NEW AND EXPECTANT MOTHERS RISK ASSESSMENT PROCEDURE

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Date of Issue:	May 2015	**Next Review Date:**	April 2025
Version:	3.0	**Last Review Date:**	April 2022
Author:	Corporate Health and Safety Team		
Directorate:	Estates and Facilities Management		
Approval Route: Health and Safety Committee			
Approved By:		**Date Approved:**	
Health and Safety Committee		8th June 2022	
Links or overlaps with other procedures/policies:			
Health and Safety Policy			
Disciplinary Policy HR			
Violence Reduction Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised

Please note:

If you require a copy of this procedure in an alternative format (for example Large Print, Easy Read) or would like any assistance in relation to the content of this procedure, please contact the Human Resources (HR) team on 01803 656680.

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1. Introduction

Pregnancy is part of everyday life and usually the health and safety of a new or expectant mother can be adequately addressed by normal health and safety management procedures.

A new or expectant mother means an employee, including students on placement, volunteers or temporary staff, who is pregnant, or who has given birth within the previous six months, or who is breastfeeding.

Many women work while they are pregnant and may return to work while they are still breastfeeding. Some hazards in the workplace may affect the health and safety of new and expectant mothers and their unborn child. This means that some working conditions will no longer be suitable during pregnancy and breastfeeding.

As pregnancy may go undetected in the first 4 -6 weeks, it is important to identify hazards and risks for all female employees of childbearing age. The risk assessment should also take into account that some hazards can present more of a risk at different stages of pregnancy.

The law expects the Trusts to assess the risks of our employees, including new and expectant mothers and do what is reasonably practicable to control those risks. Exposure limits are set at levels which should not pose a risk to a worker who is pregnant or breastfeeding, or her child. By controlling common workplace risks the need for special action for new and expectant mothers is reduced.

This guidance sets out what actions managers and supervisors need to take, and provides information on known risks to new and expectant mothers.

2. Stage 1: Initial Risk Assessment

2.1 What do you need to do?

The flow charts in Appendix 1. show what you must do if you have female workers who are of childbearing age.

2.2 Identify the hazards

Many of the hazards in your workplace should have already been identified and managed using the General Risk Assessment form. In assessing the risks to your staff you must specifically consider female workers who are or child bearing age and new and expectant mothers. Risks include those to the unborn child or to the child of a woman who is still breastfeeding and not just to the worker herself.

Details of hazards that may affect the health and safety of a new and expectant mother are contained in Appendix 2.

If any of the hazards are present in the work area you should take action to ensure they are not exposed to any significant risks by referring to guidance in this document, in any relevant policies or procedures e.g. COSHH Policy or seek advice from the Occupational Health

Department or the Trusts Health and Safety Team.

2.3 Decide who might be harmed and how

If your assessment identifies a particular hazard you must bear in mind the different risk to those that are of child bearing age to those that are pregnant or who are breastfeeding. You must also consider anyone who may be working under your direction such as contractors.

You must also consider the 4 - 6 weeks during which a worker may not be aware that she is pregnant. You can manage this is by ensuring you take action as far as is reasonable for all hazards identified for staff.

2.4 Consult with staff and inform them of the risk

You must consult with your staff on issues affecting their health and safety; this includes any actions you are planning to take. Give your staff or safety representative's time to express their views and you must take account of their views before you make a final decision, unless the risk is assessed as requiring immediate remedial action.

If your risk assessment identifies a risk to employees of child bearing age, you must inform all female staff. You should also outline any possible actions you propose so new and expectant mothers are not exposed to risks that could harm them.

3. Stage 2: Risk Assessment – Once notified of Pregnancy

Once an employee has notified you she is pregnant, you must carry out a specific risk assessment using the New and Expectant Mothers Risk Assessment form (TSF/S013) an example copy of which can be seen in Appendix 3. You should base this on your initial risk assessment and any medical advice received on the health of the employee. See the flow chart in Appendix 1. for a brief overview.

If on completing the risk assessment there is a significant risk at work to the health and safety of a new or expectant mother, then you must take the following actions:

- Temporarily adjust working conditions or hours of work
- Offer suitable alternative work if any is available
- Give paid leave from work for as long as necessary to protect the health and safety of the member of staff and that of the child

Keep the risk assessment for new and expectant mothers under review and it should be reviewed formally at least every 3 months. Although hazards may remain constant the risk of damage to the unborn child as a result of a hazard will vary at different stages of the pregnancy.

3.1 Rest Rooms/ Rest Time

The provision of rest rooms must be made for expectant mothers who require rest. Managers should discuss the new and expectant mothers' needs with the employee and reach a mutual agreement. If an expectant mother becomes unwell during working hours, they should be able to telephone their midwife or GP for medical advice.

3.2 Maternity Rights

Information on Maternity Rights can be found in the Maternity, Paternity and Adoption Leave Policy on ICON.

3.3 Confidentiality

Medical advice, reports and certificates should take working conditions into account. If a woman does not wish it to be known she is pregnant or does not consent to it the woman's manager must comply with this unless the withholding of this information may put her health and safety at risk. In this case it should be disclosed with the women's agreement.

3.4 Further Advice and Information

Should a manager or a new or expectant mother require further information or advice this can be sought through the Occupational Health Department or Human Resources Department.

Detailed information about New and Expectant Mothers and associated hazards and actions can be found on the HSE website: http://www.hse.gov.uk/pubns/indg373.pdf

3.5 Completing a New and Expectant Mothers Risk Assessment

Use the New and Expectant Mothers Risk Assessment Form (TSF/S013) to complete the risk assessment. Work through each section of the risk assessment form, identifying hazards which are present in your work area and may be a risk to the new and expectant mother. Your initial risk assessment for females of a childbearing age will help you identify the risks in your area.

The best way to complete the new and expectant mothers risk assessment is during a meeting with the staff member where hazards and possibility of exposure can be discussed and mutual agreements on actions for the action plan can be made. This assessment should be reviewed at least three monthly and when the new mother returns to work following the birth of her child.

Once completed the risk assessment form should be retained on the employees file.

4. Appendices

Appendix 1. – Flow Charts

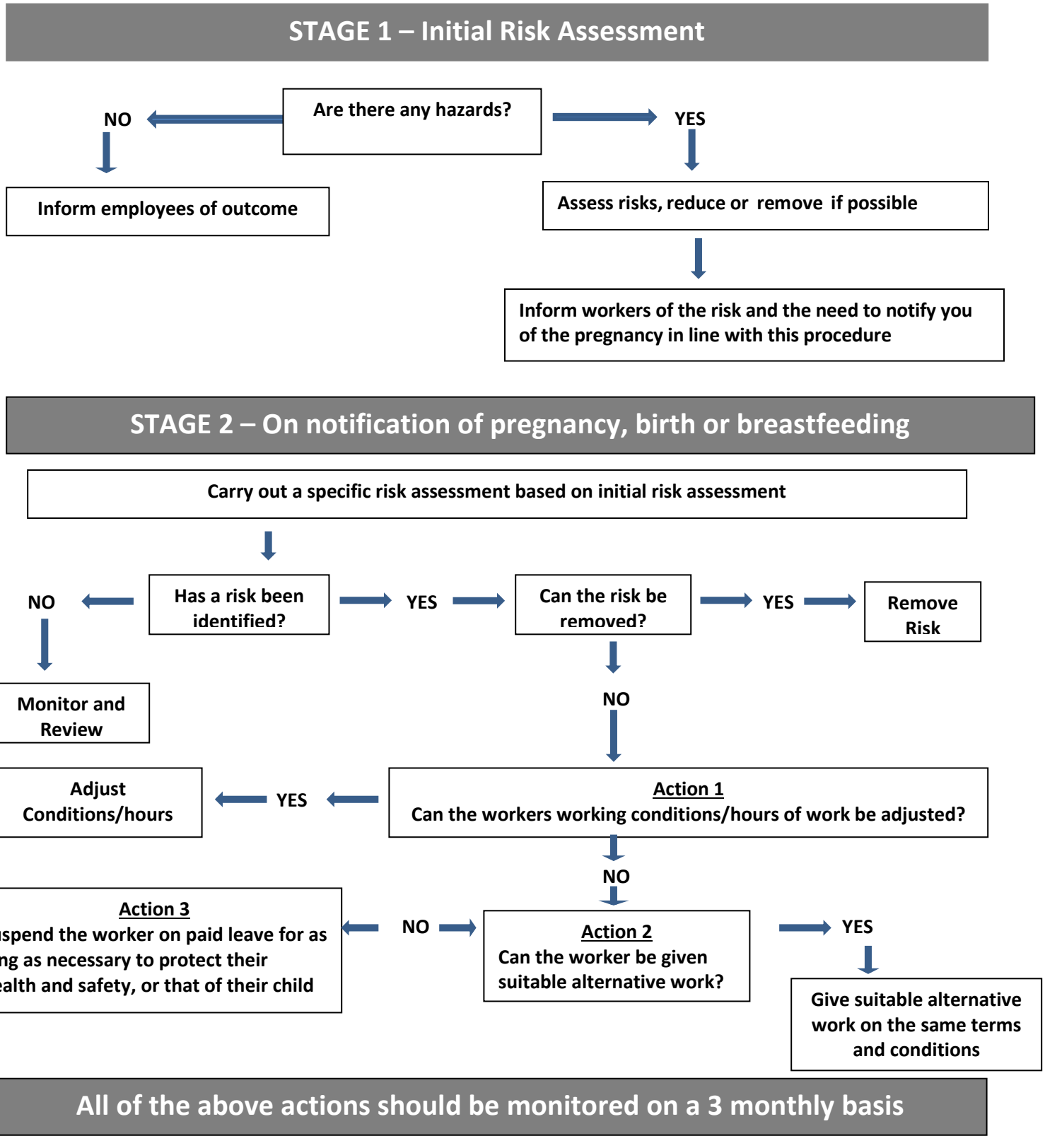
Appendix 2. - Possible hazards to new and expectant mothers and suggested actions

Appendix 3. - Copy of Risk Assessment Form TSF/S013 (Separate Document)

Appendix 4. - Equality Impact Assessment

Appendix 1

Flow Charts



Appendix 2

Possible Hazards to New and Expectant Mothers and Suggested Actions

Physical risks

Movements and postures - Where appropriate, introduce or adapt work equipment, redesign workstations or job content. Avoid long periods of handling loads or standing or sitting without regular exercise or movement.

Manual Handling - Avoid repetitive strenuous movements, lifting, twisting, reaching, pulling, pushing and stooping by altering the task.

Radiation - All pregnant staff that may be exposed to radiation should be referred to the Radiation Protection Advisor in Medical Physical Department.

Biological Agents

Information box: Hazard group definitions When classifying a biological agent it should be assigned to one of the following groups according to its level of risk of infection to humans.	
Group 1	Unlikely to cause human disease.
Group 2	Can cause human disease and may be a hazard to employees; it is unlikely to spread to the community and there is usually effective prophylaxis or treatment available.
Group 3	Can cause severe human disease and may be a serious hazard to employees; it may spread to the community, but there is usually effective prophylaxis or treatment available.
Group 4	Causes severe human disease and is a serious hazard to employees; it is likely to spread to the community and there is usually no effective prophylaxis or treatment available.

Infectious Diseases - A number of infectious diseases can affect the unborn child if the mother is infected during pregnancy. Examples of these infections that can be transmitted to a pregnant woman include; Influenza, Hepatitis B, Hepatitis C, Hepatitis E, HIV, Herpes simplex, pulmonary Tuberculosis , Syphilis (only if working in GUM), Chickenpox, Shingles, Parvovirus, Rubella, Measles, Toxoplasmosis and Typhoid / Paratyphoid. Control measures may include isolation of infected patients, hygiene measures such as hand hygiene and Personal Protective Equipment (PPE), vaccines or if the risk of exposure is very high to avoid exposure altogether. Assessing the workers level of immunity may be done with the workers consent. These infections are spread by different routes so enquiries should be made to the Infection Prevention & Control team.

Chemical Agents

Chemical agents - these may enter the body in a number of ways including; inhalation, ingestion, cuts and abrasions, and through the skin. The following chemical agents are known to be a danger to the health or pregnant women and the unborn child.
Substances indicated by these risk phases are known to be hazardous (the risk phase can be identified on the Hazard data sheet for the product, the product container or the warning

label):

R40: limited evidence of a carcinogenic effect
R45: may cause cancer
R46: may cause heritable genetic damage
R49: may cause cancer by inhalation
R61: may cause harm to the unborn child
R63: possible risk of harm to the unborn child
R64: may cause harm to breastfed babies
R68: possible risk of irreversible effects

Refer back to the relevant COSHH risk assessment for the product for control measures identified for new and expectant mothers. Substitute harmful products where possible. Where it is not possible to eliminate exposure, you can control exposure by good work planning, housekeeping and the use of Personal Protective Equipment.

Cytotoxic Drugs - Avoid exposure or reduce to as low a level as reasonably practicable. Refer to your workplace risk assessments or seek advice from The Pharmacy Department.

Working Conditions

Violence and Aggression to Staff - Pregnant members of staff should not be expected to participate in control and restraint. A worker should not need to be moved from their work area unless they are specifically targeted, exposed to patients known to be violent or at risk on medical grounds.

Visual Display Equipment - Potential discomfort from display screen use must be addressed, see the Display Screen Equipment Procedure for further information.

Mental and Physical fatigue and working hours - long working hours, shift work and night work can have an effect on some new and expectant mothers. It may be necessary to adjust working hours as well as other working conditions. Discuss with the new and expectant mother to reach a mutual decision regarding working pattern, frequency of rest breaks and shift patterns.

Night Work - Managers must give special consideration to new and expectant mothers who work at night. If a new or expectant mother has a medical certificate stating they must not do night work due to risks arising out of work, managers must:

- Offer her suitable alternative daytime work. If this is not available or unreasonable suspend her from work, on paid leave, for as long as necessary to protect the health and safety of her and her child

Occupational Stress - New and expectant mothers can be vulnerable to stress for a number of reasons including, hormonal, physiological and psychological changes, financial, emotional, job insecurity and due to balancing work and home life. These must be considered for each individual woman, measures include adjustments to working conditions, working hours, ensuring understanding, support and recognition is available when the new

mother returns to work.

Lone Working - Depending on the new and expectant mother's medical condition you may need to review existing arrangements and revise communication procedures with others. Ensure emergency procedures take into account the needs of new and expectant mothers.

Work Equipment and Personal Protective Equipment - A risk assessment must be carried out to take account of any changes in risks as the pregnancy progresses.

Hazards as a result of inappropriate nutrition - Eating and drinking can be affected during pregnancy ensure you consult with the new and expectant mother to discuss individual needs and monitor any changes as the pregnancy progresses.

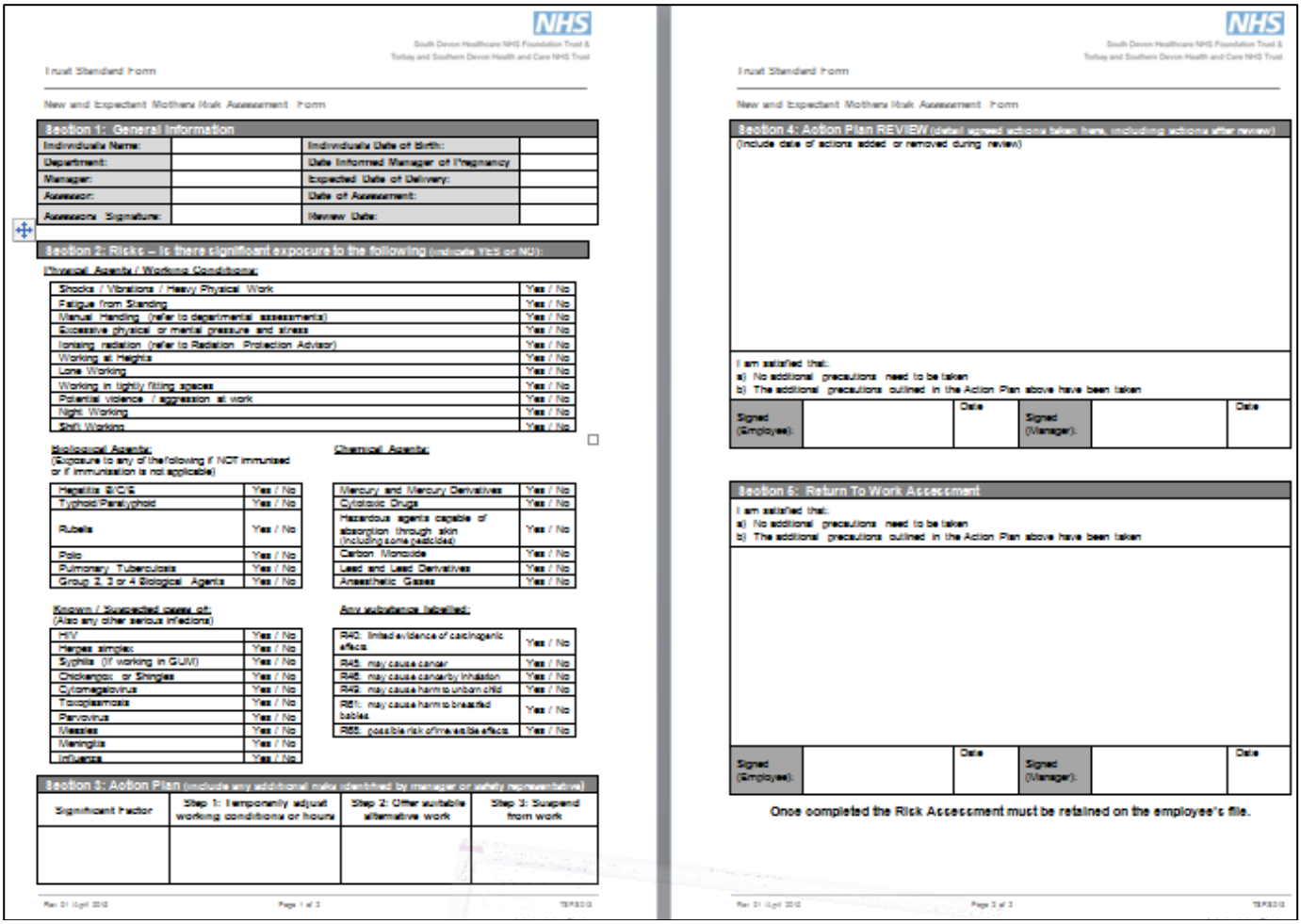
Summary of Aspects of Pregnancy which May affect Work

The following aspects should be kept under review:

Aspect of Pregnancy	Hazard at Work
Morning sickness	Early shift work, exposure to nauseating smells
Backache	Standing, manual handling, posture
Varicose Veins	Standing/sitting
Haemorrhoids	Working in hot conditions
Frequent visits to the toilet	Difficulty leaving workplace
Increased size	Use of personal protective equipment
Tiredness	Overtime, evening work
Balance	Problems on slippery wet floors, lone working, working at height
Comfort	Problems of tightly fitting uniforms
Dexterity, agility , co-ordination	Issues with increasing size, speed of movement, reach

Appendix 3

Example Copy of New and Expectant Mothers Risk Assessment Form (TSF/S013)



NHS
South Devon Healthcare NHS Foundation Trust &
Torbay and Southern Devon Health and Care NHS Trust

Trust Standard Form

New and Expectant Mothers Risk Assessment Form

Section 1: General Information

Individuals Name:		Individuals Date of Birth:	
Department:		Date Informed Manager of Pregnancy	
Manager:		Expected Date of Delivery:	
Assessor:		Date of Assessment:	
Assessors Signature:		Review Date:	

Section 2: Risks – Is there significant exposure to the following (indicate YES or NO):

Physical Agents / Working Conditions:

Shocks / Vibrations / Heavy Physical Work	Yes / No
Fatigue from Standing	Yes / No
Manual Handling (refer to departmental assessments)	Yes / No
Excessive physical or mental pressure and stress	Yes / No
Ionising radiation (refer to Radiation Protection Advisor)	Yes / No
Working at Heights	Yes / No
Lone Working	Yes / No
Working in tightly fitting spaces	Yes / No
Potential violence / aggression at work	Yes / No
Night Working	Yes / No
Shift Working	Yes / No

Biological Agents:
(Exposure to any of the following if NOT immunised or if immunisation is not applicable)

Hepatitis B/C/E	Yes / No
Typhoid/Paratyphoid	Yes / No
Rubella	Yes / No
Polio	Yes / No
Pulmonary Tuberculosis	Yes / No
Group 2, 3 or 4 Biological Agents	Yes / No

Chemical Agents:

Mercury and Mercury Derivatives	Yes / No
Cytotoxic Drugs	Yes / No
Hazardous agents capable of absorption through skin (including some pesticides)	Yes / No
Carbon Monoxide	Yes / No
Lead and Lead Derivatives	Yes / No
Anaesthetic Gases	Yes / No

Known / Suspected cases of:
(Also any other serious infections)

HIV	Yes / No
Herpes simplex	Yes / No
Syphilis (if working in GUM)	Yes / No
Chickenpox or Shingles	Yes / No
Cytomegalovirus	Yes / No
Toxoplasmosis	Yes / No
Parvovirus	Yes / No
Measles	Yes / No
Meningitis	Yes / No
Influenza	Yes / No

Any substances labelled:

R40: limited evidence of carcinogenic effects	Yes / No
R45: may cause cancer	Yes / No
R46: may cause cancer by inhalation	Yes / No
R49: may cause harm to unborn child	Yes / No
R61: may cause harm to breastfed babies	Yes / No
R68: possible risk of irreversible effects	Yes / No

Section 3: Action Plan (include any additional risks identified by manager or safety representative)

Significant Factor	Step 1: Temporarily adjust working conditions or hours	Step 2: Offer suitable alternative work	Step 3: Suspend from work

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NHS
South Devon Healthcare NHS Foundation Trust &
Torbay and Southern Devon Health and Care NHS Trust

Trust Standard Form

New and Expectant Mothers Risk Assessment Form

Section 4: Action Plan REVIEW (detail agreed actions taken here, including actions after review)
(Include date of actions added or removed during review)

I am satisfied that:
a) No additional precautions need to be taken
b) The additional precautions outlined in the Action Plan above have been taken

Signed (Employee):		Date	Signed (Manager):		Date

Section 5: Return To Work Assessment

I am satisfied that:
a) No additional precautions need to be taken
b) The additional precautions outlined in the Action Plan above have been taken

Signed (Employee):		Date	Signed (Manager):		Date

Once completed the Risk Assessment must be retained on the employee's file.

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Appendix 4

Equality Impact Assessment

Policy Title (and number)	***NEW AND EXPECTANT MOTHERS RISK ASSESSMENT PROCEDURE***		**Version and Date**	***V3***	
Policy Author	Maurice Lidster				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)					Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'. **Suitable risk assessment will be completed depending on staff circumstances.**					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language[5] used throughout?					Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?					Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?					Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?					Yes ☐ No☒
If 'Yes', how will you mitigate this risk to ensure fair and equal access? See individual Risk Assessment.					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes ☒ No☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
The purpose of this Procedure is to reduce the risk of staff developing latex allergy and minimise the risks from latex contact for those who have latex allergy..					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Health and Safety Committee					
ACTION PLAN: Please list all actions identified to address any impacts					
Action			**Person responsible**		**Completion date**
none					
AUTHORISATION: **By signing below, I confirm that the named person responsible above is aware of the actions assigned to them**					
Name of person completing the form			**Signature**		
Validated by (line manager)			**Signature**		