**MATERNITY RISK ASSESSMENT**

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| **Name** |  |
| **Department/Service/SDU** |  |
| **Job Title** |  |
| **Location** |  |
| **Date of Assessment** |  |
| **Expected date of Maternity Leave** |  |
| **Hours of Work** |  |
| **Working Pattern** |  |

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| **Risk Assessment Checklist** | **Yes**  **✓** | **No**  **✓** |
| The employee has had a discussion with their Line Manager about their pregnancy and their work and how they best "fit" together |  |  |
| The employee was made aware of the hazards that are present when entering and leaving the workplace e.g. Ice, traffic movement and the employees own materials that they may bring to work. |  |  |
| The employee was made aware that they must inform their Line Manager if there are any concerns that they or their doctor may have regarding their pregnancy that could have a detrimental effect on the pregnancy or the birth that may be affected by their work (this information would be private and confidential) |  |  |
| The employee has had a DSE (Display Screen Equipment) assessment carried out in their work area which will be re-assessed at regular intervals whilst they are pregnant. |  |  |
| A personal emergency evacuation plan will be developed if, as the pregnancy progresses, the employee cannot leave the building unaided in a reasonably prompt manner during and emergency situation. |  |  |
| The employee was made aware they must notify their Line Manager if they feel particularly uncomfortable/or if there are any changes to their pregnancy whilst working so that another assessment can be carried out, and any changes to their working environment / position can be addressed |  |  |
| The employee is trained in how to use and dispose of materials/equipment that they come into contact with in their role |  |  |
| The employee will be made aware of STFs (Slips, Trips and Falls) hazards around the workplace environment, this would include stairways, accessing and leaving the site, and extra care should be taken when they are moving around the premises. |  |  |

**RISK ASSESSMENT QUESTIONNAIRE**

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| **Physical Agents** | **Yes**  **✓** | **No**  **✓** |
| Is there any exposure to shocks, vibration or movement? |  |  |
| Is there any manual handling involved which might introduce a risk of injury? (e.g. lifting & carrying, pushing, pulling) |  |  |
| Will there be exposure to high noise levels? |  |  |
| Is there any exposure to ionising radiation (X-rays etc)? |  |  |
| Is there any exposure to extremes of temperature? |  |  |
| Is there any exposure to infectious diseases? |  |  |
| Does the movement or posture involved in the work pose a risk (e.g. prolonged seating, standing/confined spaces)? |  |  |
| Does your work involve repetitive bending and stretching? |  |  |
| Are there slippery, wet conditions, which could pose a risk? |  |  |
| Is there any risk of physical violence? |  |  |
| Are you exposed to nauseating smells? |  |  |
| Are you required to wear PPE? |  |  |
| **Working Conditions** | **Yes**  **✓** | **No**  **✓** |
| Is there a requirement to do night work? |  |  |
| Is there requirement to do shift work? |  |  |
| Do you work for long periods without a break? |  |  |
| Do you work with DSE (Display Screen Equipment)? |  |  |
| Does your job require you to drive? |  |  |
| Are you a lone worker? |  |  |
| Are you exposed to cigarette smoke? |  |  |
| Are you required to work at heights? |  |  |
| Are adequate facilities available to you i.e. rest area |  |  |

#### PHYSIOLOGICAL ASPECTS

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

* 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 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 use of protective clothing, 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

If at any time during the employees employment whist pregnant, the employee experiences any of the above conditions mentioned, they must inform their Line Manager

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| **Hazards Identified:** |
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| **Recommendations:** |
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| **Name of person carrying out this assessment:** |  |
| **Job Title:** |  |
| **Date:** |  |
| **Review Date:** |  |

***Disclosure:***

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

*I understand that any changes in circumstances may necessitate an earlier review of a risk assessment, this takes account of possible risks that may occur at different stages of my pregnancy.*

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| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |