

ECMC STUDENT CLINICAL ORIENTATION VALIDATION AGREEMENT

Name: _____ Date: _____

School: _____ Department: _____

Patient Confidentiality

I have read and agree to abide by the Company's Confidential Information Policy. I have received **HIPAA training** and understand the privacy and confidentiality laws associated with working in a health care facility. I agree to maintain patient confidentiality and privacy.

Student Signature _____ Date: _____

Smoking Policy

I agree to abide by the East Cooper I Medical Center No Smoking Policy.

Student Signature: _____ Date: _____

Demonstrated Skills

I have received instruction in and have demonstrated skills in **infection control measures, body mechanics** and **fire safety**. My **BCLS card, PPD and immunizations** are up to date according to the contractual affiliating agency agreement.

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Post-Test Questions:

1. The number to dial for a medical emergency are is _____
2. Code Red is defined as _____
3. A patient who stops breathing will need what type of code called: _____
4. Code green means _____
5. Infant abduction is announced as a _____
6. The number to dial for fire is _____
7. If you spill a hazardous chemical, you will call a _____
8. Code yellow is called when _____