

**PREGNANT/NURSING MOTHERS HEALTH & SAFETY RISK ASSESSMENT**

<b>Name:</b>	<b>Date:</b>
<b>Assessor:</b>	
<b>Signature of Assessor</b>	
<b>Signature of employee</b>	

**SUMMARY OF ACTIONS**

<b>Issue</b>	<b>Recommended action</b>	<b>1 Action Priority High, Med, Low</b>

<b>Date Reviewed</b>	<b>Reviewer</b>

<b>Overall Comments</b>

**ABOUT YOU**

<b>1. Are you aware of any health or medical conditions associated with your pregnancy which you should inform your employer about?</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, the worker should inform their Line Manager or Human Resources Manager to ensure that their work does not exacerbate any such condition and so that appropriate management controls can be implemented if necessary		
<b>COMMENTS:</b>		

<b>2. Are there any nauseating smells exacerbating morning sickness?</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>		

<b>3. Are there any significant manual handling tasks. If yes, complete MH Assessment</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Consider pregnant women handling loads where there is a significant risk of injury (especially in the later stages as a result of hormonal or postural changes). Also those who have recently given birth especially after a caesarean section.		
<b>COMMENTS:</b>		
No.		H M L

<b>4. Does the work involve prolonged sitting or standing without adequate breaks? Or adopting 'awkward' postures</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
Constant sitting may cause backache and an increased risk of thrombosis or embolism. Prolonged sitting must be avoided and adequate rest breaks provided. If standing, a chair must be provided so frequent rests can be taken.		
<b>COMMENTS:</b>		

<b>5. Is the work station and work area restricted in space, restricting free movement or changes of position?</b>	<b>YES</b>	<b>NO</b>
	<input type="checkbox"/>	<input type="checkbox"/>
(Is there enough room on the desk/workstation area to work without becoming uncomfortable? Is the work chair adjustable in height including the backrest? Can work be undertaken without introducing strain and other problems to the upper part of your body? The furniture should meet DSE standards.)		
<b>COMMENTS:</b>		

<b>6. Does the work involve regular use of DSE (computer)? If yes, complete a DSE assessment form unless one has been done very recently. nb Seating changes may be required during pregnancy, staff are not comfortable in their current seat they should raise this with the H&amp;S dept.</b>	<b>YES</b>	<b>NO</b>
<b>COMMENTS:</b>		

<b>7. Are there any physical hazards in the work area (or to and from work area)?</b>	<b>YES</b>	<b>NO</b>
Vibration, noise, radiations, slip/trip/falling hazards (eg trailing cables, uneven/damaged/slippery flooring), potential for confined spaces		
<b>COMMENTS:</b>		

<b>8. Are there any hazardous substances present to which the worker could be exposed (includes. chemicals, biological agents)</b>	<b>YES</b>	<b>NO</b>
Pregnant Workers should not use <b>Eg Hazard Phrases: 360, 361 and 362</b> , Mercury compounds and Cytotoxic Drugs <b>Biological Agents:</b> Hepatitis B & C, HIV, Herpes, TB, syphilis, chickenpox, brucella typhoid. Toxoplasma (See policy)		
<b>COMMENTS:</b>		

<b>9. Is there a need for the worker to wear PPE (Personal Protective Equipment), protective clothing or special uniforms?</b>	<b>YES</b>	<b>NO</b>
Clothing may become tight fitting as pregnancy advances and may also make the worker too hot		
<b>COMMENTS:</b>		

<b>10. Does the work involve working in extremes of temperature (hot or cold)?</b>	<b>YES</b>	<b>NO</b>
<b>COMMENTS:</b>		

<b>2 11. Are storage facilities poor / inadequate, creating an untidy work area?</b>	<b>YES</b>	<b>NO</b>
<b>3</b> (Is there sufficient storage so that the area is uncluttered? Can files, chemicals, equipment be accessed without difficulty?)		
<b>COMMENTS:</b>		

<b>12. Are rest facilities inadequate?</b>	<b>YES</b>	<b>NO</b>
Eg no rest room, no facilities for nursing mothers		
<b>COMMENTS:</b>		

<b>13. Working Hours: does the work involve excessive or anti-social working hours (eg shift work), or unusually stressful work?</b>	<b>YES</b>	<b>NO</b>
<b>COMMENTS:</b>		

<b>14. Does the work involve any work at heights?</b>	<b>YES</b>	<b>NO</b>
Includes use of foot stools		
<b>COMMENTS:</b>		

<b>15. Does the work involve lone working or working in isolated areas?</b>	<b>YES</b>	<b>NO</b>
<b>COMMENTS:</b>		

<b>16. Are there any difficulties in travelling to /from work that are exacerbated by being pregnant or being a new mum and which the company should be aware of?</b>	<b>YES</b>	<b>NO</b>
<b>COMMENTS:</b>		

<b>17. Is there a risk of exposure to radiation in the workplace?</b>	<b>YES</b>	<b>NO</b>
Eg Radioisotopes, IR, UV Light		
<b>COMMENTS:</b>		

<b>18. Is there risk of exposure to excessive vibration in the workplace?</b>	<b>YES</b>	<b>NO</b>
<b>COMMENTS:</b>		

<b>19. Is there a higher than usual risk of exposure to violence in the workplace?</b>	<b>YES</b>	<b>NO</b>
<b>COMMENTS:</b>		

This risk assessment should be reviewed on a regular basis throughout the pregnancy to identify changes and ensure any controls that are being implemented and are effective			
<b>4 Signature of employee</b>			
<b>5 Signature of assessor</b>			
<b>6 Indicate type of assessment</b>	Initial Risk Assessment		Review
<b>Date:</b>	<b>Date of next review:</b>		

**The Woolf Institute**

Last Reviewed: November 2020