

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/>

**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
March 3, 2022

CareUniversity Webinar 183

MED + TAC Global
Coronavirus Care Community of Practice

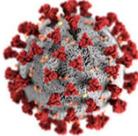
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Voice of the Patient



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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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

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Our Purpose, Mission, and Values



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



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

CAREUNIVERSITY®

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

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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

- 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.

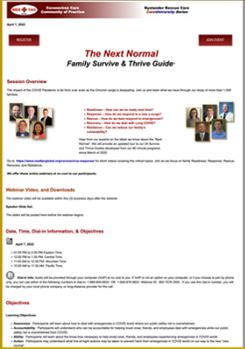
Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for Surfing the Healthcare 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.

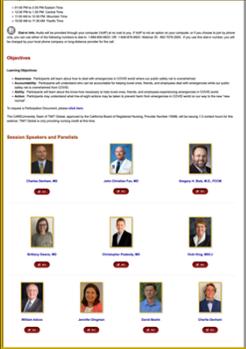
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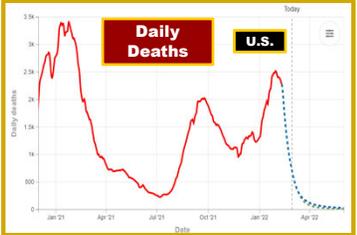


<https://www.medtacglobal.org/webinarapril2022/>

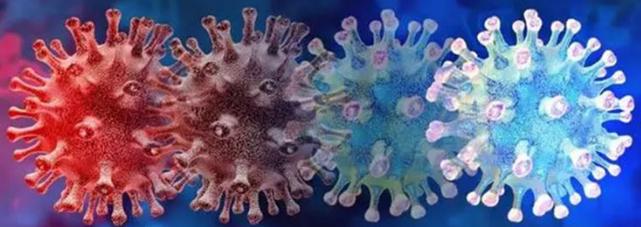
Coronavirus Care Community of Practice

April 2022 Progress Report





Variant Evolution



Alpha
Beta
Delta
Omicron

JOHNS HOPKINS UNIVERSITY OF MEDICINE CORONAVIRUS RESOURCE CENTER



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

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 Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or harassment, bullying or harm to caregivers, staff, students.
- **Active Shooter, Violent Intruder, and Deadly Force** including events causing physical harm to staff, caregivers, 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 or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit intentional acts against patients with or without enablers who do not report.
- **Unintentional Patient Harm** through errors of omission or commission identified by mortality reviews such as diagnostic failures.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital of care.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Organization**.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.

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.

Readiness for Epidemics including preparedness for testing and volume surges.

Survive & Thrive Guide: Keeping Your Family Safe

TMIT Global Research Test Bed

3,100 Hospitals in 3,000 Communities

500 Subject Matter Expert Pool Developed over 35 Years

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Survive & Thrive Guide: Protecting Your Family

500 Subject Matter Experts

Graphic Representation to Protect Expert Privacy

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Contributions Through Segments of our Discovery Channel Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



Dr. Howard Koh



Dr. Jim Baglian



Dr. Harvey Fineberg



Chasing the Zero



Surfing the Healthcare Tsunami



**3 Minutes & Counting
Bystanders Care!**

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

Family Rescue R&D



The 5 R's of Safety

MAYO CLINIC



Stanford University



University of California
San Francisco

HARVARD UNIVERSITY



UCSF

University of California
San Francisco

UCI

UF UNIVERSITY of FLORIDA

UTSouthwestern Medical Center

USC University of Southern California



1,000 Family Household Study

Survive & Thrive Guide

**1,000
Worker Study**

**The 5 R's
of Safety**





HEAD



HEART



HANDS



VOICE

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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.

Short Video Topics

- Masks: Filter, Fit, and Finish
- CLEAN High Endemic Settings
- FORMING A FAMILY SAFETY PLAN
- Why PPE, Respirators, and ERPP
- Family Support Program
- Vaccination Encouragement

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

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 Risk Zone, Home Zone, Safe Zone	Keeping Our Kids Safe LEAD → Family Safety	Creating Your Family Safety Plan	Safety Plan Templates for Everyone
Providing Care at Home	Updating Your Family Safety Plan	Emergency Rescue Skills Emergency Rescue Skills and COVID Care	What To Do – They're in the ICU
Vaccines, Variants, and Victory	Long Haulers & Severe COVID Recovery PACS, MIS-G, MIS-A	10 Best Practices for Reopening	The New Normal & The 4 P's Prevention, Protection, Preparedness, Recovery

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Survive & Thrive Guide™ Program Road Map

Dealing with Delta: The Critical FAQs	Essential Worker Toolbox	Special Care for Special Populations Immunocompromised, Seniors, Our Children	Safer Holidays & Safer Families
Omicron and Back to Work Turn Science into Safety	Bystander Rescue Care & Omicron	Testing to Navigate Care	Our Stressed Emergency Safety Net Bystander Rescue Care
Fraud in the COVID Ecosystem	COVID Safe Practices Update	1,000 Household COVID Study	Faith-based COVID Leadership Faith... Fight... Finish

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

Youth & Young Adult Team

D Contreras EMT Harvard	Ivy Tran EMT Harvard	Nick Scheel UCSB	Sophia McDowell California Inst. of Arts	Audrey Lam EMT USC	Jacqueline Botz Chapman	Luis Licon UCI Alum	Melanie Rubalcava UCSD
Charlie Denham III High School Lead	Charlie Beall Stanford Alum	Marcus McDowell U of Cincinnati	Jaime Yrastorza UCSD Pre-med	Paul Bhatia EMT UCI Pre-med	D Policchio NYU Film	Manue Lopez Berkeley Alum	Preston Head III UCLA Alum

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Family Rescue R&D

The 5 R's of Safety

Logos of partner institutions: PRINCETON UNIVERSITY, HARVARD UNIVERSITY, NYU, Tufts UNIVERSITY, Yale, UNIVERSITY OF MICHIGAN, Stanford University, UCI, UCLA, UF UNIVERSITY OF FLORIDA, UCSB, UC San Diego, Berkeley, CHAPMAN UNIVERSITY, USC University of Southern California.

CareUniversity © TMT Global 2021 Med Tac Bystander Rescue Care

Misinformation – Disinformation - Malinformation

MISINFORMATION (FALSENESS): Unintentional mistakes such as inaccurate photo captions, dates, statistics, translations, or when satire is taken seriously. Spreading false information that you think is true.

DISINFORMATION (INTENT TO HARM): Fabricated or deliberately manipulated audio/visual content. Intentionally created conspiracy theories or rumors.

MALINFORMATION (INTENT TO HARM): Deliberate abuse of private information with the intent to harm or intimidate. For example, sharing someone's personal emails online—while this is not false information, it is distributed with malign intent.

Turn the Science into Safety.

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Take the Shot...Save a Life

The Vaccination Conversation

Video Tape: < 14 Minutes

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

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In the News: Tackling Vaccine Hesitancy













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





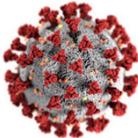
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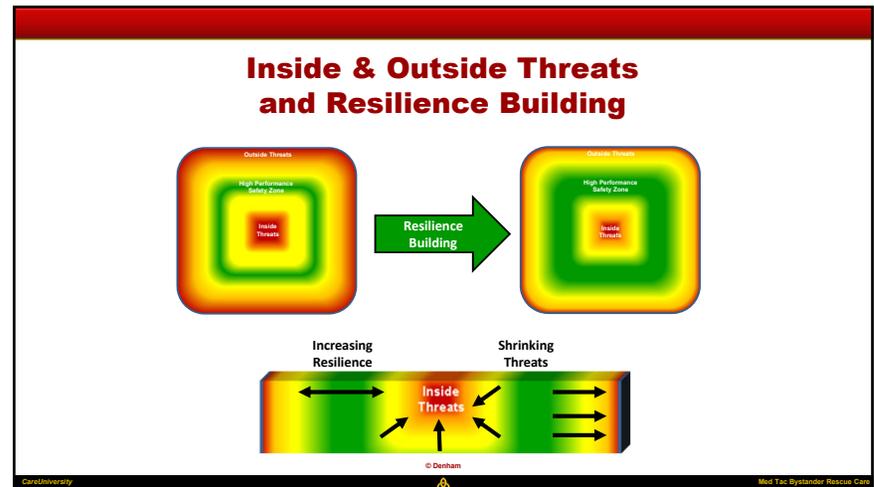
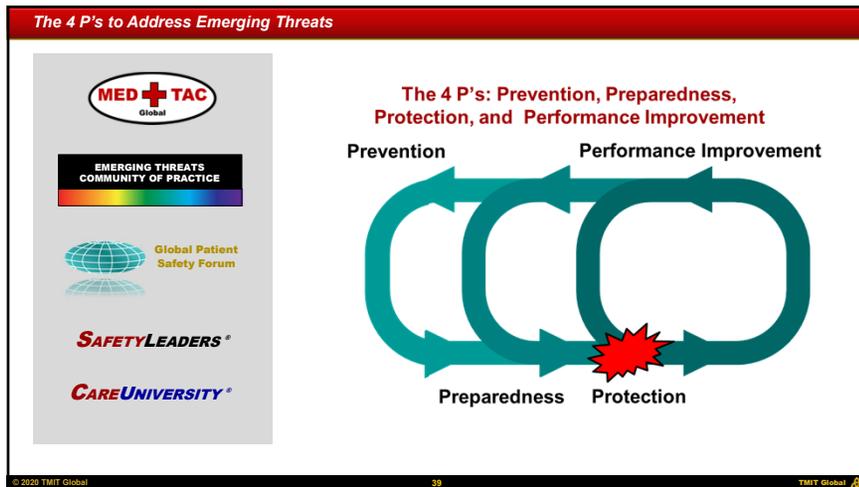
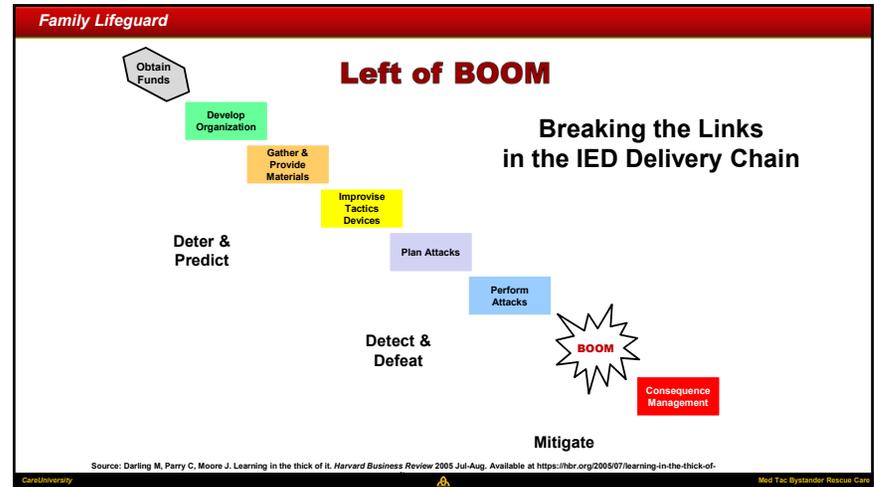
The Next Normal: Left of Boom & 4P's

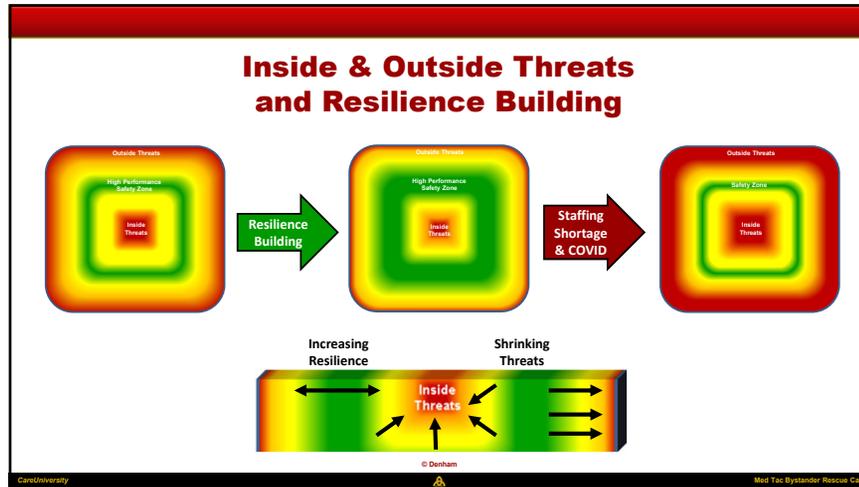


William Adcox MBA
 Chief Security Officer
 and Vice President
 MD Anderson Cancer Center
 Chief of Police,
 University of Texas at Houston
 Med Tac Lead Threat
 Safety Scientist









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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

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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

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The Next Normal: Survive and Thrive

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Turn the Science into Safety.

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Family Lifeguard

Emergency Rescue Skills: Getting to the ED







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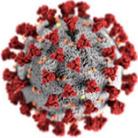
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The Next Normal: Emergency Medicine View

Interview of Dr. Chris Fox



Charles R Denham MD
 Chairman TMIT Global
 Co-founder Med Tac
 Bystander Rescue Program
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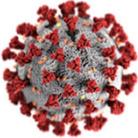
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The Next Normal: Emergency Medicine View



John Christian Fox MD
 Professor and Chair
 Emergency Medicine
 Director of Ultrasound
 in Medical Education
 University of California Irvine



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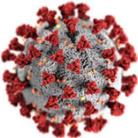
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A Message to Families Regarding Emergency Care



Christopher Peabody MD MPH
 Associate Professor
 Emergency Medicine
 UCSF School of Medicine
 Director of the UCSF
 Acute Care Innovation Center



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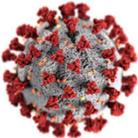
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Emergency Care of Children



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



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Christopher Peabody MD MPH
Associate Professor
Emergency Medicine
UCSF School of Medicine
Director of the UCSF
Acute Care Innovation Center

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

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The 5 Rights of Emergency Care™

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The 5 Rights of Emergency Care™

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

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

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

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

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

Source: Denham, CR

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The 5 Rights of Emergency Care™ An Introduction

Right Provider: 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 you deal with serious problems. **ICE – In Case of Emergency:** Make sure to always have your ICE contact in your wallet and on phone.

Right Diagnosis: **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 & Diagnostics:** Understand the tests and answers of what you have.

Right Discharge: **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:** – stop, add, 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.

Right Treatment: **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.

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Family Lifeguard

Emergency Rescue Skills: After Discharge & Transport Home

The diagram shows a central circle labeled "Emergency Care Loop". To its left is a box labeled "HOME" and to its right is a box labeled "ED". Above the circle is an arrow pointing right labeled "TRANSPORT", and below it is an arrow pointing left labeled "TRANSPORT".

Three images are shown below the diagram: 1. An oxygen concentrator with a person sitting in a chair. 2. A hand holding a pulse oximeter. 3. A pharmacist in a white coat and mask handling bags of supplies. 4. A paramedic in a blue uniform sitting in the driver's seat of an ambulance.

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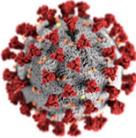
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Med Tac Bystander Rescue Care: The Good Samaritans



Gregory H. Botz, MD, FCCM
 Professor of Anesthesiology and Critical Care
 UT MD Anderson Cancer Center, Houston, TX
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 Stanford University School of Medicine, Stanford, CA

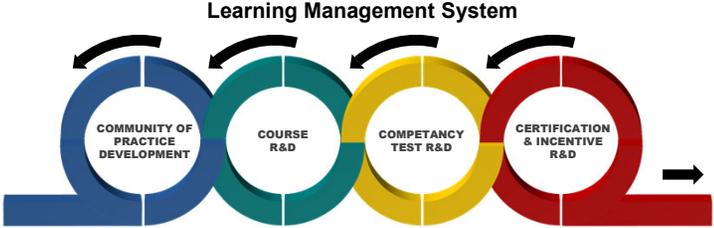


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TMIT Global Research Test Bed **MED + TAC Global** **SafetyLeaders®**

Learning Management System



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Certificates for Med Tac Program




American Heart Association
Heartsaver® First Aid CPR AED



AMERICAN COLLEGE OF SURGEONS
 Inspiring Quality. Highest Standards. Better Outcomes.
 100+ years

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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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High Impact Care Hazards to Patients, Students, and Employees



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

Active Shooter Healthcare Article



Rapid Response Teams Article



AED & Bleeding Control Gear Article



Family Safety Plan Article



Support today's webinar

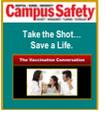
Med Tac Story Article



A Medical-Tactical Approach undertaken by clinical and non-clinical people can have enormous impact on 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.



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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

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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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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, bandage, 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 homes 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 1,800 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.

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MED TAC Global **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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parenting **OC**
MARCH 2021 #188
Which Every Parent's Talking About
FOURTH ANNUAL TOP 25 TEACHERS



Family 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

CareUniversity Med Tac Bystander Rescue Care

Survive & Thrive Guide: Protecting Your Family



Safe Practices



Social Distancing



Use of Masks



Hand Washing



Disinfecting Surfaces

SOURCE: Centers for Disease Control

CareUniversity © C Denham 2020 Med Tac Bystander Rescue Care

Family Lifeguard

Holidays, Spring Break, Ski Week, and Vacations



Family Huddle Checklist

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CardUniversity 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**



Full Rescue Station




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 of Rescue Gear



Care Case:

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

Approved by Advisors:

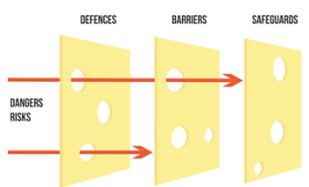
- OC Lifeguards
- Laguna Beach Lifeguards
- Emergency Medicine MDs
- Critical Care MDs
- Infection Control Experts

MED TAC Med Tac Rescue Station Sites



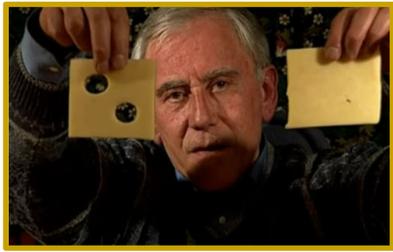
Map locations: Newport Beach, Dana Point, Catalina Island.

SWISS Cheese Model



DEFENCES BARRIERS SAFEGUARDS

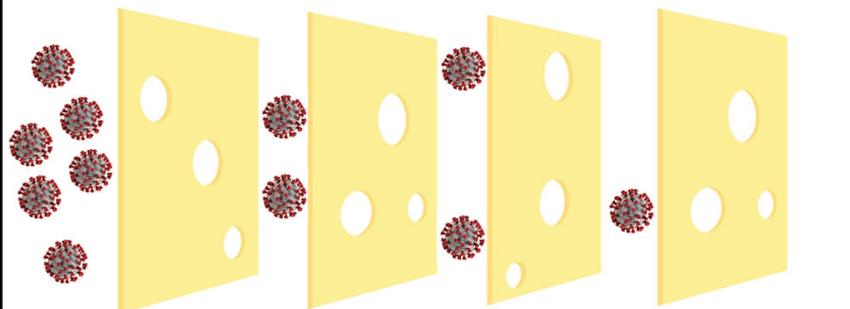
DANGERS RISKS



Professor James Reason
 Source: <https://www.youtube.com/watch?v=KND5pv-z8Y>

COVID Defense Strategies

Social Distancing Masks Ventilation TESTING



MED TAC Global **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

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Fight the Good Fight...

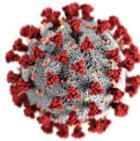
Finish the Race...

Keep the Faith...

CareUniversity Med Tac Bystander Rescue Care

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Voice of the Patient

	<p>Jennifer Dingman</p> <p>Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division Co-founder, PULSE American Division TMIT Patient Advocate Team Member Pueblo, CO</p>	
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Additional Resources

Med Tac Bystander Rescue Care

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COVID-19 and Adult CPR

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

Step 1



Phone 9-1-1 and get an AED.

Step 2



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

Step 3



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

Step 4



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

Step 4



Use an AED as soon as it is available.

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SAVE A LIFE. GET NALOXONE.

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

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

A	B	C	D
 MULTI-STEP NASAL SPRAY DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril. NO BRAND NAME/GENERIC COST: \$-\$\$	 SINGLE-STEP NASAL SPRAY DIRECTIONS: Spray full dose into one nostril. BRAND NAME: Narcan COST: \$\$\$	 INTRAMUSCULAR INJECTION DIRECTIONS: Inject 1 mL in shoulder or thigh. NO BRAND NAME/GENERIC COST: \$-\$\$	 AUTO-INJECTOR DIRECTIONS: Use as directed by voice-prompt. Press black spot firmly on outer thigh. BRAND NAME: Evzio COST: \$\$\$

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 [PreventandProtect.org](https://www.preventandprotect.org)



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How To Use An EpiPen

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/strabzhy throat or drooling.
- Mouth: Swollen tongue or lips.
- Skin: Swelling or severe itching or hives.

EpiPen is used for severe lifethreatening allergic reactions.

1. Remove cap and hold EpiPen firmly against the thigh.
2. Press and hold the orange button for 3 seconds.
3. Rub the injection site for 10 seconds.
4. After using EpiPen, seek medical attention.

References:
www.aadonlinechildrens.org
www.pharmacydirect.co.uk/epipen-uk.html

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Med Tac Bystander Rescue Care

Major Trauma



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STOP THE BLEED SAVE A LIFE

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

WRAP WIND SECURE TIME

CALL 911

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Med Tac Bystander Rescue Care

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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.

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