UNIVERSITY OF CAMBRIDGE

Employee's name: **Job title:**

Department: **Line manager's name:**

Expected date of delivery or of childbirth: **Person conducting risk assessment:**

Date:

Hazard(s)	**Risk Yes / No**	**Discussion prompts / existing control review** - **<u>Please note – not all issues may apply</u>**	**Comments / action to be taken**
Physical			
Movements and postures		Standing or sitting for long periods of time should be avoided especially as the pregnancy progresses. Change the work pattern where appropriate to more frequently alternate periods of standing / sitting.	
Manual handling		A manual handling risk assessment should already be in place. This must be re-assessed immediately and regularly thereafter as the pregnancy progresses. Lifting operations which present a significant risk of injury must be avoided.	
Shocks and vibration		Pregnant employees and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen is exposed to shocks or jolts.	

Noise		The requirements of the Noise at Work Regulations 2005 should be sufficient to meet the needs of new or expectant workers, so no additional action should be needed.	
Work at height		A suitable risk assessment should already be in place. Fall arrest systems will not be suitable for use by pregnant workers. In most cases work at height should be completely avoided.	
Radiation (Ionising and non- ionising) Electromagnetic fields		A specific risk assessment is required for staff working with radiation. For most work with ionising radiation, no additional precautions or exclusions will be required during pregnancy. However the prior risk assessment should take into account pregnancy even if not currently relevant. If the situation arises further advice should be sought from the University Radiation Protection Adviser (RPA) – contact Safety Office. An accident which results in intake of radioactive materials by the worker may lead to foetal intake. In the event of suspected intake by the worker, RPA advice must be sought immediately. Exposure to electric and magnetic fields should not exceed statutory exposure limits. There is no evidence of detrimental effects to the embryo or foetus if working within exposure limit values, but in the event of pregnancy being declared, the risk assessment must be reviewed and any concerns discussed.	
Biological			
Any biological agent of hazard groups 2, 3, and 4		A risk assessment of the work with biological agents, tissues or materials that may harbour such agents should already be in place which should include information as to whether the agent is considered to be a mutagen or toxic to reproduction. This should	

Any biological agent known to cause abortion of the unborn child, or physical and neurological damage. These agents are included in hazard groups 2, 3 and 4.		be re-assessed immediately and regularly thereafter as the pregnancy progresses. If there is a known high risk of exposure to a highly infectious agent, including those that are known to cause foetal loss, then it will be appropriate for the pregnant worker to avoid exposure altogether. Further advice can be sought from the Biological Safety Adviser and /or Occupational Health	
Chemical			
Working with hazardous substances including: Carcinogens (H351/ H350/ H350i) Teratogens (H360D/ H360FD/ H361D/ H361FD / H362 / H371) Mutagens (H340) Mercury and its compounds		A COSHH (chemical safety) risk assessment should already be in place which should include information as to whether the agent is considered to be a teratogen or mutagen. This should be re-assessed immediately and regularly thereafter as the pregnancy progresses. If the harmful agent cannot be substituted or the exposure adequately controlled then it will be appropriate for the pregnant worker to avoid exposure altogether. Further advice can be sought from the Chemical Safety Adviser, or Occupational Health	

Pesticides			
Antimitotic (cytotoxic) drugs (that inhibit cell division)		A safe level of exposure cannot be determined for these drugs, so exposure should be avoided or reduced to as low as is reasonably practicable. When assessing the risk, consider preparation of the drug for use, storage, administration of the drug and disposal of waste (chemical and human) When preparing the drug solutions, minimise exposure by using protective garments, equipment and good working practices. A pregnant worker should not prepare antineoplastic drug solutions, and should be transferred to another job.	
Carbon Monoxide		The best preventative measure is to eliminate the hazard by changing processes or equipment. Where prevention is not possible, consider technical measures, in combination with good working practices, the use of personal protective equipment (PPE) and a buddying system when the pregnant worker is considered to be more at risk.	
Working conditions			
Rest and welfare		Provide facilities to sit or lie down in comfort and privacy. Drinking water should also be readily available. Adopt appropriate measures to enable expectant and nursing workers to leave their workstation or activity at short notice more frequently than normal to go to the toilet.	

		Ensure there is a suitable toilet near the work area. If car parking facilities are distant, it may be appropriate to allocate a parking space closer to the pregnant workers place of work if they are unable to walk far in the later stages of pregnancy, or due to complications.	
Mental and physical fatigue and working hours		Consideration should be given to the whether the role involves shift work, night work or long hours. Consideration to temporary adjustments to working hours as well as other working conditions, including timing and frequency of rest breaks may be required.	
Occupational stress		Complete the University Stress individual stress risk tool – which can be found at http://www.oh.admin.cam.ac.uk/oh-forms/individual-stress-risk- assessment-ohf28 Protective measures may include adjustments to working conditions or working hours, and ensuring that the necessary understanding, support and recognition is available when the worker returns to work, while their privacy is also protected.	
Temperature extremes		Exposure to extremely hot and cold environments should be kept to a minimum. Adequate rest and refreshment breaks should be provided alongside unrestricted access to drinking water.	
Work with display screen equipment		A DSE assessment should already be in place. This should be re-assessed immediately and regularly thereafter as the pregnancy	

(DSE)		progresses. Check size, layout or space in relation to the workstation or work area due to increasing size and reduced mobility, dexterity and balance during pregnancy	
Working alone		A lone working risk assessment should already be in place. This should be re-assessed immediately and regularly thereafter as the pregnancy progresses. Changes to the work role may be required.	
Travelling		Consider risks associated with fatigue, stress, static postures, discomfort and accidents. Driving - ensure that seating is appropriate and that there is the opportunity for adequate rest breaks. Overseas travel - it may be necessary to postpone some trips or reassign to another worker, particularly when the destination poses additional risks to pregnant workers or lacks good medical facilities. Contact Occupational Health for specific advice.	
Violence and aggression		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 reviewed. Consider avoiding lone working, removing face to face client	

		contact and / or reassigning difficult cases.	
Protective clothing		Increasing size may present problems; consider PPE and uniforms.	

Additional information: identify any additional information relevant to the work including special emergency procedures, requirement for health surveillance etc.

Dates for next review:		
Signatures:	Line Manager / supervisor	Employee

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Returning to work and breastfeeding			
Hazard(s)	**Risk Yes / No**	**Discussion prompts / existing control review <u>Please note – not all issues apply to all new parents</u>**	**Comments / action to be taken**
Continuing to breastfeed?		Provide suitable rest facilities such as a private healthy and safe environment to express and store milk. Toilets are not acceptable for this. Secure clean fridge in which to store the milk, work breaks at the appropriate times, or flexibility of start and finish times while breastfeeding should be considered.	
Post-delivery – caesarean section		A manual handling risk assessment should already be in place and must be reviewed if the job involves regular manual handling. Adjustments to workstation may also be required to provide additional back support.	
Postnatal depression		Advice and support can be sought from Occupational Health and the University Counselling Service.	

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Does the work result in exposure to chemicals with risk factor phase H362 (may cause harm to the breast-fed baby)		A COSHH assessment should already be in place. If the harmful agent cannot be substituted or the exposure adequately controlled then it will be appropriate for the breast feeding worker to avoid exposure altogether. Further advice can be sought from the Chemical Safety Adviser, or Occupational Health	

Additional information: identify any additional information relevant to the work including special emergency procedures, requirement for health surveillance etc.

Dates for next review:		
Signatures:	Line Manager / supervisor	Employee