

The COVID Training Experience

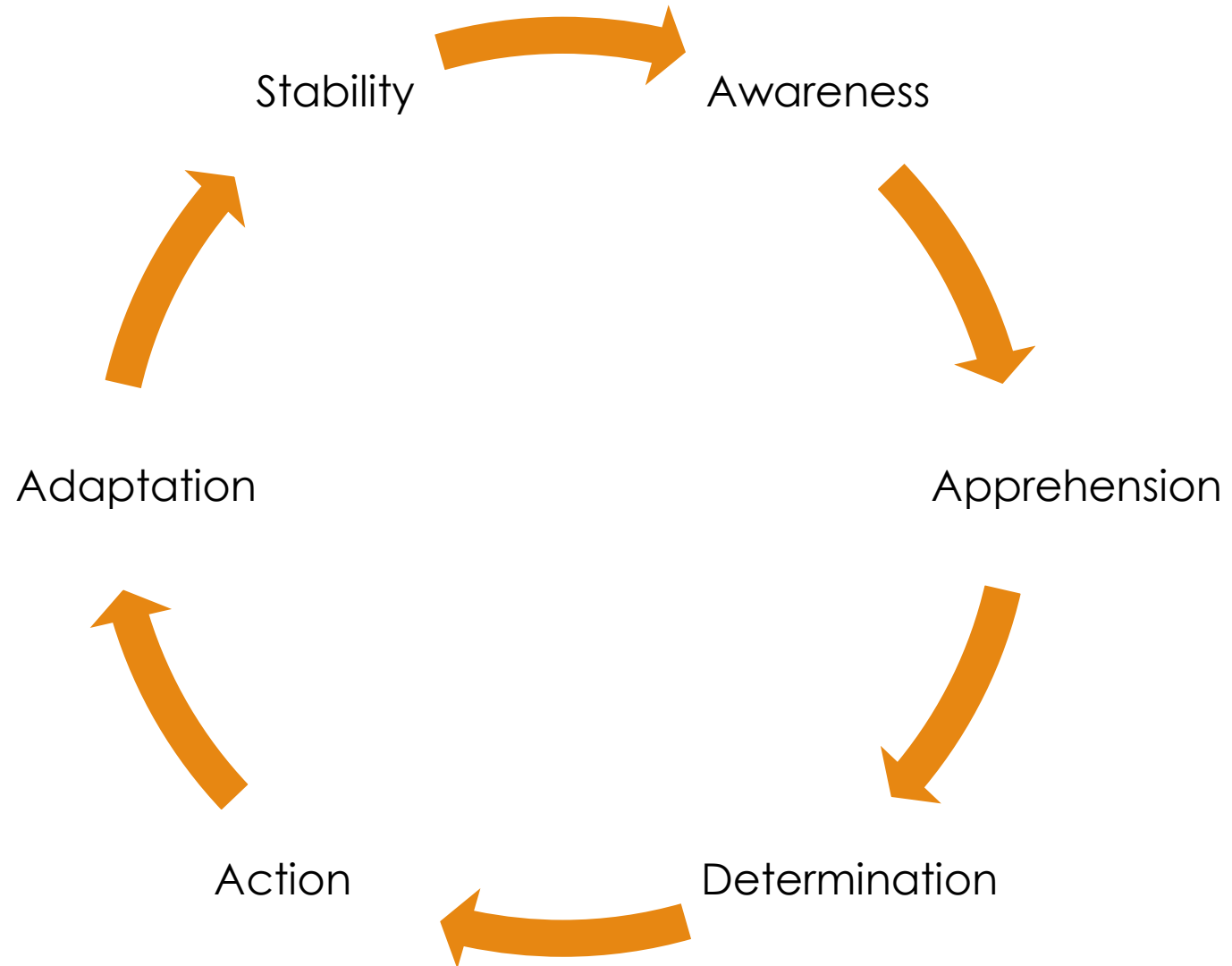
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The setting

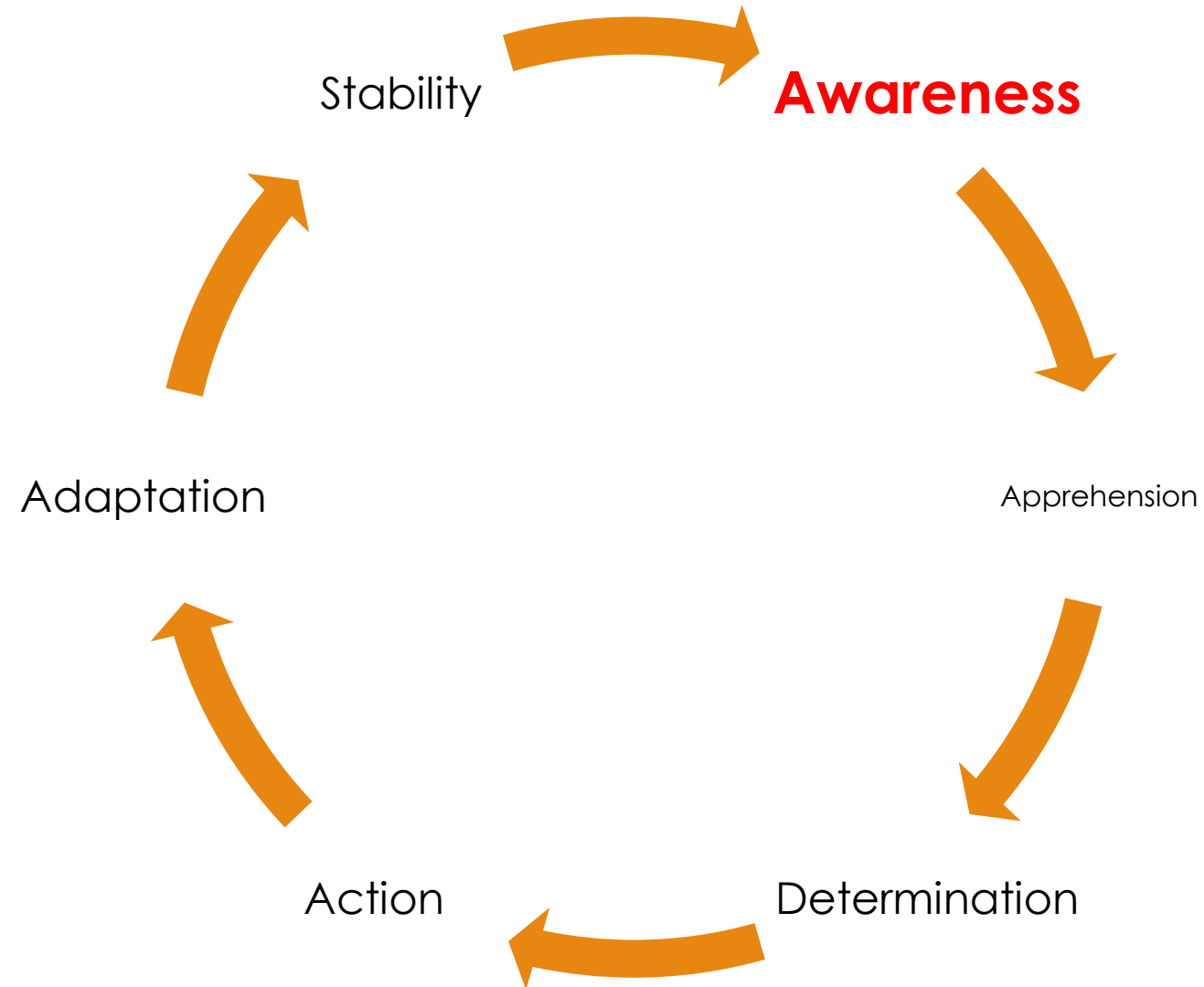
- 1000 bedded acute general hospital
- 55 wards/patient areas
- Circa 150 daily admissions
- 5,500 employees



The experiential cycle



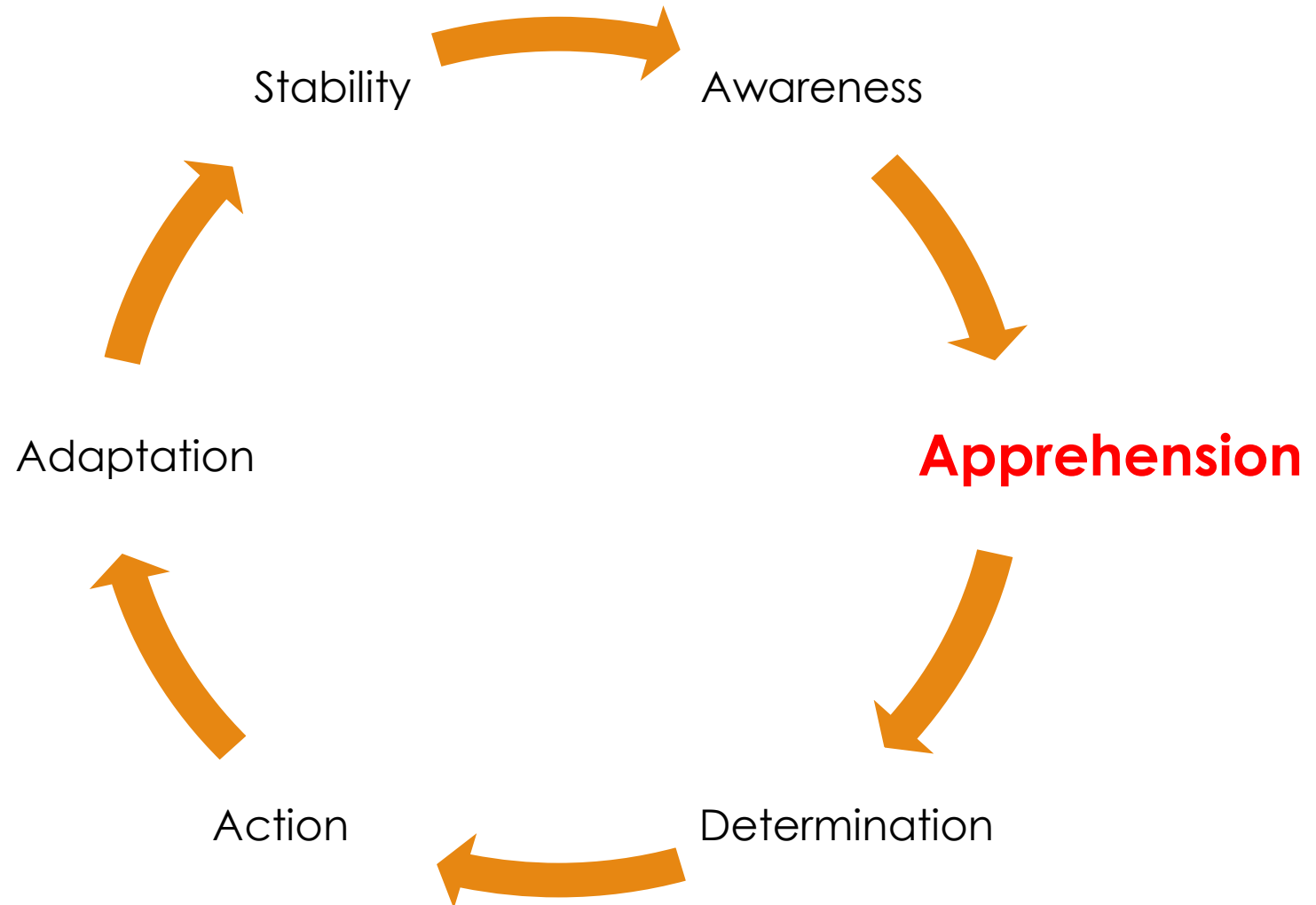
The experiential cycle



Awareness

- Awareness that a new virus has emerged
- Media coverage of spread within and outside Wuhan
- Preliminary discussions at national and hospital level focusing on the acquisition and availability of resources
- Discussions on training plans internally and with managers

The experiential cycle



Health care workers are facing PPE shortages—again

July 13, 2020

HEALTH • COVID-19

Begging for Thermometers, Body Bags, and Gowns: U.S. Health Care Workers Are Dangerously Ill-Equipped to Fight COVID-19



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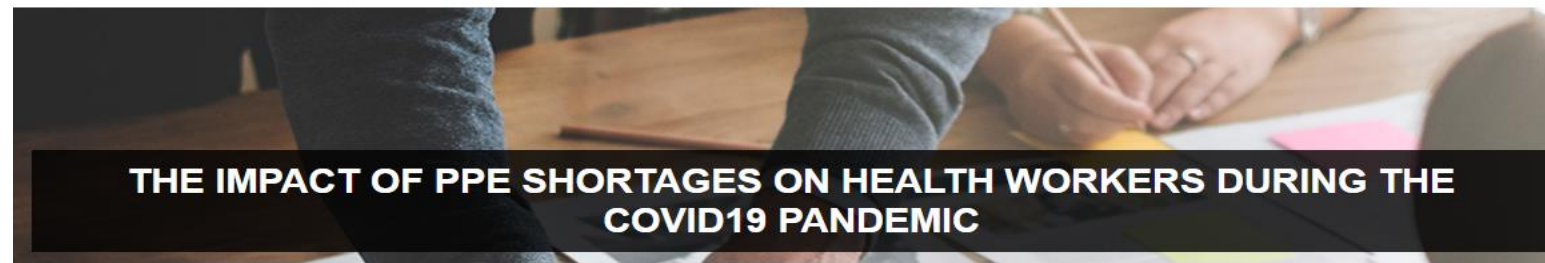
Shortage of personal protective equipment endangering health workers worldwide



NHMRC Centre for Research Excellence Integrated Systems for Epidemic Response

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COVID-19 key research papers and resources



COVID-19 protective gear for Malta stolen in Turkey

Maltese Engineers complement work of front-liners and authorities in fight against COVID-19

Monday, 1 June 2020, 15:54

🔄 Last update: about 4 months ago

Malta receives major shipment of PPE for healthcare workers

Hundreds of thousands of masks, gloves and gowns

Coronavirus: Malta requests over 2 million pieces of protective equipment

MEPs debate Commission's proposals on Thursday with remote voting

Apprehension

- Rapid increase in incidence in Europe
- Realisation that Coronavirus is now on our doorstep
- Hospital strategies put in place to separate COVID and non-COVID areas, guidelines, protocols, seeking to increase PPE stocks
- First case imported to Malta from Italy on the 7th of March 2020- increasing levels of anxiety amongst staff
- Elective and outpatient appointments suspended
- Train the trainers -specialist nurses in personal protective equipment
- Mental health support

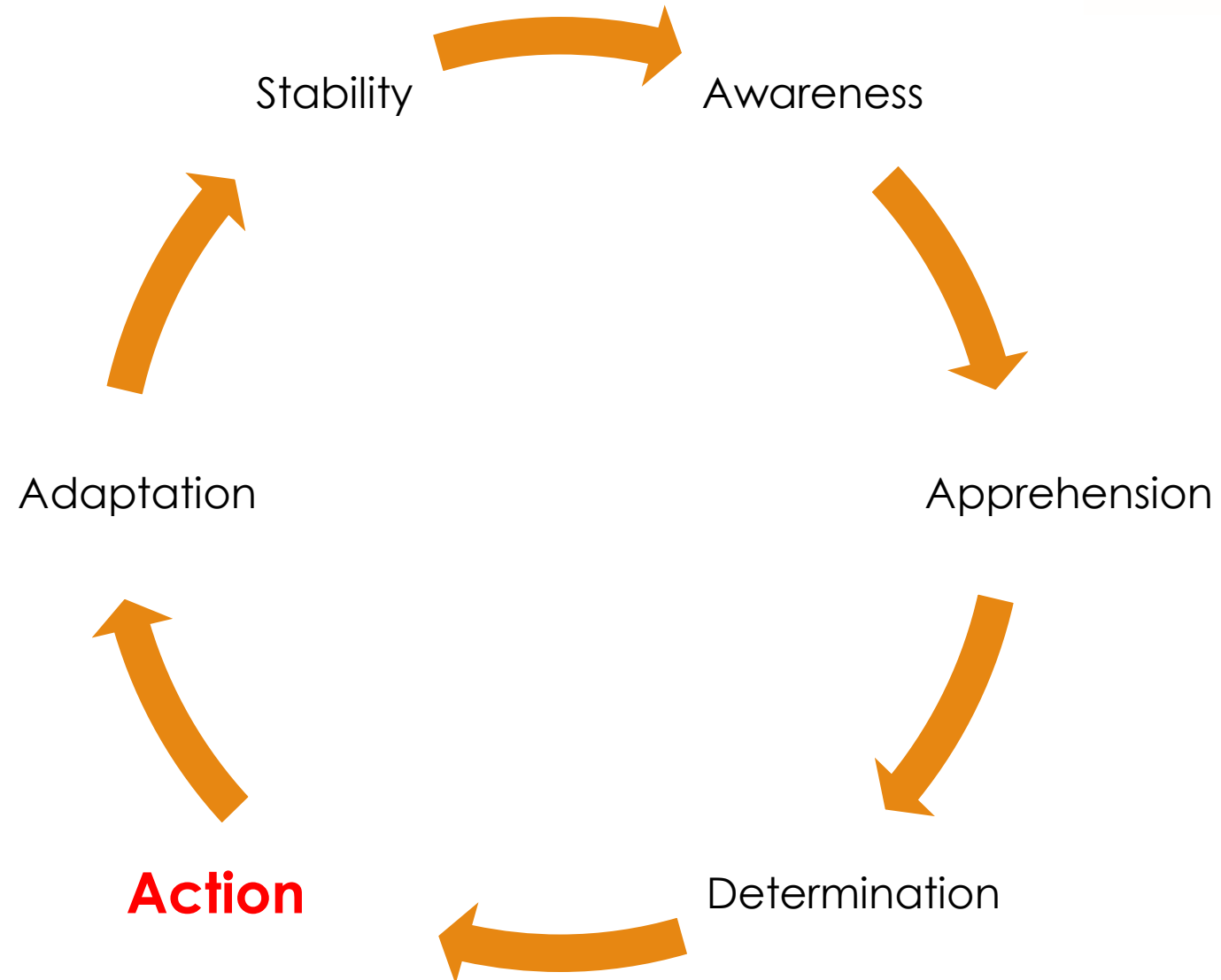
The experiential cycle



Determination

- Determination to teach and learn fast
- Learning curve from experience in other countries
- ‘We can do this’ attitude
- Sense of solidarity
- Support from unit to staff (especially nurses) on the front line
- Internal support of the unit - mental health seminar

The experiential cycle



Action

- Protocols to safeguard PPE – gatekeeping
- Ensuring that all PPE protocols are congruent with evidence
- Pressure from nursing union to go for alternative methodology
- Streamlining PPE protocols according to various scenarios
- ‘War room’ setup for rollout of training to all hospital employees (and other entities) in donning and doffing procedures
- Working with staff, and reinforcing protocols in practice

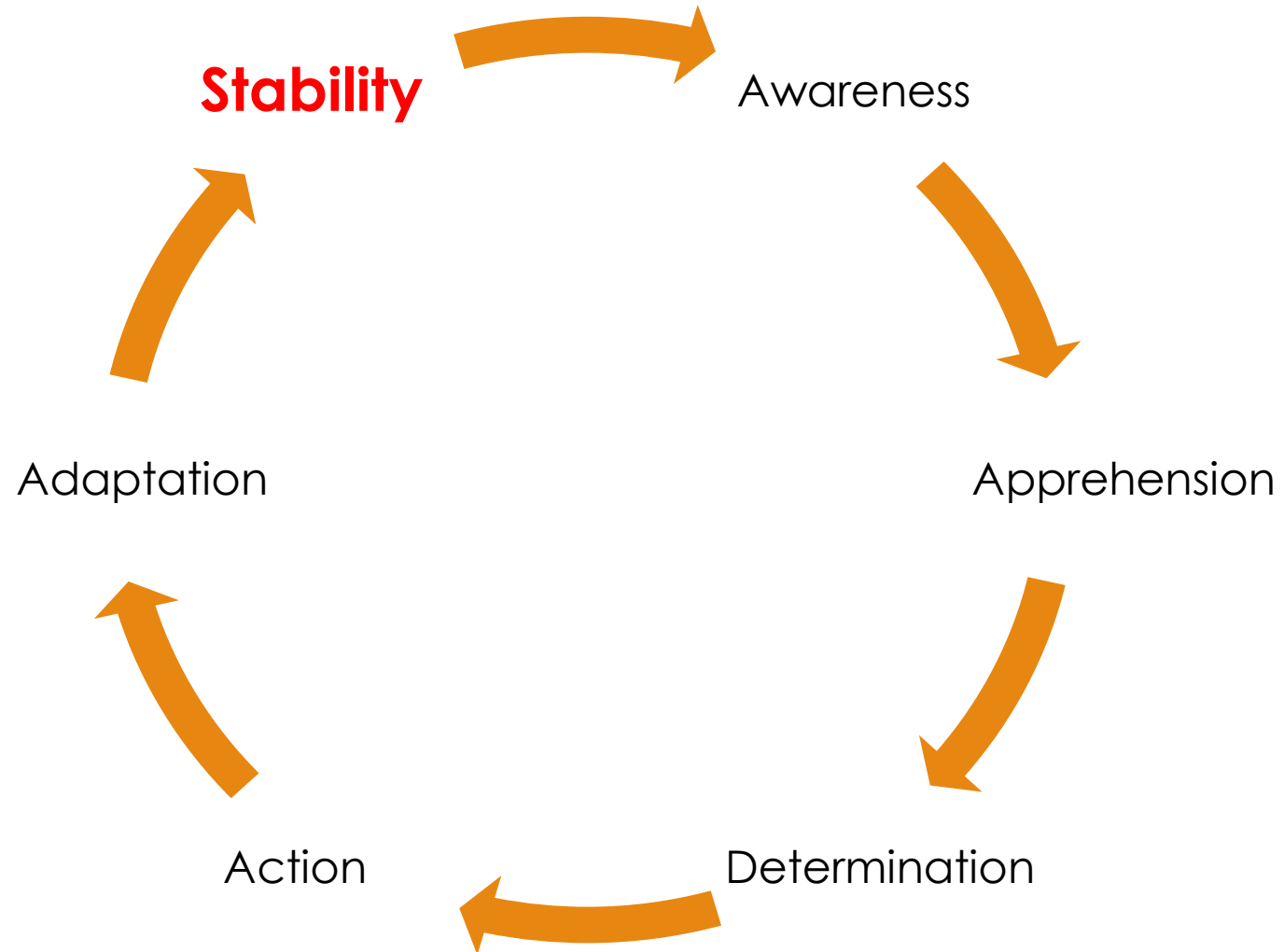
The experiential cycle



Adaptation

- New style of working and relating to each other
- Constant adaptation in finding ways of working that encompass infection control safety and principles with limited resources
- New reality of increased possibility of encountering a positive patient/colleague/family member

The experiential cycle

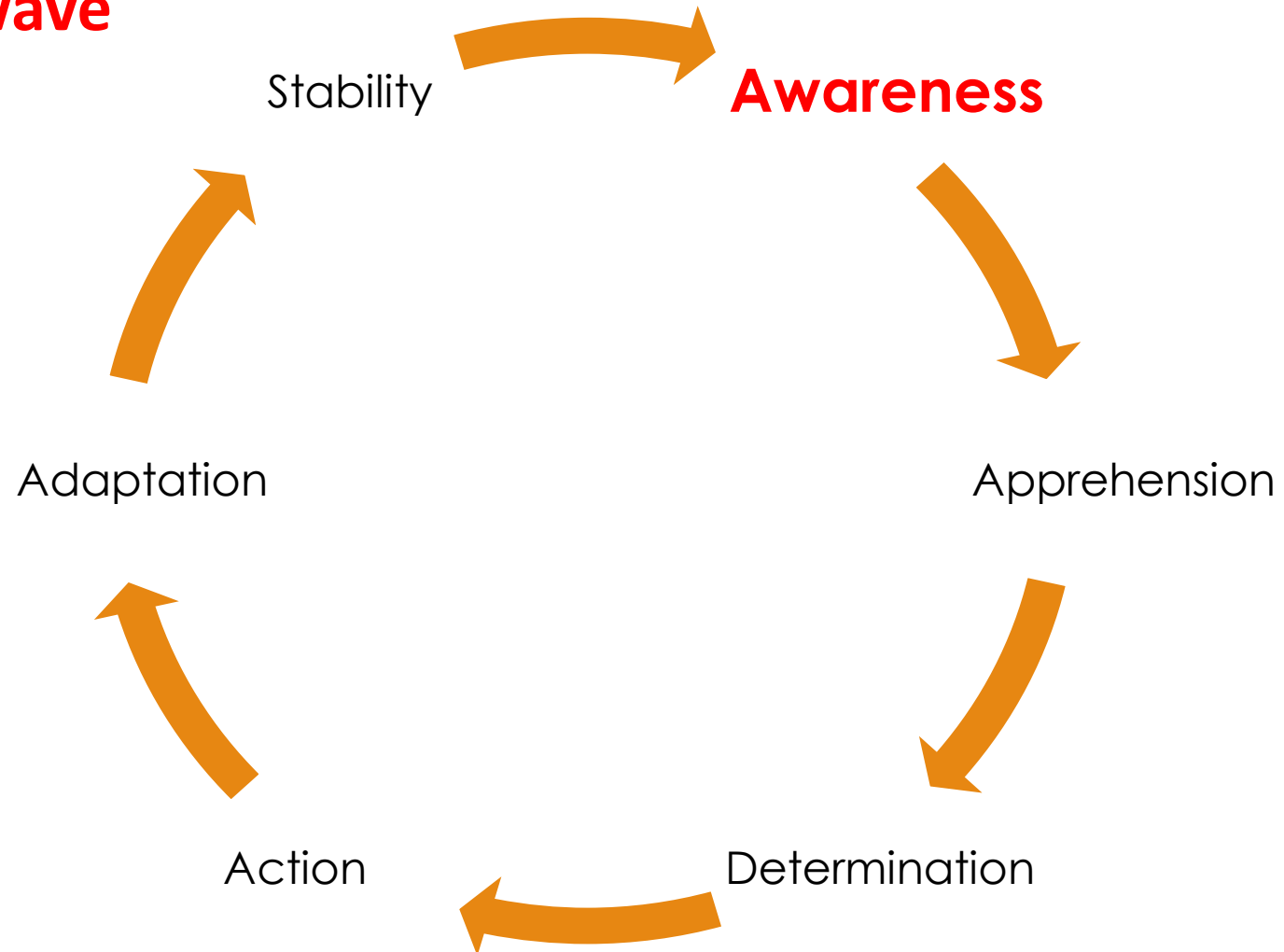


Stability

- Adherence to infection prevention protocols
- Remaining vigilant (especially with colleagues)
- Using PPE according to protocol (safeguarding resources)
- Keeping abreast with the evidence and implementing any required changes

The experiential cycle

Second wave



Conclusion

- Unique experience
- Vigilance ensured that frontliners were never short of PPE
- A great professional learning opportunity
- An opportunity to put infection prevention at the forefront and continue to build meaningful relationships with the practitioners

