

Bedspace Task Team Introduction and Resources for Re-deployed staff

January 2020



Introduction

Thank you for joining the Bedspace Task Team (BST Team) and for helping us to keep our patients safe and support during this second COVID19 surge. During your redeployment to the BST Team you will be working under the direction and guidance of experienced Task Team members. It is likely that you will be asked to work on a variety of patient facing and non-patient facing roles to support clinical care and surge preparation. Training will be provided to support you in these roles. We will not ask you to work beyond your scope of practice and you should not perform any roles that you have not been trained to provide. On the BST Team, there will always be an experienced Healthcare Scientist who will be leading, as well as a Bedspace Task Team Coordinator. For any general questions or concerns, please refer to the Team Lead in your area or contact the Coordinator for more information. The BST Team will be allocated to work as groups of 4x people in three main areas, including: CCA Area, Surge Areas and Respiratory Surge Area, however it is expected that the teams will coordinate with each other to utilize the teams most effectively. We have kept the following information to a minimum so that important messages are conveyed. However, if you would like any additional resources, please contact Stefanie Curry, Critical Care Scientist.

Bedspace Task Team Scope

The Bedspace Task Team (BST) will work together to coordinate movement of patients between/within all COVID19 areas, including transfer of patients for bedspace moves, transfer for procedures (CT / Theatres / Angio), and discharge to Ward areas. The BST will achieve fast and efficient preparation of the Critical Care bedspaces within the Critical Care Area (CCA) and Surge Zones, including support with preparation of new Surge zones. The BST will be responsible for ensuring all required equipment, consumables and medical devices are available at the bedspace, set up and ready for patient use. The BST Team will report and manage any broken equipment, taking critical devices to Medical Engineering for repair without delay. The BST will support with preparation of high use equipment (ventilation, transducers and CVVH) as required and will ensure appropriate equipment utilization within CCA and Surge areas. The BST will conduct daily critical equipment audits for submission to *Emergency Preparedness Resilience and Response (EPRR)*.

Shift Times:

All BST Team will be asked to work 08.00 – 18.00. The BST Team will provide service 7 days per week, so you might be asked to work a mixture of weekdays and weekends. If you have a set shift pattern due to childcare or caring commitments, please let us know.

Bedspace Task Team Coordinator Role:

The BST Team Coordinator will act as the main point of contact for all patient moves, transfers and discharge requests by the clinical team. The Coordinator will attend the daily 8am ICU MDT huddle and will speak directly with the CDC / Nurse in charge of the CCA and Respiratory Surge areas to coordinate major patient moves between areas. The Coordinator will support the Team Leads and arrange for support of Medical / Perfusion support as required for patient moves. The Coordinator will keep record of all move/transfer requests and coordinate the BST Teams between areas as required.

Bedspace Task Team Lead Role:

A Healthcare Scientist will be allocated as BST Team Lead for each area (CCA / Surge / Resp). The Team Lead will have experience with the BST Team and will support/direct other members of the team within the role. The Team Lead will liaise with Senior Nurse within their area and the BST Team Coordinator to support movement of patients across the CCA, Surge and Ward areas.

Bedspace Task Team Daily Shift Routine

08:00	<p><i>Arrival and Welcome</i></p> <p>Coordinator: Attend daily briefing with CCA MDT to identify any major movements of patient groups, planned discharges or planned procedures. Contact should be made with Senior Nurse in charge of CCA to ensure contact details for the BST Team.</p> <p>Team Leads: All BST team members should meet in front of lifts on level 1 at 08:00 for team introductions. Team leads should ensure appropriate allocation of skill mix between teams and report any staffing concerns to BST Team coordinator for immediate escalation.</p>
08:15	<p><i>Audit</i></p> <p>ALL Teams: Team members should report to their assigned areas (CCA / Surge Zones or Respiratory Surge) to audit critical equipment (Ventilators / CVVH / HFNO). One person per team should be allocated to check equipment store rooms not within the COVID area. All audit data should be reported to the Audit Coordinator by 10am daily.</p> <p>Team Leads: Team leads within each area should ensure the Nurse in charge of that area is aware of the contact details for the BST Team and availability (8am -6pm) of the BST Team. The Nurse in charge of each area should discuss any planned patient activity (CT / Theatres / Angio) with the BST Team Lead for their area. Team Leads should ensure that the BST Coordinator is aware of all planned activity.</p>
09:00	<p><i>Equipment Reconciliation</i></p> <p>ALL Teams: Excessive and un-necessary equipment and cables not in use should be cleaned and returned to the CCA North Equipment storeroom. This includes infusion pumps, transfer/docking stations, monitoring cables and excessive CVVH or Ventilation equipment. All critical medical devices should be connected to mains power to ensure the battery is charging. Broken equipment should be removed from the area and taken to Medical Engineering for repair without delay.</p>
10:00 – 18:00	<p><i>Moves, Transfers, Discharges</i></p> <p>Coordinator: Act as central point of contact for all request for patient moves, transfers and discharges. Coordinate all teams to ensure equal and appropriate distribution of work.</p> <p>All Teams: Support with patient moves between bedspaces, discharges and patient transfers. Assist with cleaning and reset of bedspaces following patient moves or discharge to make bedspace ready for next patient.</p>
12:00	<p><i>Audit Data Submission</i></p> <p>Audit Coordinator: Audit results of critical equipment in use, available or broken should be reported to EPRR by 12.00 daily.</p>
11:00	<p><i>Bedspace Check</i></p> <p>All Teams: Ensure all bedspaces within their area are fully prepared for patient arrival. Refer to Bedspace Set-up Guide. Any excess bedspace equipment or furniture should be removed from the area and stored appropriately. Once prepared, bedspaces should be identified as 'Ready' and secured to ensure essential set up is maintained.</p>
13:00	<p><i>Team Support</i></p> <p>All Teams: In periods of low activity / limited bedspace moves, the BST Team should support the clinical staff within their area as directed by the Nurse in charge of the area.</p>
18:00	<p><i>Finish and Debrief</i></p> <p>Coordinator: All bedspace moves should be recorded to ensure documentation of activity.</p> <p>All Teams: Thank you and debrief.</p>

Example of Daily Role:

Bedspace Move: *(when patient moving from one CCA level bedspace to another CCA level bedspace)*

1. Coordinator should discuss with Team Leads involved with moves between areas to ensure appropriate utilization of staff. Coordinator should discuss with Nurse in charge of areas to plan timing of moves. If Medial or Perfusion team is required for move, Coordinator should make arrangements with each.
2. BST Team will first ensure the bedspace that the patient is moving into is clear of all equipment, cables and furniture. This should be returned to the bedspace that the patient has moved from once it has been cleaned. Ensure high flow suction at receiving bedspace is set-up and in working order. Ensure O2 flow meter at receiving bedspace is set-up and in working order.
3. Transfer equipment will be brought to the bedpace by the BST Team (including silver bed tray, transfer monitor, infusion transfer stack, oxygen). The bedside nurse will be responsible for safely attaching the patient to the transfer equipment.
4. When patient moving from one CCA bedpace to another CCA bedspace, the BST Team will first move all furniture (including nursing trolley, silver trolley, patient table, chairs, sharps bins [only when moving between different infection control levels. Ie, Blue to Purple] and all equipment (including monitoring equipment, cables, medical devices) to the receiving bedspace. Suction and oxygen should be left attached in the bedspace. Rubbish bins should be left in the bedspace. Everything else should be moved to the new bedspace.
5. When moving the patient, the clinical team (Doctor / Nurse) will be responsible for the safety of the patient and will lead the patient move process. Roles and responsibility will be allocated by the clinical team prior to moving the patient. The BST Team should follow the guidance of the clinical lead during the patient move process.
6. Once the patient has safely landed into the new bedspace, the team should support the bedside nurse to set up all transferred equipment and furniture.
7. The BST Team should remove the transfer equipment (silver bed tray, transfer monitor, oxygen and infusion transfer stack), clean and return this equipment to the designated area.
8. The team should assist with cleaning and reset of the empty bedspace following patient moves.
9. Ensure all unoccupied bedspaces are 'Ready' (set up according to the Bedspace Quick Guide with medical devices, equipment and nursing trolleys).

Bedspace Checks:

1. Ensure all unoccupied bedspaces are 'Ready' (set up according to the Bedspace Quick Guide with medical devices, equipment and nursing trolleys).

Essential

Bedside Equipment Checks:

1. Check occupied CCA bedspaces have essential equipment and removal of un-necessary medical devices from each CCA bedspaces.
2. Check CCA Equipment Store room to ensure all equipment tidy and attached to mains power (as required).
3. Return any broken equipment to Medical Engineering for repair.

Example Clinical Team Support:

Equipment Provision /Set-up / Troubleshooting:

- ✓ Ensure each patient bedspace has all equipment necessary for clinical care
- ✓ *Set up and conduct pre-checks on clinical equipment as required (depending on experience level)*
- ✓ *Act as a resource for troubleshooting of frequently used medical devices (depending on experience level)*

Patient Care

- ✓ *Support the bedside team with patient care as directed by the Nurse in charge (depending on experience level).*
 - *This could include supporting with patient rolling during personal care or as required for procedures (CXR).*
 - *This may also include movement of beds / chairs while the clinical team mobilizes the patient.*
 - *This might also include retrieval of supplies for the bedside nurse from the clean utility room or restocking of bedside nursing trollies with required consumables.*

Clean Prep rooms:

- ✓ Check clean prep rooms to ensure medications and consumable stock are put into appropriate cupboards.
- ✓ Ensure adequate stock levels of consumables. If required, restock clean prep rooms from main stores located on South.
- ✓ Remove any un-necessary equipment, stock, rubbish from work surfaces or floors.

Equipment Store Room:

- ✓ Check CCA North store room to ensure that equipment are plugged into the main sockets for charging.
- ✓ Ensure that equipment in North store room are grouped together according to equipment type.
- ✓ Ensure that equipment store room is generally tidy, removing empty boxes and unnecessary equipment.

Surge preparation:

Support with preparation of COVID19 Surge areas. This will include organization and coordination for supply of medical devices from TSS (wall suction, O2 ports, Mindray modules & cables, ventilation equipment, ultrasounds, ect), Estates (rubbish bins, sharps bins, beds), Goods Inward (stocking of consumables), Infection Control (donning & doffing areas, signage, PPE), IT (bedside computer/connections) and CCA (nursing trollies, admission packs, invasive line packs).

Daily Audit of Ventilators, CVVH and HFNO equipment

Scope:

The objective is to identify and locate critically important medical devices necessary to support patient care during the COVID19 surge. Daily audit of ventilators, hemofiltration and high-flow nasal oxygen equipment will be conducted daily and reported to EPRR by 12pm. Equipment audits should be conducted by the BST Team and reported to the Audit Coordinator by 10am daily.

Equipment for Audit

- Ventilators:
 - Maquet Servo i
 - Maquet Servo U
 - Mindray SV600
 - V60
- CVVH
- High flow Nasel Oxygen

Location of Equipment

- CCA patient bedspace and CCA storage rooms
- Cath Lab Surge Area, Day Ward Surge Area and associated storage room
- 3rd/4th Floor Respiratory Surge Area and associated storage Room

Protocol for Locating Equipment

Un-used Equipment in Storage Rooms

BST Team members should check storage areas and write down the asset number from a yellow, red or white sticker located on each device. Asset numbers, location of device and clinical use status should be provided to the Audit Coordinator for all un-used equipment in storage rooms.

Daily Inventory of Equipment in Every Patient's Room

The BST team members will check every patient bedspace in their assigned area to locate ventilators, CVVH and HFNO equipment. An electronic "Location Audit Form" can be downloaded onto your personal mobile phone to conduct the audit. This process has been successfully used in the first Surge to document equipment being audited.

Please note: Some rooms may have multiple pieces of equipment, equipment on stand-by or equipment prepared for a new patient. During daily audit checks, if a team member notices equipment not being used, they should ask the bedside nurse if the equipment is still required for that patient. Any ventilators, CVVH or HFNO equipment not required should be cleaned and returned to the equipment store cupboard.

Audit Coordinator

The Audit Coordinator should receive the audit data from the BST Team by 10am. Audit data submitted should be checked to ensure all equipment is accounted for and details of clinical use are provided. Any missing data should be checked against the previous days audit. The BST Team can be contacted to search for any missing equipment as required.

The Medical Engineering department should be contacted daily for report of any broken or quarantined equipment not available for clinical use. and account for the number and location of all equipment within the Trust.

Once individual audits have been submitted and all data has been quality checked by the Audit Coordinator, this data will be sent to **Emergency Preparedness, Resilience and Response (EPRR)** by 12pm for daily review. EPRR will use the daily audit information to support surge planning for additional COVID-19 patients in our area.



Bedspace Task Team Coordinator Guide

Day in the life of a Bedspace Task Team Coordinator

- 8am: Attend ICU MDT Huddle / CDC Nurse contact. Meet with all Task Team Leads. Individuals should be allocated to specific area (CCA, Surge Areas, Respiratory Ward) on the rota. A Lead should be identified for each area (this will be a Healthcare Scientist with experience of the role). Check staffing is sufficient / appropriate. Ensure we have enough people and skill mix for each area. Consider team members who will not be donning for COVID areas.
- Teams will perform ventilator, HFNO and CVVH audits within their areas (this should be submitted to the Audit Coordinator by 10am daily). Audit Coordinator will submit final data to EPRR by 12pm daily.
- Await calls for bed moves or CT transfers.

Important information to obtain before undertaking a bed move or CT transfer

- **COVID 19 status**
- **Patient name/ number**
- **Ward or bedspace location and destination** (are the ward staff aware that the move is taking place)
- **Is Nurse required for the move / to receive?** (*Discuss with Nurse in charge of area – Coordinator to arrange*)
- **Is the patient on a ventilator** (*Airways Doctor / Nurse Required – Coordinator to arrange bleep 500 or 519*)
- **Is the patient on a Aquarius filter** (*+1 required*)
- **Is the patient on any extra trolley mounted equipment (ECMO / Bivad / IABP)** (*Perfusion Required – Coordinator to arrange*)

Important considerations

- Bed moves are to be arranged with the BST team through the Coordinator only.
- If the patient requires an airway doctor for transfer ensure team take the transport trolley / emergency bag.
- There are 2 transfer trolleys / emergency bags but often limited to one due to external transfers. Consider this and the availability of an airway doctor prior to arrange two moves at the same time.
- When a patient bed move from ward to ward is requested, liaise with the charge nurse in each area to determine whether the patient is ready for the transfer and if the receiving team (Nurse) are ready for the patient.
- Regarding rooms, ensure the Team Lead clears the receiving bedspace in the patients new room is removed prior to the patient arriving.
- Our team are pretty good at knowing big what to do. Your role will mainly be delegating tasks, organizing moves and liaising with the wards, doctors, perfusionists and CDC nurses.
- The BST Team get pretty involved in work and I like to suggest lunches or short breaks otherwise they could end up not having lunch till after 2:30. Breaks - 11-5 seems to be the busiest period. In order to avoid the team going too long without lunch suggest breaks outside of these times.

Bedspace Move: Process Map

Prepare patient for move
4-6 people
 20 mins

1-2 clean runners

Prepare bed space to receive patient
2 people
 20 mins

Need for airways Doctor / Nurse? BST Coordinator to arrange

The patient should have the following items taken with them:

- Ventilator
- Drip stand and all medication running through syringe drivers and pumps
- Bed
- Chair (if appropriate)
- Stock trolley
- Modules from mindray that are in use
- Patient medication, notes and belongings – including those from patient table and in the drawer at the bottom of the pendant.
- Transfer trolley if patient is intubated

Room should be empty of:

- Bed
- Trolley
- Mindray modules

They should liaise with the team moving the patient to know:

- Are any more modules, syringe drivers/pumps required in addition to those accompanying the patient?
- Does the patient need a new ventilator or a CVVH to be ready in the new bed space?

Prior to the patient arriving to their new bed space, the equipment removed should be cleaned and taken by a 'clean' runner to the bed space the patient has come from to be used to reset that bed space.

Move patient: 15-20mins
2-4 people (depending on equipment needs e.g. ECMO/CVVH/Ventilator etc.) **in addition to Patient's nurse & airway Dr. (if necessary)**

Clean bed space & restock

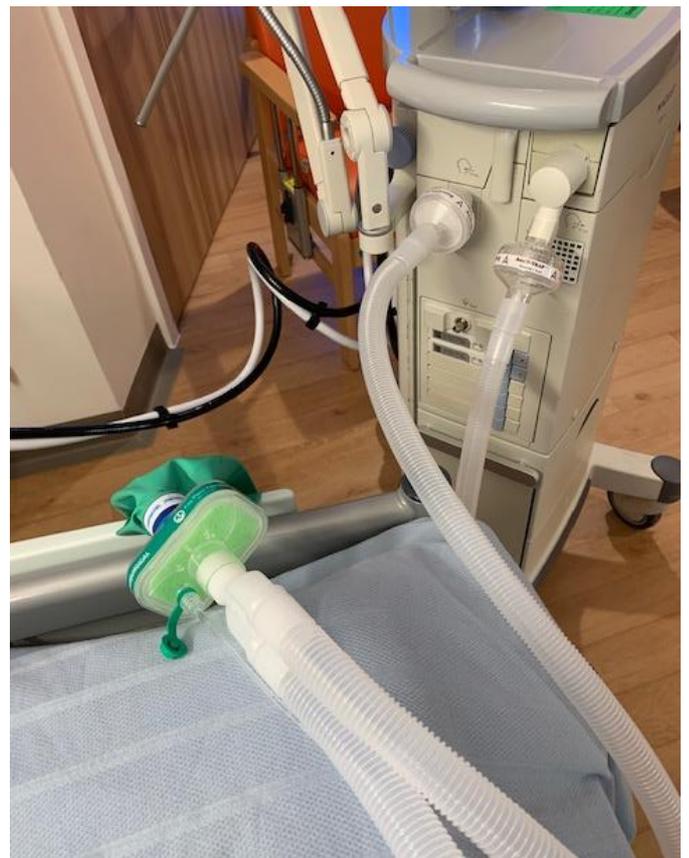
2 people
 30mins

- Coordinator to log a call with cleaning services (OCS) for a room clean at time of move request
- All used consumables should be disposed of in the bins inside the room equipment in the room should be cleaned with Chloride cleaning solution which can be found in the dirty sluice.
- Disassemble ventilator and CVVH machine if not taken with patient. Dispose of in clinical waste
- Take ventilator filter to theatres cleaning trolley area.
- Receive clean bed & equipment from clean runners who have prepared the new bed space.
- Restock room with all equipment required in room (see checklist).

Critical Care Bedspace Optimal Set-up (example)



Ventilator with patient circuit and filters (example)



Essential Bedside Equipment

Only required equipment should be located at the bedspace. The following essential equipment should be available at every bedspace. **Any additional equipment NOT in clinical use should be cleaned and removed from the bedspace daily**

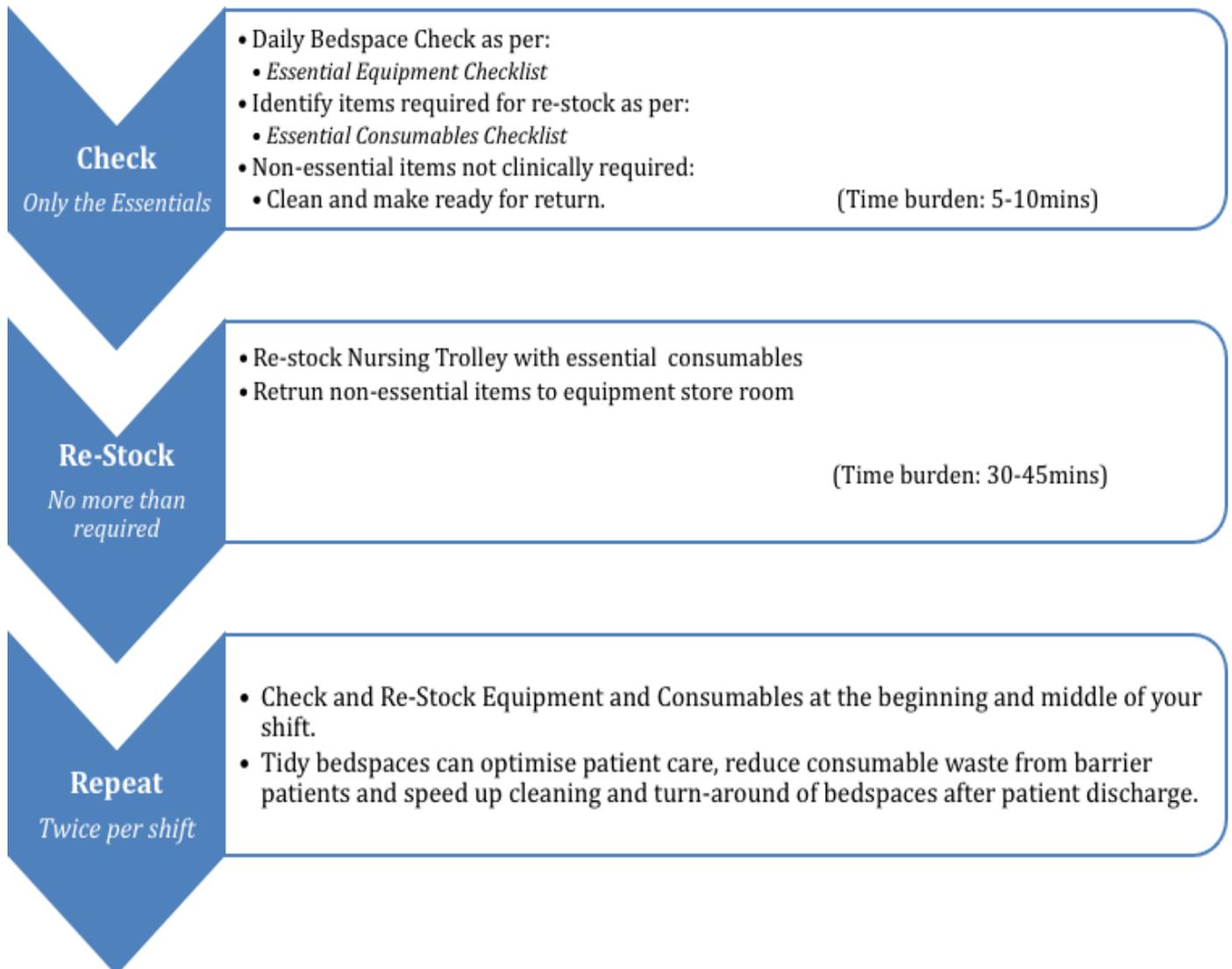
Standard Equipment Required at CCA Bedspace	
Mindray Modules:	
1 x	N1 Module
1x	Double Invasive Pressure Module
1x	Cardiac Output Module
1x	Temperature Module
1x	EtCO2 Module with water trap and gas sample line
Cables:	
1x	Splitter for Invasive Pressure Cables
2x	Invasive Pressure Cables
1x	ECG block with chest leads and lateral leads
1x	SpO2 probe
1x	BP cuff with cable
1x	Temperature cable
Medical Devices	
Ventilation	
1x	Ventilator with tubing and filters
1x	Double O2 flow meter
1x	AMBU bag
Suction	
1x	High Volume
1x	Low Volume
1x	Suction pot (set-up with insert and tubing)
Blood Pressure	
1x	Pressure Bag
1x	Transducer plate with clamp
1x	Stethoscope
IV Infusion Stack:	
2x	Infusion Pump
2x	Syringe Driver
Waste	
2x	Large Sharps Bin
2x	Waste Bins
Furniture	
1x	Nursing Trolley
1x	Silver Trolley
1x	Chair for nurse
If Clinically Required:	
1x	Ventilation HEM Heater Humidifier
1x	Aerogen Nebulizer
1x	FloCare Feeding Set
Optional:	
1x	Patient Table / Patient Chair

Essential Nursing Consumables

Standard Consumables Required in CCA Nursing Trolley			
Personal Protective Equipment: (DaniCare Station)			
1 x	Apron Roll		
1x	Small non-sterile gloves		
1x	Medium non-sterile gloves		
1x	Large non-sterile gloves		
Nursing Trolley			
Top of Trolley:			
2x	1L Sterile Water		
2x	Sick bowl		
5x	Disposable Cups		
1x	Micropore Tape		
1x	Dressing Pack		
1x	Chlorprep Cleaning Sponge		
1x	Tegaderm CHG dressing (12cmx9cm)		
Shelf:			
1 x	Clinell Surface Wipes		
2x	Brown Inco		
Drawer One: (Emergency)			
1x	Hartmann 500mls	2x	12Fr Suction Catheter
1x	Blood Giving Set	2x	14Fr Suction Catheter
1x	3-way Tap	1x	Yankher Sucker
1x	50ml Luer Lock Syringe	1x	Hudson Mask with Green Tubing
4x	Suction over gloves	1x	Cuff Pressure Device with line
Drawer Two: (Infusions and Monitoring)			
10x each	ABG; 2ml; 10ml (10x	Red Bungs
5x each	5ml; 20ml; 50ml	10x	White Drug Added Labels
1x	1ml	6x	Tempadots
10x	Red Blunt Needles	8x	ECG electrodes
2x	3-way tap	5x	20ml N.Saline Ampoules
4x	Needle Free Connectors	5x	20ml Water Ampoules
10x	Clinell Cleaning Swabs	1x	Volumetric Giving Set
10x	Sterile Gauze	1x	Normal Giving Set
Drawer Three: (Personal Care)			
2x	Slide Sheets		
1x	Oral Hygiene Pack		
5x	Pink Mouth Sponges		
2x	Wash Bowl		
1x	Patient Wipes		
1x	Octenisan Wash		

Bedspace Check

Equipment and Nursing Consumables



Bedside Cleaning and Set-up Ready

Remove

Leave only the Essentials

- **After patient discharge:**
 - Remove all waste, disposable supplies and non-essential equipment.
 - Complete cleaning and decontamination of reuseable supplies and equipment.
 - Remove non-essential items. Return cleaned items to central storage areas.
 - Enviromental bedside cleaning as required (Sanksa)
(Time burden: 30-45mins)

Re-Stock

No more than required

- **Before patient admission:**
 - Set-up Bedspace as per:
 - *Optimal CCA Bedspace Model*
 - Re-stock bedspace as per:
 - *Essential Consumables Checklist*
 - Check Bedspace as per:
 - *Essential Equipment Checklist*
(Time burden: 20-30mins)

Ready

Stay prepared

- Ready for patient
- Check bedspace is ready as per checklists. (Daily)
- Keep bedspace prepared!
 - Do not remove any items
 - Do not store any un-necessary items or equipment in a patient ready bedspaces
 - Do not use patient ready bedspaces for meetings, teaching or non-clinical reasons

North Equipment Store Room



Mindray Cables and Modules storage (CCA North equipment store room)



Bedspace Task Team

Coordinator

07775 690 756

KEY ROLES OF THE BEDSPACE TASK TEAM:

- *To coordinate movement of patients between/within COVID19 areas*
- *To support transfer of patients to/from CT*
- *To support with the set-up of patient bedspace (including supply of equipment and cables)*
- *To perform pre-checks and set up of ventilation equipment*
- *To prepare pressure transducers*
- *To be a resource for troubleshooting bedside monitoring equipment.*

Available Everyday 8am – 6pm