

New Employee Risk Identification Form

Job Title: MEDICAL SECRETARY

Location: PLANNED CARE

This form must be completed by the manager to 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	Drivers <i>(not to and from work)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2	Vocational Driving	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3	Food Handling/Preparation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4	Manual Handling	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5	Contact with patients <i>(involved in direct patient care)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6	Contact with patients <i>(social contact in clinical environment)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7	Working with those who are at risk of blood borne infections	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8	Undertaking exposure prone procedures. <i>Exposure Prone Procedures are those procedures where the worker's gloved hands may be in full contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may NOT be completely visible at all times.</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9	Exposure to respiratory sensitisers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10	Working with biological agents	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11	Working at heights	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12	Working in isolation	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13	Exposure to skin sensitisers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14	Exposure to noise <i>above 80dB(A)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
15	Working with vibrating tools	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
16	Working with electrical wiring	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
17	Working in confined spaces	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
18	Working night shifts	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
19	Working with extremes of hot and cold temperature	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
20	Requirement to perform control and restraint procedures	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
21	Any other occupational hazards	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Please indicate if risks have been identified which require new employee baseline health surveillance:

Food handlers **Yes / No** Respiratory surveillance **Yes / No**
 Skin surveillance **Yes / No** Hand Arm Vibration surveillance **Yes / No**

Recruiting Manager: KIRSTY SIMMONDS
(please print)

Department: Planned Care Division

Contact details: 01244362090

Date: 19/08/22