****

**Risk Assessment form for pregnant employees and employees who have recently given birth**

**V4 April 2022**, Issued by Occupational Health (supercedes V3 issued in March 2021)

Reviewed by Jenny Hillman, OHWorks Ltd.

**Guidance for pregnant employees or employees that have recently given birth:** The purpose of the risk assessment is to support pregnant employees and employees who have recently given birth. Implementation of the risk assessment findings ensures that identified health & safety risks are avoided or minimised where risk is negligible.

The risk assessment form is also applicable to students and other workers with a Queen Mary employment contract (see <https://hr.qmul.ac.uk/procedures/contracts/>) to ensure health & safety risks are identified and managed effectively by Queen Mary. This form is not applicable for contractors to Queen Mary or self-employed persons.

This assessment will be treated in the strictest of confidence. It is to be used to discuss your work activities with your manager (or where line management is not defined, the primary responsible person at Queen Mary for your study or work activity) so that measures can be taken to safeguard you and your unborn child/children or new-born child’s/children’s health and safety. You should provide to your manager any medical advice received that is necessary for the risk assessment. The form is to be completed jointly by the employee and manager.

If for any reason you are unable to complete the form with your manager, you can approach Queen Mary Occupational Health or Human Resources in confidence and an initial risk assessment can be carried out. Please note if a change in working practice is required to prevent a risk, such a change will, inevitably, need your manager to be informed. See process guides at <http://hr.qmul.ac.uk/procedures/leave/maternity/>

**Guidance for managers:** In Health & Safety law, workplace risk assessments should already consider any risks to employees of childbearing age and in particular, risks to pregnant employees or employees who have recently given birth (for example, from working conditions, or the handling of physical, chemical, or biological agents). The risks to their unborn child/children or a child / children of an employee who are still breast/chest feeding must be included in the assessment. At Queen Mary, this responsibility is devolved to line managers (or where line management is not defined, the primary responsible person at Queen Mary for the student or other worker). Risk assessments must be kept up to date in line with changing hazards and risk profile and reviewed at least annually where there is residual risk.

If you are notified that an employee is pregnant, breast/chest feeding or has given birth within the last six months, you should check your workplace risk assessments to see if any new risks have arisen. You would need to consider any medical advice given to the employee which they have shared with you. If risks are identified during the pregnancy, in the first six months after birth or while the employee is still breast/chest feeding, you must take appropriate sensible action to reduce, remove or control the risks.

Queen Mary has instigated a specific risk assessment template below to help you decide if any additional action needs to be taken to avoid or minimise risks for the employee and their unborn or new-born child/children. The form is to be completed jointly by the employee and the manager.

Identifying a hazard does not necessarily mean the employee has to stop working with it, but if risk/s to the health of the employee and their unborn or new-born child/children are identified, you must identify and implement the preventative and protective measures to reduce, remove or control the risks. Occupational Health have issued a ‘hazard guide’ document with suggested controls that can be help with the risk assessment (see ‘parental leave policies’ at <https://hr.qmul.ac.uk/procedures/leave/maternity/> ).

**What the manager and employee need to do:**

1. Identify hazards which may cause health & safety risk/s for the employee or their unborn or new-born child/children.
2. Discuss together the employee’s working conditions.
3. Include risks which might arise when the employee is performing their own duties and other activities in their department.
4. Refer to the ‘hazard guide’ document to help with the risk assessment.
5. If required, take advice as follows -
6. On health, medical and clinical issues - from the Queen Mary Occupational Health <http://hr.qmul.ac.uk/about-us/>

(b) As applicable, on local working conditions involving ionising radiation risks from the Departmental Radiation Protection Supervisor.

(c) Information and guidance can also be obtained on hazards and risks from the Health & Safety Executive online at <http://www.hse.gov.uk/mothers/> and the Queen Mary Health & Safety Directorate at <http://www.hsd.qmul.ac.uk>

(Note for (b) and (c) - Confidential or personal medical information should not be disclosed to non-medically qualified personnel).

1. Please keep a copy of the risk assessment on file. The risk assessment should not automatically be sent to Occupational Health unless further direction and advice is required.
2. Based on the risk assessment, managers should refer to Occupational Health if one or more of the following situation/s arise:
3. Pregnancy is considered of greater risk to health of the employee or unborn / new-born child / children or if there are associated medical or health concerns with the pregnancy or breast/chest feeding.
4. Regular exposure to a work risk (or risks) is likely to cause concern to the health of the pregnant employee and/or their new-born child
5. Where residual work risk/s are identified as within the ‘medium / moderate’ to ‘very high / intolerable’ risk banding (see page 9 of this document).
6. If health clearance to work with ionising radiation is required.
7. Employees should be referred to Occupational Health via the on-line portal <https://www.orchidlive.com/public/>, the risk assessment should be attached to the referral. Occupational Health can also be contacted on [qmulstaff@ohworks.co.uk](mailto:%20qmulstaff@ohworks.co.uk) / [qmulstudents@ohworks.co.uk](mailto:%20qmulstudents@ohworks.co.uk) or telephone 0207 882 8700 (Normal working day 09.00 to 17.00).
8. This assessment should be regularly reviewed by the manager or responsible person according to the Queen Mary Health & Safety [Risk Assessment Policy](https://qmulprod.sharepoint.com/sites/HSDWebsiteDocuments/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FHSDWebsiteDocuments%2FShared%20Documents%2FHSD%20Website%2FRisk%20Assessment%2FQMUL%5FHS%5F042%20Risk%20Assessment%20Policy%2Epdf&parent=%2Fsites%2FHSDWebsiteDocuments%2FShared%20Documents%2FHSD%20Website%2FRisk%20Assessment) and if necessary updated, particularly if there is a change in health or work hazards or situations.

|  |  |
| --- | --- |
| **(A) DETAILS OF NEW PARENT or EXPECTANT EMPLOYEE** | |
| **Surname:** |  |
| **First name** |  |
| **Date of birth (optional):** |  |
| **Job title:** |  |
| **Category:** |  Staff  Student (on payroll)   Full time  Part-time |
| **Campus:** | * Mile End  Whitechapel  Charterhouse Square    Other: |
| **School/Institute/Directorate:** |  |
| **Locations of work activities** (e.g. building name/s, outdoors, multiple campuses, abroad)**:** |  |
| **Queen Mary email address:** | **@qmul.ac.uk** |
| **Contact number:** |  |
| **Status:** |  Pregnant (expectant employee) |
|  Has given birth in the last six months |
|  Breast/chest feeding |
| **Date the baby is due/was born:** |  |

|  |  |
| --- | --- |
| **(B) DETAILS OF MANAGER** | |
| **Surname:** |  |
| **First name:** |  |
| **Queen Mary email address:** | **@qmul.ac.uk** |
| **Contact number:** | **0207 882** |

|  |  |  |
| --- | --- | --- |
| **(C) CURRENT HEALTH/WELL-BEING OF NEW PARENT or EXPECTANT EMPLOYEE** | | |
| This information will help identify the appropriate control measures needed for your work activities, which can be then made specific to your needs | | |
| **Are you suffering from any of the following:** | **Yes** | **No** |
| Morning sickness  *State specific times of sickness, if possible:* |  |  |
| Swollen feet |  |  |
| Backache |  |  |
| Other (please specify): |  |  |
| Are you doing anything to alleviate any of the above? If so, please state what below: |  |  |

|  |
| --- |
| **(D) BRIEF SUMMARY OF WORK PROCESSES:** |
|  |

|  |  |  |
| --- | --- | --- |
| **(E) WORKING CONDITIONS** | | |
| **Does your work contain/involve the following:** | **Yes** | **No** |
| Display screen equipment |  |  |
| Working alone |  |  |
| Travelling during working hours (i.e. during the day between campuses for work) |  |  |
| Night work |  |  |
| Shift work |  |  |
| Stressful situations (e.g. high pressure work due to customer facing role or volume of work) |  |  |
| Other (please specify: |  |  |

|  |  |  |
| --- | --- | --- |
| **(F) EXPOSURE TO PHYSICAL AGENTS** | | |
| **Does your work expose you to the following:** | **Yes** | **No** |
| Manual handling of loads |  |  |
| Physical fatigue i.e. sitting or standing for extended periods of time |  |  |
| Extremes of cold and heat |  |  |
|  |  |  |
| Radiation Sources (ionising and/or non-ionising radiation)  Ionising radiation sources: x-ray, alpha, gamma, beta – identify appropriate:  Non ionising radiation sources: electromagnetic frequency, UV, solar, microwave– identify appropriate:  Other (please specify): |  |  |
| Vibration  Hand-arm, whole body – identify appropriate: |  |  |
| Noise |  |  |
| Awkward spaces |  |  |
| Confined spaces |  |  |
| Other (please specify): |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(G) EXPOSURE TO HAZARDOUS CHEMICAL SUBSTANCES** | | | | |
| **Does your work expose you to the following:**  (Substances below may impact new or expectant employee / unborn or new born child health adversely if exposure occurs) | | For applicable substances (selected as Yes), please provide the following information:   1. Name of agent/s 2. Relevant route/s of exposure (inhalation, contact / absorption, ingestion or inoculation / puncture) 3. Length of exposure (e.g. 2 hours a day) | **Yes** | **No** |
| **Substances** with the following **Hazard Statement Code/s** **(Hxxx)** | | |  |  |
|  | H351: Suspected of causing cancer |  |  |  |
|  | H350: May cause cancer |  |  |  |
|  | H340: May cause genetic defects |  |  |  |
|  | H351i: May cause cancer by inhalation |  |  |  |
|  | H360 (series): May damage fertility or the unborn child |  |  |  |
|  | H361 (series): Suspected of damaging fertility or the unborn child |  |  |  |
|  | H362: May cause harm to breast/chest fed children |  |  |  |
|  | **Acute Toxicity**  *including* |  |  |  |
|  | Cytotoxic drugs (also known as neoplastic drugs)  e.g. compounds utilised for cancer and other treatments by pharmacy, nursing, research laboratories, veterinary or animal facilities |  |  |  |
|  | Mercury or mercury derivatives |  |  |  |
|  | Lead or lead derivatives |  |  |  |
|  | Carbon monoxide |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION FOUR: EXPOSURE TO BIOLOGICAL AGENTS** | | | |
| **Does your work expose you to the following:** | For those applicable (selected as Yes), please provide the following information for each agent:   1. Name of agent/s 2. Relevant route/s of exposure (inhalation, contact / absorption, ingestion or inoculation / puncture) 3. Length of exposure (e.g. 2 hours per working day) | **Yes** | **No** |
| Blood / body fluids which contain or may contain blood borne viruses such as HIV, Hepatitis B or C |  |  |  |
| Uncharacterised Human tissues / clinical specimens that may contain infectious agents |  |  |  |
| Animal allergens (if working in veterinary or animal facilities) |  |  |  |
| Other infectious viruses e.g. Hepatitis A, cytomegalovirus, parvovirus, Rubella |  |  |  |
| *Toxoplasma gondii* (causative agent of toxoplasmosis) |  |  |  |
| *Chlamydia psittaci* |  |  |  |
| *Listeria* |  |  |  |
| Work with other ACDP Hazard Group 2 or above biological agents or Genetically Modified Organisms Class 2 or above that may harm health of employee or unborn / new born child (state): |  |  |  |

|  |
| --- |
| **SECTION FIVE: EXTERNAL FACTORS** |
| Provide details on factors outside of the workplace, **if you wish** for it to be considered in this assessment (e.g. stressful situations at home): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SECTION SIX: CONTROLS AND ACTIONS** | | |  |
| If you ticked yes in any of the above sections, please use this section to identify the controls that need to be put into place, to safeguard you and your unborn / new born child’s health and safety whilst carrying out your work activities/duties. Extend the table if required.  J:\EHS-Pool\16 - MySafety (OSHENS) electronic systems 2016_17_18\Pictures\Risk Rating Matrix 15FEB2019.png | | | | |
| **No.** | **Hazard identified** | **Assessment of risk**  (Likelihood x severity=risk level / band) | **Further health and safety controls identified and actions required** (identify who should complete the action and deadline) | **Residual risk level / band** (once controls in place) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Please keep a copy on file. If referring to Occupational Health, attach to the referral through ‘Orchid Live’ at**  <https://www.orchidlive.com/public/>  **Employee’s signature:** | **Date:** |
| **Manager’s signature:** | **Date:** |
| **Queen Mary Occupational Health Use Only:** | |