

NHS LOTHIAN COVID-19 PREP 'LESSONS LEARNED' SUMMARY

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| Site/Department/Specialty | RHSC/Wards |
| Date & Time of Training | 26/03/2020 1400 |
| Trainer Contact | Sonia Joseph, Dan Hufton |

| Training Delivered (what we did) |
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| <p>Simulation used to generate discussion and work out what the best practice would be when managing an infant who has an apnoeic episode on the ward but who is COVID-19 suspected/positive. This session was aimed at nursing staff being the first responders to the patient described above.</p> <p>Pre-simulation: Discussion with staff about what is it that worries them? Discussion with nursing staff about how they think they would manage this scenario and talked it through: Starting with recognition of the episode and finishing with arrival of the paediatric emergency team. Concerns mainly from nursing staff about how they would manage the 'instinct' to jump into room and do BVM without airbourne PPE on as "it takes too long" Talked also about escalation, PPE, donning and doffing, resuscitation, two person bag technique with HME filter and aerosol generating procedures (AGPs). Discussion about early escalation to avoid these situations if at all possible</p> <p>Simulated/Walk through: → Recognition of deteriorating patient desaturating/apnoeic → First Responder putting on droplet PPE, carrying out a first assessment and initial management including stimulation, basic airway manouvres, applying high flow oxygen and setting up further equipment (suction, ensuring BVM has HME filter and right size mask on) – communicating to team outside what they are finding. → Further responders donning airbourne PPE → Changing over care from first to second responders → First responder leaving room before suction/bagging can commence, communicating to team they have left room → Two person bagging technique with filter and tight seal → First responder or another runner to get trolley and further equipment required staying outside the room → First responder or ward staff that know patient act as initial gatekeeper to prevent unnecessary entry into cubicle unless airbourne PPE on. → PET team arrival and handover → Doffing of enhanced PPE</p> |

| Results & Reflections (what we found) |
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| <p>Resources:</p> <ul style="list-style-type: none"> - PPE storage - currently in store cupboard of ward - need to be more accessible and consider a station on the main corridor of the ward for easy access, could combine as 'donning area' - Filter - to allow closed bagging circuits with less aerosols - these should be added to the emergency boxes behind the beds. <p>PPE:</p> |



- First responder only requires droplet PPE (surgical mask, apron, gloves x1) and they should not do AGPs (suction/bagging) with this PPE on but actually can be very useful in: stimulate, move cot into better space, head of cot off, apply highflow oxygen if not already on, get suction catheter ready, apply filters to FM, get monitoring on,
- Further responders should wear airborne PPE (FFP3 mask, long sleeved gown, visor, gloves x2) and they are able to carry out AGP's once the first responder has left the room
- Donning enhanced PPE takes longer than expected when not practiced
- 2 pairs of gloves recommended for airborne PPE
- Unaware of correct donning procedure - now have printed laminates of the process at the 'donning' station
- Takes practice to get correct doffing procedure done to minimize contamination

In practice:

Bedspace - cramped and difficult for first responder to access all equipment from one side of the bed - push bed away from wall, remove headboard/top end of cot

First responder:

- Wear droplet PPE
- Stimulate child
- Open airway
- Apply maximum oxygen
- Prepare other equipment e.g. suction
- When further responders arrive, must remove PPE and wash hands
- Leave room when further responders arrive, inform them when left room
- Become the 'runner'

Second responder(s):

- Enhanced PPE
- Take over from first responder
- Sealed bagging WITH HME filter

Earlier escalation:

- Allows more timely donning of enhanced PPE
- Allows quicker arrival of PET

Take Home Messages (Lessons learned for educators as well as learners)

'Simulation' was a useful vehicle to generate discussion and to consider what would be the 'best practice' for this type of scenario.

Video generated should be watched by all staff members who may be first/second responders to this type of scenario, before PET arrival, to learn what we determined to be 'best practice'.

Move bed to allow easier access to all equipment.

Important that the first responder does not do any AGP's.

Second and third responders should have airborne PPE on and should carry out sealed bagging using a filter to reduce aerosols once the first responder has signalled that they have left the room.



Practicing donning and doffing enhanced PPE would be useful.

Skills and drills elements here much more important than 'full' performance simulation

Suggested Session Plan (a cheat sheet to use or amend)

- Recognise apnoeic baby
- First response (standard PPE) with call for help, stimulation, airway manoeuvres, oxygen application and preparing equipment
- Second response (enhanced PPE) with two person bagging technique using filter
- Determine location of donning station (with flow chart laminates) for donning enhanced PPE

| Equipment required | |
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| Equipment: | Where to acquire: |
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Please submit COVID Prep 'Lessons Learned' Summaries to nathan.oliver@nhslothian.scot.nhs.uk.



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