

University of Florida
Center for Experiential
Learning and Simulation

Policy and
Procedure Manual

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A. General Information

This Policy and Procedure Manual is not a substitute for other policies and codes, but a complement to other codes, policies, and regulations held by the Center for Experiential Learning and Simulation which regulate the behaviors of staff and learners of CELS (<https://hr.ufl.edu/working-at-uf/employee-handbook/>). This document outlines the center’s supplemental Policies and Procedures.

Physical Address:

1104 Newell Drive
 PO Box 100259
 HMEB 4th Floor
 Gainesville, FL 3261-0259

Phone:

352-273-9697

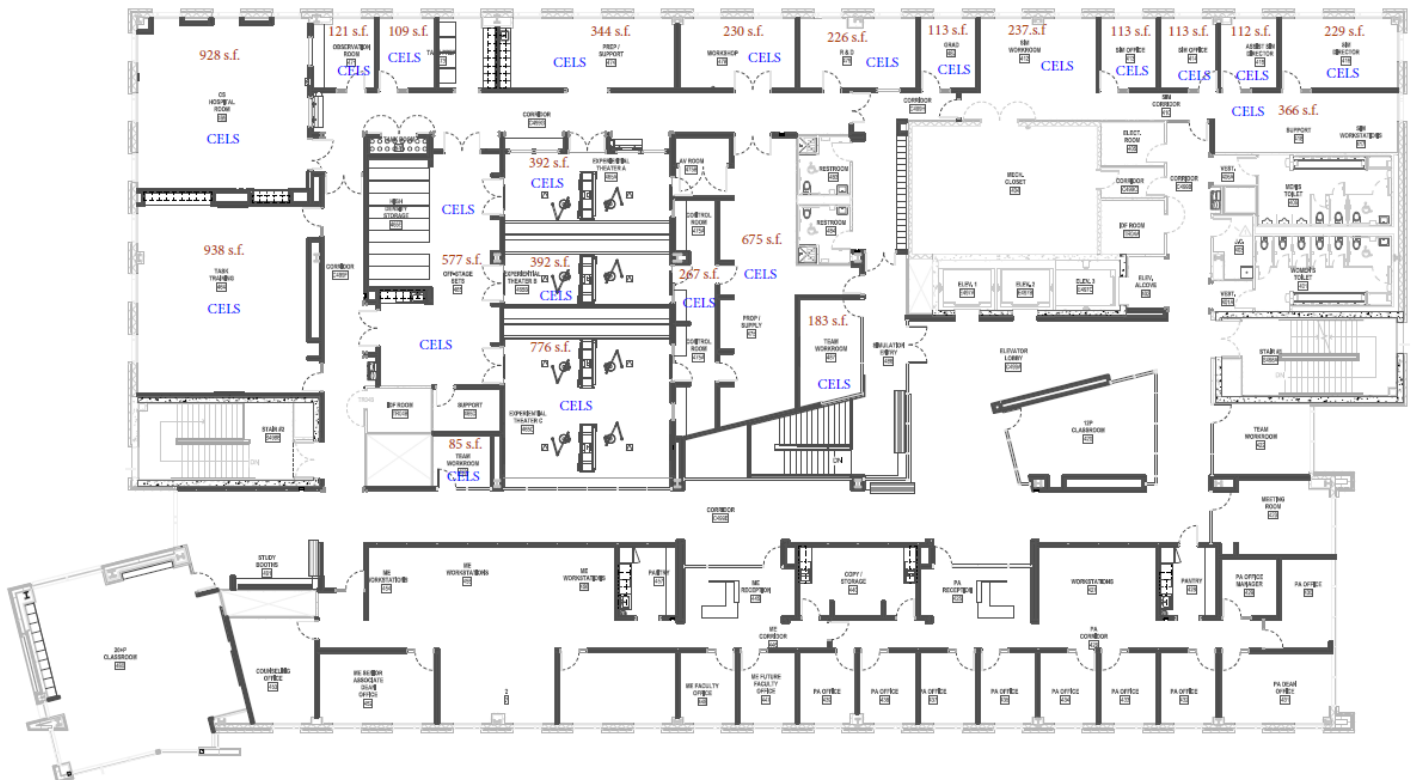
Email:

simulation@med.ufl.edu

Business Hours:

The Center’s regular hours of operation are Monday – Friday from 8:00 am - 5:00 pm. There may be times when the Simulation Center is in operation outside of the normal business hours in order to accommodate special programs. During these times, a designated staff/faculty member or other approved individual must be present. The Simulation Center is closed on all UF designated holidays.

B. Central Layout



C. Mission Statement

Mission

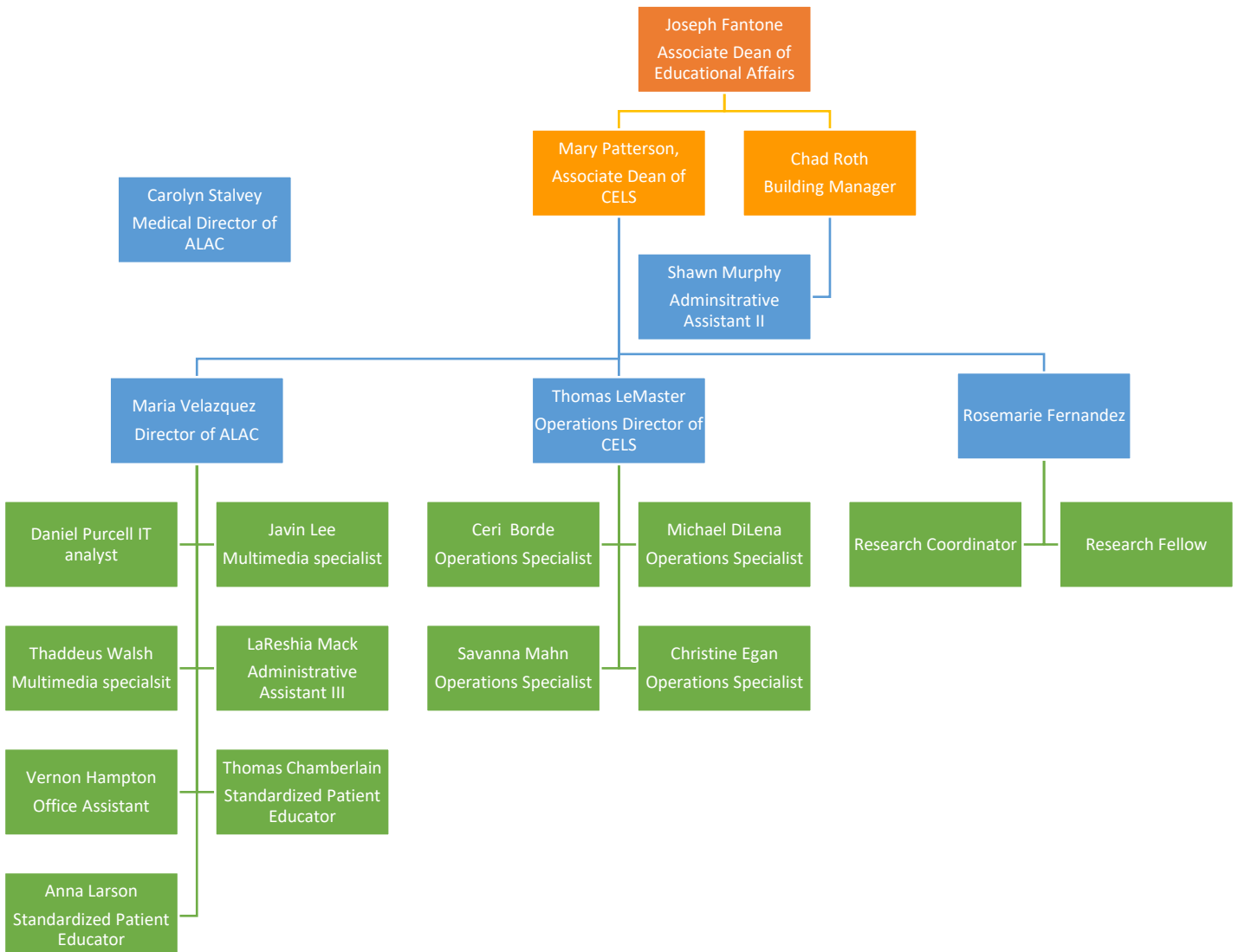
The mission of the University of Florida Center for Experiential Learning and Simulation (UFCELS) is to deliver simulation training that develops and enhances healthcare students’ and professionals’ clinical expertise, competence, and teamwork skills that facilitate high quality patient care, safety and advances the field.

D. Vision Statement

Vision

The University of Florida Center for Experiential Learning and Simulation will improve health care in Florida, our nation, and the world through excellence in healthcare simulation, integrating training, innovation, and discovery.

E. Governance



POLICY: Cancellation Policy		CELS-2002
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised: 5/20/2020
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of the cancellation policy is to state the expectations for the cancellation of activities in the simulation center. This includes the responsible party for making the cancellation as well as an acceptable time frame for doing so.

Policy: All cancellation of events within the center will be within 24 hours prior to the course to the Simulation Operations Director. Cancellation is the responsibility of the course coordinator. A monetary penalty can be incurred at the discretion of the Director.

Procedure:

1. The Simulation Operations Director or designee will be notified of all cancellations of a scheduled simulation or lab activity in a timely manner or as soon as the course coordinator determines an activity will be canceled.
2. It is the course coordinator’s responsibility to notify all scheduled participants of the cancellation.
3. It is the course coordinator’s responsibility to notify all other participants who were scheduled to support the activity.
4. Courses canceled less than 24 hours of the scheduled course time may incur a \$250.00 cancellation charge at the Simulation Operations Director’s discretion.

POLICY: Code of Conduct		CELS-2003
Authorized:		
Original Date:	6/4/2020	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: This Code of Conduct is intended to give all users of CELS (learners, faculty, staff, and external users) guidelines for conducting themselves in order to maintain a safe and productive learning environment for all.

Policy: All users of the simulation center will adhere to the guidelines of the code of conduct.

Procedure:

1. Professionalism must be displayed by all users, faculty and staff at all times. All users must act in a manner that does not disturb the academic activities occurring in the Simulation Center.
2. Disrespect toward students, faculty, staff, the space and its resources will not be tolerated.
3. All learners are expected to be prepared for all simulation activities. All pre-activity work assigned should be completed before scheduled simulations.
4. The Simulation Center is a shared space. As such, users are expected to clean up after themselves. Simulation bays, control rooms, and debriefing rooms should be cleared of all supplies, papers, and equipment that are not part of the standard room set up by the end of each day.
5. Garbage should be thrown away.
6. All consumable supplies that can be reused should be left neatly where they were set up.
7. Any damage to equipment or operating problems should be reported to the CELS staff immediately.
8. NEVER use ink pens, felt-tipped markers, iodine, or betadine near the manikins or task trainers. These items will PERMANENTLY stain the equipment.
9. Do not use the equipment for any purpose other than specified.
10. Food and drink are not permitted inside the Simulation Center.
11. All spills must be reported immediately to the Simulation Center staff.
12. Learners participating in educational and performance assessment activities will adhere to the same clinical dress code as they would for their respective discipline.
13. A visible school/hospital ID badge is required at all times.
14. Only closed-toe shoes may be worn.
15. Violations of the Code of Conduct are handled at the discretion of the respective Director.
16. This Policy applies to all Courses conducted by or with the support of the CELS Simulation Center.

POLICY: Ethics Policy		CELS-2004
Authorized:		
Original Date:	6/26/20	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of this policy is to define ethical standards that CELS faculty and staff abide by during simulations and activities by the center.

Policy: All faculty and staff participating in the simulation center will adhere to the SSH code of ethics and the INACSL standards of Best Practice in Simulation. Faculty students and staff will also adhere to the University’s student handbook and IRB guidelines when conducting business at the center or any program related activities.

Procedure:

- A. CELS uses the SSH Code of Ethics and the INACSL Standards of Best Practice in Simulation. CELS also follows the University of Florida Student Handbook and UF Health IRB guidelines.
 1. The SSH Code of Ethics can be found at: <https://www.ssih.org/SSH-Resources/Code-of-Ethics>
 2. The INACSL Standards of Best Practice in Simulation can be found at: <https://www.inacsl.org/inacsl-standards-of-best-practice-simulation/>
 3. The University of Florida Student Handbook can be found at: <https://handbook.uflonline.ufl.edu/>
 4. The University of Florida College of Medicine Policies and Procedures can be found at: <https://osa.med.ufl.edu/policies-procedures/>
 5. The UF Health IRB guidelines can be found at: <http://irb.ufl.edu/index/irb-policies-guidelines-and-guidances.html>

POLICY: Student and Employee Dress Code		CELS-2005
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised: 1/29/2020
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The Center for Experiential Learning and Simulation Dress Code Policy outlines how we expect our students and employees to dress. Employees should be aware that their appearance matters when representing our program in front of faculty, students, and visitors.

Policy: The Center for Experiential Learning and Simulation staff and students will follow established dress code guidelines. The main guiding principle for our dress code is to wear the attire that is appropriate for a professional working environment.

Procedure:

1. All employees and students must be clean and well-groomed. Grooming styles dictated by religion and ethnicity are not restricted.
2. All clothes must be work-appropriate. Workout clothing, shorts, or clothing typically worn for outdoor activities is not permitted. Students should dress as going to a clinical area.
3. All clothes must project professionalism. Clothes that are too revealing or deemed inappropriate are not permitted.
4. All clothes must be clean and in good condition. Discernible rips, tears, or holes are not permitted.
5. Clothing with stamps that are offensive or inappropriate is not permitted.
6. Examples of appropriate attire include but not limited to a polo shirt with khaki pants and surgical scrubs, i.e. OR green or dark-colored preferred. Shirts, sweaters, and hoodies should be a solid color or with approved UF logos.
7. Jeans are permitted with prior approval.
8. Hats are permitted with prior approval.
9. Closed-toe shoes are required for safety purposes.
10. Jewelry must not interfere with job performance or the safety of self or others.

Please refer to the University of Florida Office of Student Affairs College of Medicine policies and procedures on dress code for further information.

<https://osa.med.ufl.edu/policies-procedures/dress-code/>

POLICY: College of Medicine (COM) Non-Curricular Use of Center for Experiential Learning and Simulation Facilities and Resources by COM Student Groups		CELS-2006
Authorized:		
Original Date:	2/4/2019	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The University of Florida Center for Experiential Learning and Simulation (CELS) provides training and education space for students. This policy is to assist students who plan to schedule COM non-curricular use of Center for Experiential Learning and Simulation Center facilities and resources.

Policy: All request for simulation sessions, classes, training, or other use of space at the Center for Experiential Learning and Simulation will be initiated by contacting the scheduling coordinator. COM students or groups requesting the use of the simulation center will adhere to the following guidelines and procedures when requesting and using space and supplies within CELS.

Procedure:

1. All requests are made by completing the Center for Experiential Learning and Simulation (CELS) Reservation Request Form.
2. All non-curricular requests for CELS facilities and resources will be submitted to the scheduling coordinator 30 days prior to the activity.
3. Requests will include:
 - a. Room/space requested
 - b. Date and time room is needed
 - c. Type of simulation or activity requested
 - d. Simulation equipment requested
 - e. Consumables requested for the event
 - f. Identified responsible person (phone # and e-mail) and supervisor.
4. The COM Student Organization is responsible for all costs including consumables, supervision (e.g. specialist, faculty), and any damage to facilities or simulation materials.
5. The COM Student organization or point of contact from their group is responsible for all clean up and re-configuration of room at the conclusion of the event.
 - a. Room fees are waived if in the task training room or other after-hours “student use room” as this would be a self-study group activity.
 - b. Room fees are applied for use of experiential theatre or other CELS space.
6. Simulation equipment may be signed out for use after training and orientation to the requested equipment is completed or trained faculty/staff are present.
7. Simulation specialist or staff availability may limit the ability to provide setup, training, and orientation to the equipment.

POLICY: Simulation Center Scheduling Procedure		CELS-2007
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of this policy is to meet the diverse needs of user groups as much as possible given current resources and staffing.

Policy: All request for simulation sessions, classes, training, or other use of space at the Center for Experiential Learning and Simulation must be initiated via contacting the scheduling coordinator. When scheduling the simulation center space or insitu activities, educational and clinical simulation activities will take priority over non- clinical activities.

Procedure:

1. To request the use of non-simulation related HMEB space, all requests are submitted electronically to the scheduling coordinator by completing the online EMS calendar: <https://ahc.rooms.ufl.edu>. Log in with your Gatorlink credentials, and then hover over Reservations - you will see an option for Room Request. This will let you put in the details.
2. Schedule requests for the Anaclerio Learning and Assessment Center will be completed by contacting the ALAC schedule coordinator by phone. (352-294-8178)
3. To request the use of the Center for Experiential Learning and Simulation or to request an insitu simulation activity, requests should be submitted to the scheduling coordinator by email or phone: simulation@med.ufl.edu or 352-273-9697
4. For the Center for Experiential Learning and Simulation space:
 - a. The scheduling coordinator will review the request dates for availability.
 - b. When the requested dates are available, you will receive an e-mail confirmation once your request is approved.
 - c. If the dates are unavailable, the schedule coordinator will contact the requesting party to review other dates.
5. Schedule conflicts will be forwarded to the respective director or manager for resolution:
 - a. Building requests will be forwarded for approval to the Harrell Building Manager.
 - b. ALAC requests will be forwarded to the Director of Anaclerio Learning and Assessment Center.
 - c. CELS requests will be forwarded to the Director of Operations.
6. Resource requirements including space availability, staffing, and equipment will be confirmed by the operations director or designee.
7. Approval of the request is returned to the schedule coordinator who will notify the requesting department of schedule approval.

POLICY: Tour and Immersive Experience Policy		CELS-2008
Authorized:		
Original Date:		Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The University of Florida Center for Experiential Learning and Simulation (CELS) provides opportunities for outside guests to learn about experiential learning and simulation.

Policy: All request for tours and immersive experiences at the Center for Experiential Learning and Simulation will be initiated by contacting the scheduling coordinator.

Procedure:

1. All requests are made my completing the Center for Experiential Learning and Simulation (CELS) Reservation Request Form and submitted 30 days prior to the activity.
2. If approved, all visitors must comply with the Visitor Code of Conduct provided to the contact person for each group prior to arrival.
3. Visitor groups are limited, when possible, to a minimum of five (5) individuals and a maximum of ten (10) individuals per tour.
4. If a tour is specifically for a school class, the minimum age is 12 years old.
 - a. Tours will be limited to reduce disruption to learning activities.
 - b. A maximum of one (1) immersive experience will be scheduled per week to reduce disruption to Center operations.
 - c. Immersive experience may include CPR with the human patient simulators, Fundamental of Laparoscopic Surgery (FLS) trainers, and airway trainers.
 - d. Immersive experience for non-health care professionals will not include the use of the defibrillator or use of sharps (needles or scalpels).
5. Control rooms managing active simulation activities will NOT be included in tours. Control rooms without active simulation activities may be included.
6. Observation of live simulation activities may interfere with learners. It requires prior approval by leadership (Medical Director, Research Director, or Operations Directors), signed agreements for observation by the simulation participants, and signed confidentiality agreements from the observers.
7. The Operations Director will review and resolve any schedule conflicts, confirm type of simulation activity, and resources needed with simulation team members. Unresolved conflicts will be forwarded to the Dean of Experiential Learning.

POLICY: Visitor Code of Conduct		CELS-2009
Authorized:		
Original Date:		Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of this policy is to protect visitors, staff, and simulation equipment.

Policy: To protect the Simulation Center staff and equipment, tour groups are expected to adhere to the following procedures:

Procedure:

Safety and Access

To protect the simulation center staff and equipment, tour groups will be granted access to the Center by appropriate staff.

- Sign in with the center staff upon arrival
- If someone is requesting access, please contact a staff member. Do NOT open the door for them.

Dress Code

Business casual clothing and covered shoes are required.

Recordings

No photos or videotaping permitted.

Food and Drinks

To prevent damage/staining of equipment/facility rooms and to prevent insects and rodents:

- No food or drinks allowed in the Simulation Center.
- If on a break, any snacks or drinks must be consumed outside of the Simulation Center and any remaining items must be disposed of or in a sealed bag or container before entering the Center.
- No chewing or bubble gum within the Simulation Center.

Tobacco Products

No smoking or use of tobacco products within the Simulation Center.

Cell Phones/Digital or Wireless Devices

All cell phones and other digital devices must be placed in silent mode prior to entering the Center.

Children/Pets

Children and pets are NOT allowed in the Simulation Center.

Exceptions

- Children or pets included in a simulation or other learning activity
- Children accompanied by a parent or guardian as part of a previously approved activity
- Service animals as defined by the ADA

Behavior

Before observation of a live or pre-recorded simulation, visitors will be required to sign a confidentiality agreement to protect the learners.

- Do not touch any equipment or mannequins, unless permitted by Center staff.
- Do not sit on any surface other than chairs that have been provided.
- What happens in Sim stays in Sim. Do not discuss cases or scenarios outside of the Simulation Center.
- Maintain a courteous and respectful manner toward all participants.
- No pens; only pencils may be used in the Center.

Non-Compliance

These policies are in place to ensure a safe and supportive learning environment for all participants.

- Visitors arriving at the Simulation Center intoxicated or under the influence of drugs or alcohol will not be admitted.
- Actions observed by or reported to simulation staff or faculty that jeopardize the safety of another individual or show a willful disregard for simulation mannequins or equipment will result in an immediate end of the tour.
- Actions that repeatedly violate the policies stated above and/or creates a disruptive learning environment will result in an immediate end of the tour.

POLICY: Intern Orientation Policy		CELS-3002
Authorized:		
Original Date:	6/2/2020	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of the intern orientation policy is to orient them to the daily functions and to assist the operations of the Center.

Policy: Below is a guided orientation process to your transition into CELS. During this training period of a week, you will be assigned a mentor. Dependent upon the facility’s schedule, the days listed below are flexible. The duties per day post-orientation will be dependent upon CELS schedule.

Procedure:

Day 1:

- Tour of the building
- Badge access
- Locker
- Meet the team!
- Research process
 - Data collection
 - Projects
- Simulation process

Day 2:

- Room and theater setups
- Insitu process
- Task Trainers
 - Setup/Break down
 - Maintenance
- Simulators
 - Setup/Break down
 - Maintenance
 - Medical equipment

Day 3:

- Restocking crash carts
- Restocking insitu bags
- Restocking airway boxes
- Refilling IV bags
- Refilling demo dose drugs

Day 4:

- Inventory process
- Inventory communication board
- Update high density storage lists
- IRB Training

Day 5:

- Tour sessions
 - First look
 - PA demos
 - Alumni weekend
 - High school students
- Utilization reports
- Review orientation

POLICY: Learner Orientation to Simulation Equipment and Environment		CELS-3003
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The Purpose of this policy is a assure learners are oriented to simulation equipment and environment prior to experiential learning

Policy: Prior to each experiential learning event, learners will be oriented to the simulation environment and the simulator they will be using for the experience.

Procedure:

May be modified to reflect actual simulator being used.

- The mannequins we will use today have radial and carotid pulses.
- No pens or surgical markers are permitted near the simulators. Educators and learners shall not mark on any simulation equipment. No food or drink shall be permitted near the simulators. Covered drinks are permitted in the skills lab.
- They have chest rise, heart, lung, and bowel sounds and can talk.
- Vitals will be displayed on overhead monitors. If you want additional vitals (capnography, arterial line, CVP, etc.) just ask. You can assume that the readings are accurate.
- They can become cyanotic when their hypoxia is severe.
- IV fluids and medications can be given via the access provided and/or any access you obtain and need to be actually given as you would in a real event.
- Supplies will be provided as appropriate for the environment and clinical situation.
- If a code cart is accessed, keep in mind that a Broslow Tape or other resources are available with a variety of resources including the PALS algorithms and weight-specific medication dosing and equipment sizes.
- In the event that you need to defibrillate or cardiovert, place pads over bronze discs on the mannequin’s chest or clip simulated pads onto chest post.

POLICY: Orientation to Simulation Environment script		CELS-3004
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: To provide standard language and/or a script for the orientation of learners to simulation.

Policy: Learners will be oriented to the simulators and simulation environment prior to the simulation session

Procedure:

Thank you for attending today. We are glad you are here. We want to provide the safest and highest quality care to all of our patients and we believe that everyone wants to take the best possible care of our patients. The modules and these simulations aim to help us reach that goal.

- The simulations today are meant to be formative - to help us improve. They are not meant as a “test”. We are focusing on non-technical skills to improve our communication and teamwork.
- We are interested in the team’s performance. We don’t care if a single individual (point to someone or use a name) knows the dose of epinephrine, we do care that you as a team know how to use your resources and find the necessary information.
- The simulations are meant to be challenging. If they are not challenging, we are wasting your time. We don’t expect you to perform perfectly. We expect you to make mistakes. This is a safe place to make mistakes and to practice.
- Since that is the case, we operate under “Vegas Rules”. What happens in Simulation, stays in Simulation. We promise you that we will not discuss any individual’s performance outside of the simulation lab. No individual’s performance will be discussed with a supervisor, director, or anyone else. We also expect that all simulation participants will not discuss any other participant’s simulation performance outside the lab.
- We understand that the mannequins are not real patients, the environment is not your actual clinical environment, and that you may not act as you normally act in a clinical situation. Having said all that, we ask you to engage in these simulations as real clinical situations and that you treat the patients as real and do what you would actually do in a clinical situation. Like Mr. Rogers Neighborhood and the Land of Make Believe - even though it is not real, you can still learn something here.
- Additionally, while we encourage you to share the learning from the simulation with your colleagues, we ask that you not discuss specific scenarios. A tremendous amount of effort goes into developing scenarios and sharing the specifics of a scenario robs others of their opportunity to learn from the scenario. Besides, you wouldn’t want anyone to do better than you did.
- We will orient you to the simulator and the environment. If you want to know if the patient is wheezing, you need to listen. If you want to know if the patient has a pulse, you need to check the patient’s pulse. Simulation is a contact sport and everyone on the team will be involved.
- Again, recall that we are focusing on non-technical skills. As you reviewed in the modules, we expect to hear you using shared mental models, closed-loop communication, clarifying questions, etc.

POLICY: Simulation Operations Specialist Orientation Policy		CELS-3006
Authorized:		
Original Date:	6/2/2020	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The intent of the Simulation Operations Specialist Orientation Policy is to provide a foundation in daily operations at the Center for Experiential Learning and Simulation. At the end of this orientation, you will have the basic knowledge of our equipment and processes.

Policy: The Simulation Operations Specialist will follow a schedule dependent 6-week orientation process with a mentor to help teach about the simulators, task trainers, course setups, and insitu simulation processes.

Procedure:

6 week foundation period:

During this 6 week period, you will be assigned a preceptor to help guide you along your transition into our team. Your preceptor will help teach you about the many simulators, task trainers, course setups, and insitu processes we do here at the University of Florida. Listed below is a week by week breakdown of the 6-week orientation. The weekly goals are fluid and subject to change based on the simulation center’s schedule.

At the end of this orientation, you will have the basic knowledge of our equipment and processes. We do not expect you to become an expert by the end. Please use this as a guide along with your competency checklist with your preceptor.

Week 1:

- Building tour with Building Manager
- Introduction to building AV team
- HR meeting and parking
- Hospital tour
- Introduction to simulation calendar and email system
- Reservation form
- Who we serve
- Insitu setup
- IRB Training

Week 2

- Theaters, classrooms, and course setups
- Gas operations
- Task trainer orientation
 - Airway trainers
 - OB/GYN trainers
 - Harvey
 - Trauma man and child
 - LP trainers
 - Art line trainer
 - PIV trainer

- CVL trainer
- Ultrasound machines
- SONO sim
- Suture blocks
- TEE trainer
- Bronchoscopy simulator
- IO trainers

Week 3

- Gaumard and Laerdal software programming
- Super Tory, Pediatric Hal, and SimMan 3G
- Crestron
- AV setups
- IT request forms
- Contacting vendors

Week 4

- Scenarios on the fly
- Victoria birthing simulator
 - Software and setup
- Hank and Henry simulators
 - Software and setup
- Crash cart
- Defibrillator
- Airway box
- Alaris pump
- IO gun

Week 5

- Introduction into EMS/SimIQ
- AV viewer
- My Training
- ALAC

Week 6

- Ingmar Software w/ 3G capability
- FLS box trainer
- Sim Characters Paul simulator
- Preemie Anne Laerdal simulator
- Female Tactical Care Simulator
- Simulation specific courses as needed
- Common drugs
- Ventilator
- High flow nasal cannula
- NIV
- On the fly simulation scenario with the team

POLICY: Pre and Post Course Procedures		CELS-4004
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, Med	

Purpose: The purpose of this policy is to provide effective experiential learning and simulation opportunities for learners within the simulation program.

Policy: The Center for Experiential Learning and Simulation staff will follow established guidelines for effective pre and post-course operations.

Procedure:

- A. Once a course is scheduled it will be assigned to a simulation staff member to facilitate and coordinate the course implementation. The staff member will meet with the client to:
 1. Identify staff mix and total number of learners and discuss scheduling related issues.
 2. Identify equipment/supplies needed and room requirements.
 3. Assure learning objectives are identified.
 4. Collaborate with clients to develop content and scenarios based on learning objectives.
 5. Identify a date for completion of scenario development.
 6. Develop and pilot scenarios with course content experts.
 7. Identify pre-course work for learners.
 8. Coordinate Facilitator Course enrollment of Content Experts. (If applicable)
 9. Obtain IRB Approval and collaborate with Research Coordinator. (If applicable)
 10. Obtain continuing medical education and continuing education contact hour approval (if applicable).
 11. Obtain Confidentiality and AV agreements from learners.
 12. Assist in course implementation.
 13. Simulation room, simulator, and supplies setup.
- B. At the close of the course, the staff member will:
 1. Collect course evaluations from attendees (if applicable)
 2. Distribute CME and CEU information to attendees after submitting course evaluations
 3. Debrief course with content experts and simulation educators
 4. Distribute recommendations for course changes
 5. Maintain research records according to IRB protocol (if applicable)
 6. Update roster
 7. Maintain online evaluation system
 8. E-mail course participants on online evaluation link
 9. Send reminder evaluation e-mails as necessary
 10. Review course evaluations and enter into database
 11. Simulation room, simulator, and supplies take down and clean up

POLICY: Simulation Room Setup		CELS-4005
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, Med	

Purpose: The purpose of the simulation room setup policy is to assure basic simulation equipment and supplies are readily available in each simulation room.

Policy: Following each simulation session, the following tasks will be completed by a Simulation Operations Specialist.

Procedure:

1. Remove all props and moulage off mannequin. Dress simulator in a patient gown with a pillow and blanket
2. Check inside the headwall: make sure all items are stocked and in the right place.
3. Refill the RSI kit and code drugs if any drugs were used.
4. Check outside the headwall: make sure to have a suction canister, oxygen hook up, and medical air hookup with trees.
5. Restock crash cart according to attached guide and lock.
 - a. Check BVM bags for all parts
 - b. Place backboard on back or side of the crash cart
 - c. Check defib pads
6. Restock airway box according to attached guide and lock.
7. IV pole goes on the left side of the bed. Make sure it has a bag of NS hanging and a stethoscope.
8. CPR stool goes on the right side of the bed.
9. Wipe down simulator, crash cart, airway box, and stethoscope with Sani-Wipes.
10. Check to assure gloves and hand sanitizer are stocked in each room.

POLICY: Simulator Moulage Policy		CELS-4006
Authorized:		
Original Date:	1/13/2020	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The intent of the simulator moulage policy is to provide a standardized approach to applying moulage in a way that will maintain the integrity of our high fidelity simulators.

Policy: All Simulation Operations Specialists will use an acceptable barrier type before applying moulage to a high fidelity simulator. Appropriate and thorough cleanup will occur immediately after the simulation to prevent staining and maintain the integrity of our simulators.

Procedure:

- NEVER APPLY MOULAGE DIRECTLY TO SIMULATOR
- Use moulage sparingly
- Types of moulage: colored creams, color palettes, wax, premade lacerations
- Always use a barrier before applying moulage
- Acceptable barriers: tegaderm, simulated skin
- Always clean up immediately following a simulation

Types of Moulage

The moulage kit has several options for different types of moulage. It is great for creating quick burns, bruises, lacerations, and other effects.

Colored Creams

Most often we use colored creams to moulage. These are the most damaging to our simulators as they stain very easily. When applying a colored cream, always make sure there is a barrier. NEVER APPLY DIRECTLY TO SIMULATOR SKIN. These creams are extremely pigmented and very little is needed to create an effect. Excessive use of these creams creates unnecessary staining and cleanup. Use them sparingly and always on top of a barrier. These are best used on top of a simulated skin.

Color Palettes

Color palettes are also great for creating effects. They are not as staining as the colored creams but should also always be applied on top of a barrier. They are slightly more difficult to work with than colored creams but often give a more realistic effect. Use the spray bottle of alcohol to activate these palettes for use. These are easy to use on top of tegaderm.

Wax

Wax is great for creating 3D effects such as scars and lacerations. They will not stain the simulator but should also be applied on top of a barrier. This is easy to use on top of simulated skin.

Premade Lacerations

There are many premade lacerations that can be applied directly to the simulator without a barrier. These are plastic and have no risk of staining. Use the “It Stays” body adhesive in the moulage kit to stick them directly to the simulator. They are easy to remove after and easy to clean up.

Types of Barriers

Simulated Skin

The moulage station is stocked with everything you need to apply moulage safely and correctly. There are bins labeled “extra skin” with simulated skin in different tones that are to be used for moulage. They are available to be cut into different sizes and shapes for your specific moulage. Always use a skin as a barrier. You can apply moulage directly to the simulated skin. These are designed to be used and stained and are disposable. Simulated skin can cover arms, legs, neck, and torso.

Tegaderm

Sometimes moulage is required on parts of the simulator that would be difficult to use a simulated skin such as the face, hands, and feet. These body parts also need to be protected from stains as they are quite visible. Before applying moulage, place a tegaderm in the place where you wish to moulage. Apply the moulage directly to the tegaderm. Tegaderm creates a slippery surface, so to avoid smudging, apply another piece of tegaderm over the moulage. This keeps the simulator and our learners free of accidental stains.

If a tegaderm top coat is not desired, use baby powder on a clean applicator wedge to dab on top of the moulage. This takes away the shiny coat of the tegaderm and helps “set” down the moulage.

Clean Up

Clean up is the most important step in maintaining the integrity of our simulators. After each scenario, make sure to clean all moulage off of the simulator immediately to avoid staining or ruining of the skin. Acceptable cleaning materials include alcohol wipes, red top wipes, purple top wipes, and adhesive remover wipes. Make sure to thoroughly check the simulator to ensure all moulage is removed.

Adhesive Remover

Tegaderm and different tapes can leave a sticky residue on our simulators. This should be cleaned up immediately to avoid a buildup of gunk. Adhesive remover wipes make easy work for any sticky surface. They are also great at removing the majority of any accidental stain. These wipes leave a slippery film on the mannequin so make sure to wipe it down afterward with a red or purple top wipe.

POLICY: Equipment Maintenance and Infectious Diseases Control		CELS-4007
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised: 8/27/2020
Approved by:	Mary Patterson, MD, Med; Tom LeMaster, RN, MSN, MEd	

Purpose: The intent of this policy is to ensure maintenance and service functionality of simulation center equipment. Routine simulator/equipment maintenance will be scheduled so as to not interfere with learner activities.

Policy: Simulation equipment maintenance will occur as scheduled to maintain all simulation equipment in good working order. Maintenance will be scheduled to avoid an interruption in learning activities.

Procedure:

1. Simulators, task trainers and medical equipment will be stored and maintained on the 4th floor center or other designated location.
2. The simulation program director or designee will schedule monthly simulator/mannequin maintenance.
3. Simulator/Mannequin maintenance will be systematic and adhere to manufacturer recommendations and guidelines for care and maintenance of equipment.
4. A written record of inspection for the simulators including servicing needed, cleaning, etc. will be maintained electronically.
5. Simulation equipment will be maintained by the simulation center staff using the following schedule:

After each use:

Mannequin Simulators

1. Wipe down all mannequins and low fidelity skills trainers to remove all adhesives, moulage and markings.
2. Drain all fluids and the flush tubing system per manufacturer guidelines.
3. Assess all task trainers, mannequins and medical equipment for obvious damage, leaks, necessary part replacements, and cleanliness. If not in use or scheduled to be used, once wiped, drained and dried, store in appropriate area.
4. Check supply of linen, replace as needed.
5. Change dirty/wet linen and clothing.
6. Set aside course disposables to be inventoried by simulation specialists.
7. Unused disposables will be placed in storage.
8. Power off simulators, PCs and wall monitors.

Ultrasound Machines

Set-up

1. Plug in machines to charge the batteries. (If the machine is left unplugged, the battery will drain and shut off and not turn back on until it has a certain amount of charge)
2. Assure the machines have been wiped down after last use
3. Assure ultrasound gel, hand towels, and wipes with the red lid are stored with the ultrasound machine. Ultrasound machines are only cleaned using the wipes with the red lid. Others cleaners may damage the wands and other parts.
4. Assure the DVI adaptor for each ultrasound is located with the machine. This is needed to display the images on a large screen
5. If using the machines in the hospital rooms: assure patient beds have a clean sheet on the bed and a pillow with a pillowcase.

6. If needing 3 beds, the double bed is located in room 20.

Take-down

1. Turn off machine and unplug; wrapping cord around hook
2. Wipe off gel on the wands and machine using wipes in the red lid
3. Dispose of used towels in soiled linen bags
4. Make sure the DVI adaptors are still with each machine
5. Return to storage room located in ALAC 3rd floor.
6. If using hospital rooms, remove used sheet and pillowcase from beds and place in the soiled linen bags

**Ultrasound machines are no longer under warranty. If any problems arises, call SonoSite to help troubleshoot.

Weekly:

1. Clean and inspect all equipment.
2. Wipe down skin/covers. Remove any adhesive, moulage or markings left on skin.
3. Turn on and test all electronic devices, check/replace batteries as needed.
4. Drain all fluids and the flush tubing system. Add antifungal agent as needed.
5. Change dirty/wet linen and clothing.

Monthly:

1. Inspect (and if needed, replace) all disposable parts on Simulators.
2. Assess for wear and tear that might need major work or factory service.
3. Complete monthly checklist on Harvey Simulator to assure proper functioning. See Harvey Checklist in appendix.
 - a. Wash hands prior to using Harvey
 - b. No CPR or Chest compressions
 - c. No ink pens
 - d. TALC powder added to preserve skin
 - e. Operation procedure
 - i. Power on master switch
 - ii. Once power on, defaults to case 46
 - iii. Press C = keep in state selected without revealing to students state Harvey is in.

Annually:

1. Preventative maintenance package completed by respective vendor

As Needed:

1. Contact vendor for onsite maintenance or verbal/written guidance if equipment issue is unable to be successfully used.

Equipment Damage, Breakage and Repair

2. The Operations Director will be notified as soon as possible when damage to simulation center equipment or supplies is discovered.
3. All equipment breakage and repair will be documented on the repair log and filed electronically in the simulation center data base.
4. The staff member who initially notes, observes, or identifies the breakage or need for repair shall notify the Operations Director and complete the repair log.
 - a. O:\DOCOM\SHARE\EA-CELS\Equipment\Simulator Maintenance Reports
5. The repair log will be maintained by the CELS Simulation Specialists and will include the following:
 - a. Name of equipment
 - b. Description of equipment (may include pictures)

- c. Warranty information for equipment Vendor contacts
 - d. The simulation specialists will oversee the repair process as needed.
6. After repair has been completed and confirmed by the Simulation Specialists, the incident is considered resolved.

POLICY: Equipment Loan Policy		CELS-5002
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised: 2/28/2019
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The intent of this policy is ensure the availability of simulation equipment to meet learner needs for training and education.

Policy: Simulation equipment will be made available for learner training and education as the schedule permits with reasonable notice.

Procedure:

1. Simulation equipment will be stored and maintained per the simulation maintenance policy.
2. Simulation equipment will be assigned to a course and faculty requesting the equipment when the course is approved and scheduled.
3. Simulation equipment not assigned to a course will be made available upon request on a first come first serve basis.
 - a. Simulation equipment may be signed out for use after training and orientation to the requested equipment is completed.
 - b. Simulation Operations Specialist or staff availability may limit the ability to provide training and orientation on the equipment.
4. Students may sign out and use approved task trainers.
 - a. Faculty will approve students for individual learning sessions on specific task trainers.
 - b. Faculty must complete the Preceptor Attestation for independent Practice form located on the CELS website.
 - c. <https://simulation.med.ufl.edu/training/preceptor-attestation-for-independent-practice/>
5. Staff will fill out the loan checklist form located on the O-drive which includes department, point of contact, date taken, date due, and date returned along with description of item and condition pre- and post-return.
6. Staff will fill out the loaner board located by high density describing which item and date it was loaned, point of contact and which staff member loaned the equipment out.

POLICY: Oxygen Supply		CELS-5003
Authorized:		
Original Date:		Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of the oxygen supply policy is to define the proper use and procedure of oxygen during simulations at the center.

Policy: Simulation Operations Specialists will turn the oxygen supply on for each simulation and ensure that it is turned off at the end of each day or simulation where oxygen is required following the procedure below. Oxygen tanks will be reordered when the supply is low.

Procedure:

A. Turning the oxygen on:

1. The oxygen is located on the 5th floor. Before every simulation, turn the oxygen on. Check the pressure in the lines to make sure the tank has sufficient oxygen for the day.
 - i. There is an oxygen sign located at the communication board. Flip the sign to signify that the oxygen is turned on.
2. Turn the oxygen on for the theater being used by checking the gas panel on the wall in the control room. To turn the gas and suction on, push the handle flush to the wall. This is the same process for medical air and suction.
3. Make sure the oxygen hook ups in the rooms are turned off to eliminate leaks.

B. Turning the oxygen off:

1. Make sure the oxygen hook ups in the rooms are turned off to eliminate leaks.
2. At the end of each day or course, turn the oxygen off in the theaters using the gas panel on the wall of the control room. To turn the gas off, pull the handle towards you. This is the same process for medical air and suction.
3. Turn the oxygen off on the 5th floor. Make sure the tank is closed all the way to eliminate oxygen leaks.
 - i. There is an oxygen sign located at the communication board. Flip the sign to signify that the oxygen is turned off.

C. Replacing an empty tank:

1. Disconnecting an empty tank
 - i. Make sure to turn the tank off by hand tightening the valve.
 - ii. Using the wrench tool located on the 5th floor in the oxygen room, loosen the copper connection hose and disconnect.
 1. Mark the empty tank with a block that says “empty”
2. Connecting a full tank
 - i. Full tanks are marked with a black metal cap covering the valve. Remove the metal cap.
 - ii. Connect the closest copper connection hose by bending the hose to the port.
 - iii. Tighten the connection as much as possible with the wrench tool to eliminate leaks.
 - iv. Turn the valve on and check the pressure in the line.

D. E-cylinders

1. E-cylinders are the responsibility of faculty members who request the use of them. They can

be stored in the gas closet on the 4th floor.

2. The Center for Experiential Learning and Simulation is not responsible for the supply or reorder of e-cylinders.

E. Reordering Oxygen

1. Oxygen tanks should be replaced when stock reaches 50%. Our oxygen hook ups support 5 tanks. When 2 tanks are empty and the third is in use, place an order for 2 more tanks.
2. To reorder oxygen tanks log in to myUF Marketplace.
3. Follow the steps outlined by the UF Procurement Services on how to purchase from AirGas by calling 352-338-7508
 - i. CELS account number is: 3246785
 - ii. Product: Medical USP Grade Oxygen, Size 200 Cylinder, CGA-540 Airgas Part #: OX USP200
 - iii. For a reference invoice: O:\SHARE\EA-CELS\Invoices\Airgas
4. Email the team once oxygen has been ordered to prevent duplicate orders.

POLICY: Separation of Patient Care and Simulation Supplies		CELS-5004
Authorized:		
Original Date:		Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, Med	

Purpose: The purpose of this policy is to prevent the inappropriate utilization of equipment, supplies, or materials for actual patient care resulting from CELS activities.

Policy: CELS will avoid the mixing of clinical and training materials wherever possible and enact procedures to minimize risk that real patients inadvertently or are inappropriately cared for with equipment and supplies used for training.

Procedure:

1. During insitu simulations, we will utilize real patient supplies when possible excluding medications.
2. During insitu simulations, we will use simulated blue medications labeled as “not for human use” to minimize the risk to the patient care environment.
3. CELS will label materials and equipment for simulation use only.
4. Participants will not remove training materials from the center.
5. Training equipment and materials will be segregated from clinical environments by limiting their use to the simulation spaces.
6. Simulation equipment and supplies will be maintained and stored in the dedicated CELS space.

POLICY: Biological Specimen Disposal Policy		CELS-6001
Authorized:		
Original Date:		Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The University Of Florida Center for Experiential Learning and Simulation (CELS) will dispose of biological waste in compliance with NIH/CDC guidelines, the State of Florida Administrative Code 64E-6, and restrictions of the local county landfill.

Policy: Team members will follow the biological waste disposal policies set in place by the University of Florida, referencing the Environmental Health and Safety Policy located at http://www.ehs.ufl.edu/programs/bio/waste/biowaste_policy/.

Procedure:

1. Corrugated biomedical/biological waste cardboard boxes
 - a. Sturdy, pre-printed cardboard bio waste boxes displaying the biohazard sign are used as the terminal receptacle. Do not overfill; boxes must weigh less than 45 lb. Tape all seams.
 - b. Label the biomedical/biological waste box with the date put in use, generator’s name (PI/area supervisor), room number, and phone number. Only properly prepared and labeled corrugated biomedical/biological waste boxes will be accepted for pickup or transport to the biomedical/biological waste storage receptacle (trailers). Waste receptacle personnel are instructed not to accept any other type of containers.

2. Biohazard bags:
 - a. All biohazard bags must meet impact resistance (165 grams), tearing resistance (480 grams), and heavy metal concentration (<100 PPM total of lead, mercury, chromium and cadmium) requirements. Documentation from the manufacturer regarding these requirements must be available. Do not put liquids into the bags.
 - b. Red biohazard bags are placed in a biomedical/biological waste box for disposal.
 - c. Once the box is secured as outlined above, the box can be placed in the hallway outside of the room.
 - d. Biohazard boxes and biohazard bags will be provided by CELS and stored in room 473.

3. Sharps
 - a. Sharps are instruments that are intended to cut or penetrate skin. All used sharps must be disposed of in red sharps plastic containers.
 - b. Close the sharps box when it is ¾ full. Do not store closed sharps boxes for more than 30 days. Sharps boxes are placed into the red bag-lined cardboard biological waste box for disposal per above outlined process.
 - c. Sharps plastic containers will be provided by CELS.

POLICY: Confidentiality Agreement		CELS-6002
Authorized:		
Original Date:		Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

During your participation in the Anaclerio Learning and Assessment Center (ALAC) and the Center for Experiential Learning and Simulation (CELS), you will be exposed to and often participate in simulated medical events.

Confidential Information: UF Health* has a legal responsibility to safeguard the confidentiality and security of operational and proprietary information. This information may include, but is not limited to, provided instructional materials, and information concerning the structure and design of various interactive curriculum components, and may exist in any form, including electronic, video, spoken, or written.

Lecture Recordings: UF Health may provide video recordings of some curriculum components to its learners. The goal of this initiative is to improve our learner- centered curriculum, allowing flexibility and to accommodate differing learning styles. The video recordings are intended for exclusive use by learners enrolled in the University of Florida College of Medicine (UF COM), certain UF Health professionals and other individuals granted permission from the responsible faculty member. In accordance with the UF Intellectual Property Policy, UF faculty members maintain copyright ownership of their lectures. UF COM will maintain ownership of these recordings and will use recordings in accordance with this policy. Therefore, any information discussed during the recordings amongst learners and faculty members concerning the materials is confidential and proprietary.

Recorded Standardized Patient Encounters: The ALAC provides learners with hands-on learning experiences and offers opportunities to simulate board certification testing environments. To do so students and standardized patients are video recorded in potentially delicate situations and thus these patient encounters are confidential.

Simulation Center Involvement: The mission of the CELS is to train individuals to enhance their performance of representative medical tasks. To do that, challenging events are created and trainees are subjected to conditions that may increase the likelihood of errors in performance. It is the position of the CELS and UF Health that these individual performances are confidential. Furthermore, the information used to design a simulation course, disclosed during the course and the documents and materials used during and/or generated afterward are also confidential and proprietary information (Confidential Information).

During your participation in these programs, in whatever role, you are asked to maintain and hold strictly confidential all information regarding the simulation scenario, instructive materials and performances of specific individuals and not to disclose at any time any Confidential Information.

Therefore, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, you agree by signing at the end, to the following items (Agreement):

- You acknowledge that UF Health has formally stated in policy its commitment to preserving Confidential Information in any format. You understand that you are required, if granted access to such information, to maintain its confidentiality and security.

- You have no expectation of privacy when, working within CELS, ALAC or during insitu simulations. UF may record, audit, log, and/or monitor access to or use of its facilities.
- You will maintain the strictest confidentiality about the information in recorded lectures and hold confidential any information captured in the recordings or provided in the distributed instructional materials. You agree that the ability to provide such comprehensive learning opportunities would be hindered if the materials were shared outside of UF Health.
- You will hold confidential all information regarding standardized patient encounters in the ALAC. You agree that sharing any unauthorized information about encounters would diminish the learning experience of other developing learners and compromise the ability of all participants to freely simulate both successful and errant physician-patient encounters.
- You will maintain the strictest confidentiality about any individual's CELS performance and to hold confidential all information regarding the performance of specific individuals.
- You agree that the mission and goals of the CELS could be undermined, the effectiveness of the training greatly diminished, and the individuals subjected to unwarranted criticism should information about their performance be discussed outside of the training sessions.
- You agree that the Confidential Information obtained by you as a participant in and/or facilitator of the UF Health learning curriculum is and shall continue to be the exclusive property of the UF Health, whether or not it is prepared in whole or in part by you and whether or not it is disclosed or entrusted to you in connection with your participation and/or facilitation.
- You will not disclose Confidential Information, either directly or indirectly, under any circumstances or by any means, to any third person without the express written consent of the UF Health. You will not copy, transmit, reproduce, summarize, quote, or make any educational, commercial, or other use whatsoever of any Confidential Information, except as may be necessary for your participation in and/or facilitation of authorized curriculum activities.
- You will not utilize any screen capture or recording applications to extend personal access to Confidential Information beyond its permitted uses and that personal use of Confidential Information excludes any disclosures over private or public social media platforms.
- You will not record training using mobile phones or other devices, nor take photographs.
- You will exercise the highest degree of care in safeguarding Confidential Information against loss, theft, or other inadvertent disclosure, and to generally take all steps necessary to ensure the maintenance of confidentiality in information and individual performances.
- You understand that upon termination of your affiliation/association with UF Health, you will immediately return or destroy, as appropriate, any Confidential Information in your possession. You understand that your confidentiality obligations under this Agreement remain in effect after the termination of this Agreement and after termination of your affiliation with UF Health.
- You will immediately report any known or suspected violations of the confidentiality of UF Health to the UF Privacy Office. UF Health recognizes all legal prohibitions against retaliation and strives to protect program participants who openly report violations.
- You understand that violations of this Agreement may result in revocation of your user privileges and/or disciplinary action, up to and including expulsion or termination, and that UF Health may seek any civil or criminal recourse and/or equitable relief.



Signature: _____

Printed Name: _____ Date: _____

*For purposes of this agreement, UF Health includes the University of Florida Board of Trustees for the benefit of the University of Florida College of Medicine and Shands Teaching Hospital and Clinics, Inc.

POLICY: Emergency and Severe Weather Response		CELS-6003
Authorized:		
Original Date:	12/16/2019	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The University of Florida Center for Experiential Learning and Simulation will maintain an emergency response plan.

Policy: Team members will follow the emergency response policies set in place by the University of Florida. For all weather related emergencies and emergencies to the physical plant, refer to the Environmental Health and safety policy located at <http://www.ehs.ufl.edu/> and <http://www.ehs.ufl.edu/emergencies/>.

Procedure:

1. For all fire, police, and medical emergencies call 911.
 - a. In the event of a fire alarm, all personal will leave the Harrell building immediately. Staff will advise faculty and students to do the same.
 - b. In the event of the Harrell Building being evacuated for any reason, move at least 100 feet from the building.
2. There is an AED located on the 1st and 4th floor of the Harrell Building for medical emergencies.
 - a. All University Police Department vehicles are equipped with AED units.
3. In the event of a major disaster affecting the campus, the UF Homepage is the official source of UF emergency related information.
4. If you are listed as essential personnel in the emergency response policy, you will be notified and will know your role in the event of an emergency.

POLICY: Pandemic Protocol		CELS-6004
Authorized:		
Original Date:	7/8/20	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of the pandemic protocol is to outline safety precautions in the event of a global pandemic or related health risk.

Policy: All personnel and staff will follow the pandemic protocol as outlined below. The building will operate according to the University of Florida’s protocol and will follow CDC guidelines as it pertains to the illness or threat.

Procedure:

The Center for Experiential Learning and Simulation will follow CDC guidelines as they are reported. All staff will also adhere to protocols determined by the University of Florida or the College of Medicine for safety requirements.

For more information visit: <https://www.cdc.gov/>

POLICY: Simulation Psychological Safety Policy		CELS-6005
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: Psychological safety impacts the learners’ ability to engage in simulated events and critical reflection. Engagement in these activities is essential in fostering changes in critical behaviors and improving team performance. The intent of this policy is to assure psychological safety during simulation activities.

Policy: To ensure psychological safety for learners at CELS the Facilitators will adhere to the following guidelines:

1. Provide a pre-brief prior to simulation events/scenarios.
 - a. Orientation to the simulated environment
 - b. Establish a mutual contract for a successful simulation experience.
 - c. The pre-brief will serve as an orientation session prior to the start of the simulation-based learning experience in which instructions or preparatory information is given to the participants.

Procedure:

1. During the pre-brief the facilitators will:
 - a. Review the orientation to the simulation environment script:
 - i. Remind learners of confidentiality and instruct the participants not to discuss the simulation events outside of the exercise.
 - ii. Instruct the participants to maintain confidentiality of the case.
 - iii. Acknowledge the artificial environment.
 - iv. Orient the participants to the simulator and the environment.
 - v. Define a length of time for the entire exercise.
 - vi. Instruct the participants on how to elicit additional resources if needed (e.g. phone and numbers to call).
 - vii. Instruct the participants to practice within their professional scope.
 - viii. Verbalize that mistakes are possible and this is our opportunity to improve our behaviors, skills, and ultimately our patients’ outcomes.
2. If a learner has obvious or expressed emotional distress because of an event that occurred during the simulation or if the simulation led them to a “real life” emotional frame, the facilitator will have a one-on-one discussion with the learner in an attempt to resolve the issue.
3. The facilitator responsible for the learners will notify the CELS Operations Director of the event as soon as possible.
4. In the event the facilitator is unable to assist the learner and referral for assistance is needed, the learner will be referred to the UF Employee Assistance Program (EAP) or the Counseling and Wellness Center (CWC). College of Medicine students are referred to the Office of Student Counseling and Development.

POLICY: SARS-CoV-2 CELS Cleaning Policy		CELS-6006
Authorized:		
Original Date:	August 6, 2020	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: To ensure a clean and safe environment for learners and faculty while participating in procedural training and simulation events.

Policy: The Simulation Operations Specialists will ensure disinfected equipment for learners and faculty participating in CELS courses that align with CDC guidelines for SARS-CoV-2.

Procedure:

- SOS will ensure that there is accessible gloves and hand sanitizer for learners and faculty
- After each task training and simulation event, SOS will wipe down each device used, and the surface it was provided on.
- This includes:
 - All task trainers utilized
 - Reused medical supplies
 - Bed rails
 - Table surfaces
 - Simulators
 - Defibrillators
 - Crash carts
 - IV poles
- The cleaning product used:
 - **Super Sani-Cloth**
 - Efficacy includes:
 - Bactericidal, Tuberculocidal, Virucidal
 - **EPA List N**
 - On March 13, 2020, the CDC updated their recommendations for EPA-registered disinfectants to refer to the EPA website for EPA’s List N entitled Products with Emerging Viral Pathogens and Human Coronavirus claims for use against SARS-CoV-2 (COVID-19).
 - Super Sani-Cloth® Germicidal Disposable Wipes can be found on List N.
- The Simulation Operations Specialist will don on gloves and a mask while cleaning task trainers, surfaces and simulators
- Leave the disinfectant to dry for 2minutes before deemed clean and ready for use

Exceptions include:

- Sonosite ultrasound machine probe tips (red and grey top Sani-cloth only)
- Harvey Manikin
- Any alcohol sensitive equipment

POLICY: Audio Visual Use and Storage Policy		CELS-7001
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, Med	

Purpose: The purpose of this policy is to protect the rights and privacy of University of Florida employees and external participants engaged in educational simulation sessions. The University of Florida overarching policies will be followed, in addition to the process below.

Policy: The use of video and photography of simulation sessions may be retained for any one or a combination of the following purposes:

1. Publications or promotional activities including but not limited to news media, websites, or brochures.
2. Research or teaching aids, scientific presentations, and potential scientific journal publications.
3. Records of the progress of patient safety activities.
4. When photographs and/or videos are taken during a simulation session, all participants are requested to sign a video release authorization form. Photographs and/or videos with individuals that have not signed consent will not be made public or shared.

Procedure:

1. Promotion or Publicity
 - a. Any video and/or print media for promotional purposes must be approved by the Associate Dean of Experiential Learning or CELS Operations Director, and Marketing and Communications Department.
2. Research or Teaching
 - a. Any CELS team member who desires to use photographs, videos of simulation sessions for research, teaching and/or potential scientific journal publication must insure a release and authorization from the participants of the simulation session has been obtained.
 - b. Use of recorded simulation media by UF employees outside of CELS is at the discretion of the Program Director.
 - c. The Simulation Center maintains rights to all media.
3. Simulation Sessions
 - a. Video records may be made and kept on file for each simulation session. These records may be used at a later date as outlined in previous sections.
 - b. Videos will be kept on file in a secure, password protected site within the University of Florida internal network for five years. After such time, video records will be deleted unless deemed to be of continuing educational value at the discretion of the Director of Operations or Associate Dean of Experiential Learning.
 - c. Videos of simulation sessions will not be made public unless authorization forms have been signed and are on file from all participants.
4. University of Florida Rights Reserved
 - a. The Center for Experiential Learning and the University of Florida reserve the rights to restrict or refuse the photographing and/or video recording of any training session based on employee concern. This decision may be made by the training facilitator.

POLICY: Authorization and Consent to Photograph and Publish		CELS-7002
Authorized:		
Original Date:		Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

The term “photograph” as used in this agreement, shall cover motion picture or still photography in any format, as well as videotape, videodisc, and any other mechanical mean of recording and reproducing images.

The undersigned thereby authorizes the staff of the University of Florida to photograph or permit other persons to photograph while participating in its training programs.

Print Name

The undersigned agrees that the College of Medicine staff may use and permit other persons to use the negatives, prints, videotape or films prepared from such photographs for purposes and manner as either may deem appropriate. The undersigned agrees the photographs may be used for the purposes including, but not limited to, dissemination to the hospital staff, physicians, health professionals for educational, research, scientific, and that such dissemination may be accomplished in any manner. Such use is subject to the following limitations:

- All video records generated for routine use will be retained on secure servers, accessible only by users authorized by the College of Medicine for up to 5 years or 1 year after the student’s affiliation with the College of Medicine ends, whichever comes first.
- Materials used for promotional and scholarly purposes will be retained as long as reasonably necessary.

The undersigned has entered into this agreement in order to assist scientific discovery, education, and hereby waives any right to compensation for these uses by reason of forgoing authorizations, and the undersigned and his or her successors, hereby hold the staff of the UF COM and the Center for Experiential Learning and Simulation and their successors, harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

Yes, you may use my video for education, scientific and research purposes.

Date: _____

Signature: _____

Title/Position: _____

POLICY: Complaint Resolution Process		CELS-9001
Authorized:		
Original Date:	2/28/2019	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of the Complaint Resolution Process is to manage and resolve any disputes, complaints, concerns, or problems that arise from a course, program, or simulation delivered by the Center or by a member of the Simulation Center staff. It is optimal that disputes, complaints, and allegations be handled by the Center for Experiential Learning and Simulation (CELS).

Policy: The Center for Experiential Learning and Simulation will investigate all concerns, disputes, complaints, or allegations within the simulation center. All actions will be managed in a clear, respectful, impartial, and organized manner that is consistent with the ethics, values, policies and procedures of the Center for Experiential Learning and Simulation and the University of Florida.

Resolution of concerns, complaints, and allegations will be handled in accordance with UF Health and the COM Human Resources, Title IX, and other appropriate UF policies.

Procedure:

- A. All student or learner complaints or concerns will be initially directed to the faculty course coordinator or course facilitator. If students or learners are uncomfortable taking the concern to the faculty member, the learner may directly contact the Director of Operations of CELS, Director of the Anaclerio Learning and Assessment Center (ALAC), or the Associate Dean of Experiential Learning.
- B. If faculty or facilitator is unable to resolve the issue, the Program Director, in collaboration with the Associate Dean of CELS, will investigate and attempt to resolve the dispute, complaint, or allegation within 30 calendar days after being made aware of the problem.
- C. The individual lodging the complaint/concern should provide:
 - 1. Their name and all applicable contact information or simply state the problem or complaint
 - 2. Anonymous Complaint/Grievance.
 - 3. The date, time and location of the specific incident.
 - 4. A written detailed description of the dispute, complaint, or allegation including location.
 - 5. Copies of all related correspondence, records, and other documentation.
- D. If the complaint cannot be resolved, a review committee will be appointed to investigate and resolve the issue. The Operations Director and Associate Dean of CELS will appoint a Review Committee of at least 3 people not involved in the incident to investigate the complaint. The composition of the review committee would include a learner or pre-representative. The Review Committee will receive all appropriate training and information to investigate the complaint. The review committee will handle the following:
 - 1. Investigate the complaint.
 - 2. Within 7-14 days, all parties involved will be contacted and given an opportunity to speak to the Review Committee and address the issue.
 - 3. The Review Committee will investigate all policies and procedures related to the incident and recommend action to the Director of Operations.
- E. All parties involved will be notified once the dispute, complaint, or allegation has been reviewed by the Program Director.

- F. The Review Committee will send a written notice of its findings to the parties involved.
- G. An appeal can be made by either the person filing the complaint or an individual involved in the complaint within 10 days of receipt of notification of findings.
- H. Any matter that cannot be handled by the Director of Operations or Review Committee will be sent to the Advisory Board for resolution.

POLICY: Quality Improvement Policy		CELS-9002
Authorized:		
Original Date:	12/1/2018	Reviewed/Revised:
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd	

Purpose: The purpose of the Quality Improvement (QI) program is to evaluate, maintain, and improve the quality of the practices of the Center for Experiential Learning and Simulation (CELS). The QI program is intended to provide feedback on performance against standards and continually improve the operation of the Simulation Center in order to better serve its learners.

Policy: The Center for Experiential Learning and Simulation will continually evaluate and analyze existing processes and develop new standards using the Plan-Do-Check-Act continuous improvement model. Quality improvement will be evaluated by objective data and focus on systems changes in order to optimize performance and implement appropriate resource utilization.

Procedure:

1. Assessment of center activities is completed through the following activities:
 - a. In order to obtain immediate feedback, Simulation Center staff and content experts (if applicable) have an informal course debriefing at course/simulation conclusion. This debriefing covers educational content as well as the simulation technology and learning environment. The educators discuss what went well, any ideas for improvement, and any changes needed for future classes.
2. At course completion, learners are asked to complete a course/simulation evaluation. Completion/submission of course evaluation is a mandatory component for the learner to receive credit for participation. Course evaluations are reviewed by the simulation team upon receipt and as an aggregate at least quarterly to look at trends over all courses offered.
3. Evaluations cover topics related to Satisfaction, Learning, Application, Impact and Value. Examples of evaluation questions include:
 - a. Satisfaction:
 - i. Overall, I was satisfied with the quality of this educational program.
 - ii. I would recommend this curriculum to other personnel.
 - b. Learning
 - i. I found the simulations and debriefings to be a valuable, hands-on learning experience.
 - ii. I learned new knowledge and skills from the training.
 - c. Application
 - i. I will be able to apply knowledge and skills learned in the class to my job.
 - d. Impact
 - i. The skills I have learned will help me deliver safer care to patients.
 - ii. This training will play a substantial role in dramatically improving medical and quality of life outcomes.
 - e. Value
 - i. What about this class was least useful to you? (free text)
 - ii. What about this class was most useful to you? (free text)
 - iii. This training was a worthwhile investment for my organization: (free text)

4. Simulation Center staff examines and updates educational content as needed, no less than annually.
5. The simulation center educational team meets at least monthly to discuss course content and delivery methods and makes any necessary adjustments based on learner and/or simulation team feedback.