

Community and Mental Health Services

New Employee Risk Identification

| | Specialty Doctor | | |
|--------------------|-------------------|-----------|------------|
| Post: | | | |
| | | | |
| Employee Name: | | DOB: | |
| | Medical Workforce | | Auden Unit |
| Ward / Department: | | Location: | |

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 (involved in direct patient care) | Yes x | No |
|----|--|-------|------|
| 2 | Contact with patients (social contact in clinical environment) | Yes x | No |
| 3 | Undertaking exposure prone procedures | Yes x | No |
| 4 | Working with biological agents | Yes x | No |
| 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 | No x |
| 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 | No x |
| 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 | No x | |
|--|-----------|--|-------|---------|------|--|
| Recruiting Manager: (please print) Pauline Copland | | | | | | |
| Ward/Department: Medical Workforce | | | | | | |
| Contact Telephone Number 07974184282 | | | | | | |
| | | | | | | |
| Signature: | P Copland | | Date: | 11.4.24 | 4 | |

EMPLOYMENT SERVICES:

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