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COVID-19 Simulation Training

Managing cardiac arrest and building resilience

Dr C Diaz-Navarro, 17th March 2020



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Learning objectives

By the end of this session, delegates will be able to:

1. Keep safe when performing tasks and clinical duties
 - a. Caring for critical patients
 - b. During cardiac arrest
2. Build resilience and support others in emotionally challenging situations



Welsh Resuscitation Forum

2222 calls update on COVID-19 .

Summary of Resuscitation Council (UK) guidance on CPR in patients with a COVID-19 like illness or confirmed case of COVID-19 in healthcare settings.

Full guidance available on Resuscitation Council website.

There is more than one type of FFP3 mask and you need to be fit-tested in order to know which one is appropriate for you.

Please familiarise yourself with the minimum agreed PPE requirements within the Health Board.

The minimum agreed PPE **must** be worn to assess a patient, start chest compressions and establish monitoring of the cardiac arrest rhythm.



Assess patient

Look for breathing but do **not** listen or feel for breathing by placing your ear and cheek close to the patient's mouth.



After confirming Cardiac Arrest, commence Compression-only CPR* until 2222 team arrive, put on PPE and are ready to take over. (*unless you are trained in the use of bag-mask ventilation, and one is immediately available, when two person technique will be used)



2222 Team arrival

2222 team to put on full PPE **before** taking over from the staff who are initiating chest compressions



Tracheal Intubation or Supraglottic Airway insertion must only be attempted by individuals who are experienced and competent in this procedure



Ensure equipment used in airway interventions (e.g. laryngoscope, face mask) is not left lying on the patient's pillow but is instead placed in a receptacle. Do not leave the Yankauer sucker placed under the patient's pillow; instead, put the contaminated end of the Yankauer inside a disposable glove.

ADVICE FOR SUSTAINING **STAFF WELLBEING** IN CRITICAL CARE DURING AND BEYOND **COVID-19**



The anticipated needs of staff will vary across each of the phases, consider the following support mechanisms:



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Phases	Issues and likely impact	Needs and recommended approach
Pre-phase: No cases on unit	Anticipatory anxiety about what's on its way. Inability to think clearly, feeling overwhelmed, planning. Communication errors. Tension in working relationships. "Readiness" burnout.	Increase a sense of control - the team are in a safe pair of hands. Reassurance and planning. Communication updates are key (you may be thinking ahead, they are thinking now). Escalation plan. Support to managers who are making plans and holding the stresses.

Phases	Issues and likely impact	Needs and recommended approach
<p>Initial phase: Case 1</p>	<p>Starting to get going, lots of trying out, lost time, repetition and frustration.</p> <p>Further anticipatory anxiety</p>	<p>War room - planning central to allow centralised communication.</p> <p>Management are visible and available.</p> <p>Regular communication bulletins and open forums.</p>
<p>Core Phase: Full scale -Multiple cases</p>	<p>Biggest risk period.</p> <p>Fear infection and implications for families.</p> <p>Overwhelming workload.</p> <p>Full go mode- adrenalin and automatic pilot.</p> <p>Exhaustion.</p> <p>Moral distress as healthcare rationed.</p> <p>Distress linked to personal or family experience of COVID-19.</p> <p>Experience fear or stigma when out in public.</p>	<p>Have runners in PPE areas.</p> <p>Promote peer support.</p> <p>It's okay to say you are not okay - Senior staff to model this.</p> <p>Rotate workers from high-stress to lower-stress functions.</p> <p>Small pre-brief and debrief the day.</p> <p>Partner inexperienced workers with their more experienced colleagues.</p> <p>Psychological first aid - drop in sessions for staff with employee wellbeing if you have it.</p> <p>Ensure the basics: Breaks, Facilities (food trolley in staff room), Sleep, Days off.</p> <p>Manage visitors</p>

Phases	Issues and likely impact	Needs and recommended approach
<p>End Phase: Immediate aftermath</p>	<p>Exhaustion and post trauma recovery / stress</p>	<p>Debriefing. Staff 1-1 and group sessions. Learning and preparation for the future. Organise thanks and reward. Look out for signs of PTSD in staff:</p> <ul style="list-style-type: none"> • on edge and hyper arousal, poor sleep • flashbacks or re-experiencing • avoidance of reminders.
<p>Long term</p>	<p>Some ongoing PTSD Reflection and learning</p>	

T

Step 1: Target

What shall we discuss to improve patient care?
Share your perspective.

A

Step 2: Analysis

Explore your agreed target, if appropriate consider:

1. What helped or hindered...
communication / decision making / situational awareness?
 2. How can we repeat successful performances or improve?
-

L

Step 3: Learning Points

What can the team learn from the experience?

K

Step 4: Key Actions

What can we do to improve and maintain patient safety?
Who will take responsibility for actions? Who will follow up?

Values



Positivity: Identify positive strategies and behaviours.
Avoid negative comments, choose neutral expressions.

Focus on finding solutions, rather than pointing out blame.

Professional communication, valuing everybody's input.

Step by step: Identify small objectives and follow up outcomes.

SELF-CARE DURING COVID-19

Most importantly this is unprecedented: It is okay to not be okay

- Seek information updates at specific times during the day once or twice. The sudden and near-constant stream of news reports can cause anyone to feel worried. Get the facts. www.gov.uk
- Feeling stressed is an experience that you and many of your colleagues are likely going through. It is normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak.
- Managing your stress/psychosocial wellbeing during this time is as important as managing your physical health.
- Take care of your basic needs and ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends.

- This is an unprecedented scenario, don't try to learn new strategies, use the ones that you have used in the past to manage times of stress.
- This is likely to be a marathon - pace yourself
- Consider your psychological energy levels - you will need to "fill up" after "emptying the tank"
- Be aware of your "bandwidth"- it might take longer to think things through and make sense of things if you are feeling overwhelmed
- Beware dramatic language that might panic your colleagues.
- Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs.
- Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. If possible, staying connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues or team leader for social support - your colleagues may be having similar experiences to you.

STOP, BREATHE, then THINK- slowing your breathing slows the stress cycle and re-engages your frontal lobes - then you can think.



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Any questions?