**London’s Air Ambulance Risk Assessment for Prehospital clinicians during pregnancy and the return to work of new mothers.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard** | **Perceived Nature of Risk** | **Generic Control Measures** | **Residual Risk: Low/ Medium/ High** | **Additional Control Measures** | **Clinical Leads Comments** |
| Display Screen Equipment | Increased susceptibility to musculoskeletal disorders and DVT | DSE / workstation should provide adequate adjustment to allow for physical changes in size. Adjust work practices to avoid prolonged or continuous sitting at workstations. [risk of DVT] | Low | Review as pregnancy progresses |  |
| Slips trips and falls | Increased risk of injury due to physical changes and/ or hormonal changes | Maintain high standard of housekeeping in operational base. Awareness of increased hazards in clinical operation areas which are beyond the control of the service |  |  |  |
| Manual Handling, Lifting, carrying heavy loads | Musculoskeletal injury  Weakening of the skeletal structure | The carrying of medical bags is within normal acceptable weight limits and there are enough personnel on scene to assist with lifting a patient or moving heavy items etc. The expectant prehospital clinician will always work with another team member.  It is recognised physical tasks will become more difficult as the pregnancy progresses and this aspect will be kept under constant review for the expectant prehospital clincian. |  |  |  |
| Exposure to vibration/ excessively noisy workplace | The nature of the role includes helicopter and fast response car/ ambulance travel which hold their own specific risks. | The aircraft operator’s flight manual identifies that an expectant individual can fly up until they are 26 weeks pregnant. London’s Air Ambulance have decided that a pregnant prehospital clinician can fly up until they are 20 weeks pregnant. After this they will be able to continue responding on the fast response cars up until 26 weeks pregnant and from then onwards can only complete nonclinical duties |  |  |  |
| Working in PPE | Lower tolerance to heat and humidity resulting in discomfort. | In addition to operational PPE such as stab vests, there could be additional IPC PPE requirements. [FFP3, Tyvek suits etc] for long period of time. The expectant individual would need to recognise this additional element in their decision to continue operational duties |  |  |  |
| Shift pattern working | Long working hours or shift patterns can affect the health of pregnant women | Allowance made for tiredness and nausea at the early stages of pregnancy. Consult with occupational health and the individual regarding any modification to shifts/ hours. |  |  |  |
| Exposure to driving hazards | The nature of the role includes helicopter and fast response car/ ambulance travel which hold their own specific risks. | Doctors do not usually undertake emergency driving procedures. Paramedics can continue undertaking operational duties if they wish until they reach 26 weeks [ as per local ambulance guidelines] |  |  |  |
| Exposure to infectious diseases | Exposure to bacteria, viruses, moulds/ fungi | Team members are appropriately immunised for exposure prone procedures [EPP]. Exposure to chicken pox or rubella is no more than within the general population and is less than a doctor would expect in the ED. |  |  |  |
| Exposure to chemical agents [lead, mercury, or toxic substances] | Exposure to certain chemicals: dust fumes, gas vapour, mist, liquids, solids and /or fibres | There is no guarantee that the team will not be called to incidents where toxic substances are present. The expectant individual needs to recognise this is a potential risk in their decision to continue operational duties |  |  |  |
| Mental/ Physical / Work related stress | The individual may be vulnerable to stress due to hormonal, physiological and psychological changes due to pregnancy. | The expectant individual has access to a consultant on call during shifts and has their colleague to discuss any related matters with. Team members are aware to take themselves offline at any time should they recognise any mental / physical stress. |  |  |  |
| Rest/ drinking water/ welfare facilities | Access to toilets, water, and rest areas. Need to visit the toilet more frequently during pregnancy. Increased fatigue and rest required. | All facilities are available at the operations base [toilets, water, refreshments, resting areas etc] and ambulance stations. Ensure you have appropriate provisions. The nature of the role on operational duties does not easily facilitate access to rest. |  |  |  |
| Hazardous incident locations; including working at height | Loss of balance and / or agility | There is no guarantee that the team will not be called to an incident where working at height is necessary. The expectant individual will avoid working at height and will liaise with the other team members and other emergency service personnel if this situation presents. |  |  |  |
| Exposure to Ionising/Non -ionising radiation; | Exposure to ionising radiation during the early stages of pregnancy | There is no guarantee that the team will not be called to incidents where ionising/non- ionising radiation is present. The expectant individual has no requirement to access X-ray equipment during operational activity. |  |  |  |
| Exposure to violent /unpredictable behaviour; | Risk of personal injury to expectant individual and / or unborn baby | The individual is always accompanied by a team member and other service personnel at scene so access to violence /unpredictable behaviour is risk assessed on a case-by-case basis. |  |  |  |
| Long working hours, fatigue and night shifts; | Fatigue from long hours and disrupted sleep patterns | The expectant individual has access to the on-call Consultant during shifts and has their colleague to discuss any related matters. Team members are aware to take themselves offline at any time should they feel fatigued during a shift. Specific areas to rest are available on the operational base |  |  |  |
| Additional expectation/pressure on other team members | The possible limitations of agility and concern about any impact the individual’s pregnancy may have on colleagues and their active position within the team | It is recognised that the other team members could feel additional pressure and responsibility if their colleague is expecting (i.e. welfare at scene). It is recommended the expectant individual notifies colleagues prior to the shift so they can discuss any concerns. If concerns can’t be resolved the Consultant on-call should be informed. |  |  |  |

Addition for New mothers

Pregnant workers and new mothers could be more prone to injury and these may not become apparent until after the birth. It is advised that the same Risk assessment for expectant prehospital clinicians is used as a template with the addition of the needs of a breast-feeding new mother.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazard** | **Perceived Nature of Risk** | **Generic Control Measures** | **Residual Risk: Low/ Medium/ High** | **Additional Control Measures** | **Clinical Leads Comments** |
| Fatigue | Whilst breastfeeding the new mother may feel more exhausted than before their pregnancy | The nursing mother has access to the on-call Consultant during shifts and has their colleague to discuss any related matters. Team members are aware to take themselves offline at any time should they feel fatigued during a shift. Specific areas to rest are available on the operational base |  |  |  |
| Welfare, access to water and toilets | Access to toilets, water, and rest areas. Need to drink more fluids and visit the toilet more frequently if breast feeding. Increased fatigue and rest required. | All facilities are available at the operations base [toilets, water, refreshments, resting areas etc] and ambulance stations. Ensure you have appropriate provisions. The nature of the role on operational duties does not easily facilitate access to rest. |  |  |  |
| Area to express milk | The breast feeding prehospital clincian will need to express milk during the shift and this will require a private area in which to do this. | Whilst there is no legal requirement for the employer to provide a specific area to enable the prehospital clinician to express milk, there are areas within the operation base and ambulance stations where this could take place. The prehospital clinician must recognise that if they are attending a tasking there is unlikely to be either the opportunity or location for the expression of milk. The prehospital clinician must factor this into their decisions regarding clinical commitments |  |  |  |
| Storage of expressed milk | The expressed milk will need to be stored within a chilled container. | The operations base and ambulance stations have chilled containers to store team members goods. There is the option to use this chiller. The service is not legally obliged to provide a separate chiller for the purpose of storing expressed milk. |  |  |  |