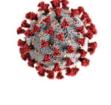
Omicron & Back to Work

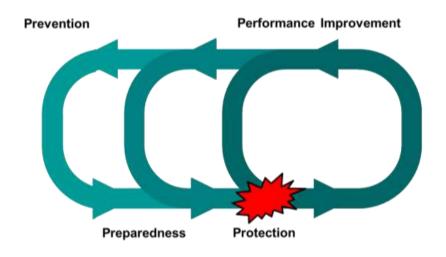
Family Survive & Thrive Guide







Turn Science into Safety_™



Welcome



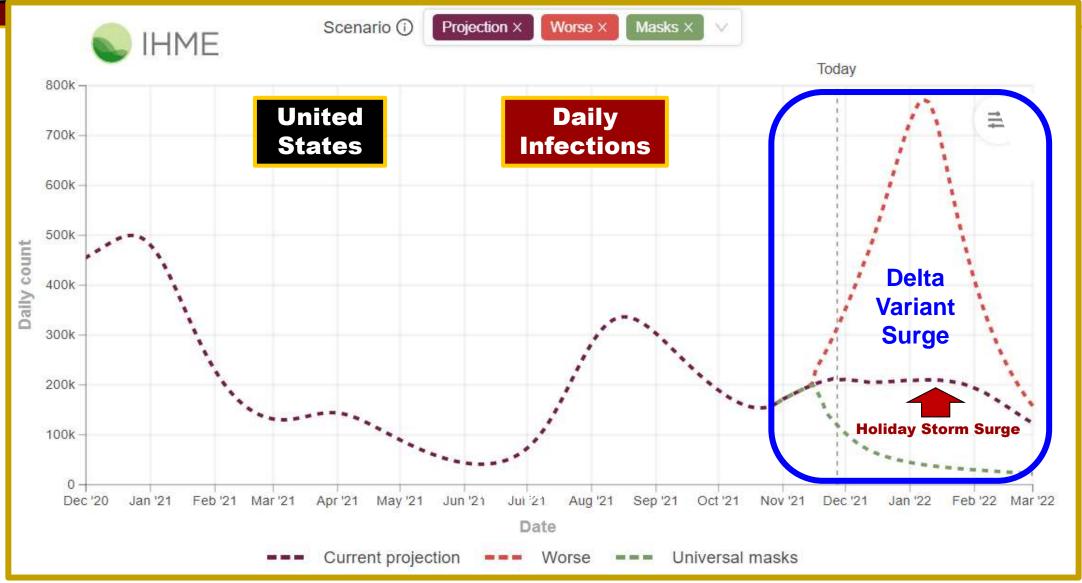
Charles Denham, MD

Chairman, TMIT Global Founder Med Tac Bystander Rescue Care

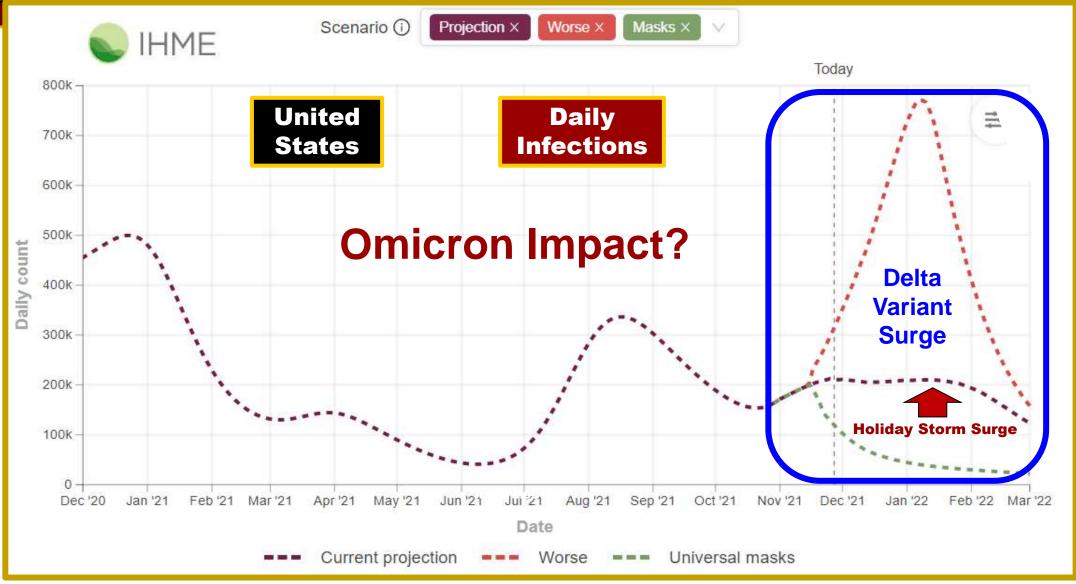
Med Tac Bystander Rescue Care December 2, 2021

CareUniversity Webinar 176

CareUniversity Series



CareUniversity Series



Omicron & Back to Work

- How should Omicron impact my plans?
- □ How should HR leaders plan for "return to work"?



- □ How do I make an at home hybrid model work?
- How do I plan for a Breakthrough Infection?
- □ Can I work at home if someone is in Isolation?
- □ What if someone has a close contact?





- □ How do we design a safer family gathering?
- How will Omicron impact my Family Safety Plan





What about Omicron?





Source: CNN Town Hall 12-01-21

Our Purpose, Mission, and Values



Our Purpose:

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

EMERGING THREATS
COMMUNITY OF PRACTICE

Our Mission:

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

CAREUNIVERSITY®

Our ICARE Values:

Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.



Disclosure Statement

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

- · Gregory H. Botz, MD, FCCM, has nothing to disclose.
- · William Adcox has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- · Heather Foster has nothing to disclose.
- Danny Polichicio has nothing to disclose.
- Sophia McDowell
- Paul Bhatia has nothing to disclose.
- Charlie Denham III has nothing to disclose.

No direct, indirect, or affiliated funding has been provided to support this program from healthcare pharmaceutical or device companies. The program has been funded by private family philanthropy.

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 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.



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

The slides will be posted here before the webiner begins:

Speaker Slide Set:



www.MedTacGlobal.org

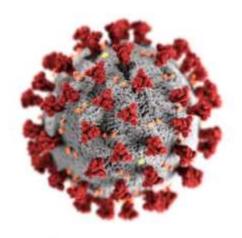


Voice of the Patient



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





Pete Conrad Global Patient Safety Award



Jennifer Dingman



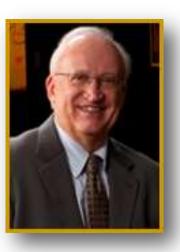
Mary Foley RN PhD



Becky Martins



Arlene Salamendra



Dan Ford

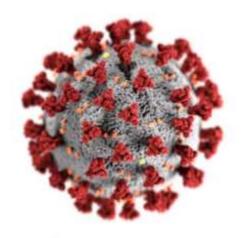


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CareUniversity Series

Speakers & Reactors



William Adcox



Paul Bhatia EMT



D Policichio



Dr Gregory Botz



Dr Brittany Barto



Jennifer Dingman



Charlie Denham III



Sophia McDowell



Randy Styner



Heather Foster

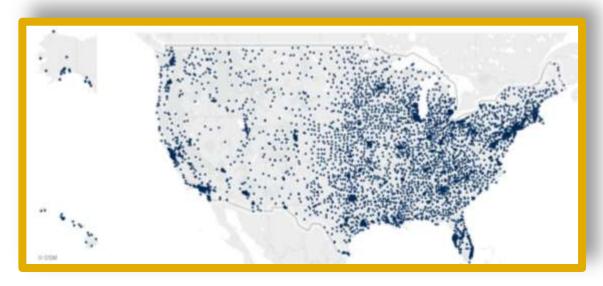


Dr C Denham

TMIT Global is a 501c3 Non-profit Medical Research Organization

Founded in 1984

Research Test Bed 3,100 Hospitals in 3,000 Communities





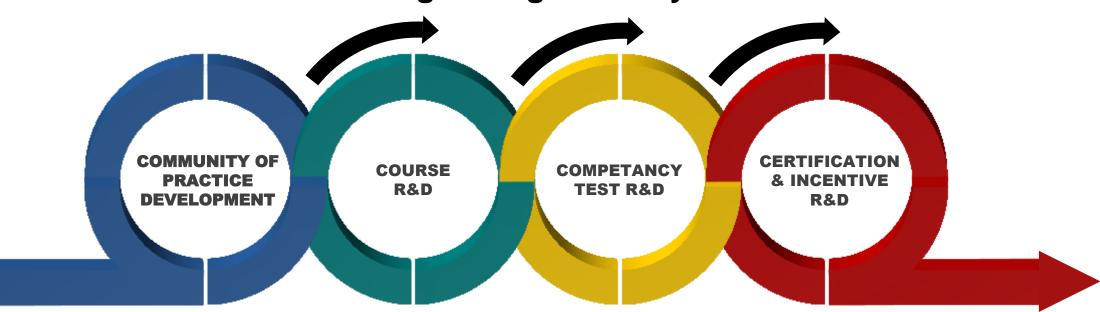
CareUniversity®





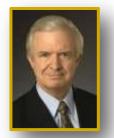


Learning Management System





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





CareUniversity Series







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



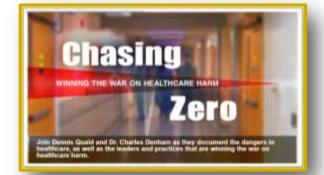
Dr. Howard Koh



Dr. Jim Bagian



Dr. Harvey Fineberg









THE UNIVERSITY OF TEXAS

MD Anderson Cancer Center

Family Rescue R&D













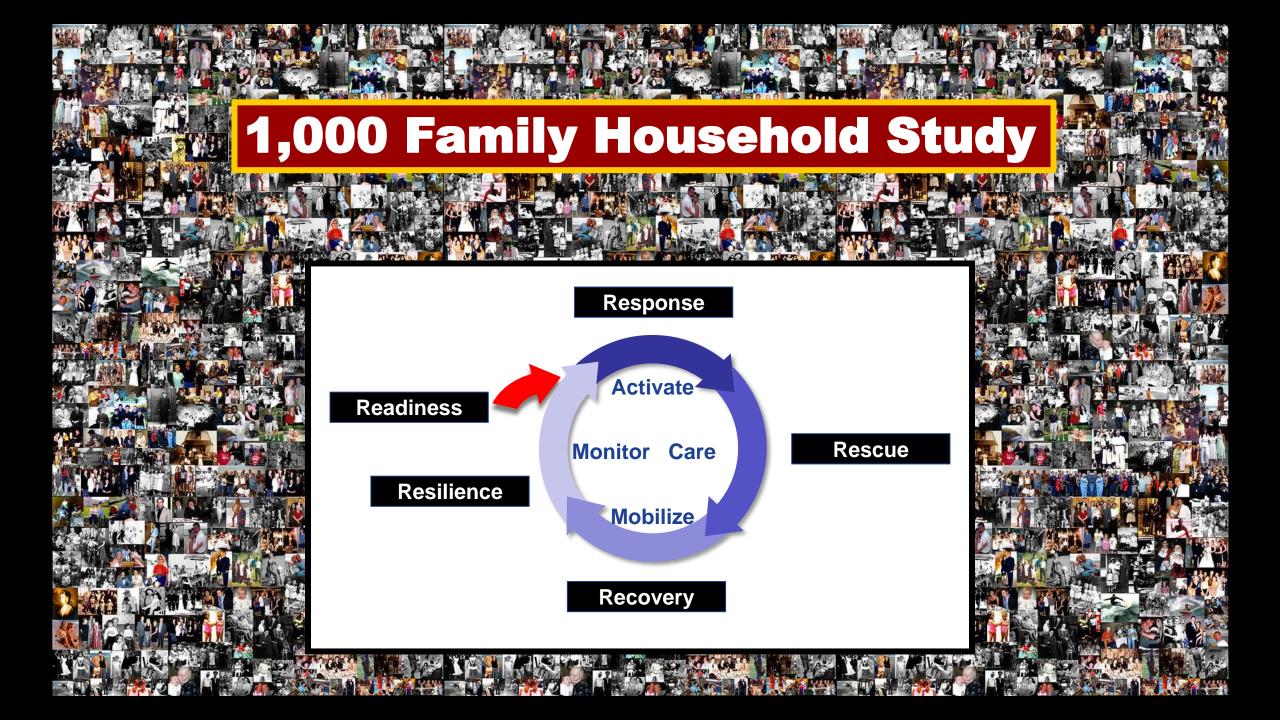




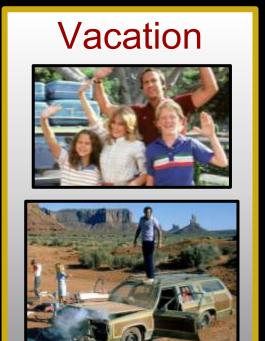


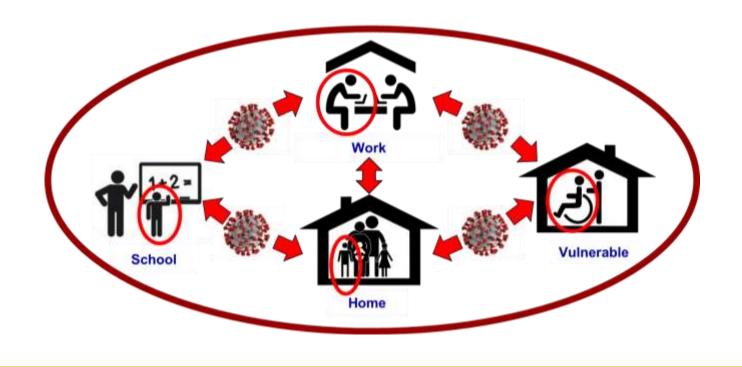




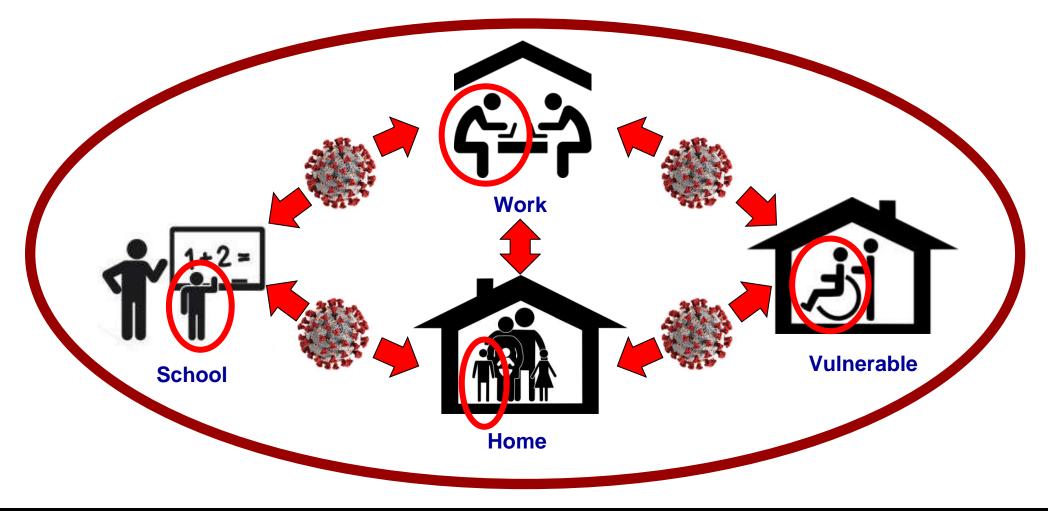


Family Transmission Chains

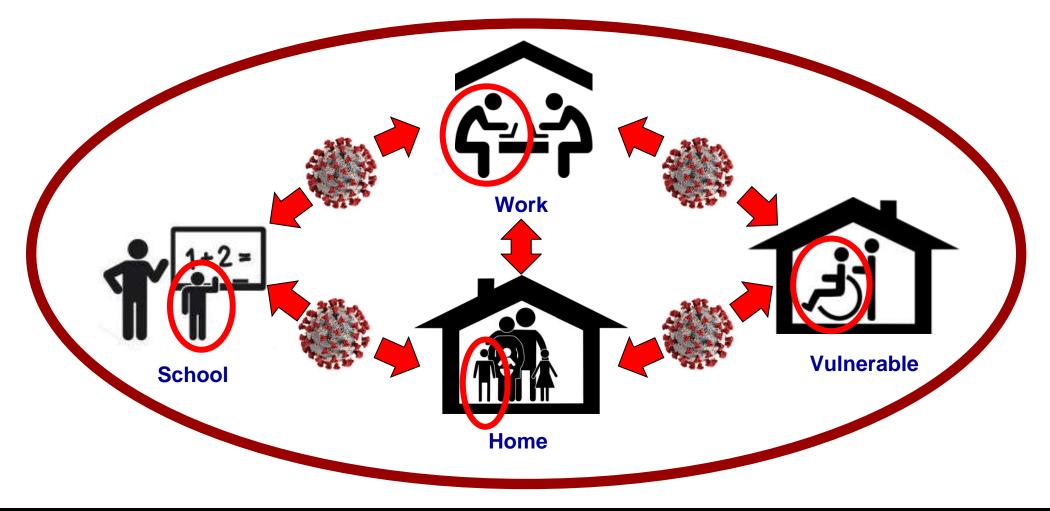




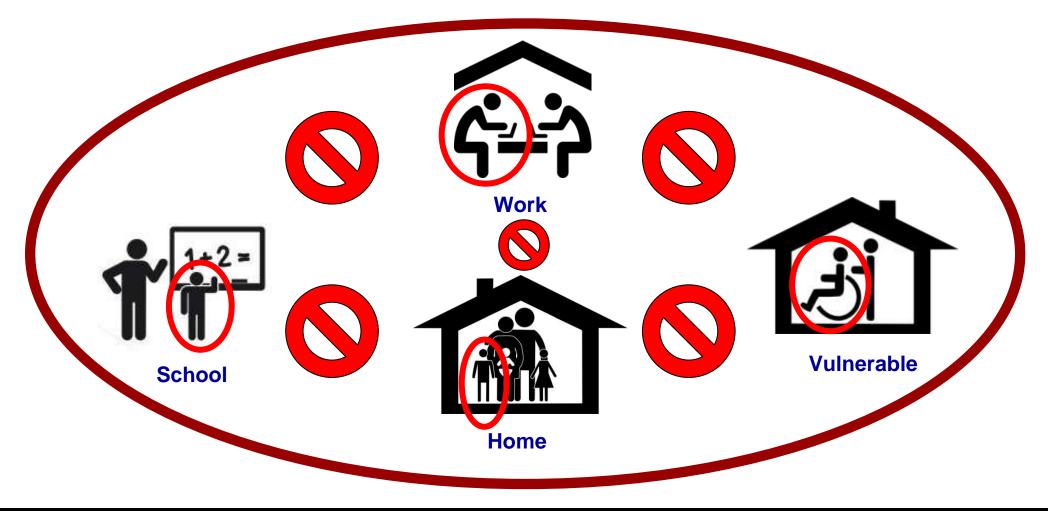
Family Transmission Chains



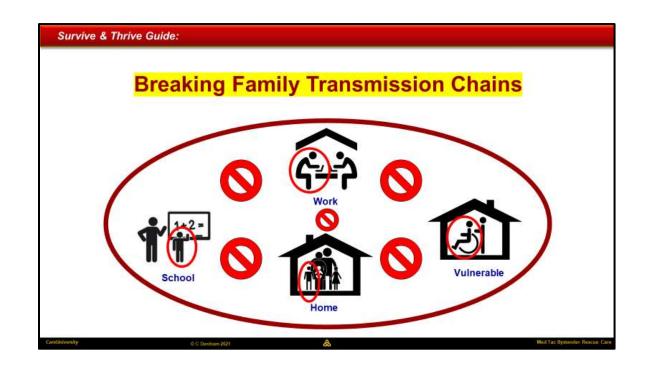
Family Transmission Chains: The Achilles Heel

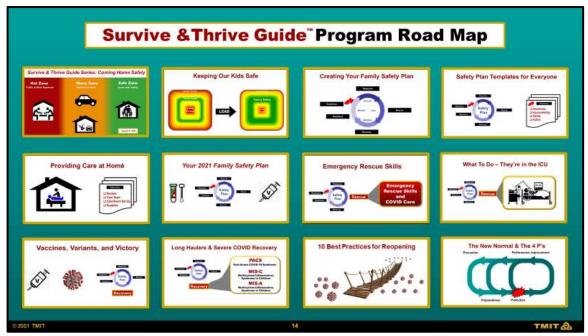


Break Family Transmission and Win



Survive & Thrive Programs





Survive &Thrive Guide Program Road Map









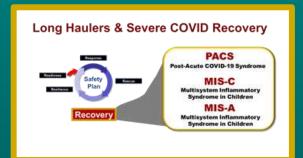




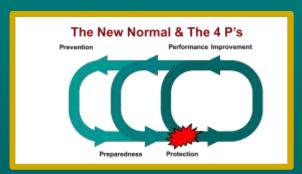














CareUniversity Series

Youth & Young Adult Team



D Contreras EMT Harvard



Ivy Tran EMT Harvard



Nick Scheel UCSB



Sophia McDowell
California Inst. of Arts



Audrey Lam EMT USC



Jacqueline Botz Chapman



Luis Licon UCI Alum



Melanie Rubalcava UCSD



Charlie Denham III
High School Lead



Charlie Beall Stanford Alum



Marcus McDowell
U of Cincinnati



Jaime Yrastorza UCSD Pre-med



Paul Bhatia EMT UCI Pre-med



D Policichio NYU Film

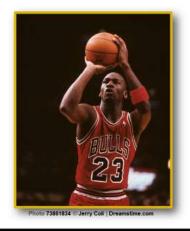


Manue Lopez Berkeley Alum



Preston Head III UCLA Alum

Take the Shot - Save a Life.



The Vaccination Conversation

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

A DIMIT Global 2021

Take the Shot ... Save a Life **The Vaccination Conversation** g q. 0 0 0 F 201. O DE 0.1 2 EP-22 0 0 W NAMED 0 (00) E Q 3 II Q/A 11 0 Video Tape: < 14 Minutes https://www.medtacglobal.org/student-outreach-program/ttsconverstation/





Omicron & Back to Work

- ✓ How should Omicron impact my plans?
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Turn the Science into Safety_™

Have the Tools...Do we have the Will?



Advice from Our Medical Center Leaders



Dr. Alicia Kowalski MD Anderson



Dr. Casey Clements Mayo Clinic



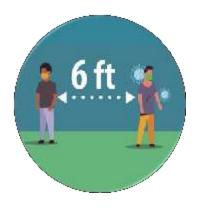
Dr. Chris Fox UCI



Dr. Christopher Peabody UCSF



Safe Practices



Social Distancing



Use of Masks



Hand Washing



Disinfecting Surfaces

SOURCE: Centers for Disease Control

Masks: Filter, Fit, and Finish



N95 Mask



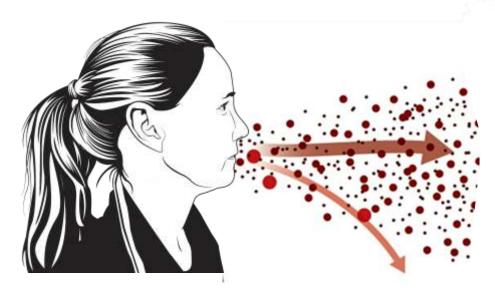
Surgical Mask



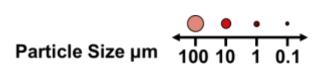
Cloth Mask

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.



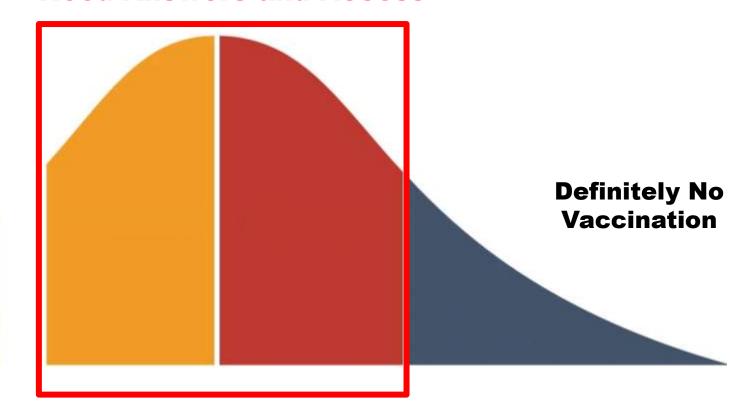
Vaccination





Vaccine Hesitancy

Movable Middle
Need Answers and Access



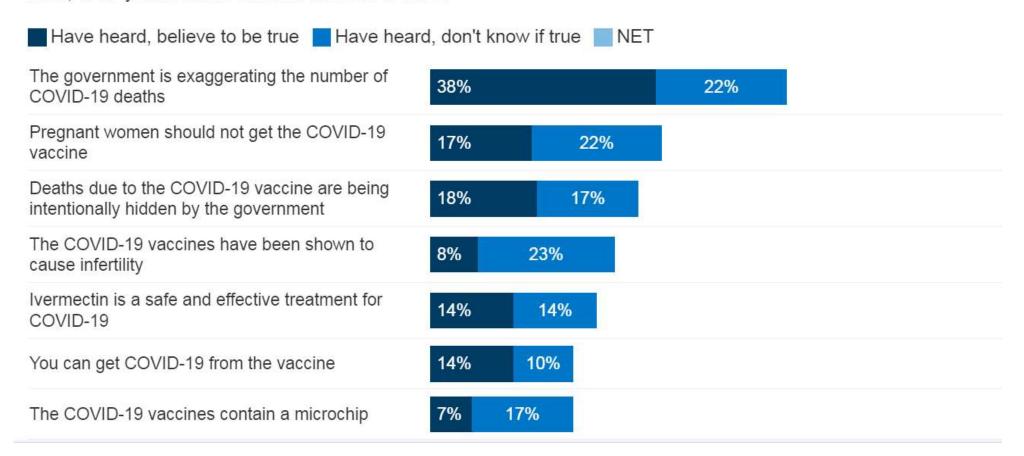
Early Adopters

The Vaccination Conversation



Nearly Eight In Ten Believe Or Are Unsure About At Least One Common Falsehood About COVID-19 Or The Vaccine

Have you heard anyone say or have you read anywhere that...? IF YES: To the best of your knowledge is that true or false, or do you not know whether it is true or false?



Young Adult Reactors



Paul Bhatia EMT



D Policichio

The Vaccination Conversation

- √ How should Omicron impact my plans?
- ✓ How should HR leaders plan for "return to work"?



- □ How do I make an at home hybrid model work?
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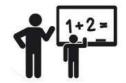






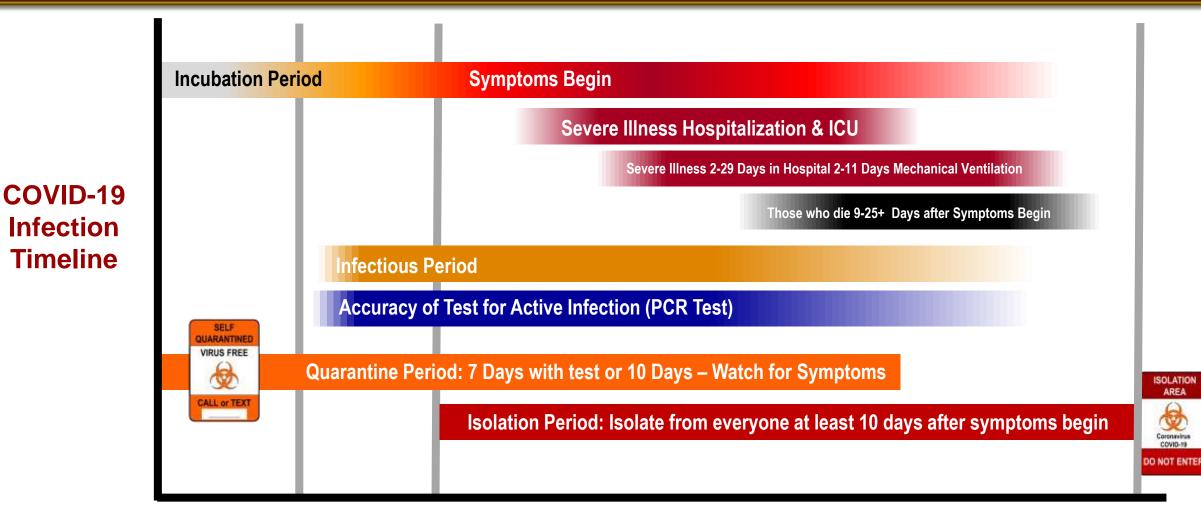
How will Omicron impact my Family Safety Plan







Turn the Science into Safety_™



Exposure

Infection

Timeline

Infectious **Period**

1-12 Days after **Exposure** (usually 3 Days)

Symptoms Period

2-14 Days after **Exposure** (usually 5 Days)

Symptoms Resolve

Varies widely. Most people recover within 2 weeks, but some have symptoms much longer

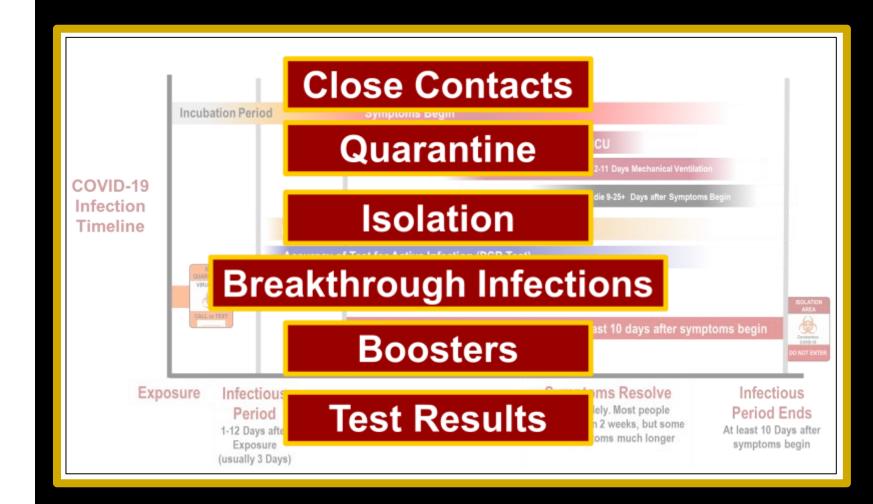
Infectious **Period Ends**

At least 10 Days after symptoms begin

HR Leaders:

- Situation
- Tasks
- Actions
- Results

HR New Tasks



'This Wasn't in the Job Description' HR Departments Are Navigating Confusing COVID-19 Religious Exemption Requests

TIME

11-30-21

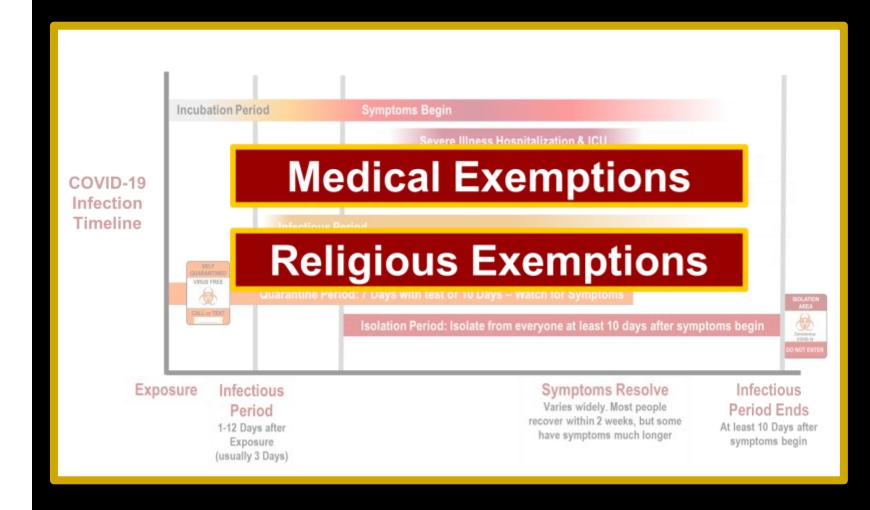
...some employees are claiming religious exemptions to avoid getting vaccinated—putting human resources departments on the frontlines of a fraught political issue that has already proven fertile ground for lawsuits.



HR Leaders:

- Situation
- Tasks
- Actions
- Results

HR New Tasks



- ✓ How should Omicron impact my plans?
- √ How should HR leaders plan for "return to work"?



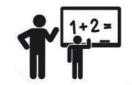
- ✓ How do I make an at home hybrid model work?
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- □ What if someone has a close contact?
- □ How do I make an airline flight safer do I go?
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Turn the Science into Safety_™

Create a Safety Bubble at Home

Reduce Vulnerability:
Weaknesses that can
be <u>EXPLOITED</u>
by threats.



Turn the Science into Safety_™

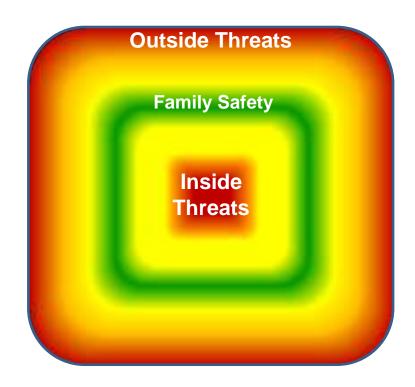
Threats X Vulnerability = Risk to Your Family

Threats:
Likely to
cause HARM.

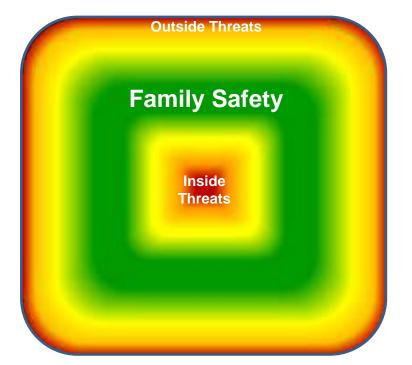
Vulnerability:
Weaknesses that can be
EXPLOITED by threats.

Risk:

PROBABILITY of harm by a threat exploiting vulnerability.



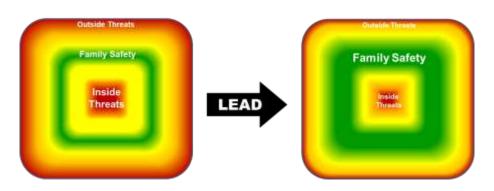




Keeping Our Kids Safe...by Keeping the Unit Family Safe



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

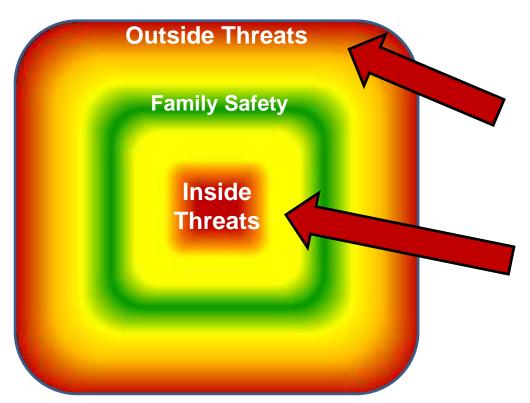
 A leader or leaders of the family act as the CFO – Chief Family Officer who drives the plan: Readiness, Response, Rescue, Recovery, and Resilience.

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 Under 2 Years Moms

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.

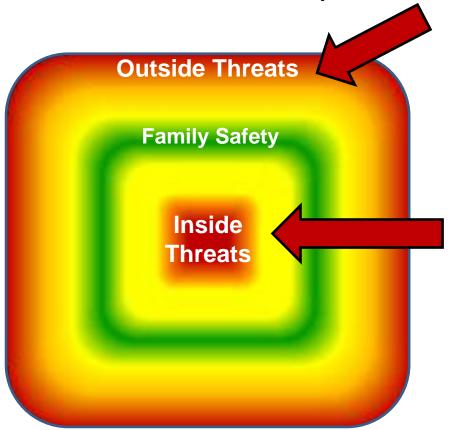
STEP 2: Identify and Follow Local Coronvirus Threats

OutsideThreats:

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.



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.

- ✓ How should Omicron impact my plans?
- ✓ How should HR leaders plan for "return to work"?



- ✓ How do I make an at home hybrid model work?
- ✓ How do I plan for a Breakthrough Infection?
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Turn the Science into Safety,

Be Ready to Respond and Rescue

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

Readiness

Resilience

Response **Activate Monitor** Care **Mobilize** Recovery

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

Rescue

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

- ✓ How should Omicron impact my plans?
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- √ How do I make an at home hybrid model work?
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- □ What if someone has a close contact?
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Turn the Science into Safety_™



COVID-19

Infection

Timeline

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Infectious Period

1-12 Days after Exposure (usually 3 Days) Symptoms Period

2-14 Days after Exposure (usually 5 Days) **Symptoms Resolve**

Varies widely. Most people recover within 2 weeks, but some have symptoms much longer

Infectious Period Ends

At least 10 Days after symptoms begin

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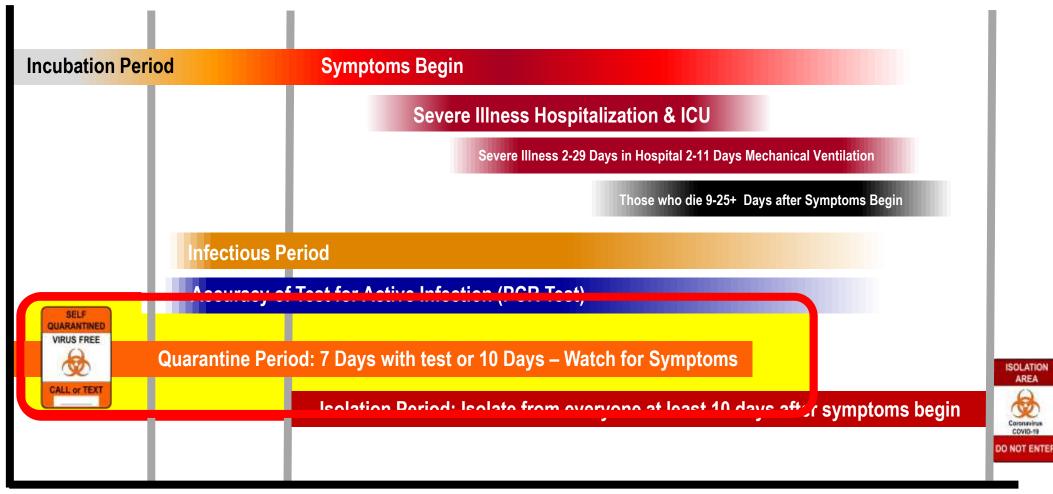


- □ How do we design a safer family gathering?
- How will Omicron impact my Family Safety Plan









COVID-19 Infection Timeline

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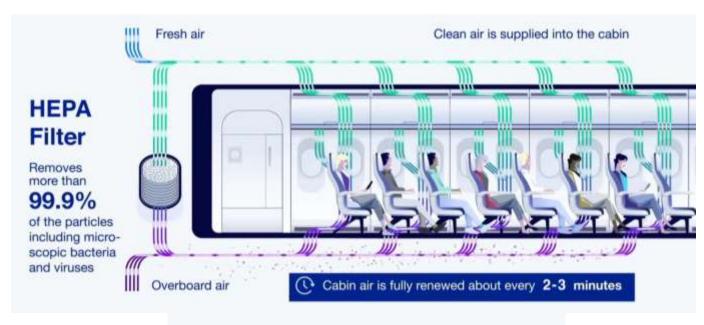
Turn the Science into Safety,

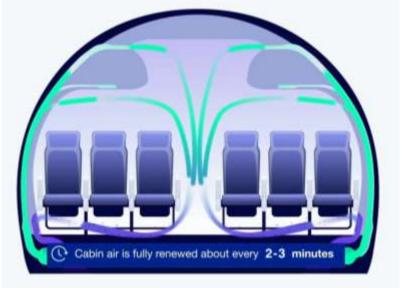




Air Flow Science Commercial Airplanes



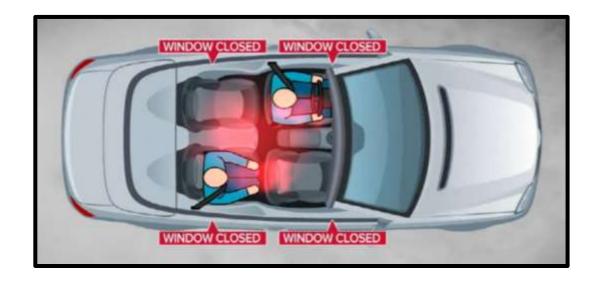




Science Advances

01-01-21

Airflows inside passenger cars and implications for airborne disease transmission

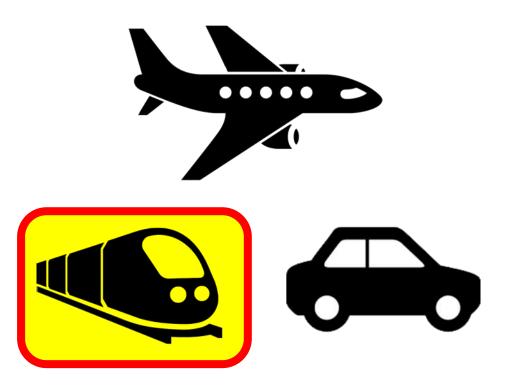




The simulations showed that opening windows — the more windows the better — created airflow patterns that dramatically reduced the concentration of airborne particles exchanged between a driver and a single passenger. Driving around with the windows up and the air conditioning or heat on is definitely the worst scenario, according to our computer simulations.

"Perhaps most unexpected is that an intuitive option—of opening the windows adjacent to each occupant (is effective but not always the best among the partial ventilation options. A configuration in which the two windows farthest from the occupants are open, appears to give better protection to the passenger.

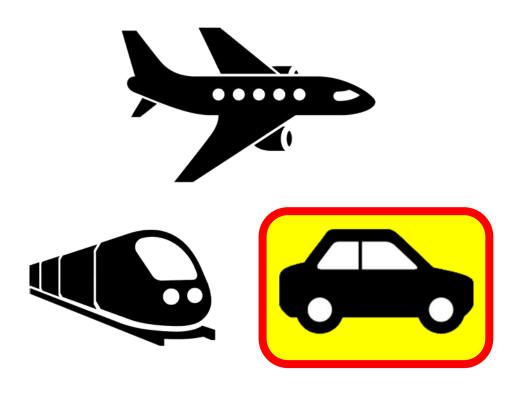
Air Flow Science Trains & Public Transit

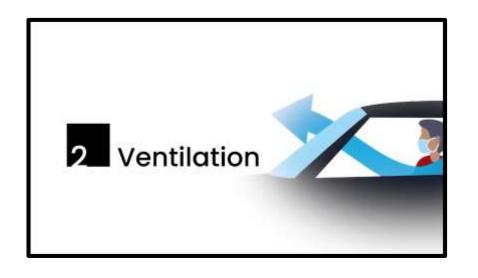


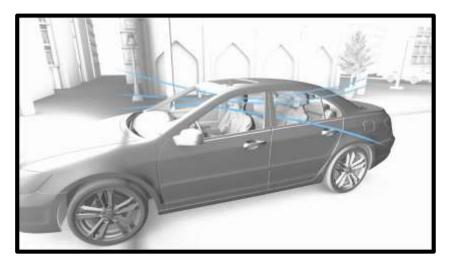




Air Flow Science Ride Share Automobiles







- ✓ How should Omicron impact my plans?
- ✓ How should HR leaders plan for "return to work"?



- √ How do I make an at home hybrid model work?
- ✓ How do I plan for a Breakthrough Infection?



- ✓ What if someone has a close contact?
- √ How do I make an airline flight safer do I go?

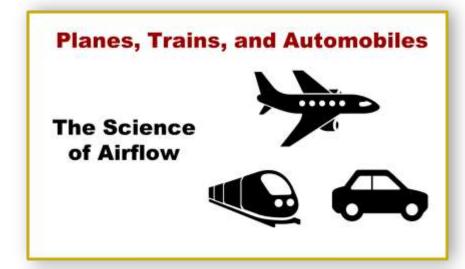


- ✓ How do we design a safer family gathering?
- □ How will Omicron impact my Family Safety Plan

Turn the Science into Safety_™









Holiday Safe Practices

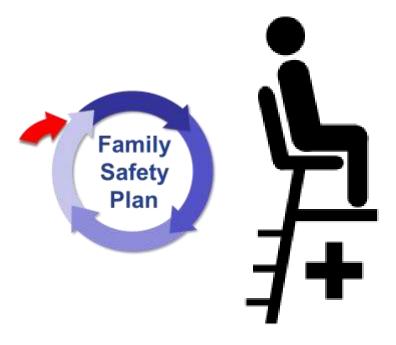
Holiday Huddle Checklist The Goal - Prevent Bubble Trouble Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use **Before Event:** Assign Tasks to Family Members ☐ Prepare Separate Family Bubble Portions □ Set Up Handwashing Stations □ Develop a Bathroom Plan ☐ Prepare Bathroom - 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



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

Holiday Lifeguard Program



Charlie Denham III

Co-founder Med Tac
High School Student
Chairman Med Tac Student
Outreach R&D Team

Med Tac Rescue Stations







Med Tac Student Outreach R&D Team



Danny Policicchio Jr.

NYU Film Student
Med Tac Associate Producer
Soaring Eagle Life Saving
Award Winner
Med Tac Student Outreach
R&D Team Media Specialist



- ✓ How should Omicron impact my plans?
- ✓ How should HR leaders plan for "return to work"?



- ✓ How do I make an at home hybrid model work?
- ✓ How do I plan for a Breakthrough Infection?



- ✓ What if someone has a close contact?
- √ How do I make an airline flight safer do I go?
- ✓ How do we design a safer family gathering?









Turn the Science into Safety,

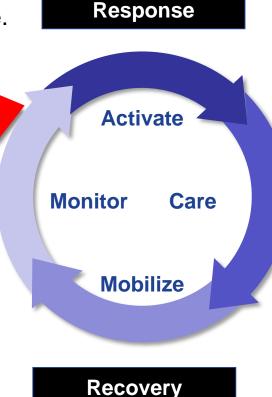
Family Health Safety Plans

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

Readiness

Resilience

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



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

Rescue

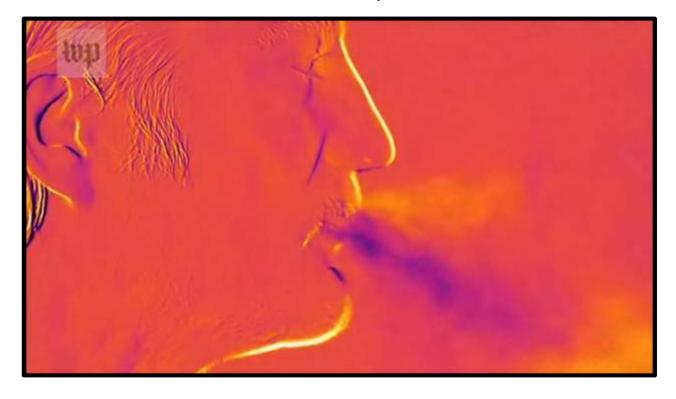
Rescue: Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

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



Washington Post Video

Infrared video shows the risks of airborne coronavirus spread



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

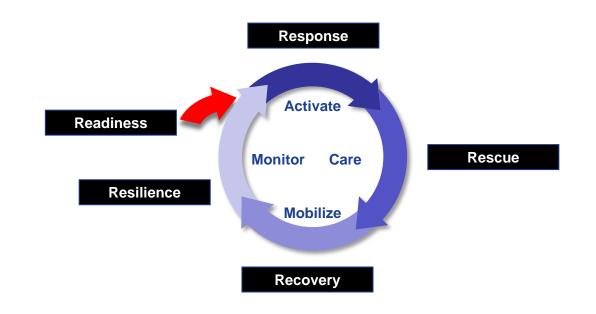


The Family Safety Plan



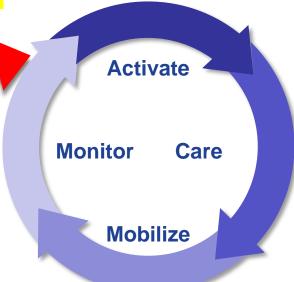
Gregory H. Botz, MD, FCCM

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



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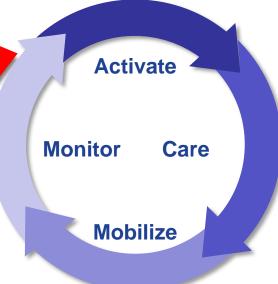
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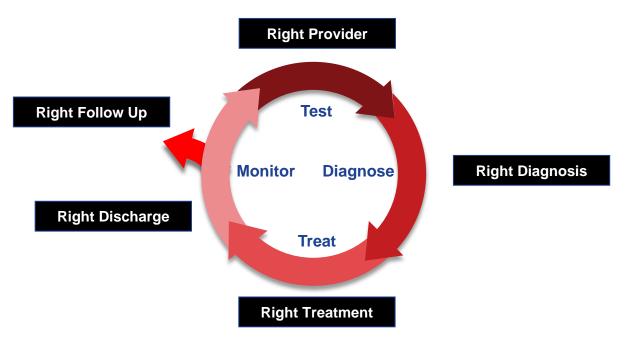


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The 5 Rights of Emergency Care[™]



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.

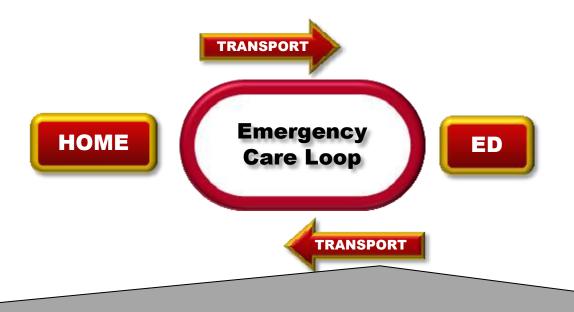
Right Treatment: It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

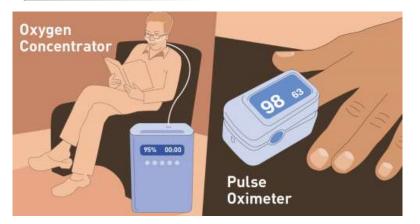
Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

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









Response

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

Recovery

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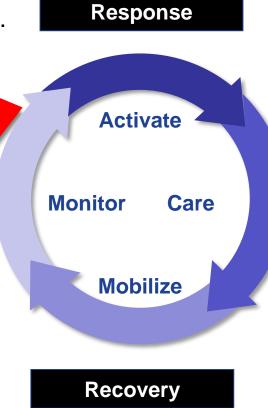
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Professional First Responders



Chief William Adcox



Paul Bhatia EMT



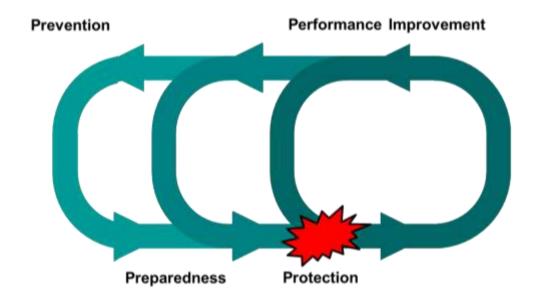
Randy Styner

"Left of Boom"



William Adcox

Chief Security Officer
MD Anderson Cancer Center
Chief of Police
University of Texas Houston

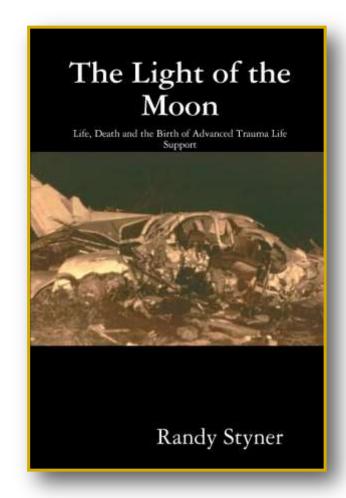


Emergency Preparedness

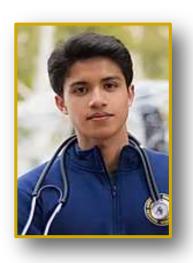


Randal Styner

Director of Emergency Management University of California Irvine Community Leader



Med Tac Student Outreach R&D Team



Paul Bhatia EMT

Pre-Med Student
Prior President UCI EMT
Organization
Med Tac Master Instructor
College EMT Team Outreach



Coronavirus Care Community of Practice

CareUniversity Series

Speakers & Reactors







Paul Bhatia EMT



D Policichio



Dr Gregory Botz



Dr Brittany Barto



Jennifer Dingman



Charlie Denham III



Sophia McDowell



Randy Styner



Heather Foster



Dr C Denham

Voice of the Patient



Coronavirus Care

Community of Practice

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

