

**RISK ASSESSMENT RECORD FOR PREGNANT WORKERS**

The European Directive on Pregnant Workers states that the University is required to carry out a risk assessment on pregnant employees. Please complete the table below. If you have answered **YES** to any of the questions, please detail further information to enable us to carry out a complete risk assessment. When completed, return the form to the Occupational Health Adviser.

**Once completed please return the form to Occupational Health email:** [**ohadmin@brookes.ac.uk**](mailto:ohadmin@brookes.ac.uk)

**All information will be stored securely within the electronic Occupational Health Records system.**

If adjustments to your work are required following a review of the risk assessment by an Occupational Health Advisor an appointment will be advised and a suitable date and time arranged with you.

Following that appointment an Outcome Report will be generated and discussed with you prior to it being returned to Management.

**NAME: Date of Birth:**

**‘P’ NUMBER:**

**JOB TITLE:**

**DEPT:**

**CONTACT NUMBER:** **EMAIL:**

**DAYS &/OR HOURS WORKED:**

**EXPECTED WEEK OF CHILDBIRTH**:

**PROBABLE DATE OF START OF MATERNITY LEAVE**:

**HAVE YOU EXPERIENCED ANY PREGNANCY RELATED HEALTH ISSUES EITHER IN PREVIOUS PREGNANCIES OR POST PARTUM? Y/N**

|  |  |  |  |
| --- | --- | --- | --- |
| **HAZARD** | **YES** | **NO** | **COMMENTS** |
| **BREAKS** - Does your job allow you to take sufficient work breaks? |  |  |  |
| **CHEMICAL AGENTS** - Do you currently handle, or have close contact with any chemicals? If yes, please list |  |  |  |
| **MICRO ORGANISMS** – Do you have any contact with microorganisms ie working in a Lab or have contact with soil or grass? |  |  |  |
| **MANUAL HANDLING** - Do you have to carry out any manual handling during the course of your duties? e.g.  lifting, pulling, pushing |  |  |  |
| **DISPLAY SCREEN EQUIPMENT** - Do you use a visual display unit in the course of your duties? |  |  |  |
| **TEMPERATURE** – Is your working environment a comfortable temperature? |  |  |  |
| **TOILET** – Do you have easy access to a toilet? |  |  |  |
| **REST** – Are you aware of the Rest Rooms on your campus? |  |  |  |
| **HAZARD** | **YES** | **NO** | **COMMENTS** |
| **SHIFTS** – Does your job involve working in shifts or at night? |  |  |  |
| **NOISE** - Are you subjected to any periods of noise which may cause you any discomfort or stress? |  |  |  |
| **SHOCKS, VIBRATION AND MOVEMENT** - Are you subjected to any of these situations? |  |  |  |
| **IONISING RADIATION** - To the best of your knowledge, are you exposed to this? |  |  |  |
| **FIRST AIDER –** Have you informed your nearest first aider that you are pregnant? |  |  |  |
| **FATIGUE** - Do you suffer from fatigue which is related to your employment? |  |  |  |
| **SHIFT WORK** - Do you currently work shifts? If so, please give details. |  |  |  |
| **HYPERBARIC ATMOSPHERES** - Are you currently subjected to the use of compressed air during the course of your duties? |  |  |  |
|  |  |  |  |
| **ADDITIONAL INFORMATION REQUIRED POST COVID PANDEMIC** |  |  |  |
|  |  |  |  |
| **Have you received vaccinations against Covid?** |  |  |  |
|  |  |  |  |
| **Do you have any underlying health conditions that increase your risk should you contract Covid?** |  |  |  |
|  |  |  |  |
| **Has your midwife or obstetrician indicated that you should be considered at increased risk from Covid? e.g. raised BMI, aged above 35, increased risk through ethnicity?** |  |  |  |
| **Does your role involve multiple face to face contacts in close proximity in crowded areas?** |  |  |  |
|  |  |  |  |
| **Are you required to travel abroad during the course of your work?** |  |  |  |
|  |  |  |  |
| **Comments:**  **Are there any specific duties you are required to carry out that you feel may cause you harm?**  (please note here) | | | |
| **Employee Signature: Date:** | | | |
| **Occupational Health Office:**  Contacted by email : YES/NO Date:  OH Administrator:  Contacted by Phone: YES/NO Date :  OH Adviser:  Is an OH visit required? YES/NO  If Yes, date:  Comments:  Signature: Date:  OH Adviser | | | |

**Physical Agents**

**Shocks, Vibration or Movement**

Regular exposure to shocks and low frequency vibration such as driving or riding in off-road vehicles, or excessive movement may increase the risk of miscarriage. Exposure on a long term basis does not cause foetal abnormalities but may increase the risk of premature birth or low birth weight.

**Manual Handling of Loads Where There is a Risk of Injury**

Pregnant members of staff are particularly at risk from manual handling injuries, for example, hormonal changes can affect the ligaments which increase the chances of injury and postural problems may increase as the pregnancy progresses.

There may also be risks to members of staff who have recently given birth, for example, women who have had a caesarean section are likely to be temporarily limited regarding lifting and handling.

There is no evidence to suggest that women who are breastfeeding are at greater risk from manual handling injuries than any other members of staff.

**Movements, Mental and Physical Fatigue and Physical Burdens**

Fatigue from standing and physical work has been associated with miscarriage, premature birth and low birth weight for a long time.

Excessive physical or mental pressure could cause stress and could result in anxiety and raised blood pressure.

Pregnant members of staff may have problems when working at heights such as on ladders or platforms, and working in workspaces that are tight fitting which do not take account of the increased abdominal size which could lead to strain and sprain injuries.

Dexterity, agility, co-ordination, speed of movement, reach and balance could be impaired and an increased risk of accidents may need to be considered.

**Noise**

There doesn’t appear to be a specific risk to new or expectant mothers or the foetus from noise, but prolonged exposure to loud noise could lead to increased blood pressure and tiredness.

There aren’t any particular problems for members of staff who have recently given birth or who are breastfeeding.

**Ionising Radiation**

It can be harmful to the foetus if there is significant exposure to ionising radiation and this is recognised with the placing of limits on the external radiation dose to the abdomen of expectant mothers for the term of pregnancy.

Nursing mothers who work with radioactive liquids or dusts can expose their child to contamination.

There could be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother and transferred across the placenta.

**Non-Ionising Electromagnetic Radiation (NIEMR)**

**Optical Radiation**: Pregnant or breastfeeding mothers are at no greater risk to optical radiation than any other workers.

**Electromagnetic fields and waves (e.g. radio frequency radiation)**

Within current recommendations, exposure to electric and magnetic fields is not known to cause harm to the foetus or the mother. Extreme over exposure to radio frequency radiation could cause harm by raising the body temperature.

**Extremes of Cold and Heat**

Pregnant women are less tolerant of heat and may more readily faint or suffer heat stress. This risk is likely to be reduced after birth but it is not known how quickly an improvement occurs.

Breastfeeding may be impaired by heat dehydration.

There are no specific problems arising from extreme cold.

**Hyperbaric Atmosphere e.g. Pressurised Enclosures and Underwater Diving**

**Compressed Air**

Employees who work in compressed air risk developing the bends due to free bubbles of gas in the circulation. It is unclear whether pregnant members of staff are at more risk of the bends but the foetus could potentially be seriously harmed by such gas bubbles. Staff who have recently given birth are at a small increased risk of the bends. There is no physiological reason why a breastfeeding mother should not work in compressed air.

**Biological Agents - Any biological agent of hazard groups 2,3 and 4**

There are many biological agents within hazard groups 2, 3 and 4 which can affect the unborn child if the mother is infected during pregnancy. The biological agents may be transmitted through the placenta while the baby is in the womb, during or after birth through breastfeeding and close physical contact between the mother and the child. Biological agents include hepatitis B, HIV (the AIDS virus), herpes, TB, syphilis, chickenpox, Rubella (German Measles), toxoplasma, cytomegalovirus, chlamydia and typhoid. Generally the risk of infection is not higher at work than from living in the community but certain occupations are more exposed to infections such as health care people and people looking after animals.

**Chemical Agents**

There are approximately 200 substances that have the labels listed below. The actual risk to Health and Safety can only be determined through a risk assessment. Although the substances have the potential to be harmful there may be no risk in practice because exposure is below the harmful level.

H351: possible risk of irreversible effects

H350: may cause cancer

H340: may cause heritable genetic damage

H351: may cause cancer by inhalation

H360: may cause harm to the unborn child

H361: possible risk of harm to the unborn child

H362: may cause harm to breastfed babies

**Mercury and Mercury Derivatives**

Observations have shown that exposure to organic mercury compounds during pregnancy can slow down the growth of the unborn baby, disrupt the nervous system and cause the mother to be poisoned. There is no clear evidence regarding inorganic mercury compounds.

There is no indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby.

**Antimitotic (cytotoxic) Drugs**

These drugs are absorbed through the skins or by inhalation. In the long term these drugs cause damage to genetic information in sperm and eggs, some can cause cancer.

**Chemical Agents of Known and Dangerous Percutaneous Absorption**

**(i.e. that may be absorbed through the skin); this includes some pesticides.**

Please refer to the HSE guidance publication EH40 Occupational Exposure Limits which is updated on an annual basis, and contains tables of inhalation exposure limits for certain hazardous substances.

**Carbon Monoxide**

Carbon Monoxide easily crosses the placenta which could result in the foetus being starved of oxygen, which is shown to possibly have adverse affects. The level and duration of maternal exposure are important factors in the effect on the foetus. There is no indication that breastfed babies suffer adverse effects from their mother’s exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.

**Lead and Lead Derivatives**

Lead can cross the placenta and there are concerns about the affect this will have on the neurological development of the foetus and to breastfed babies. It is believed that the nervous system of young children is particularly sensitive to the toxic effects of lead.

**Working Conditions**

**Display Screen Equipment (VDUs)**

The National Radiological Protection Board have given the following advice:

“The levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risk to human health created by such emissions and the National Radiological Protection Board does not consider such levels to pose a significant risk to health. No special protective measures are therefore needed to protect the health of people from this radiation.”