



**Ambulance Service
of New South Wales**

EXERCISE XFG

Monday 22 Sept – Thursday 25 Sept 2008



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HUNTER NEW ENGLAND
NSW HEALTH

AMBULANCE EVALUATOR'S REPORT

EVALUATOR'S INFORMATION

Organisation:	Hunter New England Health
Exercise:	Pandemic influenza case & contact management
Date: <i>Pre-exercise briefing</i>	Approx two weeks beforehand (to include all players, but this may be done separately with the various groups).
<i>Exercise</i>	22-25 September 2008.
<i>Debrief</i>	Daily debrief and full hot debrief on 26 September 2008.
Exercise Venue:	All HNE EDs, MPSs and mental health facilities that accept walk-ins, Population Health Units (PHU) in Tamworth, Taree and Wallsend, Emergency Operations Centre at the Forensic Centre, others as required.
Exercise Nature:	An extension of the Paton Exercise (Nov 2006) to test the ability of all EDs to identify and manage pandemic cases including ambulance transfers. To test the surge planning and capacity of the PHU to manage cases, contacts and public enquiries. To manage the PHUs response to simulated conditions in an early containment pandemic phase.
Exercise Scenario:	<p>Pandemic Influenza Australian Phase 5 has been declared following human to human transmission with a novel influenza strain. Pandemic cases begin presenting at HNE EDs. They require triaging and management according to described protocols (Hospital response to Pandemic Influenza Part 1: Emergency Department response PD2007_048 http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_048.pdf) and using strict infection control measures. In this response phase, all cases are isolated within an acute care facility.</p> <p>Following notification to the PHU, contact tracing and public health interventions are commenced. Surge staff are co-opted to assist with public health duties as the incident escalates.</p> <p>Contacts are referred to home quarantine and the preferred anti-viral delivery method is secure home delivery. Daily monitoring is not required.</p>
Exercise Duration:	5 days (4 days exercising and one day of debriefing; detailed report preparation will follow).
Target audience:	ED/MPS staff, Ambulance Officers, PHU, Communications Unit and Community Health (including the Referral and Information Centre), Secondary support staff from the following units will be deployed (except those required for clinical operations): The Department of Respiratory Medicine, The Sexual Health Unit and Clinical Nurse Consultants.

Aim of Exercise: To exercise all HNEH facilities with an Emergency Department, and specific departments/units (eg Population Health, Infection Control etc) in a Pandemic Response to Early Containment, with particular focus on infection control, communication, and facility and HNEH Area Plan linkages.

Exercise Objectives

1. To test the capacity of all EDs to recognise a person with suspected pandemic influenza, triage them appropriately, manage accompanying people who may have been exposed, inform the public health unit, complete clinical management and maintain strict infection control;
2. To evaluate ambulance transfers with suspected PI cases;
3. To test public health surge capacity by using all cases, plus contacts of these cases. This will necessitate the use of secondary support staff;
4. To use and evaluate an on-line training package currently in development, to prepare secondary support PHU staff for their role;
5. To test the public enquiry triaging system to manage callers seeking information;
6. To use the NetEpi data management system for recording case and contact details plus extract epidemiological data for planning requirements and situation reports;
7. To develop a generic Pandemic Exercise Toolkit;
8. To test departmental pandemic plans and the links with the Area plan as relevant within the scope of the exercise;
9. To test the role of the Area Communication Unit.

Ambulance Sub-Objectives

Objective 2: To evaluate ambulance transfers with suspected PI cases	
Sub-Objectives	Method of Evaluation
2.1 Ambulance Service to Implement case definition questions by Call Takers at Northern Operations Centre	direct observations as per NSW Ambulance exercise sub-plan
2.2 All front line Ambulance personnel to report any contact and treatment / transport of suspected cases of pandemic influenza patients	as above
2.3 Ambulance crew to implement all influenza pandemic related pharmacologies, protocols and procedures	as above
2.4 Ambulance crew to implement influenza pandemic / infectious disease protocol PPE and infection control use with patients who meet case definition	as above
2.5 Ambulance supervisor to monitor adherence to pre-hospital infection control procedures	as above
2.6 Ambulance crew to don full PPE	as above
2.7 Ambulance crew to give patient surgical mask to wear,	as above
2.8 Ambulance crew to ask patient to wash their hands,	as above
2.9 Ambulance crew to isolate patient from any other contacts	as above
2.10 Ambulance crew to notify Operations Centre	as above
2.11 Operations Centre to notify identified receiving facility ahead of arrival – may include bypassing smaller facility	as above
2.12 Ambulance crew to transport patient to receiving facility	as above
2.13 Ambulance crew to notifies ED staff on arrival to determine offload procedure (where pt to be placed within hospital)	as above
2.14 Patient offloaded by ambulance crew in appropriate receiving area	as above
2.15 Ambulance Crew ensure their details are provided to Public Health Unit at ED for contact tracing and treatment purposes	as above
2.16 Ambulance crew to decontaminate vehicle and equipment according to Ambulance SOPPS	as above
2.17 Ambulance crew to dispose of all used PPE appropriately	as above

SUB-OBJECTIVE 2.1

Ambulance Service to implement case definition questions by Call Takers at Northern Operations Centre

NOTES:

Case definition questions were observed to implemented successfully by Ambulance Call Taker.

SUB-OBJECTIVE 2.2

All front line personnel to report any contact and treatment / transport of suspected cases of pandemic influenza patients

NOTES:

Reported by virtue of the ambulance crew advising Northern Operations Centre that they were transporting a ?pandemic influenza patient to hospital.

SUB-OBJECTIVE 2.3

Ambulance crew to implement all influenza pandemic related pharmacologies, protocols and procedures

NOTES:

Ambulance crew observed to implement all influenza pandemic related pharmacologies, protocols and procedures

SUB-OBJECTIVE 2.4

Ambulance crew to implement influenza pandemic / infectious disease protocol PPE and infection Control use with patients who meet case definition.

NOTES:

Initial difficulty observed due to exercise control issues (i.e. volunteer patient had not been provided with scenario prior to arrival of ambulance) – exercise stopped, patient briefed & exercise re-commenced. Following re-start, Ambulance crew able to implement appropriate PPE use.

Awkward due to lack of practice – much better on 2nd transport

SUB-OBJECTIVE 2.5

Ambulance supervisor to monitor adherence to pre-hospital infection control procedures

NOTES:

Ambulance Supervisor observed to actively monitor the paramedics' adherence to infection control procedures.

SUB-OBJECTIVE 2.6

Ambulance crew to don full PPE

NOTES:

Crew were observed to correctly don full PPE - there were heat and fatigue issues despite the weather being a cool day. The crew raised issues around the appropriateness of the P2 masks when undertaking more invasive procedures such as intubation, LMAs or even nebulising a patient.

The unstructured environment also posed challenges. Unlike the static environment of a healthcare facility the PPE posed problems for staff to access their tools of the trade such as vehicle keys, stethoscopes etc without re-contaminating their clean uniforms

SUB-OBJECTIVE 2.7

Ambulance crew to give patient surgical mask to wear

NOTES:

Crew were observed to provide surgical mask to patient without prompting

SUB-OBJECTIVE 2.8

Ambulance crew to ask patient to wash their hands,

NOTES:

Crew were observed to provide alcohol handwash to patient without prompting

SUB-OBJECTIVE 2.9

Ambulance crew to isolate patient from any other contacts

NOTES:

Initial difficulty experienced at residence due to the patient's lack of prior knowledge of scenario. Once exercise stopped and restarted – crew were able to isolate patient from other persons at residence.

SUB-OBJECTIVE 2.10

Ambulance crew to notify Operations Centre

NOTES:

Upon leaving residence, crew were heard to advise Northern Operations Centre of patient's clinical state

SUB-OBJECTIVE 2.11

Operations Centre to notify identified receiving facility ahead of arrival - may include bypassing smaller facility

NOTES:

Northern Operations Centre advised Belmont Hospital of impending arrival of ?pandemic influenza patient

SUB-OBJECTIVE 2.12

Ambulance crew to transport patient to receiving facility

NOTES:

Successfully completed

SUB-OBJECTIVE 2.13

Ambulance crew to notifies ED staff on arrival to determine offload procedure (where pt to be placed within hospital)

NOTES:

Completed – Crew were observed to communicate with Triage Nurse through glass doors using written notes prior to being met in Ambulance Bay outside A & E Dept by the Triage Nurse in full PPE.

SUB-OBJECTIVE 2.14

Patient offloaded by ambulance crew in appropriate receiving area

NOTES:

Crew and patient held in A & E airlock and not permitted to proceed indoors until full assessment completed. Real time daily workload did not permit actual movement through Casualty Dept and so airlock became the 'isolation room' for purposes of the exercise.

SUB-OBJECTIVE 2.15

Ambulance Crew ensure their details are provided to Public Health Unit at ED for contact tracing and treatment purposes

NOTES:

Whilst crew surnames & employee numbers are documented on the Ambulance Patient Health Care Record, in reality this does not facilitate rapid contact - crew are extremely mobile (unlike static health care facility staff) and therefore consideration will need to be given as to a standardised process of providing crew contact details at hospital (i.e. most appropriate person to collect & secure crews personal details etc)

SUB-OBJECTIVE 2.16

Ambulance crew to decontaminate vehicle and equipment according to Ambulance SOPPS

NOTES:

Crew undertook decontamination process per SOPPS but exercise did highlight the following issues in relation to decon:

* access to cleaning equipment at hospitals - at present crews report a great deal of difficulty convincing hospital cleaners to allow them access to cleaning materials should they need to use them at the hospital

* Security of vehicle if left open for 10 mins (as per SOPP) to allows bugs to settle – significant debate about whether open windows and doors actually allows pathogens to settle with the breeze etc

SUB-OBJECTIVE 2.17

Ambulance crew to dispose of all used PPE appropriately

NOTES:

Completed but need to coordinate with each healthcare facility to ensure that contaminated waste bins are present in all ambulance bays across AHS to eliminate need to transit unnecessarily through A & E.

OTHER ISSUES FOR DISCUSSION

- Hand hygiene - need to make sure that there is hand hygiene stations located in the ambulance bays and the airlocks of ED entryways.
- PPE for drivers of vehicles - need to clarify what actually needs to be worn etc
- Clarity of speech during radio communications whilst wearing a P2 mask
- Following XFG there exists an opportunity to review all the documents, particularly the infection control attachments to the ASNSW Pandemic Plan and simplify them significantly so that staff will actually read, digest and comply with the procedures... (this was a common theme across the whole of HNEAHS participants)
- Initial awkwardness displayed by crew whilst operating in full PPE however, on second transport this quickly disappeared as crew were more confident and familiar with the limitations imposed by full PPE – conclusion was that an increased use of PPE on everyday infectious patients will ensure staff's ability to perform at optimum level during pandemic or other infectious disease crises.

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