

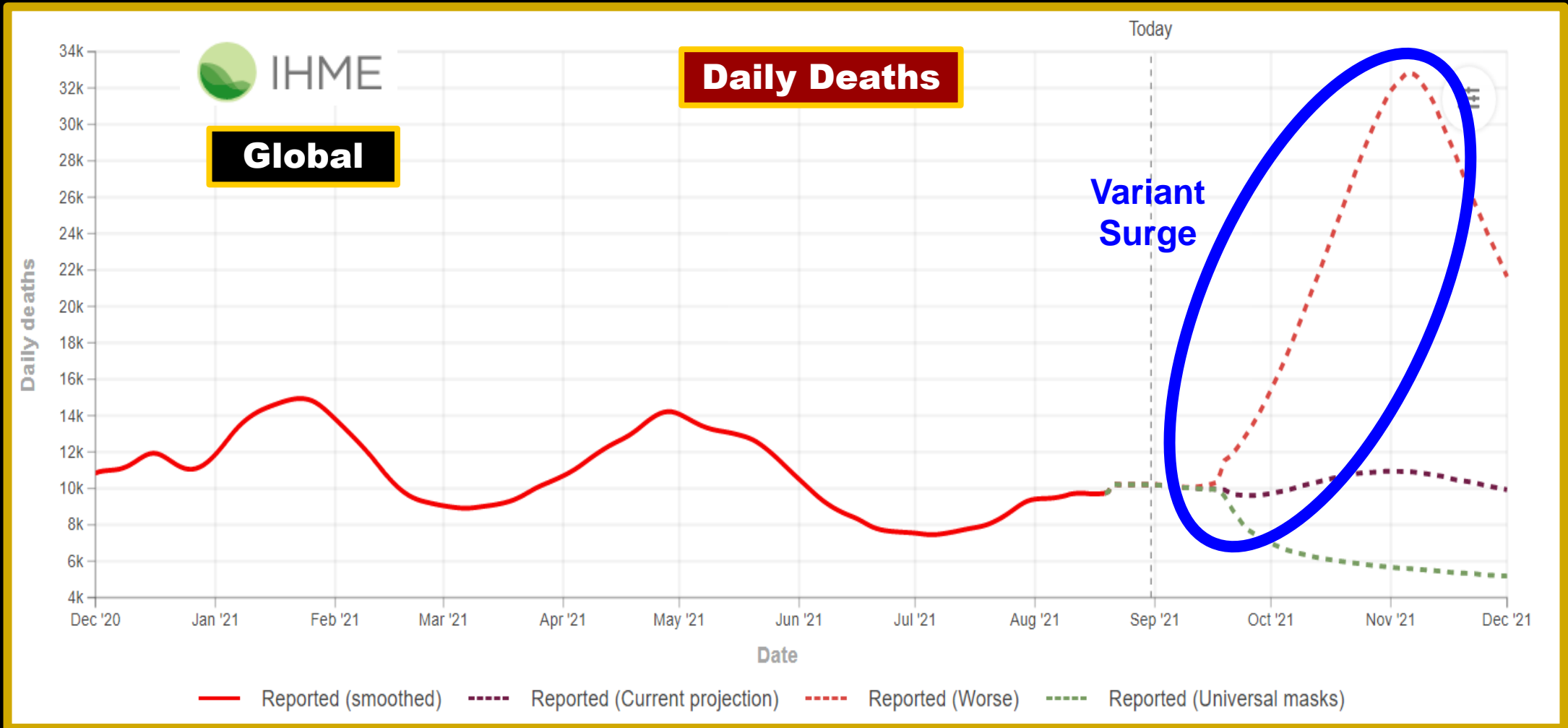
The Essential Worker Toolbox

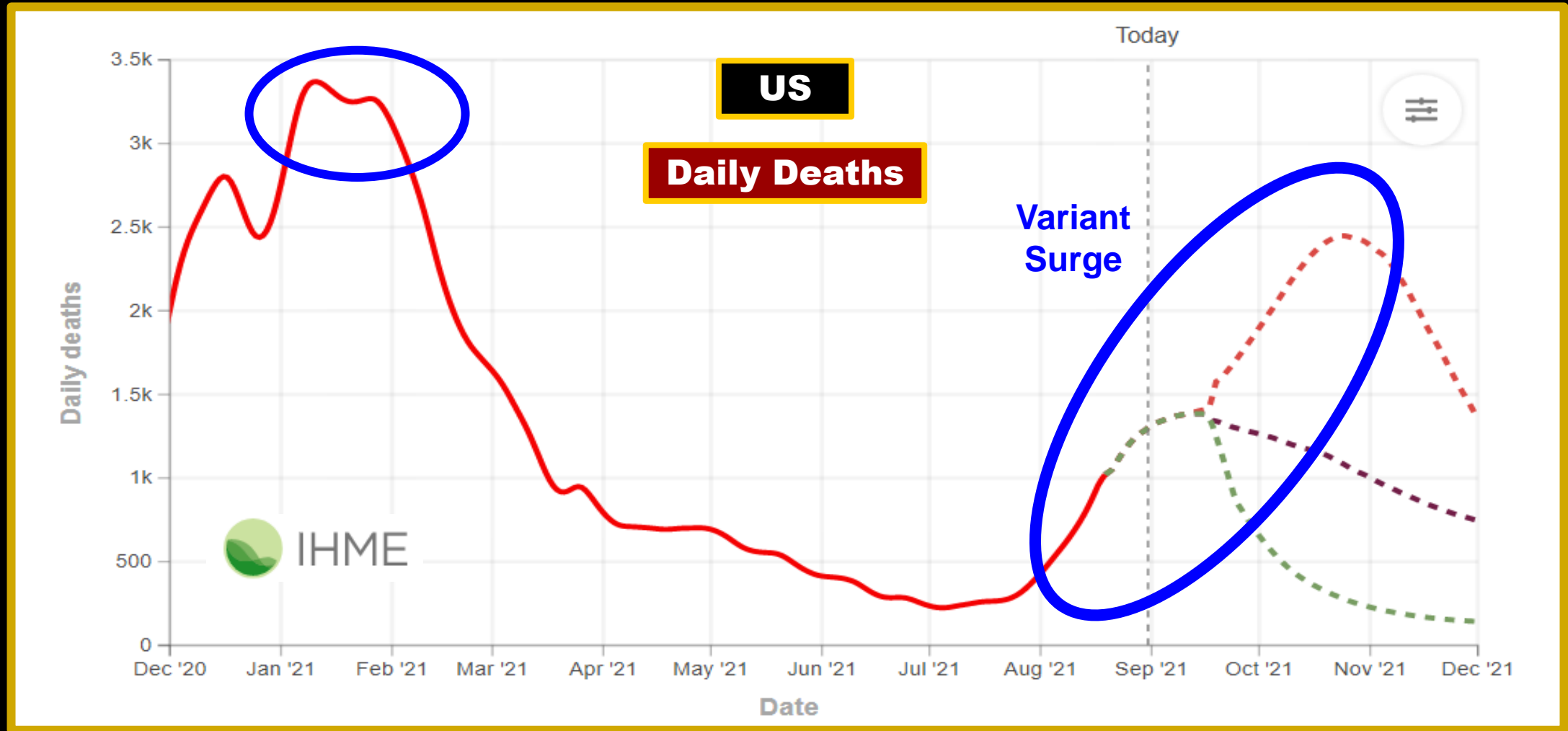


Essential Worker Toolbox:

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







An Infection Every Second... A Death Every 2 Minutes



A 13-year-old Missouri boy's on quarantine and last day of school was in late October. He died from Covid-19 days later



A 20-year-old dies on quarantine in her dorm room of pulmonary embolism. Test result "never delivered due to clerical error".

Who is Your CHSO & Family CFO?

**PUBLIC HEALTH
OFFICERS**



**THE CHIEF HEALTH
SECURITY OFFICER**



**THE CFO
CHIEF FAMILY OFFICER**



THEY HAVE TO TAKE CHARGE NOW!

Source: C Denham

Family Safety Plan




Readiness

Response 

Rescue 

Recovery 

Resilience 

Family Member 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

Every family or living unit needs to have a plan for each of these scenarios. They will drive the elements of your plan.

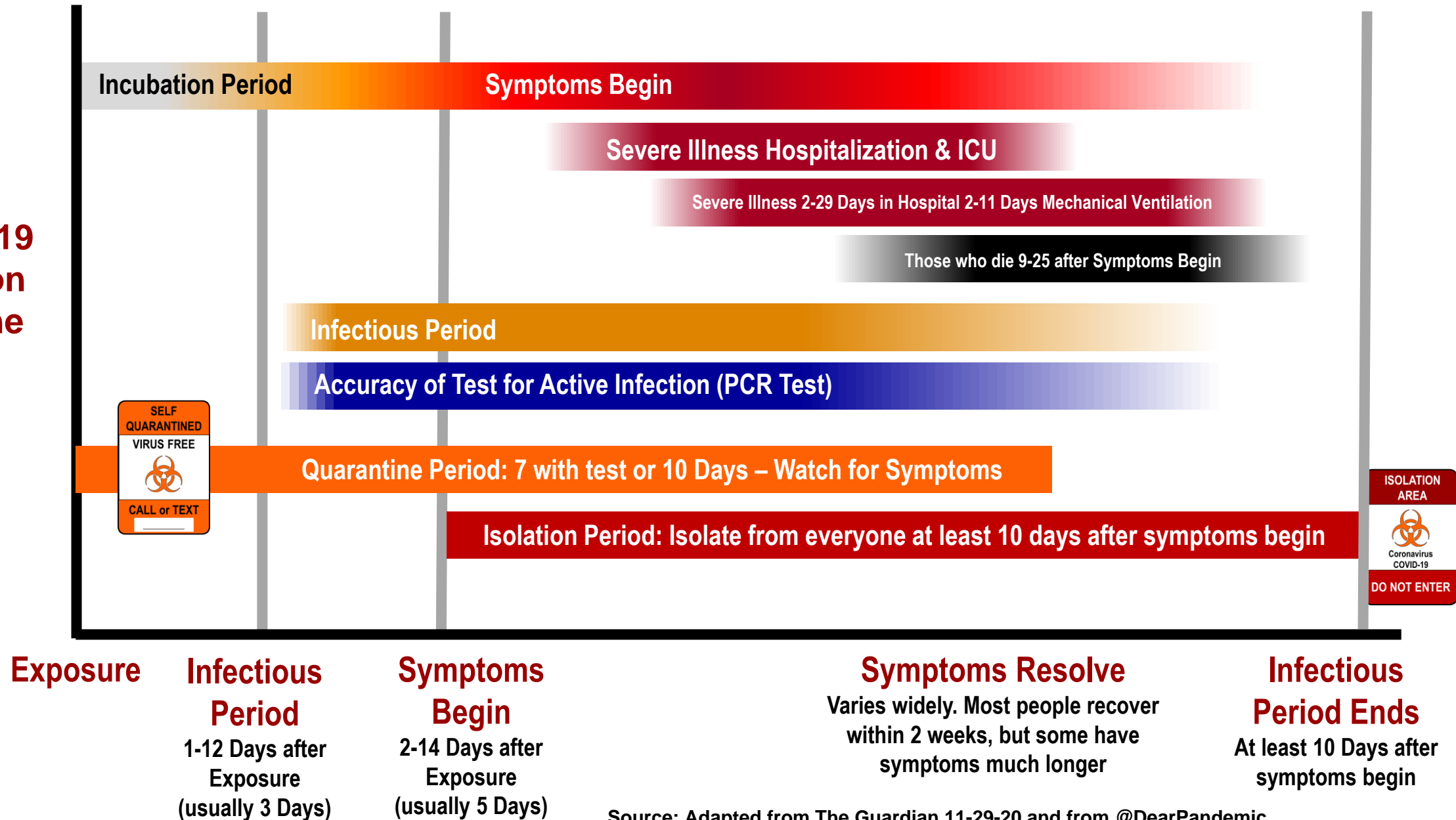
Infected & Symptomatic –
Have Symptoms

Infected & Severely
Symptomatic – Need Help

Infected & Requiring
Hospitalization

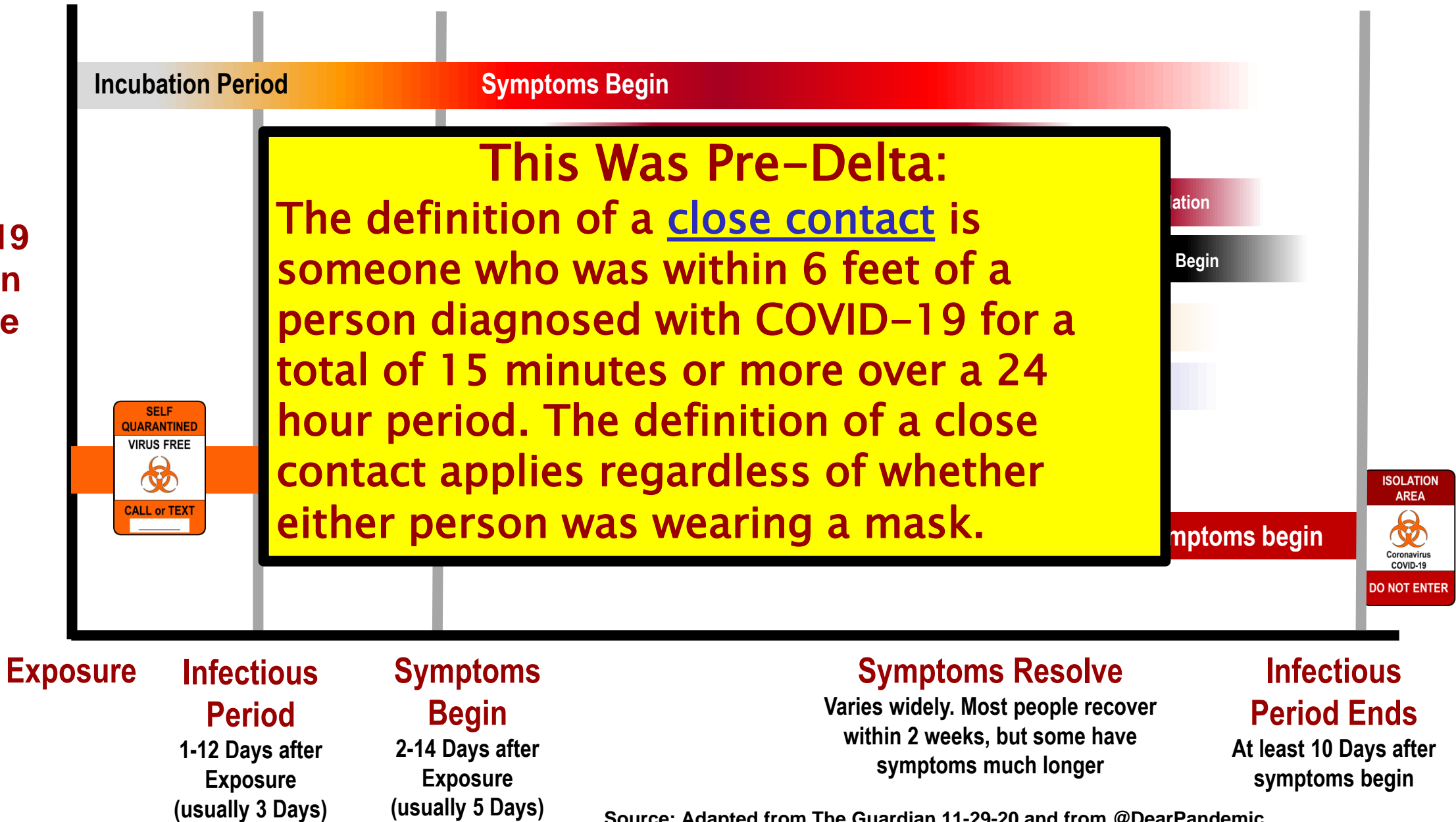
Infected & Require ICU
Life Support
Respirator & ECMO

COVID-19 Infection Timeline



Source: Adapted from The Guardian 11-29-20 and from @DearPandemic

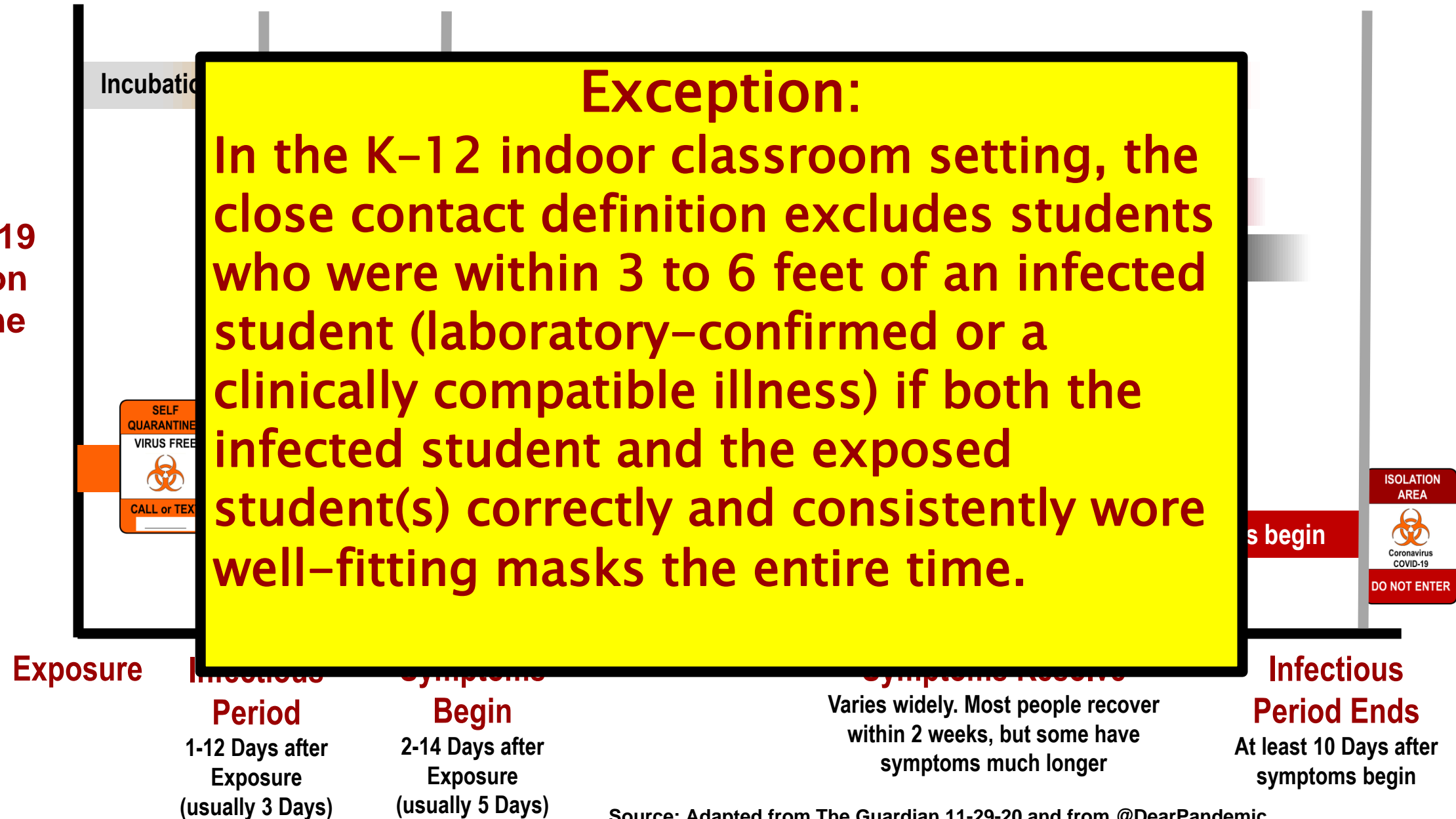
COVID-19
Infection
Timeline



Source: Adapted from The Guardian 11-29-20 and from @DearPandemic



COVID-19 Infection Timeline



CORONAVIRUS DISEASE 2019 (COVID-19)

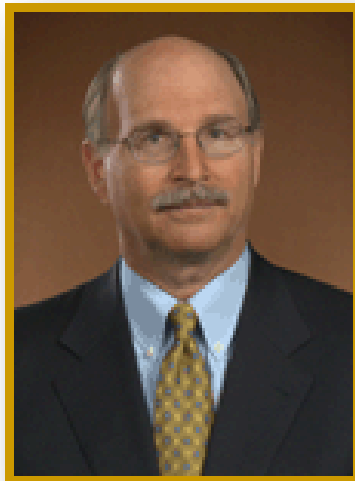
Domestic Travel RECOMMENDATIONS AND REQUIREMENTS		
	Not Vaccinated	Fully Vaccinated
Get tested 1-3 days before travel	✓	
Get tested 3-5 days after travel and self-quarantine for 7 days. Self-quarantine for 10 days if you don't get tested.	✓	
Self-monitor for symptoms	✓	✓
Wear a mask and take other precautions during travel	✓	✓



cdc.gov/coronavirus

CS323515-A 04/02/2021

Welcome




Charles Denham, MD


Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care


**Med Tac Bystander Rescue Care
August 5, 2021**

***CareUniversity* Webinar 169**



- About
- Values & Team
- Coronavirus Response
- Recorded Broadcasts
- Specialty Programs
- Student Outreach
- Research & Development
- CAREUniversity


Coronavirus Care Community of Practice


Bystander Rescue Care
CareUniversity Series

September 2, 2021






REGISTER

JOIN EVENT

The Essential Worker Toolbox: Breaking Family Transmission Chains Family Survive & Thrive Guide™

Session Overview






More than 1,000 household responses have guided our learning community. Our professional first responders and the critical essential workers who keep the light, water, food, money, and education flowing in our communities are experiencing an unprecedented infection rate in their families with the current surge. Join us and learn about tools employees can use. What if a roommate or family member:

- Is exposed or infected?
- Needs to go the ED?
- Needs care at home?
- Is admitted to the ICU?
- Needs to recover at home?
- Gets Long Haul COVID disease?

Answer the following questions:

- Masks – do I upgrade or not?
- Vaccines – do I need a booster?
- If I have been infected, do I need a vaccine?
- What is a Family CFO – the Chief Family Officer

We will provide a thorough update on how to keep your family and business safe through future surges.

Go to <https://www.medtacglobal.org/coronavirus-response/> for short videos covering the critical topics. Join as we focus on family Readiness, Response, Rescue, Recovery, and Resilience.

We offer these online webinars at no cost to our participants.

Webinar Video, and Downloads

Webinar Video:

The webinar video will be available within five (5) business days after the webinar.


Speaker Slide Set:

The combined speakers' slide set will be available before the webinar begins.

Date, Time, Dial-in Information, & Objectives

September 2, 2021

- 01:00 PM to 2:30 PM Eastern Time
- 12:00 PM to 1:30 PM Central Time
- 11:00 AM to 12:30 PM Mountain Time
- 10:00 AM to 1:30 AM Pacific Time


Dial-in Info: Audio will be provided through your computer (VoIP) at no cost to you. If VoIP is not an option on your computer, or if you choose to join by phone only, you can use either of the following numbers to dial-in: 1-669-900-6833 OR 1-646-876-9923 Webinar ID: 810 2486 6811. If you use this dial-in number, you will be charged by your local phone company or long-distance provider for the call.


Learning Objectives:

- **Awareness:** Participants become aware of the best practices and science related to vaccines, variants, and safe behaviors as the nation reopens.
- **Accountability:** Participants will learn who may be accountable for actions that can be taken to help family members, friends, and housemates related to vaccines and reopening processes.
- **Ability:** Participants will learn about the concepts, tools, and resources that can enable them support their family and friends before and after they are vaccinated.
- **Action:** Participants will learn about the line-of-sight actions that will help them support those who will be vaccinated and safe practices on the path to the new normal.


To request a Participation Document, please [click here](#).


The CAREUniversity Team of TMIT Global, approved by the California Board of Registered Nursing, Provider Number 15996, will be issuing 1.5 contact hours for this webinar. TMIT Global is only providing nursing credit at this time.

Session Speakers and Panelists





Charles Denham, MD







Gregory H. Botz, MD







Christopher Peabody, MD







Brittany Owens, MD







Heather Foster, RN







Jennifer Dingman







Randal Styner







Paul Cross






William Adcox





David Morris, Ph.D., J.D.



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Austin, Texas

www.MedTacGlobal.org



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

- John Christian Fox MD has nothing to disclose.
- Christopher Peabody MD has nothing to disclose.
- Gregory H. Botz, MD, FCCM, has nothing to disclose.
- William Adcox has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Paul Cross has nothing to disclose.
- Randy Styner has nothing to disclose.
- Heather Foster has nothing to disclose.
- David Beshk has nothing to disclose.
- Paul Bhatia has nothing to disclose.
- David Morris 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.



Our Purpose, Mission, and Values



Our Purpose:

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

**EMERGING THREATS
COMMUNITY OF PRACTICE**

Our Mission:

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

CAREUNIVERSITY®

Our **ICARE** Values:

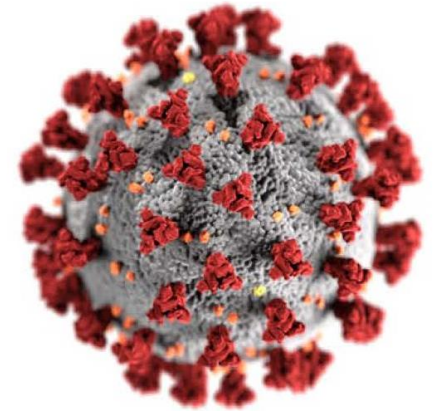
Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.

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**



Speakers & Reactors



Jennifer Dingman



William Adcox



Paul Cross



Randy Styner



Dr. Gregory Botz



Heather Foster RN



Charlie Denham III



Dr. C Peabody



David Morris



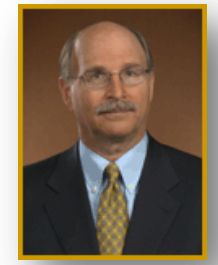
Jaime Yrastorza



Paul Bhatia EMT



David Beshk



Dr. C Denham

**Educators
Declared
Essential Critical
Infrastructure
Workers**



High Impact Care Hazards to Patients, Students, and Employees



AboutValues & TeamCoronavirus ResponseRecorded BroadcastsSpecialty ProgramsR&D Surveys & InnovationsCARE UNIVERSITY

Med Tac Bystander Rescue Care

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

Video Library

Med Tac Story

Med Tac Leadership Team

Adopt a Cove Program

5 Rights of Emergency Care

College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opioid Overdose Briefing



The Battle Against Failure to Rescue

The Med Tac Program was developed by a team originally focused on active shooter events. When they found that there at least 8 leading causes of preventable death including severe bleeding and that there was no integrated program to teach the public what they can do to save lives and prevent "failure to rescue" before EMS arrives, Med Tac was born. In many cases bystander rescue care can triple survival if the public knows what to do. The program was funded through 2019 by philanthropy through TMIT Global, a 501(c)(3) medical research organization that leads a global patient safety community of practice found at www.SafetyLeaders.org. With the development of the Coronavirus crisis, our rapid response team has prioritized Infection Care as one of our major focus areas. As of January 1st, 2020 the team has published four articles and has developed pilot programs in five states. [Click here](#) to download a PDF of the four articles.



Cardiac Arrest

Choking & Drowning

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.

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Austin, Texas

<https://www.medtacglobal.org/>

Cardiac Arrest

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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

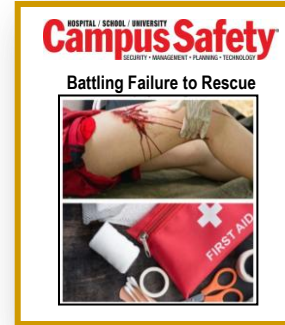
Transportation Accidents

Bullying

Active Shooter
Healthcare Article



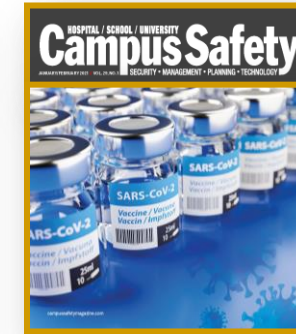
Rapid Response
Teams Article



AED & Bleeding
Control Gear Article

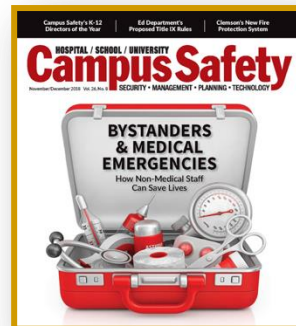


Family Safety
Plan Article



Support
today's
webinar

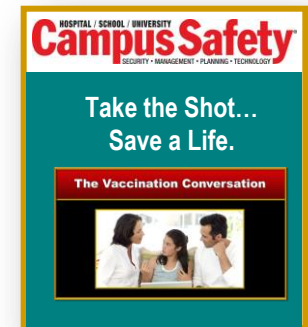
Med Tac
Story Article



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

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

Take the Shot...
Save a Life



MED TAC About Values & Team Coronavirus Recorded Broadcasts Specialty Programs Student Outreach Research & Development CaseUniversity

Short Videos Survive and Thrive Guide™ Courses Resources Certificate Course Caregiver/CME/CEU Courses Care at Home Course

This webpage and videos have been produced for essential infrastructure workers and general public families. We have drawn on our network of 500 subject matter experts and a patient safety community of practice of 3,100 hospitals in 3,000 communities to tackle the Coronavirus Crisis.

Protecting You & Your Family

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

We have organized important information into Short Video Topics and longer Survive & Thrive Guide™ Courses below.

Short Video Topics

Masks: Filter, Fit, and Finish

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

Why ICU, Respirators, and ECMO

Family Lifeguard Program

Vaccination Conversation

Survive and Thrive Guide™ Courses

Masks: Filter, Fit, and Finish

Program Road Map

This short clip provides the highlights of the courses that have been developed for Essential Worker Families and the Public.

The following Survive and Thrive Guide™ Courses are organized in reverse chronological order to allow you to review the latest information first. They have been produced since March of 2020.

Dealing with Delta: The Critical FAQs

11 Best Practices For Reopening

10 Best Practices For Reopening

Long Haulers & Severe COVID Recovery

Vaccines, Variants, and Victory

Vaccines, Variants, and Victory

What To Do - They're in the ICU

Emergency Rescue Skills

Emergency Rescue Skills

Your 2021 Family Safety Plan

Providing Care at Home

Providing Care at Home

Safety Plan Templates for Everyone

Creating Your Family Safety Plan

Creating Your Family Safety Plan

Keeping Our Kids Safe

Understanding family threats, vulnerability, and risk are covered.

Coming Home Safely

Communication Prevention Safe Practices covered.

The table below provides resource articles that may be downloaded and links to video assets provided to help viewers understand the science behind the COVID Safe Practices.

MedTacGlobal Coronavirus Resources (View Only)

Task Name Notes

Delta Surge Issues, Risks, Benefits, and Mitigation

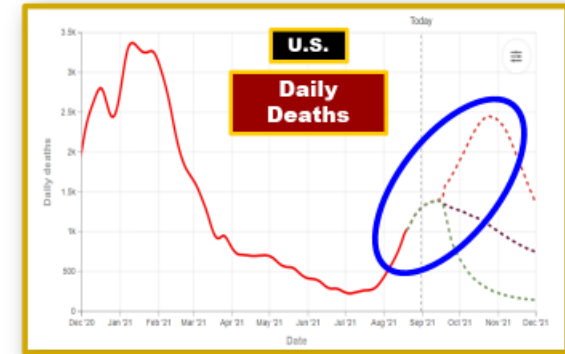
Recent Weekly Newsletter: Delta Surge - COVID-19 Surge

Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Delta and Delta variant exposure posted 08-05-21

Delta is Bad News for Kids, Adults 08-10-21

Coronavirus Care Community of Practice

September 2021 Progress Report



www.medtacglobal.org/coronavirus-response/



Coronavirus Care Results

- **Established National Community of Practice**
- **Launched Multi-center Family R&D Study – 1,000 Polled**
- **34 Ninety Minute Broadcasts and Online Programs**
- **13 *Survive & Thrive Family Training* Programs**
- **Produced a National Campus Safety Summit**
- **Published Multiple Articles Providing Guidance**
- **Established Student Led College & Alumni Programs**
- **Delivered Free Continuing Education for Caregivers**
- **Short Videos for Mobile Viewing**
- **Rapid Response to Family Gatherings**
- **National Vaccine Hesitancy Student Outreach**
- **Smart Phone Mobile Applications**

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



The following Survive and Thrive Guide™ Courses are organized in reverse chronological order to allow you to review the latest information first. They have been produced since March of 2020.



The table below provides resource articles that may be downloaded and links to video assets provided to help viewers understand the science behind the COVID Safe Practices.

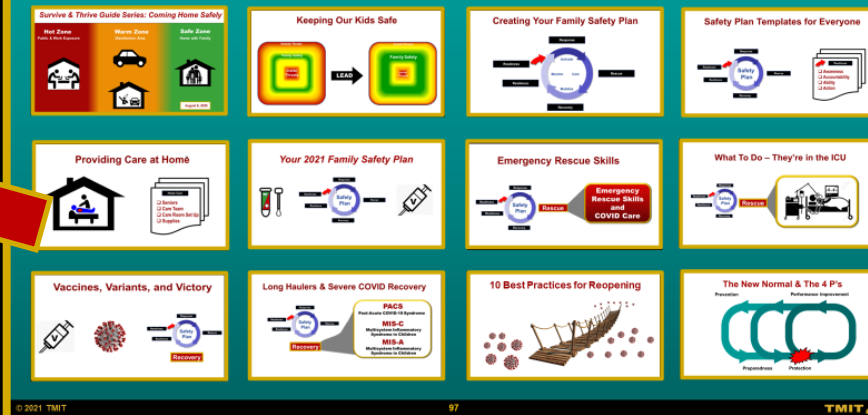


Short Video Topics



- SHORT TOPIC:**
- Short Videos 4-10 min
 - Critical Information
 - Hits Pillars of Prevention

Survive & Thrive Guide™ Program Road Map



- SURVIVE & THRIVE 90 MINUTE COURSES:**
- Longer more detailed
 - Webinar Recordings
 - Technical Information

Related Resources

Resources:



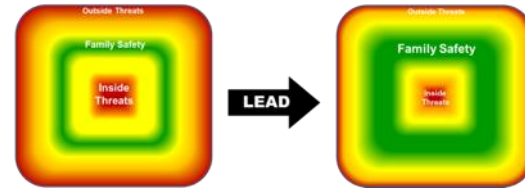
www.medtacglobal.org/coronavirus-response/

Survive & Thrive Guide™ Program Road Map

Survive & Thrive Guide Series: Coming Home Safely



Keeping Our Kids Safe



Creating Your Family Safety Plan



Safety Plan Templates for Everyone



Providing Care at Home



Your 2021 Family Safety Plan



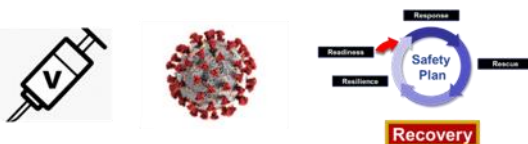
Emergency Rescue Skills



What To Do – They're in the ICU



Vaccines, Variants, and Victory



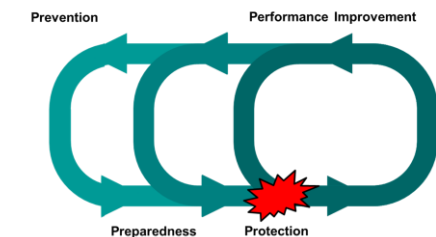
Long Haulers & Severe COVID Recovery



10 Best Practices for Reopening



The New Normal & The 4 P's



TMIT Global Research Test Bed

3,100 Hospitals in 3,000 Communities

500 Subject Matter Expert Pool Developed over 35 Years



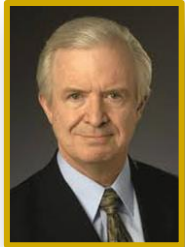
500 Subject Matter Experts

Graphic Representation to Protect Expert Privacy



Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*



John Nance JD



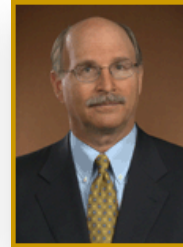
Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



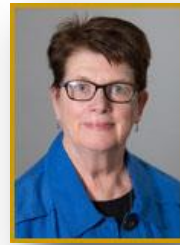
Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



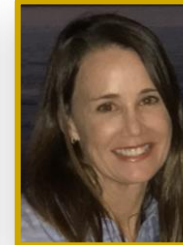
Bob Chapman



Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



Ann Rhoades



Nancy Conrad



Dr. Chopra



John Little



Debbie Medina



Coronavirus Care Community of Practice

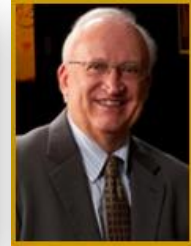
Bystander Rescue Care *CareUniversity Series*



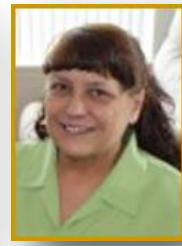
Matt Horace



John Tomlinson



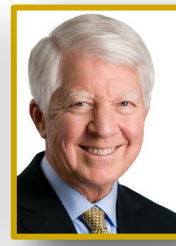
Dan Ford



Arlene Salamendra



Jennifer Dingman



Bill George



Penny George



Hilary Schmidt PhD



Paul Bhatia EMT



Dr. McDowell

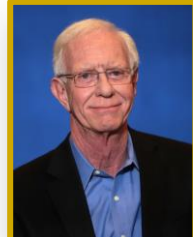
Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



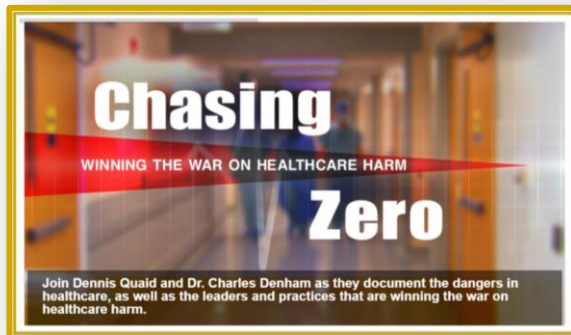
Dr. Howard Koh



Dr. Jim Bagian



Dr. Harvey Fineberg



THE UNIVERSITY OF TEXAS
MDAnderson
~~Cancer~~ Center

Family Rescue R&D



Stanford
University



UCSF
University of California
San Francisco



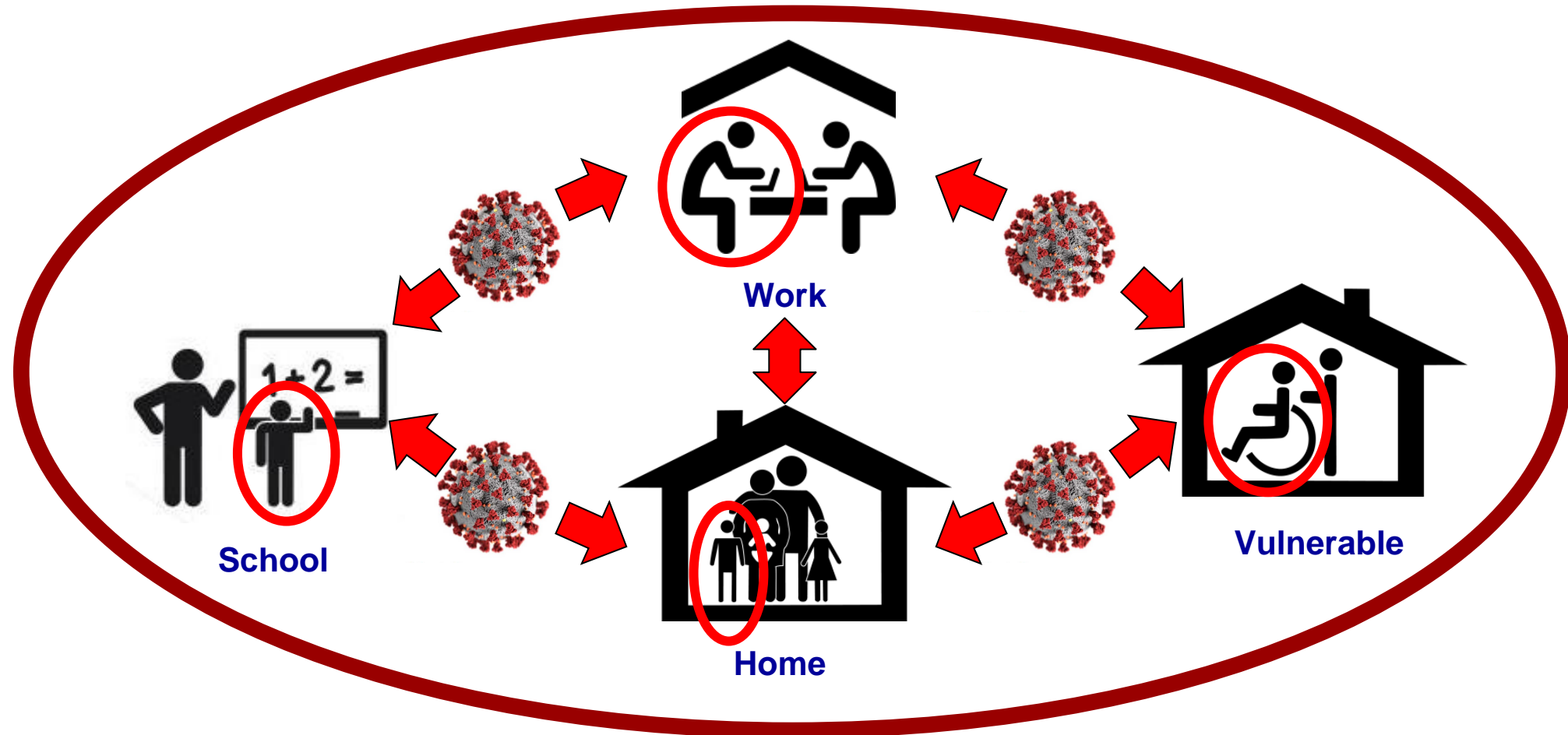
The 5 R's of Safety

UF | UNIVERSITY of
FLORIDA

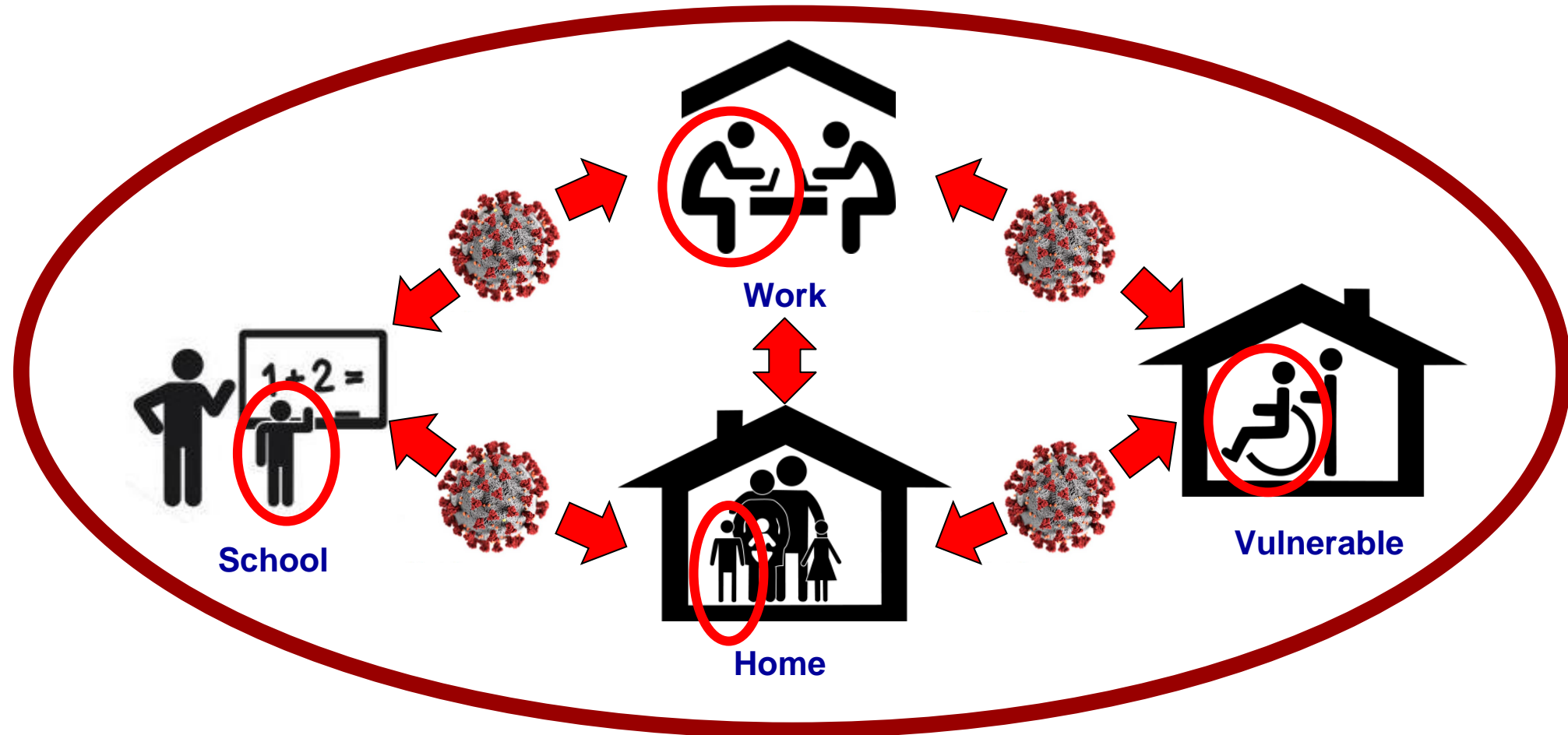
UTSouthwestern
Medical Center



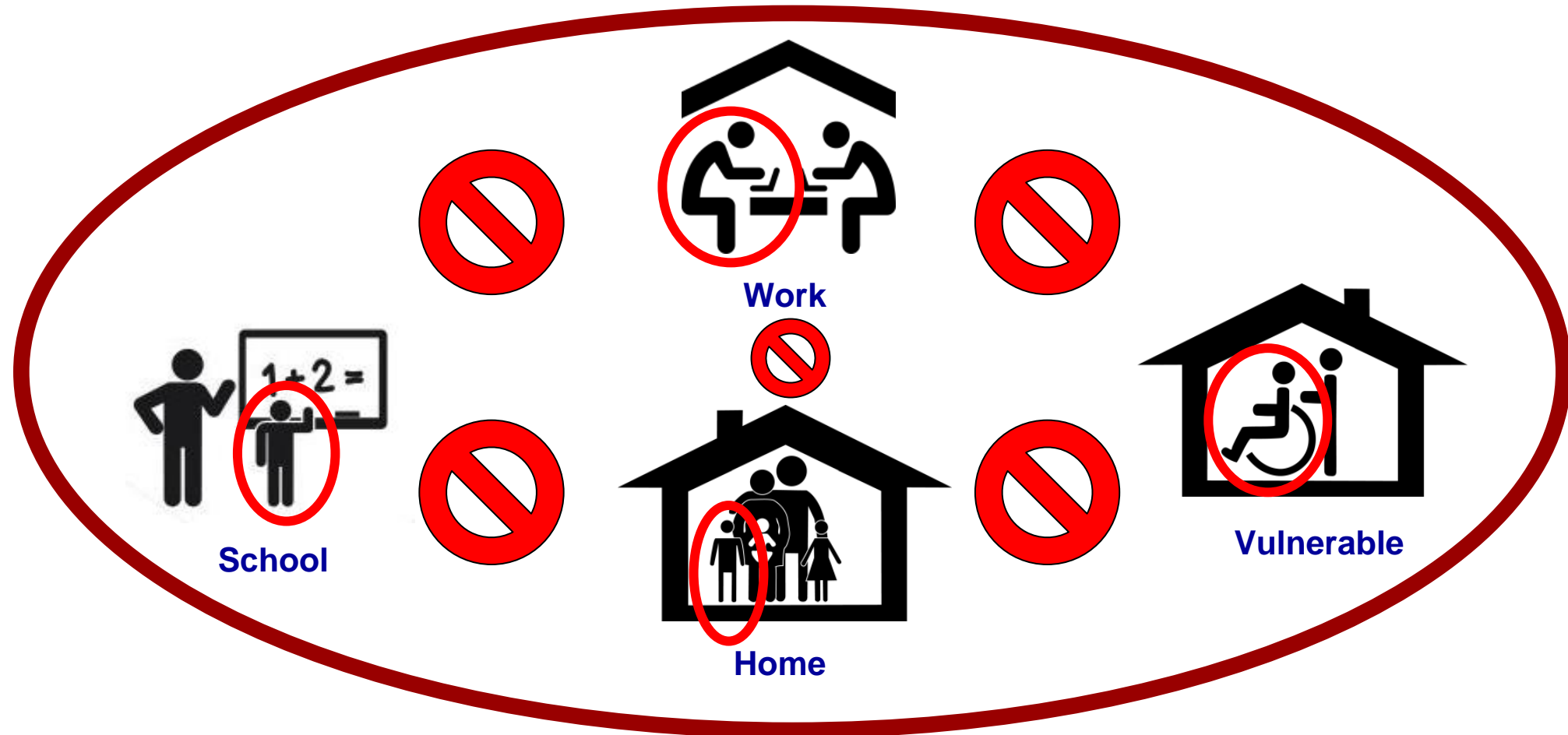
Family Transmission Chains



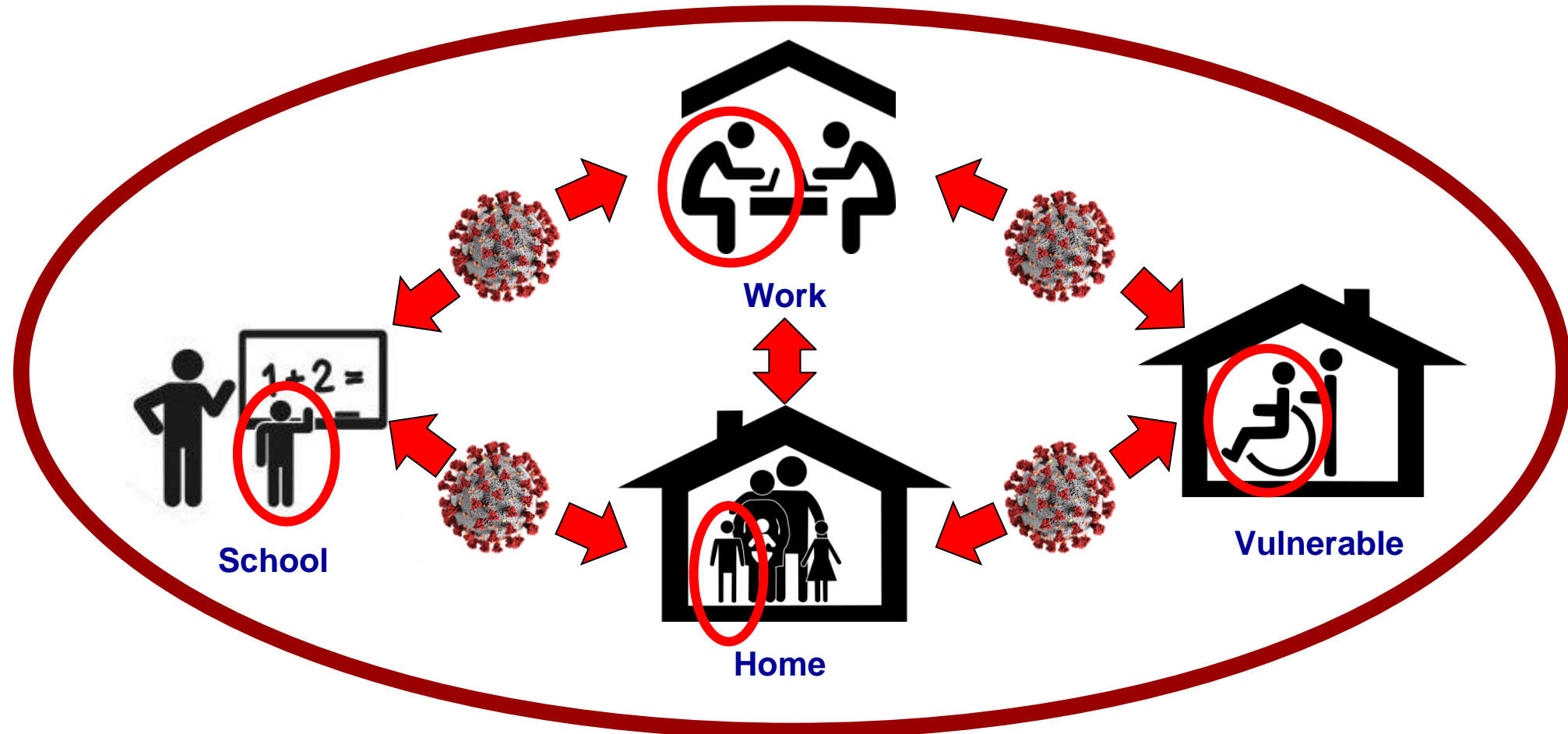
The Achilles Heel



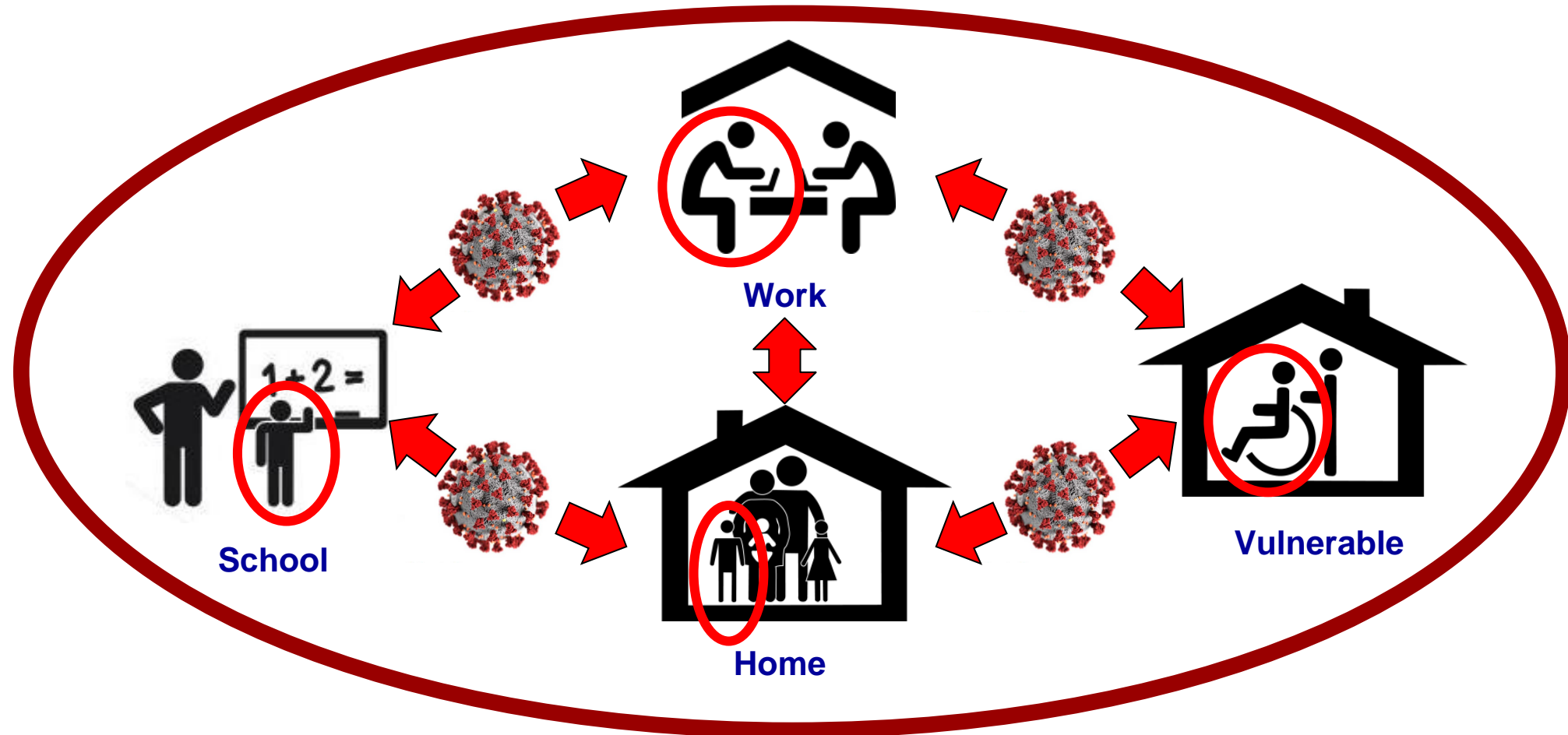
Breaking Family Transmission Chains



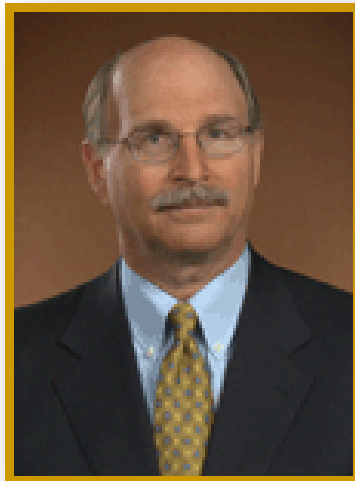
Save the Families...



Save the Families... You Save the Worker



In the News



Charles Denham, MD

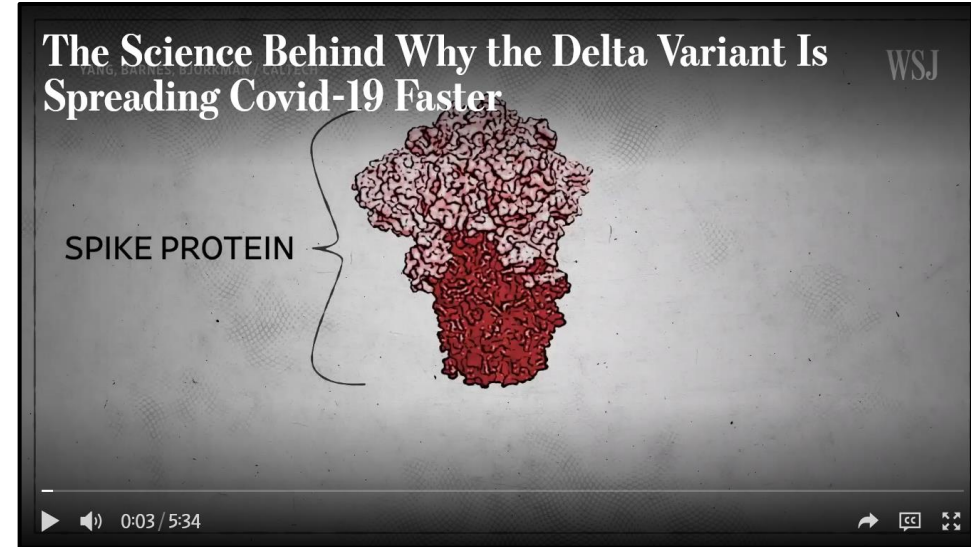
Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care
September 2, 2021**

***CareUniversity* Webinar 169**

Florida Battles Record Covid-19 Hospitalizations, as Delta Variant Surges

“This is putting 25-year-olds in the hospital, in intensive care and on ventilators,”



The Wall Street Journal video describes the reasons why the Delta virus is such a serious health concern.

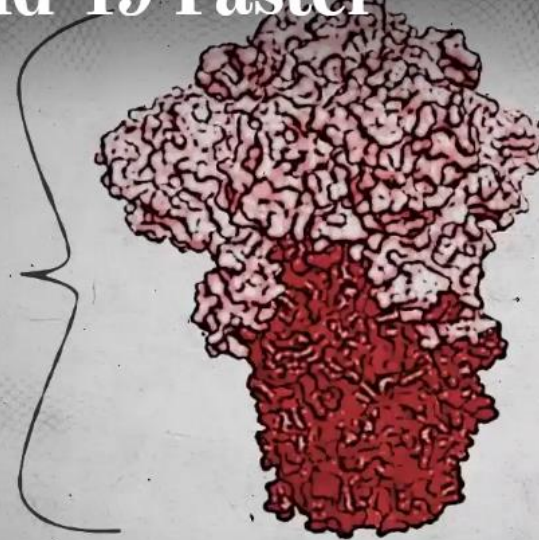
Source: www.wsj.com/articles/florida-battles-record-covid-19-hospitalizations-as-delta-variant-surges-11628027994

08-04-21

The Science Behind Why the Delta Variant Is Spreading Covid-19 Faster

WSJ


SPIKE PROTEIN









0:03 / 5:34




Source: www.wsj.com/articles/florida-battles-record-covid-19-hospitalizations-as-delta-variant-surges-11628027994

**CIDRAP** Center for Infectious Disease Research and Policy

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Episode 67: You Can't Run Out the Game Clock

Filed Under: **COVID-19**
Sep 02, 2021

Osterholm Update: COVID-19 Episode 67: You Can't Run Out the Game Clock September 2, 2021

In this episode, Dr. Osterholm and host Chris Dall discuss the state of the pandemic in the US and abroad, evolving data on vaccines and their effectiveness, and schools in the age of Delta.

Email your questions: OsterholmUpdate@umn.edu


Listen to the standalone version of Mike's interview w

Browse the podcast and CIDRAP **merchandise store**

This podcast is available on [Apple Podcasts](#), [Spotify](#) a

COVID-19 CONTENT

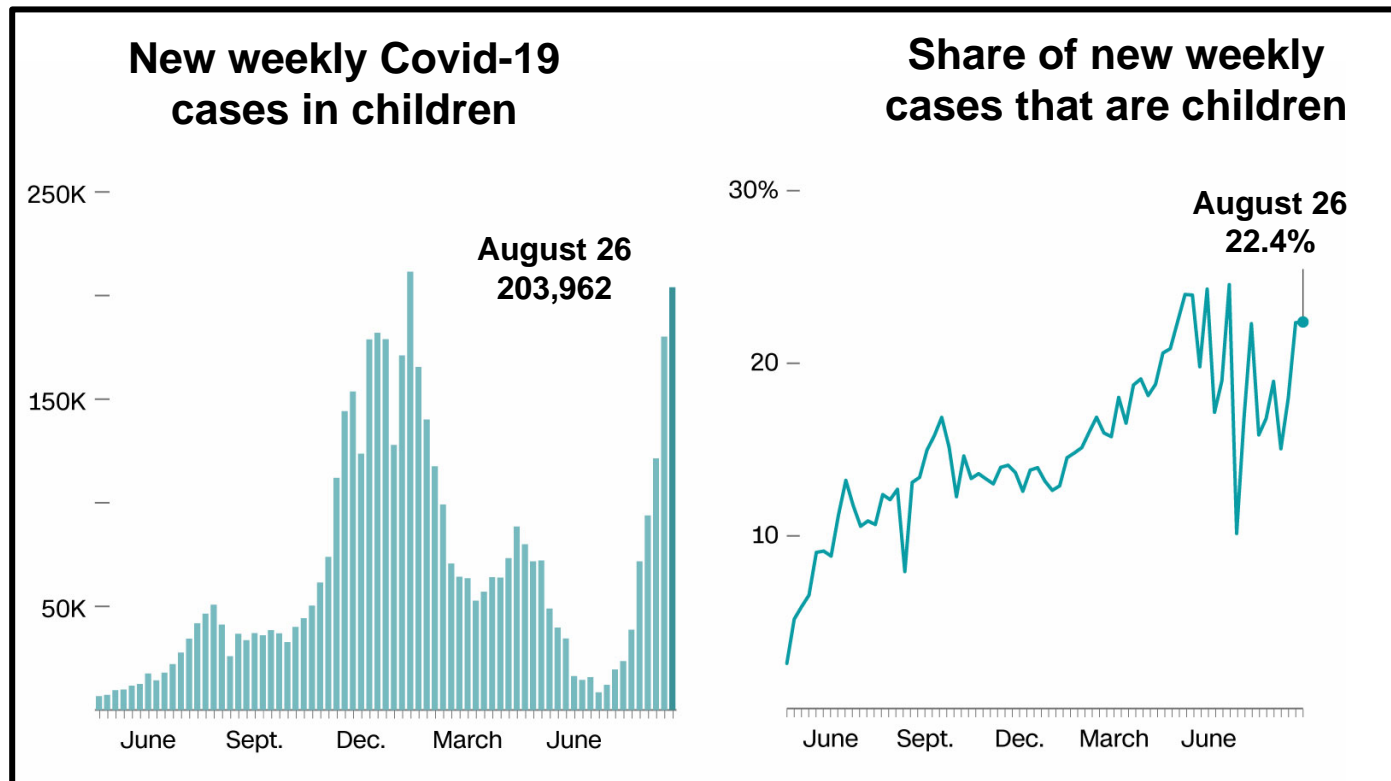
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- ▶ [CIDRAP Take](#)





09-01-21

What the data reveals about children and Covid-19 in the US



“Contrary to research early in the pandemic, children are just as likely to become infected as adults.

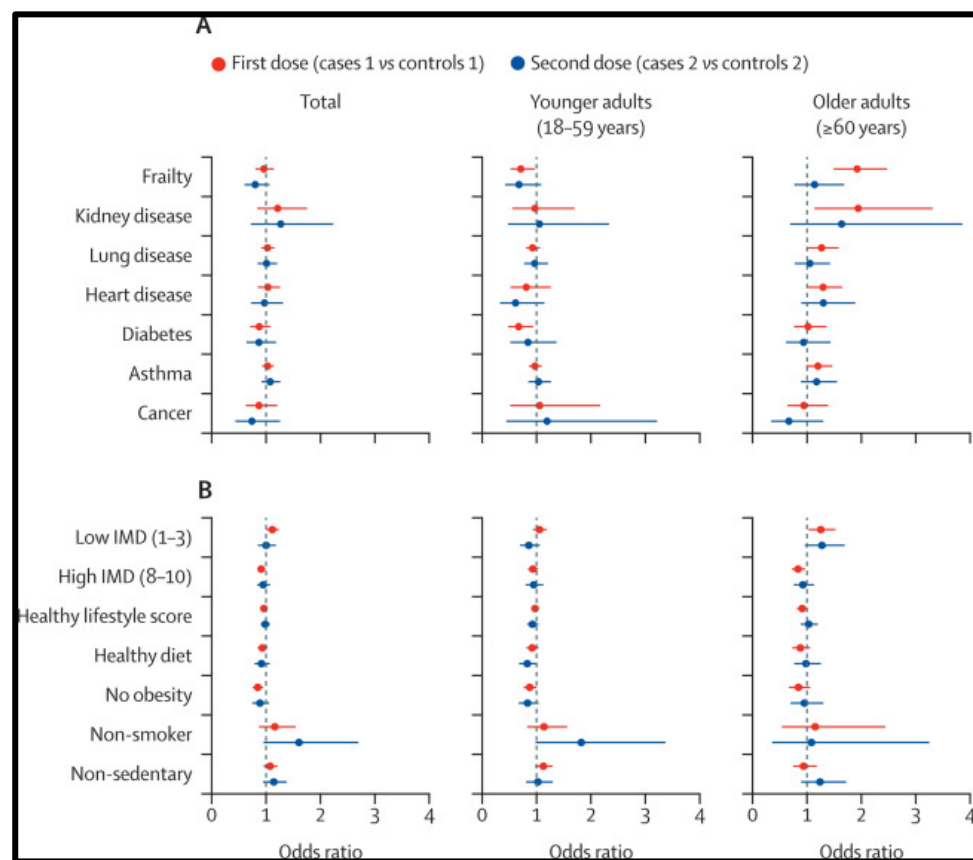
According to the CDC,
Covid-19 infection rates for adolescents aged 5 to 17 were as high as in adults 18 to 49, and higher than rates in adults over 50.”

Source: <https://www.cnn.com/2021/09/01/us/us-covid-kids-data/index.html>

THE LANCET
Infectious Diseases

09-01-21

Risk factors and disease profile of post-vaccination SARS-CoV-2 infection in UK users of the COVID Symptom Study app: a prospective, community-based, nested, case-control study



We found that the odds of having symptoms for 28 days or more after post-vaccination infection **were approximately halved by having two vaccine doses**. This result suggests that the risk of long COVID is reduced in individuals who have received double vaccination, when additionally considering the already documented reduced risk of infection overall.

Source: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(21\)00460-6/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(21)00460-6/fulltext)

COVID Impact on Direct Healthcare Cost

- Business Disruption
- Absenteeism
- Presenteeism
- Cost of Turnover
- Healthcare Costs

1. Growth of 8.4% 2020-2021
2. Insurers stop waiving cost sharing
3. COVID Care Cost is Significant
4. **Long COVID is a Time Bomb**

Largest Long-term Study of COVID Patients

THE LANCET

TIME

- More than 2/3 have symptoms at 6 months
- Almost half have symptoms at 12 months
- Most common symptom fatigue
- Almost 1/3rd have breathing difficulty at 12 months
- 20% of non-hospitalized patients persist with symptoms



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Security Systems**

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Survive & Thrive Corporate Solutions™

The COVID Tsunami is a lethal threat to business...
yet it's an enormous opportunity for those who leverage the wave.

The surfers will make things happen, the swimmers watch things happen, the sinkers will drown and wonder what happened. Catch the wave with our *Survive & Thrive Corporate Solutions*.

Our service offerings range from basic Employee Safety Training to End Corporate Solutions with updated tactics to maximize

**THE CHIEF HEALTH
SECURITY OFFICER**



THEY HAVE TO TAKE CHARGE NOW!

are built on 35 years of national turning science into safety. We have experience of a network of medical and business experts.

Why, Why Now, and Why this

- **An Achilles Heel - Family Trauma**

If you save the family, you save the worker – you save the employees are your greatest asset the source of your success. Why act? By investing

Choices – Act, Delay, or Deny

can seize the moment and take the path better, and cheaper to successfully come is and succeed. The surfers of the will make things happen in their sectors and lead out of the crisis. There will be more surges.



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Health Security: The Organization & Family Units

PUBLIC HEALTH



VS

ORGANIZATIONAL HEALTH



VS

FAMILY HEALTH



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

**Tradeoffs for Business:
Act Delay or Deny**

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

YOU HAVE TO TAKE CHARGE NOW!

Source: C Denham

Who is Your CHSO?

**PUBLIC HEALTH
OFFICERS**



**THE CHIEF HEALTH
SECURITY OFFICER**



**My Job is
Organizational
Health Security**

- **Clinical**
- **Operational**
- **Financial**

THEY HAVE TO TAKE CHARGE NOW!

Source: C Denham

Who is Your Family CFO?

**PUBLIC HEALTH
OFFICERS**



**THE CHIEF HEALTH
SECURITY OFFICER**



**THE CFO
CHIEF FAMILY OFFICER**



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Who is Your Family CFO

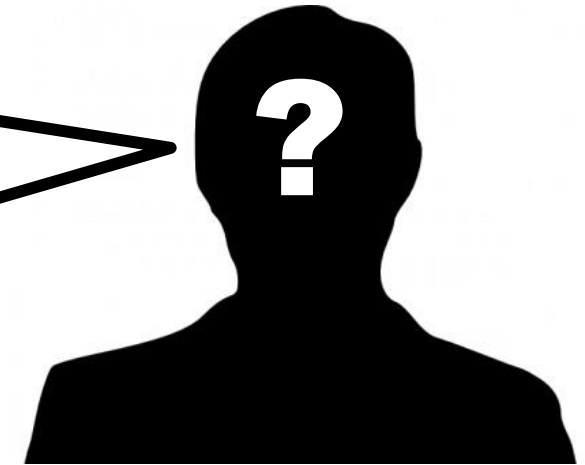
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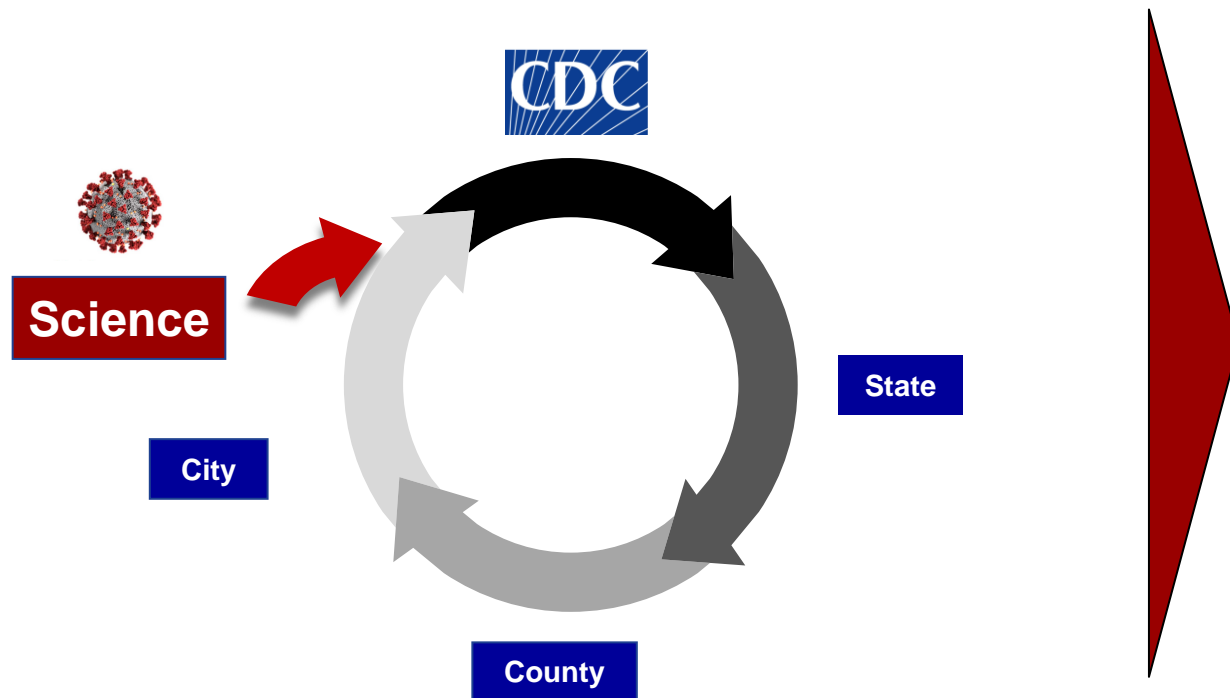


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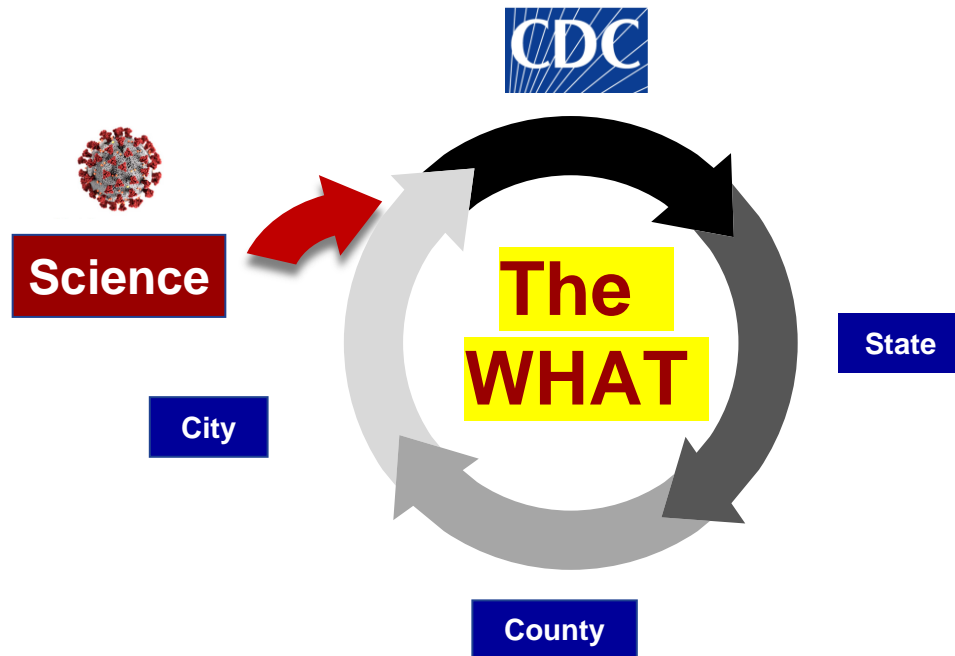
The Science is Evolving

Public Health Guidelines

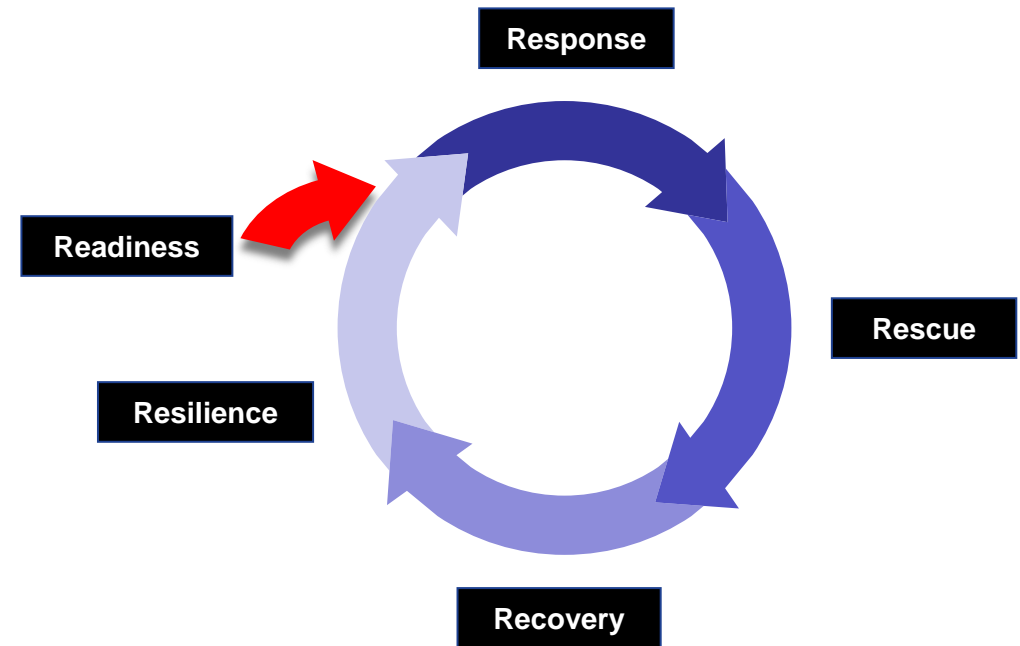


They tell the WHAT....

Public Health Guidelines

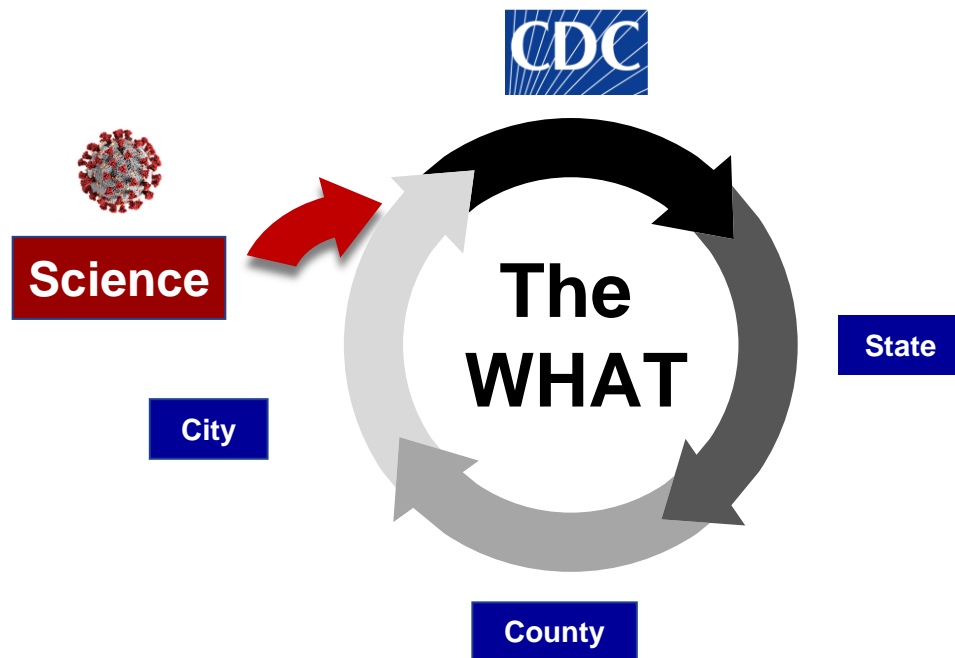


Family Safety Plans

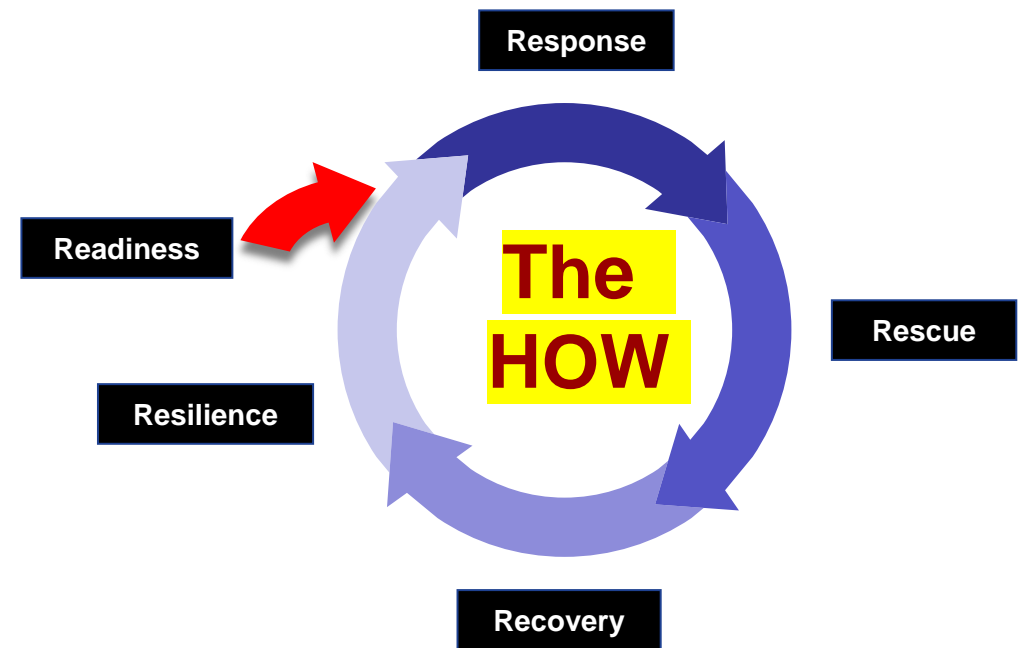


They tell the WHAT....We provide the HOW

Public Health Guidelines

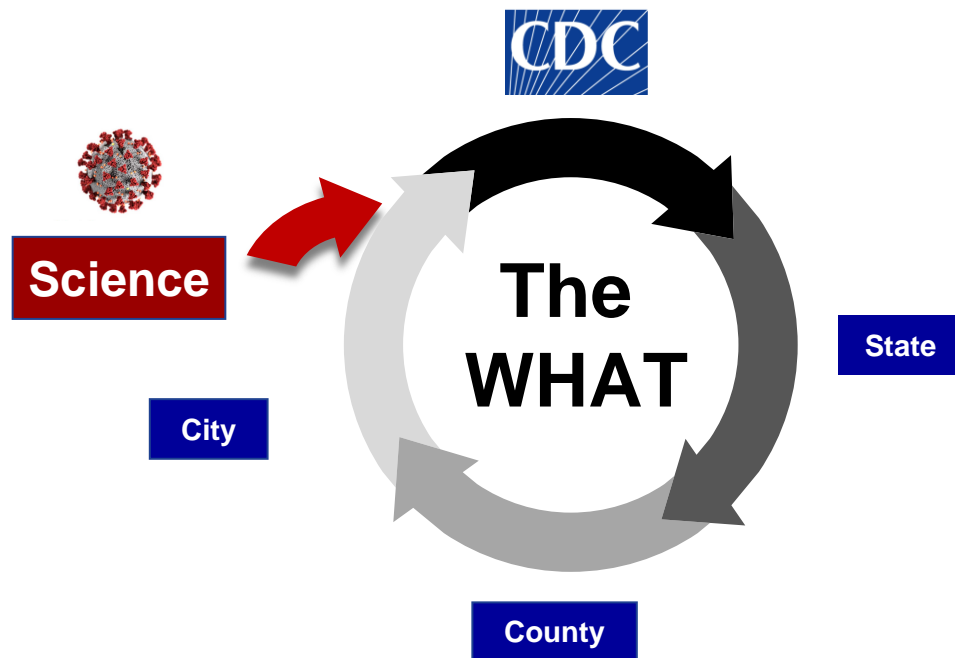


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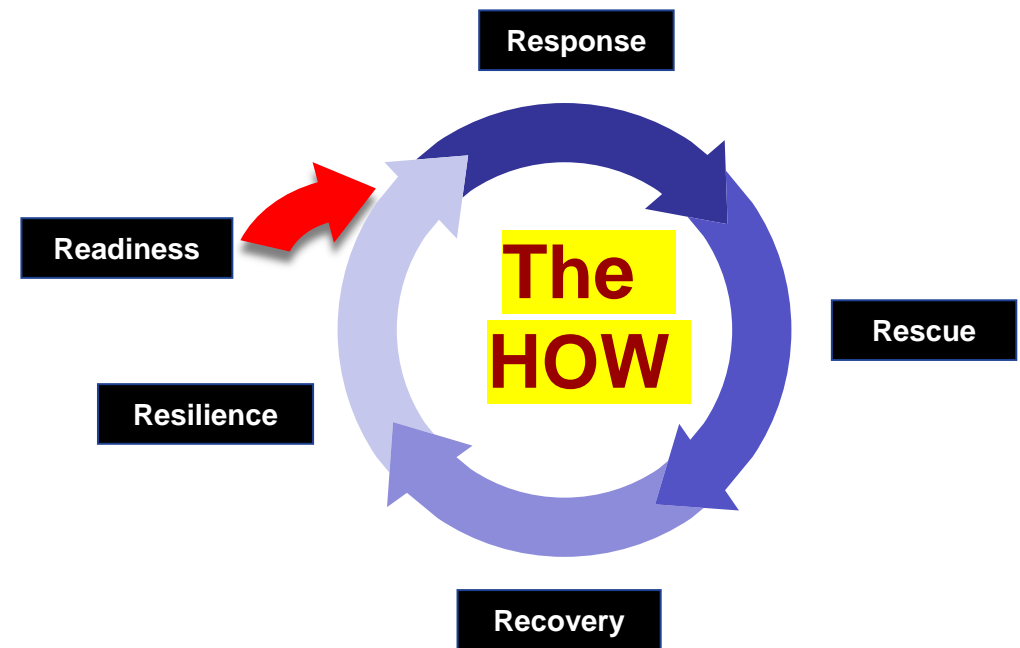


Turn the Science into Safety

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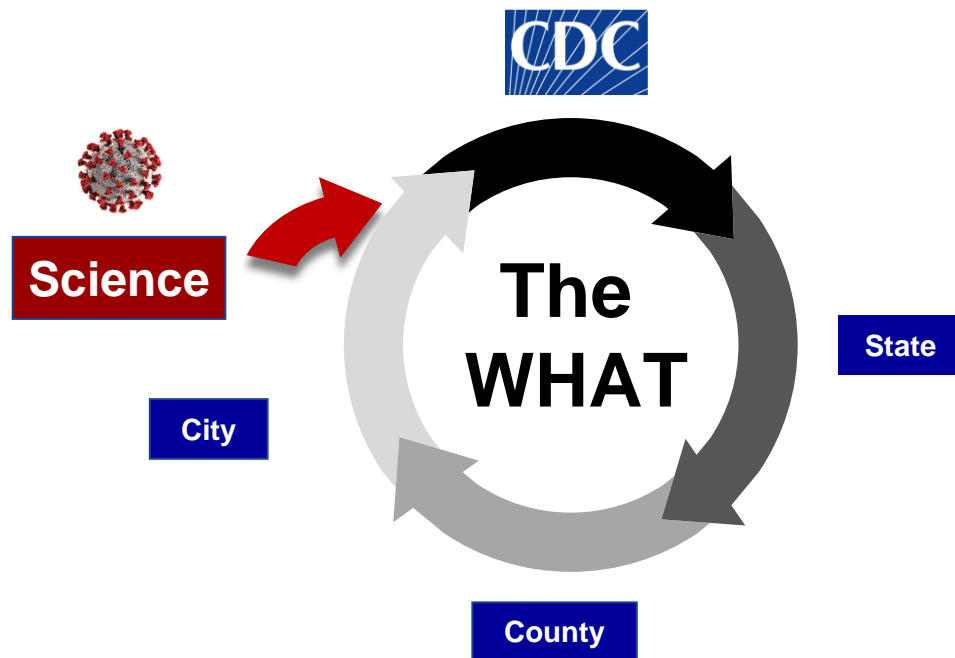


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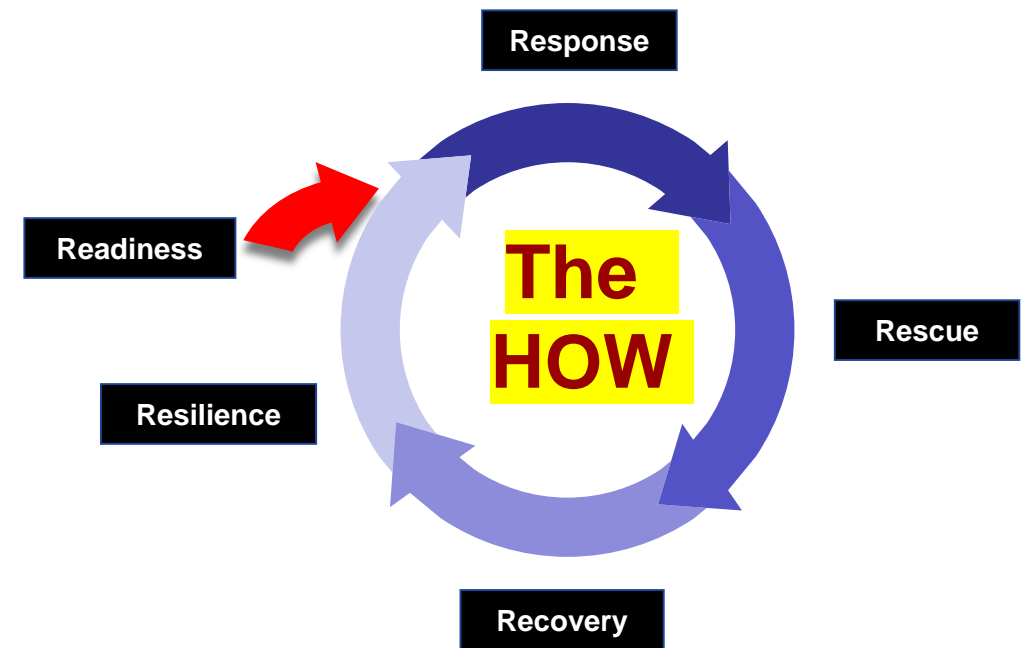


Turn the Safety into Success

Public Health Guidelines



Family Safety Plans



Essential Workers Toolbox

Clinical Perspective



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



Heather Foster RN BSN

Frontline Nurse
Infection Prevention Advisor
Patient Safety Advocate
Dolores Colorado

Essential Workers Toolbox

First Responder Perspective



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



Randy Styner
Director Emergency Management
University of California Irvine
Best Selling Author
Scout Leader



**Paul Cross, MBA,
FBINA 194th**
Assistant Chief
The University of Texas
Police at Houston



David M. Morris, PH.D., J.D.

President of Morris & McDaniel, Inc.
Law Enforcement and First
Responder Expert and Researcher

Turn **Science** into **Safety**

- **Business Disruption**
- **Absenteeism**
- **Presenteeism**
- **Cost of Turnover**
- **Healthcare Costs**
- **Liability**

- **Employee Engagement**
- **Employee Loyalty**
- **Rapid Rebound**
- **Customer Safety**
- **Customer Satisfaction**
- **Competitive Advantage**

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Survive & Thrive Program™

Return On Investment

- **Business Disruption**
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- **Cost of Turnover**
- **Healthcare Costs**

COVID Impact on Direct Cost

1. **Growth of 8.4% 2020-2021**
2. **Insurers Stop Waiving Cost**
3. **COVID Care Cost Significant**
4. **Long COVID is a Time Bomb**

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2021 Milliman Medical Index

FIGURE 1: ANNUAL HEALTHCARE COST FOR MMI FAMILY OF FOUR

2019	\$27,233
2020	\$26,078
2021	\$28,256

The 2021 MMI is based on 2019 claims data projected to 2021 with estimated healthcare cost increases. With this approach, we estimate a 2021 MMI value and restate 2020 and 2019 MMI values because we have more recent information from last year's publication.

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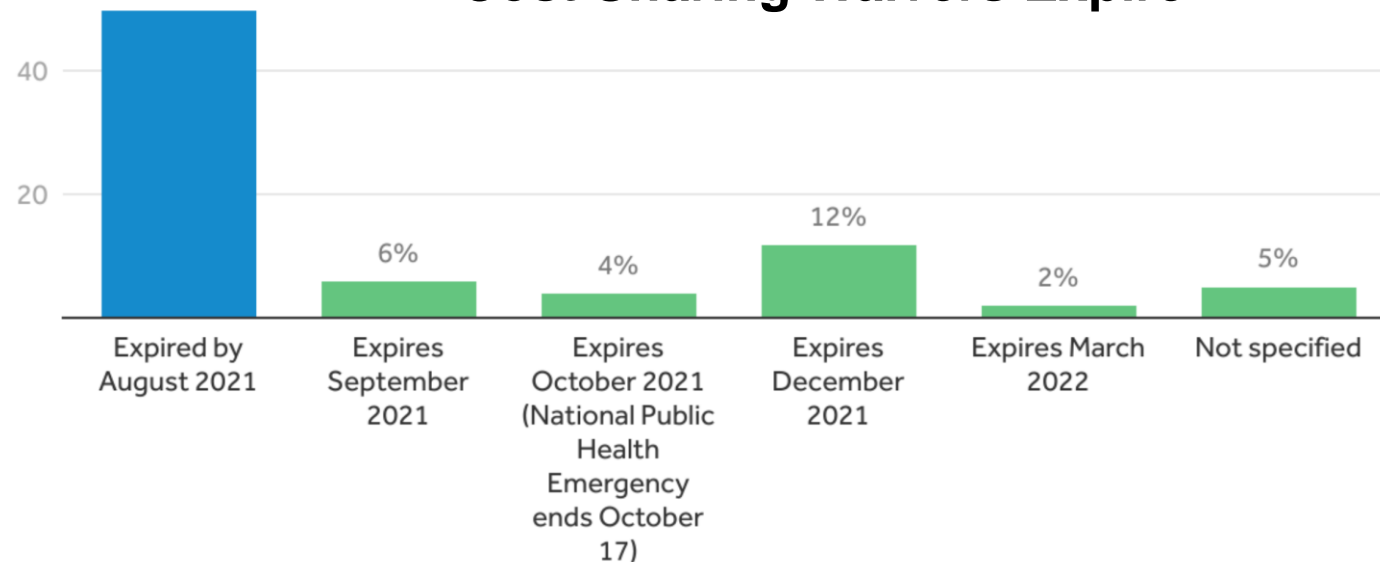
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Cost Sharing for
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Cost Sharing Waivers Expire



COVID Impact on Direct Healthcare Cost

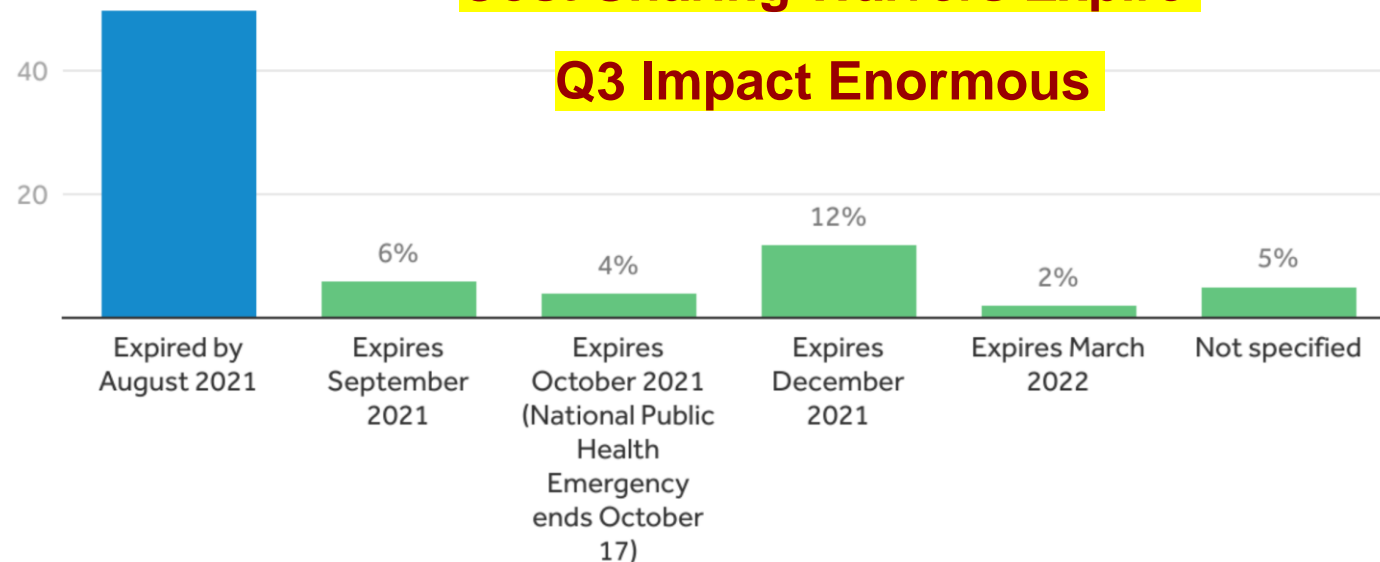
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Q3 Impact Enormous



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30 Billion
Claims Analyzed

Cost of COVID Hospital Stay

- \$73,300 with no healthcare insurance
- \$38,221 in network cost
- Out of pocket costs to consumers significant

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Delta Airlines Cost Shift

- Declares average cost of COVID hospitalization costs Delta \$50,000.
- Charging each unvaccinated employee \$200 per month to defray the cost.

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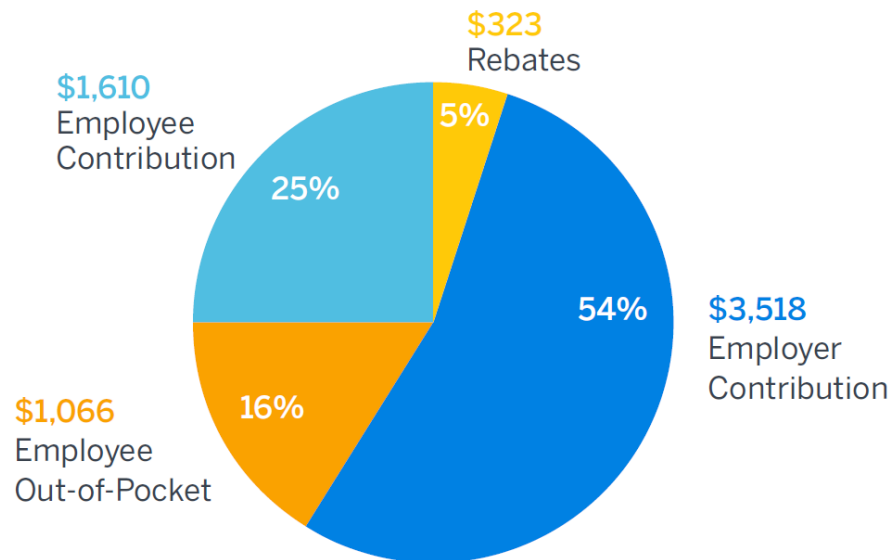
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3. **COVID Care Cost is Significant**
4. Long COVID is a Time Bomb

Net of Illustrative Rebates



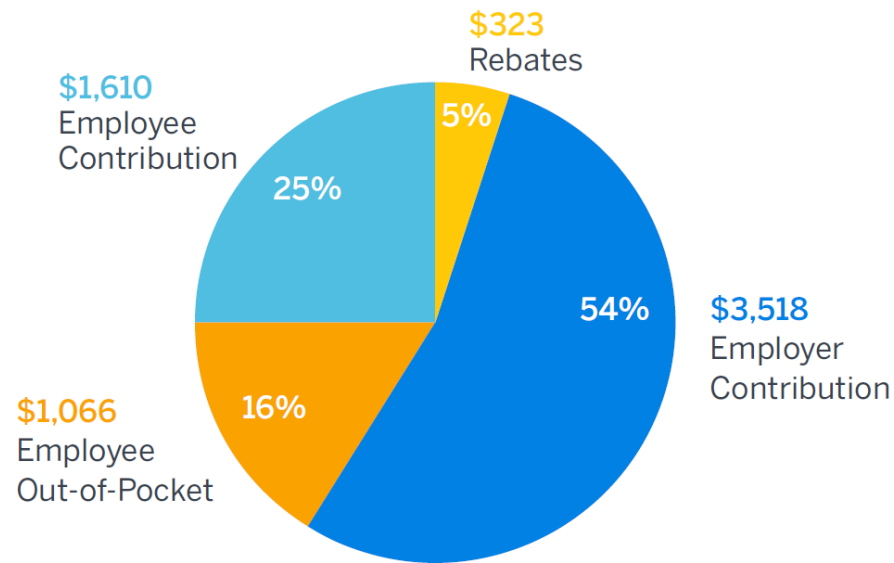
Cost to Employees is Significant

- Bankruptcy due to medical bills rising
- More than 60% of all bankruptcies
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COVID Impact on Direct Healthcare Cost

- Business Disruption
- Absenteeism
- Presenteeism
- Cost of Turnover
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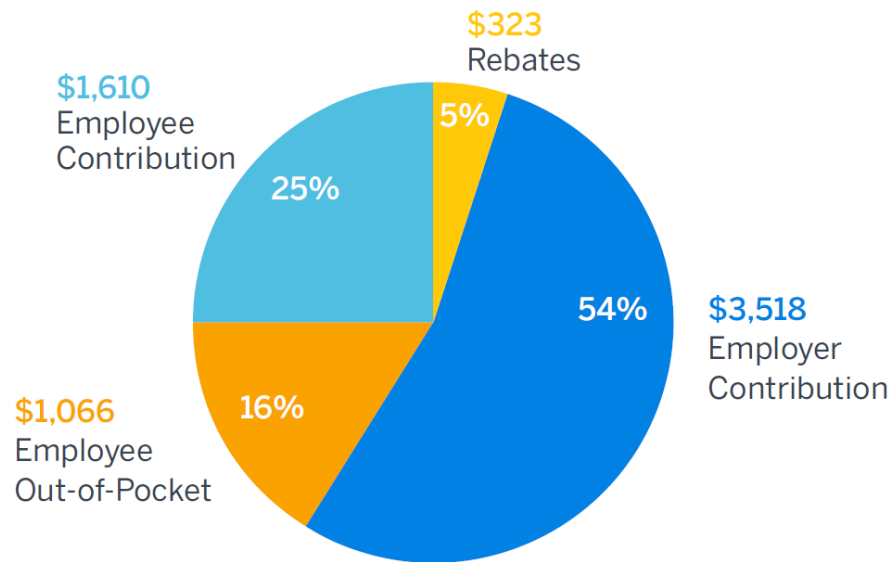
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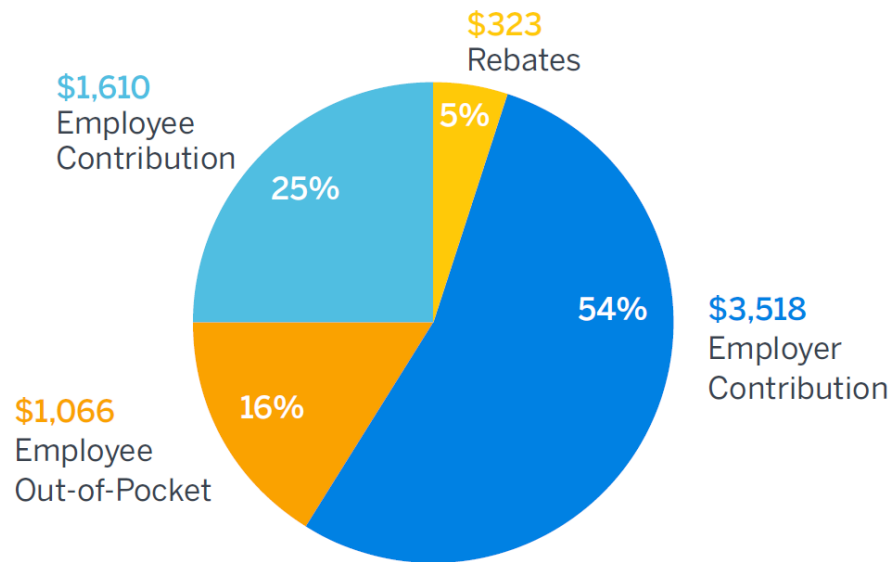
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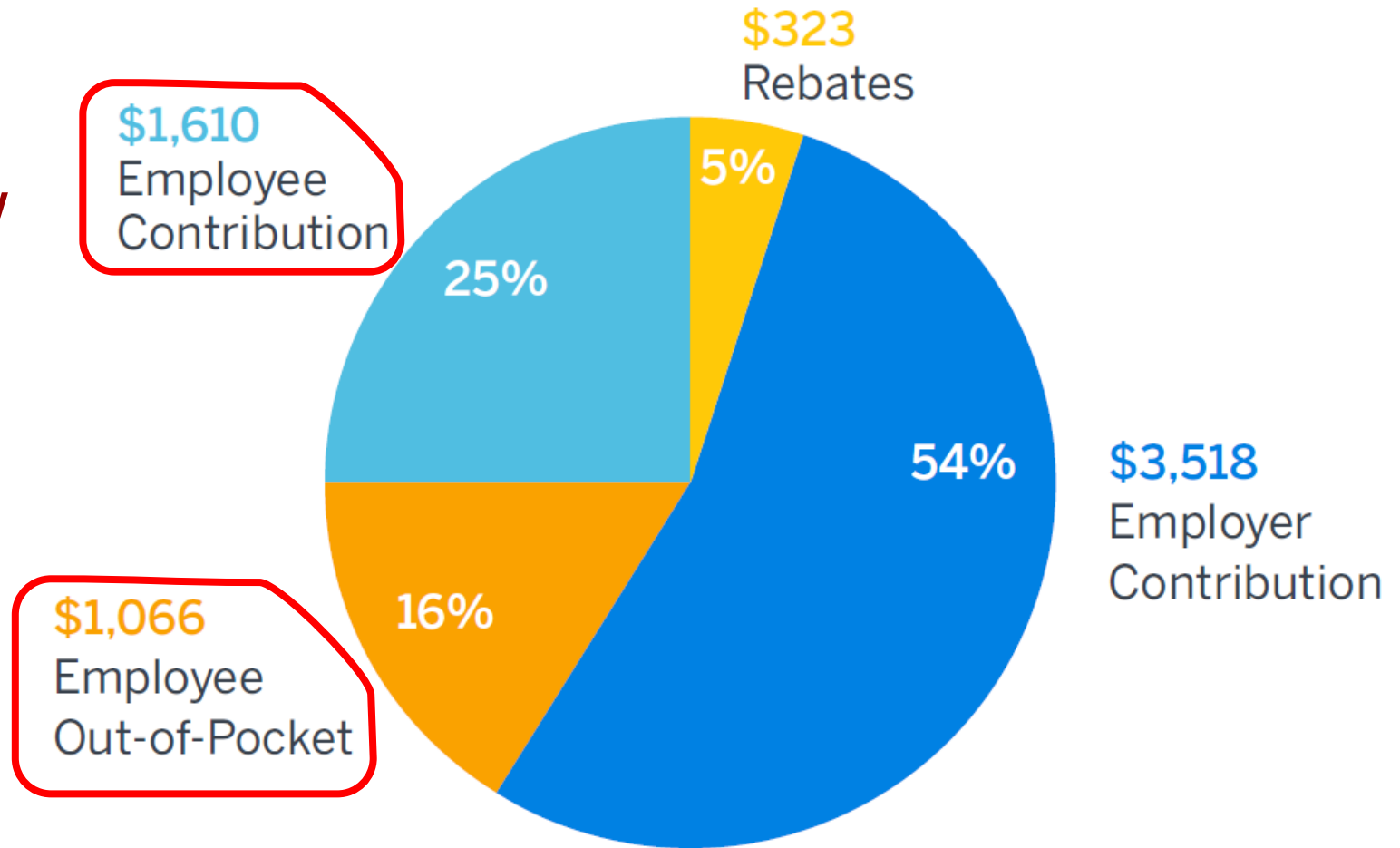
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2021 Direct Healthcare Cost

**COVID Impact on
future Employee
Contribution will grow
in years to come**

**Individual
COVID Cost Share
of care will
greatly increase
Out-of Pocket Costs
above average**



COVID Impact on Direct Healthcare Cost

- Business Disruption
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Largest Long-term Study of COVID Patients

THE LANCET

TIME

- More than 2/3 have symptoms at 6 months
- Almost half have symptoms at 12 months
- Most common symptom fatigue
- Almost 1/3rd have breathing difficulty at 12 months
- 20% of non-hospitalized patients persist with symptoms

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Essential Worker Toolbox:

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



Essential Worker Toolbox:

1. Vaccines – Take the Shots

Vaccines: Take the Shots

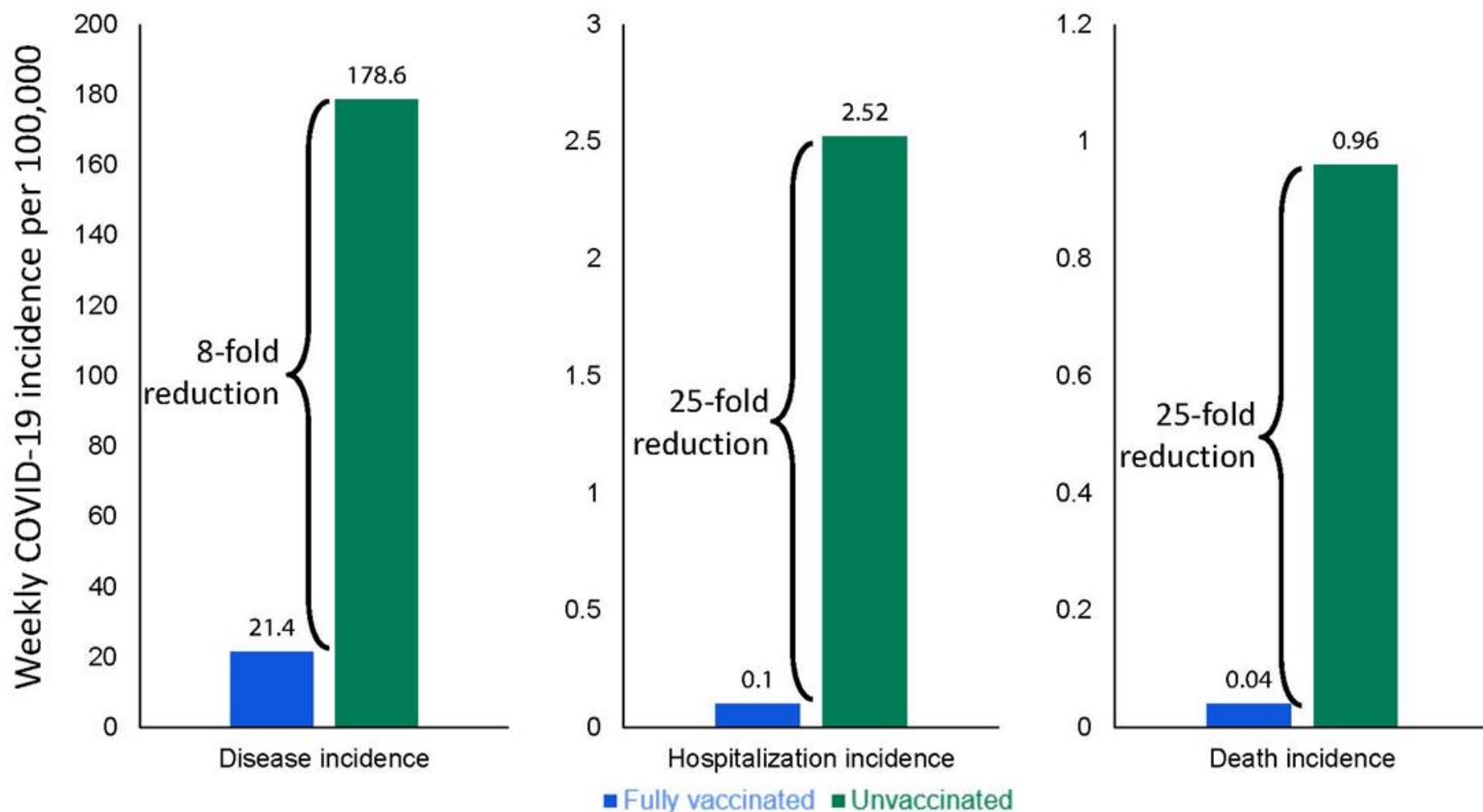


Vaccination Checklist

Can I: Catch it...Spread it...Get Sick...Get Long Haul?

Vaccination Status	Can I CATCH it?	Can I SPREAD It	Can I GET SICK?	Can I Get LONG HAUL?
Unvaccinated	Yes VERY HIGH RISK	Yes VERY HIGH RISK	Yes VERY HIGH RISK May Get Sicker than Vac.	Yes HIGHER RISK
Vaccinated	Yes but LOWER RISK 3.5 X Reduced Risk	Yes but LOWER RISK	Yes but LOWER RISK 8 X Risk of Symptoms 25 x Risk Hospitalization 25 x Risk of Death	Under Study
Youth 12-17	More than Alpha (UK virus)	More than Alpha Half Adult Spread	More than Alpha	More than Alpha
Children Ages 2-12	Yes LOWER RISK	Yes Under Study	Yes LOW RISK	Yes LOW RISK 8%

Greater risk of disease, hospitalization and death among unvaccinated vs. vaccinated people: National estimates



At current incidence, 35,000 symptomatic infections per week among 162 million vaccinated Americans

Data from COVID Tracker as of July 24, 2021. Average incidence 100 cases per 100,000 persons per week. Vaccine effectiveness against symptomatic illness = 88% (Lopez Bernal et al. [NEJM 2021](#)), where risk is $[1 - VE]$ or 12%. Vaccine effectiveness hospitalization (or death) = 96% (Stowe et al. [PHE preprint](#)), where risk is $[1 - VE]$ or 4%. Rate in unvaccinated = Community rate / $[(1 - \text{fully vaccinated coverage}) + (1 - VE) * \text{fully vaccinated coverage}]$. Rate in fully vaccinated = $(1 - VE) * \text{Rate in unvaccinated}$. Fully vaccinated coverage proportions were from COVID Data Tracker as of July 24, 2021 (50% for US).

Vaccination Checklist

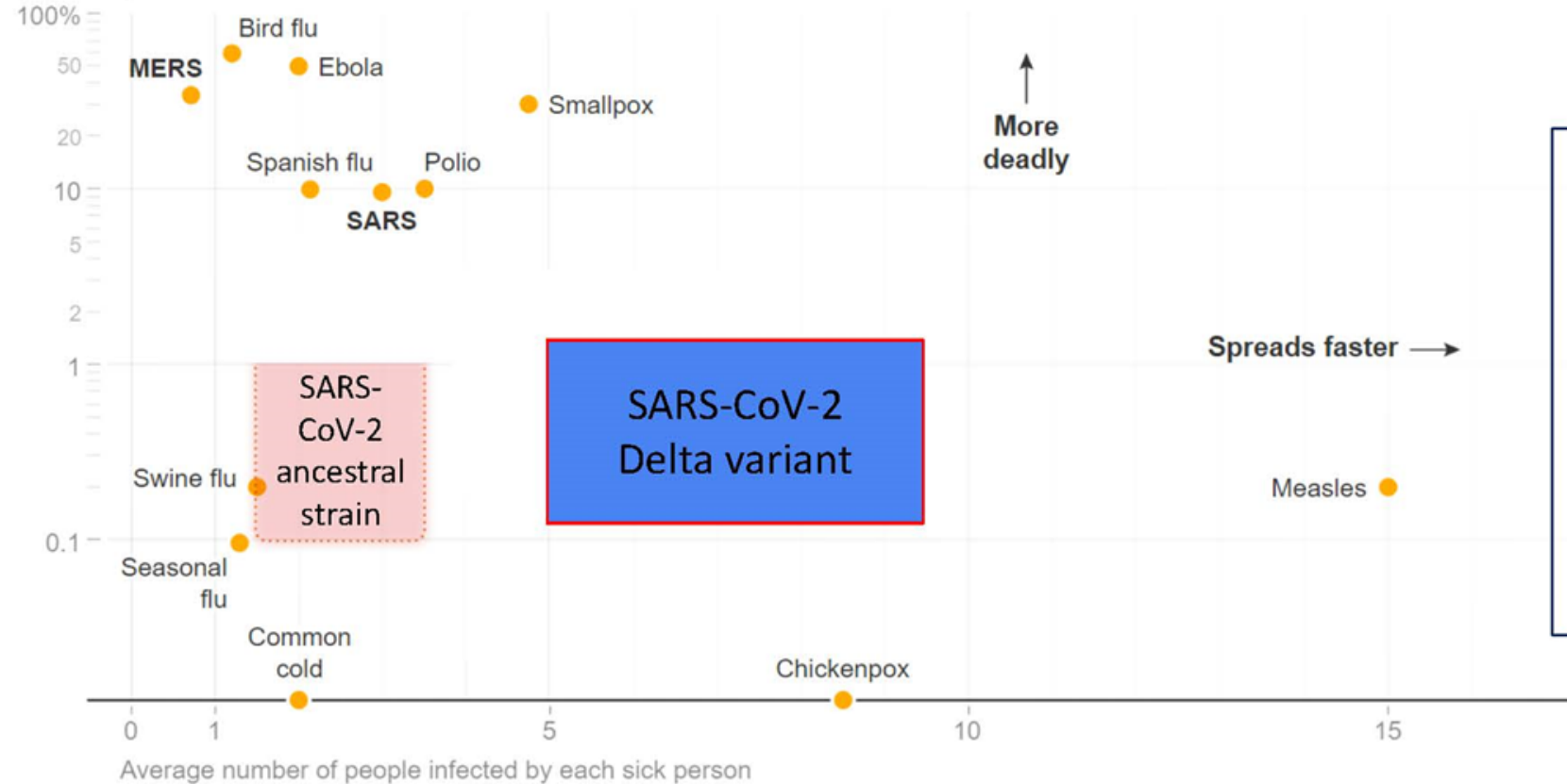
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Youth 12-17	More than Alpha (UK virus)
Children Ages 2-12	Yes Under Study

**Yes You Can CATCH It
Vaccinated or Not.**

Transmission of Delta variant vs. ancestral strain and other infectious diseases

Fatality rate
(log scale)



Delta variant is **more** transmissible than:

- MERS & SARS
- Ebola
- Common cold
- Seasonal flu & 1918 ("Spanish") flu
- Smallpox

Delta variant is **as** transmissible as:

- Chicken Pox

Note: Average case-fatality rates and transmission numbers are shown. Estimates of case-fatality rates can vary, and numbers for the new coronavirus are preliminary estimates.

Vaccination Checklist

Can I Catch it...**Spread it**...Get Sick...Get Long Haul?

Vaccination Status	Can I CATCH it?	Can I SPREAD It
Unvaccinated	Yes VERY HIGH RISK	Yes VERY HIGH RISK
Vaccinated	Yes but LOWER RISK 3.5 X Reduced Risk	Yes but LOWER RISK
Youth 12-17	More than Alpha (UK virus)	More than Alpha Half Adult Spread
Children Ages 2-12	Yes Under Study	Yes Under Study

**Yes You Can SPREAD
It
Vaccinated or Not.**

Vaccination Checklist

Can I Catch it...Spread it...**Get Sick**...Get Long Haul?

Vaccination Status	Can I CATCH it?	Can I SPREAD It	Can I GET SICK?
Unvaccinated	Yes VERY HIGH RISK	Yes VERY HIGH RISK	Yes VERY HIGH RISK May Get Sicker than Vac.
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Children Ages 2-12	Yes Under Study	Yes Under Study	Yes LOW RISK

**Yes You can
GET SICK
Vaccinated
or Not**

Vaccination Checklist

Can I Catch it...Spread it...Get Sick...Get Long Haul?

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Children Ages 2-12	Yes Under Study	Yes Under Study	Yes LOW RISK	Yes LOW RISK 8%

Take the Shot – Save a Life™

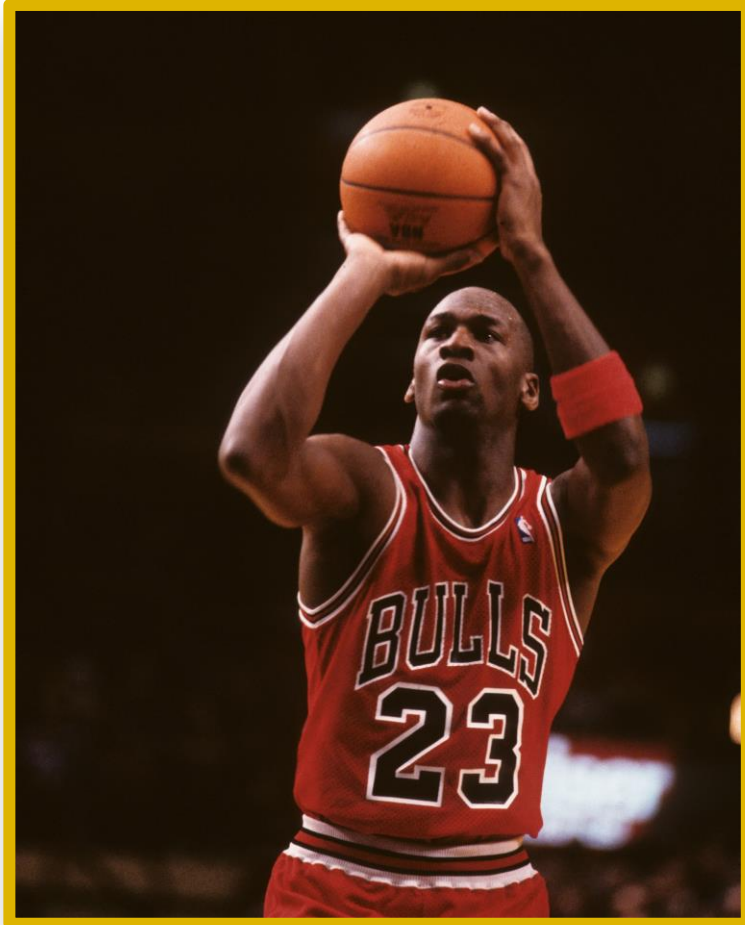


Photo 73861834 © Jerry Coli | Dreamstime.com

The Vaccination Conversation

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



The Vaccination Conversation



Video Tape: < 14 Minutes

<https://www.medtacglobal.org/student-outreach-program/ttsconverstation/>

Youth & Young Adult Team



D Contreras EMT
Harvard



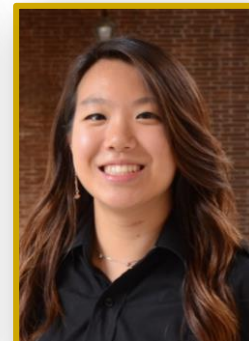
Ivy Tran EMT
Harvard



Nick Scheel
UCSB



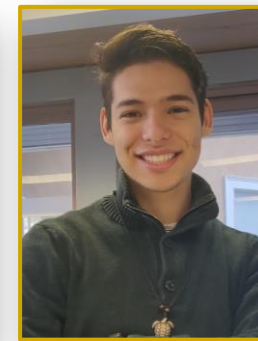
Sophia McDowell
California Inst. of Arts



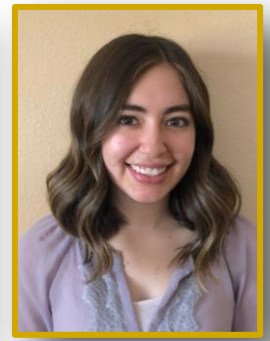
Audrey Lam EMT
USC



Jacqueline Botz
Chapman



Luis Licon
UCI Alum



Melanie Rubalcava
UCSD



Charlie Denham III
High School Lead



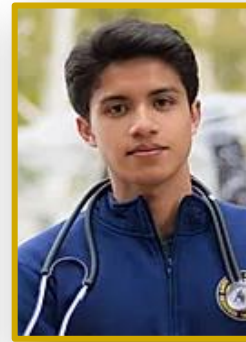
Charlie Beall
Stanford Alum



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



Family Rescue R&D



Stanford
University

Yale



The 5 R's of Safety



UNIVERSITY OF CALIFORNIA
SANTA BARBARA

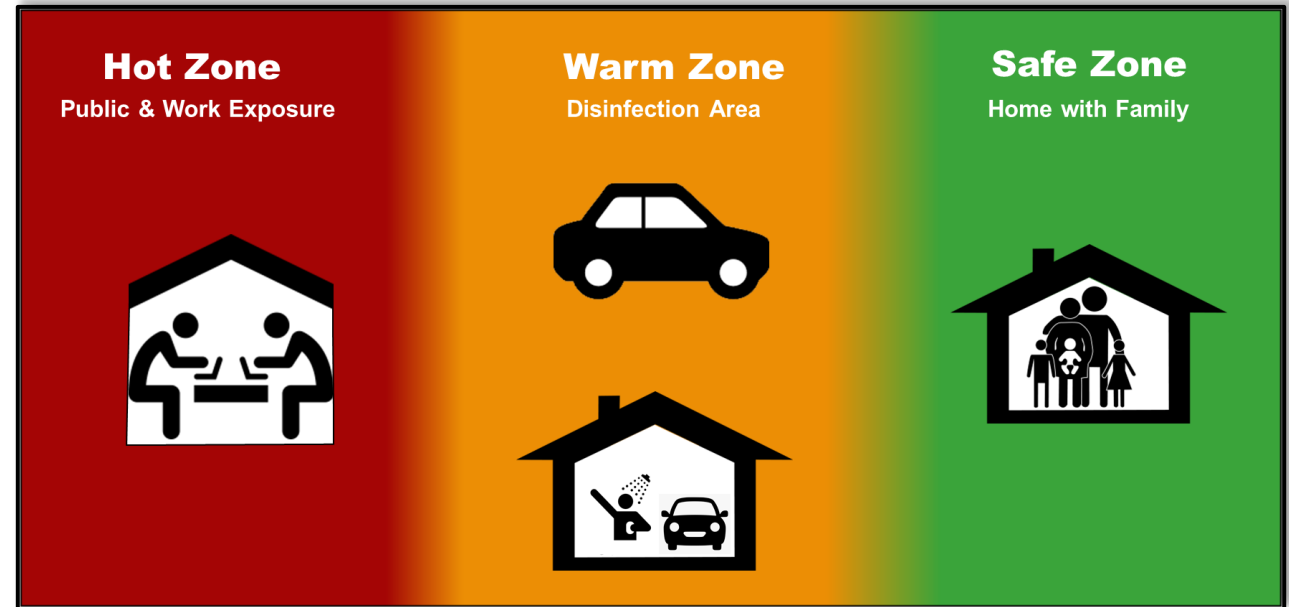
UC San Diego



Essential Worker Toolbox:

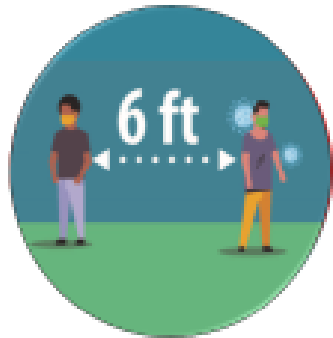
1. Vaccines – Take the Shots
2. **Coming Home Safe**

Coming Home Safe





CDC Guidelines



**Social
Distancing**



**Disinfecting
Surfaces**



**Hand
Washing**



**Use of
Masks**

Survive & Thrive Guide™ Series

Hot Zone

Public & Work Exposure



Warm Zone

Disinfection Area



Safe Zone

Home with Family



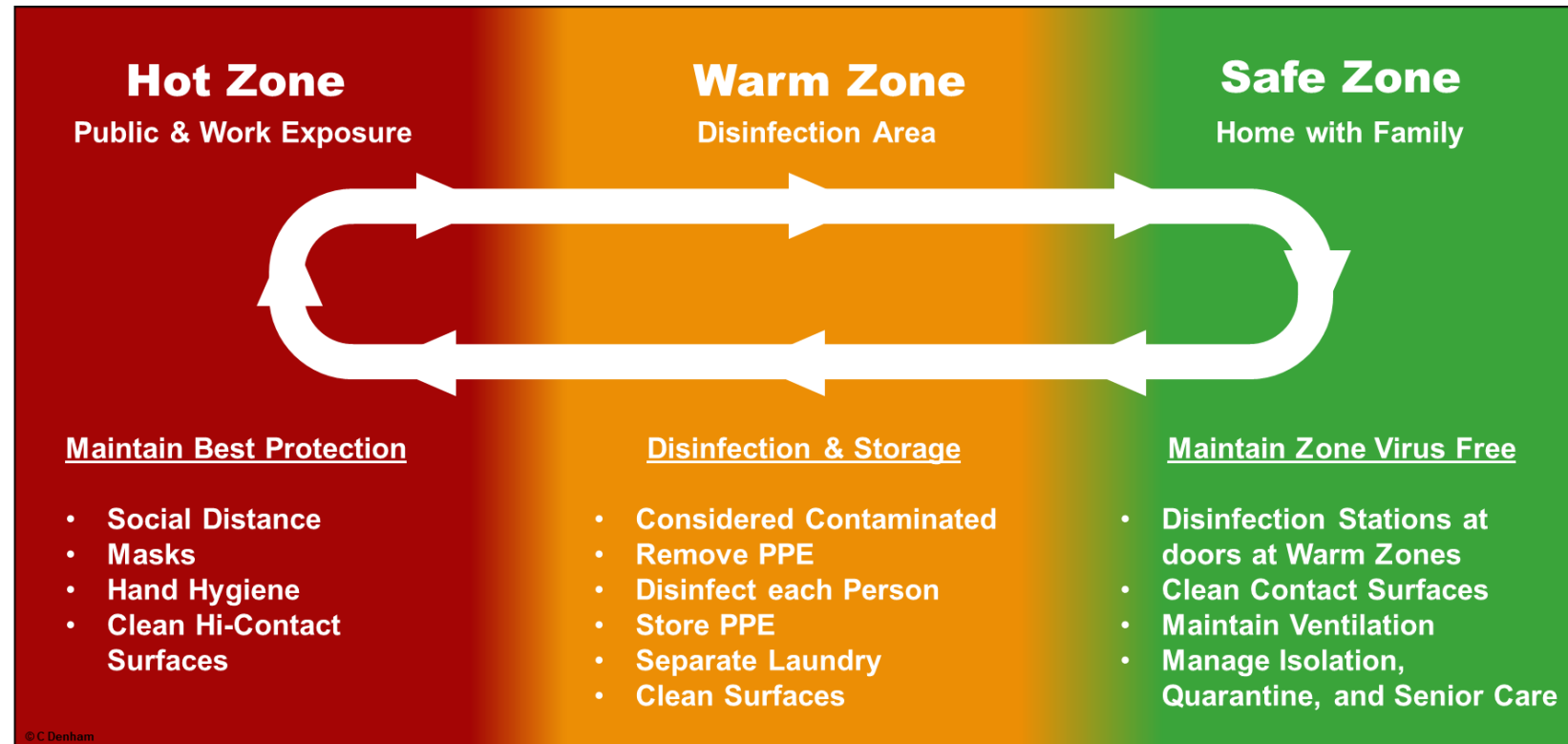
Coming Home Safely Questions

- **How do we keep from bringing the virus home?**
- What are the best practices to protect my family?
- What if I am exposed to a COVID-19 patient at work?
- How do I put together a Family Safety Program?
- Can we have safe play dates?
- Why are indoor activities riskier than those outdoors?
- What Personal Protective Equipment do I need to care for a loved one at home?
- How do we get teens and those in their 20's and 30's to take the lead in being safe and protecting families?
- What if a Contact Tracer Calls finds one of my family have been exposed?
- What should be on my family "what if list"?

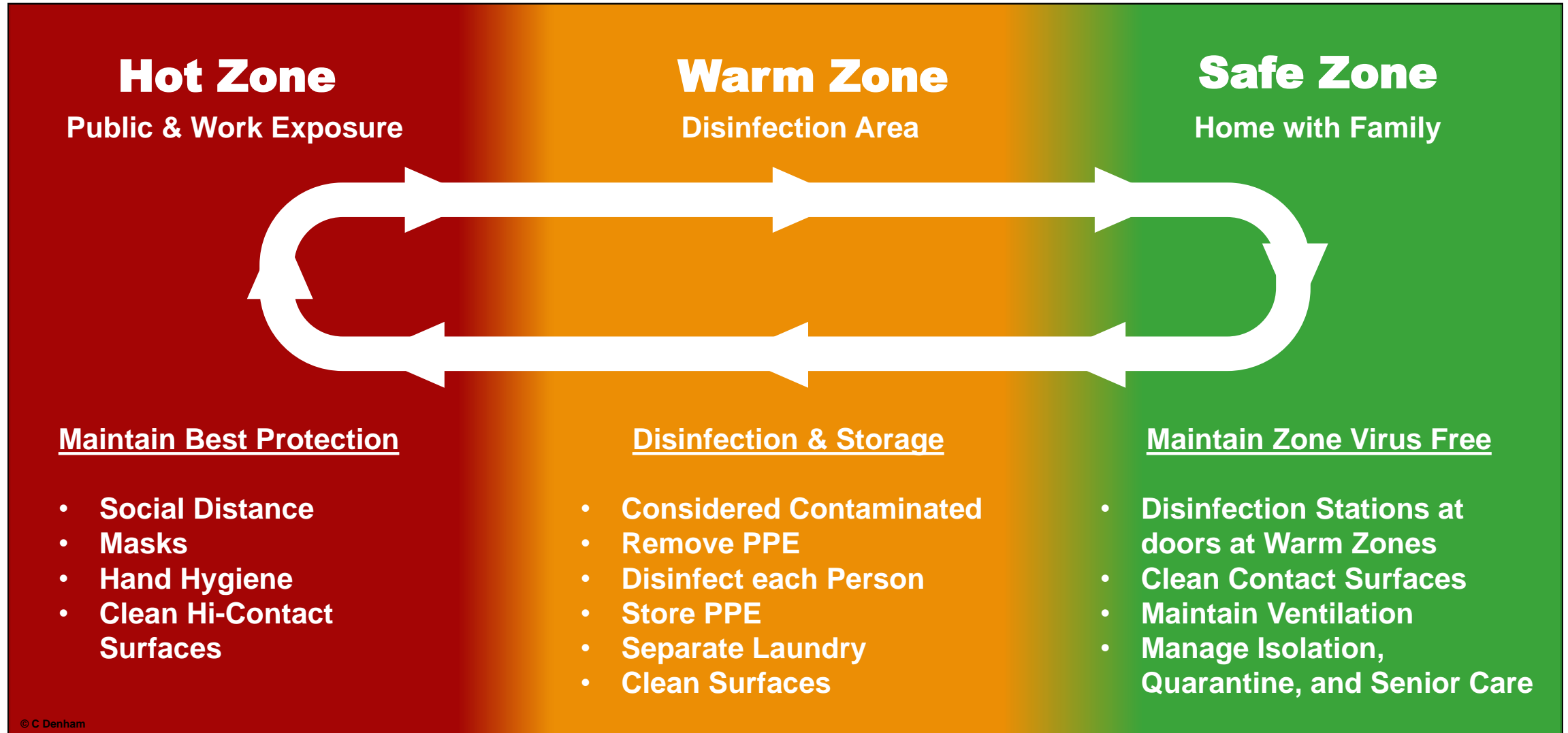
Coming Home Safely

- **How do we keep from bringing the virus home?**

Hot-Warm-Safe Zone Practices



Hot-Warm-Safe Zone Practices



Hot-Warm-Safe Zone Practices



Hot Zone
Public & Work Exposure

Maintain Best Protection

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

© C Denham

HOT ZONE PRACTICES

- ☐ Social Distance – 6 Feet is a MINIMUM
- ☐ Handwashing is poor even in caregivers – 20 sec
- ☐ **Avoid Poorly Ventilated Spaces**
- ☐ **Upgrade Masks to Surgical Level 3 or N95 BEST**
- ☐ **Don't Touch Face Masks or the Face**
- ☐ Be gracious but firm when others invade your space
- ☐ It is critical to know how to put on and take off Personal Protective Equipment (PPE). Called “Don and Doff” in healthcare jargon.
- ☐ Whenever in doubt, wash your hands.
- ☐ **Know the process for reporting outbreaks.**
- ☐ **“Exposure to Infected” is being within 6 FEET OF INFECTED FOR LONGER THAN 15 MIN. Shorter for Delta**

Hot-Warm-Safe Zone Practices

WARM ZONE

Leaving Hot Zone Practices

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

WARM ZONE

Joining Hot Zone Practices

- ☐ **Assure your mask has good fit.**
- ☐ **Practice no mask or face touching**
- ☐ If contaminated – wash hands.
- ☐ Know the rules of the workplace or public venue.

© C Denham

Warm Zone
Disinfection Area

WARM ZONE

Coming Home Practices

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

WARM ZONE

Leaving Home Practices

- ☐ **New or Cleaned masks, gloves, face shields and coverings.**
- ☐ Bring disinfectants in your car or your gear.
- ☐ **Bring extra masks if you have them.**

Hot-Warm-Safe Zone Practices

SAFE ZONE PRACTICES

- ☐ Establish and maintain disinfection stations at doors.
- ☐ Regularly clean high contact surfaces.
- ☐ Prevent people or parcels from bringing the virus home.
- ☐ **If possible, keep rooms well ventilated.**

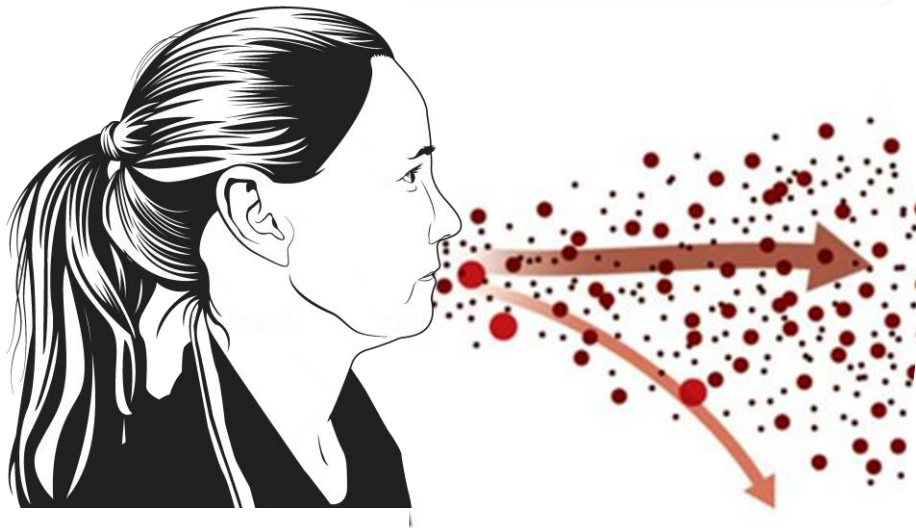
Care of Someone At Home

- ☐ Getting your “MacGyver On” – Use what you have.
- ☐ **Whether the flu or Coronavirus – use same processes.**
- ☐ **Isolation is for all those who are infected or sick.**
- ☐ **The infected NEED to wear masks. Social distance** and hand hygiene are important. Surfaces ARE a risk.
- ☐ Quarantine is for who may be infected – assume infected until end of quarantine period or test negative.

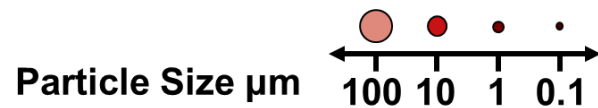


Mask Reduction of Airborne Transmission

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



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



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

The screenshot shows the Med Tac website interface. At the top is a navigation bar with links: About, Values & Team, Coronavirus Response, Recorded Broadcasts, Specialty Programs, Student Outreach, Research & Development, and CareUniversity. Below the navigation bar is a banner for 'Protecting You & Your Family' with a map of the United States and links to 'September 2021 Progress Report', 'View 10 Minute Programs Online', and 'View Short Video Summaries'. The main content area is titled 'Short Video Topics' and features a sidebar with red buttons for various topics: Hand Washing & DISINFECTANTS, CLEAN High Contact Surfaces, Building a FAMILY SAFETY PLAN, If we NEED Emergency Care, Why ICU, Respirators, and ECMO, Family Lifeguard Program, and Vaccination Conversation. The 'Masks: Filter, Fit, and Finish' topic is highlighted. Below the sidebar, there is a 'Survive and Thrive Guide™ Courses' section with a grid of course thumbnails and titles, including 'Dealing with Delta: The Critical FAQs', '10 Best Practices For Reopening', 'Vaccines, Variants, and Victory', 'Long Haulers & Severe COVID Recovery', 'What To Do - They're in the ICU', 'Emergency Rescue Skills', 'Your 2021 Family Safety Plan', 'Safety Plan Templates for Everyone', 'Keeping Our Kids Safe', and 'Coming Home Safely'.

Masks: A Critical Factor

Three side-by-side images of a person wearing different types of masks. The first image shows the person wearing a white N95 respirator mask. The second image shows the person wearing a blue surgical mask. The third image shows the person wearing a black cloth mask. Below each image is a caption: 'N95 Mask', 'Surgical Mask', and 'Cloth Mask'.

Video Tape: < 15 Minutes

www.medtacglobal.org/coronavirus-response/#basicmodule

www.medtacglobal.org/coronavirus-response/mask-video/

Masks: Filter, Fit, and Finish

The Delta Variant is driving all of us to upgrade our masks. If possible N95 masks that have the best **Filter** with the best **Fit** so no air escapes. **Finish** safely handling after use without contaminating you or anyone else.



N95 Mask



Surgical Mask



Cloth Mask

Short Video Topics

Masks: Filter, Fit, and Finish

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

Why ICU, Respirators, and ECMO

Family Lifeguard Program

Vaccination Conversation



Short Video Topics

Masks: Filter, Fit, and Finish

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care






Why ICU, Respirators, and ECMO






Family Lifeguard Program

Vaccination Conversation

RISK of High Contact Surfaces

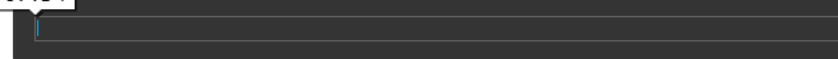
Coronavirus Lives on Surfaces

	Paper and Tissue Paper**	3 hours	<div></div>
	Copper*	4 hours	<div></div>
	Cardboard*	24 hours	<div></div>
	Wood**	2 days	<div></div>
	Cloth**	2 days	<div></div>

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



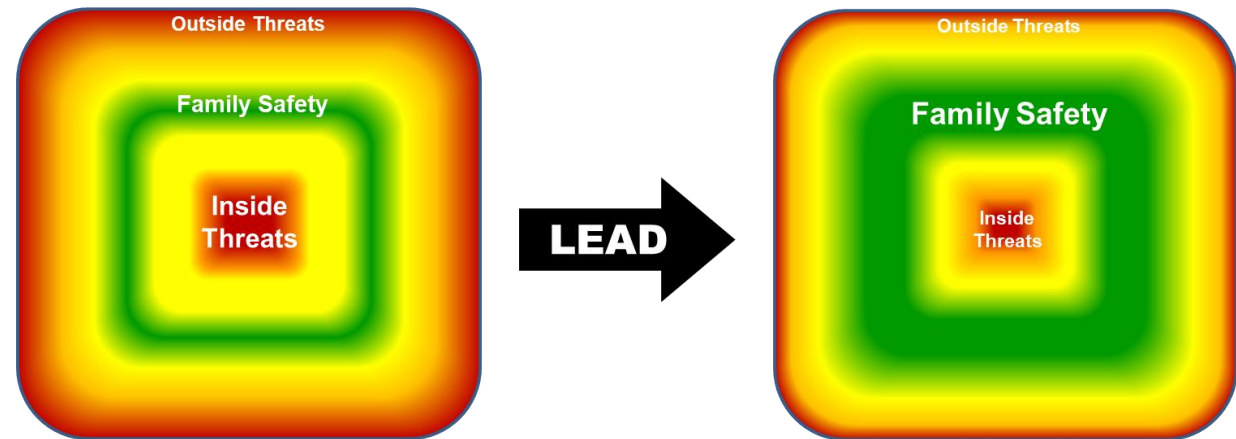
07:34



Essential Worker Toolbox:

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

Keeping the Family Safe

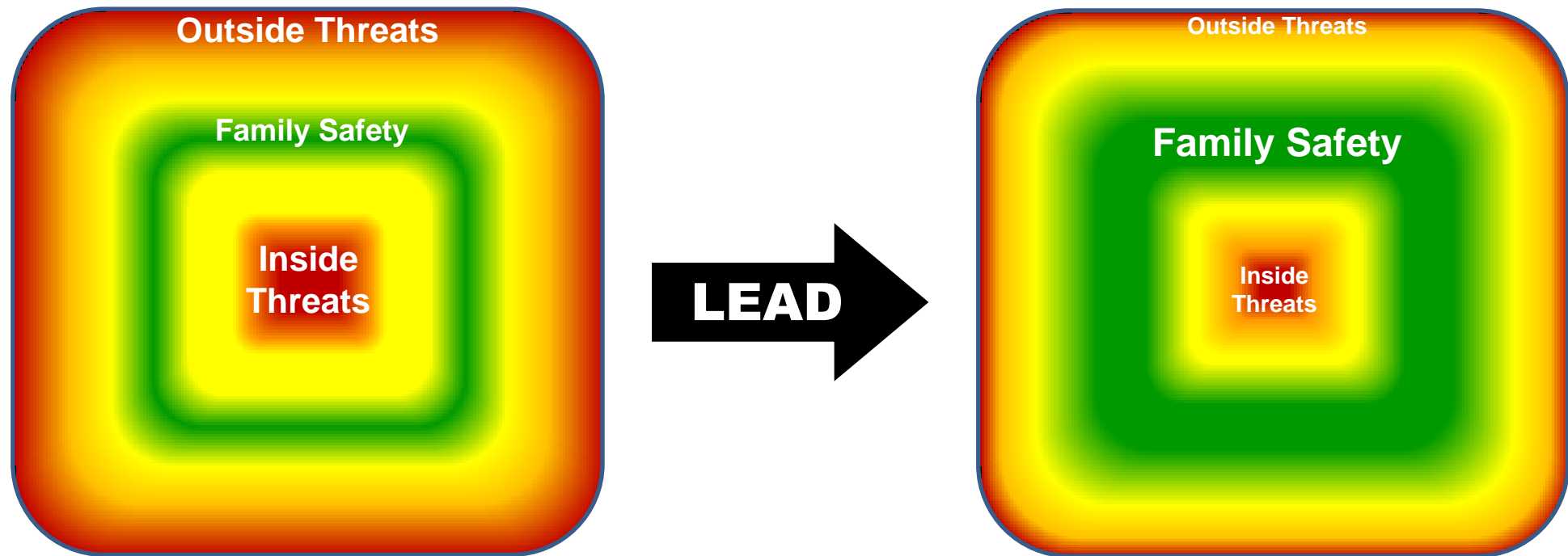


Threats x Vulnerability = Risk

How do we Keep Our Kids Safe?

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

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



Health Security: The Family Unit

PUBLIC HEALTH



Versus

FAMILY HEALTH



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

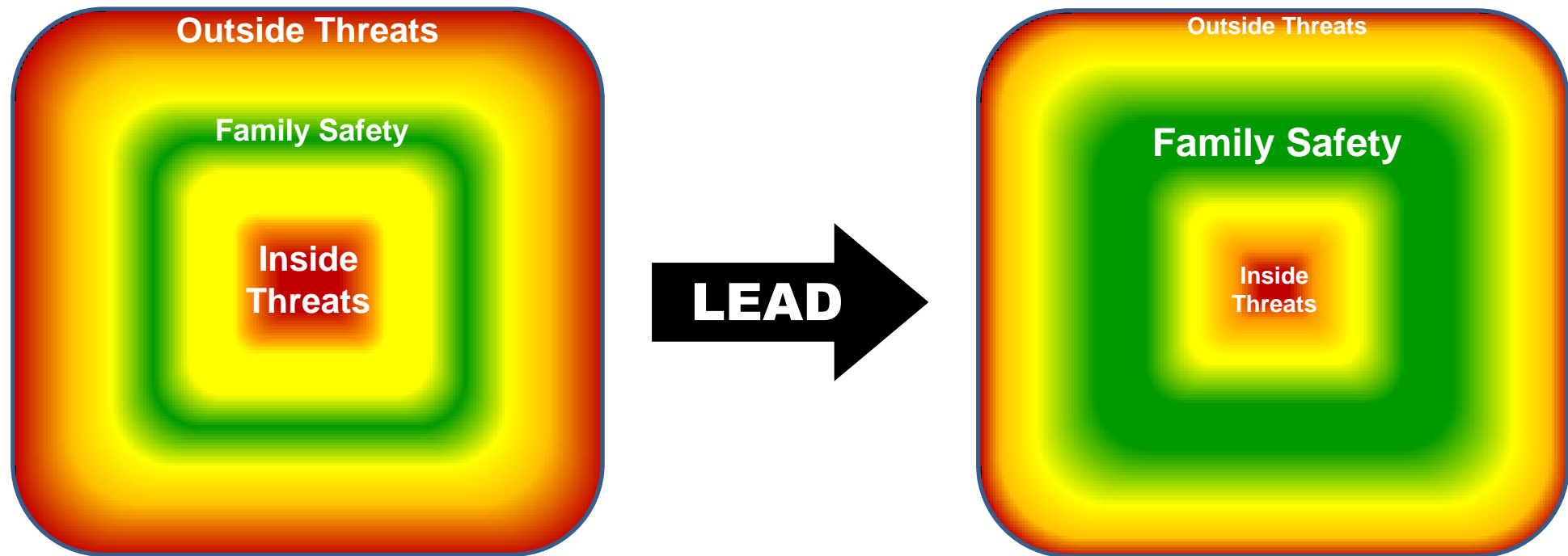
**You will pay more and do
more to spare your family**

YOU HAVE TO TAKE CHARGE NOW!

Source: C Denham

Threats X Vulnerability = Risk to Your Family

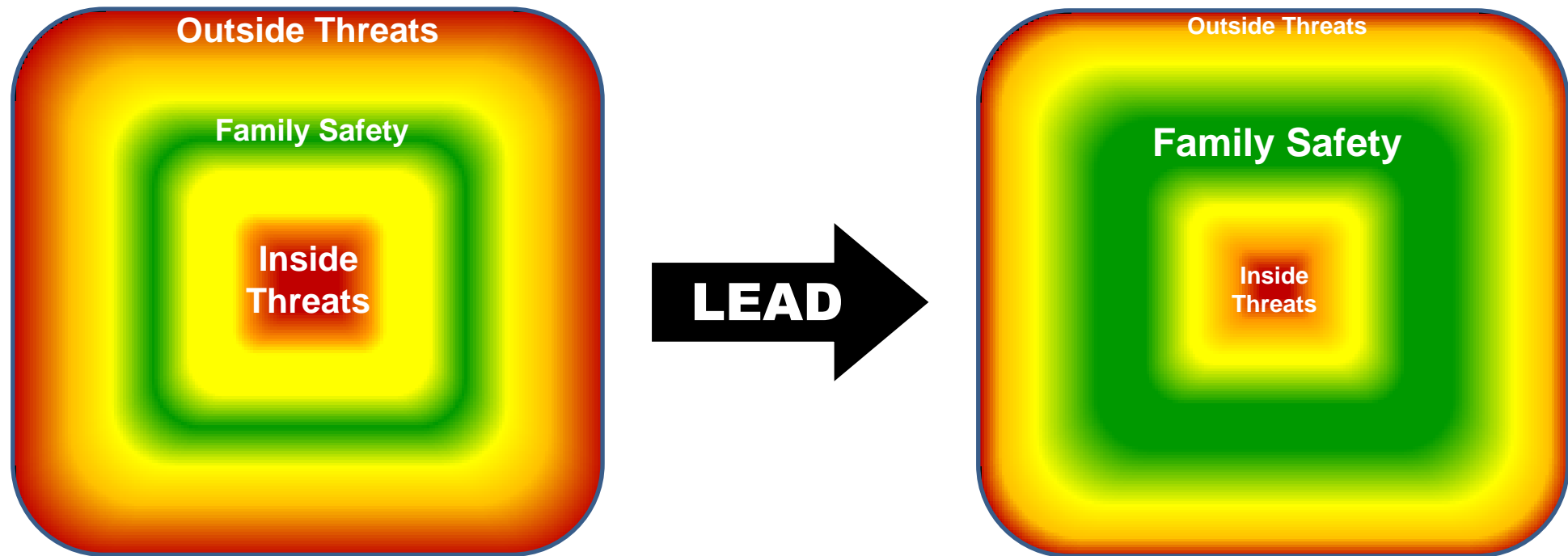
Threats:
Likely to
cause HARM.



Threats X Vulnerability = Risk to Your Family

Threats:
Likely to
cause HARM.

Vulnerability:
Weaknesses that can be
EXPLOITED by threats.

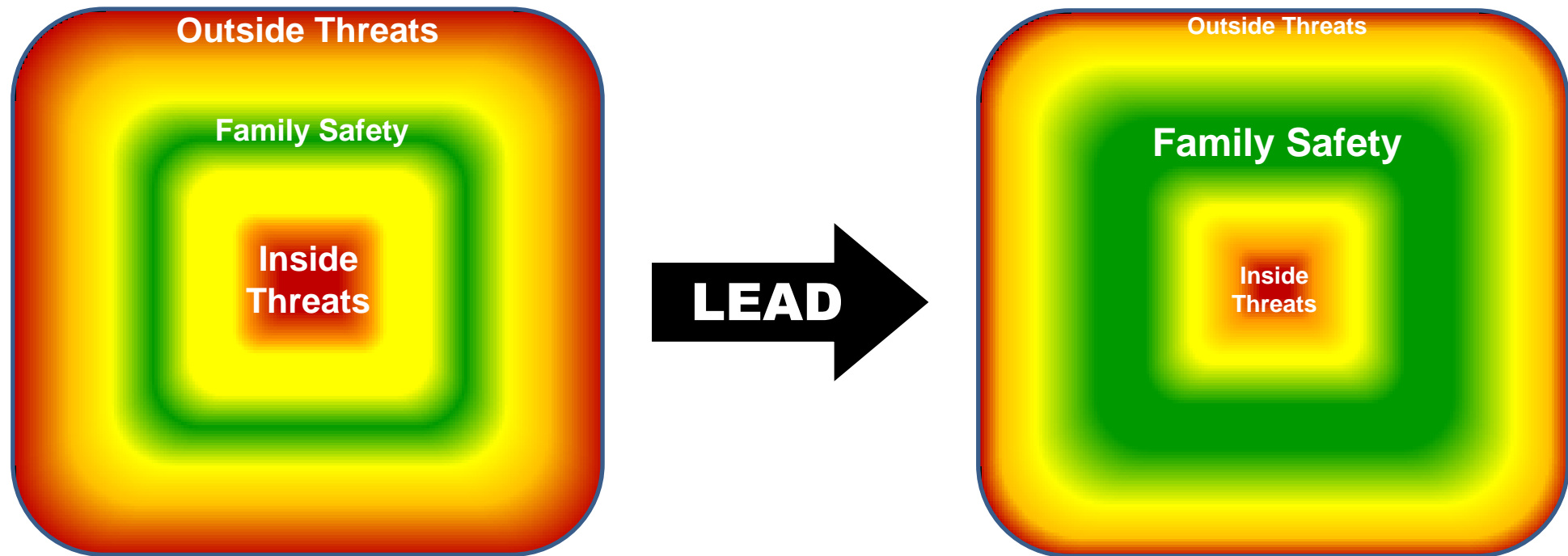


Threats X Vulnerability = Risk to Your Family

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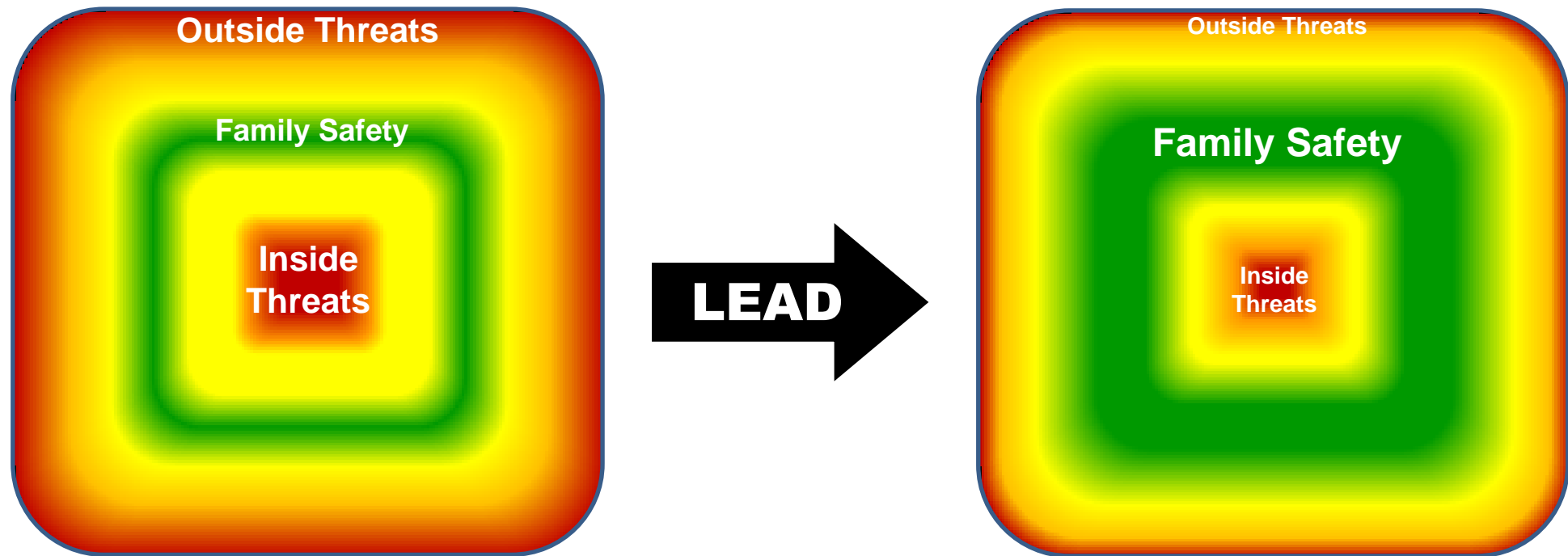
Vulnerability:
Weaknesses that can be
EXPLOITED by threats.

Risk:
PROBABILITY of harm by a
threat exploiting vulnerability.

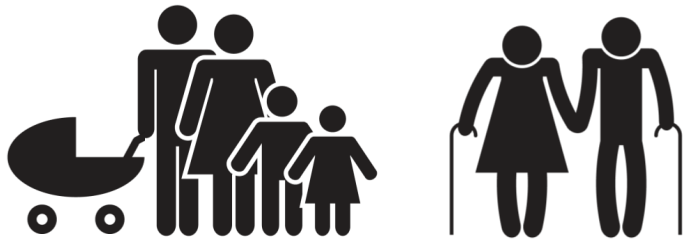


Threats X Vulnerability = Risk to Your Family

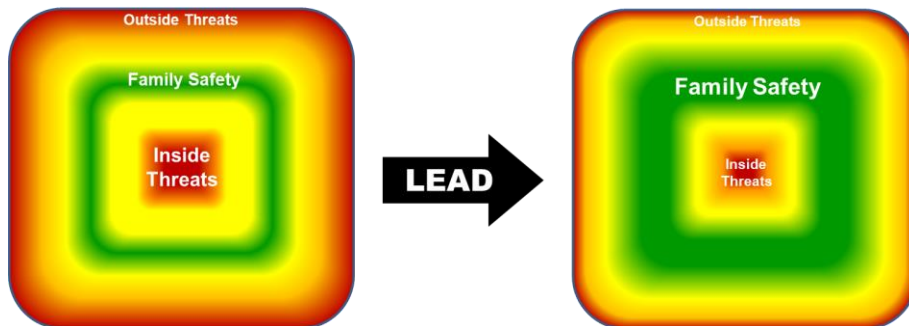
**Our Goal: Reduce Risk of Family Harm
by Reducing Vulnerability to Threats**



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



Reduce Family Vulnerability



STEP 1: Identify Each Family Member's Threat Profile

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

STEP 2: Identify and Follow Local Coronavirus Threats

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

STEP 3: Develop a Family Safety Plan

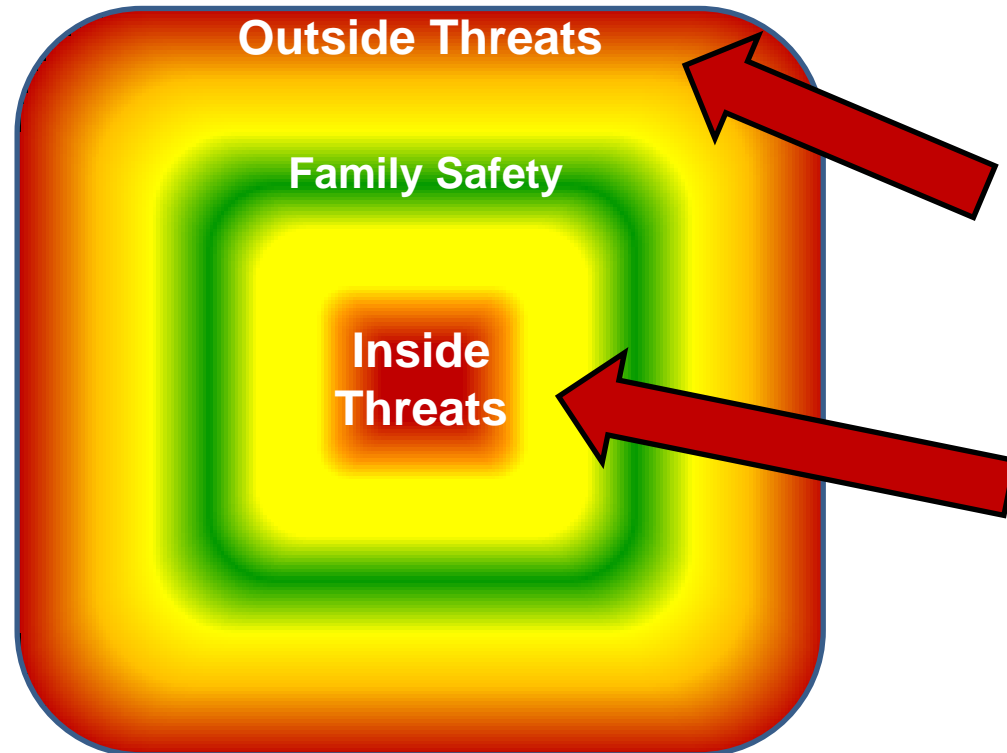
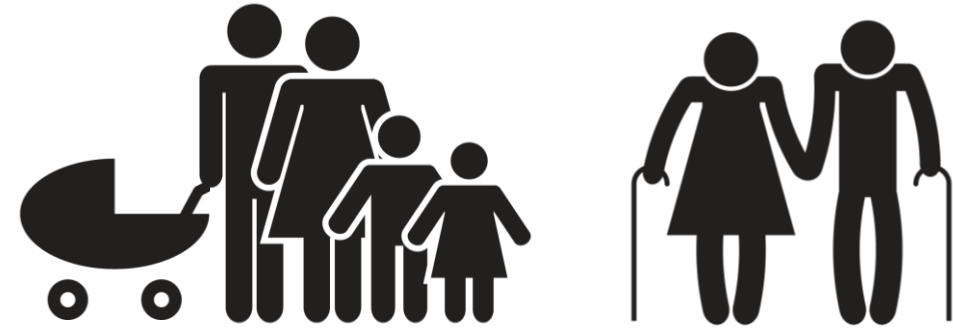
- A leader or leaders of the family act as the CFO – Chief Family Officer who drives the plan: Readiness, Response, Rescue, Recovery, and Resilience.

STEP 4: Plan the Flight and Fly the Plan

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

STEP 1: Identify Each Family Member Threat Profile

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



Family Unit Threat Profile:

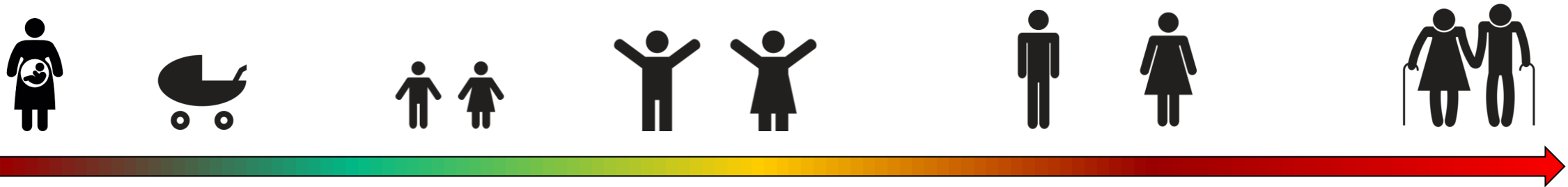
Outside Threats from Community

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

Inside Threats to Family – Home and Conditions

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

STEP 1: Identify Each Family Member Threat Profile



**Pregnant
Moms**

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.

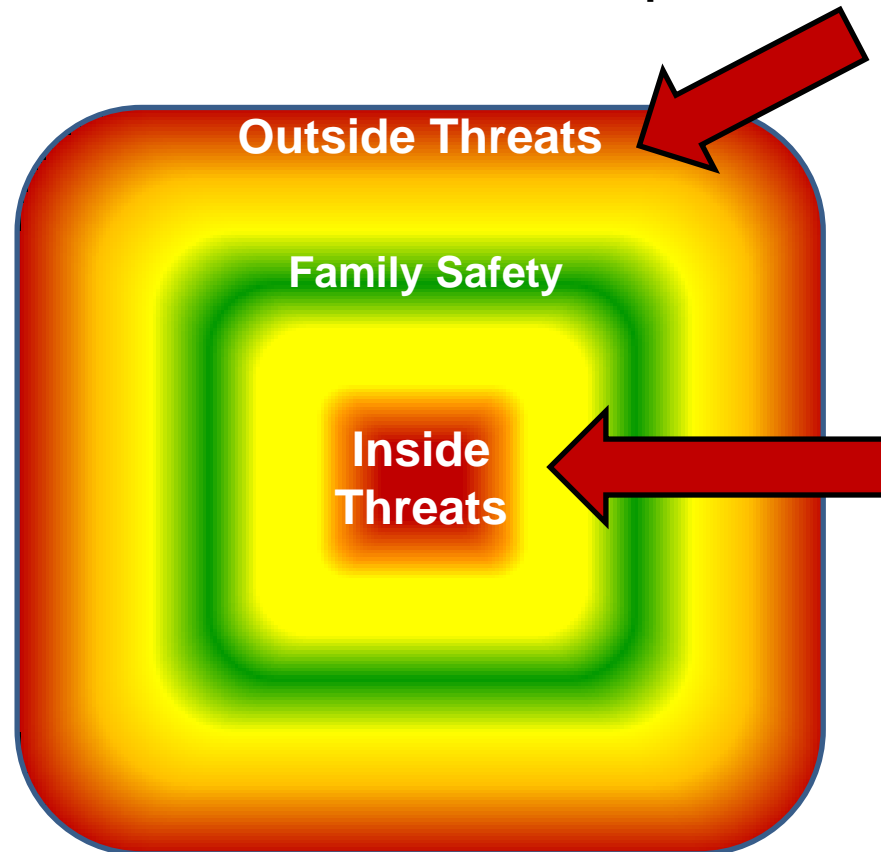
STEP 2: Identify and Follow Local Coronavirus Threats

Inside versus Outside Threats

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

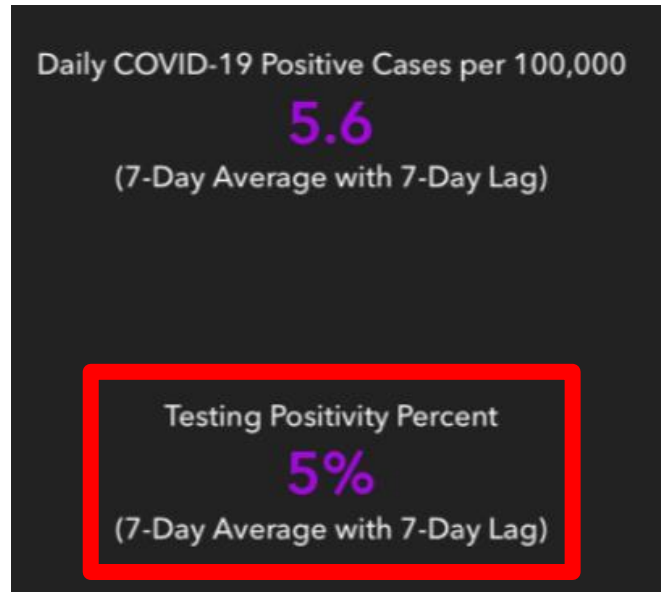
Outside Threats:

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



Inside Threats:

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



Cumulative Cases to Date
(includes deaths)

49,142

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

Daily COVID Positive Cases Received

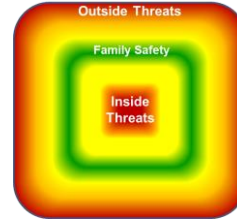
317

Cumulative Tests To Date

664,745

Tests Reported Today

7,605



- Male over 65 years of age.



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

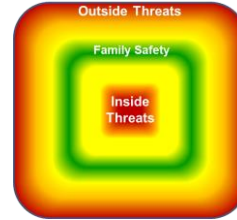
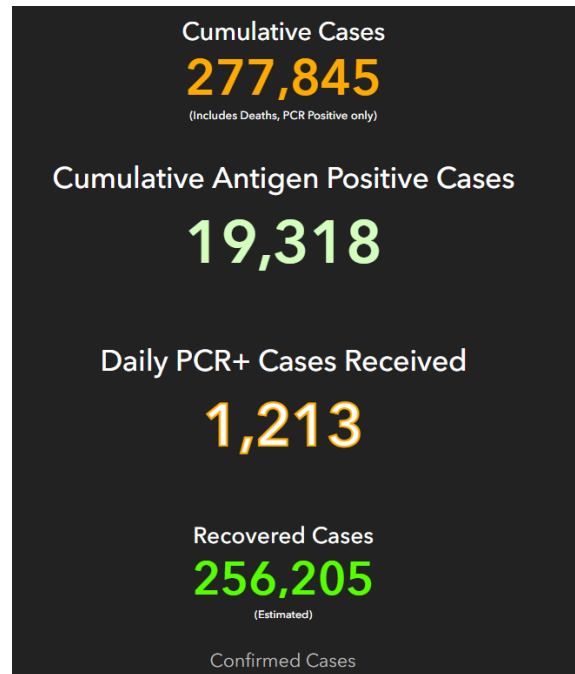
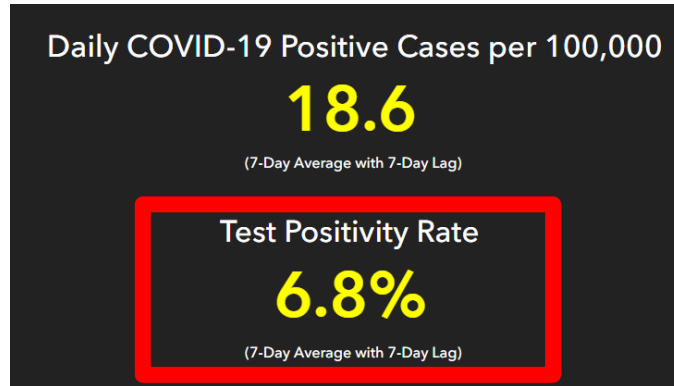


- Mid-teen youth with recent cardiac surgery and hospitalizations for hyperimmune reactions to viral infections.



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

Example Family Threat Profile Orange County CA



Example Family Threat Profile Orange County CA



- Male over 65 years of age.



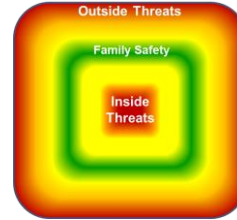
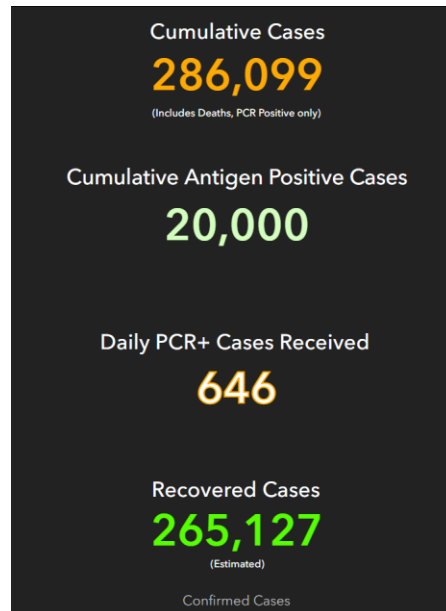
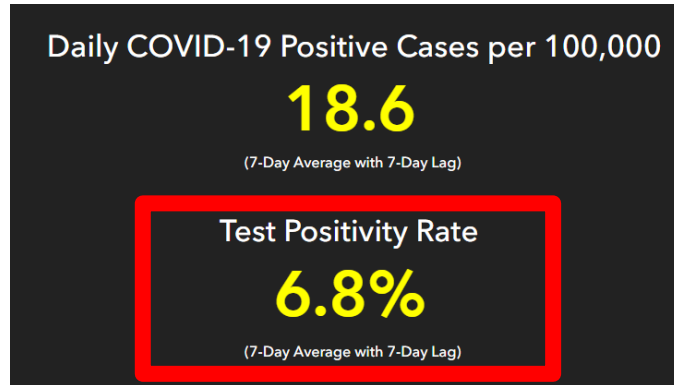
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Example Family Threat Profile Orange County CA



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STEP 3: Develop a Family Safety Plan

Reduce Vulnerability

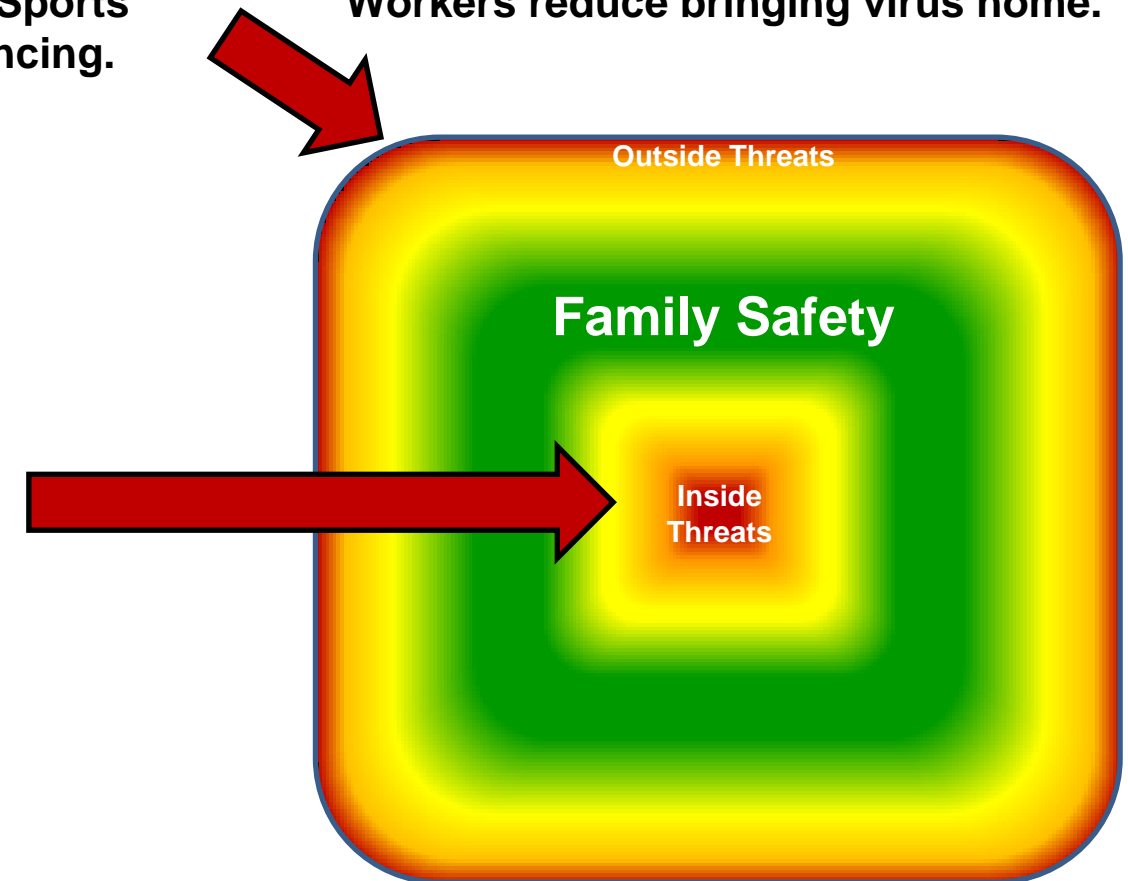
- Adjust behaviors depending on Background Community Infection and local infection trends.
- Base school decisions on Test, Trace, Treat, Isolate, and Quarantine Programs.
- Avoid Group Activities and Sports without Proper Social Distancing.

Reducing Vulnerability to Outside Threats:

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

Reduce Vulnerability to Inside Threats:

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



STEP 3:

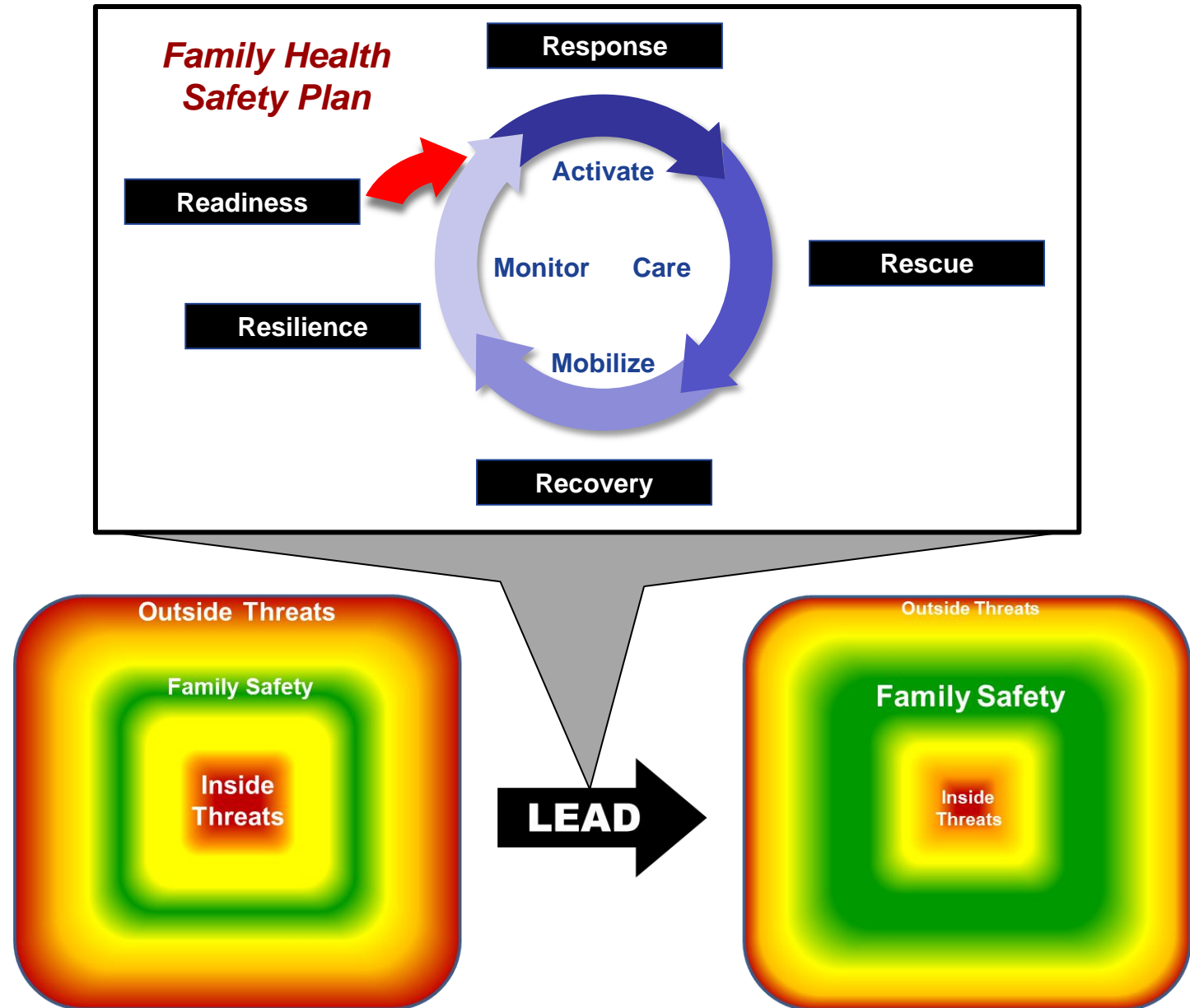
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STEP 4:

Plan the Flight and Fly the Plan

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Essential Worker Toolbox:

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

Creating the Family Safety Plan



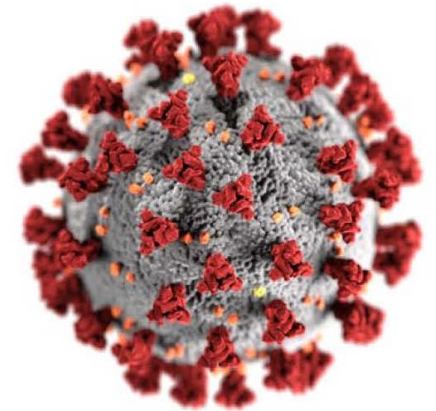
Essential Workers Toolbox

A Survive & Thrive Guide™



Gregory H. Botz, MD, FCCM

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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.

Readiness

Resilience

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

Response

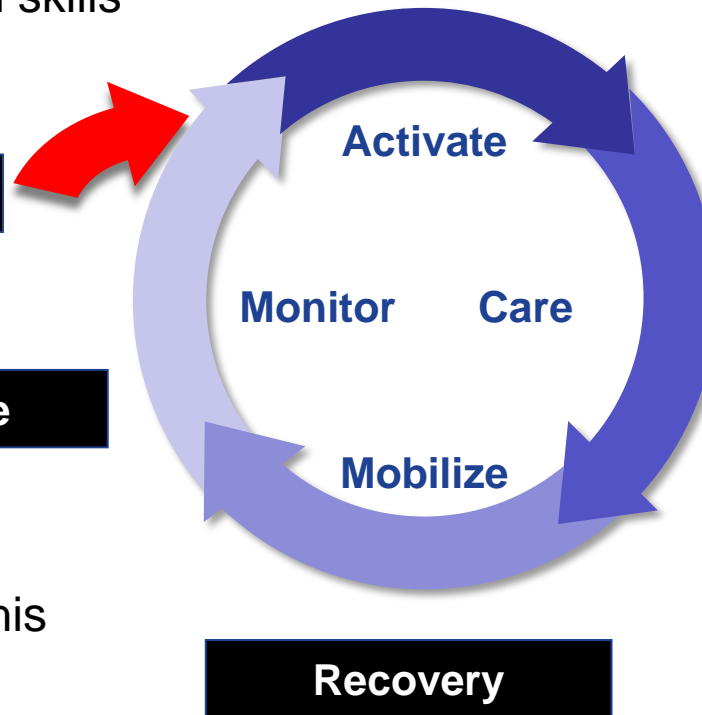
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

Rescue

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

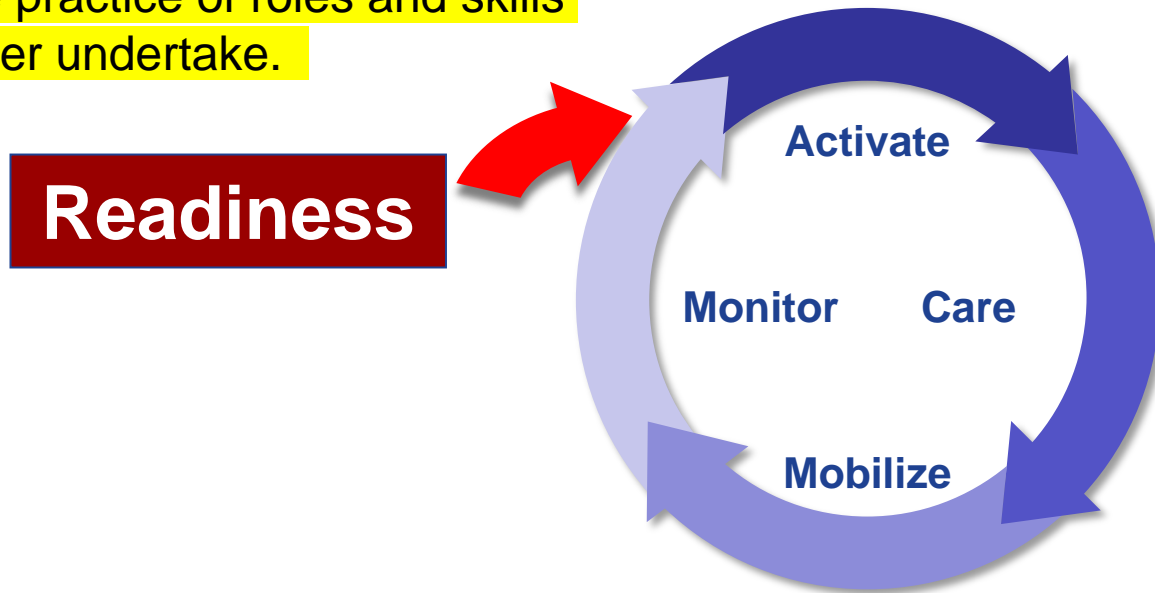
Recovery

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



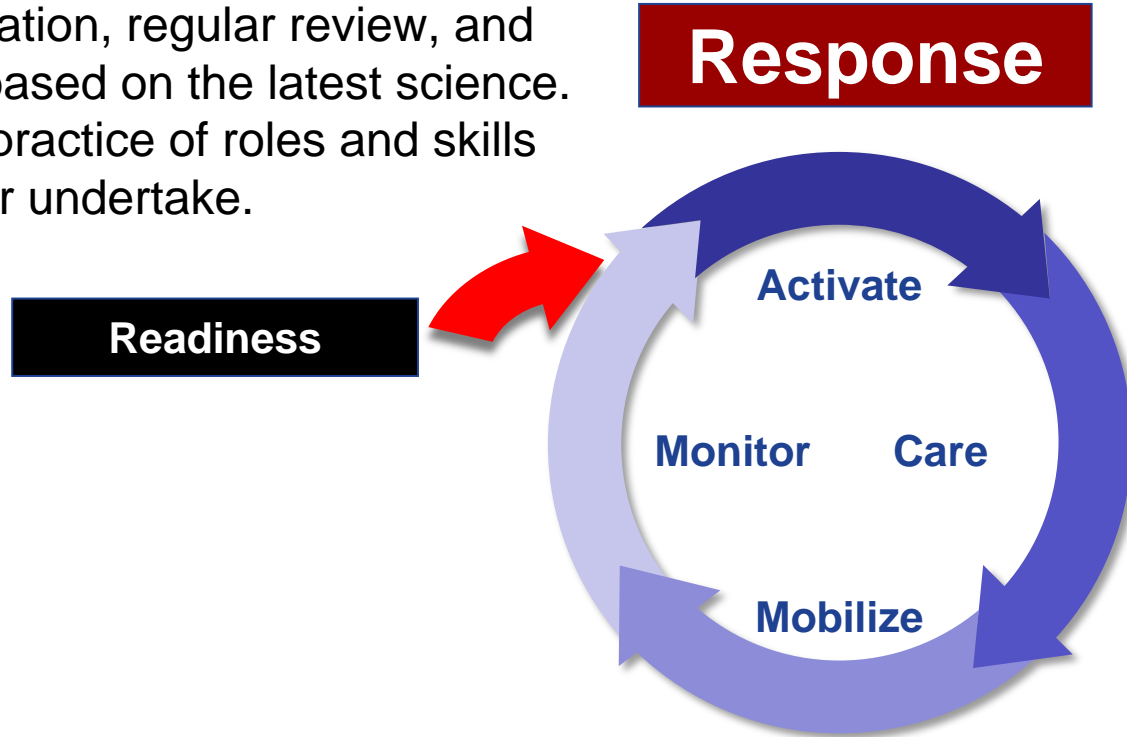
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Family Health Safety Plans

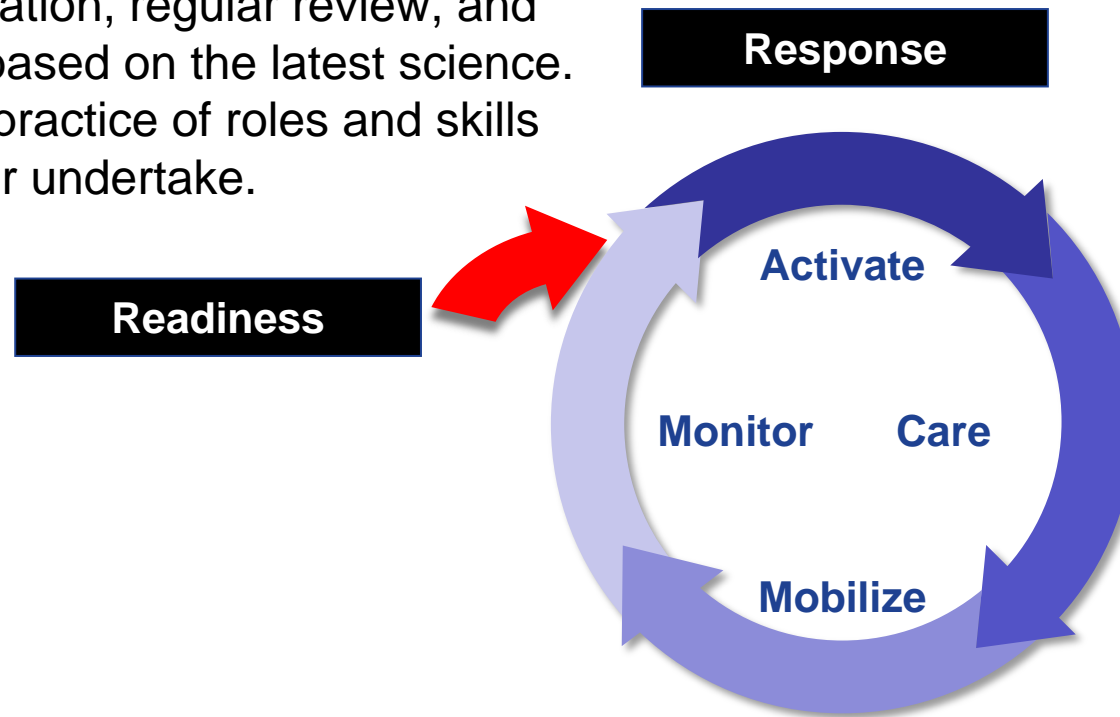
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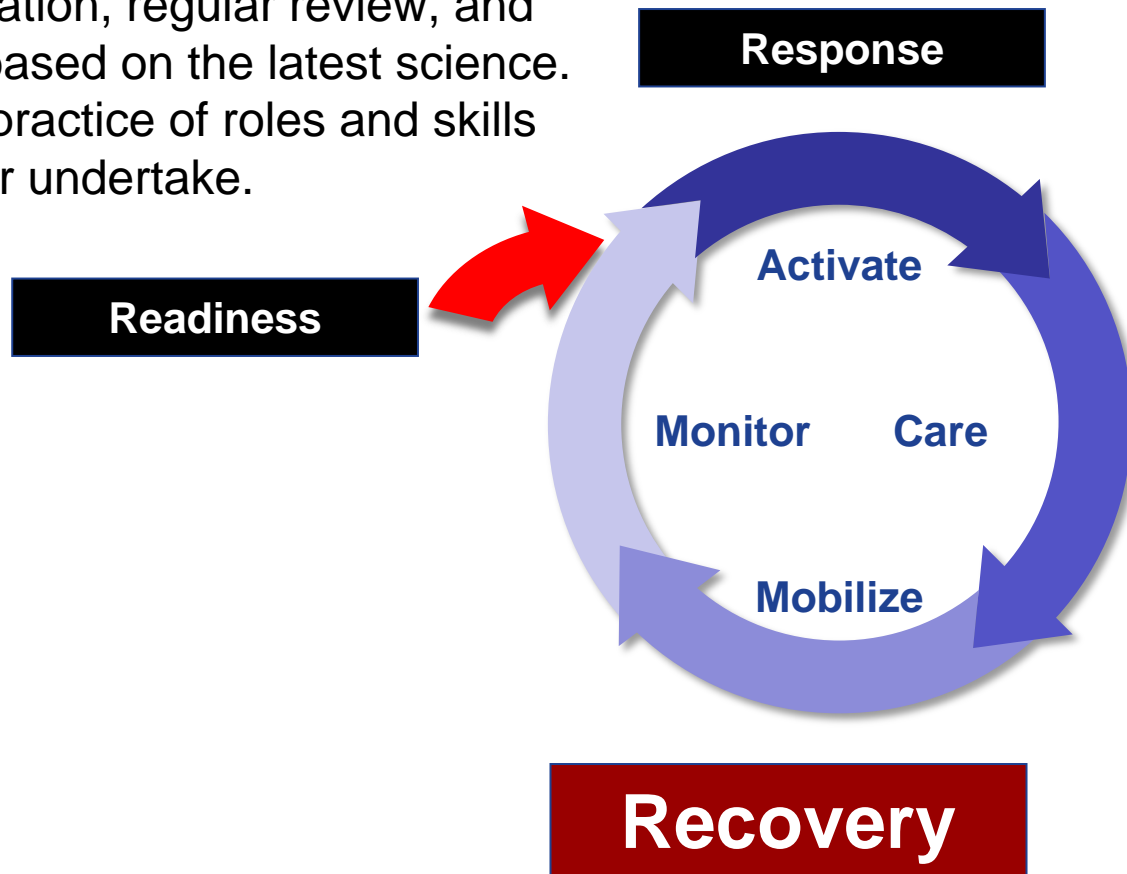
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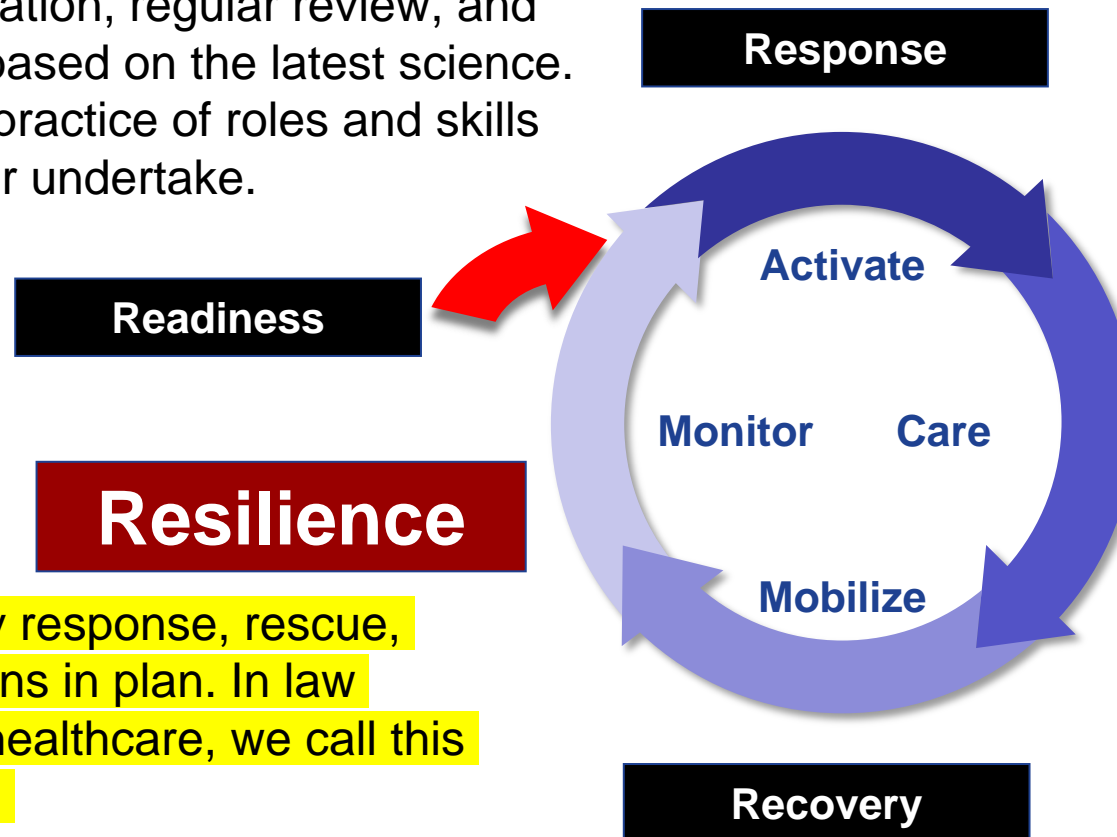
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READINESS

Awareness

- ☐ **Family Scenarios:** All understand family scenarios
- ☐ **National and Local Guidelines:** CDC, Local Public Health, and School Guidelines understood..
- ☐ **Community Threat Awareness:** Local infection rate understood.
- ☐ **Readiness Knowledge – 4 P's:** Prevention, Preparedness, Protection, and Performance Imp't.

Accountability

- ☐ **Readiness Task Assignment:** Who does what, when, of member tasks by Family Scenario.
- ☐ **Readiness Task Completion Log:** Documentation.

Ability

- ☐ **Readiness Skills:** Deliberative Practice.
- ☐ **Readiness Resources:** Staff, supplies, and space. Allocation of the funds.

Action

- ☐ **Create a written Family Safety Plan:** Readiness, Response, Rescue, Recovery, and Resilience.
 - Step 1:** Identify Each Members Threat Profile
 - Step 2:** Identify & Local Coronavirus Threats
 - Step 3:** Develop a Family Safety Plan
 - Step 4:** Plan the Flight and Fly the Plan
- ☐ **Assemble Family Medical Records:** Hardcopy summaries & electronic version..
- ☐ **Establish Required Staff, Supplies, and Space:** Maintain in a state of readiness.

RESPONSE

Awareness

- ☐ **Family Scenario Response Awareness:** Know how to respond the exposed, if infected, infected and symptomatic, and if infected with severe symptoms. Understand quarantine, isolation, and care at home.
- ☐ **Response Knowledge – 4 P's:** Prevention of spread. Preparedness for quarantine, isolation, and home care. Protection concepts and tools such as PPE. Performance Improvement from caregivers and trusted guideline sources.

Accountability

- ☐ **Response Task Accountability:** Task assignment to Family Members.
- ☐ **Response Task Completion Log:** Task completion should be documented to maximize effectiveness.

Ability

- ☐ **Response Skills:** Maintenance of isolation areas and care of an infected family member in isolation will require proper use of PPE, managing airflow to reduce aerosol risks, food service, and laundry functions.
- ☐ **Response Resources:** Staff, supplies, space, and financial resources must be available.

Action

- ☐ **Activate Family Member Scenario Plans:**
 1. Exposure to Infected Person and No Test: Quarantine
 2. Infected and Asymptomatic: Isolation
 3. Infected and Pre-symptomatic: Isolation and Care when Symptomatic
 4. Infected and Symptomatic – Isolation and Care at Home. Follow the Rescue Checklist if CDC emergency warning signs develop (see below).

RESCUE

Awareness

- ☐ **Family Rescue Scenario Awareness:** Know "rescue scenarios" & CDC "emergency warning signs":
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face
- ☐ **Rescue Knowledge - 4 P's:** Prevention of spread, prepare for transport, protect all, learn performance improvement from caregivers.

Accountability

- ☐ **Rescue Task Accountability Reinforced:** Task assignment to Family Members. Tie to CDC emergency warning signs.
- ☐ **Rescue Task Completion Log:** Recording of lifesaving tasks are vital to caregivers.

Ability

- ☐ **Rescue Skills:** Isolation skills - safe use of PPE, safe transport, and protecting family.
- ☐ **Rescue Resources:** Adequate funding, outside service, PPE supplies, "go bags", and disinfection resources are critical.

Action

- ☐ **Activate Family Member Scenario Plans:** Specific checklists for each scenario needs to be followed. The most important issue is that patients will have to be admitted to hospital alone.
 1. Infected & Severely Symptomatic – Need Help: Emergency Sign recognition, safe transportation, safe Caregiver communication. See SBAR Pt. Tool.
 2. Infected Requiring Hospitalization: Patient alone – Caregiver Communication by only by phone.
 3. Infected & Require ICU Life Support Respirator & ECMO: The seriousness of the situation should be communicated to the family members.

RECOVERY

Awareness

- ☐ **Family Recovery Scenario Awareness:** Know "recovery scenarios" with return to a "new safe normal".
 - Long Hauler Threat
 - Multisystem Inflammatory Syndrome (MIS-C) in children and MIS-A in adults.
- ☐ **Recovery 4 P's:** Prevent reinfection - post-infection immunity not assured. Protect family-learn performance improvement from others.

Accountability

- ☐ **Recovery Task Accountability Reinforced:** Assign tasks for assure safe return to the "new normal" – social distance, mask use, hand washing, contact surface disinfection, avoiding poorly ventilated areas, and group events. Updating of recovering member's threat profile, medical records, and history action items.
- ☐ **Recovery Task Completion Log:** Info may be very important to future care decisions.

Ability

- ☐ **Recovery Skills:** Help children, youth, adults, and seniors SAFELY return to work, play, and pray. Recovery care after severe harm.
- ☐ **Recovery Resources:** Staff, supplies, space, and finances for family to return to a new safe normal. Adjust to sports & play.

Action

- ☐ **The actions include care documentation and preparation for future problems:**
 1. **Record & Follow "Return Precautions":** Specific caregiver instructions to return for care if patients deteriorate –.
 2. **Update Family Member Threat Profiles:** New medical info added to threat profile.
 3. **Update and Maintain Medical Records:** In case of a future infection, hospital admission, "long hauler", MIS-C, or MIS-A.

RESILIENCE

During the "quiet before the storm" between community infection surges or after caring for someone, it is an ideal time to "harden the target" of the home and members.

Awareness

- ☐ **Family Impact Scenarios Review:** Update Family Impact Scenarios. Performance improvement can be informed by member caregivers and guidelines..
- ☐ **Resilience Knowledge Review - 4 P's:** Apply prevention, preparedness, protection, and performance improvement lessons learned..

Accountability

- ☐ **5 R Accountability Task Assignments Review:** Review task assignments for each of the 5 R Phases in to optimize lessons learned.
- ☐ **5 R Task Completion Logs Reviewed:** Review each phase log provide to drive performance improvement.

Ability

- ☐ **Resilience Skills:** As the Coronavirus Crises evolves, updated recognition and care skills.
- ☐ **Resilience Resources:** Staff, supplies, space, and financial resources must be available and budgeted for the future. Hardening target of the living space to external threats and from internal threats to the family.

Action

- ☐ **Revise Family Safety Plan and Update All Checklists**
 - ☐ **Readiness:** The team & space needs reviewed to be ready for response, rescue, and recovery.
 - ☐ **Response:** Testing, quarantine, isolation, and guidelines for essential workers are evolving.
 - ☐ **Rescue:** The clinical signs, symptoms, and caregiver emergency practices are evolving as are the interventions. Medical records must be updated.
 - ☐ **Recovery:** The long-term impact of the disease impacts the length and means of recovery.
- ☐ **Review & Update Family Member Threat Profiles:** The inherent threats and their medical records will be very important to successfully care for them.

Family Safety Plan



Readiness

Response

Rescue

Recovery

Resilience

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

Family Safety Plan



Readiness

Response

Rescue

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Resilience

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Infected & Pre-symptomatic Before Symptoms	<div> <h3>Customize Your Family Checklists to the Real-life Scenarios that <u>CAN HAPPEN</u> to You!</h3> </div>				
Infected & Symptomatic – Have Symptoms					
Infected & Severely Symptomatic – Need Help					
Infected & Requiring Hospitalization					
Infected & Require ICU Life Support Respirator & ECMO					
	plan. Be ready for patient to be solo phone only contact.	Infections to you. Watch for worsening signs/symptoms	records and medications for ED care providers.	being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND best emergency care location.
	Be ready for no contact with patient while at hospital. Be ready to give care at home following hospital discharge.	Be ready to respond to infections of others at home or in contact with patient.	Watch for triggers for emergency care of other family members who may get sick.	Recognize probable long-term consequences after being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.
	Keep the family ready for a death. Prepare to deliver substantial care at home if the patient is discharged.	Be ready to respond to isolate and care for infected family members. Quarantine those in significant contact.	Watch for symptom triggers requiring emergency care visit if others in family get sick.	Recognize probable long-term consequences after being infected. Be aware of “long haulers” scenario	Maintain latest knowledge of local testing, contact tracing, isolation process AND ID best hospital care providers.

Family Safety Plan




Readiness

Response 

Rescue 

Recovery 

Resilience 

Family Member 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

Every family or living unit needs to have a plan for each of these scenarios. They will drive the elements of your plan.

Infected & Symptomatic –
Have Symptoms

Infected & Severely
Symptomatic – Need Help

Infected & Requiring
Hospitalization

Infected & Require ICU
Life Support
Respirator & ECMO

Essential Workers Toolbox

First Responder Perspective



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



Randy Styner
Director Emergency Management
University of California Irvine
Best Selling Author
Scout Leader



**Paul Cross, MBA,
FBINA 194th**
Assistant Chief
The University of Texas
Police at Houston



David M. Morris, PH.D., J.D.

President of Morris & McDaniel, Inc.
Law Enforcement and First
Responder Expert and Researcher

Essential Worker Toolbox:

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



Be Your Family Lifeguard & Holiday Huddle Checklist **During Delta**



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

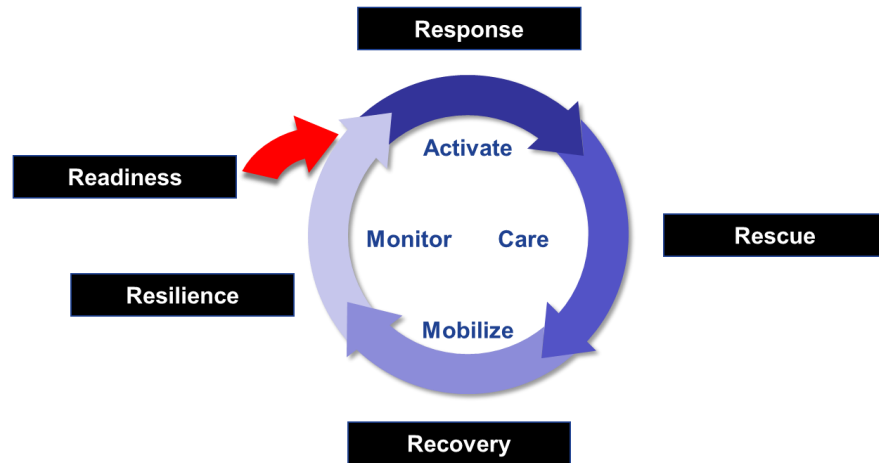


David Beshk

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



Family Health Safety & Organization Security Plans™



The Family CFO: Chief Family Officer

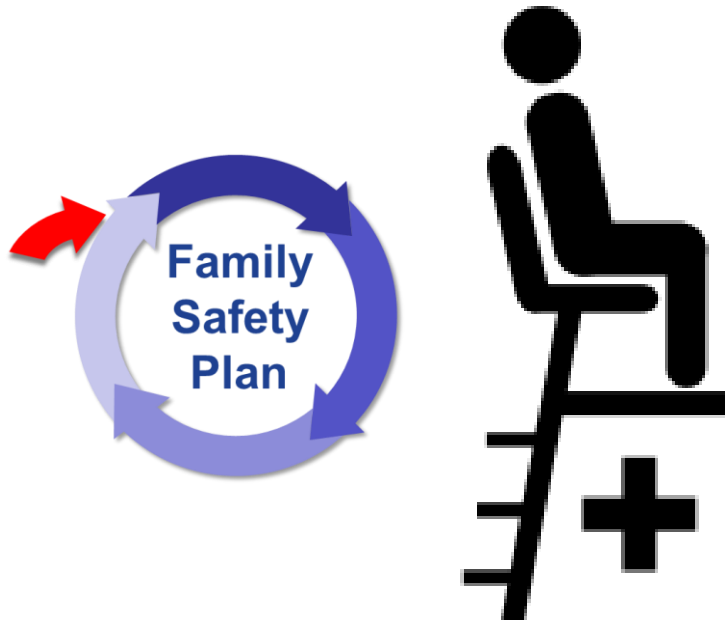


Thoughts for Families with Young Children:

- ☐ 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

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
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During Event:

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- ☐ Soak Plates and Cutlery in Soapy Water
- ☐ Wipe down surfaces touched by guests
- ☐ Wipe down bathroom used by guests
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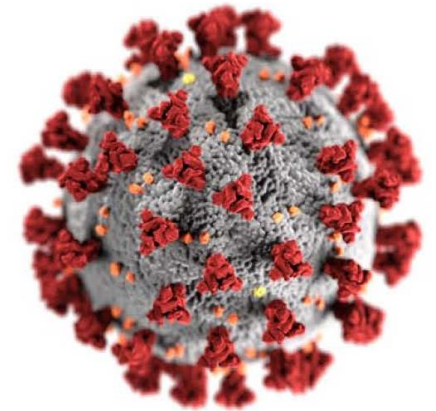
Essential Workers Toolbox

A Survive & Thrive Guide™



David Beshk

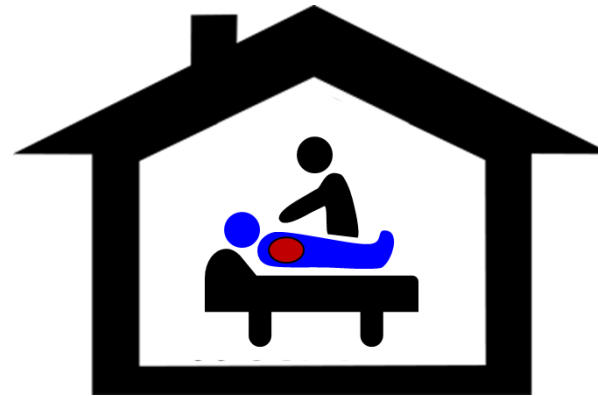
**Med Tac Master Instructor
Award Winning Educator
Lower School Science Teacher**



Essential Worker Toolbox:

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



An Infection Every Second... A Death Every 2 Minutes



A 13-year-old Missouri boy's on quarantine and last day of school was in late October. He died from Covid-19 days later



Long-haulers taking months to recover from multi-system symptoms – many develop it.



A 20-year-old dies on quarantine in her dorm room of pulmonary embolism. Test result “never delivered due to clerical error”.



Home Care Room Program

Coronavirus Response
CareUniversity Series

Select a Care Room Checklist:

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



Home Care Room Program

Coronavirus Response
CareUniversity Series

Care Room Set Up Checklist:

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



Home Care Room Program

Coronavirus Response
CareUniversity Series

Supplies Checklist:

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



Home Care Room Program

Coronavirus Response
CareUniversity Series

Home Care Team Checklists:

Laundry Processes:

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

Cleaning the Home:

- ☐ Door knobs



Select a Care Room Checklist:

- ☐ Select a room separated and away from the family traffic that ideally should be well ventilated to the outside.
- ☐ Identify the bathroom to be used by the loved one that can be used to wash hands and for personal hygiene.
- ☐ If a fully dedicated bathroom cannot be used, identify where supplies and dishes may be cleaned away from the family and other inhabitants.
- ☐ If another room or hall can be used for a disinfection station set that up for use.
- ☐ Make sure the Care Room has a door that can be closed.
- ☐ If you have no separate bedroom for the patient, use plastic sheets, or waterproof materials such as shower curtains or tents to wall off the area from others.
- ☐ Optimize ventilation. If the Care Room has an outside window that may be opened, it is optimal.
- ☐ If Heating and Airconditioning vents can be closed to separate ventilation from the rest of the dwelling, do so.
- ☐ Make decisions regarding allowing pets in the Care Room. It is optimal if pets are separated from the patient.

September 2021 Update

- ▶ **Aerosol Risk is much greater than previously believed.**
- ▶ **Aerosol virus particles can linger in the air for a number of hours.**
- ▶ **Don't Dare Share Air is our motto now.**
- ▶ **Ventilation is ABSOLUTELY critical.**
- ▶ **Less Emphasis on High Contact Surfaces**
- ▶ **Less worry with pets than early in pandemic.**



Care Room Set Up Checklist:

- ☐ Set Up Cleaning Station Outside Room
- ☐ Set Up Cleaning Station Inside Room
- ☐ Equip Both Cleaning Stations with Disinfectant Supplies
- ☐ Post Signs to Remind Everyone of Entry Instructions
- ☐ Consider Signs Outside Home
- ☐ Prepare a Daily Contact & Visitor Roster
- ☐ Remove Hard to Clean Furniture & Objects
- ☐ Set Up Personal Protective Equipment Storage
- ☐ Set up a Contaminated Waste Can
- ☐ Set up Waste Can Outside Room
- ☐ Set up a Contaminated Laundry Bag
- ☐ Set up a Non-contaminated Laundry Bag
- ☐ Put Waste Cans, Garbage Bags, and Waste Collection Materials in Care Room
- ☐ Place Safe Container for Needles for Diabetics & if Injection Meds Used
- ☐ Keep Patient's Personal Items to minimum
- ☐ Place Water Pitchers and Cups, Tissue Wipes, and Personal Hygiene Supplies, within Patient Reach
- ☐ Keep dedicated Thermometers & Devices such as Pulse Oximeters in Care Room
- ☐ Keep Reusable Supplies in Care Room
- ☐ Keep Reusable Dishes/Cutlery in Care Room
- ☐ Put Equipment Needing Disinfection in Clean Container with Lid outside the room
- ☐ Set Up Phones, Mobile Phones, and Chargers within patient's reach

September 2021 Update

- ▶ Aerosol Risk is much greater than previously believed.
- ▶ Less Emphasis on High Contact Surfaces
- ☐ Keep dedicated Thermometers & Devices such as Pulse Oximeters in Care Room – important to use pulse oximeters to track status of the patients.



Supplies Checklist:

- ☐ Eye Protection
- ☐ A Face Shield
- ☐ Reusable Gloves
- ☐ Rubber Gloves
- ☐ Disposable Hair Covers
- ☐ N95 Mask or Medical Procedure Mask
- ☐ Aprons - single-use long-sleeved fluid-resistant or reusable gowns.
- ☐ Plastic Aprons
- ☐ Alcohol-based Hand Rub
- ☐ Plain Soap
- ☐ Clean Single-use Paper Towels
- ☐ Safe Puncture Proof Containers
- ☐ Detergent for Cleaning Surfaces
- ☐ Thermometer & Med Devices
- ☐ Mobile Phone
- ☐ Waste Bags – Garbage
- ☐ Laundry Bags – Contaminated
- ☐ Laundry Bags – Non-contaminated
- ☐ Plates and Cutlery for Patient
- ☐ Collection Container for Supplies Needing Disinfecting

September 2021 Update

- ▶ Aerosol Risk is much greater than previously believed.
- ▶ Less Emphasis on High Contact Surfaces
- ☐ Convert mask selection to N95 Mask and emphasize Filter, Fit, and Finish of masks. Surgical Medical Procedural masks are as good as well fitting N95.
- ☐ If KN95 Masks are used, make sure they are not counterfeit and are of the regulated and US medically approved type.



Home Care Team Checklists:

Laundry Processes:

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

Cleaning the Home:

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

Upon Returning Home:

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

Go to <https://www.medtacglobal.org/coronavirus-response/> for Videos and Updates

03/23/20 14:30PT

September 2021 Update

- ▶ Aerosol Risk is much greater than previously believed.
- ▶ Less Emphasis on High Contact Surfaces, however do not ignore them.
- ☐ Make sure to be careful with contaminated masks after care of the patient or in high risk environments.
- ☐ First Responders and caregivers continue to maintain decontamination practices.

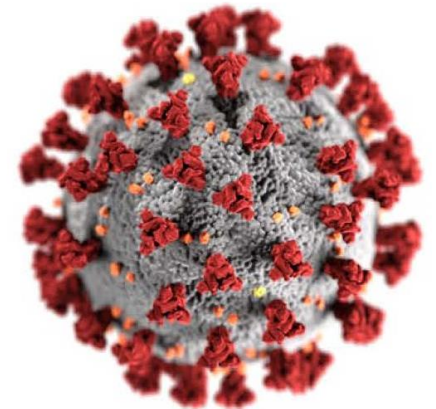
Essential Workers Toolbox

A Survive & Thrive Guide™



Heather Foster RN BSN

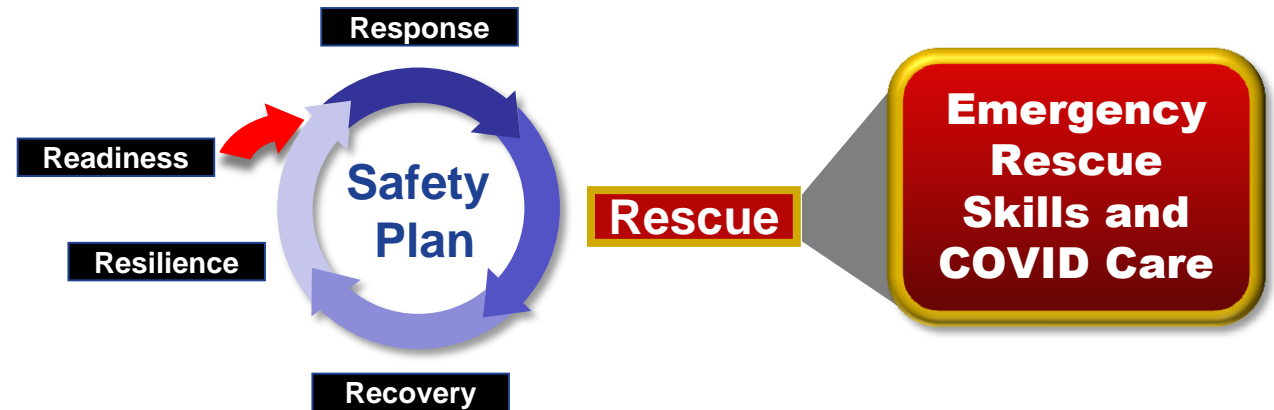
**Frontline Nurse
Infection Prevention Advisor
Patient Safety Advocate
Dolores Colorado**



Essential Worker Toolbox:

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



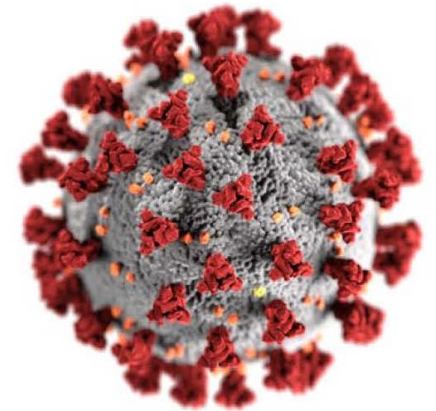
Essential Workers Toolbox

A Survive & Thrive Guide™



Christopher Peabody, MD, MPH

**Associate Professor,
Emergency Medicine
Director Innovation Center
University of California,
San Francisco UCSF**



Video Library

Med Tac Story

Med Tac Leadership Team

Adopt a Cove Program

5 Rights of Emergency Care

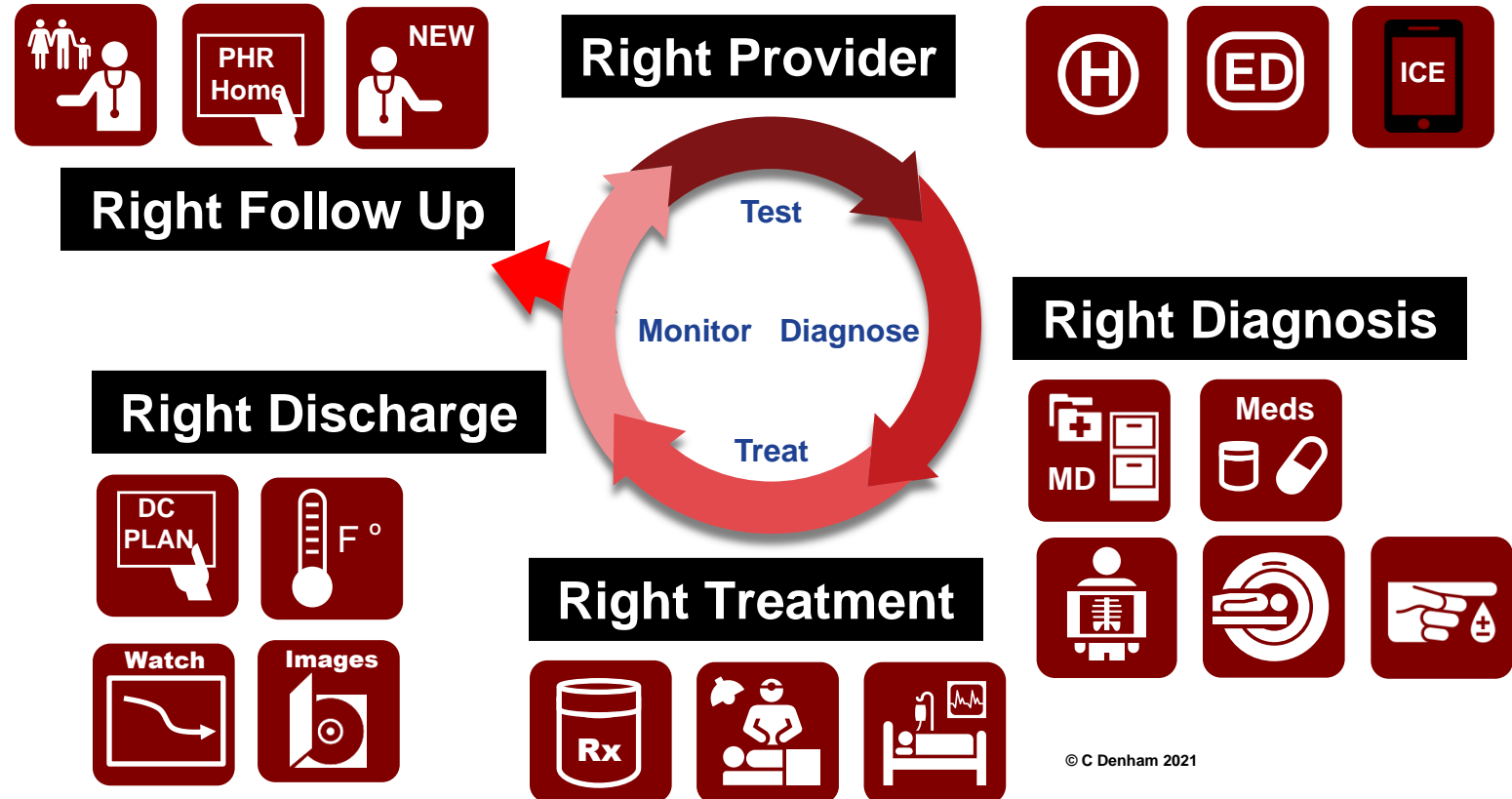
College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

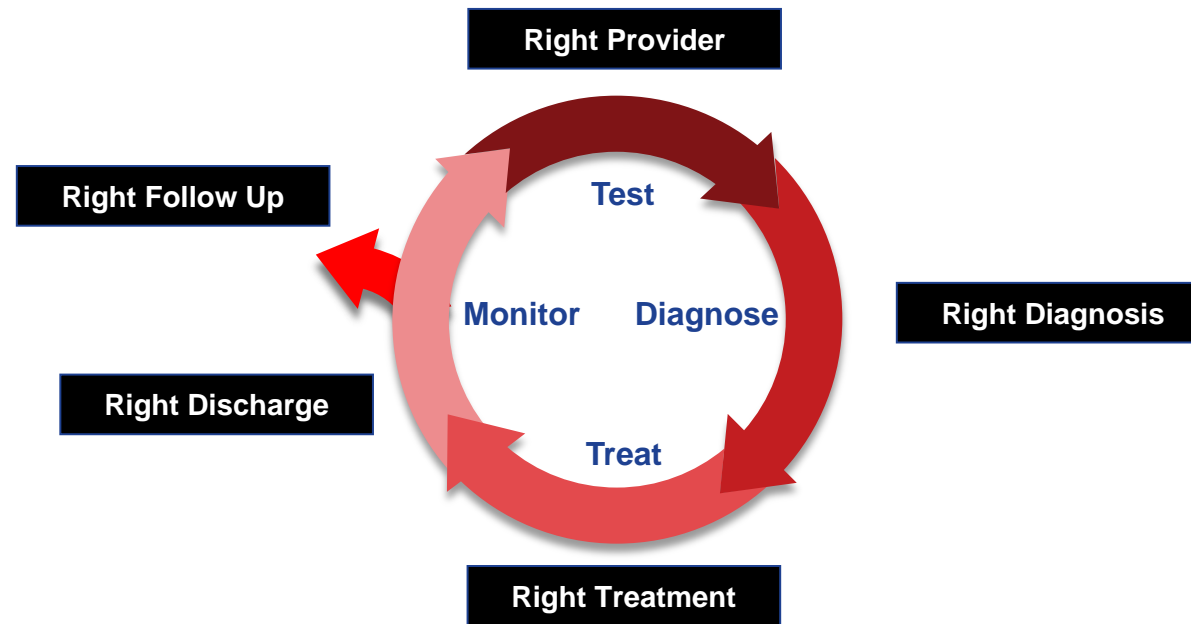
Opioid Overdose Briefing

The 5 Rights of Emergency Care™



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.

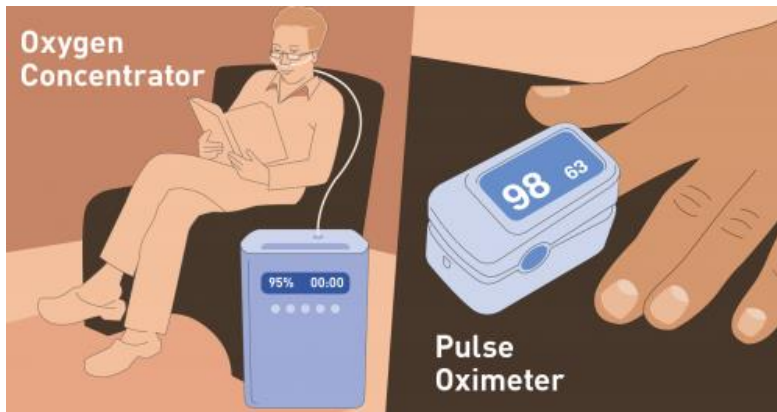
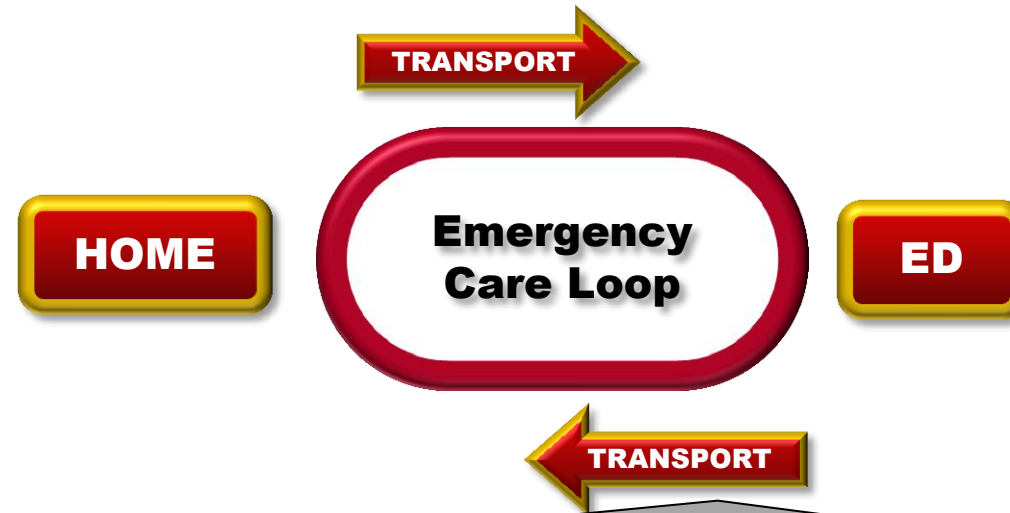
Right Treatment: It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

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

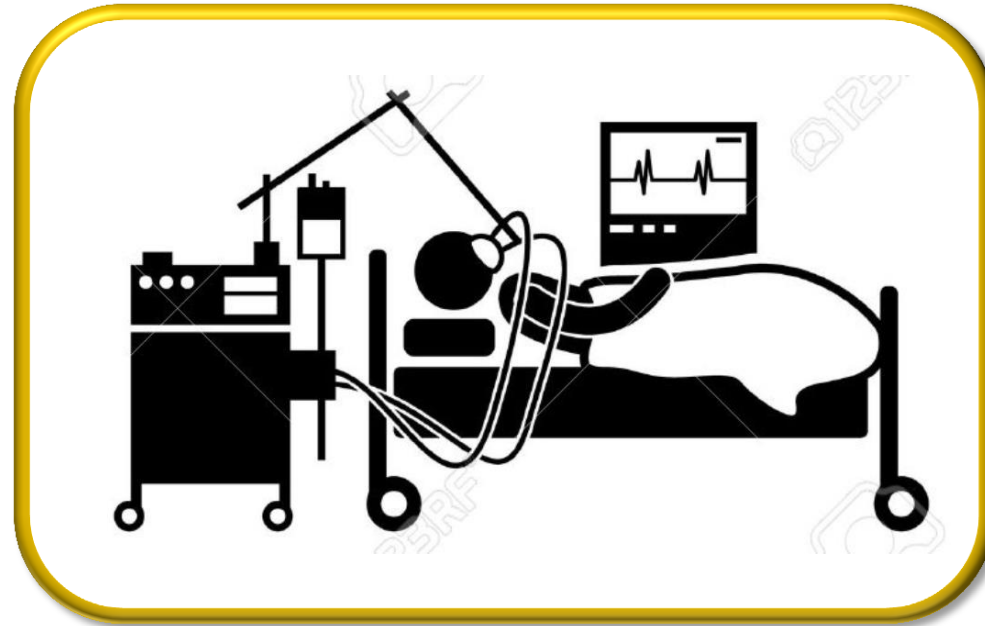
Emergency Rescue Skills: After Discharge & Transport Home



Essential Worker Toolbox:

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



Short Video Topics

Masks: Filter, Fit, and Finish

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

Why ICU, Respirators, and ECMO

Family Lifeguard Program

Vaccination Conversation

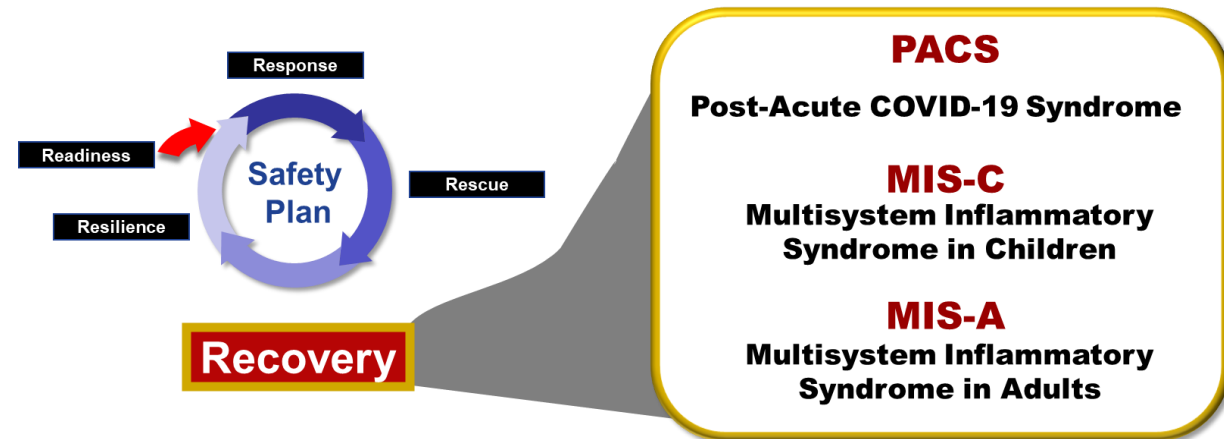
ICU Care, Respirators, and ECMO



Essential Worker Toolbox:

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



THE CHIEF HEALTH SECURITY OFFICER



**My Job is
Organizational
Health Security**

- **Clinical**
- **Operational**
- **Financial**

THE LANCET

TIME

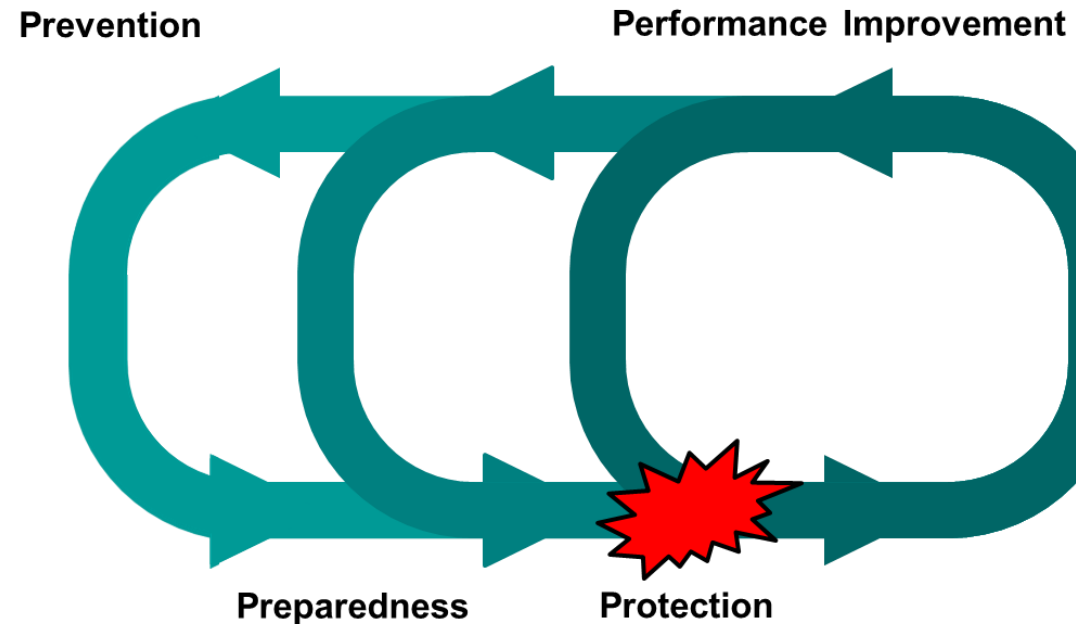
Largest Long-term Study of COVID Patients

- More than 2/3 have symptoms at 6 months
- Almost half have symptoms at 12 months
- Most common symptom fatigue
- Almost 1/3rd have breathing difficulty at 12 months
- 20% of non-hospitalized patients persist with symptoms

Essential Worker Toolbox:

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

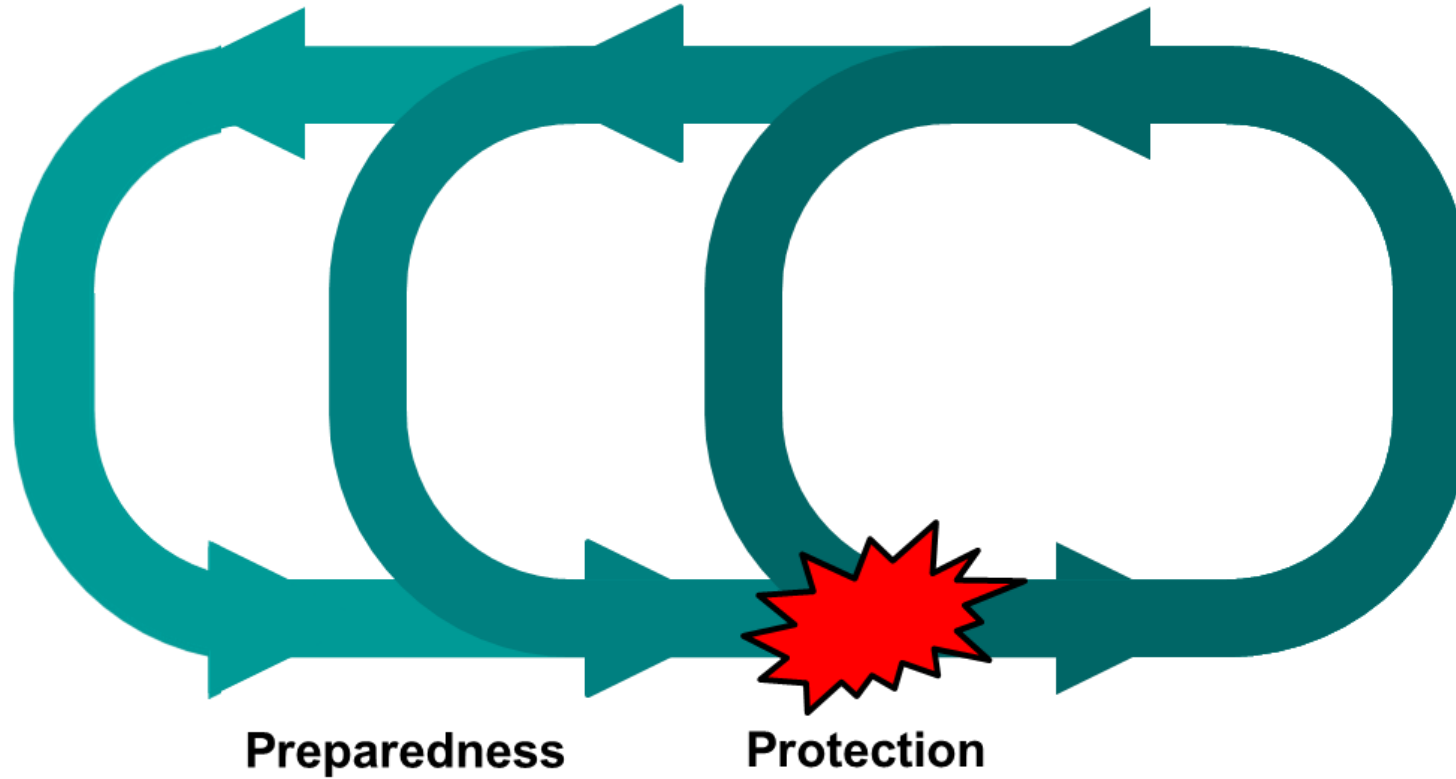
The 4 P's at the New Normal



The New Normal & The 4 P's

Prevention

Performance Improvement

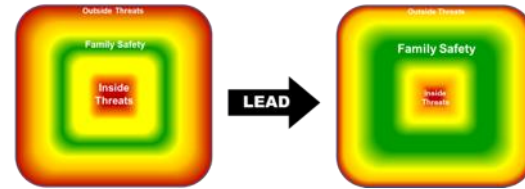


Survive & Thrive Guide™ Program Road Map

Survive & Thrive Guide Series: Coming Home Safely



Keeping Our Kids Safe



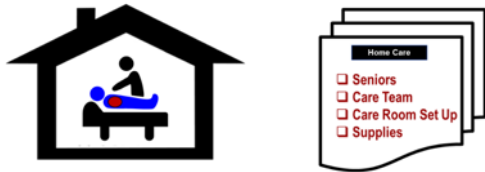
Creating Your Family Safety Plan



Safety Plan Templates for Everyone



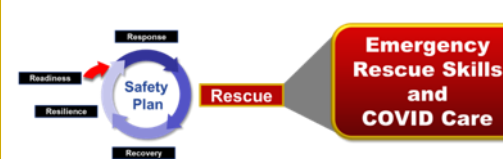
Providing Care at Home



Your 2021 Family Safety Plan



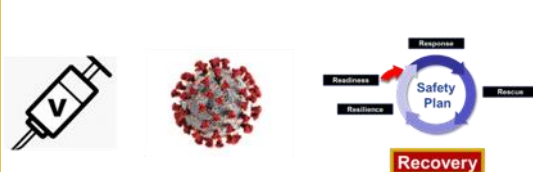
Emergency Rescue Skills



What To Do – They're in the ICU



Vaccines, Variants, and Victory



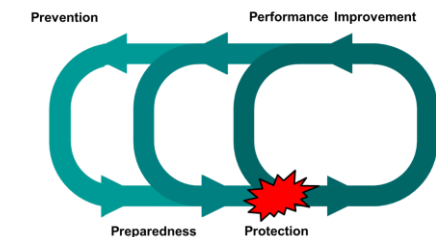
Long Haulers & Severe COVID Recovery



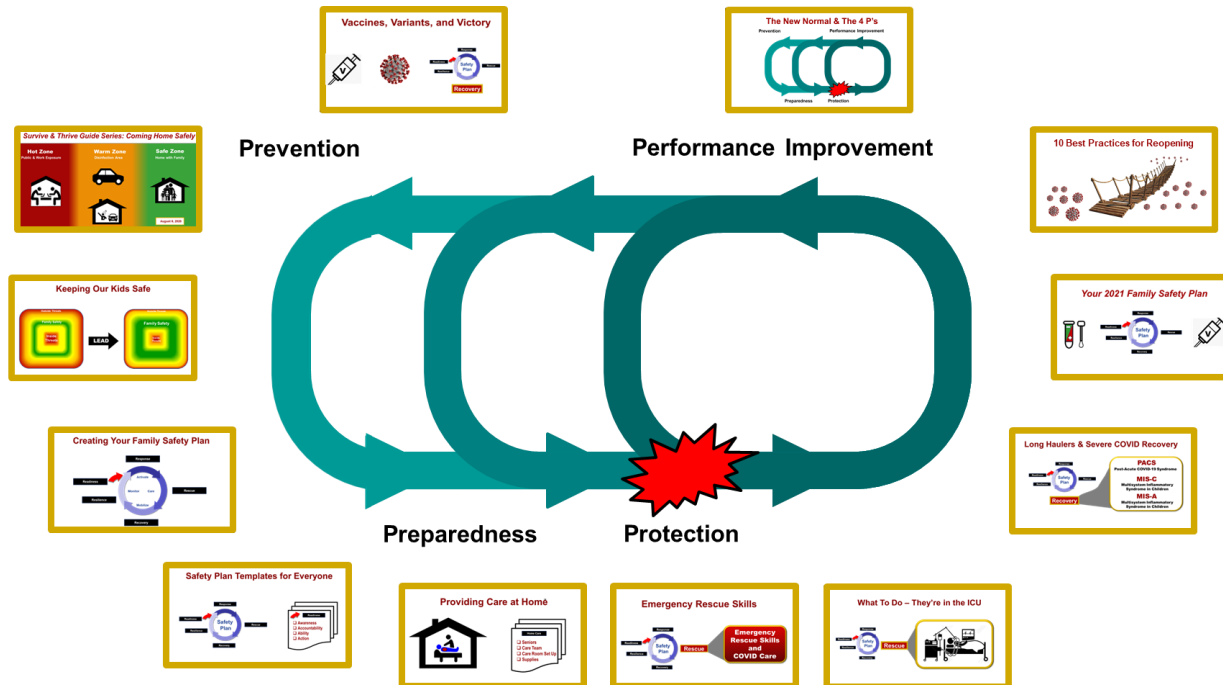
10 Best Practices for Reopening



The New Normal & The 4 P's



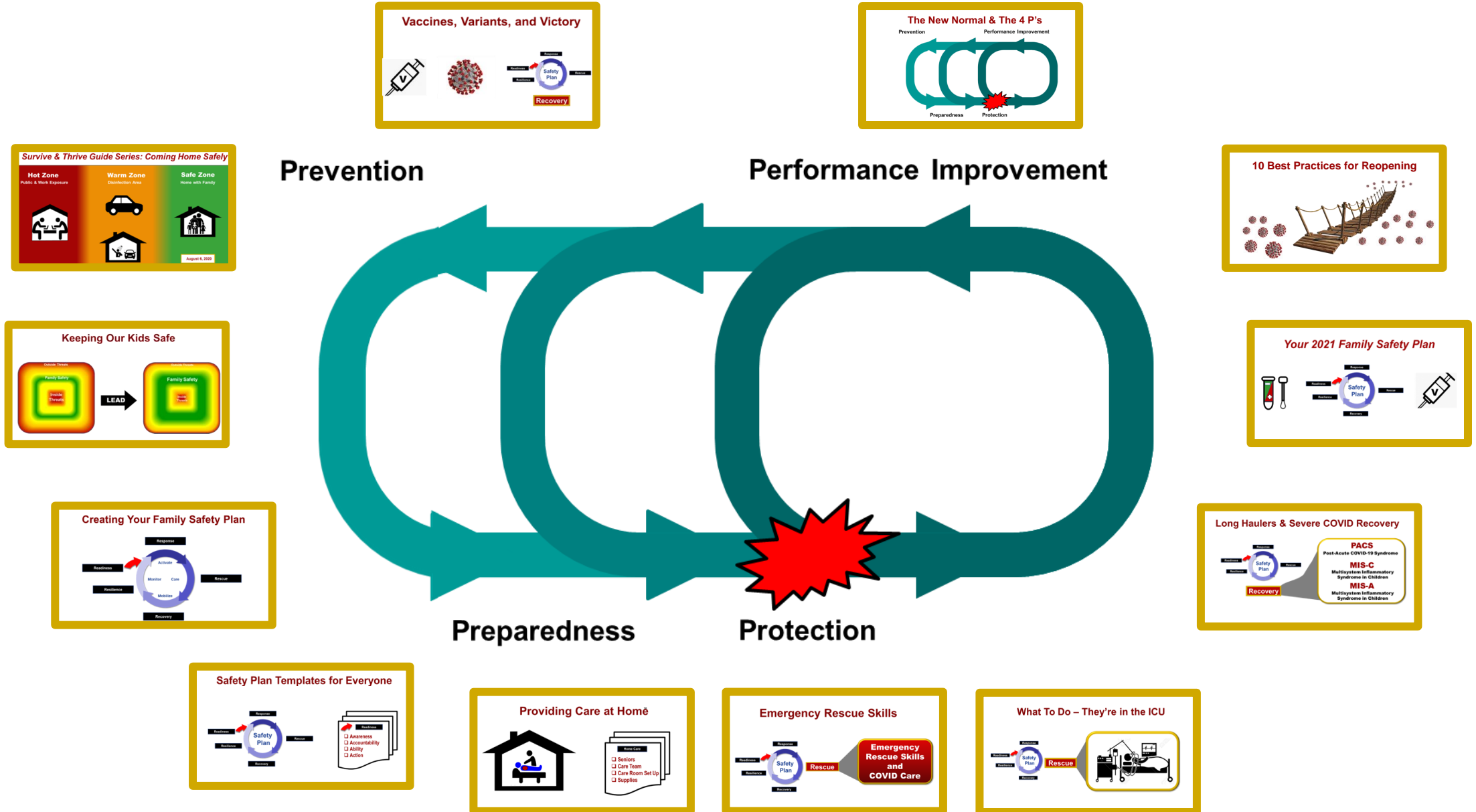
Our Survive & Thrive Guide Updates



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

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



Who is Your CHSO & Family CFO?

**PUBLIC HEALTH
OFFICERS**



**THE CHIEF HEALTH
SECURITY OFFICER**



**THE CFO
CHIEF FAMILY OFFICER**



THEY HAVE TO TAKE CHARGE NOW!

Source: C Denham

Family Safety Plan




Readiness

Response 

Rescue 

Recovery 

Resilience 

Family Member 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

Every family or living unit needs to have a plan for each of these scenarios. They will drive the elements of your plan.

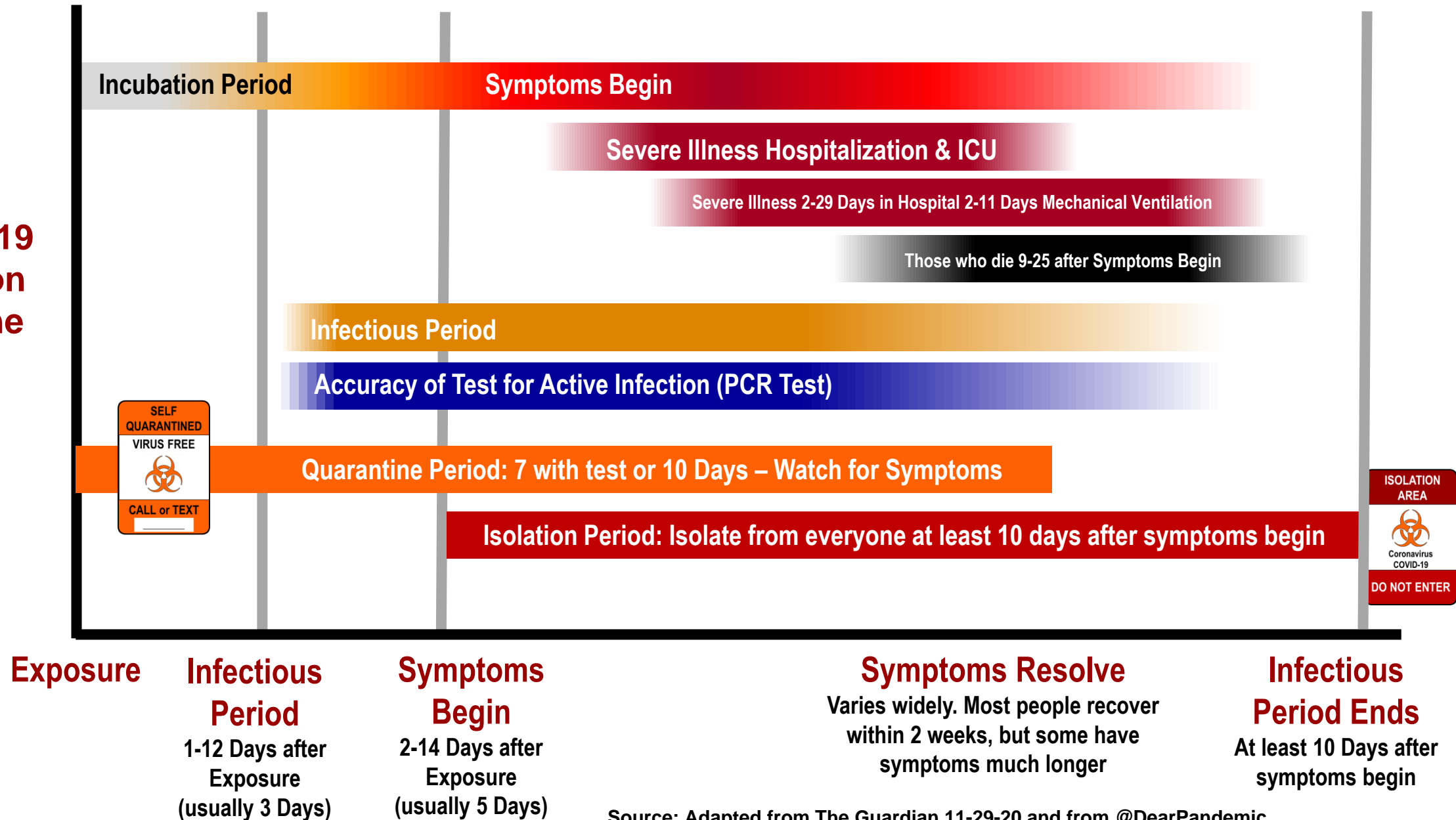
Infected & Symptomatic –
Have Symptoms

Infected & Severely
Symptomatic – Need Help

Infected & Requiring
Hospitalization

Infected & Require ICU
Life Support
Respirator & ECMO

COVID-19 Infection Timeline



Source: Adapted from The Guardian 11-29-20 and from @DearPandemic

Speakers & Reactors



Jennifer Dingman



William Adcox



Paul Cross



Randy Styner



Dr. Gregory Botz



Heather Foster RN



Charlie Denham III



Dr. C Peabody



David Morris



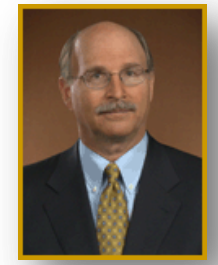
Jaime Yrastorza



Paul Bhatia EMT



David Beshk



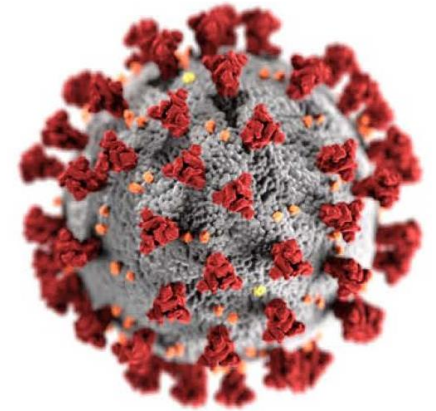
Dr. C Denham

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

High Impact Care Hazards to Patients, Students, and Employees



AboutValues & TeamCoronavirus ResponseRecorded BroadcastsSpecialty ProgramsR&D Surveys & InnovationsCAREUNIVERSITY

Med Tac Bystander Rescue Care

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

Video Library

Med Tac Story

Med Tac Leadership Team

Adopt a Cove Program

5 Rights of Emergency Care

College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opioid Overdose Briefing



The Med Tac Story

The Battle Against Failure to Rescue

The Med Tac Program was developed by a team originally focused on active shooter events. When they found that there at least 8 leading causes of preventable death including severe bleeding and that there was no integrated program to teach the public what they can do to save lives and prevent "failure to rescue" before EMS arrives, Med Tac was born. In many cases bystander rescue care can triple survival if the public knows what to do. The program was funded through 2019 by philanthropy through TMIT Global, a 501(c)(3) medical research organization that leads a global patient safety community of practice found at www.SafetyLeaders.org. With the development of the Coronavirus crisis, our rapid response team has prioritized Infection Care as one of our major focus areas. As of January 1st, 2020 the team has published four articles and has developed pilot programs in five states. [Click here](#) to download a PDF of the four articles.



Cardiac Arrest

Choking & Drowning

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.

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Austin, Texas

<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.

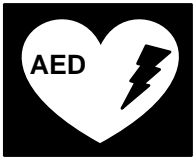
High Impact Care Hazards are conditions that are frequent, severe, preventable, and measurable. We have identified the leading causes of death that strike children, youth, and those in their workforce years. We provide evidence-based bystander care training that can have the greatest impact.

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.

The Solution: Bystander Rescue Care

Cardiac Arrest



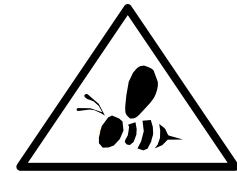
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The Solution: Bystander Rescue Care

Cardiac Arrest



Sudden Cardiac Arrest: There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.
Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.

Choking & Drowning



Choking: More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.

Possible Lives Saved in the US: 13 per day

Drowning: By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.

Possible Lives Saved in the US: 8 per day

Opioid OD & Poisoning



Opioid Overdose and Poisoning: An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.

Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.

Anaphylaxis



Anaphylaxis & Life Threatening Allergies: Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.

Possible Lives Saved in the US: 1 per day

Major Trauma



Major Trauma & Bleeding: Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.

Possible Lives Saved in the US: 1 per hour

Infection Care



Infection Care: Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care.

Possible Lives Incalculable

Transportation



Non-traffic Related Vehicular Accidents: The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.

Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.

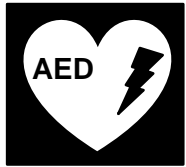
Bullying



Bullying & Workplace Violence: Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.

Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.

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COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



Step 1



Phone 9-1-1 and get an AED.

Step 2



Cover your own mouth and nose with a face mask or cloth.



Cover the person's mouth and nose with a face mask or cloth.

Step 3



Perform Hands-Only CPR.
Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.

Step 4



Use an AED as soon as it is available.

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SAVE A LIFE. GET NALOXONE.

Naloxone stops an overdose caused by opioid pain medication, methadone or heroin.

People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life.

To get naloxone, present this card to the pharmacy staff.

A



MULTI-STEP NASAL SPRAY

DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril.

NO BRAND NAME/GENERIC

COST: \$-\$\$

B



SINGLE-STEP NASAL SPRAY

DIRECTIONS: Spray full dose into one nostril.

BRAND NAME: Narcan

COST: \$\$\$

C



INTRAMUSCULAR INJECTION

DIRECTIONS: Inject 1 mL in shoulder or thigh.

NO BRAND NAME/GENERIC

COST: \$-\$\$

D



AUTO-INJECTOR

DIRECTIONS: Use as directed by voice-prompt. Press black side firmly on outer thigh.

BRAND NAME: Evzio

COST: \$\$\$\$*

*Coupons available, see evzio.com for more info

FOR ALL PRODUCTS, repeat naloxone administration after 2–3 minutes if there is no response.

Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses

For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to [PrescribetoPrevent.org](https://www.PrescribetoPrevent.org)

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How To Use An EpiPen

EpiPen is used for severe lifethreatening allergic reactions.

Signs & Symptoms

Lungs: Chest tightness, cough that will not stop. Wheezing or shortness of breath.

Heart: Lightheaded feeling, fainting, weak pulse, or low blood pressure

Throat: Tightness of throat, hoarse/scratchy throat or drooling.

Mouth: Swollen tongue or lips

Skin: Swelling or severe itching or hives

1

Form FIST around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

Place orange end HARD into outer thigh so it 'CLICKS' and HOLD for 10 seconds.



3

Remove EpiPen & massage injection site for 10 seconds.



4

After using EpiPen. MUST seek Medical Attention



References

www.nationwidechildrens.org
www.pharmacydirect.co.nz/epipen-adult.html

By: Manjit Gill RN BSN

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Med Tac Rescue Skill ***CLEAN A CUT – SAVE A LIFE***

1 CLEAN ONLY WITH SOAP AND WATER



2 APPLY ANTIBIOTIC OINTMENT TO CUT



3 BANDAGE TO WOUND KEEP CLEAN



4 IF HURTS MORE ON DAY 2 - SEE DOCTOR



Clean A Cut – Save A Life: The pathogens of today are very resistant to antibacterial agents and can progress to life-threatening sepsis. So minor cuts and scrapes must be treated immediately and watched closely. Such wounds need to be cleaned quickly, only with soap and water. Alcohol or hydrogen peroxide will harm healing and they harm the infant cells critical to closing the wound.

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