**Appendix 1: Expectant mothers risk assessment and for employees who have recently had or who are expecting a baby**

This form should be used in conjunction with the standard risk assessments your workplace should already have in place. You can find out more at the safety department SharePoint site: [Pages - Health and Safety](http://trustnet2013/Networks/SupportServices/nursingandquality/healthandsafety/Pages/default.aspx)

The form below together with the guidance in appendix 2 will assist you in identifying risks which all staff/service users may come across but these particular issues may be especially pertinent to employees who have recently had or are expecting a baby. Any risks identified here must already be noted in your standard workplace risk assessments

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **New Expectant Mothers Name** |  | **Locality**  |  | **Dept**  |  |
| **Description of Role Activity** |  |
| **Expected due date (expectant mothers** |  |
|  |  |  |  |  |  |  |  |
| **Areas to be considered**  | **Is there a risk? Yes/No** | **Details** | **Control measures already in place** | **Further action required** | **By who** | **By when** | **Date completed** |
| Mental and physical fatigue and working hours? |  |  |  |  |  |  |  |
| Exposure to violence and aggression? |  |  |  |  |  |  |  |
| Manual handling activities? |  |  |  |  |  |  |  |
| Prolonged use of DSE |  |  |  |  |  |  |  |
| Prolonged standing/sitting? |  |  |  |  |  |  |  |
| Exposure to biological /chemical hazards? |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Areas to be considered**  | **Is there a risk? Yes/No** | **Details** | **Control measures already in place** | **Further action required** | **By who** | **By when** | **Date completed** |
| Exposure to coronavirus? |  |  |  |  |  |  |  |
| Ionising radiation? |  |  |  |  |  |  |  |
| Exposure to needlestick injuries?  |  |  |  |  |  |  |  |
| Slips trips and falls?(consider winter conditions) |  |  |  |  |  |  |  |
| Work related stress? |  |  |  |  |  |  |  |
| Working at height? |  |  |  |  |  |  |  |
| Exposure to extreme hot/cold conditions? |  |  |  |  |  |  |  |
| Shocks and vibrations? |  |  |  |  |  |  |  |
| Driving in community? |  |  |  |  |  |  |  |

**Assessors Name: …………………………………………………….Assessment date:……………………………Signature:………………………….**

**Expectant mothers Name:………………………………………….Date:…………………………………………….Signature:…………………………..**

**Review Date**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3 months**  | **Date completed:**  | **Who by:**  | **Signature:**  | **Employee signature:**  |
| **6 months**  | **Date completed:**  | **Who by:**  | **Signature:**  | **Employee signature:**  |
|  | **Date completed:**  | **Who by:**  | **Signature:**  | **Employee signature:**  |

**Appendix 2: Guidance for undertaking risk assessments for new or expectant mothers.**

|  |  |  |
| --- | --- | --- |
| **List of generic hazards and situations**  | **What is the risk?**  | **Risk control measures**  |
| Mental and physical fatigue and working hours  | Long working hours, shift work and night work can have a significant effect on the health of workers including the health of employees’ who have recently had or who are expecting a baby. Both mental and physical fatigue increase during pregnancy and in the postnatal period due to the various physiological and other changes taking place  | If necessary, managers should adjust working hours temporarily, as well as other working conditions, including the timing and frequency of rest breaks, and to change shift patterns and duration to reduce risk If night work is detrimental to the individual’s health, and this is backed up by a medical certificate or note from the GP or midwife, alternative day work should be organised.  |
| Postural problems  | Fatigue from standing and other physical work has been associated with miscarriage, premature birth and low birth weight. It is hazardous working in tightly fitting workspaces or workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to sprain or strain injuries.  | Ensure that the hours, volume and pacing of work are not excessive. Employees themselves should have some control over how work is organised. Ensure that seating is available where appropriate. Fatigue can be avoided or reduced by taking longer and more frequent breaks during work. Adjusting workstations or work procedures may be beneficial  |
| Manual handling of loads  | Employees’ who have recently had or who are expecting a baby can be especially at risk from manual handling injury due to hormonal changes affecting ligaments and an increase in postural problems. There may be a temporary limitation on lifting and handling following the birth especially following a caesarean section.  | The manual handling risk assessments in place for all staff should consider the risks to employees’ who have recently had or who are expecting a baby although consideration should be given to the specific needs of the worker when pregnant to reduce the amount of physical work undertaken.  |
| Work at heights  | It is hazardous for pregnant employees’ working at heights, e.g. ladders, platforms  | Managers must ensure that pregnant employees are not exposed to work at heights  |
| Working alone  | Pregnant employees’ are at a higher risk of needing urgent medical attention which increases the risks to them whilst working alone. Special consideration must also be given to situations whereby pregnant employees could be escorting patients alone.  | Access to communications is required for all staff when working alone to ensure help and support is available when required. Emergency procedures should take into account all foreseeable situations. Lone worker devices are available for use following a manager risk assessment.  |
| Occupational stress  | New and expectant employees may be more susceptible to stress, anxiety or depression.  | When completing a risk assessment, managers should take into account known occupational stress factors and the particular medical and psychosocial factors affecting the individual employee.  |
| Standing/sitting activities  | Physiological changes during pregnancy may result in an increased risk of dizziness and fainting. Sitting for long periods of time can increase the risk of thrombosis. This risk is increased in pregnancy. The increase in abdominal circumference during pregnancy can lead to muscular pain in the lumbar spine. This may be intensified by remaining in a specific position for an excessively long period of time Continuous standing (and/or walking) for long periods during the working day can contribute to an increased risk of premature childbirth.  | Ensure that seating is available where appropriate. Constant sitting or standing is inadvisable for all employees. It is better to alternate between the two.  |
| Violence to staff  | There is an increased risk to the unborn child if a Pregnant employee is exposed to violent incidents whilst at work. It may also affect their ability to breastfeed. New and expectant mothers are a minority group and could be the subject of workplace related bullying or violence | If the risk of violence cannot be significantly reduced by providing adequate training and information, improving the design of the workplace and/or job then pregnant workers should not be placed in an area where there is a high risk of violence to workers. The decision as to which areas present high risk must be reached via managers risk assessment. Consideration must be given to the type of client who may use the service, staffing levels and the work activities that the pregnant employee usually undertakes.  |
| Lack of rest and other welfare facilities  | Rest is important for employees’ who have recently had or who are expecting a baby. Pregnant employees may have to go to the toilet more frequently and more urgently than others. Breastfeeding employees’ may also need to do so because of increased fluid intake to promote breast milk production. Cigarette smoke is a known risk to pregnancy where the employee smokes. Passive smoking is known to pose a risk to the unborn child.  | There may be a need for suitable facilities where the employee can sit or lie down comfortably in privacy at appropriate intervals agreed with their manager. Managers should ensure that there is easy access to toilets and associated hygiene facilities, taking into account that these employees may need to break from their work more frequently than usual. Employees’ who are expecting must be warned of the dangers of smoking, including passive smoking.  |
| Work with display screen equipment (DSE)  | There is no evidence which suggests an increased risk employees’ who have recently had or who are expecting a baby when working at DSE. Employee’s may, however, feel more uncomfortable during the later stages of pregnancy when working at DSE due to their increased size and condition (see standing/sitting activities)  | The pregnant worker’s DSE assessment should be reviewed at regular intervals during their pregnancy to ensure their comfort is considered.  |
| Hazards as a result of inappropriate nutrition  | Pregnant employees may need more frequent meal breaks and more frequent access to drinking water or other light refreshments and may only be able to tolerate food, little and often. Their eating patterns may change, especially in the early stages of pregnancy in response to morning sickness and also in the later stages due to discomfort or other problems.  | New and expectant employees’ requirements may be established in consultation with the individual concerned. These needs may change as pregnancy progresses.  |
| Hazard due to unsuitable or absent facilities  | Lack of appropriate facilities for expressing and safely storing breast milk for breastfeeding employees’, or to enable infants to be breastfed at or near the workplace, may facilitate breastfeeding.  | Although the Trust are not legally obliged to provide facilities for breast feeding, protective measures could include access to a private room and the use of secure, clean refrigerators for storing expressed breast milk.  |
| Shocks vibration or movement  | Exposure to shocks, i.e. sudden severe blows to the body or low frequency vibrations or excessive movement may increase the risk of miscarriage. Long- term exposure to the risk may increase the risk of premature birth or low birth weight. Breastfeeding workers are at no greater risk than other workers.  | Work shall be organised in such a way that pregnant workers and those who have recently given birth are not exposed to work entailing risk arising from unpleasant vibrations of the entire body, particularly at low frequencies, micro-traumas, shaking, shocks or where jolts or blows are delivered to the lower body.  |
| Noise  | Prolonged exposure to loud noise may lead to increased blood pressure and tiredness. Prolonged exposure of the unborn child to loud noise during pregnancy may have an effect on later hearing. Low frequencies have a greater potential to cause harm. There are no particular problems for employees who have recently given birth or who are breastfeeding.  | Situations giving rise to loud noise are rare within the Trust. The employer must ensure that workers are not exposed to noise levels exceeding exposure limit values. Basic noise measurements can be taken by the Estates Dept. It should be recognised that use of personal protective equipment by the employee will not protect the unborn child from noise.  |
| Extremes of cold and heat  | Pregnant employees’ tolerate heat less well and may more readily faint or be more liable to heat stress. The risk is likely to be reduced after birth. Breastfeeding may be impaired by dehydration. Working in extreme cold is a hazard for all staff.  | Pregnant workers should not be exposed to prolonged excessive heat or cold at work. Given the nature of the work within the Trust, extremes of heat and cold are not normally experienced. If departments are adversely affected during very unusual weather conditions, managers should consider alternative working arrangements  |
| Radiation  | Using x-rays during employment involves working with ionising radiation which in high doses may be harmful to employees.  | If there is a risk to staff, a risk assessment must be in place at all times which considers the risk of non- ionising radiation. This must include the likely level of exposure to staff using radiation equipment such as x- rays and the control measures required to restrict exposure to well below the legal dose limits. There must be an effective system in place for restricting exposure which is perfectly adequate to protect a baby in the early stages even before the employee confirms they are pregnant. Further information can be obtained from the Occupational Health Department or Safety Team  |
| Biological Agents (including corona virus) | The vast majority of infections in pregnancy have no effect on the baby, but the baby may be harmed by: Some viruses, such as rubella, Hepatitis B, HIV, Parvovirus (causing Fifth disease / slapped cheek syndrome), Cytomegalovirus (CMV), Varicella-Zoster (chickenpox) Some bacteria such as Listeria Some parasites such as Toxoplasma  | The chances of catching these infections can be minimised by basic good hygiene precautions and avoiding contact with bodily fluids. If any pregnant health care workers or managers have any concerns about biological agents, please contact the Infection Control Team or the Occupational Health Department  |