

New Employee Risk Identification

Post:	OT post		
Employee Name:		DOB:	
Ward / Department:	Eating Disorder Service	Location:	Rathbone Hospital

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

Risks have been identified which require a new employee baseline health surveillance	Yes <input type="checkbox"/>	No ✓
Recruiting Manager: (please print) Uma Patel		
Ward/Department: Eating Disorder Service		
Contact Telephone Number 0151 471 7751		
Signature:	<i>Uma Patel</i>	Date: 27/2/2024

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	No <input type="checkbox"/>
---	-----	-----------------------------