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Health and Safety Procedure

HSP39 New and Expectant Mothers Procedure

NEW AND EXPECTANT MOTHERS RISK ASSESSMENT

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| --- | --- |
| Name of new/expectant mother: | Position: |
| Service/Dept: | Duties: |
| Name of Assessor: | Position: |
| Assessment date: | Review Date: Every 3 months |
| Employees Signature: | Managers/Head Teachers Signature: |

**This list is not exhaustive and other control options / solutions may be appropriate. Other risk factors may become apparent during the**

**risk assessment process.**

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| --- | --- | --- | --- | --- | --- |
| **Hazards, Agents, Working Conditions** | **Applies**  Yes or No | **Risk Information** | **Risk Control Options** | **Action to be taken by Manager/Head Teacher** | **By When** |
| **PHYSICAL RISKS - These are hazards that could increase the risk of miscarriage and / or injury to the new or expectant mother** | | | | | |
| **Movement or Posture** |  | The type of injury or ill health caused by movement or posture during and after  pregnancy will depend on several factors, including:   * nature, duration and frequency of tasks or movements * pace, intensity and variety of the work * patterns of working time and rest breaks * the working environment * the suitability and adaptability of any work equipment involved   Postural problems can occur at different stages of pregnancy and on returning to work,  depending on the individual and her working conditions. These problems may increase as the pregnancy progresses, especially if the work involves awkward movements or long  periods of standing or sitting in one position.  Constant standing during the working day may lead to dizziness, faintness and fatigue. It can also contribute to an increased risk of  premature birth and miscarriage.  Pregnancy-specific changes present a relatively high risk of thrombosis or embolism,  particularly with constant sitting.  In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a static position  for long periods. | Pregnant women should avoid long  periods spent standing or sitting  without the opportunity to exercise or move around to maintain healthy circulation. Provide opportunities for them to alternate between standing  and sitting. If this is not possible, provide adequate opportunities for  breaks/task changes.  Consider, where reasonably  practicable and appropriate,  adjusting workstations or work tasks, or using different work  equipment to reduce the risks. |  |  |
| **Manual Handling** |  | New and expectant mothers are especially at risk from manual handling injury.  Hormonal changes can affect the ligaments during pregnancy, increasing the risk of injury. The damage caused may not become clear until sometime after the birth. Postural problems may also increase as the pregnancy progresses.  There are significant risks to those who have recently given birth. For example, after a  caesarean the individual’s moving and handling capability  will be reduced.  Breastfeeding mothers may also experience discomfort when manual handling. | Assess the manual handling activity  and the specific needs of the  individual and control risks by reducing the amount of physical  work she has to do or providing her with aids to reduce the risks.  It may be possible to alter the task to reduce the risks from manual handling for all workers including  new or expectant mothers. |  |  |
| **Shocks, Jolts or Vibration** |  | Regular exposure to shocks, jolts, low frequency vibrations or excessive movement may increase the risk of a miscarriage.  Long-term exposure to whole body vibration is not known to cause abnormalities to the  unborn child. However, there may be an increased risk of premature birth or low birth  weight.  Breastfeeding workers are at no greater risk than other workers. | Pregnant workers 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 would be exposed to shocks or jolts. |  |  |
| **Noise** |  | If noise is an issue in the workplace, compliance with the requirements of the Noise  at Work Regulations should be sufficient to meet the needs of new or expectant mothers. *(See the Council’s Noise at Work Procedure for further details.)* |  |  |  |
| **Ionising Radiation** |  | Significant exposure to ionising radiation can be harmful to an unborn child. As pregnancy  can often go undetected for 4-6 weeks, normal work procedures must be designed to keep individual exposure as low as reasonably practicable.  Compliance with the requirements of the Ionising Radiation Regulations should be sufficient to meet the needs of new or expectant mothers. |  |  |  |
| **BIOLOGICAL RISKS** | | | | | |
| **Biological Agents (Infectious Diseases)** |  | Biological agent is defined as a micro-organism, cell culture or human endoparasite which may cause infection, allergy, toxicity or otherwise create a hazard to human health.  They can affect the mother and/or child. Some may be transmitted through the placenta while the child is in the womb and after birth through breastfeeding or through close physical contact  between mother and child.  Examples include Hepatitis B, HIV, herpes type infections, TB, syphilis, Rubella, toxoplasma, chicken pox, typhoid and COVID-19.  For most workers the risk is not higher at work than from elsewhere, but in certain  Occupations/activities, exposure to infections is more likely, for example laboratory work, nursery school, health care, looking after animals or when visiting animal contact farms.  Workplace exposure to any biological agent that could endanger the health of pregnant women or their unborn child needs to be  considered in risk assessments. The risk  assessment should take into account the agent involved, how it is spread and how likely it is that an infection could be transmitted and what control measures are already in place. | A risk from any infectious or  contagious disease need only be  assessed if the level of risk is higher than that normally encountered outside the workplace.  When undertaking the New & Expectant Mothers Risk  Assessment, refer to other relevant risk assessments and ensure the control measures in place will  protect the individual. If in doubt consider the specific needs of the new or expectant mother and introduce control measures if  appropriate.  Control options may include physical containment, additional hygiene and infection control  measures or vaccination if exposure justifies this. If there is a known, or  suspected, high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.  Managers/Head Teachers should contact the Corporate Health and Safety Team, Occupational Health Service and/or HR Adviser for help and advice. |  |  |
| **CHEMICAL RISKS** | | | | | |
| **Chemical Agents** |  | Chemical agents may enter the body through inhalation, ingestion, absorption through the skin or through cuts/wounds. Those known to  affect new and expectant mothers include toxic chemicals, mercury, carbon monoxide, lead, pesticides and cytotoxic drugs. Some  hazardous substances may cause heritable genetic damage.  Exposure is more likely in certain occupations e.g. laboratory work, health care, horticulture, waste disposal, engineering/mechanics.  Further measures will not usually be necessary to safeguard new or expectant mothers, as long as the risks to staff from hazardous  substances used at work have been adequately addressed as per the Control of Substances Hazardous to Health (COSHH)  Regulations. *(See the Council’s Control of Substances Hazardous to Health Procedure for further details).*  The actual risk to health from chemical agents can only be determined following a risk  assessment of a particular substance at the place of work – i.e. although a substance may have the potential to endanger health or safety,  there may be no risk in practice, e.g. if exposure is below a level which might cause harm. | When undertaking the New and Expectant Mothers Risk Assessment, refer to other relevant risk  assessments and ensure the control  measures in place will protect the individual. If in doubt consider the specific needs of the new or expectant  mother and introduce control measures  if appropriate.  COSHH assessments should make specific reference to women who are pregnant, or who have recently given birth.  Prevention of exposure must be the  first priority. You should do this through substitution of harmful agents, if possible.  If this is not possible, control measures should include good work planning and the use of Personal Protective Equipment (PPE). You should only use PPE for control purposes if all other methods have failed. You may also use it as secondary protection in combination with other methods. |  |  |
| **WORKING CONDITIONS** | | | | | |
| **Facilities** |  | **Resting facilities**  Rest, both physical and mental, is important for new and expectant mothers. Tiredness increases during and after pregnancy and may be made worse by work. Adequate and appropriate rest facilities should be available for new and expectant mothers.  **Hygiene facilities**  Without easy access to toilets and associated hygiene facilities at work due to distance, work processes or systems etc, there is an  increased risk to the health and safety of expectant mothers, e.g. a significant risk of  infection or kidney disease.  Changes associated with pregnancy and breastfeeding often mean that women have to go to the toilet more frequently and more urgently than others.  **Breastfeeding**  Provide, as far as is reasonably practicable, access to appropriate facilities for  breastfeeding mothers to express breast milk and safely store breast milk, or to enable infants to be breastfed at, or near, the workplace. This will facilitate new mothers breastfeeding and may significantly protect the health of both mother and infant. | When undertaking the New and Expectant Mothers Risk Assessment consider the specific needs of the new or expectant mother and arrange  access to appropriate rest facilities and breast feeding facilities if possible.  The need for physical rest may require that the woman concerned has access to somewhere where she can sit or lie down comfortably in privacy, and without disturbance, at appropriate intervals.  Where possible, enable expectant and nursing mothers to leave their workstation/activity at short notice more frequently than normal, or if that is not possible, making temporary adjustments to working conditions as specified in the Management of Health and Safety at Work Regulations. |  |  |
| **Mental and Physical Fatigue** |  | Both mental and physical fatigue increase during pregnancy and in the postnatal period due to the various physiological and other  changes taking place.  Rest is important for new and expectant mothers. Tiredness increases during and after  pregnancy and may be exacerbated by work related  factors. The need for rest is both physical and mental. | Managers/Head Teachers should do what is reasonably practicable to facilitate physical rest e.g:   * seating * more frequent rest breaks * the use of a rest room with somewhere to lie down should be   provided **where necessary** i.e.  when requested by the doctor or  midwife.  Access to clean drinking water should  also be available. |  |  |
| **Working Hours** |  | Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers and on breastfeeding. Not all women are affected in the same way, and the associated risks vary with the type of work undertaken, the working  conditions and the individual concerned.  Some pregnant or breastfeeding women may  not be able to work irregular or late shifts, night work or overtime because they suffer from increased tiredness levels. Working time  arrangements (including provisions for rest breaks, and their frequency and timing) may affect the health of the pregnant woman and her unborn child, her recovery after childbirth, or her ability to breastfeed, and may increase  the risks of stress and stress-related ill health.  Changes in blood pressure that may occur during and after pregnancy and childbirth mean that normal patterns of work breaks may not be adequate for new or expectant mothers. | As a result of doing the New and  Expectant Mothers Risk Assessment, it may be necessary to  temporarily alter the individual’s working hours, as well as other working conditions such as timing and frequency of rest breaks, changes in shift patterns and duration etc.  With regard to night work, alternative day work should be organised for pregnant women on receipt of a medical certificate from their GP/midwife which states that night work is affecting the health and safety of the mother or her unborn child.  Contact the Corporate Health and Safety Team, Occupational Health Service and/or HR Adviser for  help and advice. |  |  |
| **Workplace Stress** |  | New and expectant mothers can be particularly vulnerable to workplace stressors because:   * hormonal, physiological and psychological changes occur, sometimes rapidly, during and after pregnancy affecting susceptibility to stress * financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy * it may be difficult to organise work and private life, especially with long, unpredictable or unsociable working hours or where other family responsibilities are involved.   Additional stress may occur if a woman’s anxiety about her pregnancy, or about its outcome (e.g. where there is a past history of miscarriage, stillbirth or other abnormality) is  heightened as a result of peer group or other pressure in the workplace. This can lead to  increased vulnerability to other workplace stressors.  Some women may develop postnatal depression after childbirth, which could make  them more vulnerable to stressors. | Consider known stress factors within  the individual’s job (such as shift patterns, job insecurity, workloads, risk of violence, etc.) and the particular  medical factors and anxieties affecting  her, when completing the New and  Expectant Mothers Risk assessment.  Protective measures may include adjustments to working conditions or  working hours, and ensuring that the  necessary understanding, support and  recognition is available when the  woman returns to work, whilst also  respecting her privacy.  Employees can also access free help and emotional support through the Council’s [Employee Assistance Programme – Wellbeing Support](http://intranet/service-areas/public-health/health-safety-and-well-being/occupational-health/employee-assistance-programme-wellbeing-support). |  |  |
| **Passive Smoking** |  | Cigarette smoke is mutagenic and carcinogenic, and the effects of passive smoking in the early stages of pregnancy are well known, especially where the mother smokes, and are known to affect the heart and lungs and to pose a risk to infant health. Cigarette smoke can also aggravate conditions such as asthma. | New and expectant mothers should not be exposed to smoke-filled  atmospheres whilst at work. The Council operates a no smoking policy (which includes vehicles used for work purposes) and it gives priority to the needs of non-smokers.  Where it is not possible to protect an  individual because they work out in  the community (e.g. in a service user’s home), wherever possible make provision so that they don’t have to go into such an environment. |  |  |
| **Extremes of Work Temperature (cold or heat)** |  | Pregnant workers should not be exposed to hot environments for prolonged periods as there is a greater risk of them suffering from heat stress due to the pregnancy.  Breastfeeding may also be impaired by heat dehydration.  Working in extreme cold may also be a hazard for pregnant women and their unborn child.  The risks will be higher where the temperature changes suddenly, e.g. where going from a cold environment to a hot one is required and vice versa. | Provide adequate rest and refreshment breaks and unrestricted access to drinking water. New and expectant mothers are encouraged to drink water before they get thirsty, preferably frequent, small volumes.  Suitable clothing should be worn. |  |  |
| **Lone Working** |  | Any risks from lone working should have already been identified in general risk  assessments. However, pregnant women are more likely to need urgent medical attention if, for example, an incident occurs. | Assess the control measures already in place for lone workers. Any emergency procedures also  need to take into account the needs  of new and expectant mothers.  If the need arose, would adequate  help and support be available, or quickly contactable, for the new or expectant mother? |  |  |
| **Working at Heights** |  | Pregnant women are at greater risk of falling from heights, and the consequences more severe if a fall occurs. | The New and Expectant Mothers Risk Assessment should consider the  necessity for the individual to work at  height (e.g. using stepladders, stepstools or  platforms). Where possible, it should  be avoided. |  |  |
| **Threat of Violence at Work** |  | Sudden movement or shock, especially due to violence at work, during pregnancy, after  recent birth or while breastfeeding may be harmful. It can lead to detachment of the placenta, miscarriage, premature delivery and  underweight birth, and it may affect the ability to breastfeed. | The risk of violence should already have been considered in general risk assessments and measures put into place to reduce or control the risks. In the New and Expectant Mothers Risk Assessment consider any further measures that may be  needed to protect the individual e.g:   * adjusting work tasks to avoid lone working or working with those known to be potentially violent; more frequent contact with workers away from work base, etc. * Improving the design or layout of the workplace to reduce the risk of violent incidents e.g. in public access areas, interview rooms.   If the risk of violence in the existing job remains significant, consider offering the individual suitable  alternative work on a temporary basis.  Contact the Corporate Health and Safety Team, Occupational Health Service and/or HR Adviser for  help and advice. |  |  |
| **Work Equipment and Personal Protective Equipment (PPE)** |  | Work equipment and personal protective equipment is not generally designed for use by  pregnant women. Pregnancy (and breastfeeding) involves physiological changes which may make some existing work and protective equipment uncomfortable and, in some cases, unsuitable or even unsafe for use. | In the New and Expectant Mothers  Risk Assessment take account of changes in risk as the pregnancy  progresses and when a new mother returns to work.  Wherever possible, any risk highlighted should be avoided by adaptations or substitution, e.g.  providing suitable alternative clothing or equipment to allow the work to be conducted safely and  without risk to health. If there is nothing suitable, consider suitable alternative work for the individual, on a temporary basis. Do not allow unsafe working. |  |  |
| **Meal Breaks** |  | The provision of adequate meal breaks and access to clean drinking water at regular  intervals are essential to the health of new and expectant mothers.  Pregnant women may need more frequent meal breaks and more frequent access to  drinking water or other light refreshments. They may only be able to tolerate food ‘little and often’ rather than in larger quantities at ‘normal’  mealtimes. Their eating patterns and preferences may change, especially in early  stages of pregnancy, not only in response to ‘morning’ sickness but also due to discomfort or other problems in the later stages of pregnancy. | Establish the particular needs  around rest, meal and refreshment breaks. These needs may change as the pregnancy progresses. Take  reasonable action to accommodate  these needs. |  |  |
| **Working with Display Screen Equipment (DSE)** |  | Scientific evidence shows that pregnant women do not need to stop work with DSE.  If pregnant women, or those planning to have children, are worried about working with DSE, they should speak to their medical practitioner  or midwife. | It may be necessary to adjust the workstation as postural problems can occur at different stages of pregnancy  and on returning to work. Review the  individuals DSE Workstation  Assessment as necessary. |  |  |
| **PHYSIOLOGICAL RISKS -** Certain physiological aspects of pregnancy need to be taken into consideration when deciding whether the  work poses a particular risk to pregnant workers.  These include: | | | | | |
| **Aspects of Pregnancy**  Morning sickness, headaches  Backaches  Varicose veins  Haemorrhoids  Frequent visits to the toilet  Increasing size  Tiredness  Balance  Comfort  Dexterity, agility, co-ordination, speed of movement and reach  There may also be other aspects of pregnancy that could affect the work. Their impact will vary, depending upon the job, and will change during the pregnancy. Keep their  effects under review e.g. the posture of expectant mothers may change to cope with increasing size. | **Factors in Work**  Early shift work  Exposure to nauseating smells  Standing/manual handling/posture  Standing/sitting for long periods  Working in hot conditions  Difficulty in leaving job/work site  Use of protective clothing  Work in confined areas  Manual handling  Overtime  Evening work  Problems working on slippery or wet surfaces  Working at heights  Problems working in tightly fitting work uniforms  May be impaired because of increasing size during pregnancy | | Consider the physiological aspects  of pregnancy in association with the other risks listed above when completing the New and Expectant Mother’s Risk Assessment. |  |  |