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| **Talent Academy Work Experience Service**  **DR YOU: Work Experience Placement - Central Record** |
| Thank you for offering a work experience placement(s) for the Dr You programme.  Work experience may be defined as:  *a placement on employer’s premises in which an individual carries out a particular task or duty, or a range of tasks or duties, more or less as would an employee, but with the emphasis on the learning aspects of the experience.*  Under health and safety law, work experience individuals are classed as employees. For this reason, it is important that all placements are recorded and managed appropriately.  In order to facilitate a work experience placement(s) within your department / area you are required to provide information about the placement that you are offering including completion of a Risk Assessment.  **Next Step**  Please complete this document including the Risk Assessment on pages 3 - 11 to ensure that details of the placement opportunity are centrally recorded, allowing ease of data capture and supporting the development of a Trust wide framework of placement opportunities.  On completion, details will be held centrally by the Talent Academy in order to prevent duplication, and will be reviewed on an annual basis. |

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| **Main Organisation Contact Details** | | | |
| Employer Name:  *Example: United Lincolnshire Hospitals Trust* |  | | |
| Main Address: |  | | |
| Main Contact Name: |  | Phone No: |  |
| Position: |  | | |
| Email: |  | | |

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| **In order for the Talent Academy to discharge its duties in relation to offering your placements on the website and on-line system, please confirm your preferred option for management of the Dr You placements:** | |
| **Option 1:**  Talent Academy to signpost applications to own organisation system/website. | Yes / No |
| Please provide below details of where the interested applicants should be directed. |
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| **Option 2:**  Talent Academy to manage the application administration process on behalf of organisation | | Yes / No |
| For option 2, organisations have the opportunity to choose if they would wish for application requests to be issued to a central Coordinator within their organisation for review/authorisation, or directly to each placement host. Please confirm your requirements below. | | |
| **Central Coordinator /** **Individual** **Placement Host** | | |
| Central Coordinator Name |  | |
| Central Coordinator Phone No. |  | |
| Central Coordinator Email |  | |
| Individual Placement Host | Contact details to be taken from Placement Details section within the Central Record for each placement provided by the organisation. | |

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| **Placement Details** | | | | | |
| Placement Title: |  | | | | |
| Placement Address/Location: |  | | | | |
| Placement Contact: |  | | Phone No: | |  |
| Position: |  | | | | |
| Email: |  | | | | |
| **Please advise if known:** | | | | | |
| Name of Supervisor:  *If different to main contact* |  | Position: | |  | |
| Phone no: |  | Email: | |  | |

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| Pathway: | Medical | | | No of days: |  | | | |
| Hours of Work: |  | | | | Meal Break Duration: |  | | |
| Dress Code: |  | | | | | | | |
| **The following statement is always included on all job description documentation:**  *A "bare below the elbow" policy is in place for all staff working within clinical areas. Students must therefore come in short sleeved top/shirt/blouse.* | | | | | | | | |
| Personal Protective Equipment and Clothing: | | |  | | | | | |
| **Job Description -** Please *provide details of any activities or tasks that the student will be doing whilst on placement.* | | | | | | | | |
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| **Eligibility Criteria** | | | | | | | | |
| **Age** – *Please tick the minimum age requirement*  Due to the nature of some posts, age restrictions may apply. These should take into consideration:   1. Health and Safety / Legal requirements 2. Risk of exposure to potentially upsetting environments / situations 3. Level of maturity and experience of the work experience student | | | | | | | 14+ |  |
| 16+ |  |
| 18+ |  |
| **Generic requirements:**   * Strict confidentiality is required on this placement * Good personal hygiene * Good communication skills * Genuine interest in the profession is required | | **Other – Please state any additional requirements if any:** | | | | | | |
| Is this placement suitable for students with Special Needs? | | | | | | Yes / No | | |
| **NOTE:** All posts are subject to receipt of a satisfactory Pre-placement Health Questionnaire | | | | | | | | |

**Employers Legal Duty**

**Definitions of young people and children by age:**

* **A young person** is anyone under 18 and
* **A child** is anyone who has not yet reached the official minimum school leaving age (MSLA). Pupils will reach the MSLA in the school year in which they turn 16.

Under health and safety law, every employer must ensure, so far as reasonably practicable, the health and safety of all their employees, irrespective of age. As part of this, there are certain considerations that need to be made for young people. For the purpose of health and safety law, individuals on work experience are regarded as their employees.

Health and safety law defines all those under 18 as a young person and therefore at potentially increased risk in a workplace environment due to their lack of experience and maturity. Therefore the same protocols should be adopted for all individuals as far as Health and Safety is concerned.

For individuals with learning difficulties and disabilities (LLDD) up to the age of 25 additional safeguards may be identified and thus placements should be considered and risk assessed on an individual basis.

**Management of Health and Safety at Work Regulations 1999**

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| Under the Management of Health and Safety at Work Regulations 1999, an employer has a responsibility to ensure that young people employed by them are not exposed to risk due to:   * lack of experience * being unaware of existing or potential risks and/or * lack of maturity | An employer must also consider:   * the layout of the workplace * the physical, biological and chemical agents they will be exposed to * how they will handle work equipment * how the work and processes are organised * the extent of health and safety training needed * risks from particular agents, processes and work |

***This form should be completed in association with the Work Experience Placement Central Record.***

**Standard 1: Workplace Awareness**

For the purpose of this document, a work experience individual may be referred to as a “learner”.

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| **Learner Induction** |  | **Control Measures** | **MANDATORY** |
| **Standard Health & Safety Induction**  The learner will be provided with an induction on their first day covering the following: basic introduction to health and safety including tour of premises, first aid, fire and evacuation procedures, hazards around the work place, welfare facilities and an introduction to staff and duties.  Learners will not have access to unsuitable material on the internet, use autoclave sterilising equipment, work at heights, enter areas designated as off limits or use/interfere with equipment also considered as off limits, misuse/interfere with anything provided in the interests of health and Safety, work unsupervised, disclose any confidential information relating to any individual. Relevant training, instruction and information will be provided with the addition of effective supervision to monitor the learner’s capacity and competence to work. | | | |

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| **Learner in the workplace** | **Risk** | **Control Measures** | **MANDATORY** |
|  | * Age * Immaturity * Inexperience * Lack of awareness * Unfamiliar surroundings i.e. environment | * Appropriate supervision at all times * Induction, i.e. fire, first aid, accident procedures * Introduction to staff * Safeguarding policy * Tour of premises * Training for learner | |
| Learners are reminded that they are classed as employees for insurance purposes and will be subject to Health & Safety regulations that legally require them to take proper care of themselves and others. It is also an offence to misuse or interfere with anything provided in the interests of Health and Safety. | | |

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| **Health & Hygiene** | **Risk** | **Control Measures** | **MANDATORY** | |
|  | * Infection, sickness, illness, contagious disease * Working in close proximity with others | * Completion of Pre-placement Health Questionnaire * Not to attend placement whilst ill * Not to return until 48 hours after recovery * Wash hands regularly using antibacterial gels / soaps * provided | | |
| **Slips, trips and falls** | **Risk** | **Control Measures** | **MANDATORY** | |
|  | * Spillages * Stairs, ramps and step * Strains, general harm, physical injury * Trailing cables * Uneven floor surfaces | * Adequate lighting * Employer to maintain a safe and tidy working environment * Learner informed of danger areas * Spillages cleared appropriately * Suitable footwear to be worn | | |
| **Manual handling** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
| * General manual handling, moving and lifting | * Strains, pulls, back injury, physical injury * Trapping, crushing, physical injury, etc. * Electrocution | * Appropriate supervision at all times * Good handling technique and appropriate equipment used * Young person(s) only to undertake manual handling tasks that are within their own acceptable capabilities * Learner will not use lifts or hoists * Load reduced to acceptable levels * Provision of Personal Protective Equipment * Working environment / route free from obstructions | | |

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| **Use of general office / IT equipment** | **Risk** | **Control Measures** | **Tick here if relevant** | |  |
|  | * Confidentiality * Electrocution * General fatigue | * All equipment used with due care * Confidentiality / secrecy discussed (where appropriate) * Display Screen Equipment (DSE) Assessment * Equipment Portable Appliance Tested (PAT) * Regular breaks and inspection | | | |
| **Moving vehicles / traffic** | **Risk** | **Control Measures** | **Tick here if relevant** | |  |
|  | * Trapping, crushing, physical injury, etc. | * Audible warnings * Dangerous areas identified to learner * Designated walkways * Visible warning notices / signs | | | |
| **Use of work equipment / machinery** | **Risk** | **Control Measures** | **Tick here if relevant** | |  |
| * Electrical | * Burns * Cuts, abrasions, bruises, physical injury * Electrocution * Fire | * Dangers of using electrical equipment in wet conditions explained * Employer to assess and approve learner competence through provision of training * Equipment Portable Appliance Tested (PAT) * Learner to have current tetanus injection (Occ Health Form) * Not work on live electrical circuits or apparatus * Provision of Personal Protective Equipment * Regular Inspection | | | |
| **Travelling within / on a vehicle as a passenger** | **Risk** | **Control Measures** | **Tick here if relevant** |  | |
|  | * Injury due to road traffic accident | * Seat belts to be worn (WHERE appropriate) * Vehicle Insurance for business use and to carry the learner | | | |
| **Dealing with members of the public** | **Risk** | **Control Measures** | **Tick here if relevant** |  | |
| * Including distressed members of the public | * Distress * General harm, physical injury, etc. * Stress * Trauma | * Learner removed from scene * Learner will not be left alone with members of the public / patients * FOR MEDICAL SHADOWING PLACEMENTS ONLY - Consultant to undertake dynamic risk assessment as and when required to ensure safety of learner, and mitigation of risk. | | | |

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| **Other: Please state** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
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**Standard 2: Care / Clinical Placements**

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| **Wards** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
|  | * Cross contamination * Distress * General harm, physical injury, etc. * Stress * Trauma | * Client permission and confidentiality discussed * Learner informed of restricted / prohibited areas / equipment * Supervised at all times * Ward protocols explained and obeyed at all times | | |
| **Working with children / vulnerable adults** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
| * Working with children * Working with vulnerable adults | * Accusation of inappropriate activities / conduct | * Criminal Records Bureau (CRB) check (if appropriate) * Learner to be supervised at all times * No First Aid / medication to be administered by the learner * No involvement in the personal care of patients (e.g. toileting, changing of clothes) * No moving or handling of patients * No photos or images to be taken * Off limits areas to be identified * Report any inappropriate incidents to senior staff * Safeguarding policy * Understanding of Children Act * Understanding of the Disability Discrimination Act | | |

| **Hazardous substances and chemicals** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
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| * Prescription drugs | * Allergic response * Asphyxiation * Burns, ingestion, absorption, irritation etc. * Inhalation * Sickness / illness | * Assess suitability for learner with certain allergic conditions e.g. asthma, skin conditions, hay fever, etc. * COSHH assessments completed * General ventilation * Provision of Personal Protective Equipment * Restricted access * Substances to be suitably stored * Used under controlled conditions | | |
| **Biological** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
| * Blood and clinical waste | * Biological invasion * Cross contamination * Disease / sickness / illness * General contamination | * Good occupational hygiene procedures are followed * Hepatitis B vaccination recommended (where appropriate) * Informed of protocol for handling and disposal of sharps / clinical waste * Learner Hepatitis B or HIV positive must inform the employer * Learner to have current tetanus injection * Not to attend whilst ill * Open wounds to be covered * Provision of Personal Protective Equipment * Wash hands regularly (especially before eating) using antibacterial gels / soaps provided | | |

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| **General Contamination** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
| * Contact with body fluids * Contact with human waste | * Cross contamination * Cuts, abrasions, bruises, physical injury * Disease / sickness / illness * Psychological – distress / stress | * Good occupational hygiene procedures are followed * Learner to have current tetanus injection * Provision of Personal Protective Equipment * Wash hands regularly (especially before eating) using antibacterial gels / soaps provided | | |
| **Ionising radiation: X-ray** | **Risk** | **Control Measures** | **Tick here if relevant** |  |
|  | * Damage to health | * Isolation from equipment whilst in use * Safe storage of radioactive sources | | |
| **Observation of treatments** | **Risk** | **Control measures** | **Tick here if relevant** |  |
|  |  | * Client permission and confidentiality discussed * Provision of Personal Protective Equipment * Supervised at all times | | |

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| **Psychological capacity** | | **Risk** | | **Control Measures** | **Tick here if relevant** |  |
|  | | * Distress * General harm, physical injury, etc. * Stress * Trauma | | * Learner removed from scene * Learner will not be left alone with members of the public / patients * Learner will not be left alone with patients | | |
| **Other: Please state** | **Risk** | | **Control Measures** | | **Tick here if relevant** |  |
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**Standard 3: Restricted Tasks / Prohibitions**

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| **Restricted or Prohibited Tasks / Duties** | **Tick below if relevant** |
| * The learner is not permitted access to Accident & Emergency department |  |
| * The learner is not permitted access to Theatres |  |
| * The learner is not permitted access to Maternity, obs. & gynae. or children’s wards |  |
| * Any activity which may jeopardize the safety of patients or students |  |
| * The learner will not enter areas designated as off limits or use/interfere with equipment also considered as off limits or misuse/interfere with anything provided in the interests of health and safety |  |
| * The learner will not disclose confidential information to third parties |  |
| * The learner will not have access to unsuitable material on the internet |  |
| * The learner will not take any photos on their work experience without prior authorisation of staff and parents |  |
| * Any activities for which specialized training is required i.e. Manual Handling |  |
| * The learner will not work at heights |  |
| * The learner will not drive any vehicles |  |
| * Any activity involving contact with clinical waste products/by products |  |
| * The learner will not have contact with hazardous substances e.g. toxics, irritants, oxidising agents, explosives, corrosives, highly flammables |  |
| * The learner will not wear excessive facial or dangling jewellery - Other than stud earrings, facial piercings and ear stretchers are not permitted |  |
| * The learner will not provide personal care to patients |  |
| * The learner will not dispense/administer drugs or medicines |  |
| * The use of mobile phones and personal music equipment e.g. iPods are not allowed during working hours without prior approval of the supervisor |  |
| * **Other: Please state** |  |

**Standard 4: Supervision**

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| **Supervision** | **Tick below if relevant** |
| * At no time will the learner be left alone on the premises and will be supervised at all times, except meal breaks |  |
| * Learners may not be supervised at lunch time and may leave the premises |  |
| * The learner will not work unsupervised unless on unsupervised errands, enter areas designated as off limits or use/interfere with equipment also considered as off limits or misuse with anything provided in the interest of health & safety. |  |
| * Other: Please state |  |

**Standard 5: External Factors**

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| **As Line Manager / Supervisor, please record below what you would consider to be the major stressors within the role (if none, state none)** |
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**Standard 6: Any Other Comments**

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| **Further Comments** |
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**Declaration**

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| We agree to conform to the above restrictions and undertakings during the work experience period and agree to review this risk assessment in the light of any changes.  Should there be any changes to the risk assessment, we shall inform the work experience lead immediately. | | |
| **Name of Manager** | **Signature:** | **Print Name:** |
| **Contact No:** | **E-mail:** | **Date** |

**Distribution:**

* 1. **please return the completed document to:** [**nhs.talent@ulh.NHS.uk**](mailto:nhs.talent@ulh.NHS.uk)
  2. **a copy of this form should be retained in the placement area**

**In the event of query, please contact:**

**NHS Talent Academy**

**Tel: 01522 597596 or nhs.talent@ulh.nhs.uk**