

## Student Midwife Placement Orientation Sheet

**NAME OF STUDENT:** \_\_\_\_\_

**COHORT:** \_\_\_\_\_

*Welcome to \_\_\_\_\_. We hope that you will enjoy working with our team. Please complete this orientation sheet on the first day of placement and store it in a file in the clinical area. If you return to this area please review.*

### 1. INTRODUCTION TO STAFF AND ORIENTATION TO PRACTICE AREA

	Signature of student midwife	Date
Introduction to Midwifery and Nursing Staff		
Introduction to Multidisciplinary Personnel		
Geographic layout		
Location of emergency equipment including emergency delivery packs, PPH/PET box, Hypo kit where available		
Location of fire exits, extinguishers, fire alarms and fire number		
Location of blood fridge		
Location of Controlled Drugs press and drug fridge		

### 2. PRACTICE AREA INFORMATION AND DOCUMENTATION

	Signature of student midwife	DATE
Uniform policy		
Staff break times		
Reporting absence policy		
Location of policies & guideline folders		
Location of textbooks, literature and teaching aids		
Preceptor allocation on the duty rota		
Duty rota and request system ( where appropriate)		
Clinical Placement Resource File		
Healthcare Risk Management Strategy & Clinical Incident reporting		
Documentation applicable to practice		

Reviewed 18/05/10, 25 /09/13, 22/02/2016

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Next review 22/02/2019

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area		
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### **BLEEPING SYSTEM**

	Signature of student midwife	Date
Routine bleeping		
Numbers to bleep in an emergency		
Call bell system		
Reception, porters and security		

### **3. HEALTH AND SAFETY**

	Signature of student midwife	Date
Hazard identification and spill kit		
Manual handling aids including Hoist		
Protective clothing		
Safe disposal of sharps, clinical waste and linen		
Procedures in case of accident or injury		
Awareness of security systems in place including baby tagging system if applicable		

### **4. LEARNING OPPORTUNITIES**

	Signature of student midwife	Date
Review learning Opportunities for this practice area		

**Student Midwife:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Midwife:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Review of orientation checklist on return to clinical area:-** \_\_\_\_\_

**Review of orientation checklist on return to clinical area:-** \_\_\_\_\_

**Review of orientation checklist on return to clinical area:-** \_\_\_\_\_

**Review of orientation checklist on return to clinical area:-** \_\_\_\_\_

Reviewed 18/05/10, 25 /09/13, 22/02/2016

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