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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: Fitness Instructor | | | | | |
| Employer/Trust: CWP | Care Group: Specialist Mental Health | | | | | |
| Department:Occupational Therapy | | | | | | |

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

| 16 | Exposure to noise | | Yes | No | Yes | No | | |
|------------------------------------|---|--------------------------|-----|----|-----|----|--|--|
| 17 | Working with vibrating tools | | Yes | No | Yes | No | | |
| 18 | Working with electrical wiring | | Yes | No | Yes | No | | |
| 19 | Working in confined spaces | | Yes | No | Yes | No | | |
| 20 | Working night shifts | | Yes | No | Yes | No | | |
| 21 | | | Yes | No | Yes | No | | |
| 22 | Requirement to perform control and restraint procedures | | Yes | No | Yes | No | | |
| 23 | | | Yes | No | Yes | No | | |
| | Specify | | | | | | | |
| Recruiting Manager (print): | | Maria Yuen | | | | | | |
| Recruiting Manager E-mail address: | | Maria.yuen@nhs.net | | | | | | |
| Recruting Manager Signature: | | Maria Yuen | | | | | | |
| Car | e Group | Specialist mental health | | | | | | |
| Department | | Occupational Therapy | | | | | | |
| Date | 9 | 13 March 2024 | | | | | | |