MISSOURI SOUTHERN STATE UNIVERSITY™

POLICY & PROCEDURES MANUAL

SIMULATION CENTER FOR INTERDISCIPLINARY CLINICAL EDUCATION (SCICE)

College of Health, Life Sciences & Education

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POLICY & PROCEDURE MANUAL

SIMULATION CENTER FOR INTERDISCIPLINARY CLINICAL EDUCATION

Introduction/Philosophy

The goal of the Simulation Center for Interdisciplinary Clinical Education is to provide a safe learning experience that promotes successful understanding in all aspects of health care.

The Simulation Center faculty and administration are here to make the student's clinical experience educational and enlightening and to serve in the best interest of the student. Simulations and case scenarios are designed to help the student develop problem-solving and decision-making skills. The Center will attempt to include all environmental factors to make the students' learning experience realistic and authentic. For enhanced learning, all students are expected to come to the lab prepared. The faculty will provide students with positive feedback and debriefing of their performance, while students will self-analyze their performance and use critical thinking during the reflection process.

The following guidelines maintain safety while using the Simulation Center. It is expected that all involved in classrooms, clinical skills and simulation activities will adhere to these guidelines. The Simulation Director will update the contents of this manual as needed. All students, staff and faculty will be advised of these revisions.

General information

The Simulation Center is in room 340 located in the Health Sciences building. The SCICE simulates a hospital setting that is fully equipped to practice all clinical skills. The center has three high fidelity SimMan 3G™ adult manikins, one high fidelity Nursing Anne™ adult manikin, two high fidelity Gaumard adult manikins, one SimBaby™ manikin and one SimNewB™ manikin, and one Premature Anne™ manikin. A Med-Dispense system is available in room 344 which stores simulated medications for simulations involving medication delivery. The SCICE is also equipped with twelve computers and a TV monitor for students to view a variety of media and two virtual I.V. trainers. Rooms 330, 309, and 337 are skill lab rooms. Room 330 has two high fidelity manikins (SimMan™ and Gaumard HAL™). Room 309 has a variety of task trainers, and room 337 has four VitalSim™ manikins and one high fidelity female adult manikin (Gaumard Susie™). All skill lab rooms are fully equipped to practice all clinical skills.

The Sim Center schedule will be posted by the faculty of each program. Students needing extra practice in the Sim Center, may sign up for "open lab" dates and times recommended by the instructor and the Sim Director. Any student wishing to makeup days in the Sim Center must notify their instructor first, who will then contact the Simulation Director.

SIMULATION

What is Simulation?

Simulation is an attempt at replicating reality. In healthcare education, simulation tries to replicate some or nearly all of the essential aspects of a clinical situation so that the situation may be more readily understood and managed when it occurs for real in clinical practice. The simulation lab environment allows students to participate in life-like situations. Simulation can also be used as a teaching method to help assess a student's skill acquisition. Simulating real-life experiences for students in a safe environment is conducive for developing critical thinking, clinical reasoning, and clinical judgment skills. Practicing in such an environment will increase the probability that those skills will be used in the real-world setting.

Simulation Scenarios

Simulating case scenarios in the Sim Center involves active participation for all students. All students and faculty will adhere to the Simulation Center rules (see attached). Manikins are to be used with respect and treated as if they were live patients. The Simulation Center is a learning environment. Students involved in simulated scenarios should have everyone's respect and attention. Situations simulated in the Center are to be used as a learning tool and no discussion of the actions of fellow students should take place outside of the Center. A debriefing session will be provided for all simulation experiences. After the debriefing session, the student should fill out an evaluation form to give them the opportunity to reflect on the situation and to provide constructive criticism for further enhancement of the simulation.

What is Debriefing?

The debriefing session involves the immediate feedback and a reflective critical thinking analysis and communication tool for participants of the simulation exercise. The purpose of the debriefing assessment provides an intense post conference and active evaluation process driven by instructors and peers. The focus of the debriefing should be on positive aspects and should allow the student to answer critical thinking questions.

GENERAL SCICE GUIDELINES

Lab Conduct/Behavior

1. All users of the centers space must act in a manner that does not disturb the academic activities occurring in the lab.
2. No lab user shall infringe upon the privacy, rights, privileges, health, or safety of other lab users.
3. All faculty, staff and students must complete the Sim Center orientation prior to using the equipment.
4. No eating or drinking is allowed in the Sim Center.
5. Use of the computers is restricted to assigned classroom work and not for personal use.
6. Do not use the equipment for any purpose other than specified; anyone who fails to comply with this request will be asked to leave the center.
7. Any equipment malfunction or abuse must be reported to the lab coordinator immediately.
8. Adherence to the dress code is expected. You must be in uniform, or wearing a lab coat to participate in any activity in the center.
9. All beds should be lowered to the ground with the bed rails down after each use. Linens should be properly placed back on the manikin after each use as if caring for a real patient.
10. Do not remove the manikin from the bed unless instructed to do so.
11. Smoking is prohibited on campus and in the Health Science Building.
12. All videos and pictures are prohibited during simulations.

Confidentiality

In order to preserve the realism of the scenarios used in the Simulation Center and to provide an equitable learning experience for each student, all persons using the Center will be required to sign a confidentiality agreement (see attached copy of confidentiality agreement). Because every simulation has the possibility of being recorded, manikin accessibility will be treated like a real patient. Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality. Students agree to report any violations to the faculty or instructor.

Dress Code

Students participating in the Sim Center will adhere to the same clinical dress code as they would for their respective discipline. Students performing mandatory clinical skills in the Center are expected to come prepared with proper clinical attire, stethoscope, and a watch with a second hand. Students performing make-up work must also wear clinical attire.

Cardio-Pulmonary Resuscitation (CPR)

All students and faculty must have successfully passed a CPR for Healthcare Provider class prior to any lab activity. Students and faculty may schedule for a class through the Sim Coordinator.

Equipment Use

1. All students and faculty wanting to use the lab must have proper orientation to the equipment.
2. The doors of the lab will be locked at all times.
3. Any student wishing to use the lab must notify the Sim Director and sign in on the attendance book.
4. When working with the manikins, students must wash their hands and wear gloves.
5. Supplies and equipment must not be taken out of the lab unless requested by an instructor.
6. Equipment should be disposed of appropriately. (sharp's containers, biohazard trash containers)
7. Computers and video equipment are for class purposes only.
8. Students will have proper orientation to the crash cart and the defibrillator.

Communication

All telephones or fax machines in the lab are to be used for lab purposes only. All electronics are prohibited during any lab experiences. All classes in the SCICE will be scheduled with the Sim Coordinator prior to the beginning of the semester.

Inventory & Supplies

Supplies needed for each simulation may be provided or located in the medication/supply room in 344. Personal clinical supplies such as stethoscope, penlight, and calculator are the responsibility of the student and will not be provided. When supplies are running low, the Sim Center faculty should be notified. All supplies should be returned to the same cabinet in which they were found. Unless soiled, all linens should be refolded and placed back in the cabinet. All soiled linens should be placed in the linen hamper for cleaning. Many supplies are reusable and should be

restocked when not being used. Needles/sharps are to never be reused under any circumstance and should be disposed of in the sharps containers. Many supplies will have expiration dates and are intended for practice, but all students should check for expiration dates on their supplies.

Clean-Up

The Sim Center faculty is not accountable to clean up after the use of the center. The center should be left in the manner in which it was found, so that the following class may enjoy the lab experience. Beds should be remade and left in the lowest position with the bed rails down. Manikins are to be left in the bed or on chairs unless working on a skills assignment (i.e. lifting, moving, etc.). Curtains should be placed back up against the wall and bedside tables are to be placed at the foot of the bed. Any bedpans, urinals, or basins need to be washed, dried and placed in the bedside drawers. When leaving, the lab needs to be locked with the lights turned off.

The manikins and the task trainers in the skills lab are to be cleaned with mild soap and water and then rinsed and air dried after use. These manikins are also to be left in the bed. All injection pads need to be squeezed of any fluid and left to dry. Any spray used for lubrication of the manikins needs to be used sparingly.

Media: Videos, CD's, and DVD's

The Sim Center has the capability of displaying a variety of media. The Center has multiple cameras and microphones set up in the room, which can record any activity in the room. The recording equipment should not be used unless proper training has been provided. All recordings will be saved to a backup hard drive. Recordings in the Sim Center are for educational purposes and debriefing opportunities with the appropriate faculty, staff and students. The confidentiality agreement signed by students protects privacy and discourages inappropriate discussion of video contents or student's performance in the simulation scenarios. ***Any viewing or publication outside of the classroom, such as posting on YouTube, is unacceptable and unethical and will result in disciplinary action from the individuals program.*** Students and faculty should conduct themselves professionally as in the clinical setting since all interactions can be recorded. All recorded media will be kept on file in the control rooms of the Sim Center.

Faculty Preparation before Scenario Simulation

It is expected that the faculty will review the scenarios thoroughly prior to class and work with the Sim Director to obtain props and equipment. Faculty must schedule time with the Sim Director a week prior to running through any scenario being presented.

Practicing scenarios is very important prior to presenting because it allows the instructor's time to become familiar with the equipment being used, the scenario itself, learning objectives, and any discussion questions for debriefing.

SAFETY GUIDELINES

Virtual Reality (VR): Safety & Guidelines

Missouri Southern's College of Health Sciences reserves the right to decline request for use of VR Equipment for any reason. VR Equipment may only be used for lawful and educational purposes. VR Equipment may not be used to produce, reproduce, or create content that is:

- subject to copyright, patent, or trademark protection
- in violation of intellectual property rights
- prohibited by Missouri Southern State University, local, state, or federal government
- obscene or inappropriate for educational institutions

Safety Instructions

- Before using VR equipment, make sure the playing area is free of any obstructions - chairs, backpacks, or other objects - that might pose a tripping hazard. Serious injury can occur from use of VR equipment.

- Remember, the objects you see in the virtual environment do not exist in the real environment, so don't sit or stand on them or use them for support.
- Remember that while using the headset you may be unaware that people may enter your immediate area.
- Do not handle sharp or otherwise dangerous objects while using the headset.
- Make sure the headset is level and secured comfortably on your head, and that you see a single, clear image.
- Be respectful of people using the VR Equipment. No horseplay in the VR Equipment Area.

- Take at least a 10 to 15-minute break for every 30 minutes of use.

- Some people may experience dizziness, seizures, loss of balance, or other issues brought on by light flashes or patterns while experiencing VR or watching video screens. If you are experiencing these symptoms, discontinue use of VR equipment immediately and seek medical attention. If you have exhibited these symptoms in the past while using VR equipment, playing

video games, or while watching TV should consult a doctor before using this equipment.

Infection Control

Participants in simulated scenarios need to be mindful of all standard precautions and transmission specific precautions (contact, droplet, airborne). Any piece of equipment that comes in contact with simulated patient body fluids are considered contaminated and need to be handled appropriately. Gloves may be worn with all manikin interaction and non-sterile gloves should be disposed of in non-biohazard trash cans. If a sharps container is full, please inform the Sim Director so that it may be replaced.

Latex Warning

Students and faculty need to know that some of the equipment in the Simulation Center contains latex. Those with a known sensitivity/allergy to latex need to contact the lab coordinator. Every effort will be made to replace equipment with latex-free substitutions. All users who suffer from latex allergies should take precautions while using or handling the latex parts by wearing non-latex gloves.

"Clean" Needle Stick Guidelines

In accordance with the Center for Disease Control (CDC) all sharps are to be handled safely and disposed of properly. In the event of a "clean" needle stick, the lab faculty should be notified immediately, so first aid can be provided. The Sim Director should be notified so that an incident report form can be filled out and reported to Public Safety. Complications from a "clean" needle stick may include: tenderness, minor bleeding or bruising, and infection.

Security and Emergencies

All faculty members are to ensure that lab rooms are secure and safe when using the rooms. Doors should be locked at all times. The Public Safety Department should be notified if the lab rooms will be in use on off-hours (evenings and weekends). It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the Health Science Building. In case of a fire, all persons are expected to evacuate the building and Public Safety needs to be notified immediately at ext. 2222. Fire extinguishers are located throughout each hallway and close to the stairwells of each floor.

Physical Safety

All students should be instructed on safe handling techniques prior to practice and demonstration. Any person should use caution when practicing lifting skills and should not lift a manikin or heavy object without assistance. The wheels of all equipment (beds, wheelchairs, stretchers, etc.) are to be locked during practice and after use. There is a first aid kit located in the north observation room of the Sim Center if needed. There should be no running in the halls, and any accident or injury needs to be reported immediately to faculty. The Simulation Director will complete all incident reports.

References

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Clinical Simulation Center of Las Vegas: Learner Policies & Procedures Guidelines www.csclv.nevada.edu

Clinical Simulation Laboratory Policies and Guidelines www.uncwil.edu/simlab

Policy and Procedure Manual: Nursing skill and Simulation Laboratory Union County College Practical Nursing Program. www.ucc.edu

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SCICE POLICY AND PROCEDURE I. CONDUCT AND BEHAVIOR

I. The SCICE is committed to creating a safe, respectful, and professional learning environment for all participants, including learners, standardized patients (SPs), faculty, staff, and other stakeholders. This Conduct and Behavior Policy outlines the expected standards of conduct and behavior to maintain a positive and productive simulation experience.

II. Professional Conduct

1. **Respect and Dignity:**
    - All participants are expected to treat each other with respect, dignity, and courtesy, regardless of differences in roles, backgrounds, or perspectives.
2. **Non-Discrimination:**
    - Discrimination, harassment, or bias against individuals based on race, gender, sexual orientation, religion, nationality, disability, or any other protected characteristic is strictly prohibited.
3. **Confidentiality:**
    - Participants are expected to maintain the confidentiality of all simulation-related information, including learner performance, cases, and discussions that occur during and after simulation activities.

III. Safety and Responsibility

1. **Safe Practices:**
    - All participants must adhere to safety guidelines, including proper infection control measures, equipment use, and following simulation procedures.
2. **Reporting Incidents:**
    - Participants are encouraged to promptly report any safety concerns, incidents, or near misses to simulation staff to facilitate timely resolution and improvement.
3. **Emergency Procedures:**
    - Participants are expected to follow emergency procedures and instructions provided by simulation staff in case of medical or other emergencies.

IV. Communication and Feedback

1. **Open Communication:**
    - Effective and respectful communication is essential. Participants are encouraged to communicate openly and honestly with simulation staff regarding their needs, concerns, and feedback.
2. **Constructive Feedback:**
    - Constructive feedback regarding simulation activities, including debriefing, is welcomed and should be delivered in a respectful and professional manner.

V. Professionalism and Preparedness

1. **Punctuality:**

- Participants must arrive on time for scheduled simulation activities and be prepared to participate.

2. **Professional Attire:**
    - Learners are expected to adhere to professional attire standards when required by the simulation scenario or guidelines.
3. **Simulation Role Engagement:**
    - Learners are expected to actively engage in their assigned simulation roles, demonstrate clinical skills, and contribute to the learning experience.

VI. Compliance and Accountability

1. **Adherence:**
    - All participants are expected to adhere to this Conduct and Behavior Policy.
2. **Corrective Actions:**
    - Violations or non-compliance with this policy may result in corrective actions or consequences as determined by the program leadership.

VII. Review and Revision

1. **Policy Updates:**
    - This policy will be reviewed periodically to ensure it aligns with best practices and any changes in program needs or regulations.

The SCICE aims to foster an environment that promotes professionalism, respect, and safety during simulation activities. This Conduct and Behavior Policy serves as a guide for participants to contribute to the success of the program.

[Date]

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SCICE POLICY & PROCEDURE II. CONFIDENTIALITY

I. The SCICE is committed to maintaining the highest standards of confidentiality and privacy for all participants involved in our simulation activities. The following procedures outline how confidentiality is upheld in our program:

1. Participant Confidentiality:

- Participants, including students, faculty, standardized patients, observers, and any other involved parties, are expected to maintain the strictest confidentiality regarding the simulation experience and its content. This includes not disclosing details of simulation scenarios, participant performance, or debriefing discussions to unauthorized individuals or external entities.
- Participants should refrain from discussing or sharing any confidential information related to simulation activities with individuals who are not directly involved in the program.

2. Program Confidentiality:

- The SCICE will ensure the confidentiality of participant information, including performance records, in any format (e.g., evaluations, video recordings, etc.) that may contain potentially identifying information.
- Access to participant records will be restricted to authorized personnel only, with stringent data protection measures in place.

3. Limits of Confidentiality:

- While we prioritize confidentiality, there are limits to it. Data may be collected for approved research studies, program assessment, or other educational purposes. In such cases, all data collected will be de-identified and aggregated to protect individual privacy.
- Participant rosters may be shared for the sole purpose of data entry into the program's simulation management software program.

4. Non-Confidential Assessments:

- Participants should be aware that their performance in certain simulation activities, particularly assessments, may not be held in confidence. These activities are designed for assessment and evaluation purposes, and feedback may be shared with relevant educational or accrediting bodies.

5. Online and Virtual Activities:

- For online or virtual activities, the SCICE will clearly communicate and maintain guidelines for maintaining confidentiality. Participants are expected to adhere to these guidelines to ensure the privacy and security of all simulation-related materials.

6. Confidentiality Among All Participants:

- All individuals participating in simulation activities, including program staff, faculty or educators, observers, and standardized patients, are bound by the same confidentiality principles outlined in this statement.

- Breaches of confidentiality by any involved party will be taken seriously and addressed accordingly.

The SCICE and the university regards confidentiality as a critical component of maintaining the integrity and trust of our simulation activities. By participating in our program, all individuals acknowledge their commitment to upholding these confidentiality procedures and understand the consequences of any breaches.

We thank all participants for their dedication to healthcare simulation education and their adherence to these confidentiality principles.

[Date]

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SCICE POLICY & PROCEDURE III. PHYSICAL & PSYCHOLOGICAL SAFETY

I. The safety and well-being of all participants, including standardized patients (SPs), staff, faculty, and learners, are paramount in the SCICE. This policy outlines the measures in place to ensure physical and psychological safety during simulation activities.

II. **Physical Safety**

1. **Equipment Safety:**
    - All real medical equipment used in simulations is properly labeled, maintained, and periodically serviced. "For Simulation Purposes Only" stickers are used to clearly distinguish equipment used for educational purposes.
2. **Orientation and Prebriefing:**
    - All participants, including learners and SPs, must undergo a standard orientation and prebriefing process before engaging in simulation activities. This includes understanding the layout of the simulation environment, the use of equipment, logistical details, confidentiality requirements, the level of simulation realism, and expected learning objectives.
3. **Emergency Procedures:**
    - Missouri Southern State University has established protocols for responding to emergencies, including but not limited to inclement weather, fire, healthcare emergencies, or active shooter situations. All participants will be familiarized with these procedures during orientation to the SCICE.

III. Psychological Safety

1. **Managing Distressed Learners:**
    - Faculty and staff are trained to recognize and manage distressed learners. If a learner becomes emotionally distressed during a simulation, appropriate support and assistance will be provided to ensure their well-being.
2. **Seeking Assistance:**
    - A mechanism is in place to offer assistance for emotional issues that may arise from simulation activities. Learners, staff, faculty, and SPs can access support services through the institution. Information on how to seek assistance is communicated to all participants.
3. **Awareness and Education:**
    - All learners are informed of the mechanisms in place for seeking assistance and emotional support, and they are made aware of these resources during the orientation and prebriefing process.
4. **Debriefing Facilitation:**
    - Debriefing sessions are conducted by appropriately trained facilitators who can guide participants through the reflection and discussion of the simulation

experience. These sessions focus on promoting learning, constructive feedback, and psychological well-being.

IV. Reporting Incidents

- Any participant who observes a safety concern or an incident should promptly report it to a designated authority. The [Name of Healthcare Simulation Program] encourages open and transparent reporting to address safety issues promptly.

V. Continuous Improvement

- The SCICE is committed to ongoing evaluation and improvement of safety measures and protocols. Feedback from participants is actively sought and used to enhance the safety and effectiveness of simulation activities.

VI. Compliance

- All participants are expected to adhere to this safety policy. Failure to comply may result in corrective actions, including but not limited to retraining, exclusion from future simulation activities, or other appropriate measures.

This safety policy serves as a commitment to providing a secure and nurturing environment for all participants in the SCICE.

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SCICE POLICY & PROCEDURE IV. SEPARATION of SIMULATION and CLINICAL MATERIALS

I. The SCICE is committed to maintaining a clear separation between simulation materials and actual clinical equipment and supplies to ensure the safety of all participants and the quality of patient care. This policy outlines the procedures and guidelines for distinguishing, managing, and accounting for simulation and clinical materials.

II. Distinctions Between Simulation and Clinical Materials

1. **Labeling:**
    - All simulation equipment and supplies will be clearly labeled as "For Simulation Use Only" or with other appropriate designations that distinguish them from clinical materials.
    - Clinical equipment and supplies will bear labels indicating their intended use in patient care.
2. **Management:**
    - Simulation materials will be tracked and managed separately from clinical materials. Inventory and management systems will reflect this separation to avoid any confusion.

III. Cleaning, Storage, and Disposal

1. **Cleaning:**
    - Simulation equipment will be regularly cleaned and maintained to ensure hygiene and functionality. Cleaning processes are distinct from those used for clinical equipment.
    - Clinical equipment and supplies will be maintained and cleaned according to clinical protocols and standards.
2. **Storage:**
    - Simulation materials will be stored in designated areas separate from clinical materials to prevent accidental use in patient care settings.
    - Clinical equipment and supplies will be stored according to clinical standards and within patient care areas.
3. **Disposal:**
    - Disposal procedures for simulation materials will be distinct from clinical disposal processes, ensuring that simulation items are not inadvertently integrated into patient care.

IV. Separation for In-Situ Simulations

1. In situ simulations, which take place in actual clinical settings, require additional attention to separation to prevent confusion. A checklist for inventory control will be used to verify that all simulation materials have been removed from the clinical setting after an in-situ simulation session.

V. Ensuring Compliance

1. No real medications or clinical equipment may be brought into the simulation center without following the [Name of Healthcare Simulation Program] process for approval and oversight. This process includes documentation and verification to ensure that these materials do not become intermingled with simulation resources.

VI. Education and Training

1. All participants in the [Name of Healthcare Simulation Program] will receive education and training on the policy for separating simulation and clinical materials. This will include specific guidance on identifying and managing simulation equipment and supplies.

VII. Compliance and Accountability

1. All individuals, including learners, faculty, staff, and SPs, are expected to adhere to this policy. Violations may result in corrective actions and retraining, as appropriate.

VIII. Review and Revision

1. This policy will be periodically reviewed and updated to reflect changes in equipment, processes, or regulations. Feedback from participants will be actively sought to enhance the effectiveness of this policy.

This policy serves as a commitment to maintaining a clear separation between simulation and clinical materials to ensure the safety, quality, and integrity of both simulation activities and patient care.

[Date]

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SCICE POLICY & PROCEDURE V. EQUIPMENT AND SUPPLY MANAGEMENT

I. The SCICE recognizes the critical importance of properly storing and maintaining simulation equipment and supplies to ensure the safety, functionality, and longevity of the resources used in simulation activities. This policy outlines the procedures for the storage, maintenance, and documentation of equipment and supplies.

II. Equipment Maintenance Mechanism

1. **General Mechanism:**
    - All simulation equipment is maintained according to a predefined schedule and process that ensures their optimal performance.
    - Maintenance agreements are established for all capital purchase simulators, and routine inspections, repairs, and servicing are carried out by our biomedical department.

III. Scheduled Maintenance

1. **Frequency:**
    - Maintenance schedules will be established for each type of simulator and equipment used in the simulation program. The frequency of maintenance will depend on the manufacturer's recommendations, usage, and the complexity of the equipment.
    - Routine maintenance will include daily checks and weekly, monthly, and annual inspections as specified by equipment manuals and manufacturer guidelines.

IV. Maintenance Records

1. **Documentation:**
    - Detailed maintenance records will be maintained for each piece of equipment, including but not limited to simulators, medical devices, and other related equipment.
    - Maintenance records will document the date of each maintenance action, the scope of work performed, any repairs or replacements, and the name of the maintenance personnel responsible for the task.
2. **Sample Records:**
    - A sample of equipment maintenance records will be kept as part of this policy to illustrate the documentation of maintenance activities.

V. Responsible Staff Member

1. **Role:**
    - The simulation technician, identified by [Name of Healthcare Simulation Program], is responsible for overseeing and conducting equipment maintenance.
    - The simulation technician will ensure the scheduled maintenance of all simulators, equipment, and supplies.

VI. Compliance and Accountability

1. **Adherence:**
    - All staff members are expected to adhere to this policy to maintain the integrity of the equipment and supplies.
    - Violations or discrepancies in equipment maintenance will be addressed promptly, with corrective actions, retraining, or other measures as needed.

VII. Review and Revision

1. **Policy Updates:**
    - This policy will be reviewed periodically to ensure it aligns with the latest equipment needs, technological advancements, and regulatory requirements.
    - Feedback from staff and participants will be actively sought to improve and enhance the effectiveness of this policy.

The SCICE is dedicated to the appropriate storage and maintenance of equipment and supplies to guarantee a safe and effective learning environment. This policy underscores our commitment to providing quality simulation experiences.

[Date]

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SCICE POLICY & PROCEDURE VI. AUDIO/VIDEO RECORDING & RETENTION

I. The SCICE recognizes the importance of proper video recording and the secure management of video recordings to enhance the educational quality of simulation activities. This policy outlines procedures for obtaining consent, storage, access, retention, and destruction of video recordings.

II. Permission for Video Recording

1. **Consent Process:**
    - Prior to recording any simulation activity, informed consent will be obtained from all participants. This includes learners, standardized patients (SPs), and any other individuals who may appear in the video recordings.
    - The consent process will clearly inform participants of the purpose of video recording, the intended use of recordings, and their rights regarding their recorded images and actions.
2. **Consent Form:**
    - A standardized video consent form will be used, and a copy will be provided to participants for their records. The consent form will be accessible for review at any time and includes a statement indicating the parameters for use of video recordings.

III. Storage and Backup of Video Recordings

1. **Storage:**
    - Video recordings will be stored on secure servers or storage systems designated for this purpose. The location of storage will be physically secure and electronically protected.
    - Recorded video files will be organized, named, and labeled to ensure easy retrieval.
2. **Backup and Recovery:**
    - Regular backups of video recordings will be performed to prevent data loss in case of unforeseen issues.
    - Procedures for the recovery of video recordings in the event of system failures or data corruption will be in place and tested periodically.

IV. Access and Security

1. **Guidelines for Access:**
    - Access to video recordings will be limited to authorized personnel only, which includes program staff, faculty, and those with a legitimate educational or research purpose.
    - Unauthorized access to video recordings is strictly prohibited.
2. **Level of Access:**
    - Access will be granted at different levels based on roles and responsibilities. This ensures that individuals have access only to the specific recordings necessary for their duties.
3. **Security Measures:**
    - Technical and administrative security measures will be implemented to safeguard video recordings against unauthorized access, disclosure, alteration, or destruction.
    - Password protection, encryption, and user authentication will be used to maintain the security of video recordings.

V. Retention and Destruction/Deletion

1. **Retention:**
    - Video recordings will be retained for a specific period of time, as specified in the program's retention policy, to meet educational, research, and legal requirements.
2. **Destruction/Deletion:**
    - When recordings are no longer needed or when the retention period expires, they will be securely deleted or destroyed to prevent any future access. This process will be documented.

VI. Compliance and Accountability

1. **Adherence:**
    - All individuals involved in video recording and management are expected to comply with this policy.
    - Violations or breaches of video recording security will be addressed with appropriate corrective actions.

VII. Review and Revision

1. **Policy Updates:**
    - This policy will be periodically reviewed to align with changing needs, technology, and regulations.
    - Feedback from program staff and participants will be actively sought to enhance the policy's effectiveness.

The SCICE is committed to the responsible use, secure storage, and ethical management of video recordings to support the educational objectives and privacy rights of all participants.

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SCICE POLICY & PROCEDURE VII. RECORD & DATA RETENTION

I. The SCICE recognizes the importance of responsible data and record management to ensure the confidentiality, integrity, and availability of learner and research subject data. This policy outlines procedures for data acquisition, storage, access, retention, and destruction.

II. **Data Acquisition and Format**

1. **Data Sources:**
    - Data may be acquired from various sources, including simulation scenarios, assessments, learner records, research activities, and evaluations.
    - Data may be collected in various formats, such as electronic records, paper documents, audio-visual recordings, or digital files.

III. **Data Storage and Backup**

1. **Storage:**
    - Data will be stored in a secure and central location that is accessible only to authorized personnel.
    - Electronic data will be protected by encryption, firewalls, and access controls, and paper documents will be stored in locked cabinets or secure areas.
2. **Backup and Recovery:**
    - Regular backups of electronic data will be performed to prevent data loss in case of system failures or data corruption.
    - Procedures for data recovery will be in place and tested periodically to ensure the integrity of stored data.

IV**. Guidelines for Access and Security**

1. **Access Control:**
    - Access to learner and research subject data will be restricted to authorized program staff and faculty who have legitimate educational or research purposes.
    - Access to data will be role-based, ensuring that individuals have access only to the specific data necessary for their responsibilities.
2. **Data Security Measures:**
    - Technical and administrative security measures, including password protection, encryption, and user authentication, will be implemented to safeguard data against unauthorized access, disclosure, alteration, or destruction.

V**. Guidelines for Retention**

1. **Retention Policies:**
    - Data retention policies will vary based on the type of data and the purpose for which it was collected. Retention periods will be established for formative, summative, high stakes, and research data separately.

VI. **Data Destruction/Deletion**

1. **Destruction/Deletion Procedures:**
    - Data will be securely deleted or destroyed in accordance with the program's retention policies. Secure deletion includes electronic data wiping and physical destruction of paper documents.
    - Procedures for data destruction will be documented and implemented to prevent any future access.

VII. **Data Requests**

1. **Forms for Data Requests:**
    - Data requests, including requests for records or data, may be made using forms provided by the program. The forms will specify the necessary information and documentation required for data requests.

VIII**. Compliance and Accountability**

1. **Adherence:**
    - All individuals involved in data management are expected to adhere to this policy.
    - Violations or breaches of data security will be addressed with appropriate corrective actions.

IX. **Review and Revision**

1. **Policy Updates:**
    - This policy will be reviewed periodically to ensure it aligns with changing needs, technology, and regulations.
    - Feedback from program staff and participants will be actively sought to enhance the policy's effectiveness.
    -

The SCICE is dedicated to the responsible and secure management of learner and research subject data. This policy underscores our commitment to maintaining data integrity and confidentiality.

[Date]

Caleb Lewis, MSM CRT Director of Simulation and Inter-Professional Education
Email: lewis-caleb@mssu.edu

SCICE POLICY & PROCEDURE VIII. PRIORITIZATION OF SIMULATION RESOURCES

I. The SCICE recognizes the importance of efficient and equitable utilization of space and resources to support the objectives and priorities of the program. This policy outlines the criteria and considerations for prioritizing and allocating resources.

II. Factors Influencing Prioritization Resource allocation and space utilization will be guided by the following factors:

1. **Discussion and Ratings:**
    - Input and recommendations provided by program staff and leadership, including simulation technicians, educators, and administrators, may influence resource allocation decisions.
2. **Program Governance:**
    - Guidance from program governance bodies, such as an advisory board or steering committee, will be considered in resource allocation decisions.
3. **Input from Participants and Clients:**
    - The needs and preferences of program participants, including learners, standardized patients, faculty, and external clients, will be considered.
4. **Alignment with Organizational Priorities:**
    - Resource allocation decisions will align with the broader priorities and objectives of the hosting organization.
5. **Alignment with Program Strategic Goals:**
    - Allocation of resources will be consistent with the program's strategic goals and objectives.

III. Resource Needs and Considerations

1. **Resource Needs:**
    - The allocation of resources will be influenced by the duration, staff requirements, equipment needs, and other logistical factors associated with specific simulation activities.
2. **Number or Type of Participants:**
    - The size and composition of participant groups, including learners, clients, or research subjects, will be taken into account in resource allocation.

IV. Potential Impact Assessment

1. **Impact for Participants:**
    - The potential educational or training impact for participants, including learners and research subjects, will be a significant factor in resource allocation.
2. **Impact for the Program or Organization:**
    - The potential impact on the overall program and the hosting organization, including reputation, educational outcomes, or research advancement, will be considered.

V. Availability of Facilitators

1. **Facilitator Availability:**
    - Resource allocation will be contingent on the availability of qualified facilitators and educators who can support the simulation activity.

VI. Decision-Making Process

1. **Transparent Decision-Making:**
    - Resource allocation decisions will be made through a transparent and consultative process, involving input from relevant stakeholders and guided by program leadership and governance.
2. **Documentation:**
    - The rationale for resource allocation decisions will be documented to maintain transparency and accountability.

VII. Review and Revision

1. **Policy Updates:**
    - This policy will be reviewed periodically to ensure it aligns with changing needs, program goals, and organizational priorities.
    - Feedback from program staff, leadership, participants, and clients will be actively sought to enhance the effectiveness of this policy.

The SCICE is committed to the equitable and strategic allocation of space and resources to support the program's mission and goals while meeting the needs of its participants and clients.

[Date]

Caleb Lewis, MSM CRT Director of Simulation and Inter-Professional Education
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SCICE POLICY & PROCEDURE IX. USE OF VIRTUAL REALITY

I. Virtual Reality (VR) is a powerful tool for enhancing healthcare simulation experiences within the SCICE. This policy outlines the guidelines and safety instructions for the use of VR in our program.

II. Purpose of VR Use The use of VR in our simulation program is primarily for educational and training purposes, including skills development, scenario-based learning, and assessments.

III. Safety Guidelines

1. **Participant Safety:**
    - The well-being and safety of participants are of utmost importance. VR simulations will be designed and supervised to minimize the risk of discomfort or injury. Participants should immediately report any adverse effects they experience during VR use.
2. **Health Considerations:**
    - Individuals with pre-existing medical conditions, including motion sickness, epilepsy, and other conditions that may be aggravated by VR, should inform the program coordinator or instructor before participating in VR simulations. Special accommodations or alternatives may be provided as necessary.
3. **Motion Sickness:**
    - To reduce the risk of motion sickness, participants are encouraged to take regular breaks during VR sessions, especially if they experience symptoms such as dizziness, nausea, or eye strain.
4. **Hygiene:**
    - VR headsets and equipment will be regularly cleaned and sanitized to ensure the health and safety of participants. Participants are encouraged to maintain good personal hygiene to reduce the risk of contamination.
5. **Appropriate Use:**
    - VR equipment should only be used for its intended purpose. Participants should not tamper with or modify the equipment in any way.
6. **Emergency Procedures:**
    - In case of an emergency, participants should be aware of how to safely remove the VR headset and exit the VR environment.

IV. Supervision and Instruction

1. **Qualified Supervision:**
    - VR simulations will be supervised by qualified instructors or simulation technicians who are familiar with the equipment and can provide immediate assistance if needed.
2. **Pre-Session Briefing:**

- Participants will receive a pre-session briefing that includes safety instructions, an overview of the VR environment, and guidance on using the equipment safely.

3. **Post-Session Debriefing:**
    - Following each VR session, a debriefing will be conducted to discuss the learning objectives and ensure that participants have had a safe and valuable experience.

V. Equipment Use and Maintenance

1. **Equipment Inspection:**
    - VR equipment will undergo regular inspections to ensure it is in proper working condition. Any malfunctioning equipment will be removed from use until repaired or replaced.
2. **Proper Storage:**
    - VR equipment will be stored securely to prevent damage or theft.
3. **Software Updates:**
    - VR software and applications will be kept up to date to ensure optimal performance and safety.

VI. Compliance and Accountability

1. **Adherence:**
    - All participants and program staff are expected to adhere to this policy to ensure the safe and effective use of VR.
2. **Violations:**
    - Violations of this policy may result in corrective actions or consequences as determined by the program coordinator or leadership.

VII. Review and Revision

1. **Policy Updates:**
    - This policy will be reviewed periodically to align with changing technology and best practices for VR use.
    - Feedback from participants, staff, and instructors will be actively sought to enhance the policy's effectiveness.

The SCICE is dedicated to the safe and responsible use of virtual reality in healthcare simulation. This policy underscores our commitment to ensuring the safety and learning experience of all participants.

[Date]

Caleb Lewis, MSM CRT Director of Simulation and Inter-Professional Education
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SCICE POLICY & PROCEDURE X. "CLEAN" NEEDLE STICK GUIDELINES

I. The SCICE is committed to ensuring the safety and well-being of all participants, including learners, standardized patients (SPs), and staff. This policy and procedure address the handling of accidental "clean" needle sticks during simulation activities.

II. Definitions

1. **Accidental "Clean" Needle Stick:** An inadvertent puncture or injury resulting from a needle or sharp object used during a simulation activity that has not been in contact with actual biological materials, pathogens, or hazardous substances.

III. Prevention and Safety Measures

1. **Safe Needle Practices:**
    - Learners and simulation staff are educated on safe needle handling practices, emphasizing the importance of minimizing the risk of accidental needle sticks.
2. **Needle Safety Devices:**
    - The use of safety-engineered devices, where applicable, is encouraged to reduce the risk of needle sticks.

IV. Response to an Accidental "Clean" Needle Stick

1. **Immediate Action:**
    - If a learner sustains an accidental "clean" needle stick, they must immediately:
        - Remove the needle or sharp object from the puncture site, if present.
        - Wash the puncture site with soap and water.
        - Report the incident to the simulation facilitator or designated staff.
2. **Notification:**
    - The simulation facilitator or staff member must be notified promptly about the needle stick incident.
3. **Infection Control Assessment:**
    - The simulation facilitator or designated staff member will assess the risk of infection and determine whether any medical follow-up is necessary based on the specific circumstances of the incident.
4. **Medical Evaluation:**
    - If deemed necessary, the learner will be referred for medical evaluation by a healthcare professional. The evaluation may include:
        - Assessment of the puncture site.
        - Serological tests for bloodborne pathogens, if indicated.

V. Documentation

1. **Incident Report:**
    - An incident report will be completed, documenting the details of the accidental "clean" needle stick. This report will include:
        - Date and time of the incident.

- Location of the incident.
- Description of the sharp object involved.
- Actions taken by the learner and simulation facilitator.

2. **Medical Evaluation Records:**
    - Any records related to medical evaluations and follow-up will be maintained.

VI. Support and Follow-Up

1. **Counseling and Support:**
    - The learner involved in the needle stick incident will be offered counseling and emotional support to address concerns and anxiety.
2. **Return to Simulation:**
    - Learners will be assessed for their readiness to return to simulation activities after an accidental "clean" needle stick. Any necessary accommodations or adjustments will be made based on the individual's needs and medical recommendations.

VII. Training and Education

1. **Education and Training:**
    - Learners and simulation staff will receive education and training on the prevention of needle stick injuries, response protocols, and safety practices.

VIII. Compliance and Accountability

1. **Adherence:**
    - All individuals involved in simulation activities are expected to adhere to this policy and procedure.
2. **Corrective Actions:**
    - Violations or non-compliance with this policy may result in corrective actions or consequences, as determined by the program leadership.

IX. Review and Revision

1. **Policy Updates:**
    - This policy and procedure will be reviewed periodically to ensure alignment with best practices and any regulatory changes.

The SCICE is dedicated to the safety and well-being of all participants. This policy and procedure ensure a standardized response to accidental "clean" needle sticks during simulation activities.

[Date]

Caleb Lewis, MSM CRT Director of Simulation and Inter-Professional Education
Email: lewis-caleb@mssu.edu

MSSU

CONFIDENTIALITY AGREEMENT

FOR THE SIMULATION CENTER FOR INTERDISCIPLINARY CLINICAL EDUCATION

As a patron of the Simulation Center, I understand the significance of confidentiality with respect to information concerning simulated patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor.

I agree to adhere to the following guidelines:

- All patient information is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of MSSU policy.
- This information is privileged and confidential regardless of format: electronic, written, overheard or observed.
- I may view, use, disclose, or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion, or disclosure of this information is a violation of hospital policy and may be a violation of HIPAA and other state and federal laws.
- The simulation Center is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The student running the scenario should have everyone's respect and attention. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.
- The simulation manikins are to be used with respect and be treated as if they were live patients.
- No Betadine, no ink pens (near the manikin), 22G IV or smaller for IV starts.

Signature: _____

Printed Name: _____

Date: _____

Instructor: _____

Course of Study: _____

MSSU SCICE Video Recording Consent Form

Participant Information:

Name of Participant: _____

Date of Birth: _____/_____/_____

Contact Information:

Address: _____

Phone Number: _____

Email: _____

SID#: _____

Simulation Activity Information:

Date of Simulation Activity: _____TBD_____

Location of Simulation: _____

Purpose of Video Recording: I understand that the video recording is for educational and training purposes within the [Name of Healthcare Simulation Program]. The recordings may be used for debriefing, educational assessment, research, or quality improvement.

Consent for Video Recording: I hereby give my consent to be video recorded during the simulation activity. I understand that the recording may include visual and audio elements.

Parameters for Use of Video Recordings:

1. **Confidentiality:** I understand that the video recordings will be treated with confidentiality. All efforts will be made to protect the privacy of participants.
2. **Storage and Security:** I acknowledge that the video recordings will be securely stored and maintained. Access will be restricted to authorized personnel only.
3. **Retention and Deletion:** I understand that the video recordings will be retained for a specified period and securely deleted or destroyed in accordance with the program's retention policy.
4. **Access:** I acknowledge that authorized program staff, faculty, and individuals with a legitimate educational or research purpose may have access to the recordings.
5. **No Unauthorized Distribution:** I agree not to share or distribute any video recordings without explicit consent from the program.

Withdrawal of Consent: I understand that I have the right to withdraw my consent for video recording at any time during the simulation activity. If I choose to withdraw my consent, I will promptly inform the simulation facilitator.

Rights to Access and Copies: I understand that I have the right to request access to the video recordings in which I appear. I also have the right to request copies of these recordings.

Emergency Situations: In the event of a medical or personal emergency, I understand that video recording may be temporarily paused or stopped to provide assistance.

Name of Healthcare Simulation Program Representative: By signing below, I confirm that I have read and understood the content of this consent form. I voluntarily give my consent to be video recorded during the simulation activity.

Participant's Signature: _____

Date: _____/_____/_____

MISSOURI SOUTHERN STATE UNIVERSITY
Simulation Center for Interdisciplinary Clinical Education (SCICE)
Policy & Procedure Manual

Student Acknowledgment Form

The SCICE Policy & Procedure Manual describes important information about the Simulation Center program. I understand that I should consult the Director of Simulation and IPE regarding any questions not answered in the Manual. Students must be current students and in good standing in the health profession program, they were accepted to participate in simulations.

Since the information, policies and benefits described here are necessarily subject to change, I acknowledge that revisions to the Manual may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies. Current policies are available in the SCICE lab. Only the Director of Simulation and IPE, in conjunction with the program faculty, and upon approval of the Dean of the College of Health Sciences, has the ability to adopt any revisions to the policies in this Manual.

I, _____, have received the Manual and I

Student Name (PRINT)

understand that is my responsibility to read and comply with the policies contained in this Manual and any revisions made to it.

I also acknowledge
1. I am enrolled at Missouri Southern State University and/or Franklin Technology Center.
2. I have received orientation to the Simulation Center.
3. Receipt of MSSU and/or FTC's student policies and procedures, including grievance and complaint procedures.

_____ _____

Student Signature Date

MSSU TALENT RELEASE FORM

I authorize the undersigned Producer to make use of my appearance on:

PROGRAM TITLE: _____

PRODUCER'S NAME: _____

PRODUCER'S PHONE NUMBER: _____

DATE OF TAPING: _____

I understand that I am to receive no compensation for this appearance. The Producer shall have complete ownership of the program. I give the Producer the right to use my name, likeness and biographical material to publicize the program and the services of the Producer.

The Producer may:

1. Photograph me and record my voice and likeness for the purpose of the production mentioned above, whether by film, videotape, magnetic tape, digitally or otherwise;
2. Make copies of the photographs and recordings so made;
3. Use my name and likeness for the purposes of education, promotion or advertising of the sale or trading in the photographs, recordings and any copies so made.

I further understand the master tape remains the property of the Producer and that there will be no restrictions on the number of times that my name and likeness may be used.

Name (please print) _____ Date: _____

Address _____

City _____ State _____ Zip Code _____

Talent Signature (Parent or Guardian if under 18 years of age)

_____ Date: _____