

Community and Mental Health Services

New Employee Risk Identification

Post:	Speech and Language The	erapist	
Employee Name:		DOB:	
-	Sefton Place Speech and		Livingston Drive/Netherton Health
Ward / Department:	Language Therapy	Location:	Centre

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 b	been identified which require a new empl	oyee baseline health survei	illance	Yes	NO
Recruiting Manager: (please print) Sarah Higgins La Placa					
Ward/Depai	Ward/Department: Sefton Speech and Language Therapy Team				
Contact Telephone Number 0767 187 597					
	S. Higgins La Placa		17/04/2	24	
Signature:		Date:			

EMPLOYMENT SERVICES:

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