**Confidential**

**NEW OR EXPECTANT MOTHER RISK ASSESSMENT TEMPLATE**

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| Employee name |  | Reference/Version no. | New/Expectant mother  Version 01 |
| Job title/Main work tasks |  | Initial risk assessment date |  |
| Division/Department |  | Risk assessment review date |  |
| Site/Location |  | Line manager’s name (risk assessor) |  |
| Stage of pregnancy (weeks- expectant mothers only) |  | Does the member of staff have existing health/wellbeing concerns? (If yes, explain) |  |
| Actual date of delivery (new mothers only) |  |

| No. | What are the Hazards? | Risk/impact on new or expectant mothers  **( delete or add as appropriate)** | What are we already doing to control the risks? List the existing controls.  (**delete or add as appropriate)** | Consequence  (C) | Likelihood  (L) | Risk Rating  (C x L) | What further action is necessary to reduce the risk? |
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|  | Working with Display Screen Equipment (DSE) | * There is a risk of musculoskeletal disorders/poor posture from incorrectly setup workstations * Risk of deep vein thrombosis as a result of prolonged sitting especially for pregnant staff (Deep Vein thrombosis is a serious condition where a blood clot forms in a deep vein in the body, usually in the leg) * Pregnant staff may have stress and anxiety over electromagnetic emission from DSE equipment (NB:there is no scientific evidence that DSE equipment cause miscarriage or birth deformities). | * DSE assessment to be undertaken if not already in place and reviewed as appropriate as adjustments will be required to allow for increase in abdominal size or due to lower back pain for some new mothers * Ensure that member of staff have received DSE training and take short breaks away from the display screen equipment. * Staff to be encouraged to take short walks and avoid prolonged sitting at workstations. * As DSE is safe be used by pregnant staff or new mothers, those particularly concerned/ anxious should discuss their fears with their line manager, safety team or occupational health. |  |  |  | . |
|  | Working at Heights and the use of stairs | * Pregnant members of staff are at risk of falls from heights and significant injuries which could lead to miscarriages * New mothers could also be at risk of falls from height due to general body fatigue, loss of agility and or balance. * Due to physiological changes and increased body fatigue,some pregnant staff are at risk of falling from stairs or missing steps which could result to serious injuries | * Pregnant staff should not be allowed to work at height; work activities should be reviewed and modified if they involve working at heights. * New mothers should be individually assessed to ascertain if it’s safe for them to work at heights (role dependent). * Ensure that where new mothers can safely work at heights, that appropriate work at heights training is provided and all work at height equipment is well maintained. * Staff should be advised to use handrails when using stairs and if they are too tired to use stairs, lifts could be used, alternative routes taken or staff could ask for support from their colleagues where possible. |  |  |  |  |
|  | Ionising radiation | * Ionising radiation exposure during pregnancy could cause deformation of the unborn child and also increase the mother’s risk of tissue/body damage similar to other humans. * Breastfeeding mothers working with radiation are at risk of contaminating their babies with radio active materials if adequate measures are not implemented. * Pregnant and breastfeeding mothers working with radiation sources may have fears of exposure to radiation. | * Pregnant/breastfeeding staff working in controlled areas should be given alternative work where their risk of exposure is high * If there is no alternative work available, pregnant staff who work with ionising radiation should be risk assessed to determine exposure levels/dose and control measures implemented. * The existing control measures may be adequate as these should be similar in protecting all workers who work with ionising radiation. * Managers should ensure that pregnant/breastfeeding mothers understand all safe systems of work, procedures and local rules whilst working with ionising radiation and those procedures should be strictly followed. * Line managers should seek advice from the radiation protection supervisor if required. * Where pregnant/breastfeeding staff may have fears of exposure to radiation, support/advice should be sought through occupational health. |  |  |  | . |
|  | Slips, Trips & Falls | * Pregnant members of staff are at risk of slips, trips and falls(same level) as a result of walking in slippery/wet surfaces or in areas with trip hazards which could result to serious injuries | * Pregnant staff should be prevented from working a highly slippery environment as this increases the risk of slips and falls. * Ensure that proper housekeeping is done in work areas and trip hazards are removed/well managed. * Pregnant staff should be encouraged to wear adequate footwear with sufficient grip especially during icy conditions. |  |  |  | . |
|  | Manual handling activities | * Due to hormonal changes in pregnancy which put more pressure on ligaments and possible postural problems, manual handling activities could increase the risk of musculoskeletal disorders in pregnant staff especially as the pregnancy progresses (e.g. sprain, strain, back pains, etc.) * Heavy manual handling activities (e.g. regular carrying/lifting of heavy loads) during pregnancy could also increase the risk of injury to the unborn child and possible premature birth. * New mothers who have recently undergone caesarean section may have limited capability to undertake manual handling activities and manual handling activities could delay full body recovery/healing. * Breastfeeding mothers may experience some discomfort due to increased size and sensitivity of the mammary gland although their level of risk to musculoskeletal disorders is similar to other workers. | * Pregnant workers should be discouraged from carrying out manual handling activities especially lifting of heavy objects/loads. * Where possible,work activities/tasks should be adjusted to eliminate or reduce exposure to manual handling activities * As the pregnancy develops considerations should be made for staff to carry out light duties * Managers to make arrangements for other capable members of staff to support with manual handling activities if this can’t be eliminated (where reasonably practicable, mechanical aid and manual handling training should be provided to any colleague supporting the pregnant member of staff. * For new mothers, individual manual handling assessments should be carried out. |  |  |  |  |
|  | Exposure to biological agents (harmful viruses, bacteria, parasites, fungi)  Examples are  Hepatitis B,  Herpes, HIV  Tuberculosis, Syphilis,  Chickenpox, | * Pregnant members of staff exposed to biological agents could transmit such agents to their unborn child which could increase the risk of abortion or deformities of the unborn child. * Breastfeeding mothers exposed to biological agents could also transmit such agents to their babies through close contact resulting in serious health problems for the baby * Pregnant and breastfeeding mothers could be exposed to biological agents during sharps and splash incidents or through direct contact with bodily fluid in clinical setting. * Pregnant and breastfeeding mothers could be exposed to biological agents through close contact with patients carrying infectious diseases such as chicken pox,measles, etc. | * Where there is a high risk of exposure to these biological agents either through contact with confirmed or infected people or through biological samples (e.g. staff who work in the laboratory), Pregnant and breast feeding members of staff should avoid exposure entirely. * Managers to ensure that where exposure to these biological agents is possible, for example in a laboratory, adequate physical containment is provided. * Where the risk of exposure is low, Pregnant and breastfeeding Members of staff should seek advice from occupational health or a medical practitioner and ensure that any recommended vaccinations or advice is strictly followed. In addition, adequate PPE must be worn and safe system of work and hygiene measures should be strictly followed. * Pregnant and breast feeding members of staff should avoid physical contact with any undiagnosed rash compatible or related to systemic viral illness (e.g. measles, chicken pox, etc.). If this is not reasonably practicable, advice should be sought from occupational health or a medical professional. * Where a pregnant or breastfeeding member of staff has made physical contact with a confirmed infected person with viral skin illness, they should seek advice from occupational health or a medical practitioner immediately. * Where a pregnant or breastfeeding member of staff has been exposed to a blood borne virus e.g. HIV, etc. the Trust BBV policy should be followed and occupational health should be contacted immediately within 72 hours from time of exposure. * Individual susceptibility to specific biological agents should be individually assessed as some pregnant and breastfeeding mothers may have some level of immunity while others may be at higher risk to specific biological agents. |  |  |  |  |
|  | Exposure to chemical agents (including those  labelled H360,H362,H361, H340,H341, H361f, H371)  And Antimitotic  (cytotoxic) drugs | H360f May damage fertility or the unborn child  H362 May cause harm to breast-fed children  H361 Suspected of damaging fertility or the unborn child  H340 May cause genetic defects  H 341 Suspected of causing genetic defects  H361d Suspected of damaging the unborn child  H 361f Suspected of damaging fertility  H371 May cause damage to organs  Antimitotic (cytotoxic) drugs used for cancer treatment could increase the risk of foetal loss in pregnant staff or deformation of the unborn babies. These drugs could also cause mutation and increase the risk of cancers if not handled/ managed properly.  Pregnant and new/breastfeeding mother could be exposed to some of these substances via skin contact, ingestion or inhalation. | * Pregnant and breastfeeding staff should ensure that they totally avoid hazardous substances which may cause genetic damage/birth defects to their unborn child or cause harm to breastfed babies. * Pregnant staff and breastfeeding/new mothers exposed to hazardous substances should ensure that suitable and sufficient COSHH assessments have been undertaken and all control measures are adequate and implemented. Some of the controls may include, substitution of the hazardous substances with a less hazardous one, engineering controls, administrative controls and provision of adequate PPE as last resort. * Line managers should ensure that safety data sheets for all hazardous substances in their areas/wards are readily available and all first aid measures are available. * Where a pregnant or breastfeeding mother has been exposed or potentially been exposed to the above listed hazardous substances, Occupational Health should be contacted immediately for advice. * Risk of coming into contact with individuals who have used illicit substances recently or under the influence at time of appointment |  |  |  |  |
|  | Shock, whole body vibration | Pregnant members of staff exposed to shock, whole body vibration (e.g. when driving heavy machinery, etc.) may have an increased risk of miscarriage or premature birth | * Pregnant staff should be given alternative work if there is an increased exposure to whole body vibration (especially at low frequencies) as PPE will not be sufficient to protect the unborn baby. |  |  |  |  |
|  | Work Related Stress | Some pregnant staff may be at risk of work related stress due to hormonal, psychological and physiological changes  during pregnancy | * Managers should identify early signs of stress and any stress factors at work (e.g. workloads, working hours, shift patterns, etc.)so that reasonable adjustments can be made for the pregnant workers. * In some cases, the stress factors may not be work-related but the work environment may aggravate the problem. Managers should have discussions with the pregnant worker and offer support where possible. * Support via working well/occupational health can also be sought. |  |  |  |  |
|  | Travelling for work | * Pregnant staff and new mothers may be at risk of poor posture due to prolonged sitting whilst travelling for work * Pregnant staff and new mothers (up to 6 weeks after birth) may also be at risk of deep vein thrombosis due to prolonged sitting (Deep Vein thrombosis is a serious condition where a blood clot forms in a deep vein in the body, usually in the leg). * Some countries may have specific communicable diseases that could affect pregnant staff * Pregnant members of staff that travel for work may experience discomfort and stress especially as the pregnancy develops * Pregnant staff and new mothers may experience general body fatigue when travelling especially long distances * Prolonged/excessive sitting, walking or standing may cause leg discomfort and increased swelling in the leg as the pregnancy develops. | * If pregnant members of staff have to embark on long distance travel, adequate arrangements should be made to Include rest breaks during the journey. * During the later stages of pregnancy, pregnant staff should be discouraged from driving long distances for work. * Travel times should be chosen to reduce levels of fatigue. * Where pregnant/new mothers have to travel for work (e.g. on train, plane etc.), they should be encouraged to carry out simple leg stretching exercises, short walks, etc. * Staff to be encouraged to have sufficient drinks/fluids when travelling for work. * Staff to be encouraged to wear adequate footwear, loose fitting clothing and adequate stockings to avoid constriction of veins. * Where staff have to embark on international travels, they should ensure that individual health risks, vaccination and general advice is sought from occupational health/medical professional. * Pregnant members of staff to ensure that they follow any travel restrictions imposed by airlines for pregnant staff and in the later stages of pregnancy, pregnant staff should not embark on international travels for work. |  |  |  |  |
|  | General fatigue ( mental and physical) | * Pregnant staff may experience general body fatigue and discomfort especially as the pregnancy develops. * New mothers may experience general body fatigue due to sleeping patterns especially breastfeeding mothers | * Where general body fatigue is a concern, line managers should have discussions with the employees so that reasonable adjustments can be made (e.g. temporary adjustments of their working hours/patterns, frequency of rest breaks, etc.) * Where the employee’s mental capacity is not able to cope with high risk activities, then alternative work should be given (advice sought from HR and occupational health). * Pregnant staff with no fatigue or health concerns can be allowed to work night shifts provided they are not working alone and there are no other relevant health and safety concerns |  |  |  | . |
|  | Extreme temperatures | * Pregnant staff exposed to extreme heat could be at risk of fainting and heat stress. * Breastfeeding staff working in extreme hot environment could be at risk of dehydration. * Pregnant staff exposed to extreme cold temperatures similar to other workers are at risk of hypothermia | * Pregnant workers should not be exposed to prolonged excessive hot or cold temperatures at work. * If pregnant staff have to work in extreme cold areas, adequate warm clothing should be provided and worn * Pregnant and breast feeding workers should have easy access to drinking water and rest facilities * Some areas of the hospital have windows/access to natural ventilation. * Most areas of the hospital have heating facilities in winter periods. * Where the temperature of the working environment is not conducive, pregnant staff should have discussions with their line managers so that reasonable adjustments can be made. |  |  |  |  |
|  | Violence and Aggression | * Pregnant staff may have increased fear of violence and aggression * Pregnant staff involved in violent and aggressive situations could suffer serious injuries and a potential loss of the unborn child. | * Where there is an increased risk of violence and aggression in the department/ward, pregnant staff should be given roles with reduced exposures to V&As or there should be adequate support by other staff so that in situations of aggression or violence, the staff can easily be removed from the scene without any harm. * Managers should have discussions with the pregnant member of staff regarding any personal fears or concerns related to violence and aggression at work and where reasonable practicable, adjustments/provisions are made. * Pregnant staff in areas/departments/wards with high rate of Violence and aggression should have easy access to a phone or device to alert site security. |  |  |  |  |
|  | Lone working | * Pregnant staff injured whilst working alone may not be able to seek immediate medical assistance * Pregnant staff with other health conditions or those in their early stages of labour who work alone may not receive immediate medical support. * Pregnant staff exposed to violent and aggressive situations whilst working alone may be at higher risk of serious injuries as they may not be able to get immediate support. * In situations of emergencies such as fires, etc. pregnant staff especially in the last stage of pregnancy may be slow in evacuating and may not get any support if needed. | * Where reasonably practicable, pregnant staff especially those with other medical conditions that put them at increased risk should not work alone. * Pregnant staff should be in environments where support is always available. * Working patterns should be discussed with the pregnant staff to ensure that they are visible to other staff. |  |  |  | . |
|  | Prolonged/excessive standing activities and movements at work | * Excessive standing or walking for long periods during pregnancy increases the risk of premature birth. * Due to the Physiological changes that occur during pregnancy, pregnant staff who stand for prolonged periods are at higher risk of oedema/ swelling in their legs which could lead to poor blood circulation, possible fatigue, dizziness, fainting, back pains, etc. | * Pregnant members of staff should be given easy access to rest/sitting facilities * Pregnant staff should be discouraged from excessive standing, excessive movement and excessive sitting. * Pregnant staff should be encouraged to increase blood circulation by carrying out simple leg stretching exercises, short walks, etc. * Pregnant staff can regularly alternate between sitting and standing as appropriate * Pregnant staff should be given the permission to take rest breaks as required based on individual circumstance as this may reduce fatigue * Dependent on individual circumstance, managers should have discussions with the pregnant staff and make reasonable adjustments where needed (perhaps adjustments to expected work pace, work load, tasks, etc.) |  |  |  |  |
|  | Lack of adequate welfare/toilet facilities | * Staff may be at risk of urinary tract infection as a result of contaminated toilets/welfare facilities. * Limited access to toilet facilities may increase the risk of kidney infection due to delays in using the toilet when they feel the urge (i.e. holding it in when there is an urge to use the toilet). * Discomfort to pregnant staff if nearest toilet facilities are within a long distance as the frequency of toilet use will increase as the pregnancy develops. | * Pregnant staff should be positioned in areas with clean and easy access to toilets * Pregnant/expectant mothers should be given the freedom to take frequent toilet breaks and rests where necessary. * Provisions should be made to ensure clean tearooms or eating facilities are provided and line managers should also accommodate members of staff who need to have more frequent time to eat or rest as appropriate. |  |  |  |  |
|  | Winter disease | * Covid-19 remains a dangerous respiratory infestion * Flu has increased vulnerability in pregannat women | * Continue waering PPE in line with guidance * Ensure rooms are well ventilated * Ensure hand santitiser is carried with you in car and bags. |  |  |  |  |

**ACTION PLAN**

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| **Ref no** | **Action** | **Person responsible** | **Date for completion** | **Status** |
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**DECLARATION BY MANAGER**

I confirm that this risk assessment was undertaken in agreement with Luci Huggonson and identified controls have been jointly agreed. Where the controls are not adequate to reduce the employee’s exposure, the employee will be referred to Occupational Health and HR as appropriate.

Manager’s name:

Signature:

**DECLARATION BY EMPLOYEE**

I confirm that I was involved in assessing my risks during pregnancy or as a new mother and I agree in following these control measures to reduce my exposure to the above risks. I also agree to notify my line manager immediately if my situation changes following this risk assessment.

Employee’s name

Signature