

Community and Mental Health Services

New Employee Risk Identification

Post:	Specialist Speech and Language Therapist		
Employee Name:		DOB:	
	CYP Services		St Helens
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 ✓	No
2	Contact with patients (social contact in clinical environment)	Yes ✓	No
3	Undertaking exposure prone procedures	Yes	No ✓
4	Working with biological agents	Yes	No ✓
5	Working with those who are at risk of blood borne infections	Yes	No ✓
6	Working in a renal dialysis unit	Yes	No ✓
7	Drivers: Excludes: Driving to and from work	Yes ✓	No
8	Drivers (vocational drivers)	Yes	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 ✓	No
23	Any other occupational hazards, please state:	Yes	No ✓

Risks have been identified which require a new employee baseline health surveillance Yes No ✓				✓		
Recruiting Manager: (please print) Johanna Towers						
Ward/Department: Speech and Language Therapy						
Contact Telephone Number 07385461161						
			28.03.2	24		
Signature:	J Towers	Date:				

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)		