

**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: Team Leader</b>
<b>Employer/Trust: CWP</b>	<b>Care Group: Neighbourhoods</b>
<b>Department: Out of Hours Community Nursing Service</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?</b> (if yes refer to guidance)		<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		Yes	
2	Contact with patients in a Nursing/Care Home (social contact in clinical environment)	Yes			No
3	Drivers (of company vehicles or who transport service users)		No	No	
4	Vocational Driving (e.g LGV, PCV) Specify .....		No		No
5	Food Handling/Preparation (preparation, cooking & serving)		No		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.		No		No
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 latex gloves	Yes			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			No
21	Working with extremes of hot and cold temperature		No		No
22	Requirement to perform control and restraint procedures		No		No
23	Any other occupational hazards Specify .....		No		No
<b>Recruiting Manager (print):</b>		<b>JEAN PACE</b>			
<b>Recruiting Manager E-mail address:</b>		<b>Jean.pace@nhs.net</b>			
<b>Recruiting Manager Signature:</b>					
<b>Care Group</b>		<b>NEIGHBOURHOOD CARE GROUP</b>			
<b>Department</b>		<b>OUT OF HOURS COMMUNITY NURSING SERVICE</b>			
<b>Date</b>		<b>25.11.21</b>			