NHS Lothian

education safety quality
Medical Education Directorate

NHS LOTHIAN COVID-19 PREP 'LESSONS LEARNED' SUMMARY

Site/Department/Specialty	**SJH Recovery/ITU**
Date & Time of Training	**26/03/2020**
Trainer Contact	**Du Toit De Wet dutoit.dewet@nhslothian.scot.nhs.uk**

Training Delivered (what we did)

A Patient Environment Test (PET) for the re-provisioned recovery area which has been made into a secondary ITU for COVID positive patients.

After a table top discussion and setting up of the area, a PET was run in the area walking through the arrival of a COVID positive patient (manikin), through to the established treatment room (theatre 8) for intubation, CVC, arterial line, and IDC placement was attended by the team. The pt was then moved into the ITU space and transferred.

The donning and doffing space and process was also tested in this exercise.

Results & Reflections (what we found)

Here are the notes taken from the exercise based on observer commentary and group discussion:

Started outside ward
Discussion about the route (Shortest route agreed)
Team discussion about team transporting patient and team ahead to clear way.
2 'outriders' to clear corridor and open doors. (1 team member walk farther ahead and clear the way)
2 people with hands on the bed need to stay with hands on bed in droplet PPE
1 outrider went in the lift? Lift very close contact to patient – would suggest that 'outrider' presses lift buttons then takes stairs

Laminar flow marking on floor to show extent of zone, ideally put marks on floor to show where bed should be positioned – found it better with bed at a diagonal angle to allow 3 staff in aerosol PPE to be comfortably positioned within laminar flow

Need a place to take off dirty droplet PPE stuff off before going to get clean aerosol PPE in donning room – decided that sluice in Th 8 would be where dirty droplet stuff used for transfer would go. Need extra bin in sluice (2nd bin in place)

In donning room useful to have second trolley for putting stuff on in donning room. Some discussion about mask on first or last (depends on sterility required). Theatre staff more used to putting mask/visor on first

Ideally in larger print on wall of Th 8 have series of checklists: Order of processes list/Art/Intubation/NG/CVC/Urinary Catheter/Xray/Transfer(larger print on walls, all check lists on wall)

Art line – no issues

Intubation prep, need to ensure angle pieces avail, some discussion about filters + closed suction unit + capnography.
Discussion about position of vent and bed Bed at angle (diagonal) and ventilator to the left of anaesthetist
tied tube rather other fixation to make easier proning

Catheter after intubated

Propofol / alfentanil Vs Sevofurane making sure whatever needed/wanted is available in the room and ready prior

portable oxygen cylinders needed in room (this is now in place)

All done on ward bed as felt hat some patient with hypoxia will decomp quicker if tried to transfer onto ITU bed when arrive from ward

Felt better to transfer to ITU bed when in COVID ITU (first patient was transferred in th8)

Xrays done in theatre
Enough Radiographers RPE fitted? (Yes, all mask fitted)

Transferred to ITU bed

Where does ward bed get cleaned? (in x ray corridor)
Who cleans bed. (nursing staff, CSW)

Checklist spoken out loud for transfer patient between C-circuit and vent in Th 8 and in ITU: vent standby, Clamp on, o2 off, C-circuit disconnected, ventilator connected, gases on/vent on, clamp off

Metal clamps may be better than the plastic ones? Plastic one pinged off once – need to test – metal clamp on plastic tube integrity? (metal clamps in theatre)

RPE past this point sign (in place)

Comms difficulties with laminar flow and masks and doors closed. (2 way radios in place)

Take Home Messages (Lessons learned for educators as well as learners)
Lots of work gone into planning/table top stuff first is really important so that the 'simulation' focuses on the key things that are harder to 'see' with a table top session i.e seeing the visual space with mannikin in bed helped to address vent and bed location issues. **Physically walking through the steps using the team that will be doing it.** **Having representation from whole MDT important as all ideas given** **Lessons learned for educators:** **Clear brief at the beginning so everyone knows what will happen – simulation to look at process** **Helpful to layout/introduce at the beginning the idea that observers need to be 'a fly on the wall' not to**

help open doors, get kit etc, **Helpful having someone external to dept – doesn't know processes to ask lots of questions?**

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

Equipment required	
Equipment:	**Where to acquire:**

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Please submit COVID Prep 'Lessons Learned' Summaries to nathan.oliver@nhslothian.scot.nhs.uk. Completed summaries and resources will be published onto https://www.med.scot.nhs.uk/resources/covid-19 for free use and sharing under Creative Commons Licensing.