

'Think SIM' for your COVID-19 preparations

Simulation exercises can be a valuable way to help prepare and test the readiness of your staff and system to perform safely and effectively in response to the COVID-19 situation. Here are some principles and practical guidance that may be helpful.

KNOWLEDGE

Aware of the latest guidance? Know where to find it?
Familiar with key Personal Protective Equipment (PPE) and when this is needed?
Have you been fitted for a FFP3 mask or equivalent?
Do you know where spare equipment is located if necessary?

SKILLS

Rehearse 'donning & doffing' your PPE
Practise airway management skills in PPE
Can you communicate effectively with team members whilst wearing your mask and PPE?
Do you need to develop or refresh specific skills for working in a different role or area?

DRILLS

Rehearse patient management in different environments (Emergency Dept, Theatres, ICU, Obstetrics, other admission wards)
What support roles are needed to help optimise team performance?
Practise your transfer drills and handovers

SYSTEMS

Test your policies & standard operating procedures (SOPs) for glitches & workarounds

- Transfers: who is involved? Handover documentation? Clarity of roles?
- Cleaning protocols and signage for rooms / clinical areas after transfer / discharge

This guidance has been developed by Health Education England Technology Enhanced Learning in conjunction with colleagues from the Royal College of Anaesthetists, the Association of Anaesthetists, the Faculty of Intensive Care Medicine, and the Intensive Care Society

Some specific issues you may wish to explore with your simulation exercises

KNOWLEDGE & SKILLS

Providing access to verified visual guidelines and videos showing how to don / doff PPE and checklists for specific procedures is useful prior to rehearsal and as an *aide memoire* when responding to clinical situations. Consider how your organisation **keeps these up to date** and where they are to be made available.

Consider carefully which staff groups need to have training in specific skills. Access to critical PPE resources may limit how you run these preparatory training exercises. Are staff up to date in **basic PPE and infection control tasks**?

DRILLS

These should involve relevant staff from the clinical and support services likely to be involved in patient care. They should be informed by latest guidance and local expertise from Virology and Infection Control.

Drills do not have to be full immersion simulation exercises in many cases. Instead, consider the use of 'action cards' to pose a hypothetical scenario and engage the team in 'walking and talking' through how they would anticipate responding. **Make sure any knowledge gaps are followed up.**

SAFETY SYSTEMS and SOPs

Rehearsing how your local policies and SOPs will be applied in different circumstances is a valuable and proactive way to manage risks and help create safety in your organisation. Stress testing these systems with simulated exercises can expose gaps, identify where staff may introduce workarounds, and allow you to make and retest changes in advance of being needed for real.

This will need a local governance structure for planning these system tests, observing and capturing key actions, closing the loop on making relevant changes, and communicating this to staff.

What if ... ?

Why not test out some of these situations to make sure relevant staff are aware of their expected response and check any assumptions?

What if a suspected COVID-19 exposed patient who is 36 weeks pregnant arrives unannounced in your labour suite and requires urgent admission?

Are there other admission areas for patients where you need to test your COVID-19 triage process?

What is your transfer policy for internal movement of COVID-19 patients within your organisation?

If you nominate a member of staff as a 'runner' when in an isolation area, are they clear about the role and tasks required?

What is your SOP for handling and transferring blood or other samples from a suspected COVID-19 patient?

Are all staff aware of basic PPE and infection control measures such as 'double-bagging'?

Is it clear to relevant staff about who and when basic or more specialised PPE is required in different circumstances?

What if a patient requires non-invasive respiratory support (eg CPAP or other forms of NIV)?

If specific PPE is unavailable when a team responds to an emergency call on a ward, how do they access the necessary equipment in a timely manner?

What happens if there is no nominated space for donning / doffing PPE?

What is your local reporting process and departmental response if a staff member thinks they may have been inadvertently exposed to coronavirus (in the work environment or when away from work)?