



**Simulation and Advanced Skills Center  
(SASC)**

**EDUCATION INSTITUTE**

**POLICY AND PROCEDURE MANUAL**

**CLEVELAND CLINIC  
SIMULATION AND ADVANCED SKILLS CENTER  
(SASC)**

**Policy and Procedure Manual  
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## **MISSION STATEMENT**

The stated mission of the Cleveland Clinic is “*to provide better care of the sick, investigation into their problems and further education of those who serve*”.

In an effort to advance our institution’s mission, strategic goals, and stay aligned with the institution’s strategic objectives, the mission statement of the SASC is to “support education and training of those who serve to foster delivery of quality patient care and safety”.

The vision of the SASC:

- Develop a "best practice" skills program that will provide an appropriate educational setting where basic and complex procedures can be learned and practiced by healthcare professionals in all specialties prior to performing procedures of living patients.
- Develop a process in which educators can interact and receive support from a pool of experts in various fields such as education, engineering, computer science, and data management to aid in "best practice" training.
- Develop an infrastructure in which educators can share administrative and technical support, space, data collection, use of mobile and in-situ simulation, and research and development in training.
- Position the Cleveland Clinic as an institution that utilizes cutting-edge simulation technology for the training of its personnel and medical education programs to improve learning while promoting patient safety.

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## **VALUE STATEMENT**

The Cleveland Clinic was established by visionary leaders who believed in simple, guiding principles. Six fundamental values form the foundation of the Cleveland Clinic's culture and the SASC aims to support and advance these values through:

### **1. Teamwork**

The phrase "to act as a unit" forms the basis of the Cleveland Clinic's group practice. This value, established as a guiding principle when the Cleveland Clinic was founded, ensures that all patients will benefit from the collective wisdom of a team of health care professionals. The SASC epitomizes the concept of collaboration in creating, performing, assessing, and delivering quality skills training to our healthcare providers, who in turn, provide direct contact to all patients throughout our health system and community.

### **2. Quality & Safety**

A commitment to quality has created the Cleveland Clinic's legacy of achievements and innovations, resulting in excellent and cost-effective patient care. Nationally, the Cleveland Clinic has taken a leadership role in establishing standards for measuring and reporting guidelines for quality healthcare. The SASC will act to guide the process of standardizing skills training and verifying competent performance of providers. This initiative will act to establish standards of skills performance and assessment to help guide quality care decisions.

### **3. Integrity**

An adherence to scientific and professional integrity are the ethical cornerstones that underlie our delivery of patient care, basic and clinical research investigations, and education of resident and allied health professionals. Most research to date demonstrates that without appropriate curricula, methods of training away from the patient, valid and reliable assessment, and quality control in educational processes, institutions may not be maintaining appropriate professionalism and ethical considerations in the practice of medicine. The SASC aims to remedy this issue by standardizing skills performance and instituting formal assessment.

### **4. Empathy**

A commitment to compassionate care includes a respect for our patients' and their families' need for empathy during their illnesses. Cleveland Clinic believes in providing the highest level of services to its patients and their families. Compassionate care and emotional support, including core training competencies, such as

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Communication and interpersonal skills, can be taught, remedied, and improved through skills training, recreating scenarios in which these skills are the cornerstones, and verifying that healthcare providers can achieve competency in their performance.

**5. Innovation and Inclusion**

As an institution, the Cleveland Clinic recognizes its responsibilities to the community in which it resides, and to the trustees who oversee the management of its resources. The SASC supports the Cleveland Clinic's responsibilities in education and training programs and goes forward in demonstrating the satisfaction standards for non-profit tax-exempt charitable organizations. A commitment to such an initiative demonstrates the institution's responsibilities to all Caregivers by providing innovative, state-of-the-art, on-site training in continuing education and lifelong learning.

**CATEGORY:** INTRODUCTION

**REFERENCE:** I-2

**REVISED:** 05/20

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**SUBJECT:** Simulation Services

**FORMULATED:** 06/12

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### **SCOPE OF SERVICE:**

Under the direction and control of the Cleveland Clinic, the Simulation and Advanced Skills Center is available for use by all Cleveland Clinic employees and interested parties from the community. The center provides a safe learning environment where the learner can focus on relevant knowledge, skills, teamwork, communication and problem solving to demonstrate or enhance performance.

### **TYPES OF SERVICES:**

The core services provided include human resources, medical and simulation equipment, and space to conduct simulation in the following areas:

- Team and skills-based training and OSCEs in the HSb dry labs
- Surgical skills training in the L1-300 wet
- Airway simulation in the E3-226B lab
- Task-based simulation in the E3-54 lab
- Focused cardiopulmonary skills training in J4-254
- In-Situ simulation

The SASC also provides the following types of services:

- High-stakes/Competency Testing
- Conference space
- Faculty Development
- Tours
- Research and Development
- Continuing Education
- Community Outreach

**CATEGORY:** INTRODUCTION

**REFERENCE:** I-3

**REVISED:** 05/20

**REVIEWED:** 05/20

**SUBJECT:** Purposes and Objectives of SASC

**FORMULATED:** 06/12

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**PURPOSE:**

The purpose of the SASC is to provide quality education for all healthcare learners. Serving this purpose achieves the SASC's overall mission.

- The SASC will meet with any interested faculty to determine if SASC services are appropriate for their specific learners and desired learning outcomes.
- Appropriate equipment and simulation rooms will be designated by the SASC staff.

**OBJECTIVES:**

1. Provide services to faculty and learners in accordance with SASC Policy.
2. Provide quality education to all learners in accordance with SASC Policy.
3. Provide adequate and appropriate staff to meet the needs of the simulation.
4. Provide ongoing continuous simulation quality improvement monitoring.
5. Keep open communication with all Cleveland Clinic Institutes and Departments.



**CATEGORY:** INTRODUCTION

**REFERENCE:** I-4

**REVISED:** 06/18

**REVIEWED:** 05/20

**SUBJECT:** Purposes of P&P Manual

**FORMULATED:** 06/12

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### **PURPOSE:**

The services provided within the SASC shall be guided by written policies that are supported by appropriate reference material and procedures manuals. The purpose of the policy and procedures manual is to clearly outline guidelines for conducting simulation activities and administration of the SASC.

*Cleveland Clinic Policy Office-*

*The Cleveland Clinic recognizes policies as items that are universally issued by Governing bodies (NIH, JCAHO, etc.) that everyone follows regardless of their role in the Enterprise. **For the purposes of Accreditation, the policies listed in this document are recognized as Standard Operating Procedures (SOPs) by the Enterprise.***

***For purposes of accreditation, Standard Operating Procedures (SOP's) are listed as policies in this document.***

1. The policy and procedure manual is developed by the Medical Director and the Administrator of the SASC.
2. The policy and procedure manual is reviewed by the Chair of the Education Institute and the Advisory Board after approval by the Medical Director and Administrator of the SASC.
3. The policies and procedures are to be reviewed yearly, and updated as needed, by the Administrator or designee in conjunction with the Medical Director.
4. The policy and procedure manual and supporting documents are to be available for reference at all times in the SASC in both paper and electronic copies.
5. Staff members are to be familiar with the contents of the policy and procedure manual.

**CATEGORY:** ADMINISTRATION

**REFERENCE:** 1.1

**REVISED:** 05/20

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**SUBJECT:** Classification Staffing

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The SASC has different levels of staffing:

#### Medical Director

The Medical Director manages the overall direction of the Simulation Center and Simulation Services. He/she serves as a liaison between Senior Administration and the Simulation Center. He/she develops department projects and goals and creates partnerships with other institutes and faculty. He/she assists with teaching activities.

#### Administrator/Senior Director

The Administrator/Senior Director manages direct staff and ensures that the Simulation Center is properly staffed. He/she reviews scheduling, assists with orientation to new employees, and initiates career development and educational opportunity discussions. He/she manages the daily operations to ensure maximum operating efficiency, prepares, manages and monitors annual budget. He/she reviews and summarizes operating reports and statistical data, investigates and corrects variances.

#### Department Managers

The Department Managers oversee the daily operations of all lab spaces. He/she manages all department staff including recruitment, on-boarding, and performance evaluations. He/she assists the administrator with creation and maintenance of department budgets and oversees department purchases. The department managers keep a pulse on all center activity and continually seek out ways for increased efficiency and process improvement.

#### Department Analyst

The Department Analyst serves as the primary resource for operation of data collection, extraction and analysis of simulators and simulated events. This position tracks operational resources, services, programs, and systems, for utilization and capacity of the center. He/she collects, analyzes and reports SASC utilization metrics and maintains the various databases and platforms used for storing this data. The department analyst oversees all accreditation applications and maintenance requirements, ensuring that operations continue in accordance with various accrediting bodies. He/she also leads process improvement initiatives, identifying opportunities for efficiencies across all lab areas.

#### Coordinators

The Coordinators act as the front line customer service providers for the SASC. They organize and coordinate SASC activities and simulation courses. He/she initiates the quoting and invoicing of allocated payments. He/she is responsible for scheduling of the SASC as well as coordinating the individual schedules of the SASC staff.

**CATEGORY:** ADMINISTRATION

**REFERENCE:** 1.1

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#### Simulation Education Specialists

The Simulation Education Specialists oversee the development, implementation and evaluation of educational programs within the SASC. The Simulation Education Specialists serve as mentors for simulation faculty, while ensuring quality control over educational activities in accordance with accreditation standards. He/she provides guidance for educational research projects, and promotes scholarly activity at the center. In this role, the Educator works closely with the Directors and the Advisory Board of SASC.

#### Program Managers

The Program Managers oversee the daily operations of specialty programs. He/she submits proposals for grants and research projects. Works closely with legal for contracts and protocols. He/she oversees preparation for training sessions and assists faculty and learners in utilization of simulation activities and/or equipment.

#### Simulation Operations Specialist:

Under direct supervision of the Department Manager/Director, this position is responsible for the set-up and take-down of all simulation activities. He/she will assist the Department Manager with the daily operations of the lab including troubleshooting equipment and taking inventory of instruments and supplies. He/she coordinates with other staff in the education planning process.

#### Fellowship Director

The Fellowship Director is responsible for oversight of the Simulation Fellowship. The Director will mentor the Simulation Fellow and other health care providers in the practice of scientific investigation and publication, help translate the Fellowship project and selected Simulation Center activities into ongoing research projects, maintain a continuous production of articles in peer reviewed medical journals, and participate in national/international medical conventions, presenting the Cleveland Clinic experience in simulation based medical education.

#### Fellowship Positions

The SASC sponsors a three-tiered simulation training program, which offers different opportunities and experiences based on the interests and goals of the fellow. These programs are the *Simulation Research Fellowship*, the *Simulation Education Fellowship*, and the *Simulation Facilitator Elective*. The responsibilities of each fellow varies, but the overall goal is to develop leaders with vision, knowledge, and commitment to implement simulation-based training strategies with the aim to improve healthcare for patients at Cleveland Clinic.

**CATEGORY:** ADMINISTRATION

**REFERENCE:** 1.1

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### Surgical Director

The Surgical Director is responsible for Simulation and Advanced Skills Center surgical education and training programs. He/she will be a surgeon who is a Fellow of the American College of Surgeons (FACS) or has received an equivalent designation. The Surgical Director will have protected time of at least 10% dedicated to their role as Surgical Director and be a member of the Advisory Board. He/she is responsible for reporting assessment data related to the surgical education and training programs to the Advisory Board.

### CAST Director

The Director for the Center for Advanced Skills Training (CAST) oversees the daily operations of the training program. Requests for new programs must be reviewed and approved by the CAST director. In addition, the director's signatures are obtained for all official CAST documents, such as CAST certificates and Ohio State Medical Board forms (i.e. Form I). Any specific medical/surgical questions prospective trainees may have about the program can be sent directly to the CAST director in the instance when the coordinator/manager are unable to answer. Finally, discussions concerning current & future CAST programs take place between the manager/coordinator/director of CAST.

### Advisory Board

The vision for the Advisory Board is that interested and committed staff from various institutes can serve as faculty, participate in developing teaching modules, and provide specialty specific insight and direction in the center's activities as part of an Advisory Board.

In recognition for the faculty's involvement and commitment, the Education Institute has budgeted a percent support for up to 8 faculty that will be transferred to the staff's primary institutes. The Advisory Board will guide the decisions regarding processes, scholarly activity, curriculum, and equipment.

The Nursing Simulation Affinity Group involvement and commitment are part of their role as Nursing Professional Development Specialists (NPDS) reporting to Nursing Education and Professional Practice under the Nursing Institute.

### Program Instructor

Coordinates the classroom aspects of the American Heart Association (AHA) courses. Ensures all courses are to be held according to the standards and guidelines. Applies adult learning techniques. Adapts and develops training materials. Prepares and adapts lesson plans based on American Heart Association curriculum and principles using competency based education. Instructs and imparts information in an interactive participative manner eliciting frequent responses.

**CATEGORY:** OPERATIONS**REFERENCE:** 2.1**REVISED:** 05/20**REVIEWED:** 05/20**SUBJECT:** Quality Improvement-Overview**FORMULATED:** 05/20**PAGE** 1 of 1

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SASC is dedicated to providing excellence in patient care and education as set forth by the International Society for Simulation in Healthcare. An ongoing quality assurance process for the SASC is incorporated through the department's annual performance review (APR). The APR provides an objective and systematic monitoring and evaluation approach in curriculum effectiveness, curriculum content and delivery, teaching and learning processes, identification and maintenance of best practice, educational environment, and staff and professional development. The APR process and metrics are driven by frontline SASC employees, advisory board, and direct SASC leadership. A report of findings is evaluated by SASC Professional Staff, Nursing Institute ACNO and CNO, and Education Institute's Chair, through formal review meetings. Opportunities for improvement are identified through this process which triggers continuous improvement efforts.

#### Responsibilities

1. The SASC Medical Director has ultimate responsibility and authority for the overall operation and effectiveness of the SASC Quality Program.
2. With assistance from the Department Manager, the Senior Director/Administrator has ultimate responsibility for development, implementation, delegation, coordination and statistical analysis of monitoring and evaluating activities with the assistance of the Simulation Education Specialists.
3. All SASC staff are responsible for identifying important aspects of care, identifying indicators, establishing thresholds, collection and organization of data, evaluation of care, taking appropriate action, re-evaluation of actions taken.

#### **SASC shall fulfill the following responsibilities:**

- Evaluates needs of SASC Learners.
- Evaluates needs of SASC Educators.
- Evaluates needs of SASC personnel.
- Supports personal aspirations and professional growth.

The SASC Quality Program shall be integrated into the Cleveland Clinic Enterprise-wide Quality Programs. The Cleveland Clinic Improvement Model (CCIM) process is utilized for all SASC continuous improvement and support can be requested via the Cleveland Clinic Continuous Improvement intranet.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.2

**REVISED:** 04/2020

**REVIEWED:** 05/2020

**SUBJECT:** Complaints/Concerns/Suggestions

**FORMULATED:** 04/2020

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Although SASC strives to provide the best service to facilitators and learners, it is understood that, at times, issues may arise that include but are not limited to SASC staff concerns, equipment, and/or environment.

All complaints, concerns, and suggestions are welcome so SASC can improve the simulation experience for all involved.

Facilitators and learners can utilize the following SASC staff to express any complaints, concerns, or suggestions:

1. Coordinator for minor issues directly related to environment
2. SOS team for minor issues directly related to equipment
3. Department Manager for issues related to SASC staff, or other issues not being resolved
4. Senior Director/Administrator
5. Medical Director

Additionally, if the complaint is covered by the Cleveland Clinic's Non-Discrimination, Harassment, or Retaliation Policy, please follow the process outlined through the Organization's overarching policy.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.3

**REVISED:** 04/2020

**REVIEWED:** 05/2020

**SUBJECT:** Authorization and Consent to Photograph  
And Publish

**FORMULATED:** 02/12

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All SASC facilitators, learners, and observers must sign the ***Photograph, Film or Vocal Recording Release*** agreement prior to participation in any simulation that will be video recorded or photographs taken.

1. This agreement shall encompass motion picture or still photography in any format and any other mechanical means of recording and reproducing images.
2. The agreement authorizes the staff of the SASC to photograph or film or permit other appropriate persons to photograph or film participants.
3. Photographs and recordings shall be used for purposes including, but not limited to, education, clinical improvement, research, scientific, public relations, advertisement, promotional and/or fund raising.
4. The undersigned waives any right to compensation for these uses.

#### Refusal to Sign Agreement

Any participant who refuses to sign the ***Photograph, Film or Vocal Recording Release*** agreement may be dismissed prior to any simulation. The course educator may decide to eliminate recording of the session or schedule an additional non-recorded session with the participant refusing to sign the consent.

#### Photography of Laboratory Animals in Animal Facilities and Laboratories

Photography (video, digital, film) of live laboratory animals, BRU facilities, or laboratory areas where animal research is performed is not allowed without prior specific, written approval from the Attending Veterinarian or designee.

Photography requests should be sent to the Attending Veterinarian at least 24 hours prior to the photography session and include:

1. Description of the photographic location
2. Type of photographic recording device
3. Type of animal or procedure that will be photographed
4. Clear justification of the need to perform photography, how the photography will be used or presented, who the viewing audience will be, and how the original photographic files will be stored and secured.
5. After receiving written approval, the approval should be available at the location where the photography is taking place.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.3

**REVISED:** 03/2020

**REVIEWED:** 05/2020

**SUBJECT:** Authorization and Consent to Photograph  
And Publish

**FORMULATED:** 02/12

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During the photography session:

1. Appropriate personal protective equipment must be worn by all personnel.
2. Appropriate handling and restraint methods must be used.
3. No references to information (i.e. cage cards, names, etc.) should be visible
4. All attempts should be made to have the animal in clean and tidy surroundings. If food and water are visible in the photograph, they should be full.

Photographs are only to be used for scientific purposes. File sharing is to be avoided.

This policy applies to all Cleveland Clinic employees and all visitors to the CCF and animal facilities. Violation of this policy may lead to confiscation of your photographic equipment by CCF security as well as potential disciplinary actions by the IACUC or Institutional Official.



2.3, Attachment 1

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## Photograph, Film or Vocal Recording Release

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*Note: I authorize this release based on the following conditions:*

- *These records become the property of Cleveland Clinic Foundation/Cleveland Clinic Health System or its representatives*
- *This release is given without promise of compensation*
- *This release is effective until terminated by a retraction in writing from the person granting this authorization*
- *The parent/legal guardian and the subject do release to Cleveland Clinic Foundation any right, title and/or interest of any kind they may have in the records produced*

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### A. Release to photograph, film or record vocally

The Cleveland Clinic Foundation\Cleveland Clinic Health System ("CCF") is committed to educating the public and other healthcare providers.

I hereby grant to CCF the right and authority to photograph, film and/or record vocally:

Please Print	Subject/Patient (or child's) name	Age
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I hereby authorize the use and disclosure of my name, voice, image or likeness, including still photo, film and/or videotape and audiotape. I understand I have the right to request cessation of recording or filming at any time.

I understand this Authorization is in effect until it is revoked in writing. It may be revoked at any time to the extent that use or disclosure has not already occurred prior to my request for revocation. In order to revoke the authorization, I agree that I must notify \_\_\_\_\_ in writing at \_\_\_\_\_ or by telephone at \_\_\_\_\_. CCF shall through reasonable efforts attempt to cancel already published works incorporating my Released Information, however, CCF cannot guarantee the cancellation of such published works in part due to the fact that revocation may be impractical or impossible due to the nature of internet based news media and downstream access to additional sites

I agree the photos or images specified above become the property of CCF or its representatives and I waive the right to inspect or approve such work.

I agree this Authorization is given without promise of compensation. I further agree to release to CCF any right, title and/or interest of any kind they may have in the information or images produced and any direct/indirect remuneration to CCF. I agree to release and forever discharge CCF, its agents, officers and employees from any and all claims including arising out of or in connection with the use of said information, including but not limited to any claims for invasion of privacy, right to publicity or defamation.

By signing below, I authorize CCF to use or disclose any personal likeness information specified in this Authorization.

---

\_\_\_\_\_  
Signed (subject/patient, parent or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone number

**CATEGORY:** OPERATIONS

**SUBJECT:** Cancellations

**REFERENCE:** 2.4  
**REVISED:** 03/19  
**REVIEWED:** 05/2020  
**FORMULATED:** 03/19  
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Cancellations effect staff time and possible utilization by other groups. In order to maintain the overall productivity of the center, during the online request process, all requestors will read & agree to SASC's cancellation policy and provide department account numbers for potential fee assessments. In addition, charges shall be incurred for the following:

1. **External Events:** (events with external learners and/or events paid through educational grants or industry funding)
  - a. Cancellation Policy
    - i. If Company/Department provides SASC with written notice of its intent to cancel an event at least sixty (60) days prior to the event date, SASC shall cancel the event without further recourse, and any deposit paid by Company/Department shall be returned by SASC.
    - ii. Cancellation of an event by Company/Department for any reason between fifty-nine (59) and thirty (30) days prior to the date of the event shall result in a cancellation fee due to SASC in the amount of fifty percent (50%) of the agreed quoted fee amount.
    - iii. Cancellation of an event by Company/Department for any reason within twenty-nine (29) days of an event date shall result in a cancellation fee due to SASC in the amount of seventy-five percent (75%) of the agreed quoted fee amount.
  - b. Rescheduling Policy
    - i. If Company/Department provides SASC with written notice of its intent to reschedule an event date at least sixty (60) days prior to the date of the event in order to reschedule for no more than one hundred–eighty (180) days after the date of the event, SASC shall apply the deposit and any other payments made for the event to the new event date.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.4

**REVISED:** 03/19

**REVIEWED:** 05/20

**SUBJECT:** Cancellations

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**2. Internal Events:** (events with internal learners)

a. First “Event” Cancellation

- i. If an event is cancelled less than 10 business days prior to scheduled event date,
  1. A letter will be sent from SASC admin to the Course Requestor, their Institute Chair, and the Education Institute’s Chair.
  2. Fees to cover non-reusable resources (i.e. specimens, personnel, specialized equipment, etc.) will be assessed to the Department.

b. Second “Event” Cancellation

- i. If an event is cancelled less than 10 business days prior to scheduled event date,
  1. A cancellation fee plus any additional fees to cover non-reusable resources (i.e. specimens, personnel, specialized equipment, etc.) will be assessed to the Department.

- c. If (1) additional cancellation of a recurring course occurs (for a total of 3 cancellations), regardless of how far in advance the events were cancelled, all future courses will be cancelled and subject to rebooking.

- d. If participants/instructors are a no-call/no-show for a scheduled event, all future courses will be cancelled and subject to rebooking.

**3. AHA Events:**

- a. When an AHA event is cancelled, the pre-paid participant will reach out to AHA department directly for a refund of fees.

**4. SP Program:**

- a. When an SP event is canceled, any training fee of SPs already paid to SPs will be billed to the requestors department.

**5. CAST Trainees:**

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.4

**REVISED:** 03/19

**REVIEWED:** 05/20

**SUBJECT:** Cancellations

**FORMULATED:** 03/19

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- a. If a CAST trainee needs to cancel after payment, application has been approved, and onboarding has begun, the trainee will incur a cancellation fee of 30%.

**CATEGORY:** OPERATIONS

**SUBJECT:** Confidentiality

**REFERENCE:** 2.5  
**REVISED:** 06/18  
**REVIEWED:** 05/20  
**FORMULATED:** 02/12  
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All SASC users, learners, and observers will be informed of the **Confidentiality Policy** statement prior to participation in any simulation. The objective of patient simulation is to train individuals to better assess and improve their performance. Confidentiality regarding any performance witnessed in real time or on media shall be maintained.

Observers will be permitted into the Simulation Center at the discretion of the SASC staff and course educator. Observation of activities will be considered for educational purposes only. Participants will be notified in advance of any observers to simulation activities.

Performance records and evaluations are kept confidential by the facilitators and shared only when appropriate (ie OSCE's). Participants are informed of who will have access to their results prior to the simulation. Video recordings follow policy 2.15. Information needed for approved research studies can be released to pertinent principle investigator following the approved process of the research project by IRB. Participants will be consented as needed per the approved protocol.

Rosters of attendance only (no scores, evaluations, results) can be released to other parties as needed such as CME/CNE for continuing education credits and to others as appropriate.

## **CONFIDENTIALITY POLICY**

As a participant in training in a simulated medical environment at the Simulation and Advanced Skills Center (SASC) at Cleveland Clinic I should maintain strict confidentiality regarding both my own performance as well as the performance of others, whether witnessed in real time or on media, I understand that:

- I will be both an active participant in realistic scenarios and an observer of others immersed in similar situations.
- The objectives are to train individuals to better assess and improve their performance in medical situations.
- The scenarios to which I will be exposed may exacerbate lapses and errors in performance.
- I am free to discuss in general terms the technical and behavioral skills acquired and maintained during training.

**CATEGORY:** OPERATIONS

**SUBJECT:** Conflicts of Interest

**REFERENCE:** 2.6  
**REVISED:** 02/20  
**REVIEWED:** 05/20  
**FORMULATED:** 02/12  
**PAGE** 1 of 1

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In correspondence to the Cleveland Clinic policies, all employees and faculty have a duty to be free from the influence of any conflicting interest when they represent the Cleveland Clinic.

1. All SASC employees and educators are expected to deal with all persons on a basis that is for the best interest of the Cleveland Clinic without favor or preference to third parties or to personal considerations.
2. All SASC employees and educators have a duty to disclose any existing and potential conflict of interest (COI) to the Cleveland Clinic Conflict of Interest Committee.
3. The COI Committee will review all reported interests and notify the affected Staff member or Employee if the circumstance warrant further review, recusal, oversight, a management plan, or other action.

#### Violations of the Conflicts of Interest Policy

If the Conflicts of Interest Policy is violated, the COI Committee shall inform the person(s), provide an opportunity for the person(s) for explanation, make further investigation, and take appropriate corrective action.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.7

**REVISED:** 11/14

**REVIEWED:** 05/20

**SUBJECT:** Community Use

**FORMULATED:** 02/12

**PAGE** 1 of 1

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SASC and its collective services are provided and maintained to support the SASC mission in congruence with the overall mission of the Cleveland Clinic. SASC Administration will approve the usage of its facility under these missions.

For organizations that are not a part of the Cleveland Clinic system, the following will apply:

1. All usage in this category must be approved by SASC Administration.
2. The requesting organization's activities must not be in conflict with principles and practices of the Cleveland Clinic.
3. The requesting organization must sign the ***Facility Use Agreement***.
4. The event requesting SASC facilities and/or services cannot be scheduled at a time which will interfere with other functions of Cleveland Clinic or as per SASC scheduling policy 2.10.
5. The fee schedule for Community use will include actual costs incurred, rental costs if applicable, depreciation and other fixed costs. The cost will be determined by SASC Administration.

For visiting physicians and trainees that require access to task-based labs or any other Department or Institute within the Cleveland Clinic, the following will apply:

1. All usage in this category must be approved by SASC Administration.
2. The sponsoring department must provide SASC Administration with the visitor's name and badge number in order to provide temporary access to the lab. In addition, the sponsoring department must specify which simulators will be used so that the SASC Program Manager can assign the visitor a login for the simulator(s).
3. The sponsoring department must also provide the specific date range the visitor will need access to the lab.
4. The sponsoring department takes on the financial responsibility for any breakage, malfunction, or misplacement of lab equipment that may occur during the time that the visitor is using the lab. That department's cost account will be charged by SASC Administration in the event that equipment must be repaired or replaced.

2.7, Attachment 1

## FACILITY USE AGREEMENT

THIS FACILITY USE AGREEMENT ("Agreement"), effective as of the \_\_\_\_ day of \_\_\_\_\_, 201\_\_ ("Effective Date") is between The Cleveland Clinic Foundation, on behalf of its Simulation and Advanced Skills Center, located at 9500 Euclid Avenue, Cleveland, Ohio 44195 ("Cleveland Clinic"), and

\_\_\_\_\_,  
with a place of business located at \_\_\_\_\_,  
\_\_\_\_\_, ("User").

WHEREAS, Cleveland Clinic desires to make available for use to various entities or organizations its facility known as the Cleveland Clinic Simulation and Advanced Skills Center ("SASC"); and

WHEREAS, User desires to rent the SASC and its associated services for its purposes,  
NOW THEREFORE, the parties agree as follows:

### 1. DATE/TIME/FEE/CANCELLATION:

From (Date): \_\_\_\_\_ At (Starting Time): \_\_\_\_\_

To (Date): \_\_\_\_\_ At (Ending Time): \_\_\_\_\_

PURPOSE (Describe briefly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FEE: \$ \_\_\_\_\_ PAYABLE BY: \_\_\_\_\_

Cleveland Clinic shall provide, as part of the use of the SASC facility and its medical and simulation devices and equipment ("Equipment"), the associated services ("Services") described in Exhibit A, and incorporated herein by reference.

**Cancellation.** Should the User cancel the event at any time after this Agreement is signed, any deposit shall be forfeited. User shall notify SASC Administration of cancellation in writing no less than ten (10) business days before the event date.

2. **TERM.** The term of this Agreement shall be from the Effective Date through \_\_\_\_\_, 201\_\_ ("Term").

3. **RISK OF LOSS.** User shall pay the cost of any damage to the SASC space, surrounding premises, or Equipment caused by User's acts, abuse, alteration or improper use of the Equipment, or by any service performed by unauthorized personnel. If Cleveland Clinic, in its sole discretion, decides that the damaged equipment is repairable, User shall pay the costs of the repair. If Cleveland Clinic determines that such item is irreparable, or if such



item is lost or stolen, the User shall pay Cleveland Clinic the current fair market value of the Equipment.

- 4. FACILITY ENVIRONMENT.** It is the policy of Cleveland Clinic to have a work place free of harassment, including but not limited to sexual harassment. User acknowledges that Cleveland Clinic is committed to keeping its work place free of illegal drugs in accordance with the guidelines set forth in the Drug-Free Workplace Act of 1988, Pub. L. No. 200-690, codified at 41 U.S.C. Sec. 701, et. seq. User's compliance with this drug prohibition is a condition of use of the SASC and violators, in addition to such penalties as may be imposed under law, are subject to removal from Cleveland Clinic's premises. Accordingly, the unlawful use, manufacture, possession, sale or transfer of illegal or controlled substances or abuse or unauthorized use of alcohol on or around Cleveland Clinic's premises is prohibited. Further, User acknowledges that Cleveland Clinic maintains a smoke-free environment at its facilities and that smoking is prohibited on Cleveland Clinic's premises.
- 5. INSURANCE.** During the Term of this Agreement, User and its permitted agents and subcontractors, shall provide and maintain, at its or their expense, minimum comprehensive general liability insurance of at least One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the aggregate in connection with the User's use of the SASC facility and for any other activities performed under and contractual obligations undertaken in this Agreement and such policy or policies shall name Cleveland Clinic as an additional insured. Upon request, User shall provide Cleveland Clinic with evidence of such coverages. User shall provide Cleveland Clinic written notice at least ten (10) days prior to the cancellation of, or material change to, such coverages. User shall also maintain Workers' Compensation insurance as required by law.
- 6. WAIVER/INDEMNITY.** User hereby agrees and represents that use of the SASC space and Equipment shall be undertaken at its own risk and that Cleveland Clinic, its officers, directors, agents and employees of each, respectively, shall not be liable for any claims, damages, injuries, actions, or causes of actions whatsoever, to the User, or to the User's property, or to the executors, heirs or assigns of the employees or agents of User, arising out of or connected with the use of the SASC space, and the User shall take no action related to the use of this SASC space and Equipment. The User shall indemnify, defend and hold harmless Cleveland Clinic, its officers, directors, agents and employees, of each respectively, and shall defend same against and hold harmless from any allegations, claims, actions, suits, loss, damages, fines, penalties and costs (including, but not limited to, attorney's fees) arising out of or relating to (i) its acts and omissions, and (ii) the use of the SASC space and Equipment. If any settlement requires an affirmative obligation of, results in any ongoing liability to, or prejudices or detrimentally impacts Cleveland Clinic in any way, then such settlement shall require Cleveland Clinic's prior written consent. Cleveland Clinic may elect to have its own counsel in attendance at all proceedings.
- 7. NO WARRANTY.** CLEVELAND CLINIC MAKES NO OTHER WARRANTY, EXPRESS OR IMPLIED, WITH RESPECT TO THE SASC SPACE, INCLUDING WITHOUT LIMITATION,

WARRANTIES OF MERCHANTABILITY, OF FITNESS FOR A PARTICULAR PURPOSE OR USE OR TITLE. FURTHER, CLEVELAND CLINIC DOES NOT MAKE ANY WARRANTY FOR ANY THIRD PARTY RELATED TO, WITHOUT LIMITATION, THE SASC SPACE.

8. **USE OF RECORDINGS.** User may not take or make any recording, film, video, or photographs during its use of the facility without prior written consent granted by SASC Administration. In connection with the Services, upon request by User, SASC will make available to User, at the cost of the User, a digital and audio recording of the User's use of the facility ("Recording") by providing User with a digital copy of the Recording. The Recording shall be the property of Cleveland Clinic and may not be copied, reproduced, shared with any third party, altered, edited or used in any way for any commercial, marketing or endorsement purpose, nor disseminated to the public, but it may only be used by User, on an indefinite basis, for internal training, educational or research purposes. The Recording shall be archived on Cleveland Clinic's internal servers for a period of six months following the use of the facility and will be discarded thereafter.
9. **USER'S RESPONSIBILITY.** User is responsible for the conduct and actions of its employees and guests. User may not exceed listed SASC space capacities at any time during the event. User acknowledges that there may be patients and associated hospital staff on the premises during certain hours and agrees to be considerate of their presence. The SASC space must be left in the same condition received prior to the event.
10. **PARKING & ACCESS.** Participants and attendees must use the parking areas of the Cleveland Clinic designated for visitors at reasonable times and shall have pedestrian ingress and egress to the designated facility during the times specified above. Participants and attendees shall be personally responsible for any and all parking fees.
11. **MERCHANDISE, EQUIPMENT, OR ARTICLE.** The Cleveland Clinic is not and shall not be responsible for damage and/or loss of any merchandise, equipment, article or possession brought to the facility by the User and its guests.
12. **FORCE MAJEURE.** Neither party will be liable for any delay in performance hereunder if such delay is due to causes beyond the reasonable control of such party. Such causes will include, without limitation, fires, floods, strikes or other labor disputes, war, criminal disturbances, power failure, acts of God and restrictions imposed by any governmental agency. In the event such delay or nonperformance extends beyond thirty (30) days, either party may, at its option, cancel any portion of this Agreement and/or extend any date upon which any performance is due, and neither party will assess any damages against the delaying party in such event.
13. **NON ENDORSEMENT.** By entering into this Agreement, Cleveland Clinic shall not be deemed to directly or indirectly endorse User or any of User's products, whether directly or indirectly related to this Agreement. User shall not, in any way, state or imply that this Agreement is an endorsement by Cleveland Clinic of User's product(s).

- 14. USE OF NAME.** Except as required for purposes of performing its obligations under this Agreement, User shall not use the name, logo, likeness, trademarks, image or other intellectual property of Cleveland Clinic for any advertising, marketing, endorsement or any other purposes without the specific prior written consent of an authorized representation of Cleveland Clinic as to each such use.
- 15. ASSIGNMENT.** This Agreement may not be assigned without the prior written consent of Cleveland Clinic, and any attempt by the User to assign it shall cause it to be void and of no further force or effect.
- 16. JURISDICTION AND VENUE.** This Agreement shall be governed by the laws of Ohio, without regard to conflicts of law provisions, and any legal action concerning the provisions hereof shall be brought in the courts sitting in the State of Ohio, County of Cuyahoga.
- 17. SURVIVAL.** The obligations contained in Sections 5, 6, 7, 8, 13 and 14 shall survive the expiration or termination of the Agreement.
- 18. MISCELLANEOUS.** This Agreement shall be construed and enforced under and in accordance with the laws of the State of Ohio. This Agreement may not be amended or modified except by a signed writing by each party to this Agreement. This Agreement constitutes the entire Agreement between the parties and supersedes all contemporaneous and prior discussions, agreements and undertakings of every kind and nature between them, whether written or oral.

**For purposes of this Agreement, the parties intend and agree that a signed copy delivered by facsimile or electronically shall be treated by the parties as an original of this Agreement and shall be given the same force and effect. In witness whereof, the parties hereto have caused this Agreement to be executed by their authorized agents as of the date first above written.**

USER: \_\_\_\_\_ THE CLEVELAND CLINIC FOUNDATION

By: \_\_\_\_\_ By: \_\_\_\_\_  
Signature Signature

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.8

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Individual and Group Use

**FORMULATED:** 03/12

**PAGE** 1 of 2

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It is the policy of Cleveland Clinic to share facilities between institutes, schools, and agencies of the Cleveland Clinic. SASC governance is under Cleveland Clinic.

1. Interested parties will contact SASC to request usage.
2. If there is a schedule conflict, Policy 2.10 shall be followed.
3. Damages by individual and group use will follow the procedures as listed in Policy 5.3.

Prioritization is granted as follows at the discretion of the SASC leadership.

1. Cleveland Clinic Mandatory Course – Activities that are enterprise in nature and is mandated for certification or compliance reasons.
2. Internal Learner Course (Cleveland Clinic employees) in this order:
  - a. Interprofessional Course Request
  - b. Single Disciplinary Course Request
3. External Learner Course (Non-Cleveland Clinic employees)

For use by Cleveland Clinic employees, the following fee assessment guidelines will be followed:

- I. Internal Learner Course – Faculty and attendees are all CC employees and the event is non-funded.
  - A. Simulation Center (SASC) support (as needed): Assistance with course curriculum design, scheduling, lab set-up, equipment setup and take down, AV recording, debriefing, assessment and documentation.
  - B. Fees: Additional fees may be assessed to cover non-reusable resources, specialized equipment, and/or non-standard hours.
- II. Funded or External Learner Courses – Activities that are non-SASC sponsored with outside funding via charging course fees or industry grants, and may have external or internal learners.
  - A. Simulation Center (SASC) support: Assistance with course curriculum design, scheduling, lab set-up, equipment set up and take down, AV recording, debriefing, assessment and documentation.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.8

**REVISED:** 04/20

**REVIEWED:** 05/20

**SUBJECT:** Individual and Group Use

**FORMULATED:** 02/12

**PAGE** 2 of 2

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- B. Fees: Learners are supported by registration fee and/or industry support and appropriate lab fees are charged for use of the lab plus all services that are provided.
- C. Faculty Charges: Faculty are generally not reimbursed, though honoraria are at the discretion of the sponsoring Institute, subject to course performance.
- D. Lab/Supply Fees: Market rate for similar activities. Charged back to the course budget.
- E. SP Specific Fees:
  - a. SP hourly rate may vary based on needs of SP. There is a minimum of two- hour fee for each SP on site.
  - b. SP are paid for trainings, which is the period of time that the SP trains for the upcoming event(s). Normal training length is 2 hours; however, amount of training is to be determined by SP Education Specialist based on project needs. There may be one or more separate trainings depending on the complexity of the project. Trainings take place in the week(s) immediately preceding the event. If the SP is not able to participate in the scheduled event(s), the trainings may not be paid.
  - c. SP *timeframe* pay: SPs are paid from the call time to the end time. Pay accumulates in .25 hour increments.
  - d. SP parking: Parking fees will be paid by the Simulation and Advanced Skills Center for all covered Standardized Patient trainings and events. If outside of Simulation and Advanced Skills Center coverage, the Institute requesting will be responsible for SP parking costs for each SP each time they are on site.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.9

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Meetings and Minutes

**FORMULATED:** 02/12

**PAGE** 1 of 1

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#### SASC Staff Meetings

1. SASC staff shall meet monthly as schedules permit.
2. The coordinator shall prepare the agenda with input from administration and will email the agenda the day prior to the meeting.
3. The coordinator shall prepare brief minutes of each meeting and will be distributed to staff via email after the meeting.
4. The coordinator shall maintain approved minutes in the SASC Staff Meeting File.

#### SASC Advisory Board and Chapter Meetings

1. SASC Advisory Board/Chapter shall meet monthly as schedules permit.
2. SASC Advisory Board/Chapter meetings are closed meetings. Attendees include the members of the committee or their designee. Invitees may be scheduled for a session of the meeting for presentation of project proposals or in reference to other related topics.
3. The coordinator shall prepare the agenda with input from the committee members and will email the agenda draft and meeting reminder prior to the meeting.
4. The coordinator will email the final agenda and another meeting reminder the day prior to the meeting.
5. The coordinator will bring copies of the final agenda to distribute at the meeting.
6. The coordinator shall prepare the minutes of each meeting and will distribute to members via email after the meeting.
7. The coordinator shall maintain approved minutes in the Advisory Board/Chapter Meeting File.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.10

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Priority in Reservation

**FORMULATED:** 02/12

**PAGE** 1 of 1

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Interprofessional education (IPE) simulations may require scheduling from multiple departments or institutes, therefore IPE simulations may take priority in reservations.

- a. If more than one group requests the same date/time every effort will be made by SASC staff to accommodate the IPE simulation event.
- b. In the event of scheduling conflict, the coordinator will contact each faculty user or event coordinator to inquire if there is a possibility of rescheduling to another date and/or time or of adjusting the times and/or location of the event.
- c. If there is continued conflict following the coordinator's efforts, SASC leadership will make the final decision on scheduling.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.11

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Scheduled Sessions and Reservations

**FORMULATED:** 02/12

**PAGE** 1 of 2

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- A call or email for simulation event reservations must be followed with a formal reservation request via the online request form found on the center website.
- All requests must be scheduled through the coordinator, or designee. The coordinator, or designee, will:
  1. Review the request and check for scheduling conflicts.
  2. Add the event to the calendar if the date/time is known and available.
  3. Naming for each event will be entered as indicated on the request form and confirmed at planning meeting.
  4. Present the calendar of events at the weekly huddle.
- All reservations shall be scheduled within a timeframe deemed acceptable by SASC Staff. SASC may use the following time guidelines
  - Greater than six months:
    - Session is external or Continuing Medical Education (CME) event
    - Session is a part of a symposium, conference, workshop or other large educational event
    - Sessions requiring complex coordination (i.e. large number of learners, multiple SASC labs/classrooms)
    - The session is part of a greater project of research.
    - Course requires advanced training of contracted personnel (i.e. Standardized Patients)
  - 3 – 6 months
    - The user/educator is a new user of SASC services and the session is one of the first two sessions scheduled by the user/educator.
    - As agreed by SASC Administration, SASC will be providing presentation, teaching, debriefing, or facilitation services.
  - 0 – 3 months
    - SASC is familiar with the curriculum, users/educators, and group.
    - The session will require only minimal SASC resources

### **Drop-in Training Policy**

Some areas of SASC are designed for drop in training and do not need formal scheduling unless a course will be utilizing the space. If so, the above process is followed. This includes: E3-54, J4-254 or E3-226B and any additional future satellite labs with similar set up.



**CATEGORY:** OPERATIONS

**REFERENCE:** 2.11

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Scheduled Sessions and Reservations

**FORMULATED:** 02/12

**PAGE** 2 of 2

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Requests for meeting rooms only (133A, 133B, 133D, L1-300 Classroom) shall be emailed to the coordinator using the following format:

- Event name
- Date
- Time
- Room
- Number of People
- A/V and/or Equipment Needs
- Contact Person and Phone Number

Requests for classrooms (including 124B) shall be submitted through Outlook calendars.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.12

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Planning Process

**FORMULATED:** 02/12

**PAGE** 1 of 1

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Person(s) interested in utilizing SASC and its collective services shall undergo the following procedures:

1. Event is scheduled as per Policy 2.11 above.
2. If needed, a planning meeting will occur based on SASC and requestor's schedule. SASC will have a minimum of 1 Simulation Operations Specialist and 1 Administrator (Coordinator, Educator, Department Manager, etc.) present for all planning meeting.
  - a. Planning meeting are set up at the discretion of the SASC
  - b. Planning meetings are schedule to finalize any objectives and to ensure both SASC and requestor can get any outstanding questions answered.
3. A dry-run will be scheduled, if needed, prior to event to ensure simulation runs as planned.
  - a. A need for a dry-run is at the discretion of the SASC
  - b. Multiple dry-runs may be need, especially for larger events
4. Simulation is held.

Request/Project Process for Standardized Patient requests follows the steps outlined below:

1. Requestor – Sends Request by various forms of communication (phone call or email, and eventually the official online request form).
2. SP Coordinator – Receives request and schedules exploratory discussion with SP Education Specialist, Requestor (SP Manager if needed).  
SP Education Specialist & Coordinator have exploratory discussion with Requestor and update Program Manager, if not included in the meeting.
3. SP Coordinator schedules a planning meeting with Requestor (and any additional parties on their end), SP Education Specialist, SP Coordinator, SP Program Manager (if needed), and if taking place in a SASC Simulation area, appropriate Coordinators and/or Education Specialists, and at least one Simulation Operation Specialist.
4. SP Education Specialist summarizes action items from Planning Meeting and relays information to all participants involved in the Planning Meeting.
5. SP Coordinator schedules and confirms event date with Requestor. If taking place in a SASC Simulation area, follows up with appropriate Coordinator.
6. SP Education Specialist schedules dry run and trainings with Coordinator
7. SP Coordinator schedules SPs and Trainers (if needed)
8. SP Education Specialist & SP Coordinator at least one will be present at the event
9. SP Education Specialist leads Course Debriefing and reviews Report Card

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.13

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** SASC Facilitators

**FORMULATED:** 02/12

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## **SASC Facilitator**

Any facilitator using SASC resources are subject to SASC policies and procedures, as well as quality improvement. It is the policy of the Simulation and Advanced Skills Center to have a SASC approved facilitator present at each simulation event. A facilitator must meet one of the following requirements:

1. **TRAINING:** Attend the designated Faculty Development course offered by SASC.
2. **MENTORING:** Be mentored during at least two simulation sessions by a SASC Simulation Education Specialist or designee. These sessions are in addition to any scheduled dry-runs.
3. **APPROVAL:** SASC Administration will assess the interested person's competence in simulation.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.14

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Standard and Non-standard Hours

**FORMULATED:** 02/12

**PAGE** 1 of 1

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1. SASC standard hours of operation are:  
7:00 a.m. to 5:00 p.m. Monday – Friday
2. Hours may be extended to non-standard hours following approval by SASC Administration.
3. Depending on the demand of the session, a non-standard hours fee may apply. The fee will be determined by SASC Administration.

**CATEGORY:** OPERATIONS

**SUBJECT:** Tours

**REFERENCE:** 2.15  
**REVISED:** 02/20  
**REVIEWED:** 05/20  
**FORMULATED:** 02/12  
**PAGE** 1 of 1

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Patient simulation is a progressive method for health care education. Because of this, tours of SASC are often requested.

1. All tour requests are to be submitted through the Simulation Center website. SASC requires a minimum of one week lead time to schedule tours. Tour requests will be confirmed within two business days.
2. In the event a spontaneous tour is requested, the decision will be made by SASC Staff with consideration of staff time, on-going simulation sessions, confidentiality, appropriateness of tour, and tour size.
3. All tours must be hosted or escorted by an appropriate SASC designee.
4. **Photography and Media.** If there are simulation sessions being held in the SASC, photography and media recording will be prohibited by any tour participant. SASC Staff reserves the right to ask tour participants at any time to refrain from photography or media. Photographs are not allowed in the Surgical Simulation area if simulations are set up.
5. **Group Size.** Larger groups may be asked to divide into smaller groups at the discretion at SASC Staff.
6. SASC Staff reserves the right to dismiss tour participants at any time.
7. If there is a course in progress during the tour, the SASC Staff will review the **Confidentiality Policy** statement with tour participants.
8. A **Photograph, Film or Vocal Recording Release** may need to be signed if photographs are being taken or an event is being recorded.

**CATEGORY:** OPERATIONS**REFERENCE:** 2.16**REVISED:** 02/20**REVIEWED:** 05/20**SUBJECT:** Media Recording & Retention**FORMULATED:** 02/12**PAGE** 1 of 2

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## POLICY

The overall mission of the SASC is to enhance patient safety and quality of care through the use of clinical simulation, education, and research. Video or media shall be distributed only if it is in alignment with this mission. Videos and media may be used for purposes including, but not limited to, education, clinical improvement, research, public relations, advertisement, promotional and/or fundraising

Simulation sessions will be video recorded upon request of the Educator. All session participants shall sign a ***Photograph, Film or Vocal Recording Release***, as per Policy 2.3. Digital video and/or audio recordings of learner simulation sessions will be discarded after 30 days by SASC Simulation Operations Specialists. SASC staff may retain recordings passed the 30 day window for reaccreditation purposes. The lead instructor will be notified of this.

### Requested Media

All media will be deleted at the end of the session unless arrangements were made prior to the event. A request can be made during the event by the Course Director.

Media requested by Educators will be stored and be available via Learning Space; it is the responsibility of the Educator to retain a copy of needed media within 30 days of the date it is recorded.

Anyone requesting their scenario be recorded will be asked during the planning meeting if they need the video kept after the event for educational purposes.

- If no, video is deleted at the end of the event.
- If yes
  - Educator will bring a Cleveland Clinic approved flash drive for downloading
  - If educator does not have a CC approved flash drive, video will be kept for 30 days for them to obtain one
  - If a flash drive is not obtainable, access to video will be granted through the SASC recording system for that video and the requestor has 30 days to download
  - After 30 days, the video will be deleted
- If no planning meeting is needed, the requestor will be informed of this policy by the Administrative Program Coordinator when booking when a recording is requested. Video and media distribution is not a SASC standard procedure. Distribution may require a fee that will include actual costs incurred.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.16

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Media Recording & Retention

**FORMULATED:** 02/12

**PAGE** 2 of 2

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### Media Retention

Any video and/or audio recording retained and/or copied for use in educational endeavors such as lecture, presentation, research, etc. becomes the sole legal responsibility of the person requesting retention and/or copy. Per CCF policy the usage of these images and videos, beyond a Podium presentation or CCF Marketing pieces would require CCF/CMAP licensing.

### Research

Media involved in a research project will be retained and securely stored by the SASC for the time period designated by the parties involved in the research.

All recordings for MOCA (Maintenance of Certification in Anesthesia) purposes are destroyed at the conclusion of the course unless specific consent is received from the MOCA participants.

### THIRD PARTY (NON-CLEVELAND CLINIC PERSONNEL) VIDEO RECORDING

1. The request shall be made prior to the start of the simulation.
2. SASC will determine the costs for distribution and shall inform the requestor of the amount.
3. A **Facility Use Agreement** shall be signed by the requestor, and an invoice will be sent to the appropriate party.
4. Copies shall only be prepared by SASC staff.
5. Payment shall be received prior to any processing of data, unless an exception is made by the SASC Administration.
6. Depending on the size of the media and intended use, the Educator may be given a copy via electronic media.

**CATEGORY:** OPERATIONS

**SUBJECT:** Manikin Death/Termination

**REFERENCE:** 2.17  
**REVISED:** 02/20  
**REVIEWED:** 05/20  
**FORMULATED:** 02/12  
**PAGE** 1 of 1

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Because a desired effect of simulation is that learners become invested in a simulation as providers in a real event, death or termination of a manikin shall only occur if end-of-life care is a stated desired learning outcome during the scenario development.

If death and dying or other end-of-life issues are not part of the simulation's original objectives, SASC staff shall notify the educator and end the simulation before the manikin enters death (asystole or other definitive indicators). Alternatively, if the instructor or faculty member have previously demonstrated the ability to debrief participants following the death of a manikin, the learners are inexorably making decisions that will lead to the death of the manikin, and the faculty member is willing to devote a significant portion of the debriefing period to processing the manikin demise, the technician may make an exception.

If advanced cardiac life support is an objective of the session where end-of-life care is not, the manikin may transition to and from asystole but shall not end in a definitive call of death. Exceptions to this is during American Heart Association courses which follow the objectives of American Heart Association and some simulation end in asystole or v-fib, but end-of-life care is not an objective.



**CATEGORY:** OPERATIONS

**REFERENCE:** 2.18

**REVISED:** 02/12

**REVIEWED:** 05/20

**SUBJECT:** Patient Safety Concerns

**FORMULATED:** 02/12

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The goals of the SASC include maximizing patient safety by decreasing risks to patients and improving the quality of patient care.

Simulation may potentially uncover many safety issues in patient care. If concern arises after the simulation has ended, SASC staff or participant's concern shall be addressed with the Educator responsible for the session.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.19

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Physical and Psychological Safety

**FORMULATED:** 02/12

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Learner safety may be compromised physically and psychologically in the simulation environment. This policy seeks to prevent risks to learners and address compromises should they occur.

## PHYSICAL SAFETY

Medical equipment utilized in a simulation is likely to be actual working equipment (i.e. defibrillators). Learners shall follow basic safety precautions utilized in hospital or clinical practice as per regulatory bodies (e.g. OSHA, FDA).

In the case that basic safety precautions are not taken that could physically harm any participants, the SASC Staff shall cease the simulation immediately. In the case that any participant is physically harmed, measures shall be taken as appropriate per Cleveland Clinic Policy.

## PSYCHOLOGICAL SAFETY

Simulations are often developed to create a psychologically realistic environment, which may potentially affect a learner. All efforts will be made to ensure the psychological safety of all learners. If the Course Educator or SASC Staff determine that the scenario is compromising the psychological safety of any participant, SASC Staff or Course Educator shall cease the simulation immediately.

Information regarding the Cleveland Clinic Employee Assistance Program may be provided.

Psychological and Physical safety of Standardized Patients (SP) follow the guidelines set by the Association of Standardized Patient Educators (ASPE) Standards of Best Practices. This is reviewed with all SP during orientation.

### Domain 1: safe work environment

It is incumbent on simulation educators to ensure that all stakeholders—be they SPs, learners, faculty, patients, or program staff—have a safe psychological and physical learning environment (see INACSL Standard: Professional Integrity [8]). For the community of SP educators, there are three distinct principles related to creating a safe work environment: safe work practices, confidentiality, and respect.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.19

**REVISED:** 02/20

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Principle	Practice
1.1 Safe work practices	<p>1.1.1 Ensure safe working conditions in the design of the activity (e.g., number of rotations, number of breaks, physical, cognitive, and psychological challenges in the role portrayal).</p> <p>1.1.2 Anticipate and recognize potential occupational hazards, including threats to SP safety in the environment (e.g., allergenic substances, exposure to sharps, air quality, live defibrillators).</p> <p>1.1.3 Screen SPs to ensure that they are appropriate for the role (e.g., no conflict of interest, no compromising of their psychological or physical safety).</p> <p>1.1.4 Allow SPs to opt out of any given activity if they feel it is not appropriate for them to participate.</p> <p>1.1.5 Brief SPs so they are clear about the guidelines and parameters of a simulation activity.</p> <p>1.1.6 Provide SPs with strategies to mitigate potential adverse effects of role portrayal and prevent physical injury or fatigue.</p> <p>1.1.7 Inform SPs and clients about the criteria and processes for terminating a simulation if they deem it harmful.</p> <p>1.1.8 Structure time and create a process for de-rolling and/or debriefing.</p> <p>1.1.9 Monitor for and respond to SPs who have experienced adverse effects from participation in an activity.</p> <p>1.1.10 Provide a process for SPs and clients to report adverse effects from participation in an SP activity (e.g., documentation and action steps to resolve the situation).</p> <p>1.1.11 Support SPs who act in accordance with delineated program expectations if a complaint is made about them.</p> <p>1.1.12 Manage client expectations of an SP's possibilities and limitations.</p> <p>1.1.13 Work with clients to clearly define the expected scope of SP involvement in work assignments.</p>
1.2 Confidentiality	<p>1.2.1 Understand the specific principles of confidentiality that apply to all aspects of each simulation event.</p> <p>1.2.2 Ensure that SPs understand and maintain the principles of confidentiality related to specific simulation events.</p> <p>1.2.3 Protect the privacy of the personal information of all stakeholders, including that which may be revealed within a simulation activity.</p>
1.3 Respect	<p>1.3.1 Respect SPs' self-identified boundaries (e.g., modesty, limits to physical touch, impact on person).</p> <p>1.3.2 Provide SPs with adequate information so that they can make informed decisions about participation in work assignments.</p> <p>1.3.3 Ensure that SPs understand if and how they are being compensated before accepting work (e.g., may include payment for training and work time, travel expenses, food vouchers, gift cards).</p>

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.20

**REVISED:** 02/20

**REVIEWED:** 05/20

**SUBJECT:** Wet Tissue Usage

**FORMULATED:** 02/12

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## **PURPOSE**

To describe the guidelines for the use of Wet Tissue within the SASC.

## **POLICY**

Wet Tissue shall be defined as any tissue from an animal or human source. Blood and components shall be considered a wet tissue.

Food products made from an animal source shall be considered a Wet Tissue.

### **Animal Wet tissue**

Animal wet tissue may be used within the L1-300 lab, as well as Health Space Simulation classrooms and labs.

Any tissue to be used within these spaces must have documentation as to where it was acquired.

Wet Tissue (Blood) may not be used in any area where there is carpeting.

Animal wet tissue may be used on tables provided there is an appropriate absorbent covering on the table. (i.e. Chux).

Wet tissue waste is not to be placed in kitchen area trash receptacles.

Animal wet tissue must be disposed of in a red bio-hazard bag (not regular trash receptacles) and removed from the Health Space Basement at the end of a training session, and disposed of in appropriate biohazard containers within the clinic.

Animal wet tissue waste used in L1-300 must be disposed in the biohazard waste boxes or waste cans and disposed of that night. If there is a reason this cannot be done waste must be placed in the freezers for disposal the next day. Tissue should not be left in L1-300 in waste cans or boxes over the weekend.

Areas, where animal wet tissues were used, must be cleaned with an appropriate cleaning agents.

**CATEGORY:** OPERATIONS

**SUBJECT:** Wet Tissue Usage

**REFERENCE:** 2.20  
**REVISED:** 02/20  
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### **Human Wet Tissue**

Wet tissue may be utilized within the L1-300 lab understanding that the human source of this tissue be acquired from either Body Donation cadavers, approved body vendors, or approved tissue banks. Human wet tissue may not be used in any area within the health space basement simulation classrooms or labs.

Vendors may supply human tissue specimens related to their lab session if necessary, but must document where the tissue was acquired.

Human tissue specimens must be disposed of within the guidelines of the Cleveland Clinic pathological waste regulations. (Within red biohazard bags and placed within the biohazard boxes or biohazard waste cans). All human waste tissue must be disposed of nightly. If there is a reason this cannot be done waste must be placed in the freezers for disposal the next day. Tissue should not be left in L1-300 in waste cans or boxes over the weekend.

Areas where human wet tissues were used must be cleaned with an appropriate cleaning agents.

### **Plant Tissue**

While plant tissue is not listed, by our definition, as what we consider a wet tissue, we request good judgement be used in cleaning the area and disposing of the waste material in a food waste can.

Example: Grapefruits being used for teaching injection.

### **Food Products**

Food products/beverages may not be consumed within the L1-300 Wet Lab, in accordance with the Cleveland Clinic Chemical Hygiene Plan Section 4:E, 17 and 18. Food products may be used within the lab space for educational purposes only. Participants are informed the food used within this lab space is to be used only for educational purposes and is not to be consumed or considered safe for human consumption. Once food products have been brought into the lab, they must be used or disposed of, they may not leave the lab space for any reason.

**CATEGORY:** OPERATIONS

**REFERENCE:** 2.21

**REVISED:** 06/20

**REVIEWED:** 06/20

**SUBJECT:** Data Recording and Retention

**FORMULATED:** 06/20

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- The SASC relies heavily on the collection and retention of various forms of data. That data may be collected in the following ways:
  1. Attendance Form
  2. Evaluation Form
  3. Recording Release Form
  4. Instructor Created Evaluations
  5. Curriculum Form
  6. Project Request Form
  7. Tour Request Form
  8. CAST Application Form
  9. Video/Audio Recordings
- Data storage and security is vital to maintaining the confidentiality of learners and instructors. Depending on the sensitivity of the information collected, and the analytical needs, data may be stored in a variety of ways:
  1. SQL Databases
  2. Bizform Databases
  3. LearningSpace Database
- All data with limited access is password protected. Access to the various databases is determined by the sensitivity of the data collected and individuals' access needs:
  1. Data that is accessible to the general public is limited to anonymized data, including:
    - Total number of learners annually
    - Total number of learners by institute annually
    - Total number of learners by institute annually
    - Total number of learners by work location annually
    - Total number of learners by discipline annually
    - Evaluation responses over the previous 12 months
  2. Data that is accessible to all administrators extends to limited personally identifiable information (PII) and instructor evaluation data:
    - Instructor Report Cards
    - Course Roster Reports
- Data that is accessible to SASC staff with access to the SASC website's content management system (CMS):
  - Project Request Data
  - Tour Request Data

**CATEGORY:** OPERATIONS

**SUBJECT:** Record and Data Retention

**REFERENCE:** 2.21

**REVISED:** 06/20

**REVIEWED:** 06/20

**FORMULATED:** 06/20

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- CAST Application Data
- 3. Data that is accessible to every Cleveland Clinic caregiver with a valid email address:
  - Global Curricula
- 4. The American Heart Association (AHA) maintains electronic rosters on a cloud based platform with password protected security only assessable to AHA staff. This is to be in compliance with the AHA's Training Center Policies and Procedures.
- 5. Access to video/audio recordings are limited to SASC team members who demonstrate a need for access. Instructors may obtain recordings of their own simulation per policy 2.16, but may not be granted access to the video/audio database.
- All SASC collected data will be maintained in perpetuity, with the exception of audio/video recordings whose retention policy is expounded upon in greater detail in policy 2.16.
- All data will be backed up by database replication, which allows for the recovery of lost data.

**CATEGORY:** Equipment

**SUBJECT:** Acquisition

**REFERENCE:** 3.1

**REVISED:** 02/20

**REVIEWED:** 05/20

**FORMULATED:** 02/12

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Acquisition of equipment used by SASC may be obtained through:

- Purchase
- Donations
- Grants

#### Purchases

Purchases will be made after review and approval by SASC Administration.

- Capital equipment must be budgeted in advance.
- A detailed report of the need and purpose of the equipment must be submitted prior to purchase. This includes the following:
  - Equipment description (including pictures and dimensions)
  - Cost/Quote from the vendor
  - Vendor contact information
  - Needs assessment
  - Curriculum design for the equipment
  - Utilization prediction
  - Where it will be located and/or stored
  - Who will be able to use it

#### Donations

All external donations will be forwarded to the Philanthropy Institute to process the donation appropriately. The Philanthropy Institute will provide all donors with an approved letter of thanks and appreciation detailing the donation items and/or amount.

#### Grants

SASC may apply for grants. In the event that a grant is offered, SASC Administration shall determine the financial process to best meet the grant's purpose for offering.



**CATEGORY:** Equipment

**REFERENCE:** 3.2

**REVISED:** 11/14

**REVIEWED:** 05/20

**SUBJECT:** Breakage and Repair

**FORMULATED:** 02/12

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Minor and simple repairs will be completed by the SOS team, when possible. Larger repairs and warranted equipment shall be repair by appropriate personnel (i.e. the affiliated vendor, Clinical Engineering, etc.).

When damaged equipment is needed for SASC courses, all efforts will be made to provide an acceptable substitute. When substitute is not available, the Course Director will be notified and given priority rescheduling once equipment is repaired/available.

Any equipment found to be broken/damaged during the course of a simulation event shall be reported to SASC staff immediately.

SASC Department Manager shall be notified if the breakage falls under damage or misuse by a learner group; the SASC Department Manager shall follow Policy 3.3.

**CATEGORY:** Equipment

**REFERENCE:** 3.3

**REVISED:** 11/14

**REVIEWED:** 05/20

**SUBJECT:** Misuse of Simulation  
Equipment

**FORMULATED:** 02/12

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All participants shall utilize SASC patient care equipment the way they would use the patient care equipment with a live patient. SASC reserves the right to pause, stop, or dismiss any group when behavior or activity is determined to be harmful to SASC equipment.

Institute's Educator will be billed in entirety for any necessary repair or replacement costs incurred due to Educator actions that result in avoidable damage to or misuse of simulation center equipment or supplies.

**CATEGORY:** Equipment

**REFERENCE:** 3.4

**REVISED:** 11/14

**REVIEWED:** 05/20

**SUBJECT:** In-Situ Simulations

**FORMULATED:** 02/12

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1. In-situ simulations are simulation sessions that take place outside the Simulation Center setting.
2. In-situ sessions may occur in the patient care setting or other hospital or clinical setting.
3. SASC Educators requesting in-situ simulation request training in the same manner as other simulations and shall meet with the appropriate SASC staff according to scheduling guidelines.
4. The primary SASC Educator requesting in-situ simulation is responsible for reserving the physical location, managing the location, assisting with set-up, and notification of included and affected persons to accommodate the simulation session.
5. In-situ equipment must be stored in a secure location if needed.
6. A fee will be charged for non-Cleveland Clinic requests.
7. Damages that occur during transportation by the SASC are the responsibility of SASC.
8. Damages that occur during simulation shall follow Policy 3.3.
9. In-situ simulations will minimize the use of any equipment or materials that could potentially be mistaken for the use of patient care.
10. Cleveland Clinic pharmacy has cleared the SASC team to be able to take simulated medication into the care environment. SASC staff involved will complete the Simulation Safety Checklist to inventory items taken to the event and to verify everything is returned. Any discrepancies will be reviewed before leaving (i.e. dropped vial, mistakenly disposed of properly). All medication taken into the patient care area will be marked with label "Not for Human Use. Education Only."

**CATEGORY:** Equipment

**SUBJECT:** Loan Out

**REFERENCE:** 3.5  
**REVISED:** 02/20  
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Simulation equipment requires orientation, familiarity, and experience for proper use and maintenance.

1. SASC Simulation Equipment that is under the management of SASC shall be loaned out at the discretion of SASC Administration. Advanced technological equipment may require the support of an SOS.
2. SASC Administration shall determine any fees, including personnel, required for non-Cleveland Clinic use.
3. Simulators/task trainers needed for offsite events must be transported via the SASC approved vehicle/driver.

#### PROCEDURE

1. A completed "Equipment Request/Tracking Form" shall be submitted to SASC designee via the Center's website or email.
2. Requests shall be approved/denied based on availability as per SASC events.
3. Approved requests shall be recorded on the appropriate calendar and request forms sent back to the requestor.

#### SEPARATION

1. Simulation Operation Specialist will mark all equipment and materials that may be mistaken for patient care with a label proclaiming "Not for Patient Use".
2. Equipment and materials designated for simulation use will not be stored with any equipment or materials that are intended for patient care.

**CATEGORY:** Equipment

**SUBJECT:** Maintenance/Cleaning

**REFERENCE:** 3.6  
**REVISED:** 04/20  
**REVIEWED:** 05/20  
**FORMULATED:** 02/12  
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1. Simulator/Manikin maintenance time will be scheduled as needed.
2. Routine simulator/manikin maintenance will be scheduled so as to not interfere with Cleveland Clinic learning needs and is to have least impact on learning as possible.
3. Simulator/Manikin maintenance will be systematic and adhere to manufacturer recommendations and guidelines for care and maintenance of equipment.
4. Every effort to avoid unscheduled maintenance will be made. In the event that unscheduled maintenance is required or that the functionality of a simulator or manikin is diminished, scheduled facilitators will be immediately notified by the SASC Administrative Program Coordinator and offered opportunity to reschedule simulation sessions.
5. A thorough assessment of all SASC equipment shall be performed by SASC team on a quarterly basis and upon the return of borrowed equipment.
6. Equipment will be cleaned following manufacturer and any governing bodies (CDC, etc.) recommendations.
7. Lab Instruments used in surgical spaces will be cleaned following manufacturer recommendation. Guidance is available on SASC shared drive for reference.
8. Lab spaces will be cleaned weekly and as needed immediately after an event.
9. Anesthesia machines used for animal specimens in L1-300 are checked 2 days prior to use to ensure in proper working order following guidance available on SASC shared drive for reference. Machines are calibrated yearly per IACUC standards and are not to be used on human cadaveric specimens. After use, machines are checked, cleaned, and properly stored for next use.
10. C-Arm (L1-300) is a fully functional X-ray machine to be handled by Caregivers who passed the CC Radiation Safety Course and wearing appropriate PPE. The C-Arm in has preventative maintenance done twice a year. Lead vest are examined yearly for good condition. C-Arm is cleaned after each use and stored appropriately for next use.

**CATEGORY:** Equipment

**REFERENCE:** 3.7

**REVISED:** 02/12

**REVIEWED:** 05/20

**SUBJECT:** Software

**FORMULATED:** 02/12

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Computer software is tangible material and is typically copyrighted. Computer software utilized by SASC may be under a purchased software license. In the event that SASC software is licensed, the copyright owner grants SASC to use the software under certain conditions.

Appropriate uses of software licenses include:

- Permissible uses of software licenses
- Installation per paid software license agreement

SASC shall not:

- Engage in prohibited uses of software licenses
- Make copies, lend, or sell non-freeware software
- Install software licenses on home computers

**CATEGORY:** Equipment

**REFERENCE:** 3.8

**REVISED:** 11/14

**REVIEWED:** 05/20

**SUBJECT:** New Equipment, Request and Purchasing

**FORMULATED:** 02/12

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Upon the request from SASC Administration, users shall complete a list of requested items.

Because acquisition of new equipment may lead to additional staff time, training, and maintenance, it is imperative that new equipment undergo a formal process of request, due research, and approval.

### Procedures

1. An equipment request form shall be filled by the requestor.
2. SASC shall recognize Medical Simulation Trends prior to product browsing:
  - a. Current Vendor processes
  - b. Risks for current processes
  - c. Change, need for education in purchasing practices
3. SASC shall establish needs and requirements of the center and its services.
4. SASC shall research vendors via
  - a. Websites
  - b. References
  - c. Demos
5. Requestor shall have initial conversations with the chosen vendor which will include:
  - a. Formal Quote
    - i. Product description
    - ii. Warranty information
6. Equipment researched and recommended by SASC staff will be reviewed by the SASC staff at weekly staff meetings.
7. Equipment recommendations will be reviewed by the SASC Advisory Board.
8. Following SASC staff approval, SASC Administration and other appropriate Cleveland Clinic employees shall enter into negotiations with the vendor.

**CATEGORY:** Equipment

**REFERENCE:** 3.8

**REVISED:** 11/14

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**SUBJECT:** New Equipment, Request and Purchasing

**FORMULATED:** 02/12

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9. Prior to purchase, the following shall be established:

- a. Evaluation period
- b. Measuring Performance & Quality
- c. Internal Relations
- d. Supplier Relations

#### Purchase of “Boutique” Simulators

- SASC will agree to purchase simulation equipment to be housed in our controlled and secure locations such as E3-54, E3-226B, J4-254, L1-300 or HSb and any additional spaces added to SASC. This equipment is designed to be used by many different types of learners, such as postgraduate physician specialties, nursing, allied health, and the medical school.
- Simulators specified as “boutique” simulators, which are specific to limited groups of learners, such as to one specialty, must be purchased out of that specialty’s capital. SASC is willing to provide educational support in the form of curricula development. However, SASC will not be responsible for purchasing, set-up, maintenance, security or troubleshooting of such equipment.



**CATEGORY:** Equipment

**SUBJECT:** Equipment process for off hours

**REFERENCE:** 3.9  
**REVISED:** 4/19  
**REVIEWED:** 05/20  
**FORMULATED:** 4/19  
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## **PURPOSE**

To describe the equipment process and requirements when simulation events are held outside of standard hours of operation. To ensure the safety of any person(s) during these times while transporting equipment to and from the simulation session.

## **POLICY**

In the event that a simulation session is scheduled between the hours of 9pm-6am, equipment for the event will be delivered at least a day prior to the event or during standard hours of operation the day of.

Arrangements will be made between the simulation event facilitator and simulation operations specialist for any manikins and/or task trainers to be locked and secured in an agreed upon storage area where the simulation event will take place.

Once the simulation session is complete, any manikins or task trainers will then be returned to the secure storage space and locked until arrangements are made for pick-up of equipment during normal business hours.

**CATEGORY:** COVID-19 Addendum

**SUBJECT:** Guidelines for Re-entry

**REFERENCE:** A-1  
**REVISED:** 05/20  
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### Screening

1. Temperature checks are required for everyone (vendors, students, instructors, and simulation staff) immediately upon entering the basement of the healthspace building.
2. For SOS and normal Simulation and Nursing Education staff, temperature checks are to be self-performed and reported to manager.
3. Temperature checks for students, vendors, and other visitors are to be performed by the instructors or staff working with that class/visitors
4. SASC guidelines:
  - a. Instructors and students are asked to follow the current SASC guidelines when attending classes
  - b. SASC guidelines will be reviewed by Instructors and learners before each course
  - c. Current SASC guidelines:
    - All participants and facilitators will have temperature following CC and CDC recommendations (currently 100.4F) checked on arrival by SASC Caregivers.
    - All facilitators and participants who are not feeling well to please refrain from attending the course. If not feeling well, please reschedule.
    - All facilitators and participants who are present will wash hands and use the hand sanitizers stationed throughout the center/lab.
    - Each room has been designated with the number of people per empty room on the 6-foot distance rule or 50% of normal seating capacity. Lab floors and registration areas are marked. Please assist in following these recommendations and be mindful in planning if large equipment or tables will be utilized.
    - The use of a **mask is required at all times following CC guidelines**. Gloves are available as needed and on supply carts.
      - Please wear any cloth mask from home or CC issued. If you do not have one, please ask your facilitator.
    - Additional PPE will be provided if the activity requires it (gowns, face shields, etc.).
    - After using an item, participants/facilitators will wipe down the item with wipes provided by SASC. SASC staff will clean the labs & skills stations after events. Bed linens will be changed when soiled and weekly by the lab staff. Classrooms will be cleaned by the instructor using the rooms.
    - To limit the use of iPads for sign-in and evaluation
      - Use your phone to scan the QR code to sign in selecting your correct course.

**CATEGORY:** COVID-19 Addendum

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- At the end of the course, please do the same, scanning the evaluation QR code.
- iPads are available upon request (i.e., if you do not have a phone or do not wish to use).

#### Sign Ins and Evaluations

1. Will be done by students on their smart phones, using QR codes posted in all class and simulation rooms.
2. For students unable to use their smart phones, iPads are available. Students will be instructed to perform hand sanitation before and after use, and sanitation wipes will be available to clean iPads as well.

#### Simulation and classes

1. Students will be instructed to foam in and out of each room.
2. Students will wear masks during all classes and activities in Nursing Education and the Simulation Center.
3. Class room maximum capacities will be posted in all rooms and labs.
4. Students will be asked to maintain 6 foot social distancing recommendations. Floor markings will be available in all labs and registration areas.

#### Cleaning

1. SOS or SASC employee: will clean all lab spaces, debrief rooms, and 104/105 if used for a simulation skills activity. This will include furniture, computers, door knobs, and (if used the previous day): manikins, defibrillators, and crash carts. Bed linens will be changed when soiled and weekly by the lab staff.
2. Instructors will be responsible for cleaning class rooms before and after their classes. Instructors will clean training equipment between rotations and encourage hand sanitation before and after usage of all equipment.

#### Sanitation Supplies

1. Will be ordered by SOS or designated SASC employee
2. Will be stored in the locked cabinet in Simulation Center (designated area of the SASC department)
3. Will be available for instructors to access from carts in the Multi-sim, the two carts in Nursing-sim, or in the Resuscitation sim rooms. The Multi-sim cart will be kept in the main hallway by the lockers. Nursing carts will be located outside of 121 and 122.
4. PPE supplies will be stocked each morning with hand sanitizer, sani wipes (or similar), gloves, and tie masks.

**CATEGORY:** COVID-19 Addendum

**REFERENCE:** A-1

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**SUBJECT:** Guidelines for Re-entry

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5. Nursing carts will be placed back inside 121 and 122 at the end of the day (depending on length of classes that day)
6. Masks, face shields, gowns, goggles, nasal swabs, and other PPE and sanitization supplies will be ordered by the SOS when necessary.

**Personal Items:**

- Encourage participants (Facilitators/Learners/SPs) to bring essential items only.
- Limited lockers are available for personal items in the Multi-Sim area of SASC.
- Lockers are labeled for the user to wipe as needed during use.