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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of New / Expectant Mother |  | School / Department |  | Job Title |  | Assessor |  |
| Brief Description of Duties |  | | | | | Date |  |

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| **Physical Job Demands** | | | | |
| Does work involve: | Applicable  Y/N | Suggested Controls | Specify task and state any further action to be taken.  By Whom and When?By Whom and When? | Review Date |
| Manual Handling |  | Reduce amount of physical work or provide aids / assistance to reduce risk. Identify tasks  that should be avoided |  |  |
| Walking or being stationary  / standing for extended periods |  | Ensure adequate breaks are taken. Alternate between sitting and standing as required. Inform line manager if body shape changes  prevents work from being conducted |  |  |
| Work at Height |  | Avoid working at height |  |  |
| Shift work / lone working |  | Working long shifts and lone working to be  avoided |  |  |
| Jolts, low frequency vibration or excessive movement |  | Avoid where possible |  |  |
| Working in a hot / cold environment |  | Avoid where possible. Temperature control. Regular breaks. |  |  |

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| **Mental Job Demands** | | | | |
| Does work involve: | Applicable  Y/N | Suggested Controls | Specify task and state any further action to be taken.  By Whom and When? | Review Date |
| Challenging deadlines, rapidly changing demands or high degree of  concentration |  | Adjust working hours as required, increase breaks as required, inform line manager if consider that work load is too high or causing  stress |  |  |

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| **General Work Duties** | | | | |
| Does work involve: | Applicable  Y/N | Suggested Controls | Specify task and state any further action to be taken.  By Whom and When? | Review Date |
| Is any relevant DSE risk  assessment up to date? |  | Ensure DSE assessment reviewed as  pregnancy progresses |  |  |
| Can the expectant mother take toilet and rest breaks immediately when  necessary? |  | Individual should have ability to take toilet breaks as often as necessary. First aid rooms or alternative should be available to take rest  breaks |  |  |
| Can the expectant mother  control pace of work? |  | Pace of work should be controllable to  prevent stress |  |  |
| Is there sufficient room for the expectant mother to gain access and egress to and from workstation (consider expectant  mother’s changing shape and size)? |  | Inform line manager if change in shape gives rise to problems to ensure remedial action can be taken |  |  |
| Does the expectant mother have a suitable, adjustable chair? |  | If your job entails desk work your chair should conform to DSE standards. If you do not normally sit to undertake your work, a chair should be available for you to rest as  necessary. |  |  |
| Is there a risk of violence? |  | Any controls required additional to those already in place should be listed below. These may have to be reconsidered in the later  stages of pregnancy. |  |  |
| Does the work or additional duties involve dealing with emergencies? |  | In the later stages of pregnancy your mobility will be reduced as will your ability to respond to emergencies. Your emergency duties might  need to be reconsidered at this time. |  |  |
| Does the work require the use of PPE |  | Provide alternatives to minimise the use of PPE. If required, ensure that PPE continues to fit as body changes during pregnancy. If not  cease tasks |  |  |

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| **Specific Work Duties** | | | | |
| Does work involve: | Applicable  Y/N | Suggested Controls | Specify and state any further action to be taken.  By Whom and When? | Review Date |
| Use of biological materials including micro-organisms / GMO |  | Review risk assessment to ensure that pregnancy does not increase risks, consider vaccination if required, contact Local  Biological Safety Adviser for further advice | (specify type) |  |
| Use of hazardous substances, including: Carcinogens, Teratogens, Mutagens, mercury, lead or  their derivatives, etc. |  | Regularly review COSHH assessment, if significant risk identified remove individual from specific high risk activities as appropriate | (specify chemicals) |  |
| Use of ionising radiation |  | Review ionising risk assessment, contact  University Radiation Protection Adviser | (specify type / source) |  |
| Travel |  | Minimise travel where possible, foreign travel may require doctor’s certification & generally  restricted after 36 weeks |  |  |

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| Additional Information  Identify any additional information relevant to the work including emergency procedures, health surveillance and any further recommendations |
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I confirm that I have read and understood the above:

……………………………………………………………………. (Expectant Mother) (Date)

I will ensure that the expectant mother above will be allowed to follow the above advice and that any recommendations identified are implemented as appropriate for the duration required.

……………………………………………………………………. (Line Manager) (Date)