



## New Employee / Volunteer / Long Term (&gt;4 weeks) Placement Risk Identification

Post/Role: Band 7 / 8a Clinical Psychologist

Location: Ancora House - CHEDS

Trust / Employer: CWP CAMHS Tier 4

This form must 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 tick ✓ as appropriate):-

		RISK PRESENT? (if yes refer to guidance)		OH Health Assessment needed?	
1	Drivers (of company vehicles or who transport service users)		X		
2	Vocational Driving (e.g LGV, PCV) specify: .....		X		
3	Food Handling/Preparation (preparation, cooking & serving)		X		
4	Manual Handling		X		
5	Contact with patients (involved in direct patient care)	X			
6	Contact with patients (social contact in clinical environment)	X			
7	Working with those who are at risk of blood borne infections		X		
8	Undertaking exposure prone procedures.		X		
9	Exposure to respiratory sensitisers (specify .....		X		
10	Working with biological agents (specify .....		X		
11	Working at heights		X		
12	Working in isolation		X		
13	Exposure to skin sensitisers (specify .....		X		
14	Exposure to noise.		X		
15	Working with vibrating tools		X		
16	Working with electrical wiring		X		
17	Working in confined spaces		X		
18	Working night shifts		X		
19	Working with extremes of hot and cold temperature		X		
20	Requirement to perform control and restraint procedures		X		
21	Any other occupational hazards				
	Specify: .....				

Recruiting Manager (print): Hannah Maddocks

Signature: H.L.Maddocks

Department: CHEDS

Date: 14/09/22

## FOR COMPLETION BY HR RECRUITMENT TEAM/VOLUNTEER CO-ORDINATOR:

Successful Candidate Name: ..... DOB: .....

Base line health surveillance form sent with risk identification to new employee for completion and return to Occupational Health (see Managers guidance)

Yes

No