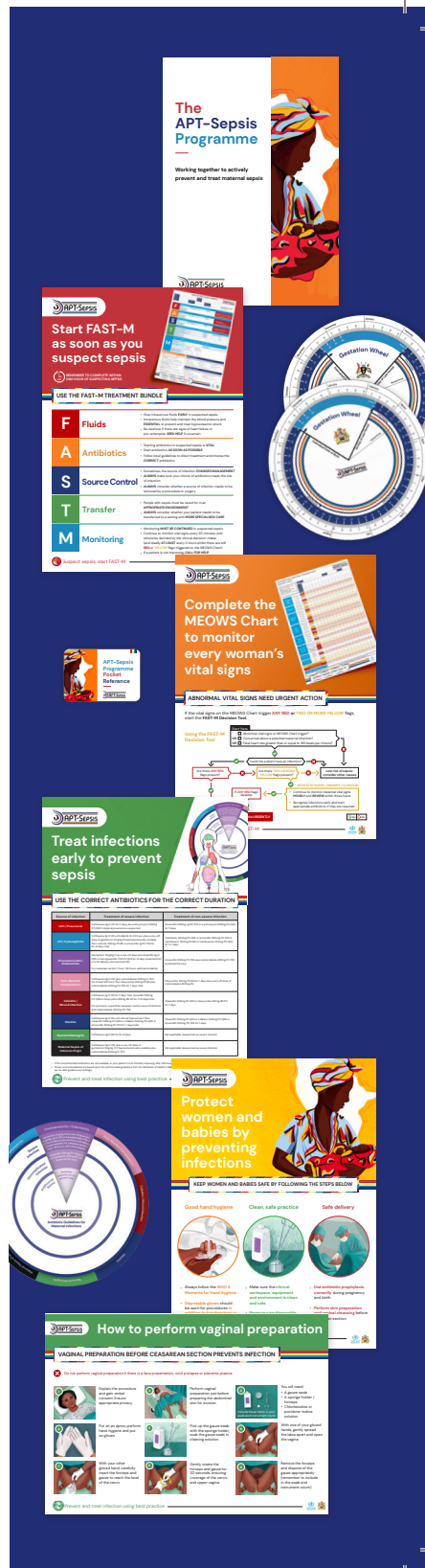











# APT-Sepsis Activities and Resource User Guide

Use this guide to find out the details of the required activities and how to use all the resources provided to support the APT-Sepsis Programme.



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# Introduction

**Congratulations!**

**Welcome to the APT-Sepsis Programme**

Your healthcare facility has been selected to deliver the APT-Sepsis Programme. This involves:

- The selection and training of APT-Sepsis champions
- Facility training for all healthcare providers and support staff
- The rollout of ward-based tools to support the APT-Sepsis Programme in achieving its three central goals
- Continued champion-led training sessions
- Continued quality improvement, monitoring and assessment

This Activity and Resource User Guide is designed to summarise how the APT-Sepsis Programme should be delivered, and how to use all the resources that are available to support the delivery of the APT-Sepsis Programme.







## SECTION ONE

# Being an APT-Sepsis Champion

APT-Sepsis champions have many important roles and are vital to the delivery of the APT-Sepsis Programme

## Being an APT-Sepsis Champion



### APT-Sepsis Champions: What do you need to do?

Champions are a key component of the APT-Sepsis Programme.

There are many APT-Sepsis champions at each facility, working together to deliver the APT-Sepsis Programme. As an APT-Sepsis champion, your roles and responsibilities are:

- To attend training to become an APT-Sepsis champion.
- To co-deliver the APT-Sepsis facility training to all staff in your facility.
- To coordinate and deliver weekly Champion-led APT-Sepsis training sessions.
- To coordinate and attend monthly Champion meetings in your facility.
- To lead by example, implementing APT-Sepsis into your daily practice.
- To raise concerns and address barriers to the APT-Sepsis Programme's delivery, finding solutions with healthcare facility management and the central APT-Sepsis hub team.
- To ensure all the resources for the preparation and management of the APT-Sepsis Programme are fully stocked
- To supervise, guide, coach and mentor healthcare providers at your facility.
- To participate in the Champion Network and build relationships between APT-Sepsis facilities

# APT-Sepsis Champions: What support is available?

Teamwork is essential to improve and develop best practice, and there are many places where support is available for you and your facility's team of APT-Sepsis champions.

1

APT-Sepsis champion training is an in-person event, and an opportunity to meet the champions from other healthcare facilities and the central APT-Sepsis hub team.

2

The APT-Sepsis training for healthcare providers at your facility will be co-delivered between your team of champions and the central APT-Sepsis Programme hub team, allowing opportunity for further coaching and support in the work environment.

3

Regional and country-level support will be available through the Champion Network, allowing peer-to-peer learning between healthcare facilities. This will be facilitated through WhatsApp.

4

There will be quarterly visits from the central APT-Sepsis hub team, giving opportunity to feedback on trial progress and work through any challenges faced.

5

An APT-Sepsis dashboard will help you summarise your facility's progress and identify areas for improvement. These findings can be shared with your local teams and staff members to build motivation.



## Champion activity weekly checklist:

### In your own clinical area:

- ☐ ... Identify new staff and students and introduce them to the APT-Sepsis Programme
- ☐ ... Identify existing staff and students that might need extra training
- ☐ ... Schedule training that is required
- ☐ ... Review the dashboard and feedback results to the clinical teams
- ☐ ... Ensure posters are on display in the correct clinical areas
- ☐ ... Ensure handrub supply is reliable and dispensers are well-stocked
- ☐ ... Ensure hand hygiene stations are maintained and water / soap in good supply
- ☐ ... Ensure you have communicated with your fellow champions about what is needed this week

- ☐ ... Preview actions from monthly action plan
- ☐ ... Check if MEOWS chart have been filled
- ☐ ... Check if antibiotic prophylaxis and treatment is available and being used as recommended
- ☐ ... Check if decision tools are being used appropriately before CS
- ☐ ... Check if vaginal preparation is being carried out correctly in theatre
- ☐ ... Check if vital signs equipment is available
- ☐ ... Check if stationary is available
- ☐ ... Check if microbiology results are being acted on (certain sites only)

## Champion activity weekly checklist:

Things to look out for as you walk through your area:

☐

... Training needs

☐

... Actions

☐

... Support and encouragement

## SECTION TWO

---

# APT-Sepsis Facility Training and Preparation Required

---

There are many training opportunities  
within the APT-Sepsis Programme.  
Careful preparation at your facility will  
maximise the impact of training

## What needs to happen before facility training?

Now that your facility has been selected to deliver the APT-Sepsis Programme, there are lots of things that need to be put in place, ready for the facility training days. The APT-Sepsis Programme facility training will happen in approximately one month from your facility's selection to deliver the APT-Sepsis Programme. Before this facility training, there are many things that need to be coordinated and arranged.

### Hand hygiene stations:

There should be a working sink or hand hygiene station in each clinical area, with plans about how these will be maintained, including ensuring soap is available. In ward areas, there should be at least one hand hygiene station for every 10 beds.

### Handrub:

Delivery of handrub will be arranged by the central APT-Sepsis Programme hub team. Before delivery of the training, it must be decided where and how handrub will be used in the clinical areas of your facility.

### Theatres and other specialist areas:

Careful thought should be given to theatres and other specialist areas, determining how and where the APT-Sepsis materials included in this guide will be used: for example, the vaginal cleansing poster in preparation for caesarean section.

### Equipment on the ward:

It is important that any missing equipment, for example the equipment needed to record vital signs, is identified and replaced/sourced before the facility training takes place.





## Training summary:

Once selected, the APT-Sepsis Champions at each healthcare facility will be invited to a 3.5 day training event, to prepare for the delivery of the APT-Sepsis facility training. This will involve:



### The APT-Sepsis Programme Training:

The middle two days of training for the APT-Sepsis Programme are the same two days of training that will be received by healthcare providers and support staff at your facility at the APT-Sepsis facility training. It involves modules of training to support the APT-Sepsis Programme in achieving its three central goals:

- Hand hygiene at every moment (Modules 1a and 1b)
- Prevent and treat infection using best practice (Modules 2a, 2b and 2c)
- Suspect sepsis, start FAST-M (Modules 3a, 3b and 3c)

### APT-Sepsis facility training structure:

Each healthcare provider and member of the support team will receive five modules of training, tailored to their roles. Clinical staff will receive Modules 1a, 2a, 2b, 3a and 3b. non-clinical support staff will receive Modules 1a, 1b, 2c, 3a and 3c.

### Continued champion-led training sessions:

After the facility training, which is co-delivered between your facility's champion team and the central APT-Sepsis Programme hub team, there will be training sessions covering one module of the APT-Sepsis training. These will be led by APT-Sepsis champions so that new staff members can complete the whole APT-Sepsis Programme training on a rolling basis.

There are five core modules of training for the APT-Sepsis Programme for clinical and non-clinical (support) staff:

		Clinical	Non-clinical
Day 1	AM	<b>Module 1a:</b> Hand hygiene at every moment	<b>Module 1a:</b> Hand hygiene at every moment
	PM	<b>Module 2a:</b> Prevent infection using best practice	<b>Module 1b:</b> Promoting good hand hygiene in all clinical settings
		<b>Module 2b:</b> Treat infection using best practice	<b>Module 2c:</b> How to recognise infection
Day 2	AM	<b>Module 3a:</b> Suspect sepsis, start FAST-M	<b>Module 3a:</b> Suspect sepsis, start FAST-M
	PM	<b>Module 3b:</b> The FAST-M Treatment Bundle	<b>Module 3c:</b> MEOWS Chart Practical

Each module has a package of resources to support the delivery of their content.

These are:

- Presentation slides
- Videos
- Presentation flip charts
- Scripts for practical sessions and simulations

These materials should be used during the APT-Sepsis facility training and also throughout the duration of the APT-Sepsis Programme at the champion-led training sessions.

## SECTION THREE

# Teaching Materials

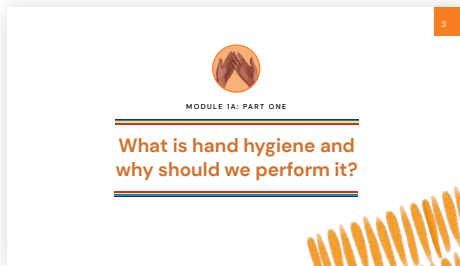
The APT-Sepsis Programme is supported  
by a collection of teaching materials to  
deliver engaging and interactive training



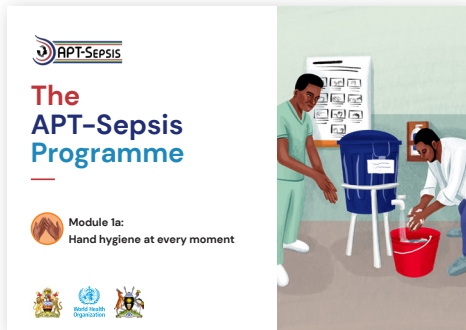
## Module 1a: Hand hygiene at every moment

The slides and flip chart for Module 1 cover why hand hygiene is important, when to perform hand hygiene and how to perform hand hygiene. These key points are summarised by a video that is available to support training delivery. In addition, Module 1 is also supported by a simulation script, to be used when practising hand hygiene using the ultraviolet (UV) light box with UV handrub.

### Module 1 presentation slides



### Module 1 presentation flip chart



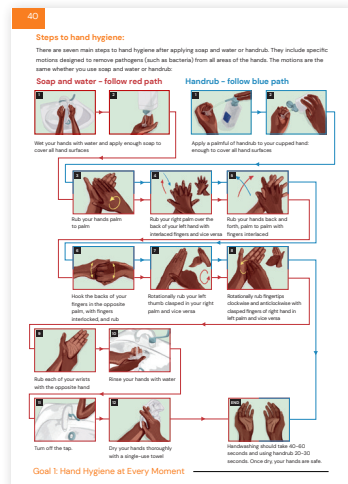
### Good hand hygiene at every moment video



### Hand hygiene simulation script



### The APT-Sepsis Manual



## Module 1b: Promoting good hand hygiene in all clinical settings

This will be a dynamic clinical tour or discussion session involving all non-clinical support staff. It will take place whilst clinical healthcare providers receive Module 2a of their APT-Sepsis facility training.

The aim Module 1b is to establish how best to promote good hand hygiene and support best practice within your healthcare facility's specific setting, including establishing how hand hygiene stations will be maintained and how handrub or soap dispensers will be refilled.

A guide sheet will be available to support the delivery of this module.



## Module 2a: Prevent infection using best practice

The slides and flip chart for Module 2 describe how infections can be prevented, including how to follow the WHO recommendations on how to prevent peripartum infection and when to use antibiotic prophylaxis in the maternity setting. There is a video to help deliver the key messages and simulation scripts to help deliver training in vaginal cleansing using a pelvic model.

### Module 2a presentation slides



### Module 2a presentation flip chart



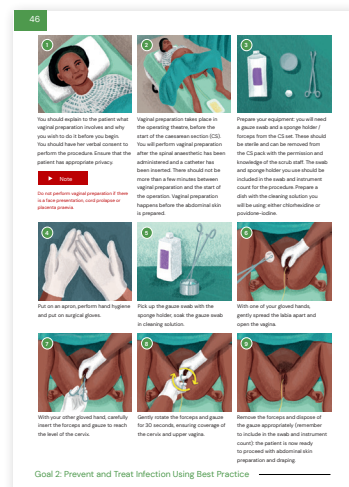
### Prevent infection using best practice video



### Vaginal cleansing simulation script



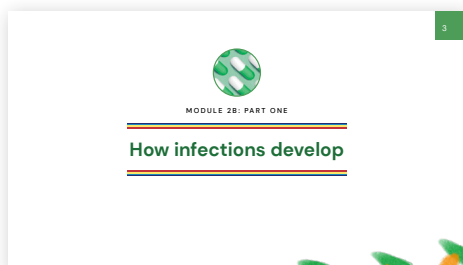
### The APT-Sepsis Manual



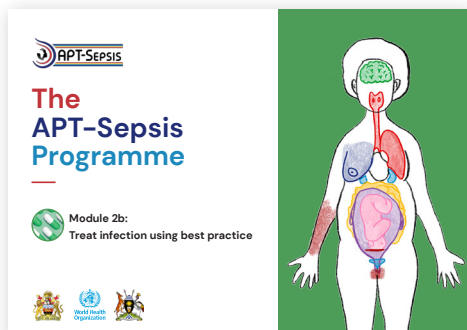
## Module 2b: Treat infection using best practice

The slides and flip chart for Module 2b explain how to recognise infections in pregnant and recently pregnant women and how to treat them according to local guidelines. Module 2b is also supported by a video.

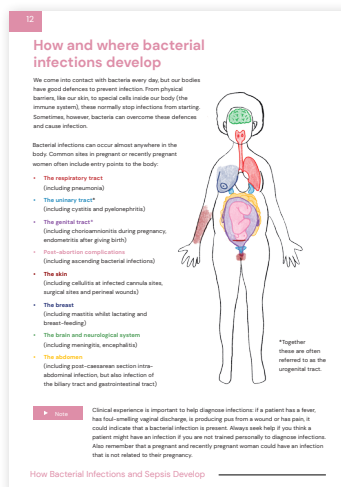
### Module 2b presentation slides



### Module 2b presentation flip chart



### The APT-Sepsis Manual



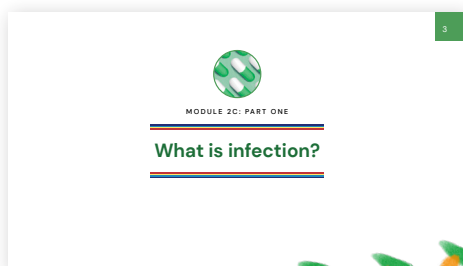
### Treat infection using best practice video



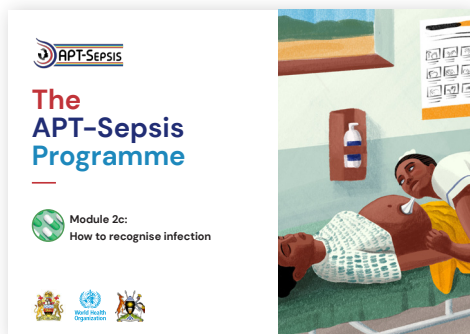
## Module 2c: How to recognise infection

The slides and flip chart for Module 2c explain what infection is, how infections develop and how to recognise infections in pregnant and recently pregnant women. It is specifically designed for non-clinical support staff and highlights how they should escalate to a nurse, midwife or clinician if they are concerned about infection.

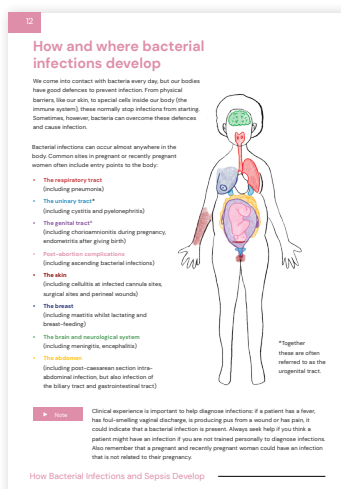
### Module 2c presentation slides



### Module 2c presentation flip charts



### The APT-Sepsis Manual

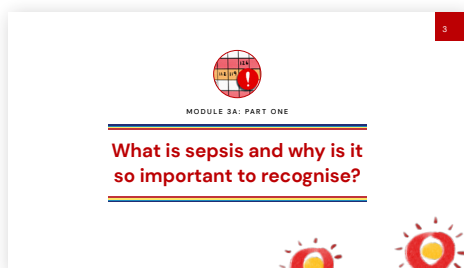




## Module 3a: Suspect sepsis, start FAST-M

The slides and flip chart for Module 3a detail how to check a patient's vital signs using a MEOWS Chart and how to act on abnormal vital signs. It also covers how to use the FAST-M Decision Tool to recognise suspected sepsis and act early. Module 3a is also supported by three videos and simulation scripts for healthcare providers to practice using the paper-based tools.

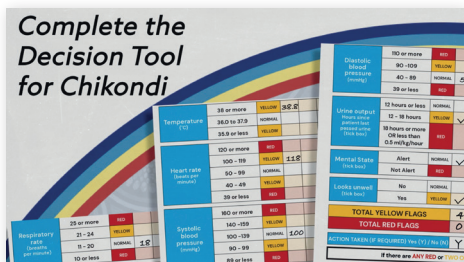
### Module 3a presentation slides



### Module 3a presentation flip charts



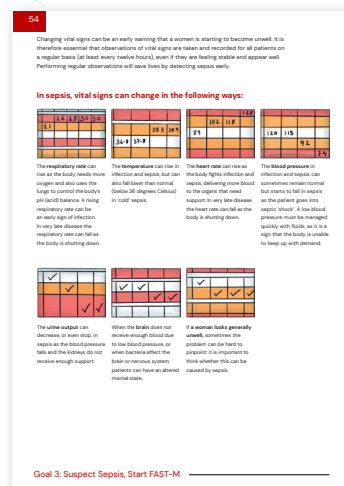
### FAST-M Videos



### MEOWS Chart and FAST-M Decision Tool simulation scripts



### The APT-Sepsis Manual



## Module 3b: The FAST-M Treatment Bundle

The slides and flip chart for Module 3b discuss how to treat suspected sepsis, using the FAST-M Treatment Bundle. Module 3b is also supported by a video and simulation scripts to practice using the FAST-M Treatment Bundle in different scenarios.

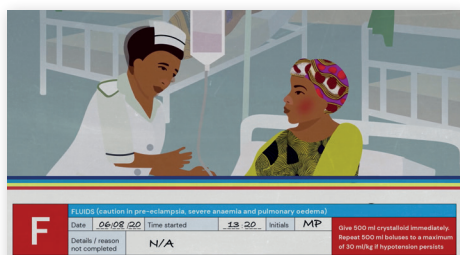
### Module 3b presentation slides



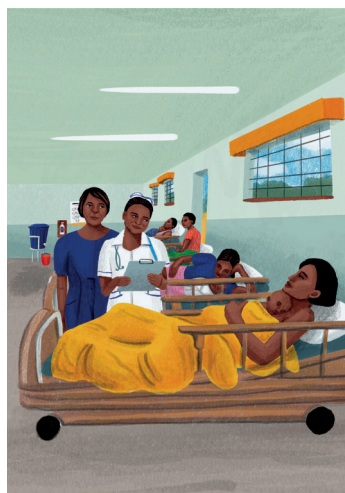
### Module 3b presentation flip chart



### FAST-M Treatment Bundle Video



### FAST-M Treatment Bundle simulation scripts



### The APT-Sepsis Manual



## Module 3c: MEOWS Chart practical

Module 3c is specially designed for non-clinical support staff who will be less familiar with early warning score charts, such as the MEOWS Chart, and checking vital signs. It will involve the practicing taking vital signs and using the MEOWS Chart in more detail, with the opportunity to ask questions in detail about any aspect of the process.

### MEOWS Chart

### Equipment for taking vital signs



Student Name: \_\_\_\_\_

Champion Name: \_\_\_\_\_

## New staff and student training checklist:

To be given to new staff and students to complete as they are trained.

### Clinical healthcare providers:

☐ ... Module 1a: hand hygiene at every moment flip chart / slides, video and hand hygiene simulation script

☐ ... Module 2a: prevent infection using best practice flip chart / slides, video and vaginal preparation simulation script

☐ ... Module 2b: treat infection using best practice flip chart / slides and video

☐ ... Module 3a: Suspect sepsis, start FAST-M flip chart / slides, videos and MEOWS Chart / FAST-M Decision Tool simulation scripts

☐ ... Module 3b: FAST-M Treatment Bundle flip chart / slides, video and FAST-M Treatment Bundle simulation script

### Non-clinical support staff:

☐ ... Module 1a: hand hygiene at every moment flip chart / slides, video and hand hygiene simulation script

☐ ... Module 1b: promoting good hand hygiene in all clinical settings guide sheet

☐ ... Module 2c: how to recognise infection flip chart / slides

☐ ... Module 3a: Suspect sepsis, start FAST-M flip chart / slides, videos and MEOWS Chart / FAST-M Decision Tool simulation scripts

☐ ... Module 3c: MEOWS Chart practical script



**Note**

When all modules are complete please issue certificate

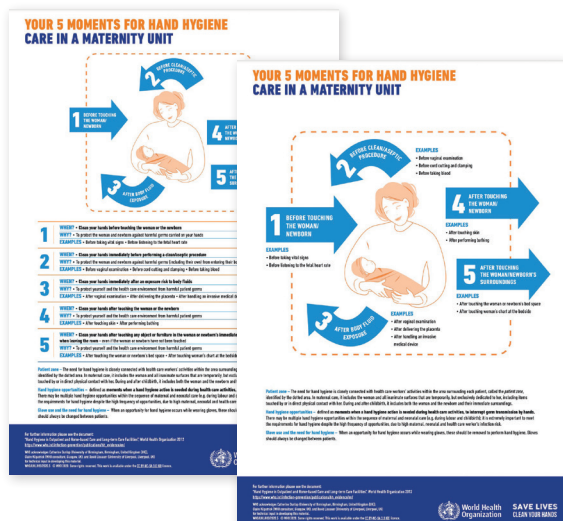
## SECTION FOUR

# Ward-based tools

The APT-Sepsis Programme includes many tools that can be used on the ward practically to help remind healthcare providers of the core goals of the APT-Sepsis Programme

## Posters

Good hand hygiene at every moment: The WHO have produced posters to explain the 5 moments for hand hygiene in the maternity setting and how to perform hand hygiene (using alcohol-based handrub or soap and water)




► Note

These posters must be displayed in clinical maternity settings, including the labour ward, neonatal wards and any high dependency areas.



► Note

These posters must be displayed next to hand hygiene stations and sinks (How to Handwash) or on the wards near alcohol-based handrub dispensers (How to Handrub)

 Note

▶ Note



## Treat infections early to prevent sepsis



## Protect women and babies by preventing infections

**USE THE CORRECT ANTIBIOTICS FOR THE CO**

Source of infection	Antibiotic of choice (duration of collection)	Duration of treatment
<b>UTI/Pharyngitis</b>	Amoxicillin 500 mg 3 times a day for 5 days or Nitrofurantoin 50 mg 2 times a day for 5 days	5-7 days
<b>UTI/Pyelonephritis</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days
<b>Chlamydia/Gonorrhoea</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days
<b>Dysentery</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days
<b>Diarrhoea</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days
<b>Cold/Flu/Respiratory infection</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days
<b>Phlebitis</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days
<b>Severe Headaches</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days
<b>Severe Signs of Infection</b>	Amoxicillin 500 mg 3 times a day for 7 days or Ceftriaxone 1g once a day for 7 days	7-10 days



**Good hand hygiene**



**Clean, safe practice**



**Safe delivery**

- Always follow the **WHO 5 Moments for Hand Hygiene**
- **Disposable gloves** are only for procedures in addition to handwashing or using handrub before/after
- Make sure the clinical workplace, equipment and environment is clean and safe
- Never re-use disposable equipment that should only be used once
- Use antibiotic prophylaxis correctly during pregnancy and delivery
- Perform skin preparation and vaginal cleansing before caesarean section



**Prevent and treat infection using best practice**



**Prevent and treat infection using best practice**

# How to perform vaginal preparation

## VAGINAL PREPARATION BEFORE CAESAREAN SECTION PREVENTS INFECTION

Do not perform vaginal preparation if there is a face presentation, cord prolapse or placenta praevia

- Explain the procedure and gain verbal consent. Obtain appropriate privacy
- Perform vaginal preparation just before surgery to minimise risk of contamination of the skin for incision
- Wash their hands and cut their nails
- Use one of your gloved hands to separate the labia apart and open the vagina
- With your other gloved hand carefully retract the foreskin and separate the labia and the clitoris
- Remove the foreskin and separate the labia appropriately (remember to include the clitoris in the wash and instrument count)

Prevent and treat infection using best practice

Suspect sepsis, start FAST-M: there are two posters designed to prompt healthcare providers to use the MEOWS Chart, FAST-M Decision Tool and the FAST-M Treatment Bundle.



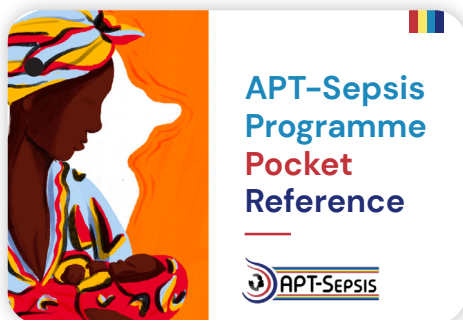
### Note

These posters must be displayed in all clinical wards looking after pregnant or recently pregnant women.



## APT-Sepsis Pocket Reference

The APT-Sepsis pocket reference should be made available to all healthcare providers and support staff. It will be given out at training and contains the key messages from the APT-Sepsis training to help support the programme in achieving its three central goals:



Hand hygiene at every moment



Prevent and treat infection using best practice



Suspect sepsis, start FAST-M

## Gestation Wheel

The APT-Sepsis Gestation Wheel contains antibiotic guidelines and should be made available to all healthcare providers working in the maternity setting. It has two main functions and is double-sided: the first function is as a gestation wheel to determine expected date of delivery. The second function is as a tool to guide antibiotic treatment, listing the current recommended treatments for the main types of infection in pregnant or recently pregnant women.



In addition to providing this to individual staff, it is important to ensure the Gestation Wheel is always available in areas where patients are frequently assessed, such as in assessment rooms and at the nurses station.

## Paper-based tools

The MEOWS chart, FAST-M Decision Tool and FAST-M Treatment Bundle are all paper-based tools that must be made available on the ward to improve the care of patients.

**The MEOWS Chart** must be used on admission and throughout every woman's stay to record the vital signs. This chart should be part of every woman's file and should be completed at least once a day for every patient, even if a woman appears well. Vital signs should be recorded more often if patients are unwell, to monitor for deterioration or improvement.

**The FAST-M Decision Tool** must be used whenever a woman is found to have abnormal vital signs, staff suspect an infection or the fetal heart rate is raised. It guides recognition of suspected sepsis and helps start treatment urgently. It must be available in all clinical areas so that it can be used immediately if a patient is unwell.

**The FAST-M Treatment Bundle** must be used whenever suspected sepsis is diagnosed, to guide urgent and directed treatment. It must be available in all clinical areas and be very easily accessed.

## SECTION FIVE

# Additional Equipment

In addition to the training materials and ward-based tools, some equipment is required to support the delivery of the APT-Sepsis Programme's facility training and day-to-day activities

## APT-Sepsis Facility Training

The following equipment will be provided for use in the APT-Sepsis Programme facility training and the continued Champion-led training sessions.

### Ultraviolet (UV) lights and UV gel

These are required to practice the application of handrub and performing hand washing. The UV gel is applied to the hands in the same way handrub is applied, but will glow under the UV light to check what parts of the hand have been missed and improve technique.

Healthcare providers and support staff can also check their handwashing technique by washing their hands with soap and water after applying the UV gel and seeing where the UV gel has not been removed.

### Model pelvises, forceps, gauze swab:

These are required to learn and practice vaginal cleansing, through a practice simulation.

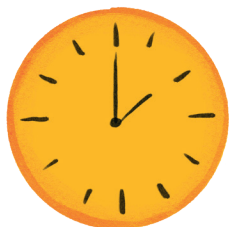
## Day-to-Day activities

The following equipment will need to be available to support the delivery of the APT-Sepsis Programme day-to-day.

### Equipment to take vital signs:

A stethoscope, blood-pressure cuff, thermometer and timer (a clock with a second hand or a timer on a mobile phone if the phone can be cleaned between patients) are required to take observations and check vital signs in a reliable way.





### Hand hygiene station:

There must be either a working sink or a hand hygiene station in every clinical area at a ratio of at least 1:10 compared to the number of beds. If there are areas without a sink, plans must be made for where hand hygiene stations should be installed and how they will be maintained.

### Handrub:

The central APT-Sepsis Programme hub team will arrange for handrub to be available at all facilities delivering the programme. Facilities must prepare for how the hand rub will be stored, dispensed and maintained.

### Clock:

All clinical areas should have working clocks with availability of replacement batteries.



## Resources and equipment checklist:

### APT-Sepsis Programme resources checklist:

- ☐ ... Slide deck (six)
- ☐ ... Flip charts (six)
- ☐ ... Videos (seven)
- ☐ ... Posters (five)
- ☐ ... APT-Sepsis  
Programme Manual
- ☐ ... Pocket Reference
- ☐ ... Gestation Wheel
- ☐ ... MEOWS Chart
- ☐ ... FAST-M Decision Tool
- ☐ ... FAST-M Treatment Bundle
- ☐ ... Certificates
- ☐ ... Activity and Resource  
User Guide

### APT-Sepsis Programme equipment checklist:

- ☐ ... Digital thermometers
- ☐ ... Electronic blood  
pressure machines
- ☐ ... Clocks
- ☐ ... Batteries
- ☐ ... Hand hygiene stations
- ☐ ... Handrub and dispensers
- ☐ ... Soap and disposable towels

## SECTION SIX

# Motivational Materials

Throughout the APT-Sepsis Programme, motivational tools will be used to help support its delivery and incentivise good clinical practice.

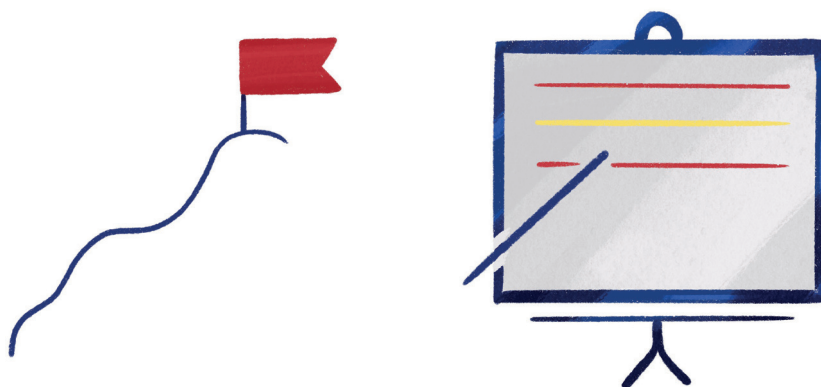
## APT-Sepsis Certificates

Certificates of training, achievement and competence will be available for all healthcare providers and support staff who complete the APT-Sepsis facility training (including Champion-led facility training) and upon gaining competency in hand hygiene and vaginal cleansing from practice simulation training.



## APT-Sepsis Dashboard

A public dashboard must be maintained so that sites can record their progress and the outcomes at their facility. This will help support the local development of quality improvement (QI) projects and audit.





## SECTION SEVEN

# Facility Visits and Quality Improvement

There are lots of opportunities throughout  
the delivery of the APT-Sepsis Programme  
to assess progress, make improvements  
and grow as a facility

## What visits to expect

After the facility training, there will be scheduled visits to help identify any areas requiring support and showcase the aspects that are going particularly well.

Facility visits shall occur each quarter (every three months) after the facility training. During these visits, the central APT-Sepsis team will:

- Meet with the APT-Sepsis Champions and discuss any concerns with training that they have
- Visit the various clinical areas and make observations
- Observe clinical practices, including looking at the use of the MEOWS Chart and other paper-based tools
- Ask staff on some visits to complete an online survey
- Meet with the project officers and check supply issues
- Perform stock checks

## Qualitative interviews:

Staff may be invited to participate in these, but not all facilities will be involved. APT-Sepsis champions may be asked to help identify healthcare staff who would be willing to consider participation.

## Champion diaries:

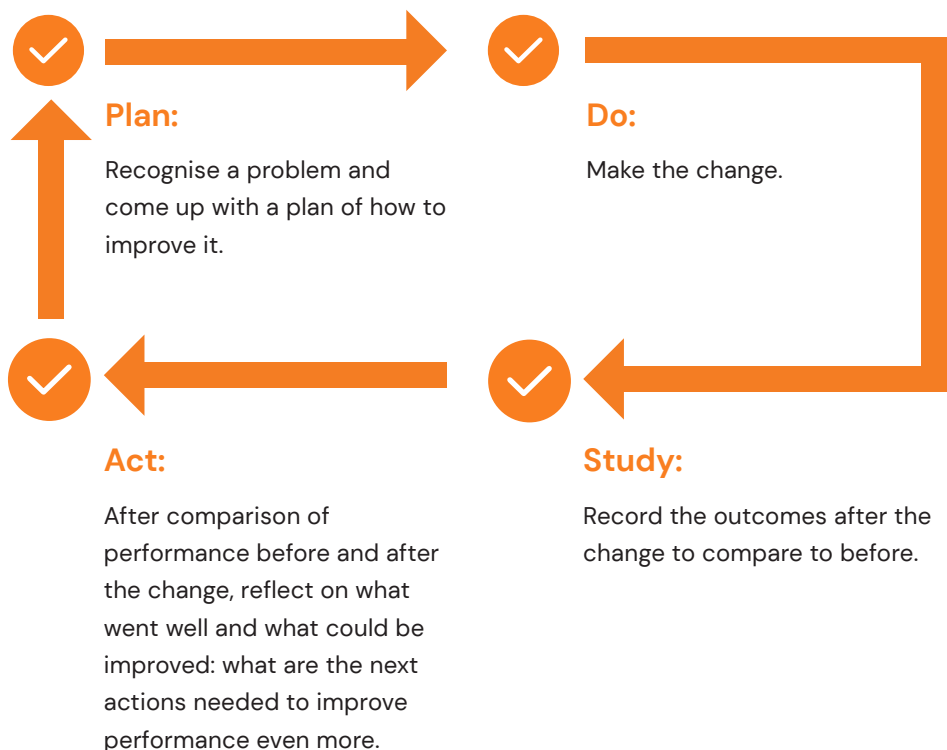
Champions will be encouraged to keep APT-Sepsis diaries to reflect upon lessons learned, highlight difficulties in delivery and build upon experience acquired throughout the programme. Champions might be asked to share their diaries at quarterly visits, to help the central APT-Sepsis hub teams share in the learning opportunities available.

## How to improve performance between visits

Quality improvement and audit are key methods for monitoring and improving performance.

In addition to the quarterly visits, champions must work to improve the performance at the facility. Performance will be monitored and plans developed locally to improve performance with quality improvement projects. Quality improvement design will be discussed at the APT–Sepsis champion training event.

**The key components to a good Quality Improvement project are:**



Plan-Do-Study-Act is a quality improvement cycle: improvement is always an on-going process. After taking action, the next step is to plan for the next cycle of quality improvement.

## Quarterly facility visit preparation checklist:

- ☐ ... Maintained champion diaries ready for sharing
- ☐ ... List of fully trained staff and record of who still needs to be trained
- ☐ ... Details of new / ongoing quality improvement projects and their findings
- ☐ ... Action plans from monthly meetings and progress on actions
- ☐ ... A list of any issues that you want to raise with the hub teams
- ☐ ... Ensure all champions will be available for the visit

## SECTION EIGHT

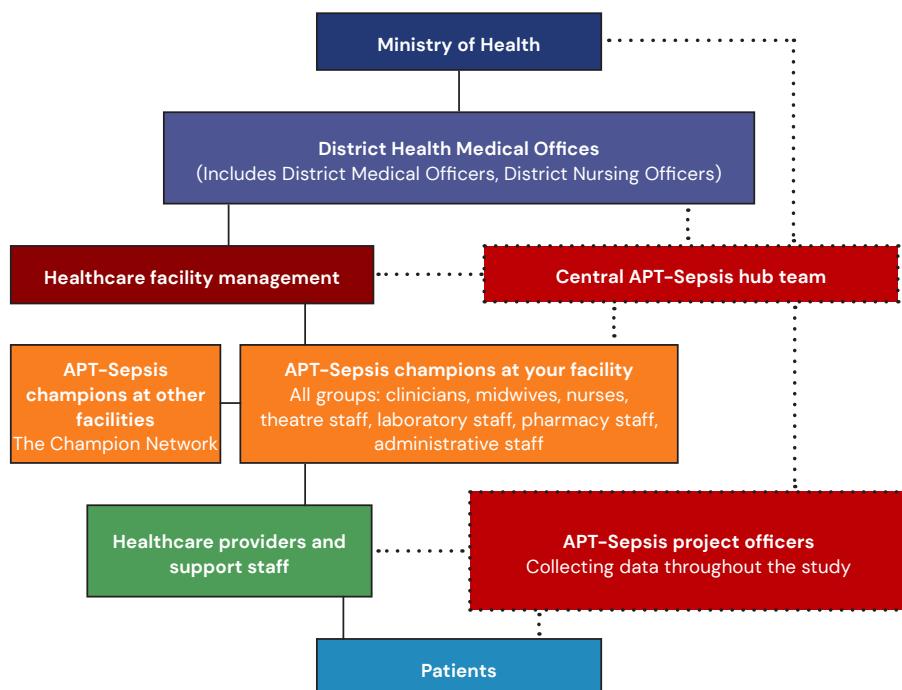
# The APT-Sepsis Programme Timeline

This section outlines the phases of the cluster randomised controlled trial (RCT) testing the impact of the APT-Sepsis Programme

## Orientation event and trial design

The APT-Sepsis Programme will be tested in multiple health facilities across both Malawi and Uganda to measure its impact. To achieve this, the central APT-Sepsis team has worked closely with the Ministries of Health in both Malawi and Uganda to include health facilities where there is low risk of other studies effecting the outcomes of the APT-Sepsis Programme.

As the first step in the trial, your facility's management will have attended an orientation event, having been invited by the central APT-Sepsis team and the Ministry of Health, and will have agreed to take part in the trial. This is a cluster randomised controlled trial (RCT), which is the most rigorous way of evaluating new facility-wide actions/interventions. This means that facilities will be randomised (like rolling a dice) to either deliver the APT-Sepsis Programme (the intervention) or instead carry on without the APT-Sepsis Programme and just receive the guidelines in the normal way (the control). The trial design is a 'cluster' RCT, because all healthcare providers at each healthcare facility will be receiving the same training and information (either all receiving access to the APT-Sepsis Programme resources or all receiving materials through passive dissemination).



## Baseline Period

All facilities will have started collecting data before it was decided which healthcare facilities are intervention facilities and which are control facilities. Data collection at your facility is conducted by a project officer. The purpose of this data collection is to inform the trial about practices and outcomes before the APT-Sepsis Programme's package of resources is introduced to the facility. It provides a baseline that will be vital in understanding if the intervention was successful.

## Randomisation

Towards the end of the baseline period (month four to five), facilities were randomly chosen to either receive the intervention (the APT-Sepsis Programme) or to act as controls. You are working at a healthcare facility that has been randomly chosen to deliver the APT-Sepsis Programme.

## Transition Period

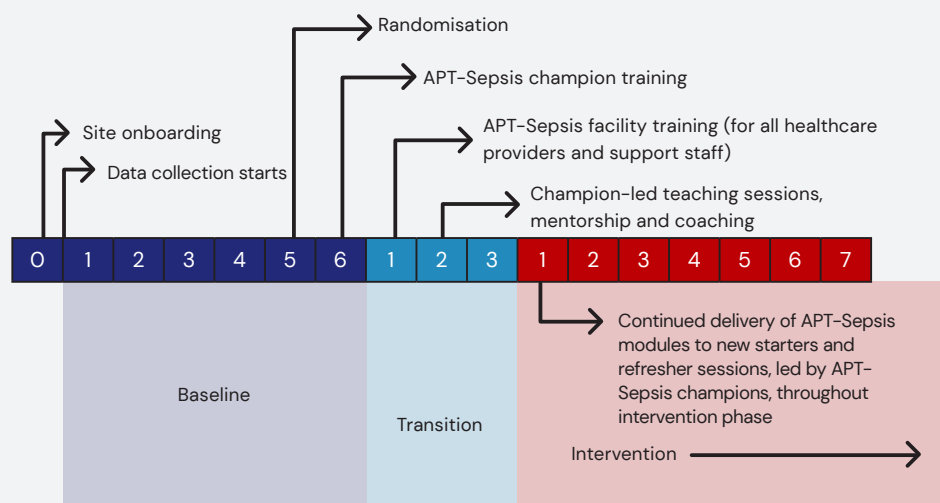
After randomisation, there will be a three-month transition period. During this period, APT-Sepsis champions, selected by your healthcare facility's management, will attend a training event where they will gain the skills necessary to support the implementation of the APT-Sepsis Programme. Here you will have the opportunity to build connections and form a network with other local APT-Sepsis champions (the Champion Network). Outcome data will continue to be recorded throughout the transition period by project officers.

## Intervention Period

After the transition period, data collection of outcome measures will continue at all healthcare facilities (intervention facilities and control facilities) for a further 17 months (the intervention phase), to help assess the impact of the APT-Sepsis Programme. During this time, staff who are new to the facility will need training by the APT-Sepsis champions. Other members of staff may require refresher training, also provided by the APT-Sepsis champions.

At the end of the trial the control facilities will have the opportunity to also now take part in the intervention, so no facilities miss out.

A summary of the RCT timeline, including facility set-up, baseline phase, randomisation, transition phase and intervention phase of the cluster RCT is outlined below.





## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## The APT-Sepsis Programme

Working together to actively prevent and treat maternal sepsis

Start FAST-M as soon as you suspect sepsis

USE THE FAST-M TREATMENT BUNDLE

**F** Fluids  
**A** Antibiotics  
**S** Source Control  
**T** Transfer  
**M** Monitoring

Complete the MEOWS Chart to monitor every woman's vital signs

ABNORMAL VITAL SIGNS NEED URGENT ACTION

If any vital signs on the MEOWS Chart trigger FAST MBS or FAST US, refer to the FAST MBS or FAST US decision tree.

Using the FAST MBS or FAST US Decision Tree

Treat infections early to prevent sepsis

USE THE CORRECT ANTIBIOTICS FOR THE CORRECT DURATION

Protect women and babies by preventing infections

KEEP WOMEN AND BABIES SAFE BY FOLLOWING THE STEPS BELOW

Good hand hygiene  
Clean, safe practice  
Safe delivery

How to perform vaginal preparation

VAGINAL PREPARATION BEFORE CAESAREAN SECTION PREVENTS INFECTION

1. Wash hands thoroughly with soap and water for 20 seconds.  
2. Clean the perineal area with antiseptic solution.  
3. Clean the vagina with antiseptic solution.  
4. Clean the cervix with antiseptic solution.  
5. Clean the uterus with antiseptic solution.  
6. Clean the placenta with antiseptic solution.  
7. Clean the membranes with antiseptic solution.  
8. Clean the umbilical cord with antiseptic solution.  
9. Clean the baby with antiseptic solution.  
10. Clean the mother with antiseptic solution.



For more APT-Sepsis Programme resources, visit [www.appt-sepsis.org](http://www.appt-sepsis.org)



## Questions about APT-Sepsis?

Please contact your local central hub team contact if you have any questions or suggestions about the APT-Sepsis Programme

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