Skills Labs User Agreement - Radiation Therapy Program

The Skills Labs are a valuable learning resource in the Radiation Therapy Program. It is the goal of the staff and Faculty to provide access to high quality resources in a positive environment that supports learning.

There are multiple skills labs accessible to students in both the University Terrace (UT) and the Cross Cancer Institute Training Suite (CCI). These include the main computer labs, alpha computer lab, beta computer lab, low fidelity simulation suite, and the Vertual Simulator, which are all located at the University Terrace; and the RT Clinical Training Suite with Teaching Room, which are located at the Cross Cancer Institute. These spaces allow students to practice the skills required in Radiation Therapy. The spaces are outfitted with a variety of software applications necessary for image assessment or to develop radiation therapy treatment plans, software and equipment to create an optically simulated scenario, video and recording devices, and a functional lite linear accelerator to gain experience within a simulated treatment environment.

**Location:**  3-06, 3-18, 3-20, 3-24, and 3-29 University Terrace (UT) and 0931 and 0939 Cross Cancer Institute (CCI)

The following conditions pertain to the use of the Skills Labs;

1. **Respectfulness of other users:**
   
   The user will remain mindful that the Skills Labs are a shared learning environment and will refrain from excessive noise or disruptive behaviour. Only approved users can access restricted labs (see attached agreement).

2. **Cleanliness:**
   
   The Skills Labs must be left in the condition in which they were found. All equipment must be left in a clean and organized state. Should the room or any of the labs/simulators need attention, or if the room has been left in an inappropriate state, please advise the Program Administrator at 780-492-6918.

3. **Equipment Use:**
   
   a. The RT Clinical Training Suite (0931 CCI), including Teaching Room (0939 CCI), and the main computer labs (3-06 UT), **are not approved** for unsupervised/unauthorized use. Any unsupervised use will be regarded as a breach of professionalism, which may be brought to academic standing for review. Program faculty or authorized users must be in attendance at all times.
   
   b. The alpha computer lab (3-20 UT), beta computer lab (3-18 UT), and Vertual Simulator (3-24 UT) are approved for unsupervised use, once the student or guest has completed appropriate training. Please refer to the Student Handbook and Skills Labs Training Moodle, for guidelines and procedures of appropriate Skills Labs use, and the Program Administrator for room booking availability and hours of operation.
   
   c. Students or guests wishing to access any Skills Labs will be asked to replace or cover costs incurred for repairing any equipment they have damaged.
   
   d. If the equipment is left in a state of disrepair, or does not function properly, please advise the Program Administrator immediately at 780-492-6918.
Radiation Therapy Program  
Skills Labs Use  

WARNING- BY SIGNING THIS FORM, YOU GIVE UP IMPORTANT LEGAL RIGHTS! PLEASE READ CAREFULLY!

DISCLAIMER & INDEMNIFICATION

The Governors of the University of Alberta, Faculty of Medicine and Dentistry, their agents, officials, officers, directors, employees, volunteers, contractors, servants or representatives (hereafter referred to as “the University”) are not responsible for any death, injury, loss or damage of any kind suffered by any person while using or occupying the Skills Labs during non-structured, independent time unless such injury loss or damage was caused by the sole negligence of “the University”. The User shall assume full responsibility for the discipline of his/her guests and others who may be in attendance and agree to indemnify and hold harmless “the University” from and against any and all claims for property damage, bodily injury or death, arising from or related to using or occupying the Skills Labs.

TERMS AND CONDITIONS

In consideration of the University granting me permission to use the Skills Labs during non-structured, independent time, I understand and agree that:

1. I AM NOT ALLOWED TO USE THE MAIN COMPUTER LAB (3-06 UT), RT CLINICAL TRAINING SUITE (0931 CCI) OR TEACHING ROOM (0939 CCI), unless supervised by an appropriate University Staff member. Any unsupervised use will be regarded as a breach of professionalism, which may be brought to Academic Standing for review.

2. I shall not carry on any activities in the Skills Labs that will create a nuisance for other users

3. I shall abide by all fire and safety regulations and other laws and regulations governing the use of the Skills Labs

4. I shall keep the labs equipment in a clean and organized state after the use of the Skills Labs

5. I shall pay for any cost of repairs incurred by the University in the event of any loss or damage to the University labs/equipment that is under my care, custody and control

6. I shall abide by and comply with all University of Alberta regulations and conditions for appropriate computer use

EXCLUSION OF LIABILITY:

I acknowledge that under no circumstances shall the University be liable for costs, damages, losses or theft of properties incurred by me or by others during the use of the Skills Labs during resulting from any reason including but not limited to the following:

1) EQUIPMENT: all manner of injuries resulting in muscular injuries and soft tissue resulting from misuse or improper use of the equipment or techniques by myself or others;

   And

2) OTHER HAZARDS: flying debris from use of tools, dropping tools or heavy equipment.
ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon me, my heirs, executors, administrators and representatives.

I ACKNOWLEDGE THAT IF I ALLOW OTHERS WHO ARE NOT INDEPENDENT USERS OF THESE LABS, INTO THESE LABS, I ASSUME SOLE RESPONSIBILITY FOR THEM AND THEIR ACTIONS, INCLUDING DAMAGE OR INCIDENT, AND AGREE TO INDEMNIFY AND HOLD HARMLESS “THE UNIVERSITY” FROM AND AGAINST ANY AND ALL CLAIMS FOR PROPERTY DAMAGE, BODILY INJURY OR DEATH, ARISING FROM OR RELATED TO USING OR OCCUPYING THE SKILLS LABS.

I ACKNOWLEDGE THAT I HAVE READ THE RADIATION THERAPY WORKING ALONE PROCEDURE and am aware of the potential risks if I choose to use a designated skills lab outside of normal business hours.

Signed this _______ day of ____________________, 20 _____, at EDMONTON, ALBERTA.

Print Name of Skills Labs User
__________________________________________________________

Student Number (if applicable) 
__________________________________________________________

Phone Number 
__________________________________________________________

Complete Address 
__________________________________________________________

__________________________________________________________

Signature
__________________________________________________________

Print Name of Witness Signature of Witness
__________________________________________________________

Signed documents must be filed with the Department/Faculty and be kept for a minimum of five years

Office of Insurance & Risk Assessment
December 2015

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of Skills Labs use, as described. Direct any questions about this collection to: Susan Fawcett, Director, Radiation Therapy Program, 3-12 University Terrace, 8303 - 112 Street NW Edmonton, AB, T6G 2T4, 780-492-7975
<table>
<thead>
<tr>
<th>Location</th>
<th>Skills Labs</th>
<th>Supervised Use</th>
<th>Unsupervised Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>0931 CCI</td>
<td>RT Training Suite</td>
<td>RT Student, Other Students</td>
<td>NONE</td>
</tr>
<tr>
<td>0939 CCI</td>
<td>Teaching Room</td>
<td>RT Student, Other Students</td>
<td>NONE</td>
</tr>
<tr>
<td>3-06 University Terrace</td>
<td>Main Computer Labs – 8:00-4:00pm</td>
<td>RT Student, Other Students, Guests</td>
<td>NONE</td>
</tr>
<tr>
<td>3-20 University Terrace</td>
<td>Alpha Computer Labs – 24hrs</td>
<td>RT Student, Other Students</td>
<td>RT Student, Other Students</td>
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<tr>
<td>3-18 University Terrace</td>
<td>Beta Computer Labs – 24hrs</td>
<td>RT Student, Other Students</td>
<td>RT Student, Other Students</td>
</tr>
<tr>
<td>3-29 University Terrace</td>
<td>Low Fidelity Simulation Suite - 8:00-4:00pm</td>
<td>RT Student, Other Students</td>
<td>RT Student, Other Students</td>
</tr>
<tr>
<td>3-24 University Terrace</td>
<td>Vertual Simulator – 8:00-4:00pm</td>
<td>RT Student, Other Students, Guests</td>
<td><strong>Only with Appropriate Training (including Procedures/guidelines for use) and Booking</strong> RT Student, Other Students Faculty, Academic, Clinical Colleagues (UofA) (AHS) – 24hr access</td>
</tr>
</tbody>
</table>

**GLOSSARY**

RT Student = Radiation Therapy Program Students  
Other Students = Medical Physics Resident, Radiation Oncology Resident, Radiology Resident  
Guests = Non Faculty, Academic, or Clinical Colleagues (UofA) (AHS)