

**York University – School of Nursing  
Undergraduate and Graduate Programs**

**Policy**

<b>Title: Safety in the Nursing Simulation Centre</b>	
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<b>Effective Date:</b> September 2021; July 2018	<b>Evaluation Period:</b> Every 2 years
<p><b>Introduction and Rationale:</b> The Nursing Simulation Centre (NSC) is safe for those who enter and use the space for learning and other activities. A safe space includes considerations that are both physical and psychological. The physical and psychological elements, reflect the School of Nursing’s (SoNs) principles of student centred teaching and learning; the ideals involved in educating future health care leaders whose focus is patient-centred care; and safe, evidence-based practice. A safe space is required to establish and maintain a positive environment.</p> <p>This policy applies to York University School of Nursing (SoN) undergraduate and graduate students, Clinical Course Directors (CCD), Course Directors (CD), the Manager Nursing Simulation Centre (MNSC), the Director Nursing Simulation Centre (DNSC), Nursing Simulation Centre Staff, and all others attending, working, or visiting the NSC.</p>	
<p><b>Definitions</b></p> <p><b>Debriefing:</b> A formal, reflective stage in the simulation learning process. A process whereby educators and learners reexamine the simulation experience and foster the development of clinical judgment and critical thinking skills designed to guide learners through a reflexive process about their learning (Palaganas et al, 2015). Debriefing with Good Judgment (Rudolph et al., 2006)) involves explicit sharing of the activity, debriefing goals and norms.</p> <p><b>Face Sensitivities:</b> Perceptions of how one is honoured or valued (Eng et al, 2018).</p> <p><b>Physical Safety:</b> NSC spaces must be clear of hazards; equipment available must be in good working order; orientation to space and equipment is required prior to use.</p> <p><b>Prebriefing:</b> An information or orientation session held prior to the start of the experience. Instructions or preparatory information is shared with the participants (Palaganas et al., 2015).</p> <p><b>Psychologically Safe Environment:</b> Learners feel they are viewed positively even if they</p>	

make mistakes (Loo et al, 2018). As such, learners are able to behave or perform without fear of negative consequences to self-image, social standing, or career trajectory. This includes being able to speak without feeling that their words will lead to personal harm or rejection (Scheppers, de Jong, Wetzels, & de Ruyter, 2007 in Ganely & Linnard-Palmer, 2010).

**Sociality Rights:** Expectations of fairness and clarity (Eng et al., 2018).

**Spencer-Oatley Rapport Model:** A theory of subjective perception of harmony. Has three distinct but interconnected fundamental bases: face sensitivities, sociality rights and obligations and interactional goals.

**Suspended Disbelief:** The degree of engagement that healthcare trainees are willing to give the simulated event; also known as the “fiction contract”. Participants put aside their disbelief and accept the simulated exercise as being real for the duration of the scenario (SSIH, 2017).

## **Guiding Principles**

### **Physical Safety**

Considerations of space, infection prevention and control, sign-in, equipment and footwear contribute to physical safety.

#### **Space**

- All users must ensure that the learning space is clear of trip hazards
- All users ensure the exits are clear and that there is a clear path to walk around the learning space

#### **Infection Prevention and Control**

- All users must take action to mitigate potential illness or injury from infectious agents

#### **Sign-in or Reporting**

- All those who use the space are captured using a sign in system relevant to their purpose in the space. This may include capture of names for attendance or numbers. The method of data capture is determined by CD/DNSC/MNSC. This supports maintenance of academic integrity for scheduled courses,
- All visitors must report to NSC staff when entering the space. Visitors must be escorted through the space by NSC staff, DNSC, or SoN faculty.

#### **Equipment**

- All equipment is in good working order. Potential high- risk resources such as sharps, medications, and medical air must be handled appropriately. To support a safe space, students must provide their own appropriate footwear as part of their personal equipment.

#### **Sharps**

- All students must be directly supervised when using sharps/syringes/sutures/scalpels is a high injury risk activity these items. Needles are not to be taken home. Students will leave unused needles or syringes in the NSC.

#### **Glass**

- Glass vials and ampules are to be discarded in the sharps container. If a glass vial or ampule is broken contact NSC staff to ensure it is safely contained and cleared.

**Medications**

- Placebo medications are used. Strategies must be in place to ensure they are not ingested, injected, inhaled, nor leave the NSC

**Medical Air**

- The MNSC, NSC staff, NSC CCD, or DNSC must be trained to use this equipment and follow established procedures
- A minimum of an annual review of the operating procedures must be conducted by the MNSC

**Footwear**

- Minimized injury risk from prolonged standing and contact with movable equipment can be prevented through the use of appropriate footwear. See Professional Dress and Appearance policy for description of footwear.

**Psychological Safety**

A supportive environment, focused on learning is established and maintained for each activity. Each activity begins with a prebrief and ends with a debrief. Other considerations that must occur before, during, and after activities are: face sensitivity, sociality rights and obligations and interactional goals (Eng et al., 2018)

**Actions****Physical Safety****Space**

- MNSC or NSC staff direct students or other users to designated spaces assigned for placement of personal items.
- Students and other users must ensure that their personal baggage, coats, boots etc. are left in the designated storage spaces.
- NSC staff inform students, in each session, that the entry/exit doors are to be left closed so that anyone passing the door is prevented from entering the space and removing personal items.
- During sessions, NSC staff frequently observe /exit doors to ensure they are closed sufficiently to avoid access to student belongings by others.
- Prebriefing at the beginning of the semester covers space safety expectations with reminders throughout semester as needed
- A scent free environment is preserved in accordance with York's Scented Product Guideline. Signage is posted in the NSC. At the beginning of the semester students are informed of scent free expectations. Those who do not comply with expectations will be referred to CD/MNSC/DNSC. MNSC and NSC staff order and use cleaning products that are scent free.
- Visitors who enter the space without notice or appointment must be reported to the MNSC or DNSC.

### **Infection Prevention and Control**

- MNSC and NSC staff ensure there is adequate supplies of hand sanitizer, soap, working sinks, paper towel, alcohol swabs, and garbage receptacles relevant to number of users and planned activities
- Hand hygiene must be performed by all students, visitors, CD's and CCD's when engaged in activities
- Students and visitors are to clean stethoscopes prior to use with all patients (real humans or simulated)
- Students are to clean the tables, bed rails, and equipment at the conclusion of each session. NSC staff to clean items used by visitors
- CD/CCD/Students who are ill or may be infectious should report this to CD/CCD/MNSC/NSC staff
- If the NSC is at risk of an outbreak the Manager, Operations, DNSC, MNSC must be notified. Actions relevant to the risk must be planned. Plans discussed with the SoN Director and relevant CD's

### **Sign In or Reporting**

- Students must sign in either electronically and/or on paper for each session. The method of sign in is determined by CD and communicated to NSC staff
- MNSC sends the CD the course attendance list
- Monthly, MNSC sends DNSC attendance numbers for all activities
- CCDs who are absent inform the CD and Manager NPCO
- Students who forget to sign in should contact the MNSC and CD by email to identify attendance
- Visitors numbers must be counted and reported to the MNSC for recording

### **Equipment**

- NSC staff must check equipment prior to session, ensuring it is in working order. Equipment not in working order must be removed from use and labelled 'do not use'
- MNSC or NSC staff inform students, CCD's, CD's of method of reporting equipment that does not work during each pre-brief
- MNSC ensures there is a clear process for reporting and tracking non-working equipment
- Prior to use, those working with equipment must be oriented, or reoriented by MNSC/NSC staff/CCD/CD

### **Sharps/Syringes/Sutures/Scalpels/Glass Vials and Ampules**

- CCD's orient learners to safe use and disposal of sharp objects & glass vials and ampules
- Students must be directly supervised by CD/CCD/NSC CCD/DNSC or designate
- MNSC or NSC staff identify location of sharps containers to users, including a demonstration of the fill line and what to do if discarded items are at the fill line
- NSC staff frequently check sharps containers during sessions to ensure they do not go above the fill line
- MNSC/NSC staff responsible for container removal, storage and safe disposal

### **Medications**

- NSC staff label all medications ‘not for human use’
- CD/CCD/MNSC/NSC staff/DNSC or designate inform students not to ingest, inject, or administer medications to humans
- NSC staff provide parameters for administration with mannequins
- MNSC ensures all medications are placebos

### **Medical Air**

- CD/CCD/NSC CCD supervise use
- MNSC to maintain clear signage regarding the use of medical air. Oxygen is not used within the NSC.
- MNSC, NSC staff, NSC CCD receive initial training re: use of medical air canisters and retraining as needed or as protocols change

### **Footwear**

- NSC staff, at the beginning of the semester and each subsequent class, conduct a prebrief discussing footwear expectations

### **Psychological Safety**

Many elements contribute to psychological safety; including a prebrief and debrief and the considerations of face sensitivities, sociality rights and obligations and interactional goals.

#### **Prebrief.**

This includes but is not limited to:

- Clarification of class identification to ensure students are in the correct NSC space. MNSC and NSC staff ensure there is clear signage at the NSC entrance and the MNSC/CCD/NSC CCD/DNSC include course identification in prebrief
- Introduction and role clarification of those working with students
- Identification of guests in the room and reason for their presence
- Organization of NSC session, i.e. rotation, no rotation
- Time allotted to session(s)
- Equipment safety practices
- Identification of use of recording equipment and purpose when used
- Closed circuit television cameras in use are monitored by security

#### **Debrief**

- What was accomplished in the session
- Learnings from the sessions
- Clarify confusions or misunderstandings (CCD to notify CD if there is a lack of continuity between class and NSC session).
- CD/CCD debrief simulations or non-scheduled sessions.
- CD/CCD follow a debriefing method that promotes good judgment

#### **Face Sensitivities**

- All who engage in the NSC must do so respecting themselves and others, honouring strengths, needs, and uniqueness, sharing information in a non-threatening, non-judgmental manner
- CD/CCD/NSC CCD/DNSC conduct prebriefing, activity or simulation, and debriefing in a positive manner that demonstrates interest in learner’s needs.

### **Sociality Rights and Obligations**

- Clear identification of roles and expectations of those involved in activity or simulation
- Clear identification of NSC norms and protocols during prebrief
- Clear identification of purpose of session, i.e., formative, summative, or other
- Fair access to resources and allotment of time for session
- Discussion of suspended disbelief when relevant

### **Interactional Goals**

- CD/CCD/NSC CCD/DNSC are specific with feedback.
- CD/CCD/NSC CCD/DNSC explain feedback method in advance. Feedback is objective, inquisitive, student centred
- CD/CCD/NSC CCD/DNSC explicit with purpose of activity/simulation, prebrief and debrief

### **Absence of or Lapse in Safe Practices**

#### **Space**

- Must be communicated immediately to MNSC, NSC staff, CCD, DNSC, or designate.
- MNSC, NSC staff, CCD, DNSC, or designate rectify unsafe space or attendees are immediately removed enacting appropriate York University (2018) Emergency protocols

#### **Equipment**

- Broken or unsafe. Do not use and immediately reported to MNSC, NSC staff, CCD, DNSC, or designate.
- MNSC, NSC staff, CCD, DNSC, or designate remove unsafe equipment until it is repaired or replaced

#### **Footwear**

- Students who do not follow expectations, NSC staff notify CD. CD to follow up with students. Footwear must comply with the SoN Professional Appearance Dress Code Policy

#### **Psychologically Unsafe**

- Report immediately to CD/DNSC/UPD/Coordinator/CCD/NSC CCD or designate.
- CD/DNSC/UPD/Coordinator/CCD/NSC CCD or designate support student, and refer to appropriate resources
- CD and DNSC and MNSC discuss plan to prevent further occurrences

#### **Injuries or Incident Reporting**

- Students must report to the CCD and NSC staff
- CCD must report to Manager NPCO
- Visitors must report to organizer of event
- Person injured must be evaluated for further medical follow-up by most responsible faculty available or MNSC.
- MNSC ensures an incident report is completed immediately and that CD is notified by email. Incident report sent to NPCO manager and DNSC.

## References

- Ganely, B. J. & Linnard-Palmer, L. (2010). Academic safety during nursing simulation: Perceptions of nursing students and faculty. *Clinical Simulation in Nursing*, 8(2), e49-e57.
- Health Canada. (2020). Workplace Hazardous Materials Information System. Retrieved from: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html>
- Loo, M. E., Krishnasamy, C., & Lim, W. S. (2018). Considering face, rights, and goals. *Simulation in Healthcare: The Journal of the Society for Medical Simulation*, 13(1), 52-61.
- Palaganas, J. C., Maxworthy, J. C., Epps, C. A., Mancini, M. E. (2015). *Defining excellence in simulation programs*. Wolters Kluwer: Philadelphia, PA.
- Public Health Ontario. (2021). Hand hygiene. Retrieved from: <https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene>
- Rudolph, J. W., Simon, R., Dufresne, R. L., & Raemer, D. B. (2006). There's no such thing as 'nonjudgmental' debriefing: A theory and method for debriefing with good judgment. *Simulation in Healthcare: The Journal of the Society for Medical Simulation*, 1(1), 49-55.
- School of Nursing. (2018). Professional Dress Policy. Retrieved from: <http://nursing.info.yorku.ca/professional-appearance-and-dress-code-policy/>
- Society for Simulation in Healthcare. (2016). Healthcare simulation dictionary. Retrieved from: [www.ssih.org/dictionary](http://www.ssih.org/dictionary)
- Spencer-Oatey, H. (2000). Managing rapport in talk: using rapport sensitive incidents to explore the motivational concerns underlying the management of relations. *Journal of Pragmatism*, 34(5), p. 529-545.
- York University. (2015) Scented Product Guideline.
- York University. (2015) Student Professional Behaviour Policy (BScN). Retrieved from: <http://secretariat-policies.info.yorku.ca/policies/student-professional-behaviour-policy-bscn/>
- York University. (2021). Community safety department. The office of emergency preparedness. Retrieved from: <http://epp.info.yorku.ca>