rectified, whilst also providing excellent educational opportunities, as success in this critical event is achieved through a well-rehearsed, coordinated team response.

REFERENCES

DEBRIEFING A MAJOR INCIDENT EXERCISE

1Andrew Blackmore*, 2Reuben Gristi, 3Dave Wright, 4Makani Purva. 1Hull Institute of Learning and Simulation, Hull, UK; 2Hull University Teaching Hospitals, Hull, UK

Background The Civil Contingencies Act (2004) requires organisations such as the emergency services, councils and hospital trusts to prepare for emergencies by undertaking ‘live’ Major Incident exercises every three years. In the summer of 2017 our organisation took part in ‘Operation Orange Falcon,’ a multiagency live Major Incident Exercise. This involved teams from Hull and East Yorkshire Hospitals, Yorkshire Ambulance Service, Humberside Fire and Rescue, Humberside Police and the Royal Logistics Corps and more than 60 casualty volunteers. Hull Institute of Learning and Simulation (HILS) led the debriefing element of the exercise.

Project summary The challenge in debriefing such a large-scale exercise came in providing meaningful immediate feedback to participants while also providing useful feedback to the involved organisations as a whole.

We approached this by using two forms of debriefing; a ‘hot debrief’ on closing the exercise and a ‘cold debrief’ several weeks later.

It was impractical to deliver a hot debrief to all of the participants in the exercise together. We agreed within the participating organisations to establish key areas of focus and placed debriefing teams in each of those key areas. They could then provide immediate feedback to participants on close of exercise.

The debriefing teams consisted of a content expert, with expertise in the particular area being observed and an experienced debriefer from HILS.

The agreed areas of focus included:

- Decontamination at the scene of the incident.
- The incident command team on–site.
- Decontamination at the hospital.
- Triage at the Hospital.
- Hospital control room.
- Casualty volunteers were debriefed separately by a team that included a psychologist from the Humber Mental Health Trust.

The cold debrief was held eight weeks after the exercise and all participants were invited to attend. It focused on the same key areas, with the addition of video footage of the day to illustrate key points and revisited the issues raised in the hot debriefings.

Results The feedback from the other agencies was very positive. They reported that the standard debriefings they had attended before focused on finding fault or assigning blame.

Use of on-site hot debriefing provided a deeper understanding of how the Trust’s Major Incident Plan worked in practice.

Discussion The skills of debriefers from a healthcare background can be transferred outside of the healthcare environment when paired up with content experts in the field. Debriefing teams improved the experience of participants in a multiagency Major Incident Exercise.

REFERENCES

SC17 TEA AND TRACHEOSTOMIES – USING TRANSPORTABLE, LOW-FIDELITY SIMULATION TO MAINTAIN KEY COMPETENCIES IN AN ICU ENVIRONMENT

Clare Pickering*, Christopher Gough, Surabhi Ramsundar, Kapil Savjani, Jasmine McAuley, Oxford University Hospitals Trust, Headington, UK

Background Tracheostomy displacement is a life-threatening airway emergency. The 4th National Audit Project found that tracheostomy displodgement occurred in 14 patients and led to half of all cases of death and brain damage in the Intensive Care Unit (ICU). As such, it recommended further training and protocol use in the care of ICU patients with tracheostomies.¹

Our current practice for training staff in tracheostomy emergencies includes high fidelity simulation, both in-situ and within a simulation centre. Challenges to this, however, include high resource requirements and limited reach to staff. This project attempts to assess the feasibility of utilising low-fidelity simulation via a ‘tea trolley’ method, to refresh multidisciplinary Intensive Care staff in the management of a displaced tracheostomy.

Summary of education programme or project This is the first program in our unit to utilise the Bath ‘tea trolley’ method of training. Educational material and refreshments are set up on a trolley which can be moved to a variety of locations within the ICU.² Teachers on non-clinical days provide short 10-minute educational sessions, at a time that suits learners. This allows teaching to occur with minimal disruption to patient care, while maximising the potential audience.

Our training was based on local algorithms, and resources from the National Tracheostomy Safety Project. We utilised small group teaching and a concise, low fidelity simulation with an airway mannequin. This allowed staff to have a hands-on refresher of the management of a tracheostomy emergency, guided by the displaced tracheostomy algorithm. The small group and low fidelity nature of this teaching allows for increased replicability, and a low-stress supportive environment for learners.

Summary of results This project is ongoing, with further teaching sessions planned. Preliminary results showed that participants’ confidence in managing a tracheostomy emergency improved by an average of 1.2 points on a five-point Likert scale. All participants strongly agreed that this training was relevant, helpful, and in an appropriate format. They also strongly agreed that it was likely to improve patient safety, and that further similar sessions would be useful. By using