The UHCON Simulation Centers are dedicated to providing students with high-quality clinical training in a physically and psychologically safe environment.

**Physical Safety**
The Simulation Centers follow [UHCON Policy S122: Blood, Body Fluid, and Hazardous Exposure Policy and Protocol](#) to address any situation in which a student suffers an injury related to a needle stick or mucous membrane exposure to potentially contaminated body fluids.

In addition to the above policy, other expectations regarding physical safety in the lab are as follows:

1. All persons in the Center must always practice proper hand hygiene.
2. Medical and disposable equipment within the Simulation Center should never be used for clinical purposes.
3. Equipment must always be disposed of appropriately. Needles should always go in sharps containers. Sharps containers should not be used if more than ¾ full.
4. All medications stored in the Center are for simulation use only.
5. Any faulty and/or broken equipment should be reported to the Clinical Learning Team (CLT) immediately.

**Psychological Safety**
In order to provide a psychologically safe environment for all learners, the Simulation Center asks that all participants actively engage in a culture of mutual respect. All learners will be oriented to expected behaviors in the Center, including the following:

1. All participants must sign a [confidentiality statement](#), which clearly states that they are not to disclose any information regarding their simulation experiences to other learners. This includes the performances and behaviors of other participants.
2. All participants are expected to utilize respectful, nonjudgmental communication and constructive criticism throughout all sessions.

Any compromised safety situation will be identified, removed from the Simulation Center, and may be escalated to UH Counseling and Psychological Services (CAPS) and/or UH Security as appropriate.
Confidentiality Agreement for the University of Houston College of Nursing Simulation System

As a patron of the University of Houston College of Nursing Simulation System, I understand the significance of confidentiality with respect to information concerning manikins, standardized patients, and fellow students.

I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

I agree to report any violations of confidentiality that I become aware of to my faculty.

I have received and understand the University of Houston College of Nursing Simulation System policies.

I further acknowledge that failure to comply with the Simulation System polices will result in disciplinary actions up to and including being dismissed from the program.

Signature  __________________________________________________________________________
Printed Name  ________________________________________________________________________
Date  _____________________________________