

Risk Assessment

New and Expectant Mothers at Work

Management Unit:	MCSB	Location: (Site/ Building/ Room/ Lab)	Wolsfon Link Building
Assessment Date:	08.12.21	Review Date:	end Jan
Assessor's Name:	Name	Job Title:	Research Technician
Name of expectant or new mother:	Name	Job Title:	Post-doc/academic /technician/ student
Is there any advice provided by the woman's health professional? (remember the need for confidentiality)			

Identified Hazards	Yes No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Manual handling	Yes	<ul style="list-style-type: none"> ▪ Hormonal changes in pregnancy can affect the ligaments increasing susceptibility to injury; postural problems may increase as the pregnancy progresses. ▪ Possible risks for those who have recently given birth – e.g. likely to be a temporary limitation on lifting and handling capability after a Caesarean section. 	<p>It may be possible to alter the nature of the task undertaken to reduce the risk of injury for <u>all</u> workers involved;</p> <p>or, it may be necessary to reduce the amount of manual handling (or use aids to reduce the risks) for the specific woman involved.</p>	No longer taking autoclaving waste downstairs and will avoid lifting heavier items as much as possible.	n / a
Working with display screen equipment	Yes	<ul style="list-style-type: none"> • Postural / ergonomic problems due to changes in body proportions. • Circulation problems due to extended periods of sitting. 	Review DSE assessment make appropriate changes to work patterns and workstation. Ensure working posture is appropriate and that adequate work breaks can be taken.	Alternate working in the office and in the lab to avoid spending too long sitting in one position or in front of screen.	end Jan

Identified Hazards	Yes No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Movements and postures	Yes	<p>Standing: Continuous standing during the working day may lead to dizziness, faintness, and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.</p> <p>Sitting: Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.</p> <p>Restricted space: Difficulties in working in tightly fitting work spaces or workstations during the later stages of pregnancy can lead to strain or sprain injury, also with impaired dexterity, agility, coordination, speed of movement, reach and balance. Also, associated increased risk of accidents</p>	<p>Control hours, volume and pacing of work. Adjust how work is organised or change type of work if necessary.</p> <p>Ensure seating is available where appropriate, and take longer or more frequent rest breaks to avoid or reduce fatigue.</p> <p>Adjusting workstations or work procedures where this will minimise postural problems and risk of accidents.</p> <p>Review situation as pregnancy progresses.</p>	Alternate sitting and standing and take regular breaks.	end Jan
Work and personal protective equipment	Yes		Wherever possible, the risk should be avoided by adaptations or substitution, e.g. providing suitable alternative equipment to allow the work to be conducted safely and without risk to health.	Ensure appropriate PPE is available and wear what is indicated in COSHH/risk assessment.	end Jan

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Working alone	No	Pregnant women are more likely to need urgent medical attention	<ul style="list-style-type: none"> ▪ Review and revise access to communications with others. ▪ Consider levels of supervision involved ▪ Ensure that emergency procedures take into account the needs of new and expectant mothers. 		
Work at height	No	It is hazardous for pregnant women to work at heights, for example ladders, platforms.	<p>Working at height should be avoided where possible.</p> <p>A risk assessment should consider any additional risks due to work at height (e.g. working on ladders).</p>		
Chickenpox / shingles	No	Pregnant women who have been in contact with chickenpox or shingles and have no history of chickenpox must contact their GP promptly for advice.			
Work related violence	No		<ul style="list-style-type: none"> • Change the design of the job i.e., avoiding lone working, reducing use of cash, maintaining contact with workers away from the base. • Improve the design or layout of the workplace • Provide adequate training and information. 		

Identified Hazards	Yes No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Mental and physical fatigue and working hours	No	<p>Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers, and on breastfeeding.</p> <p>Because they suffer from increasing tiredness, some pregnant and breastfeeding women may not be able to work irregular or late shifts or night work, or overtime. Working time arrangements (including provisions for rest breaks, their frequency and timing) may affect the health of the pregnant woman and her unborn child, recovery after childbirth, or ability to breastfeed, and may increase the risks of stress and stress related ill health. Due to changes in blood pressure which may occur during and after pregnancy and childbirth, normal patterns of breaks from work may not be adequate for new or expectant mothers</p>	<ul style="list-style-type: none"> ▪ Adjust working hours temporarily, as well as other working conditions, including the timing and frequency of rest breaks. <p>The need for physical rest may increase. As appropriate, allow access to somewhere to sit or lie down comfortably in private and without disturbance.</p>		
Stress	No	<p>Stress is associated in some studies with increased incidence of miscarriage and pregnancy loss, and also with impaired ability to breastfeed. Stress also can contribute to anxiety and depression.</p>	<ul style="list-style-type: none"> ▪ Adjust working conditions and hours ▪ Ensure that necessary understanding, support and recognition is available (consider the return to work). <p>Take account of known organisational stress factors (shift patterns, job insecurity, workloads etc) and the particular medical and personal factors affecting the individual.</p>		

Identified Hazards	Yes No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Chemical agents	Yes	<p>The risks will depend on the way in which the substance is being used as well as on its hazardous properties.</p> <p>Absorption through the skin can result from localised contamination – e.g. a splash on skin or clothing, or in certain cases from exposure to high atmospheric concentrations of vapour</p>	<p>Carry out a COSHH assessment for women who are pregnant, have recently given birth or who are breastfeeding.</p> <p>Prevention of exposure is the top priority. Substitution of harmful agents if possible; if not then control by combination of technical measures, Good Laboratory Practice, and the use of Personal Protective Equipment (the latter only as a last resort and in combination with the other control measures).</p> <p>The worker may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period.</p>	COSHH/risk assessments in place for all protocols and appropriate PPE will be worn	n/a
Carcinogens, mutagens and teratogens.	Yes		<p>Prevention of exposure is the top priority. Substitution of harmful agents if possible; if not then control by combination of technical measures, Good Laboratory Practice, and the use of Personal Protective Equipment (the latter only as a last resort and in combination with the other control measures).</p> <p>The worker may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period.</p>	Stop using carcinogenic reagents (trypan blue)	n/a

Identified Hazards	Yes No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Infectious Diseases Biological agents of hazard groups 2, 3 and 4 e.g. <i>Brucella</i> . <i>Chlamydia</i> , <i>TB</i> . <i>Herpes simplex</i> . <i>Hepatitis virus</i> . <i>HIV</i> . <i>Mumps / measles</i> <i>Parvovirus</i> . <i>Rubella</i> .	No	Following infection with these agents there is potential for abortion or physical and neurological damage to the unborn child. For most workers, the risk of infection is not higher at work than from elsewhere, but in certain occupations exposure to infections is more likely, for example laboratory work, health care, looking after animals (farms and laboratories) or dealing with animal products (e.g. meat processing). Also, elevated risks if in contact with sewage and contaminated water (at the University or on field trips).	Carry out a COSHH assessment for women who are pregnant, have recently given birth or who are breastfeeding. Control measures may include physical containment, hygiene measures, and using vaccines if exposure justifies this. If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.		
Ionising and Non Ionising radiation	No	Significant exposure can harm the foetus (either through external exposure or by breathing in/ ingesting radioactive contamination) and there radioactive liquids or dusts can cause exposure of the child, particularly through contamination of the mother's skin.	Work procedures should be designed to keep exposure below the statutory dose limit for pregnant women. A specific risk assessment is required. Nursing mothers should not work where the risk of contamination is likely.		
Vibration	No	Regular exposure to shocks, low frequency vibration (e.g. driving or riding in off-road vehicles) or excessive movement may increase the risk of miscarriage. (there is no particular risk to breastfeeding workers)	Avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies or where the abdomen is exposed to shocks or jolts.		
Noise	No	Prolonged exposure to loud noise may lead to increased blood pressure and tiredness.	Conform to the Noise at Work Regulations (consult with the SEPS if in doubt).		

Identified Hazards	Yes No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
		<p>If you identify any further hazards or if any of the following apply to the work carried out please contact your departmental safety adviser or SEPS:</p> <p>e.g. Travelling either inside or outside workplace, shocks and vibration, electromagnetic radiation, confined spaces, mercury and mercury derivatives, lead and lead derivatives, carbon monoxide. Further hazards should be detailed below as applicable:</p>			
Hazard		Risk	Controls		Review Date
mercury lamp		lamp could explode	risk assessment has been done and emergency procedures detailed and in place		end Jan
<p>Other aspects of the pregnancy which may be affected by work</p> <p>e.g. exposure to smells affecting nausea, breast discomfort due to increased size and sensitivity (The impact may vary during the course of the pregnancy and you will want to keep their effects under review)</p>					Yes / No
Aspect/work issue		Risk	Controls		Review Date

The persons below should sign to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.		
New/ Expectant Mother's (please print):	New/Expectant Mother's signature:	Date:
Health & Safety Coordinator's (please print): Paul Paterson	Health & Safety Coordinator's signature:	Date:
Line Manager's (please print):	Line Managers signature:	Date:

Please note. Where a significant risk still remains, i.e. the task cannot be avoided/ carried out by someone else or further controls cannot be implemented, you must liaise with local Safety Coordinator, Occupational Health, SEPS and your HR section.

This risk assessment should be held in a confidential personnel file. The employee should keep a copy for their own use and reference.