## **Risk Assessment Guidance for Pregnancy and Maternity**

The table below contains notes on good practice which are not compulsory, but which you may find helpful in considering what you need to do. In addition, we would advise you to read the online guidance at <a href="https://www.essex.ac.uk/student/healthcare/pregnancy-and-your-studies">https://www.essex.ac.uk/student/healthcare/pregnancy-and-your-studies</a> and complete the risk assessment and contact your department with your questions.

Risk ID	Significant hazards or possible risks	Nature of risk in pregnancy	Control measures to consider
Com	mon hazards relevant to all pregnan	t and nursing individuals	
1	Prolonged use of computers/Display Screen Equipment (DSE)	Backache, thrombosis or varicose veins through sitting for a long time. Postural problems/discomfort in later stages of pregnancy, due to increased girth. Hormonal changes can affect ligaments, increasing susceptibility to injury through using the mouse/keyboard.	It is important that regular breaks are taken away from computer work. In some cases, it may be necessary to reorganise the workstation or use a more comfortable chair. Guidance on using computers safely is available on the University's website
2	Manual handling, movement and posture. Examples: Carrying equipment, frequent or prolonged periods of lifting, stretching and reaching or working in areas where space is restricted or limited.	Hormonal changes can affect ligaments, increasing susceptibility to injury. Problems may increase as pregnancy progresses, especially if long periods are spent in awkward positions or standing/sitting for a long time. Particular care is needed if women handle loads during the first three months following childbirth or returning to work with medical complications e.g., following a caesarean.	Adjust work to remove or reduce the need for heavy lifting or handling, stretching, reaching or working in areas where space is restricted or limited. Use lifting aids such as trolleys or get help. Increase rest breaks or vary activities to avoid prolonged sitting or standing. E.g., presentations could be given by sitting rather than standing for long periods, or a combination of both.  Refer to NHS guidance on backache and pregnancy.

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3	Slips, trips and falls, use of access equipment (e.g., step ladders, step-stools).	From mid pregnancy increased likelihood of accident due to affect of pregnancy on balance and co-ordination. Increased girth may mean the pregnant woman is less likely to see trip hazards during later stages of pregnancy. Consequences of accident are also greater, as may affect the unborn child.	Reduce need to use access equipment. Ensure high standards of housekeeping are maintained in areas where the pregnant individual is required to work.
4	Stress and fatigue.	Heavy workloads, long hours and demanding work can lead to mental and physical fatigue which could increase during pregnancy and just after birth. Reduced dexterity and increased tiredness may increase errors, adding to stress. Stress may increase risks of premature childbirth and miscarriage. There may be certain periods when students may be particularly susceptible to stress, e.g., during exam time or when working to deadlines.	The individual and the department should review priorities to ensure demands are manageable. Review as necessary during the term of the pregnancy. If there are complications or the student is expected to be heavily pregnant at the time of exams – please refer to SWIS to discuss individual exam arrangements.
5	Poor access to welfare facilities.	Poor access to welfare facilities: Morning sickness early in pregnancy, need to visit lavatory more frequently, need to rest.  Lack of private facility for individuals returning to work to express milk and store this whilst working or studying at the University.	Advise student of location of welfare and rest facilities, including those for individuals who are breastfeeding and agree any bespoke arrangements for breaks.  At Colchester campus, the Baby room (5A.223) is available. The parent will need to collect a key fob from the information centre.  Students at other campus should ask Student Services Hub about facilities

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6	Difficulty of evacuation from an area in an emergency.	Lack of ability to move quickly or cope with stairs in the event of a practice evacuation or actual incident requiring evacuation.	Advise students living in university accommodation to inform Accommodation Essex of pregnancy. Students cannot continue to reside on campus after the birth.  If pregnant student is concerned about safety during an evacuation they can wait until the majority of people have done so before descending any stairs. A person will be safe in any staircase or refuge point for a minimum of 30 minutes.  If a pregnant student experiences mobility problems or would have difficulty evacuating by stairs (e.g., towards the later stages of pregnancy) arrange a Personal Emergency Evacuation Plan with the Fire Safety Manager.  For field trips it may be necessary to advise the accommodation provider and arrange for the pregnant student to be located in a room on a lower floor.
7	Availability of first aid care.	First Aid assistance or treatment is not available promptly, or pregnancy is not made known to First Aiders.  Possible conditions: nausea, fainting or dizziness during pregnancy, miscarriage or premature birth.	Where the individual agrees, it may be helpful to advise First Aiders in confidence of an individual's pregnancy and any medical conditions they need to be aware of, should First Aiders need to attend.  Be aware of how to summon First aid help.  Inform Patrol Officers/security if working alone in academic buildings.

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8	UK based work placements.	Hazards associated with work placement. Travel to/from work placement.	Work placement organisers will need to be informed of the pregnancy so they can consider if a placement is suitable for the pregnant student. The host employer will need to be informed and they will need to carry out their own risk assessment. This is a legal requirement in the UK where a student is training for employment. See <a href="https://www.hse.gov.uk/mothers">www.hse.gov.uk/mothers</a> .  If the individual will be working away from home for a prolonged period they should discuss access to health care with their Doctor. They may need to register with a local Doctor's surgery.	
9	Exposure to infectious diseases	Blood borne infections through contact with blood or bodily fluids. There is a small risk that the infected mother could pass the infection to the baby during childbirth.	Those working in health care are most at risk, however use of standard hygiene precautions will control the risk.	
		Mumps and Rubella can spread among the student population because of lesser requirements for inoculation in other countries, greater social mixing and living in close proximity. Can cause miscarriage or birth defects.	The pregnant student should check their immune status with their doctor and, if necessary, have an MMR vaccination. See <u>University advice on Measles</u> , <u>Mumps and Rubella</u> for further information.	
Haza	Hazards more relevant to placements, field work or Study Abroad			
10	<ul> <li>Working in remote areas.</li> <li>Limited access to toilet and rest facilities.</li> <li>Poor communications.</li> <li>Access to emergency first aid.</li> </ul>	More frequent toilet breaks may be required during pregnancy; fatigue may be an issue during pregnancy. Pregnant and breastfeeding individuals may need more frequent access to rest and toilet facilities.  There is an increased risk that a pregnant student may need emergency first aid for a pregnancy related problem or following an accident.	These areas should already be covered by the risk assessment for fieldwork. Review with Group Leader and confirm whether planned arrangements are adequate or whether additional measures may be needed.	

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11	Lone working (These provisions do not apply to the individual's own leisure time.)	Unable to summon help if experience pregnancy related illness whilst working alone.  Possible conditions: nausea, fainting or dizziness during pregnancy, miscarriage or premature birth.	Review suitability of any lone working arrangements. Suggest a buddy system or increased frequency of communication with their support system.
12	Extensive travelling.	Fatigue, nausea (in early pregnancy); carrying research equipment/luggage or research/work equipment may need consideration, particularly for long trips. Extensive travelling, particularly at busy times or across time zones may increase stress.  Driving may be difficult in very late pregnancy due to possible difficulty of reaching vehicle controls.	Consider whether travel is appropriate. Ensure rest time is built into schedules. Consider alternative arrangements for transporting equipment.  The pregnant student should seek advice from their doctor about flying. Some airlines will not let pregnant individuals fly towards the end of their pregnancy.  NHS guidance on travelling and pregnancy
13	Risks relating to country being visited.	Access to health care, health risks, working in remote areas, poor travelling conditions.  Risk will vary greatly depending on nature of trip and country being visited.	Students wishing to travel should be advised to review NHS guidance on travelling and pregnancy.  The pregnant individual should consult their Doctor before undertaking long distance travel.  If travel is essential for studies the risk assessor should ask the student to provide a confirmation letter from their Doctor that it is safe to travel. Student should research health facilities and potential health/security risks in area being visited. Also refer to FCO advice relating to Country being visited.  Check that travel insurance covers pregnancy related medical care.

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14	Zoonosis infections which affect the unborn child.	Chlamydia and Lysteria can be contracted through contact with infected ewes and newborn lambs and clothing and footwear that may be infected. Can also be contacted from birds (parrots, turkeys, pigeons, ducks). Toxoplasma infection can occur through contact with cat faeces, contaminated soil or poorly washed garden produce.	Pregnant individuals should avoid contact with sheep during lambing time.  Ensure good washing facilities and robust hygiene controls when carrying out fieldwork in areas where there is a potential risk of infection. Provision of appropriate standard of gloves or alcohol-based hand sanitizers where necessary.
15	Whole body vibration.	Regular exposure to shocks or low frequency vibration through driving/riding in off-road vehicles on poorly maintained roads or on motor boats may increase the risk of miscarriage, pre-maturity or low birth weight. Whole body vibration increases the risk of back pain.	Review whether there is a need to carry out activities that may involve significant exposure to whole body vibration.

16	Use of protective personal protective	Pregnant individual may find personal protective	If unable to source alternative PPE, consider
	equipment (PPE) clothing or uniform.	equipment uncomfortable to wear and fit may be poor (e.g. respiratory protective equipment, protective boots due to swollen ankles).	alternative activities where PPE is not needed. If the PPE fits but is uncomfortable shorter working periods could be considered. The student must not be allowed to work without PPE provided for their safety.
		Clothing may be hot or cumbersome and may increase	'
		fatigue; clothing may fit badly as shape changes in later pregnancy.	Consider whether clothing is comfortable and appropriate; if necessary, provide alternative type with the same level of protection.
17	Work with hazardous chemicals.  NB: Substances will have the following sign if the substance is toxic to the developing foetus or breastfeeding child:	Some chemicals are specifically toxic to the developing foetus or breastfeeding child. Safety data sheet will show risk phrases (prefixed R) or hazard statements (prefixed with 'H') such as the following examples:  R40/ H351: Limited evidence of carcinogenic effects R45/H350: May cause cancer R46/H340: May cause heritable genetic damage R49/H350: May cause cancer by inhalation R61/H360d/fd: May cause harm to the unborn child R63/ H360d/fd: Possible risk of harm to the unborn child R64/H362: May cause harm to breastfed babies R68/H371 and H341: Possible risk of irreversible affects  These are most likely to be encountered in Biological Sciences.	If an individual has to work with any substance as part of their studies or research, for which there is a risk to the unborn or breastfed child, this will be detailed in the COSHH risk assessment associated with the student's work (which flags up substances with these hazards specifically). The result of combining substances which creates a new substance should also have been considered. The student should be informed of the risk before they start working with the substance and advised to notify the supervisor if they are or become at risk.  The pregnant or breastfeeding student should inform their supervisor as soon as possible. The supervisor must review the COSHH assessment with the students and agree whether more stringent control measures are needed. If additional controls are needed, they should be recorded and implemented.
18	Work with biological agents and genetically modified organisms.	It is unlikely that work will be carried out on biological agents that are a specific risk to pregnant individuals.  There may be an increased risk of infection due to possible effects of pregnancy on the immune system.	Review scheme of work with supervisor and agree what, if any, strengthened control measures are needed.

19	Work/study activities in close contact with babies and young children.	Contact with certain childhood diseases (e.g., Chickenpox, Slapped cheek syndrome, Cytomegalovirus) during pregnancy may put unborn child at risk of harm.	Pregnant individuals who do not know whether they have been immunised against common childhood diseases should consult their doctor.  Should a pregnant student become aware that they have been in contact with an infected individual or should they develop a rash they should contact their doctor/midwife without delay.
20	Exposure to radiation.	Significant exposure to radiation can cause harm to the unborn child.	Undergraduates do not work with radiation. It is also unlikely that research students will have significant exposure. However, the student must inform their supervisor as soon as they are aware that they are pregnant or are breastfeeding. The supervisor must review the scheme of work with the student and agree what, if any, strengthened control measures are needed. See also <a href="HSE guidance on working with ionising radiation">HSE guidance on working with ionising radiation</a> .
21	Work in hot/cold conditions.	Prolonged exposure to hot environments should be kept to a minimum; fatigue and dehydration may be an issue, also risk of increased blood pressure. Breastfeeding may be impaired by heat dehydration. This may be an issue even in ordinary offices in particularly hot weather. Work in extreme cold may be a hazard to pregnant individuals and the unborn child.	For hot environments, consider extra breaks in a cooler area if appropriate; ensure drinking water is available; consider alternative duties if conditions are severe or persistent.  Suitable protective clothing, access to warm rest areas and hot drinks should be provided for work in cold environments.
22	Loud noise.	Prolonged loud noise can cause tiredness or increased blood pressure.	Where there are significant risks from noise a risk assessment should have been carried out and control measures implemented. These must be followed. Pregnant individuals may require more frequent breaks away from noisy environments.
23	Exposure to strong or unpleasant smells.	This may increase nausea, especially in early pregnancy.	Consider relocation from the area or additional ventilation of area in early pregnancy if this is a particular issue; consider breaks to be taken away from the area.

24	Diving.	Hyperbaric pressure may harm the foetus and pregnant worker may be at increased risk from decompression sickness.	Pregnant students are prohibited from diving. Snorkelling may be an alternative.  Students who have recently given birth should seek advice from their doctor before recommencing diving.
25	Vibrating work tools.	Use of tools which cause hand/arm vibration increases the risk of carpal tunnel; the risk of carpal tunnel is also increased by pregnancy.	It is unlikely that students would be required to use vibrating hand tools for prolonged periods. Where departments use vibrating tools (e.g., East 15 workshops) refer to vibration risk assessments. If in doubt Department should seek advice from their lead health and safety adviser.
26	Non-ionising radiation (UV, IR and optical radiation) and strong magnetic and electromagnetic fields (EMF).	Increase skin sensitivity during pregnancy can increase the risk of burning when exposed to UV light.  Working close to significant sources of EMF could cause warming or burns.  Strong magnetic fields can cause ferrous based metal items to become projectiles that may enter the body and damage the pregnant individual and/or unborn child.	Existing risk assessment will identify significant exposure to artificial optical radiation and EMF radiation. Existing risk assessment will identify where significantly strong magnetic fields exist.  Pregnant individuals who are likely to be exposed to or interact with these hazards need to follow current risk control measures. If in doubt Department should seek advice from their Departmental Non-lonising Radiation Protection Adviser (DNIRPA) or the Health and Safety Advisory Service.
27	Other hazardous activities.	Physically demanding activities (e.g., theatre performances), working at height (e.g., technical theatre work), adventurous activities etc.	Review risk assessment for hazardous activity with supervisor or competent person responsible for activity to determine whether work can be adjusted, or alternatives identified. For some study programmes it may not be possible (for the health of both student and baby) to continue with the course past a certain stage of pregnancy and so intermitting may be necessary.