**CONFIDENTIAL**

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

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

**NAME OF EMPLOYEE/STUDENT:**

**SCHOOL/DIRECTORATE:**

|  |  |
| --- | --- |
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| **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 cables  Spillages  Basement 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)