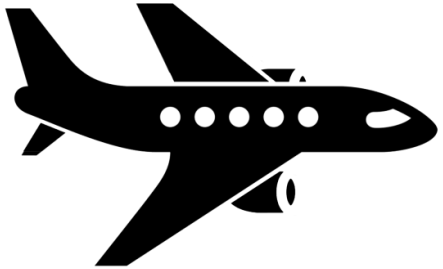
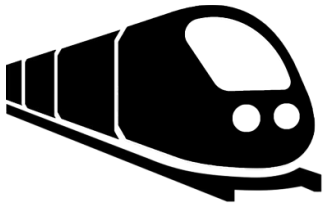
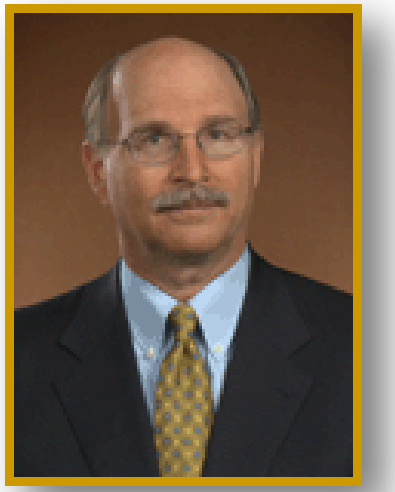
Safer Holidays Safer Families

Family Survive & Thrive Guide™





Welcome



Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

Med Tac Bystander Rescue Care
November 4, 2021

***CareUniversity* Webinar 174**

Our Purpose, Mission, and Values

Our Purpose:

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

Our Mission:

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

Our ICARE Values:

Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.

Disclosure Statement

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

- Robert Katzer MD MBA has nothing to disclose.
- 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.

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.

Coronavirus Care Community of Practice

Bystander Rescue Care
CareUniversity Series

November 4, 2021

REGISTER

JOIN EVENT

Safer Holidays & Safer Families
Family Survive & Thrive Guide™

Session Overview

More than 1,000 household responses have guided our learning community. Although infection rates and deaths are trending down, the national forecasters indicate we may have surges through and after the holidays. There are key questions we need to answer. The best defense is a strong offense:

- How I make an airline flight safer?
- How do we design a safer family gathering?
- How do we make it safer for the elderly?
- What can I do for the immune-compromised?
- How about play dates – what can we do?
- What if someone has a close contact?
- What is a Family CFO – a Chief Family Officer?
- What is a Family Lifeguard?
- What do we tell our kids, teens, young adults?

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

Webinar Video:

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.

Session Speakers and Panelists

Charles Denham, MD

BIO

Robert Katzer, MD, MBA, FAEMS, FACEP

BIO

John Nance, JD

BIO

Christopher Peabody, MD

BIO

Gregory H. Botz, MD

BIO

Brittany Owens, MD

BIO

William Adcox

BIO

Heather Foster, RN

BIO

Jennifer Dingman

BIO

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

BIO

Paul Bhatia, EMT

BIO

Gunita Singh

BIO

David Beshk

BIO

Randal Styner

BIO

Charlie Denham

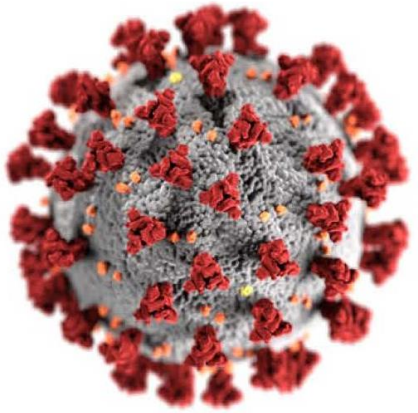
BIO

www.MedTacGlobal.org

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

Robert Katzer

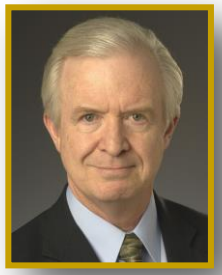
Dr. Gregory Botz

Dr. Brittany Barto

William Adcox

Heather Foster RN

Charlie Denham III



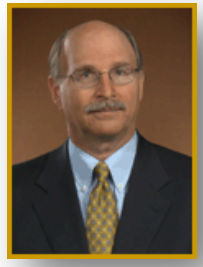
John Nance JD

David Morris PhD JD

Gunita Singh JD

Paul Bhatia EMT

David Beshk



Dr. C Denham

High Impact Care Hazards to Patients, Students, and Employees

https://www.medtacglobal.org/

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

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

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

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

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

High Impact Care Hazards to Patients, Students, and Employees

- Cardiac Arrest
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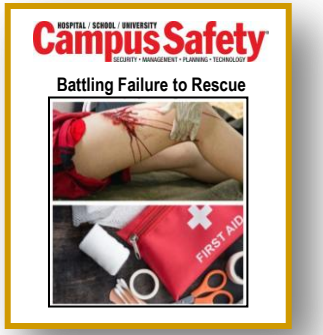
- Anaphylaxis
- Major Trauma
- Infections
- Transportation Accidents
- Bullying

Active Shooter Healthcare Article

Rapid Response Teams Article

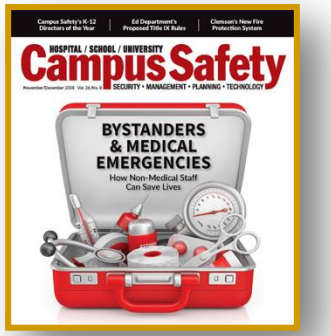


AED & Bleeding Control Gear Article

Family Safety Plan Article

Support today's webinar

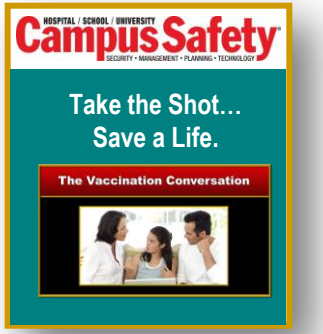
Med Tac Story Article



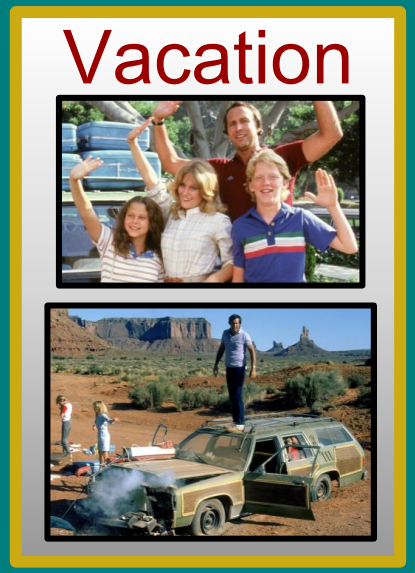
A **Medical-Tactical Approach** undertaken by clinical and non-clinical people can have enormous impact on los of life and harm from very common hazards:

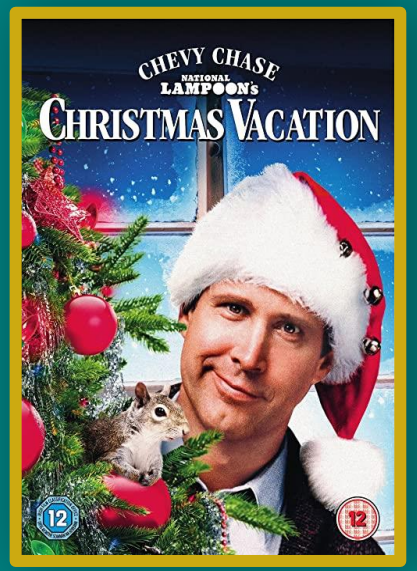
- ***High Impact Care Hazards*** are frequent, severe, preventable, and measurable.
- ***Lifeline Behaviors*** undertaken by anyone can save lives.

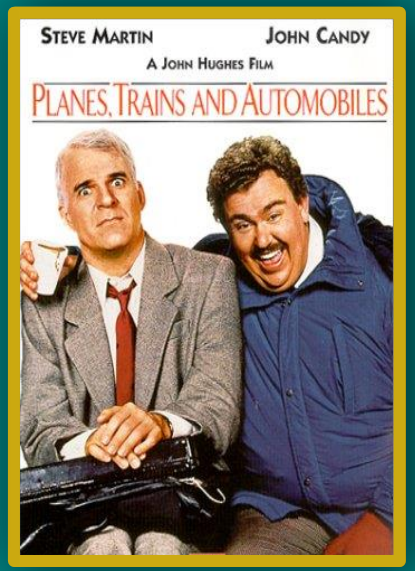
Take the Shot… Save a Life



Safer Holidays Safer Families



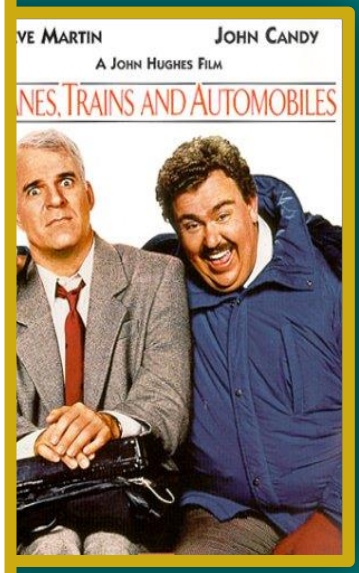


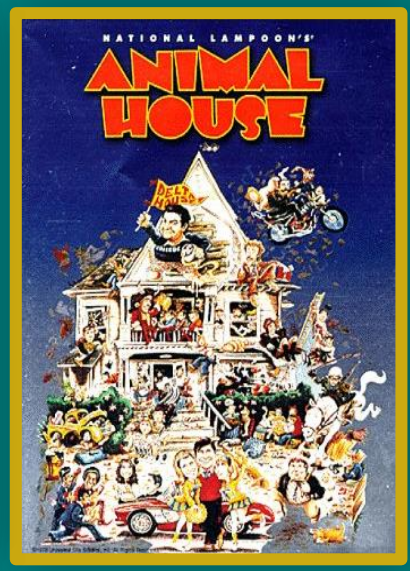


Safer Holidays Safer Families

What's New for 2022?

- ✓ Aerosol Spread
- ✓ High Transmission Variants
- ✓ Vaccine Impact
- ✓ Herd Immunity is Lost



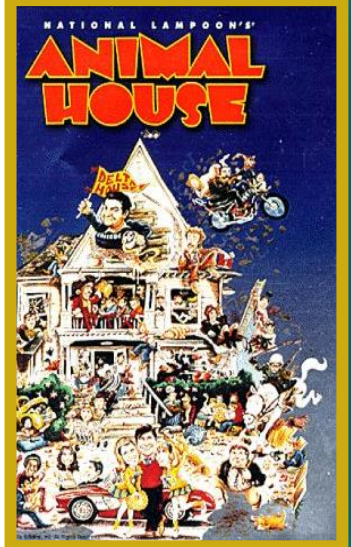


Safer Holidays Safer Families

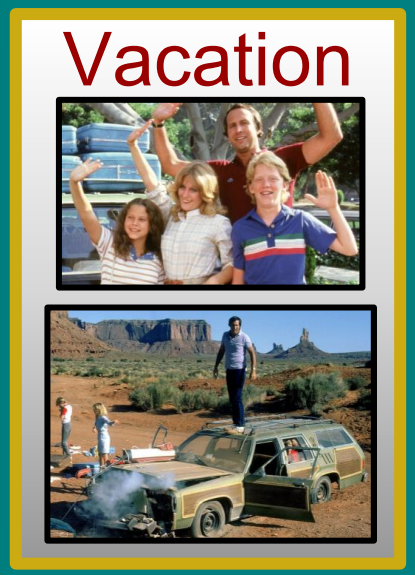
Vacation

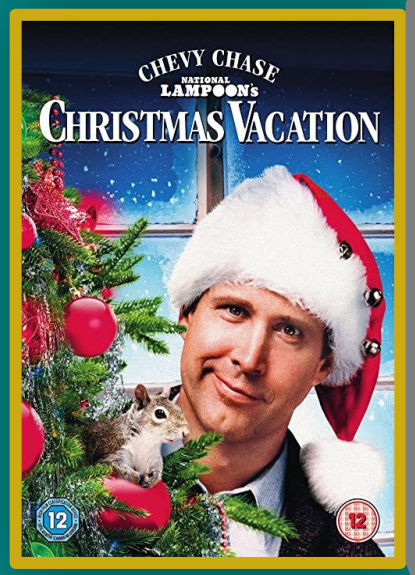
Family Transmission

- ✓ The Achilles Heel of Workers
- ✓ Family Plans Work
- ✓ There is a New Normal



Safer Holidays Safer Families

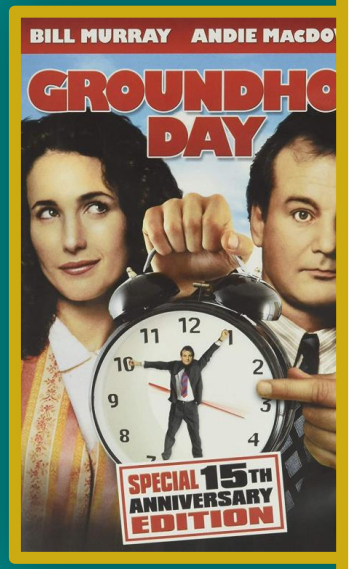




The Family Plan

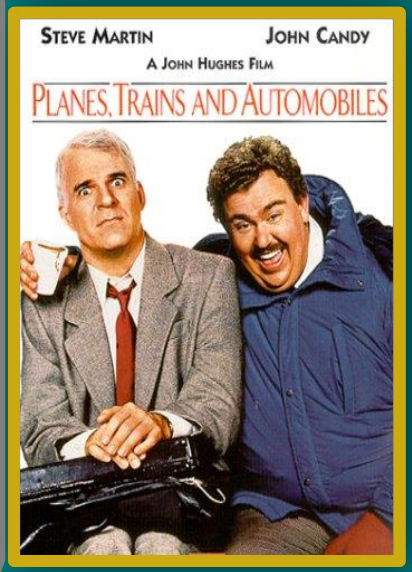
- ✓ Readiness, Response, Rescue Recovery, and Resilience.
- ✓ Family CFO: Chief Family Officer
- ✓ The Family Lifeguard

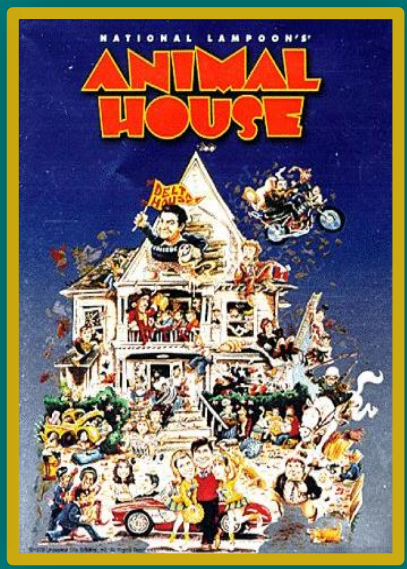
Safer Holidays Safer Families



Safer Travel Safer Families

- ✓ Never Totally Safe…Just Safer
- ✓ Safer Air Travel
- ✓ Safer Train and Public Transit
- ✓ Safer Car Travel





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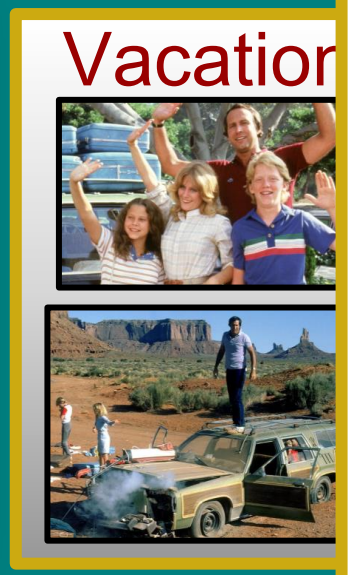
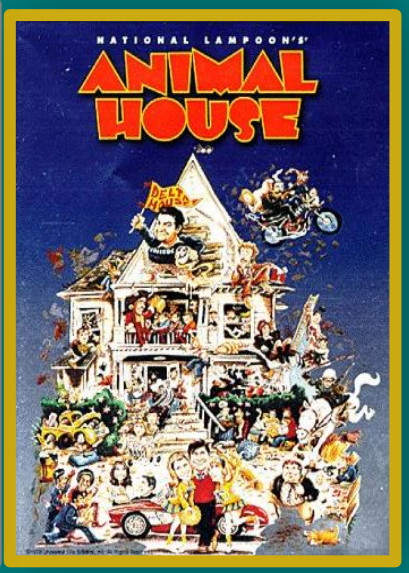


Safer Singles & Seniors

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



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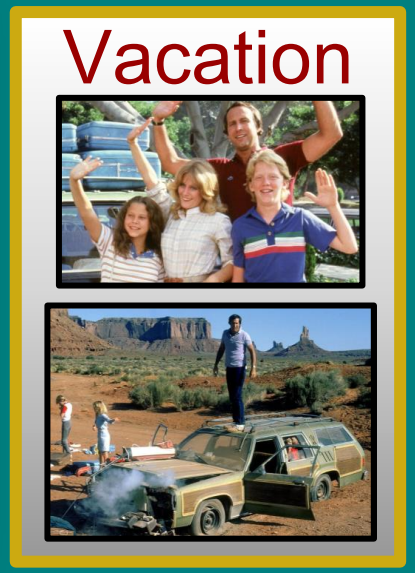

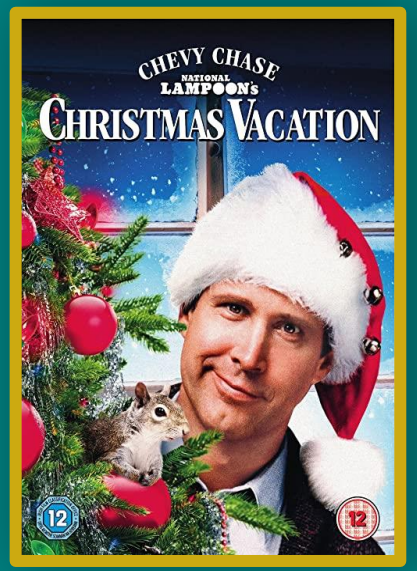

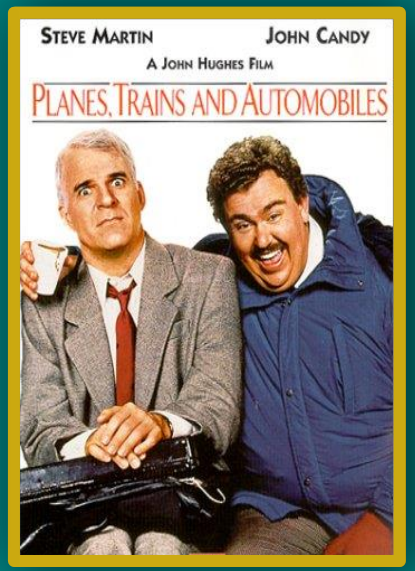

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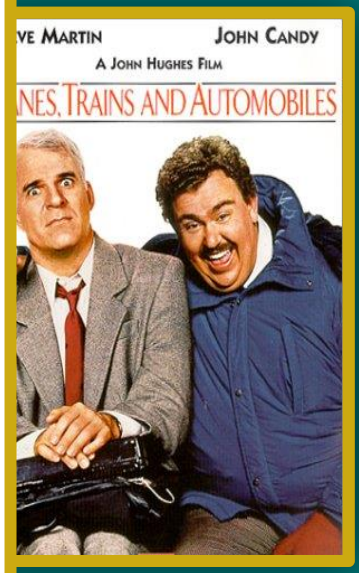
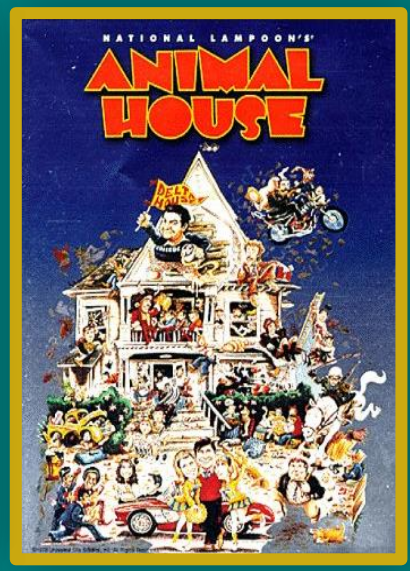




COVID-19 Risk Index

Risk levels for exposure vary based on four main factors:

- **Enclosed space**
- **Duration of interaction**
- **Crowds** — Density of people + challenges for social distancing
- **Forceful exhalation** — Sneezing, yelling, singing, and coughing

When near people, wear a mask

COVID-19 RECOVERY CONSULTING

Low

- **Staying at home** — Alone or with members of your household
- **Walking outdoors** — With or without pets
- **Running or biking** — Alone or with another person. **Risks:** Close contact or potential clustering of people
- **Picking up takeout food, coffee, or groceries from stores** — **Risks:** Potential crowding
- **Outdoor picnic or porch dining** — With non-household people and physical distancing. **Risks:** Potential crowding and activity

Low / Medium

- **Playing "distanced" sports outside** — Ex: Tennis or golf
- **Grocery shopping** — **Risks:** Indoor, close contact, potential clustering of people, high-touch surfaces
- **Retail shopping** — **Risks:** Indoor, close contact, potential clustering of people

Medium

- **Visiting hospital emergency department** — **Risks:** Indoor, potential clustering of people
- **Medical office visit** — **Risks:** Indoor, close contact, potential clustering of people, high-touch surfaces
- **Dentist appointment** — **Risks:** Indoor, close contact, potential clustering of people, patient not wearing a mask
- **Taking a taxi or a ride-sharing service** — **Risks:** Dependency on frequency of cleaning, duration of ride, and number of passengers
- **Museum** — **Risks:** Indoor, close contact/potential clustering of people
- **Outdoor restaurant dining** — **Risks:** Close contact, potential clustering of people, challenge to wear a mask during eating

Medium / High

- **Exercising at a gym** — **Risks:** Indoor, close contact/ potential clustering of people, high-touch surfaces, difficult to wear a mask, high respiratory rate
- **Hair/nail salon and barbershops** — **Risks:** Prolonged close contact, difficult to wear a mask
- **Working in an office** — **Risks:** Indoor, high-touch surfaces, prolonged close contact/potential clustering of people
- **Indoor restaurant or coffee shop** — **Risks:** Indoor, prolonged close contact/potential clustering of people, difficult to wear mask while eating and drinking

High

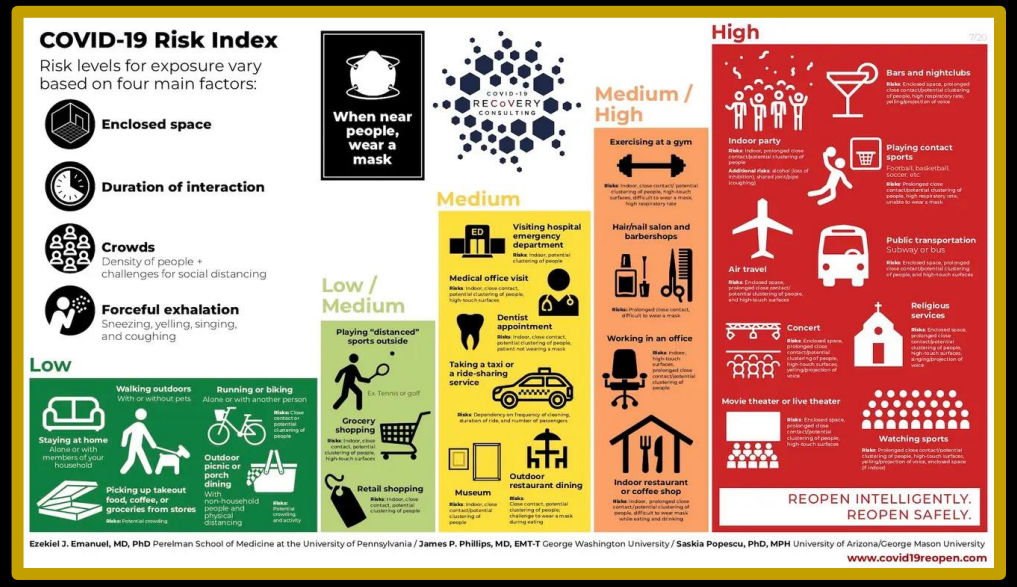
7/20

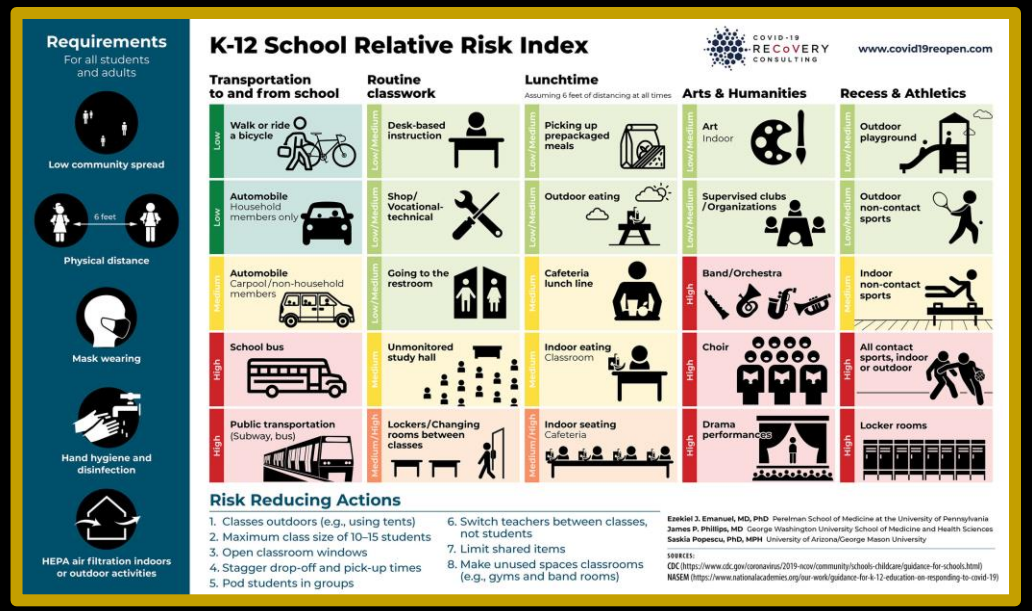
- **Bars and nightclubs** — **Risks:** Enclosed space, prolonged close contact/potential clustering of people, high respiratory rate, yelling/projection of voice
- **Indoor party** — **Risks:** Indoor, prolonged close contact/potential clustering of people. **Additional risks:** alcohol (loss of inhibition); shared joint/pipe (coughing)
- **Playing contact sports** — Football, basketball, soccer, etc. **Risks:** Prolonged close contact/potential clustering of people, high respiratory rate, unable to wear a mask
- **Air travel** — **Risks:** Enclosed space, prolonged close contact/ potential clustering of people, and high-touch surfaces
- **Public transportation** — Subway or bus. **Risks:** Enclosed space, prolonged close contact/potential clustering of people, and high-touch surfaces
- **Concert** — **Risks:** Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces, yelling/projection of voice
- **Religious services** — **Risks:** Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces, singing/projection of voice
- **Movie theater or live theater** — **Risks:** Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces
- **Watching sports** — **Risks:** Prolonged close contact/potential clustering of people, high-touch surfaces, yelling/projection of voice, enclosed space (if indoor)

REOPEN INTELLIGENTLY.
REOPEN SAFELY.

Ezekiel J. Emanuel, MD, PhD Perelman School of Medicine at the University of Pennsylvania / **James P. Phillips, MD, EMT-T** George Washington University / **Saskia Popescu, PhD, MPH** University of Arizona/George Mason University

www.covid19reopen.com





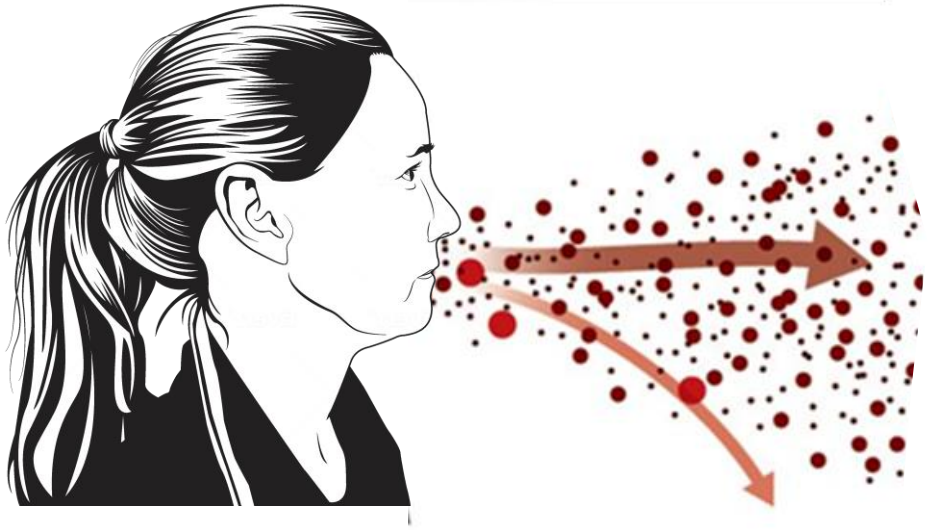
Vaccination Checklist

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

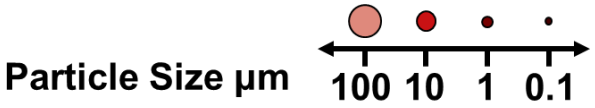
Vaccination Status	Can I CATCH it?	Can I SPREAD It	Can I GET SICK?	Can I Get LONG HAUL?
Unvaccinated	Yes VERY HIGH RISK	Yes VERY HIGH RISK	Yes VERY HIGH RISK May Get Sicker than Vac.	Yes HIGHER RISK
Vaccinated	Yes but LOWER RISK	Yes but LOWER RISK	Yes but LOWER RISK	Under Study
Youth 12-17	More than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

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.

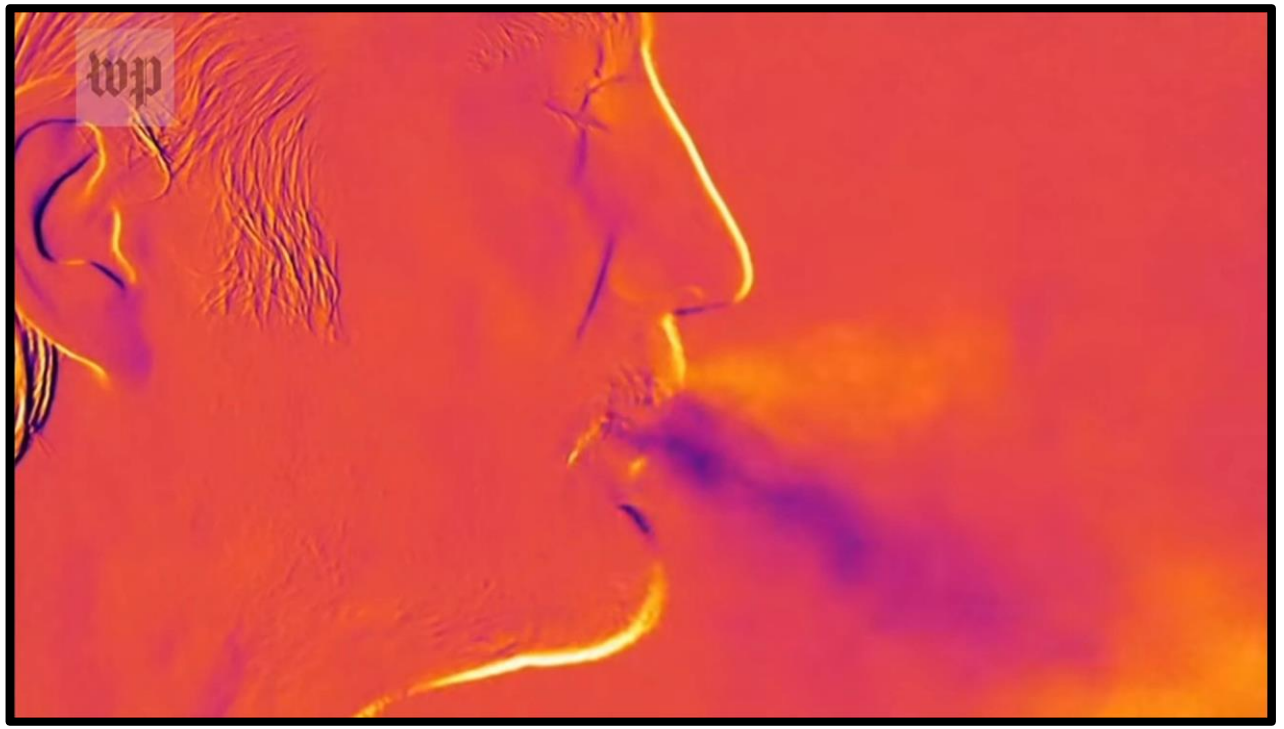


DROPLETS will undergo gravitational settling faster than they evaporate, contaminating high contact surfaces and leading to contact transmission.

Source: Cite as: K. A. Prather et al., Science 10.1126/science.abc6197 (2020)

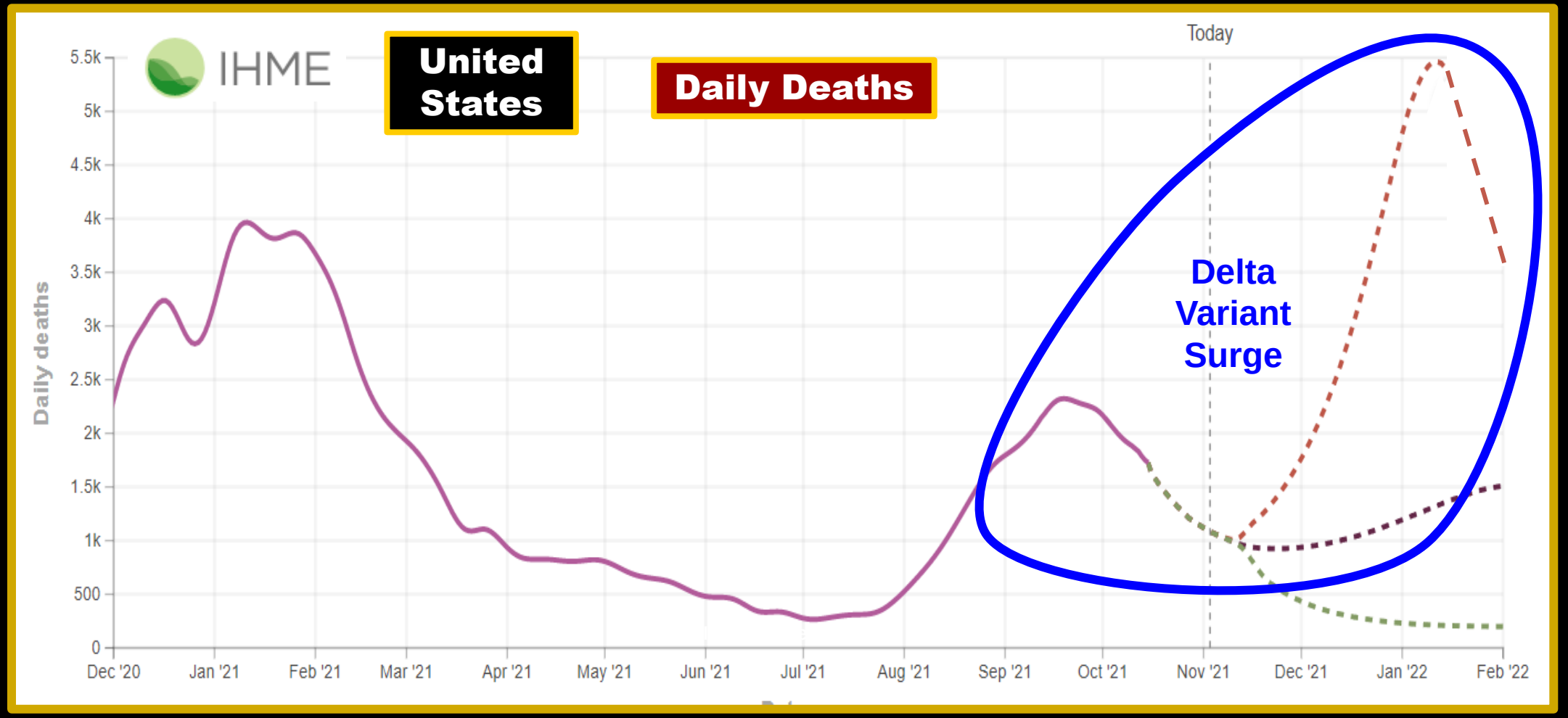
Washington Post Video

Infrared video shows the risks of airborne coronavirus spread



https://www.youtube.com/watch?v=xEp-Sdgl9AU

U.S. COVID Deaths



10/30/2021, 7:22 PM

Total Cases
45,949,951

Total Deaths
745,665

Total Vaccine Doses Administered
414,543,104

28-Day Cases
2,285,217

28-Day Deaths
44,364

28-Day Vaccine Doses Administered
19,345,391

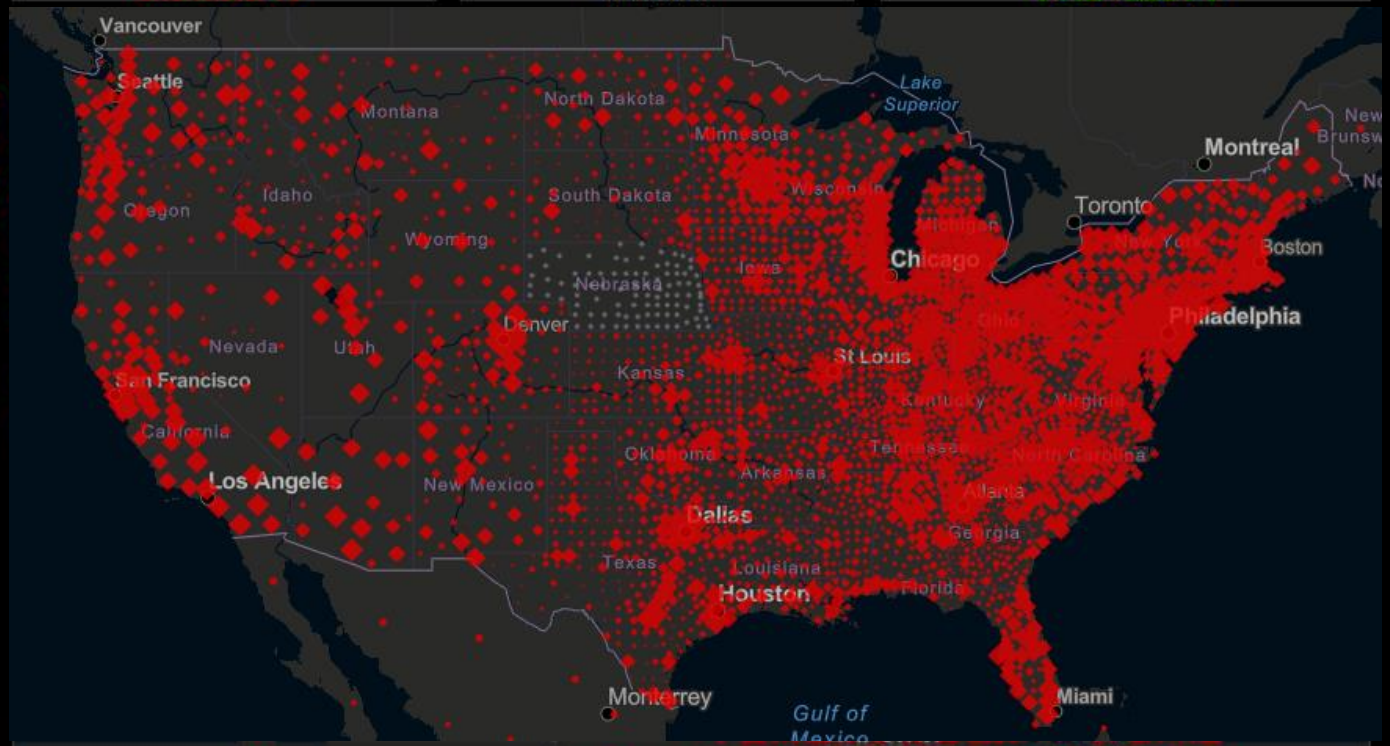
Cases | Deaths by Country/Region/Sovereignty

US
28-Day: 2,285,208 | 44,338
Totals: 45,949,951 | 745,665

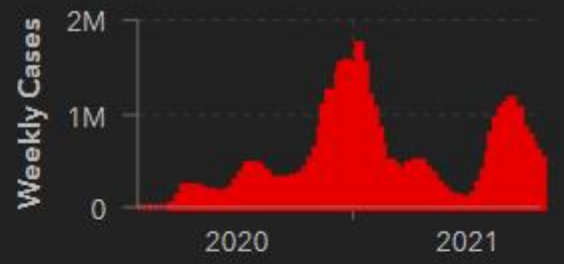
United Kingdom
28-Day: 1,143,130 | 3,644
Totals: 9,062,710 | 140,981

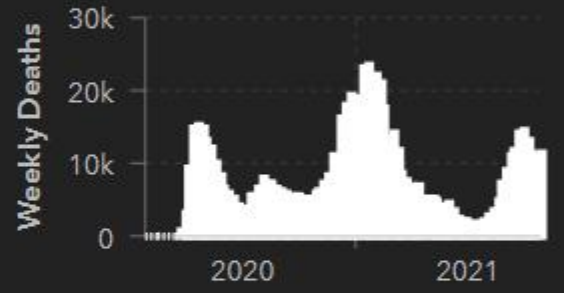
Russia

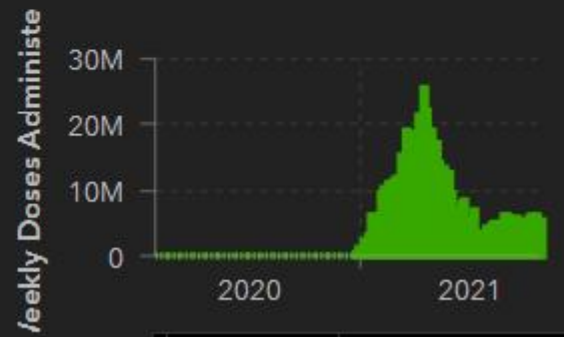
Admin0



28-Day







Weekly | 28-Day

Educators Declared Essential Critical Infrastructure Workers

Educators Declared Essential Critical Infrastructure Workers

First Responders
Best Responders

Bystander Rescue Care

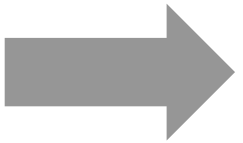
The Public Health Safety Net

240 Million 911 Calls Every Year

Bystander Rescue Care

The Public Health Safety Net

Firefighter Family Care



NFPA JOURNAL
The magazine of the National Fire Protection Association

10-20-21

RESEARCH

Report: On-Duty Firefighter Fatalities in 2020

Last year, more firefighters died in the line of duty than since 2001. Research shows COVID infections are to blame. Plus, a look at the 62 non-COVID-related on-duty firefighter deaths in 2020.

Half of firefighter deaths were from COVID.

Last year, a total of 140 firefighters in the United States died while on the job—more than double the figure reported in 2019. Of those, 78 are believed to have died from line-of-duty COVID-19 exposures. An additional 62 on-duty firefighter deaths occurred from other causes.

https://www.cnn.com/2021/10/16/us/police-vaccine-covid-deaths/index.html

Law Enforcement Family Care

Bystander Rescue Care

NFPA JOURNAL
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RESEARCH

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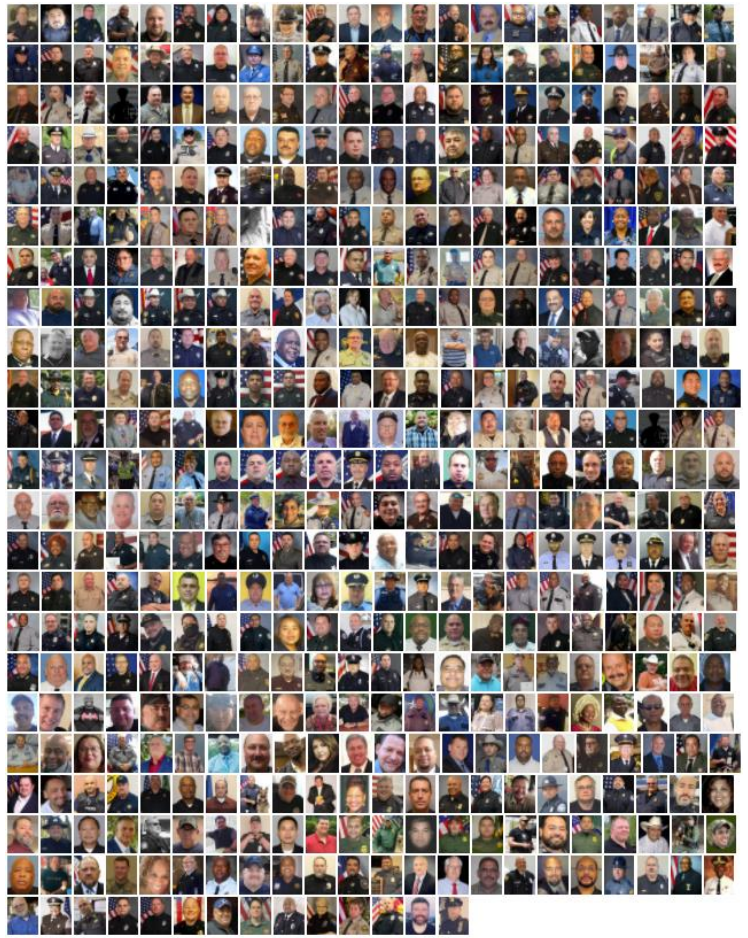
As many as 65% of firefighter calls are medical calls with 4% as fire calls.

https://www.nfpa.org/News-and-Research/Publications-and-media/NFPA-Journal/2021/Winter-2021/Reports/FF-Deaths-2020

Five times as many police officers have died from Covid-19 as from gunfire since start of pandemic

The coronavirus has become the leading cause of death for officers despite law enforcement being among the first groups eligible to receive the vaccine at the end of 2020. The total stands at 476 Covid-19 related deaths since the start of the pandemic, compared to 94 from gunfire in the same period.



https://www.cnn.com/2021/10/16/us/police-vaccine-covid-deaths/index.html

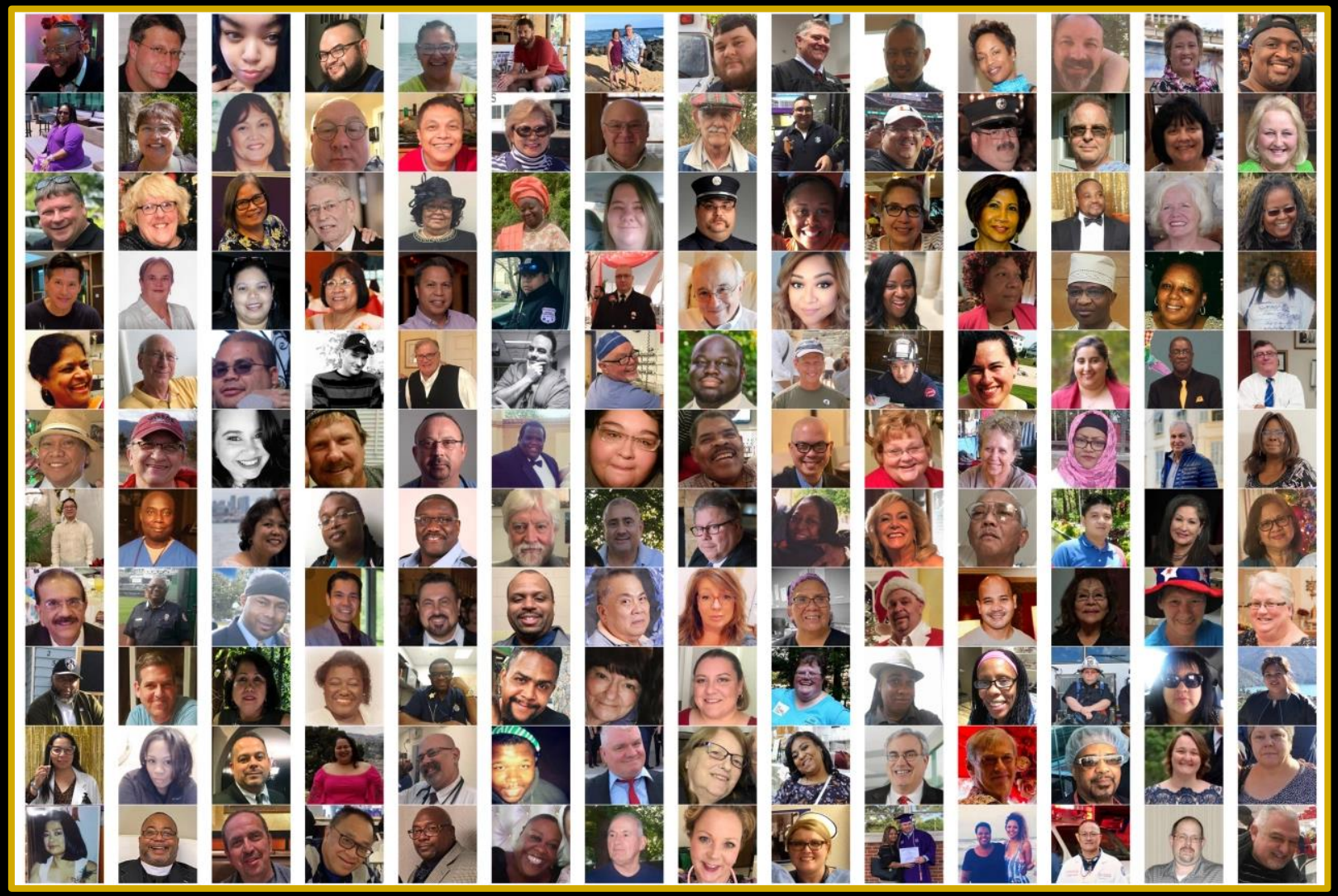
EMS & ED Caregiver Family Care

Bystander Rescue Care

Healthcare Worker Deaths from COVID-19

KHN
KAISER HEALTH NEWS

theguardian



Source: https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database

Healthcare Worker Deaths from COVID-19

ABOUT KEY FINDINGS OUR REPORTING METHODOLOGY SUBMIT A NAME

922

US healthcare worker deaths are under investigation by the Guardian and KHN.

Did they have to die?








As of 11 August, our journalists have profiled **167** health workers and included them in our database. Read their stories below.

Source: https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database

New Interactive Database by KFF's Kaiser Health News and Guardian US Reveals More Than 900 Health Care Workers Have Died in the Fight Against COVID-19 in the U.S.

Many Were Unable to Access Adequate Personal Protective Equipment, and People of Color Account for a Disproportionate Share of Deaths Among Those Profiled So Far

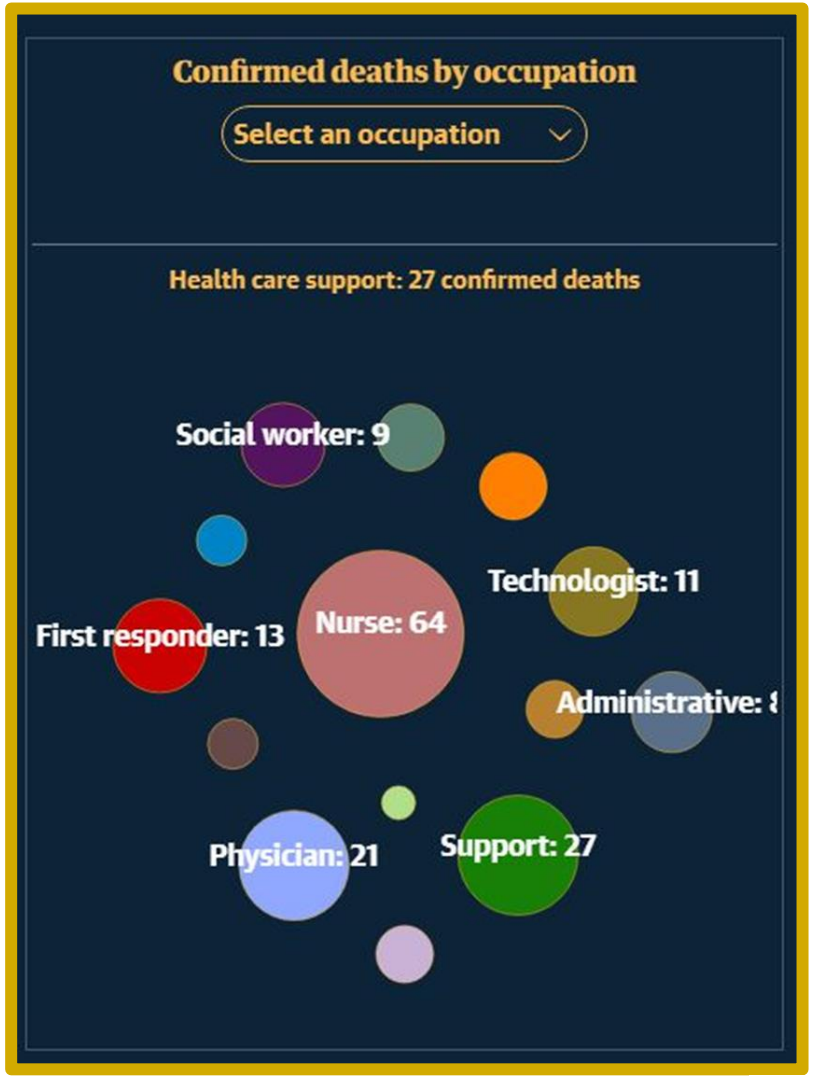
Key themes have emerged from the lives and deaths of the 167 workers whose profiles are in the database so far, including:

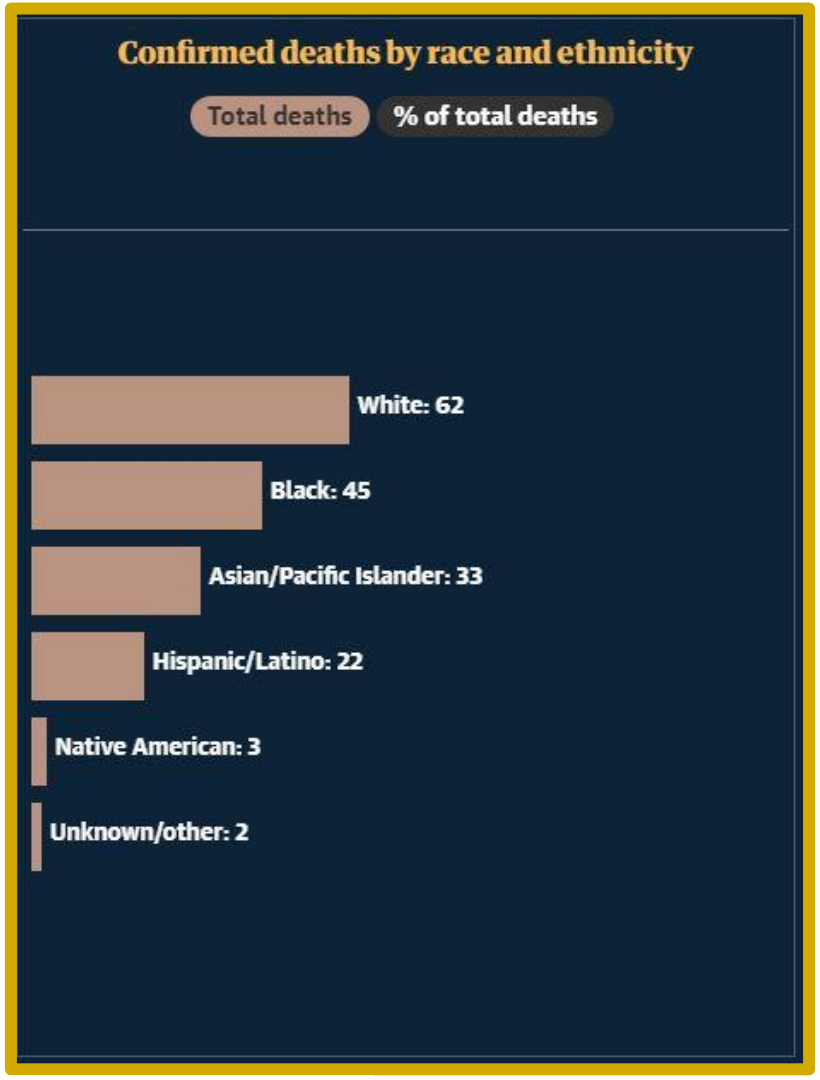
- **At least 52 (31%) had inadequate personal protective equipment (PPE).**
- **At least 103 (62%) were identified as people of color.**
- **Sixty-four (38%) were nurses, the largest single group, but the total also includes physicians, pharmacists, first responders and hospital technicians, among others.**
- **Ages ranged from 20 to 80, with 21 people (13%) under 40, including eight (5%) under 30. Seventy-seven people — or 46% — were 60 or older.**
- **At least 53 workers (32%) were born outside the U.S., including 25 (15%) from the Philippines.**

Exclusive stories by the project reporters have revealed that many health care workers are using surgical masks that are far less effective and have put them in jeopardy.

Source: https://www.kff.org/coronavirus-covid-19/press-release/new-interactive-database-by-kffs-kaiser-health-news-and-guardian-us-reveals-more-than-900-health-care-workers-have-died-in-the-fight-against-covid-19-in-the-u-s/

Healthcare Worker Death Breakdown





Source: INSERT

3607

US healthcare worker deaths

were counted by the Guardian and KHN in the first year of the pandemic. This is the most comprehensive count in the nation as of April 2021, and our series of investigative reports into this tragedy posed a disturbing question:

Did they have to die?



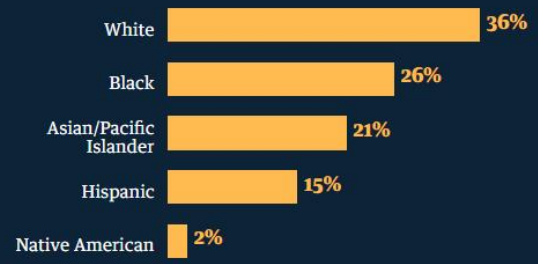




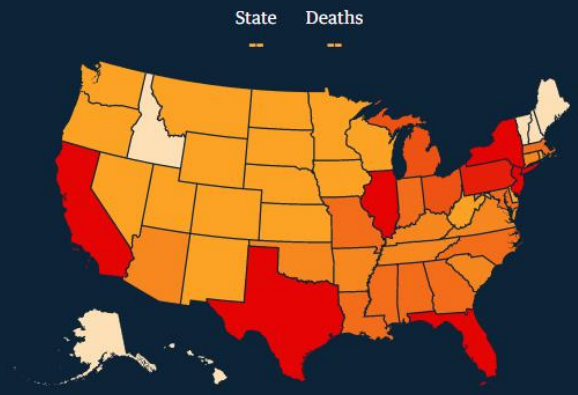

DEATHS BY OCCUPATION

Nurse	32%
Healthcare support	20%
Physician	17%
Medical first responder	7%
Admin/ Admin support	6%
Diagnosing clinician	4%
Healthcare technologist	4%
Community or social worker	3%
Cleaner	2%
Other	2%
Security personnel	1%
Culinary/food services	1%
Coroner	0%

DEATHS BY RACE AND ETHNICITY



DEATHS BY STATE



Graphics are based on subsets of data for which we have the relevant information. For more, see the methodology

https://khn.org/news/article/us-health-workers-deaths-covid-lost-on-the-frontline/

3607

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12 Months of Trauma: More Than 3,600 US Health Workers Died in Covid's First Year

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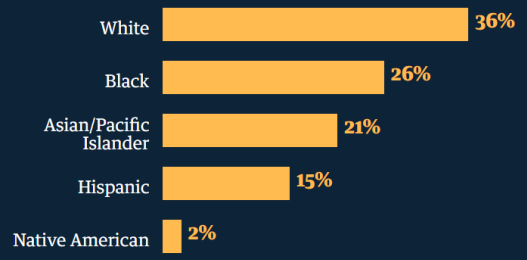
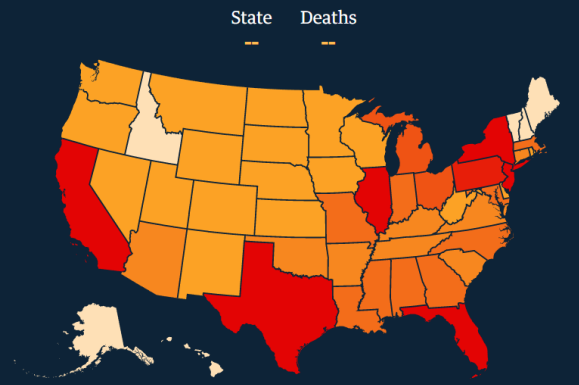


DEATHS BY STATE



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https://khn.org/news/article/us-health-workers-deaths-covid-lost-on-the-frontline/

EducationWeek®

09-03-21

Educators Declared Essential Critical Infrastructure Workers

We Feel Your Grief: Remembering the 1,000 Plus Educators Who've Died of COVID-19

A Reflection on the People Our Schools Are Losing

https://www.edweek.org/teaching-learning/we-feel-your-grief-remembering-the-1-000-plus-educators-whove-died-of-covid-19/2021/09

COVID Harm to Children:

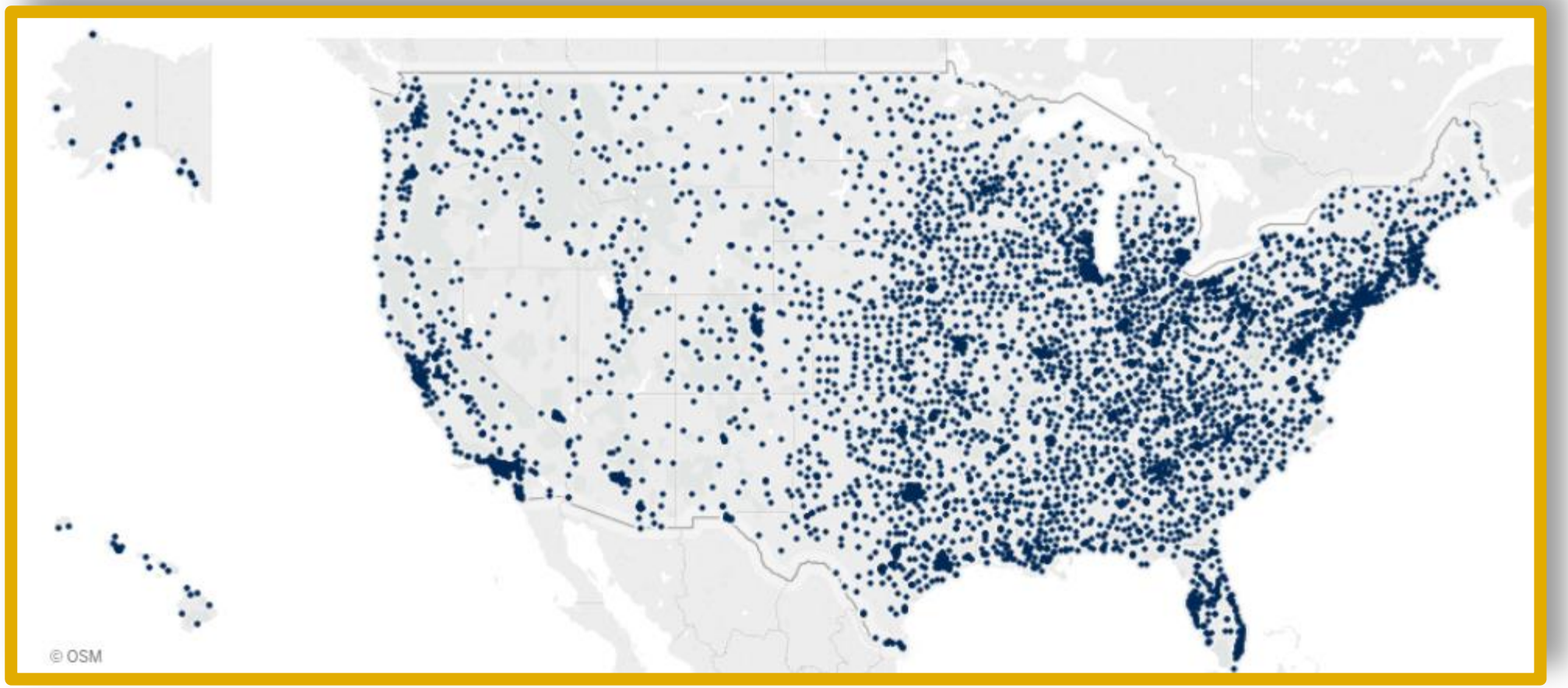
- **COVID Deaths – More than 700 Children**
- **Multisystem Inflammatory Syndrome in Children (MISC)**

  5,217 MISC Cases and 46 deaths
- **170,000 Children have lost a parent or guardian to COVID**

TMIT Global Research Test Bed

3,100 Hospitals in 3,000 Communities

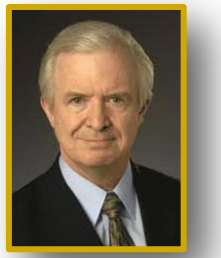
500 Subject Matter Expert Pool Developed over 35 Years




500 Subject
Matter Experts
Graphic Representation to Protect Expert Privacy

Coronavirus Care Community of Practice

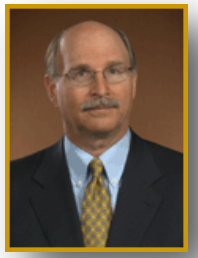
Bystander Rescue Care *CareUniversity Series*


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

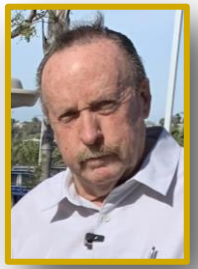

Tom Renner


David Beshk


Ann Rhoades


Nancy Conrad


Dr. Chopra


John Little


Debbie Medina

Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*

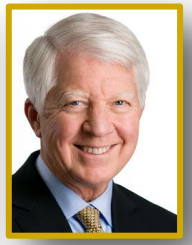

Matt Horace


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

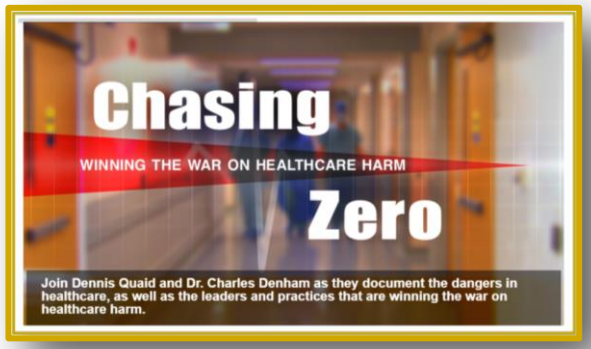

Charlotte Guglielmi


Dr. Don Berwick


Dr. Howard Koh


Dr. Jim Bagian


Dr. Harvey Fineberg

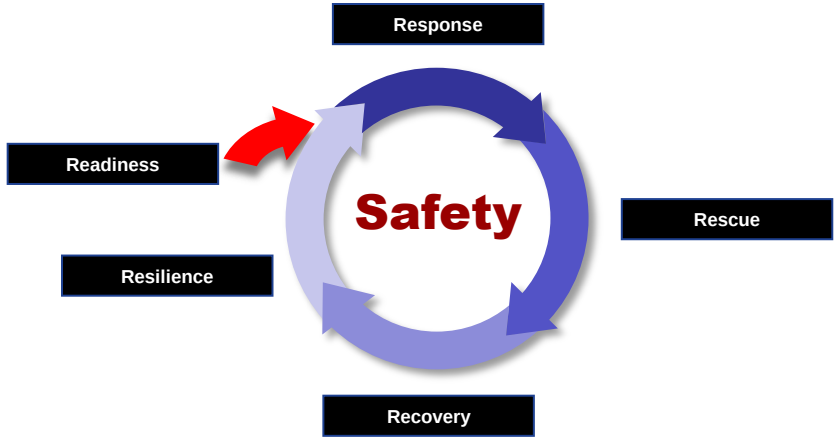


THE UNIVERSITY OF TEXAS MD Anderson Cancer Center

MAYO CLINIC

Family Rescue R&D

Stanford University



HARVARD UNIVERSITY

UCSF University of California San Francisco

The 5 R's of Safety

UCI

UF UNIVERSITY of FLORIDA

UT Southwestern Medical Center

USC University of Southern California

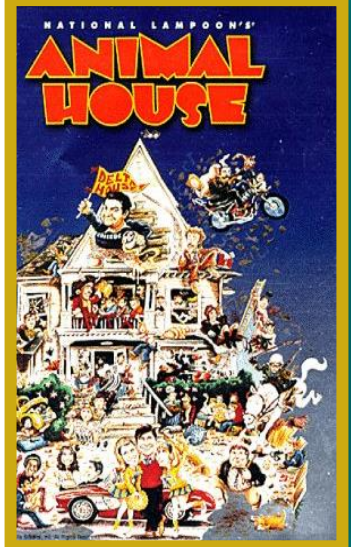

1,000 Family Household Study

Safer Holidays Safer Families

Vacation

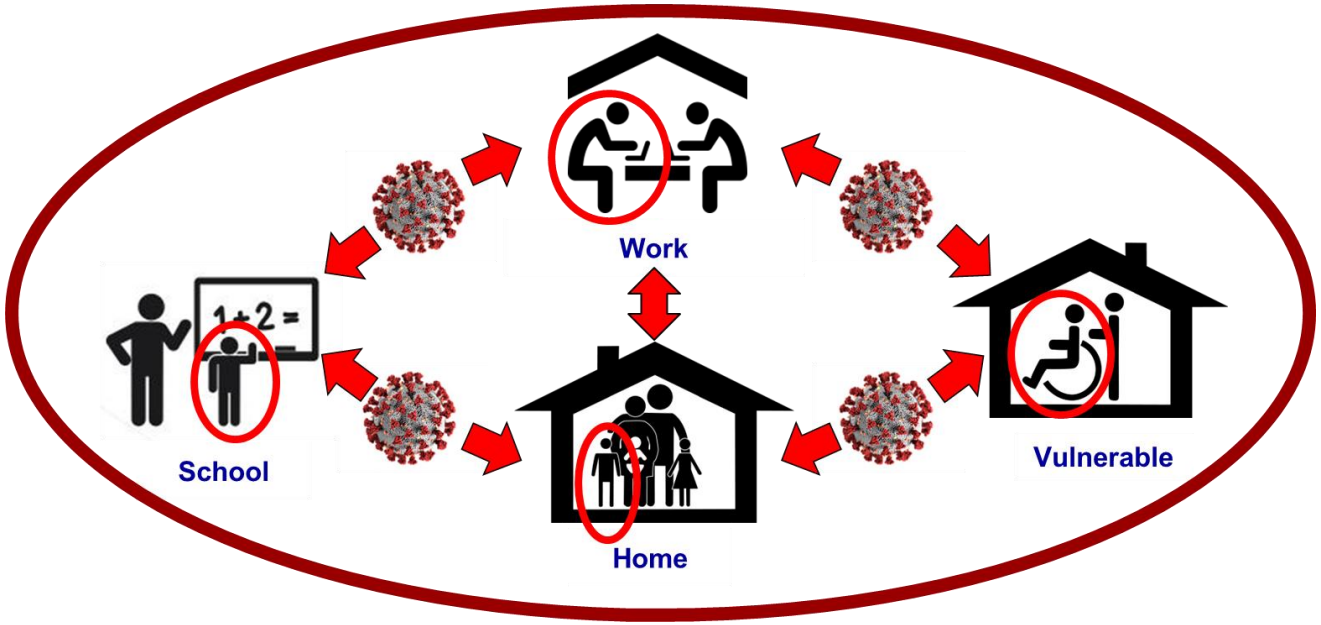
Family Transmission

- ✓ The Achilles Heel of Workers
- ✓ Family Plans Work
- ✓ There is a New Normal

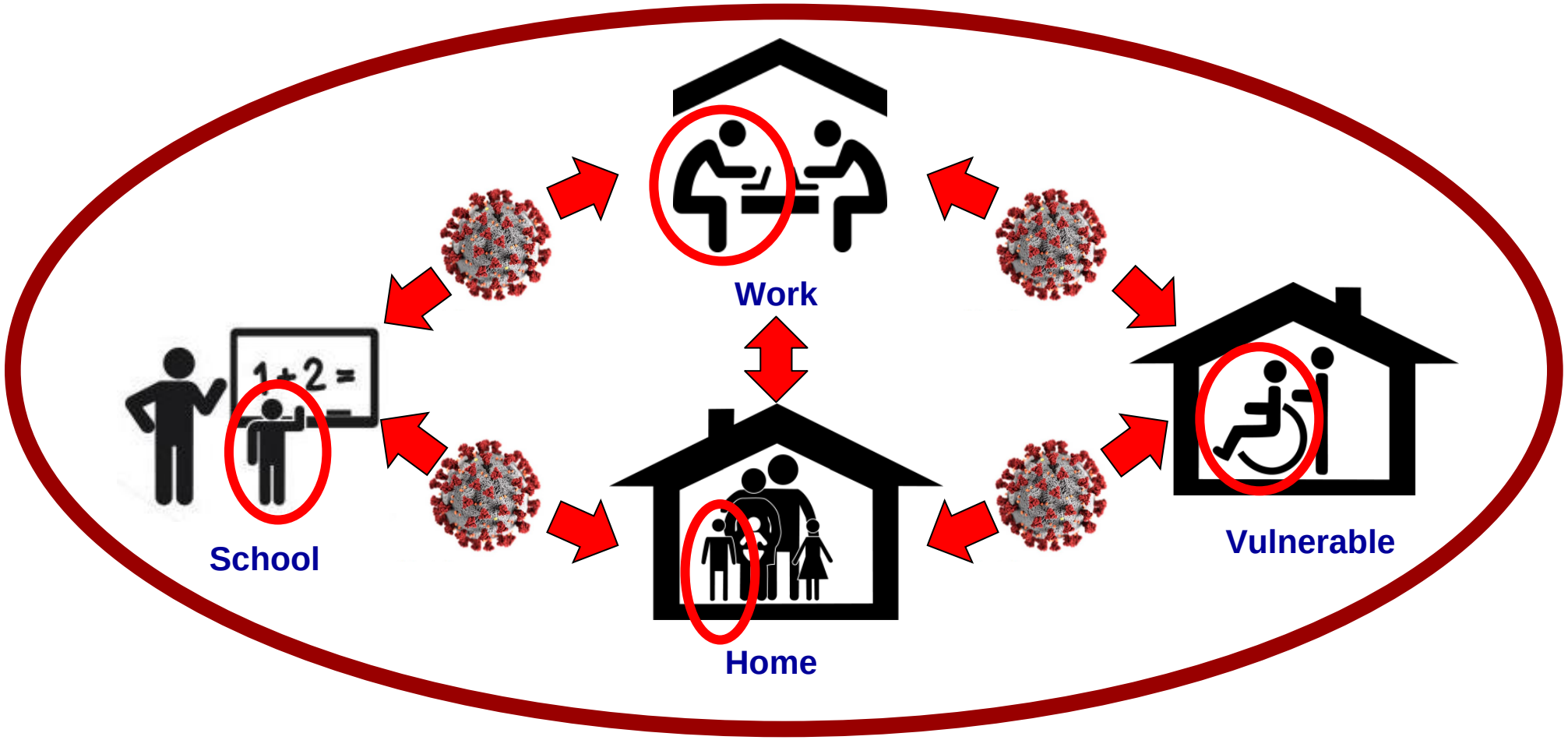


Family Transmission Chains

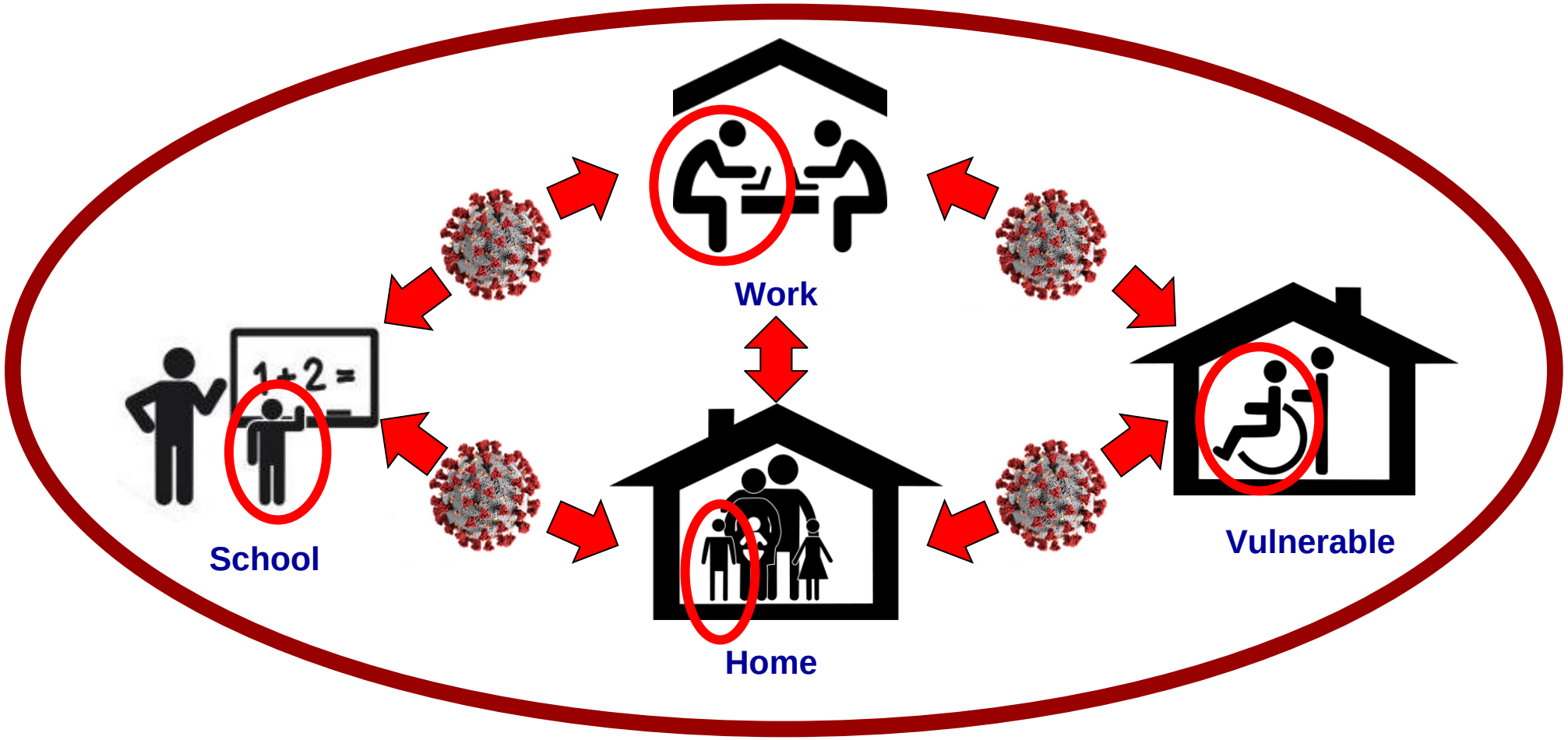
Vacation



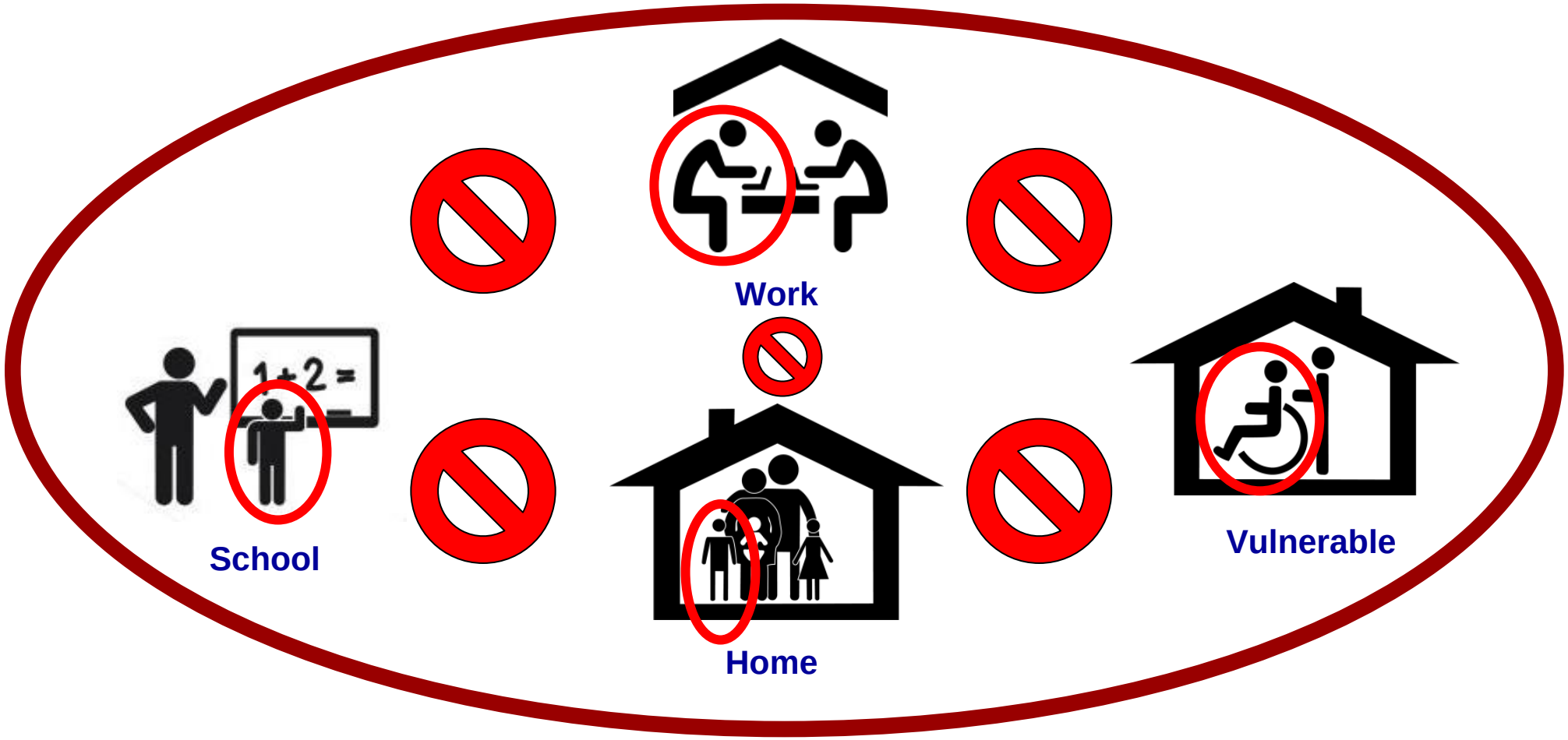
Family Transmission Chains



Family Transmission Chains: The Achilles Heel



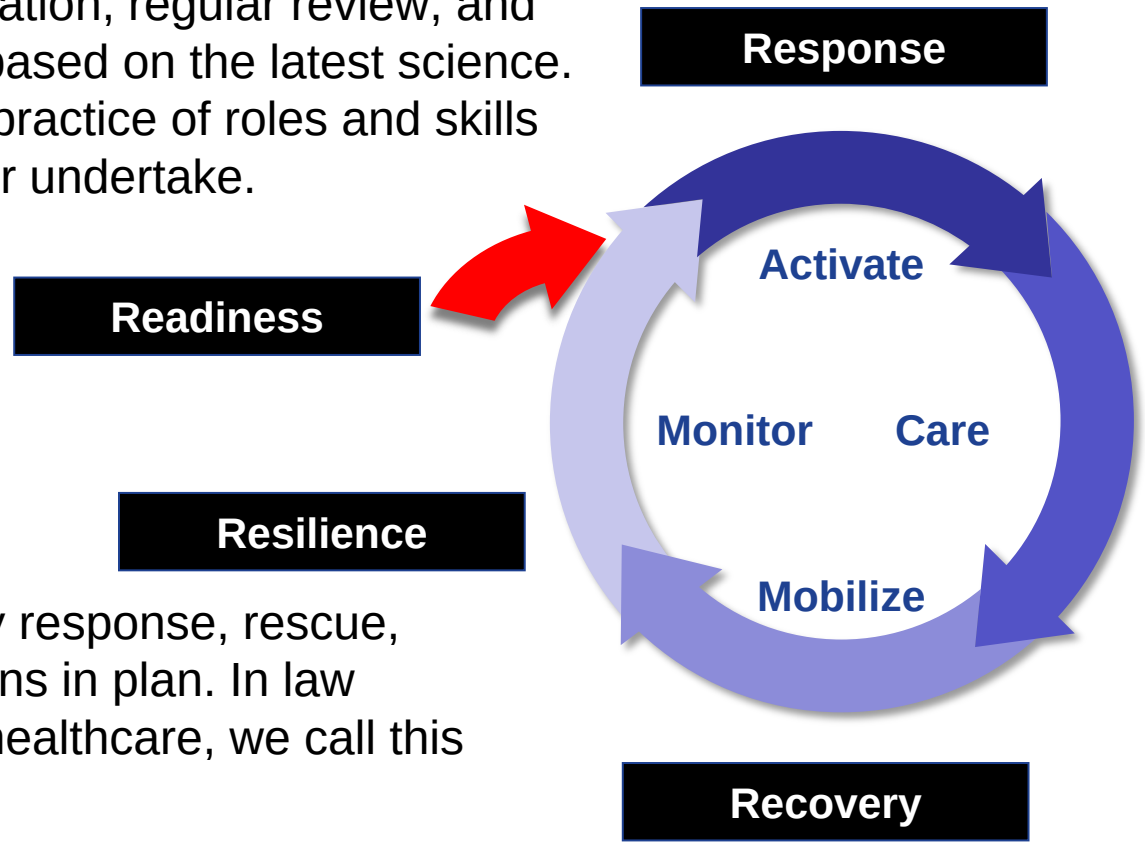
Break Family Transmission and Win



Family Health Safety Plans

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

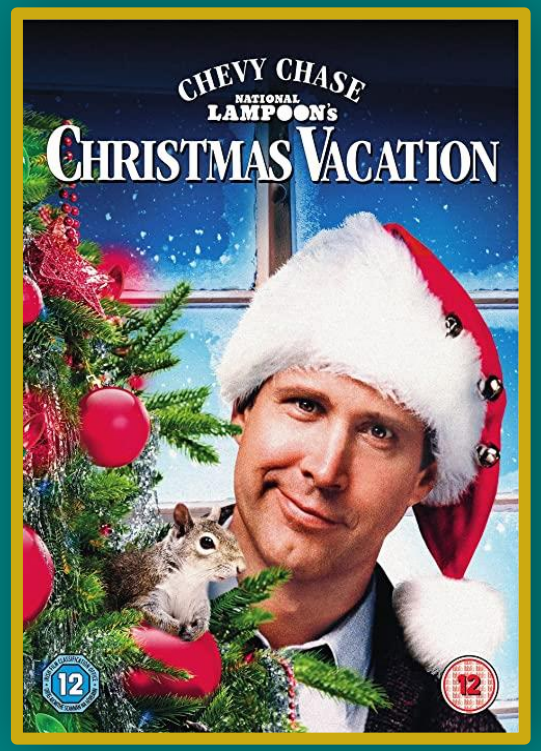
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.



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

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

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

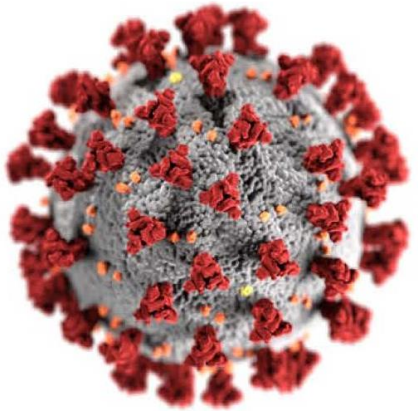


Safer Gatherings Safer Families

An Update on Children

Dr. Brittany Barto-Owens

Community Pediatrician
Med Tac Advisor
Coronavirus Care
Community of Practice



The Chief Family Officer & Family Lifeguard Program

David Beshk

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

Charles R. Denham III

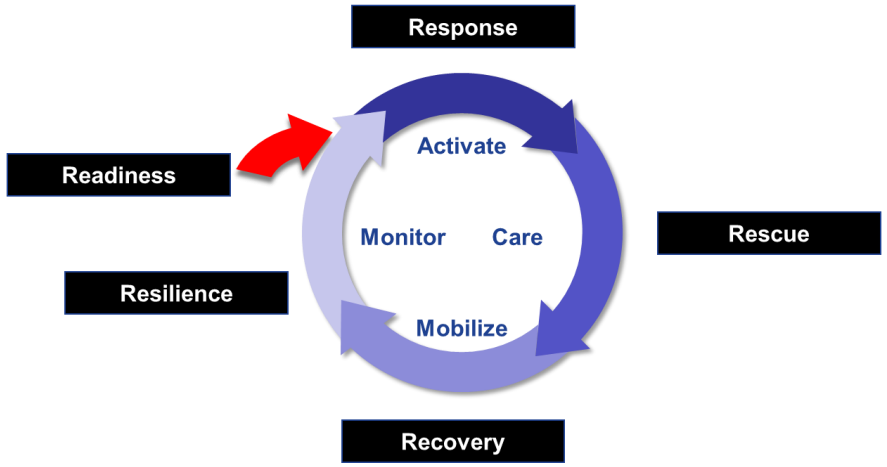
High School Student
Co-founder Med Tac Bystander Rescue Care Program
Co-lead Lifeguard Surf Program
Junior Med Tac Instructor
Certified Lifeguard


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

Med Tac Rescue Stations

Soaring Eagle Award

Family Health Safety & Organization Security Plans™



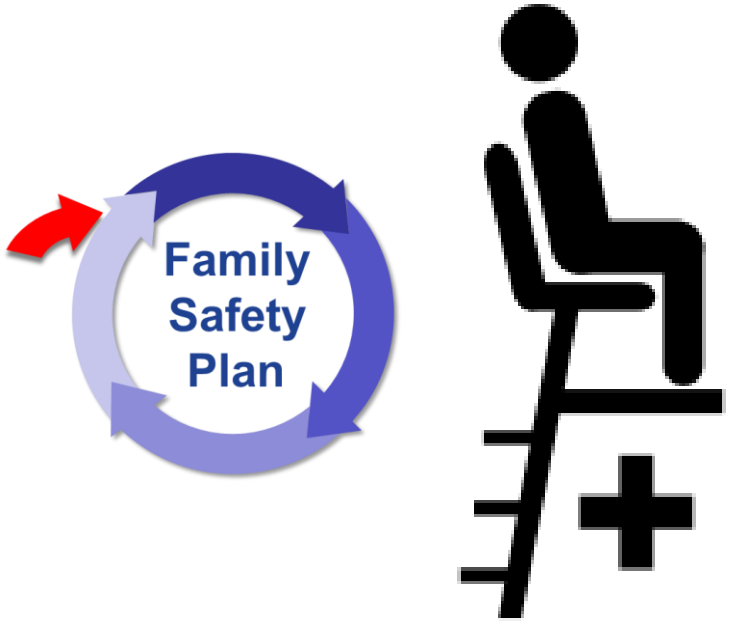
The Family CFO: Chief Family Officer

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

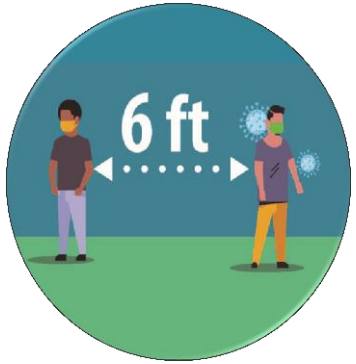
During Event:

- ❑ 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

CDC Guidelines: The 4 Pillars



Social Distancing

Disinfecting Surfaces

Hand Washing

Use of Masks

SOURCE: Centers for Disease Control

Holidays, Spring Break, Ski Week, and Vacations

Holiday Huddle Checklist

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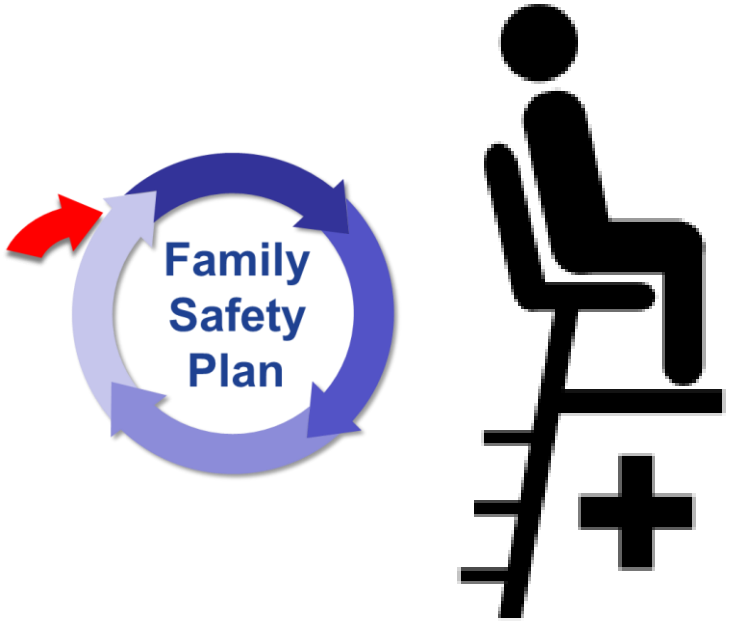
What's New for 2022

90% Prevention and 10% Rescue

Community Immunity
& Aerosol Transmission



Holiday Huddle Checklist

The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

Before Event:

- ❑ Know Vaccination Status of Guests
- ❑ Know Threat Status of Guests
- ❑ 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
- ❑ Protect At-risk Guests – Apply the Pillars
- ❑ Provide Restroom Plan
- ❑ Describe Eating Plan
- ❑ Summarize Clean Up Plan

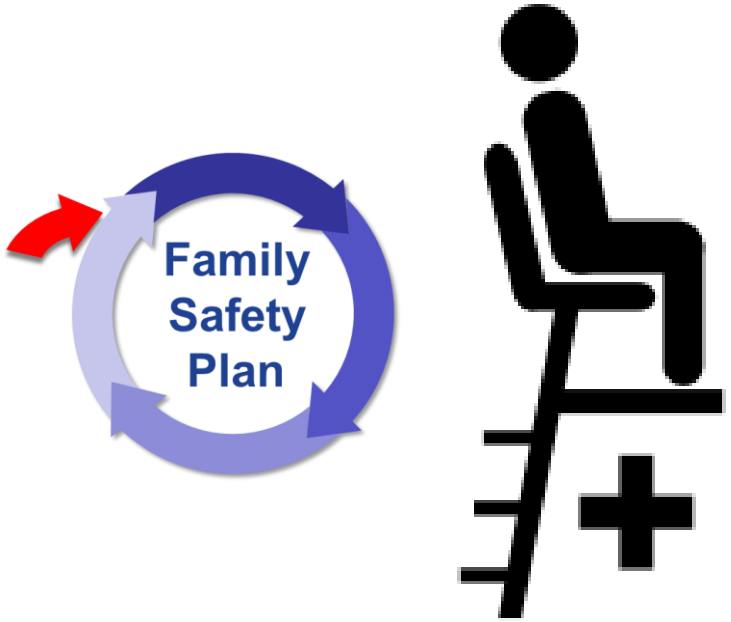
After Event:

- ❑ Glove up to Clean Up - Optional
- ❑ 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

What's New for 2022

90% Prevention and 10% Rescue

Community Immunity
& Aerosol Transmission



Holiday Huddle Checklist

The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

Before Event:

- ❑ Know Vaccination Status of Guests
- ❑ Know Threat Status of Guests
- ❑ 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:

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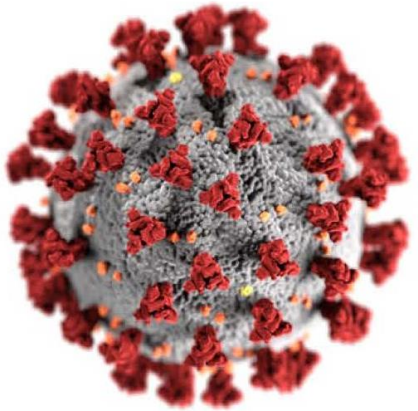
Holiday Huddle and Play Dates

Dr. Brittany Barto-Owens

Community Pediatrician
Med Tac Advisor
Coronavirus Care
Community of Practice



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

COVID-19 MENU

Safer Ways to Celebrate Holidays

Holiday traditions are important for families and children. There are several ways to enjoy holiday traditions and protect your health. Because many generations tend to gather to celebrate holidays, the best way to minimize COVID-19 risk and keep your family and friends safer is to get vaccinated if you're eligible.

Here are safer ways to celebrate the holidays:

Generally:

- Protect those not yet eligible for vaccination such as young children by getting yourself and other eligible people around them vaccinated.
- Wear well-fitting masks over your nose and mouth if you are in public indoor settings if you are not fully vaccinated.
  - Even those who are fully vaccinated should wear a mask in public indoor settings in communities with substantial to high transmission.
    - Outdoors is safer than indoors.
  - Avoid crowded, poorly ventilated spaces.
  - If you are sick or have symptoms, don't host or attend a gathering.
  - Get tested if you have symptoms of COVID-19 or have a close contact with someone who has COVID-19.

Last Year Don't Gather – This Year Gather Safer

- ❑ **Protect those At Risk**
- ❑ **Wear Masks**
- ❑ **Avoid Crowds**
- ❑ **If Sick Don't Attend**

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CDC 24/7: Saving Lives, Protecting People™

COVID-19 MENU >

If you are considering traveling for a holiday or event, visit CDC's Travel page to help you decide what is best for you and your family. CDC still recommends delaying travel until you are fully vaccinated.

- If you are not fully vaccinated and must travel, follow CDC's domestic travel or international travel recommendations for unvaccinated people.
- If you will be traveling in a group or family with unvaccinated people, choose safer travel options.
- Everyone, even people who are fully vaccinated, is required to wear a mask on public transportation and follow international travel recommendations.

Special considerations:

- People who have a condition or are taking medications that weaken their immune system may not be fully protected even if they are fully vaccinated and have received an additional dose. They should continue to take all precautions recommended for unvaccinated people, including wearing a well-fitted mask, until advised otherwise by their healthcare provider.
- You might choose to wear a mask regardless of the level of transmission if a member of your household has a weakened immune system, is at increased risk for severe disease, or is unvaccinated.
- If you are gathering with a group of people from multiple households and potentially from different parts of the country, you could consider additional precautions (e.g., avoiding crowded indoor spaces before travel, taking a test) in advance of gathering to further reduce risk.
- Do NOT put a mask on children younger than 2 years old.

By working together, we can enjoy safer holidays, travel, and protect our own health as well as the health of our family and friends.

Last Year Don't Travel – This Year Travel Safer

- ❑ **If not Vaccinated, follow recommendations for unvaccinated people.**
- ❑ **Protect those At Risk**
- ❑ **Wear Masks**
- ❑ **Minimize Exposure to Crowds & Poor Ventilation**
- ❑ **If Sick Don't Travel**

Speakers & Reactors

Jennifer Dingman

Robert Katzer

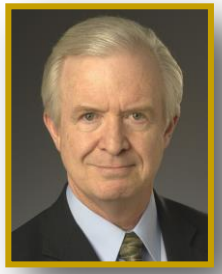
Dr. Gregory Botz

Dr. Brittany Barto

William Adcox

Heather Foster RN

Charlie Denham III



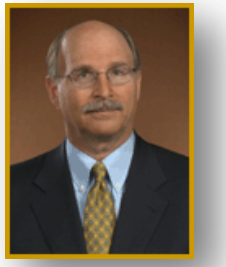
John Nance JD

Dr. C Peabody

Gunita Singh JD

Paul Bhatia EMT

David Beshk



Dr. C Denham

A Message to Essential Worker Families

David Morris PhD JD

Forensic Psychologist
Attorney
Expert Advisor to Public Safety Organizations for Performance Improvement

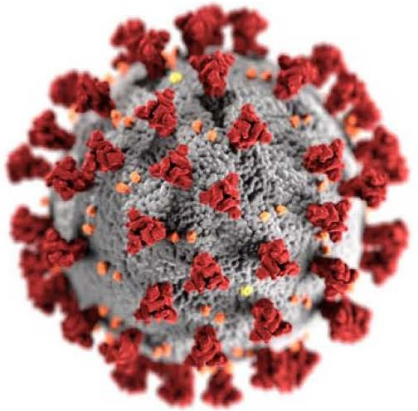
William Adcox MBA

Chief Security Officer
MD Anderson Cancer Center
Chief of Police,
University of Texas at Houston
Med Tac Lead Threat
Safety Scientist

A Message to Essential Worker Families

David Morris PhD JD

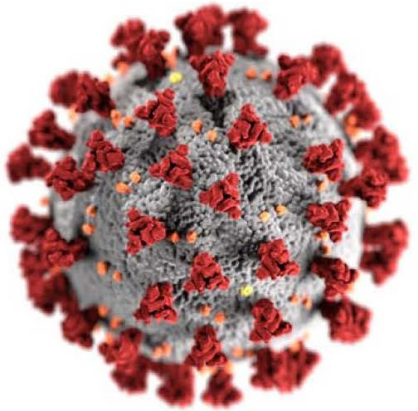
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



Our Message to Families

Gregory H. Botz, MD, FCCM

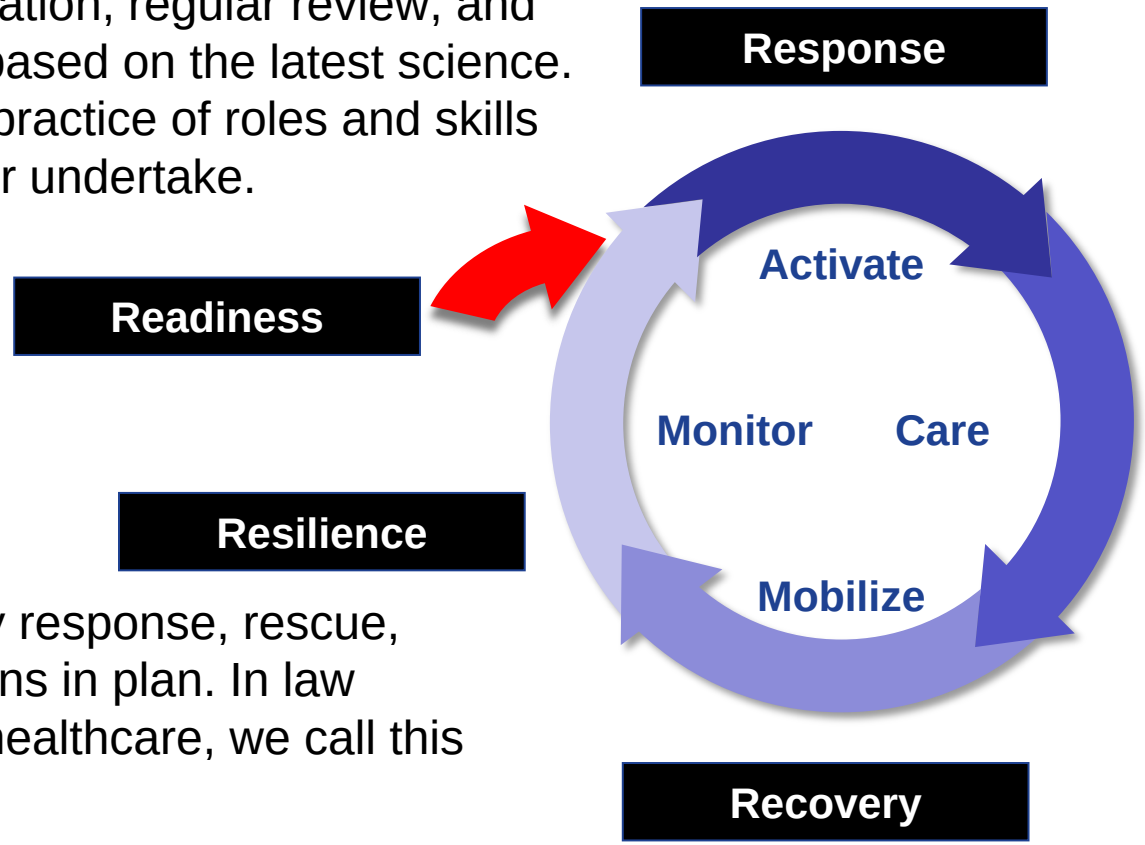
Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of Anesthesiology
Stanford University School of Medicine, Stanford, CA



Family Health Safety Plans

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

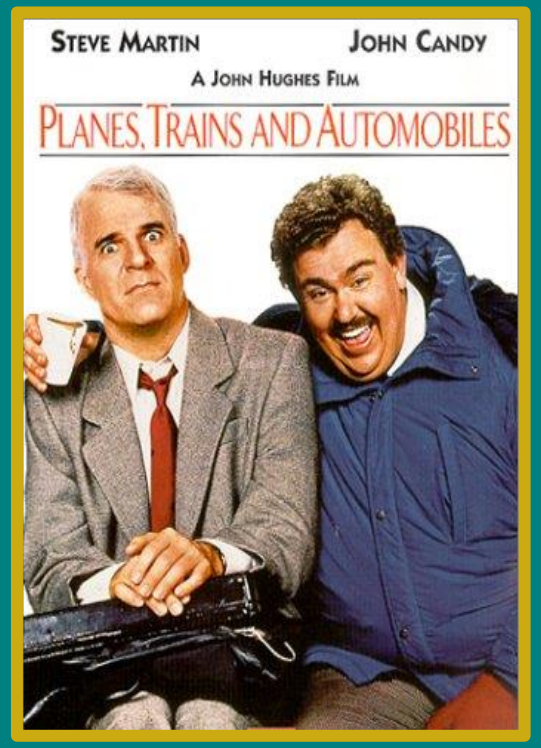
Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.



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

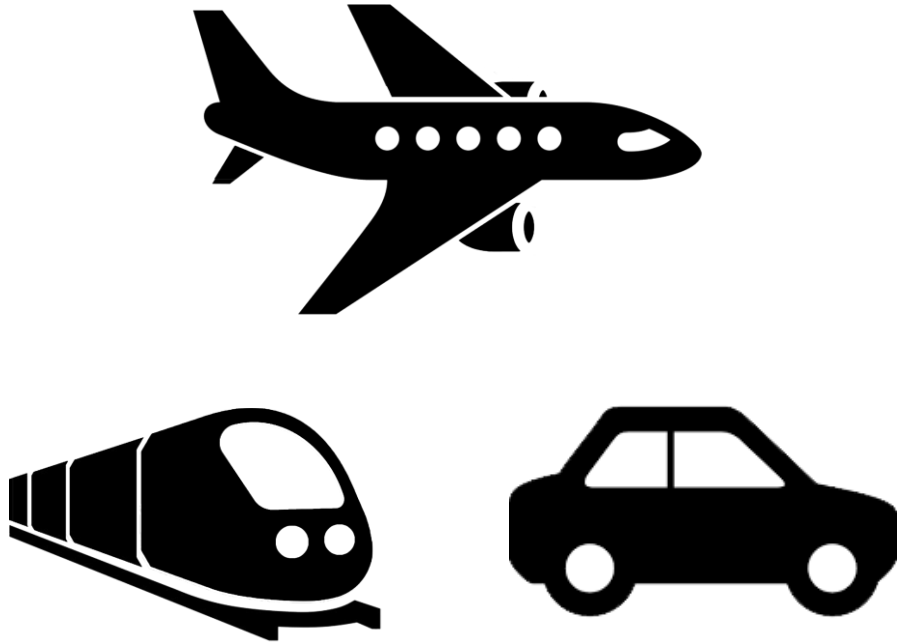
Resilience: Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this "target hardening".

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

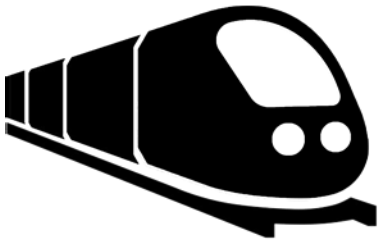


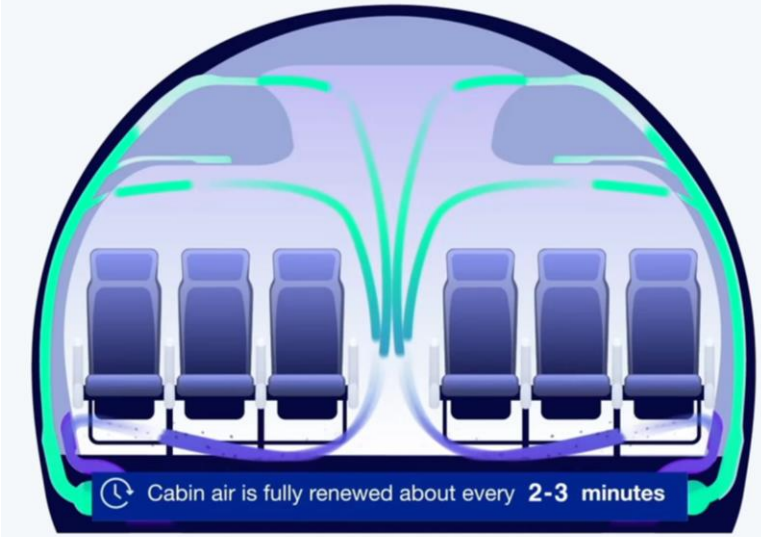
Planes, Trains, and Automobiles

Robert Katzer MD MBA
Emergency Medicine
University of
California Irvine



Air Flow Science





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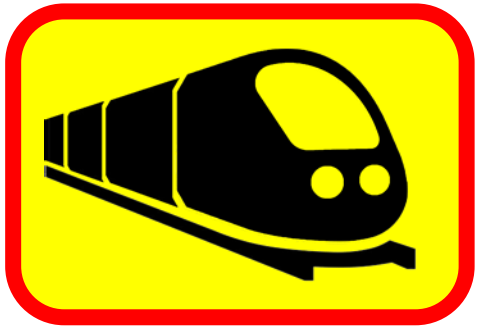
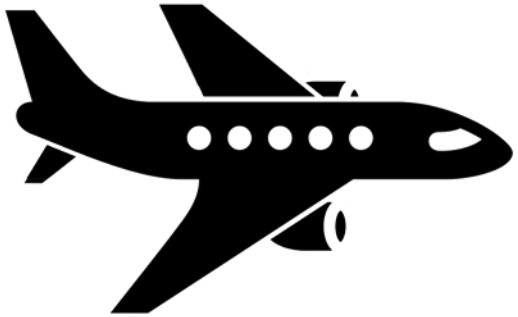
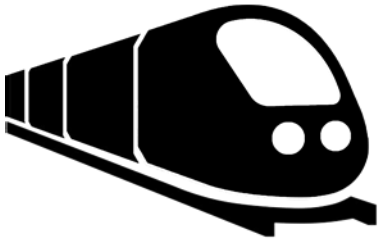


Air Flow Science

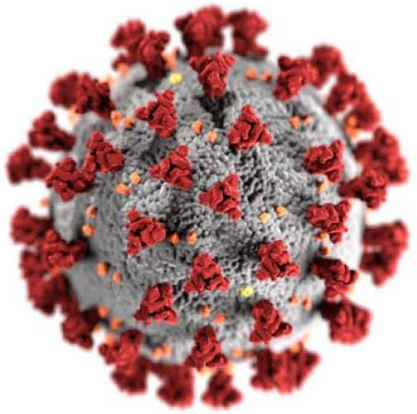




Keeping Your Family COVID Free in Transit

Robert Katzer MD MBA FACEP FAEMS

Professor, Emergency Medicine
University of California, Irvine
Air Medic, San Bernardino Sheriff Air Rescue Team
Medical Director, City of Anaheim, Fire and Rescue



Keeping your Family COVID Free During Transit this Holiday Season

Robert Katzer MD MBA FACEP FAEMS
Professor, Emergency Medicine
University of California, Irvine
Air Medic, San Bernardino Sheriff Air Rescue Team
Medical Director, City of Anaheim, Fire and Rescue

UC Irvine Health

Disclosure Statement

- ✓ No financial conflicts with the presentation topic or content covered today
- ✓ Opinions stated in this presentation are mine and not those of the US Federal Government, Department of HHS, State of California, County of San Bernardino, or City of Anaheim

Lecture Overview

- Vaccine effectiveness
- Travel to the airport
- Travel within the airport
- Inflight considerations
- Lodging

Image: fandango.com

Before You Depart, Weeks Before You Depart

- ✓ Protect your family by having all eligible family members vaccinated for covid.
- ✓ Start this early enough to allow the development of immunity.
- ✓ The CDC is currently recommending that unvaccinated persons delay travel.
- ✓ Do not travel if you have symptoms that may be a result of covid or if you are under quarantine for a covid exposure.
- ✓ Check ahead for any state or local travel restrictions or requirements in the location of your travel

What Protection Does the COVID Vaccine Provide in Regards to Delta Strain?

Image: denofgeek.com

- Initially, performance of COVID19 mRNA vaccines demonstrated the equivalence of Rock Star status within epidemiology
- How long does that immunity (antibody titers and/or cellular immunity) last?
- How well do the vaccines hold up against delta strain?

Initial Efficacy Data by Vaccine

- Two dose Pfizer series:
  - ✓ Clinical efficacy of 95% (CI 90.3%, 97.6%)

- Two dose Moderna series:
  - ✓ Clinical efficacy of 94.5% (CI 86.5%, 97.8%)

- Single dose Johnson and Johnson:
  - ✓ Clinical efficacy of 66.9% (CI 59.0%, 73.4%)

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Vaccine Efficacy in the Age of the Delta Strain

- One review article:
  - mRNA vaccines (Moderna and Pfizer):
  - efficacy of 77.7% (CI 62.3%, 88.6%)
  - Incidence of Death: 0% in vaccinated, 1.25%– 4.5% in unvaccinated
  - Viral Vector Vaccines (J and J type): efficacy of 67.74% (CI 62.3%, 72.5%)
  - Incidence of Death: Insufficient data
- Review article plus statistical modeling
  - Overall efficacy of mRNA and viral vector vaccines predicted to have an overall efficacy that is 25%-50% less than the original COID strain

Covid Vaccine Boosters

- Currently recommended for those who:
  - ✓ Received a Pfizer or Moderna Vaccination initial series more than 6 months ago
  - ✓ AND
  - ✓ Are 65 years old or older
  - ✓ OR one or more of the following
    - ✓ 18+, living in long-term care facility
    - ✓ 18+ with underlying medical conditions
    - ✓ 18+ who work or live in high risk settings

Vaccines are Now Mix and Match Approved

- As of 10/20/2021 FDA has approved “Mix and Match” vaccination
- After completing an initial series with Moderna, J and J, or Pfizer COVID vaccines, any of the three vaccines may be administered as a booster in accordance with booster eligibility

Bottom Line on Vaccines and Travel

- ✓ Vaccination of all eligible family members is the best way to protect your family from COVID during travel and after

Image: www.Wikipedia.org

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The Ride to the Airport

- Driving your own car to the airport with your family is equivalent to placing your house on wheels

- Ride share vehicles
  - ✓ Partition recommended
  - ✓ Avoid sitting in the front seat if possible
  - ✓ Masking of all occupants is preferred

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The Ride to the Airport Continued

- Other public transit to airport such as bus or rail
  - ✓ Wear masks
  - ✓ Maximize distance from other riders who are not masked
  - ✓ Bring hand sanitizer
  - ✓ Shorter the ride the better

At The Airport

- There is a federal CDC order, requiring people to wear masks while on public transportation or in public transportation hubs unless
  - ✓ They are eating
  - ✓ Asked to briefly lower the mask for security
  - ✓ They are wearing an oxygen mask in the event of cabin depressurization
  - ✓ Briefly while communicating with someone who is hearing impaired
  - ✓ While in respiratory distress
  - ✓ While unconscious, for reasons not involving sleeping
  - ✓ Under the age of 2
  - ✓ Have a disability that precludes them from wearing a mask

In Flight

- ✓ Federal CDC mask order remains in effect
- ✓ Commercial aircraft have ventilation systems with hepa filters and that circulate air through the cabin more frequently(once every 3-4 minutes) than those of buildings or other public transportation
  - ✓ HEPA filter will remove 99.7% of Covid droplets, so 50/50 air is a clean as all fresh are would be from a covid standpoint.
- ✓ Aircraft are considered lower risk then other shared public transportation as a result.

Air Circulation Aboard Commercial Aircraft

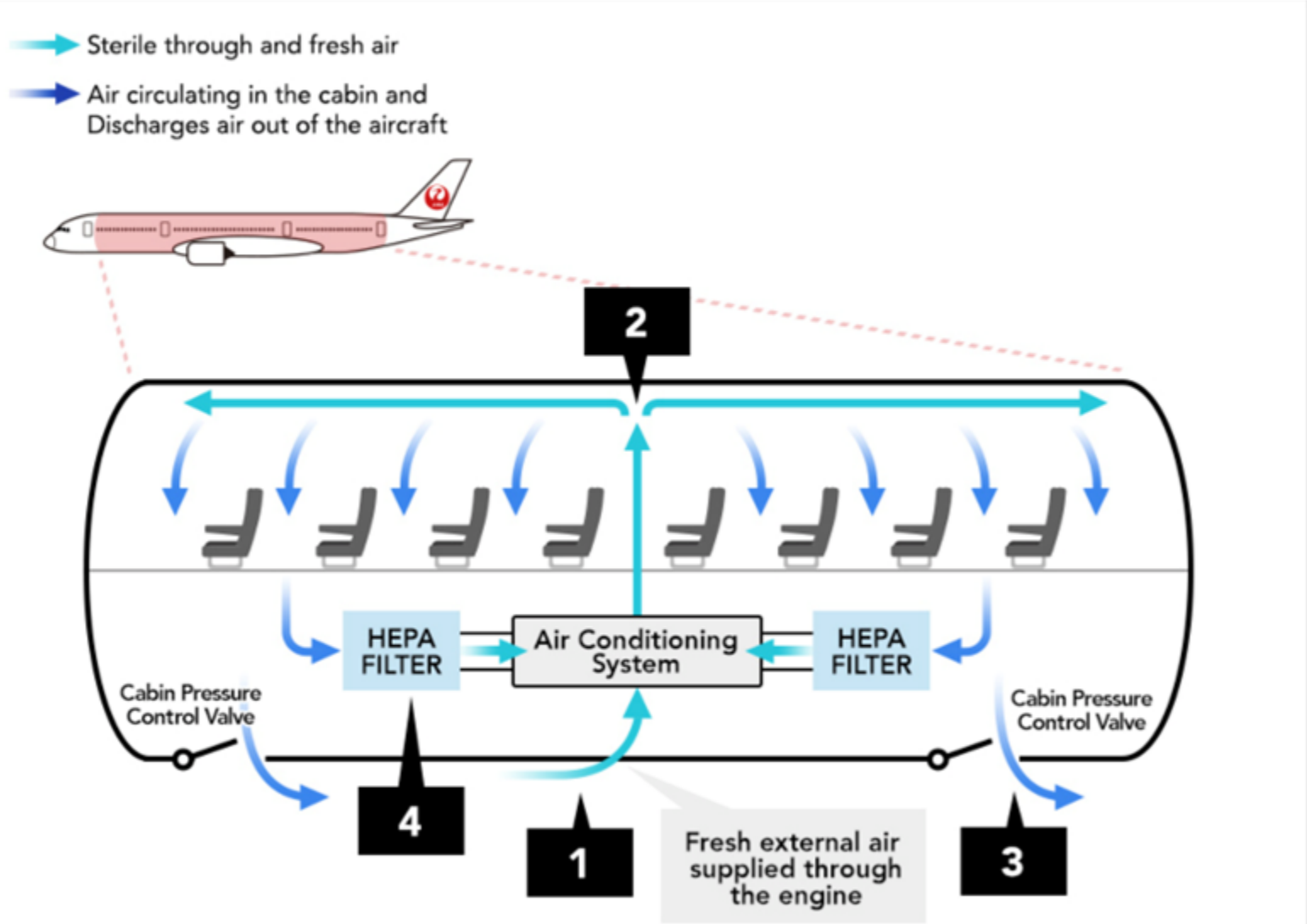

Image: https://www.jal.co.jp/jp/en/info/2020/other/200403/

Air Circulates Vertically and not Horizontally

https://www.aerotime.aero/24688-the-air-in-a-plane-is-filtered-and-99-97-sterile

Inflight Risks

- Overall estimates of air traveler contracting COVID **all over the place:**
  - ✓ 1 in 27 million travelers
  - ✓ 1 infection per 54 flight hours on a 12 hour flight, with a passenger volume of that of a Boeing 777 or 767
  - ✓ 15 infected in one flight without masks
- Data is difficult given different cofounders at different times
  - ✓ Variable masking
  - ✓ Vaccinations
  - ✓ Delta variant

Inflight Risks

- ✓ Like other respiratory infections before it, COVID can be spread within two rows of a contagious passenger.
- ✓ Although hard data on this does not exist, utilizing the personal air vent above the seat may improve local air quality further.
- ✓ Utilization of lavatory does not appear to increased risk of infection
- ✓ Aisle seats do appear to be associated with increased risk of infection
- ✓ Business class or First class do not have a decreased risk of transmission

Inflight Infection Mitigation Conclusions

- ✓ Air travel “safer” than bus or train travel
- ✓ Wear masks as much as tolerated (Multilayer better then, single layer cloth. N95 the best protection when properly fitted)
- ✓ Avoid the aisle seat if possible
- ✓ Utilize personal air vents
- ✓ Exercise good hand hygiene practices

Your Final Destination

- ✓ Vacation rental with only your household is the safest
- ✓ Hotels or bed and breakfasts with common eating areas are believed to have higher risk
- ✓ Sharing bathroom facilities at your lodging location with those outside of your household should be avoided.

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Thank You and Safe Travels

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COVID FAQs

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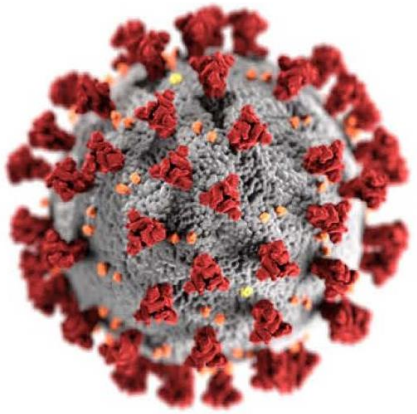

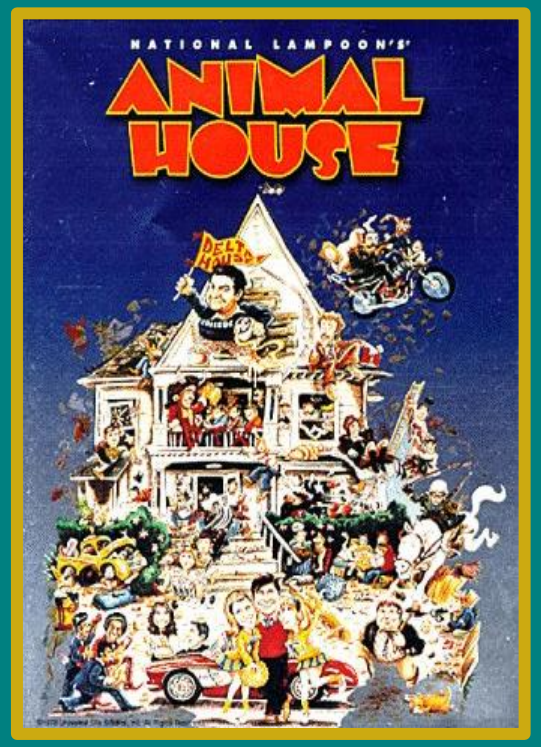

Your Fouled Up...You Trusted Us

COVID-19 Risk Index

Risk levels for exposure vary based on four main factors:

Enclosed space

Duration of interaction

Crowds
Density of people + challenges for social distancing

Forceful exhalation
Sneezing, yelling, singing, and coughing

When near people, wear a mask

COVID-19 RECOVERY CONSULTING

Low

Staying at home
Alone or with members of your household

Walking outdoors
With or without pets

Running or biking
Alone or with another person
Risks: Close contact or potential clustering of people

Outdoor picnic or porch dining
With non-household people and physical distancing
Risks: Potential crowding and activity

Picking up takeout food, coffee, or groceries from stores
Risks: Potential crowding

Low / Medium

Playing "distanced" sports outside
Ex: Tennis or golf

Grocery shopping
Risks: Indoor, close contact, potential clustering of people, high-touch surfaces

Retail shopping
Risks: Indoor, close contact, potential clustering of people

Medium

Visiting hospital emergency department
Risks: Indoor, potential clustering of people

Medical office visit
Risks: Indoor, close contact, potential clustering of people, high-touch surfaces

Dentist appointment
Risks: Indoor, close contact, potential clustering of people, patient not wearing a mask

Taking a taxi or a ride-sharing service
Risks: Dependency on frequency of cleaning, duration of ride, and number of passengers

Museum
Risks: Indoor, close contact/potential clustering of people

Outdoor restaurant dining
Risks: Close contact, potential clustering of people; challenge to wear a mask during eating

Medium / High

Exercising at a gym
Risks: Indoor, close contact/ potential clustering of people, high-touch surfaces, difficult to wear a mask, high respiratory rate

Hair/nail salon and barbershops
Risks: Prolonged close contact, difficult to wear a mask

Working in an office
Risks: Indoor, high-touch surfaces, prolonged close contact/potential clustering of people

Indoor restaurant or coffee shop
Risks: Indoor, prolonged close contact/potential clustering of people, difficult to wear mask while eating and drinking

High

7/20

Indoor party
Risks: Indoor, prolonged close contact/potential clustering of people
Additional risks: alcohol (loss of inhibition), shared joint/pipe (coughing)

Bars and nightclubs
Risks: Enclosed space, prolonged close contact/potential clustering of people, high respiratory rate, yelling/projection of voice

Playing contact sports
Football, basketball, soccer, etc
Risks: Prolonged close contact/potential clustering of people, high respiratory rate, unable to wear a mask

Air travel
Risks: Enclosed space, prolonged close contact/ potential clustering of people, and high-touch surfaces

Public transportation
Subway or bus
Risks: Enclosed space, prolonged close contact/potential clustering of people, and high-touch surfaces

Concert
Risks: Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces, yelling/projection of voice

Religious services
Risks: Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces, singing/projection of voice

Movie theater or live theater
Risks: Enclosed space, prolonged close contact/potential clustering of people, high-touch surfaces

Watching sports
Risks: Prolonged close contact/potential clustering of people, high-touch surfaces, yelling/projection of voice, enclosed space (if indoor)

REOPEN INTELLIGENTLY.
REOPEN SAFELY.

Ezekiel J. Emanuel, MD, PhD Perelman School of Medicine at the University of Pennsylvania / **James P. Phillips, MD, EMT-T** George Washington University / **Saskia Popescu, PhD, MPH** University of Arizona/George Mason University

https://www.businessinsider.com/how-to-decide-when-to-go-out-during-coronavirus-pandemic-2020-7

www.covid19reopen.com

Emergency Checklist:

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

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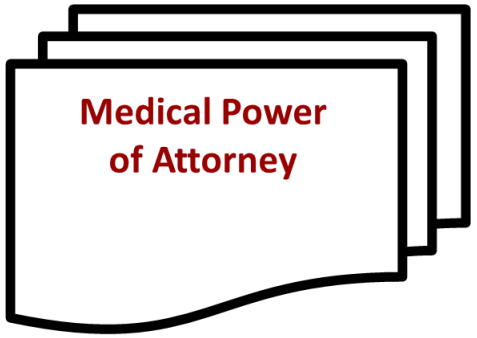
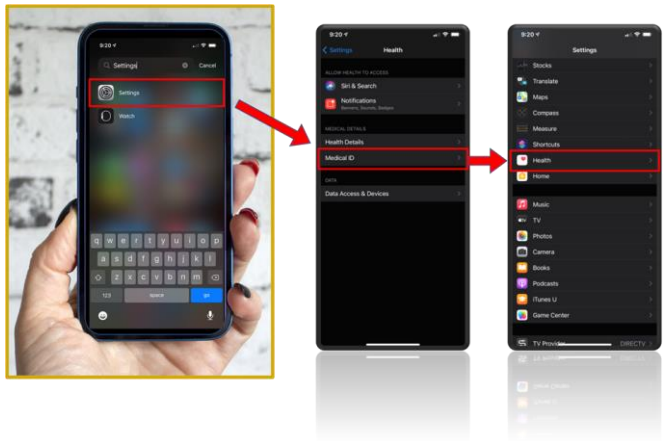
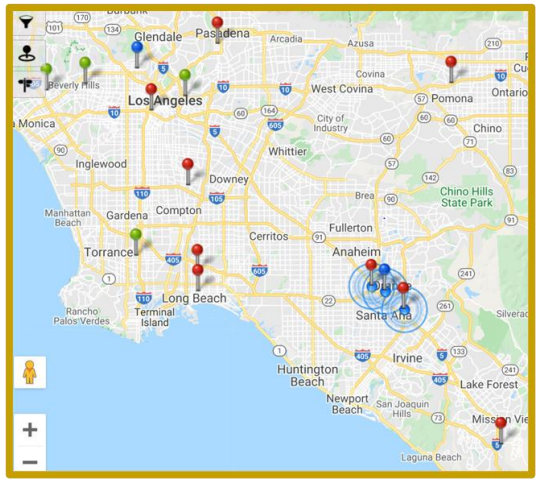


✓ Smartphone ICE Notification

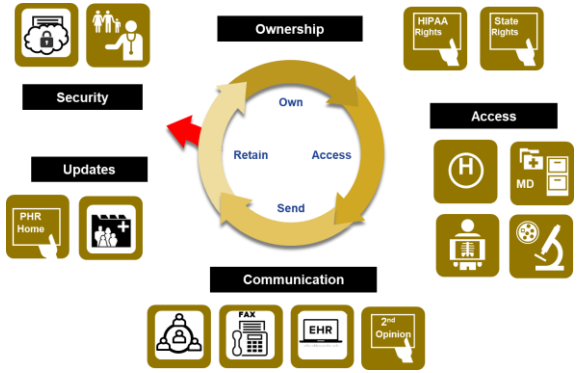


✓ Know Emergency Providers



✓ Medical Record Access

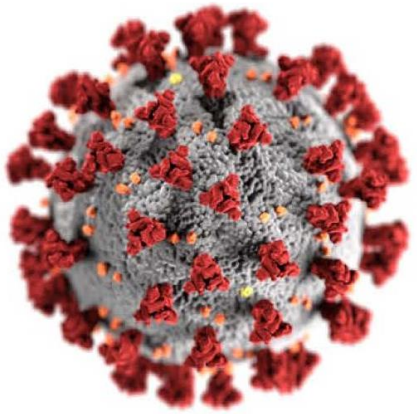
The 5 Rights of Medical Records™



Checklist for Singles & Seniors

Robert Katzer MD MBA FACEP FAEMS

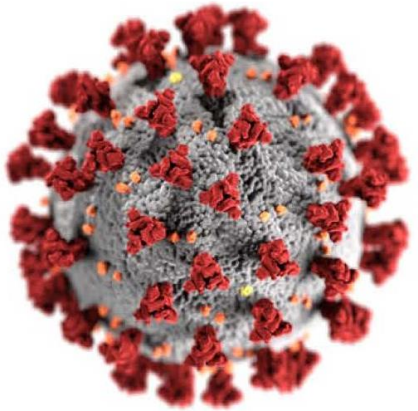
Professor, Emergency Medicine
University of California, Irvine
Air Medic, San Bernardino Sheriff Air Rescue Team
Medical Director, City of Anaheim, Fire and Rescue



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



Speakers & Reactors

Jennifer Dingman

Robert Katzer

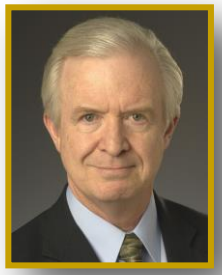
Dr. Gregory Botz

Dr. Brittany Barto

William Adcox

Heather Foster RN

Charlie Denham III



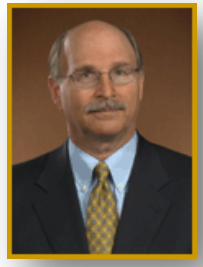
John Nance JD

David Morris PhD JD

Gunita Singh JD

Paul Bhatia EMT

David Beshk

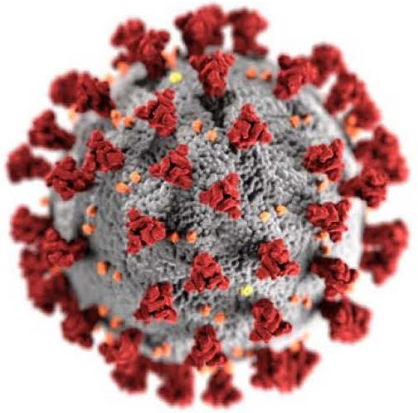


Dr. C Denham

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



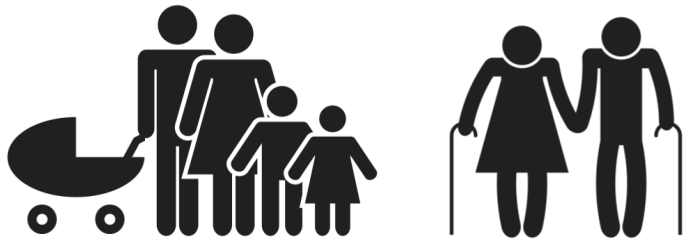
Fight the Good Fight

Finish the Race

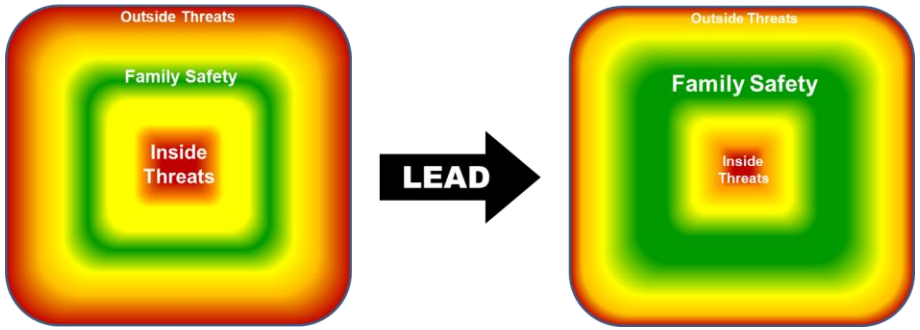
Keep the Faith

Additional Resources

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 Coronvirus 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

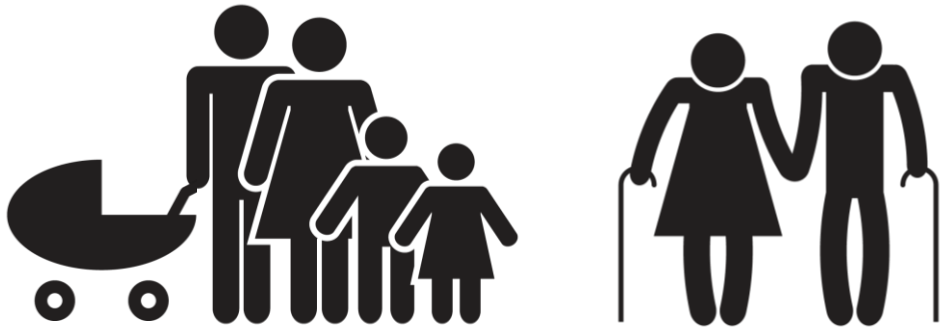
- A leader or leaders of the family act as the CFO – Chief Family Officer who drives the plan: Readiness, Response, Rescue, Recovery, and Resilience.

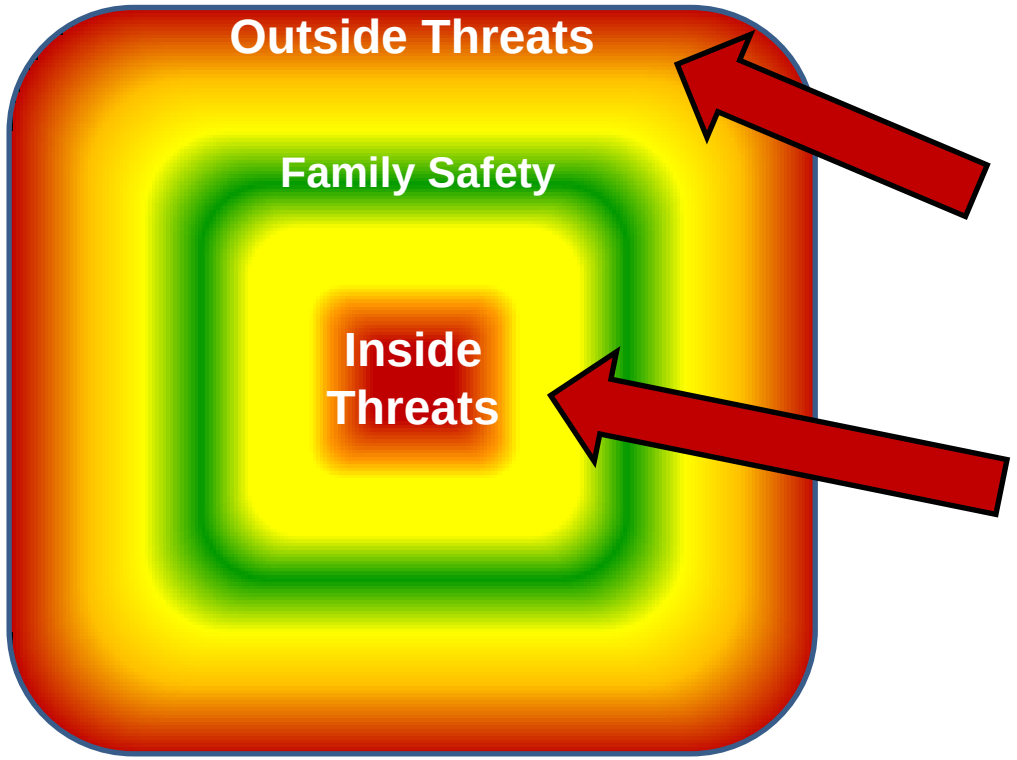
STEP 4: Plan the Flight and Fly the Plan

- 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:

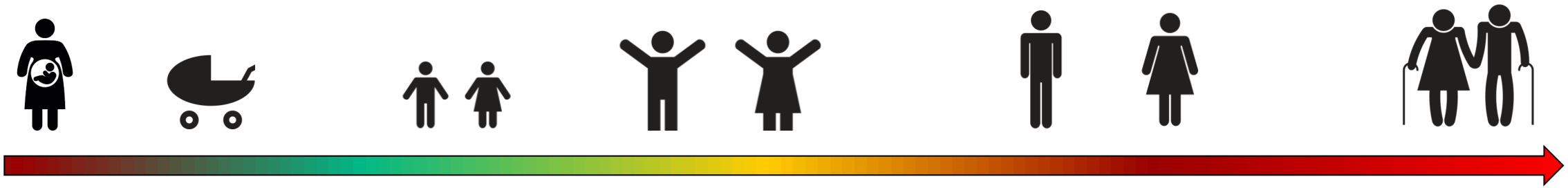
Outside Threats from Community

- 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.

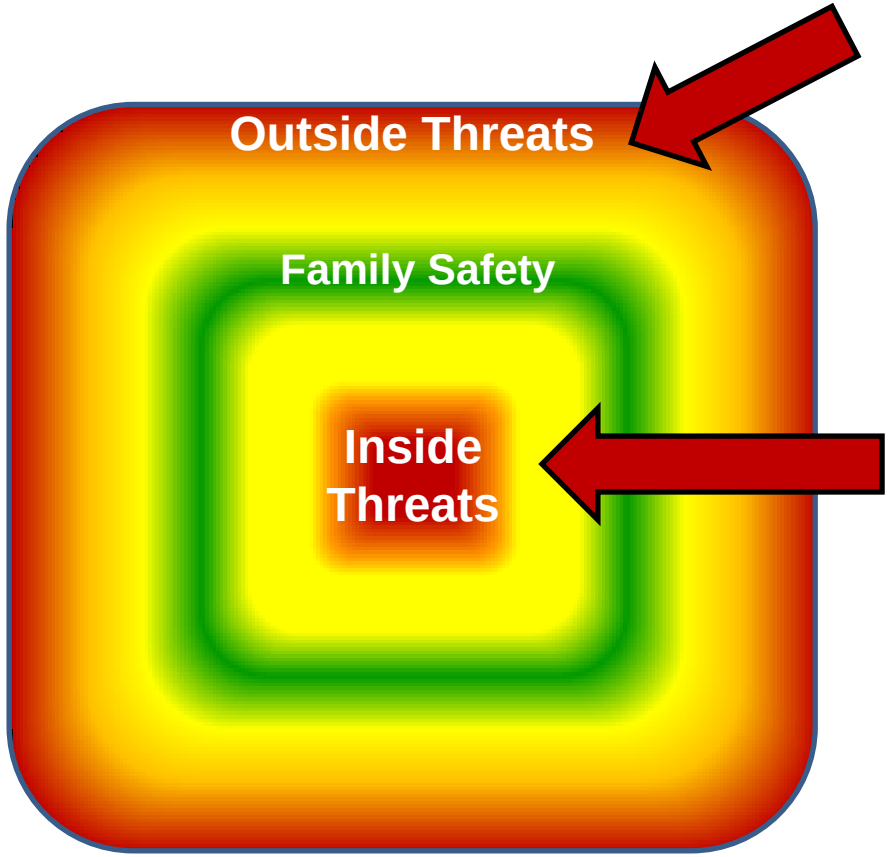
STEP 2: Identify and Follow Local Coronvirus Threats

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.

OutsideThreats:

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



Inside Threats:

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

STEP 3: Develop a Family Safety Plan

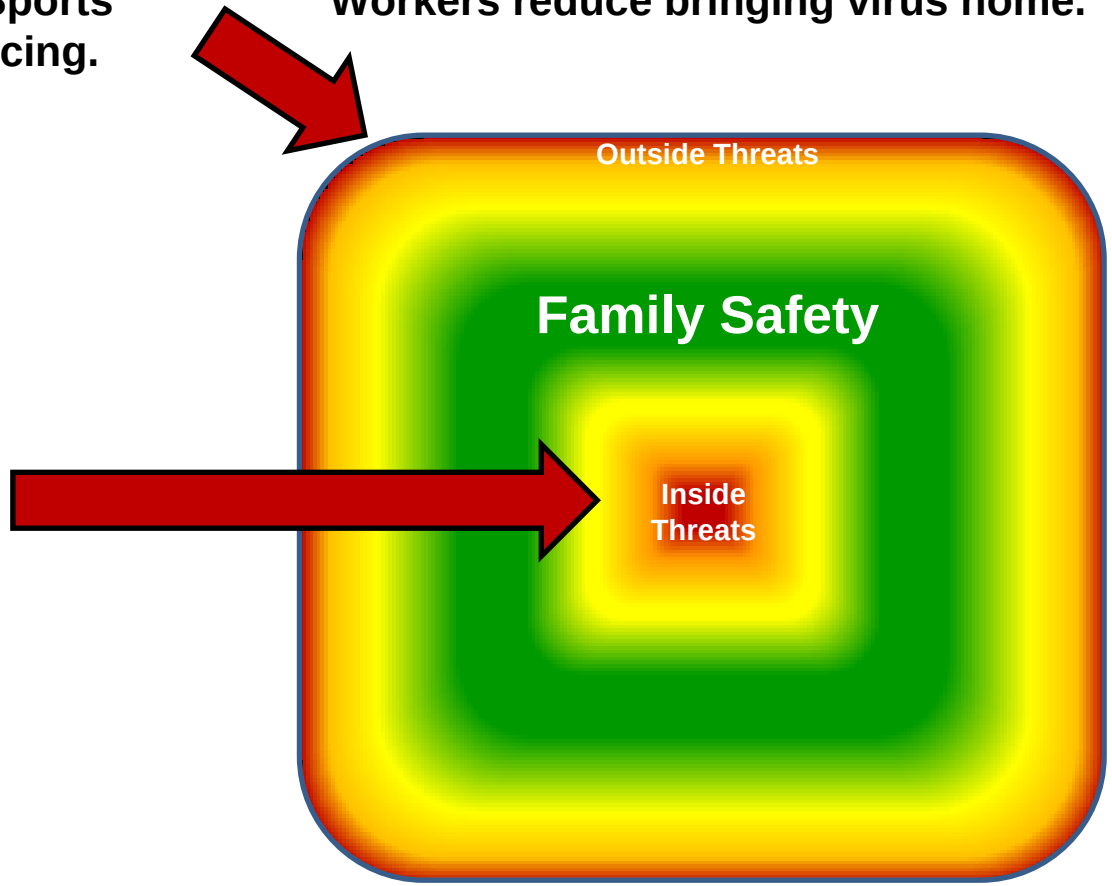
Reduce Vulnerability

nerability to OutsideThreats:

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

Reduce Vulnerability to OutsideThreats:

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



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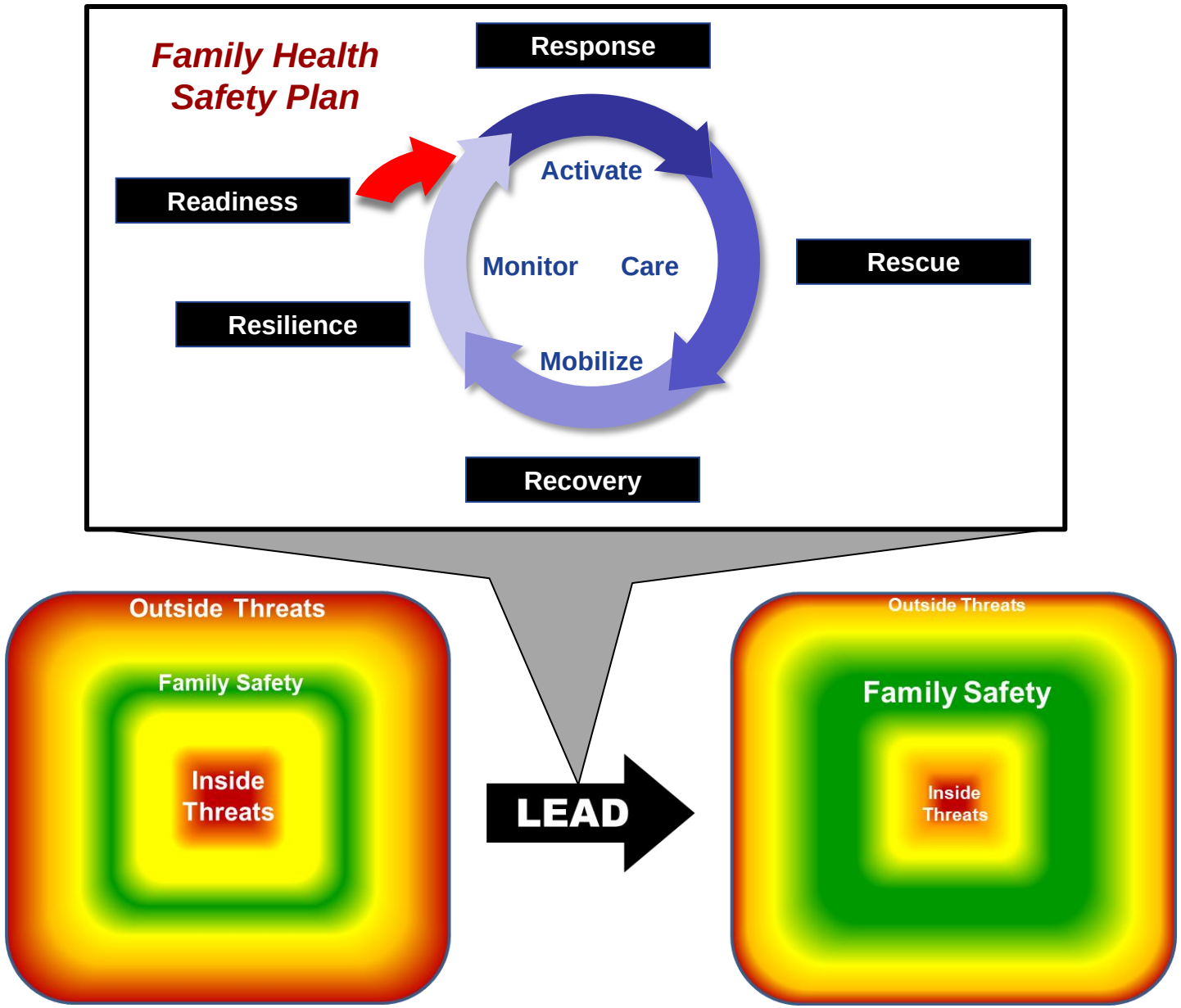
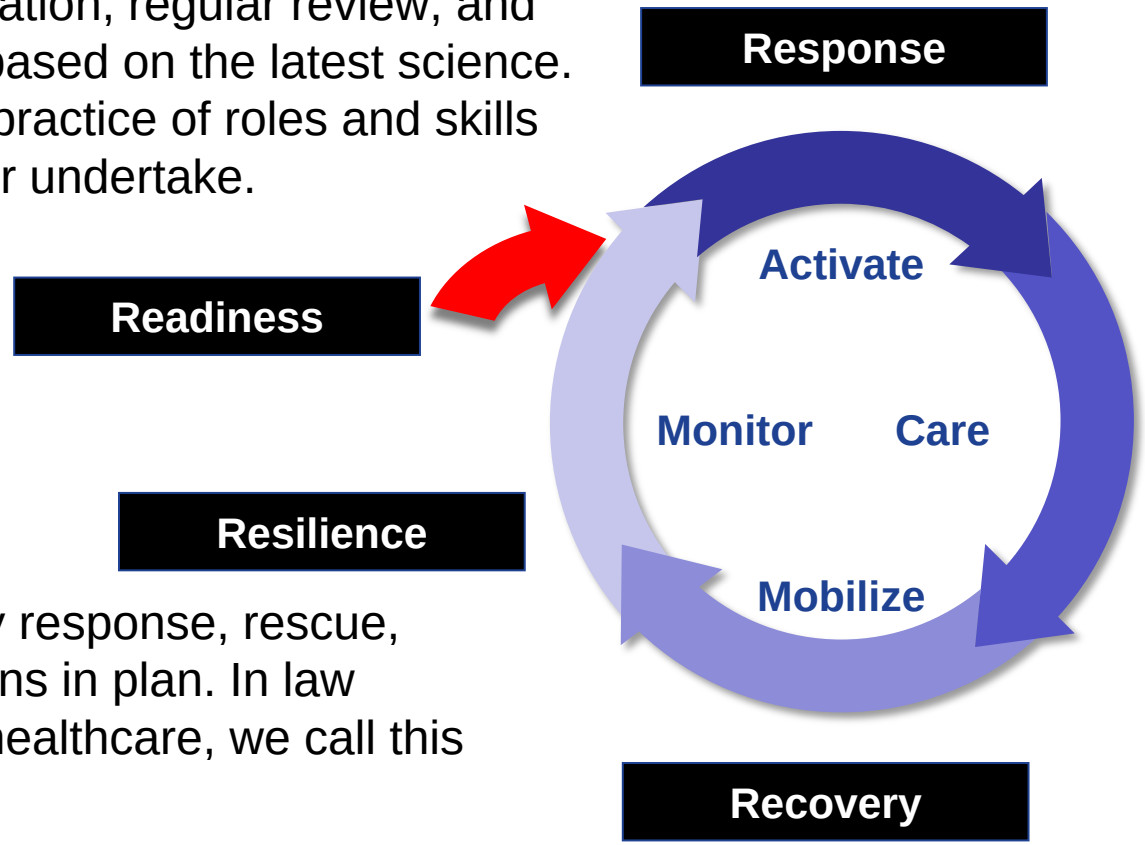


Family Health Safety Plans

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.

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



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

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

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

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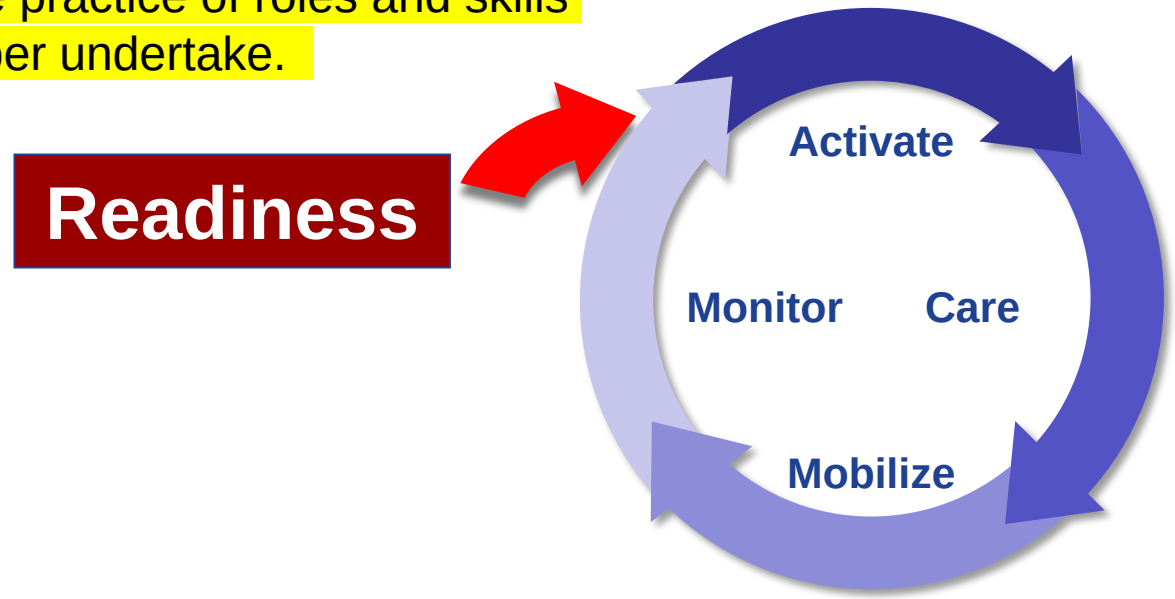

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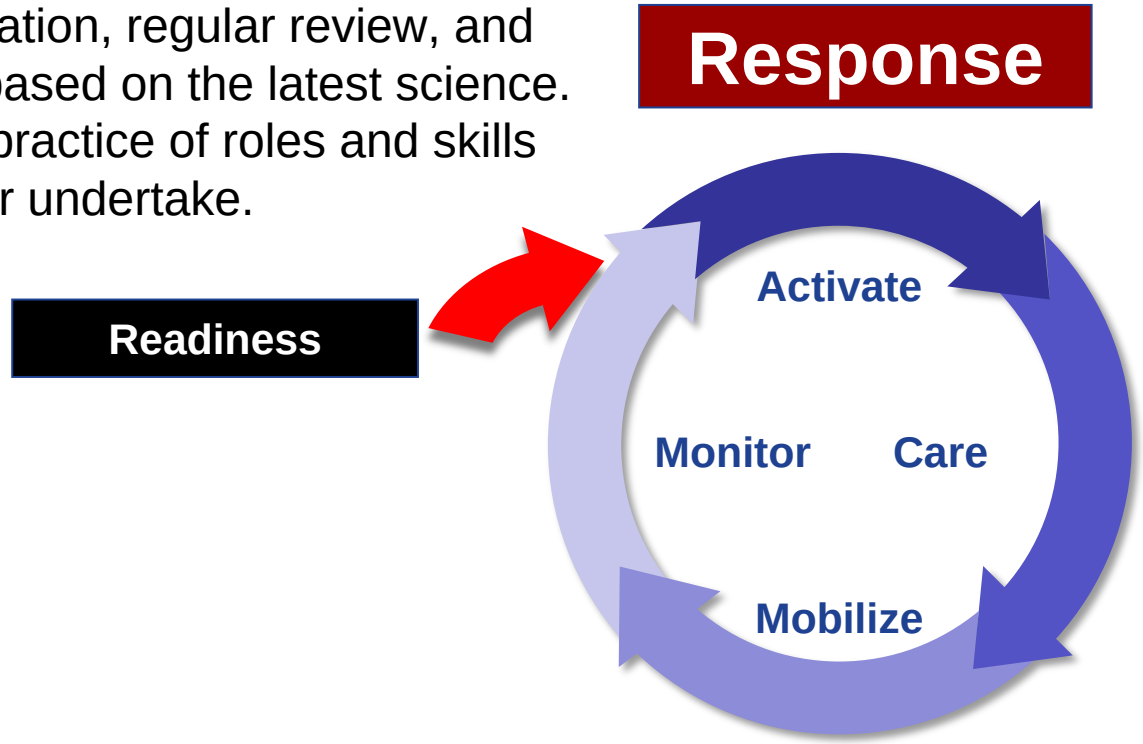

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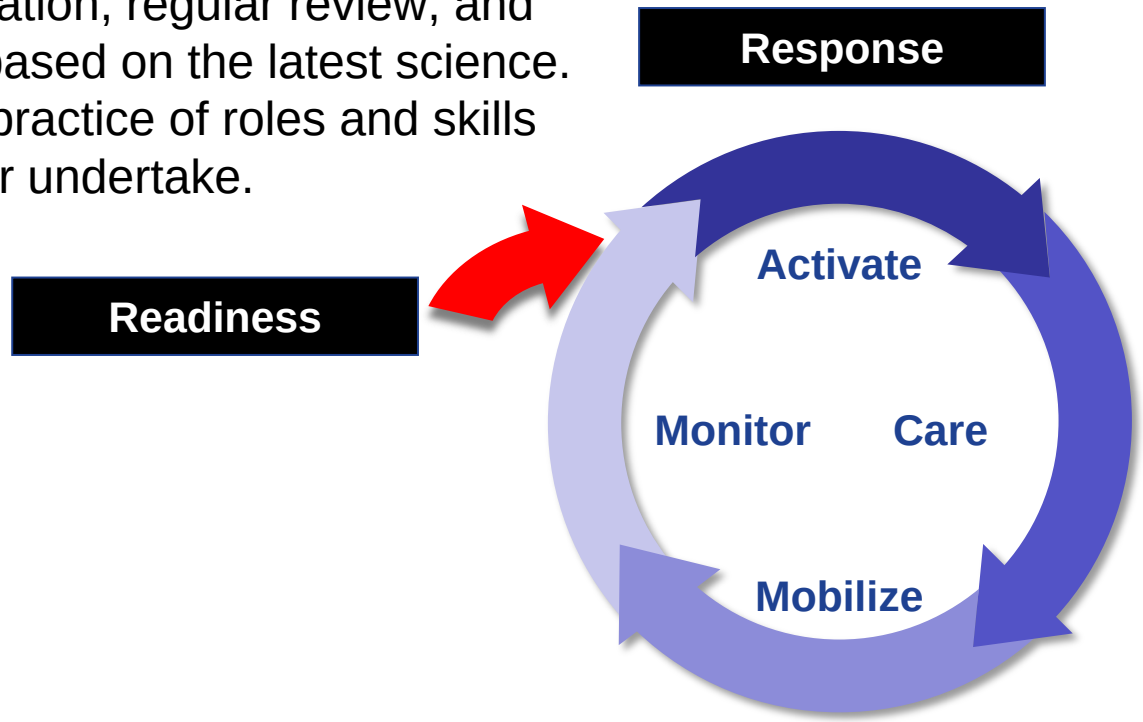

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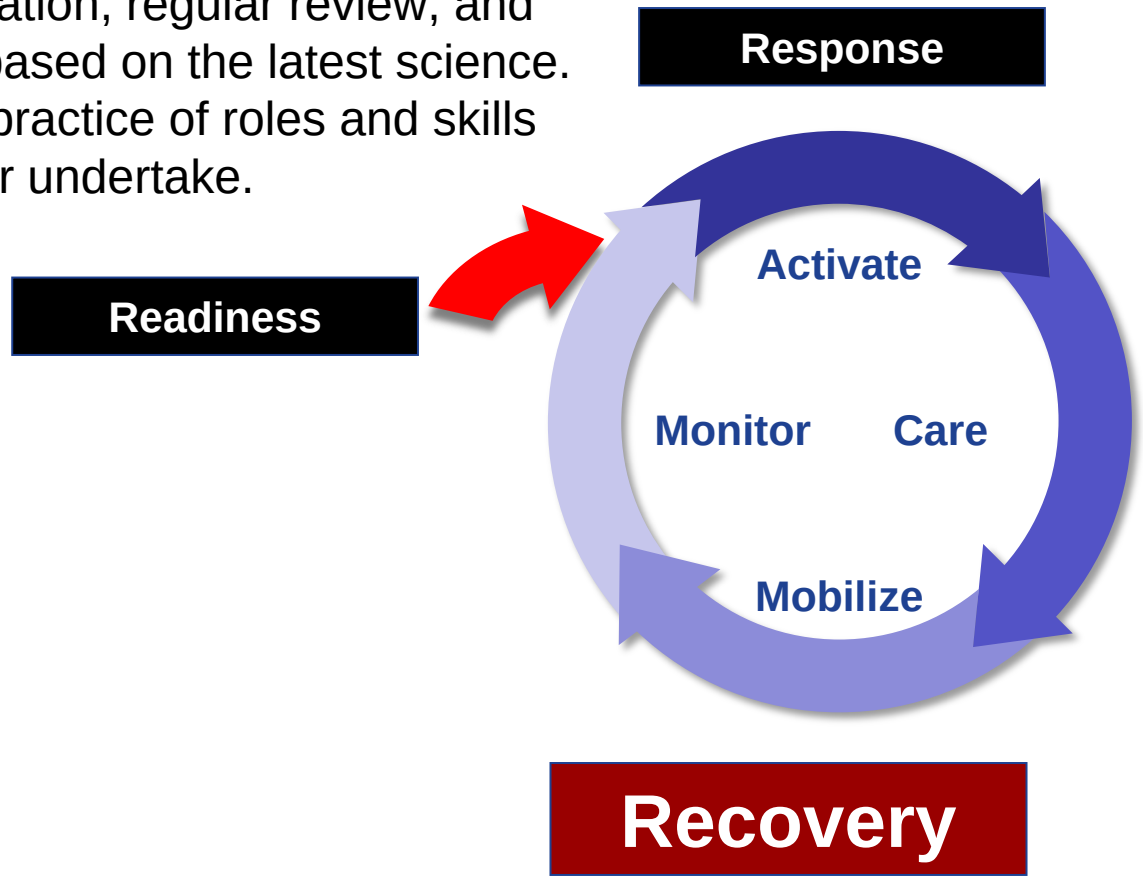

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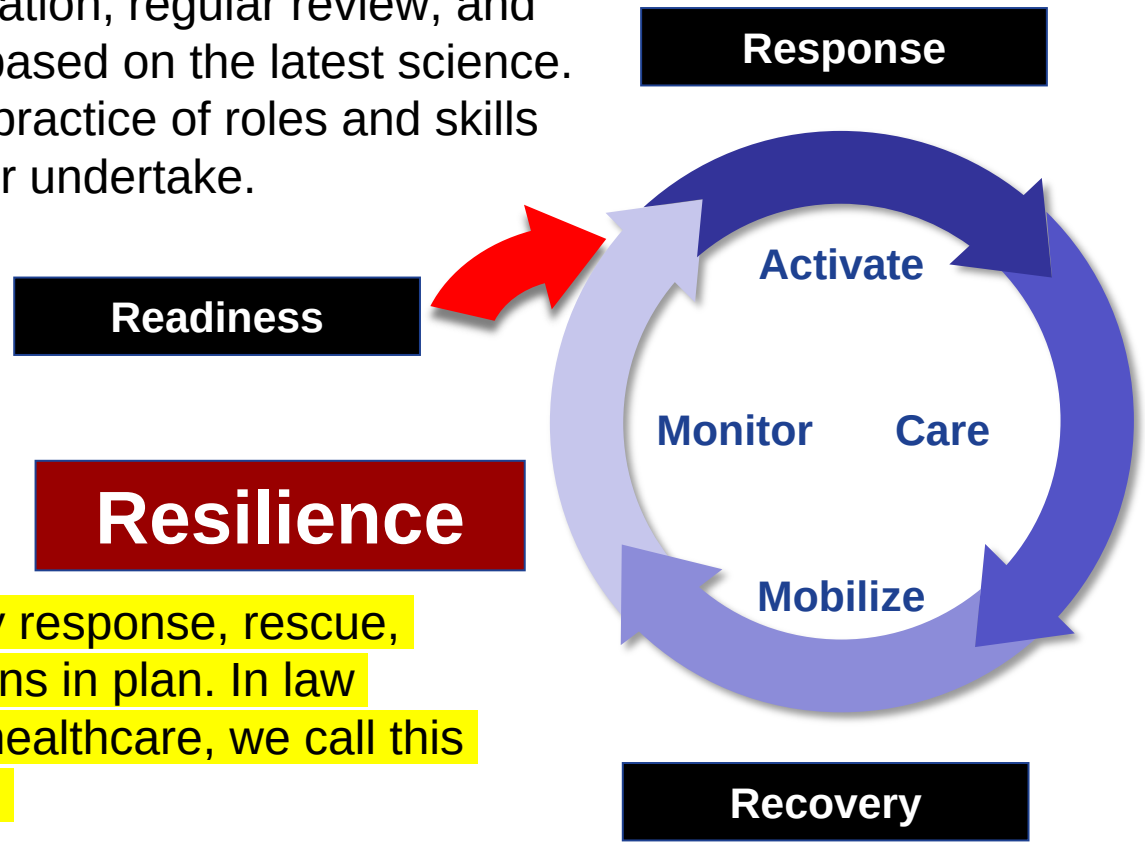

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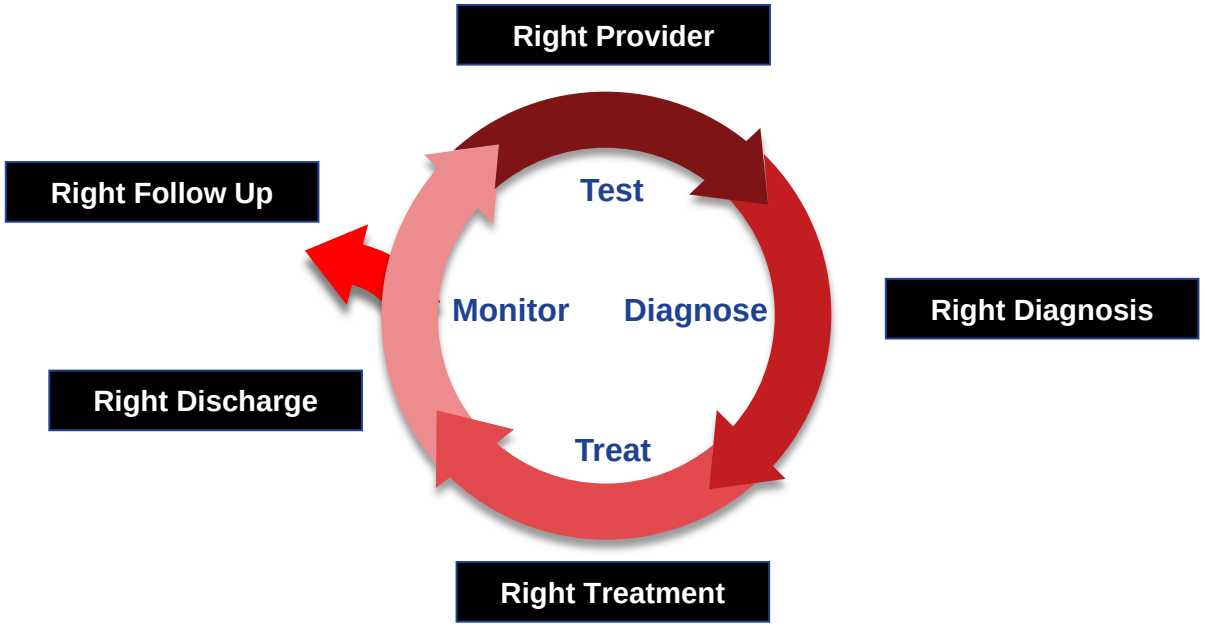
The 5 Rights of Emergency Care™



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.

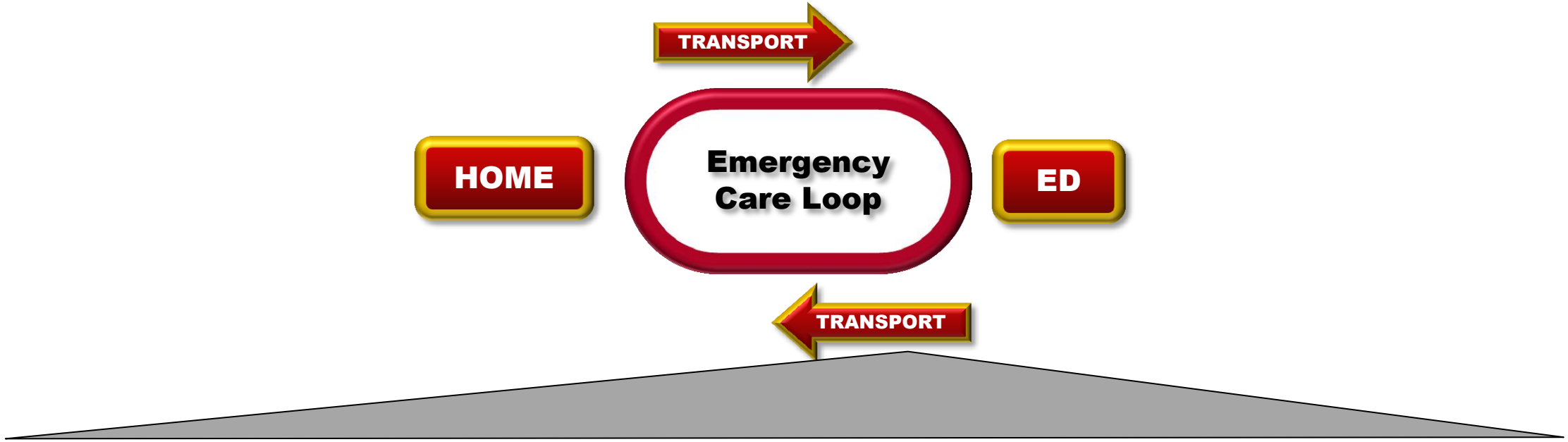
Right Treatment: It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

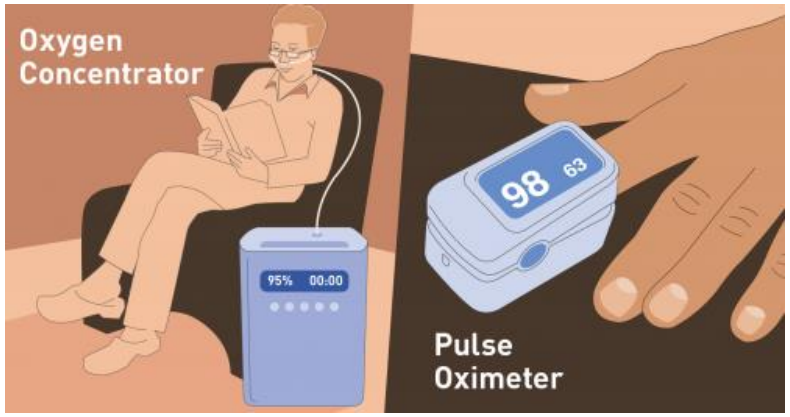
Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

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

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.

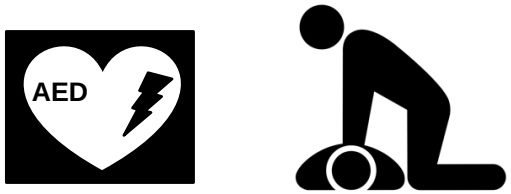
High Impact Care Hazards are conditions that are frequent, severe, preventable, and measurable. We have identified the leading causes of death that strike children, youth, and those in their workforce years. We provide evidence-based bystander care training that can have the greatest impact.

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

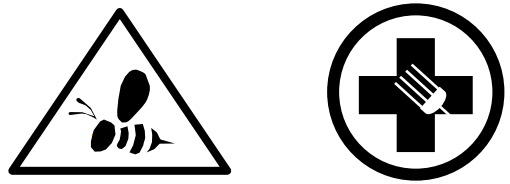
Cardiac Arrest



Choking & Drowning

Opioid OD & Poisoning

Anaphylaxis



Major Trauma

Infection Care

Transportation

Bullying

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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Med Tac Bystander Rescue Care

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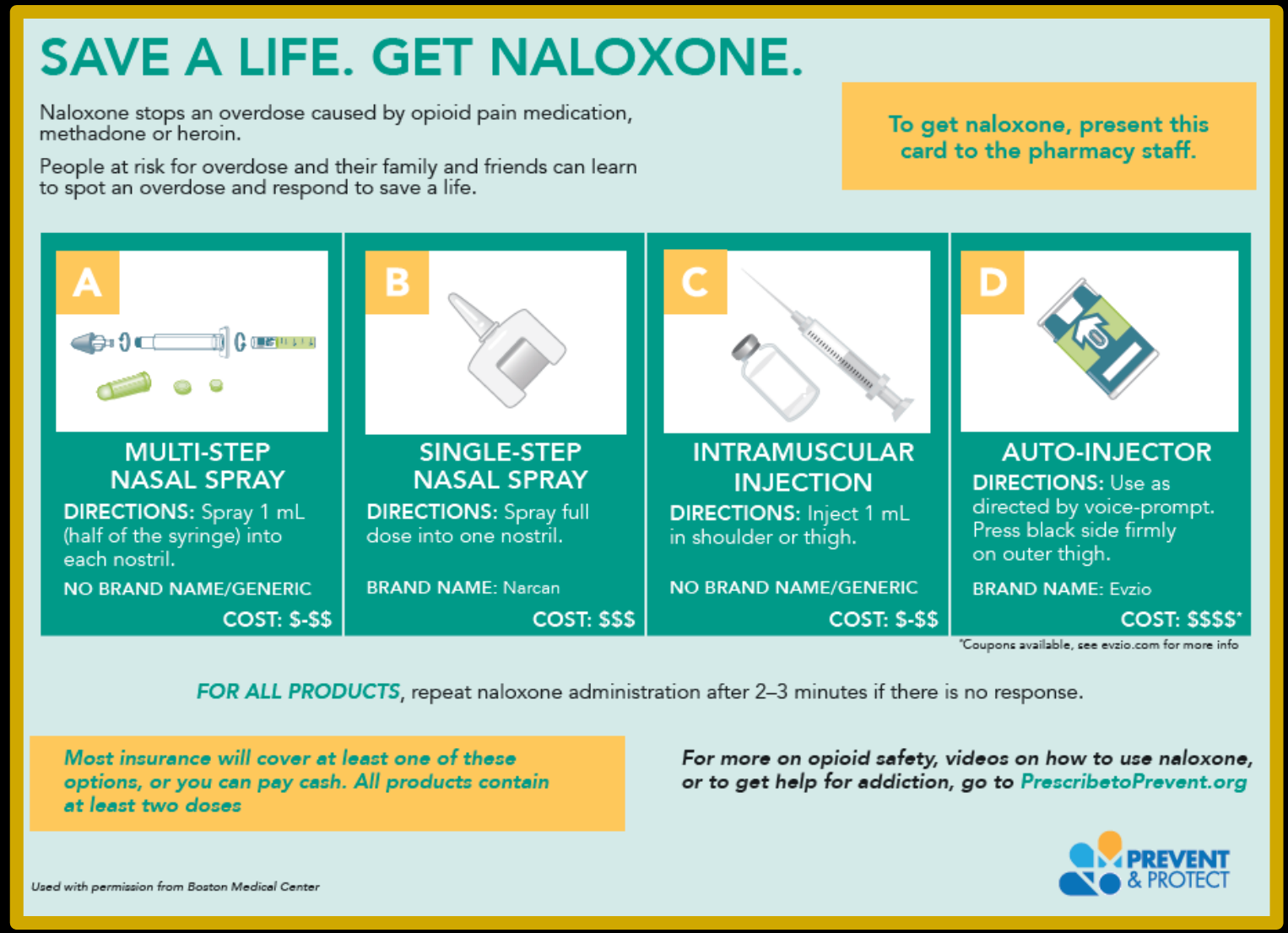


SAVE A LIFE. GET NALOXONE.

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.

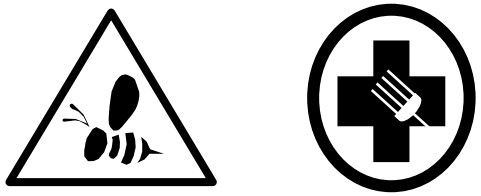
Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses

For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to PrescribetoPrevent.org

PREVENT & PROTECT

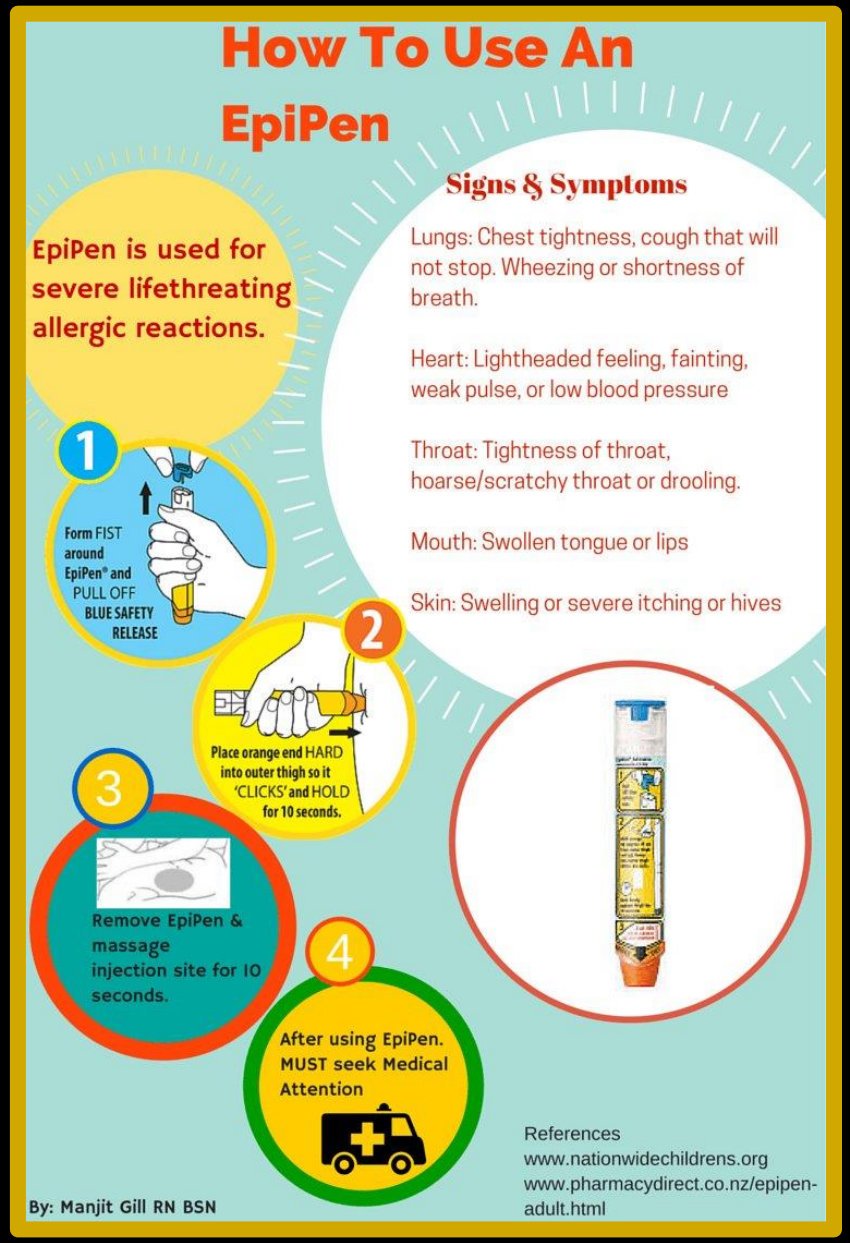
Used with permission from Boston Medical Center

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.

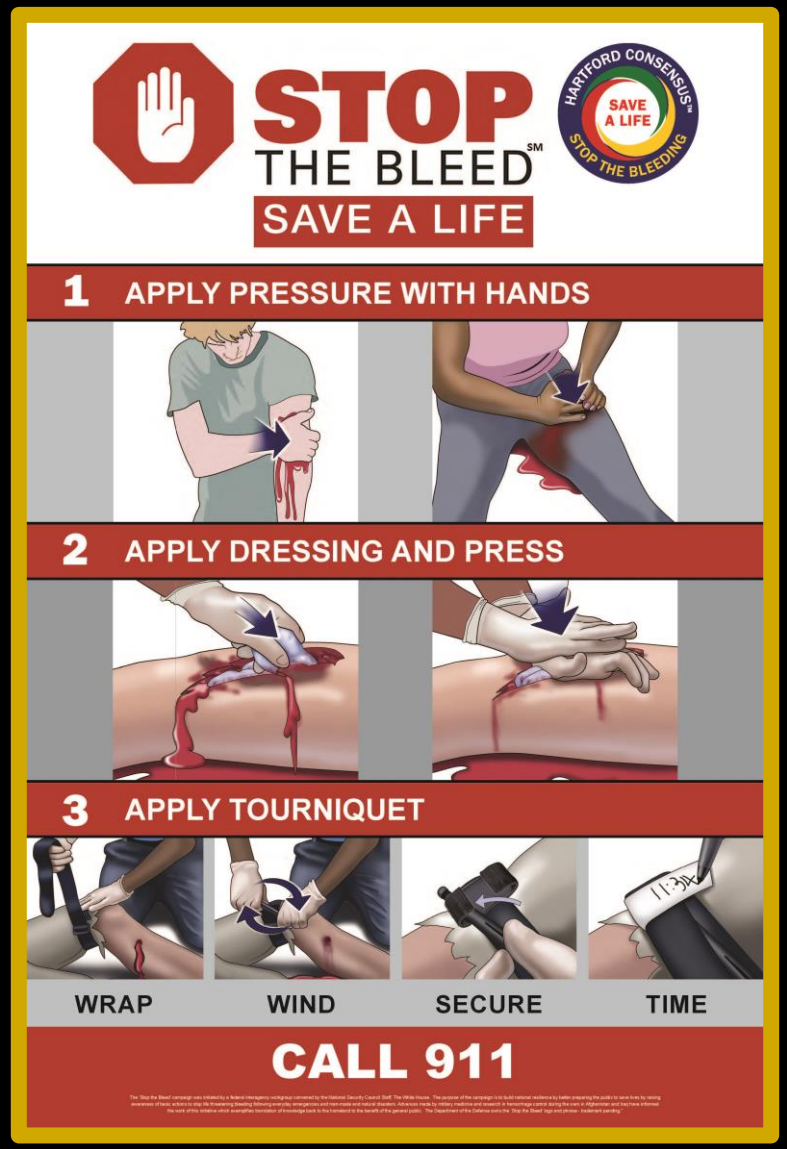
Possible Lives Saved in the US: 1 per day



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

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.