

## New Employee Risk Identification

<b>Post:</b>	<b>Community Mental Health Nurse Band 6</b>		
<b>Employee Name:</b>	<b>Unknown. Vacant post</b>	<b>DOB:</b>	
<b>Ward / Department:</b>	<b>Complex care</b>	<b>Location:</b>	<b>South sefton neighbourhood centre</b>

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

Risks have been identified which require a new employee baseline health surveillance	Yes <input type="checkbox"/>	No x
<b>Recruiting Manager: (please print) NEIL DOOLIN</b>		
<b>Ward/Department: SOUTH SEFTON NEIGHBOURHOOD CENTRE</b>		
<b>Contact Telephone Number 01513308500</b>		
<b>Signature:</b>	NEIL DOOLIN	<b>Date:</b> 10.6.21

### EMPLOYMENT SERVICES:

Base line health surveillance form sent with risk identification to new employee for completion and return to Occupational Health (see Managers guidance)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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