

## **LIVE EMERGENCY SIMULATION DRILL**

### **CODE RED OBSTETRICS – POSTPARTUM HAEMORRHAGE**

Live emergency drill simulation plays an important role in 'testing' a system, and enables the identification of any problems associated with the procedures and processes defined within local guidelines. Learning points can be identified in a safe environment and action plans implemented to ensure the safety of practice.

#### **Live Obstetric Drill Facilitating Team**

Drill Facilitator (Consultant Obstetrician), Drill Anaesthetic Observer (Consultant Anaesthetist), Drill Obstetric Observer (Obstetric Staff Grade), Drill Midwifery Observer (Midwife), Drill Midwifery Observer / Delivery Suite Coordinator during drill (Delivery Suite Matron), Drill Patient and Observer (Practice Development Midwife), Blood Transfusion Drill Observers x2 (Transfusion Laboratory Manager & deputy TLM) – based in the lab.

#### **Live Obstetric Drill Participants**

Midwife caring for woman, Coordinating Midwife, Scribe Midwife, Supporting Midwife (x2), Obstetric SHO, Obstetric Registrar, Obstetric Consultant, Anaesthetic Consultant, Anaesthetic Registrar, ODP, Lead Nurse, Porter

#### **Drill debrief / feedback**

- Overview of success of the drill
- Level of engagement by participants
- Communication – need to be clear and directed
  - among clinical team, patient, switchboard, transfusion lab., porters
- Team dynamics: interaction, nominating of roles, understanding of each other's duties
- Safe clinical practice
- Safe transfusion practice
- Patient's perspective
- Use of the scribe/documentation

#### **Key Learning Points from the Drill**

Key Lead Personnel were not aware of the live drill on the day and felt that clinical workload and care was compromised, contributing to the pressures for clinical staff on the day: *drill facilitating team to liaise with the Obstetric, Anaesthetic, Neonatal, Midwifery, Practice Development Midwife, Theatre, Neonatal Nursing, Trust Wide Leads (depending on the planned drill and which professionals maybe included during the drill) to confirm that it is safe to run an emergency drill. An Emergency Live Drill Procedure will be developed and agreed within the Maternity Mandatory Training Policy to ensure a clear process for planning and running drills and when a drill should be cancelled.*

Immediate post-drill debrief needs to be concise to allow clinical staff to return to normal duties as soon as possible: *evaluation forms to be given to all staff who participate to provide reflective feedback.*

## **PROPOSED OBSTETRIC EMERGENCY DRILL PROCEDURE**

1. The Education and Training Faculty will facilitate live emergency drills as part of the annual training plan for Maternity and Newborn Services.
2. When a live emergency drill is proposed a draft plan must be presented to the Education and Training Faculty and a team of facilitators nominated and agreed.
3. The Facilitating team will plan the drill, informing the Obstetric, Anaesthetic, Neonatal, Midwifery, Practice Development Midwife, Theatre, Neonatal Nursing and Trust wide Leads (depending on the planned drill and which professionals maybe included during the drill) of the proposal and planned drill.
4. The Facilitating team will plan the drill fully and provide a written plan for the emergency drill.
5. On the day of the drill, the facilitating team will liaise with the Obstetric, Anaesthetic, Neonatal, Midwifery, Practice Development Midwife, Theatre, Neonatal Nursing, Trust Wide Leads (depending on the planned drill and which professionals maybe included during the drill) to confirm that it is safe to run an emergency drill.

5.1 It is recognised that to plan and run a Live Emergency Drill is a lengthy process and dependant on the availability of the facilitating team to run the drill. Where at all possible Live Emergency Drills will not be cancelled, accept in the following circumstances:

- High levels of Activity and or staffing concerns
  - Care of Women and or Newborns would be compromised
6. The facilitating team will run the drill, make comprehensive notes and debrief staff immediately post drill, in a concise manner in order to return clinicians to their workplace as soon as possible.
  7. An evaluation form will be given to all participants to reflect on the drill and feedback to the facilitating team.
  8. The facilitating team will produce a report and action plan following the drill, including feedback from staff involved and lessons to be learnt in clinical practice and for future emergency live drill simulations.

The Education and Training Faculty will review each report and action plan at the next meeting and ensure all necessary actions have taken place.

Document adapted with kind permission from a live emergency simulation drill report by Gloucestershire Hospitals NHS Foundation Trust, March 2012