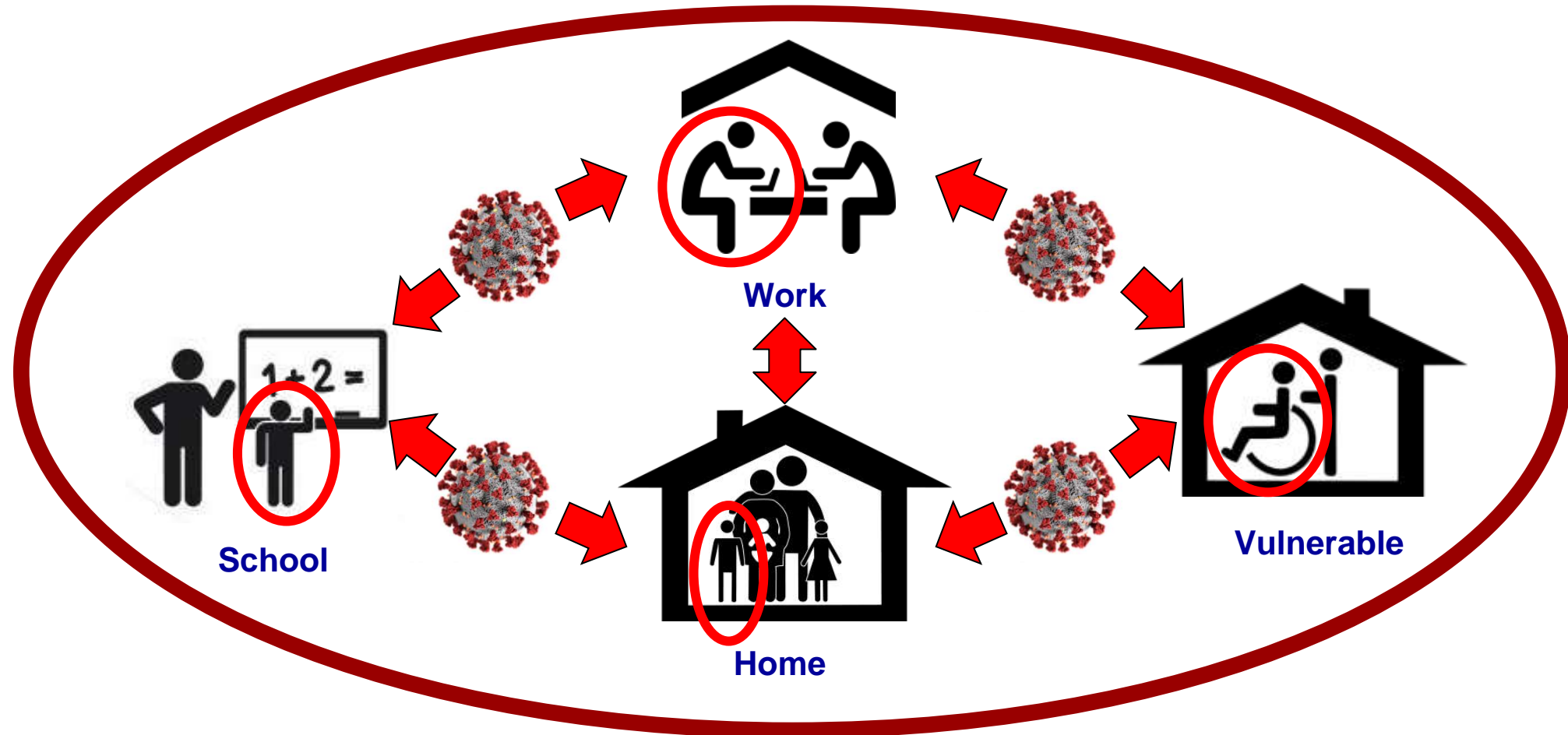
**Educators
Declared
Essential Critical
Infrastructure
Workers**



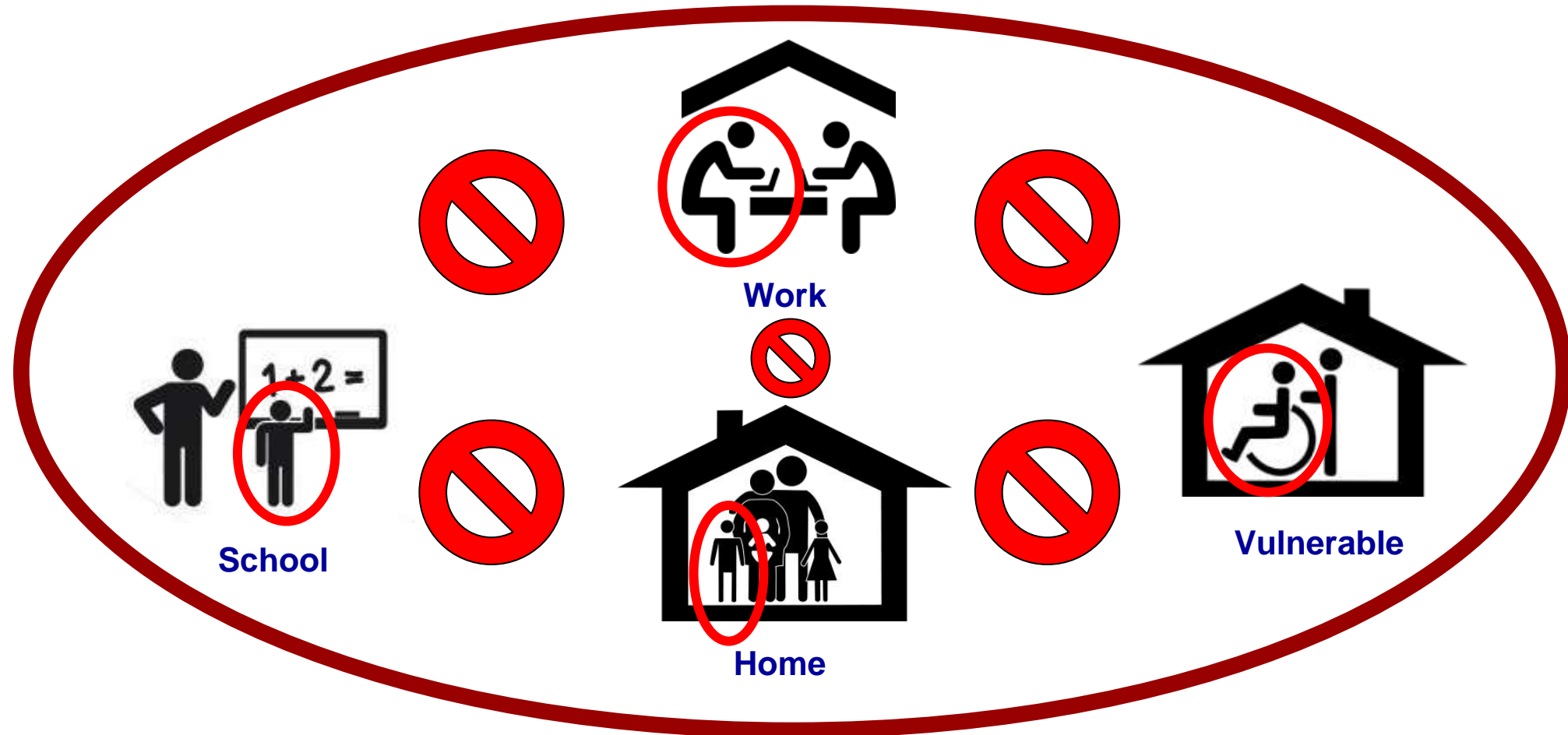
Save the Families...



Save the Families... You Save the Worker



Breaking Family Transmission Chains



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

Masks: The SCIENCE of Success




1:00







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

ADVANCED MODULES

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

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


Care of the At Risk & Seniors at Home

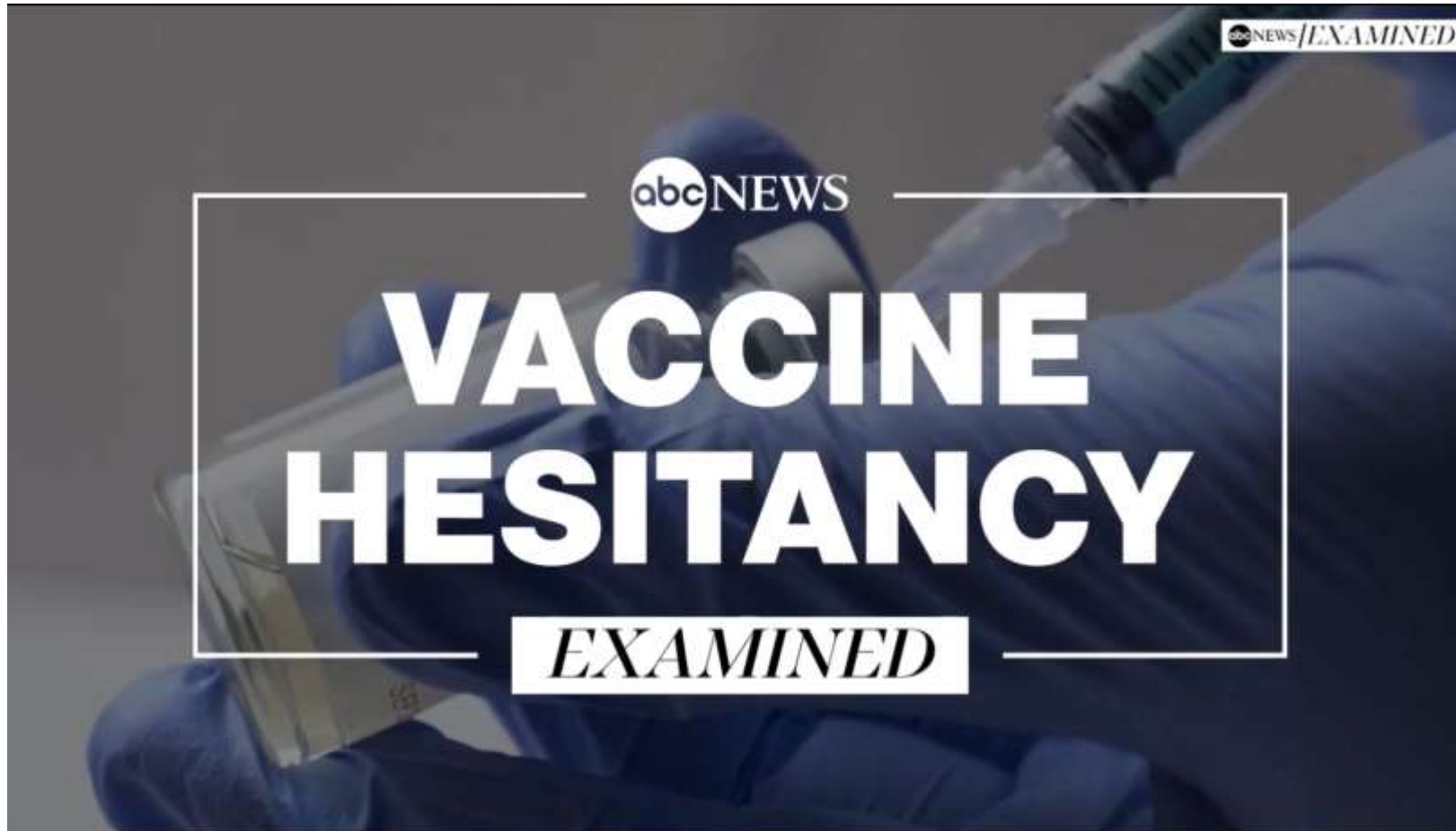
www.medtacglobal.org/coronavirus-response/

Vaccines



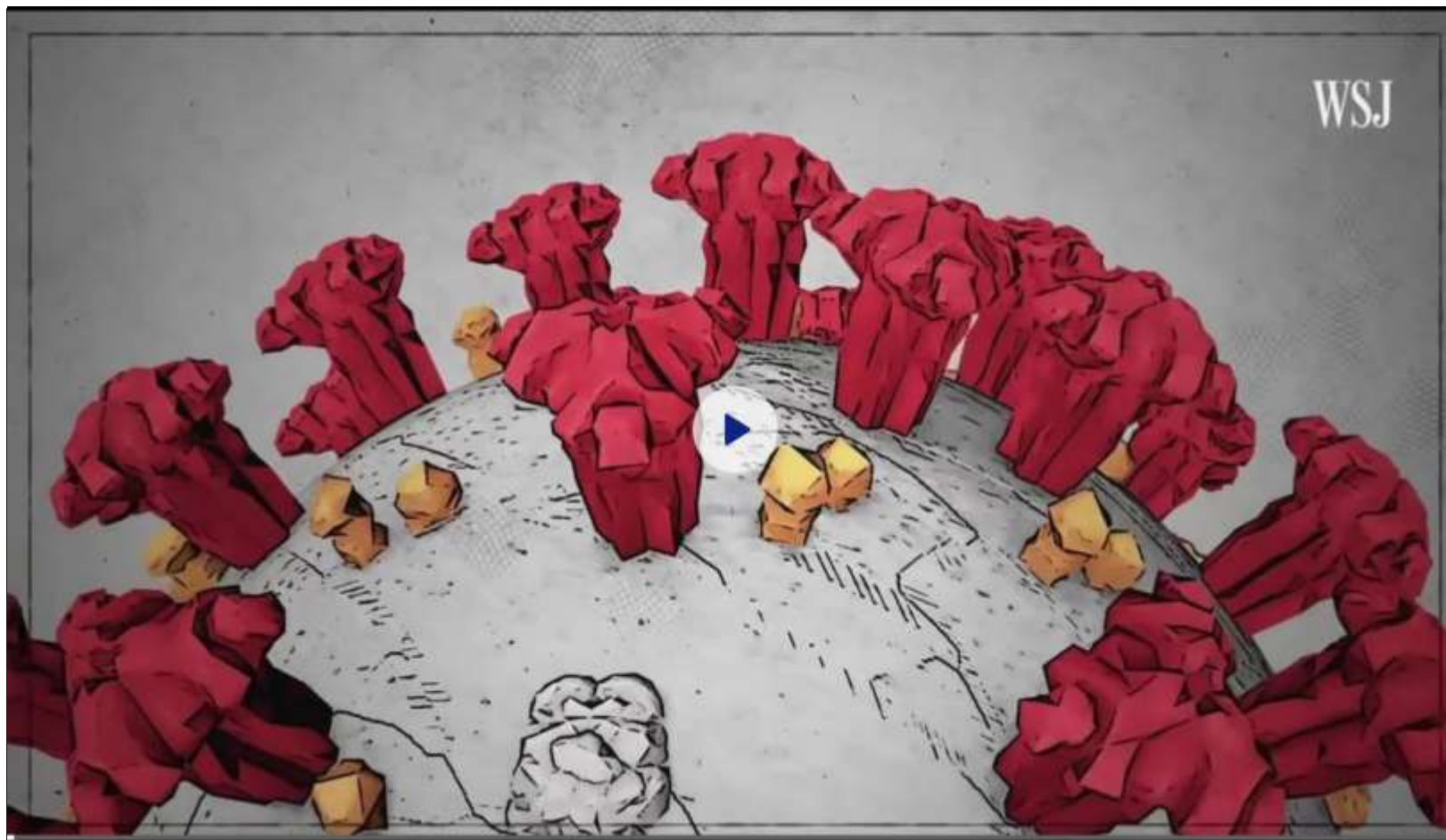
<https://abcnews.go.com/Health/real-world-study-shows-mrna-vaccines-protect-symptomatic/story?id=76752330>

Vaccine Hesitancy

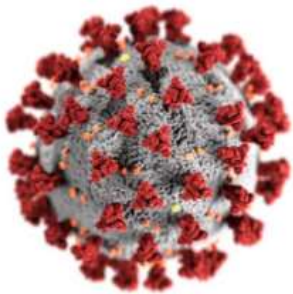


THE WALL STREET JOURNAL.

Variants



Vaccines, Variants, and Victory: *A Survive & Thrive Guide*



Vaccines

Variants

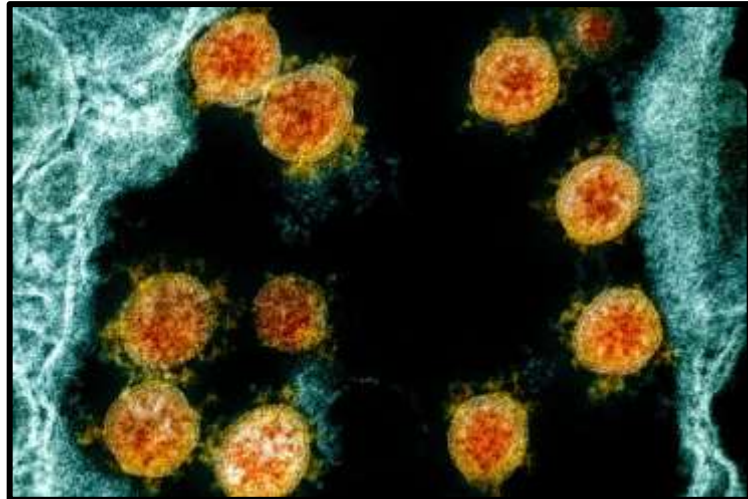
Victory

VACCINES:

- What are vaccines and how do they work?
- What is the “adaptive immune system” – B cells and T cells?
- What is vaccine hesitancy about?
- Are our vaccines really safe?
- What do I need to know about side effects?
- What are the differences between the vaccines?
- What about kids – are vaccines safe and effective?

The Washington Post

March 29, 2021



How Long Will The Coronavirus Vaccines Protect You? Experts Weigh In.

You may be among [the more than 95 million people in the United States](#) who have taken at least one dose of a [coronavirus](#) vaccine. Or you may still be awaiting your turn. Regardless, there's a crucial question on most of our minds: How long will the vaccine really protect us?

As with most aspects of the virus, the answer is not completely clear. Why? Because although we have been battling the pandemic for more than a year, the vaccines were granted emergency use authorization relatively recently. So experts have not had time to observe their long-term effectiveness. However, that research is underway, and in the meantime, experts say we can make an educated guess.

How long will vaccine immunity last?

Federal health authorities [have not provided a definitive answer](#) to this question.

But based on [clinical trials](#), experts do know that vaccine-induced protection should last a minimum of about three months. That does not mean protective immunity will expire after 90 days; that was simply the time frame participants were studied in the initial Pfizer, Moderna and Johnson & Johnson trials. As researchers continue to study the vaccines, that shelf life is expected to grow.

Source: <https://www.washingtonpost.com/lifestyle/2021/03/29/how-long-immunity-lasts-covid-vaccine/>



April 1, 2021



Ongoing Trial Shows Pfizer Covid-19 Vaccine

Remains Highly Effective After Six Months

The ongoing Phase 3 clinical trial of Pfizer/BioNTech's coronavirus vaccine confirms its **protection lasts at least six months after the second dose**, the companies said Thursday.

The question of how long vaccine protection lasts can only be answered once enough time has passed, and while six months of protection is a modest target, it's longer than previously known.

The study is continuing and future updates may reveal more about how long and how strong this protection is.

The **vaccine remains more than 91% effective against disease with any symptoms for six months**, the companies said.

And it appeared to be **fully effective against the worrying B.1.351 variant of the virus, which is the dominant strain circulating in South Africa** and which researchers feared had evolved to evade the protection of vaccines, the companies said.

Source: <https://www.cnn.com/2021/04/01/health/pfizer-covid-vaccine-efficacy-six-months-bn/index.html>



March 30, 2021



Pfizer-BioNTech says COVID Vaccine is 100% Effective in Kids Ages 12 to 15

Pfizer said Wednesday its Covid-19 vaccine was **100% effective in a study of adolescents ages 12 to 15**, encouraging results that could clear the shots for use in middle school students before school starts this fall.

Pfizer CEO Albert Bourla said the company plans to submit the new data on the vaccine, which is developed in partnership with German drugmaker BioNTech, to the Food and Drug Administration and other regulators “as soon as possible,” with the **hope that kids in the age group will be able to get vaccinated before the next school year**.

The trial enrolled 2,260 participants in the United States. There were 18 confirmed Covid-19 infections observed in the placebo group and **NO CONFIRMED INFECTIONS IN THE GROUP that received the vaccine**, the company said. That resulted in a vaccine efficacy of 100%, it said, adding that the shot was also well-tolerated, with side effects generally consistent with those seen in adults.

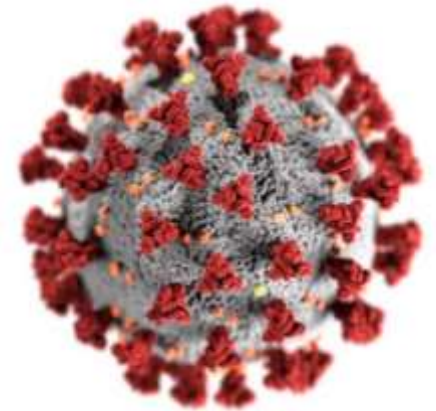
Source: https://www.cnbc.com/2021/03/31/covid-vaccine-pfizer-says-shot-is-100percent-effective-in-kids-ages-12-to-15.html?_source=iosappshare%7Ccom.apple.UIKit.activity.Mail

Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Britney Barto, MD

**Board Certified Pediatrician
Philadelphia, PA**

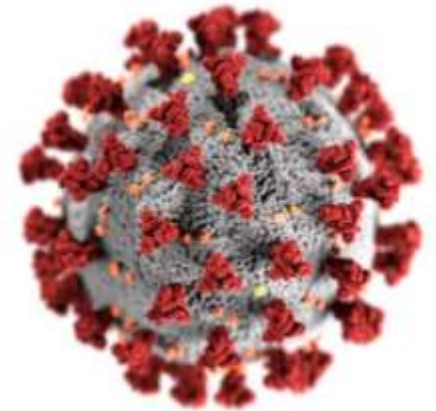


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide™*



Paul Bhatia, EMT

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



03-30-21

As Covid-19 Vaccinations Ramp Up, Hesitancy Wanes

Survey shows decline in reluctance, driven by increasing willingness in Southern states and more broadly among Black Americans

The findings come from the latest release of a large-scale survey conducted by the U.S. Census Bureau and developed in concert with the Centers for Disease Control and Prevention and the National **Center for Health Statistics**. The most recent survey gauged responses from nearly 80,000 adults between March 3 and March 15.



Source: U.S. Census Bureau Household Pulse Survey

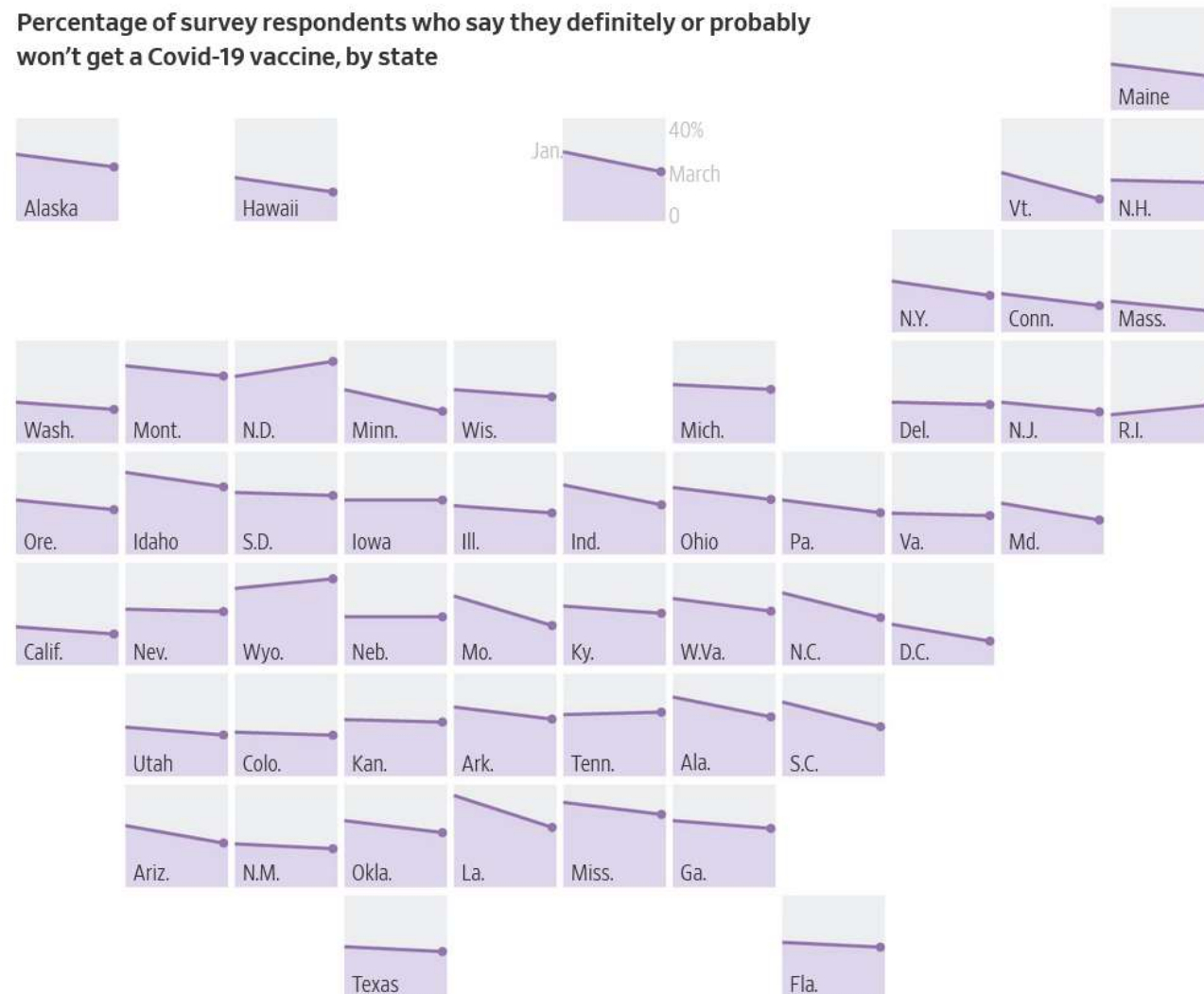
THE WALL STREET JOURNAL.

03-30-21

As Covid-19 Vaccinations Ramp Up, Hesitancy Wanes

Percentage of survey respondents who say they definitely or probably won't get a Covid-19 vaccine, by state. Reluctance to get vaccinated remains highest in the South. **But many Southern states have seen a steep decline in hesitancy** since the January survey, particularly Alabama, Louisiana, North Carolina and South Carolina.

Percentage of survey respondents who say they definitely or probably won't get a Covid-19 vaccine, by state

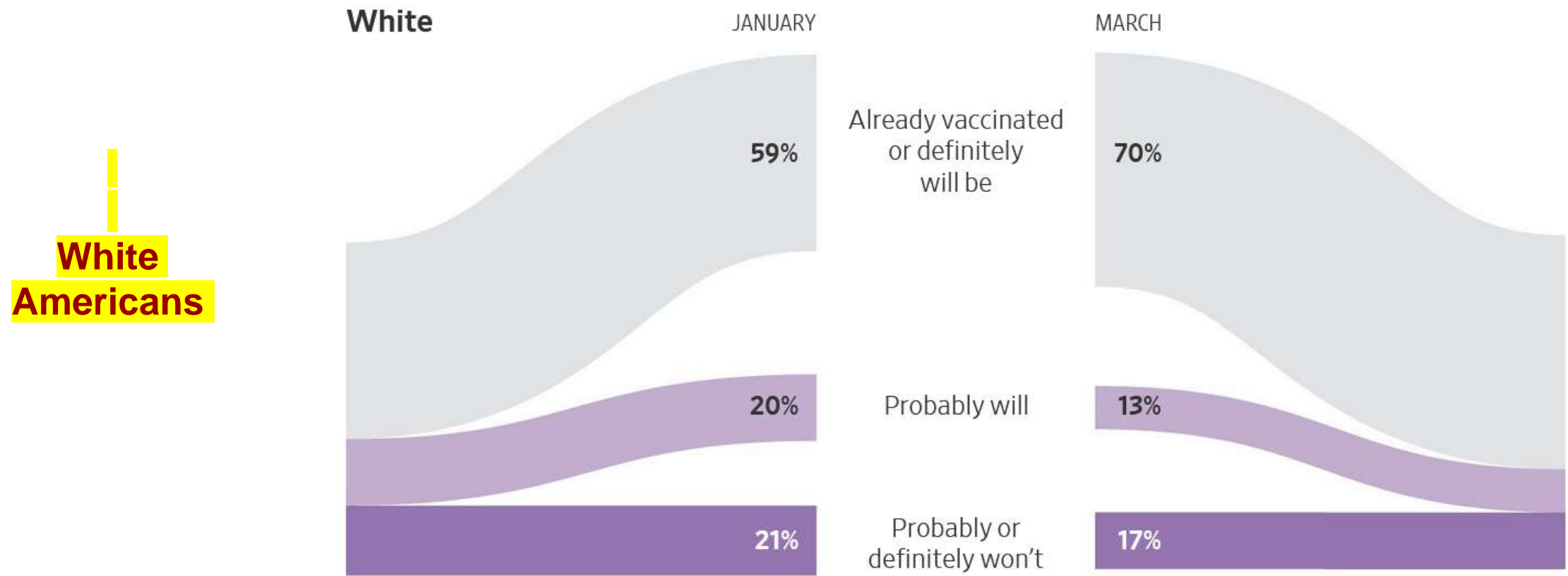


THE WALL STREET JOURNAL.

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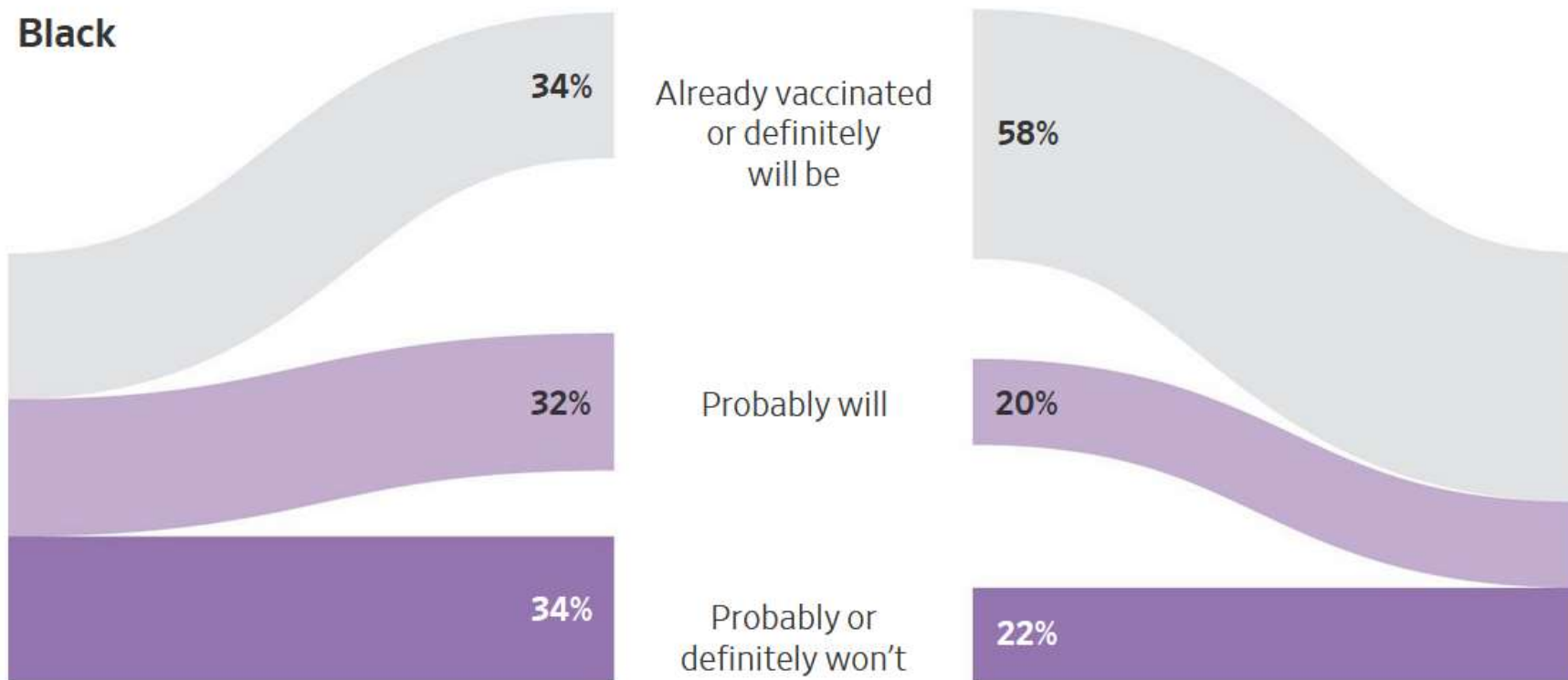
03-30-21

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Black Americans

Hesitancy among Black Americans has diminished considerably. **Black Americans are still the most likely to say they will probably or definitely not get vaccinated.** But in January, Black Americans were 13 percentage points more likely than white Americans to say that; as of mid-March, **the gap had shrunk to five points.**



<https://www.wsj.com/articles/as-covid-19-vaccinations-ramp-up-hesitancy-wanes-11617096603>

THE WALL STREET JOURNAL.

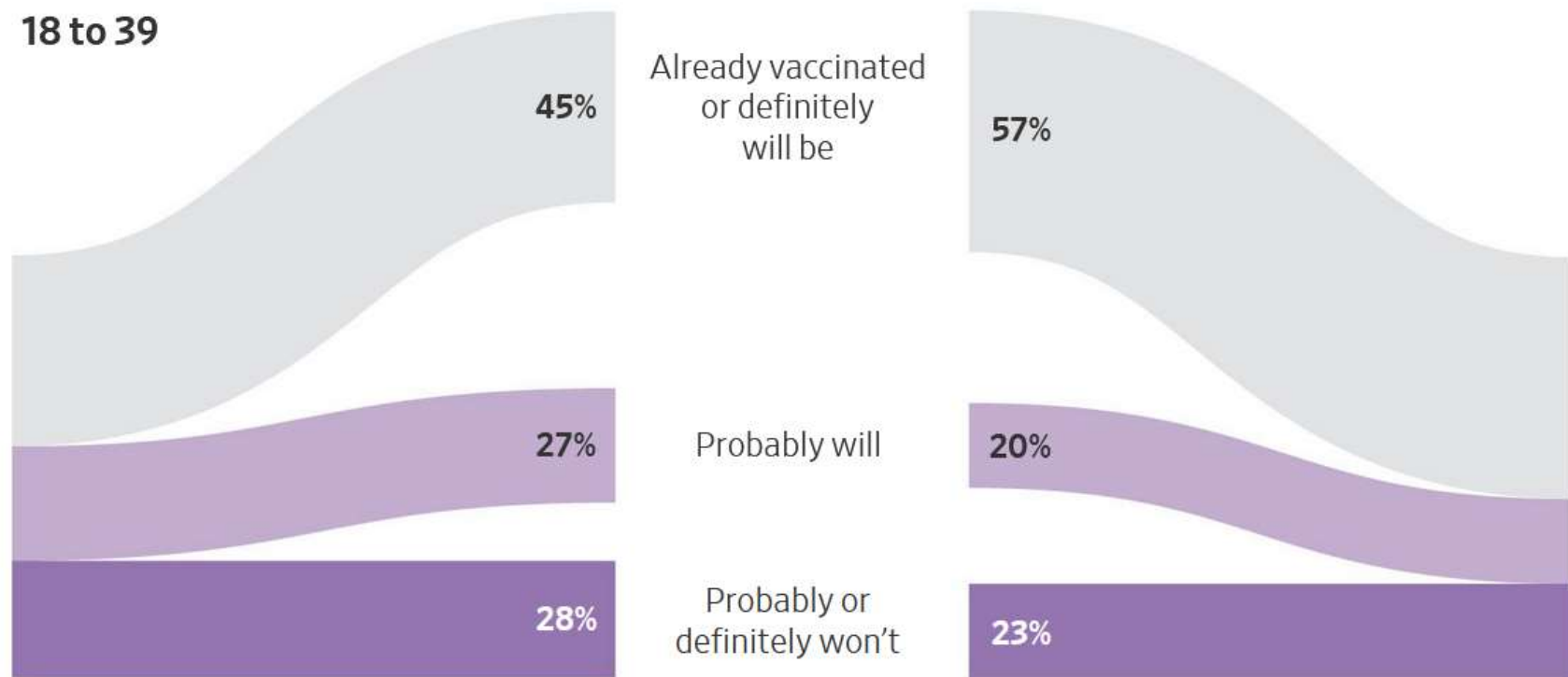
03-30-21

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18-29 Years of Age

Still, getting younger Americans vaccinated remains a challenge. While hesitancy among all ages has declined since January, **nearly a quarter of those age 18-39 still say they probably or definitely won't get the shot**—down just 5 percentage points from January.

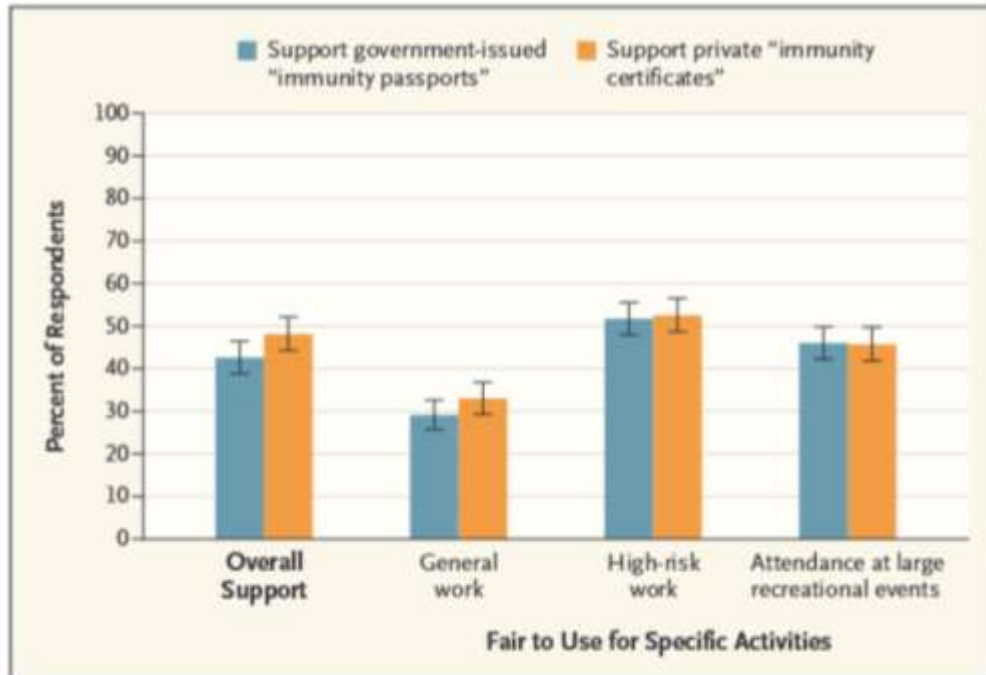


<https://www.wsj.com/articles/as-covid-19-vaccinations-ramp-up-hesitancy-wanes-11617096603>



The NEW ENGLAND JOURNAL of MEDICINE

03-31-21



Support for Immunity Privileges and Perceived Fairness of Their Use by Activity in a Nationally Representative Sample of 1315 People.

“Vaccine Passport” Certification — Policy and Ethical Considerations

Mark A. Hall, J.D., and David M. Studdert, Sc.D., L.L.B., M.P.H.

The public appears to be **deeply divided on the appropriateness of immunity privileges**. Last summer, we elicited views from a nationally representative panel.

Support for certification programs based on positive tests for antibodies to Covid-19 was almost evenly split. Moreover, **in contrast with views on many other pandemic-control policies, the division of opinion on immunity passports cut across ideological, racial, and socioeconomic lines.**

The survey was conducted during an earlier phase of the pandemic and did not address vaccination-acquired immunity explicitly, although more **recent surveys that have done so have also revealed deeply divided views.**

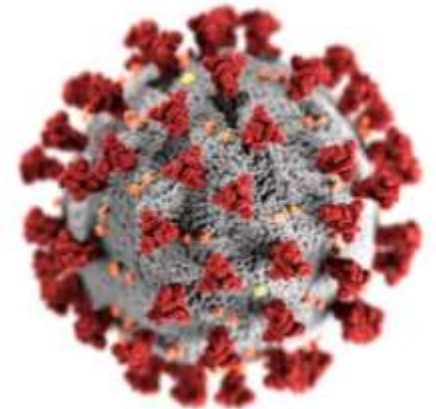


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Christopher R. Peabody, MD, MPH

**Emergency Physician
Assistant Clinical Professor of Emergency
Medicine,
University of California San Francisco
Clinical Instructor, University of California
San Francisco
San Francisco, CA**



THE WALL STREET JOURNAL.

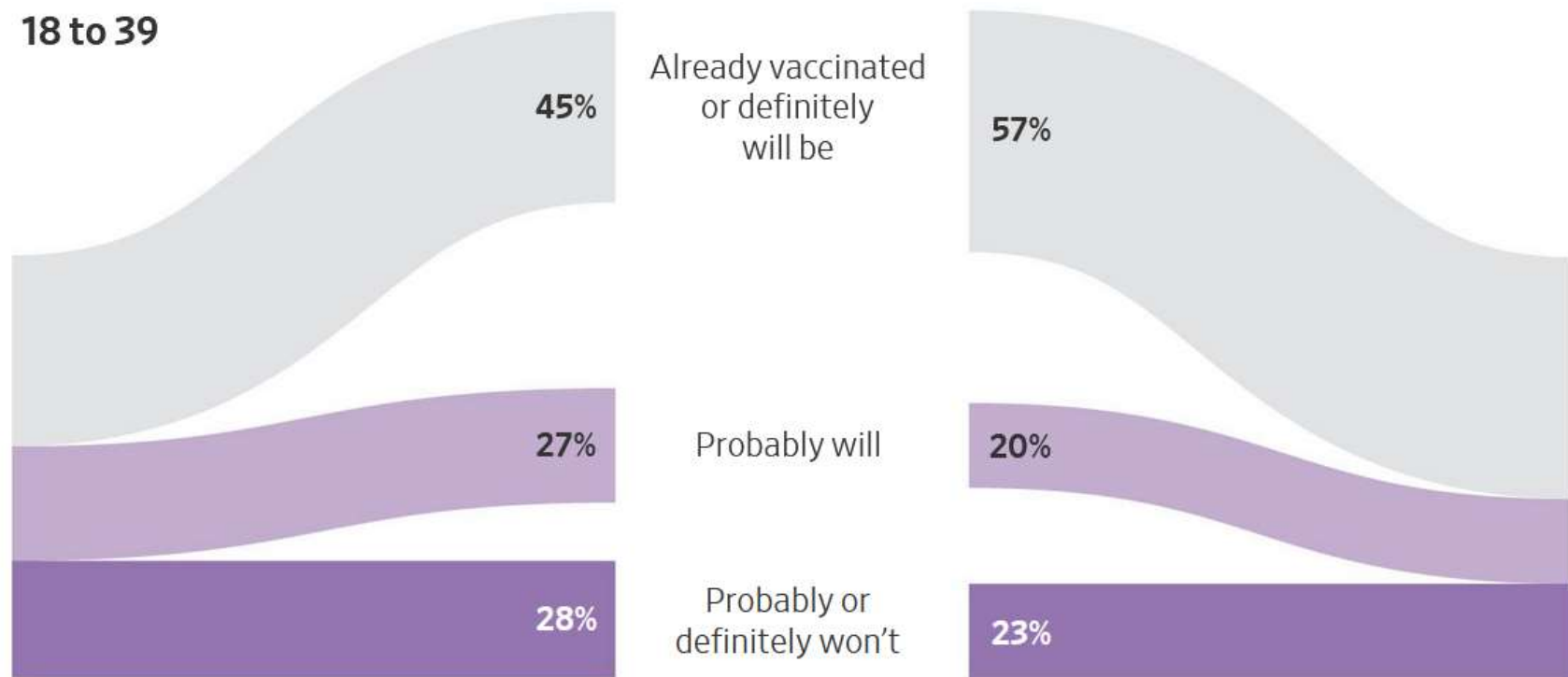
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<https://www.wsj.com/articles/as-covid-19-vaccinations-ramp-up-hesitancy-wanes-11617096603>

| Questions and Answers Used in Train-the-Trainer and Community Education. ⁶ | |
|---|--|
| How did these trials move so quickly? | Researchers used existing clinical trial networks. Manufacturing started while the clinical trials were still underway. mRNA vaccines are faster to produce than traditional vaccines. Other sponsors use platforms that have proven successful in the development of vaccines. The studies included more participants than a typical study and disease transmission rates were high, enabling researchers to determine efficacy in a short time. The FDA and the CDC prioritized review, authorization, and recommendation of Covid-19 vaccines. |
| Were vaccines tested on people like me? | Yes. Vaccine trials included all adults >18 yr of age. It was mandated that 25% of participants in Moderna and Pfizer trials were to be >65 yr of age. It was mandated that 30% of participants in Janssen trial were to be >60 yr of age. Study participants included at least 25% of people with common health problems such as high blood pressure, diabetes, HIV, and cancer. There were no exclusions for diseases or medications, except immunosuppression. Vaccine studies did not include pregnant people. |
| Do these vaccines work for all races / ethnic groups? | Yes. There is strong evidence that the vaccines work well for all people, regardless of their genetic background. |
| What types of reactions have been reported after vaccination? | |
| Common reactions | Sore arm, headache, aches, fever may appear within 48 hours. These are similar to reactions seen after shingles and influenza vaccines. |
| Rare reaction: anaphylaxis | Pfizer: 21 cases with 2 million doses Moderna: 10 cases with 4 million doses Janssen: There have been cases of severe allergic reactions. Current recommendation: 15 minutes of observation after injection. If you have a history of severe allergies or an anaphylactic reaction to a vaccine, it's recommended that you discuss vaccination with your provider and undergo 30 minutes of observation after receiving the vaccine. Most people with a history of allergies or anaphylaxis have received a vaccine with no issues. |
| Should I get a vaccine now or "wait and see"? | You are not the first: >60 million U.S. residents have received Covid vaccines (>156 million globally as of March 8, 2021). CDC v-safe and VAERS are monitoring safety. As of March 9, 2021, in the United States: 523,850 people have died of Covid-19, and nearly 29 million people have tested positive for SARS-CoV-2, the virus that causes Covid-19. The Pfizer and Moderna vaccines take 4–5 weeks to protect you fully (2 doses). For the Janssen single-dose vaccine, protection starts at 14 days and increases through 56 days after immunization. The new Covid-19 strains are more contagious than the old ones. |
| Does mRNA change your DNA? | No. mRNA is a signal to your cell. It stays in the outer part of the cell and does not enter the nucleus where DNA is located. The mRNA in the vaccine is present in the body for only 1–3 days; then it degrades and the immune system is primed and ready. The Janssen vaccine can stay in your body for more than a week, but it does not reproduce itself; this may lead to increased protection over time. |
| I've heard that the mRNA vaccine ... | No, it will not give you Covid-19. No, it does not affect women's fertility. No, it does not contain fetal tissue, microchips, or any other devices. |
| Which vaccine is the best? | All the vaccines — Janssen, Moderna, and Pfizer — are very good at preventing severe disease, so they will greatly reduce rates of severe disease progression, hospitalization, and death. When you are offered a vaccine, you should take it. |
| Why do I have to wear a mask after getting immunized against Covid-19? | The vaccines prevent Covid-19 disease, severe disease, and death. We know much less about whether vaccines prevent asymptomatic infection, as this question was not studied. Until we know that, we must assume that vaccinated people might get Covid-19 and not know it. Masks, social distancing, handwashing are still required until we have more information. |

Addressing Vaccine Hesitancy in BIPOC Communities — Toward Trustworthiness, Partnership, and Reciprocity

Sandra C. Quinn, Ph.D., and Michele P. Andrasik, Ph.D.

Questions & Answers in Train-the-Trainer Program

- How did these trials move so quickly?
- Were the vaccines tested on people like me?
- Do these vaccines work for all races / ethnic groups?
- What type of reactions have been reported after vaccination?
- Should I get a vaccine now or “wait and see”?
- Does mRNA change your DNA?
- I’ve hear that the mRNA vaccine...
 - No it will not give you COVID-19
 - No it does not affect a woman’s fertility
 - No, it does not contain fetal tissue, microchips, or any other devices
- Which vaccine is the best?
- Why do I have to wear a mask after getting immunized against COVID-19

Addressing Vaccine Hesitancy in BIPOC Communities — Toward Trustworthiness, Partnership, and Reciprocity

Sandra C. Quinn, Ph.D., and Michele P. Andrasik, Ph.D.

Questions & Answers in Train-the-Trainer Program

| Questions and Answers Used in Train-the-Trainer and Community Education.* | |
|---|---|
| How did these trials move so quickly? | Researchers used existing clinical trial networks. Manufacturing started while the clinical trials were still underway. mRNA vaccines are faster to produce than traditional vaccines. Other sponsors use platforms that have proven successful in the development of vaccines. The studies included more participants than a typical study and disease transmission rates were high, enabling researchers to determine efficacy in a short time. The FDA and the CDC prioritized review, authorization, and recommendation of Covid-19 vaccines. |
| Were vaccines tested on people like me? | Yes. Vaccine trials included all adults >18 yr of age. It was mandated that 25% of participants in Moderna and Pfizer trials were to be >65 yr of age. It was mandated that 30% of participants in Janssen trial were to be >60 yr of age. Study participants included at least 25% of people with common health problems such as high blood pressure, diabetes, HIV, and cancer. There were no exclusions for diseases or medications, except immunosuppression. Vaccine studies did not include pregnant people. |
| Do these vaccines work for all races/ethnic groups? | Yes. There is strong evidence that the vaccines work well for all people, regardless of their genetic background. |
| What types of reactions have been reported after vaccination? | |
| Common reactions | Sore arm, headache, aches, fever may appear within 48 hours. These are similar to reactions seen after shingles and influenza vaccines. |
| Rare reaction: anaphylaxis | Pfizer: 21 cases with 2 million doses Moderna: 10 cases with 4 million doses Janssen: There have been cases of severe allergic reactions. Current recommendation: 15 minutes of observation after injection If you have a history of severe allergies or an anaphylactic reaction to a vaccine, it's recommended that you discuss vaccination with your provider and undergo 30 minutes of observation after receiving the vaccine. Most people with a history of allergies or anaphylaxis have received a vaccine with no issues. |

| | |
|--|---|
| Should I get a vaccine now or "wait and see"? | You are not the first: >60 million U.S. residents have received Covid vaccines (>156 million globally as of March 8, 2021) CDC v-safe and VAERS are monitoring safety. As of March 9, 2021, in the United States: 523,850 people have died of Covid-19, and nearly 29 million people have tested positive for SARS-CoV-2, the virus that causes Covid-19. The Pfizer and Moderna vaccines take 4–5 weeks to protect you fully (2 doses). For the Janssen single-dose vaccine, protection starts at 14 days and increases through 56 days after immunization. The new Covid-19 strains are more contagious than the old ones. |
| Does mRNA change your DNA? | No. mRNA is a signal to your cell. It stays in the outer part of the cell and does not enter the nucleus where DNA is located. The mRNA in the vaccine is present in the body for only 1–3 days; then it degrades and the immune system is primed and ready. The Janssen vaccine can stay in your body for more than a week, but it does not reproduce itself; this may lead to increased protection over time. |
| I've heard that the mRNA vaccine ... | No, it will not give you Covid-19. No, it does not affect women's fertility. No, it does not contain fetal tissue, microchips, or any other devices. |
| Which vaccine is the best? | All the vaccines — Janssen, Moderna, and Pfizer — are very good at preventing severe disease, so they will greatly reduce rates of severe disease progression, hospitalization, and death. When you are offered a vaccine, you should take it. |
| Why do I have to wear a mask after getting immunized against Covid-19? | The vaccines prevent Covid-19 disease, severe disease, and death. We know much less about whether vaccines prevent asymptomatic infection, as this question was not studied. Until we know that, we must assume that vaccinated people might get Covid-19 and not know it. Masks, social distancing, handwashing are still required until we have more information. |

Student Outreach Team



Paul Bhatia EMT



Charlie Denham III



Jamie Yrastorza



Dominick Contreras EMT



Jahnavi Rao



Luis Licon



Manue Lopez



Danny Policicchio



Ivy Tran EMT



Family Rescue R&D



Stanford
University

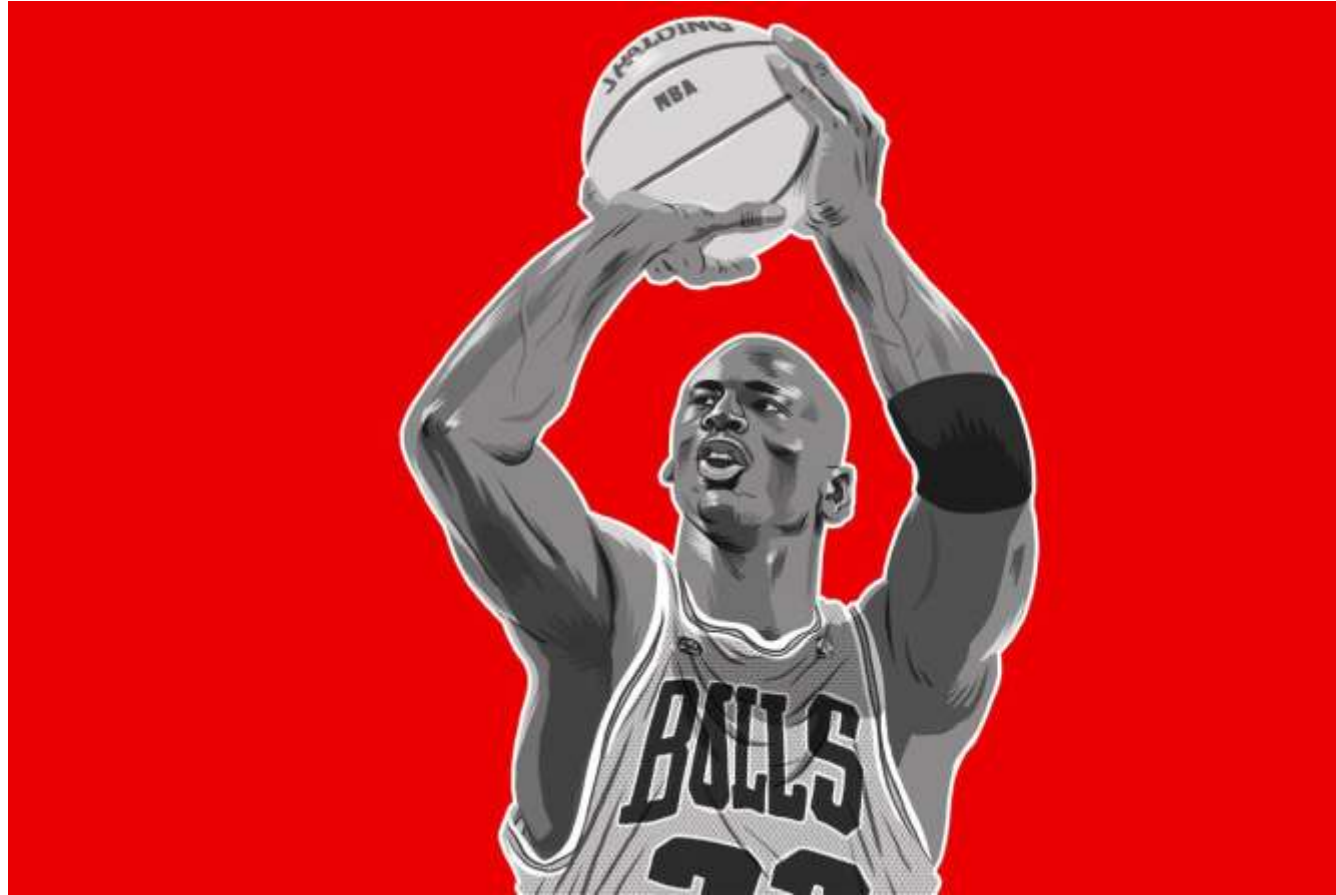
Yale



The 5 R's of Safety



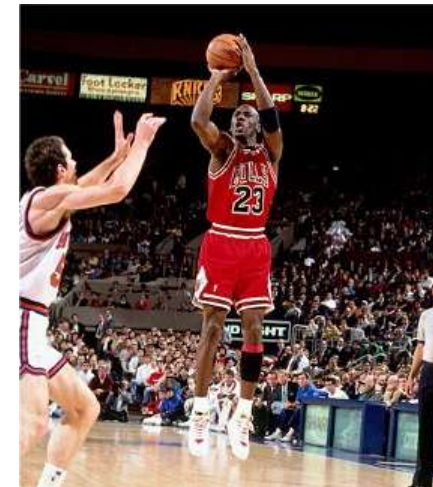
“Take the Shot – Play it Safe” Campaign



“Take the Shot – Play it Safe” Campaign



- Take the Shot - Beat the Fake News
- Play it Safe – Masks & Distance
- Why Vaccinate?
- Why Wait?
- Why Now?

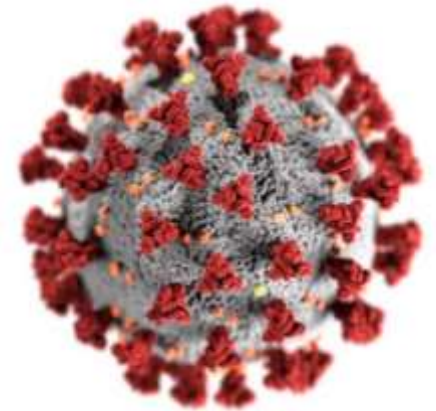


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide™*



Jahvani Rao

Harvard University
President & Founder
at New Voters
Leader Med Tac Student
Outreach Program

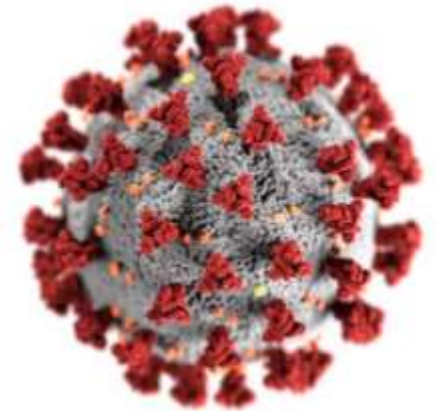


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Daniel Policicchio, Jr.

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

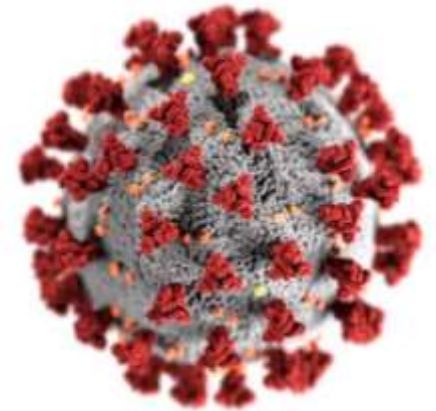


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide™*



Luis Licon

Med Tac App Developer
CareMoms® App
Med Tac® App
UCI Graduate

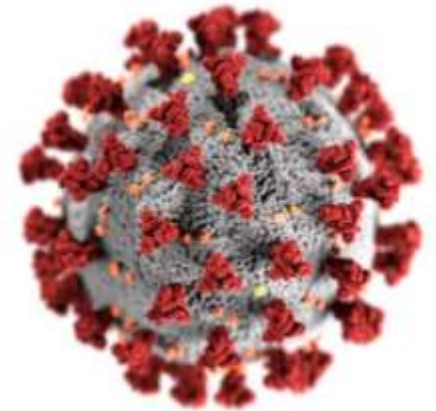


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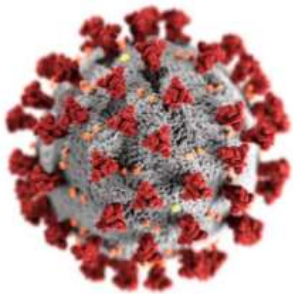
Dominick Contreras EMT

**Sophomore Honors BA
Harvard College
History of Science
Global Health & Health Policy
Crimson EMS Team**



VARIANTS

Vaccines, Variants, and Victory: *A Survive & Thrive Guide*



Vaccines

Variants

Victory

VARIANTS:

- What are variants and why are they important?
- Why can they be more contagious and more lethal?
- Why is the B117 U.K variant important to us?
- What about the South African and Brazilian variants?

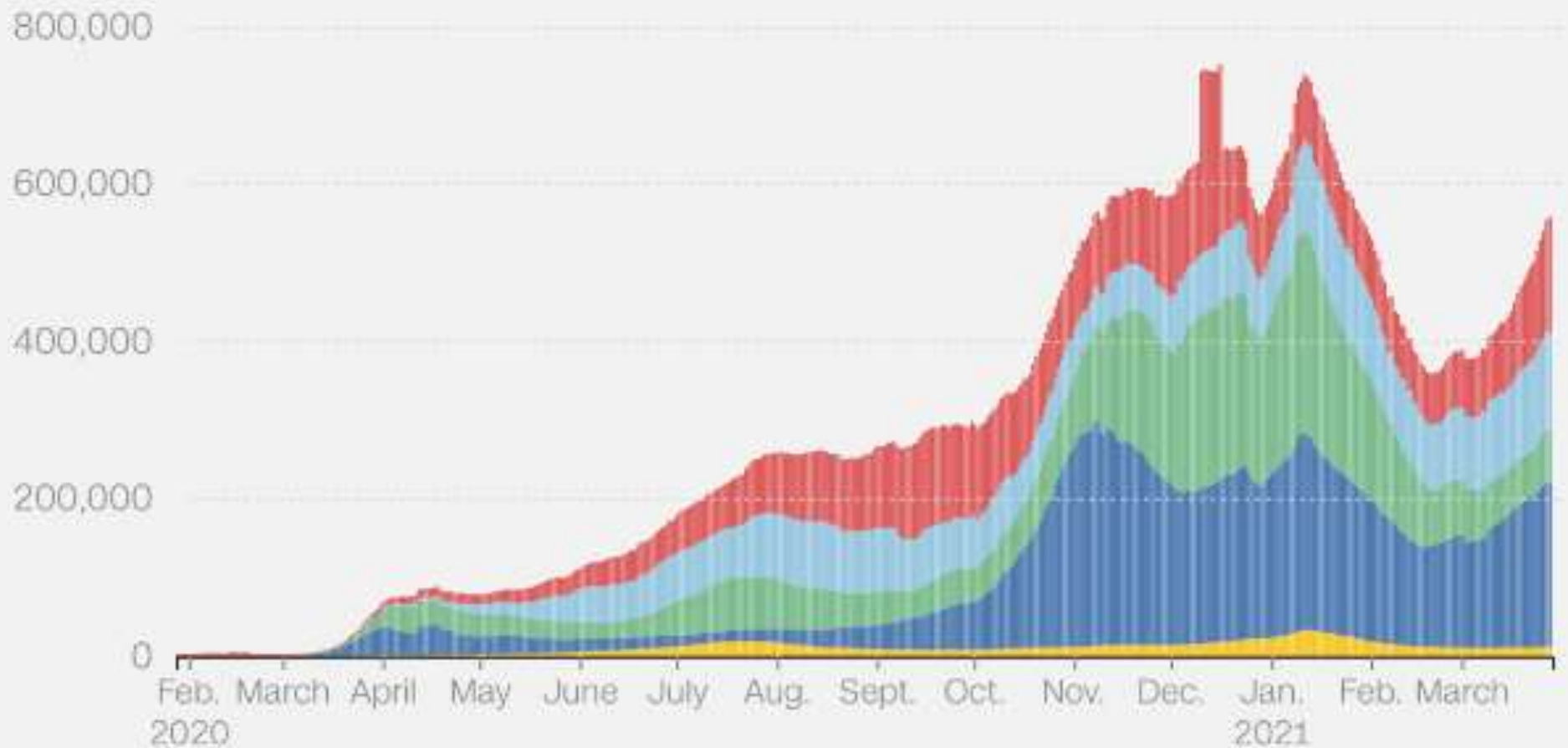


Med Tac Bystander Rescue Care

A Global Warning

Daily new cases by region

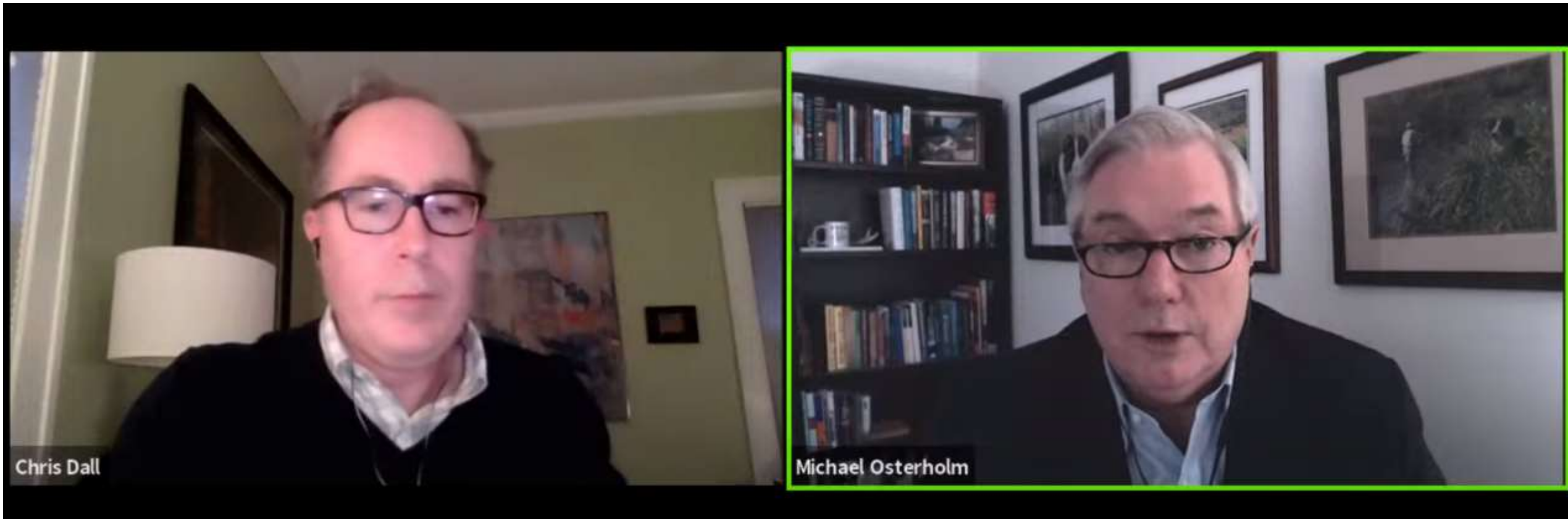
● Asia ● Latin America and the Caribbean ● North America
● Europe ● Africa ● Oceania



Johns Hopkins



Michael Osterholm: The Perfect Storm



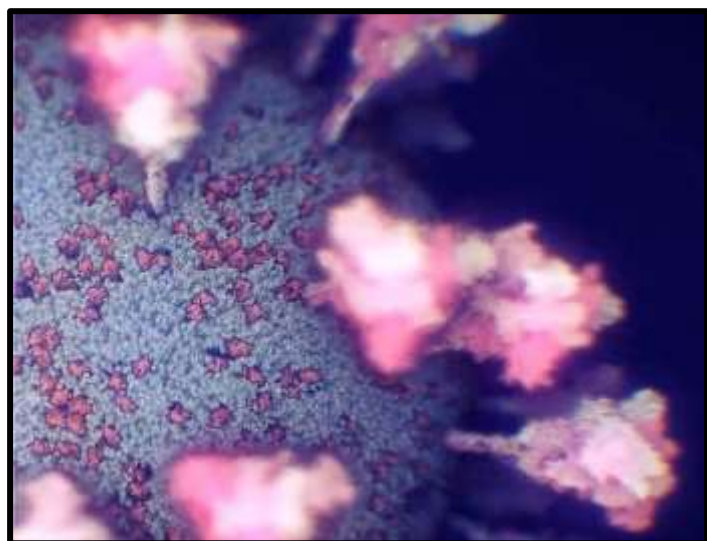
Center for Infectious Disease Research and Policy: Osterholm Update

Source: 03-23-21 Live Broadcast

www.cidrap.umn.edu/covid-19/podcasts-webinars

WALL STREET JOURNAL

01-16-20



Source: <https://www.wsj.com/articles/why-the-new-covid-19-variants-could-be-more-infectious-11610802327>

Why the New Covid-19 Variants Could Be More Infectious

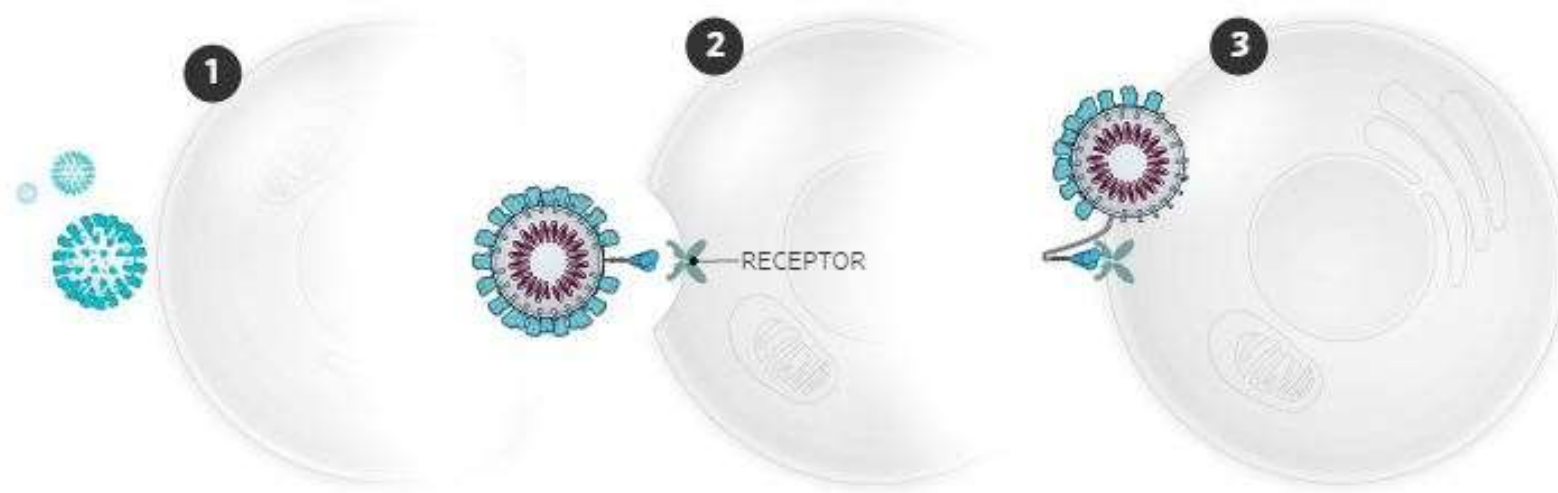
Mutations in the virus's appendage have created potentially more infectious versions of the pathogen, including one currently circulating around the world

The coronavirus uses spike proteins to enter and infect cells.

The spike protein binds to a receptor on human cells known as ACE2.

After binding, the spike protein shape shifts and its stalk interacts with other key proteins on the cell's surface.

That helps the virus fuse with the cell.



Source: Jason McLellan, University of Texas at Austin

WALL STREET JOURNAL

01-16-20

A mutation known as D614G increases the likelihood of the spike proteins being more efficient at binding to cells.

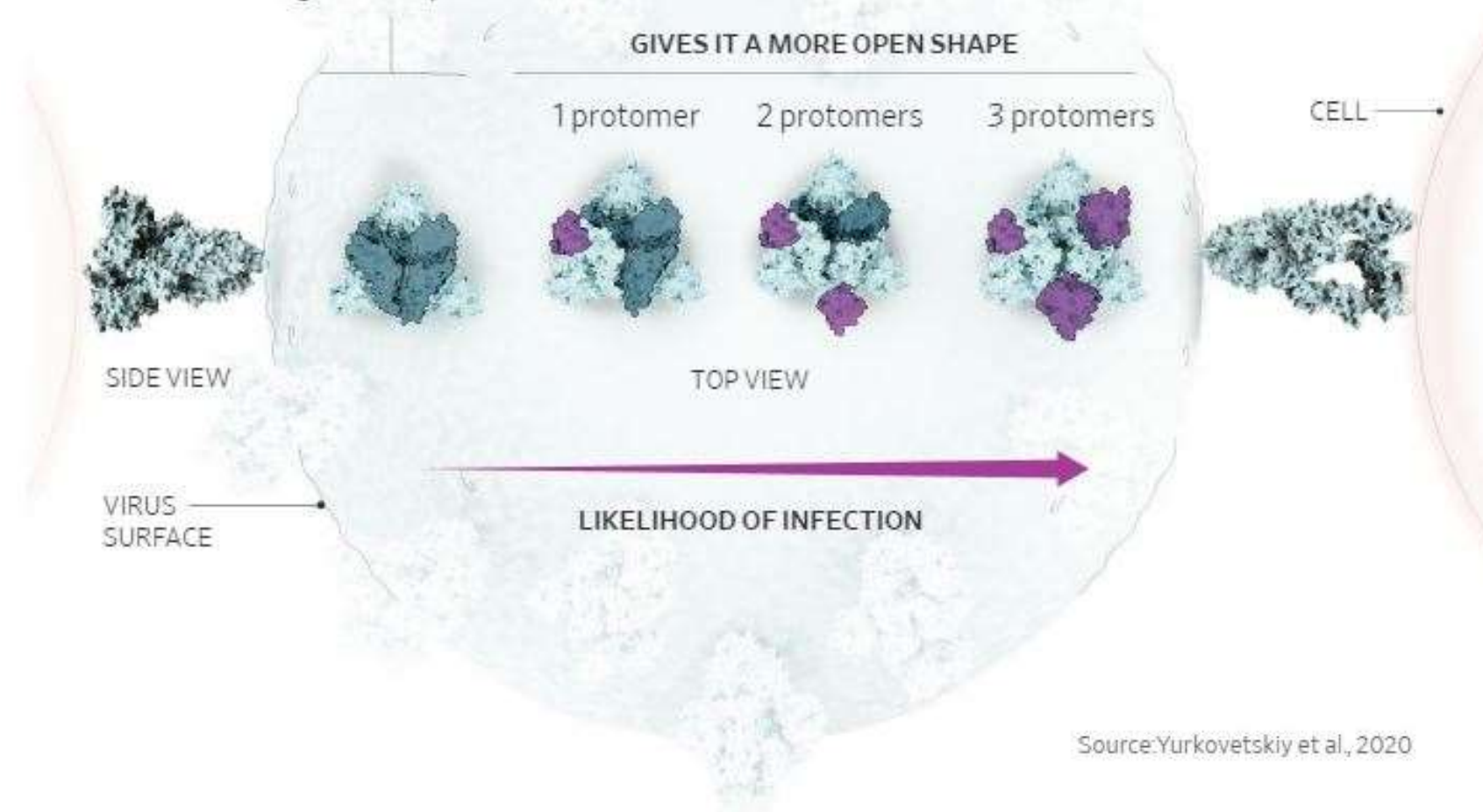
Source: <https://www.wsj.com/articles/why-the-new-covid-19-variants-could-be-more-infectious-11610802327>

Each spike protein consists of three distinct, but identical, parts known as protomers

When these are closed together, the spike is not as efficient at binding the receptor.

A mutation known as D614G increases the likelihood of the protein being more open.

That facilitates binding.



Source: Yurkovetskiy et al., 2020

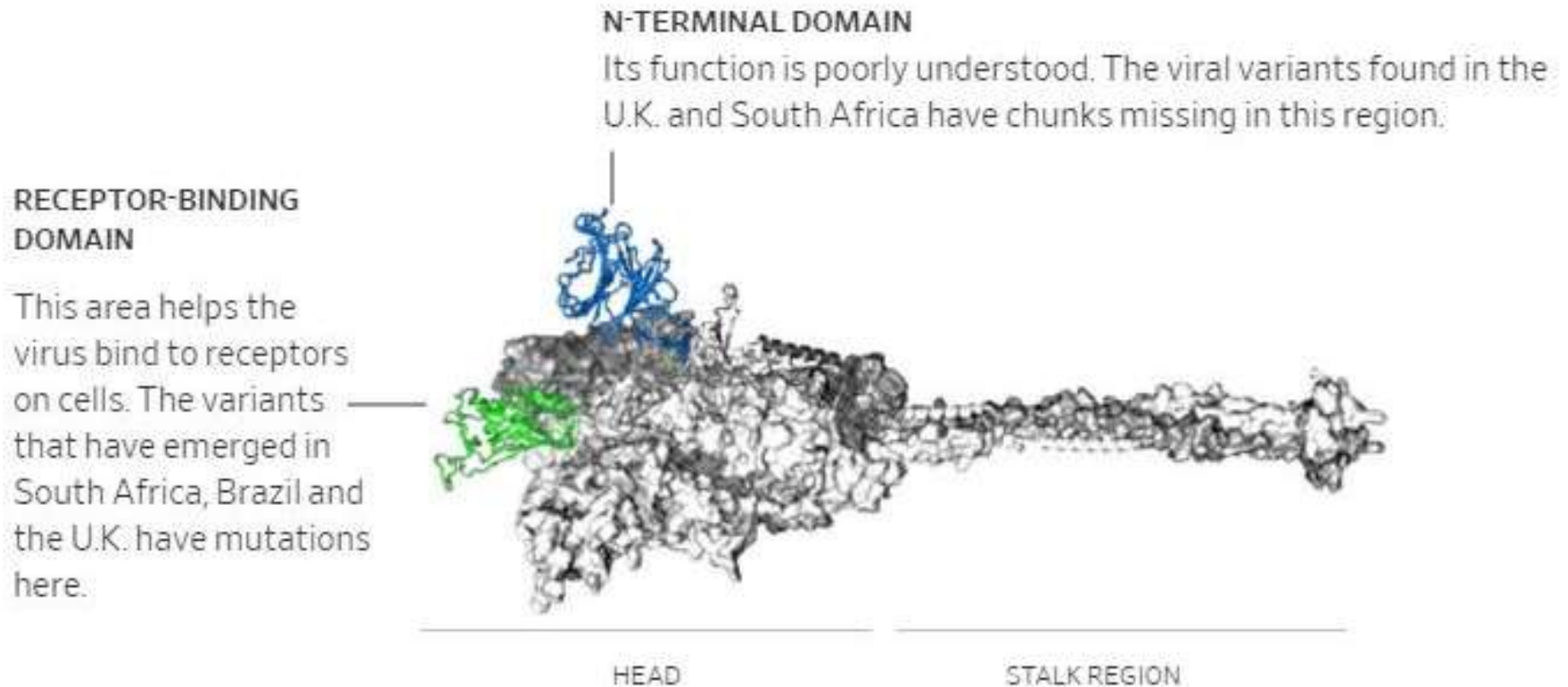
WALL STREET
JOURNAL

01-16-20

The Receptor-Binding Domain is critically important.

Variants from South Africa, Brazil, and UK may be more transmissible due to mutations here.

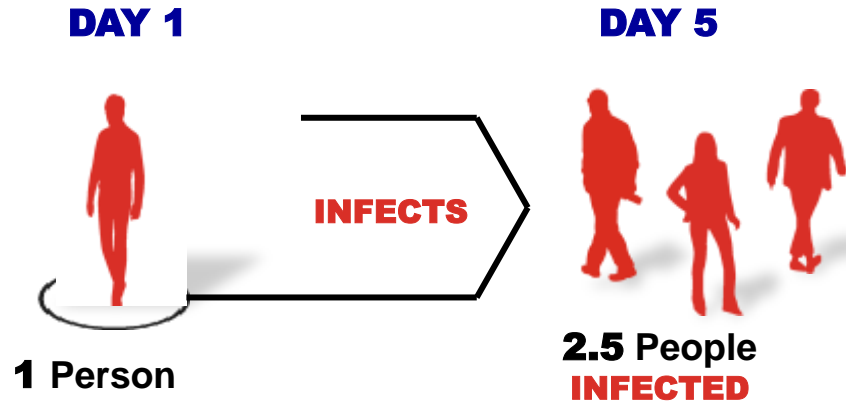
The N-Terminal Domain has been found to be another location of differences due to mutations. Variants here may lead to inefficiencies in immune defenses.



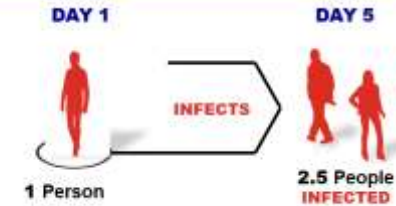
Source: Jason McLellan, University of Texas at Austin

Source: <https://www.wsj.com/articles/why-the-new-covid-19-variants-could-be-more-infectious-11610802327>

No Social Distancing At 30 Days



NO SOCIAL DISTANCING MEASURES IN PLACE



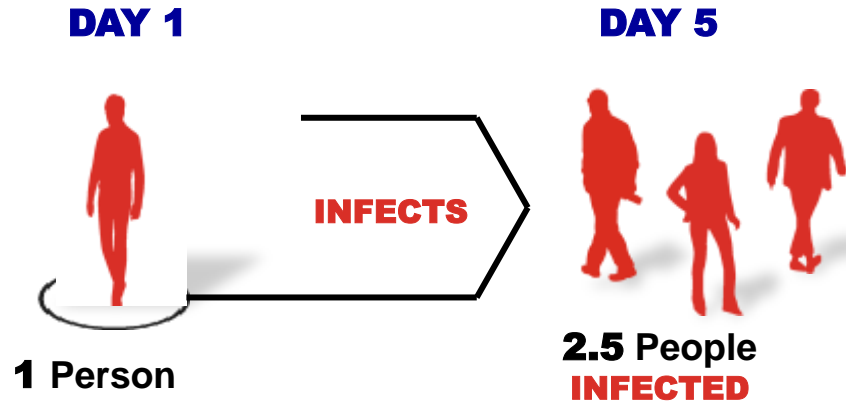
**406 People
INFECTED
IN 30 DAYS**

A circular inset showing a large, dense crowd of red silhouettes of people, representing the total number of infections over 30 days.

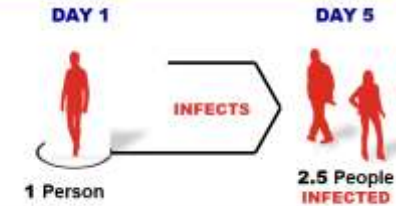
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No Social Distancing At 30 Days



NO SOCIAL DISTANCING MEASURES IN PLACE

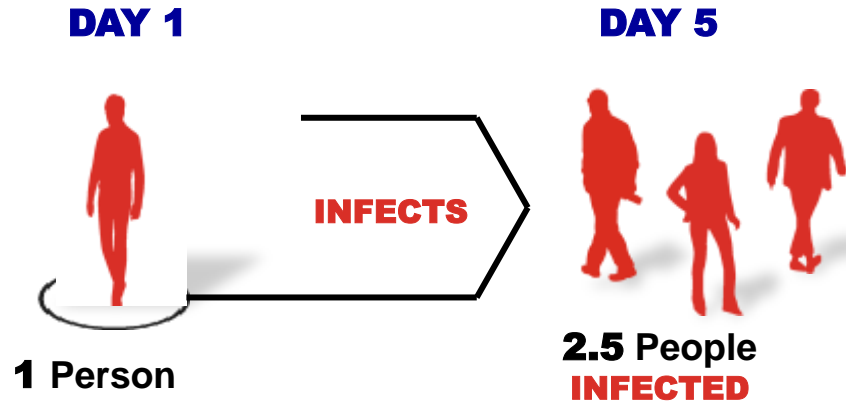


406 People
INFECTED
IN 30 DAYS

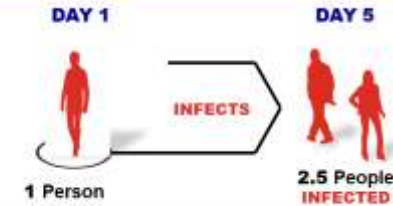
More than **11 Times**
MORE Infections

406 People
INFECTED
IN 30 DAYS

No Social Distancing At 30 Days



NO SOCIAL DISTANCING MEASURES IN PLACE



**406 People
INFECTED
IN 30 DAYS**

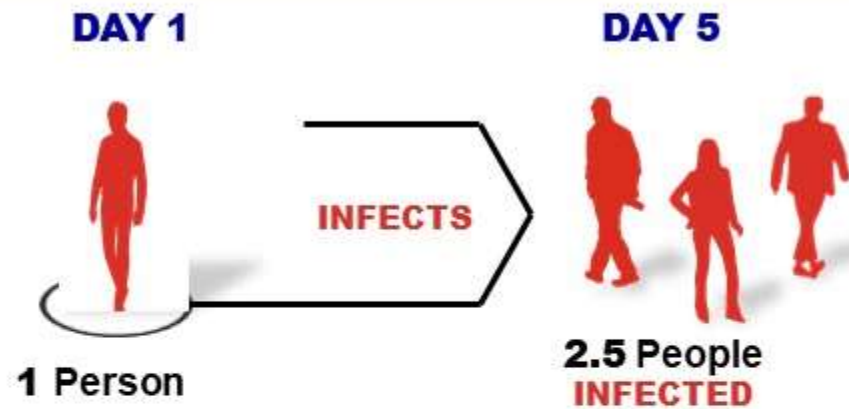
This text is displayed inside a circular frame that contains a dense crowd of red human silhouettes, representing the total number of people infected after 30 days.

**Almost 5,000 INFECTED
by just one person**

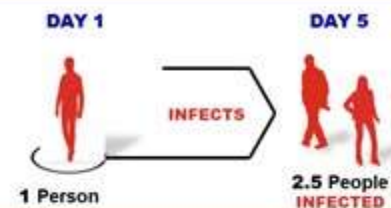
**406 People
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No Social Distancing At 30 Days



NO SOCIAL DISTANCING MEASURES IN PLACE



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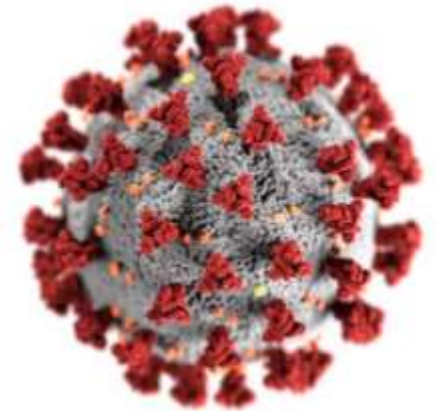
A circular inset showing a large, dense crowd of red silhouettes of people, representing the total number of infections after 30 days.

Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Jaime Yrastorza

**UCSD Graduate
Incoming Med Student
Leader Med Tac
Student Outreach Program
Co-producer Med Tac CME Program**

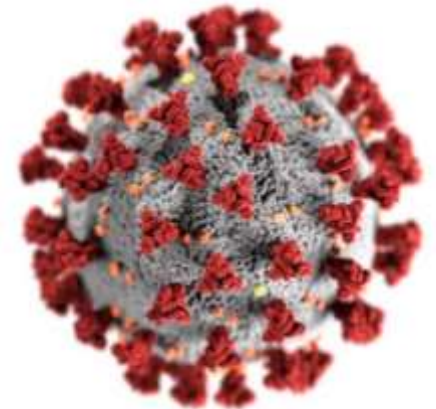


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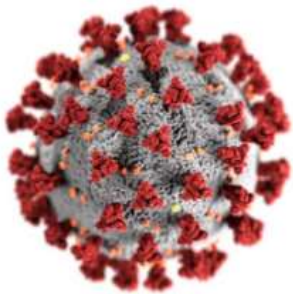


Christopher R. Peabody, MD, MPH

**Emergency Physician
Assistant Clinical Professor of Emergency
Medicine,
University of California San Francisco
Clinical Instructor, University of California
San Francisco
San Francisco, CA**



Vaccines, Variants, and Victory: *A Survive & Thrive Guide*



Vaccines

Variants

Victory

VICTORY:

- Our *Survive & Thrive Guides*™ What's New?
- What will be the New Normal?
- What do we do on the “recovery bridge to victory”
- What is the “*Take a Shot and Play it Safe*” Campaign.
- What is a Good **AND SAFE** Samaritan

Three Big Lifesaving Opportunities

Save Lives Now

The New Normal



***The Reopening Bridge
to The New Normal***

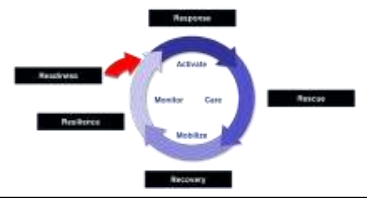
Survive & Thrive Guide™ Program Road Map

April Webinar

Survive & Thrive Guide Series: Coming Home Safely



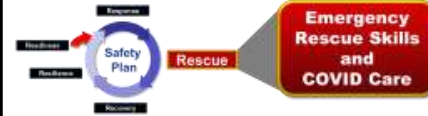
Creating Your Family Safety Plan



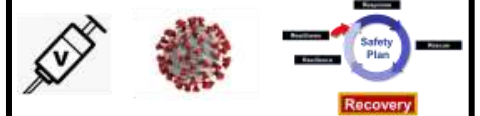
Providing Care at Home



Emergency Rescue Skills



Vaccines, Variants, and Victory



Keeping Our Kids Safe



Safety Plan Templates for Everyone



Your 2021 Family Safety Plan



What To Do – They're in the ICU



Long Haulers & Severe COVID Recovery



Survive & Thrive Guide™ Program Road Map

Survive & Thrive Guide Series: Coming Home Safely



Keeping Our Kids Safe



Creating Your Family Safety Plan



Safety Plan Templates for Everyone



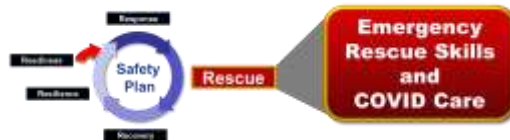
Providing Care at Home



Your 2021 Family Safety Plan



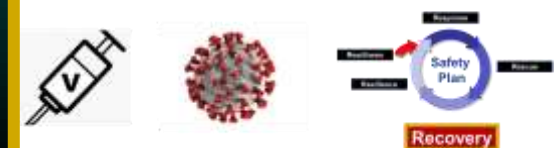
Emergency Rescue Skills



What To Do – They're in the ICU



Vaccines, Variants, and Victory

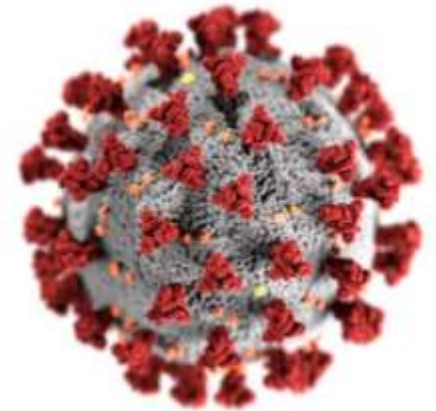


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide™*



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**

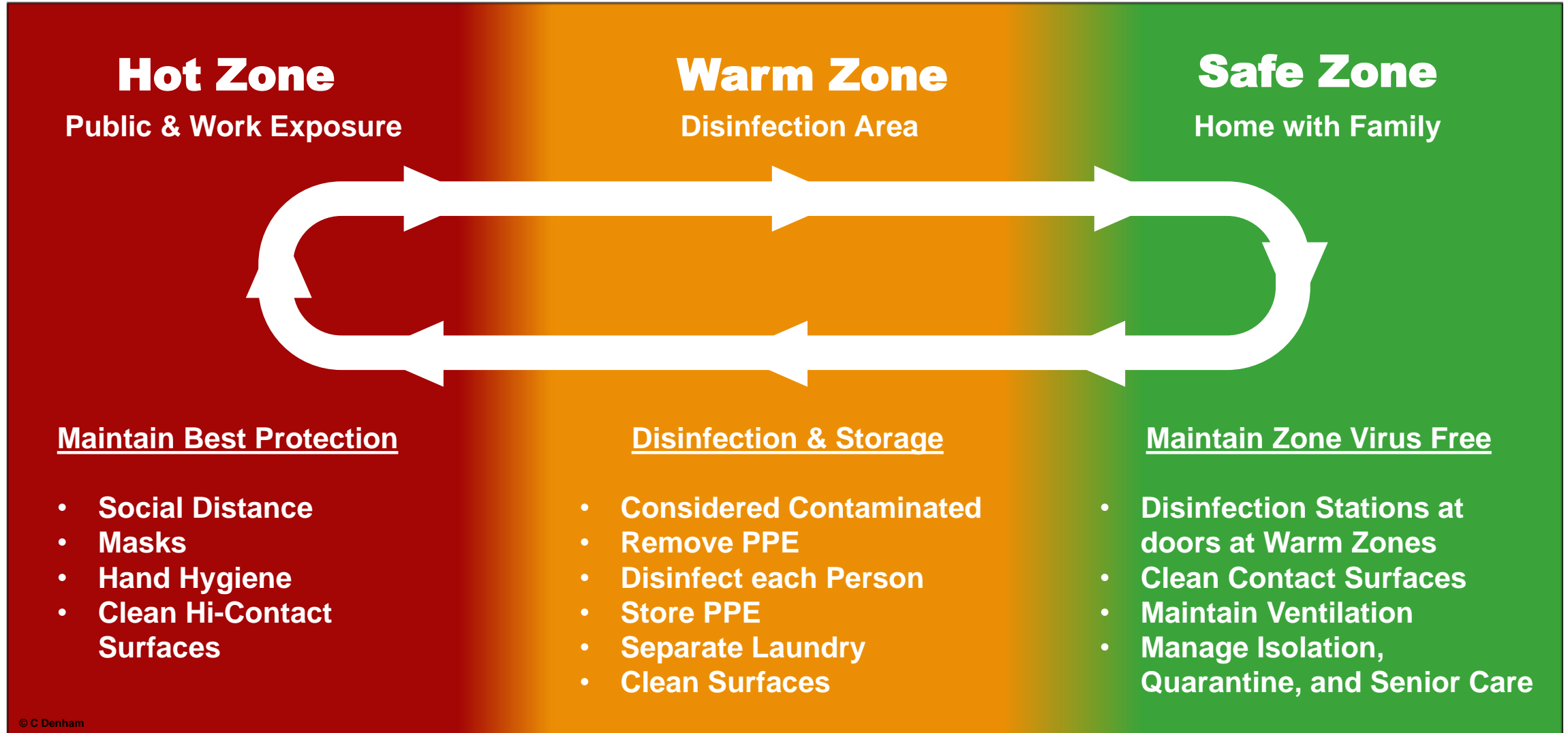


Coming Home Safely

Family Survive & Thrive Guide™

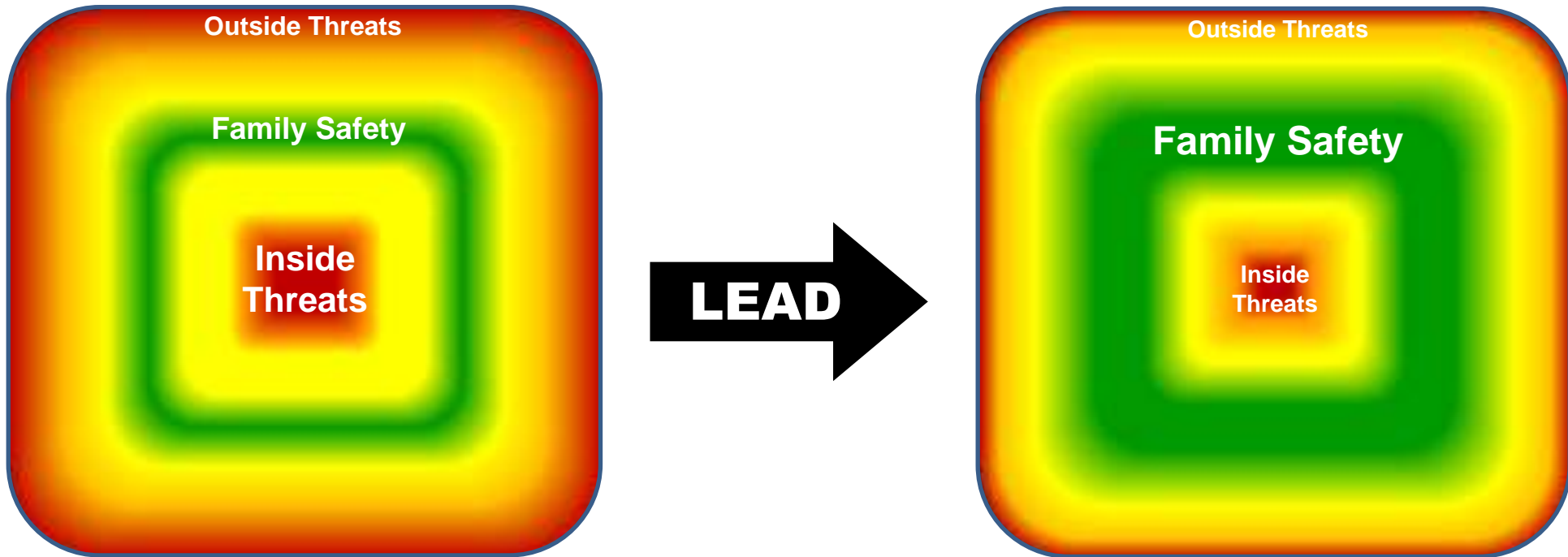


Hot-Warm-Safe Zone Practices



Keeping Our Kids Safe

Family Survive & Thrive Guide™

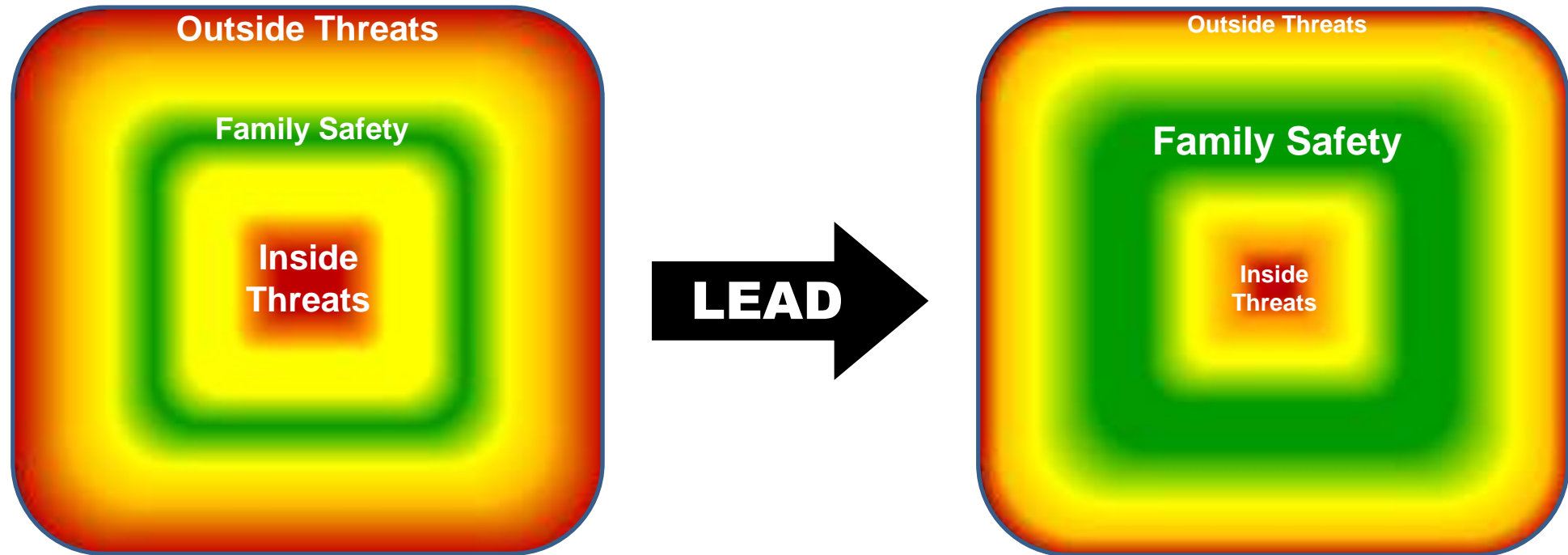


Threats X Vulnerability = Risk to Your Family

Threats:
Likely to
cause HARM.

Vulnerability:
Weaknesses that can be
EXPLOITED by threats.

Risk:
PROBABILITY of harm by a
threat exploiting vulnerability.



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

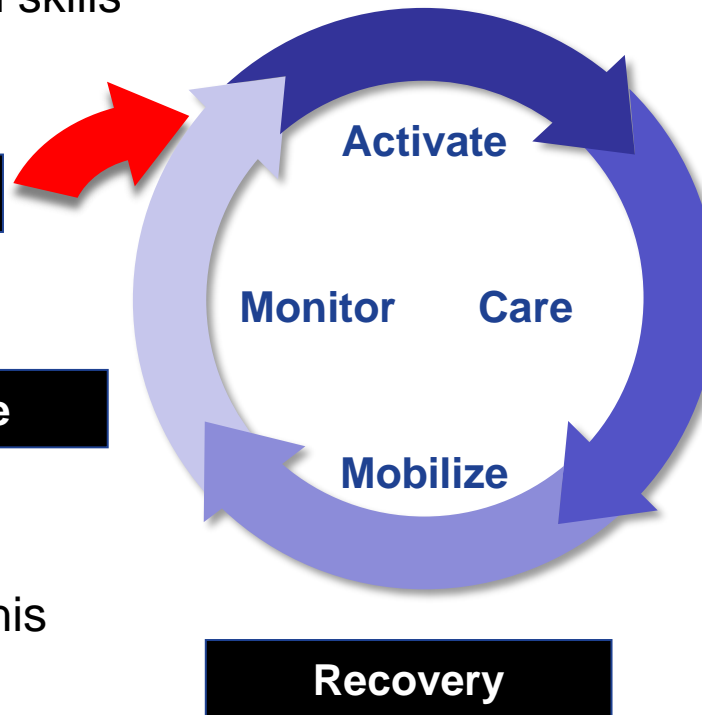
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

Rescue

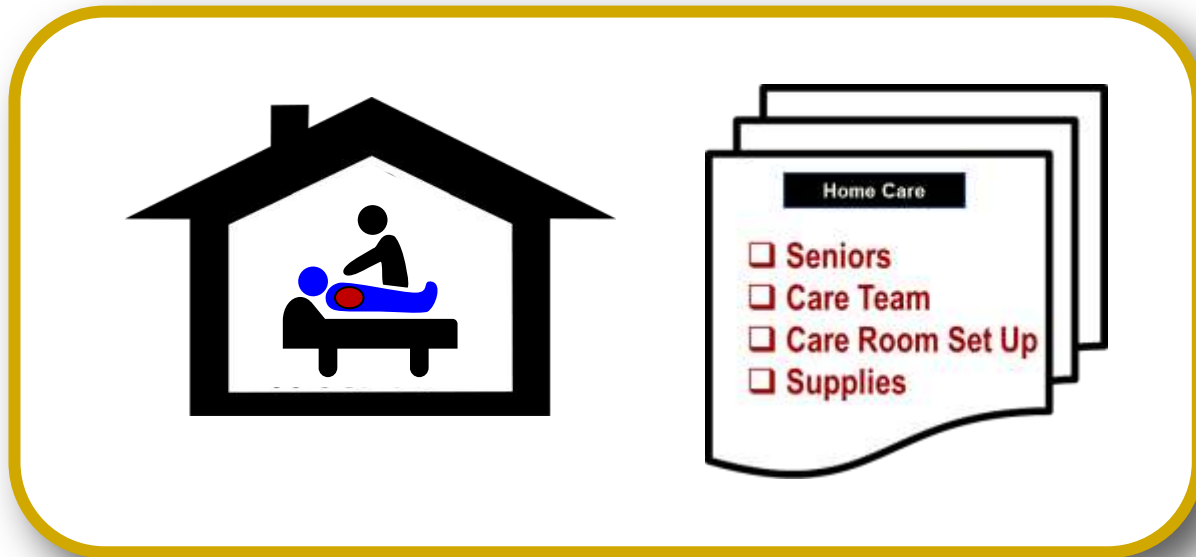
Rescue: Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

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.”



Family Survive & Thrive Guide: Providing Care at HomeTM



Primary Contributors



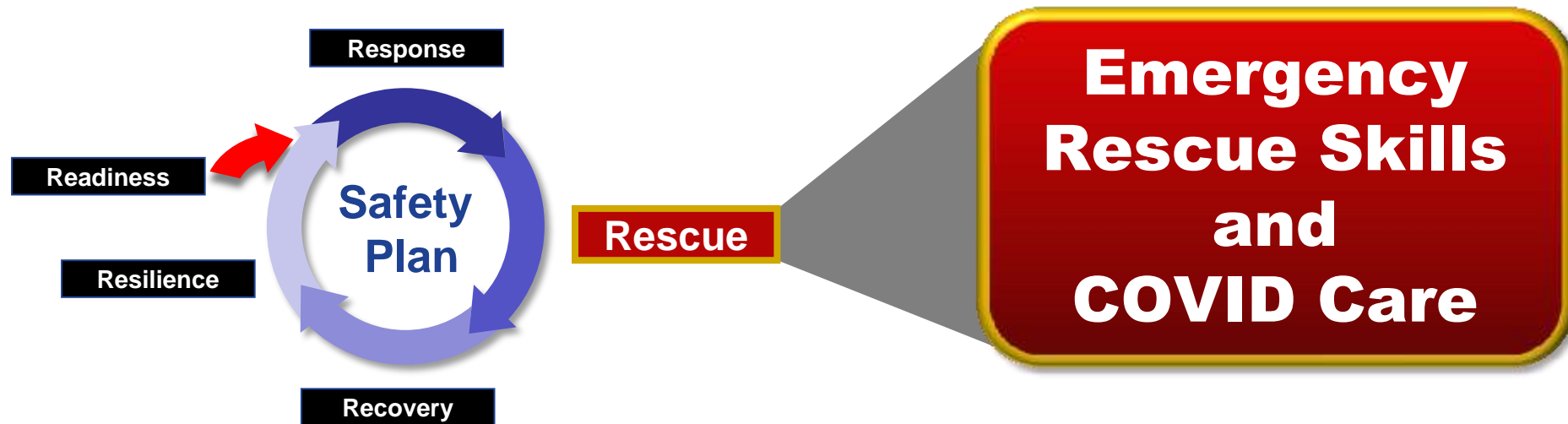
Heather Foster RN



Dr. Gregory Botz

Emergency Rescue Skills

A Survive & Thrive Guide™

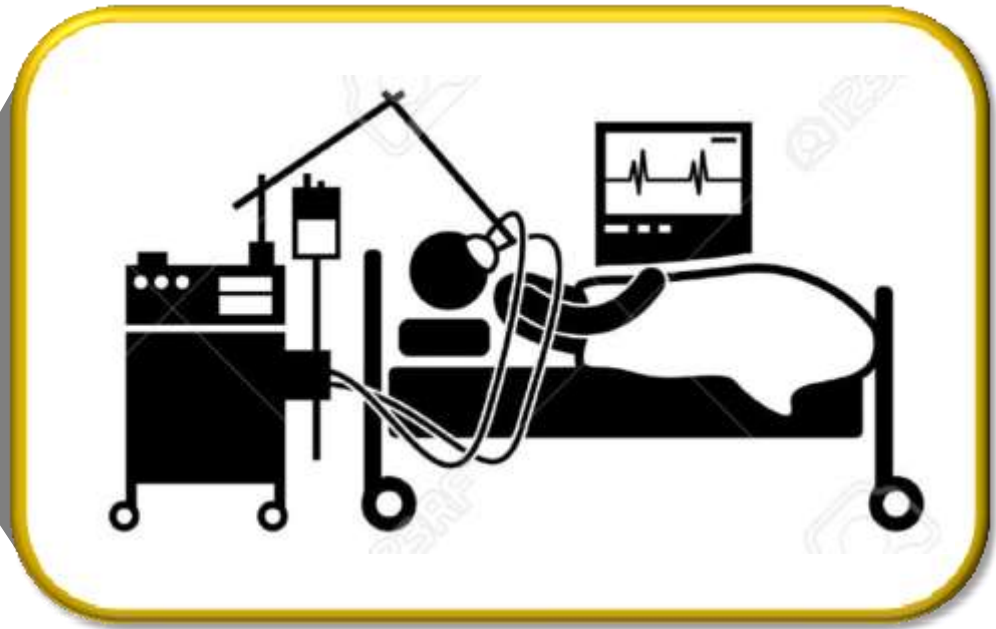


What To Do – They're in the ICU

A Survive & Thrive Guide™



Rescue



Vaccines, Variants, and The Road to Victory: *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
Certified Lifeguard

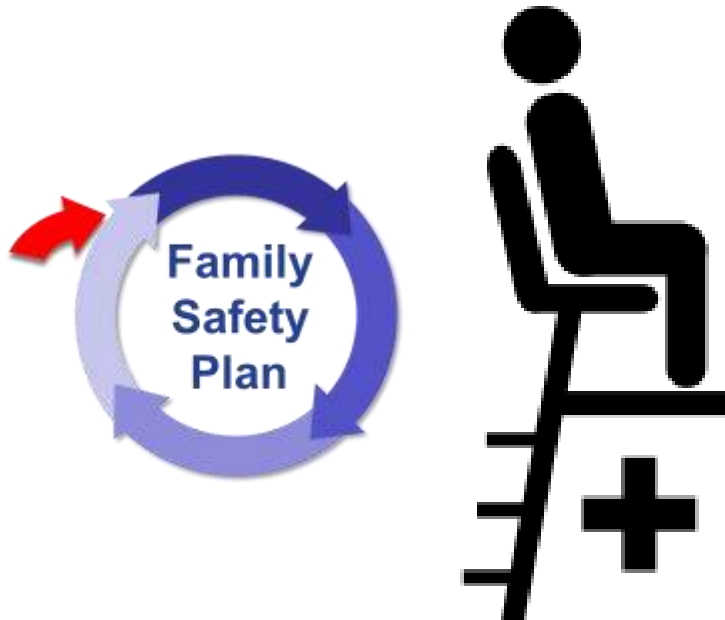


David Beshk

Award Winning Educator
Med Tac Master Instructor
Eagle Scout Advisor
Merit Badge Counselor

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:

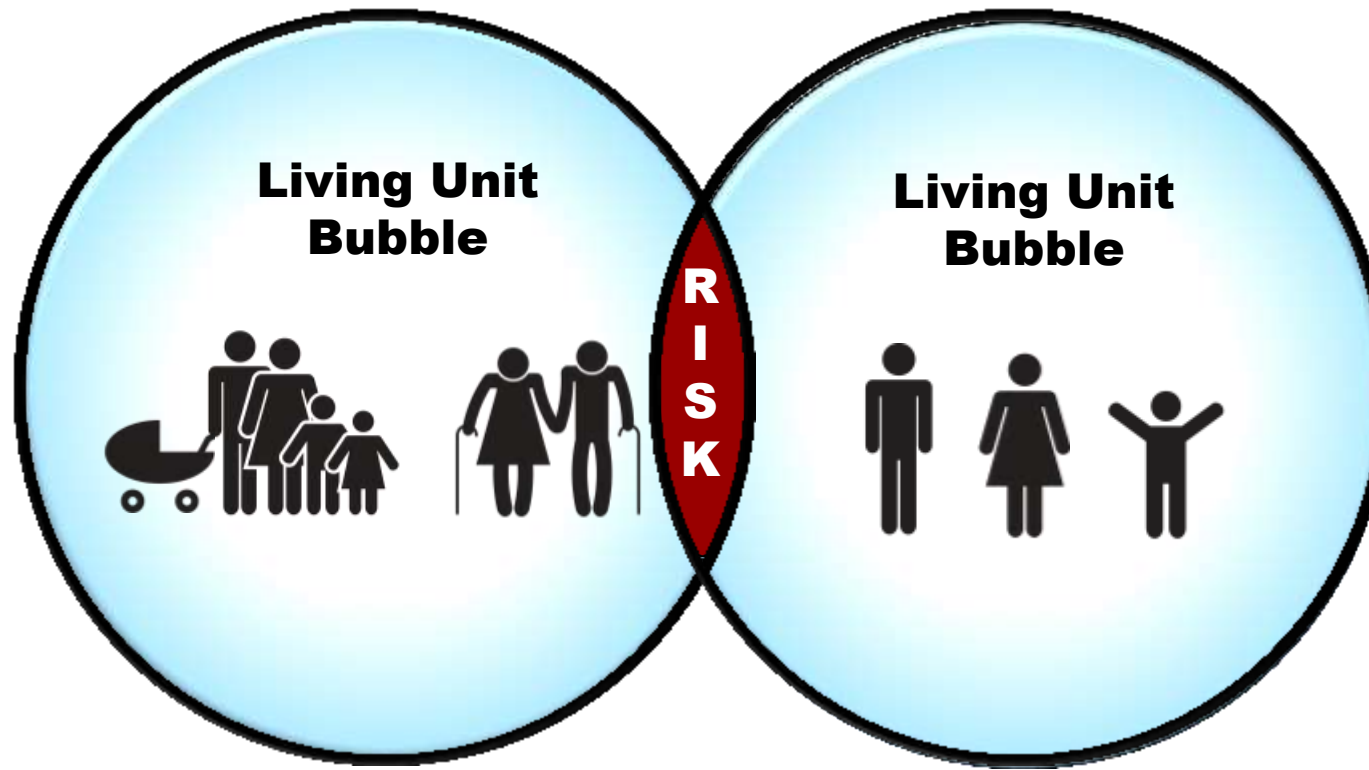
- ☐ Glove up to Clean Up
- ☐ Soak Plates and Cutlery in Soapy Water
- ☐ Wipe down surfaces touched by guests
- ☐ Wipe down bathroom used by guests
- ☐ Meet to de-brief to be safer next time

“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

Spring Break, Ski Week, and Easter Vacations



Holiday Huddle Checklist

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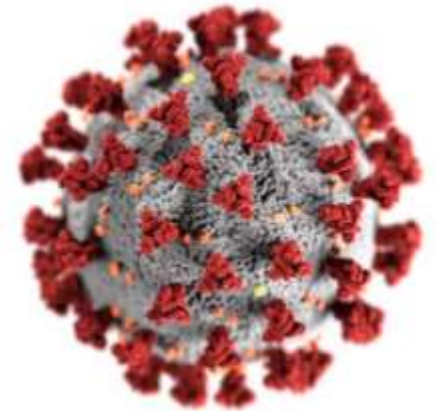


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Keith Flitner

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

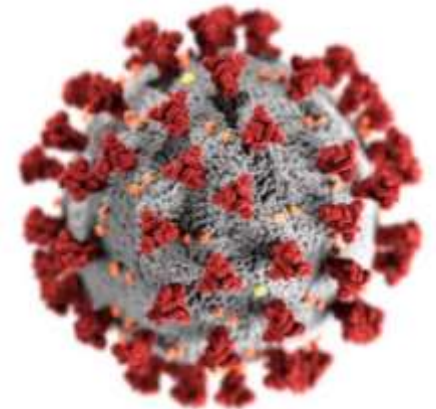


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Randal Styner

**Director of Emergency Management
University of California at Irvine**

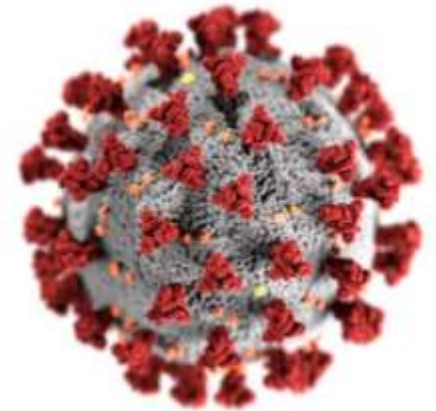


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide™*



Manue Lopez

**District Executive
El Camino Real District
Orange County Scout Council
Med Tac Scout Program**

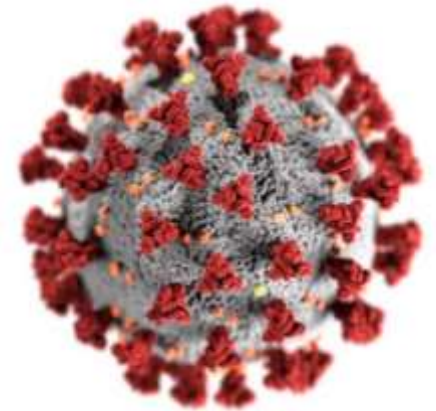


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



Heather Foster RN BSN

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

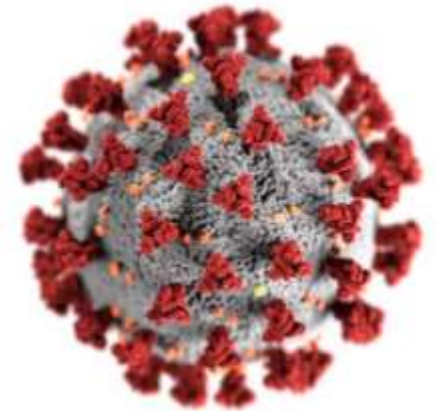


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



John Little

**Medical Service
Security Service
Saddleback Church
Former Para-med
& Former Law Enforcement**

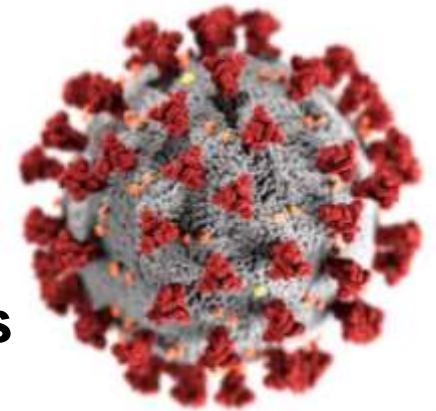


Vaccines, Variants, and The Road to Victory: *A Survive & Thrive Guide*[™]



William Adcox, MBA

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

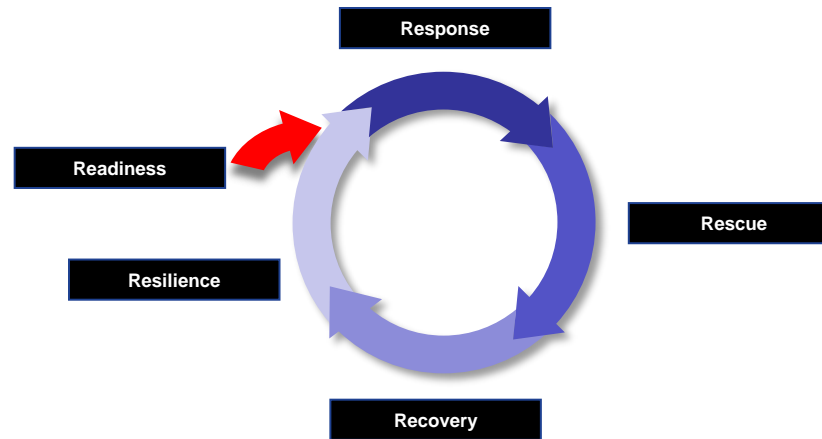


THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~

Family Rescue R&D



Stanford
University



UCSF
University of California
San Francisco



The 5 R's of Safety

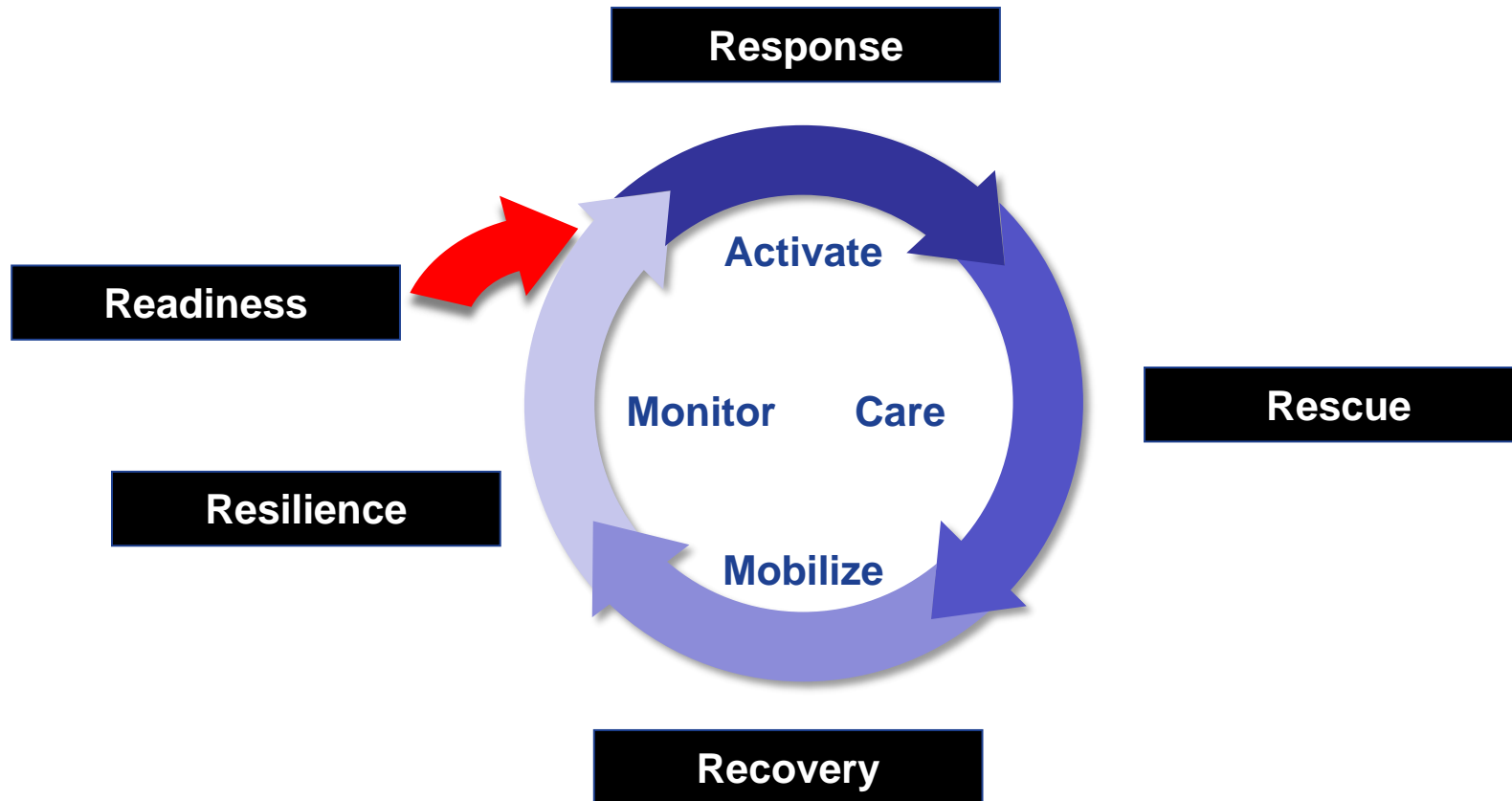
UF | UNIVERSITY of
FLORIDA

UT Southwestern
Medical Center





Family Health Safety & Organization Security Plans™



National Survey Questions

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

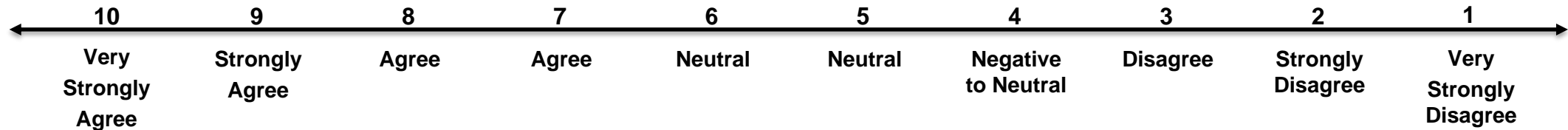


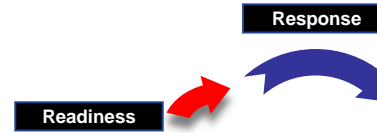
**State what you want to see in the
Family Safety Plan Templates in Free Text Entry**



READINESS

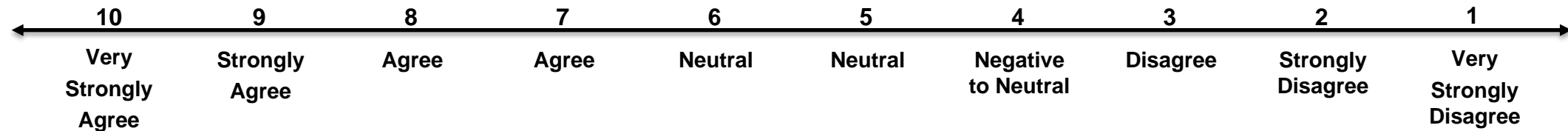
My family is ready to take care of a loved one with Coronavirus in our home.



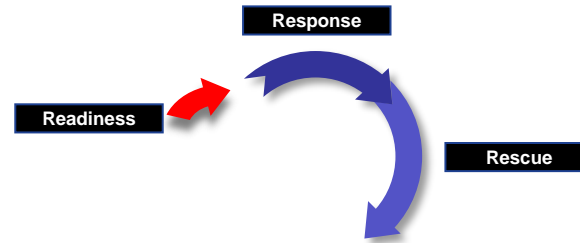


RESPONSE

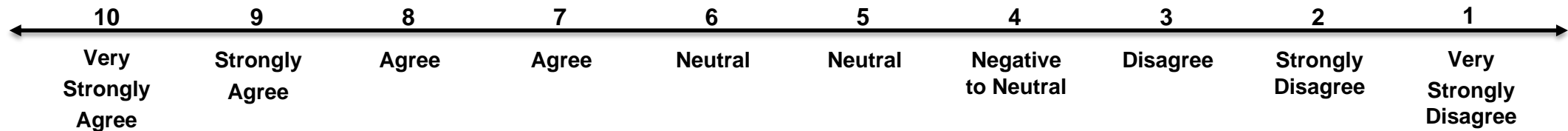
My family knows what actions to take if a loved one becomes infected with Coronavirus.



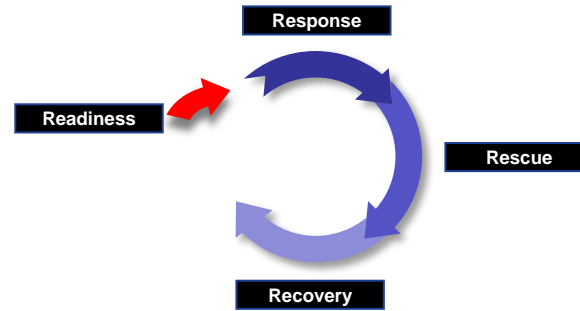
RESCUE



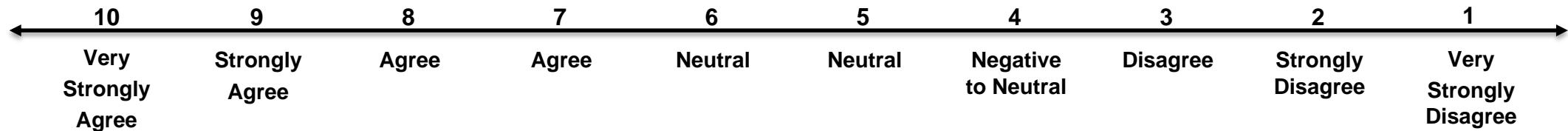
My family knows what do when someone develops severe COVID-19 symptoms.



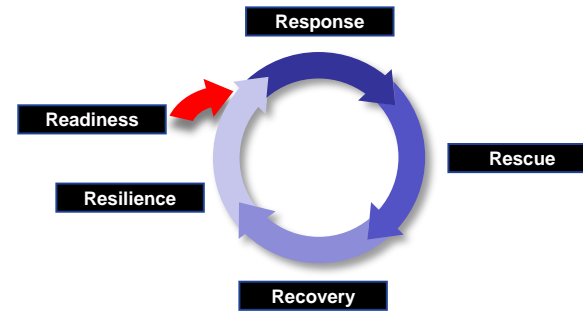
RECOVERY



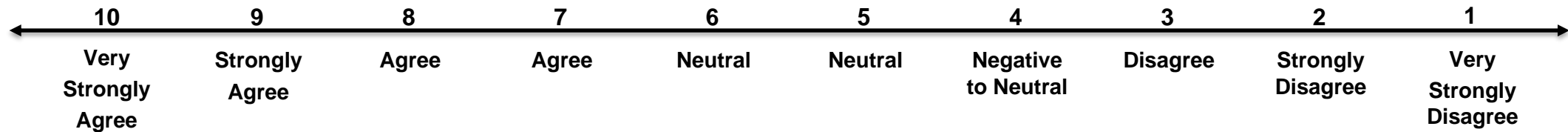
My family has a safety plan to return to work and play when the Coronavirus social restrictions are relaxed.



RESILIENCE



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




[About](#)
[Values & Team](#)
[Communities 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 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
- Oploid 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 2018 by philanthropy through TMT Global, a 501(c)(3) medical research organization that leads a global patient safety community of practice found at 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
- Oploid Overdose
- Anaphylaxis
- Major Trauma
- Infection Care
- Transportation Accidents
- Bullying

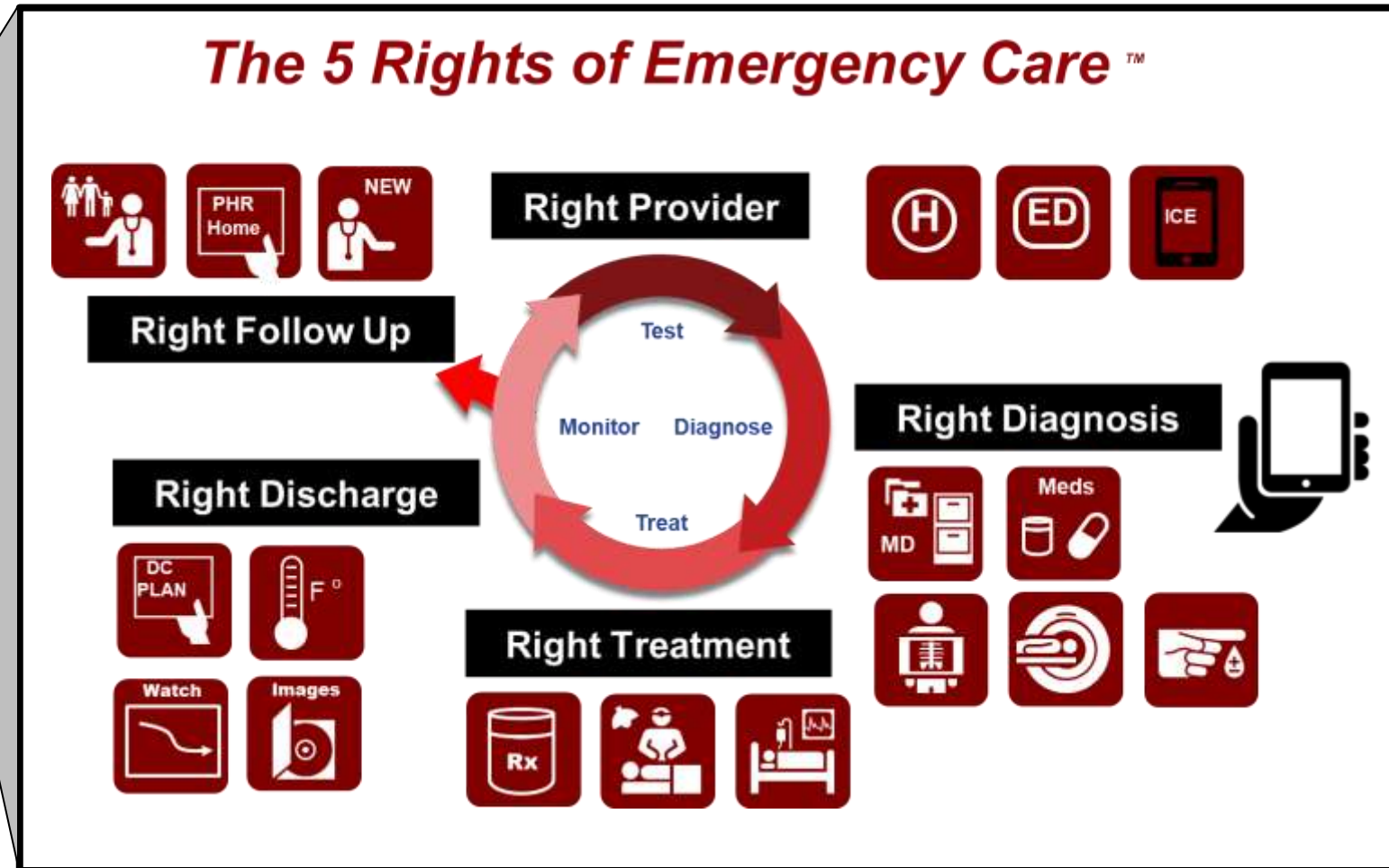
Bystander Care Thinking is a critical need in all communities. The preventable deaths we see in the news are the tip of the iceberg. Our program is a Good Samaritan support system to help everyone learn life-saving actions that will save lives.

High Impact Care Hazards are conditions that are frequent, severe, preventable, and treatable. 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, caregivers, and caregivers.

Med Tac is the only integrated program addressing the top causes of death of otherwise healthy children, youth, and adults to the audience. Med Tac partners with heroic people leaders from great organizations who are already in the community.

Med Tac Global | Copyright © 2020
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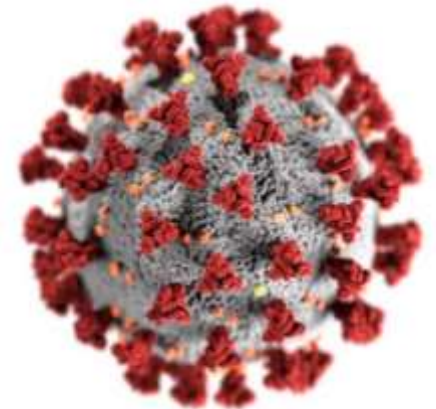


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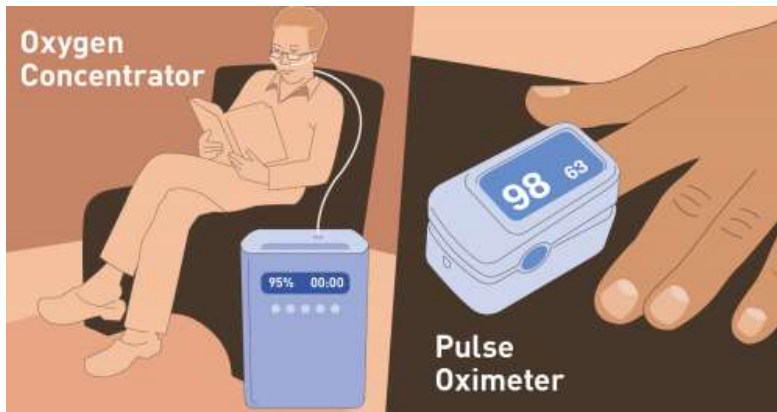
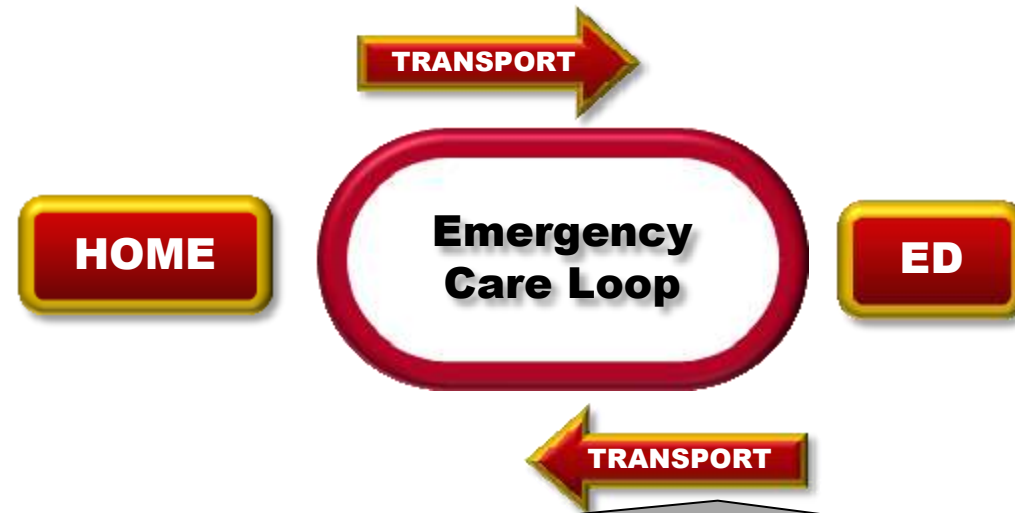


Christopher R. Peabody, MD, MPH

**Emergency Physician
Assistant Clinical Professor of Emergency
Medicine,
University of California San Francisco
Clinical Instructor, University of California
San Francisco
San Francisco, CA**



Emergency Rescue Skills: After Discharge & Transport Home



Speakers & Reactors



Dr. Gregory Botz



Dr. Toff Peabody



Heather Foster RN



Dr. Brittney Barto



William Adcox



John Little



Jennifer Dingman



Keith Flitner



Randy Styner



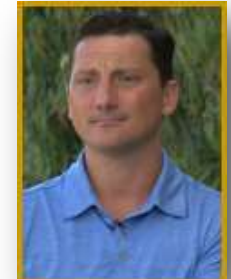
Charlie Denham III



Jamie Yrastorza



Jahnavi Rao



David Beshk



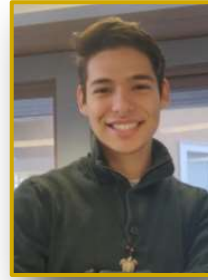
Dr. Charles Denham



Paul Bhatia EMT



Danny Policicchio



Luis Licon



Manue Lopez



Dominick Contreras



Ivy Tran

Recovery: Long Haulers, Loss, and Caregivers

A Survive & Thrive Guide™



PACS

Post-Acute COVID-19 Syndrome

MIS-C

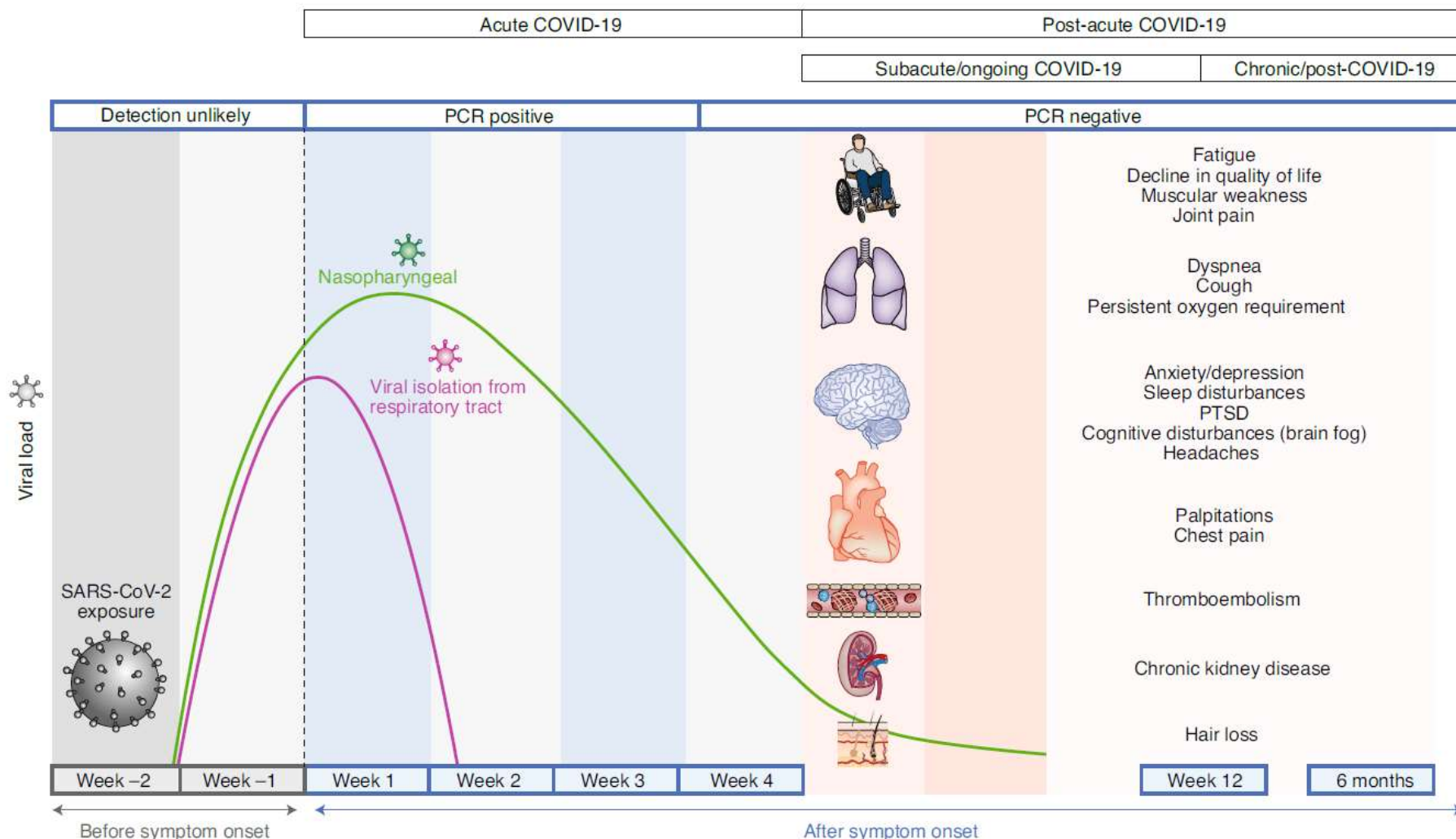
**Multisystem Inflammatory
Syndrome in Children**

MIS-A

**Multisystem Inflammatory
Syndrome in Children**

Patient advocacy groups, many members of which identify themselves as long haulers, have helped contribute to the recognition of post-acute COVID-19, a syndrome characterized by persistent symptoms and/or delayed or long-term complications beyond 4 weeks from the onset of symptoms.

Post-acute COVID-19 syndrome

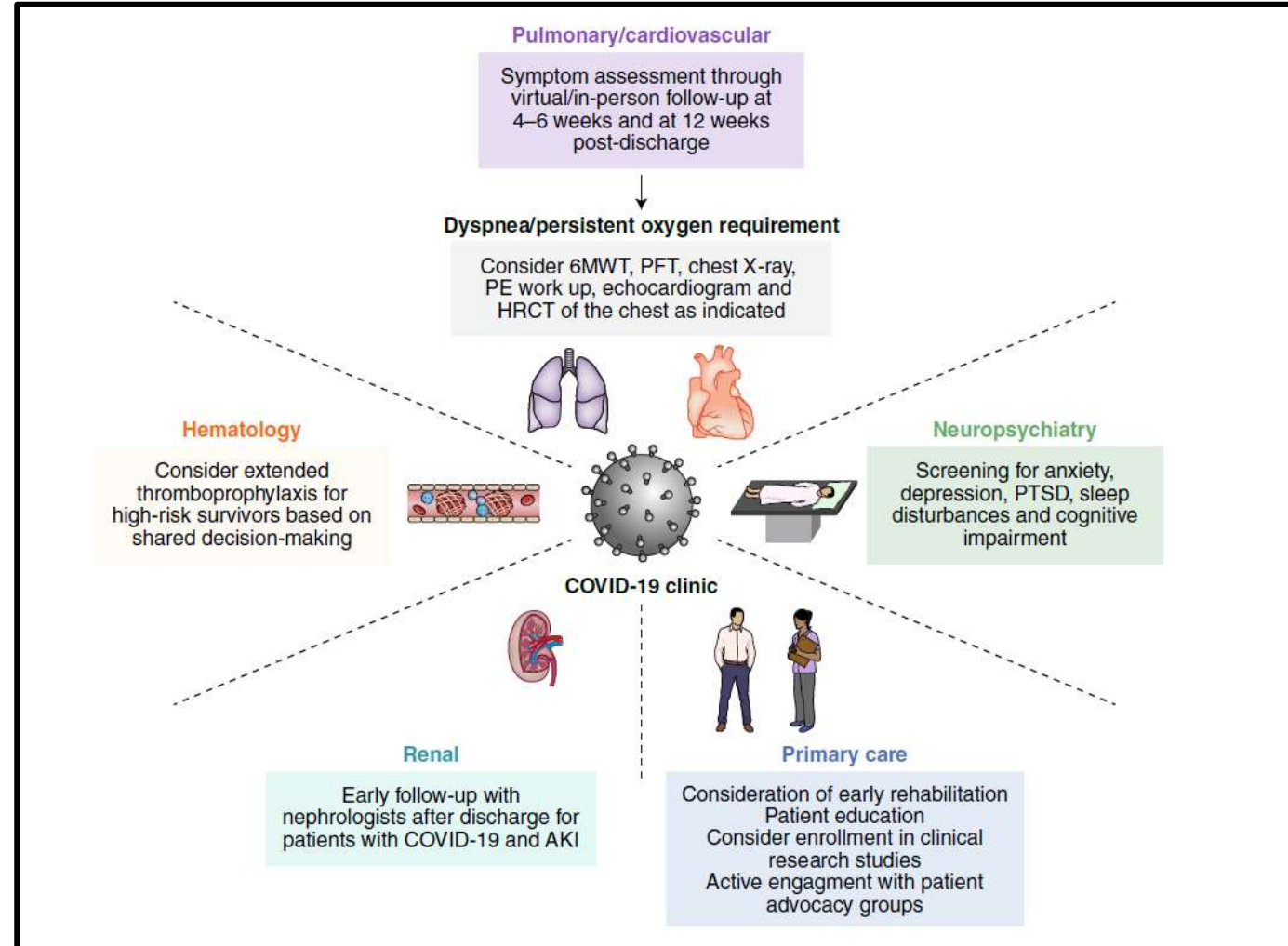


<https://doi.org/10.1038/s41591-021-01283-z>



Multidisciplinary collaboration is essential to provide integrated outpatient care to survivors of acute COVID-19 in COVID-19 clinics. Depending on resources, prioritization may be considered for those at high risk for post-acute COVID-19, defined as those with severe illness during acute COVID-19 and/or requirement for care in an ICU, advanced age and the presence of organ comorbidities (pre-existing respiratory disease, obesity, diabetes, hypertension, chronic cardiovascular disease, chronic kidney disease, post-organ transplant or active cancer). The pulmonary/cardiovascular management plan was adapted from a guidance document for patients hospitalized with COVID-19 pneumonia⁷⁶. HRCT, high-resolution computed tomography; PE, pulmonary embolism.

Post-acute COVID-19 syndrome



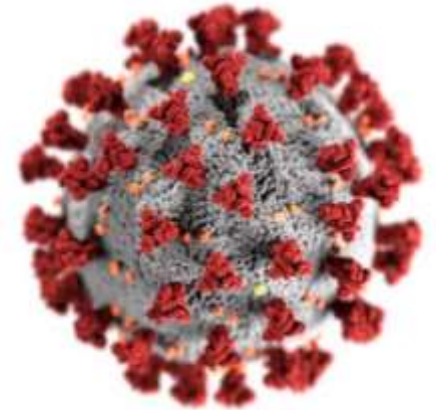
<https://doi.org/10.1038/s41591-021-01283-z>

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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



Fight the Good Fight

Finish the Race

Keep the Faith

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.

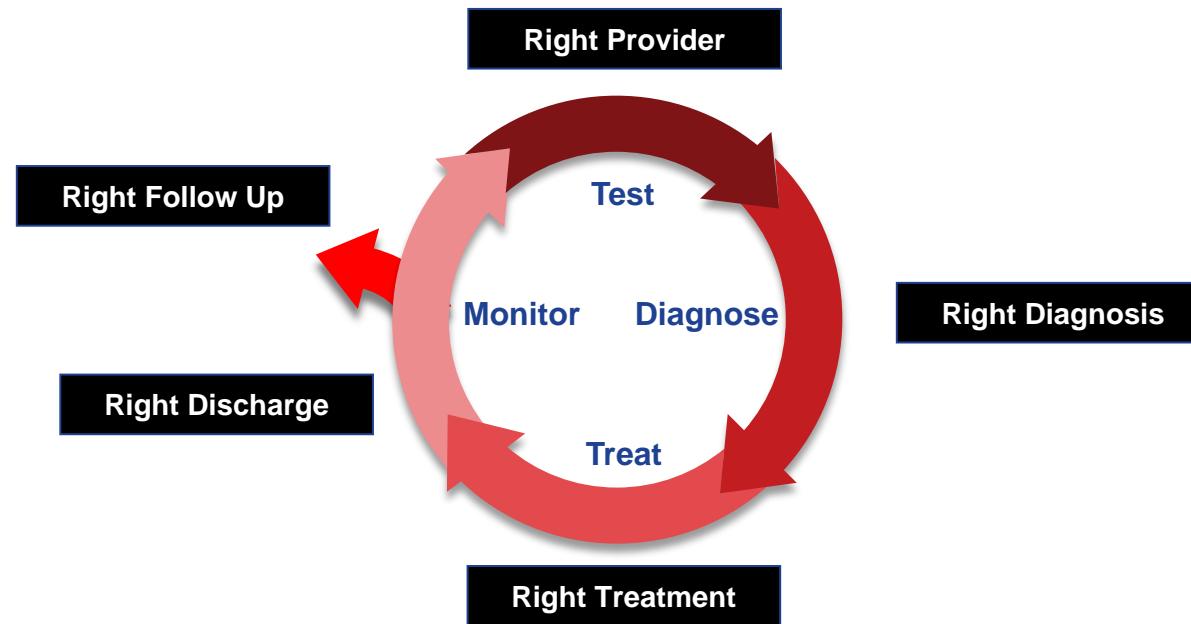
Ability

- ☐ **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.

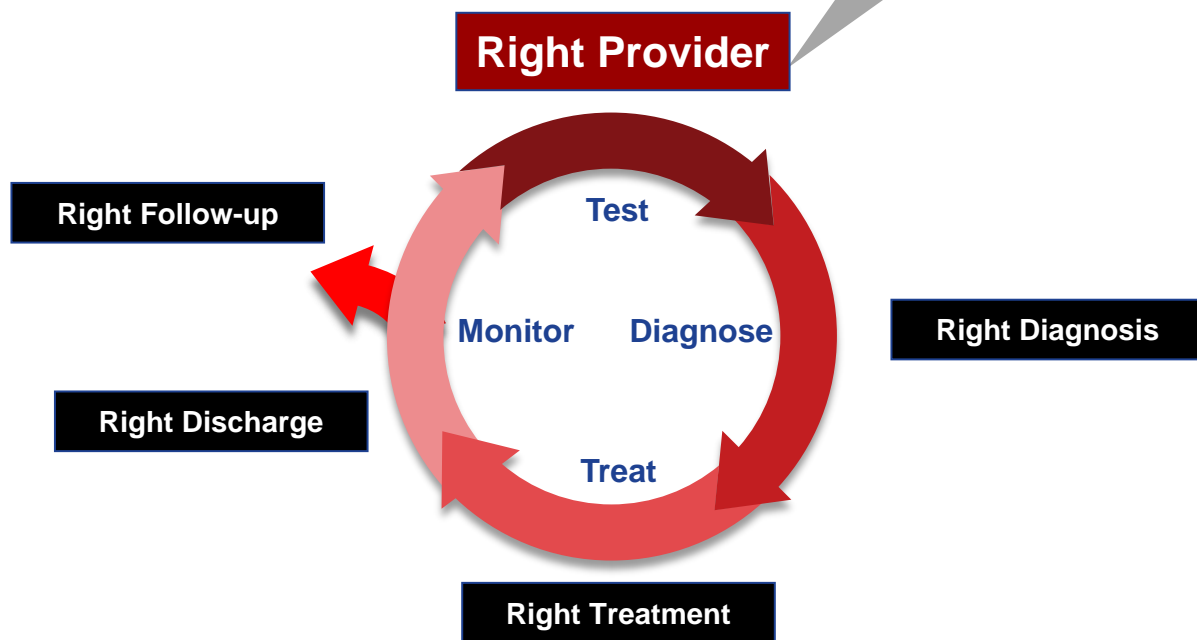
Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

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™

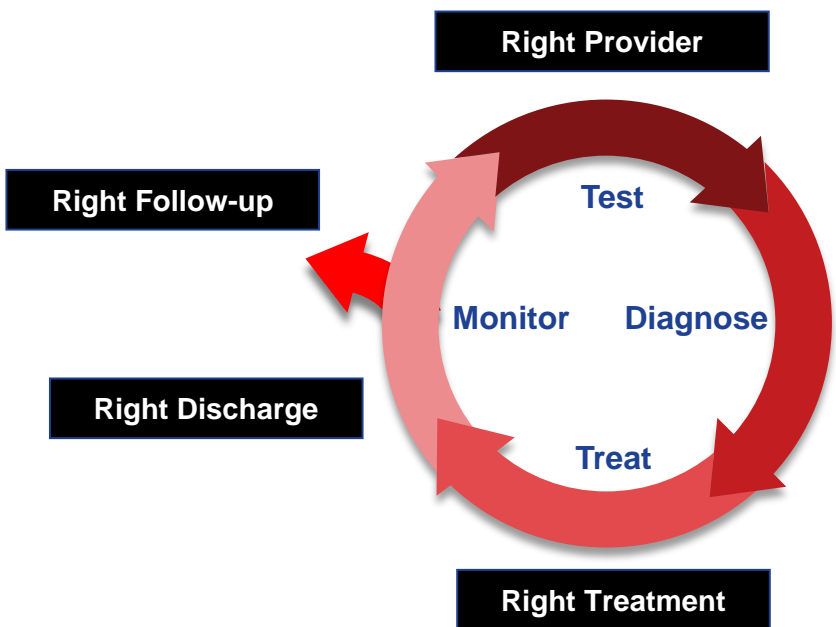
Right Provider: Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.



- **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™



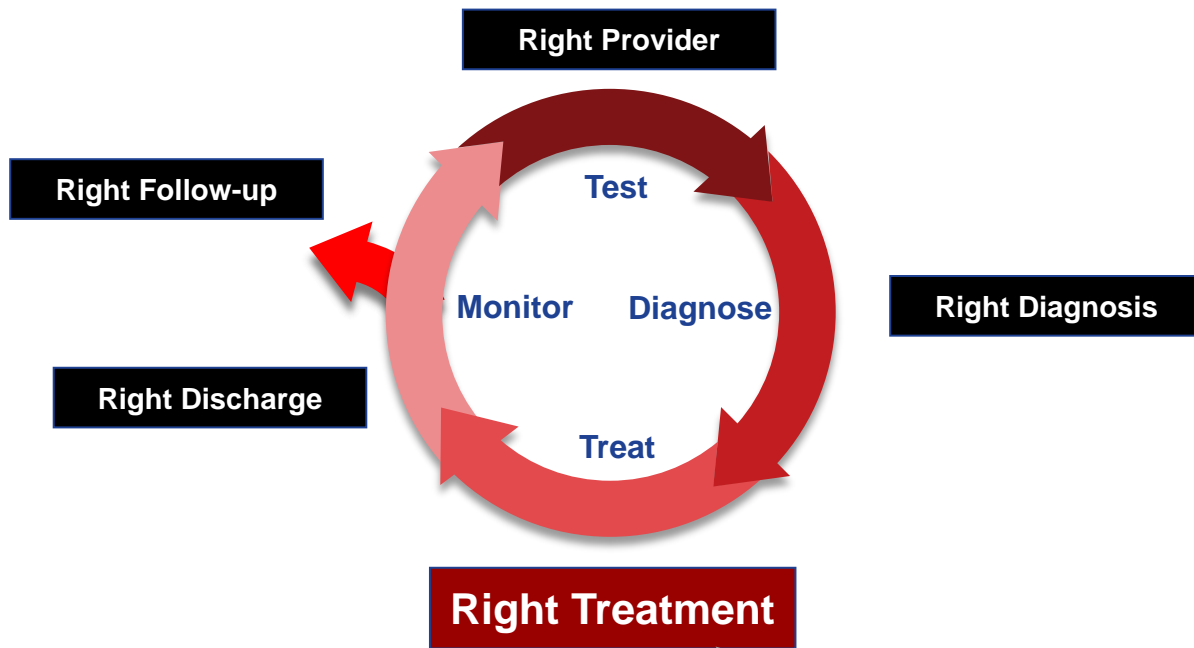
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Right Diagnosis

- **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™



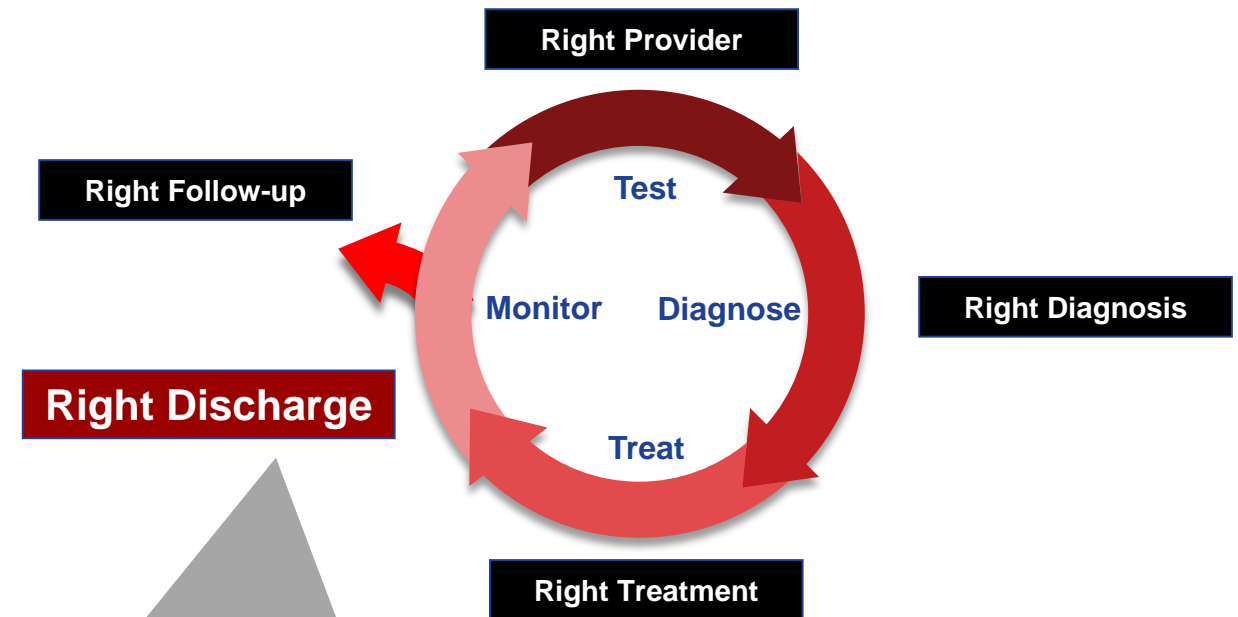
- **Treatment of Short-term Symptoms and of Long-term Conditions:** Procedures, medications, and new behaviors you need to maintain should be understood for the short-term and long-term timeframes.
- **Shared Decision Making:** Understand the treatment and decide together
- **Risks and Benefits:** Understand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



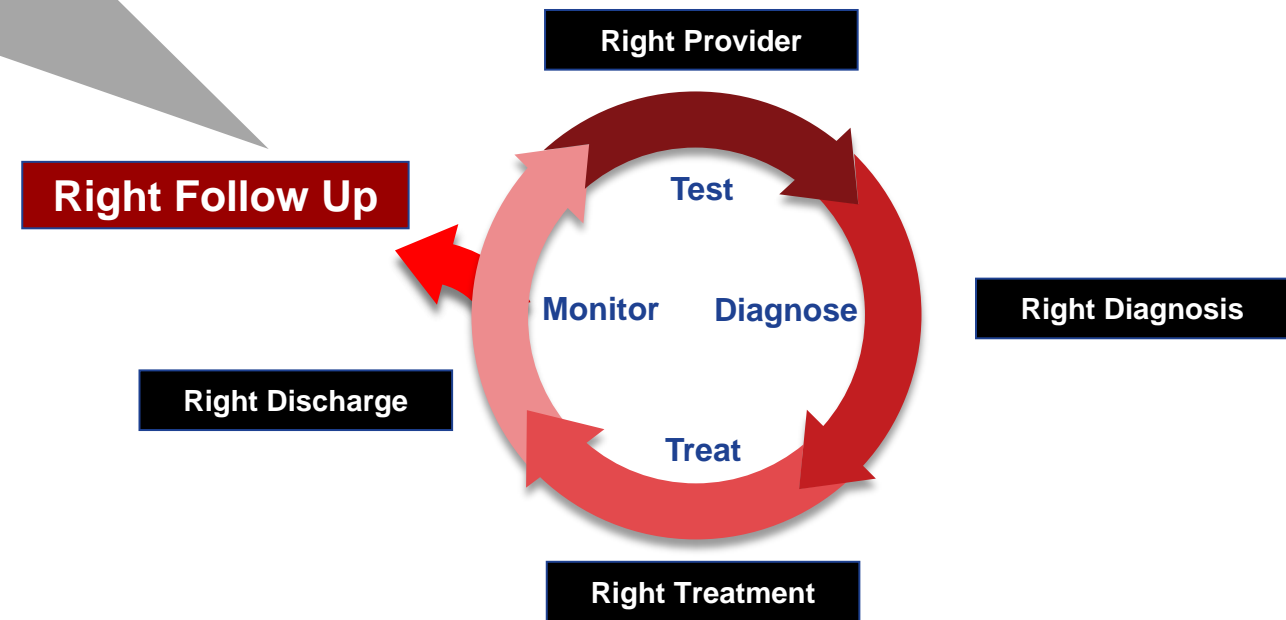
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Right Follow-up: The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

- **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™



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

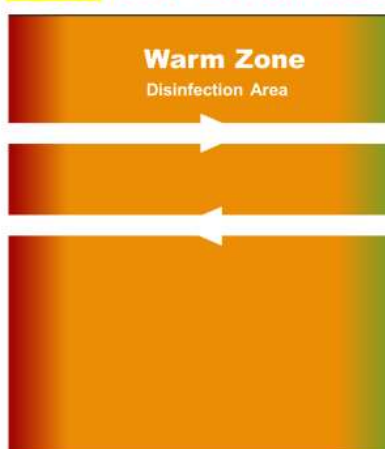
Hot-Warm-Safe Zone Practices

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 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.

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.



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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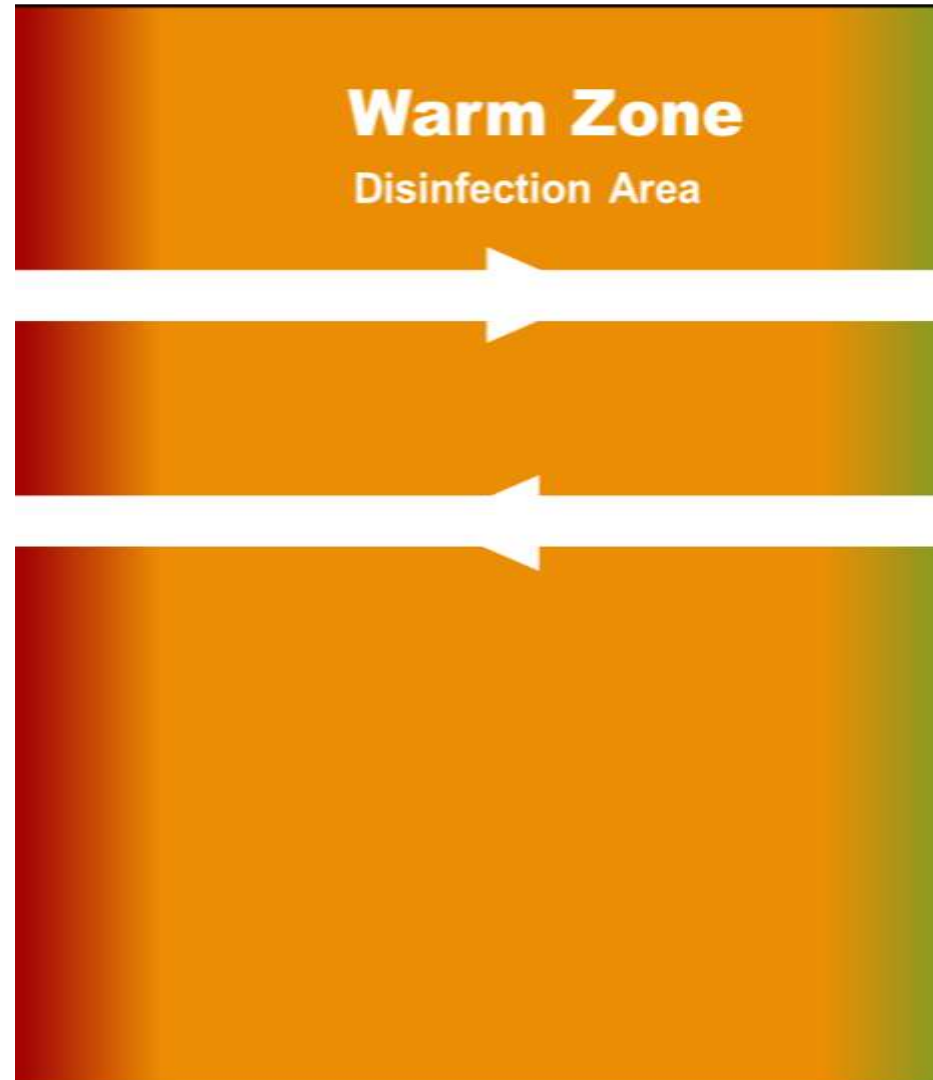
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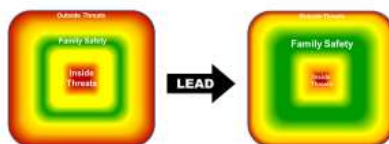
Survive & Thrive Guide: Protecting Your Family

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.

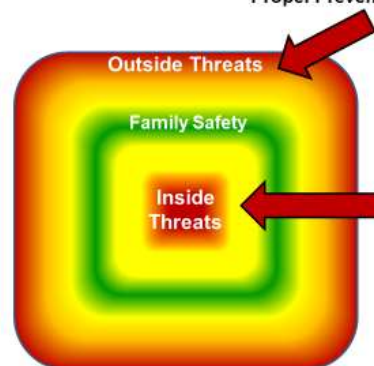
STEP 4: Plan the Flight and Fly the Plan

- 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:

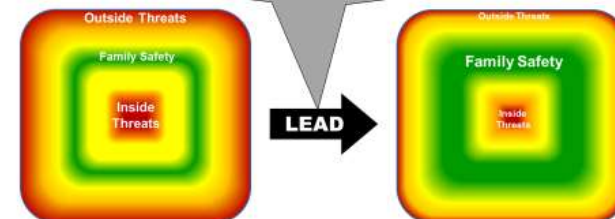
Develop a Family Safety Plan

- 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

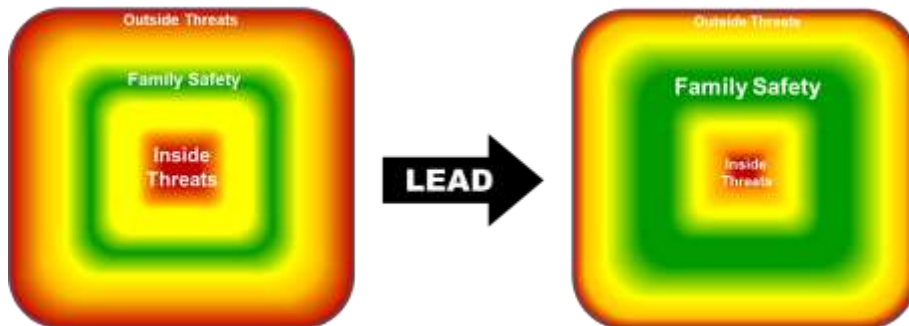
- The novel Coronavirus virus science, threats, vulnerabilities, and therefore the family risk changes continuously. Every airplane flight plan is modified along the route – so will your family safety plan.



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.