Scenario Overview: Urgent STEMI arrives from Emergency Department - COVID positive
The patient deteriorates - VF arrest requiring MET Team response (requires intubation)
Responders must don appropriate radiation and PPE protection prior to managing deterioration

Issues Identified

**EQUIPMENT**
- Inconsistency of PPE worn
- CCS stretched waiting for MET Call Team response - 4 mins. Delays include difficulty finding appropriate fitting lead and donning of PPE
- No available PPE for MET Team (Currently not enough PPE)
- MET Trolley located in the room, defibrillator in material bag (infection control issues)
- CCS Suit requires 2 hour turn around re: cleaning and restocking - may delay
- emergency/routine procedures

**STAFF**
- No Role allocation for "spotter: No one prioritising of who should enter and don first - No crowd control
- Radiographer and required to enter room and then return to control room to operate imaging equipment
- After hours minimal staff for spotter role
- CCS + MET Call team may be stood down if not using appropriate PPE
- Need to reconsider roles of wardies - not all for CPR
- Unable to identify 'who's who'

Considerations for New Processes/Workflows

**COVID 19 workflow**

**COVID 19 EMERGENCY WORKFLOW**

**EQUIPMENT**
- COVID Dedicated CCS Suite
- Appropriate + adequate PPE
- COVID allocated Leads sizes easily identified
- Defibrillation Bag removed
- Emergency Medications Grab bag/scaled back and MET Trolley outside of room
- Minimise ALL unnecessary equipment form entering room

**STAFF**
- Dedicated Spotter/crowd control (who?)
- Prioritise CTC Clinical Lead to enter room first
- Consider the control room as dirty due to Radiographers tasks which need to be completed for patient safety, therefore keep "clean" observers out of control room