**General Risk Assessment Form for an Expectant or Nursing Mother**

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| Name of Expectant Mother:  Study Area and Year:  Name of Academic Supervisor/s:  Staff Role:  Name of Line Manager:  Location/s worked in: | Please delete as appropriate. | |
| **Staff Line Manager(s):**  **Academic Supervisor(s) name(s):** (where relevant)  **Signature\*:** | N/A | **Date:N/A** |



| **Date:** (1)  **27/02/2025** | **Assessed by:** (2)  **Staff/ Student (Expectant/Nursing Mother)** | **Checked / Validated\* by:** (3)  Line Manager/Academic Supervisor | **Location:** (4)  **All SALC properties** | **Assessment ref no** (5)  **N/A** | **Review date:** (6)  **27/02/2025** |
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| **Task / premises:** (7)  All SALC properties | | | | | |

| **Activity** (8) | **Hazard** (9) | **Who might be harmed and how** (10) | **Existing measures to control risk** (11) | **Risk rating** (12) | **Result** (13) |
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| New and expectant mothers- normal office work | Display Screen Equipment | Increased susceptibility to musculoskeletal disorders and deep vein thrombosis (DVT) | DSE assessment to be undertaken if not already in place. Workstation should provide adequate adjustment to allow for increase in abdominal size. Advice on posture to prevent musculoskeletal problems. Adjust working practices to avoid continuous sitting at workstation (risk of DVT) | Low | A |
| New and expectant mothers- normal office work | Slips, Trips & Falls | Increased risk of injury due to physical change and or hormonal changes | Maintain high standards of housekeeping in work area. Individual may have difficulty negotiating stairs during later stages of pregnancy | Low | A |
| New and expectant mothers- normal office work | Office layout / shape of desks: Tightly fitting work spaces - agility, co-ordination, speed of movement and reach, may be impaired | Expectant mother and baby - muscular skeletal injury, pain and discomfort, falls if overreaching | Line manager and academic supervisor to be mindful of these potential issues and assess the hazards if and when they arise. | Low | A |
| New and expectant mothers- normal office work | Lifting and Carrying Loads | Musculoskeletal injury Weakening of the skeletal structure | Reduce amount of physical work associated with task. Physical tasks become more difficult to achieve as pregnancy progresses Carrying heavy loads to be avoided | Low | A |
| New and expectant mothers- normal office work | Welfare | Access to toilets to protect against risk of infection and kidney disease | Provision of easy access to toilet facilities and more frequent breaks from work activity. Consideration should be given to providing access to a safe space where the individual can rest as necessary.  New mothers are provided access to designated safe spaces for expressing milk. Please see  [Maternity toolkit | Directorate of People and Organisational Development | StaffNet | The University of Manchester](https://www.staffnet.manchester.ac.uk/people-and-od/current-staff/parents-carers/maternity-leave/maternity-toolkit/) | Low | A |
| New and expectant mothers- normal office work | Fatigue | Fatigue from prolonged standing or physical activity | Avoid long periods of time standing. Task modified to provide seating or more frequent rest periods.  Aspects of the work may need to be modified as physical capability will reduced as a result of pregnancy | Low | A |
| New and expectant mothers- normal office work | Work Related Stress | Individual vulnerable to stress due to hormonal, psychological and physiological changes during pregnancy | Monitoring and reduction of risks in relation to work demands, work environment, relationships with colleagues / manager and requirements of the role. | Low | A |
| New and expectant mothers- normal office work | Temperature / Humidity | Lower tolerance to heat and humidity resulting in discomfort / faint | Temperature of the working environment to be suitably controlled.  Cooling fans to be provided where required.  Individual may require access to fresh air for periods during the working day. Individual to have ready access to fresh drinking water | Low | A |
| New and expectant mothers- normal office work | Out of Hours/Lone Working | Long working hours or shift work patterns can affect the health of pregnant women. Expectant mother at risk of slips, trips, falls etc. going unnoticed, expectant mothers can be prone to fainting due to sudden changes in blood pressure. | Allowance made for tiredness and nausea at early stages of pregnancy. Consult with occupational health and individual on modification to working hours / avoidance of night work and lone working. | Low | A |
| New and expectant mothers- normal office work | Personal Safety | Violence or fear of violence can increase | If there is a perceived risk of violence or threat of violence / abuse consideration needs to be given to modifying the role to reduce the risk to the individual and or make provision for staff to be available should support be required | Low | A |
| New and expectant mothers- normal office work | Access / Egress | Mobility may be impaired during later stages of pregnancy | Seek to modify the individuals work task to avoid walking significant distances or traversing flights of steps.  The individual will be asked if they require a PEEP for any building they use (including buildings that are not occupied by SALC. | Low | A |
| New and expectant mothers- normal office work | Working at Height (use of ladders and step stools, over reaching) | Loss of agility and or balance | Modify task to avoid aspects of working at height | Low | A |
|  | Travel Health | Increased medical risk from business travel. Poor posture / prolonged sitting increase risk of deep vein thrombosis (DVT) Risk from infectious diseases in some countries | UK Travel Separate Risk Assessment required. Travel arrangements should include adequate provision for rest breaks during the journey. Travel times chosen to reduce levels of fatigue. Carry out regular stretching exercises on flights. Drink sufficient fluids. The use of graded compression stockings. Loose-fitting clothing to avoid constriction of veins.  International Travel Health risks to be further assessed with advice from a medical practitioner / occupational health/ School Safety Advisors. Travel to be scheduled to avoid restrictions imposed by airlines on pregnant women (typically past 32 weeks). Carry out regular stretching exercises on flights. Drink sufficient fluids. The use of graded compression stockings. Loose-fitting clothing to avoid constriction of veins. | Medium | A |
|  | Biological or Chemical exposure (Working in proximity to active research laboratories / facilities) | Exposure to certain biologicals e.g. bacteria, viruses, moulds, fungi.  Exposure to certain Chemicals; dust, fumes, gas vapour, mist, liquids solids, fibres | New or Expectant mother must not be exposed to biological agents. Consider alternative tasks to working environment where exposure is recognised  New or Expectant mother must not be exposed to chemical agents. Consider alternative tasks to working environment where exposure is recognised. | Low | A |

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| **Action plan** (14) | | | | |
| **Ref No** | **Further action required** | **Action by whom** | **Action by when** | **Done** |
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**Notes to accompany General Risk Assessment Form**

This form is the one recommended by Safety Services, and used on the University’s risk assessment training courses. It is strongly suggested that you use it for all new assessments, and when existing assessments are being substantially revised. However, its use is not compulsory. Providing the assessor addresses the same issues, alternative layouts may be used.

1. **Date** : Insert date that assessment form is completed. The assessment must be valid on that day, and subsequent days, unless circumstances change and amendments are necessary.
2. **Assessed by** : Insert the name and signature of the assessor. For assessments other than very simple ones, the assessor should have attended the University course on risk assessments (THS 15 Principles of Risk Assessment)
3. **Checked / Validated\* by** : delete one.

**Checked by** : Insert the name and signature of someone in a position to check that the assessment has been carried out by a competent person who can identify hazards and assess risk, and that the control measures are reasonable and in place. The checker will normally be a line manager, supervisor, principal investigator, etc. Checking will be appropriate for most risk assessments.

**Validated by** : Use this for higher risk scenarios, eg where complex calculations have to be validated by another “independent” person who is competent to do so, or where the control measure is a strict permit-to-work procedure requiring thorough preparation of a workplace. The validator should also have attended the University’s risk assessment course or equivalent, and will probably be a chartered engineer or professional with expertise in the task being considered. Examples of where validation is required include designs for pressure vessels, load-bearing equipment, lifting equipment carrying personnel or items over populated areas, and similar situations.

1. **Location** : insert details of the exact location, ie building, floor, room or laboratory etc. If off-campus, provide information about expected location(s) or attach itinerary.
2. **Assessment ref no** : use this to insert any local tracking references used by the school or administrative directorate.
3. **Review date** : insert details of when the assessment will be reviewed as a matter of routine. This might be in 1 year’s time, at the end of a short programme of work, or longer period if risks are known to be stable. Note that any assessment must be reviewed if there are any significant changes – to the work activity, the vicinity, the people exposed to the risk, etc
4. **Task / premises** : insert a brief summary of the task, eg typical office activities such as filing, DSE work, lifting and moving small objects, use of misc electrical equipment. Or, research project [title] involving the use of typical laboratory hardware, including fume cupboards, hot plates, ovens, analysis equipment, flammable solvents, etc.
5. **Activity** : use the column to describe each separate activity covered by the assessment. The number of rows is unlimited, although how many are used for one assessment will depend on how the task / premises is sub-divided. For laboratory work, activities in one particular lab or for one particular project might include: use of gas cylinders, use of fume cupboard, use of computer or other electrical equipment, use of lab ovens, hot plates or heaters, use of substances hazardous to health, etc
6. **Hazard** : for each activity, list the hazards. Remember to look at hazards that are not immediately obvious. For example, use of a lathe will require identification of the machine hazards, but also identification of hazards associated with the use of cutting oils (dermatitis), poor lighting, slipping on oil leaks, repetitive actions, etc. The same activity might well have several hazards associated with it. Assessment of simple chemical risks (eg use of cleaning chemicals in accordance with the instructions on the bottle) may be recorded here. More complex COSHH assessments eg for laboratory processes, should be recorded on the specific COSHH forms.
7. **Who might be harmed and how** : insert everyone who might be affected by the activity and specify groups particularly at risk. Remember those who are not immediately involved in the work, including cleaners, young persons on work experience, maintenance contractors, Estates personnel carrying out routine maintenance and other work. Remember also that the risks for different groups will vary. Eg someone who needs to repair a laser may need to expose the beam path more than users of the laser would do. Vulnerable groups could include children on organised visits, someone who is pregnant, or employees and students with known disabilities or health conditions (this is not a definitive list).

For each group, describe how harm might come about, eg an obstruction or wet patch on an exit route is a hazard that might cause a trip and fall; use of electrical equipment might give rise to a risk of electric shock; use of a ultraviolet light source could burn eyes or skin.

1. **Existing measures to control the risk** : list all measures that already mitigate the risk. Many of these will have been implemented for other reasons, but should nevertheless be recognised as means of controlling risk. For example, restricting access to laboratories or machine rooms for security reasons also controls the risk of unauthorised and unskilled access to dangerous equipment. A standard operating procedure or local rules (eg for work with ionising radiation, lasers or biological hazards) will often address risks. Some specific hazards may require detailed assessments in accordance with specific legislation (eg COSHH, DSEAR, manual handling, DSE work). Where this is the case, and a detailed assessment has already been done in another format, the master risk assessment can simply cross-reference to other documentation. For example, the activity might be use of a carcinogen, the hazard might be exposure to hazardous substances, the existing control measures might all be listed in a COSHH assessment. Controls might also include use of qualified and/or experienced staff who are competent to carry out certain tasks; an action plan might include training requirements for other people who will be carrying out those tasks.
2. **Risk Rating** : the simplest form of risk assessment is to rate the remaining risk as high, medium or low, depending on how likely the activity is to cause harm and how serious that harm might be.

The risk is **LOW** - if it is most unlikely that harm would arise under the controlled conditions listed, and even if exposure occurred, the injury would be relatively slight.

The risk is **MEDIUM** - if it is more likely that harm might actually occur and the outcome could be more serious (eg some time off work, or a minor physical injury.

The risk is **HIGH** - if injury is likely to arise (eg there have been previous incidents, the situation “looks like an accident waiting to happen”) and that injury might be serious (broken bones, trip to the hospital, loss of consciousness), or even a fatality.

Schools or administrative directorates may choose to use other rating systems. Typical amongst these are matrices (of 3x3, 4x4, 5x5 or even more complex) which require the assessor to select a numerical rating for both “likelihood that harm will arise” and “severity of that harm”. These may give a spurious sense of accuracy and reliability – none are based on quantitative methods. There are methods of estimating risk quantitatively, and these may be appropriate for complex design of load bearing structures and the like. Advice on methods of risk assessment is available from Safety Services. Whatever system of assessment is adopted, it is **essential** that the assessor has received suitable training and is familiar with the meaning of the terms (or numbers) used.

1. **Result** : this stage of assessment is often overlooked, but is probably the most important. Assigning a number or rating to a risk does not mean that the risk is necessarily adequately controlled. The options for this column are:

**T = trivial risk**. Use for very low risk activities to show that you have correctly identified a hazard, but that in the particular circumstances, the risk is insignificant.

**A = adequately controlled, no further action necessary.** If your control measures lead you to conclude that the risk is low, and that all legislative requirements have been met (and University policies complied with), then insert A in this column.

**N = not adequately controlled, actions required**. Sometimes, particularly when setting up new procedures or adapting existing processes, the risk assessment might identify that the risk is high or medium when it is capable of being reduced by methods that are reasonably practicable. In these cases, an action plan is required. The plan should list the actions necessary, who they are to be carried out by, a date for completing the actions, and a signature box for the assessor to sign off that the action(s) has been satisfactorily completed. Some action plans will be complex documents; others may be one or two actions that can be completed with a short timescale.

**U = unable to decide. Further information required.** Use this designation if the assessor is unable to complete any of the boxes, for any reason. Sometimes, additional information can be obtained readily (eg from equipment or chemicals suppliers, specialist University advisors) but sometimes detailed and prolonged enquiries might be required. Eg is someone is moving a research programme from a research establishment overseas where health and safety legislation is very different from that in the UK.

**For T and A results**, the assessment is complete.

**For N or U results**, more work is required before the assessment can be signed off.

(14) **Action Plan**. Include details of any actions necessary in order to meet the requirements of the information in Section 11 ‘Existing measures to control the risk’. Identify someone who will be responsible for ensuring the action is taken and the date by which this should be completed. Put the date when the action has been completed in the final column.