

Royal North Shore Hospital P.A.R.T.Y. Program:

Thank you for volunteering to present in the Intensive Care Section of the Royal North Shore (RNSH) Prevent Alcohol and Risk-Related Trauma in Youths (P.A.R.T.Y.) Program. This presentation session is equivalent to 1 hour worth of CPD points for all medical, nursing and allied health staff. This program is an initiative of RNSH Trauma Service and is sponsored by **AAMI/Suncorp**. The program aims to prevent injury and trauma in young adults aged 15-25 years.

As a staff member of Royal North Shore Hospital you have signed a clause agreement to be featured in promotional **photographic/audio-visual footage**. If you do not wish to be photographed or feature in audio-visual footage for promotional purposes of the P.A.R.T.Y. Program or Royal North Shore Hospital please let the P.A.R.T.Y. Program Coordinator know so it can be avoided.

Full details on the program are contained in the **Main Information Sheet** provided. We request that you read the **Main Information Sheet** first.

Selection of students:

The selection of students attending the program is directed by the accompanying teacher. These students will be 15-25 years of age, be identified as 'at risk' youths, or as an influence on their peer groups.

Throughout the program the participants will be given presentations on the following:

- Introduction to the program (P.A.R.T.Y. Program Coordinator).
- Drug & Alcohol Clinical Programs (Drug and Alcohol Clinical Nurse Specialists)
- Emergency Services (Ambulance and Police New South Wales).
- Traumatic Injuries (Trauma Consultant).
- Emergency Department simulation (doctors, nurses, paramedics, social worker).
- **Intensive Care Unit (ICU) simulation (ICU medical or nursing staff). Note: This is your section.**
- Organ Donation/Blood Donation (Organ Donation Clinical Nurse Specialists).
- Allied Health reduced function activities (Physiotherapy, Occupational Therapy and Orthotics Specialists).
- DVD clinical scenarios of young people involved in trauma and their life afterwards.
- Personal presentation by a trauma survivor (Quadriplegic/Paraplegic/Burns/Amputee) with discussion and questions.

These activities can be subject to change, based on staff availability.

Students will be taken to the following departments:

- Emergency Department
- Intensive Care Unit
- Physiotherapy Department
- Occupational Therapy Department
- Lecture theatre rooms throughout Royal North Shore Hospital

Responsibility of staff at Royal North Shore Hospital (RNSH):

- The P.A.R.T.Y. Program Coordinator will oversee the program throughout the day to ensure student safety, patient confidentiality and the smooth running of the program.

- The P.A.R.T.Y. Program Coordinator and other RNSH staff presenting on the P.A.R.T.Y. Program must have clearance to work with children.
- All RNSH staff members presenting to students must have a police clearance
- All RNSH volunteers must have a police clearance and have signed a confidentiality declaration. Volunteers have been specially selected and trained to assist with the P.A.R.T.Y. Program.
- RNSH facilities and equipment are maintained to a very high standard to ensure visitor safety.
- RNSH staff within the rotational areas have been informed of the P.A.R.T.Y. Program.
- The P.A.R.T.Y. Program Coordinator will obtain consent from any patient/family participating in the program.

Hospital communication strategies:

- P.A.R.T.Y. Program staff will be able to contact each other at any time during the program day using the RNSH phone/pager system or mobile phones, to ensure the safety of the students and college staff.
- The P.A.R.T.Y. Program Coordinator will liaise with the Teacher-in-Charge who will contact the college or parent if necessary during the excursion.

Hospital emergency procedures:

- An Emergency Procedures Action Plan is operational in every clinical and non-clinical area of the RNSH. A designated member of hospital staff in each area is responsible for Emergency Response Procedures, and should evacuation be necessary, will assume the responsibility of the Fire Warden.
- All members of the P.A.R.T.Y. Program excursion group must follow the directions of the Fire Warden.
- As the P.A.R.T.Y. Program Coordinator will have a list of all attendees on the excursion, a roll-call of all students and college staff will be conducted if an evacuation occurs.

Debriefing of students (and staff) post excursion:

- Access to counselling will be made available by the college following the excursion, if it is required by students or staff who have attended the excursion.
- Ongoing discussion of the subject matter and the experiences of the P.A.R.T.Y. Program are facilitated by the college through the school curriculum to reinforce the message from the program.

Intensive Care Unit Section Outline

Structure:

- The Intensive Care Unit (ICU) component of the P.A.R.T.Y. Program consists of one 20 minute session run twice consecutively.
- Concurrent sessions are being run in the Emergency Department.
- There are approximately 18 students (aged between 15-25years), at least 1 teacher and 2 volunteers in each group.
- One or two ICU nurses/ medical staff will convene each session.
- ICU social workers will be involved when available.
- Any request for family or patient to participate in the sessions must be initiated and approved by the P.A.R.T.Y. Program Coordinator.

The goal of the emergency session is to:

- Introduce the students to the intensive care environment and provide a welcome, non-judgemental persona to encourage youths to access their local health services.
- Discuss the service that is provided by the ICU and the resources required to do this.
- Discuss the type of equipment used in the ICU.
- Discuss the types of interventions and care that is given to patients in the ICU.
- Discuss the common types of actions or risk-taking behaviour in young adults that can result in injuries requiring an ICU admission.
- Discuss 'risky-behaviours'.
- Emphasise care of self and friends.
- Discuss the impact an injury has on a young adult, family, friends, the broader community, and yourself as a healthcare worker.
- Provide real life examples/ personal stories that have impacted you (preferably related to 'risk-taking' behaviour in the young adult demographic (15-25 years)).
- Engage the students.

Note: This is an educational session not a horror film. The goal of the program is to educate the young adult population, not to make them faint or develop Post Traumatic Stress Disorder (PTSD).

Location

- A walk through two of the ICU pods initiates the ICU section (the pods may be chosen at the presenters discretion taking into consideration patient confidentiality and exposure of students to an ICU environment).
- At the end of the tour the students are taken to one ICU bay designated by the P.A.R.T.Y. Program Coordinator.
- In the ICU bay a typical set up of an ICU patient is produced.
- An attempt should be made to expose students to sounds, smells and environmental stimulation.

Set up

- The setting up of the day will be done by the P.A.R.T.Y. Program Coordinator who will text you to confirm which ICU bay has been set up in the morning of the program. If he/she is unable to set up the morning of the program please ensure the following procedure.
 - The ICU bay simulation set up takes up to 1 hour.
 - Please check with the CNE's to determine if the manikin or ICU bay is expecting a patient admission prior to 12.30pm (the bay will be packed down at approximately 12.30pm).
 - The P.A.R.T.Y. manikin is located in the ICU Advanced Life Support Assessment Room (black box labelled P.A.R.T.Y. Program. The other equipment used is located in the P.A.R.T.Y. coordinators office (located on 5E- a member of the Trauma Service can assist you).

Equipment

Manikin	Pulmonary Artery Catheter
ICU bed	Art line
External Ventricular Drain (EVD)	Indwelling Catheter (IDC) – apple juice in bag
Cutiplast with 'NO BONE' on forehead	Chest Drains – red food colouring
Nasogastric (NG) tube	Transducing sets
Ventilator with vent tubing	1 x fluid bag with red dye (fake blood)
Endotracheal Tube (ETT)	Blood giving sets
	Volunteers emergency bag- contains lollies, water and procedure manual for standard operating procedure for 'what to do for a distressed student'

Run sheet:

- Meet the students at the stairwell behind the brown lifts, located on level 6 at 11am and then again at 11.30am (for the second rotation).
- Provide a welcome to ICU at RNSH.
- Introduction of yourself, including your role in the ICU, previous experience, or interest in trauma.
- Before proceeding into the ICU pods discuss the following:
 - RNSH is a Major Trauma Centre and state wide service for burns and spinal cord injuries.
 - RNSH receives state wide transfers from referral hospitals via helicopters (discuss helipad)- severely injured patients are transferred out to a Sydney hospital for specialist care and treatment
 - General details about ICU.
 - Types of patients who are admitted to the ICU
 - Number of staff (235 nurses, over 300 in total) and disciplines.
 - Working hours – 24/7 for 365 days a year.
 - Length of stay – from a few hours to months.
 - Question time- before entering the ICU.
 - We will be proceeding to a patient room in the ED with a simulated set-up.
 - To get to the simulated room we will be walking through two of the ICU pods.
 - This is a fully operational ICU with real patients who are critically ill.
 - Some patients may be attached to lots of tubes and wires, who may be distressed or in pain.
 - It is OK to look around and into rooms as you walk through the ICU.
 - It is NOT OK to go into any patient room.
 - Please be respectful of the patients, the seriousness of their condition, their families and their privacy.
 - Please decontaminate your hands with pink hand rub before we proceed into the ICU.
 - Consider the best route to take for environmental impact on students.
- The tour will then take the students into a pre set-up ICU bay. Once in the bays discuss:
 - Equipment in the room such as the ventilator, monitor, blood pumps, emergency trolleys, defibrillator machine, etc.
 - What it would feel like to be a trauma patient lying on the bed in a neck brace staring at the ceiling. This patient may also be intubated and unable to talk/communicate.

- Discuss what it would feel like to be a trauma patient and have to have clothes cut off by strangers and people talking about you but not to you.
- The following case study will be presented and adapted by you for the ICU environment.

Herbert is a 19 year old male who was brought in by ambulance post being involved in a motor vehicle accident. He denies alcohol or substance abuse but was speeding (approximately 80km) on a road. He lost control of the vehicle and crashed into a safety barrier. He is not thought to have been wearing a seatbelt as his head went through the windscreen but legs caught on the steering wheel preventing him from being ejected from the vehicle.

Injuries sustained:

- *Philadelphia collar applied-MRI reveals a spinal cord injury (SCI).*
- *ETT inserted as the patient was having trouble breathing secondary to SCI. Discuss medications used to sedate patients requiring a ventilator.*
- *Hypotensive and tachycardia- secondary to uncontrollable internal bleeding. Blood products, fluids and medications used to increase blood pressure and reduce tachycardia.*
 - *It is important to emphasise that as health professionals will try and resuscitate someone but there are limitations to practice.*
- *Discuss the manikin as having these injuries and what life-long implications may occur as a result.*
- *Talk about pain relief.*
- *Discuss how a patient would go to the bathroom if he/she was ventilated and sedated.*
- *Perform a log role of the manikin using the students- when you role the patient a fake poo will be in the nappy. Show how to clean a patient properly and apply a new pad underneath the patient.*
 - *Discuss how you would feel if you were the patient needing cleaning in a bed.*
 - *Discuss privacy and hygiene for ICU patients.*
 - *Discuss the risk of bed sores developing in an ICU patient*
 - *Ask the students how they think a patient would eat, pass urine, open bowels, mouth care, eye care, etc.*
- Finish the session with some personal stories and question time.
 - Discuss why you became a nurse/doctor.
 - Discuss the worse and best parts of your job.
 - Discuss relevant cases that are likely to keep the students interested and engaged (have a plan for this prior to session).
 - Discuss increased 'risk' when alcohol or drugs are involved.
 - Discuss how motor vehicle accidents are one of the leading causes of trauma in young adults.
 - Discuss the impact a young adult's death has on families.
 - Discuss the impact a young adult's death has on you.

- Question time.

Organ Donation

- The students speak with an organ donation specialist after your session. Attempt to lead them into this session by stimulating a discussion surrounding possible candidates for organ donation
- Discuss brain death.
- What you can donate.

How to end

- Ask everyone if they are OK.
- Tell them about their responsibility to look after not only themselves but also their mates.
- Boys - listen to the girls! Males are risk takers.
- We don't want to see you back here unless you are coming to work with us.
- Ask participants to listen to their gut. It will be them dealing with the consequences, not their friends who told them to participate in 'risky' behaviour.

What to look out for

- Distressed student.
- Disengagement.
- Separation.

Note: If you notice these features in one of your participants please notify the volunteer assigned to the group. The volunteer will remove the student from the situation and notify the P.A.R.T.Y. Program Coordinator.

Questions to expect

- What if someone doesn't want the treatment?
- What if someone wants to die?
- Do you ever practice euthanasia?
- How long can someone be in ICU for?
- What happens if the power fails?
- Can someone accidentally turn off the machines?
- How much does it all cost?
- Can one punch kill you?
- What if you need to go to the toilet?
- Does it hurt?
- Do patients ever fight you or the equipment?