**UoY Green.TIFGENERAL RISK ASSESSMENT FORM**

**Section 1: Assessment Overview**

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| **Assessment Reference Number** |  | **Version Control** |  |

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| **Name of Assessor** |  | **Contact Details** |  |
| **Description of Area / Procedure / Task being assessed** |  | | |
| **Location** |  | | |

**Section 2: Persons Affected**

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| **Who might be affected by this work?**  (delete 🗸 as applicable) |  | **Are any vulnerable groups affected?**  (delete 🗸 as applicable) |  | **How many people are affected?**  (delete 🗸 as applicable) |  |

**Section 3: Review**

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| **Date for Next Review of this Document** | **Date Document Reviewed** | **Reviewed by (print name)** | **Signature** |
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**Section 4: Risk Assessment**

**Risk Matrix**

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| **Hazard Severity Score** | | **Likelihood** | | **Probability**  **Severity** | **1** | **2** | **3** |
| **Negligible Injury or Damage** | **1** | **Unlikely** | **1** | **1** | **LOW** | **MEDIUM** | **MEDIUM** |
| **Minor Injury or Damage** | **2** | **May Happen** | **2** | **2** | **MEDIUM** | **MEDIUM** | **HIGH** |
| **Major Injury or Death** | **3** | **Almost Certain** | **3** | **3** | **MEDIUM** | **HIGH** | **HIGH** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 1 | **Environment and Facilities**  **Resting Facilities** – Rest is important for new and expectant mothers. Tiredness increases during and after pregnancy. The need for rest is both physical and mental.  **Hygiene Facilities** – Without easy access to toilets (and associated hygiene facilities), there may be increased risks to health and safety, including significant risks of infection and kidney disease. Because of pressure on the bladder and other changes associated with pregnancy, pregnant women often have to go to the toilet more frequently and more urgently than others. Breastfeeding women may also need to do so because of increased fluid intake to promote breast milk production.  **Storage Facilities** – Access to appropriate facilities for breastfeeding mothers to express and safely store breast milk or to enable infants to be breastfed may facilitate breastfeeding and evidence shows that breastfeeding can help protect the health of both mother and infant. | **2** | **2** | **M** |  | **1** | **L** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 2 | **Mental and Physical Fatigue**  Long hours, early mornings, late nights etc can have a significant effect on the health of new and expectant mothers, and on breastfeeding. Not all new and expectant mothers are affected in the same way, and the associated risks vary with the type of activity and individual concerned. This applies especially to mental and physical fatigue that increases during pregnancy and in the postnatal period due to the various physiological and other changes taking place.  Increasing tiredness, may affect the health of the pregnant woman and her unborn child, her recovery after childbirth, or her ability to breastfeed, and may increase the risks of stress and stress–related ill health.  Changes in blood pressure may occur during and after pregnancy and childbirth and normal patterns of breaks may be inadequate. | **2** | **2** | **M** |  | **1** | **M** |
| 3 | **Extremes of Temperature**  Due regard should be afforded to mental and physicalfatigue related risks as part of the health and safety risk assessment with any adjustments / flexibility to timescales, periods of absence etc in accordance with the University’s “Policy on support for pregnant students and students with very young children” and articulated within the “written agreement”. | **1** | **1** | **L** |  | **1** | **L** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 4 | **Management of Stress**  Hormonal, physiological and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, or to anxiety or depression.  Financial, emotional and Academic concerns may cause anxiety and stress, due to changes in circumstances brought about by pregnancy.  Additional stress may occur if a woman’s anxiety about her pregnancy, or about its outcome (e.g. where there is a past history of miscarriage, stillbirth or other abnormality) is heightened or as a result of peer group or other pressure. This can lead to increased vulnerability to stressors.  Stress is associated in some studies with increased incidence of miscarriage and pregnancy loss, and also with impaired ability to breastfeed.  Women who have recently suffered loss through stillbirth, miscarriage, adoption at birth or neonatal death will be especially vulnerable to stress, as will women who have experienced serious illness or trauma (including Caesarean section) associated with pregnancy or childbirth. However, in some circumstances, returning to study after such events may help to alleviate stress, but only in those cases where there is a sympathetic and supportive environment.  It is known that stress can lead to anxiety and depression. Equally, if someone is already suffering from anxiety or depression, they may be more vulnerable to stressors in their environment. It is important to remember that some women may develop postnatal depression after childbirth, which could make them more vulnerable to stressors. | **2** | **2** | **M** |  | **2** | **M** |
| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 5 | **Smoking**  Cigarette smoke is mutagenic and carcinogenic and is a known risk to pregnancy where the mother smokes. Cigarette smoke can also aggravate preconditions such as asthma. The effects of passive smoking are less clear but are known to affect the heart and lungs, and to pose a risk to infant health. | **2** | **2** | **M** |  | **1** | **L** |
| 6 | **Display Screen Equipment (DSE)**  Anxiety about radiation emissions from display screen equipment and possible effects on pregnant women has been widespread. However, there is substantial evidence that these concerns are unfounded. The HSE has consulted the National Radiological Protection Board, which has the statutory function of providing information and advice on all radiation matters to Government Departments, and the advice below summarises scientific understanding.    The levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by DSE are well below those set out in international recommendations for limiting risk to human health created by such emissions and the National Radiological Protection Board does not consider such levels to pose a significant risk to health. No special protective measures are therefore needed.  In the latter stages of pregnancy increased abdominal size can affect posture and circulation. | **2** | **1** | **M** |  | **1** | **L** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 7 | **Working Alone**  Pregnant women are more likely to need urgent medical attention. | **2** | **2** | **M** |  | **1** | **L** |
| 8 | **Working at Height**  It is hazardous for pregnant women to “work” at heights for example ladders, platforms etc. | **3** | **2** | **H** |  | **1** | **L** |
| 9 | **Travelling**  Travelling can be problematic for pregnant women, involving risks including fatigue, vibrations, stress, static posture, discomfort and accidents. These risks can have a significant effect on the health of new and expectant mothers. | **2** | **2** | **M** |  | **1** | **L** |
| 10 | **Violence**  If a woman is exposed to the risk of violence during pregnancy, when she has recently given birth or while she is breastfeeding this may be harmful. It can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed  The risk may affect students in direct contact with customers and clients e.g. during placements, fieldwork and research situations. | **2** | **2** | **M** |  | **2** | **M** |
| 11 | **Pre-existing Medical Conditions**  This assessment document assumes a healthy individual with no pre-existing medical conditions or disability. Risk may be increased in the presence of disease or disability. | **2** | **1** | **M** |  | **1** | **L** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 12 | **Work Equipment and Personal Protective Equipment (PPE)**  Equipment and personal protective equipment is not generally designed for use by pregnant women. Pregnancy (and breastfeeding) involves physiological changes which may make some personal protective equipment not only uncomfortable but also unsafe for use in some cases; for example, where equipment does not fit properly or comfortably, or where the operational mobility, dexterity or co-ordination of the women concerned is temporarily impeded by her pregnancy or recent childbirth. | **2** | **2** | **M** |  | **1** | **L** |
| 13 | **Movement and Posture**  The nature and extent of any risks of injury or ill health resulting from movements or posture during and after pregnancy will depend on a number of factors, including;   * The nature, duration and frequency of tasks/movements; * Pace, patterns and intensity of activity and rest breaks; * Ergonomic factors and the general environment; and * The suitability and adaptability of any equipment involved.   Hormonal changes in women who are pregnant or have recently given birth can affect the ligaments, increasing susceptibility to injury.  The resulting injury may not be apparent until sometime after the birth. Attention should also be paid to women who may handle loads during the three months following a return to work after childbirth.  Postural problems can arise at different stages of pregnancy, and on return to work, depending on the individual and the environment. These problems may increase as the pregnancy progresses, especially if there are awkward movements or long periods of standing or sitting in one position  **Standing:** Continuous standing during the working day may lead to dizziness, faintness, and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.  **Sitting:** Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.  **Confined Spaces:** It may be hazardous working in confined spaces, or where adjustments cannot be made to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance, may be impaired and potential increase in the risk of accidents .There may also be additional risks if a woman is returning to work after childbirth with medical complications such as a Caesarean birth or deep vein thrombosis. | **2** | **2** | **M** |  | **2** | **M** |
| 14 | **Manual Handling**  Pregnant women are especially at risk from manual handling injury, e.g. hormonal changes can affect the ligaments, increasing susceptibility to injury and postural problems may increase as the pregnancy progresses.  There can also be risks for those who have recently given birth, e.g. after a caesarean section there is likely to be a temporary limitation on lifting and handling capability.  Breastfeeding mothers may experience discomfort due to increased breast size and sensitivity. | **2** | **2** | **M** |  | **2** | **M** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 15 | **Vibration, Shocks and Irregular Movement**  Regular exposure to shocks, low frequency vibration, e.g. driving or riding in off road vehicles, or excessive movement may increase the risk of a miscarriage.  Long term exposure to whole body vibration does not cause abnormalities to the unborn child. However, there may be an increased risk of prematurity or low birth weight. Breastfeeding women are at no greater risk than other women. | **1** | **1** | **L** |  | **1** | **L** |
| 16 | **Noise**  There appears to be no specific risk to new or expectant mothers or to the unborn child, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness.  No particular problems for women who have recently given birth or who are breastfeeding. | **1** | **1** | **L** |  | **1** | **L** |
| 17 | **Ionising Radiation**  Significant exposure to ionising radiation can be harmful to the unborn child. The employer is required to ensure that the conditions of exposure during the remainder of the pregnancy are such that the dose to the unborn child is unlikely to exceed a value specified in the Ionising Radiations Regulations 1999.  If the work involves radioactive materials there may be a risk to the unborn child if significant amounts are ingested or inhaled by the expectant mother or permeate through her skin and are transferred via the placenta to the unborn child. In addition, radiation from radioactive substances taken into the mother’s body irradiates the unborn child through the wall of the womb. | **2** | **2** | **M** |  | **1** | **L** |
| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 18 | **Non-ionising Radiation**  Optical Radiation - Pregnant or breastfeeding mothers are at no greater risk than other workers. Electromagnetic fields and waves (e.g. radio frequency radiation). Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the unborn child or the mother, however, extreme over exposure to radio frequency radiation could cause harm by raising body temperature.  Lasers / UV / Magnets / NMR / EMF / RF / Microwaves. | **2** | **1** | **M** |  | **1** | **L** |
| 19 | **Diving at Work**  **Compressed Air:** Risk of decompression illness (DCI) commonly known as the bends. Little scientific information whether pregnant women are at more risk but potentially the unborn child could be seriously harmed. For those who have recently given birth there is a small increase in the risk of DCI. No physiological reason why a breastfeeding mother should not work in compressed air.  **Diving:** Pregnant women are advised not to dive at all during pregnancy due to the possible effects of exposure to a hyperbaric environment on the unborn child. There is no evidence to suggest that breastfeeding and diving are incompatible. | **2** | **2** | **M** |  | **1** | **L** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 20 | **Biological Agents**  Many biological agents within the three risk groups can affect the unborn child if the mother is infected during pregnancy. These may be transmitted through the placenta while the child is in the womb, or during or after birth, e.g. breastfeeding or through close physical contact between mother and child. Examples of agents where the child might be infected in one of these ways are hepatitis B, HIV, herpes, TB, syphilis, chickenpox and typhoid. For most individuals, the risk of infection is no higher at work than from living in the community, but in certain activities, exposure to infections is more likely, e.g. laboratory workers, health care, people looking after animals and dealing with animal products.  Rubella (German Measles) and toxoplasma can harm the unborn child, as can some other biological agents, e.g. cytomegalovirus (an infection common in the community) and Chlamydia in sheep. The risks of infection are generally no higher for workers than others, except in those exposed certain activities, e.g. laboratory workers, health care, people looking after animals and dealing with animal products see above). | **3** | **2** | **H** |  | **2** | **M** |

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| **No** | **Description of Hazard** | **Hazard Score** | **Initial Likelihood Score** | **Initial Risk** | **Controls** | **Residual**  **Likelihood Score** | **Residual Risk** |
| 21 | **Hazardous Substances**  There are about 200 substances labelled with these hazard statements: (previously known as risk phrases)  H351 - Suspected of causing cancer  H350 - May cause cancer  H340 - May cause genetic defects  H350i - May cause cancer  H360 - May damage fertility or the unborn child  H361 - May damage fertility or the unborn child  H362 - May cause harm to breast fed children  H341 - Suspected of causing genetic defects  The actual risk to health from these substances can only be determined following a risk assessment of a particular substance at the place of work. Although the substance listed may have the potential to endanger health or safety there may be no risk in practice, for example if exposure is at a level that is known to be safe.  **Organic Mercury Compounds** could have adverse effects on the unborn child. Animal studies and human observations have demonstrated that exposure to these forms of mercury during pregnancy can slow the growth of the unborn baby, disrupt the nervous system, and cause the mother to be poisoned.  There is no indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby.  Organic mercury can be transferred from blood to milk, causing a potential risk to the new-born baby if being breastfed.  **Antimitotic (Cytotoxic) Drugs**  These drugs are used in cancer chemotherapy and have the ability to arrest the multiplication of living cells. They achieve this by interfering with essential functions of the cell, especially those involving cell division and can, in the long term cause damage to the sperm and egg cells. Some can cause cancer. Occupational exposure is by inhalation or absorption through the skin.  These substances are exempt from the normal labelling requirements because they are drugs.  Further guidance on this subject is available <http://www.hse.gov.uk/pubns/misc615.pdf>  The HSE guidance booklet EH40 Occupational Exposure Limits, updated annually, contains tables of inhalation exposure limits for certain hazardous substances. Some of these substances can also penetrate intact skin and become absorbed into the body, causing ill health effects.  These substances are marked “Sk” in the tables. As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties. Absorption through the skin can result from localised contamination, e.g. from a splash on the skin or clothing, or in certain cases, from exposure to high atmospheric concentrations of vapour.  **Carbon Monoxide**  Pregnant women may have heightened susceptibility to the effects of exposure to CO.  Carbon monoxide readily crosses the placenta and can result in the unborn child being starved of oxygen. Data on the effects of exposure to carbon monoxide on pregnant women are limited but there is evidence of adverse effects on the unborn child. Both level and duration of maternal exposure are important factors in the effect on the unborn child.  There is no indication that breastfed babies suffer adverse effects from their mothers’ exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.  **Lead and Lead Derivatives**  There are strong indications that exposure to lead, either before or after birth via the mother or during early childhood, can impair the development of the child’s nervous system.  The effects on breastfed babies of their mothers’ lead exposure have not been studied. However, lead can enter breast milk. Since it is thought that the nervous system of young children is particularly sensitive to the toxic effects of lead, the exposure of breastfeeding mothers to lead should be viewed with concern. | **3** | **2** | **H** |  | **2** | **M** |

**Section 5: Assessment Sign-Off**

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| **Assessor’s Signature** |  | **Position** |  |
| **Print Name** |  | **Date** |  |
| **Additional Comments** |  | | |

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| **Assessment Agreed by** |  | **Position** |  |
| **Print Name** |  | **Date and Time** |  |
| **Additional Comments** |  | | |

**Section 6: Communication of Risk Assessment**

I have read and understood the contents of this risk assessment.

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| **Name** | **Date** | **Signature** |
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