# Support for Pregnant Students and New Parents Policy and Procedure

**Student Success**

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| 1.0 | Initial draft, for approval by Equality and Wellbeing Committee. | Deputy Head Student Experience (Wellbeing),  Student Experience | June 2023 (initial draft) |
| 1.1 | Clarified wording of section 10; change of title; new section 16 | Head of  Student Success | July 2024 |

## Policy Aims, Principles and Values

* 1. Solent University has a responsibility to provide a safe learning environment for all its students, including those who are either pregnant or have just become a parent.
  2. This policy aims to enable the university to fulfil its legal responsibilities by recognising our duty under the Equality Act 2010 to prevent discrimination against students who are pregnant or have recently given birth.
  3. This policy interacts with and refers to other Solent University policies and procedures, such as the Extenuating Circumstances, Student Attendance and Engagement Policy and Health and Safety Policy.
  4. The University must ensure it continues to uphold its own academic standards and the requirements of external professional or accrediting bodies, whilst offering the student flexibility in their study.
  5. The health and safety of the student and their unborn baby should always remain the priority over any flexibility offered to the student in their study.
  6. The University will make every reasonable effort to accommodate any student’s increased absences in relation to pregnancy, however this may not always be possible. If the university are unable to do so and the student cannot continue their course of study, then they would be informed in writing with clear reasons given. If the student was unhappy at any point of the process, then they may wish to refer to the Student Complaints Procedure.
  7. Note - ‘Students’ are defined as any person registered with or under instruction by the University or studying within a partnership on campus such as QAHE or as a sponsored Warsash Cadet within the Maritime School.

## Responsibilities of Pregnant Student

2.1 To confirm their pregnancy with the university (course team and/or Student Hub) as soon as able and activelyengage in risk assessment process. Taking note of recommendations in place to mitigate risks.

* 1. Ensure that they are registered with a GP and engaging with midwifery services.
  2. Seek advice on accommodation if relevant, especially if staying in Halls of Residence. Residence managers will treat each student pregnancy on a case-by-case basis but can make reasonable adjustments such as allocating the student a room on a lower floor to reduce stair usage or considering releasing students from accommodation contracts early on medical grounds.
  3. Students who have suspended will be contacted by the Student Registry team prior to their return, this should also be the case for students who have suspended due to pregnancy, they are expected to actively engage in this process.

## Responsibilities of Student’s Course Team

* 1. To work with the student to create a support plan (**see Annex A**) and an individual risk assessment (**see Appendix A**) to identify and where possible mitigate risks that the pregnant student and unborn baby may be exposed to during their studies.
  2. To store the support plan and risk assessment in an appropriate manner and update as needed.
  3. To seek advice, if needed, when completing the above from the relevant teams i.e., Health and Safety, Student Hub.
  4. To signpost the student to relevant university services when appropriate i.e., Funding, Therapy and Mental Health, Student Hub.
  5. To treat any personal / medical information a student wishes to share with them with sensitivity adhering to data protection principles and only sharing where there is a legitimate ground for sharing. For example, if the safety of the pregnant student or unborn baby is at risk then it may be necessary to share information with internal or external agencies, advice from Safeguarding Manager should be sought in this instance.

## The Risk Assessment

* 1. The risk assessment must be conducted within ten working days after the student has disclosed their pregnancy to the course team.
  2. The risk assessment will need to be stored by the course team in a secure manner that they deem appropriate.
  3. A risk assessment is a “live” document and therefore should be subject to review as and when necessary. Examples of when a review may be needed include, a change in academic situation (student has changed a module), or medical circumstances within the pregnancy that change the risks posed to the pregnant student or unborn baby.
  4. Notes to consider when compiling the risk assessment are found in the Course Team Checklist but, if necessary, support can be sought from the Health and Safety team.

## Studying Abroad and Placements

* 1. There are students enrolled in the university who as part of their course will spend a period studying, working, or volunteering abroad. Should these students disclose a pregnancy during or before this period abroad then the University may be limited in what support can realistically be offered to the student. These students will be made aware of options such as suspension or transferring to a different programme of study and asked to consider the risks of continuing their time abroad on both their own health and that of the unborn baby. Students in this position should seek advice and guidance from the International Office as soon as they are able to via [International.exchanges@solent.ac.uk](mailto:International.exchanges@solent.ac.uk).
  2. There are students enrolled in the university who as part of their course will undertake placement hours in a variety of settings. Due to the varied nature of placements and range of risks involved it is the responsibility of the placement provider to support the student whilst in their placement through measures such as an appropriate risk assessment, with support being given, if necessary, by the University.

## Students Studying at a Partner College

This policy covers all university students including those studying at Solent partner colleges. Risk assessments should be conducted by the course team at the student’s campus, and then stored appropriately.

## Returning to Studies

* 1. Employment law states that students must take a minimum of 2 weeks off from study after the birth of the baby. Students will be advised to consider that this is the legal minimum, and it is possible they may need more time away from study, so should carefully consider their options.
  2. If the course team, or another relevant member of university staff, are concerned that a student has returned to university when unfit to do so then they may ask the student for a letter from their GP, health visitor, or midwife to confirm fitness to study.
  3. For students receiving the NHS student bursary it is recommended that they take at least 12 weeks away from study after birth. Return from study earlier than this can be permitted if fitness to study evidence is provided by a GP, health visitor, or midwife.

## Associated Procedures

* 1. **Modified Exam Arrangements** – It may be necessary for students to have reasonable adjustments made to their exam arrangements such as extra time to allow for comfort breaks. These should be detailed in the support plan created by the course team and communicated with the exams team through [exams@solent.ac.uk](mailto:exams@solent.ac.uk) at least 4 weeks before the first exam date. It may be possible to enable modified exam arrangements after this point, but this will be reviewed on a case-by-case basis at the discretion of the exams team.
  2. **Extenuating Circumstances Policy** – Through this policy students can apply for a 7-day extension on assessment hand in dates or to defer an assessment hand-in or exam date to a later time. The policy defines extenuating circumstances as *Significant, unforeseen, and normally short-term matters that result in a major impact on a student’s ability to be able to complete, or submit, or attend an assessment.* As such pregnancy is not typically viewed as a valid circumstance, pregnant students are expected to plan around their due date. The exception to this is when there are complications related to the pregnancy such as the baby being born early, or pregnancy related illnesses. Students can seek advice on applying for extenuating circumstances from the Student Hub. We would follow this same principle with students whose partners are pregnant.
  3. **Suspension of Studies** – Students should be made aware of this as an option. Suspension of studies is when a student takes time out from the university, “pausing” their studies, and returns at the appropriate time in the next academic year. Students wishing to consider this as an option should be directed to the Student Hub where they can be advised on the financial implications of this decision and be provided with the relevant forms. The course team will also need to agree with this decision.

## Considerations for Students on Student Visas

* 1. Students on student visas should contact the International Support Team as soon as possible for tailored advice and support. An International Adviser will be able to advise on plans around maternity/paternity leave and whether this will comply with UKVI (UK Visas and Immigration) regulations and course requirements.
  2. During pregnancy, the student will still be expected to attend university regularly and actively engage with their course as per the requirements of their visa.
  3. Significant periods of absence (i.e., of two months or more) will normally require students to suspend their study at Solent. As such they will need to leave the UK and obtain a new CAS and visa to return following the period of leave. The same situation will apply to any dependents relating to the visa. Pregnancy is not an exemption from this rule.
  4. A student should not return to study for a period of at least two weeks after giving birth. Absence for the non-birthing parent is limited to two weeks and a student should seek authorised absence via the established process.
  5. In cases where students on student visas choose to suspend their studies or take an extended period of maternity/paternity leave their visa would be curtailed and they would need to either switch immigration category or leave the UK. Where they are no longer studying the university would be unable to sponsor their Student Visa.
  6. Students need to be aware of the restrictions around taking international flights whilst pregnant. Whilst this varies between airlines some begin restriction at 7 months gestation. Students need to keep this in mind in terms of their visa end-date or if they wished to give birth in their home country.
  7. Students on student visas who have also paid their Immigration Health Surcharge (IHS) will be eligible to receive the entirety of their maternity care for free on the NHS. Those who have not will need to speak further with an International Adviser.
  8. Babies born to those on student visas are eligible to receive all medical care for free on the NHS until they are 3 months old.
  9. Birth in the UK does not automatically make a baby a British citizen. The baby needs to have a parent with British citizenship or settled status in the UK to be considered a British citizen. In this case medical care on the NHS remains free even after the first 3 months.
  10. If the baby is born in the UK but is not a British citizen, it is quite lawful for them to remain in the UK without making an immigration application. But they would need an appropriate visa to return to the UK if they were to leave the country.
  11. Further information is available on: <https://www.ukcisa.org.uk/Information--Advice/Visas-and-Immigration/dependants#layer-3382>

You can contact the International Student adviser during their drop-in hours as advertised here: <https://students.solent.ac.uk/student-hub/international-student-support>

## Babies/Children on Campus

To avoid disruption to teaching sessions and for health and safety reasons, babies or children are not allowed to be brought into any academic teaching sessions without prior agreement from the relevant staff member i.e., the course/module leader with additional approval from the Head of Department. Academics may only agree to allow a student to bring their baby into a lecture/class in exceptional circumstances and this agreement should not be seen as a long-term solution to childcare issues. Children are the responsibility of the student who has brought them on to campus. The relevant staff member should always complete a risk assessment when admitting a child or baby into class.

## Infant feeding

Room RMG04 can be used for those wishing to have a private space to express milk or breast/chest feed. Access can be requested via the Student Hub. Expressed milk may be stored in the fridge located in JM108, containers must be appropriately labelled in this case.

## Adoption, Surrogacy and Fostering

The university will treat students becoming parents through adoption, surrogacy or fostering in the same way as students who have become parents through pregnancy.

## Students with a Pregnant Partner/New Parent

* 1. Whilst students whose partner is pregnant / are a non-birthing parent are not required to undertake the risk assessment and support plan process it is strongly advised that they engage with their course team and make them aware of their situation.
  2. Students are permitted two weeks away from studies immediately after birth to support the birthing parent and request an authorised absence for this period via the established process.
  3. In cases of pregnancy complications these students may be eligible to apply for extenuating circumstances but in these cases will need to seek advice from the Student Hub.
  4. These students should equally be made aware of internal services in place to support them such as the Student Hub, Student Funding, and the Therapy and Mental Health Team.

## IVF Treatment

Students are under no obligation to disclose that they are undergoing IVF treatment to the university. Their pregnancy will be supported in the same way as other students covered by this policy.

## Miscarriage / Infant Death

Staff should be aware of the impact that a pregnancy ending in a miscarriage, termination, still birth or neo natal death will have on both a pregnant student and a partner, treating the situation with the appropriate level of sensitivity. The student should be directed to appropriate policies, such as suspension or extenuating circumstances, and support services, such as the Therapy and Mental Health Team or Safeguarding.

## Deciding whether to continue with or end a pregnancy

## Whilst only the pregnant student can make the decision as to whether to continue with their pregnancy, a range of services across the University and Students’ Union can assist by providing confidential support and information about the options available. These services include, for example:

## Student Hub

## Students’ Union Advice Service

## Faith Advisers

## Students also have access to external organisations for information, advice, or support. These include:

## GP

## Brook: <https://www.brook.org.uk/>

## Family Planning Association: <https://www.fpa.org.uk/>

**Annex A - Student Pregnancy Support Plan**

*This support plan is to be completed by the course team alongside the student within ten working days of the student’s initial disclosure of pregnancy. It is then to be shared with relevant members of the course teaching staff with the consent of the student.*

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| --- | --- | --- | --- | --- | --- |
| **Student Name** |  | **Student Number** |  | | |
| **Support plan completed by** |  | **Date support plan completed** |  | | |
| **Expected Due Date** |  | **Date risk assessment completed (link here)** |  | | |
| **What are the students plans re.** **suspension / Maternity Leave?** | | | | | |
|  | | | | | |
| **General reasonable adjustments to be made** | | | | | |
|  | | | | | |
| **Modified exam arrangements to be made. Please discuss with** [**exams@solent.ac.uk**](mailto:exams@solent.ac.uk) **at least 4 weeks before first exam date.** | | | | | |
|  | | | | | |
| **Consent obtained from student to share with relevant course staff.** | | | | **Yes** | **No** |
| Notes on student consent if relevant (i.e., does not want certain teams to be made aware of pregnancy or not before a certain number of weeks) | | | | | |

**Prompts / Advice for Course Teams**

* A risk assessment should be conducted within ten working days after the student has disclosed pregnancy. The generic Solent risk assessment template is available through the Portal but there are some extra elements to consider in pregnancy (list not exhaustive).
  + Chemicals? Will the student and unborn baby be exposed to potentially damaging/teratogenic chemicals as part of their study? What can we do to mitigate this risk?
  + Manual handling? Is the student expected to move heavy loads as part of their study?
  + Extended periods of time sitting during pregnancy increases the risk of blood clots. Will this be a risk in this student’s study?
  + The Health and Safety team can advise on this if necessary.
* It is the responsibility of the course team to store the support plan and risk assessment appropriately and review as needed.
* What are the student’s plans and how does this fit with the due date? Will they be able to complete their assessments, or will we need to think about suspension? They legally must take 2 weeks out of study after the birth of the baby.
* If the student is an international student, they need to speak to the International Support Team as soon as possible.
* If at any point you are concerned that the pregnant student or unborn baby may be at risk refer to Safeguarding immediately.
* Remind the student that they can seek support from internal services such as Therapy and Mental Health, Funding, or the Student Hub.

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| **Appendix A – New and Expectant Mother Risk Assessment Form** | | | | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | |  | | | | | |  | | **Reference:** | | | | | |  | | |  | **Next Review Date:** | | | | | | | |  | | | | | | | | | |
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| **Assessor Name:** | | | |  | | | | | | **Line Manager Name:** | | | | |  | | | | | | | | | | **Line Manager Sign off and Date:** | | | | | | | | |  | | | | | |
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| **Department/ School / Professional Service** | | | | | | | |  | | | | | | | | | | | |  | **Location:** | | | | | | |  | | | | | | | | | | | |
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| **Description of Assessment i.e. task / activity:** | | | | | | | New and Expectant Mothers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | |  | | | |  | | | | | | | | | | | | | | | **Risk Level** | | | | | | |  | |  | | | |  | |  |
| **Hazard** | | | | | **Who Might be Harmed and How** | | | | **Existing Controls** | | | | | | | | | | | | | | **Likelihood** | | | **Severity Impact** | | | **Risk Rating** | | | **Additional Controls Required to Control the Risk?** | | | | | | | |
| DSE | | | | | Relevant to staff and students  New and Expectant Mothers:  Postural/ergonomic and circulatory.  Changes to hormones affecting ligaments, increased size and weight can increase the risk of musculoskeletal injury, thrombosis, and varicose veins. | | | | HSP16 H&S Management of Display Screen Equipment  SOL online DSE awareness training – requirement to complete every 2 years for staff.  DSE assessment form and Working from Home assessment form required to be completed by staff on joining Solent and in the event of any significant changes.  Provision of standing/height adjustable desks in A10. Variety of chairs available on campus.  Process for referring individuals to OH as deemed appropriate.  Regular breaks should be taken from the DSE and from the workstation, work should be arranged to provide variety where possible. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Manual Handling | | | | | Relevant to staff and students  New and Expectant Mothers:  Hormonal changes affecting ligaments increase susceptibility to injury during manual handling activities. | | | | HSP25 H&S Management of Manual Handling  SOL online Office Safety Course includes awareness of manual handling – requirement to complete every 2 years  Requirement for line managers to complete RA  Work should be adjusted to remove the need for manual handling, where not possible, a reduction in frequency, load weight should be implemented, lifting aids should be used.  Increased breaks and variation in activity should be implemented. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Movement and Posture (Standing, Sitting, Restricted Spaces) | | | | | Relevant to staff and students  New and Expectant Mothers:  Hormonal changes affecting ligaments increases susceptibility to injury, affects circulation, increased size and weight affects ability to move within confined or awkward spaces. Impaired dexterity, agility, coordination, speed of movement, reach and balance increases the risk of accidents | | | | P&D policy in place.  Work and teaching activities should be varied where possible to allow for breaks in standing and sitting for extended periods.  Additional seating should be provided in areas without seating to allow breaks from standing.  Work activities should be reviewed and if appropriate re-assigned to reduce requirement to access restricted spaces. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Slips, Trips, Falls | | | | | Relevant to staff and students  New and Expectant Mothers:  Increased physical size causing reduced visibility of hazards. Impaired dexterity, agility, coordination, speed of movement, reach and balance increases the risk of accidents | | | | On campus cleaning team maintain all communal areas and general teaching and office spaces to ensure good housekeeping.  Consider limiting meetings and teaching locations to reduce requirement for individual to move around campus. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Stress and Mental/Physical Fatigue | | | | | Relevant to staff and students  New and Expectant Mothers:  Increased levels of stress can cause increased risk of miscarriage. Fatigue increases the risk of errors. | | | | Review work activities and workloads to ensure demands are manageable throughout the pregnancy.  Advise students of policies for extenuating circumstances and ability to apply for additional time during exams. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Lone Working | | | | | Relevant to staff and students  New and Expectant Mothers:  Decreased likelihood of individuals being able to raise the alarm if requiring urgent medical assistance | | | | P&D Policy – Lone Working offers guidance.  Review suitability of current lone working arrangements.  Consider introducing a checking in procedure, increased communication and advising security officers and FA Team of presence | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Access to suitable Welfare Facilities | | | | | Relevant to staff and students  New and Expectant Mothers:  Morning sickness can affect individuals throughout their pregnancy and requires unimpeded access to facilities. New mothers may require a space to express milk. | | | | Sufficient toilets available on all floors in all buildings, each facility contains multiple stalls with the exception of the disabled facilities.  Accessible toilets are available in all buildings.  Baby changing facilities are located in specific locations across campus.  The First Aid Room RMG?? Is available for staff to use to rest and for expressing milk.  Kitchens for staff are available in identified locations. A student kitchen is located in the Solent Library and catering outlets are available across campus and open during core operating hours. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Fire Safety | | | | | Relevant to staff and students  New and Expectant Mothers:  Increased physical size causing reduced visibility of hazards. Impaired dexterity, agility, coordination, speed of movement may impede ability to evacuate safely. | | | | HSP19 H&S Management of Fire Safety.  Fire action notices are located at all exits and muster point posters are available on the portal and at main exit points of each building.  If a pregnant person is concerned about safely evacuating during an alarm activation, they can choose to wait until the majority of people have descended. Protected stairs and identified refuge points allow individuals to remain protected from fire for a duration of 30 minutes.  If the individual experiences severe mobility problems, a Personal Emergency Evacuation Plan, should be considered and arranged. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Sensitivity to temperatures | | | | | Relevant to staff and students  New and Expectant Mothers:  Fatigue and dehydration and increased risk of high blood pressure. | | | | University Heating and Cooling Policy  Pregnant and breastfeeding mothers work activities should be reviewed to allow regular breaks. Pregnant individuals may need to work in alternative areas or undertaking alternative activities if the temperature in the normal area of work is too hot or cold. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Noise | | | | | Relevant to staff and students  New and Expectant Mothers:  Excessive noise over a prolonged period can increase the risk of stress, increased blood pressure and tiredness | | | | Any significant risk should be recorded in a risk assessment with appropriate control measures in place.  Work activities should be reviewed, to ensure pregnant individual is not exposed to loud noises for a prolonged period.  PPE may be required to reduce exposure and effects. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Odour | | | | | Relevant to staff and students  New and Expectant Mothers:  Increased sensitivity to odours can result in nausea | | | | If an issue, review location of individual and consider moving them to another location or allow for additional breaks to ease symptoms | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Work Related Violence | | | | | Relevant to staff and students  New and Expectant Mothers:  Physical and/or psychological stress or injury. | | | | Avoid lone working and working in areas without clear line of sight of colleagues.  Provide colleagues with information and instruction on process to follow if violence occurs or individual feels unsafe.  Implement additional checking in processes if deemed appropriate.  Arrange additional security patrols if deemed appropriate. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Business Travel | | | | | Relevant to staff  New and Expectant Mothers:  Extensive travel, travel at busy times or across long distances/time zones can increase levels of stress.  During the latter stages of pregnancy, driving may be more hazardous due to impaired ability to safely operate the vehicle | | | | Consider if travel is necessary or meetings etc can be attended virtually.  If travel is unavoidable, build in rest breaks to the travel plan to limit stress and fatigue.  Book suitable seating in advance of travel.  Where possible avoid travelling solo.  Pregnant mothers should be advised to avoid driving in the latter stages of pregnancy. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Travel outside UK on business | | | | | Relevant to staff  New and Expectant Mothers:  Access to healthcare, health risks and poor travel or accommodation conditions can increase risk to the individual (dependant on country being visited) | | | | Consider if travel is necessary or meetings etc can be attended virtually.  If travel is unavoidable, build in rest breaks to the travel plan to limit stress and fatigue.  If travelling by air, pregnant mothers should follow the advice provided by the medical profession.  Travel insurance should be purchased and checked to ensure it covers pregnancy related medical care.  Health care facilities and potential health/security risks should be checked in the country or countries being visited. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Work Placements | | | | | Relevant to students  New and Expectant Mothers:  If placement not informed of pregnancy, there may not be a suitable RA completed. | | | | Students are required to inform the work placement organisation of their status in the same way that any employee is required to inform their employee of a pregnancy at least 15 weeks before the beginning of the week the baby is due.  The work placement employer is required to complete their own risk assessment. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Working at Height | | | | | Relevant to staff and students  New and Expectant Mothers:  Decreased dexterity and balance may cause a pregnant person to fall or overreach. | | | | SOL module Working at Height completion required by all staff identified as working at height.  Work activities should be reviewed to remove the requirement for pregnant individuals to work at height, with duties assigned to other individuals where necessary. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Use of vibrating tools/machinery | | | | | Relevant to staff and students  New and Expectant Mothers:  Hormonal changes affecting ligaments increases the risk of carpal tunnel syndrome | | | | HSP32 H&S Management of Vibration  Activities should be reviewed to remove the requirement for pregnant individuals to use vibrating hand tools, with duties assigned to other individuals where necessary.  A tier one assessment should be completed for all individuals who use vibrating hand tools. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Exposure to whole body vibration | | | | | Relevant to staff and students  New and Expectant Mothers:  Regular exposure to shocks of low frequency vibration increases the risk of miscarriage and back pain. | | | | HSP32 H&S Management of Vibration  Work activities should be reviewed to remove the requirement for pregnant individuals to undertake activities involving whole body vibration, with duties assigned to other individuals where necessary. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Exposure to hazardous substances | | | | | Relevant to staff and students  New and Expectant Mothers:  Some chemicals are specifically toxic to a developing foetus or breast-feeding child.  Safety data sheets will show risk phrases (prefixed R) or hazard statements (prefixed H) such as:  R40/H351: Limited evidence of carcinogenic effects.  R45/H350: May cause cancer.  R46/H340: May cause heritable genetic damage.  R49/H350: May cause harm by inhalation.  R61/H360d/fd: May cause harm to the unborn child.  R63/H360f/fd: Possible risk of harm to the unborn child.  R64/H362: May cause harm to breastfed babies.  R68/H371 and H341: Possible risk of irreversible affects. | | | | HSP14 H&S Management of Hazardous Substances  Suitable and sufficient risk assessments for each hazardous substance must be in place, these must be accessible, and staff and students informed of risks and control measures and processes for emergency situations.  MSDs and associated risk assessments should be checked for specific risks to pregnant and new mothers as soon as this status is disclosed. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Exposure to radiation | | | | | Relevant to staff and students  New and Expectant Mothers:  Risks the health and development of the unborn child | | | | Teaching staff and supervisors must assess the activities of the pregnant or breast feeding individual and implement any additional control measures as needed. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Exposure to biological agents and communicable diseases | | | | | Relevant to staff and students  New and Expectant Mothers:  Increased risk of infection due to depleted immunity.  Contact with blood borne infections could be passed from mother to baby during childbirth.  Specifically, Mumps and Rubella, can cause miscarriage or birth defects. Depleted immunity increases likelihood of catching illnesses and severity of illness. | | | | Staff and students are encouraged adhere to standard hygiene precautions through the use of visual communications across campus and in key locations.  Staff and students are advised to remain off campus during periods of illness to avoid spreading infections.  Hand sanitiser is provided on campus at key entrance locations.  Individuals who have been exposed to infections should contact their GP or midwife for advice | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Exposure to ionising and non-ionising radiation  (UV, IR and optical radiation) and strong magnetic fields and electromagnetic fields (EMF) | | | | | Relevant to staff and students  New and Expectant Mothers:  UV light – increased skin sensitivity increasing risk of burning.  EMF – exposure can cause warming or burning.  Strong magnetic fields can cause objects to become projectiles | | | | EMF/magnetic fields – at Solent | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| PPE | | | | | Relevant to staff and students  New and Expectant Mothers:  Physical changes may affect the fit of the PPE. | | | | Activity should be reviewed to determine if reasonable adjustments can be made to avoid the requirement for PPE and/or the activity.  Where PPE is required, additional items may need to be provided to ensure a good fit.  Where PPE is required and it is not possible to provide well fitting PPE, the activity should be re-assigned or avoided. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
| Diving | | | | | Relevant to staff and students  New and Expectant Mothers:  Hyperbaric pressure can cause harm to the foetus and pregnant person, increased risk of decompression sickness. | | | | Pregnant students should be prohibited from diving activities.  Students who have recently given birth should seek medical advice before undertaking this activity.  Teaching Staff should obtain evidence students are medically fit and able to complete all activities. | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | | | | | |
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| **Additional Comments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Risk Assessment Guidance** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk assessment is a term used to describe the overall process or method where you:   * Identify hazards and risk factors that have the potential to cause harm (hazard identification). * Analyse and evaluate the risk associated with that hazard (risk analysis, and risk evaluation). * Determine appropriate ways to eliminate the hazard or control the risk when the hazard cannot be eliminated (risk control).   A risk assessment is a thorough look at the workplace to identify those things, situations, processes, etc. that may cause harm, particularly to people. After identification is made, it is necessary to analyse and evaluate how likely and severe the risk is. When this determination is made, it is possible to decide what measures should be in place to effectively eliminate or control the harm from happening. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 1 - Hazard Identification**  One of the most important aspects of your risk assessment is accurately identifying the potential hazards in your workplace. A good starting point is to walk around your workplace and think about any hazards. In other words, what is it about the activities, processes or substances used that could injure employees or harm their health? When you work in a place every day it is easy to overlook some hazards, so here are some tips to help you identify the ones that matter:    **Check manufacturers’ instructions** or data sheets for chemicals and equipment as they can be very helpful in explaining the hazards and putting them in their true perspective.  **Look back at your accident and ill-health records** – these often help to identify the less obvious hazards.  **Take account of non-routine operations** (e.g. maintenance, cleaning operations or changes in production cycles).  **Remember to think about long-term hazards to health** (e.g. high levels of noise or exposure to harmful substances).  Visit the HSE website (www.hse.gov.uk) – HSE publishes practical guidance on hazards and how to control them. | | | | | | | | | | | | | | | | **Step 2 – Who Might Be Harmed and How**  Then think **how** employees (or others who may be present, such as students, contractors or visitors) might be harmed. Ask staff what they think the hazards are, as they may notice things that are not obvious to you and may have some good ideas on how to control the risks.  For each hazard you need to be clear about who might be harmed – it will help you identify the best way of controlling the risk. That doesn’t mean listing everyone by name, but rather identifying groups of people (e.g. staff, students, visitors, contractors etc.)  Remember:  Some workers may have particular requirements, e.g. new and young workers, migrant workers, new or expectant mothers, people with disabilities, temporary workers, contractors, homeworkers, lone workers etc.  Think about people who might not be in the workplace all the time.  Take members of the public e.g. visitors into account if they could be harmed by work activities.  If you share a workplace with another Department, School or Professional Service, consider how your work affects others and how their work affects you. Talk to each other and make sure controls are in place. | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 3 – Evaluate the Risk**  Having identified the hazards, you then have to decide how likely it is that harm will occur, i.e. the level of risk and what to do about it. Risk is a part of everyday life and you are not expected to eliminate all risks. What you must do is make sure you know about the main risks and the things you need to do to manage them responsibly.  Generally, you need to do everything ‘reasonably practicable’ to protect people from harm. This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble.  Look at what you’re already doing and the control measures you already have in place. Ask yourself:   * Can I get rid of the hazard altogether? * If not, how can I control the risks so that harm is unlikely?   Some practical steps you could take include:   * trying a less risky option; * preventing access to the hazards; * organising work to reduce exposure to the hazard; * issuing protective equipment; * providing welfare facilities such as first aid and washing facilities; * involving and consulting with workers.   Improving health and safety need not cost a lot. Failure to take simple precautions can cost a lot more if an accident does happen.  Involve staff, so you can be sure that what you propose to do will work in practice and won’t introduce any new hazards. If there are a number of similar workplaces containing similar activities, you can produce a generic risk assessment reflecting the common hazards and risks associated with these activities. You may decide to apply these generic assessments at each workplace, but you can only do so if you:   * satisfy yourself that the generic assessment is appropriate to your type of work; * adapt the generic information to reflect the detail of your own work situations, including any extension necessary to cover hazards and risks not referred to in the generic. | | | | | | | | | | | | | | | | **Step 4 – Record the significant findings**  Make a record of your significant findings – the hazards, how people might be harmed by them and what you have in place to control the risks. Any record produced should be simple and focused on controls.  Any paperwork produced should help to communicate and manage the risks. For most people this does not need to be a big exercise – just note the main points down about the significant risks and what you concluded.  A risk assessment must be suitable and sufficient, i.e. it should show that:   * a proper check was made; * you asked who might be affected; * you dealt with all the obvious significant hazards, taking into account the number of people who could be involved; * the precautions are reasonable, and the remaining risk is low; * you involved staff or in the process.   Where the nature of your work changes fairly frequently or the workplace changes and develops (e.g. a construction site), or where your workers move from site to site, your risk assessment may have to concentrate more on a broad range of risks that can be anticipated. Take a look at the selection of example risk assessments on HSE’s website (www.hse.gov.uk/risk). They provide examples of what a completed risk assessment might look like. You can use these as a guide when doing your own.  If your risk assessment identifies a number of hazards, you need to put them in order of importance and address the most serious risks first.  Identify long-term solutions for the risks with the biggest consequences, as well as those risks most likely to cause accidents or ill health. You should also establish whether there are improvements that can be implemented quickly, even temporarily, until more reliable controls can be put in place. Remember, the greater the hazard the more robust and reliable the measures to control the risk of an injury occurring will need to be. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | **Risk Evaluation** | | | | | | | | | | | | | | | | | | | | | | |
| **Step 5 – Regular Review**  Few workplaces, tasks, activities, etc. stay the same. Sooner or later, you will bring in new equipment, substances and procedures that could lead to new hazards. So it makes sense to review what you are doing on an ongoing basis, look at your risk assessment again and ask yourself:   * Have there been any significant changes? * Are there improvements you still need to make? * Have staff spotted a problem? * Has anything been learnt from accidents or near misses?   Make sure the risk assessment stays up to date and reviewed frequently. Risk assessments should be reviewed annually at the very least. | | | | | | | | | | | | | | | |  | **Severity** | | **Catastrophic** | | | | 5 | | | | **5** | | | | **10** | | | **15** | | **20** | | **25** | |
|  | **Major** | | | | 4 | | | | **4** | | | | **8** | | | **12** | | **16** | | **20** | |
|  | **Moderate** | | | | 3 | | | | **3** | | | | **6** | | | **9** | | **12** | | **15** | |
|  | **Low** | | | | 2 | | | | **2** | | | | **4** | | | **6** | | **8** | | **10** | |
|  | **Negligible** | | | | 1 | | | | **1** | | | | **2** | | | **3** | | **4** | | **5** | |
|  | **Risk Rating =**  **Likelihood x Severity** | | | | | | | | | | 1 | | | | 2 | | | 3 | | 4 | | 5 | |
|  | **Very Unlikely** | | | | **Unlikely** | | | **Fairly Likely** | | **Likely** | | **Very Likely** | |
| **Likelihood** | | | | | | | | | | | | |
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| **Likelihood** | | | | | | | | | | | | | | | |  | **Table 3 – Impact / Severity** | | | | | | | | | | | | | | | | | | | | | | |
| Very Unlikely | | | May occur only in exceptional circumstances | | | | | | | | | | |  | 1 | | Negligible | | | | Minimal injury requiring no or minimal intervention or treatment  No time off work required | | | | | | | | | | | | | | | | | |
| Unlikely | | | May occur given an unlikely sequence of events and/or multiple failures | | | | | | | | | | |  | 2 | | Low | | | | Minor injury or illness requiring minor intervention  Requiring time off work for <3 days | | | | | | | | | | | | | | | | | |
| Fairly Likely | | | Foreseeable under normal circumstances – a known past incident may have occurred. | | | | | | | | | | |  | 3 | | Moderate | | | | Moderate injury requiring professional intervention  Requiring time off work for 4–14 days  RIDDOR reportable incident | | | | | | | | | | | | | | | | | |
| Likely | | | Easily foreseeable under normal circumstances, will probably happen but not a persisting issue or set of circumstances | | | | | | | | | | |  | 4 | | Major | | | | Major injury leading to long-term incapacity/ disability  Requiring time off work for >14 days  RIDDOR Reportable | | | | | | | | | | | | | | | | | |
| Very Likely | | | Inevitable under the circumstances – known past incidents may have occurred | | | | | | | | | | |  | 5 | | Catastrophic | | | | Incident leading to death. Multiple permanent injuries or irreversible health effects.  RIDDOR reportable | | | | | | | | | | | | | | | | | |
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| **ACTION GUIDE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Rating** | | | | | | | **Action Level** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Very Low | | 1 to 2 | | | | | Acceptable - No further action but ensure risk control measures remain effective. Remember, even low risks can cause harm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Low | | 3 to 4 | | | | |
| Medium | | 5 to 8 | | | | | Tolerable - Plan to improve risk control measures at time of next review, or sooner. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High | | 9 to 14 | | | | | Tolerable - Improve risk control measures, within a specified timescale to reduce level of risk to medium or lower | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Very High | | 15 to 25 | | | | | **Stop work activity immediately** - make improvements to risk controls to reduce risk to a tolerable level | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |