**CONFIDENTIAL**

**MANAGEMENT OF HEALTH AND SAFETY AT WORK REGULATIONS (N.I.) 2000**

**EXPECTANT/BREASTFEEDING MOTHERS** **RISK ASSESSMENT**

**NAME OF EMPLOYEE/STUDENT:**

**SCHOOL/DIRECTORATE:**

|  |  |
| --- | --- |
|  |  |

| **Activity** | **Hazards** | **Existing Control Measures** | **Risk Level (L,M,H, VH)** | **Additional Actions** | **By Whom & By When** |
| --- | --- | --- | --- | --- | --- |
| * **Use of General office/IT equipment**
 | General fatigue |  |  |  |  |
| * **Slips, trips, falls**
 | Risk of injury, e.g.Trailing cablesSpillagesBasement access stairs |  |  |  |  |
| * **Work involving significant manual handling (lifting, pulling etc.)**
 | Manual handling:Physical injury and strain.  |  |  |  |  |
| * **Working at**

 **heights** | Risk of falling. |  |  |  |  |
| * **Working alone**
 | Requirement for prompt medical attention. |  |  |  |  |
| * Stressful working environment
 | Occupational stress:Greater susceptibility to stress due to hormonal and physiological changes. |  |  |  |  |
| * Suitability of rest facilities
 | Physical and mental tiredness.Proximity to toilet.Exposure to smoke. |  |  |  |  |
| * Work in noisy environments
 | Prolonged exposure may lead to raised BP and tiredness.May affect child’s hearing. |  |  |  |  |
| * Work with vibrating machinery
 | Vibration: Increased miscarriage risk.Long term exposure may lead to premature birth or low birth rate. |  |  |  |  |
| * Work with Ionising Radiation
 | Ionising Radiation:Risk of exposure to child. |  |  |  |  |
| * Work related violence
 | Physical/verbal abuse:Increased miscarriage risk. |  |  |  |  |
| * Hot/cold working environment
 | Extreme heat/cold:Heat stroke.Hypothermia. |  |  |  |  |
| * **Working with chemical**

 **hazards** | Exposure to Carcinogenic, Mutagenic and Teratogenic chemicals. |  |  |  |  |
| * **Working with Biological hazards**
 | Contact with Rubella, toxoplasmosis or other biological agents or infectious diseases. |  |  |  |  |
| * **Other**
 |  |  |  |  |  |

### ASSESSMENT COMPLETED BY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Position) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Position)