

## Supporting the team following sudden or unexpected death or catastrophic event in the Theatre environment

Issue Date	Review Date	Version
March 2019	March 2024	1

### Purpose

The purpose of this standard (SOP) is to ensure that Perioperative teams are supported when sudden or unexpected death or catastrophic events occur in the Perioperative environment.

### Who should read this document?

All perioperative staff within University Hospitals Plymouth NHS Trust and including Tavistock Hospital.

### Key Messages

This SOP will ensure there is a system in place to support staff during the time immediately following a catastrophic event in the perioperative area.

It is likely that staff working within the perioperative area will at some point in their career be involved in a catastrophic event.

The psychological impact on staff following a catastrophic event should not be underestimated.

It is vital there are mechanisms in place to support staff psychologically in the aftermath of such an event.

### Core accountabilities

<b>Owner</b>	Cindy McConnachie – Senior Matron Theatre and Anaesthetics. Teresa Burnett – Consultant Anaesthetist
<b>Review</b>	Theatre Clinical Governance Committee
<b>Ratification</b>	Somaiah Aroori - HPB & Renal Transplant Consultant
<b>Dissemination</b>	Cindy McConnachie – Senior Matron Theatre and Anaesthetics. Teresa Burnett – Consultant Anaesthetist
<b>Compliance</b>	Theatre Clinical Governance Committee

### Links to other policies and procedures

Standard Operating Procedure: for the care of the imminently dying or deceased patient in the Perioperative Clinical Area (2019)

Care of the deceased Patient Policy: 2018

### Version History

<b>V1</b>	March 2019	New Document
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*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to)*

*age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

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Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Introduction	4
2	Definitions	4
3	Regulatory Background	4
4	Procedure to Follow	4
6	Document Ratification Process	6
7	Dissemination and Implementation	7
8	Monitoring and Assurance	7
9	Reference Material	7
<b>Appendices</b>		
	Support services available to staff	8
	Common symptoms after a traumatic event	10

## Standard Operating Procedure (SOP)

### 1 Introduction

The purpose of this standard (SOP) is to ensure that there is a process to support Perioperative teams who become involved with sudden or unexpected death or other catastrophic events which can occur in the Perioperative environment.

It is likely that staff working within perioperative care will at some point in their career be involved in a catastrophic event.

The psychological impact on staff following a catastrophic event should not be underestimated.

It is vital there are mechanisms in place to support staff psychologically in the aftermath of such an event.

This document will outline the general principles concerning care of staff in the aftermath of sudden death or catastrophic event.

The scope of this SOP is limited to perioperative areas, however the general principles could be applied outside of this environment to support staff.

### 2 Definitions

**Catastrophic event:** An incident which could result in irreversible health effects/multiple permanent injuries, an incident leading to death or an event which impacts on a large number of patients

**Significant event:** an event which could lead to long term incapacity or disability, mismanagement of patient care with long-term effects.

### 3 Regulatory Background

Catastrophes in anaesthetic practice - dealing with the aftermath AAGBI, London 2005

### 4 Procedure to Follow

#### Care of the Team Experiencing Sudden or Unexpected Death in the OP Theatre

- The majority of perioperative staff are likely to be involved with a sudden or unexpected death at some point in their careers.
- The psychological impact on staff following death or serious injury to a patient

or colleague should not be underestimated.

- It is vital that members of the theatre department support the theatre staff and a senior colleague or mentor should be assigned to this role.
- Staff members should be made aware of the various support services available to them and where necessary their Team leader should make an urgent referral to Occupational Health and Wellbeing for support and/or assessment.

#### **Immediate actions to be taken by the team:**

- Initial management of the patient or situation is a priority, and where necessary additional help should be requested to support the team and/or replace members of the team should they not be able to cope with the situation.
- Clinical leads for the staff groups involved in the event should be informed at the earliest appropriate opportunity and they should ensure that the team is adequately supported in the immediate and post event period.

#### **Records:**

In the event of sudden death or catastrophic event it is imperative that there is an accurate account of the event and record keeping. This record may continue to be used as a document to plan the patient's ongoing care or in the case of sudden death may be used as evidence in an investigation. It is therefore important that the team are supported with the following:

- Keep an accurate and contemporaneous record of the anaesthetic/operation and event. These should be legible, timed, dated and signed.
- Electronically stored monitoring records should be printed and filed in the notes. If stored monitoring records are unavailable, recordings should be made on the basis of recollection as accurately as possible and preferably corroborated by staff who were present at the time.
- Where practical, it is advisable during attempted resuscitation to allocate one member of the team to record times, the personnel involved, interventions including details of all drugs, fluids used and outcomes.
- Original notes and charts must not be altered in any way at a later date.
- Amendments and additions must be recorded separately, timed, dated and signed.

#### **Immediately following the event:**

No matter what the outcome for the patient there will be further actions which need to be undertaken by the team. For the patient the actions which will be required will be dependent on what type of event took place and it is outside of the scope of this SOP to describe the actions

In circumstances when a catastrophic event takes place involving a patient or member of staff – there will be a requirement for family members or staff to be informed.

## **Breaking bad news.**

A team approach should be adopted to breaking bad news.

- The task of breaking bad news should not be carried out by a trainee or junior member of staff without the presence of a Consultant and Senior Nurse/Team leader
- Breaking bad news should not be done over the telephone.
- When teams are involved they should be briefed in work and wherever possible simultaneously.
- Find a suitable quiet and comfortable room free from interruption
- Explain in a straightforward and honest way, followed by answering any questions which may arise.

## **Team Debrief:**

- The team should be initially debriefed at a time to suit all staff and preferably within a few hours of the event.
- A lead consultant in conjunction with the Senior Nurse/Team leader should make a decision whether the team should continue with the list.
- Critical incident stress debriefing by trained facilitators with further psychological support may assist individuals to recover from the traumatic event.
- All media enquiries should be directed to the on call manager.

## **Monitoring:**

- All staff involved in an unexpected serious or catastrophic event must be provided with ongoing support by their clinical lead/nurse lead and should be signposted toward the resources which are available to provide psychological support to staff.
- Clinical and Senior Team leaders should monitor individuals for signs and symptoms of delayed reaction (appendix 2) and make suitable adjustments to their clinical exposure as required.
- Where there are serious concerns about the psychological state of a member of staff – the concerns must be escalated to the appropriate clinical lead and a referral to occupational health for support should be undertaken

## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre Clinical Governance Committee and ratified by the Clinical Director.

Non-significant amendments to this document may be made, under delegated authority from the Clinical Director, by the nominated author. These must be ratified by the Clinical Director and should be reported, retrospectively, to the Endoscopy User Group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the **Director** and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **8 Monitoring and Assurance**

Monitoring of practice against this SOP will be undertaken through the Clinical Governance Committee.

## **9 Reference Material**

AAGBI (2005) Catastrophes in anaesthetic practice - dealing with the aftermath. AAGBI, London

Occupational Health and Wellbeing	Head of Department: Freda Allen 01752 437238 Email <a href="mailto:freda.allen@nhs.net">freda.allen@nhs.net</a>  Consultant Occupational Physician/Clinical Lead: Dr Richard Johnston 01752 437453 Email <a href="mailto:richard.johnston1@nhs.net">richard.johnston1@nhs.net</a>		
	Counselling and Mental Health Team	(01752 4) 37222, Option 1 or <a href="mailto:plh-tr.OccHealthStaffCounsellingTeam@nhs.net">plh-tr.OccHealthStaffCounsellingTeam@nhs.net</a> or Complete the counselling self-referral form on StaffNet	will respond within 24hrs (Monday–Friday 08:00 – 16:00) to any messages left
	Counselling drop-in service – Self Referral	Wednesday morning between 09:00 and 11:30	
	Mediation	01752 437222 / internal: 37222, Option 3 or <a href="mailto:plh-tr.Mediation-atWork@nhs.net">plh-tr.Mediation-atWork@nhs.net</a>	
	Stress Assessment	Staff Net Occupational Health Questionnaire	
	Burn Out		
Pastoral and Spiritual Care Team	Lead Chaplain: Simon Fletcher Title: Lead Chaplain Ext: 52023 E-Mail: <a href="mailto:simon.fletcher1@nhs.net">simon.fletcher1@nhs.net</a>		



	Contact	(01752) 245255 (internal 55255) <a href="mailto:derriford.chaplaincy@nhs.net">derriford.chaplaincy@nhs.net</a>	
Organisational Development	Lead Claire Underdown (01752 4) 37243 claire.underdown@nhs.net Learning and OD Lead for Coaching, Leadership and Talent Helen Catherall (1752 4) 39993 h.catherall@nhs.net		
	Team Training		
	Individual Coaching		

- Reliving the event – flashbacks and day dreams are common
- Shock – numb, exhausted and cold and it becomes difficult to do everyday things
- Restless and wound up, Irritable and tearful
- Doom and gloom
- Anger
- Fear
- Guilt
- Relationships may be affected.
- Physical effects – tiredness, muscle tension, palpitations, hand shaking, sweating excessively