**Student Placement/Internship Health & Safety Checklist**

**Who is your nominated contact for compliance with requirements of Health & Safety Legislation?**

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| --- | --- |
| **Name** | **Job Title:** |
| **Telephone:** | **E-mail:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Health & Safety Arrangements** | **Yes** | **No**  | **Comments** |
| Do you have a written Health & Safety Policy? |  |  |  |
| Is your Organisation registered with The Health & Safety Executive, The Local Authority Environmental Health Department or another statutory body or equivalent agency in the country concerned where this is required*.*  |  |  | Which organisation? |
| Do you hold Employer Liability Insurance? |  |  |  |
| Employer Liability InsurerExpiry DateIndemnity Limit |  |
| Do you hold Public Liability Insurance?  |  |  |  |
| Public Liability InsurerExpiry DateIndemnity Limit: |  |
| Will your insurance cover any liability incurred by a UCL Student as a result of the duties to be undertaken during a Placement period? |  |  |  |
| For medical/clinical placements will your insurance cover medical malpractice incurred by a UCL Student as a result of the duties to be undertaken during a Placement period? |  |  |  |
| If you have stated that your do not have insurance or it will not cover the Student please let us know how the student will be covered for any liability incurred as a result of the duties to be undertaken during the Placement period. |  |
| Has a risk assessment been carried out for the activities the Student will be involved in? |  |  |  |
| **Please send a copy of the relevant risk assessment to UCL Careers along with this checklist** |
| When was the risk assessment last reviewed? |  |
| Have the results of the risk assessment been implemented? |  |  |  |
| Will you provide UCL Students with appropriate Health & Safety training as part of their induction for their Placement? |  |  |  |
| Is there a formal procedure in place for recording and reporting accidents and incidents e.g. *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR)? |  |  |  |
| Will you report to UCL all recorded accidents involving the Placement Student? |  |  |  |
| Will you report to UCL all sickness involving the Placement Student |  |  |  |
| **Further Control Measures** |
| Will the student require personal protective equipment (PPE) and clothing? State what you will provide  |  |  |  |
| Will the student require any immunisation(s)? State which |  |  |  |
| Will you check the student has had required immunisation(s)? |  |  |  |
| For placements in hospital labs / clinical settings do you confirm that your organisation observes universal / standard precautions for infection control? |  |  |  |
| If the student requires post exposure prophylaxis - PEP (anti retroviral drugs will you be able to provide these? |  |  |  |
| Other (state what) |  |  |  |
| **Training** |
| Do you have a written policy regarding the training of all persons working in your organisation? |  |  |  |
| Indicate what training the student will need and receive for their placement |
| Emergency procedures |  |  |  |
| Equipment (state what) |  |  |  |
| Protective equipment and clothing as identified by your risk assessment (state what) |  |  |  |
| Other (state what) |  |  |  |
| **Student Access and Support Needs** |  |  |  |
| If the student informs you about any access or support needs that may require adjustments will you report to UCL the adjustments that you have been able to make? |  |  |  |

Please confirm that you have either provided a weblink to or attached to this form any formal organisational policies the student will be asked to comply with during the placement, such as any policies relating to health and safety or confidentiality?

* **I confirm that I have attached/provided a weblink to UCL to the relevant policies**
* **I confirm that there are no formal organisational policies the student will be asked to comply with**

**I believe the above statements to be true and understand I may be asked to provide documentary evidence:**

|  |  |
| --- | --- |
| **Signed:** | **Job Title:** |
| **Organisation Name:** |
| **Name in Block Capitals:** | **Date:** |

**Please return as soon as possible to: ??????????**

**LONDON’S GLOBAL UNIVERSITY**