**Early years risk assessment in the context of Covid-19 (November 2020 to June 2021)**

**This risk assessment should be completed with the learning provider and childcare setting placement provider. This is a key part of the overall learning provider risk assessment.**

**This risk assessment may require changes as and when guidance changes for learners, training or placement providers.**

Name of student**:**

Placement provider**:**

Training provider**:**

**Pre-placement risk assessment**

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| --- | --- | --- |
| 1. | Does the student have specific health needs relating to Covid-19 (for example, have they been shielding, are they pregnant, member of BAME community)? | |
| Please tick | Yes | No |
|  | If **Yes**, please provide further information about what measures have been/will be taken to manage any identified risks or concerns for the safety and well-being of the student, individuals being supported/cared for and colleagues | |
| Further information |  | |
| 2. | Is there any additional information that should be shared to ensure the health and safety of the student, the individual/s being supported/cared for and colleagues? | |
| Please tick | Yes | No |
|  | If **Yes**, please provide further information about the additional measures required: | |
| Further information |  | |
| 3. | Do you anticipate that the student will be present on a daily basis and for how long (for example, have block placements been considered and or agreed)? | |
| Please tick | Yes | No |
|  | Please provide further information: | |
| Further information |  | |
| 4. | Has the student been advised when it’s appropriate to use personal protective equipment (PPE) and face coverings? | |
| Please tick | Yes | No |
|  | Please provide further information: | |
| Further information |  | |
| 5. | Will additional training/guidance be provided for the student on infection prevention and control and the use of PPE and face coverings? | |
| Please tick | Yes | No |
|  | Confirm how and when this will take place? | |
| Further information |  | |
| 6. | Have you considered how you might support the student in dealing with anxieties, worries, uncertainty and safety in relation to Covid-19? | |
| Please tick | Yes | No |
|  | Please provide further information: | |
| Further information |  | |
| 7. | Are colleagues and staff involved directly with the student placements confident in managing and supporting students presenting with any anxieties, worries or safety in relation to Covid-19 during the placement? | |
| Please tick | Yes | No |
|  | Please provide further information: | |
| Further information |  | |
| 8. | Will direct observations be carried out by an external assessor? | |
| Please tick | Yes | No |
|  | If **Yes**, what additional measures will be in place to ensure the health, safety and well-being of the students, children being supported/cared for, placement providers staff and the external assessor? | |
| Further information |  | |
| 9. | What measures have been put in place for direct observations of practice where an external assessor cannot gain access due to Covid-19 restrictions (interim or longer term, planned or emergency)? | |
| Detail the control measures |  | |
| 10. | What plans has the placement provider made to share Covid-19 guidance internal policy and procedures with students and training providers before and during the placement period? | |
| Explain further |  | |
| 11. | What contingency plans are in place if a placement is cancelled or cannot take place due to a closure, local outbreak or staffing shortfall, etc? | |
| Explain further |  | |
| 12. | Any other Covid-19 related issues?  What plans are in place to support ongoing communications between the placement setting and the training provider given the changing environment? | |
| Further information |  | |

**Completed by:**

**Job title/position:**

**Date:**