



Network Of practitioners For  
Emergency medicAl systems and  
cRitical care



This project has received funding from the  
European Union's Horizon 2020 programme,  
under grant agreement no. 786670



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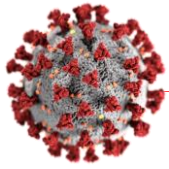


# **NO-FEAR @ PROACTIVE mid-term conference**

## **COVID-19 Response**

**Itamar Laist – MDA**  
**Rachele Brancaleoni - UCSC**





# NO-FEAR at a glance



The aim of **NO-FEAR** is to create an active Pan-European network of practitioners, decision and policy makers, suppliers and academia in the field of **emergency medicine**, sharing knowledge, experience and necessities, thus **overcoming the fragmentation** and **improving the response** of the Emergency Medical System to **new threats**.

<http://no-fearproject.eu/>



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# MDA

- WP 4 – acute care, conducted webinars, in order to collect “lessons observed” and “best practices” from NO FEAR consortium members and network globally.
- The opportunity to share and exchange was highly appreciated, and valued as very important to our capacity to deal with the situation.
- COVID-19 saw EMS personnel involved in new roles



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# NO FEAR WP 4 – Lessons observed

- The Human impact on HCW:
  - The situation, a new and scaring disease
  - Stigma and pressure from surroundings
  - Use of PPE
  - Opportunity for organizations to show support and care for needs
  - Trainings and daily briefings – Information sharing
  - Help the helpers
- PPE
  - Availability and price
  - Shipment
  - Quality
  - Counterfeit PPE
  - Hot, cumbersome, does not allow for communication
  - No size standard



# NO FEAR WP 4 – Lessons observed - 2

- Operations Center :
  - Overload of calls
  - Most of the calls for information
  - Need for alternative channels of information
  - Expectation for “human interaction”
- Need to balance the patient load on hospitals, and need to perform long distance transfers (fixed wing, trains).
- Community Paramedic programs (tele medicine)
- New treatment protocols in the pre-hospital setting, pulse-oximetry
- New disinfection technologies



# NO FEAR WP 4 – Lessons observed - 3

- Staff and volunteers management:
  - Change in the roster
  - Training challenges
  - Retention of volunteers
  - Allowing for change in roles
  - Great opportunity and challenge: New volunteers (event based)
  - Psycho social support
  - Meeting their needs
- Preparing for a seasonal influenza with COVID-19:
  - Vaccines
  - Rapid tests
  - Management of the overload on HC



# COVID-19 and Nursing Homes



## The New York Times

### About 40% of U.S. Coronavirus Deaths Are Linked to Nursing Homes

By The New York Times Updated September 16, 2020



### euronews

Home > News > World > The deadly impact of COVID-19 on Europe's care homes

#### The deadly impact of COVID-19 on Europe's care homes

By Valérie Gauriat • last updated: 14/09/2020

UNREPORTED EUROPE

COMMENTS

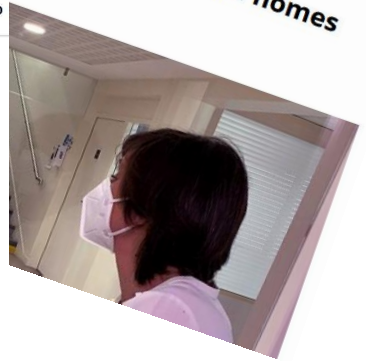
### ALJAZEERA

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#### Elderly homes in Australia under fire after high COVID-19 deaths

Elderly people in privately-run care homes account for about three quarters of the country's COVID-19 deaths.



### McKnight's LONG-TERM CARE NEWS

...residents and workers have died from the ... homes and other long-term care facilities ... according to a New York ... has infected more

NEWS MARKETPLACE DIRECTORY COLUMNS RESOURCES EVENTS MCKN

July 1, 2020

#### 81 percent of COVID-19 deaths here are nursing home-related – double the average; global rates 'both shocking and avoidable'

Danielle Brown



More than 80% of all COVID-19 deaths in Canada are from long-term care facilities and retirement homes, according to a [new analysis](#) from the Canadian Institute for Health Information.



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# Webinar «Nursing homes and COVID-19»

In our webinar we had representatives from four EU countries: Ireland, France, Spain, Italy. You can check out the webinar here:

<https://www.youtube.com/watch?v=x5qjR4z729I&feature=youtu.be>

Join us for the NO-FEAR webinar

## Nursing homes and COVID-19 - learning day by day

Thursday 4th June, 4pm CEST

Residents of nursing homes are particularly vulnerable group. In a number of European countries, deaths in care homes represent 30% to 60% of all COVID-19 deaths (source: ECDC). It is extremely important to research and understand what were the solutions applied to these facilities and the results thereof. This webinar will focus on three EU countries: Ireland, France and Spain. Major issues and better practices will be discussed by the following speakers:

- Peter Daly, Chief Emergency Management Officer at HSE Ireland
- Catherine Bertrand, specialist in Anesthesia and Intensive Care from AP-HP, France
- Natividad Ramos MD, supervisor in SAMUR Protección Civil, Madrid

More speakers to be confirmed!

[Click here for the joining information](#)



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# Why Nursing homes were so affected?

**Nursing homes combine numerous internal risk factors for transmission:**

- congregate living
- elderly population with underlying health conditions
- inadequate staffing (training/number)
- few or no PPE stockpile
- poor infection control programs



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# Webinar «Nursing homes and COVID-19»



## Issues identified:

- Private nursing homes – unknown
- Patients died with or because of COVID
- Delayed isolation of COVID+ patients
- Lack of test
- Lack of medical resources
- Isolation consequences



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# Webinar «Nursing homes and COVID-19»



## Best practices:

- Standby 24/7 unit in an on-call mode
- Mobile geriatric teams sent to NHs
- Interdisciplinary group for needs identification in NHs
- System for requesting and receiving PPE for nursing staff
- Personnel from NHS sent to nursing homes to substitute staff



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# Webinar «Nursing homes and COVID-19»



## Lessons learned:

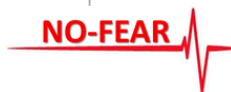
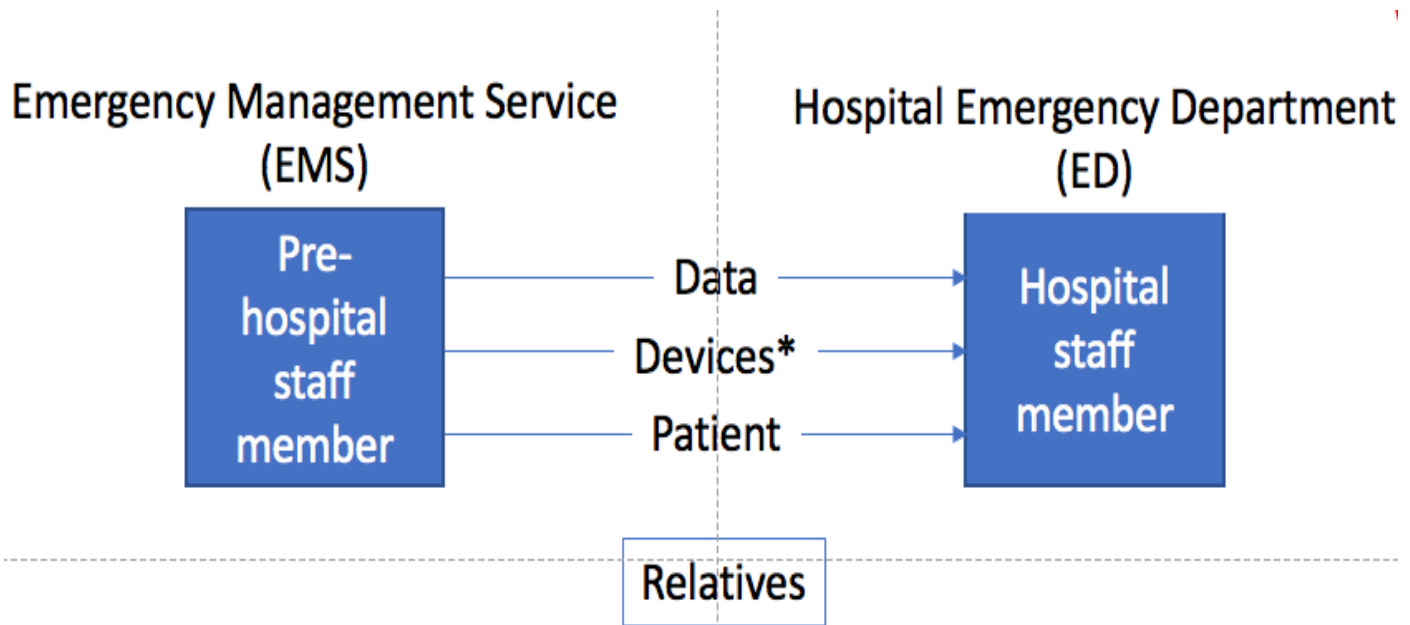
- Train staff on infection control, PPE stockpile and supply chain
- Strengthen infection over prevention measures
- NHs shouldn't go in competition with Hospital structures
- Regular communication with residents and families
- Educate residents, staff and visitors on hand and respiratory hygiene
- Consider ethical and psychological impact
- Anticipate the need of supplies and PPE
- Reinforce medical staff
- Facilitate the use of telemedicine
- NHs should control their own testing



# Patient hand-over: (also) a matter of communication

Last November UCSC organized in its premises the 1st NO-FEAR demo. One of the main points of the event was the EMS-hospital patient handover. We analyzed this issue using the STS (Socio-Technical System) approach.

The reference model for this discussion can be found below:



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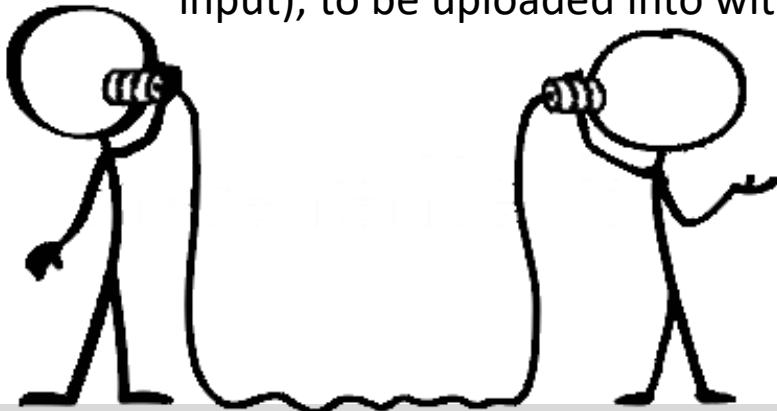


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# Patient hand-over: (also) a matter of communication

## Main points relevant to the PROACTIVE project are:

- Formal agreements between EMS and Hospital ED organizations on a common approach to the hand-over
- Standardized protocols for hand-over (e.g. SBAR: Situation-Background-Assessment-Recommendation)
- Interoperable communication channels and systems for data transmission from the field/ambulance before the arrival in the Hospital ED
- Software tools to fill a Patient Clinical Record by the field operators (also via voice input), to be uploaded into with the ED information system



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