**Appendix B**

**Sample Pregnancy Information and RISK ASSESSMENT FORM – Tutors/Programme Leads, should adapt this to their programme and its related activities.**

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| **Name of student** | **Preferred name** | **Pronoun** | **Student number** | **Contact number** | **Is the student in UoC halls? If so inform accommodation via step.cumbria.ac.uk** |
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| **Programme** | **Year of Study** | **Campus/**  **Distance Learning etc.** | **Lectures and Classes inc timetabled hours in a day** | **Placements inc any night shifts required and any alternative placement requirement** | **Exams and assessments – any they will not be able to complete? Alternative required?** | **Fieldwork/Trips etc inc**  **Residentials/trip/study abroad** |
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| **What is the student’s due date?** | **How many weeks pregnant is the student at the time of completing this form?** | **When is the student proposing returning to study? What support will they need?** | **Does the student required additional advice on the impact of their pregnancy- in relation to any existing or new disability/health conditions - if yes refer the student into step.cumbria.ac.uk** | **If you feel there might be implications for risk in relation to the student, their unborn child or others with whom we might expect them to work, eg on placement, then please complete and Occupational Health Referral.** |
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Now please complete the risk assessment below:

Individuals considered at significant risk are the pregnant or breastfeeding/chestfeeding person and the unborn or breastfeeding/ chestfeeding child. Risks to others e.g. service users, pupils, visitors etc. are most likely to result from a lack of supervision should the new or expectant mother/birth parent become ill and are already considered in normal operating procedures.

Pregnancy is a dynamic state involving continuous changes and developments, the same working conditions may raise different health and safety issues for different people at different stages, including returning to work after childbirth or whilst breastfeeding /chestfeeding. Some are predictable and apply generally; others depend on individual circumstances and personal medical history.

| **Hazard** | **Risk** | **Control Measures** | **Notes/ Control measures agreed or indicate “N/A”** |
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| Fatigue | Long working or study hours affect different people at different stages in different ways. Susceptibility to fatigue generally increases during pregnancy and in the post-natal period. Lack of nutrition will contribute to fatigue. | * Ensure hours, volume, pace etc. of study are not excessive and support is appropriate (buddy, notes for missed lessons, adjust timetable etc.). * Student to make best use of rest periods & inform tutor if poor nutrition (sickness) or lack of sleep may affect safety. |  |
| Lone working | Pregnant students are more exposed to risk than others when alone if they fall or require urgent medical attention. | * Student advised they must not work in areas where other people are not present and could see or hear them if in need. If required, the tutor/supervisor should conduct a lone working risk assessment. |  |
| Work at height | The potential for dizziness makes it hazardous for NEMs to work at height e.g. ladders, platforms, staging. | * Ensure pregnant or breastfeeding/chestfeeding students are not exposed to work at height (hanging displays, drama lighting etc.) |  |
| Bullying, violence, jolts, shocks and vibration to the body | Stress can increase incidences of miscarriage, stillbirth & impair breastfeeding/chestfeeding; exacerbated by: hormonal/ physiological/ psychological changes; financial/emotional insecurity; feeling unwell or peer pressure; anxiety etc. Stillbirth, miscarriage, adoption or neonatal death or trauma such as caesareans also makes them vulnerable.  Violence can have similar consequences as well as injury.  Regular exposure to shocks (sudden severe blows to the body from contact sports or low frequency vibration) or excessive movement may increase the risk of miscarriage. | * Curricular work eg use of equipment needs to be considered. * Ensure students know how to report harassment and bullying via step@cumbria.ac.uk * Alternative lessons/breaks arranged where risks are not tolerable – physical elements of programmes eg in sports/outdoor/performing arts. * Avoid the use of equipment generating vibration/jolts * If avoidance is not possible, the length of time exposed must be as short as possible. |  |
| Movements, postures standing and sitting | Fatigue/physical work has been linked to miscarriage, premature birth and low birth weight as well as varicose veins, thrombosis, haemorrhoids, backache, dizziness. Risks depend on: nature, duration & frequency of tasks/ movements; work pace, intensity & variety; work patterns; ergonomic/environmental factors; suitability/ adaptability of work equipment.  Hormonal changes during/post pregnancy can affect ligaments, increasing susceptibility to injury. Study spaces with insufficient abdominal room may contribute to strains/sprains.  Additional risks may arise following a birth with medical complications e.g. caesarean, deep vein thrombosis etc. | * As with fatigue re: hours, volume, pace of study and related activity etc. * Lesson timing creates helpful task breaks and should avoid the need for wandering around during lessons: To be reviewed as pregnancy progresses and the need for toileting or postural relief for backache increases or student experiences sudden need to express milk after childbirth. * Study spaces have adequate seating to meet needs with arising issues to be resolved as appropriate. * Student to avoid perching, leaning, repeated awkward movements or other poor postural positions especially when seated.   . |  |
| Manual handling of loads | Hormonal relaxation of ligaments mean manual handling poses greater risks as pregnancy progresses and for at least 3 months following birth. | * Students to be advised of potential handling risks (carrying heavy bags/equipment etc) * Student to actively avoid handling tasks involving heavy loads, awkward movements or heights and seek appropriate assistance. |  |
| Uniform/ personal protective equipment (PPE) | Work equipment, uniform and PPE is not generally designed for use by pregnant women/birth parents and may become uncomfortable and unsafe for use (where equipment does not fit properly, or mobility is impeded) | * Ensure the need for new or adapted tasks or uniform/ protective equipment is considered and provided for as regularly as necessary. * Priority to be given to controlling risks by avoidance or substitution (changing task or using different equipment) and not PPE alone. |  |
| Lack of rest or welfare facilities | Rest (physical and mental) is important because fatigue increases during and after pregnancy and may be exacerbated by learning-related factors.  Breastfeeding/chestfeeding and expressing is important to the health of mothers/birth parents and babies and requires a clean environment and suitable storage facilities. | * Suitable facilities are available where breastfeeding/chestfeeding students can sit, lie down comfortably or express milk in privacy, without disturbance at appropriate intervals. * Facilities exist to enable breastfeeding/chestfeeding as appropriate e.g. clean, secure refrigerated storage; washing, sterilising and receptacle storing facilities etc. |  |
| Infections, morning sickness, kidney disease and other health conditions | Contracting some common infections can be extremely serious for pregnant/breastfeeding/chestfeeding students  Different people experience different symptoms of morning sickness which can last all day and require urgent toilet visits.  Pressure on the bladder and other changes in pregnancy as well as increased fluid intake promoting breastfeeding/chestfeeding means more frequent visits to the toilet. | * Check student is in contact with their GP for pregnancy related advice and guidance. Students should talk to their GP if they come into contact or develop a contagious disease. * Adjustments on a case by case basis. |  |
| Control of Substances Hazardous to Health (COSHH) | Lead, mercury, substances in Annex 1 to Directive 90/394/EC; substances labelled from Directive 83/379/EEC or 1999/45/EC; cytoxic substances; all have one or more identified risk phrases for hazardous substances affecting NEMs incl.:  R40 – limited evidence of a carcinogenic effect  R45 – may cause cancer  R46 – may cause heritable genetic damage  R49 – may cause cancer by inhalation  R61 – may cause harm to the unborn child  R63 – possible risk of harm to the unborn child  R64 – may cause harm to breastfed/chestfeed babies  R68 – possible risk of irreversible effects  The practical risk they present can only be decided by risk assessment considering the immediate/ cumulative harm, amount, use, frequency, no. exposed etc. | * Ensure an adequate and sufficient COSHH risk assessment is in place. |  |
| Extremes of cold or heat | Pregnant people tolerate heat less well and are at risk of fainting and heat stress with less risk after birth, but varying speeds of improvement. Dehydration can impair breastfeeding/chestfeeding. | * Ensure reasonable adjustments are considered. |  |
| Passive smoking and carbon monoxide | Cigarette smoke is mutagenic, carcinogenic and a known risk to pregnancy where the mother/birth parent smokes. Smoke can aggravate asthma; affect heart and lungs and pose a risk to foetal/infant health.  Carbon monoxide interferes with the cardiovascular system starving mother/birth parent and baby of oxygen (vehicle engines running in enclosed spaces, science labs possibly etc.) | * Reinforce that university inside spaces are non-smoking (including vaping). Smoking shelters are available. * Students should seek advice from GP. |  |
| Noise | Prolonged exposure to loud noise can lead to increased blood pressure and fatigue and body changes during pregnancy can exacerbate reactions. Prolonged exposure of the foetus may have an effect on hearing at birth and low frequencies are more harmful. Breastfeeding/chestfeeding parents are not at greater risk. | * Ensure noise levels do not exceed national exposure limits (2 people should be able to hear each other in normal conversation at least 2m apart). * Hearing protection is not an appropriate control measure because it cannot be applied to the foetus. Harmful noise must be eliminated. |  |
| Ionising Radiation (IR: radioactive sources) | Ionising radiation can cause miscarriage and severe health effects for the mother/birth parent, foetus (or baby via breast/chest milk). | * If the student is likely to exposed to X-Ray radiation or ionizing radiation the duration of the exposure limits should be considered. |  |
| Other | Please use additional columns for any specific risks not covered above |  |  |
| Student is in halls | The University accommodation officers can conduct risk assessments in relation to halls. | * The University has no family accommodation available. |  |

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| **Completed by** | **Student** | **Programme Lead** | **Tutor(s)** |
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| **This checklist and risk assessment will be shared with** | **Sent to PAD (please confirm the date)** | **Placement Unit** | **Other … please specify names** |
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**This pregnancy risk assessment should be reviewed if anything changes in relation to the individual’s circumstances**