

# ER Drills (Adults)

## Team Comms wearing AGP PPE



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# #EM3

East Midlands Emergency Medicine Educational Media

## Purpose of this Drill

Thank you for showing interest in running this training exercise!

It challenges staff members of all grades and backgrounds to function as a team *without speaking!* It has been described as an *eye-opening* and *imaginative* way to practice communication skills when working in PPE, or any other situation where verbal comms are difficult. These skills become vital when a team needs to pull together and manage a critically ill patient.

To emphasise the educational aims, this simple, low-fidelity simulation drill is conducted in silence. AGP level PPE is not used, as it is not necessary for practicing these skills.

The main focus of this drill is on non-technical skills, and therefore should not to be over-medicalised.

Facilitators should support the team to find solutions and ways of working suitable for their own workplace.



## What you will gain from running this drill

- ✓ An opportunity to provide an educational experience with the whole team of staff, replicating real-life practice
- ✓ A very rewarding experience where you see willingness to participate in a non-traditional Sim and immediate improvements in staff morale.
- ✓ Written feedback for use in your Personal Development Plan (PDP). We have provided a printable generic staff feedback form that you can download at the following link...

<https://bit.ly/em3teachingfeedbackform>

## Information for Facilitator prior to drill

Please allow up to 30 minutes in total to run this drill.

This scenario takes place in the situation of wearing Aerosol-Generating Procedure (AGP) level PPE in an unstable patient in the ER.

### Aims of this drill

- Primarily to practice and standardise non-verbal communication skills.
- To maintain strict separation of the infective and non-infective zones.
- To improve the use of “Runners” in the non-infective zone.

### Guiding Principles

- Wearing masks/respirators causes voices to be muffled. Patient safety is improved by the use of non-verbal communication aids.
- This drill takes place in silence, to maximise practicing of hand signals and written messages between staff members.
- This drill should not test medical knowledge. Upper GI bleed has been selected because it tests the fetching of equipment/drugs, and interactions/phone calls with multiple staff members.

### What the facilitator needs to know

- Training group size should be 6-8 individuals (ideally inter-professional) and can be run with or without simulation equipment. A staff member can be the patient.
- Patient and Facilitator are allowed to speak. Monitor alarms should not be silenced (if used).
- **Kit required:** 4x mini whiteboards, 1x large whiteboard, dry erase markers, name & role stickers.

### What the team need to know

- They cannot speak throughout the scenario.
- Standardised hand gestures (show page 8)
- Use of whiteboards/buzzer (show page 9)

## Drill overview

Pre-brief (see page 4)

Show **red pre-alert sheet to team** (see page 6).  
Coach them into allocating teams as per structure shown below.

2 mins

Team Leader	Inside bay (dirty)	Outside bay (clean)
(position next to large whiteboard)	Doctor(s) Nurse(s)	Doctor Runner(s) Nurse Runner(s)

**Scenario Script** (see page 5).

**Tasks to test** (examples)

5 mins

- *Tasking someone* e.g. activate massive haemorrhage protocol
- *Passing something* between dirty and clean zones, e.g. VBG for analysis, IV meds to patient
- *Fetching something*, e.g. O negative red cells
- *Communicating* (ideally via speakerphone), e.g. contact Gastro/ICU

5 mins

**Debrief** (see page 7)

5 mins

**Re-run scenario** (see page 5)

## Pre-brief (facilitator to read out)

This team-based exercise is aimed at providing a safe learning environment for practicing communication skills. **This is NOT a test!**



## The PRIMARY aim of this session is...

**Communication in full AGP PPE** – sounds will be muffled, therefore the use of non-verbal communication is key.

## The SECONDARY aims of this session are...

**Role of the 'Runner'** – an allocated person, who is outside the direct patient contact zone. They fetch equipment and communicate between clean and dirty zones.

**Team Leadership** – clear tasking, receptive to incoming information.

**"Clean is clean, Dirty is dirty"** – infection control, avoiding PPE breaches.

## The rules of this drill are...

- That no-one speaks during the scenario, but you will be able to hear the patient and monitors alarming.
- Act as you would within your role.
- Try to make tasks realistic and timely.

## Getting ready for the drill...

Let's go through some **hand gestures** and **whiteboard techniques** that aid communication (see pages 8 & 9).

You will have 2 minutes preparation time to assemble your team. The scenario will run for 5 minutes, followed by a debrief. We will then re-run the scenario to give everyone a chance to practice what we've learned.

## Scenario script

### START THE TIMER

*“Imagine you are in the Emergency Room. There has been a pre-alert call from the ambulance service. You have a 2-minute warning of a 61-year-old male with haematemesis. **Here is the pre-alert sheet...**”*

Minute  
One

Patient arrives vomiting fresh red blood, agitated and cannot answer questions.

**Prompt for Facilitator:** observations unchanged.

Minute  
Two

Patient continuously vomiting blood.

**Prompt for Facilitator:** let scenario unfold and observe communication between team members.

Minutes  
Three  
& Four

Patient pulls cannula out.

**Prompt for Facilitator:** whisper to nurse in clean zone that they have noticed the cannula has been pulled out.

Minute  
Five

Patient continues to vomit blood and BP has dropped.

**Prompt for Facilitator:** whisper to a team member that they have noticed BP drop to 65/45.

### STOP THE TIMER

Begin debrief (see page 7)

## Emergency Department: Pre-Hospital Pre-Alert Report Form

CALL SIGN OF THE VEHICLE / TEAM

4009

<b>A</b> ge (and sex)	AGE 61	SEX Male		
<b>T</b> ime (of incident / onset of symptoms)	2-hour history of haematemesis, melaena			
<b>M</b> echanism of Incident (injury / illness)	Alcoholism, chronic liver disease			
<b>I</b> njuries / Symptoms (suspected or present)				
<b>S</b> igns (Observations, Clinical Stability)	HR	130	GCS	E4 V5 M6 = 15/15
	RR	25	BM	7.5
	BP	87/60	TEMP	36.7°C
	SPO <sub>2</sub>	98% on Air	PEAK FLOW	-
NEWS score total	<b>EMAS TRAUMA TRIAGE TOOL POSITIVE?</b>			YES / NO
<b>Red Flag Sepsis</b>	CLINICAL CONDITION		STABLE /	<b>UNSTABLE</b>
<b>T</b> reatment (Given so far – In brief!)	IV access 250ml 0.9% saline			
<b>E</b> TA (Time of arrival in ED)	2 minutes			
<b>R</b> equirements (Circle – specify where required)	<b>TRAUMA</b>		<b>MEDICAL</b>	
	MASSIVE BLOOD LOSS PROTOCOL TRAUMA TEAM ACTIVATION		STROKE THROMBOLYSIS CARDIAC SPECIALIST NURSE SEPSIS PATHWAY	
Call taken by;	ED Nurse	Date;	Time;	: HRS
Information passed to;	Dr U. Gibbi	Date;	Time;	: HRS

Patient Addressograph Label

(MUST BE ADDED ONCE PATIENT REGISTERED)

**TURN FORM OVER AND COMPLETE CHECKLIST ON REAR**

PLEASE ATTACH TO PATIENT NOTES – INSIDE FRONT SHEET



## Debrief

***Set a timer for 5 minutes. You can use the following learning outcomes as points for discussion...***

### 1. Team Communication skills

- ✓ Closed-loop feedback communication used
- ✓ Effective use of whiteboards
- ✓ Effective use of hand signals
- ✓ Use of the emergency buzzer (if appropriate)

### 2. Role of the Runner(s)

- ✓ Maintains clean area
- ✓ Appropriate passing of equipment
- ✓ Communicates effectively to staff inside the bay

### 3. Role of Team Leader

- ✓ Tasks clearly
- ✓ Receptive to information coming in
- ✓ Call for help, e.g. ICU

### 4. “Clean is clean, Dirty is dirty”

- ✓ Were there any breaches?

**Restart the timer and repeat the scenario again (see page 5).**

## Hand gestures (teaching sheet)

### I need you to stop

**e.g.** Use when needing an individual to stop a task.



### Look/Listen

**e.g.** Getting the attention of your colleague/I need your attention.



### Everybody stop & listen

**e.g.** Getting the attention of the entire team to stop and listen to regroup or for an emergency stop!



### Okay

**e.g.** Situation is stable/okay to proceed.



### Write it down

**e.g.** Note-keeping/critical interventions log/please write on whiteboard what you mean.



### I need your attention

**e.g.** Interrupting a specific individual to get their attention



## Large whiteboard (template)

For recording PROGRESS only and would normally start blank.

Team Leader to use. *Task=Box, Problem=\*Asterisk\**

61 y/o male, haematemesis, unstable	
A <input checked="" type="checkbox"/>	<u>Tasks</u>
B <input checked="" type="checkbox"/>	IV access x2 <input type="checkbox"/> <input type="checkbox"/>
C <input type="checkbox"/> *BP 87/60*	Fetch O neg <input type="checkbox"/>
	<u>Referrals</u>
	Call ICU <input type="checkbox"/>

## Mini whiteboard (template & example) ↓

Team members to use for ACTIONS only.



## ↓ Emergency buzzer (example)

Team members to use for IMMEDIATE ADDITIONAL STAFF.



## Simulation technician sheet (if required)

<b>Case title</b>	Team PPE Comms Drill			<b>Patient sex</b>	Male
<b>Setting</b>	ED	<b>Patient age</b>	61		
<b>Diagnosis</b>	Massive UGIB with hypotensive shock				
<b>Equipment required</b>	<ul style="list-style-type: none"> <li>• Simulation mannequin</li> <li>• Simulation airway trolley &amp; IV access</li> <li>• Blood bowl</li> <li>• Whiteboards and pens</li> </ul>				
<b>Minimum staff required</b>	<ul style="list-style-type: none"> <li>• 'Dirty' ER doctor, 'Dirty' ER nurse (<i>inside bay</i>)</li> <li>• 'Clean' ER Doctor runner, 'Clean' ER nurse runner (<i>outside bay</i>)</li> </ul>				

### INITIAL SETUP

<b>Observations</b>				<b>Arrival route</b>	Ambulance Pre-alert
<b>HR</b>	130	<b>GCS</b>	E 4 V 5 M 6 = 15/15	<b>Carers?</b>	None
<b>RR</b>	25			At the end of minute four: BP drops to 65/45	
<b>SpO2</b>	98% on Air	<b>Pupils</b>	Equal		
<b>BP</b>	87/60	<b>Temp</b>	36.9°C		
<b>CRT</b>	3 seconds	<b>Weight</b>	75 kg		
<b>Glucose</b>	7.5				
<b>Equipment on arrival</b>	None	<b>Additional info</b>	Alcohol Dependence Chronic Liver Disease		