

TRUST-WIDE NON-CLINICAL DOCUMENT

**RISK ASSESSMENT PROCEDURES
 NEW / EXPECTANT MOTHERS**

Policy Number:	HS2
Scope of this Document:	eg All Staff
Recommending Committee:	N/A
Approving Committee:	Health and Safety Committee
Date Ratified:	December 2018
Next Review Date (by):	November 2021
Version Number:	2018 – Version 4
Lead Executive Director:	Executive Director of Communications and Corporate Governance
Lead Author(s):	Head of Health Safety Fire and Security

TRUST-WIDE NON-CLINICAL DOCUMENT

2018 – Version 4

*Striving for perfect care for
 the people we serve*

TRUST-WIDE NON-CLINICAL DOCUMENT

RISK ASSESSMENT PROCEDURES NEW / EXPECTANT MOTHERS

Further information about this document:

Document name	Risk Assessments of New/Expectant Mothers (HS2)
Document summary	This document explains 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
Author(s) Contact(s) for further information about this document	Carlton Brooks Telephone: 0151 471 4072 Email: carlton.brooks@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	Health, Safety and Welfare Policy SA07 Risk Management Policy & Strategy SA02 Risk Assessment Procedures HS2 COSHH Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved	

Version Control:

		Version History:	
Approved		2015 Version 1	October 2015
Draft		2016 Version 2	October 2016
Draft		2017 Version 3	August 2017
Approved		2018 version 4	December 2018

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

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

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / 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 / 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 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 Foundation 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 Foundation 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 Foundation 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 Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality, Dignity, and Autonomy**

Contents

Section	Page No
1. Purpose and Rationale	5
2. Outcome Focused Aims and Objectives	5
3. Scope	5
4. Definitions	6
5. Duties	6
6. Process	7
7. Consultation	9
8. Training and Support	10
9. Monitoring	10
10. Equality and Human Rights Analysis	11
11. Appendices:	14
Appendix A: Work Factors For Management Consideration	15
Appendix B: Risk Assessment Flow Chart	19
Appendix C: Blank Risk Assessment	20

1. PURPOSE AND RATIONALE

- 1.1 It is recognised that pregnancy is not generally equated with ill health and that it should be regarded as part of everyday life. Mersey Care NHS Foundation Trust is committed, through its health safety and risk management policies to the maintenance of safe working practices and the provision of an environment, which is safe for staff, patients and others.
- 1.2 The health and safety regulations require employers to take particular account of risks to new and expectant mothers. Mersey Care NHS Foundation Trust, through its managers and Health & Safety Lead, will identify hazards in the workplace that could pose a health or safety risk to new and expectant mothers and take appropriate action to remove or reduce the risk. In assessing risks, consideration must be given to the health of both the mother and the unborn/newly born child

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 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.

3. SCOPE

- 3.1 This policy and the regulations apply to and cover female employees who are, or in the future could be, a new or expectant mother. Essentially, women of childbearing age mothers (including employees, temporary staff, contractors and students) who are or in the future could be pregnant, have given birth within the previous six months, or are breastfeeding.
- 3.2 This policy is produced in accordance with:
 - a) The European Community Directive (82/85/L22)
 - b) The Health and Safety at Work Act 1974
 - c) Management of Health and Safety at Work Regulations 1999 (MHSW)
 - d) Workplace (Health, Safety and Welfare) Regulations 1992 (the Workplace Regulations)
 - e) Equality Act 2010
 - f) Control of Substances Hazardous to Health regulation 2004
 - g) RIDDOR 2013.
- 3.3 Specific Legal Duties Under Above Regulations:
 - a) Regulation 16 of the Management of Health and Safety Regulations (MHSW) 1999 requires employers to take particular account of risks to new and expectant mothers when assessing risks in work activity.
 - b) Under Regulation 16 Management of Health and Safety at Work Regulations 1999. If suitable alternative work cannot be provided for pregnant workers when risks in their substantive role cannot be control satisfactorily, then the employee must be suspended from work on full pay.
 - c) Under the Equality Act 2010, if an employer fails to protect the health and safety of their pregnant workers, it is automatically considered sex discrimination.
 - d) Under Regulation 17 Management of Health and Safety at Work Regulations 1999. If a new or expectant mother is provided with a certificate from a medical practitioner / midwife

- stating that it is necessary for her health and safety that she should not perform night work, then the employee should be offered suitable alternative day work.
- e) Workplace Regulations 1992 require employers to provide suitable rest facilities for new, breastfeeding and expectant mothers.
 - f) MHSW Regulation 3 places a legal duty on all employers to assess the Health and Safety risks that may affect employees.

4. DEFINITIONS

- 4.1 The definition of a new or expectant mother is someone who is pregnant, has given birth within the previous six months, or is breastfeeding.

5. DUTIES

- 5.1 **The Chief Executive:** Ultimate accountability for health and safety lies with the Trust Chief Executive; this responsibility may be delegated.
- 5.2 **Director of Communications and Corporate Governance:** has delegated accountability for ensuring that Health and Safety arrangements are in place across the Trust.
- 5.3 **Human Resources:** It is the responsibility of Human Resources to assist and support both employees and managers in cases where significant risk may mean removal of the employee from her normal work. *Regulation 16 Management of Health and Safety at Work Regulations 1999.*
- Liaise with Managers where risk assessment reveals that work could harm women of childbearing capacity with regard to restrictions and temporary redeployment issues.
- 5.4 **Trust Managers:** All managers with expectant or new/breast-feeding mothers must:
- Ensure the risk assessment for new and expectant mothers is completed as soon as pregnancy is confirmed.
 - Ensure the risk assessment is updated if the condition of the women changes significantly and or new potential risks is identified.
 - Refer to the Occupational Health Service if there are any concerns in undertaking the risk assessment or establishing effective controls. (The Occupational Health Service will be happy to assist any manager in completion of risk assessments)
 - Ensure a copy of the risk assessment is provided to the worker.
 - Refer any employee with identified gestational related conditions for formal assessment by the Occupational Health Service; this should be done using the standard Management referral form.
 - Encourage the employee to attend the Occupational Health Service to discuss any concerns
 - Ensure that rest areas and lavatory facilities are available and opportunity is provided for breast-feeding if requested and storage facilities for breast-milk if required.
- 5.5 **Employee:**
- Written confirmation of pregnancy is mandatory.
 - This should be provided within the 1st trimester of pregnancy or as early as feasibly possible to enable adequate risk assessment to be performed.
 - If requested employees must attend for formal assessment by the Occupational Health Service.
 - Employees must assist with the risk assessment and answer questions honestly.

- It is the responsibility of the employee to notify their employer on return from maternity leave if it is greater than 6 months since delivery and she is continuing to breastfeed.
- Follow Trust policies on PPE, COSHH and safe working practices with ionising radiation.
- Agree the timing and flexibility of rest breaks with the employer in conjunction with the risk assessment process.

5.6 **Occupational Health Service:**

- Provide professional advice to departmental managers regarding completion of Pregnant Employee Risk Assessments and subsequent management of new and expectant mothers.
- Advise employees and managers regarding pregnancy related illness or issues.

5.7 **Health and Safety Manager:**

- Contact relevant managers and/or employees if there are particular hazards or problems identified in the risk assessment that the Occupational Health Service identifies need further specialist assessment.
- Ensure that adequate controls are in place subject to COSHH risk assessment
- Assist managers in identifying and controlling risks in the workplace that maybe hazardous to gestational or breastfeeding women.
- The Health & Safety Department will ensure that this policy and related risk assessment is reviewed regularly and in light of new Department of Health, RIDDOR, COSHH regulations or Health and Safety Executive directives and changes in domestic and European law.
- Advise the organisation of changes in legislation that may affect application of this policy.

6. PROCESS

6.1 **Stage 1: General Risk Assessment:**

- 6.1.1 It is the responsibility of line managers to ensure that general risk assessments are undertaken. As part of that process managers **must:**
- a) look for hazards and risks in relation to pregnancy and nursing mothers
 - b) Decide if other and/or unborn child might be harmed and how
 - c) Consult employees and inform them of any risks identified
 - d) Inform employees that it is important for them to provide written notification that they are pregnant or breastfeeding as early as possible.

6.2 **Stage 2: Written Notification from an employee that she is pregnant**

- 6.2.1 Managers **must** arrange to conduct a specific risk assessment on receipt of written notification of an employee that she is pregnant, has given birth in the past six months or is breastfeeding. This must take into account any advice provided by the woman's health professional and or Occupational Health. If any risks are identified then Managers must take action to remove, reduce or control the risk.
- 6.2.2 The risk assessment must be completed using the pre-printed Pregnant Employee Risk Assessment document (Appendix a) The risk assessment should be performed with the woman it pertains to present, the completing manager must be aware of relevant COSHH risk assessments in their area and potential hazards that may exist for gestating women. (If any uncertainty then discuss with the Health and Safety Manager)

6.3 The risk assessment must include:

- 6.3.1 **Physical agents:** that may affect the employee; this includes the environment, manual handling, ionising radiation, and potential for physical violence issues.
- 6.3.2 **Biological agents:** that could affect the employee that pose a potential hazard to the employee, these include exposure to contagious disease and blood borne viruses, home visits or work in hospitals or clinics. Also is the worker likely to be exposed to biological agents that can cause abortion; if this found to be the case then the worker must be removed from the area immediately and Occupational Health advice sought immediately.
- 6.3.3 **Chemical agents:** With the aid of the COSHH risk assessments for the area the manager must establish if the employee could be exposed to chemical substances with the labelling R40, R45, R46, R61, R63, or R64; or mercury or its derivatives, lead or its derivatives, or any chemical substance which can be absorbed through the skin (Reference: Appendix B).
- 6.3.4 If the answer is yes to any of these questions then every attempt should be made to isolate the employee from them; if for any reason this is not possible or if the employee expresses concern working in an area where these substances exist then the employee should be removed, and temporary re-deployment considered. Immediate referral to the Consultant in Occupational Medicine should be made.
- 6.3.5 **Working Condition:** this includes shift patterns, on-call commitments, DSE work and driving on trust business; special consideration should be made when completing the risk assessment for the fact that the employee's ability to cope with the physical demands of their job will vary with the advancement of the pregnancy and reasonable rest facilities should be considered.
- 6.3.6 **Exposure to violence and aggression:** New and expectant mothers should not have to face violence and aggression in 'particular' when delivering frontline clinical care. Where risk assessments identify this risk the pregnant worker should be transferred to a less hazardous area of employment.
- 6.3.6 **Physiological factors:** Certain physiological factors which affect women when they are expectant should be considered such as morning sickness, back pain, hypertension and bladder weakness.

6.3 Action after risk assessment

- 6.3.1 If, after taking whatever action is reasonable, there is still a significant risk which goes beyond the level of risk to be expected outside the workplace, then the manager must take the following steps to remove the employee from that risk:
- a) Temporarily adjust working conditions or hours of work
 - b) If that is not possible or would not avoid the risk, then offer alternative work, or working arrangements, if any is available.
- 6.3.2 If either of the above is not possible, give paid leave from work for as long as is necessary to protect the health and safety of the mother and child.

6.4 Night/shift work

- 6.4.1 If a new or expectant mother works at night and has a medical certificate stating that night work could adversely affect her health or safety, then she should either be offered daytime work, if available, or if that is not reasonable, be given paid leave for as long as is necessary to protect her health and safety.

6.5 Employers Exemption (Failing to provide written/verbal notification of condition)

6.5.1 The employer/manager is also exempted from maintaining any of the actions detailed above where the employee has not provided verbal or written notification of her condition or has failed to produce a certificate signed by a registered medical practitioner or midwife within a reasonable time of being requested to do so by her Line Manager.

6.5.2 The above exemption also applies where the employer knows the woman is no longer pregnant, or cannot establish whether she remains so.

6.6 Referral to Occupational Health

6.6.1 Where the individual is experiencing health problems then the Occupational Health Department should be contacted. The Line Manager should advise the employee that she is being referred to Occupational Health for further advice and guidance regarding the impact of their health. Occupational Health should also be sent a copy of the pre and post-natal risk assessments.

6.7 Breastfeeding

6.7.1 It is for the mother to decide how long she wishes to breastfeed and returning to work does not mean that has to stop. On returning to work she should provide her line Manager with written notifications that she is breastfeeding. Ideally she should do this before returning to work. The line Manager must then carry out a specific risk assessment. Where employees continue to breastfeed for many months after the birth, the Manager will need to regularly review the risks.

6.8 Facilities

6.8.1 Many pregnant women feel tired and need to rest. Managers must provide suitable facilities for pregnant and breastfeeding mothers to rest. Where necessary this should include somewhere for the employee to lie down. Although not a legal requirement, employers are encouraged to provide a healthy, safe and private environment for nursing others to express and store milk. This could be provided in suitable rest facilities. The risk assessment process would highlight the lack of adequate facilities for this purpose.

6.9 Manual Handling

Managers must reduce risks from manual handling by reducing the amount of physical work or providing aids. A sensible risk assessment has to take note not only of the hazard but how serious it is and how likely it is that it will affect the particular individual.

7. CONSULTATION

7.1 The Trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.

7.2 Consultation on health and safety matters with employees who are members of a recognised trade union will take place through the agreed channels. However; employees who are not members of a recognised trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

8. TRAINING AND SUPPORT

- 8.1 The health and safety team will provide guidance and support to managers in the completion of risk assessment.

9. MONITORING

What part of this policy will be monitored?	Where in the policy is it referenced	Who will carry out the monitoring	What will the frequency of monitoring be	Which group/committee will receive the monitoring reports
The completion of risk assessments	6.1 6.2	Risk leads as part of the Safety Partnership Agreement	Quarterly	Health and Safety committee will receive SPA update

10 Equality and Human Rights Analysis

Title: Risk Assessment New & Expectant Mothers HS2
Area covered: Trust wide
<p>What are the intended outcomes of this work? <i>Include outline of objectives and function aims</i></p> <p>To maintain compliance with health and safety regulations and to ensure the health safety and welfare of nursing mothers and women who are pregnant</p>
<p>Who will be affected? <i>e.g.staff, patients, service users etc</i></p> <p>Pregnant women and women of child bearing age</p>
Evidence
<p>What evidence have you considered?</p> <p>The requirements of health and safety legislation, the Equality Act 2010</p>
Disability (including learning disability)
<p>Sex N/A</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i> N/A</p>
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i> The completion of risk assessments is a legal requirement for young workers under the age of 18</p>
<p>Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i> N/A</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i> N/A</p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i> N/A</p>
<p>Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i></p> <p>a) Under the Equality Act 2010, if an employer fails to protect the health and safety of their pregnant workers, it is automatically considered sex discrimination.</p> <p>b) Under Regulation 17 Management of Health and Safety at Work Regulations 1999. If a new or expectant mother is provided with a certificate from a medical practitioner / midwife stating that it is</p>

necessary for her health and safety that she should not perform night work, then the employee should be offered suitable alternative day work. c) Workplace Regulations 1992 require employers to provide suitable rest facilities for new, breastfeeding and expectant mothers.
Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities. N/A
Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. N/A
Cross Cutting implications to more than 1 protected characteristic N/A

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>Supportive of a HRBA</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>Supportive of a HRBA</i>
Right to liberty (Article 5)	<i>Supportive of a HRBA</i>
Right to a fair trial (Article 6)	<i>Supportive of a HRBA</i>
Right to private and family life (Article 8)	<i>Supportive of a HRBA</i>
Right of freedom of religion or belief (Article 9)	<i>Supportive of a HRBA</i>
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<i>Supportive of a HRBA</i>
Right freedom from discrimination (Article 14)	<i>Supportive of a HRBA</i>

Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
Consultation with members of the Health and Safety Committee

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

Yes

Advance equality of opportunity

Yes

Promote good relations between groups

Yes

What is the overall impact?

Low

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

N/A

For the record

Name of persons who carried out this assessment:

Carlton Brooks

Date assessment completed: December 2018

Name of responsible Director: Elaine Darbyshire

Date assessment was signed: 15 December 2018

11. APPENDICES

- Appendix A: Work Factors For Management Consideration
- Appendix B: Risk Assessment Flow Chart
- Appendix C: Blank Risk Assessment

Appendix A

WORK FACTORS FOR MANAGEMENT CONSIDERATION

1. **Physical Agents:** Shock / Vibration: Increases risk of miscarriages – Avoid.
2. **Working hours:** Pregnant women should be informed about the generally consistent evidence suggesting that long working hours carry no more than a small to moderate risk of preterm birth, and Low birth weight/Small Gestational Age (SGA) There is limited and inconsistent evidence for pre-eclampsia. Managers should reduce long working hours for pregnant workers particularly in late pregnancy.
 - 2.1 Where possible, hours should be limited to about 40 per week. However, if a pregnant worker who has been informed of the possible risk wishes to continue then there are insufficient grounds to impose restrictions against her will.
 - 2.2 **Shift work:** There is insufficient evidence of a risk to pregnant women to make recommendations to restrict shift work, including rotating shifts or night/ evening work.
3. **Manual Handling:** increases in hormonal changes as pregnancy advances lead to softening of ligaments and may cause risk of strains and sprains for up to three months post delivery. While physical activity and maintaining fitness is beneficial during pregnancy, excessive physical work or heavy lifting may pose a risk especially towards the end of pregnancy.
 - 3.1 If work involves manual handling of weights greater than 10 kilograms, prolonged standing, repetitive lifting or maintaining awkward postures, then you should seek further advice from Occupational Health.
 - 3.2 Pregnant women should be informed that evidence suggests:
 - That at most, heavy physical work and lifting carry no more than a moderate risk of low birth weight/intrauterine growth restriction/small for gestational age.
 - There is limited and inconsistent evidence of risk from manual handling for preterm birth and pre-eclampsia.
 - 3.3 Managers should reduce very heavy physical activities and lifting for pregnant workers where possible, particularly in late pregnancy. However, if a pregnant worker who has been informed of the possible risk wishes to continue then there are insufficient grounds to impose restrictions against her will.
4. **Noise:** Risk to hearing, increasing tiredness and increase in blood pressure in pregnancy. Consider noise monitoring / PPE.
5. **Ionising Radiation:** significant risk to pregnant and nursing mothers, therefore avoid exposure. Levels of exposure to ionizing radiation that do not harm a pregnant woman may harm the developing foetus, particularly between 8 - 25 weeks gestation.
 - 5.1 As many women are uncertain of their conception date during the early weeks of pregnancy, special consideration must be given to the use of ionizing radiation. It is very important for the woman and her foetus that she notifies her Manager or Radiation Safety Officer (RSO) or Occupational Health as soon as she can, to ensure that her work is assessed and modifications promptly made to reduce radiation exposure.

- 5.2 If work includes using ionizing radiation and an employee becomes pregnant, she has a choice to either continue working with ionizing radiation or take on other tasks. It is possible to work with ionizing radiation provided that the RSO has undertaken an assessment and has defined the actions that must be taken to ensure that the risk to her and her foetus is as low as possible.
- 5.3 If an employee works with non-ionizing radiation and she is pregnant, or planning to become pregnant, then she should seek advice.
6. **Non-Ionising Radiation / Electromagnetic fields / waves:** no greater risk than other workers.
7. **Temperature:** extreme heat and cold should be avoided as fainting and heat stress may occur in pregnancy.
8. **Movement /Posture:** excessive physical activity has been associated with miscarriage, low birth weight and increases in blood pressure. Strain and sprain injuries can occur from working in unsuitable positions. Co-ordination and dexterity may be impaired.
- 8.1 Pregnant women should be informed about the generally consistent evidence suggesting that:
- Prolonged standing (more than three hours) carries no more than a small risk of preterm birth and low birth weight/ Intrauterine growth restriction/Small for gestational age.
 - Limited evidence suggests that prolonged standing has no effect on pre-eclampsia.
- 8.2 Managers should reduce standing for longer than three hours for pregnant workers where possible, particularly in late pregnancy. However, if a pregnant worker who has been informed of the possible risk wishes to continue, then there are insufficient grounds to impose restrictions against her will.
9. **Travel:** risk of fatigue therefore consider hours of work. Pregnant individuals should wear adjustable seatbelts after 24 weeks of pregnancy, if travelling on business, via car. More than 28 weeks pregnant, a statement of fitness to fly is often required from the employee's GP. International airline companies don't permit pregnant women to fly after 34 weeks pregnancy.
10. **Biological Agents:** Infection can be passed through the placenta from mother to foetus. Biological agents present a risk of abortion of the foetus or may lead to physical damage to the foetus. Consider colleagues who may have infections e.g. chickenpox or rubella (German measles).
- 10.1 Pregnant workers should not come into close contact with other workers who have or suspect chickenpox or rubella.
11. **Breastfeeding:** Infection can be passed from the mother to the baby through breast milk or by close physical contact. Consider laboratory practices, control measures, and look to reduce any possibility of exposure.

12. Chemical Agents (Carcinogenic, Mutagenic & Reprotoxic) CMR

- 12.1 Carcinogenic, mutagenic and reprotoxic substances are often referred to as a group, due to the fact that a substance may present all three types of hazards but also due to similarities in classification and in legal approach. The abbreviation 'CMR' is also commonly used.
- 12.2 CMRs are chronically toxic and have very serious impacts on health as shown in hazard statement below.

Hazard statements	Category 1A or 1B	Category 2	Effects on or via lactation
Carcinogens	H340: May cause genetic defects	H341: Suspected of causing genetic defects	
Mutagens	H350: May cause cancer	H351: Suspected of causing cancer	
Reprotoxics	H360: May damage fertility or the unborn child	H361: Suspected of damaging fertility or the unborn child	H362: May cause harm to breast-fed children.

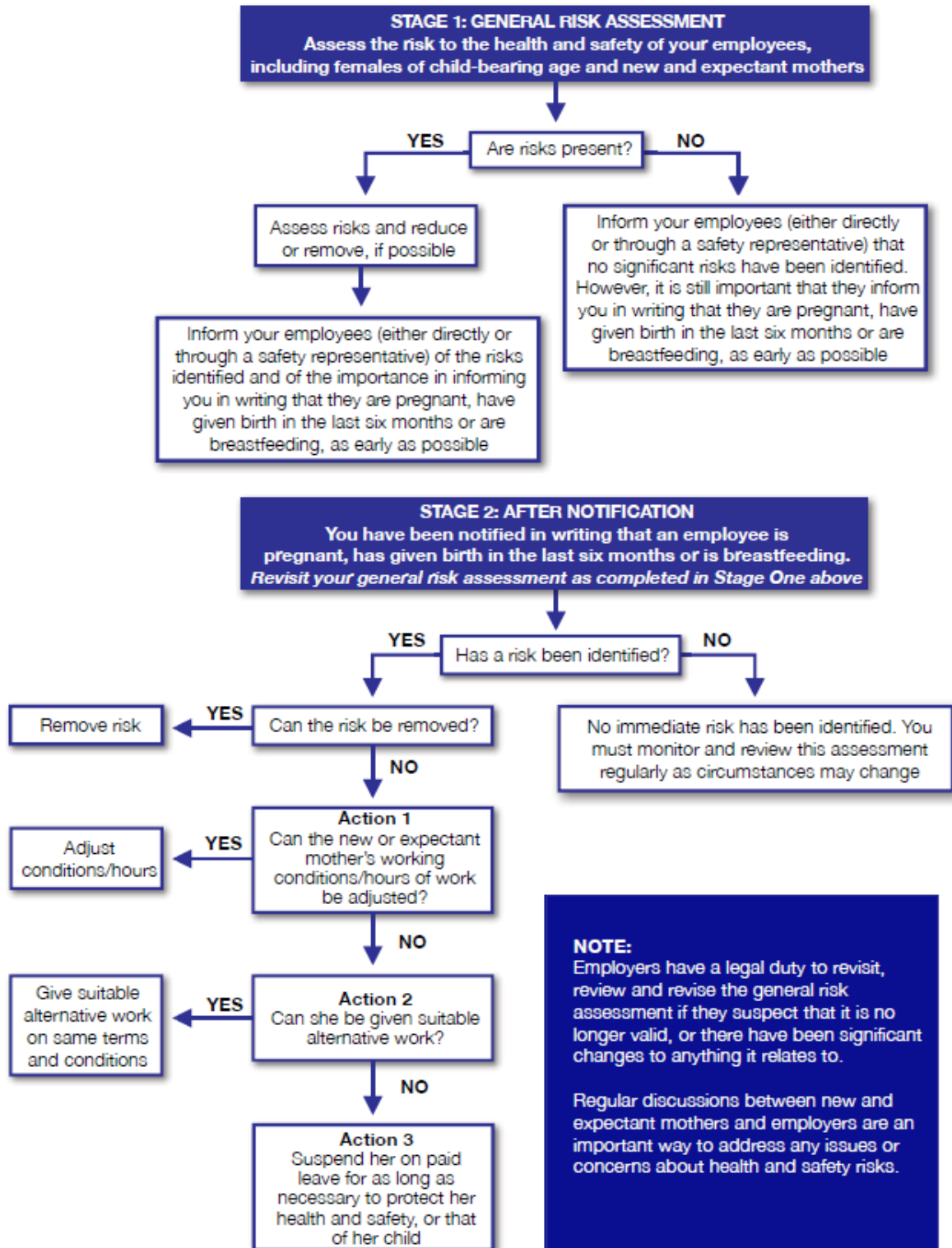
Source: Regulation (EC) No 1272/2008^[2]

- 12.3 With the exception of lead and asbestos these substances fall within the COSHH regulations and may be subject to change. Eliminate the employee from working with the above substances.
13. **Mercury:** Risk of retarded growth of the unborn child. Eliminate risk to unborn child and infant by removing pregnant and nursing mothers from working with mercury.
14. **Cytotoxic substances:** Risk of damage to genetic information of the female reproductive system. Remove employee from such work. Inhalation is the most common route of exposure.
- 14.1 The use of safe work procedures and facilities such as local exhaust ventilation should provide satisfactory protection. Skin absorption and ingestion are generally less significant routes of exposure, provided safe work practices are observed.
- 14.2. Under the Health and Safety at Work Act 1974, everyone is required to use appropriate safe work procedures when handling chemicals. Exposure to chemicals at levels below recognised exposure limits should not present a risk to the employee or her foetus during pregnancy or while breast-feeding, however once you an employee knows she is pregnant, she is encouraged to advise her Manager or the Occupational Health Service as soon as possible.
- 14.3 If there are any concerns about a chemical in usage, or the procedures for its safe use during pregnancy or whilst breast-feeding, you must seek advice straight away from the Health and Safety Manager.
15. **Display Screen Equipment – unnecessary to stop pregnant women from working with visual display units.**

- 15.1 Review visual display assessment. Where pregnant women wish to discuss concern about working with such equipment refer to Occupational Health.
16. **Stress:** 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.

Risk Assessment Flow Chart

Health and Safety Executive



Appendix C

NEW AND EXPECTANT MOTHERS RISK ASSESSMENT

Employee Name:	Position:
Service/dept:	Duties:
Name of Assessor:	Position:
Assessment date:	Review Date: Every 3 months
Employees Signature:	Managers Signature:

Hazard (Examples only - there may be other issues in your area)	Yes / No	Existing Controls in place?	What further controls are required?	Action By Whom & When	Date completed
Exposure to violence and aggression?					
Manual handling of patients and loads?					
Lone working / domiciliary visits etc?					
Driving?					
Movements, Postures, Peripatetic Work, Mental & Physical Fatigue					
Slip trips and falls					
Shift work?					
Exposure to biological agents?					
Exposure to Cytotoxic, drugs?					

Hazard (Examples only - there may be other issues in your area)	Yes / No	Existing Controls in place?	What further controls are required?	Action By Whom & When	Date completed
Extremes of Hot or Cold Temperatures (Kitchen or Outdoor Work)					
Chemicals (Housekeeping, Catering, etc)					
Office work?					
Prolonged standing / Sitting?					
Use of display screen equipment?					
Working at height / use of ladders?					
Workplace stressors?					
Other?					
Other?					
Other?					