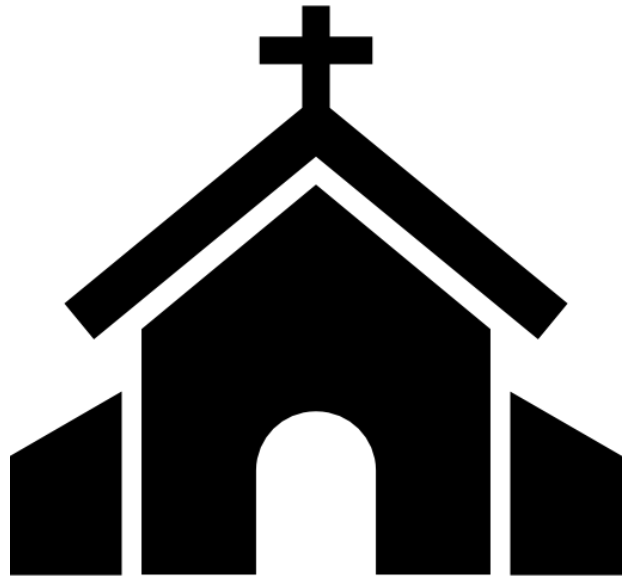


# Faith-based COVID Leadership

## *Survive and Thrive Guide™*

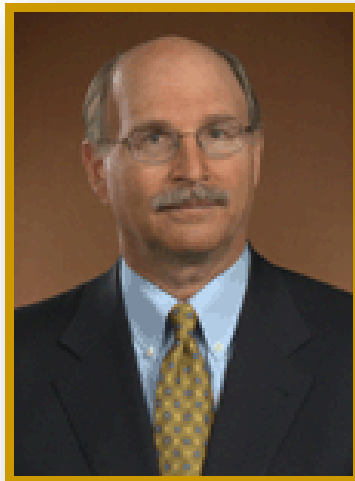


**Faith...Fight...Finish**



June 2, 2022 - Webinar 187

# Welcome



## **Charles Denham, MD**

Chairman, TMIT Global  
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care  
June 2, 2022**

***CareUniversity Webinar 187***

# **Faith-based COVID Leadership:**

*What We Have Learned to Serve Others*

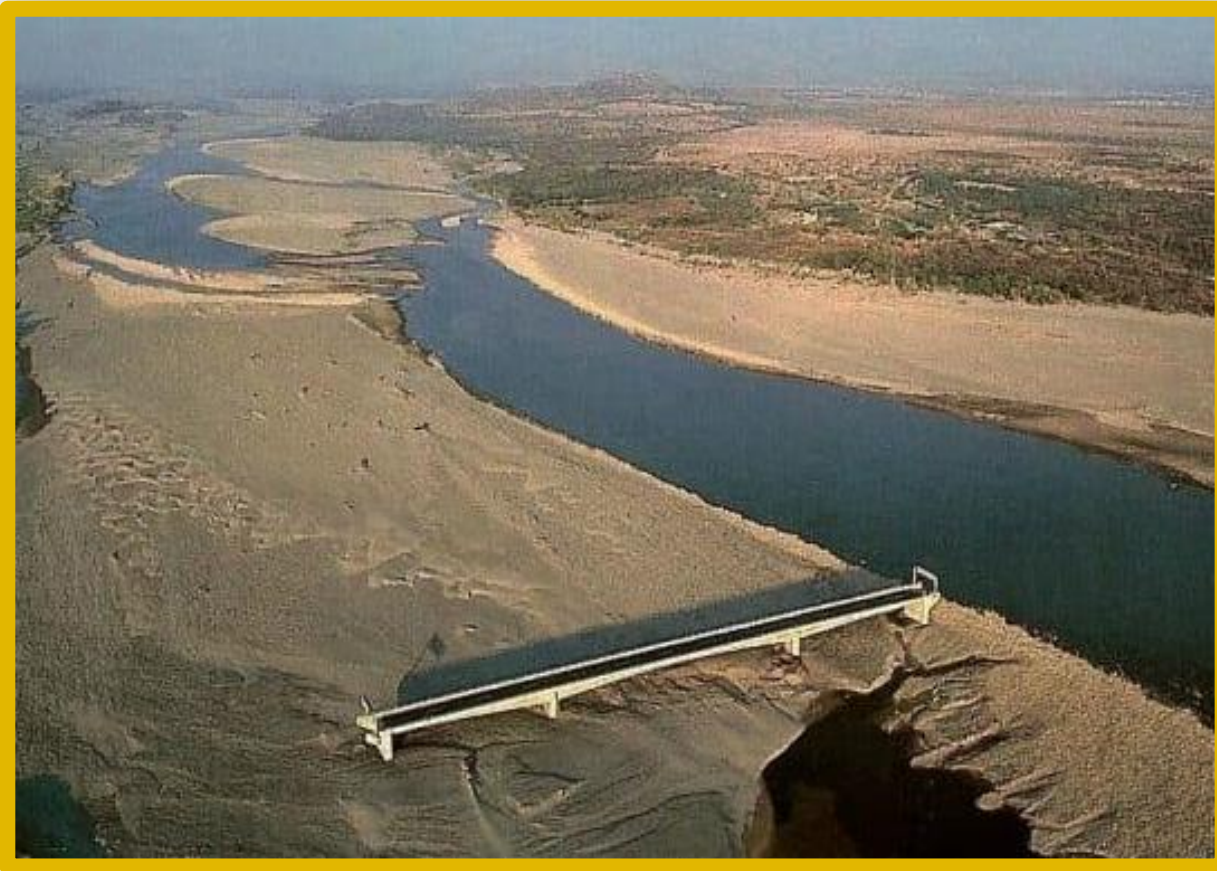


- ❑ Support of loved ones in hospital
- ❑ Best Practices in Long COVID Care
- ❑ Dealing with grief during the pandemic
- ❑ Delivering SAFE Good Samaritan Care
- ❑ Loving Friends and Family through Division



*Turn the Science into Safety™*

# Faith-based COVID Leadership:



***“Feels like we are building a bridge to nowhere”***

***“Whatever position I take, I make someone mad”***

***“Why do anything if it is going away?”***

***“Why do anything if it is going away?”***



# The Bridge to Nowhere



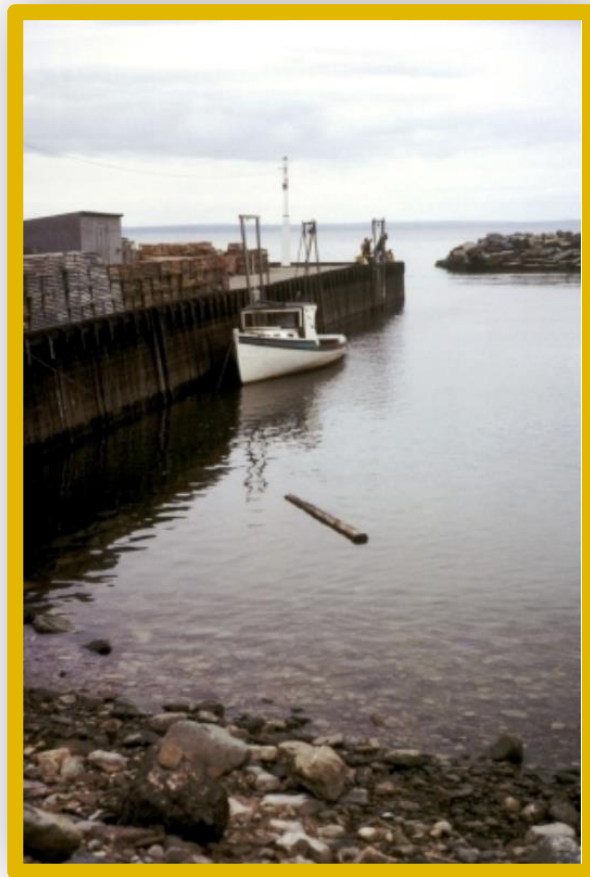
The Choluteca bridge is a 484 m. long bridge in Honduras in a region notorious for storms and hurricanes. The bridge, completed in 1998, was a modern marvel of engineering, designed to withstand powerful forces of nature. But as it turns out, in the same year that the bridge was commissioned for use, Honduras was hit by Hurricane Mitch, which caused considerable damage to the nation and its infrastructure.

Many other bridges were damaged, but the Choluteca bridge survived in near perfect condition. However, roads on either end of the bridge completely vanished, leaving no visible trace of their prior existence. More impressively, the Choluteca River (which is several hundred feet wide) had carved itself a new channel during the massive flooding caused by the hurricane. It no longer flowed beneath the bridge, which now spanned dry ground. The bridge

quickly became known as "The Bridge to

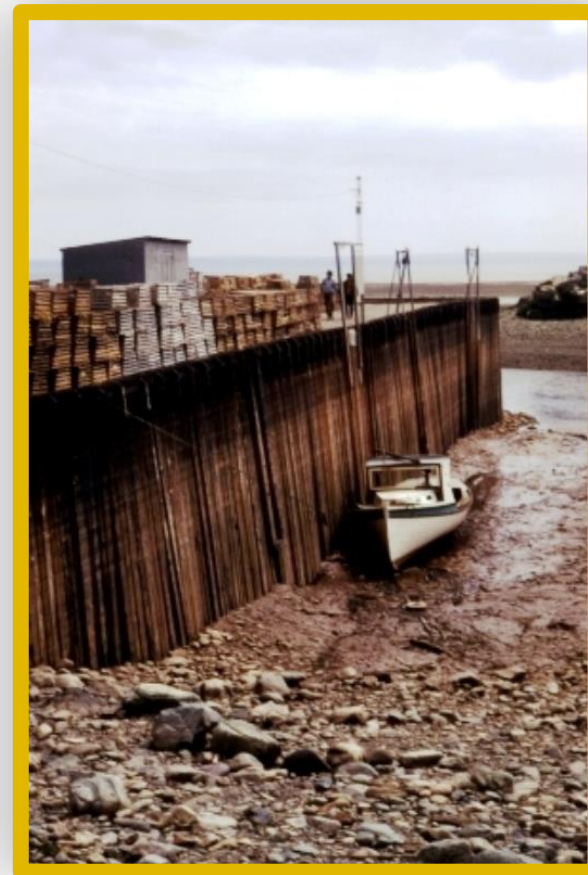
**Only when the tide goes out...**

**Warren Buffet**



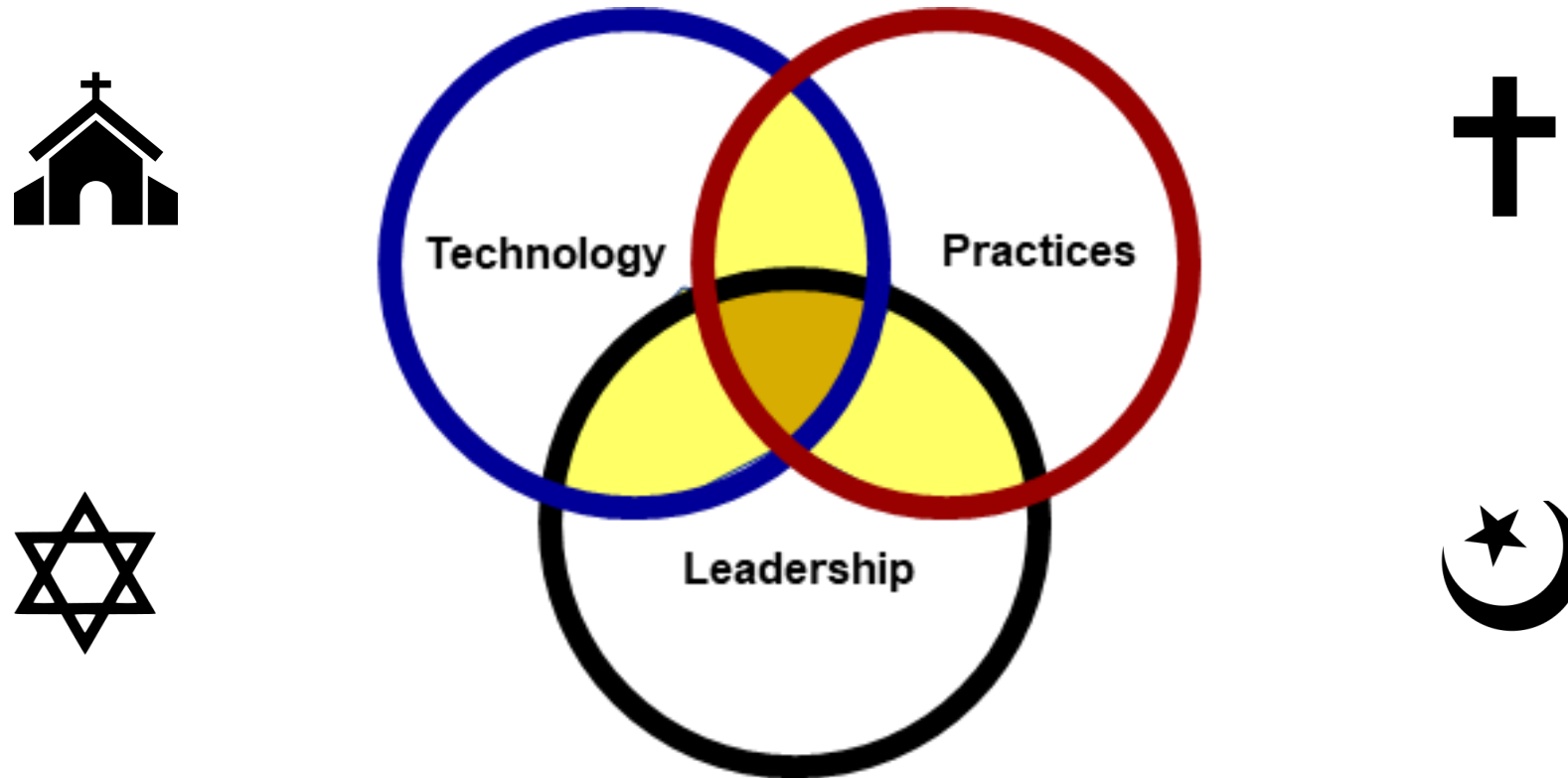
**Only when the tide goes out...  
do you discover who's been swimming naked...**

Warren Buffet



# Faith-based COVID Leadership:

*What We Have Learned to Serve Others*





# How to Help a Friend In Pain:

*Rick Warren, Saddleback Church*

*May 28, 2022*



1. **DON'T WAIT:** Take the initiative to connect!
2. **DON'T HOLD BACK:** Let them see your tears!
3. **DON'T SPEAK:** Show up and Shut up!
4. **DON'T FORGET:** All tears are temporary.

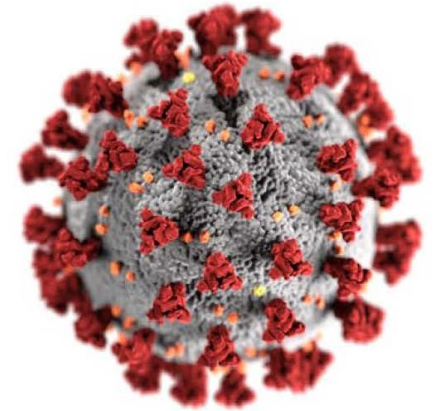
[\*https://saddleback.com/\*](https://saddleback.com/)

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



### **Jennifer Dingman**

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





## Speakers & Reactors



Lacey Hart, M.B.A., D.D. h.c.



Dr. Gregory Botz



Dr. Christopher Peabody



Charlie Denham III



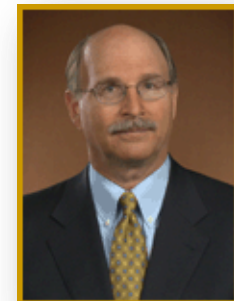
Jennifer Dingman



Heather Foster RN



David Beshk



Dr. Charles Denham



**TMIT Global**  
Research Test Bed

## High Performer **Webinar**

April 21, 2022, 12:00 pm – 1:30 pm CT / 1:00 pm – 2:30 pm ET

### Care of the Caregiver: When Healing Hurts

#### Session Overview



Building on the great success of Dr. Jeanne Huddleston and Lacey Hart, the H2 Foundation was formed to help care for our caregivers – those individuals who dedicate their lives to helping others and are at high risk for compassion fatigue; many services are popping up around burnout and labor shortages but fall short to addressing the unique needs of humans who are wired for caregiving. Lacey Hart, the co-founder of H2 will share the vision and framework for the work of this non-profit organization.

Dr. Huddleston, one of our most appreciated speakers led the development of mortality reviews at the Mayo Clinic that have had extraordinary impact. *The Safety Learning System Collaborative* is a global community of practice of terrific medical centers and hospitals that have carried on the work.

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





## 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


- Lacey Hart has nothing to disclose.
- Dr. Gregory H. Botz has nothing to disclose.
- Dr. Christopher Peabody has nothing to disclose.
- David Beshk has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Heather Foster RN 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.




**Bystander Rescue Care**  
*CareUniversity Series*

## Date, Time, Dial-in Information, & Objectives

 June 2, 2022

- 01:00 PM to 2:30 PM Eastern Time
- 12:00 PM to 1:30 PM Central Time
- 11:00 AM to 12:30 PM Mountain Time
- 10:00 AM to 11:30 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: 1-869-900-6833 OR 1-646-876-9923 Webinar ID: 894 0794 1578. If you use this dial-in number, you will be charged by your local phone company or long-distance provider for the call.


**Learning Objectives:**

- **Awareness:** Participants will be made aware of the opportunities for improvement of dealing with COVID from a 1,000 household 24 month study.
- **Accountability:** Participants will understand who can be accountable for improving COVID safety in the home and in the community.
- **Ability:** Participants will learn about the know-how necessary for improving COVID safety in the home and in the community.
- **Action:** Participants may understand what line-of-sight actions may be taken to improve COVID safety in the home and in the community.


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


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

## Session Speakers and Panelists





**Charles Denham, MD**

 BIO





**Lacey Hart, M.B.A., D.D. h.c.**

 BIO





**Christopher R. Peabody, MD, MPH**

 BIO





**Jennifer Dingman**

 BIO




**Charlie Denham**

 BIO



**David Beshk**

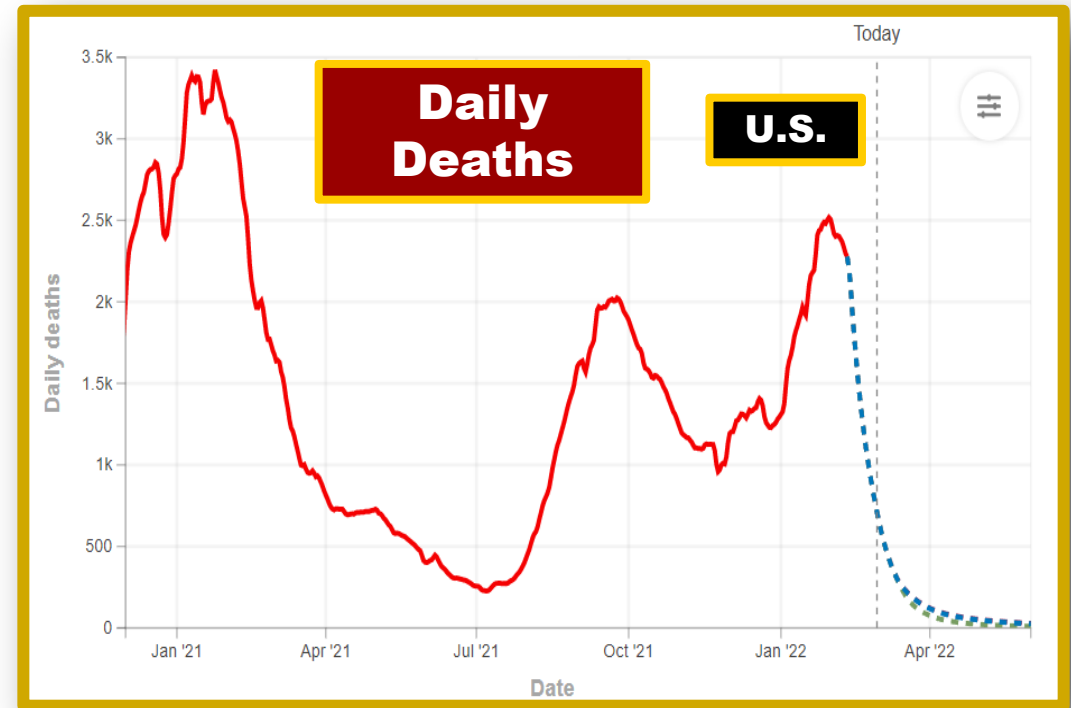
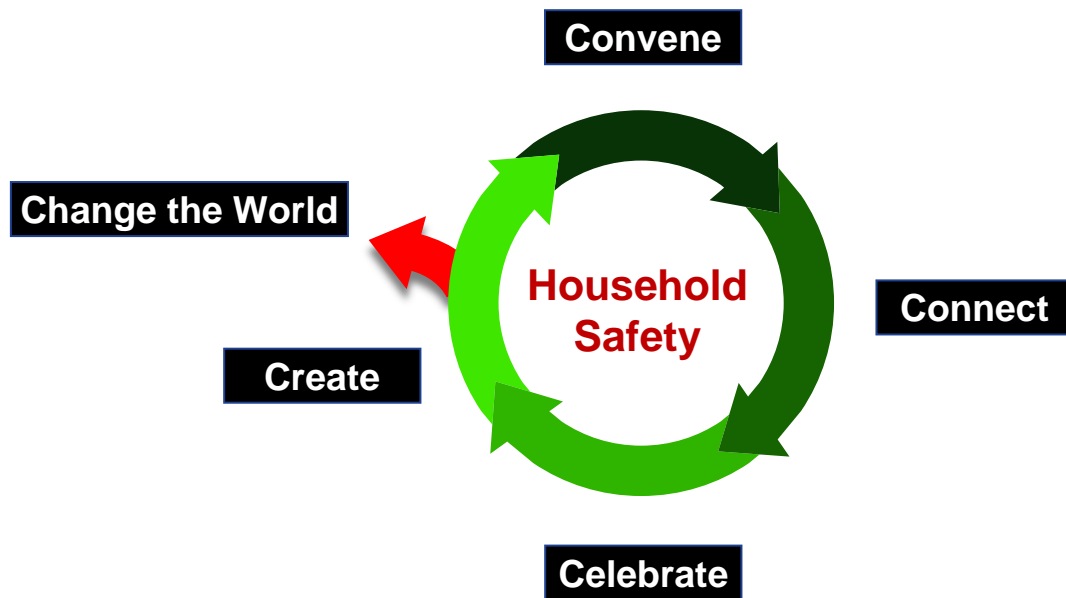
 BIO

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Austin, Texas



# Coronavirus Care Community of Practice

## Q2 2022 Progress Report





**MEDTAC** About Values & Ten Commandments Recorded Broadcasts Specialty Programs Student Outreach Research & Development CareUniversity

Short Videos Survive and Thrive Guide™ Courses Resources Certificate Course Caregiver/CME/CEU Courses Care at Home Course

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**

**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

**Survive and Thrive Guide™ Courses**

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

**Program Road Map**

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

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

Dealing with Delta: The Critical FAQs

Addressing the Delta Variant surge FAQs.

11 Best Practices for Reopening

Covers actionable practices to reopen.

Long Haulers & Severe COVID Recovery

Long COVID and inflammatory harm to children and adults.

Vaccines, Variants, and Victory

The key principles of variants, vaccines, and safe success.

What To Do - They're in the ICU

Guidance on how to help your loved one when they are in ICU.

Emergency Rescue Skills

"How to" identify one in trouble, get them to the ED and home.

New 2021 Family Safety Plan

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

Providing Care at Home

The "how to" set up care at home and checklists provided.

Safety Plan Templates for Everyone

Templates families may use for their own plans are provided.

Creating Your Family Safety Plan

The S.R. design of Family Safety Plans is presented.

Keeping Our Kids Safe

Understanding family threats, vulnerability, and risk are covered.

Coming Home Safely

Communication Prevention Safe Practices covered.

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

MedTacGlobal Coronavirus Resources (View Only)

Task Name Notes

Delta Surge Issues, Risks, Benefits, and Mitigation

This article addresses a surge in the data of the article. The unrelenting news around COVID-19 has been overwhelming. The article addresses the Delta variant and why it is a health imperative for the broader news. And, after 7 minutes, it is a valuable resource.

Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Delta and Delta variant exposure period 08-09-21

This article by leaders at the Mayo Clinic is peer-reviewed. It revealed that from this, the vaccine is superior in protecting against the Delta variant. The authors recommend vigilance in monitoring effectiveness with the COVID-19 vaccine.

Delta is Bad News for Kids, Adults 08-10-21

This article addresses the explosive growth of COVID-19 and the subsequent development of RSV. The seriousness of the Delta variant is described.

# Coronavirus Care Community of Practice

## Q2 2022 Progress Report



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



## Global Patient Safety Forum

### Global Patient Safety Forum

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

### Global Innovators Network

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

Featured  
Leaders

Global Webinars  
& Summits

Patient Safety  
Community Of Practice

Med Tac Bystander  
Care Program

Emerging Threats  
Community Of Practice

CareUniversity &  
Continuing Education



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

[Read bio...](#)

[View video clip](#)

### The Healthcare Threat Safety Spectrum



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

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

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**





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

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- **Leadership, and staff.**
- **Shortages** such as I.V. fluids, medications, and supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.

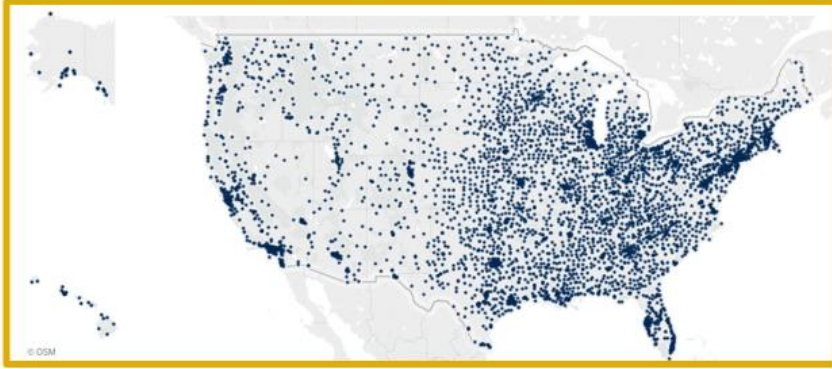
**Readiness for Epidemics** including preparedness for testing and volume surges.



# **TMIT Global Research Test Bed & 500 Subject Matter Expert Pool**

**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



© 2024

CareUniversity Med Tac Bystander Rescue Care

**Survive & Thrive Guide: Protecting Your Family**



**500 Subject Matter Experts**

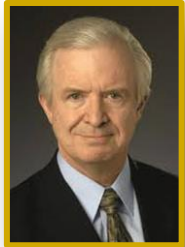
Graphic Representation to Protect Expert Privacy

CareUniversity Med Tac Bystander Rescue Care



# Coronavirus Care Community of Practice

# Bystander Rescue Care *CareUniversity Series*



John Nance JD



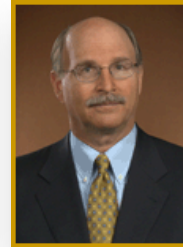
Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



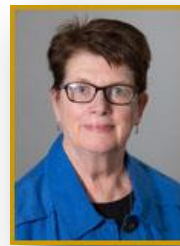
Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



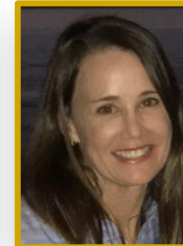
Bob Chapman



Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



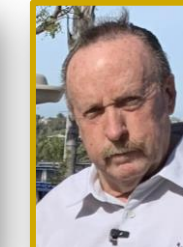
Ann Rhoades



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

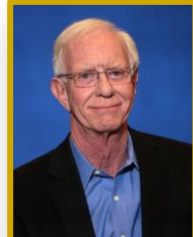
## Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



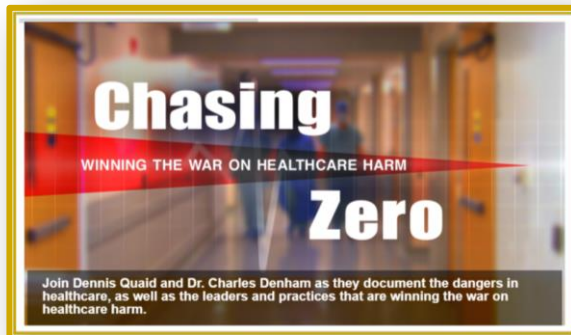
Dr. Howard Koh



Dr. Jim Bagian



Dr. Harvey Fineberg



The background of the slide is a dark blue field populated with numerous light blue, stylized representations of coronavirus particles. These particles are spherical with prominent, irregular spikes protruding from their surfaces. They are scattered across the frame, with some appearing larger and more detailed than others, creating a sense of depth and focus on the theme of the presentation.

## **Coronavirus Care Results**

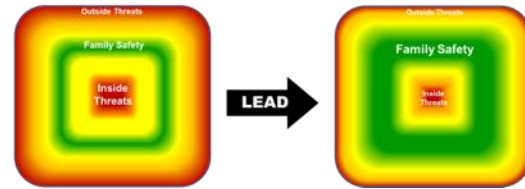
- **Established National Community of Practice**
- **Launched Multi-center 1,000 Family Household R&D Study**
- **48 Ninety Minute Broadcasts and Online Programs**
- **24 *Survive & Thrive Family Training* Programs**
- **Produced a National Campus Safety Summit**
- **Published Multiple Articles Providing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

# 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



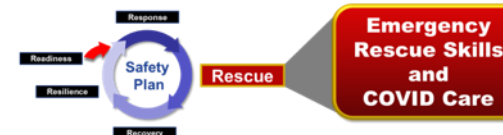
## Providing Care at Home



## Updating Your Family Safety Plan



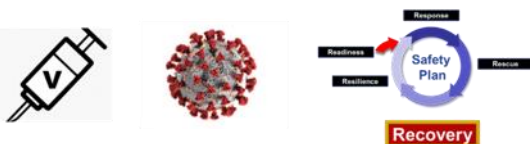
## Emergency Rescue Skills



## What To Do – They're in the ICU



## Vaccines, Variants, and Victory



## Long Haulers & Severe COVID Recovery



## 10 Best Practices for Reopening



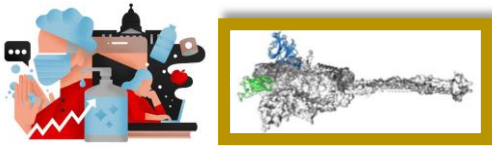
## The New Normal & The 4 P's





# Survive & Thrive Guide™ Program Road Map

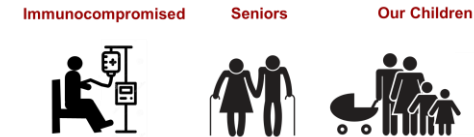
## Dealing with Delta: The Critical FAQs



## Essential Worker Toolbox



## Special Care for Special Populations



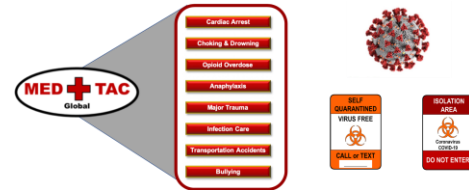
## Safer Holidays & Safer Families



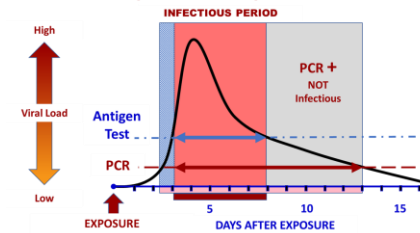
## Omicron and Back to Work



## Bystander Rescue Care & Omicron



## Testing to Navigate Care



## Our Stressed Emergency Safety Net



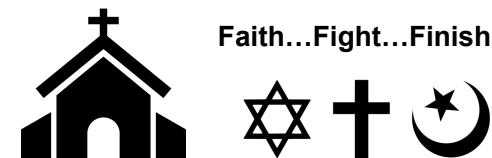
## The Next Normal



## 1,000 Household COVID Study



## Faith-based COVID Leadership



## Fraud in the COVID Ecosystem



## Youth & Young Adult Team



**D Contreras EMT**  
Harvard



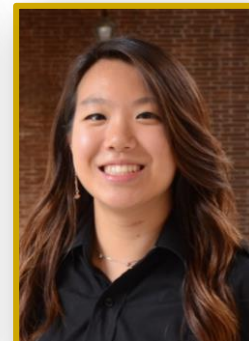
**Ivy Tran EMT**  
Harvard



**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



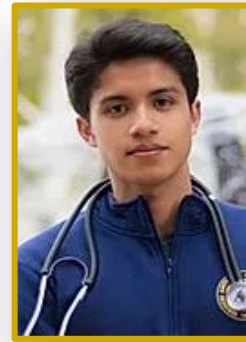
**Charlie Beall**  
Stanford Alum



**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



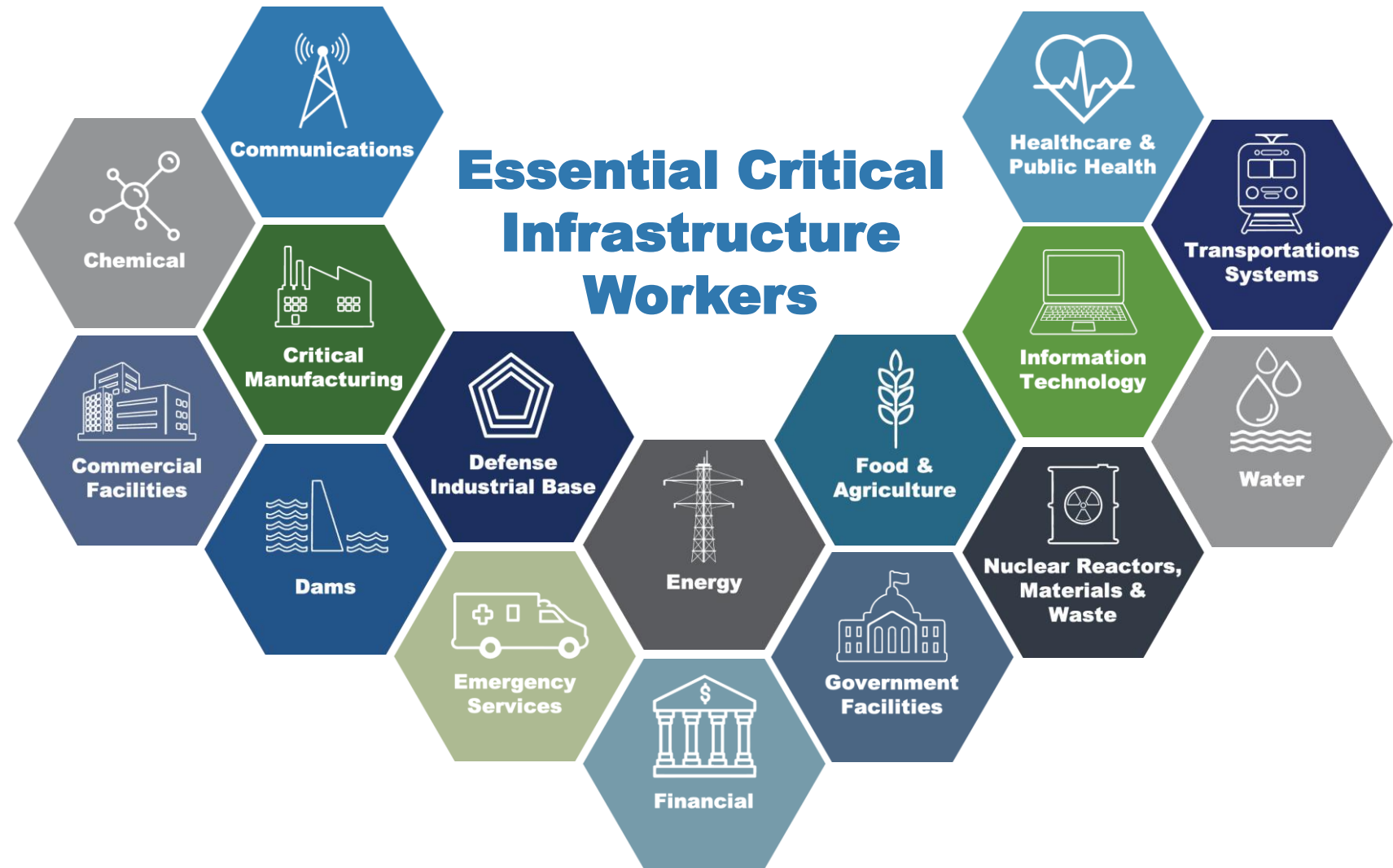
UNIVERSITY OF CALIFORNIA  
SANTA BARBARA

UC San Diego

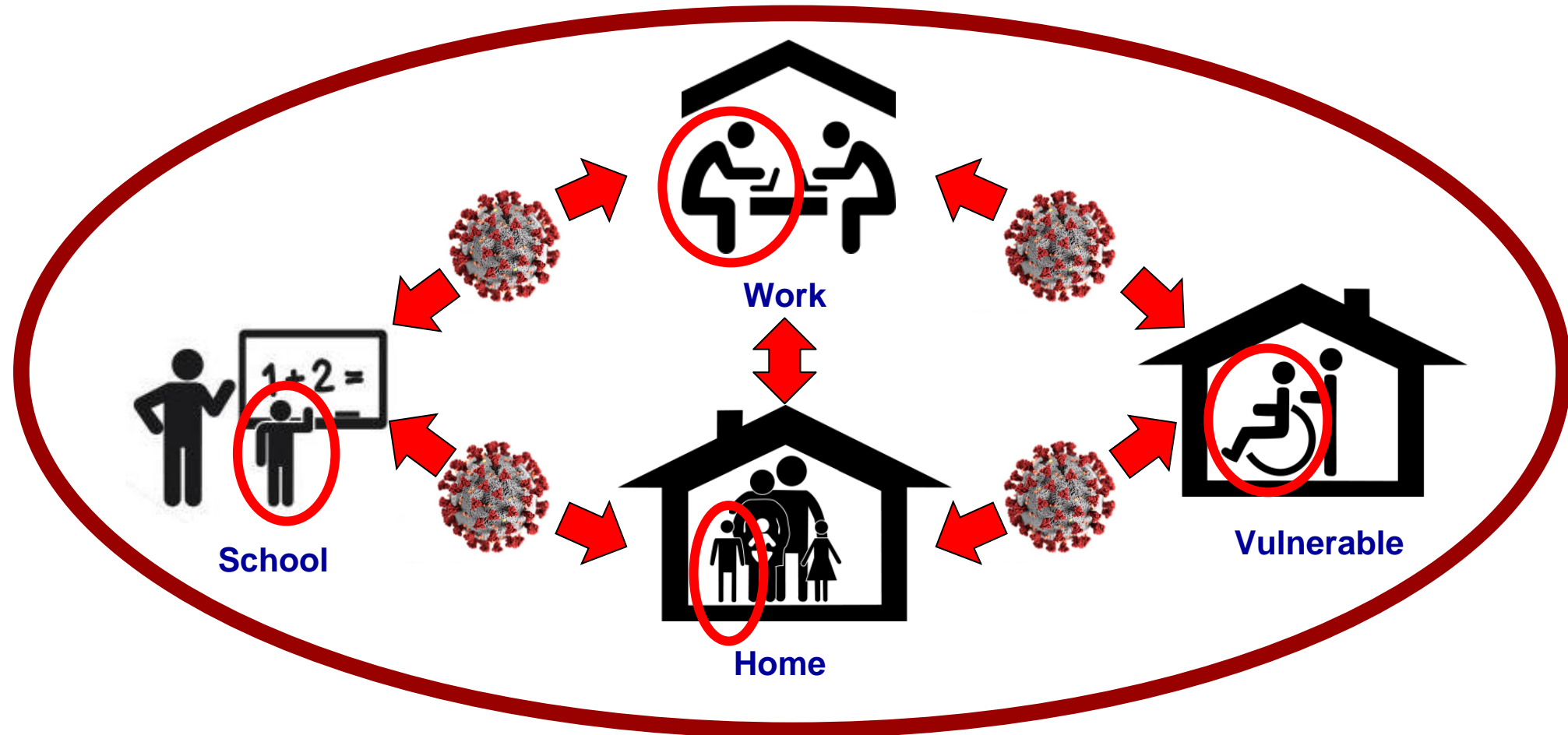




**Educators  
Declared  
Essential Critical  
Infrastructure  
Workers**



# Save the Families... You Save the Worker



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



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



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

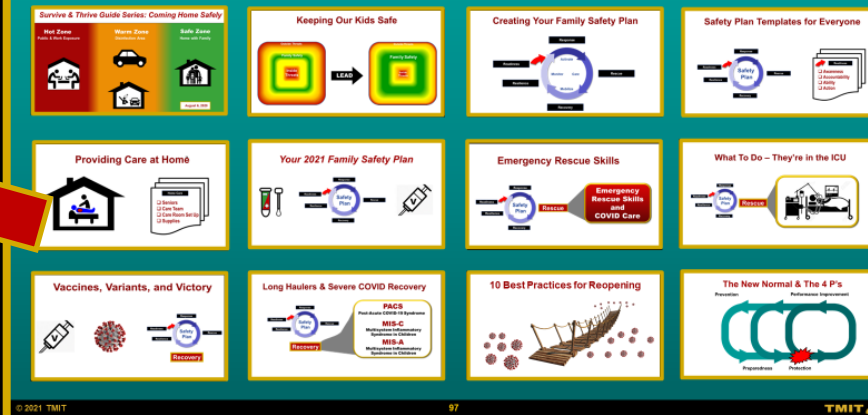


#### Short Video Topics



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

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



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

#### Related Resources

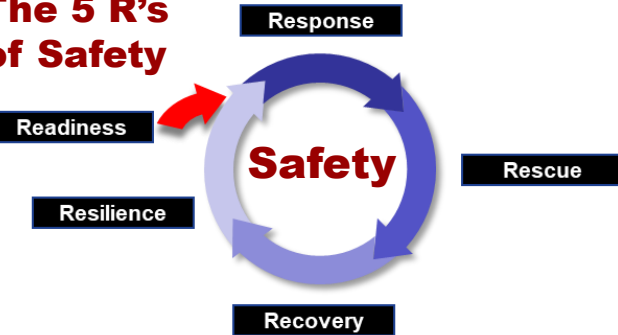
Resources:



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

**1,000  
Worker Study**

## The 5 R's of Safety



**HEAD**



**HEART**



**HANDS**



**VOICE**



## **Family Health Safety Plans**

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

**Readiness**

**Resilience**

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

**Response**

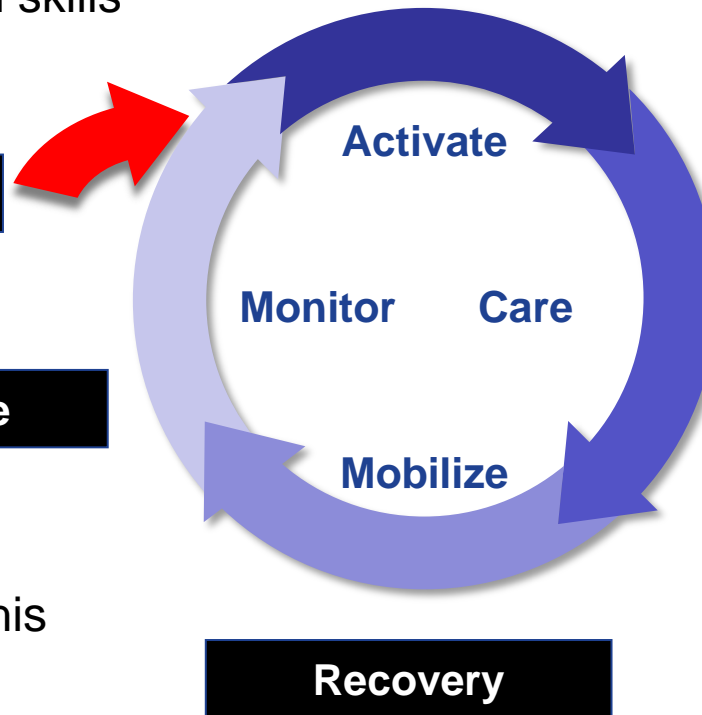
**Response:** Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

**Rescue**

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

**Recovery**

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

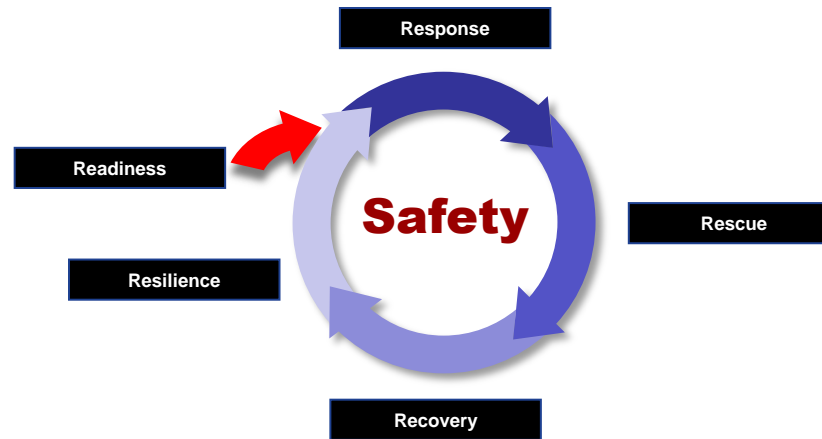


THE UNIVERSITY OF TEXAS  
**MD Anderson**  
~~Cancer~~ Center

## Family Rescue R&D



**Stanford**  
University



**UCSF**  
University of California  
San Francisco

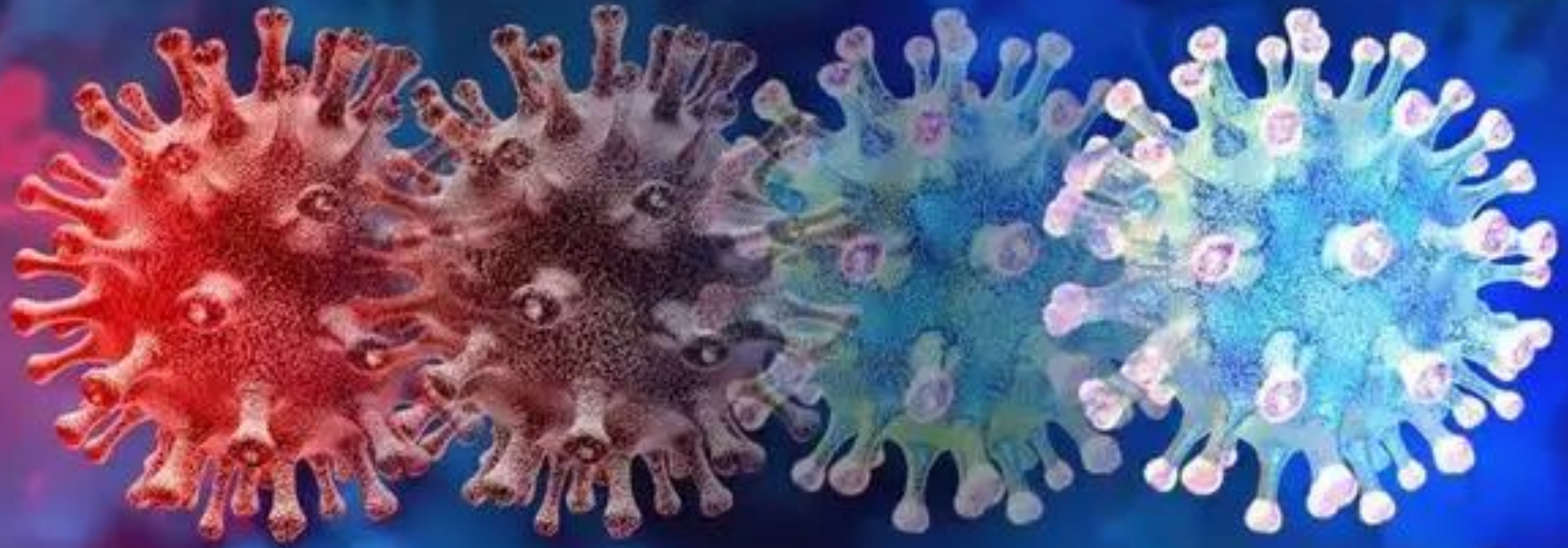


**UF** | UNIVERSITY of  
**FLORIDA**

**UT Southwestern**  
Medical Center



# Variant Evolution

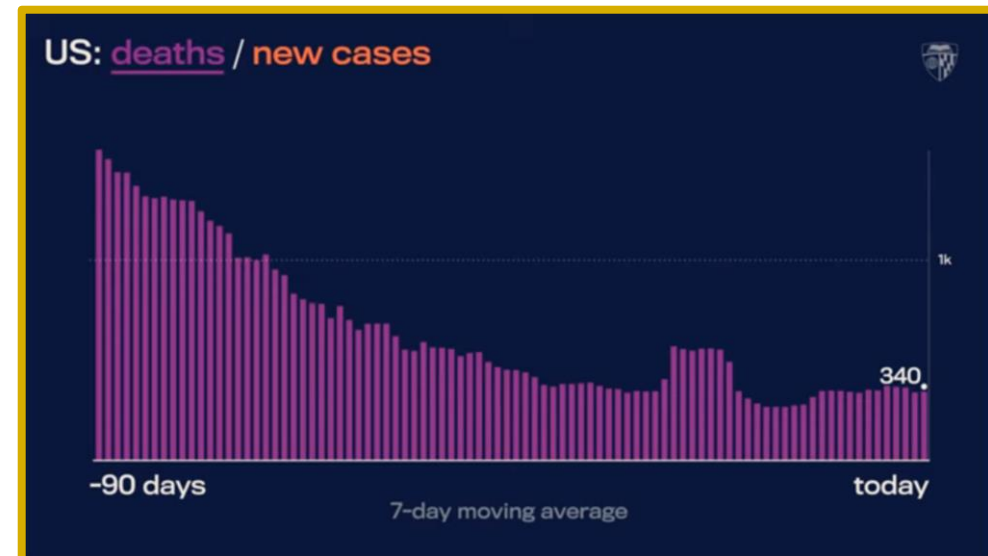
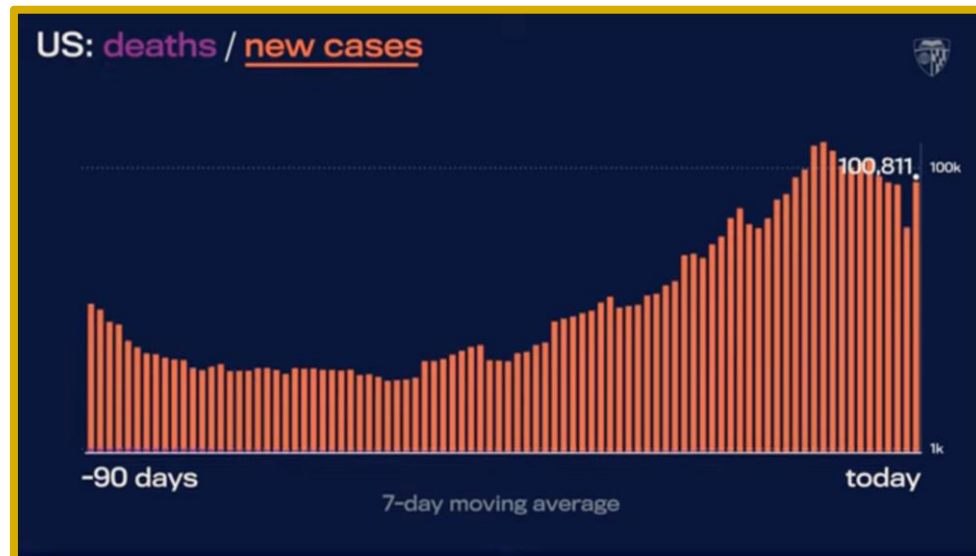
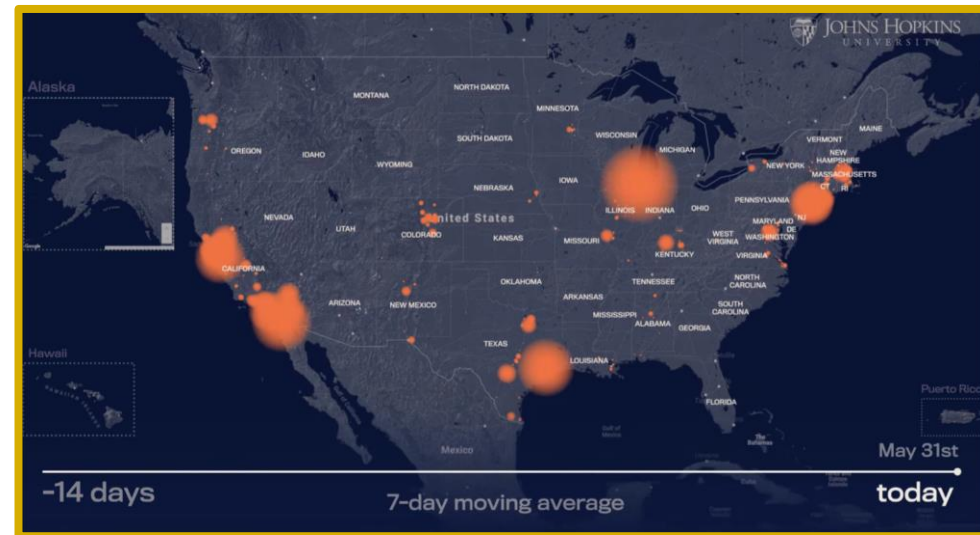


**Alpha**

**Beta**

**Delta**

**Omicron**



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





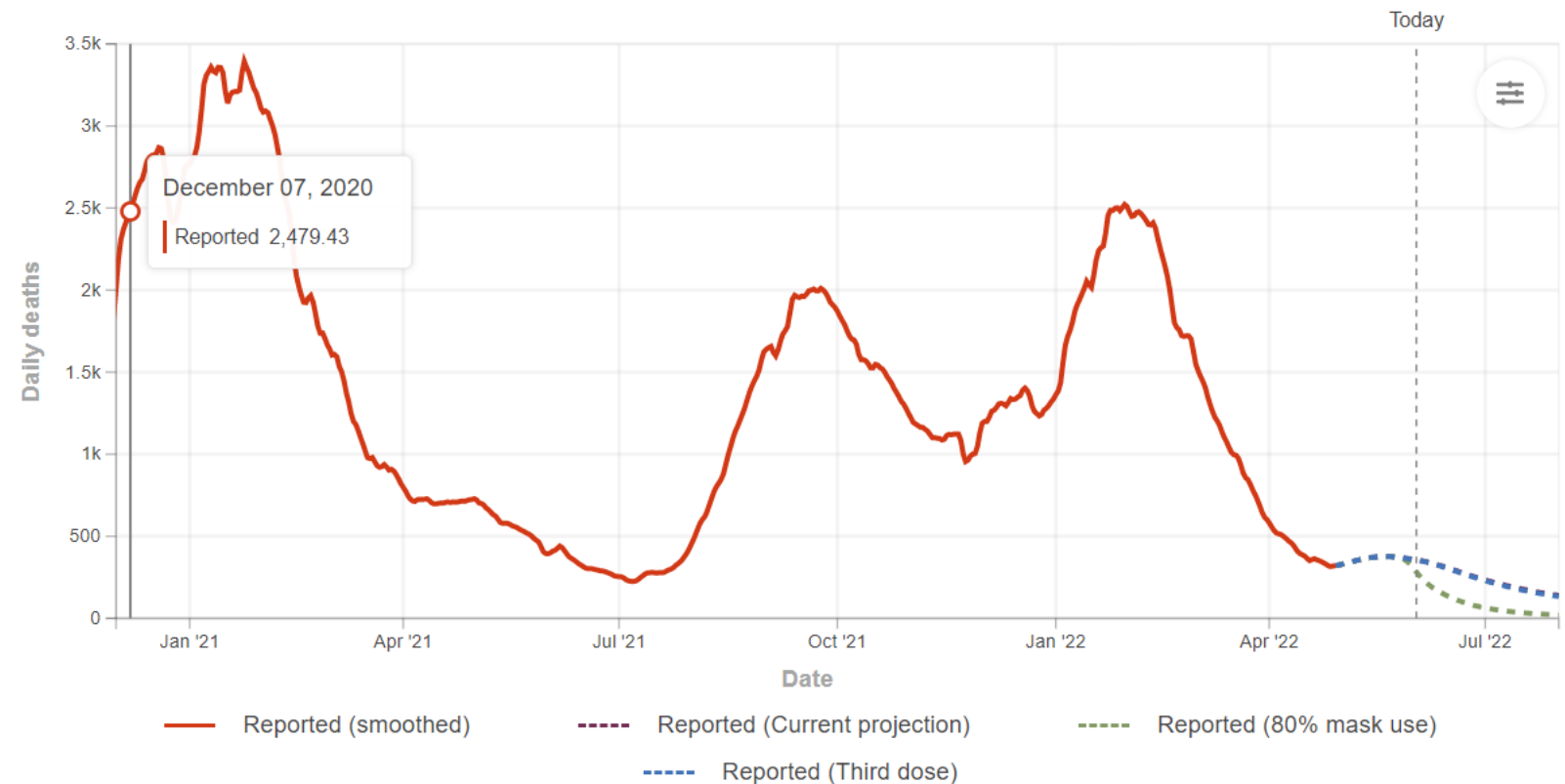
**IHME**  
Measuring what matters

## Daily deaths [↗](#)

[Trend](#)[Compare](#)[Map](#)

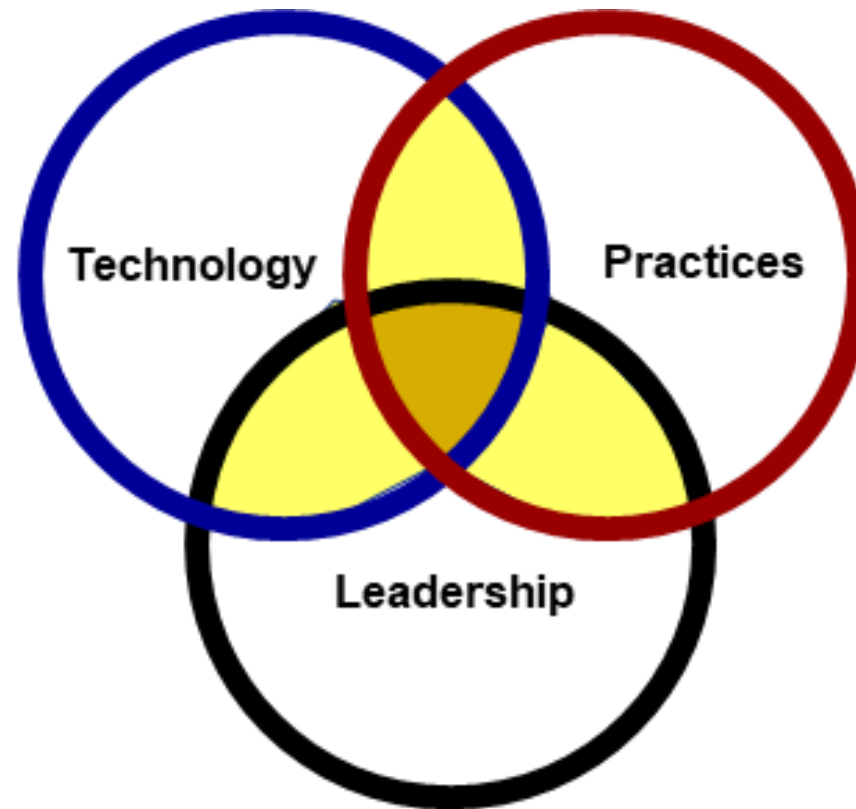
Daily deaths is the best indicator of the progression of the pandemic, although there is generally a 17-21 day lag between infection and deaths.

Scenario ⓘ



<https://covid19.healthdata.org/united-states-of-america?view=daily-deaths&tab=trend>

# The High Performance Envelope



# **Faith-based COVID Leadership:**

*What We Have Learned to Serve Others*



- ❑ Support of loved ones in hospital
- ❑ Best Practices in Long COVID Care
- ❑ Dealing with grief during the pandemic
- ❑ Delivering SAFE Good Samaritan Care
- ❑ Loving Friends and Family through Division



*Turn the Science into Safety™*

# Faith-based COVID Leadership:

*What We Have Learned to Serve Others*



- Support of loved ones in hospital







*Turn the Science into Safety™*



## ❑ Support of loved ones in hospital

1,000 Household Study

### What to do – They're in the ICU:



- ❑ What did we learn?
- ❑ What is new?
- ❑ What do we need in our family plan?
- ❑ How do we protect our families now?

Continuity Med Tac Bystander Rescue Care

1,000 Household Study

### Short Video Topics

- Masks: Filter
- Hand Washing
- CLEAN High C
- Building a FAM
- If we NEED E
- Why ICU, Respi
- Family Lifeg
- Vaccination


### 1,000 Family Household Study:

- ❑ What did we learn?
  - ✓ Our critical care processes dramatically improved.
- ❑ What is new?
  - ✓ Proning patients and medications have great impact.
- ❑ What do we need in our family plan?
  - ✓ Be ready for new surges and what to do if loved ones get very ill – it still happens.
- ❑ How do we protect our families now?
  - ✓ Understand what will happen when in the ICU.

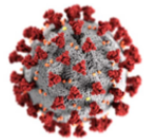
Continuity Med Tac Bystander Rescue Care

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

### What to do – They're in the ICU:



**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



Continuity Med Tac Bystander Rescue Care

1,000 Household Study

### 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

### ICU Care, Respirators, and ECMO



Continuity Med Tac Bystander Rescue Care

<https://www.medtacglobal.org/webinarmay2022/>

<https://www.medtacglobal.org/webinarmarch2021/>

# Faith-based COVID Leadership:

*What We Have Learned to Serve Others*



- ❑ Support of loved ones in hospital

- ❑ **Best Practices in Long COVID Care**

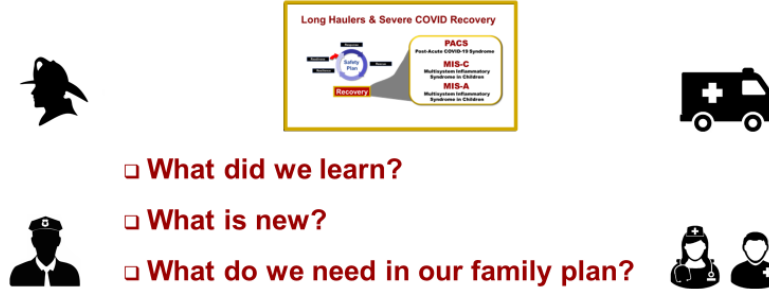


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# ❑ Best Practices in Long COVID Care

**1,000 Household Study**

## Long Haulers & Severe COVID Recovery:



**Long Haulers & Severe COVID Recovery**

- PACS** Post-Acute COVID-19 Syndrome
- MIS-C** Multisystem Inflammatory Syndrome in Children
- MIS-A** Multisystem Inflammatory Syndrome in Adults

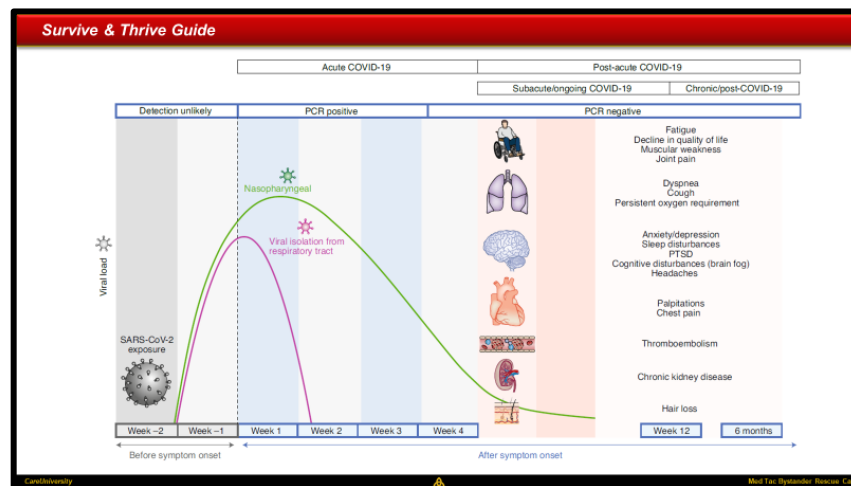
- ❑ What did we learn?
- ❑ What is new?
- ❑ What do we need in our family plan?
- ❑ How do we protect our families now?

**Survive & Thrive Guide**

Acute COVID-19 | Post-acute COVID-19  
Subacute/ongoing COVID-19 | Chronic/post-COVID-19

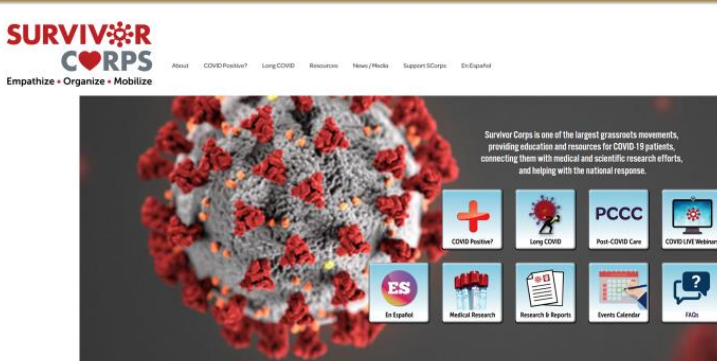
## 1,000 Family Household Study:

- ❑ What did we learn?
  - ✓ Long COVID is real and a “timebomb”.
- ❑ What is new?
  - ✓ Even those with mild infections can get it. Some people are really debilitated – and we don’t know who.
- ❑ What do we need in our family plan?
  - ✓ Be vigilant and make family aware of Long COVID impact. Insurance and disability insurance may not cover it.
- ❑ How do we protect our families now?
  - ✓ Fight COVID prevention fatigue. Make sure the family uses masks, avoids closed spaces, and keeps safe.



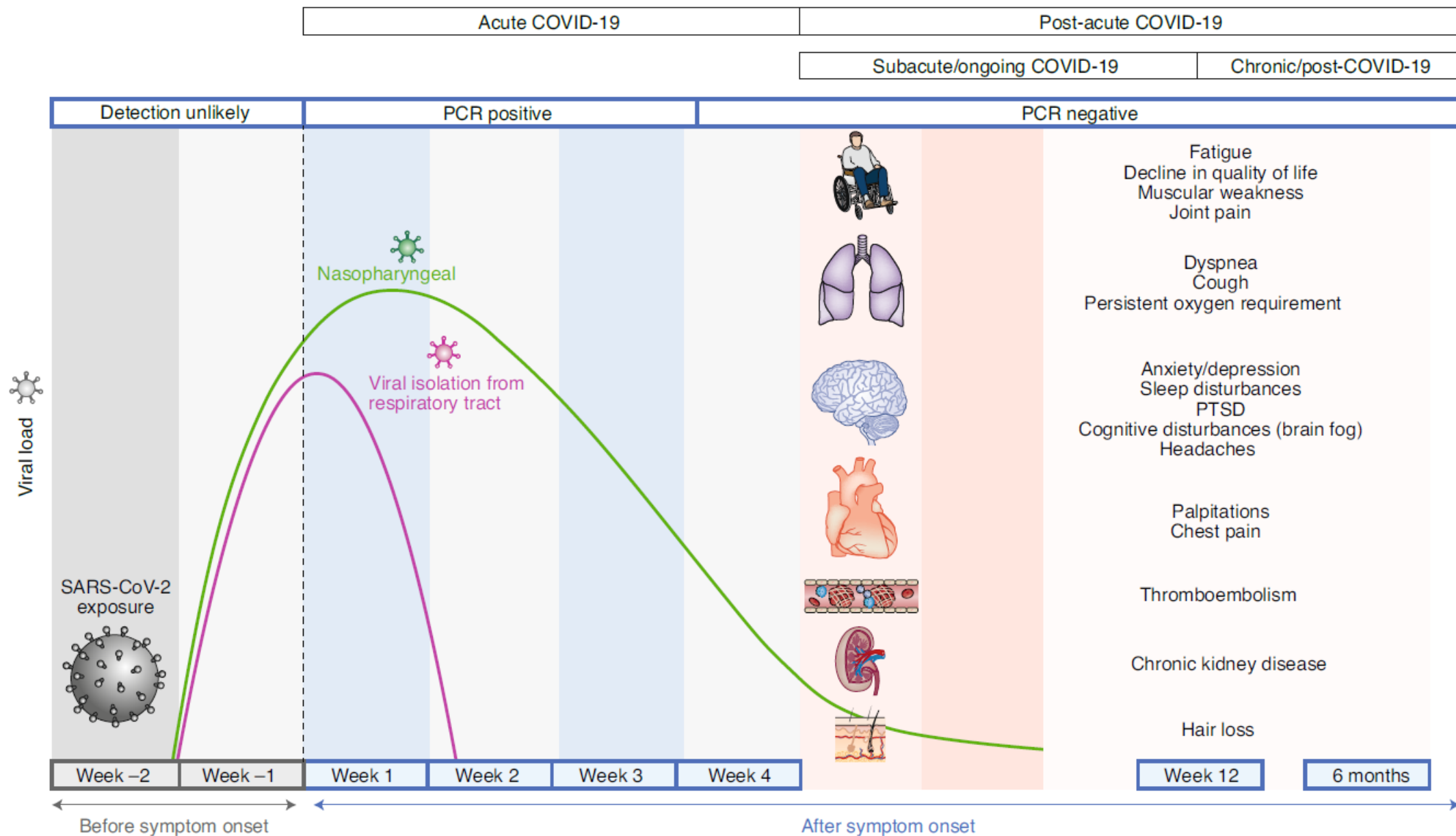
<https://www.medtacglobal.org/webinarmay2022/>

**SURVIVOR CORPS**  
Empathize • Organize • Mobilize



<https://www.survivorcorps.com/>

<https://www.medtacglobal.org/webinarmay2021/>

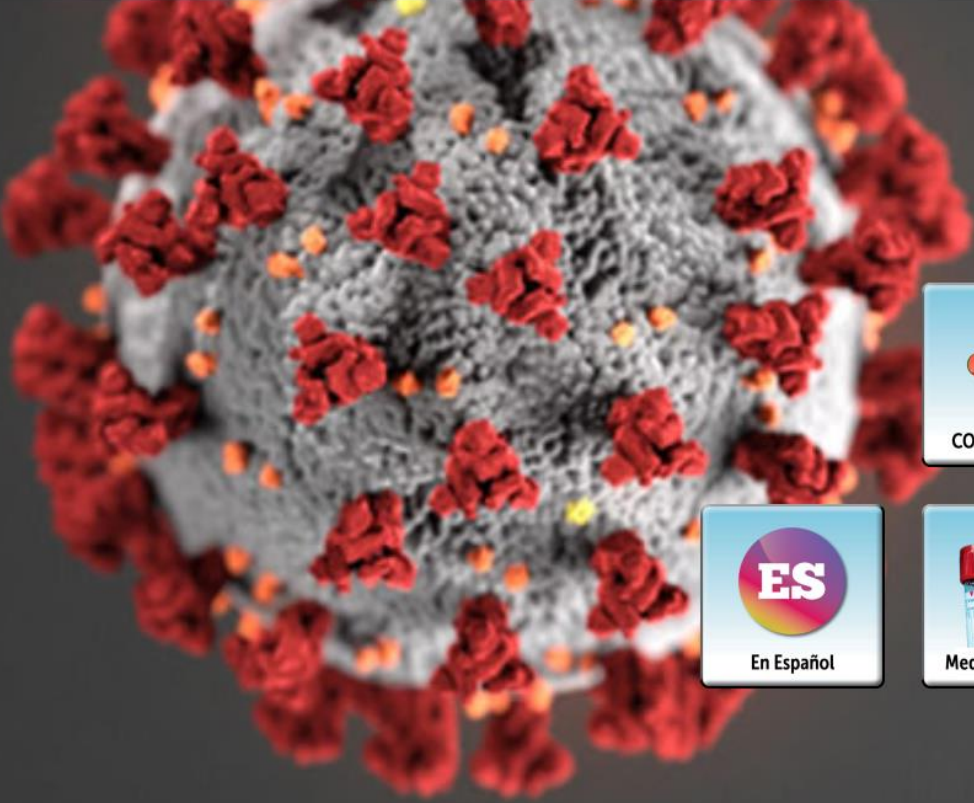















Empathize • Organize • Mobilize

[About](#) [COVID Positive?](#) [Long COVID](#) [Resources](#) [News / Media](#) [Support SCorps](#) [En Español](#)



Survivor Corps is one of the largest grassroots movements, providing education and resources for COVID-19 patients, connecting them with medical and scientific research efforts, and helping with the national response.

 COVID Positive?	 Long COVID	 Post-COVID Care	 COVID LIVE Webinars	
 En Español	 Medical Research	 Research & Reports	 Events Calendar	 FAQs

<https://www.survivorcorps.com/>

# Faith-based COVID Leadership:

*What We Have Learned to Serve Others*



- ❑ Support of loved ones in hospital
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# Kubler-Ross Grief Cycle



## Denial

- avoidance
- confusion
- excitement
- shock/fear



## Anger

- frustration
- irritability,
- anxiety



## Bargaining

- struggle to find meaning
- to help others
- to tell your own story



## Depression

- helplessness
- hostility
- avoidance



## Acceptance

- Exploring opportunities
- introducing new plans
- moving forward



Emotional Support

Information & Communication

Guidance & Guidance





BIBLE

# The Book of Job

*The book of Job challenges the simple equation of suffering with punishment, by telling the story of one righteous man's confrontation with overwhelming misfortune.*

BY MOSHE GREENBERG

<https://www.myjewishlearning.com/article/the-book-of-job/>



# How to Help a Friend In Pain:

*Rick Warren, Saddleback Church*

*May 28, 2022*



1. **DON'T WAIT:** Take the initiative to connect!
2. **DON'T HOLD BACK:** Let them see your tears!
3. **DON'T SPEAK:** Show up and Shut up!
4. **DON'T FORGET:** All tears are temporary.

[\*https://saddleback.com/\*](https://saddleback.com/)

# Faith-based COVID Leadership:

*What We Have Learned to Serve Others*



- ❑ Support of loved ones in hospital
- ❑ Best Practices in Long COVID Care
- ❑ Dealing with grief during the pandemic



- ❑ **Delivering SAFE Good Samaritan Care**



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# ❑ Delivering SAFE Good Samaritan Care



**Checklists**

**Home Care Room Program** **Coronavirus Response CareUniversity Series**

Select a Care Room Checklist:

### 1,000 Family Household Study:

- What did we learn?
  - ✓ We don't need to obsess on contact surfaces.
- What is new?
  - ✓ Aerosol spread and isolation works.
- What do we need in our family plan?
  - ✓ Emphasize ventilation and masking.
- How do we protect our families now?
  - ✓ Be ready for isolation and quarantine – the CDC guidelines are updated and testing can impact them.

**Cleaning the Home:**

- Oximeters in Car
- Thermometer & Med
- Mobile Phone
- Door knobs

**Checklists**

**Home Care Room Program** **Coronavirus Response CareUniversity Series**

Select a Care Room Checklist:

## Providing Care at Home

**Care Room Set Up Checklist:**

- Set Up Cleaning
- Set Up Cleaning
- Equip Both Clean
- Post Signs to Re
- Consider Signs
- Prepare a Daily
- Remove Hard to
- Set Up Personal
- Set up a Contam
- Set up a Contam
- Set up a Non-co
- Put Waste Can,
- Materials in Care
- Place Safe Conta
- Injection Meds U
- Keep Patient's P
- Place Water Pict
- Personal Hygien
- Keep dedicated
- Oximeters in Car
- Keep Reusable

**Supplies Checklist:**

- Eye Protection
- A Face Shield
- Reusable Gloves
- Rubber Gloves
- Disposable Hair Cove
- N95 Mask or Medical
- Aprons - single-use i
- reusable gowns,
- Plastic Aprons
- Alcohol-based Hand
- Plain Soap
- Clean Single-use Pap
- Safe Puncture Proof
- Detergent for Cleanin
- Thermometer & Med
- Mobile Phone

**Home Care Team Checklists:**

**Laundry Processes:**

- Disinfect Laundry Room after Every Wash
- Always Separate Contaminated Laundry from Non-contaminated Laundry
- Wash all regular and Non-contaminated laundry first
- Wash kitchen towels and bathroom hand towels daily.
- Wash all Contaminated Laundry last
- Disinfect Laundry Room while Contaminated Laundry are in the wash
- Move Formerly Contaminated Laundry from Washer to Dryer after Disinfecting Laundry Room

**Cleaning the Home:**

- Door knobs

<https://www.medtacglobal.org/webinarfebruary2021/>

<https://www.medtacglobal.org/webinardecember2020/>

# ❑ Delivering SAFE Good Samaritan Care

## The Solution: Bystander Rescue Care

Cardiac Arrest    Choking & Drowning    Opioid OD & Poisoning    Anaphylaxis

Major Trauma    Infection Care    Transportation    Bullying

CareUniversity    © 2021 Med Tac Global 2021    Med Tac Bystander Rescue Care

## The Solution: Bystander Rescue Care

### 1,000 Family Household Study:

- ❑ What did we learn?
  - ✓ Bystander or Good Samaritan Care can be safe.
- ❑ What is new?
  - ✓ Emergency response services are more stretched than ever, and bystander care is more important than ever.
- ❑ What do we need in our family plan?
  - ✓ Build deliberative practice of bystander rescue care into the family plan – make sure the family is ready for emergencies.
- ❑ How do we protect our families now?
  - ✓ Get CPR/AED trained and know what to do for common emergencies that could hit your family.

CareUniversity    © 2021 Med Tac Global 2021    Med Tac Bystander Rescue Care

## 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 Events:**

- ❑ 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

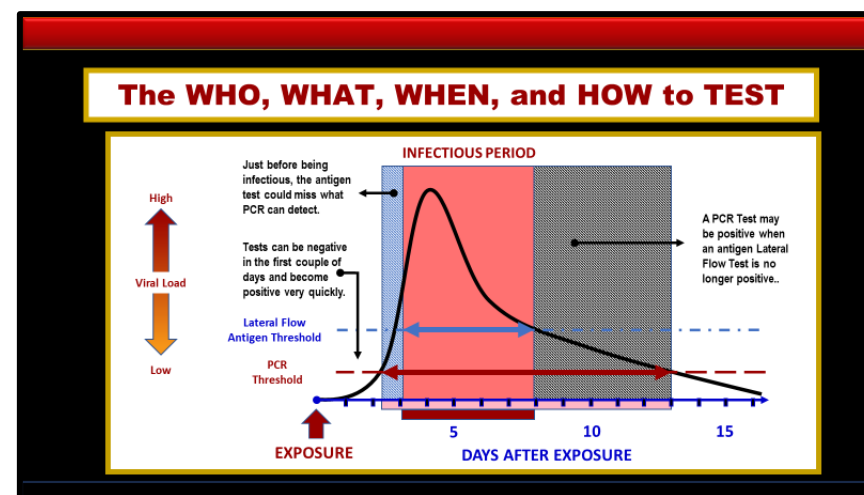
**During Events:**

- ❑ 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    © 2021 Med Tac Global 2021    Med Tac Bystander Rescue Care



<https://www.medtacglobal.org/webinarmay2022/>

<https://www.medtacglobal.org/webinarfebruary2022/>



# **Faith-based COVID Leadership:**

*What We Have Learned to Serve Others*



- ❑ Support of loved ones in hospital
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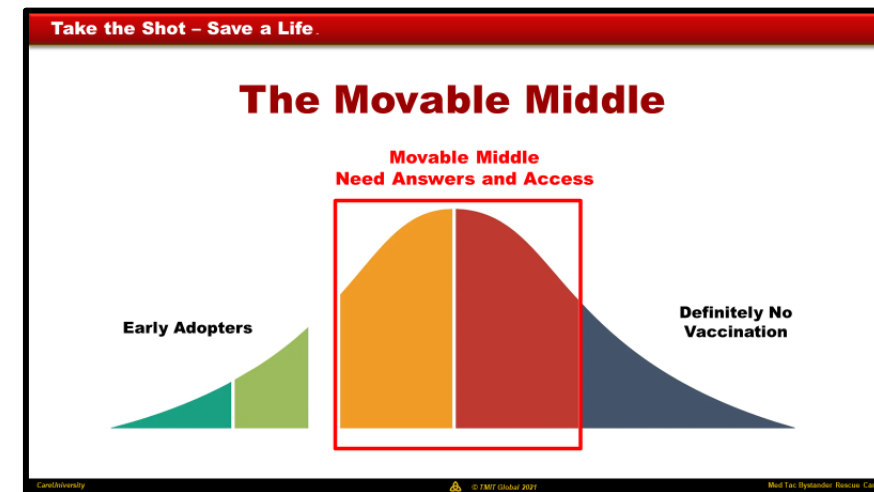
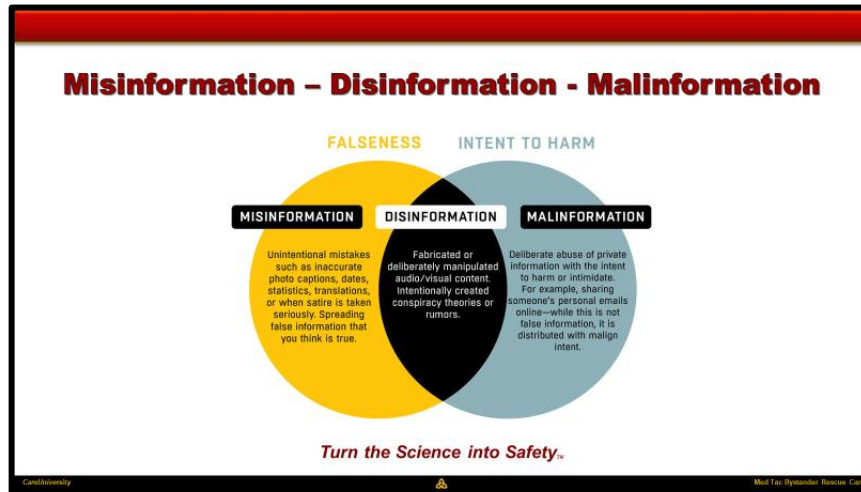


- ❑ Delivering SAFE Good Samaritan Care
- ❑ **Loving Friends and Family through Division**



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# ❑ Loving Friends and Family through Division



**Coronavirus Care Community of Practice**

**Bystander Rescue Care**  
*CareUniversity Series*

### Youth & Young Adult Team

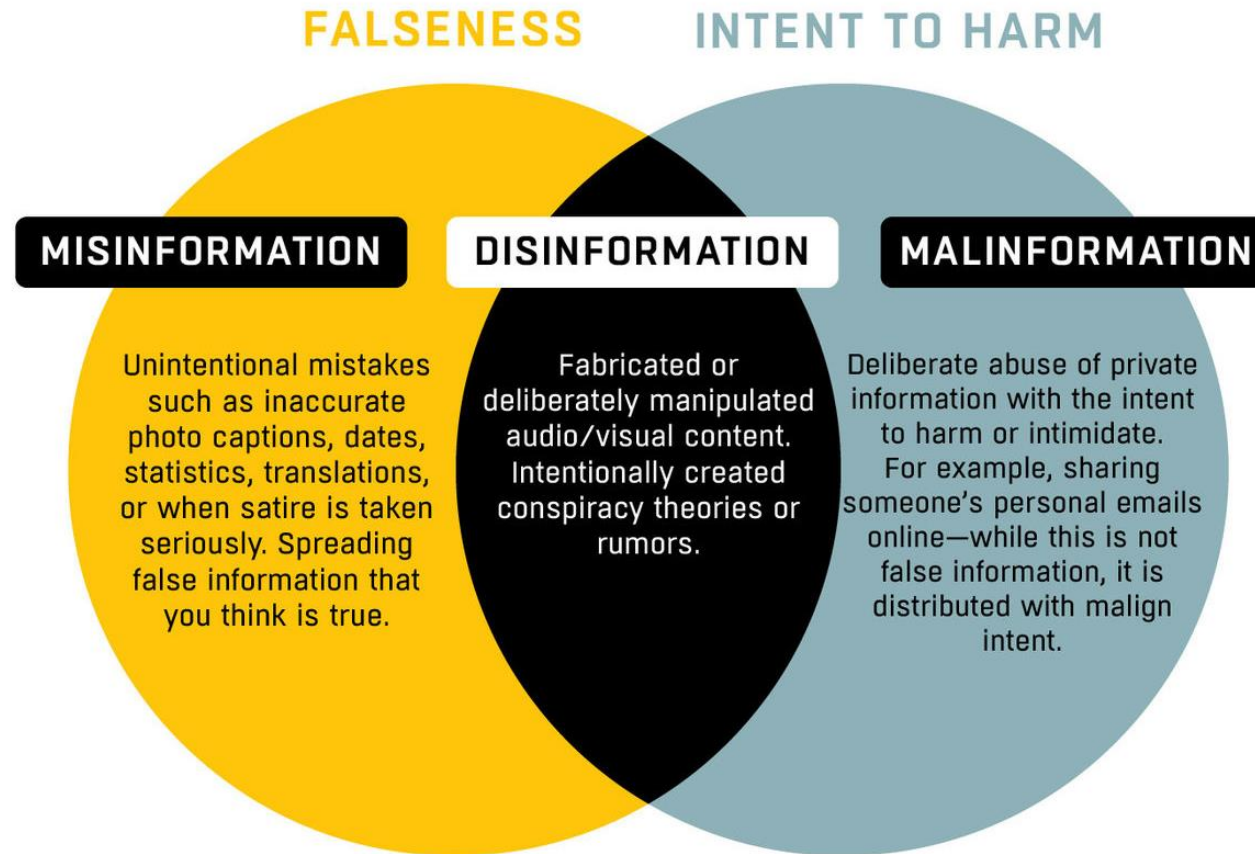

## In the News: Tackling Vaccine Hesitancy

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

LINK

LINK

# Misinformation – Disinformation - Malinformation



*Turn the Science into Safety™*

# Misinformation – Disinformation - Malinformation

FALSENESS

INTENT TO HARM

**MISINFORMATION**

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**

Fabricated or deliberately manipulated audio/visual content. Intentionally created conspiracy theories or rumors.

**MALINFORMATION**

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.

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# Misinformation – Disinformation - Malinformation

FALSENESS

INTENT TO HARM

MISINFORMATION

DISINFORMATION

MALINFORMATION

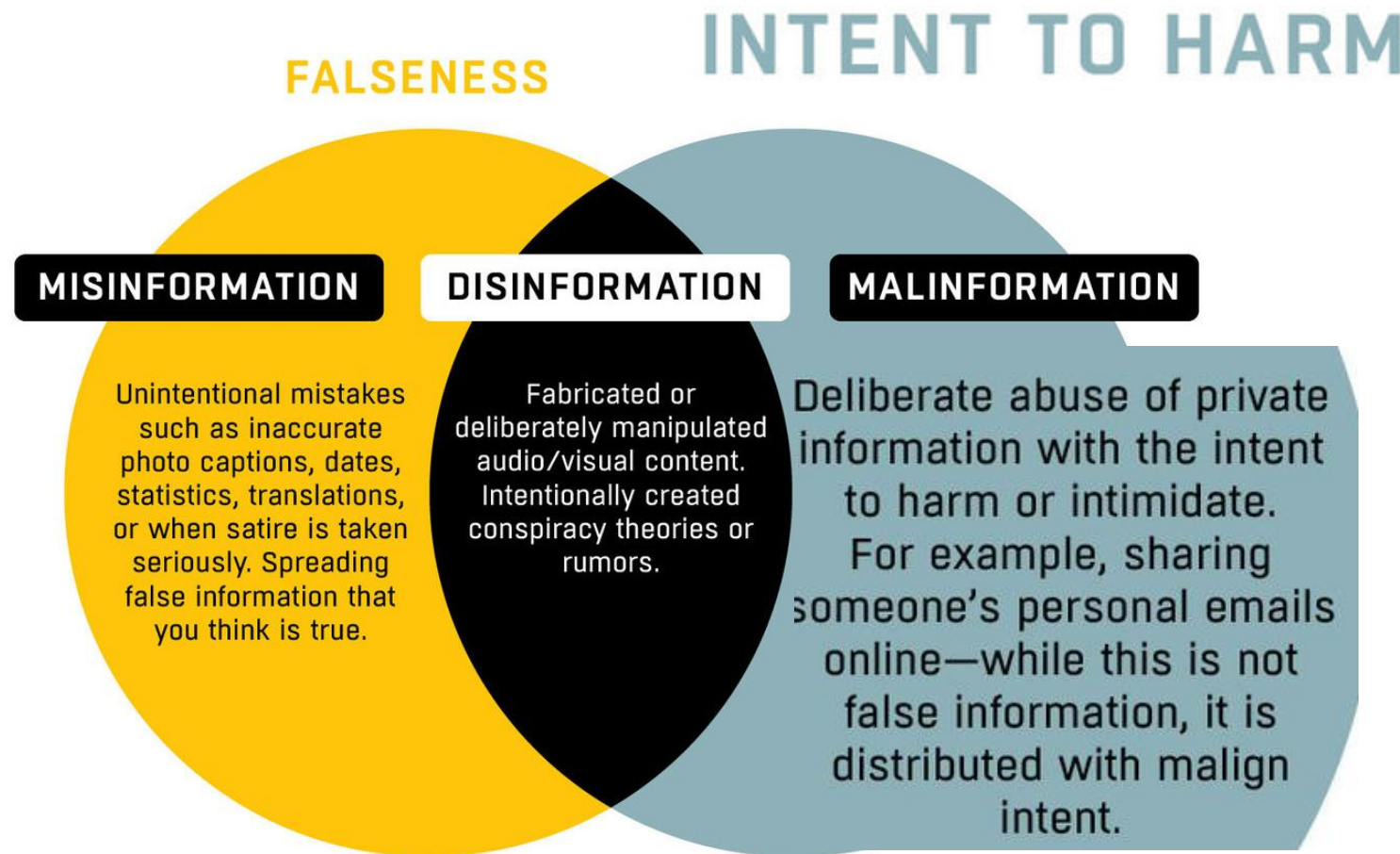
Unintentional  
such as  
photo captions,  
statistics,  
or when someone  
seriously  
false information  
you think

Fabricated or  
deliberately manipulated  
audio/visual content.  
Intentionally created  
conspiracy theories or  
rumors.

abuse of private  
information with the intent  
to harm or intimidate.  
For example, sharing  
someone's personal emails  
while this is not  
false information, it is  
shared with malicious  
intent.

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# Misinformation – Disinformation - Malinformation



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## Speakers & Reactors



Lacey Hart, M.B.A., D.D. h.c.



Dr. Gregory Botz



Dr. Christopher Peabody



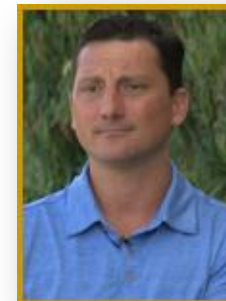
Charlie Denham III



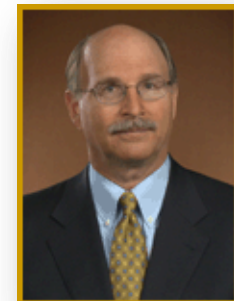
Jennifer Dingman



Heather Foster RN



David Beshk



Dr. Charles Denham

# Faith-based COVID Leadership:

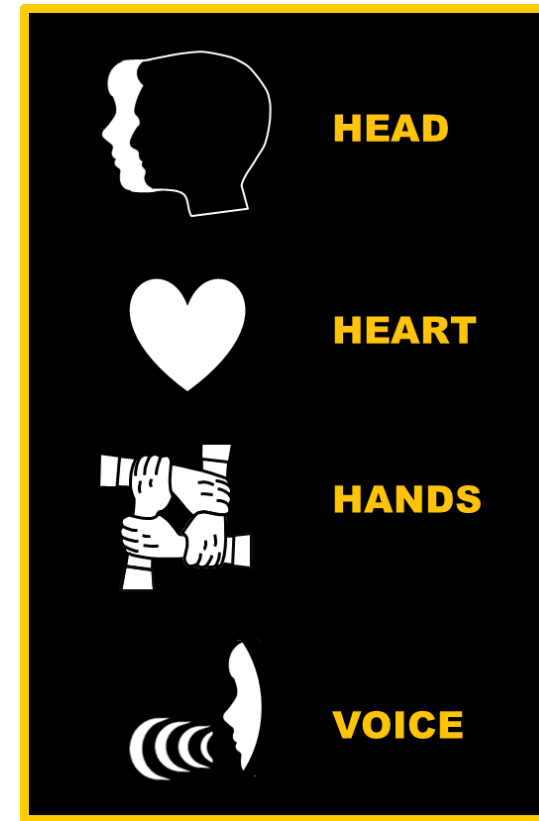
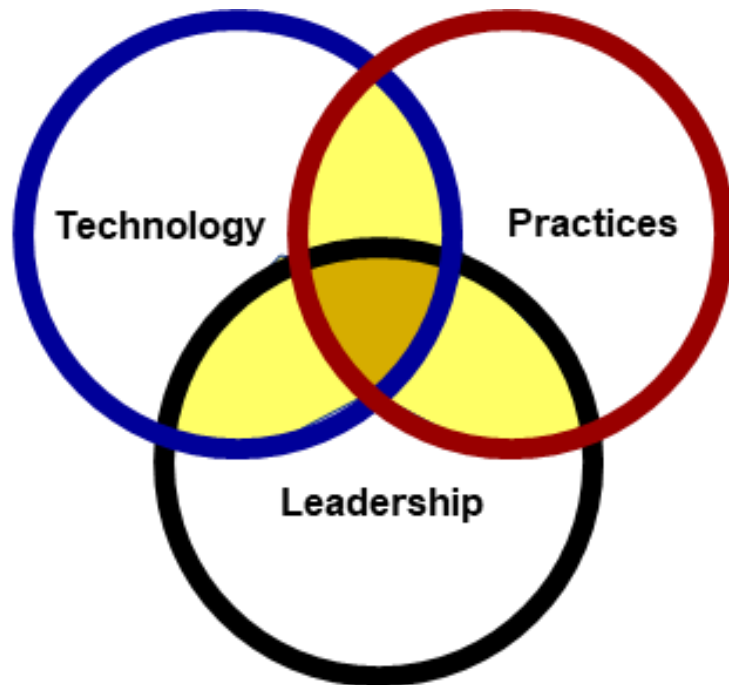
*What We Have Learned to Serve Others*





# Faith-based COVID Leadership:

*What We Have Learned to Serve Others*





## 05-28-22 Sermon



<https://saddleback.com/>

### HOW TO HELP A FRIEND IN DEEP PAIN

When You Don't Know What to Say  
Rick Warren  
May 28–29, 2022

"A friend loves you at all times, and is born as a brother for adversity."  
Proverbs 17:17 (AMP)

"Laugh with your happy friends when they're happy; and share tears  
when they're down."  
Romans 12:15 (MSG)

#### THE PRICELESS VALUE OF TEARS

Why you need to learn to cry more often.

1. TEARS ARE **GOD'S GIFT FOR EXPRESSING EMOTION**.
  - o God weeps. Genesis 6:6
  - o Jesus weeps. John 11:35, Isaiah 53:3
  - o The Spirit weeps. Romans 8:26, Ephesians 4:30

TEARS ARE **Liquid Emotions**.

2. TEARS ARE **WHAT MAKES US HUMAN**.  
There Are Three Kinds of Tears: Basal, Reactive, and Emotional.

3. TEARS ARE A **NORMAL AND HEALTHY** PART OF LIFE.  
"There is a time for tears, and a time for laughter. There is a time for mourning and a time for dancing."  
Ecclesiastes 3:4

GOD SAYS FEELINGS ARE MEANT **TO BE FELT**.

Tears are healthy for you physically, emotionally, relationally, and spiritually.

4. TEARS ARE **A UNIVERSAL LANGUAGE**.  
Tears are far more powerful than words because every culture understands them.

"Rejoice with those who rejoice, and weep with those who weep."  
Romans 12:15 (NASB)

SYMPATHY says, "I'm sorry you hurt."  
EMPATHY shows, "I'm hurting with you!"

TEARS ARE A SIGN OF **SIGN OF LOVE NOT WEAKNESS**.

"Mary said, 'Lord, if you had been here, my brother would not have died!' Jesus saw her weeping, and he saw how the other people were weeping too and his heart was touched. He was deeply moved. 'Where have you buried Lazarus?' Jesus asked. 'Come and see, Lord,' they said. Jesus said, 'See how much he LOVED him!'"  
John 11:32–36 (GNT)

5. GOD **SAVES EVERY TEAR THAT FALLS**!

"Tears stream from my eyes, a well of tears. And you, God, look down from on high and see my tears."  
Lamentations 3:49–50 (MSG)

"You keep track of all my sorrows. You have collected all my tears in your bottle. You have recorded each one in your book."

Psalms 56:8 (NLT)

#### HOW TO HELP YOUR FRIEND IN PAIN

1. DON'T WAIT: **TAKE THE INITIATIVE TO CONNECT**!

"When Job's three friends ... heard about all the troubles that had come upon Job, they left their homes and agreed to go together and sympathize with Job and comfort him."

Job 2:11 (NIV)

2. DON'T HOLD BACK: **LET THEM SEE YOUR TEARS**!

"When Job's friends saw him from a distance, they hardly recognized him. They BEGAN TO WEEP ALOUD. Then they tore their clothes in grief and threw dust into the air over their heads as a sign of sadness."

Job 2:12 (NIV/GNT)

3. DON'T SPEAK: **SHOW UP AN SHUT UP**!

"Then Job's friends sat on the ground with him in silence for seven days and nights. No one said a word to him, because they saw how great his suffering was."

Job 2:13 (NIV)

4. DON'T FORGET: **ALL TEARS ARE TEMPORARY**.

"The Sovereign Lord will destroy death forever! He will wipe away the tears from everyone's eyes and take away the disgrace his people have suffered throughout the world."

Isaiah 25:8 (GNT)

"Then the Lamb on the Throne will shepherd them and lead them to spring waters of Life. And God will wipe every last tear from their eyes."

Revelation 7:17 (MSG)

"Then God will wipe every tear from their eyes. There will be no more death and no more mourning and no more crying and no more pain — for the old order of things has passed away. Then he who was seated on the throne said, 'I am making everything new! Write this down, for these words are trustworthy and true.' He said to me: 'It is done. I am the Alpha and the Omega, the Beginning and the End. To him who is thirsty I will give to drink without cost from the spring of the water of life. He who overcomes will inherit all this, and I will be his God and he will be my child!'"  
Revelation 21:4–7





**05-28-22 Sermon**



<https://saddleback.com/>

## THE PRICELESS VALUE OF TEARS

*Why you need to learn to cry more often.*

### 1. TEARS ARE **GOD'S GIFT FOR EXPRESSING EMOTION**.

- o God weeps. *Genesis 6:6*
- o Jesus weeps. *John 11:35, Isaiah 53:3*
- o The Spirit weeps. *Romans 8:26, Ephesians 4:30*

TEARS ARE **Liquid Emotions**.

### 2. TEARS ARE **WHAT MAKES US HUMAN**.

There Are Three Kinds of Tears: Basal, Reactive, and Emotional.

### 3. TEARS ARE A **NORMAL AND HEALTHY** PART OF LIFE.

*"There is a time for tears, and a time for laughter. There is a time for mourning and a time for dancing."* *Ecclesiastes 3:4*

GOD SAYS FEELINGS ARE MEANT **TO BE FELT**.

Tears are healthy for you physically, emotionally, relationally, and spiritually.

### 4. TEARS ARE **A UNIVERSAL LANGUAGE**.

Tears are far more powerful than words because every culture understands them.

*"Rejoice with those who rejoice, and weep with those who weep."* *Romans 12:15 (NASB)*

SYMPATHY says, "I'm sorry you hurt."  
EMPATHY shows, "I'm hurting with you!"

TEARS ARE A SIGN OF **SIGN OF LOVE NOT WEAKNESS**.

*"Mary said, 'Lord, if you had been here, my brother would not have died!' Jesus saw her weeping, and he saw how the other people were weeping too and his heart was touched. He was deeply moved. 'Where have you buried Lazarus?' Jesus asked. 'Come and see, Lord,' they said. JESUS WEPT. The people said, 'See how much he LOVED him!'"* *John 11:32-36 (GNT)*

# How to Help a Friend In Pain:

*Rick Warren, Saddleback Church*



1. **DON'T WAIT:** Take the initiative to connect!
2. **DON'T HOLD BACK:** Let them see your tears!
3. **DON'T SPEAK:** Show up and Shut up!
4. **DON'T FORGET:** All tears are temporary.



*Turn the Science into Safety™*



# How to Help a Friend In Pain:

*What We Have Learned to Serve Others*



1. **DON'T WAIT: Take the initiative to connect!**



*Turn the Science into Safety™*

# 1. **DON'T WAIT: Take the initiative to connect!**



*Turn the Science into Safety™*

# How to Help a Friend In Pain:

*What We Have Learned to Serve Others*



1. **DON'T WAIT:** Take the initiative to connect!

2. **DON'T HOLD BACK:** Let them see your tears!



*Turn the Science into Safety™*

## 2. **DON'T HOLD BACK: Let them see your tears!**



*Turn the Science into Safety™*



# How to Help a Friend In Pain:

*What We Have Learned to Serve Others*



1. **DON'T WAIT:** Take the initiative to connect!
2. **DON'T HOLD BACK:** Let them see your tears!
3. **DON'T SPEAK:** Show up and Shut up!



*Turn the Science into Safety™*

### 3. **DON'T SPEAK: Show up and Shut up!**



*Turn the Science into Safety™*

# How to Help a Friend In Pain:

*What We Have Learned to Serve Others*



1. **DON'T WAIT:** Take the initiative to connect!
2. **DON'T HOLD BACK:** Let them see your tears!
3. **DON'T SPEAK:** Show up and Shut up!
4. **DON'T FORGET:** All tears are temporary.



*Turn the Science into Safety™*



#### 4. **DON'T FORGET: All tears are temporary.**



*Turn the Science into Safety™*



## Speakers & Reactors



Lacey Hart, M.B.A., D.D. h.c.



Dr. Gregory Botz



Dr. Christopher Peabody



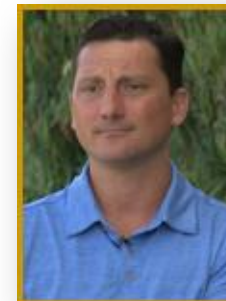
Charlie Denham III



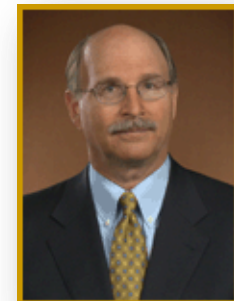
Jennifer Dingman



Heather Foster RN



David Beshk



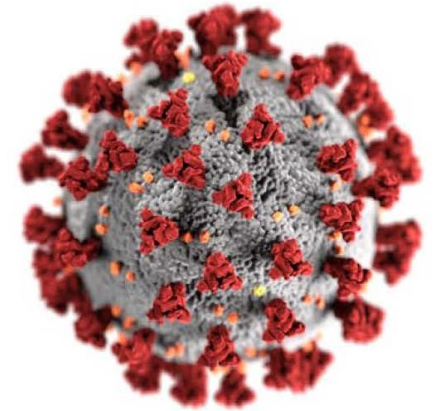
Dr. Charles Denham

## ***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**



**Fight the Good Fight...**

**Finish the Race...**

**Keep the Faith...**

**Everyone is a Patient**

**and**

**Everyone CAN BE a Caregiver**



# ***Additional Resources***

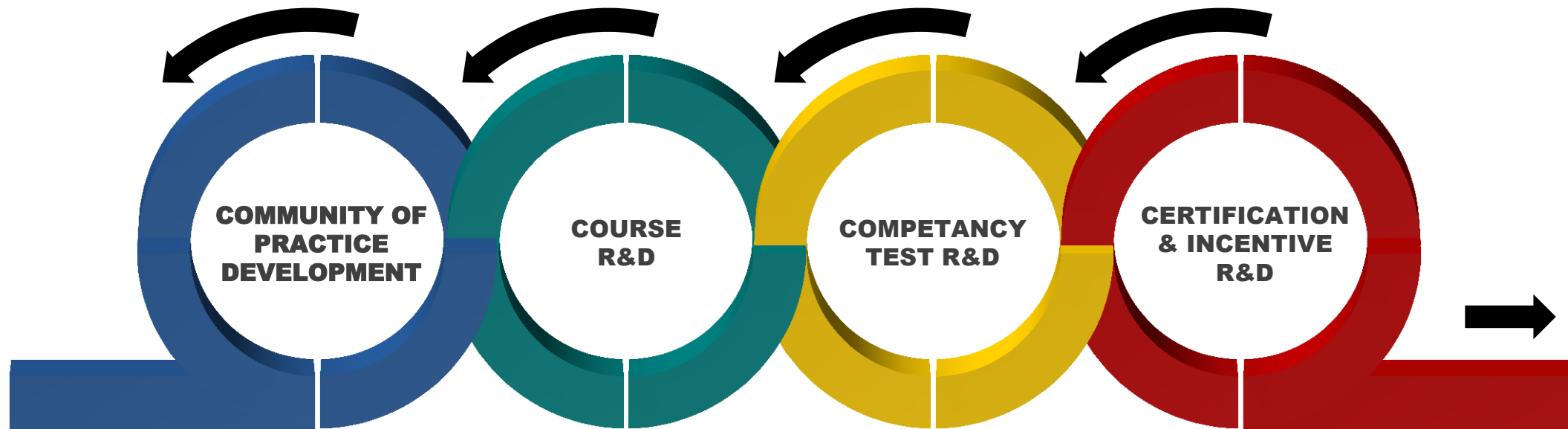


**TMIT Global  
Research Test Bed**



**SafetyLeaders®**

## Learning Management System



**CareUniversity®**



**TMIT Global  
Research Test Bed**



**SafetyLeaders®**

## Certificates for Med Tac Program



**100+years**

**AMERICAN COLLEGE OF SURGEONS**

*Inspiring Quality:  
Highest Standards, Better Outcomes*



**American  
Heart  
Association®**

**Heartsaver® First Aid CPR AED**

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



AboutValues & TeamCoronavirus ResponseRecorded BroadcastsSpecialty ProgramsR&D Surveys & InnovationsCAREUNIVERSITY

## Med Tac Bystander Rescue Care

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

### Video Library

Med Tac Story

Med Tac Leadership Team

Adopt a Cove Program

5 Rights of Emergency Care

College and Youth Program

Surf & Lifeguard Program

3 Minutes & Counting Trailer

Opioid Overdose Briefing



### The Battle Against Failure to Rescue

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



Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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

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

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

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

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Austin, Texas

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

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



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Infections

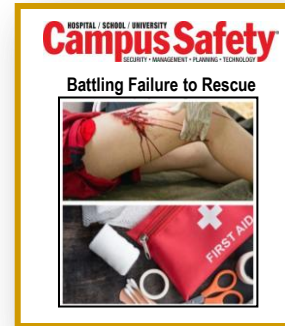
Transportation Accidents

Bullying

Active Shooter  
Healthcare Article



Rapid Response  
Teams Article



AED & Bleeding  
Control Gear Article

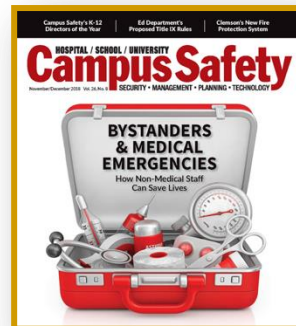


Family Safety  
Plan Article



Support  
today's  
webinar

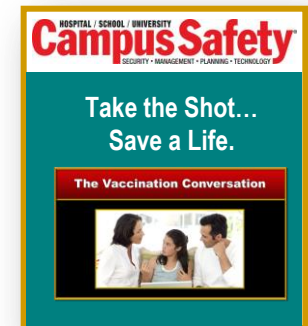
Med Tac  
Story Article



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

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

Take the Shot...  
Save a Life





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



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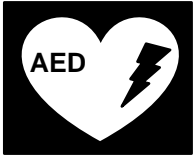
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# The Solution: Bystander Rescue Care

## 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.

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## 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.*



# 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

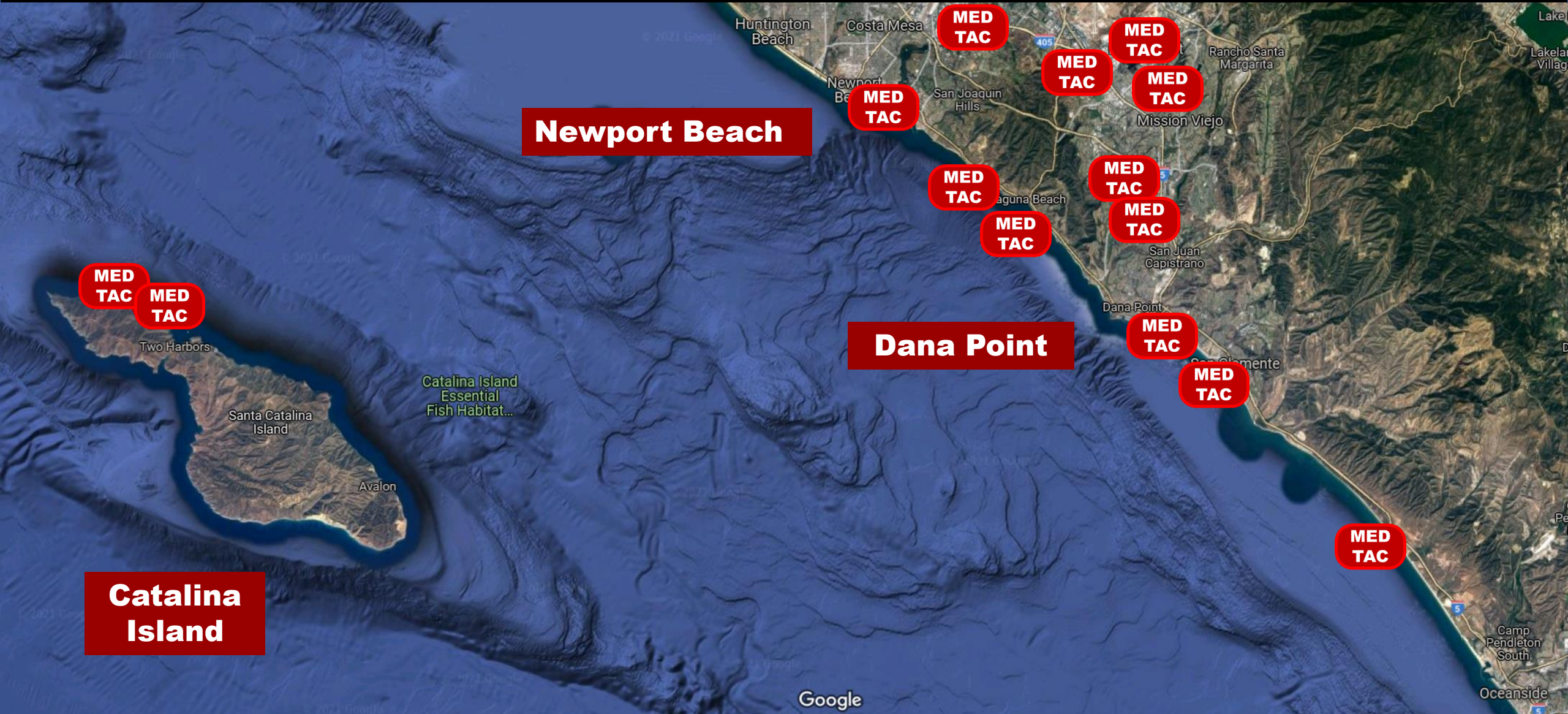
## Approved by Advisors:

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



**MED  
TAC**

# Med Tac Rescue Station Sites



## 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



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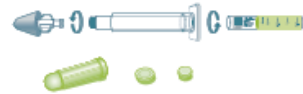
## SAVE A LIFE. GET NALOXONE.

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



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*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

3



Remove EpiPen & massage injection site for 10 seconds.

2

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

4

After using EpiPen. MUST seek Medical Attention



### References

[www.nationwidechildrens.org](http://www.nationwidechildrens.org)  
[www.pharmacydirect.co.nz/epipen-adult.html](http://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:

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