

New Employee Risk Identification

Post:	Educational Mental Health Practitioner (MHST)		
Employee Name:		DOB:	
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 (<i>involved in direct patient care</i>)	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) Geoffrey Harrison		
Ward/Department: Knowsley MHST		
Contact Telephone Number : 01925 664 120		
Signature:	G.Harrison	Date: 05/02/2024

EMPLOYMENT SERVICES:

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