

# Bystander Care and Omicron



Cardiac Arrest

Choking & Drowning

Opioid Overdose

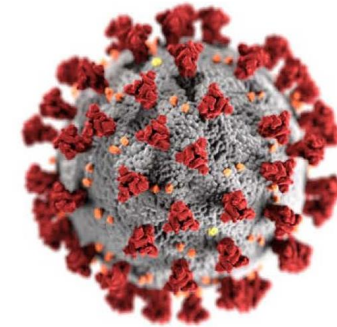
Anaphylaxis

Major Trauma

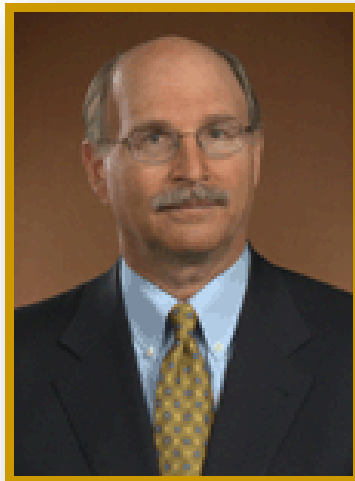
Infection Care

Transportation Accidents

Bullying



# Welcome



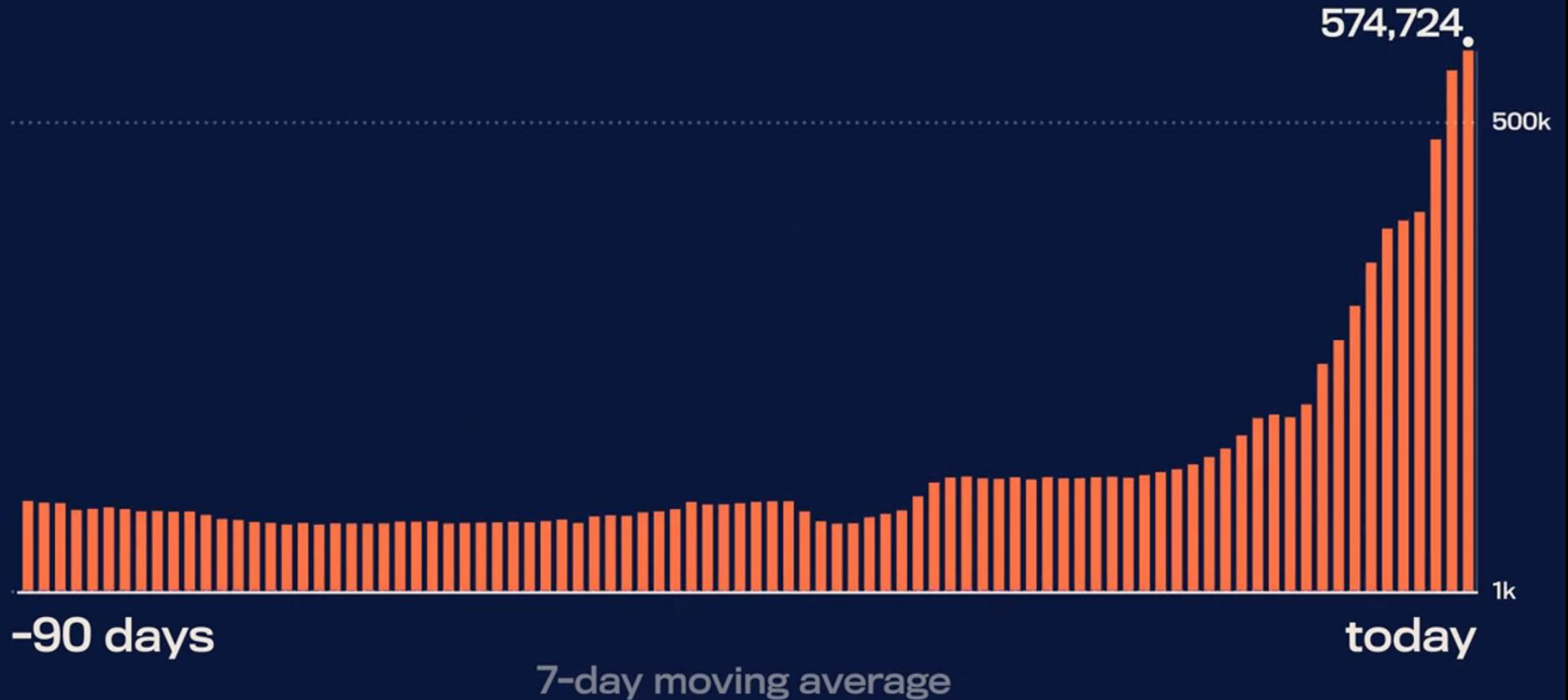
## **Charles Denham, MD**

Chairman, TMIT Global  
Founder Med Tac Bystander Rescue Care

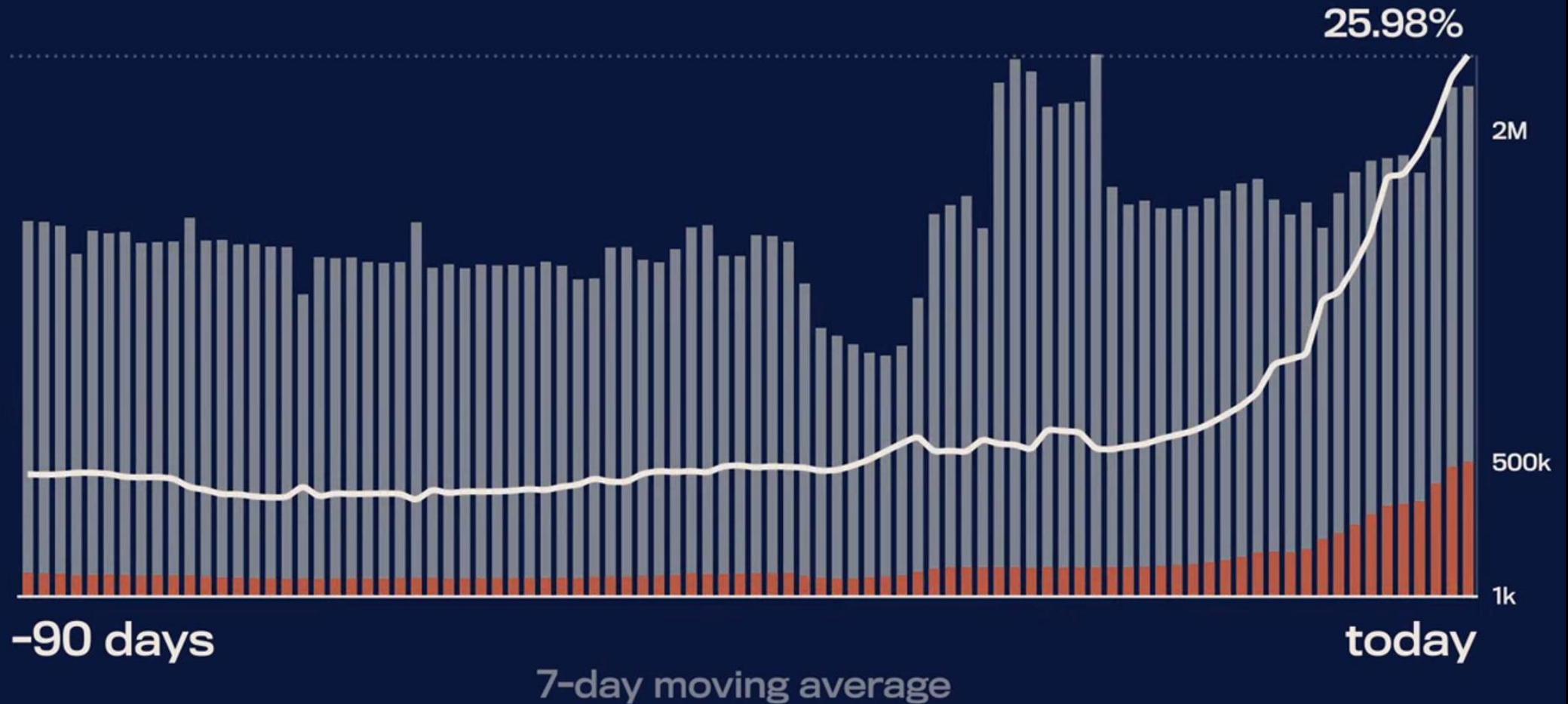
**Med Tac Bystander Rescue Care  
January 6, 2022**

***CareUniversity Webinar 177***

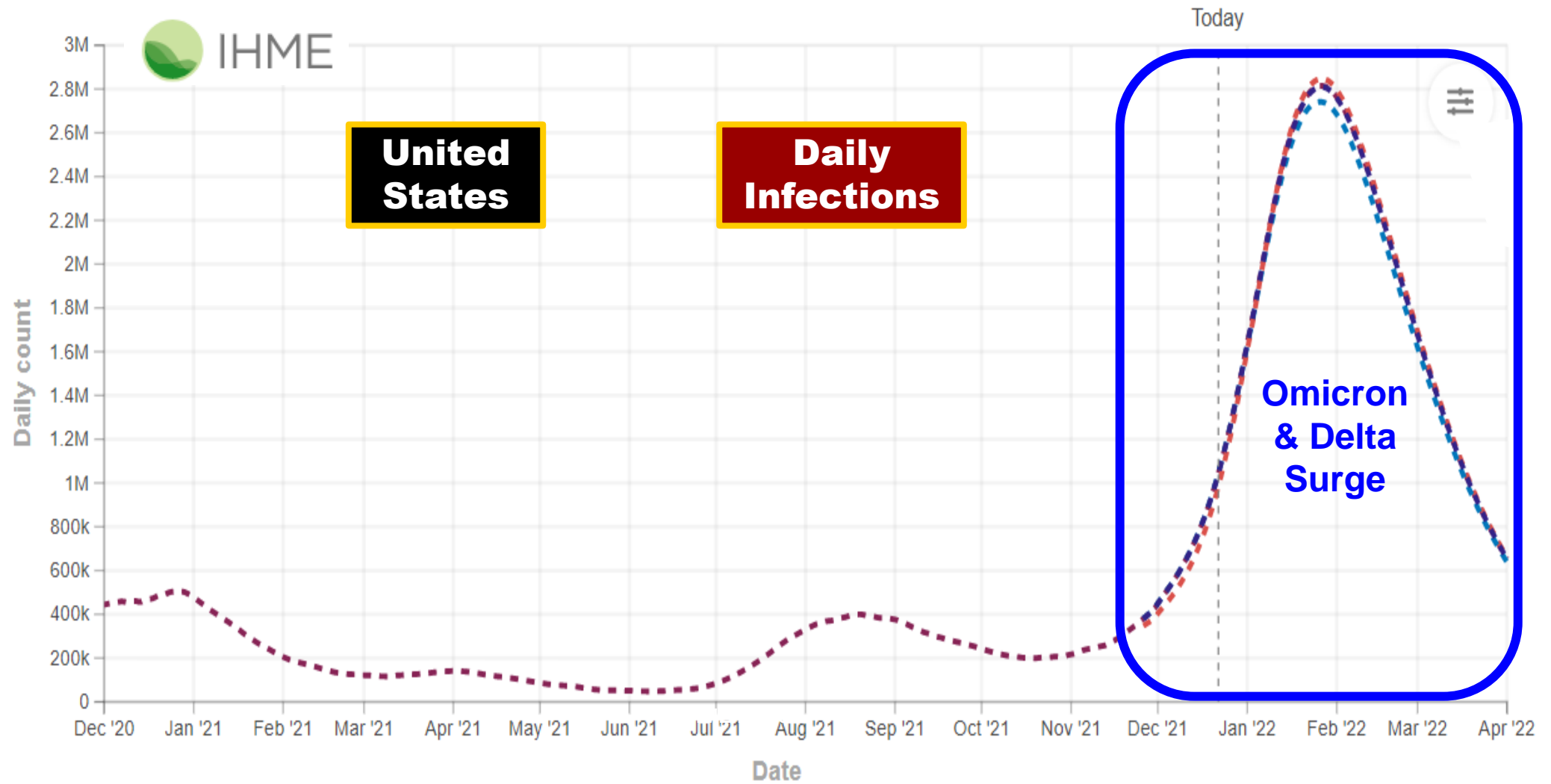
# US: **deaths** / **new cases** / tested / positivity ratio



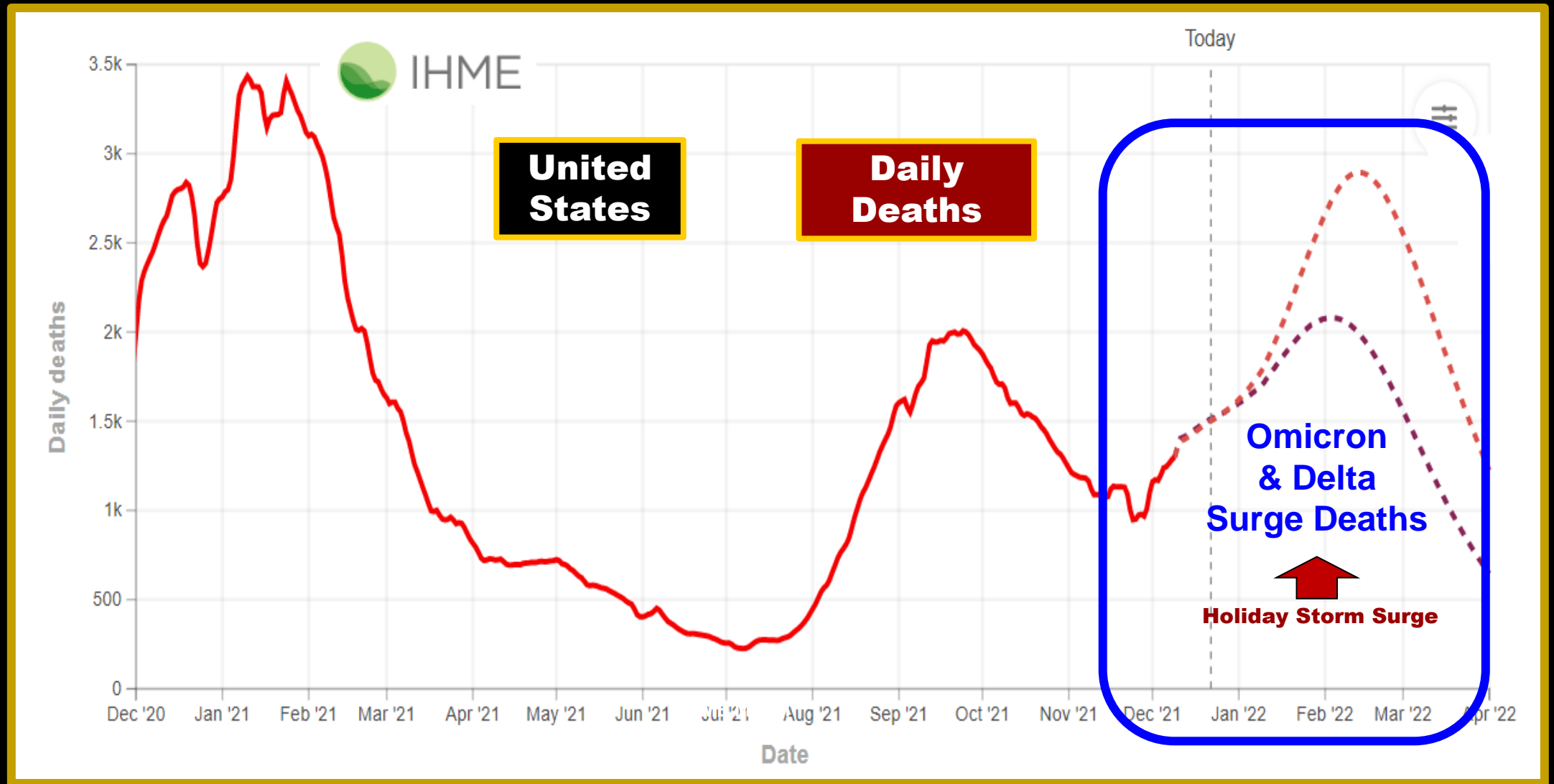
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12-22-21 IHME Projection



12-22-21 IHME Projection

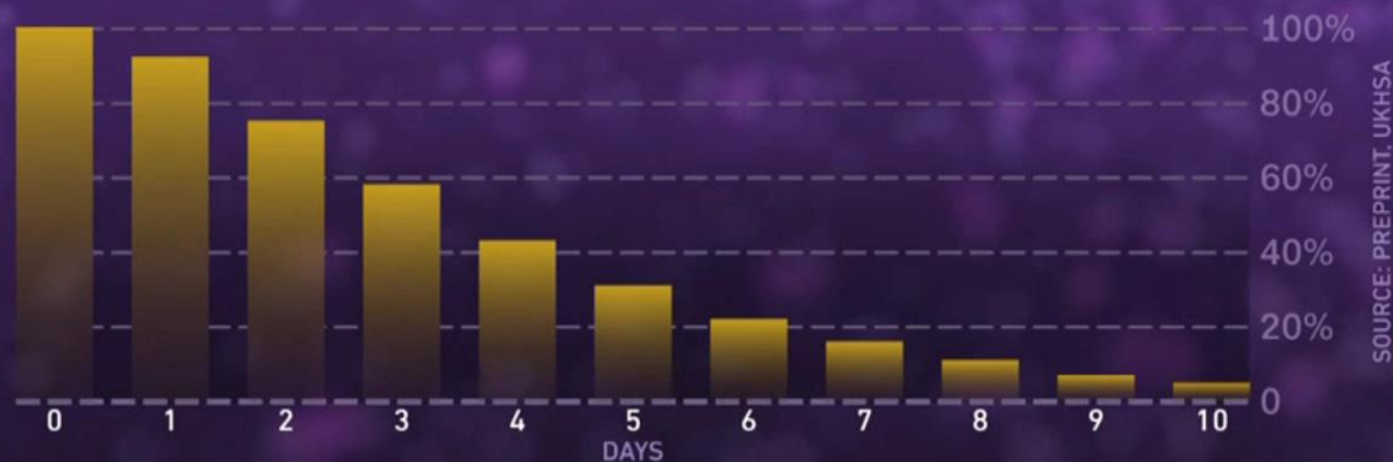


## OMICRON SURGE

# SANJAY'S NEW ESSAY: CDC'S ISOLATION GUIDANCE CONTROVERSY

Dr. Sanjay Gupta | **CNN** Chief Medical Correspondent

## WHAT PERCENT OF PEOPLE ARE CONTAGIOUS? DAYS AFTER TESTING POSITIVE FOR COVID-19



Source: CNN New Day 01-06-21



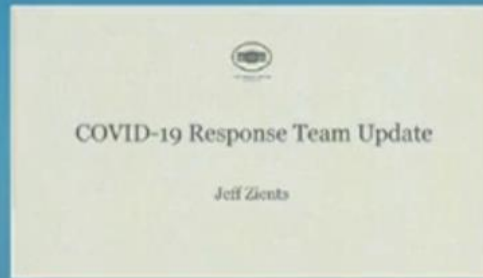
Via Livestream

11:14 AM ET

# COVID-19 Response



**DR. ANTHONY FAUCI**  
DIRECTOR of the NATIONAL INSTITUTE  
of ALLERGY and INFECTIOUS DISEASES



**DR. ROCHELLE P. WALENSKY**  
DIRECTOR of the CENTERS FOR DISEASE  
CONTROL and PREVENTION



Source: White House Briefing 01-05-21





Source: White House Briefing 01-05-21

**Via Livestream**

**11:15 AM ET**



Centers for Disease  
Control and Prevention

Centers for Disease  
Control and Prevention

**Source: White House Briefing 01-05-21**



**Source: White House Briefing 01-05-21**



# Bystander Rescue Care & Omicron



- ❑ How should OMICRON impact my plans?
- ❑ QUARANTINE: HOW do I follow the new guidelines?
- ❑ ISOLATION: HOW do I follow the new guidelines?
- ❑ TESTING: HOW do I get the right test?
- ❑ BREAKTHROUGH INFECTION: How deal with one?
- ❑ How do I care for leading FAMILY EMERGENCIES?
- ❑ How do we design a safer FAMILY GATHERING?
- ❑ How should I "RETURN TO WORK"?



*Turn the Science into Safety™*

## 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.
- Randy Styner has nothing to disclose.
- Heather Foster has nothing to disclose.
- David Beshk has nothing to disclose.
- Keith Flitner has nothing to disclose.
- Daniel Policicchio, Jr. has nothing to disclose.
- David Morris has nothing to disclose.
- Charlie Denham III has nothing to disclose.

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




# Coronavirus Care Community of Practice

## Bystander Rescue Care *CareUniversity Series*



Coronavirus Care  
Community of Practice



Bystander Rescue Care  
CareUniversity Series

January 6, 2022


REGISTER

JOIN EVENT


### Bystander Rescue Care and Omicron Family Survive & Thrive Guide\*

#### Session Overview

We are in the midst of the Omicron Variant surge. The CDC tells us the WHAT to DO. We will provide the HOW. Our more than 1,000 household responses and more than 130 subject matter experts have guided our learning community. Let's learn together and answer:



- How should OMICRON impact my plans?
- TESTING: HOW do I get the right test?
- QUARANTINE: HOW do I follow the new guidelines?
- ISOLATION: HOW do I follow the new guidelines?
- BREAKTHROUGH INFECTION: How deal with one?
- How do I care for leading FAMILY EMERGENCIES?
- How do we design a safer FAMILY GATHERING?
- How should I "RETURN TO WORK"?



We will provide a thorough update on how to keep your employees, families, and business safer through future surges.

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

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

#### Webinar Video, and Downloads

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

**Speaker Slide Set:**

The slides will be posted here before the webinar begins.

**Learning Objectives:**

- **Awareness:** Participants will learn the latest about the impact of COVID variants such as Omicron and emerging threats as they return to work, school, play, and worship.
- **Accountability:** Participants will understand who can be accountable for prevention of the impact of COVID harm to workers, their families, patients, and caregivers.
- **Ability:** Participants will learn certain concepts, tools, and resources that can be used to optimize prevention of harm due to COVID.
- **Action:** Participants may understand what actions may be immediately to protect workers, their families, patients, and caregivers from the harm of COVID.

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

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


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#### Session Speakers and Panelists


  
Charles Denham, MD  
[BIO](#)


  
Gregory H. Botz, MD  
[BIO](#)


  
William Adcox  
[BIO](#)


  
Heather Foster, RN  
[BIO](#)


  
Jennifer Dingman  
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[BIO](#)

  
Randal Styner  
[BIO](#)

  
David Morris, Ph.D., J.D.  
[BIO](#)

  
Charlie Denham  
[BIO](#)

  
John Little  
[BIO](#)

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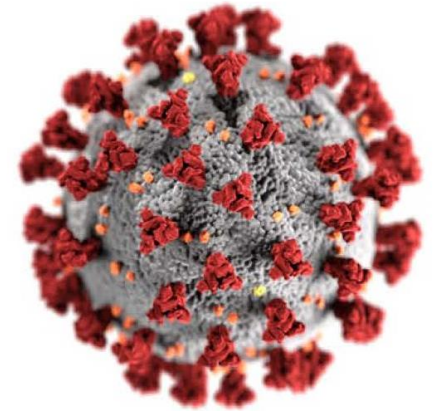
<https://www.medtacglobal.org/webinarjanuary2022/>

## ***Voice of the Patient***



### **Jennifer Dingman**

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



## Speakers & Reactors



Dr. Gregory Botz



David Beshk



Keith Flitner



William Adcox



Heather Foster RN



Charlie Denham III



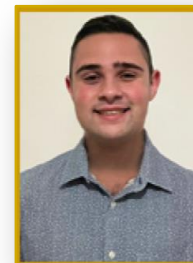
Jennifer Dingman



David Morris PhD JD



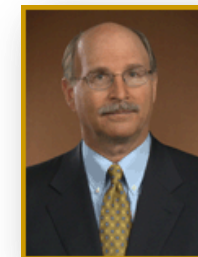
Randy Styner



Daniel Policicchio, Jr.



John Little



Dr. C Denham



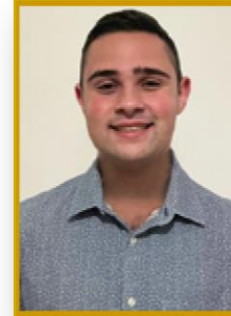
### Reactors



Jennifer Dingman



William Adcox



Daniel Policicchio, Jr.



Randy Styner



John Little



# High Impact Care Hazards to Patients, Students, and Employees



AboutValues & TeamCoronavirus ResponseRecorded BroadcastsSpecialty ProgramsR&D Surveys & InnovationsCAREUNIVERSITY

## Med Tac Bystander Rescue Care

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

### Video Library

Med Tac Story

Med Tac Leadership Team

Adopt a Cove Program

5 Rights of Emergency Care

College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opioid Overdose Briefing



### The Battle Against Failure to Rescue

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



Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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

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

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

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

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Austin, Texas

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

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# High Impact Care Hazards to Patients, Students, and Employees



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Infections

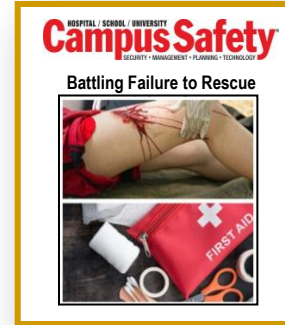
Transportation Accidents

Bullying

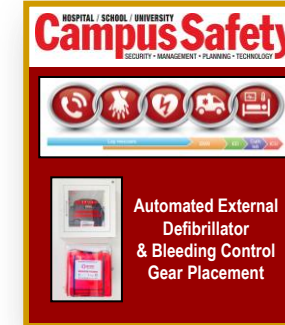
Active Shooter  
Healthcare Article



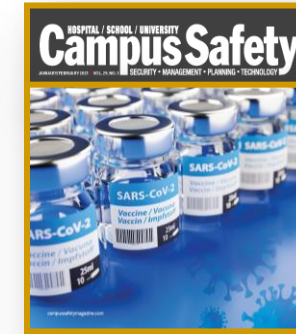
Rapid Response  
Teams Article



AED & Bleeding  
Control Gear Article

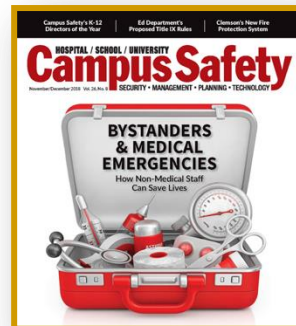


Family Safety  
Plan Article



Support  
today's  
webinar

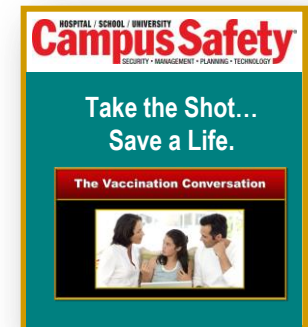
Med Tac  
Story Article



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

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

Take the Shot...  
Save a Life



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

**Protecting You & Your Family**



- September 2021 Progress Report
- View 10 Minute Programs Online
- View Short Video Summaries


**Coronavirus Care Community of Practice**

**Bystander Rescue Care**  
*CareUniversity Series*

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

Short Video Topics

Masks: Filter, Fit, and Finish

Hand Washing & DISINFECTANTS

CLEAN High Contact Surfaces

Building a FAMILY SAFETY PLAN

If we NEED Emergency Care

Why ICU, Respirators, and ECMO


Family Lifeguard Program

Vaccination Conversation

**Masks: Filter, Fit, and Finish**




Survive and Thrive Guide™ Courses





Program Road Map


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


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


**Dealing with Delta: The Critical FAQs**  
 Addresses the Delta Variant surge FAQs.


**10 Best Practices for Reopening**  
 Covers actionable practices to reopen.


**Long Haulers & Severe COVID Recovery**  
 Long COVID and inflammatory harm to children and adults.



**Vaccines, Variants, and Victory**  
 The key principles of variants, vaccines, and safe success.


**What To Do - They're in the ICU**  
 Guidance on how to help your loved one when they are in ICU.



**Emergency Rescue Skills**  
 "How to" identify one in trouble, get them to the ED and home.



**Your 2021 Family Safety Plan**  
 The "how to" adjust a Family Safety Plan is addressed.


**Providing Care at Home**  
 The "how to" set up care at home and checklists provided.


**Safety Plan Templates for Everyone**  
 Templates families may use for their own plans are provided.


**Creating Your Family Safety Plan**  
 The S.R. design of Family Safety Plans is presented.


**Keeping Our Kids Safe**  
 Understanding family threats, vulnerability, and risk are covered.


**Coming Home Safely**  
 Communication Prevention Safe Practices covered.

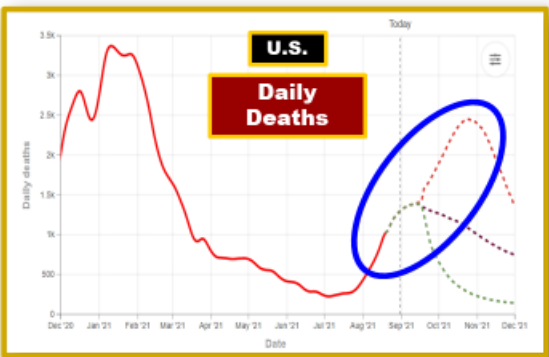
The table below provides resource articles that may be downloaded and links to video assets provided to help viewers understand the science behind the COVID Safe Practices.

MedTacGlobal Coronavirus Resources (View Only)

ID	Task Name	Notes
1	<b>Delta Surge Issues, Risks, Benefits, and Mitigation</b>	This article addresses a surge in the data of the article. The unrelenting news of COVID-19 Surge. Delta Variant. How to get them to the ED and home. Why? is a terrific resource of the number news. Just under 7 minutes. It is a valuable resource.
2	<b>Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Delta and Delta variant exposure period 08-09-21</b>	This article by leaders at the Mayo Clinic is peer-reviewed. It revealed that from this, the vaccine is superior to the Delta variant. The authors recommend vigilance in monitoring effectiveness with the COVID-19 vaccine.
3	<b>Delta is Bad News for Kids, Adults 08-10-21</b>	This article addresses the explosive growth of COVID-19 and the subsequent development of RSV. The seriousness of the Delta variant is described.

# Coronavirus Care Community of Practice

## September 2021 Progress Report



[www.medtacglobal.org/coronavirus-response/](http://www.medtacglobal.org/coronavirus-response/)



## 1,000 Worker Study

### The 5 R's of Safety



**HEAD**



**HEART**



**HANDS**



**VOICE**



## **Coronavirus Care Results 2021 Year End**

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



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



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



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

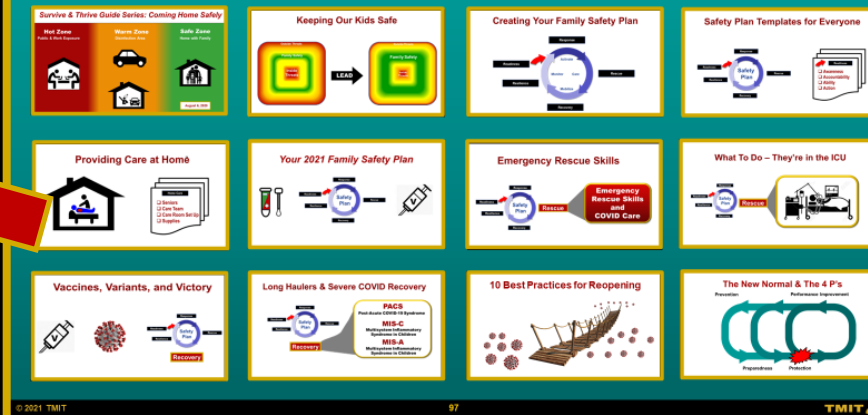


#### Short Video Topics



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

#### Survive & Thrive Guide™ Program Road Map



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

#### Related Resources

Resources:



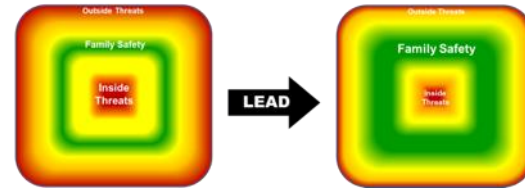
[www.medtacglobal.org/coronavirus-response/](http://www.medtacglobal.org/coronavirus-response/)

# Survive & Thrive Guide™ Program Road Map

## Survive & Thrive Guide Series: Coming Home Safely



## Keeping Our Kids Safe



## Creating Your Family Safety Plan



## Safety Plan Templates for Everyone



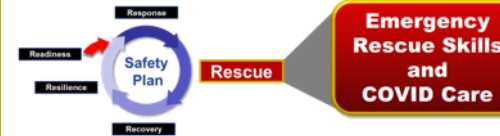
## Providing Care at Home



## Your 2021 Family Safety Plan



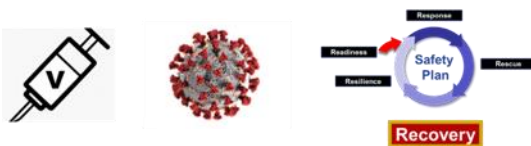
## Emergency Rescue Skills



## What To Do – They're in the ICU



## Vaccines, Variants, and Victory



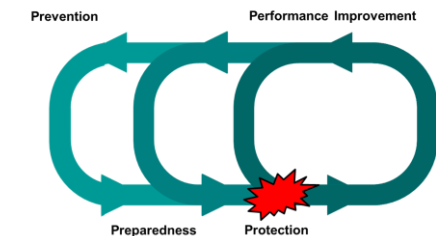
## Long Haulers & Severe COVID Recovery



## 10 Best Practices for Reopening



## The New Normal & The 4 P's





# Take the Shot – Save a Life™

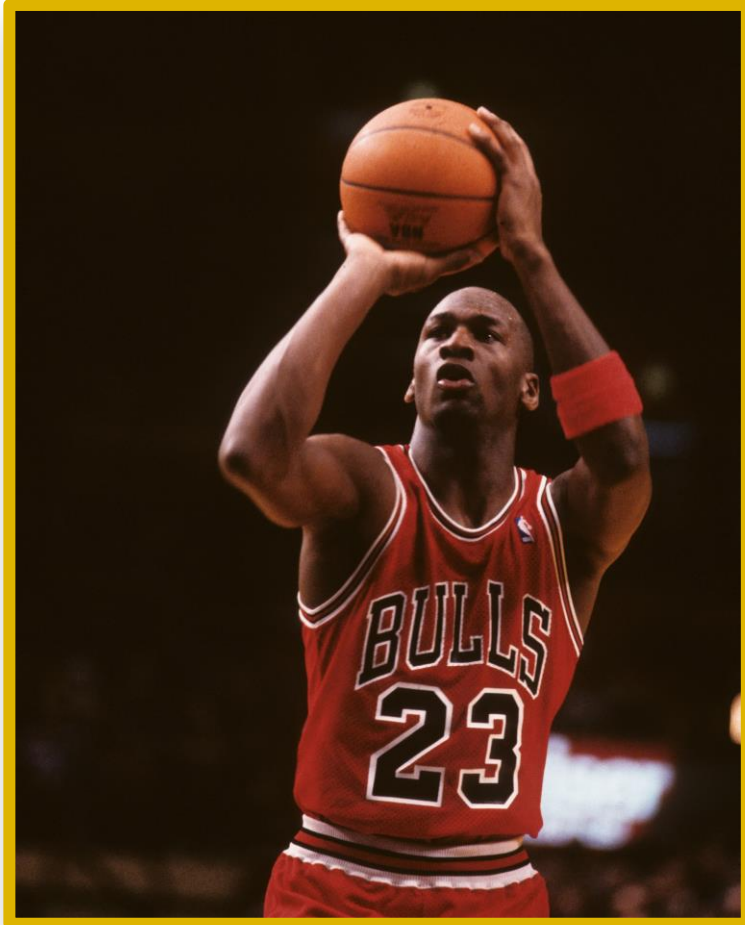


Photo 73861834 © Jerry Coli | Dreamstime.com

## The Vaccination Conversation

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

**MED TAC** About Values & Team Coronavirus Response Recorded Broadcasts Specialty Programs Student Outreach Research & Development CareUniversity

## The Vaccination Conversation

The video below produced by our Student Outreach Team is provided to begin the discussion with those who are considering vaccination. It provides perspectives of youth and young adults who desire to help others.

**The Vaccination Conversation**



The short FAQ video messages have been developed by our Student Outreach Team through the support of our expert caregivers at major medical centers.

<b>What about the Latinx Community?</b>	<b>Latine Community is Important</b> Spanish Conversation Video Link	<b>How Serious are COVID Vaccines?</b>	<b>Seriousness of Variants</b> Surges with Keep Coming
<b>COVID Long Haul &amp; Brain Fog Impact?</b>	<b>Avoid Long Haul &amp; Brain Fog</b> Vaccine Risk is Far Less than COVID	<b>What About Booster Shots?</b>	<b>Vaccine Side Effects</b> Reactions are Minimal
<b>What is a shot?</b>	<b>mRNA Vaccines Just a Blueprint</b> mRNA Vaccines are Just Instructions	<b>How do I feel after the 2nd shot?</b>	<b>Keep Up COVID Safe Practices</b> After the Shot Be Careful
<b>I was infected. Do I need a shot?</b>	<b>Vaccinate After Infection</b> Vaccination is Needed Even After Infection	<b>Long COVID Impact on Athletes?</b>	<b>Long COVID Hurts Athletes</b> Long Haul can Harm Performance
<b>What are Vaccine Side Effects?</b>	<b>Safe Vaccination During Pregnancy</b> Baby & Mother Safer with Vaccination	<b>What about Undocumented Residents?</b>	<b>Undocumented Residents</b> No Risk to the Undocumented
<b>Should the Young get Vaccinated Now?</b>	<b>The Young Need Vaccinations</b> Definitely a Case for the Young and Youth	<b>Can Mild COVID Cause Long Haul?</b>	<b>Mild COVID Causes Long Haul</b> Even with Mild Disease Long COVID
<b>Do Vaccines Work on All Races?</b>	<b>Vaccine Impact On All Races</b> The Vaccines Work For Everyone	<b>Are Youth Super Spreaders?</b>	<b>The Youth Are Super Spreaders</b> Vaccination can Prevent Spread
<b>What about Blood Clots?</b>	<b>Blood Clot Vaccine Risk</b> Very Low Risk From Vaccines	<b>COVID Impact on Sports Injuries?</b>	<b>Open Sports as Athletes</b> Their Involvement Can be Harmed
<b>What about Breakthrough Infections?</b>	<b>Breakthrough Infections</b> Infections After Vaccination Occur	<b>Is Bystander Rescue Care Important?</b>	<b>Bystander Care is Critical</b> The Youth & Young Can Save Lives

## The Vaccination Conversation



Video Tape: < 14 Minutes

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



# Coronavirus Care Community of Practice

## Bystander Rescue Care *CareUniversity Series*

### Youth & Young Adult Team



D Contreras EMT  
Harvard



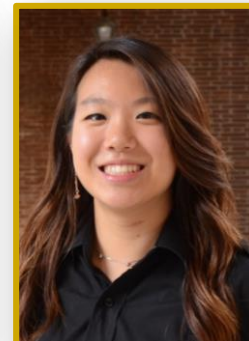
Ivy Tran EMT  
Harvard



Nick Scheel  
UCSB



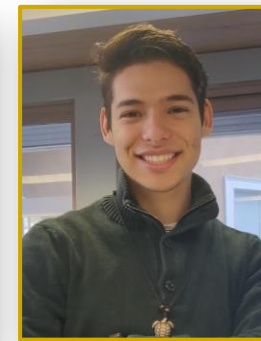
Sophia McDowell  
California Inst. of Arts



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





## Family Rescue R&D



Stanford  
University

Yale



## The 5 R's of Safety



UNIVERSITY OF CALIFORNIA  
SANTA BARBARA

UC San Diego





## Global Patient Safety Forum

### Global Patient Safety Forum

The GPSF is a convening alliance with a mission to save lives, save money, and build value in the community it serves. The Forum was expressly founded to make available important content that the collaborators want to share more broadly. This website is not intended to compete with any other initiative and will meet its objectives if collaborators and those interested in the topics share the information with their communities. There are no financial requirements of users of the site. Certain communities are private in order to protect those we serve and those who serve. Those we serve are patients and their families. Those who serve are the caregivers, administrators, researchers, educators, and staff in the healthcare industry.

### Global Innovators Network

We are a global network of leaders from academic, industry, NGOs, philanthropy, and faith-based organizations sharing best practices in leadership of innovation. Some of the members of innovators in healthcare and patient safety work across multiple sectors with a focus on mentorship and development. There is no specific commercial purpose for this website. There is no financial relationship between the members. No direct financial support of any type is provided to the healthcare industry or communities of practice serving it. The information on this website is entirely free.

Featured  
Leaders

Global Webinars  
& Summits

Patient Safety  
Community Of Practice

Med Tac Bystander  
Care Program

Emerging Threats  
Community Of Practice

CareUniversity &  
Continuing Education



**Thomas Zeltner, MD**  
Expert leader in Public Health  
Former Special Envoy of the WHO  
Former Secretary of State for Health  
Swiss Federal Office of Public Health, Bern, Switzerland

[Read bio...](#)

[View video clip](#)

### The Healthcare Threat Safety Spectrum



The private community of practice addresses a number of sensitive topics and subject matter that should not be made public for security reasons.

- **Brand Damage** from Outside, Inside, and or Mixed Outside-Inside Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force Incidents** including events causing physical harm to staff, caregivers, students, or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biologic, radiologic, nuclear, and explosive weapons. Also weaponization of transportation & vehicles (CBRNET)
- **Violent Acts Against Leadership** where administrative, clinical, or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients with or without enablers who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems failures identified by mortality reviews such as diagnostic errors.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Readiness for Epidemics** including preparedness for testing and volume surges.
- **Sexual Misconduct** including sexual harassment, abuse of power, and or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those we serve including patients and their families and or those who serve in the organization.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Employee Fraud** including misrepresentation of identity or qualifications, safety related issues such as vaccination and testing status, and attestations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related issues such as vaccination and testing status, and attestations of truth.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or false whistleblowers.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.



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- **Regulatory Compliance Issues** including new risk for non-compliance.



THE UNIVERSITY OF TEXAS  
**MDAnderson**  
~~Cancer Center~~



## Emerging Threats Community of Practice

**Stanford**  
University



**UCSF**  
University of California  
San Francisco



**UF** UNIVERSITY of  
**FLORIDA**



# Bystander Rescue Care & Omicron



- ❑ **How should OMICRON impact my plans?**
- ❑ QUARANTINE: HOW do I follow the new guidelines?
- ❑ ISOLATION: HOW do I follow the new guidelines?
- ❑ TESTING: HOW do I get the right test?
- ❑ BREAKTHROUGH INFECTION: How deal with one?
- ❑ How do I care for leading FAMILY EMERGENCIES?
- ❑ How do we design a safer FAMILY GATHERING?
- ❑ How should I "RETURN TO WORK"?



*Turn the Science into Safety™*

# Bystander Rescue Care & Omicron

## □ How should OMICRON impact my plans?

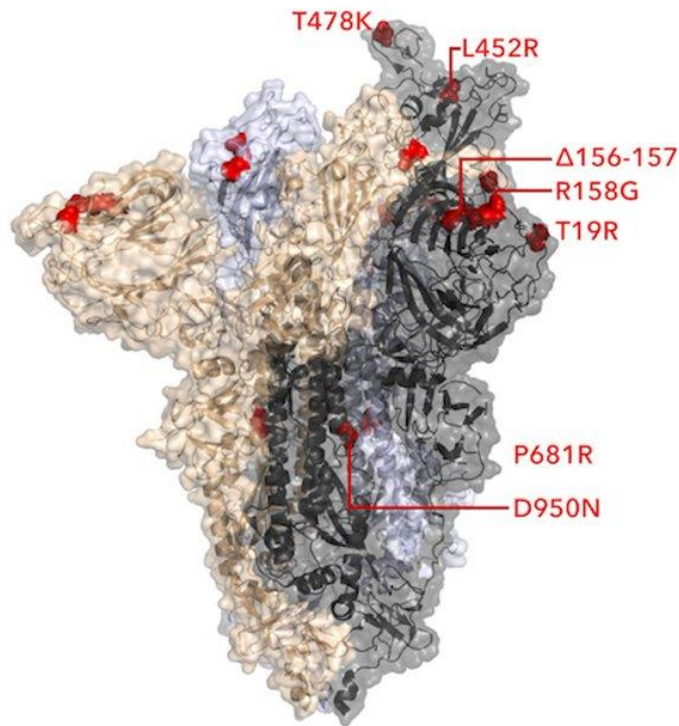
- Omicron versus Delta
- Four Pillars
- Masks: Filter, Fit, and Finish
- Dr Casey Clements and Mayo
- Family Plan: The 5 R's



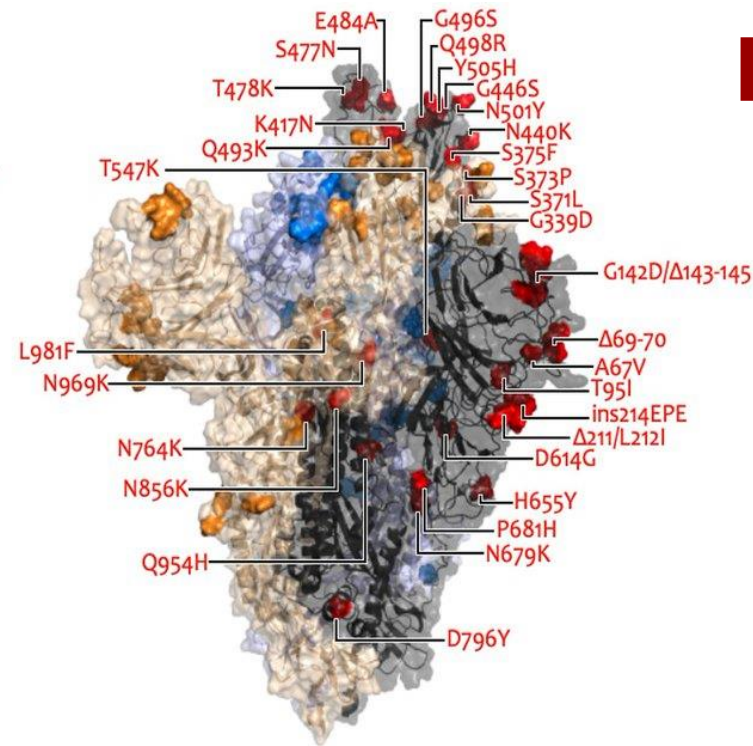
*Turn the Science into Safety™*

# Delta versus Omicron

## Delta



## Omicron

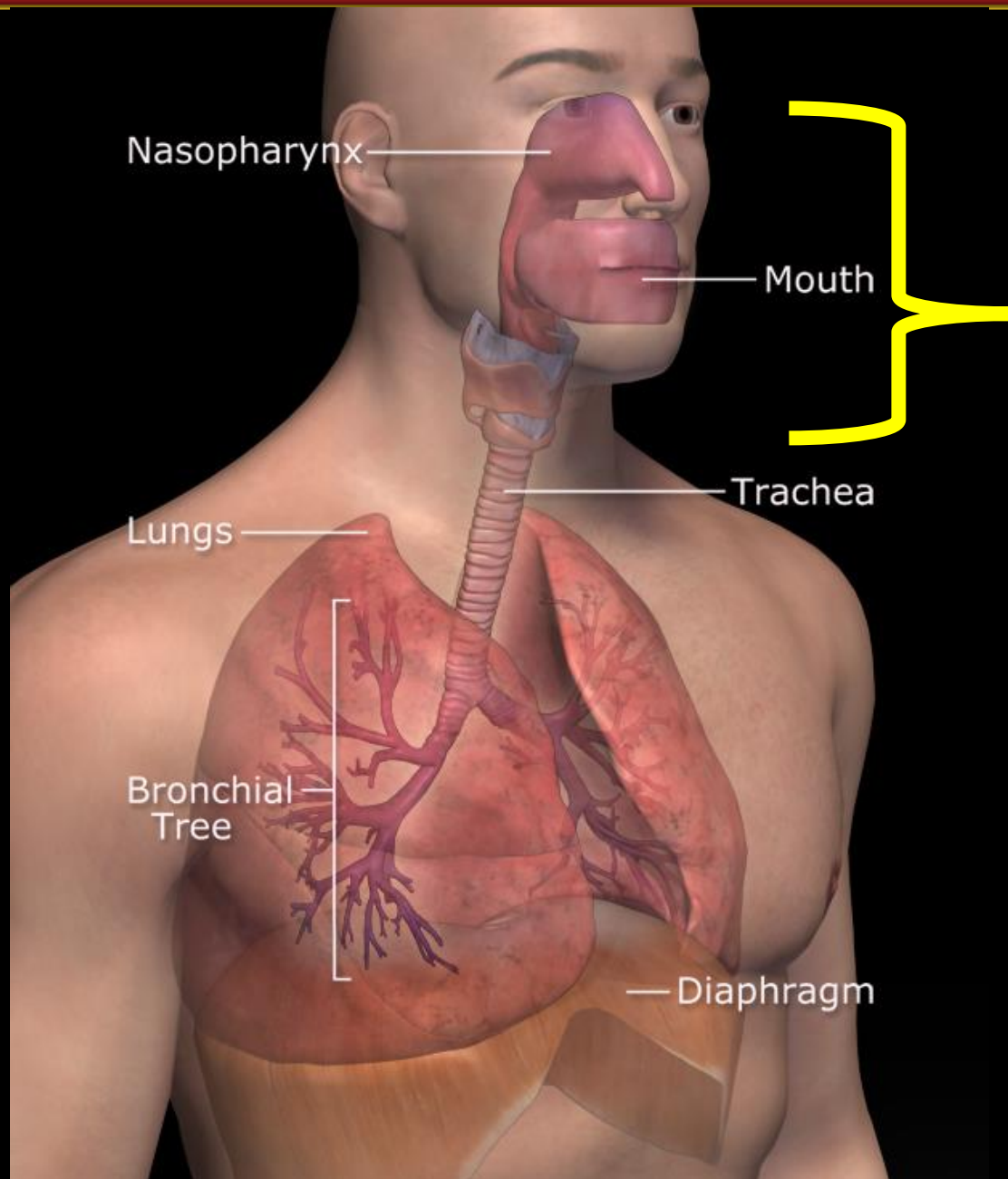


**High Transmissibility**

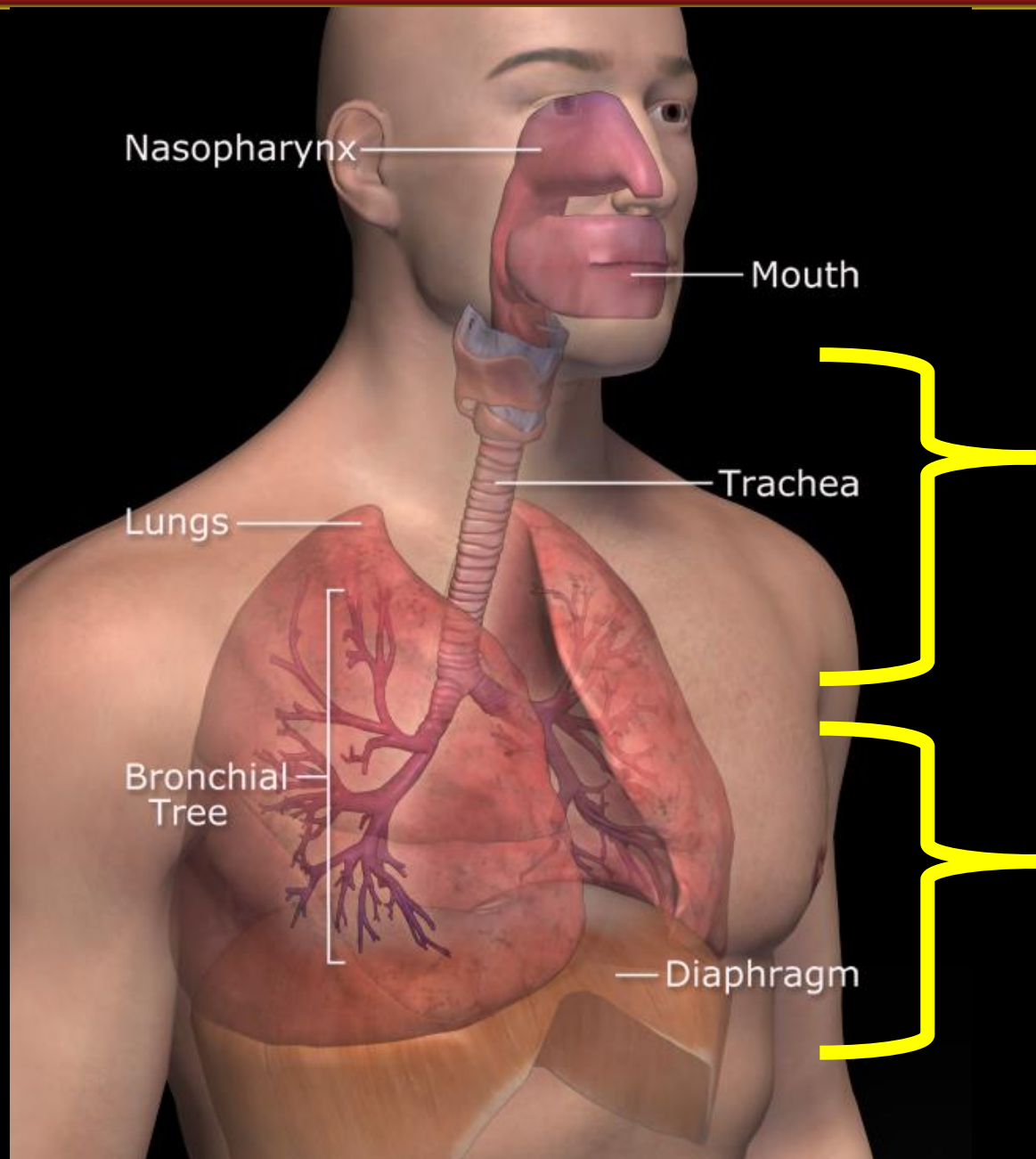
**Immune Escape**

**Lower Severity**





**Delta**  
**1,000 Times**  
**Viral Load**  
**In BOTH**  
**Vaccinated and**  
**Unvaccinated**

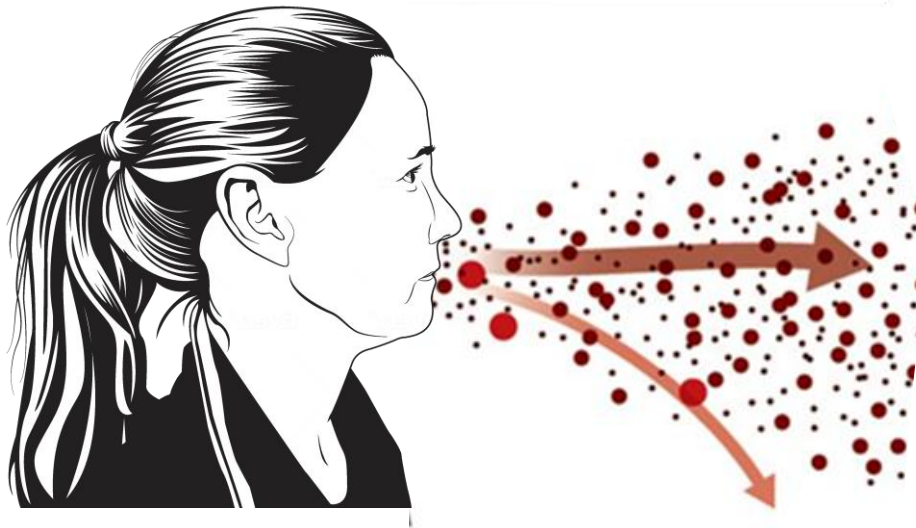


**Omicron Grows  
70 Times Faster  
in Airways**

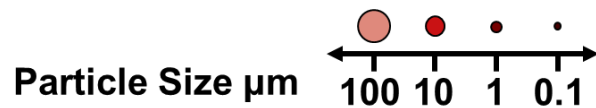
**Omicron Grows  
10 Times Slower  
in Lung Tissue**

# 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.



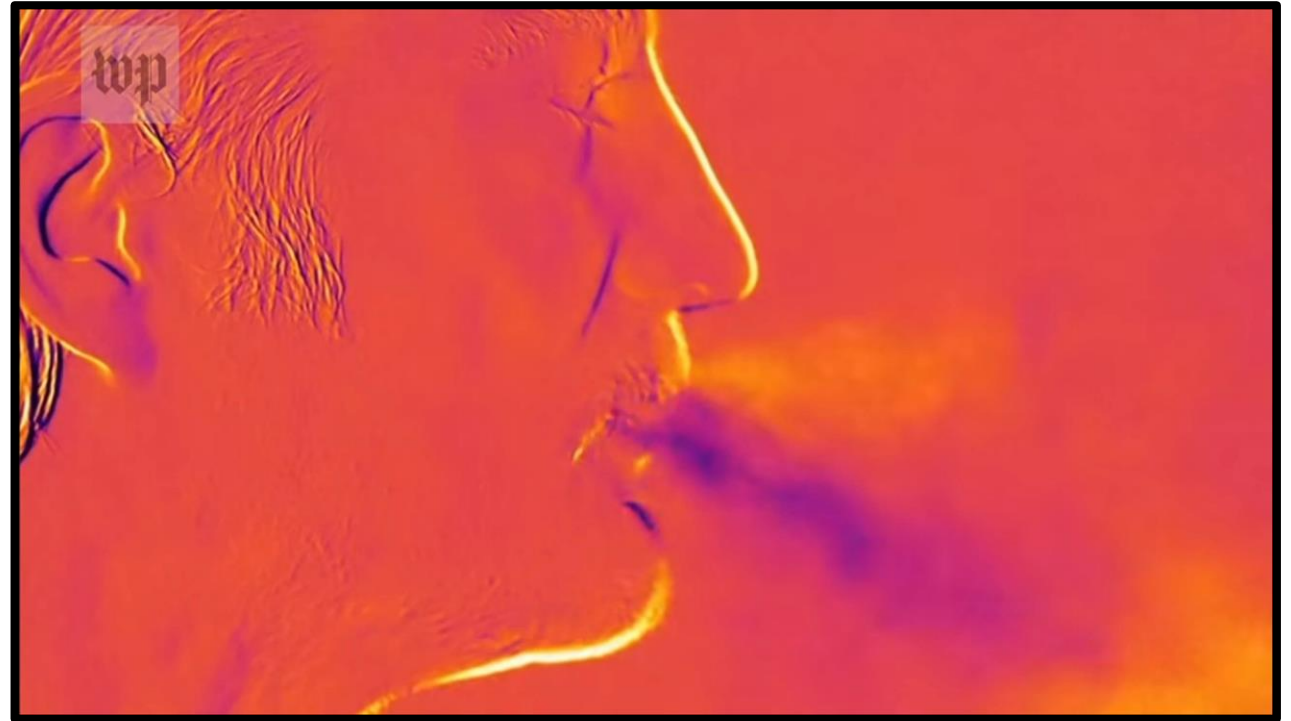
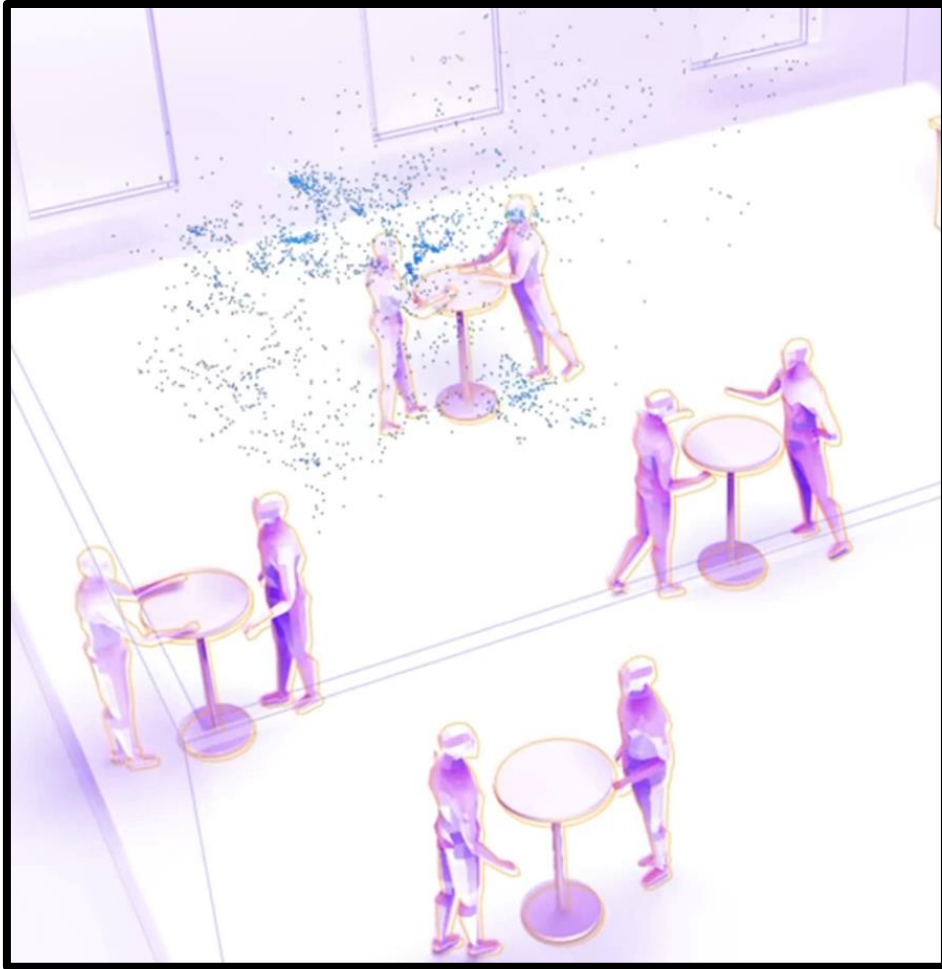
**AEROSOLS** are smaller will evaporate faster than they can settle, are buoyant, and thus can be affected by air currents, which can transport them over longer distances.



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

## Washington Post Video

Infrared video shows the risks of airborne coronavirus spread

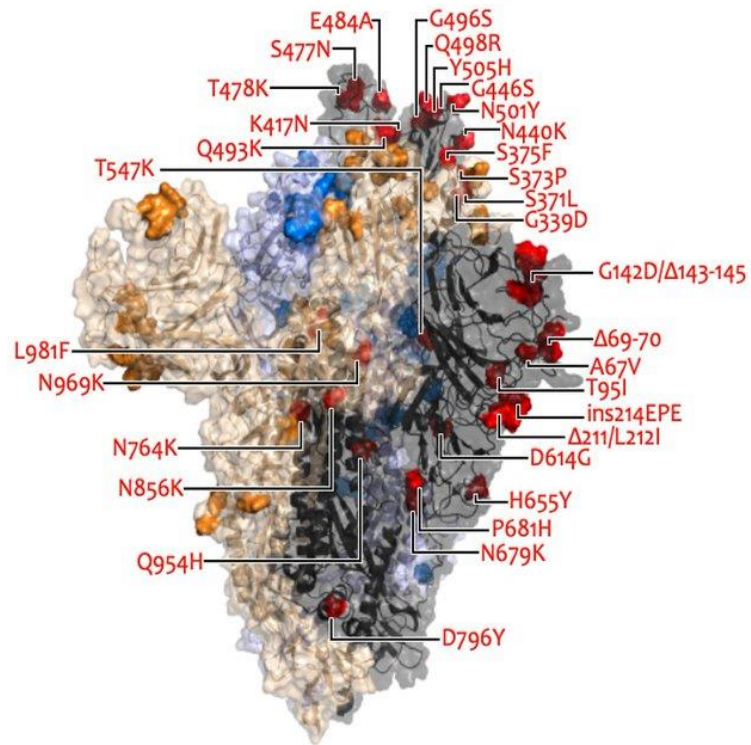


<https://www.youtube.com/watch?v=xEp-Sdgl9AU>



# Best Filter, Fit, and Finish

## Omicron



**N95 Mask**

# **Critical Mask Factors**

- **Filter**
- **Fit**
- **Finish**

## **Varied Protection**

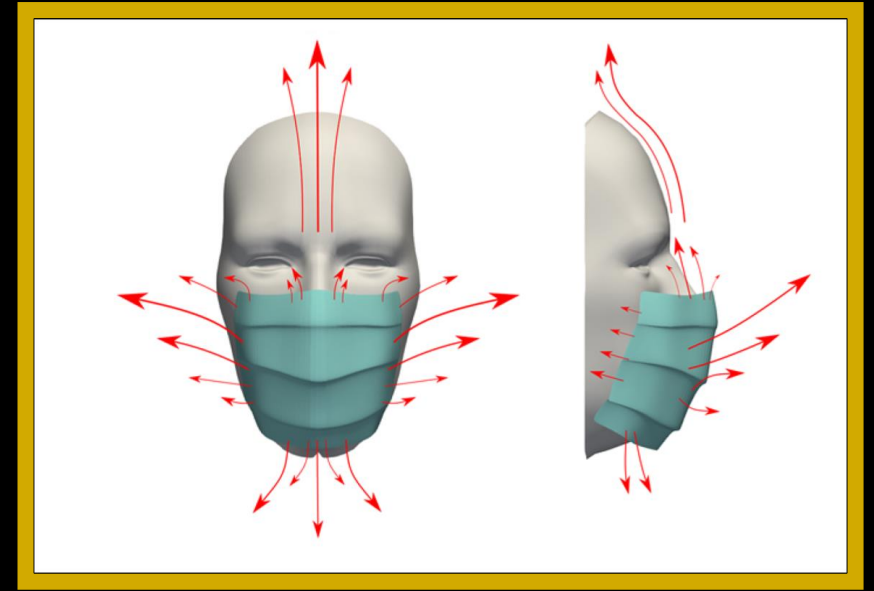


**Cloth, Surgical,  
and N95 Filters vary**

# **Critical Mask Factors**

- **Filter**
- **Fit**
- **Finish**

## **Good Seal Required**



# **Critical Mask Factors**

- **Filter**

- **Fit**

- **Finish**

**Safe Removal, Cleaning, and Disposal**





## **Masks: Filter, Fit, and Finish**

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



**Cloth Mask**



**Surgical Mask**



**N95 Mask**

# Time It Takes To Transmit An Infectious Dose Of Covid-19

THE WALL STREET JOURNAL.

January 2, 2022

PERSON NOT INFECTED IS WEARING

		PERSON NOT INFECTED IS WEARING			
		Nothing	Cloth Mask	Surgical Mask	N95 Mask
PERSON INFECTED IS WEARING	Nothing	15 min.	20 min.	30 min.	2.5 hours
	Cloth Mask	20 min.	27 min.	40 min.	3.3 hours
	Surgical Mask	30 min.	40 min.	1 hours	5 hours
	N95 Mask	2.5 hours	3.3 hours	5 hours	25 hours

Exposure Times and Infectious Dose Estimates are Pre-Omicron

Adapted from WSJ Note: Results published in Spring 2021. The CDC expects the Omicron variant to spread more easily.  
Source: ACGIH's Pandemic Response Task Force

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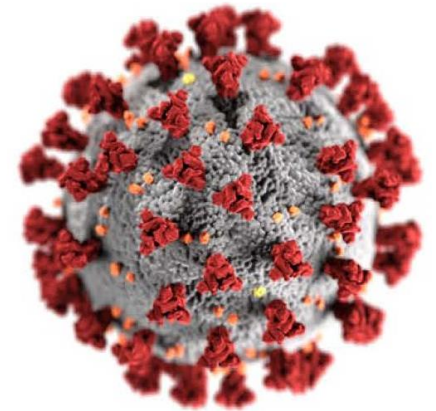


## Message Regarding Masks



**Casey Clements MD, PhD**

**Emergency Department Practice Chair  
Staff Safety Officer, Occupational Safety  
Mayo Clinic  
Rochester, Minnesota**



## **Masks: Surgical versus N95 Masks**



**Surgical Mask**



**N95 Mask**

# How well do face masks protect against coronavirus?

By Mayo Clinic Staff



Can face masks help slow the spread of the coronavirus (SARS-CoV-2) that causes COVID-19? Yes. Face masks combined with other preventive measures, such as getting vaccinated, frequent hand-washing and physical distancing, can help slow the spread of the virus.

Source: Mayo Clinic <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-mask/art-20485449>

# Bystander Rescue Care & Omicron



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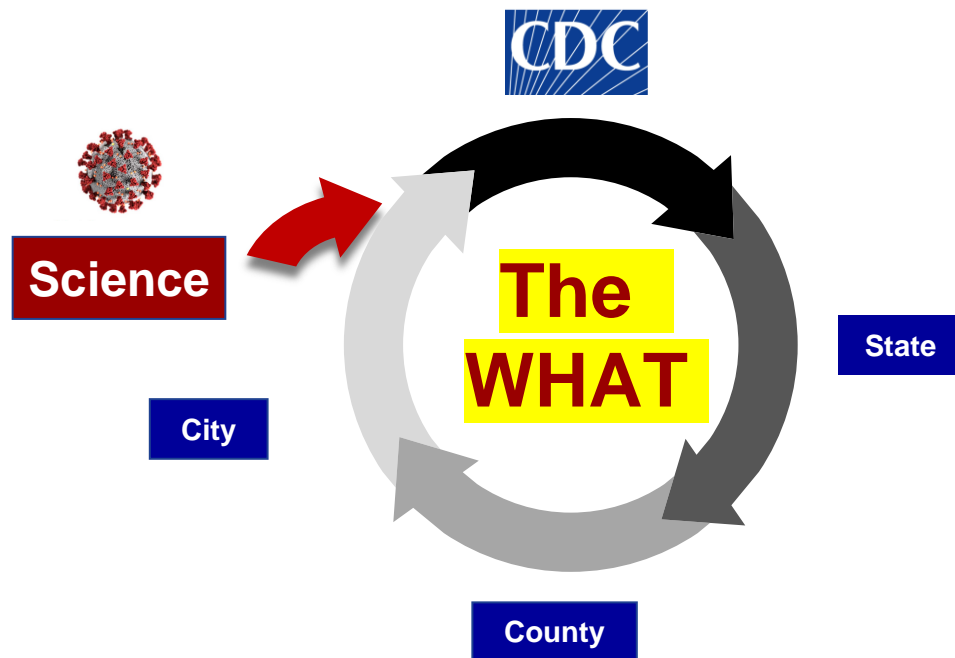


*Turn the Science into Safety™*

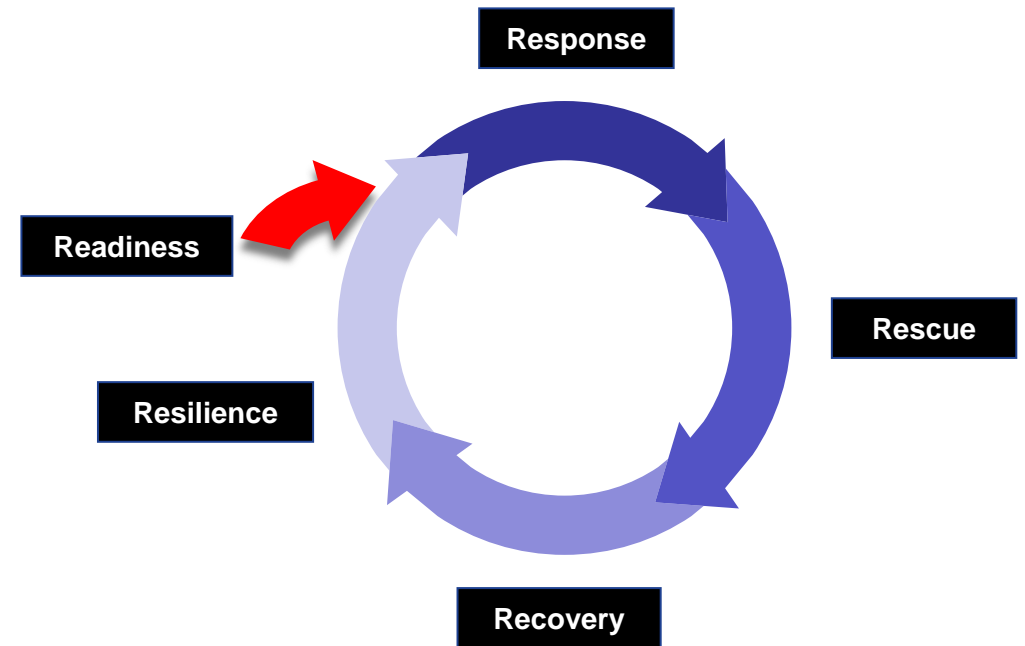


***They tell the WHAT....***

## ***Public Health Guidelines***

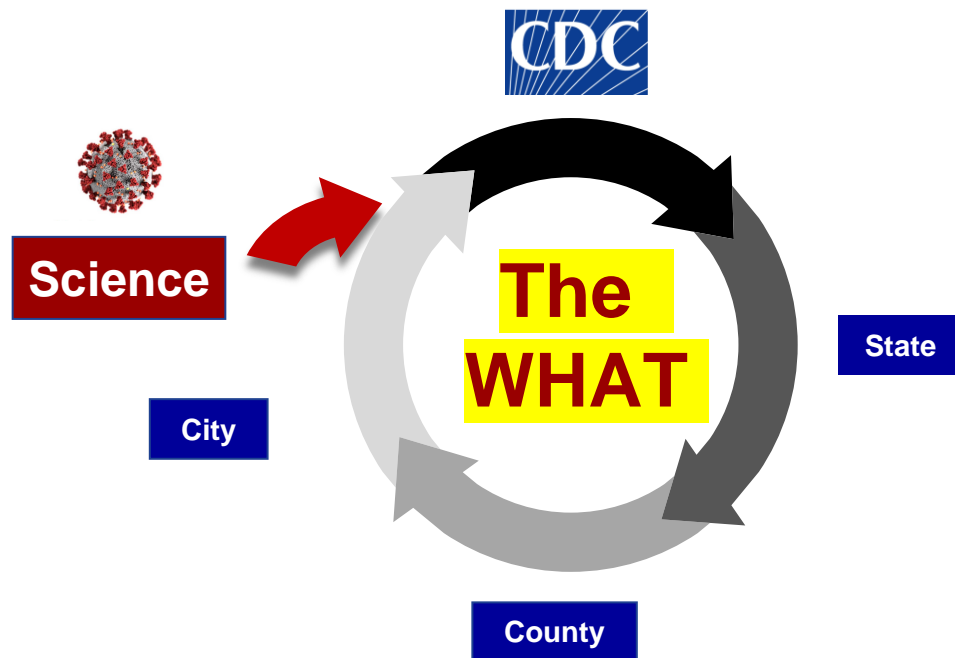


## ***Family Safety Plans***



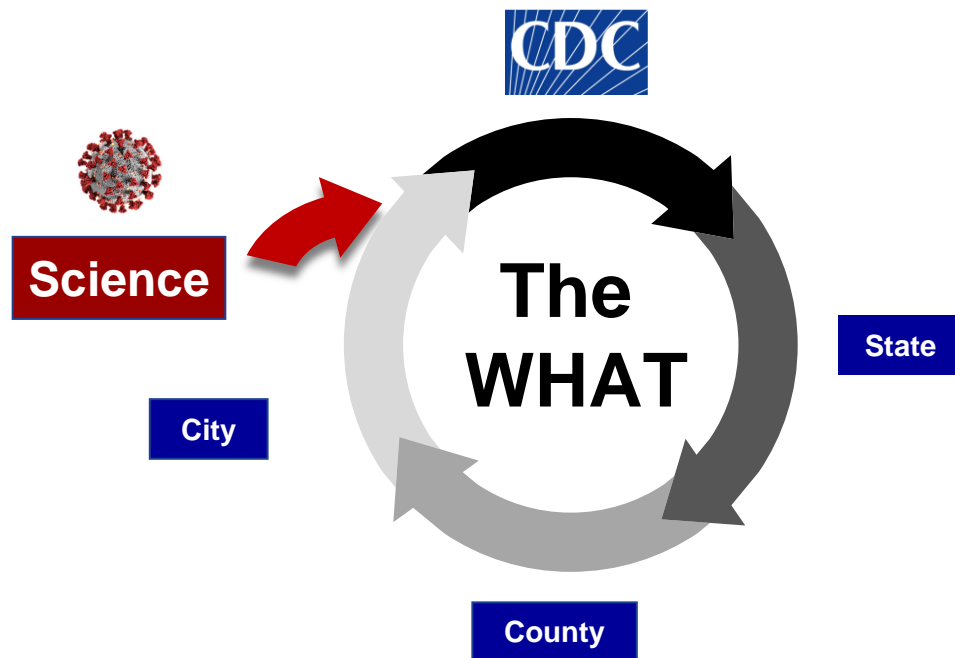
***They tell the WHAT....***

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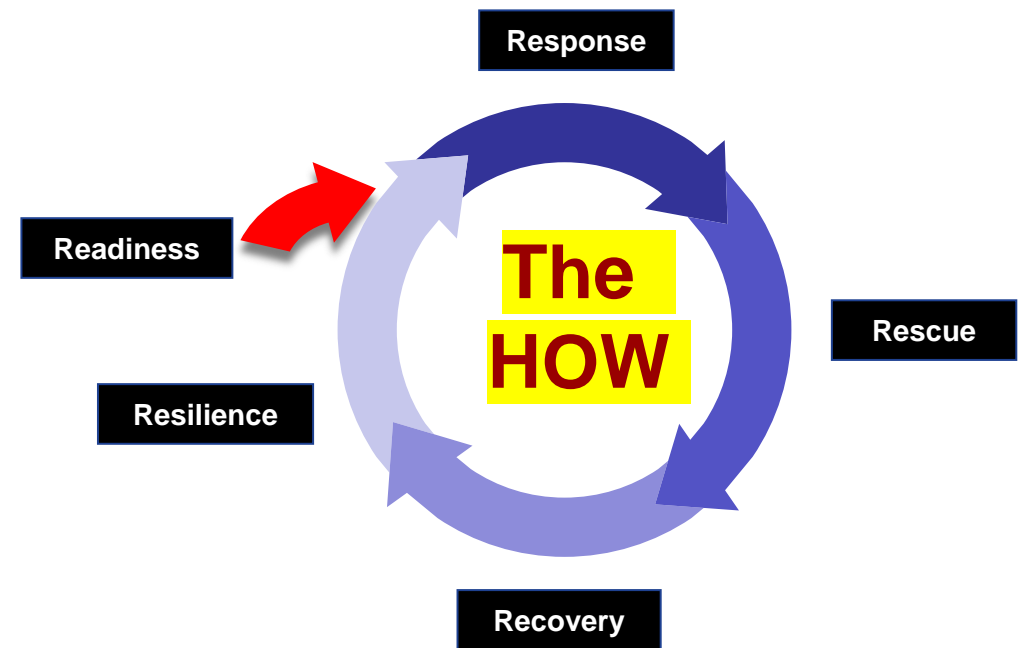


*They tell the WHAT.... **We teach the HOW***

## *Public Health Guidelines*

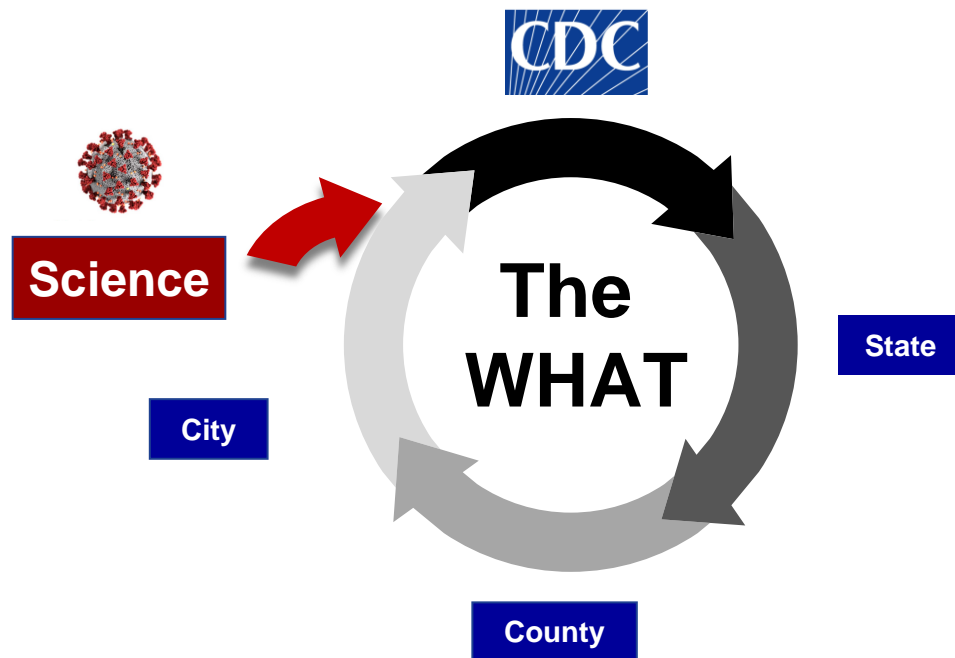


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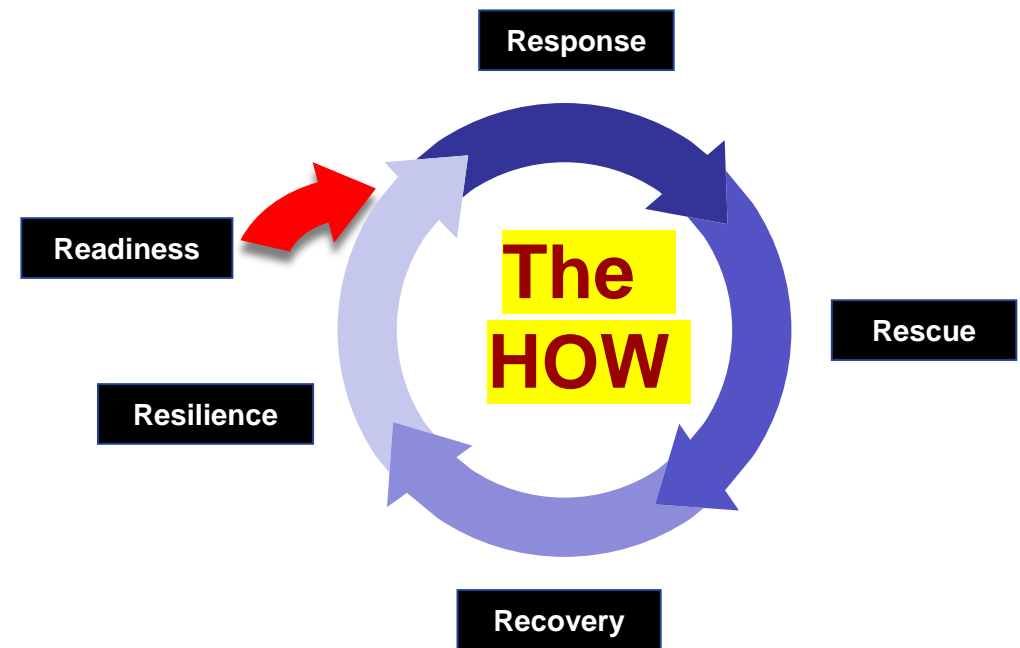


# Turn Science into Safety

## Public Health Guidelines



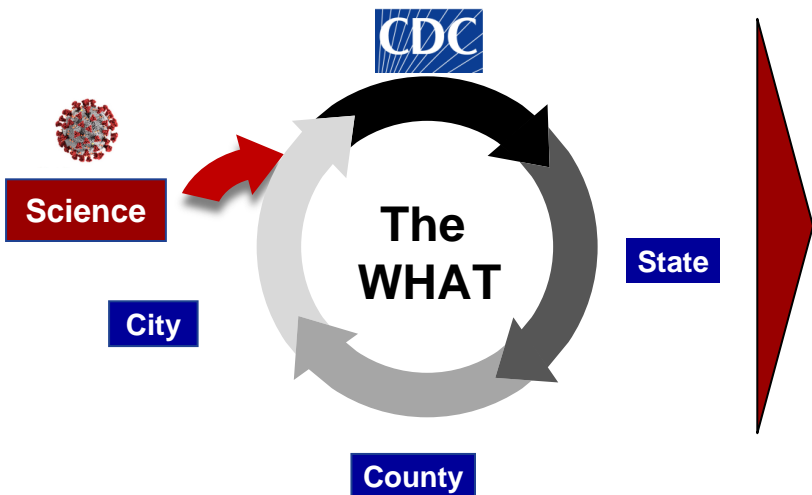
## Family Safety Plans





# Employers Turn Safety Into Success

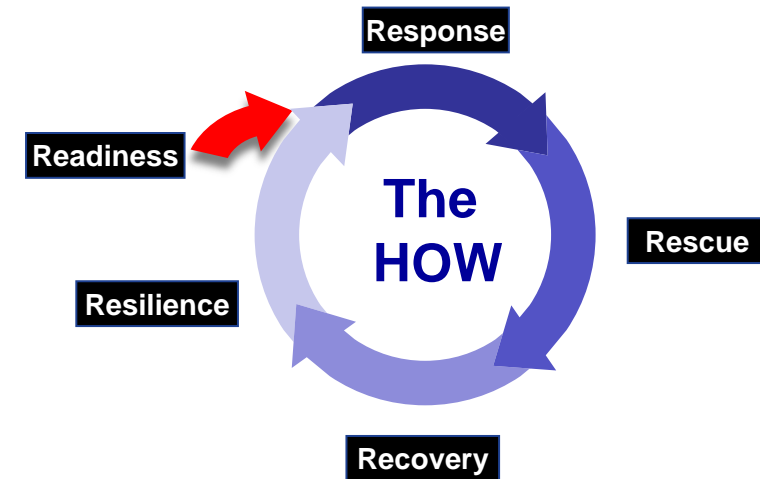
## Public Health Guidelines



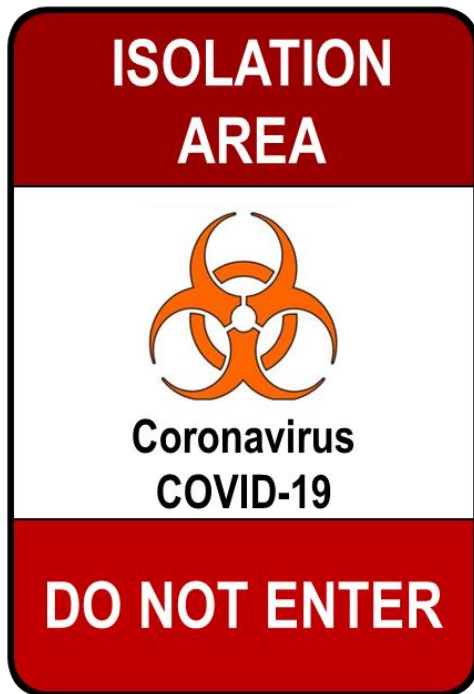
## Employer Guidelines



## Family Safety Plans



# Isolation & Quarantine: What's New?

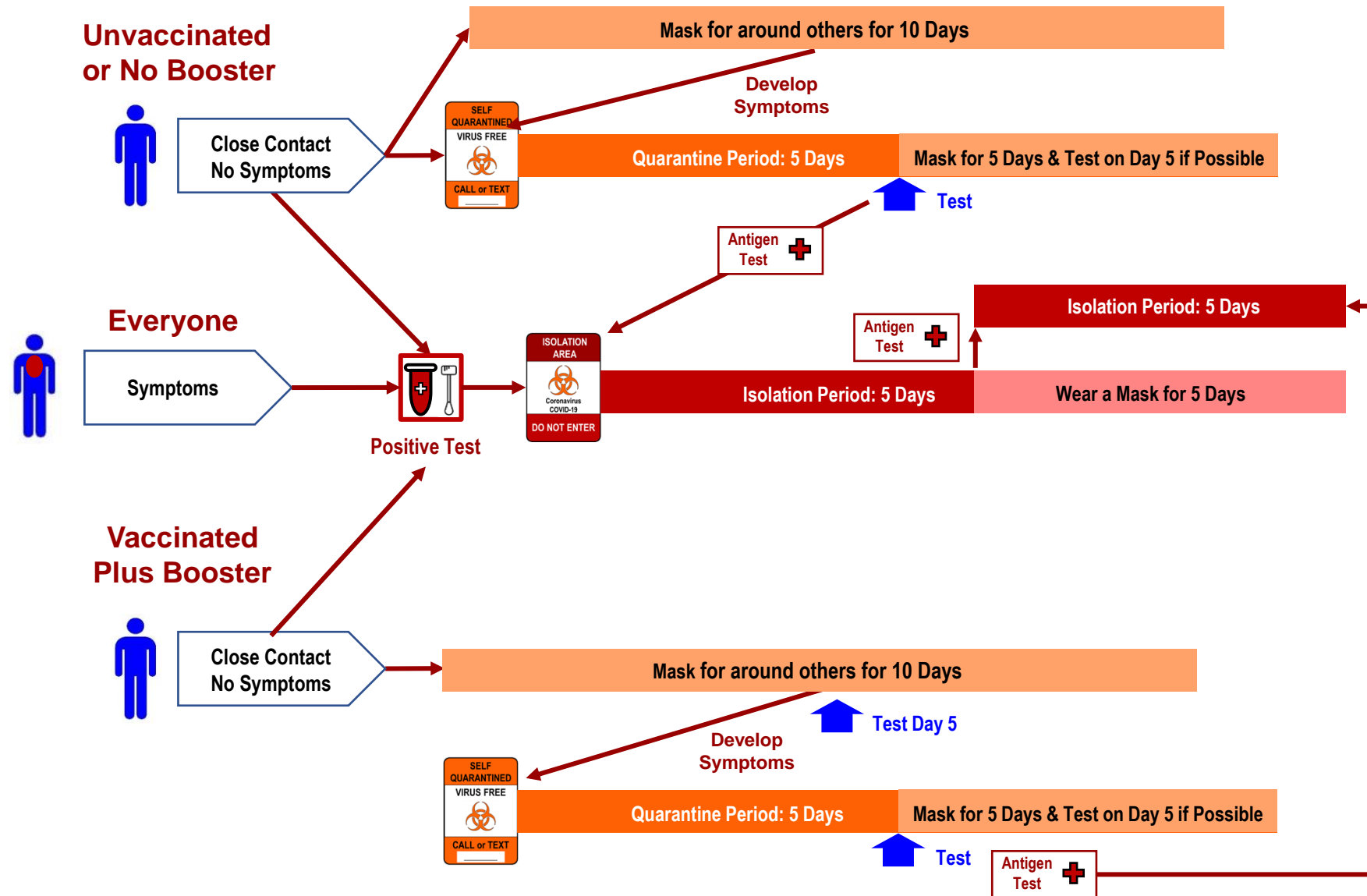


January 4, 2020

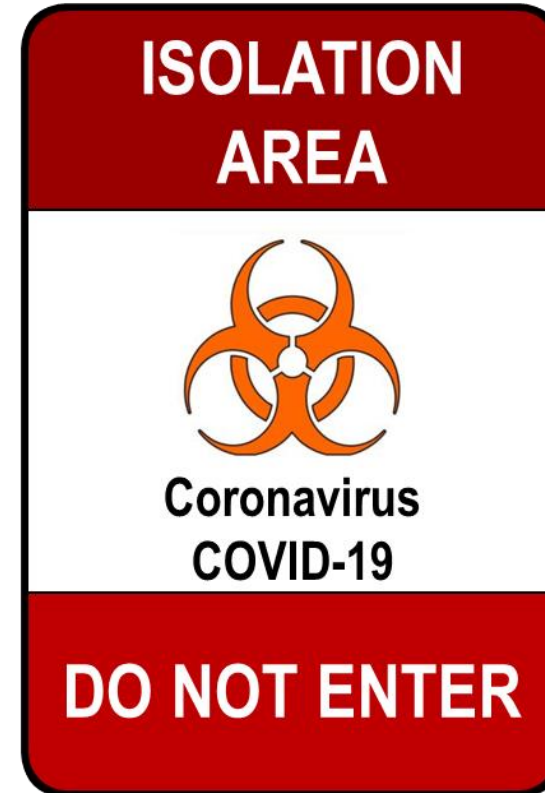




## CDC Guideline Summary

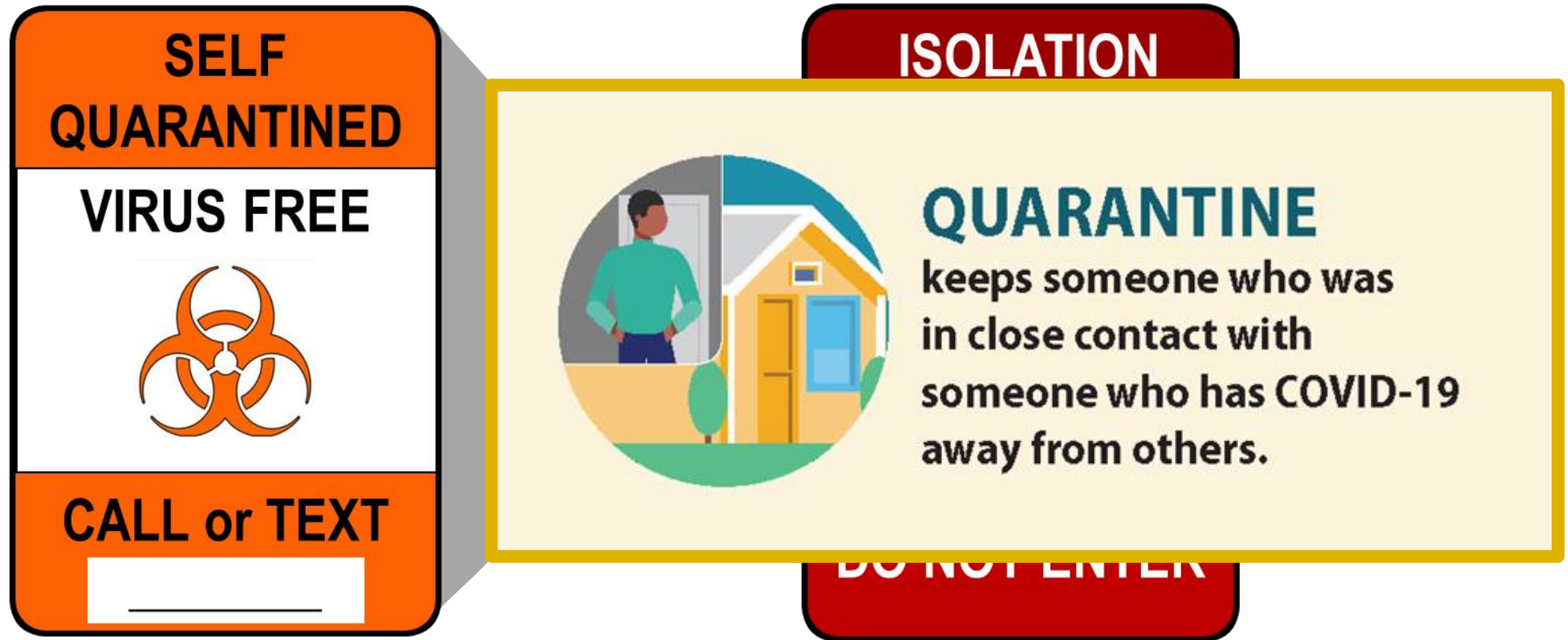


# Quarantine





# Quarantine versus Isolation





# QUARANTINE

**Keeps someone who was in close contact with someone who has COVID-19 away from others.**



# QUARANTINE

**Keeps someone who was in close contact with someone who has COVID-19 away from others.**

**Quarantine if you have been in close contact with someone who has COVID-19, unless you have been fully vaccinated and had the booster.**



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**Keeps someone who was in close contact with someone who has COVID-19 away from others.**

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# Quarantine

**Quarantine** is a strategy used to prevent transmission of COVID-19 by keeping people who have been in [close contact](#) with someone with COVID-19 apart from others.



## DEFINITIONS

### Exposure

Contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus.

### Close Contact

Someone who was less than [6 feet away from an infected person](#) (laboratory-confirmed or a [clinical diagnosis](#)) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). Learn more about [close contact](#), including exceptions to the definition for K-12 schools.

# Who does not need to quarantine

If you came into close contact with someone with COVID-19 and you are in one of the following groups, you do not need to quarantine.



- You are ages 18 or older and have received all [recommended vaccine doses](#), including [boosters](#) and [additional primary shots](#) for some immunocompromised people.
- You are ages 5-17 years and completed the [primary series](#) of COVID-19 vaccines.
- You had confirmed COVID-19 within the last 90 days (you tested positive using a [viral test](#)).

You should wear a [well-fitting mask](#) around others for 10 days from the date of your last close contact with someone with COVID-19 (the date of last close contact is considered day 0). [Get tested](#) at least 5 days after you last had close contact with someone with COVID-19. If you test positive or develop COVID-19 symptoms, isolate from other people and follow recommendations in the [Isolation](#) section below. If you tested positive for COVID-19 with a [viral test](#) within the previous 90 days and subsequently recovered and remain without COVID-19 symptoms, you do not need to quarantine or get tested after close contact. You should wear a [well-fitting mask](#) around others for 10 days from the date of your last close contact with someone with COVID-19 (the date of last close contact is considered day 0).



## Who should quarantine?

If you come into close contact with someone with COVID-19, you should quarantine if you are in one of the following groups:

- You are ages 18 or older and completed the [primary series](#) of recommended vaccine, but have not received a [recommended](#) booster shot when eligible.
- You received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a [recommended](#) booster shot.
- You are not vaccinated or have not completed a [primary vaccine series](#).

## What to do for quarantine



- Stay home and away from other people for at least 5 days (day 0 through day 5) after your last contact with a person who has COVID-19. The date of your exposure is considered day 0. Wear a [well-fitting mask](#) when around others at home, if possible.
- For 10 days after your last close contact with someone with COVID-19, watch for fever (100.4°F or greater), cough, shortness of breath, or other [COVID-19 symptoms](#).
- If you develop symptoms, [get tested](#) immediately and isolate until you receive your test results. If you test positive, follow [isolation](#) recommendations.
- If you do not develop symptoms, [get tested](#) at least 5 days after you last had close contact with someone with COVID-19.
  - If you test negative, you can leave your home, but continue to wear a [well-fitting mask](#) when around others at home and in public until 10 days after your last close contact with someone with COVID-19.
  - If you test positive, you should isolate for at least 5 days from the date of your positive test (if you do not have symptoms). If you do develop [COVID-19 symptoms](#), isolate for at least 5 days from the date your symptoms began (the date the symptoms started is day 0). Follow recommendations in the [isolation](#) section below.



# What to do for quarantine (Continued)



- If you are unable to get a test 5 days after last close contact with someone with COVID-19, you can leave your home after day 5 if you have been without [COVID-19 symptoms](#) throughout the 5-day period. Wear a [well-fitting mask](#) for 10 days after your date of last close contact when around others at home and in public.
- Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.
- If possible, stay away from people you live with, especially people who are at [higher risk](#) for getting very sick from COVID-19, as well as others outside your home throughout the full 10 days after your last close contact with someone with COVID-19.
- If you are unable to quarantine, you should wear a [well-fitting mask](#) for 10 days when around others at home and in public.
- If you are unable to wear a mask when around others, you should continue to quarantine for 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.
- Do not travel during your 5-day quarantine period. Get tested at least 5 days after your last close contact and make sure your test result is negative and you remain without symptoms before traveling. If you don't get tested, delay travel until 10 days after your last close contact with a person with COVID-19. If you must travel before the 10 days are completed, wear a [well-fitting mask](#) when you are around others for the entire duration of travel during the 10 days. If you are unable to wear a mask, you should not travel during the 10 days.
- Do not go to places where you are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until after 10 days after your last close contact with someone with COVID-19.



## After quarantine

- Watch for symptoms until 10 days after your last close contact with someone with COVID-19.
- If you have symptoms, isolate immediately and [get tested](#).

## Quarantine in high-risk congregate settings

In certain congregate settings that have high risk of secondary transmission (such as correctional and detention facilities, homeless shelters, or cruise ships), CDC recommends a 10-day quarantine for residents, regardless of vaccination and booster status. During periods of critical staffing shortages, facilities may consider shortening the quarantine period for staff to ensure continuity of operations. Decisions to shorten quarantine in these settings should be made in consultation with state, local, tribal, or territorial health departments and should take into consideration the context and characteristics of the facility. CDC's [setting-specific guidance](#) provides additional recommendations for these settings.

# Bystander Rescue Care & Omicron



- ✓ How should OMICRON impact my plans?
- ✓ QUARANTINE: HOW do I follow the new guidelines?
- ❑ **ISOLATION: HOW do I follow the new guidelines?**
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# Quarantine versus Isolation

**SELF**



## **ISOLATION**

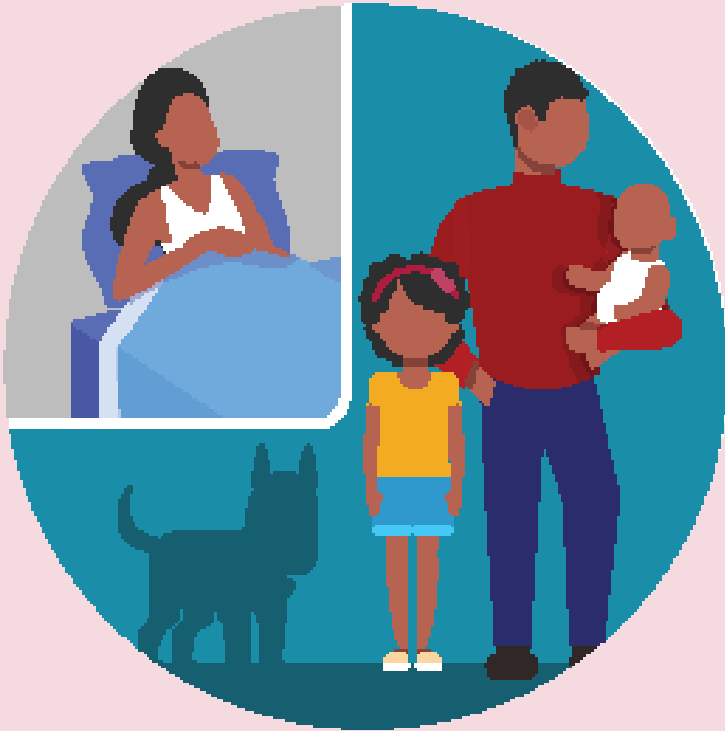
Keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

**ISOLATION  
AREA**



**Coronavirus  
COVID-19**

**DO NOT ENTER**



# ISOLATION

**Keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.**

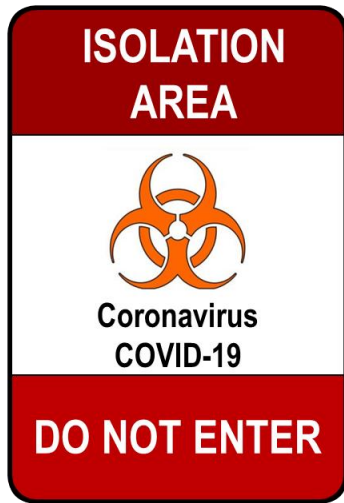




# ISOLATION

**Keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.**

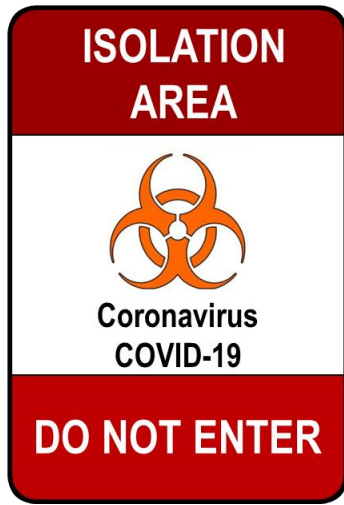
**People who are in isolation should stay home and stay in a specific “sick room” or area and use a separate bathroom (if available).**



## Isolation

**Isolation** is used to separate people with confirmed or suspected COVID-19 from those without COVID-19. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, or wear a [well-fitting mask](#) when they need to be around others. People in isolation should stay in a specific "sick room" or area and use a separate bathroom if available. Everyone who has presumed or confirmed COVID-19 should stay home and isolate from other people for at least 5 full days (day 0 is the first day of symptoms or the date of the day of the positive viral test for asymptomatic persons). They should wear a mask when around others at home and in public for an additional 5 days. People who are confirmed to have COVID-19 or are showing symptoms of COVID-19 need to isolate regardless of their vaccination status. This includes:

- People who have a [positive viral test](#) for COVID-19, regardless of whether or not they have [symptoms](#).
- People with [symptoms](#) of COVID-19, including people who are awaiting test results or have not been tested. People with symptoms should isolate even if they do not know if they have been in close contact with someone with COVID-19.



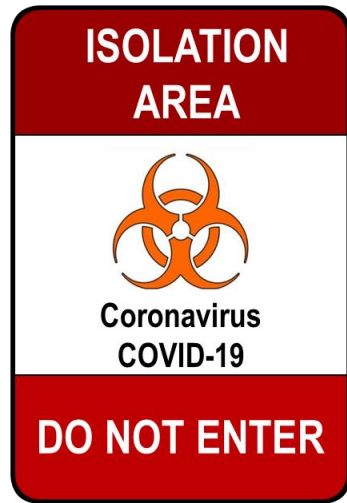
## What to do for isolation

- Monitor your [symptoms](#). If you have an [emergency warning sign](#) (including trouble breathing), seek emergency medical care immediately.
- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Take steps to [improve ventilation at home](#), if possible.
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- Wear a [well-fitting mask](#) when you need to be around other people.

Learn more about [what to do if you are sick](#) and [how to notify your contacts](#).

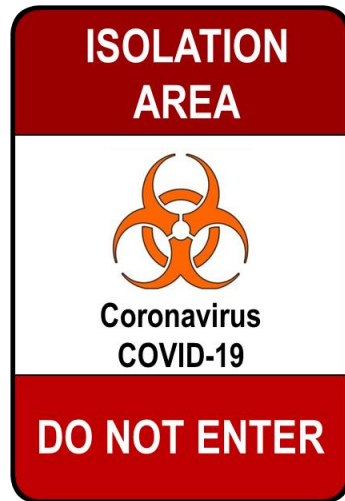
# Ending isolation for people who had COVID-19 and had symptoms

If you had COVID-19 and had [symptoms](#), isolate for at least 5 days. To calculate your 5-day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. You can leave isolation after 5 full days.



- You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).
- You should continue to wear a [well-fitting mask](#) around others at home and in public for 5 additional days (day 6 through day 10) after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.
- If you continue to have fever or your other symptoms have not improved after 5 days of isolation, you should wait to end your isolation until you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved. Continue to wear a [well-fitting mask](#). Contact your healthcare provider if you have questions.
- Do not travel during your 5-day isolation period. After you end isolation, avoid travel until a full 10 days after your first day of symptoms. If you must travel on days 6-10, wear a [well-fitting mask](#) when you are around others for the entire duration of travel. If you are unable to wear a mask, you should not travel during the 10 days.
- Do not go to places where you are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until a full 10 days after your first day of symptoms.

## “If an individual wants to test towards the end of the 5-day isolation period”



If an individual has access to a test and wants to test, the best approach is to use an [antigen test](#)<sup>1</sup> towards the end of the 5-day isolation period. Collect the test sample only if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a [well-fitting mask](#) around others at home and in public until day 10. Follow additional recommendations for masking and restricting travel as described above.

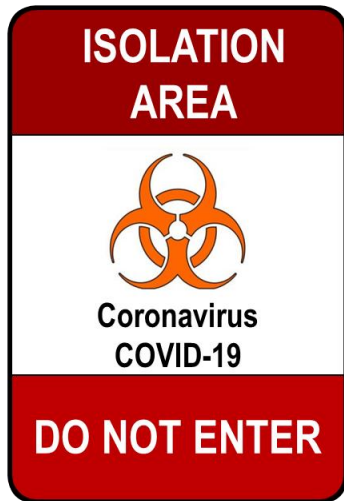
<sup>1</sup>As noted in the [labeling for authorized over-the counter antigen tests](#) [↗](#) : Negative results should be treated as presumptive. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. To improve results, antigen tests should be used twice over a three-day period with at least 24 hours and no more than 48 hours between tests.

Note that these recommendations on ending isolation **do not** apply to people with severe COVID-19 or with weakened immune systems (immunocompromised). See section below for recommendations for when to end isolation for these groups.




# Ending isolation for people who tested positive for COVID-19 but had no symptoms

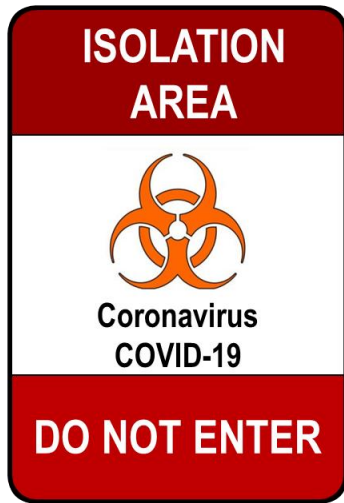
If you test positive for COVID-19 and never develop [symptoms](#), isolate for at least 5 days. Day 0 is the day of your positive viral test (based on the date you were tested) and day 1 is the first full day after the specimen was collected for your positive test. You can leave isolation after 5 full days.



- If you continue to have no symptoms, you can end isolation after at least 5 days.
- You should continue to wear a [well-fitting mask](#) around others at home and in public until day 10 (day 6 through day 10). If you are unable to wear a mask when around others, you should continue to isolate for 10 days. Avoid people who are [immunocompromised or at high risk for severe disease](#), and nursing homes and other high-risk settings, until after at least 10 days.
- If you develop [symptoms](#) after testing positive, your 5-day isolation period should start over. Day 0 is your first day of symptoms. Follow the recommendations above for [ending isolation for people who had COVID-19 and had symptoms](#).
- Do not travel during your 5-day isolation period. After you end isolation, avoid travel until 10 days after the day of your positive test. If you must travel on days 6-10, wear a [well-fitting mask](#) when you are around others for the entire duration of travel. If you are unable to wear a mask, you should not travel during the 10 days after your positive test.
- Do not go to places where you are unable to wear a mask, such as restaurants and some gyms, and avoid eating around others at home and at work until 10 days after the day of your positive test.

If an individual has access to a test and wants to test, the best approach is to use an [antigen test](#)<sup>1</sup> towards the end of the 5-day isolation period. If your test result is positive, you should continue to isolate until day 10. If your test result is negative, you can end isolation, but continue to wear a [well-fitting mask](#) around others at home and in public until day 10. Follow additional recommendations for masking and restricting travel described above.

<sup>1</sup>As noted in the [labeling for authorized over-the-counter antigen tests](#)  : Negative results should be treated as presumptive. Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. To improve results, antigen tests should be used twice over a three-day period with at least 24 hours and no more than 48 hours between tests.



## Ending isolation for people who were severely ill with COVID-19 or have a weakened immune system (immunocompromised)

People who are severely ill with COVID-19 (including those who were hospitalized or required intensive care or ventilation support) and people with [compromised immune systems](#) might need to isolate at home longer. They may also require testing with a [viral test](#) to determine when they can be around others. CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for [people with weakened immune systems](#). Consult with your healthcare provider about when you can resume being around other people.

People who are immunocompromised should talk to their healthcare provider about the potential for reduced immune responses to COVID-19 vaccines and the need to continue to follow [current prevention measures](#) (including wearing a [well-fitting mask](#), [staying 6 feet apart from others](#) they don't live with, and avoiding crowds and poorly ventilated indoor spaces) to protect themselves against COVID-19 until advised otherwise by their healthcare provider. Close contacts of immunocompromised people – including household members – should also be encouraged to receive all [recommended COVID-19 vaccine doses](#) to help protect these people.

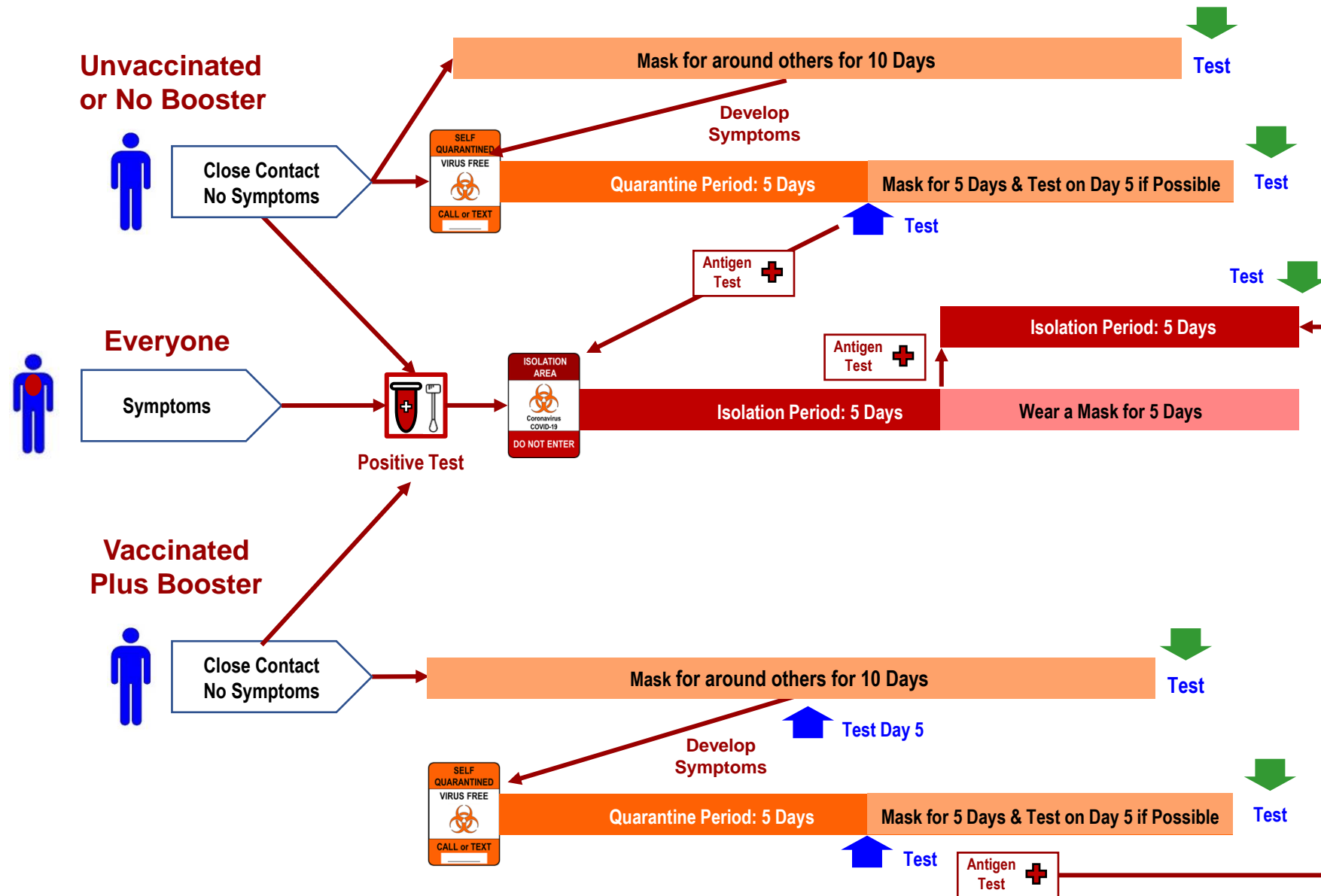
## Isolation in high-risk congregate settings

In certain high-risk congregate settings that have high risk of secondary transmission and where it is not feasible to cohort people (such as correctional and detention facilities, homeless shelters, and cruise ships), CDC recommends a 10-day isolation period for residents. During periods of critical staffing shortages, facilities may consider shortening the isolation period for staff to ensure continuity of operations. Decisions to shorten isolation in these settings should be made in consultation with state, local, tribal, or territorial health departments and should take into consideration the context and characteristics of the facility. CDC's [setting-specific guidance](#) provides additional recommendations for these settings.

This CDC guidance is meant to supplement—not replace—any federal, state, local, territorial, or tribal health and safety laws, rules, and regulations with which homeless shelters must comply.



## CDC Guideline Summary

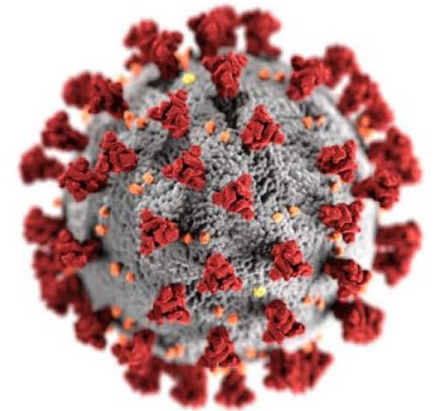


## Omicron and Message to Families



**Heather Foster, RN**

**Infection Prevention Expert  
Practicing Nurse  
Award Winning Patient Safety Leader  
National Caregiver Advocate**



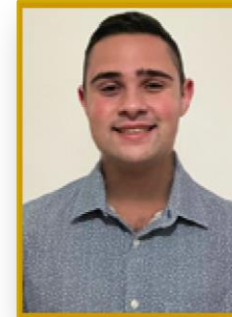
### Reactors



Jennifer Dingman



William Adcox



Daniel Policicchio, Jr.



Randy Styner



John Little



# Bystander Rescue Care & Omicron

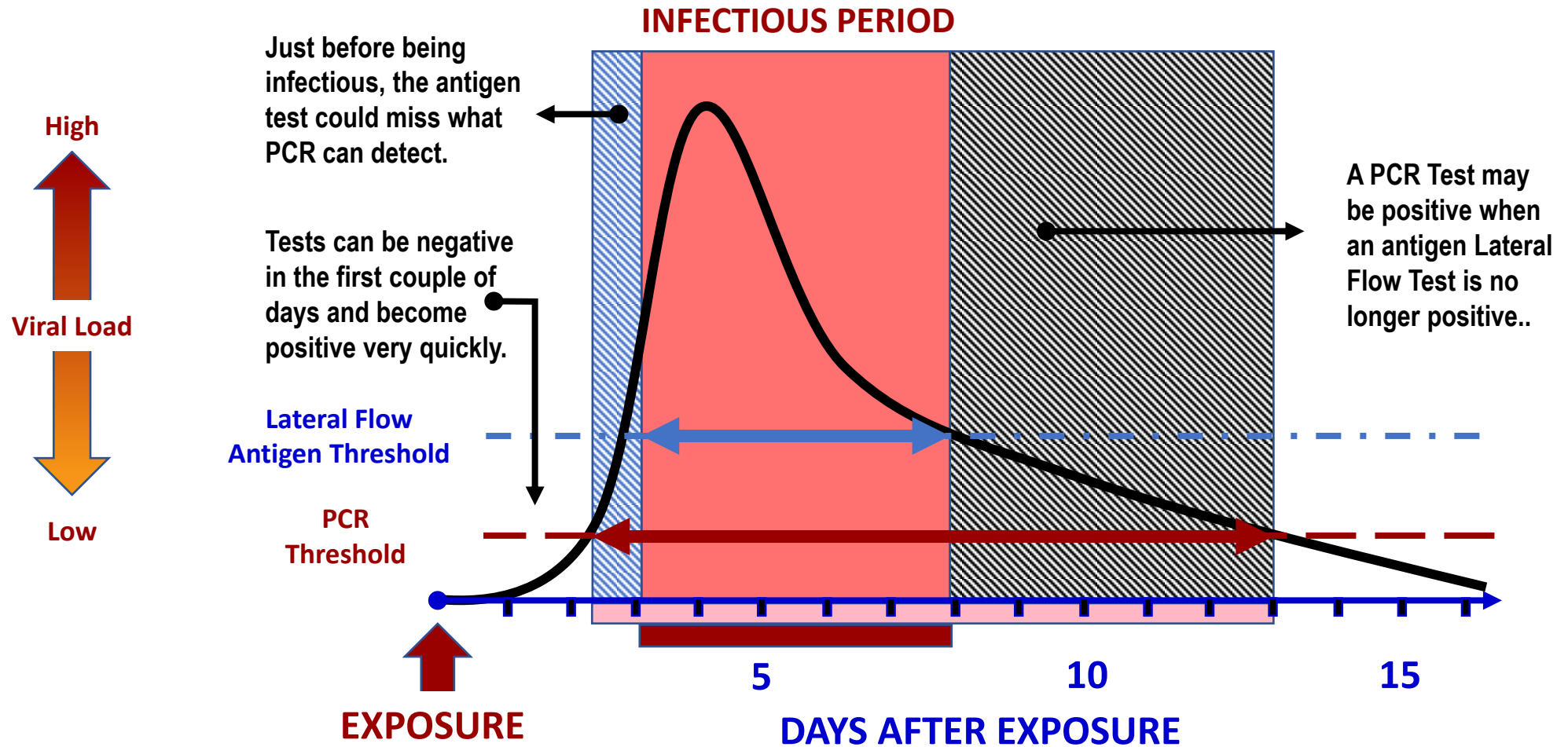


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*Turn the Science into Safety™*

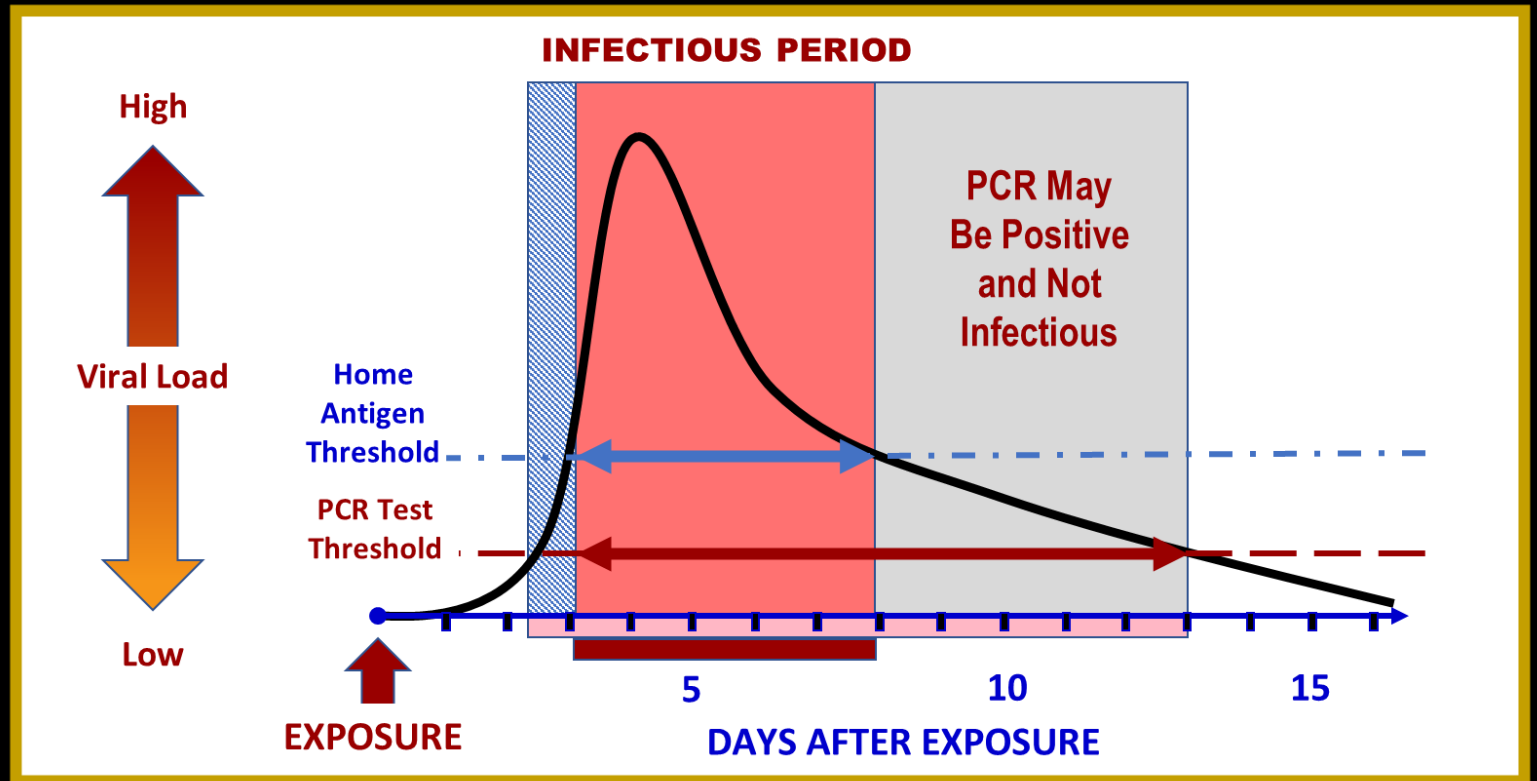
# The WHO, WHAT, WHEN, and HOW to TEST



# The WHO, WHAT, WHEN, and HOW to TEST

- PCR
- Antigen
- NAAT

## Timing is Critical



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# High Impact Care Hazards to Patients, Students, and Employees



AboutValues & TeamCoronavirus ResponseRecorded BroadcastsSpecialty ProgramsR&D Surveys & InnovationsCAREUNIVERSITY

## Med Tac Bystander Rescue Care

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

### Video Library

Med Tac Story

Med Tac Leadership Team

Adopt a Cove Program

5 Rights of Emergency Care

College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opioid Overdose Briefing



### The Battle Against Failure to Rescue

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



Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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

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

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

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

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Austin, Texas

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

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*Turn the Science into Safety™*

# Family Lifeguard Update for 2022



**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**







# Med Tac Rescue Stations





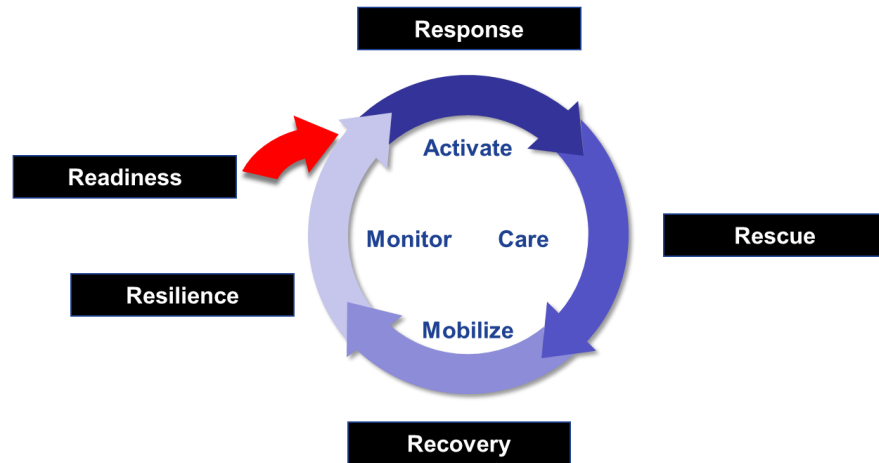
**Soaring Eagle Awards:  
David Beshk  
Danny Policchichio**

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





## Family Health Safety & Organization Security Plans™



## The Family CFO: Chief Family Officer

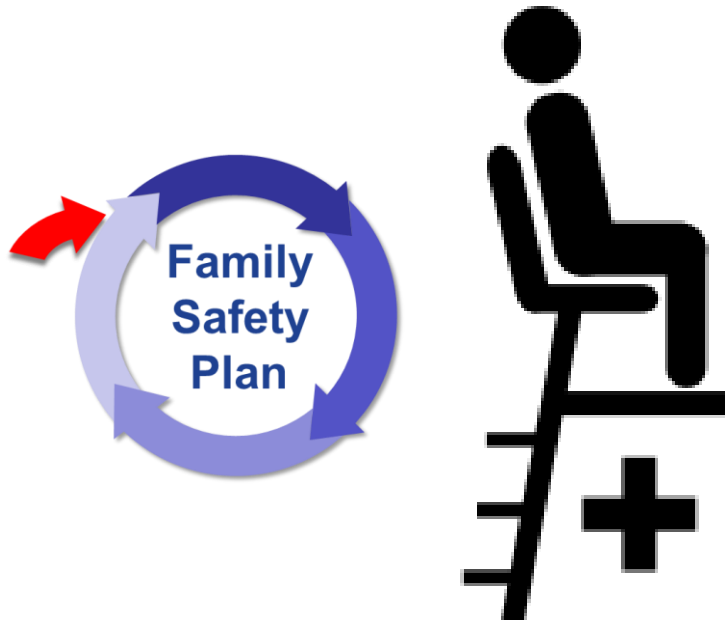


### Thoughts for Families with Young Children:

- ☐ 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

# Be Your Family Lifeguard

90% Prevention and 10% Rescue



## Holiday Huddle Checklist

### The Goal - Prevent Bubble Trouble

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

#### Before Event:

- ☐ Assign Tasks to Family Members
- ☐ Prepare Separate Family Bubble Portions
- ☐ Set Up Handwashing Stations
- ☐ Develop a Bathroom Plan
- ☐ Prepare Bathroom – Optimize Ventilation
- ☐ Maintain Kitchen Hygiene

#### During Event:

- ☐ Convene Holiday Huddle with Guests
- ☐ Opening Prayer
- ☐ Describe Safe Family Bubbles
- ☐ Review Four Safety Pillars
- ☐ Provide Restroom Plan
- ☐ Describe Eating Plan
- ☐ Summarize Clean Up Plan

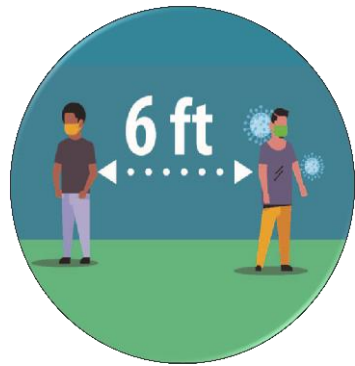
#### After Event:

- ☐ Glove up to Clean Up
- ☐ Soak Plates and Cutlery in Soapy Water
- ☐ Wipe down surfaces touched by guests
- ☐ Wipe down bathroom used by guests
- ☐ Meet to de-brief to be safer next time





# CDC Guidelines: The 4 Pillars



**Social  
Distancing**



**Disinfecting  
Surfaces**



**Hand  
Washing**



**Use of  
Masks**

SOURCE: Centers for Disease Control

# Holidays, Spring Break, Ski Week, and Vacations



## Holiday Huddle Checklist

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# Bystander Rescue Care & Omicron



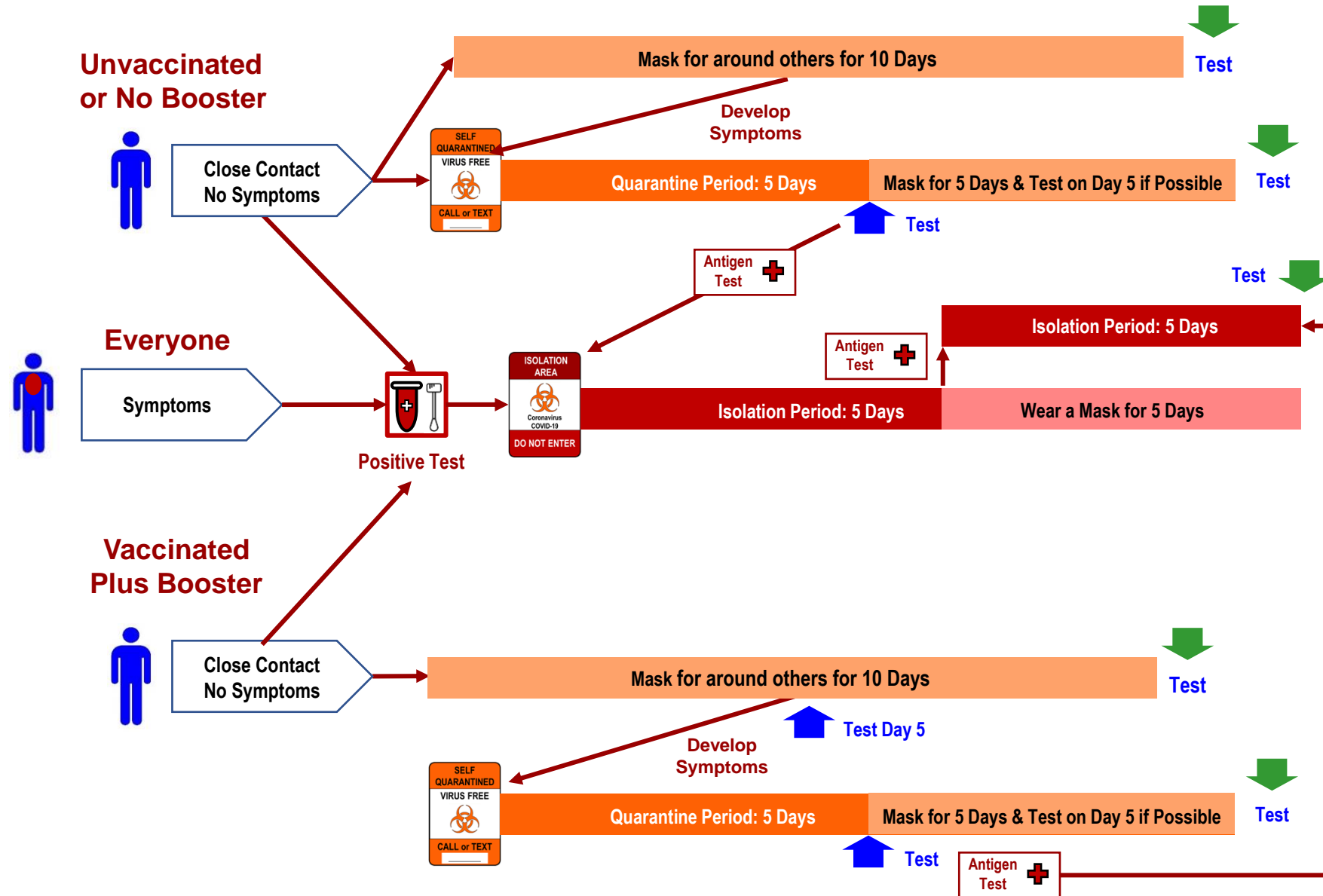
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## CDC Guideline Summary



# Bystander Rescue Care & Omicron



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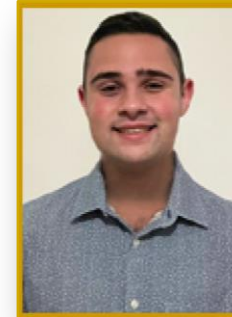
### Reactors



Jennifer Dingman



William Adcox



Daniel Policicchio, Jr.



Randy Styner



John Little

## ***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**

