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| ****Step 1****  **The assessment should be completed first, this will help you to identify any hazards to the pregnant worker or new mother.**  ****Step 2****  **Where you have identified there is a hazard and assessed the risk to the pregnant worker or new mother, enter this onto the risk assessment action plan, where you will then be able to put any control measures in place to eliminate the risk, or reduce it to an acceptable safe level.**  ****Note****  **This assessment is not exhaustive, other issues with the pregnant worker or new mother’s working conditions, or workplace environment may need to be considered.**  **The risk assessment should be reviewed on a regular basis throughout the pregnancy and when a new mother returns to work so that any necessary control measures are put in place.** |

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| **Worker’s name:** |  |
| **Job title:** |  |
| **Service/school:** |  |

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| **Job role description** | | *(outline the role type of the worker, e.g. office worker, field-based worker, community-based worker, or other role type and provide a summary of general work activities undertaken)* | | |
| **Form completed by:** | |  | | |
| **Line manager’s name:** | |  | | |
| **Date form completed:** | |  | | |
| **Review date:** | |  | | |
| **Recommendations made by the Doctor and/or Midwife:** | | | | |
| **1. Display screen equipment (DSE)** | | | **Yes/No** | **Further action required** |
| 1.1 | Does the worker use a computer for prolonged periods of time? | |  |  |
| 1.2 | Is the DSE work equipment/furniture suitable and sufficient for the worker so that they can work in the correct ergonomic sitting position? | |  |  |
| 1.3 | Have DSE risk assessments been completed for the worker for all relevant workplace environments, e.g. office, home, field working? | |  |  |
| **Risk**  Due to increasing size and reduced mobility, dexterity and balance during pregnancy, a pregnant workers workstation or work area, may be an inappropriate size, layout, or have insufficient space for the worker | | | **How to avoid the risk**  DSE assessments should be revised and regularly monitored throughout the pregnancy to avoid problems caused by stress, anxiety and workstation size and set up. | |
| **2. Driving for work** | | | **Yes/No** | **Further action required** |
| 2.1 | Does the worker undertake regular driving as part of their job, such as to make home visits to clients or visiting other workplace establishments? | |  |  |
| **Risk**  Travelling in the course of your work, and to and from the workplace can be problematic for expectant mothers, involving risks including:   * fatigue * vibrations * stress * static posture * discomfort * road traffic collisions * parking – (restrictive access/egress of vehicle as pregnancy increases)   These risks can have a significant effect on the health of new and expectant mothers. | | | **How to avoid the risk**  KCC has travel for work guidance and a driving risk assessment prompt sheet which should be used when risk assessing all staff journeys where a significant risk is identified; this includes the risk associated with pregnancy.  New and expectant mothers should avoid sitting in static postures for prolonged periods. Additionally, as pregnancy progresses space in the car may become increasingly restrictive and uncomfortable for the expectant mother.  Prolonged periods of vibration should also be avoided.  Consider suitable allocated parking space if the pregnant worker has specific medical considerations or is unable to easily get in and out of the vehicle as the pregnancy progresses.  Avoid parking in isolated areas (consider vulnerability from a personal safety point of view) | |
| **3. Lone working** | | | **Yes/No** | **Further action required** |
| 3.1 | Does the worker work alone in the building or out in the community? | |  |  |
| 3.2 | Are control measures in place for lone working? Such as a personal safety alarm, mobile phone, the use of a buddy system? | |  |  |
| **Risk**  Pregnant workers are more likely to need urgent medical attention. | | | **How to avoid the risk**  Avoid lone working if risks cannot be controlled to an acceptable safe level.  Location, frequency and working patterns of lone working should be reassessed as part of the pregnant worker or new mother’s risk assessment.  Plan your walking/driving route in advance.  Do not work in remote locations or areas where there may be difficulty in being able to communicate with someone should there be an emergency.  Avoid parking in remote locations or car parks that are undercover and poorly lit or are deemed to be in a high-risk area.  Ensure that valuable items being carried are not on display. (laptops/mobile phones)  Ensure there is a sufficient system in place to confirm the worker has come to no harm after undertaking a lone working activity. | |
| **4. Manual handling** | | | **Yes/No** | **Further action required** |
| 4.1 | Is the worker expected to carry or move heavy loads? | |  |  |
| 4.2 | Is the worker expected to carry or move children or adults? | |  |  |
| 4.3 | Has the worker received manual handling training and is aware of safe moving and handling techniques? | |  |  |
| 4.4 | Has a moving and handling risk assessment been completed for the worker and has it has considered the use of moving and handling aids to reduce manual handling risks? | |  |  |
| 4.5 | Does the worker experience backache associated with moving and handling activities and poor work postures? | |  |  |
| **Risk**  Expectant mothers are especially at risk from moving and handling injuries.  Hormonal changes can affect the ligaments, increasing susceptibility to injury, and postural problems may increase as the pregnancy progresses.  There can also be risks for those who have recently given birth. For example, after a caesarean section there is likely to be a temporary limitation on moving and handling capability. | | | **How to avoid the risk**  Alter the nature of the task to eliminate or reduce risks from moving and handling. This could be for all workers and should include pregnant workers and new mothers.  You may have to address the needs of the pregnant worker or new mother, specifically reducing the amount of physical work undertaken, or provide mechanical aids to reduce the risks to an acceptable safe level. (e.g. trolley, sack barrow, hoists) etc. | |
| **5. Physical agents** | | | **Yes/No** | **Further action required** |
| 5.1 | Is the worker exposed to whole body vibration e.g. from machinery? | |  |  |
| 5.2 | Is the worker exposed to excessive noise e.g. from noisy machinery? | |  |  |
| 5.3 | Is the worker expected to work in awkward/confined spaces? | |  |  |
| 5.4 | Is the worker exposed to excessive heat? | |  |  |
| 5.5 | Is the worker exposed to excessive cold? | |  |  |
| 5.6 | Does the worker have to sit or stand for long periods of time? | |  |  |
| **Risk**  **Confined spaces** – Working in confined spaces, or at workstations which do not adjust sufficiently to take account of the increased abdominal size, particularly during the later stages of pregnancy. This may lead to sprain or strain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired, and an increased risk of accidents may need to be considered.  **Sitting** – Prolonged sitting during pregnancy poses a relatively high risk of thrombosis or embolism. In the later stages of pregnancy, women are likely to experience backache, which can be intensified if the worker remains in a static position for a prolonged period.  **Standing** – Standing for a prolonged period, may cause dizziness, faintness, and fatigue.  **Extremes of heat and cold** – Expectant mothers that are exposed to prolonged periods in hot environments are at a far greater risk of suffering from heat stress. Breastfeeding may be impaired by heat dehydration.  Working in extreme cold may pose a hazard for expectant mothers and their unborn child. These risks are particularly increased if there are sudden changes in temperature. | | | **How to avoid the risk**  **Confined spaces –** Pregnant workers should avoid working in confined spaces particularly during the later stages of pregnancy.  Introduce or adapt work equipment. Redesign the job content. Redesign the workstation and/or work area.  **Sitting** – Avoid sitting for prolonged periods. Pregnant workers should have the opportunity to alternate between standing and sitting and to exercise/move to maintain healthy circulation. Regular rest breaks should be provided.  **Standing** – Avoid standing for prolonged periods of time.  **Extremes of heat and cold** – Relocation if possible or adjustment to working hours should be investigated. Adequate rest breaks and unrestricted access to drinking water should be provided. The provision of a desk fan may be necessary. New and expectant mothers should drink water before they get thirsty, preferably in small and frequent volumes. | |
| **6. Slips, trips and falls** | | | **Yes/No** | **Further action required** |
| 6.1 | Is the worker’s working environment free from slips trips and fall hazards? | |  |  |
| **Risk**  Major/minor injuries because of slips/trips/falls could cause injury both to mother and baby. | | | **How to avoid the risk**   * ensure there are no loose/trailing cables in working environment * clear any spillages on floor/stairs * awareness of environment, e.g. changes in floor levels and floor surfaces, particularly from wet to dry floors. * avoid walking in poorly lit areas * hold handrails when walking downstairs * wear appropriate footwear * avoid walking in severe weather conditions such as snow/ice * take sensible precautions when using mobile phones, e.g. texting, and walking at the same time * do not obscure vision when carrying objects. | |
| **7. Violence and aggression** | | | **Yes/No** | **Further action required** |
| 7.1 | Is the worker exposed to potentially violent situations from:   * children * adults * members of the public * animals | |  |  |
| **Risk**  If a worker is exposed to the risk of violence at work during pregnancy and receives an injury from physical harm, this could lead to miscarriage, premature delivery and underweight birth and may affect the worker’s ability to breastfeed their child.  Persistent verbal abuse or threats can also have a serious effect on the pregnant worker’s mental health as well as the unborn baby who is more likely to be born early and be small.  Animal attacks arising from an aggressive/unpredictable animal could cause the following:   * a fatal injury * significant injury * minor injury * fear * stress * anxiety | | | **How to avoid the risk**  All face-to-face contact with service users where there is believed to be a significant risk above that identified by the generic risk assessment must be risk assessed.  Change the design of the job, avoid lone working, remove/reduce the face-to-face client contact, reassign difficult cases.  A pregnant worker will need to avoid the risks arising from an aggressive animal when meeting service users face to face in a service user’s home, a community setting, school or any other similar environment.  If you cannot significantly reduce the risk of violence, you should offer the expectant mother or new mother suitable alternative work. | |
| **8. Welfare** | | | **Yes/No** | **Further action required** |
| 8.1 | Is there a rest room or a suitable area for the worker to rest? | |  |  |
| 8.2 | Has the worker received any advice from the doctor or midwife that has any bearing on her role? | |  |  |
| 8.3 | Are there any other specific welfare issues mentioned by worker? | |  |  |
| 8.4 | Is the worker able to take regular breaks? | |  |  |
| 8.5 | Is the worker able to take a comfort break when needed? | |  |  |
| 8.6 | Does the worker suffer from nausea/vomiting or hyperemesis gravidarum (severe vomiting)?  This may be particularly relevant where early morning shifts are worked, though sickness or vomiting can happen at any time of the day or night or where there may be exposure to nauseating smells. | |  |  |
| 8.7 | The worker’s posture is also significant if varicose veins and/or haemorrhoids develop – the latter also being linked with a hot work environment. | |  |  |
| 8.8 | Can pregnant workers and nursing mothers frequently re-hydrate? | |  |  |
| 8.9 | Do nursing mothers have a facility for privately expressing milk? | |  |  |
| 8.10 | Are there suitable facilities for a nursing mother to store their expressed milk whilst at work? | |  |  |
| **Risk**  **Rest facilities** – Tiredness increases during and after pregnancy and may be exacerbated by work related factors.  **Hygiene facilities** – Because of pressure on the bladder and other changes associated with pregnancy, expectant mothers will often have to go to the toilet more frequently and urgently than others. Breastfeeding women may also need to, due to the increased fluid intake to promote breast milk production. | | | **How to avoid the risk**  **Rest facilities** – There must be facilities to sit or lie down in comfort and in privacy. Access to drinking water should also be available.  **Hygiene facilities** – If necessary, measures should be put in place to ensure that the pregnant worker or new mother new can leave their workstations at short notice.  Pregnant workers should familiarise themselves with the locations of suitable toilets facilities when working in an office environment or when working out in the community. | |
| **9. Working at Height** | | | **Yes/No** | **Further action required** |
| 9.1 | Does the worker have to conduct any work that requires them to work from height e.g. putting up displays, ladder use? | |  |  |
| **Risk**  It is hazardous for pregnant workers to work at height, this includes short duration work from ladders, stepladders, or footstools. | | | **How to avoid the risk**  Working at height should be avoided by pregnant workers.  Pregnant workers should do as much work as possible from the ground. Use extendable tools from ground level if you have identified that it is safe to do so. | |
| **10. Stress at work** | | | **Yes/No** | **Further action required** |
| 10.1 | Is the worker exposed to undue pressure? | |  |  |
| 10.2 | Has a management standards risk assessment been carried completed? | |  |  |
| **Risk**  Pregnant workers and new mothers can be particularly vulnerable to occupational stressors for a variety of reasons:   * hormonal, physiological, and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, anxiety, or depression * financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy * it may be difficult to organise work and private life, especially with long, unpredictable, or unsocial working hours or where other family responsibilities are involved.   Stress is associated in some studies with increased incidence of miscarriage and with impaired ability to breastfeed.  Where women have recently suffered loss through stillbirth, miscarriage, adoption at birth, or neonatal death, they will be especially vulnerable to stress, as will women who have experienced serious illness or trauma associated with pregnancy or childbirth. | | | **How to avoid the risk**  The KCC Managing Stress at Work Policy requires all teams to conduct and record a management standards workplace risk assessment. If individuals are experiencing stress, then an individual management standards risk assessment should be completed.  The KCC Managing Stress at Work Policy details initiatives, sources of advice, training, and support systems available to staff.  Protective measures may include adjustments to working conditions or working hours. Ensure that the necessary understanding, support and recognition is available to the pregnant worker during her confinement and when she returns to work, whilst ensuring that her privacy is also respected. | |
| **11. Biological** | | | **Yes/No** | **Further action required** |
| 11.1 | Is the worker exposed to any infectious diseases particularly the following:   * swine flu * coronavirus disease (covid 19) * rubella (measles)chickenpox * shingles * slapped cheek disease * chlamydia psittaci (from lambs)   other (specify).  For more information on infectious diseases refer to the UK Health Security Agency (formally Public Health England) guidance: Managing specific infectious diseases: A to Z which can be found on [www.gov.uk](http://www.gov.uk) | |  |  |
| 11.2 | Is the worker exposed to any bodily fluids? | |  |  |
| **Risk**  The level of risk will depend on the type of work conducted, the infectious disease the worker is exposed to and the control measures in place. There will be an increased risk of exposure to staff who have contact with:   * human blood and body fluids * infected animals including parrots, turkeys, pigeons, ducks, cats, rodents, and sheep as well as household pets. * laboratory cultures * water or food contaminated by human or animal faeces * first aid duties.   Usually during pregnancy, women are no more likely to catch an infection than at other times, however in some cases, the infection may be more severe in pregnancy. It is important to remember that if the mother does become infected, some infections may be dangerous for the unborn child. | | | **How to avoid the risk**  When assessing the infection risks to all staff the following should be considered:   * the types of infection likely to be transmitted at work * the possible sources of infection * the likelihood of a source of infection i.e. a pet or service user who is infected and presents a risk * the number of various sources of infection that staff may encounter, and how often it may occur * the control measures already in place to protect including PPE * the medical history of the worker * the history of previous infection or immunisation * the need for suitable information, instruction and training for workers which may help them to prevent or reduce the risk from infection.   Guidance on infections that are known to present a risk to the foetus and new-born baby are detailed in the HSE publication ‘Infection Risks to new and expectant mothers in the workplace’. [www.hse.gov.uk](http://www.hse.gov.uk) | |
| **12. Chemical agents** | | | **Yes/No** | **Further action required** |
| 12.3 | Is the worker exposed to any chemical agents? (Check COSHH risk assessments and Safety Data Sheets) | |  |  |
| 12.4 | Is the worker exposed to cigarette or vaping smoke? | |  |  |
| 12.5 | Is the worker exposed to Ionising Radiation? (Work procedures should be designed to keep exposure of the expectant mother as low as reasonably practicable and certainly below the statutory dose limit for expectant mothers). | |  |  |
| **Risk**  **Hazardous substances** – Some substances are classified with the following warnings: - R61 may cause harm to the unborn child, R63 risk of harm to the unborn child and R64 may cause harm to breastfed babies. However, the actual risk to health of these substances is determined by how they are used in the workplace.  **Ionising radiation** –Significant exposure to ionising radiation can be harmful to the foetus. There may also be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother and transferred across the placenta. If nursing mothers work with radioactive liquids or dusts, these can cause exposure to the child, particularly through contamination of the mother’s skin.  **Smoking and E-Cigarette Policy**  KCC operates a no smoking policy, whereby smoking and the use of e-cigarettes or vaping is not allowed in any of our buildings or establishments for the health, safety and well-being of our staff and visitors. | | | **How to avoid the risk**  **Hazardous substances** – All hazardous substances should have a COSHH risk assessment in place which identifies the hazards and precautions that must be taken when using the chemical and staff must be familiar with its content. Assess whether the pregnant worker or the new mother should avoid using any hazardous substances.  COSHH data sheets should be supplied by the company supplying the product. Refer to all sections within the data sheet which will outline the details of all safety considerations for the chemical.  **Ionising radiation** –Safe working practices should be designed to keep exposure of the pregnant worker or new mother as low as is reasonably practicable, and certainly below the statutory dose limit for pregnant women.  Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination. They should not work in areas where the risk of contamination is high and therefore alternative work should be arranged. | |
| **13. Any other issues** | | | **Yes/No** | **Further action required** |
| 13.1 | Increasing size may present problems: consider personal protective clothing (PPE) and uniforms that may be worn by workers. | |  |  |
| 13.2 | Dexterity, agility, co-ordination, speed of movement and reach may all be impaired due to increasing size. | |  |  |

Further guidance and information to help you complete an expectant mother risk assessment can be obtained from the following sites:

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| KNET/KELSI: | The following free leaflets can be downloaded from the HSE website: [www.hse.gov.uk](http://www.hse.gov.uk) |
| * Accident/Incident Reporting guidance * Blood Bourne Viruses - Principles of Infection Control * HSS 015 Biological Hazards; Needles, Sharps and Syringes Standard * Universal precautions and hand hygiene * HSP 039 Animals at Work XL Bully procedure * HS200 Risk Assessment template - Generic 5 Steps * HS201 Risk Assessment template – COSHH * HS203 Risk Assessment template - Manual Handling of Inanimate Objects * HS204 Risk Assessment template - Movement and Handling of Persons * HS205 Risk Assessment template - Lone Working and Personal Safety * HS206 Risk Assessment template - Working at Height * HS207 Risk Assessment - Pregnant Workers and New Mothers * HS208 Risk Assessment template - Working at Home * HS212 Risk Assessment template - Young and Vulnerable Person/s * HS214 Display Screen Workstation Assessment form * HS299 Risk Assessment template - Dangerous Substances and Explosives Atmosphere * HSS 012 Personal emergency evacuation plan standard * HSS 012 Personal emergency evacuation plan forms procedure * HS310 PEEP - Generic Non-Specific * HS310e PEEP - Generic Non-Specific PEEP Example * HS311 PEEP – Mobility impaired persons * HS312 PEEP – Visually impaired persons * HS313 PEEP – Children and young people * Lone Working and Personal Safety guidance * Managing Noise at Work guidance * Manual Handling guidance and Frequently Asked Questions * Manual Handling policy and procedures * Managing Stress at Work policy * Personal Protective Equipment Guidance * Checklist for PPE * Preventing Slips/Trips/Falls in the Workplace guidance * Temperatures at Work guidance * Travelling for Work guidance * Travelling for Work Risk Assessment Prompt Sheet * Working Safely in Confined Spaces * Working Safely with Hazardous Substances | * COSHH – A brief guide to COSHH INDG136Confined spaces – INDG258 * Electrical safety and you – a brief guide INDG231 * Hand-arm vibration at work – a brief guide INDG175 * Infection risks to new and expectant mothers in the workplace * Manual handling at work – a brief guide INDG143 * Noise at work – a brief guide to controlling the risks INDG362 * Preventing slips and trips at work – a brief guide INDG22 * Workplace health, safety and welfare – a short guide for managers INDG244 * Working at height – a brief guide INDG401 * Working with display screen equipment (DSE) INDG36 * Working safely with ionising radiation – guidelines for expectant or breastfeeding mothers INDG334 |

If a risk has been identified against any of the above topics, the manager must indicate what action has been implemented to either remove the hazard or reduce the risk from the hazard to an acceptable safe level. All actions must be recorded in the Pregnant worker and new mother’s risk assessment action plan which is at the end of this document.

Pregnant worker and new mother’s risk assessment action plan

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| --- | --- | --- | --- | --- |
| **Worker’s name:** | | | **Establishment:** | |
| **Line manager’s name:** | | | **Form completed by:** | |
| **Date completed:** | | | **Review date:** | |
| **Source of hazard** | **What control measures are**  **in place now** | Further action required and by whom  (include reference to other assessments if applicable) | | **Date action completed** |
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