Standard Operating
Policies &Procedures

Website: Simulation.med.ufl.edu
Email: simulation@med.ufl.edu
Phone: 352-273-9697

1104 Newell Drive
PO Box 100259
Gainesville, FL 32610

Index

6. Safety

    CELS-6001 Biological Specimen Disposal
    CELS-6002 Confidentiality Agreement
    CELS-6003 Emergency and Severe Weather Response
    CELS-6005 Pandemic Protocol
    CELS-6006 Psychological Safety
    CELS-6007 SARS-CoV-2 Cleaning Policy

7. Data Management

    CELS-7001 Audio Visual Use and Storage
    CELS-7002 Authorization and Consent to Photograph and Publish

8. Supplies

    CELS-8001 Inventory

9. Quality Improvement

    CELS-9001 Complaint Resolution Process
    CELS-9002 Simulation After Action Review
    CELS-9003 Quality Improvement

10. Research

    CELS-10001 Research Activities

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.

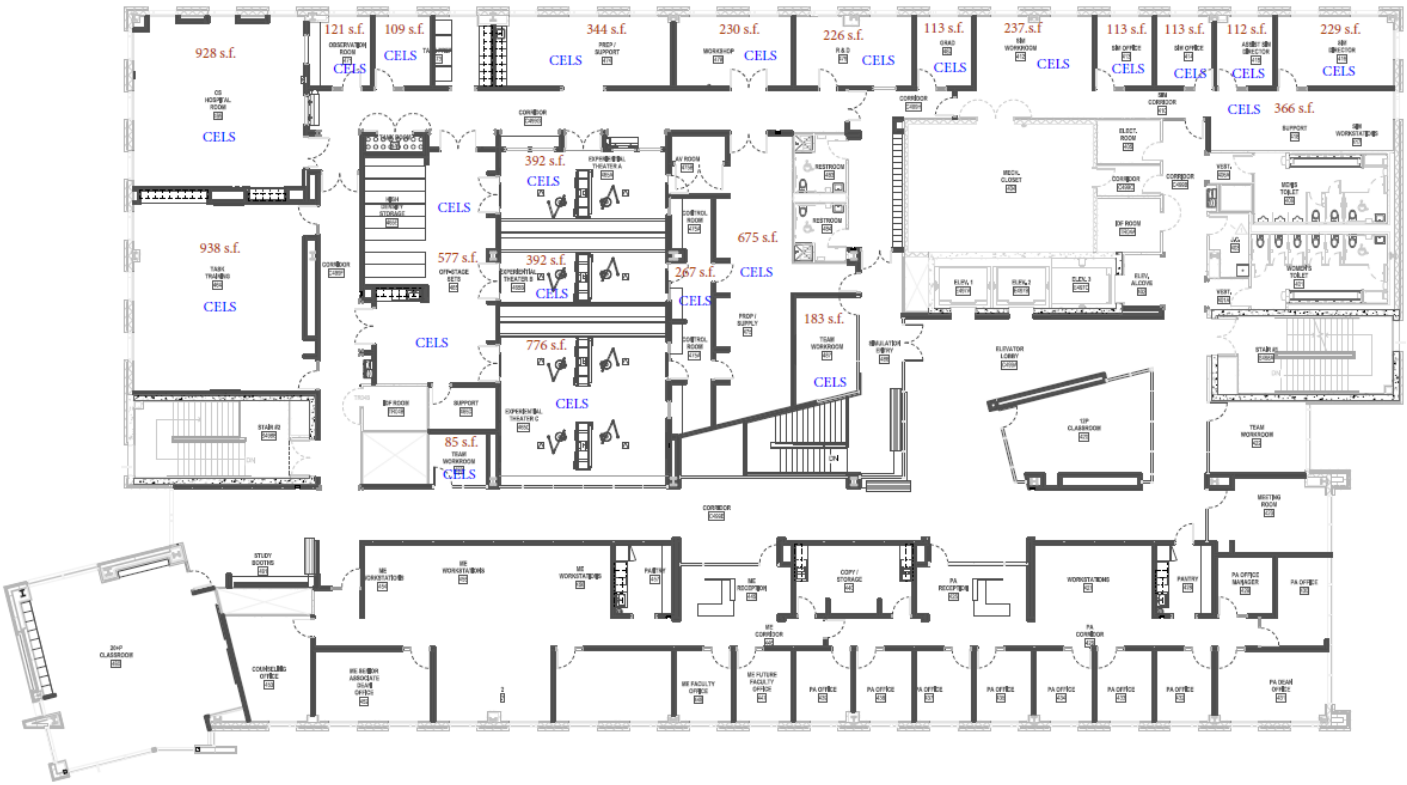
Physical Address:
1104 Newell Drive
PO Box 100259
HMEB 4th Floor
Gainesville, FL 3261-0259

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



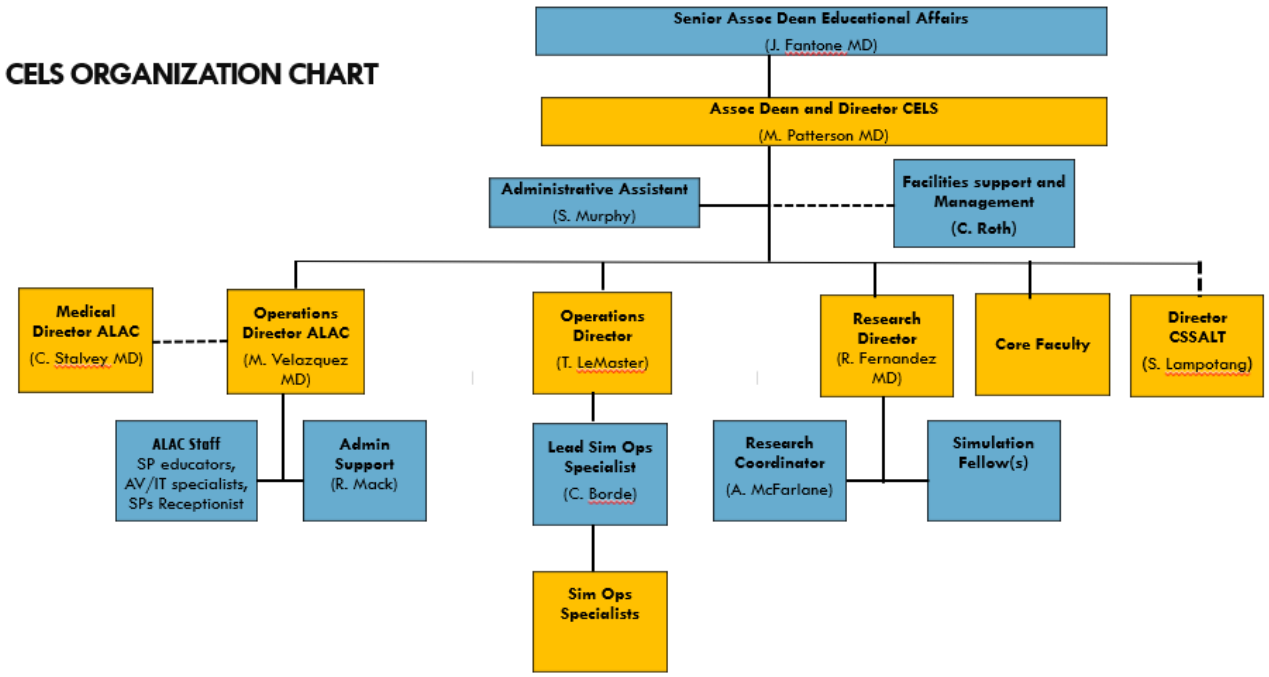
C. **Mission Statement**

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**

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

E. **Governance**



Jump to Index

POLICY: Advisory Board Composition and Responsibilities			CELS-2001
Authorized:			
Original Date:	12/01/2018	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of the CELS Advisory Board is to provide direction and support for the operations of the simulation program.

Policy: The Center for Experiential Learning and Simulation (CELS) Advisory Board will meet semi-annually to review current center activities and plan for future growth. Additional meetings may be scheduled as needed or if urgent needs arise.

Procedure:

A. Advisory Board Composition
    1. CELS Advisory Board will be composed of members from the following areas/departments:
        i. Associate Dean of Experiential Learning
        ii. Simulation Program Operations Director (Co-Chair)
        iii. Tier I Subscribers
            - Emergency Medicine
            - Pediatrics
            - Anesthesia
            - UF Health Nursing
            - Surgery
            - Other Tier 1 members
    2. Risk Management
    3. Patient Safety
    4. Learners of the Simulation Program
    5. Senior Associate Dean of Education
    6. Self-Insurance
    7. Finance
    8. Ad hoc members as required

B. Responsibilities of the Advisory Board
    1. To ensure the simulation program meets the deliverables as presented to and approved by the Advisory Board.
    2. To provide direction and support for the simulation program's annual and three-year strategic plan.
    3. To support and approve the prioritization of simulation center requests.
    4. To ensure alignment with the overall education model and business model.
    5. To identify and allocate resources necessary for program development.

C. Leadership of the Advisory Board

Jump to Index

1. The advisory board will be led by the Associate Dean of Experiential Learning.

D. Terms and Time Commitment
    1. The advisory board will hold meetings semiannually with additional meetings as needed.
    2. The advisory board may be called for a special meeting request by the Chairperson at any time.
    3. Advisory board members will be expected to respond to additional work requests, discussions, and emails outside of scheduled meeting times.
    4. Bi-monthly meetings will be reserved for decision making. Participants are expected to complete assignments and meet the requested deadlines.
    5. Appointments to the advisory board are not time-limited. Representatives may terminate their commitment by formal request to the Advisory Board's Chairperson.

Jump to Index

POLICY: Cancellation Policy			CELS-2002
Authorized:			
Original Date:	12/01/2018	**Reviewed/Revised:** 05/20/2020	
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.

Jump to Index

POLICY: Code of Conduct			CELS-2003
Authorized:			
Original Date:	06/04/2020	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The 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.

Jump to Index

POLICY: Ethics Policy			CELS-2004
Authorized:			
Original Date:	06/26/2020	**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.ufonline.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

Jump to Index

POLICY: Student and Employee Dress Code			CELS-2005
Authorized:			
Original Date:	12/01/2018	**Reviewed/Revised:** 01/29/2020	
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 are 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/

Jump to Index

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:	02/04/2019	**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.

Jump to Index

POLICY: Simulation Center Scheduling Procedure			CELS-2007
Authorized:			
Original Date:	12/01/2018	**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 in situ 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 in situ 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.

Approval of the request is returned to the schedule coordinator who will notify the requesting department of schedule approval.

Jump to Index

POLICY: Staff Attendance and Leave			CELS-2008
Authorized:			
Original Date:	01/06/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: Attendance is an essential aspect of every position in the University. This attendance policy is designed to create a departmental standard regarding attendance and leave usage for all employees of College of Medicine – Center for Experiential Learning and Simulation.

Policy: The policy is not intended to supersede University regulations or policies and should be read in conjunction with university regulations, policies and procedures.

Procedure:
Work Hours

a) The minimum workweek for fulltime employees is 40 hours. A scheduled work day for a fulltime employee will typically include a lunch period and may include rest breaks. Schedules shall be determined by the supervisor.

b) Employees are expected to adhere to their specified work schedule, report to work on time every scheduled workday, and be at their workstation ready to begin work at the start of their shift.

c) Non-exempt employees must accurately report actual time worked and must be compensated for all hours worked.

d) Any modifications to work schedules including overtime, or flex time, should be requested and approved in advance.

Call-in procedure

a) In the event of unanticipated absences, including sickness or lateness, employees must call or e-mail their immediate supervisor as soon as possible, but no later than fifteen (15) minutes after the start of their shift. The immediate supervisor may provide more detailed instructions to be followed.

b) If the immediate supervisor is out of the office, the employee should contact another Center for Experiential Learning and Simulation manager.

c) Failure to follow proper call-in procedure may result in disciplinary action including unauthorized leave without pay as appropriate.

Breaks

The University recognizes that employees work better when they are rested and refreshed.

Jump to Index

a) During each 4 hours that an employee works, a 15-minute rest period is permitted whenever possible.

b) Rest-periods may not be accumulated for later use (to extend lunch breaks, or arrive late or leave early) and may not be combined to use for longer breaks.

c) Rest-periods are to be counted as time-worked and there is no need to record the time in the system.

d) Employees are expected to take their scheduled lunch break at the designated time and for the scheduled duration.

e) Non-exempt employees are not permitted to work during their lunch breaks and must accurately report the time.

f) Lunch breaks must be no shorter than 30 minutes, unless pre-approved by a Center for Experiential Learning and Simulation supervisor.

Tardiness

a) Tardiness is defined as reporting to work late at the beginning of the work shift, leaving early or returning late from a work break or lunch, or leaving work early at the end of the work day, without prior approval.

b) Tardiness will result in unauthorized leave without pay, unless leave with pay is approved by the supervisor for extenuating circumstances.

c) The university's system of "rounding time" does not excuse tardiness nor apply to the beginning or the end of the work shift. It only applies to the way leave is reflected in the system.

d) Excessive tardiness (3 or more instances in a 30-day period) may result in appropriate disciplinary action.

Vacation

a) Vacation leave may only be taken after approval is received from the employee's immediate supervisor.

b) Except for emergencies, employees should submit requests for vacation in advance. Vacation request for more than one day should be submitted at least 2 weeks in advance. Requests for one day or less should be submitted at least 3 days in advance.

c) The granting of vacation leave is at the supervisor's discretion based on departmental needs and workload.

Jump to Index

d) Vacation leave will not be permitted when an employee calls in sick except for FMLA qualifying absences. However, when vacation leave has been properly requested and approved, employees may use it for any personal reason including medical appointments.

Sick Leave

a) Sick leave may be used for an employee's illness, injury, or exposure to a contagious disease, or medical appointments.

b) Sick leave may also be used in reasonable amounts for an immediate family member's illness, or injury, or medical appointment or death.

c) Employees must follow proper call-in procedure to notify their supervisor directly when they will be out due to an illness. If the employee is not able to call the supervisor directly on the first day of the absence, they must do so as soon as possible thereafter. For absences of more than one day, the employee must follow call-in procedures each day they are absent to keep the supervisor informed, except where medical documentation has been submitted informing the supervisor of the duration of the absence.

d) When possible, employees should try to schedule routine medical appointments for times that are least disruptive to the department. Also, employees should notify and obtain approval from their supervisors prior to scheduling and using leave for routine medical appointments.

e) Where an employee has exhausted their accrued sick leave, future unscheduled absences will result in leave without pay, unless the absence is FMLA-qualifying (for which accrued vacation leave can be used).

f) More than 3 occurrences of sick leave in any 30-day period may be considered excessive. An "occurrence" is defined as a single absence consisting of consecutive time periods. Employees may be required to submit documentation from a healthcare provider after each occurrence of sick leave if sick leave usage is considered excessive.

g) Employees who call-in sick after they have requested and been denied vacation will be required to submit a doctor's note.

Compensatory Leave

a) Employees who have accrued overtime, regular, or special compensatory leave, must use such leave prior to using vacation leave.

b) Employees must request and receive supervisory approval prior to using any type of compensatory leave.

c) The University of Florida's overtime policy encourages employees to use compensatory leave as soon as possible after it is earned. Compensatory leave balances should not exceed 5 hours and be used within the following two pay periods. Under special circumstances, the director and/or associate dean of the Center for Experiential Learning and Simulation may approve for

Jump to Index

Compensatory leave balances to exceed the max threshold and/or usage timeline. Written approval must be granted.

Administrative Leave

An employee may be granted administrative leave for court/jury duty/witness, death in the immediate family or other situations as approved by appropriate university authorities. An employee who is summoned for jury duty should notify their supervisor of the expected absence as soon as possible and submit a copy of the subpoena. Full-time employees may use up to 2 days of administrative leave for each occurrence of death in their immediate family. The 2-day benefit is prorated for part-time employees. When requested, the employee must provide their supervisor with the name of the deceased and the affiliation with the employee.

Leave without pay

Leave without pay will result when employees who have exhausted accrued leave balances and have the supervisor's approval for their absence. Leave without pay can also be used to make an employee's FTE whole where an employee with an FMLA qualifying event uses intermittent leave during an extended leave of absence. Leave without pay must be approved in advance by the supervisor.

Unauthorized leave without pay

Unauthorized leave without pay may result in the following situations:

a) Failure to follow call-in procedure to report an absence or tardiness.

b) Failure to submit medical documentation when requested.

c) Where the employee's tardiness is not justified or approved by the supervisor for paid leave.

d) Failure to report to work as scheduled, and/or call in to report their absence ("No call no show").

Family and Medical Leave Act (FMLA)

Employees are entitled to up to 12 work weeks or 480 hours of unpaid leave per rolling calendar for absences relating to birth of a child or adoption or foster care; or when an employee or his or her spouse, parent, or child has a serious health condition. An employee may request a FMLA Preliminary Request online to confirm eligibility. The request form is available online at https://benefits.hr.ufl.edu/time-away/fmla/fmla-preliminary-request-form/.

a) Upon confirmation of FMLA eligibility, UFHR-Central Leave will notify employee of the next steps. A Certification of Healthcare Provider form may be required for FMLA approval.

Jump to Index

b) If approved for FMLA, employees may use any type of leave towards FMLA-related absences, however, when overtime compensatory leave is used during FMLA-related absence, it does not count toward the 12 weeks entitlement.

c) Notify supervisor when planning to use FMLA. FMLA-related absences must be properly reflected in the system using the appropriate time reporting code.

d) An extended leave of absence could impact an employee's benefits. Employees may reach out to a Talent Management Specialist in the College of Medicine, Human Resources with their questions/concerns regarding their benefits at HR@comfs.ufl.edu.

Conclusion

Center for Experiential Learning and Simulation employees are expected and encouraged to take personal responsibility for their attendance and appropriate use of available leave benefits. Supervisors will make every effort to accommodate leave requests that are submitted appropriately and in a timely manner. However, abuse of leave, or failure to report to work as scheduled, or a pattern of unscheduled and/or excessive absences or tardiness will not be tolerated. These constitute unsatisfactory attendance for which appropriate disciplinary action could result. Also, time worked and leave must be accurately entered in the system timely. Falsification will not be tolerated under any circumstances, and will result in disciplinary action up to and including dismissal.

We hope these guidelines will help you understand the expectations of the University pertaining to attendance and leave usage. Please feel free to discuss any concerns with your supervisor or contact your Health Science Center Employee Relations Representative at 352-392-3786.

ACKNOWLEDGED RECEIPT:

NAME DATE

Jump to Index

POLICY: Time Off Request			CELS-2009
Authorized:			
Original Date:	03/30/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of this policy is to be able to sustain adequate staffing to approve staff time off requests and meet learner needs within the simulation center.

Policy: Time off will be requested at least two weeks in advance of the requested day(s) off. When requesting time off, please consider the time of year, program/activities scheduled, and other time off requests.

Procedure:

1. Complete a time off request form and forward to your immediate supervisor/Lead Operations Specialist.
    a. If immediate supervisor is not available, then please forward to either Operations Director or Assistant Operations Director
2. Lead Simulation Operations Specialist will review the Time Off Request for correct dates, ensure that the dates are not conflicting with program/activity needs, and suitable substitutes (if necessary) are available.
3. The Lead OPS will approve by signing on supervisor signature line and forward to the Operations Director.
4. Add team member time off onto simulation center's calendar.
5. Save copy of time off request form(s) onto the O-Drive.
6. Once approved, the staff member will input the correct code into your my.ufl.edu time sheet for the requested dates.

Jump to Index

Time Off Request Form

Name:	
Time(s) requested:	Date(s) Requested:
Employee Signature:	Supervisor Signature:
Comments:	

Jump to Index

POLICY: Tour and Immersive Experience Policy			CELS-2010
Authorized:			
Original Date:	01/01/2021	**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 external 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-healthcare 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.

Jump to Index

POLICY: Visitor Code of Conduct			CELS-2011
Authorized:			
Original Date:	01/01/2021	**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

Jump to Index

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.

Jump to Index

POLICY: Federal Work Study Student Policy			CELS-3001
Authorized:			
Original Date:	06/02/2020	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of the federal work study student policy is to orient FWS students to the facility and define weekly tasks to be completed.

Policy: The federal work study student will be assigned to a mentor to orient to the needs of the center. They will follow the checklist of weekly tasks which is flexible dependent on the center's work schedule. The federal work study student will adhere to the program policies as defined by the Office for Student Financial Affairs (https://www.sfa.ufl.edu/pdf/StudentEmployeeHandbook_Final.pdf).

Procedure:

Listed below is a quick orientation and guidelines to our facility, CELS. During this training period, FWS students will be assigned a mentor. Dependent upon the facility's schedule, the days below are flexible. Attached is a list of weekly duties that can be completed as needed within the center.

Day 1:
- Meet the team!
- Orientation to our communication board
- Tour of the hospital(s)
- How to clean mannequins and task trainers
- How to organize and setup theaters

Day 2:
- How and where to replenish dirty linen
- Where to take broken-down cardboard boxes
- Wipe down winked walls
- Replenish IV bags

Day 3:
- Update inventory for SimIQ
- Create lists of items to order
- How to restock the crash carts and airway boxes
- Reload the demo dose drugs

Jump to Index

Task	Completed
Update inventory for SimIQ and CELS high density checklists	
Clean down the mannequins/task trainers	
Restock the crash carts	
Reload the demo drugs: Crash carts trays, HDS and in situ bags	
Restock and organize the cupboards of the headwalls in the theaters and OR	
Organize and replenish in situ bags	
Charge headsets	
Organize/clean back hallway workspace	
Take dirty linen to the basement of North Tower/ replenish linen	
Break down/take out cardboard boxes to bin behind HMEB	
Replenish gloves/hand sanitizer if empty	
Replenish IV bags	
Create list of items to resupply/order	
Wipe down walls if written on	

Jump to Index

POLICY: Intern Orientation Policy			CELS-3002
Authorized:			
Original Date:	06/02/2020	**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
- In situ process
- Task Trainers
    - Setup/Break down
    - Maintenance
- Simulators
    - Setup/Break down
    - Maintenance
    - Medical equipment

Day 3:

- Restocking crash carts
- Restocking in situ 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

Jump to Index

POLICY: Learner Orientation to Simulation Equipment and Environment			CELS-3003
Authorized:			
Original Date:	12/01/2018	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of this policy is to ensure 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.

Jump to Index

POLICY: Simulation Operations Specialist Orientation Policy			CELS-3006
Authorized:			
Original Date:	06/02/2020	**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 in situ simulation processes.

Procedure:

6-week foundation period:

During this 6-week period, you work with the SimOps Team to help guide you along your transition. Your preceptor will help teach you about the many simulators, task trainers, course setups, and in situ 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
- In situ 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

Jump to Index

    - 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

Jump to Index

- Ventilator
- High flow nasal cannula
- NIV
- On the fly simulation scenario with the team

Jump to Index

POLICY: Course Evaluation			CELS-4001
Authorized:			
Original Date:	02/01/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The intent of the Course Evaluation Policy includes providing feedback to CELS Leadership, Staff and faculty. The course evaluation includes simulations and in situ simulations.

Policy: The simulation operations specialists and content experts will direct learners to the Qualtrics evaluation code following each simulation event.

Procedure:

1. Following each simulation, learner evaluations are completed using Qualtrics.
2. The Qualtrics report is run within 3 business days following the simulation.
3. Evaluation are sent to the CELS leadership team, Simulation Operations Specialist and faculty responsible for the course
4. There are quarterly reports generated on predetermine questions. If any of the scored drop below 85%, the simulation event is reviewed during the quarterly staff meeting to assess for trends.

Jump to Index

POLICY: Educator Feedback Policy			CELS-4002
Authorized:			
Original Date:	03/26/2020	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The intent of the Educator Feedback Policy includes providing feedback to the medical simulation educators. This includes post-simulations, learner courses, as well as in situ simulations.

Policy: The simulation operations specialists and content experts will provide direct feedback post simulations and courses in a professional manner. There will also be a survey completed by the learners after every simulation so that they can describe their simulation experience.

Procedure:

1. After a simulation event with simulation operations specialists, there will be a roughly 5-minute debrief about the successes and shortcomings of the course and what changes might need to occur for the next simulation.
2. The simulation operations specialists will communicate debrief of the course in huddle. If an AAR is completed, it will be on the O-drive.
3. After all simulation activities, there will be a short evaluation provided for the learners to complete in regards to their simulation experience and their educator.
4. Annually, content experts will meet with the educators to review their feedback from surveys and debriefings. Content experts will complete and review the facilitator competency rubric with the educator.

Jump to Index

POLICY: Faculty Evaluation- DASH			CELS-4003
Authorized:			
Original Date:	01/01/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The intent of the Faculty DASH Evaluation Policy is to provide feedback to simulation course faculty specific to simulation facilitation.

Policy: CELS leadership will complete a DASH evaluation and provide feedback to faculty performing simulation at annually.

Procedure:

1. Annually, CELS leadership will complete a DASH evaluation of faculty using simulation.
2. Evaluations will be a live observation or review of a video debriefing
3. The DASH tool is completed using Qualtrics
4. The completed Qualtrics report is shared with the faculty member.

Jump to Index

POLICY: Pre and Post Course Procedures			CELS-4004
Authorized:			
Original Date:	12/01/2018	**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

Jump to Index

POLICY: Simulation Room Setup			CELS-4005
Authorized:			
Original Date:	12/01/2018	**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.

Jump to Index

POLICY: Simulator Moulage Policy			CELS-4006
Authorized:			
Original Date:	01/13/2020	**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

Jump to Index

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.

Jump to Index

POLICY: Use of Cognitive Aids in Simulation			CELS-4007
Authorized:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		
Original Date:	04/12/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of this policy is to ensure cognitive aids available in the clinical setting may be used in the simulation environment.

Policy: The Center for Experiential Learning and Simulation strives to create a simulation environment that closely resembles the actual clinical environment.

Procedure:

1. When preparing for simulation sessions, Simulation Operation Specialist will ensure ACLS cards, PALS cards, and or other cogitative aids used in patient care remain in the simulation environment.
2. Faculty requests to remove cognitive aids from the simulation environment must have prior approval from CELS Leadership.

Jump to Index

POLICY: Equipment Maintenance and Infectious Diseases Control			5001
Authorized:			
Original Date:	12/01/2018	**Reviewed/Revised:** 08/27/2020	
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.

Jump to Index

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 arise, 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 what 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.

Jump to Index

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.

Jump to Index

POLICY: Equipment Loan Policy			CELS-5002
Authorized:			
Original Date:	12/01/2018	**Reviewed/Revised:** 02/28/2019	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The intent of this policy is to 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 once 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.

Jump to Index

POLICY: Oxygen Supply			CELS-5003
Authorized:			
Original Date:	01/01/2021	**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.

Jump to Index

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 – Please send an email to Shawn to request gasses. She will make the order. Please expect a 3-day lead time from time of order to delivery date.
    3. The steps outlined by the UF Procurement Services on how to purchase from AirGas located at: https://procurement.ufl.edu/uf-departments/how-to-purchase-from-airgas/
        i. Must use a browser such as Google Chrome when using myUF Marketplace or punchout will not work and will not be able to search for our account number
        ii. CELS account number is: 3246785. Frequently ordered products will be listed as the top options such as Product: Medical USP Grade Oxygen, Size 200 Cylinder, CGA-540 Airgas Part #: OX USP200
        iii. Once products are added to cart select "Punch Out". Go to carts and print the cart just created.
        iv. Use print out to create DOER. Get DOER signed.
        v. Once you have signed DOER send to DOFISCAL email account with the subject line "Attention (name of assigned Fiscal person, may change)".
            1. If possible, attach signed DOER to cart in myUF Marketplace. Click "Check Out" and scroll to "Internal Attachments and Comments" to add signed DOER. Then assign cart to appropriate DO Fiscal contact. You do not have to e-mail DO Fiscal if attaching DOER in this way.
            2. If unable to attached DOER in Marketplace the you will need to "Assign Cart" after sending the DOER.
        vi. Assign the cart to the named individual in the DOFISCAL email subject line, for instance, emails sent "Attention Michelle" would have carts assigned to Michelle as well.
        vii. Then add to budget spreadsheet, save to "invoices", then file the paper copy for back up for 1 fiscal year. Once the canisters have been delivered a confirmation email will be sent to Shawn who can forward to the team and to DOFISCAL email.

Jump to Index

POLICY: Separation of Patient Care and Simulation Supplies			CELS-5004
Authorized:			
Original Date:	01/01/2021	**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 in situ simulations, we will utilize real patient supplies when possible excluding medications.
2. During in situ 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.

Jump to Index

POLICY: Trauma Skin Utilization			CELS-5005
Authorized:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		
Original Date:	04/12/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of this policy is to assure there are adequate supplies for students skills training and efficient use of Trauma Man and Trauma Child training materials.

Policy: The Center for Experiential Learning and Simulation will provide one chest tissue for trauma man and trauma child per four learners.

Procedure:

3. When setting up skills stations that use trauma man or trauma child, one chest tissue will be provided per 4 students.
4. Simulation operation specialists will repair tissue for repeated use when possible.
5. If additional skins are needed for testing/evaluation purposes, faculty may be required to submit justification documentation.

Jump to Index

POLICY: Biological Specimen Disposal Policy			CELS-6001
Authorized:			
Original Date:	01/01/2021	**Reviewed/Revised:** 06/10/2021	
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 biological/biomedical 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 bio waste box with the date put in use, generator's (PI/area supervisor) name, 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 red bag–lined bio 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.

3. Sharps
    a. Sharps are instruments that are intended to cut or penetrate skin. All used Sharps must be disposed of into 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.

4. Animal Parts & Tissue
    a. Use of animal parts/tissue within CELS or HMEB is prohibited. With prior approval, frozen animal parts/tissue may be stored in designated CELs freezer for up to six

Jump to Index

months and is the responsibility of faculty member to remove and dispose of. All items placed in CELS tissue freezer must be dated and faculty contact provided.

Jump to Index

POLICY: Confidentiality Agreement			CELS-6002
Authorized:			
Original Date:	01/01/2021	**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.

Jump to Index

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 in situ 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.

Jump to Index

- 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.

Jump to Index

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.

Jump to Index

POLICY: Pandemic Protocol			CELS-6005
Authorized:			
Original Date:	07/08/2020	**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/

Jump to Index

POLICY: Simulation Psychological Safety Policy			CELS-6006
Authorized:			
Original Date:	12/01/2018	**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.

Jump to Index

POLICY: SARS-CoV-2 CELS Cleaning Policy			CELS-6007
Authorized:			
Original Date:	08/06/2020	**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

Jump to Index

POLICY: Audio Visual Use and Storage Policy			CELS-7001
Authorized:			
Original Date:	12/01/2018	**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 polices 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.
    c. 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.
    d. The IT Analyst will delete videos on the First Friday of each quarter. (January, April, July, October)
    e. 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.

POLICY: Authorization and Consent to Photograph and Publish			CELS-7002
Authorized:			
Original Date:	01/01/2021	**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: _____

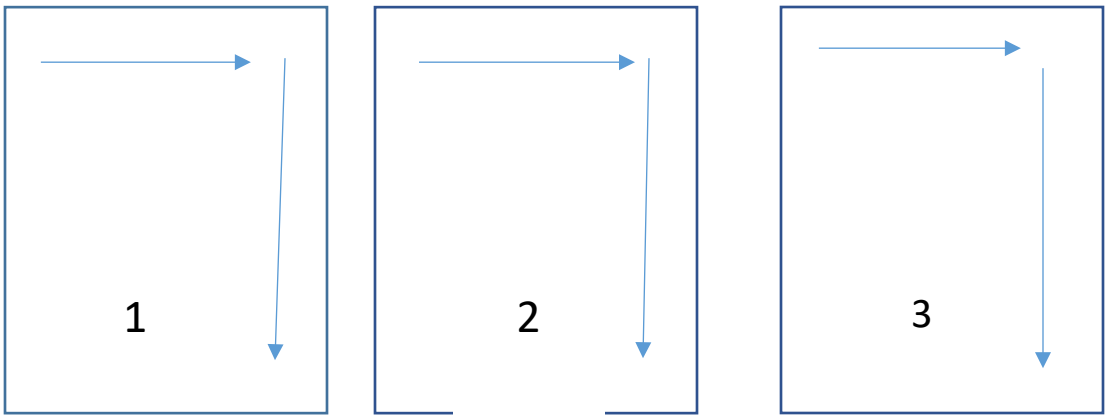
POLICY: Inventory			CELS-8001
Authorized:			
Original Date:	02/02/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of this policy is to ensure there are adequate supplies and materials to meet learners' needs while training in the simulation center.

Policy: CELS Simulation Operations specialist will complete CELS inventory weekly. Inventory may be assigned to interns, volunteers or work-study student with oversite from the operations specialist

Procedure:

1. Aisles in inventory system are organized from left to right in sections. Starts at the top of one section and goes down before moving to the right to the next section. Ex:



2. If something needs to be rearranged or added, change it on the template sheet for future users. Check to make sure item is not located somewhere else first.
3. Donations – replenish HD up to par number. Acceptable overflow number is 5 items
    a. Airway supplies above par will stock the airway cart
    b. Donated items above par do not need to be inventoried. They can be taken to 5th floor or thrown away appropriately.
        i. Process for 5th floor inventory to be determined.
4. Disposal
    a. Any real medications donated need to be disposed of in a red bag. Do not keep any real medications.
    b. Drugs, sharps, and procedural trays need to be disposed of in a red biohazard bag. Please reference the biological specimen disposal policy for correct procedure.
5. Reseal all marked items at the end of the week
6. If you take something from high density, make sure to place it back in its proper place. If you cannot find where it goes, refer to the inventory sheet.

Inventory Sheet Process

1. Located on the O drive Equipment → Inventory → 2020 Inventory Logs
2. Open log for aisle that you are working on
3. Copy the template page and create a new excel sheet at the bottom
4. Rename the new tab as the current date
5. Paste the template onto the new excel sheet and put your name at the bottom by "inventory completed by"
6. Indicate which items need to be reordered with appropriate number and highlighting color
   Highlighting key:
   a. Yellow – reorder
   b. Green – reseal
7. If something is in a bin, bag, or box, use your best judgement for reordering and counting.

POLICY: Complaint Resolution Process			CELS-9001
Authorized:			
Original Date:	02/28/2019	**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: Simulation After Action Review			CELS-9002
Authorized:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		
Original Date:	04/12/2021	**Reviewed/Revised:**	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: The purpose of this policy is to provide a process to review simulation events for quality improvement immediately following a simulation event.

Policy: The Center for Experiential Learning and Simulation team members involved in simulations to be reviewed will participate in an after-action review meeting as soon as possible at the conclusion of the simulation event.

Procedure:

1. All team members involved in the simulation event meet as soon as possible following the completion of an in situ simulation. On request, other simulation sessions will have an AAR.
2. Team members discuss, identify, and document what went well and areas of improvement.
3. Topics identified during the AAR are recorded by an operations specialist in the AAR report form and stored on the O drive.
4. The AAR reports are reviewed quarterly at a team staff meeting and updated on the progress of action items.

POLICY: Quality Improvement Policy			CELS-9003
Authorized:			
Original Date:	12/01/2018	**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.

POLICY: Research Activities			10001
Authorized:			
Original Date:	07/08/2020	**Reviewed/Revised:** 04/01/2021	
Approved by:	Mary Patterson, MD, MEd; Tom LeMaster, RN, MSN, MEd		

Purpose: This policy applies to all research conducted within the simulation program and/or with support of simulation program investigators, staff, facilities, or equipment.

Policy: CELS encourages academic, interprofessional, and collaborative practice (two or more professions) research. Any research activities that require use of CELS and its resources and/or time from its faculty are reviewed and coordinated with the CELS Research Director. The protocol for any scheduled research is reviewed by the CELS Research Director. In deciding to approve or reject the proposal, the Director may consult with the other SMEs with significant research experience regarding the merits of the proposed activity. A minimum of three to six month's lead-time is required for coordinating and scheduling research-related activities. Scheduling must be performed in accordance with the CELS's scheduling policy.

Procedure:

CELS adheres to the UF COM and UF Shands policies and procedures for research that include but are not limited to:

1. All studies that meet the definition of human research require an approval from the Institutional Review Board (IRB), whether full, expedited, or exempt.
2. The policy on the use of protected health information (PHI) in research covers all aspects of conducting research at CELS. Primary investigators (PIs) are encouraged to review them.
3. The initiating investigator must submit a copy of the IRB approval to the CELS Research Director.
4. All publications and presentations resulting from the projects that use the center's resources must acknowledge CELS.
5. Compliance with this research policy is monitored and enforced by the CELS's Research Director.
6. In case of human rights violation or non-compliance with this policy, CELS Research Director suspends the project until a formal institutional investigation is completed.

CELS policy mandates that research coordinated by and conducted within the simulation program is compliant with applicable UF Research Institute policies. The simulation program complies with all applicable governance policy statements.

Funded Research
All contract and grants are accepted in the name of CELS. All legal documents are executed in the name of CELS. All checks, letters of credit, and other financial documents are issued in the name of CELS.

Pre-Awards

All actions taken in the name of CELS prior to awarding of grants or contracts by the funding entity are classified as pre-award procedures. Pre-award procedures differ depending upon the nature of the project and the source of funding.

IRB Submission
This includes the requirement of the UF Institutional Review Board (IRB) approval, whether for full, expedited, or exempt status for those studies that meet the definition of human research. Each contract or proposal submitted is viewed as new by the IRB. Similar or resubmitted contracts or proposals will be required to meet all requirements of newly submitted documents. While multiple submissions of the same or similar contracts or proposals are acceptable, it is imperative for reasons of patent rights and other considerations that such multiple submissions be disclosed as a part of all submitted contracts or proposals.

Principal Investigator
The director of a research project is classified as a principal investigator (PI). The investigator must fulfill the ethical obligations and institutional requirements as is IRB standard operating procedure which outlines the general responsibilities of investigators who conduct research involving human subjects at UF. The principal investigator acts in the name of CELS in the direction of the research or training program. The principal investigator directs all such projects in the name of CELS with the approval of the Advisory Board of CELS and its officers.

Co-investigators
Those responsible for portions of the research project are classified as co-investigators. These investigators must fulfill the same ethical obligations and institutional requirements.

Disputes
The CELS Research Director and Research Committee are responsible for mediating matters of dispute regarding any CELS research. The chair of the department in which the research is being conducted shall also be included in the discussions.

Procedure for Research Proposals
Research proposals should be completed by any investigator interested in developing and conducting a research study within, with the support of, or utilizing the services of CELS. The purpose of the proposal is to document the proposed research project goals and objectives to satisfy a research question. It assists in developing sound study design, identifying required resources, and projecting a timeline. Proposed research should be in alignment with CELS's goals. Research proposals should be submitted to the Research Director or designee for review by the Research Committee, including the Director of the Research Program within 4 weeks of submission. Appropriate proposals will be scheduled for presentation by the research study team at a CELS Research Committee Meeting, where feasibility, resources, prioritization, and assistance will be discussed. The study team shall present an update on the research progress to the CELS Research Committee within the first 12 months of data collection to assess effectiveness and efficiency of the study process and to discuss if the study is meeting its timeline and research objectives.