



Policy on the Support of New and Expectant Mothers At Work

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Is this document carried out wholly or in part by contractors, or organisations with which the Trust has a service level agreement, and if so state the relevant contractor	

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Issue Number	Page	Changes made with rationale and impact on practice	Date
2	13	Flow chart demonstrating procedures to follow included (Appendix A)	May 08
2	14	Assessment form updated (Appendix B)	May 08
2	18	Guidance to support completion of assessment attached to policy (Appendix C)	May 08

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1 POLICY STATEMENT

Cheshire and Wirral Partnership NHS Foundation Trust will endeavour to ensure the 'Health, Safety and Wellbeing' of any employee identified as being a New/Expectant Mother.

This is in accordance with the EC Directive on Pregnant Workers (82/85/L22).

Consideration will be given to identify risks within the workplace that may affect a 'New/Expectant Mother'. Compliance will be made with relevant legislation, e.g. HASAW Act 1974, Management of Health & Safety Work Regulations 1999, COSHH 2002 AND RIDDOR 1995.

It is essential that pregnancy is not considered to be a form of ill health.

1.2 Definitions

In accordance with the Health and Safety Executive, a 'New or expectant mother' is defined as 'an employee who is pregnant, or who has given birth within the previous six months or who is breast feeding'.

'Given birth' is cited as being 'delivered of a living child or after twenty four weeks of pregnancy a stillborn child'.

1.3 Risk Assessment Requirements

General risk assessments must include consideration to reproductive hazards that may be present in the workplace.

If a significant risk is identified, employees should be made aware of this and informed of Control Measures put in place to reduce the risk (Appendix A).

If a risk is identified which will have a significant effect upon a 'New or expectant mother', the following action should be taken:

- a The employee's working conditions and/or hours of work should be temporally 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 available)

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.

New/Expectant mothers who are night workers and who have a valid medical certificate excluding them from working nights for health and safety reasons should be offered suitable temporary alternative day work. Where this is not possible the employee should be placed on special leave for as long as necessary to protect her health and safety and that of her unborn baby / child.

2 DUTIES AND RESPONSIBILITIES

2.1 Trust Responsibilities

- To ensure suitable facilities are available for new and expectant mothers to rest.

- Where possible, reasonable provisions to assist mothers who wish to express and store milk
- should be provided.

2.2 Senior Manager Responsibilities

- To ensure all general risk assessments have been undertaken.
- To ensure any hazards (including reproductive hazards) identified and recommended control measures are made known to all employees who would be affected.
- Ensure Line Managers have received appropriate training in relation to general and pregnant worker risk assessments.
- To ensure all employees are aware of the importance of informing their Line Manager and Human Resource Department as soon as possible when they are aware they are pregnant (or in certain circumstances if they are planning to become pregnant).

2.3 Line Manager Responsibilities

- To review all relevant risk assessments which have the potential to impact on the health and safety of a new or expectant mother or that of her unborn baby/child when confirmation has been given that an individual is pregnant or within 5 working days when an employee returns to work following Maternity Leave.
- To undertake relevant instruction/training in relation to general and pregnant work risk assessments.
- To undertake a new and expectant mothers risk assessment (Appendix B) and implement any necessary remedial action to protect the health and safety of the employee and that of her unborn baby/child. Guidance on completing the assessment can be found in Appendix C.
- This assessment should be reviewed periodically throughout the pregnancy, following notification of any significant change or problem relating to the pregnancy and following the return to work of the employee (for six months after the birth). Extended periodic review is required throughout such time that the employee continues to breastfeed.
- The original risk assessment must be kept by the Line Manager and a copy supplied to the pregnant worker.
- To advise the employee that they must provide written confirmation of pregnancy to the Human Resources department as soon as possible (in all cases this must be done by the 15th week before the baby is due).
- To discuss/liaise (and refer if indicated) with Occupational Health if there are any concerns in undertaking the new and expectant mothers risk assessment or if there are concerns regarding the individual employee's health/safety.
- To encourage the employee to attend Occupational Health to discuss any concerns and also to confirm their immunisation status (if there is patient contact).

- To ensure employees are aware of suitable rest areas, toilet facilities and where required any local facilities for breastfeeding/storage of milk.
- To allow the expectant mother time away from the workplace to attend ante-natal appointments. (Written confirmation of the appointment should be given following the first ante-natal visit/can be requested by the Line Manager).
- To liaise with the Human Resources Department for advice/support when alternative duties or special leave is necessary.

2.4 Employee Responsibilities

- To inform their Line Manager **and** Human Resources Department in writing as soon as possible when they are aware they are pregnant. (In all cases this must be done no later than 15th week before the baby is due).
- (N.B The Trust is not obliged to take any specific action in relation to pregnancy until such time that they have been advised of this in writing. This includes undertaking specific risk assessment and time off for ante-natal appointments).
- To discuss and bring to the attention of their Line Manager any concerns they have relating to their Health & Safety at work due to being a 'new or expectant mother'.
- To advise their manager of any change in their health as their pregnancy develops (prior to any scheduled reviews if necessary).
- To liaise with Occupational Health as soon as they become aware they may be pregnant in order to confirm their immunisation status and determine if any work restrictions are required.
- To comply with all Health & Safety requirements/controls within the workplace and identify problems/concerns immediately to their line manager..
- To provide a copy of the Mat B1 certificate to the Human Resource Department once this has been issued.
- To notify Human resources/Manager in writing of intended return to work date.
- To advise their manager as soon as possible of their intention to continue to breastfeed on return to work in order that suitable arrangements can be made.

2.5 Human Resource Responsibilities

- To remind line managers when a new and expectant mothers risk assessment is required (following written notification of an employee pregnancy).
- To provide the pregnant employee with all relevant guidance relating to pregnancy at work and maternity leave etc.
- To advise/assist managers with alternative duties/redeployment if required.
- To assist managers with relevant arrangements in the rare occurrence that special leave is required.

2.6 Occupational Health Responsibilities

- To advise Line Managers as requested in undertaking the risk assessment for a 'new or expectant mother'.
- To undertake more detailed assessment of the new and expectant mother if necessary/required by line manager/employee and if indicated provide advice/guidance on modifications of work duties/hours, alternative duties etc.
- To provide advice/support to employees regarding pregnancy related concerns.

2.7 Health & Safety Responsibilities

- To advise Senior/Line Managers of legal requirements of undertaking general risk assessments (via general risk assessment training).
- To advise on current / relevant legislation within the workplace.
- To ensure Directorate Managers/Line Managers are made aware of any relevant changes in legislation.
- Provision of training for undertaking general risk assessments.

2.8 Infection Control Responsibilities

- To advise both Managers and Employees of Infection Control Measures to be implemented in case of disease/infection present in the workplace.

3 FURTHER READING

A Guide for New and Expectant Mothers who Work: <http://www.hse.gov.uk/pubns/indg373.pdf>

New and Expectant Mothers at Work: A Guide for Employers, HSE Books, Sudbury (ISBN: 0-7176-2583-4)

HSE: EH40: Occupational Exposure Limits 2005

4 REFERENCES

HSE 1974, Health and Safety at Work Act

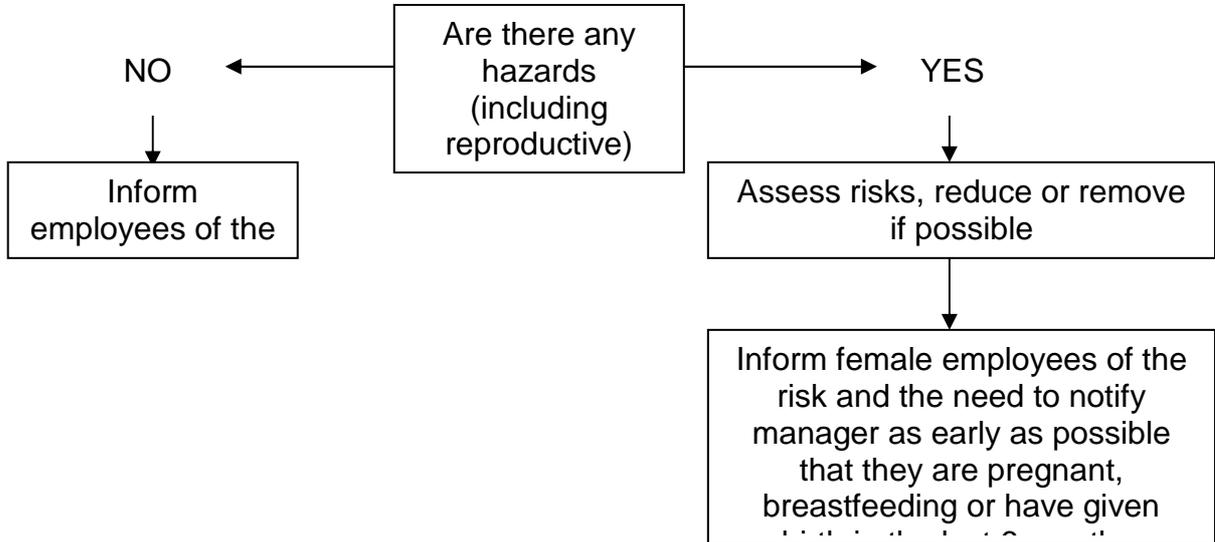
HSE 1999, Management of Health & Safety Work Regulations

HSE 2002, Control of Substances Hazardous to Health regulations.

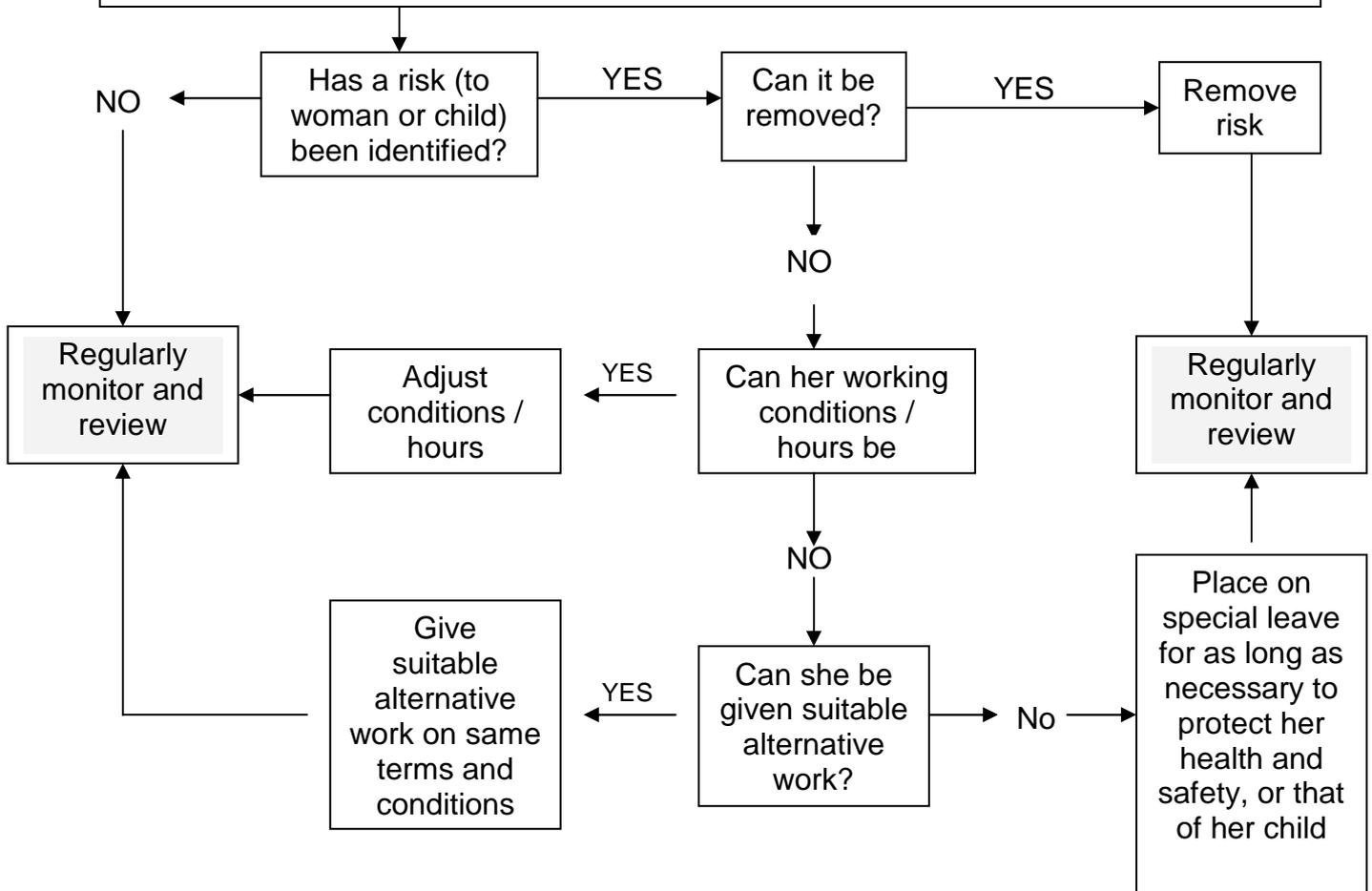
HSE 2005, EH40: Occupational Exposure Limits <http://www.hse.gov.uk/coshh/table1.pdf> (list of approved workplace exposure limits)

Appendix 1

Stage 1: Initial Health and safety risk assessment



Stage 2: After the employee has provided written notification that she is pregnant, has given birth in the last 6 months or that she is breastfeeding.



Appendix 2 NEW & EXPECTANT MOTHERS - RISK ASSESSMENT (Initial)

NAME: _____ **Date of Birth:** _____ **Type of work: Shift / Days / Nights** ^(circle)
Job title: _____ **Contracted hours:** _____ **Actual hours:** _____
Ward/Dept: _____ **Estimated date of confinement:** _____
Manager / Assessor Name: _____ **Manager / Assessor title:** _____ **Assessment Date:** _____

Existing Hazard	Present	Existing Controls	Remaining Risk			Other comments/further action taken
			Low	Med	High	
PHYSICAL RISKS						
1) Movements and Posture	Yes/No					
2) Shocks & Vibration	Yes/No					
3) Manual Handling	Yes/No					
4) Noise	Yes/No					
5) Ionising Radiation	Yes/No					
6) Non-Ionising Radiation	Yes/No					
7) Other Physical Hazards	Yes/No					
BIOLOGICAL RISKS						

8) Biological Agents of Hazard Group 2, 3, 4.	Yes/No					
9) Any Other Biological Risks	Yes/No					

Existing Hazard	Present	Existing Controls	Remaining Risk			Other comments/further action taken
			Low	Med	High	
CHEMICAL RISKS						
10) Risk Phrases R40, R45, R46, R49 R61, R63, R64, R68.	Yes/No					
11) Cytotoxic Drugs	Yes/No					
12) Chemicals Which may be Absorbed Through the Skin	Yes/No					
13) Carbon Monoxide	Yes/No					
14) Lead & Lead Derivatives	Yes/No					
15) Mercury or Mercury Derivatives	Yes/No					
16) Any other chemicals? (please state which)	Yes/No					
RISKS ASSOCIATED WITH WORKING CONDITIONS						
17) Work Related Stress	Yes/No					
18) Mental / Physical Fatigue	Yes/No					
19) Work with Display Screen Equipment	Yes/No					
20) Extremes of Heat or Cold	Yes/No					
21) Violence/ Aggression	Yes/No					
22) Facilities	Yes/No					

23) Driving / Travelling in the course of Normal Work Duties	Yes/No					
24) Other Significant hazards? (specify)	Yes/No					

Employee signature: Manager/Assessor Signature:

New and Expectant mothers – Risk Assessment (Review)

NAME: Job title:

Date of review	Reason for review	Any significant changes/finding/other comments	Signatures
			Manager/Assessor: Employee:

Date Maternity Leave commenced..... Is employee expected to return to work? YES/NO

Date of actual return to work Any significant factors on return e.g. Caesarean, Breastfeeding? YES /NO

Specify:

Appendix 3

Guidance for Managers in Undertaking New / Expectant Mothers Risk Assessment



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1.0 INTRODUCTION

Health and safety law requires that employers take all reasonable steps to protect the health and safety of their staff and this includes the undertaking of both general risk assessments and, where indicated, a more specific risk assessment required by a new or expectant mother.

In accordance with the Health and Safety Executive, a 'New or expectant mother' is defined as 'an employee who is pregnant, or who has given birth within the previous six months or who is breast feeding'. 'Given birth' is cited as being 'delivered of a living child or after twenty four weeks of pregnancy a stillborn child'.

The following is a guide to assist when undertaking/reviewing your workplace risk assessments in relation to new/expectant mothers at work.

When completing the risk assessment it is important that pregnancy is not seen as "ill health". In most instances, women will be able to continue working until the later stages of pregnancy if they wish. To ensure they are able to do this safely it is important that an assessment of the workplace hazards is made as soon as possible following notification of the pregnancy and then reviewed periodically throughout the pregnancy, following notification of any significant change or problem relating to the pregnancy and following the return to work of the employee (for six months after the birth). Extended periodic review is required throughout such time that the employee continues to breastfeed.

If you are unsure about completion of any part of the assessment then you should contact your local Occupational Health Department for assistance.

Please also refer to the Trust Policy for the Management of New/Expectant Mothers at Work.

2.0 PHYSICAL RISKS

2.1 Movements and Posture

a) Potential effects

Pregnant women are more susceptible to musculoskeletal injuries due to the hormonal changes that occur during pregnancy. As the pregnancy progresses, movement and posture will both alter significantly, thus regular review is necessary.

Risk factors to consider include the nature and duration of tasks, the patterns of work & rest breaks and the suitability of the general working environment/equipment.

Standing – Prolonged standing may cause dizziness, fainting and fatigue and has been linked to an increased risk of premature birth and miscarriage.

Sitting - Pregnant women are at a higher risk of thrombosis and more likely to suffer with backache (especially at latter end of pregnancy) which is exacerbated by poor working postures and varicose veins.

Confined space – These can be hazardous and should be avoided during pregnancy.

b) Suggested Actions (list not exhaustive)

- Introduce or adapt work equipment and lifting gear.
- Alter / redesign workstations or job content.
- Avoid long periods of standing or sitting (i.e. use of alternative tasks / breaks etc)

2.2 Shocks and Vibration

a) Potential effects

Regular exposure to these hazards could increase the risk of miscarriage. (This type of risk could be equated to driving in an off-road vehicle). Prolonged exposure to whole body vibration can increase the risk of premature birth or low birth weights.

Breast feeding mothers are at no greater risk than others.

b) Suggested Actions (list not exhaustive)

- Pregnant employees should avoid work involving whole body vibration and abdominal exposure to shocks or jolts.

2.3 Manual Handling

a) Potential effects

A pregnant employee is at greater risk of injury from manual handling due to hormonal and postural changes that occur during pregnancy. Post natal risks may also be present following caesarean births and breastfeeding mothers may experience difficulties linked to increased breast size and sensitivity.

b) Suggested Actions (list not exhaustive)

- Review of all manual handling activities is essential.
- Consider whether the load can be reduced in order for the task to continue or alternatively if the task needs to be avoided for this group of workers. (In many circumstances it will be necessary to avoid handling of patients).
- Following Caesarean section, there will need to be an extended review of all
- manual handling activities as it is likely that continuation of a temporary restriction may be required.

2.4 Noise

a) Potential effects

No particular risk has yet been identified. However, if an expectant mother is continually exposed to excessive noise, then this could contribute to tiredness and an increase in blood pressure, which could lead to other problems.

No risk is identified for a new/breast feeding mother.

b) Suggested Actions (list not exhaustive)

- Application of Noise at work Regulations if applicable.
- Provision of appropriate PPE.

2.5 Ionising Radiation (e.g. X-rays, Alpha, Beta & Gamma rays and neutron radiation)

a) Potential effects

Significant exposure to radiation can be harmful to the unborn child / suckling infant. Exposure can occur via inhalation (radioactive dust), ingestion (of radioactive liquid) or by skin absorption.

b) Suggested Actions (list not exhaustive)

- Undertake risk assessment.
- Adherence to recognised exposure limits for new/expectant mothers (if the risk cannot be avoided it should be kept to as low a level as possible).
- Advise all female workers who may be exposed to ionising radiation of the need to declare their pregnancy (and breastfeeding) as soon as possible if of need.
- Provide appropriate information / training to staff.

2.6 Non-Ionising Radiation (e.g. Microwave, radio frequency and extra low frequency radiation)

a) Potential effects

If this is within normal limits as stated by the National Radiation Protection Board (NRPB), then there should not be any significant risk however extreme over-exposure can cause harm by increasing body temperature.

New/expectant mothers are at no greater risk to optical radiation than other workers.

b) Suggested Actions (list not exhaustive)

- Exposure to magnetic fields should not exceed the restrictions set by the NRPB.

2.7 Other Physical Hazards

Physical hazards are hazards that could cause foetal lesions and/or may disrupt placental attachment. Other physical hazards might include working in hyperbaric atmospheres (e.g. pressurised containers or underwater diving) and underground mining work.

3.0 BIOLOGICAL RISKS

3.1 Biological Agents of Hazard Group 2, 3 or 4 (e.g. infectious diseases)

a) Potential effects

Many biological agents can affect the unborn child if the woman becomes infected during pregnancy. Transmission may occur either whilst in the uterus or during/after birth (e.g. breastfeeding).

Biological agents in this category include bacteria, viruses, parasites and fungi. Examples include hepatitis B, hepatitis C, HIV, tuberculosis, chickenpox, rubella, measles, herpes, Chlamydia, syphilis & typhoid.

For most workers, the risk of infection is no greater than that outside of work except in exposed occupations (e.g. healthcare workers).

All healthcare workers who may be in contact with blood/bodily fluids should have been offered immunisation against Hepatitis B.

It is recommended that the expectant mother is aware of her Hepatitis B immune status. Following childbirth if the immunisation course was incomplete, it would be advisable to complete this as soon as possible.

b) Suggested Actions (list not exhaustive)

- Risk assessment as required by Control of Substance Hazardous to Health 1994 will help identify level of risk (the Infection Control and Prevention Team can provide advice regarding appropriate infection control measures and if any concern/uncertainty remains, advice should also be sought from Occupational Health) and inform control measures required.
- Avoidance of exposure unless protected by immunity.
- Temporary redeployment / special leave should be provided if significant risk from an agent cannot be eliminated/controlled.
- Determination of immunity status via occupational health if indicated.
- Vaccination of health care workers who could potentially be exposed to biological agents should be offered in accordance with the local risk (this may need to be delayed during pregnancy/until breastfeeding has discontinued).

3.2 Any Other Biological Risks

Local risk assessments performed under the Control of Substances Hazardous to Health Regulations will identify any chemical not previously mentioned.

4.0 CHEMICAL RISKS

4.1 Risk Phrases

Chemical agents can enter the body via different pathways (e.g. inhalation, ingestion, absorption or via intact or broken skin). If a chemical substance is identified as being hazardous then there is a legal requirement under Chemical (Hazard Information and Packaging for Supply) Regs. 1994 (CHIP2) for the chemical to be classified i.e. identification of the hazard and description of the hazard, indicated by a "risk phrase". A number of these agents have been identified as hazardous and allocated one of the following risk phrases:

- R40: limited evidence of carcinogenic effects
- 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

The risk phrase may be stated as a number or as the phrase itself.

For all such chemicals a detailed COSHH assessment will be required to identify if there is a significant risk, if control measures in place are suitable and adequate to prevent/reduce exposure and if any further action is required.

For further information relating to the above, contact your local Health & Safety Department

4.2 Cytotoxic Drugs

a) Potential effects

These are a known reproductive hazard, generally absorbed via inhalation and skin contact.

- b) Suggested Actions (list not exhaustive)
- Avoid exposure or reduce to as low a level as is reasonably practicable.
 - Information / training should be given to all individuals of childbearing/breastfeeding age.
 - Ensure appropriate use of PPE / Good working practices.
 - Pregnant women must **not** prepare antineoplastic drug solutions.

4.3 Chemicals which may be Absorbed through the Skin (including some pesticides)

Chemicals that can penetrate intact skin and be absorbed into the body are identified within the EH40 Occupational Exposure Limits booklet by the letters "Sk" .

a) Potential effects

Potential risks of such agents depend on the composition of the chemical and nature in which it is used. Therefore the risk will depend on how the chemical is handled.

b) Suggested Actions (list not exhaustive)

- Any potential skin exposure should be removed where possible by use of control measures such as engineering controls (e.g. enclosure, extraction).
- Personal Protective Equipment (PPE - e.g. Gloves, visor, overalls.) should be provided and used as indicated. **Use of PPE should always be a last resort.**

4.4 Carbon Monoxide

a) Potential effects

Carbon monoxide readily crosses the placental barrier and can result in the unborn child being starved of oxygen. Both the level and duration of maternal exposure are important factors when considering the effect on the unborn child.

Breastfed babies are not known to suffer adverse effects if the mother has been exposed to carbon monoxide.

b) Suggested Actions (list not exhaustive)

- Where possible eliminate the hazard by changing processes or equipment. If this cannot be done, the hazard should be reduced as far as is reasonably practicable by technical measures.
- Inform female workers about the dangers of exposure and the potential combined effects of smoking.
- Avoid chronic exposure of female workers.

4.5 Lead and Lead Derivatives

a) Potential effects

The control of Lead at Work Regulations identifies exposure limits for lead. Exposure beyond these limits is linked to abortion, miscarriage, stillbirths, infertility and impairment of the development of the child's nervous system.

b) Suggested Actions (list not exhaustive)

- Stringent application of exposure limits as identified by the Approved Code of Practice 'Control of Lead at Work' (exposure of pregnant/breastfeeding women to lead is prohibited).

- Where possible eliminate the hazard by changing processes or equipment.
- Health surveillance is required for those individuals exposed to significant levels of lead. Further advice should be sought from the occupational health team.

4.6 Mercury and Mercury Derivatives

a) Potential effects

Significant exposure to organic mercury compounds can slow the growth of the unborn child, disrupt the nervous system and poison the mother. The effects can also be transferred from blood to breast milk if the mother is highly exposed prior to and during pregnancy. There is no clear evidence on the effects of mercury and inorganic mercury products on humans.

b) Suggested Actions (list not exhaustive)

- Prevent exposure and where this is not possible it should be reduced to the lowest level reasonably practicable using engineering and technical measures.
- Appropriate PPE should be provided and maintained.
- Health screening may be required for those individuals exposed to significant levels of inorganic mercury compounds. Further advice should be sought from the occupational health team.

4.7 Any Other Chemicals

Local risk assessments performed under the Control of Substances Hazardous to Health Regulations will identify any chemical not previously mentioned.

5.0 RISKS ASSOCIATED WITH WORKING CONDITIONS

5.1 Work Related Stress

a) Potential effects

Hormonal, physiological and psychological changes are just some of the stressors that new and expectant mothers can be particularly vulnerable to.

Stress is associated with an increased incidence of miscarriage and an impaired ability to breastfeed.

Women with past history of miscarriage, stillbirth or neonatal death are especially vulnerable.

Women who develop post natal depression after childbirth may be more vulnerable to stressors than others.

b) Suggested Actions (list not exhaustive)

- Temporary adjustments to working conditions, hours may be necessary.
- Further advice/support can be accessed via the occupational health and staff support teams.

5.2 Mental/Physical Fatigue

a) Potential effects

Long working hours, shift work and night work have the potential to affect the health of new and expectant mothers and on breastfeeding although not all women are affected in the same way. Generally however, both mental and physical fatigue increase during pregnancy and in the post natal period. This can lead to an increase of blood pressure, stress and anxiety.

b) Suggested Actions (list not exhaustive)

- Ensure that appropriate breaks are taken (it may be necessary to increase the timing/frequency of these)
- Shift patterns/duration may need to be reviewed.
- On receipt of a valid medical certificate from their doctor/midwife, alternative day work may be required for night workers.

5.3 Work with Display Screen Equipment

a) Potential effects

There are no known adverse effects to the pregnant worker when working with Display Screen Equipment.

b) Suggested Actions (list not exhaustive)

- Routine restrictions are not indicated unless identified on personal health and safety grounds (N.B. during the later stages of pregnancy posture/positioning at the workstation will alter and consideration must be given to this).
- All DSE workers should have an up to date DSE Workstation Risk Assessment.
- Individuals with particular concerns should be referred to the occupational health department.

5.4 Extremes of Heat or Cold

a) Potential effects

Pregnant woman are more likely to faint and suffer adverse effects (i.e. heat stress) when exposed to heat. Dehydration may also lead to difficulty breast feeding.

Extreme cold can be hazardous pregnant women and their unborn babies.

b) Suggested Actions (list not exhaustive)

- Provision of adequate rest and refreshment breaks.
- Encourage fluids in small and frequent volumes (before thirst apparent).
- Provide appropriate PPE (i.e. warm clothing) if indicated.

5.5 Violence/Aggression

a) Potential effects

Exposure to the risk of violence in new and expectant mothers can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth and it may also affect their ability to breastfeed.

b) Suggested Actions (list not exhaustive)

- Provide adequate information & training
- Improve work design/layout and arrangements if indicated (i.e. avoidance of lone worker situations).
- Offer suitable alternative work if risk cannot be sufficiently reduced.

5.6 Facilities

a) Potential effects

Rest - tiredness, which may be exacerbated by work, increases during and after pregnancy.

Hygiene - difficulty in accessing toilet facilities can increase risks of urine infection and kidney disease.

b) Suggested Actions (list not exhaustive)

- Provide comfortable and private rest areas that new and expectant mothers can use.
- Provide easy access to toilet facilities (this is particularly important in the early/late stages of pregnancy) and ensure pregnant workers are able to leave their workplace to access these facilities as and when needed.
- Access to appropriate facilities to allow breastfeeding mothers to breastfeed/express and safely store breast milk may significantly protect the health of both mother and infant.

5.7 Driving / Travelling in the course of normal work duties

a) Potential effects

Potential risks include fatigue, vibrations, stress, poor posture and accidents.

b) Suggested Actions (list not exhaustive)

- Thorough planning of workload to minimise any travelling that may be required.
- Consider alternative methods of transport/ car sharing if possible.
- Consider specific risks (e.g. vibration) if indicated.
- Ensure the employee is fully aware of correct positioning of seat belt whilst driving.
- Advice also needs to be given relating to cars with airbags.

5.8 Other Significant Hazards

These may be identified locally by general risk assessments or be related to individual factors of pregnancy that may cause problems or discomfort for the employee e.g.

• Working at heights	• Nutrition related hazards
• Balance	• Co-ordination
• Increasing size / Dexterity	• Speed of movement / Agility

Finally, please remember to ensure that there is a regular review arranged with the employee.

It is suggested that as a minimum this should be every month. However, individual circumstances may require this to be more frequent.

6.0 CONTACT INFORMATION

If advice/assistance is required, please do not hesitate to contact your local Occupational Health Department.

Chester: Occupational Health Department Tel: 01244 364646
1829 Building
Countess of Chester Health Park
Liverpool Road
Chester. CH2 1BQ

Wirral: St. Catherine's Hospital Tel: 0151 604 7262
Church Road
Birkenhead
Wirral. CH42 0LQ

Crewe: Leighton Hospital Tel: 01270 612372
Middlewich Road
Crewe
Cheshire. CW1 4QJ

Macclesfield: District General Hospital. Tel: 01625 661896
Victoria Road
Macclesfield
Cheshire. SK10 3BL

ACKNOWLEDGEMENTS / SOURCES OF FURTHER INFORMATION

Acknowledgement is given to the main source of the information contained herein as being from the HSE Document "New & Expectant Mothers at Work- A guide for Employers" (HSE, 2004).

Suggested Further Reading

A Guide for New and Expectant Mothers who Work: <http://www.hse.gov.uk/pubns/indg373.pdf>

New and Expectant Mothers at Work: A Guide for Employers, HSE Books, Sudbury (ISBN: 0-7176-2583-4)

EH40: Occupational Exposure Limits, HSE 2005

<http://www.hse.gov.uk/coshh/table1.pdf> (list of approved workplace exposure limits)

Approved List of Dangerous Pathogens, HSE Advisory Committee on Dangerous Pathogens (2004) <http://www.hse.gov.uk/pubns/misc208.pdf>

APPENDIX 4

Training Needs Analysis for the approved document

Please tick as appropriate

There is no specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	✓
There is specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required- link with learning and development department.	

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/handout)	Is this included in Trustwide essential learning programme for this staff group (✓ if yes)
Career Grade Doctor				
Training Grade Doctors				
Locum medical staff				
Inpatient Registered Nurse				
Inpatient Non- registered Nurse/Care Assistant				
Community Registered Nurse				
Community Non Registered Nurses/Care Assistants				
Psychologists/Pharmacists				
Therapists				
Clinical bank staff regular worker				
Clinical bank staff infrequent worker				
Non-clinical patient contact				
Non-clinical non patient contact				

Please give any additional information impacting on identified staff group training needs (if applicable)

All Trust Managers - Via Guidance for managers in undertaking new/expectant mothers risk assessment (appendix C)

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc

- HASAW Act 1974, Management of Health & Safety Work Regulations 1999
- COSHH 2002

ADDITIONAL INFORMATION FOR CONSIDERATION:

NAME

DATE

APPENDIX 5

Equality and diversity/Human Rights impact assessment

	IS IT RELEVANT?		HOW RELEVANT IS IT?	
	Does the policy include anything that ... Eliminates discrimination and/or Promotes equal opportunities (Answer yes, no or N/A for each category listed)	Is there evidence to believe that groups could be treated different- if so, which groups within each category(e.g. under 16 year olds in age category)	How much evidence do you have None or a little Some Substantial	Is there public concern that the policy is discriminatory ¹ (Answer yes, no or N/A for each category listed)
Race	NO	NO	N/A	N/A
Gender	NO	NO	N/A	N/A
Disability	NO	NO	N/A	N/A
Age	NO	NO	N/A	N/A
Sexual orientation	NO	NO	N/A	N/A
Religion or beliefs	NO	NO	N/A	N/A

Now evaluate your answers by using the criteria provided and underline which describes your policy

Relevance	Rationale	Monitoring ²
High relevance	If there is substantial evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within a year of it being introduced
Medium relevance	If there is some evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within 2 years of it being introduced:
<u>Low relevance</u>	If there is little/no evidence that indicates that groups could be treated differently because of the policy	Impact monitored at least every 3 years

¹ Could be gauged from surveys, audit data, complaints etc,

² Policy Reviews Group working with Equality & Diversity/Human Rights Group must monitor the impact of policies through the following channels: results from the national service user survey, the national mental health and ethnicity census, complaints data, PALS feedback, individual systems within clinical services through which ward and community staff liaise with service users and carers i.e. ward meetings, modern matron meetings

⁴ This assent will be reviewed by the Equality and Diversity/Human Rights group

Human Rights

When developing any policies, policy writers should ask themselves ‘does the policy engage/restrict anyone’s Human Rights?’

What is the Convention of Human Rights?	There are 16 basic rights in the Human Rights Act, all taken from the European Convention on Human Rights. There are 3 types of rights detailed as follows:	
	Absolute- cannot opt out of these rights under any circumstance- cannot be balanced against any public interest	<ul style="list-style-type: none"> Right to life Prohibition of torture Prohibition of slavery and forced labour No punishment without law Right to free elections Right to marry Abolition of the death penalty
	Limited- these rights are subject to predetermined exceptions	<ul style="list-style-type: none"> Right to liberty and security Right to a fair trial
	Qualified- these rights can be challenged in order to protect the rights of other people	<ul style="list-style-type: none"> Respect for private and family life Right to Freedom of thought, conscience and religion Freedom of expression Freedom of assembly and association Prohibition of discrimination Protection of property Right to education
Where can I get more information about this?	<p>More details can be found at the Department of Constitutional Affairs (DCA) http://www.dca.gov.uk/peoples-rights/human-rights/publications.htm Publications DCA (Oct 2006) Human rights: human lives – a handbook for public authorities, crown copyright DCA (Oct 2006) Making sense of human rights – a short introduction, crown copyright DCA (Oct 2006) A Guide to the Human Rights Act 1998, crown copyright</p>	
What should I do if I suspect my policy affects anyone’s Human Rights?	<p>You should forward for discussion at the Trustwide Equality and Diversity and Human Rights Group within the Trust- contact John Short, Chief Operating Officer, executive lead for Equality & Diversity and Human Rights mailto: john.short@cwpa.nhs.uk</p>	

Please tick one of the following

The above has been considered and to the best of my knowledge my policy does not affect any of the human rights listed	✓
The above has been considered and my policy does affect a human right article(s) but this has been discussed and ‘qualified’ at Trust Equality and Diversity and Human Rights Group	