



General Guidelines

Integrated Center for Education

An abstract graphic at the bottom of the page consisting of several overlapping, semi-transparent geometric shapes in shades of blue and grey, creating a layered, architectural effect.

12 August 2016

General Guidelines

- I. **Location:** The Integrated Center for Education (ICE House) is located near the corner of South Avenue and Sims Place on Gundersen Health System's La Crosse Campus (1827 Sims Place).
- II. **Hours of Operation:** The ICE House normally operates from 8:00 AM – 5:00 PM Monday through Friday. After-hours and weekend events are approved in advance through the ICE House Manager.
- III. **Food and Beverages:** To protect lab equipment from damage, food and refreshments are permitted in the kitchenette or conference room area only.
No food, drink or gum shall be allowed in the simulation areas (sim lab, mock OR and robotic room).
- IV. **Dress Code:** Staff, instructors and participants are expected to always present a professional/clinical appearance. Gloves, scrubs, surgical gowns, or lab coats shall be worn at all times. **NO STREET CLOTHES ARE ALLOWED.** Hair longer than shoulder length is to be pulled back in a ponytail or covered with surgical cap.
- V. **Personal Belongings:** **All lab users and visitors are required to stow their personal belongings (coats, backpacks, purses, etc.) in the lockers provided in the lower level lavatories.**
- VI. **Signed Acknowledgements:** All participants must have on file signed Acknowledgement of Guidelines, Photo/Video Release and Code of Conduct form (pages 3, 4, and 5). Gundersen Health System policies and procedures take precedence over any circumstances not covered in this document.
- VII. **Equipment:** All simulation manikins and trainers shall be used under the direct supervision of a Gundersen Health System educator properly trained in its usage.
- VIII. **Hand washing:** All learners shall practice proper hand washing techniques while using the simulation labs and equipment.
- IX. **Gloves and Latex:** Gloves shall be worn by all instructors and learners during any contact with biological materials, simulated body fluids, skills trainers or manikins. While we provide non-latex gloves in all our facilities, some simulators/trainers may contain latex in their simulated skins.
- X. **Bio hazardous Materials:** Biological materials will be double red bagged and packaged as Pathological Waste. Bags will be put in the gray bins and a call placed to Environmental Services for transport (x 55900).
- XI. **Clean up:** All trash and debris are to be disposed of in the designated containers for pick up. Gowns, drapes and towels shall be put in the appropriate receptacles for cleaning. All counters shall be left clear of clutter with all unused items placed in their appropriate storage area.

Sharps are to be put in the appropriate sharps containers. Dirty instruments shall be placed in a designated instrument tray for proper cleaning and sterilization.

Acknowledgment of Lab Guidelines

I, _____, acknowledge that I have received a copy of the Integrated Center for Education (ICE House) guidelines. I have read and understand the contents of the document. I am aware that there may be changes made to this document from time to time and that I will be responsible for reading and abiding by any such changes. I am further aware that I may contact the ICE House Manager in regards to any questions or concerns. I understand that failure to abide by the terms of this manual may lead to a suspension (temporary or permanent) of ICE House privileges.

Participant Signature

Date

Institution/Department/School

Employee #

Please sign and date this form then return prior to use of the ICE House facility. Participants will not be permitted to use the facilities without a signed Acknowledgement of Policies and Procedures form on file.

Gundersen Resident and Fellows shall return forms to:
Medical Education Office, Mailstop: C03-006A

High School Student Visitors shall return forms to:
Their designated field trip representative. Do NOT send them to the ICE House.

All other users shall return forms to:
Sim Lab Coordinator Integrated Center for Education
1900 South Avenue, Mailstop: ICE04-001
La Crosse, WI 54601
Fax: 608-775-0878

Authorization Release for Photography and Video

The undersigned agrees that his/her photograph, performance, or voice recorded at the Integrated Center for Education can be used for commercial, educational and promotional (strike those that do not apply) purposes; and

That Gundersen Health System and Gundersen Health System's Medical Foundation have the unabridged right to use and display this likeness on behalf of the individual listed below; and

That the undersigned releases Gundersen Health System and Gundersen Health System's Medical Foundation and their appointees from any liability encountered during production or display of this material; and

That the material will be retained in the Marketing and/or Medical Media files for potential use in the future in other programs or projects where it may be applicable (**unless otherwise specified**).

The undersigned also certifies that he/she is over the age of eighteen, or that he/she is a parent or guardian of the named minor.

SUBJECT: Integrated Center for Education Simulation Lab

NAME (please print): _____

POSITION/EMPLOYEE #: _____

INSTITUTION/DEPT./SCHOOL: _____

SIGNATURE: _____ **DATE:** _____

Gundersen Health System Representative: Sheila Chapel 08/12/16
Sheila Chapel, Manager
Integrated Center for Education
Mailstop: ICE04-001

ICE House Code of Conduct

I understand and agree to the following:

1. The Cleary-Kumm Surgical and Simulation Training Lab is a safe place for me to learn appropriate and applied patient care knowledge based on the nursing and medical process, critical thinking and team communication.
2. Simulation work is a part of my clinical learning experience.
3. I will engage and participate in simulation practices as a professional and treat all simulation as a realistic patient care experience.
4. During all simulation work I am committed to help support and guide my peers in a positive, professional manner. I will not use demeaning, mocking or negative verbal, written or body language, about any scenario participant's actions, thoughts, or behaviors before, during or after the session.
5. I will observe strict patient and peer confidentiality about the simulation work, team member actions, and the debriefing discussions at all times.
6. Simulation work may occur with the group divided into participants and observers. If I am an observer, I may be watching via a live video feed in a designated area. I will be expected to observe as a professional and to participate fully during the debriefing session.
7. Simulation exercises may be videotaped for use during guided debriefing with participants immediately afterwards.
8. Recordings of simulation work will be electronically stored for continued learner learning purposes and shall NOT be used for promotional or public display unless specifically requested and written permission is given.
9. All simulation information is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of ICE House lab policy.

Signature

Date

Organization/Dept./School

Employee#