

Trauma simulation scenario for suspected Covid-19

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Trauma surgeon/Facilitator SUS - summary (13.03.20):

Today, (Friday 13th March 08.30) we've held a simulation involving receiving a trauma patient with suspected Covid virus infection. The setup has not been planned well in advance. In essence, this was carried out as follows:

Preparation for simulation:

(NB: In situ trauma simulation has been held every Friday under normal operations at Stavanger University Hospital for many years). As trauma surgeon and facilitator, I contacted the person responsible for the emergency room and the trauma coordinator/registrar, yesterday. We put together a plan of action for receiving a Corona virus infected trauma patient.

An equipment package was established and updated information about dealing with the Corona virus was obtained from the virologist.

Contact was established with two experienced anaesthetists/facilitators who contributed as extra observers/commentators.

Medical hygienists were informed and should actually have attended, although were unfortunately occupied with other Corona related assignments/meetings.

I was unable to inform radiology. This was not optimal. We were therefore unable to complete simulation of the trauma patient in the CT lab.

STAND-IN: Today, NN (A&E/trauma theatre nurse), received a stand-in patient and at 08:00, I walked through the learning goals and setup.

SCENARIO: We constructed a trauma case: male, 30s, high-speed car accident, suspected Corona virus infection with coughing, pains between the shoulder blades and hypotensive.

Simulation carried out as follows:

BRIEFING:

- 1) Information about the day's simulation exercise, personnel, safety, etc.
- 2) Thorough run-through of:
 - a. the newly-established guidelines
 - b. equipment
 - c. how things should proceed; tips/advice regarding receiving antiviral equipment in advance (placement of trolleys containing documentation, marker-pen labelling of protective suits with name, removal of superfluous equipment before patient arrival etc)
- 3) Learning goals: Covid virus protection at A&E

SCENARIO:

- 4) Simulation with living stand-in and monitoring equipment on loan from SAFER
- 5) DEBRIEFING: Review with tips about changes to procedure, what worked, what didn't etc

ACTIONS FOR IMPROVEMENT:

- 6) Guidelines were revised later following the day's experiences about what worked/what didn't and were sent to all relevant trauma personnel.
- 7) The trauma room is better prepared for receiving Corona-infected trauma patients.
- 8) Request is hereby given for feedback on mistakes/suggestions for improvement.
- 9) A new simulation is planned for a week on Friday, once again with Corona as the case.

This can probably be much improved, but bearing in mind that most is ad hoc, both guidelines and simulation, I believe the learning value and final result were ok.

E-mail address for sharing of learning was distributed to managers at the end of the day:

Today, we held a simulation of receiving a Corona infected trauma patient, as well as developing draft guidelines for treatment of trauma patients with suspected Corona virus infection.

Draft guidelines are attached. I request that everyone who is involved with trauma patients – and in particular trauma team leaders – read the guidelines and follow these until more information is available, then forward them to relevant personnel.

(Cross-functional learning:) I request that all personnel involved with «critically ill patients», «cardiac arrest» and «thrombolysis» teams read the procedure, since many of the points can apply to your patients.

Feedback concerning mistakes/omissions/lack of clarity is welcomed.

The current circumstances can mean that the guidelines will be changed at short notice, in which case new information will be sent out.

A formal EQS procedure will be created in due course.

Communication department: please publish the procedure documentation on the intranet / Corona web page.

