

Ref: FOI/GS/ID 7000

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

15 October 2021

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Pregnant Theatre Staff in Orthopaedics.

You asked:

Name of Trust

Contact email address

Contact phone number

- 1) Does your occupational health department have any departmental guidelines relating to pregnant staff who work in theatre in order to protect the health of the mother and baby from radiation and other harmful substances?*
- 2) If yes to (1), please provide these guidelines or policies in full as a single PDF.*
- 3) Does your theatre department have any department-specific guidelines for pregnant staff who work in theatre in order to protect the health of the mother and baby from radiation and other harmful substances?*
- 4) If yes to (3), please provide these guidelines or policies in full as a single PDF.*

Trust response:

Maidstone and Tunbridge Wells NHS Trust

Contact details can be found on our website: <https://www.mtw.nhs.uk/contact/>

1. Yes
2. Please see below – PDF copy also attached
3. Yes
4. Please see below – PDF copy also attached

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

New or Expectant Mother Policy and Procedure

Requested/ Required by:	Workforce Committee
Main author:	Head of Occupational Health Contact details:
Other contributors:	Staff Side
Document lead:	Director of Workforce and Communications
Directorate:	Corporate
Specialty:	Workforce
Supersedes:	Expectant Mother Policy and Procedure (Version 2.0: February 2013)
Approved by:	Senior HR Meeting, 5 th February 2016
Ratified by:	Policy Ratification Committee, 26 th February 2016
Review date:	February 2021, or at times of significant change

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Document history

Requirement for document:	<ul style="list-style-type: none"> To comply with national recommendation for good practice and fulfil legislative requirements
Cross references:	<ul style="list-style-type: none"> Health and Safety Executive (HSE) 2013. New and expectant mothers who work. HSE Books 2013 HSE. (2002/2005). <i>Control of Substances Hazardous to Health Regulations 2002, (as amended). Approved Code of practice and guidance.</i> HSE Books, 2013. Management of Health and Safety at Work Regulations 1999 Health on the Net Foundation www.hon.ch/Dossier/MotherChild/pregnancy/teratogens.html Definition from Medterms.com (www.medterms.com) Workplace (Health, Safety and Welfare) Regulations 1992 The Employment Relations Act 1999 Equality Act 2010 Physical & Shift Work in Pregnancy Occupational Aspects of Management: Royal College of Physicians 2009
Associated documents:	<ul style="list-style-type: none"> Maidstone and Tunbridge Wells NHS Trust. <i>Risk Assessment Policy and Procedure</i> [RWF-OPPPCS-NC-CG6] Maidstone and Tunbridge Wells NHS Trust. <i>COSHH, Control of Substances Hazardous to Health Policy and Procedure</i> [RWF-OPPPCS-NC-CG16] Maidstone and Tunbridge Wells NHS Trust. <i>Maternity and Adoption Leave Policy and Procedure</i> [RWF-OPPPCS-NC-WF41]

Version control:		
Issue:	Description of changes:	Date:
1.0	First iteration of policy Ref MTW-OHD.04	January 2008
1.1	Change of title from "Pregnant Workers" to "Expectant Mother's" / Addition on Infection Control	January 2009
1.2	Changes following consultation	March 2009
2.0	Review of policy	February 2013
3.0	Transfer policy and procedure onto new Trust template. Minor formatting and grammatical changes to document. Addition of HSE flow diagram	February 2016

	<p>Removal of reference to HSE 2002 book as replaced by addition of reference to HSE book 2013</p> <p>Addition of HR, OH and Trust Board responsibilities.</p>	
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Policy statement for

New or Expectant Mother Policy

Maidstone and Tunbridge Wells NHS Trust places as a priority the health, safety and welfare of its pregnant employees and their unborn children. It acknowledges and supports the view that many women work while they are pregnant and return to work while they are breastfeeding. Also, that being pregnant or being a new mother does not prevent women from working or developing a career.

The Trust:

- recognises that pregnancy is part of everyday life and should not be identified as ill health or a medical condition.
- acknowledges that pregnant workers and nursing mothers have a lower tolerance to exposures than other workers.
- supports new and expectant mothers by recognising that some work environments may pose an added risk to their health and safety and/ or that of their unborn child / nursing child .

The Trust undertakes through this policy to do all that is reasonably practicable to prevent work related injuries, adverse health and emotional distress to pregnant workers. The Trust will carry out workplace risk assessments which take into account the special requirements of new or expectant mothers.

In protecting the health, safety and welfare of pregnant women or breastfeeding mothers the Trust will ensure that:

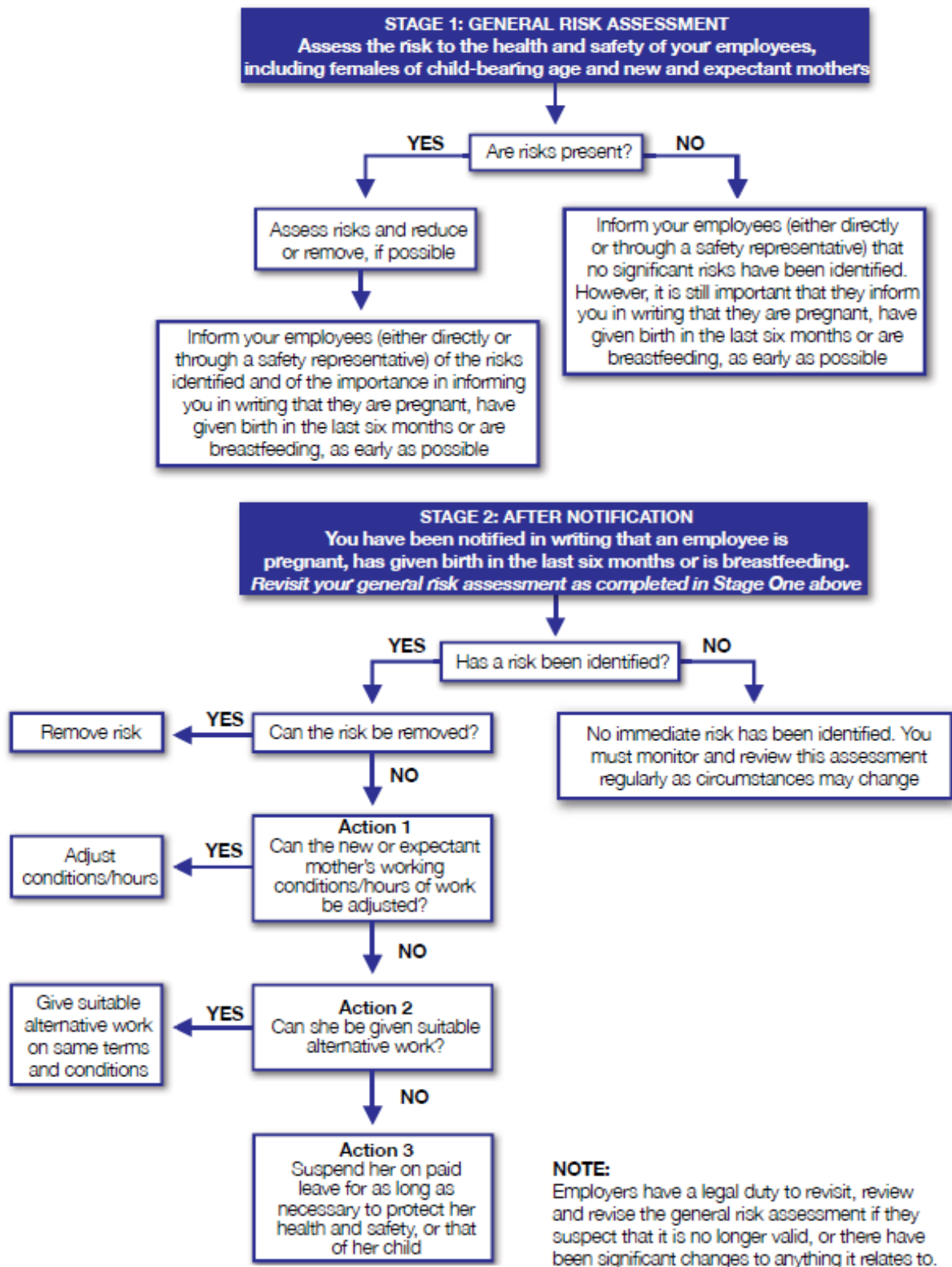
- If the control measures identified by workplace risk assessments cannot reduce the intensity of working conditions of the pregnant worker, then the conditions of her working employment will be changed temporarily. Changed working conditions may include temporary redeployment to a more suitable area within the Trust.
- If redeployment or changes are not possible, and as a final resort, the employee will be offered paid leave.

New or Expectant Mother Procedure

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Health and Safety Executive Flow Chart

Health and Safety Executive



1. Introduction and scope

- 1.1 This policy and procedure applies to all staff employed by the Maidstone and Tunbridge Wells NHS Trust. This document outlines the arrangements for the protection from adverse risk and the welfare of women who are pregnant or breastfeeding mothers.
- 1.2 Whilst the Trust, through this policy and procedure, undertakes to do all that is reasonably practicable to prevent injuries, adverse health and emotional distress to pregnant workers, it will do so upon written notification by the female employee.
- 1.3 The Trust will carry out workplace risk assessments which take into account the special requirements of new or expectant mothers.

2. Definitions

- 2.1 The term “**new or expectant mother**” means an employee who is pregnant, who has given birth within the last 6 months or is breastfeeding.
- 2.2 The term “**given birth**” means delivered a living child or, after 24 weeks of pregnancy, a stillborn child (see Reference 5, page 2 – Management Regulations).
- 2.3 A **teratogen** is any medication, chemical, infectious disease, or environmental agent that might interfere with the normal development of a foetus and result in the [loss of a pregnancy](#), a [birth defect](#), or a [pregnancy complication](#).
- 2.4 The term **breastfeeding** means feeding a child human breast milk.

3. Duties

3.1 The Trust Board has a duty to ensure:

- 3.1.1 This policy and procedure is applied fairly and equitably for all new and expectant mothers.
- 3.1.2 The policy and procedure is monitored and audited to assess its effectiveness and equitable and consistent application.

3.2 Managers are responsible for:

- 3.2.1 Working co-operatively with the pregnant worker, to ensure that a written risk assessment is carried out immediately once they are notified in writing by the employee that she is a new or expectant mother or that she is breastfeeding.
- 3.2.2 Considering the findings of the risk assessment and, where appropriate, liaising with HR Business Partners to identify suitable alternative employment within the Trust as a whole.
- 3.2.3 Advising the pregnant worker not to undertake any tasks identified by the risk assessment that could put them or the unborn baby(ies) at risk of injury or adverse health.
- 3.2.4 Monitoring and supervising pregnant workers to ensure that risk assessments are reviewed where significant changes occur.
- 3.2.5 Completing a new risk assessment if an employee moves to another area or takes up a new appointment as an ‘expectant mother’.

3.3 The Human Resources Department is responsible for:

- 3.3.1 Providing professional advice, guidance and support to managers and new or expectant mothers in the application of this policy and procedure.
- 3.3.2 Ensuring fairness, consistency and best practice is applied at all times when dealing with new and expectant mothers.

3.4 The Occupational Health Department is responsible for:

- 3.4.1 Providing impartial clinical advice and guidance to both managers and new or expectant mothers on risk assessments and adjustments to their role where appropriate.
- 3.4.2 Providing professional advice, guidance and support to managers and new or expectant mothers in the application of this policy and procedure.

3.5 Health Physics and Imaging Group is responsible for:

- 3.5.1 Assessing completed declaration of staff pregnancy forms (appendix 6). Providing advice and guidance for new and expectant mothers who do or are likely to work in areas producing ionising radiation.

3.6 Female employees are responsible for:

- 3.6.1 Informing their line manager in writing that they are pregnant or that they are a new or breastfeeding mother.
- 3.6.2 Immediately informing their employers of any medical or midwifery advice they have received which would affect the risk assessment process. Such advice may be required in writing from the Midwife/GP.
- 3.6.3 Protecting their own health at work and taking appropriate measures to protect themselves from workplace activity including the avoidance of any hazardous manual handling tasks. This may include co-operating with the Trust in temporary re-deployment options.
- 3.6.4 Providing a certificate from a Registered Medical Practitioner (Med 3) or a Registered Midwife (MAT B1 once 20 weeks into pregnancy), confirming the pregnancy when requested to do so by the Trust.

4. Training / competency requirements

- 4.1 Risk assessor training provided by the Health and Safety Department incorporates assessing new or expectant mothers in the workplace.
- 4.2 Further advice can be obtained from the Occupational Health Department as required.

5. Procedure

5.1 Legal requirements

There are specific requirements in law to ensure that employers protect the health and safety of new and expectant mothers. Such legislation includes:

- **Management of Health and Safety at Work Regulations 1999**
 - protecting their employees who are pregnant
 - assessing risks to their employees and to doing what is reasonably practicable to control those risks.

- **Workplace (Health, Safety and Welfare) Regulations 1992**
 - providing suitable rest facilities (e.g. near to toilets) for workers who are pregnant or breastfeeding
 - providing (where necessary) appropriate facilities for the new or expectant mother to lie down.
- **Employment Rights Act 1996 as amended by the Employment Relations Act 1999**
 - offering alternative work that is suitable and appropriate for the worker to do in the circumstances;
 - offering alternative work on a basis which is no less favourable in terms and conditions than the worker's normal terms and conditions.
- **Equality Act 2010**
 - Any breach of health and safety legislation in relation to new and expectant mothers is considered automatic sex discrimination. There is no length of service qualification for this to apply.

5.2 Aspects of pregnancy that may affect work

There are numerous aspects of pregnancy that may affect work (see table below). Their impact will vary during the course of the pregnancy and their effects should be kept under review (e.g. the posture of expectant mothers' changes to cope with increasing size).

Aspects of pregnancy	Factors in work
Morning sickness	Early shift work Exposure to nauseating smells
Backache	Standing/manual handling/posture
Varicose veins	Standing/sitting
Haemorrhoids	Working in hot conditions
Frequent visits to toilet	Difficulty in leaving job/site of work
Increasing size	Use of protective clothing Work in restricted areas Manual handling
Tiredness	Overtime Shift work
Balance	Problems of working on slippery, wet surfaces
Comfort	Problems of working in tightly fitting workspaces/uniform
Dexterity, agility and co-ordination	Speed of movement, reach, may be impaired because of increasing size.

5.3 Infectious diseases

- 5.3.1 Certain infectious diseases pose a risk to the unborn child as well as to the mother during pregnancy.
- 5.3.2 Healthcare workers may be at additional risk of exposure to infectious diseases because of the nature of their work. Screening of the expectant mother's immunity to some infectious diseases is undertaken for those responsible for her midwifery care.
- 5.3.3 Healthcare workers are screened/vaccinated against infectious diseases in line with current DH Guidelines.

- 5.3.4 Advice should be sought by line management when a patient with a communicable disease is on the ward and a member of ward staff is pregnant. Pregnant members of staff should not be asked to have contact with patients with communicable diseases. Advice is available from the Director of Infection Prevention and Control or Consultant Microbiologist.
- 5.3.5 In the event of exposure to an infectious disease the pregnant woman must contact Occupational Health. Occupational Health will take advice where necessary from the Director of Infection Prevention and Control or Consultant Microbiologist.

5.4 Support and Occupational Health referrals

- 5.4.1 Managers and pregnant workers should note that, in support of completing the risk assessment and in implementing an appropriate action plan, additional specialist advice may be obtained from the Health and Safety Adviser, directorate nominated risk assessors, the Infection Prevention and Control Team and Occupational Health Departments.
- 5.4.2 In some instances (e.g. where the pregnancy has health complications) a referral to Occupational Health may be considered necessary. Where this is the case a copy of the risk assessment should accompany the referral. It is not necessary for an employee to be referred to Occupational Health for the reason of pregnancy alone.

5.5 Risk assessment

- 5.5.1 It is a legal requirement for a manager to ensure that a suitable and sufficient risk assessment is undertaken (or review an existing one) **immediately** an employee informs them that they are pregnant. Pregnant women are a group of employees for whom specific risk assessments are required by law. Work areas where there is a similarity of activities a generic assessment can be carried out.
- 5.5.2 The risk assessment should first give consideration of the hazards that could affect pregnant employees. A **Hazard Profile Checklist** has been developed specifically for this purpose (**Appendix 4**). The manager and staff member should consider each hazard and if present in the workplace a formal risk assessment would be required. The directorate risk assessors can help with this review.
- 5.5.3 If hazards are present a formal assessment will be required using the Trust's risk assessment form and policy and procedure.
- 5.5.4 There are some specific hazards where detailed consideration must be given (see **Appendix 5**). Hazards of particular concern within the Trust include:
- **Chemical hazards** –COSHH assessment should include the hazards of all chemicals used. These are contained within the chemical data sheets for the Chemicals used (Ref. the Trust's COSHH, Control of Substances Hazardous to Health Policy and Procedure). Must consider chemicals that are (or suspected to be) teratogens. These will have the following risk phrases:

- R61 May cause harm to the unborn child.
- R63 Possible risk of harm to the unborn child.
- R64 May cause harm to breastfed babies.

Advice can be obtained from the Risk and Compliance Manager on chemical hazards and from the manufacturer providing the safety data sheet

- **Radiation hazards** – Employees who work with ionising radiation may be at risk and must complete a notification form (**Appendix 6**) and forward it to Health Physics and Imaging Group. This will ensure appropriate steps are taken for monitoring radiation exposure for the expectant mother and advice regarding statutory dose limit can be given. No pregnant employee should enter a restricted area or work with radiation equipment unless the radiation assessment has been carried out.

6. Monitoring and audit

Directorate General Managers will be required to monitor the effectiveness of implementation of this policy and procedure in their own areas of responsibility; however this may be delegated to directorate risk leads on their behalf.

APPENDIX 1

Process requirements

1.0 Implementation and awareness

- Once ratified the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.
- This policy and procedure will be included on the Trust's intranet with other employment policies. It will also be publicised in updates on policies and form an integral component at staff induction and orientation.
- All Occupational Health staff will be briefed on the main aspects of this policy and procedure.
- Further promotion via Trust communication vehicles, e.g. team brief, Trust news and Trust email bulletin.

2.0 Review

To be reviewed five years after ratification or sooner if monitoring highlights the need and/ or changes in legislation.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

APPENDIX 2

CONSULTATION ON: New or Expectant Mother Policy and Procedure

Please return comments to: Head of Occupational Health

By date: 20th January 2016

Job title	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
The following staff MUST be included in ALL consultations:				
Local Counter Fraud Specialist (MA)	22/12/15			
Clinical Governance Assistant (RD)	22/12/15	08/01/16	Y	Y
Staff-side Chair (AK)	22/12/15			
Medical Staff-side Chair (PD)	22/12/15			
Director of Workforce and Communications (PB)	22/12/15			
Deputy Director of Workforce (RH)	22/12/15			
Head of Employee Services (TK)	22/12/15			
OH Team	22/12/15	11/12/15	N	
HRBP Team	22/12/15			
ADOs/HoNs	22/12/15			
Head of Services	22/12/15			
GMs/Matrons	22/12/15			
JCF Members	22/12/15			
JMCC Members	22/12/15			
Executive Directors/ Directors	22/12/15			
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

APPENDIX 3

Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality. The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process.

Title of policy or practice	New or Expectant Mother Policy and Procedure
What are the aims of the policy or practice?	To safeguard the health, safety and welfare of new and expectant mothers by ensuring: <ul style="list-style-type: none"> • Adequate arrangements for the protection from adverse risk • The welfare of women who are pregnant or breastfeeding • The Trust undertakes to do all that is reasonably practicable to prevent injuries and emotional distress to pregnant workers, when notified by the female employee
Identify the data and research used to assist the analysis and assessment	Equality Act 2010
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	No
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	None identified

Chairman: David Highton Chief Executive: Miles Scott

Trust Headquarters: Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ

Telephone: 01622 729000 / 01892 823535

When will you monitor and review your EqlA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this policy/procedure on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.

FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Hazard profile checklist for new or expectant mothers	RWF-OPF-NC-WF59
5	Generic hazards relating to new or expectant mothers	RWF-OPPM-CORP130
6	Declaration of staff pregnancy (radiation exposure risk)	RWF-OWP-APP472

PRIVATE and CONFIDENTIAL

Declaration of staff pregnancy form

You must notify your manager in writing as soon as you know you are pregnant. Please fill in one of these forms for your manager, who should send it to Radiation Physics. Wear your body dosimeter over the abdomen and under your lead apron (if you are required to wear one).

Please fill in all the information requested below. This information will be used to perform a radiation risk assessment for your current working practices.

If you have any concerns over radiation doses, please contact your Radiation Protection Supervisor (RPS) or a member of Radiation Physics (01622 2 25005/26151/25039). All information will be kept in the strictest confidence.

Name		Job title	
Hospital		Date of birth	
Department		Date of last menstrual period	
Line manager		Name of RPS(s)	

Current radiation monitoring <i>(Please tick)</i>	Whole body	Shoulder	Extremity	Eye

Please give a summary of all work you carry out with ionising radiations
Do you currently work in MRI? Yes/No Do you currently wear a lead apron for any of your duties? Yes/No
Date you are expecting to take maternity leave:

NB A copy of this risk assessment will be sent to your Radiation Protection Supervisor and/or your line manager.

Signed		Date	
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Risk assessment (for Radiation Physics use)

Details of additional monitoring or PPE required			
Current monitoring to be cancelled from:		Actioned on system?	Yes / No

Dose record (mSv)	Month							Total (mSv)
	Whole body							
	Shoulder							
	Signed							

Radiation Physics signature		Name	
Date		Designation	

Copies of assessment to:

HAZARD PROFILE CHECKLIST FOR NEW OR EXPECTANT MOTHERS

Expectant mother		Surname:			Forename:		
Work location:				Date of birth:		Expected date of delivery:	
	Hazard	Hazard present Y/N	Nature and location of risk	Control measures in place	Guidance	Formal risk assessment required Y/N	
1	Medical problems						
2	Breaks/Rest periods available						
3	Toilet facilities (location)						
4	Quiet area available?						
5	Rest periods at short notice possible						
6	Working hours satisfactory				Working time - WF60		
7	Sitting – suitable chair				Display screen- CG17		
8	Standing for long periods						
9	Stairs / steps						
10	Confined spaces				Space-APP469		
11	Working at heights				Falls CG20		
12	Lone working				Lone Working - FH1		
13	Adequate heat / ventilation				Temperature- CG21		

	Hazard	Hazard present Y/N	Nature and location of risk	Control measures in place	Guidance	Formal risk assessment required Y/N
14	Travelling				Transport-FH14	
15	Manual handling				Moving & Handling-FH11	
16	Vibration					
17	Noise				Noise-CG42	
18	Biological hazards				COSHH-CG16 IC-PATH15	
19	Chemical hazards				COSHH-CG16	
20	Violence and aggression				Violence -FH8	
21	Operating plant and equipment				HSE guidance	
22	Radiation (ionising / non-ionising)				Ionising-CG18 Non-Ionising-CG15	
23	Smoking / passive smoking				smoke free - TM37	
24						

Risk assessor name (PRINT):	Signature:	Date:
Ward/Department manager:	Signature:	Date:
Person being assessed name (PRINT):	Signature:	Date:
Additional information relevant to this inspection:		

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Chairman: David Highton Chief Executive: Miles Scott
Trust Headquarters: Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ
Telephone: 01622 729000 / 01892 823535

GENERIC HAZARDS RELATING TO NEW OR EXPECTANT MOTHERS

HAZARD	RISK	PRECAUTIONS
<p>Shocks Vibration Movement Legal / Reference: The Management of Health and Safety At Work Regulations</p>	<p>Regular exposure to shocks, low frequency vibration 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 premature birth or low birth weight.</p>	<p>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 Legal / Reference: Manual Handling Regulations Physical & Shift Work in Pregnancy Occupational Aspects of Management: Royal College of Physicians 2009</p>	<p>Pregnant workers are especially at risk from manual handling injury as hormonal changes can affect the ligaments, increasing susceptibility to injury. Postural problems may be increased 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 of lifting and handling capability.</p> <p>There is no evidence to suggest that breastfeeding mothers are at greater risk from manual handling injury than any other worker.</p> <p>Exposure to lifting during pregnancy has shown to lead to no more than a moderate risk of low birth weight and preterm birth.</p>	<p>Changes/adaptations required will depend on the risks identified in the assessment.</p> <p>It may be necessary to address the specific needs for the workers or moving and handling aids to further reduce risk, e.g. It may be possible to alter the nature of the task so that risks arising from manual handling are reduced for all workers including new or expectant mothers.</p>
<p>Noise Legal / Reference: Noise At Work Regulations The Management of Health and Safety At Work Regulations</p>	<p>No direct or specific risk to new or expectant mothers or the foetus has been identified. Prolonged exposure may cause tiredness and raise blood pressure.</p>	<p>Comply with the Noise at Work Regulations</p>

HAZARD	RISK	PRECAUTIONS
<p>Ionising radiation</p> <p>Legal / Reference: Ionising Radiation Regulation The Management of Health and Safety At Work Regulations</p>	<p>Significant exposure to ionising radiation can be harmful to the foetus. This places additional limits on the external radiation dose to the abdomen of the expectant mother for the declared term of her pregnancy.</p> <p>Radioactive liquids or dusts, can be absorbed through the skin and result in exposure to the foetus</p> <p>Radioactive contamination breathed in or ingested by the mother and be transferred across to the placenta barrier resulting in significant risk to the foetus.</p>	<p>Work procedures should be designed to keep exposure of the pregnant woman as low as reasonably practicable and certainly below the statutory dose limit for pregnant women.</p> <p>Monitor the possibility of nursing mothers receiving radioactive contamination. They should not be working where the risk of such contamination is high.</p> <p>The working condition should be such as to make it unlikely that a pregnant woman might receive high accidental exposures to radioactive contamination.</p> <p>Ensure The Health Physics and Imaging Group are informed of the pregnancy so that a risk assessment of radiation practices is undertaken (RWF-OWP-APP472).</p>
<p>Non ionising electromagnetic radiation</p>	<p>Optical radiation – has no greater risk than for normal workers.</p> <p>Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the mother or the foetus. However, extreme over exposure to radio frequency radiation could cause harm by raising body temperature.</p>	<p>Exposure to electric and magnetic field should not exceed the restrictions on human exposure published by the National Radiation Protection Body (NRPB).</p>
<p>Extremes of cold or heat</p>	<p>Pregnant women are less heat tolerant and as a consequence may faint more and be prone to heat stress. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about.</p> <p>Breastfeeding may be impaired by heat dehydration</p> <p>No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.</p>	<p>Pregnant workers should avoid excessive or prolonged exposure to high temperatures or heat sources.</p> <p>Ensure access to rest facilities is available.</p>

HAZARD	RISK	PRECAUTIONS
<p>Movements and postures, travelling either inside or outside the establishment</p> <p>Mental and physical fatigue</p> <p>Other physical burdens/posture</p> <p>Physical & Shift Work in Pregnancy Occupational Aspects of Management: Royal College of Physicians 2009</p>	<p>Heavy physical work has been associated with:</p> <ul style="list-style-type: none"> ▪ miscarriage ▪ premature birth ▪ low birth weight ▪ Pre-eclampsia <p>However, research has shown that heavy work carries no more than a moderate risk of low birth weight. There is limited and inconsistent evidence of risk for preterm birth and pre-eclampsia</p> <p>Prolonged standing for more than 3 hours carries no more than a small risk of preterm and low birth weight</p> <p>Excessive physical or mental pressure may give rise to anxiety, stress and raised blood pressure.</p> <p>Pregnant workers may experience problems in working at heights, with ladders and in confined spaces.</p> <p>Dexterity, agility, co-ordination, speed of movements, reach and balance may be impaired increasing the risk of injury.</p>	<p>Ensure that hours of work and the volume and pacing of work are not excessive. Where possible, the employees themselves should have some control over how their work is organised</p> <p>Ensure that seating is available where appropriate and practical. Extended or more frequent breaks may be appropriate to reduce fatigue.</p> <p>Adjusting workstations or work procedures may help remove postural problems and risk of accidents</p> <p>Heavy physical activities should be assessed and restricted particularly in late pregnancy.</p> <p>Assess if working standing continuously for 3 hours or more – look at working patterns and assess practicability for reducing standing for less than 3 hours at a time with adequate rest breaks.</p>

HAZARD	RISK	PRECAUTIONS
<p>Biological agents e.g. Chickenpox (Varicella Zoster Virus) Cytomegalovirus Hepatitis B Herpes HIV (Human Immunodeficiency Virus) Rubella Syphilis TB Toxoplasma Typhoid Parvovirus</p> <p>Legal / Reference: Control of substances hazardous to health Approved Code of Practice on the Control of Biological Agents</p>	<p>Biological agents pose a risk to the unborn child if the mother is infected during pregnancy by being transmitted through the placenta. Transmission may also occur through breastfeeding or through close physical contact.</p>	<p>Risk assessment will identify the nature of the biological agent, how it is spread, the likelihood of contact and the control measures required. These may include physical containment, hygiene measures and vaccine.</p> <p>Where risk is high exposure should be avoided altogether.</p>
<p>All substances labelled</p> <ul style="list-style-type: none"> ▪ R40 ▪ R45 ▪ R46 ▪ R47 <p>Legal / Reference: COSHH Chemical (Hazard Information and Packaging) Regulations</p>	<p>Content: R40 possible risk of irreversible effects R45 may cause cancer R46 may cause inheritable genetic damage R47 may cause birth defect 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>NOTE: A risk assessment must be carried out as this is the only way to determine the actual risk to health. Although they have a potential to endanger health or safety there may be no risk in practice.</p>	<p>These substances all fall within the scope of Control of Substance Hazardous to Health Regulations (COSHH) (except lead and asbestos).</p> <p>Employers are required to assess the health risk to workers and take appropriate action to prevent or control it.</p> <p>In carrying out assessments employers should have regard for women who are pregnant, or who have recently given birth.</p>

HAZARD	RISK	PRECAUTIONS
<p>Chemical agents and industrial processes in Annex 1 to Directive 90/394/EEC</p> <p>Legal / Reference: EC Directive on the Control of Carcinogenic Substances COSHH</p>	<p>The substances, preparations and processes listed in Annex 1 also covered by COSHH (see above).</p>	
<p>Mercury and mercury derivatives</p> <p>Legal / Reference: COSHH HSE Guidance Note EH17: Mercury – Health and Safety Precautions. HSE Guidance Note MS12: Medical Surveillance</p>	<p>Organic mercury compounds can have adverse effects on the foetus. Animal studies and human observations demonstrate 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.</p> <p>No clear evidence of adverse effects on developing foetus from studies of humans exposed to mercury and inorganic mercury compounds.</p> <p>No indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby.</p> <p>Potential for health effects in children from exposure of mother to mercury and mercury compounds is uncertain.</p>	<p>The following Guidance Notes both give practical guidance on the risks of working with mercury and how to control them.</p> <p>EH17: Mercury – Health and Safety Precautions. MS12: Mercury – Medical Surveillance.</p>

HAZARD	RISK	PRECAUTIONS
<p>Antimitotic (cytotoxic) drugs</p> <p>Legal / Reference:</p> <p>COSHH</p> <p>HSE Guidance Note MS21: Precautions for the safe handling of cytotoxic drugs</p>	<p>Absorption is by inhalation or through the skin.</p> <p>Long term exposure to these drugs can cause damage to genetic information in sperm and ovum. Some can cause cancer.</p>	<p>There is no known threshold limit.</p> <p>Exposure must be reduced to as low a level as is reasonably practicable.</p> <p>Assessment of the risk should look particularly at:</p> <ul style="list-style-type: none"> ▪ preparation of the drug for use (pharmacists, nurses) ▪ administration of the drug ▪ disposal of waste (chemical and human). <p>Women of child bearing capacity and those who are pregnant or breast-feeding should be fully informed of the reproductive hazard.</p> <p>HSE Guidance Note MS21 - Precautions for the safe handling of cytotoxic drugs; gives information about the health hazards and advice on avoidance/reduction of risk.</p>

HAZARD	RISK	PRECAUTIONS
<p>Chemical agents of known and dangerous percutaneous absorption (i.e. that may be absorbed through the skin).</p> <p>Legal / Reference: COSHH (see above) Control of Pesticides Regulations 1986 (COPR). HSE Guidance Booklet EH40: Occupational Exposure Limits</p>	<p>Exposure is through inhalation and by absorption through the skin.</p> <p>HSE Guidance Booklet EH40 Occupational exposure limits is updated annually and contains inhalation exposure limits for a variety of hazardous agents.</p> <p>These substances are marked 'Sk' in the tables.</p> <p>Risk will depend on the way that the substance is being used as well as on its hazardous properties.</p>	<p>Take special precautions to prevent skin contact.</p> <p>Use engineering methods to control exposure in preference to personal protective equipment e.g. enclose the process or redesign it</p> <p>Use appropriate personal protective equipment where exposure remains uncontrolled.</p> <p>Note: The Control of Pesticides Regulations 1986 (COPR), sets general restrictions on the way that pesticides can be used. All pesticides must be approved before they can be advertised, sold, supplied, used or stored. Conditions for approval:</p> <ul style="list-style-type: none"> ▪ may limit the way the product can be used (e.g. the way it can be applied) ▪ require safety precautions to be followed ▪ restrict who may use it (for example professionals or amateurs). <p>These conditions are reflected on the product label. Failure to comply is an offence.</p>
<p>Carbon monoxide</p> <p>Legal / Reference: None specific – expect for the general requirements of COSHH in relation to hazardous substances. HSE Guidance Note EH43: Carbon Monoxide</p>	<p>Data on the effects of exposure to carbon monoxide on pregnant women are limited. Carbon monoxide readily crosses the placenta and can result in the foetus being starved of oxygen. Evidence points to adverse effects on the foetus. Both the level and duration of maternal exposure are important factors in the effect on the foetus.</p> <p>There is no indication that breastfeeding by mother's exposure to carbon monoxide results in adverse effects on the baby 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>

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Chairman: David Highton Chief Executive: Miles Scott
Trust Headquarters: Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ
Telephone: 01622 729000 / 01892 823535



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