



**UNC CHARLOTTE**  
**College of Health and Human Services**

School of Nursing  
Learning Resource Center  
Policies and Procedure Manual  
2016-2017

*Policies in this manual are applicable to all university faculty, students and guests utilizing the Learning Resource Center. Further information may be obtained at <http://nursing.uncc.edu/student-resources/learning-resource-center>*

Date of Origin 9/2010  
Revised 9/2012 DAC  
Revised 7/2015 CTC  
Revised 7/2016 CTC

**University of North Carolina at Charlotte  
School of Nursing  
Learning Resource Center**

**Student Contract**

I have received a current copy of The University of North Carolina at Charlotte School of Nursing *Learning Resource Center Policy and Procedures Manual Updates*. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in any of the nursing programs offered by the UNC Charlotte School of Nursing, to adhere to the policies and guidelines set forth. The policies and procedures are subject to change during my course of study and it is my responsibility to keep abreast of these changes.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Introduction & Philosophy**

The Learning Resource Center (LRC) is dedicated to supporting the vision, mission and philosophy of the School of Nursing at the University of North Carolina at Charlotte (UNCC). The mission of the LRC is to enhance student learning in a safe, innovative environment while promoting competence in all aspects of professional nursing practice. The LRC endeavors to design learning activities that replicate real-life clinical situations which are evidence based and student centered, thereby assisting *students in their enhancement of critical thinking, clinical reasoning and decision-making skills*. Faculty who participate in simulated learning experiences provide students with constructive feedback regarding individual and team performance through debriefing sessions and empower students with the ability to self-analyze their own performance during the reflective process. All simulated learning experiences will be designed by course faculty in conjunction with the Learning Resource Center Director.

In this environment you can be introduced to new skills, as well as practice learned skills, and the evaluation of those skills. Evaluations may be done either by your peers, graduate assistants, or faculty in an effort to encourage and foster critical reasoning skills. It is important that you consider this a safe environment where the primary objective is to allow you to become competent and comfortable with the skills learned prior to arriving on the clinical units with actual clients. Simulation activities may also be offered during your clinical experiences to allow time to develop critical thinking and clinical decision making skills. Should your instructor choose to use audiovisual recording as a means of documenting those evaluations, all students and faculty are required to complete and submit the appropriate consent forms included in the appendix of this manual.

On occasion, other programs of study within CHHS may utilize the labs via interdisciplinary simulations and activities with the nursing department. Specific courses within the nursing programs will be assigned to lab time for instruction, individual practice and competency evaluations. Some courses require mandatory time requirements and you will be informed of these times by the faculty teaching those courses.

The following guidelines facilitate learning and promote the safety of all participants during learning experiences held in the LRC. It is expected that everyone involved in LRC activities will adhere to these guidelines, including faculty, staff and students. The Director of the LRC will update the contents of this manual as needed and will advise users of these changes as they occur.

## **General Information**

The Learning Resource Center (LRC) is located on UNC Charlotte campus, 3<sup>rd</sup> floor of the College of Health and Human Service building. The LRC facilities simulate a hospital, home and primary care settings. It is fully equipped for students to practice clinical nursing skills at all levels of nursing practice that may occur with diverse clients across the lifespan. There are phones in the four lab rooms (306, 307, 320, and 321) that are for campus use only. The phones in 307, 320, and 321 also have 1-800 calling capacity so that technical support can be reached when necessary for the manikins located in these specific rooms.

The LRC includes the following learning support services and resources:

- CHHS 302 – Living Learning Laboratory (The Apartment)
- CHHS 305 – A Mother’s Place ( breastfeeding or pumping space)
- CHHS 306 – Skills Lab (Wall Phone – Extension 77946), Storage Room 306A
- CHHS 307 – Clinical Simulation Lab (Desk Top Phone – Extension 77947)
- CHHS 311A – Library/Audio Visual
- CHHS 312 – Exam Room 1
- CHHS 313 – Main Storage
- CHHS 314 – Exam Room 2
- CHHS 315 – Utility Room
- CHHS 316 – Exam Room 3
- CHHS 320 – Health Assessment Lab (Wall Phone – Extension 77948), Storage 320A
- CHHS 321 – OB/PEDS Room (Desk Top Phone – Extension 70273)

### **Lab Descriptions:**

#### **CHHS 302-Marilyn Greene Smith Living Learning Lab**

Designed and furnished like an apartment, this laboratory includes a living area, kitchen, bedroom and handicapped accessible bathroom. Students gain skill in the empathetic delivery of care to clients in the home and community. Assistive devices such as walkers, wheelchairs and canes are also available here. (Susie - an adult female human patient simulator is temporarily housed here).

#### **CHHS 305-Mother's Place**

A comfortable retreat for new mothers (students, faculty, or staff) who are breastfeeding and require a private location to pump breast milk or feed an infant. A Medela symphony breast pump is available.

### **CHHS 306- Nursing Skills Lab**

A seven bed laboratory dedicated to the acquisition and improvement of psychomotor skills for the undergraduate or graduate nurse student. Students are taught basic skills on a variety of models as well as culturally diverse manikins including simulated geriatric and obese clients. Each bed has fully functioning wall connections for simulated suctioning and oxygenation, and patient call light. It is complete with night stands and over bed tables, two large group tables, two scrub sinks, and a full working patient bathroom, and linen cart. SMART room standard technology podium including LCD projectors DVD/VCR unit, instructor computer, document camera and SMART Technology Symposium and Wi-Fi access to university system and network printer.

### **CHHS 307- Human Patient Simulation Clinical Lab**

A three bed laboratory dedicated to simulation technology. Includes Laerdal SimMan Classic, A Nursing Kelly and Sakura, a Japanese patient care task manikin. Two CathSim virtual reality systems are available to support student learning related to IV initiation and phlebotomy. SMART room standard technology podium including LCD projectors, DVD/VCR unit, instructor computer, document camera and SMART Technology Symposium. Full access to university system and network printer.

### **CHHS 312, 314, and 316-Exam Rooms**

Three exam rooms to simulate a place where a physical examination and other treatments are performed by a nurse practitioner, physician or other healthcare personnel. Each room contains an examination table, sink, counter space, and wall mounted otoscope and ophthalmoscope, and x-ray illuminator view box.

### **CHHS 320-Health Assessment Lab**

Eight exam tables dedicated to the acquisition of skills required for health assessment at both the graduate and undergraduate levels. One large group table and SMART room standard technology podium including LCD projectors, DVD/VCR unit, instructor computer, document camera and SMART Technology Symposium. A variety of skeletons, static manikins, and models are available for student instruction. Wall mounted otoscopes and ophthalmoscopes are available.

### **CHHS 321 Maternal /Child Resource Lab**

This area is equipped with Noelle the birthing simulator and her newborn baby, as well as SimBaby, an infant warmer, Toddler Hal and crib, infant scales and bassinets. Both beds are equipped with suction and oxygen connections. Classroom or small group work areas are available for individualized tutoring or small group activities. SMART room standard technology

podium including LCD projectors, DVD/VCR unit, instructor computer, document camera and SMART Technology Sympodium. Full access to university system and network printer is available (Simman Essential is temporarily housed here).

Further details regarding the specific learning labs are provided at:

<http://nursing.uncc.edu/student-resources/learning-resource-center>

## **LRC Open Lab - Hours of Operation**

The LRC's function is to facilitate learning and is an adjunct to any clinical rotations. The LRC has a minimum of 4 hours Open Lab available every semester which is overseen by the LRC staff. Students may be required to attend open labs per their instructor's discretion or voluntarily attend to improve their clinical skill level. The schedule is posted in the instructor's electronic course or on the bulletin board outside Rm. 307. Hours are subject to change and faculty and students will be notified as changes occur. Students needing additional practice with skills or remediation are referred to the LRC by clinical faculty. Clinical faculty, with prior arrangement with the LRC Director, may choose to bring students to the LRC to cover missed clinical/ practicum hours in the event of inclement weather. Open lab may be offered during the week on one or two different days at a minimum of 2 hours per scheduled day.

## **Simulation**

### **What is Simulation?**

*“HEALTHCARE SIMULATIONS CAN BE SAID TO HAVE FOUR MAIN PURPOSES – EDUCATION, ASSESSMENT, RESEARCH, AND HEALTH SYSTEM INTEGRATION IN FACILITATING PATIENT SAFETY” (SSIH, 2016).* Simulation education is a bridge between classroom learning and real-life clinical experience. Novice learners – and patients - may learn how to do injections by practicing on an orange or injection pad with a real needle and syringe. Much more complex simulation exercises – similar to aviation curricula that provided the basis for healthcare – may rely on computerized mannequins that perform dozens of human functions realistically in a healthcare setting such as an operating room or critical care unit that is indistinguishable from the real thing. Whether training in a “full mission environment” or working with a desktop virtual reality machine that copies the features of a risky procedure, training simulations do not put actual patients at risk. Healthcare workers are subject to unique risks in real settings too, from such things as infected needles, knife blades and other sharps as well as electrical equipment, and they are also protected during simulations that allow them to perfect their craft (<http://www.ssih.org/About-Simulation>)

Simulating real-life experiences for students in this environment enhances psychomotor skill acquisition as well as critical thinking, clinical reasoning, and clinical judgment skills. The benefits include: 1) a range of easily accessible learning opportunities, 2) the freedom to make

mistakes and to learn from them, 3) simulation scenarios and debriefing and 4) debriefing. A brief description of these benefits is described below.

### **A range of easily accessible learning opportunities:**

Learning in healthcare is too frequently in an apprenticeship model. In many disciplines, as opportunities to learn and practice come along, it is hoped that learners encounter enough situations to insure that they become competent. This is ultimately a haphazard way to learn, and puts learners and patients at a disadvantage. Simulation offers scheduled, valuable learning experiences that are difficult to obtain in real life. Learners address hands-on and thinking skills, including knowledge-in-action, procedures, decision-making, and effective communication. Critical teamwork behaviors such as managing high workload, trapping errors, and coordinating under stress can be taught and practiced. Training runs the gamut from preventive care to invasive surgery. Because any clinical situation can be portrayed at will, these learning opportunities can be scheduled at convenient times and locations and repeated as often as necessary.

### **The freedom to make mistakes and to learn from them:**

Working in a simulated environment allows learners to make mistakes without the need for intervention by experts to stop patient harm. By seeing the outcome of their mistakes, learners gain powerful insight into the consequences of their actions and the need to “get it right”.  
<http://www.ssih.org/About-Simulation>

Students participate in life-like situations using a variety of simulation methods. Low-tech simulation activities include the use of props and models for the acquisition of skills, such as the use of injection pads to teach proper injection techniques or the use of breast models to teach the proper procedure for breast examination. Half-body task manikins may be used to simulate N/G Tube or Foley Catheter insertion. Students and staff may play the role of simulated clients or family through role-play, such as when students are learning therapeutic communication or how to obtain a health history. Medium Fidelity manikins may have wireless Simpads® which allow the instructor to vary the physiologic functions of the manikin to heighten students’ ability to measure blood pressure or heart and lung sounds. Lastly, the LRC utilizes human patient simulators (HPS), such as SimMan Essential®, Hal Jr®, Noelle®, and BabySim®, which respond in real-time based on student actions, providing a great opportunity for students to put their critical thinking, clinical reasoning and clinical judgment skills into action. The LRC promotes an environment that replicates the clinical experience to the highest extent, and practicing in such an environment will increase the probability that acquired skills are used in the real-world setting.

Simulation can accommodate a range of learners from novices to experts. Beginners can gain confidence and “muscle memory” for tasks that then allow them to focus on the more demanding parts of care. Experts can better master the continuously growing array of new technologies from minimally invasive surgery and catheter-based therapies to robotics without putting the first groups of patients at undue risk. Some complex procedures and rare diseases simply do not present enough opportunities for practice, even to established clinicians. Examples include treating a severe allergic reaction or heart attack in an outpatient clinic setting, or handling a case of malignant hyperthermia in the operating room. This is a gap that simulation training methods can help fill. <http://www.ssih.org/About-Simulation> The SON Simulation Task Force continues to revise and adapt new policies and procedures that will be forthcoming in our aspirations to become a premier simulation facility. All faculty are expected to utilize the current best practices and standards promoted by the NLN and simulation organizations such as INACSL® and SIRC®. Faculty are advised to collaborate with the Simulation Task Force when implementing new simulations and scenarios. The LRC has adapted the simulation design template recommended by the National League for Nursing (NLN) as the foundation for all simulated scenarios throughout the nursing curriculums (see attached template in forms section). Further the LRC ascribes to the current [INACSL Standards of Best Practice: Simulation SM](#)

### **Simulation Scenarios and Debriefing**

The LRC promotes an active learning environment, requiring engagement and participation by all students. Students are expected to report to all simulated experiences prepared and ready to actively participate. Students participating in the simulated learning experience must come into the simulated clinical environment prepared for the simulation with a basic knowledge of the material and dressed appropriately for the clinical experience. The learning environment provides the foundation for effective simulated patient experiences. Learning occurs when the environment accurately reflects reality and both the student and educator are actively engaged. Simulated experiences offer the opportunity for diverse styles of learning not offered in the classroom environment and can result in an increase in confidence felt by the student (Jeffries & Rizzolo 2006).

Students and faculty are expected to be professional and respectful of others, including all manikins and other equipment. Students are required to sign a Simulated Learning and Confidentiality Contract. This helps to create a safe learning space for all involved. Situations simulated in the lab are to be considered learning tools and no discussion regarding the actions of fellow students should take place outside of the lab as this may minimize the effects of the simulation for students yet to experience it. A debriefing session, facilitated by faculty, is conducted after all simulated experiences. After the debriefing session, students and faculty will complete an evaluation of the simulated experience, providing them the opportunity to reflect on the experience and to provide constructive feedback to further enhance the simulation for future students.

## **Debriefing**

Debriefing involves a reflective, critical thinking analysis of a simulation exercise. It is an active process, driven by faculty and students, involving the identification and sharing of both the facts and the emotions associated with a simulated experience. The focus of the debriefing should be a positive experience that encourages students to critically think about what was done, what was not done and what could be done differently in the future. Debriefing will be facilitated by faculty and/or the LRC Director.

## **Faculty Preparation before Scenario Simulation**

Faculty are expected to provide the Director of the LRC with specific objectives, debriefing questions and list of supplies needed via a completed scenario. Please refer to the INACSL or SIRC website for the current standard templates. The scenario for a simulation should be submitted to the LRC director at least two weeks prior to the scheduled experience via email. It is expected that the clinical faculty for the course will review all simulation scenarios thoroughly with faculty experienced in that specific discipline; i.e. maternity, med-surg, to be certain scenarios are vetted prior to the scheduled experiences. Faculty will work directly with the Director of the LRC to obtain moulage, props and equipment. Rehearsing scenarios prior to presenting them to students is extremely important because it provides the faculty time to become familiar with the equipment and supplies being used, the scenario being presented, specific learning objectives, and debriefing points. It also allows faculty to adjust the simulation as necessary so that established objectives are fulfilled. Faculty must schedule a rehearsal time with the Director of the LRC at least one week prior to presenting the scenario to students.

## General Learning Resource Center Guidelines

### Orientation to the Learning Resource Center

All users of the Learning Resource Center, including faculty, staff and students, are required to complete an orientation prior to utilizing any of the LRC resources. This orientation can be provided via the PPT titled “LRC Skills Lab Orientation & Safety” on the LRC webpage, or by personal tour with the LRC Director or designated faculty or staff. All users are required to print, complete and sign the orientation checklist. Please forward completed copy to the LRC Director for filing. (See checklist in Appendix B). LRC forms that may be completed online can be accessed here: [Learning Resource Center Forms](#)

### Learning Resource Center Code of Conduct/Behavior

1. All faculty and students will adhere to the Learning Resource Center (LRC) guidelines.
2. All policies in the Department of Nursing *Student Handbook* regarding clinical expectations apply to the LRC.
3. All faculty, staff and students will complete a LRC orientation and students will complete a Simulated Learning and Confidentiality contract *prior* to using the equipment.
4. Students are expected to report to the LRC prepared to actively participate in all learning experiences. Professional conduct and communication are expected at all times.
5. Infection control measures utilized in actual client care environments are utilized in simulated care areas. Natural oils found on hands can destroy the mannequin "skin". Hands should be washed before and after all client contact. Gloves are utilized as they are utilized in the actual clinical setting.
6. All manikins and equipment are treated with proper care and respect as if they were real, human clients.
7. Manikins are to remain on the beds at all times. Equipment should only be relocated or removed as instructed by the Director or staff of the LRC. In the event students use the beds, shoes must be removed prior.
8. Equipment and supplies are returned to their appropriate location upon completion of simulated exercises. Beds should be made and left in their lowest position after each use. Bed rails should be lowered when unoccupied by mannequins. Gowns should be properly placed back on the manikin after each use.

9. Damaged, missing or malfunctioning equipment should be identified with a note and be reported immediately by emailing the “Damaged and/or Malfunctioning Equipment report form” to the Director of the LRC.

10. Ink pens, felt-tipped markers, iodine, betadine, or KY jelly should not be used on or near the mannequins. These items permanently stain task trainers and mannequin skins. Only manufacturer approved manikin lubricant shall be used.

11. Students and faculty are expected to maintain a respectful and safe learning environment for colleagues while participating and observing in simulated learning experiences.

12. Simulated learning experiences are to be used for learning purposes only and no discussion of the scenarios or the actions of fellow students should take place outside of the lab.

13. Cell phones use is not permitted, or students may be asked to leave the area and incur an absence at the discretion of the facilitator.

14. Eating is not permitted in the LRC. Students are asked to eat in the 3rd floor atrium or other designated areas. Beverages must be in a spill proof container. Students and faculty are responsible for protecting all LRC equipment. Simulation labs are to be used for teaching and learning purposes only and not for personal use. (Ex. Appliances and furniture in the simulated apartment are not to be utilized for personal use by faculty, staff or students.)

### **Confidentiality**

Students are expected to uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws requiring confidentiality. In order to preserve the realism of scenarios used in the LRC and to provide an equitable learning experience for each student, all persons utilizing the LRC are required to sign a ***Simulated Learning Contract and Confidentiality Agreement*** (see in forms section). Students are expected to protect information pertaining to the actions of peers and are expected to keep these experiences within the clinical group for learning purposes only. Students agree to report any violations to the Director of the LRC or nursing faculty. Simulated experience have the potential of being recorded, and students must protect these recorded simulations in the same manner they would protect real client situations. Student consents for photography and/or video are obtained during new student orientation or as applicable. These photos and videos are only to be utilized by the LRC for educational and public relations purposes. Students are not permitted to share these recordings/photos with anyone. ***Any sharing of recorded LRC activities, on social media such as on YouTube, Instagram, Snapchat, etc. is inappropriate and will result in disciplinary action.*** Videos necessary for class assignments require students to complete the “Policy and Release for Course Assignment for Videotaping in the LRC form located here: [Policy and Release for Videotaping](#)

## **Remediation / Alternative Clinical Assignments**

Remediation of simulated lab performance as well as actual clinical performance is recommended by clinical faculty on an individual basis. If it is determined that clinical remediation is necessary in the LRC, the student is referred to the LRC utilizing the Faculty Request for Student Instruction form located on the LRC webpage. The student may be asked to return to the LRC based on the recommendation of the Director, LRC staff or clinical faculty. Students who are referred to the LRC are notified via email within 3 days by their instructor when a plan has been drafted and faculty will collaborate with the LRC director regarding the day and time of the students' scheduled remediation. Any remediation is documented and kept in the student's permanent file. ***Students may not be sent to Open Lab or for remediation to make-up missed clinicals.*** However, clinical faculty, by prior arrangement with the LRC Director, may choose to bring students to the LRC for faculty directed alternative learning experiences as a result of missed days due to inclement weather. These simulation experiences will be created with clear clinical objectives, appropriate evaluation and conducted by the teaching clinical faculty.

## **Communication**

All telephones, fax machines, iPads and other technological equipment housed in the LRC are to be used for simulation purposes only. All personal electronics are prohibited during any simulation experiences. Resources, such as medication references, are housed in the simulation lab locker for student reference during lab or simulated experiences.

## **Accessing Lab Space in the LRC**

Lab rooms can only be accessed through a card swipe with faculty/staff UNC Charlotte activated ID card. Activation of ID card can be made upon request and approval by the LRC Director. All faculty listed in banner as instructor of record for classes with a lab component will be granted access for that semester only. Recurring courses which are routinely taught and are listed as a lab in the Banner registration portal will be automatically scheduled for the next semester and faculty are to access the Google calendar to verify their scheduled lab space. If their course is not shown on the calendar, it is the instructor's responsibility to request the lab via the procedure below. All access cards will be deactivated during the summer unless access is required and requested for summer classes. All others may contact the LRC Director for access during the summer.

Faculty shall collaborate with the LRC Director on their available days and times, and review the LRC google calendar to ascertain the availability of the requested lab. Please contact Academic Technology (AT) for information on adding these calendars to your own. Faculty needing to utilize a classroom or laboratory experience in the LRC should submit a request form via the LRC webpage or via this embedded link [LRC Lab Request Form](#) at least 4 weeks in advance of anticipated need; requests which are not made in sufficient time cannot be guaranteed approval. If granted you will receive a calendar invite. Faculty's acceptance of this invite is confirmation of your reservation.

## **Open Lab Scheduling**

Open Lab access schedules are to be coordinated via electronic sign-up by the requiring instructor if a mandatory lab, and all other open lab attendees are first come- first serve during the scheduled times. The LRC Director is not responsible for scheduling individual students for open lab, video assignments or reserving any video cameras or equipment. The requesting parties will contact the Academic Technology department to coordinate the reservation of equipment, and collaborate with their teaching faculty and the LRC director on the scheduling and coverage of student projects in the LRC. Open Lab times are subject to change each semester and faculty will be notified to share with students.

## **Inventory and Supplies**

Supplies required for simulated experiences are provided by the LRC. However, personal clinical supplies such as stethoscopes, penlights, bandage scissors, goggles and pens are the responsibility of students and will not be provided. When supplies are running low or if faculty would like to request additional supplies, the Director of the LRC should be notified. Request for purchasing new equipment/supplies should be submitted at least six weeks in advance of anticipated need utilizing the supply [Equipment and Software Request form](#). Reusable supplies should be returned to the same cabinet/cart in which they were found. Students should check for expiration dates on supplies, but it is understood that supplies that are expired are intended for practice purposes only and are utilized for that purpose. Unless soiled, all linen should be refolded and placed back onto the linen cart in each storage area. Needles and other sharps are not to be reused under any circumstance and should be disposed of in the nearest sharps container. Faculty is ultimately responsible for ensuring their students return the supplies after each use and for their safety in the LRC.

## **Checking Out Equipment**

Faculty, staff and/or students may check out equipment (teaching stethoscopes, models, certain manikins, etc.) for teaching/learning experiences as approved by the Director of the LRC. Equipment must be returned within two weeks of checkout unless pre-approved by the Director of the LRC for an extended checkout period. Equipment is checked out and returned directly through the Director of the LRC or their designated staff utilizing the Capital Equipment/Special Use Form on the LRC webpage or at: [Capital Equipment Request Form](#). Forms must be submitted at least 2 weeks prior to need to ensure that the items are available and prepared for your pick-up. Unless otherwise arranged, requested equipment may be picked up and returned to the CHHS Media Library Rm. 311 A by the requesting faculty. In the event of unforeseen emergencies, on rare occasions, some items may be borrowed and signed out of the hardcopy “Lab Sign-Out Book” located on the counter outside of the Media Library, Rm. 311A.

## **Calculators**

Faculty may sign out and borrow testing calculators from the SON workroom bookshelf.

## **Clean Up**

All users of the LRC have the responsibility for maintaining the LRC in proper working condition. The center should be left in the manner in which it was found, so that those who follow will have a positive lab experience. All trash should be disposed of appropriately (particularly organic materials such as hotdogs or pig's feet) and reusable supplies and resources should be returned to their designated locations. Beds should be remade and left in the lowest position with the bed rails down (if unoccupied by manikins). Curtains (where applicable) should be placed back against the wall and overbed tables should be placed at the foot of the bed. Bedpans, urinals, and/or basins need to be washed, dried and placed in the bedside drawers. Soiled linen is placed in covered linen hampers that may be temporarily located in the simulation lab during linen changes and then returned to their storage location in the soiled utility room (bathroom connected to the simulation lab). Linen hamper bags should only be filled to  $\frac{3}{4}$  capacity, tied securely and left in the soiled utility restroom inside room 306. Soiled linen is sent out as needed to the contracted laundry service. Reusable supplies should be restocked when not being used. All faculty members and LRC staff are responsible for replacing sharps containers when they become  $\frac{2}{3}$  of the way full, but the LRC Director and staff maintains responsibility for disposing of filled containers appropriately. Smart Podium & computer, monitor and overhead projector should be confirmed shutdown. Lights should be turned off upon leaving the lab area, and doors securely pulled up and locked.

Only manufacturer approved lubrication spray may be used sparingly, and monitored by the instructor or staff present. The exterior of the manikins and task trainers in the skills lab are to be cleaned with mild soap and water, rinsed and dried after every use. All tubes, catheters, dressings, tape, etc. must be removed and the area cleaned appropriately upon completion of simulated exercises. Manikins are to be left in the bed and are not moved unless directed by the Director of the LRC. All injection pads need to be squeezed of any fluid and left to dry. All drainage bags must be emptied, disposed of or cleaned appropriately for later use. All chairs should be pushed under the tables, and all exam tables must have clean exam table paper pulled down and replaced as needed.

## **Media: Videos, CD's, and DVD's**

The LRC has the capability of displaying a variety of media. Multiple cameras and microphones can be located throughout the simulation labs and have the capability of recording all activity in the rooms. Audiovisual equipment should only utilized by those who have received appropriate training. Recordings are used for educational purposes and debriefing opportunities with the appropriate faculty, staff and students. The confidentiality agreement signed by students protects privacy and discourages inappropriate discussion of video contents or student performance in the simulation scenarios. [Policy and Release for Course Assignment for Videotaping in the Learning Resource Center](#) *Any unethical viewing or publication outside of the classroom, such as posting on YouTube, Instagram, Snapchat etc. is unacceptable and will result in disciplinary*

**action.** Recorded media may be saved to a backup hard drive in the LRC or Academic Technology (AT) department, and is available for student reviewing but shall not be removed from the LRC.

## **Safety Guidelines**

### **Infection Control**

Healthcare workers are occupationally exposed to a variety of infectious diseases during performance of client care activities. Clients are also exposed to a variety of healthcare-associated infections (HAI) from a variety of microorganisms. These infections can be devastating and sometimes even deadly. Wherever client care is provided, adherence to infection control guidelines is necessary to ensure safe care for clients as well as healthcare personnel. Participants of simulated scenarios are expected to adhere to all standard precautions and transmission specific precautions (contact, droplet, airborne) as recommended by the Centers for Disease Control and Prevention (CDC). Simulated clients as well as any equipment coming into contact with them are considered contaminated and must be handled accordingly. Personal protective equipment (PPE) is utilized and disposed of just as it is in actual client situations. Needles and other sharps are placed into the designated sharps containers located throughout the facility. Students, staff and faculty should notify the Director of the LRC when the sharps containers are 2/3 full so that they can be changed and disposed of appropriately.

### **EHS and Biohazard Requirements**

All faculty and staff utilizing the LRC will be required to complete the university's Environmental Health and Safety training annually via the Hazard Communication Job Aid, as well as the Bloodborne Pathogen training. All faculty and staff are to be aware of the MSDS sheets location either electronically or via the hardcopy notebook in the LRC media library Rm. 311A.

### **“Clean” Needle Stick Guidelines**

In accordance with the Center for Disease Control (CDC), all sharps are to be handled safely and disposed of properly. In the event of a “clean” needle stick, the LRC Director or nursing faculty should be notified immediately, so first aid can be provided and that an incident report form can be filled out and reported according to Department of Nursing guidelines. Complications from a “clean” needle stick may include: tenderness, minor bleeding or bruising, and infection.

### **Latex Warning**

Students, staff and faculty must be aware that some of the equipment and supplies in the LRC contains latex. Those with a known sensitivity/allergy to latex should contact the LRC Director and submit to them the completed latex allergy form at: [UNCC School of Nursing Latex Response Plan](#) Every effort is made to replace equipment with latex-free substitutions. All users

who suffer from a latex sensitivity/allergy should familiarize themselves with the policy and take precautions while using or handling latex parts by wearing non-latex gloves.

## **Security and Emergencies**

All faculty members are to ensure that lab rooms are secure and safe when using the rooms. Students are not to be left unattended by faculty or staff at any time. Should individual validation be necessary, faculty must schedule appointment times for students, so that they are not required to wait unattended in any lab. The doors to the LRC should be locked at all times when not in use; including lunch time. Propping open of doors is strictly prohibited if faculty/ staff are not present. The University Public Safety Department should be notified if the LRC is going to be utilized after regular business hours (evenings/weekends). It is the responsibility of the faculty and students to be aware of the location of emergency exits on each floor of the College of Health and Human Services Building. In case of a fire, all persons are expected to evacuate the building and Public Safety/Security needs to be notified immediately at extension 2200 or <http://police.uncc.edu>. Fire extinguishers are located in the CHHS hall between Rooms 320 and 321. Also an extinguisher is located adjacent to CHHS Room 302. The fire alarm pull is located near the stairwell exit adjacent to CHHS Office 308.

## **Physical Safety**

Unauthorized persons are not allowed in the labs at any time. Faculty may not leave students unattended in any labs. If validating students please schedule students so that they will not need to wait in the lab until their turn. All students are instructed on safe handling, repositioning and transfer techniques prior to practicing on manikins and each other. All users should use caution when practicing lifting skills and should not lift a manikin or heavy object without assistance. Proper body mechanics should be utilized during all simulated practice and clinical experiences. Students using the beds as patients should first remove their shoes to maintain a clean bed. Wheels of all equipment (beds, wheelchairs, stretchers, etc.) should remain locked. Care should be taken when dealing with electrical cords, and should not be used around water or wet materials. A first aid kit is stored in the Large Storage Room 313 in case injuries should occur. There should be no running or horseplay in the LRC, and any accident or injury needs to be reported immediately to faculty and/or the Director of the LRC. The Director of the LRC will complete and forward all incident reports to the Associate Dean and Director of the School of Nursing.

## References

- (n.d.). In *Centers for Disease Control Website*. Retrieved July 22, 2016, from <http://www.cdc.gov/>
- Jeffries, P. R. (Ed.). (2007). *Simulation in nursing education: From conceptualization to evaluation*. New York: National League for Nursing
- Laerdal International /US. (2012). <http://www.laerdal.com>
- Society for Simulation in Healthcare.(2016). <http://www.ssih.org/About-Simulation>
- Standards of Best Practice Simulation. (n.d.). In *International Nursing Association for Clinical Simulation and Learning*. Retrieved July 24, 2016, from <http://www.inacsl.org/i4a/pages/index.cfm?pageid=3407>
- The University of North Carolina at Pembroke Department of Nursing (2013).

## **APPENDIX A Photo Gallery**



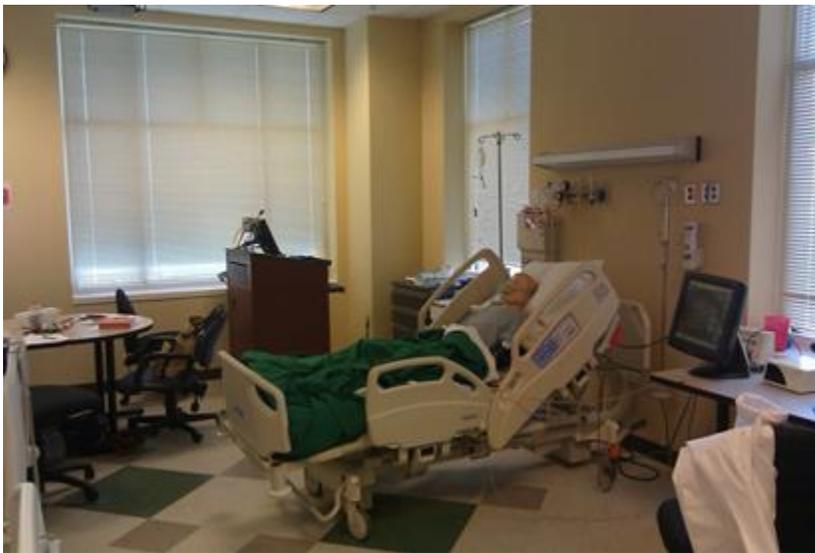
**CHHS 302 Living Learning Laboratory**



**CHHS 305 A Mother's Place**



**CHHS 306 Skills Lab**



**CHHS 307 Simulation Lab**



**CHHS 311A Library Audio/Visual**



**CHHS 312 Exam Room 1**

**314 Exam Room 2**

**316 Exam Room 3**



**CHHS 313 Storage**



**CHHS 315 Utility Room**



**CHHS 320 Health Assessment Lab**



**CHHS 321 Maternity/Pediatric Simulation Lab**

## **APPENDIX B**

### **FORMS**

**Following are the  
Hazard Communication Job Aid, and  
LRC forms.**

**Please access the LRC webpage for additional fillable/  
printable forms which are online@  
[http://nursing.uncc.edu/student-resources/learning-resource-  
center](http://nursing.uncc.edu/student-resources/learning-resource-center)**

#### **Manual Forms List**

Hazcom Job Aid  
Orientation Checklist  
Damaged or Malfunctioning Equipment Form  
Simulation Design Template  
Policy and Release for Videotaping-online  
Skills Lab Agreement and Quiz-online  
Latex Response Plan and Form -online  
Simulated Learning Contract and Confidentiality Agreement  
Lab Equipment and/or Software-Media Request Form-online

**HAZARD COMMUNICATION PROGRAM**  
**SUPERVISOR JOB AID for CHHS LRC**

**WORK ENVIRONMENT SPECIFIC INFORMATION THAT IS REQUIRED TO BE  
REVIEWED WITH EMPLOYEES FOLLOWING THE EMPLOYEE COMPLETION OF THE  
SKILLPORT MODULE INCLUDES THE FOLLOWING:**

How can I access skill port?

<https://ninernet.uncc.edu/tools/skillport/>

Where can the employee access the OSHA Hazard Communication Standard?

<https://www.osha.gov/dsg/hazcom/ghs-final-rule.html>

What are the operations in the employee's work area where hazardous chemicals are present?  
Prepping and storing simulated fluids and cleaning solutions; drawing simulated blood in  
phlebotomy tubes. **Stored in Rm 313.**

Where is the location of the UNC Charlotte written Hazard Communication Program?

EHS Website (<http://safety.uncc.edu/> )

[UNC Charlotte Hazard Communication Program](#)

Where is the location of the Chemical list/inventory for the employee's work area?

**In the MSDS book stored in Library Rm 311 A**

Where is the location of the Safety Data Sheets for products/materials on the inventory?

<http://safety.uncc.edu/laboratory-safety/chemical/msds-index>

**Also in the MSDS book stored in Library Rm 311 A**

What are the methods that an employee can use to detect the presence of hazardous chemicals and  
potential exposure? (Sight, smell, etc.) **Sight, smell,**

What are the types of hazards posed by the hazardous chemicals in the employee's work area?  
(Flammable, explosive, corrosive, irritant, etc.) **Primarily skin and eye irritants, eye wash located  
in Rm. 313**

What are the measures available to the employee to protect them from the hazards of chemicals?  
(Ventilation, Isolation, Work Practices, Personal protective Equipment (PPE)) Review methods to  
obtain PPE, Standard Operating Procedures, etc. **Gloves, goggles and gowns are available in Rm  
306 closet**

What is the labeling system used in the employee's work area?

Manufacturer's (GHS) [https://www.osha.gov/Publications/HazComm\\_QuickCard\\_Labels.html](https://www.osha.gov/Publications/HazComm_QuickCard_Labels.html)

[https://www.osha.gov/Publications/HazComm\\_QuickCard\\_Pictogram.html](https://www.osha.gov/Publications/HazComm_QuickCard_Pictogram.html)

NFPA [http://www.nfpa.org/Assets/files/AboutTheCodes/704/NFPA704\\_HC2012\\_QCard.pdf](http://www.nfpa.org/Assets/files/AboutTheCodes/704/NFPA704_HC2012_QCard.pdf)

HIMS <http://www.mica.edu/Documents/EHS/HMIS%20POSTER%20LARGE.pdf>

**The University of North Carolina at Charlotte**  
**Learning Resource Center**  
**Orientation Checklist ( 2 pages )**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**1. Policies and Procedures (Manual Posted on the LRC website)**

Item	Date	LRC Staff Sign-Off
User consent for recording and photographs For student/faculty training and public relations		
Dress Code Clinical dress code followed during LRC activities		
Food and Beverages No food or drink is permitted in the LRC		
Latex Allergies Veins in task trainers and simulators contain latex. Users who have a latex allergy should wear non-latex protective gloves while handling latex parts.		
Access and hours of operation		

**2. Simulator Overview & Standards**

Item	Date	LRC Staff Sign-Off
Introduction to Human Simulators SimMan®, SimMan Essentials®, Toddler & Baby Hal®, BabySim®, Noelle®		
Partial Task Trainers/Manikins IV arms, catheter trainers, Laerdal Virtual I.V. ®		
Medium-fidelity mannequins with Simpads		
Medi-dispense Pyxis Username and password required		

Review of INACSL® Standards for Simulation		
--	--	--

### 3. LRC Guidelines

Item	Date	LRC Staff Sign-Off
Professional Behavior: Professional, respectful and safe behavior is expected during all LRC simulated experiences.		
Care of Human Simulators: No felt-tipped markers, ink pens, acetone, iodine, betadine, or other staining medications allowed on or near the mannequins. Soap and water can be used to clean the mannequins. All drainage devices, dressings and tubings must be removed and areas cleaned at the end of simulated experiences.		
Care of the LRC Space: Simulation labs are to be left in the same manner as it was found (i.e., tables, chairs, equipment); sharps containers changed when 2/3 full; dirty linen hampers in bathrooms connected to lab		
Notify LRC staff immediately of any concerns or problems with equipment and/or supplies in the LRC.		

**Additional Comment(s):**

- **Note: Please print and forward to the LRC Director to be filed in your student record or employee file.**

**The University of North Carolina at Charlotte  
Learning Resource Center**

**Simulated Learning Contract and Confidentiality Agreement**

**Simulation Contract:** The University of North Carolina at Charlotte (UNCC) School of Nursing has incorporated simulated experiences throughout my curriculum to best represent actual client situations. During these simulated experiences, the roles of clients, family and members of the interprofessional team are fulfilled by students, volunteers, faculty and/or mannequins, and I am expected to engage with these actors and/or simulators in a professional and realistic manner. Situations simulated in the lab are to be used as learning experiences; thus, I will respect the roles of my faculty and peers as well as volunteers and follow the Learning Resource Center's Code of Conduct/Behavior during all simulated experiences.

**Confidentiality Agreement:** As a user of the learning resource center, I understand the significance of confidentiality with respect to information concerning simulated clients and fellow students. I will uphold all requirements of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I agree to report any violation(s) of confidentiality that I become aware of to my instructor or facilitator and I agree to adhere to the guidelines outlined below:

- All client information, actual or simulated, is considered confidential and any inappropriate viewing, discussion or disclosure of this information is a violation of UNCC's Policy 407, The Code of Student Academic Integrity.
- The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. Situations simulated in the lab are to be used as a learning tool and not to be used for humiliation of fellow students.
- I am not to remove, release or make publicly available any documented (written or electronic), observed or recorded client or student information that may be accessible to me as part of a simulated learning experience.
- The simulation manikins are to be used with respect and be treated as if they were live clients.
- Simulation and debriefing sessions may be audiotaped and/or videotaped. This recorded information is privileged and confidentiality must be maintained at all times.

I understand that I must uphold the stipulations outlined in the Simulated Learning Contract and Confidentiality Agreement as a component of successful progression in the nursing program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**University of North Carolina at Charlotte  
Learning Resource Center  
Lab Equipment and/or Software-Media Request Form**

**Directions:** Please complete all areas of this form. Include a copy of the catalogue page with the item circled on the copy, as well as a copy of the site license agreement in the case of software. Complete one form for each vendor. *Please forward two copies with catalogue pages and site license information to LRC Director*

**Name:**

**Department:**

**Date Ordered:**

**Date needed:**

**Upon arrival, deliver equipment to:**

**Vendor Name, Address (if known), Phone and Fax:**

Item number	Quantity	Unit	Description and Related Information (see Ordering Procedure for Nursing Labs)	Unit Price	Total Price
1					
2					
3					

**Justification for above item(s):**

<p><b>***For LRC Use Only***</b></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p><b>Director, LRC Signature:</b> _____ <b>Date:</b> _____</p>

## UNCC School of Nursing Latex Response Plan

When working in the clinical setting or nursing skills labs, students may be exposed to latex and other allergens.

### **Procedure:**

For students with known sensitivity/allergy to latex or any other element in the lab or clinical environment, it is recommended that you:

- obtain consultation from your healthcare provider about your sensitivity/allergy, risks and treatment.
- Inform the lab faculty and your clinical instructor of your sensitivity.
- latex-free gloves can be provided. However, the lab environment and clinical facilities are not latex free.
- Inform the faculty member of your plan to handle a reaction.

In case of a life-threatening reaction in a nursing lab in the College of Health and Human Services, an ambulance will be summoned. Any faculty member or student may **dial 911 on the phone in either lab, state that you have a life threatening “Latex emergency” and need an ambulance. Epinephrine will be needed.**

- Do not handle the victim with any latex products.
- Student/faculty member will be transferred to a hospital in the community by ambulance. It is helpful for the ambulance personnel to know the victim’s allergies, current medications and any medical conditions.
- Neither emergency transportation nor care is provided at UNC Student Health Center.

In case of a life-threatening reaction in a nursing lab or clinical facility off campus, follow the emergency response plan for that facility.

Lab Faculty with known sensitivities shall inform the Director of Nursing Labs and the Director of the School of Nursing, to be kept in employee file and in LRC log.

If a student or faculty member has a reaction requiring medical attention, an SON Clinical Incident Report shall be completed and forwarded to the Director of the School of Nursing.

*I have reviewed the above policy and understand that questions regarding this policy are to be directed to the Director of Nursing Labs.*

Student /Faculty Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Origin: 7/02 Revised: 1/15/07, Reviewed 2/14, Reviewed 7/16

## LRC LAB ORIENTATION QUIZ/AGREEMENT

(View the LRC Skills Lab Orientation & Safety PowerPoint prior to completing)

**Please circle the correct answer.**

1. True False Eating, drinking and cell phone use are acceptable in the labs.
2. True False The GA's are here to fill in for the instructors and teach me.
3. True False All labs are to remain locked during breaks or lunch.
4. True False Students may use their lab time to check emails, socialize, etc.
5. True False Whenever a manikin needs to be moved lab staff must assist.
6. True False Human patients should remove their shoes when in the beds.
7. True False Only paper tape can be used on manikins.

Fill in the blanks.

1. \_\_\_\_\_, lab resources and lab copies of books must remain in the lab.
2. When breaking ampules, slide ampule cover over the ampule and break it \_\_\_\_\_ from the face/body.
3. When disposing of sharps you should \_\_\_\_\_, and call out \_\_\_\_\_, before reaching to dispose of your sharp.
4. If you have a latex allergy or incident you must notify your \_\_\_\_\_ and or lab \_\_\_\_\_.
5. Manikins may only be touched with \_\_\_\_\_ hands and \_\_\_\_\_.
6. Both the latex allergy and lab orientation quiz must be \_\_\_\_\_ and submitted prior to/or the day of your first lab experience.

*Your signature on this page implies that you have received and understand that you are responsible for the information covered during the skills lab orientations/powerpoint. You understand the skills lab is an extension of your clinical and all of the same rules apply, and that you agree to follow the guidelines specified therein.*

---

Printed name of student

Cohort

Date

---

Signature of student

Date

## Rm. 306 Inventory

\* All inventory lists are subject to change

<b>ITEM NAME</b>	<b>SHELF#</b>
2x2 gauze	14
3 mL Syringe	11
3way Bladder Irrigation Tubing	7
4x4 Gauze Sponges	15
5 mL Syringe	11
20 mL Syringe	11
ABD Pads	16
Ambu Bags	25/27
Adult BP Cuffs	6
Aero Chamber	26
Aero Inhalers	22
Airway Lubricant	28
Asthma Supplies	26
Basins	30
Blood Draw Sets	9
Blue Chux Pads	2
Bowel Elimination	5
Bulb Syringes	17
Cath Leg Straps	8
Catheter Tray Box	7
Cannulas	9
Chest Drainage Systems	25
Chest Tubes	25
Cotton Tipped Applicators	15
Cover Sponges	16
Disposable Cloths	18
Disposable Mouthpiece	26
Edema Simulators	2
Enemas	5
ETT Tubes	25
Foley Catheters	7
Foley Cath Plug	9

<b>Foley Catheters in Other Sizes</b>	<b>8</b>
<b>Glucometers and Control Solutions</b>	<b>9</b>
<b>Hemocult Tests</b>	<b>5</b>
<b>Hydrogen Peroxide</b>	<b>26</b>
<b>In and Out Cath Trays</b>	<b>8</b>
<b>Incentive Spirometers</b>	<b>29</b>
<b>Injection Site Simulators IM and SubQ</b>	<b>11</b>
<b>Insulin Pens</b>	<b>9</b>
<b>Irrigation Supplies</b>	<b>17</b>
<b>IV IM SubQ Medications</b>	<b>22</b>
<b>IV Needles</b>	<b>10</b>
<b>IV Start Kits</b>	<b>10</b>
<b>Lab Tubes Various Colors</b>	<b>10</b>
<b>Lancets</b>	<b>9</b>
<b>Mannequin Bladders</b>	<b>30</b>
<b>NASCO Bed 7 Mannequin Parts</b>	<b>29</b>
<b>Needles Various Sizes</b>	<b>9/10</b>
<b>NG Insertion Kits</b>	<b>24</b>
<b>NG Supplies</b>	<b>24</b>
<b>NG Tubes</b>	<b>24</b>
<b>Nonsterile Gloves All Sizes</b>	<b>10</b>
<b>Optic Ointment</b>	<b>22</b>
<b>Optic Drops</b>	<b>22</b>
<b>Oral Medication Drawers</b>	<b>20</b>
<b>Oral Medications</b>	<b>21</b>
<b>Oral Thermometers</b>	<b>6</b>
<b>Ostomy Supplies</b>	<b>5</b>
<b>Other Mannequin Parts</b>	<b>30</b>
<b>Oxygen Tank</b>	<b>19</b>
<b>PD Catheter</b>	<b>8</b>
<b>Peritoneal Drainage Kit</b>	<b>26</b>
<b>Personal Care Supplies</b>	<b>18</b>
<b>Pill Cutters</b>	<b>20</b>
<b>PPE Gowns, Masks, Bouffant Caps</b>	<b>4</b>
<b>Respiratory Supplies</b>	<b>27</b>
<b>Restraints</b>	<b>6</b>

<b>Small Bowls</b>	<b>4</b>
<b>Spirometers</b>	<b>29</b>
<b>Sterile Drapes</b>	<b>14</b>
<b>Sterile Glove Sizing Tool</b>	<b>3</b>
<b>Sterile Gloves (All Sizes)</b>	<b>3</b>
<b>Sterile Saline</b>	<b>23</b>
<b>Sterile Water for Irrigation</b>	<b>23</b>
<b>Stethoscopes</b>	<b>1</b>
<b>Suction Catheters</b>	<b>7</b>
<b>Suction Kits</b>	<b>29</b>
<b>Syringes Various Sizes</b>	<b>9/10</b>
<b>TB Testing Arms</b>	<b>11</b>
<b>Therm Probe Covers</b>	<b>6</b>
<b>Tissues</b>	<b>3</b>
<b>Trach Care Kits</b>	<b>27</b>
<b>Trach Care Trays</b>	<b>29</b>
<b>Trach Demo</b>	<b>28</b>
<b>Trachs</b>	<b>26/27</b>
<b>Tube Feeding Supplies</b>	<b>24</b>
<b>Urinals</b>	<b>30</b>
<b>Urine Drainage Bags</b>	<b>7</b>
<b>Urine Meters</b>	<b>8</b>
<b>Vacutainers</b>	<b>10</b>
<b>White Chux Pads</b>	<b>2</b>
<b>Wipes</b>	<b>2</b>
<b>Wound Supplies Box</b>	<b>18</b>
<b>Wound/Dressings Other</b>	<b>14-17</b>
<b>Wounds for Mannequins</b>	<b>13</b>
<b>Yankauers</b>	<b>28</b>

## Room 311 Inventory

<b>1</b>	<b>Child Blood pressure cuffs (13)</b>
<b>2</b>	<b>Ampules + breakers 2mL ampules Box- Pulse Oximeter- 1 UV light-1 Ultrasound gel-1</b>
<b>3</b>	<b>AEDs Bodily fluid spill kit First aid kit pen lights/NA Assessment supplies Reflex hammers tape measures-13 Tuning fork/ sets</b>
<b>4</b>	<b>Eye Charts Ophthalmo/Otoscope sets-13 Sutures Scalpels- 26 Stethoscopes-5</b>
<b>5</b>	<b>3 tubs-Crash cart extras</b>
<b>6</b>	<b>Scrubs-donations Medical gowns</b>
<b>7</b>	<b>Noelle's Birthing babies-2 Susie 2015-Supplies</b>
<b>8</b>	<b>Classroom Challenger Game ( wired) Displays: Death of a lung, Hypertension, Coronary artery stent, Angioplasty, Death of an artery, Colorectal CA Moulage kit</b>
<b>9</b>	<b>Glo-Germ supplies IM injection pads Safety glasses Simulated fecal spray</b>

	<b>Single slides</b> <b>Straws</b> <b>urinalysis strips</b>
<b>10</b>	<b>Disposable Pads</b> <b>Maxi Thin Pads- 10 pks 24 ct</b> <b>Redi-wipes-30 pks</b> <b>Box tissues</b>
<b>11</b>	<b>Manikin Supplies/Extras</b> <b>-Laerdal female</b> <b>-Nursing Kelly extra parts &amp; tool set</b> <b>-tool kits and extra parts</b>
<b>12</b>	<b>Manikin arms-dark complexion</b> <b>Nursing Ann Ethnic wound kits</b> <b>nursing kelly ethnic wound kit</b>
<b>13</b>	<b>women's monthly carousel</b>
<b>14</b>	<b>Skills Books</b> <b>DVDs</b> <b>Peritoneal dialysis information</b>
<b>15</b>	<b>Information pamphlets,</b>
<b>16</b>	<b>Fat vest</b> <b>Nutrition box</b> <b>heart disease teaching kit</b>
<b>17</b>	<b>Food Pyramid-storage case</b> <b>Food Replicas</b> <b>glasses-demo</b> <b>Plastic bags</b>
<b>18</b>	<b>Heat humidifier</b> <b>IV Arm</b> <b>orange storage cases</b>

	<b>tool kit</b>
<b>19-22</b>	<b>Books</b>
<b>23</b>	<b>MSDS Binder Books</b>

### **320 Inventory**

<b>1</b>	<b>KleensPec dispenser, BP cuffs</b>
<b>2</b>	<b>Otoscope tips and supplies (bulbs, lamps, etc.)</b>
<b>3</b>	<b>Doppler and gel Goniometers Nasal Speculums, Growth charts Nasopharyngeal applicators</b>
<b>4</b>	<b>Exam gloves thermometer probe covers alcohol swabs oral swabs</b>
<b>5</b>	<b>Otoscope adult specula procedure masks tongue depressors light bulbs</b>
<b>6</b>	<b>Sani wipes Skinfold calipers Ulcer risk assessments</b>
<b>7</b>	<b>Anoscope Vaginal speculum</b>

<b>8</b>	<b>Testicular models, Female anatomical model, Trans vaginal illuminators cervical scrapers Testicular self-exam models</b>
<b>9</b>	<b>Contraception IUDs Mini 'concerns' cervix display</b>
<b>10</b>	<b>Vaginal speculum</b>
<b>11</b>	<b>Breast models Pelvic simulator</b>
<b>12</b>	<b>Palpation simulator Self exam teaching models and posters</b>
<b>13</b>	<b>Ear diagnostic trainers Cera-spoons</b>
<b>14</b>	<b>Ear exam simulators Manual audiometer</b>
<b>15</b>	<b>Skin staplers Pro-soak scalpel cleaning kits suture removal kits gauze histo-freeze suture tools surgical sutures biopsy punches</b>
<b>16</b>	<b>Suture practice arm towel drapes Ethicon knot tying board</b>
<b>17</b>	<b>Suture removal kits Injection vials Variety of syringes and needles</b>
<b>18</b>	<b>Eye exam supplies</b>

	<b>Adam Rouilly Precision vision Snellen charts</b>
<b>19</b>	<b>Drape sheets disposable lab coats</b>
<b>20</b>	<b>Drape sheets Adult bibs</b>
<b>21</b>	<b>Exam gowns disposable gowns</b>
<b>22</b>	<b>non-conductive suction tubing old nurse bags</b>
<b>23</b>	<b>Denver developmental testing kit Suction Canisters/lids/wall mounts</b>
<b>24</b>	<b>Simman 2003</b>
<b>25</b>	<b>Tape IV injection arms</b>
<b>26</b>	<b>Oral swabs disposable thermometer probe covers Plastic cups</b>
<b>27</b>	<b>0.9% NaCl inj. saline syringe flushes, Winged collection sets, XL exam gloves</b>
<b>28</b>	<b>Surgical gloves-size 7/7.5 Depends</b>
<b>29</b>	<b>Geriatric man/woman case</b>
<b>30</b>	<b>Pediatric man/woman blue case</b>
<b>31</b>	<b>spare blue bags black body bags Baby Hal's box</b>

<b>32</b>	<b>Blue chuxs pads</b>
<b>33</b>	<b>Extra storage containers</b>
<b>34</b>	<b>3mL Luer Lock syringes w/o needles 1mL tuberculin safety syringes monoject hypodermic needles</b>
<b>35</b>	<b>Manikin clothes towels</b>
<b>36</b>	<b>Extra Storage containers</b>
<b>37</b>	<b>Manikins</b>
<b>38</b>	<b>Isolation gowns</b>
<b>39</b>	<b>10 cc Luer lock Syringes w/o needle Heparin vials Blunt plastic cannulas insulin safety syringes 20 mL syringes</b>
<b>40</b>	<b>Blunt cannulas Safety-lock 3mL syringes Continuous flow solution sets</b>
<b>41</b>	<b>Safety-lock 3mL syringes IV Start Kits Single use syringes</b>
<b>42</b>	<b>Simman Manikin 2003</b>
<b>43</b>	<b>Glove dispensers</b>
<b>45</b>	<b>ABD pads</b>
<b>46</b>	<b>2x2 Gauze sponges 4x4 Gauze sponges</b>
<b>47</b>	<b>Latex free foley catheter trays Tongue depressors</b>

<b>48</b>	<b>Manikin</b>
<b>49</b>	<b>Above-CPR supplies table paper</b>
<b>50/51</b>	<b>CPR Manikins</b>
<b>52</b>	<b>CPR Lungs and supplies CPR faces</b>
<b>53</b>	<b>IV pole Stands</b>
<b>54</b>	<b>Above-Manikin boxes Cotton tipped applicators</b>
<b>55</b>	<b>Cotton tipped applicators simulated urine</b>
<b>56</b>	<b>Blood pressure simulators Central line model Chester chest</b>
<b>57</b>	<b>Pelvic Exam Simulators</b>
<b>58</b>	<b>Historical Gallery</b>
<b>59</b>	<b>Cardionics, Sim Man computer monitor Sam stethoscopes infrared stethoscopes</b>
<b>60-63</b>	<b>Pelvic Simulators</b>