

## New Employee Risk Identification

<b>Post:</b>	<b>Band 4 Office Manager</b>		
<b>Employee Name:</b>		<b>DOB:</b>	
<b>Ward / Department:</b>	<b>St Helens Scheduled Care Administration Hub</b>	<b>Location:</b>	<b>Peasley Cross Hospital O'Hanlon Centre.</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: Natalie Ward</b>		
<b>Ward/Department: St Helens Scheduled Care Administration Hub.</b>		
<b>Contact Telephone Number 01744 415571</b>		
<b>Signature:</b>	<i>N Ward</i>	<b>Date: 23.09.2024</b>

### 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
---	-----	----