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Enhancing staff competence through a joint major infectious disease outbreak drill

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Introduction

Severe Respiratory Disease associated with Novel Coronavirus is firstly identified in the United Kingdom in 2012. Global alerts to this newly identified infectious disease (ID) have been alarmed because of the high mortality rate. As a cosmopolitan city, Hong Kong would be at risk in receiving travelers from other countries. Isolation ward of United Christian Hospital (UCH) should be well-prepared in receiving patients with risks of the disease.

Objectives

A major ID Outbreak Drill with the collaboration of UCH and Hospital Authority Infectious Disease Centre (HAIDC) was performed on 22 October 2012; the utmost goal aims to enhance staff confidence and competence in handling major ID Outbreak. After the Joint Major ID Outbreak Drill, several objectives are expected to achieve. 1 To enhance confidence in receiving ID patients 2 To strengthen staff competence in performing high-risk procedures 3 To benchmark the clinical practices with HAIDC

Methodology

The drill was divided into two sessions. The morning session was taken part at UCH Isolation ward. A scenario of handling a suspected Novel Coronavirus patient was set for the drill. Infection Control Nurses (ICN), Ward Managers (WM) from Department of Medicines & Geriatrics, UCH and colleagues from HAIDC are invited to act as observers in the drill. Workflow and procedures such as admission of a high-risk patient, Nasopharyngeal Aspirate (NPA) taking, transfer a confirmed Novel Coronavirus patient to HAIDC and Cardio-pulmonary Resuscitation (CPR) for high-risk patient were performed in the drill. A model for simulation training was borrowed from HAIDC for CPR session to facilitate a nearly-real scenario in isolation ward setting. During the afternoon session, the participants were arranged to HAIDC. A drill consisted of: firstly, Admission of confirmed Novel Coronavirus patient was transferred from UCH Isolation ward, and secondly, elective intubation for high risk patients was performed. Debriefing was held to invite comments in each session.

Result

There were 25 nurses and 9 supporting staff participated in the drill. Feedbacks from our observers are mostly positive and good team coherence is highly appreciated. Staff expressed that they were more competent in handling high risk procedures after the drill. Also, staff stated that the collaboration between UCH and HAIDC is enhanced after the drill. Through a joint Major ID Outbreak Drill, staff can strengthen their skills for caring high risk patients. Moreover, learning and sharing of experience with other institute can build up confidence to provide quality care during ID outbreak.