**New Mothers at Work - Risk Assessment & Action Plan**

|  |
| --- |
| **Personal Details** |
| **Employee Name:** |  | **Job Title:** |  |
| **Faculty/Directorate:** |  | **Building/Office Location:** |  |
| **Date of Delivery** |  | **Date of Return to Work:** |  |
| **Line Manager/Person in Charge of Risk Assessment:** |  |
|  |  |

|  |
| --- |
| **Manager’s Responsibilities**The Management of Health & Safety at Work Regulations 1999 requires managers to assess workplace risks to new mothers. Managers must identify hazards in their workplace that could pose a health or safety risk to new mothers and take appropriate action to remove or reduce the risk. Upon return to work the manager will carry out this risk assessment. It is essential that new mothers are fully aware of the potential risks to themselves within their working environment.This checklist identifies the main work-related factors that may adversely affect new or expectant mothers, and should be used as an aid in conjunction with any existing risk assessments relevant to the person concerned, and to note measures to be taken to reduce risks to an acceptable level. The person concerned and her manager / supervisor should complete this assessment together, with input from the Health and Safety Unit / HR Business Partner as required. |
| **Brief description of new mother’s job/role** |
|  |

| **Description of Hazard** (delete where applicable) | **Examples to consider** | **Current control measures in place** | **Current risk rating**  | **Further control measures required and by whom** (usually only necessary where the risk rating is either high or medium) | **Final risk rating** |
| --- | --- | --- | --- | --- | --- |
| Likelihood | Severity | Risk Rating | Likelihood | Severity | Risk Rating |
| Possible post-natal depression | Consider having regular 1-2-1s with the employee following return to work. Where concerns are identified then OH advice should be sought |  |  |  |  |  |  |  |  |
| Employee has undergone a caesarean and is recovering from surgery | Does the employees job involve:-* Reaching?
* Stretching?
* Repetitive Twisting?
* Lifting/carrying loads?

OH involvement should be sought |  |  |  |  |  |  |  |  |
| **For nursing mothers**Employee exposed to non-ionising/ionising radiation through the course of their usual work activities | Consider whether the employee is breastfeeding or not. |  |  |  |  |  |  |  |  |
| **For nursing mothers**Working in hot environments e.g. workshops | Heat stress and fatigue, impact on breastfeeding |  |  |  |  |  |  |  |  |
| **For nursing mothers**Employee required to work with hazardous substances as part of their work activities e.g. * Carbon Monoxide
* Lead and its derivatives
* Mercury and it’s derivatives
 | Please name the agents (and possible route of entry to the body) that the woman is exposed to in the course of her work. |  |  |  |  |  |  |  |  |
| **For nursing mothers**Employee required to work with biological agents e.g.* Microorganisms
* Bacteria and viruses
 | Please name the agents (and possible route of entry to the body) that the woman is exposed to in the course of her work. |  |  |  |  |  |  |  |  |
| **For new mothers**Possible fatigue caused by long work hours | Consider incorporating regular breaks into the employee’s working day or providing flexible working arrangements. |  |  |  |  |  |  |  |  |
| **For new mothers**Possible stress caused by long work hours and unreasonable work demands | Consider incorporating regular breaks into the employee’s working day or providing flexible working arrangements.Ensure that employee’s workload is reasonable. |  |  |  |  |  |  |  |  |
| **For new mothers**Fatigue and discomfort caused by travelling between campuses. | Consider alternatives e.g. conference calls, online meetings where possible. |  |  |  |  |  |  |  |  |
| **For nursing mothers**Discomfort due to inappropriate nursing facilities. | Ensure that a private area is provided for the mother to express milk. |  |  |  |  |  |  |  |  |

|  |
| --- |
| **New Mother** – I confirmthat I am happy with the information outlined in the assessment above and I understand that it is my responsibility to comply with all control measures. I will inform my line manager/HR/H&S Unit of any changes to my situation which may have an effect on the risk assessment. |
| Name |  | Title |  | Signature |  | Date |  |
| **Person carrying out the assessment** |
| Name |  | Title |  | Signature |  | Date |  |

**Review of assessment, and revision if necessary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| REVIEW DATE | --/--/---- | --/--/---- | --/--/---- | --/--/---- |
| Name of reviewer |  |  |  |  |
| Signature |  |  |  |  |
| No revisions made |  |  |  |  |
| Changes to activity, hazards, precautions or risks noted in text. |  |  |  |  |

Appendix 1 – Risk Matrix

The hazards identified within the risk assessment should be assigned a risk rating – this should be assigned for any control measures which are currently in place and any further control measures which will be required. Types of risks to consider when carrying out the assessment include personal safety, equipment hazards, chemical hazards, biological hazards, physical hazards and environmental hazards – further information regarding this can be found in the accompanying risk assessment guidance note.

You should assign a value for the likelihood of an incident occurring based on the hazard from 1 to 5 and a value for the severity / impact of the hazard from 1 to 5. These should then be multiplied together to give a final risk rating e.g. 3 x 2 = 6.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **IMPACT** | **5****CATASTROPIHC** | **5** | **10** | **15** | **20** | **25** |
| **4****MAJOR** | **4** | **8** | **12** | **16** | **20** |
| **3****SERIOUS** | **3** | **6** | **9** | **12** | **15** |
| **2****MODERATE** | **2** | **4** | **6** | **8** | **10** |
| **1****MINOR** | **1** | **2** | **3** | **4** | **5** |
|  |  | **1****RARE** | **2****UNLIKELY** | **3****POSSIBLE** | **4****LIKELY** | **5****ALMOST CERTAIN** |
|  |  |  | **LIKELIHOOD** |

|  |
| --- |
| **Risk score = likelihood** of the hazard to cause harm x **impact** |
| **High** | **Medium** | **Low** |
| **Rating 15 or more**Immediate action is required to control and/or lower the level of risk. Exposure to the identified hazard is prohibited or severely restricted. | **Rating 7 - 14**Urgent review of the equipment, activities, system of work within the workplace with the aim of lowering the risk to the next level. | **Rating 1 – 6**Usually, no further action will be required except for monitoring to ensure the risk does not change. However, if it is possible to reduce the risk levels still further, by using controls that are “reasonably practicable”, then this should be done. |