**Background**

The response to the COVID-19 pandemic of 2020 and the Scottish Government Framework for decision-making in NHS Scotland (Re-mobilise, Recover, Re-design) suggests that educational events should now be delivered online. However, clinical skills education using simulation still requires face to face training.

The Clinical Skills Managed Educational Network (CSMEN) funds 4 specialist simulation delivery units. A key strategic outcome for CSMEN is to ensure all health care staff have equity of access to relevant training. The Mobile Skills Unit (MSU) is central to the delivery of timely, relevant training for health and care staff working in remote and rural locations in NHS Scotland.

This paper provides specific guidance for the MSU reflective of both the evidence and current national recovery phase for safe face to face training using simulation.

**How to Use MSU**

1. **General Considerations**

The MSU will need to be cleaned between training sessions at each venue and after each visit and will return to base more frequently for deep cleaning.

Physical distancing must be factored into skills training programme on the MSU unless PPE is utilised. (<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>)

The MSU will have a limited supply of basic PPE (ie aprons, gloves). Additionally, there is a small supply of prusa-type face shields for training use only. These will need to be cleaned before and after use (with 70% alcohol spray or equivalent).

Physical distancing will be helped by having an additional room for debriefing using remote camera facility.

Equipment log will be provided for each venue (see Appendix 1).

Informed and agreed programme between venue and CSMEN team prior to visit.

1. **Prior to Visit at Venue: Hosts and Faculty**

**Hosts**

Familiarise yourself with [NES F2F guidelines](https://www.csmen.scot.nhs.uk/mobile-skills-unit/toolkit/covid-19-guidelines/) and complete risk assessment.

Ensure there is adequate PPE for training on MSU.

Inform participants of simulation programme and facilities on MSU and availability of PPE prior to arrival.

Inform participants of refreshments and toilet arrangements prior to arrival.

Advise participants to travel daily where possible.

Alter timings of face to face sessions to accommodate additional cleaning requirements and daily travel arrangements

**Faculty**

Familiarise yourself with [NES F2F guidelines](https://www.csmen.scot.nhs.uk/mobile-skills-unit/toolkit/covid-19-guidelines/)

Faculty to undertake risk assessment of session prior to visit.

Ensure theoretical components provided online prior to face to face practical session.

Advise faculty that equipment will need to be cleaned for each participant.

Recommend that faculty and participants familiarise themselves with CSMEN resources for COVID-19 **Helping You in Your role – A: Self-protection and C: Workplace safety** (<https://www.csmen.scot.nhs.uk/resources/covid-19-resources/>) prior to undertaking sessions on the MSU.

1. **During the Visit: Hosts and Faculty**

**Hosts**

At the beginning of each visit hosts wipe down all surfaces with 70% alcohol spray or equivalent and also clean the manikins and part task trainers that are to be used.

All surfaces should be cleaned at the beginning and end of each day of training.

Ensure hand sanitiser available on both entering and leaving the MSU.

Advise participants to wear masks according to government requirements.

Set up one way system through the MSU if appropriate to maintain physical distancing.

**Faculty**

Faculty to wipe down all surfaces, doors and tables before and after each session.

Faculty to clean all manikins and part-task trainers that are used with 70% alcohol spray or equivalent (see separate guidance).

Faculty take contact details of all participants.

Limit the number of people on the unit to essential faculty (facilitator) and participants in simulation only.

Run procedural skills training with limited (max 3) stations on the unit at

any one time (see Appendix 2).

Run immersive sim scenarios on the unit with only the participants (ie 3-5 people, wearing appropriate PPE) and the facilitator in the control room. Observers watch remotely (Appendix 2).

If a simulation scenario requires close interaction between individual participants, then the same precautions should be taken as in the clinical workplace. This may require full PPE (donning and doffing according to Health Protection Scotland guidance). This PPE should be used sessionally without replacing between scenarios to minimise consumption of PPE supplies.

If simulating an AGP (aerosol generating procedure) such as tracheal intubation, where the model is not itself aerosol-generating, it is best practice to include donning and doffing of PPE with trainee or faculty using their allocated mask sessionally for multiple simulations in order to minimise consumption of PPE supplies.

AGPs such as nasogastric tube insertion should be simulated using part-task trainers only.

Volunteer patients and actors should be replaced by volunteer faculty, preserving physical distancing.

Take the equipment off the unit for use in-situ training. Clean according to guidance prior to putting back on the unit

Use linked mobile cameras for remote video debrief where possible

1. **After the Visit: Hosts and Faculty**

Complete the equipment log and forward this and user numbers to CSMEN.

Clean all manikins and part-task trainers that were used.

Wipe down all surfaces, doors and tables

Where there has been a breach of this guidance or unforeseen difficulties arise with these guidelines, hosts and faculty should please inform the NES project officer at [CSMEN@nes.scot.nhs.uk](mailto:CSMEN@nes.scot.nhs.uk).

**Appendix 1: Example of equipment log**

|  |  |  |  |
| --- | --- | --- | --- |
| **Venue** | **Date** | **Equipment used** | **No Trainees** |
| Royal Hospital, NHS Far and Wide | 3 Aug – 8 Aug | SimMan | 3 |
| “ | “ | ABG arm | 6 sessions – 2 trainees per session |
|  |  |  |  |
|  |  |  |  |

**Appendix 2: Examples of new ways of training on MSU:**

**There is the opportunity to rehearse changes in practice as a result of the pandemic as well as alter previously run courses to take account of the new guidelines. We would welcome venues sharing their experiences.**

1. The MSU can be effectively used for training COVID-19 specific issues such as:

* Neonatal resuscitation
* Intubation in remote and rural settings
* Safe transfer of patients (ie between COVID hubs and assessment units etc)
* Skills procedure whilst wearing PPE

1. Two day faculty development course.

All sessions on day one are now theoretical and are run online. Day two is run on the unit and covers a brief introduction to the unit, an introduction to SimMan and both immersive and skills sim sessions followed by the debrief and meta-debrief sessions.