

## New Employee Risk Identification

|                           |                                                   |                  |                                 |
|---------------------------|---------------------------------------------------|------------------|---------------------------------|
| <b>Post:</b>              | <b>Highly Specialist Clinical Psychologist 8a</b> |                  |                                 |
| <b>Employee Name:</b>     |                                                   | <b>DOB:</b>      |                                 |
| <b>Ward / Department:</b> | <b>Sefton and Kirkby Step Forward Service</b>     | <b>Location:</b> | <b>c/o Lifehouse, Liverpool</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 ( <i>involved in direct patient care</i> ) | Yes |    |
| 2  | Contact with patients (social contact in clinical environment)   | Yes |    |
| 3  | Undertaking exposure prone procedures                            |     | No |
| 4  | Working with biological agents                                   |     | No |
| 5  | Working with those who are at risk of blood borne infections     | Yes |    |
| 6  | Working in a renal dialysis unit                                 |     | No |
| 7  | Drivers: Excludes: Driving to and from work                      |     | No |
| 8  | Drivers (vocational drivers)                                     |     | No |
| 9  | Working in confined spaces                                       |     | No |
| 10 | Working with Electrical Wiring                                   |     | No |
| 11 | Working with extremes of hot and cold temperature                |     | No |
| 12 | Working at heights                                               |     | No |
| 13 | Working in isolation                                             |     | No |
| 14 | Working night shifts                                             |     | No |
| 15 | Working within a noise area                                      |     | No |
| 16 | Working with respiratory sensitisers                             |     | No |
| 17 | Working with skin sensitisers                                    |     | No |
| 18 | Working with vibrating tools                                     |     | No |
| 19 | Food Handling/Preparation                                        |     | No |
| 20 | Manual Handling                                                  |     | No |
| 21 | Requirement to perform control and restraint procedures          |     | No |
| 22 | Working with Display Screen Equipment                            | Yes |    |
| 23 | Any other occupational hazards, please state:                    |     | No |

|                                                                                      |           |              |          |
|--------------------------------------------------------------------------------------|-----------|--------------|----------|
| Risks have been identified which require a new employee baseline health surveillance |           | Yes          | No       |
| <b>Recruiting Manager: (please print) Frank Chapman</b>                              |           |              |          |
| <b>Ward/Department: Local Division Psychology</b>                                    |           |              |          |
| <b>Contact Telephone Number</b>                                                      |           |              |          |
| <b>Signature:</b>                                                                    | F Chapman | <b>Date:</b> | 13.10.21 |

### 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 | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|