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| **HSP15 New and Expectant Mothers**  **Appendix 1** |  |

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# RISK ASSESSMENT FOR NEW AND EXPECTANT MOTHERS AT WORK

To be conducted by the Line Manager (Assistance may be given by the local Health and Safety Representative)

This assessment was conducted at **[number]** weeks of pregnancy

[ *Name* ] has carried out a DSE (Display Screen Equipment) self assessment This will be re-assessed at regular intervals whilst she is pregnant.

[ *Name*] must also notify the local (office) Health & Safety Representative if she feels particularly uncomfortable whilst working so another assessment can be carried out, and any changes to her working environment / position can be addressed.

As [*Name*] works in an office environment, she will not come into contact nor will she work with any chemicals that are used on a day to day basis on the site, this will also apply to any biological agents that may be used in the production process.

[*Name*] may, during the course of her working day, need to use the photocopier, this should be kept to a minimum due to odours that may be given off by the copier during its normal operation and could become unsettling.

[*Name*] will be made aware of STFs (Slips, Trips and Falls) hazards around the office environment, this would include stairways, accessing and leaving the site, and extra care should be taken when she is moving around the office block.

**NOTE – Once complete**

1. Copy of completed form to be retained by individual.

2. Copy of completed form to be forwarded to line manager

3. Copy of completed form to be forwarded to HR for inclusion in personal file

4. Copy of completed form to be forwarded to Health and Safety Advisor (marked as ‘Confidential’)

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# RISK ASSESSMENT FOR [NAME]

#### PHYSICAL AGENTS

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **YES** | **NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Is there any exposure to shocks, vibration or movement? |  |  |
| 2 | Is there any manual handling involved which might introduce a risk of injury? (e.g. lifting & carrying) |  |  |
| 3 | Will there be exposure to high noise levels? |  |  |
| 4 | Is there any exposure to ionising radiation (X-rays etc)? |  |  |
| 5 | Is there any exposure to non-ionising electro magnetic radiation? |  |  |
| 6 | Is there any exposure to extremes of temperature? |  |  |
| 7 | Does the movement or posture involved in the work pose a risk (e.g. prolonged seating, standing)? |  |  |
| 8 | Does your work involve repetitive bending and stretching? |  |  |
| 9 | Are there slippery, wet conditions, which could pose a risk? |  |  |
| 10 | Is there any risk of physical violence? |  |  |
| 11 | Are you exposed to nauseating smells? |  |  |
| 12 | Are you required to wear PPE? |  |  |

#### WORKING CONDITIONS

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Is there a requirement to do night work? |  |  |
| 2 | Is there requirement to do shift work? |  |  |
| 3 | Do you work for long periods without a break? |  |  |
| 4 | Do you work with DSE (Display Screen Equipment)? |  |  |
| 5 | Does your job require you to drive? |  |  |
| 6 | Are you required to wear PPE? (Personal Protective Equipment) |  |  |
| 7 | Are you a lone worker? |  |  |
| 8 | Are you exposed to cigarette smoke? |  |  |
| 9 | Are you required to work at heights? |  |  |
| 10 | Are adequate facilities available to you i.e. rest room, area to lie down? |  |  |

#### MISCELLANEOUS

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Work Related Anxiety / Stress |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

If you answer YES to any of above – explain hazard control in ‘**Hazards Identified**’ (page 3) and give ‘**Recommendations**’ (page 4)

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#### PHYSIOLOGICAL ASPECTS

There are certain physiological conditions which occur during pregnancy or when nursing babies which should be taken into account. These include:-

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| Morning sickness which may be relevant where early morning shifts are worked, or where there may be exposure to nauseating smells; |
| Backache, which may be associated with manual handling activities and poor work posture; |
| Posture is also significant if varicose veins, deep vein thrombosis and / or haemorrhoids develop – the latter also being linked to a hot work environment; |
| Frequent visits to toilet may be difficult if it is not always possible to leave the job / site of work; |
| Increasing size may present problems in the ergonomic set up of workstation, working in confined spaces and with manual handling; |
| Dexterity, agility, co-ordination, speed of movement and reach may all be impaired due to increasing size. |
| The need for rehydration for nursing mothers. |
| The need for privacy when expressing milk for nursing mothers. |

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| **HAZARDS IDENTIFIED**:  **NOTE:** If it is not possible to significantly reduce or eliminate the risk, has the woman been offered suitable alternative work? |

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| **RECOMMENDATIONS**:  Consideration of ‘buddy’ during emergency evacuation – later in pregnancy.  A review will be conducted at [number] weeks of pregnancy |

NAME OF ASSESSOR………………………………… DATE……………………….

JOB TITLE……………………………………SIGNATURE……………………………………

I have been taken through this Risk Assessment and fully understand its contents.

I have been directed to INDG373 “A Guide to New and Expectant Mothers” on the HSE Website.

NAME…………………………………………….

SIGNATURE……………………………………..

DATE………………………………