ALAMEDA COUNTY PEDIATRIC READINESS & SURGE PROJECT

EMSC PREPAREDNESS, ASSESSMENT, EDUCATION, AND PARTNERSHIP PROJECT

HOSPITAL SITE-VISIT - PEDIATRIC SIMULATION TRAINING

COMBINED PEDIATRIC SIMULATION PLAN - EMS PROVIDERS & HOSPITAL ED CLINICAL TEAM (Including EMS Scene Response & Transfer of Care to ED Clinical Team)

GOALS

- To conduct in-situ pediatric simulations IMPACT training with Debrief for EMS Providers & ED Clinical Team
- To provide expert feedback, identify opportunities for improvement and inform customized summary reports
- To facilitate on-going collaboration, "real time" pediatric experts, and future training with UCSF Benioff Children's Hospitals, EMS providers, Receiving Hospitals, and Alameda County EMS.

AGENDA – SIMULATION TRAINING

** Flexible Time & Roles - Depending on training needs, expect approx. 15 min. longer for each case **
- Recommend Rotating EMS Provider Crews & Engine in Each Case -

- 1. 8:00 -9:00am CASE #1 Conduct Simulation & Debrief
 - Fire Department & Falck EMS Participant Role:
 - Scene Response & EMS Transfer of Care to ED Clinical Team (in Resuscitation Room)
 - o Fire Department and Falck Roles Active Observers
- 2. 9:00 -10:00am CASE #2 Conduct Pediatric Simulation & Debrief
 - Fire Department or Falck Participant EMS Role:
 - EMS Scene Response & Transfer of Care to ED Clinical Team (Resuscitation Room)
 - Falck Role Active Observer
- 3. 10:00 -11:00am CASE #3 Conduct Simulation & Debrief
 - Fire Department or Falck Participant EMS Role:
 - EMS Scene Response & Transfer of Care to ED Clinical Team (Resuscitation Room)
 - Falck / Fire Department Role Active Observers

SIMULATION PLAN

- A. Plan for Conduction of Simulation Case Scenarios:
 - a. EMS Care of Patient:
 - I. Start in ambulance bay as the scene
 - 1. Set up with low fidelity mannequin
 - 2. Use tablet as monitor for VS
 - II. EMS arrives on scene, performs initial assessment and loads patient on rig. Team continues care in ambulance.
 - III. In 10 min, rig arrives at ED. Team delivers patient to ED team with structured handoff.
 - b. Hospital Care of Patient:
 - I. High fidelity mannequin already set up in ED as per usual set up
 - II. After EMS handoff, ED team continues care of patient and then arranges disposition (transfer/admission/observation)
- B. Plan for Debriefing Simulation Experience:
 - a. EMS Debrief:
 - Focus on application of ALCO protocols
 - Address medical knowledge questions
 - Discuss approach to handoff
 - Discuss perceived challenges in the field/transport/handoff
 - b. ED Team Debrief:
 - Receipt of patient (any challenges?)
 - What went well? What were some challenges?
 - Systems based issues that affected care of patient (knowledge of clinical workflows, location of supplies, accessing supplies or meds, medication dosing etc.)