

Risk Assessment Guidance for New and Expectant Mothers who are Students

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 contact Student Support, read the online guidance at <http://www2.essex.ac.uk/stdsup/welfare/pregnancy.shtm> and complete the risk assessment and contact Student Support with your questions.

Risk ID	Significant hazards or possible risks	Nature of risk in pregnancy	Control measures to consider
Common hazards relevant to all pregnant and nursing mothers			
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. Concerns about electromagnetic radiation causing stress and anxiety.	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 There is no evidence that use of computers will harm an unborn child. See: http://www.hse.gov.uk/pubns/indg36.pdf
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. See the University's leaflet Is Your Back Safe for guidance on safe lifting. Also refer to NHS guidance on backache and pregnancy .
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 woman is required to work.

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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 Student Support should review priorities to ensure demands are manageable. Review as necessary during the term of the pregnancy. Student Support is available to discuss options or assist with any concerns about the effect of pregnancy on studies and examinations. Also see Student Support advice on Exam anxiety .
5	Poor access to welfare facilities.	<p>Poor access to welfare facilities: Morning sickness early in pregnancy, need to visit lavatory more frequently, need to rest.</p> <p>Lack of private facility for mothers returning to work to express milk and store this whilst working or studying at the University.</p>	Advise student of location of welfare and rest facilities, including those for mothers who are breastfeeding and agree any bespoke arrangements for breaks.
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.	<p>Advise students living in University accommodation to inform Accommodation Essex of pregnancy.</p> <p>If pregnant woman experiences mobility problems or would have difficulty evacuating by stairs (e.g. towards the later stages of pregnancy) arrange a Personal Emergency Evacuation Plan for the individual in consultation with the Fire Safety Officer.</p> <p>For field trips it may be necessary to advise the accommodation provider and arrange for the pregnant woman to be located in a room on a lower floor.</p>

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7	Availability of first aid care.	<p>First Aid assistance or treatment is not available promptly, or pregnancy is not made known to First Aiders.</p> <p>Possible conditions: nausea, fainting or dizziness during pregnancy, miscarriage or premature birth.</p>	<p>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.</p> <p>Be aware of how to summon First aid help.</p> <p>Inform Patrol Officers/security if working alone in academic buildings.</p>
8	UK based work placements.	Hazards associated with work placement. Travel to/from work placement.	<p>Review the requirements of the work placement and whether these will still be suitable for the pregnant woman. If the pregnant woman wishes to continue with the work placement, the host employer will need to be informed and they will need to carry out a risk assessment. This is a legal requirement in the UK where a student is training for employment. See www.hse.gov.uk/mothers.</p> <p>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.</p>
9	Exposure to infectious diseases	<p>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.</p> <p>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.</p>	<p>Those working in health care are most at risk, however use of standard hygiene precautions will control the risk.</p> <p>The pregnant woman should check her immune status with her doctor and, if necessary have an MMR vaccination. See Student Support advice on Measles, Mumps and Rubella for further information.</p>

Hazards more relevant to placements, field work or Study Abroad

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10	Working in remote areas; <ul style="list-style-type: none"> • Limited access to toilet and rest facilities. • Poor communications. • Access to emergency first aid. 	More frequent toilet breaks may be required during pregnancy; fatigue may be an issue during pregnancy. Pregnant and breastfeeding mothers 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.
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. Offer a buddy system, or increase frequency of communication with University colleagues where lone working is essential to the study and cannot be avoided.
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 woman should seek advice from her doctor about flying. Some airlines will not let pregnant women fly towards the end of their pregnancy. NHS guidance on travelling and pregnancy

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13	Risks relating to country being visited.	<p>Access to health care, health risks, working in remote areas, poor travelling conditions.</p> <p>Risk will vary greatly depending on nature of trip and country being visited.</p>	<p>Review whether proposed overseas travel is still appropriate or whether less “risky” placement may be possible. See NHS guidance on travelling and pregnancy.</p> <p>The pregnant woman should consult her Doctor before undertaking long distance travel. If Student Support has concerns ask the student to provide a confirmation letter from her 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.</p> <p>Check that travel insurance covers pregnancy related medical care.</p>
14	Zoonosis infections which affect the unborn child.	<p>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.</p>	<p>Pregnant women should avoid contact with sheep during lambing time.</p> <p>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.</p>
15	Whole body vibration.	<p>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.</p>	<p>Review need to carry out activities that may involve significant exposure to whole body vibration.</p>

Hazards more relevant to practical studies (e.g. Biological Sciences, East 15, Health and Human Sciences)

16	Use of protective personal protective equipment (PPE) clothing or uniform.	<p>Pregnant worker may find personal protective equipment uncomfortable to wear and fit may be poor (e.g. respiratory protective equipment, protective boots due to swollen ankles).</p> <p>Clothing may be hot or cumbersome and may increase fatigue; clothing may fit badly as shape changes in later pregnancy.</p>	<p>If unable to source alternative PPE, consider 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 her safety.</p> <p>Consider whether clothing is comfortable and appropriate; if necessary, provide alternative type with the same level of protection.</p>
17	Work with hazardous chemicals.	<p>Some chemicals are specifically toxic to the developing foetus or breastfeeding child. Safety data sheet will show risk phrases or hazard statements (prefixed with 'H' instead of 'R'), such as the following examples:</p> <ul style="list-style-type: none"> • R40: Limited evidence of carcinogenic effects • 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 babies • R68: Possible risk of irreversible affects 	<p>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. Female students 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.</p> <p>The pregnant or breastfeeding student should inform her 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.</p>
18	Work with biological agents and genetically modified organisms.	<p>It is unlikely that work will be carried out on biological agents that are a specific risk to pregnant workers. There may be an increased risk of infection due to possible effects of pregnancy on the immune system.</p>	<p>Review scheme of work with supervisor and agree what, if any, strengthened control measures are needed.</p>

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.	<p>Pregnant women who do not know whether they have been immunised against common childhood diseases should consult their doctor.</p> <p>Should a pregnant woman become aware that they have been in contact with an infected individual or should she develop a rash she should contact her doctor/midwife without delay.</p>
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 her supervisor as soon as she is aware that she is pregnant or if she is breastfeeding. The supervisor must review the scheme of work with the student and agree what, if any, strengthened control measures are needed. See also HSE guidance on working with ionising radiation.
21	Work in hot/cold conditions.	<p>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.</p> <p>Work in extreme cold may be a hazard to pregnant women and the unborn child.</p>	<p>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.</p> <p>Suitable protective clothing, access to warm rest areas and hot drinks should be provided for work in cold environments.</p>
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 women may require more frequent breaks away from noisy environments.
23	Exposure to strong or unpleasant smells.	This may increase nausea, especially in early pregnancy.	<p>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.</p> <p>If nausea is a problem provide sealable sick bags and access to means for disposal of clinical waste.</p>

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 Health and Safety Advisory Service
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 mother 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 women 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-Ionising 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 mother and baby) to continue with the course past a certain stage of pregnancy and so intermitting may be necessary.