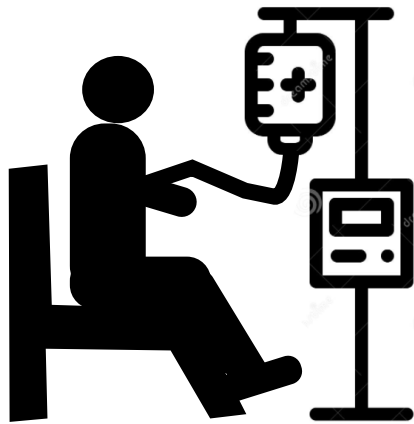


Special Care for Special Populations

Family Survive & Thrive Guide™

Immunocompromised



Seniors

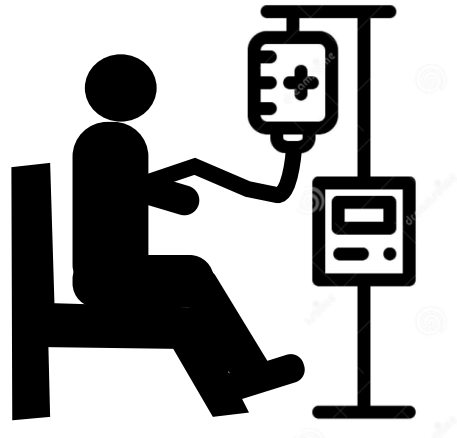


Our Children



Special Care for Special Populations: *Family Survive & Thrive Guide*TM

Immunocompromised



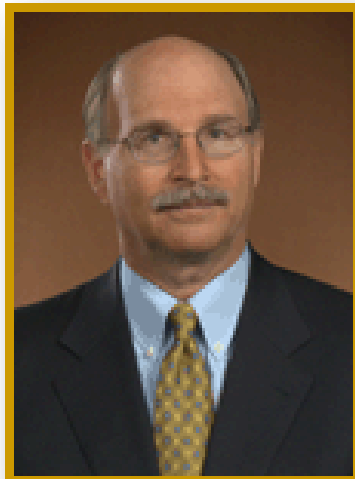
Seniors



Our Children



Welcome



Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care
October 7, 2021**

***CareUniversity* Webinar 169**



Our Purpose, Mission, and Values



Our Purpose:

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

**EMERGING THREATS
COMMUNITY OF PRACTICE**

Our Mission:

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

CAREUNIVERSITY®

Our **ICARE** Values:

Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.



Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship pharmaceutical or device companies discussed in their presentations. The funding of the program is from the Denham Family fund of TMIT Global, a 501c3 Medical Research Organization

- John Nance JD 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.
- Randy Styner has nothing to disclose.
- Heather Foster has nothing to disclose.
- David Beshk has nothing to disclose.
- Paul Bhatia has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Pavita Singh has nothing to disclose.
- Gunita Singh has nothing to disclose.
- David Grinsfelder has nothing to disclose.

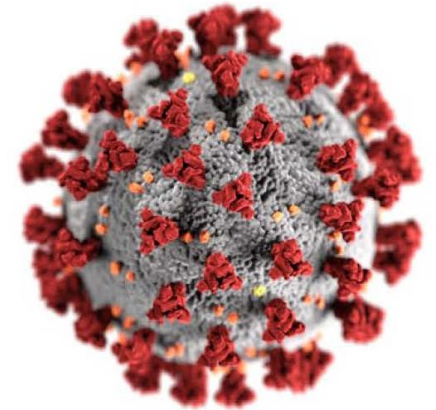
Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.

Voice of the Patient



Jennifer Dingman

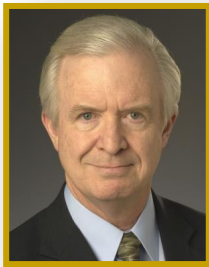
**Founder, Persons United Limiting
Substandard and Errors in Healthcare
(PULSE), Colorado Division
Co-founder, PULSE American Division
TMIT Patient Advocate Team Member
Pueblo, CO**



Speakers & Reactors



Jennifer Dingman



John Nance JD



Dr. Gregory Botz



Dr. Brittany Barto



William Adcox



David Grinsfelder



Heather Foster RN



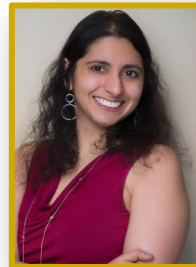
Charlie Denham III



Dr. C Peabody



Randy Styner



Pavita Singh



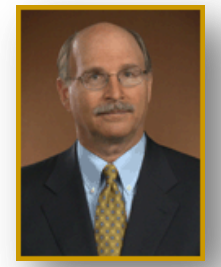
Paul Bhatia EMT




Gunita Singh JD




David Beshk



Dr. C Denham



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[Coronavirus Response](#)
[Recorded Broadcasts](#)
[Specialty Programs](#)
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Coronavirus Care Community of Practice

Bystander Rescue Care
CareUniversity Series

October 7, 2021


REGISTER

JOIN EVENT

Special Care for Special Populations: The Immunocompromised & Children Family Survive & Thrive Guide™

Session Overview


More than 1,000 household responses have guided our learning community. To date we have covered typical healthy Americans. In this special program we will address the immunocompromised, high risk populations, and children. Patients who are immunocompromised have a reduced ability to fight infections and other diseases. The immunocompromised may have certain diseases or conditions such as AIDS, cancer, diabetes, malnutrition, and certain genetic disorders. It may also be caused by certain medicines or treatments, such as anticancer drugs, radiation therapy, and stem cell or organ transplant. Our children who have not yet been vaccinated or are not yet eligible are also at special risk. Whether with the immunocompromised or with children we will address:



- What extra measures do we take?
- How does Quarantine and Isolation differ?
- What tests work when and how?
- What extra needs will care at home require?
- How should cancer patients behave?

We will provide a thorough update on how to keep your employees families 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

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

Speaker Slide Set:

The slides will be posted here before the webinar begins.


Learning Objectives:

- **Awareness:** Participants will learn the latest about COVID prevention and care of the immunocompromised and children.
- **Accountability:** Participants understand who can be accountable for optimizing prevention and care of the immunocompromised and children.
- **Ability:** Participants will learn certain concepts, tools, and resources that can be used to optimize COVID prevention and care of the immunocompromised and children.
- **Action:** Participants may understand what actions may be immediately taken to protect and care for the immunocompromised and children at risk or suffering from COVID.


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




John Nance, JD




Christopher Peabody, MD




Gregory H. Botz, MD




Brittany Owens, MD




William Adcox




Gunita Singh




Pavita Singh




Jennifer Dingman




David Grinsfelder



Paul Bhatia, EMT




Randal Styner



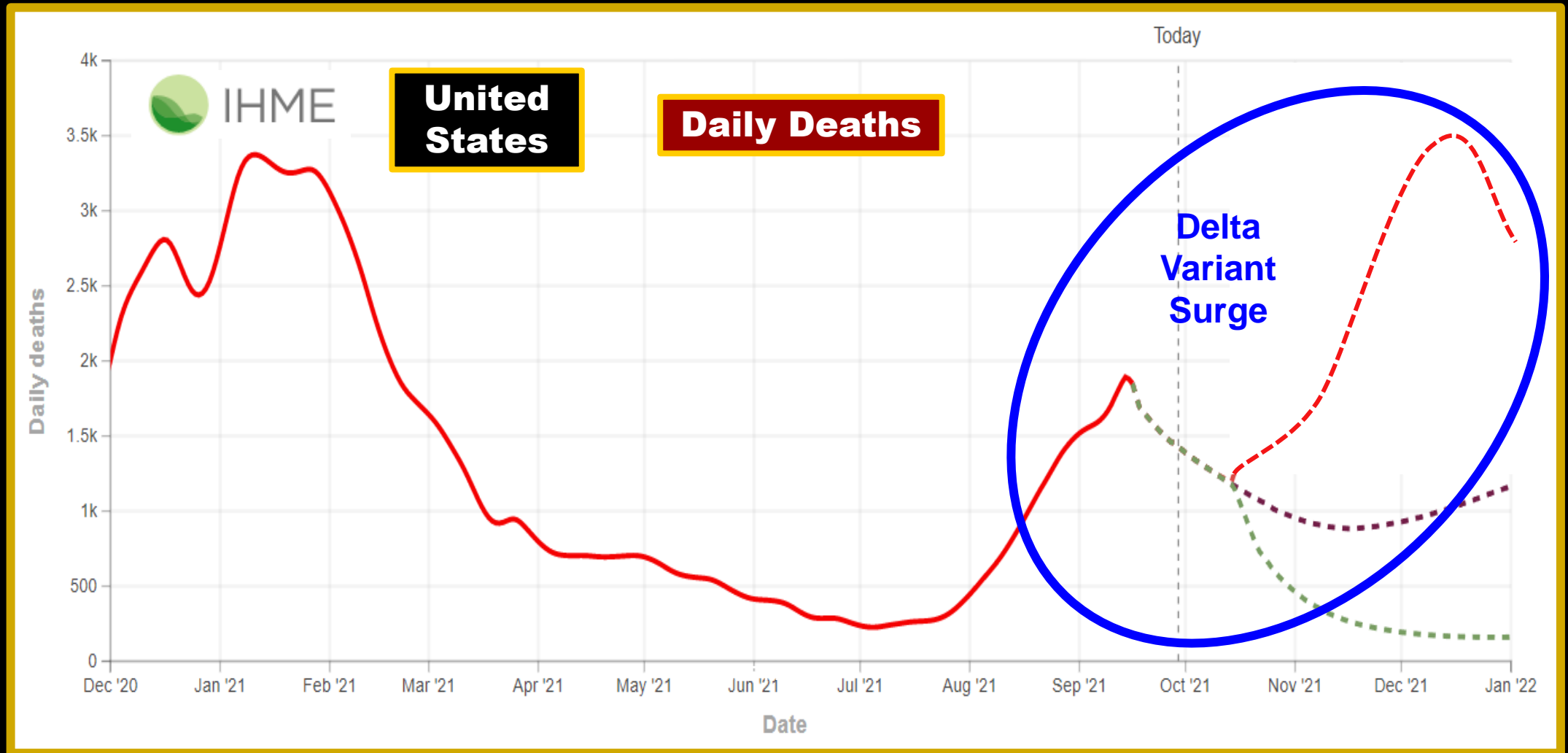
David Beshk

Resources


October 7, 2021 Webinar Resources

ABC News - Ohio health care workers warn of 'astronomical' COVID-19 pediatric surge - 9-30-21.pdf

www.MedTacGlobal.org



Total Cases

43,622,009

Total Deaths

700,329

Total Vaccine Doses Administered

392,275,918

28-Day Cases

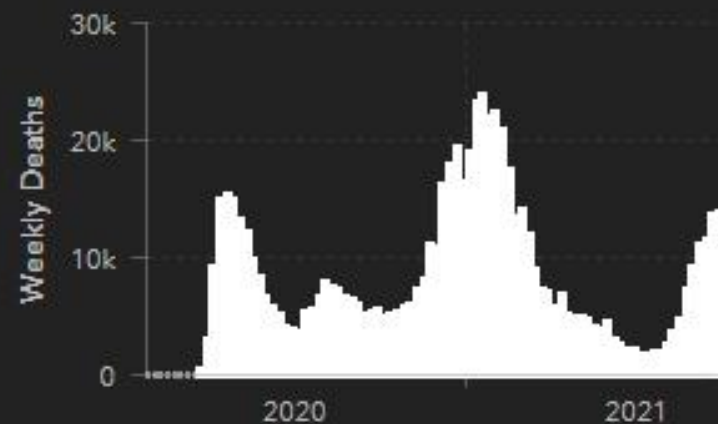
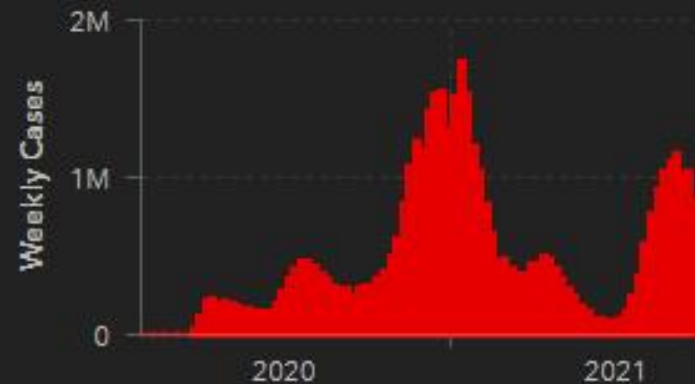
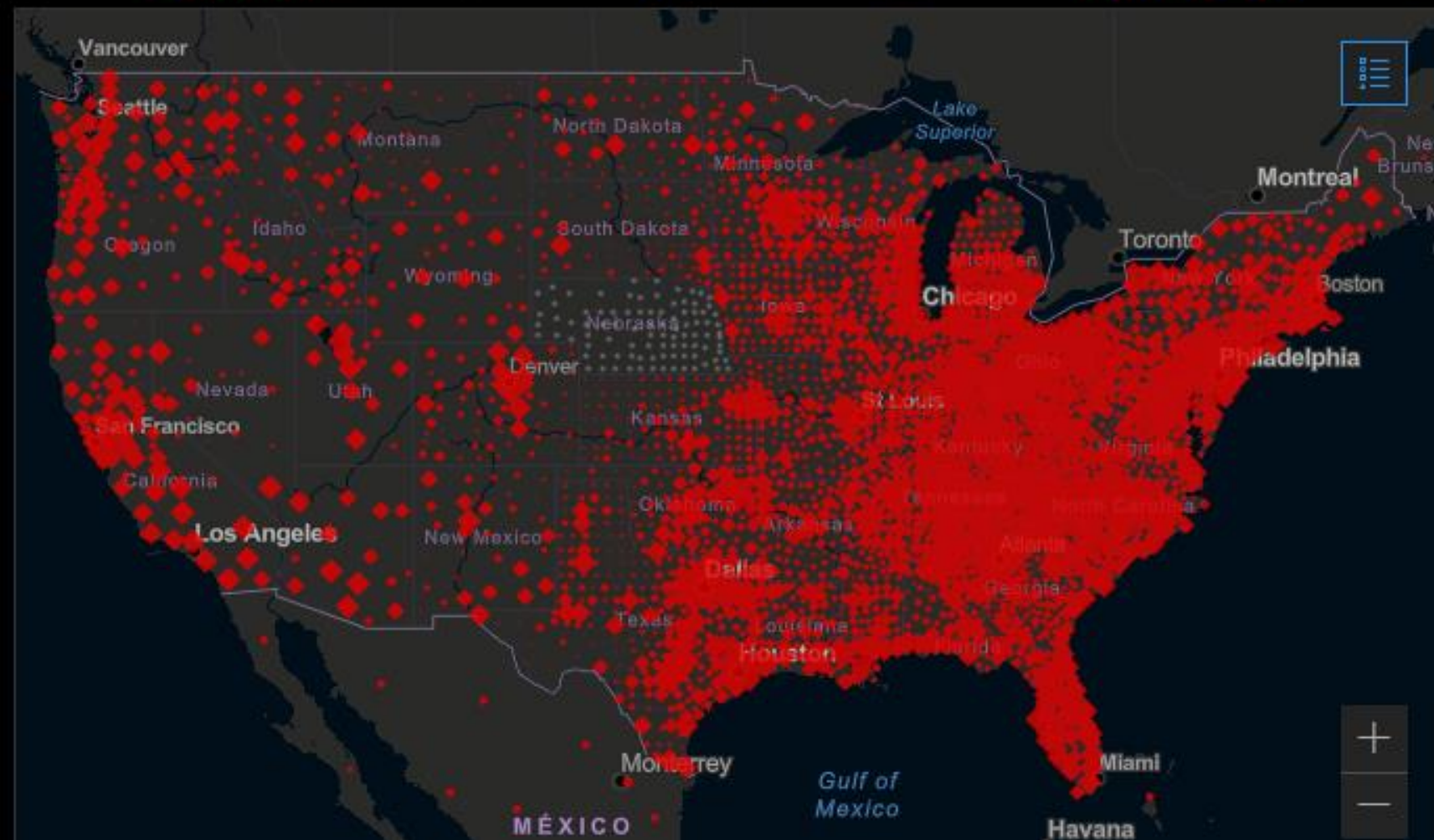
3,686,883

28-Day Deaths

52,185

28-Day Vaccine Doses Administered

18,301,628



**Educators
Declared
Essential Critical
Infrastructure
Workers**



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.

MedTac Global | Copyright © 2021 | LOGIN
Austin, Texas

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

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

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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

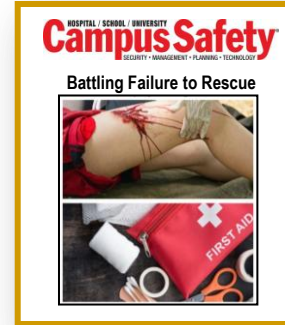
Transportation Accidents

Bullying

Active Shooter
Healthcare Article



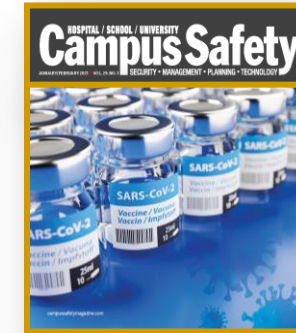
Rapid Response
Teams Article



AED & Bleeding
Control Gear Article

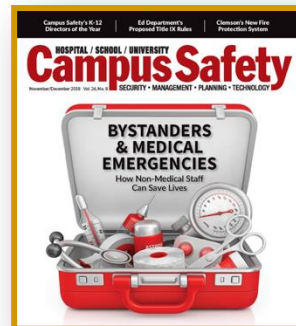


Family Safety
Plan Article



Support
today's
webinar

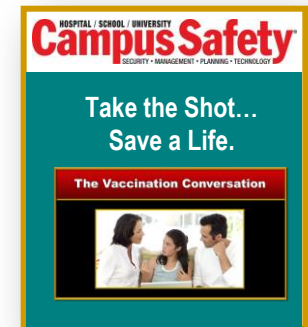
Med Tac
Story Article



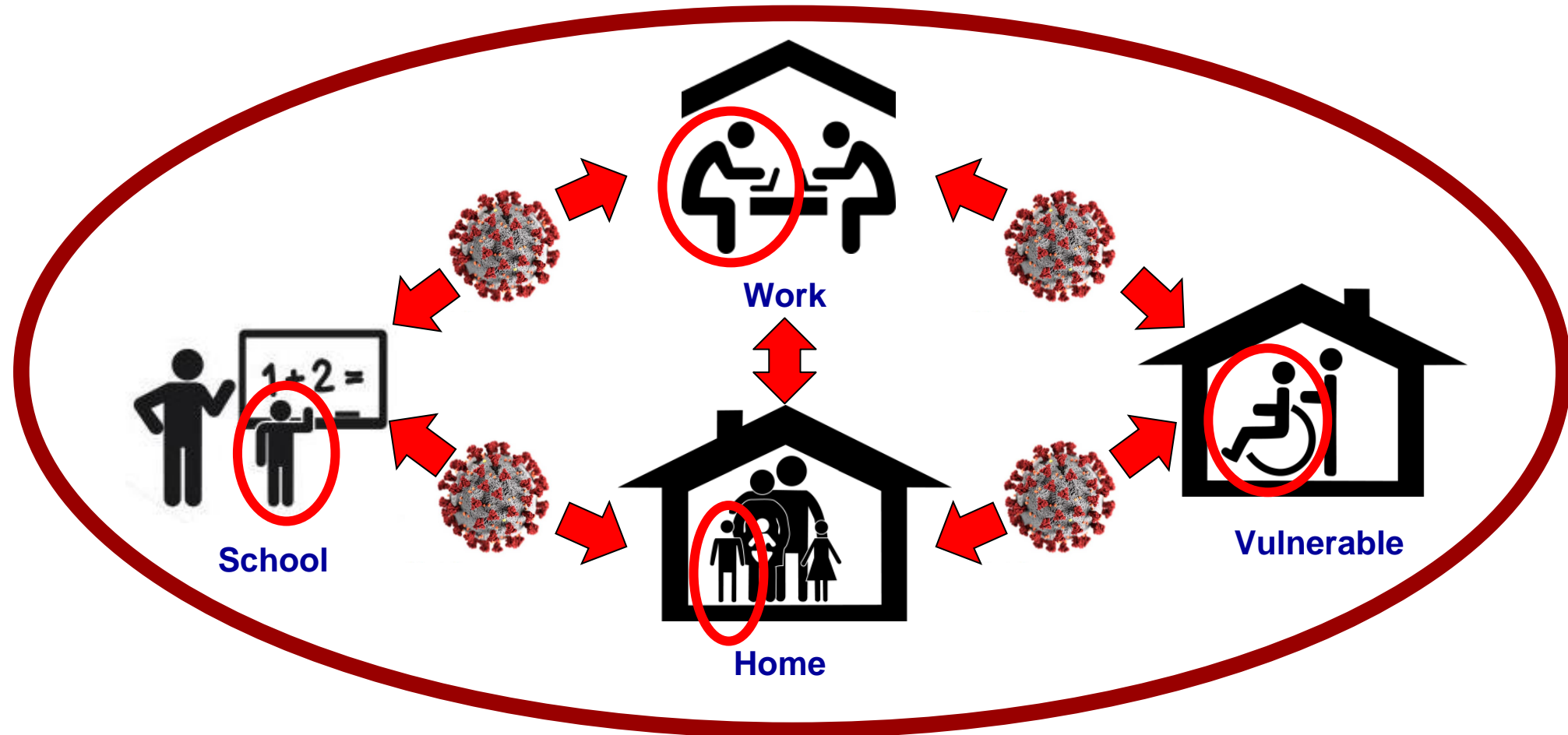
A **Medical-Tactical Approach** undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

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

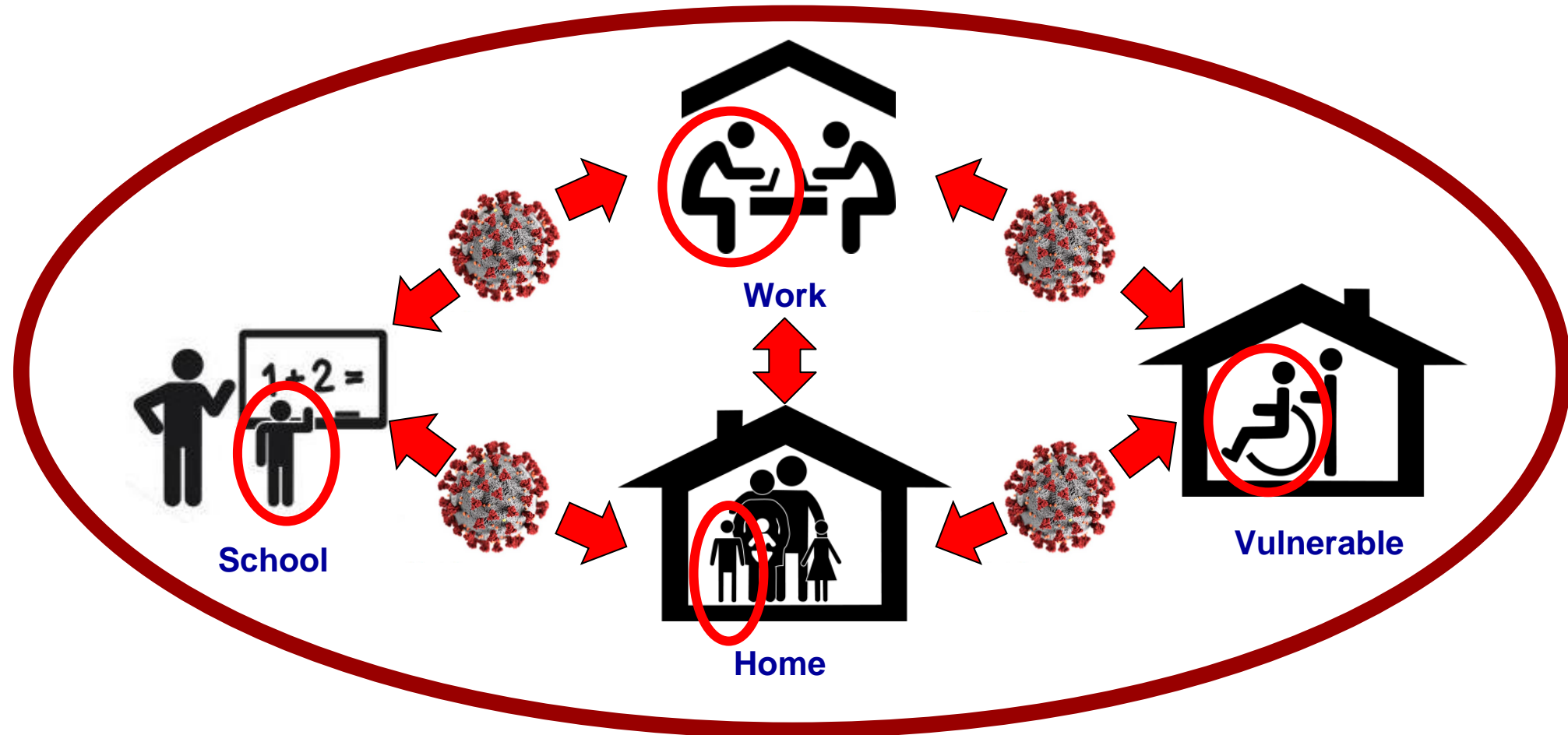
Take the Shot...
Save a Life



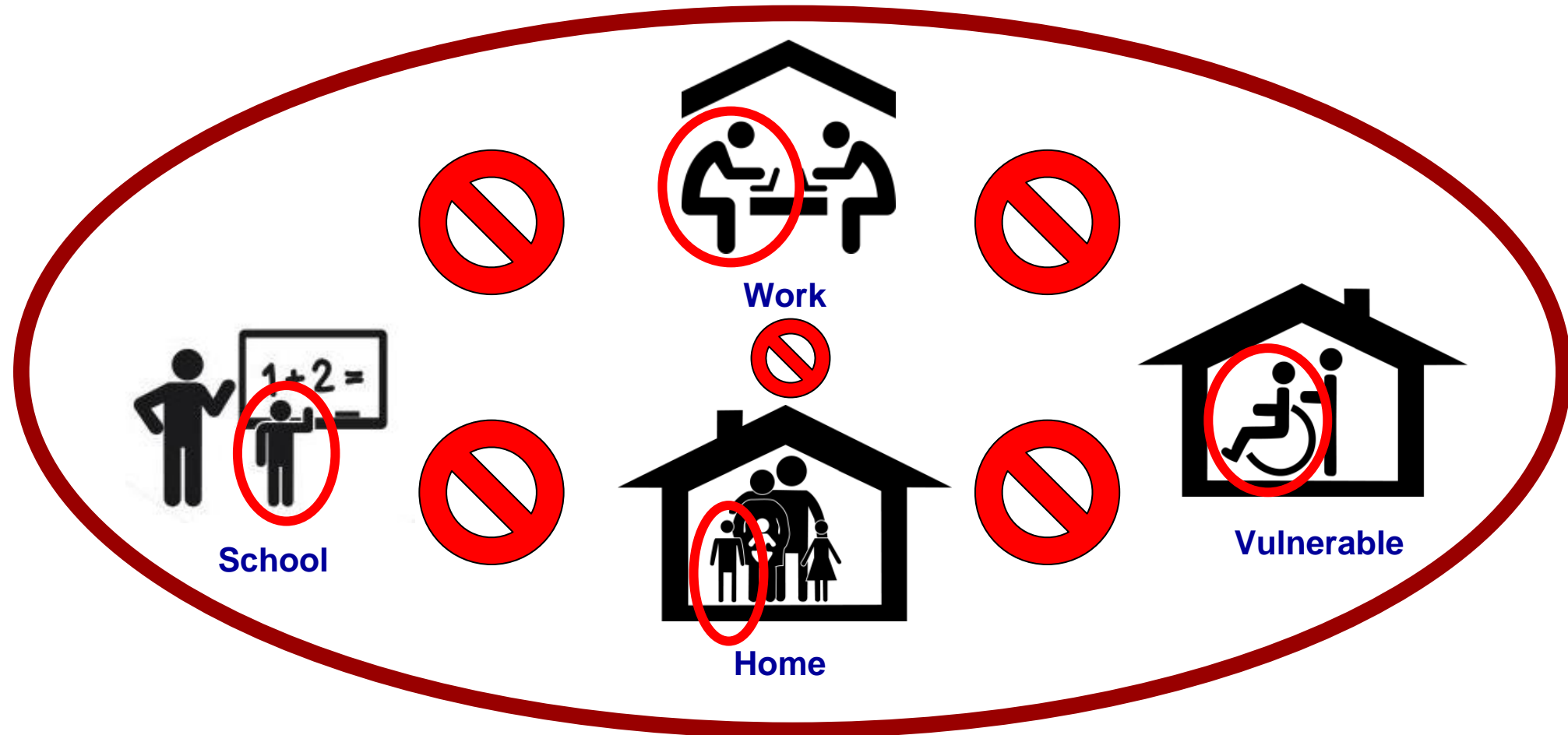
Family Transmission Chains



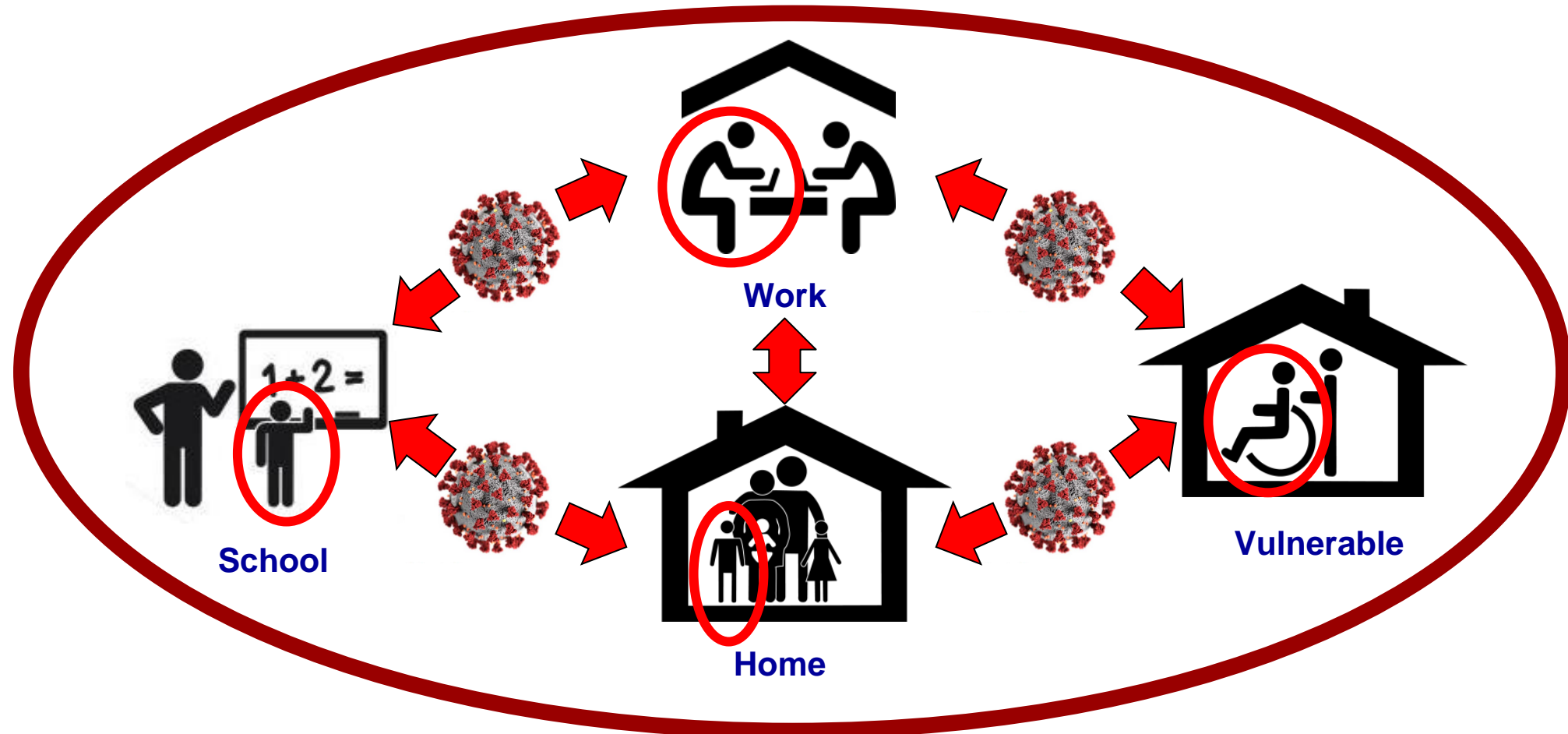
The Achilles Heel



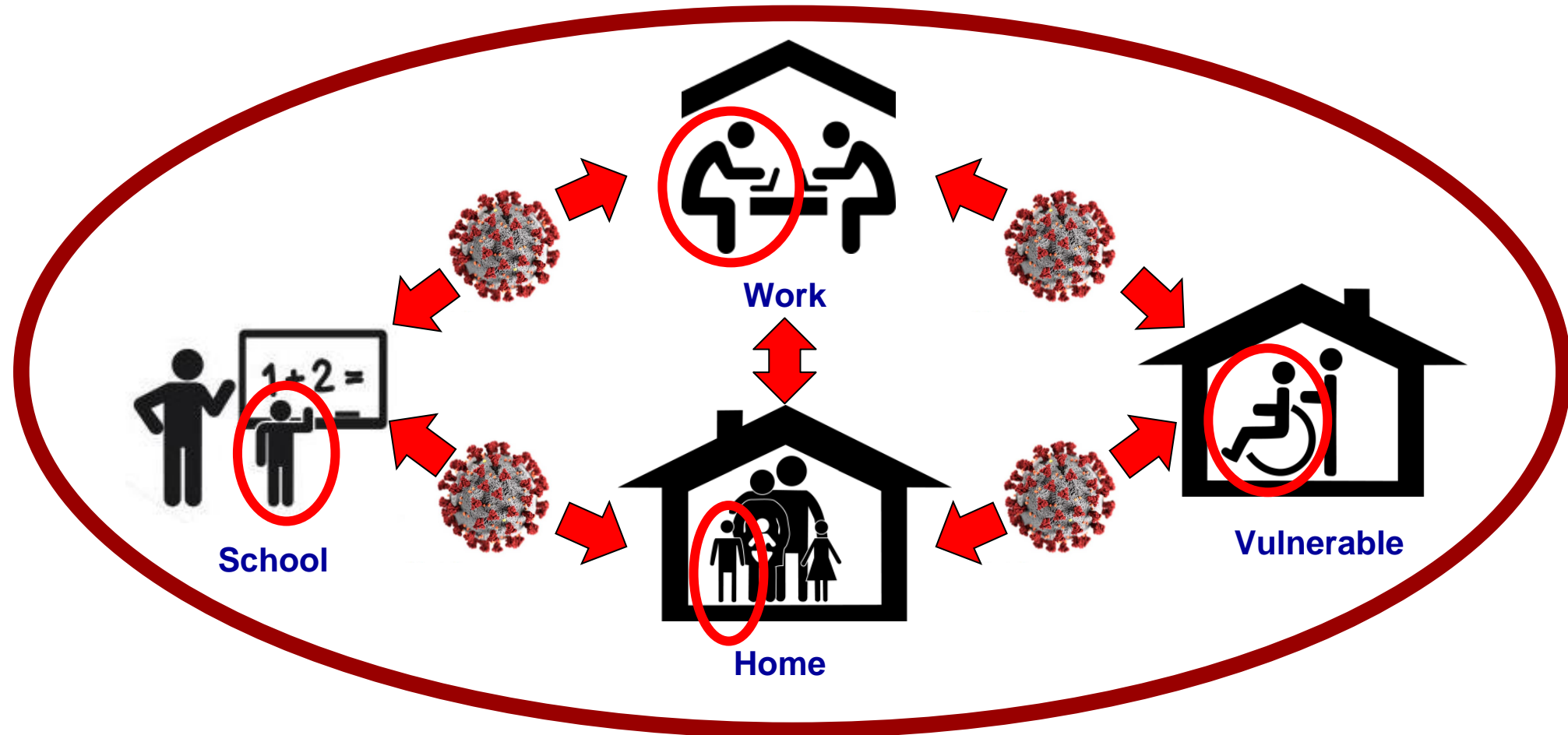
Breaking Family Transmission Chains



Save the Families...



Save the Families... You Save the Worker



Masks: Filter, Fit, and Finish

Survivor & Thrive Guide: Program Road Map

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

STUDENTS AND AUTHORS

Downloaded from <http://www.jstor.org/stable/2346282> by University of Cambridge on Tue, 20 Jun 2017 12:25:05 UTC

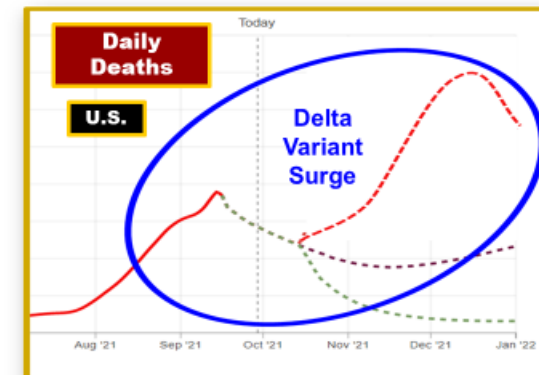
The table below provides resource articles that may be downloaded and links to video assets provided to help viewers understand the science behind the COVID Safe Practices.

MedTee Global Coronavirus Resources (View Only) | | |

Pr.	Task Name	Notes
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described.

October 2021 Progress Report



www.medtacglobal.org/coronavirus-response/

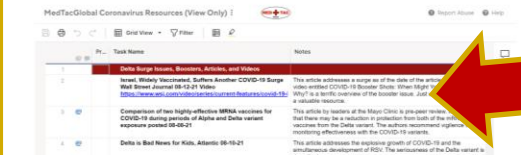
Monthly Webinars every first Thursday of the month at 1PM ET (Noon Central and 10AM PT). Free, video, and resources posted.



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.

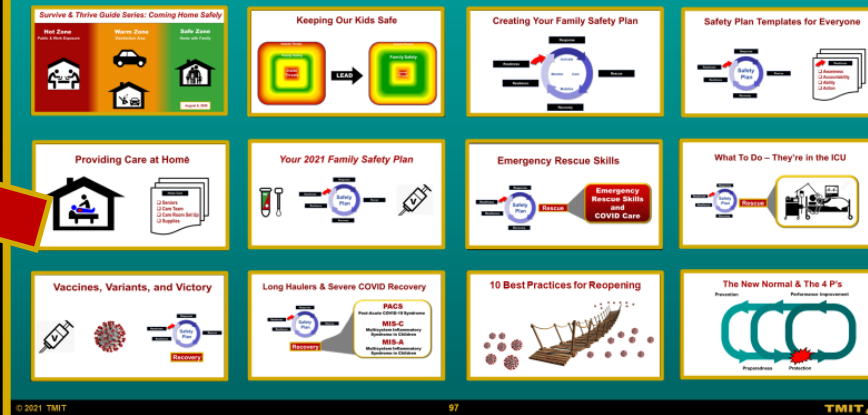


Short Video Topics



- 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/

Coronavirus Care Results

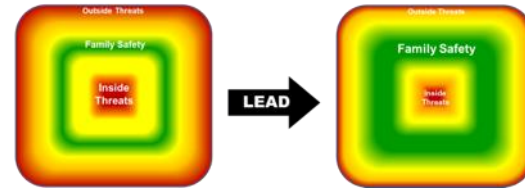
- **Established National Community of Practice**
- **Launched Multi-center 1,000 Family Household R&D Study**
- **40 Ninety Minute Broadcasts and Online Programs**
- **20 *Survive & Thrive Family Training* Programs**
- **Produced a National Campus Safety Summit**
- **Published Multiple Articles Providing 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**

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



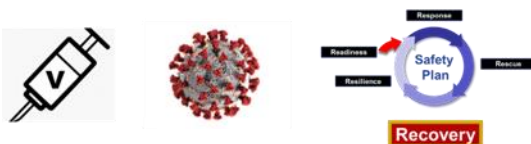
Emergency Rescue Skills



What To Do – They're in the ICU



Vaccines, Variants, and Victory



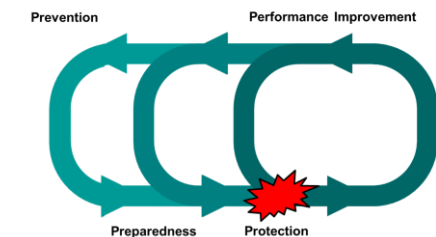
Long Haulers & Severe COVID Recovery



10 Best Practices for Reopening



The New Normal & The 4 P's



The Essential Worker Toolbox



TMIT Global Research Test Bed

3,100 Hospitals in 3,000 Communities

500 Subject Matter Expert Pool Developed over 35 Years



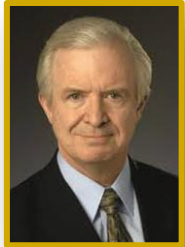
500 Subject Matter Experts

Graphic Representation to Protect Expert Privacy



Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*



John Nance JD



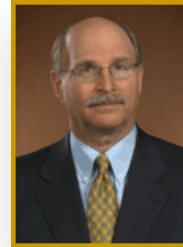
Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



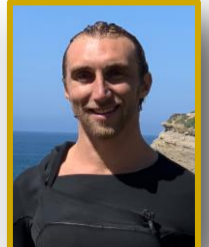
Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



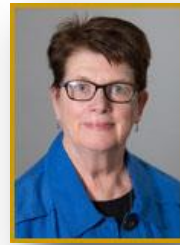
Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



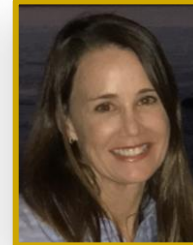
Bob Chapman



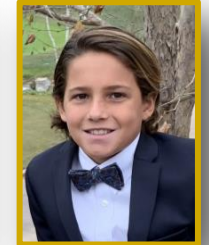
Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



Ann Rhoades



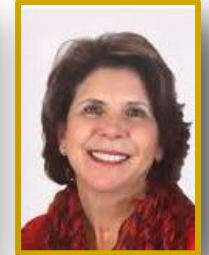
Nancy Conrad



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

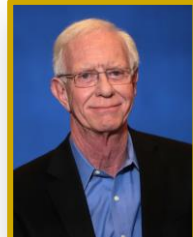
Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



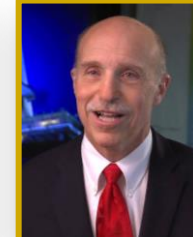
Charlotte Guglielmi



Dr. Don Berwick



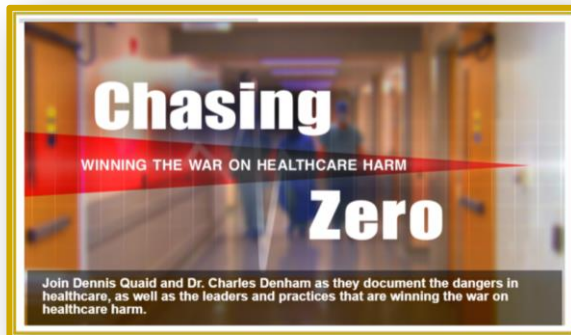
Dr. Howard Koh



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



Take the Shot – Save a Life™

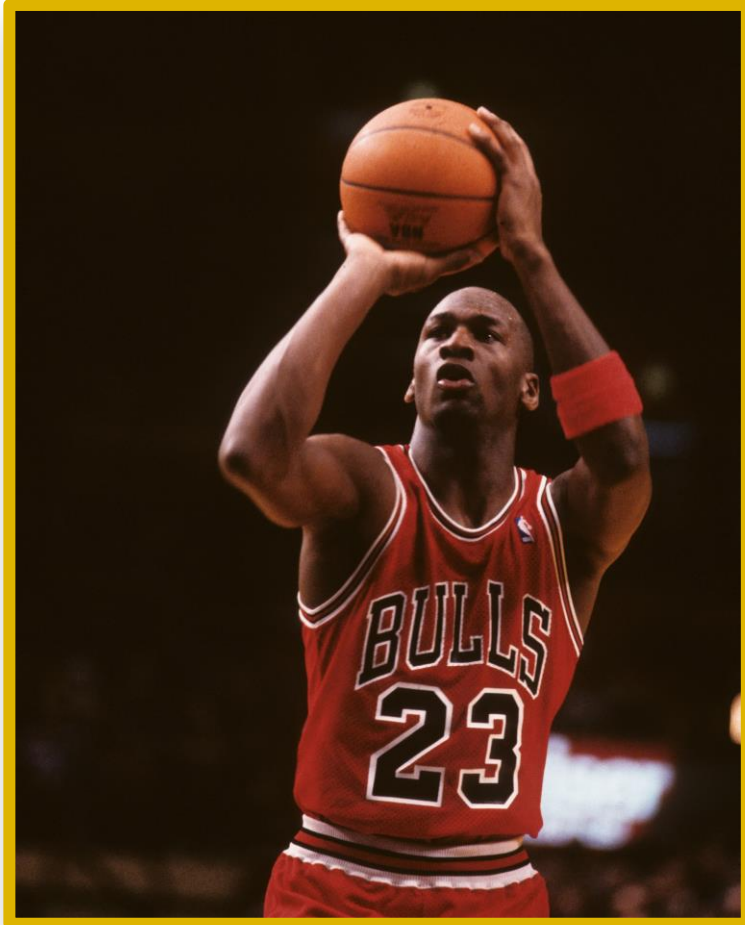


Photo 73861834 © Jerry Coli | Dreamstime.com

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



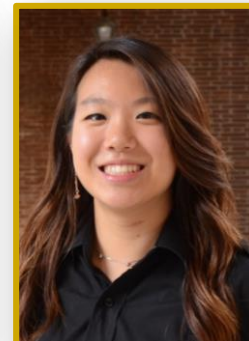
Ivy Tran EMT
Harvard



Nick Scheel
UCSB



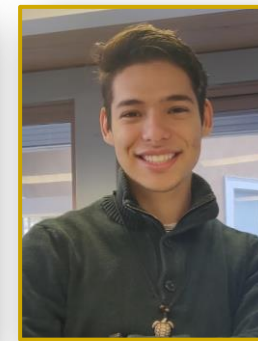
Sophia McDowell
California Inst. of Arts



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



High Vulnerability

1. Immunocompromised

2. Seniors

3. Children

Immunocompromised



Seniors



Our Children

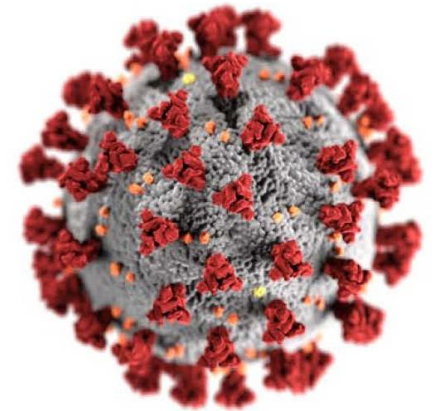


The Immunocompromised, Seniors, and Children



Gregory H. Botz, MD, FCCM

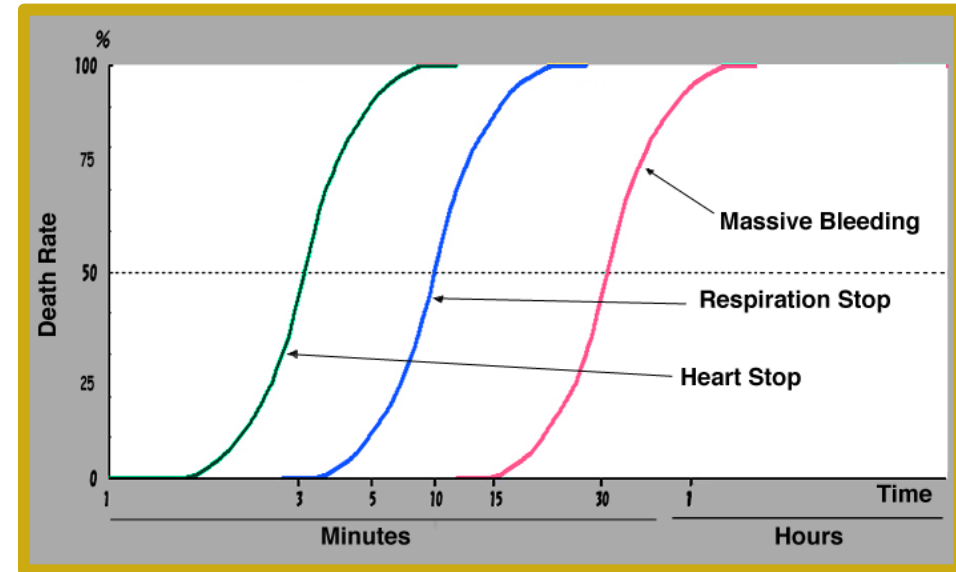
**Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of
Anesthesiology
Stanford University School of Medicine,
Stanford, CA**



Emergency Checklist:

- ✓ Medical Power of Attorney
- ✓ Smartphone ICE Notification
- ✓ Know Emergency Providers
- ✓ Medical Record Access

The GOLDEN HOUR



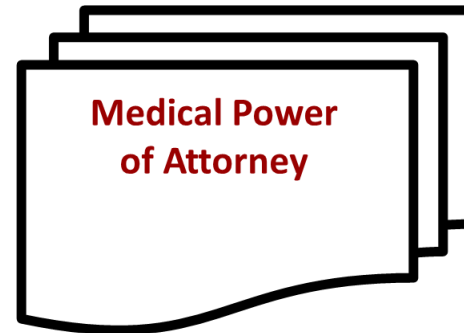
The **GOLDEN HOUR** is the period of time immediately after a **traumatic** injury during which there is the highest likelihood that prompt medical and surgical treatment will prevent death. While initially defined as an hour, the exact time period depends on the nature of the injury and can be more than or less than this duration.^[2] It is well established that the person's chances of survival are greatest if they receive care within a short period of time after a severe injury; however, there is no evidence to suggest that survival rates drop off after 60 minutes.

[https://en.wikipedia.org/wiki/Golden_hour_\(medicine\)](https://en.wikipedia.org/wiki/Golden_hour_(medicine))

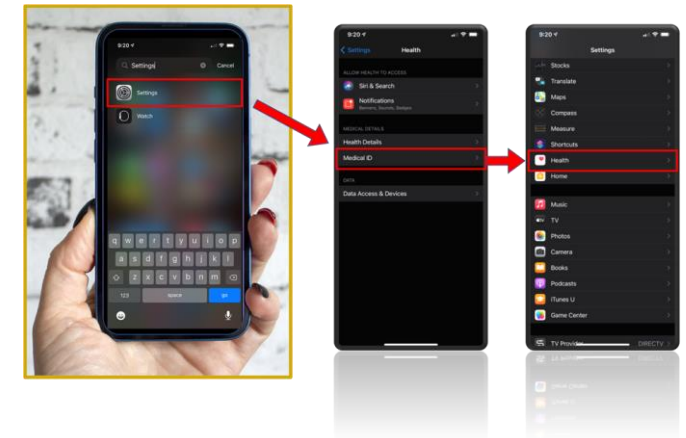
Emergency Checklist:

- ✓ Medical Power of Attorney
- ✓ Smartphone ICE Notification
- ✓ Know Emergency Providers
- ✓ Medical Record Access

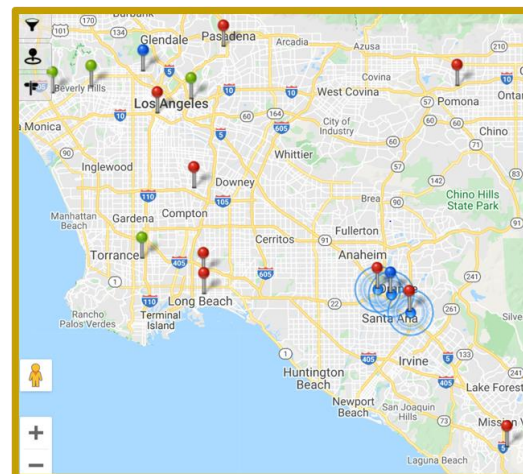
✓ Medical Power of Attorney



✓ Smartphone ICE Notification

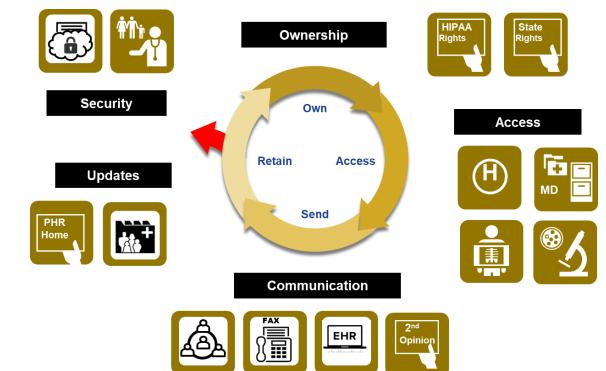


✓ Know Emergency Providers



✓ Medical Record Access

The 5 Rights of Medical Records™





08-09-21



After Her Son's Death, Mom's Mission Is To Prepare College Kids For Emergencies

“Corey Hausman was just 15 days into his freshman year of college when he was in a skateboarding accident on campus that left him with a severe head injury.

Corey was speaking after the fall and a teacher's assistant called 911, but he later went into a coma.

"We got a call that our son was 2,000 miles away from home in a hospital," said Nanette Hausman, Corey's mother.

"We didn't know who was taking care of him. We didn't know anything that had happened. Then, we got a call from a doctor suggesting that we let him go because there was no chance for a

Source: www.today.com/parents/what-do-emergency-room-late-families-226951

Go to <https://college911.net/>

College911.net™

Medical Emergency Checklist

Attention Students!

Did you know, once you turn 18, you have the responsibilities of an **ADULT** for your medical care. **YOU** make your own healthcare decisions..

Sign/download IMPORTANT Medical/Mental Care waiver & permission forms. Connect home & college caregivers - State requirements may vary.

- ☐ HIPAA can allows access to your Medical/Mental Health records.
- ☐ HCPOA (Healthcare Power of Attorney) allows assigned guardians to make your Healthcare decision if you are not able to.
- ☐ Add & keep current **emergency contacts (EC's)** in college portal.

Always carry with you:

- ☐ ID, Insurance Card, Medical & Medic Alert Card including EC's.


Set-up your smartphone Health APP - research your models instructions.

- ☐ Update Medical ID & allow emergency access (without a code)
- ☐ Add emergency contacts - they are automatically contacted with your location if emergency assistance is called from your phone.
- ☐ If a **friend** needs urgent care, call for assistance from **their** phone.

Attention Parents/Guardians!

If your son/daughter needs Emergency Care (911) on-campus, what happens? How about off-campus? Please find out & consider:

- ☐ How will I be notified?
- ☐ Which hospital will they likely be taken to? Does this hospital have a Level 1 Trauma Center? When does transport to this highest level of care occur?
- ☐ What medical rights do I have once they turn 18?
- ☐ Do I have easy access to my son/daughters medical release (HIPAA) and/or Healthcare Power of Attorney (HCPOA) forms needed to allow me to share their medical information & make medical decisions if they are not able to?
- ☐ Asking for roommates/parents contact information.
- ☐ Visiting the campus medical center & read reviews online.
- ☐ Who to call on campus in case an emergency happens at home and my son/daughter can't be reached?
- ☐ Are rails supplied for loft/bunk beds? How to find out?
<https://RailAgainstTheDanger.org> has done the research.

The College911™ Initiative was established in honor of Corey Hausman - a new student at University of Colorado - Boulder whose life came to an abrupt end just 15 days into his freshman year. He fell from his skateboard while traveling on a steep campus pathway and was unsuccessfully treated at a local medical facility. Corey's passing was the third campus death of the new semester. This medical emergency checklist contains questions & suggestions that his family wish they had considered when planning to send him off to college. Contact info@College911.net or visit <https://college911.net> for information & to help reform campus safety. Find us on 



The ICE Checklist: In Case of Emergency

The 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

Be Your Family Lifeguard The Family Huddle Checklist



Charles R. Denham III

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



David Beshk

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



Med Tac Rescue Stations



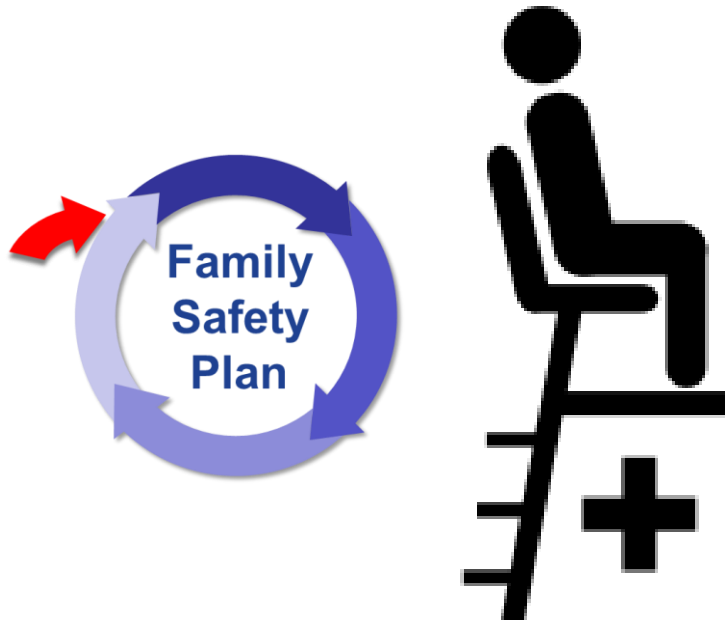
**Soaring Eagle Awards:
David Beshk
Danny Policchichio**

**Lives Saved by Med Tac
Bystander Rescue Care
Trainers in Community**



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

Holidays, Spring Break, Ski Week, and Vacations



Holiday Huddle Checklist

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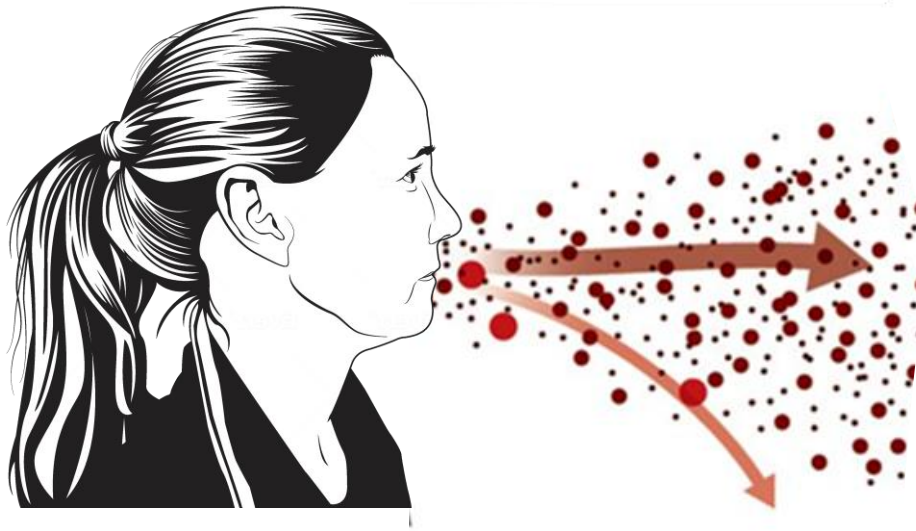
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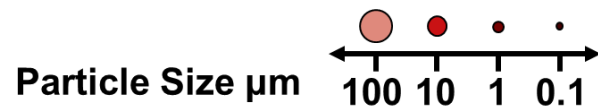


Mask Reduction of Airborne Transmission

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 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', 'Your 2021 Family Safety Plan', 'Safety Plan Templates for Everyone', '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 mask. The second image shows the person wearing a blue surgical mask. The third image shows the person wearing a black cloth mask.

N95 Mask **Surgical Mask** **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



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



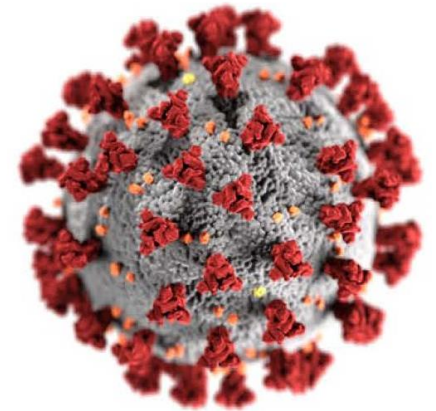
Essential Workers Toolbox

A Survive & Thrive Guide™

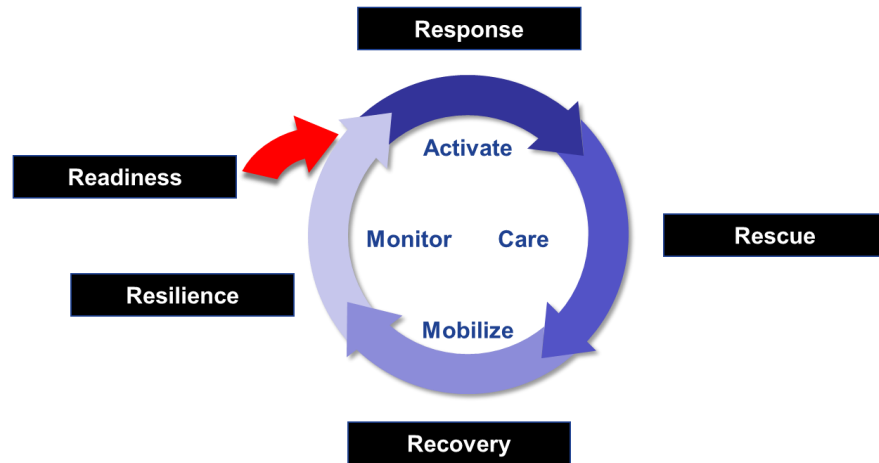


David Beshk

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



Family Health Safety & Organization Security Plans™



The Family CFO: Chief Family Officer



Thoughts for Families with Young Children:

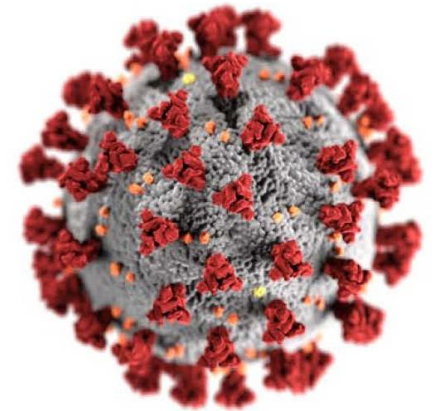
- ☐ Review other Readiness Checklists. Use FEMA Emergency Preparedness Checklist (we use when we teach Med Tac Bystander Rescue Program).
- ☐ Make sure you have Personal Protective Equipment for everyone.
- ☐ Make sure you have a copy of everyone's Medical Records including lists of allergies and meds.
- ☐ 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

Break the ICE Barrier : The In Case of Emergency Checklist™



Gregory H. Botz, MD, FCCM

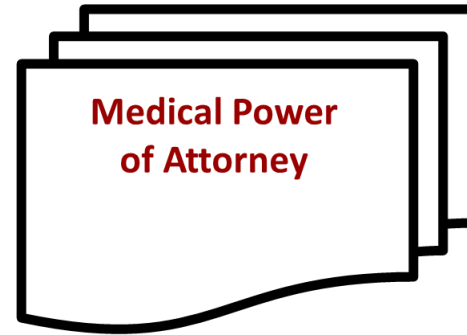
**Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of
Anesthesiology
Stanford University School of Medicine,
Stanford, CA**



Emergency Checklist:

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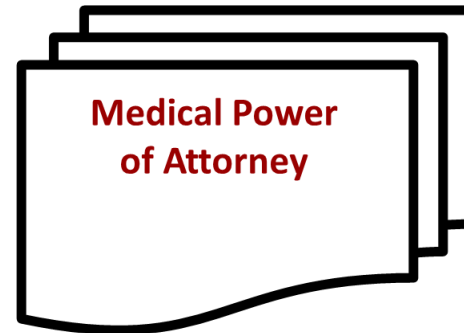
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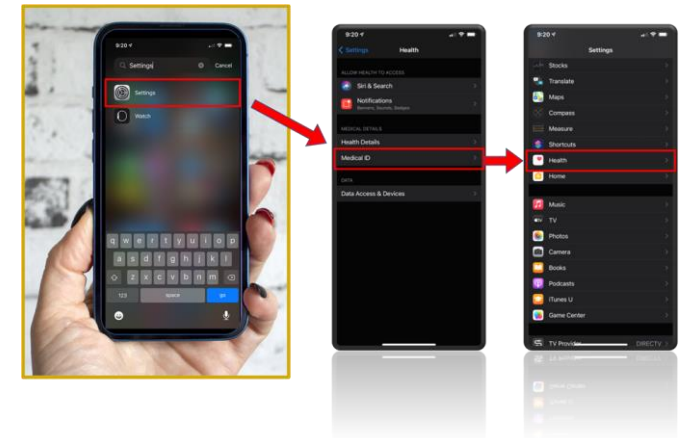
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✓ Medical Power of Attorney



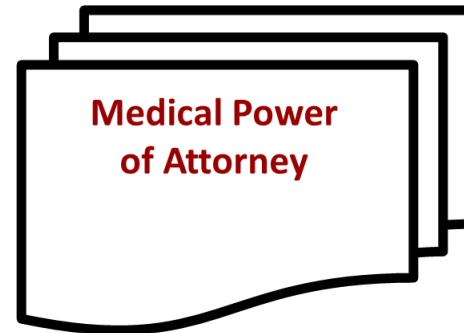
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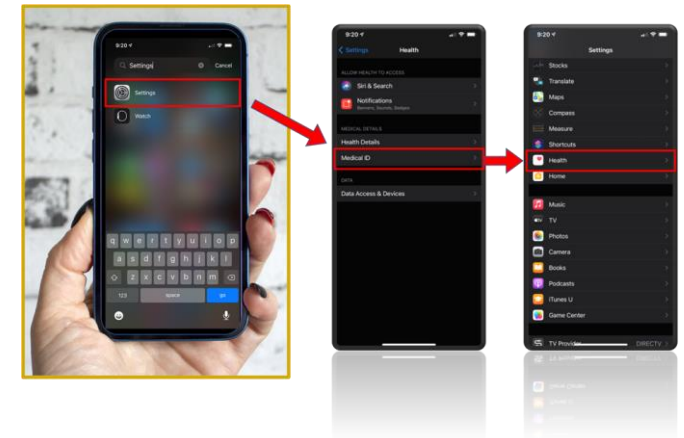
Emergency Checklist:

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- ✓ Know Emergency Providers

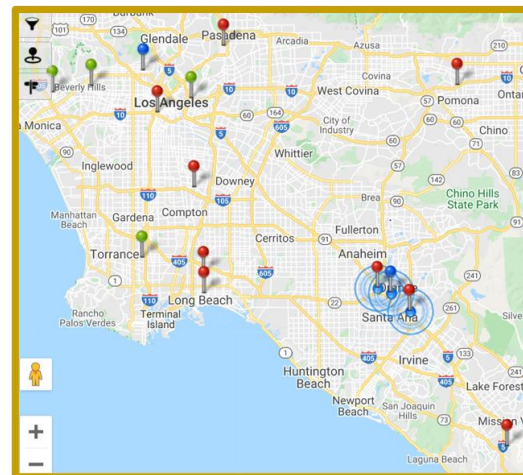
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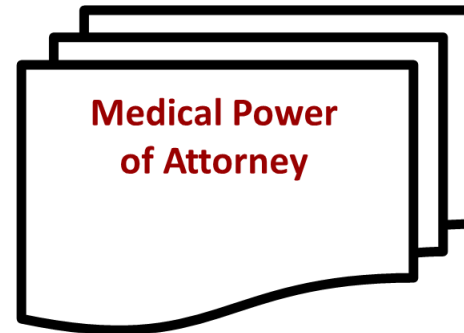
✓ Know Emergency Providers



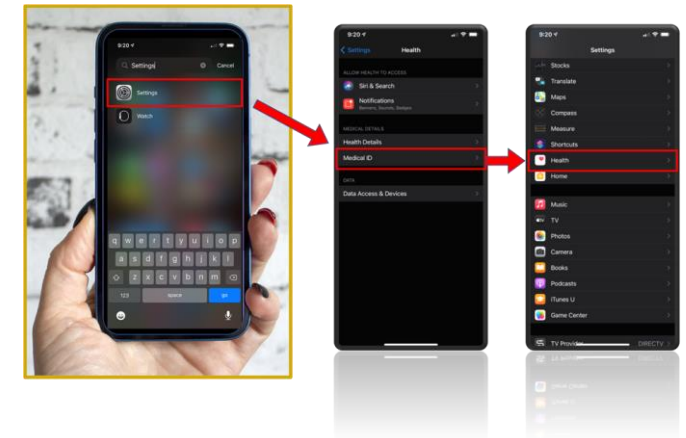
Emergency Checklist:

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- ✓ Medical Record Access

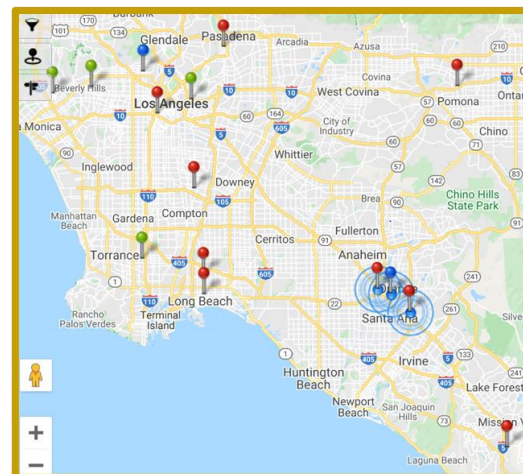
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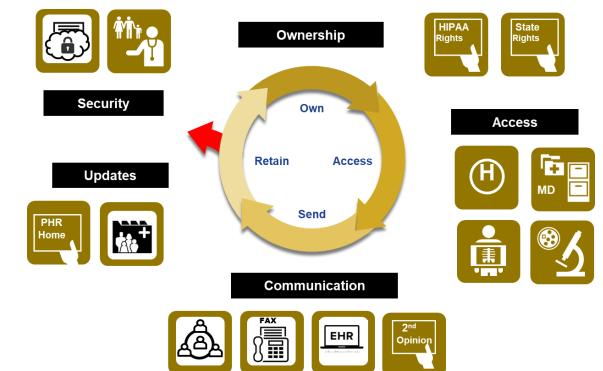


✓ Know Emergency Providers



✓ Medical Record Access

The 5 Rights of Medical Records™



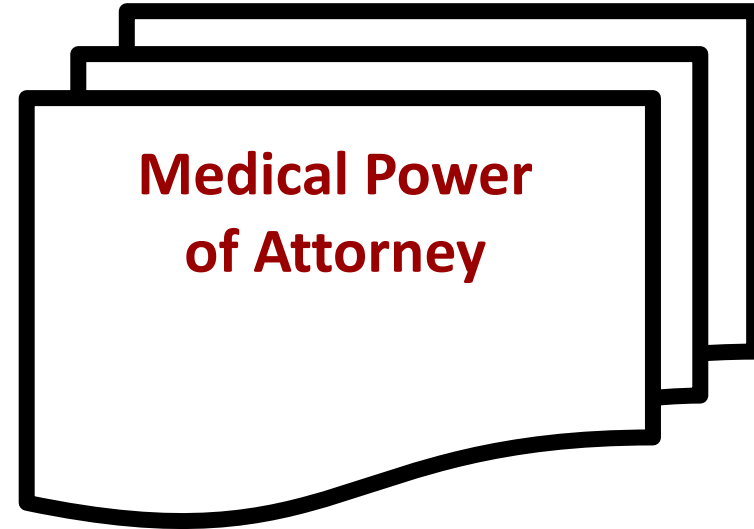
Emergency Checklist:

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- ☐ Know Emergency Providers
- ☐ Medical Record Access

✓ Medical Power of Attorney

- Over 18 Years of Age – Parents Out
- The Immunocompromised
- Seniors



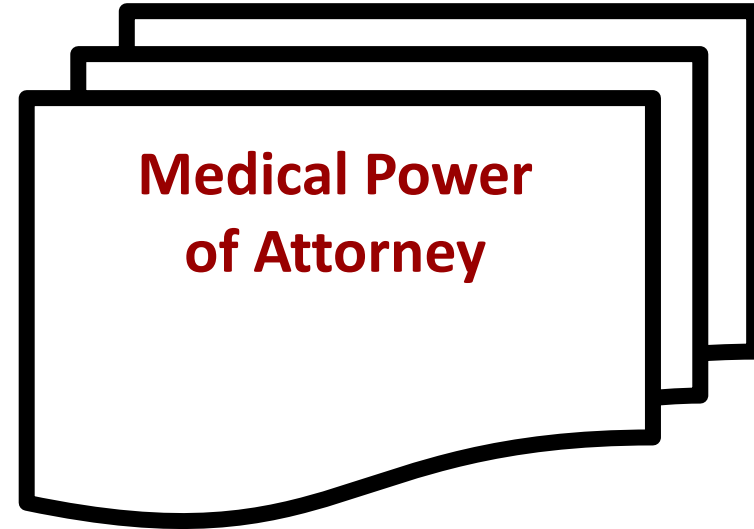
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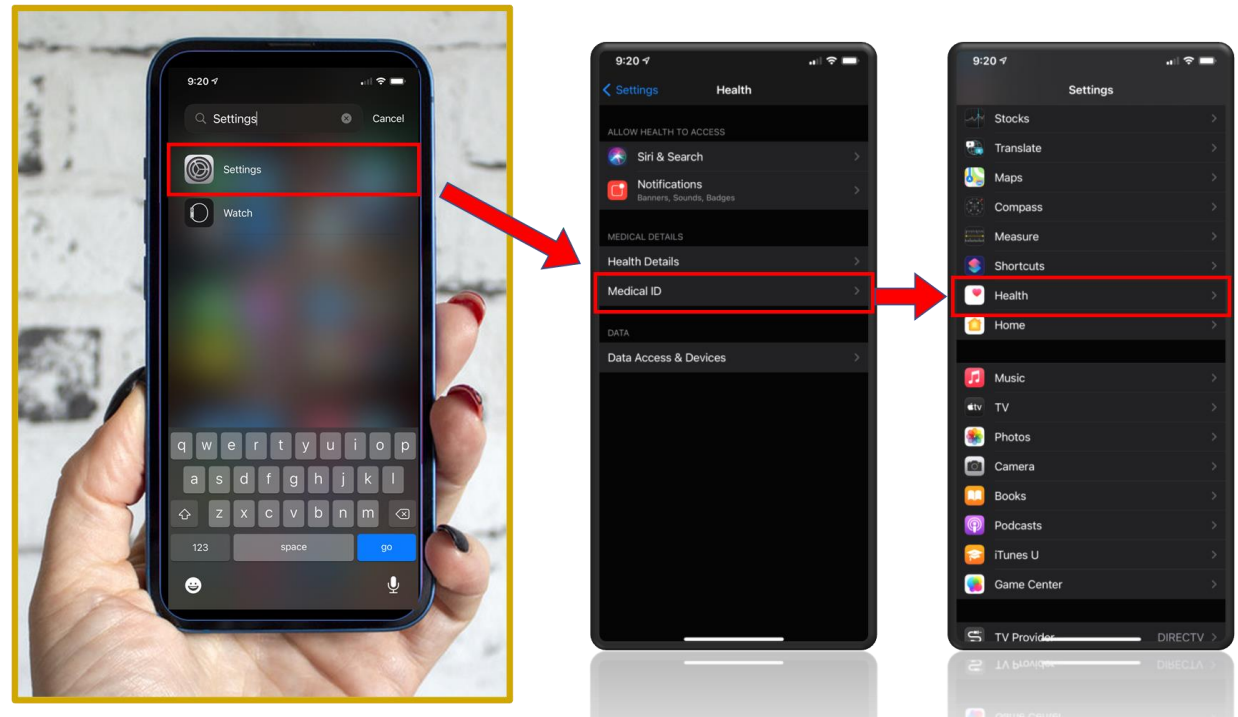
✓ Smartphone ICE Notification

☐ Know Emergency Providers

☐ Medical Record Access

✓ Smartphone ICE Notification

- Record In Case of Emergency Contacts
- Set ICE to be automatically notified
- Train everyone to dial 911 with victim's phone

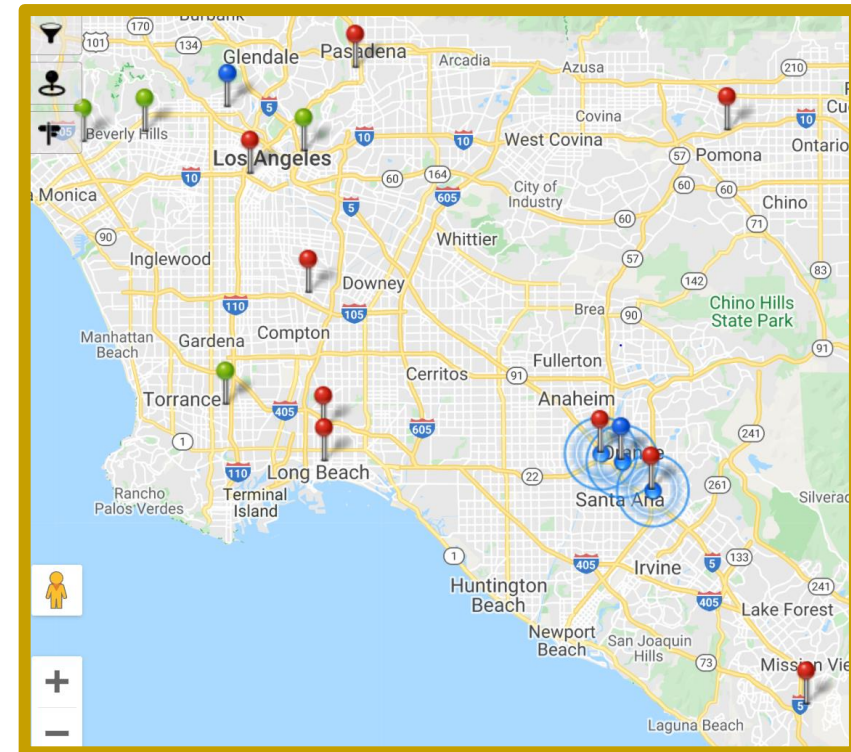


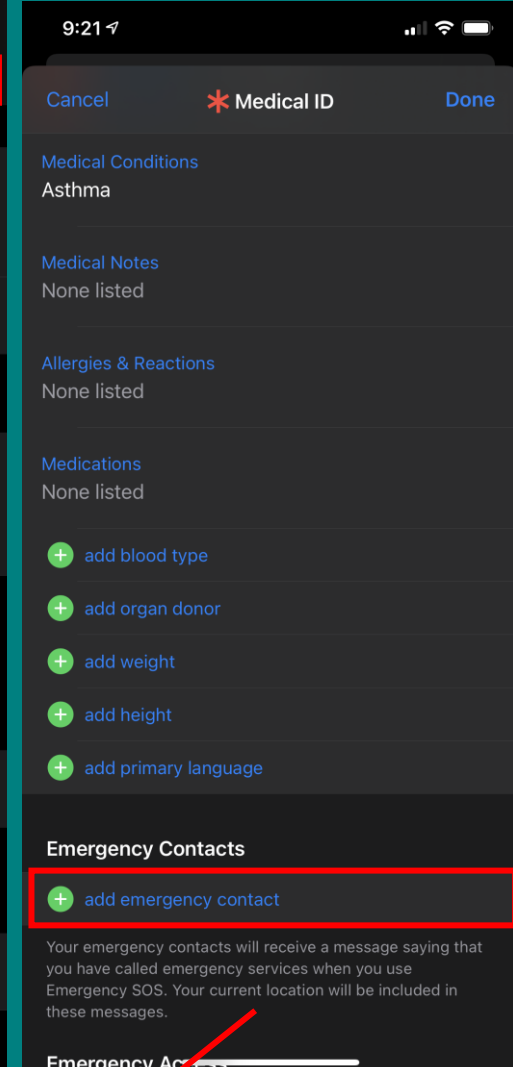
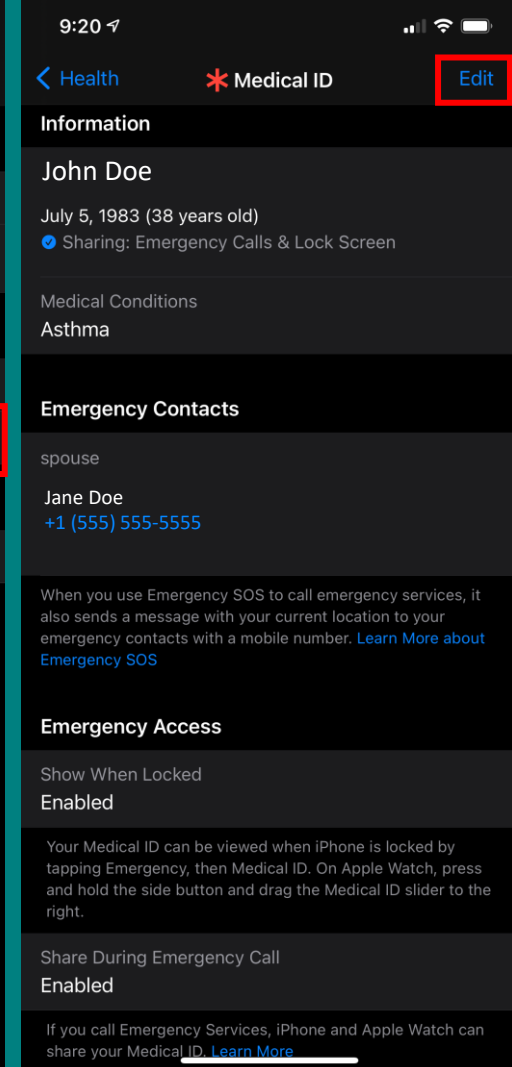
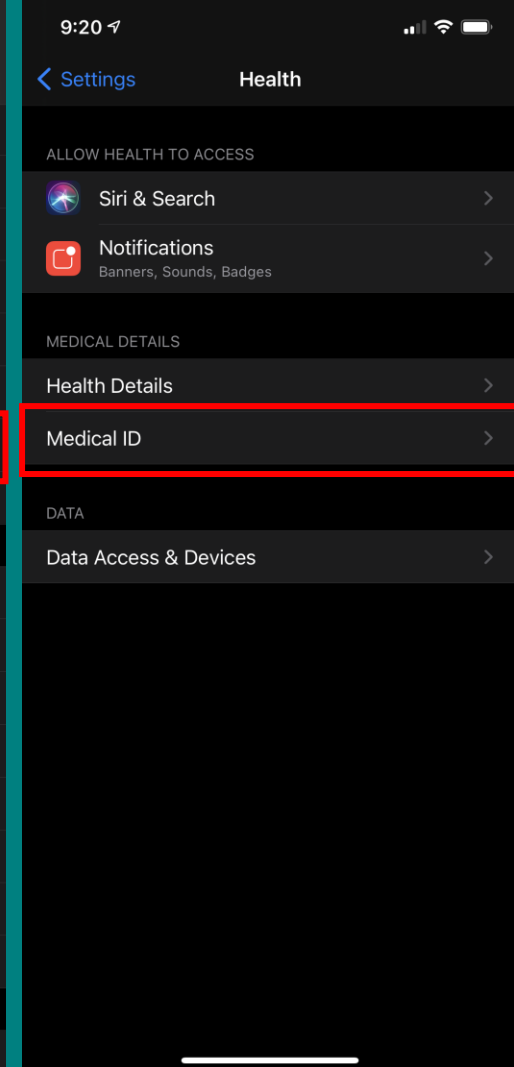
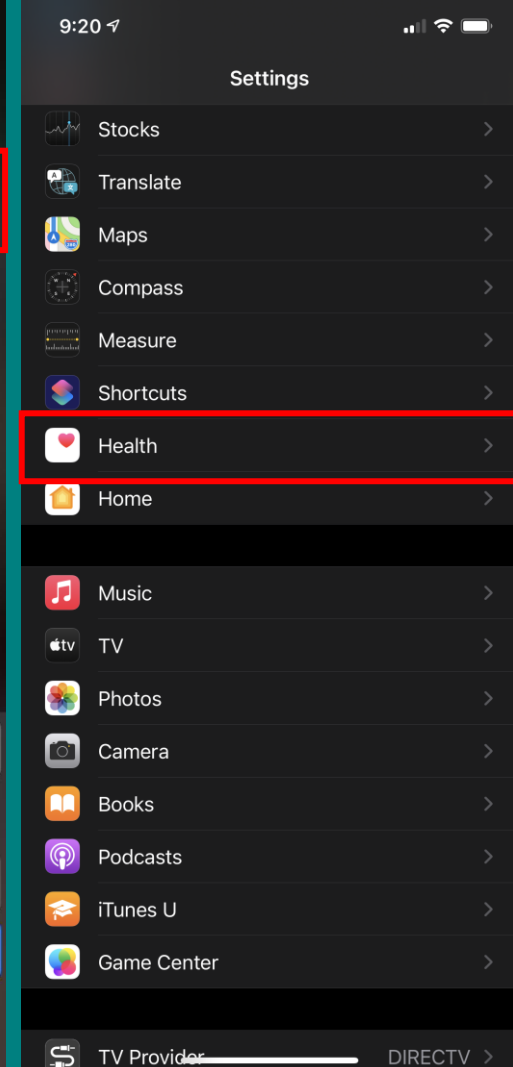
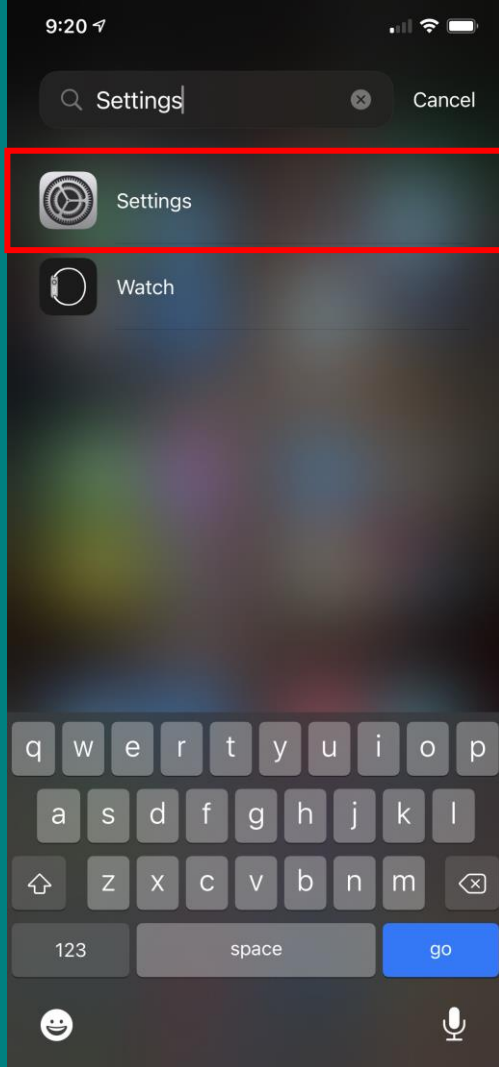
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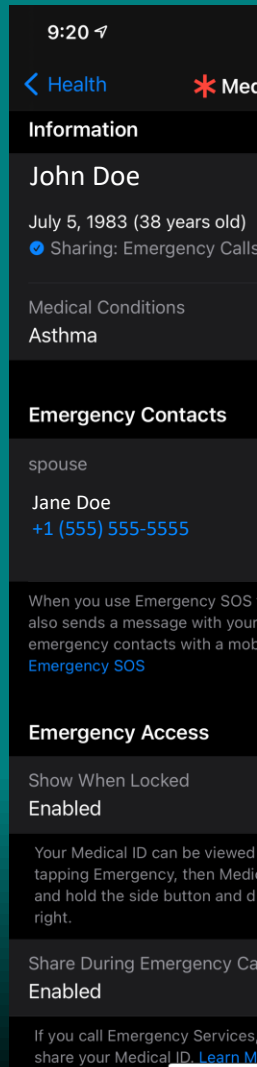
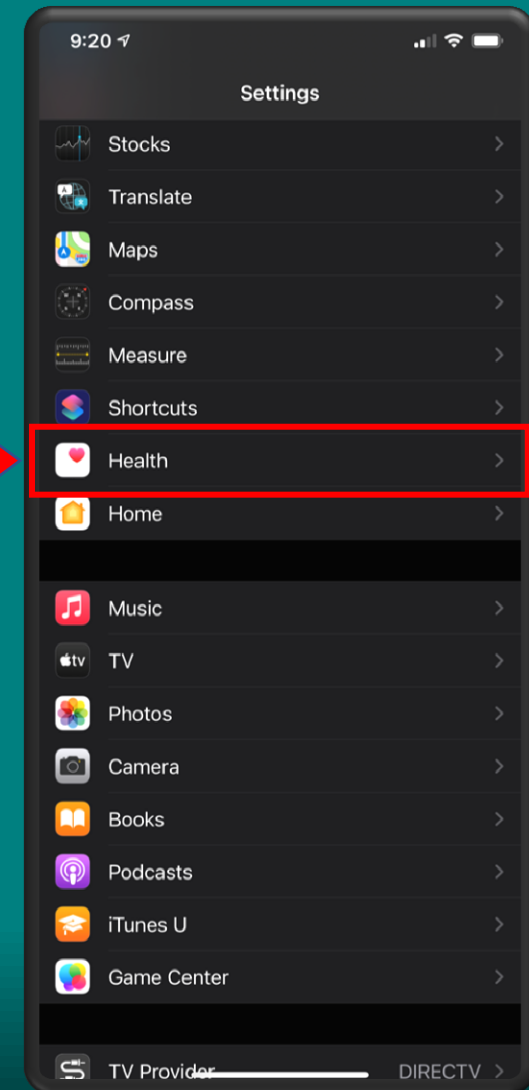
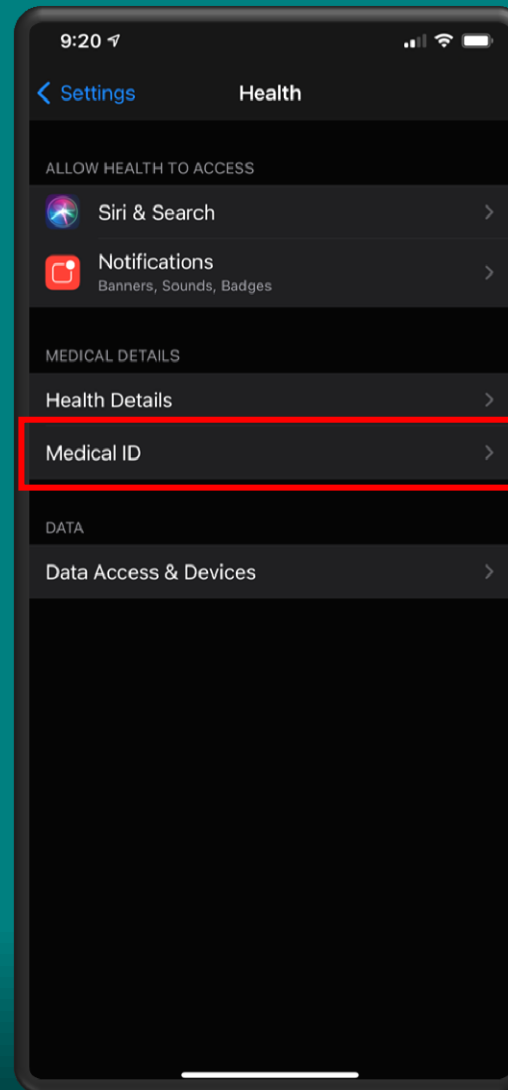
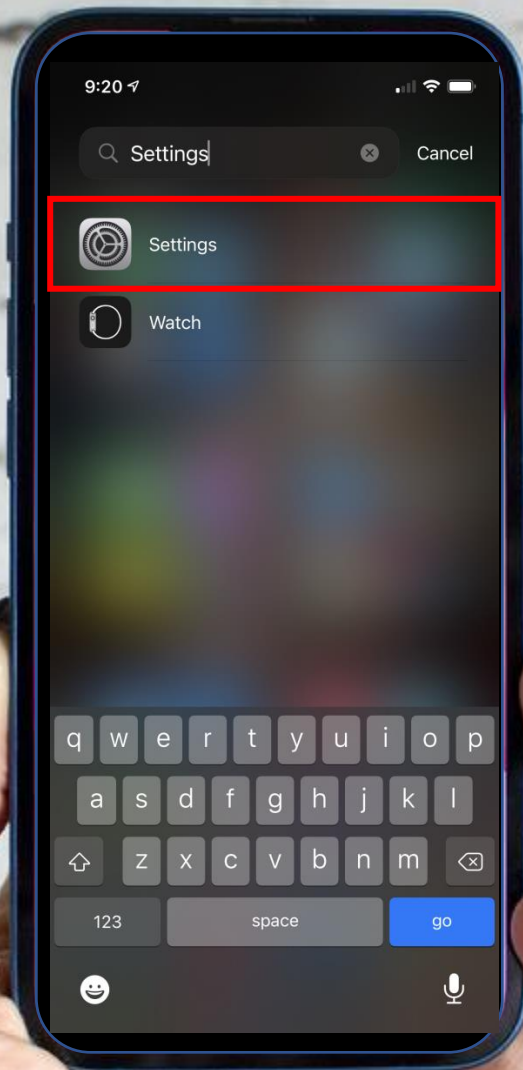
✓ Know Emergency Providers

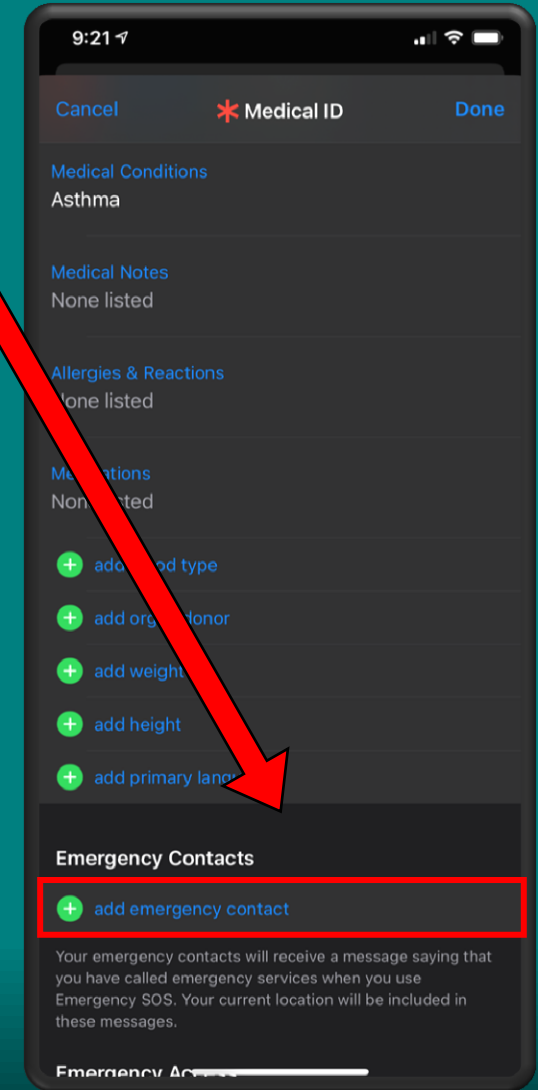
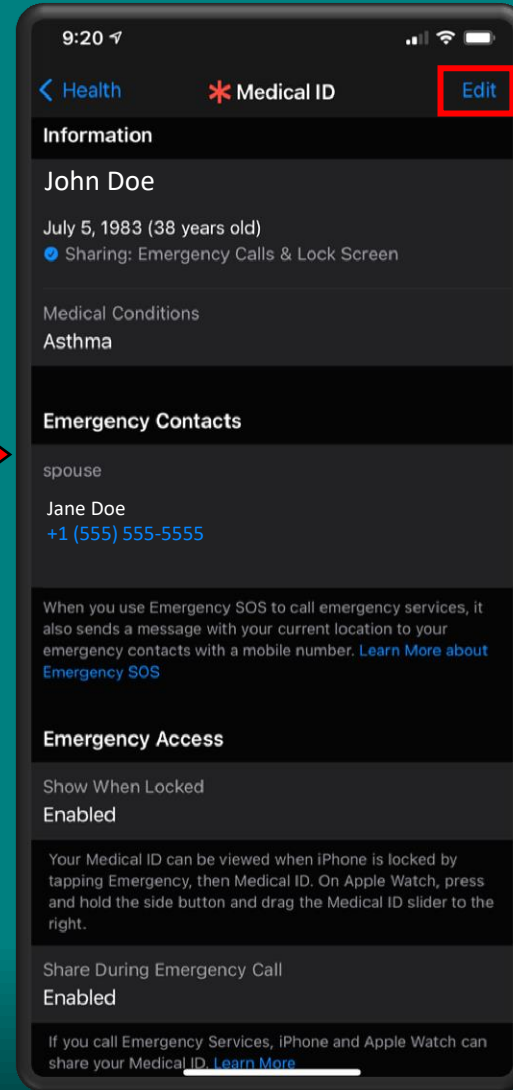
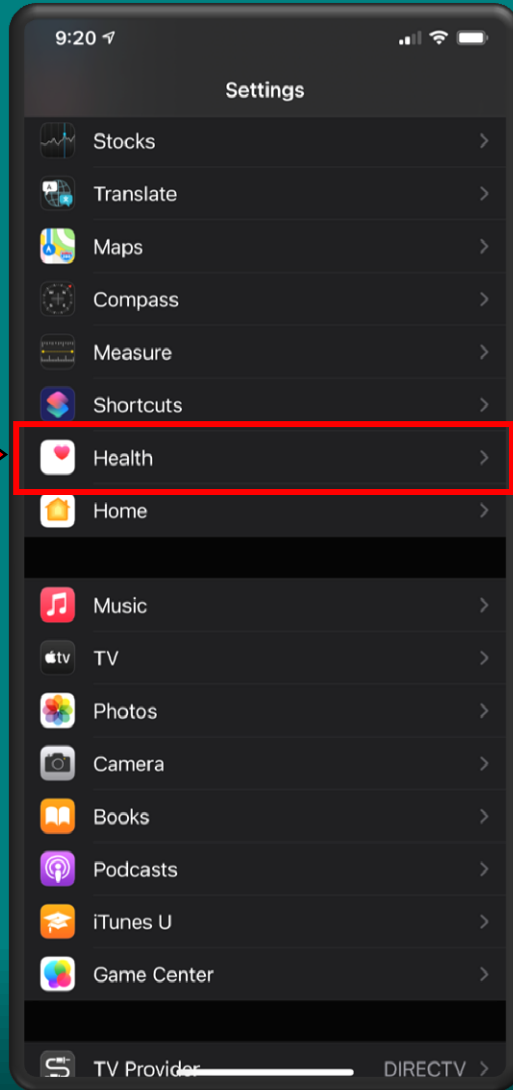
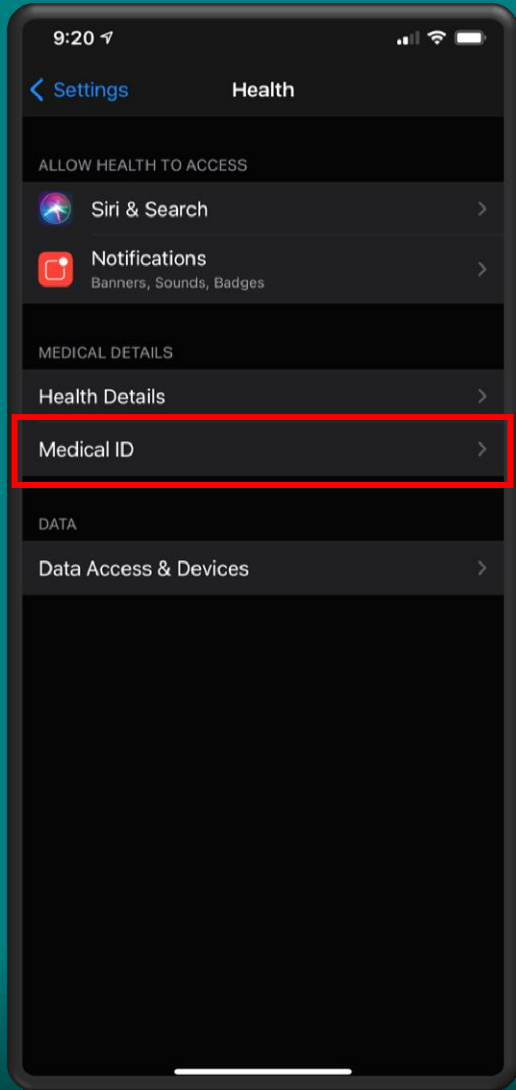
- Level I Trauma Centers
- Best Emergency Providers near Home
- Best Emergency Providers on Trips

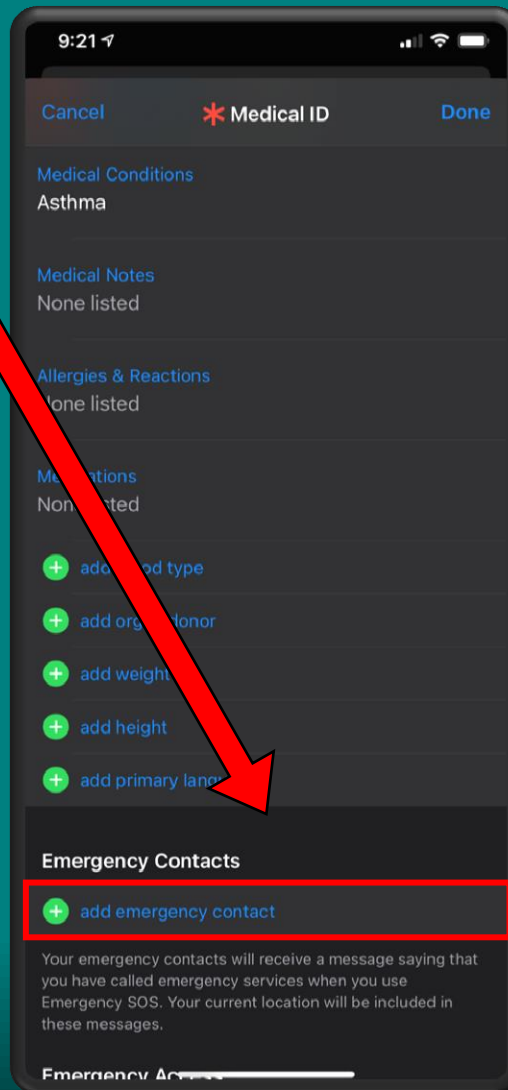
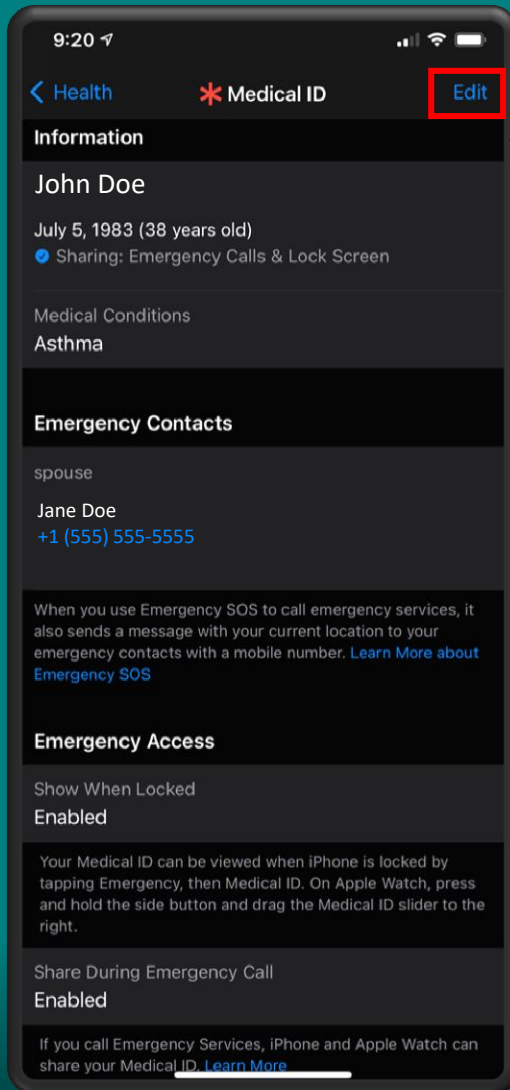




Your emergency contacts will receive a message saying that you have called emergency services when you use Emergency SOS. Your current location will be included in these messages.







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+ add emergency Contact

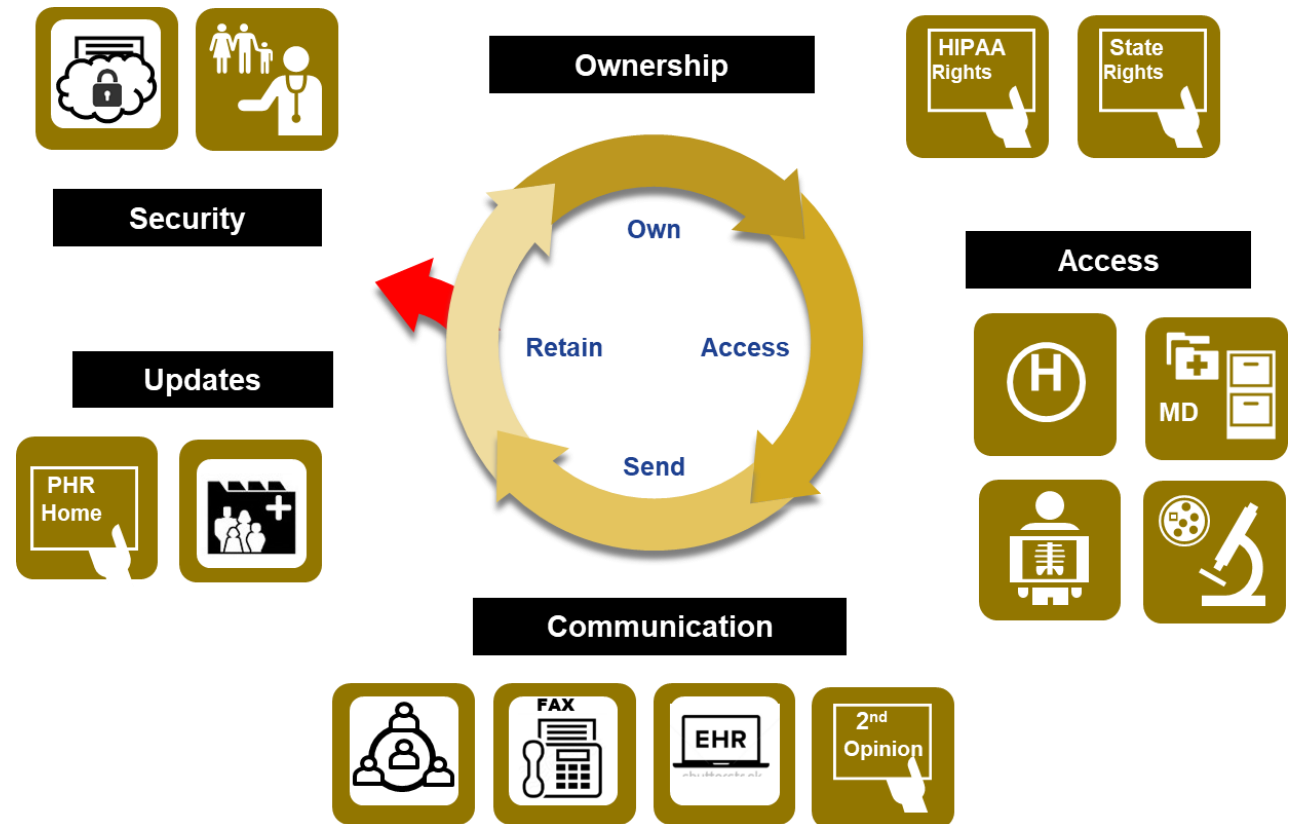
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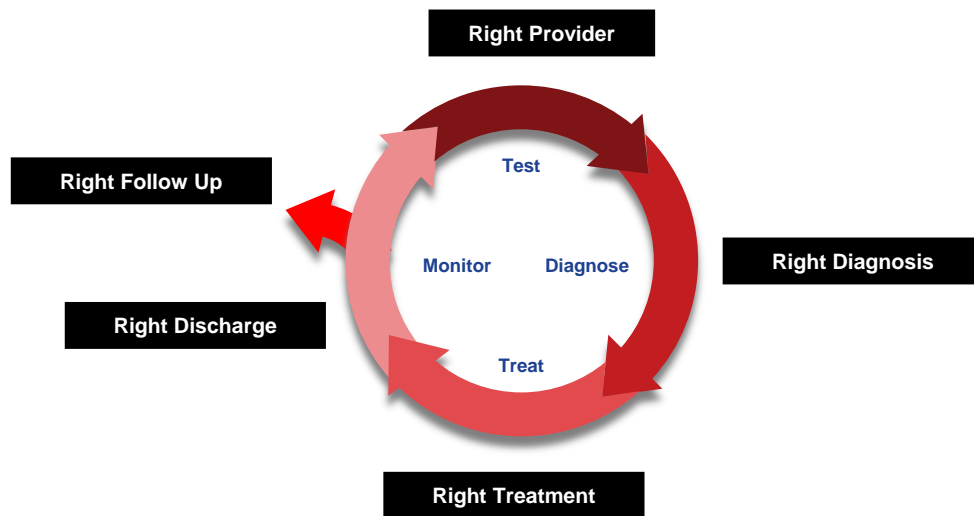
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The 5 Rights of Medical Records™

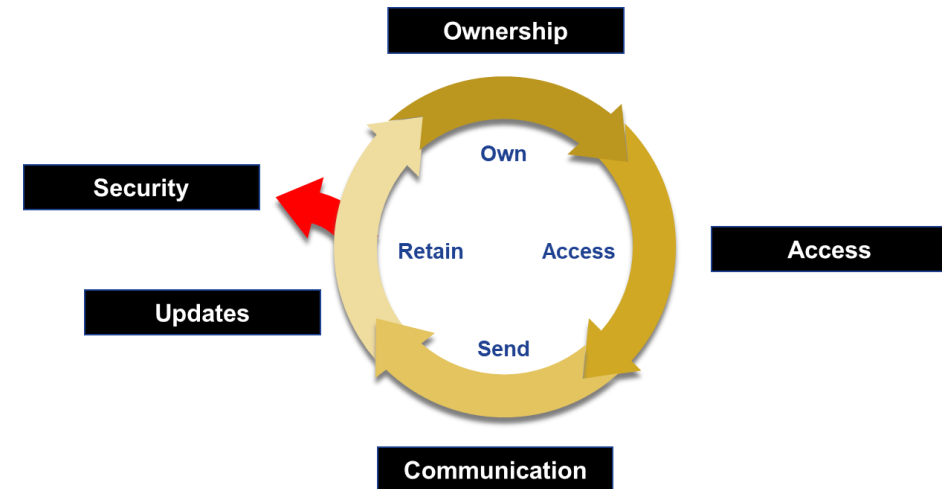


The 5 Rights Frameworks

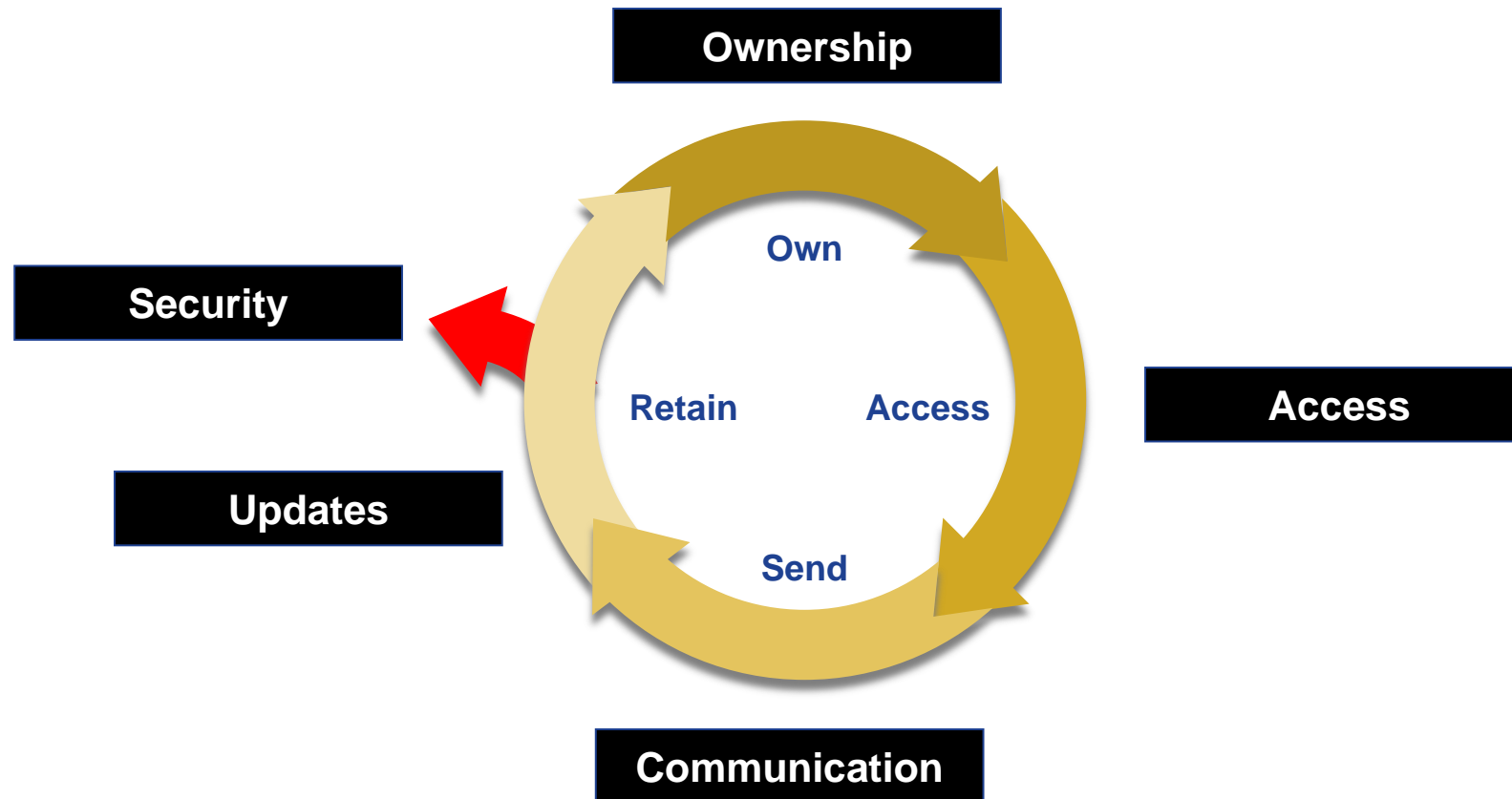
The 5 Rights of Emergency Care™



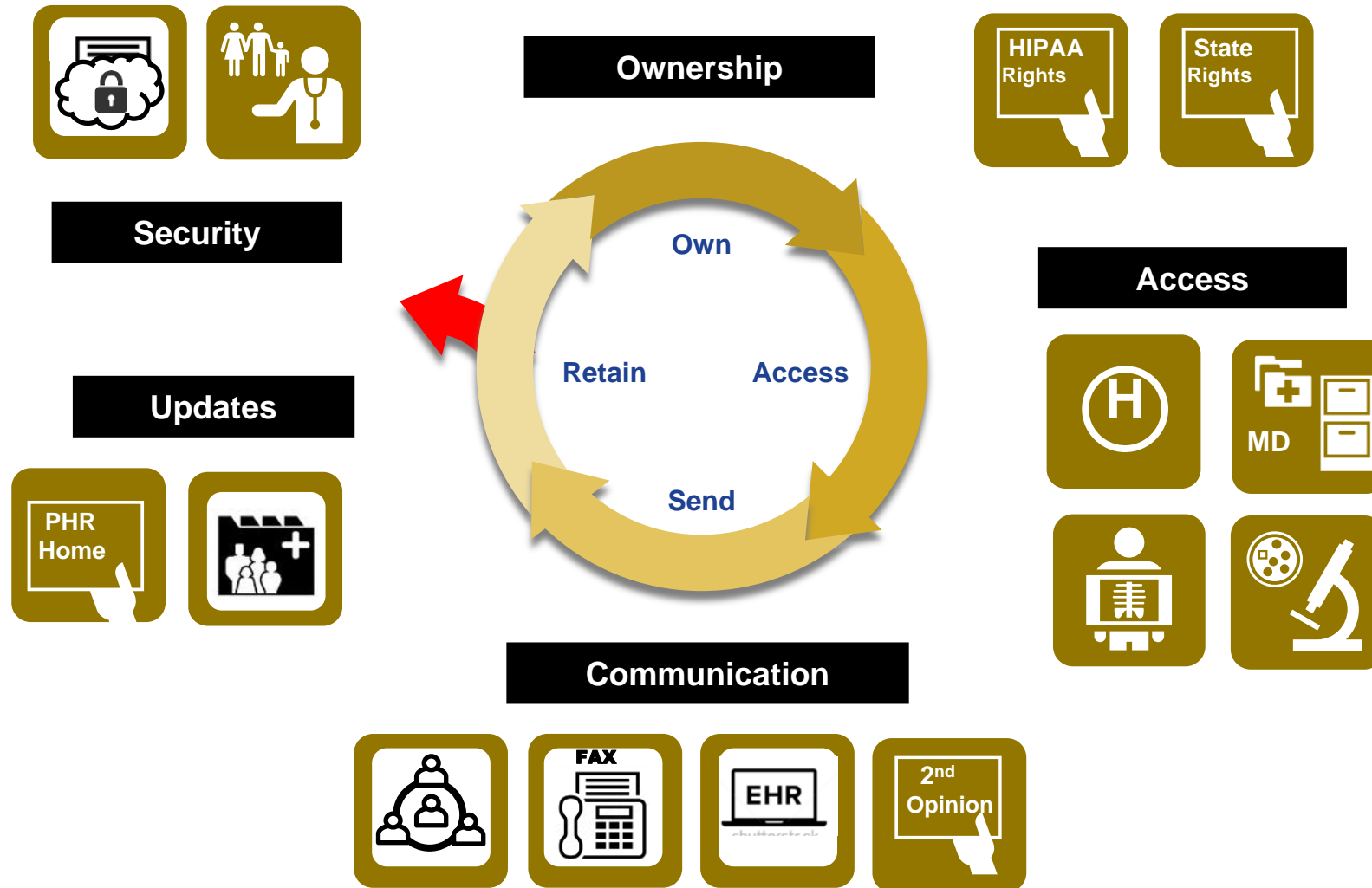
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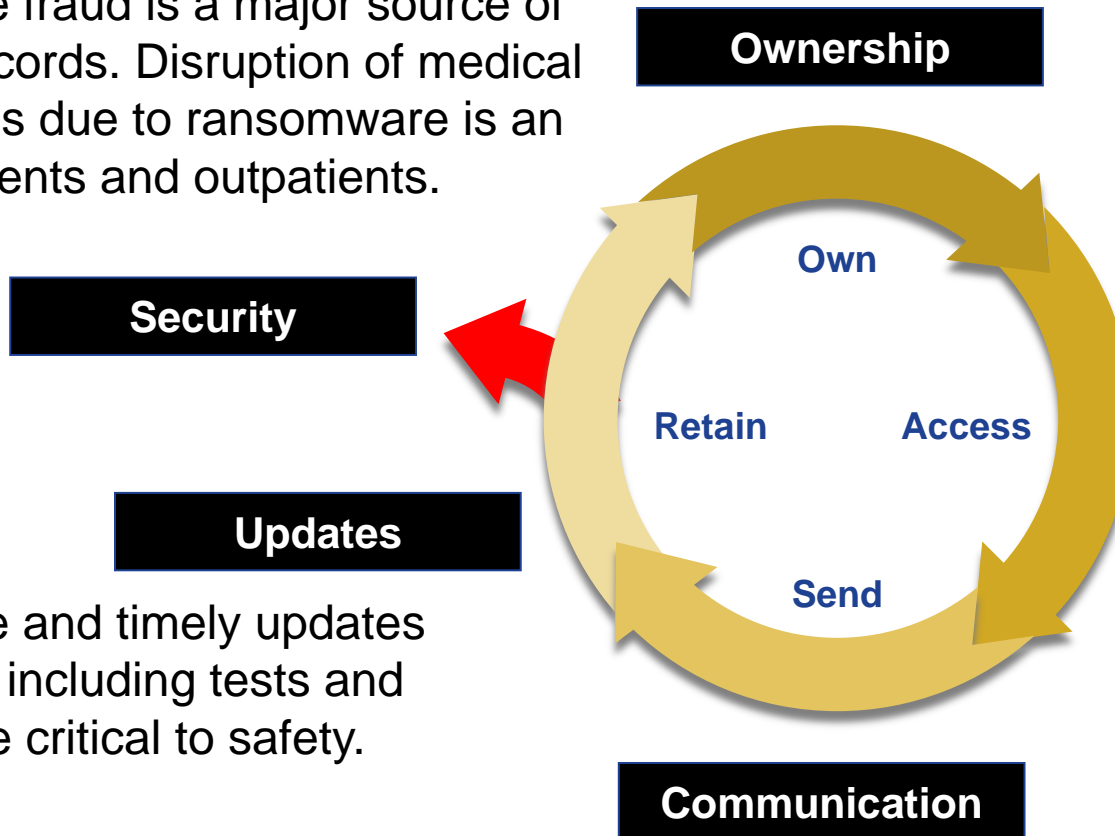


The 5 Rights of Medical Records™



The 5 Rights of Medical Records™

Security: Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware is an issue for both inpatients and outpatients.



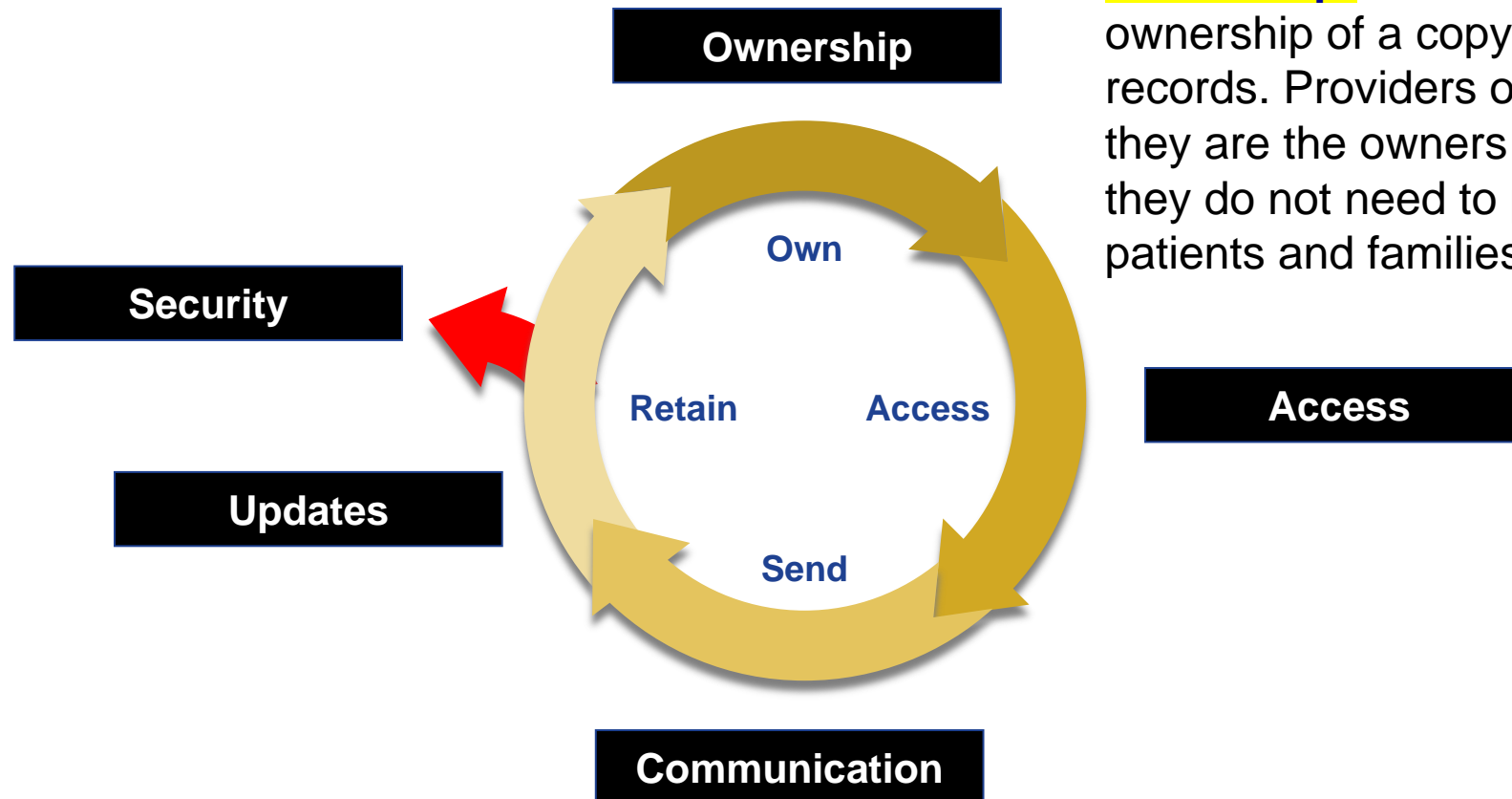
Updates: Accurate and timely updates to medical records including tests and medication lists are critical to safety.

Ownership: Patients are entitled to the ownership of a copy of their medical records. Providers often presume since they are the owners of the records that they do not need to provide them to patients and families.

Access: The safety and quality of care is directly related to the access of all medical records to the patient and to all care providers. Ideally there should be minimal lag in availability.

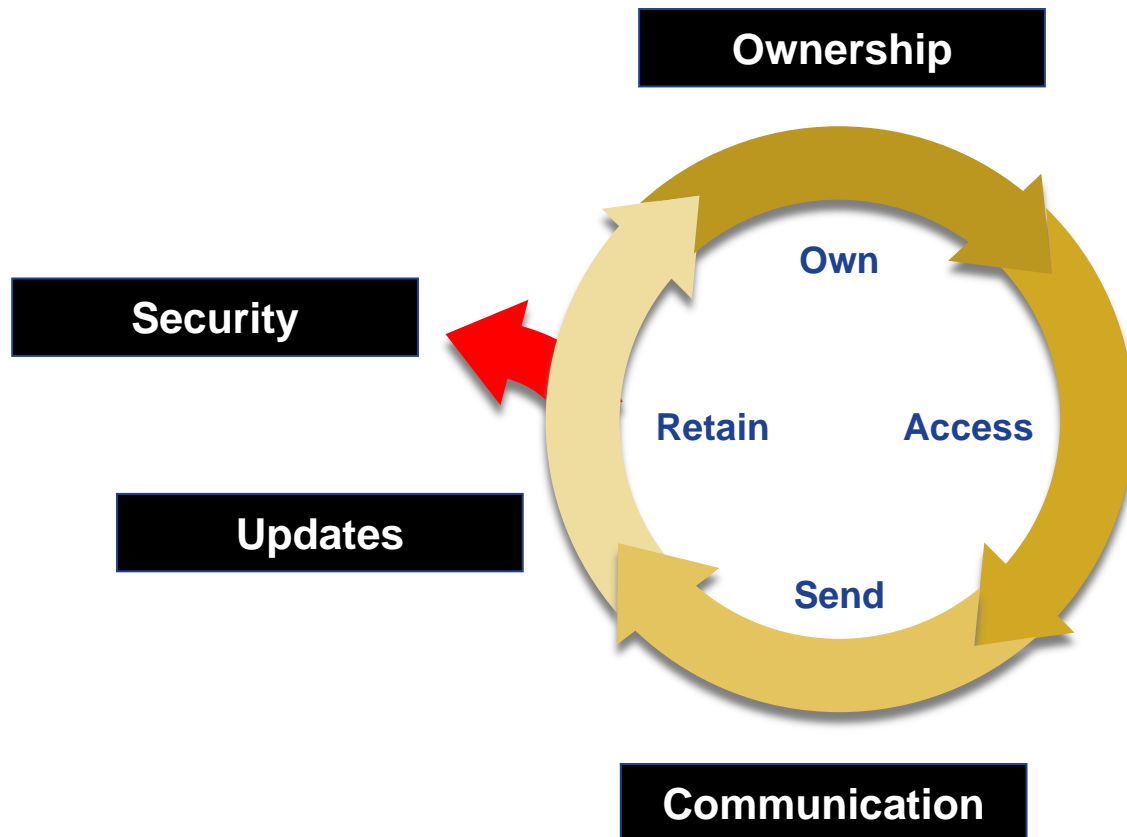
Communication: Breakdown in the transmission of medical records is a major source of adverse events causing preventable harm and expense. Patients must ensure transmission.

The 5 Rights of Medical Records™



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The 5 Rights of Medical Records™

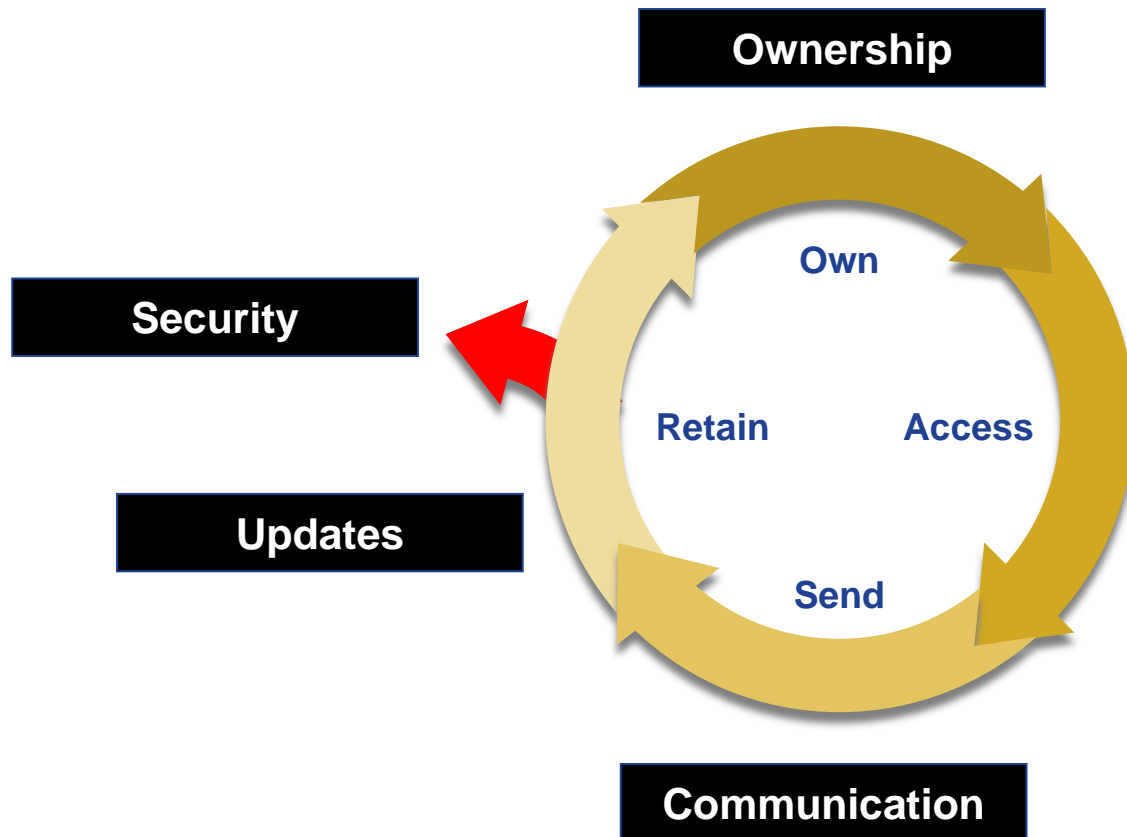


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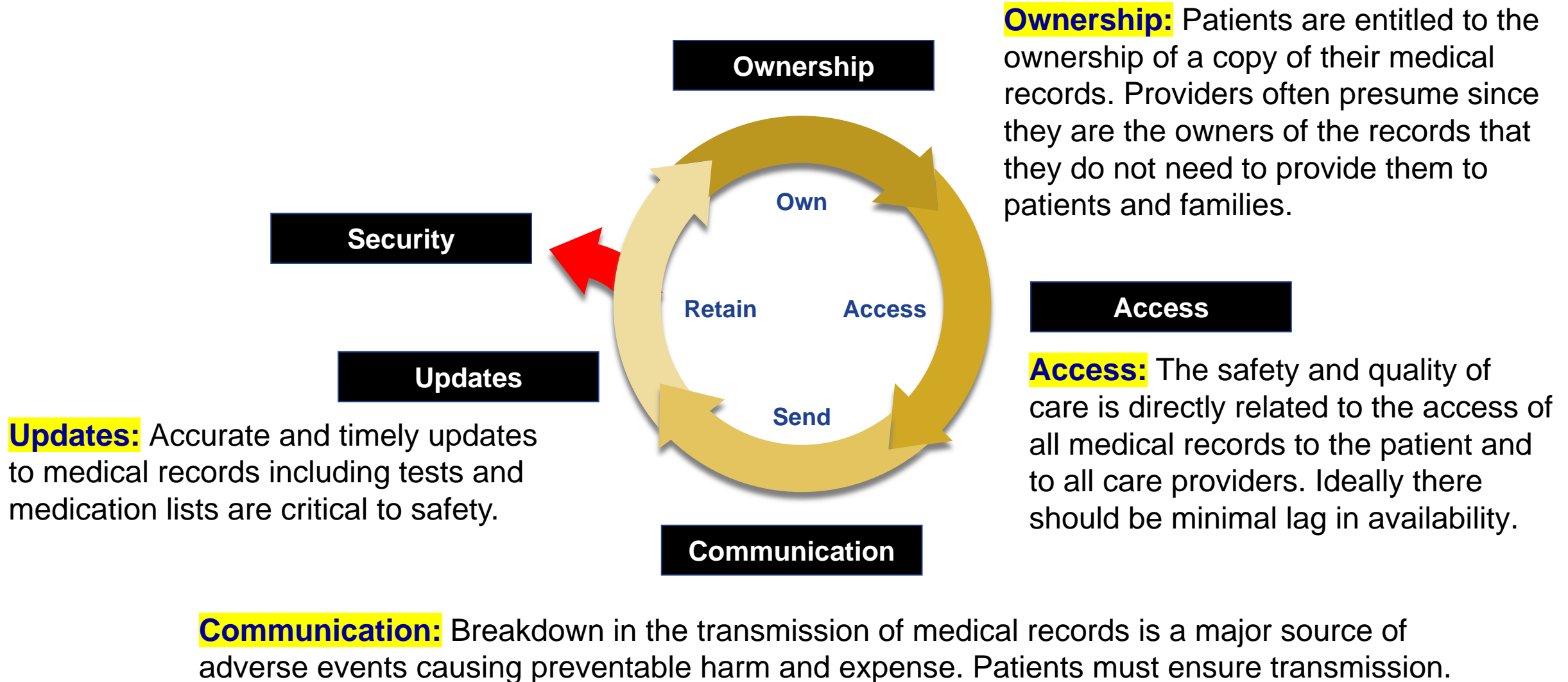
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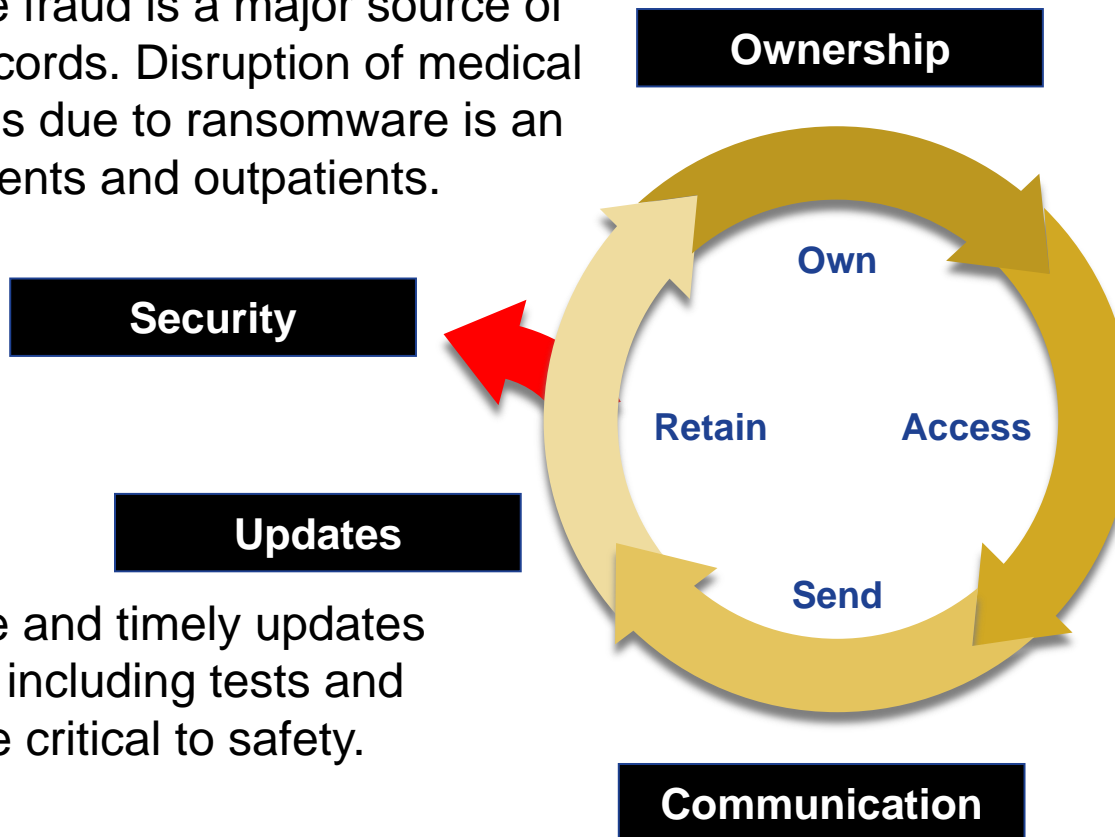
Communication: Breakdown in the transmission of medical records is a major source of adverse events causing preventable harm and expense. Patients must ensure transmission.

The 5 Rights of Medical Records™



The 5 Rights of Medical Records™

Security: Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware is an issue for both inpatients and outpatients.



Updates: Accurate and timely updates to medical records including tests and medication lists are critical to safety.

Ownership: Patients are entitled to the ownership of a copy of their medical records. Providers often presume since they are the owners of the records that they do not need to provide them to patients and families.

Access: The safety and quality of care is directly related to the access of all medical records to the patient and to all care providers. Ideally there should be minimal lag in availability.

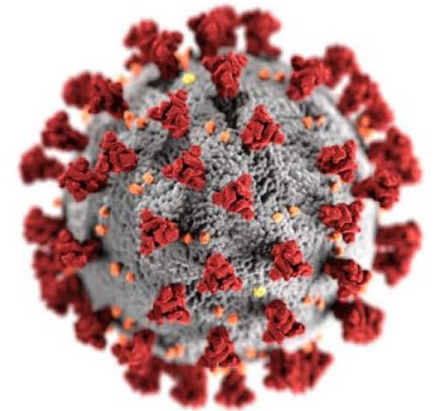
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The In Case of Emergency Checklist A Lawyer's Perspective



Gunita Singh JD

**Staff Attorney
Reporters Committee
For Freedom of the Press
Georgetown University
Law Center Alumna**



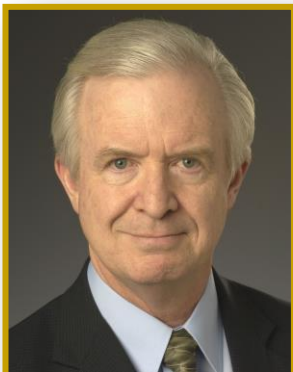
Breaking the ICE Barrier: The ICE Checklist

First Responder & Patient Safety Experts



William Adcox, MBA

Chief Security Officer and Chief
of Police
Executive Vice President
MD Anderson Cancer Center
and University of Texas Health
Science Center, Houston Texas



John Nance

Best Selling Author
Patient Safety Expert
ABC Good Morning
America Safety
Commentator



Randy Styner

Director Emergency
Management
UCI
Best Selling Author
Scout Leader

Breaking the ICE Barrier: The ICE Checklist

Young Adult and Student Outreach



Pavita Singh MPH

Executive Director of
Girls Health Ed
International Best
Selling Author



Paul Bhatia, EMT

Pre-med Student
President EMT
Association at University
of California Irvine
Med Tac Instructor



David Grinsfelder

Business Affairs
Amazon Media
Med Tac Student
Outreach Team

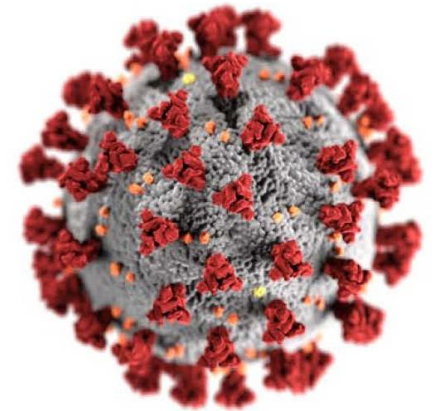
The Immuno-compromised, Seniors, and Children

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

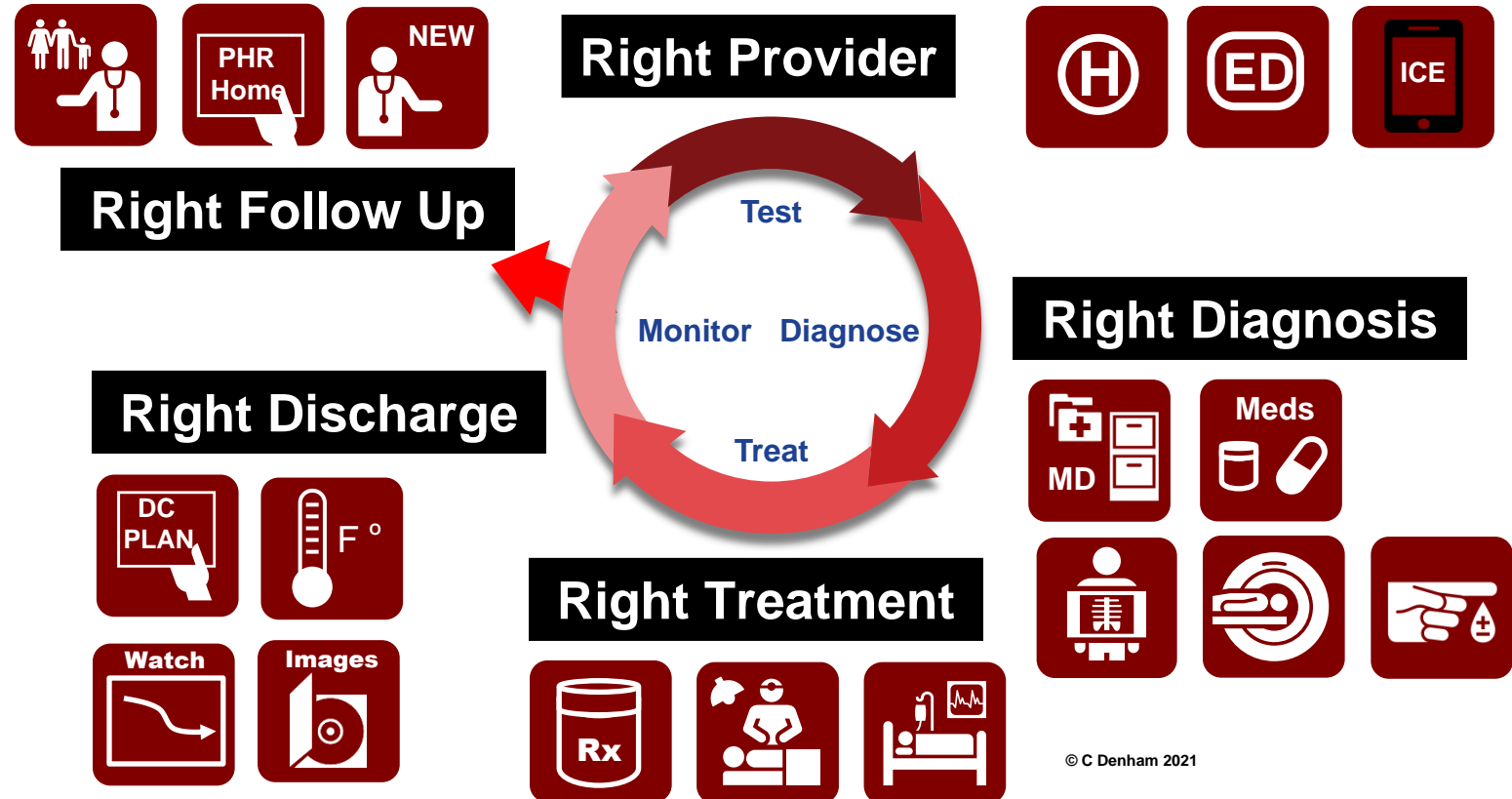
College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opioid Overdose Briefing

The 5 Rights of Emergency Care™



Source: Denham, CR

High Vulnerability

1. Immunocompromised

2. Seniors

3. Children

1. Immunocompromised

Who is Moderately to Severely Immunocompromised?

Currently, CDC is recommending that moderately to severely immunocompromised people receive an additional dose. This includes people who have:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

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High Vulnerability

1. Immunocompromised

2. Seniors

3. Children

2. Seniors



Seniors are at greater risk with reduced immune response AND are more likely to have comorbidities increasing risk.

High Vulnerability

1. Immunocompromised

2. Seniors

3. Children

Care of the At Risk & Seniors Checklist

MED TAC GLOBAL	Care of the At Risk & Seniors at Home	Coronavirus Response CareUniversity Series
Supplies Checklist:		Process Checklist:
<input type="checkbox"/> Prescription Medications On Hand: Have at least 90 days of prescription medications on hand. If insurance will allow it, get a 120-day supply. If not, keep track of when they can renew them and then have them filled so they have them on hand.		<input type="checkbox"/> In Case of Emergency - ICE Contact List: Phone numbers and email addresses of friends and family members who know they are going to be called if an individual experiences an emergency should be on an accessible list. The In Case of Emergency phone numbers should be generated. It should include those who have a Power of Attorney for healthcare and for business issues.
<input type="checkbox"/> Over the Counter Medications: Make sure they have over the counter medications for headache, colds, and other ailments they may have not needing prescriptions.		<input type="checkbox"/> All Caregivers Contact Information: A master list of the doctors, nurse practitioners, pharmacists, and caregiver's office phone numbers, emergency numbers, and addresses should be on an easy to read list.
<input type="checkbox"/> Thermometers: Every home should have a thermometer on hand so that inhabitants can monitor their temperature whether healthy or sick. Many will get colds or the flu and may be frightened they may have Coronavirus.		<input type="checkbox"/> Local Support Individuals: Names and mobile numbers of friends and family who can pick up supplies for them, transport them, care for them, and check on them.
<input type="checkbox"/> Food and Bottled Water: It is important to have food on hand that will not spoil. If power goes out as it can in ordinary circumstances, it may take longer to repair if service personnel are sick. Food that does not require refrigeration or to be stored in freezers needs to be on hand.		<input type="checkbox"/> "If I Get Sick Plan": A plan of "what if I get sick" directions. For instance – what signs and symptoms should prompt them to call for help. A certain temperature or other developments to drive action.
<input type="checkbox"/> Flashlights and Batteries: (better than candles for reasons of risk) and batteries in case power goes out.		<input type="checkbox"/> Hospital of Choice: If an individual has been under the care of a hospital, their medical records are very important to future care. They may identify that hospital or a hospital as a first choice for care.
<input type="checkbox"/> Cleaning and Disinfectant Supplies: Soap and water is very effective to kill the virus because it dissolves fats and the virus has a fat layer. Liquid Soap and water is even better than alcohol disinfectants for both hands and for contact surfaces for killing the Coronavirus. <ul style="list-style-type: none">• If alcohol and soap runs out, bleach may be diluted to 1:10 Bleach to Water for contaminated clothing.• Dilution of 1:50 Bleach to Water for contact surfaces.• Dilution of 1:100 Bleach to Water for skin cleaning.• Having plenty of liquid soap, buckets, and rags are important if caring for someone at home. Paper towels may become in short supply – rags and towels cleaned in washing machines are safe.		<input type="checkbox"/> Medical Power of Attorney: Everyone over the age of 18 will need to execute a medical power of attorney if they are to allow another person to make decisions regarding care if the victim is unable to do so. For instance, college students going to school in another state who are in another state get sick, parents will need one to get medical records.
<input type="checkbox"/> Kitchen Rubber Gloves: Two to three pairs of rubber gloves will be good to have on hand if one has to take care of someone in the home. They should be used for disinfecting the surfaces. Some surfaces will sustain the virus for a few hours. Some, however, can sustain the virus for three to nine days.		<input type="checkbox"/> Regular Expenses & Payment Mechanism: Create a list of regular bills and how to pay them if a person is in the hospital and unable to take care of them.
<input type="checkbox"/> Full Tank of Gas: If the supply chain is disrupted by illnesses of those transporting or operating gas stations, you may have a hard time getting fuel. We need to be prepared as we will with a storm.		<input type="checkbox"/> Regular Home Chores: A list of tasks that must be undertaken if residents become ill and are taken to the hospital should be created. They might include watering indoor and outdoor plants, pet care, and pet care.
<input type="checkbox"/> Reading Materials & Recordings: In the extreme case cable systems and internet providers may go down, seniors should have access to reading materials and recordings to inspire them and maintain hope. Our faith-based communities can support them here.		<input type="checkbox"/> Daily Check In Calls: Seniors and those with underlying conditions such as heart, lung, or kidney disease as well as those with immune compromised conditions such as chemotherapy and transplant patients should have someone check in on them if they are alone.
		<input type="checkbox"/> Food Replenishment Process: A process for regular replenishment of food and supplies should be set up.
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**Care of the At Risk
& Seniors at Home**

**Coronavirus Response
CareUniversity Series**

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High Vulnerability

1. Immunocompromised

2. Seniors

3. Children

3. Children



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".

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



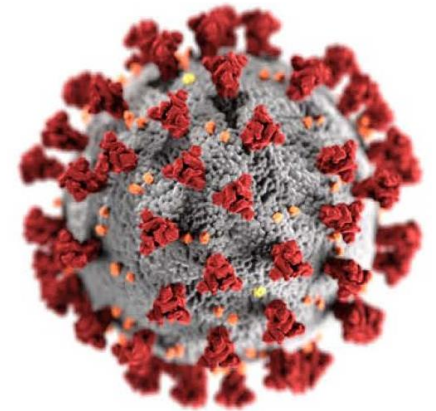
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The Immuno-compromised, Seniors, and **Children** *The Clinical Perspective*



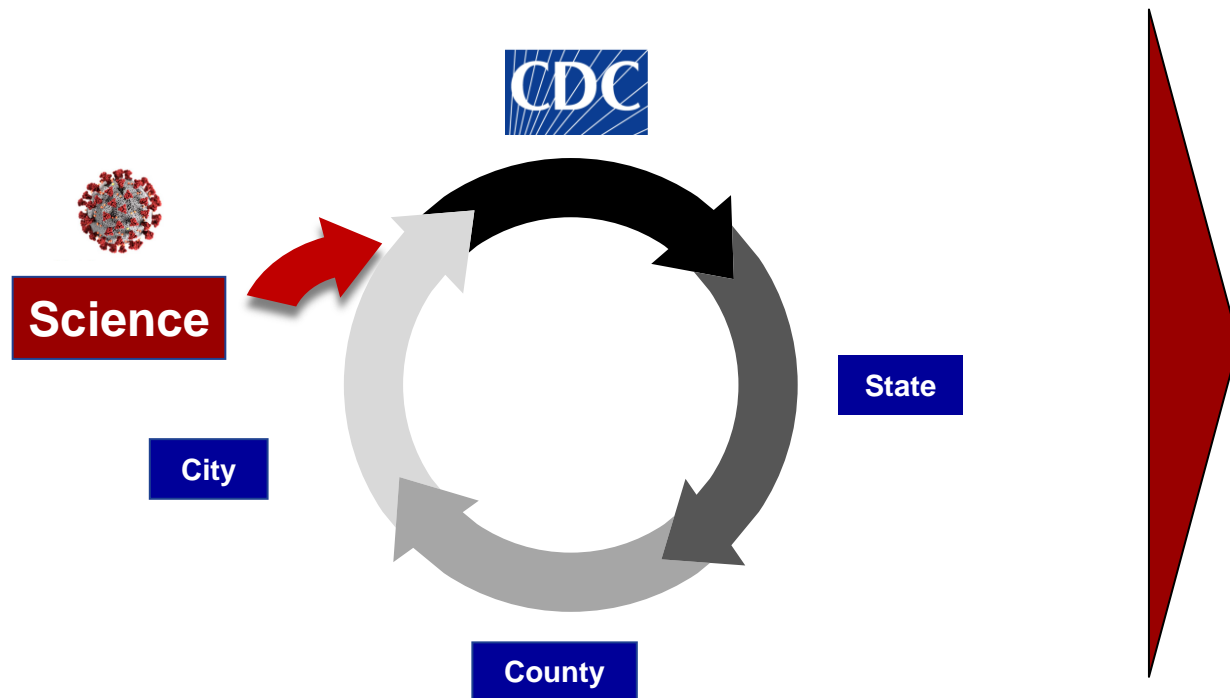
Dr. Britteny Barto-Owens

**Community Pediatrician
Med Tac Advisor
Coronavirus Community of Practice**



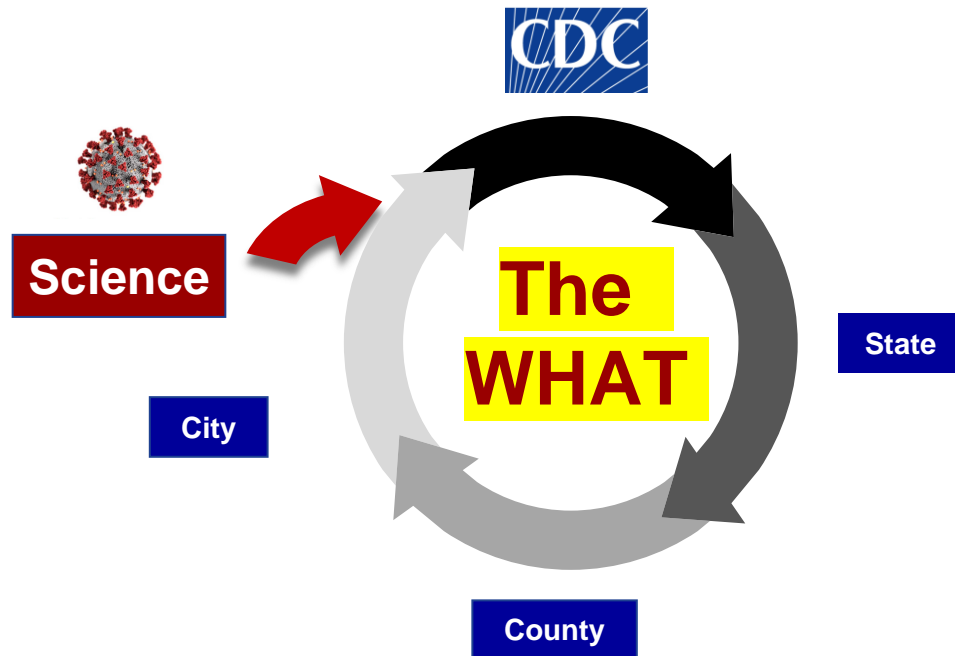
The Science is Evolving

Public Health Guidelines

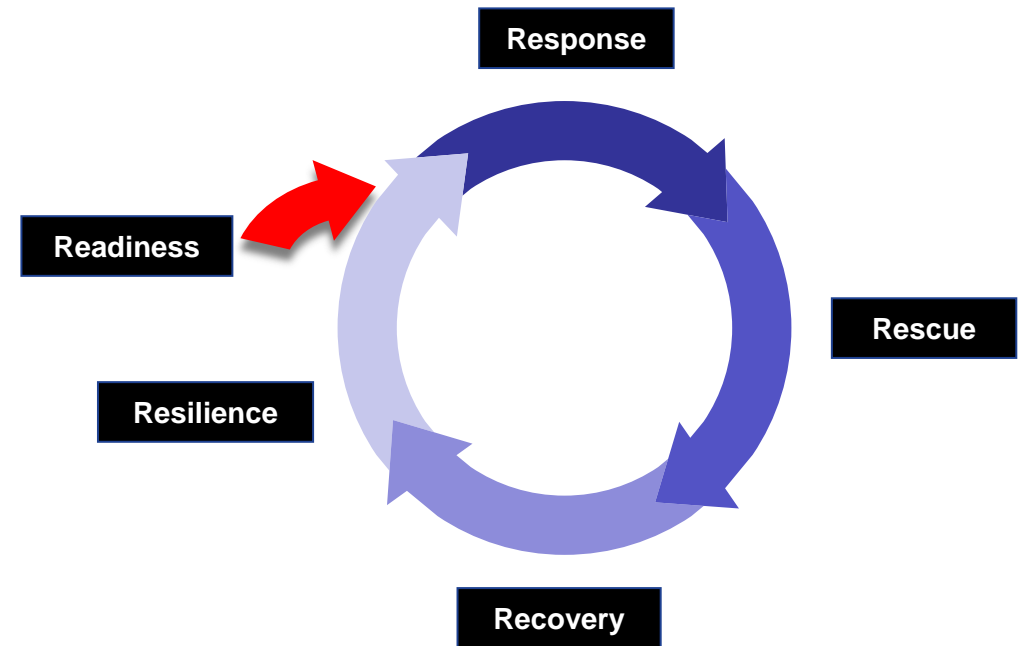


They tell the WHAT....

Public Health Guidelines

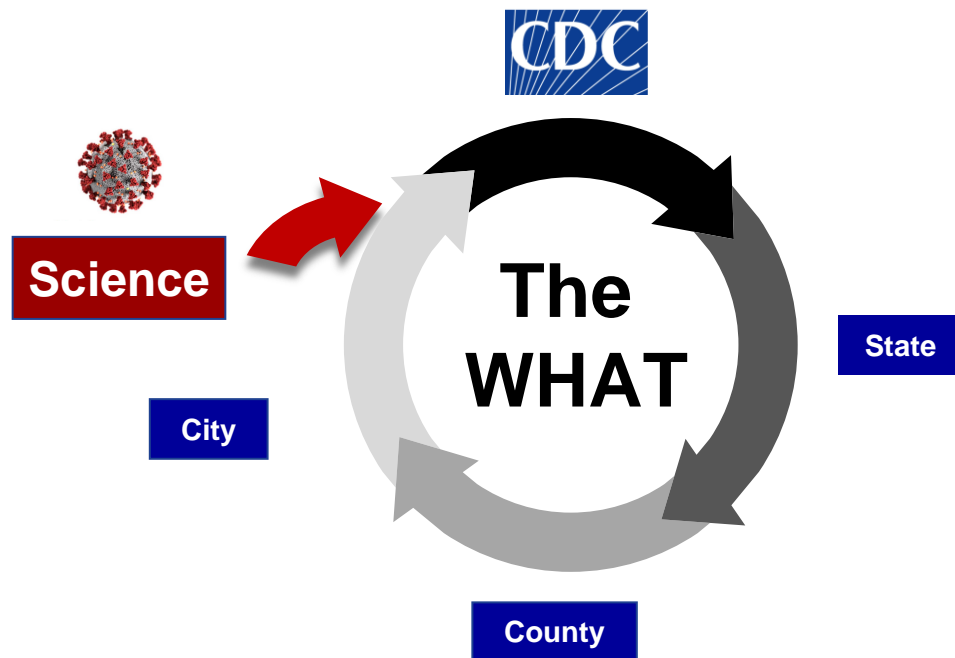


Family Safety Plans

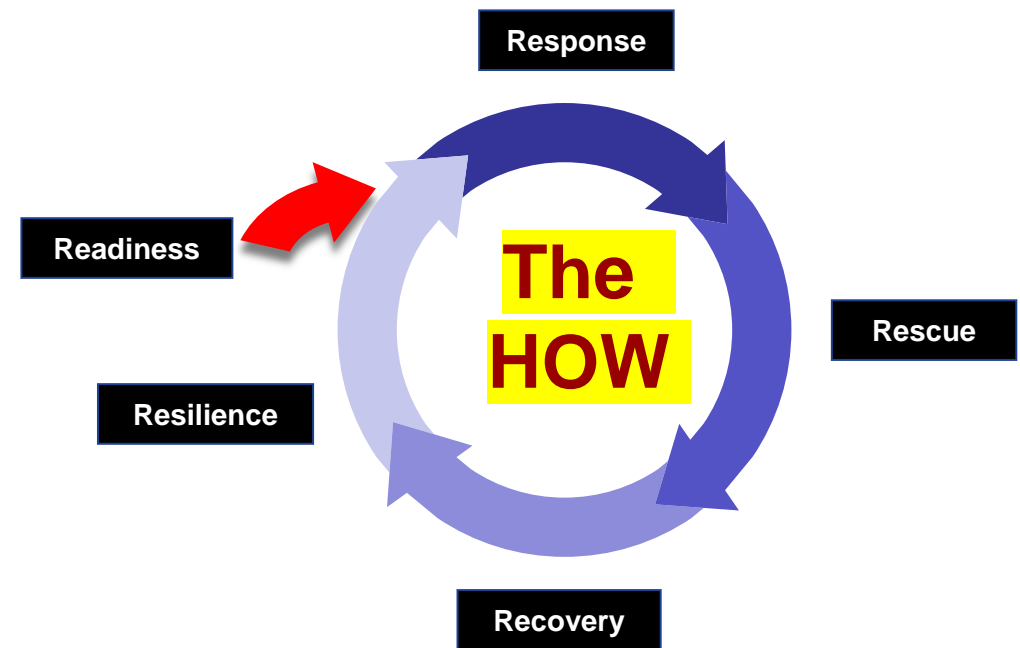


They tell the WHAT....We teach the HOW

Public Health Guidelines

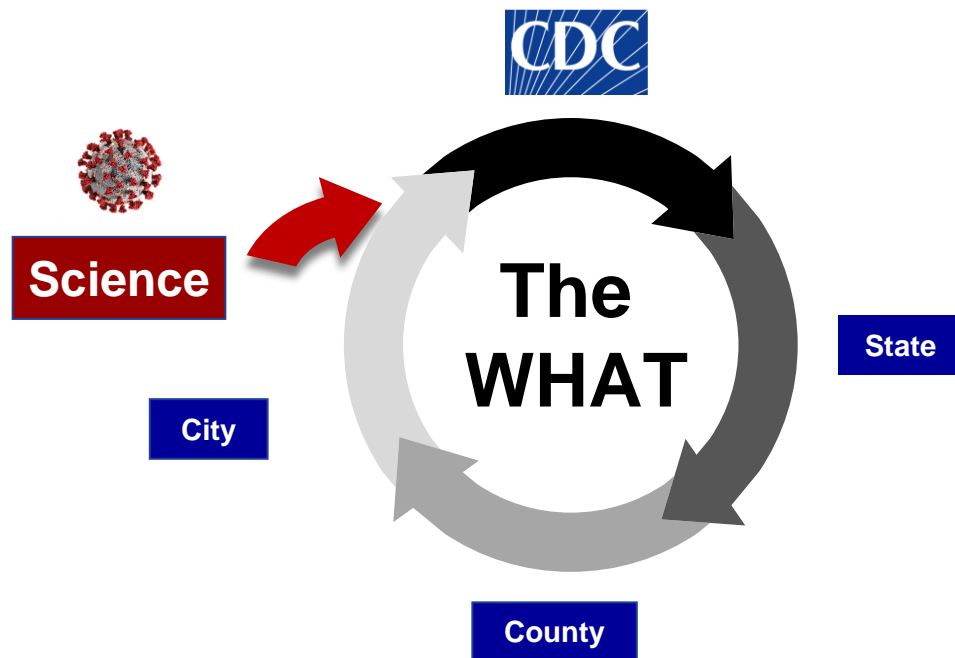


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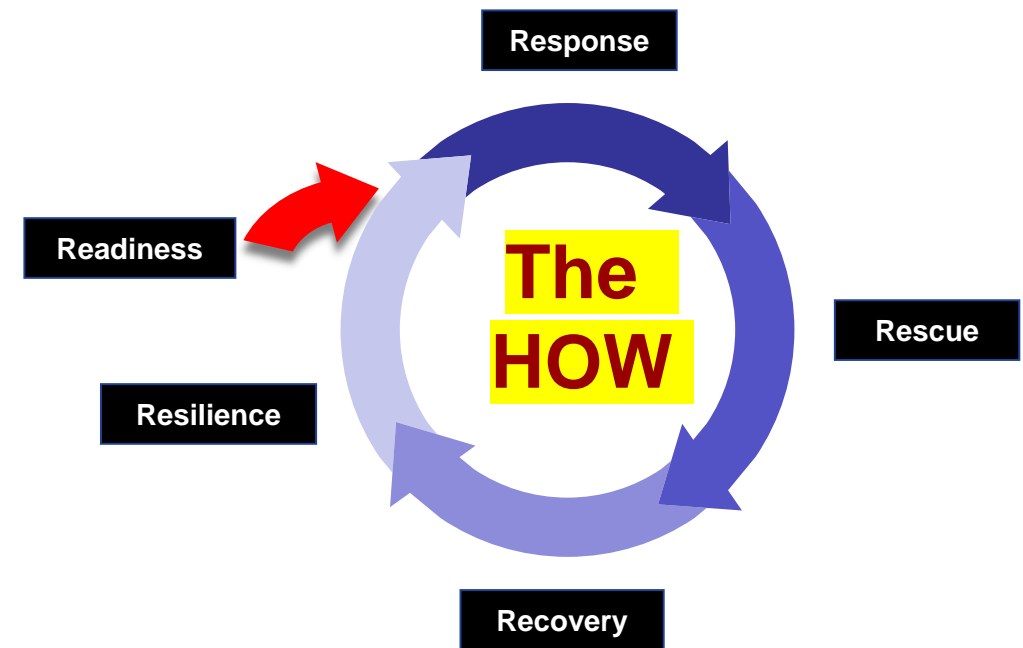


Turn the Science into Safety

Public Health Guidelines

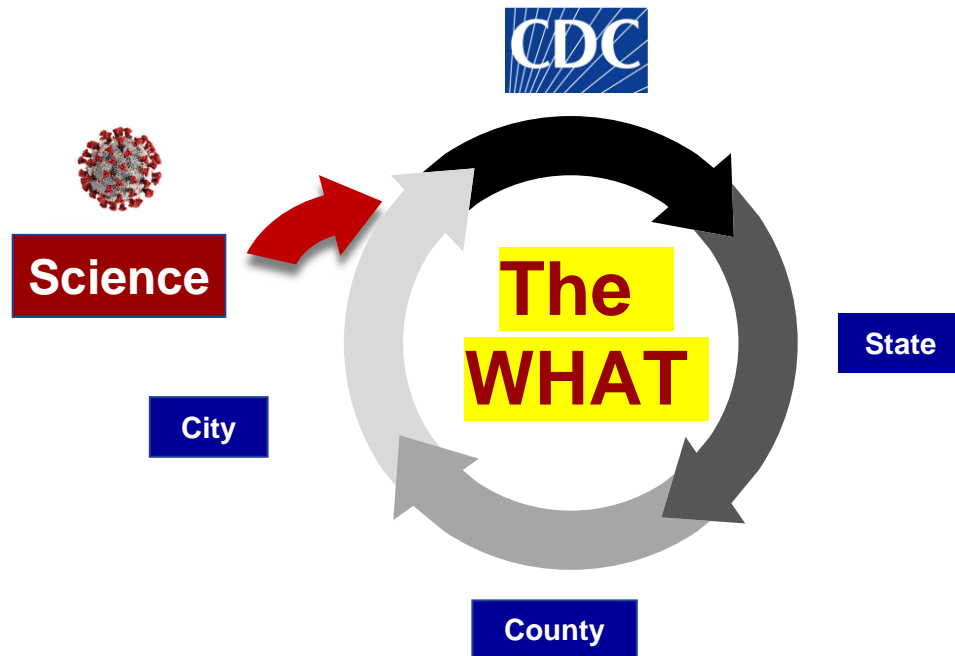


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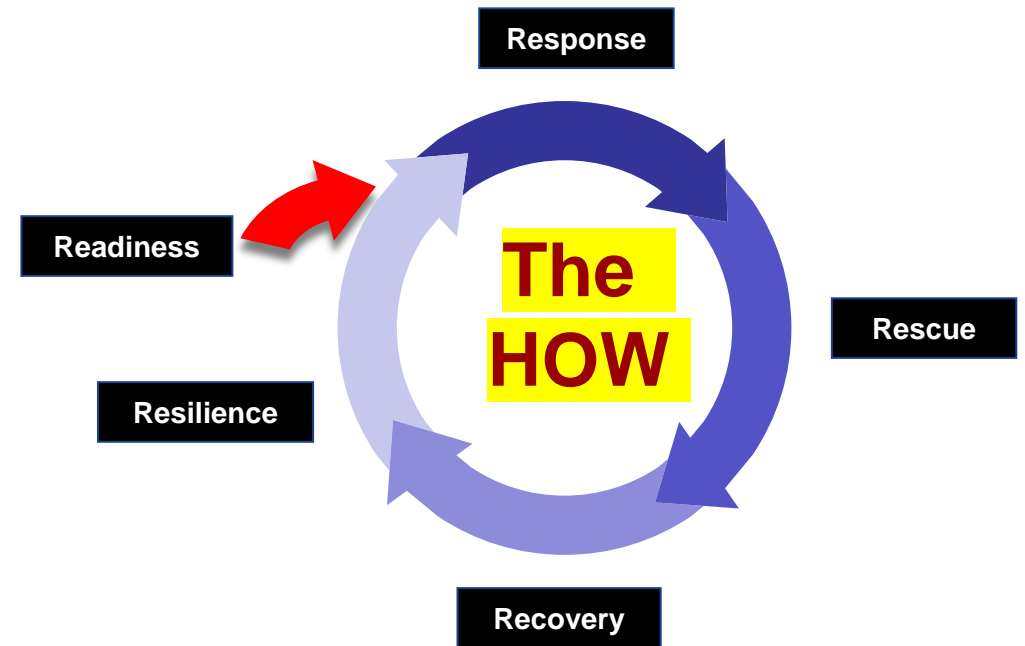


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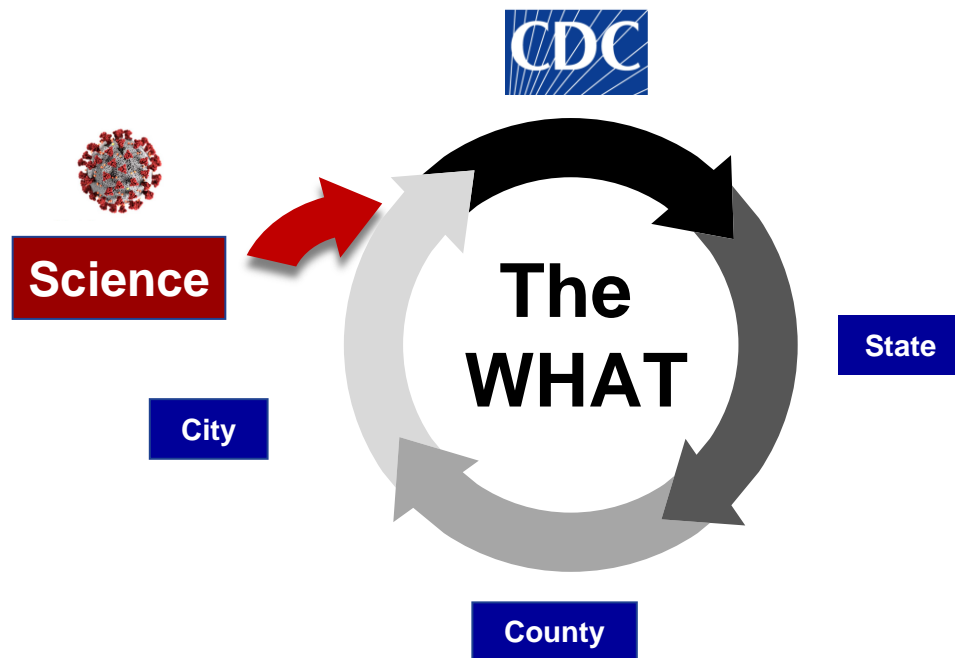


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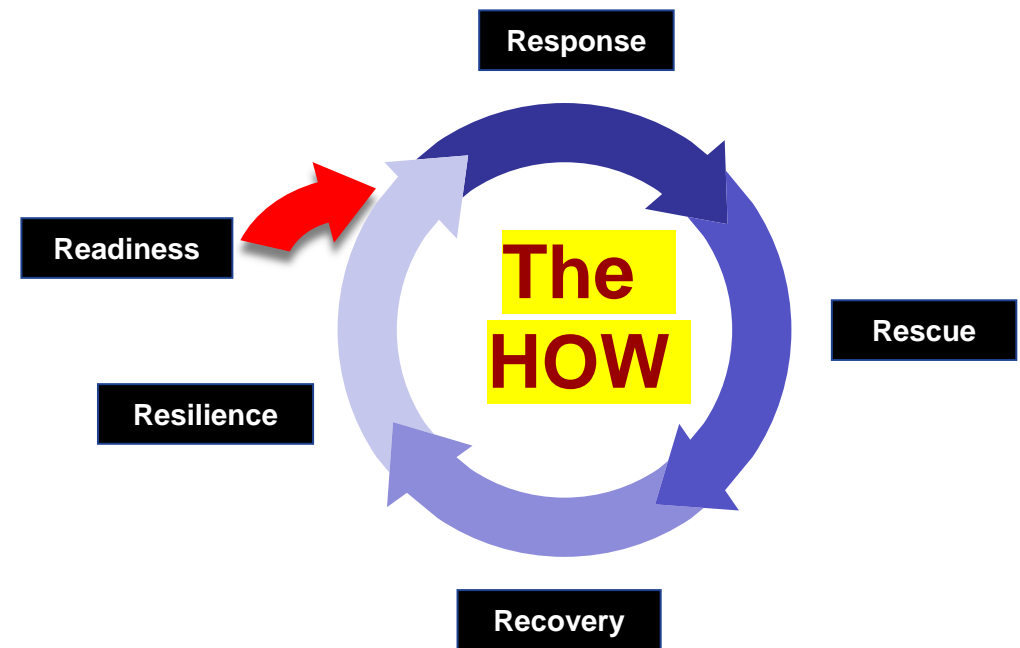


Turn the Safety into Success

Public Health Guidelines



Family Safety Plans

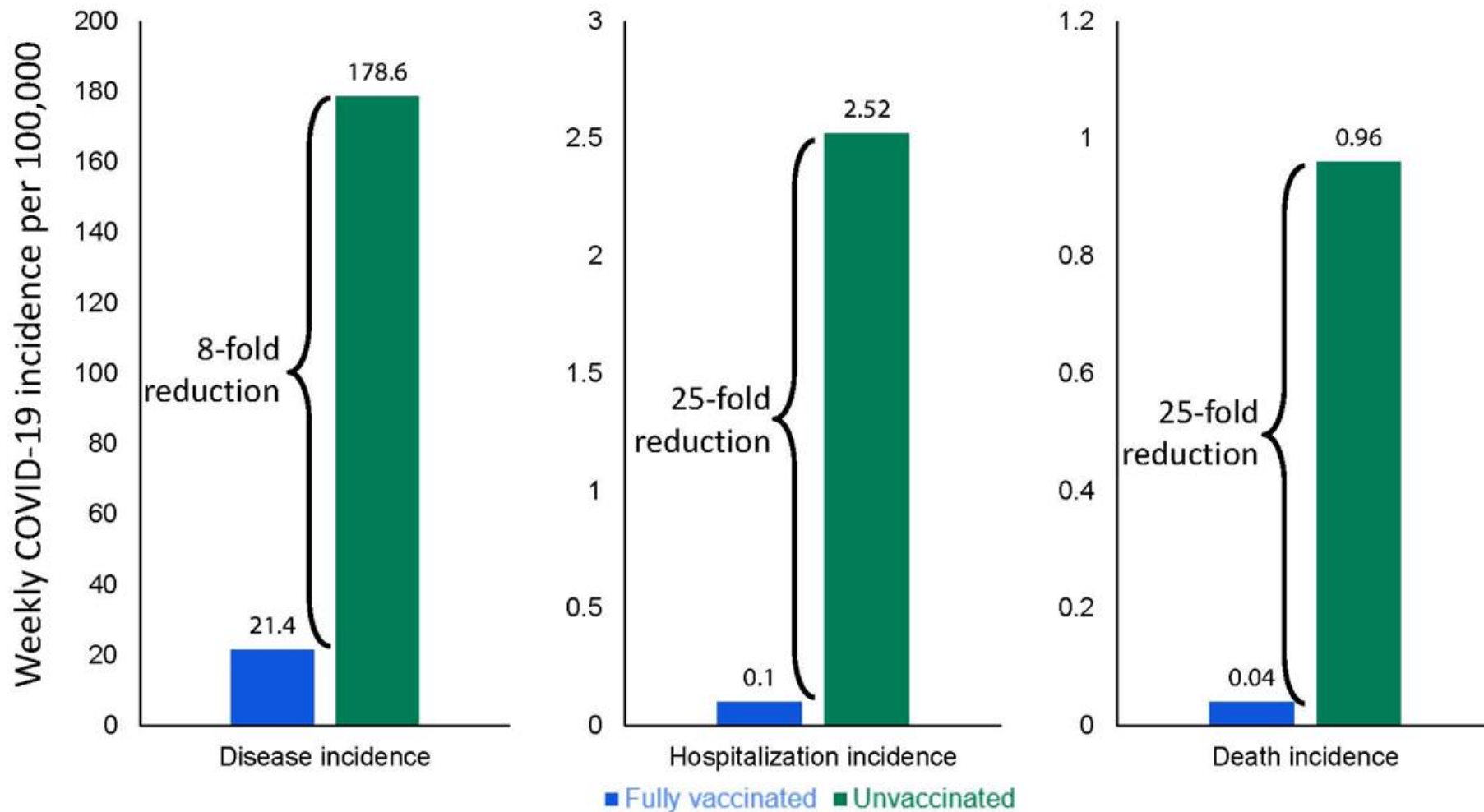


Vaccination Checklist

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

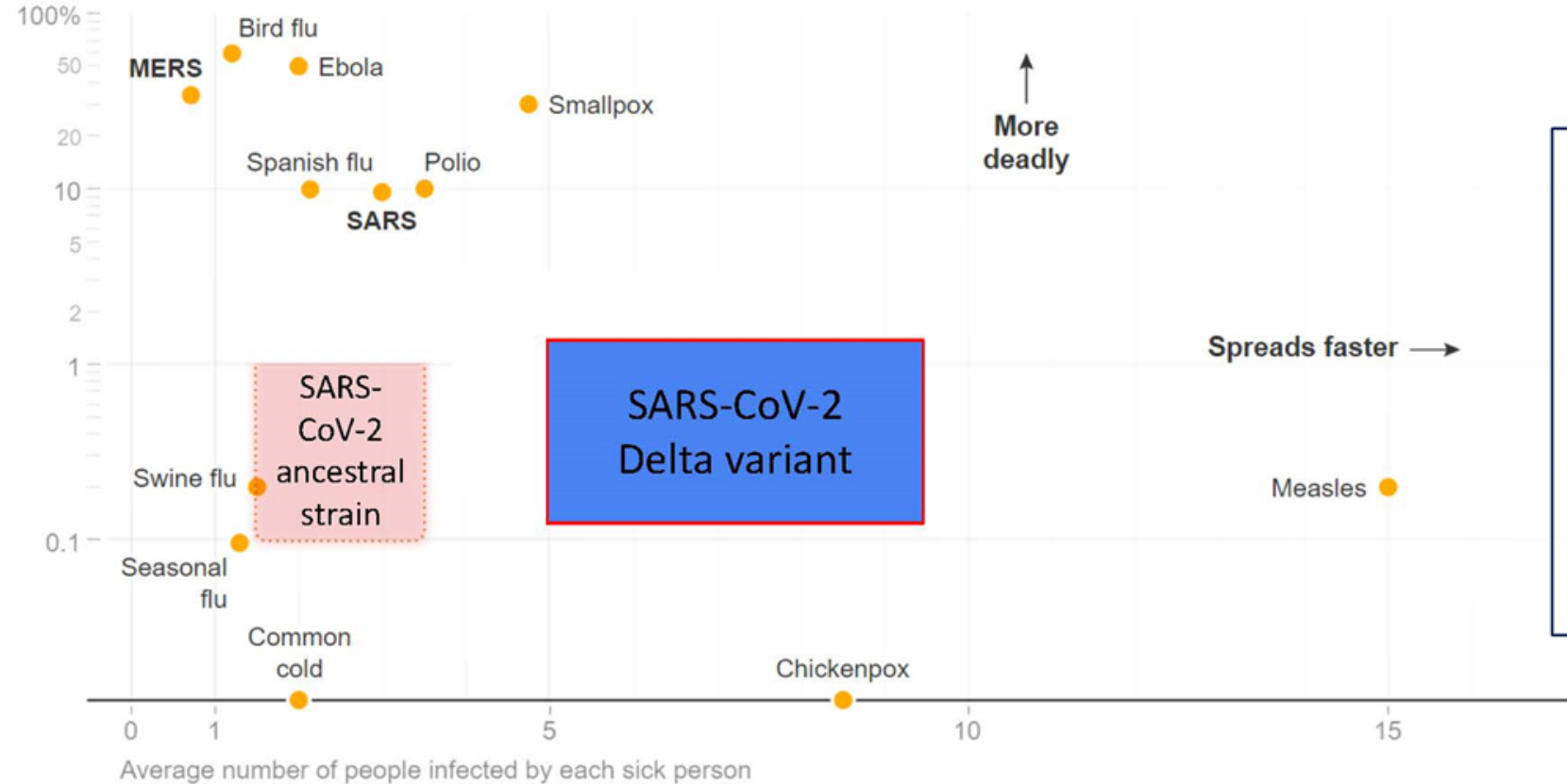
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Youth 12-17	More than Alpha (UK virus)
Children Ages 2-12	Yes Under Study

**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?

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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

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Youth 12-17	More than Alpha (UK virus)	More than Alpha Half Adult Spread	More than Alpha
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?

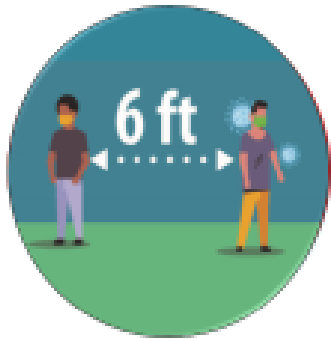
Vaccination Status	Can I CATCH it?	Can I SPREAD It	Can I GET SICK?	Can I Get LONG HAUL?
Unvaccinated	Yes VERY HIGH RISK	Yes VERY HIGH RISK	Yes VERY HIGH RISK May Get Sicker	Yes HIGHER RISK
Vaccinated	Yes but 3.5 X RISK	Yes but 3.5 X RISK	Yes but 3.5 X RISK	Under Study
Youth 12-17	More than Alpha (UK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

Yes You can LONG HAUL

Vaccinated or Not



CDC Guidelines



**Social
Distancing**



**Disinfecting
Surfaces**



**Hand
Washing**

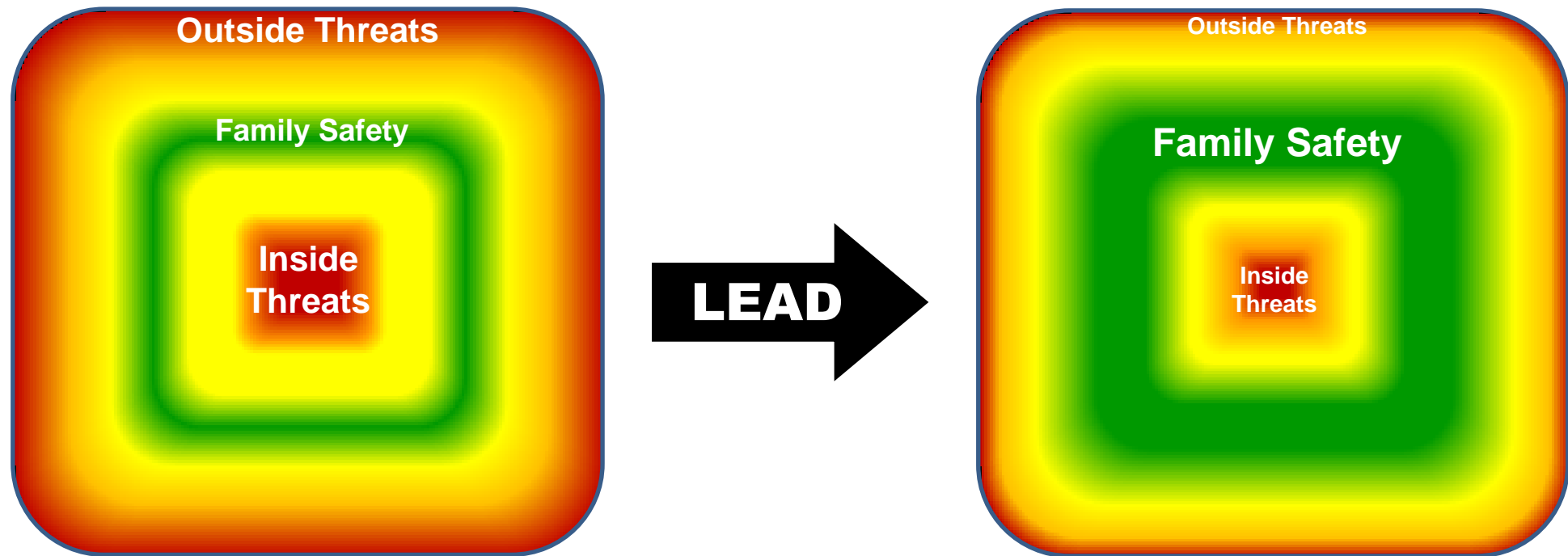


**Use of
Masks**

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**

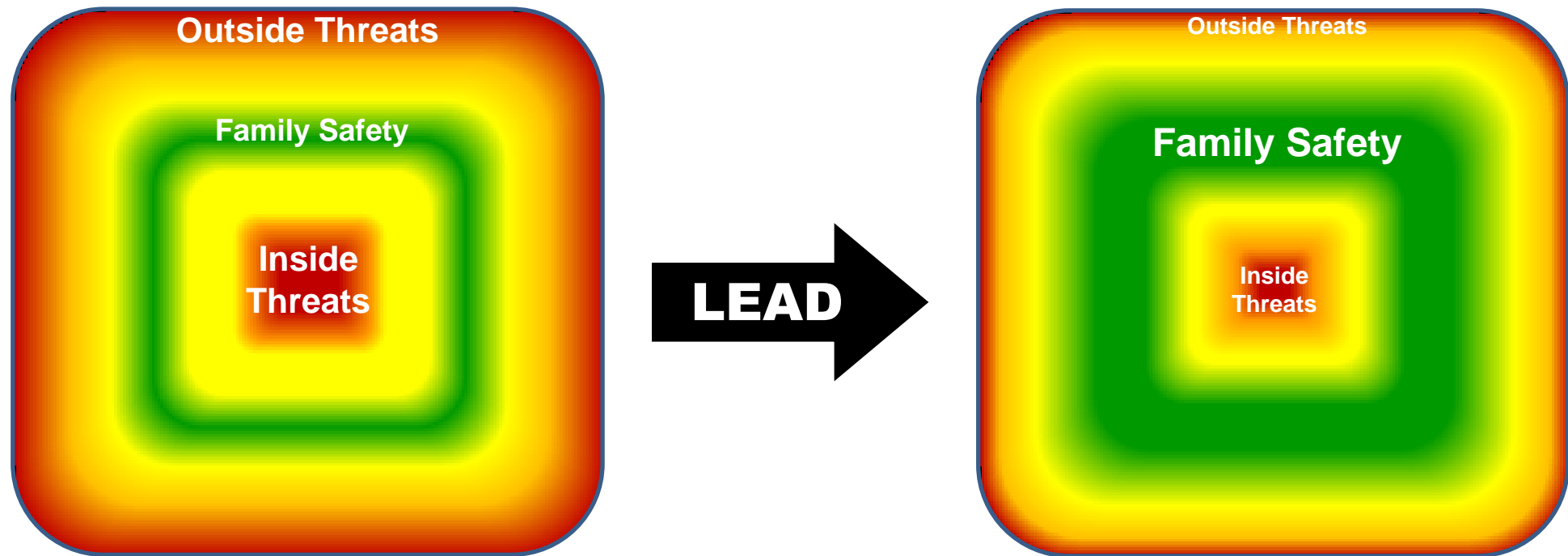
**You will pay more and do
more to spare your family**

YOU HAVE TO TAKE CHARGE NOW!

Source: C Denham

Threats X Vulnerability = Risk to Your Family

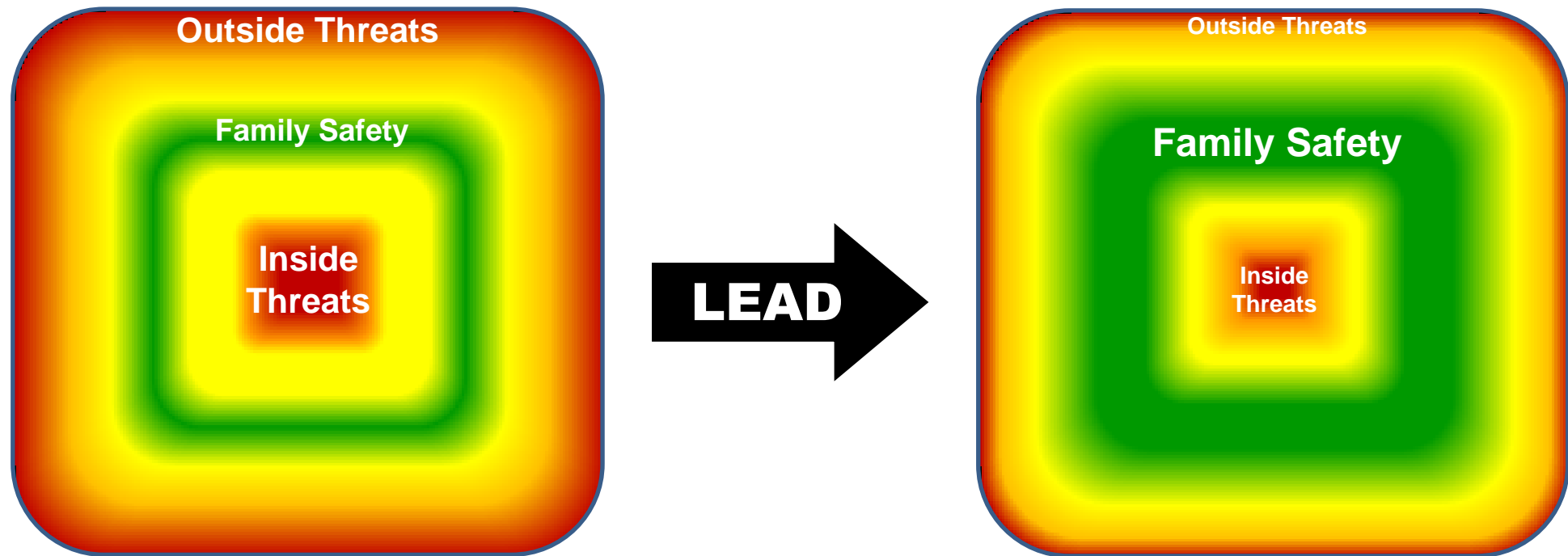
Threats:
Likely to
cause HARM.



Threats X Vulnerability = Risk to Your Family

Threats:
Likely to
cause HARM.

Vulnerability:
Weaknesses that can be
EXPLOITED by threats.

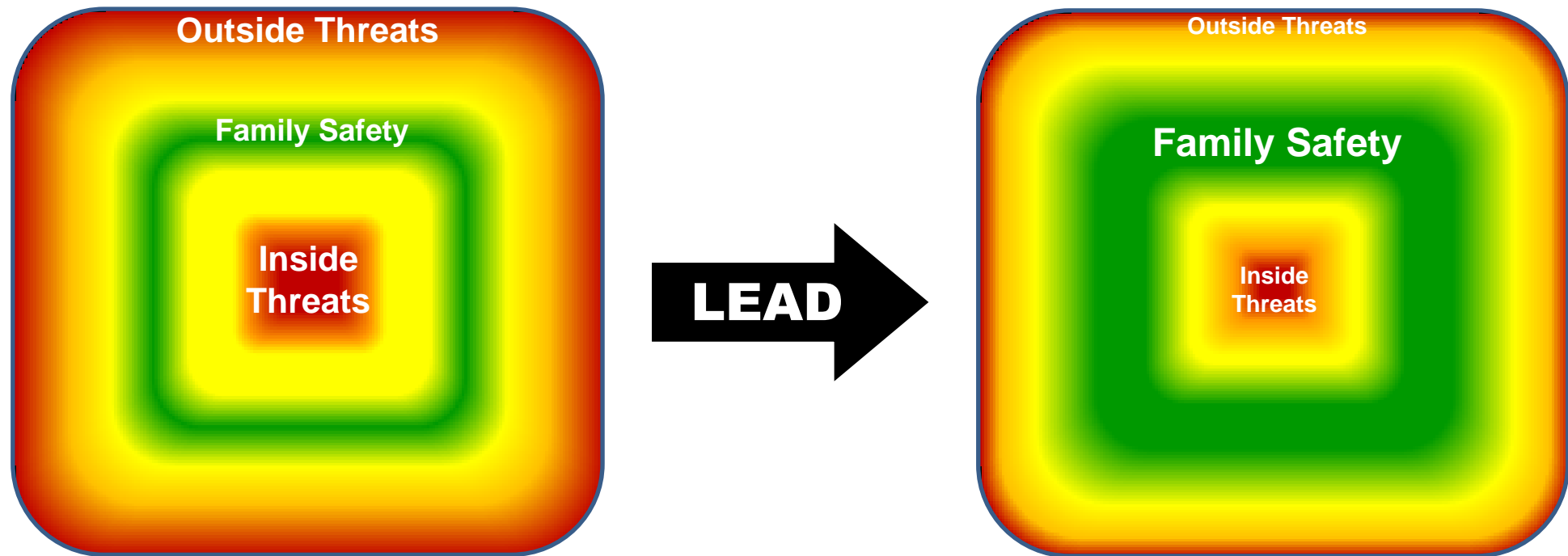


Threats X Vulnerability = Risk to Your Family

Threats:
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cause HARM.

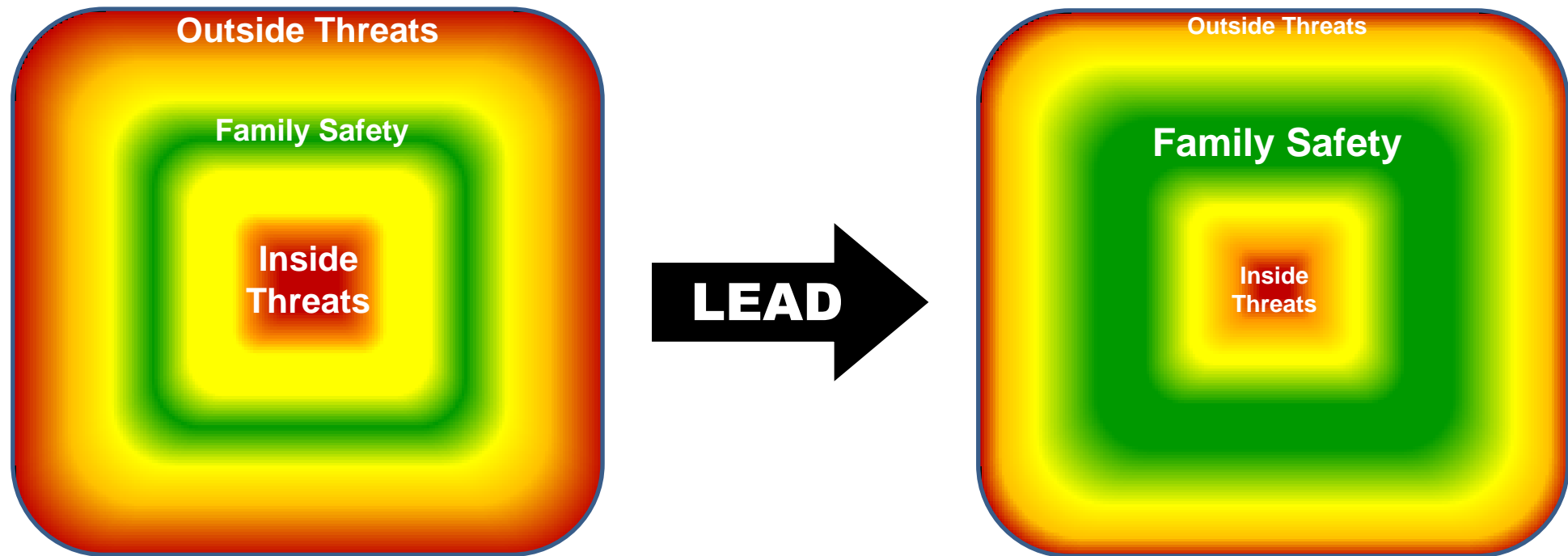
Vulnerability:
Weaknesses that can be
EXPLOITED by threats.

Risk:
PROBABILITY of harm by a
threat exploiting vulnerability.



Threats X Vulnerability = Risk to Your Family

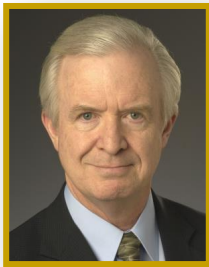
**Our Goal: Reduce Risk of Family Harm
by Reducing Vulnerability to Threats**



Speakers & Reactors



Jennifer Dingman



John Nance JD



Dr. Gregory Botz



Dr. Brittany Barto



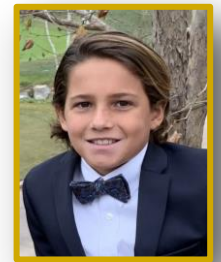
William Adcox



David Grinsfelder



Heather Foster RN



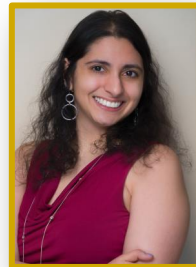
Charlie Denham III



Dr. C Peabody



Randy Styner



Pavita Singh



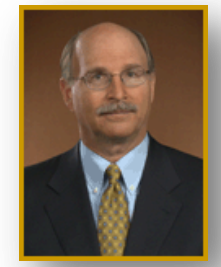
Paul Bhatia EMT



Gunita Singh JD



David Beshk



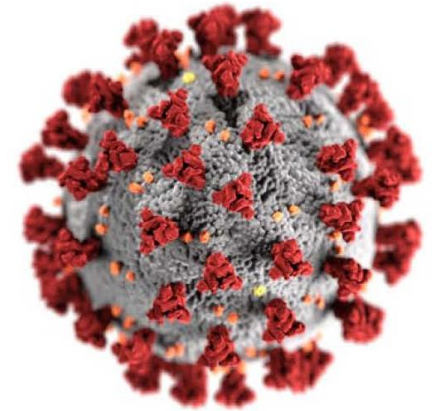
Dr. C Denham

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**



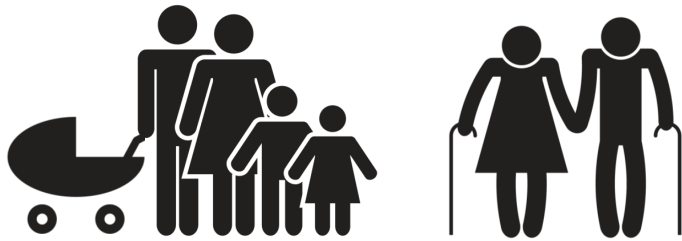
Fight the Good Fight

Finish the Race

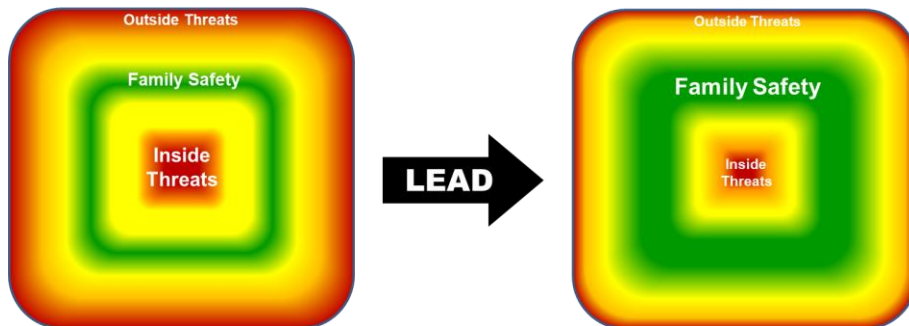
Keep the Faith

Additional Resources

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

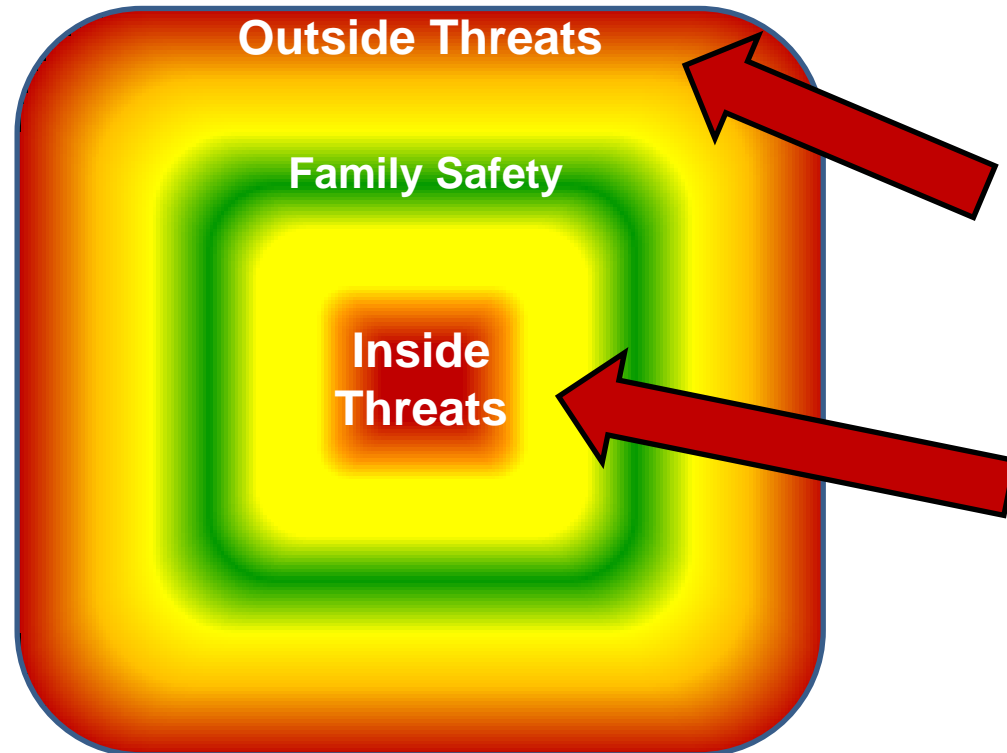
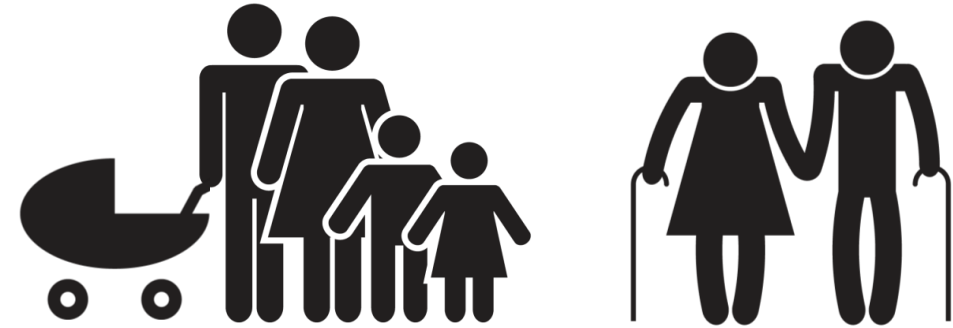
- A leader or leaders of the family act as the CFO – Chief Family Officer who drives the plan: Readiness, Response, Rescue, Recovery, and Resilience.

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:

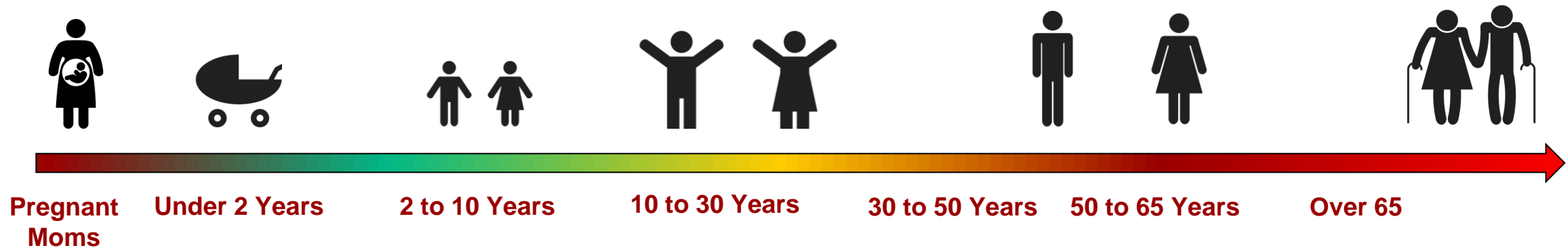
Outside Threats from Community

- 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

- 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.

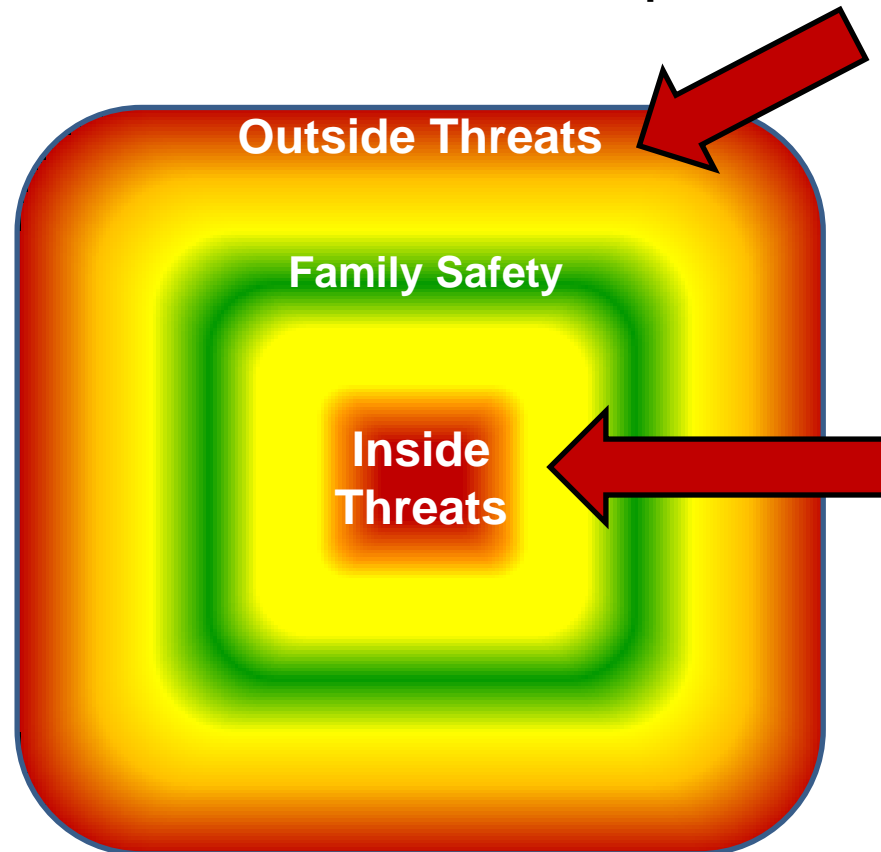
STEP 2: Identify and Follow Local Coronavirus Threats

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.

STEP 3: Develop a Family Safety Plan

Reduce Vulnerability

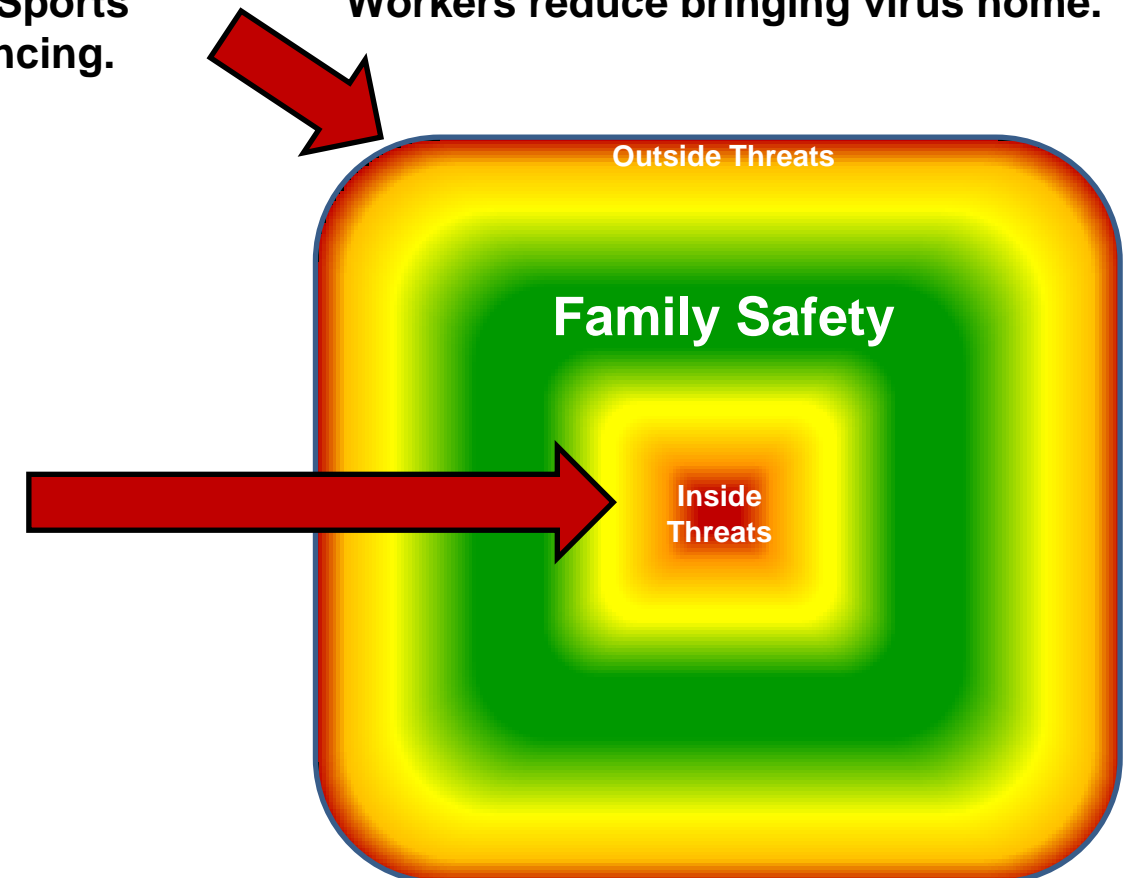
- Adjust behaviors depending on Background Community Infection and local infection trends.
- Base school decisions on Test, Trace, Treat, Isolate, and Quarantine Programs.
- Avoid Group Activities and Sports without Proper Social Distancing.

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:

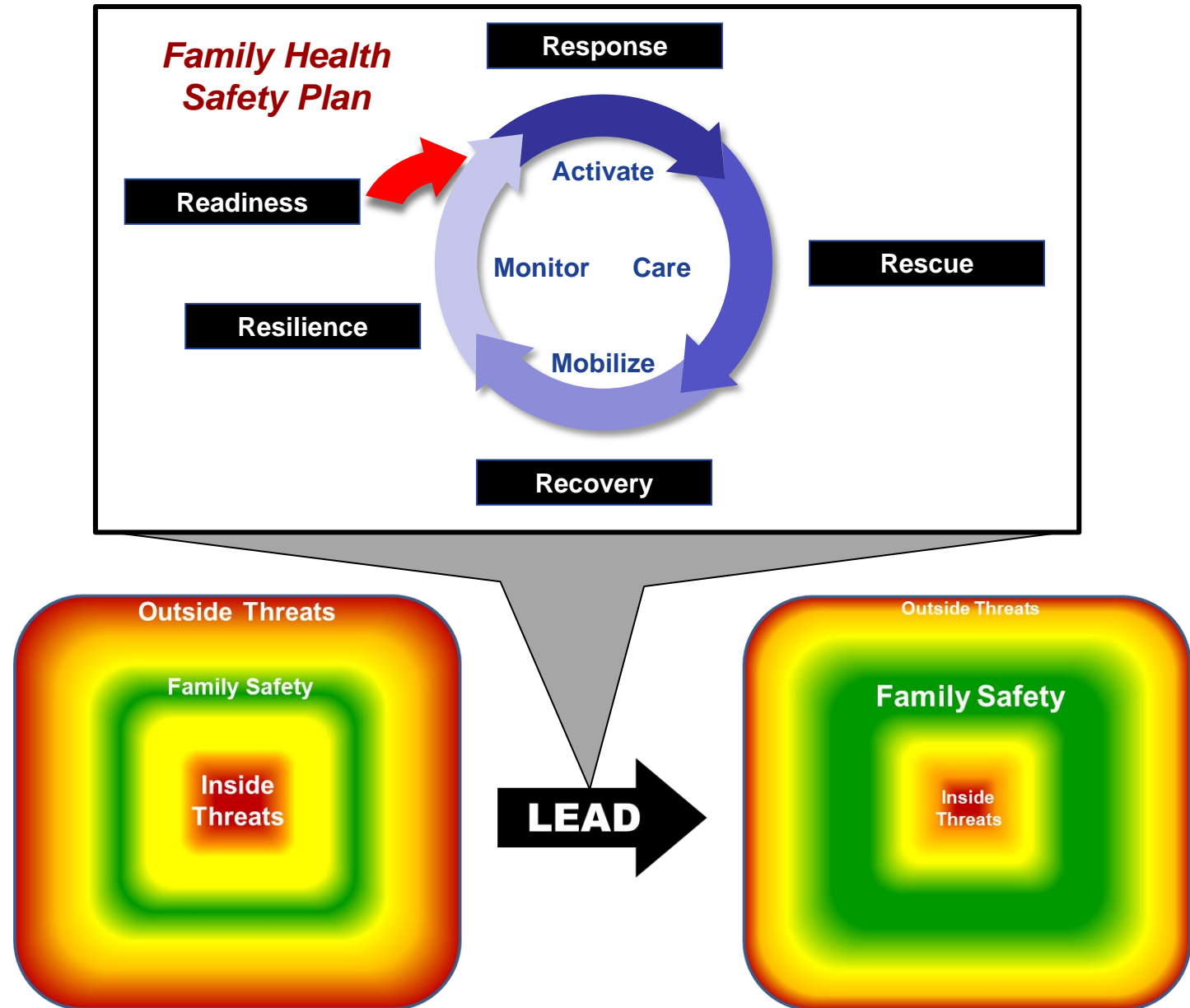
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Family Health Safety Plans

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

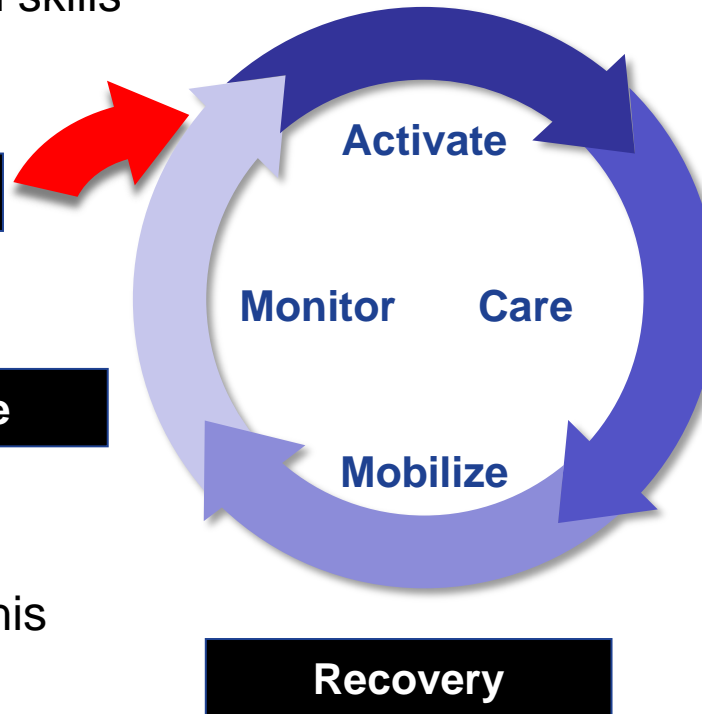
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

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.

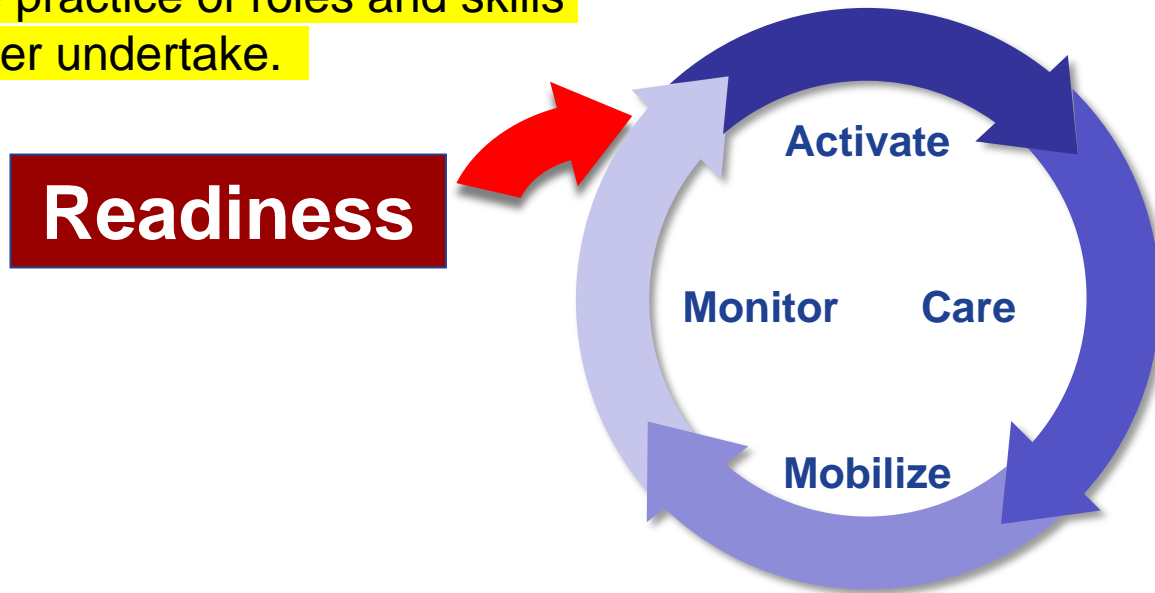
Recovery

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.”



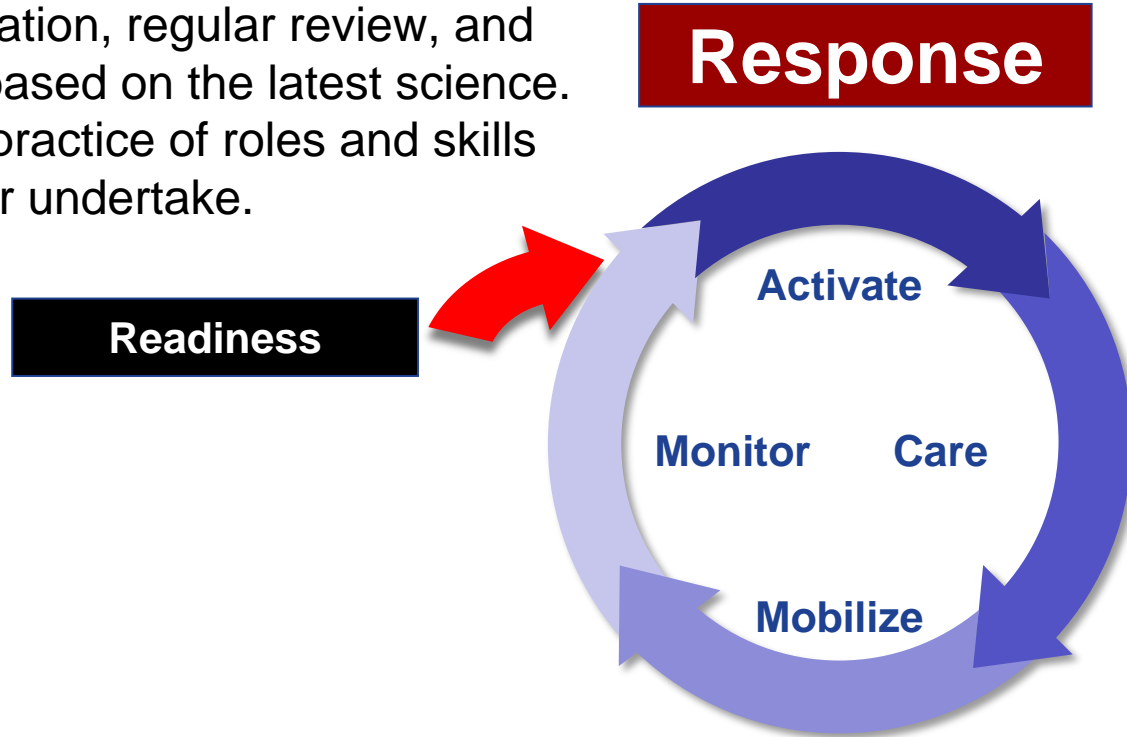
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Family Health Safety Plans

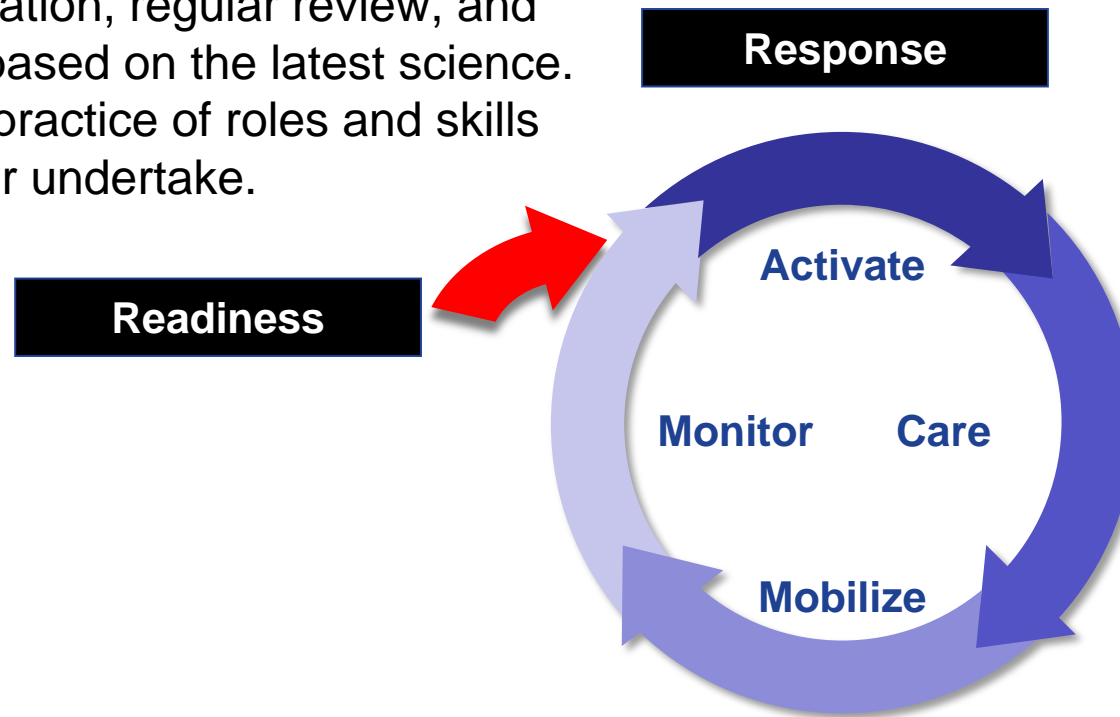
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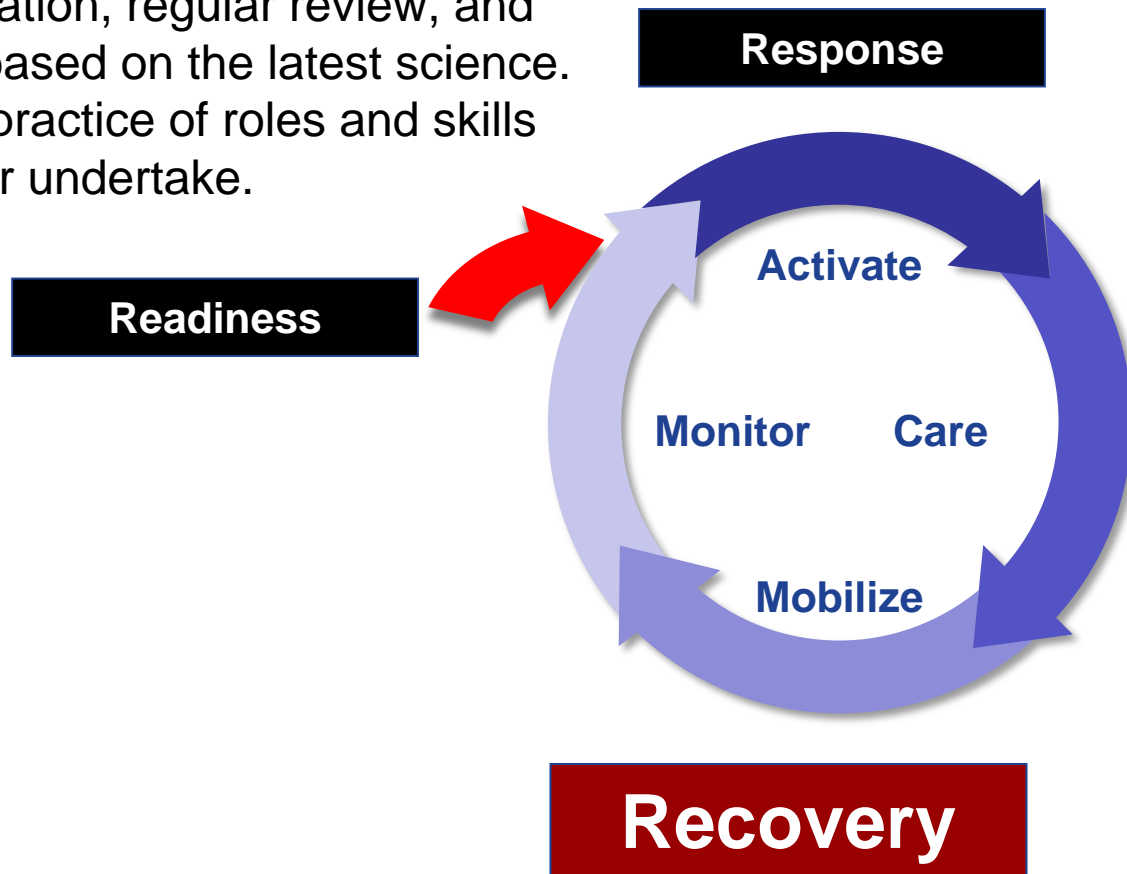
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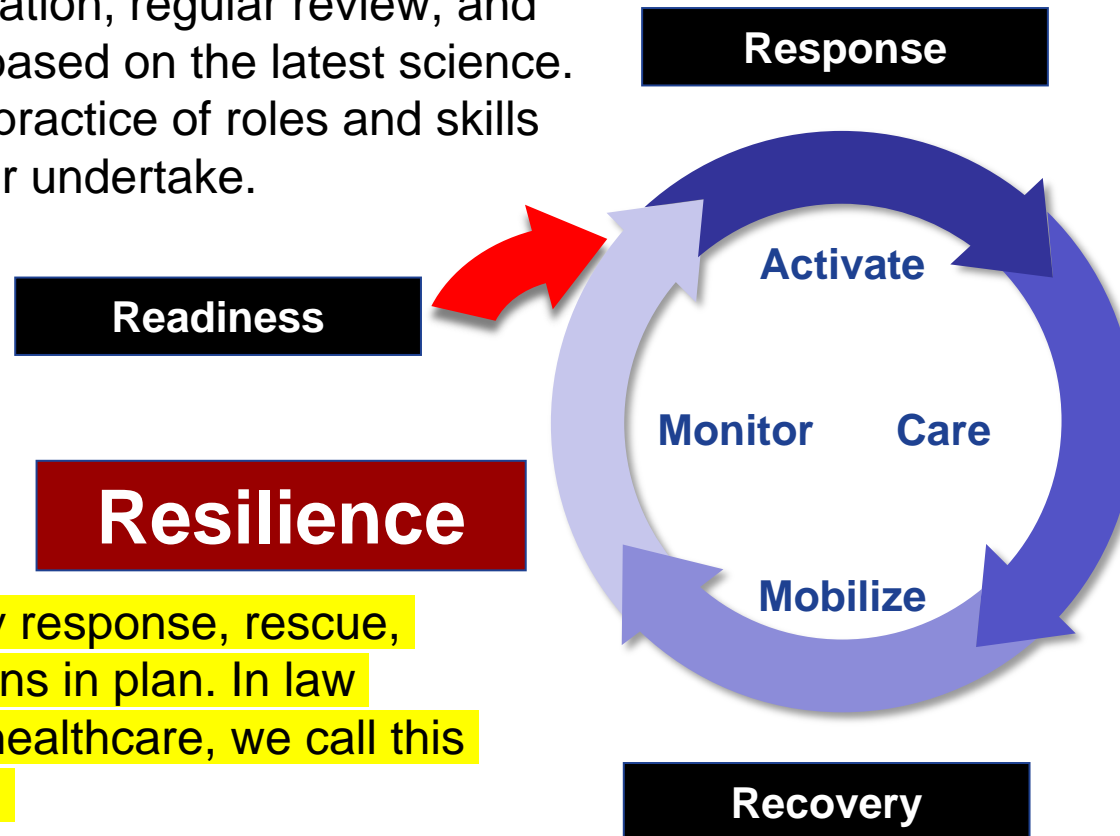
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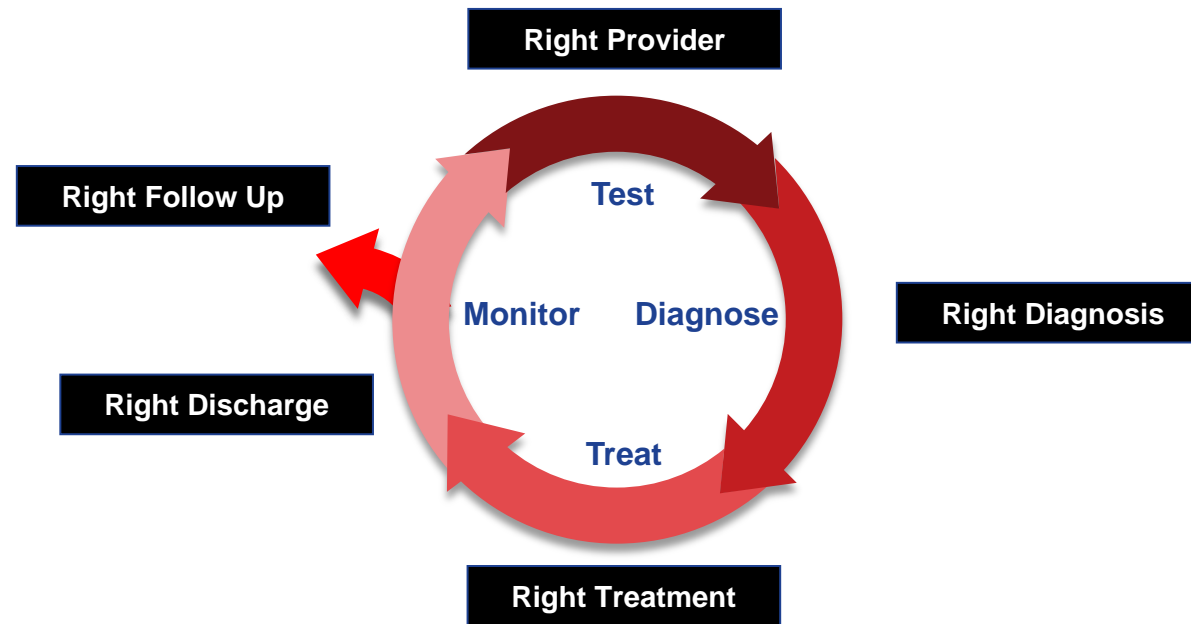
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Recovery: Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine.”

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.

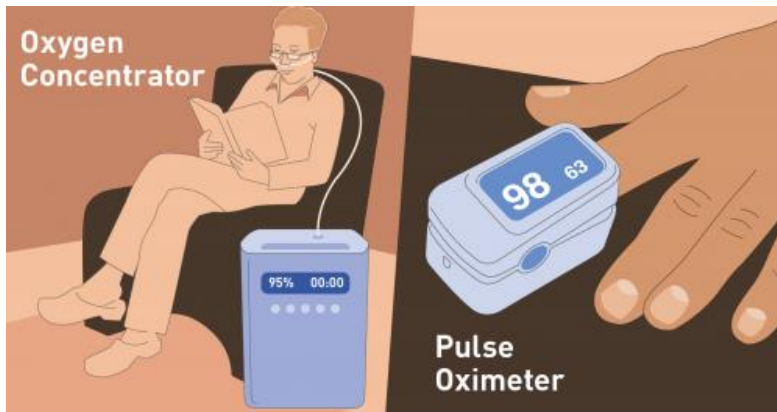
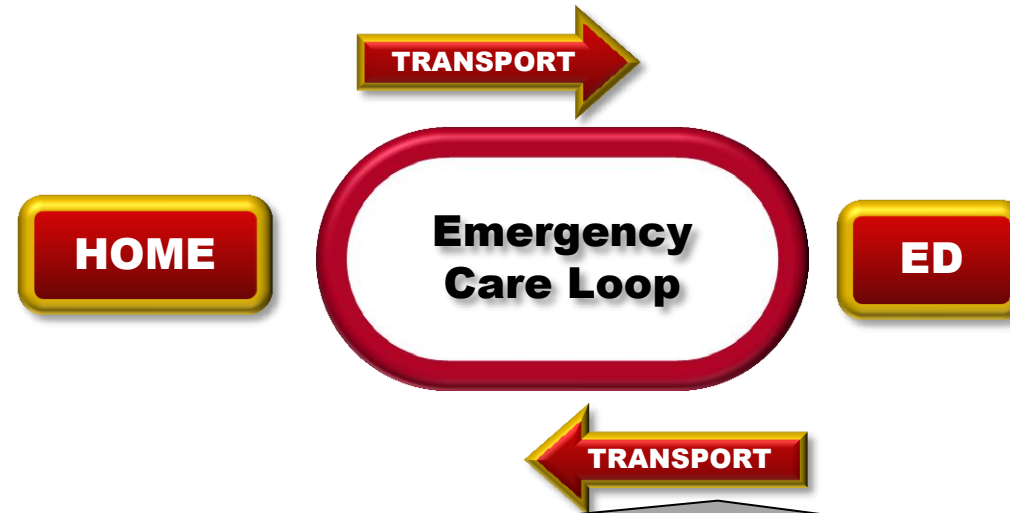
Right Treatment: It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

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



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 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/>

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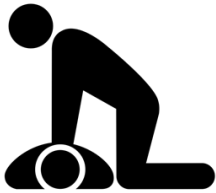
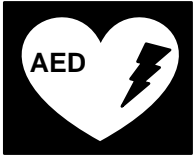
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The Solution: Bystander Rescue Care

Cardiac Arrest



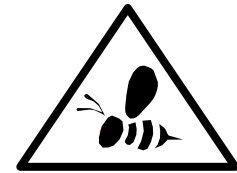
Choking & Drowning



Opioid OD & Poisoning



Anaphylaxis



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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.

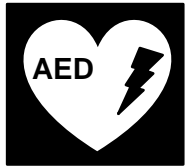
Bullying



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.

KJ-1424 4/20 © 2020 American Heart Association

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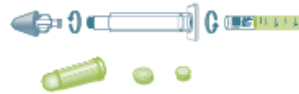
SAVE A LIFE. GET NALOXONE.

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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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

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

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*

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.

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.

Bullying

