



# Cleveland Clinic

## Simulation and Advanced Skills Center

### Simulation and Advanced Skills Center (SASC) and Nursing Education (NE)

Guidelines for Training Onsite related to COVID-19

#### **Table of Contents**

Screening	<a href="#"><u>2</u></a>
SASC Caregivers	
Caregivers	
Non-Caregivers	
Temperature Checks	<a href="#"><u>2</u></a>
Communication of Guidelines	<a href="#"><u>3</u></a>
Current SASC Guidelines (8/2020)	<a href="#"><u>4</u></a>
Scheduling Process	<a href="#"><u>5</u></a>
Room Capacities	
Virtual Learning	<a href="#"><u>6</u></a>
Personal Items	<a href="#"><u>6</u></a>
PPE Ordering	<a href="#"><u>6</u></a>
Disinfecting Protocols	<a href="#"><u>7</u></a>
SP Program	<a href="#"><u>7</u></a>
Monitoring	<a href="#"><u>7</u></a>
Body Donation	<a href="#"><u>8</u></a>



# Cleveland Clinic

## Simulation and Advanced Skills Center

### Screening Process

- SASC Caregivers
  - SASC Caregivers will be on-site to run courses, do follow-ups, and monitor facilitators (DASH) as needed.
  - SASC Caregivers non-essential to the activity maybe working remotely.
  - SASC Caregivers will follow all current Cleveland Clinic (CC) guidelines regarding temperature checks, staying home if feeling ill, mask/face shield wearing and any other current guideline.
  - Current CC guidelines are to be followed for testing of SASC Caregivers with potential symptoms, known/suspected exposure, or potential exposure of a family member whom they live with by calling the CC COVID-19 hotline.
  - Current CC guidelines will be followed for return to work following a positive test or after waiting for test results.
  - Travel outside of Ohio is discouraged. Any travel outside of Ohio will follow current self-isolation guidelines for Ohio/CC.
- Caregivers
  - All caregivers follow CC guidelines for attending courses.
- Non-Caregivers
  - Attendees in SASC events (vendors/participants/faculty) will be pre-screened electronically two weeks prior to their scheduled event.
  - SASC personnel will monitor for completion and send a reminder one week prior to the event if needed.

### Temperature checks

- All on-site SASC/NE Caregivers will self-check their temperature. For those working in Healthspace, temperature is emailed to supervisor daily. For those utilizing hospital/HEC entrances, no email is required.
- Facilitators and participant's temperatures will be checked on arrival using current PPE recommendations. SASC/NE personnel will check the first facilitator to arrive and pass off the thermometer to check other facilitators and participants.
  - All facilitators and participants will be checked regardless if coming from another CC location and were checked previously.
- If over 100.4F, Caregiver/participant will be sent home and instructed to call the CC COVID-19 hotline (Caregivers) or PCP (Non-Caregivers).



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## Simulation and Advanced Skills Center

### Communication

- Facilitator/requestor receives current SASC guidelines for social distancing/masking/face shields:
    - At time of request or before the event if already scheduled
    - During planning meetings and dry runs
    - During the two week check-in email:
      - **Please see Covid-19 guidelines attached and be reminded that as a facilitator, the SASC team needs you to ensure the following:**
        - Temperature taking is completed (SASC team will provide a thermometer)
        - Masks are worn at all times
        - Social distancing is followed when in classroom, debrief rooms, hallways, and atrium
        - Social distancing is followed as much as the simulation allows during the simulation/task training
        - Face shields are worn when proper social distancing cannot be maintained
    - Posted within the Center on arrival
    - SASC website
- \*\*\*Not for Nursing



# Cleveland Clinic

## Simulation and Advanced Skills Center

### SASC/NE guidelines for Facilitators and Learners

- All facilitators and participants will have temperature checked on arrival. SASC/NE Caregivers will check the first facilitator using current CC PPE recommendations and pass on the thermometer for rest of participants.
- All facilitators and participants who are not feeling well will be asked to leave and to reschedule.
- All facilitators and participants are expected to wash their hands before the simulation as well as after touching equipment. Hand sanitizers will be stationed throughout the center/labs.
- Gloves, gowns, and face shields are available by SASC as needed.
- The use of **masks (based on current CC requirements) is required at all times following.**
  - Masks can be removed if in a private office when alone.
  - Masks can be removed for meals keeping 6-foot distance.
- **If 6-foot distance cannot be maintained due to the simulation, a face shield is required.**
- Each room capacity has been determined based on the 6-foot distance rule. Please assist in following these recommendations.
- Social distancing is required in all common areas including hallways, atriums/lunch area, and break rooms.
- After using an item, the user will wipe down the item with approved wipes provided by SASC. SASC staff will clean the rooms after the simulation, course, or event.
- To limit the use of iPads for sign-in and evaluation
  - Use your personal phone to scan the QR code to complete the SASC sign in, evaluation, and video consent (if applicable).
  - iPads are available upon request.



# Cleveland Clinic

## Simulation and Advanced Skills Center

### Scheduling Process

- Simulations are scheduled based on the number of participants and rooms needed (based on room capacities) and room availability.
- Simulations are scheduled to allow for proper cleaning between events. This may limit availability in scheduling.
- Space Utilization
  - All SASC spaces and available Healthspace classrooms will be used as needed/available.
  - Doors remain open as appropriate for airflow.
  - Chairs removed where appropriate to meet social distancing

### Room Capacities (may vary based on equipment needs)

#### Simulation Center

- CC#1/CC#2 = 7 people (CC#1/#2 combined = 14)
- OR = 10 people
- Debrief Rooms A/B = 4 people (A/B combined = 10)
- Debrief Room D = 6 people
- Watson 124B = 5 people
- Control Rooms = 3 people
- E3-226b = 4 people
- E3-226b Control Room = 2 people
- E3-54 = 6 people
- J4-254 = 5 people
- L1 Lab = 32 people
- L1 Classroom = 10 people

#### Resuscitation Simulation

- Hsb 125 = 17 people
- Hsb 164 = 25 people
- Breakout Room #1/#2 = 12 people
- OSCE Rooms (not in use currently) = 3 people

#### Nursing Simulation

- Hsb 121 = 8 people (Front and Back for total of 16)
- Hsb 122 = 21 people



# Cleveland Clinic

## Simulation and Advanced Skills Center

- Mock OR = 13 people
- Control Room = 2-3 people (depending on room)

### **Classrooms**

- 101/102/103/104/105/106/120 = 17 people

### Virtual Learning

- Simulations may require hands-on interactions.
- Virtual Learning options will be reviewed with the facilitator/requestor during planning meeting.
- Whenever possible, didactic portions of courses, pre-tests, etc. should be completed ahead of time via a virtual platform.
- Examples of potential Virtual Learning include:
  - Video recording of events for learners to watch
  - Broadcasting simulation to separate room for additional learners
  - Doing pre-course work online prior
  - Standardized Patients with learners interacting via camera

### Personal Items

- Participants are encouraged to bring essential items only.
- Lockers are available for personal items for events in the Multidisciplinary Simulation Center. Participants in classrooms will keep items with them.
- Users should clean their locker with wipes provided before and after use. SASC personnel will clean keypads/handles at the end of the day.

### PPE Ordering

- SASC personnel will ensure adequate PPE is on hand at all times.
- Facilitators/Participants are encouraged to let SASC staff know if noticed equipment running low or needs replenished.



# Cleveland Clinic

## Simulation and Advanced Skills Center

### Disinfecting Protocol

- SASC personnel will clean equipment/simulators/surfaces at the end of every simulation/event. Classrooms will be wiped clean by facilitators?
- Facilitators/Learners are to clean equipment/simulators/task trainers after each use.
- SASC personnel, in conjunction with EVS, will clean non-simulation areas.
- Only items approved by the CC will be used for cleaning (posted on storage closet).
- Linens will be changed weekly and as needed for courses involving simulators. – consider stop using (UCLA)??’ “Weekly” work?
  - Linens will be changed after every use when SPs or other human models.
- Shared workstations is discouraged, but if sharing needs to occur, the user is responsible for cleaning before and after use.
  - Shared computers (debrief rooms/control rooms) are to be cleaned before and after use by the user.
- iPads, if used instead of a personal device, will be cleaned between users.
- Carts with supplies will be kept inside the Multidisciplinary Simulation Center and outside of the Nursing Simulation Labs for anyone’s use.

### SP Program

- The SP program is up and running but must follow all guidelines set above for masking, social distancing/face shields, and disinfecting.
- SASC guidelines will be shared with all SPs prior to returning.
- SP scheduling will occur per the SASC normal scheduling process by SES and coordinator.
  - Potential high-risk groups may not be considered for certain events (i.e. Social distancing may be a challenge).
  - Ultimately it is the SPs decision to accept an assignment or not.
- At this time, Physical Diagnosis scenarios are not being supported by the SP Program
- Some events may be videotaped for future learning. SPs are able to participate.



# Cleveland Clinic

## Simulation and Advanced Skills Center

### Monitoring

- All participants in the SASC environment are encourage to remind each other respectively about COVID-19 guidelines.
- SASC personnel will periodically monitor for compliance with social distancing/face shields, masking, and room capacities.
- If a group if not following any guideline, the lead facilitator will be notified to correct.
- Failure to comply may result in course being stopped.

### Body Donation Program (prepared by Dr. Drake, et al.)

#### **Acquiring Bodies**

Accepting body donations will continue as before with regards to not accepting any donations with known infectious diseases, such as sepsis, hepatitis, and HIV. In addition to these previously listed conditions, no donations will be accepted with a cause of death related to COPD and other respiratory diseases, and known or suspected infection with COVID-19. For details related to accepting donated bodies see Appendix A.

#### **Phased in Approach**

Restarting the Body Donation Program will proceed with a phased in approach. The first phase will consist of only accepting donations from Cleveland Clinic and Non-Cleveland Clinic hospitals. Reasons for suggesting accepting bodies from all hospitals rather than just Cleveland Clinic Hospitals is based on the number of annual donations. In 2019 the program received 215 donations. The source of these donations were: Cleveland Clinic Hospitals – 19, Non-Cleveland Clinic hospitals – 22, Hospice facilities – 59, Nursing homes – 60, Homes – 55. This year, before suspending the program, of the 50 donations received for 2020, only 6 originated from Cleveland Clinic hospitals. Accepting donations from hospitals, whether associated with the Cleveland Clinic or not, would provide a small, but manageable pool allowing the development of required testing protocols and the ability to address any issues that may arise. Receiving donations from hospitals will ensure access to medical records so that a more complete background on donor medical history can be reviewed.

#### **Testing**

Upon receiving a donation Cleveland Clinic post-mortem protocols, developed in consultation with Drs. Rodriguez and Tan (Department of Pathology) will be followed. Additionally, CDC Guidelines will be followed for the proper donning and doffing of all PPE (see Appendix B for specific details).

Briefly, various samples will be collected for testing. Blood samples will be collected by performing a heart puncture. These samples will be tested for hepatitis B, hepatitis C, and



# Cleveland Clinic

## Simulation and Advanced Skills Center

HIV. Two additional samples will be collected and tested for COVID-19. **One will be obtained using a nasal swab and the second will be obtained using a swab inserted into the trachea through an incision between the thyroid and cricoid cartilages.**

After all samples for testing have been obtained the donor bag will be closed and placed in refrigerator storage (approximately 4 degrees C) until the results of the tests are known (usually within 24 hours). If all tests are negative the cadaver will be ready to use in education or research programs. If the results of any tests are positive, the cadaver is removed from the program, moved to freezer storage (approximately -5 degrees C), and sent out for cremation.

### Transportation

Donors are brought in and removed from the Cleveland Clinic by the All Ohio Cremation and Burial Society, a service the Body Donation Program has worked with for around 4 years. When all studies are completed, All Ohio will transport the donor to their facility for cremation. Changes to donor procedures, as described above, have been communicated to All Ohio and they are amenable to these changes. Following cremation, the donor remains are returned to the Cleveland Clinic and returned to the family or buried at Lakeview Cemetery.

### Appendix A

Two caregivers will be assigned to receive calls and assess whether a donation is appropriate. These individuals will be instructed to ask the following questions specific to the individuals' medical history as it relates to COVID-19 and other infectious diseases

1. Was the decedent a patient at the hospital at the time of death? What hospital?
2. Was the decedent at the hospital for at least 24 hours?
3. Was the decedent tested for COVID-19 while at the hospital? What were the results?
4. Has the decedent been exposed to an individual with COVID-19 within the past two weeks?
5. Has the decedent ever been diagnosed with COVID-19?
6. Was the decedent living in a congregate living situation before death?
7. Did the decedent have an undiagnosed upper or lower respiratory tract infection within a month prior to death?

If the caller is unable to answer certain questions that involve information in the medical record, the intake representative will ask for the name and contact information of the physician responsible for the potential donor, and request that the decedent remain in cold storage until all information has been collected. One of the directors of the Body Donation Program (Dr. Drake or Dr. McBride), or a clinical staff member will contact the donors physician to collect the remaining information. Answers to these questions will determine whether the body will be accepted into the program.



# Cleveland Clinic

## Simulation and Advanced Skills Center

### Appendix B

Once a donated body is received the following protocol, developed in consultation with Drs. Rodriguez and Tan, will be followed (additionally, individuals from the Anatomic Pathology will assist during the first few weeks of the reopening phase). Two technicians will put on the appropriate PPE to work on the donation: a blue Halyard gown, a white arm sleeve, a long face shield, a face mask, gloves, and shoe covers.

The CDC Guidelines will be followed for proper donning and doffing of all PPE. Additionally, there will be a specific training session that laboratory personnel must attend dealing with the donning and doffing of PPE and the buddy system.

While working with a donation, one technician will assist and “stay clean” while the other prepares the donation by completing the following steps.

Donation preparation:

- spray the donation with alcohol (70%)
- move donation to a zipper sealed plastic body bag
- remove the clothes of the donor and place them in a red biohazard bag
- spray the donation again with alcohol (70%)

Once the donor is prepared, samples will be extracted for the purposes of testing. Blood samples, a tracheal sample, and a nasal swab will be extracted. The tracheal sample and nasal swab will result in 2 samples from different parts of the respiratory system to test for COVID-19. All samples obtained will be taken to the pathology laboratory to be analyzed. Results should be available within 24 hours.

Sample extraction and testing:

- extract blood samples by heart puncture for hepatitis B, hepatitis C, and HIV testing
- an incision will be made between the thyroid and cricoid cartilages and a swab inserted to obtain a tracheal sample for COVID-19 testing
- collect a nasal swab for COVID-19 testing

After all samples for testing have been obtained the donor bag will be closed, sprayed with alcohol (70%), and placed in refrigerator storage (approximately 4 degrees C) until the results of the tests are known (usually within 24 hours). If all tests are negative the cadaver will be ready to use in education or research programs. If the results of any tests are positive, the cadaver is removed from the program, moved to freezer storage (approximately -5 degrees C), and sent out for cremation.

All items removed from the donated body, materials used to prepare the body, and the PPE worn by the technicians will be placed in red trash bags inside plastic receptacles. At the completion of the procedure, the bags will be tied with zip ties, the outside sprayed with disinfectant, and made available for disposal by Environmental Services.