

New and expectant mothers risk assessment

The *New and expectant mothers risk assessment* form below, is not an exhaustive list of issues to be aware of when undertaking a risk assessment for new and expectant mothers. It is important that new and expectant mothers are involved in the risk assessment process to ensure that all relevant facts and issues are covered.

Your workplace risk assessment should already consider any risks to female employees of childbearing age and, in particular, risks to new and expectant mothers, for example, from working conditions or the use of physical, chemical or biological agents. If you are notified that an employee is pregnant, breastfeeding or has given birth within the last six months, you should check your workplace risk assessment to see if any new risks have arisen. You must take appropriate, sensible action to reduce, remove or control them.

If a significant health and safety risk is identified for a new or expectant mother, which goes beyond the normal level of risk found outside the workplace, temporarily adjust her working conditions and/or working hours. If that is not possible, offer her suitable alternative work if available. Where neither option is available, suspend her from work on medical grounds on full pay for as long as necessary to protect her health and safety, and that of her child.

The risk assessment should be reviewed on a regular basis; more frequently as the pregnancy progresses. The risk assessment process should continue for the duration the new mother is breastfeeding.

Where the risk assessment highlights significant risks, settings should seek further guidance. Alliance member settings should contact the free legal 24-hour legal advice service, Law-call. All settings are responsible for the actions they take.

New and expectant mothers risk assessment form

Employee name: _____ Role: _____

Name of person conducting risk assessment: _____ Role: _____

Date of risk assessment: _____ Date of child birth/expected date of child: _____

Risks to new and expectant mother	Existing measures in place to reduce, remove or control risks	Additional action(s) required to reduce, remove or control risks	Name of person(s) responsible for taking additional action	Additional action to be completed by (date)	Actual completion date
<p><i>Physical risks:</i></p> <ul style="list-style-type: none"> ▪ Regular exposure to shocks. ▪ Low frequency. ▪ Vibrations or movements. ▪ Manual handling loads where there is a risk of injury. ▪ Mental and physical fatigue and/or other physical burdens. ▪ Movements and postures i.e. standing. ▪ Significant exposure to ionising radiation e.g. radioactive contamination. ▪ Significant exposure to non-ionising electromagnetic radiation e.g. extreme over- 					

exposure to radio-frequency radiation.					
<p><i>Biological agents:</i></p> <ul style="list-style-type: none"> Exposure of biological agents e.g. a higher risk of exposure to HIV, hepatitis C, etc. than there is from living in the community. 					
<p><i>Chemical agents:</i></p> <ul style="list-style-type: none"> Exposure to chemical agents e.g. lead, carbon monoxide, drugs. 					
<p><i>Working conditions:</i></p> <ul style="list-style-type: none"> Exposure to extremes of cold and heat. High volumes of noise e.g. 80dB or more. Working at heights or confined spaces. Work hours that are causing fatigue. Significant travelling or driving. Unusually demanding role. 					
<p><i>Any other risks:</i></p> <ul style="list-style-type: none"> 					

Risk assessment review date: _____

Signature of employee: _____

Date of signature: _____

Signature of person conducting risk assessment: _____

Date of signature: _____