

South Central College
Health Simulation Center and Nursing Lab Guidelines

The simulation manikin is a complex, sophisticated, state-of-the-art physiological model of a human patient. In order to preserve the function and quality of this equipment, and to enable future parties to benefit from this technology, we at SCC mandate that you follow the following guidelines while in the simulation laboratory:

1. The Simulation lab is an environment that offers authentic learning activities that mimic 'real life'. This includes the professionalism expected as it is in the clinical site. The expectation is to be prepared for the simulation day as you would be for any clinical day. Arriving on time, being dressed appropriately based on the activities, having your 'tools' at hand (watch, stethoscope, nametag, etc.) and a positive interactive attitude. *Failure to come to a "Sim Day" prepared will have the same consequences as in clinical.*
2. **ABSOLUTELY** No food or drinks are allowed in the manikin area of the Sim center/Nursing labs
3. Pens, markers, and other permanent writing instruments are **NOT** allowed in the simulation lab except where designated (i.e. classroom area). Please leave these things with your belongings. These items will permanently stain the skin of the simulator manikin. Pens are used for documentation purposes but **ARE NOT** to be used directly on the simulator.
4. Hands washed and /or gloves should be worn at all times while manipulating the simulator.
5. No hand jewelry is allowed in the area with the simulator manikin as it could cause permanent marks on the skin
6. NO excessive or unnecessary force allowed. Please treat the simulator manikin as you would a human patient.
7. Do not lift the manikin by the arms. Always use a lift sheet to move or turn the simulator manikin.
8. Always support the head when moving or turning the simulator manikin.
9. Do not manipulate, or remove any cords or connections from any of the equipment or the simulator manikin unless instructed to do so by the simulation lab specialist (i.e. IV lines, etc.)
10. Treat the manikin and its belongings with the same respect you would a real patient. (i.e. *laughing at inappropriate times*)
11. Nothing other than sterile H₂O is to be injected into the simulator (all prepared medications are in sterile H₂O).
12. Nothing other than the supplied lubrication spray is to be used to lubricate equipment.
13. Complete/review any preparation materials that your instructor has provided prior to the start of the simulation.

I have read the above listed expectations and agree to follow them at all times when using the simulator manikin. Non-adherence to these expectations may constitute dismissal from the Simulation Lab.

Signed (*legibly*)

Date



South Central College
Participation in Simulation Confidentiality Statement

Confidentiality is essential to the learning process with simulation. Therefore, I agree to:

1. Not discuss the events of the simulation(s) or the debriefing(s) with anyone other than the students and faculty who participated with me in this/these simulation(s). I hereby agree not to disclose the events, discussions, and/or materials used in the simulated clinical experience.
2. Authorize the professional staff and such assistants, photographers and technicians to take still photographs, motion pictures, produce education (closed circuit) television programs, including video tapes, CD-Rs and DVDs, as well as other types of audio/visual recordings.
3. Although I have given permission to the publication of all details and photographs concerning my case(s), it is understood that I **will not** be identified by name.
4. I understand that all information regarding the case(s) for which I have been trained is the confidential property of South Central College, and I agree that I will not disclose to any third party any information about the case(s) or information about the students whom I have seen during any project.
5. I understand that if I am in the simulation lab for the purpose of validating clinical competency, any visual recording is for educational use only. The visual recording will be reviewed by me, my classmates, my clinical instructor, and simulation staff only.

I acknowledge that if I breach this contract, I may be excluded from any further simulation experiences and may be subject to disciplinary action.

I have read and understand the above Confidentiality Statement.

(Printed Name)

(Signature)

(Date)

