



GUIDANCE FOR MANAGERS WHEN CARRYING OUT RISK ASSESSMENTS FOR HEALTHCARE WORKERS

The following guidance is based upon a European Communication issued 20/11/2000, which can be found in its entirety on the HSE website and is available through a link from the Occupational Health website. Guidance is also taken from the Association of NHS Occupational Health Physicians.

Generic hazards	Preventative or risk control measures
Mental and physical fatigue and working hours	<p>It may be necessary to adjust working hours temporarily, as well as the timing and frequency of rest breaks, and to change shift patterns.</p> <p>Expectant mothers can still work night shifts unless there is a specific identified risk. In this instance the employee must provide a medical certificate from their doctor or midwife stating that they must not work nights. Occupational Health may also have identified that night work could impact on the individuals health and safety.</p> <p>If this is the case then the employee must be offered suitable alternative daytime work. If this is not possible, the employee must be suspended from work on paid leave for as long as necessary to protect their and the health and safety of their child.</p>
Postural problems connected with the activities of new or expectant mothers	Ensure that the hours, volume and pacing of work are not excessive and that, where possible, the employee has some control over how work is organised. Fatigue can be addressed with longer and more frequent breaks.
Extremes of heat or cold	Pregnant workers should not be exposed to prolonged excessive heat or cold at work
Work in a high pressure atmosphere, for example pressurised enclosures	Pregnant workers should not work in high-pressure atmospheres.
Display screen equipment use	In the light of the scientific evidence, pregnant women do not need to stop working with VDUs. However, to avoid problems caused by stress and anxiety, women who are pregnant and are worried about working with VDUs should be given the opportunity to discuss their concerns with



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	someone adequately informed of current authoritative scientific information and advice.
Work at heights	The employer must ensure that pregnant workers do not work at heights (e.g. ladders and scaffolds)
Working alone	Depending on their medical condition, help and support needs to be available when required and emergency procedures (if needed) must take into account factors affecting the pregnant women.
Occupational stress	Employers will need to take account of known stress factors ('stressors') (such as shift pattern, job security, workloads, etc.) and the particular factors affecting pregnant women. If significant stressors are identified a stress risk assessment should be carried out. Further information available on from the Occupational Health department
Standing activities	Physiological changes during pregnancy (increased blood and systolic volume, general dilatation of blood vessels and possible compression of abdominal or pelvic veins) promote peripheral congestion while standing. Venous compression may reduce the venous return from the pelvis which leads to compensatory increases in the maternal heart rate and to contractions of the uterus. If the compensation is insufficient, this may lead to dizziness and faintness. Continuous standing (and/or walking) for long periods during the working day also contributes to an increased risk of premature childbirth Ensure that seating is available where appropriate. Constant sitting or constant standing is both inadvisable. It is better to alternate between the two. If this is not possible, provision should be made for breaks.
Manual Handling	Manual handling of heavy loads is considered to pose a risk to pregnancy, such as risk of foetal injury and premature birth. The risk depends on strain, i.e. the weight of the load, how you lift and how often it occurs during work time. As the pregnancy progresses, a pregnant worker is at greater risk from manual handling injury. This is due to hormonal relaxation of the ligaments and the postural problems of advancing pregnancy. There can also be risks for those who have recently given birth, for example 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



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	<p>sensitivity.</p> <p>The changes an employer should make will depend on the risks identified in the assessment and the circumstances of the business. For example, it may be possible to alter the nature of the task so that risks from manual handling are reduced for all workers, including new or expectant mothers. Or it may be necessary to address the specific needs of the worker and reduce the amount of physical work, or provide aids for her in future to reduce the risks she faces.</p>
<p>Lack of rest and other welfare issues (includes passive smoking)</p>	<p>Provide access to somewhere where the employee can sit or lie down comfortably in private and without disturbance, at appropriate intervals. Expectant mothers must be warned of any risk from passive smoking.</p>
<p>Risk of kidney disease (lack of toilet facilities)</p>	<p>Working practices need to be adapted, for example, in continuous processing and team working situations, Appropriate measures must enable expectant and nursing mothers to leave their workstation/activity short notice, and more frequently than normal.</p>
<p>Hazards as a result of inappropriate nutrition</p>	<p>New and expectant mothers' particular needs concerning rest, meal and refreshment breaks may be established in consultation with the individual.</p>
<p>Unsuitable or absent facilities regarding pregnancy</p>	<p>Protective measures must include:</p> <ul style="list-style-type: none"> -access to a private room in which to breastfeed or express breast milk. -use of secure, clean refrigerators for storing expressed breast milk whilst at work, and facilities for washing, sterilising and storing receptacles. -time off (without penalty) to express milk or breastfeed.
<p>Noise</p>	<p>The employer must ensure that workers who are pregnant, who have recently given birth or who are breastfeeding, are not exposed to noise levels exceeding national exposure limit values: 85 dB(A)</p>
<p>Vibration(includes whole body vibration)</p>	<p>Excessive vibration should be avoided. It should be recognised that use of personal protective equipment by the mother will not protect the unborn child from a vibration hazard.</p>
<p>Traveling either inside or outside the establishment or on business</p>	<p>Traveling in the course of work, and to and from the workplace, can be problematic for pregnant women, involving risks including fatigue, vibration, stress, static posture, discomfort and accidents. These risks can have a significant effect on the health of new and expectant</p>



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	<p>mothers.</p> <p>Where travel for business is required advice should be taken from Occupational health and the women's health care providers with regard to flying, vaccinations and prophylactic treatments.</p>
<p>Ionising radiation</p>	<p>As soon as a pregnant woman informs the organisation of her condition, the protection of the unborn child must be comparable with that provided for members of the public. The equivalent dose to the unborn child has to be as low as reasonable achievable, and will not usually exceed 1mSv during at least the remainder of the pregnancy.</p> <p>Special attention should be paid to the possibility of nursing mothers encountering radioactive contamination and they should not be employed where there is a significant risk of such contamination.</p>
<p>Antimitotic (cytotoxic) Drugs In the long term these drugs cause damage to genetic information in sperm and eggs. Some can cause cancer. Absorption is by inhalation or through the skin. Assessment of the risk should look particularly at preparation of the drug for use (pharmacists, nurses), administration of the drug and disposal of waste (chemical and human).</p>	<p>There is no known threshold limit and exposure must be avoided or reduced. Those trying to conceive a child or who are pregnant or breastfeeding should be fully informed of the reproductive hazard. When preparing the drug solutions, exposure should be minimised by the use of protective garments (gloves, gowns and mask), equipment (flow hood), and good working practices.</p> <p>A pregnant worker preparing antineoplastic drug solutions should be transferred to other work.</p>
<p>Mercury and mercury Derivatives Organic</p>	<p>Prevention of exposure must be the first priority. Where it is not appropriate to prevent the risk, control of exposure may be by a combination of technical measures, along with good</p>



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<p>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. Organic mercury is transferred from blood to milk. That may pose a risk to offspring, if a woman is highly exposed before and during pregnancy.</p>	<p>work planning and housekeeping, and the use of Personal Protective Equipment (PPE). PPE should only be used for control purposes if all other methods have failed. It may also be used as secondary protection in combination with other methods.</p>
<p>Anaesthetic gases The evidence for an association between exposure to anaesthetic gases and adverse pregnancy outcomes is weak and largely based on data published prior to the introduction of more effective scavenging systems and the increased use of intravenous and local Analgesia.</p>	<p>Assessment should be based on what is known about the adequacy of scavenging systems and the anaesthetic exposure levels. Special consideration may be needed in staff who are known to have a relatively poor obstetric history. It may be necessary to consider modification of work. Alternative safe tasks or paid leave may need to be considered and are more relevant in the first trimester of pregnancy where the aim is to achieve as low a risk as possible of spontaneous abortion. Control of risk may be achieved by reducing gas inductions, patient turnover and increasing employee's distance from the source. Work should be in well ventilated areas.</p>



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<p>Chemicals and Substances. Does work involve contact with chemicals labelled as:- R23, R24, R26, R27, R28: Toxic R33: Danger of Cumulative effects. R39: Serious irreversible effects. R40: Limited evidence but may cause Carcinogenic effect. R45, R49: May cause Cancer. R46: May cause heritable genetic Damage. R48: May cause damage to health by prolonged exposure. R60, R62: Possible risk of impaired infertility. R61, R63: May cause harm to the unborn child. R64: May cause harm in breast feeding. R68: Possible risk of Irreversible effects.</p>	<p>ALL chemicals and substances should be immediately risk assessed against COSHH regulations. COSHH assessments should already be in place if these substances are being used on the trust premises.</p> <p>The actual risk to health of these substances can only be determined following a risk assessment of a particular substance at the place of work - i.e. although the substances listed may have the potential to endanger health or safety, there may be no risk in practice, for example if exposure is below a level which might cause harm.</p> <p>For work with hazardous substances, which include chemicals which may cause heritable genetic damage, employers are required to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks. In carrying out assessments, employers should have regard for women who are pregnant, who have recently given birth or who are breast feeding.</p> <p>Prevention of exposure must be the first priority. Where it is not appropriate to prevent the risk, control of exposure may be by a combination of technical measures, along with good work planning and housekeeping, and the use of Personal Protective Equipment (PPE). PPE should only be used for control purposes if all other methods have failed. It may also be used as secondary protection in combination with other methods.</p> <p>Substitution of harmful agents should be made, if possible.</p> <p>Remember that exposure may occur through skin absorption, ingestion, or most commonly, through inhalation of chemical aerosols.</p> <p>If the new of expectant of breastfeeding mother is or is potentially exposed to any of the substances listed, please contact Occupational Health immediately for advice.</p>
<p>Biological Agents Many biological agents can affect the</p>	<p>Risk assessment, which will take account firstly of the nature of the biological agent, how infection is spread, how likely contact is, and what control measures there are. These include physical containment and the usual hygiene</p>



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<p>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, for example through breastfeeding or through close physical contact between mother and child.</p> <p>Examples of agents where the child might be infected in one of these ways are Hepatitis, HIV, Herpes, TB, Syphilis, Rubella/Measles, Chickenpox, Mumps, Listeria, Toxoplasmosis, Typhoid, Parvovirus, Cytomegalovirus</p> <p>For most workers, the risk of infection is not higher at work than from living in the community; but in certain occupations, exposure to infections are more likely.</p> <p>The chance of catching these infections can be minimised by using</p>	<p>measures. The use of available vaccines is to be recommended, with due regard for any contra-indications for administering certain of them to women in the early stages of pregnancy. If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether. The employer must ensure immunity testing for risk occupations, and job transfer or temporary leave during epidemics.</p> <p>Pregnant and breast feeding members of staff should avoid contact with the listed hazards. This includes contact with potentially infected people or biological samples. They must also avoid any undiagnosed rash compatible with systemic viral illness. If such contact occurs the individual should contact the Occupational Health Department/GP/Midwife for advice immediately.</p>



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normal hygienic precautions, especially hand washing after patient contact	

Aspects of pregnancy which may require adjustments to work organisation

Apart from the hazards listed in the table, there are other aspects of pregnancy that may affect work. The impact will vary during the course of the pregnancy and their effect should be kept under review; for example, the posture of expectant mothers changes to cope with increasing size.

Aspects of pregnancy	Factors in work
Morning sickness	Early shift work Exposure to strong or nauseating smells/poor ventilation
Travel/transport	Backache Standing/manual handling/posture varicose veins/other circulatory problems/haemorrhoids, prolonged standing/sitting
Rest and welfare	Frequent/urgent visits to toilet
Regular nutrition	Proximity/availability of rest/washing/eating/drinking facilities
Hygiene	Difficulty in leaving job/work site
Comfort	Increasing size, Use of protective clothing/ work equipment, Work in confined areas/at heights Dexterity, agility, co-ordination, speed of movement, reach may be impaired, because of increasing size Postural demands e.g. bending over, reaching
Manual handling	Problems of working in restricted spaces
Fatigue/stress	Fatigue/stress: Overtime, Evening/night work, Lack of rest breaks, Excessive hours, Pace/intensity of work
Balance	(also relevant for breastfeeding mothers) Problems of working on slippery, wet surfaces



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RISK ASSESSMENT FOR EXPECTANT AND NEW MOTHERS

Name		Manager	
Job Title		Date notified of pregnancy	

HAZARD	PRESENT	CONTROLS IN PLACE	ADEQUATE	FURTHER ACTION REQUIRED
BIOLOGICAL AGENTS				
Biological Hazard group 2, 3 & 4	Yes/No		Yes/No	
PHYSICAL AGENTS				
Shocks, vibration, movement	Yes/No		Yes/No	
Manual handling	Yes/No		Yes/No	
Personal protective equipment and clothing	Yes/No		Yes/No	
Excessive Noise	Yes/No		Yes/No	
Ionising radiation	Yes/No		Yes/No	
Non Ionising electro-magnetic radiation	Yes/No		Yes/No	
Extremes of cold or heat	Yes/No		Yes/No	
Physical fatigue	Yes/No		Yes/No	
Mental fatigue and stress	Yes/No		Yes/No	
Violence / aggression	Yes/No		Yes/No	
Working at height	Yes/No		Yes/No	
Excessive working hours (Overtime)	Yes/No		Yes/No	
Night Working	Yes/No		Yes/No	
Standing for long periods	Yes/No		Yes/No	
Driving/travelling	Yes/No		Yes/No	
CHEMICAL AGENTS				
Substances labelled R40, R45, R49, R60, R61, R63& R64, R68 under COSHH Regulations	Yes/No		Yes/No	
Mercury & Derivatives	Yes/No		Yes/No	
Cytotoxic Drugs	Yes/No		Yes/No	
Chemicals absorbed through the skin	Yes/No		Yes/No	
Carbon Monoxide	Yes/No		Yes/No	
Lead and derivatives	Yes/No		Yes/No	
Cigarette smoke	Yes/No		Yes/No	
WORKING CONDITIONS				

HAZARD	PRESENT	CONTROLS IN PLACE	ADEQUATE	FURTHER ACTION REQUIRED
Ergonomics/Posture	Yes/No		Yes/No	
Work Space	Yes/No		Yes/No	
Working at height	Yes/No		Yes/No	
Display screen equipment	Yes/No		Yes/No	
Adequate facilities for rest/breaks	Yes/No		Yes/No	
OTHER HAZARD NOT LISTED				
	Yes/No		Yes/No	

REVIEW DATES	REASON FOR REVIEW	CONCLUSION	SIGNATURE OF MANAGER	SIGNATURE OF EMPLOYEE

Please Note:

Completion of this risk assessment is a legal requirement of the HSE. It should be completed on the first day of notification of pregnancy and every 12 weeks thereafter or on request of the employee. (The Management of Health and Safety at Work Regulations 1999)

If an employees work or health changes then a new risk assessment must be carried out

If an employee presents a medical certificate stating they are unable to carry out particular duties, this must be brought to the immediate attention of the line manager.

Assessment completed by...

Signature of Employee:...

Date...