

NEW AND EXPECTANT MOTHERS INITIAL RISK ASSESSMENT

This initial assessment is a useful tool to help identify risks that could be harmful to the health and safety of new expectant mothers and their child(ren). Once a manager has been notified of the pregnancy this initial risk assessment must be completed as soon as possible.

Employee Name		Post Title	
Group/School/Team		Work Location/Address	
Date supervisor/line manager first advised of pregnancy		Name of Assessor (usually manager)	
Date of Assessment		Review Date(s)^	

^This initial assessment must then be reviewed after three months and then continue to be reviewed monthly thereafter until the maternity leave commences. Please also note that the review process must continue monthly for as long as the mother is breastfeeding upon her return to work.

Please answer the following questions to identify the risks. * Please complete fields as necessary. Please ensure you detail any actions that need to be taken. The associated guide will help you.

1. Working with DSE

a.	Is your DSE chair suitable and adjustable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA*
b.	Are there any space constraints under/around your desk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA*
c.	Do you require any adaptation to your workstation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA*
d.	Does your workstation allow you to vary your posture sufficiently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA*

Action to be taken (please specify if necessary)	By who	Date to be actioned

2. Working Conditions/Work Equipment

a.	Are you able to access washroom facilities and are these satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
b.	Are you able to take comfort breaks as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
c.	Do you have ready access to drinking water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
d.	Are you able to take breaks and drink fluids on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
e.	Is the lighting and ventilation adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
f.	Is there an area when you can sit down/take a break? e.g. easy chairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
g.	Does your work involve manual handling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
h.	Does your work routine allow you to vary your posture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
i.	Does your work involve standing for long periods of time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
j.	Is there a risk of spread of infectious diseases like coughs and colds due to open plan environment and working in close proximity to each other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *

Action to be taken (please specify if necessary)	By who	Date to be actioned

3. Working Hours/Late Working/Travel

a.	Does your work involve long working hours/late working/working shifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
b.	Do you lone work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
c.	Do you travel in your own or WCC vehicle on WCC business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
d.	Do you visit customer's homes/attend meetings at other locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
e.	Do you work from home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
f.	Are you likely to be subject to threats of violence in your workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *

Action to be taken (please specify if necessary)	By who	Date to be actioned

4. Contact with Agents/Environmental Conditions

a.	Do you come into contact with chemical substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
b.	Do you come into contact with biological agents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
c.	In your work could you encounter verbal/physical abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
d.	Does your work involve: Shocks Noise Vibration Extreme heat or cold	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
e.	Is there any risk of infection in your role?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
f.	Do you wear any Personal Protective Equipment in your role?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *

Action to be taken (please specify if necessary)	By who	Date to be actioned

5. Medical conditions

a.	Are you aware of any existing medical condition that could affect your pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
b.	Are you aware of any medical condition specifically relating to your pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *

State Condition/Action to be taken	By who	Date to be actioned

Employees Signature		Date	
Manager signature		Date	

If you still have outstanding high risks/issues/queries after completion of this initial assessment, you will need to complete a detailed and specific new and expectant mother's risk assessment. For further clarification or help please contact healthandsafety@warwickshire.gov.uk or telephone 01926 476803.

Once completed and signed the employee keeps a copy and the manager is responsible for retaining a copy on their employee's records or recording on HRER. In schools a copy should be kept on the personal file.