

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

<b>Recruitment or Recruiting Manager to complete this section</b>	
<b>Name of Candidate:</b>	<b>Job Title: Senior Practitioner</b>
<b>Employer/Trust: CWP NHS</b>	<b>Care Group: LD, NDD and ABI care group</b>
<b>Department: Inpatient</b>	<b>Greenways</b>

This form must 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 MUST NOT BE UNDERTAKEN UNTIL ADVICE RECEIVED FROM OCCUPATIONAL HEALTH**

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

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

16	Exposure to noise	Yes	<b>No</b>	Yes	<b>No</b>
17	Working with vibrating tools	Yes	<b>No</b>	Yes	<b>No</b>
18	Working with electrical wiring	Yes	<b>No</b>	Yes	<b>No</b>
19	Working in confined spaces	Yes	<b>No</b>	Yes	<b>No</b>
20	Working night shifts	<b>Yes</b>	No	Yes	<b>No</b>
21	Working with extremes of hot and cold temperature	Yes	<b>No</b>	Yes	<b>No</b>
22	Requirement to perform control and restraint procedures	<b>Yes</b>	No	<b>Yes</b>	No
23	Any other occupational hazards Specify .....	Yes	<b>No</b>	Yes	<b>No</b>

<b>Recruiting Manager (print):</b>	<b>Amanda Atkinson</b>
<b>Recruiting Manager E-mail address:</b>	<b>Amanda.atkinson1@nhs.net</b>
<b>Recruiting Manager Signature:</b>	Amanda Atkinson
<b>Care Group</b>	<b>LD, NDD and ABI care group</b>
<b>Department</b>	<b>Inpatient</b>
<b>Date</b>	<b>23/04/24</b>