

Manager New Hire Risk Review Form

Employee Name: _____ Employee ID: _____ Date: _____

Department/Unit: _____ Name of Manager Completing Survey: _____

Please mark an (X) in the corresponding box as to how often each of the below exposures/activities will apply to the employee for which will be in this position.

Potential Exposure/Activity	Frequently	Sometimes	Rarely	Never
Security, law enforcement, or fire-fighting activities				
Operation of motor vehicles, other than driving to/from work (example: working as courier who picks up and delivers lab samples)				
Require a Commercial Driver's License				
Operation of large motorized equipment other than motor vehicles (for example, forklifts, tractors, mowers)				
Operation of dangerous hand-held equipment (for example, motorized drills or saws)				
Climbing ladders or working at heights above 4 feet where there is risk of a fall				
Biological, Particulate, or Chemical (to include drugs) <u>Pulmonary Hazards</u>				
Chemical/Toxicology hazards/drugs (such as administration of chemotherapy)				
Radiation/LASER hazards				
Exposure to loud noise				
Work with animals (such as in a lab)				
Extreme heat (heat Index of 90 or greater) for more than 15 minutes at a time				
Transferring patients weighing over 50 lbs.				
Lifting/moving objects over 50 lbs., not including patients				
Intense exertion (such as running or carrying heavy items/equipment)				

Manager Signature: _____ Date: _____

Employee Acknowledgement

I understand this job includes the above-stated requirements and /or risks and I affirm that I am mentally and physically, capable of safely and effectively carrying out the duties of this job as outlined in the job description, which I applied to in the original job posting, and have been given an opportunity to review with my manager.

Employee Signature: _____ Date: _____

★★★★★NOTICE TO SUPERVISOR★★★★★

UMMC POLICY MANDATES THIS FORM BE COMPLETED AND RETURNED TO STUDENT & EMPLOYEE HEALTH WITHIN TEN (10) DAYS OF EMPLOYMENT

**RISK OF EXPOSURE TO
HEPATITIS B VIRUS OR HUMAN IMMUNODEFICIENCY VIRUS
University of Mississippi Medical Center**

DATE _____

UNIT/DEPT _____

NAME _____

JOB TITLE _____

ID NUMBER _____

SUPERVISOR'S SIGNATURE

A. This position involves the following work-related tasks:

	YES Routine Task	NO But May Be Required	NO Never Done		YES Routine Task	NO But May Be Required	NO Never Done
Bathes patients, including patients in continent of urine and feces	()	()	()	Intubates patients or administers mouth-to-mouth resuscitation	()	()	()
Examines patients including oral, rectal, vaginal, or wound examination	()	()	()	Cleans instruments and other medical devices contaminated by blood or body fluids	()	()	()
Draws blood or gives medications using needle and syringe	()	()	()	Performs medical laboratory tests such as cultures, blood typing, and biopsies	()	()	()
Performs or assists during invasive treatment of patients such as bronchoscopy, gastroscopy, insertion of central, venous or arterial lines	()	()	()	Picks up or processes biological waste or trash that may contain items contaminated by blood or body fluids	()	()	()
Performs surgery or scrubs during surgical procedures	()	()	()	Administers EEG or EMG tests using needle electrodes	()	()	()
Applies dressings to post-op wounds or fresh lacerations	()	()	()	Performs research using human blood, body fluids, or tissue	()	()	()
Inserts, changes, or empties drainage tubes	()	()	()	Performs or assists with autopsies	()	()	()

Other job-related tasks that may involve exposure to blood, body fluids, or tissues (Specify)

_____ () () ()
 _____ () () ()

**B. The risk of exposure to Hepatitis B Virus or Human Immunodeficiency Virus in the performance of this job is classified as:
(Check one only)**

- CATEGORY I** – The employee performs tasks that involve an inherent potential for mucous membrane or skin contact with blood fluids, tissues or a potential for spills or splashes. Universal Precautions should be applied for all procedures or patient care when it is likely that the employee will have contact with blood or body fluids to prevent transmission of blood-borne pathogens.
- CATEGORY II** – The employee performs tasks that involve no exposure to blood, body fluids, or tissues during the normal work routine, but the employee may be required to perform unplanned Category I tasks. Universal precautions should be used to perform any Category I procedures.
- CATEGORY III** – The employee performs tasks that involve no exposure to blood, body fluids, or tissues during the normal work routine. No special precautions are necessary to prevent transmission of blood-borne pathogens.