Wirral University Teaching Hospital NHS
NHS Foundation Trust

ANTENATAL/ INTRAPARTUM/ POSTNATAL CARE **WIRRAL WOMEN & CHILDREN'S DIVISION**

Guideline No: 65 Obesity Guideline

VERSION	4
AMENDMENTS MADE:	Auditable standards, Appropriate place of birth based on BMI, BMI details, Flowtron boots, TED stockings, Appendices
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Document Review History

Version	Review Date	Reviewed By	Approved By
1	January 2007	P Green, Consultant	CGDG 26.1.07 MAC 15.1.07
2	June 2009	D Lloyd-Jones	DCGSG June 09
3	July 2012	D Lloyd-Jones	DCGSG

MONITORING COMPLIANCE WITH THE GUIDELINE	
Minimum requirement to be monitored	Auditable Standards – See below
Process for monitoring	Audit of Guideline
Responsible individual/group/committee	Risk Management Department
Frequency of monitoring	3 Yearly
Responsible individual/group/committee for review of results	Obstetric & Gynaecology Audit Meeting
Responsible individual/group/committee for development of action plan	Audit Lead
Responsible individual/group/committee for monitoring of action plan	Clinical Governance Steering Group

COMPLIANT WITH:	
1.	NHSLA Maternity Standard 3.10
2	CEMACH (2007)
3	NICE (2008)
4	CMACE/RCOG 2010
5	AAGBI (2005)

AUDITABLE STANDARDS	
1.	All pregnant women have their BMI calculated and documented at booking in the health care records
2.	All pregnant women have their BMI calculated on admission to the Labour Ward and documented in the health care record
3.	All pregnant women have their BMI calculated and documented in the electronic patient information system
4.	All pregnant women have their BMI calculated and documented on admission to the Delivery Suite for delivery
5.	All women with a BMI ≥ 35 are referred for Shared Care
6.	All women with a BMI ≥35 plus an additional risk factor or BMI ≥ 40 at booking are referred to a Consultant Anaesthetist
7.	All women with a BMI ≥35 are advised to deliver in hospital
8.	All women with a BMI ≥35 plus an additional risk factor of a BMI ≥40 should have a documented anaesthetic management plan and this should be filed within the health care records
9.	All women with a BMI ≥ 35 are referred to the obstetric team to discuss risk in the antenatal, intrapartum and postnatal period
10.	An individual management plan has been documented in the health care records by the Outpatient Matron for all women to assess whether additional specialist equipment is required to support any manual handling or tissue viability issues

CONTENTS

1.0 INTRODUCTION

The prevalence of obesity in the general population in England has increased markedly since the early 1990's.

The prevalence of obesity in pregnancy has also increased, rising from 9–10% in the early 1990's to 16–19% in the 2000's.Thus maternal obesity has become one of the most commonly occurring risk factors in obstetric practice. Obesity in pregnancy is usually defined as a Body Mass Index (BMI) of 30 kg/m2 or more at the first antenatal consultation.

BMI is a simple index of weight-for-height and is calculated by dividing a person's weight in kilograms by the square of their height in metres
BMI = weight (kg)/[height (M)]^2

There are three different classes of obesity:

- BMI 30.0–34.9 (Class I);
- BMI 35.0–39.9 (Class 2);
- BMI 40 and over (Class 3 or morbid obesity)

This recognises the continuous relationship between BMI and morbidity and mortality.

Obesity in pregnancy is associated with an increased risk of a number of serious adverse outcomes, including:

- miscarriage
- fetal congenital anomaly
- thromboembolism
- gestational diabetes
- macrosomia
- pre-eclampsia
- dysfunctional labour
- postpartum haemorrhage
- wound infections
- stillbirth
- neonatal death

There is a higher rate of obstetric intervention and a lower breastfeeding rate in this group of women compared to women with a healthy BMI. There is also evidence to suggest that obesity may be a risk factor for maternal death: the Confidential Enquiry into Maternal and Child Health's report on maternal deaths in the 2003–2005 triennium showed that 28% of mothers who died were obese, whereas the prevalence of obesity in the general maternity population within the same time period was 16-19%.

2.0 GUIDELINE REGIME

2.1 Calculation and Recording of Body Mass Index (BMI) for All Women

All pregnant women should have their weight and height measured using appropriate equipment (See Appendix 1), and their body mass index calculated at the antenatal booking visit. Measurements should be recorded in patient's health records and on the electronic patient information system.

On admission to Labour Ward the patient will be re-weighed and this will be documented in the health care record. Self reported measurements of height or weight are not to be used as these may lead to inaccurate risk assessment during pregnancy.

BMI = weight (kg)/[height (M)]^2

2.2 Agreed BMI at which women should be advised to book for Maternity Team Based Care (Shared Care)

Women with a booking BMI ≥35 should be referred to a consultant obstetrician for team based care.

Pregnant women with a booking BMI ≥35 will be referred to the Obstetric Team where discussions regarding risks in association with raised BMI during pregnancy and following delivery will be undertaken.

2.3 Risk Assessment during Pregnancy

2.3.1 Antenatal Assessment with an Obstetric Anaesthetist

Pregnant women with a booking BMI≥35 plus additional risk factors or BMI >40 should have an antenatal consultation with an obstetric anaesthetist, so that potential difficulties with venous access, regional or general anaesthesia can be identified. An anaesthetic management plan for labour and delivery should be discussed and documented in the medical records in the third trimester.

2.3.2 Antenatal Assessment for Availability of Suitable Equipment

Women with a booking BMI ≥40 or body weight ≥120kg should have a documented assessment in the third trimester of pregnancy by an appropriately qualified midwife to determine manual handling requirements for childbirth and consider tissue viability issues.

A referral letter should be sent to the Outpatient Midwifery Matron (Appendix 3) for assessment and individual management plan as they may require specialised equipment. The management plan should be documented in the patient's health care record.

Manual handling requirements include consideration of safe working loads of beds and theatre tables, the provision of appropriate lateral transfer equipment, hoists, and appropriately sized thromboembolic deterrent stockings (TEDS). There is also an increased risk of pressure sores when a woman may be relatively immobile and regular inspection of potential pressure areas is important. A formal assessment of this risk should be made using validated scoring tools, and appropriate plans put in place with regard to body positions, repositioning schedules, skin care and support surfaces (See Appendix 6).

Some women with a booking BMI <40 may also benefit from assessment of manual handling requirements in the third trimester and this should be decided on an individual basis by the lead health professional providing maternity care.

For women with obesity just under the above thresholds (e.g. weight 119kg), re-measurement of maternal weight during the third trimester will allow appropriate plans to be made for equipment and personnel required during labour and delivery.

2.2.3 Referral to Dietician

Women with a BMI ≥ 35 should be offered a referral for dietetic advice.

2.4 Thromboprophylaxis

All women should be assessed at their first antenatal visit and throughout pregnancy for the risk of thromboembolism. Antenatal and post delivery thromboprophylaxis should be considered in accordance with the VTE guideline no.33

On admission, any woman with a BMI >30 who also has two or more additional risk factors for thromboembolism should be considered for prophylactic low molecular weight heparin (LMWH) antenatally.

- All women receiving LMWH antenatally should usually continue prophylactic doses of LMWH until six weeks postpartum, but a postnatal risk assessment should be made.

Women with a BMI >30 should be encouraged to mobilise as early as practicable following childbirth to reduce the risk of thromboembolism.

All women with a BMI >40 should be offered postnatal thromboprophylaxis regardless of their mode of delivery.

All women with BMI>50 should be fitted with Flowtron Boots intra-operatively Flowtron boots should be used for the first 6 hours post procedure and women should be advised to continue to wear TED stockings until 6 weeks post partum.

2.5 Maternal Surveillance and Screening

2.5.1 Women with a booking BMI >35 have an increased risk of pre-eclampsia and should have surveillance during pregnancy.

Women with a booking BMI >35 with no additional risk factor can have community monitoring for pre-eclampsia at a minimum of 3 weekly intervals between 24 and 32 weeks gestation, and 2 weekly intervals from 32 weeks to delivery. (PRECOG 2004)

Women with Booking BMI >35 plus one other additional risk factor for hypertensive disorders of pregnancy (i.e. first pregnancy, maternal age >40 years, family history of pre-eclampsia, multiple pregnancy) to be offered 75mg aspirin daily from 12 weeks' gestation until birth of the baby.

2.5.2 All pregnant women with a booking BMI >35 should be screened for gestational diabetes.

Offer high dose folic acid 5 mg from pre-conception to 12 weeks to all obese women.

2.5.3 Antenatal Fetal Surveillance

If there is deviations from the Symphyseal Fundal Height (SFH) the woman should be referred for: -

- Growth Scan if suspected Small for Gestational Age
- Amniotic Fluid Index (AFI) if suspected Large for Gestational Age
- If unable to determine SFH due to maternal habitus: refer for growth scan

2.6 Care during Childbirth

2.6.1 Appropriate Place of Birth based on BMI

The following table shows the suitable places for delivery according to BMI and women should be advised accordingly.

	Place of Birth		
Body Mass Index	**Home**	**Midwifery Led Unit**	**Obstetric Led Unit (Delivery Suite)**
<29.9	3	3	3
≥30 - <35	3	3	3
35 – 39.9	#	3*	3
≥40			3

\# If a woman has a BMI ≥35 and wishes home delivery she should be reviewed and assessed for additional risks by a consultant obstetrician.

* Provided there are no additional risk factors as per antenatal risk assessment

If issues become apparent the woman must be transferred to the Delivery Suite.

Women with obesity are at significantly higher risk of shoulder dystocia and postpartum haemorrhage and immediate obstetric intervention is vital in these situations. In addition, babies born to mothers with obesity are up to 1.5 times more likely to be admitted to a neonatal intensive care unit than babies born to mothers with a healthy weight.

2.6.2 Induction of Labour

In the absence of other obstetric or medical indications, obesity alone is not an indication for induction of labour and a normal birth should be encouraged as induction of labour carries the risk of failed induction and emergency caesarean section, which can be a high risk procedure in women with obesity. Induction of labour should therefore be reserved for situations where there is a specific obstetric or medical indication.

2.6.3 Lines of Communication during Labour

2.6.3.1 Duty Anaesthetist

The duty anaesthetist covering labour ward should be informed when a woman with a BMI ≥40 is admitted to the labour ward if delivery or operative intervention is anticipated. This communication should be documented by the attending midwife in the notes.

An opportunity for early assessment will allow the duty anaesthetist to review documentation of the antenatal anaesthetic consultation, identify potential difficulties with regional and/or general anaesthesia, and alert senior colleagues if necessary. An early epidural may be advisable depending on the clinical scenario.

2.6.3.2 Operating Theatre Staff

Operating theatre staff should be alerted regarding any woman whose weight exceeds 120kg and who is due to have an operative intervention in theatre. An operating table with the appropriate safe working load and appropriate lateral transfer equipment should be available prior to the woman's transfer to theatre. This should be in accordance with the individual management plan formulated and documented antenatal for specialist equipment, manual handling requirements and care of pressure areas.

2.6.3.3 Obstetricians and Anaesthetists

An obstetrician and an anaesthetist at Specialty Trainee year 6 and above, or with equivalent experience in a non-training post, should be informed and available for the care of women with a BMI ≥40 during labour and delivery, including attending any operative vaginal or abdominal delivery and physical

review during the routine medical ward round. Consultant Obstetrician and anaesthetist should be informed of their admission.

2.6.4 Women with a BMI ≥40 should have Venous Access Established Early in Labour.

Establishing venous access in women with morbid obesity is more likely to be difficult than in women with lesser degrees of obesity, and it is important that this is not attempted for the first time in an emergency situation when urgent venous access is required for intravenous medication or for resuscitation.

2.6.5 Active Management Third Stage of Labour for Women with BMI ≥35

All women with a BMI ≥35 should be recommended to have active management of the third stage of labour. This should be documented in the notes as obesity is associated with an increased risk of postpartum haemorrhage.

2.7 Postnatal Care and Follow Up after Pregnancy

2.7.1 Breastfeeding

Obesity is associated with low breastfeeding initiation and maintenance rates. All women should receive appropriate specialist advice and support antenatally and postnatally regarding the benefits, initiation and maintenance of breastfeeding.

2.7.2 Nutritional Advice

Women with a booking BMI ≥35 should continue to receive nutritional advice following childbirth from an appropriately trained professional, with a view to weight reduction.

2.8 Facilities and Special Equipment

Each area within the maternity department should have a central list of all available Trust manual handling equipment for obese women including the weight limits and location of each item

All staff to attend manual handling training on an annual basis and this is monitored by the Clinical Governance Co-ordinator

The following equipment should be available:

- Large blood pressure cuffs
- Step on scales
- Delivery/postnatal beds
- Extra long spinal and epidural needles (18-20 cm) for regional analgesia
- Operating table should be able to support a weight of 220 kg
- Tourniquets

Assessment of availability of specialised equipment will be undertaken as part of the quarterly Health and Safety inspection within in all areas of the maternity department and by the Team Co-ordinators, which will also include the Homebirth equipment packs. Reports/Action Plan will be submitted to both the

Risk Management Team and Matrons for the specific areas on completion of inspection. Any discrepancies will be dealt with by the appropriate Matron where possible or by informing EBME.

3.0 REFERENCES

CMACE/RCOG joint guideline: Management of Women with Obesity in Pregnancy; March 2010. London

Confidential Enquiry into Maternity and Child Health. (2004). *Why Mothers Die 2000-2002.* London: RCOG Press.

Confidential Enquiry into Maternity and Child Health. (2007). *Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer - 2003-2005.* London: CEMACH.

Department of Health. (2007). *Maternity Matters: Choice, access and continuity of care in a safe service*. London

National Institute for Health and Clinical Excellence. (2008). *Antenatal care: Routine care for the healthy pregnant woman*. London: NICE.

National Institute for Health and Clinical Excellence. (2008). *Diabetes in pregnancy: management of diabetes and its complications from pre-conception to the postnatal period*. London: NICE

Royal College of Obstetricians and Gynaecologists, Royal College of Anaesthetists, Royal College of Midwives, Royal College of Paediatrics and Child Health. (2008). *Standards for Maternity Care: Report of a Working Party.* London: RCOG Press.

The Pre-eclampsia Community Guideline Development Group. Pre-eclampsia Community Guideline (PRECOG). Middlesex: Action on Pre-Eclampsia (APEC), 2004.

Royal College of Obstetricians and Gynaecologists. (2006, 5 October). The Growing Trends in Maternal Obesity. RCOG Press Releases.

Royal College of Obstetricians and Gynaecologists. . (2007,01 June). Obesity and Reproductive Health – study group statement.

Royal College of Obstetricians and Gynaecologist. Thromboprophylaxis during pregnancy, labour and after vaginal delivery. Guideline no. 37: RCOG; 2004

The Association of Anaesthetists of Great Britain and Ireland, and the Obstetric Anaesthetists' Association. (2005). *OAA/AAGBI Guidelines for Obstetric Anaesthetic Services (Revised edition).* London: AAGBI/OAA.

4.0 RELATED DOCUMENTS

Guidelines for the prophylaxis and treatment of Thrombo- embolic disease in Obstetrics – Guideline 33

5.0 APPENDICES

1. Equipment Log
2. Anaesthetic Referral Letter
3. Outpatient Midwifery Matron Referral Letter
4. Audit Proforma
5. Management Lifestyle Referral Pathway
6. Patient Handling Assessment Form/Plan of Care
7. Manual Handling Risk Assessment Form

Appendix 1 Equipment Log for Women with Raised BMI's

EQUIPMENT LOG FOR WOMEN WITH RAISED BMI'S

LOCATION	TYPE OF EQUIPMENT	INSPECTION OF EQUIPMENT (Please date/sign and report any missing equipment to the Matrons)
ANC	• Walk on scales up to 200kgs • 3 large blood pressure cuffs	
Gynae Ward 54	• 1 slipper bedpan • Hoist available • 1 large blood pressure cuff	
Gynae Theatre	• 6 theatre operating tables, take weight up to 220kgs (32 stone) • Ted stockings, various sizes inc. xxl, • flowtron boots available in 3 sizes.10 flowtron machines available	
All Clinical Areas	• Pat slides and sliding sheets	
Home Birth Room	• Large blood pressure cuffs in every kit (10 kits)	
Community Office	• 3 large cuffs.1 for each locality	
Labour Ward	• Walk on scales,takes weight up to 200kgs • 7 delivery beds, takes weight up to 220kgs (32 stone) • Ted stockings, largest size fits calf measurement 46-53cms • 2 large cuffs • BMI calculators • BMI wheels • 5 large cuffs for welch allan • 1 set of walk on scales up to 200kgs	

Appendix 2 Anaesthetic Referral Letter

Patient Sticker

Date:

Dear Dr Carmen Friaz-Jimenez,

This lady was seen today in Antenatal Clinic, would you arrange to see her for management and assessment for anaesthetic for delivery.

Her booking weight was……..

BMI at booking……..

Gestation today……..

EDC……

Many thanks

Specialist Midwife ANC

Appendix 3 Referral Letter to Outpatient Midwifery Matron

Patient Sticker

Date:

Dear Outpatient Midwifery Matron

Would you please arrange to see this lady for assessment of manual handling requirements and suitable equipment availability planning for delivery.

Her booking BMI.....(.Weight) .....

Gestation today……

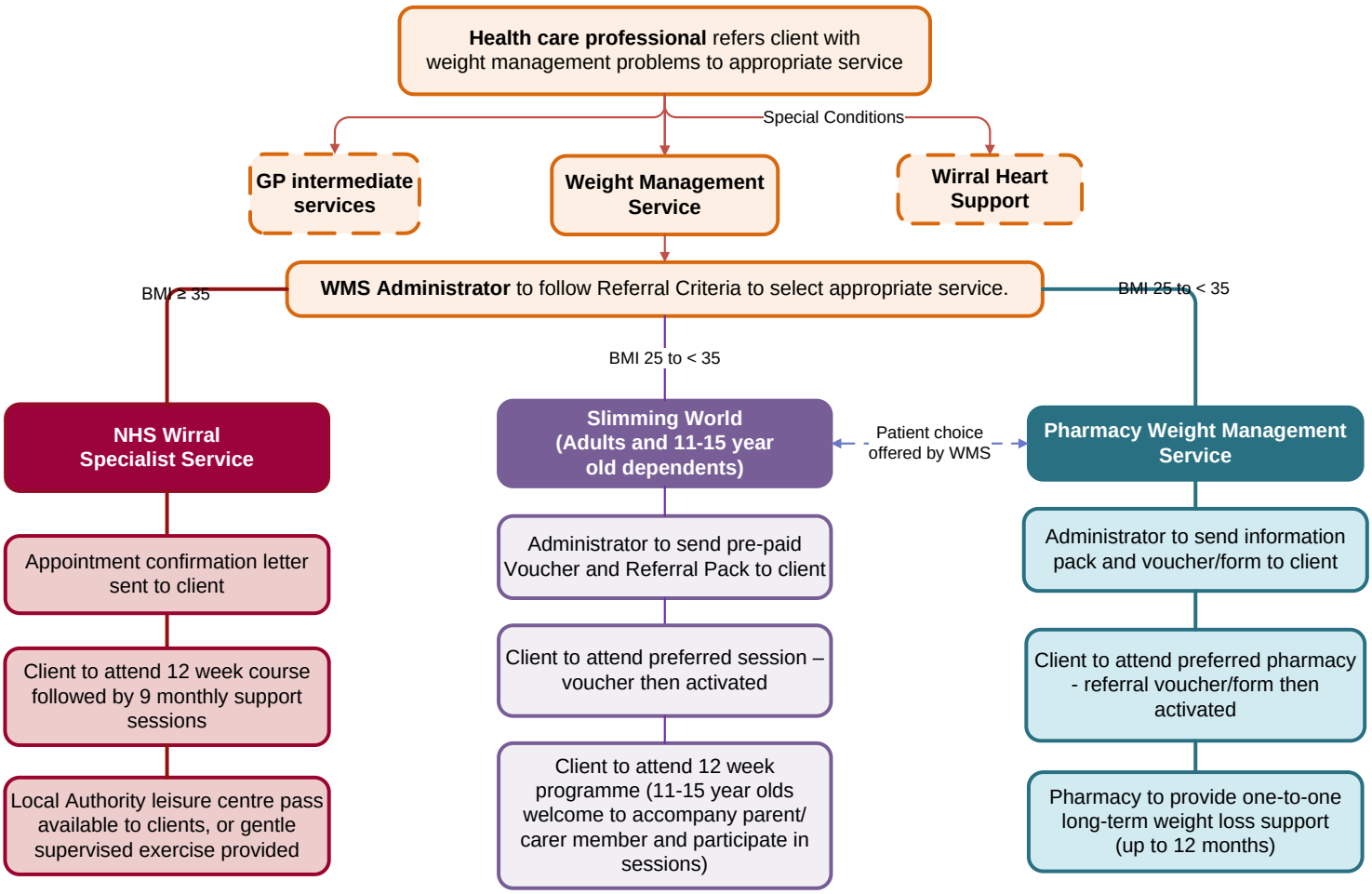
EDC……

Many thanks

Specialist Midwife ANC

Appendix 5 Management Lifestyle Referral Pathway

ADULT WEIGHT MANAGEMENT SERVICE
Appointment Process (Administration)



NHS Wirral

Referring a patient into the Weight Management Services

Please post or fax top copy to: Gibraltar House, Kelvin Road, Wallasey, CH44 7JW, Fax: 0151-630 8389 / 8390

Incomplete or illegible Referral Forms will be returned to referrer

Referral Criteria

BMI 25 or greater to be referred to Weight Management Services (WMS). Please complete and return the enclosed Referral Form as accurately and completely as possible.

Please note: GP Practice Intermediate Service may be available for patients who prefer to see their Practice Nurse. Please check with the individual's GP whether this service is available (no need to complete this Referral Form).

Special Considerations

Part of the Weight Management Service programme includes physical activity. If there is any medical reason why the patient cannot exercise unsupervised, please refer to the following Key to complete the Referral Form.

KEY

A M.I	**B** C.A.B.G	**C** Angioplasty	**D** Heart surgery
E Arrhythmias	**F** Conduction defects	**G** Unstable angina	**H** Heart failure

Note: If the patient has any of the above medical conditions, please ensure they have completed a cardiac rehabilitation programme and since remained stable. If not, please refer to Wirral Heart Support.

NB As the pad uses carbonated copies, please use the card beneath each blue copy

For further information regarding **Weight Management Services**, please telephone

0151-630 8383

Weight Management Service Referral Form

Please post or fax top copy to Gibraltar House, Kelvin Road, Wallasey, CH44 7JW. **Fax number 630 8389/8390.**

NHS Wirral

PLEASE ENSURE ALL DETAILS ARE COMPLETE

Patient Details | **Referral Date** / /

Mr/Mrs/Miss/Ms Surname:.....Forename:.....Sex: M ☐ F ☐

Address:.....

.....Post code:.....

Date of Birth:...../...../..... Contact No:..... Email:.....

The following baseline measurements *must* be valid within three months of referral

Height (m)		Total Cholesterol (mmol/l)	
Weight (kg)		Waist circumference (cm)	
BMI		Blood Pressure (mmHg)	
Is the patient diabetic? Yes ☐ No ☐		If 'Yes' HbA1c	
Impaired glucose tolerance? Yes ☐ No ☐		If 'Yes' Blood Glucose	

Current Medication

.....
.....
.....
.....

None *(please tick to indicate no current medication)* ☐

Relevant Medical History

.....
.....
.....
.....

None *(please tick to indicate no relevant history)* ☐

Is there any medical reason why the patient cannot exercise unsupervised?

Yes ☐ *(if yes, please indicate below by referring to criteria on cover page)* No ☐

A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐

Other ☐ (please state).....

Cardiac rehabilitation programme/ treatment received (please state)

.....
.....
.....
.....
.....

Cultural/Mobility/Impairment Issues

- State ethnicity code (please refer to coding on rear of referral cover page).....
- Are translation or interpretation services required? Yes ☐ No ☐
- State any learning difficulties / literacy issues: .....
- Is disabled access required? Yes ☐ No ☐
- State any hearing or visual impairments requiring specialist help (sign language, Braille, loop induction systems).....

Source of Referral

NHS Wirral ☐ Hospital Trust ☐ Other (Please state).....

Referrer Name: ..... Tel no: .....

Professional Title: ..... Fax No: .....

Wirral Heart Support Centre Only: Nutrition Only ☐ *Full Referral* ☐

GP Practice

GP Name:.....

Address / Practice Stamp

For Admin use only

Database No:.....

Service .....
Venue .....
Date ..... Time.....
DNA 1 ☐ 2 ☐

Inappropriate ☐ .....
Reminder sent ...../...../.....
Discharged ...../...../.....

Appendix 6

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Patient Handling Assessment Form
(Page 1 of 3)

Name:..... Casesheet No: .....

Date of Birth: ..... Department: .....

Factors Affecting Mobility and Handling (Tick if applies)	✓	**Comments**	**Time**	**Signature**
Pain				
History of falls				
Comprehension (confused, agitated, language)				
Communication (hearing or visual impairment, dysphasia)				
Other relevant conditions (specify)				
Skin problems (oedema etc)				
Risk of pressure sores				
Attachments (IV's, catheters etc)				
Incontinence				
Mobility aids currently used				

Handling & Mobility Problems (Tick if applies)	**Risk**			**Comments**
	Low	**Medium**	**High**	
	Normal Function ✓	**Limited Function** ✓	**No Function** ✓	
Upper Limb Function				
Lower Limb Function				
Sitting Balance				
Standing Balance				

Assessment Summary

Low Patient self sufficient with regards to handling
Medium Patient may need assistance and/or use of handling aids
High Patient needs significant assistance with handling aids

Patient Handling Plan of Care (Page 2 of 3)

Name: .... **C/S No:** .... **Ward:** ....

Assistance	Mobility	Sit to stand	Seat to seat or bed to seat	Bed to trolley	Moving up the bed	Turning in bed	Bathing
INDEPENDENT							
ASSISTANCE REQUIRED No of staff needed							
Sling lifting hoist :- Sling size ……………							
Standing hoist :- Sling size ……………							
Bath hoist							
Sliding sheets (How many)……….							
Patslide							
Banana board							
Turntable							
Mobility aids i.e zimmer frame, sticks							
Handling belt							
Signature		Print name			Date		

Assistance	Mobility	Sit to stand	Seat to seat or bed to seat	Bed to trolley	Moving up the bed	Turning in bed	Bathing
INDEPENDENT							
ASSISTANCE REQUIRED No of staff needed							
Sling lifting hoist :- Sling size ……………							
Standing hoist :- Sling size ……………							
Bath hoist							
Sliding sheets (How many)……….							
Patslide							
Banana board							
Turntable							
Mobility aids i.e zimmer frame, sticks							
Handling belt							
Signature		Print name			Date		

Assistance	Mobility	Sit to stand	Seat to seat or bed to seat	Bed to trolley	Moving up the bed	Turning in bed	Bathing
INDEPENDENT							
ASSISTANCE REQUIRED No of staff needed							
Sling lifting hoist :- Sling size ……………							
Standing hoist :- Sling size ……………							
Bath hoist							
Sliding sheets (How many)……….							
Patslide							
Banana board							
Turntable							
Mobility aids i.e zimmer frame, sticks							
Handling belt							
Signature		Print name			Date		

Patient Handling Plan of Care Review Sheet

(3 of 3)

Please attach this sheet to 'The Plan of Action'

DATE	COMMENTS	NAME	SIGNATURE

This sheet should only be used if there has not been any change to the **Plan of Care.**

Appendix 7

Wirral University Teaching Hospital NHS Foundation Trust
Manual Handling Risk Assessment Form

Summary of assessment **Date:**

Division: Location:

Job Activity:

Assessor:

Task

Does this task involve:	***Risk Present***	***Notes***
Holding loads away from trunk		
Twisting		
Stooping		
Reaching upwards		
Large vertical movements		
Long carrying distances over 10 metres		
Strenuous pushing or pulling		
Unpredictable movement of loads		
Frequent or prolonged physical effort		
Insufficient rest and recovery		

Load:

Is the load:	***Risk Present***	***Notes***
Heavy		
Bulky		
Difficult to grasp		
Unstable/unpredictable		
Intrinsically harmful, e.g. Sharp, hot etc		

Environment:

Environment are there:	***Risk Present***	***Notes***
Space constraints preventing good posture		

Uneven, slippery floors		
Variation in levels		
Poor lighting conditions		
Hot / cold / humid conditions		

Individual Capability :

Does the :	***Risk present***	***Notes***
Task requires unusual strength or height		
Task puts at risk those who are pregnant or have a health problem	**Yes**	
Wearing of personal protective equipment hinder users posture	**No**	
Task require special knowledge or training for its safe performance	**Yes**	

CONSEQUENCE (C)
1. Insignificant
2. Minor Injury
3. Moderate
4. Major Injury
5. Catastrophic

LIKELIHOOD (L)
1. 1 to 5%
2. 6 to 25%
3. 26 to 50%
4. 51 to 75%
5. 76 to 100%

L					
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	**5**	**10**	**15**	**20**	**25**
C	**1**	**2**	**3**	**4**	**5**

Likelihood Score x Consequence Score = " Risk Assessment Score "

Very Low
Low
Moderate
High

RISK LEVEL=

	Current control measures
1	
2	
3	
4	
5	

	Additional Recommended control measures
1	
2	
3	

Review Date _____ Signed _____