Pregnancy Risk Assessment

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| Name of mother | Assessor  David Barber | Has HR been informed?  Yes No |
| Normal workplace | Date | Date for next review  (Max 3 months) |
| Describe normal work activities | Some manual handling |  |

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| Activity | Yes | No | Associated Information |
| Is there a safe place for you to rest |  |  | Due to increased tiredness, you may need to rest sit or lie down in private, undisturbed |
| Do you have easy access to hygienic toilet facilities |  |  | You may need to go to the toilet more frequently. Consider distance and facilities |
| Is there a safe environment for nursing mothers to express and store milk? |  |  | Access to a private room, fridge facilities, facilities to wash and sterilise materials |
| Do you have control over your job? Can you avoid long periods of standing or fatigue? |  |  | Adjustment to working pattern. Change to appropriate day work. Frequency and timing of rest breaks may be considered. Necessary support should be provided to be available while respecting privacy and confidentiality. |
| Does your job involve evenings, nights or long hours? |  |  |
| Are there any other occupational issues? Financial worries, privacy, peer pressure, previous post-natal depression? |  |  |
| Are you subject to passive smoking at work? |  |  | No smoking in factory. Designated smoking areas provided |
| Do you work in extremes of temperatures? Bakery, freezers etc? |  |  | Prolonged exposure to hot environment could result in dehydration. Breast feeding may be impaired. Extreme cold could be hazardous to mother and unborn child. Provide warm clothing as a minimum |
| Do you use a VDU/ If so, VDU assessment |  |  | HSE advises that there is no specific risk to pregnant women. Any issues refer to IT department |
| Do you work alone? |  |  | Review access to communications with others and levels of supervision. Review emergency procedure to consider needs of new and expectant mothers |
| Are you a first aider? |  |  | Organise a replacement to reduce the risk of Hep B and blood borne pathogens during pregnancy |
| Are you a fire warden? |  |  | Organise a replacement to reduce the risk of stress associated with emergency evacuation procedures for duration of pregnancy |
| Do you work at height? |  |  | Stop this activity. It is hazardous for pregnant women to work at height |
| Does your work involve traveling off site? | yes | no | Travelling at work can have significant effects. Including fatigue, vibration, stress, static posture and accidents |
| Do you park a car on site? |  |  | Identify slip trip hazards, icy conditions, ask HR to allow parking nearer to the entrance of your work |
| Are you exposed to the risk of violence at work? (Police or other emergency services) |  |  | Provide suitable alternative work |
| Do you use PPE? |  |  | As a rule, PPE is not designed for pregnant women. It may become unsafe and uncomfortable. Identify alternatives or replacements |
| Is this PPE still suitable and effective? |  |  |
| Do you have access to drinking water? |  |  | Provide unrestricted access to drinking water. |
| Are you able to have meals throughout the working day? |  |  | Eating habits may change during pregnancy. This should be accommodated by the company |
| Do you work in an area with turnstiles? |  |  | Discuss with your manager alternative means of access/egress |
| **Physical Risks** |  |  |  |
| Is your movement restricted or restrained by work equipment? |  |  | Where appropriate and with management agreement, introduce or adapt work equipment, lifting and storage gear |
| Does work equipment make it difficult to reach controls? |  |  |
| Are you required to make repeated movements? |  |  |
| Are you able to control the speed of your work? |  |  |
| Are you exposed to vibration or shocks from work equipment? |  |  | New and expectant mothers should avoid whole body vibration in particular to the stomach area |
| Are you required to stand for long periods of time? |  |  | Prolonged standing or sitting increase the risk of thrombosis |
| Are you required to sit for long periods of time? |  |  |
| Do you work in confined spaces? |  |  | Hazardous to all, account to be taken for egress in emergency, increase in mothers size reach and balance |
| Do you do any manual handling? |  |  | Expectant and new mothers are at risk from manual handling inuries |
| List any equipment you use to do your job | | | |
| Are you exposed to loud or prolonged noise? |  |  |  |
| Are you in contact with ionising radiation? |  |  |  |
| Are you in contact with non-ionising radiation? |  |  |  |
| **Biological risks** |  |  |  |
| Do you have contact with any of the following in your workplace? Rubella, hep B HIV, Herpes, TB, chicken pox, typhoid |  |  |  |
| **Chemical Risks** | Yes | no |  |
| Do you handle or have contact with hazardous chemicals, processes or preparations? |  |  | Review COSHH assessment |
| Do you come into contact with mercury or mercury derivatives? |  |  | COSHH assessment required. Risk to mother, unborn child and breast fed child |
| Are you exposed to carbon monoxide? (engines or equipment) |  |  | Pregnant mothers more susceptible to effects of exposure |
| Are you exposed to any nauseating smells? |  |  | May contribute to morning sickness |
| Are you exposed to lead or lead derivatives? |  |  | Substantial risk. Breast feeding mothers and expectant mothers should be normally suspended from working with lead. |
| **Health** |  |  |  |
| Are you prescribed any medication that you may need help in administering during an emergency? |  |  | First aiders should be briefed and confidentiality maintained |
| Is there anything you have been told by your doctor or midwife that you should make your employer aware of? |  |  |  |
| **Other observations** | | | |
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Name of new or expectant mother

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Signature

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Date

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