

Pre and Post In Situ Simulation Safety Checklist

Please complete this section before the simulation		
Staffing Needs: The goal is to minimize the impact on staffing.		
Patient care and unit operations have been considered and select staff members can participate in the simulation from ____: ____ to ____: ____.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Load/Acuity: The goal is to minimize the impact on patient census.		
The volume and acuity of current and pending patients, has been considered and the decision was made to carry on with the simulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Flow Patterns: The goal is to minimize the impact on transitions of care.		
The simulation is being held during periods of transition [shift changes, or handover] and with consideration for all disciplines and departments involved, the decision was made to carry on with the simulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Equipment Needs: The goal is to minimize the impact of using unit and mock resources.		
If unit resources are to be used, in the event that these resources are needed, a backup plan has been agreed to and conveyed to those possibly affected.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If mock resources are brought to the unit, these resources are clearly labeled, [e.g. "Not for Human Use"] and are accounted for. See over.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Psychological Safety/Unanticipated Events: The goal is to contribute to psychological safety.		
Effort has been undertaken to contribute to psychological safety, confidentiality, and orientating participants to simulation logistics.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
There are spaces identified and available for confidential debriefing. Primary Location: _____ Backup Location: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Efforts have and will be undertaken in advance and during the event, to notify all parties affected, that a simulation is occurring.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
An impactful event has recently occurred, or is occurring in the department, and the decision was made to carry on with the simulation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Infection Control: The goal is to prevent the spread of infection during transfer of equipment.		
Organisational infection control protocols will be followed during the transfer of equipment into the clinical setting.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Confidentiality and Recording: The goal is to prevent video recording privacy issues.		
If video recording is being used, organisational confidentiality/recording agreements have been signed by the participants.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If video recording is being used, an organisational privacy policy will be followed to avoid incidental recording of nearby individuals.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Simulation Location:	Date:	Session Number:
Simulation Team Member:	Unit Leader or Delegate:	<input type="checkbox"/> Go <input type="checkbox"/> No Go
If the decision was made not to run the simulation, please state why:		
Please see over for post simulation checklists and resource table.		

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Please complete this section after the simulation.	
Identified latent safety threats, will be communicated and reported as per organizational protocol. [PSLS]. Person responsible: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If mock resources were brought to the unit, these resources have been accounted for. See below.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Efforts have and will be undertaken, to notify all parties possibly affected, that the simulation is over.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attention has been given to assure clean up, and if applicable the following of organisational infection control protocols.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Simulation Team Member:	Unit Leader or Delegate:

Please label mock resources that are brought to the unit.
“Not for Human Use” stickers are available for download at the
FOUNDATION FOR HEALTHCARE SIMULATION SAFETY website.

Please use this table to account for resources [Equipment, IV's, Medications] that were brought to the unit for use during the simulation.	
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Informed by:

- Bajaj et. al. (2018). “No-Go Considerations” for In Situ Simulation Safety. *Simul Healthc* 13:221-224.
- The FOUNDATION FOR HEALTHCARE SIMULATION SAFETY
- Association for Simulated Practice in Healthcare. (2016). SIMULATION-BASED EDUCATION IN HEALTHCARE STANDARDS FRAMEWORK AND GUIDANCE