



New Employee / Volunteer / Long Term (>4 weeks) Placement Risk Identification (PART 1)

Recruitment or Recruiting Manager to complete this section					
Name of Candidate:	Job Title:				
Employer/Trust:	Care Group:				
Department:					

This form <u>must</u> 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 <u>MUST NOT</u> BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM OCCUPATIONAL HEALTH

The job will or may involve: (please indicate 'Yes' or 'No' as appropriate):-

		RISK PRESENT? (if yes refer to guidance)		OH Health Assessment needed?	
1	Contact with patients in a Nursing/Care Home (involved in direct patient care)		No		No
2	Contact with patients in a Nursing/Care Home (social contact in clinical environment)		No		No
3	Drivers (of company vehicles or who transport service users)	Yes		Yes	
4	Vocational Driving (e.g LGV, PCV) Specify		No		No
5	Food Handling/Preparation (preparation, cooking & serving)	Yes			No
6	Manual Handling	Yes		Yes	
7	Contact with patients (involved in direct patient care)	Yes		Yes	
8	Contact with patients (social contact in clinical environment)	Yes		Yes	
9	Working with those who are at risk of blood borne infections	Yes		Yes	
10	Undertaking exposure prone procedures.	Yes		Yes	
11	Exposure to respiratory sensitisers Specify		No		No
12	Working with biological agents Specify		No		No
13	Working at heights		No		No
14	Working in isolation		No		No
15	Exposure to skin sensitisers Specify		No		No

16	Exposure to noise			No		No	
17	Working with vibrating tools			No		No	
18	Working with electrical wiring			No		No	
19	Working in confined spaces			No		No	
20	Working night shifts		Yes		Yes		
21	Working with extremes of hot and cold temperature			No		No	
22	Requirement to perform control and restraint procedures		Yes		Yes		
23	Any other occupational hazards Specify			No		No	
Rec	ruiting Manager (print):	Neil Forster					
Recruiting Manager E-mail address:		neil.forster@nhs.net					
Rec	ruting Manager Signature:	Muster.					
Care	e Group	SMH					
Dep	artment						
Date		12/11/2021					