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|  | **Health & Safety Risk Assessment Form** | | |
| **Ref: CF:009:08:FT** | **RE: Pregnancy, Post-natal and Breastfeeding Risk Assessment Form** | | |
| **Issue date:** | October 2017 | **Revised date:** | October 2023 |
| **Author(s):** | National Health & Safety Function | | |
| **Legislation:** | The Safety, Health and Welfare at Work (General Application) Regulations, 2007, requires the employer to identify all hazards associated with pregnancy and assess any risks to the safety or health of employees and any possible effect on the pregnant or breast feeding employee resulting from any work activity. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented. | | |
| **Note: When to complete the Pregnant Employee Risk Assessment** | Once informed the line manager is required to complete this risk assessment with the pregnant, post-natal or breastfeeding employee (hereafter referred to as “pregnant employee”). See section 1 below.  Please note: ‘The Guidance on Fitness for Work of Healthcare Workers in the Higher Risk Categories, including Pregnant Healthcare Workers’ must also be followed in relation to fitness for work assessment specific to COVID-19, please refer to: <https://healthservice.hse.ie/staff/covid-19-staff-support/occupational-health-covid-19-guidance/> | | |

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| **Section 1:** | | | | | | | |
| **PREGNANCY RISK ASSESSMENT** | | | | | | | |
| **Department Name & Address:** | | Enter Dept Name & Address. | | | | | |
| **Workplace Activity:** | | Enter Workplace Activity. | | | | | |
| **Pregnant Employee’s Name:** | | Enter Pregnant Employee Name. | | | | | |
| **Assessment carried out by:** | | Enter Name of person carrying out assessment. | | | | | |
| **Department Manager:** | | Enter name of Dept Manager. | | | | | |
| **Expected Date of Delivery:** | | Select Date. | | | | | |
| Has the pregnant employee formally notified their manager that they have become pregnant or have become a new mother within the past 6 months and are breast feeding? | | Yes |  | No | |  | |
| To whom: Enter name | | | | | |
| Date: Select Date. | | | | | |
| **Notes on completion:** The Pregnancy Risk Assessment Form in Section 3 must be used for the purpose of recording the results of the assessment.  The manager and the pregnant employee should work through the assessment form methodically.  If, after working through the form, the assessment shows the risk to be adequately controlled, provide the employee with a copy of the risk assessment, retain a copy on the employees personnel file and continue to periodically monitor and review the effectiveness of the control measures.  If you tick ‘Yes’ to any of the following questions you are indicating the employee may be exposed to this occupational hazard. You must ensure that adequate control measures are reviewed, implemented and documented in Section 3 of this risk assessment. | | | | | | | |
| **Section 2:** | | | | | | | |
| **No.** | **Physical Agent Hazards** | | | | **Yes** | | **No** |
| 1 | Does the pregnant employee’s work activities involve exposure to shocks, vibration or movement: including sudden severe blow to the body, low frequency whole body vibration, e.g. driving in off road vehicles? | | | |  | |  |
| 2 | Does the pregnant employee’s work activities involve exposure to manual handling of loads? | | | |  | |  |
| 3 | Does the pregnant employee’s operations involve climbing steps, ladders or other heights? | | | |  | |  |
| 4 | Does the pregnant employee’s work activities involve exposure to loud noise? | | | |  | |  |
| 5 | Does the pregnant employee’s work activities involve exposure to ionising radiation? | | | |  | |  |
| 6 | Does the pregnant employee’s work activities involve exposure to non-ionising radiation or electromagnetic radiation? e.g. ultraviolet (UV), visible and infrared and electromagnetic fields (power frequencies, microwaves and radiofrequencies) | | | |  | |  |
| 7 | Does the pregnant employee’s work activities involve exposure to extremes of cold or heat? | | | |  | |  |
| 8 | Is there exposure to physical assault and/or excessive and/or unpredictable physical activity from clients, members of the public? | | | |  | |  |
| 9 | Does the pregnant employee’s work activities involve entry to tightly fitting workspaces which would present comfort difficulties to the pregnant person? | | | |  | |  |
| 10 | Is there any difficulty in the pregnant person evacuating the building in an emergency due to lack of speed and movement? | | | |  | |  |

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| **No.** | **Biological Hazards** | **Yes** | **No** |
| 11 | Does the pregnant employee’s work activities involve occupational exposure[[1]](#footnote-1) to Group 2, Group 3, or Group 4 biological agents, which cause human disease e.g. Measles, HIV or Rubella?  If ‘Yes’ there is a requirement to ensure the Biological Agents Risk assessment is reviewed and updated as appropriate.  Please note: In relation to fitness for work assessment specific to COVID-19 (Group 3)  the ‘Guidance on Fitness for Work of Healthcare Workers in the Higher Risk Categories, including Pregnant Healthcare Workers’ must be followed <https://healthservice.hse.ie/staff/covid-19-staff-support/occupational-health-covid-19-guidance/> |  |  |
| 12 | Is there a potential for staff to be exposed to COVID-19? If so, there is a requirement to comply with the Governments Work Safely Protocol and [HSE PS: 039 COVID-19 Work Safely Protocol.](https://healthservice.hse.ie/staff/covid-19-staff-support/safety-arrangements-for-returning-to-work/) |  |  |
| **No.** | **Chemical Agents** | **Yes** | **No** |
| 13 | Does the pregnant employee’s work activities involve exposure to chemical agents labelled as:   * H350/H350i /H351 May cause cancer/may cause cancer by inhalation/suspected of causing cancer * H340/H341 May cause genetic effects/suspected of causing genetic effects * H360 May damage fertility or the unborn child * H360D May damage the unborn child * H360FD May damage fertility, may damage the unborn child * H360Fd May damage fertility, suspected of damaging the unborn child * H360Df May damage the unborn child, suspected of damaging fertility * H361 Suspected of damaging fertility or the unborn child * H361d Suspected of damaging the unborn child * H361f Suspected of damaging fertility * H361fd Suspected of damaging fertility, suspected of damaging the unborn child * H362 May cause harm to breastfed children * H370/H371 Causes damage to organs/May cause damage to organs |  |  |
| 14 | Does the pregnant employee’s work activities involve exposure to mercury or mercury derivatives which could affect the foetus during pregnancy and slow its growth? |  |  |
| 15 | Does the pregnant employee’s work activities involve exposure to Antimitotic drugs also known as cytotoxic drugs? (Imuran, Cytoxan, and Rheumatrex taken for arthritis) |  |  |
| 16 | Does the pregnant employee’s work activities involve exposure to chemical agents which allow percutaneous absorption through the skin e.g. some laboratory work? |  |  |
| 17 | Does the pregnant employee’s work activities involve exposure to lead or lead derivatives? |  |  |

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| **No.** | **Personal Protective Equipment** | | | **Yes** | **No** |
| 18 | Does the pregnant employee’s work activities require the wearing of PPE[[2]](#footnote-2)?  Note: The selection and use of PPE is based on an assessment of the hazards in the workplace in order to identify the correct type of PPE to be provided and to ensure that PPE is appropriate to the risk. | | |  |  |
| 19 | Is training required on the safe use of PPE in line with the manufacturer’s instructions? | | |  |  |
| 20 | Is there any difficulty for the pregnant employee wearing protective equipment due their change in shape as their pregnancy develops? | | |  |  |
| **No.** | **Night Work Hazards** | | | **Yes** | **No** |
| 21 | While engaged in night work, is the employee seriously affected by tiredness to the extent that it affects her job? | | |  |  |
| **No.** | **Display Screen Equipment** | | | **Yes** | **No** |
| 22 | Does the pregnant employee’s work activities involve work on display screen equipment?  If ’Yes’, there is a requirement to ensure the Display Screen Equipment Risk assessment is reviewed and updated as appropriate.  If working from home please ensure that the guidance [on Working from Home during COVID-19](https://healthservice.hse.ie/staff/coronavirus/working-from-home/working-from-home-during-covid-19.html) is implemented. | | |  |  |
| **No.** | **Welfare Facilities** | | | **Yes** | **No** |
| 23 | Are suitable and sufficient rest facilities provided? i.e. provision of appropriate rest facilities to enable pregnant and or breastfeeding employees to lie down?  *If you answer yes to this question then no further action is required.* | | |  |  |
| **No.** | **Other Occupational Safety and Health Hazards Identified** | | | **Yes** | **No** |
| 24 | Have you identified any other safety and health hazards? | | |  |  |
| **Section 3:** | | | | | |
| **Risk Assessment Recommendation** | | | | | |
| **Assessment carried out by:** | | Enter Name of person carrying out assessment. | | | |
| **Pregnant employee’s Signature:** | |  | | | |
| **Department Manager’s Signature:** | |  | | | |
| **Date of completion of Assessment:** | | Select Date. | | | |
| **No. of Weeks Pregnant:** | | Enter No of Weeks Pregnant.  **The risk assessment is to be reviewed on a regular basis throughout the pregnancy or more frequently should circumstances dictate.** | | | |
| **Date of 1st Review:**  **No. of Weeks Pregnant:**  **Signatures:** | | Select Date of First Review. | | | |
| Enter No of Weeks Pregnant. | | | |
|  |  | | |
| **Date of 2nd Review:**  **No. of Weeks Pregnant:**  **Signatures:** | | Select Date of Second Review. | | | |
| Enter No of Weeks Pregnant. | | | |
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| ***Note: The Manager should ensure that the remedial action specified is implemented to ensure the safety, health and welfare of the pregnant, post-natal or breastfeeding employee and their unborn child, as far as reasonably practicable. The risk assessment should be forwarded to the HR/Personnel Department following the period to which the Regulations relate and kept on the employee’s personal file.*** | | | | | |

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| **Pregnant Employee Risk Assessment Fillable Form** | | | | | | | | | | | | | |
| **Division:** | | | Select Division. | | | **Source of Risk:** | | | Enter Source of Risk. | | | | |
| **HG/CHO/NAS/Function:** | | | Select Area. | | | **Primary Impact Category:** | | | Select Primary Impact Category. | | | | |
| **Hospital Site/Service:** | | | Enter Hospital Site/Service. | | | **Risk Type:** | | | Select Risk Type. | | | | |
| **Dept/Service Site:** | | | Enter Dept/Service Site. | | | **Name of Risk Owner (BLOCKS):** | | | Name of Risk Owner. | | | | |
| **Date of Assessment:** | | | Select date. | | | **Signature of Risk Owner:** | | |  | | | | |
| **Unique ID No:** | | | Enter Unique ID No. | | | **Risk Co-Ordinator:** | | | N/A for OSH Risk Assessments | | | | |
| **Objective being impacted:** | | | Compliance with OSH legislation and the maintenance of a safe and healthy work environment. | | | **[[3]](#footnote-3)Risk Assessor(s):** | | | Name of Risk Assessor. | | | | |
| **[[4]](#footnote-4)HAZARD & RISK DESCRIPTION** | | | **EXISTING CONTROL MEASURES** | | | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | | | | | **[[5]](#footnote-5)ACTION OWNER** | | **DUE**  **DATE** |
| Identify the hazard and describe who might be harmed, how, where and when. | | | Enter Existing Control Measures | | | Document Additional Controls Required | | | | | Enter person responsible for implementation of control measure. | | Select Date. |
| **[[6]](#footnote-6)Inherent Risk** | | | **[[7]](#footnote-7)Residual Risk** | | | **[[8]](#footnote-8)Target Risk** | | | | **Risk Status** | | | |
| **Click** [**here**](https://www.hse.ie/eng/about/who/riskmanagement/risk-management-documentation/hse-enterprise-risk-management-supporting-tools/hse-risk-assessment-tool.pdf) **for the HSE Risk Assessment Tool** | | | | | | | | | | | | | |
| **Likelihood [1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | **Likelihood**  **[1-5]** | **Impact**  **[1-5]** | **Rating**  **[Likelihood x Impact]** | | **Open** | | **Monitor** | **Closed** |
| Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | Select Likelihood. | Select Impact | Likelihood X Impact = Risk Rating | |  | |  |  |

1. **Occupational exposure** to SARs-CoV-2 can result from carrying out work activities that involve a deliberate intention to work with the virus, e.g. propagating the virus in a research laboratory.

   **Occupational exposure** can also occur incidentally from specific work activities involving direct exposure to the virus, e.g. working directly with a COVID-19 patient, handling SARs-CoV-2 infected waste, conducting COVID-19 testing or carrying out diagnostic testing for COVID-19 in a laboratory. [↑](#footnote-ref-1)
2. Note specific PPE may be required in relation to COVID-19. See: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/ppe/> [↑](#footnote-ref-2)
3. Risk Assessor required for OSH risks only. [↑](#footnote-ref-3)
4. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-4)
5. Person responsible for the action. [↑](#footnote-ref-5)
6. Rating **before** consideration of existing controls. Please note for OSH risk assessments, there is a requirement to document the Inherent risk only where there is no documented risk assessment with identified controls for the hazard being considered. [↑](#footnote-ref-6)
7. Rating **after** consideration of existing controls. [↑](#footnote-ref-7)
8. Desired rating **after** actions. [↑](#footnote-ref-8)