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**New and Expectant Mothers – Model Risk Assessment Form**

**Notes:**

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| **Hazard Identification**:  The model risk assessment below sets out some hazards which may be relevant to new or expectant mothers working at the University. |
| **When carrying out a risk assessment for a particular individual:**   * Identify all the hazards to the new or expectant mother and delete all of the hazards which are not relevant. * Evaluate the hazards involved in the work activities and note whether the risk is low / medium / high. * Describe the control measures which are required and specify these in the table (the general information on control measures noted in the table is for guidance only) and identify any further measures required. |
| * You will also need to take into account factors relevant to the individual, and the risk assessment(s) will require to be reviewed and monitored on a regular basis as the pregnancy progresses. * Specific hazards (such as manual handling operations, hazardous substances, biological agents, display screen equipment) should be assessed on a separate risk assessment form and cross-referenced with this document. |

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**Edinburgh Napier University**

Reference No.

**RISK ASSESSMENT FORM**

|  |  |  |  |
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| **New and expectant mother’s name:** | | **Expected due date:** | |
| **School/Service:** | **Location:** | | **Date:** |

| No. | Hazards identified | People at risk from hazards | Existing control | Risk | | | Further action / recommendations | Action  by whom | Action  by when | Completed |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **H** | **M** | **L** |
| 1 | Work with display screen equipment (DSE) |  | A DSE assessment should already be in place and staff should have completed the on-line Essential Skills Workstation module. |  |  |  | This must be re-assessed and thereafter regularly reviewed as the pregnancy progresses.  Sitting for long periods of time should be avoided - more frequent breaks from the computer should be considered.  Ensure adequate space to move around the workstation especially as the pregnancy develops.  It is important that regular breaks are taken away from computer work. In some cases it may be necessary to re-organise the workstation or use a more comfortable chair. ([DSE guidance](https://staff.napier.ac.uk/services/governance-compliance/healthandsafety/guidance/Pages/DisplayScreenEquipment.aspx))  There is no evidence that use of computers will harm an unborn child. ([More info](http://www.hse.gov.uk/pubns/indg36.pdf)) |  |  |  |
| 2 | Manual handling, movement and posture. Examples: carrying equipment, frequent or prolonged periods of lifting, stretching and reaching or working in areas where space is restricted or limited. |  | A manual handling risk assessment should already be in place. This must be re-assessed immediately and thereafter regularly reviewed as the pregnancy progresses. |  |  |  | Lifting operations which present a significant risk of injury must be avoided.  Adjust work to remove or reduce the need for heavy lifting or handling, stretching, reaching or working in areas where space is restricted or limited.  Use lifting aids such as trolleys or get help.  Increase rest breaks or vary activities to avoid prolonged sitting or standing, e.g. presentations could be given by sitting rather than standing for long periods, or a combination of both.  See the University’s information  for [manual handling guidance](https://staff.napier.ac.uk/services/governance-compliance/healthandsafety/guidance/Pages/ManualHandling.aspx) on safe lifting.  Also refer to [NHS guidance](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/backache-pregnant.aspx#close) on  backache and pregnancy. |  |  |  |
| 3 | Slips, trips and falls, use of access equipment (e.g. step ladders, step‐stools). |  |  |  |  |  | Reduce need to use access equipment. Ensure high standards of housekeeping are maintained in areas where the pregnant woman is required to work. |  |  |  |
| 4 | Discomfort / Stress / Fatigue. |  |  |  |  |  | The individual and line manager should review priorities to ensure demands are manageable.  Review as necessary during the term of the pregnancy. [Further information on stress.](https://staff.napier.ac.uk/services/governance-compliance/healthandsafety/guidance/Pages/Stress.aspx) |  |  |  |
| 5 | Poor access to welfare facilities. |  |  |  |  |  | Staff should be made aware of location of welfare and rest facilities, including those for mothers who are breastfeeding and agree any bespoke arrangements for breaks. |  |  |  |
| 6 | Difficulty of evacuation from an area in an emergency. |  |  |  |  |  | If the pregnant woman experiences mobility problems or would have difficulty evacuating by stairs (e.g. towards the later stages of pregnancy) arrange a [personal emergency evacuation plan](https://staff.napier.ac.uk/services/governance-compliance/healthandsafety/fire/Pages/peeps.aspx) for the individual, in consultation with the Health & Safety Office. |  |  |  |
| 7 | Availability of first aid care. |  |  |  |  |  | Where the individual agrees, it may be helpful to advise First Aiders in confidence of an individual’s pregnancy and any medical conditions they need to be aware of, should First Aiders need to attend.  Be aware of how to [summon first aid](https://staff.napier.ac.uk/services/governance-compliance/healthandsafety/guidance/Pages/FirstAid.aspx). |  |  |  |
| 8 | Exposure to infectious diseases. |  |  |  |  |  | Immunity state. If unknown then staff should not be exposed to people suffering from chicken pox, rubella and other childhood illnesses/ diseases. Those working in health care are most at risk, however use of standard hygiene precautions will control the risk.  The pregnant woman should check her immune status with her doctor and, if necessary, have an MMR vaccination. |  |  |  |
| 9 | Working in remote areas: limited access to toilet and rest facilities;  poor communications;  access to emergency first aid. |  |  |  |  |  | These areas should already be covered by the risk assessment for fieldwork.  Review with line manager and confirm whether planned arrangements are adequate or whether additional measures may be needed. |  |  |  |
| 10 | Continuous standing / sitting. |  |  |  |  |  | Standing or sitting for long periods of time should be avoided especially as the pregnancy progresses.  Change the work pattern where appropriate to more frequently alternate periods of standing / sitting. |  |  |  |
| 11 | Lone/out of hours working. |  | Lone and out of hours working should be minimised or avoided where feasible.  Where lone and out of hours working cannot be avoided, a specific risk assessment should already be in place. This must be re-assessed and thereafter regularly reviewed as the pregnancy progresses. |  |  |  | Changes to hours of work may need to be considered.  Review suitability of any lone working arrangements. Offer a buddy system, or increase frequency of communication with University colleagues where lone working is essential and cannot be avoided. |  |  |  |
| 12 | Use of personal protective equipment (PPE). |  |  |  |  |  | If unable to source alternative PPE, consider alternative activities where PPE is not needed.  If the PPE fits but is uncomfortable shorter working periods could be considered. The individual must not be allowed to work without PPE provided for their safety.  Consider whether clothing is comfortable and appropriate; if necessary, provide alternative type with the same level of protection. |  |  |  |
| 13 | Work with Hazardous Substances, including:-   * Carcinogens (R40/ R45/ R49), * Teratogens (R61/ R63/ R64/ R68), * Mutagens (R46), * Mercury or mercury derivatives, * Lead or lead derivatives, * Antimitotic (cytotoxic) drugs, * Pesticides, etc. |  | A COSHH assessment should already be in place. This must be re-assessed immediately and thereafter regularly reviewed as the pregnancy progresses. |  |  |  | Refer to relevant risk phrases.  Work with substances which may present a significant risk to the mother and/or child must be avoided – remove the mother from specific high risk activities as appropriate. |  |  |  |
| 14 | Work with biological agents and genetically modified organisms. |  | An assessment of the work with biological agents should already be in place. This should be re-assessed immediately and regularly reviewed as the pregnancy develops to consider pathogens which present an additional risk in pregnancy.  Consider risks associated with chemo-therapeutic agents used to treat laboratory acquired infections. |  |  |  | It is unlikely that work will be carried out on biological agents that are a specific risk to pregnant workers.  There may be an increased risk of infection due to possible  effects of pregnancy on the immune system. |  |  |  |
| 15 | Zoonosis infections which affect the unborn child.  Chlamydia and Lysteria can be contracted through contact with infected ewes and new-born lambs and clothing and footwear that may be infected. Can also be contracted from birds (parrots, turkeys, pigeons, ducks). Toxoplasma infection can occur through contact with cat faeces, contaminated soil or poorly washed garden produce. |  |  |  |  |  | Ensure good washing facilities and robust hygiene controls when carrying out fieldwork in areas where there is a potential risk of infection. Provision of appropriate standard of gloves or alcohol based hand sanitizers where necessary. |  |  |  |
| 16 | Non‐ionising radiation (UV, IR and optical radiation). |  | Existing risk assessment will identify significant exposure to these risks.  Pregnant women who are likely to be exposed to or interact with these hazards need to follow current risk control measures. If in doubt school / service should seek advice from their radiation supervisor or the University’s external radiation consultant. |  |  |  | The individual must inform their line manager as soon as they are aware that they are pregnant or if they are breastfeeding and must review the scheme of work with the member of staff and agree what, if any, strengthened control measures are needed.  See also [HSE guidance on working with ionising radiation.](http://www.hse.gov.uk/pubns/indg334.pdf)–a leaflet for women who are thinking of having a baby or already pregnant or breastfeeding, providing advice on the risks. |  |  |  |
| 17 | Electromagnetic fields. |  | Existing risk assessment will identify significant exposure to artificial EMF radiation. Existing risk assessment will identify where significantly strong magnetic fields exist. |  |  |  | If risks from EMFs are identified during pregnancy, appropriate action must be taken to eliminate, reduce or control the risks; they must be included and managed as part of the general workplace risk assessment.  More general information on ‘Workers at particular risk – expectant mothers’ can be found on the [HSE website](https://www.hse.gov.uk/pubns/books/hsg281.htm); see “References and Further Reading”, New and expectant mothers; ref 9. Table 5 contains a non-exhaustive list of sources of EMF which may pose specific risks. You will need to consider these in addition to the information contained in Table 3; Sources of EMF which may pose a risk to workers. |  |  |  |
| 18 | Work in hot/cold conditions. |  |  |  |  |  | For hot environments, consider extra breaks in a cooler area if appropriate; ensure drinking water is available; consider alternative duties if conditions are severe or persistent.  Suitable protective clothing, access to warm rest areas and hot drinks should be provided for work in cold environments. |  |  |  |
|  | **Hazards more relevant to field work and research and work abroad** | | |  |  |  |  |  |  |  |
| 19 | Travelling - risks relating to country being visited.  Access to health care, health risks, working in remote areas, poor travelling conditions.  Risk will vary greatly depending on nature of trip and country being visited. |  | All travel should have an [online travel risk assessment](https://staff.napier.ac.uk/services/governance-compliance/healthandsafety/forms/Pages/Travel.aspx) carried out. |  |  |  | 1. Travel may require to be minimised where appropriate. 2. All travel must have a completed travel risk assessment. 3. Foreign travel may require doctor’s certification. 4. Foreign travel after 36 weeks is generally restricted – check with travel agent and/or travel insurance policy. 5. Consider vaccination issues and discuss with doctor or the Occupational Health Service if necessary. 6. Consider whether travel is appropriate. Ensure rest time is built into schedules. Consider alternative arrangements for transporting equipment. 7. The pregnant woman should seek advice from her doctor about flying. Some airlines will not let pregnant women fly towards the end of their pregnancy. 8. Review whether proposed overseas travel is still appropriate or whether less “risky” placement may be possible. See [NHS guidance on travelling and](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/travel-pregnant.aspx) [pregnancy.](http://www.nhs.uk/conditions/pregnancy-and-baby/pages/travel-pregnant.aspx) 9. The pregnant woman should consult her doctor before undertaking long distance travel. Staff should research health facilities and potential health/security risks in area being visited. Also refer to [FCO advice](http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/) relating to country being visited. 10. Check that travel insurance covers pregnancy related medical care. |  |  |  |
|  | **Other hazardous activities** |  |  |  |  |  |  |  |  |  |

**Additional Information:**

**Identify any additional information relevant to the work, including special emergency procedures, requirement for health surveillance etc.**

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| **Assessment carried out by:** | | **Signature:** | | **Job Title:** |
| **Date:** | **Review Date:** | |

**Reviewed:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee** | **Signature** | **Name** | **Date** |
| **Manager** | **Signature** | **Name** | **Date** |
| **Assessor** | **Signature** | **Name** | **Date** |