**To be completed by the Recruiting Manager**

**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 IS RECEIVED FROM OCCUPATIONAL HEALTH.**

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| **Job Title** |  | | |
| **Department** |  | **Location** |  |

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| **What is the patient contact requirement? (tick all that apply)** | | | | | |
| 1 | **No patient contact** (no in-person patient interaction and no work in clinical environments) | | | |  |
| 2 | **Social contact with patients** (in person interaction with patients and/or work in and around patient/clinical areas) | | | |  |
| 3 | **Direct clinical contact with patients** (involved in providing direct patient care) | | | |  |
| 6 | **Undertaking Renal Dialysis** | | | |  |
| 7 | **Undertaking Exposure Prone Procedures** (this is *ONLY* for worker's whose gloved hands may be in contact with sharp instrument or sharp tissues, e.g., bone or teeth, *inside* a patient's open cavity or wound, *where their hands or fingertips may not be completely visible at all times*.) | | | |  |
| **What is the potential exposure to infectious agents? (tick all that apply)** | | | | | |
| 8 | **Exposure to blood borne infections** (taking or handling blood samples or blood contaminated body fluids and equipment) | | | |  |
| 9 | **Exposure to Tuberculosis** **positive patients or specimens** (workers who could have regular, close contact with TB infectious sources which could cumulatively be 8 hours or more) | | | |  |
| 10 | **Exposure to pertussis** (clinical contact with women in last month of pregnancy and young unimmunised infants) | | | |  |
| 11 | **Exposure to biological pathogens in a laboratory or mortuary** | | | |  |
| 12 | **Exposure to biological agents in groundwork or with untreated water sources** | | | |  |
| 13 | **Any other specific high-risk pathogens?** (give details): | | | |  |
| **Do any of the below occupational tasks form part of the role? (tick all that apply)** | | | | | |
| 14 | **Manual handling of animate (patient) and inanimate loads** **(>5kgs)** | | | |  |
| 15 | **Requirement to perform Control and Restraint procedures** | | | |  |
| 16 | **Display Screen Equipment User** | | | |  |
| 17 | **Driving DVLA Group 1 vehicles** (driving employer’s vehicles or driving own vehicle to transport patients) | | | |  |
| 18 | **Vocational Driving** **DVLA Group 2 vehicles** (as an integral part of occupational role) | | | |  |
| 19 | **Food Workers** (the production and preparation of foodstuffs including the manufacturing, catering, and retail industries) | | | |  |
| 20 | **Night shift working** (regularly working shifts within the period from 11pm to 6 am) | | | |  |
| 21 | **Working in isolation** (working with neither visual nor audible communication to summon assistance in the event of an incident) | | | |  |
| 22 | **Working at heights** (work in any place where, if there were no precautions in place, a person could fall a distance liable to cause personal injury) | | | |  |
| 23 | **Work in confined spaces** (where access and exit are restricted, and physical movement to do tasks is limited e.g. crawl spaces) | | | |  |
| 24 | **Work with electrical wiring** (repairing or maintaining electrical wiring where colour differentiation is required) | | | |  |
| 25 | **Working in extremes of hot and cold temperature** (temperatures which may be physically hazardous, and measures cannot be taken to maintain thermal comfort) | | | |  |
| **Has your department risk assessment identified any health surveillance requirements? (tick all that apply)** | | | | | |
| 26 | **Exposure to substances identified as skin irritants or sensitisers** (COSHH) | | | |  |
| 27 | **Exposure to substances identified as respiratory irritants or sensitisers** (COSHH) | | | |  |
| 28 | **Exposure to noise** (exposures ≥ 85 dB(A) | | | |  |
| 29 | **Working with vibrating tools** (exposure ≥ 2.5 m/s²) | | | |  |
| 30 | **Other occupational hazards?** (give details): | | | |  |
| **Recruiting Manager** | |  | **Ward / Department** |  | |
| **Manager’s Email** | |  | **Contact number** |  | |
| *I confirm the above information is an accurate identification of the current role risks.*  **Electronic signature: Date:** | | | | | |