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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 MotherNew MotherBreast 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 / IndividualManagerManager | With immediate effect25/03/2121/06/21 | 21/03/2125/03/2121/06/21 |
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| **Name & signature of Assessor(s):** |  | Number of continuation sheets used: |
| **School / Function:** |  |
| **New/expectant mother signature:** |  |
| **Review Date:** |  |  |