

# 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 \_\_\_\_\_