

Community and Mental Health Services

## **New Employee Risk Identification**

New Employee Risk Identification											
			B8a Advanced Clinical Pharmacist – Inpatient Mental Health Services								
Post:											
Employee Name:					OB:						
Emp	noyee iv	aille.			JB.						
Ward / Department:				Lo	ocation:						
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 ✓ No											
2		Contact with patients (social contact in clinical environment)						No			
3		Undertaking exposure prone procedures						No ✓			
4			logical agents				Yes	No ✓			
5		Working with those who are at risk of blood borne infections						No ✓			
6	Working in a renal dialysis unit							No ✓			
7	Drivers: Excludes: Driving to and from work							No ✓			
8	Drivers (vocational drivers)							No ✓			
9	Working in confined spaces						Yes	No ✓			
10	Working with Electrical Wiring						Yes	No ✓			
11	Working with extremes of hot and cold temperature						Yes	No ✓			
12	Working at heights						Yes	No ✓			
13	Working in isolation						Yes	No ✓			
14	Working night shifts						Yes	No ✓			
15	Working within a noise area						Yes	No ✓			
16	Working with respiratory sensitisers						Yes	No ✓			
17	Working with skin sensitisers						Yes	No ✓			
18	Working with vibrating tools						Yes	No ✓			
19	Food Handling/Preparation						Yes	No ✓			
20	Manual Handling						Yes	No ✓			
21	Requirement to perform control and restraint procedures						Yes	No ✓			
22	Working with Display Screen Equipment						Yes ✓ Yes ✓	No			
23	Any other occupational hazards, please state:							No			
	Working with medication these may include cytotoxic, cytostatic medications and										
MABs											
Disks have been identified which require a new employee begaling health surveillance. Ves. No. /											
	Risks have been identified which require a new employee baseline health surveillance Yes No ✓ <b>Recruiting Manager:</b>										
Ward/Department:											
			umher:								
Contact Telephone Number:											
Signature:				Da	ate:						

## **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)		