

Regis University RHCHP Simulated Health Center Policy

Title: General Policies	Effective Date: 10/28/2013	Approval: Scherer
Office of Origin RHCHP Academic Dean/Sim Lab	Area of Responsibility Simulated Health Center	

General Policies

1. Activities that occur in the Simulated Health Center (Sim lab) are to be designed by faculty and integrated into curricula. This means the Sim lab is not a practice area for students.
2. No food or beverages allowed in or around the simulated health care rooms. Water bottles are acceptable in the debriefing room.
3. All doors from the main hallway into the Simulated Health Center must remain closed at all times. The doors cannot be propped open.
4. All users of the Simulated Health Center are expected to display courteous and professional conduct.
5. Cell phones, tablets or other electronic devices are to be silenced during active simulations.
6. Access to the Simulated Health Center area is restricted to Faculty/Instructors who have regularly scheduled classes in the lab and staff who require access for administrative purposes.

Regis University RHCHP Simulated Health Center Policy

Title: Equipment requests	Effective Date: 10/28/2013	Approval: Scherer
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Equipment Requests

1. Equipment and supplies that are needed for the simulation will be ordered or organized by the Simulation Manager and charged to your school budget. A 2 week notice is necessary to ensure your supplies are available.
2. During the simulation, any disposable supplies needed must be requested to lab staff before being taken out of the cabinets.
3. Any damage to the equipment or supplies should be reported immediately to the Lab staff.
4. The Simulated Health Center attempts to maintain a latex free environment; however, it is imperative that anyone with a latex allergy notify the Lab Staff or the Faculty/Instructor conducting the simulation.
5. No markers, pens, or betadine are permitted near the mannequins.
6. Mannequins should be covered after use and left in the bed that they occupy.
7. Unused supplies are to be left on the patient bedside table.

Regis University RHCHP Simulated Health Center Policy

Title: Scheduling	Effective Date: 10/28/2013	Approval: Scherer
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Scheduling Requests

1. All simulation activities **MUST** be scheduled as an Outlook meeting request to the Simulated Health Center account: simlab@regis.edu
2. Faculty should specify which room(s) are required for the simulation. Available choices are any combination of 4 inpatient rooms, 3 outpatient rooms, 2 physical therapy rooms, 1 apartment, 1 OB/GYN room, 1 debrief room.
3. The simulation calendar is available as an Outlook shared calendar (simlab@regis.edu) with read-only access for determining lab availability
4. Simulation requests **MUST** be made 2 weeks in advance of the scheduled session.
5. The Simulated Health Center staff will check lab availability and will accept or deny to the Outlook meeting request.
6. Scheduling is on a first-come first-serve basis and scheduling conflicts will be reviewed by the Simulated Health Center Manager.
7. A minimum of one (1) week is required for cancellation of scheduled simulation rooms as set up time is extensive.
8. Cancellations are to be completed by cancelling the Outlook meeting request and sending an update to the Simulated Health Center Manager.
9. If supplies are needed, including manikins, simply enter the request into the Outlook calendar invitation.

Regis University RHCHP Simulated Health Center Policy

Title: Handling of Supplies	Effective Date: 10/28/2013	Approval: Scherer
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Handling of supplies

1. Students and Faculty/Affiliates are responsible for placing hypodermic needles and other “sharps” equipment into the red biohazard bins and wall-mounted containers.
2. Lab staff is responsible for ensuring adequate disposal space in the red biohazard bins and wall-mounted containers.
3. Faculty/Instructors are responsible for communicating any full or broken red biohazard bins to the lab personnel.
4. Simulation materials such as liquids or moulage are to be disposed of appropriately.

Regis University RHCHP Simulated Health Center Policy

Title: Faculty Use	Effective Date: 10/28/2013	Approval: Scherer
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Faculty Use

1. Faculty members (ranked or affiliate) must be present and observing the student simulation, unless otherwise decided by Simulation Nurse and/or faculty.
2. Faculty/Affiliates are responsible for reviewing the Simulated Health Center policies and obtaining student agreements/video release forms with their students prior to the scheduled simulation.
3. All faculty/Affiliates must be trained in debriefing before conducting a scenario.
4. Faculty/Affiliates who are scheduled to teach in the lab can request access to the lab 30 minutes prior to the start of their simulation by contacting the simulation staff or directors. All other Faculty/Affiliates are required to contact Lab staff for access during the semester.
5. Faculty/Affiliates must participate in a “dry run” simulation one week prior to their scheduled reserved Simulated Health Center time in order to provide optimal learning experiences.—Beginning Spring 2014.

Regis University RHCHP Simulated Health Center Policy

Title: Photo/Video Policy	Effective Date: 10/28/2013	Approval: Scherer
Office of Origin RHCHP Academic Dean/Sim Lab	Area of Responsibility Simulated Health Center	

Photo/Video and University Agreements

1. Students, simulation assistants and affiliate faculty sign a release that Regis University is granted the right to record an image, photograph, picture, likeness, and voice by any technology or means.
2. Regis University may copy, use, perform, display and distribute such recordings of individuals for any legitimate purpose, including but not limited to storage or distribution by any then available means Regis University is granted the right and copyright to use my image and voice in connection with the marketing of its programs, events, or educational or artistic materials. Students, simulation assistants and affiliate faculty will not receive compensation, now nor in the future, in connection with Regis University's exercise of the rights granted hereunder.
3. Regis holds the copyright or license to all scenarios used in class and no student is authorized or otherwise granted a license to use the scenarios without Regis University's written permission.
4. The simulation lab manager will keep records of the signed agreements.

**SIMULATED HEALTH CENTER
STUDENT POLICY AND PROCEDURE\PHOTO-VIDEO AGREEMENT**

The simulated health center provides students with planned and structured patient scenarios with the opportunity for learners to practice direct interactions and clinical interventions using patient simulators, standardized patients and/or trained actors/actresses. Scenarios are created as a safe place for learners and faculty to explore multiple components of realistic patient care by actual participation.

By participating as a student in simulation activities, you agree to the following:

1. I will engage in and participate in simulation scenarios fully as a professional and treat simulation as a realistic patient care experience.
2. During all simulation work I am committed to help support and guide my peers in a positive, professional manner. I will not use demeaning, mocking or negative verbal, written or body language, about any scenario participant's actions, thoughts, or behaviors before, during or after the scenario.
3. I will observe strict patient and peer confidentiality about the scenario, team member actions, and the debriefing discussions, at all times.
4. Simulation work may occur with the group divided into participants and observers. If I am an observer I may be watching via a live video feed in a designated area. I will be expected to observe as a professional and to participate fully during the debriefing. As an observer, I will not attempt to help or interfere in any way with a simulation in progress.
5. I grant Regis University the right to record my image, photograph, picture, likeness, and voice by any technology or means. Regis University may copy, use, perform, display and distribute such recordings of me for any legitimate purpose, including but not limited to storage or distribution by any then available means I further grant Regis University the right and copyright to use my image and voice in connection with the marketing of its programs, events, or educational or artistic materials. I further understand and agree that I will not receive compensation, now or in the future, in connection with Regis University's exercise of the rights granted hereunder.
6. The simulation is a practical learning experience and all scenario information is confidential and any inappropriate viewing discussion or disclosure of this information is a violation Regis University policy.
7. I agree not to discuss the scenarios used during the course of the semester with other students.
8. Regis holds the copyright or license to all scenarios used in class and no student is authorized or otherwise granted a license to use the scenarios without Regis University's written permission.

Student Signature

Date

Regis University RHCHP Simulated Health Center Policy

Title: Simulation Assistants	Effective Date: 10/28/2013	Approval: Scherer
Office of Origin RHCHP Academic Dean/Sim Lab	Area of Responsibility Simulated Health Center	

Overview

Simulation assistants work under the simulation lab manager to enact a simulation script provided by faculty during simulation activities. This includes simulation scripts using manikins or as standardized patients. Simulation assistants are considered temporary employees and this position is on-going (not filled).

Simulation Assistants

Applicant Review and Selection

1. Simulation assistants complete an online application through the Regis University HR site.
2. Applications are reviewed weekly for minimum qualifications by the simulation manager.
3. Regis University students and non-exempt staff are eligible to apply for the simulation assistant position. Non-exempt staff may not accrue overtime pay for work in the simulated health center.
4. Associate Dean in RHCHP with oversight for simulation conducts a phone interview with appropriate applicants.
5. Simulation manager reviews references.
6. Once accepted for hire, the simulation lab manager finalizes HR hiring proposal.

On-boarding procedures

1. Simulation lab manager receives confirmation from HR to hire (after completion of background check).
2. Simulation Lab Manager contacts simulation assistant to schedule first day of work and schedules orientation.
3. First day of work includes the following required items
 - a. New employee paperwork (done at HR)- W4, I9, including RegisNet account, direct deposit.

- b. Orientation to University policies
 - i. Anti-discrimination policy
 - ii. Contacts (campus safety, workers comp, ITS)
 - iii. Term of employment (temporary)
 - iv. FERPA review
 - c. Review Simulation lab policies and procedures and sign agreement
 - i. Orients and practice with simulation lab equipment as needed.
 - d. Review payment procedures through Webadvisor.
4. Simulation assistants hired prior to October 2013 will be asked to attend a yearly orientation to the simulation lab.
 5. Simulation Assistants may be asked to attend additional training regarding simulation scenarios. Simulation assistants are paid for orientation.

Resignation Procedures

1. The simulation lab manager will complete the HR resignation procedures for simulation assistants who resign or are dismissed.

Simulation Assistant: Policies and Code of Conduct

As a Simulation Assistant I, _____(name) , will enact the simulation script provided by faculty members for educational purposes of the health profession students at Regis University. Role play activities may also include a student performing non-invasive physical examination as part of the case scenario. I understand that the exercises are for health professionals education only and not for my health care. At no time may I be diagnosed or treated by any Regis University student or personnel while acting as a Simulation Assistant.

_____ Initial

Personal Wellness

I understand that I need to notify the Simulation lab manager if I have any physical conditions or limitations prior to acting as Simulation Assistant.

_____ Initial

Hours

I understand that participation in a particular case does not guarantee a fixed number of hours and that I will be contacted to participate on an as needed basis. I understand that an on-going commitment to a case and/or the Program is expected, but that I may resign with advance notice or at least two weeks.

_____ Initial

Confidentiality

All cases for which I am trained and will participate in are confidential and are the property of the Simulation Laboratory and the University. All student interaction and grade information is confidential. I understand and agree not to share any training or performance materials, grades, instructions, etc. with any individual and/or other institutions and to return any training materials to Regis University when I am no longer working as a Simulation Assistant.

_____ Initial

Training/Debriefing

Attendance at training and debriefing sessions is important for every Simulation Assistant. The number of training hours varies according to the complexity of the materials being presented. I understand that I will be evaluated on my competence in learning the material and will receive appropriate feedback from the Simulation laboratory faculty and staff.

_____ Initial

Videotaping

I grant Regis University the right to record my image, photograph, picture, likeness, and voice by any technology or means. Regis University may copy, use, perform, display and distribute such recordings of me for any legitimate purpose, including but not limited to storage or distribution by any then available means I further grant Regis University the right and copyright to use my image and voice in connection with the marketing of its programs, events, or educational or artistic

Regis University

materials. I further understand and agree that I will not receive any additional compensation, now nor in the future, in connection with Regis University's exercise of the rights granted hereunder.

____ Initial

Professional Conduct

I understand that I am to participate in a professional manner and that I am expected to present a neat/professional image during all Simulation laboratory related activities. This includes:

- **Language:** Simulation Assistants are expected to set an example and avoid using language that may be offensive to others. This includes using profanity and/or slang terminology in the presence of students, faculty, and staff.
- **Attire/hygiene:** Simulation Assistants should not wear inappropriate attire including: halters, midriff baring tops, beach sandals, clothing that is ripped, excessively tight, low-cut, or short.
- **Harassment:** The University is committed to creating and maintaining a campus environment where all individuals are treated with respect and dignity. Therefore, while it is expected that I will be touched during a simulation, harassment, whether verbal, physical, written, or visual, is unacceptable and will not be tolerated.

____ Initial

Performance Standards

My participation as a Simulation Assistant will be monitored and feedback will be given appropriately. I understand that this monitoring includes:

- Portraying the role consistently and accurately as trained by the Program staff.
- Completing all Program related paperwork in a consistent, accurate, and thorough manner.
- Making necessary modifications in portrayal, paperwork, and/or feedback as directed.
- Self-assessment of my own skills as a Simulation Assistant and active pursuit of ways to improve those skills (i.e. reviewing my own videos, observing others).

Simulation Assistants who do not meet the educational and/or assessment needs of the Simulation Assistant Program will be removed from participation. ____ Initial

Tardiness/Cancellation/Absenteeism

As a Simulation Assistant, I understand that I must report to all training sessions on time and to student exercise sessions 15 minutes prior to the scheduled start time. If a conflict arises and I am going to arrive late, I agree to contact the appropriate Simulation lab personnel immediately. I understand that if I cannot volunteer on a day that I am scheduled to, I must notify the Simulation Assistant Program as soon as possible (24 hours' notice is appreciated). I understand that I may be put on a back-up list or withdrawn from the Simulation Assistant Program if I am repeatedly unavailable.

____ Initial

I have read and agree to the policies and procedures outlined above. I further agree to abide by the Regis University Human Resource Policy Manual and all other applicable Regis University policies.

Simulation Assistant Signature

Date

Regis University RHCHP Simulated Health Center Policy

Title: Student Use	Effective Date: 10/28/2013	Approval: Scherer
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<p>Student Use</p> <ol style="list-style-type: none"> 1. No students are permitted in the Simulated Health Center without Lab staff or Faculty/Affiliates present. 2. Students must conduct themselves in a professional and academic manner. Failure to do so will result in dismissal from the Simulated Health Center. 3. Students are not permitted to touch any equipment in the Simulated Health Center except for equipment with which they are directly working. 4. Students are required to sign a video/audio recording consent form prior to the start of the simulation. 5. Students will be held responsible for damage to the equipment as a result of not following Simulated Health Center policies and procedures. 6. Misuse of any equipment by any student will result in dismissal of that student from the Simulated Health Center. 7. Students agree to participate in the simulation activities as a requirement of a class. 8. Students will observe strict patient and peer confidentiality about the scenario, team member actions, and the debriefing discussions, at all times. 9. Simulation work may occur with the group divided into participants and observers. If a student is an observer they may be watching via a live video feed in a designated area. As an observer, they will not attempt to help or interfere in any way with a simulation in progress. 10. The simulation is a practical learning experience and all scenario information is confidential and any inappropriate viewing discussion or disclosure of this information is a violation Regis University policy. 		

Simulation Setup Check List

Course: [Click here to enter text.](#)

Faculty: [Click here to enter text.](#) Date(s) of sim: [Click here to enter text.](#)

Scenario name: [Click here to enter text.](#)

Rooms: [Click here to enter text.](#)

Instructions: Place an X in the check box for equipment needed to run your sim. All items will be placed *inside* the room unless you specify otherwise. For example, if the students are supposed to call the Pharmacy for the medication, the med should be located outside the room. If you are running multiple scenarios simultaneously, please complete one of these forms for each scenario.

Room Equipment	Medications/Fluids
<input type="checkbox"/> Universal precautions equipment	<input type="checkbox"/> Blood (simulated) 1 unit for transfusion
<input type="checkbox"/> Stethoscope	<input type="checkbox"/> Normal saline 500 ml bag
<input type="checkbox"/> Blood pressure cuff	<input type="checkbox"/> Normal saline 1 liter bag
<input type="checkbox"/> SpO2 monitor	<input type="checkbox"/> 05 v2 NS 1 liter bag
<input type="checkbox"/> SpO2 probe	<input type="checkbox"/> 05 v2 NS with 20 meq KCL 1 liter bag
<input type="checkbox"/> Thermometer	<input type="checkbox"/> Lactated Ringers 1 liter bag
<input type="checkbox"/> ECG monitor	<input type="checkbox"/> 050 W (50 ml) 1 ampule
<input type="checkbox"/> ECG electrode cables	<input type="checkbox"/> Acetaminophen (Tylenol) 1000 mg PO tablets
<input type="checkbox"/> Oxygen supply source	<input type="checkbox"/> Acetylsalicylic acid (Aspirin) 325 mg tablets
<input type="checkbox"/> Oxygen water reservoir	<input type="checkbox"/> Albuterol (Proventil) 2.5 mg in 2.5 ml normal saline via nebulization
<input type="checkbox"/> Oxygen delivery devices (nasal cannula and/or mask)	<input type="checkbox"/> Buprenorphine hydrochloride (Buprenex) 0.3 mg (1 mg ampule)
<input type="checkbox"/> Respiratory nebulizer	<input type="checkbox"/> Cefazolin sodium (Ancef) 1 gram IVPB
<input type="checkbox"/> Peak flow meter	<input type="checkbox"/> Cefazolin sodium (Ancef) 2 gram IVPB
<input type="checkbox"/> Peak flow zone chart	<input type="checkbox"/> Ceftriaxone (Rocephin) 1 gram IVPB
<input type="checkbox"/> Manual resuscitation device/bag-mask device	<input type="checkbox"/> Cimetidine (Tagamet) 300 mg IV
<input type="checkbox"/> Suction device and suction catheter	<input type="checkbox"/> Cimetidine (Tagamet) 300 mg PO
<input type="checkbox"/> Nasogastric tube	<input type="checkbox"/> Diphenhydramine (Bendaryl) 50 mg injection
<input type="checkbox"/> Suction canister and tubing	<input type="checkbox"/> Epinephrine 1 mg injection
<input type="checkbox"/> Oropharyngeal and nasopharyngeal airways (OPAs and NPAs)	<input type="checkbox"/> Epinephrine (1:1000) 0.3 mg
<input type="checkbox"/> Incentive spirometer	<input type="checkbox"/> Epinephrine (1 :1000) 0.5 mg
<input type="checkbox"/> IV pump	<input type="checkbox"/> Heparin (premix for IV infusion) or 25,000 units with D5W 500 ml
<input type="checkbox"/> IV tubing	<input type="checkbox"/> Hydrochlorothiazide (HCTZ) 25 mg tablet
<input type="checkbox"/> Y tubing with filter for blood administration	<input type="checkbox"/> Ipratropium (Atrovent) 0.25 mg/mL for nebulizer
<input type="checkbox"/> Saline lock	<input type="checkbox"/> Meperidine hydrochloride (Demerol) 75 mg injection
<input type="checkbox"/> IV start supplies	<input type="checkbox"/> Methylprednisolone (Solu-Medrol) 125 mg vial
<input type="checkbox"/> Chest tube	<input type="checkbox"/> Morphine sulfate 2 mg IVP
<input type="checkbox"/> Chest drainage system	<input type="checkbox"/> Morphine sulfate 6 mg IVP
<input type="checkbox"/> Thoracostomy tray	<input type="checkbox"/> Naloxone hydrochloride (Narcan) 0.4 mg/mL
<input type="checkbox"/> Supplies for changing dressings	<input type="checkbox"/> NovoLog insulin multi-dose vial
<input type="checkbox"/> Foley catheter	<input type="checkbox"/> NPH insulin multi-dose vial
<input type="checkbox"/> Glucoscan	<input type="checkbox"/> Nitroglycerin (NTG) sublingual tablets (0.4 mg)
<input type="checkbox"/> Tissue box with tissues	<input type="checkbox"/> Nitropaste topical ointment (1 tube)
<input type="checkbox"/> Disposal bag for tissues (trash bin)	<input type="checkbox"/> Ondansetron hydrochloride (Zofran) 4 mg injection
<input type="checkbox"/> Emesis basin	<input type="checkbox"/> Oxycodone/acetaminophen (Percocet) tablet
<input type="checkbox"/> Blankets (warm)	<input type="checkbox"/> Penicillin G benzathine (Bicillin LA) 1,200,000 units/2 mL
<input type="checkbox"/> Ice pack	<input type="checkbox"/> Other _____
<input type="checkbox"/> Backboard for CPR	<input type="checkbox"/> Other _____
<input type="checkbox"/> Crash cart with defibrillator	<input type="checkbox"/> Other _____
<input type="checkbox"/> General supplies for administering medication	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Setup Notes: [Click here to enter text.](#)

Manikin Setup

<input type="checkbox"/>	ID band with patient name, DOB, and MR#
<input type="checkbox"/>	Name: Click here to enter text. DOB: Click here to enter text. MR#: Click here to enter text.
<input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Gender not relevant to case <input type="checkbox"/>
<input type="checkbox"/>	Bed position: <input type="checkbox"/> UP <input type="checkbox"/> FLAT
<input type="checkbox"/>	Adult male clothing
<input type="checkbox"/>	Adult female clothing with wig
<input type="checkbox"/>	Adolescent male clothing
<input type="checkbox"/>	Patient gown
<input type="checkbox"/>	Surgical hair cover
<input type="checkbox"/>	Compression stockings
<input type="checkbox"/>	Pillows
<input type="checkbox"/>	Splint with ace wrap for left lower leg
<input type="checkbox"/>	Wedding ring
<input type="checkbox"/>	Abdominal incision overlay with 4 x 4 gauze dressing
<input type="checkbox"/>	Trauma leg attached to left lower leg
<input type="checkbox"/>	Moulage, lay-ons, or make-up to simulate urticaria and cyanosis
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Other _____

Setup Notes: [Click here to enter text.](#)

Vital Sign Programming

- Vitals are to be on screen when students arrive (ICU, ED)
- Students are to assess vitals as part of sim.

Initial State:

Rhythm	Click here to enter text.
HR	Click here to enter text.
O2Sat	Click here to enter text.
RR	Click here to enter text.
etCO2	Click here to enter text.
BP	___ / ___
Temp	Click here to enter text.

Second State:

What happened to get to second state?

_____ (i.e. 5 minutes pass, students administer medication, etc)

Rhythm	Click here to enter text.
HR	Click here to enter text.
O2Sat	Click here to enter text.
RR	Click here to enter text.
etCO2	Click here to enter text.
BP	___ / ___
Temp	Click here to enter text.

Third State:

What happened to get to third state?

_____ (i.e. 5 minutes pass, students administer medication, etc)

Rhythm	Click here to enter text.
HR	Click here to enter text.
O2Sat	Click here to enter text.
RR	Click here to enter text.
etCO2	Click here to enter text.
BP	___ / ___
Temp	Click here to enter text.

Forth State:

What happened to get to forth state?

_____ (i.e. 5 minutes pass, students administer medication, etc)

Rhythm	Click here to enter text.
HR	Click here to enter text.
O2Sat	Click here to enter text.
RR	Click here to enter text.
etCO2	Click here to enter text.
BP	___ / ___
Temp	Click here to enter text.