

Community and Mental Health Services

## **New Employee Risk Identification**

Post:	Consultant Psychiatrist – Crosby CMHT			
Employee Name:		DOB:		
Ward / Department:	Medical Workforce	Location:	South Sefton Neighbourhood Centre, Waterloo, L22	

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
2	1 1 ,		No
	Contact with patients (social contact in clinical environment)	Yes x	
3	Undertaking exposure prone procedures	Yes x	No
4	Working with biological agents	Yes x	No
5	Working with those who are at risk of blood borne infections	Yes x	No
6	Working in a renal dialysis unit	Yes	No x
7	Drivers: Excludes: Driving to and from work	Yes	No x
8	Drivers (vocational drivers)	Yes	No x
9	Working in confined spaces	Yes	No x
10	Working with Electrical Wiring	Yes	No x
11	Working with extremes of hot and cold temperature	Yes	No x
12	Working at heights	Yes	No x
13	Working in isolation	Yes x	No
14	Working night shifts	Yes	No x
15	Working within a noise area	Yes	No x
16	Working with respiratory sensitisers	Yes	No x
17	Working with skin sensitisers	Yes	No x
18	Working with vibrating tools	Yes	No x
19	Food Handling/Preparation	Yes	No x
20	Manual Handling	Yes	No x
21	Requirement to perform control and restraint procedures	Yes	No x
22	Working with Display Screen Equipment	Yes x	No
23	Any other occupational hazards, please state:	Yes	No x
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Risks have been identified which require a new employee baseline health surveillance Yes No				No x		
Recruiting Manager: (please print) Pauline Copland						
Ward/Depa	Ward/Department: Medical Workforce					
Contact Telephone Number 0151 473 2759						
Signature:	P Copland		Date:	08.07.2	21	

## **EMPLOYMENT SERVICES:**

Base line health surveillance form sent with risk identification to new employee for	Yes	No
completion and return to Occupational Health (see Managers guidance)		