Simulation
at Penn Medicine Academy

Policy & Procedure Manual

2020

As a Department within the Hospital of the University of Pennsylvania, the Simulation at Penn Medicine primarily follows the policies and procedures of the institution. This document outlines the Center's supplemental Policies and Procedures.

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Table of Contents

All forms referenced in this Policy and Procedures Manuals as well a copy of the Manual itself can be found on the Simulation at Penn Medicine Website Faculty Access page at:

http://www.uphs.upenn.edu/SIMcenter/center/Sim_Center_Policy_and_Procedures.pdf

I. 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 Penn Medicine which regulate the behaviors of staff and learners of Simulation at Penn Medicine.

Contact Information: Simulation at Penn Medicine
Penn Medicine at Rittenhouse
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Philadelphia, PA 19146
Telephone: (215) 893-7700
Fax: (215) 893-7703
E-mail: SimulationCenter@uphs.upenn.edu
Website: http://www.uphs.upenn.edu/simcenter/

Business Hours: Regularly scheduled business hours are Monday to Friday, from 7:00 am to 4:30 pm. Business hours may be extended or may include weekends in order to accommodate special programs. Such requests will be decided on a case-by-case basis. A simulation team member must be onsite for all training.

Parking: Parking is $25.00 per day for non-UPHS employees or $10.50 per day with Penn Medicine ID at 1700 South Street Parking Garage (entrance to the left/east of 1740 South Street building entrance). Parking is free 3 pm to midnight and on weekends with Penn ID at 1700 South Street Parking Garage for those learners enrolled in evening or weekend classes. Simulation at Penn Medicine does not validate parking, although parking passes can be purchased at Simulation at Penn Medicine by non-UPHS employees for a discounted rate of $11.00.

Mission Statement

Advancing high reliability at Penn Medicine by leveraging innovative simulation strategies to navigate successful change and develop engaged teams, a skilled workforce, and strong leaders.

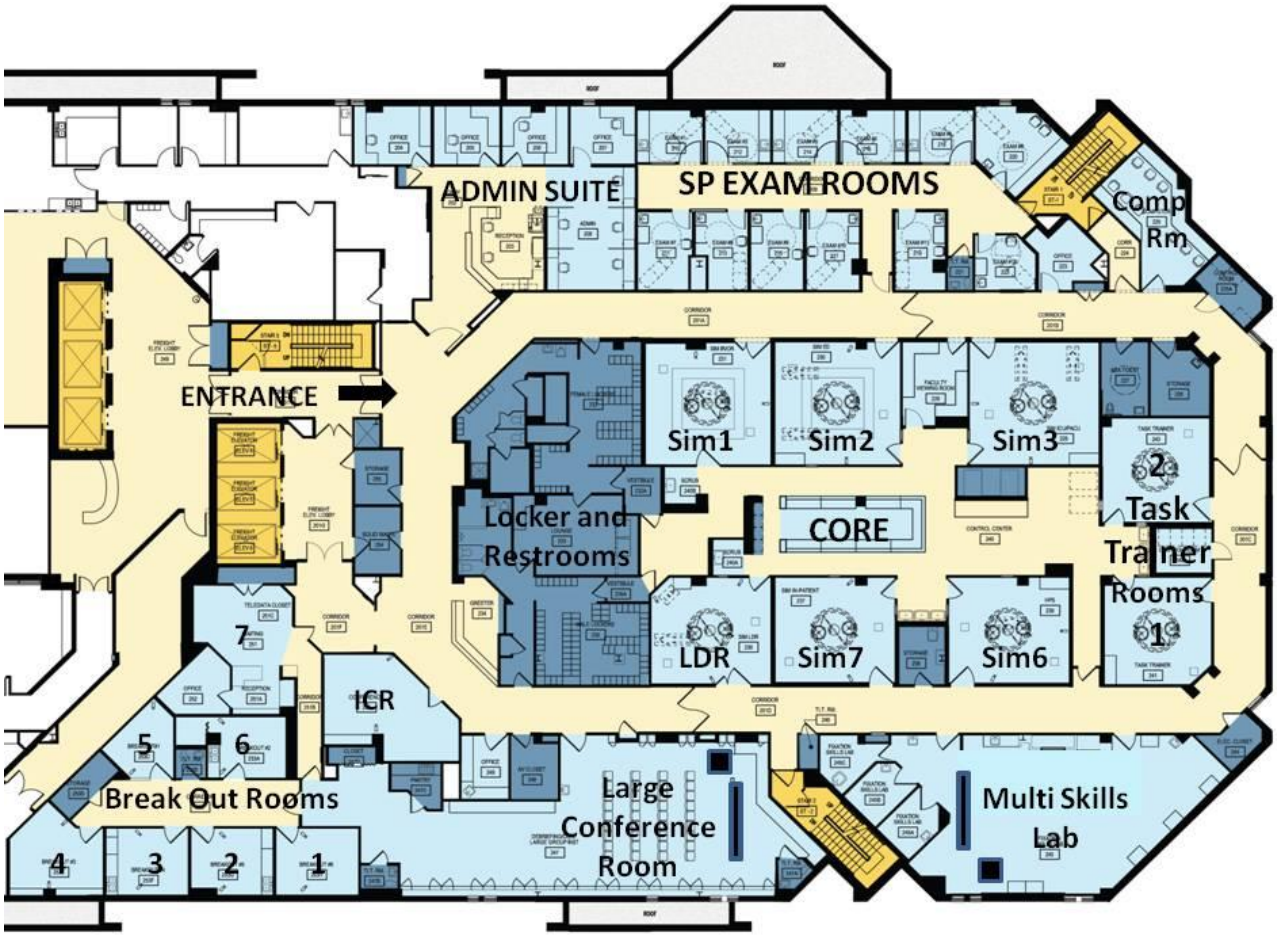
Vision Statement

Advancing high reliability at Penn Medicine through Simulation.

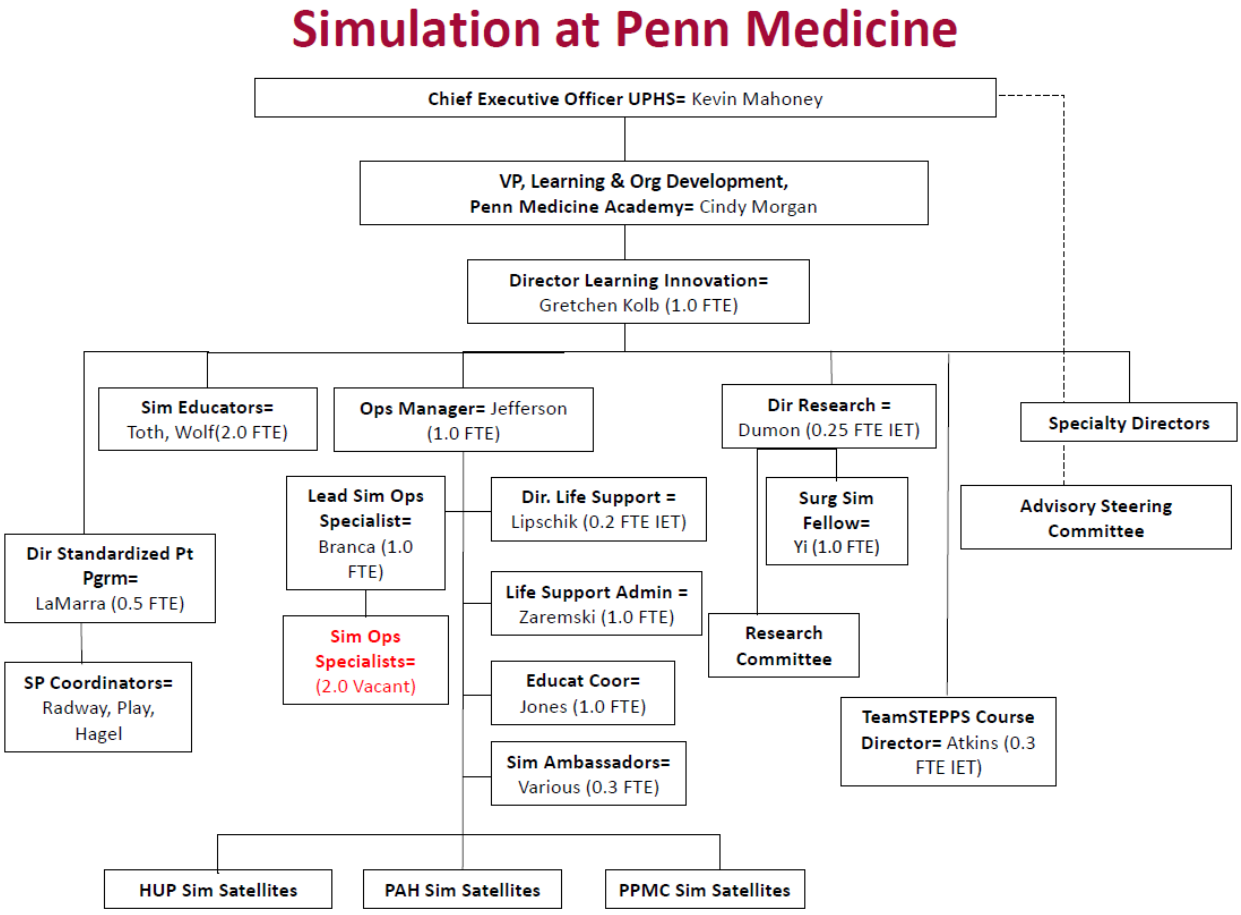
Simulation at Penn Medicine is focused on utilizing simulation to improve patient safety while advancing the field by:

- Being learner-focused, service-oriented organization.
- Designing and implementing training that incorporates state-of-the-art simulation techniques and equipment for measurable skill transferability and improvements in patient safety.
- Incorporating medical simulation into the training curriculum for learners, clinicians and staff at all levels in all specialties.
- Leveraging simulation as a technique to drive successful change within individuals, teams, departments, entities and across the system.
- Contributing to the published field of research surrounding innovative applications of simulation based methodologies.
- Building strategic partnerships with corporate sponsors, academic and healthcare organizations to advance medical simulation.
- Becoming a regional leader in the delivery of simulation training to local medical, corporate and civic organizations that lack the resources and expertise.

II. Center Layout



III. Governance:



Steering Committee - Simulation at Penn Medicine is guided by the Advisory Steering Committee which includes a high level administrator from each of the three downtown health system hospitals, the UPHS Chief Executive Officer, Chief Medical Officer, VP for Quality and Patient Safety and the VP for Learning and Development. The Steering Committee also includes members from key clinical departments such as Surgery, Anesthesia, OB/GYN, Emergency Medicine, Nursing, the Graduate Medical Education and Perelman School of Medicine. The Steering Committee meets on an bi-annual basis.

Director of Learning Innovation - Ensures that Simulation at Penn Medicine's curriculum is aligned with the mission and educational objectives of the institution and Penn Medicine Academy. He/She develops the Simulation at Penn Medicine strategic plan and budget and oversees its implementation in coordination with the Operations Manager.

Operations Manager – Provides the administrative, financial and operational oversight for Simulation at Penn Medicine activities on a day to day basis. He/she ensures all simulation-based activities for training, assessment and change management purposes are aligned with the program's strategic goals, support the underlying mission of the institution and provide optimal experience for clients. He/She forges partnerships within and external to Penn Medicine to increase utilization and ensures all simulation curriculum is developed in alliance with institutional risk reduction policies and aimed at improving patient safety.

Director of Standardized Patient Program – Oversees administration of all SP Program activities, including: program development, implementation, and evaluation; technical and logistical requirements and resources. Identifies and responds to needs or opportunities for new program initiatives based on internal and external needs. Conducts ongoing assessment of SP program operations; addresses and corrects problem areas, as needed; reviews or develops appropriate policies and procedures.

Director Life Support Programs – Provides medical and quality oversight of the American Heart Association course-related activities of Simulation at Penn Medicine.

Operations Committee – Meets weekly to review upcoming one to two-week schedule and course preparation, maintenance of supplies, resolution of complaints and debrief previous week's activities. The Operations Committee ensures that the curriculum for each course aligns with the mission and vision of Simulation at Penn Medicine. This committee is composed of the Simulation Operations Specialists and Simulation Educators and is overseen by the Operations Manager.

Director of Research - Oversees a research program to examine the impact of simulation on quality improvement initiatives and overall patient outcomes. Provides leadership and support to Faculty, Simulation Educators and other parties in the development, implementation, evaluation and publication of simulation-based research activities conducted at Simulation at Penn Medicine.

Research Committee - Oversees and reviews all ongoing research conducted at Simulation at Penn Medicine. Its members are Penn faculty members with previous experience in simulation-

based research. The Research Committee meets quarterly and hosts a research dinner on an annual basis.

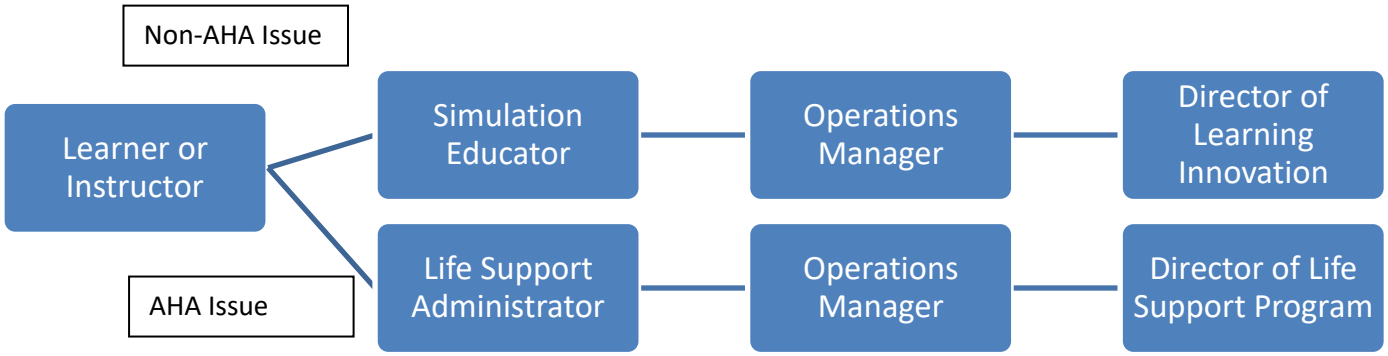
Specialty Directors - Are the points of contact for their department and are typically responsible for integrating simulation-based technology into their department's existing educational curriculum and/or research. Specialty directors are often the individuals responsible for the majority of the simulation-based teaching and research within their department and represent all major clinical departments and entities. Many receive some sort of financial compensation from their primary department for their percentage effort at Simulation at Penn Medicine. The Specialty Directors are invited to attend the annual simulation operations and research update.

IV. Complaint Resolution Process

In the event of a complaint by a learner or instructor, the Simulation Center staff member who receives it may either resolve the complaint him/herself or escalate it up the chain of command based on its scope, as shown below. If the dispute involves AHA certification courses such as ACLS, BLS or PALS, (learners showing up late to class or with expired certifications) the chain of escalation generally ends with the Director of the Life Support Program as final arbitrator. If non-AHA related, it concludes with the Director of Learning Innovation.

Complaints or suggestions are also discussed at the weekly Operations Coordination Meeting until a resolution is reached. If the complaint pertains to a Simulation at Penn Medicine instructor, the complaint would be shared directly with him/her.

Complaint Resolution Chain of Command



V. Quality Improvement Process

In alliance with Simulation at Penn Medicine's mission to advance patient safety through the use of innovative simulation, Simulation at Penn Medicine actively contributes toward quality improvement initiatives identified by the Health System. These initiatives may stem from areas of vulnerability identified through Penn's safety data reporting system SafetyNet, root cause analysis or align with Penn Medicine Blueprint for Quality and Patient Safety. Center staff members participate in project committees, develop simulation-based curriculum to support proposed initiatives and projects initiated by the Risk Reduction and Patient Safety Committee. Both the Health System Chief Medical Officer, Corporate VP for Quality and Patient Safety are active contributing members of the Simulation at Penn Medicine Steering Committee.

In addition to contributing to Health System quality improvement initiatives, the staff, faculty and Steering Committee of Simulation at Penn Medicine are continually looking for ways to improve and streamline internal Center processes. To encourage this type of dialogue, the "Simulation at Penn Medicine Session Evaluation Tool" includes an open-ended question about how the learner's session at Simulation at Penn Medicine could be modified to better suit his/her needs. There is also a general Simulation Center email address to which visitors can submit comments. Specialty Faculty Meetings and annual Steering Committee Meetings are another means by which Simulation at Penn Medicine administrators can review and discuss current practices and receive feedback from key stakeholders. Utilization of learner feedback has enabled Simulation at Penn Medicine to identify ways to improve course planning, debriefing, learner enrollment and access to course materials.

VI. Course Administration

A. Scheduling, Planning and Prioritization of Simulation Activities

Requests for simulation activities, either at the Simulation Center or in situ, are submitted online using the "Session Planning Worksheet" https://www.surveymonkey.com/r/sim_intake. Scheduling requests for courses previously hosted by the Simulation team can be submitted via email. Events should be scheduled at a minimum of six months in advance of the session date, with a preference for twelve months. Requests are honored in the order they are received, taking into consideration staff and space availability and institutional priorities, such as requests aligned with Penn Medicine's strategic goals and initiatives, the Blueprint for Quality and Patient Safety and/or championed by the Simulation Steering Committee. Internal requests are given priority over external requests. While requests for specific rooms may be made, final classroom assignments are based on the size and needs of all groups scheduled on a given day and up to the discretion of the Operations Manager.

Following submission, the request is reviewed by both the Operations Manager and Simulation Educator. If the lead instructor/faculty member has never hosted a previous course at Simulation at Penn Medicine, he/she is requested to undergo "Orientation to Simulation at Penn Medicine" with the Simulation Educator, Operations Manager and a Simulation Operations Specialist consisting of a:

- Tour the facility
- Discussion of his/her course needs, objectives, outcomes and session evaluation form to be used
- Discussion of the room set up, medical equipment and any disposable needs
- Tutorial on the AV capabilities of the facility
- Overview of the videos, simulators and skill trainers and other resources available to incorporate in the session
- Review of the pre and post debriefing process
- Review of the "Simulation Instructor" job description as a commitment to maintain the responsibilities outlined. Please email SimulationCenter@uphs.upenn.edu for a copy.

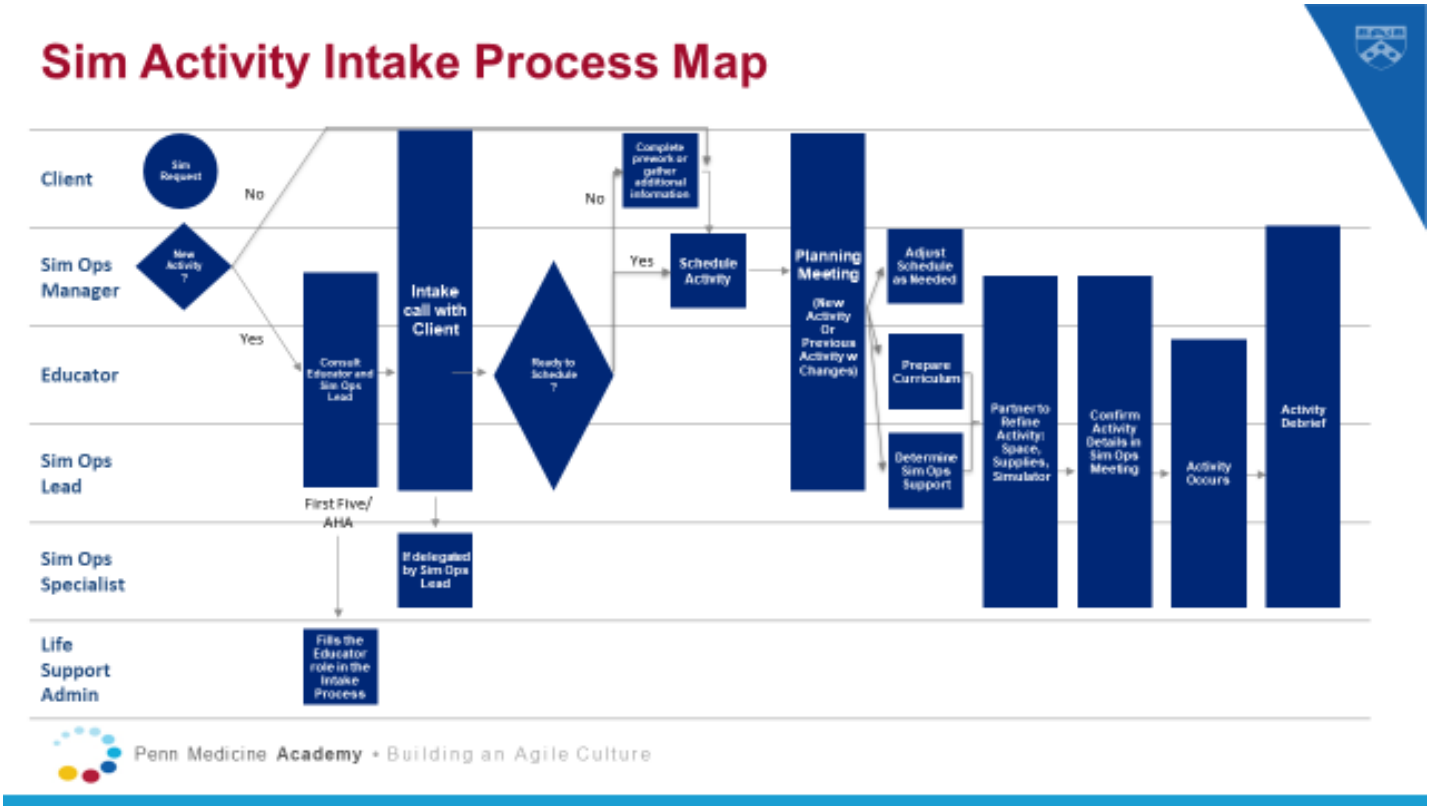
New instructor/faculty members are recommended, but not required to attend both the "Simulation at Penn Medicine: Introduction to Medical Simulation" and "Simulation at Penn Medicine: Debriefing for Healthcare Simulation" courses. Both are one-day introductory courses hosted quarterly at Simulation at Penn Medicine. Faculty that have attended courses at other institutions are not required to attend another course. If the instructor is considered a

content expert, then the recommendation of attending a course is waived. The instructor remains the content expert but the simulation expertise is provided by the simulation educator.

If the event is a new course/session and also requires scenario development, a completed scenario planning template (preferred format provided by Simulation Educator) must also be submitted at least four weeks prior to the anticipated event. If more than one scenario must be developed, separate scenario development forms must be completed for each, and additional time may be required.

Once the scenario is developed, it is reviewed with the Simulation Educator (ideally in person) two weeks prior to the scheduled session date so that any remaining questions or missing scenario aspects can be addressed. At this time, the Simulation Educator and Operations Specialist may suggest changes to the scenario to better support the learning objectives of the session as dictated by the instructor. Depending on the topic and interprofessional nature content experts, such as Specialty Directors from the appropriate fields and roles, are contacted for input on accuracy, relevance of objectives and realism prior to use. If a scenario requires an in scene confederate (family member, anesthesia, nurse, etc.), it is the responsibility of the lead instructor/faculty to provide this individual and coordinate all logistics.

If a scheduling request is made for a course that has been hosted at Simulation at Penn Medicine previously, and there are no changes to the curriculum by the instructor, the event is added to Simulation at Penn Medicine calendar.



B. Cancellation Policy

For AHA courses including BCLS, ACLS and PALS, learners must agree to the following in Knowledge Link prior to being permitted to register for a course:

- ***I agree that if I am unable to attend this class, I am responsible for dropping my enrollment in Knowledge Link as soon as possible and before class starts.***
- ***I understand that if I am unable to attend this course and fail to drop my enrollment via Knowledge Link greater than <u>7 business days</u> prior to its start, my affiliated UPHS Department (or myself) will still be charged the full registration fee for the course I fail to attend as well as for the course I re-register for and complete.***
- ***I understand if I elect to take this course by my own choice, and it is not a requirement of my current role in the health system, my affiliated UPHS Departments may charge me the cost of course registration and any incurred cancellation fees.***

- ***I agree if I decide to go on a wait list, I am still responsible for reviewing the text and preparing for the course. If a spot opens, I will then be admitted to the course. If I show up unprepared, my access to the course will be denied.***
- ***I understand that if I arrive more than 15 minutes late for a class, I will not be permitted to attend the course and my UPHS department will be billed for the cost of the course.***

For any violations of this policy, the learner's affiliated UPHS Department is charged the full cost of the course at the end of the month in which the violation occurred. It is then up to the manager of that Department to determine whether he/she requires the employee to reimburse the Departmental account.

For all Standardized Patient related activities course directors will receive the below confirmation email.

- ***This email serves as final confirmation for your program, initiating the process of confirming SPs. The policy of the Penn Med SP Program is to pay SPs once they are confirmed for a program. In the event of a cancellation, your department will incur charges for SP salaries and administrative fees, if applicable.***

VII. Learner Registration in Knowledge Link

For all AHA courses and when possible, for non-AHA courses, all learners must register in Knowledge Link in advance for the Simulation at Penn Medicine course they plan to attend. It is the responsibility of the sponsoring department, instructor and learner to ensure that learners are preregistered and/or provide an electronic list of learners.

The list of anticipated learners is essential in order to adequately plan for the size of the class (both space and equipment) and to alert security as to those arriving to Simulation at Penn Medicine. Either a paper sign in sheet or electronic registration via kiosk is used the day of the course to confirm those in attendance.

Knowledge Link is the our primary LMS and location of our learner data retention. We ask all leaners to sign in via a paper sign in sheet or digital kiosk. For some course, such as AHA, courses are published in advance and learners can sign up prior to course date. Sign ins are keep on file for 5 years securely in our administrative office, after which they are shredded and disposed of. Only those who are granted admin access by the health system have access to Knowledge Link course data and reports.

VIII. In Situ Simulations

In Situ (unit-based) simulations provide an opportunity to improve interdisciplinary team dynamics and communication as well as to identify latent safety issues more effectively than similar events conducted offsite, at the Simulation Center. Examples of simulation topics include a new process or procedure for operational improvement purposes or a recent sentinel events with a goal of understanding the factors that lead to such event. In order to promote a culture of safety improvements based on these exercises, unit-based administration must be represented in the planning and delivery and enact any education, new policies or system processes needed to resolve identified patient safety issues. All in situ simulations must also have an Executive Sponsor who plays an active role in supporting the implementation of action plans.

A. Development & Scheduling:

Unit requests for In Situ training, including a topic and general objectives, should be submitted via the "Session Planning Template" https://www.surveymonkey.com/r/sim_intake. The request should be made by the "Unit Facilitator", an individual within that Unit who will serve as content expert, participates in the simulation and debriefing, and who will work with the unit administration to resolve any patient safety issues identified via training.

Requests are received by the Operations Manager and assigned to a "Simulation Team", including Simulation Educator and Operations Specialist. The Simulation Team will meet with the Unit Facilitator to further develop the topic and objectives for the simulation through completion of the "Scenario Planning Template". When possible, the participants in the simulation should be interdisciplinary professionals representing multiple departments. The Unit Facilitator and Simulation Team will include representation from all involved disciplines and collaborate to develop a simulation with appropriate objectives and roles for all professionals included.

The Simulation team will develop a Scope of Work (SOW) agreed on by all parties. SOW should include a problem statement, business case, learning objectives as well as team members and deliverables for both the simulation and non-simulation teams. Once this process is complete, a date for training is selected based on the availability of the Simulation Team, Unit Facilitator, manikin, and participants

B. Delivery:

Set up for the session should be as realistic as possible including the equipment and supplies that would typically be present in the patient setting. If there are pieces of medical equipment, such as crash carts, or medications that cannot be used during the simulation due to impact on patient care, this should be clarified in advance. All simulated medications will be labeled as such to prevent confusion with actual clinical supplies. Sessions will be recorded for debriefing purposes, via either a mobile SimCapture Unit set up in the patient room or GoPro.

A full participant briefing, emphasizing confidentiality, the importance of participants doing what they would typically do in a real clinical scenario and the need to suspend one's disbelief should precede each in situ simulation.

C. Debriefings:

Following the simulation, a debriefing, led by either the Simulation Educator or another trained professional and attended by the Unit Facilitator, should take place. The session recording may or may not be used. Breakdowns in communication, teamwork and/or contributing conditions in the work environment will be highlighted during the debriefing as per the International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: Simulation Debriefing. These standards have been adopted by SSH and are used throughout the simulation community.

D. Safety Improvements:

A written summary of the session using the "High Performance Observation Checklist" will be generated by the Simulation Educator, and provided to the Unit Facilitator and Executive Sponsor. The Unit Facilitator, with support from other supervisory members of the unit, must develop a plan to address any safety issues through steps such as additional staff education, revision of system process, et cetera. These countermeasures should be clearly identified and linked to clear measureable outcomes. Recurring simulations will only be scheduled once an action plan is implemented in order to test the impact against these outcomes.

E. Oversight:

Outcomes and findings from In Situ simulations are reported to the Executive Sponsor who is responsible for oversight of the plan for internal education for the unit.

F. SOW Simulation Team Deliverables

Planning phase: Assist project champions and content experts with:

- Identification of clear, interprofessional, and measurable learning objectives;

- Development of a suitable scenario to meet objectives;
- Identification of an optimal number of simulation participants to maintain realism/fidelity;
- Identification of supplies needed from unit (i.e. access to code cart) to successfully implement the simulation.

Implementation phase:

- Respect the time period allotted for simulation setup, facilitation, debriefing, and breakdown.
- Provide a human patient simulator (manikin) operated by a Simulation Operations Specialist.
- Moulage the manikin and the clinical environment to add fidelity to the scenario, in collaboration with a unit/project champion.
- Provide a simulation prebrief to orient simulation participants to the "ground rules of simulation," and the capabilities of the manikin.
- Provide a sign-in sheet for participants, and enter participant names in Knowledge Link.
- Provide AV recording upon request (for process improvement only), and an AV consent form.
- Facilitate a structured debrief in a designated space after the simulation, with the input of content experts regarding medical management, and/or provide coaching to facilitators in training during the debrief.
- Clear the clinical environment of simulation materials, with a project or unit champion, at the end of the simulation.
- Survey the clinical environment, with a project or unit champion, prior to departure to ensure the environment is cleared of simulated materials.

Sustainment phase:

- Send the project champions a written summary of de-identified simulation observations using a "High Performance Observation Model," for development of an action plan for education and process improvement by unit/department stakeholders.
- Assist project champions with scheduling additional in situ simulations, if requested, once the action plan from the previous simulation has been developed and executed.

IX. Professional Development Requirements for Instructors

As outlined in the "Simulation Instructor" job description, simulation instructors are strongly encourage to complete at least one continuing education event per year focused on some aspect of simulation-based education. Instructors can fulfill this requirement by participating in online eLearning course, center-sponsored events as well as in external regional or national conferences. Examples of professional development opportunities offered at Simulation at Penn Medicine in the past as well as on an ongoing basis include:

- "Teaching with Simulation: A Simulation Facilitators Course". This is a collaborative 3-day course offered annually by the Jefferson University and Hospitals, Penn Medicine, Penn School of Nursing, and Children's Hospital of Philadelphia. This course includes the fundamentals of curriculum development and effective debriefing, is a recommendation for all new instructors who teach with simulation on a regular basis, would like to lead their own scenario debriefing sessions and have not undergone a similar course at another institution. This course is accredited by both ACCME and ANCC.
- "Simulation at Penn Medicine: Introduction to Medical Simulation". This quarterly one-day course is an introductory work-shop for clinical educators and faculty who use, or plan to use, simulation-based educational efforts such as in-situ simulations, procedural and team training. Using lectures, demonstrations and interactive exercises, participants are introduced to the basic techniques and nomenclature of simulation, including types of simulation, available equipment, audiovisual aids, logistics, challenges of simulation, and debriefing. As part of the course, participants will design, perform and debrief a simulation-based team-training exercise.
- "Simulation at Penn Medicine: Debriefing for Healthcare Simulation". This quarterly one-day facilitators course is an interactive workshop for those who plan to use in-situ (unit based) simulation education and for those who participate in any simulation based education at the Simulation Center. The course is led by experienced facilitators who immerse the participants in simulation nomenclature, debriefing and the goals of debriefing, as well as an understanding of the principles of Crisis Resource Management (CRM). In addition, the participants conduct pre-designed simulations starting with the pre-brief, facilitation and debriefing the event under the guidance of an experienced facilitator.
- Training courses on operating and programming various patient simulators such as Laerdal SimMan, Laerdal 3G, Laerdal SimNewB, Gaumard NewBornHal, Gaumard Noelle, ALS manikin.

- Training on the use of the B-Line Software System or other aspects of Center audiovisual system.
- Upgrade and initial system training on virtual reality trainers.
- Individually scheduled tutorial and refresher sessions on the use and programming of any Center simulators.
- Instructor training in the following disciplines: Advanced Cardiac Life Support, Basic Cardiac Life Support, Pediatric Advanced Life Support, Fundamental of Critical Care Support, Advanced Trauma Life Support, Advanced Trauma Care for Nurses**,** Neonatal Resuscitation Provider.
- The "Simulation at Penn Medicine Research Dinner" offered annually.
- The "Philadelphia Area Simulation Consortium", established in 2013, meets annually. It is composed of Simulation Educators, Operations Specialists, researchers and administration from over twenty academic and healthcare based simulation centers in the tri-state area. The purpose of this group is to collaborate on multisite research and share best practices for learner assessment and outcomes measurement.
- Presentations from the "Simulation at Penn Medicine: Introduction to Medical Simulation" and "Simulation at Penn Medicine: Debriefing for Healthcare Simulation" are available for review on the restricted Simulation at Penn Medicine Faculty Access page. Online eLearning courses developed by Simulation at Penn Medicine including "TeamSTEPPS® at Penn Medicine: Stepping Up & Speaking Out – Leadership" and other external options such as Debriefing Assessment for Simulation in Healthcare (DASH).
- Local and national continuing educational events in medical simulation, such as the "Facilitator Debriefing Course" at Children's Hospital of Philadelphia (CHOP), regional Laerdal Simulation Users Network (SUN) meetings, other corporate sponsored educational events, simulation training courses at institutions such as Drexel, Harvard, CRICO/RMF, WISER, IMSH as well as other simulation society annual meetings.

X. Course Evaluations

Simulation at Penn Medicine actively seeks the learner's evaluation of the activity and instructor effectiveness as well as Center staff, equipment, and facilities in order to continually improve and enhance its training and offerings.

Below are guidelines for the use of evaluations for courses conducted at Simulation at Penn Medicine:

- All sessions should include learner evaluation of curriculum materials, integration of simulation-based education and debriefing, technology/simulators utilized, facilities, staff and the instructor(s).
- Instructors or Departments may choose to use an evaluation form they have designed or is required for CME or CEU purposes. In addition, many Departments will evaluate a simulation-based session as one component in a larger rotation or course that includes non-simulation-based elements. In both cases, the instructors or Departments are asked to provide Simulation at Penn Medicine summaries of these evaluations for our records. Simulation at Penn Medicine does not require copies of each of the original evaluations.
- All learners receive a copy of the "Simulation at Penn Medicine Session Evaluation Tool" following their session. A link to this survey is automatically emailed at the end of each month to all learners via Survey Monkey. The "Simulation at Penn Medicine Session Evaluation Tool" has previously been reviewed by Simulation at Penn Medicine staff and Specialty Directors. Learners are advised that completion of a course evaluation is required in order to receive course credit in "Knowledge Link". Session post course evaluations are managed through Survey Monkey, where only the Operation Manager and Simulation Educators have access.
- Evaluation responses are reviewed regularly by the Simulation Educators. Any complaints are immediately shared with the instructor and staff following the session so that improvements can be incorporated in future sessions. Survey results are also compiled and shared with instructors and Specialty Directors as part of the annual instructor review process. Course curriculums are modified based on feedback.

XI. Evaluation of Simulation Instructors

In some cases, learner feedback or Simulation Team observations may identify an instructor who requires additional training or mentoring in order to effectively integrate simulation technologies or debriefing into their sessions. This may be due to challenges with the teaching modality, debriefing process, software, or simulator.

The Simulation Educator would first provide feedback to the instructor about his or her opportunities and collaborate to build a development plan, if needed. Instructors are given feedback on an annual basis by the Simulation Educators. The Debriefing Assessment for in Healthcare (DASH) Score Sheet is used during the evaluation and feedback process. Faculty/instructors who participate frequently at the simulation center receive an annual evaluation in the form of the DASH Score sheet or verbal feedback. The Simulation Educator may make recommendations that he/she observe other instructors, attend internal or external training courses, utilize job aids/resources and/or receive additional feedback. If the issue is technology based, the Operation Specialists are available to review any technical aspects of the simulators and AV system with the instructor.

In the event that an instructor continues to receive poor evaluations following intervention by Simulation at Penn Medicine staff, it may be suggested that he/she be replaced by another qualified instructor from within that discipline until a time when that instructor is able to successfully provide simulation-based education. He or she may be recommended to re-attend the “Simulation at Penn Medicine: Introduction to Medical Simulation”, “Simulation at Penn Medicine: Debriefing for Healthcare Simulation”, “Teaching with Simulation: A Simulation Facilitators Course” or another external course.

Prior to their first session at Simulation at Penn Medicine, new instructors are provided with a copy of the “Simulation Instructor” job description and are asked to return a signed copy as a commitment to maintaining the duties and responsibilities contained within.

XII. Incorporation of Session Prebriefing and Debriefing in the Learning Process

Scenario prebriefing and debriefing are essential parts of simulation-based education in healthcare, and Simulation at Penn Medicine encourages all instructors to incorporate this into their sessions. Setting the stage during a prebrief for a simulation-based training, assessment or process improvement session is essential in order to achieve the best results for the participants. Post-session debriefing for formalized reflection on the learning process to foster development of clinical judgment and critical thinking is also necessary. In order to promote session pre- and post-briefing, the following tools are available for instructor use and guidance on the Simulation at Penn Medicine Faculty webpage:

- "Orientation to the Simulated Environment at the Simulation Center" –details our guidelines for instructor and other on the topics to be covered in order to set the stage for a successful session.
- "Our Mutual Contract for a Successful Simulation Experience" – reviews the essential ground roles of simulation, is posted throughout the center and can be used as a script for prebriefing.
- "Simulation Session Debriefing Worksheet"- includes the objectives of debriefing, how to introduce a debriefing session, and questions to start and close the session.

When scheduling their session, course instructor are advised to allow at least fifteen minutes for the pre-brief and twice as much time for the debrief as they do for the actual scenario.

The session pre- and post-brief is typically led by the Simulation Educator unless the course instructor/faculty member has completed formal training in debriefing. The Educator will demonstrate how the recorded session provided via the B-line software can be used to enhance the debriefing process. The Educator will also provide guidance throughout the session and later suggestions to the instructor on how he/she might improve the session.

All instructors are encouraged to attend the one-day "Simulation at Penn Medicine: Debriefing for Healthcare Simulation" Course hosted by Simulation at Penn Medicine, three-day "Teaching with Simulation: A Simulation Facilitators Course", or a similar course offered at another Center (such as CHOP). Presentations from the "Simulation at Penn Medicine: Introduction to Medical Simulation" and "Simulation at Penn Medicine: Debriefing for Healthcare Simulation" are available for review on the restricted Simulation at Penn Medicine Faculty Access page.

Instructors can contact the Simulation Educator to develop a more formal debriefing program or to obtain a copy of the “Simulation Session Debriefing Worksheet”.

XIII. Confidentiality and Video Recording Policy

Simulation-based training involves immersion of the participant in a realistic environment and may include the observation of peers managing medical events. In order to create a safe learning and constructive debriefing environment for the participant, strict confidentiality of what transpires on both a clinical and interpersonal level throughout the exercise must be maintained. Participants must feel free to make errors without the risk of liability or employment repercussions. Instructors should discuss confidentiality and highlight the importance of creating a safe learning environment at the start of all sessions, as described in more detail in section XIV on Psychological Safety.

In some cases, the training may take place on an actual hospital patient floor, within a patient care setting, using certified medical equipment from that floor. In that case, while the specific identities of individuals participating in the exercise will be protected to the best of the instructor's ability, any key clinical issues (such as malfunctioning/missing equipment or staff confusion regarding care protocol, etc) which could potentially impact patient safety and care, **must** be reported to, and addressed by, the supervisor for that clinical area. The intent is not to penalize specific staff involved in the exercise, but to ensure all staff members in that area are aware of proper equipment use, medical procedures, etc and promote the ultimate goal of improved patient care.

Some simulation exercises are conducted to assess ability and knowledge and a participant may be required to demonstrate some degree of competency in order to progress within his or her career or training pathway. If simulation is utilized for the purpose of assessment, the results may not be confidential and may influence promotion or employment status. The purpose of the exercise, whether training, performance improvement or assessment should be made clear by the instructor.

In keeping with this policy, all instructors and learners are required to complete and sign the "Simulation at Penn Medicine Confidentiality and Photo Consent" if recording is part of the course curriculum. This form is giving out to the participants prior to the simulation pre-brief. Learners are reminded during the pre-brief that they are being recorded. If a learner chooses not to be video recorded, this is brought to the faculty member attention and is under their discretion to either not video record the session or ask the learner to only observe out of view of the camera. A copy must also be on file prior to an instructor being assigned login and password access to the B-Line system, which allows the viewing of recorded sessions.

The B-Line system allows Simulation at Penn Medicine to assign and restrict access to sessions for review or debriefing to only those instructors involved in the specific session. Instructors cannot view sessions recorded by other groups. Learners are not provided password access to the system, unless a specific request is made by the session faculty member. Faculty members inquiring about access must contact the Operations Manager and/or Lead Simulation Operations Specialist. Simulation at Penn Medicine retains B-Line recorded session for one year from the date of training. Beyond that time period, only those sessions recorded as part of an IRB approved research study (or a study determined by the IRB to be "exempt") will be retained. Videos are stored on a secured server located onsite at the Sim Center in our server closest, where only core simulation team has access. The Sim Operation Specialists are responsible for all video handling and destruction. The sessions that are part of a research study will be retained for the duration of that study and deleted at is conclusion with the consent of the principal investigator.

In addition, per the institution's legal counsel, the same HIPAA rules of confidentiality that apply to clinical care within the healthcare institution also apply to those activities taking place at Simulation at Penn Medicine as well as on hospital floors or wards (UPHS Confidentiality, Access to Information and Information Security).

XIV. Psychological Safety

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. In order to ensure psychological safety for all Simulation at Penn Medicine learners, the session facilitator will provide a prebrief prior to all scenarios. If a facilitator has not completed a simulation facilitators' course a simulation educator will provide the prebrief. During the prebrief the facilitators will:

- Review the ground rules of simulation
- Refer to the "Basic Assumption"
- Instruct the participants not to discuss the simulation outside of the exercise
- Instruct the participants to maintain confidentiality of the case
- Acknowledge the artificial environment
- Orient the participants to the simulator and the environment
- Define a length of time for the entire exercise
- Instruct the participants how to elicit additional resources if needed (e.g. phone and numbers to call)
- Instruct the participants to practice within their professional scope
- Verbalize that mistakes are expected and this is our chance to improve our behaviors and ultimately our patients' outcomes.
- Review rules about respect and professional behavior

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 to one discussion with the learner. We ask that our Simulation Educator and/or Operations Manager are made aware of any incidences to track trends or repeat occurrences. If the problem may lead to an issue in the clinical setting the participant will be referred to the UPHS Employee Assistance Program.

The policies for the physical and psychological safety of our standardized patients align with ASPE's Standards of Best Practice. Safe work practices for SPs include: adequate breaks; meals/refreshments; preparing SPs extensively and ensuring they know of case materials and performance requirements; debriefing all activities especially high-emotion cases; managing client expectations of SPs' possibilities and limitations; protect SPs' anonymity; ensure SPs understand how they'll be compensated prior to confirming. Refer to Domain 1: safe work environment for full list of Principles and Practices.

XV. Universal Precautions, Personal Safety and Security

Center users should follow universal precautions against infectious disease while participating in clinical activities. Universal Precautions Guidelines can be provided upon request. Additionally, users should exercise their own discretion and good judgment regarding their participation in activities in Simulation at Penn Medicine and the potential that may cause for spreading their illnesses.

The following are a list of general precautions or ensure the personal safety and security of Center by staff, standardize patients, learners, etc.

- Food and drinks are not permitted in the Simulation Team Training Rooms ("SimRooms"), Task Trainer Rooms, Computer Room, Core, SP Exam Rooms.
- All sharps must be disposed of in an appropriately labeled sharps container.
- The containers and bags marked "red bag waste" should only be used for potentially infectious waste or animal by-products, not for regular trash.
- Under no circumstances may sharps or supplies be removed from Simulation at Penn Medicine.
- The medical and disposable equipment within Simulation at Penn Medicine should never be used for clinical purposes. However, it should be treated with the same safety precautions employed with actual clinical equipment.
- Practicing clinical skills such as phlebotomy on fellow learners, even with their consent, is prohibited.
- Hand washing or use of hand sanitizers shall be part of practice in Simulation at Penn Medicine when at all possible based on the physical layout of the space.
- All injuries shall be report to Simulation at Penn Medicine's faculty/instructors/staff. In an injury occurs with a needle or other sharp instrument, wash the wound thoroughly with soap and water as soon as possible. The learner or staff member will be referred Employee Health or Occupational Medicine and directed to notify his/her manager. Center staff would document this incident in the health system reporting system SafetyNet.
- In the event of a medical emergency such as loss of consciousness, Center staff are expected to call 911.
- Any damaged, or potentially dangerous equipment is to be reported to Simulation at Penn Medicine staff. The staff shall attempt to correct the problem and if unsuccessful, the Operations Manager will be notified.

- *All of these precautions were prior to COVID 19, please see section XXI for our current guidelines.

XVI. Research Policy and Procedures

Research conducted at Simulation at Penn Medicine is governed by its own set of standards as addressed in the Policy and Procedures in *the* Research Manual. These policies are heavily based-upon Research Policies and Procedures previously developed by Children's Hospital of Philadelphia whom we credit and thank for their willingness to share their best practices. These policies concern and govern the following:

1. Research Committee and Meetings
2. Research Process and Proposals
3. Research Program and Investigator Self-Assessment
4. Publications
5. Research Investigator and Personnel Requirements
6. Regulatory Document Management
7. Data Management

As outlined within this document, all research conducted by Simulation at Penn Medicine is overseen and reviewed by the Simulation Research Committee, which is chaired by the Simulation at Penn Medicine Director of Simulation Research. The Simulation Research Committee meetings are held quarterly and are open to any investigator, faculty or staff member interested in either presenting their research or participating in the meeting.

As described the Simulation at Penn Medicine Research Policy and Procedure Manual, the Director of Simulation Research also oversees the Simulation Research Committee which meets quarterly to:

1. Review and discuss ongoing research activities.
2. Review the merits of proposed simulation-based research projects and make suggestions regarding protocol amendments to the initiating investigator through the Research Proposal Review Form. The research process and proposal submission and review process is included in Simulation at Penn Medicine Research Policy and Procedure, Policy #2.
3. Ensure that research conducted is scientifically and ethically sound.
4. Act as a resource for developing solutions for delayed progress.
5. Promote, review and assist in submissions for and presentation resulting from research conducted at or facilitated by Simulation at Penn Medicine staff or its resources, at

local, regional, national and/or international forums, as well as for peer-review publications.

6. Act as a resource for posting current status of projects, presentations, publications and grants.
7. Plan and conduct annual research dinners for the presentation of ongoing and proposed activities to the larger Penn Medicine simulation research community.
8. Ensure a wide representation of simulation expertise among various clinical and non-clinical disciplines, e.g., engineering, education, nursing, veterinary medicine and dentistry
9. Evaluate and self-assess the program's effectiveness based upon executive review, investigators presentations, meetings and surveys.

Regular evaluation and assessment of the Simulation at Penn Medicine's research studies are a vital part of maintaining a productive and efficient research program. It is the policy of Simulation at Penn Medicine to utilize various assessment tools to evaluate the effectiveness and quality of the varied elements of the Simulation at Penn Medicine Research Program. By using these tools, program administrators and investigators can examine which aspects of the simulation research program require improvement. The Director of Simulation Research leads the assessment process, supported by the Simulation Research Committee which includes the Director of Learning Innovation and Operations Manager, who report to the Simulation Steering Committee and the institutional leadership. Outcome monitoring of the program occurs though a variety of means, including program evaluation, process evaluation, outcome evaluations and program quality assessment tools, as described in the Simulation at Penn Medicine Research Policy and Procedure Manual, Policy #3.

Simulation at Penn Medicine also abides by the following protocols as outlined in the Simulation at Penn Medicine Research Policy and Procedure Manual:

- Simulation at Penn Medicine supports the University of Pennsylvania Policy on Openness in Research stating that instruction, research and services will be accomplished openly and without restriction on participation. Simulation at Penn Medicine complies with the University of Pennsylvania directive on authorship as outlined in the Dean's Letter on that topic: https://www.med.upenn.edu/policy/user_documents/2_Announcement_MemoLJLRE_PerelmanSchoolofMedicineAuthorshipPolicy.pdf

- All research investigators, research coordinators and research personnel conducting a research study must be properly qualified and trained to perform the procedures as required in the protocol.
- All research regulatory documents will be kept in accordance with the policy of the Office of the Vice Provost of Research at the University of Pennsylvania, which states that the PI is responsible for oversight, and management of essential documents as well as compliance with approved protocols, regulatory requirements and institutional policies.
- Research data will be kept in accordance with the Penn Medicine regulatory requirements as indicated in each IRB-approved protocol.

XVII. Supply and Equipment Management

Proper labelling and maintenance of supplies and equipment is required for safe use and handling. All simulation equipment and medication is clearly labeled indicating that it is for simulation use only and not for patient care. Instructors should include in their pre-brief to the learners that while none of the equipment within Simulation at Penn Medicine should ever be used for clinical purposes, it should be treated with the same safety precautions employed with actual clinical equipment. They should also be made aware that while the packaging and labels of medications may replicate their clinical appearance, they are simulated. The wall and boom mounted medical gas connections have been abandoned and are for simulation training only.

Appropriate maintenance of equipment, timely repair, and service must be ensured for the longevity of Simulation at Penn Medicine's equipment. Simulation at Penn Medicine maintains warrantees and service agreements on simulation purchases whenever possible and records all agreement terms, duration, cost and vendor and internal purchasing contact. These agreements all are also monitored using TractManager, an internal contract management system. Simulation at Penn Medicine incorporates the cost of warranty renewal in its annual operational budget.

For those pieces of simulation equipment covered under an annual service agreement the Lead Simulation Operations Specialist and Operations Manager coordinate with the vendor to schedule an onsite visit or return of the system. He/she will be aware of the current maintenance status of all equipment in Simulation at Penn Medicine and will maintain a log of all requests, repairs, and preventative maintenance work conducted. The Lead Simulation Operations Specialists is also responsible for day-to-day service and care of all simulation equipment as describe below, along with our other Simulation Operations Specialists.

Maintenance Plan for Trainers / Manikins / Equipment

After each use:

- Wipe down all manikins and low fidelity skills trainers to remove all adhesives, moulage and markings.
- Drain all fluids and the flush tubing system. Top off all fluids as needed.
- Clean and disinfect all American Heart Association course materials (masks, valves) in conjunction with AHA guidelines.
- Assess all task trainers, manikins 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.

- Check supply of sheets, replace as needed. Change dirty/wet linen and clothing.
- Set aside course disposables to be inventoried by Lead Simulation Operations Specialist. Once inventoried, unused disposables should be returned to storage.
- Power off simulators, PCs and wall monitors.

Weekly:

- Clean and inspect all equipment
- Wipe down skin/covers. Remove any adhesive, moulage or markings left on skin
- Calibrate all sensors and monitors (including VR systems)
- Turn on and test all electronic devices, check/replace batteries as needed
- Run associated programs that control equipment
- Drain all fluids and the flush tubing system. Top off all fluids as needed. Add antifungal agent as needed
- Change dirty/wet linen and clothing

Monthly:

- Inspect (and if needed replace) all disposable parts
- Assess for wear and tear that might need major work or factory service

When there is a non-routine issue with a piece of equipment, the Simulation Operations Specialist will alert Operations Manager, attempt to trouble shoot, resolving the situation himself/herself. If this is not possible, he/she will contact the vendor and determine the next steps, whether that includes trouble shooting guidance by phone, return of the equipment by mail to the vendor for repair, or an onsite visit by the vendor. If there is no resolution to the problem within five working days, he/she will escalate the issue to the Operations Manager.

Simulation at Penn Medicine submits capital requests on an annual basis. If there is a piece of equipment that is due for replacement due to age or wear, replacement of that item will be included in the annual request. This system of maintenance also holds true for the computers, AV and software systems (specifically B-Line) in the facility.

To assist in the longevity of Simulation at Penn Medicine's equipment, learners must use the equipment only as directed under the supervision of an instructor. If there are any questions as to the proper use of a piece of equipment, the Simulation Operations Specialist should be consulted. The learners and/or his/her department may be responsible for any damage to equipment that is the result of behavior that is careless or contrary to instructional use.

XVIII. Offsite Use of Equipment

Simulation at Penn Medicine considers requests by faculty, instructors and training partners to borrow specific equipment, simulators and supplies for offsite, training and non-clinical use. Consideration to such requests is given when/if:

- Simulation at Penn Medicine does not have, nor can it obtain, the necessary medical equipment to use in conjunction with a simulator.
- From a logistical stand point (such as staffing) it is not reasonable that a specific training take place at Simulation at Penn Medicine and must be done elsewhere necessitating offsite use of the equipment, simulators or supplies.
- Use of SimMan 3G is requested because the available onsite simulator does not have the capabilities to recreate crucial components of the requested simulation. Simulation at Penn Medicine staff must accompany the 3G and shall provide the set-up, tear-down and manikin cleaning.

The responsibility for any equipment damages is assumed by the requester and monetary compensation is required if damaged. The requester must ensure adequate space and security for the equipment and/or simulator. The requester is solely responsible for the collection, transportation and return of these items, unless otherwise arranged.

- Offsite use of all equipment greater than $10,000 must be approved by the Director.
- Offsite use of all equipment greater than $1,000 must be approved by the Operations Manager.
- Any fees related to the use of specific equipment and/or simulators shall be set by the Simulation Center if utilized by an external source.
- Equipment and simulators may be checked out for 1 to 2 days. All requests beyond 2 days must be approved by the Director.
- The requester must complete and sign an “Agreement to Utilize Simulation Equipment Offsite”.
- All equipment is inspected and tested by a Simulation Operation Specialist when returned before it is put back into service at the Sim Center.

All medical equipment in Simulation at Penn Medicine is intended for non-clinical use only and therefore cannot be used on or offsite in the care of actual patients. Many items are donated or sold with the explicit understanding that they are intended for training purposes only and may be associated with legal agreements to that effect. None of the items onsite are

maintained by clinical engineering nor are they cleaned and sanitized by environmental services.

XIX. External Vendors at Simulation Center

Courses involving external vendors must adhere to the follow:

- All vendors must register for health system access and approval via Vendormate.
- Faculty must remain at the Simulation Center for the duration the vendor is onsite along with a member of the simulation staff.
- The vendor is responsible for their product at all times; Simulation at Penn Medicine is not responsible for any lost or stolen items.
- The vendor must coordinate all shipping logistics, including shipping labels, packaging, pick up location and transport.
- If the product demonstration includes the usage of food grade animal parts, the faculty and/or vendor are responsible to clean the area and correctly dispose of all material. The simulation center only uses food grade animal parts allowing for easy disposal in red bin.
- If the vendor is conducting activities at the Center outside of regular business hours, the sponsoring department may incur staff overtime charges.

XX. General Guidelines for Conduct at the Simulation Center

- Professional behavior is expected at all times in the Simulation at Penn Medicine Center and users are expected to abide by the Penn Medicine Code of Conduct.
- All Center users and visitors are asked to wear their Penn Medicine identification badge when at Simulation at Penn Medicine unless participating in an activity that would specifically preclude such identification.
- All Center users and visitors are asked to present themselves at the Security Desk on the first floor of Penn Medicine at Rittenhouse upon arrival and provide current/valid Penn Medicine ID. If they do not have their Penn ID, security will request another form of identification and proceed with issuing them with a one-day guest badge.
- Visitors will be required to sign in if they do not display a current/valid Penn Medicine ID.
- All Center users and visitors are encouraged to store their personal belongings in the locker room upon arrival. Users are reminded to bring their own locks.
- Simulation at Penn Medicine cannot be held responsible for any personal items left unattended in any of the conference or team training rooms.
- All Center users, including learners, instructor and standardized patients, are expected to be punctual for learning sessions.
- As Simulation at Penn Medicine is frequently used for examination purposes, it is imperative that users remain in the space designated for their session and not wander throughout Simulation at Penn Medicine unless accompanied by a Simulation at Penn Medicine staff member.
- Access to the staff lounge (including the refrigerator, microwave and coffee pot) is limited to Center staff, instructors and faculty. To physically access the staff lounge users must enter through the gender appropriate locker room.
- Food and drink may be consumed in the Large & Intermediate Conference Rooms, Multiskills Lab and Breakout Rooms.
- Food and drink are not permitted in the Simulation Team Training Rooms (“SimRooms”), Task Trainer Rooms, Computer Room, Core, SP Exam Rooms.
- Unauthorized photography is not permitted in Simulation at Penn Medicine. Anyone requiring photographs for a presentation or poster may ask the Operations Manager, who will ensure that written consent is acquired from anyone featured in the photographs.
- Permission for the use of screen shots or video clips from session recording utilizing the B-Line system for purposes other than debriefing at Simulation at Penn Medicine

immediately following the session (such as presentation or poster) must be obtained from the Operations Manager.

- Computer stations providing internet access are available for all Center users in the Computer Room. Users are asked not to change the computer settings.
- The computers located in Simulation at Penn Medicine's Core, SP Exam Rooms, Breakout and Conference rooms are not for personal use.
- Access to the four desk cubicles in the rear of the Administrative Area are restricted to Center faculty and instructors only and intended for use only while teaching at Simulation at Penn Medicine. Faculty and instructors are asked to not leave any personal belongings, course materials, or other items in the desk storage. If short or long term storage of course materials are required faculty and instructors can contact the Operations Manager.
- Printing, photocopying and faxing are not available at Simulation at Penn Medicine except under special circumstances. Learner completion reports, assignments and articles should be printed prior to arrival at Simulation at Penn Medicine.
- Simulation at Penn Medicine does not validate parking. Faculty and instructors who teach at Simulation at Penn Medicine on a weekly basis and already pay for a parking spot at another Penn Medicine garage are eligible for reciprocal parking and can contact the Operations Manager for more information.
- Anyone found intentionally damaging Center property or removing property or supplies from Simulation at Penn Medicine without permission will be asked to leave the premises immediately. Subsequently, communication reporting the incident will be sent to the appropriate Department Administrator or Associate Dean.
- All tours of Simulation at Penn Medicine must be scheduled with and approved by the Operations Manager.
- The use of animal by-products for a training session, regardless of source of origin, must be approved by the Operations Manager. The procurement, handling, disposal in provided red bag waste and sanitization of any contact surfaces or instrumentation is the responsibility of the faculty/instructor teaching that sessions.

XXI. COVID 19 Guidelines for Infectious Disease Prevention at Penn Medicine Simulation Center

Due to COVID 19 we have had to make an amendment to our operating procedures that have been the standard for the last five years. Below are the current guidelines communicated to all simulation staff, course faculty, learners, etc. and posted throughout the sim center for reference.

For the safety of our instructors, learners and staff we have adopted the following guidelines in compliance with the CDC, the Commonwealth of Pennsylvania and Penn Medicine at Rittenhouse:

1. Please confirm the number of participants and instructors attending your course at least 1 week prior to assure you have been assigned adequate space for social distancing of 6 feet.

2. Consider transitioning lectures to a virtual format using your favorite virtual platform. We are more likely to have the space to accommodate your request for small group skill and simulation training only. If available, our conference rooms can accommodate up to 10 for didactic education. Reference this resource for virtual teaching best practices.

3. Penn Medicine at Rittenhouse (PM@R) is a patient care facility. As such they are conducting thermal screening for all visitors. Anyone who is feeling ill should remain home. Please enter the building using the Lombard Street entrance. Visitors should provide their own facial masks and wear them at all times when in the facility.

4. Remind learners of social distancing guidelines; abide by the maximum number of permitted occupants posted for each room and maintain a social distance of 6 feet.

5. For large learner group consider staggering arrival times to prevent groups from entering the facility and/or Center at the same time. Course start times may need to be adjusted to avoid peak thermal screening hours.

6. Direct your learners to their assigned room as soon as they arrive. For safety reasons, groups cannot congregate in the hallway or elevator lobby.

7. If you need additional rooms other than those assigned to you, please ask a staff for assistance. Rooms that appear unoccupied may be scheduled, prepared and cleaned for use by another group. All participants and faculty are restricted to sim center, cafeteria, and bathrooms only.

8. If you need additional supplies or equipment, please ask a staff for assistance. This helps us to maintain our supply inventory, ensure appropriate cleaning and promote social distancing throughout the Center.

9. If possible, eliminate the need for meals to be taken in the Center. External catering is not permitted at this time. Learners and faculty should provide their own food or be prepared to order from the PM@R Cafe as they are asked to remain within the facility for the duration of their training event.

10. Stagger class breaks in order to avoid restroom lines. There are 6 restrooms in the Center which will accommodate 1 person at a time.

Additional protocols have been implemented for cleaning the manikin

After each use of a Laerdal, ACLS or CPR manikin, the manikin is cleaned according to guidelines from the Laerdal website including:

- Clean visibly dirty areas with soap and water prior to disinfecting
- 70% Isopropanol alcohol to clean skins
- Submerge faces and parts into water with detergent – clean, rinse and dry

During COVID – all manikins are disinfected between use by participants. The manikin must be allowed to dry before use.