



12. Januar 2009

Checklist – Hazards during pregnancy and breast-feeding

Notes on the individual questions and possible protective measures can be found in a separate document.

Are you exposed to elevated levels of physical stress?

Working times and rest periods, work schedule and patterns

	yes	no	unsure
1. Do you regularly work more than 9 hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the 8 weeks before the birth of your child, do you have to work between 8 pm and 6 am?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have to regularly* perform backwards-rotating shifts (night shift → late shift → early shift) or three consecutive night shifts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you already have to work during the 8 weeks after delivery of your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have tasks or work that is determined by a machine or technical equipment that cannot be influenced by the employee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Definition in the notes under the corresponding number

Heavy physical work

Expectant mothers should not be expected to do physically strenuous tasks such as lifting and carrying patients, large animals, or large loads.

	yes	no	unsure
6. Does your work involve moving or transporting regular* loads of more than 5 kg or occasional* loads of up to 10 kg in weight without mechanical assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In case of primarily standing-based work: do you have to work under the following conditions after the 4 th month of pregnancy:			
a) Your daily break between work shifts is less than 12 hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) You cannot make additional short breaks of 10 minutes after every second working hour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. From the 6 th month of pregnancy onwards, does your work require you to stand for more than 4 hours every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your work require you to frequently* stretch or bend in a substantial manner or constantly crouch or bend down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you exposed to shocks, vibrations, or continuous jolting at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you exposed to cold, moisture, or heat at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Definition in the notes under the corresponding number

Risk of Accident

	yes	no	unsure
12. Does your work take place where there is a risk of slipping or falling? (For example, wet floors, ladders, window cleaning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Physical Hazards

Pregnant women should not be in workplaces with volume levels > 85 dB (A).

Likewise, activities in pressurized or oxygen-reduced conditions are also prohibited.

- | | yes | no | unsure |
|---|--------------------------|--------------------------|--------------------------|
| 13. Are you exposed to considerable noise at work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you exposed to ultrasonic sound or subsonic noise at work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you carry out your work under elevated pressure? (for example, in pressure chambers or Scuba diving) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you carry out your work in rooms with reduced atmospheric oxygen? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you exposed to ionizing radiation?

X-Rays

Only relevant during pregnancy (due to risks to the unborn child) and not during breast feeding time.

- | | yes | no | unsure |
|---|--------------------------|--------------------------|--------------------------|
| 17. Do you work with or in the vicinity of X rays for screening or diagnostic purposes (diagnostic radiology, cast room, OR, or other situations involving X rays)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Radioactive Substances

Relevant during pregnancy and breast-feeding time.

- | | yes | no | unsure |
|--|--------------------------|--------------------------|--------------------------|
| 18. Do you work in areas in which radioactive materials in open or closed forms are used, for example in laboratories, therapeutic, or diagnostic areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you exposed to harmful chemicals?

Generally, the handling of chemicals is not dangerous to the mother and child as long as limits (Occupational Exposure Limit [OEL] and Short Term Exposure Limit [STEC]) as listed in the boundary value list of Suva are complied with. For chemicals that are harmful to the mother and child according to the current state of knowledge, special caution is required.

Chemicals

- | | yes | no | unsure |
|---|--------------------------|--------------------------|--------------------------|
| 19. Do you work with hazardous substances that are labeled with R40, R45, R46, R49, R60, R61, R62, R63 or R64 (Labels are found on the packaging or in the safety information sheet). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you work with mercury or mercury compounds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you work with cytostatic drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are you exposed to the effects of carbon monoxide at work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Are you exposed to pathogenic circumstances?

In general, you should only work with pathogenic organisms, (potentially) infectious patients, or infections (patient) materials if suitable protective measures have been taken and (if possible) when employees have immunity against the particular pathogen. This is generally true for all employees and not just for pregnant women. If general safety measures (see standard measures under point 23= are complied with, dangerous infections for you and your child can be avoided.

When dealing with people as patients (USZ as well as the Center for Dental and Oral Medicine), it is very important to follow the standard measures of hospital hygiene from the University of Zurich hospital (USZ) or more specifically from the person responsible for hygiene from ZZM. When dealing with people as subjects/clients (forensic medicine, other institutes), human tissues (forensic medicine, anatomy, diagnostics) as well as with animals (patients, experimental animals, animal carcasses), the relevant safety regulations from the individual institutes and clinics apply.

In laboratory areas, particular biosafety measures are in place to prevent the transmission of pathogens and possible infection to employees. These protective measures were designed by the Department of Safety and Environment such that all employees are sufficiently protected against infection.

Protective Measures

If you are working in one of the above-mentioned areas, you should be aware of the existing standard measures for handling possibly infections materials.

yes no unsure

23. Are you new to the above-mentioned standard measures? [] [] []

We want to give particular attention to the handling of teratogenic organisms. We therefore ask you to answer the following questions, and if necessary, to make clarifications so that it can be decided whether, in individual cases, additional protective measures must be taken in addition to the standard measures. Employees of the University of Zurich who are active at the USZ should also complete the checklist for the protection of mothers at the USZ.

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Is your immune status in order? (Applies to all employees at the University and especially those who are active in the University Hospital (USZ), who are of childbearing age and come into contact with the following pathogens).

Immunization through vaccination is possible for some pathogens, particularly for pregnant women for whom some pathogens are dangerous to the fetus and also relatively common. (Often these vaccinations have to be made before the pregnancy!) Clarify these questions with your family doctor/general practitioner or gynecologist.

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 24. Are you missing vaccinations (immune protection) against | yes | no | unsure |
| – Hepatitis B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Measles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Mumps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Poliovirus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Rubella | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Chicken pox (varizella zoster virus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Surgical activities

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 25. Do you perform invasive surgeries (medicine, dentistry, veterinary medicine)? | yes | no | unsure |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Working with animals

- | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| 26. Do you work with animals? | yes | no | unsure |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Special case: diagnostic and research labs

In contrast to pure exposure to pathogens, exposure in laboratories under certain circumstances can have an increased risk due to the enrichment of the virulence of the pathogens.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 27. Do you work in a diagnostic or research lab? If yes, then please additionally answer questions 29-30. | yes | no | unsure |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Do you work in a laboratory of biosafety level 3 (BL3 laboratory)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered «yes» to question 27, please answer the following:

Clarify these questions, if applicable, with your family doctor/general practitioner or your gynecologist.

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 29. Do you work with the following organisms and have no immunity to them? | yes | no | unsure |
| – Cytomegalievirus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Hepatitis A Virus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Parvovirus B19 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| – Toxoplasma gondii | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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If you answered «yes» to question 27, please answer the following:

Clarify these questions, if applicable, with your supervisors.

30. Do you work with one or several of the following organisms?

yes	<input type="checkbox"/>
no	<input type="checkbox"/>
unsure	<input type="checkbox"/>

Viren und Prionen

- Adenoviruses yes no unsure
- Arenaviruses: lymphocytic choriomeningitis virus LCMV yes no unsure
- Bunyaviruses yes no unsure
- Coronaviruses: SARS virus yes no unsure
- Flaviviruses: FSME virus, Hepatitis-C virus (HCV) yes no unsure
- Hepatitis B virus (HBV), Hepatitis Delta virus (HDV) yes no unsure
- Herpes viruses: human herpes virus 1 und 2 (HHV1, HHV2), varicella zoster virus (VZV, HHV3), Epstein-Barr virus (EBV, HHV4), cytomegalovirus (CMV, HHV5), human herpes virus 6 (HHV6) yes no unsure
- Orthomyxo viruses: Influenza virus A, B, C yes no unsure
- Paramyxoviruses: Mumps virus, measles virus yes no unsure
- Parvoviruses: Parvovirus B 19 yes no unsure
- Picornaviruses: Enteroviruses, Coxsackieviruses, Polioviruses, Hepatitis A virus yes no unsure
- Retroviruses: HIV 1 + 2, HTLV 1 + 2 yes no unsure
- Rhabdoviruses: Rabies viruses and other Lyssa viruses yes no unsure
- Togaviruses: Alphaviruses (Chickungunya virus ao.), Hepatitis E virus (HEV), Rubella virus yes no unsure
- Prions: BSE (Bovine Spongiforme Encephalitis), CJD (v Creutzfeld Jakob Disease) yes no unsure

Bacteria

- Bacillus anthracis (anthrax) (Z)* yes no unsure
- Brucellen (Z) yes no unsure
- Burkholderia (Pseudomonas) mallei und pseudomallei (Z) yes no unsure
- Coxiella burnetii (Q-fever) (Z) yes no unsure
- Chlamydia psittaci (parrot fever) (Z), Chlamydia trachomatis (trachoma) yes no unsure
- Enterohemorrhagic E. coli (EHEC ex. serotype O157:H7, O103) yes no unsure
- Francisella tularensis subsp. tularensis (Tularemia) yes no unsure
- Listeria monocytogenes (Listeria) (Z) yes no unsure

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Continuation of question 30: Do you work with one or several of the following organisms?

	yes	no	unsure
– Mykobacteria: M. tuberculosis, M. africanum, M. bovis, M. canettii, Mycobacterium leprae, M. microti und M. ulcerans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Neisseria gonorrhoeae (gonococcus), Neisseria meningitis (meningococcus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Orientia tsutsugamushi (Rickettsia tsutsugamushi) (Z)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Rickettsia (various spotted fevers) (Z)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Salmonellen Serovar Typhi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Shigella dysenteria serotype 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– B-Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Treponema pallidum (Syphilis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Yersinia pestis (the plague) (Z)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fungi	yes	no	unsure
– Blastomyces dermatitidis (resp. Ajellomyces dermatidis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Cladophialophora bantiana and devriesii (Cladiospora)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Coccidioides immitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Cryptococcus neoformans (incl. var. gattii, grubii, neoformans), Filobasidiella neoformans (var. bacillispora, neoformans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Histoplasma capsulatum (incl. var. capsulatum, duboisii, farciminosum), (resp. Ajellomyces capsulatum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Paracoccidioides brasiliensis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Penicillium marneffeii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Ramichloridium mackenziei	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parasites	yes	no	unsure
– Acanthamoeba castellani (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Balamuthia mandrillaris (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Naegleria fowleri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Plasmodium falciparum (no injection via airway)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Toxoplasma gondii (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Trypanosoma brucei (rhodesiense, gambiense) (no injection via airway), (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Trypanosoma cruzi (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Leishmania brasiliensis, Leishmania donovani (no injection via airway), (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Echinococcus (multilocularis, granulosus, vogeli, oligarthrus), (no injection via airway), (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
– Taenien (T. multiceps, serialis, solium) (no injection via airway), (Zoonosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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