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| 1.0 Date of initial RA: | **2.0 Assessed by:** |
| *14 June 2017 (six weeks pregnant)* | **PRINT:** *Miss A N Other***SIGNATURE:** *(handwrite and scan):*  |
| 3.0: Staff member to be assessed: | *Miss X* |
| 4.0 Ref number: | 4.1: Other personnel involved with assessment |
| *In house reference number**e.g. ABC001/2017* | *Will be the expectant mother, perhaps a midwife / health visitor or GP (and Occupational Health) if relevant.* |
| **5.0: Workplace: (detail any peripatic workplaces or travel required)** |
| *Smith School, Woodbridge, Suffolk* |
| **6.0: Job title:** | *Year Three teacher* | **7.0: Expected date of delivery and maternity leave start date:** | *1 February 2018*  |
| **8.0 Any current concerns noted with pregnancy or relevant health issues:** | *For instance –* *As a result of the review of this assessment on 23 July, Miss X has communicated with us that she has been diagnosed with high blood pressure and the guidance from her GP is as per the review below. A new rota system for rest breaks has been implemented.*  |
| **6.0 What hazards are present / are foreseeable?** | **7.0 What have you already done to control those risks?**  | **8.0 Have these controls worked? What level of risk do you judge this at?** | **9.0 What else could you do to control those risks – are they possible to carry out (if not, why not) and who is responsible and when by?** |
| *List the nature of concerns in this column, individually as they will each have different controls* | *As per the question above – note down all your current controls* | *Yes or no****HIGH******MEDIUM******LOW*** | *Dependent on potential further controls available. Name individual responsible for carrying out further actions and dates of implementation.* |
| *1.* |  |  |  |
| *2.* |  |  |  |
| **10.0 What level of risk would you now grade this situation at and why?** | ***Note:*** *you may not be able to put in additional controls for budgetary reasons or general reasonableness. In this case, the risk rating would remain. OR, the risk is now lower than it was but still presents a significant concern due to behaviours shown, i.e., High to Medium.**If you have multiple hazards, each can be graded as follows:**1: Medium 2: Medium (etc etc) 3: etc etc etc*  |
| **12.0 Additional notes as required:** | ***General notes to support staff member:******At this point you may wish to add in any details of conversations had with the staff member, concerns around the pregnancy or other impacts.*** |
| **13.0 Communication:*****Does this risk assessment need to be communicated to anyone else?******Do you have the staff member’s permission to do this?******Are there any implications on this action?******This is how the assessment has been communicated to relevant others:*** | *There may be a need to communicate the risks which impact the expectant mother, and therefore the resultant controls, to other staff members. For instance, if the work is being undertaken in a higher risk area than normal, or if the staff member would usually have had supervision of a pupil who is at a higher risk of challenging behaviour, another staff member may have to take those tasks over or assist for a certain period. There may be no need to go into* ***sensitive*** *detail about why the changes need to take place, but if you do, you should gain the expectant mother’s permission to discuss that. It would be wise at this point to speak to your HR Advisor and note their advice on this. If a member of staff has a potential health impact on them and others can assist, it is useful to be able to discuss this but please be sensitive to the needs of the individual concerned.*  |
| **14.0 Signed off by:** | *Should be both the assessor and the expectant mother.* |
| **15.0 Date of assessment sign off:** |  |
| **16.0 Review dates, changes, and persons carrying out that review:**   | *Depending on the severity of the risk and the nature of the context. A review doesn’t mean you have to change the assessment – it can be just making sure it’s still a viable and relevant document. What is important is that you note that you’ve done it and what you’ve done – see below for examples. Make sure you include that you have communicated any changes. For pregnancy risk assessments, it can be useful to stagger the reviews when medical / clinician appointments occur – e.g., antenatal appointments with Health Visitors / midwifes etc. If specialist intervention is required, e.g., Occupational Health, review the assessment without fail. If the expectant mother wishes for a review, it should be carried out.****Remember that new mothers who return to the workplace should also have a risk assessment, to incorporate any post-natal concerns or any requirements such as expressing milk or breastfeeding.*** |
| ***Review date:****14 June 17 – Mrs A N Other***√****Signed: A N Other /** **Miss X*****Changes:****Miss X saw her GP today and she remarked that all was well – no change to the assessment.****Communicated****: NA* | ***Review date:****23 July 17 – Mrs A N Other***√****Signed: A N Other /** **Miss X*****Changes:****Miss X was told today by her GP that she has high blood pressure and needs to rest frequently during the working day.**We have put into place a rest break rota and Miss X has agreed this.****Communicated****: Miss X has given permission for this information to be shared with relevant colleagues and they have all agreed to the rota as well. The rota has been placed on the staff room wall.* | ***Review date:****23 August 17 – Mrs A N Other*√**Signed: A N Other / Miss X*****Changes:*** *Miss X had an antenatal appointment yesterday and has been told that her blood pressure has improved. No other changes. Advised to keep with the rest break rota.****Communicated:*** *Face to face with relevant colleagues who have agreed to keep on the rota.* | ***Review date:****14 September 17 – Mrs B C Other***Signed: B C Other /** **Miss X*****Changes:****Miss X reported that she is able to resume normal rest breaks and there does not have to be any further intervention from other staff. Saw GP note to this effect****Communicated:*** *Face to face with relevant colleagues* | ***Review date:****14 October 17 – Mr D E Other***Signed:*****DE Other / Miss X******Changes:*** *None reported – Health Visitor appointment for four weeks confirmed.* ***Communicated:*** *NA by Mr DE Other, if Miss X wishes to let colleagues know that there is no change, that is fine.* | ***Review date:****14 November 2017 – Mrs A N Other* **Signed:*****A N Other / Miss X******Changes:***  *Blood pressure checked again by HV and no concerns there. However, obviously ‘bump’ is growing in size and we need to accommodate appropriate space around Miss X’s work area. This is going to be carried out by Friday 17 November and Mrs Other is responsible.****Communication:*** *to contact cleaners to ensure workstation is maintained in new area.* |
| ***Review date:*****Signed:*****Changes:*** ***Communicated****:*  | ***Review date:*****Signed:*****Changes:******Communicated****:* | ***Review date:*****Signed:*****Changes:******Communicated****:* | ***Review date:*****Signed:*****Changes:******Communicated****:* | ***Review date:*****Signed:*****Changes:******Communicated****:* | ***Review date:*****Signed:*****Changes:******Communicated****:* |