

Health and Safety Risk Assessment for New or Expectant Mothers on the Retrieval Team

The Management of Health and Safety at Work Regulations (1999) include specific regulations that protect this group. The regulations cover those women who are pregnant, given birth within the last six months and those who are breast feeding. Once a worker advises their employer they are pregnant they are required to conduct a risk assessment. If a significant risk is identified then the possibility of removing the hazard that is causing that risk or preventing exposure will be considered.

This document is to be used along with the main risk assessment for PICU to empower you and the risk assessor to consider risks specific to retrieval and patient transportation. It aims to inform you of risks, to develop ways to overcome these and to support the decision whether to continue or temporarily leave the retrieval team. This document should be completed by you and the Retrieval coordinator or the Maternity leave coordinator. Reviews will need to be ongoing as pregnancy progresses.

Aspects of Pregnancy or being a New Mother	Solutions
<p>Morning Sickness Could be exacerbated by travel.</p>	<ul style="list-style-type: none"> • Work with the expectant mother to assess what time of the day the morning sickness is at its worse and aim to allocate retrieval shifts around this. • Explore solutions to ease the effects of morning sickness such as regular snacks.
<p>Backache</p> <ul style="list-style-type: none"> • Standing for prolonged periods. • Posture. • Manual Handling • Hormonal changes affect ligaments and increase the chances of Injury. • Postural problems as pregnancy progresses. • Changing shape and lack of space in ambulance. • Lack of manual handling equipment at referring hospital. • Inadequate rest 	<ul style="list-style-type: none"> • Manual handling assessment. • Manual handling equipment. • Utilisation of other team members and staff from referring hospitals in manual handling
<p>Breastfeeding The ability and time to express milk will be compromised if out on a long retrieval</p>	<ul style="list-style-type: none"> • Staff should express milk prior to retrieval, if time allows • Staff must come prepared to minimise discomfort if expressing is delayed due to a retrieval • Time should be given post retrieval to express milk if required

<p>Varicose veins.</p> <ul style="list-style-type: none"> • Manual handling. • Posture. • Standing for long periods 	<ul style="list-style-type: none"> • Manual handling assessment. • Manual handling equipment
<p>Frequent visits to the toilet. Difficulties in leaving patient to go to the toilet</p>	<ul style="list-style-type: none"> • Utilise referring hospital toilets whilst patient being monitored by Retrieval Doctor and DGH staff • Consider suitability of staff member to undertake “Out-Of-Region” retrievals, where long ambulance journeys are necessary.
<p>Physical Limitations</p> <ul style="list-style-type: none"> • Manual handling difficulties. • Working in a confined space. • Changing shape – being safe and restrained in ambulance. Incorrect seat belt positioning can cause a person to be projected forward five tonnes in a low speed crash. • Impairment dexterity, agility, coordination speed of movement reach and balance 	<ul style="list-style-type: none"> • Advice on correct wearing of a seat belt (see attached). • Utilisation of other team members and staff from referring hospitals in manual handling. • Manual handling equipment
<p>Tiredness</p> <ul style="list-style-type: none"> • Difficulties in accessing breaks. • Difficulties in accessing drinks and snacks. • Excessive shift length if retrieval is not complete by the end of their shift. 	<ul style="list-style-type: none"> • Expectant mother advised to bring drinks and snacks which can be consumed in the ambulance to work on the days they are allocated a retrieval shift. • Every effort should be made to give the pregnant nurse a break prior to mobilisation of the retrieval team.
<p>Balance</p> <ul style="list-style-type: none"> • Impaired due to increased size. • Tight spaces add to this risk of accidents 	<ul style="list-style-type: none"> • Wear appropriate footwear complying with Trust policy • Assessment and safe working in referring area.
<p>Stress</p> <ul style="list-style-type: none"> • Increased stress may lead to • Increased blood pressure. • Dealing with families who are distressed and highly anxious 	<ul style="list-style-type: none"> • De brief following retrieval. • Ongoing assessment of risk.
<p>Infection Risks to pregnant women from specific infections (see appendix 1)</p>	<ul style="list-style-type: none"> • Where possible identify possible infections during referral phone call and send alternate staff. • Use universal precautions • Seek advice from occupational health.

Any further comments made by employee about health problems experience?

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Any other comments from PICU risk assessment.

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Action Plan:

To Continue with Retrieval YES/NO

Actions required following consideration of risks and solutions:

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Reviews:

Date:

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Date:

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Date:

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This checklist has been completed to the best of my knowledge.

Staff Members Signature

..... Date:

Retrieval coordinator Signature

..... Date:

One copy of the assessment to the staff member and one the Retrieval coordinator. The employee should contact HR and Occupational health and safety team if she feels there may be a medical condition that should be recorded, that has not been raised during this assessment.



Child Car Seats



www.rospa.com

www.childcarseats.org.uk

www.thinkoff.gov.uk

Pregnant Occupants and Seat Belts

All pregnant women must wear seat belts by law when travelling in cars. This applies to both front and back seats and pregnancy does not in itself automatically provide exemption from the law. The safest way for pregnant women to wear a seat belt is:

- Place the diagonal strap between the breasts (over the breastbone) with the strap resting over the shoulder, not the neck.
- Place the lap belt flat on the thighs, fitting comfortably beneath the enlarged abdomen, and over the pelvis not the bump.
- The belt should be worn as tight as possible.



In this way the forces applied in a sudden impact can be absorbed by the body's frame.

Pregnant women should not wear 'Lap-only-Belts' as they have been shown to cause grave injuries to unborn children in the event of sudden deceleration. Mother and unborn child are both safer in a collision if a lap and diagonal seat belt is

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Appendix 1

Section 1.2 of UHS Maternity, maternity support and adoption leave and pay: Managers guidelines: April 2011)

Specific hazards covered by the Congenital Disabilities Act 1976 and the Pregnant Workers Directive are as follows:

Radiation in X-Ray Departments, Theatres, Wards, CT scanning rooms etc. and radiation from isotopes.

Anaesthetic gases (including Entonox).

Cytotoxic agents - specific guidelines are available from the Pharmacy Manager for those employees involved in preparation, dispensing and administration of parenteral Cytotoxic agents.

Infections from patients or laboratory samples (Toxoplasma, Rubella, CMV and Herpes viruses).

Formaldehyde in laboratories, mortuaries and theatres.

Ethylene oxide in sterilisation procedures.

Violence from patients (mental patients who are violent, drunks etc.).

Falls - pregnant women are more prone to falling.

Prolonged standing e.g. Theatres.

Working excessive hours.

Extremes of heat or cold.

Manual handling of loads entailing risk.

Toxoplasma, Rubella virus (unless the pregnant worker is proved to be adequately immunised).

Lead and lead derivatives capable of being absorbed by the human organism - to be avoided while breast feeding.

Version: 1.0 | Date: Feb 2018 | Revision Date: Feb 2022