Lakehead University School of Social Work

PLACEMENT SAFETY ORIENTATION CHECKLIST

This checklist is to be used to document the health and safety orientation provided to protect students on placement. Please retain a copy for your agency and the student. Return the original to the Field Education Coordinator.

Student Name:		Student Number:			
Placement Agency:			Date:		
Placement Field I	nstructor:				
Joint Health & Safety Committee Representative:					
	Transportation	Y/N or N/A	Please provide comment or describe any protective measures required		
Driving	Will the student be required to drive as part of placement duties?				
Vehicle	Will students be required to use their own vehicles or agency vehicles for work duties?				
Transporting clients	If a student is required to transport clients, are there policies in place regarding insurance, safety, and unsafe weather conditions?				
Insurance	Students will require additional insurance if transporting clients or using their vehicle on placement. Have implications for vehicle and third-party insurance been clearly explained to the student?				
Travel Costs	In the event of out of town travel during a local placement, has it been explained which costs will be covered by the agency and/or student and who will be responsible for making the travel arrangements?				
Human Factors		Y/N N/A			
Harassment	Is there a policy on harassment and/or discrimination that will be provided to the student?				
Violence	Are there situations where the student could be exposed to violence? Is there a Violence Prevention Policy or Risk Management Policy in place?				
Working alone	Will the student be working alone? Is there a Working in isolation Policy in place?				
Security	Are there plans in place to provide immediate access to help in case of violence or threat?				
Security after hours	Is there reliable access to other staff, security personnel or police support if needed?				
Home visits	Are there policies in place to monitor the student's whereabouts and provide support when conducting home visits or facilitating programs in the community?				
Client Meetings	Will the student be alone when meeting with clients? If the student feels unsafe during a meeting, are there clear directions on how to proceed?				
Shift work	Will the student be required to work shifts? (or an irregular work schedule?)				

Work stress	Will there be a high level of stress in the student's work? (Work with high levels of emotional stress, such as working in an Emergency Room or Crisis Response team?)		
Dealing with concerns	If the student feels unsafe or overwhelmed, are there clear directions regarding how to address concerns? (Who to talk to, permission to refuse to work if unsafe?)		
Supervision	Are students provided with regular support, supervision and professional guidance?		
Self-care	Are students encouraged to practice self-care and strive for work/life balance?		
Critical incidents	Is appropriate support provided following exposure to critical incidents? (Reporting procedure, policy and protocol in place?).		
Individual student factors	Are there student circumstances that may require accommodation?		
	Physical Work Environment	Y/N N/A	
Fire safety	Is there a fire safety and evacuation plan in place at the student's placement site? Does the student know the location of fire exits and extinguishers?		
First Aid	Is the student aware of the location of first aid supplies & equipment, including Naloxone kits, names of staff responsible for first aid, training needed and the procedures for reporting accidents and injuries?		
Health Precautions	Are there specific health precautions required for this placement setting? (Immunizations, TB Skin Test?).		
WHMIS	Is the student aware of the Workplace Hazardous Materials Information System?		
Personal Protective Equipment	Has the student been informed about the use of Personal Protective Equipment (PPE) where applicable e.g. gowns or masks in medical setting?		
Environmental Safety	Are there any other potential risks specific to your organization or community setting?		
Policies	Have policies on smoking/drinking/substance abuse in the workplace been discussed?		
Location	Does the student know where to find emergency/important phone numbers?		
Safety Contact	Does the student know what to do and who to see if they have a safety concern?		
Responsibilities	Is the student aware of their rights and responsibilities with regard to a safe work environment?		
Other hazards in th on an additional pa	ne workplace that may affect the student and have been covere	d in orie	entation should be documented and attached
Completed by	Name (print) Signature		<u>Date:</u>

Agency Health & Safety Contact/

Supervisor:

Student: