Introduction

The Paediatric Intensive Care Unit (PICU) is a 20-bedded purpose built unit admitting approximately 1400 patients per year in the United Kingdom, and is the nominated as the Lead Centre for Paediatric Intensive Care (PIC) services within the West Midlands region.

It undertakes the care and management of critically ill children for a wide range of specialties including cardiac, hepatology, medical, oncology, renal and trauma, both from within the hospital and from district general hospitals.

Two senior PICU nurses and a PICU consultant attended a one day, on-site exercise to train in real-time against their department’s emergency plans and capabilities of dealing with major incidents. The day was facilitated by a Health Protection Agency Emergency Response Training Team, known as EMERGO.

Outline of Innovation

To develop a novel compact major incident ‘toolkit’ for use in emergency situations in PICU. It would also be a functional training and exercise tool for decision making and coordination in complex emergencies and major incidents. Through participation in the training exercises staff would develop:

- An appreciation of the need for clear and unambiguous exchange of information and co-operation between all agencies and hospital departments involved.
- Recognition and understanding of the logistical difficulties of major incident management.
- An understanding of how the ‘toolkit’ assists in the coordination of a major incident.
- An appreciation of the consequences of decisions made in stressful situations.

Content of ‘Toolkit’

- Laminated A4 sheets for photocopying to record availability of additional staff.
- Laminated A4 sheets for photocopying to record messages between PICU and the control centre.
- PICU Senior Nurse and Consultant major incident action card.
- Range of magnetic staff icons.
- Dry wipe pens.
- Major Incident Checklists.

Outcomes

Training started with senior nurses. The function of the ‘toolkit’ was introduced at staff meetings.

The Trust had an unannounced major incident simulation that involved PICU allowing real time training with the ‘toolkit’.

Learning Points

- Information may be vague and not all information received is correct.
- Patients may not all be paediatric, adults may present and it may be necessary to have separate care areas for them.
- Communication with the incident controllers must be maintained so they know what PICU resources are available especially if it is reaching it’s capacity.
- Use of the ‘Situation Map’ Board improved the team’s ability to rapidly allocate and manage resources.
- Be aware of planned PICU admissions to ensure beds are allocated to those patients i.e. those already in theatre before the incident occurred.
- Ensure that all the staff allocated to assist in PICU have relevant expertise and skills.
- Avoid having too many staff on day 1. Allocate some staff to later shifts.
- Communicate with local critical care transport teams to contact all the other local PICUs to inform them of the incident.
- Other clinical areas should not be relied on to communicate on your behalf – they will be too busy!
- Runners can be more effective and faster in communicating with other areas during the incident as phone lines can become very busy.

Conclusions

- Although this tool was designed for a specific PICU the concept is transferrable and could be adapted to any critical care area
- The toolkit can be used with little or no training.
- All involved said that it improved their performance and team working during the exercise.

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