



NHS 24 – 011 NEW AND EXPECTANT MOTHERS POLICY

Document Control	
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Policy Owner: Gill McInnes	Other Key Stakeholders: Chief Executive, Director of Workforce
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1. Policy Statement

NHS 24 recognises its duty to comply with all legislation and is committed to ensuring the health, safety and welfare of its employees, so far as is reasonably practicable. NHS 24 recognises that new or expectant mothers may face additional risks to their health, safety and welfare as a result of their condition, as defined under the Regulations, and will do all that is reasonably practicable to protect these employees. A specific risk assessment will be carried out for each new or expectant mother. (Appendix 1)

These risk assessments will be recorded together with control measures identified to minimise risk and they will be explained to each new or expectant mother including their health and safety responsibilities.

2. Applicable Legislation

- Health and Safety at Work Act.
- Noise at Work Regulations.
- Workplace Health Safety & Welfare Regulations.
- Manual Handling Operations Regulations.
- Display Screen Equipment Regulations. Management of Health and Safety at Work Regulations.
- Control of Substances Hazardous to Health Regulations.

3. Definitions

“Given Birth” means delivered a living child or, after 24 weeks of pregnancy, a stillborn child.

“Hazard” means something with the potential to cause harm.

“New and Expectant Mothers” means a worker who is pregnant, who has given birth within the previous six months, or who is breastfeeding.

“Risk” means the likelihood of harm occurring.

4. Scope

This policy applies to every department within NHS 24 and to every new or expectant mother employed by NHS 24 including contract workers, temporary workers and bank staff. Those employees who are undergoing IVF treatment should not be offered an individual risk assessment unless they request one. In the event that the IVF treatment is successful then a risk assessment would be required.

The generic risk assessment addresses identified risks to those members of staff of child bearing age (including those on IVF).

This Policy is also relevant for New and expectant mothers that are also homeworkers.

5. Aim

The aim of this policy is to set out the arrangements for the identification, assessment and management of the risks to the health and safety to new or expectant mothers within NHS 24.

The objectives are to ensure that NHS 24 has clear and defined arrangements for:

- The identification of new or expectant mothers
- The carrying out of risk assessments on new or expectant mothers
- The regular review of these risk assessments
- The management and control of risks to new or expectant mothers whilst they are at risk.

6. Role and Responsibilities

NHS 24 Board

The NHS 24 Board will ensure that there are suitable and sufficient arrangements and adequate resources for the identification, assessment and management and control of the risks to new or expectant mothers; and that there are suitable rest facilities available to staff who are pregnant or breastfeeding.

Chief Executive

The Chief Executive has overall responsibility for:

- The effective implementation of this policy within NHS 24 and for ensuring that there are suitable and sufficient arrangements for the identification, assessment and management and control of the risks to new or expectant mothers
- Ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements for new or expectant mothers.
- Ensuring that policies are reviewed to secure compliance with existing legislation and any changes to that legislation.

Directors

Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are sufficient resources available to fulfil the requirements of this policy

Director of Workforce (Responsible for H&S)

The Director of Workforce is directly accountable to the Chief Executive and will advise and assist the NHS 24 board in fulfilling its duties under the relevant statutory legislation. In particular the Director of Workforce is responsible for:

- Ensuring that workplace health, safety and welfare procedures are constantly reviewed
- Ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- Ensuring that NHS 24 is kept abreast of relevant new legislation and guidance in order to ensure ongoing compliance with the law.

Line Managers and Supervisors

Once they have been notified in writing that one of their staff is a new or expectant mother, Line manager and supervisors have the following responsibilities:

- To ensure that this policy is implemented effectively within their departments;
- To ensure that, upon receipt of written notification that one of their staff is a new or expectant mother, a suitable and sufficient risk assessment is carried out using the risk assessment proforma at Appendix 1.
- To ensure that the risk assessment is reviewed on a regular basis; and when carrying out and reviewing the assessment, managers and supervisors should consider the guidance in Appendix 2 Managers Guidance.
- To ensure that adequate controls are put in place and maintained to eliminate, manage or control, so far as is reasonably practicable, the identified risks to the new or expectant mother.
- To monitor the workplace to ensure that safe conditions are maintained for new or expectant mothers
- Where necessary liaise with the Service Support team, HR, OH and H&S.
- To consider, and where necessary, put in place alternative working arrangements for the new or expectant mother such as to, where necessary, alter her working conditions or hours of work, if it is reasonable to do so and would avoid the risk or where necessary, identify and offer suitable alternative work that is available, or where necessary suspend her from work. The Employment Rights Act 1996 requires that this suspension should be on full pay. For example, if the new or expectant mother works nights and has a certificate from a registered medical practitioner or a registered midwife stating that it is necessary that they should not work for the period identified on the certificate then NHS 24 will, subject to section 67 of the 1996 Act, suspend her from work for as long as is necessary for her health and safety as required by Regulation 17 of the Management of Health and Safety at Work Regulations 1992 (Amended 1999).

Employees

It is the duty of the new or expectant mother to notify NHS 24 immediately by phone and in writing that she is pregnant or has given birth within the previous 6 months or is breastfeeding. The new or expectant mother can use the template letter in Appendix 3 to do this. **Please note, until NHS 24 received this notification in writing they do not have to do anything.**

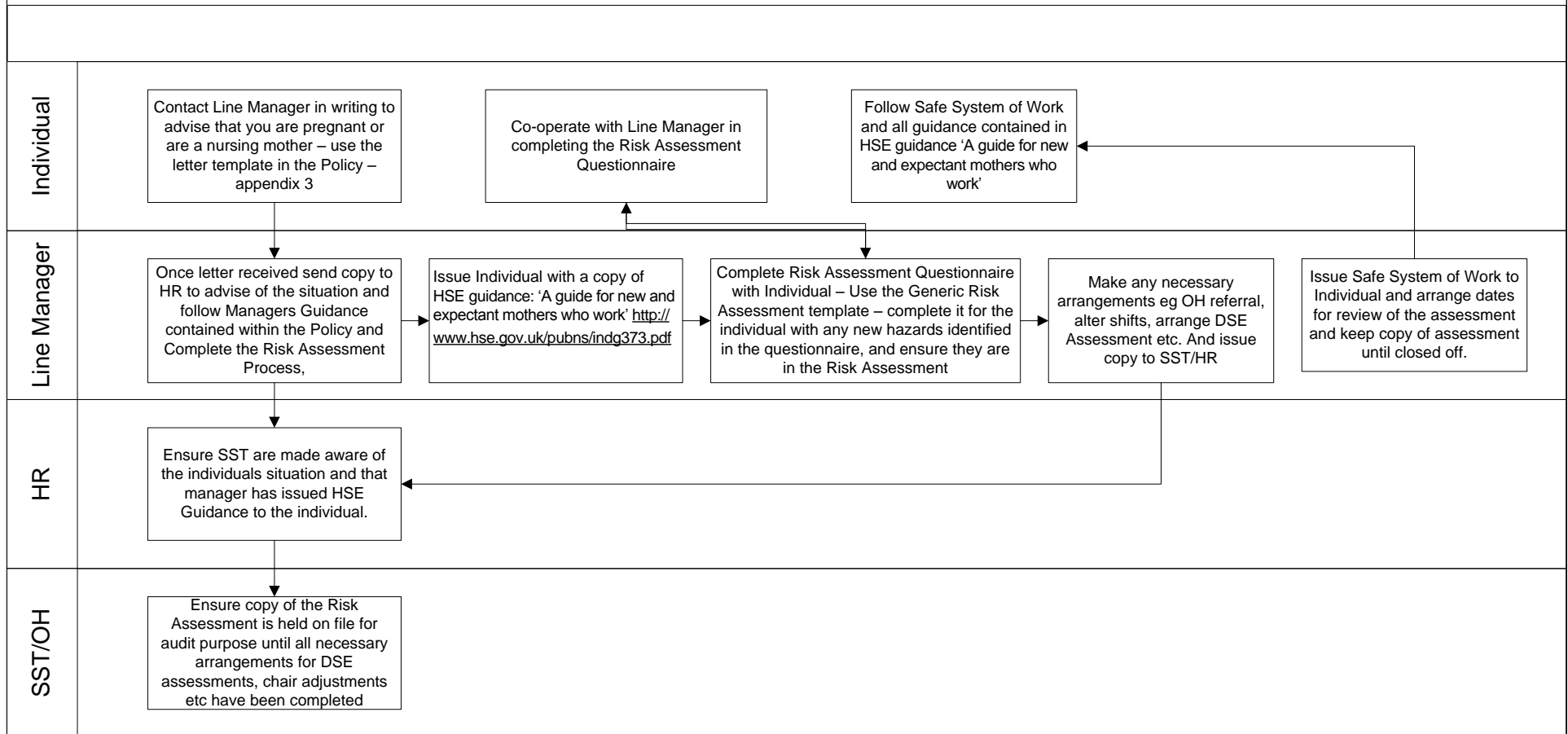
The new or expectant mother also has the following responsibilities:

- To obtain confirmation that they are pregnant from their GP or midwife as soon as is reasonably practicable and provide this to their manager or supervisor.
- To share any certificate they receive from a registered medical practitioner or registered midwife which states that they should not be at work for the period on their certificate with their manager or supervisor (this applies to staff who work nights)
- To inform their manager or supervisor of any changes in their circumstances which would require the risk assessment to be reviewed
- To inform the Human resources Department and Occupational Health that they are continuing to breast feed for six months or more after the birth.

Performance standards and record keeping

Performance standard	Responsibility	Frequency	Records required
Ensure all female employees are aware of how to report pregnancies promptly.	Line Manager/Team Leader	Continuous	No
Ensure risk assessments are carried out and control measures are specified for all new and expectant mothers	Line Manager/Team Leader	Continuous	Yes
Ensure all expectant mothers undergo DSE / workstation assessment (ensure that the Office Ergonomics E-Learning has been completed)	Line Manager/Team Leader	as deemed appropriate	Yes
Ensure that monitoring of the woman's ability to work safely is carried out as the pregnancy progresses. Ensure that the Risk Assessment is reviewed on return to work.	Line Manager/Team Leader	As and when appropriate.	Yes
Ensure all processes, Risk Assessments etc are fully audited.	HR/SST	Annually	Yes

New and Expectant Mothers Process Flow chart V1 June 2016



Appendix 1

Risk Assessment Questionnaire – New and Expectant Mothers

To be completed by the Individual and their Line Manager

Name		Date of Birth	
Current Position		Expected date of Confinement	
Current Gestation: (Weeks)			
Brief description of Current duties			
Last Ante- Natal Appointment		Next Ante-Natal Appointment	
Previous History/ Ante-natal History			
Have you any particular concerns relating to your work/pregnancy?			

Do these duties expose the individual to:-

Physical Agents:-	Yes	No	Comments
Is there any exposure to shocks, vibration or movement?	<input type="checkbox"/>	<input type="checkbox"/>	
Will there be exposure to ionising radiation (X-rays etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there exposure to non-ionising radiation/electro magnetic radiation?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there exposure to extremes of temperature?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any manual handling involved which may introduce a risk of injury? E.g. Lifting/Carrying?)	<input type="checkbox"/>	<input type="checkbox"/>	
Does the movement or posture involved in the work pose a risk (Eg prolonged seating, standing, confined spaces?)	<input type="checkbox"/>	<input type="checkbox"/>	

	<input type="checkbox"/>	<input type="checkbox"/>	
Does the work involve repetitive bending stretching?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there slippery, wet conditions, which could pose a risk?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a risk of physical violence?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to nauseating smells?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you required to wear Personal Protective Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Agents:-	Yes	No	Comments
Could you be exposed to Blood Borne Viruses? (BBV'S)	<input type="checkbox"/>	<input type="checkbox"/>	
Could you be exposed to Rubella?	<input type="checkbox"/>	<input type="checkbox"/>	
Could you be exposed to Chicken Pox?	<input type="checkbox"/>	<input type="checkbox"/>	
Could you be exposed to TB?	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Agents:-	Yes	No	Comments
Are you exposed to Lead?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to Mercury?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to Cytotoxics?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to sterilising agents?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to pesticides?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to Carbon Monoxide?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to Solvents?	<input type="checkbox"/>	<input type="checkbox"/>	
Psychological:-	Yes	No	Comments
Do you work Long Hours without a break? Fatigue?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a requirement to do shift work?	<input type="checkbox"/>	<input type="checkbox"/>	
If working shift work are any of these nightshifts?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to stressful situations?	<input type="checkbox"/>	<input type="checkbox"/>	

Are you exposed to Violent or aggressive situations?	<input type="checkbox"/>	<input type="checkbox"/>	
Working Conditions:-	Yes	No	Comments
Do you work with Display Screen Equipment (DSE)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your job require you to drive?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you sometimes work alone?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you exposed to 2 nd hand cigarette smoke?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you required to work at height?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there adequate facilities for you to rest?	<input type="checkbox"/>	<input type="checkbox"/>	

Have any of the following been considered to control the risk			
	Yes	No	Comments
Alter working conditions or hours of work	<input type="checkbox"/>	<input type="checkbox"/>	
Identify and offer of suitable alternative work?	<input type="checkbox"/>	<input type="checkbox"/>	
Suspend from work on full pay (Employment Rights Act 1996)	<input type="checkbox"/>	<input type="checkbox"/>	

Line Manager Guidance: Consider the answers above and check against the Generic Risk Assessment Template for New and Expectant Mothers. If all of the risks are covered in the generic template – please update with individuals name and give them a copy of the Safe System of Work. If all risks are not covered – add the new risk to the template and then issue.

Ensure you follow the New and Expectant Mothers Policy and Manager Guidance – and contact Service Support/HR and Occupational Health for any further advice and guidance. All decisions **must** be taken in consultation with the member of staff concerned.

Individual Signature		Line Manager Signature	
Date of Review			
Individual Signature following review		Line Manager Signature following review	
Date of Review			
Individual Signature following review		Line Manager Signature following review	

Return to Work Section

To be completed during 1st week back from maternity Leave

Risk:-	Yes	No	Comments
Did the employee have a caesarean Section and could this impact on her ability to carry out normal duties?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the employee breast feeding (expressing milk) and are there any perceived difficulties with this?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the employee have any other issues – eg Fatigue?	<input type="checkbox"/>	<input type="checkbox"/>	
Any other Comments?			
If there are no outstanding issues or new issues then the assessment can be closed off			
Individual Signature		Line Manager Signature	
Date closed			

Business Unit: All NHS 24 Sites.	Department: All	RISK ASSESSMENT		
Equipment/Operation/Environment Assessed: General duties for new and expectant mothers	Employees at risk: New and Expectant mothers	Assessor: Fay McNicol	Assessment Ref: NHS 24 RA 021	
Application: Working environment.	Others at risk: Unborn child	Date assessment carried out: June 2016		
Description & Purpose of Process /Product: To ensure the safety of new and expectant mothers (to be used in conjunction with all other risk assessments relevant to type of work carried out by individual)				

HAZARDS & CONSEQUENCES (Equipment, Operational, Environment)	Pre-assessment score			Control Measures Required: Can the hazard be eliminated altogether? Can the hazard be replaced with something less hazardous? Can the hazard be separated from those it may harm? Can the work be reorganised to reduce the risk? Can personal protective equipment be used?	Post- assessment score			Remarks
	Sev	Likely	Risk Rating		Sev	Likely	Risk Rating	
Generic office tasks – i.e. filing, answering the telephone, working in static positions for long periods, sitting/standing, Use of DSE	4	2	8	<ul style="list-style-type: none"> Employee to notify Line Manager that they are expecting or have given birth in the previous 6 months or if they continue to breast feed Line Manager to arrange to have a 'new and expectant mothers' Risk Assessment form completed at earliest opportunity Line Manager to arrange to have ongoing monitoring of the situation with details recorded in the assessment form. Ensure that work is planned to allow for breaks and changes in activity to allow postural relief. Ensure workspace including below desk level remains uncluttered and adequate space is available for all tasks. 	4	1	4	

<p>Generic office tasks contd – i.e. filing, answering the telephone, working in static positions for long periods, sitting/standing, Use of DSE</p>			<ul style="list-style-type: none"> • Suitable chair to be provided with adequate lumbar support • Chair to be maintained regularly in accordance with manufacturers instructions and records kept for audit purpose • Employee to be issued with HSE guidance: 'A guide for new and expectant mothers who work' http://www.hse.gov.uk/pubns/indg373.pdf • Ensure Staff member has completed DSE Assessment Form and has completed DSE and Office Ergonomics E-Learning 				
<p>Manual handling of equipment including laptops/promotional materials, office stationary, pushing/pulling or supporting loads resulting in Musculoskeletal injuries</p> <p>Pregnant workers are at higher risk from manual handling injuries due to postural and hormonal changes. Also those that have recently given birth after a caesarean section will be limited in their lifting or handling capabilities.</p>	4	3	<ul style="list-style-type: none"> • Pregnant workers or new mums should avoid where possible any manual handling activities. • Contact colleagues to request assistance to move loads • Only trained competent Employees should carry out this activity • Provide Employee with mechanical equipment or human assistance if manual handling task is out with personal capability • Reduce the size/weight of loads being moved and transfer distances, where possible. • Ensure adequate rest periods are given between periods of physical exertion. • If using a laptop ensure suitable bag is supplied to wheel on the ground. 	4	1	4	

<p>Stress, Anxiety about being pregnant (previous history), job insecurity, financial insecurity.</p> <p>Mental and Physical Fatigue, long shifts, overtime, night working, harrowing calls</p>	3	3	9	<ul style="list-style-type: none"> • Consider altering shift patterns • Consider reduction in Overtime • Ensure that all targets are realistic and achievable. • Conduct regular 1 to 1's/reviews with Employee to discuss all aspects of role. • Employees to be allowed to take regular breaks away from DSE work. Recommend 5 mins every hour minimum • Provide Employee with details of Employee Assistance programme - 'Help' Employee Assistance phone number i.e. 0800-5875670 or www.sg.helpeap.com • Consider referral to OH if situation changes 	3	1	3	
<p>Inappropriate nutrition, eg morning sickness, inability to eat normally, shift over run</p>				<ul style="list-style-type: none"> • Consider altering shift patterns • Provide Advise to staff member 				
<p>Verbal abuse during call handling/taking</p>				<ul style="list-style-type: none"> • Ensure staff member is aware of Violence and Aggression Policy and understands how to report an abusive call 				
<p>Biological issues.</p>	3	3	9	<ul style="list-style-type: none"> • Ensure exposure is eliminated during this period • Ensure Screens and keyboards are kept in a clean condition. • Ensure equipment is cleaned regularly. • Provide wipes for additional cleaning purposes. 	3	1	3	
<p>Slip/trip Fall as a result of trailing cables, boxes files or other items left on floor or walkways</p>	3	3	9	<ul style="list-style-type: none"> • Good housekeeping practises must be adopted to prevent tripping/slipping and fire hazards. • Employee to wear shoes that do not increase the potential risks of slipping/tripping/falling • Employee to report any hazards to Line Manager 	3	1	3	

Electrocution from broken or Faulty equipment	4	2	8	<ul style="list-style-type: none"> • Electrical tests and/or inspections to be carried out according to policy standards and records kept for audit purposes. • Defective equipment must be repaired / replaced with appropriate records kept. • Employee to report any hazards to Line Manager. 	4	1	4	
Driving, travelling between locations, lone working	4	2	8	<ul style="list-style-type: none"> • Consider telephone conferences instead of travelling to meetings especially as the pregnancy continues and try where possible to not travel alone especially in later stages of pregnancy. • Encourage Employees to stay overnight in suitable accommodation rather than travel long distances and working long hours • Employee to discuss and plan work journeys with line manager to allow for frequent breaks. 	4	1	4	
Exposure to Infectious Disease I.e. measles, mumps, rubella, meningitis, BBV's, TB, Chicken Pox.	4	2	8	<ul style="list-style-type: none"> • Minimise contact with others that could be carrying infectious diseases • Do not mix with friends/family or Employees who are known to have been in contact with the disease • Contact GP or midwife for further information if you think you have been in contact with an affected person 	4	1	4	
Environment <ul style="list-style-type: none"> • Excessive noise • 2nd hand smoke • Lead • Radioactive materials • Carbon monoxide 	4	2	8	<ul style="list-style-type: none"> • Ensure the working environment is suitable and does not increase risks to the new or expectant mother or the unborn child • Ensure maintenance programmes in place for all equipment • Employee to report any hazards or concerns to line manager • Employee to be supplied with and wear any relevant PPE 	4	1	4	

RISK RATINGS:

Risk ratings are calculated using the two charts below.

The Severity score relates to the most likely outcome of an individual being exposed to the hazard. E.g. Resulting in an injury.

The Likelihood score relates to the individual being exposed to the hazard and being injured. E.g. Opportunity of occurrence.

Multiplying the Severity by the Likelihood equals the RISK RATING.

Cognisance must be given to

- (a) any previous maternity history, a history of still birth or miscarriage significantly increases the likelihood of a repeat, in such cases precautionary controls may be more appropriate than risk based.
- (b) Doctors advice: if a family GP writes in stating that work parameters (eg shift patterns/lifting etc) need to be changed then adjustments **must** be made.
- (c) Occupational Health advice: this should be complied with and necessary adjustments made.

*The **Pre-assessment score** is calculated considering no control measures in place*

*The **Post –assessment score** is any remaining risk after **all control measures** have been implemented.*

The lower risk rating scores are only relevant once all the control measures are in place and actioned.

Severity		Definition	Likelihood		Definition
1	Negligible	Minor temporary discomfort to mother (none to baby)	1	Rare	Not expected to be exposed
2	Minor	Minor temporary injury to mother or baby	2	Unlikely	Very rare exposure
3	Moderate	Risk of injury/illness requiring time off work	3	Possible	Rare exposure (monthly)
4	Major	Exposure will/may lead to permanent harm to mother or baby	4	Likely	Occasional Exposure (Weekly)
5	Extreme	Significant risk of harm (or death) to mother or baby	5	Almost Certain	Frequent exposure (Daily)

Likelihood scores are based upon one person, the anticipated or actual frequency of operation and likelihood of occurrence.

Risk Ratings – 20 to 25 = Very High risk, 10 to 19 = High risk, 4 to 9 = Medium risk, 1 to 3 = Low risk.

Business Unit: All NHS 24 sites.	Department:. All	MINIMUM STANDARDS (Management Controls)		
Equipment/Operation/Environment Assessed: General duties for new and expectant mothers	Employees at risk: New & expectant mothers	Assessor: Fay McNicol	Assessment Ref: NHS 24 RA 021	
Application: Working environment.	Others at risk: Unborn child	Date assessment carried out: June 2016		
Description & Purpose of Process /Product: To ensure the safety of all new and expectant mothers (to be used in conjunction with all other risk assessments relevant to type of work carried out by individual)				

*A risk assessment has been carried out on the subject above. These minimum standards form part of the control measures that MUST be implemented to reduce those risks to acceptable levels.
Failure to implement these standards may lead to personal injuries and, as they are based on legislation and/or best practice, may lead to prosecution.*

Hazard	Responsibility	Minimum Standard	Status Implemented/ Outstanding	Date
Generic office tasks – i.e. filing, answering the telephone, working in static positions for long periods, sitting/standing, Use of DSE	Line Manager	<p>Line manager to arrange to have a 'new and expectant mums (office based) assessment form completed at earliest opportunity</p> <p>Line manager to arrange to have ongoing monitoring of the situation with details recorded in the assessment form.</p> <p>Ensure that work is planned to allow for breaks and changes in activity.</p> <p>Ensure workspace including below desk level remains uncluttered and adequate space is available for all tasks.</p> <p>Ensure Suitable chair is provided with adequate lumbar support</p> <p>Ensure Employee is issued with HSE guidance: 'A guide for new and expectant mothers who work' http://www.hse.gov.uk/pubns/indg373.pdf</p> <p>Ensure Staff member has completed DSE Assessment Form and has completed DSE and Office Ergonomics E-Learning</p>		

Hazard	Responsibility	Minimum Standard	Status Implemented/ Outstanding	Date
	Service Support Manager	Ensure Chair is maintained regularly in accordance with manufacturer's instructions and records kept for audit purpose		
<p>Manual handling of equipment including laptops resulting in Musculoskeletal injuries</p> <p>Pregnant workers are at higher risk from manual handling injuries due to postural and hormonal changes. Also those that have recently given birth after a caesarean section will be limited in their lifting or handling capabilities</p>	Line Manager	<p>Ensure Pregnant workers or new mums avoid where possible any manual handling activities.</p> <p>Ensure Only trained competent Employees carry out this activity</p> <p>Provide Employee with mechanical equipment or human assistance if manual handling task is out with personal capability</p> <p>Reduce the size/weight of loads being moved and transfer distances, where possible.</p> <p>Ensure adequate rest periods are given between periods of physical exertion.</p> <p>Ensure If Employee is using a laptop that a suitable bag is supplied to wheel on the ground.</p>		
<p>Stress, Anxiety about being pregnant (previous history), job insecurity, financial insecurity.</p> <p>Mental and Physical Fatigue, long shifts, overtime, night working, harrowing calls</p>	Line Manager	<p>Consider altering shift patterns</p> <p>Consider reduction in Overtime</p> <p>Ensure that all targets are realistic and achievable.</p> <p>Conduct regular 1 to 1`s/reviews with Employee to discuss all aspects of role.</p> <p>Ensure Employees to be allowed to take regular breaks away from DSE work. Recommend 5 mins every hour minimum</p> <p>Provide Employee with details of Employee Assistance programme - 'Help' Employee Assistance phone number i.e. 0800-5875670 or www.sg.helpeap.com</p> <p>Consider referral to OH if situation changes</p>		

Hazard	Responsibility	Minimum Standard	Status Implemented/ Outstanding	Date
Inappropriate nutrition, e.g. morning sickness, inability to eat normally, shift over run	Line Manager	Consider altering shift patterns Provide Advise to staff member		
Verbal abuse during call handling/taking	Line Manager	Ensure staff member is aware of Violence and Aggression Policy and understands how to report an abusive call		
Biological issues.	Line Manager	Ensure Screens and keyboards are kept in a clean condition. Ensure equipment is cleaned regularly. Provide wipes for additional cleaning purposes.		
Slip/trip Fall as a result of trailing cables, boxes files or other items left on floor or walkways	Line Manager	Ensure Good housekeeping practises are adopted to prevent tripping/slipping and fire hazards. Ensure Employee is aware that they should wear shoes that do not increase the potential risks of slipping/tripping/falling		
Electrocution from broken or faulty equipment	SST Manager	Electrical tests and/or inspections to be carried out according to policy standards and records kept for audit purposes. Defective equipment must be repaired/ replaced with appropriate records kept.		
Driving, travelling between locations, lone working	Line Manager	Consider telephone conferences instead of allowing the individual to travel to meetings especially as the pregnancy continues and try where possible to not travel alone especially in later stages of pregnancy. Encourage Employee to stay overnight in suitable accommodation rather than travel long distances and work long hours Discuss and plan work journeys with individual to allow for frequent breaks		

Hazard	Responsibility	Minimum Standard	Status Implemented/ Outstanding	Date
Exposure to Infectious Disease I.e. measles, mumps, rubella, meningitis, BBV's, TB, Chicken Pox.	Line Manager	Ensure contact with others that could be carrying infectious diseases is minimised Advise individual to Contact GP or midwife for further information if they think they have been in contact with an affected person		
Environment <ul style="list-style-type: none"> Excessive noise 2nd hand smoke Lead Radioactive materials Carbon monoxide 	Line Manager	Ensure the working environment is suitable and does not increase risk to the new or expectant mother or the unborn child Employee to be supplied with all relevant PPE		
	SST Manager	Ensure maintenance programmes in place for all equipment Ensure the working environment is suitable and does not increase risk to the new or expectant mother or the unborn child		

Hazard	Responsibility	<u>Additional control measures proposed but NOT implemented at this time and the reasons for decision</u>	Residual risk rating			Signed by management	Date
			Sev	Likely	Risk		
		Rationale: -					
		Rationale: -					

Business Unit: All NHS 24 Sites	Department:. All	SAFE SYSTEMS OF WORK (Employee Controls)	
Equipment/Operation/Environment Assessed: General duties for new and expectant mothers	Employees at risk: New & expectant mothers	Assessor: Fay McNicol	Assessment Ref: NHS 24 RA 021
Application: Working environment.	Others at risk: Unborn child	Date assessment carried out: June 2016	
Description & Purpose of Process /Product: To ensure the safety of all new and expectant mothers (to be used in conjunction with all other risk assessments relevant to type of work carried out by individual)			
Identified Hazards: - <ol style="list-style-type: none"> 1. Generic office tasks – i.e. filing, answering the telephone etc 2. Stress and fatigue. 3. Biological issues. 4. Slip/trip Fall as a result of trailing cables, boxes files or other items left on floor or walkways 5. Electrocution from broken or Faulty equipment 6. Driving 7. Exposure to Infectious Disease i.e. measles, mumps, rubella, meningitis etc 		<ol style="list-style-type: none"> 8. Manual handling of equipment including laptops resulting in musculoskeletal injuries. Pregnant workers are at higher risk from manual handling injuries due to postural and hormonal changes. Also those that have recently given birth after a caesarean section will be limited in their lifting or handling capabilities. 9. Environment <ul style="list-style-type: none"> • Excessive noise • 2nd hand smoke • Lead • Radioactive materials • Carbon monoxide 	

This safe system of work must be followed at all times. A copy of the full risk assessment is available on request.

<u>ALWAYS:</u>	<u>NEVER:</u>
<ol style="list-style-type: none"> 1. Notify your Line Manager that you are expecting or have given birth in the previous 6 months or if you continue to breastfeed. 2. Comply with your line manager’s request to complete an assessment form at the earliest opportunity. 3. Keep your line manager or assessor informed of your developing needs. 4. Plan your work to allow adequate breaks and changes in activity. 5. Ensure workspace including under the desk remains uncluttered and that you have adequate space for all tasks. 6. Adopt good housekeeping practices to prevent tripping hazards. 7. Take a five minute break every hour from continuous keyboard use/or carry out alternative types of work 8. Adjust your chair to give adequate lumbar support and to ensure that your forearms and thighs are horizontal. 9. Report to your manager if any of the equipment you are using is either unsuitable or defective in any way. 10. Report to your manager if your chair no longer provides adequate lumbar support or no longer adjusts 11. Advise line manager if there are any changes to your workstation, personal circumstances or operational effectiveness with the potential to cause harm or increase risk. 12. Ensure you read the HSE guidance ‘A guide for new and expectant mothers who work’ 13. Avoid where possible manual handling activities 14. Contact colleagues for assistance with manual handling Activities. 15. Use mechanical aids or human assistance if manual handling task is out with your capabilities 16. Reduce the size/weight of the load being moved and distances traveled 17. Ensure adequate rest periods are taken between periods of physical exertion. 18. Use a suitable bag if using/carrying a laptop – ie one with wheels. 19. Discuss with your line manager, performance, targets or any changes to your physical or mental condition that could give rise to stress or fatigue. 20. Ensure all equipment you are using is clean and use wipes etc provided. 21. Wear appropriate footwear and clothing to reduce the risks of slip/trip/fall and report any hazards to line manager 22. Consider telephone conferences instead of traveling to meetings especially as the pregnancy continues 23. Stay overnight in suitable accommodation rather than travel long distances or work 	<ol style="list-style-type: none"> 33. Leave trailing cables. 34. Use equipment continuously without adequate breaks. 35. Use damaged or defective equipment. 36. Carry out any manual handling tasks unless you have received adequate training and are personally capable of completing it. 37. Bend unnecessarily or stretch to reach printers or equipment

<p>long hours.</p> <ol style="list-style-type: none"> 24. Discuss and plan journeys with your line manager to ensure time allows for frequent breaks. 25. Minimize contact with others that could be infected by infectious diseases i.e. measles, mumps, rubella, meningitis , BBV's TB etc 26. Do not mix with family, friends or Employees who are known to have been in contact with the disease. 27. Contact your GP or midwife for further information if you think you have been in contact with an affected person. 28. Ensure you working environment is suitable and does not increase risk to yourself or the unborn child. 29. Report any environmental hazards to your line manager (i.e. excessive noise, 2nd hand smoke, carbon monoxide etc). 30. Wear any supplied relevant PPE 31. Consider reducing the amount of overtime worked 32. Consider working alternative shifts if affected by morning sickness etc. 	<p><u>REMEMBER:</u> -</p> <ul style="list-style-type: none"> • Contact your immediate line manager if you have any concerns/reservations or if your circumstances change. • 'Help' Employee Assistance phone number i.e. 0800-5875670 or www.sg.helpeap.com
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Business Unit: All NHS 24 sites.		Department: All		APPROVAL & REVIEW	
Equipment/Operation/Environment Assessed:		Employees at risk: New & Expectant mothers		Assessor: Fay McNicol	Assessment Ref: NHS 24 RA 021
Application: Working environment.		Others at risk: Unborn child		Date assessment carried out: June 2016	
Description & Purpose of Process /Product: To ensure the safety of new and expectant mothers (to be used in conjunction with all other risk assessments relevant to type of work carried out by individual)					
This Risk assessment has been approved by the following persons	Appointment &/or Role	Name	Signature	Date	
	H&S Consultant	Fay McNicol			
	Senior manager on behalf of BU				
	Staff Side Representative	Martin MacGregor			
	Line Manager				

All Assessments must be made available to the Employees at risk and be available for inspection during Audits and by Enforcing Authorities

Highest Rating without control:	12	Highest Rating with control:	4	This assessment will be reviewed following the Line Manager/H&S Consultant being notified of any significant changes to the equipment, operation or environment by the Business Unit.
Summary:				

Assessment Review Due to: - e.g.

Appendix 2

Managers Guidance

Information Sheet**Risks to New and Expectant Mothers**

List of hazards/working conditions.	What is the risk?	How to avoid the risk.
<p><u>Physical Agents</u> – these are regarded as agents causing foetal lesions and/or likely to disrupt placental attachment, and in particular:</p> <p>Shocks, vibration or movement.</p>	<p>Regular exposure to shocks, low frequency vibration, for example driving or riding in off-road vehicles, or excessive movement, may increase the risk of a miscarriage. Long-term exposure to vibration does not cause foetal abnormalities but often occurs with heavy physical work, so there may be an increased risk of prematurely or low birth weight.</p>	<p>Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen is exposed to shocks or jolts. Breastfeeding workers are at no greater risk than other workers.</p>
<p>Manual handling of loads where there is a risk of injury.</p>	<p>Pregnant workers are especially at risk from manual handling injury – for example hormonal changes can affect the ligaments, increasing susceptibility to injury; and postural problems may increase as the pregnancy progresses.</p> <p>There can also be risks for those who have recently given birth, for example after a caesarean section there is likely to be a temporary limitation on lifting and handling capability.</p>	<p>The changes an employer should make will depend on the risks identified in the assessment and the circumstances of the business. For example, it may be possible to alter the nature of the task so that risks from manual handling are reduced for all workers including new or expectant mothers. Or it may be necessary to address the specific needs of the worker and reduce the amount of physical work, or provide aids for her in future to reduce the risks she faces.</p>
<p>Noise</p>	<p>There appears to be no specific risk to new or expectant mothers or to the foetus, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness. No particular problems for women who have recently given birth or who are breastfeeding.</p>	<p>The requirements of the Noise at Work Regulations 1989 should be sufficient to meet the needs of new or expectant mothers.</p>

List of agents/working conditions.	What is the risk?	How to avoid the risk.
Extremes of cold or heat.	When pregnant, women tolerate heat less well and may more readily faint or be more liable to heat stress. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about. Breastfeeding may be impaired by heat dehydration. No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.	Pregnant workers should take great care when exposed to prolonged heat at work, for example when working near furnaces. Rest facilities and access to refreshments would help.
Movements and postures, travelling – either inside or outside any establishment – mental and physical fatigue and other physical burdens connected with the activity of new or expectant mothers.	<p>Fatigue from standing and other physical work has long been associated with miscarriage, premature birth and low birth weight. Excessive physical or mental pressure may cause stress and can give rise to anxiety and raised blood pressure.</p> <p>Pregnant workers may experience problems in working at heights, for example ladders, platforms, and in working in tightly fitting workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired, and an increased risk of accidents may need to be considered.</p>	<p>Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the colleague(s) themselves have some control over how their work is organised. Ensure that seating is available where appropriate. Longer or more frequent rest breaks will help to avoid or reduce fatigue.</p> <p>Adjusting workstations or work procedures may help remove postural problems and risk of accidents.</p>

List of agents/working conditions.	What is the risk?	How to avoid the risk.
<p><u>Biological Agents</u> (Any biological agent of hazard groups 2, 3 and 4 (Categorisation of biological agents according to hazard and categories of containment – Advisory Committee on Dangerous Pathogens).</p>	<p>Many biological agents within the three risk groups can affect the unborn child if the mother is infected during pregnancy. These may be transmitted through the placenta while the child is in the womb, or during or after birth, for example through breastfeeding or through close physical contact between mother and child. Examples of agents where the child might be infected in one of these ways are hepatitis B, HIV (the AIDS virus), herpes, TB, syphilis, chickenpox and typhoid. For most workers, the risk of infection is not higher at work than from living in the community; but in certain occupations, exposure to infections is more likely, for example laboratory workers, health care, people looking after animals and dealing with animal products.</p>	<p>Depends of the risk assessment, which will take account first of the nature of the biological agent, how infection is spread, how likely contact is, and what control measures there are. These may include physical containment, hygiene measures, use of available vaccines if exposure justifies this. If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.</p>
<p>Biological agents known to cause abortion of the foetus, or physical and neurological damage. These agents are included in hazard groups 2, 3 and 4.</p>	<p>Ruebella (German Measles) and toxoplasma can harm the foetus, as can some other biological agents, for example cytomegalovirus (an infection common in the community) and chlamydia in sheep. The risks of infection are generally no higher for workers than others, except in those exposed occupations (see above).</p>	

List of agents/working conditions.	What is the risk?	How to avoid the risk.
<p><u>Chemical Agents</u> – The following chemical agents in so far as it is known that they endanger the health of pregnant women and the unborn child Substances labelled R40, R45, R46 and R47 under Directive 67/548/EEC [since amended or adapted on a number of occasions].</p>	<p>There are about 200 substances labelled with these risk phrases:</p> <p>R40: possible risk of irreversible effects R45: may cause cancer R46: may cause heritable genetic damage R61: may cause harm to the unborn child R63: possible risk of harm to the unborn child R64: may cause harm to breastfed babies.</p> <p>The actual risk to health of these substances can only be determined following a risk assessment of a particular substance at the place of work – i.e. although the substances listed may have the potential to endanger health or safety, there may be no risk in practice, for example if exposure is below a level which might cause harm.</p>	<p>With the exception of lead (see below) and asbestos these substances all fall within the scope of COSHH. For work with hazardous substances, which include chemicals which may cause heritable genetic damage, employers are required to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks. In carrying out assessments employers should have regard for women who are pregnant, or who have recently given birth.</p>
<p>Mercury and mercury derivatives</p>	<p>Organic mercury compounds could have adverse effects on the foetus. Animal studies and human observations have demonstrated that exposure to these forms of mercury during pregnancy can slow the growth of the unborn baby, disrupt the nervous system, and cause the mother to be poisoned. No clear evidence of adverse effects on developing foetus from studies of humans exposed to mercury and inorganic mercury and mercury compounds. No indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby. Potential for health effects in children from exposure of mother to mercury and mercury compounds is</p>	<p>Guidance Notes</p> <p>EH17: Mercury and its inorganic divalent compounds. MS12: Mercury – medical surveillance. Give practical guidance on the risks of working with mercury and how to control them.</p>

	uncertain.	
List of agents/working conditions.	What is the risk?	How to avoid the risk.
Chemical agents of known and dangerous percutaneous absorption (i.e. that may be absorbed through the skin). This includes some pesticides.	<p>The HSE guidance booklet EH40 Occupational exposure limits, updated annually, contains tables of inhalation exposure limits for certain hazardous substances. Some of these substances can also penetrate intact skin and become absorbed into the body, causing ill-health effects.</p> <p>These substances are marked 'SK' in the tables. As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties. Absorption through the skin can result from localised contamination, for example from a splash on the skin or clothing, or in certain cases, from exposure to high atmospheric concentrations of vapour.</p>	<p>Take special precautions to prevent skin contact. Where possible, use engineering methods to control exposure in preference to personal protective equipment, such as gloves, overalls or face shields. For example perhaps you could enclose the process or redesign it so that less spray is produced.</p> <p>Where you must use personal protective equipment (either alone or in combination with engineering methods), ensure that it is suitable. The Control of Pesticides Regulations 1986 (COPRO, sets out general restrictions on the way that pesticides can be used. In addition all pesticides must be approved before they can be advertised, sold, supplied, used or stored. Conditions can be put onto the approval, which may for example limit the way the product can be used (for example restrict the way that it can be applied), require that certain safety precautions are followed, and restrict who may use it (for example professionals or amateurs). The conditions are reflected on the product label. Failure to comply is an offence.</p>
Carbon monoxide	<p>Carbon monoxide readily crosses the placenta and can result in the foetus being starved of oxygen. Data on the effects of exposure to carbon monoxide on pregnant women are limited but there is evidence of adverse effects on the foetus. Both the level and duration of maternal exposures are important factors in the effect on the foetus. There is no indication that breastfed babies suffer adverse effects from their mother's exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.</p>	<p>HSE's guidance note EH43: Carbon Monoxide gives practical advice on the risks of working with carbon monoxide and how to control them. It warns that pregnant women may have heightened susceptibility to the effects of exposure to carbon monoxide.</p>

List of agents/working conditions	What is the risk?	How to avoid the risk
Work with Display Screen Equipment (VDUs).	<p>Although not specifically listed in the Pregnant Workers Directive, HSE is aware that anxiety about radiation emissions from display screen equipment and possible effects on pregnant women has been widespread. However, there is substantial evidence that these concerns are unfounded. The HSE has consulted the National Radiological Protection Board, which has the statutory function of providing information and advice on all radiation matters to Government Departments, and the advice below summarises scientific understanding.</p> <p>The levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risk to human health created by such emissions and the National Radiological Protection Board does not consider such levels to pose a significant risk to health. No special protective measures are therefore needed to protect the health of people from this radiation.</p> <p>There has been considerable public concern about reports of higher levels of miscarriage and birth defects among some groups of visual display unit (VDU) workers, in particular due to electromagnetic radiation. Many scientific</p>	<p>In the light of the scientific evidence pregnant women do not need to stop work with VDUs. However, to avoid problems caused by stress and anxiety women who are pregnant or planning children and worried about working with VDUs should be given the opportunity to discuss their concerns with someone adequately informed of current authoritative scientific information and advice.</p>

	studies have been carried out, but taken as a whole their results do not show any link between miscarriages or birth defects and working with VDUs. Research and reviews of the scientific evidence will continue to be undertaken.	
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Aspects of pregnancy that may affect work

Apart from the hazards listed in the table, there are other aspects of pregnancy that may affect work. The impact will vary during the course of the pregnancy and you will want to keep their effects under review, for example the posture of expectant mothers changes to cope with increasing size.

<u>Aspects of pregnancy</u>	<u>Factors in work</u>
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 toilet	Difficulty in leaving job/site of work
Increasing size	Use of protective clothing Work in confined areas Manual handling
Travel/Driving i.e. fatigue, stress, static posture long periods alone	Reduce the need for lengthy journeys Change travel methods
Tiredness	Overtime Evening work
Balance	Problems of working on slippery, wet surfaces
Comfort	Problems of working in tightly fitting workspaces
Dexterity, agility, co-ordination,	Speed of movement, reach, may be impaired because of increasing size.

Appendix 3

Written notification confirming new or expectant mothers status.

All staff who are pregnant mothers should complete this as soon as they know that they are pregnant and /or if they are new mothers and returning to work; once completed they should send it to their line manager/supervisor immediately. A copy of this letter should also be sent to the Human Resources team.

Address – (Insert your address here)

Date – (Insert todays date)

Private and Confidential

Dear (Insert line managers/supervisors name)

RE: Written notification of being a new or expectant mother (Delete whichever is not appropriate)

In accordance with regulation 18 of the management of Health and Safety at Work Regulations 1992 (amended 1999) I wish to inform you that I am pregnant and that my baby is due on the : (Add Date) / I wish to inform you that I am a new mother and will be returning to work on:(Add Date) (Delete whichever is not appropriate).

I understand that as I have now informed you in writing of my circumstances, you will make arrangements to carry out a personal and specific risk assessment on my circumstances and current job role.

I also understand that you will make arrangements to put measures in place, so far as is reasonably practicable, to ensure my health and safety; and you will review this assessment regularly as my pregnancy progresses or my circumstances change to take in account any possible risks that may occur during the different stages of my pregnancy.

I look forward to hearing from you in the very near future.

Yours Sincerely

Please print name:

Please print job title:

Please print Usual work location:

Please print contact details: