

Cambridge University Hospitals NHS Foundation Trust

New and Expectant Mothers (NEM) Risk Assessment Checklist

Name of NEM	
Job Title	
Department/Ward	

Name of Assessor	
Date of Assessment	

Signature of Assessor	
Signature of NEM	

Complete the checklist, then return to this page and complete the sections below

Actions taken during the assessment to reduce risks (actions needed only for “yes” answers)

Further actions to be taken to reduce risks (further actions needed only for “yes” answers)	By whom	By when	Date completed

Date Risk Assessment Closed	
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The completed checklist should be filed in the New and Expectant Mothers Personnel file

Review this risk assessment on a regular basis and on the mother’s return to work

Close when no longer applicable

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
MANUAL HANDLING			
Does the NEM undertake manual handling activities?			<p>Pregnant workers are especially at risk from manual handling injuries – for example, 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, for example after a Caesarean Section there is likely to be a temporary limitation on lifting and handling capability. There is no evidence to suggest that breastfeeding mothers are at a greater risk from manual handling injuries than any other worker.</p> <p>The Manual Handling Operations Regulations 1992 require hazardous manual handling to be avoided so far as is reasonably practicable and where it can not be avoided it should be controlled to the lowest level reasonably practicable. Therefore, any hazardous tasks should be altered so that risks from manual handling are reduced for all workers including NEM's or it may be necessary to address the specific needs of the NEM and reduce the amount of physical work, or provided aids for her in future to reduce the risks she faces. In general, NEM's should avoid heavy work duties, especially in late pregnancy.</p> <p>For more information, refer to the Trust's Moving & Handling Policy and Procedure or contact the Moving and Handling Department x. 6660.</p>
BIOLOGICAL HAZARDS			
Is there a possibility of the NEM coming into contact with blood and bodily fluids?			<p>Most infection risks from blood/bodily fluids can usually be avoided or minimised by use of universal precautions e.g. protecting the eyes and mouth with a visor or goggles, protecting all breaks in skin by means of waterproof plasters, using good basic hygiene practices in the workplace including hand-washing, safe disposal of contaminated waste, and avoiding eating, drinking, applying cosmetics, removing/inserting contact lenses and taking medicines. For further information on universal precautions refer to the Trust's Infection Control Policy No. 8.</p> <p>All sharps injuries and blood splashes on mucous membranes or damaged skin must be reported in accordance with the Trust's Infection Control Policy No. 12.</p> <p>Safe working practices are the first line of defence against infections at work. However, in some specific cases, immunisations (vaccination) may be necessary – there are some vaccines that should not be given during pregnancy and therefore it is important that staff are adequately vaccinated before a pregnancy begins.</p>
Is the NEM likely to come into contact with Hepatitis A?			<p>Source of infection mainly include infected faeces and contaminated water/food. The virus multiplies mainly in the liver and passes into the faeces through the bile duct. Most transmission to babies is via mouth contact with faecally-contaminated objects (faecal-oral route). Mother to unborn baby transmission is very unlikely to occur.</p> <p>NEM's must use universal precautions and pay scrupulous attention to hygiene, especially handwashing.</p>

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
Is the NEM likely to come into contact with Hepatitis B?			<p>Sources of infection include blood/bodily fluids, contaminated needles and laboratory specimens. The virus does not usually cross the placenta. It is thought that the mother passes the infection to her baby during delivery and just after by exposure to her blood.</p> <p>NEM's must use universal precautions and must be immunised against Hepatitis B or have evidence of immunity e.g. natural immunity. To check immunity status, contact Occupational Health on ext. 2767. Immunisation must not be withheld from NEM's if they are at high risk. Post exposure prophylaxis can be safely given to pregnant workers.</p> <p>All sharps injuries/blood splashes on mucous membranes and damaged skin must be reported in accordance with the Trust's Infection Control Policy No. 12.</p>
Is the NEM likely to come into contact with Hepatitis C?			<p>Sources of infection include blood/bodily fluids, contaminated needles and laboratory specimens. Hepatitis C infection from mother to baby has been reported but is uncommon. There is no known vaccine against Hepatitis C.</p> <p>NEM's must use universal precautions. All sharps injuries/blood splashes on mucous membranes and damaged skin must be reported in accordance with the Trust's Infection Control Policy No. 12.</p>
Is the NEM likely to come into contact with Hepatitis D?			<p>Hepatitis D is transmitted in a similar way to Hepatitis B and C and requires the same precautions. Immunity to Hepatitis B will also protect workers against Hepatitis D.</p>
Is the NEM likely to come into contact with Hepatitis E?			<p>Hepatitis E is transmitted in a similar way to Hepatitis A. However, there is a high death rate for pregnant women infected with the virus. There is no known vaccine for Hepatitis E.</p> <p>NEM's must use universal precautions and pay scrupulous attention to hygiene, especially handwashing. Pregnant workers should not care for or handle body fluids from a patient known to be infected with Hepatitis E.</p>
Is the NEM likely to come into contact with Rubella?			<p>A source of infection is humans via their respiratory secretions and through close contact. Mother to unborn baby transmission can occur across the placenta. Those at particular risk from contracting the virus are staff who work in children's wards, nurseries and laboratories.</p> <p>Mass immunisation has reduced the risks of infection in pregnancy to a very low level. Pregnant women are also screened for rubella as part of their ante-natal care. If the pregnant worker is concerned, they should contact their community midwife or Occupational Health on ext. 2767.</p>
Is the NEM likely to come into contact with HIV (the AIDS Virus)?			<p>Sources of infection include blood/bodily fluids, contaminated needles and laboratory specimens. Transmission to the baby can occur across the placenta, during delivery and by breastfeeding.</p> <p>NEM's must use universal precautions. There is no known vaccine against HIV but post exposure prophylaxis is available to NEM's.</p> <p>All sharps injuries/blood splashes on mucous membranes and damaged skin must be reported in accordance with the Trust's Infection Control Policy No. 12</p>

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
Is the NEM likely to come into contact with Cytomegalovirus (CMV)?			<p>Sources of infection include blood/bodily fluids, urine and saliva. Those at particular risk from contracting the virus are staff who work with children and immuno-compromised individuals. Mother to unborn baby transmission can occur across the placenta. There is no known vaccine against CMV</p> <p>NEM's must use universal precautions and pay scrupulous attention to hygiene, including handwashing. Particular care should be taken when handling nappies and excreta. Staff working in high risk areas e.g. haematology, should seek advice from Occupational Health on ext. 2767.</p>
Is the NEM likely to come into contact with Parvovirus?			<p>Source of infection is from human respiratory secretions. Mother to unborn baby transmission can occur across the placenta.</p> <p>NEM's must use universal precautions and pay scrupulous attention to hygiene, including handwashing. Additional control measures may be needed where pregnant women are exposed at work to infected people in whom viral excretion may be prolonged because they do not have a fully working immune systems or have certain other blood disorders. Further advice is available from Occupational Health on ext. 2767.</p>
Is the NEM likely to come into contact with Chicken Pox and Shingles (Varicella-Zoster)?			<p>Source of infection include direct contact with infected humans, droplet infection or recently soiled materials such as handkerchiefs. Those at particular risk from contracting the virus are staff who work with children. Transmission of the infection can occur across the placenta to the unborn child. There is no evidence of risk to the baby if the pregnant woman has shingles herself.</p> <p>If a pregnant worker has had chickenpox in the past, her body will have developed immunity to the disease making re-infection very rare. If they are unsure of their immunity status, they should contact Occupational Health on ext. 2767. If the pregnant worker is not immune, they must avoid contact with known cases of chickenpox and shingles. If the pregnant worker is not immune and they have been in contact with chickenpox or shingles they must contact Occupational Health immediately where the risk of infection to their baby will be assessed and consideration given as to whether varicella zoster immunoglobulin or antiviral drugs should be given.</p>
Does the NEM work in a laboratory?			<p>There are many other types of microbes, viruses and infectious agents that laboratory workers may come into contact with. These may include, Listeria, Chlamydia Psittaci, Toxoplasmosis, Borrelia Burgdorferi (Lyme Disease) and Coxiella Burnetii (Q Fever).</p> <p>In all cases, pregnant workers in contact with these agents should take particular care when dealing with specimens from known or suspected cases. They must use universal precautions, wear gloves and pay scrupulous attention to hygiene, including handwashing.</p>
Has the NEM come into contact with any other infectious disease?			<p>If the NEM has been in contact with any other infectious disease and is concerned, they should contact Occupational Health on ext. 2767.</p>

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
CHEMICAL HAZARDS (COSHH)			
Will the NEM be handling substances hazardous to health? e.g. formalin, xylene,			<p>The actual risk to health from hazardous substances can only be determined by undertaking a COSHH risk assessment as although substances may be listed as having the potential to endanger health and safety, there may be no risk in practice, for example if exposure is at a level that is known to be safe.</p> <p>Preventing exposure must be your first priority. This should be done through elimination/substitution of harmful agents, if possible. Where it is not possible to eliminate exposure, it must be controlled by a combination of technical measures, along with good work planning and housekeeping and the use of Personal Protective Equipment. For further information on COSHH, please refer to the Trust's COSHH Policy and Procedure.</p> <p>Materials that are particularly hazardous to those trying to conceive or to NEM's are those with the following Risk Phrases:</p> <p>R40: possible risk of irreversible effects R45: May cause cancer R46: May cause heritable genetic damage R61: may cause harm to the unborn child R63: Possible harm to the unborn child R64: may cause harm to breastfed babies</p> <p>Information regarding the dangers of a substance can be found on labels and manufacturer's data sheet.</p> <p>If there is a known high risk of exposure to a hazardous substance, then it will be appropriate for the NEM to avoid exposure altogether.</p>
Will the NEM worker be handling Antimitotic (cytotoxic) drugs?			<p>These drugs are used in cancer chemotherapy and are hazardous to reproduction and cause damage to genetic material in sperm and ova. There is no known threshold limit and exposure must be reduced to as low a level as reasonably practicable by a combination of engineering measures, good work planning and housekeeping and personal protective equipment.. NEM's and those that are trying to conceive should be fully informed of the reproductive hazards.</p> <p>It is recommended that pregnant workers or those who are trying to conceive are excluded from handling cytotoxic drugs.</p>
Does the NEM work with anaesthetic gases (e.g. nitrous oxide; entonox)?			<p>In recent years, the possibility of a health hazard following long term inhalation of low levels of anaesthetic gases by operating theatre personnel has been giving rise to some concern. There is a large but somewhat inconclusive literature on the genetic and psychological effects thought to result.</p> <p>All areas that use anaesthetic gases should have a combination of waste gas scavenging and general mechanical ventilation. These systems should be regularly checked and maintained to ensure they provide optimum protection. Exposures to anaesthetic gases should not exceed the Workplace Exposure limit of 100ppm over an 8 hour time weighted average. Monitoring of this is carried out on a regular basis by the Risk Management Department and any areas that do not meet this requirement, will be informed.</p>

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
Does the NEM work with Dental Amalgam (mercury)?			<p>There is no clear evidence that exposure to dental amalgam is harmful to reproduction or causes foetal growth retardation.</p> <p>The greatest risk of mercury vapour in dental surgery is from liquid mercury metal prior to amalgam formation, accidental spillage and incorrect storage. Staff are also exposed to mercury vapour during amalgam placement and removal in patients. However, these exposures are avoidable using the correct procedures including using copious amounts of water and high volume suction during removal, ensuring rooms are well ventilated and by wearing masks.</p>
Is the NEM likely to be exposed to lead dust, fumes or lead alloys?			<p>High exposure to lead has been associated with high frequencies of spontaneous abortion, stillbirth and infertility. Recent studies show an association between low-level exposures before the baby is born and mild decreases in intellectual performance in childhood. Lead can also enter breast milk.</p> <p>All staff in the Trust who are exposed to lead to a significant degree are subject to health surveillance (blood lead testing) through Occupational Health in accordance with the Control of Lead at Work Regulations 2002. The regulations provide a blood lead level for men and a lower level of women of reproductive capacity. This lower level is set to help ensure that women who may become pregnant have low blood lead levels. This is to help protect the foetus from injury in the weeks before a pregnancy is confirmed.</p> <p>Once their pregnancy is confirmed, women who undergo health surveillance under the Lead regulations and who are exposed significantly to lead must be found suitable alternative work (on the same pay). If this is not possible, then it may be necessary to suspend them from work (on full pay) to protect their health and safety and that of their child.</p> <p>If a member of staff is concerned, please contact the Occupational Health Department on ext. 2767.</p>
Is the NEM likely to come into contact with Ethylene Oxide (a sterilising agent)?			Ethylene oxide is a potent human carcinogen hazardous to reproductive systems. Pregnant workers should not be exposed to this substance.
RADIATION			
Does the NEM work with Ionising Radiation?			<p>Ionising radiation can be harmful to the unborn child or nursing infant. Ensure the NEM has been informed of these risks. Once informed of a pregnancy, the Line Manager should review the doses received in the past and their variability to ensure that they are unlikely to exceed the special dose constraints set for NEM's.</p> <p>For staff working in x-ray departments where doses are generally low and predictable, no change in working practice is usually necessary. Further advice can be obtained from the Radiation Protection Advisor on x. 2443.</p> <p>For further information, refer to the Trust's Ionising Radiation Policy.</p>
Does the NEM work with unsealed Radioactive materials?			Radiation from unsealed sources can be harmful to the unborn child or nursing infant if inhaled/ingested. This is because radioactive material may pass into the milk or placenta. If working with unsealed sources in high concentrations where, in the event of a spill, doses could be high and ingestion is a possibility, modifications in work practices may be required and the Radiation Protection Advisor should be contacted for further advice on x. 2443.

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
Does the NEM work with magnetic resonance? (non-ionising radiation)			There is currently no scientific evidence for a cumulative harmful effect of intense static magnetic field exposure on the human body or to an unborn child. However, the Medical Devices Agency advises that pregnant women should be given the choice as to whether or not they enter the inner controlled area in their first trimester.
DISPLAY SCREEN EQUIPMENT (DSE)			
Is the NEM a DSE user? <i>A DSE user is someone who habitually uses DSE as a significant part of their normal work.</i>			There is no evidence linking exposure to electromagnetic radiation generated by DSE to increased frequency of miscarriage and stillbirths. Healthy pregnant women can therefore continue to work with DSE. NEM's should discuss any concerns with their manager and be referred to Occupational Health if necessary. Pregnant workers may experience problems working in tightly fitting workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stage of pregnancy. In addition, prolonged use of DSE can cause fatigue and injury. A DSE risk assessment checklist needs to be reviewed/completed for all NEM's. Adjusting workstations or work procedures, for example, introducing longer or frequent rest breaks, may help remove postural problems and risk of injury. Please refer to the Trust's Display Screen Equipment Policy and Procedure for further information.
SECURITY			
Is the NEM in an area with a high incidence rate of physical violence and aggression?			Physical violence can have an adverse affect on pregnancy and complications such as miscarriage, premature rupture of membranes and premature labour can arise from a violent episode. NEM's should have undergone training in management of violence and aggression, this includes for all new staff the "Putting People First Workshop" and for those who have regular physical contact with patients in areas identified as high risk, Breakaway training. For further information regarding these training courses, contact Peter Lester, Security Advisor on ext. 6530. NEM's must be notified of any patients that are expressing high levels of violent behaviour and be aware of who to contact in an emergency situation (security emergency number is ext. 3333). NEM's working in areas with an elevated risk of violence and aggression from patients should, where possible, be moved to an area with a lower risk.
Does the NEM undertake Lone Working?			The risks for NEM's from lone working are the same as those for all staff and therefore the same precautionary measures should apply. Further information is available in the Trust's Lone Working Policy and Procedure.
OTHER WORK ACTIVITIES			
Is the NEM expected to work night shifts? <i>Night work can be defined as any time between the hours of 23:00 and 06:00 hours.</i>			In general, there is no evidence of any risks to NEM's or their children from working at night. However, if the NEM has a certificate from a registered medical practitioner or a registered midwife stating night work could affect her health and safety, suitable alternative daytime work must be offered. If suitable, day time work is not available within the NEM's department, the HR department should be contacted to discuss Trust-wide deployment options. If this is not possible, the NEM must be suspended from work (on full pay) for as long as necessary to protect her health and safety.
Does the NEM wear Personal Protective Clothing?			Consideration must be given to the increasing size of the NEM and that alternative protective clothing may be required.

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
Is the NEM involved in heavy physical work?			<p>Fatigue from physical work has been associated with miscarriage, premature birth and low birth weight. Excessive physical pressure may also cause stress and can rise to anxiety and raised blood pressure.</p> <p>Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the NEM's have some control over how their work is organised. Longer or more frequent breaks will help to avoid or reduce fatigue.</p>
Does the NEM's job involve sitting for long periods of time?			<p>Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, NEM's are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.</p> <p>NEM's should be encouraged to take longer or more frequent breaks away from their sitting position and it may be necessary to adjust workstations or work procedures to remove postural problems and injury. Ensure that hours of work and the volume and pacing are not excessive and that where possible the NEM's have some control over how their work is organised.</p>
Does the NEM's job involve walking/standing for long periods of time?			<p>Fatigue and backache from standing and walking for long periods of time has long been associated with miscarriage, premature birth and low birth weight.</p> <p>Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the NEM's have some control over how their work is organised. Ensure that seating is available where practical and ensure that longer or more frequent rest breaks are taken to avoid fatigue injury.</p>
Does the NEM undertake work that requires dexterity and agility?			<p>NEM's may experience an impairment of dexterity, agility, co-ordination, speed of movement, reach and balance during pregnancy and an increased risk of incidents may arise. Excessive mental pressure may cause stress and can give rise to anxiety and raised blood pressure.</p> <p>Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the NEM's have some control over how their work is organised. Longer or more frequent breaks will help to reduce fatigue.</p>
Does the NEM work at height e.g. platforms, ladders <i>working at height involves any work where there is a risk of a fall liable to cause personal injury</i>			<p>NEM's may experience problems in working at heights particularly during the later stages of pregnancy due to their increased abdominal size. In addition, a fall from height may lead to miscarriage and premature birth.</p> <p>It is therefore advised that NEM's should avoid working at height wherever possible.</p>
Does the NEM work in cramped and uncomfortable conditions?			<p>NEM's may experience problems in working in cramped/small spaces during the later stage of pregnancy due to their increased abdominal size.</p> <p>It is therefore advised that NEM's should avoid working in cramped spaces once it becomes uncomfortable for them to do so.</p>

Are any of these Hazards present?	Tick answer		If yes - some things to consider
	Yes	No	
Is the NEM exposed to extreme temperatures?			<p>Pregnant women tolerate heat less well and may more readily faint or be more liable to heat stress. Breastfeeding may also be impaired by dehydration. No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.</p> <p>Adequate rest/refreshment breaks should be provided with unrestricted access to drinking water.</p>
Is the NEM exposed to loud and excessive noise?			<p>There appears to be no specific risk to NEM's or to their unborn child from noise, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness. There are no particular problems for women who have recently given birth or are breastfeeding.</p> <p>The requirements of the Noise at Work Regulations 2005 are sufficient to meet the needs of NEM's.</p>
Is the NEM exposed to regular shocks, low frequency vibration or movement?			<p>Regular exposure to shocks, low frequency vibration or excessive movement may increase the risk of miscarriage</p> <p>NEM's should avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen is exposed to shocks or jolts. Breastfeeding workers are at no greater risk than other workers.</p>

WORK FACILITIES

Are there inadequate rest facilities?			Tiredness increases during/after pregnancy and therefore it is essential that there are facilities where the NEM can take rest periods.
Is there poor access to toilets with hygiene facilities?			With added pressure on the bladder, trips to the toilet can become more frequent. There may also be an increased risk of infection without hygiene facilities.
For breastfeeding mothers, are there inadequate facilities for them to express and store milk?			There are "Mother and Baby" rooms throughout the Trust for staff, patients and members of the public to use in order to express milk. These provide seating and hygiene facilities. Arrangements will need to be made locally in order to store expressed milk.

ASPECTS OF PREGNANCY THAT MAY AFFECT WORK

<p>Is the pregnant worker experiencing any other problems associated with pregnancy that is affecting her work?</p> <p><i>For example, backache, morning sickness, tiredness, increasing size</i></p>			<p>There are many aspects of pregnancy that may affect work and the impact of these will vary during the course of the pregnancy. Issues may include morning sickness, tiredness, backache, increasing size, varicose veins and haemorrhoids. If they arise, work practices and workplaces should be adapted to help ease these symptoms. The effects of these should be kept under review.</p>
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PLEASE LIST ANY OTHER SPECIFIC WORK-RELATED HAZARDS

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