

## New Employee Risk Identification

<b>Post:</b>	<b>Phlebotomist</b>		
<b>Employee Name:</b>	<b>vacancy</b>	<b>DOB:</b>	
<b>Ward / Department:</b>	<b>Phlebotomy</b>	<b>Location:</b>	<b>Community clinics</b>

The manager must identify risks relevant to the post which may require occupational health involvement.  
**PLEASE REFER TO THE RISK IDENTIFICATION MANAGERS GUIDANCE – WHERE BASELINE HEALTH SURVEILLANCE IS INDICATED, THE IDENTIFIED ELEMENTS OF THIS ROLE MUST NOT BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM OCCUPATIONAL HEALTH**

The job will or may involve (please tick ✓ as appropriate):-

1	Contact with patients ( <i>involved in direct patient care</i> )	Yes x	No
2	Contact with patients (social contact in clinical environment)	Yes	No x
3	Undertaking exposure prone procedures	Yes	No x
4	Working with biological agents	Yes	No x
5	Working with those who are at risk of blood borne infections	Yes x	No
6	Working in a renal dialysis unit	Yes	No x
7	Drivers: Excludes: Driving to and from work	Yes x	No
8	Drivers (vocational drivers)	Yes	No x
9	Working in confined spaces	Yes	No x
10	Working with Electrical Wiring	Yes	No x
11	Working with extremes of hot and cold temperature	Yes	No x
12	Working at heights	Yes	No x
13	Working in isolation	Yes x	No
14	Working night shifts	Yes	No x
15	Working within a noise area	Yes	No x
16	Working with respiratory sensitisers	Yes	No x
17	Working with skin sensitisers	Yes x	No
18	Working with vibrating tools	Yes	No x
19	Food Handling/Preparation	Yes	No x
20	Manual Handling	Yes	No x
21	Requirement to perform control and restraint procedures	Yes	No x
22	Working with Display Screen Equipment	Yes x	No
23	Any other occupational hazards, please state:	Yes	No x

Risks have been identified which require a new employee baseline health surveillance		Yes x	No
<b>Recruiting Manager: (please print) Angela Tyrer</b>			
<b>Ward/Department: Phlebotomy</b>			
<b>Contact Telephone Number 07919887155</b>			
<b>Signature:</b>	Angela Tyrer	<b>Date:</b>	31/10/18

### EMPLOYMENT SERVICES:

Base line health surveillance form sent with risk identification to new employee for completion and return to Occupational Health (see Managers guidance)	Yes	No
-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----	----