

Community and Mental Health Services

New Employee Risk Identification

D	Rehabilitation and Recovery Services		
Post:			
	N/A		N/A
Employee Name:		DOB:	
	Rehablitation and		Ashworth Hospital
Ward / Department:	Recovery Services - High Secure Services	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: use of equipment pertinent to role (i.e. gym equipment, metal cages on wheels).	Yes	No

Risks have been identified which require a new employee baseline health surveillance				Yes	No	
Recruiting Manager: Tori Wolfendale						
Ward/Department: Rehabilitation and Recovery Services, including Life Rooms and Health &						
Fitness	Fitness					
Contact Telephone Number Ext 4516						
			17.11.2	2021		
Signature:	Tori Wolfendale	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)		