

New Employee Risk Identification

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|---------------------------|---|------------------|------------------|
| Post: | Wheelchair Therapist –Occupational Therapist/Physiotherapist | | |
| Employee Name: | | DOB: | |
| Ward / Department: | Liverpool Wheelchair Service | Location: | Lifehouse |

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 | |
| 2 | Contact with patients (social contact in clinical environment) | Yes | |
| 3 | Undertaking exposure prone procedures | | No |
| 4 | Working with biological agents | | No |
| 5 | Working with those who are at risk of blood borne infections | Yes | |
| 6 | Working in a renal dialysis unit | Yes | |
| 7 | Drivers: Excludes: Driving to and from work | | No |
| 8 | Drivers (vocational drivers) | Yes | |
| 9 | Working in confined spaces | Yes | |
| 10 | Working with Electrical Wiring | | No |
| 11 | Working with extremes of hot and cold temperature | Yes | |
| 12 | Working at heights | | No |
| 13 | Working in isolation | Yes | |
| 14 | Working night shifts | | No |
| 15 | Working within a noise area | | No |
| 16 | Working with respiratory sensitisers | | No |
| 17 | Working with skin sensitisers | | No |
| 18 | Working with vibrating tools | | No |
| 19 | Food Handling/Preparation | | No |
| 20 | Manual Handling | Yes | |
| 21 | Requirement to perform control and restraint procedures | | No |
| 22 | Working with Display Screen Equipment | Yes | |
| 23 | Any other occupational hazards, please state: | | No |

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| Risks have been identified which require a new employee baseline health surveillance | | Yes | |
| Recruiting Manager: (please print) Rebecca Denson | | | |
| Ward/Department: Liverpool Wheelchair Service | | | |
| Contact Telephone Number 0151 296 7770 | | | |
| Signature: | R. Denson | Date: | 23/05/23 |

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 | |
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