

New Employee Health Clearance Process

Part 1: Role Risk Identification

To be completed by the Recruiting Manager

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 IS RECEIVED FROM OCCUPATIONAL HEALTH.

Job Title			
Department		Location	

What is the patient contact requirement? (tick all that apply)			
1	No patient contact (no in-person patient interaction and no work in clinical environments)		<input type="checkbox"/>
2	Social contact with patients (in person interaction with patients and/or work in and around patient/clinical areas)		<input type="checkbox"/>
3	Direct clinical contact with patients (involved in providing direct patient care)		<input type="checkbox"/>
6	Undertaking Renal Dialysis		<input type="checkbox"/>
7	Undertaking Exposure Prone Procedures (this is <i>ONLY</i> for worker's whose gloved hands may be in contact with sharp instrument or sharp tissues, e.g., bone or teeth, <i>inside</i> a patient's open cavity or wound, <i>where their hands or fingertips may not be completely visible at all times.</i>)		<input type="checkbox"/>
What is the potential exposure to infectious agents? (tick all that apply)			
8	Exposure to blood borne infections (taking or handling blood samples or blood contaminated body fluids and equipment)		<input type="checkbox"/>
9	Exposure to Tuberculosis positive patients or specimens (workers who could have regular, close contact with TB infectious sources which could cumulatively be 8 hours or more)		<input type="checkbox"/>
10	Exposure to pertussis (clinical contact with women in last month of pregnancy and young unimmunised infants)		<input type="checkbox"/>
11	Exposure to biological pathogens in a laboratory or mortuary		<input type="checkbox"/>
12	Exposure to biological agents in groundwork or with untreated water sources		<input type="checkbox"/>
13	Any other specific high-risk pathogens? (give details):		<input type="checkbox"/>
Do any of the below occupational tasks form part of the role? (tick all that apply)			
14	Manual handling of animate (patient) and inanimate loads (>5kgs)		<input type="checkbox"/>
15	Requirement to perform Control and Restraint procedures		<input type="checkbox"/>
16	Display Screen Equipment User		<input type="checkbox"/>
17	Driving DVLA Group 1 vehicles (driving employer's vehicles or driving own vehicle to transport patients)		<input type="checkbox"/>
18	Vocational Driving DVLA Group 2 vehicles (as an integral part of occupational role)		<input type="checkbox"/>
19	Food Workers (the production and preparation of foodstuffs including the manufacturing, catering, and retail industries)		<input type="checkbox"/>
20	Night shift working (regularly working shifts within the period from 11pm to 6 am)		<input type="checkbox"/>
21	Working in isolation (working with neither visual nor audible communication to summon assistance in the event of an incident)		<input type="checkbox"/>
22	Working at heights (work in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury)		<input type="checkbox"/>
23	Work in confined spaces (where access and exit are restricted, and physical movement to do tasks is limited e.g. crawl spaces)		<input type="checkbox"/>
24	Work with electrical wiring (repairing or maintaining electrical wiring where colour differentiation is required)		<input type="checkbox"/>
25	Working in extremes of hot and cold temperature (temperatures which may be physically hazardous, and measures cannot be taken to maintain thermal comfort)		<input type="checkbox"/>
Has your department risk assessment identified any health surveillance requirements? (tick all that apply)			
26	Exposure to substances identified as skin irritants or sensitisers (COSHH)		<input type="checkbox"/>
27	Exposure to substances identified as respiratory irritants or sensitisers (COSHH)		<input type="checkbox"/>
28	Exposure to noise (exposures ≥ 85 dB(A))		<input type="checkbox"/>
29	Working with vibrating tools (exposure ≥ 2.5 m/s ²)		<input type="checkbox"/>
30	Other occupational hazards? (give details):		<input type="checkbox"/>
Recruiting Manager		Ward / Department	
Manager's Email		Contact number	
I confirm the above information is an accurate identification of the current role risks.			
Electronic signature: <i>S.A Parkinson</i>			Date: