

**WESTERN MICHIGAN UNIVERSITY
SCHOOL OF SOCIAL WORK**

OFFICE OF FIELD EDUCATION

SAFETY CHECK LIST

The following agency procedures/operations/guidelines/policies as they relate to safety and precautions “on the job” need to be reviewed by field instructors and their students. Add additional items that pertain to your specific agency as necessary. **THE FIELD INSTRUCTOR NEEDS TO DATE AND INITIAL EACH SECTION.** This form must be submitted to the student’s faculty liaison by Friday of the seventh week of the first semester of the placement.

I.	<u>ENVIRONMENTAL SAFETY</u>	<u>DATE</u>	<u>INITIAL</u>
	A. Fire safety	_____	_____
	B. Universal precautions/ infection control	_____	_____
	C. Utilities safety	_____	_____
	D. Disaster procedures	_____	_____
II.	<u>AGENCY MISSION/NATURE & TYPE OF POPULATION SERVED</u>	<u>DATE</u>	<u>INITIAL</u>
	A. Typical client issues	_____	_____
	B. Vulnerability issues	_____	_____
	C. Psychiatric issues	_____	_____
	D. Substance abuse issues	_____	_____
	E. Boundary issues	_____	_____
	F. Policies with regard to loaning money, cigarettes, fraternizing, etc.	_____	_____
	G. Procedures to follow when a client incident occurs	_____	_____
	H. Procedures to follow when a staff incident occurs	_____	_____
	I. Type and degree of personal safety encouraged	_____	_____
	J. Vaccinations required	_____	_____
	TB Test	_____	_____
	Hepatitis B	_____	_____
	Other: _____	_____	_____

II. <u>TOUR OF AGENCY AND COMMUNITY</u>	<u>DATE</u>	<u>INITIAL</u>
A. Parking	_____	_____
B. After-hours policies and procedures	_____	_____
C. Procedures re: agency security	_____	_____
D. Orientation to community and neighborhood issues; Identify vulnerable and isolated areas	_____	_____
E. Discussion regarding untenable home conditions: Electric cords, gas fumes, snow/ice, homes in poor physical condition Pets, bugs, vermin Suspicious individuals, weapons, substances	_____	_____
F. Equipment issued: Pagers Cell phones Latex gloves/masks Anti-bacterial hand wash	_____	_____
III. <u>AGENCY OFFICE SAFETY AND SECURITY</u>	<u>DATE</u>	<u>INITIAL</u>
A. Office set-up	_____	_____
B. Isolation/panic buttons	_____	_____
C. Exits	_____	_____
D. Personal belongings	_____	_____
F. Sign-in/sign-out procedures	_____	_____
G. Dress code/jewelry	_____	_____
H. Computer safety	_____	_____
IV. <u>CLIENT TRANSPORTATION ISSUES</u>	<u>DATE</u>	<u>INITIAL</u>
A. Car safety issues Doors locked while driving Securing personal belongings Purses/briefcases on floor/trunk Re-fueling procedures	_____	_____
B. Policies and procedures and training required	_____	_____
C. Discussion on unscheduled stops/agency rules	_____	_____
D. General expectations	_____	_____

V. <u>WHAT TO DO IN AN EMERGENCY</u>	<u>DATE</u>	<u>INITIAL</u>
A. Procedures	_____	_____
B. Number(s) to call	_____	_____
C. Whom to contact	_____	_____
D. Documentation required	_____	_____
E. Discuss and identify the procedure to inform the School of Social Work if an incident occurs:		

VII. AGENCY SPECIFIC TRAINING (Please indicate type and date received)

VI. OTHER

Our signatures indicate that we have spent time reviewing the field placement agency procedures/operations/guidelines/policies as they relate to the topics indicated above.

FIELD INSTRUCTOR SIGNATURE

DATE

AGENCY NAME (PRINT)

STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE

STUDENT LEVEL (CIRCLE ONE)

BSW MSW 1st year full time MSW 2nd year full time

MSW 2nd year extended study MSW 3rd year extended study

C: Faculty Liaison