



**Thurrock
Clinical Commissioning Group**

**POLICY FOR SAFEGUARDING THE HEALTH AND
SAFETY OF NEW AND EXPECTANT MOTHERS
(NEW AND EXPECTANT MOTHERS POLICY)**

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Ratified by:	Thurrock CCG Board
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Name of originator/author	Andrew Stride, Head of Corporate Governance
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1. Introduction

This is the policy of NHS Thurrock CCG to ensure that the organisation meets and, where reasonably practicable, exceeds its statutory obligations in connection with the health and safety of new and expectant mothers.

The law requires every employer to assess workplace risks for all their employees and to take practical action to control those risks under the Management of Health and Safety at Work Regulations 1999. The Regulations require employers to take particular account of risks to new and expectant mothers. The CCG, through its managers and the Competent Person, must identify hazards in the workplace that could pose a health or safety risk to new and expectant mothers and take appropriate action to remove or reduce the risk.

2. Purpose

The purpose of this document is to ensure compliance with Health and Safety legislative requirements in respect of new and expectant mothers as part of the CCG's overarching health and safety management system.

3. Scope

This policy applies to all CCG staff and to Board members whilst they are engaged in CCG business. The policy does not apply to staff employed by external agencies or providers such as the Commissioning Support Unit or Local Authority. Such employees should follow the equivalent policy as approved by their organisation.

4. Definitions

New or Expectant Mother – this is defined as someone who is pregnant, who has given birth within the previous six months, or is breastfeeding. In assessing risks, consideration must be given to the health of both the mother and the unborn or newly born child.

Hazard – this is something that could cause harm

Risk – this is the likelihood of a hazard causing harm

5. Roles and Responsibilities

5.1. NHS Thurrock CCG Board

The CCG Board is responsible for receiving assurance that the CCG has in place a robust system for meeting its statutory and legislative obligations with respect to new and expectant mothers.

5.2. Accountable Officer

The Accountable Officer is responsible for ensuring that NHS Thurrock CCG complies with its statutory and common law obligations around the health and safety of new and expectant mothers.

5.3. Head of Corporate Governance (Competent Person)

This postholder is responsible for reviewing and co-ordinating the implementation of this policy, co-ordinating and overseeing the completion of new and expectant mother risk assessments and keeping a corporate database of risk assessments completed.

This postholder is currently the Competent Person for Health and Safety, as required by the Management of Health and Safety at Work Regulations 1999.

5.4. Business Manager

The CCG Business Manager supports the Head of Corporate Governance in respect of all the day-to-day management of health and safety within the CCG.

5.5. Occupational Health Service

NHS Thurrock CCG has commissioned an Occupational Health Service from Thurrock Borough Council.

This service can provide specialist advice and support to new and expectant mothers and to their line managers.

5.6. Executive Officers and Managers

All Executive Officers and managers are responsible for :

- Ensuring that the New and Expectant Mothers Policy is effectively implemented in all areas within their control;
- Conducting new and expectant mother risk assessments for their staff.

5.7. All Staff and Board Members

All staff have a responsibility under the Health and Safety at Work Act 1974 to take reasonable steps to ensure that their actions do not endanger their own health, safety and welfare or that of their colleagues, patients or visitors.

In the context of new and expectant mothers, this means that all staff are responsible for following this policy, co-operating with the risk assessment process and for highlighting to their line manager (or to Occupational Health) if they begin to experience health problems whilst pregnant, breastfeeding or within 6 months of childbirth.

6. Policy Procedural Requirements

6.1 Identifying New and Expectant Mothers

The expectant mother must inform her line manager in writing (email is acceptable) that she is pregnant. Her manager can ask for written medical evidence to confirm this and the employee is obliged to provide it.

On learning of a staff member's pregnancy, the employee's line manager needs to carry out a risk assessment. Pregnant workers must be referred to Occupational Health by their manager if there are any issues or concerns regarding their health and safety at work following completion of the risk assessment process. The Competent Person will support line managers and employees in the completion of new and expectant mother risk assessments and this postholder needs to countersign the risk assessment form as an additional safeguard.

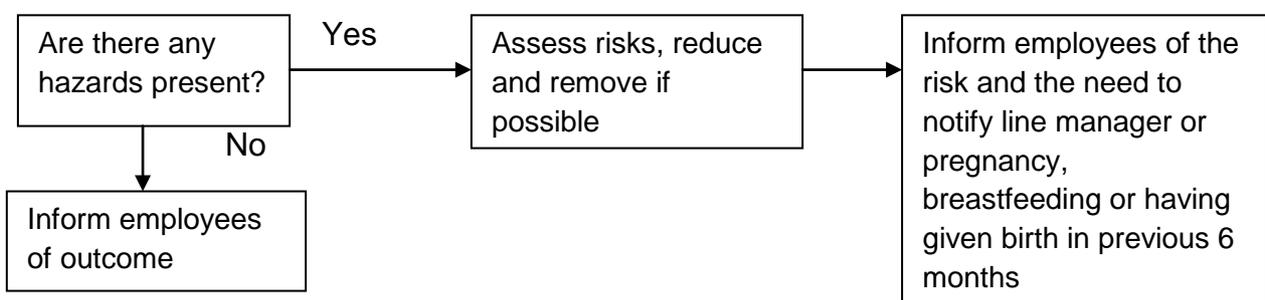
6.2 Risk Assessment

Stage One

At least once per year (more frequently in the event of significant changes to the location or configuration of office or other workspace), the Competent Person, working with the Business Manager, will conduct a general risk assessment of the areas that are the responsibility of the CCG. This risk assessment should proactively identify those features of the working environment that could pose a hazard to new and expectant mothers. During this exercise, the Competent Person and Business Manager should :

- Look for hazards and risks in relation to pregnancy and nursing mothers;
- Decide if the mother or unborn child might be harmed and how;
- Consult employees and inform them of any risks identified;
- Remind employees that it is important for them to provide written notification to their line manager that they are pregnant or breastfeeding at the earliest opportunity.

The premise of stage one is that significant hazards need to be identified and managed before a woman knows and advises the CCG that she is pregnant. These risk assessments should be kept under continual review throughout the year and revised as necessary. Stage One can be understood as follows :

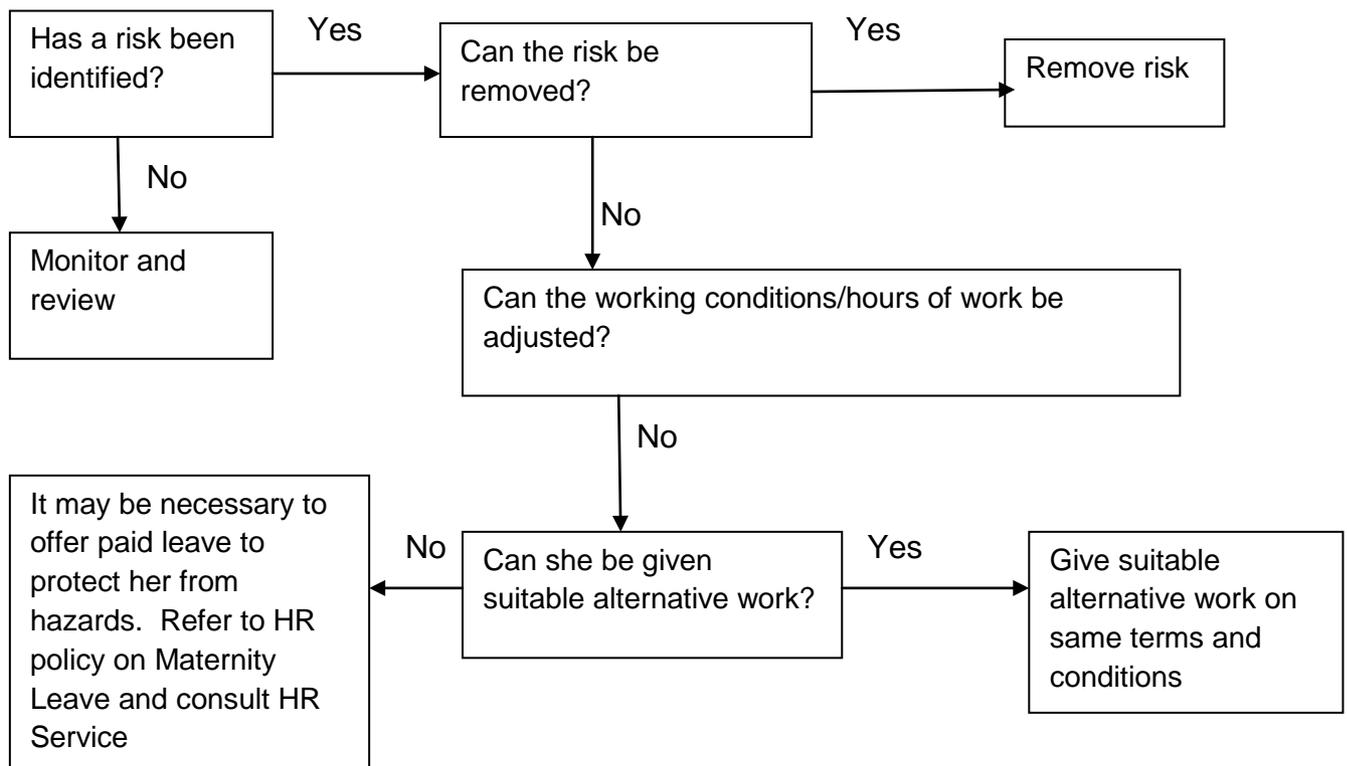


The CCG's template for generic workplace risk assessments forms Appendix C of the Health and Safety Risk Assessment Policy. Line managers and employees will find it helpful to refer to Appendix 1 of the New and Expectant Mothers Policy (i.e., this document) for evidence-based guidance on the principal hazards in the workplace to new and expectant mothers.

Stage Two

Line managers should conduct a specific risk assessment upon receipt of written notification from an employee that she is pregnant, has given birth in the last six months, or is breastfeeding. This must take into account any advice provided by the woman's health professional and/or the Occupational Health Service. If any risks are identified, then managers must take action to remove, reduce or control the risk where reasonably practicable to do so.

The process for stage two is shown below :



6.3. Action after risk assessment

If, after taking whatever action is reasonable, there remains a significant risk which goes beyond the level of risk to be expected outside the workplace, then employers must take the following steps to safeguard the employee from that risk.

- Temporarily adjust working conditions or hours of work;
- If that is not reasonable or would not avoid the risk, then offer alternative work if any is available.

If these steps are not possible, then it may be necessary to offer paid leave from work for as long as possible to protect the health and safety of the mother and child.

HR advice should always be sought in such instances before any action is taken. Managers and staff should also refer to the CCG's Maternity Policy for detailed guidance on the HR aspects of caring for new and expectant mothers and their statutory entitlements.

6.4. Frequency of risk assessments

The stage two risk assessment should be carried out at the earliest opportunity once the new or expectant mother notifies the line manager of her status. As a matter of routine, the assessment should be repeated every three months; more frequently in cases where particularly high risks have been identified, where a significant change is made to the woman's working environment or working patterns, or where either the woman or her line manager feels that a repeat assessment would be beneficial.

6.5. Employer exemptions

The line manager is not required to maintain any of the actions detailed above where the employee has failed to provide verbal or written notification of her condition or has failed to produce a certificate signed by a registered medical practitioner or midwife within a reasonable time of being requested to do so. The above exemption also applies where the employer knows that the woman is no longer pregnant or breastfeeding or cannot establish whether she remains so. However careful consideration and guidance from HR should be sought prior to invoking one of these exemptions given the sensitive nature of pregnancy and maternity.

6.6. Manual Handling

Managers should reduce risks from manual handling by reducing the amount of physical work or providing aids. The stage two risk assessment outlined above will identify manual handling hazards. Further guidance can be found in the CCG's Manual Handling Policy.

6.7. Breast Feeding

It is for the mother to decide how long she wishes to breastfeed and returning to work does not mean that she has to stop. The woman should provide her manager with written notification that she is breastfeeding, ideally before returning to work. The manager must then carry out a specialist risk assessment (<http://www.hse.gov.uk/mothers/#2>) with support from the Competent Person in order to identify reasonable adjustments which could be made to the individual's working environment and work patterns to support her to breastfeed in a way which safeguards the dignity, health and safety of both woman and child. Where workers continue to breastfeed for many months after the birth, the manager will need to regularly review the risks,

6.8. Occupational Health

Where the new or expectant mother is experiencing health problems then the Occupational Health Service should be contacted at the earliest opportunity. The line manager should make a referral to Occupational Health for specialist guidance on how the CCG can safeguard their health and safety at work. Referrals should include a copy of the risk assessments conducted under this policy. It should be

made clear to women referred to Occupational Health that such referrals are a supportive measure and are not to be misconstrued as a negative action or a reflection on the individual's performance.

6.8. Records

Comprehensive records of the new and expectant mothers assessment process and the actions taken will be maintained by the CCG in line with the Data Protection Act 1998 and accepted standards of information governance in the NHS. A copy of all assessments and relevant paperwork will be kept on the individual's HR file.

7. Monitoring Compliance and Policy Review

This policy will be monitored by the Quality and Governance Committee, taking into consideration expert health & safety and human resources advice.

The senior manager who has overall responsibility for monitoring this policy is the Accountable Officer.

This policy will be reviewed every two years, or more frequently in the event of changes in legislation or good practice guidance. If only minor changes are required, the policy will be approved by the Quality and Governance Committee. In the event of more significant changes, final approval rests with the CCG Board.

8. List of Stakeholders Consulted

Mandy Ansell – (Acting) Interim Accountable Officer
 Jane Foster-Taylor – Executive Nurse
 Ade Olarinde – Chief Finance Officer
 Christine Celentano – Business Manager
 Lucy Moss – HR Business Partner, NHS North East London CSU

9. Equality Impact Assessment

NHS Thurrock CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications. This policy has been assessed using the CCG's Equality Impact Assessment framework which identified the following impact/s upon equality and diversity issues:

<i>Age</i>	<i>Marital Status</i>	<i>Disability</i>	<i>Gender & Pregnancy</i>	<i>Race</i>	<i>Sexuality</i>	<i>Religion</i>	<i>Human Rights</i>	<i>Total Points</i>	<i>Impact</i>
0	0	0	3	0	0	0	0	3	HIGH

Rationale

Implementation of this policy will have a positive impact on the protected characteristics of gender and pregnancy/maternity status. This is because this policy provides a framework for safeguarding the health and safety of new and expectant mothers.

10. Associated Documents and Policies

Health and Safety Policy
Health and Safety Risk Assessment Policy
Risk Management Strategy
Maternity Policy

11. References

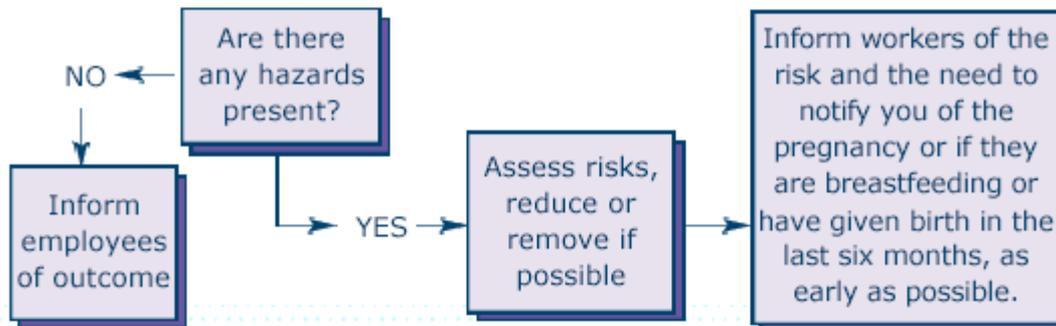
- Health and Safety at Work Act 1974;
- Management of Health and Safety at Work Regulations 1999.

12. Version Control

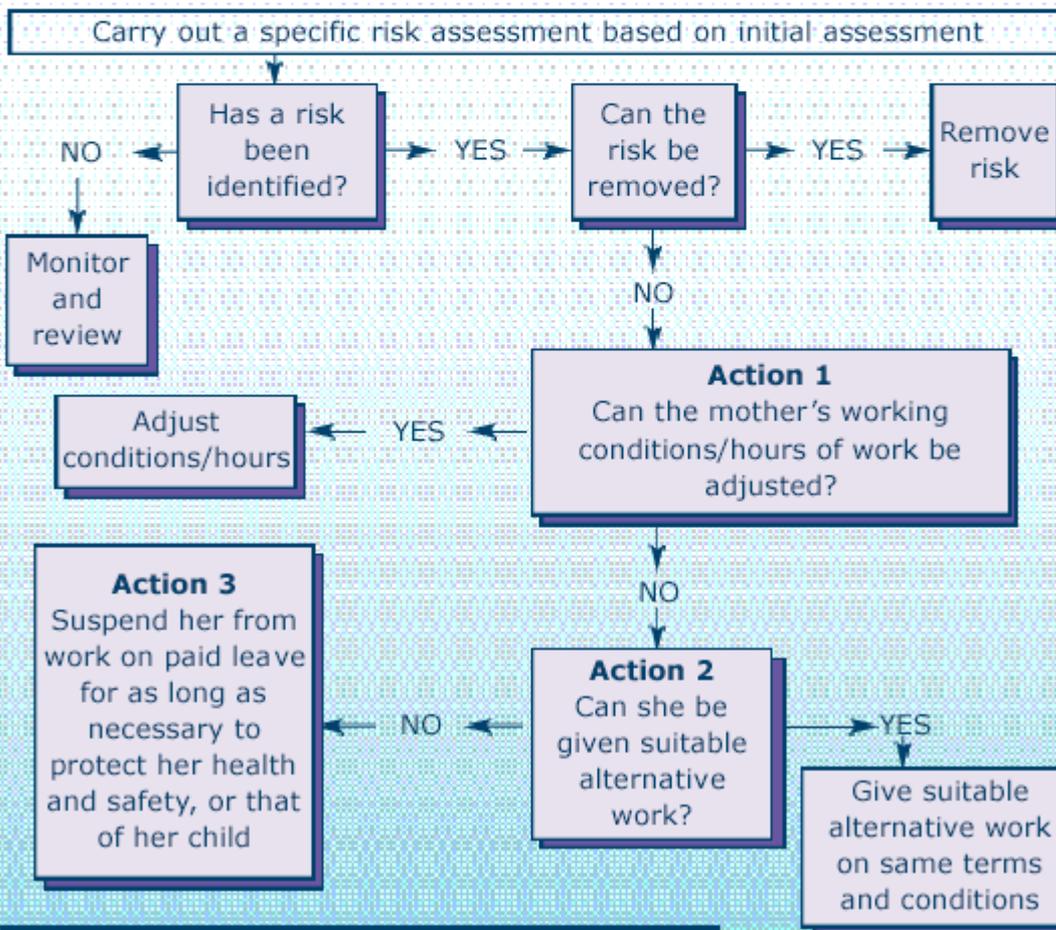
10	VERSION CONTROL			
	Version	Author: Name & Title	Date Policy Issued	Date Policy Due to be Reviewed
		Andrew Stride, Head of Corporate Governance		

Summary of the New and Expectant Mothers Risk Assessment Process (taken from “A Guide for New and Expectant Mothers who Work” published by the Health and Safety Executive)

Stage one – Initial risk assessment



Stage two – On notification of pregnancy, birth or breastfeeding



All of the above actions should be monitored and reviewed on a regular basis.

Potential Hazards to New and Expectant Mothers

Physical agents

- Movements and postures
- Manual handling
- Shocks and vibrations
- Noise
- Radiation (ionising and non-ionising)
- Compressed air and diving
- Underground mining work

Biological agents

- Infectious diseases

Chemical agents

- Toxic chemicals
- Mercury
- Antimitotic (cytotoxic) drugs
- Pesticides
- Carbon monoxide
- Lead

Working conditions

- Facilities (including rest rooms)
- Mental and physical fatigue, working hours
- Stress (including post-natal depression)
- Passive smoking

- Temperature
- Working with display screen equipment (see DSE Policy)
- Working alone
- Working at height
- Travelling
- Violence
- Personal protective equipment
- Nutrition

New and Expectant Mothers Risk Assessment Form (Stage Two)Part A - Guidance

The Management of Health and Safety at Work Regulations (1999) require employers to consider risks to new and expectant mothers. This form should be completed in line with the New and Expectant Mothers Policy and it represents Stage Two of the risk assessment process within that policy.

The line manager and the relevant employee should complete this form together and sign at the end to indicate that they agree with the content. Once completed, the risk assessment should be retained on the individual's HR file and a copy should be sent to the Competent Person (the Head of Corporate Governance). The employee and the line manager should also keep a copy. This risk assessment should be repeated no less than every three months. Further guidance on all aspects of the Maternity Policy (an HR-focussed policy and the New Expectant Mothers Policy (a health and safety-focussed policy) can be sought from the Occupational Health Service or the HR Service.

Employee's full name _____

Job title and grade _____

Does the employee work full or part time (please specify hours/days)?

Reason for assessment :

Pregnancy	
Having given birth in last 6 months	
Breast feeding	

Brief outline of employee's role/duties

Risk assessment completed by :

Line manager's name and role title _____

Employee's signature _____

Countersigned by Competent Person _____

Date _____

Date of Next Risk Assessment _____

Part B

In order to simplify the process, the more common risks to new and expectant mothers have been identified and inserted into the assessment form. Tick and complete if relevant and ensure that columns 5 and 6 are completed. There is extra space provided to add any specific risks which may be associated with the employee's role.

1	2	3	4	5	6
Tick if appropriate	Hazardous agent / working condition	What is the risk	Possible harm to? (ie, unborn child, mother or breastfed child)	How can risk be eliminated/reduced?	Agreed action/outcome (including timescale)
	Manual handling of loads	Musculoskeletal injury (increased risk due to hormonal changes)	Expectant mother and new mother		
	Ionising radiation	Harmful exposure to ionising radiation	Unborn child		
	Mental and physical fatigue and stress, including exposure to violence and aggression (physical and verbal)	Fatigue from standing or other physical activity and/or excessive physical or mental pressure can be associated with premature labour and low birth weight in babies and lactation failure Increased abdominal girth resulting in discomfort	Expectant mother, unborn child and breastfeeding -		
	Increased exposure to biological hazards, e.g., HIV, Hepatitis A or B, TB, chickenpox, toxoplasma, cytomegalovirus	Associated with miscarriage or damage to the foetus	Unborn child and mother		

1	2	3	4	5	6
Tick if appropriate	Hazardous agent / working condition	What is the risk	Possible harm to? (ie, unborn child, mother or breastfed child)	How can risk be eliminated/reduced?	Agreed action/outcome (including timescale)
Other specific hazards?					