Policy Title	Safety in Simulation
Policy Number:	ADM 8.04
Department:	SCHS
Functional Area:	Clinical Simulation & Learning
Contributing Department	
Approved by:	RHEI Leadership Team
Effective Date:	8/1/2024
Version:	1
Status:	Approved
Manual	To be entered by Compliance360 System administrators or N/A if not in C360
Section	ADM 8

I. Mission, Vision and Values

This policy reflects our commitment to human dignity, integrity, compassion, stewardship, and service by guiding decisions and actions that uphold respect for all individuals and promote excellence in our work.

This policy aligns with our mission of extending the compassionate ministry of Jesus by improving the health and well-being of our communities and providing good help to those in need, especially the poor, dying, and underserved by ensuring that our practices support ethical, effective, and accountable service across all areas of the organization.

II. Policy

Safety in Simulation

III. Purpose

The simulation manikin is a complex, sophisticated, state-of-the-art physiological model of a human patient. In order to preserve the function and quality of this equipment and to enable future parties to benefit from this technology both simulation faculty and students must utilize safe practices.

The following procedural statements outline how this can be achieved.

IV. Scope

All persons utilizing clinical simulation

V. Policy Details

Clinical simulation facilitators will participate in an orientation process prior to facilitating a simulation and will demonstrate understanding of the need to provide participant and manikin safety. Further, the

environment is maintained with appropriately labeled equipment which is used only for simulation. Durable medical equipment will be maintained by the CSLC in accordance with policy 8.05.

For in situ simulations Clinical Simulation & Learning Center staff shall be responsible for all equipment and supplies used for the simulation. In addition to operational standards outlined in Policies ADM 8.01, ADM 8.02, and ADM 8.03, the following broad standards will be used by all Faculty, Educators, Staff, and Participants to ensure safety:

- Use only sterile water in place of medications in the simulation environment
- Label all simulated medications “For Simulation Use Only”
- Maintain a safe physical and psychological environment in simulation rooms, following standard hospital procedures

For additional specific information refer to referenced policies, or the CSLC Standard Operating Procedures.

VI. Definitions

Clinical Simulation

A learning environment that simulates actual practice utilizing manikins, actors, or task trainers in a standard, scripted scenario

InSitu Simulations

Clinical simulations that are held in the normal work environment of the participants.

VII. Attachments

N/A

VIII. Related Policies and Procedures

ADM 8.01 Clinical Simulation Center Use and Guidelines
ADM 8.02 Clinical Simulation & Learning Center Equipment Use & Storage
ADM 8.03 Confidentiality in CSCL
ADM 8.05 Equipment Maintenance CSCL

IX. Regulatory Notices

Nothing in this policy creates a contractual relationship between Southside College of Health Sciences (SCHS), a department owned and controlled by the Bon Secours Mercy Health Petersburg, LLC (d/b/a Southside Medical Center), and any party. SCHS, in its sole discretion, reserves the right to amend, terminate or discontinue this policy at any time, with or without advance notice.

X. Version Control

Version	Effective Date	Next Review Date	Description	Supersedes, if applicable	Prepared By
1.0	11/11/2019	N/A	Revisions	N/A	Dean, CSLC
1.0	2/24/2021	N/A	Approved AC	1.0	Dean, CSLC
1.1	9/7/2022	N/A	Revised for RHEI	1.0	Dean, CSLC
1.1	3/23/2024	3/23/2027	Reviewed – No Changes	1.1	Dean, CSLC
1	3/23/2024	3/23/2027	Version Changed- BSMH Template Adopted	1.1	Dean, CSLC

This policy/procedure/guideline is not intended to establish a standard of clinical or non-clinical care or practice. Rather, this policy/procedure/guideline creates a general tool to help guide decision-making with the understanding that different action(s) may be necessary in response to the totality of the circumstances presented.

Sites revised 05/06/2025- Bon Secours Mercy Health adopts the above policy, procedure, policy & procedure, guideline, manual / reference guide / instructions, or principle / standard / guidance document for all Bon Secours Mercy Health entities including, but not limited to, facilities doing business as Mercy Health – St. Vincent Medical Center, St. Vincent – St. Charles Hospital, St. Vincent – St. Anne Hospital, Mercy Health – Perrysburg Medical Center, Mercy Health – Tiffin Hospital, Mercy Health – Willard Hospital, Mercy Health – Defiance Hospital, Mercy Health Allen Hospital LLC, Mercy Health - Lorain Hospital, Mercy Health St. Elizabeth Youngstown Hospital, Mercy Health St. Joseph Warren Hospital, Mercy Health - St. Elizabeth Boardman Hospital, Mercy Health - St. Rita's Medical Center, Mercy Health – Springfield Regional Medical Center, Mercy Health - Urbana Hospital, Mercy Health - Anderson Hospital, Mercy Health - Clermont Hospital, Mercy Health – Fairfield Hospital, Mercy Health - West Hospital, The Jewish Hospital – Mercy Health, Mercy Health – Kings Mills Hospital, LLC, Mercy Health - Lourdes Hospital LLC, Mercy Health – Marcum and Wallace Hospital, Chesapeake Hospital Corporation DBA Rappahannock General, Maryview Hospital, Bon Secours Richmond Community, Bon Secours Memorial Regional Medical Center, Bon Secours – St. Mary's Hospital, Bon Secours St. Francis Health System, Bon Secours St. Francis Medical Center, Bon Secours Mary Immaculate Hospital, Bon Secours - Southside Medical Center, Bon Secours Mercy Health Franklin, LLC, Southern Virginia Medical Center, and Bon Secours Harbour View Medical Center. This also may apply to Bon Secours Mercy Health Medical Group LLC and its medical group affiliates.