**EXPECTANT AND NEW MOTHERS RISK ASSESSMENT**

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| --- | --- | --- | --- |
| **Name of Employee** |  | **Base** |  |
| **Job Title** |  | **Age** |  |
| **Hours Worked** |  | **Expected Date of Confinement** |  |

This assessment must be reviewed regularly (usually monthly) throughout pregnancy or when the nature of the work changes or there has been a further appreciation of hazards and risks. If the assessment shows a change of circumstance, a new assessment form must be completed.

The checklist on the form is not exhaustive and managers should add any other significant factors as necessary.

Where reasonably practicable, any significant work risks likely to affect the health and safety of new and expectant mothers must be either eliminated from the workplace or adequately controlled.

**What is the risk?**

| **Do You:** | **Yes** | **IMPACT ✓** | | | **Action To Be taken** |
| --- | --- | --- | --- | --- | --- |
| **✓** | **Low** | **Med** | **High** |
| Does the role involve lifting, pushing or carrying heavy objects? |  |  |  |  |  |
| Does the role involve standing or sitting for long periods of time? |  |  |  |  |  |
| Does the role involve a lot of walking? |  |  |  |  |  |
| Are you required to use stairs frequently? |  |  |  |  |  |
| Are you required to be in busy areas at peak times? |  |  |  |  |  |
| Does the role involve driving a vehicle for work? |  |  |  |  |  |
| Are you required to work at height? |  |  |  |  |  |
| Does the role involve accessing areas with limited space? |  |  |  |  |  |
| Does the role involve significant exposure to loud noise? |  |  |  |  |  |
| Is your role predominantly working outdoors? |  |  |  |  |  |
| Do you anticipate any tasks become more hazardous as the body changes? |  |  |  |  |  |
| Are you able to leave the building within the required timescales of a fire evacuation? |  |  |  |  |  |
| Do you need any support? Do you usually have a role in fire drills? |  |  |  |  |  |
| Does your role involve the use of chemicals / hazardous substances? |  |  |  |  |  |
| If so, do these substances pose any risks to you whilst pregnant or breastfeeding? *See COSHH assessments / material safety data sheets or seek advice from the health and safety manager if you are unsure*  *Please note if ‘yes’ is ticked then your Manager will discuss the need to immediately temporarily redeploy you to an area where there is no risk.* |  |  |  |  |  |
| Do you wear protective clothing in your role? |  |  |  |  |  |
| If so, is this likely to present a problem as pregnancy develops? |  |  |  |  |  |
| Are you a DSE user (use a computer for an hour or more daily)? |  |  |  |  |  |
| If yes, has your DSE workstation assessment been completed or reviewed? |  |  |  |  |  |
| Is there adequate room for you to get into and out of the workstation? |  |  |  |  |  |
| Will there be enough room as the pregnancy develops? |  |  |  |  |  |
| Do you have an adjustable seat with a backrest? |  |  |  |  |  |
| Do you require a footrest? |  |  |  |  |  |
| Does the role involve shift work? |  |  |  |  |  |
| Does the role generally involve working long hours? |  |  |  |  |  |
| Are you able to adapt your hours of work if required? |  |  |  |  |  |
| Does the role involve unpredictable working hours? |  |  |  |  |  |
| Do you consider the work to be significantly stressful? |  |  |  |  |  |
| Does any part of the job involve dealing with the public? |  |  |  |  |  |
| Does the role involve dealing with emergencies? |  |  |  |  |  |
| Does the work involve lone working? |  |  |  |  |  |
| Are there are risks of violence generally in the workplace? |  |  |  |  |  |
| Is there a perceived risk of violence or threat of violence/abuse within your role? |  |  |  |  |  |
| If yes to be the above, can your role be modified? |  |  |  |  |  |
| Do you have the appropriate means to contact colleagues in an emergency? |  |  |  |  |  |
| Are you able to access toilet facilities easily and when needed? |  |  |  |  |  |
| Are rest facilities adequate? |  |  |  |  |  |
| Can you take rest breaks when needed? |  |  |  |  |  |
| Do you have access to a quiet area where you can rest as necessary? |  |  |  |  |  |
| Is dust or of air pollution / contamination an issue? |  |  |  |  |  |
| Do you have the means to control the temperature within your usual work setting? |  |  |  |  |  |

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| **Breastfeeding & Nursing Mothers Only:** | **Details** |
| Have use of a private comfortable room (not a toilet) |  |
| Have somewhere to wash your hands |  |
| Have somewhere to store expressed milk |  |
| Take breaks at regular intervals |  |

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| **Summary of additional control measures or actions to address the hazards identified above for new and expectant mothers** | | |
| **Action/control measure** | **Date to be carried out** | **Person responsible** |
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| **Following assessment, Manager to complete the following:** | **Details** |
| Is alternative work recommended? |  |
| Is paid leave recommended? |  |
| Is referral to Occupational Health necessary? |  |

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| --- | --- | --- |
|  | **Initial Assessment Completed** | **Assessment Review Complete** |
| **Date** |  |  |
| **Managers Name** |  |  |
| **Manager’s Signature** |  |  |
| **Employee’s Name** |  |  |
| **Employee’s Signature** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRIMESTER REVIEW** | **1st Review** | **2nd Review** | **3rd Review** |
| **Date Carried Out:** |  |  |  |
| **Completed By:** |  |  |  |
| **Name** |  |  |  |
| **Signature** |  |  |  |

**This risk assessment should be kept under regular review and revisited in the event of the employee’s personal circumstances or work environment changing.**

**Please send completed form to** [**hr@reachsouth.org**](mailto:hr@reachsouth.org)