**NEW AND EXPECTANT MOTHERS AT WORK – RISK ASSESSMENT & ACTION PLAN**

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| **SECTION 1: YOUR PERSONAL DETAILS** | | | | | |
| **EMPLOYEE NAME:** | | | **JOB TITLE:** | | |
| **COLLEGE/PROFESSIONAL SERVICE:** | | | **BUILDING/OFFICE LOCATION OF WORK:** | | |
| **CURRENT STAGE OF PREGNANCY/WEEK:** | | | **EXPECTED DATE OF DELIVERY:** | | |
| **LINE MANAGER / PERSON IN CHARGE OF RISK ASSESSMENT:** | | |  | | |
| **REVIEW DATES**\* | 1) | 2) | | 3) | 4)Return to work: |
| **Manager’s responsibilities**:  The Management of Health & Safety at Work Regulations 1999 requires managers to assess workplace risks to new and expectant mothers, i.e. someone who is pregnant, has given birth within the previous six months, or is breastfeeding. Managers must identify hazards in their workplace that could pose a health or safety risk to new and expectant mothers and take appropriate action to remove or reduce the risk. The University regards it as best practice to offer a risk assessment to all returning mothers even if they are returning after 6 months or are not breastfeeding.  Upon receiving written notification of pregnancy the manager will carry out this risk assessment. It is essential that new and expectant mothers are fully aware of the potential risks to themselves and their unborn baby within their working environment.  The assessment should be reviewed every trimester, or at reasonable intervals as the pregnancy progresses, and upon return to work. Once complete, agree dates for review\*, supply the expectant mother with a copy and send a copy to HR for the expectant mother’s Personnel record. | | | | | |
| **Guidance for managers**   1. HSE website - ‘ New and Expectant Mothers in the workplace’: [www.hse.gov.uk/mothers/index.htm](http://www.hse.gov.uk/mothers/index.htm) 2. If the expectant mother has health problems, and would like more support, please seek further advice from the Occupation Health and Safety Service or Human Resources. | | | | | |

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| This checklist identifies the main work-related factors that may adversely affect new or expectant mothers, and should be used as an aid in conjunction with any existing risk assessments relevant to the person concerned, and to note measures to be taken to reduce risks to an acceptable level. The person concerned and her manager / supervisor should complete this assessment together, with input from the Health and Safety Department / HR Business Partner as required. | | | | | |
| **SECTION 2: RISK SCORING**  Using the definitions below to identify the risks to the new or expectant mother, indicate in the risk columns if the risk is High, Medium or Low. | | | | | |
| **HIGH RISK** | | **MEDIUM RISK** | | | **LOW RISK** |
| **Expected to occur**  **50% chance or greater** | | **More likely to occur than not**  **6-49% chance of occurring**  **Likely/reasonable chance of occurring** | | | **Not expected to occur**  **0-5% chance of occurring**  **Unlikely / will only occur in exceptional circumstances** |
| **Hazard**  **(including symptoms)** | **Discussion prompts** | | **Risk score**  **(H,M,L)** | **Action implemented to minimise the hazard and reduce the risk**  **(required if risk score medium or high)** | |

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| **SECTION 3: ASPECTS OF YOUR PREGNANCY WHICH MAY EFFECT YOUR WORK**  Note: The assessment should be reviewed each trimester and if problems arise during the pregnancy. | | | | | |
| **PHYSICAL RISKS** | | | | | |
| **Nausea: ‘morning sickness’**  *This is particularly common in early pregnancy, but may continue throughout the pregnancy. Nauseating smells can exacerbate morning sickness.* | * Exposure to strong or nauseating smells / poor ventilation / fumes?   *Remove source of smell, or alter working patterns as necessary*.   * Travel / transport / travel during rush hours * Frequent breaks? * Ability to eat regular snacks? | **H** | **M** | **L** |  | |
| **Circulatory problems**  Varicose veins / swollen ankles / other  *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.*  *Specific changes during pregnancy pose a relatively high risk of thrombosis particularly with constant sitting.* | * Prolonged standing?   *Control hours, volume and pace of work. Adjust how work is organised or change type of work if necessary.*   * Prolonged sitting?   *Adjusting workstations or work procedures where this will minimise postural problems.* |  |  |  |  | |
| **Backache**  *In the latter stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific or static position for a long time.* | * Standing? * Bending and lifting? * Driving? * Lots of walking between buildings on campus?   *Adjust how work is organised or change type of work as necessary.* |  |  |  |  | |
| **Increasing size**  *Dexterity, agility, coordination, speed of movement, reach may be impaired because of increasing size.* | * Use of protective clothing / work equipment? * Work in confined areas? * Postural demands e.g. bending over, reaching? * Problems of working in restricted spaces? * Lifting and carrying? * Are there any special considerations to be taken into account in the event of an emergency/fire evacuation?   *Make necessary adjustments during the pregnancy. Control and adjust how work is organised.* |  |  |  |  | |
| **Stress (including prenatal and postnatal depression)**  ***Stress can be associated with worry of workload, miscarriage, pregnancy loss, morning sickness, and also with impaired ability to breastfeed.***  ***Stress can contribute to anxiety, mood swings, and depression.*** | * Overtime working? * Shift work or night work? * Excessive hours? * Pace / intensity of work? * Emotionally challenging? * Does the job involve meeting challenging deadlines? * Does there need to be a reduction in work load? |  |  |  |  | |
| **Rest and Welfare**  *Frequent / urgent visits to toilet / comfort*  ***As the baby grows there may be more pressure on the bladder, and therefore more frequent visits to the toilet than others.*** | * Proximity / availability of rest / washing / eating / drinking facilities * Difficulty in leaving job / work site to attend to personal / welfare needs? * Regular breaks?   *The need for physical rest may require that the woman concerned has access to somewhere where she can sit or lie down comfortably in privacy, and without disturbance. Give locations of the first aid rooms on campus.* |  |  |  |  | |
| **Working alone / risk of violence at work**  *Pregnant workers may be more vulnerable.* | * Discuss emergency procedures and lone working policy / mobile contact numbers / University Estate Patrol Security Team emergency number*: ext.* 2222, (01392 722222). * Contact with disturbed or distressed people (students or members of the public)?   *Communication with others may need to be reviewed and levels of remote supervision involved, to ensure that help and support is available when required. Consider changing the design of the job e.g. avoiding lone working, reducing use of cash, improving the design or layout of the workplace. If the risk of violence cannot be significantly reduced, pregnant women and new mothers should be offered suitable alternative work.* |  |  |  |  | |
| **Manual handling of loads where there is a risk of injury**  Hormonal changes in pregnancy can affect the ligaments increasing susceptibility to injury; postural problems may increase as the pregnancy progresses. | * Manual handling risk assessment? * Ensure minimal manual handling * Use handling aids * Discuss temporary limitations   *It may be possible to alter the nature of the task undertaken to reduce the risk of injury or it may be necessary to reduce the amount of manual handling for the specific woman involved.*  *It is unwise for someone in the latter stages of pregnancy to act as a Fire Marshal or Evacuation Officer due to the physical demands of these roles. Consider whether additional cover is required for these activities.* |  |  |  |  | |
| **Working with display screen equipment (DSE)**  *Review DSE assessment and make appropriate changes to work patterns and workstation equipment* | * Postural / ergonomic problems due to changes in the body proportions.   *Ensure adequate adjustable seating is available, and take longer or more frequent rest breaks to avoid discomfort or reduce fatigue.* |  |  |  |  | |
| **Working at height**  ***It is hazardous for pregnant women to work at heights, e.g. ladders, platforms.*** | *A working at height risk assessment should consider any additional risks arising from this activity e.g. the use of ladders.* |  |  |  |  | |
| **Shocks and vibrations**  ***Regular exposure to shocks, low frequency vibration or excessive movement may increase the risk of miscarriage.*** | * Lab work likely to involve uncomfortable whole body vibrations?   *Avoid this type of work where even at low frequency or shocks can cause a jolt to the abdomen.* |  |  |  |  | |
| **Temperature**  ***Prolonged exposure of pregnant women to hot environments should be kept to a minimum, as there is a greater risk of the woman suffering from heat stress. Working in extreme cold may be a hazard for the pregnant woman and their unborn children.*** | *Adequate rest and refreshment breaks should be provided alongside unrestricted access to drinking water*. |  |  |  |  | |
| **Noise**  ***Prolonged exposure to loud noise may lead to increased blood pressure and tiredness.*** | * Working in an area with high levels of noise? * Wearing PPE?   *Conform to the Noise at Work Regulations, and reduce the time exposed to this level of noise.* |  |  |  |  | |
| **Follow up notes for review:** | | | | | |
| **Action:** | | | | | |

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| **Hazard**  **(including symptoms)** | **Discussion prompts** | **Risk score**  **(H,M,L)** | **Action implemented to minimise the hazard and reduce the risk**  **(required if risk score medium or high)** |

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| **BIOLOGICAL AND CHEMICAL HAZARDS – COMPLETE ONLY IF RELEVANT i.e. lab based work** | | | | | | |
| **Physical hazards:**  Exposed to radiation (ionising and non-ionising)?  *Significant exposure can harm the foetus (either through external exposure or by breathing in/ingesting radioactive contamination). There are limits on the dose deemed to be acceptable for expectant mothers.*  *Further advice available from the Radiation Protection Adviser, Health and Safety Department* | * A specific risk assessment required for staff working with radiation.   *This must be reviewed at each stage by the Radiation Protection Advisor.*  *Breast feeding mothers should not work where the risk of contamination is likely.* |  |  |  |  | | |
| **Exposed to Biological agents e.g.**  Herpes  Chicken pox  Toxoplasmosis  Cytomegalovirus  TB  Typhoid  Parvovirus  \*Hep B  \*Hep C  \*HIV  \*Rubella  \*Syphilis  *Further advice can be sought from Occupational Health or the expectant woman’s GP* | * Discuss hand washing, laundry, PPE * Immunity awareness   *If vaccination is used it is essential that the subsequent immune response is assessed prior to exposure of the infectious agent.*   * Discuss contact with blood/bodily fluids * People who work with children under the age of six are at particular risk of catching cytomegalovirus.   *Specific COSHH risk assessments required followed by strict adherence to control measures*. |  |  |  |  | | |
| **Zoonosis** | * Is there any risk of infectious disease from working with animals? |  |  |  |  | | |
| **Exposure to Chemical agents e.g.**  Gases  Drugs  Mercury  Cytotoxic drugs  Lead and its derivatives  Exposure to any chemicals with the following risk phrases:  R40:limited evidence of a carcinogenic effect  R45:may cause cancer  R46:may cause heritable genetic damage  R60:may impair fertility  R61:may cause harm to the unborn baby  R62:possible risk of impaired fertility  R63:possible risk of harm to the unborn child  R64:may cause harm to breast-fed babies  R68:possible risk of irreversible effects  *Further advice can be sought from Occupational Health or the expectant woman’s GP.* | * *Discuss COSHH assessments.*   *Question awareness of policies / guidelines applicable to own area.*   * *Any substance with known impact on foetus?* * *Scavenging systems /LEV* * *Remove from working with harmful chemicals* * *Avoid contact with anaesthetic gases*   *The COSHH assessment for the worker to be reviewed.*  *Prevention of exposure is the top priority. Substitution of harmful agents if possible; if not then control by a combination of technical measures, and the use of personal protective equipment (the latter only a last resort and in combination with control measures)* |  |  |  |  | | |
| Details to note: | | | | | | |
| Action: | | | | | | |
| Signatures:  Date: | Staff member:……………………………………………………………. | | | | | Line Manager/Supervisor:…………………………………………………… |

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| **RETURNING TO WORK AND BREASTFEEDING** | | | | | | | | |
| **Continuing to breastfeed:** | | **YES:** | | | | | | **NO:** |
| **Facilities including first aid rooms or similar**  ***Breastfeeding women may wish to express and store milk in a fridge.***  ***Breastfeeding may be impaired by heat dehydration.*** | * Increase in tiredness after pregnancy * Mental and physical fatigue * Lack of sleep   *It is not suitable for the breastfeeding mother to express milk in the toilets, but to give the location of first aid rooms or similar on campus, where a maternity chair and fridge for storing milk are provided. It is not suitable for expressed milk to be stored in fridges used in a laboratory.*  *New mothers who are breastfeeding should drink before getting thirsty.* | |  |  |  |  | | |
| **Post delivery - caesarean section**  **Postnatal depression** | * Possible risks for those who have recently given birth   *It is likely there will be a temporary limitation on lifting and handling capability after caesarean section.*   * To take into consideration the wellbeing of the mother with regards to times when she may feel low and emotionally sensitive.   *Discuss confidentiality/sensitivity and understanding by work colleagues / advice from Occupational Health/HR/adjust working conditions on GP’s advice.* | |  |  |  |  | | |
| **Does the work result in exposure to chemicals with risk factor phase R64?**  ***May cause harm to the breast-fed baby*** | * Is the mother breast feeding? * Good practice and any other measures identified in the normal COSHH assessment should be followed.   *The woman may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period.* | |  |  |  |  | | |
| **Exposed to radiation (ionising and non-ionising)?** | * Is the mother breast feeding?   *Refer to the specific risk assessment -nursing mothers should not work where the risk of contamination is likely.* | |  |  |  |  | | |
| **Details to note:** | | | | | | | | |
| **Action:** | | | | | | | | |
| **Dates for next review:** |  | | | | | |  | |
| **Signatures:** | **Line Manager/Supervisor...................................................** | | | | | | **Staff member........................................................** | |