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| **MATERNITY RISK ASSESSMENT CHECKLIST- Please tick the appropriate hazards to help formulate your risk assessment**  **Physical risks**  Movements and postures: Prolonged sitting / standing  Manual handling of loads Shocks and vibration  Noise Ionising radiation Non-ionising radiation  Hyperbaric (high pressure) atmospheres e.g. diving, compressed air  Restricted or confined spaces  **Biological agents**  Biological agent of hazard group 2, 3 and 4,  Biological agents known to cause abortion or physical and neurological damage  *Examples of biological agents :Brucella spp, Chlamydia (psittaci/trachomatis), Listeria monocytogenes, Mycobacterium tuberculosis, Treponema pallidum (syphilis), Toxoplasma gondii, Cytomegalovirus, Herpes simplex. Hepatitis virus, HIV, Paramyxoviridae (mumps/measles), Parvovirus and Rubella*  **Substances labelled:**  H340 (Suspected of causing genetic defects), H341 (Suspected of causing genetic defects), H350 (May cause cancer) / H350i (May cause cancer by inhalation), H351 (Suspected of causing cancer), H360F (May damage fertility) / H360FD (May damage fertility, may be damaging to unborn child) / H360Fd (Suspected of damaging the unborn child), H361f (Suspected of damaging fertility) / H361fd (Suspected of damaging unborn child) / H361fd (may damage the unborn child, suspected of damaging fertility), H362 (May cause harm to breast fed children), and H370, H371, H372, H373 (May cause damage to organs).  Chemical agents and industrial processes subject to the control of carcinogenic substances procedures in COSHH  Mercury and mercury derivatives  Antimitotic (cytotoxic )drugs  Chemical agents that can be absorbed through the skin e.g. pesticides  Carbon monoxide  Lead and lead derivatives  **Working conditions**  Resting facilities Work equipment and personal protective clothing ie ill fitting  Hygiene facilities Storage facilities  Mental and physical fatigue and working hours Occupational stress  Passive smoking Extremes of temperature  DSE work Lone working  Working at height International Travel  Work-related violence Appropriate meal and refreshment breaks  Driving for work  **Personal factors (Managers to note these may change over the course of the pregnancy and individuals may not wish to disclose some of the below)**  Pregnancy related sickness Backache  Varicose veins Haemorrhoids  Frequent visits to the toilet Balance  Tiredness Increasing size  Comfort Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Maternity Risk Assessment Form **MRA1**

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| **School/Function** |  |
| **Employee Name** |  |
| **Initial Assessment date:** |  |
| **Please delete as appropriate:** | Expectant Mother  New Mother  Breast feeding |

| **What are the significant hazards?** | **Who might be harmed and how?** | **What are you already doing?** | **Do you need to do anything else to manage this risk?** | **Action by whom?** | **Action by when?** | **Completed** |
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| Guidance: Use the Maternity RA checklist, relevant workplace risk assessments and Section 5 guidance in HSS Code of Practice 57 to help you. | Most likely to be the individual being assessed but depending on the hazard there could be a risk to others. | Describe the existing control measures already in place in the workplace. | If existing control measures do not provide adequate protection for the current circumstances, what else can be done to reduce the risks? | Be specific! |  |  |
| ***EXAMPLE***  Injury due to manual handling activities (receiving and transporting paper delivery) . | Pregnant Individual and / or unborn child.  **Or**  New Mother following caesarean section. | * A Manual Handling Risk for receiving deliveries is in place * Employee trained in manual handling techniques * Suitable trolley is available in reception | **Possible control options (not exhaustive and dependent on Individual)**   * Remove from deliveries rota for XXXX weeks / months. * Locate alternative team member to take on this task temporarily. * Reduce frequency / load (if appropriate) | Manager / Individual  Manager  Manager | With immediate effect  25/03/21  21/06/21 | 21/03/21  25/03/21  21/06/21 |
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| **Name & signature of Assessor(s):** |  | Number of continuation sheets used: |
| **School / Function:** |  |
| **New/expectant mother signature:** |  |
| **Review Date:** |  |  |