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| **Activity/**  **Situation** | | | **New and Expectant Mothers** | | | | | | | | | | | | | | |
| **Location** | | |  | | | | | | | | | | | | | | |
| **Persons at Risk** | | | **Pupils** | | **Employees** | | | | **Visitors** | | | **Contractors** | | | | | |
| **HAZARD(S)** | | | ***Note:*** *this list is not exhaustive and* ***must*** *be adapted for your own needs*   * **Increased susceptibility to injury** * **Prolonged standing and/or poor posture** * **Manual handling** * **Jolts or low frequency vibration (e.g. driving in off-road vehicles)** * **Loud noise** * **Ionising radiation** * **Infections (e.g. Parvovirus, Hepatitis, HIV, herpes, TB, Chicken Pox, Typhoid, Rubella, Toxoplasma, Cytomegalovirus)** * **Raw meat** * **Chemical agents that can be absorbed through the skin (including some pesticides)** * **Organic mercury** * **Carbon monoxide** * **Stressful situations (Mental and physical fatigue)** * **Heat and cold stress** * **Lone Working** * **Working at heights** * **Work equipment and PPE (including uniforms)** | | | | | | | | | | | | | | |
| **CONTROL MEASURES** | | | | | | | **ADDITIONAL INFORMATION** | | | | **YES** | | **NO** | | | **N/A** | |
| ***Note:*** *you* ***must*** *amend and adapt this generic risk assessment to suit your own needs by selecting the controls from the examples provided (adding and amending others where necessary) and then evaluate the overall risk for the activity/situation.* | | | | | | | | | | | | | | | | | |
| **General / Increased Susceptibility to Injury** | | | | | | | | | | | | | | | | | |
| Pregnancy/breastfeeding should be declared as soon as possible | | | | | | |  | | | |  | |  | | |  | |
| Immediate notification to mother of Infections (e.g. Parvovirus, Hepatitis, HIV, herpes, TB, Chicken Pox, Typhoid, Rubella, Toxoplasma, Cytomegalovirus) | | | | | | |  | | | |  | |  | | |  | |
| Situations that may result in Jolts or low frequency vibration are to be avoided (e.g. driving in off-road vehicles) | | | | | | |  | | | |  | |  | | |  | |
| Loud noise | | | | | | |  | | | |  | |  | | |  | |
| Chemical agents that can be absorbed through the skin must be avoided (including some pesticides) including   * + Substances labelled R40, R45, R46, R49, R61, R63, R64, R68   + Organic mercury   + Carbon monoxide | | | | | | |  | | | |  | |  | | |  | |
| Conditions that lead to Heat and cold stress must be avoided | | | | | | |  | | | |  | |  | | |  | |
| Visiting farms at lambing seasons is prohibited | | | | | | |  | | | |  | |  | | |  | |
| **Prolonged Standing and/or Poor Posture** | | | | | | | | | | | | | | | | | |
| Workstations and work procedures regularly adjusted to avoid twisting, stretching, manual handling, lone working and confined work spaces. | | | | | | |  | | | |  | |  | | |  | |
| Regular breaks taken | | | | | | |  | | | |  | |  | | |  | |
| Regular changes in posture and/or short walks to avoid standing and sitting for long periods | | | | | | |  | | | |  | |  | | |  | |
| **Manual Handling** | | | | | | | | | | | | | | | | | |
| Regular review throughout the pregnancy of risk assessments on all hazards (e.g. Manual handling, Noise, lone working, DSE, if applicable Radiation, lead, shift/night work and ‘R’ denoted substances) | | | | | | |  | | | |  | |  | | |  | |
| **Ionising Radiation** | | | | | | | | | | | | | | | | | |
| Leak tests, contamination checks or work with radiation sources and exposure to carbon monoxide and chemical agents that can be absorbed through the skin prohibited | | | | | | |  | | | |  | |  | | |  | |
| **Raw Meat** | | | | | | | | | | | | | | | | | |
| All meat products are cooked thoroughly | | | | | | |  | | | |  | |  | | |  | |
| **Working At Heights** | | | | | | | | | | | | | | | | | |
| Working at heights is prohibited | | | | | | |  | | | |  | |  | | |  | |
| **Lone Working** | | | | | | | | | | | | | | | | | |
| Lone Working is prohibited | | | | | | |  | | | |  | |  | | |  | |
| **Stressful Situations (Mental and Physical Fatigue)** | | | | | | | | | | | | | | | | | |
| Private rest facilities for sitting and lying down are provided | | | | | | |  | | | |  | |  | | |  | |
| Toilet facilities are provided | | | | | | |  | | | |  | |  | | |  | |
| A private room is available for breastfeeding mothers, milk/formula storage available | | | | | | |  | | | |  | |  | | |  | |
| Access to fresh drinking water at all times | | | | | | |  | | | |  | |  | | |  | |
| **Work Equipment And PPE (Including Uniforms)** | | | | | | | | | | | | | | | | | |
| Alternative PPE/clothing provided if necessary to suit pregnancy | | | | | | |  | | | |  | |  | | |  | |
|  | | | | | | | | | | | | | | | | | |
| Have you consulted with the people/representatives undertaking the activity as part of the preparation of this risk assessment | | | | | | | | | | | **Yes** | | | | **No** | | |
| What is the level of risk for this activity/situation with existing control measures | | | | | | | | | | | **High** | | **Med** | | | **Low** | |
| Is the risk adequately controlled with existing control measures | | | | | | | | | | | **Yes** | | | **No** | | | |
| Have you identified any further control measures needed to control the risk and recorded them in the action plan | | | | | | | | | | | **Yes** | | | **No** | | | |
| **ACTION PLAN** (insert additional rows if required) | | | | | | | | **To be actioned by** | | | | | | | | | |
| Further control measures to reduce risks *so far as is reasonably practicable* | | | | | | | | **Name** | | | | **Date** | | | | | |
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| State overall risk level assigned to the task **AFTER** implementation of control and action plan measures taken as a result of this risk assessment | | | | | | | | | | | **High** | | **Med** | | | **Low** | |
| Is such a risk level deemed to be as low as reasonably practical? | | | | | | | | | | | **Yes** | | | **No** | | | |
| Is activity still acceptable with this level of risk? | | | | | | | | | | | **Yes** | | | **No** | | | |
| If no, has this been escalated to senior leadership team? | | | | | | | | | | | **Yes** | | | **No** | | | |
| **Assessor(s):**  **Position(s):** | |  | | | | **Signature(s):** | | | |  | | | | | | | |
| **Date:** | |  | | | | **Review Date:** | | | |  | | | | | | | |
| **Distribution:** | | | | | | | | | | | | | | | | | |
| Risk rating | | | Action | | | | | | | | | | | | |
| **HIGH** | | | **Urgently review/add controls & monitor, notify H&S Team (if Likely or Highly Likely – stop work, seek competent advice)** | | | | | | | | | | | | |
| **MEDIUM** | | | **Review/add controls (as far as reasonably practicable) & monitor** | | | | | | | | | | | | |
| **LOW** | | | **Monitor control measures** | | | | | | | | | | | | |

