



Simulation Center Planning Considerations for Safe Reopening

This document can be used as a guide to help simulation centers plan for safe reopening and incorporates guidance from [The Centers for Disease Control and Prevention](#) (CDC) and [The White House](#) plan for reopening America. This document should be used to guide plans but should be used in the context of local, regional/state, and national guidance for reopening. The phases described correspond to phases described in the CDC guidance for Institutes of Higher Education (IHE). It should be noted these are reversed from the White House's plan for 'Opening up America'. Variations will occur depending on the location of a simulation program (ex. within healthcare institutions, or in an educational institution) and feasibility to perform some distancing and infection control measures.

General Considerations:

A decision rule to help in [planning workplace reopening](#) has been made available from the CDC.

Consider having an email or phone number provided to simulation center participants to provide notification if they have a positive test for COVID-19 within two weeks of on-campus attendance. The CDC has [specific recommendations for IHEs](#) if a positive case is known on campus. If a staff member or learner reports a positive test, notification of close contacts (shared room or course) should be performed.

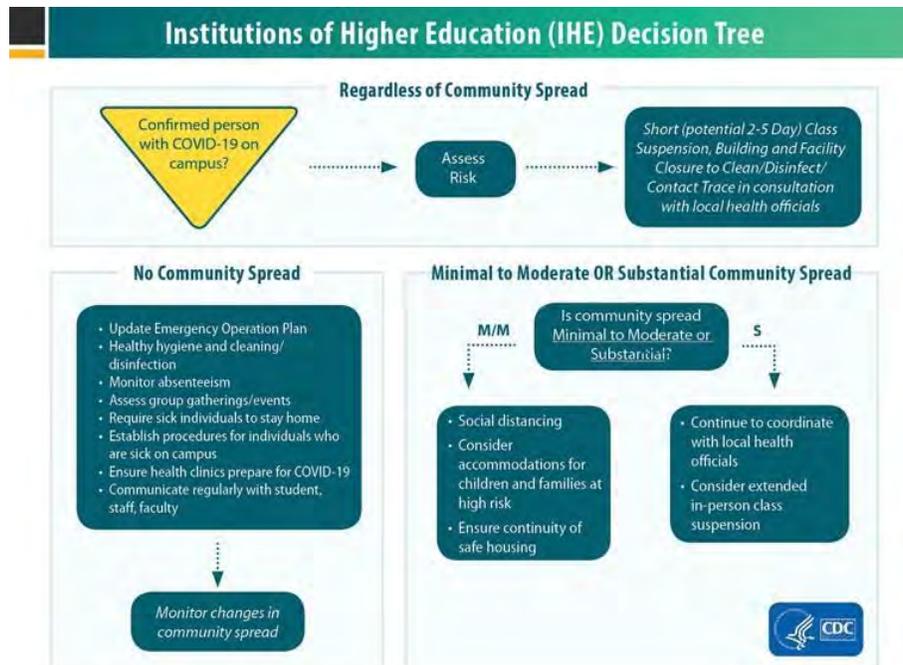


Figure 1 - This decision tree can help determine if closure of the center or postponement of activities should occur following a report of a positive case on site.

It is important to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act, as applicable;

do not to provide specific details of when or how the exposure may have occurred. A list of symptoms and monitoring recommendations from the CDC should be available (Information Sheet), local public health departments should be contacted for specific local/regional recommendations.

Phase Three – (substantial community transmission)

Activities – Courses required for curriculum advancement or critical for healthcare provider certification that cannot be equivalently performed remotely will resume at the simulation center with appropriate distancing and disinfection measures. Educational activities will only be provided to, and supported by, faculty, staff, or students of the institution (no outside users).

- ❑ Experiential learning activities can occur with 6 feet of spacing between participants; or if 6' spacing is not feasible, with no more than two individuals in a room, and each wearing face coverings. All learners should wear gloves and perform hand hygiene before donning and after doffing.
- ❑ If equipment will be used, sufficient time and scheduling will be applied to allow disinfection of devices between sessions. This may require sessions with large numbers of participants to occur on concurrent days.
- ❑ Remote viewing of sessions should be encouraged to support education if possible through live streamed or recorded sessions.
- ❑ On-campus virtual-reality activities can be supported in the center if these activities require specialized equipment not available to learners at home. These activities should be limited to single participants.
- ❑ Debriefing activities still need to occur for all activities, but consider remote and virtual options to decrease exposure risks.
- ❑ Task training activities are allowed, but learners should be directed to separate rooms/spaces with cleaning and disinfection between users. These activities should be individually scheduled and discourage group arrivals.
- ❑ Courses with an expected didactic component should continue to occur via online and distance education for large group instruction.
- ❑ Required American Heart Association courses can have on-campus skills activities.

Workforce

- ❑ Staff may self-identify as having a high-risk condition and continue “on duty, working remotely” as appropriate.
- ❑ Standardized patients may participate in on-campus activities with single participant interactions. Group SP training should be performed online.
- ❑ The SP lounge and other common areas will be closed, but small snacks or beverages in a sealed container may be taken into the room with the SP. Other eating and drinking should occur in private.

Facility

- ❑ Prior to entering the facility all participants will be screened ([according to CDC recommendations](#)) for:
 1. Presence of fever, cough, or flu/like symptoms.
 2. Unprotected exposure to an individual with known COVID-19
 3. Presence of a temperature
 - Use of an IR temporal scanner or similar should be considered if feasible
 - Anyone screening positive will be denied entrance and must contact a supervisor to report.

- ❑ Shared control room spaces should have occupancy limited to allow 6' of distancing between individuals
- ❑ Sufficient stock of disinfecting products must be available to allow cleaning of equipment and common room spaces prior to scheduling a session.
- ❑ Shared equipment and spaces must be disinfected based on [CDC and EPA guidelines](#) prior to use by another group. [EPA List-N](#). Simulation specific disinfection considerations are available [here](#).
- ❑ If anyone is noted to be in the center without a screening identifier, they will be directed to the screening checkpoint.
- ❑ Daily check of hand sanitizer stations will be performed.
- ❑ Linens should be removed from beds completely (or following each encounter) to allow cleaning of these surfaces.

Phase Two – (minimal to moderate community transmission)

Activities – Courses and activities required for general curriculum that cannot be equivalently performed remotely will resume in the simulation center with appropriate distancing and disinfection measures. Simulation educational activities will be provided to all institutional faculty, staff and students as well as other care providers in the community. No tours or non-clinical activities will be allowed.

- ❑ Convening of courses with up to 10 participants will be allowed in classroom spaces if participants wear face coverings and can maintain 6' of distancing.
- ❑ Up to 4 participants can be present in immersive simulation rooms (ex. manikin rooms) if a space of 6' could be achieved.
- ❑ Smaller rooms (ex. SP rooms) will be limited to 2 persons and learners will wear masks and use gloves.
- ❑ If equipment will be used, sufficient time and scheduling will be applied to allow disinfection of devices between sessions. This may require sessions with large numbers of participants to occur on concurrent days.
- ❑ All learners inside the simulation facilities will wear simple face coverings while in common spaces.
- ❑ All requests for use of the simulation center will be reviewed to ensure the number of participants are in compliance with facility and space requirements outlined above.

Workforce

- ❑ Staff will return to working in the simulation center, but may request to support remote operations if appropriate in some circumstances.
- ❑ Staff will return, but should avoid group meetings over 10 persons or when distancing of 6' cannot be maintained.
- ❑ Staff will continue to wear face mask in all shared spaces or common areas.
- ❑ Standardized patients may participate in on-campus activities with up to two learner participants. Group SP training can be performed in person if less than 10 people and 6' distancing can be achieved.
- ❑ The SP lounge area will be closed, but small snacks or beverages in a sealed container may be taken into the room with the SP.

Facility

- ❑ Prior to entering the facility all participants will be screened (verbally) for:
 - ❑ 1. Presence of fever, cough, or flu/like symptoms
 - ❑ 2. Unprotected exposure to an individual with known COVID-19
 - ❑ -Anyone screening positive will be denied entrance and must contact a supervisor to report.
- ❑ Sufficient stock of disinfecting products must be available to allow cleaning of equipment and common room spaces prior to scheduling a session.
- ❑ Daily check of hand sanitizer stations will be performed.
- ❑ Linens may be returned to beds and other areas if frequently laundering is possible.

Phase One - (preparedness phase)

Activities -

All usual activities may proceed with encouragement of appropriate hand washing and general hygiene activities. Tours and non-educational activities may resume. Consider modifying or cancelling large gatherings if increased risk of transmission is suspected or possible.

- Consider planning and preparing materials for online and distance learning should cases of COVID-19 increase in the community again.
- Consider moving tables and work space equipment to minimize exposure risks

Workforce -

- All staff should return to working on site.
- Face mask policies should reflect general community guidance, but may no longer be required.
- Continue to encourage staff to notify supervisors or fever or other symptoms. Those who are febrile or ill should not be allowed to work on site.
- Food and drink policies should resume prior enforcement

Facility -

- No specific screening for facility entry is required.
- Perform daily checks to ensure availability and access to cleaning and disinfection products. Including hand sanitizer and cleaning solutions for commonly used surfaces.
- Linens should be present on beds and other areas. Considered increased frequency of laundering schedule.