

**Student Name (first and last name):** \_\_\_\_\_

**Facility/Organization Stamp:** \_\_\_\_\_ **Clinical Dates:** \_\_\_\_\_

The content below is a minimal initial orientation to the facility for clinical nursing students. Facility orientation must be completed by the facility personnel designated prior to the student first clinical rotation. The Student must upload this form in Typhon in the External area using the drop down.

**Method of Validation (MOV) Key:**

**O = Observation**      **V = Verbalization**      **GD = Group Discussion**  
**D = Demonstration**      **T = Test**      **N/A= Not Apply**

TOPIC/CONTENT	Method of Validation
Tour of facility	
Safe/secure locations for personal items	
Student name tag & any required uniform/dress code	
Student schedule/hours	
Preceptor schedule/hours & typical session	
Communication expectations with team lead or primary RN, LPN,MA, CAN, PA, NP, DO,MD	
Sick day/absence procedure	
Introduction of key personnel (titles and roles)	
Facility policy/restrictions	
Referral procedures	
Telephone system	
Emergency phone numbers	
Location of code cart and/or AED	
Identification of patient code status	
Location of fire pull stations, fire extinguishers, emergency exits	
Emergency code system (Facility designation and student expectation): <ul style="list-style-type: none"> <li>▪ Rapid Response Team</li> <li>▪ Sudden death</li> <li>▪ Bomb threat</li> <li>▪ Terrorist</li> <li>▪ Weather</li> <li>▪ Fire</li> <li>▪ Disaster</li> <li>▪ Missing Person (adult and/or infant/child)</li> <li>▪ Aggressive Management</li> </ul>	
Infection Control: <ul style="list-style-type: none"> <li>▪ Location of and use of personal protective equipment</li> <li>▪ Standard precautions</li> <li>▪ Isolation categories and signage</li> <li>▪ Hand hygiene</li> <li>▪ Exposure to blood borne pathogens</li> </ul>	
Location of eye wash station	
Waste and linen handling (infectious, medication, etc.)	

TOPIC/CONTENT	Method of Validation
Securing equipment and supplies	
Medication administration procedure	
Documentation process and expectations	
Use of Facility approved abbreviations	
Patient plan of care	
Patient information restrictions	
High risk patients (e.g., fall, suicide, etc.)	
Accessing facility, Community tour, policies, resources and references	
Patient/Clinic room orientation: <ul style="list-style-type: none"> <li>▪ Call light</li> <li>▪ Urgent/emergency lights</li> <li>▪ Use of patient bed</li> <li>▪ Emergency equipment (manual resuscitator, mouth-mask device)</li> <li>▪ Assistive devices (e.g., gait belt, lifts, etc.)</li> <li>▪ Sharps containers</li> </ul>	
What to do in case of student injury	
Reporting unexpected events, incidents, medical errors	
Other:	

**Signature of Facility Orientation Personnel and Date of student orientation below:**

I have oriented the student to my Facility policies.

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Printed Name of Mentor

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Signature

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Date

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Printed Name of Mentor

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Signature

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Date

I have been oriented to the above Facility on specific items as indicated above. I am aware that I am responsible to ask my instructor or Preceptor, a facility staff nurse, Physician or manager if I have any future questions or concerns about these items or any other<sup>[CT1]</sup> Facility specific policies and/or procedures throughout my clinical placement period at this facility. In addition, I am aware that I am responsible for ongoing education related to the clinical experience at my assigned facility.

**STUDENTS MUST SIGN BELOW:**

X

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Printed Name of Student

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Signature

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Date

