

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 harticipate in the simulation from	□Yes □No				
Clinical Load/Acuity	: The goa	l is to minimize the impac	t on patient cens	us.	
The volume and acuity of current decision was made to carry on wi	☐ Yes ☐ No				
Work Flow Patterns: The goal is to minimize the impact on transitions of care.					
The simulation is being held during and with consideration for all discursed to carry on with the simulation.	□Yes □No □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 backup plan has been agreed to a	☐Yes ☐No ☐N/A				
If mock resources are brought to [e.g. "Not for Human Use"] and a	□Yes □No □N/A				
Psychological Safety/Unanticipated Events: The goal is to contribute to psychological safety.					
Effort has been undertaken to corientating participants to simula	□Yes □No				
There are spaces identified and average Primary Location:	□Yes □No				
Efforts have and will be undertake parties affected, that a simulation	□Yes □No				
An impactful event has recently o decision was made to carry on wi	□Yes □No □N/A				
Infection Control: The goal is to prevent the spread of infection during transfer of equipment.					
Organisational infection control protocols will be followed prior to starting the simulation and during the transfer of equipment into the clinical setting.				□Yes □No □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.				□Yes □No □N/A	
If video recording is being used, an organisational privacy policy will be followed to avoid incidental recording of nearby individuals.			□Yes □No □N/A		
Simulation Location:	Date:	Session Number:			
Simulation Team Member:		Unit Leader or Delegate:		☐ Go ☐ 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:				
If mock resources were brought to the unit, these resources have been accounted for. See below.				
Efforts have and will be undertaken, to notify all pa simulation is over.	□Yes □No			
Attention has been given to assure clean up, and if organisational infection control protocols.	□Yes □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.			
	☐Before ☐After		

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

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