New and Expectant Mothers Risk Assessment

Guidance and Checklist



**RISK ASSESSMENT CHECKLIST FOR NEW AND EXPECTANT MOTHERS**

This checklist should be completed as part of a joint exercise between the line manager and the new or expectant mother with the intention of identifying areas of significant risk or concern in relation to their work activities.

|  |  |
| --- | --- |
| **EMPLOYEE NAME:** |  |
| **EMPLOYEE NO:** |  |
| **TEAM/ADDRESS:** |  |
| **LINE MANAGER:** |  |
| **DATE OF ASSESSMENT:** |  |

|  |  |  |
| --- | --- | --- |
| **PREGNANCY DETAILS** | **Y** | **N** |
|  | **Please tick as appropriate** |
| Has the pregnancy been confirmed by a medical practitioner? |[ ] [ ]
| Stage of pregnancy at initial assessment (weeks)? |
| Expected due date? |[ ] [ ]
| Date expected to work until? |[ ] [ ]
| **PREVIOUS HISTORY** | **Y** | **N** |
| Any history of complications with this pregnancy or a previous pregnancy? (If Y detail below) |[ ] [ ]
| **EMPLOYEE ASSESSMENT INFORMATION** | **Y** | **N** |
| Are you experiencing any difficulties that you feel will prevent you from attending work on a regular basis? (If Y detail below)  |[ ] [ ]
| Have you discussed these difficulties with your GP?  |[ ] [ ]
| Do you require an Occupational Health Referral? (If Y – Manager to state date of referral and comments) |[ ] [ ]
| **FOR COMPLETION BY LINE MANAGER** (& others as may be necessary, i.e. Occupational Health Advisor/Nurse etc) | **Y** | **N** |
| Recommended actions following discussions with expectant mother; |[ ] [ ]
| **PHYSICAL RISKS** | **Y** | **N** |
| Does the work involve:* Strenuous lifting or difficult to hold objects?
* Awkward movements such as twisting, stooping?
* Repetitive movements of the body?
* Accessing confined spaces?
* Body vibration e.g. driving fork lift trucks or driving off-road vehicles?
* Standing for long, continuous periods of time
* Strenuous walking or climbing activities e.g. land surveyor?
* Work at height e.g. use of steps or ladders?
* Temperatures that are uncomfortably hot or cold?
* Contact with people who may display violence or aggression e.g. security reception mental health clients?
* Excessively noisy environments e.g. highways
* Work, construction sites, workshop inspections etc?
 |[ ] [ ]
| **BIOLOGICAL RISKS** | **Y** | **N** |
| Does the work involve:* Risk from contact with raw meat, fish, or other foodstuffs such as unpasteurised milk and dairy products?
* Contact with animals that may harbour disease e.g. foot and mouth and toxoplasma
* Contact with people that may harbour infectious diseases such as close work with children (chicken pox) or adults who take drugs e.g. HIV herpes and Hepatitis A,B or C
* Contact with bodily fluids e.g. first aiders?
* Possible contact with infected “sharps” such as needlesticks e.g. cleaners, porters ground persons
 |[ ] [ ]
| **PERSONAL PROTECTIVE EQUIPMENT** | **Y** | **N** |
| Does the work involve:* The use of personal protective equipment e.g. outdoor clothing, protective face masks, goggles etc.?

If ‘Yes’ will any issues arise as the pregnancy progresses e.g. too tight or uncomfortable? |[ ] [ ]
| **CHEMICAL RISKS** | **Y** | **N** |
| Does the work involve:* Handling any chemical based products such as cleaning products solvent based products, pesticides etc?
* Exposure to lead or lead derivatives e.g. burning off old lead paintwork?
* Contact with dangerous fumes or dusts?

NB If you’re unsure, check the material safety data sheet that comes with the product you’re using. Alternatively ring the supplier or manufacturer and ask them for the COSHH Data Sheet. |[ ] [ ]
| **IONISING AND NON IONISING RADIATION** | **Y** | **N** |
| Does the work involve:* Coming into contact with ionising or non-ionising radiation?

If “Yes” please consult the guidance in HSE booklet Working safely with Ionising Radiation-Guidelines for Expectant and Breastfeeding Mothers. |[ ] [ ]
| **WORKING CONDITIONS** | **Y** | **N** |
| Does the work involve:* Long hours/overtime
* Night work or shift work?
* Meeting challenging deadlines that may cause significant stress?
* Rapidly changing priorities and demands
* A high degree of concentration
* Lone working
* Long distance driving
 |[ ] [ ]
| **WORKING ENVIRONMENT** | **Y** | **N** |
| Are there any issues over providing:* A quiet rest area?
* Easy access to toilet facilities?
* Hand washing and hygiene facilities
* A clean private area for breastfeeding workers to express milk
* Facilities to store milk i.e. clean fridge?
* Frequent breaks?
* Flexible working times if required
* Easy access to fresh drinking water?
* Easy access to hot drinks?
 |[ ] [ ]