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| **Name:** |  | **Occupation:** |  |
| **School/Academy:** |  | | |
| **Definition:** | A new or expectant mother is a woman who is pregnant, has given birth within the last six months or is breastfeeding. | | |
| **Notes:** | **This assessment must be completed with the new / expectant mother. The risk assessment should be reviewed in the event that the mother receives any new relevant information from their medical practitioner, if any issues arise through a change in work practices or related to a different stages of pregnancy. Otherwise it is good practice that this document is looked at on a regular basis (e.g. monthly) to confirm that it is still valid.**  **The risk assessment is designed to identify any hazards which may be of *additional* risk to a new and expectant mother across a variety of different school-based occupations. Therefore, when completing this risk assessment, you may find that many of the hazards are classed as “not applicable”.** | | |
| **Background information:** |  | | |

| **Hazards**  (including inadequate or lack of arrangements) | Possible control measures | ✓if in place 🗶 if not or n/a | Where:🗶 state action to be taken with timescales🗶 any additional control measures✓ site specific details, i.e. adjustments and changes to duties and responsibilities. | **Residual**  **Risk rating**  High, medium, low |
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| **Physical** |  |  |  |  |
| Manual handling | * Arrangements are in place to identify and assess any hazardous manual handling tasks, including reaching and overstretching e.g. moving * Stationery * Furniture (including lunch tables, chairs and benches) * Resources * PE and play equipment |  |  |  |
| * *Assisting people to move* risk assessments have been reviewed (in place for the personal care of pupils). |  |  |
| Falls from height | * The use of access equipment (step ladders, kick steps) is avoided as far as is practicable e.g. to access to storage / displays. |  |  |  |
| Slips. trips | * Sensible footwear is worn (consider swelling of feet). |  |  |  |
| Exposure to violence, impacts | * Positive handling and exposure to potentially violent pupils is avoided wherever possible e.g. by adjusting supervision responsibilities, having a procedure where other trained members of staff may be called upon. |  |  |  |
| * Risks from playground duty have been assessed and measures put in place e.g. avoiding the ball game areas, supervising quieter areas, standing with the back to a wall or fence so the supervising area is within the field of view, avoiding supervising in icy conditions. |  |  |
| **Working conditions** |  |  |  |  |
| Environmental conditions | * Arrangements in place to keep the workplace at a comfortable temperature. NHS Advice: * Keep the workroom cool – an electric fan may assist. * Wear loose clothing made of natural fibres, as these are more absorbent and breathable than synthetic fibres. |  |  |  |
| Access to school | * Consideration is made to allocate a car parking space close to the school entrance, particularly in the event of snow or icy conditions. |  |  |  |
| Hygiene / drinking Water | * Adequate welfare facilities (e.g. toilets etc.) are readily available. |  |  |  |
| * Access to clean drinking water is readily available. |  |  |
| Use of Computers (DSE) (office staff) | * The expectant / new mother’s workstation. chair and / or work procedures have been assessment and adjusted if necessary, to avoid any postural problems?   Scientific studies show that there is no harmful exposure to radiation arising from the normal use of VDUs. |  |  |  |
| Seating  (non-office staff) | * Seating has been considered.   Pregnant workers may require seating that can be adjusted without requiring awkward, bent postures. Consider their classroom seating and to a lesser degree the staff room and where meetings are held. |  |  |  |
| Postural issues | * Any postural implications for the providing of first aid and administration of medication have been considered. |  |  |  |
| Rest facilities | * The issue of fatigue been considered and discussed as necessary. The timing and flexibility of rest breaks with your employer have been agreed. |  |  |  |
| * The new or expectant mother has access to adequate rest facilities. |  |  |
| * Adequate arrangements and facilities are available for the mother to express milk: * provision of a clean, warm, private room (not the toilet) for expressing * a secure, clean fridge to store expressed milk |  |  |
| Lone Working  Including emergency action | * Lone working is avoided as far as is practicable. |  |  |  |
| * Suitable arrangements are in place for communication in an emergency. |  |  |
| Physical Work-related stress | * Hours, volume and pacing of work have been discussed and agreed. |  |  |  |
| Off Site Visits | * Consideration has been given to any issues related to the new or expectant mother to carry out supervisory duties on off site visits including escort duty on transport. |  |  |  |
| Driving accidents | * Road accidents are among the most common causes of injury in pregnant women. The following precautions are taken: * Only drive when you’re feeling alert. Fatigue and dizziness are common during pregnancy. * Avoid long journeys: if you have to make a long journey, don't travel on your own. You could also share the driving with your companion. * Towards the end of your pregnancy, your growing bump may feel uncomfortable and get in the way of the steering wheel. If that’s the case, you might prefer to stop driving, but there’s no law saying you must. * You must still wear a seat belt when you’re pregnant unless you have a doctor’s note. |  |  |  |
| Whole body vibration | * Whole body vibration is avoided from driving over rough terrain. |  |  |  |
| **Biological** |  |  |  |  |
| Infections  [COVID-19 resource](https://www.rcog.org.uk/covid-vaccine) | * The *infection control* risk assessment has been completed, control measures introduced and shared with all staff. |  |  |  |
| * All staff undergo a full occupational health check before starting employment; this includes ensuring they are up to date with immunisations, including measles, mumps, rubella (MMR). |  |  |
| * The UKSHA strongly recommend the COVID-19 vaccination for pregnant and breastfeeding women. If a pregnant woman has COVID-19 in later pregnancy, both they and their unborn baby are at increased risk of serious disease needing hospital treatment, and intensive care support. UK data has shown that almost every pregnant woman with COVID-19 disease who needed hospital treatment or intensive care, had not been vaccinated.   The pregnant member of staff has discussed this with their medical practitioner to enable them to make a personal informed choice about whether to accept a COVID-19 vaccination. |  |  |
| * Pregnant women are advised that they may continue to choose to wear a face covering in non-pupil facing activities (e.g. staff meetings). |  |  |
| * It should be noted that the greatest risk to pregnant women from such infections comes from their own household rather than the workplace.   However, if a pregnant woman develops a rash, or is in direct contact with someone with a rash who is potentially infectious, they are informed to consult her doctor or midwife. |  |  |
| * [UK Health Security Agency Guidance](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-7-staff-health#pregnant-staff) is followed regarding the management of exposure to: * Chickenpox * Measles * Rubella (German measles) * Slapped cheek disease (Parvovirus B19) |  |  |
| School science microorganisms | * Microbiology: microorganisms listed by CLEAPSS as suitable for school use are considered to be unlikely to cause disease in people with a healthy immune system. However, avoid risks from exposure to possibly pathogenic, particularly unknown, microorganisms which may arise e.g. from ‘finger dab’ activities or in cultures that have become contaminated with pathogens. Always follow up-to-date, good practice guidance. |  |  |  |
| Exposure to: chlamydiosis toxoplasmosis listeriosis Q fever | Visits to farms are avoided during lambing season:   * These infections are uncommon in sheep and very rare in humans. The number of human pregnancies affected by contact with sheep is extremely small. Although the risks are low, pregnant women should still avoid close contact with sheep during lambing. |  |  |  |
| Animal litter | * Animal litter is a potential source of pathogens. Pregnant women should therefore do not clean out cages etc. |  |  |  |
| **Chemical agents** |  |  |  |  |
| Science | * A small number of chemicals used in secondary schools are classified as affecting the unborn child. No chemicals classified as affecting lactation (breastfeeding) are used in schools. Though the risks are very small and have already been covered in CLEAPSS model risk assessments, you may wish to be aware of the chemicals listed on the PS013 CLEAPSS guide. |  |  |  |
| * The PS013 CLEAPSS guide is followed for the following:   + Activities in which lead fumes are produced   + The volcano experiment with ammonium dichromate   + Use of borax (commonly used to make slime and related materials at different key stages) |  |  |
| Bodily fluids | * The *bodily fluids* risk assessment has been completed and actions implemented. |  |  |  |
| **Radiation** |  |  |  |  |
| Ionising radiation (KS3/4) | * Provided the local rules are followed (see section 6 of CLEAPSS guide L93 nobody handling radioactive materials in schools will receive an additional dose anywhere near the limits laid down by the regulations, even the lower limit, for women during pregnancy.   Sealed sources: Pregnant, new and breastfeeding mothers may continue to carry out normal procedures. However, if they are seriously concerned, another person could carry out the work on their behalf, to reduce stress.  To eliminate the already very low risk of contamination pregnant, new and breastfeeding mothers do not carry out these procedures:   * Leak tests * Contamination checks * Work with unsealed sources (e.g. dealing with spills of radioactive substances, preparing protactinium generators, disposing of radiochemicals, etc). |  |  |  |
| **Mental Health** |  |  |  |  |
|  | * Anxieties and concerns about working conditions, work relationships, work demands, role and responsibilities, school changes before the birth, during maternity leave and on return have been discussed. |  |  |  |
|  | * Being pregnant is a big life event and it is natural to feel a lot of different emotions. There may also be additional anxieties associated with the COVID-19 pandemic and the control measures that are now recommended in both work and non-work situations. Guidance is currently available here:   <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/>  <https://www.tommys.org/pregnancy-information/im-pregnant/coronavirus-and-pregnancy/8-ways-manage-anxiety-pregnancy-during-pandemic> |  |  |
| * Keep in touch days have been arranged where requested. |  |  |
| * An agreement is in place for frequency and method of sharing of necessary information from the school to the mother when on maternity leave. |  |  |
| * Counselling services have been signposted. |  |  |
| * School management are mindful of the support required in the event of post-natal depression. |  |  |

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| **Are there any other foreseeable hazards?** | | **Yes**  **No** | |
| **Additional Hazards** | **List any additional control measures required** | | **Residual**  **Risk rating**  High, medium, low |
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| **Date of initial risk assessment:** |  | | |
| **Manager completing risk assessment:** |  | **Signature of manager completing risk assessment:** |  |
| **Employee signature:** |  | | |

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| **Risk assessment reviews:** |

| **Agreed review dates:** | **Signature of manager completing risk assessment**†**:** | **Employee signature:** |
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| **General** | **Actions Taken** |
| **All female employees** have been informed of the risks and have all the relevant assessments affecting them been reviewed.  It is important that employers identify hazards for **all female employees** of childbearing age. Where assessments reveal a risk you must inform all women employees of childbearing age about the potential risks if they are, or could be in the future, pregnant. |  |

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| **Reference Documents**  **HSE:**   * Expectant Mothers – FAQs: [www.hse.gov.uk/mothers/faqs.htm](http://www.hse.gov.uk/mothers/faqs.htm) * New and expectant mothers who work: A brief guide to your health and safety [www.hse.gov.uk/pubns/indg373.pdf](http://www.hse.gov.uk/pubns/indg373.pdf) * Working safely with ionising radiation Guidelines for expectant or breastfeeding mothers: [www.hse.gov.uk/pubns/indg334.pdf](http://www.hse.gov.uk/pubns/indg334.pdf) * Flowchart: [www.hse.gov.uk/mothers/docs/pregnant-workers-flow-chart.pdf](http://www.hse.gov.uk/mothers/docs/pregnant-workers-flow-chart.pdf) * Infection risks to new and expectant mothers in the workplace: A guide for employers: [www.hse.gov.uk/pubns/priced/infection-mothers.pdf](http://www.hse.gov.uk/pubns/priced/infection-mothers.pdf)   **Other:**   * CLEAPSS: PS13 - Pregnant, new & breastfeeding mothers and school science:   <http://science.cleapss.org.uk/Resource/PS013-Pregnant-new-breastfeeding-mothers-and-school-science.pdf> |