



Royal College
of Midwives

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Clinical briefing: Carbon monoxide monitoring: risk assessment

Public Health England have given advice to maternity units that they should resume carbon monoxide (CO) testing of all pregnant women, where it is safe to do so.

Potential impact of COVID-19 in this topic area

A risk assessment must demonstrate that the infection prevention and control (IPC) conditions for carrying out CO monitoring can be met. These include a well-ventilated room, together with a 2-metre space between the midwife and the pregnant woman for physical distancing.

Employers hold the statutory duty, laid out in the Health and Safety at Work Act (1974), and managers have responsibility for carrying out risk assessments, under the Management of Health and Safety at Work Regulations (1999). Trade union health and safety and workplace representatives should be involved in the process. The assessment should reflect what actually happens in the workplace and is not a box-ticking exercise.

Current key guidance for this topic

A risk assessment is fundamental to ensuring safe systems of work (SSoW) and should take into consideration all elements of a workplace. For midwives, this could be a clinical area or a woman's home and the process should include:

- A systematic and thorough examination of tasks and the workplace to identify potential hazards for harm.
- An estimation of the likelihood that someone could be harmed by hazards identified, together with an indication of the impact the harm could have.
- A new risk assessment every time changes are made that affect the workplace, new scientific evidence or new government guidance becomes available.





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- Health and safety risks should be clearly recorded and filed, according to local protocol.
- Results of the risk assessment should be analysed and appropriate action taken to mitigate.
- SSoW should be monitored and reviewed to ensure the risk assessment remains current.

Prior to resuming CO testing, a risk assessment must be undertaken. Although not classified as an aerosol generating procedure (AGP), women will need to remove their face covering to be tested. This means sufficient ventilation and physical distancing are needed to reduce virus transmission. A risk assessment is not a precise science and caution should be exercised if there are doubts about safety. Testing should only be resumed in circumstances where IPC conditions are met.

Summary

- Consider the size of the space and access to fresh air, through open windows/doors. Assess the extent to which air is flowing or re-circulating.
- Measure 2 metres, allowing this distance to be kept between midwife and woman, as she undertakes the CO test. The woman should face away from the midwife while blowing into the machine and should fit and dispose of the mouthpiece herself.
- Decide whether these conditions can be met.
- Record findings according to local protocol.
- Report findings to the Head of Midwifery.

References and links to online and virtual support and guidance





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