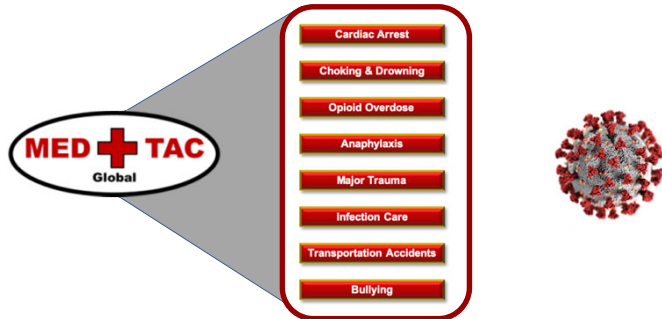


Bystander Care and Omicron



Coronavirus Care
Community of Practice

Bystander Rescue Care
CareUniversity Series

Welcome



Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

Med Tac Bystander Rescue Care
January 6, 2022

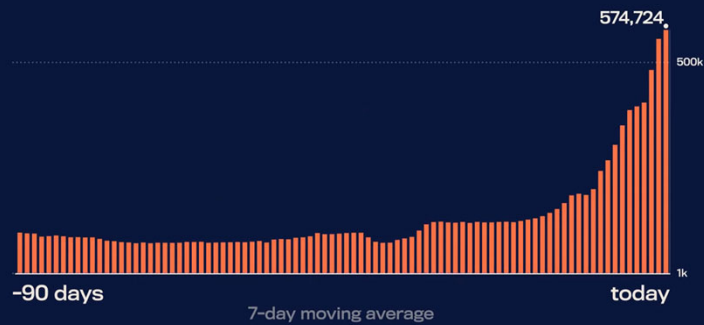
CareUniversity Webinar 177

2

Med Tac Bystander Rescue Care

Johns Hopkins Data in Motion 01-06-21

US: deaths / new cases / tested / positivity ratio



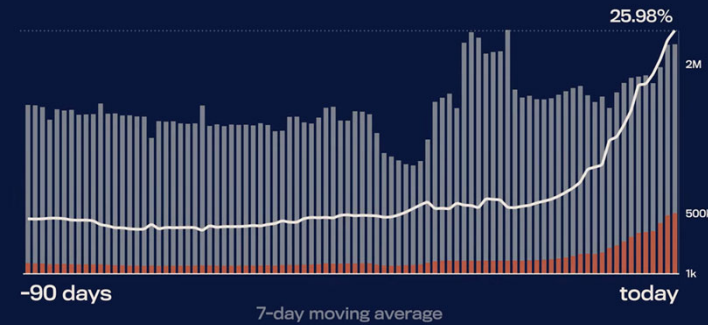
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Med Tac Bystander Rescue Care

Johns Hopkins Data in Motion 01-06-21

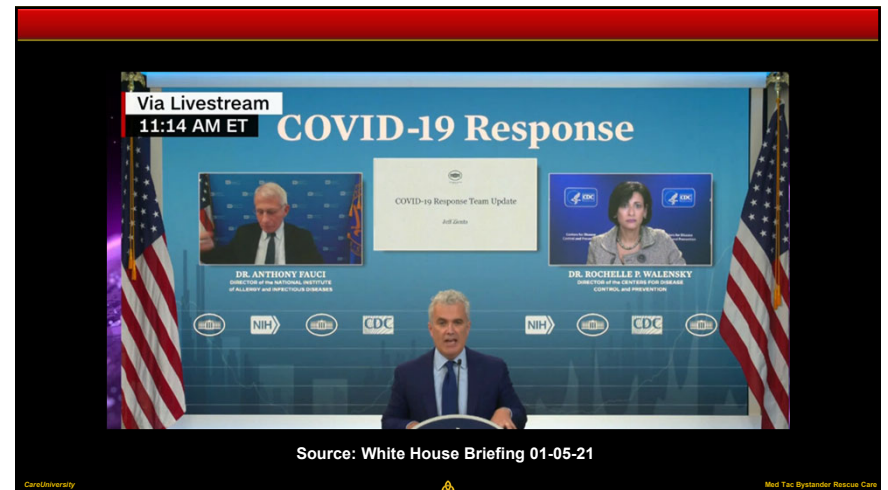
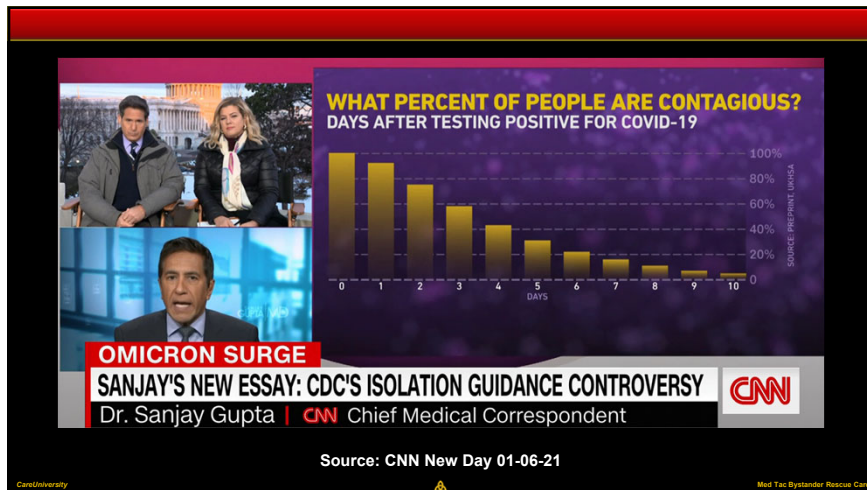
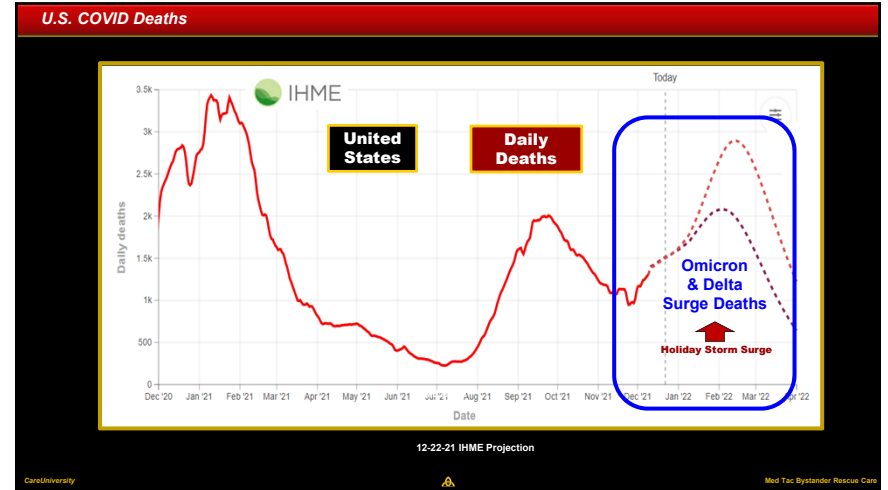
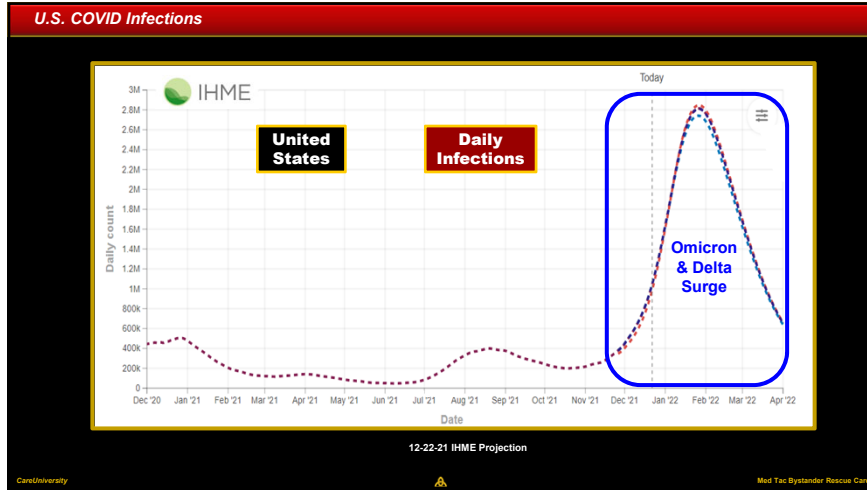
US: deaths / new cases / tested / positivity ratio



CareUniversity





Med Tac Bystander Rescue Care







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.

Coronavirus Care

Community of Practice

Bystander Rescue Care

CareUniversity Series

Our Purpose, Mission, and Values

EMERGING THREATS

COMMUNITY OF PRACTICE

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

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

Our ICARE Values:
Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.

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Med Tac Bystander Rescue Care

Coronavirus Care

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Bystander Rescue Care

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Disclosure Statement

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

- 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 Filtrier 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 *Solving the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonic, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for BioPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.

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Med Tac Bystander Rescue Care

Coronavirus Care

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Voice of the Patient

Jennifer Dingman

Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division

Co-founder, PULSE American Division

TMIT Patient Advocate Team Member

Pueblo, CO

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Med Tac Bystander Rescue Care



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Speakers & Reactors

					
Dr. Gregory Botz	David Beshk	Keith Filtner	William Adcox	Heather Foster RN	Charles Denham III
					
Jennifer Dingman	David Morris PhD JD	Randy Styner	Daniel Policicchio, Jr.	John Little	Dr. C Denham



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Reactors



Jennifer Dingman



William Adcox



Daniel Policicchio, Jr.



Randy Styner



John Little

High Impact Card Hazards to Patients, Students, Employees and Families

Med Tac Bystander Rescue Care

The Med Tac Bystander Rescue Care program is designed to provide bystanders with the skills and confidence to intervene in life-threatening emergencies. This comprehensive training covers essential first aid techniques, CPR, and emergency response protocols, ensuring that anyone can become a lifesaver.

Video Library

- Med Tac Liveable Skills
- About a Good Program
- A Bystander's Responsibility
- Emergency Video Training
- Med Tac Curriculum Overview
- Evidence-Based Bystander Response
- Address Community Barriers

The Battle Against Failure to Rescue

The High Impact Program addresses the critical issue of failure to rescue, which is a leading cause of preventable deaths. By equipping bystanders with the knowledge and skills to act quickly and effectively, the program aims to reduce the number of lives lost due to delayed medical intervention.

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

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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

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

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

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

High Impact Care Hazards to Patients, Students, and Employees

Active Shooter
Healthcare Article

Rapid Response
Teams Article

AED & Bleeding
Control Gear Article

Family Safety
Plan Article

Support
today's
webinar

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

Transportation Accidents

Bullying

Med Tac
Story Article


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

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

Take the Shot...
Save a Life



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West Texas State University




Coronavirus Care Community of Practice

September 2021 Progress Report


www.medtacglobal.org/coronavirus-response/


Survive & Thrive Guide



1,000 Worker Study

The 5 R's of Safety





HEAD

HEART

HANDS

VOICE

CareUniversity

Med Tac Bystander Rescue Care

Coronavirus Care Results 2021 Year End

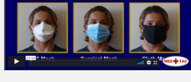
- Established National Community of Practice
- Launched Multi-center Family R&D Study – 1,000 Polled
- 40 Ninety Minute Broadcasts and Online Programs
- 20 *Survive & Thrive Family Training* Programs
- Produced a National Campus Safety Summit
- Published Multiple Articles Providing Guidance
- Established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

Short Video Topics

Masks: Filter, Fit, and Finish



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

Care of the At Risk & Seniors at Home

www.medtacglobal.org/coronavirus-response/

Survive & Thrive Guide™ Program Road Map

Survive & Thrive Guide Series: Coming Home Safety

Hot Zone
Warm Zone
Safe Zone

Keeping Our Kids Safe

LEAD

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

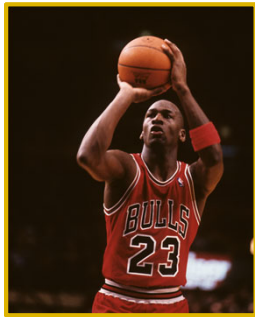
Long Haulers & Severe COVID Recovery

10 Best Practices for Reopening

The New Normal & The 4 P's

© 2021 TMIT 25 TMIT

Take the Shot – Save a Life..




The Vaccination Conversation

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


Photo 73861834 © Jerry Coll | Dreamstime.com

CareUniversity © TMT Global 2021 Med Tac Bystander Rescue Care

Take the Shot...Save a Life




The Vaccination Conversation



Video Tape: < 14 Minutes

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



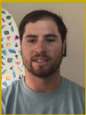



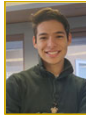
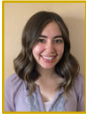








CareUniversity Med Tac Bystander Rescue Care




**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 Bhattia EMT UCI Pre-med	 D Policichio NYU Film	 Manue Lopez Berkeley Alum	 Preston Head III UCLA Alum


CareUniversity 25 Med Tac Bystander Rescue Care




PRINCETON UNIVERSITY




HARVARD UNIVERSITY




NYU




TUFTS UNIVERSITY




Stanford University




Yale




UNIVERSITY OF MICHIGAN




UCI




UCLA




UNIVERSITY of FLORIDA




CHAPMAN UNIVERSITY




UCSB
UNIVERSITY OF CALIFORNIA
SANTA BARBARA



UC San Diego




Berkeley
UNIVERSITY OF CALIFORNIA



USC University of Southern California

Family Rescue R&D




The 5 R's of Safety

Readiness for Epidemics including preparedness for testing and volume surges.


www.GlobalPatientSafetyForum.org

Emerging Threats Community of Practice



Global Patient Safety Forum


The GPF is a converging alliance with a mission to save lives, save money, and build value in the community & beyond. The Forum was organized by a group of leading experts in patient safety, clinical care, and public health to create a global network of leaders from academic, clinical, and public health sectors to share their expertise and resources. The Forum is a unique and powerful platform for collaboration and innovation in patient safety and public health. The Forum is a unique and powerful platform for collaboration and innovation in patient safety and public health. The Forum is a unique and powerful platform for collaboration and innovation in patient safety and public health.



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, biological, 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 abuse to caregivers, staff, students, or patients.
- Academic Fraud** including fabrication, falsification, plagiarism, or misrepresentation of research data.
- 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.
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- Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- Drug Diversion** for manufacturing or other purposes.
- Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
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The Healthcare Threat Safety Spectrum




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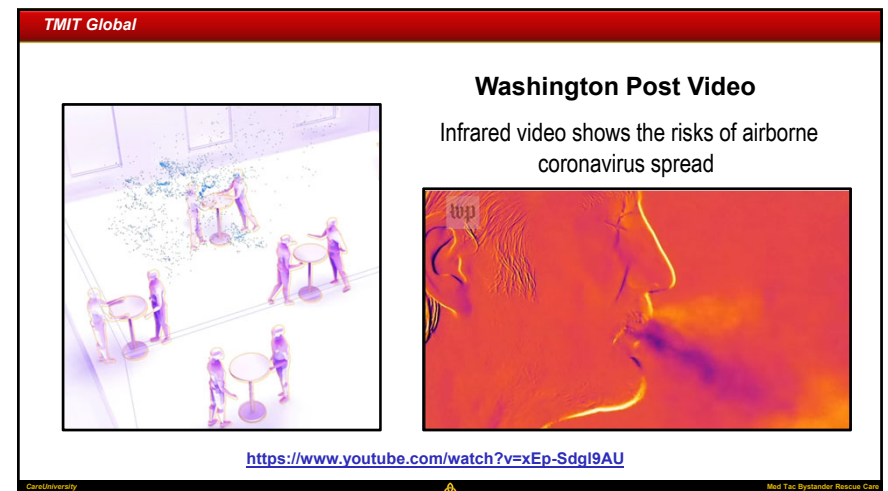
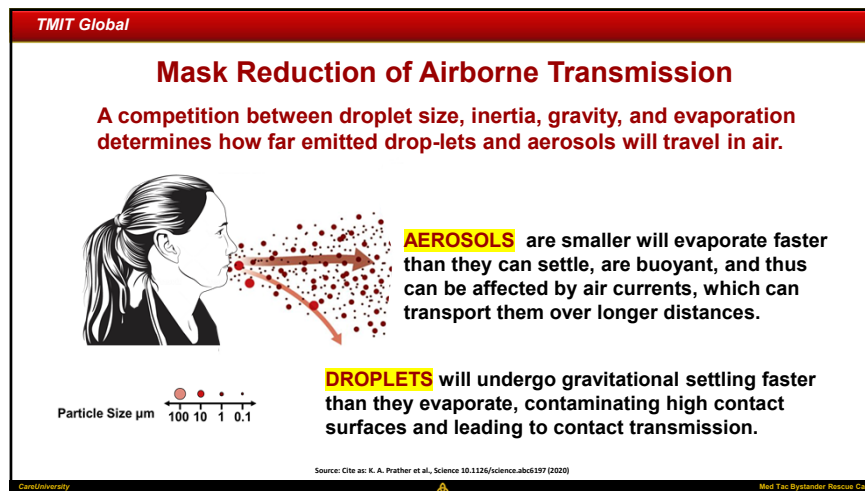
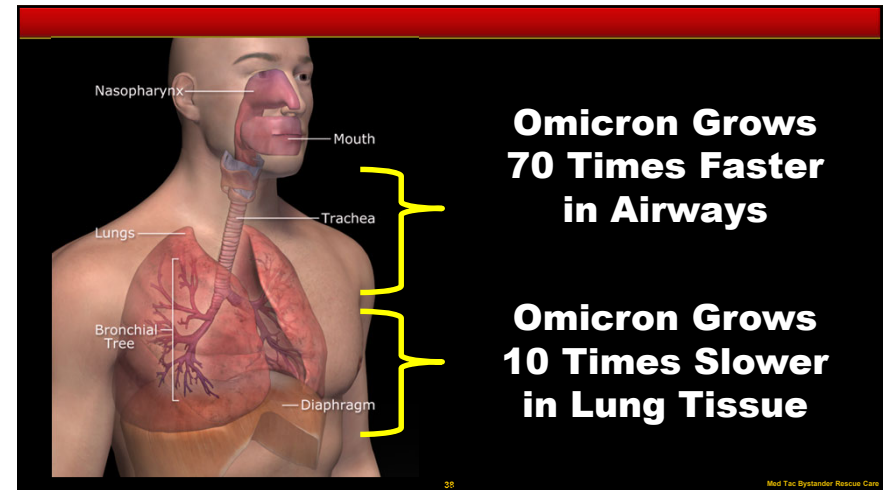
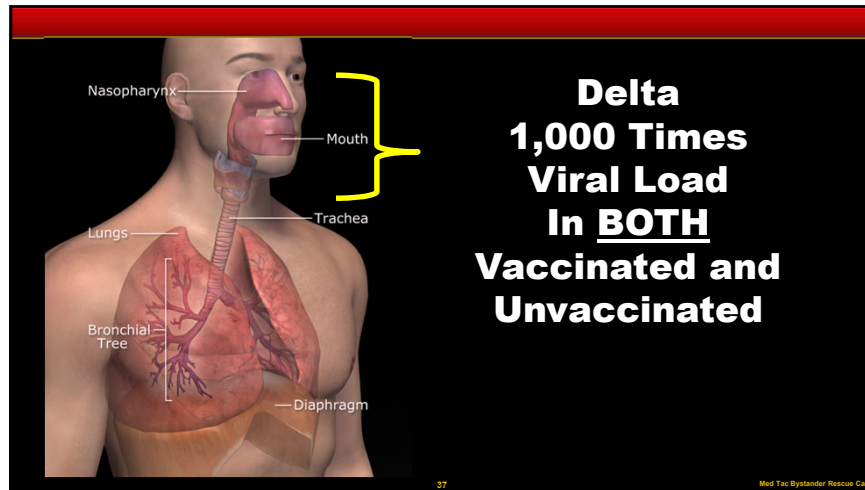
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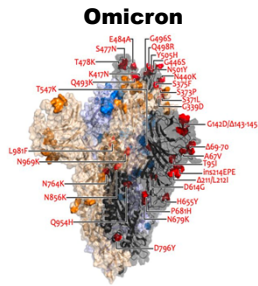
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Best Filter, Fit, and Finish



N95 Mask

CardUniversity

Med Tac Bystander Resusc Care

Take the Shot – Save a Life

Critical Mask Factors

- Filter
- Fit
- Finish

Varied Protection



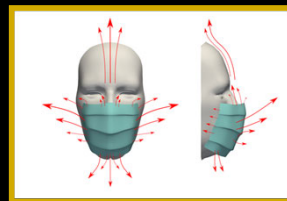
Cloth, Surgical,
and N95 Filters vary

Take the Shot – Save a Life

Critical Mask Factors

- Filter
- Fit
- Finish

Good Seal Required



Take the Shot – Save a Life

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

CardUniversity



Med Tac Bystander Rescue Care

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

THE WALL STREET JOURNAL.

January 2, 2022

		PERSON NOT INFECTED IS WEARING			
PERSON INFECTED IS WEARING	Nothing	Nothing	Cloth Mask	Surgical Mask	N95 Mask
	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

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

THE WALL STREET JOURNAL.

January 2, 2022

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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

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

THE WALL STREET JOURNAL.

January 2, 2022

		PERSON NOT INFECTED IS WEARING			
PERSON INFECTED IS WEARING	Nothing	Nothing	Cloth Mask	Surgical Mask	N95 Mask
	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 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

**Coronavirus Care
Community of Practice**

**Bystander Rescue Care
CareUniversity Series**

Message Regarding Masks

Casey Clements MD, PhD

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

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Med Tac Bystander Rescue Care

Survive & Thrive Guide: Masks The SCIENCE of Success

Masks: Surgical versus N95 Masks

Surgical Mask

N95 Mask

CareUniversity
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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

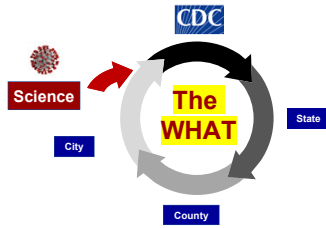
- ✓ How should OMICRON impact my plans?
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- ❑ How should I "RETURN TO WORK"?

Turn the Science into Safety.

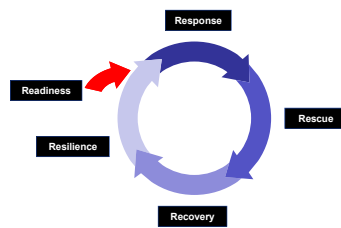
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They tell the WHAT....

Public Health Guidelines

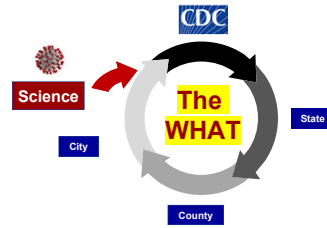


Family Safety Plans



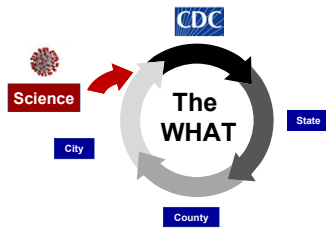
They tell the WHAT....

Public Health Guidelines

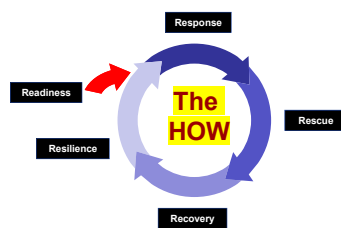


They tell the WHAT.... We teach the HOW

Public Health Guidelines

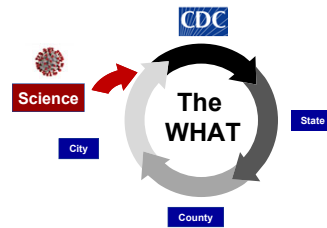


Family Safety Plans

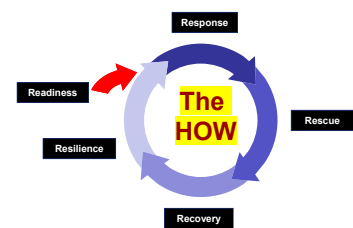


Turn Science into Safety

Public Health Guidelines



Family Safety Plans



Employers Turn Safety Into Success

Public Health Guidelines

Employer Guidelines

Family Safety Plans



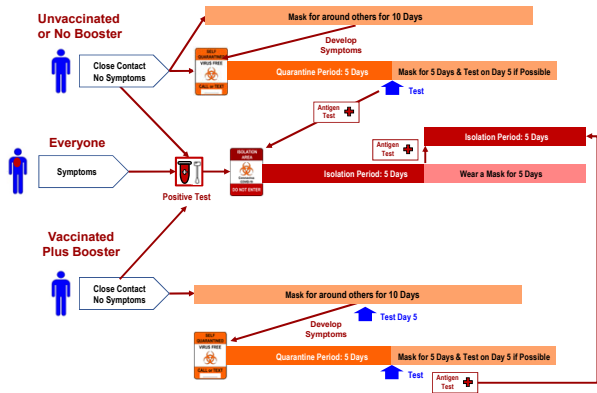
Isolation & Quarantine: What's New?



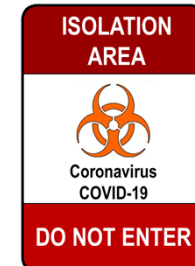
January 4, 2020



CDC CDC Guideline Summary

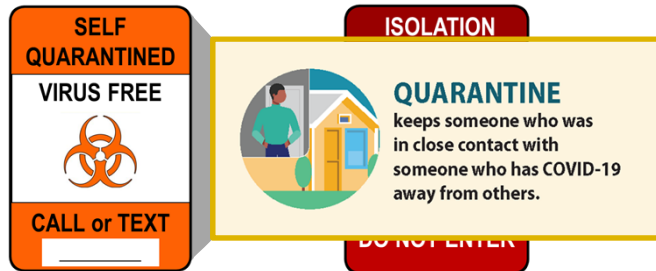


Quarantine



Source: Adapted from CDC Guidelines 12-27-21

Quarantine versus Isolation



Source: Adapted from CDC Guidelines 12-27-21

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QUARANTINE

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

Source: Adapted from CDC Guidelines 12-27-21

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QUARANTINE

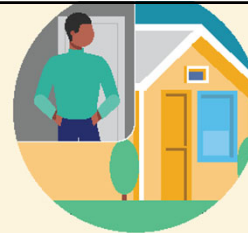
Keeps someone who was in close contact with someone who has COVID-19 away from others.

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

Source: Adapted from CDC Guidelines 12-27-21

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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.

Source:

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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

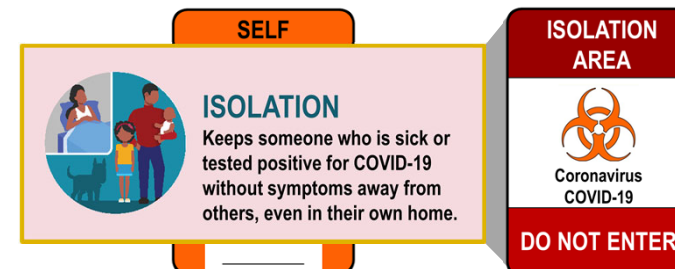


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Turn the Science into Safety.

Quarantine versus Isolation



Source: Adapted from CDC Guidelines 12-27-21



ISOLATION

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

Source: Adapted from CDC Guidelines 12-27-21

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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).

Source: Adapted from CDC Guidelines 12-27-21

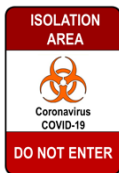
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Isolation

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.



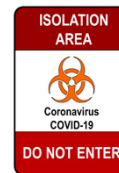
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What to do for isolation

- 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](#).



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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.

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"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](#)¹ 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.

¹As noted in the [labeling for authorized over-the-counter antigen tests](#) ¹: 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.

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

If you tested 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](#)¹ 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.

¹As noted in the [labeling for authorized over-the-counter antigen tests](#) ¹: 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.

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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

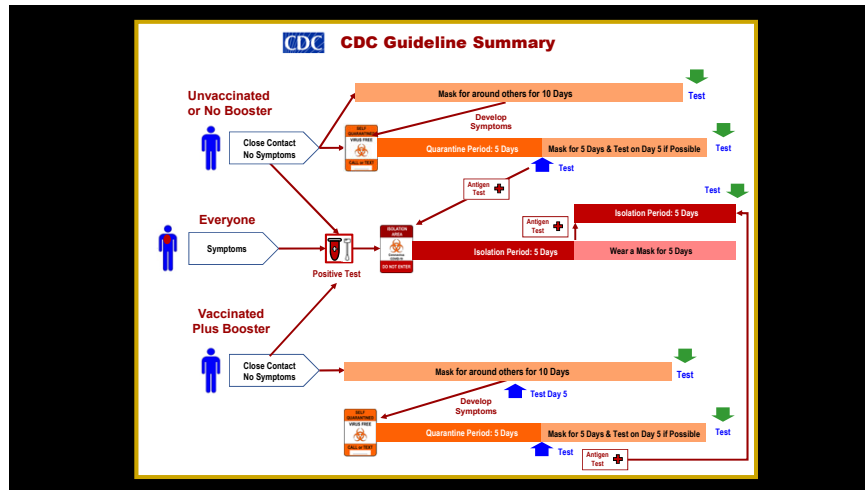
In certain high-risk congregate settings that have high risk of secondary transmission and where it is not feasible to cohort people (such as correctional and detention facilities, homeless shelters, and cruise ships), CDC recommends a 10-day isolation period for residents. During periods of critical 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.

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

Omicron and Message to Families



Heather Foster, RN
 Infection Prevention Expert
 Practicing Nurse
 Award Winning Patient Safety Leader
 National Caregiver Advocate



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

Reactors



Jennifer Dingman



William Adcox



Daniel Pollicicchio, Jr.







Randy Styner



John Little

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Bystander Rescue Care & Omicron

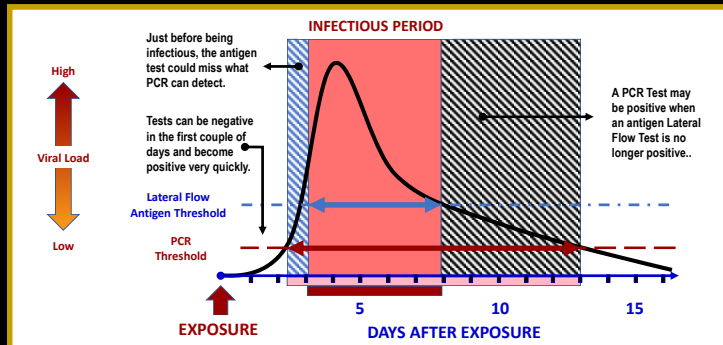





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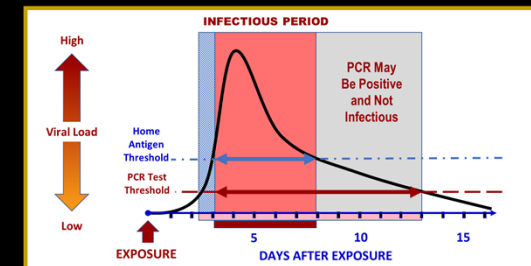
The WHO, WHAT, WHEN, and HOW to TEST



The WHO, WHAT, WHEN, and HOW to TEST

- PCR
- Antigen
- NAAT

Timing is Critical



The WHO, WHAT, WHEN, and HOW to TEST

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Bystander Rescue Care & Omicron



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High Impact Care Hazards to Patients, Students, and Employees



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

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

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

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

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

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

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Med Tac Bystander Rescue Care

Bystander Rescue Care & Omicron



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Coronavirus Care

Community of Practice

Bystander Rescue Care

CareUniversity Series

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

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Med Tac Bystander Rescue Care

Med Tac Rescue Stations

Soaring Eagle Award

Soaring Eagle Awards:
David Beshk
Danny Policchichio

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

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The Family CFO: Chief Family Officer

Family Health Safety & Organization Security Plans™

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).
- ☐ Review the 5 Rights of Emergency Care video to be prepared for a new experience.
- ☐ Make sure you have Personal Protective Equipment for everyone.
- ☐ Use Icons in your plan to make plan family friendly.
- ☐ Make sure you have a copy of everyone's Medical Records including lists of allergies and meds.
- ☐ 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

Survive & Thrive Guide: Protecting Your Family

CDC Guidelines: The 4 Pillars

6 ft

Social Distancing

Hand Washing

Disinfecting Surfaces

Use of Masks

SOURCE: Centers for Disease Control

Family Lifeguard

Holidays, Spring Break, Ski Week, and Vacations

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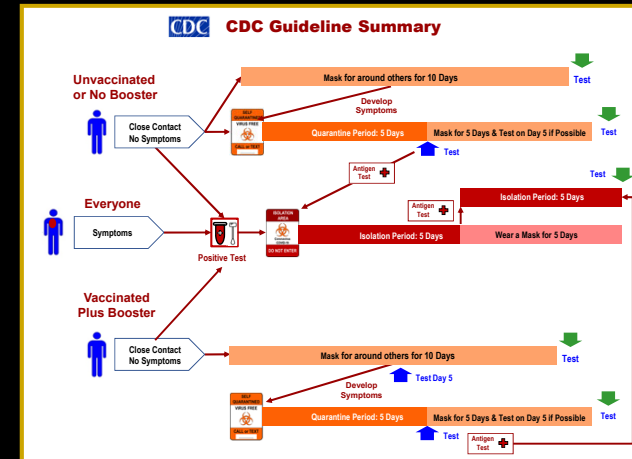
Bystander Rescue Care & Omicron

- ✓ 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.

CareUniversity

Med Tac Bystander Rescue Care



Bystander Rescue Care & Omicron

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Turn the Science into Safety.

CareUniversity

Med Tac Bystander Rescue Care



Coronavirus Care Community of Practice

Bystander Rescue Care
CareUniversity Series

Reactors



Jennifer Dingman



William Adcox



Daniel Policicchio, Jr.



Randy Styner



John Little

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Med Tac Bystander Rescue Care



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

