**Employer Risk Assessment and Insurance Checklist**

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| --- | --- |
| **Name of Employer:** |  |
| **Address:** |  |
|  |  |
| **Telephone:** |  | Fax: |  |

**Period when placements will be permitted:**

**Type of placements for which this form applies**: (tick all that apply)

Nursing [ ]  Occupational Therapy [ ]  Physiotherapy [ ]  Social Work [ ]

Midwifery [ ]  ODP [ ]  Return to Practice [ ]  Other [ ]  please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ ­­­­

This form applies to any number of students placed with the organisation during the period permitted. Please answer each set of questions below. There is space at the end of the questions for you to add additional comments if appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Health & Safety Checklist** | Yes | No |
| 1 | Please confirm you have a written Health and Safety policy covering all your premises and fieldwork? We recognise that organisations who have less than 5 staff do not legally have to document a policy, however, the University requires a documented policy for governance reasons. Help can be found on the [Health & Safety Executive](http://www.hse.gov.uk/simple-health-safety/manage.htm) website. |  |  |
| 2 | Will you provide all necessary health and safety training for the placement student, including induction training in the first few days of employment? |  |  |
| 3 | Is the organisation required to register with either of the Authorities below:a - the Health and Safety Executive |  |  |  |  |
| b - the Local Authority Environmental Health Department |  |  |  |  |
| c - any other statutory authority |  |  |  |  |
| If “YES” please give reason why and state the nature of your business: |  |  |  |  |
| 4 | **Insurance**a - Will you maintain liability insurance for the period of each student placement? |  |  |
| b - Will your insurer(s) cover liabilities incurred as a result of a student placement? |  |  |
| c - If NO to either a or b: Will you have access to funds to pay for any liability dispute and compensation awarded? |  |  |
| 5 | **Risk Assessment**a - Have you carried out a risk assessment of your work practices applicable to each student role to be undertaken within your organisation? |  |  |
| b - Are risk assessments kept under regular review? |  |  |
| c - Are the results of risk assessment implemented? |  |  |
| d - Do you provide any protective equipment needed? |  |  |
| 6 | **Accidents and Incidents – Reporting accidents and ill health is a legal requirement.**a - Is there a formal procedure for reporting and recording accidents and incidents in accordance with [RIDDOR](http://www.hse.gov.uk/riddor/) or relevant statutory authority? |  |  |
| b - Have you procedures to be followed in the event of serious and imminent danger to people at work in your undertaking? |  |  |
| c - Will you report to the university *all* recorded accidents or work related sickness involving placement students? |  |  |

**Please continue to risk assessment overleaf**

**Risk Assessment**

The following questions relate specifically to the role the placement student will undertake in your organisation. If you need to complete additional forms to cover different roles, please do so

**Type of placements for which this form applies**: (tick all that apply)

Nursing [ ]  Occupational Therapy [ ]  Physiotherapy [ ]  Social Work [ ]

Midwifery [ ]  ODP [ ]  Return to Practice [ ]  Other [ ]  please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_

**Will the student be exposed to any of the following whilst on placement:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Demanding travel during placement. |  |  |
| Student required to drive others in unfamiliar vehicles |  |  |
| Student will need to drive at night |  |  |  |  |
| Commuting time of more than 2 hours (the student will need to indicate to the host where they intend to stay during the placement) |  |  |  |  |
| Activities requiring specific licences or qualifications (e.g. diving, flying aircraft etc) |  |  |  |  |
| Construction site with work at heights, dusts, moving machinery, electrical systems. |  |  |  |  |
| Operation of machinery with mechanical hazards such as high speed rotating parts, crushing or entanglement risks |  |  |
| Laboratory work with toxic/hazardous materials |  |  |
| Work with animal bedding or large or dangerous animals. |  |  |
| Work in remote areas |  |  |
| Unavoidable lone or remote working in proximity to significant risk (e.g. medical student elective in a refugee camp). |  |  |
| Very hot or strenuous working conditions (e.g. manual working outdoors in the sun). |  |  |
| Very cold working conditions (e.g. catering placement in a food cold storage/cook chill or freeze facility.) |  |  |
| Working in proximity to high risk factors (but not directly with them). |  |  |
| Community work with known high risk groups of clients or locations (drug abusers, homeless, violent patients, contagious diseases). |  |  |

If you have answered ‘yes’ to any of the above risk assessment questions, you MUST enter further details and evidence of the mitigation to the potential risk . **This must be done for every item for which the answer would be ‘yes’.** Please use the box below to provide further:

|  |
| --- |
|  |

**Work Factors**

**Please confirm whether your work environment is:**

 **High risk** [ ]

The work environment is likely to have hazards that have potential to cause permanent injury or fatalities, including, the following list is not exhaustive:

* Construction site with work at height, dusts, moving machinery, electrical systems.
* Operation of machinery with mechanical hazards such as high speed rotating parts, crushing or entanglement risks.
* Laboratory work with toxic/hazardous materials.
* Community work with known high risk groups of clients or locations (drug abusers, homeless, violent patients).

**Medium risk** [ ]

The work environment is likely to be in close proximity to high risk factors (but not directly with them).

**Low risk** [ ]

The work environment is likely to involve low hazard environments and activities.

If you selected ‘high’ or ‘medium’, please provide further details and specify how the risk of harm has been reduced or minimised e.g. a formal risk assessment is reviewed every year, training is provided, PPE is provided, student is supervised during such tasks, student is fully insured for travel/driving during placement etc.

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| --- |
|  |

**Contact Personnel:**

Who is your nominated contact for compliance with the requirements of health and safety legislation in your company?

|  |  |  |  |
| --- | --- | --- | --- |
| Name and position:  |  | Tel: |  |
| Email address: |  | Fax: |  |

The above statements are true to the best of my knowledge and belief.

|  |  |
| --- | --- |
| Signed: |  |
| Position:  |  | Date: |  |

Students will not be allowed to start placement until all inquiries are completed.

Please note that this form requires annual approval.