## **Social Work Qualifying Programme**

## **Placement Agency Risk Assessment**

This document must be completed in full prior to any student commencing placement.

Please e-mail the completed document to XXXXXXX

## Part 1

Please be advised that some parts of this form might need to be completed by the agency representative in consultation with health and safety officers.

Your co-operation is greatly appreciated.

Student Name:		
Placement		
Organisation:		
Do you have a written hea	Ith and safety policy?	YES □
		NO □
Do you have a policy regar	ding health and safety training for people	YES □
working in your organisati	on?	NO □
Do you agree to provide the	ne student with a health and safety briefing	YES □
at the commencement of	their placement?	NO □
Please name the organisat	tions with which your organisation is	
	by e.g. the Care Inspectorate, Local Authority	
(please state the name), C	SCR.	
Does your organisation ho	old employer and public liability insurance?	YES □
		NO 🗆
Will your insurance cover	any liability that may be incurred as a	
consequence of having a s	tudent on placement?	YES □
		NO □
If no, please explain any li	mitations.	
Have you carried out a risk	c assessment of your work practices to	YES □
identify possible risks, who	ether to your employees and to students?	NO □
Do you keep your risk asse	essments under regular review?	YES □
		NO □
When risk assessments ide	entify a need for a change to policies or	YES □
practices are these implen	nented?	NO □
•	redure for reporting and recording accidents	YES □
	ce with RIDDOR (The Reporting of Injuries,	NO □
Hispasps and Hangprous (	Accurrences Regulations 2013/2	

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Do you have procedures to be followed in the event of serious and imminent danger to people at work in your organisation?	YES □ NO □
Will you report to the University all recorded adverse health and safety incidents concerning students on placement?	YES □ NO □
Who is your nominated contact for compliance with the requirements of health and safety legislation? Please provide name, position and contact detail	
If you have answered NO to any of the above, please give further	details here.
Please consider the following question in relation to COVID	-19 pandemic:
Due to COVID-19, is there a change in work shifts and/or flexibility to work patterns? Please explain:	YES  NO
All students will be asked to complete a risk assessment related to COVID-19. The outcome of this might require some further reasonable adjustments, is there scope within your agency to take those into consideration?  If no, please explain further:	YES  NO
What equipment (e.g. mobile phones and laptops) and other technical s provided by your agency to support working from home (if that might be safe and suitable manner?	= =

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Are there any adjustments to lone working policy within your organisation due to COVID-19? Please explain:	YES 🗆 NO 🗆
Will the student be in an environment where they would need Personal Protective Equipment (PPE)?  If yes, please explain who will provide the equipment and who will provide the training:	YES  NO
Considering the high risk of infection, when necessary will a risk assessment (written or verbal) be completed before every visit/encounter with other individuals? Please explain:	YES  NO
In the event of a second COVID-19 outbreak, what measures are in place workforce and would this be applicable and suitable for social work stude Please explain:	•

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

Name	Position	Signature	Date

Part 2

To be completed by the nominated practice educator or on-site supervisor

	What are the significant hazards?	Who might be harmed and how?	What is being done to control this risk now?	Can you do anything else to lower the risk further?	If so who will action this?	By when?	Completed on?
1.	Biological Virus transmission for student in the workplace or through work activities (please include institutional hygiene and infection prevention and control and other physical precautions required to be in place)	Potential for student to become infected with the Covid-19 virus	Students will be provided with current staff briefing  Antibacterial cleaning wipes, hand wash and sanitisers are provided in buildings.  Any student experiencing any symptoms or who has come into contact with someone who has symptoms should selfisolate.	Maintain regular communications  Keep updated and informed with current position  Continue to limit social contact where possible (make use of technology where viable)  Ensure robust hygiene measures are followed (clean desks, keyboards, mouse, screen, chair including arms, etc. before and after use) and regular handwashing  Keep students updated with HR & local procedures on reporting absences, isolation and any changes to		Click or tap to enter a date.	Click or tap to enter a date.

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				working practices		
				practices		
2.	Psychological /				Student	
	<u>Student</u>				Tutor	
	Wellbeing Personal				Director of	
	<i>impacts</i> of the				Practice	
	developing				Learning	
3.	pandemic	Student				
3.	Psychological / Student	stress and				
	Wellbeing	anxiety				
	Uncertainty	arising				
	and absence of knowledge due	through uncertainty				
	to the	and lack of				
	unprecedented	control				
	nature of the pandemic to					
	support service					
	managers					
	across the					
	organisation					
4.	Psychological /		Regular	Ensure changes		
	Student Wellbeing		information sharing and	to counselling service are		
	Maintaining		communication	communicated		
	student			through		
	wellbeing		Ensure all	established Covid-19		
			students stay connected to	channels		
			team			
			communications			
			to avoid risks of isolation			
5.	Physical /					
	Workplace					
	<u>Issues</u> Changes in					
	<b>provision</b> in					
	workplaces and					
	sites • First					
	Aid					
	• Fire					
	safety					
	<ul><li>Security</li></ul>					

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<ul><li>Lone working</li></ul>			

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

Name	Position	Signature	Date