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| **RISK ASSESSMENT FORM**  **UCL MEDICAL SCHOOL ELECTIVE PLACEMENTS**  **Group B - Medium and High Clinical Risk**  **Faculty Tutor approved destinations** | | | |
| **PLEASE ENTER YOUR FULL NAME IN CAPITALS:** Click here to enter text. | | | |
| **LOCATION(S): International elective destinations**  **PERSONS COVERED BY THE RISK ASSESSMENT: Final Year Medical Students**  **BRIEF DESCRIPTION OF PLACEMENT: Clinical elective placements supervised by local clinicians at destinations approved in advance by the Medical School.**  The Divisional Tutor has assessed the activity and associated risks and declares that the risks will be controlled by the method(s) identified below. All risks and control measures apply to all students *except for* those marked \* which apply only to students with pre-existing medical conditions.  Control measures marked 🗸have been confirmed by the Medical School.  Control measures marked \* must be ticked by students with pre-existing medical conditions.  **All unmarked boxes must be ticked by all students**. | | | |
| **ENVIRONMENT**  *e.g. location, climate, terrain, in outside organisations, pollution* | | | **The environment always represents a safety hazard. Use space below to identify and assess any risks associated with this hazard.**  Is the risk high/medium/low? **LOW** |
| * Natural disaster * Political unrest * Criminal / terrorist activity * Local transport * Local clinical environment | | | |
| **CONTROL MEASURES** | | | All procedures below must be in place to control the identified risk |
|  | Student has read the advice given in UCL’s Approved Code of Practice (ACOP) for Fieldwork <http://www.ucl.ac.uk/anthropology/current-students/documents/fieldwork_acop.pdf> and UCLMS Health & Safety Guidance <http://www.ucl.ac.uk/medicalschool/staff-students/course-information/year-6/electives/docs/Health-Safety-Booklet.pdf> [please copy and paste URL links into a browser] | | |
|  | Student undertakes to read FCO travel advice before departing on elective and travel alerts during elective: [https://www.gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice%20) and <https://www.gov.uk/how-to-deal-with-a-crisis-overseas> and subscribe to FCO travel advice alerts on <https://public.govdelivery.com/accounts/UKGOVUK/subscriber/new> | | |
| 🗸 | Elective approval will be withdrawn if FCO indicates high risk | | |
|  | Student has a named qualified medical practitioner as his/her local supervisor: | | |
| 🗸 | Student has been trained during course in the clinical competencies required for a student elective placement | | |
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| **EMERGENCIES**  *e.g. fire, accidents* | | | **Where emergencies may arise use space below to identify and assess any risks.** |
| * Loss of money / travel documents * Loss of life * Road traffic accidents / muggings * Personal injury * Potential need for repatriation or moving to safe area * Occupational exposure to blood borne viruses (needlestick/sharp injury – splash incident) | | | |
| **CONTROL MEASURES** | | | All procedures below must be in place to control the identified risk |
|  | | Student undertakes to read FCO travel advice before departing on elective and travel alerts during elective: [https://www.gov.uk/foreign-travel-advice](https://www.gov.uk/foreign-travel-advice%20) and <https://www.gov.uk/how-to-deal-with-a-crisis-overseas> and subscribe to FCO travel advice alerts on <https://public.govdelivery.com/accounts/UKGOVUK/subscriber/new> | |
|  | | Student undertakes to find out local emergency contact numbers on arrival | |
|  | | Student undertakes to carry with them the emergency contact numbers for UCL Travel Insurers | |

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| Yes  No | Has the host institution confirmed availability of post-exposure prophylaxis (PEP)? | | |
| IF NO | *S*tudent undertakes to take PEP with them (available from UCL OH) and to follow the procedures outlined in the Medical School Health and Safety Guidance | | |
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| **EQUIPMENT** | | **Is equipment used? YES**  **Use space below to identify and assess any risks**  Is the risk high/medium/low? **LOW** | |
| * Use of local hospital equipment under local supervision * Protective equipment appropriate to the clinical situation * Risk of exposure to blood borne viruses with potential need for post exposure prophylaxis (PEP) | | | |
| **CONTROL MEASURES** | | All procedures below must be in place to control the identified risk | |
| 🗸 | Student has been trained during the course in the use of equipment appropriate to the clinical competencies required for a student elective placement | | |
| 🗸 | Student has been trained during the course in the observance of universal precautions and post exposure prophylaxis (PEP) procedures | | |
|  | Has the host institution confirmed availability of appropriate protective clothing for the clinical environment (gloves, goggles, aprons, masks)? | | |
| Yes  No | Has the host institution confirmed availability of PEP? | | |
| IF NO | Student undertakes to take PEP with them (available from UCL OH) and to follow the procedure outlined in the Medical School Health and Safety Guidance | | |
|  | Student undertakes to take with them and follow the procedures outlined in the Medical School Health and Safety Guidance in the event of failure of protective equipment | | |
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| **LONE WORKING** | | **Is lone working a possibility? NO** | |
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| **ILL HEALTH**  *e.g. accident, illness, personal attack, special personal considerations or vulnerabilities* | | | **The possibility of ill health always represents a safety hazard. Use space below to identify and assess any risks associated with this hazard.**  Is the risk high/medium/low? **LOW** |
| * Accident, illness, personal attack * Student with pre-existing medical condition * Occupational exposure to blood borne viruses (needlestick/sharp injury – splash incident) | | | |
| **CONTROL MEASURES** | | | All procedures below must be in place to control the identified risk |
|  | Student has read the guidance in UCL’s ACOP for Fieldwork and Medical School Health & Safety Guidance | | |
|  | Student undertakes to carry with them the emergency contact numbers for UCL Travel Insurers | | |
|  | Student undertakes, prior to department, to have all necessary inoculations and to carry necessary prophylactics | | |
| \* | *To be completed by students with pre-existing medical conditions*  Student with pre-existing medical condition undertakes to take additional medication and to notify their local supervisor of their condition | | |
| 🗸 | Student has been trained in the observance of universal precautions and PEP procedures | | |
|  | I undertake to provide my own PPE (gloves, goggles, aprons, masks). | | |
|  | I undertake to take PEP with me (available from UCL OH) and to follow the procedure outlined in the Medical School Health and Safety Guidance, except where UCL OH have specifically advised that PEP is not needed at my destination | | |
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| **TRANSPORT** | | | | **Will transport be required? YES**  **Use space below to identify and assess any risks**  Is the risk high/medium/low? **LOW** |
| * Local transport | | | | |
| **CONTROL MEASURES** | | | | All procedures below must be in place to control the identified risk |
|  | | Student has read the guidance in UCL’s ACOP for Fieldwork | | |
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| **DEALING WITH THE PUBLIC** | | | **Will the student be dealing with public? YES**  **Use the space below to identify and assess any risks**  Is the risk high/medium/low? **LOW** | |
| * Causing offence * Being misinterpreted * Medical negligence * Lack of / inappropriate supervision | | | | |
| **CONTROL MEASURES** | | | All procedures below must be in place to control the identified risk | |
| 🗸 | Student has been trained during course in communicating with patients from different backgrounds and cultures | | | |
| 🗸 | Student has been trained during course to work appropriately under supervision within his/her level of competency and only to undertake procedures appropriate to the level of training, experience and status of a medical student | | | |
|  | Host institution has named a qualified medical practitioner as the student’s local supervisor | | | |
| Yes  No | Has the host institution indicated that it requires visiting elective students to take out personal medical malpractice insurance? Where Yes, Student confirms that they have purchased personal medical malpractice/medical negligence insurance appropriate to the destination.  Student must upload a copy of the insurance confirmation letter on Moodle (MBBS Course Information – Elective Approval tab – Risk Assessment section). | | | |
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| **MANUAL HANDLING (MH)**  *e.g. lifting, carrying, moving large or heavy equipment* | | | **Do MH activities take place? YES**  **Use space below to identify and assess any risks**  Is the risk high/medium/low? **LOW** | |
| * Patient-related activities which may result in strain / broken bones | | | | |
| **CONTROL MEASURES** | | | All procedures below must be in place to control the identified risk | |
| 🗸 | Student has been trained during the course in patient-related manual handling | | | |
|  | Student is aware that any MH task outside their level of competence should be undertaken by local clinicians | | | |
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| **SUBSTANCES**  *e.g. biohazard, waste, chemical, plants* | | | **Will students work with substances? YES**  **Use space below to identify and assess any risks**  Is the risk high/medium/low? **LOW** | |
| * Bio-hazard risk in clinical environments | | | | |
| **CONTROL MEASURES** | | | All procedures below must be in place to control the identified risk | |
| 🗸 | Student has been given information and training about hazardous substances in clinical environments during the course | | | |
| 🗸 | Student has been trained to inform him/herself of and to follow local arrangements for dealing with hazardous substances and waste at clinical placements | | | |
| \* | *To be completed only by students with allergies:* Students who have allergies undertake to notify their local supervisor and to carry sufficient medication for their needs | | | |
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| **OTHER HAZARDS** | | | **Have you identified any other hazards? YES**  **Use space below identify and assess any risks**  Is the risk high/medium/low? **LOW** | |
| * New destination not previously approved by Medical School * High risk activities and personal travel outside the country of elective placement is not covered by UCL insurance. | | | | |
| **CONTROL MEASURES** | | | All procedures below must be in place to control the identified risk | |
|  | Student undertakes not to depart on elective without having been granted Medical School final approval | | | |
| 🗸 | Student is covered by UCL public liability insurance for an approved elective and by UCL personal travel and health insurance on completion of the Medical School approval process | | | |
|  | Student undertakes not to sign any statement or waivers by which UCL insurers may become liable for damage to property, personal injury or death caused during the elective placement | | | |
|  | Student undertakes to take out additional personal travel insurance for travel outside the country of elective placement | | | |
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| **DECLARATION BY STUDENT** |
| I confirm that I have ticked and will apply all the control methods required for my elective destination.  SIGNED: Click here to enter text. DATE Click here to enter a date.  *Once completed and signed, this form should be uploaded via Moodle as part of the on-line elective approval process.* |