10 Best Practices for Reopening

Survive & Thrive Guide™

Welcome

Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

Med Tac Bystander Rescue Care
June 3, 2021

***CareUniversity* Webinar 162**

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.

Our Mission:

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

Our ICARE Values:

Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.

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.**
- **William Adcox has nothing to disclose.**
- **Jennifer Dingman has nothing to disclose.**
- **Heather Foster has nothing to disclose.**
- **David Beshk has nothing to disclose.**
- **Jaime Yrastorza has nothing to disclose.**
- **Paul Bhatia 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.

Speakers & Reactors

Dr. Gregory Botz

Heather Foster RN

William Adcox

David Beshk

Jennifer Dingman

Jaime Yrastorza

Paul Bhatia EMT

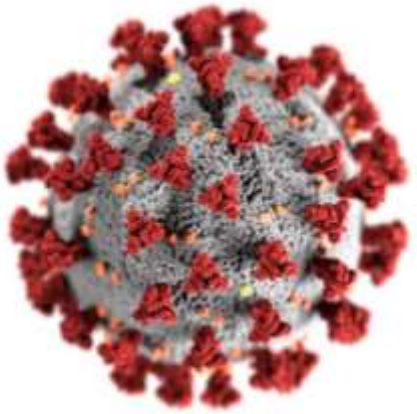
Charlie Denham III

Dr. Charles Denham

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



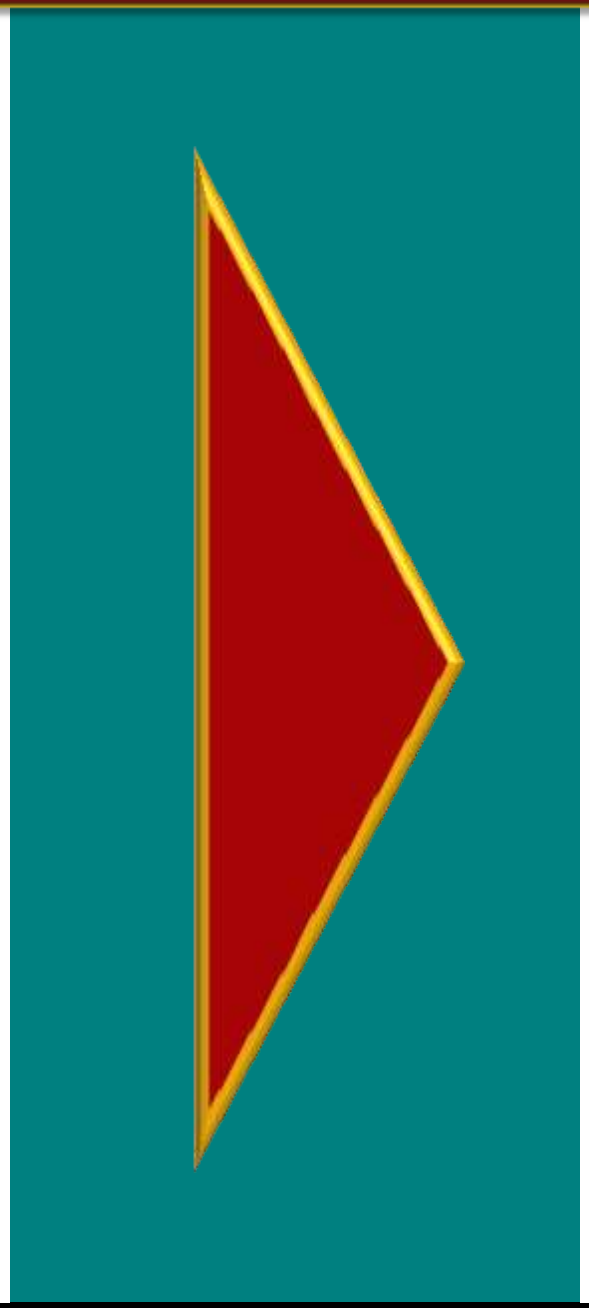
Global COVID Deaths

06-02-21 IHME Model

10 Principles and 10 Best Practices for Re-opening™

10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety
5. Establish a Safety Leader
6. Readiness
7. Response
8. Rescue
9. Recovery
10. Resilience



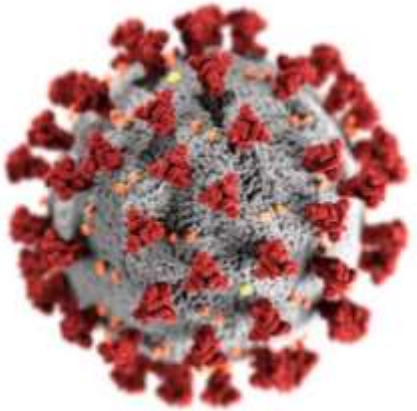
10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They’re in ICU
9. Long Haulers & COVID Recovery
10. The 4 P’s at the New Normal

10 Best Practices for Reopening
A Survive & Thrive Guide ™

Gregory H. Botz, MD, FCCM

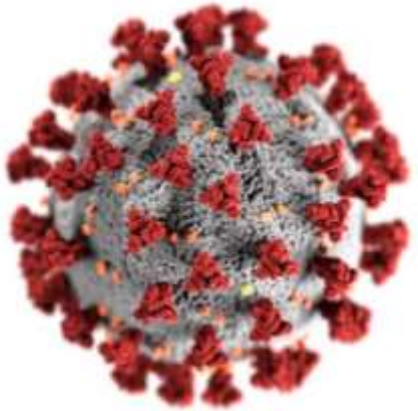
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



10 Best Practices for Reopening
A Survive & Thrive Guide

William Adcox, MBA

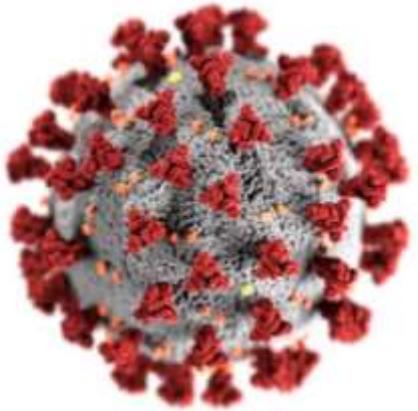
Chief of Police and Chief Security Officer
MD Anderson
Cancer Center and The University of Texas
Health Science Center, Houston, TX



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Heather Foster RN BSN

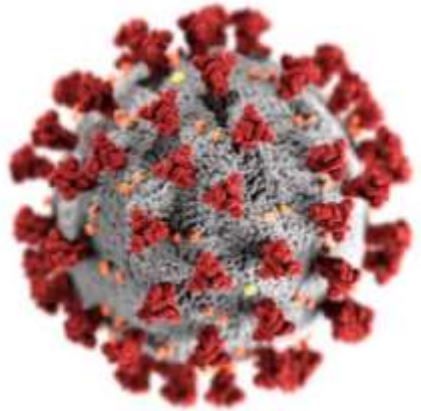
Frontline Nurse
Infection Prevention Advisor
Patient Safety Advocate
Dolores Colorado



10 Best Practices for Reopening
A Survive & Thrive Guide ™

David Beshk

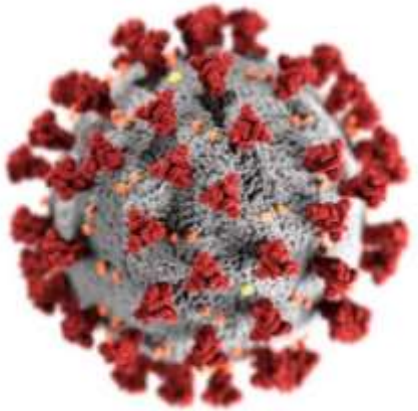
Educator
Master Med Tac Instructor
Eagle Scout Advisor
Southern California



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Jaime Yrastorza

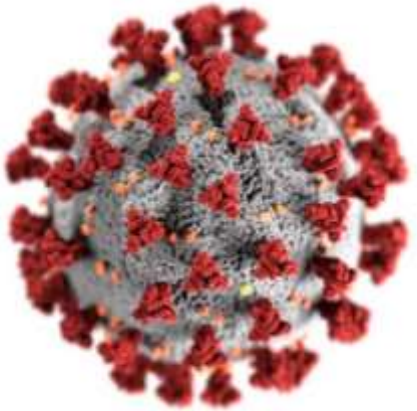
Medical Student
University of Nebraska
Med Tac Producer
Eagle Scout Advisor
Continuing Medical Education



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Paul Bhatia, EMT

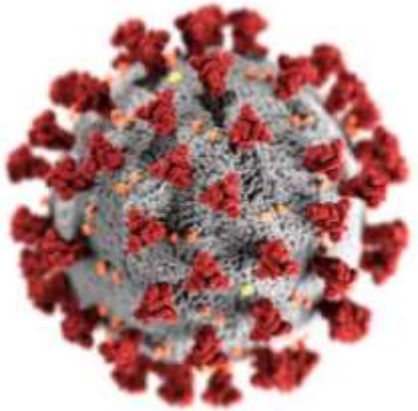
Pre-medical Student
President UCI EMT Organization
Med Tac Student Outreach Lead
for College and High Schools



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Charlie Denham III

High School Student
Co-founder Med Tac Bystander Rescue Care Program
Adopt a Cove Program Lead




MARCH 2017 • FREE
What Every Parent's Talking About
parentingOC
David Bosnk of St. Margaret's Episcopal in San Juan Capistrano takes the title as Parenting OC's Top Teacher of Orange County, 2017.
FOURTH ANNUAL
TOP 25
TEACHERS

High Impact Care Hazards to Patients, Students, and Employees

https://www.medtacglobal.org/

- Cardiac Arrest
- Choking & Drowning
- Opioid Overdose
- Anaphylaxis
- Major Trauma
- Infection Care
- Transportation Accidents
- Bullying

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

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

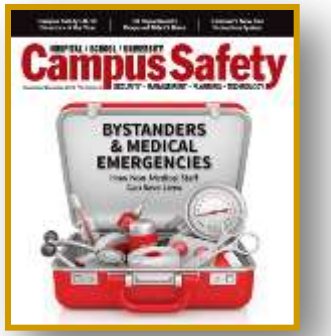
Bystander Rescue Skills are the competencies that bystanders can learn that will save lives in the few precious minutes before the professional first responders arrive. Such behaviors can be learned by children, adults, and entire families. We have programs for children, adults, law enforcement, educators,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

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

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

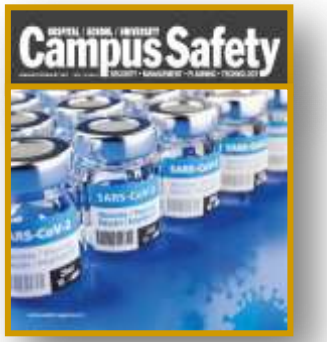


Active Shooter Healthcare Article

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 los of life and harm from very common hazards:

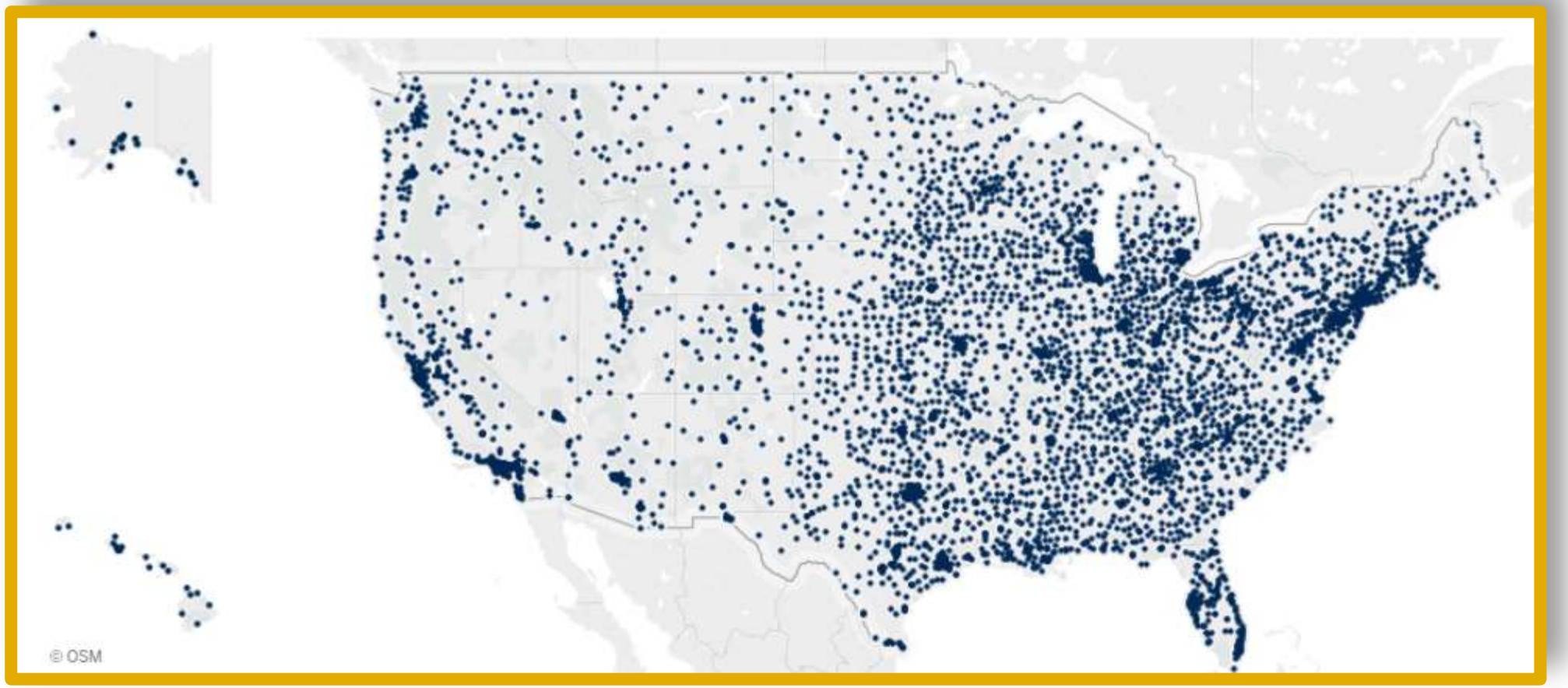
- ***High Impact Care Hazards*** are frequent, severe, preventable, and measurable.
- ***Lifeline Behaviors*** undertaken by anyone can save lives.

Supports today's webinar

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

Educators Declared Essential Critical Infrastructure Workers

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

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

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

www.medtacglobal.org/coronavirus-response/

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

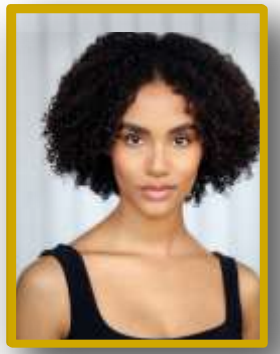

Dr. Harvey Fineberg

Youth & Young Adult Team

D Contreras EMT
Harvard

Ivy Tran EMT
Harvard

Nick Scheel
UCSB



Sophia McDowell
California Inst. of Arts

Audrey Lam EMT
USC

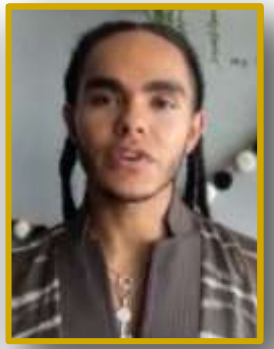
Jacqueline Botz
Chapman

Luis Licon
UCI Alum

Melanie Rubalcava
UCSD

Charlie Denham III
High School Lead

Charlie Beall
Stanford Alum



Marcus McDowell
U of Cincinnati

Jaime Yrastorza
UCSD Pre-med

Paul Bhatia EMT
UCI Pre-med

D Policichio
NYU Film

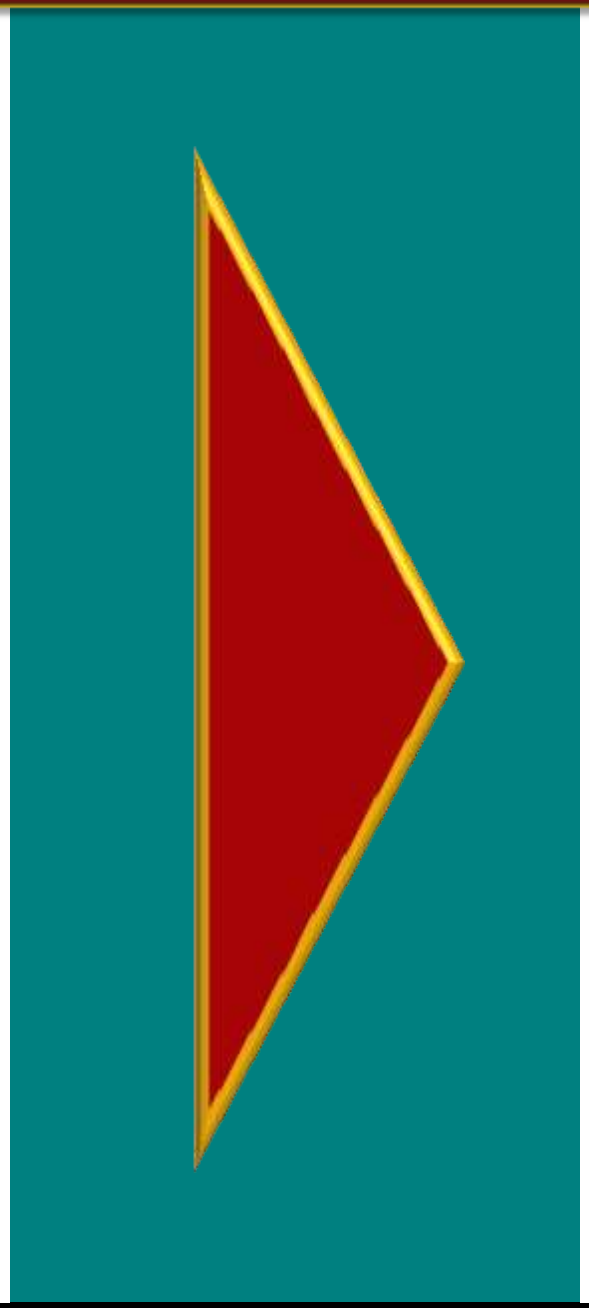
Manue Lopez
Berkeley Alum

Preston Head III
UCLA Alum

10 Principles and 10 Best Practices for Re-opening™

10 Principles:

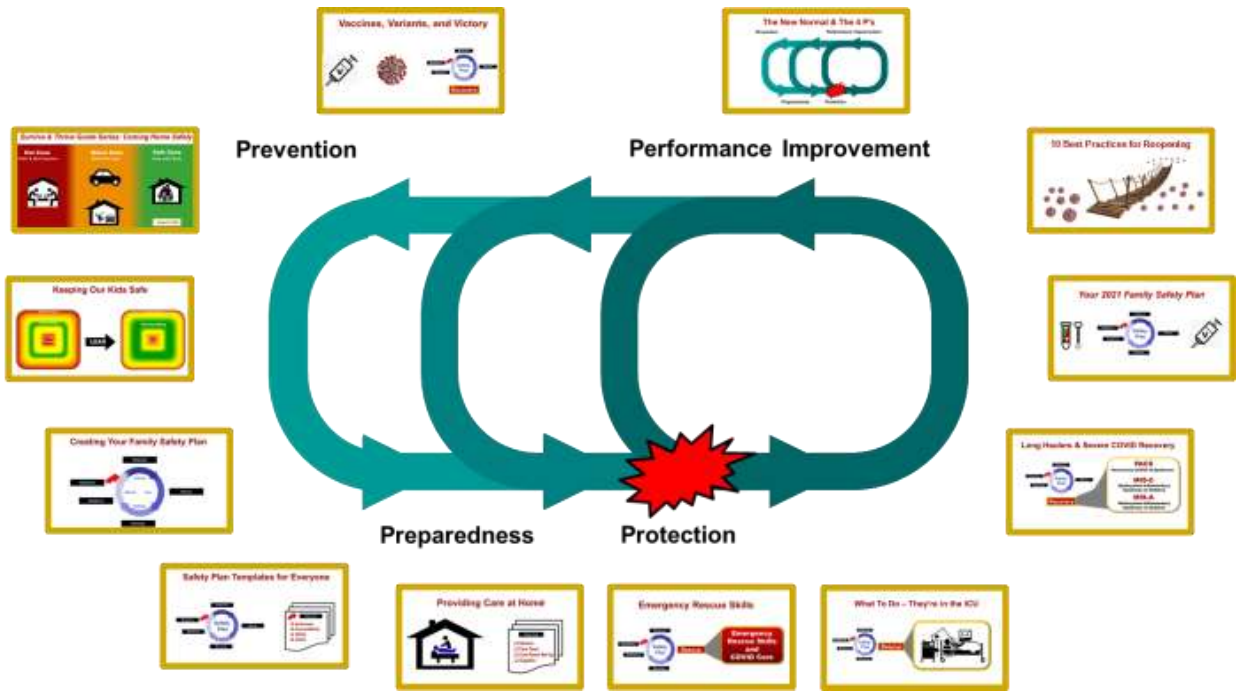
1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety
5. Establish a Safety Leader
6. Readiness
7. Response
8. Rescue
9. Recovery
10. Resilience



10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They’re in ICU
9. Long Haulers & COVID Recovery
10. The 4 P’s at the New Normal

Our Survive & Thrive Guide Updates



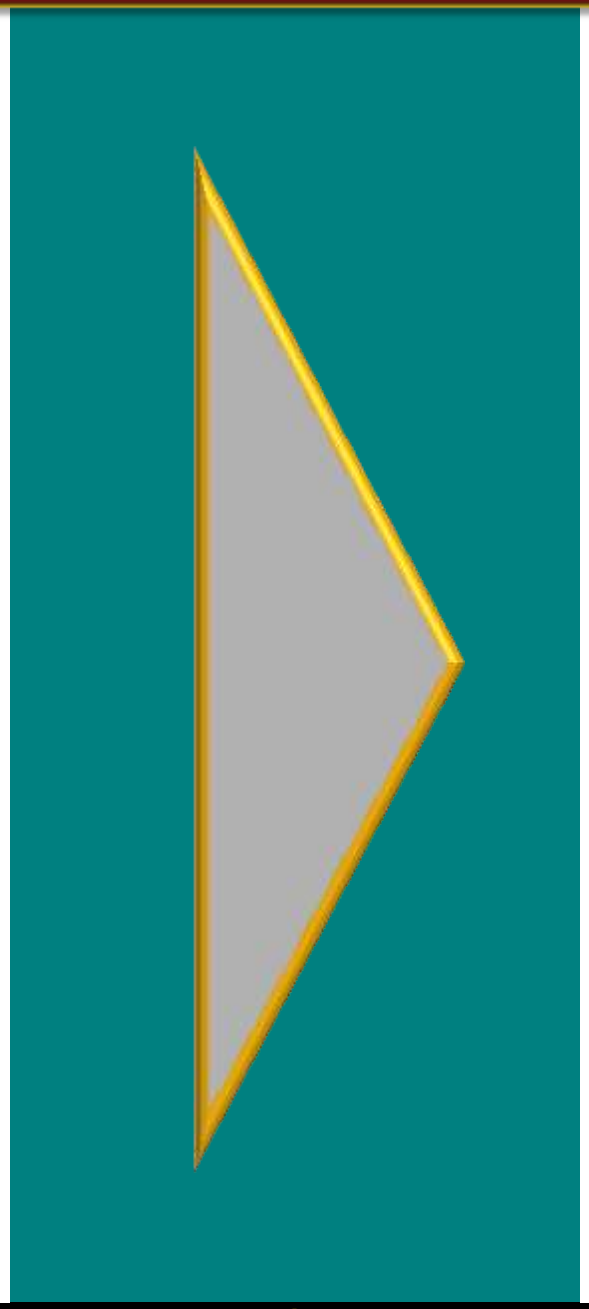
10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They're in ICU
9. Long Haulers & COVID Recovery
10. The 4 P's at the New Normal

10 Principles and 10 Best Practices for Re-opening™

10 Principles:

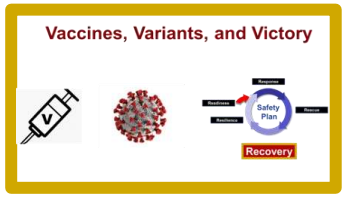
1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety
5. Establish a Safety Leader
6. Readiness
7. Response
8. Rescue
9. Recovery
10. Resilience

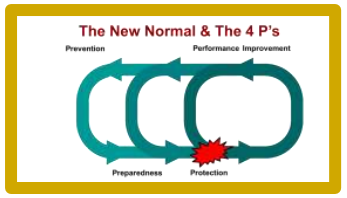


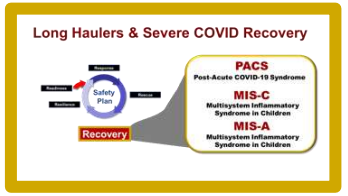
10 Best Practices:

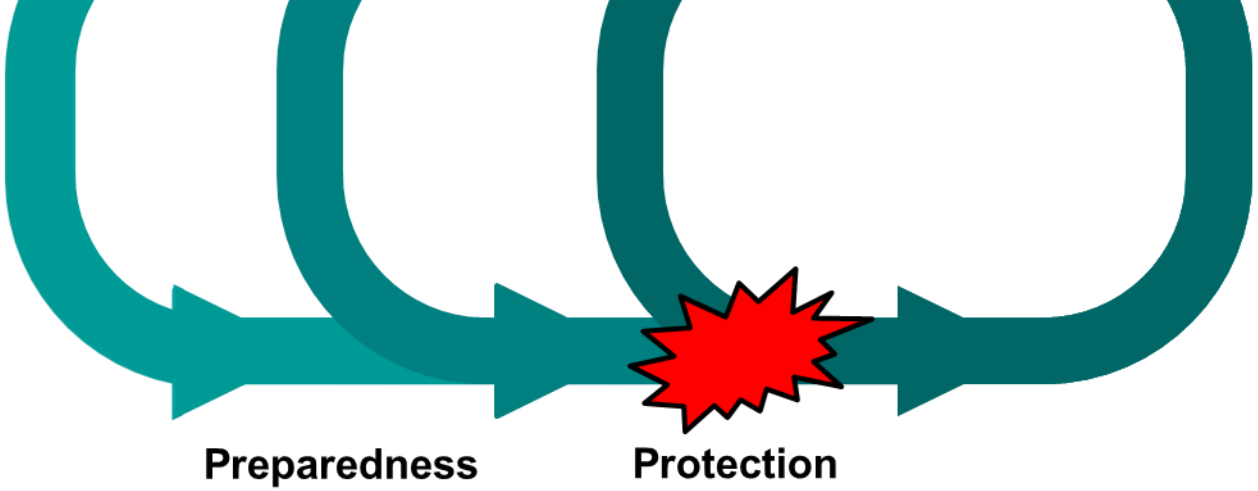
1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They’re in ICU
9. Long Haulers & COVID Recovery
10. The 4 P’s at the New Normal

Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement





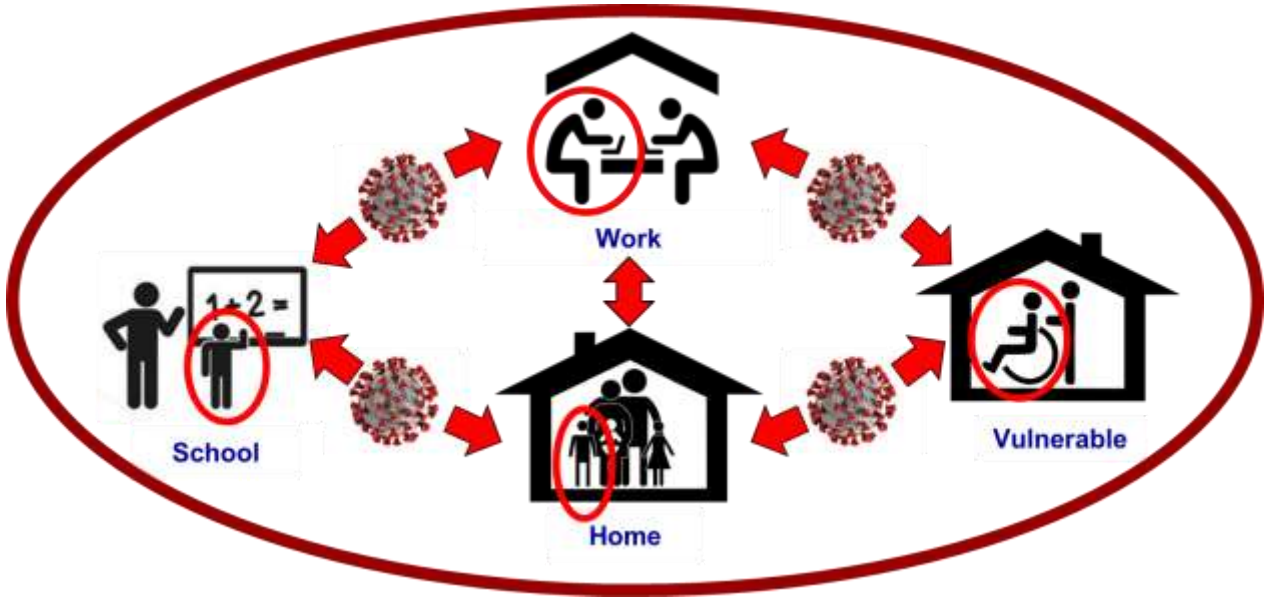




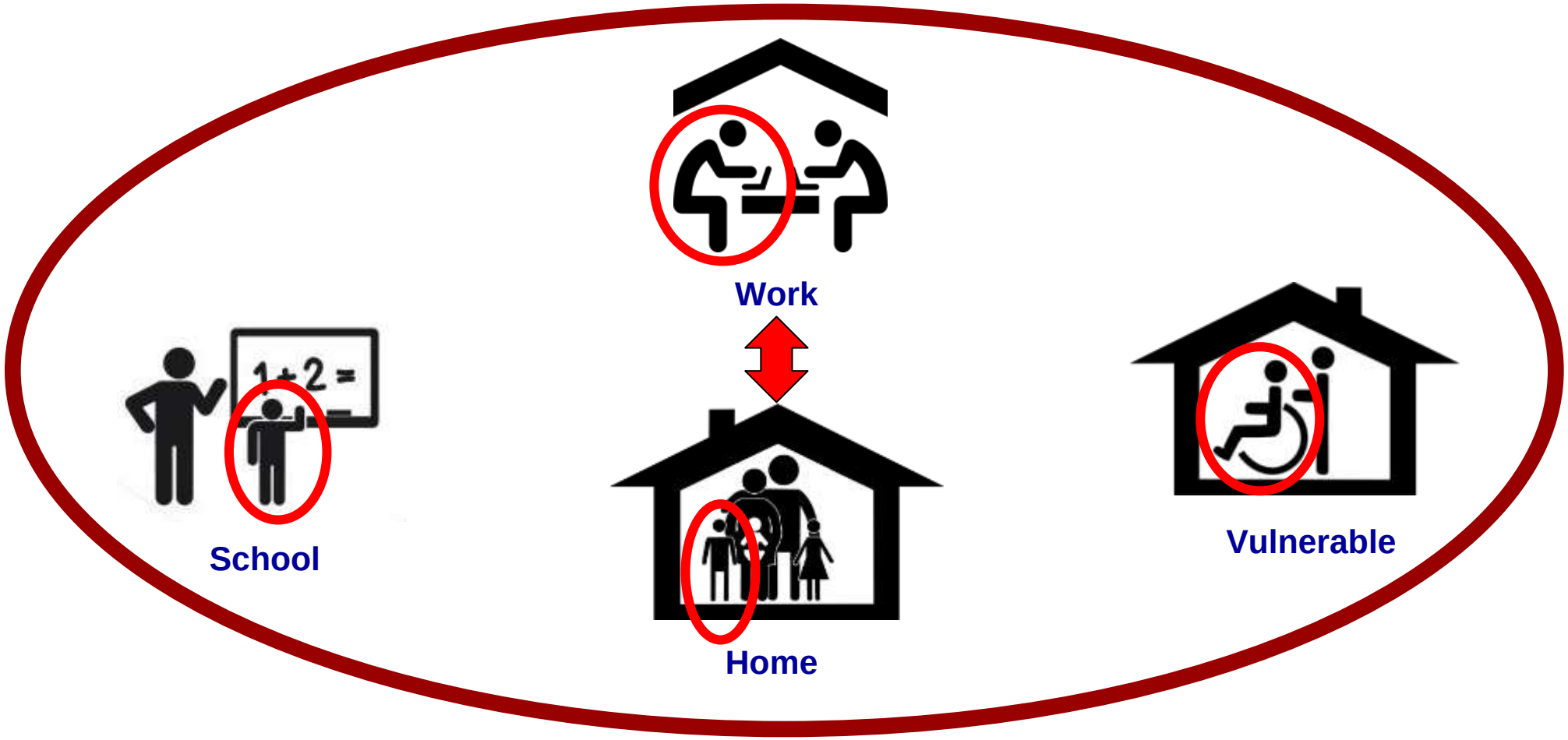
10 Principles:

1. Break Family Transmission Chains

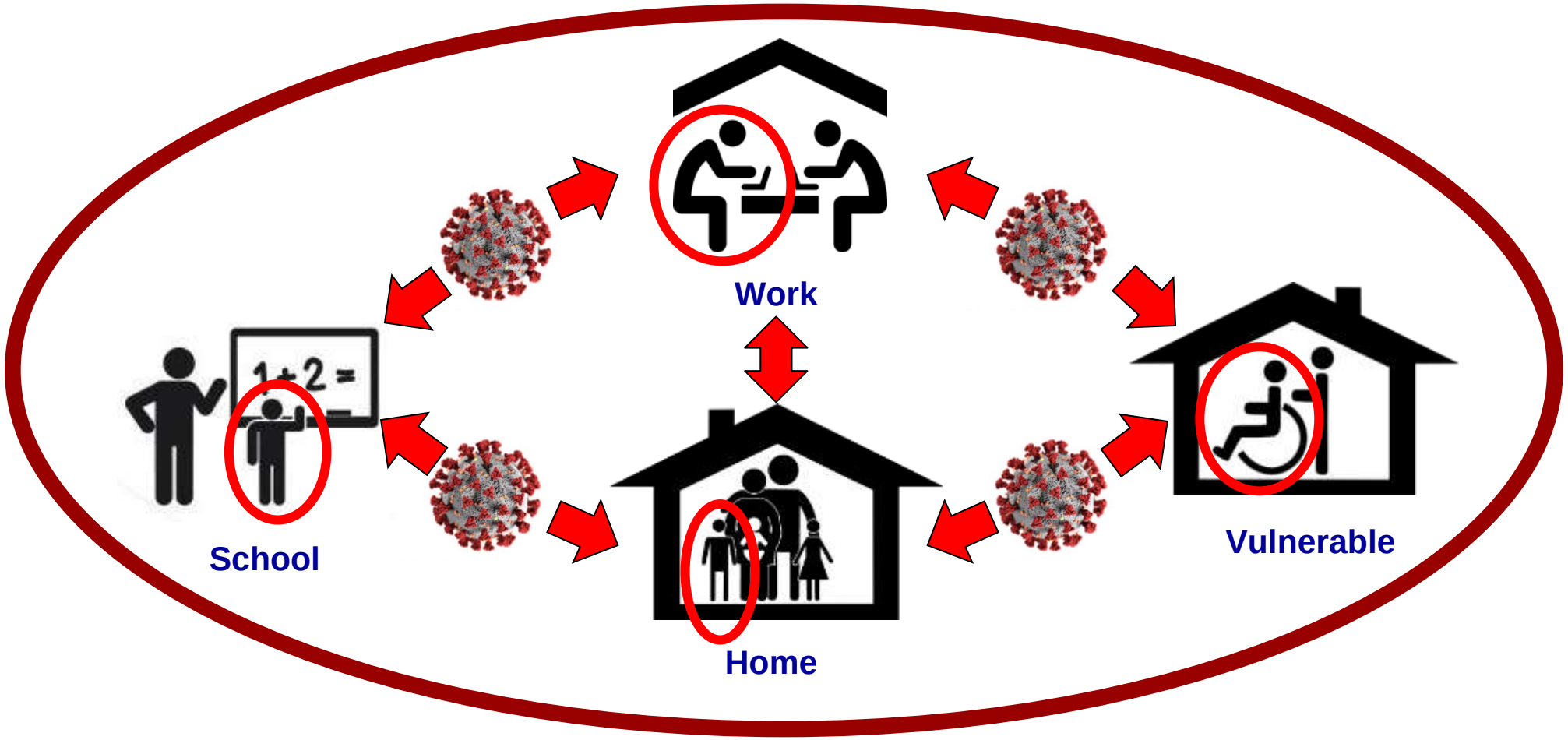
Break Family Transition Chains



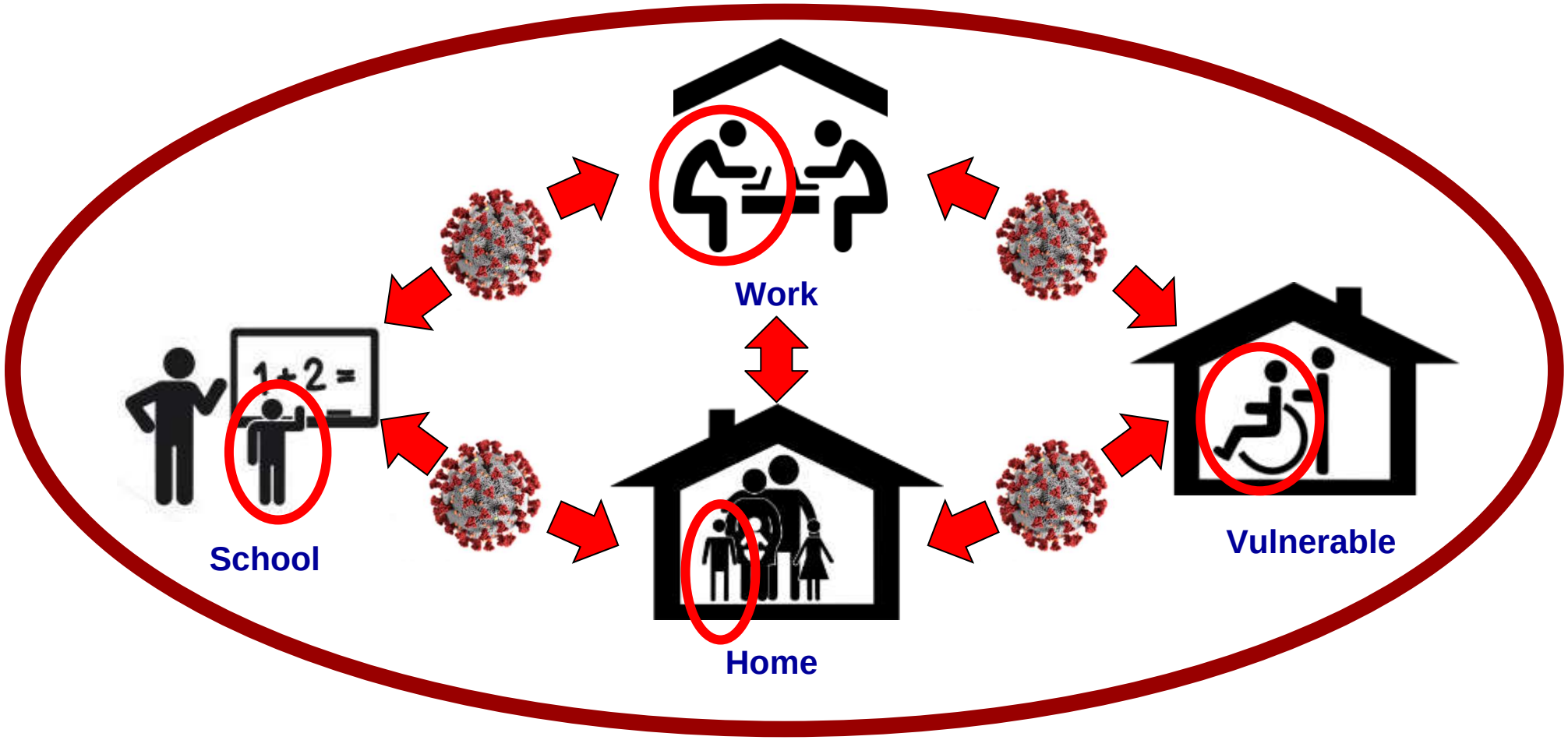
Family Transmission Chains



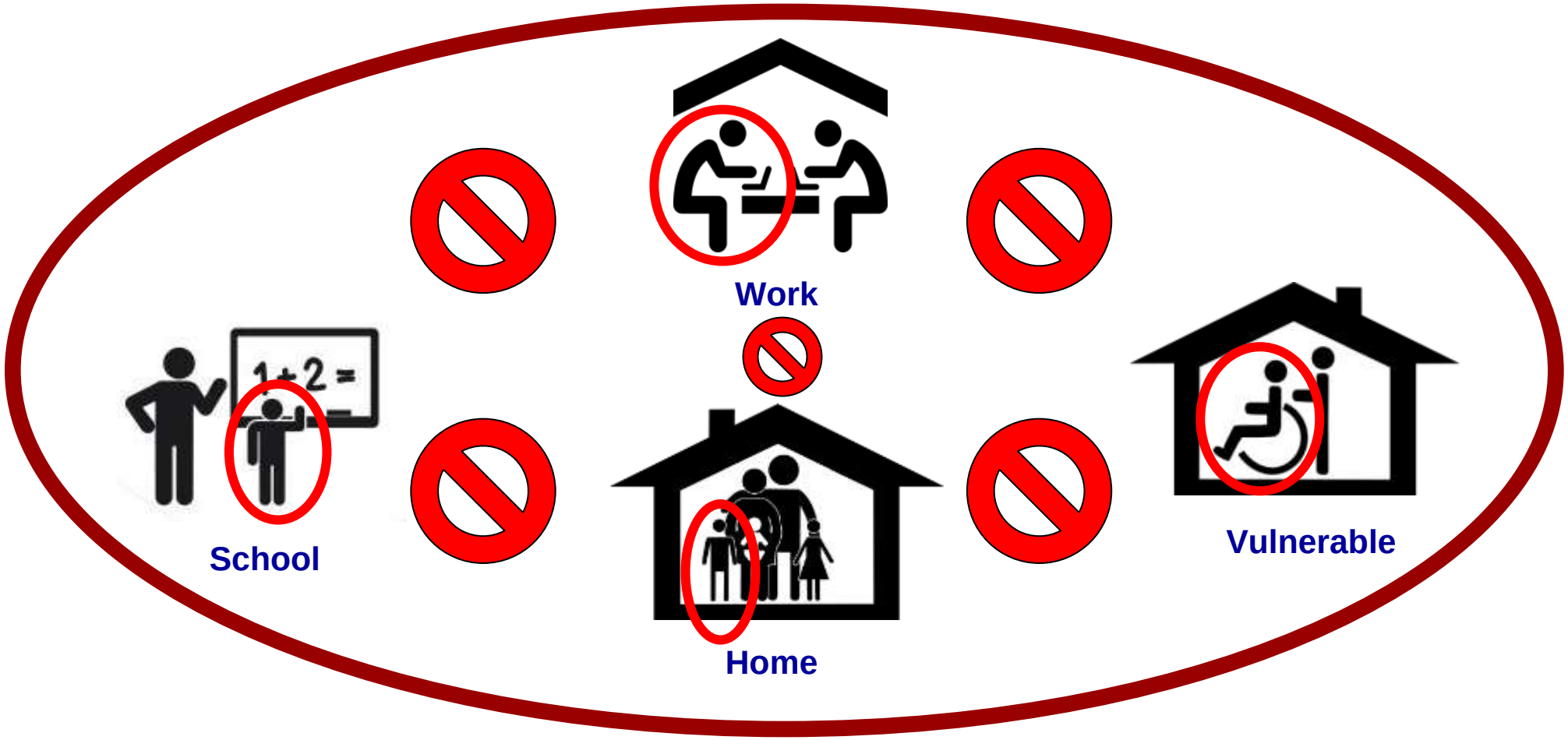
Family Transmission Chains



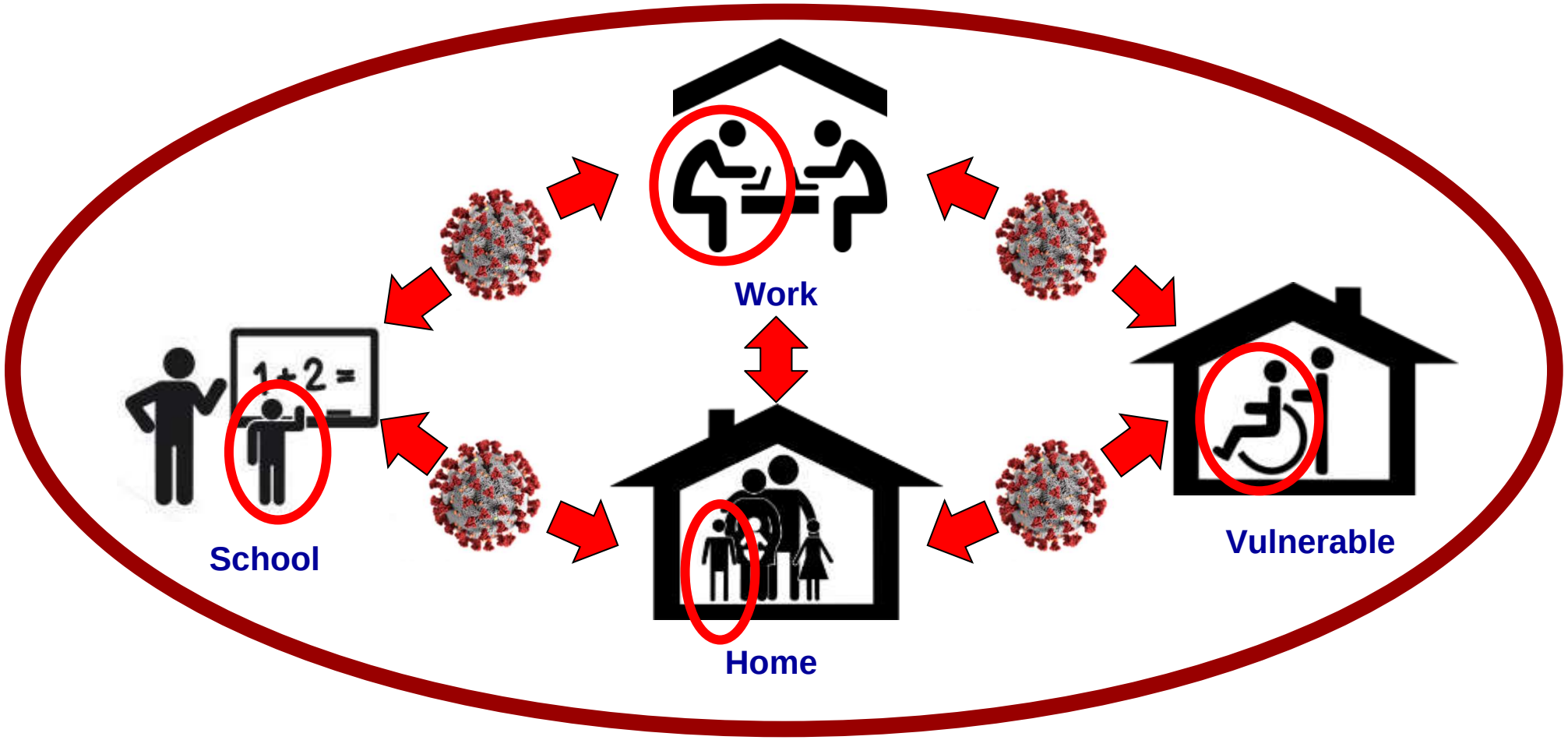
The Achilles Heel



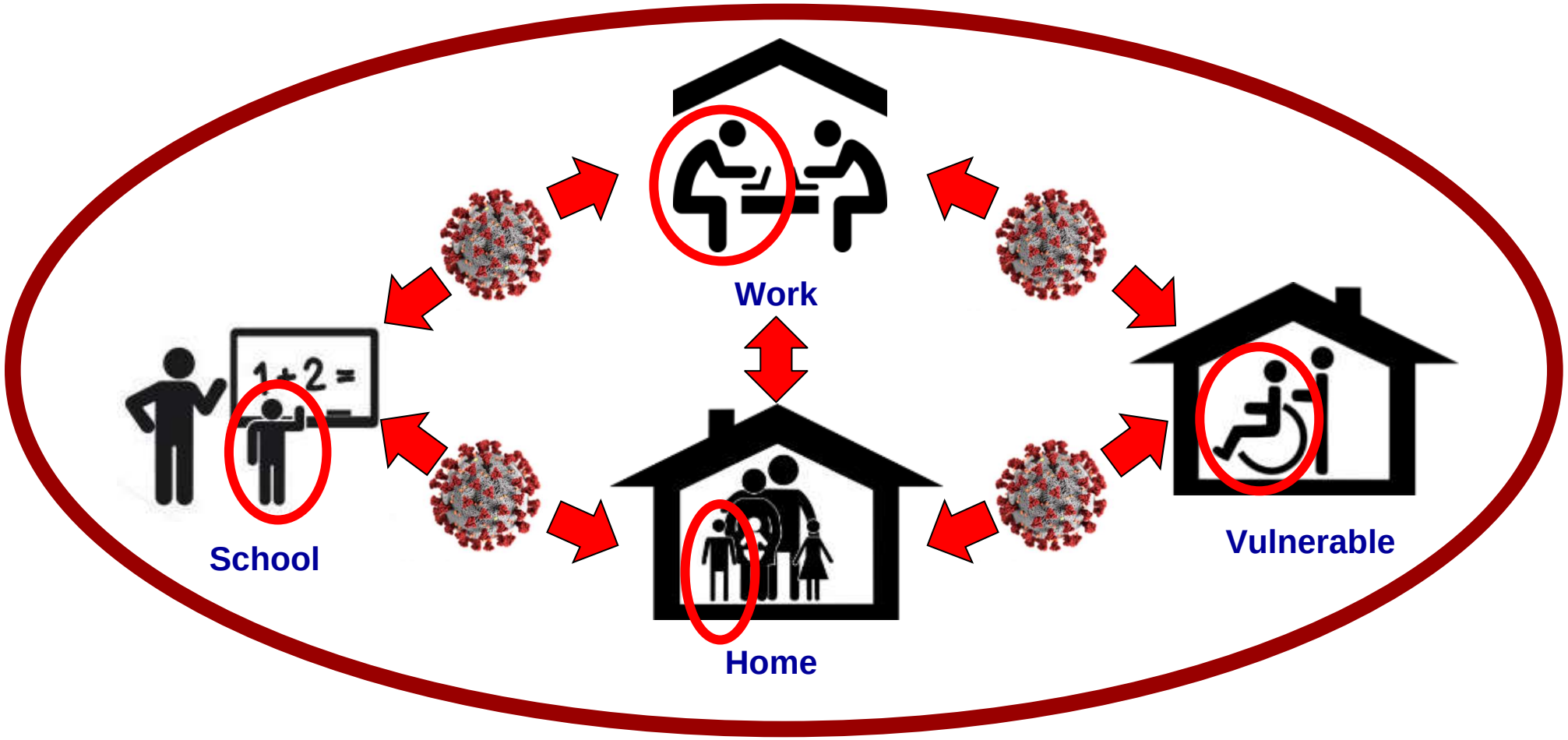
Breaking Family Transmission Chains



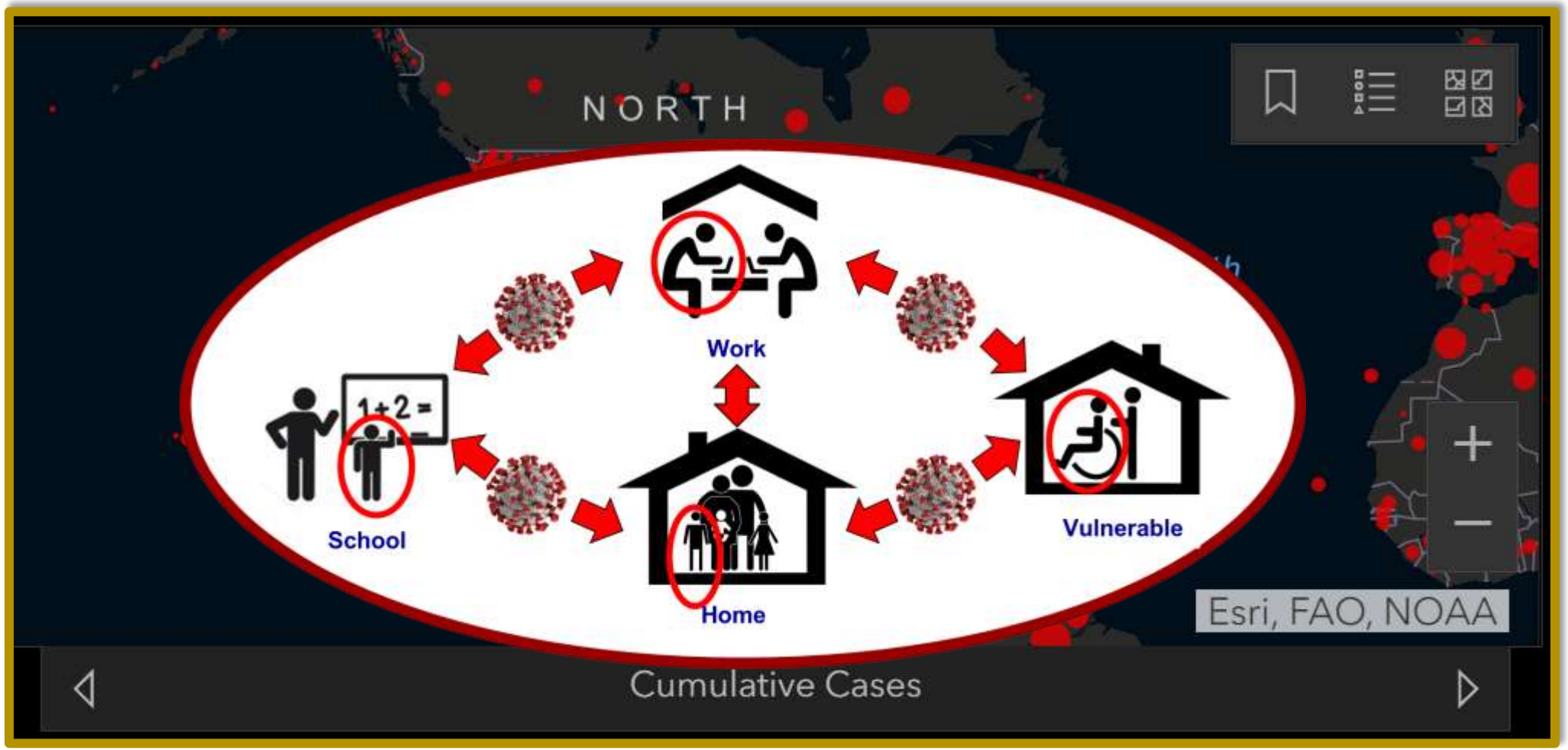
Save the Families…



Save the Families…You Save the Worker



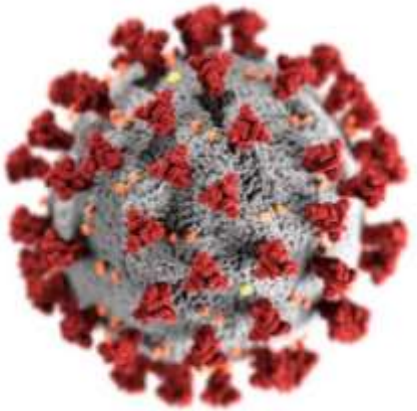
Save the Families Across Communities…



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Gregory H. Botz, MD, FCCM

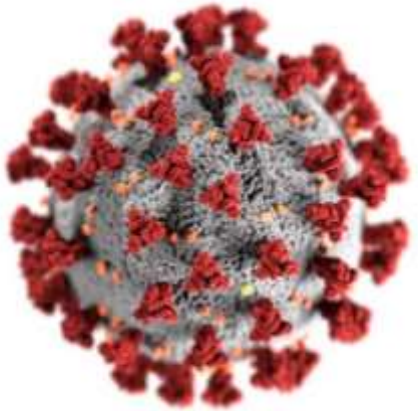
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Heather Foster RN BSN

Frontline Nurse
Infection Prevention Advisor
Patient Safety Advocate
Dolores Colorado



10 Principles:

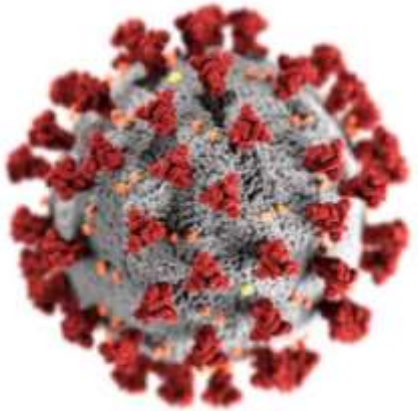
1. Break Family Transmission Chains
2. Vaccinate the Family

Vaccinate the Family

10 Best Practices for Reopening
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

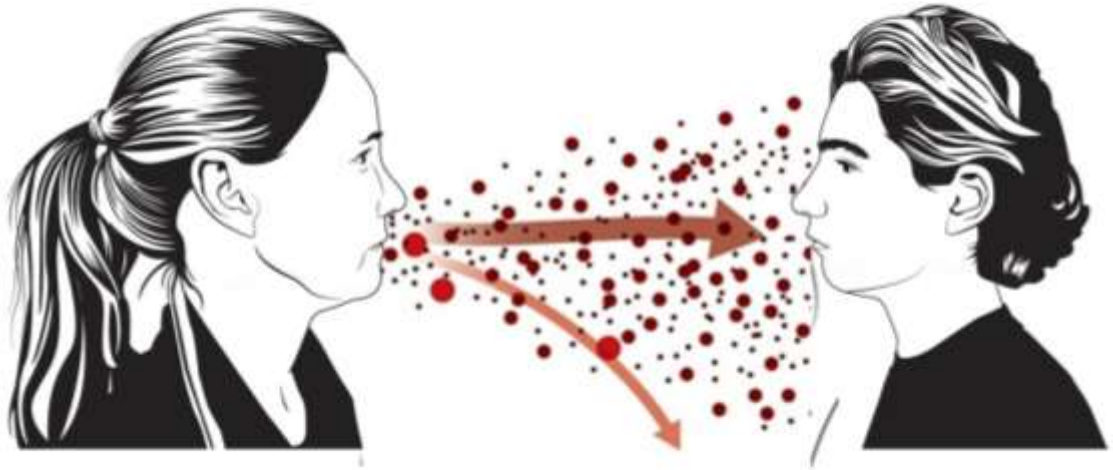


10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air

Don’t Share the Air

No Mask – Extreme Risk

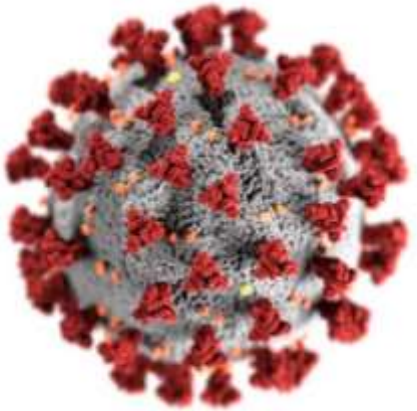


15 minutes within 6 feet = “High Risk”

10 Best Practices for Reopening
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



Pre-med & Incoming Medical Students

Survive & Thrive Guide

Masks: The SCIENCE of Success

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

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

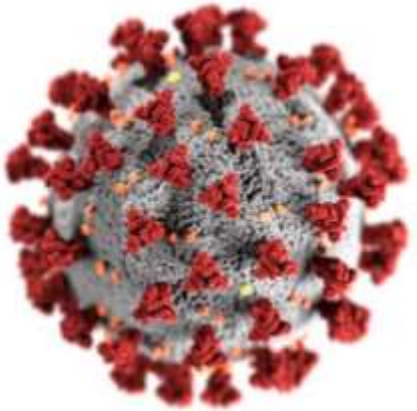
N95 Mask | Surgical Mask | Cloth Mask

Jaime Yrastorza
Incoming Medical Student
Co-author Survive
& Thrive Guides
CME Producer

10 Best Practices for Reopening
A Survive & Thrive Guide ™

Paul Bhatia, EMT

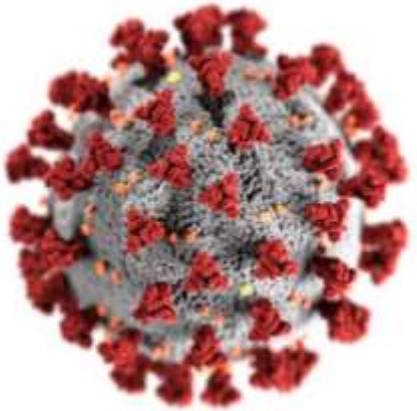
Pre-medical Student
President UCI EMT Organization
Med Tac Student Outreach Lead
for College and High Schools



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Heather Foster RN BSN

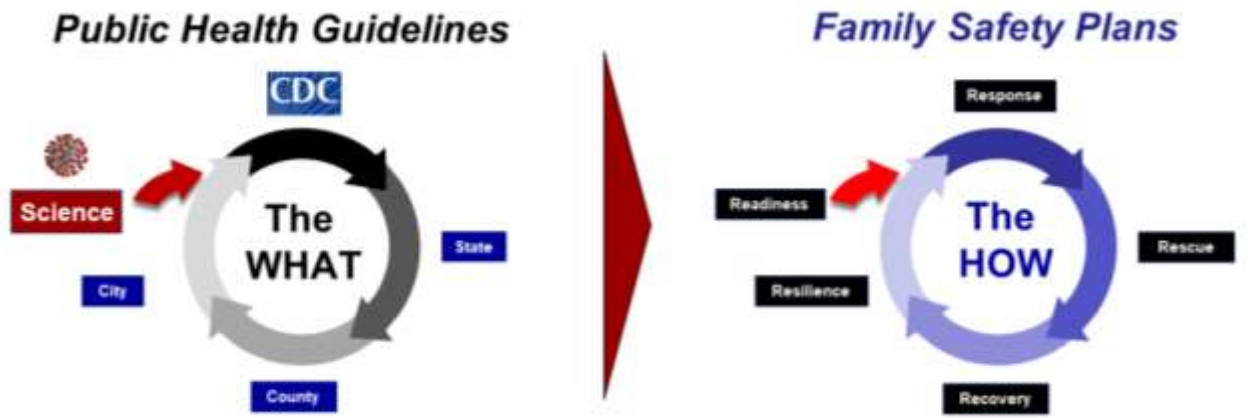
Frontline Nurse
Infection Prevention Advisor
Patient Safety Advocate
Dolores Colorado



10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety

Turn the Science into Safety



CDC Updates Operational Strategy for K-12 Schools to Reflect New Evidence on Physical Distance in Classrooms

Press Release

Embargoed Until: Friday, March 19, 2021, 12 p.m. ET
Contact: Media Relations
(404) 639-3286

- In elementary schools, CDC recommends all students remain at least 3 feet apart in classrooms where mask use is universal — regardless of whether community transmission is low, moderate, substantial, or high.
- In middle and high schools, CDC also recommends students should be at least 3 feet apart in classrooms where mask use is universal and in communities where transmission is low, moderate, or substantial.
- Middle school students and high school students should be at least 6 feet apart in communities where transmission is high, if cohorting is not possible. Cohorting is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students – that is, they are more likely to be exposed to SARS-CoV-2 and spread it than younger children.

    - Middle school students and high school students should be at least 6 feet apart in communities where transmission is high, if cohorting is not possible. Cohorting is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students – that is, they are more likely to be exposed to SARS-CoV-2 and spread it than younger children.

CDC Updates Operational Strategy for K-12 Schools to Reflect New Evidence on Physical Distance in Classrooms

Press Release

Embargoed Until: Friday, March 19, 2021, 12 p.m. ET
Contact: Media Relations

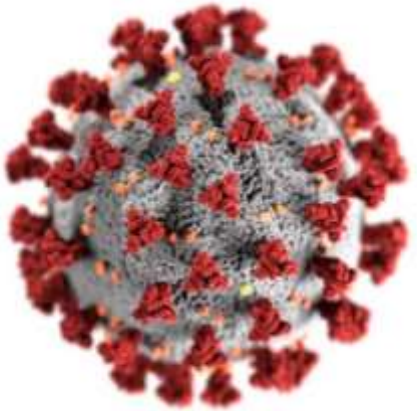
- In elementary schools, CDC recommends all students remain at least 3 feet apart in classrooms where mask use is universal — regardless of whether community transmission is low, moderate, substantial, or high.
- In middle and high schools, CDC also recommends students should be at least 3 feet apart in classrooms where mask use is universal and in communities where transmission is low, moderate, or substantial.
- Middle school students and high school students should be at least 6 feet apart in communities where transmission is high, if cohorting is not possible. Cohorting is when groups of students are kept together with the same peers and staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students – that is, they are more likely to be exposed to SARS-CoV-2 and spread it than younger children.

staff throughout the school day to reduce the risk for spread throughout the school. This recommendation is because COVID-19 transmission dynamics are different in older students – that is, they are more likely to be exposed to SARS-CoV-2 and spread it than younger children.

10 Best Practices for Reopening
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



10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety
5. Establish a Safety Leader

Establish a Safety Leader

The Family CFO: Chief Family Officer

Thoughts for Families with Young Children:

- ❑ Review other Readiness Checklists. Use FEMA Emergency Preparedness Checklist (we use when we teach Med Tac Bystander Rescue Program).
- ❑ Make sure you have Personal Protective Equipment for everyone.
- ❑ Make sure you have a copy of everyone's Medical Records including lists of allergies and meds.
- ❑ Review the 5 Rights of Emergency Care video to be prepared for a new experience.
- ❑ Use Icons in your plan to make plan family friendly.
- ❑ Create plan sections for adults and children
- ❑ Create an "All Teach All Learn" Environment
- ❑ Play Date Simulations for being prepared.
- ❑ Gamify Readiness – we use FEMA as an example

Be Your Family Lifeguard & Holiday Huddle Checklist

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

Spring Break, Ski Week, and Vacations

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

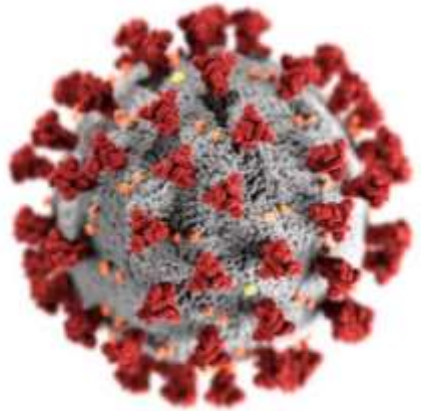
After Event:

- ❑ 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

10 Best Practices for Reopening
A Survive & Thrive Guide ™

David Beshk

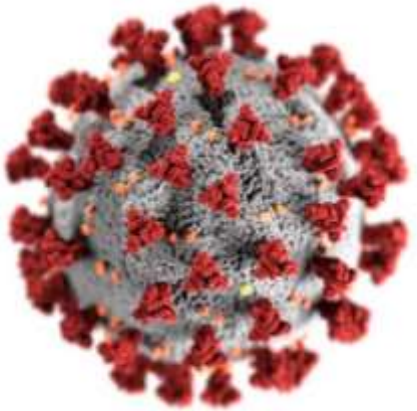
Award Winning Educator
Master Med Tac Instructor
Eagle Scout Advisor
Southern California



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Gregory H. Botz, MD, FCCM

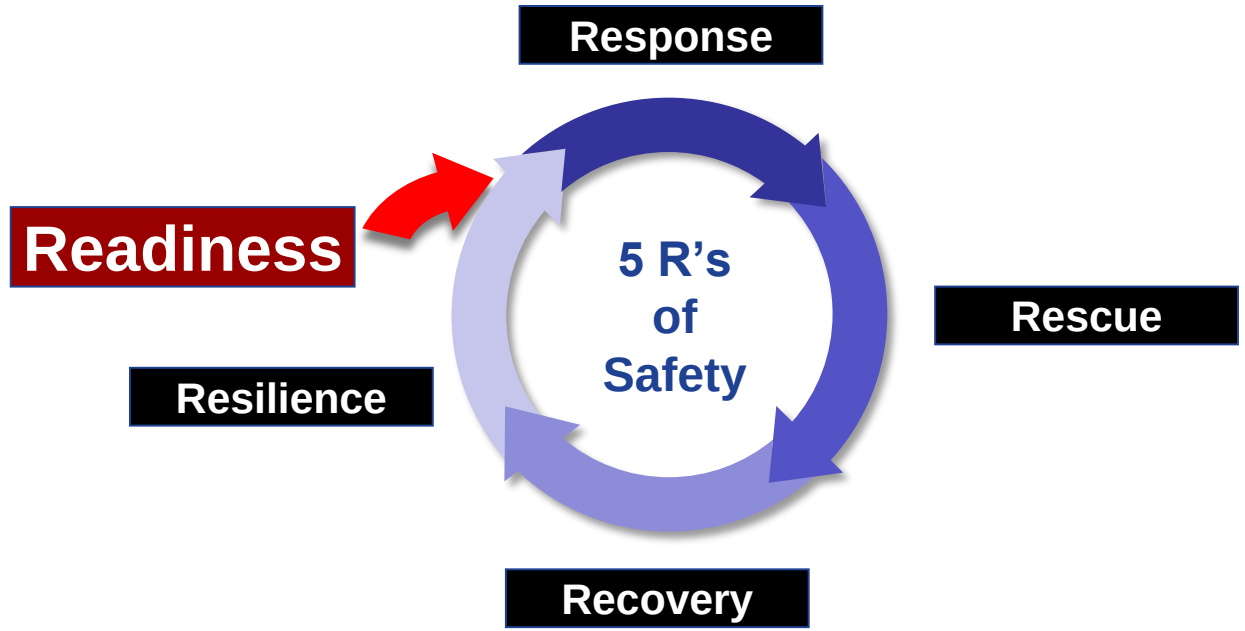
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don't Share the Air
4. Turn the Science into Safety
5. Establish a Safety Leader
6. Readiness

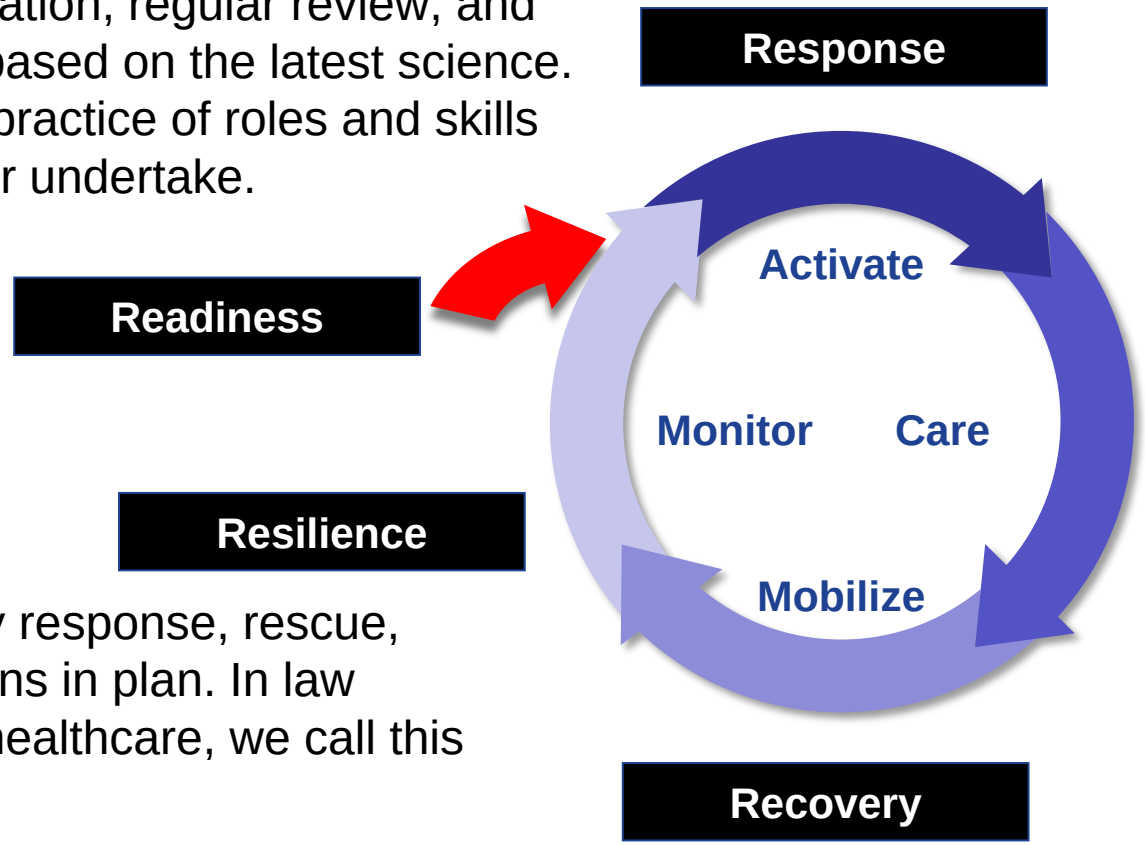
Readiness



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.



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.

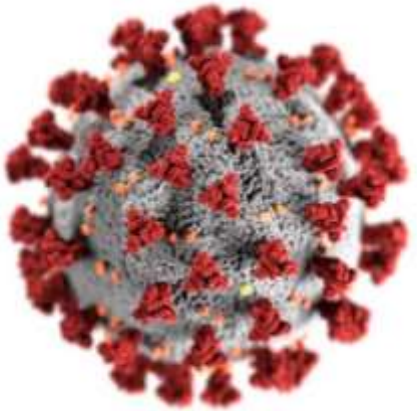
Resilience: Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this "target hardening".

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."

10 Best Practices for Reopening
A Survive & Thrive Guide ™

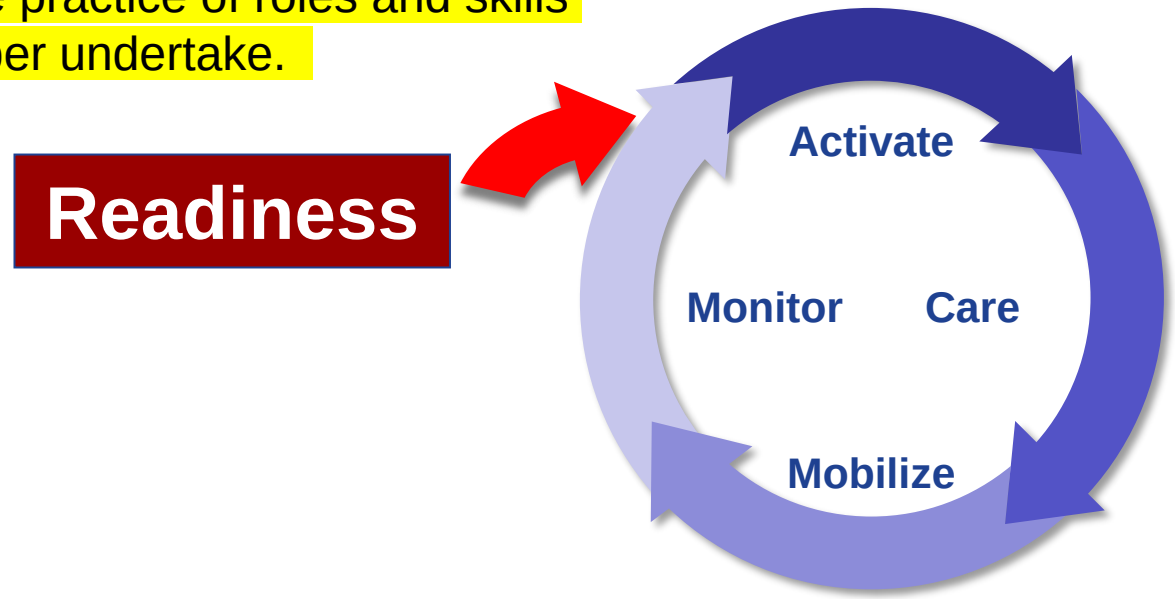
Gregory H. Botz, MD, FCCM

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



Family Health Safety Plans

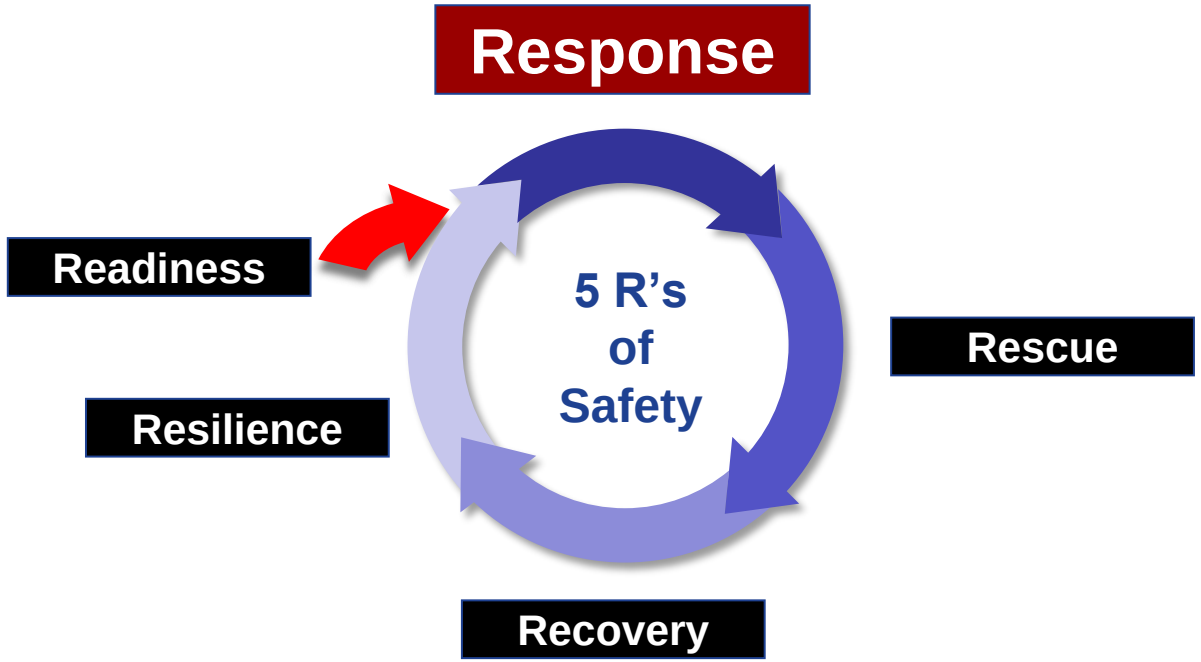
Readiness: Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.



10 Principles:

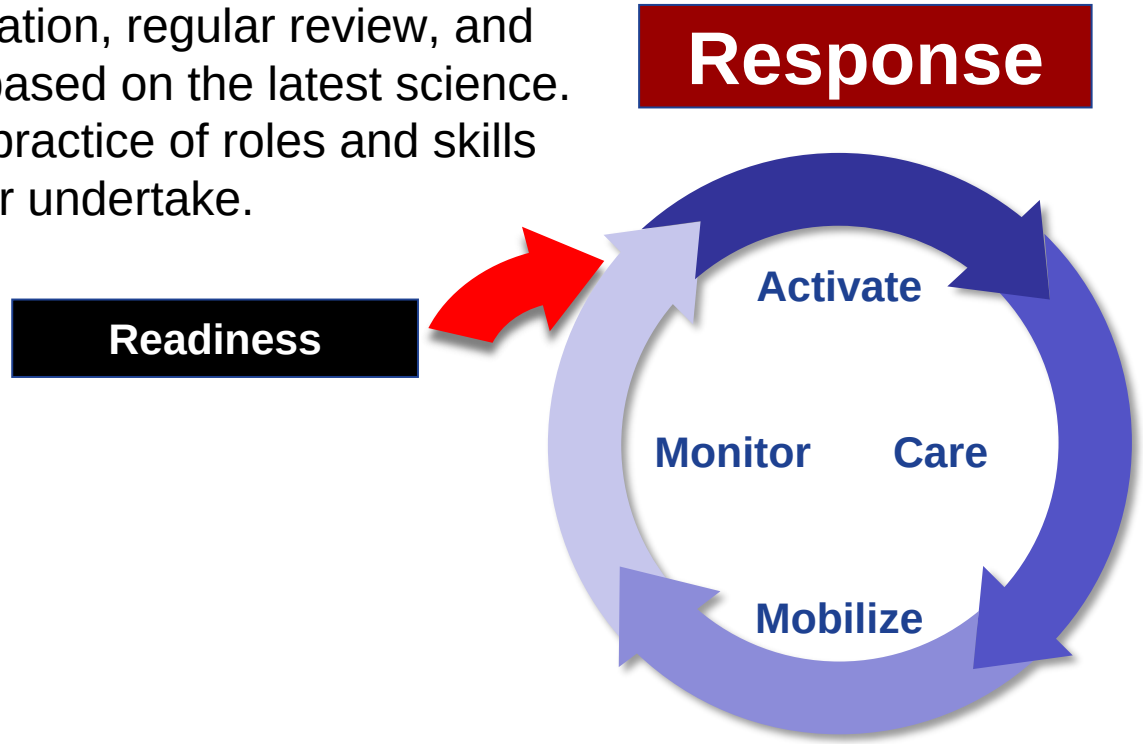
1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don't Share the Air
4. Turn the Science into Safety
5. Establish a Leader
6. Readiness
7. Response

Response



Family Health Safety Plans

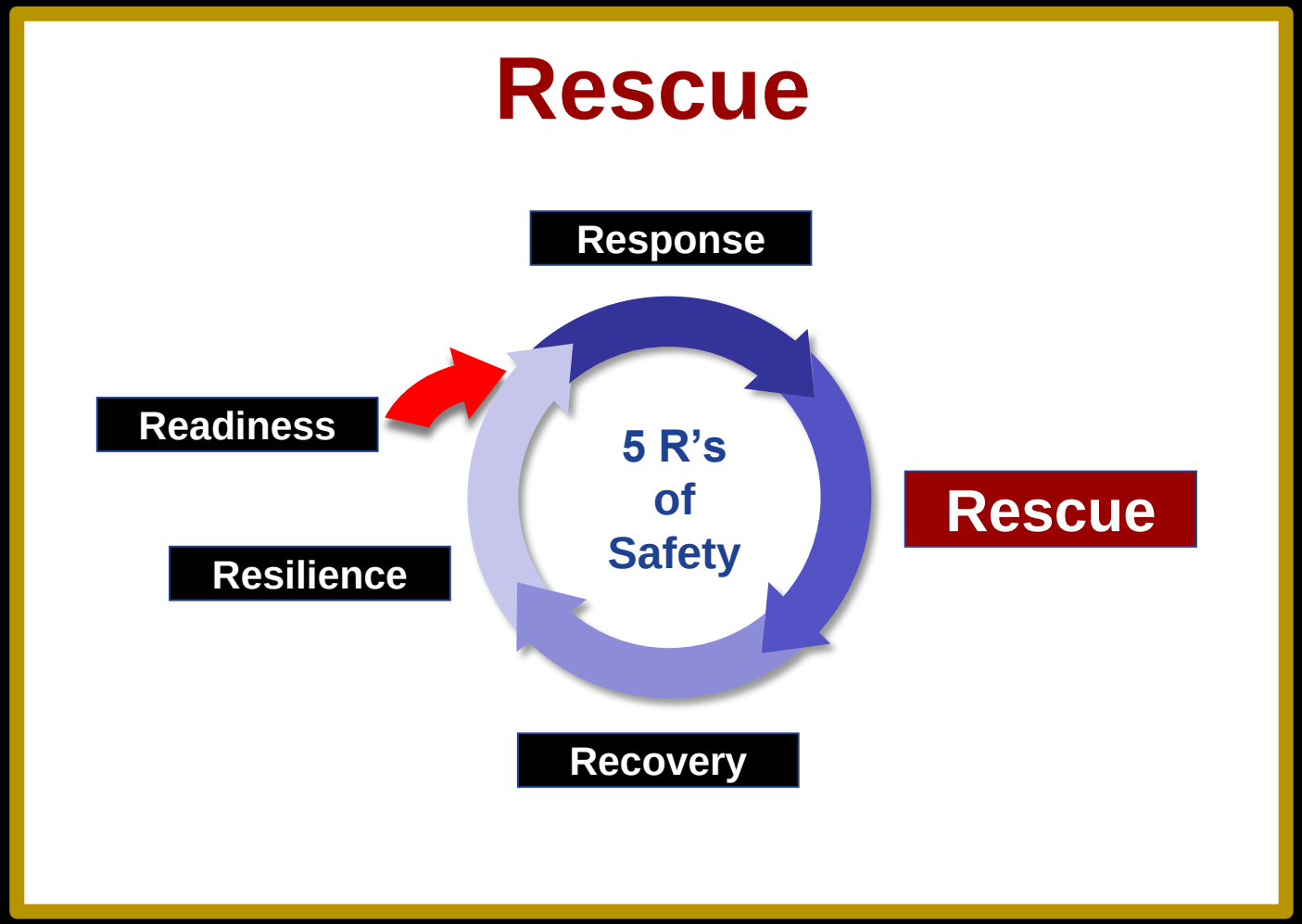
Readiness: Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.



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.

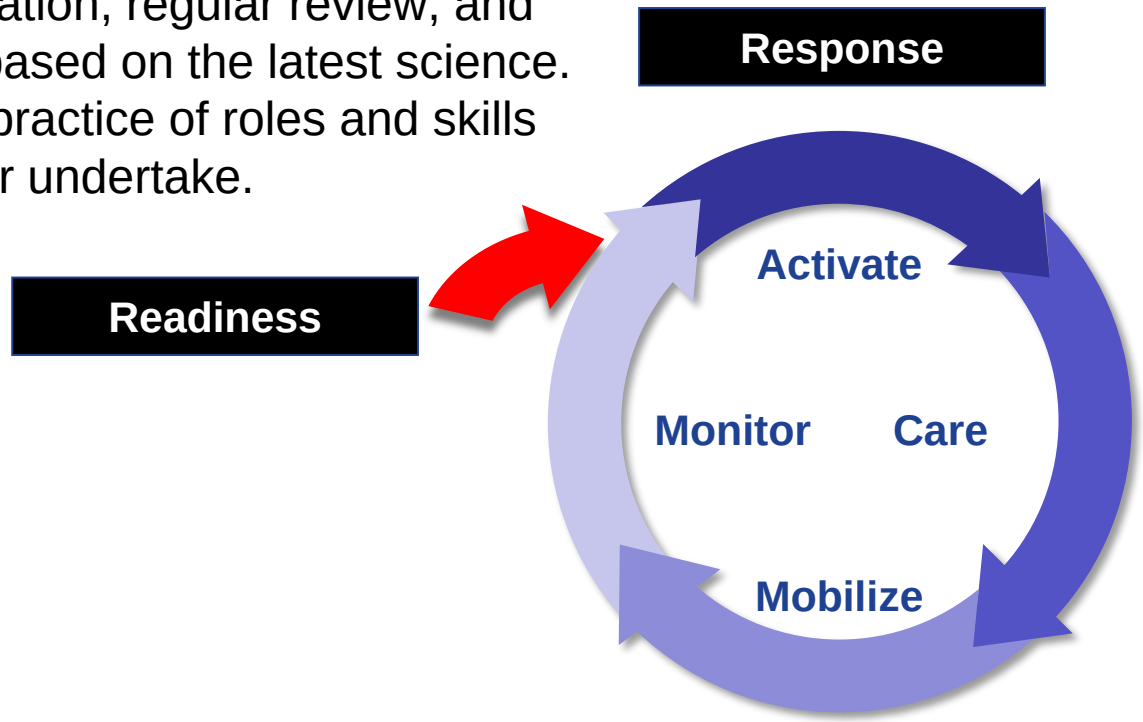
10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don't Share the Air
4. Turn the Science into Safety
5. Establish a Leader
6. Readiness
7. Response
8. Rescue



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.



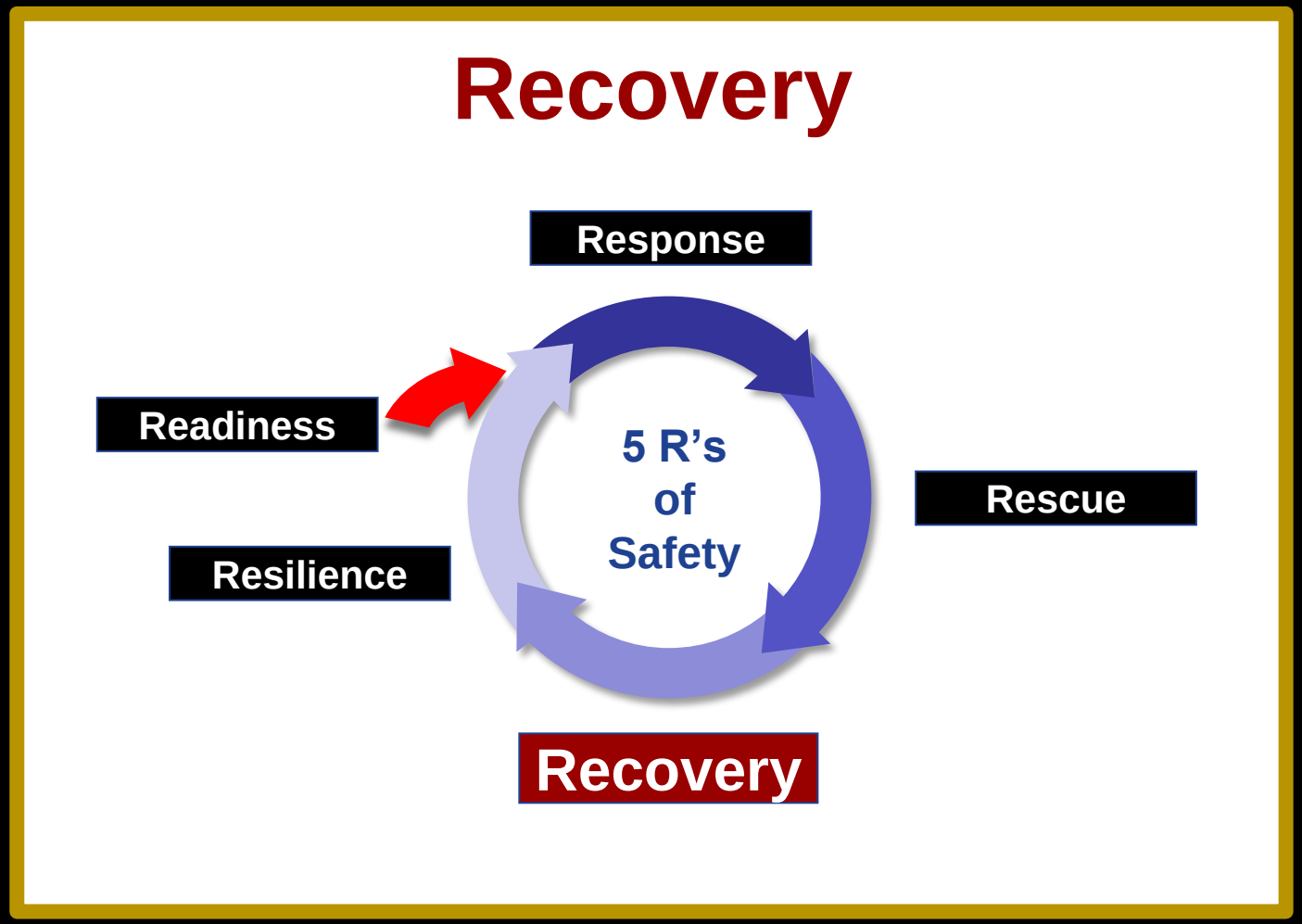
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

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.

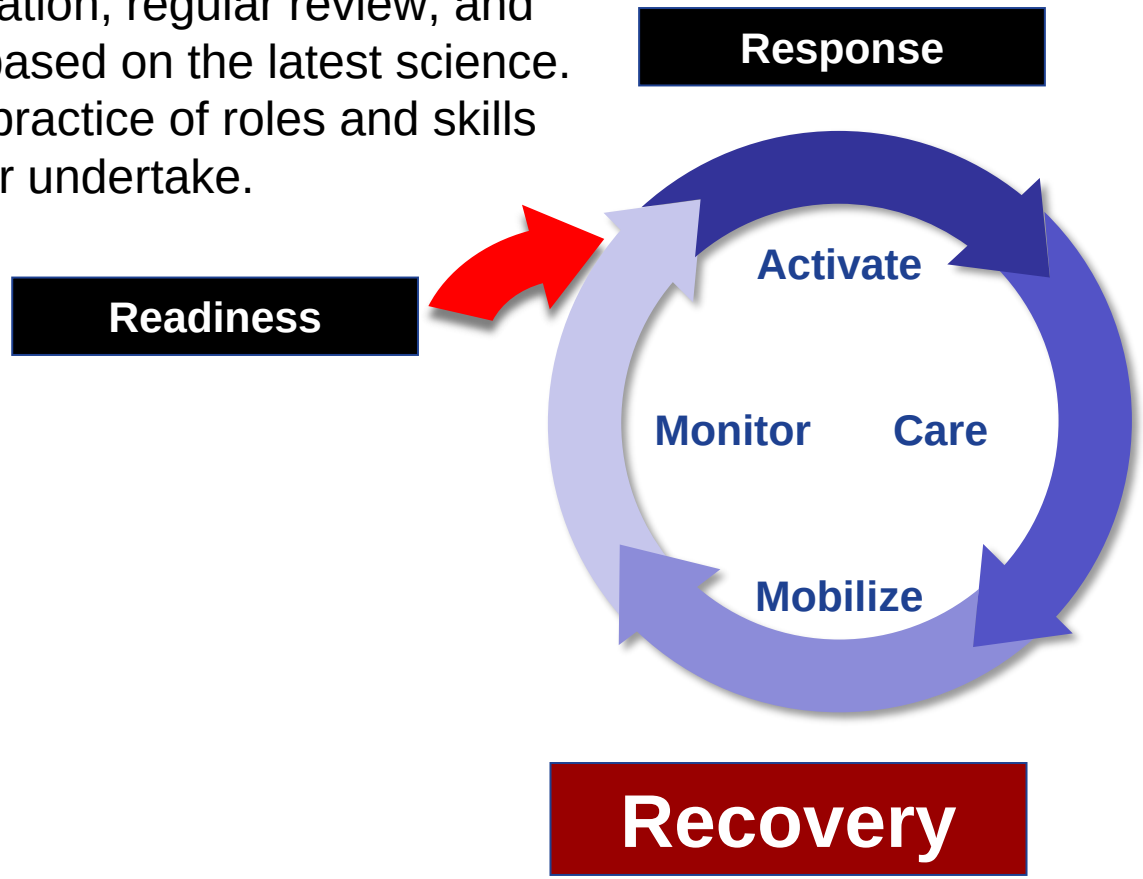
10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety
5. Establish a Leader
6. Readiness
7. Response
8. Rescue
9. Recovery



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.

Rescue

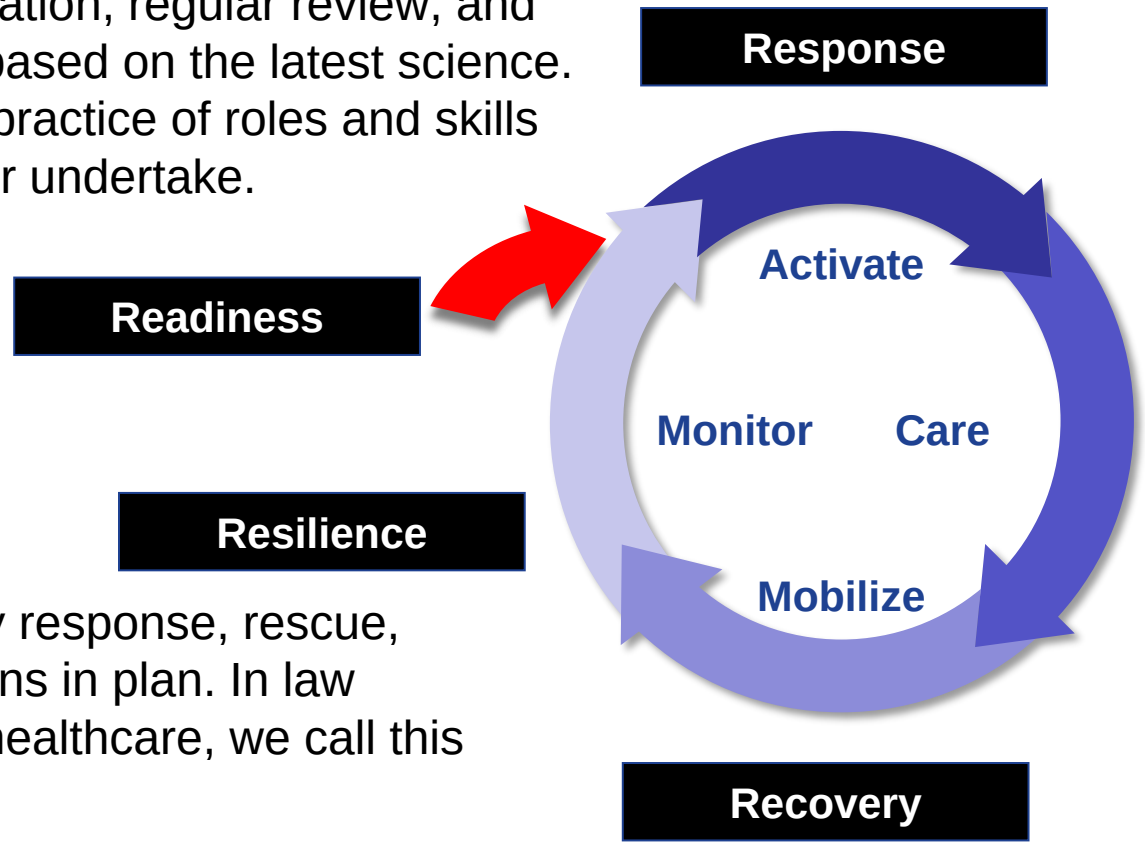
Rescue: Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

Recovery: 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 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.



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.

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

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."

10 Best Practices for Re-opening.

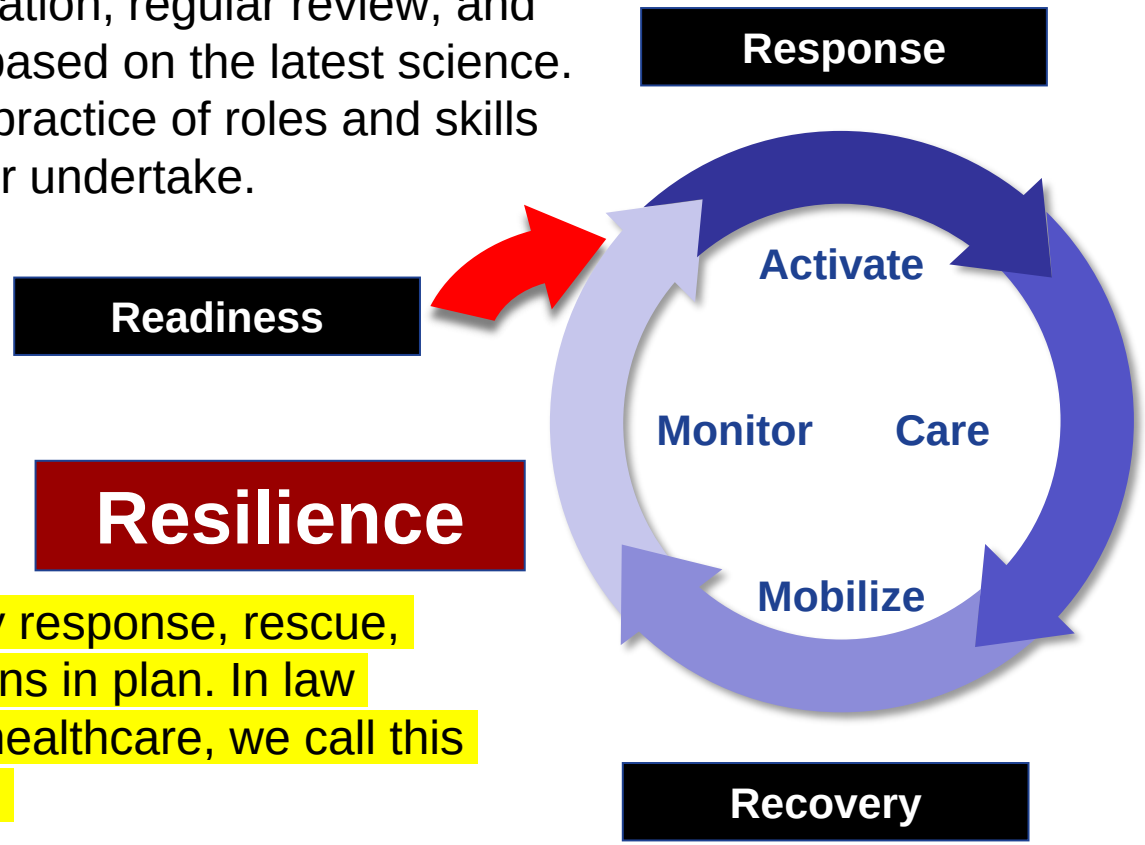
10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety
5. Establish a Leader
6. Readiness
7. Response
8. Rescue
9. Recovery
10. Resilience

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

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

Rescue

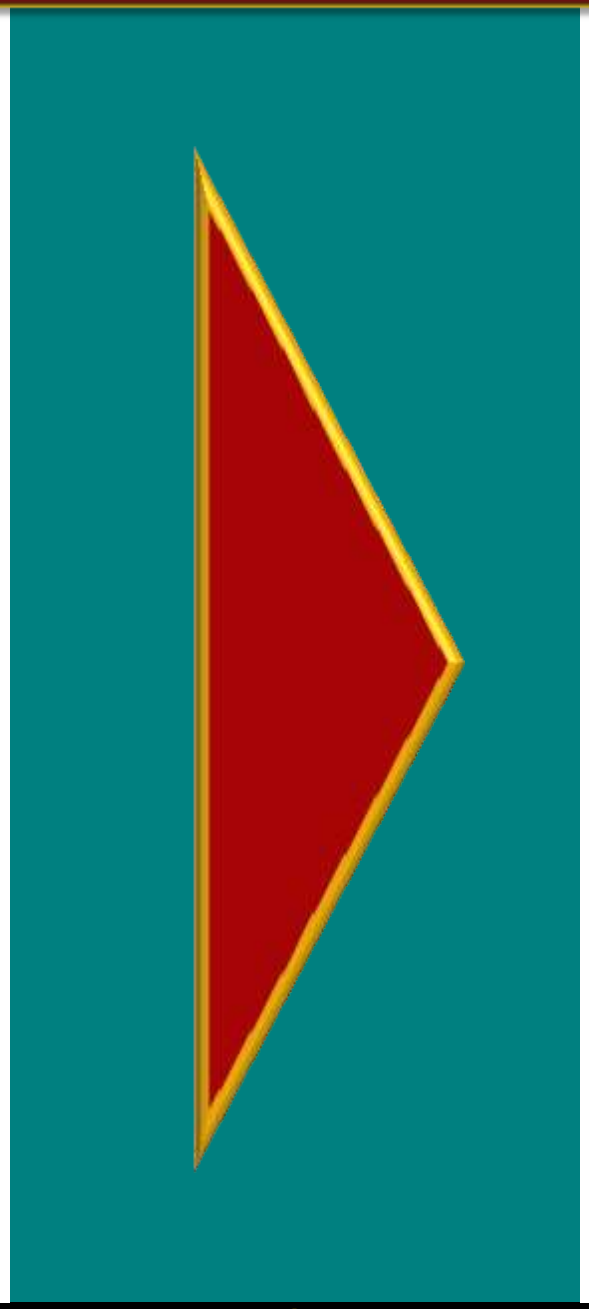
Rescue: Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

Recovery: 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."

10 Principles and 10 Best Practices for Re-opening™

10 Principles:

1. Break Family Transmission Chains
2. Vaccinate the Family
3. Don’t Share the Air
4. Turn the Science into Safety
5. Establish a Safety Leader
6. Readiness
7. Response
8. Rescue
9. Recovery
10. Resilience

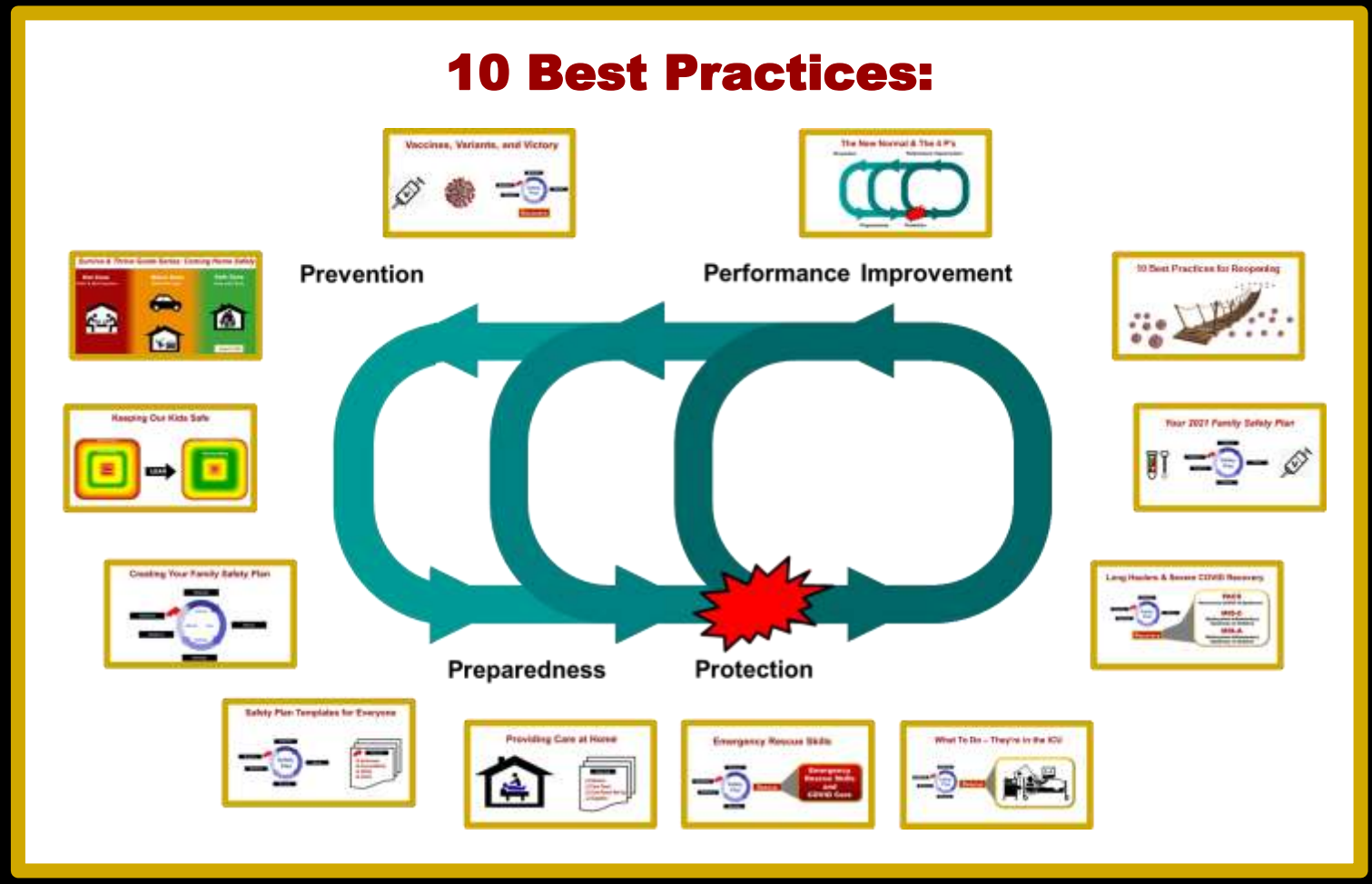


10 Best Practices:

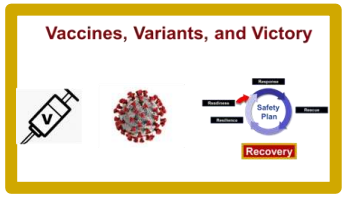
1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They’re in ICU
9. Long Haulers & COVID Recovery
10. The 4 P’s at the New Normal

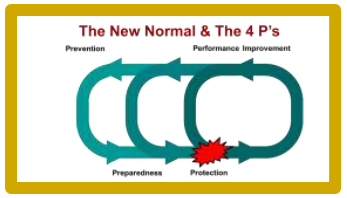
10 Best Practices:

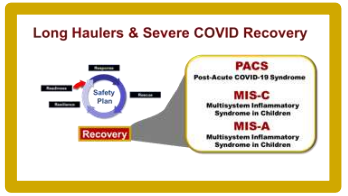
1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They're in ICU
9. Long Haulers & COVID Recovery
10. The 4 P's at the New Normal

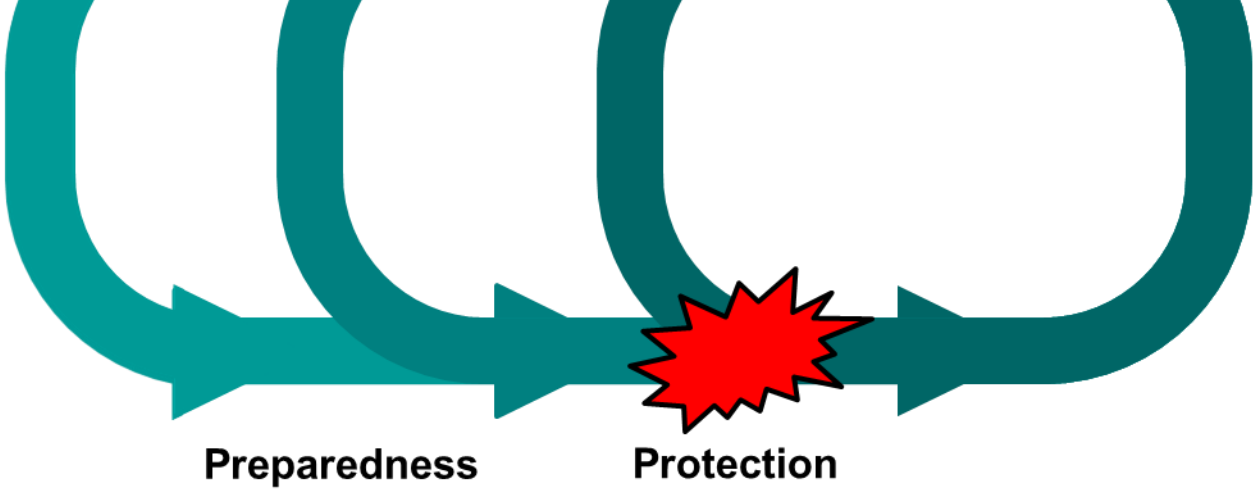


Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement









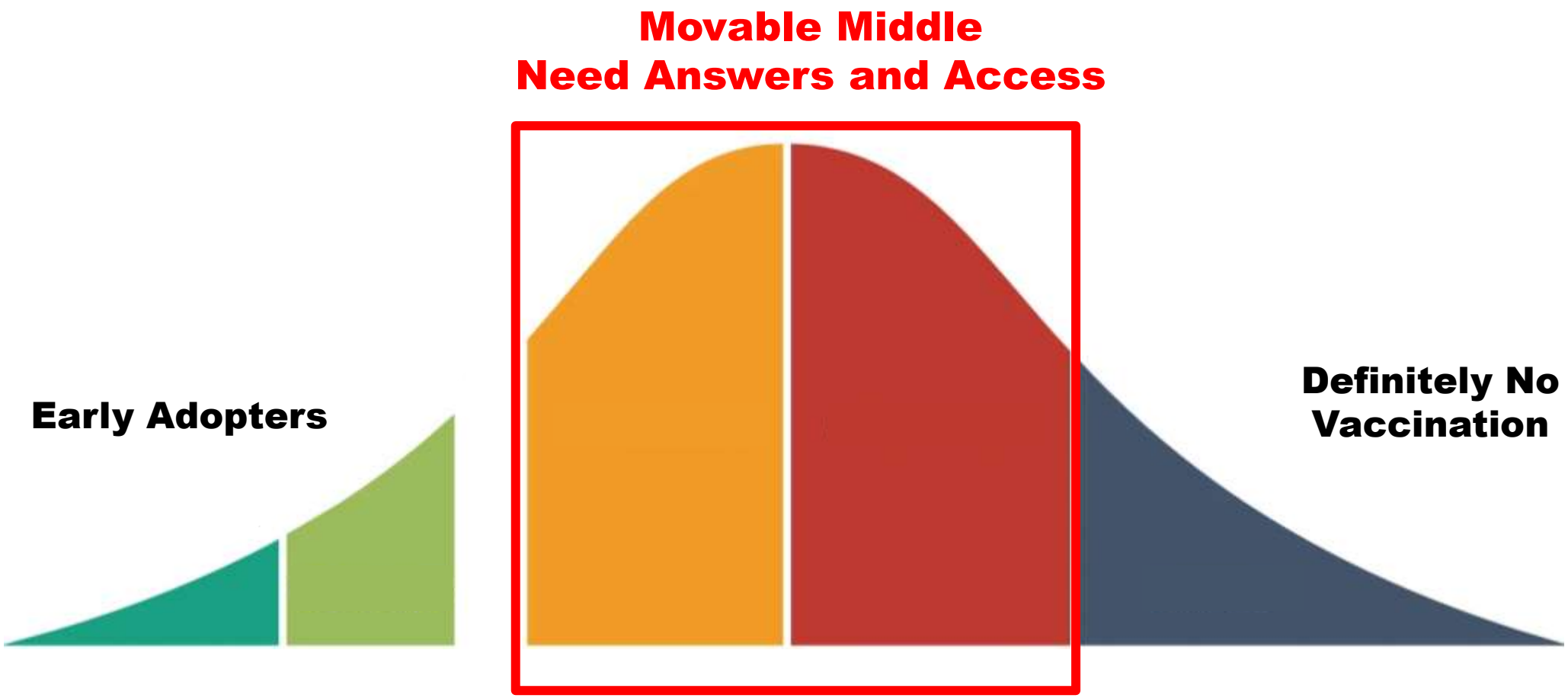
10 Best Practices:

1. Vaccines – Take the Shots

Vaccines: Take the Shots

Take the Shot – Save a Life™

The Movable Middle

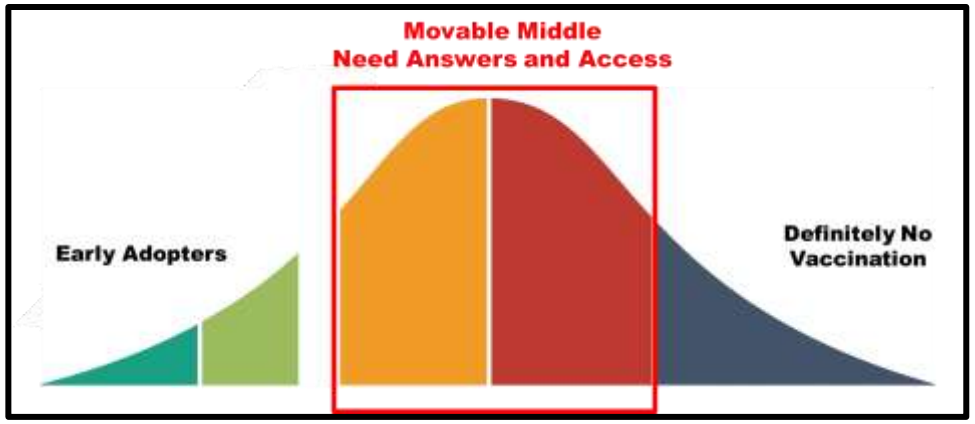


Vox

The 6 reasons Americans aren't getting vaccinated

This is the challenge the US has to overcome to get back to post-pandemic normal.

By German Lopez | @germanrlopez | german.lopez@vox.com | Jun 2, 2021, 11:00am EDT



1. Lack of Access Real or Perceived
2. COVID 19 Isn't Seen as a Threat
3. Vaccine Side Effects
4. Lack of Trust in Vaccines
5. Lack of Trust in Institutions
6. A Variety of Conspiracy Theories

Source: Vox, 06-03-21

Take the Shot – Save a Life™

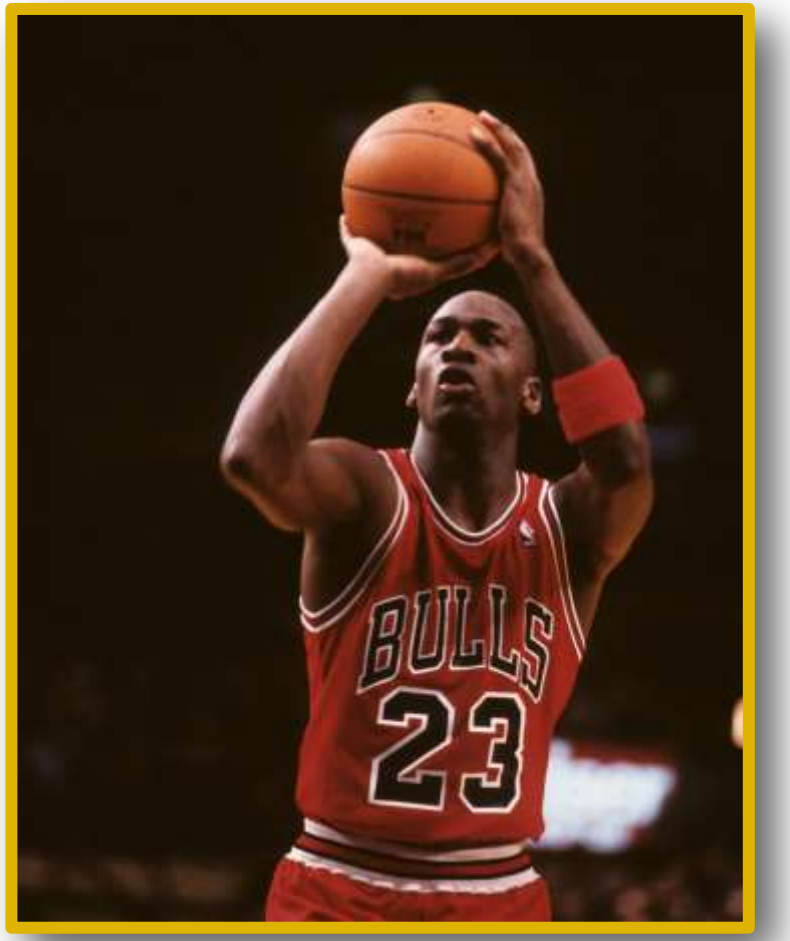


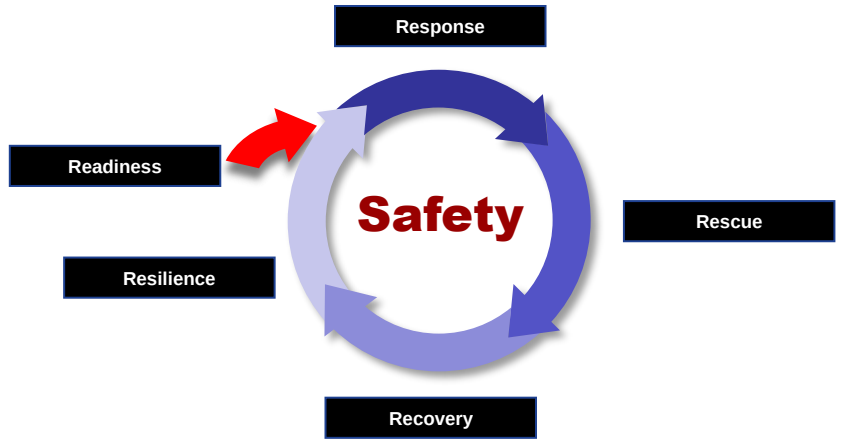
Photo 73861834 © Jerry Coli | Dreamstime.com

The Vaccination Conversation

- Why Vaccinate?
- Why You?
- Why Now?

The Vaccination Conversation

Family Rescue R&D



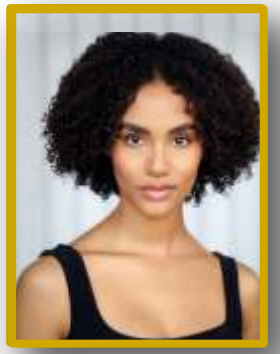
The 5 R's of Safety

Youth & Young Adult Team

D Contreras EMT
Harvard

Ivy Tran EMT
Harvard

Nick Scheel
UCSB



Sophia McDowell
California Inst. of Arts

Audrey Lam EMT
USC

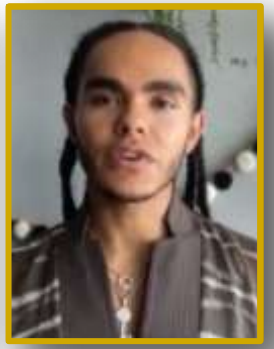
Jacqueline Botz
Chapman

Luis Licon
UCI Alum

Melanie Rubalcava
UCSD

Charlie Denham III
High School Lead

Charlie Beall
Stanford Alum



Marcus McDowell
U of Cincinnati

Jaime Yrastorza
UCSD Pre-med

Paul Bhatia EMT
UCI Pre-med

D Policichio
NYU Film

Manue Lopez
Berkeley Alum

Preston Head III
UCLA Alum

High School Students – Why Wait?

COVID Impact on Opera Singers?

Long COVID Impact on Athletes?

Will Vaccines Change my DNA?

Do Vaccines Work for All Races?

How Can Youth Organizations Help?

COVID Long Haul & Brain Fog?

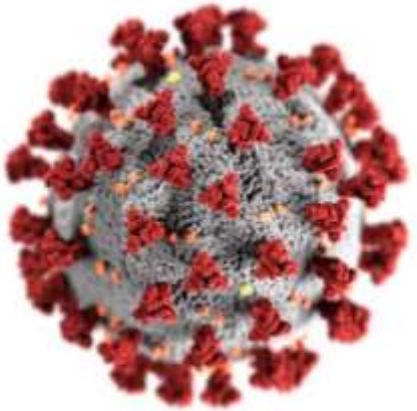
Which Vaccines are the Best?

Should I Wait and See?

10 Best Practices for Reopening
A Survive & Thrive Guide ™

Paul Bhatia, EMT

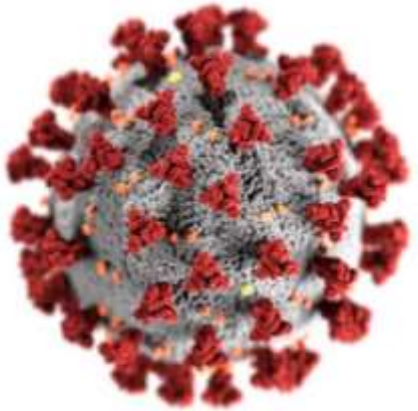
Pre-medical Student
President UCI EMT Organization
Med Tac Student Outreach Lead
for College and High Schools



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Jaime Yrastorza

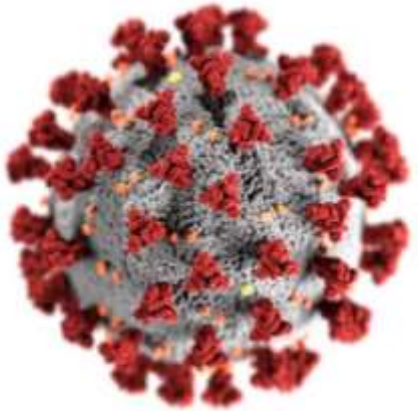
Medical Student
University of Nebraska
Med Tac Producer
Eagle Scout Advisor
Continuing Medical Education



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Charlie Denham III

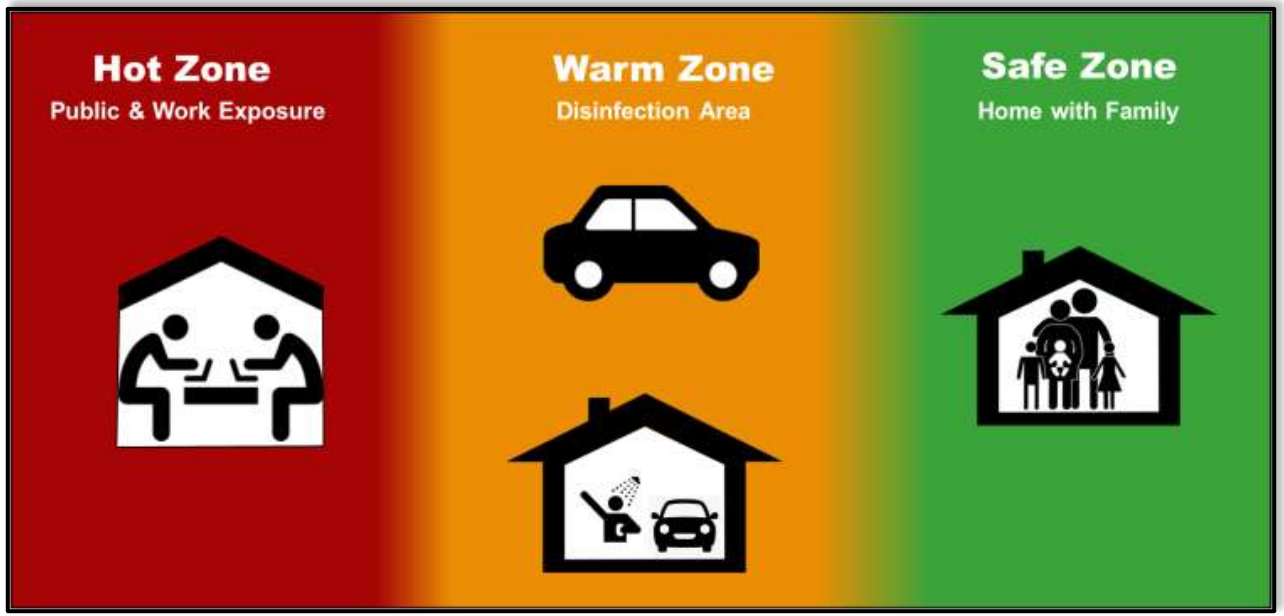
High School Student
Co-founder Med Tac Bystander Rescue Care Program
Adopt a Cove Program Lead



10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe

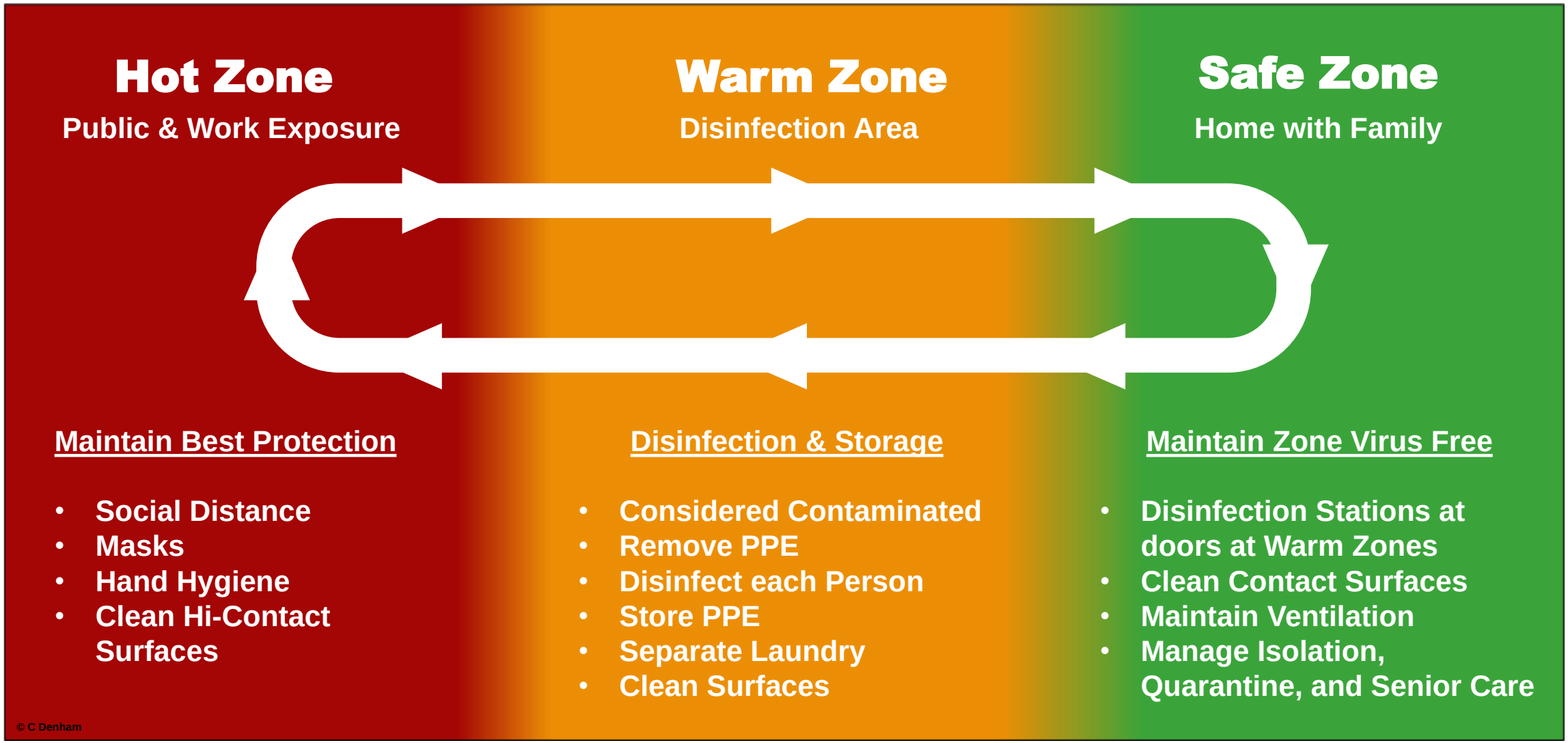
Coming Home Safe



Coming Home Safely

Family Survive & Thrive Guide™

Hot-Warm-Safe Zone Practices



THE LANCET

April 15, 2021

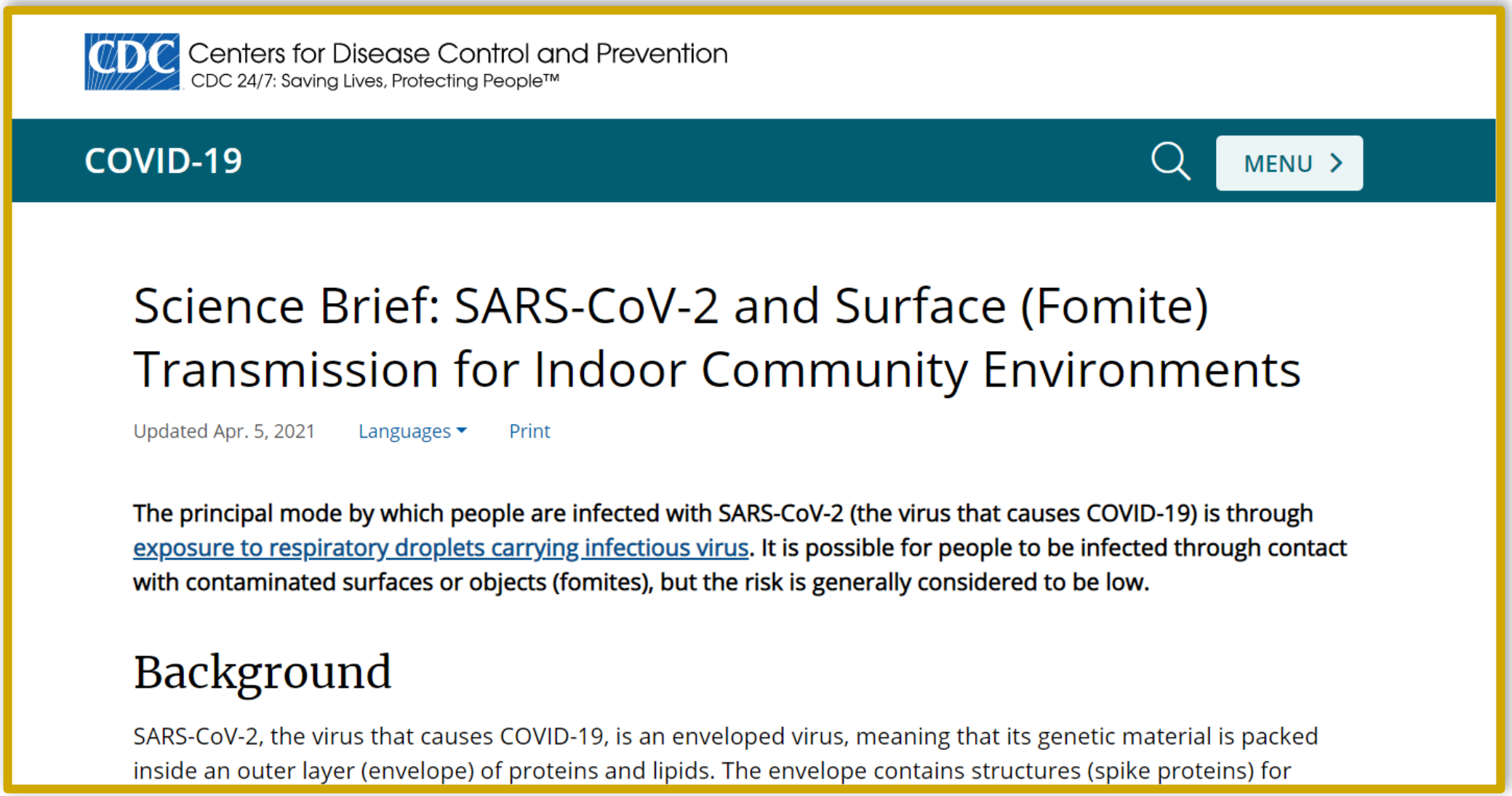
Ten scientific reasons in support of airborne transmission of SARS-CoV-2

"Aerosols are the Dominant Mode of Transmission"

1. The dominance of airborne transmission is supported by long-range transmission observed at super-spreader events.
2. Long-range transmission has been reported among rooms at COVID-19 quarantine hotels, settings where infected people never spent time in the same room.
3. Asymptomatic individuals account for an estimated 33% to 59% of SARS-CoV-2 transmission, and could be spreading the virus through speaking, which produces thousands of aerosol particles and few large droplets.
4. Transmission outdoors and in well-ventilated indoor spaces is lower than in enclosed spaces.
5. Nosocomial infections are reported in healthcare settings where protective measures address large droplets but not aerosols.
6. Viable SARS-CoV-2 has been detected in the air of hospital rooms and in the car of an infected person.
7. Investigators found SARS-CoV-2 in hospital air filters and building ducts.
8. It's not just humans — infected animals can infect animals in other cages connected only through an air duct.
9. No strong evidence refutes airborne transmission, and contact tracing supports secondary transmission in crowded, poorly ventilated indoor spaces.
10. Only limited evidence supports other means of SARS-CoV-2 transmission, including through fomites or large droplets.

Source: www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)008692/

Hot-Warm-Safe Zone Practices



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

COVID-19 MENU >

Science Brief: SARS-CoV-2 and Surface (Fomite) Transmission for Indoor Community Environments

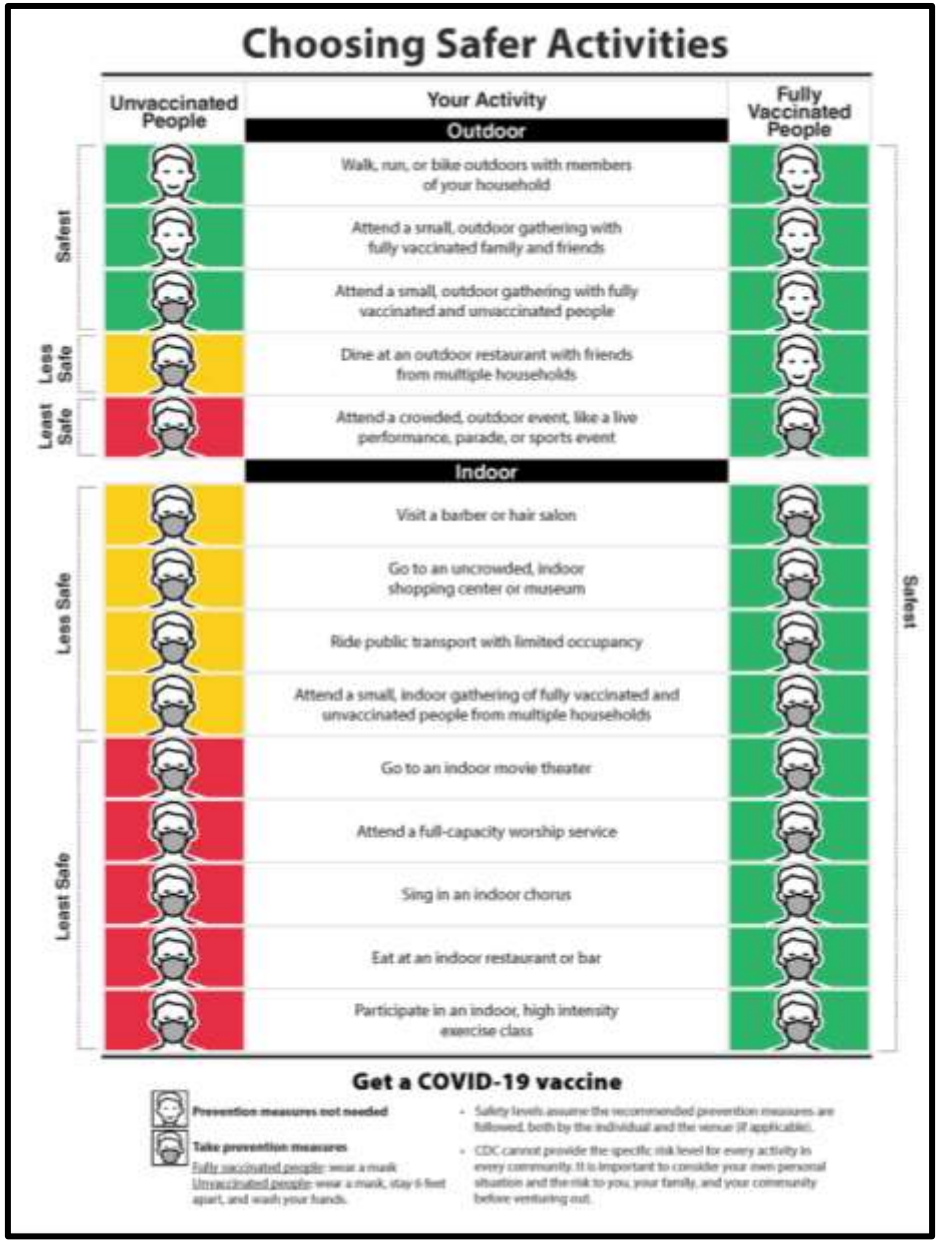
Updated Apr. 5, 2021 Languages Print

The principal mode by which people are infected with SARS-CoV-2 (the virus that causes COVID-19) is through exposure to respiratory droplets carrying infectious virus. It is possible for people to be infected through contact with contaminated surfaces or objects (fomites), but the risk is generally considered to be low.

Background

SARS-CoV-2, the virus that causes COVID-19, is an enveloped virus, meaning that its genetic material is packed inside an outer layer (envelope) of proteins and lipids. The envelope contains structures (spike proteins) for

CDC Guidelines for Vaccinated and Unvaccinated People



Outdoor Activities

Your Activity	Fully Vaccinated People	Unvaccinated People
Walk, run, wheelchair roll, or bike outdoors with members of your household	Safest	Safest
Attend a small, outdoor gathering with fully vaccinated family and friends	Safest	Safest

Choosing Safer Activities

	Unvaccinated People	Your Activity	Fully Vaccinated People
		Outdoor	
Safest		Walk, run, or bike outdoors with members of your household	
Safest		Attend a small, outdoor gathering with fully vaccinated family and friends	
Safest		Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	
Less Safe		Dine at an outdoor restaurant with friends from multiple households	
Least Safe		Attend a crowded, outdoor event, like a live performance, parade, or sports event	

Choosing Safer Activities

Unvaccinated People	Your Activity	Fully Vaccinated People
	Indoor	
	Visit a barber or hair salon	
	Go to an uncrowded, indoor shopping center or museum	
	Ride public transport with limited occupancy	
	Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households	

Less Safe

Safest

Choosing Safer Activities

Unvaccinated People	Your Activity	Fully Vaccinated People
	Indoor	
	Go to an indoor movie theater	
	Attend a full-capacity worship service	
	Sing in an indoor chorus	
	Eat at an indoor restaurant or bar	
	Participate in an indoor, high intensity exercise class	

Least Safe

Hot-Warm-Safe Zone Practices

Background

SARS-CoV-2, the virus that causes COVID-19, is an enveloped virus, meaning that its genetic material is packed inside an outer layer (envelope) of proteins and lipids. The envelope contains structures (spike proteins) for attaching to human cells during infection. The envelope for SARS-CoV-2, as with other enveloped respiratory viruses, is labile and can degrade quickly upon contact with surfactants contained in cleaning agents and under environmental conditions. The risk of fomite-mediated transmission is dependent on:

- The infection prevalence rate in the community
- The amount of virus infected people expel (which can be substantially reduced by wearing masks)
- The deposition of expelled virus particles onto surfaces (fomites), which is affected by air flow and ventilation
- The interaction with environmental factors (e.g., heat and evaporation) causing damage to virus particles while airborne and on fomites
- The time between when a surface becomes contaminated and when a person touches the surface
- The efficiency of transference of virus particles from fomite surfaces to hands and from hands to mucous membranes on the face (nose, mouth, eyes)
- The dose of virus needed to cause infection through the mucous membrane route

CDC Guidelines for Vaccinated and Unvaccinated People

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

COVID-19 MENU

Choosing Safer Activities

Updated Apr. 27, 2021 Languages Print

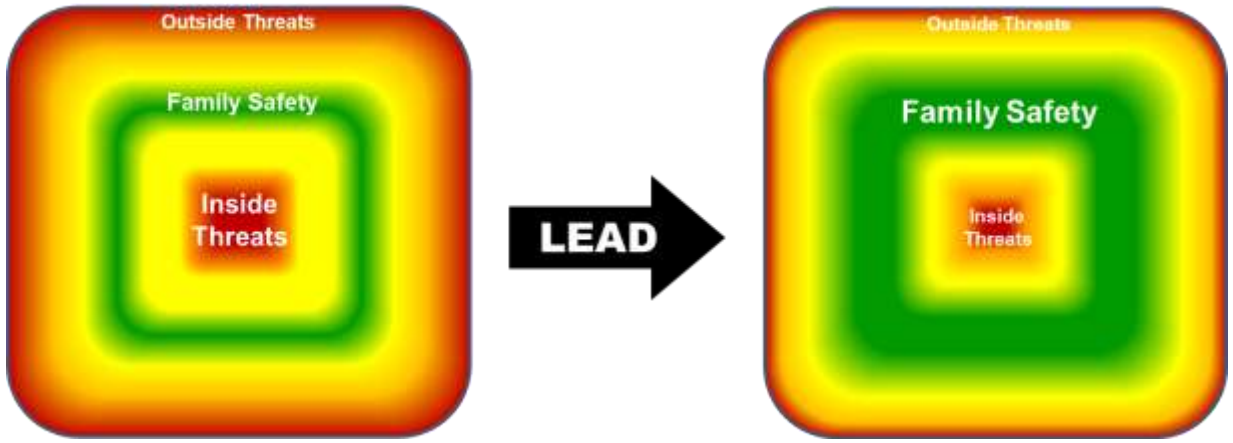
What You Need to Know

- If you are fully vaccinated, you can start doing many things that you had stopped doing because of the pandemic.
- When choosing safer activities, consider how COVID-19 is spreading in your community, the number of people participating in the activity, and the location of the activity.
- Outdoor visits and activities are safer than indoor activities, and fully vaccinated people can participate in some indoor events safely, without much risk.
- If you haven't been vaccinated yet, find a vaccine.

10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe

Keeping the Family Safe



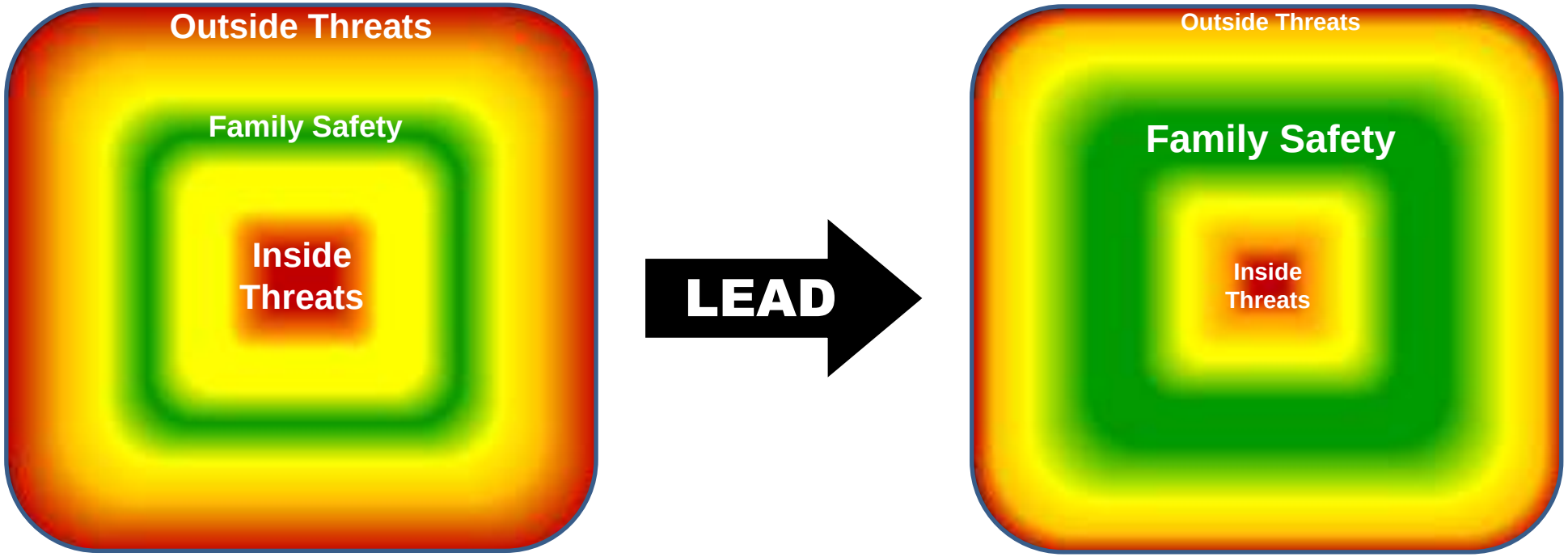
Threats x Vulnerability = Risk

Threats X Vulnerability = Risk to Your Family

Threats:
Likely to cause HARM.

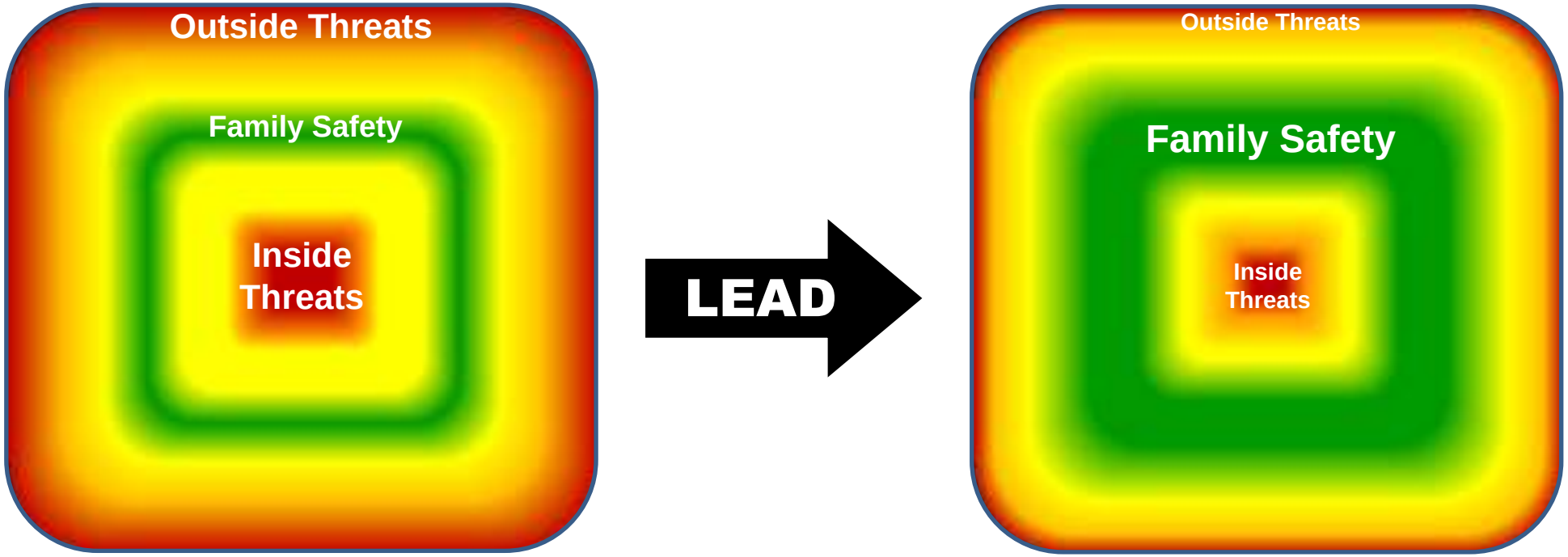
Vulnerability:
Weaknesses that can be EXPLOITED by threats.

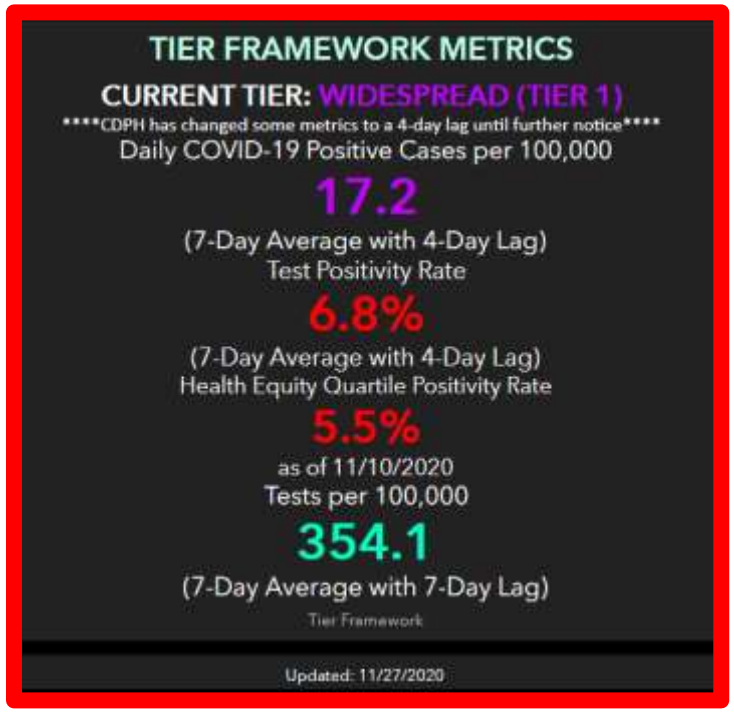
Risk:
PROBABILITY of harm by a threat exploiting vulnerability.

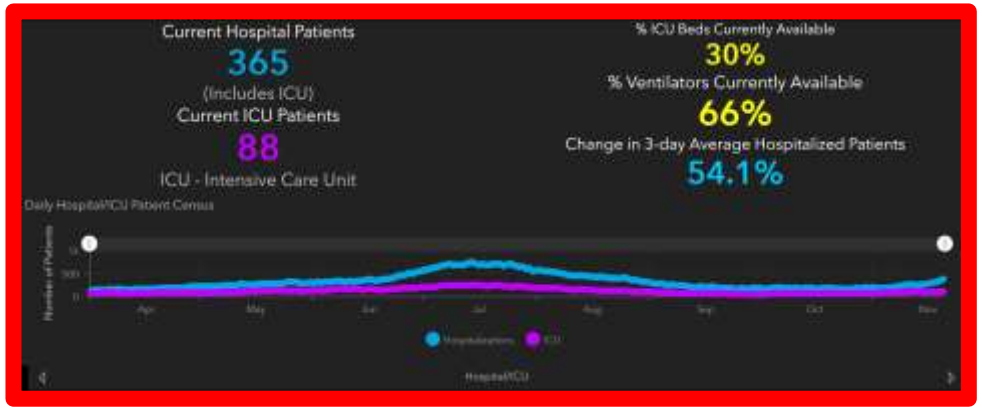


Threats X Vulnerability = Risk to Your Family

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







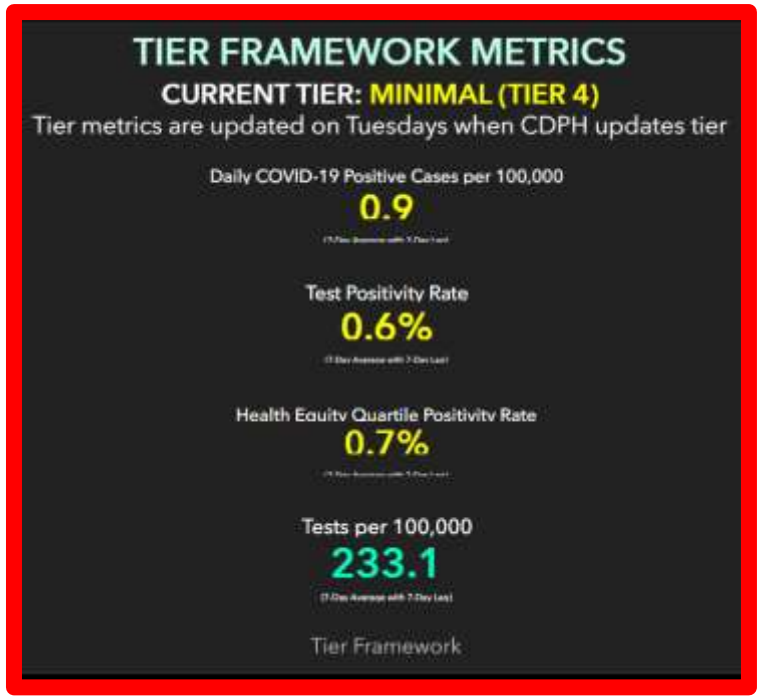
Example Family Threat Profile Orange County CA

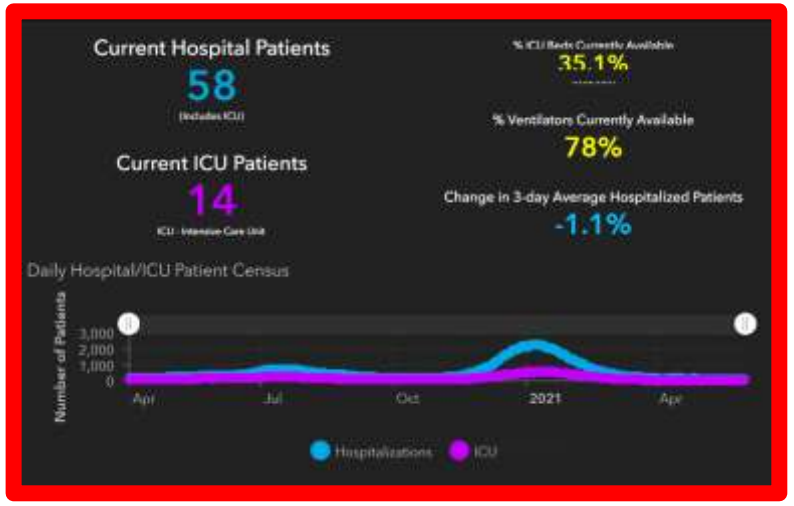
- **Male over 65 years of age.**

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

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

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





Example Family Threat Profile Orange County CA

- Male over 65 years of age.

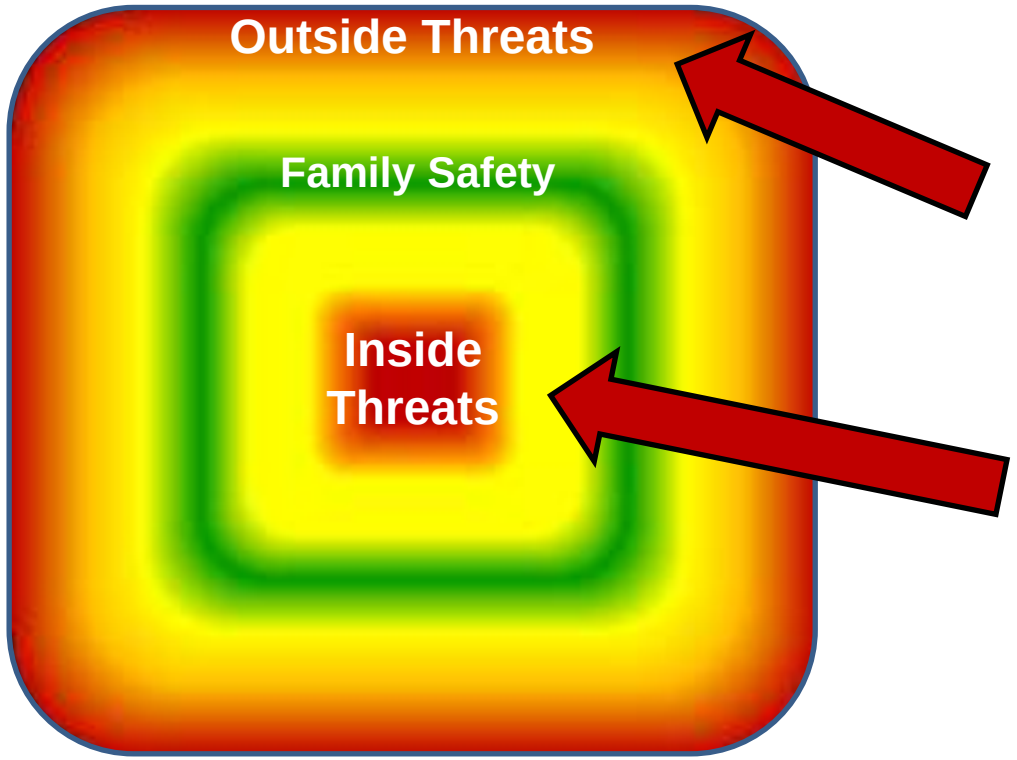
- Female in mid 50's with history of pulmonary infections & bronchitis.

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

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

STEP 1: Identify Each Family Member Threat Profile

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



Family Unit Threat Profile:

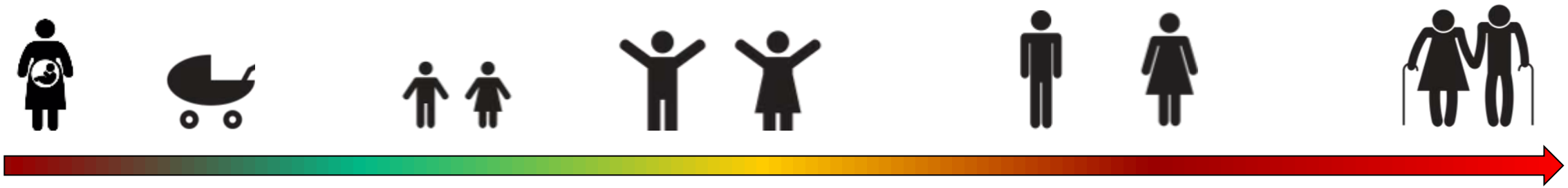
Outside Threats from Community

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

Inside Threats to Family – Home and Conditions

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

STEP 1: Identify Each Family Member Threat Profile



Pregnant Moms | Under 2 Years | 2 to 10 Years | 10 to 30 Years | 30 to 50 Years | 50 to 65 Years | Over 65

Pregnant Moms

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

Under 2 Years

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

2 to 10 Years

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

10 to 30 Years

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

30 to 50 Years

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

50 to 65 Years

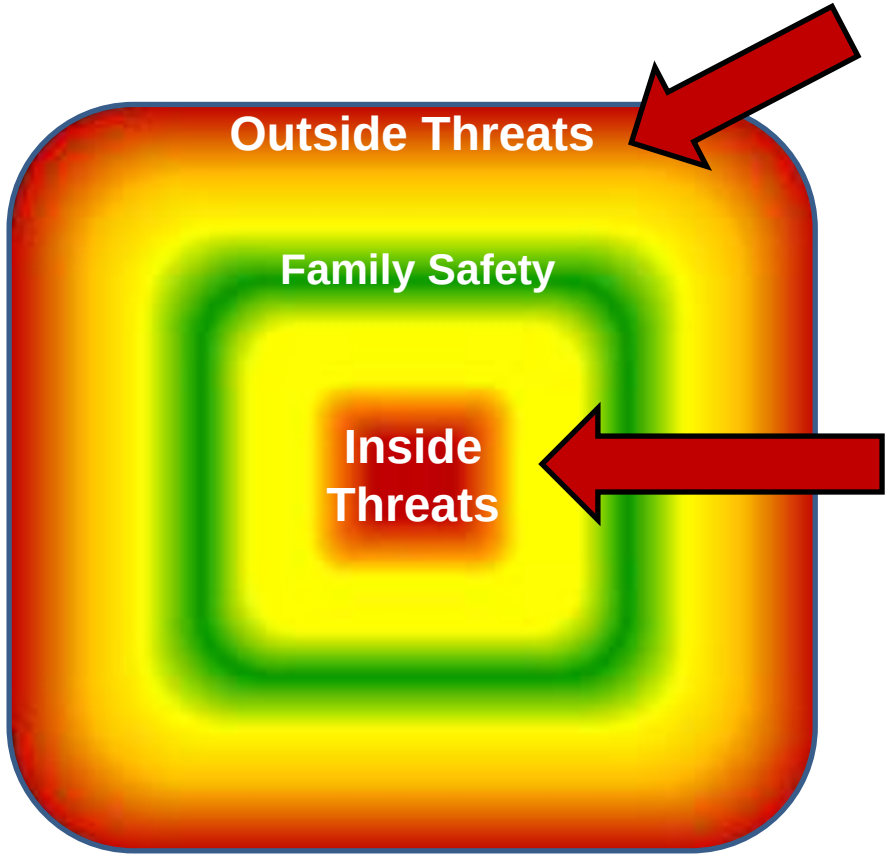
- Have higher incidence in underlying conditions putting them at higher risk for infections and harm.

Over 65 Years

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

STEP 2: Identify and Follow Local Coronvirus Threats

Inside versus Outside Threats



OutsideThreats:

- 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.

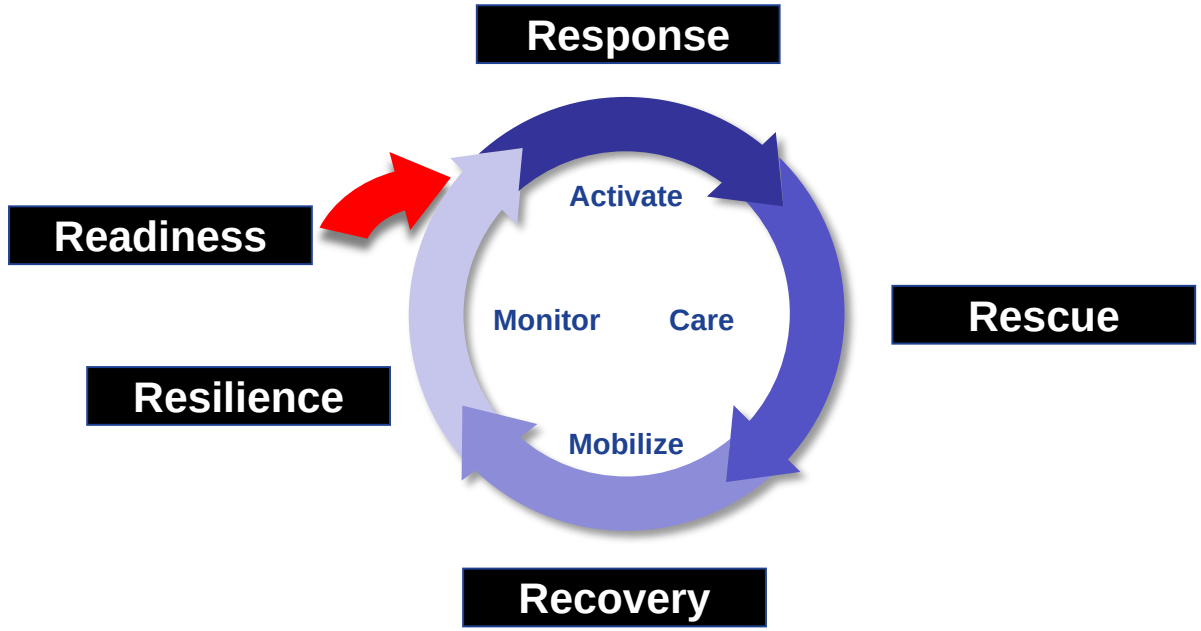
Inside Threats:

- 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.

10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan

Creating a Family Safety Plan



STEP 3: Develop a Family Safety Plan

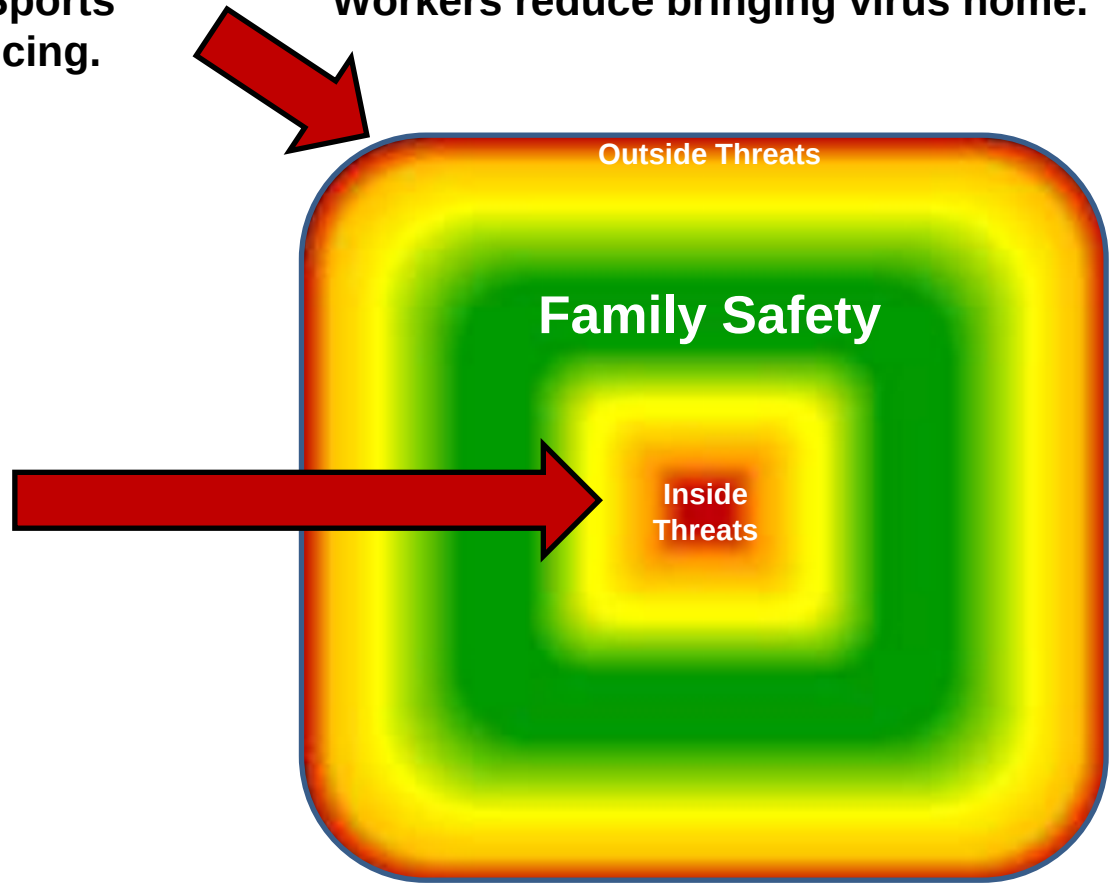
Reduce Vulnerability

Reduce Vulnerability to OutsideThreats:

- Adjust behaviors depending on Background Community Infection and local infection trends.
- Base school decisions on Test, Trace, Treat, Isolate, and Quarantine Programs.
- Avoid Group Activities and Sports without Proper Social Distancing.
- Assure Mask Use by all exposed to family
- Monitor public health services including Test, Trace, Treat, Isolate, and Quarantine Programs and adjust behavior to it.
- Assure Critical Essential Infrastructure Workers reduce bringing virus home.

Reduce Vulnerability to Inside Threats:

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



STEP 3:

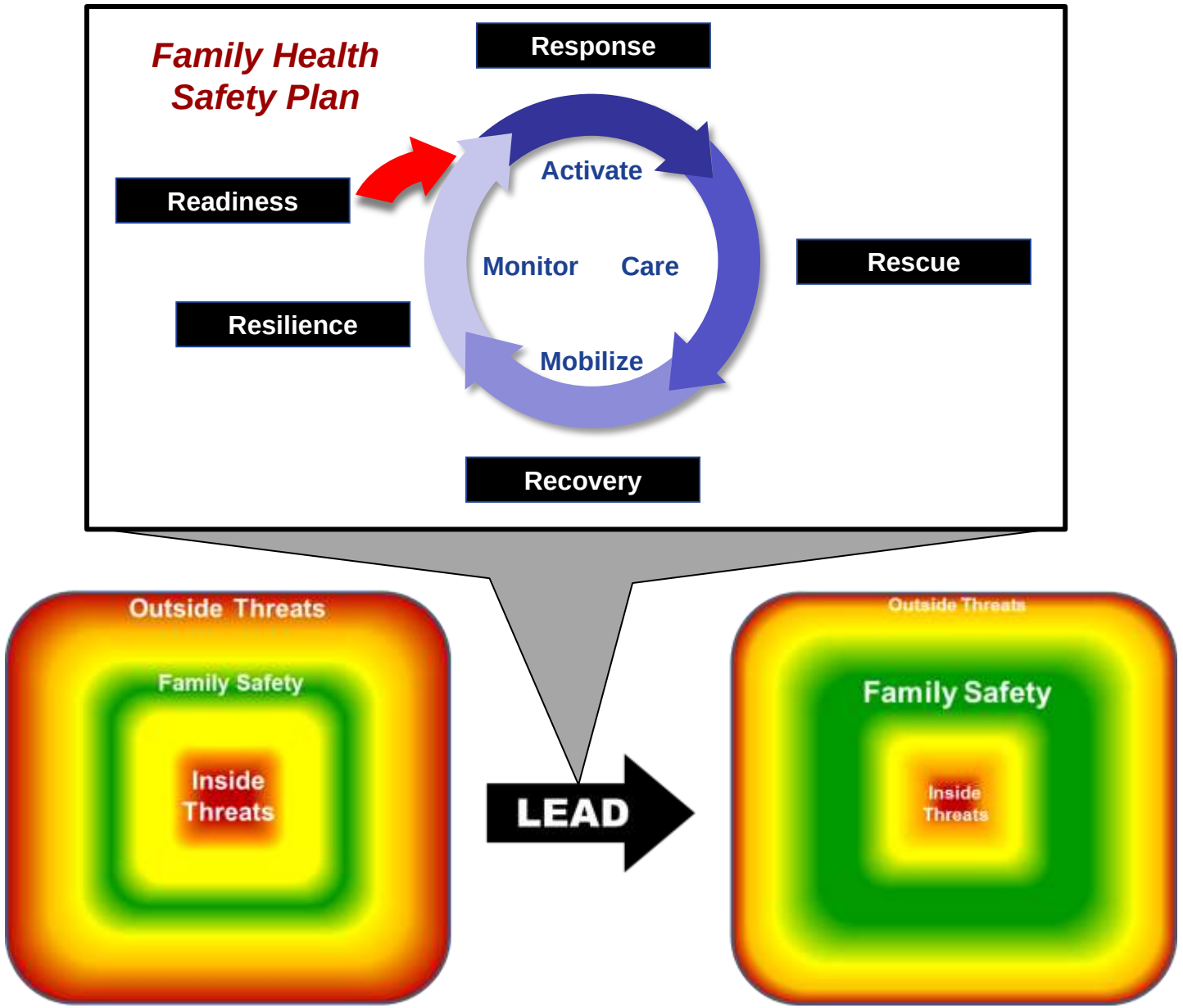
Develop a Family Safety Plan

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

STEP 4:

Plan the Flight and Fly the Plan

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



Survive & Thrive Guide: Family Safety Plans

Campus Safety — News School University Hospital Technology

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

10 Best Practices:

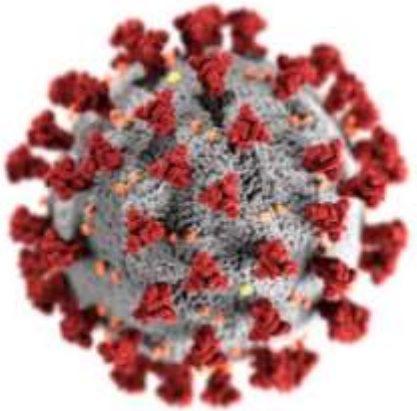
1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan

Practicing the Family Safety Plan

Deliberative Practice and Competency Currency

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



10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home

Providing Care At Home

Checklists

Home Care Room Program

Coronavirus Response
CareUniversity Series

Select a Care Room Checklist:

- ❑ Select a room sep
  that ideally should
- ❑ Identify the bathro
  can be used to wa
- ❑ 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 sep
  plastic sheets, or
  curtains or tents t
- ❑ Optimize ventilatic
  window that may b
- ❑ If Heating and Airc
  separate ventilatic
- ❑ Make decisions re
  Room. It is optima
  patient.

Home Care Room Program

Coronavirus Response
CareUniversity Series

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 Pe
- ❑ Place Water Pitch
  Personal Hygien
- ❑ Keep dedicated
  Oximeters in Car
- ❑ Keep Reusable S

Home Care Room Program

Coronavirus Response
CareUniversity Series

Supplies Checklist:

- ❑ Eye Protection
- ❑ A Face Shield
- ❑ Reusable Gloves
- ❑ Rubber Gloves
- ❑ Disposable Hair Cove
- ❑ N95 Mask or Medical
- ❑ Aprons - single-use
  reusable gowns.
- ❑ Plastic Aprons
- ❑ Alcohol-based Hand
- ❑ Plain Soap
- ❑ Clean Single-use Pap
- ❑ Safe Puncture Proof
- ❑ Detergent for Cleanin
- ❑ Thermometer & Med
- ❑ Mobile Phone

Home Care Room Program

Coronavirus Response
CareUniversity Series

Home Care Team Checklists:

Laundry Processes:

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

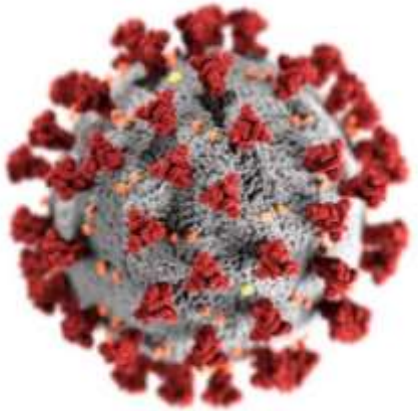
Cleaning the Home:

- ❑ Door knobs

10 Best Practices for Reopening
A Survive & Thrive Guide ™

Heather Foster RN BSN

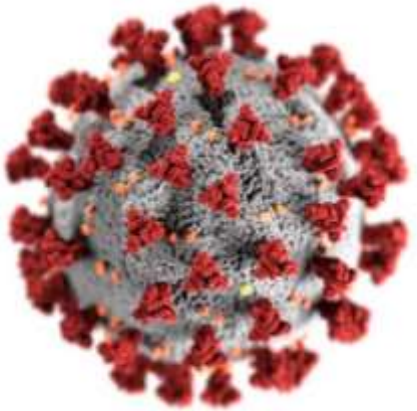
Frontline Nurse
Infection Prevention Advisor
Patient Safety Advocate
Dolores Colorado



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Gregory H. Botz, MD, FCCM

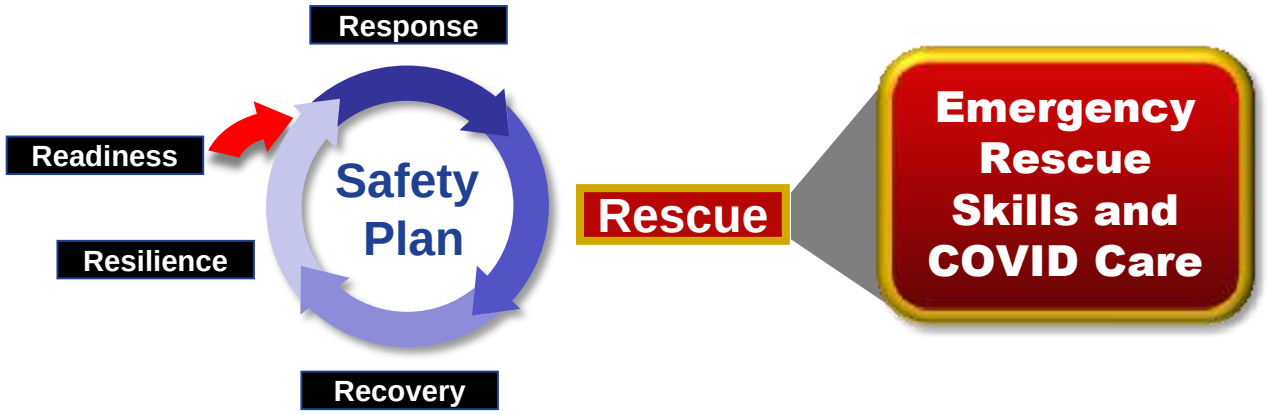
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



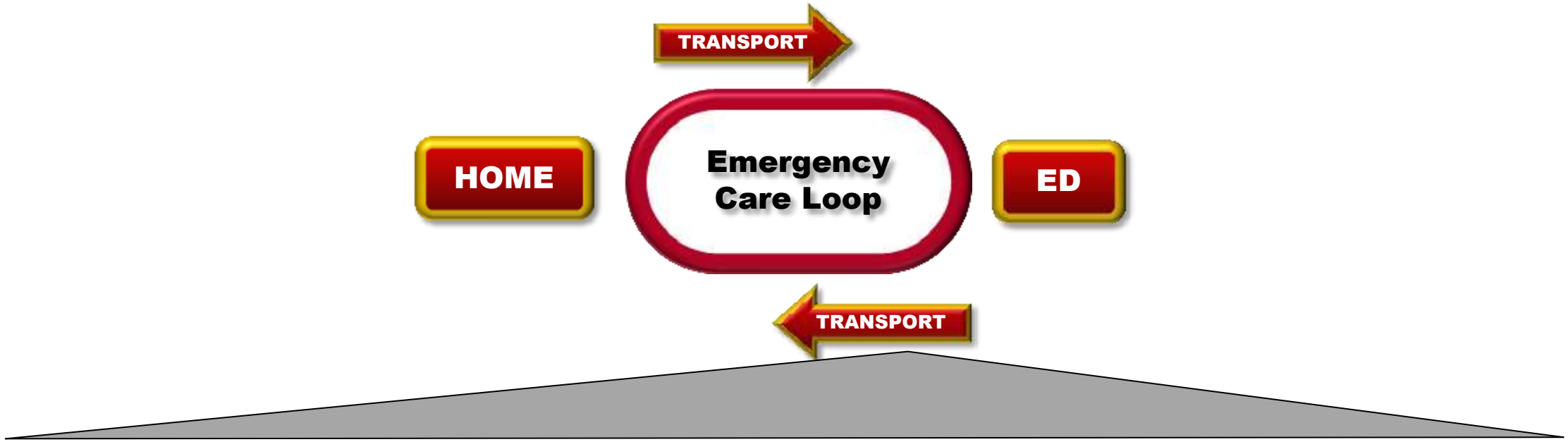
10 Best Practices:

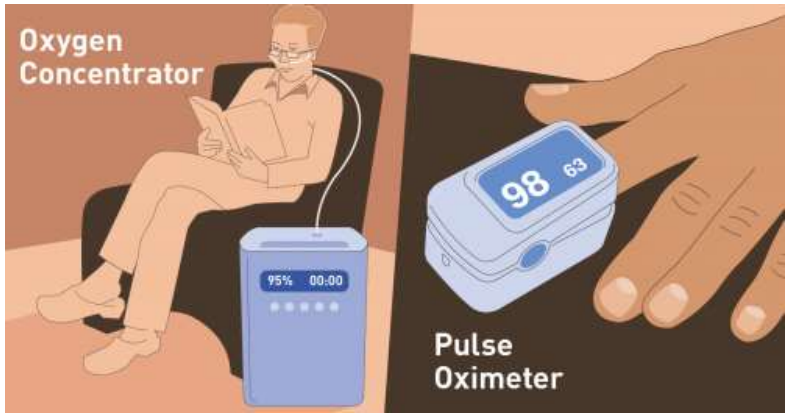
1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills

Emergency Rescue Skills



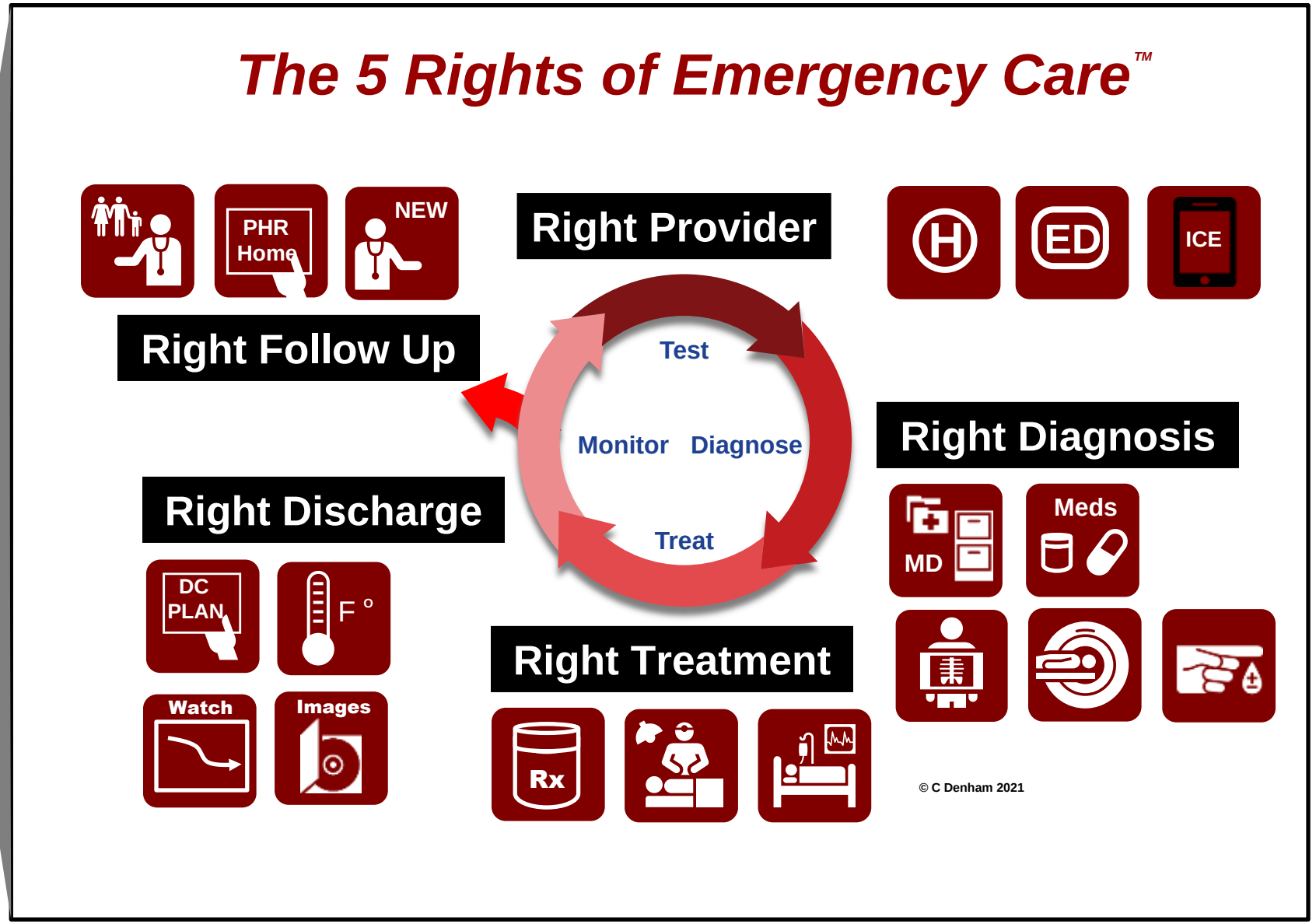
Emergency Rescue Skills: After Discharge & Transport Home





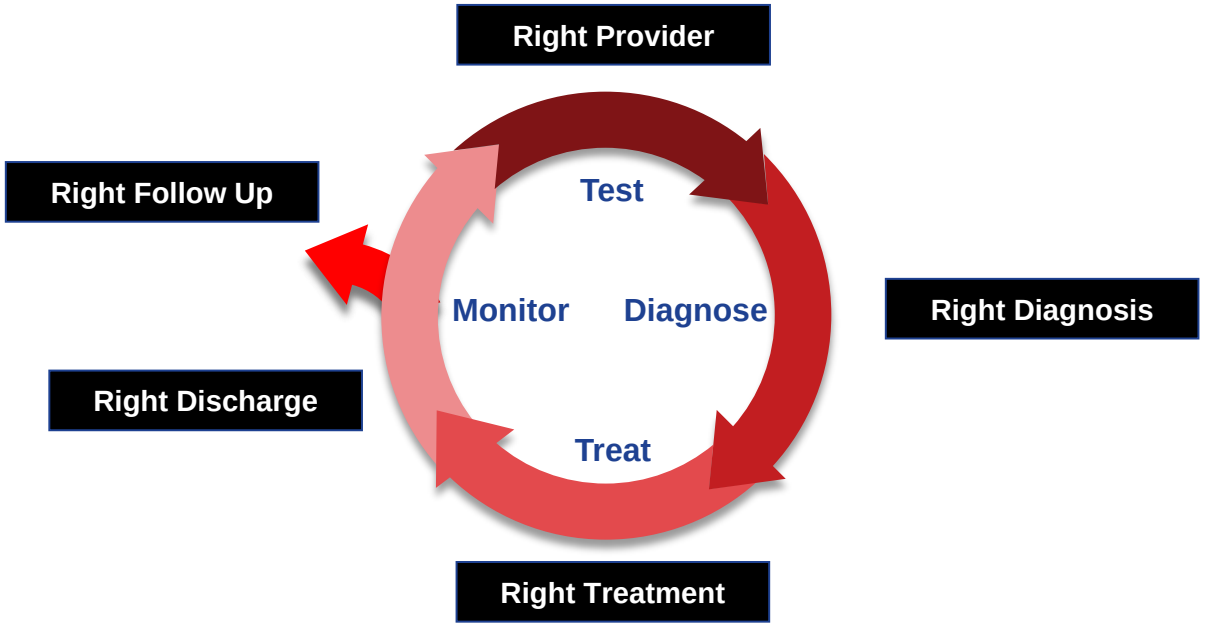
Video Library

- Med Tac Story
- Med Tac Leadership Team
- Adopt a Cove Program
- 5 Rights of Emergency Care
- College and Youth Program
- Surf & Lifeguard Program
- 3 Minutes & Counting Trailer
- Opioid Overdose Briefing



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.

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.

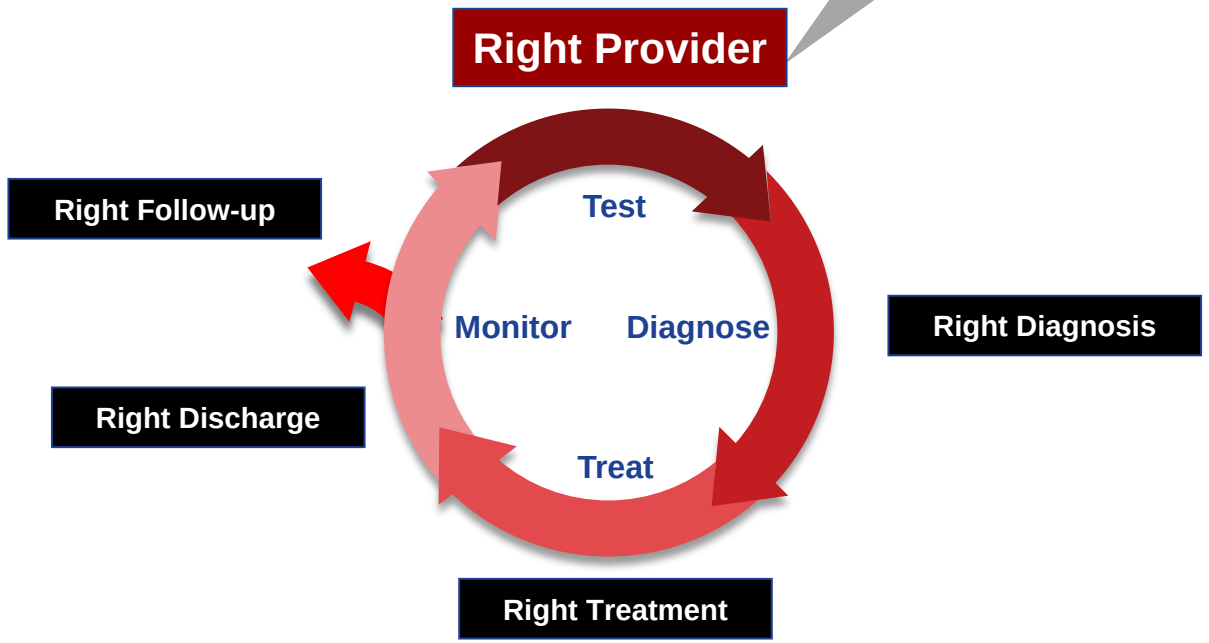
Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

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.

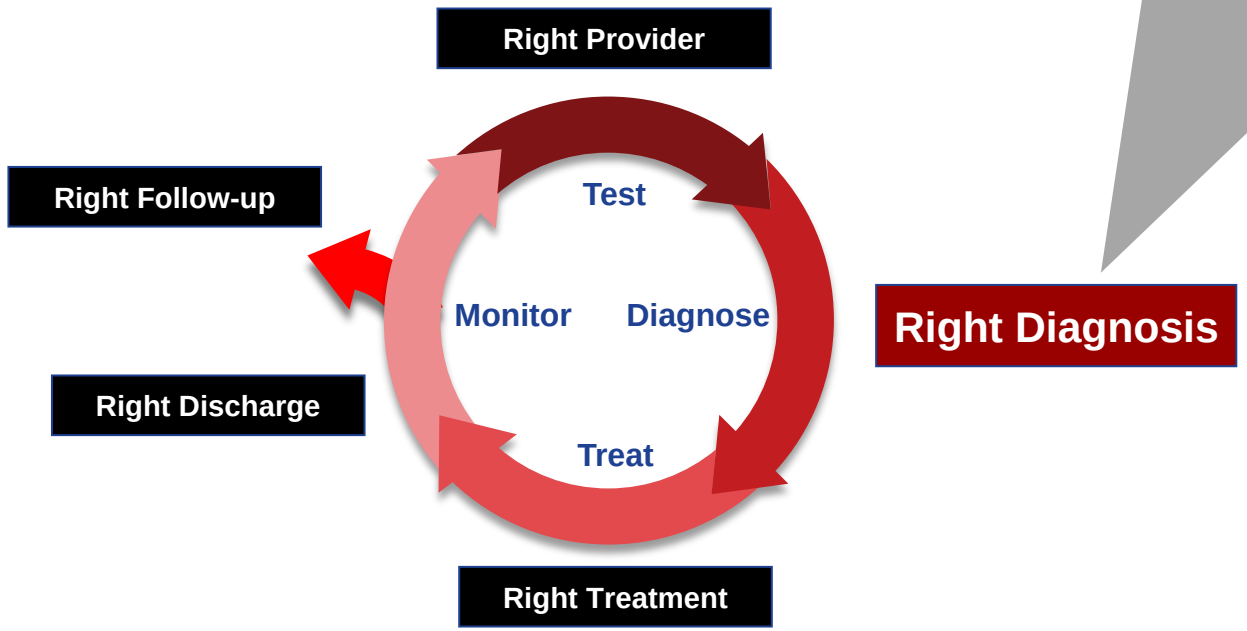


- **Choose RIGHT Emergency Care Provider: The one that already has your records, especially for complex issues**
- **Your Choices: Urgent Care, Community Hospital, Specialty Center – Pediatric, CA, Stroke Center Trauma Center…if you have a choice.**
- **Bigger Centers – Bigger Problems: when in doubt 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™

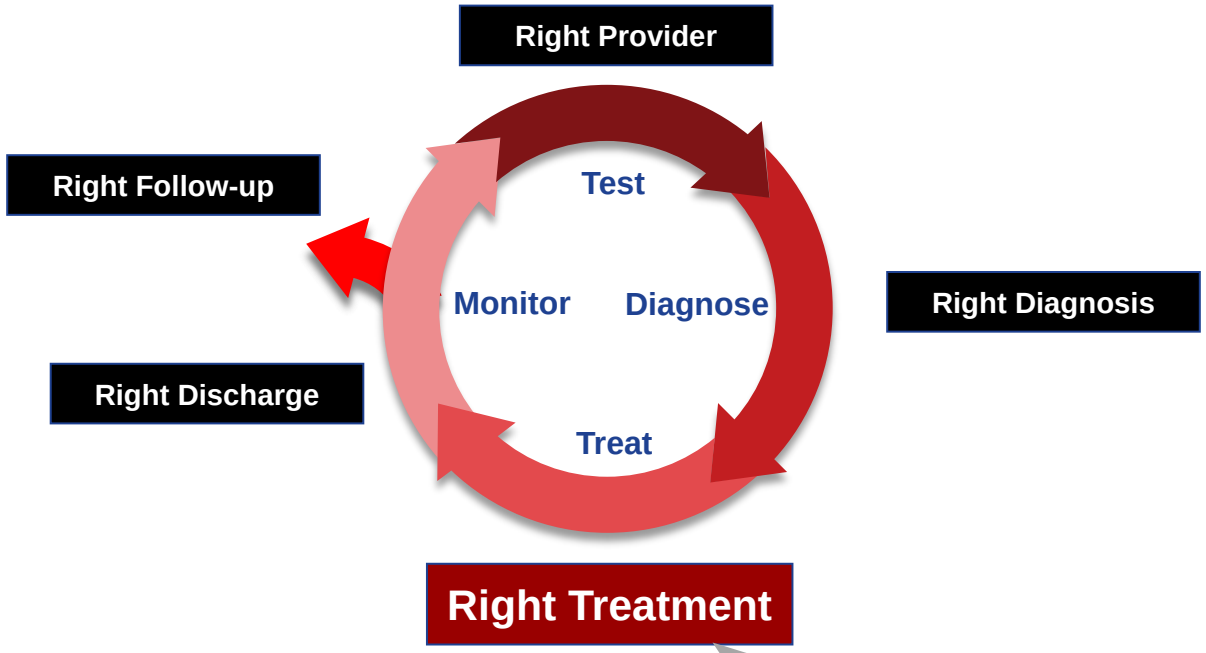
Right Diagnosis: The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.



- **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™



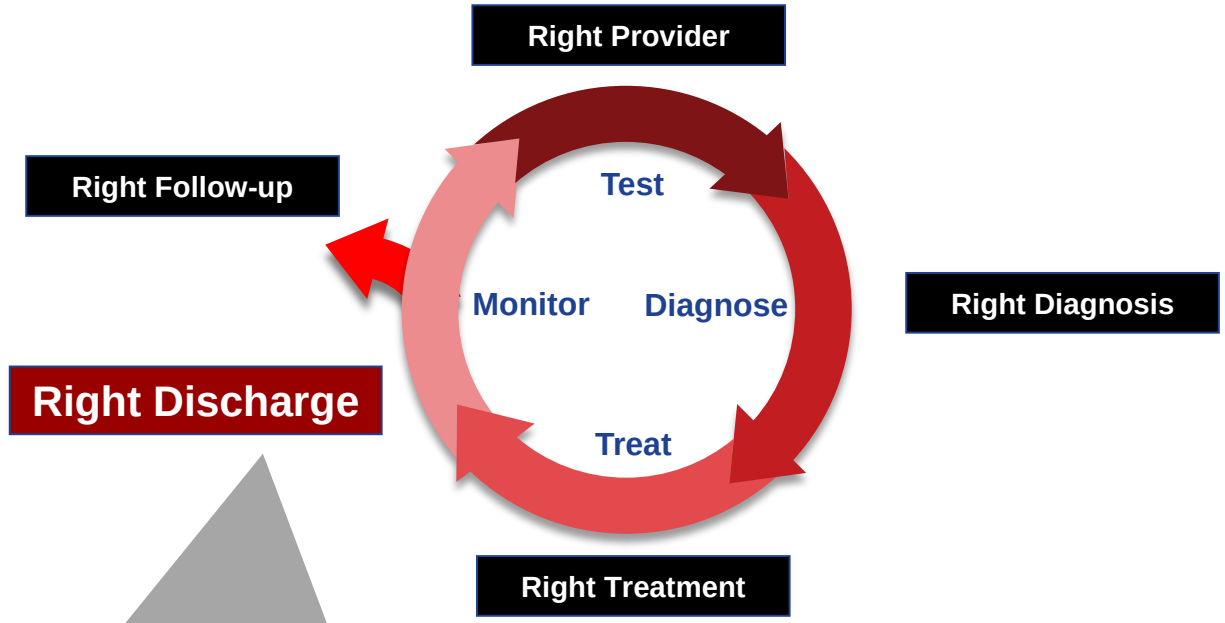
- **Treatment of Short-term Symptoms and of Long-term Conditions: Procedures, medications, and new behaviors you need to maintain should be understood for the short-term and long-term timeframes.**
- **Shared Decision Making: Understand the treatment and decide together**
- **Risks and Benefits: Understand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



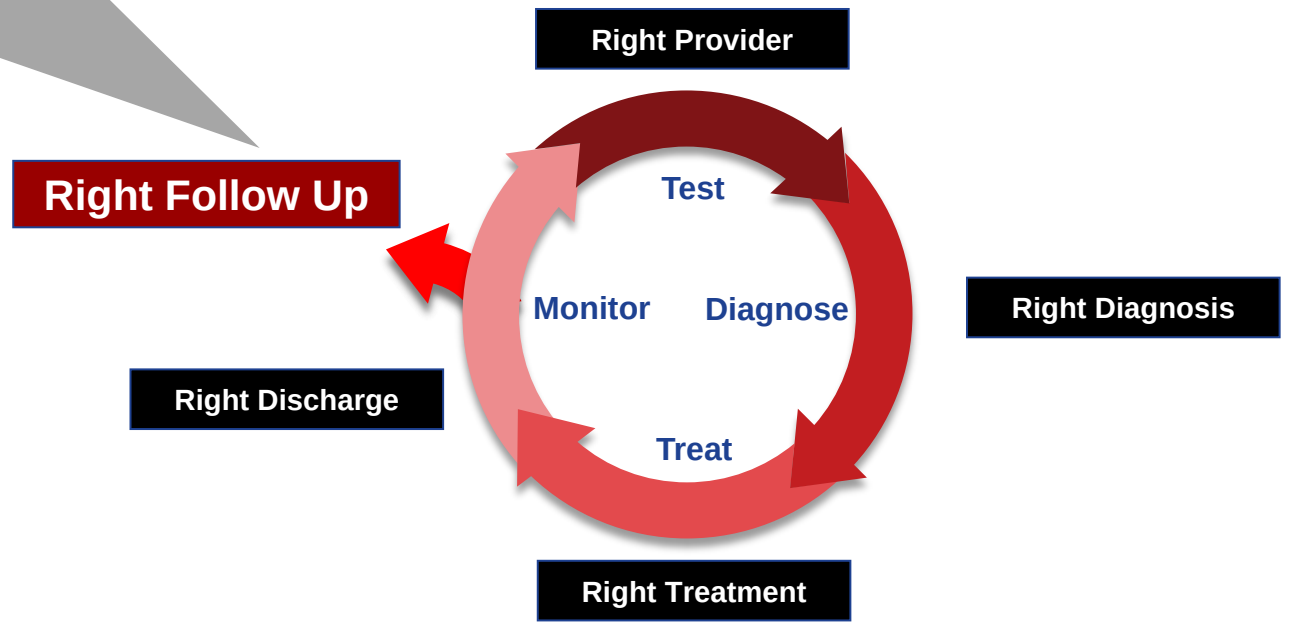
Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

Source: Denham, CR; McDowell, GM CareUniversity CME Program

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.**

The 5 Rights of Emergency Care™

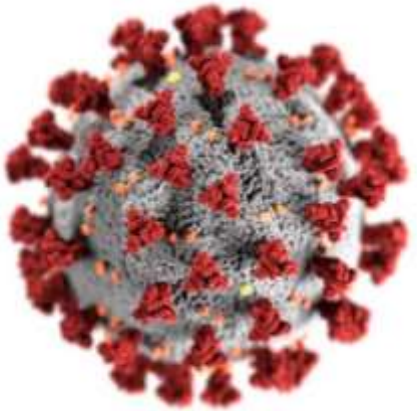


Source: Denham,

10 Best Practices for Reopening
A Survive & Thrive Guide ™

Gregory H. Botz, MD, FCCM

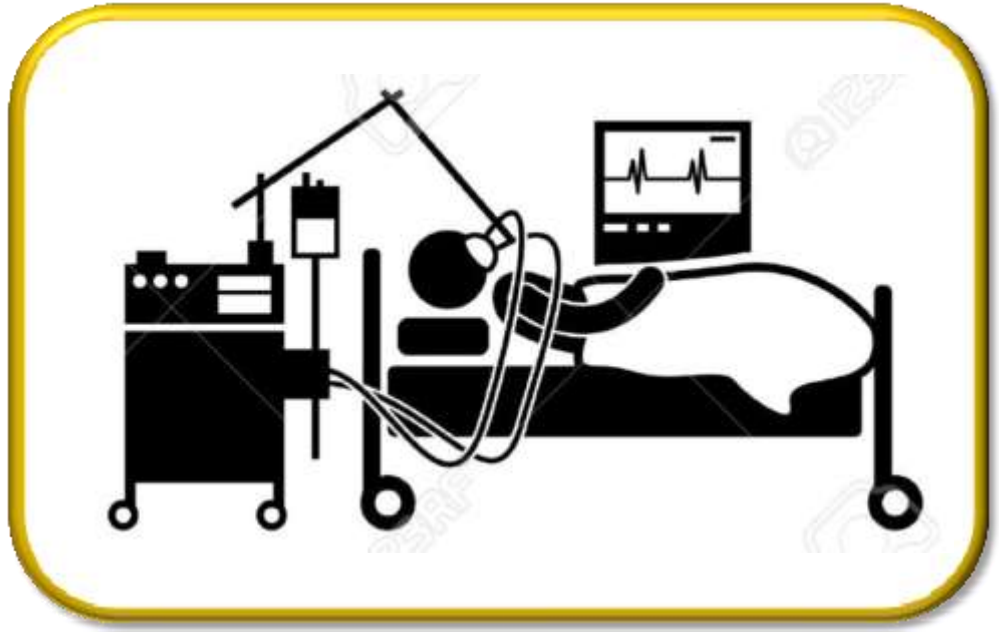
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They're in ICU

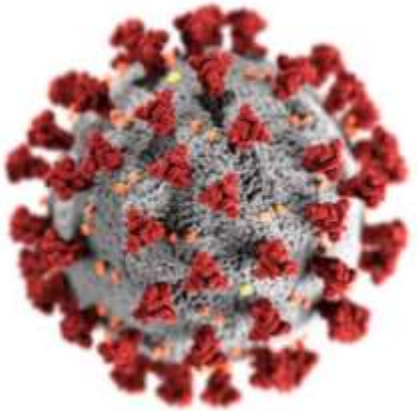
What to Do When They're in ICU



10 Best Practices for Reopening
A Survive & Thrive Guide ™

Gregory H. Botz, MD, FCCM

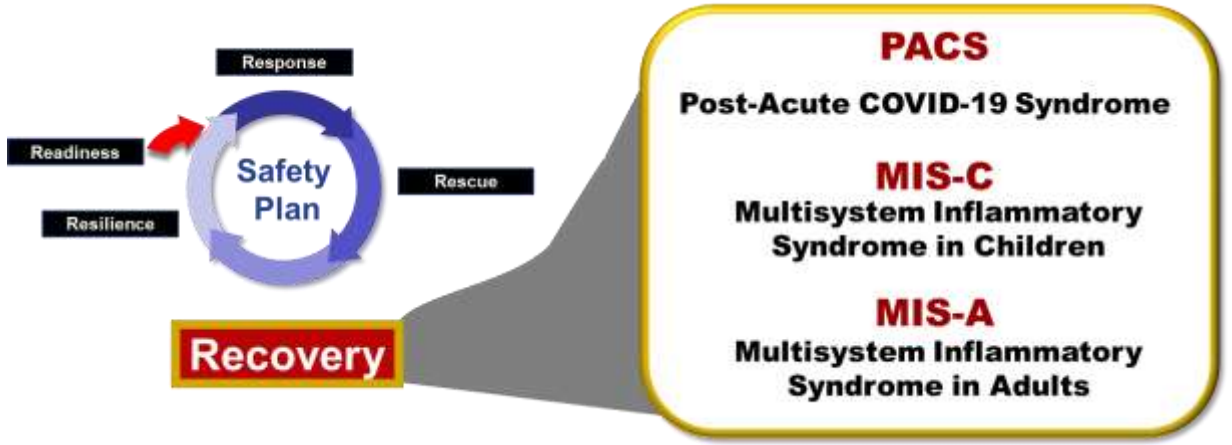
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



10 Best Practices:

1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They're in ICU
9. Long Haulers & COVID Recovery

Long Haulers & COVID Recovery



Congressional Hearing on Long Haul COVID-19

Francis Collins, MD
National Institutes of Health
Director
April 28, 2021

National Institutes of Health Director Francis Collins, MD, who also testified at the hearing, estimated as many as 3 million people could be left with chronic health problems after even mild COVID infections.

“I can't overstate how serious this issue is for the health of our nation,"

Collins said his estimate was based on studies showing that roughly 10% of people who get COVID could have long-haul COVID-19 and whose “long-term course is uncertain,” he said.

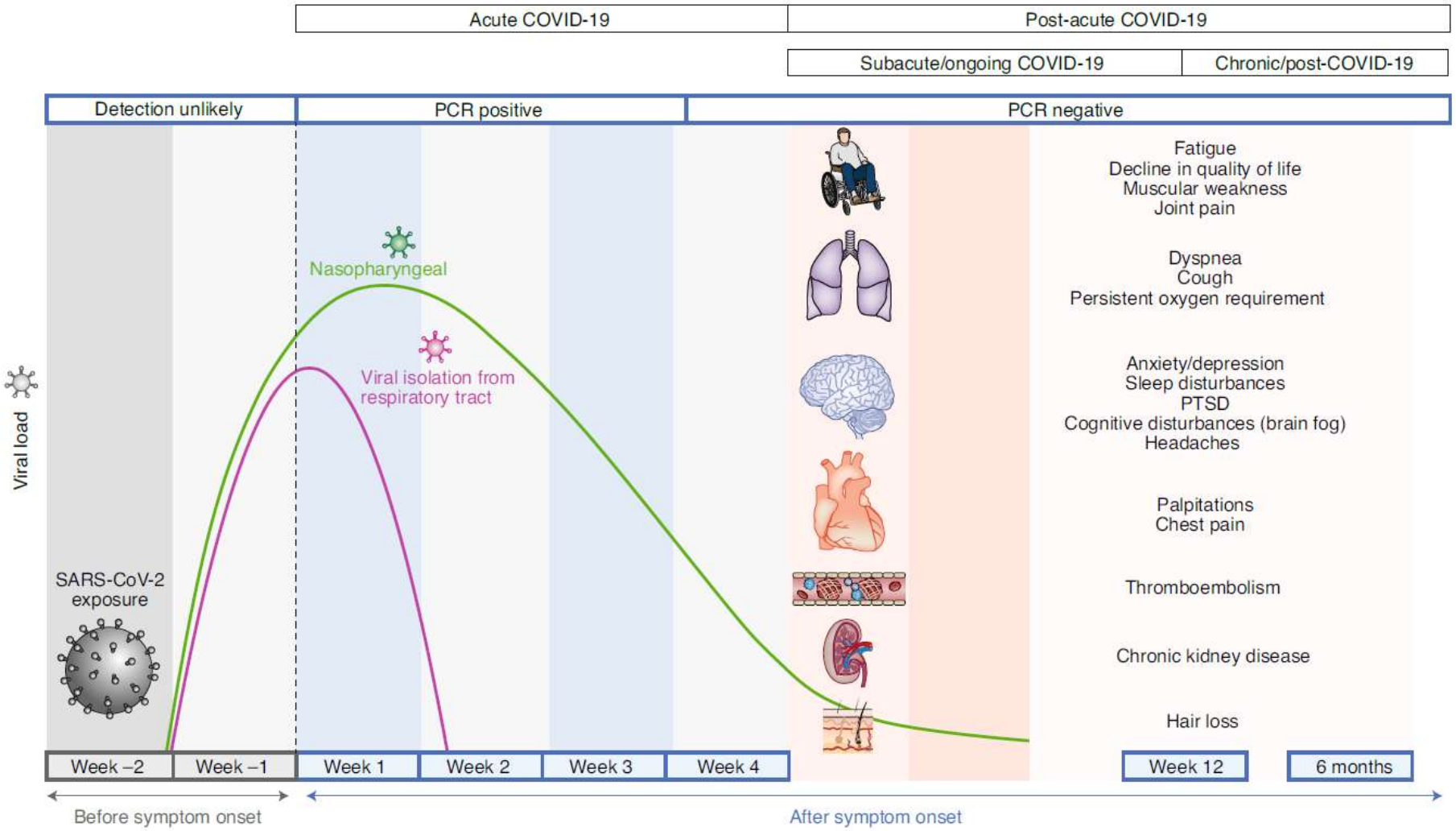
So far, more than 32 million Americans are

https://energycommerce.house.gov/committee-activity/hearings/hearing-on-the-long-haul-forging-a-path-through-the-lingering-effects-of

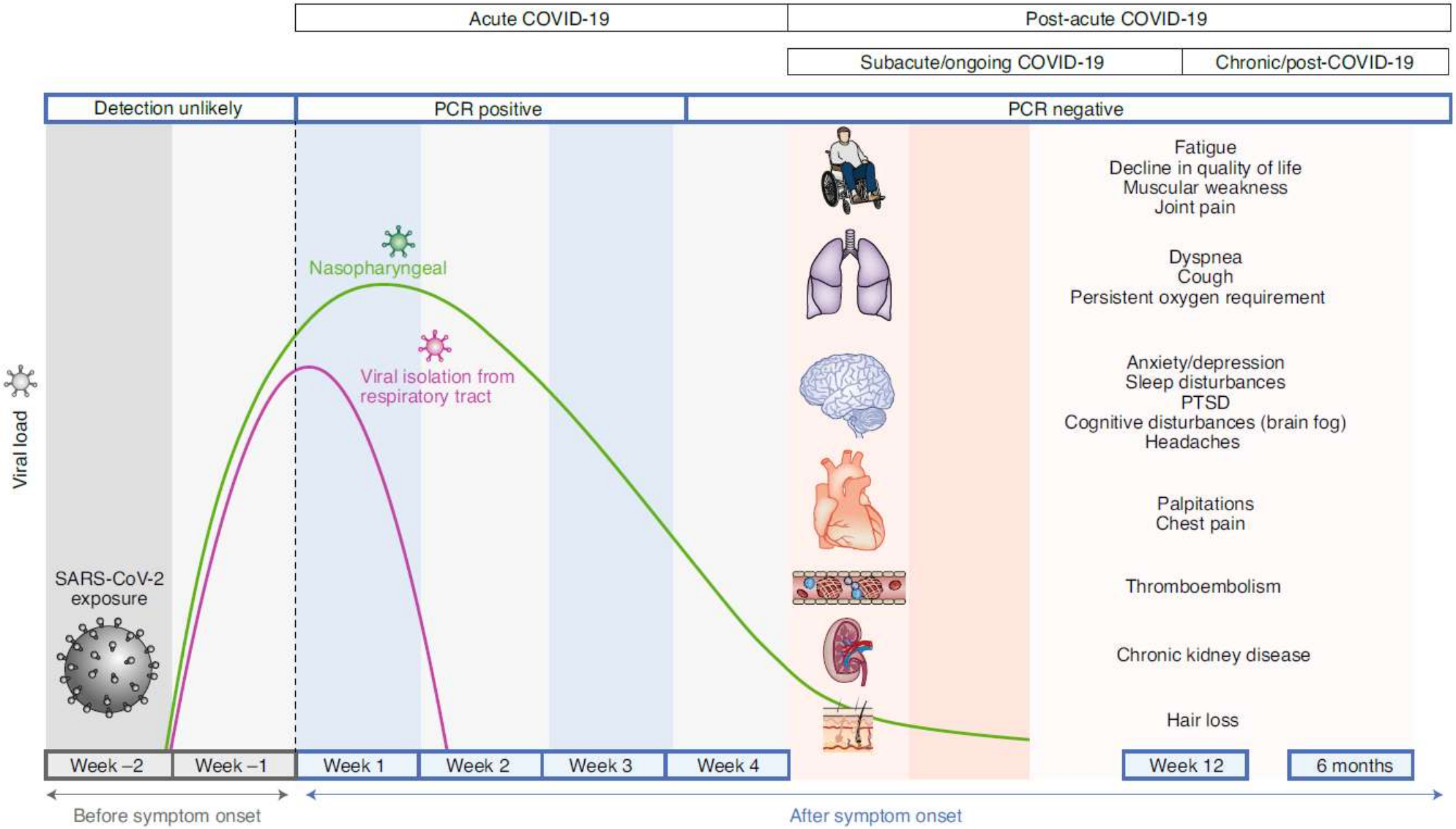
nature medicine

Post-acute COVID-19 syndrome

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.



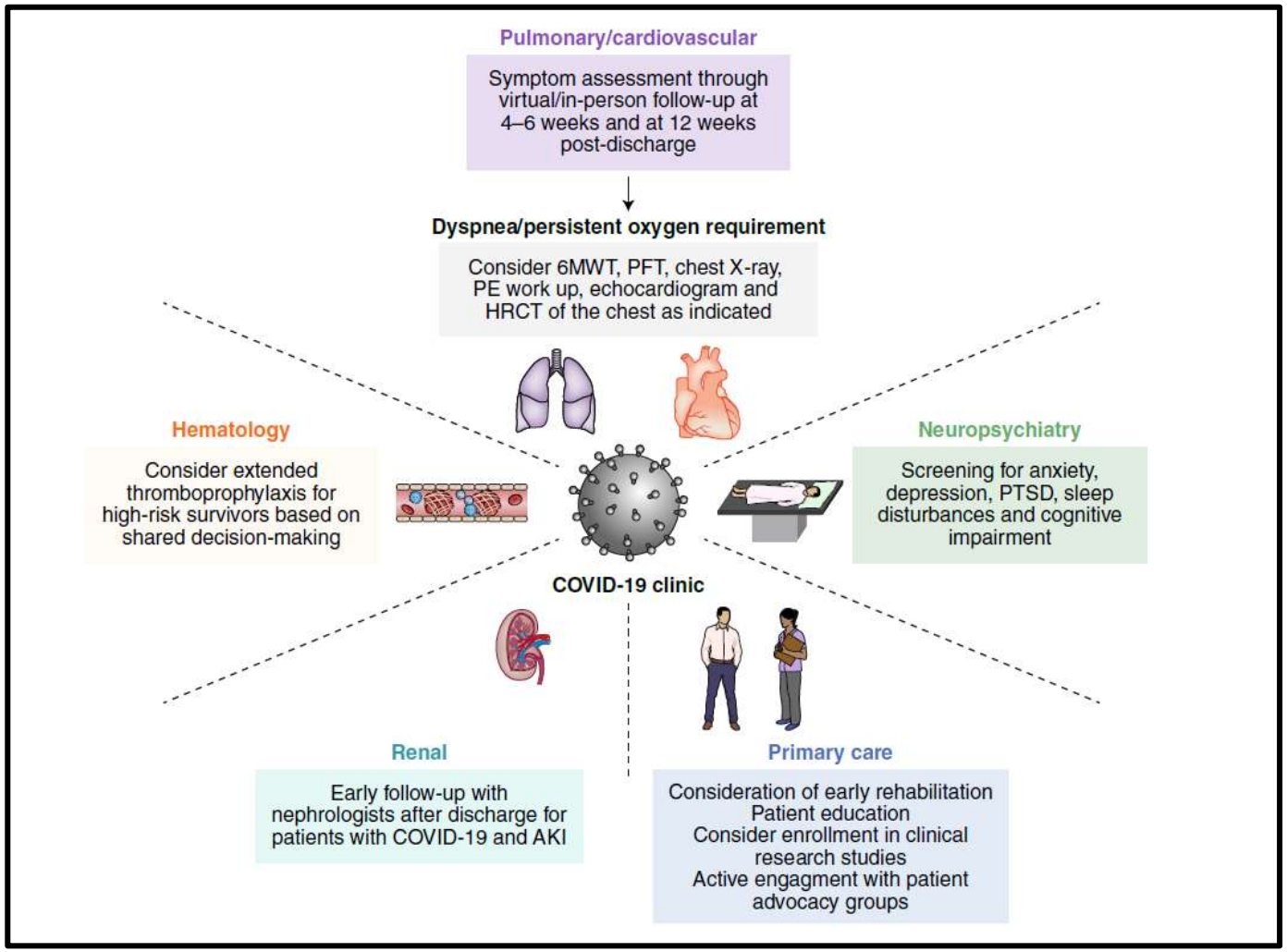
https://doi.org/10.1038/s41591-021-01283-z


Acute COVID-19
Post-acute COVID-19
Subacute/ongoing COVID-19
Chronic/post-COVID-19
Detection unlikely
PCR positive
PCR negative
Viral load
Nasopharyngeal
Viral isolation from respiratory tract
SARS-CoV-2 exposure
Fatigue
Decline in quality of life
Muscular weakness
Joint pain
Dyspnea
Cough
Persistent oxygen requirement
Anxiety/depression
Sleep disturbances
PTSD
Cognitive disturbances (brain fog)
Headaches
Palpitations
Chest pain
Thromboembolism
Chronic kidney disease
Hair loss
Week –2
Week –1
Week 1
Week 2
Week 3
Week 4
Week 12
6 months
Before symptom onset
After symptom onset

nature medicine

Post-acute COVID-19 syndrome

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 pneumonia[76]. HRCT, high-resolution computed tomography; PE, pulmonary embolism.



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

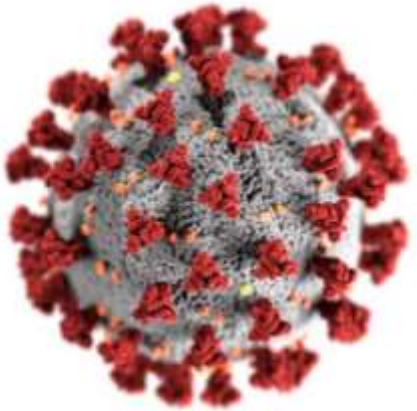
Puzzling, often debilitating after-effects plaguing COVID-19 "long-haulers"

Doctors are still searching for answers to why a portion of people who were diagnosed with COVID-19 are still suffering symptoms months later.

10 Best Practices for Reopening
A Survive & Thrive Guide ™

Gregory H. Botz, MD, FCCM

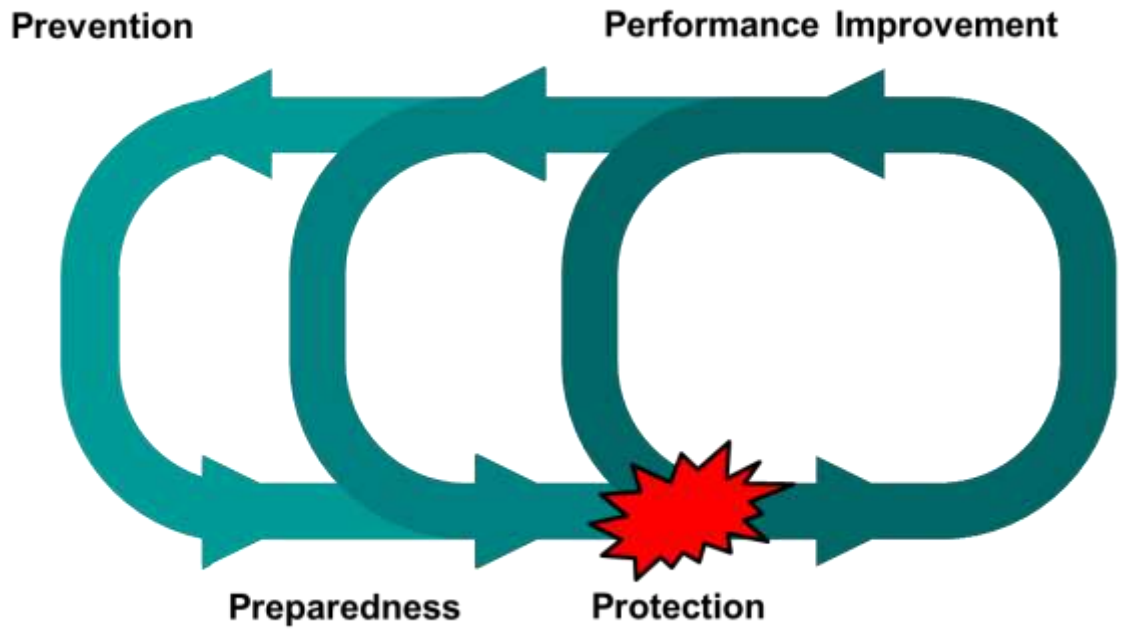
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



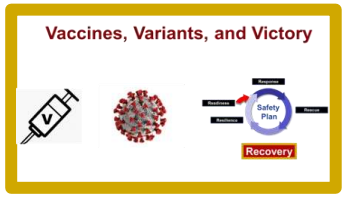
10 Best Practices:

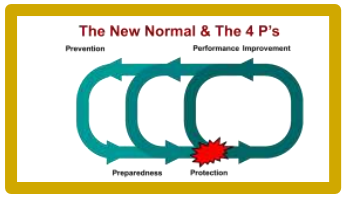
1. Vaccines – Take the Shots
2. Coming Home Safe
3. Keeping the Family Safe
4. Creating a Family Safety Plan
5. Practicing the Family Safety Plan
6. Providing Care at Home
7. Emergency Rescue Skills
8. What to Do – They're in ICU
9. Long Haulers & COVID Recovery
10. The 4 P's at the New Normal

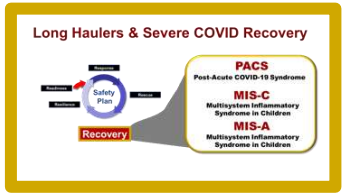
The 4 P's at the New Normal

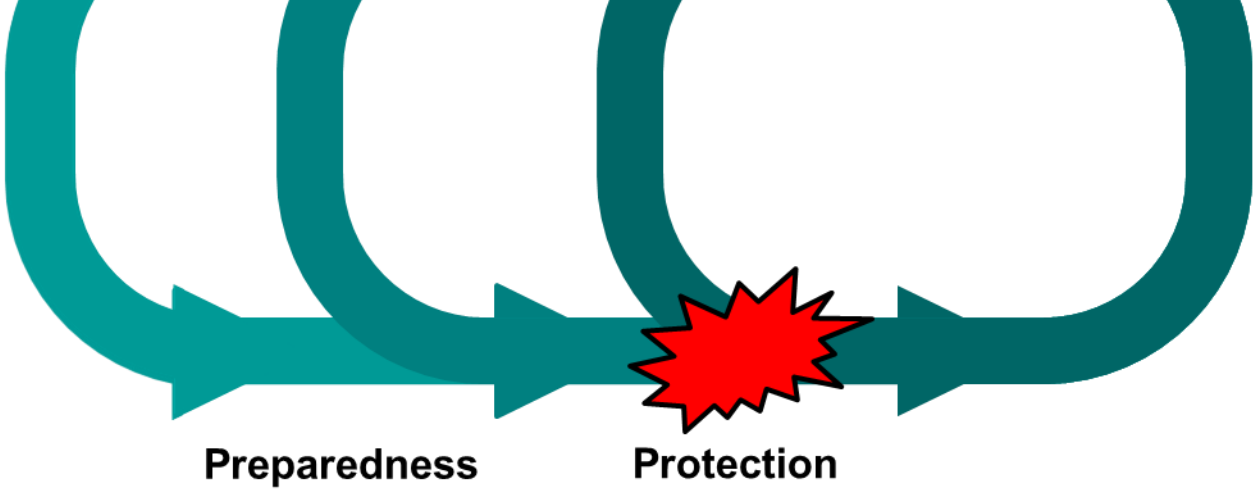


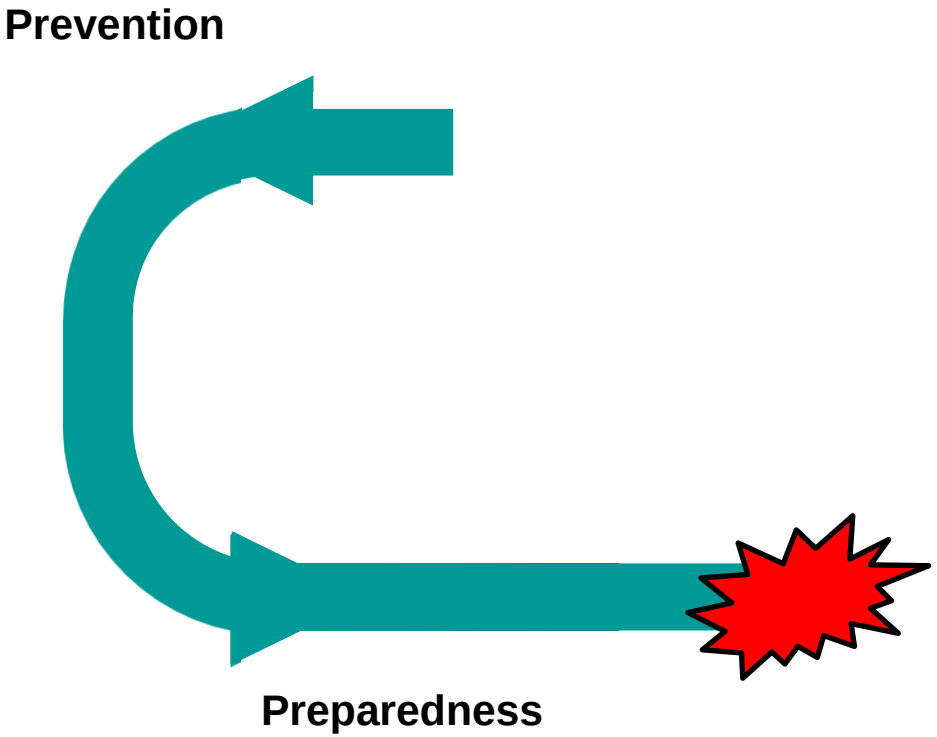
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement

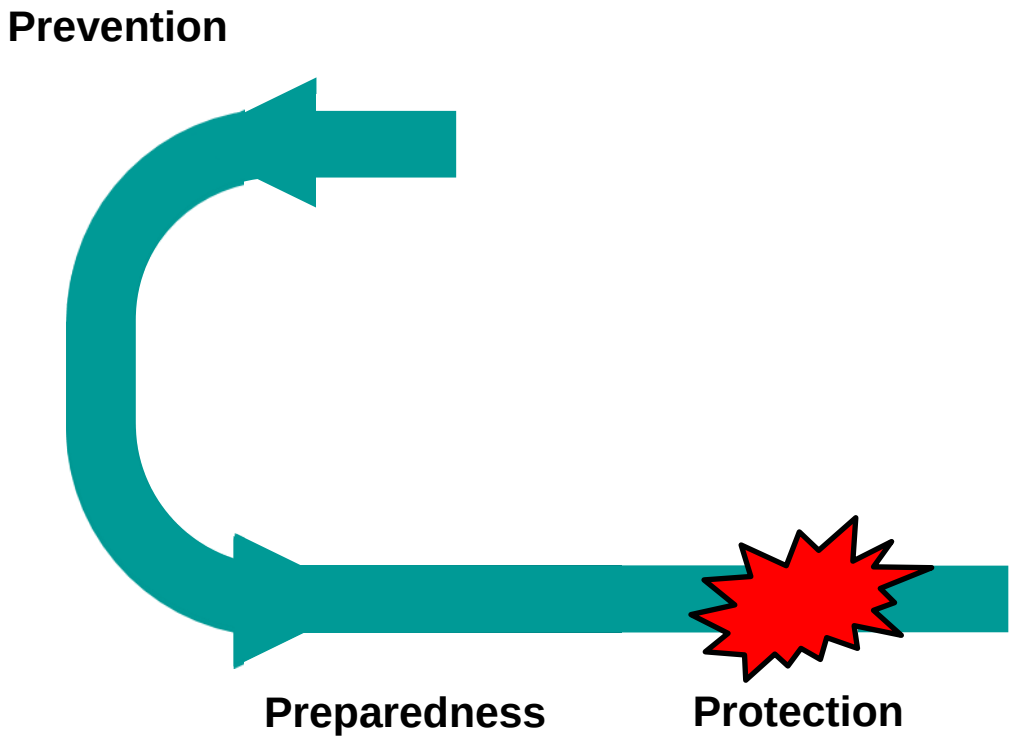


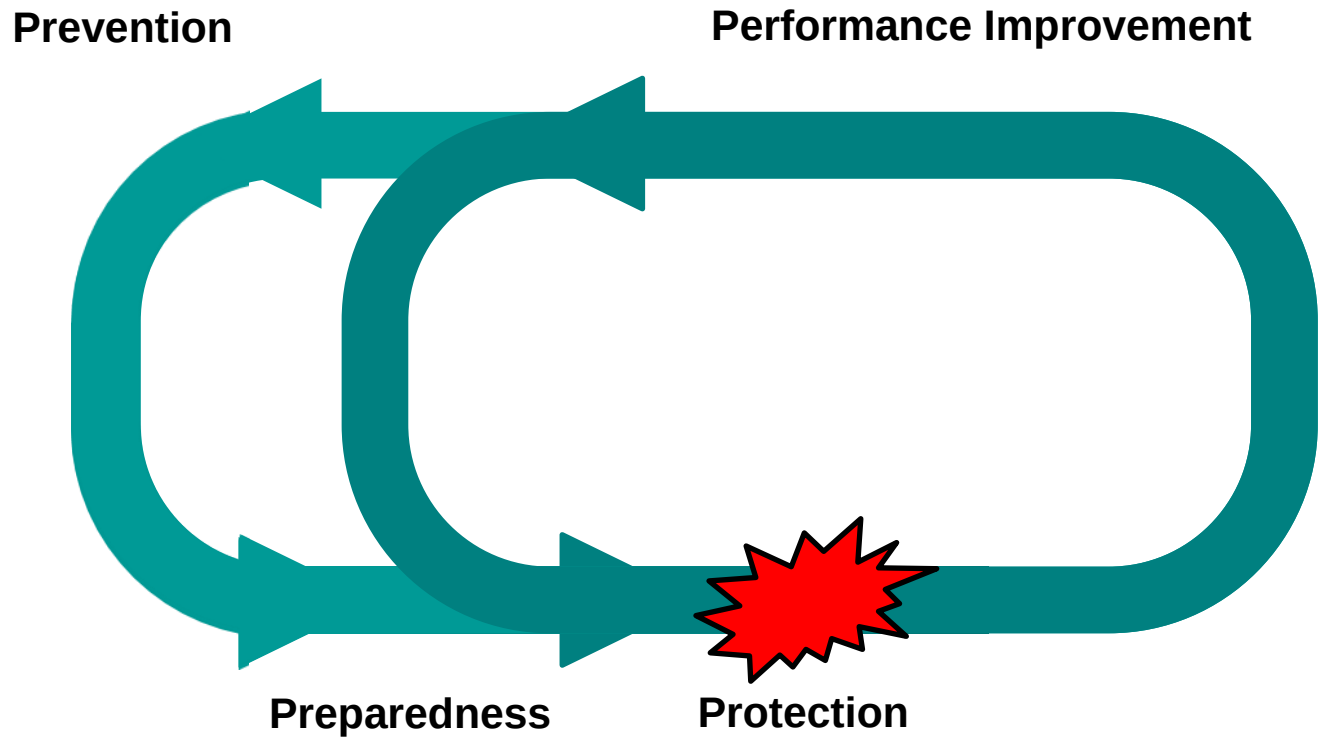


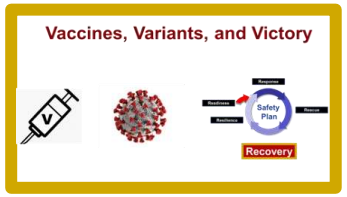


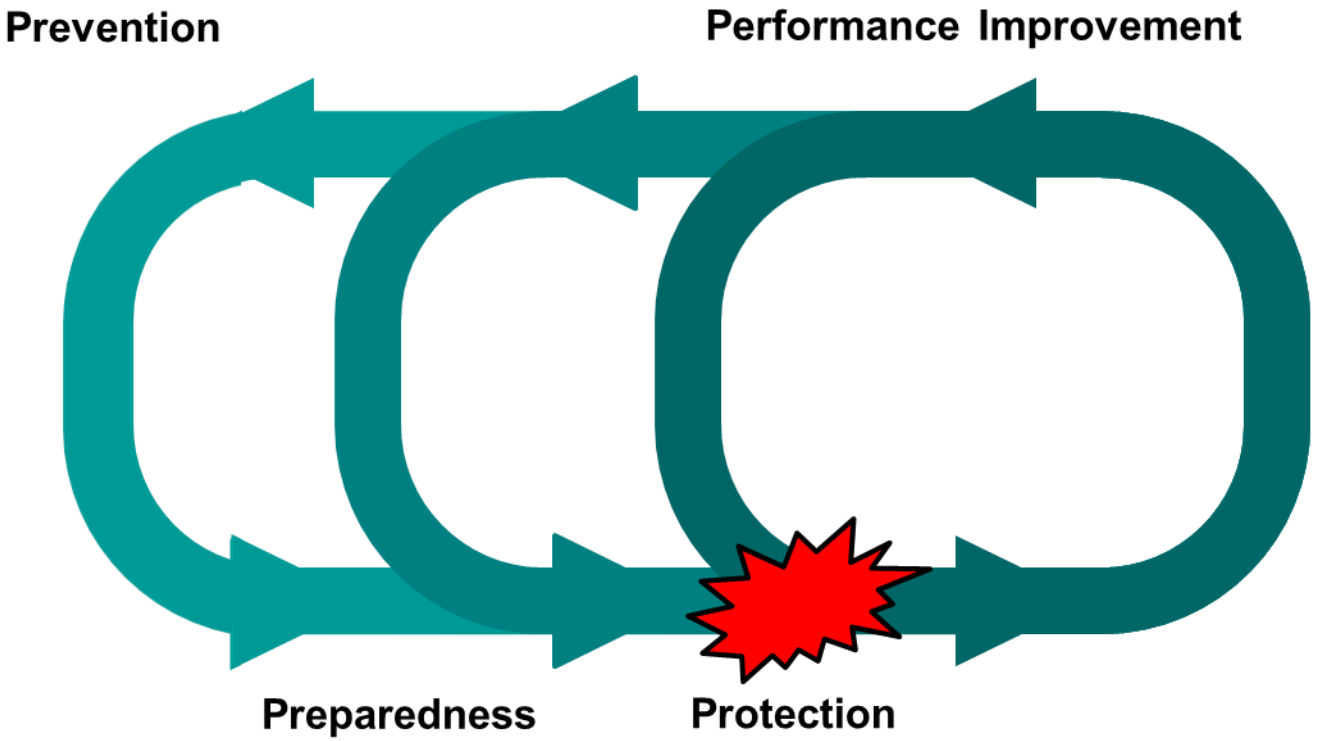



Prevention
Preparedness

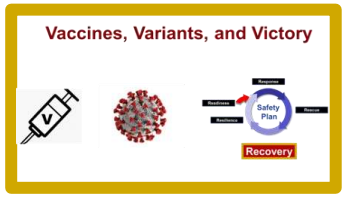

Prevention
Preparedness
Protection

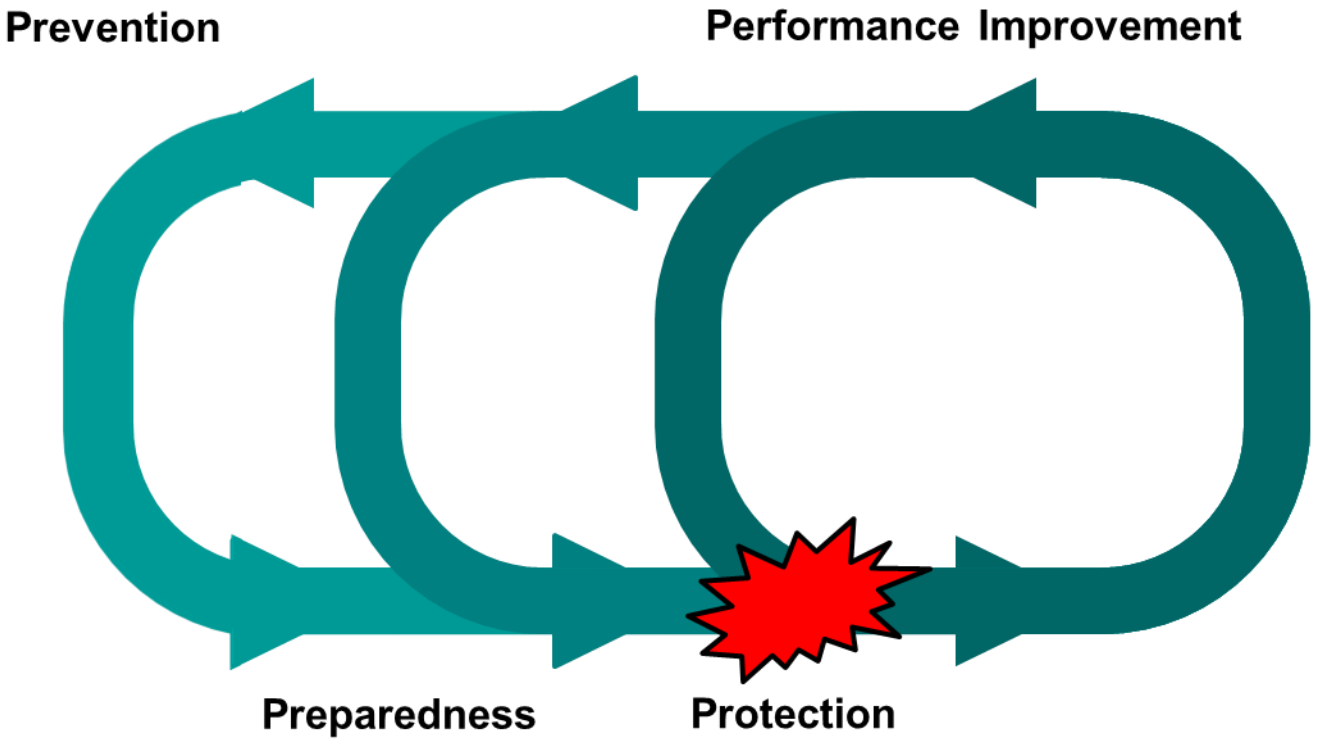

Prevention
Performance Improvement
Preparedness
Protection

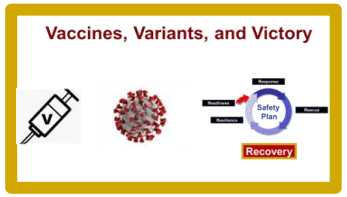

Vaccines, Variants, and Victory
Safety Plan
Recovery


Prevention
Performance Improvement
Preparedness
Protection

Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement





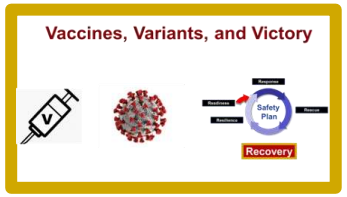

Vaccines, Variants, and Victory
Safety Plan
Recovery

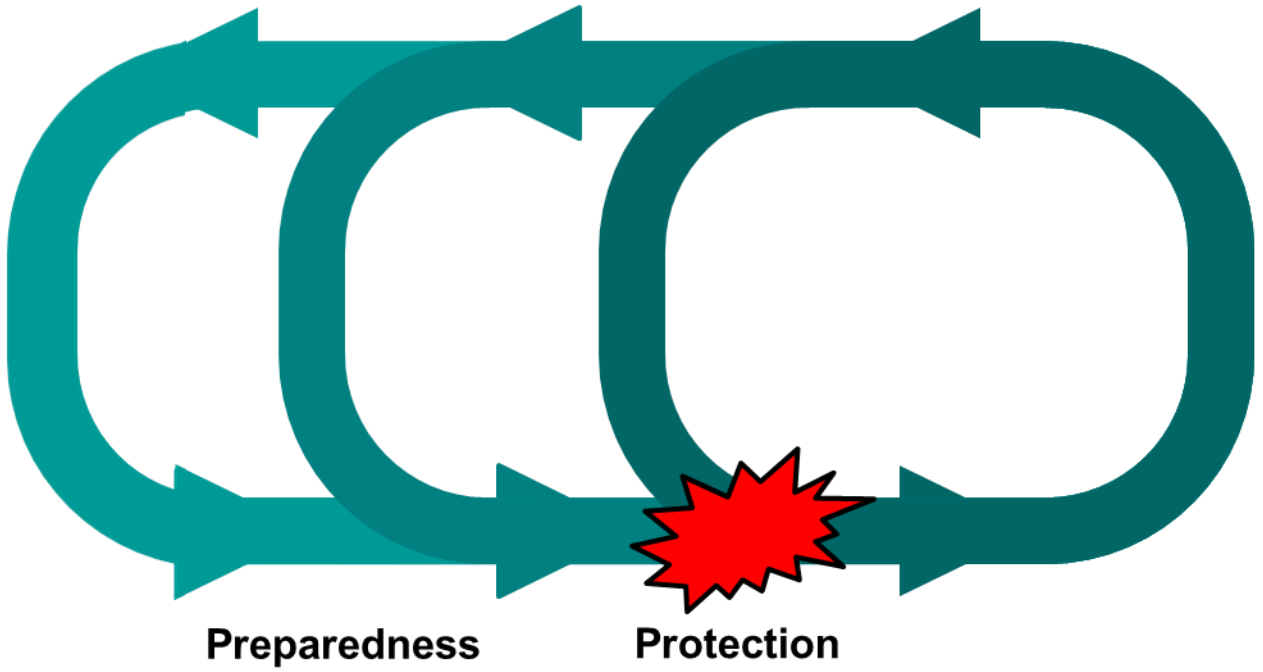

Survive & Thrive Guide Series: Coming Home Safely
Hot Zone
Warm Zone
Safe Zone

Prevention

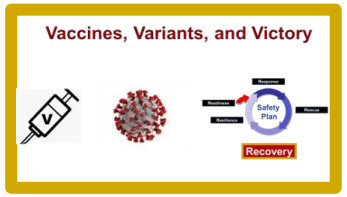

Keeping Our Kids Safe
LEAD
Family Safety

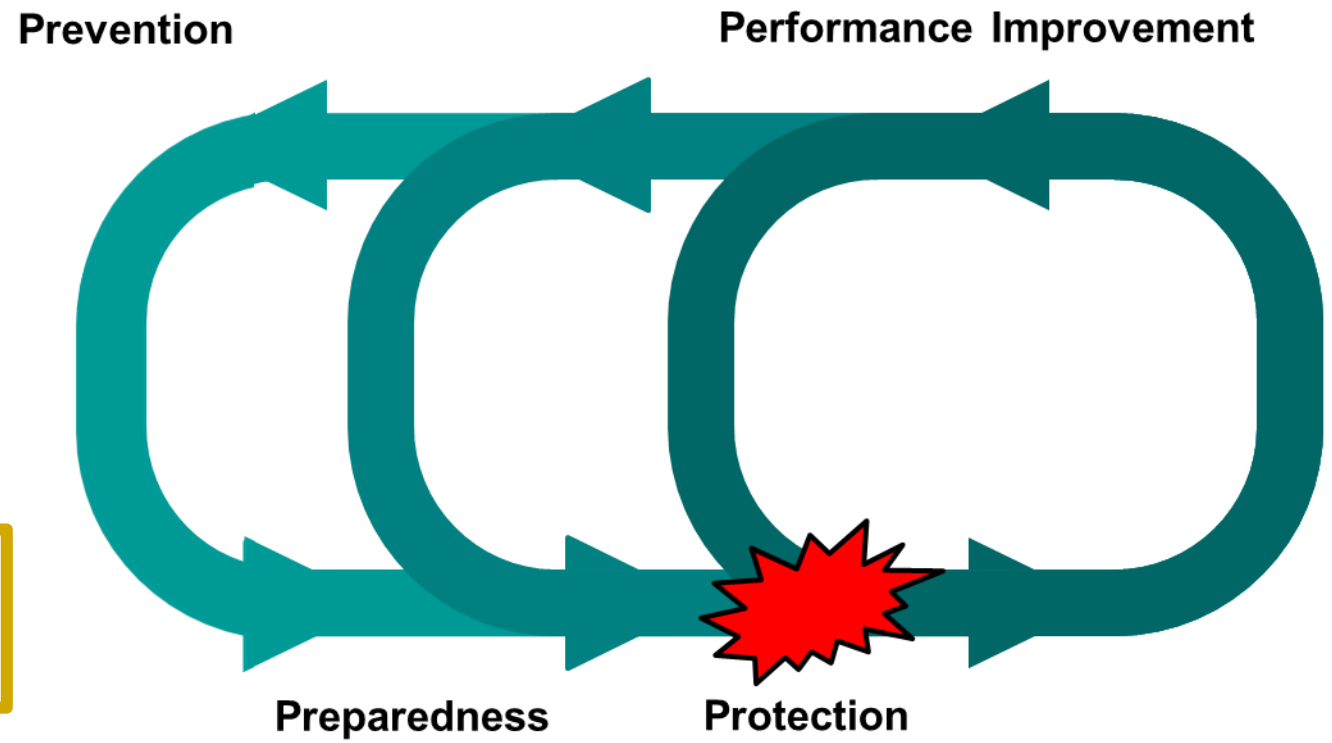
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement



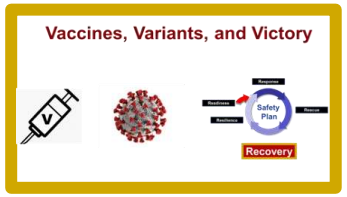


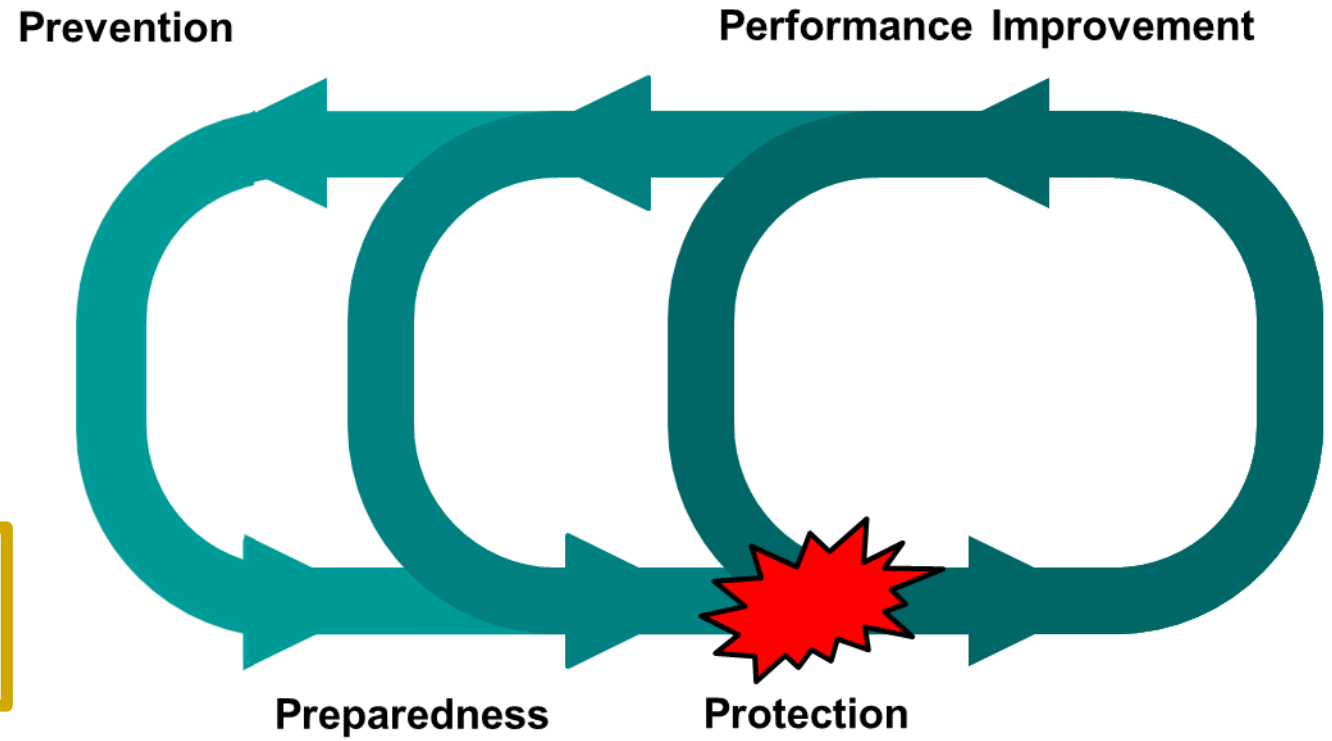
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement



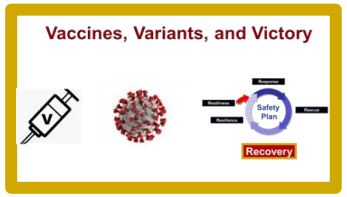


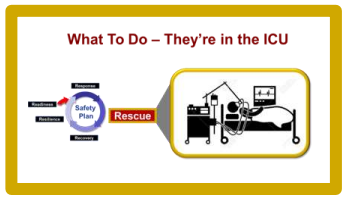
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement



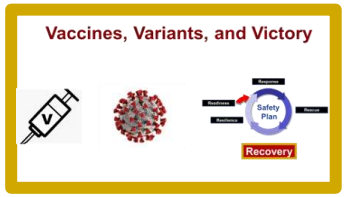


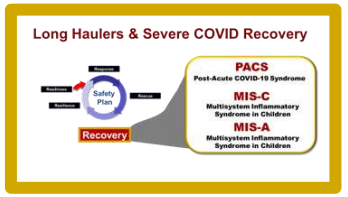
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement



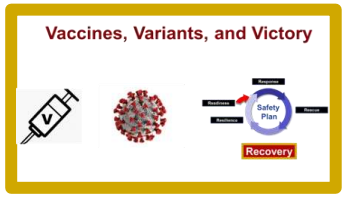


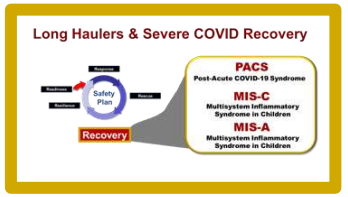
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement

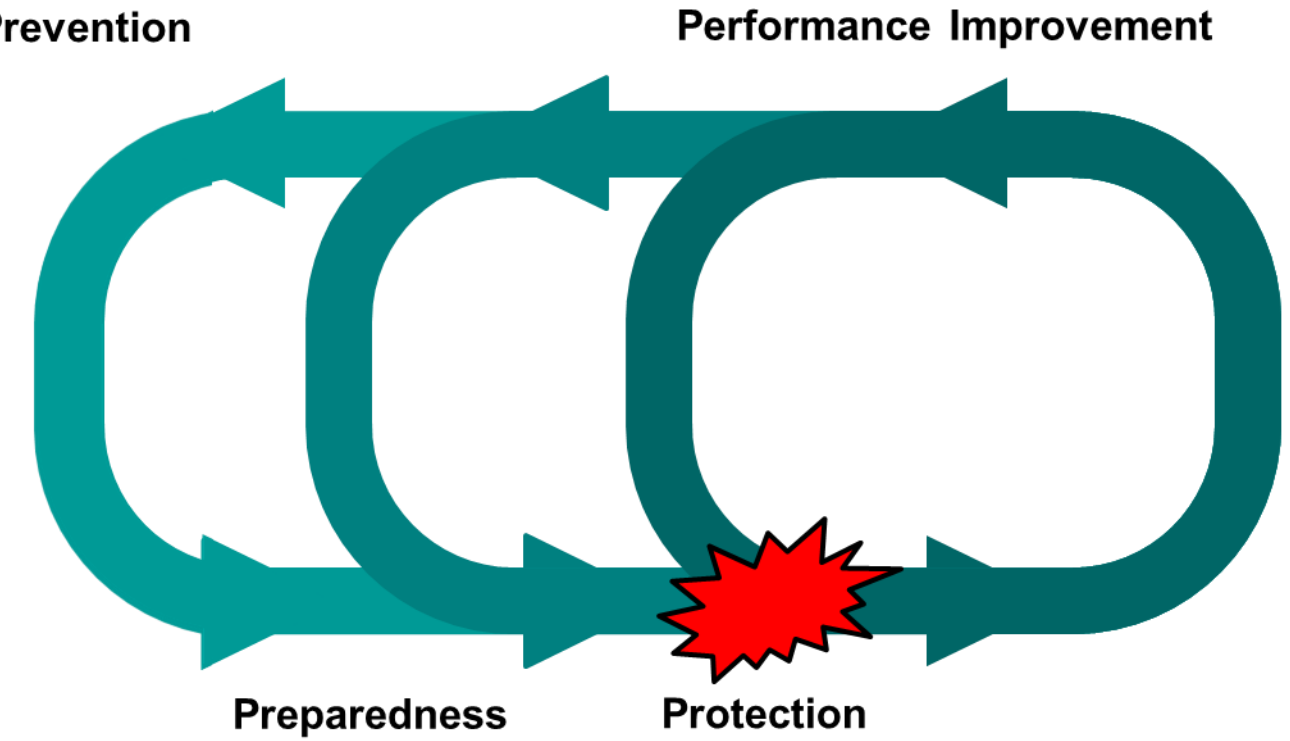




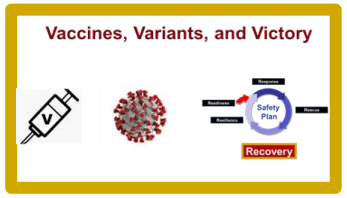
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement

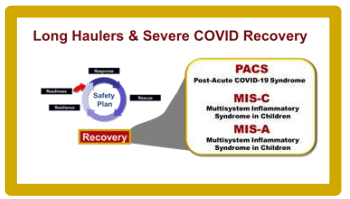




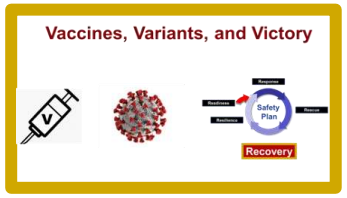


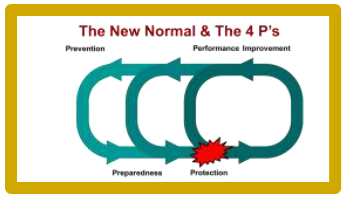
Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement

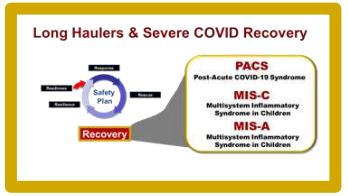


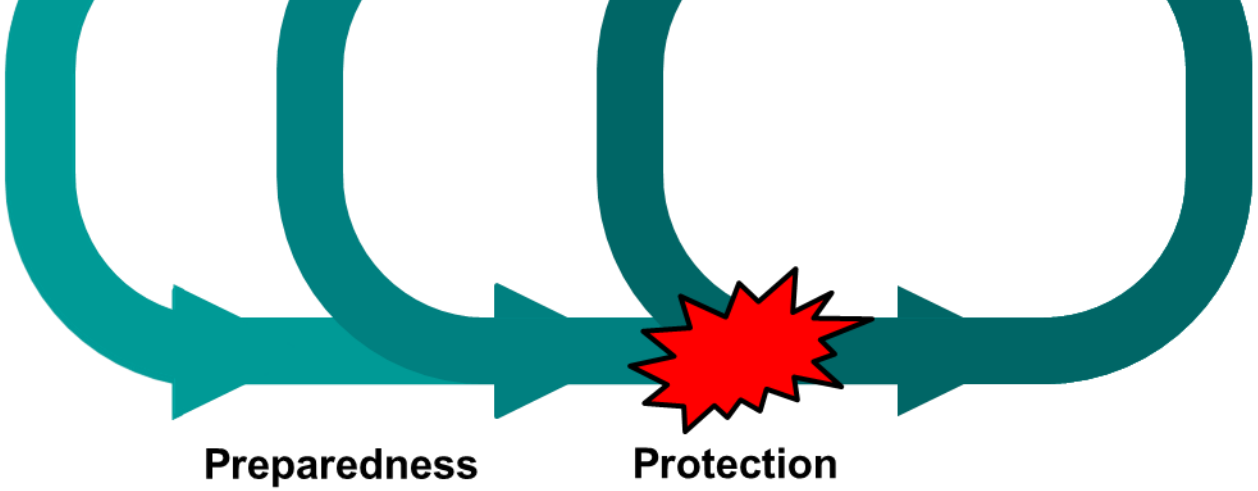


Survive & Thrive Guides: Prevention, Preparedness, Protection, and Performance Improvement





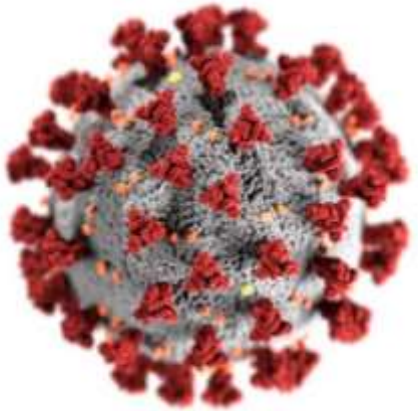




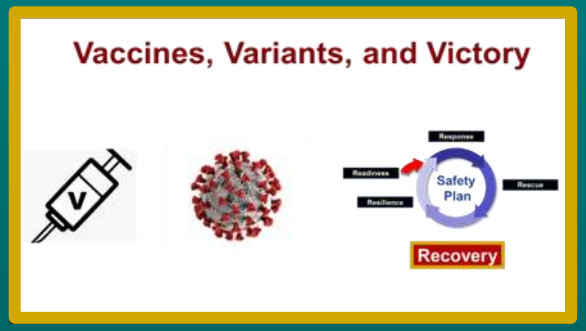
10 Best Practices for Reopening
A Survive & Thrive Guide ™

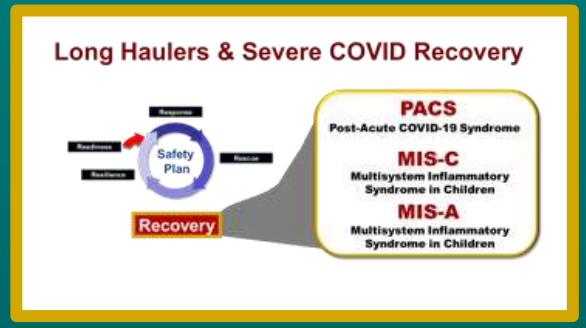
Gregory H. Botz, MD, FCCM

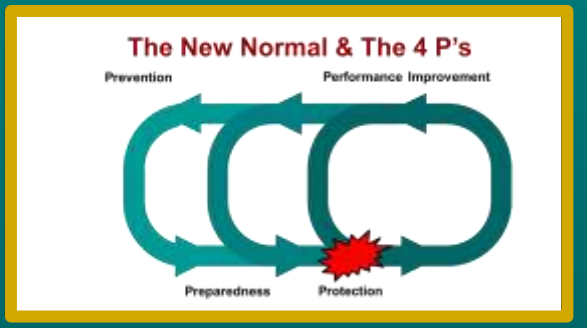
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



Survive &Thrive Guide™ Program Road Map



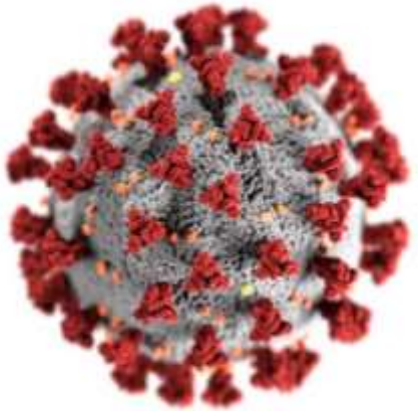




10 Best Practices for Reopening
A Survive & Thrive Guide ™

William Adcox, MBA

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



Speakers & Reactors

Dr. Gregory Botz

Heather Foster RN

William Adcox

David Beshk

Jennifer Dingman

Jaime Yrastorza

Paul Bhatia EMT

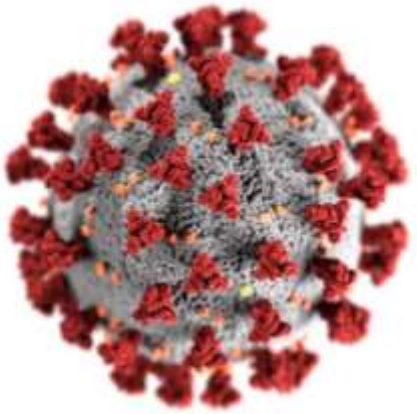
Charlie Denham III

Dr. Charles Denham

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



Fight the Good Fight

Finish the Race

Keep the Faith

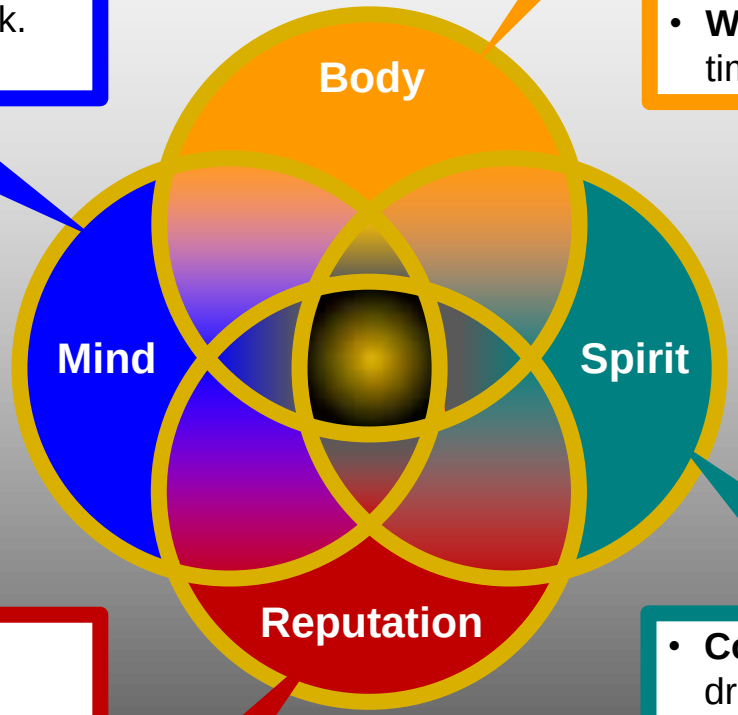
Additional Resources and Slides from Videos

Mind

- **Burn Out:** Prior to Coronavirus Crisis, burnout was at crisis proportions as are opioid ODs.
- **Mental Health:** Depression and Suicide are growing due to the additional stress.
- **Medical Accidents:** Patient Safety is at risk. The second victims are the caregivers.

Body

- **Staff COVID-19 Infections:** Deaths, illness, and long-haulers.
- **Family COVID-19 Infections:** Family transmission chains external & internal.
- **Workplace Violence:** Pre-coronavirus 4-5 times all other industries put together.



Reputation

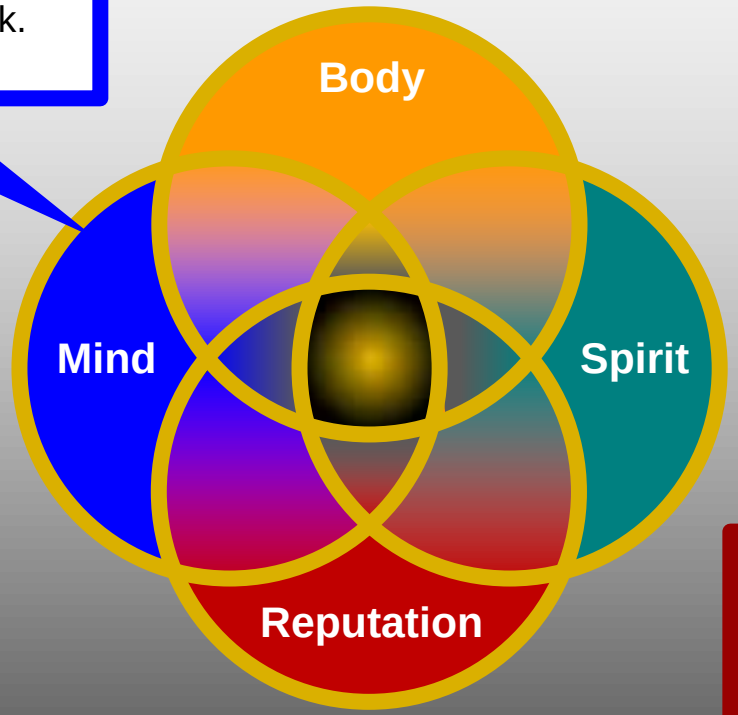
- **Weaponizing Internet to Cause Harm:** External damage to create the “bad apple”.
- **Staff Harm by Weaponizing HR:** Internal actions to damage caregivers to for org.
- **Patient & Family Harm by Med-Mal:** Opposition research to damage plaintiff negotiations for settlements & gag orders.

Spirit

- **Core Values:** Leaders drive values, values drive behaviors, behaviors drive performance. The collective behaviors of an org = culture.
- **Beliefs:** Trust in leaders and faith in the leaders and that they will take care of the care team.
- **Doubts:** Fear of leaders and despair with lack of support to frontline caregivers.

Mind

- **Burn Out:** Prior to Coronavirus Crisis, burnout was at crisis proportions as are opioid ODs.
- **Mental Health:** Depression and Suicide are growing due to the additional stress.
- **Medical Accidents:** Patient Safety is at risk. The second victims are the caregivers.



TRUST: The 5 Rights of the Second Victim

Charles R. Denham, MD

Mayo Clinic Strategies to Reduce Burnout
Dr. Steve Swensen

Dr. Steve Swensen

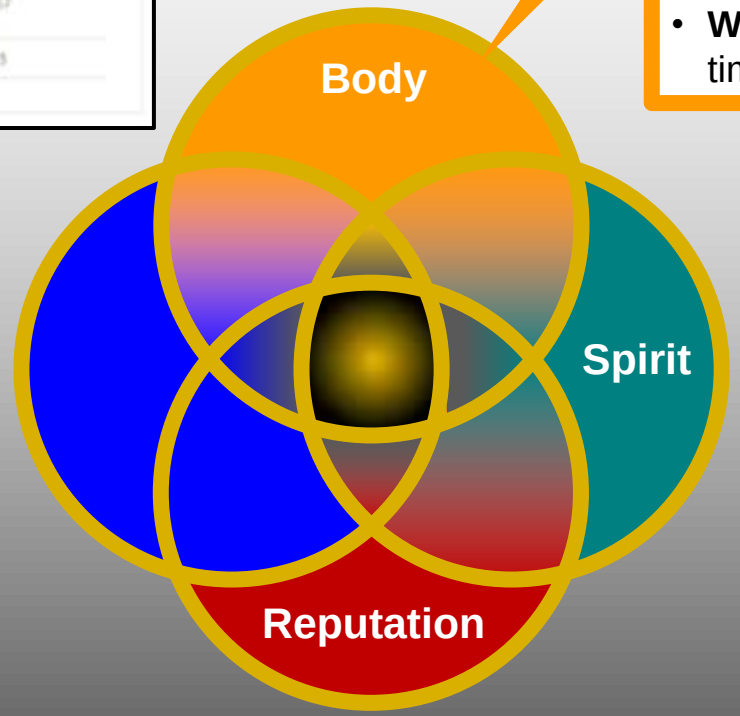
TRUST

- **T**reatment that is Just
- **R**espect
- **U**nderstanding and Compassion
- **S**upportive Care
- **T**ransparency & Opportunity to Contribute

Table 1. **Covid-19 Health Care Worker Deaths: Registered Nurses and Other Health Care Workers, as of Sept. 16, 2020**

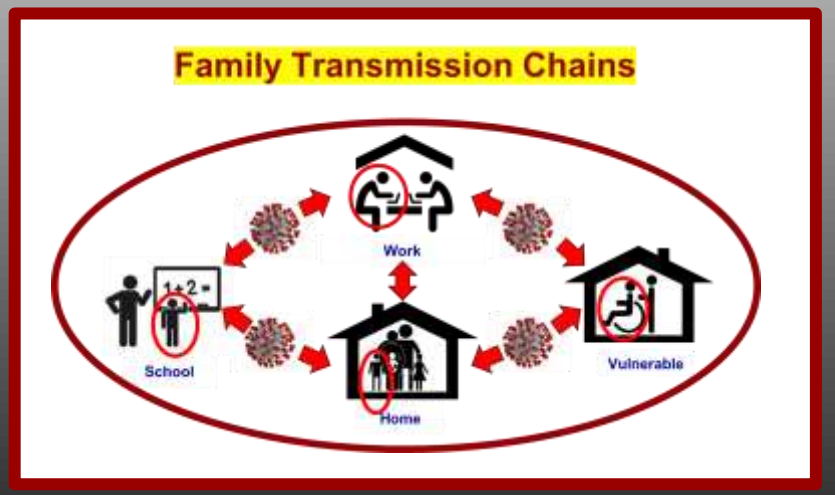
>1700 Deaths

	Registered Nurses, Deceased	Other Health Care Workers, Deceased	Total — Nurses & Other Health Care Workers, Deceased
Current Total — U.S.	213	1,505	1,718
Hospitals	143	305	448
Nursing Home, Medical Practice, EMS, and Other Settings	61	1,006	1,067
Unknown	9	194	203

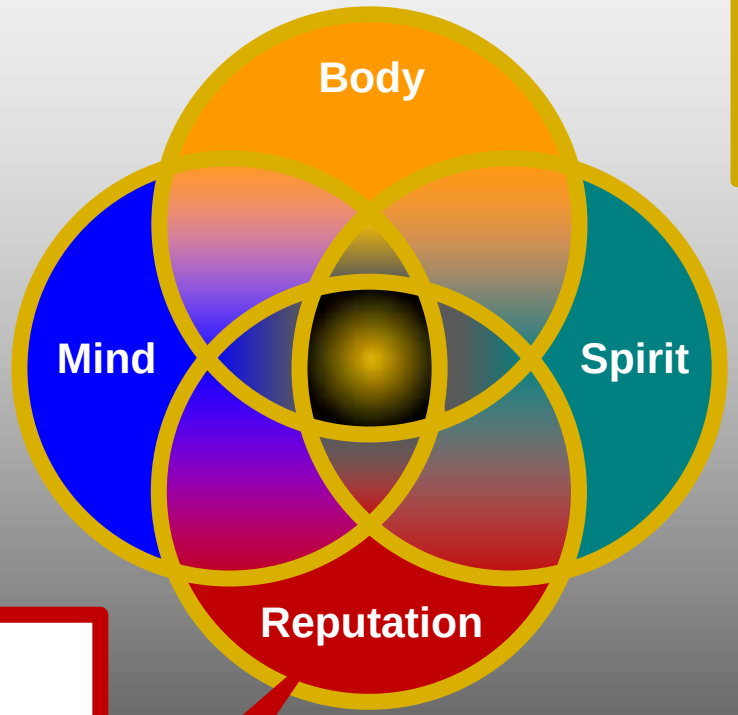


Body

- **Staff COVID-19 Infections:** Deaths, illness, and long-haulers.
- **Family COVID-19 Infections:** Family transmission chains external & internal.
- **Workplace Violence:** Pre-coronavirus 4-5 times all other industries put together.



HR Records Released to Press Nurse Commits Suicide



Reputation

- **Weaponizing Internet to Cause Harm:** External damage to create the “bad apple”.
- **Staff Harm by Weaponizing HR:** Internal actions to damage caregivers to for org.
- **Patient & Family Harm by Med-Mal:** Opposition research to damage plaintiff negotiations for settlements & gag orders.

Harm to Plaintiff Families in Med Malpractice Negotiations