

New Employee / Volunteer / Long Term (>4 weeks) Placement Risk Identification (PART 1)

Recruitment or Recruiting Manager to complete this section	
Name of Candidate:	Job Title: Team Administrator
Employer/Trust:	Care Group:SMH
Department:	

This form must be completed by the manager/supervisor to identify risks relevant to the post/placement which may require occupational health involvement. Where a risk is identified please refer to the '**RISK IDENTIFICATION MANAGERS GUIDANCE**' document for further advice and to determine if OH intervention/Health Assessment is required and indicate this in final columns.

WHERE BASELINE HEALTH SURVEILLANCE IS INDICATED, THE IDENTIFIED ELEMENTS OF THIS ROLE/PLACEMENT MUST NOT BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM OCCUPATIONAL HEALTH

The job will or may involve: (please indicate 'Yes' or 'No' as appropriate):-

		RISK PRESENT? (if yes refer to guidance)		OH Health Assessment needed?	
1	Contact with patients in a Nursing/Care Home (involved in direct patient care)		No	Yes	No
2	Contact with patients in a Nursing/Care Home (social contact in clinical environment)		No	Yes	No
3	Drivers (of company vehicles or who transport service users)		No	Yes	No
4	Vocational Driving (e.g LGV, PCV) Specify	Yes	No	Yes	No
5	Food Handling/Preparation (preparation, cooking & serving)		No	Yes	No
6	Manual Handling		No	Yes	No
7	Contact with patients (involved in direct patient care)		No	Yes	No
8	Contact with patients (social contact in clinical environment)	Yes		Yes	No
9	Working with those who are at risk of blood borne infections		No	Yes	No
10	Undertaking exposure prone procedures.		No	Yes	No
11	Exposure to respiratory sensitisers Specify		No	Yes	No
12	Working with biological agents Specify		No	Yes	No
13	Working at heights		No	Yes	No
14	Working in isolation		No	Yes	No
15	Exposure to skin sensitisers Specify		No	Yes	No

16	Exposure to noise		No	Yes	No
17	Working with vibrating tools		No	Yes	No
18	Working with electrical wiring		No	Yes	No
19	Working in confined spaces		No	Yes	No
20	Working night shifts		No	Yes	No
21	Working with extremes of hot and cold temperature		No	Yes	No
22	Requirement to perform control and restraint procedures		No	Yes	No
23	Any other occupational hazards Specify		No	Yes	No
Recruiting Manager (print):			Donna Dale		
Recruiting Manager E-mail address:			Donna.dale1@nhs.net		
Recruiting Manager Signature:			DM Dale		
Care Group			Community Mental Health Nurse		
Department			Cherrybank		
Date			28/02/24		