### **Appendix B**

**New and Expectant Mothers Risk Assessment Form**

(This form should be used for expectant mothers, mothers who have given birth in the last 6 months or for nursing mothers)

The relevant Federation/FSU or Practice based manager and the new or expectant mother should undertake the risk assessment and an evaluation of all significant hazards in the workplace and duties undertaken by the individual. The risk assessment must be undertaken as soon as the employee has notified her manager of her pregnancy.

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| **Name:** |  | **Reason for Assessment:** | |
| **Job Title:** |  | **Department/Federation/Practice:** |  |

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| 1. **PHYSICAL RISKS** | **Yes** | **No** | **N/A** | **Comments & Control Measures** |
| Movements and postures |  |  |  |  |
| Manual handling of loads where there is risk of injury |  |  |  |  |
| Shocks and vibrations |  |  |  |  |
| Noise |  |  |  |  |

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| 1. **WORKING CONDITIONS** | **Yes** | **No** | **N/A** | **Comments & Control Measures** |
| Facilities |  |  |  |  |
| Mental and physical fatigue and working hours. |  |  |  |  |
| Occupational stress |  |  |  |  |
| Extremes of cold and heat |  |  |  |  |
| Working with Display Screen Equipment (DSE) |  |  |  |  |
| Working alone |  |  |  |  |
| Travelling either inside or outside the workplace |  |  |  |  |
| Work related violence |  |  |  |  |
| Work equipment and personal protective equipment (including clothing) |  |  |  |  |
| Hazards because of inappropriate nutrition i.e., ability to take meal breaks & access to water |  |  |  |  |
| **3.** **Clinical Activity /Biological agents** | **Yes** | **No** | **N/A** | **Comments & Control Measures** |
| Patient facing activity |  |  |  |  |
| Exposure to Infectious diseases- Examples are Hepatitis B and C, HIV, Herpes, syphilis, chickenpox and typhoid, Rubella (German Measles) |  |  |  |  |
| **4. Chemical agents** |  |  |  |  |
| Exposure to Toxic chemicals, Mercury, Antimitotic (cytotoxic) drugs, Pesticides, Carbon monoxide, Lead. |  |  |  |  |

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| **SIGNIFICANT RISK** | | | | | | | | | |
| **Is there a significant risk causing genuine concern at work to the health and safety of the new or expectant mother? YES/NO**  If ***yes***, you must consider the options to remove her from the risk and consult with HR before doing so.  **Was HR contacted**? **YES/NO**  If yes, please detail the proposed action: | | | | | | | | | |
| **ACTION PLAN** | | | | | | | | | |
| **HAZARD** | | **ACTION REQUIRED** | | | **TARGET DATE** | **ACTION BY WHOM** | | | **COMPLETION DATE** |
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| **Member of staff (please print)** | | | **Signature:** | | | | | **Date:** | |
| **Name of Manager undertaking assessment with staff member (please print)** | | | **Signature:** | | | | | **Date:** | |
| **Risk Assessment Review** | | | | | | | | | |
| **Date of review:** | **Further action required: Yes/No (If yes, please specify)** | | | **Signature of staff member:** | | | **Signature of Manager:** | | |
| **Date of review:** | **Further action required: Yes/No (If yes, please specify)** | | | **Signature of staff member:** | | | **Signature of Manager:** | | |