

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# Risk Assessment of New/Expectant Mothers

Policy Number:	HS2
Scope of this Document:	All Staff
Recommending Committee:	N/A
Approving Committee:	Health and Safety Committee
Date Ratified:	October 2016
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Lead Executive Director:	Director of Finance (Deputy Chief Executive)
Lead Author(s):	Senior Safety Advisor

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

2016 – Version 2

Quality, recovery and wellbeing at the heart of everything we do

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# Risk Assessments of New/Expectant Mothers

### Further information about this document:

Document name	<b>Risk Assessments of New/Expectant Mothers (HS2)</b>
Document summary	<b>This document will explain the process to identify and minimise work place hazards in order to protect the health of a new or expectant mother and her unborn child.</b>
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To be read in conjunction with	<b>Health, Safety and Welfare SA07 Risk Management Policy &amp; Strategy SA02</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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### Version Control:

		Version History:	
Approved		2015 Version 1	October 2015
Draft		2016 Version 2	October 2016

**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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## HS2. Risk Assessments of New/Expectant Mothers

### 1. Purpose

The aim of this procedure 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.

### 2. Definition

The definition of “new and expectant mothers” in relation to this procedure is as follows: *“An employee who is pregnant; or an employee who has given birth within the previous six months or is breast feeding”.*

The Management of Health and Safety at Work Regulations 1999 (MHSWR) define “given birth” as: *“delivering a living child or, after 24 weeks of pregnancy, a still born child”*

### 3. Procedure

Mersey Care NHS Trust has developed a Risk Assessment procedure to allow assessment to be made of new/expectant mothers and their work activities.

#### 3.1 Step 1

In order to comply with Regulation 3 of Management of Health and Safety at Work Regulations 1999 (MHSWR) all employers are to assess the health and safety risks that their employees are exposed to whilst at work. It is the responsibility of line managers to ensure that risk assessments are undertaken. As part of that process, you should consider female employees of childbearing age, including new and expectant mothers, assessing the risks that may arise from any process, working condition or physical, biological or chemical agents. Once the risks have been assessed, the employer is then required to put in place the appropriate health and safety measures to control those identified risks.

#### 3.2 Step 2

When an employee provides notification to her employer stating that she is pregnant, or that she has given birth within the past six months or that she is breastfeeding, the employer should review the general risk assessment.

Hazard Identification Guidance on specific risks to new and expectant mothers is given below in section 4.

If that risk assessment has identified any risks to the health and safety of a new or expectant mother, or that of her baby, and these risks cannot be avoided by taking any necessary preventive and protective measures under other relevant health and safety legislation, then employers must take action to remove, reduce or control the risk. If the risk identified cannot be removed and will have a significant effect upon a 'new or expectant mother', the following action should be taken:

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- a) The employee's working conditions and/or hours of work should be temporarily adjusted to eliminate/reduce the risk to an acceptable level. ***If this is not possible or does not sufficiently reduce the risk:***
- b) Suitable temporary alternative work should be offered ***If this is not possible:***
- c) The employee should be placed on special leave for as long as necessary to protect the health and safety of the employee and her unborn baby / child.

Following the initial review, the risk assessment should be regularly monitored to take into account possible risks that may occur at different stages of the pregnancy. Similarly it must be reviewed when the new mother returns to work.

#### 4. Hazard Identification Guidance

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

##### 4.1 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

##### 4.2 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) have the potential to harm the foetus if the mother has not developed resistance previously. 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 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, 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 workers whose work includes virus isolation may require redeployment.

##### 4.3 Chemical agents and Solvents

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.

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Glutaraldehyde / Formaldehyde / Methylmethacrylate - The storage, use and disposal of these substances must comply with the Control of Substances Hazardous to Health Regulations 2002

The new or expectant mother should not be exposed to levels of solvents (e.g. toluene) which exceed Workplace Exposure levels as shown in EH40.

#### 4.4 Cytotoxic drugs

There is no known maximum exposure limits 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 cytotoxic drugs;
- Cleaning up related spillages 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.

#### 4.5 Working at Height

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.

#### 4.6 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.

#### 4.7 Moving and Handling (patient handling and inanimate loads)

Every manual handling operation at work should be risk assessed in line with the Manual Handling Operations Regulations 1992, Trust Manual Handling Policy (SA11) and associated 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 moving and handling and has the appropriate equipment with which to undertake the task.

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

Pregnant workers are at risk from moving and handling injuries, 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.

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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.

#### 4.8 Mercury

Mercury is a potential reproductive hazard (i.e. it can affect the foetus) which, when spilled, disperses into tiny droplets that emit a toxic vapour. Contained mercury is not a hazard. If in doubt contact the Trust Safety Team.

#### 4.9 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 HR.

#### 4.10 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.

#### 4.11 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.

#### 4.12 Rest

Suitable rest facilities and breaks should be provided at work for any new or expectant mothers. A safe, private environment must be made available to enable an employee who is breast feeding to express her breast milk and a fridge must be available for storage.

#### 4.13 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 Prevention and Management in the Workplace Policy (HR13) should be followed to identify potential stressors.

#### 4.14 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.

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#### 4.15 Violence and aggression

The management of violence and aggression should be included in the employer's risk control programme. No female of childbearing age, regardless of whether they are pregnant, should have to face violence and aggression and there should be strategies in place which aim to prevent violence and aggression but which can ensure that if it takes place, there are procedures to follow. General risk assessments should identify this risk but if the risk assessment review indicates that violence against health care workers is significant, the pregnant worker should be transferred to a less hazardous area of employment.

#### 4.16 Visual Display Screen Units (VDUs) or Display screen Equipment (DSE)

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 the Occupational Health Department or Trust Safety Team

#### 4.17 Work environment

The work environment and practices may create hazards for the new or expectant mother. Examples include slippery floor surfaces, excess reach, and need for prolonged standing. Risk controls should be introduced where possible when hazards are identified.

#### 4.18 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:

- a) Morning sickness
- b) Backache
- c) Varicose veins
- d) Haemorrhoids
- e) Frequent visits to the toilet
- f) Increasing size
- g) Tiredness
- h) Balance
- i) Comfort
- j) Dexterity, agility, co-ordination, speed of movement and reach may be impaired because of increasing size.
- k) Stress and mental wellbeing.

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



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**New or Expectant Mothers Risk Assessment Form**

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

**DETAILS OF NEW OR EXPECTANT MOTHER**

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

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


**ACTION PLAN**

(Further action required to control risks, who is doing it and how is the worker protected)


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.

A further review is 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:	

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Copy of assessment to employee: Yes / No

Date sent/given:

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

Please retain a copy of this assessment in employees 'personal file and send a copy in confidence to Human Resources.

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**Describe the hazards associated with the activity/operation**

<b>Hazard</b> (Examples only - there may be other issues in your area)	Who Might be Harmed and How?	Existing Controls What are we doing already?	Risk Likelihood (L) Severity (S)  (L x S)	What further controls are required?	Action By Whom & When	Residual Risk Rating
Anaesthetic gases						
Biological agents						
Confined spaces						
Cytotoxic drugs						
Driving						
Glutaraldehyde, Formaldehyde						
Lead						
Lone working						

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<b>Hazard</b> (Examples only there may be other issues in your area)	Who Might be Harmed and How?	Existing Controls What are we doing already?	Risk Likelihood (L) Severity (S) (L x S)	What further controls are required?	Action By Whom & When	Residual Risk Rating
Moving and handling. Unusual movement / posture						
Mercury						
Night working						
Noise						
Photocopier						
Prolonged standing / seating						
Radiation						

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Hazard (Examples only there may be other issues in your area)	Who Might be Harmed and How?	Existing Controls What are we doing already?	Risk Likelihood (L) Severity (S)  (L x S)	What further controls are required?	Action By Whom & When	Residual Risk Rating
Slippery floors						
Solvents						
Temperature extremes						
Uniform						
Use of power tools						
Working at Heights						
Violence and aggression						
VDU's or DSE – as main part of job						
Vibration						

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<b>Hazard</b> (Examples only there may be other issues in your area)	Who Might be Harmed and How?	Existing Controls What are we doing already?	Risk Likelihood (L) Severity (S)  (L x S)	What further controls are required?	Action By Whom & When	Residual Risk Rating
VDU's or DSE – as main part of job						
Vibration						
Work environment						
Work station						
Hepatitis B						
Tuberculosis						
Rubella						
HIV						
Cytomegalo-virus						
Varicella						
Bacteria (e.g. chlamydia)						

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Protozoa (e.g. toxoplasmosis)						
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Hazard (Examples only there may be other issues in your area)	Who Might be Harmed and How?	Existing Controls What are we doing already?	Risk Likelihood (L) Severity (S)  (L x S)	What further controls are required?	Action By Whom & When	Residual Risk Rating
Other						

<b><u>Assessed By:</u></b>	<b><u>Date:</u></b>
<b><u>Monitored By:</u></b>	<b><u>Date:</u></b>

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**New and Expectant Mother Summary Flow Chart**

**STAGE 1: GENERAL RISK ASSESSMENT**

Assess the risk to the health and safety of your employees, including females of child-bearing age and new and expectant mothers

Are risks present? **Yes** **No**

Assess risks and reduce or remove if possible

Inform your employees (either directly or through a safety representative) that no significant risks have been identified. However, it is still important that they inform you in writing that they are pregnant, have given birth in the last six months or are breastfeeding, as early as possible

Inform your employees (either directly or through a safety representative) of the risks identified and the importance in informing you in writing that they are pregnant, have given birth in the last six months or are breastfeeding, as early as possible

**STAGE 2: AFTER NOTIFICATION**  
Line manager has been notified in writing that an employee is pregnant, or has given birth in the last six months or is breastfeeding.

Has a risk been identified? **Yes** **No**

Remove risk

No immediate risk has been identified. You must monitor and review this assessment regularly as circumstances may change

Adjust conditions/hours

**Action 1**  
Can the new or expectant mothers working conditions/hours of work be adjusted?

Give suitable alternative work on same terms and conditions

**Action 2**  
Can she be given suitable alternative work?

**Action 3**  
Suspend her on paid leave for as long as necessary to protect her health and safety, or that of her child

**NOTE:**  
Employers have a legal duty to revisit, review and revise the general risk assessment if they suspect that it is no longer valid, or there have been significant changes to anything it relates to.



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# Equality and Human Rights Analysis

**Title:**

**HS2 Risk Assessment of New and Expectant Mothers**

**Area covered: Trust Wide**

**What are the intended outcomes of this work?**

**The aim of this procedure 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.**

**Who will be affected?**

**Female members of staff who are 'new and expectant mothers'.  
Including their unborn babies.**

**Evidence**

**What evidence have you considered?**

**The Procedure**

**Disability including learning disability**

**No issues identified within discussions.**

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<p><b>Sex</b></p> <p><b>Protects w women who are new and expectant mothers who are employed by the Trust from harm through risk assessment.</b></p>
<p><b>Race</b></p> <p><b>No issues identified within discussions.</b></p>
<p><b>Age</b></p> <p><b>Protection of unborn babies.</b></p>
<p><b>Gender reassignment (including transgender)</b></p> <p><b>No issues identified within discussions.</b></p>
<p><b>Sexual orientation</b></p> <p><b>No issues identified within discussions.</b></p>
<p><b>Religion or belief</b></p> <p><b>No issues identified within discussions.</b></p>
<p><b>Pregnancy and maternity</b></p> <p><b>This procedure is concerned with new and expectant mothers.</b></p>
<p><b>Carers</b></p> <p><b>No issues identified within discussions.</b></p>
<p><b>Cross Cutting</b></p> <p><b>No issues identified within discussions.</b></p>
<p><b>Other identified groups</b></p> <p><b>No issues identified within discussions.</b></p>

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<b>Human Rights</b>	<b>Is there an impact?</b> <b>How this right could be protected?</b>
<b>This section must not be left blank. If the Article is not engaged then this must be stated.</b>	
<b>Right to life (Article 2)</b>	<b>Human Rights Based Approach Supported.</b> <b>The above procedures aim to maintain the health and safety (including life) of New/Expectant mothers.</b>
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	<b>No Issues identified within Discussions.</b>
<b>Right to liberty (Article 5)</b>	<b>No Issues identified within Discussions.</b>
<b>Right to a fair trial (Article 6)</b>	<b>No Issues identified within Discussions.</b>
<b>Right to private and family life (Article 8)</b>	<b>No Issues identified within Discussions.</b>
<b>Right of freedom of religion</b>	<b>No Issues identified within</b>

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<b>or belief (Article 9)</b>	<b>Discussions.</b>
<b>Right to freedom of expression  Note: this does not include insulting language such as racism (Article 10)</b>	<b>No Issues identified within Discussions.</b>
<b>Right freedom from discrimination (Article 14)</b>	<b>No Issues identified within Discussions.</b>

<b>Engagement and involvement</b>
<b>N/A</b>

<b>Summary of Analysis</b>
<b>Eliminate discrimination, harassment and victimisation  The procedure concerns pregnant women/ mothers of new born babies and unborn babies. This procedure has been developed to comply with the Health and safety at Work Regulations 1999.</b>
<b>Advance equality of opportunity  N/A</b>

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**What is the overall impact?**

**Intended to promote the safety of new/Expectant mothers.**

**Positive impact intended.**

**Addressing the impact on equalities**

**N/A**

**Action planning for improvement**

**N/A**

**For the record**

**Name of persons who carried out this assessment:**

**George Shield**

**George Sullivan**

**Anthony Crumpton**

**Date assessment completed: 09.November.2015**

**Reviewed: 06/09/2016**

**Name of responsible Director/Lead Trust Officer**

**Executive Director of Finance (Deputy CEO)**

**Date assessment was signed:**

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**November 2015**

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## Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Division
Other			
Data collection and evidencing			
Analysis of evidence and assessment			
Monitoring, evaluating and reviewing			
Transparency (including			

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<b>publication)</b>			
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