**Pregnant Workers – Risk Assessment & Action Plan**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | |
| **Employee Name:** |  | | | | **Job Title:** |  | | |
| **Faculty/Directorate:** | |  | | | **Building/Office Location:** | |  | |
| **Current Stage of Pregnancy/Week** | | |  | | **Expected Date of Delivery** | | |  |
| **Line Manager/Person in Charge of Risk Assessment:** | | | |  | | | | |
|  | | | |  | | | | |
| **Manager’s Responsibilities** | | | | | | | | |
| The Management of Health & Safety at Work Regulations 1999 requires managers to assess workplace risks pregnant workers. Managers must identify hazards in their workplace that could pose a health or safety risk to pregnant workers and take appropriate action to remove or reduce the risk. Upon receiving written notification of pregnancy, the manager will carry out this risk assessment. It is essential that pregnant workers are fully aware of the potential risks to themselves and their unborn baby within their working environment.  The assessment should be reviewed every trimester, or at reasonable intervals as the pregnancy progresses or if any aspect of their role/task changes. Agree dates for review, provide copy of assessment to employee and keep a copy on personal file.  This checklist identifies the main work-related factors that may adversely affect pregnant workers and new mother and should be used as an aid in conjunction with any existing risk assessments relevant to the person concerned. If any lines / hazards do not apply to the individual, these can be removed from the risk assessment. Where a line does apply, details should be entered, describing the controls in place / to be taken to reduce risks to an acceptable level. The person concerned and their manager / supervisor should complete this assessment together, with input from Health and Safety Services / PD Employee Relations and Change Manager as required. | | | | | | | | |
| **Brief description of pregnant workers job/role** | | | | | | | | |
|  | | | | | | | | |

**Risk Assessment:**

| **Description of Hazard**  (only include significant hazards inherent within the task or the activity – Delete where applicable) | **Hazard examples to consider** | **Current control measures in place** | **Current risk rating** | | | **Further control measures required and by whom and when**  **(usually only necessary where the risk rating is either high or medium)** | **Final risk rating** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood** | **Severity or impact** | **Risk Rating** | **Likelihood** | **Severity or impact** | **Risk Rating** |
| **THE PHYSICAL WORK ACTIVITY** | | | | | | | | | |
| Slips, Trips and Falls | * Trailing cables, general housekeeping * Weather considerations * Footwear consideration |  |  |  |  |  |  |  |  |
| Manual handling *Change in posture and ability to bend, physical changes of ligaments/muscles in preparation for birth or after birth/c-section.* | * Is manual handling required? * Are there any significant loads involved? * How often does the task have to be undertaken? |  |  |  |  |  |  |  |  |
| Required to work sitting or standing for long periods *Posture changes, pressure on abdomen, legs, hips.* | * Organise a more balanced work pattern. * Person should take more mini breaks. * Regular assessments to be made |  |  |  |  |  |  |  |  |
| Operating hazardous machinery, hand-tools, driving for work etc. | * If noisy or vibrating equipment check applicable guidance notes * Consider a change of task during pregnancy |  |  |  |  |  |  |  |  |
| Working at height | * Remove this task during pregnancy |  |  |  |  |  |  |  |  |
| **HAZARDOUS EXPOSURE** | | | | | | | | | |
| Exposure to radiation (ionising and non-ionising) *Significant exposure can harm the foetus (either through external exposure or by breathing in/ingesting radioactive contamination). There are limits on the dose deemed to be acceptable for expectant mothers.* | * A specific risk assessment required for staff working with radiation.   *Breast feeding mothers should not work where the risk of contamination is likely.* |  |  |  |  |  |  |  |  |
| Exposure to Biological Agents e.g.  Zika  Herpes Chicken Pox Toxoplasmosis Cytomegalovirus TB  *Further advice can be sought from Occupational Health or the expectant woman’s GP.* | * Discuss hand washing, laundry, PPE * Immunity awareness * Discuss contact with blood/bodily fluids   *Specific COSHH risk assessments required followed by strict adherence to control measures.* |  |  |  |  |  |  |  |  |
| Exposure to Chemical Agents e.g.  Gases Drugs Mercury Cytotoxic drugs  Lead and its derivatives  *Further advice can be sought from Occupational Health or the expectant mother’s GP.* | * Discuss COSHH assessments   *Question awareness of policies/guidelines applicable to own area.*   * Any substance with known impact on foetus? * Remove from working with harmful chemicals |  |  |  |  |  |  |  |  |
| **WORKING HOURS** | | | | | | | | | |
| Night or shift work | * Consider risk factors alongside doctor’s advice and guidance * Ensure first aider is available * Is the person travelling at more risky times of the day |  |  |  |  |  |  |  |  |
| Long working hours e.g. >40 hours | * Determine whether working hours can be reduced if causing stress or discomfort |  |  |  |  |  |  |  |  |
| **ENVIRONMENTAL FACTORS** | | | | | | | | | |
| Temperature | * Provide e.g. a fan if the person is uncomfortable * Air conditioning |  |  |  |  |  |  |  |  |
| Lighting | * Check routes used are clearly lit |  |  |  |  |  |  |  |  |
| Pollutants / Emissions | * Remove the pollutant * Copiers in enclosed areas may need to be checked * Remove the person from polluting atmosphere |  |  |  |  |  |  |  |  |
| Condition of floors | * Ensure good housekeeping standards are followed to avoid the risk of trips and slips |  |  |  |  |  |  |  |  |
| Condition of car park/route to work *Possible reduced mobility* | * Report any unsafe floor/ ground conditions for repair * Advise expectant mother of the location of hazards * Ensure sufficient lighting is in place |  |  |  |  |  |  |  |  |
| Fire  *Susceptible to trip, fall from pushing/number of persons evacuating.* | * Seating available at assembly point if necessary * Security team trained in evacuation chair if mobility reduced |  |  |  |  |  |  |  |  |
| **TYPE OF WORKING PATTERN** | | | | | | | | | |
| Working alone | * Follow the appropriate guidance to avoid a risk of violence * Ensure good communication * Have security number to hand |  |  |  |  |  |  |  |  |
| Travelling (including international travel) | * Rest breaks * Ensure good communication |  |  |  |  |  |  |  |  |
| Demanding and stressful work | * Ensure manager is aware that there might be a problem * Change working pattern if possible * Reduce hours to compensate (this needs discussion with PD prior to implementation) |  |  |  |  |  |  |  |  |
| **DSE** | | | | | | | | | |
| Workstation assessment | * Assessments to the workstation should be carried out at regular intervals e.g. 3 monthly * Assess the workstation on request by the person * Provide any aids that are required e.g. backrest/footrest |  |  |  |  |  |  |  |  |
| **OTHER MEDICAL CONSIDERATIONS** | | | | | | | | | |
| Any other potential hazards as advised by the individuals GP, midwife or other medical professional | * Accommodate any reasonable adjustments recommended by GP / Midwife |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pregnant Worker** – I confirmthat I am happy with the information outlined in the assessment above and I understand that it is my responsibility to comply with all control measures. I will inform my line manager/HR/H&S services of any changes to my situation which may have an effect on the risk assessment. | | | | | | | |
| Name |  | Title |  | Signature |  | Date |  |
| **Person carrying out the assessment** | | | | | | | |
| Name |  | Title |  | Signature |  | Date |  |

**Review of assessment, and revision if necessary**

The risk assessment should be reviewed for each trimester of pregnancy with the pregnant worker. Any changes to the control measures outlined in the assessment or additional actions recommended should be clearly noted below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REVIEW DATE | --/--/---- | --/--/---- | --/--/---- | --/--/---- |
| Name of reviewer |  |  |  |  |
| Signature |  |  |  |  |
| No revisions made |  |  |  |  |
| Changes to activity, hazards, precautions or risks noted in text. |  |  |  |  |

**Appendix 1 – Risk Matrix**

The hazards identified within the risk assessment should be assigned a risk rating – this should be assigned for any control measures which are currently in place and any further control measures which will be required.   
You should assign a value for the likelihood of an incident occurring based on the hazard from 1 to 5 and a value for the severity / impact of the hazard from 1 to 5. These should then be multiplied together to give a final risk rating e.g. 3 x 2 = 6.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **SEVERITY or IMPACT** | **5**  **CATASTROPHIC** | **5** | **10** | **15** | **20** | **25** |  | **The Risk Score**  for a hazard causing harm is calculated as follows:  **Likelihood x Severity or Impact** |
| **4**  **MAJOR** | **4** | **8** | **12** | **16** | **20** |  |
| **3**  **SERIOUS** | **3** | **6** | **9** | **12** | **15** |  | **High (RED) - Rating 15 or more**  Immediate action is required to control and/or lower the level of risk. Exposure to the identified hazard is prohibited or severely restricted |
| **2**  **MODERATE** | **2** | **4** | **6** | **8** | **10** |  |
| **1**  **MINOR** | **1** | **2** | **3** | **4** | **5** |  | **Medium (AMBER) - Rating 5 - 12**  Continue to review the equipment, activities and systems of work, with the aim of lowering the risk to the lowest possible level. Scores below 9 are considered tolerable, as per current University Risk appetite. |
|  |  | **1**  **RARE** | **2**  **UNLIKELY** | **3**  **POSSIBLE** | **4**  **LIKELY** | **5**  **ALMOST CERTAIN** |  |
|  |  |  | **LIKELIHOOD** | | | | |  | **Low (GREEN) - Rating 1 – 4**  Usually, no further action will be required except for monitoring to ensure the risk does not change and controls remain in place. However, if it is possible to reduce the risk levels still further, by using controls that are “reasonably practicable”, then this should be done. |
|  |  |  |  | | | | |  |

**Scoring Criteria**

|  |  |
| --- | --- |
| **Likelihood** | **Criteria** |
| 5 Almost Certain | >90% likely (e.g. regularly, in the next 12 months) |
| 4 Likely | 51-90% likely (e.g. at least twice within the next 2 years) |
| 3 Possible | 21-50% likely (e.g. once in the next 2 to 5 years) |
| 2 Unlikely | 6-20% likely (e.g. once in the next 20 years) |
| 1 Rare | 0-5% likely (e.g. once in the next 100 years) |

|  |  |
| --- | --- |
| **Severity or Impact** | **Criteria** |
| 5 Catastrophic | Irreversible multiple injury or multiple deaths |
| 4 Major | Irreversible injury or death |
| 3 Serious | Major reversible injury |
| 2 Moderate | Minor reversible injury |
| 1 Minor | Discomfort or minor illness |