

**DERBY HOSPITALS NHS FOUNDATION TRUST  
OCCUPATIONAL HEALTH SERVICES  
EMPLOYMENT RISK ASSESSMENT DETAILS**

**SECTION A - EMPLOYMENT RISK ASSESSMENT DETAILS**

It is the manager's duty to ensure that this workplace risk assessment is completed accurately and in full. This form is designed to assist the OH Service when undertaking pre-employment screening on a job applicant. Managers should therefore note that failure to complete all sections of this document will delay the screening process. If a manager has any queries on the points below, please contact the Occupational Health Service on 01332 254747 for help and advice between 08:30 and 16:30hrs, Monday to Friday inclusive.

**ALL SECTIONS MUST BE COMPLETED**

Post Applied For	Senior Physiotherapist
Department/Ward	Paediatric Physiotherapy
Division/Directorate	Integrated Care
Employer/Trust	UHDB NHS FT
Type of Contract	Permanent
Number of hours per week	37.5
Days/Evenings/Nights	Days

<b>DUTIES AND RISK FACTORS OF THE POST</b>	<b>YES</b>	<b>NO</b>
<b>1. Exposure Prone Procedures (E.P.P's)</b> <i>Exposure prone procedures are those where there is a risk that injury to the HCW may result in the exposure of the patient's open tissues to the blood of the HCW. These procedures include those where the HCW's gloved hands may be in contact with sharp instruments, needle tips and sharp tissue (spicules of bones and teeth) <b>inside</b> a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.</i>		<b>X</b>
<b>2. Regular User of Display Screen Equipment (D.S.E.).</b> <i>An employee who is required to use DSE as an integral part of their role to carry out their normal duties</i>		<b>X</b>
<b>3. Chemicals, Dust, Fumes or Gases:</b> <i>requiring health surveillance under COSHH regulations</i>		<b>X</b>
<b>a. Aldehydes.</b>		<b>X</b>
<b>b. Methylmethacrylate</b>		<b>X</b>
<b>c. Pesticides</b>		<b>X</b>
<b>d. Excessive Dust (inc. Plaster, Coal &amp; Wood)</b>		<b>X</b>
<b>4. Latex</b>		<b>X</b>
<b>5. Manual Handling Operations</b>	<b>X</b>	
<b>6. Patient/Children Contact</b>	<b>X</b>	
<b>7. Food Handling/Preparation</b>		<b>X</b>
<b>8. a) Driving for Work Purposes</b>	<b>X</b>	
<b>b) Driving Patients</b>		<b>X</b>
<b>c) Driving Goods Vehicles/Fork Lift Trucks.</b>		<b>X</b>
<b>9. Noise above 80 db (A)</b>		<b>X</b>
<b>10. Blood and Body Fluids/Waste</b>	<b>X</b>	
<b>11. Excessive Cold</b>		<b>X</b>
<b>12. Climbing to Heights over 2 metres</b>		<b>X</b>
<b>13. Entry into Confined Spaces</b>		<b>X</b>
<b>14. Vibration ie. Power Tools</b>		<b>X</b>
<b>15. Using machinery that has moving/exposed parts</b>		<b>X</b>

**DECLARATION BY MANAGER**

I confirm that the information given on this form is to the best of my knowledge and belief, accurate and complete.

Name in full (Block Capitals) Bill Wilsdon

Designation: Clinical Team Leader  
Base/Site LRCH / RDH

Department/Ward: Paediatric Physio  
Division/Directorate: CDCS

Telephone No & Ext: 07704 859 163

Signed Bill Wilsdon            Date 23/06/2021

If the Appointing Officer is not the line manager, please complete details below:

Name in full (Block Capitals) \_\_\_\_\_

Designation \_\_\_\_\_ Department/Ward \_\_\_\_\_

Base/Site \_\_\_\_\_ Division/Directorate \_\_\_\_\_

Telephone No & Ext \_\_\_\_\_ Bleep No \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_