

Risk Assessment Policy

THIS POLICY REFERS TO ALL SENIOR SCHOOL STUDENTS AND PUPILS IN THE INFANT AND JUNIOR SCHOOL INCLUDING THOSE IN EYFS

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Risk Assessment Policy

This guidance is applicable to all those with responsibility for undertaking risk assessments for activities which are under their remit. This includes the requirements of the Independent Schools Standards Regulations (ISSR) 2019 and Early Years Foundations Stage standards. This policy should be read in conjunction with the Health and Safety policy.

Part 1: Objectives

Objectives

- ☐ To ensure that suitable and sufficient risk assessments are undertaken for activities, including Off Site Visits, where there is likely to be significant risk.
- ☐ That identified control measures are implemented to control risk so far as reasonably practicable.
- ☐ That those affected by school activities have received suitable information on what to do.
- ☐ That risk assessments are recorded and reviewed when appropriate.
- ☐ To identify those that are responsible for conducting risk assessments and monitoring implementation.

Part 2: Guidance

Guidance

This guidance is applicable to general risk assessment. Where specialist skills are required, e.g. asbestos, fire, water quality and hazardous substances, these are undertaken by specialists or by staff with additional training.

Risk assessments will usually take into account:

- ☐ hazard - something with the potential to cause harm
- ☐ risk - an evaluation of the likelihood and the severity/consequence of the hazard causing harm
- ☐ risk rating – a graded assessment of the severity of the outcome of an event (High, Medium or Low)
- ☐ control measures - physical measures and procedures put in place to mitigate the risk

The risk assessment process will consist of the following steps to identify:

- ☐ what could go wrong
- ☐ who might be harmed
- ☐ how likely is it to go wrong
- ☐ how serious would it be if it did
- ☐ what measures are put in place to stop it or reduce the impact
- ☐ how checks are carried out if plans are working and then reviewed

A template risk assessment form for general risks is at Appendix 1. Different types of Risk Assessments will be required:

1. when all other pre-employment checks are complete except for receipt of an Enhanced DBS Certificate and it is desirable for the employee to commence work pending receipt (template at Appendix 2, retained in the staff member's personnel file).
2. informally for visiting speakers in accordance with the Designated Safeguarding Lead's guidance for visitors.

3. for off-site visits in accordance with the Off-Site Visits Policy.
4. for site security and management of visitors.
5. for fire and emergencies, conducted by external specialists as a minimum every three years with annual reviews.
6. for vehicle movement on, entering or leaving the site.
7. to control the use of substances hazardous to health (COSHH) (template at appendix 3)
8. when hazardous equipment is to be used e.g. DT, Art, garden maintenance etc.
9. when hazardous activities are to take place e.g. use of swimming pool, sports lessons, working at height etc.
10. when a student has particular medical needs and these will be in the form of an Individual Healthcare Plan.
11. when a student has a particular wellbeing or safeguarding issue, such as significant anxiety or in the case of child-on-child abuse.
12. for PREVENT matters.
13. for Display Screen Equipment use there is a self-assessment proforma (template at appendix 4)
14. for pregnant workers there is a requirement to conduct a maternity risk assessment (template at appendix 5).

Part 3: Responsibilities

Responsibilities

Employees are responsible for:

- ☐ Assisting with and participating in the process of risk assessment.
- ☐ Reporting any risks or issues as appropriate.

Heads of Department (or equivalent line manager including trip/activity leaders) are responsible for:

- ☐ Undertaking risk assessments, identifying and implementing control measures, effectively communicating the outcomes to employees and others as appropriate.
- ☐ Informing the Operations Manager, or other member of the School Management Team (SMT) if any risk cannot be minimised to an acceptable level.

The SMT is responsible for:

- ☐ Allocating resources in response to risk assessments completed within departments and determining a course of action should it be identified that a risk cannot be suitably controlled so far as is reasonably practicable.
- ☐ Setting up frameworks for decision making which incorporate risk assessment principles. This will ensure that decisions made take into account relevant risk factors.
- ☐ Ensuring that those who are tasked with completing risk assessments within departments are suitably trained to do so.
- ☐ Ensuring that a suitable mechanism exists to communicate the safe systems of work identified as part of the risk assessment procedures. Typically, these are likely to be in the form of the school's own guidelines such as those set out in the school's policies, procedures, handbooks and codes of conduct.

The Operations Manager will inform the Health and Safety Committee of any relevant findings or issues arising from any risk assessment.

Part 4: Procedure

Procedure:

A risk assessment is to be completed when

- ☐ a new activity is identified where a risk assessment is appropriate
- ☐ a concern is raised that an existing activity, for which a risk assessment does not exist, should have one (e.g. after an accident or near miss etc)

Risk assessments are to be drafted by SMT department heads or other staff members with detailed knowledge of the activity or issue. The responsible staff members receive risk assessment awareness training. Additional COSHH training will be provided to those required to use or risk assess substances hazardous to health.

Once drafted, risk assessments are to be emailed to the Operations Manager for checking and authorising and authorised risk assessments will be stored by the Operations Manager in the risk assessment folder within the Health and Safety area of SharePoint. With regards to any safeguarding matter or wellbeing matter, the DSL monitors all safety plans and risk assessments relating to individual students.

Regular departmental training is to take place to ensure all staff involved in an activity for which a risk assessment exists are aware of the contents of the assessment and abide by the control measures. Departmental heads and SMT are to monitor compliance with risk assessments.

Health and Safety training needs will be discussed at H&S Committee Meetings in order to programme periodic training and to fulfil any training shortfall identified during monitoring or accident and near miss reporting.

Risk assessments will be reviewed:

- ☐ when there are changes to the activity
- ☐ after a near miss or accident
- ☐ when there are changes to the type of people involved in the activity
- ☐ when there are changes to premises
- ☐ when there are changes in good practice
- ☐ when there are legislative changes
- ☐ annually if for no other reason

If risks are identified in areas which are not named below, the risk assessment should be created in accordance with the guidance above and they will be listed below when this document is next reviewed. The following is a list of areas currently identified as requiring risk assessments:

Art – Biology - Catering – CCF – Chemistry – Cleaning – Co-Curricular – Drama – DT - Estates General - Estates (specific projects) – Events – Exams – External Lettings - Finance - Firing Range - Food and Nutrition - Games, Sports and PE - Holiday Club - IJS Sport – IT - Junior School - Lovell House – Music - Offices and Communal Spaces – Physics - Reprographics - Science General - Trips and Visits - School-owned off-site venues - Whole School Activities

Appendix 1 General Risk Assessment

| | | |
|---------------------------|-------------------|--|
| Activity/Process Assessed | | |
| Location of activity | | |
| Persons at risk | | |
| Date assessment prepared | | |
| Assessment prepared by | | |
| Ref | Potential Hazards | Risk without control measures in place Low Med High |
| | | Risk with control measures in place Low Med High |
| 1 | | |
| 2 | | |
| 3 | | |

| LIKELIHOOD | | | |
|--|----------------------------------|----------------------------|-----------------------------|
| SEVERITY | Certain or near certain to occur | Reasonably likely to occur | Very seldom or never occurs |
| Fatality; major injury or illness causing long term disability | HIGH | HIGH | MEDIUM |
| Injury or illness causing short term disability | HIGH | MEDIUM | LOW |
| Other injury or illness | MEDIUM | LOW | LOW |

| | | | |
|--|------------------|--------------|------------------|
| Ref | Control Measures | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| Assessment of Overall Risk | | | Low Med High |
| Without control measures | | | |
| With control measures | | | |
| NB: Re-assessment is required if the overall risk with control measures remains high | | | |
| Approved | | Not approved | Date |
| Comments | | | |
| Signed | | | |

| | | |
|-------------|---------------------|--|
| Circulation | Teaching Staff | |
| | Support Staff | |
| | Director of Finance | |
| | Other: Specify | |

| | | | |
|-------------------|--|--------------|--|
| Review Timescale: | | | |
| Yearly | | | |
| Date of Review: | | Reviewed by: | |
| | | | |
| | | | |
| | | | |

Appendix 2 Risk Assessment for New Staff without a completed DBS Disclosure

This form must be completed by the Deputy Head (Individuals)/Head of Infant and Junior School/Director of Finance and Operations for teaching/support staff respectively before any staff not in possession of a valid DBS Disclosure can be considered for work at the School.

| | |
|----------------------|--|
| Name: | |
| Position: | |
| Proposed start date: | |

Checks completed: (This section to be completed by HR Officer/Head of HR)

| | | |
|------------------------|--|--|
| Identity (3 documents) | | NB: For the Risk Assessment to be valid these checks must have been completed and the disclosure application submitted. |
| Right to work in UK | | |
| Employment gaps | | |
| Barred List Check | | |
| Prohibition Check | | |
| DBS sent | | |
| References | | |
| Overseas Police Check | | |
| Medical Declaration | | |

Risk assessment completed overleaf

| | |
|-------|--|
| Name: | |
|-------|--|

Assessment: Complete table by circling box appropriate in each case and assign score as indicated at top of column. Add together each score to achieve the total score.

| | Score | 0 | 1 | 2 |
|---|-------|--------------|----------|----------|
| Nature of Role | | Support | Academic | Pastoral |
| Potential to be left with children unsupervised | | Unlikely | Possible | Yes |
| Experience in role | | Considerable | Limited | None |
| Reference: Evidence of Good Conduct | | Strong | | Limited |

Total Score

| |
|--|
| |
|--|

Score must be less than or equal to 5 in order to proceed without completed DBS

If decision is taken to commence employment before disclosure is received the employee will be subject to the following additional safeguards/access controls:

| | | |
|----------------------|--------------------|--|
| Supervision: | Hours of work | |
| | Duties | |
| | Person supervising | |
| Access Restrictions: | | |

Consent Given

| | |
|---|------|
| Lisa Gritti Deputy Head (Individuals)/ Clare Bruce Head of Infant and Junior School/ Harriet Avison Director of Finance and Operations | Date |
|---|------|

Review date

Assessment must be reviewed in light of actual performance at least every 2 weeks until DBS disclosure is received

| |
|---|
| 1 |
| 2 |
| 3 |

| | | | |
|----------------------------|--|------------------------|--|
| Substance/Preparation Name | | | |
| Task/Activity | | | |
| Assessor | | Location of Assessment | |
| COSHH Details | | | |
| Trade Name | | | |
| Manufacturer / supplier | | | |
| Route of Exposure | | | |
| Physical State | | | |
| Flammability | | | |
| Volatility | | | |
| Dustiness | | | |
| Quantities Used | | | |
| Duration of Exposure | | | |
| Frequency of Exposure | | | |
| Conditions of Use | | | |
| Substance Composition | | | |

| Description | | Percentage | Colour | Workplace Exposure Limit | | | Risk Phrases | | |
|---|---------|-----------------|---|--------------------------|-------------------------------------|---|-------------------------|----|------------------------|
| | | | | long-term | short-term | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Risk Rating Matrix (RR) | | | Likelihood (L) | | | | | | |
| Severity (S) | | | Certain or near certain to occur (High) | | Reasonably likely to occur (Medium) | | Unlikely to occur (Low) | | |
| Fatality; major injury or illness causing long term disability (High) | | | HIGH (H) | | HIGH (H) | | MEDIUM (M) | | |
| Injury or illness causing short term disability (Medium) | | | HIGH (H) | | MEDIUM (M) | | LOW (L) | | |
| Other injury or illness (Low) | | | MEDIUM (M) | | LOW (L) | | LOW (L) | | |
| Ref | Hazards | Who is at risk? | Controls in place | | | I | S | RR | Adequately controlled? |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Hazard Ref | Additional control | Assigned to | Date Completed | L | S | RR |
|---------------------------------------|--------------------|-------------|----------------|---|---|----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| COSHH Additional Details | | | | | | |
| Spillage Procedure | | | | | | |
| First aid procedure: Inhalation | | | | | | |
| First aid procedure: Skin/Eye contact | | | | | | |
| First aid procedure: Ingestion | | | | | | |
| First aid procedure: Injection | | | | | | |
| Monitoring Workplace Exposure | | | | | | |
| Monitoring Personal Exposure | | | | | | |
| Health Surveillance | | | | | | |
| Date of Assessment | | | Signature | | | |
| Review date | | | | | | |

Appendix 4 - RISK ASSESSMENT – DISPLAY SCREEN EQUIPMENT

RISK ASSESSMENT – DISPLAY SCREEN EQUIPMENT

| Workstation I.D. (if applicable) | Location | Users Name | Assessment Completed by | Date of assessment |
|----------------------------------|----------|------------|-------------------------|--------------------|
| | | | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|--|-------------|----|---|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| DISPLAY SCREENS | | | | | |
| Are the characters clear and readable? | | | <ul style="list-style-type: none">• Make sure the screen is clean and provide suitable cleaning materials.• Check that the text and background colours work well together. | | |
| Is the text size comfortable to read? | | | <ul style="list-style-type: none">• Software settings may need adjusting to change text size. | | |
| Is the image free of flicker and jitter? | | | <ul style="list-style-type: none">• Try using different screen colours to reduce flicker, e.g. darker background and lighter text. If there are still problems, get the set-up checked, e.g. by the equipment supplier. | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|--|-------------|----|---|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| Is the screen's specification suitable for its intended use? | | | <ul style="list-style-type: none"> For example, intensive graphic work or work requiring fine attention to small details may require large display screens. Where a laptop or other portable equipment such as a tablet device is being used, it may be necessary to provide a separate screen. | | |
| Are the brightness and/or contrast adjustable? | | | <ul style="list-style-type: none"> Separate adjustment controls are not essential, provided the user can read the screen easily at all times. | | |
| Does the screen swivel and tilt? | | | <ul style="list-style-type: none"> Swivel and tilt need not be built in; you can add a swivel and tilt mechanism. However, you may need to replace the screen if: <ul style="list-style-type: none"> swivel/tilt is absent or unsatisfactory; work is intensive; and/or the user has problems getting the screen to a comfortable position. Where a laptop or other portable equipment such as a tablet device is being used, it may be necessary to provide a separate screen. | | |
| Is the screen free from glare and reflections? | | | <ul style="list-style-type: none"> Use a mirror placed in front of the screen to check where reflections are coming from. You might need to move the screen or even the desk and/or shield the screen from the source of the reflections. Screens that use dark characters on a light background are less prone to glare and reflections. | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|---|-------------|----|---|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| Are adjustable window coverings provided and in adequate condition? | | | <ul style="list-style-type: none"> • Check that blinds work. Blinds with vertical slats can be more suitable than horizontal ones. • If these measures do not work, consider anti-glare screen filters as a last resort and seek specialist help. | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/M - Date |
|---|-------------|----|---|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| KEYBOARDS | | | | | |
| Is the keyboard separate from the screen? | | | <ul style="list-style-type: none">• This is a requirement, unless the task makes it impracticable (e.g. where there is a need to use a portable). | | |
| Does the keyboard tilt? | | | <ul style="list-style-type: none">• Tilt need not be built in. | | |
| Is it possible to find a comfortable keying position? | | | <ul style="list-style-type: none">• Try pushing the display screen further back to create more room for the keyboard, hands and wrists.• Users of thick, raised keyboards may need a wrist rest. | | |
| Does the user have good keyboard technique? | | | <ul style="list-style-type: none">• Training can be used to prevent:<ul style="list-style-type: none">• hands bent up at wrist;• hitting the keys too hard;• overstretching the fingers. | | |
| Are the characters clear and readable? | | | <ul style="list-style-type: none">• Keyboards should be kept clean. If characters still can't be read, the keyboard may need modifying or replacing. Use a keyboard with a matt finish to reduce glare and/or reflection. | | |
| MOUSE, TRACKBALL, PEN, STYLUS ETC | | | | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|---|-------------|----|---|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| Is the device suitable for the tasks it is used for? | | | <ul style="list-style-type: none"> • If the user is having problems, try a different device. The mouse and trackball are general purpose devices suitable for many tasks, and available in a variety of shapes and sizes. • Alternative devices such as touchscreens, track pads and pens may be better for some tasks (but can be worse for others) and therefore care should be taken with selection. | | |
| Is the device positioned close to the user? | | | <ul style="list-style-type: none"> • Most devices are best placed as close as possible, e.g. right beside the keyboard. | | |
| Is there support for the device user's wrist and forearm? | | | <ul style="list-style-type: none"> • Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help. • The user should be able to find a comfortable working position with the device. | | |
| Does the device work smoothly at a speed that suits the user? | | | <ul style="list-style-type: none"> • See if cleaning is required (e.g. of mouse ball and rollers). • Check the work surface is suitable. A mouse mat may be needed. | | |
| Can the user easily adjust software settings for speed and accuracy of pointer? | | | <ul style="list-style-type: none"> • Users may need training in how to use the software to adjust device settings. | | |
| SOFTWARE | | | | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|--|-------------|----|--|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| Is the software suitable for the task? | | | <ul style="list-style-type: none"> • Software should help the user carry out the task, minimise stress and be user-friendly. • Check users have had appropriate training in using the software. • Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages. | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|---|-------------|----|--|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| FURNITURE | | | | | |
| Is the work surface large enough for all necessary equipment? | | | <ul style="list-style-type: none">● Create more room by moving printers, reference materials etc elsewhere.● If necessary, consider providing new power and telecoms sockets, so equipment can be moved.● There should be some scope for flexible rearrangement. | | |
| Can the user comfortably reach all the equipment and papers they need to use? | | | <ul style="list-style-type: none">● Rearrange equipment, papers etc to bring frequently used things within easy reach.● A document holder may be needed, positioned to minimise uncomfortable head and eye movements. | | |
| Are surfaces free from glare and reflections? | | | <ul style="list-style-type: none">● Consider mats or blotters for large areas. | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|--|-------------|----|--|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| <p>Is the chair suitable?</p> <p>Is the chair stable?</p> <p>Does the chair have a working:</p> <ul style="list-style-type: none"> • seat back height and tilt adjustment? • seat height adjustment? • castors or glides? | | | <ul style="list-style-type: none"> • The chair may need repairing or replacing if the user is uncomfortable, or cannot use the adjustment mechanisms. | | |
| Is the chair adjusted correctly? | | | <ul style="list-style-type: none"> • The user should be able to carry out their work sitting comfortably. • Consider training the user in how to adopt suitable postures while working. • The arms of chairs can stop the user getting close enough to use the equipment comfortably. • Move any obstructions from under the desk. | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|---|-------------|----|--|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| Is the small of the back supported by the chair's backrest? | | | <ul style="list-style-type: none"> The user should have a straight back, supported by the chair, with relaxed shoulders. | | |
| Are forearms horizontal and eyes at roughly the same height as the top of the DSE? | | | <ul style="list-style-type: none"> Adjust the chair height to get the user's arms in the right position, and then adjust the DSE height, if necessary. | | |
| Are feet flat on the floor, without too much pressure from the seat on the backs of the legs? | | | <ul style="list-style-type: none"> If not, a footrest may be needed. | | |
| ENVIRONMENT | | | | | |
| Is there enough room to change position and vary movement? | | | <ul style="list-style-type: none"> Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be tidy and not a trip or snag hazard. | | |
| Is the lighting suitable, e.g. not too bright or too dim to work comfortably? | | | <ul style="list-style-type: none"> Users should be able to control light levels, e.g. by adjusting window blinds or light switches. Consider shading or repositioning light sources or providing local lighting, e.g. desk lamps (but make sure lights don't cause glare by reflecting off walls or other surfaces). | | |

| Hazards | Tick Answer | | Guidance | Additional Action (if required) | Action Completed Y/N - Date |
|----------------------------------|-------------|----|---|------------------------------------|-----------------------------------|
| | Yes | No | | | |
| Does the air feel comfortable? | | | <ul style="list-style-type: none"> • DSE and other equipment may dry the air. • Circulate fresh air if possible. Plants may help. • Consider a humidifier if discomfort is severe. | | |
| Are levels of heat comfortable? | | | <ul style="list-style-type: none"> • Can heating be better controlled? More ventilation or air conditioning may be required if there is a lot of electronic equipment in the room. Or, can users be moved away from the heat source? | | |
| Are levels of noise comfortable? | | | <ul style="list-style-type: none"> • Consider moving sources of noise, e.g. printers, away from the user. If not, consider soundproofing. | | |

Appendix 5

RISK ASSESSMENT – NEW & EXPECTANT MOTHERS

RISK ASSESSMENT – NEW & EXPECTANT MOTHERS

This form should be completed and signed by a line manager and employee on notification of pregnancy and/or on return to work of a new or breast feeding mother

| | | | |
|---------------------------|--|----------------------------|--|
| Employee Name: | | Job Title: | |
| Date of Risk Assessment: | | Work Location: | |
| Expected Date of Delivery | | Date Notified of Pregnancy | |

Do the risk assessments for this person's post identify any of the following as being special risks for an employee who is a new or expectant mother?

Non-exhaustive list of hazards

| Physical hazards: | Yes/No | Residual Risk Low/Medium/High |
|--|--------|----------------------------------|
| Shocks, vibration | | |
| Manual handling loads – risk of injury | | |
| Noise | | |
| Ionising/Non-Ionising radiation | | |
| Compressed air/hyperbaric pressures | | |

| | | |
|--|--|--|
| Poor movements and posture | | |
| Extremes of heat and cold | | |
| Electric shock | | |
| Chemical hazards: (Can the work result in exposure chemical hazards) | | |
| Substances labelled R40, R45, R46, R49, R61 R63, R68and R64 | | |
| Benzene | | |
| Anaesthetic gases | | |
| Mercury & Mercury derivatives | | |
| Carbon monoxide | | |
| Lead & Lead derivatives | | |
| Pesticides | | |
| Biological hazards: (Can the work result in exposure to biological hazards) | | |
| Hepatitis B, C or HIV | | |
| Chlamydia | | |
| Rubella | | |
| Chickenpox | | |
| Typhoid | | |
| COVID-19 | | |
| Working conditions: | | |
| Mental and physical fatigue | | |

| | | |
|--|--|--|
| Working hours | | |
| Extremes of cold or heat | | |
| Work with display screen equipment | | |
| Occupational stress | | |
| Working alone/violence | | |
| Working at height | | |
| Other hazards: (Refer to HSG 122)(Describe) | | |
| | | |

Residual Risk Rating

Low Risk = No foreseeable additional risk to the mother or unborn child throughout the pregnancy

Medium Risk = Additional risk to the mother or unborn child caused by pregnancy or breast feeding, can be controlled through preventative measures

High Risk = Unacceptable additional risk to the mother or unborn child caused by pregnancy or breast feeding

If the answer to any of the above is Yes, give further details:

| |
|--|
| |
| Measures taken to reduce risk: |
| |
| Has the job been sufficiently modified in order to eliminate the potential hazards? Yes/No |
| If Yes, describe changes: |
| |
| If No, describe the action taken: |
| |

| | | | |
|------------------------------|--|------------------------------|--|
| | | | |
| Signed Manager: | | Signed Employee: | |
| 1 st Review Date: | | 2 nd Review Date: | |

| | | | |
|---|--|------------------|--|
| 1 st Review (2 nd Trimester / 14 Weeks: | | Date: | |
| Agreed action: | | | |
| | | | |
| Signed Manager : | | Signed Employee: | |

| | | | |
|---|--|------------------|--|
| 2 nd Review (3 rd Trimester / 28 Weeks: | | Date: | |
| Agreed action: | | | |
| | | | |
| Signed Manager : | | Signed Employee: | |

| | |
|--|--|
| Breast feeding or returning to work within 6 months of delivery: | |
| Date of delivery:..... Date returned to work:..... | |
| Date of review:..... | |
| Continuing to breastfeed? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes describe the details and arrangements for breast feeding in the workplace: | |
| | |

