# 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_