

New Employee Risk Identification

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|---------------------------|--------------------------------------------------------|------------------|------------------------------------------------------------|
| Post: | Band 6 Physiotherapist / Occupational therapist | | |
| Employee Name: | | DOB: | |
| Ward / Department: | Intermediate Care Services | Location: | V7 Building, Kings Business Park, Prescot, L34 4PJ. |

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):-

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|----|------------------------------------------------------------------|-------|------|
| 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 ✓ |

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|--------------------------------------------------------------------------------------|--|--------------|----|
| Risks have been identified which require a new employee baseline health surveillance | | Yes ✓ | No |
| Recruiting Manager: Paula Burke | | | |
| Ward/Department: Intermediate Care Services Knowsley | | | |
| Contact Telephone Number: 0151 351 8531 | | | |
| Signature: | | Date: | |

EMPLOYMENT SERVICES:

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| 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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