**New and Expectant Mothers Risk Assessment**

**CONFIDENTIAL**

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| **Management Unit** |  | **Location (Site / Building / Room)** |  |
| **Assessment Date** |  | **Review Date** |  |
| **Assessor’s Name** |  | **Job Title** |  |
| **Name of person/subject of the assessment** |  | **Job title /role** |  |
| **Description of their normal tasks and duties** |  | | |

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| Risk identification | | | | Risk assessment | | | | | | | Risk management | | | | | | | |
| Hazard | | Potential consequences | | Inherent risk | | | | | Risk Control measures | | Residual risk | | | | Additional control measures and comments | | | |
| **Likelihood** | **Impact** | | | **Risk rating** | **Likelihood** | | **Impact** | | **Risk rating** | |  | |
| **General Workplace and Office Hazards** | | | | | | | | | | | | | | | | | | |
| Working with display screen equipment | | Postural / ergonomic problems due to changes in body proportions.  Circulation problems due to extended periods of sitting. | |  |  | | |  | * Review computer risk assessment and make appropriate change to work patterns and workstation. * Ensure working posture is appropriate and that adequate work breaks can be taken. | |  | |  | |  | |  | |
| Movements and postures | | **Standing:** Continuous standing during the working day may lead to dizziness, faintness, and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.  **Sitting:** Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.  **Restricted space:** Difficulties in working in tightly fitting workspaces or workstations during the later stages of pregnancy can lead to strain or sprain injury, also with impaired dexterity, agility, coordination, speed of movement, reach and balance. Also, associated increased risk of accidents | |  |  | | |  | * Control hours, volume and pacing of work. Adjust how work is organised or change type of work if necessary. * Ensure seating is available, where appropriate, and take longer or more frequent rest breaks to avoid or reduce fatigue. * Adjust workstations or work procedures where this will minimise postural problems and risk of accidents. * Continue to review situation as pregnancy progresses. | |  | |  | |  | |  | |
| Mental and physical fatigue and working hours | | Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers, and on breastfeeding.  Because they suffer from increasing tiredness, some pregnant and breastfeeding women may not be able to work irregular or late shifts or night work, or overtime.    Working time arrangements (including provisions for rest breaks, their frequency and timing) may affect the health of the pregnant woman and her unborn child, recovery after childbirth, or ability to breastfeed, and may increase the risks of stress and stress related ill health. Due to changes in blood pressure which may occur during and after pregnancy and childbirth, normal patterns of breaks from work may not be adequate for new or expectant mothers. | |  |  | | |  | * Adjust working hours temporarily, as well as other working conditions, including the timing and frequency of rest breaks. * The need for physical rest may increase. As appropriate, allow access to somewhere to sit or lie down comfortably in private and without disturbance. | |  | |  | |  | |  | |
| Manual Handling | | Hormonal changes in pregnancy can affect the ligaments increasing susceptibility to injury; postural problems may increase as the pregnancy progresses.  Possible risks for those who have recently given birth – e.g. likely to be a temporary limitation on lifting and handling capability after a Caesarean section. | |  |  | | |  | * It may be possible to alter the nature of the task undertaken to reduce the risk of injury for all workers involved.   **Or**   * it may be necessary to reduce the amount of manual handling (or use aids to reduce the risks) for the specific woman involved. | |  | |  | |  | |  | |
| Work and personal protective equipment | | Equipment that is suitable for the general workforce may be unsuitable for a pregnancy woman particularly as her pregnancy progresses. | |  |  | | |  | * Wherever possible, the risk should be avoided by adaptations or substitution, e.g. providing suitable alternative equipment to allow the work to be conducted safety and without risk to health. | |  | |  | |  | |  | |
| Working alone | | Pregnant women may be more likely to need medical attention or support. Impaired mobility as pregnancy progressed may increase likelihood of falls. | |  |  | | |  | * Review and revise access to communications with others. * Consider levels of supervision involved * Ensure that emergency procedures consider the needs of new and expectant mothers. | |  | |  | |  | |  | |
| Work at height | | It is hazardous for pregnant women to work at heights, for example ladders, platforms. | |  |  | | |  | * Work at height should be avoided where possible. * A risk assessment should consider any additional risks due to work at height (e.g. working on ladders). | |  | |  | |  | |  | |
| Work related violence | | This may be a hazard for everyone. However, the consequences of attack may be more severe for a pregnant woman. | |  |  | | |  | * Change the design of the job i.e., avoiding lone working, reducing use of cash, maintaining contact with workers away from the base. * Improve the design or layout of the workplace. * Provide adequate training and information. | |  | |  | |  | |  | |
| Stress | | Stress is associated in some studies with increased incidence of miscarriage and with impaired ability to breastfeed. Stress also can contribute to anxiety and depression. | |  |  | | |  | * Adjust working conditions and hours. * Ensure that necessary understanding, support and recognition is available (consider the return to work). * Take account of known organisational stress factors (shift patterns, job insecurity, workloads etc) and the medical and personal factors affecting the individual. | |  | |  | |  | |  | |
| **Noise and Vibration** | | | | | | | | | | | | | | | | | | |
| Vibration | | Regular exposure to shocks, low frequency vibration (e.g. driving or riding in off-road vehicles) or excessive movement may increase the risk of miscarriage (there is no particular risk to breastfeeding workers). | |  |  | | |  | * Avoid work likely to involve uncomfortable whole-body vibration, especially at low frequencies or where the abdomen is exposed to shocks or jolts. | |  | |  | |  | |  | |
| Noise | | Prolonged exposure to loud noise may lead to increased blood pressure and tiredness. | |  |  | | |  | * Ensure compliance with the Noise at Work Regulations (consult with the SEPS if in doubt). | |  | |  | |  | |  | |
| **Chemical Hazards** | | | | | | | | | | | | | | | | | | |
| Chemical agents | Some chemicals may pose a particular risk to pregnant women or an unborn child.  The risks will depend on the way in which the substance is being used as well as on its hazardous properties.  Absorption through the skin can result from localised contamination – e.g. a splash on skin or clothing, or in certain cases from exposure to high atmospheric concentrations of vapour | |  | | |  |  | | | * Carry out a COSHH assessment for women who are pregnant, have recently given birth or who are breastfeeding. * Prevention of exposure is the top priority. Substitution of harmful agents if possible; if not then control by combination of technical measures, Good Laboratory Practice, and the use of Personal Protective Equipment (the latter only as a last resort and in combination with the other control measures). * The worker may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period. | |  | |  | |  | | Remember that use of chemicals is not necessarily the same as exposure. It is possible to use chemicals without exposure if the working procedures are correct. |
| Carcinogens, mutagens, teratogens and fetotoxic materials | These materials pose a particular risk to pregnant women and an unborn child and so exposure must be prevented. | |  | | |  |  | | | * Prevention of exposure is the top priority. Substitution of harmful agents if possible; if not then control by combination of technical measures, Good Laboratory Practice, and the use of Personal Protective Equipment (the latter only as a last resort and in combination with the other control measures). * The worker may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period. | |  | |  | |  | | A particularly high standard of control is needed for materials of these types. Seek advice from SEPS Chemical Safety Adviser if in doubt. |
| **Biological Hazards and Infectious Diseases** | | | | | | | | | | | | | | | | | | |
| Infectious Diseases Biological agents of hazard groups 2, 3 and 4 e.g. *Brucella.*  *Chlamydia,TB.*  *Herpes simplex.*  *Hepatitis virus.*  *HIV.*  *Mumps / measles* | Following infection with these agents there is potential for abortion or physical and neurological damage to the unborn child.  For most workers, the risk of infection is not higher at work than from elsewhere, but in certain occupations exposure to infections is more likely, for example laboratory work, health care, looking after animals (farms and laboratories) or dealing with animal products (e.g. meat processing).  Also, elevated risks if in contact with sewage and contaminated water (at the University or on field trips). | |  | | |  |  | | | * Carry out a COSHH assessment for women who are pregnant, have recently given birth or who are breastfeeding. * Control measures may include physical containment, hygiene measures, and using vaccines if exposure justifies this. * If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether. | |  | |  | |  | | Seek advice from SEPS Biological Safety Adviser if in doubt. |
| Chickenpox / shingles | Pregnant women who have been in contact with chickenpox or shingles and have no history of chickenpox must contact their GP promptly for advice. | |  | | |  |  | | |  | |  | |  | |  | | Seek advice from SEPS Biological Safety Adviser if in doubt. |
| **Ionising and Non-Ionising Radiation** | | | | | | | | | | | | | | | | | | |
| Ionising and Non- ionising radiation | Significant exposure can harm the foetus (either through external exposure or by breathing in/ ingesting radioactive contamination) Radioactive liquids or dusts can cause exposure of the child, particularly through contamination of the mother’s skin. | |  | | |  |  | | | * Work procedures should be designed to keep exposure below the statutory dose limit for pregnant women. * **A specific risk assessment is required.** * Nursing mothers should not work where the risk of contamination is likely. | |  | |  | |  | | Work of this type should already be under the supervision of the local radiation Protection Officer and the University Radiation Protection Adviser. Seek advice on control measures and exposure limits. |
| **Other Hazards** | | | | | | | | | | | | | | | | | | |
| The content above is provided as a starting point only and you MUST consider whether there are any further hazards. For example, travelling either inside or outside workplace, confined spaces, mercury and mercury derivatives, lead and lead derivatives, carbon monoxide. If so, these should either be added and assessed below, or they can be edited into the document sections above. If you need further advice or guidance, please contact your local unit safety adviser or SEPS. | | | | | | | | | | | | | | | | | | |
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| **The persons below should sign to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.** | | |
| New/ Expectant Mother’s Name (please print): | New/Expectant Mother’s signature: | Date: |
| Line Manager’s (please print): | Line Managers signature: | Date: |
| In many cases, the risks will be straightforward and can be adequately assessed by the line manager/supervisor in consultation with the pregnant staff member or student. However, where there are significant risks and the local Safety Co-ordinator has been involved in agreeing working practices, or where it is local policy that they be involved, they may additionally sign below. | | |
| School/Institute/Service Safety Coordinator’s Name: (if applicable) | School/Institute/Service Safety Coordinator’s Name: (if applicable) | Date: |

**Risk Rating Calculator**

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| **Likelihood that hazardous event will occur** | | **Consequence of hazardous event** | |
| **1** | **Very unlikely** | **1** | **Insignificant (no injury)** |
| **2** | **Unlikely** | **2** | **Minor (minor injury requiring first aid only)** |
| **3** | **Possible** | **3** | **Moderate (Up to three days absence)** |
| **4** | **Likely** | **4** | **Major (More than seven days absence)** |
| **5** | **Very likely** | **5** | **Catastrophic (Permanent injury or death)** |

**Action Level Table**

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| --- | --- | --- | --- |
| **Risk Rating** | **Risk Level** | **Actions to be taken** | |
| **20 – 25** | **Very High Risk** | **STOP!** | Stop the activity and take immediate action to reduce the risk, a detailed plan should be developed and implemented before work commences or continues. Senior management should monitor the plan. |
| **15 – 16** | **High Risk** | **Urgent Action!** | Take immediate action and stop the activity if necessary, maintain existing controls rigorously. The continued effectiveness of control measures should be monitored periodically. |
| **8 – 12** | **Moderate Risk** | **Action** | Moderate risks may be tolerated for short periods while further control measures to reduce the risk are being planned and implemented, or if no risk reduction is possible. Where practicable, improvements should be made. |
| **3 – 6** | **Low Risk** | **Monitor** | If possible, try to reduce risk, otherwise monitor the situation to ensure that risk remains low. |
| **1 – 2** | **Very Low Risk** | **No Action** | No further action is usually required but ensure that existing controls are maintained and reviewed regularly. |

**Some example hazards that may apply to the activity (not exhaustive)**

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| **Working at height** | **Noise** | **Lighting (including strobe lighting)** | **Fire and explosion** |
| **Falling objects** | **Vibration** | **Compressed air** | **Hazardous chemicals** |
| **Slippery, uneven, or worn floors** | **Hand tools** | **Magnetic fields** | **Biological risks / disease** |
| **Obstructions and projections** | **Repetitive hand / arm movement** | **Pressure systems** | **Animals** |
| **Confined spaces** | **Machine operation** | **Needles and sharps** | **Compressed Air** |
| **Mechanical Lifting** | **Manual Handling** | **Lasers** | **Hydraulic systems** |
| **Poor housekeeping** | **Vehicle movements** | **Ionising and non-ionising radiation** | **Other (please specify on assessment)** |