Health, Safety and Insurance Guidelines

Name of Surgery..................................................................................................................

Name of Student ...................................................................................................................

Whilst on work experience you are treated as an employee and your responsibilities include-

- A duty of care of your own health and safety
- A duty to take care of the health and safety of others who might be affected by your actions
- Getting to know your employer’s safety policy and rules and abiding by them
- Ensuring that the way you are dressed is safe for the sort of work you are doing
- Behaving safely at work
- Immediately reporting any accident, damage to equipment or hazardous situation to your supervisor in the Practice

At all times you must-

- Respect patients’ dignity and privacy
- Make sure your personal beliefs do not prejudice your behaviour towards patients

Patients have the right not to have you present during a consultation. The Primary Care workplace is a potentially hazardous environment and as such should be treated with respect. The discipline required to observe the above conditions is just one example of the demonstration of professionalism. The standards you will be asked to observe are the same expected of all staff.

In addition to the above you must remember that you and the patients are potential hazards for each other. You must notify the practice if you have any susceptibility to disease or if you have or develop any active illness that could be transmitted to patients.

The practice as an organisation will be covered by public liability insurance which will cover you whilst you are on the premises. The practice will not have medical defence indemnity for you and as such you should not undertake any clinical activities during your work experience.

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This is to confirm that I have read and understood the Health, Safety and Insurance Guidelines

Signed........................................................................................................Date............................................................