



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: CYPMHS Mental Health Practitioner				
Employer/Trust:CWP	Care Group:CYPF				
Department:CYPMHS Cheshire West					

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

16	Exposure to noise		No	No	
17	'		No	No	
18			No	No	
19			No	No	
20			No	No	
21	Working with extremes of hot and cold temperature		No	No	
22			No	No	
23	Any other occupational hazards		No	No	
	Specify				
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Reci	ruiting Manager (print):	Robert Lupton			
Reci	ruiting Manager E-mail address:	Robert.lupton@nhs.net			
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Rec	ruting Manager Signature:	/			
		de			
Care Group		СҮРМНЅ			
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Dara		Chacking CVDMUC	<u> </u>		
Department		Cheshire CYPMHS			
Date	3	01.02.2024			