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##### Initial Risk Assessment – New & Expectant Mothers

Name of Pregnant employee/new parent ………………………………….

Assignment No …………………

Job Title……………………….. Ward/Department………………………….

Expectant Date of Childbirth ……………………………….

**Brief description of job role:**

|  |  |  |  |
| --- | --- | --- | --- |
| Pregnancy Health and Safety Checklist | | | |
| **1.** | Physical Job Demands | Y | N |
|  | Does the work involve: - |  |  |
|  | * Lifting or pushing of heavy objects, eg lifting boxes? * How Frequently? |  |  |
|  | * Driving * For how long? How Frequently? |  |  |
|  | * Standing or squatting for long periods? * How Long? |  |  |
|  | * A lot of walking? * How Much? |  |  |
|  | * Working at height or climbing steep steps? * How High etc? |  |  |
|  | * The need to access areas with limited space, eg store rooms? * Which Area? |  |  |
|  | Will any tasks become more hazardous to the worker as the pregnancy progresses?  Which Tasks? |  |  |
|  | Does the role involve shift work?  Which Shifts? |  |  |
|  | If so, does it involve working at night or into the night?  Please states Time/s of Shift |  |  |
|  | Comments: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | **Specific Hazards** | Y | N |
|  | Does any part of the job involve the use of chemicals, or potential exposure to biological agents?  Please state which chemicals |  |  |
|  | If so, are there any risks to the worker whilst she is pregnant or nursing?  Risk Identified |  |  |
|  | Is there any exposure to vibration, eg through the use of handtools?  How long is the exposure? |  |  |
|  | Does the worker need to wear personal protective clothing?  Please state what clothing? |  |  |
|  | If so, will this present a problem as the pregnancy develops?  State Problem |  |  |
|  | Comments: |  |  |
| **3.** | **Working Conditions - general** | Y | N |
|  | Does the work involve lone working or working in remote locations?  Please give details |  |  |
|  | Does the role involve any home working? |  |  |
|  | Will the person have problems accessing toilet facilities?  Give details |  |  |
|  | Are there any restrictions on when the person can access the toilets?  Reason for restriction |  |  |
|  | Are there restrictions on when the person can take a rest break when needed?  Reason for restriction |  |  |
|  | Is the pace of work out of the employee’s control?  Reason |  |  |
|  | Are there any risks of violence at work?  Comment Potential problems with CAMHs patients |  |  |
|  | Does any part of the job involve dealing with members of the public? |  |  |
|  | If so, does it involve dealing with distressed or disturbed people?  Comment |  |  |
|  | Does the role involve: - |  |  |
|  | - Contact with young children or sick people? |  |  |
|  | - Unpredictable working hours? |  |  |
|  | - Dealing with emergencies? |  |  |
|  | Are there any obstacles in corridors or offices that could cause problems for pregnant women, eg in the event of a fire evacuation? |  |  |
|  | Is there any other form of indoor air pollution, eg diesel fumes?  Give Details |  |  |
|  | Does the employee work in any areas were the temperature is not reasonable?  Details |  |  |
|  | If the employee uses a workstation has a workstation risk assessment been done? |  |  |
|  | Will workspace be a problem as the pregnancy develops? |  |  |
|  | Does the worker have an adjustable seat, eg with a backrest? |  |  |
|  | Comments: |  |  |
| **4.** | **Mental Job Demands** | Y | N |
|  | Does the job involve meeting challenging deadlines? |  |  |
|  | Does the role involve rapidly changing priorities and demands? |  |  |
|  | Does the role require a high degree of concentration? |  |  |
|  | Comments: |  |  |

**Summary of Comments and Recommendations**:

**Control Measures/**

**Actions Required**

This checklist has been completed to the best of my knowledge.

Note: This checklist is to be retained on file for at least three years.

1. If there are any doubts please contact the Trusts:-

Health and safety advisor on 1258 or Occupational Health on 1985

2. This sheet should be retained by the individual’s manager. A copy of the completed sheet should be given to the new/expectant mothers.

Signature

Name of employee ……………………………… Signature of Employee …………………………….

Date……………………………………….

Risk Assessor Name ..………………….. Risk Assessor Signature ………….……………..

Date ……………………………………… Date of Next Review ……..………………………

cc:

Employment Services Team

Jubilee Court

Waterside Park

St Helens

Merseyside

WA9 1TT

**Send by Email to: Employment.service@sthk.nhs.uk**

**Review Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hazards** | **Nature of Risk** | **Control Measures / Actions** |
| 1 Physical Demands of the Job |  |  |  |
| 1. Specific Hazards |  |  |  |
| 1. Working Conditions General |  |  |  |
| 1. Mental Job Demands |  |  |  |

Name of employee ……………………………… Signature of Employee …………………………….

Date……………………………………….

Risk Assessor Name … ……………………. Risk Assessor Signature ………………………

Date ……………………………………… Date of Next Review ……………………………

cc:

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