

**NEW & EXPECTANT MOTHERS**

**HAZARD MANAGEMENT CHECK LIST**

This checklist is to assist managers identify any workplace hazards, that pose additional dangers for new and expectant mothers. Add relevant local information under **Work Hazard / Activity** in each section. If you have answered **yes** in any of the sections, further actions or a risk assessment may be required.

<b>NAME OF STAFF MEMBER</b>		
<b>DEPARTMENT</b>		
<b>MANAGER COMPLETING REVIEW</b>		
<b>WORK HAZARD / ACTIVITY</b>	<b>Problem Identified</b>	<b>Actions Agreed</b>
<b>VIOLENCE AND AGGRESSION</b> <ul style="list-style-type: none"> <li>Are there frequent, violent incidents in the work area?</li> <li>Consider work areas with more passive client groups</li> </ul>	Yes / No	
<b>MANUAL HANDLING</b> Review the manual handling implications of the job <ul style="list-style-type: none"> <li>Apply good manual handling rules</li> <li>Avoid lifting and always use handling aids</li> <li>Consider the unpredictability of patients</li> <li>Reduce the physical work / ensure it is within their capabilities</li> </ul>	Yes / No	
<b>MOVEMENT / POSTURE / STANDING</b> <ul style="list-style-type: none"> <li>Are there long periods of standing / sitting?</li> <li>Consider static loading - i.e. supporting limbs / holding of loads</li> </ul>	Yes / No	
<b>WORKING WITH VDU'S</b> <ul style="list-style-type: none"> <li>Review the VDU risk assessment</li> <li>Ensure ergonomics of the workstation meets employee's needs</li> <li>Discuss breaks away from VDU work to allow changes in posture</li> </ul>	Yes / No	
<b>SHIFT / NIGHT WORKER</b> <ul style="list-style-type: none"> <li>Are problems with sleep/ fatigue Identified?</li> <li>Review shift patterns – seek Occupational Health advice</li> </ul>	Yes / No	
<b>WORKING WITH BIOLOGICAL AGENTS</b> – including Needlesticks <ul style="list-style-type: none"> <li>Can 'high risk' exposure to be reduced?</li> <li>If working with children, review inoculation status</li> <li>If exposed to biological agents, such as rubella, chicken pox, or Hepatitis B, advice should be sought from Occupation Health</li> </ul>	Yes / No	
<b>PREPARATION / ADMINISTRATION OF CYTOTOXIC DRUGS</b> <ul style="list-style-type: none"> <li>Avoid exposure.</li> </ul>	Yes / No	
<b>WORKING WITH IONISING RADIATION</b> <ul style="list-style-type: none"> <li>Reduce exposure as far as reasonably possible</li> <li>Contact Radiation Supervisor for further information or advice</li> </ul>	Yes / No	

<b>WORKING WITH NON IONISING ELECTROMAGNETIC RADIATION</b> <ul style="list-style-type: none"> <li>Ensure exposure to electric and magnetic fields are within exposure limits</li> </ul>	Yes / No	
<b>USE OF CHEMICAL AGENTS</b> <ul style="list-style-type: none"> <li>Review current Risk assessments</li> <li>Note substances with risk phrases R40/45/46/47/61/63/64</li> </ul>	Yes / No	
<b>INABILITY TO TAKE ADEQUATE BREAKS</b> <ul style="list-style-type: none"> <li>Review work load, ensuring adequate breaks away from work area</li> </ul>	Yes / No	
<b>MENTAL / PHYSICAL FATIGUE / STRESS</b> <ul style="list-style-type: none"> <li>Consider revising work load – rotating work activities</li> </ul>	Yes / No	
<b>WORKING IN EXTREMES OF HEAT / COLD</b> <ul style="list-style-type: none"> <li>Is there a risk of dehydration?</li> <li>Adapt tasks, ensure frequent rests and refreshments</li> </ul>	Yes / No	
<b>DRIVING AS PART OF EMPLOYMENT</b> <ul style="list-style-type: none"> <li>Consider comfort – seatbelt, ease of getting in/out</li> <li>Any concerns regarding driving, refer to Occupational Health</li> </ul>	Yes / No	
<b>EXPOSURE TO EXCESSIVE NOISE</b> <ul style="list-style-type: none"> <li>Loud noise over long periods may raise blood pressure</li> <li>Ensure noise levels are within statutory guidance</li> </ul>	Yes / No	
<b>EXPOSURE TO ODOURS / GASES</b> <ul style="list-style-type: none"> <li>Exposure may cause nausea – limit or avoid interaction</li> <li>Consider Anaesthetic gases and appropriate scavenger systems</li> </ul>	Yes / No	
<b>SHOCK, VIBRATION AND MOVEMENT</b> <ul style="list-style-type: none"> <li>Avoid whole body vibration work, or where the stomach is exposed to jolts</li> </ul>	Yes / No	

Has a referral to Occupational Health been completed? **Yes / No**

Other Important factors to consider are:-

- If there a pre-existing physical or mental health illness, as exacerbation of an illness, including mental health problems, may occur during or following pregnancy.
- Pregnancy related illness, such as anaemia or gestational diabetes, may require alterations to the work involved or in shift patterns.
- Certain medication may be reduced or even stopped during pregnancy, on medical advice, which may have a profound effect upon the wellbeing of the mother.

**Other comments:**

**Signature of Manager**

Date

Date of next review

New and Expectant Mothers Hazard Management check list 2016