

## Document Control Report

<b>Title</b> New and Expectant Mothers at Work Policy			
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2.1	Oct 2019	Revision	Welfare arrangements concerning breastfeeding and expressing milk revised. Information added concerning, managing breastfeeding related sickness absence, parental support group and arrangements for loan of equipment. Circulated for consultation 18.10.19. <b>Note:</b> version 2.1 of the policy was not approved due to arrangements for dedicated nursing space and support group being put on hold during pandemic.
2.2	June 2020	Revision	Biological agents section 4.3.2 updated - infections during pregnancy and Coronavirus information added. Welfare arrangements amended to reflect existing arrangements.
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# 1 Purpose

The purpose of this document is to provide information to new and expectant mothers and those with responsibilities (such as line managers) relating to preventing harm to health and outlining actions to be taken in accordance with Health and Safety Executive (HSE) guidance.

The policy applies to all female staff of childbearing age and anyone with responsibilities relating to this staff group.

Implementation of this policy will ensure:

- Risk of harm to new and expectant mothers, their unborn child, or baby is managed so far as is reasonably practicable, such as;
  - Adjusting if necessary working conditions and/or hours if necessary.
  - Removing new and expectant mothers from hazardous activities.
- Legal compliance with laws relating to new and expectant mothers, including:
  - Health and Safety at Work etc. Act 1974.
  - Management of Health and Safety at Work Regulations 1999.
  - Workplace (Health Safety and Welfare) Regulations 1992.
  - Equality Act 2010.

This policy does not provide information relating to maternity leave or pay which is covered under the Maternity Leave and Pay Policy.

# 2 Definitions

## 2.1 New and Expectant Mothers

A new or expectant mother is a woman who is pregnant, has given birth within the last six months or is breastfeeding (Source: HSE).

## 2.2 Given Birth

'Given birth' is described as having 'delivered a living child; or after 24 weeks of pregnancy, a stillborn child' (Source: HSE).

## 2.3 Risk

A risk is the likelihood that a hazard will actually cause adverse effects or harm, together with a measure of the severity or impact (consequences) that this will have (Source: Risk Management Policy).

## 2.4 Harm

Harm is defined as "injury (physical or psychological), ill health, suffering, disability, death, loss, damage to property or services (Source: Risk Management Policy).

## 2.5 Risk Assessment

A risk assessment is a careful examination of the harm which could be caused through any work activity (Source: HSE).

Completion of risk assessments enables the Trust to check whether appropriate control measures are in place, or if more are needed to prevent harm. If any significant risks are identified, then the risk assessment must be completed in accordance with the Trust Policies including:

- [Control of Substances Hazardous to Health \(COSHH\) Policy](#)
- [Display Screen Equipment \(DSE\) Policy](#)
- [Health and Safety Policy](#)
- [Lone Working Policy](#)
- [Moving and Handling Policy](#)
- [Risk Management Policy](#)
- [Violence and Aggression Policy](#)

## 3 Responsibilities

### 3.1 Managers / Supervisors

Managers, Heads of Department and Supervisors are responsible for ensuring that this policy is effectively implemented in all areas relating to their own Wards, Services or Departments and must ensure:

- Risks are managed with controls in place to protect all staff groups in accordance with the Risk Management, Health and Safety and other supporting policies.
- Following notification that a member of staff is a new or expectant mother that existing risk assessments are reviewed and that new and expectant mother risk assessments are completed (Appendices A and B) by the manager or nominated responsible person.
- Additional control measures are implemented and / or reasonable adjustments are made, subject to any findings from the risk assessment process.
- Additional controls or adjustments are being followed by the new or expectant mother and are monitored, reviewed and revised where necessary.

### 3.2 New and Expectant Mothers

New or expectant mothers must take reasonable care of their own health and safety in accordance with the Health and Safety and other supporting policies, and are to:

- Be encouraged to notify their manager of their pregnancy or intention to breastfeed following their return to work at the earliest possible opportunity.
- Inform their G.P or Midwife of their occupation.

- Report any shortcomings in arrangements, or adverse health effects attributed to work activities without delay.
- Co-operate with their manager (or nominated person) in the completion and review of the new and expectant mothers risk assessment.
- Follow any additional control measures or adjustments to working arrangements as agreed in the new and expectant mothers risk assessment.

### 3.3 All Staff

All staff must take reasonable care of their own health and safety, considering their actions and omissions and how that may affect their safety and the safety of others (including new and expectant mothers) and must comply with the Trust's Health and Safety Policy and other supporting policies at all times.

## 4 New and Expectant Mothers at Work

Staff (including agency and temporary) contractors, students, apprentices, work experience placements and volunteers have a right to be protected from harm.

The Trust must assess risks and implement control measures so far as is reasonably practicable to protect all staff groups, which will in many cases, also protect new and expectant mothers.

There may be occasions when additional measures to protect new and expectant mothers are required.

There are no legal obligations for staff to notify the Trust that they are a new or expectant mother, however it is acknowledged by the HSE that without notification, the Trust has not been provided the opportunity to review risk assessments with the intention of ensuring no harm to the new or expectant mother or their child.

### 4.1 New and Expectant Mothers Risk Assessment

Once a manager is notified in writing that a member of staff is a new or expectant mother either being pregnant or has given birth within the last six months or that she is breastfeeding, the manager must take into consideration any risks identified in any workplace risk assessments.

The manager must ensure the new and expectant mother's risk assessments are completed, referring to guidance and flow chart (Appendices A, B & C).

The risk assessments must be completed in conjunction with the new and expectant mother.

The new and expectant mother's risk assessment records are to be kept in the member of staff's personal file and do not have to be entered onto the Corporate Risk Register (as they are personal and identifiable).

Upon review and completion of assessments, if significant risks cannot be removed, the manager must;

- Temporarily adjust working conditions and/or hours of work, *or if this is not possible;*

- Offer suitable alternative work (at the same rate of pay) if available, *or if this is not feasible*;
- Place the new or expectant mother on paid leave for as long as is necessary for the purposes of preventing harm to the mother or baby. Advice from HR must be sought if medical suspension is being considered.

## 4.2 Review of Risk Assessment

Review and adjustments to the New and Expectant Mother's Risk Assessments may be required, particularly if;

- Any specific health issues arise during the pregnancy or postnatal period.
- There is reason to believe that the previous assessment is no longer valid (such as a change in work activities).
- An injury or near miss incident occurs and is reported (On Line Incident Report).

As the pregnancy and postnatal periods are “dynamic”, with physiological, hormonal and psychological changes, the Risk Assessment must be reviewed by the manager and the new or expectant mother at least every three months, or sooner subject to the individual and their circumstances.

New and expectant mothers are not obliged to inform their managers of their condition or any associated health issues, but are encouraged to do so to enable the Trust to manage the risk of harm to their health and / or the health of their child.

## 4.3 Workplace Hazards

Whilst new and expectant mothers are generally at no greater risk than other staff, (as existing control measures must be adequate to manage risks and protect all staff from harm so far as is reasonably practicable) there are some defined hazards that must be considered in any risk assessment, including physical, biological and chemical agents.

Within a healthcare setting, hazards include;

- Anaesthetic gases.
- Biological agents (including Hepatitis B & HIV).
- Cytotoxic drugs and other systemic anti-cancer drugs.
- Chemicals (with certain risk phrases).
- Ionising Radiation.
- Moving and Handling (patient and non-patient).
- Violence and Aggression.

Further examples of hazards are highlighted under Appendix A risk assessment and checklist.

It must be noted that existing control measures may be considered as adequate and that further measures are not required to protect new and expectant mothers or to exclude them from their normal work activities.

For example a laboratory technician dealing with samples where there is a risk of infection with a biological agent can continue in this role as the standard operating policies and procedures in place are robust enough to manage the risk and present only a minimal residual risk of harm.

#### 4.3.1 Anaesthetic Gases

The unborn child of an expectant mother may suffer adverse effects from exposure to anaesthetic gases such as nitrous oxide, enflurane, isoflurane, halothane, sevoflurane or desflurane. Exposure can occur within Theatres and Recovery Departments.

Standard precautions and controls are taken to protect all staff groups including routine monitoring under the COSHH Working Group to provide assurance that staff exposure to anaesthetic gases does not exceed recommended workplace limits.

#### 4.3.2 Biological Agents

Biological agents include bacteria, fungi, parasites and viruses. The majority of biological agents are harmless, however some may have the potential to cause harm.

New and expectant mothers can have a lowered immunity and as such can be more susceptible to acquiring infections.

Certain biological agents can affect the unborn child or be transmitted during birth or through breastfeeding. Examples of biological agents include Hepatitis B, Hepatitis C, HIV, Herpes, TB, Syphilis, Chickenpox and Typhoid. See Appendix A for further examples.

NHS Choices website provides further information concerning [Infections in Pregnancy That May Affect Your Baby](#).

Regarding pregnancy and Coronavirus, there is no evidence that pregnant women are more likely to get seriously ill from Coronavirus however pregnant women are included in the list of moderate risk (clinically vulnerable) people as a precaution. NHS Choices website provides further information concerning [Pregnancy and Coronavirus](#) including precautions to take to reduce the risk of infection.

[Corporate guidance](#) has been issued by the HR Department to managers under the Coronavirus COVID 19 pages on BOB concerning managing pregnancy and coronavirus risks and precautions to be taken. HR advice is based upon information provided by the [Royal College of Obstetricians and Gynaecology \(RCOG\)](#).

Subject to staff group, standard precautions and controls in place must be followed to manage any biological agent risk including the Prevention of Inoculations Injuries Policy, Patient Isolation and Staff Exclusions Policy and any Pathology Department Policies, Standard Operating Procedures and Guidelines.

### 4.3.3 Cytotoxic Drugs

A safe level of exposure cannot be determined for cytotoxic and other anti-cancer drugs.

New and expectant mothers including those who prepare, handle, administer and dispose of the drugs and waste products (chemical and human) should avoid exposure to cytotoxic drugs or reduce exposure to as low a level as is reasonably practicable.

All staff must follow Trust Policies and Procedures including the Safe Handling of Chemotherapy (cytotoxic) Drugs Guideline.

In practice (subject to risk assessment of the individual) this could;

- allow an expectant mother to continue to work in a Chemotherapy Unit, however the expectant mother would not continue to administer chemotherapy drugs, clear up spillages or deal with patient secretions.
- prevent Pharmacy staff from continuing to prepare, reconstitute, handle or dispose of cytotoxic or certain drugs (see chemicals) with adjustments made to work duties to avoid exposure to them.

### 4.3.4 Chemicals

Substances labelled, R40, R45, R46, R49, R60, R61, R62, R63, R64 or R68 can present particular risks such as impaired fertility, cause cancer, harm to the unborn child or harm to breastfed babies;

- R40. Limited evidence of carcinogenic effect.
- R45. May cause cancer.
- R46. May cause heritable genetic damage.
- R49. May cause cancer by inhalation.
- R60. May impair fertility.
- R61. May cause harm to the unborn child.
- R62. Risk of impaired fertility.
- R63. Possible risk of harm to the unborn child.
- R64. May cause harm to breastfed babies.
- R68. Possible risk of irreversible effects.

There are a number of non-cytotoxic medicines, broadly termed as “hormonal products” that fall under the category of “toxic for reproduction”, labelled R60, R61, R62 or R63.

As an example, hormonal medicines are used in obstetrics and gynaecology.

Risk phrases are listed on manufacturer’s safety data sheets provided by suppliers typically under sections 2, 15 and occasionally repeated under section 16. COSHH risk assessments completed in accordance with the Control of Substances Hazardous to Health Policy must consider these risks and ensure appropriate controls are in place to protect all staff groups.

Additional controls may be required to manage risks for the new or expectant mother, or the risk may have to be eliminated by making adjustments to the new or expectant mother's job role to avoid exposure to them.

Legislation introduced globally and within the European Union via regulations such as the Classification Labelling and Packaging (CLP) Regulations bring chemical labelling in line with a Globally Harmonised System (GHS). The CLP Regulation complements the Registration Evaluation Authorisation and Restriction of Chemicals (REACH) Regulation. Risk phrases on safety data sheets may be replaced with "hazard statements".

For example risk phrase "R46: May cause heritable genetic damage" under GHS would be replaced with hazard statement "H340: May Cause genetic defects (route of exposure, if applicable)".

The following table provides comparisons between risk phrases and hazard statements. Either may be found on safety data sheets whilst suppliers and manufacturers harmonise their products' packaging and labelling.

Risk phrase description		Comparable Hazard phrase description	
R40	Limited evidence of carcinogenic effect.	H351	Suspected of causing cancer (route of exposure, if applicable)
R45	May cause cancer	H350	May cause cancer (route of exposure, if applicable)
R46	May cause heritable genetic damage.	H340	May cause genetic defects (route of exposure, if applicable)
R49	May cause cancer by inhalation	H351	Suspected of causing cancer (route of exposure, if applicable)
R60	May impair fertility.	H360	May damage fertility or the unborn child
R61	May cause harm to the unborn child	H360	May damage fertility or the unborn child
R62	Risk of impaired fertility	H361	Suspected of damaging fertility or the unborn child
R63	Possible risk of harm to the unborn child	H361	Suspected of damaging fertility or the unborn child
R64	May cause harm to breastfed babies	H362	May cause harm to breastfed children
R68	Possible risk of irreversible effects	H341	Suspected of causing genetic defects (route of exposure, if applicable)

### 4.3.5 Ionising Radiation

The conditions of exposure to ionising radiation for expectant mothers (after the Trust is notified of the pregnancy) must be such to ensure the foetus is unlikely to be exposed to an equivalent dose of more than 1 mSv during the remainder of their pregnancy.

A baby will receive about 1 mSv from sources of natural radiation during pregnancy, the added exposure at work should be no more than this. Further expert advice and assistance on this matter can be provided by the Senior Radiologist.

### 4.3.6 Moving and Handling

All new and expectant mothers (as with any member of staff or other person) must apply moving and handling best practices in accordance with Trust Moving and Handling Policies, Standard Operating Procedures and Guidance. All staff groups must complete tasks in accordance with training provided.

Special consideration must be given to new and expectant mothers whose capabilities may be affected by hormonal changes. Such changes can affect ligaments, increasing susceptibility to injury. Following a caesarean birth, temporary adjustment to moving and handling activities may be required.

Moving and Handling Risks must be considered and reflected in the New and Expectant Mother's Moving and Handling Risk Assessment (see Appendix B).

### 4.3.7 Violence and Aggression

If a new and expectant mother is exposed to the risk of violence at work it may pose risks of harm including detachment of the placenta, miscarriage, premature delivery, underweight birth and may affect the ability to breast feed.

The Violence and Aggression and Lone Working Policies apply to all staff groups. Consideration must be given to new and expectant mothers and risk assessments must reflect controls to manage risks so far as is reasonably practicable.

## 5 Night Working

If a new or expectant mother provides a medical certificate from their G.P or registered Midwife, stating that for reasons of health and safety, she should be suspended from night shifts, the manager must suspend her from working nights for the time period given in the certificate.

The manager must offer suitable alternative day work (at the same rate of pay) or if this is not feasible suspend them for as long as the time period given. Advice from HR must be sought if suspension is being considered.

The Trust must make reasonable adjustments for as long as is necessary to protect the health and safety of the new or expectant mother and / or their child.

The Trust is not obliged to continue with these adjustments outside of the period stated on the medical certificate or after the period that the member of staff is no longer a new or expectant mother.

## 6 Facilities

The Trust must provide suitable rest facilities for new and expectant mothers. The facilities should be suitably located (e.g. near to toilets) and where necessary provide appropriate facilities for the new or expectant mother to lie down.

### 6.1 Breast Feeding

On receipt of a written notification that a new mother wishes to breastfeed on their return to work, managers must ensure;

- The New and Expectant Mother's Risk Assessment is reviewed.
- Arrangements are made to provide a private, healthy and secure environment for nursing mothers to express and store milk (a toilet would not be deemed appropriate).
- Easy access to hand washing facilities.
- Reasonable paid breaks to be agreed to enable milk to be expressed (general provision for these breaks are 15 – 20 minutes)

### 6.2. Flexibility

Adjustments to work may be required, for example allowing where feasible some flexibility in working patterns such as start, finish and break times..

Under the law of flexible working, all employees are able to apply for flexible working arrangements. However, such requests from employees who want to breastfeed are likely to be temporary and so permanent change to an employment contract would not be appropriate.

### 6.3. Paid Breaks for Breastfeeding Mothers

Lactation breaks are essential if a woman is to maintain her milk supply and her comfort during working hours. It should be recognised that the number of times and amount of time a women will require for her lactation breaks will vary.

Lactation options available to working mothers include:

- Paid time off (within reason) to express breast milk or to breastfeed her baby at the workplace (see section 6.1 above)
- A period of time off (within reason) to breastfeed at another location without loss of pay
- The right to request lunch and other breaks to be taken to coincide with feeding times

### 6.4. Risks

When undergoing the risk assessment, managers do not have to share the written findings if details are explained to the employee in person.

Common risks associated in the workplace may involve:

- Exposure to lead
- Working with radioactive materials (risk of ingestion or inhalation)
- Preparation and handling of cytotoxic / anti-cancer drugs
- Working with organic mercury
- Contact with chemicals with risk phrase R64 “may cause harm to breast fed babies” (see section 4.6)
- Potential for infection with biological agents (see section 4.3.2)

**Further risks may include:**

- Work related stress
- Long working hours
- Lifting and carrying
- Excessive noise
- Handling chemicals
- Movements and postures

Review of risk assessments must consider and manage these and other identified risks. If the risk cannot be avoided through other action, then temporary alterations must be made to reduce the risk.

### **6.5. Storage and Transportation of Breast Milk**

The NHS booklet “Breastfeeding and Work” provides information for employees and employers. It advises staff to request the provision of a fridge by their employer for the storage of expressed breast milk. The manager responsible for the new mother who wishes to express and store breast milk must make suitable provision, seeking advice and support from the Infection Prevention Control Team, Infant Feeding Coordinator and Health and Safety Manager.

Breast milk, expressed by staff **must not** be stored in;

- Patient fridges
- Bloods fridges
- Drugs fridges
- Commercial catering fridges (bulk storage of patient meals etc.)

Breast milk expressed at work can be safely stored in sterile bags or bottles for 6-8 hours in a cool bag outside of a fridge (Source; NHS Choices website, Best beginnings video “Expressing and Returning to Work” see section 9).

Storage of breast milk in sterile bags or bottles within secure, sealable labelled, cleanable containers in domestic staff fridges is acceptable **provided it is firstly approved by the Infection Prevention and Control Team on an individual basis.**

Approval must be gained prior to use, as certain fabric cool bags or containers may not be suitable for the storage of expressed breast milk in domestic staff fridges at work, due to infection risks associated with being unable to ensure they are kept clean.

Expressed breast milk whether fresh or frozen, should be transported home in a cool bag with ice blocks. Further information relating to the storage and transportation of expressed breast milk can be found in the Trust’s Expressed Breast Milk handling, labelling and storage Standard Operating Procedure.

In respect of the storage and transportation of expressed breast milk, the expectation is for the new mother to provide their own containers, bags and / or bottles.

## 6.6 Staff/Patients Breastfeeding at Work

The Trust do not currently have a dedicated space for nursing mothers to feed an infant or express milk. As outlined in section 6.1, managers must support requests regards identification of a suitable, safe, secure and hygienic private space for nursing mothers who wish to breastfeed or express and store milk.

Should difficulties be encountered in the identification of a suitable space, the Infant Feeding Team can provide advice, support and assistance. The team can be contacted by email: [ndht.infantfeedingteam@nhs.net](mailto:ndht.infantfeedingteam@nhs.net)

## 6.7 New Mum/Dad Breastfeeding Support Network

The Infant Feeding Team have established an informal network to provide a support link for new returning mums with other staff members who have previously nursed or expressed milk at work.

Further information and links to the support network can be provided by the Infant Feeding Coordinator who can be contacted by email: [ndht.infantfeedingteam@nhs.net](mailto:ndht.infantfeedingteam@nhs.net)

## 6.8 Managing Breastfeeding Sickness Absence

Sickness related to breastfeeding such as Mastitis, will follow the same guidelines and policy as pregnancy related sickness absence. If an employee does become unwell as a result of breastfeeding the Trusts normal sickness processes and rules will apply; the Trust is entitled to require the employee to provide medical evidence of her incapacity to work and to follow normal sickness absence procedures, e.g. reporting their absence according to the department’s procedures.

Breastfeeding related illnesses will not count towards the employee's sickness record, used for the purposes of attendance management or be accountable for dismissal. **For this reason it is important for the employee's doctor, or treating practitioner, to state specifically on their fit notes when an illness is breastfeeding related.** Managers must then record this sickness absence **separate from other sick leave** so that it is not used for disciplinary action e.g. issue of warning or, dismissal.

The Trust **will not take into account any periods of breastfeeding related sickness absence** when reviewing an employee's Sickness Absence Record and making decisions about whether or not an employee has triggered any Step, or failed to achieve any target set during Step, of the Maximising Attendance Policy.

Managers are required to meet with the employees suffering from breastfeeding related sickness in order to ensure that appropriate support and advice is being provided and to carry out appropriate risk assessments.

## 6.9 Equipment Access

The Trust wishes to provide access to staff to make use of hospital equipment whilst on site including breast pumps and sterilisers.

Equipment is available on Bassett Ward. Further advice and support regards arrangements can be provided by the Infant Feeding Coordinator who can be contacted on 01271 337 838 (ext 5838).

## 6.10. Workstations

The Display Screen Equipment (DSE) Policy sets out systems for maintaining the health, safety and welfare of all staff when using display screen equipment.

Review of the DSE Risk Assessment is appropriate for new and expectant mothers to protect them from any identified increased risk of harm relating to musculoskeletal discomfort, visual disturbance and mental stress.

# 7 Monitoring Compliance with and the Effectiveness of the Policy

## 7.1 Standards/ Key Performance Indicators

Key performance indicators comprise:

- Completion and review of New and Expectant Mothers Risk Assessments by Manager or nominated responsible person.
- Zero incident reports raised on the Trust's incident reporting system, in respect of harm or adverse health effects for any new or expectant mother.

## 7.2 Process for Implementation and Monitoring Compliance and Effectiveness

The policy as approved by the Health and Safety Group will be published on the Trust's intranet site. The policy applies to staff groups as detailed under section 3.

The effectiveness of the New and Expectant Mothers at Work Policy will be monitored under the three yearly Health and Safety Audit programme.

The audit programme will be completed by the Health and Safety Manager and / or other members of the Compliance Team, Corporate Governance Department.

Any identified non-compliance will be brought to the attention of the manager and / or senior manager responsible for the Service or Department with recommendations and action plans agreed to address any non-compliance.

## 8 Equality Impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender	x			
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy	x			
Maternity and Breastfeeding	x			
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	

## 9 References

HSE website - New and Expectant Mothers

- <http://www.hse.gov.uk/mothers/>

New and expectant mothers who work. A brief guide to your health and safety. INDG373 (Revision 2) Published 04/13. HSE Books.

New and expectant mothers at work. A guide for employers. HSG122 2<sup>nd</sup> Edition. Published 2002. HSE Books.

Working safely with ionising radiation: Guidelines for expectant or breastfeeding mothers. INDG334. Published 03/01. HSE Books.

Infection risks to new and expectant mothers in the workplace. A guide for employers. 2005 revision. HSE Books.

Anaesthetic agents: Controlling exposure under COSHH. Health and Safety Commission. Published 1995. HSE Books

Breastfeeding and work. Information for employees and employers. NHS information booklet published 04/08 for the Department of Health.

NHS Choices website – Breastfeeding and going back to work. Expressing and returning to work.

- <http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-back-to-work.aspx#close>
- <http://www.nhs.uk/Conditions/pregnancy-and-baby/pages/expressing-storing-breast-milk.aspx#close>

NHS Choices website regarding infections in pregnancy that harm your baby:

- <https://www.nhs.uk/conditions/pregnancy-and-baby/pregnancy-infections/>
- <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/>

[Chemicals at work – a new labelling system](#). Guidance to the CLP Regulation

## 10 Associated Documentation

[Control of Substances Hazardous to Health Policy](#)

[Health and Safety Policy](#)

[Incident Management and Investigations Policy](#)

[Lone Working Policy](#)

[Family Leave & Pay Policy](#) (including Maternity, Paternity, Adoption & Shared Parental leave and pay: Right to accompany to anti-natal and adoptions meetings; IVF)

[Moving and Handling Policy](#)

[Patient Isolation and Staff Exclusions Policy](#)

[Prevention of Inoculations Injuries Policy](#)

[Risk Management Policy](#)

[Suspension of Employees Policy](#)

[Violence and Aggression Policy](#)

[Expressed Breast Milk handling, labelling and storage SOP](#)

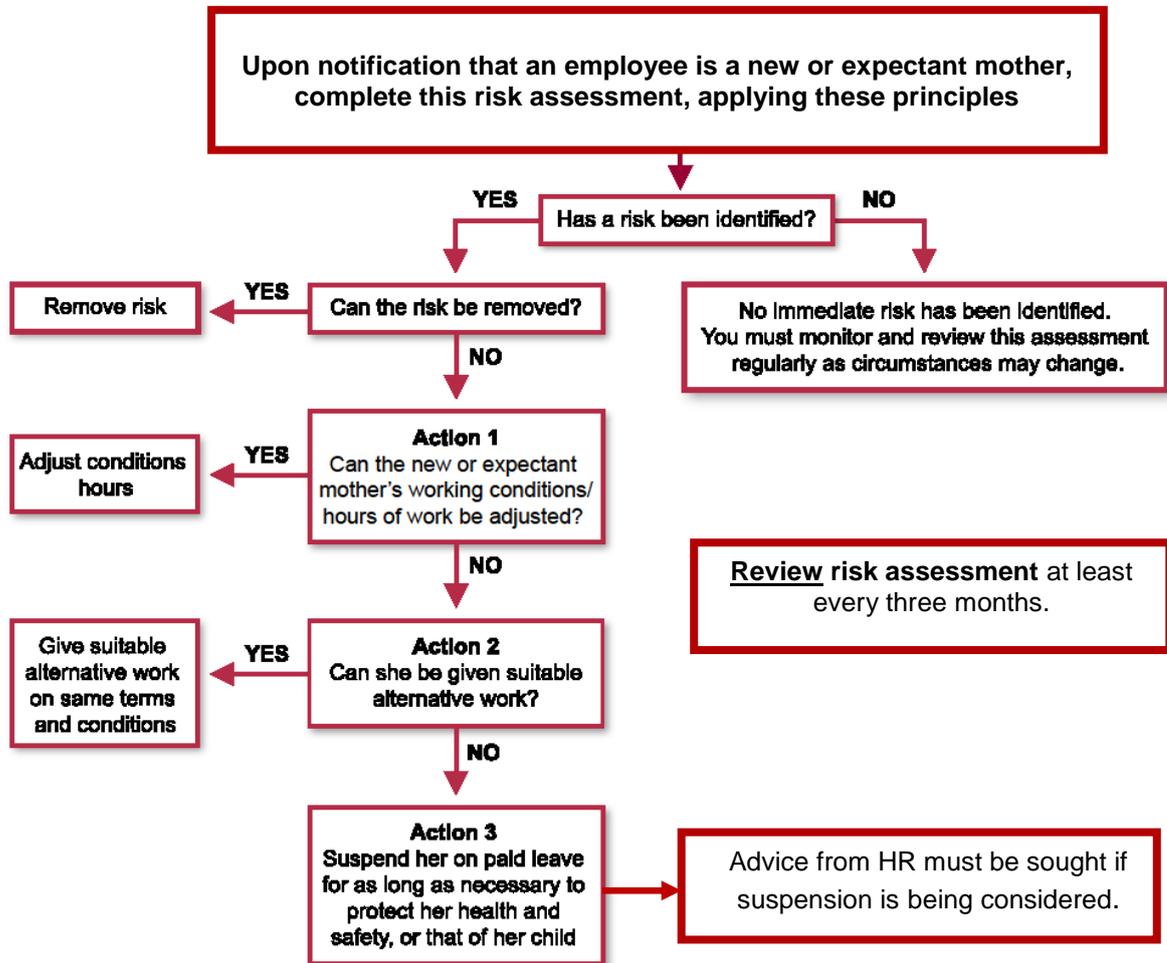
**Appendix A: New and Expectant Mothers Risk Assessment**

<b>Employee Name:</b>	<b>Risk Assessor:</b>
<b>Job Role:</b>	<b>Date manager informed of pregnancy:</b>
<b>Workplace:</b>	<b>Date of risk assessment:</b>

Following notification that a member of staff is a new or expectant mother, this risk assessment must be completed by the manager or nominated responsible person, in conjunction with the new or expectant mother.

The Trust must assess risks and implement control measures so far as is reasonably practicable to protect all staff groups, which will in many cases, also protect new and expectant mothers.

On completion of this risk assessment, additional measures to protect new and expectant mothers may be identified.



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

## Physical Agents

Is there significant risk of harm to the new or expectant mother? If so actions must be taken to eliminate or manage this risk at an acceptable level

Physical Agents	Yes	No	Existing Controls	Additional controls or actions & timescales (immediate, 1 week etc)	Achieved date
1. Manual Handling of loads where there is a risk of injury			Moving and Handling Policy	Complete Appendix B, Moving & handling risk assessment	
2. Exposure to excessive noise or vibration					
3. Exposure to tobacco smoke			Smoke Free Policy		
4. Exposure to dusty environment					
5. Ionising radiation e.g. x-rays					
6. Extremes of cold, heat or humidity					
7. Long periods of standing or remaining stationary					
8. Long periods without food or fluids					
9. Long periods of repetitive tasks					
10. Excessive mental fatigue					
11. Excessive physical fatigue					
12. Working at heights					
13. Working in tightly fitting work space					
14. Working on slippery, wet surface					
15. Excessive reaching for objects - high or					

low shelves				
16. Exposure to Electromagnetic energy				
17. Is the workstation suitable?			Display Screen Equipment (DSE) Policy	Review DSE assessment

Biological Agents	Yes	No	Existing Controls	Additional controls or actions & timescales (immediate, 1 week etc.)	Achieved date
1. Blood borne viruses, e.g. Hepatitis B or C, or HIV			Prevention of Inoculations Injuries Policy		
2. Coronavirus (COVID 19) risk of infection			NHS Choices guidance <a href="#">pregnancy and coronavirus</a> . HR Department <a href="#">Corporate guidance</a> and <a href="#">Royal College of Obstetricians and Gynaecology (RCOG)</a>		
3. Contact with high risk groups e.g. children with rubella or chickenpox, or patients with shingles or tuberculosis.			Patient Isolation and Staff Exclusions Policy		
4. a) Food preparation infections e.g. listeria b) Water borne infection e.g. typhoid c) Animal associated infections e.g. brucellosis, tetanus					
5. Others (non-work related?) Chlamydia psittaci from infected sheep at lambing time can cause miscarriage or premature birth. Pigs can be a source of hepatitis E infection which is dangerous to pregnant women, avoid contact with pigs and their faeces. Cat faeces may contain toxoplasma that can cause infection and damage the baby					

Chemical Agents	Yes	No	Existing Controls	Additional controls or actions & timescales (immediate, 1 week etc.)	Achieved date
1. Any hazardous substances. Some chemicals and medications have specific hazards to new and expectant mothers – (See Section 4.3 of this policy)			Control of Substances Hazardous to Health (COSHH) Policy COSHH Risk Assessments	Check COSHH risk assessments & safety data sheets (section 16) for risk phrases R40, R45, R46, R49, R61, R63, R64 & R68) and / or Hazard statements H340, H341, H350, H351, H360. H361 and H362	
2. Solvents					
3. Pesticides					
4. Mercury & mercury derivatives					
5. Glutaraldehyde, formaldehyde					
6. Antimitotic / cytotoxic drugs					
7. Carbon monoxide					
8. Lead and lead derivatives					
9. Anaesthetic gases					
10. Perchlorethylene					
11. Chlorine-releasing agents (e.g. Actichlor, Chlorclean)					
12. Oven cleaners or other harsh cleaners					
13. Others					

Working Conditions	Yes	No	Existing Controls	Additional controls or actions & timescales (immediate, 1 week etc.)	Achieved date
1. Confrontation and potential violence			Violence & Aggression Policy		
2. Overtime, evening work, night and other shift work					
3. Inoculation injuries / needle stick / sharps			Prevention of Inoculation Injuries Policy		
4. Are there suitable facilities for rest? (e.g. staff room)					
5. Is the work usually stressful					
6. Are they a lone worker?			Lone Working Policy		
7. Does the work involve significant or long-distance travel?					

Aspects of Pregnancy (other aspects to take into account)	Yes	No	Existing Controls	Additional controls or actions & timescales (immediate, 1 week etc.)	Achieved date
1. Morning sickness					
2. Headaches					
3. Exposure to nauseating smells					
4. Backache					
5. Standing / manual handling / posture					
6. Frequent visits to the toilet					
7. Difficulty in leaving job / site of work					

8. Increasing size					
9. Use of protective clothing					
10. Problems of working in tightly fitting uniforms					
11. Tiredness					
12. Balance					

If a new or expectant mother provides a medical certificate from their G.P or registered Midwife, stating that for reasons of health and safety, she should be suspended from night shifts, the manager must suspend her from working nights for the time period given in the certificate.

It is important to review this risk assessment at regular intervals as agreed between the risk assessor and the new or expectant mother. A suggested timescale would be at least every three months during the pregnancy, on return to work / and or upon notification that the new mother wishes to continue with breastfeeding whilst at work.

Copy of completed risk assessment to be kept in new or expectant mother's personal file (this assessment does not have to be entered onto the Corporate Risk Register)

Review dates agreed:


Employee signature:	Manager Signature:	Date:



### Individual Capability

How would you rate your general fitness? Do you have any physical disability?

Please list any musculo-skeletal problems or previous back injuries you have experienced. Have you any known or anticipated problems with your pregnancy?

### Loads

Detail any inanimate or patients you feel unable to move or handle

### Environment

Ensure adequate space available to allow safe manual handling practice.

Are there any issues with lack of work space, uneven slipper floors, hot/cold humid conditions, poor lighting?



## Appendix C: Guidance on Risk Factors in the Workplace

Risk Factor	Workplace Examples
Physical hazards	Awkward spaces and workstations Small access routes through rooms and corridors Excessive or dangerous flights of stairs to negotiate
Manual handling activities	Moving and handling of patients or inanimate loads i.e. boxes
Shocks, vibration or movement	e.g. use of industrial machinery such as scrubbers or buffers
Ionising radiation	Ionising – Gamma rays and X-Rays
Non ionising radiation	<b>Optical Radiation:</b> pregnant or breastfeeding mothers are at no greater risk than other workers <b>Electromagnetic fields and waves</b> (e.g. radio-frequency radiation): Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the unborn child or the mother (Exposure to electric and magnetic fields should not exceed the restrictions on human exposure).
Noise	Machinery e.g. generators or boiler plant where the noise is continuous and above safe sound levels
High or low temperatures	Refrigerated rooms, walk in kilns or boilers
Movement or posture	Labour intensive work, or work requiring constant repetitive body movements or where correct posture is vital e.g. Display Screen work
Mental and physical fatigue	Work requiring intensive concentration for long periods of time. Inadequate break/rest periods. Unusually stressful work
Chemical agents or substances	Substances listed on local COSHH Risk Assessments Anaesthetic gases Cytotoxic drugs and other systemic anti-cancer drugs Hormonal preparation drugs Pesticides, lead or other chemicals Exposure to high levels of dust Exposure to cigarette smoke
Biological agents	Infections Toxoplasma, rubella virus etc., unless pregnant worker has adequate protection with immunisation
Other	Inadequate rest facilities (toilets are not appropriate) Excessive working hours Lone Working Working at heights Long travelling distances Exposure to aggressive or violent patients