PREGNANCY RISK ASSESSMENT

The risk assessment should be completed by the line manager/ academic supervisor for the member of staff/ postgraduate who is pregnant, given birth within the last 6 months or who is breastfeeding.

The risk assessment should be completed together with the member of staff/ postgraduate, using the guidance in the Pregnant Person & New Parent Policy Arrangements.

If you require support or further assistance in completing the documentation you should contact the relevant member of the [H&S Services Team](http://www.swansea.ac.uk/healthsafety/contactus/) who can provide you with support and assistance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Status:**  | Staff [ ]  Postgraduate [ ]  |
| **Staff ID:** |  | **College/PSU:** |  |
| **Work location:*****(Building/ Floor/ Room number):*** |  | **Dept:** |  |
| **(Estimated) date of confinement:** |  | **Date of Assessment:** |  |
| **Line Manager/ Academic Supervisor:** |  | **College H&S Lead/ PSU H&S Advisor** |  |
|  | **Please tick** |  | **Initial Assessment** | **Assessment Review 1** | **Assessment Review 2** | **Assessment Review 3** | **Assessment Review 4** |
| Is the individual pregnant  |[ ]   |[ ] [ ] [ ] [ ] [ ]
| Have they given birth within previous six months |[ ]   |  |  |  |  |  |
| Are they breastfeeding |[ ]   |  |  |  |  |  |

| **HAZARD** | **RISK** | **Additional control measures / Work adjustments required**  | **Action by & Complete date**  |
| --- | --- | --- | --- |
|  | **YES** | **NO** |  |  |
| **Movement and postures** * Does the role involve standing or sitting for long periods e.g. 2 hrs or more without a break?
* Can equipment and workstations be adjusted to suit the individual’s needs?
* Are there space restrictions, which could be problematic as the pregnancy progresses?
 |[ ] [ ]   |  |
| **Manual handling** Does the role involve:* Heavy or repeated lifting
* Stretching/ reaching
 | * Repetitive twisting
* Lifting and carrying loads
 |[ ] [ ]   |  |
| **Shocks, jolts and vibration** * Is the individual exposed to whole body vibration? e.g. ride on mower
* Does the individual operate vibrating equipment (hand arm vibration)?
* Is there a risk of the individual being jolted or shocks to the body?
 |[ ] [ ]   |  |
| **Noise*** Does the individual work in a hearing protection zone?
* Is the individual regularly subjected to noise in the workplace in excess of 80dB(A) or 135dB(C)?
* Does the individual work in an area that is noisy, but where hearing protection is not required? e.g. nuisance or distracting noise.
 |[ ] [ ]   |  |
| **Ionising Radiation** * Does the individual work with ionising radiation?
* Has the radiation risk assessment for the activity been checked to identify control measures for pregnant people/ breastfeeding individuals?
 |[ ] [ ]   |  |
| **Electro-magnetic frequencies (EMF)*** Does the individual work with any sources of EMF that pose a risk to pregnant people or that may exceed the ELVs and/ or the indirect-effect ALs?
* Is a specific risk assessment required for pregnant people?
 |[ ] [ ]   |  |
| **Hyperbaric atmospheres*** Does the role involve working in a hyperbaric environment e.g. diving or work in compressed air?
* Has the individual returned to work following pregnancy?
 |[ ] [ ]   |  |
| **Confined spaces*** Does the role involve work in confined spaces?
* Is there work in hypoxic confined spaces?
 |[ ] [ ]   |  |
| **Biological agents/ Genetically modified organisms*** Does the role involve work with biological agents/ genetically modified organisms including any of those identified in the guidance document & appendix 1
 |[ ] [ ]   |  |
| **Chemicals*** Does the role involve working with/ or within an area where any chemicals that may be hazardous to the unborn child or to new babies via breastfeeding?
 |[ ] [ ]   |  |
| **Mercury/ mercury derivatives*** Does the role involve working with mercury/ mercury derivatives or within an area where they are used?
 |[ ] [ ]   |  |
| **Chemical agents of known and dangerous percutaneous absorption*** Does the role involve working with any chemical agents of known and dangerous percutaneous absorption or within an area where they are being used?
 |[ ] [ ]   |  |
| **Pesticides*** Does the individual undertake any work activity using pesticides?
 |[ ] [ ]   |  |
| **Cytotoxic drugs*** Does the individual undertake any work using or handling cytotoxic drugs?
 |[ ] [ ]   |  |
| **Lead and lead derivatives*** Does the individual undertake any work using or handling lead?
 |[ ] [ ]   |  |
| **Carbon Monoxide*** Does the individual undertake any work where exposure to carbon monoxide is possible?
 |[ ] [ ]   |  |
| **Working at height*** Does the individual work at height at all e.g. ladders, mobile platforms?
 |[ ] [ ]   |  |
| **Extremes of cold or heat*** Is any work undertaken which may expose the individual to prolonged heat or extreme cold?
 |[ ] [ ]   |  |
| **Travel*** Does the individual drive for work purposes?
* Are the journeys long or does driving make up most of their working day?
* Do they fly or travel abroad for work purposes?
 |[ ] [ ]   |  |
| **Lone working** * Does the individual work alone for periods of time, out of normal office hours or in high risk areas?
 |[ ] [ ]   |  |
| **Welfare Facilities*** Is there easy access toilet facilities?
* Is there access to appropriate rest facilities?
 |[ ] [ ]   |  |
| **Mental and physical fatigue**Does the work undertaken involve: |[ ] [ ]   |  |
| * Long working hours
* Shift work
 | * Night work
* Regular overtime
 |  |  |  |  |
| **Stress*** Does the individual have control over the pace and demands associated with their work e.g. workload, deadlines?
* Are there tasks that are demanding both mentally and physically?
* Is there a requirement to deal with difficult situations, for example, dealing with complaints from clients/ customers?
 |[ ] [ ]   |  |
| **Violence** * Is there a risk of violence associated with the work?
* Has the risk assessment been reviewed to taken into consideration any additional control measures required?
 |[ ] [ ]   |  |
| **Passive smoking** |[ ] [ ]   |  |
| **PPE*** Do risk assessments for work activities specify the requirement to wear PPE?
* Does RPE need to be worn as part of the role?
* Are lab coats worn?
 |[ ] [ ]   |  |
| **Strong/ nauseating smells*** Are there any strong nauseating smells?
 |[ ] [ ]   |  |
| **Nutrition** * Can the individual take regular breaks, access drinking water as required?
 |[ ] [ ]   |  |

**Line Manager/ Academic Supervisor**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral to OH required: No [ ]  Yes [ ]

Date referral made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pregnant person/ New Parent**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_