


## New Employee Risk Identification

<b>Post:</b>	<b>Community Matron/Advanced Practitioner</b>		
<b>Employee Name:</b>		<b>DOB:</b>	
<b>Ward / Department:</b>	<b>Long COVID</b>	<b>Location:</b>	<b>Whiston PCRC Primarily</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 ✓	No
2	Contact with patients (social contact in clinical environment)	Yes✓	No
3	Undertaking exposure prone procedures	Yes	No ✓
4	Working with biological agents	Yes	No✓
5	Working with those who are at risk of blood borne infections	Yes ✓	No
6	Working in a renal dialysis unit	Yes	No✓
7	Drivers: Excludes: Driving to and from work	Yes✓	No
8	Drivers (vocational drivers)	Yes ✓	No
9	Working in confined spaces	Yes	No✓
10	Working with Electrical Wiring	Yes	No✓
11	Working with extremes of hot and cold temperature	Yes	No✓
12	Working at heights	Yes	No✓
13	Working in isolation	Yes ✓	No
14	Working night shifts	Yes	No✓
15	Working within a noise area	Yes	No✓
16	Working with respiratory sensitisers	Yes ✓	No
17	Working with skin sensitisers	Yes	No✓
18	Working with vibrating tools	Yes	No✓
19	Food Handling/Preparation	Yes	No✓
20	Manual Handling	Yes	No ✓
21	Requirement to perform control and restraint procedures	Yes	No ✓
22	Working with Display Screen Equipment	Yes ✓	No
23	Any other occupational hazards, please state:	Yes	No✓

Risks have been identified which require a new employee baseline health surveillance		Yes ✓	No
<b>Recruiting Manager: (please print) Jacki Langley</b>			
<b>Ward/Department: Long COVID Services</b>			
<b>Contact Telephone Number 07435629956</b>			
<b>Signature:</b>		<b>Date:</b>	04.04.24

### 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
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