

Community and Mental Health Services

New Employee Risk Identification

Post:	Band 6 Clinical Nurse Specialist		
Employee Name:		DOB:	
	Palliative Care		V7
Ward / Department:		Location:	

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 (involved in direct patient care)		
2	Contact with patients (social contact in clinical environment)	Yes X	No 🗆
3	Undertaking exposure prone procedures	Yes	No X
4	Undertaking exposure prone procedures	Yes	No X
5	Working with those who are at risk of blood borne infections	Yes	No X
6	Working in a renal dialysis unit	Yes	No X
7	Drivers: Excludes: Driving to and from work	Yes X	No 🗆
8	Drivers (vocational drivers)	Yes	No X
9	Working in confined spaces	Yes X	No 🗆
10	Working with Electrical Wiring	Yes	No X
11	Working with extremes of hot and cold temperature	Yes 🗆	No X
12	Working at heights	Yes 🗆	No X
13	Working in isolation	Yes X	No 🗆
14	Working night shifts	Yes 🗆	No X
15	Working within a noise area	Yes 🗆	No X
16	Working with respiratory sensitisers	Yes 🗆	No X
17	Working with skin sensitisers	Yes 🗆	No X
18	Working with vibrating tools	Yes 🗆	No X
19	Food Handling/Preparation	Yes 🗆	No X
20	Manual Handling	Yes X	No 🗆
21	Requirement to perform control and restraint procedures	Yes 🗆	No X
22	Working with Display Screen Equipment	Yes X	No 🗆
23	Any other occupational hazards, please state:	Yes	No X

Risks have been identified which require a new employee baseline health surveillance Yes X No								
Recruiting Manager: Angela Parle								
Ward/Department Palliative Care								
Contact Telephone Number 0151 295 9700								
Signature:	Barbara Houghton		Date:	31.03.21				
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EMPLOYMENT SERVICES:

Base line health surveillance form sent with risk identification to new employee for	Yes X	No 🗆
completion and return to Occupational Health (see Managers guidance)		