

Policy for the Risk Assessment of New and Expectant Mothers at Work

Document Summary

To protect the health, safety and welfare at work of new and expectant mothers in accordance with the requirements of the Management of Health and Safety at Work Regulations 1999 (as amended).

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POLICY AUTHOR	Safety and Security Officer

Important Note:

The Intranet version of this document is the only version that is maintained.

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1 SCOPE

This policy applies to all female employees in all services within Cumbria Partnership NHS Foundation Trust who are:

- Pregnant
- Have given birth
- Are breastfeeding

2 INTRODUCTION

The Management of Health and Safety at Work Regulations 1999 (as amended) require employers to identify and manage risks to their employees and others who may be affected by their work activities. Under these Regulations particular attention must be paid to the risks faced by new and expectant mothers.

In addition to this, the Control of Substances Hazardous to Health Regulations 2002 also requires all hazards faced by people at work (both men and women), which may effect that person's chances of having healthy offspring must be considered in risk assessments

3 STATEMENT OF INTENT

To protect the health, safety and welfare at work of new and expectant mothers in accordance with the requirements of the Management of Health and Safety at Work Regulations 1999 (as amended)

4 DEFINITIONS

4.1 New & Expectant Mother

The Health and Safety Executive defines a 'new or expectant mother' as a woman who is pregnant, who has given birth within the previous six months, or who is breast feeding.

4.2 Giving Birth

The Health and Safety Executive Management of Health and Safety at Work Regulations 1999 define 'giving birth' as 'having delivered a living child, or after 24 weeks of pregnancy a stillborn child'.

5 DUTIES

5.1 Chief Executive

In accordance with Trust Policy for Service Delivery Health and Safety Risk Assessment (POL/002/023), the *Chief Executive* has overall responsibility for Risk Management.

5.2 Local Managers

Implementation of the Trust's risk assessment policy is delegated via each Director to Local Managers who are to ensure suitable and sufficient risk assessments have been recorded for areas within their remit. This includes ensuring appropriate risk assessments have been undertaken and recorded where a female employee has notified her Manager (the Trust) in writing that she is pregnant, or has recently given birth.

Where a significant risk to the new or expectant mother has been identified, and, if after taking reasonable preventative actions, there is still a significant risk which goes beyond the level of risk to be expected outside the workplace, the employer must do one or more of the following:-

- (a) Make changes to her working conditions and/or working hours; or
- (b) Offer her suitable alternative work; or if these are not possible
- (c) Give her paid leave for as long as necessary to protect her health and safety and that of the child. (It is unfair for an employer to dismiss automatically an employee because she is pregnant or for any reason connected to pregnancy. This includes dismissal for excessive time off due to morning sickness, threatened miscarriage, or extreme tiredness associated with the pregnancy).

Where there is concern about the health and/or safety of a new or expectant mother at work, she or her manager may also wish to seek advice from the Occupational Health Service Provider or Trust's Safety and Security Officer.

5.3 New or Expectant Mother

The '*new*' or '*expectant mother*' is to ensure she follows existing ward/ unit/ department safety procedures and any additional procedures implemented in the interests of her health and safety, and/or that of the child. The new or expectant mother is also to discuss any concerns or anxieties she may have with her line manager at the earliest opportunity in order that appropriate measures can be taken.

6 RISK ASSESSMENT

6.1 Documentation

As soon as a female employee notifies her manager (the Trust) in writing that she is a 'new' or 'expectant mother', the manager must ensure a risk assessment is undertaken of her work tasks and the environments in which she conducts her work to determine whether these pose any significant risks to the health, safety or welfare of mother or child. The assessment must then state actions that will be taken to ensure neither mother nor child are exposed to any such significant risks. If not already provided by the employee, the manager must also request confirmation of the pregnancy from a registered medical practitioner or a registered midwife. All information on risks identified by the assessment must be discussed with and given to the new or expectant mother.

Findings of the risk assessment should be recorded on the 'New and Expectant Mothers Risk Assessment Form' (CPT/GEN/4/NEMRA), which can be found as part of the Trust's Service Delivery, Health and Safety Risk Assessment tool and also as Appendix 3 to this policy.

The manager must ensure this risk assessment is kept under regular review throughout the pregnancy (at 12 weeks, 18 weeks, 24 weeks, 30 weeks, and 34 weeks) as changes during the pregnancy may affect the validity of the assessment. If the employee returns to work following childbirth, the assessment process must continue until such time as she is no longer considered to be a 'new' mother (i.e. 6 months after childbirth and/or no longer breastfeeding). Completed risk assessment forms should be kept by the Manager until such time as the employee is no longer classed as a new or expectant mother, after which time it should be permanently stored on the employee's personal file.

6.2 The Risk Assessment Process

When carrying out the initial risk assessment (following written notification of the pregnancy/recent birth), consideration needs to be given to the work tasks undertaken by the new or expectant mother, the environments those work tasks are undertaken in, the time of day and/or night those activities take place, and the people or conditions she is likely to be exposed to as a consequence of work.

The potential consequences related to exposure to those tasks, environments and conditions then need to be considered to determine whether exposure could present a risk to her health safety or welfare, or that of the unborn/newborn child.

Examples of the kind of questions that should be asked when assessing work activities are stated in the following sub sections. A hazard checklist is also attached as Appendix 1 to this Policy.

6.3 Physical, Biological, or Chemical agents

Physical Agents

- Is there exposure to shocks, vibration or movement?
- Is there any manual handling involved which might introduce a risk of injury?
- Will there be exposure to high noise levels which might increase blood pressure and tiredness?
- Is there any exposure to ionising radiation?
- Is there any exposure to non-ionising electromagnetic radiation, particularly extreme over-exposure to radio-frequency radiation (e.g. electromagnetic fields and waves) which could raise body temperature?
- Is there exposure to extremes of temperature, i.e. cold or hot?
- Does the movement or posture involved pose a risk?
- Does the mental and physical fatigue involved pose a risk?
- Is there any work in hyperbaric atmospheres involved, i.e. atmospheres at a greater pressure than normal atmospheric pressure?

Biological Agents

- Is there exposure to any biological Agents in hazard groups 2, 3 and 4, i.e. Hepatitis B, HIV, Herpes, TB, Syphilis, Chickenpox, Typhoid?
- Is there exposure to any biological Agents that are known to cause abortion or physical/neurological damage, i.e. Rubella (German Measles) and Toxoplasma?

Chemical Agents

- Is there any exposure to any substances labelled:-
 - R40 possible risk of irreversible effects?
 - R45 may cause cancer?
 - R46 may cause heritable genetic damage?
 - R61 may cause harm to the unborn child?
 - R64 may cause harm to breast-fed babies?
- Agents and processes within Annex 1 of the COSHH Regulations “Control of carcinogenic and mutagenic substances”
- Mercury and derivatives
- Antimitotic (Cytotoxic (including Methotrexate)) drugs
- Agents of known and dangerous percutaneous absorption, i.e. through the skin
- Carbon monoxide
- Lead and derivatives

6.4 Night Working

Where a new or expectant mother works at night and has a medical certificate stating that night work could adversely affect her health safety or welfare, she must be offered suitable alternative daytime work, OR, if that is not feasible then suspended from her work, and given full paid leave from work for as long as is necessary to protect her health and safety and that of the child.

6.5 Rest Facilities

Suitable facilities, as far as is reasonably practicable, must be provided for new and expectant mothers at work, and for workers who are pregnant or breast-feeding to rest.

6.6 Workstations

Pregnant workers may experience problems in working in tight fitting workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries.

Ensure that suitable seating is available where appropriate. Longer and more frequent rest breaks will help to avoid or reduce fatigue. Adjusting workstations or work procedures may help remove postural problems and risk of accidents.

6.7 Assault

If the service delivery, health and safety risk assessment indicates that the nature of work undertaken by the new or expectant mother is likely to expose her to violent or aggressive behaviour by others, she should be transferred to a less hazardous area.

6.8 Manual Handling of Loads

The capabilities of the individual, the actual task, the type and weight of the load, and the environment, are all factors in the assessment of risk. It is important that these factors are reflected in the written risk assessment.

Every manual handling operation at work should be assessed with the prime aim of avoiding that operation. If avoidance is not possible, the employer should ensure the employee has appropriate equipment with which to carry out the task. If appropriate manual handling equipment has been provided, the employee must use it.

Pregnant employees should avoid heavy repetitive lifting, particularly in the early stages of pregnancy, as this has been linked to early miscarriages. In the later stages of pregnancy, there is a shift in the centre of gravity. The load has to be held further away from the body, creating extra pressure.

6.9 Visual Display Units (VDUs)

In the light of scientific evidence, pregnant women can work with VDUs. However, to avoid problems caused by stress and anxiety, women who are pregnant or planning children and who are worried about working with VDUs should be given the opportunity to discuss their concerns with an Occupational Health Professional.

6.10 Thermal Stress

When pregnant, women tolerate heat less well and may more readily faint or be more liable to heat stress. The risk is likely to be reduced after birth, but it is not certain how quickly an improvement comes about. Breastfeeding may be impaired by heat dehydration.

There are no specific problems known to arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.

6.11 Noise

There appears to be no specific risk to new or expectant mothers or to the foetus, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness. The requirements of the Noise at Work Regulations 1989 should be sufficient to meet the needs of new and expectant mothers.

6.12 Heights

Pregnant workers 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 may need to be considered.

6.13 Radiation

Employees in this speciality should inform their Manager of their pregnancy as soon as it is known. There are lower statutory dose levels for pregnant women, and their personal monitoring must take account of this.

Pregnant employees should ensure that they leave a controlled area while x-rays are being taken. X-ray staff wear lead aprons and stand behind screens. Dental x-ray procedure indicates the operator should stand at least two metres from the x-ray tube and wear lead aprons.

6.14 Anaesthetic Gases

Pregnant employees should only work with nitrous oxide, halothane, enflourance and

isoflurance if scavenging equipment is active, properly maintained and monitored to remove waste gases.

6.15 Biological Agents

Safe working practices, including hand washing and universal precautions, should be adopted and infection control procedures followed to control/prevent transmission. Vaccination is available through the Occupational Health Department against: Hepatitis A and B; Tuberculosis; Poliomyelitis; Tetanus; Diphtheria; Typhoid; Meningitis A/C; Measles, Mumps and Rubella.

Needlestick/Sharps injury, bites and skin splashes should be reported to the Occupational Health Provider as part of the Trust's Infection Control Safe Handling and Disposal of Sharps: Prevention of Inoculation Policy (POL/001/042/005).

Rubella (German Measles), toxoplasma, cytomegalovirus and chickenpox can harm the foetus if the mother acquires primary infection during pregnancy. The advice of the Infection Prevention Team should be sought where there is doubt as to the expectant mother's immune status.

Hepatitis B, Hepatitis C and HIV may also be transmitted to the foetus during pregnancy or at delivery.

In general, Health Care Workers who are below 20 weeks pregnant should not be in contact with confirmed or suspected cases of parovirus infection. For more information please consult the Infection Control suite of policies.

6.16 Cytotoxic Drugs (including Methotrexate)

There is no known threshold limit, and exposure must be reduced to as low a level as is reasonably practicable.

Absorption is by inhalation or through the skin. In the long term, these drugs can cause damage to genetic formation in sperm or eggs. Some cause cancer.

Pregnant workers should not be exposed to cytotoxic agents in the first trimester of pregnancy, so during this time they should not:-

- i. make up or administer cytotoxics or methotrexates;
- ii handle urine, faeces or vomit of patients taking them;
- iii clean up related spillages.

6.17 Glutaraldehyde/Formaldehyde/Methyl Methacrylate

Environmental extraction equipment must be active, properly maintained and regularly monitored, so as to remove waste vapours/gas effectively. Appropriate personal protective equipment must be worn and safe working practices used.

An employee health surveillance programme should be in operation administered by the Departmental Manager and the Occupational Health.

6.18 General

Certain physiological conditions occur during pregnancy which should be taken into account during Assessment. These include:-

- (a) Morning sickness which may be relevant where early morning shifts are worked or where there may be exposure to nauseating smells;
- (b) Backache associated with manual handling activities and poor work posture is common and will be an increasingly influential factor; and
- (c) Posture is also significant if varicose veins and/or haemorrhoids develop (the latter is also linked with hot work environments).
- (d) Uniform should allow for the changing shape during pregnancy, and must be of a design which will allow staff to handle patients safely.

7 TRAINING

Attendance at training will be managed in line with the Trust's Learning and Development Policy (POL/001/051).

8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Risk assessments for new & expectant mothers	Checks on formal Health & Safety audits	Safety and Security Officer	Annually	Corporate Fire Health Safety & Security Committee	Head of Corporate Governance

9 REFERENCES/ BIBLIOGRAPHY

HSE Books: Infection risks to new and expectant mothers in the workplace, a guide for employers. INDG373

HSE Books: Working safely with ionising radiation; Guidelines for expectant or breast feeding mothers. INDG334

The Management of Health and Safety at Work Regulations 1999 (as amended)

The Workplace (Health, Safety and Welfare) Regulations 1992

The Control of Substances Hazardous to Health Regulations 2002

10 RELATED TRUST POLICY/PROCEDURES

POL/002/023 Service Delivery Health and Safety Risk Assessment Policy
POL/001/051 Learning and Development Policy.
POL/001/042/005 Infection Control Safe Handling and Disposal of Sharps:
Prevention of Inoculation Policy

APPENDIX 1 HAZARD CHECKLIST PREGNANT WORKERS' RISK ASSESSMENT GUIDANCE

Following assessment of the new or expectant mother's work activities, the table overleaf indicates the type of action that must be taken depending on the nature of the hazard identified (this list is not exhaustive).

Action Codes

- (1) Exclude from working area/environment. Offer alternative, suitable employment.
- (2) Reduce exposure to as low as practicable.
- (3) Pregnant women can continue working, provided adequate training, equipment and/or personal protective equipment is provided.
- (4) Action will depend on the level of risk. Where appropriate refer to Occupational Health and continue to monitor situation at regular intervals.
- (5) Refer to Trust Health and Safety policy documents, where appropriate. Action will depend on the level of risk which will take into account the nature of the agent and the risk of infection. Containment or total avoidance of exposure may be appropriate. Where necessary seek advice from Infection Control / Occupational Health.
- (6) Refer to COSHH Regulations in particular the HSE EH40 Guidance with particular emphasis on risks to pregnant women; further advice should be obtained from the Health, Safety and Risk Manager and LSMS
- (7) Alter tasks as appropriate.
- (8) Pregnant women can continue working with display screen equipment. However, they should be given the opportunity to discuss any concerns with someone who is adequately informed of current information/advice.
- (9) Refer to Occupational Health department.

** Refer To Occupational Health or Health or Safety and Security Officer/LSMS

HAZARD CHECKLIST – NEW & EXPECTANT MOTHERS RISK ASSESSMENT

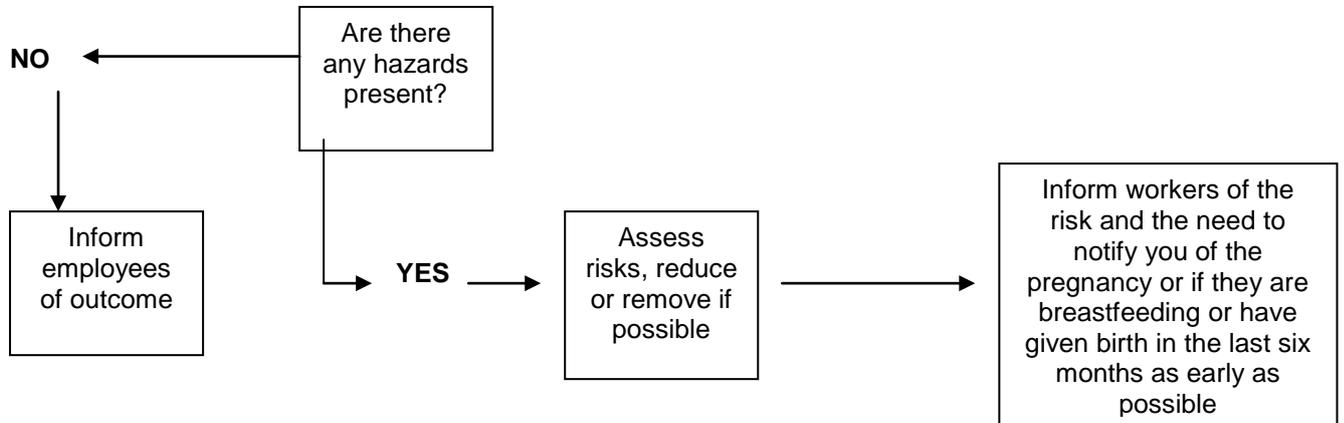
HAZARD	RISK								
	Does A Hazard Exist YES / NO	Spontaneous Abortion/ Miscarriage	Adverse Affect on Foetal Development	Increased Risk of Ligament Injuries	Still Births and Pre-Natal Deaths	Premature Births	Low Birth Weight Babies	Congenital Abnormalities	Toxic Effects Through Breastfeeding
BIOLOGICAL AGENTS AND ZOOSES									
Chicken Pox								(5)	
Chlamydia		(1)							
Cytomegalovirus		(1)	(1)					(1)	
Hepatitis B		Refer to Trust Policy	(5)						
Hepatitis C									
Herpes Simplex								(5)	
H.I.V		Refer to Trust Policy	(5)						
Rubella \ German Measles			(5)					(5)	
Toxoplasmosis		(1)	(1)						
CHEMICAL AGENTS									
Carbon Monoxide			(1)				(1)		
Dry Cleaning Agents		**	(1)						
Gluteraldehyde / Peracetic Acid		**	(2 / 6)						
Lead & Derivatives		(6)	(6)		(6)	(6)	(6)	(6)	
Mercury & Derivatives		(6)	(6)		(6)	(6)		(6)	

HAZARD CHECKLIST NEW & EXPECTANT MOTHERS RISK ASSESSMENT (CONTINUED)

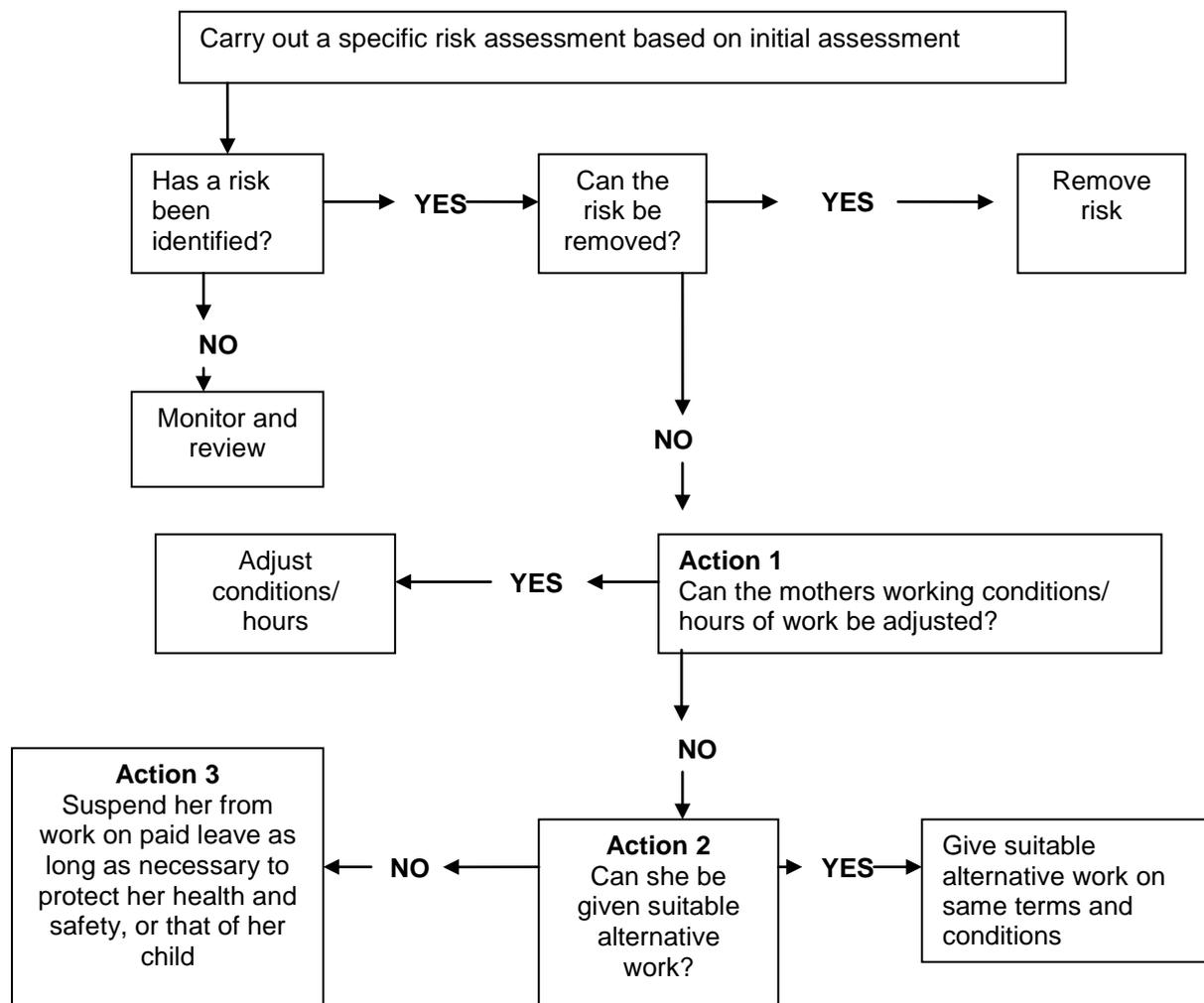
HAZARD	RISK								
	Does A Hazard Exist YES / NO	Spontaneous Abortion/ Miscarriage	Adverse Affect on Foetal Development	Increased Risk of Ligament Injuries	Still Births and Pre-Natal Deaths	Premature Births	Low Birth Weight Babies	Congenital Abnormalities	Toxic Effects Through Breastfeeding
POTENTIAL HAZARDS									
GASES AND FUMES									
Anaesthetic Gases		(3 / 9)			(3 / 9)		(3 / 9)	(3 / 9)	
PHARMACEUTICAL									
Cytotoxic Drugs			(1)						
PHYSICAL AGENTS									
Fatigue						(7)	(7)		
Heat and Cold		(7)				(3 / 7)			
Ionising Radiation		(3 / 7)	(1)					(1)	(1)
Moving and Handling		(1)		(3 / 7)					
Shift Patterns		(4)							
Shocks, Vibrations, Movement or Violence		(1)							
Stress		(4 / 7)				(4 / 7)			
VDUs		Refer to Trust Policy	(8)						
Wet Floors				(1)					

APPENDIX 2 FLOWCHART FOR NEW AND EXPECTANT MOTHERS RISK ASSESSMENT

STAGE ONE – INITIAL RISK ASSESSMENT



STAGE TWO – ON NOTIFICATION OF PREGNANCY



APPENDIX 3 - DETAILED RISK ASSESSMENT – NEW AND EXPECTANT MOTHERS AT WORK (CPT/GEN/4/NEMRA)

Employee Name		Post		Employee's Date of Birth	
Workplace			Date employee informed manager of pregnancy		
Expected Date of Confinement:			Manager's Name		

	Dates	Employee's Signature	Manager's Signature		Dates	Employee's Signature	Manager's Signature
Initial Assessment				30 Weeks			
12 Weeks				34 Weeks			
18 Weeks				Return to Work			
24 Weeks							

Potential Hazard	Potential Risk to Pregnancy	How Hazard/Risk will be Removed/Reduced/Managed (Management Action)	Assessor/Responsible Person

Continue on separate sheet if necessary

