

Safer Holidays Safer Families

Family Survive & Thrive Guide™



Coronavirus Care
Community of Practice

Bystander Rescue Care
CareUniversity Series

Welcome



Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

Med Tac Bystander Rescue Care
November 4, 2021

CareUniversity Webinar 174

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Med Tac Bystander Rescue Care



Coronavirus Care
Community of Practice

Bystander Rescue Care
CareUniversity Series

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.



CAREUNIVERSITY®

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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. Bots, 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 Shaita 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.

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Med Tac Bystander Rescue Care

The screenshot shows the Med Tac website interface. The main heading is "Safer Holidays & Safer Families: Family Survive & Thrive Guide". Below this, there is a "Session Overview" section with bullet points:

- How do we make an online registration?
- How do we manage a family during a pandemic?
- How do we make a safer holiday for the elderly?
- What are the top 10 COVID-19 prevention strategies?
- What if you have a family member who is immunocompromised?
- What if you have a family member who is a caregiver?
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- What if you have a family member who is a caregiver?

 To the right, there is a "Session Speakers and Panelists" section with 12 small portraits of speakers, including names like Charles Swanson, MD, Robert Kater, MD, MBA, FACP, FACP, and others. At the bottom, the website URL www.MedTacGlobal.org is displayed in a yellow box.

MED TAC Global **Coronavirus Care Community of Practice** **Bystander Rescue Care CareUniversity Series**

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

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MED TAC Global **Coronavirus Care Community of Practice** **Bystander Rescue Care CareUniversity Series**

Speakers & Reactors

Speakers and Reactors listed include:

- Jennifer Dingman
- Robert Katzer
- Dr. Gregory Botz
- Dr. Brittany Barto
- William Adcox
- Heather Foster RN
- Charlie Denham II
- John Nance JD
- David Morris PhD JD
- Gunita Singh JD
- Paul Bhatia EMT
- David Beskh
- Dr. C Denham

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MED TAC Global **High Impact Care Hazards to Patients, Students, and Employees**


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

High Impact Care Hazards to Patients, Students, and Employees

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


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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 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.



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Safer Holidays Safer Families







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Safer Holidays Safer Families



What's New for 2022?

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




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Safer Holidays Safer Families



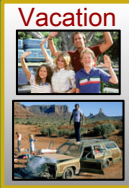
Family Transmission

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



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Safer Holidays Safer Families



The Family Plan

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

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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 Holidays Safer Families



Safer Singles & Seniors

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

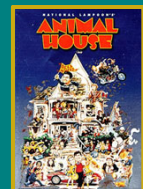
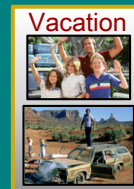


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What's New for 2022?

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



COVID-19 Risk Index

Risk levels for exposure vary based on four main factors:

- Enclosed space
- Duration of interaction
- Crowds
- Forceful exhalation

When near people, wear a mask

Low / Medium

- Walking outdoors
- Running or biking
- Shopping at a store
- Picking up laundry
- Visiting a park
- Visiting a library
- Visiting a museum
- Visiting a restaurant
- Visiting a bar
- Visiting a cafe
- Visiting a coffee shop
- Visiting a museum
- Visiting a restaurant
- Visiting a bar
- Visiting a cafe
- Visiting a coffee shop

Medium / High

- Exercising at a gym
- Visiting hospitals
- Medical office visit
- Working in an office
- Visiting a bar
- Visiting a cafe
- Visiting a coffee shop
- Visiting a museum
- Visiting a restaurant
- Visiting a bar
- Visiting a cafe
- Visiting a coffee shop

High

- Bars and nightclubs
- Indoor party
- Public transportation
- Air travel
- Religious services
- Source Theater or the Theater
- Washing coats

REOPEN INTELLIGENTLY. REOPEN SAFELY.

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Survive & Thrive Guide:

COVID-19 Know Your Risk During COVID-19

On a scale of 1 to 10, how risky is...

1	Opening the mail	LOW RISK
2	Sitting in a car or train	LOW RISK
3	Playing games	LOW RISK
4	Playing tennis	LOW RISK
5	Going to work	LOW RISK
6	Visiting a park	LOW RISK
7	Going for a walk, run, or bike ride with others	LOW RISK
8	Playing golf	MODERATE RISK
9	Playing at a mall or home theater	MODERATE RISK
10	Sitting in a doctor's waiting room	MODERATE RISK
11	Sitting in a library or museum	MODERATE RISK
12	Eating in a restaurant (indoor)	MODERATE RISK
13	Working in a busy downtown	MODERATE RISK
14	Spending time at a shopping mall	MODERATE RISK
15	Having dinner at someone else's house	MODERATE RISK
16	Attending a religious service	MODERATE RISK
17	Attending a wedding or funeral	MODERATE RISK
18	Shopping in a mall	MODERATE RISK
19	Sending kids to school, camp, or day care	MODERATE RISK
20	Working in a bank or office building	MODERATE RISK
21	Swimming in a public pool	MODERATE RISK
22	Working in a library, museum or hotel or other venue	MODERATE RISK
23	Going to an indoor sports or entertainment venue	MODERATE RISK
24	Eating in a restaurant (indoor)	MODERATE RISK
25	Attending a wedding or funeral	MODERATE RISK
26	Shopping in a mall	MODERATE RISK
27	Playing basketball	MODERATE RISK
28	Playing tennis	MODERATE RISK
29	Playing or watching hands when grilling a food	MODERATE RISK
30	Eating at a buffet	MODERATE RISK
31	Working out at a gym	MODERATE RISK
32	Going to an amusement park	MODERATE RISK
33	Going to a movie theater	MODERATE RISK
34	Attending a religious service	MODERATE RISK
35	Going to a sports stadium	MODERATE RISK
36	Attending a religious service with WHO members	MODERATE RISK
37	Going to work	HIGH RISK

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%

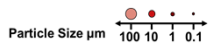
Mask Reduction of Airborne Transmission

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.

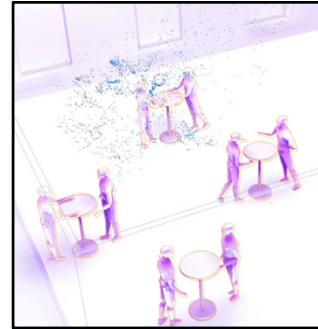
DROPLETS will undergo gravitational settling faster than they evaporate, contaminating high contact surfaces and leading to contact transmission.



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

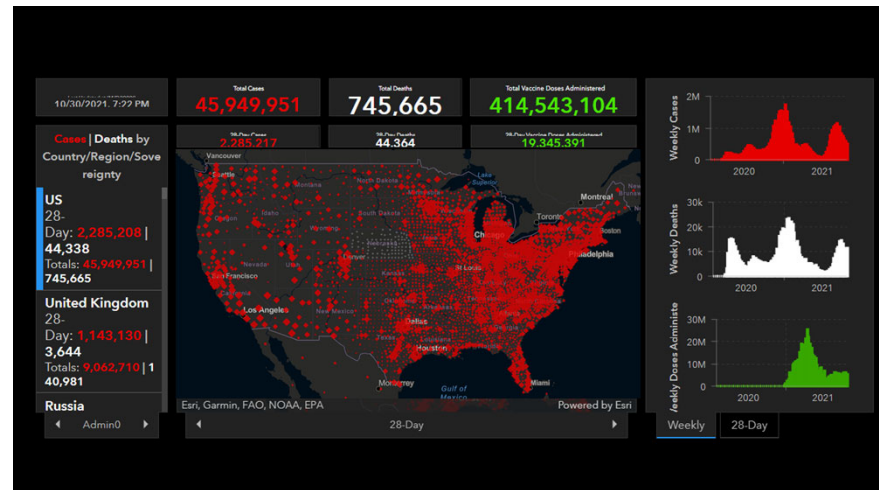
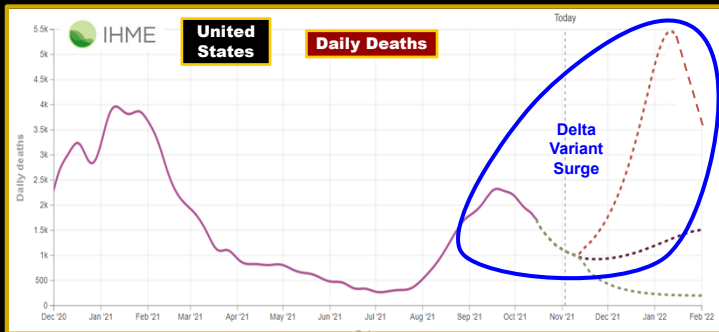
Washington Post Video

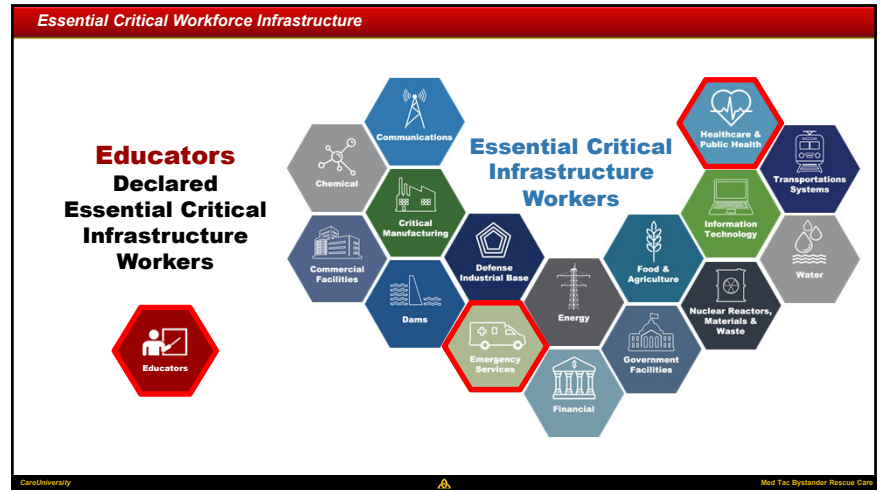
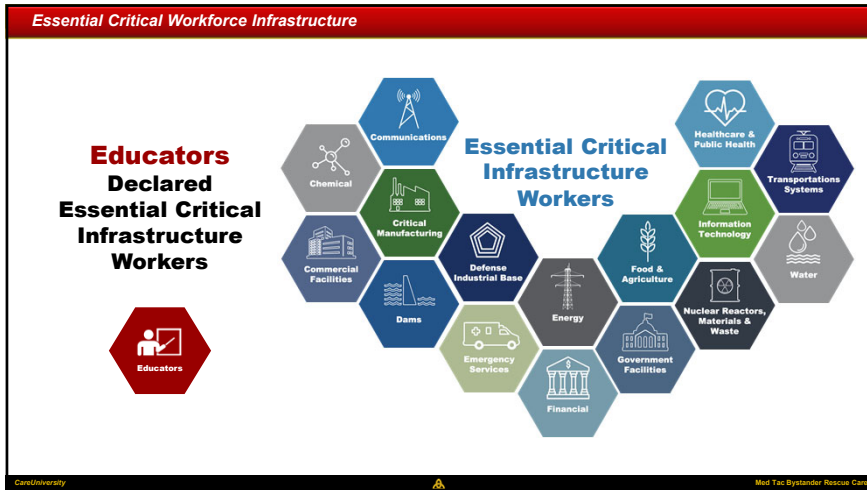
Infrared video shows the risks of airborne coronavirus spread



<https://www.youtube.com/watch?v=xEp-SdqI9AU>

U.S. COVID Deaths





Firefighter Family Care



Essential Critical Workforce Infrastructure

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>

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Law Enforcement Family Care



**Bystander
Rescue Care**

Essential Critical Workforce Infrastructure

NFPA
JOURNAL
The magazine of the
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RESEARCH Report: On-Duty Firefighter Fatalities in 2020



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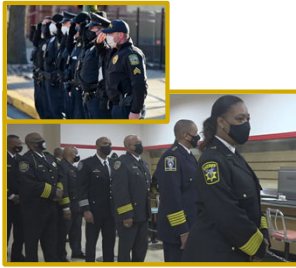
As many as 65% of firefighter calls are medical calls with 4% as fire calls.

<https://www.nfpa.org/News-and-Research/Publications-and-media/NFPA-Journal2021/Winter-2021/Reports/FF-Deaths-2020>

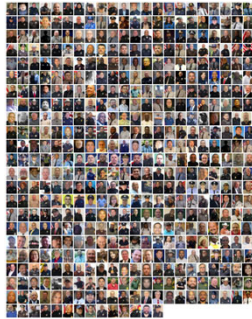
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Five times as many police officers have died from Covid-19 as from gunfire since start of pandemic

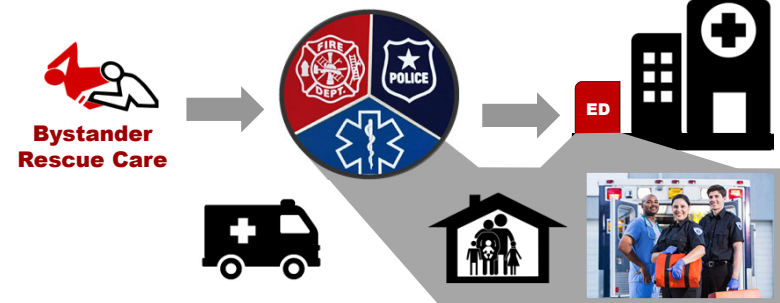


The coronavirus has become the leading cause of death for officers despite law enforcement being among the first groups eligible to receive the vaccine at the end of 2020. The total stands at 476 Covid-19 related deaths since the start of the pandemic, compared to 94 from gunfire in the same period.

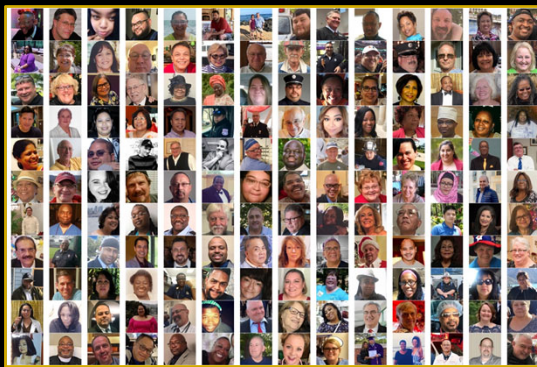


<https://www.cnn.com/2021/10/16/us/police-vaccine/index.html>

EMS & ED Caregiver Family Care



Healthcare Worker Deaths from COVID-19



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

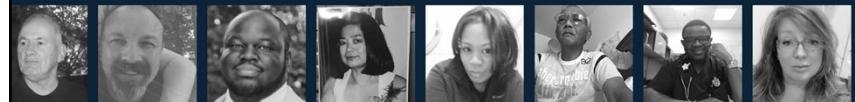
Healthcare Worker Deaths from COVID-19

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>

922

US healthcare worker deaths under investigation by the Guardian and KHN. Did they have to die?

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 Profited 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-us/>

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Healthcare Worker Death Breakdown



Source: INSERT

38

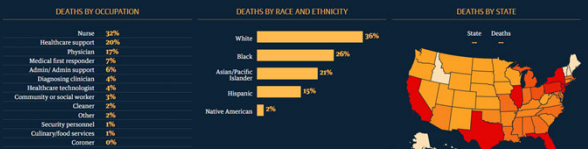
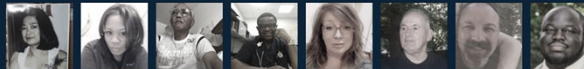
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Safer Holidays Safer Families: Family Survive & Thrive Guide

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?



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

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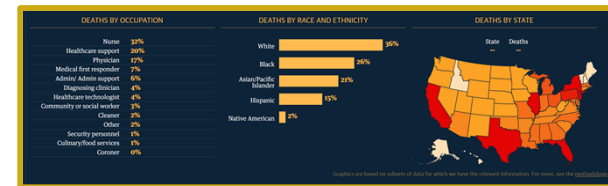


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Did they have to die?

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



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

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EducationWeek

09-03-21

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

Educators Declared Essential Critical Infrastructure Workers



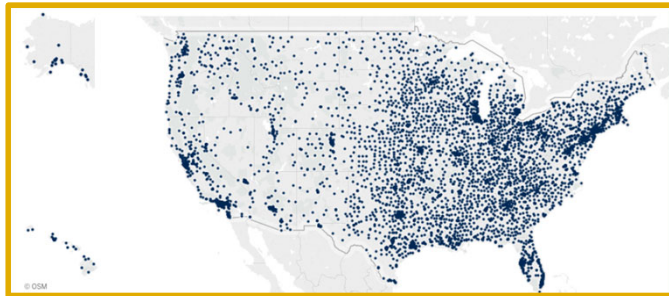
<https://www.edweek.org/teaching-learning/we-feel-your-grief-remembering-the-1-000-plus-educators-who-died-of-covid-19/2021/09>

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
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 John Nance JD	 Dr. Gregory Botz	 Chief William Adcox	 Heather Foster	 Dr. Charles Denham	 Dr. Casey Clements	 Beth Ullen	 Dr. McDowell	 Dennis Quaid	 Preston Head III
 Fred Haise	 Dr. Steve Swenson	 Tyler Sant	 Avario Pettit	 Dr. Mary Foley	 Bob Chapman	 Perry Bechtlo III	 Becky Martins	 Betsy Denham	 Charlie Denham III
 Dr. C Peabody	 Dr. Chris Fox	 Randy Styner	 Tom Renner	 David Beahk	 Ann Rhoades	 Nancy Conrad	 Dr. Chopra	 John Little	 Debbie Medina

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 Matt Horace	 John Tomlinson	 Dan Ford	 Ariene Salamendra	 Jennifer Dingman	 Bill George	 Penny George	 Hilary Schmidt PhD	 Paul Bhatia EMT	 Dr. McDowell
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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
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**Chasing
the Zero**



**Surfing
the Healthcare Tsunami**




**3 Minutes & Counting
Bystanders Care!**

CareUniversity
Med Tac Bystander Rescue Care


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

Family Rescue R&D




The 5 R's of Safety


MAYO CLINIC




**Stanford
University**




**HARVARD
UNIVERSITY**




UCSF
University of California
San Francisco




UCI




**UF UNIVERSITY OF
FLORIDA**



**UT Southwestern
Medical Center**



**USC University of
Southern California**



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1,000 Family Household Study

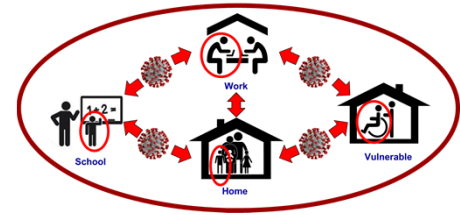
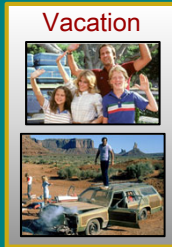
Safer Holidays Safer Families



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

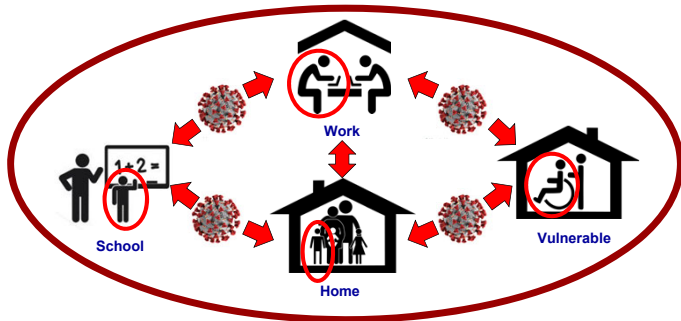


Family Transmission Chains



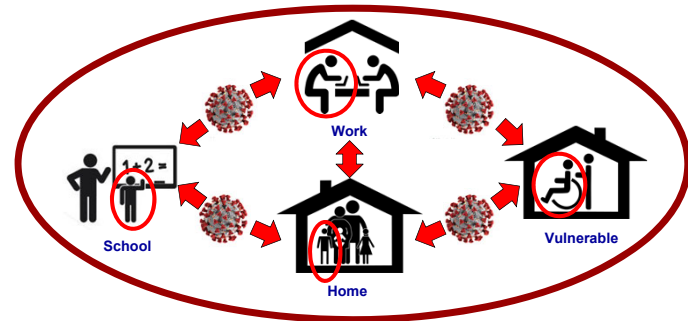
Survive & Thrive Guide:

Family Transmission Chains

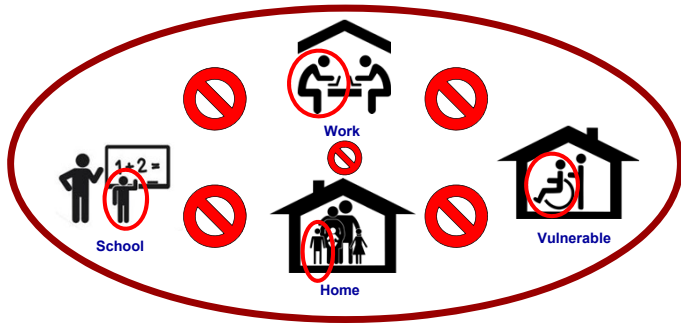


Survive & Thrive Guide:

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.

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

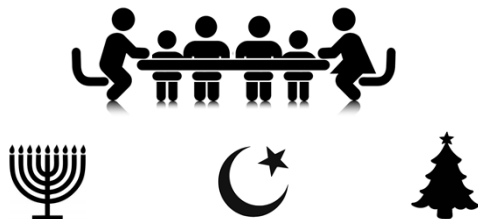
Recovery: Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine."



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.

Safer Gatherings Safer Families



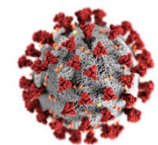
Coronavirus Care Community of Practice

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An Update on Children



Dr. Brittany Barto-Owens
Community Pediatrician
Med Tac Advisor
Coronavirus Care
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Coronavirus Care
Community of Practice

Bystander Rescue Care
CareUniversity Series

The Chief Family Officer & Family Lifeguard Program



David Beshk

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



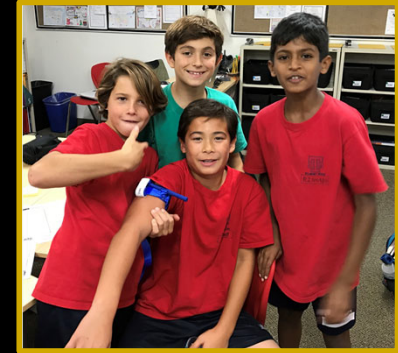
Charles R. Denham III

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

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Med Tac Bystander Rescue Care



Med Tac Rescue Stations



Soaring Eagle Award

Soaring Eagle Awards:
David Beshk
Danny Policichichio

Lives Saved by Med Tac
Bystander Rescue Care
Trainers in Community



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

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Family Lifeguard

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

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Survive & Thrive Guide: Protecting Your Family

CDC Guidelines: The 4 Pillars

6 ft

Social Distancing

Hand Washing

Disinfecting Surfaces

Use of Masks

SOURCE: Centers for Disease Control

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Family Lifeguard

Holidays, Spring Break, Ski Week, and Vacations

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Family Lifeguard

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:

- Show up to Clean Up - Optimize
- 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

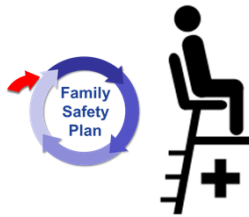
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MED + TAC Global

Coronavirus Care Community of Practice

Bystander Rescue Care CareUniversity Series

Holiday Huddle and Play Dates



Dr. Brittany Barto-Owens

Community Pediatrician
Med Tac Advisor
Coronavirus Care
Community of Practice



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Family Lifeguard

CDC Centers for Disease Control and Prevention
COVID-19: Saving Lives. Protecting People.

COVID-19

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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Family Lifeguard

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

COVID-19

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

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Speakers & Reactors

 Jennifer Dingman	 Robert Katzer	 Dr. Gregory Botz	 Dr. Brittany Barto	 William Adcox	 Heather Foster RN	 Charlie D'Erham II
 John Nance JD	 Dr. C Peabody	 Gunita Singh JD	 Paul Bhatia EMT	 David Beshk	 Dr. C Denham	

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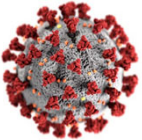
A Message to Essential Worker Families

 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
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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	
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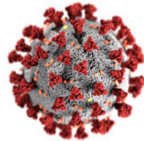


Our Message to Families



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.

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

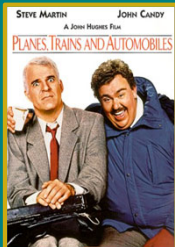
Recovery: Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine."



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.

Planes, Trains, and Automobiles

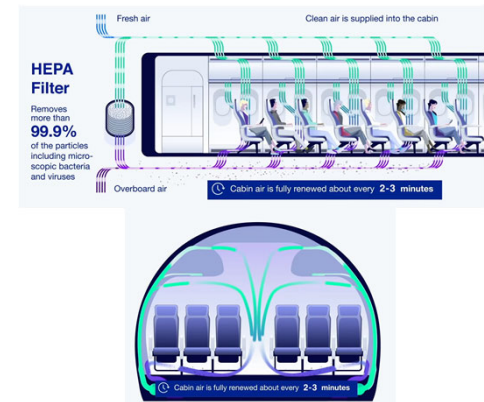


Robert Katzer MD MBA
Emergency Medicine
University of California Irvine

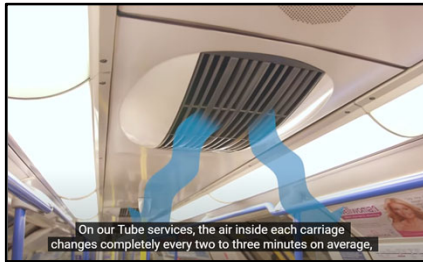
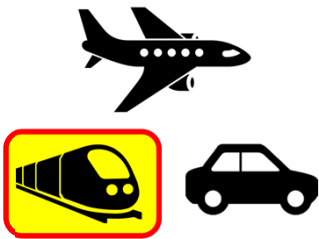


Planes, Trains, and Automobiles

Air Flow Science

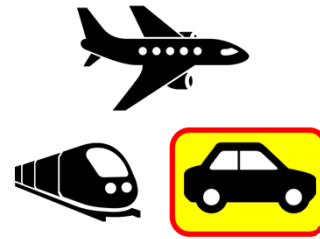


Air Flow Science



On our Tube services, the air inside each carriage changes completely every two to three minutes on average.

Air Flow Science



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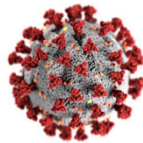
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Keeping Your Family COVID Free in Transit



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



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

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Lecture Overview

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



Image: fandango.com

3

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

4

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

- ✓ 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?

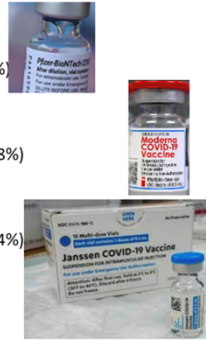


Image: dailymail.com

5

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%)



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 COVID 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



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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

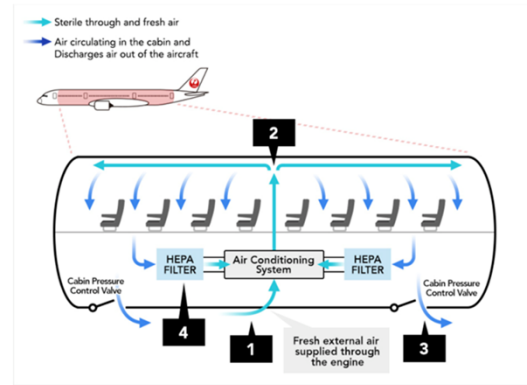
13

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 as clean as all fresh air would be from a covid standpoint.
- ✓ Aircraft are considered lower risk than other shared public transportation as a result.

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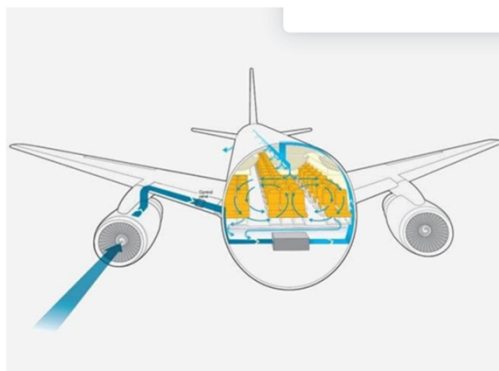
Air Circulation Aboard Commercial Aircraft



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Image: <https://www.jal.co.jp/en/info/2020/02/other/200402/>

Air Circulates Vertically and not Horizontally



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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

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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 increase 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

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Inflight Infection Mitigation Conclusions

- ✓ Air travel "safer" than bus or train travel
- ✓ Wear masks as much as tolerated (Multilayer better than, 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

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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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Survive & Thrive Guide:

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

Low

- Walking outdoors (Avoid or wear a mask)
- Burning or biking (Avoid or wear a mask)
- Staying at home (Avoid or wear a mask)
- Picking up takeout food, coffee, or groceries from stores (Avoid or wear a mask)
- Outdoor picnic or park setting (Avoid or wear a mask)
- Grocery shopping (Avoid or wear a mask)
- Retail shopping (Avoid or wear a mask)

Low / Medium

- Playing "distanced" sports outside (Avoid or wear a mask)
- Medical office visit (Avoid or wear a mask)
- Denist appointment (Avoid or wear a mask)
- Taking a test or a ride-sharing service (Avoid or wear a mask)
- Museum (Avoid or wear a mask)
- Outdoor restaurant dining (Avoid or wear a mask)

Medium

- Visiting hospital emergency dept (Avoid or wear a mask)
- Medical office visit (Avoid or wear a mask)
- Working in an office (Avoid or wear a mask)
- Indoor restaurant or coffee shop (Avoid or wear a mask)

Medium / High

- Exercising at a gym (Avoid or wear a mask)
- Health salon and barber/shops (Avoid or wear a mask)
- Air travel (Avoid or wear a mask)
- Concert (Avoid or wear a mask)
- Movie theater or live theater (Avoid or wear a mask)

High

- Indoor party (Avoid or wear a mask)
- Playing contact sports (Avoid or wear a mask)
- Public transportation (Subway or bus) (Avoid or wear a mask)
- Religious services (Avoid or wear a mask)
- Washing sports (Avoid or wear a mask)

REOPEN INTELLIGENTLY. REOPEN SAFELY.

Source: Ezekiel J. Emanuel, MD, PhD, Perelman School of Medicine at the University of Pennsylvania / James P. Phillips, MD, EMT-T, George Washington University / Sanku 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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Medical Power of Attorney

Smartphone ICE Notification

Know Emergency Providers

Medical Record Access

The 5 Rights of Medical Records™

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Checklist for Singles & Seniors

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Air Medic, San Bernardino Sheriff Air Rescue Team
Medical Director, City of Anaheim, Fire and Rescue

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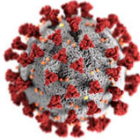
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The In Case of Emergency Checklist A Lawyer's Perspective



Gunita Singh JD
 Staff Attorney
 Reporters Committee
 For Freedom of the Press
 Georgetown University
 Law Center Alumna



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Heather Foster RN



Charlie D'erham II



John Nance JD



David Morris PhD JD



Gunita Singh JD



Paul Bhatia EMT



David Beshk




Dr. C Denham

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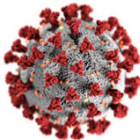
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Voice of the Patient



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



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Fight the Good Fight

Finish the Race

Keep the Faith

CareUniversity Med Tac Bystander Rescue Care

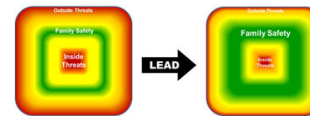
Additional Resources

Keeping Our Kids Safe: Steps 1-4

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



Reduce Family Vulnerability



STEP 1: Identify Each Family Member's Threat Profile

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

STEP 2: Identify and Follow Local Coronavirus Threats

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

STEP 3: Develop a Family Safety Plan

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

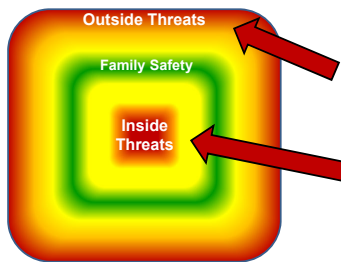
STEP 4: Plan the Flight and Fly the Plan

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

Survive & Thrive Guide: Protecting Your Family

STEP 1: Identify Each Family Member Threat Profile

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



Family Unit Threat Profile:

Outside Threats from Community

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

Inside Threats to Family – Home and Conditions

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

Survive & Thrive Guide: Protecting Your Family

STEP 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.

Survive & Thrive Guide: Protecting Your Family

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.
- 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.

Outside 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.

Inside Threats:

Reduce Vulnerability to Outside Threats:

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

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STEP 3: Develop a Family Safety Plan

Reduce Vulnerability

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

Reduce Vulnerability to Outside Threats:

- Produce a Medical Care Emergency Plan for the Children and Adults (5 Rights of Emergency Care).
- Safely see Pediatricians to maintain Vaccines.
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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.

Family Health Safety Plan

LEAD

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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.

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."

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.

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Survive & Thrive Guide: Protecting Your Family

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

Activate
Monitor Care
Mobilize

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Survive & Thrive Guide: Protecting Your Family

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Readiness

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Readiness

Response

Rescue

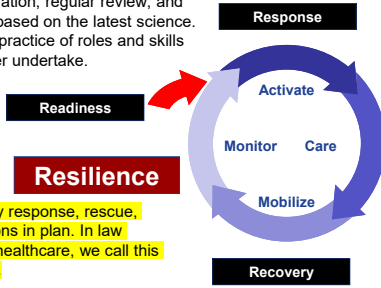
Recovery

Activate
Monitor Care
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Family Health Safety Plans

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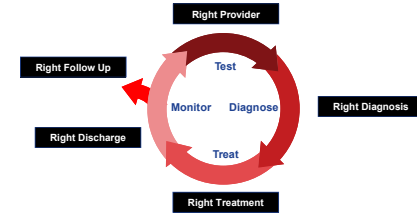
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Rescue: Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

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.

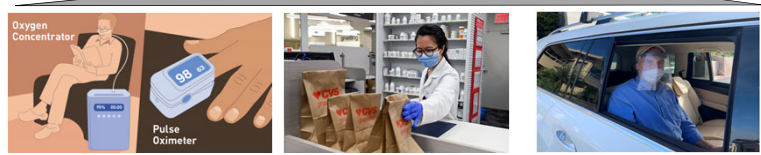
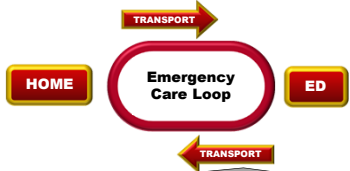
Right Treatment: It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

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



<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 

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The Solution: Bystander Rescue Care

Cardiac Arrest   <p>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. <i>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.</i></p>	Choking & Drowning   <p>Choking: More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable. <i>Possible Lives Saved in the US: 13 per day</i></p> <p>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. <i>Possible Lives Saved in the US: 8 per day</i></p>	Opioid OD & Poisoning  <p>Opioid Overdose and Poisoning: An exploding opioid OD crisis is gripping our nation with a great toll on families. Naxson opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention. <i>Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.</i></p>	Anaphylaxis   <p>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. <i>Possible Lives Saved in the US: 1 per day</i></p>
Major Trauma  <p>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. <i>Possible Lives Saved in the US: 1 per hour</i></p>	Infection Care  <p>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. <i>Possible Lives Incalculable</i></p>	Transportation  <p>Nontraffic-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. <i>Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.</i></p>	Bullying  <p>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. <i>Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.</i></p>

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Cardiac Arrest





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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.

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.

Step 3




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

Step 4



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.

American Heart Association


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Choking & Drowning



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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



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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.

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: \$-55	B SINGLE-STEP NASAL SPRAY DIRECTIONS: Spray full dose into one nostril. BRAND NAME: Narcan COST: \$55	C INTRAMUSCULAR INJECTION DIRECTIONS: Inject 1 mL in shoulder or thigh. NO BRAND NAME/GENERIC COST: \$-55	D AUTO-INJECTOR DIRECTIONS: Use as directed by voice prompt. Press black side firmly on outer thigh. BRAND NAME: Evzio COST: \$555*
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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



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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 life-threatening 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, hoarseness/strawly throat or drooling
- Mouth: Swollen tongue or lips
- Skin: Swelling or severe itching or hives

1. REMOVE CAP & HOLD EPIPEN AT ANGLE
2. REMOVE CAP & PRESS AGAINST THIGH
3. REMOVE EPIPEN & MASSAGE INJECTION SITE FOR 10 SECONDS
4. AFTER USING EPIPEN, MUST SEEK MEDICAL ATTENTION

References: www.naloxone4all.org, www.pharmacistlife.com/equipen-advice.html

By: Pengli Gil M. BSN

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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

STOP THE BLEED SAVE A LIFE

1. APPLY PRESSURE WITH HANDS
2. APPLY DRESSING AND PRESS
3. APPLY TOURNIQUET

WRAP WIND SECURE TIME

CALL 911

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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.

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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.*



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Bullying



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