Maharshi Karve Stree Shikshan Samstha's

Smt. Bakul Tambat Institute of Nursing Education

Karvenagar, Pune- 411052

POLICY ON USE OF CLINICAL SKILLS AND SIMULATION LABS

Maharshi Karve Stree Shikshan Samstha's
Smt. Bakul Tambat Institute of Nursing Education
Karvenagar, Pune- 411052

List of policy use in clinical skills and simulation laboratory

Sr. no.	Name of policy
1	**Purchase policy**
2	**Policy regarding college laboratory**
a	Fundamentals of nursing laboratory
b	Anatomy laboratory
c	Community health nursing laboratory
d	Obstetrics and Gynecology nursing laboratory
e	Nutrition laboratory
3	**Policy regarding Clinical laboratory**

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PURCHASE POLICY

1.IV.c.Purchases

i. The unit must take LMC sanction for each and every fixed asset purchase, sale, written off & replacement of it against any other transaction

ii. **Quotations**

- For total purchase price above Rs.5000/-, quotations must be invited by sending quotation circular letters in which the requirements must be stated in detail.
- The quotations must be invited from different parties rather than taking quotations from single party in different names.
- Also the supplier should be asked to submit all the information in detail such as name, address, Tax No.s, other terms for transport, octroi & advance etc. for requirements in the circular letter only.
- Sealed quotations should only be accepted with proper inward procedure.
- The unit should prepare comparison chart for all the quotations with separately indicating all the terms such as cost per unit as per specification asked for, taxes applicable, transport & octroi, advance requirement etc.
- The changes made on the quotation or comparative statement for rate or terms must be authorised by both supplier as well as the committee.
- The decision of the purchase committee clearly indicating the reason for selecting the supplier must be stated on the comparative statement. The comparative statement must be authorised.
- Based on this, purchase order must be issued to the supplier based on the agreed rate & terms.
- Accordingly the LMC sanction should be taken clearly indicating the quantity, name of supplier & total amount for purchase.

iii. **Centralised purchase**

If the supplier is approved by centralised purchase committee/Samanvaya Samiti, the unit must obtain & keep on record the sanctioned copy of finalised rates & terms for checking the bill.

iv. The bills/supporting must be checked as to quantity, rate & taxes applied before making payment. The accountant should be able to explain the amount charged by the supplier.

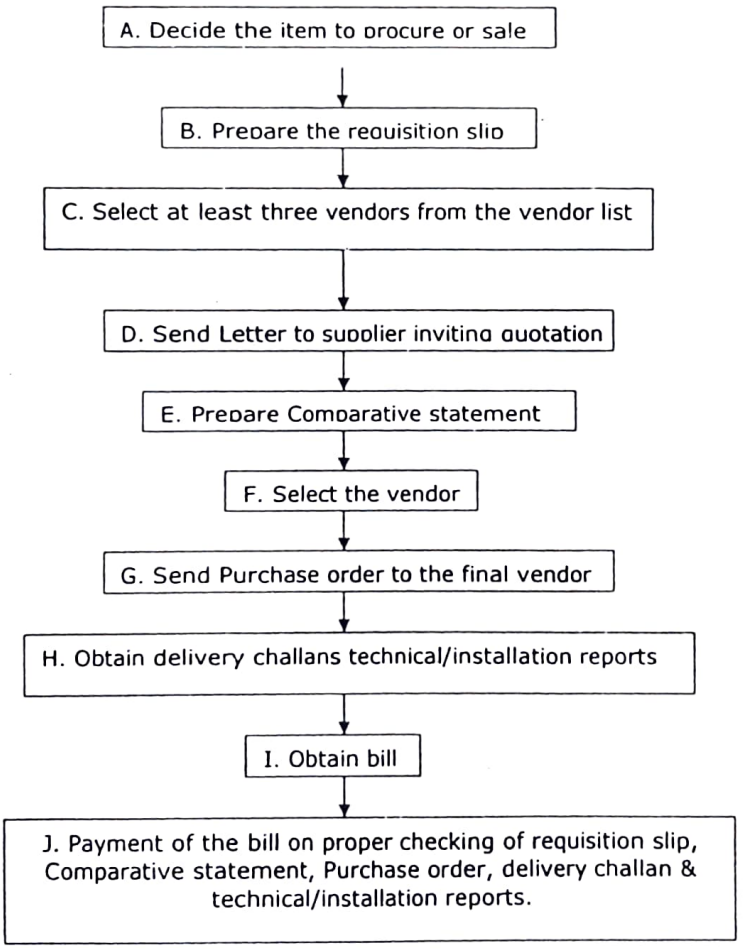
v. The quantity charged in the bill (for e.g. question sets, diaries or any other electric/cleaning material purchased in bulk) must be authenticated by the person made in charge to check the quantity received by the unit for the particular type of work. For e.g. the purchase department/staff of different departments should be made responsible for checking the quantity received for the department. He will certify the quantity received as correct. Else the payment should be made as per actual quantity received.

I. IV. C. Purchase:-

1. Quotation procedure must be followed in case of purchase above Rs.5000/-. (For grantable units, the limit should be as indicated by Z.P/University)

2. In case of Purchase of fixed assets or for purchase of any item not earlier considered in the budget, prior LMC sanction must be obtained.

3. The purchase through quotation procedure will comprise of following steps:-



2. Above steps are explained in details as below:-

A. Decide the item to procure as dead stock item or consumable item. In case of sale / buy back of any item, separate quotation procedure should be done & it should not be mixed with the new purchase. To avoid quotation procedure, the purchase or sale should not be divided in to lesser amounts.

B. Requisition slip:-

- For the item to purchase, Requisition slip should be prepared with all detailed specifications as per Annexure I. None of the items on the slip should be kept blank. In case of any technical details, sign of technical person is also required.
- Sign of HOD, Unit head/Principal is required on the requisition slip.
- If the LMC chairman/ Unit head or Principal does not sanction the purchase (reason must be mentioned on the requisition slip), the procedure will be stopped.

C. At least three suppliers should be selected from the approved list of suppliers. (will be send by HO in due course). If any new supplier is to be introduced by the unit, the quotations from these new vendors should be indicated separately to LMC. The new vendor on selection, will be required to fill Vendor form. On the approval by HO, the name of the supplier will be added in the list & will be allotted Vendor ID NO. This ID should be indicated on the letter to the vendor inviting quotation.

D. Letter inviting quotation:-

- Based on the sanctioned requisition slip, letter to suppliers for inviting quotations should be send as per Annexure II. The letters must be numbered as per no. of suppliers. The unit's copy will indicate letter numbers, respective suppliers & their ID No. Tne Exact requirement such as quantity, specifications due date etc should be asked for.

- Quotations in any other format or Xerox copy of invitation form will not be accepted. Only sealed envelopes should be accepted.
- If there are no more than one suppliers in the market for that particular product, such fact should be informed to HO & LMC Chairman.
- If the quotations received are less than three, letter should be sent to other parties.

E. Comparative statement:-

- The received quotations should be opened in front of the Unit head/Principal. The envelopes & even the quotations must be authorised as "Opened before me as on...(date) ...at .....(time)..by the head.
- Comparative statement as per Annexure III should be prepared with all details of the item including quantity, rate, other charges etc.

F. Selection of vendor:-

- Based on the lowest rates/quality /past experience the vendor should be selected. If the party approved is not of lowest rate the specific reason for selection must be mentioned on the comparative statement.
- The final sanction should be written on the comparative statement in clear terms as to quantity, & final rate inclusive of all charges such as VAT, Service Tax, installation charges, transport, octroi etc.
- Once this amount is sanctioned, any other additional charges should not be paid to the supplier even if are demanded. This fact must be made clear to the supplier during finalisation of the rate.
- The comparative statement sanction must be authorised by the LMC/Purchase committee.
- In case purchase amount exceeds Rs.1,00,000/- (One Lack Only) at least Lowest three vendors should be called for negotiation at LMC.

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G. Purcahse order:-

As per the specifications & terms & conditions sanctioned, purchase order should be raised on the sanctioned supplier. The PO should indicate all the details, terms & conditions, quantity, final amount inclusive of all to be paid, due date, penalty clause etc.

H. The delivery challan must be taken from the supplier & should be kept on record. The challan should have name, signs of receiver (i.e. storekeeper or any such other authorised person), technical persons. If delivery challans are not submitted any report can be attatched or verification remark can be put on the bill.

I. Bills :-

- Advance should not be paid unless sanctioned on the comparative statement.
- For intermediate bill, all calculations, technical remarks etc should be attached with bill. The final bill should have technical person's remarks, installation report & sanction for payment by unit head.

J. Thus for payment of bill following documents should be verified:-

- Requisition slip
- Letter inviting outstation
- Comparative statement
- Purchase order
- Delivery Challan
- Technical reports
- Installation report.

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Smt. Bakul Tambat Institute of Nursing Education

Karvenagar, Pune- 411052

POLICY ON USE OF COLLEGE SIMULATION LABORATORY

Maharshi Karve Stree Shikshan Samstha's

Smt. Bakul Tambat Institute of Nursing Education,

Karvenagar, Pune- 411052

SOP FOR NURSING FOUNDATION LABORATORY

1. The concern faculty or inventory monitor has to write in utility register whenever they are using lab for demonstration procedure or practice purpose.
2. Issue the items in the presence of concerned lab in charge.
3. All the articles should be replaced and arranged properly after doing the procedures.
4. No one is allowed to sit on the bed in foundation laboratory.
5. Any loss or breakage of any articles, mannequin should be informed to the demonstration incharge or class coordinator immediately by the concern person.
6. Incharge faculty should check inventory regularly. Inventory monitors should check inventory regularly.
7. Written application should be submitted to concern inventory incharge before taking the articles from other department.
8. The concern faculty and students will be responsible for demonstration room neatness after the demonstration.
9. After the demonstration, the room keys should be replaced in the office immediately.
10. Close the windows, switch off the lights and fans before locking the foundation laboratory.
11. Conduct yourself in a responsible manner at all times in the laboratory. Don't talk aloud or crack jokes in lab.
12. Students should dress properly before entering the lab. Long hair (chin-length or longer) must be tied back.
13. Do not wander around the room, distract other students, startle other students or interfere with the laboratory experiments of others.
14. Maintain the cleanliness.
15. Before starting laboratory work, follow all written and verbal instructions carefully. If you do not understand a direction or part of a procedure, ask your concern teacher before proceeding with the activity.
16. Students are not allowed to work in laboratory alone or without presence of the teacher.

17. Follow biomedical waste management.
18. Do not use betadine, iodine, lubrication, or any other solutions or ink on or near any manikin
19. No needles or sharps to leave the lab at any time under any circumstances. If a needle stick or other injury occurs, please notify to concerned faculty member immediately.
20. Report all accidents, injuries, and breakage of glass or equipment to instructor immediately.
21. Keep pathways clear by placing extra items (books, bags, etc.) on the shelves or under the work tables. If under the tables, make sure that these items cannot be stepped on.
22. Do not taste or smell chemicals.
23. Unauthorized experiments or procedures must not be attempted.
24. Keep solids out of the sink.
25. Leave your work station clean and in good order before leaving the laboratory.
26. Do not lean, hang over or sit on the laboratory tables.
27. Do not leave your assigned laboratory station without permission of the teacher.
28. Learn the location of the fire extinguisher, eye wash station, first aid kit and safety shower.
29. Follow all instructions given by faculty.
30. Learn how to transport all materials and equipment safely.
31. No eating or drinking in the lab at any time.
32. Dispose of any waste created in the lab properly. Make sure you know how to dispose of everything you plan on using in a lab before you get started.
33. Foundation laboratory is under CCTV surveillance.

Sign of Lab incharge

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Sign of Principal

PRINCIPAL
MKSSS's Smt. Bakul Tambat
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SOP FOR ANATOMY LABORATORY

These rules aim to provide a general understanding of laboratory safety. The rules will familiarize students to work safely in a laboratory environment and as a preventive measure for accidents or incidents.

1. No food or drinks allowed.
2. Keep laboratory area clean, neat and uncluttered.
3. Turn off lights & fans after use.
4. Ensuring anatomical parts are placed correctly back into model.
5. Concern teacher should brief students on laboratory safety general regulations during the first laboratory lesson in the year; Ensure students have clearly read and understood the laboratory safety regulations.
6. All cupboards, with glass doors or metal doors or other types are labeled to assist in identification of its contents.
7. Prior taking of any item from anatomy lab, a written application should be handed over to the lab incharge mentioning the details of date, time and class issued for.
8. Any item taken from anatomy laboratory should be handle properly and replaced before or on the last day.
9. In case of any breakage or loss of item that should be reported to lab incharge and same item must be replaced before 15 days, or amount equivalent to the cost & postage or handling charges should be paid to the collage.
10. If changes found in fluid color of specimen jars, it should be immediately changed with Formalin & water 1:10
11. Anatomy lab articles if not replaced on last date, Rs10 should be fined per day.
12. Key should be kept in office and will be issued by office staff after permission of lab incharge.
13. Give explicit instructions, highlighting certain safety precautions to be exercised by students where appropriate, before students begin their laboratory work
14. Record and report all incidents/accidents that occur in the laboratory.

Skeletal Models

Skeletal models are hung from a moveable base of wheels. Each model has its own considerable weight and is unstable, thus there is a tendency to topple over if moved too forcefully.

1. Care must be taken when transporting the skeletal models around the room.
2. Permission has to be granted if a model has to be taken outside the Anatomy Laboratory.

Sign of Principal

Principal
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Karvenagar, Pune - 411 052.

Maharshi Karve Stree Shikshan Samstha's

Smt. Bakul Tambat Institute of Nursing Education

Karvenagar, Pune-52

SOP For Community Health Nursing Laboratory

1. Keep community lab clean and tidy.
2. Before taking key of CHN lab strictly inform the CHN lab in charge and make entry in the notebook.
3. Written application should give to the lab in charge before taking any articles from CHN lab. (Mentioning the details of date, time, list of articles and class issued for.)
4. All items should be taken only during college hours, in presence of CHN lab in charge or class co coordinator (in absence of CHN lab incharge).
5. In case of any breakage or loss of articles should be reported to lab incharge and same items must be replaced within 15 days.
6. While replacing articles of CHN lab it should be clean and all articles should be counted properly.
7. While replacing articles signature should be taken from lab in charge.
8. CHN inventory monitor should check articles regularly in presence of community lab in charge.
9. Switch of the lights close the windows and fan before locking the CHN lab.
10. After using the lab key should be replaced to office immediately.
11. Be aware you are under CCTV surveillance.

Sign of Lab Incharge

Sign of Principal

PRINCIPAL
Maharshi Karve Stree Shikshan Samstha's
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Nursing Education
Karvenagar, Pune-411052.

Maharshi Karve Stree Shikshan Samstha's

Smt. Bakul Tambat Institute Of Nursing Education,

Karvenagar, Pune-52

SOP For Maternal And Child Health Laboratory

1. Keep M.C.H. lab clean and tidy.
2. Before taking door key of M.C.H. lab, strictly inform to M.C.H. lab Incharge and make entry in the notebook.
3. Any articles taken from the M.C.H. lab, a written application should be handed over to the lab incharge mentioning the details of date, time and class issued for.
4. In case of any breakage or loss of articles should be reported to the lab Incharge and same item must be replaced before 15 days.
5. While replacing articles of M.C.H. lab it should be clean and all the articles should be counted properly and signature should take from lab Incharge.
6. All items should be taken only during college hours in presence of M.C.H. lab Incharge (Pelvis & Skull)
7. Switch off the lights, close the windows and fan before locking M.C.H. lab.
8. After using the lab key should be replaced to office immediately.
9. Be aware you are under CCTV surveillance.

Sign of Lab Incharge

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Sign of Principal

PRINCIPAL
MKSSS's Smt. Bakul Tambat
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Sop For Nutrition Laboratory(2020-21)

1. Before entering in the nutritional lab everyone have to remove the shoes outside.

2. Clean, dry and replace the articles after the procedure.

3. Before taking cupboard key of nutrition lab strictly inform to nutritional lab Incharge and make entry in the notebook.

4. Any articles and utensils taken from the nutrition lab, a written application should be handed over to the nutrition lab Incharge.

5. Use Cap while cooking food in Nutrition lab.

6. In case of any damage or loss of articles and utensils, it should be reported to the lab Incharge and fine should be paid by respective class or students.

7. While replacing the nutrition articles and utensils, it should be clean and all the articles should be counted properly and sign should taken from the nutrition lab Incharge.

8. Follow biomedical waste management.

9. Ensure knob of cylinder and gas stove if off when leave the lab

10. Ensure the electric appliances are switched off when leave the lab.

Sign of Lab Incharge

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Sign of Principal

PRINCIPAL
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Smt. Bakul Tambat Institute of Nursing Education

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POLICY ON USE OF CLINICAL SIMULATION LABORATORY

Deenanath Mangeshkar Hospital and Research Center

Simulation Center

Policy.

Welcome to the Simulation Center!

Mission of DMH "To provide competent, ethical, tertiary healthcare services with charity as a core value."

Vision of DMH. "To provide Rational Ethical Medical Services of Highest Quality to all Patients at affordable cost without any discrimination."

Core Values of DMH

- 1. Patient-centric Care
- 2. Rational & Ethical Medical Practice
- 3. Holistic Approach
- 4. Charity

Motto of Simulation Center

- **S**kill/Competence
- **S**ystem Thinking
- **S5** -*Promoting patient safety culture* **S**tandards & Quality
- **S**hared Vision
- **S**upport & Trust

Table of contents

Code of conduct

Purpose: Provide participant guidelines for conducting themselves in a professional respectful manner to maintain a safe and productive environment.

1. Participants must sign a Simulation Contract that includes agreement to engage with the mannequins/ partial task trainers/ standardized patients and simulated environment as if they were real, conduct themselves in a professional manner during simulation, provide feedback to peers with respect and professionalism, and maintain strict confidentiality about the details of simulated experiences, the simulation scenarios, and the performance of any participant(s) either at the start of their educational program or the beginning of the simulation experience.
2. Disrespect toward students, faculty, staff, the space, or resources will not be tolerated.
3. Participants will adhere to policies and procedures in the Student Handbook related to clinical attendance and punctuality.
4. All participants are expected to come prepared having completed assigned preparatory work with a professional attitude and a desire to actively participate in the learning experience.
5. The Simulation Center is a shared space. As such, users are expected to clean up after themselves.
    a. Simulation space, control rooms, and debriefing rooms should be cleared of all supplies, papers, and equipment that are not part of the standard room set up by the end of each day.
    b. Return all equipment to its appropriate location.
    c. All consumable supplies that can be reused should be left neatly where they were set up.
    d. Garbage should be disposed of properly.
6. Any damage to equipment or operating problems should be reported to the Simulation Center staff immediately by e-mailing or calling the Simulation Site Coordinator at the appropriate site.
7. Use pencils when in the simulation space. NEVER use ink pens, felt-tipped markers, iodine or betadine near the mannequins or task trainers. These items will PERMANENTLY stain the equipment.
8. Do not use the equipment for any purpose other than specified.
9. Food and chewing gum are not permitted, and water bottles must have a lid on them in the Simulation Center.
10. Participants in educational and performance assessment activities will adhere to the same clinical dress code as they would for their respective discipline.
11. A visible identification badge is always required of all participants (excluding simulation actors or standardized patients).
12. A stethoscope should be brought to all standardized patient and high-fidelity simulation sessions.
13. The Simulation center manager and Simulation Lead must be notified of cancellations within 24 hours of the scheduled session.

Compliant Resolution

Purpose: The policy will address how faculty and/or student issues will be addressed per guidelines.

Process:

1. Course faculty, simulation facilitators, and /or students should notify the Simulation Center Lead of any site personnel or faculty issues.

Tours

Purpose: Donors and perspective community agencies request to view simulation space or be present during simulation activities to understand the complexity of the learning environment and the use of the equipment and supplies.

Process:

1. Tours are scheduled with the Simulation Center Lead or manager. Tours are scheduled Monday through Friday between 0900-1600 unless other arrangements have been made through the Simulation Center Lead.
2. Observers must follow **Confidentiality and No-photography** policy.

Attendance

Purpose: This policy lists how attendance is recorded and retrieved.

Process: A written signed document which is later electronically stored.

Event cancellation from the department scheduled for the training or from the simulation center faculty has to be done 24 hours prior.

Simulation Equipment

Purpose: Proper maintenance of supplies and equipment is required for safe use and handling. Appropriate maintenance of equipment, timely repair, and service must be ensured for the longevity of equipment within the Simulation Center. Equipment that is out of service interferes with scheduled training and disrupts curricula.

Process:

1. All equipment and supplies are secured within locked areas of the Simulation Center.
2. When a piece of equipment is not functioning properly, a Simulation Technician will trouble shoot, and when possible, resolve the issue(s). This may require contacting the equipment vendor to determine appropriate actions. If the problem is not resolved, the Healthcare Simulation Lead will be notified. The equipment may require return to the vendor for repair, an onsite visit by the vendor, or replacement.
3. Maintenance of equipment will be performed according to manufacturer recommendations with software updates completed biannually.
4. Consumables/replaceable mannequin components will be managed and replaced by the Simulation Technician, as necessary.
5. Task trainers or hand-held equipment are to be wiped down between uses with designated disinfectant wipes.

Simulation Scenarios

Validation of Healthcare Simulation Center Scenarios

Purpose: This policy will provide steps to ensure simulation scenario validation for use in the Simulation Center. In order to provide simulation participants with current evidence-based practice, scenarios will be developed and reviewed according to this policy.

Process:

1. The course team will complete the Simulation Scenario Request Form to propose a simulation scenario to meet a gap in the curriculum/system or course outcome.
2. Simulation scenarios developed by simulation faculty/staff for use in the Simulation Center will utilize the approved simulation scenario template. Template includes resources to follow the INACSL Standard of Best Practice: Simulation℠ using evidence-based practice and for a content expert review.
3. It is strongly recommended that all scenarios developed by faculty/staff for use in the Simulation Center are reviewed for current and evidence-based practice by an independent content expert. Independent content expert may be in-house or outside organization..
4. Simulation scenarios will be provided to Simulation Center personnel at least two weeks prior to scheduled simulation. This will ensure that Simulation Center personnel have the appropriate technologies, equipment, and disposable supplies to successfully run the simulation.

5. Simulation scenarios used by simulation facilitators will be reviewed for current evidence-based practice biannually by the simulation faculty & staff.

Resources and Social Media

Prioritization of Simulation Resources

Purpose: This policy will outline the scheduling and use of simulation resources.

Process:

1. The use of simulation mannequins, equipment, and supplies conducted by the Simulation Center will take precedence over outside rental needs for contracted use.
2. Scheduling of simulations will be completed by the Simulation manager/ Lead.
3. When courses overlap, the Simulation center manager and Simulation Leadr will review the course calendar, number of students involved, room availability, facilitator availability, and equipment needs to determine the best solution for each simulation activity overlap.

Social Media and Electronic Communication in Simulation

Purpose: To describe the appropriate use of social media and define inappropriate use and associated reporting requirements. Consequences for misuse of social media are provided.

1. Appropriate Use of Social Media
    a. Participants have ethical and legal obligations to maintain privacy and confidentiality at all times. Participants must not post any identifiable participant, facilitator, or standardized human patient information. Removing the individual's name does not necessarily protect the person or patient's identity, and sharing information, even with names removed, may be enough to constitute a violation of rights and privacy and may have academic, employment and legal consequences.
    b. When using social media, participants should only post content that reflects positively on them and the institution or discipline from which they are representing. If participants post content regarding the institution or discipline, it should be clear that it does not represent the institution or discipline and that the content posted represents only the views of the participant. Participants must promptly report any identified breach of confidentiality or privacy.
    c. Future employers and educational institutions conduct web searches on prospective employees including online information and postings and may use that information to make hiring decisions.

Remember that inappropriate online postings may impact future career options within the respective profession.

2. Inappropriate Use of Social Media
    a. Participants must not post any personal or health related information associated with standardized human patients or others such as name, diagnoses, age, photographs or other images, injuries or treatments of patients, or other information in regard to: procedures, surgeries, births, deaths, or any incidents on any social media.
    b. Participants must not transmit, by way of any electronic media, any standardized human patient-related information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the standardized human patient.
    c. Participants must not refer to standardized human patients, instructor, or peers in a disparaging manner, even if they are not identified.
    d. Participants must not take photos or videos of standardized human patients or peers during simulation on personal devices, including mobile devices.
    e. Participants must not make disparaging remarks about peers or instructors.
3. Reporting of Inappropriate Use of Social media
    a. Report any breach of confidentiality or privacy in social media committed by participants to a facilitator, advisor, or supervisor.
    b. Participants who view content that violates ethical or legal standards should first bring the content in question to the attention of the individual who posted it so that this individual can take appropriate action.
4. Consequences
    a. Any participant failing to adhere to the standards set forth in this policy is subject to administrative action.
    b. Any post that could be harmful or reflect negatively on other participants, the organization or any other persons, may result in liability for the individual sending the message. Posting photographs without permission from the individuals in the photographs and Simulation Lead may also result in legal consequences.

Ethics and Safety

Code of Ethics

DMH has adopted the Society for Simulation in Healthcare Simulationist Code of Ethics. Which include descriptions of the following topics. *See the full SSH Code of Ethics for details (published 2018.12.02 at ssih.org/Code-of-Ethics).*

- Integrity
- Transparency
- Mutual Respect
- Professionalism
- Accountability
- Results Orientation

Physical and Psychological Safety

Purpose: To define the organization's requirements and expectations for creating a psychologically and physically safe learning environment and response to any unforeseen event within the Simulation Center.

1. Psychological safety impacts the participant's ability to engage in simulation events and critical reflection. The nature of simulation can sometimes pose physical and/or psychological risks to the participant.
    a. To minimize these risks, simulation facilitators are responsible for pre-briefing which enables the participant to suspend disbelief so that they can immerse themselves safely in the simulation. Simulation facilitators are expected to provide a pre-brief that reminds participants of the objectives of the simulation and discusses the need for confidentiality, respectful communication, and mutual support.
2. In the event that a participant is experiencing undue stress, anxiety, or emotional distress, a simulation facilitator will intervene to assist the participant.
    a. The simulation facilitator will be responsible for determining the appropriate course of action including continuing or stopping the simulation.
    b. The participant's emotional reaction to the simulation should be discussed in a private setting with appropriate support services.
    c. The Simulation Lead should be notified within a reasonable timeframe.
    d. The Simulation Lead will be responsible for following up with the participant.
3. In the event that a participant's physical safety is compromised, the simulation facilitator will stop the simulation, assess the participant, activate code blue (if warranted), and then notify the Simulation Lead.

Mechanisms to Appropriately Separate Simulation and Actual Patient Care Materials

Purpose: This policy will ensure the appropriate separation and safe use of simulation and actual patient care equipment, supplies, and medications found within the Simulation Center.

Process:

1. Simulated medications may be purchased from a vendor or procured from Pharmacy department or created by Simulation Center facilitators.
2. All medications that are used in the Simulation Center must be labelled "**Not for Patient Use**". Individual demo medications used in simulation (i.e. pills, tablets, capsules) may be placed in small containers and labelled by Simulation Center facilitators.
3. All donated expired IV medications (bags or bottles, etc.) must be labelled "**Not for Patient Use**". Empty containers may be filled with sterile or distilled water to simulate real medication. Addition of non-toxic materials may be added to the container to attain a more realistic appearance.
4. Expired medical supplies that have not been opened are often donated for use in the Simulation Center. After use of the expired supplies in simulation, they are discarded appropriately by the Simulation Center to ensure that they are not used for actual patient care.
5. All equipment in simulation is for Simulation Center use only. Simulation Center does not loan any medications to other facilities that provide actual patient care. Modifications are made to the equipment to ensure safe use by Simulation Center facilitators and participants.
6. Equipment used during standardized patient simulations follow manufacturer's recommendations.
7. Any capital equipment can only be removed from the Simulation Center upon prior approval from the Simulation Lead.
8. All equipment, supplies, sharps, and medications are secured within locked areas of the Simulation Center..

Simulation Center Leadership and family.

1. Dr. Prasad Rajhans – Chief Intensivist
2. Dr. Vaibhavi Upadhye – Clinical Lead in Simulation, MD Anaesthesia, Simulation facilitator.
3. Mrs. Jaee Thattey – Simulation center Manager.

COVID-19 Policy

Guidelines for all Safety Levels

- Simulation Center is open and operating under stricter hygiene and cleaning regimen.
- Prior to arrival for training each day, individuals should self-screen and stay at home when sick.
- Individuals will self-isolate or follow quarantine directives when there is a reasonable belief they have been exposed to COVID-19 infections or are infected.
- Regularly clean high-touch surfaces (e.g., door handles, counters, light switches, remote controls, restroom surfaces).
- Maintain physical distance of at least 6 feet.
- Wash your hands often and use hand sanitizer.
- Do not touch your face.
- Wear a facemask.
- High-risk individuals should take extra precautions at all safety levels. Additional CDC recommendations for high-risk populations can be found here.

Change in Safety Levels

Due to the rapidly changing nature of the COVID-19 pandemic, COVID-19 protocols are continuously reviewed by the DMH COVID-19 AdministrativeTask Force. DMH works closely with the local public health authorities to monitor COVID-19 in the city, country and surrounding areas. The COVID19 protocols reflect the latest CDC and public health guidelines.

Active monitoring COVID-19 indicators to determine safety level is done Any one or more of the following indicators has the potential to trigger an alert to increase safety protocols.

Indicators

- Increasing statewide running average for the rate of hospital admissions.
- Substantial rise in new COVID-19 cases relevant to the city population.
- Substantial number of cases cannot be tracked to known cases (i.e., community spread).
- Inability of the DMH to conduct case investigation of new COVID-19 cases.
- Insufficient resources for DMH to rapidly isolate all newly identified COVID-19 cases.
- Inability to provide testing of symptomatic and identified close contacts of newly identified cases.
- Insufficient supply of personal protective equipment (PPE) to meet demand.

- DMH does not have the resources to treat all patients requiring hospitalization.

Trainings conducted during COVID19 pandemic.

Types of COVID trainings:

Covid training includes :
Information and transmission of corona virus
PPE donning / doffing, different types of PPE available at DMH
N95 - Correct wearing and removal as well as user seal check. Limited re-use of N95 & extended use of N95
I AM SAFE checklist
Hand hygiene
Appropriate waste disposal
Information on aerosol generating procedures
Triage of patients at reception
Covid CPR protocol
Covid intubation protocol
Use of viral filter
Use of aerosol box while intubation
How to prone covid patient
How to click a chest X ray of covid patient
Nasopharyngeal and Oropharyngeal Swab collection for a cluster as well as of in-patients.
Closed suctioning technique
HFNO application
Awareness of Manobal helpline.
Protected code blue training
Basic ICU care training
Arterial puncture for ABG collection
Home isolation assessment and treatment
Fever Out patient department with Staff clinic
Basic documentation training of forms
Multiprofessional intra-departmental training with scenarios to facilitate a COVID work flow policy
Multiprofessional inter-departmental training with scenarios to facilitate coordination.

Statistics of Training : Attached as a supplement.(Total trainings- COVID & Non-COVID)

Training data_2020
Sim Center (for NABH

PPE donning and Doffing:

Donning Checklist

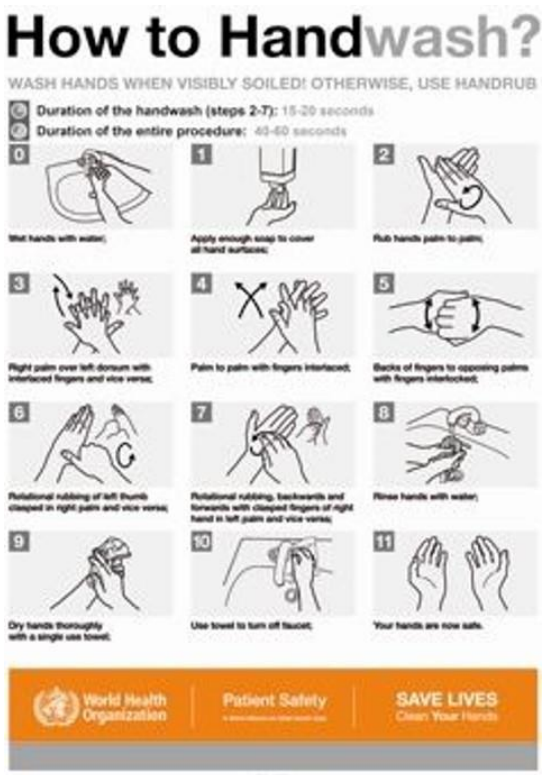
Donning_Checklist.odt

Doffing Checklist

Doffing_Checklist.odt

Doffing_Checklist_OT.odt

Hand Hygiene



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

2 Rub hands palm to palm;

3 Right palm over left dorsum with interlaced fingers and vice versa;

4 Palm to palm with fingers interlaced;

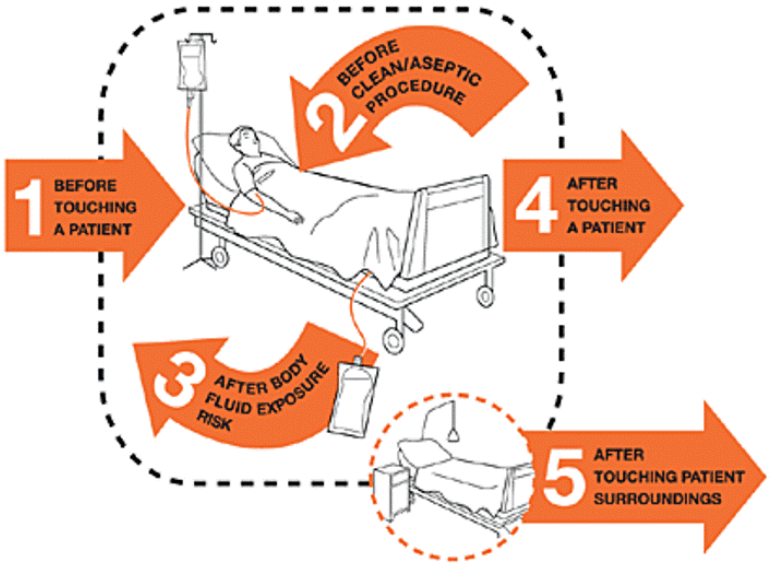
5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;

7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8 Once dry, your hands are safe.

World Health Organization | Patient Safety | SAVE LIVES Clean Your Hands



Aerosol generating procedures which require HCPs to donn PPE and N95 mask.

patient coughing,

oral examination,

intubation and extubation

endotracheal suctioning

, CPR,

nebulization,

HFNO,

Non-invasive ventilation,

Bag-mask ventilation,

nasogastric tube insertion,

enema

Chest physiotherapy,

Oral / Nasopharyngeal swab collection,

Endoscopy,

electrocauterization,

transoesophageal echocardiography.

N95 mask to check for a leak.
(perform these steps each time when you wear a N95 mask)

- Wait for 5 minutes after wearing this mask.
- Regular breathing for 60 sec.
- Deep breathing for 60 sec
- A mild negative suction develops inside the mask at every inhalation. This negative suction should develop in every position of head. This suggests there is no air leak.
- Side-to-side neck movements with inhalation at each side for 60 sec. Check air leak.
- Neck up-down movement with inhalation when looking up. Check air leak.
- Talk loud enough to be heard through the mask.
- Beard hinders mask fit.

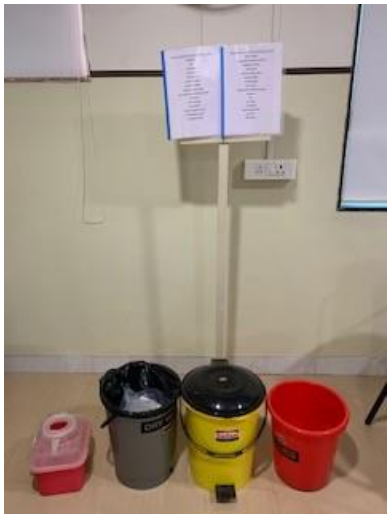
‘I AM SAFE’ checklist before wearing PPE

- Drink water and eat food.
- Use the toilet.
- Take any medicines if due.
- Empty pockets of your scrubs.
- Conduct team briefing for discussing a plan.
- Do any necessary paperwork.
- Keep a marker pen ready to label name and designation on PPE.
- Check list for donning and doffing instructions for reference.
- A chair to sit and wear leg guards.
- A handrub for hand hygiene.
- Biohazard waste disposal yellow bin

Considerations when PPE is donned

- Adequate number of PPE sets. Runners outside the room not wearing PPE for other work.
- Donning and doffing with a buddy with a checklist. Prior Team briefing.
- Two layer of gloves. Remove first layer after intubation.
- Struggles in PPE – difficult to recognize individuals, Difficult to hear, feels hot, need to talk louder, Fingers feel numb with reduced tactile sensation, cannot access pockets
- Paperwork is tough when in PPE – Use posters, colour coded labels, prepare.
- Auscultation with stethoscope is difficult. Video Laryngoscope + EtCO2 + Chest rise b/l.

Disposal in correct bins.



Triage: FTOCC at reception

Fever > 37.5 deg C or 99.5 deg F

Travel history in last 15 days +

Occupational hazard – doctors, nurses, MPW, Police

Contact history with corona positive patient

Cluster – patient residing in hot spots in the city**.**

Triage: COVID risk vs.Surgical risk

- Surgical factors - Worsening neurodeficit, Trauma, Infection, persistent Pain unresponsive to pain management.
- Hospital factors - Hospital bed, ICU bed, ventilator and PPE availability.
- Patient factors – Geriatric age, postop length of stay, Rehabilitation, COVID risk.
- OPD challenges – Teleconsultation, mask and hand hygiene for patients, FTOCC - route to ER.
- Operating room challenges – Dedicated OT, Negative pressure, reduce OR traffic, stock equipment in OT, Electronics covered and protected, 1 hour gap between cases, No PACU wait.

- Elective surgery plan – COVID consent, Symptom screening by phone call 2 weeks prior, Self quarantine by patient one week prior to surgery to minimize the chance of being in incubation phase
- .Post op follow up – Teleconsultation, 7 day gap schedule if in person
- Surgery technique challenges – minimally invasive, experienced surgeon, teletraining, electrocautery is an AGP, Intubation/extubation is an AGP.

Triaging at home isolation assessment centre

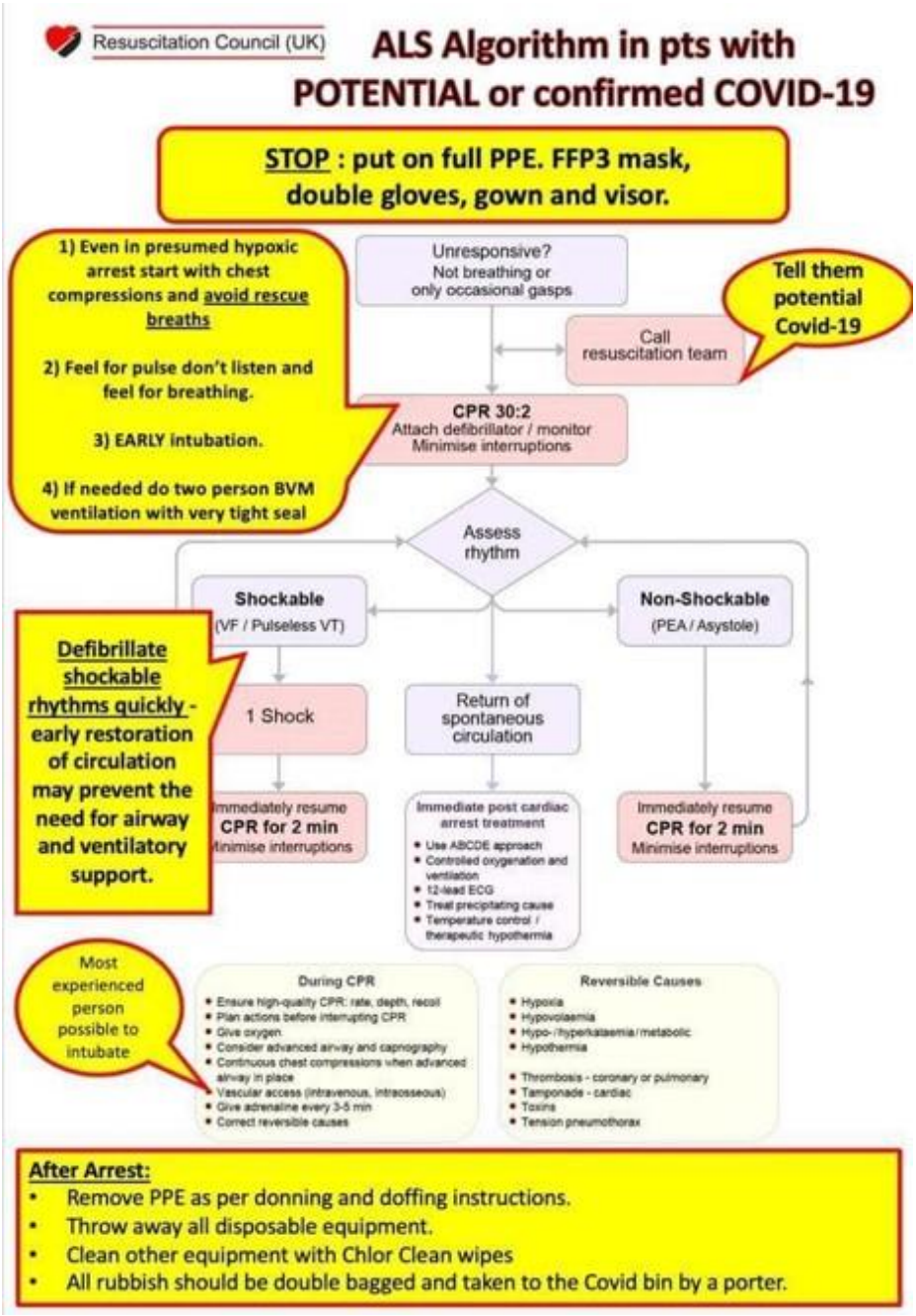
Home Isolation Guideline document

Triaging at Fever OPD

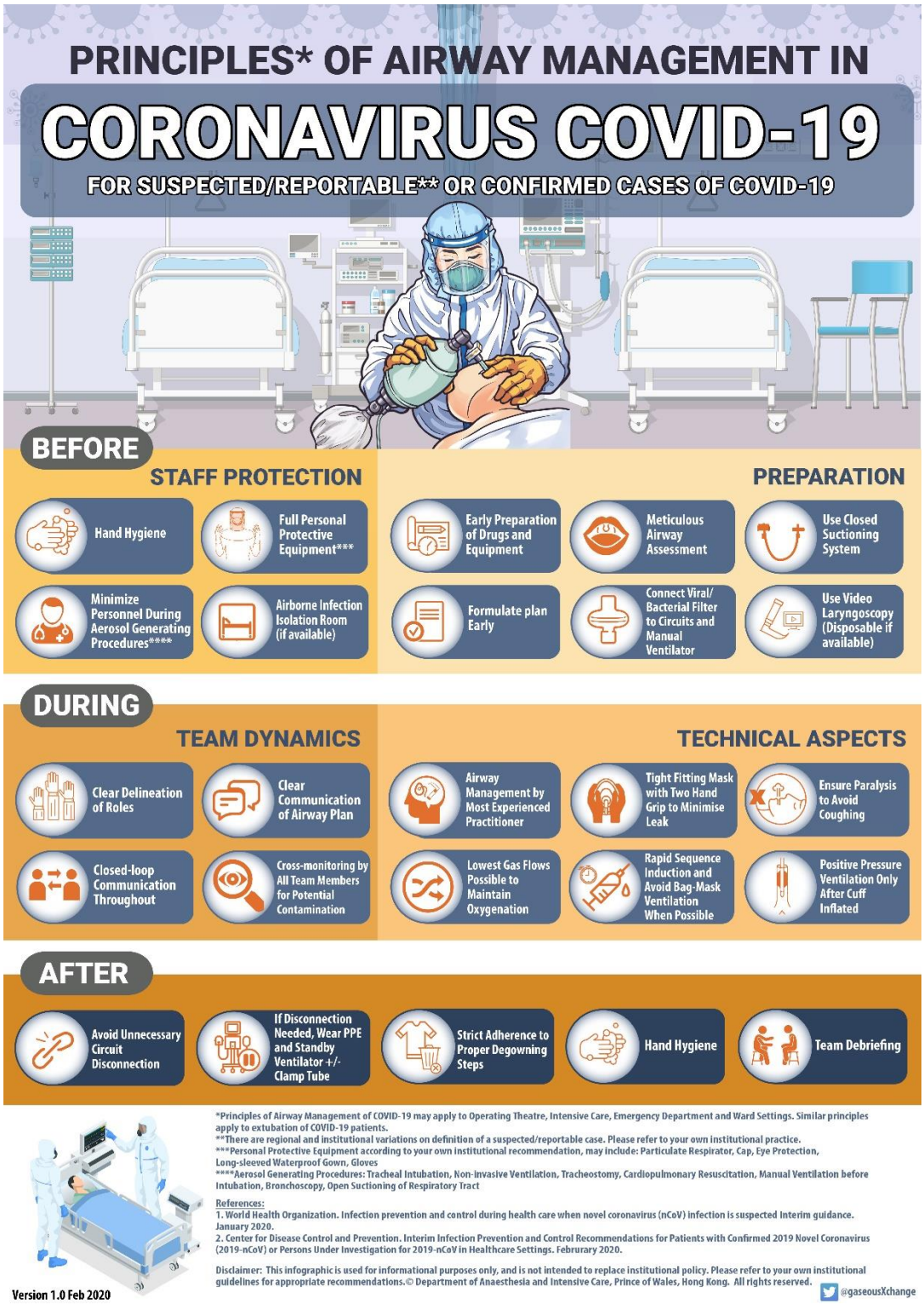
DMH STAFF TREATMENT PROTO

CPR protocol in patients during pandemic - Protected CPR

1. Wear PPE, N95 mask.
2. No Bag mask ventilation / LMA
3. Early intubation.
4. Attach viral filter to ETT.
4. Defibrillate early.
5. Intubation by experienced.
6. Remove & dispose PPE.
7. Equipment- dispose/disinfect**.**



Airway management in COVID suspected or confirmed patients

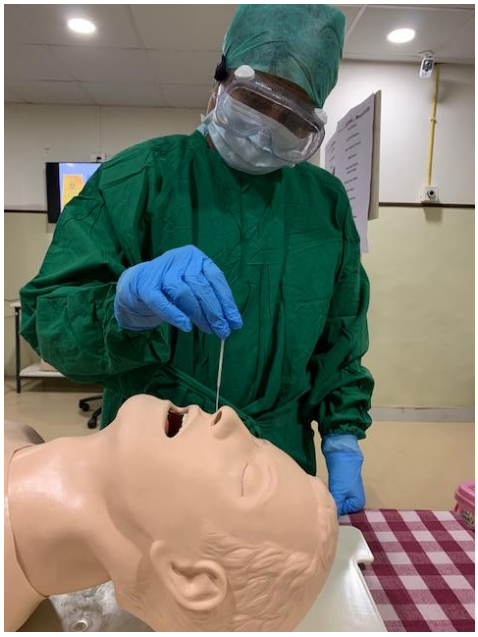


Swab collection criteria and technique

Swab Testing Criteria.pdf

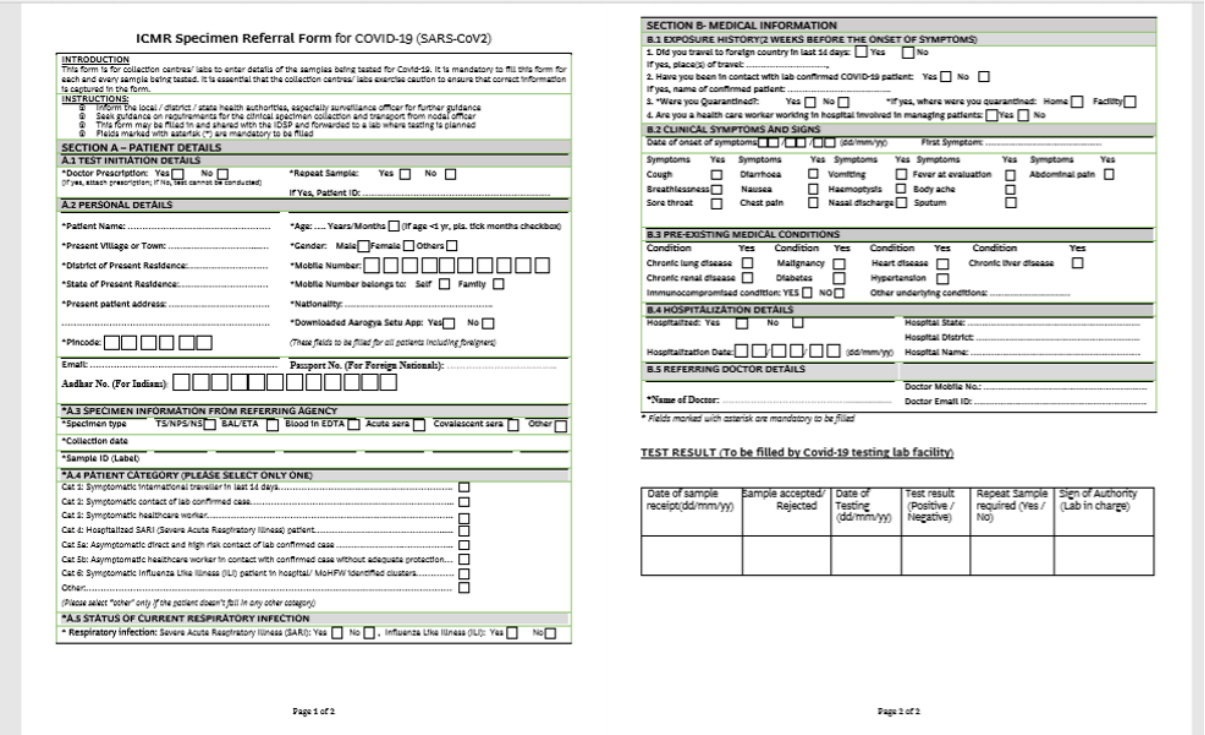
Technique training-

Nasopharyngeal swab



Oropharyngeal swab

ICMR form for specimen referral



ICMR Specimen Referral Form for COVID-19 (SARS-CoV2)

INTRODUCTION
This form is for collection centres/ labs to enter details of the samples being tested for Covid-19. It is mandatory to fill this form for each and every sample being tested. It is essential that the collection centres/ labs exercise caution to ensure that correct information is captured in the form.

INSTRUCTIONS:
① Inform the local / district / state health authorities, especially surveillance officer for further guidance
② Seek guidance on requirements for the clinical specimen collection and transport from nodal officer
③ This form may be filled in and shared with the IDSP and forwarded to a lab where testing is planned
④ Fields marked with asterisk (*) are mandatory to be filled

SECTION A – PATIENT DETAILS

A.1 TEST INITIATION DETAILS
*Doctor Prescription: Yes ☐ No ☐ (If yes, attach prescription; If No, test cannot be conducted)
*Repeat Sample: Yes ☐ No ☐ If Yes, Patient ID: .....

A.2 PERSONAL DETAILS
*Patient Name: .....
*Age: .... Years/Months ☐ (If age <1 yr, pls. tick months checkbox)
*Present Village or Town: .....
*Gender: Male ☐ Female ☐ Others ☐
*District of Present Residence: .....
*Mobile Number: ☐☐☐☐☐☐☐☐☐☐
*State of Present Residence: .....
*Mobile Number belongs to: Self ☐ Family ☐
*Present patient address: .....
*Nationality: .....
*Downloaded Aarogya Setu App: Yes ☐ No ☐
*Pincode: ☐☐☐☐☐☐
(These fields to be filled for all patients including foreigners)
Email: .....
Passport No. (For Foreign Nationals): .....
Aadhar No. (For Indians): ☐☐☐☐☐☐☐☐☐☐☐☐

*A.3 SPECIMEN INFORMATION FROM REFERRING AGENCY
*Specimen type: TS/NPS/NS ☐ BAL/ETA ☐ Blood in EDTA ☐ Acute sera ☐ Covalescent sera ☐ Other ☐
*Collection date
*Sample ID (Label)

*A.4 PATIENT CATEGORY (PLEASE SELECT ONLY ONE)
Cat 1: Symptomatic International traveller in last 14 days ☐
Cat 2: Symptomatic contact of lab confirmed case ☐
Cat 3: Symptomatic healthcare worker ☐
Cat 4: Hospitalized SARI (Severe Acute Respiratory Illness) patient ☐
Cat 5a: Asymptomatic direct and high risk contact of lab confirmed case ☐
Cat 5b: Asymptomatic healthcare worker in contact with confirmed case without adequate protection ☐
Cat 6: Symptomatic Influenza Like Illness (ILI) patient in hospital/ MoHFW identified clusters ☐
Other: ☐
(Please select "other" only if the patient doesn't fall in any other category)

*A.5 STATUS OF CURRENT RESPIRATORY INFECTION
* Respiratory infection: Severe Acute Respiratory Illness (SARI): Yes ☐ No ☐ , Influenza Like Illness (ILI): Yes ☐ No ☐

Page 1 of 2

SECTION B- MEDICAL INFORMATION

B.1 EXPOSURE HISTORY(2 WEEKS BEFORE THE ONSET OF SYMPTOMS)
1. Did you travel to foreign country in last 14 days: ☐ Yes ☐ No
If yes, place(s) of travel: .....
2. Have you been in contact with lab confirmed COVID-19 patient: Yes ☐ No ☐
If yes, name of confirmed patient: .....
3. *Were you Quarantined?: Yes ☐ No ☐ *If yes, where were you quarantined: Home ☐ Facility ☐
4. Are you a health care worker working in hospital involved in managing patients: ☐ Yes ☐ No

B.2 CLINICAL SYMPTOMS AND SIGNS
Date of onset of symptoms: ☐☐/☐☐/☐☐ (dd/mm/yy) First Symptom: .....

Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes	Symptoms	Yes
Cough	☐	Diarrhoea	☐	Vomiting	☐	Fever at evaluation	☐	Abdominal pain	☐
Breathlessness	☐	Nausea	☐	Haemoptysis	☐	Body ache	☐		
Sore throat	☐	Chest pain	☐	Nasal discharge	☐	Sputum	☐		

B.3 PRE-EXISTING MEDICAL CONDITIONS

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
Chronic lung disease	☐	Malignancy	☐	Heart disease	☐	Chronic liver disease	☐
Chronic renal disease	☐	Diabetes	☐	Hypertension	☐		

Immunocompromised condition: YES ☐ NO ☐ Other underlying conditions: .....

B.4 HOSPITALIZATION DETAILS
Hospitalized: Yes ☐ No ☐
Hospital State: .....
Hospital District: .....
Hospitalization Date: ☐☐/☐☐/☐☐ (dd/mm/yy)
Hospital Name: .....

B.5 REFERRING DOCTOR DETAILS
*Name of Doctor: .....
Doctor Mobile No.: .....
Doctor Email ID: .....

* Fields marked with asterisk are mandatory to be filled

TEST RESULT (To be filled by Covid-19 testing lab facility)

Date of sample receipt(dd/mm/yy)	Sample accepted/ Rejected	Date of Testing (dd/mm/yy)	Test result (Positive / Negative)	Repeat Sample required (Yes / No)	Sign of Authority (Lab in charge)

Page 2 of 2

Contribution of Simulation centre for DNB examination during the COVID19 pandemic.

1. In view of directives from DNB board the use of human patient volunteers as cases were prohibited.
2. OSCE stations of equipment, images, basic skill demonstration on mannequins were conducted as usual.
3. For medical case scenarios in Anaesthesia, Cardiology, Emergency medicine the moderate fidelity simulator was used. Scenarios were designed as per the cases. Uploaded on the software. Dry runs of scenarios conducted and tested prior to the exams.
4. Cases like anaesthesia critical incidents, Inferior myocardial infarction, Arrhythmias, Difficult airway were conducted using the software and task trainer mannequins like airway mannequin for intubation, actual defibrillation.
5. 2D Echo simulator was used for the cardiology exams. Hence the skill and technique of trans-thoracic echocardiography could be tested. All anomalies could be shown on the software for the students to diagnose.
6. For surgical case scenarios, our mannequin ‘Annie’ was used to demonstrate a breast lump, dry gangrene of great toe, Varicose veins on lower limb, Thyroid swelling on the neck, etc

Research and publication during COVID19 from simulation center

1. Preparedness of Acute Care Facility and a Hospital for COVID-19 Pandemic: What We Did!' Indian J Crit Care Med 2020;https://www.ijccm.org/doi/IJCCM/pdf/10.5005/jp-journals-10071-23416.
2. 'Developing a Protocol for the Resuscitation of Infants born to Suspected or Confirmed COVID-19 Mothers based on Simulation – An Experience from Tertiary Level Center of India' Indian Paediatrics.
3. NeoBox – A physical barrier for resuscitation of infants born to suspected or confirmed COVID19 mothers.

Thank you!