

The Next Normal: *Survive and Thrive Guide*™



April 7, 2022 - 1PM ET, Noon CDT, and 10AM PDT

The Next Normal: Survive and Thrive



- ❑ What should be our Family Plan?
- ❑ What should be our new state of READINESS?
- ❑ What should be our RESPONSE to COVID?
- ❑ How should we RESCUE loved ones with COVID?
- ❑ How do we help loved ones RECOVER from COVID?
- ❑ What is family RESILIENCE – how can we practice it?
- ❑ What about GOOD SAMARITAN CARE – is it safe?



Turn the Science into Safety™

Getting to and Sustaining the Next Normal A Roadmap for Living with COVID

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



Welcome



Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care
March 3, 2022**

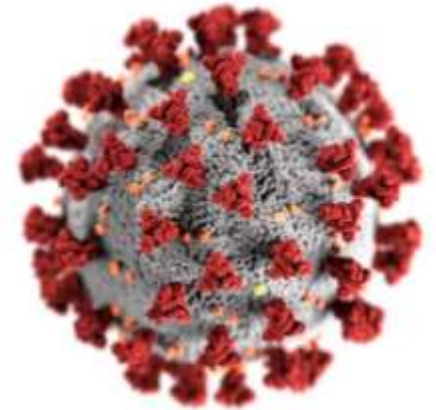
***CareUniversity* Webinar 183**

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**





Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*

Speakers & Reactors



Jennifer Dingman



Dr. Gregory Botz



Chief William Adcox



Dr. Christopher Peabody



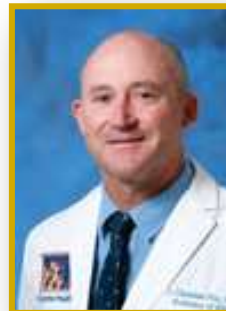
Charlie Denham III



Dr. Brittany Barto-Owens



Vicki King MS



Dr. Chris Fox



David Beshk



Dr. Charles Denham



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

- Dr. Gregory H. Botz has nothing to disclose.
- Dr. Christopher Peabody has nothing to disclose.
- William Adcox has nothing to disclose.
- David Beshk has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Dr. Chris Fox has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Dr Charles Denham 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

April 7, 2022

REGISTER

JOIN EVENT

The Next Normal Family Survive & Thrive Guide


Session Overview

The impact of the COVID-19 pandemic is far from over even as the Christmas surge is dissipating. Join us and learn what we have through our study of more than 1,000 families.



- **Readiness** – How can we be ready next time?
- **Response** – How do we respond to a new surge?
- **Recover** – How do we best respond to emergencies?
- **Recovery** – How do we deal with Long COVID?
- **Resilience** – Can we reduce our family's vulnerability?

Hear from our experts on the latest we know about the "Next Normal". We will provide an updated tour to our SA Survive and Thrive Guide developed from our 80 remote programs since March of 2020.



Go to: <https://www.medtacglobal.org/conferences-response/> for short videos covering the critical topics. Join us as we focus on family Readiness, Response, Recover, 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 White Set

The video will be posted here before the webinar begins.

Date, Time, Dial-in Information, & Objectives

April 7, 2022


- 01:00 PM to 2:25 PM Eastern Time
- 12:00 PM to 1:25 PM Central Time
- 11:00 AM to 12:30 PM Mountain Time
- 10:00 AM to 11:35 AM Pacific Time

Dial-in Info: Audio will be provided through your computer (VoIP) at no cost to you. If VoIP is not an option on your computer, or if you choose to join by phone only, you can use either of the following numbers to dial-in: 1-888-895-0833 OR 1-844-678-8023. Webex ID: 888.7579.2506. If you use this dial-in number, you will be charged by your local phone company or long-distance provider for the call.


Objectives

Learning Objectives:

- **Awareness:** Participants will learn about how to deal with emergencies in COVID world where our public safety net is overwhelmed.
- **Accountability:** Participants will understand who can be accountable for helping loved ones, friends, and employees deal with emergencies while our public safety net is overwhelmed from COVID.
- **Ability:** Participants will learn about the know-how necessary to help loved ones, friends, and employees experiencing emergencies in COVID world.
- **Action:** Participants may understand what line-of-eight actions may be taken to prevent harm from emergencies in COVID world on our way to the new "next normal".



Coronavirus Care
Community of Practice



Bystander Rescue Care
CareUniversity Series

April 7, 2022

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

The CAREUniversity Team of TMF Global, approved by the California Board of Registered Nursing, Provider Number 10896, will be issuing 1.5 contact hours for this webinar. TMF Global is only providing continuing credit at this time.


Session Speakers and Panelists




Charles Berkman, MD




John Christian Fox, MD




Gregory H. Bels, M.D., FCCM




Emory Owens, MD




Christopher Paterlini, MD




Vicki King, MD, J




William Adams



Jennifer Degenay



David Beck

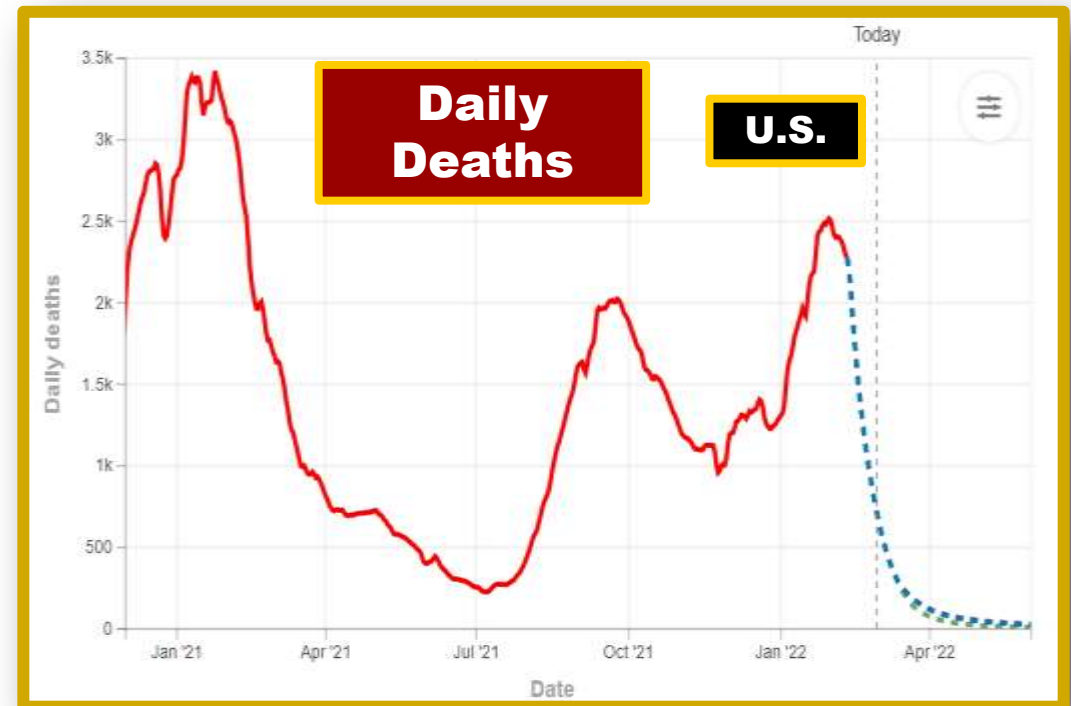
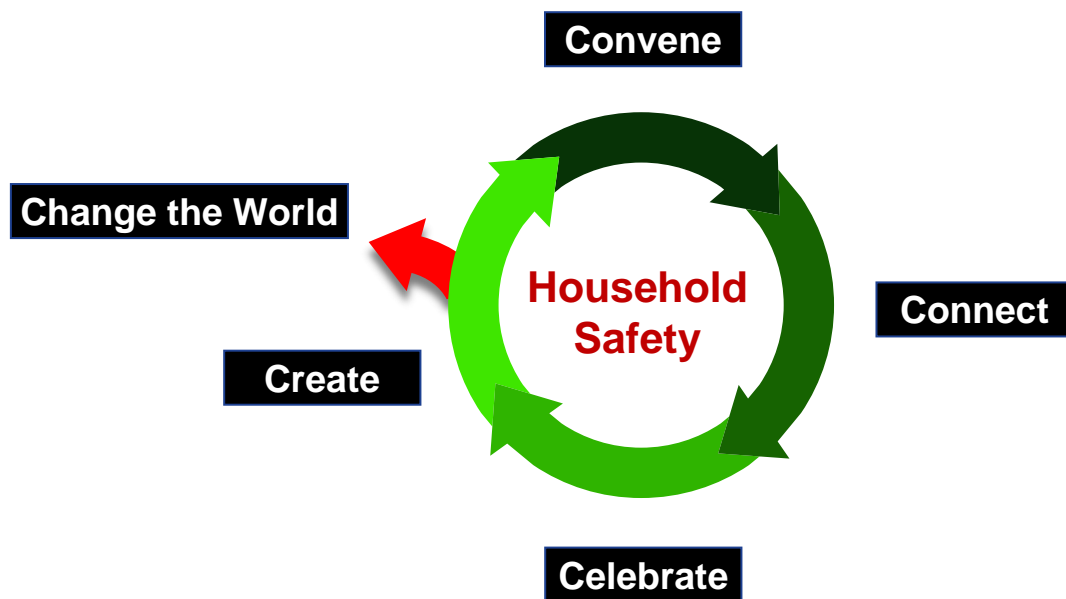


Charles Berkman

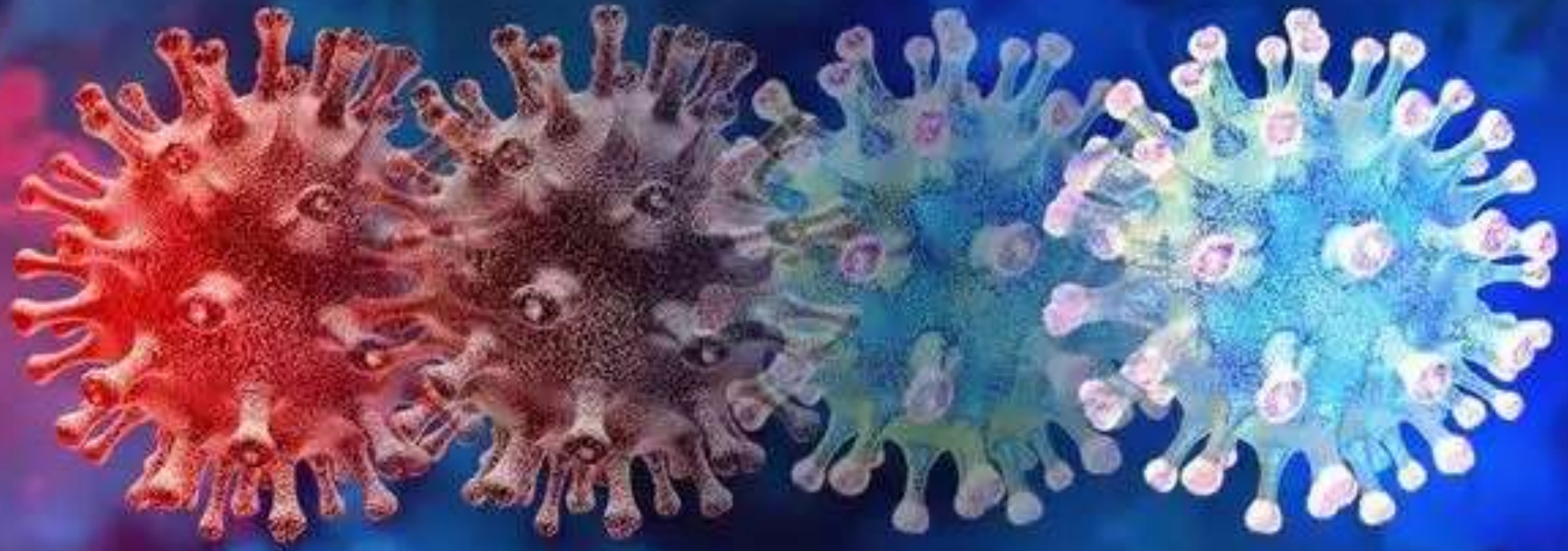
<https://www.medtacglobal.org/webinarapril2022/>

Coronavirus Care Community of Practice

April 2022 Progress Report



Variant Evolution



Alpha

Beta

Delta

Omicron



Source: <https://coronavirus.jhu.edu/covid-19-daily-video>





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. We share best practices in leadership of innovation. Some of the topics of innovators in healthcare and patient safety include: multiple sectors with a focus on mentoring and developing leaders. There is no specific commercial purpose for this website. There is no financial relationship between the collaborators. No direct financial support of any type is provided to the healthcare industry or communities of practice. The information on the 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.

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



Emerging Threats Community of Practice

Stanford
University



UCSF
University of California
San Francisco



UF UNIVERSITY of
FLORIDA





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- **Leadership, and staff.**
- **Shortages** such as I.V. fluids, medications,
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Readiness for Epidemics including preparedness for testing and volume surges.



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

TMIT Global Research Test Bed

3,100 Hospitals in 3,000 Communities

500 Subject Matter Expert Pool Developed over 35 Years





500 Subject Matter Experts

Graphic Representation to Protect Expert Privacy



Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*



John Nance JD



Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



Bob Chapman



Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



Ann Rhoades



Nancy Conrad



Dr. Chopra



John Little



Debbie Medina



Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*



Matt Horace



John Tomlinson



Dan Ford



Arlene Salamendra



Jennifer Dingman



Bill George



Penny George



Hilary Schmidt PhD



Paul Bhatia EMT



Dr. McDowell

Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



Dr. Howard Koh



Dr. Jim Bagian



Dr. Harvey Fineberg

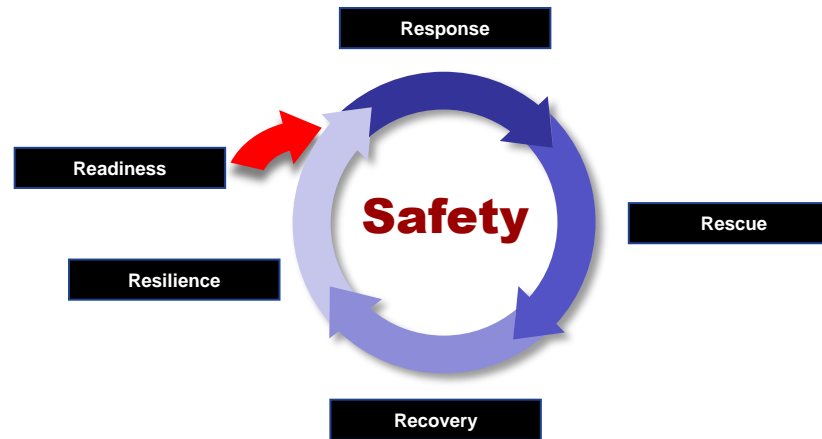


THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~

Family Rescue R&D



Stanford
University



UCSF
University of California
San Francisco



UF | UNIVERSITY of
FLORIDA

UT Southwestern
Medical Center





1,000 Family Household Study

1,000 Worker Study

The 5 R's of Safety



HEAD



HEART



HANDS



VOICE

Coronavirus Care Results as of 04-07-22

- **Established National Community of Practice**
- **Launched Multi-center Family R&D Study – 1,000 Polled**
- **44 Ninety Minute Broadcasts and Online Programs**
- **24 *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 screenshot shows the MED+TAC website with a navigation bar at the top. The main content area features a 'Protecting You & Your Family' section with a video thumbnail. Below this is a 'Short Video Topics' section with a list of topics including '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', and 'Vaccination Conversation'. There is also a 'Survive and Thrive Guide™ Courses' section with a grid of course thumbnails. At the bottom, there is a 'Related Resources' section with a list of links.

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 & Thrive Guide™ Program Road Map



SHORT TOPIC:

- Short Videos 4-10 min
- Critical Information
- Hits Pillars of Prevention

SURVIVE & THRIVE 90 MINUTE COURSES:

- Longer more detailed
- Webinar Recordings
- Technical Information

Related Resources

Resources:



Care of the At Risk
& Seniors at Home

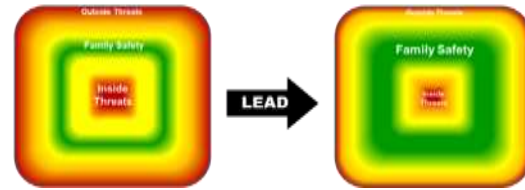
www.medtacglobal.org/coronavirus-response/

Survive & Thrive Guide™ Program Road Map

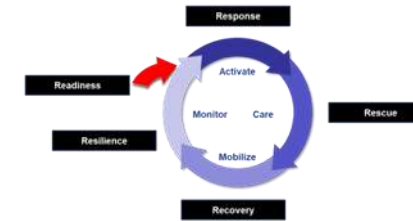
Survive & Thrive Guide Series: Coming Home Safely



Keeping Our Kids Safe



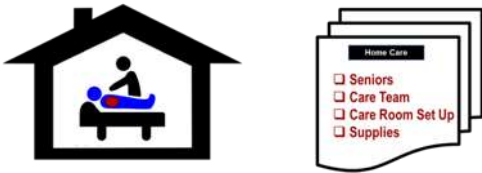
Creating Your Family Safety Plan



Safety Plan Templates for Everyone



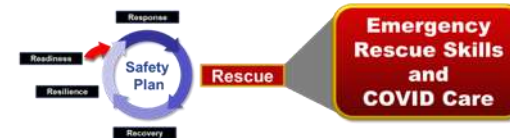
Providing Care at Home



Updating Your Family Safety Plan



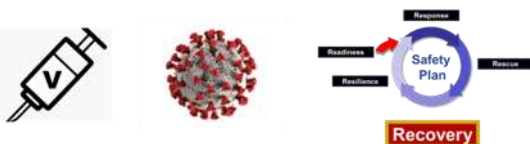
Emergency Rescue Skills



What To Do – They're in the ICU



Vaccines, Variants, and Victory



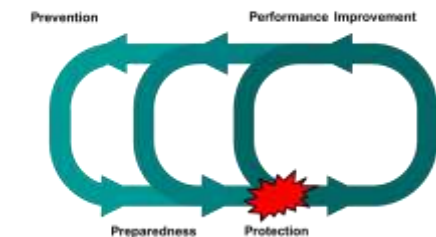
Long Haulers & Severe COVID Recovery



10 Best Practices for Reopening

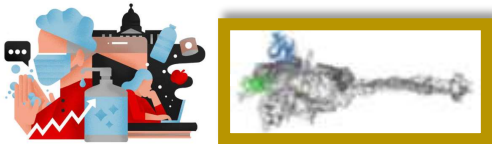


The New Normal & The 4 P's



Survive & Thrive Guide™ Program Road Map

Dealing with Delta: The Critical FAQs



Essential Worker Toolbox



Special Care for Special Populations



Safer Holidays & Safer Families



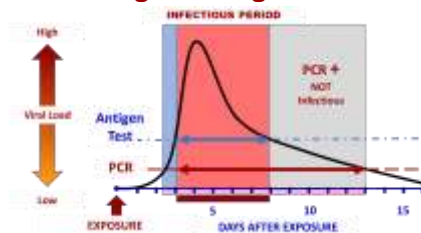
Omicron and Back to Work



Bystander Rescue Care & Omicron



Testing to Navigate Care



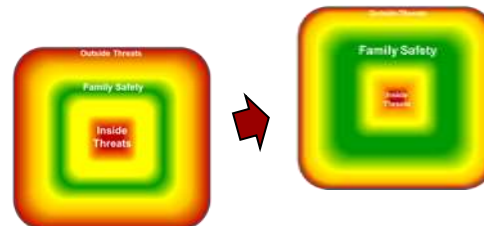
Our Stressed Emergency Safety Net



Fraud in the COVID Ecosystem



COVID Safe Practices Update



1,000 Household COVID Study



Faith-based COVID Leadership



Youth & Young Adult Team



D Contreras EMT
Harvard



Ivy Tran EMT
Harvard



Nick Scheel
UCSB



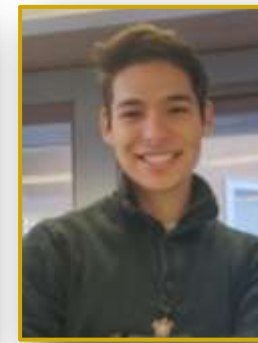
Sophia McDowell
California Inst. of Arts



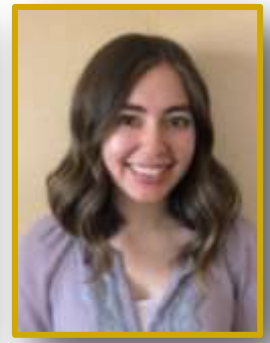
Audrey Lam EMT
USC



Jacqueline Botz
Chapman



Luis Licon
UCI Alum



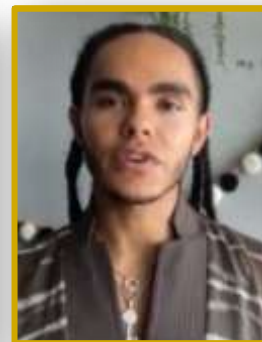
Melanie Rubalcava
UCSD



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

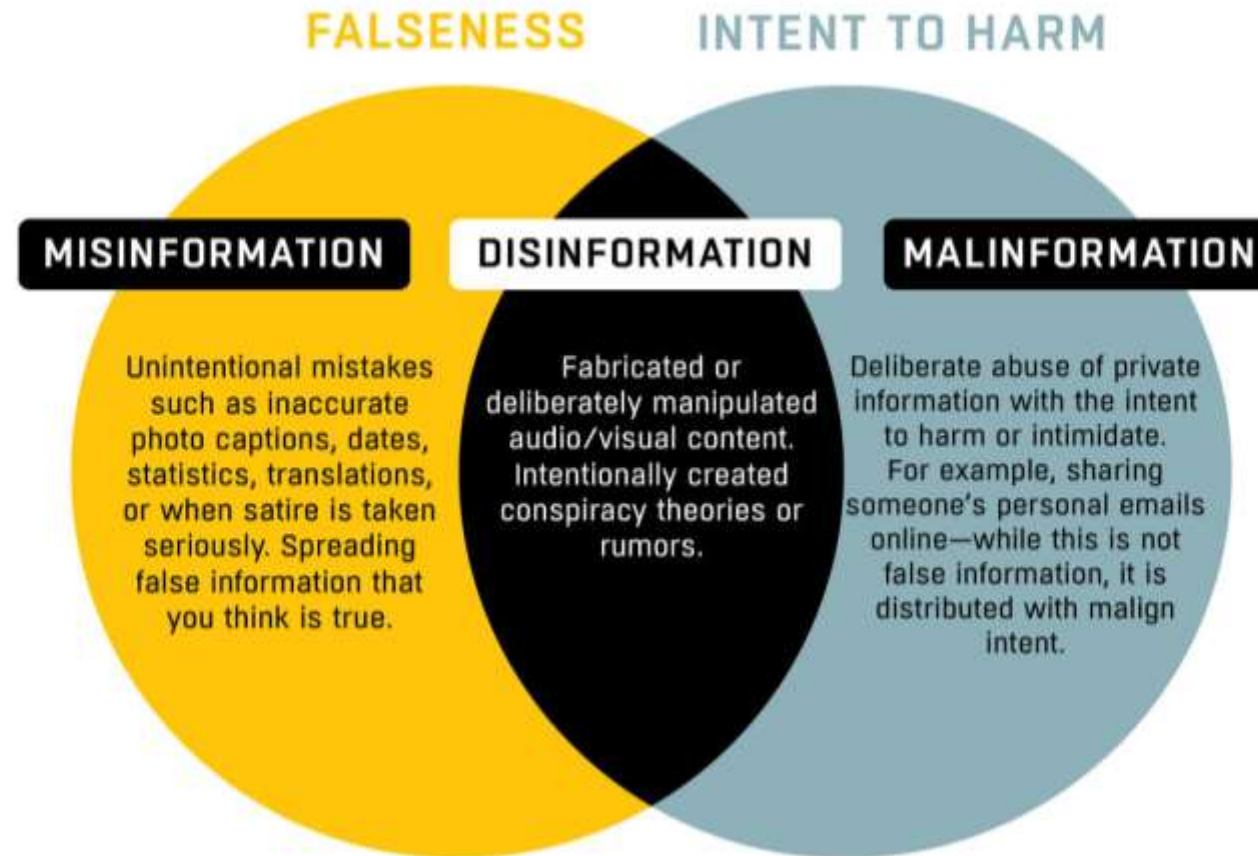


UNIVERSITY OF CALIFORNIA
SANTA BARBARA

UC San Diego



Misinformation – Disinformation - Malinformation



Turn the Science into Safety™



The Vaccination Conversation



Video Tape: < 14 Minutes

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

In the News: Tackling Vaccine Hesitancy



TEAM PLAYER <https://vimeo.com/679763639/0cfc1c62b6>

What is the State of Our Safety Net?

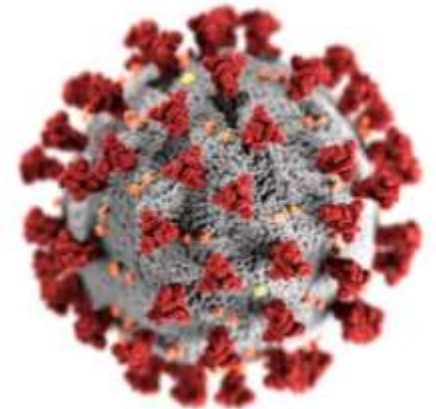


The Next Normal: Left of Boom & 4P's



William Adcox MBA

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



What is the State of Our Safety Net?



What is the State of Our Safety Net?



Obtain
Funds

Develop
Organization

Gather &
Provide
Materials

Improvise
Tactics
Devices

Plan Attacks

Perform
Attacks

Consequence
Management

Left of BOOM

**Breaking the Links
in the IED Delivery Chain**

**Deter &
Predict**

**Detect &
Defeat**

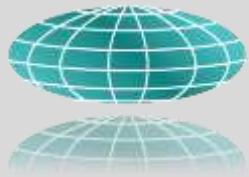


Mitigate

Source: Darling M, Parry C, Moore J. Learning in the thick of it. *Harvard Business Review* 2005 Jul-Aug. Available at <https://hbr.org/2005/07/learning-in-the-thick-of->



**EMERGING THREATS
COMMUNITY OF PRACTICE**

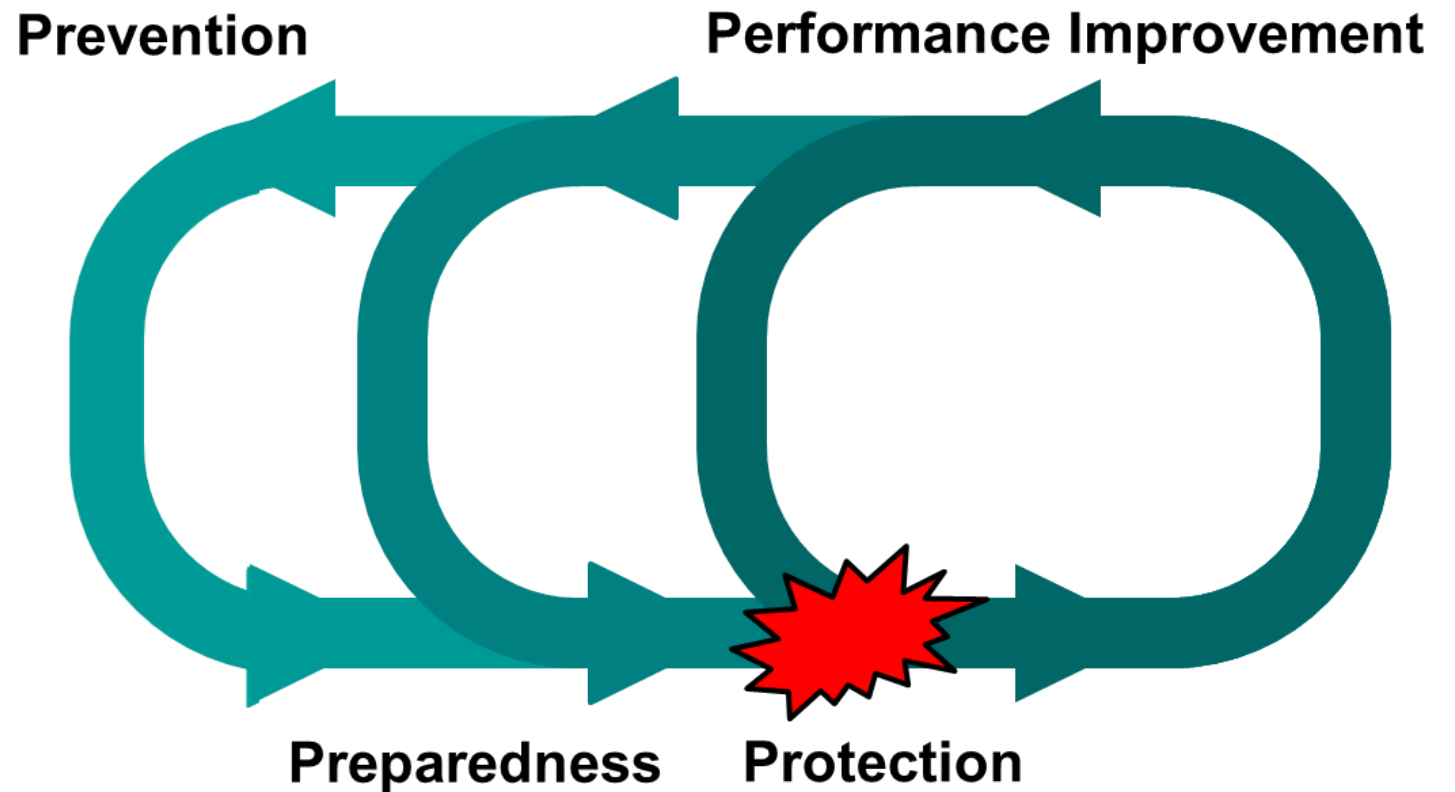


**Global Patient
Safety Forum**

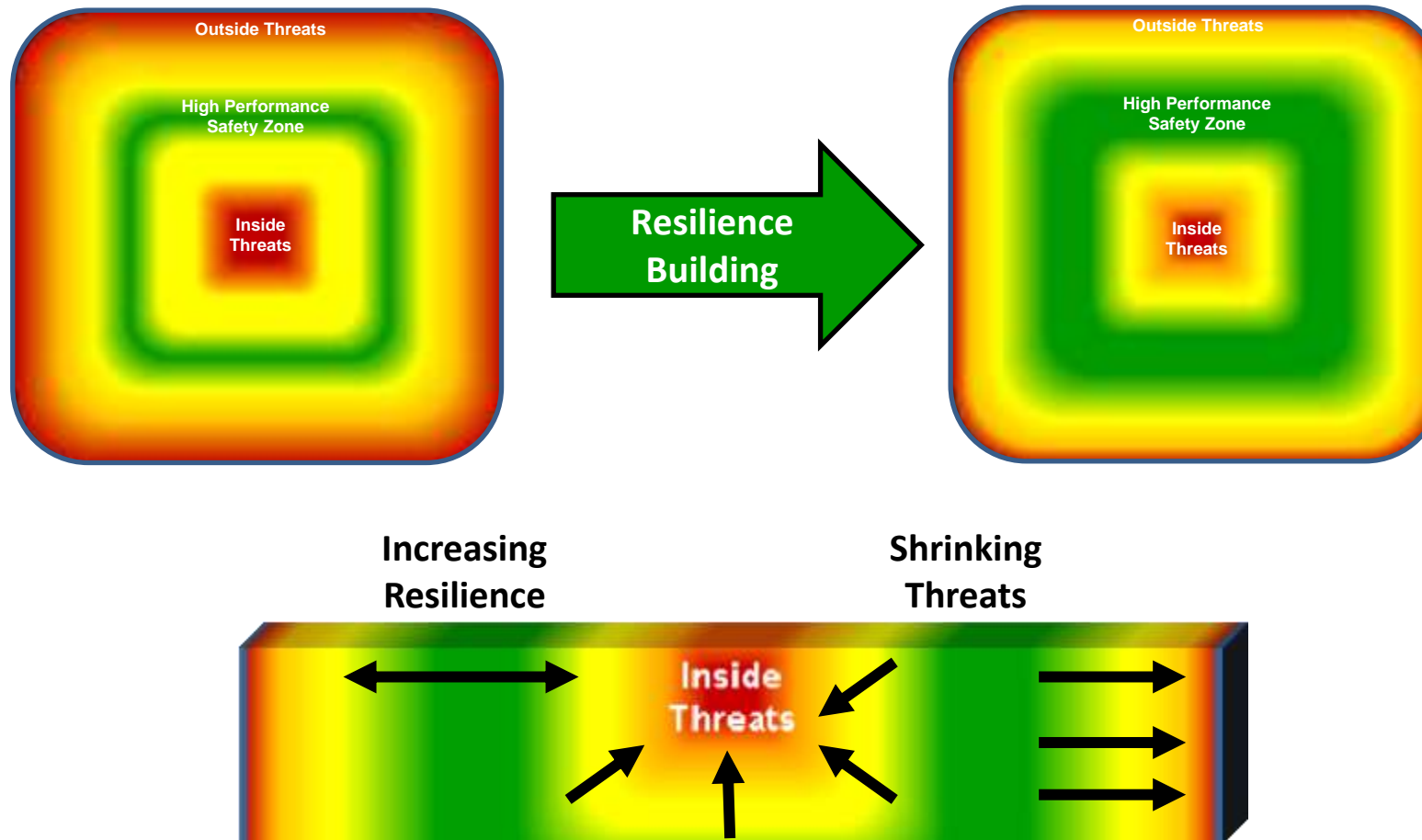
***SAFETY*LEADERS®**

***CARE*UNIVERSITY®**

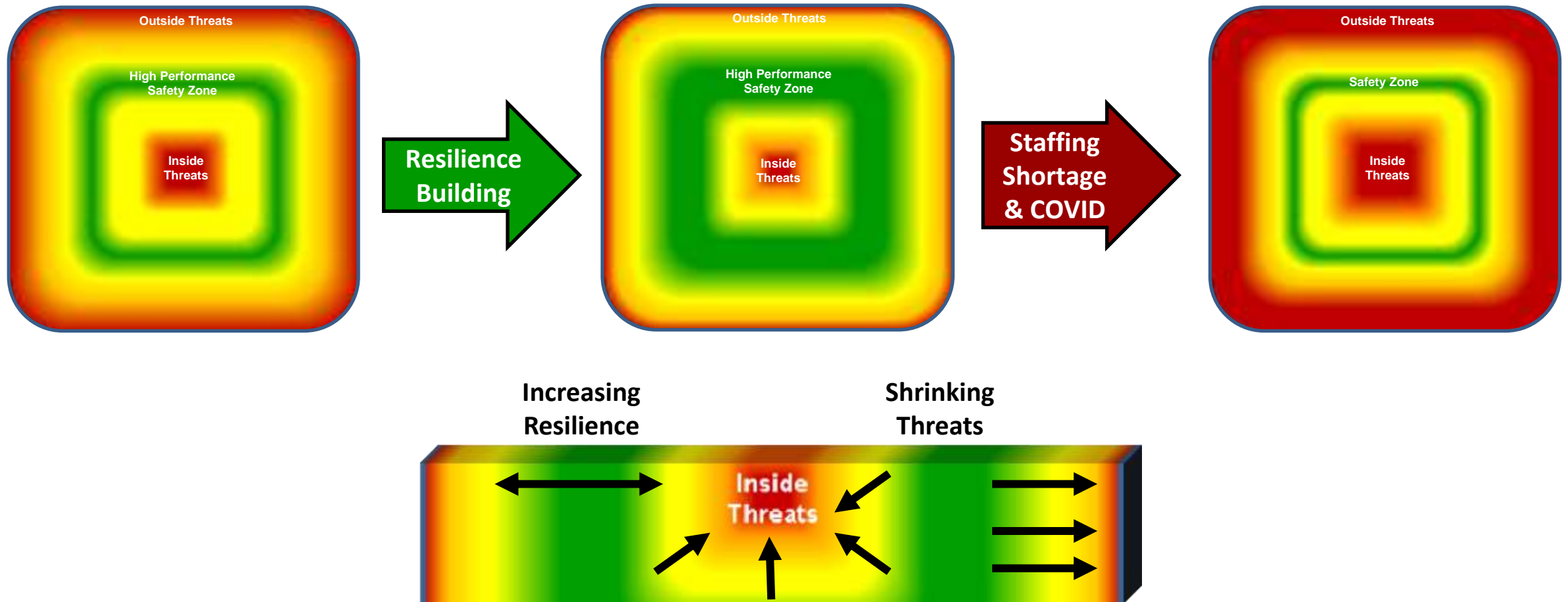
The 4 P's: Prevention, Preparedness, Protection, and Performance Improvement



Inside & Outside Threats and Resilience Building



Inside & Outside Threats and Resilience Building



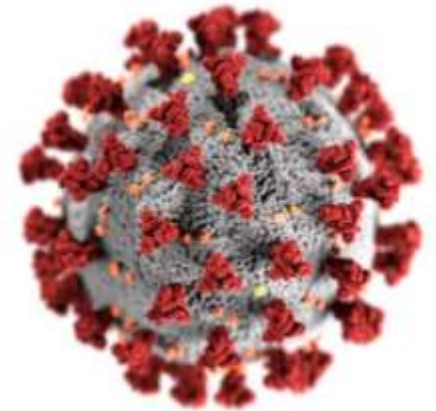
The Next Normal: The Family Plan

Interview of Dr. Greg Botz



Charles R Denham MD

**Chairman TMIT Global
Co-founder Med Tac
Bystander Rescue Program
Director CareUniversity**

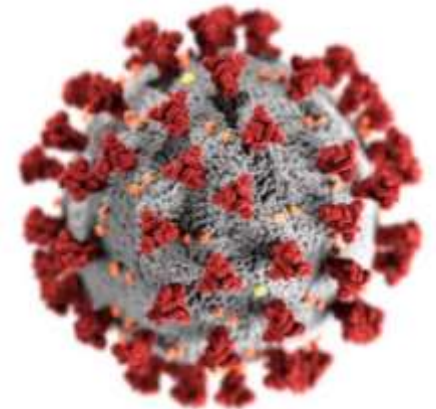


The Next Normal: Our Family Safety Plan



Gregory H. Botz, MD, FCCM

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



The Next Normal: Survive and Thrive



- ❑ **What should be our Family Plan?**
- ❑ What should be our new state of READINESS?
- ❑ What should be our RESPONSE to COVID?
- ❑ How should we RESCUE loved ones with COVID?
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- ❑ What is family RESILIENCE – how can we practice it?
- ❑ What about GOOD SAMARITAN CARE – is it safe?



Turn the Science into Safety™

The Next Normal: Survive and Thrive



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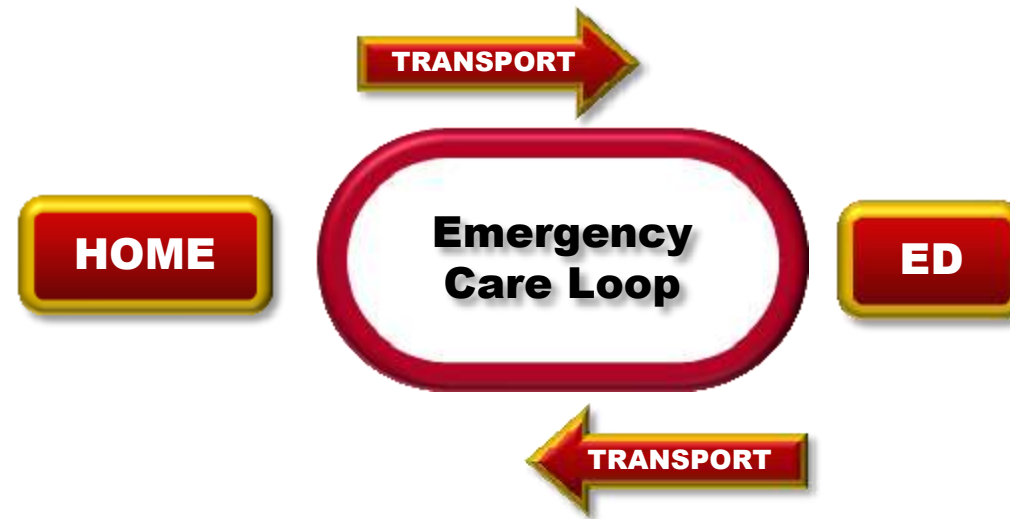


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Turn the Science into Safety™

Emergency Rescue Skills: Getting to the ED



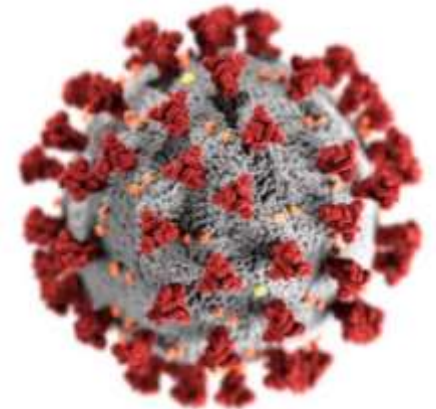
The Next Normal: Emergency Medicine View

Interview of Dr. Chris Fox



Charles R Denham MD

**Chairman TMIT Global
Co-founder Med Tac
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Director CareUniversity**

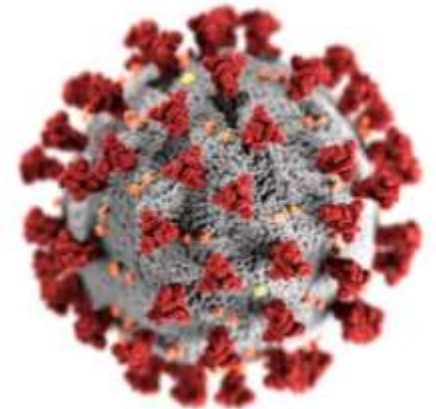


The Next Normal: Emergency Medicine View



John Christian Fox MD

**Professor and Chair
Emergency Medicine
Director of Ultrasound
in Medical Education
University of California Irvine**

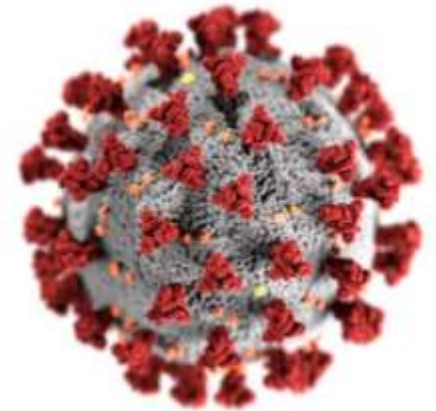


A Message to Families Regarding Emergency Care



Christopher Peabody MD MPH

Associate Professor
Emergency Medicine
UCSF School of Medicine
Director of the UCSF
Acute Care Innovation Center

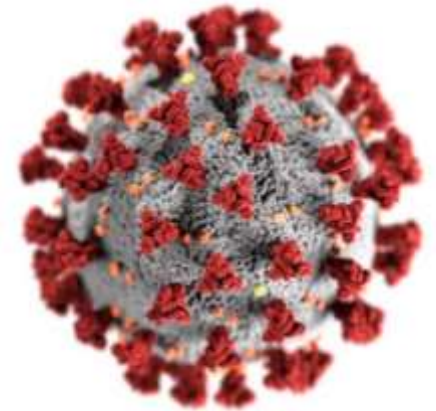


Emergency Care of Children



Dr. Brittany Barto-Owens

**Community Pediatrician
Med Tac Advisor
Coronavirus Care
Community of Practice**





Christopher Peabody MD MPH

Associate Professor
Emergency Medicine
UCSF School of Medicine
Director of the UCSF
Acute Care Innovation Center

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

[About](#)
[Values & Team](#)
[Coronavirus Response](#)
[Recorded Broadcasts](#)
[Specialty Programs](#)
[Student Outreach](#)
[Research & Development](#)

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

- February 2022 Progress Report
- View 90 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 Guides™ 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

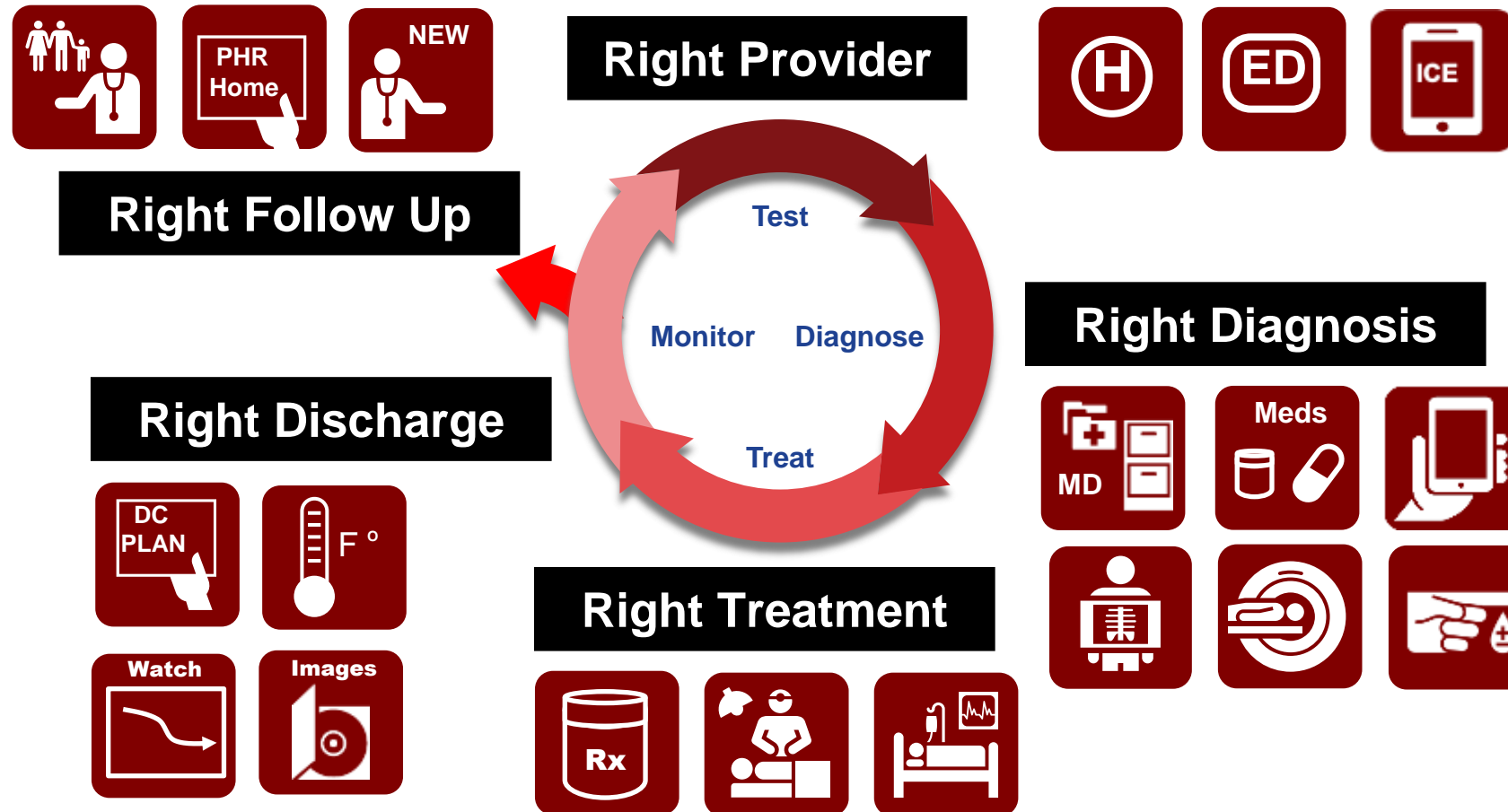
NEW Emergency Dept. Issues

Dr. Christopher Peabody
Director Acute Care Innovation Center
Associate Clinical Professor
University of California, San Francisco

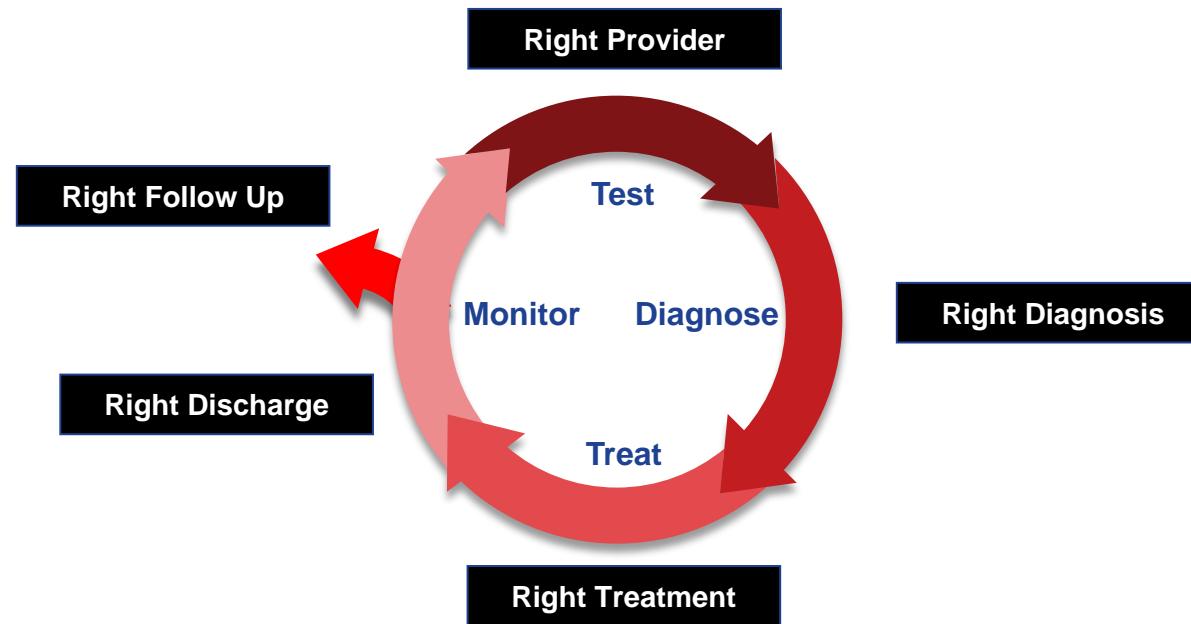
The 5 Rights of Emergency Care



The 5 Rights of Emergency Care™



The 5 Rights of Emergency Care™



Right Provider: Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.

Right Diagnosis: The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.

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

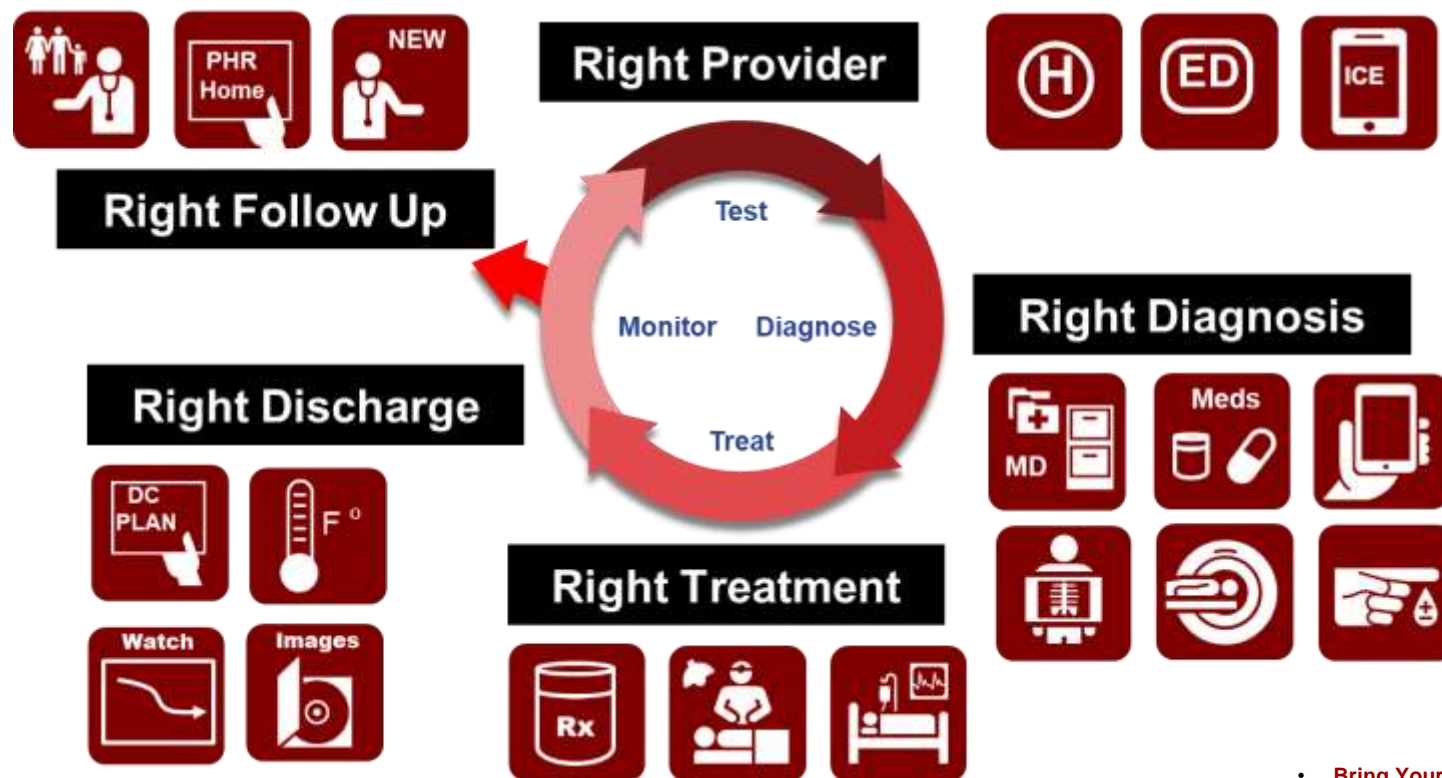
Right Discharge: A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

Right Follow-up: The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

Source: Denham, CR

- WHO, about WHAT, and WHEN: In Follow Up, Who to see about what, and when.
- Update Your Records: You will want to update your home records
- See New Caregivers: You may need to see a new doctor and the records from primary care, ED visit, meds, and imaging will all be important.

The 5 Rights of Emergency Care™ An Introduction



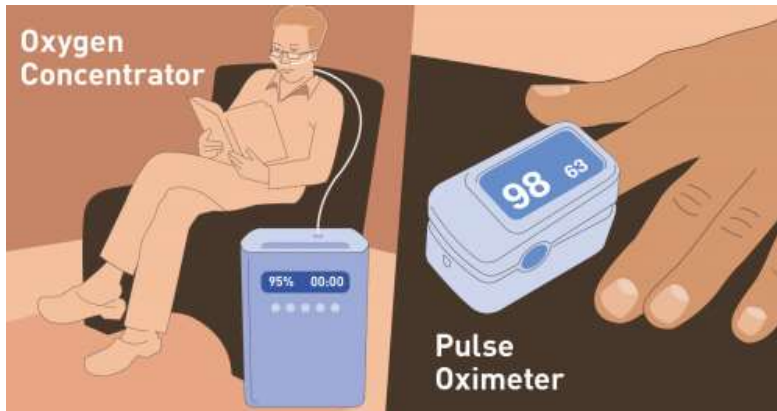
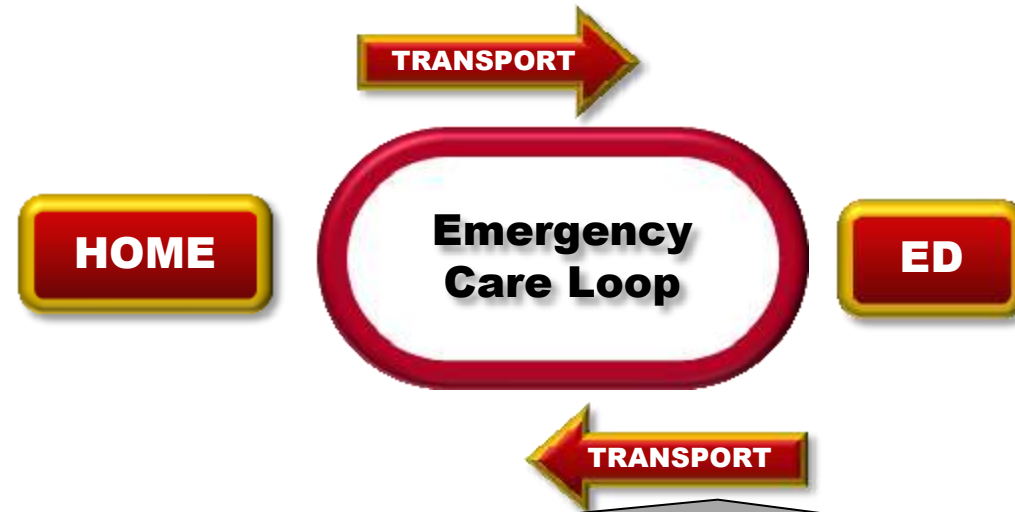
- Choose RIGHT Emergency Care Provider: The one that already has your records, especially for complex issues
- Your Choices: Urgent Care, Community Hospital, Specialty Center – Pediatric, CA, Stroke Center Trauma Center...if you have a choice.
- Bigger Centers – Bigger Problems: when in doubt with serious problems.
- ICE – In Case of Emergency: Make sure to always have your ICE contact in your wallet and on phone

- Return Precautions: Understanding when to come back to ED — signs and symptoms to return. Care is never over
- Understanding What Happened: the Medical Problem, Diagnosis, and Treatment
- Medication Reconciliation – stops, adds, changes.
- Records Reconciliation: Assembling and summarizing the latest records.
- Care Plan: Wound care, diet, and special instructions.
- Get the Records: Get your all records to take home

- Treatment of Short-term Symptoms and of Long-term Conditions: Procedures, medications, further and new behaviors you need to maintain
- Shared Decision Making: Understand the treatment and decide together
- Risks and Benefits
- Hospital Admissions: Understand why you might be admitted for care versus care at home

- Bring Your Medical Records: your prior hospital records and summaries of the latest care if you have them.
- Bring your Care Plan if you have one
- Bring Medications: your actual medications in a bag and be prepared to describe how you take them.
- Imaging Studies & Reports: If you have imaging studies on disc which can prevent you from getting other studies.
- Tests & Diagnosis: Understand the tests and answers of what you have

Emergency Rescue Skills: After Discharge & Transport Home



The Next Normal: Survive and Thrive



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Turn the Science into Safety™

The Next Normal: Survive and Thrive



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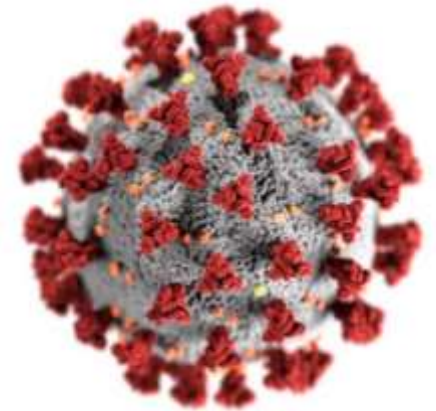
Turn the Science into Safety™

Med Tac Bystander Rescue Care: The Good Samaritans



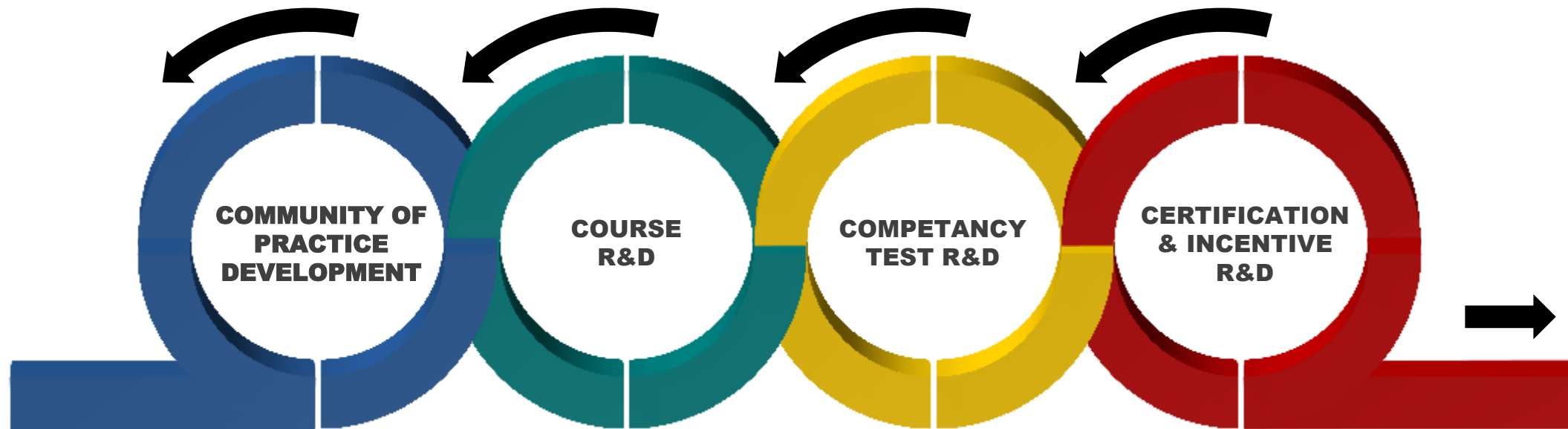
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**Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
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Stanford, CA**





Learning Management System



CareUniversity®



**TMIT Global
Research Test Bed**



SafetyLeaders®

Certificates for Med Tac Program



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years



American
Heart
Association®

Heartsaver® First Aid CPR AED

High Impact Care Hazards to Patients, Students, and Employees

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 Good Program

8 Rights of Emergency Care

College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opitoid 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 of the public knows what to do. The program was funded through 2019 to philanthropy through TST Global, a 501(c)(3) medical research organization that leads a global patient safety community of practice found at www.SafetyLeaders.org. With the development of the Conscience Crisis, our rapid response team has prioritized infection care as one of our main 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.](#)

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.

Med Tac 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.

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

Cardiac Arrest

Choking & Drowning

Opitoid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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High Impact Care Hazards to Patients, Students, and Employees



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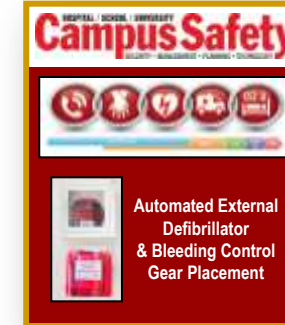
Active Shooter
Healthcare Article



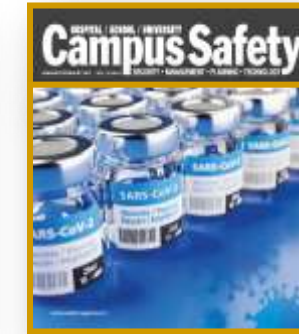
Rapid Response
Teams Article



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



High Impact Care Hazards to Patients, Students, and Employees

Med Tac Bystander Rescue Care

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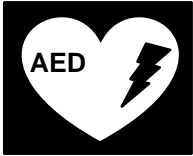
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The Solution: Bystander Rescue Care

Cardiac Arrest



Choking & Drowning



Opioid OD & Poisoning



Anaphylaxis



Major Trauma



Infection Care



Transportation



Bullying



The Solution: Bystander Rescue Care

Cardiac Arrest



Sudden Cardiac Arrest: There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.
Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.

Choking & Drowning



Choking: More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.

Possible Lives Saved in the US: 13 per day

Drowning: By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.

Possible Lives Saved in the US: 8 per day

Opioid OD & Poisoning



Opioid Overdose and Poisoning: An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.

Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.

Anaphylaxis



Anaphylaxis & Life Threatening Allergies: Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.

Possible Lives Saved in the US: 1 per day

Major Trauma



Major Trauma & Bleeding: Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.

Possible Lives Saved in the US: 1 per hour

Infection Care



Infection Care: Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care.

Possible Lives Incalculable

Transportation



Non-traffic Related Vehicular Accidents: The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.

Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.

Bullying



Bullying & Workplace Violence: Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.

Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.

Family Lifeguard Update for 2022



David Beshk

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



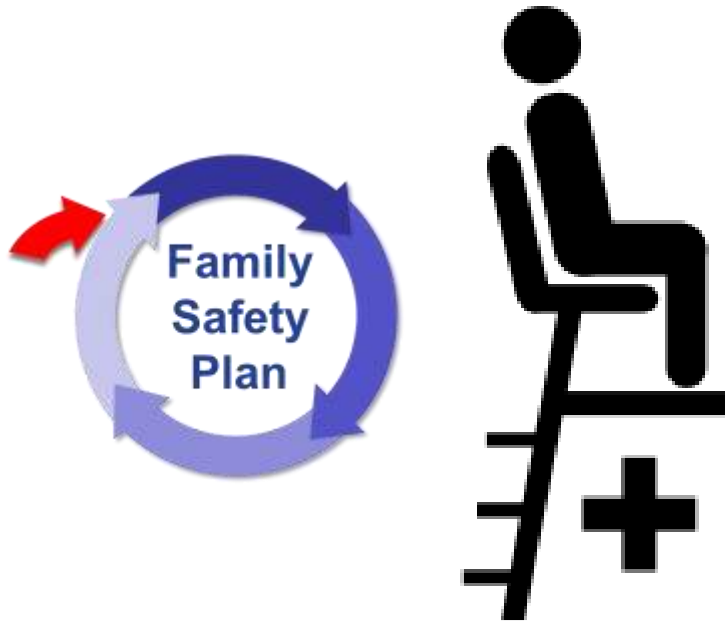
Charles R. Denham III

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



Be Your Family Lifeguard

90% Prevention and 10% Rescue



Family Huddle Checklist

The Goal - Prevent Bubble Trouble

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

Before Event:

- ☐ Consider Rapid Antigen Testing
- ☐ Identify how to Optimize Ventilation
- ☐ Determine how to protect At-Risk Members
- ☐ 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



Safe Practices



**Social
Distancing**



**Use of
Masks**



**Hand
Washing**



**Disinfecting
Surfaces**

SOURCE: Centers for Disease Control

Holidays, Spring Break, Ski Week, and Vacations



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Med Tac Rescue Stations



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

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





Rescue Station Stand:

- Treated Wood
- Stainless Steel and Bronze Cleats
- Aluminum Signage
- Quick Release Bungee Cords for easy access

Rescue Gear:

- Dedicated 911 phone
- Soft Rescue Tubes
- Rescue Surfboard
- Spine board



Care Case:

- AED
- Stop the Bleed Kits
- CPR Rescue Masks
- COVID Safety Gear

Approved by Advisors:

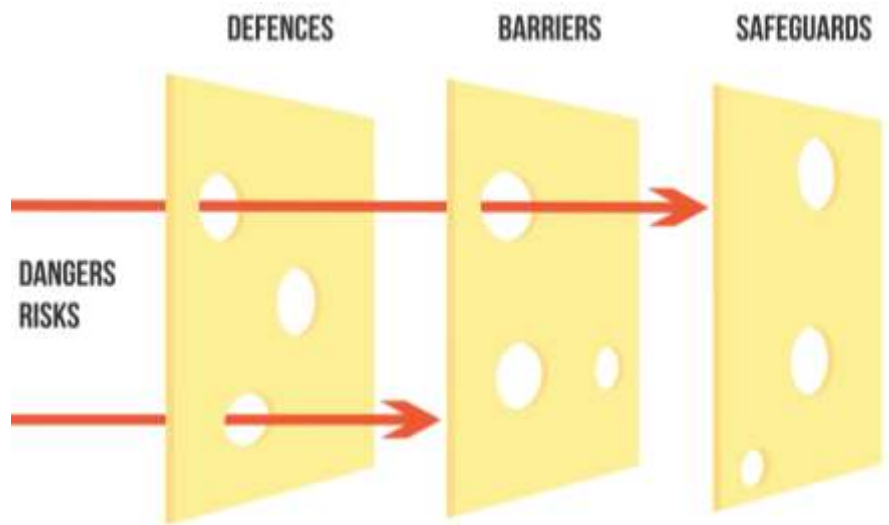
- OC Lifeguards
- Laguna Beach Lifeguards
- Emergency Medicine MDs
- Critical Care MDs
- Infection Control Experts

**MED
TAC**

Med Tac Rescue Station Sites



SWISS Cheese Model



Professor James Reason

Source: <https://www.youtube.com/watch?v=KND5py-z8yl>

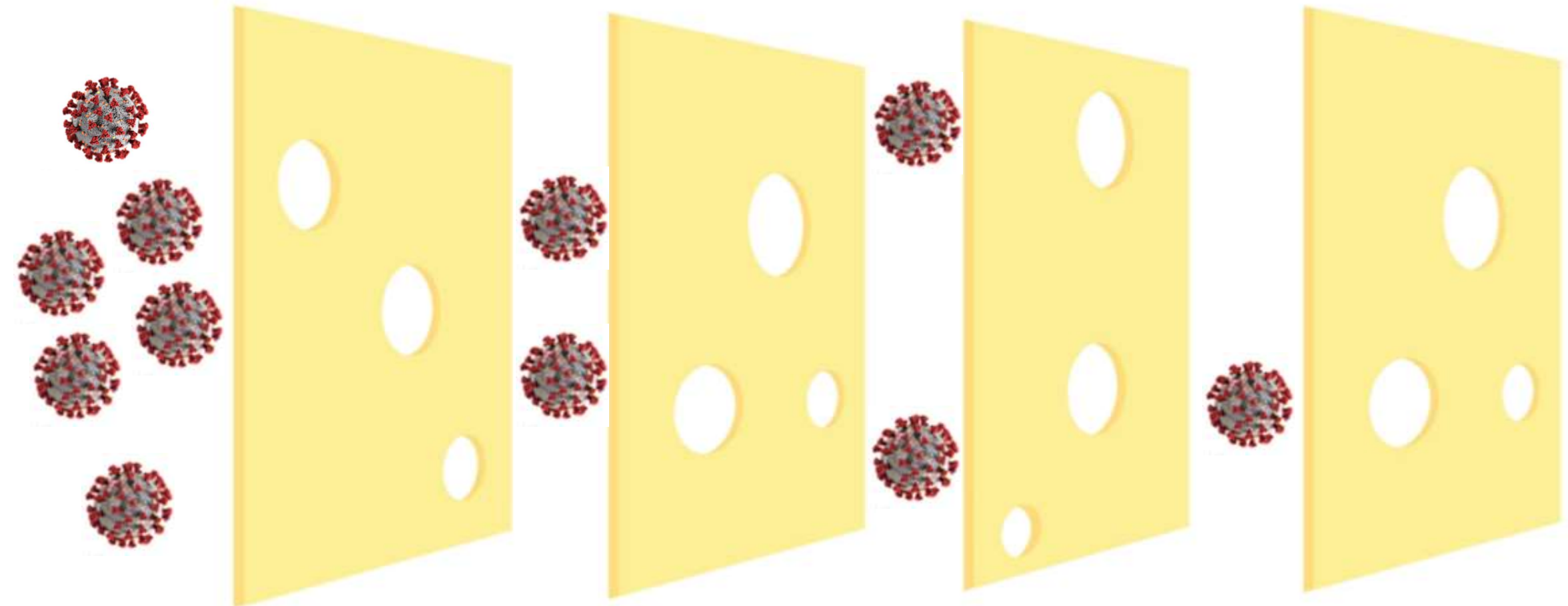
COVID Defense Strategies

Social Distancing

Masks

Ventilation

TESTING





Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*

Speakers & Reactors



Jennifer Dingman



Dr. Gregory Botz



Chief William Adcox



Dr. Christopher Peabody



Charlie Denham III



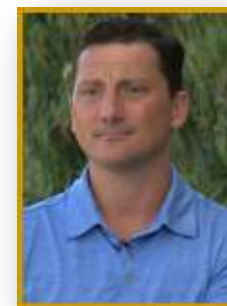
Dr. Brittany Barto-Owens



Vicki King MS



David Morris PhD JD



David Beshk



Dr. Charles Denham

Fight the Good Fight...

Finish the Race...

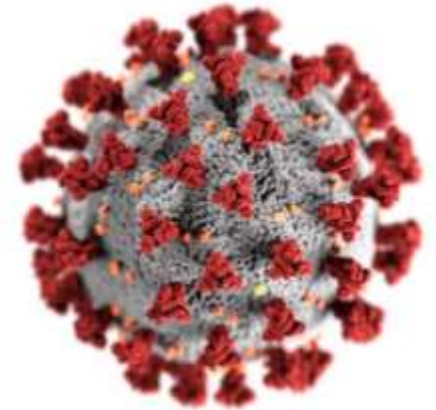
Keep the Faith...

Voice of the Patient



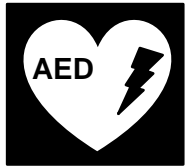
Jennifer Dingman

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



Additional Resources

Cardiac Arrest



Sudden Cardiac Arrest: There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.

Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.

COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



Step 1



Phone 9-1-1 and get an AED.

Step 2



Cover your own mouth and nose with a face mask or cloth.



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

Step 3



Perform Hands-Only CPR. Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.

Step 4



Use an AED as soon as it is available.

KJ-1424 4/20 © 2020 American Heart Association

Cardiac Arrest



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Choking & Drowning



Choking: More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.

Possible Lives Saved in the US: 13 per day

Drowning: By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.

Possible Lives Saved in the US: 8 per day



Opioid OD & Poisoning



Opioid Overdose and Poisoning: An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.

Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.

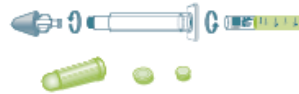
SAVE A LIFE. GET NALOXONE.

Naloxone stops an overdose caused by opioid pain medication, methadone or heroin.

People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life.

To get naloxone, present this card to the pharmacy staff.

A



MULTI-STEP NASAL SPRAY

DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril.

NO BRAND NAME/GENERIC

COST: \$-\$\$

B



SINGLE-STEP NASAL SPRAY

DIRECTIONS: Spray full dose into one nostril.

BRAND NAME: Narcan

COST: \$\$\$

C



INTRAMUSCULAR INJECTION

DIRECTIONS: Inject 1 mL in shoulder or thigh.

NO BRAND NAME/GENERIC

COST: \$-\$\$

D



AUTO-INJECTOR

DIRECTIONS: Use as directed by voice-prompt. Press black side firmly on outer thigh.

BRAND NAME: Evzio

COST: \$\$\$\$*

*Coupons available, see evzio.com for more info

FOR ALL PRODUCTS, repeat naloxone administration after 2–3 minutes if there is no response.

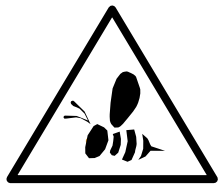
Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses

For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to [PrescribetoPrevent.org](https://www.PrescribetoPrevent.org)

Used with permission from Boston Medical Center



Anaphylaxis



Anaphylaxis & Life Threatening Allergies: Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.
Possible Lives Saved in the US: 1 per day

How To Use An EpiPen

EpiPen is used for severe lifethreatening allergic reactions.

Signs & Symptoms

Lungs: Chest tightness, cough that will not stop. Wheezing or shortness of breath.

Heart: Lightheaded feeling, fainting, weak pulse, or low blood pressure

Throat: Tightness of throat, hoarse/scratchy throat or drooling.

Mouth: Swollen tongue or lips

Skin: Swelling or severe itching or hives

1

Form FIST around EpiPen® and PULL OFF BLUE SAFETY RELEASE

2

Place orange end HARD into outer thigh so it 'CLICKS' and HOLD for 10 seconds.

3

Remove EpiPen & massage injection site for 10 seconds.

4

After using EpiPen. MUST seek Medical Attention



References
www.nationwidechildrens.org
www.pharmacydirect.co.nz/epipen-adult.html

By: Manjit Gill RN BSN

Major Trauma



Major Trauma & Bleeding: Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.

Possible Lives Saved in the US: 1 per hour



Infection Care



Infection Care: Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care. *Possible Lives Incalculable*

Med Tac Rescue Skill	
CLEAN A CUT – SAVE A LIFE	
1 CLEAN ONLY WITH SOAP AND WATER	2 APPLY ANTIBIOTIC OINTMENT TO CUT
	
3 BANDAGE TO WOUND KEEP CLEAN	4 IF HURTS MORE ON DAY 2 - SEE DOCTOR
	

Clean A Cut – Save A Life: The pathogens of today are very resistant to antibacterial agents and can progress to life-threatening sepsis. So minor cuts and scrapes must be treated immediately and watched closely. Such wounds need to be cleaned quickly, only with soap and water. Alcohol or hydrogen peroxide will harm healing and they harm the infant cells critical to closing the wound.

Transportation



Non-traffic Related Vehicular Accidents:

The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.

Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.



Bullying



Bullying & Workplace Violence: Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.

Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.

Bullying

