

## **New, Expectant & Nursing Mothers Risk Management Policy & Procedure**

(Policy replaces 44/Risk)

**THIS POLICY IS CURRENTLY UNDER REVIEW  
WITH THE POLICY AUTHOR**

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POLICY SPONSOR	Executive Director of Corporate Services
POLICY AUTHOR	Health and Safety Manager

### **EXECUTIVE SUMMARY:**

This document outlines the procedure to follow at notification of a new, expectant or nursing mother. This procedure aims to ensure the health, safety and welfare of the new, expectant or nursing mother by minimising any hazards and reducing risk.

**If you require this document in another format such as large print, audio or other community language please contact the Governance Support Team on 01903 845735 or email [HSCG@sussexpartnership.nhs.uk](mailto:HSCG@sussexpartnership.nhs.uk)**

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Please be advised that the Trust discourages the printing and retention of hard copies of policies and can guarantee that the policy on the Trust website is the most up-to-date version.

As a contingency a full set of up-to-date Trust policies are held by the Governance Support Team based at Trust HQ, Swandean

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## 1.0 Introduction

### 1.1 Purpose of policy

The aim of this policy and guidance is to promote a systematic approach, through effective management systems, controls and suitable resource allocation to the identification and minimisation of work place hazards to health of the new or expectant mother and her unborn child, thus ensuring their health, safety and welfare. It is recognised that pregnancy is not generally equated with ill health and that it should be regarded as part of everyday life.

### 1.2 Definitions

**New or Expectant Mother at Work** - means a worker who is pregnant, who has given birth within the previous six months, or who is breast-feeding.

**Given Birth** is defined as 'delivered a living child, or after 24 weeks of pregnancy, a stillborn child'.

*"Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding."*

*Protected Characteristic as defined in the Equality Act 2010.*

### 1.3 Scope of policy

This policy will apply to women of child bearing age and those who are pregnant or have recently given birth. This policy identifies employer and employee responsibilities and provides the tools required to identify potential hazards and perform a risk assessment to ensure identified risks are adequately controlled.

### 1.4 Principles

The Management of Health and Safety at Work Regulations 1999 determine that it is the responsibility of the employer and the employee to minimise or eliminate workplace hazards to health. Explicit within this Regulation is the recognition that some hazards in the workplace may affect the health and safety of the new or expectant mother and her unborn child. As a general principle, managers should ensure that health and safety standards within their department(s) permit new or expectant mothers to work without harm to self or the unborn child.

## 2.0 Policy Statement

It is the policy of the Trust to establish and maintain, as far as reasonably practicable, non-hazardous working conditions for all aspects of health and safety at work including the commitment to allocate appropriate resources. The Trust is committed to ensuring that new and expectant mothers are not exposed to any significant risk. Risks include

those to the unborn child or child of a mother, who is breastfeeding, not just risks to the mother herself.

### **3.0 Duties**

#### **Duties within the organisation**

##### **3.1 Chief Executive and Executive Board of Directors**

The Chief Executive has overall responsibility for ensuring that the Trust has the necessary management systems in place to enable the effective implementation of all health and safety and risk management policies.

The Trust Board and/or nominated Director responsible will be responsible for ensuring that the requirements of all pertinent health and safety legislation are met.

##### **3.2 Members of the Executive Management Board**

Members of the Executive Management Board will be responsible for ensuring that appropriate action is taken to ensure the safety and well-being of new or expectant mothers at work.

##### **3.3 Line Manager of the New and Expectant Mother**

Will be responsible for:

- Determining who will be at risk and how
- To undertake a risk assessment on all pregnant employees, those that have recently given birth and those that are breast feeding and to update any risk assessment if the working environment changes.
- Taking appropriate steps to introduce reasonable measures to control or eliminate the risks identified
- Ensuring proper risk assessment documentation is kept and regularly reviewed
- Ensuring employees are aware, through the provision of suitable and sufficient information, instruction and training, of the actions required to protect the health, safety and well-being of the expectant or new mother
- Ensuring the work is suitable and appropriate for the employee to undertake in the circumstances, on terms and conditions which are no less favourable than her current terms of employment
- Temporarily adjusting, where possible, the working conditions and / or hours of work of the expectant or new mother
- Providing suitable and sufficient welfare provisions for the new / expectant mother for rest and breast feeding etc including the provision to store expressed milk if required.
- Referring the new or expectant mother to the Occupational Health Department for advice, where necessary, or discussing issues of concern with an Occupational Health Nurse Adviser or Physician

- To discuss on a one to one basis what support the member of staff might need during their pregnancy including time off for antenatal care or once they become nursing mothers.

### **3.4 The New or Expectant mother**

The new or expectant mother will be responsible for:

- Taking due care of her own health, safety and welfare at work.
- Informing her manager of her pregnancy as soon as possible to enable a risk assessment of the work environment and working practices to be undertaken.
- The expectant mother should provide a certificate (MAT B1) from her general practitioner or registered midwife confirming pregnancy and inform her manager, in writing, that she is pregnant and / or breast-feeding.
- Discussing any concerns regarding the work environment and working practices with her line manager.
- Following any Trust policy or guidance relating to pregnant employees.

### **3.5 Divisional Health and Safety Forums**

Divisional Health and Safety Forums will assist managers in implementing this policy. These Forums will if required advise on the risk assessment process and outcomes and formulate action plans to prevent or control specific hazards to health if necessary.

### **3.6 Occupational Health Department**

The Occupational Health Nurse Advisers will:

- Review pregnancy related risk assessments and advise managers, where necessary, and the new and expectant mother at work on the hazards to health and workplace control measures required.
- Act as an advocate for the employee and, wherever possible provide research-based information on specific occupational health matters. Referral will be made to the Occupational Health Physician when appropriate.

### **3.7 Human Resources**

- To provide advice and answer queries related to the entitlements within this policy in conjunction with the Maternity Policy.
- To advise and update the policy to reflect any changes to legislation in conjunction with the Risk and Safety Team.

### **3.8 Risk and Safety Team**

The Risk and Safety Department provides risk assessment training and COSHH assessment training where required. This does not specifically include information on

the risk assessment requirements for pregnant staff and breast-feeding mothers, but the Department can advise managers on pertinent health and safety matters.

## **4.0 Procedure**

When a member of staff informs their manager they are pregnant, have had a baby or are breast-feeding, the manager will carry out a full and suitable risk assessment. Appendix A provides hazard identification guidance, and Appendix B is the formal risk assessment documentation that requires completion. Once completed retain a copy and send one to HR.

Managers should ensure that health and safety standards within their areas of responsibility permit new or expectant mothers to work without harm to self or the unborn child.

Where there is concern about the health and/or safety of a new or expectant mother at work, the employee or her manager should seek the advice of the Occupational Health or the Risk & Safety Department.

The manager is not obligated to make any change in employment practices or arrangements until they have received written notification from the employee of the pregnancy. The manager can also request a certificate confirming pregnancy from the employee's general practitioner or registered midwife. Protection from unfavourable treatment is unlawful if the manager or the Trust becomes aware a woman is pregnant whether by formal notification or 'through the grapevine' (Sec 8.18 Equality Act 2010 Statutory Code of Practice Employment).

Once pregnancy has been confirmed to the manager they must take account of potential and actual hazards in the workplace which could adversely affect the well being of the new or expectant mother and / or unborn child.

The risk assessment should be a standard and integral part of the risk assessment process. The risk assessment identifying the hazards, significant risks, control measures, monitoring and review arrangements must be formally recorded using the Risk Assessment form, Appendix B, for New and Expectant Mothers. The risk assessment details need to be readily available for reference and consultation purposes. Therefore the completed assessment forms should be kept by the woman's manager and sent to the relevant HR Advisor for filing in the employee's HR file once the need for assessment has ceased.

Where, as a result of the risk assessment findings, there is genuine concern regarding the hazards and associated risks, temporary changes may be required to working conditions or suitable alternative employment (in relation to the employee and circumstances) offered if the hazards cannot be controlled or eliminated. Managers should refer to Occupational Health to confirm this.

Paid leave should be given for as long as is necessary to provide suitable protection if neither option is acceptable. If the employee has unreasonably refused suitable alternative employment advice should be sought from human resources. (Contact Human Resources regarding pay and protection policies and procedures.)

The employee cannot be dismissed because she is pregnant or for any reason connected to the pregnancy.

Risk assessments of the work activities of expectant mothers need to be reviewed regularly as the possibility of harm to the expectant mother and foetus may vary at different stages of the pregnancy.

The risks associated with the work of breast feeding mothers will differ from those of expectant mothers. The Regulations do not place a time limit on breast-feeding.

Suitable rest facilities must be provided for those employees who are pregnant or breast-feeding. If in the unfortunate instance of a still birth then a risk assessment must be completed on the return to work for the individual concerned.

The pregnancy may have a detrimental impact on a service user's recovery where they may have had their own babies or children taken from their care. This will need to be considered as part of the clinical risk assessment process for the service user in addition to any risks this may present to the new and expectant mother.

## **5.0 Development, consultation and ratification**

This document was written by the Health and Safety Manager in consultation with staff side representatives and Human Resources. Consultation included presentation of the policy for comment at the Trust wide Health and Safety Committee for review and to the HR Executive Group for final ratification. At the next review of this policy consultation will also include the Trust's Gender Reference Group.

## **6.0 Equality and Human Rights Impact Assessment (EHRIA)**

An equality and human rights impact assessment was completed for this policy in accordance with the organisation wide policy for the development and management of procedural documents.

## **7.0 Monitoring Compliance**

Given the changing nature of pregnancy and the post-natal period the risks identified to new and expectant mothers will vary during the different stages of the pregnancy. The assessment must take this into account and be reviewed accordingly. The initial assessment must take place as soon as the member of staff informs their manager that they are pregnant and then review at regular intervals. The suggested dates for review are:

- monthly until 32 weeks
- fortnightly at 32-36 weeks
- weekly from 36 weeks

## **8.0 Dissemination and Implementation of policy**

Effective implementation of the policy will be ensured by:

- Risk assessments being carried out to determine duration, nature and degree of exposure to a particular hazard.
- The manager discussing the identified hazards with the individual concerned.
- Discussion between the manager and employee as to what action should be taken to eliminate or control the identified risks. Action shall not be to the detriment of the employee.
- Monitoring the risk assessment and reviewing and updating the assessment should significant changes occur.
- Maintaining records. Copies of the assessment should be sent to Occupational Health as well as the Health & Safety Department and the original should be kept by the manager.

## **9.0 Document Control including Archive Arrangements**

This policy will be stored and archived in accordance with the organisation wide policy for the development and management of procedural documents.

## **10.0 Reference documents**

Health and Safety at Work etc. Act 1974

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2005 (COSHH)

Ionising Radiation Regulations 1999

Manual Handling Operations Regulations 1992

Health and Safety (Display Screen Equipment) Regulations 1992, as amended 2002

Working Time Regulations 1998, as amended 2003

## **11.0 Bibliography**

A Guide for New and Expectant Mothers Who Work (HSE INDG 373)

## **12.0 Glossary**

**Risk Assessment:** an informed view of the likelihood of occurrence of each particular risk and of its potential impact and consequences on all relevant parties.

**First Trimester:** The first three months of pregnancy.

## **13.0 Cross reference**

This policy should be read in conjunction with the following Trust policies:

Maternity, Adoption and Maternity Support (Paternity) Leave Policy

Infection Control Policy

Health and Safety Policy

Moving and Handling Policy

Slip, Trips and Fall Policy

Equality and Diversity Policy



## **14.0 Appendices**

### **Appendix A – Hazard Identification Guidance**

This appendix should be used with appendix B to assist in the risk assessment process in identifying potential hazards the new or expectant mother may be exposed to.

#### **Anaesthetic gases**

Pregnant employees should only work with nitrous oxide, halothane, enflurane and isoflurane if scavenging equipment is active, properly maintained and gas levels monitored to remove waste gases. If such conditions cannot be satisfied, the pregnant employee should be re-deployed to a more suitable post.

#### **Assault**

Exposing the pregnant abdomen to shocks and jolts is known to create the risks of premature birth, miscarriage and low foetal birth weight. If the risk assessment indicates that violence against health care workers is significant, the pregnant worker should be transferred to a less hazardous area of employment.

#### **Biological agents**

Employers must pay particular attention to the infection hazards that could affect the new or expectant mother and her unborn child and take actions that are reasonably practicable to prevent or control the hazards. Reference should be made to the COSHH Regulations 2002 and the Trust Infection Control policies.

Rubella (German Measles) (first trimester), Chickenpox (first trimester) and Cytomegalovirus have the potential to harm the foetus if the mother has not developed resistance previously. Listeria bacteria and the Toxoplasma parasite can also harm the foetus. Advice should be sought from a member of the Occupational Health Department where there is doubt as to the expectant mother's immune status.

Control of Infection procedures in the Infection Control Policy must be followed to prevent or control transmission of infectious agents. Staff vaccination is available through the Occupational Health Department against Hepatitis A and B, Tuberculosis, Poliomyelitis, Tetanus, Diphtheria, Typhoid, Meningitis A and C, Rubella. Work-related sharps injuries, bites and skin splash incidents must be reported to the Occupational Health Department.

The pregnant employee must take responsibility for following and maintaining safe working practices (e.g. using personal protective equipment provided).

Pregnant laboratory workers whose work includes virus isolation may require redeployment, dependent upon the advice of the Consultant Microbiologist.

#### **Chemical agents**

Certain chemicals have the potential to, or are known to, cause harm to the unborn child or breast fed babies. These chemicals can be identified by their risk phrase allocated to them (refer to the COSHH Regulations).

The actual risk to health will need to be determined following a risk assessment on the use of the chemical concerned in the work place.

### **Cytotoxic drugs**

There is no known maximum exposure limit or occupational exposure limit relating to cytotoxic drugs. Absorption can be by inhalation or through the skin. Cytotoxic drugs can cause damage to genetic formation in sperm or ova and some drugs are known to be carcinogenic. Therefore, it must be considered safe practice to reduce any exposure to cytotoxic drugs to as low a level as is reasonably practicable. There should be no exposure during the first trimester of pregnancy.

Assessment of the risk should consider the:

- preparation and/or administration of cytotoxic drugs;
- handling the body fluids of patients being treated with cytotoxics;
- cleaning up related spillage's and disposal of associated waste products.

Staff who have concerns about their health and safety in connection with cytotoxic drugs should contact the Occupational Health Department for advice.

### **Electro-magnetic fields / waves**

To date, there is no firm evidence that the foetus is sensitive to the magnetic and radio frequency fields encountered in Magnetic Resonance Imaging. However, excessive over-exposure is known to cause an elevation in body temperature, which could result in excess body fatigue. The National Radiation Protection Board recommends exclusion during the first trimester.

### **Glutaraldehyde / Formaldehyde / Methylmethacrylate**

The storage, use and disposal of these substances must comply with the Control of Substances Hazardous to Health Regulations 2002.

Environmental extraction equipment must be active, properly maintained and levels monitored to determine effective removal of waste vapour and gases. Appropriate personal protective equipment must be worn as necessary and safety procedures adhered to. The Occupational Health Nurse Advisers will undertake health surveillance, where necessary.

### **Heights**

Pregnant employees may experience problems in working at heights, for example, ladders and platforms. Dexterity, agility, co-ordination, speed of movement, reach and balance may be impaired. An increased risk of accidents will need to be considered.

### **Lead**

Exposure to lead can result in infertility, abortion and still birth, therefore, no woman or person under 16 years of age may be employed in a lead process. Women of reproductive capacity must not work with lead.

Once pregnancy has been confirmed, the pregnant mother would normally be suspended from working with lead as the lead can enter breast milk and the circulation of the foetus in utero. Blood lead levels should be monitored as part of a routine health surveillance programme.

### **Manual handling of loads**

Every manual handling operation at work should be risk assessed in line with the Manual Handling Operations Regulations 1992 and Trust Manual Handling policies and procedures.

The risk assessment should take note of individual capability, the task, the load and the environment.

The primary aim should be to avoid manual handling activities. Where this is not possible, the employer should consider altering the nature of the task to reduce risks and ensure the employee has received suitable and sufficient training in manual handling and has the appropriate equipment with which to undertake the task.

The employee has a responsibility to use manual handling equipment, where available, and if suitable for the task.

Pregnant workers are at risk from manual handling injury, for example, hormonal changes can affect the ligaments so increasing susceptibility to injury. Therefore, employees should avoid heavy and / or repetitive manual handling.

In the early stages of pregnancy there is an associated increased risk of miscarriage and in the later stage there is a shift in the centre of gravity which creates additional strain on the musculo-skeletal system.

Any uniform provided for the pregnant employee should allow for the changing shape during pregnancy and be of a design which permits safe movement when undertaking work related tasks.

### **Mercury**

Mercury is a potential reproductive hazard (that is, it can affect the foetus) which, when spilled, disperses into tiny droplets that emit a toxic vapour. Contained mercury is not a hazard. The Trust's Mercury Spillage Procedure provides relevant advice and if in doubt contact the Facilities Help Desk.

### **Night working**

Working long hours (greater than 45 hours per week) can result in fatigue, which may be exacerbated during pregnancy. An employee who normally works nights, who is pregnant and who has a medical certificate which states that her health and safety may be adversely affected as a consequence of night working must be offered suitable alternative daytime work, if available. Advice can be sought from the HR department.

### **Noise**

There appears to be no specific risk to new or expectant mothers or to the foetus, but prolonged exposure to excessive noise may result in increased distress and fatigue. The requirements of the Control of Noise at Work Regulations 2005 should be sufficient to meet the needs of new or expectant mothers.

### **Radiation**

Employees working in this speciality must inform their manager if they are considering becoming pregnant and when pregnant, as significant exposure to ionising radiation can

be harmful to the foetus. There are lower statutory dose levels for pregnant women and their personal dose monitoring levels must take account of this.

Work procedures should be designed to keep exposure of the pregnant employee to ionising radiation to below the statutory dose limit as recommended in the Ionising Radiation Regulations 1999. Pregnant employees should ensure they leave a controlled area whilst x-ray films are being taken. Radiography staff should wear lead aprons and stand behind lead screens. Staff involved in taking dental x-rays should stand at least two metres from the x-ray tube and wear lead aprons.

### **Rest**

Suitable rest facilities (e.g. a non-smoking environment close to toilet facilities) and breaks should be provided at work for any new or expectant mothers. A safe environment must be made available to enable an employee who is breast feeding to express and store her breast milk.

### **Solvents**

The new or expectant mother should not be exposed to levels of solvents (e.g. toluene, xylene) which exceed Workplace Exposure levels)

### **Stress**

The new or expectant mother should not be exposed to excessive pressure placed upon them which could result in work related stress. The stress management policy and procedure should be followed to identify potential stressors.

### **Temperature extremes**

Women may tolerate heat less well when pregnant, and may be more liable to heat stress, dehydration and fainting. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about. Breast-feeding may be impaired by heat dehydration.

No specific problems arise for the new or pregnant mother from working in extreme cold environments, although for health and safety reasons, suitable warm clothing should always be provided.

### **Visual Display Screen Units (VDUs)**

There is no evidence to date that working with a VDU is harmful to the health of the new or expectant mother as the levels of non-ionising radiation are likely to be below those recommended. However, any employee who is anxious about potential hazards should be given the opportunity to discuss these concerns with an Occupational Health Nurse Adviser.

### **Work environment**

The work environment and practices may create hazards for the new or expectant mother. Examples include slippery floor surfaces, excess reach, need for prolonged standing.

Risk controls should be introduced where possible when hazards are identified.

### **Workstations**

A risk assessment must be undertaken of work activities, the environment in which the workstation is situated and of the workstation itself.

For example, pregnant workers may experience problems in working in tightly fitting work spaces or with workstations which do not adjust sufficiently to take account of increasing abdominal size.

Frequent rest breaks will help to avoid or reduce fatigue and a suitable chair will reduce the hazards of postural problems.

### **Additional Aspects For New / Expectant Mother To Be Taken Into Account**

Apart from hazards already mentioned, there are other aspects of pregnancy that may affect the pregnant employee. The impact will vary during the course of pregnancy and effects should be kept under review. Examples include:

- Morning sickness
- Backache
- Varicose veins
- Haemorrhoids
- Frequent visits to the toilet
- Increasing size
- Tiredness
- Balance
- Comfort
- Dexterity, agility, co-ordination, speed of movement and reach may be impaired because of increasing size.
- Stress and mental wellbeing.

This list is not exhaustive; managers and staff should seek advice from the Risk and Safety Team and Occupational Health if individuals are experiencing any of the above problems if identified on the risk assessment.

**APPENDIX B****PREGNANCY RISK ASSESSMENT FORM**

The manager, in the presence of the new or expectant mother should complete this form.

Please refer to the Trust's guidance notes on completion of risk assessment forms as well as the further information given in appendix A of this policy.

**DETAILS OF NEW OR EXPECTANT MOTHER**

<b>Name:</b>	<b>D.O.B.</b>
<b>Job title:</b>	
<b>Ward / Department:</b>	
<b>Directorate:</b>	
Working hours / shift patterns:	
Main work task(s)	
Pregnancy declared in writing to manager (Mandatory requirement)	<b>Yes / No</b>

Please indicate either H for hazard or N/A for not applicable in columns whether exposure to the following hazards is applicable

HAZARDS		HAZARDS		BIOLOGICAL HAZARDS	
Anaesthetic gases		Photocopiers		Hepatitis B	
Assault		Prolonged standing / seating		Tuberculosis	
Biological agents		Radiation		Rubella	
Confined spaces		Slippery floors		HIV	
Cytotoxic drugs		Solvents		Cytomegalovirus	
Driving		Temperature extremes		Varicella	
Electromagnetic fields		Uniform		Bacteria (e.g. chlamydia)	
Glutaraldehyde, Formaldehyde		Unusual movements / posture		Protozoa (e.g. toxoplasmosis)	
Working at Heights		Use of power tools		Other	

Lead		VDU's – as main part of job			
Lone Working		Vibration			
Manual handling		Work environment			
Mercury		Work station			
Night working		Stress			
Noise		Other			

**EVALUATING RISK**

PROBABILITY (1-5)	SEVERITY (1-5)	RISK RATING (1-25)	RANKING (LOW/MOD/SIG/HIGH)

**CONTROL MEASURES** (What's in place to control risk, who's monitoring it, is the worker protected)


**ACTION PLAN** (Further action required to control risk, who's doing it and how is the worker protected)

<b>Employee health monitoring required</b>	<b>Yes / No</b>
Any other relevant information that employee may wish to disclose e.g. due date, physical effects such as loss of reach, comfort, tiredness, morning sickness, etc.	

Further review to be undertaken on employee's return to work, whenever control measures cease to work or whenever control measures improve.

Managers name and title:

Signature:

Employees name and title:

Signature:

Date of assessment:

Copy of assessment to employee:        Yes / No

Date sent:

Review date (to be set in conjunction with employee):

Please send a copy of this assessment to human resources.