



Health and Safety and Pregnancy

Guidance to Health and Safety
Representatives and Members





HEALTH AND SAFETY AND PREGNANCY – Guidance to Health and Safety Representatives and Members

Society of Radiographers' Responsible Officer:

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February 2007

First edition

ISBN 0-9503597-9-3

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1. INTRODUCTION

The Society of Radiographers is pleased to issue this advice and guidance document on the subject of health and safety and pregnancy in response to questions and concerns raised by safety representatives and managers.

Around 440, 000 working women are pregnant in Great Britain each year and according to research carried out by the Equal Opportunities Commission, almost half are likely to experience some form of disadvantage by being pregnant and taking maternity leave¹. Research by the Equal Opportunities Commission uncovered that awareness of health and safety responsibilities was low amongst employers which is a serious concern.

Whilst pregnancy is not an illness, and many women work up to the baby's due date there are changes both physical and hormonal taking place during pregnancy and lasting for some months after birth. Along with ensuring the protection of the unborn child the employer needs to assess hazards and risk to new and expectant mothers undergoing such changes. A number of employees who return to work may also be breastfeeding, and indeed have a right to breast feed for as long as they wish. The ability to breastfeed and safety of breast milk can also be affected by hazards in the workplace and an assessment of the risks of contamination to breast milk and ability to breastfeed will also need to be carried out.

In Diagnostic Imaging and Radiotherapy and Oncology departments there will be a heightened awareness of the risk to a pregnant mother and her unborn child. This guidance not only addresses the obvious radiation hazards and potential risks to employees but also the less obvious hazards such as fatigue and working hours.

The guidance also gives advice on the current health and safety legislation relating to pregnancy. Finally there is a section on the legal rights of pregnant employees including benefits and extracts from the Agenda for Change staff terms and conditions handbook.

2. HEALTH AND SAFETY LEGISLATION

In 1992, the European Union Council Directive² otherwise known as the 'Pregnant Workers Directive' introduced measures to encourage improvements in health and safety during pregnancy, the postnatal period and breastfeeding. The measures include the need to carry out a risk assessment.

In the United Kingdom this has been incorporated into the Management of Health and Safety at Work Regulations 1999³ which require employers to carry out risk assessments where:

- *The persons working in an undertaking include women of child-bearing age [Regulation 16 (1) (a)]*
- *The work is of a kind which could involve risk, by reason of her condition, to the health and safety of a new or expectant mother, or to that of her baby, from any processes or working conditions, or physical, biological or chemical agents including those specified in Annexes I and II of Council Directives 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding [Regulation 16 (1) (b)]*

At an initial stage, all employers should take account of women of child-bearing age when carrying out risk assessments and where risks are identified reduce or remove risks if possible. Where the risk assessment does reveal a risk, employers must tell all female employees of childbearing age about the potential risks if they are, or could in the future be pregnant or breastfeeding.

When an employee notifies an employer that they are pregnant the employer must carry out a specific risk assessment and identify preventative and protective measures. In addition, where the risk assessment identifies risks that cannot be avoided by preventive and protective measures the employer must alter working conditions or hours of work [Regulation 16 (2)]. Where this cannot be reasonably achieved the employer must suspend the employee from work for as long as it is necessary to avoid such risk. The requirements of section 67 of the Employment Rights Act 1996 (as amended by the Employment Relations Act 1999) requires employers, when offering alternative work to a pregnant woman to ensure that the work is suitable and appropriate for her to do in the circumstances and on terms and conditions no less favourable than her normal terms and conditions.

Risk assessments need to be regularly reviewed as pregnancy is a dynamic state and the risk of damage to an unborn child as a result of a hazard will vary at different stages of the pregnancy. Dexterity, agility, posture, co-ordination and speed of movement may also be impaired due to increased size.

Regulation 17 of the Management Regulations says that where a certificate from a registered medical practitioner or a registered midwife shows that it is necessary for her health or safety that she should not be at work at night alternative hours of work should be offered subject to the requirements of section 67 of the Employment Rights Act 1996 (as amended by the Employment Relations Act 1999).

Employers are only required to take action where the employee has notified the employer in writing that she is pregnant, has given birth within the last six months or is breastfeeding. Where an employee continues breastfeeding for more than six months after the birth she should ensure that her employer is informed.

There have been many tribunal cases taken against employers who have failed to comply with the requirements of the Employment Rights Act and suspend staff on full pay.

Employment Appeal Tribunal Case – failure to carry out risk assessment

Hardman v Mallon (trading as Orchard Lodge Nursing Home) (2002 IRLR 516) (EAT)

Ms Hardman worked as a care assistant at the Orchard lodge Nursing Home. Her job involved some lifting of residents and when she found out she was pregnant, she was concerned that the lifting could pose a risk to her and her unborn child. She raised her concerns with her employer, but her employer failed to carry out an assessment of the risks posed to her and her baby by her working conditions. At the tribunal, her employer argued that the failure to carry out a risk assessment could not be sex discrimination because the employer had not carried out an assessment of the risks posed to male workers by their working conditions. She argued that this meant that Ms Hardman had not been treated less favorably than her male colleagues.

The EAT noted that the Management of Health and Safety at Work Regulations require a specific assessment of the risks posed to new and expectant mothers by their working conditions. It said that a failure to carry out such a risk assessment was automatically sex discrimination, regardless of whether a risk assessment had been carried out in relation to male employees.

Source: Equal Opportunities Commission (www.eoc.org.uk)

Definitions

Regulation 1 of the Management of Health and Safety at Work Regulations 1999 give two key definitions and any employer's policy or risk assessments must include the scope of these definitions.

- *'New or expectant mother' means an employee who is pregnant; who has given birth within the previous six months; or who is breastfeeding.*
- *'Given birth' means delivered a living child or after twenty-four weeks of pregnancy, a stillborn child.*

Other legislation which is key to the protection of pregnant employees includes:

- The Ionising Radiation Regulations 1999
- The Control of Substances Hazardous to Health Regulations 1994
- The Manual Handling Operations Regulations 1992
- The Display Screen Equipment Regulations 1992

The specific requirements of these regulations are picked up under the next chapter when hazards are discussed in more detail.

The Workplace (Health, Safety and Welfare) Regulations 1992

The Workplace (Health, Safety and Welfare) Regulations 1992 require employers to provide suitable facilities for any person at work who is a pregnant or nursing mother to rest. [Regulation 25 (4)]. The accompanying Approved Code of Practice to the regulations states that facilities should be conveniently situated in relation to toilets and have a facility for the member of staff to lie down⁴.

Bad Practice - Breastfeeding

A female employee was told by her employer that she should use the toilets to express breast milk for her baby. Using toilets for this purpose is totally unsuitable and unhygienic. Employers are required to provide suitable rest facilities for pregnant and breastfeeding mothers to rest. Health and Safety Executive (HSE) recommends that it is good practice to provide a private, healthy and safe environment for nursing mothers to express and store milk.

Source: Health and Safety Executive (www.hse.gov.uk)

3. HAZARDS AND RISKS

Health and Safety Executive guidance lists the risks that an employer could reasonably be expected to be aware of in relation to new and expectant mothers⁵.

These are as follows:

Physical Risks

- Manual Handling
- Movements and postures
- 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 and working hours
- Stress (including post natal depression)
- Passive smoking
- Temperature
- Working with VDUs
- Working alone
- Work at heights
- Travelling
- Violence
- Working with personal protective equipment
- Nutrition

This chapter gives more information on the hazards that those working in Diagnostic Imaging or Radiotherapy and Oncology Departments are most likely to encounter.

MANUAL HANDLING, MOVEMENTS AND POSTURE

The Law

Employers are required to carry out risk assessments of manual handling activities under The Manual Handling Operations Regulations 1992⁶ and reduce the risks from manual handling by firstly avoiding the need to handle and secondly by providing lifting and handling aids and training staff in safe handling techniques. Any manual handling assessment should take into account the staff member's individual capabilities which must include the fact that they are pregnant. Most healthcare settings will have a minimal lifting policy with aids to help move the patient and training of staff.

Hazards and Risks

Pregnant workers may be more at risk of manual handling injuries as a result of hormonal changes which make the ligaments lax and changes in body shape which can affect posture and lifting ability as the centre of gravity in the women's body shifts and loads must be held further away from the body. Due to increased size, agility may also be affected.

New mothers returning to work soon after giving birth, especially following a Caesarean section may also have difficulties with lifting and handling. In addition breastfeeding mothers may experience discomfort and difficulties due to increased breast size and sensitivity.

Awkward movements, twisting and frequent stooping could increase the risk of injury. Frequent repetitive lifting (even of lighter objects) should be avoided in the early stages of pregnancy as this has been linked to an increased risk of miscarriages⁷. Pushing and pulling heavy or unwieldy objects can also present a risk of injury e.g. collimators and stands used for scoliosis imaging.

Lead aprons can also add to strain in pregnant workers and due to expanding size it may be difficult to wear lead vests and skirt combo which distributes the weight more evenly, however due to reasons outlined in the section on ionising radiation it is unlikely that a pregnant employee would be wearing an apron for prolonged periods.

Avoiding the Risks

Where a minimal lifting policy is in place there should be no additional risks for a pregnant employee. However where patients do require lifting and handling this should be reviewed in the pregnancy risk assessment and where the risk cannot be avoided through the use of aids or by doubling up, a non-pregnant colleague/s would be required to carry out the lifting and handling. The same is also important for risks involving pushing and pulling unwieldy items. These are particularly important to consider where pregnant workers could be in lone working situations.

Considerations should be given to the provision of uniforms which do not inhibit free movements and interfere with effective handling.

Checklist for Safety Representatives:

- Ensure that the employer, in consultation with the SoR safety representatives, carries out a risk assessment as soon as possible into any lifting or handling tasks to be undertaken by the pregnant worker.
- Ensure that the risk assessment is reviewed periodically to take into account changes that take place during pregnancy.
- Ensure that the risks have also been considered for anyone who returns to work within 6 months of giving birth; anyone who is breastfeeding.

NOISE

The Law

The Control of Noise at Work Regulations 2005⁸ applies to all workers exposed to loud noise where there is a risk to hearing. There is no specific reference to pregnancy in the regulations.

Hazards and Risks

The HSE state that there appears to be no specific risk to new and expectant mothers from noise, however prolonged exposure to loud noise may lead to increased blood pressure and tiredness.

In MRI scanning acoustic noise caused by the gradient coils during the scan can reach unacceptable levels. In general, the higher the field strength, the higher the acoustic noise level. It should be noted that maternal noise exposure may affect foetal hearing ability⁹.

Avoiding the Risks

Wearing hearing protection is enough to protect non-pregnant workers but does not protect the unborn child. However due to the risks outlined in the section on non-ionising radiation it is inadvisable for a pregnant worker to be in a room when scanning is underway thereby avoiding any risk of hearing damage to the unborn child.

Checklist for Safety Representatives:

- Ensure that your employer has local rules/policy to include members working in MRI scanning when pregnant.

IONISING RADIATION

The Law

The Ionising Radiation Regulations 1999 and supporting Approved Code of Practice¹⁰ place duties on employers to protect employees including those of child bearing age; those who are pregnant and those who have returned to work after having a child and are breastfeeding. Regulation 8 (5) (a) of the regulations state that in relation to an employee who is pregnant, the conditions of exposure are such that, after her employer has been notified of the pregnancy, the equivalent dose to the foetus is unlikely to exceed 1 milli-Sieverts (mSv) during the remainder of the pregnancy. In addition Regulation 8 (5) (b) states that in relation to an employee who is breastfeeding, the conditions of exposure are restricted so as to prevent significant bodily contamination of that employee.

Once a pregnancy has been confirmed and the employer notified, the equivalent dose to the foetus should not exceed 1 mSv during the remainder of the pregnancy, and the radiation monitoring dosimeter worn by a pregnant staff member should be monitored monthly to ensure that the dose received does not exceed 1 mSv.

Under Regulation 14 (c) employers must inform female employees who are engaged in work with ionising radiation of the possible risk arising from ionising radiation to the foetus and to a nursing infant and of the importance of informing the employer in writing as soon as possible after becoming aware of their pregnancy or if they are breast feeding.

Hazards and Risks

The HSE recognises that significant exposures to ionising radiation can be harmful to an unborn child⁵ and as such radiation exposure to the abdomen of the expectant mother should be restricted and comply with The Ionising Radiation Regulations 1999 and supporting Approved Code of Practice. Radiation doses to staff working in hospitals and the community depends on the type of work being undertaken.

There is evidence to indicate that reproductive risks from radiation are reasonably well controlled. An analysis of the doses of radiation received by radiographers showed that 99.3% received annual doses below 1mSv¹¹. However those working in fluoroscopy and nuclear medicine may potentially be exposed to higher levels.

Although not classified as ionising radiation, there is no evidence to suggest that occupational exposure to diagnostic ultrasound could cause any effects on the unborn child¹¹.

Avoiding the Risks

Prior risk assessment (PRA), as detailed within the Local Rules, will determine the action, if any, to be taken to protect pregnant workers. The assessment will indicate what radiation doses are likely to be received and what needs to be done to protect the foetus where a member of staff is pregnant or breastfeeding. The general principles of 'as low as is reasonably achievable (ALARA)' through time, distance and shielding will in most cases be adequate but where doses are normally between 1mSv and 6mSV per year employers will need to take further action to restrict the potential dose received by pregnant staff. The department's Radiation Protection Supervisor (RPS) should be involved in this process and the Radiation Protection Advisor (RPA) consulted for advice as appropriate.

The following SoR recommendations are based on the Health and Safety Executive's guidance¹², British Institute of Radiology and the Royal College of Radiologist report and recommendations¹¹ and the Institute of Physics and Engineering in Medicine (IPEM) best practice guidance¹³.

- When working with diagnostic x-ray, pregnant staff should keep as far away as practicable from the patient and the X-ray tube while it is in the x-ray position, and wherever possible behind the protective screen. If the member of staff has to be outside the protective screen during exposures, they must wear a lead apron which is comfortable to wear, fastened properly at the sides and covers the abdomen comfortably. The employer will need to check that such protective measures do not create other risks such as back problems. If the x-ray unit has a dose rate that may exceed 7.5 microSieverts per hour the pregnant member of staff **must** remain behind the protective screen. Although it is not a legal requirement, where requested, it should be possible to wear an instant reading dosimeter for additional reassurance.
- When pregnant staff are working in fluoroscopy rooms, as little time as possible should be spent close to the x-ray tube, for example while loading a film changer. Anyone needed in the room but not necessarily near the patient should stand behind the protective screen. It would be advisable for a pregnant member of staff to reduce the time spent in the more "higher dose fluoroscopy x-ray rooms (e.g. cardiology).
- It should be possible in most departments to reschedule the workload so that a pregnant member of staff could, as appropriate undertake a greater burden of CT, ultrasound, quality control or teaching so as to avoid any potential radiation exposure.
- A pregnant member of staff who works with unsealed radionuclides, supporting patients during imaging, may have to stop doing some jobs, such as giving certain diagnostic and therapy radionuclides, supporting patients during imaging, some radiopharmacy tasks and dealing with spillages of radioactive materials.
- Where employees remain anxious about the risks from ionising radiation they should be given the option to discuss their concerns with their manager and/or safety representative and where they are still anxious they must be given the option to avoid all radiation. The RPS/RPA should also be consulted.

Breastfeeding

External radiation sources cannot contaminate the body and pass into breast milk, however radioactive material can be taken into the body e.g. through swallowing, inhalation and inoculation. Risk assessments should be carried out on new mothers returning to work in jobs where they are exposed to radioactive material and any necessary precautions taken e.g. not dealing with spillages.

Employers should assume that employees are breastfeeding for six months unless they indicate otherwise, however employees working with radioactive material are advised to inform their employer formally (i.e. in a letter) that they are breastfeeding.

Employers must have Local Rules which include details on the measures taken to protect pregnant or breastfeeding employees. These measures must be adhered to.

Checklist for Safety Representatives

- Ensure that employers have carried out prior risk assessment for the radiation work that a pregnant member of staff is involved in.
- Ensure that employers have Local Rules to include members working in radiography when pregnant.
- Check that members are made aware of and understand the Local Rules.
- Ensure that pregnant staff are not made to work with radioactive implant patients.
- Ensure that your employer has Local Rules to include members working with radioactive material that may be breastfeeding.
- Where members remain anxious about the risks from ionising radiation they should be given the option to discuss their concerns with their manager and/or safety representative and where they are still anxious they must be given the option to avoid all radiation. The RPS/RPA should also be consulted.

NON IONISING RADIATION

The Law

There is no specific legislation on non-ionising radiation however the general requirements of both the Health and Safety at Work act and the Management of Health and Safety at Work Regulations 1999.

Hazards and Risks

The HSE advise that exposure to electric and magnetic fields within current recommendations is not known to cause harm to the unborn child or the mother.

However, with regards MRI scanning, the advice of the Medicines and Healthcare products Regulatory Authority (MHRA) and British Institute of Radiology and Royal College of Radiologists should be followed.

Avoiding the Risks

MRI

The MHRA⁹ recommend that each site should undertake a risk assessment analysing staff movement and location in relation to levels of the magnetic field and the time that they will be exposed. However in the case of pregnant personnel (including Authorised Persons) they should be given the option of not entering the Controlled Area (within the 5 Gauss line) during their first trimester (the first trimester is considered to be weeks 0 to 13). This is supported by the British Institute of Radiology and Royal College of Radiologists¹¹. Throughout their pregnancy it is advisable that staff do not remain in the scan room whilst scanning is underway.

Checklist for Safety Representatives

- Ensure that your employer has local rules/policy to include members working in MRI scanning when pregnant.

INFECTIOUS DISEASES

The Law

The key piece of legislation in relation to biological hazards responsible for infectious diseases is the Control of Substances Hazardous to Health Regulations 2002(COSHH). These require employers to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks. In carrying out the assessments, employers should have regard to women who are pregnant or who have recently given birth.

Hazards and Risks

Generally, pregnant radiographers are no more likely to be at risk from infection as they would be if they were not pregnant, however infections such as HIV and Hepatitis B could be passed onto the unborn or breastfeeding child. Good infection control measures as outlined in the SCoR's guidance on Healthcare Acquired Infections¹⁴ will normally be enough to control the risks from blood borne viruses, however certain infections can cause serious harm to the unborn child, these include Rubella (German Measles); Varicella-Zoster (Chicken Pox) which are transmitted by droplet route. Other infections include Listeria (from contaminated food) and Toxoplasma (from cat faeces) are potentially serious but radiographers are unlikely to be exposed to these in the work environment.

Avoiding the Risks

Rubella

Staff in Diagnostic Imaging and Radiotherapy and Oncology departments who work with children and have not been vaccinated against rubella are most at risk. Whilst the majority of staff will have been vaccinated as a child, there may be some who never had the vaccine and/or have not developed immunity to rubella.

As soon as pregnancy is confirmed staff are advised to have a blood test either via occupational health or their GP to confirm whether they have immunity to rubella. Prior to the blood test, staff who are unsure as to whether they are immune to rubella or not should not have contact with children. Where the blood test indicates no immunity a risk assessment must be carried out to determine the risk of exposure e.g. those working in paediatrics will be more at risk. Specialist advice should be sought from occupational health and infection control.

Varicella-Zoster

Most adults are likely to be immune to chicken pox due to exposure in childhood. Immunity for chicken pox should be checked during the early stages of pregnancy through the occupational health service or GP. Where pregnant staff are found to have no immunity to Varicella-Zoster, a risk assessment should be carried out and specialist advice sought from occupational health and infection control.

Checklist for Safety Representatives

- Ensure that exposure to biological agents is assessed by the employer as required under the COSHH regulations.
- Ensure that checks are being made on pregnant employees Rubella and Varicella Zoster status.
- Ensure that good infection control measures are in place, including the safe disposal of sharps and provision of protective equipment.

TOXIC CHEMICALS

The Law

The key piece of legislation in relation to chemicals is the Control of Substances Hazardous to Health Regulations 2002(COSHH). These require employers to assess the health risks to workers arising from such work, and where appropriate prevent or control the risks. In carrying out the assessments, employers should have regard to women who are pregnant or who have recently given birth.

Hazards and Risks

Exposure to chemicals with the following risk phrases can potentially harm the unborn or breast fed child:

- R40 limited evidence of a carcinogenic effect
- R45 may cause cancer
- R46 may cause heritable genetic damage
- R49 may cause cancer by inhalation
- R61 may cause harm to the unborn child
- R63 possible risk of harm to the unborn child
- R64 may cause harm to breastfed babies
- R68 possible risk of irreversible effects

Some key toxic substances that staff in Diagnostic Imaging and Radiotherapy and Oncology departments could be exposed to are as follows:

Anaesthetic gases

Exposure to anaesthetic gases, which include nitrous oxide, halothane, enflurane and isoflurane, have been linked with miscarriages and birth deformities¹⁵. Exposure may occur through inhalation or absorption through the skin. Inhalation is more common, as anaesthetic gases may escape into the air while the gas is administered to patients or through leakage in faulty equipment.

Cytotoxic (Cancer Drugs)

In the long term these drugs cause damage to genetic information in sperm and eggs. Some can cause cancer. Several studies have investigated the relationship between occupational exposure and reproductive outcomes, including, miscarriages and stillbirths, birth defects and low birth weight¹⁶. Absorption is by inhalation or through the skin.

Avoiding the Risk

Risk phrases can be found on chemical safety data sheets. The pregnancy/new mother risk assessment should take account potential exposure to any chemicals with the risk phrases detailed above. Existing COSHH assessments should also highlight any areas of risk. The HSE state that the actual risk to health of these substances can only be determined following a risk assessment of a

particular substance at the place of work. Although the substances listed may have the potential to endanger health or safety, there may be no risk in practice, for example if exposure is at a level below the Workplace Exposure Limits (WEL) that are known to be safe.

Anaesthetic gases

Controlling exposure to anaesthetic gases comes under the COSHH regulations. Employers must ensure that theatres are properly ventilated and contain an adequate 'scavenging system'. Systems must be maintained at regular intervals and at a minimum of 14 monthly intervals. In addition air monitoring may need to be carried out to determine whether workplace exposure limits are not exceeded. Where there is inadequate information on the reliability of scavenging systems or exposure levels, pregnant staff should be redeployed out of theatres.

Cytotoxic (Cancer Drugs)

Controlling exposure comes under the general requirements of the COSHH regulations; however a safe level of exposure cannot be determined for these drugs so exposure should be avoided. Radiotherapy Radiographers are less likely to be exposed to cytotoxic chemicals than other groups of health professionals, as they are not involved in the preparation or administration of the drugs. As traces of the drug can be excreted, urine, faeces, or vomit of patients taking cytotoxic drugs can present a risk of exposure as can a spillage of the drug. All female employees of childbearing age should be fully informed of the reproductive hazard and any risk of exposure to pregnant staff avoided.

Checklist for Safety Representatives

- Ensure that exposure to toxic chemicals is assessed by the employer as required under the COSHH regulations.
- Ensure that any risks to pregnant members exposed to anaesthetic gases are assessed and that employers are complying with the COSHH regulations by monitoring exposure to gases and maintaining equipment.
- Ensure that any risks to pregnant members exposed to cytotoxic drugs is assessed and avoided.
- Ensure that all members of child bearing age are made aware of the potential risks from both anaesthetic gases and cytotoxic drugs.
- Where exposure to cytotoxic drugs cannot be avoided or where exposure to anaesthetic gases cannot be kept to within workplace exposure limits pregnant radiographers must be redeployed.

FATIGUE AND WORKING HOURS

The Law

Regulation 17 of the Management Regulations says that where a certificate from a registered medical practitioner or a registered midwife shows that it is necessary for her health or safety that she should not be at work at night alternative hours of work should be offered subject to the requirements of section 67 of the Employment Relations Act 1996 (as amended by the Employment Relations Act 1999).

The Workplace (Health, Safety and Welfare) Regulations 1992 regulations require employers to provide suitable facilities for any person at work who is a pregnant or nursing mother to rest. [Regulation 25 (4)]. The accompanying Approved Code of Practice to the regulations states that facilities should be conveniently situated in relation to toilets and have a facility for the member of staff to lie down¹⁷.

The Risks

The Health and Safety Executive recognises long working hours, shift work and night work as having a significant effect on the health of new and expectant mothers, and on breastfeeding⁵. However, they point out that not all women are affected in the same way, and the associated risks vary with the type of work undertaken, the working conditions and the individual concerned.

Avoiding the Risks

Where a member of staff who works at night (including on-call at night), produces a certificate from their doctor or midwife advising that she cannot work nights, alternative day work should be organised.

Where a pregnant employee is suffering from fatigue, nausea and vomiting, musculoskeletal problems and/or any complications of pregnancy, it may be necessary to adjust working hours temporarily as well, including timing and frequency of breaks and to change shift patterns. Additional advice should be sought from occupational health.

Safety Representatives Checklist

- Ensure that pregnant members are aware of their right to be taken off night work (including on-call that covers night) should they produce a certificate from their GP/midwife.
- Ensure that the employer carries out a pregnancy risk assessment that covers fatigue.

WORK RELATED STRESS

The Law

Whilst there is no specific law on work related stress, stress is recognised as an occupational hazard and a potential risk to all workers but even more so to those who are pregnant. As such employers are obliged to assess the risks from work related stress to all workers including those who are new or expectant mothers.

The Risks

The HSE point out that new and expectant mothers can be particularly vulnerable to work-related stress for a number of reasons, including hormonal, physiological and psychological changes; financial, emotional and job insecurity may be issues and concerns about work-life balance⁵.

Some studies have linked stress to an increased incidence of miscarriage and pregnancy loss as well as an impaired ability to breast feed.

The HSE point out that additional stress may occur if a woman's anxiety about her pregnancy, or about its outcome (e.g. where there is a past history of miscarriage, still birth or other abnormality) is heightened as a result of peer group or other pressure in the workplace. This is particularly important to consider in pregnant sonographers who may be dealing with fetal demise or fetal abnormalities.

Avoiding the Risks

Work related stress risk assessments should be carried out for all staff following the HSE's guidance and organisational factors leading to stress reduced¹⁸. A pregnancy risk assessment will also need to consider work-related stress taking into account issues such as working hours, shift patterns, workloads, job insecurity and any additional emotional factors associated with the job.

Pregnant sonographers should be given the option of not carrying out ante natal scans for all or part of their pregnancy. A sonographer returning to work following a still birth after 24 weeks of pregnancy should also be given the option of avoiding dating scans for an agreed period of time. Whilst not in the scope of the regulations or HSE's guidance, it would also be good practice to consider this when a sonographer returns to work following an early miscarriage.

Checklist for Safety Representatives

- Ensure that the employer includes work related stress in the pregnancy risk assessment.
- Where a sonographer is pregnant or has experienced a still birth ensure that their manager gives them the option of not carrying out ante-natal scans.

WORKING WITH DISPLAY SCREEN EQUIPMENT

The Law

The Health and Safety (Display Screen Equipment Regulations) 1992 require employers to assess the risks to 'users' of display screen equipment¹⁹. Users are employees who habitually use display screen equipment as a significant part of their normal work. With the introduction of PACS, the majority of radiographers will be considered as users.

The Risks

Due to physical changes especially increased girth, it may be difficult for a pregnant worker to maintain a good working posture whilst using display screen equipment, otherwise known as VDUs. In addition prolonged sitting at a VDU workstation can cause problems such as poor blood flow to the lower limbs.

Historically, there has been anxiety about radiation emissions from display screen equipment and a possible link with miscarriages. However, the HSE reports that following consultation with the National Radiological Protection Board (NRPB) the advice is that the levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out international recommendations for limiting risk to human health and the NRPB does not consider such levels to pose a significant risk to health⁵.

Avoiding the Risks

Workstation assessments should be carried out at set intervals in the pregnancy and where possible modifications made to the workstation layout e.g. removing arms from chair so that the person can get closer to the desk. Lower back support is important, particularly during the last stages of pregnancy so chairs should be adjusted to provide support to the lower back.

Regular 'micro-breaks' away from the workstation are also advised e.g. 5-10 minutes for every hour spent at the screen.

The HSE also state the following:

In light of the scientific evidence pregnant women do not need to stop work with VDUs. However, to avoid problems caused by stress and anxiety, women who are pregnant or planning children and worried about working with VDUs should be given the opportunity to discuss their concerns with someone adequately informed of current authoritative scientific information and advice.

Checklist for Safety Representatives

- Ensure that workstation assessments are carried out on pregnant employees
- Ensure that members are encouraged to take regular breaks away from the screen and workstation

WORKING ALONE

The Law

Whilst there is no specific law on working alone, lone working is recognised as an occupational hazard and a potential risk to all workers but even more so to those who are pregnant. As such, under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety Regulations 1999, employers are obliged to assess any lone working risks for all workers including those who are new or expectant mothers.

The Risks

According to the HSE, pregnant women are more likely to need urgent medical attention which may be difficult in a lone working situation.

Due to the physical changes that are taking place it may also be more difficult for a pregnant employee to lift and handle a patient or equipment on their own. It may also be difficult for a pregnant lone worker to move quickly in order to get help. Anxiety associated with lone working may also have a detrimental effect.

Avoiding the Risks

A full risk assessment must be carried out before allowing any one to work alone, including a pregnant employee. Whilst there is no reason to stop a pregnant worker working alone, in situations where there are risks of violence and aggression, injuries from manual handling or where the pregnant employee has a health condition or complications associated with pregnancy, lone working should be avoided.

Checklist for Safety Representatives

- Ensure that the employer includes lone working in the pregnancy risk assessment.
- Ensure that the employer does not put pregnant lone workers in environments/work activities that present a risk of violence or manual handling injuries.
- Where the pregnant member has a health condition or complication associated with pregnancy ensure that they are not working alone.

VIOLENCE

The Law

Whilst there is no specific health and safety law on violence at work, violence is recognised as an occupational hazard and a potential risk to all workers but even more so to those who are pregnant. As such, under the Health and Safety at Work etc Act 1974 and the Management of Health and Safety Regulations 1999, employers are obliged to assess the risks from violence at work to all workers including those who are new or expectant mothers. Under Secretary of State Directions, NHS Trusts also have to implement measures to protect staff including the provision of a Local Security Management Specialist to advise on the prevention of violence and aggression. Additionally should any employee be assaulted, actions can be taken to prosecute the offender under various criminal acts.

The Risks

It is recognised that NHS employees are more at risk from violence and aggression due to the nature of their work. Due to the physical changes that take place during pregnancy, pregnant employees may find it more difficult to escape quickly from a potentially violent situation. If a violent assault takes place, the physical and psychological consequences can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth. In addition the psychological affect of the assault can affect the ability to breastfeed.

Avoiding the Risks

The HSE highlight three measures to reduce the risk of violence, these are as follows:

- Providing adequate training and information to staff.
- Improving the design or layout of the workplace.
- Changing the design of the job e.g. avoiding lone working and maintaining contact with workers away from a work base.

The HSE point out that if you cannot significantly reduce the risk of violence, pregnant women and new mothers should be offered suitable alternative work. For example, working in relative isolation in Accident and Emergency Units, particularly on a Friday or Saturday night would be considered a significant risk to a pregnant radiographer.

Checklist for Safety Representatives

- Ensure that the employer includes violence in the pregnancy risk assessment.
- Where there is a significant risk of violence which cannot be reduced a pregnant member should be moved to a safer work environment.

ASPECTS OF PREGNANCY THAT MAY AFFECT WORK

In addition to the hazards identified, employers should also take into consideration the aspects of pregnancy which can impact on the health, safety and welfare of a pregnant worker. Employers should consider these when carrying out the risk assessment. These are as follows:

Aspects of Pregnancy	Work Factors	Possible solutions
Morning Sickness	Exposure to strong smells; early morning work	Morning sickness tends to be worse at the beginning of the day but can continue throughout the day. Where a person is suffering the employer should consider temporary adjustment of working hours (if worse in the morning).
Varicose veins	Standing for prolonged periods	Provide seating or sit/stand seats. Provide adequate rest breaks.
Balance	Working at heights and problems on wet or slippery surfaces	Where balance is affected, avoid working at heights e.g. up ladders. Ensure floor surfaces are non slip and spillages are cleaned up promptly.
Comfort	Tightly fitting uniforms	Where uniforms are worn ensure that an adequate supply of maternity uniforms are available.
Increasing size	Manual handling, Computer workstations	See pages 10 and 22.
Frequent visits to the toilet	Difficulty in leaving job/site of work	Ensure that back up is available should the pregnant employee need to visit the toilet.
Intolerance to heat	Hot working environments	Relax dress code (where no uniform is worn). Ensure reasonable working temperatures.
Haemorrhoids	Working in hot conditions	As above.

4. MATERNITY RIGHTS AND BENEFITS

In addition to rights under health and safety legislation, pregnant employees also have a number of other rights under employment law, including the right to ordinary maternity leave and statutory maternity pay or maternity allowance. Employees on fixed-term contracts may not be treated less favourably than similar permanent employees.

The new Work and Families Act 2006 extends the period of Maternity Allowance from 26 to 39 weeks. The regulations come into force on 1 October 2006 but apply to employees with babies due on or after 1 April 2007. This means that as of the 1 April 2007:

- All pregnant employees are entitled to paid time off for antenatal care. Time off for antenatal care should be paid at the employee's normal rate of pay. Antenatal care may include relaxation and parent craft classes (on the advice of a healthcare professional), as well as medical examinations related to the pregnancy. The entitlement to paid time off for antenatal appointments applies regardless of the employee's length of service.
- All pregnant employees are entitled to 52 weeks' maternity leave – or as much of that period as they wish to take – no matter how long they have worked for their employer. The purpose of maternity leave is to allow the mother to give birth and to recover from giving birth to her baby, as well as to bond with and care for her new child.
- While it is up to employees to decide how much maternity leave they wish to take, up to the 52 weeks' maximum, the law requires that a minimum of two weeks' leave must be taken, or four weeks if the woman works in a factory. This is known as compulsory maternity leave.
- Pregnant employees who meet qualifying conditions based on their length of service and average earnings are entitled to up to 39 weeks' Statutory Maternity Pay (SMP), which is paid by their employers and mostly or completely refunded by the Government.
- Women who are not entitled to SMP but meet qualifying conditions based on their recent employment and earnings may claim up to 39 weeks' Maternity Allowance, paid direct by Jobcentre Plus.
- Employers may make reasonable contact with a woman on maternity leave for a number of reasons, such as to discuss arrangements for her return to work
- Employees may undertake up to ten 'Keeping in Touch Days' during their maternity leave – allowing work under their contract of employment – by agreement with the employer.
- Employees who wish to return to work either earlier or later than agreed with the employer should provide eight weeks' notice, unless the employer agrees to less notice being given.
- Employees have a right to return to the same job after maternity leave. There may be some exceptions to this if the employee takes more than 26 weeks' maternity leave and if it is not reasonably practicable for the employer to hold her job open, but she must still be offered a job that is suitable for her and the terms and conditions must be no less favourable.
- Pregnant employees and those on maternity leave are protected under sex discrimination legislation which outlaws unfair treatment, including dismissal, on grounds of their sex, pregnancy or maternity leave.

In the NHS maternity leave and pay was previously encapsulated in the General Whitley Council agreement and are now included in the Agenda for Change NHS Terms and Conditions Handbook²⁰.

The following is taken from section 15 of the handbook.

Section 15: Maternity leave and pay

- 15.1 Paragraphs 15.6 to 15.43 of this section set out the maternity leave and pay entitlements of NHS employees under the NHS contractual maternity leave scheme.
- 15.2 Paragraphs 15.44 to 15.47 give information about the position of staff who are not covered by this scheme because they do not have the necessary service or do not intend to return to NHS employment.
- 15.3 Paragraphs 15.48 to 15.52 define the service that can be counted towards the 12-month continuous service qualification set out in paragraph 15.6 (i) below and which breaks in service may be disregarded for this purpose.
- 15.4 Paragraphs 15.53 to 15.58 explain how to get further information about employees' statutory entitlements.
- 15.5 Where staff and employer representatives agree arrangements locally that provide benefits to staff beyond those provided by this section, those local arrangements will apply.

Eligibility

- 15.6 An employee working full time or part time will be entitled to paid and unpaid maternity leave under the NHS contractual maternity pay scheme if:
 - i) she has 12 months' continuous service (see paragraphs 15.48 to 15.52) with one or more NHS employers at the beginning of the 11th week before the expected week of childbirth
 - ii) she notifies her employer in writing before the end of the 15th week before the expected date of childbirth (or if this is not possible, as soon as is reasonably practicable thereafter):
 - (a) of her intention to take maternity leave
 - (b) of the date she wishes to start her maternity leave (but see paragraph 15.7 below)
 - (c) that she intends to return to work with the same or another NHS employer for a minimum period of three months after her maternity leave has ended
 - (d) and provides a MATB1 form from her midwife or GP giving the expected date of childbirth.

Changing the maternity leave start date

- 15.7 If the employee subsequently wants to change the date from which she wishes her leave to start she should notify her employer at least 28 days beforehand (or, if this is not possible, as soon as is reasonably practicable beforehand).

Confirming maternity leave and pay

- 15.8 Following discussion with the employee, the employer should confirm in writing:
- i) the employee's paid and unpaid leave entitlements under this agreement (or statutory entitlements if the employee does not qualify under this agreement)
 - ii) unless an earlier return date has been given by the employee, her expected return date based on her 52 weeks' paid and unpaid leave entitlement under this agreement
 - iii) the length of any period of accrued annual leave which it has been agreed may be taken following the end of the formal maternity leave period (see paragraphs 15.38 and 15.39 below)
 - iv) the need for the employee to give at least 28 days' notice if she wishes to return to work before the expected return date.

Keeping in touch

- 15.9 Before going on leave, the employer and the employee should also discuss and agree any voluntary arrangements for keeping in touch during the employee's maternity leave including:
- i) any voluntary arrangements that the employee may find helpful to help her keep in touch with developments at work and, nearer the time of her return, to help facilitate her return to work
 - ii) keeping the employer in touch with any developments that may affect her intended date of return.

Paid maternity leave

Amount of pay

- 15.10 Where an employee intends to return to work the amount of contractual maternity pay receivable is as follows:
- i) for the first eight weeks of absence, the employee will receive full pay, less any Statutory Maternity Pay or Maternity Allowance (including any dependants' allowances) receivable
 - ii) for the next 18 weeks, the employee will receive half pay plus any Statutory Maternity Pay or Maternity Allowance (including any dependants' allowances) receivable, providing the total receivable does not exceed full pay.
- 15.11 By prior agreement with the employer, occupational maternity pay may be paid in a different way, for example a combination of full pay and half pay or a fixed amount spread equally over the maternity leave period.

Calculation of maternity pay

- 15.12 Full pay will be calculated using the average weekly earnings rules used for calculating Statutory Maternity Pay entitlements, subject to the following qualifications:
- i) In the event of a pay award or annual increment being implemented before the paid maternity leave period begins, the maternity pay should be calculated as though the pay award or annual increment had effect throughout the entire Statutory Maternity Pay calculation period. If such a pay award was agreed retrospectively, the maternity pay should be re-calculated on the same basis.
 - ii) In the event of a pay award or annual increment being implemented during the paid maternity leave period, the maternity pay due from the date of the pay award or annual increment should be increased accordingly. If such a pay award was agreed retrospectively, the maternity pay should be re-calculated on the same basis.
 - iii) In the case of an employee on unpaid sick absence or on sick absence attracting half pay during the whole or part of the period used for calculating average weekly earnings in accordance with the earnings rules for Statutory Maternity Pay purposes, average weekly earnings for the period of sick absence shall be calculated on the basis of notional full sick pay.

Unpaid contractual maternity leave

- 15.13 Employees will also be entitled to 26 weeks' unpaid leave.

Commencement and duration of leave

- 15.14 An employee may begin her maternity leave at any time between eleven weeks before the expected week of childbirth and the expected week of childbirth provided she gives the required notice.

Sickness prior to childbirth

- 15.15 If an employee is off work ill, or becomes ill, with a pregnancy-related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the fourth week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later. Absence prior to the last four weeks before the expected week of childbirth, supported by a medical statement of incapacity for work, or a self-certificate, shall be treated as sick leave in accordance with normal leave provisions.
- 15.16 Odd days of pregnancy-related illness during this period may be disregarded if the employee wishes to continue working until the maternity leave start date previously notified to the employer.

Premature birth

- 15.17 Where an employee's baby is born alive prematurely the employee will be entitled to the same amount of maternity leave and pay as if her baby were born at full term.
- 15.18 Where an employee's baby is born before the 11th week before the expected week of childbirth and the employee has worked during the actual week of childbirth, maternity leave will start on the first day of the employee's absence.
- 15.19 Where an employee's baby is born before the 11th week before the expected week of childbirth and the employee has been absent from work on certified sickness absence during the actual week of childbirth, maternity leave will start the day after the day of birth.
- 15.20 Where an employee's baby is born before the 11th week before the expected week of childbirth and the baby is in hospital, the employee may split her maternity leave entitlement, taking a minimum period of two weeks' leave immediately after childbirth and the rest of her leave following her baby's discharge from hospital.

Still birth

- 15.21 Where an employee's baby is born dead after the 24th week of pregnancy, the employee will be entitled to the same amount of maternity leave and pay as if her baby was born alive.

Miscarriage

- 15.22 Where an employee has a miscarriage before the 25th week of pregnancy, normal sick leave provisions will apply as necessary.

Health and safety of employees pre and post birth

- 15.23 Where an employee is pregnant, has recently given birth or is breastfeeding, the employer should carry out a risk assessment of her working conditions. If it is found, or a medical practitioner considers, that an employee or her child would be at risk were she to continue with her normal duties the employer should provide suitable alternative work for which the employee will receive her normal rate of pay. Where it is not reasonably practicable to offer suitable alternative work the employee should be suspended on full pay.
- 15.24 These provisions also apply to an employee who is breastfeeding if it is found that her normal duties would prevent her from successfully breastfeeding her child.

Return to work

- 15.25 An employee who intends to return to work at the end of her full maternity leave will not be required to give any further notification to the employer, although if she wishes to return early she must give at least 28 days' notice.
- 15.26 An employee has the right to return to her job under her original contract and on no less favourable terms and conditions.

Returning on flexible working arrangements

- 15.27 If at the end of maternity leave the employee wishes to return to work on different hours, the NHS employer has a duty to facilitate this wherever possible, with the employee returning to work on different hours in the same job. If this is not possible the employer must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which she held prior to her maternity absence.
- 15.28 If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period, this will not affect the employee's right to return to her job under her original contract at the end of the agreed period.

Sickness following the end of maternity leave

- 15.29 In the event of illness following the date the employee was due to return to work, normal sick leave provisions will apply as necessary.

Failure to return to work

- 15.30 If an employee who has notified her employer of her intention to return to work for the same or a different NHS employer in accordance with paragraph 15.6 (ii) (c) above fails to do so within 15 months of the beginning of her maternity leave she will be liable to refund the whole of her maternity pay, less any Statutory, considers that to enforce this provision would cause undue hardship or distress the employer will have the discretion to waive the rights to recovery.

Miscellaneous provisions

Fixed-term contracts or training contracts

- 15.31 Employees subject to fixed-term or training contracts which expire after the 11th week before the expected week of childbirth and who satisfy the conditions in paragraphs 15.6 (i), 15.6 (ii) (a), 15.6 (ii) (b) and 15.6 (ii) (d) shall have their contracts extended so as to allow them to receive the 26 weeks' paid contractual maternity leave set out in paragraph 15.10 above.
- 15.32 Absence on maternity leave (paid and unpaid) up to 52 weeks before a further NHS appointment shall not constitute a break in service.
- 15.33 If there is no right of return to be exercised because the contract would have ended if pregnancy and childbirth had not occurred, the repayment provisions set out in paragraph 15.30 above will not apply.
- 15.34 Employees on fixed-term contracts who do not meet the 12 months' continuous service condition set out in paragraph 15.6 (i) above may still be entitled to Statutory Maternity Pay.

Rotational training contracts

15.35 Where an employee is on a planned rotation of appointments with one or more NHS employers as part of an agreed programme of training, she shall have the right to return to work in the same post or in the next planned post irrespective of whether the contract would otherwise have ended if pregnancy and childbirth had not occurred. In such circumstances the employee's contract will be extended to enable the practitioner to complete the agreed programme of training.

Contractual rights

15.36 During maternity leave (both paid and unpaid) an employee retains all of her contractual rights except remuneration.

Increments

15.37 Maternity leave, whether paid or unpaid, shall count as service for annual increments and for the purposes of any service qualification period for additional annual leave.

Accrual of annual leave

15.38 Annual leave will continue to accrue during maternity leave, whether paid or unpaid, provided for by this agreement.

15.39 Where the amount of accrued annual leave would exceed normal carry-over provisions, it may be mutually beneficial to both the employer and employee for the employee to take annual leave before and/or after the formal (paid and unpaid) maternity leave period. The amount of annual leave to be taken in this way, or carried over, should be discussed and agreed between the employee and employer.

Pensions

15.40 Pension rights and contributions shall be dealt with in accordance with the provisions of the NHS superannuation regulations.

Antenatal care

15.41 Pregnant employees have the right to paid time off for antenatal care. Antenatal care may include relaxation and parent-craft classes as well as appointments for antenatal care.

Post-natal care and breastfeeding mothers

- 15.42 Women who have recently given birth should have paid time off for post-natal care, for example attendance at health clinics.
- 15.43 Employers are required to provide breast-feeding women with suitable rest facilities. The Health and Safety Executive also encourages employers to provide a healthy and safe environment for women who are breast-feeding with suitable access to a private room to express and store milk.

Employees not returning to NHS employment

- 15.44 An employee who satisfies the conditions in paragraph 15.6, except that she does not intend to work with the same or another NHS employer for a minimum period of three months after her maternity leave is ended, will be entitled to pay equivalent to Statutory Maternity Pay, which is paid at 90 per cent of her average weekly earnings for the first six weeks of her maternity leave and to a flat rate sum for the following 20 weeks.

Employees with less than twelve months' continuous service

- 15.45 If an employee does not satisfy the conditions in paragraph 15.6 for occupational maternity pay she may be entitled to Statutory Maternity Pay. Statutory Maternity Pay will be paid regardless of whether she satisfies the conditions in paragraph 15.6. If her earnings are too low for her to qualify for Statutory Maternity Pay, or she does not qualify for another reason, she should be advised to claim Maternity Allowance from her local Job Centre Plus or social security office.
- 15.46 Employees who fall into the category set out in paragraph 15.45 but intend to return to NHS employment will also be entitled to a further period of 26 weeks' unpaid maternity leave.
- 15.47 Paragraphs 15.53 to 15.58 contain further information on statutory maternity entitlements.

Continuous service

- 15.48 For the purposes of calculating whether the employee meets the 12 months' continuous service with one or more NHS employers qualification set out in paragraph 15.6 (i) the following provisions shall apply:
- i) 'NHS employers' includes health authorities, NHS boards, NHS trusts, primary care trusts and the Northern Ireland Health Service
 - ii) a break in service of three months or less will be disregarded (though not count as service).
- 15.49 The following breaks in service will also be disregarded (though not count as service):
- i) employment under the terms of an honorary contract
 - ii) employment as a locum with a general practitioner for a period not exceeding 12 months
 - iii) a period of up to 12 months spent abroad as part of a definite programme of postgraduate training on the advice of the postgraduate dean or college or faculty adviser in the speciality concerned
 - iv) a period of voluntary service overseas with a recognised international relief organisation for a period of 12 months which may exceptionally be extended for 12 months at the discretion of the employer which recruits the employee on her return
 - v) absence on a employment break scheme in accordance with the provisions of Section 36 of this Handbook
 - vi) absence on maternity leave (paid or unpaid) as provided for under this agreement.
- 15.50 Employers may at their discretion extend the period specified in paragraphs 15.48 (ii) and 15.49.
- 15.51 Employment as a trainee with a general medical practitioner in accordance with the provisions of the Trainee Practitioner Scheme shall similarly be disregarded and count as service.
- 15.52 Employers have the discretion to count other previous NHS service or service with other employers.

Information about maternity rights and Statutory Maternity Pay

- 15.53 Information about all maternity rights is contained in the following Department of Trade and Industry (DTI) booklet: Maternity rights: a guide for employers and employees (URN 99/1191).
- 15.54 Copies of this booklet can be obtained by telephoning 0870 1502 500. It is also available from the DTI website at: www.dti.gov.uk/er/individual/maternity.pdf
- 15.55 Information on Statutory Maternity Pay and Maternity Allowance entitlements is contained in the following Department for Work and Pensions (DWP) booklet: A guide to maternity benefits (NI 17A)
- 15.56 Copies of this booklet can be obtained from local benefits offices.
- 15.57 Further information on Statutory Maternity Pay and Maternity Allowance entitlements is also available on the DWP website at: www.dwp.gov.uk/lifeevent/famchild/ind
- 15.58 Further information for new and expectant mothers at work is available on the Health and Safety Executive website at: www.hse.gov.uk

5. MODEL HEALTH AND SAFETY AND PREGNANCY POLICY AND RISK ASSESSMENT

1. Introduction

XX Trust is committed to protecting the health and safety of all new and expectant mothers.

The following policy provides information on undertaking risk assessment with regard to this specific group of staff. The outcome of the risk assessment will provide the necessary information and action required to maintain a safe and healthy working environment.

2. Definition of New and Expectant Mother

- i) An employee who is pregnant
- ii) An employee who has given birth in the previous six months
- iii) An employee who is breastfeeding
- iv) An employee who has delivered a stillborn child after 24 weeks of pregnancy

3. Legislation

Under the Management of Health and Safety at Work Regulations 1999 employers are required to assess the risks in their workplace that might harm any of their employees and to do what is reasonably practical to control risks. This includes any specific risks to women of childbearing age and risks to new and expectant mothers.

The Workplace (Health, Safety and Welfare) Regulations 1992 requires that suitable facilities for rest be provided for any person at work who is pregnant or a nursing mother.

4. Responsibilities

In addition to the responsibilities outlined in the trust's Health and Safety Policy the following will apply in relation to new and expectant employees:

4.1 Heads of Departments/Line Managers

All managers should ensure that risk assessments have been carried out on new and expectant employees. Managers must also ensure that the procedure outlined in section 5 is followed. Managers should also ensure that there are suitable rest facilities for any new and expectant mothers within the department/centre.

Advice and support with the assessment can be obtained from the relevant specialists including the Health and Safety Manager, Manual Handling Co-coordinator, Infection Control Team and Occupational Health.

Risk assessments should be reviewed at the following intervals:

- As soon as possible after an employee informs her manager that she is pregnant.
- At 18 weeks of pregnancy.
- At 28 weeks of pregnancy.
- On her return to work and for a period of six months following her return to work

4.2 Employees

In the interests of their own health and safety and that of their child, an employee should provide her manager with written notification of the fact that she is pregnant, has given birth within the last six months, or is breastfeeding.

Until such notification is received the trust is not obliged to take any specific action other than is normally required under the risk assessment process for all employees. Managers will also require a MATB1 certificate from the employee (available from GP or midwife) and to ascertain when the expected week of childbirth is.

5. Procedure

5.1 On receiving notification that an employee is pregnant, has given birth within the last six months or is breastfeeding, the checklist on Form RAP1 should be used to determine whether the employee is exposed to any hazards and risks.

5.2 Where risks have been identified form RAP1 must be used and the risks assessed to see if there are any practical ways that the risk can be removed or adequately controlled by:

- Removing the hazard or seek to prevent exposure to it (e.g. using safer chemicals)
- If a risk remains after preventative action has been taken the employer must take the following course of action:
 - Temporarily adjust the working conditions and/or hours of work. If it is not reasonable to do so or would not avoid the risk offer suitable alternative work.
 - If neither of the above options are viable suspend on full pay for as long as is necessary to protect her health and safety and/or that of her child. However, this option is only seen as a last resort in the interests of the health and safety of the employee and their child. Managers should not suspend staff unless they have discussed the matter fully in the first instance with a Human Resources Advisor.

Appendix 1 Form RAP1

Form RAP1: RISK ASSESSMENT for NEW and EXPECTANT MOTHERS

Employee Name: _____

Department: _____

Assessment Undertaken by: _____

Stage of the Pregnancy: _____

Assessment Checklist

Is the employee likely to be at risk from (tick yes or no, if yes add comments):

Hazard	Yes	No	Comments
Infectious Organisms			
Manual Handling Activities			
Ionising Radiation			
Non-Ionising Radiation			
Chemicals			
VDUs			
Physical Environment e.g. extremes of temperature; noise, vibration			
Violence and aggression			
Fatigue and working hours			
Lone Working			
Stress			
Other			

6. SOURCES OF FURTHER INFORMATION

Health and Safety Executive: for information on health and safety for new and expectant
www.hse.gov.uk

Equal Opportunities Commission: for information on maternity rights and pregnancy
discrimination cases www.eoc.org.uk

Department of Trade and Industry: for information on maternity leave and allowance www.dti.gov.uk

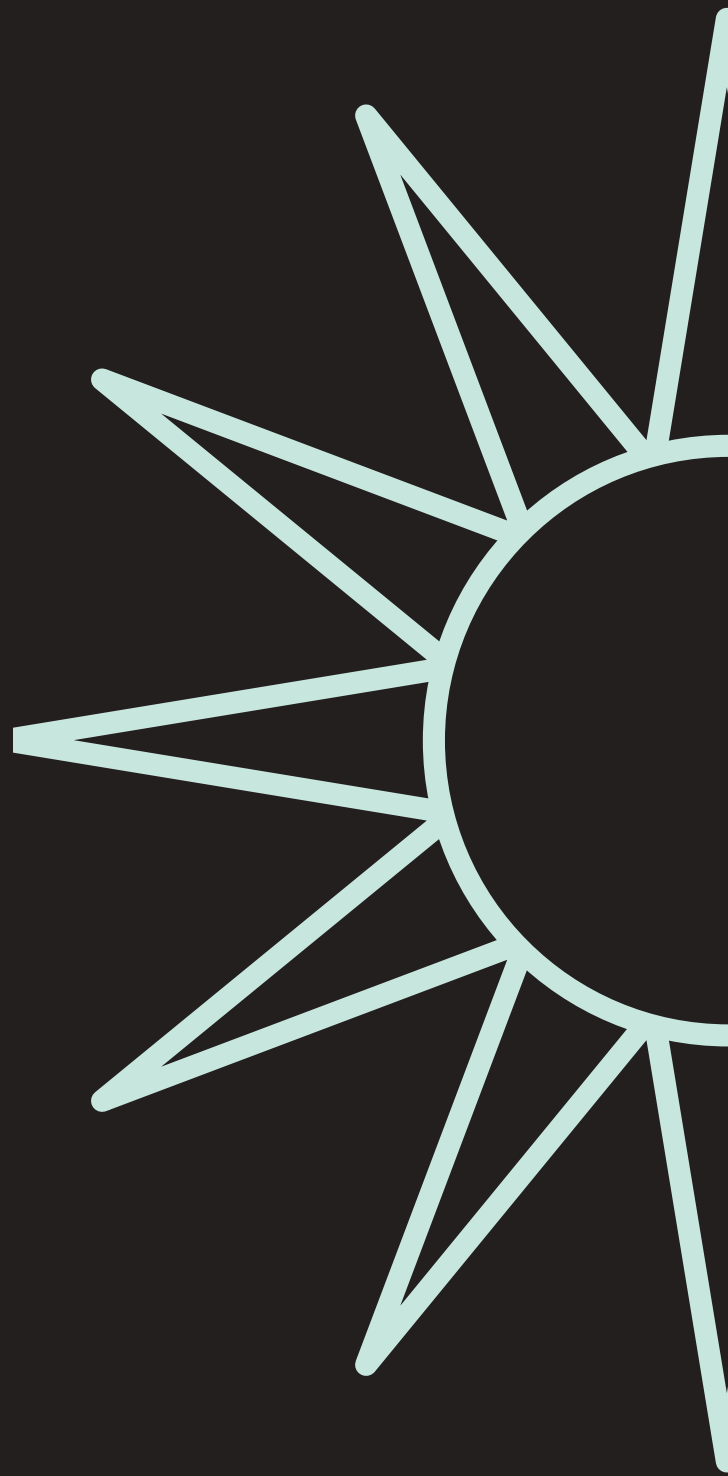
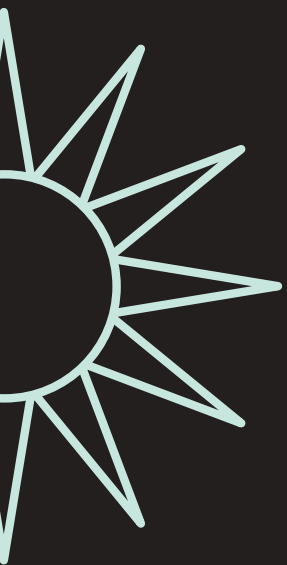
ACAS: for details on maternity rights www.acas.org.uk

TUC: for information on maternity rights and health and safety and pregnancy www.tuc.org.uk

NHS Employers: for information on Improving Working Lives including family friendly policies, child care
and flexible working for working parents <http://www.nhsemployers.org/excellence/excellence-342.cfm>

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- ³ Management of health and safety at work: the Management of Health and Safety at Work Regulations 1992 and Approved Code of Practice L21; HSE Books, ISBN 0 7176 04
- ⁴ Workplace health, safety and welfare: Workplace (Health, Safety and Welfare) Regulations 1992, Approved Code of Practice and Guidance; HSE Books, ISBN 0 7176 0413 6
- ⁵ New and expectant mothers at work: a guide for employers HS(G) 122; HSE Books, ISBN 0 7176 0826 3
- ⁶ Manual Handling Operations Regulations 1992: Guidance on the Regulations L23; HSE Books 2004, ISBN 0 7176 2823 X
- ⁷ Royal College of Nursing, an A to Z guide for nursing, midwifery staff and students who are pregnant or new mothers; Royal College of Nursing, July 2002.
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- ⁹ Medical Devices Agency: Guidelines for Magnetic Resonance Equipment in Clinical Use December, 2002
- ¹⁰ Work with ionizing radiation: Ionising Radiations Regulations 1999, Approved Code of Practice and Guidance: HSE Books, ISBN 0-7176-1746-7
- ¹¹ Pregnancy and work in diagnostic imaging; Report of a joint working party of the Royal College of Radiologists and the British Institute of Radiology, September 1992
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- ¹⁴ Healthcare Acquired Infection, SCoR guidance November 2006 ISBN 1 87110139 5
- ¹⁵ J.-F. Boivin, Risk of spontaneous abortion in women occupationally exposed to anaesthetic gases: a meta-analysis, Occupational and Environmental Medicine 1997, 54, 541-548
- ¹⁶ Pregnancy in staff handling cytotoxics www.marccguidelines.com; February 2005
- ¹⁷ Workplace health, safety and welfare: Workplace (Health, Safety and Welfare) Regulations 1992, Approved Code of Practice and Guidance; HSE Books, ISBN 0 7176 0413 6
- ¹⁸ Tackling work-related stress: A managers guide to improving and maintaining employee health and well-being HSG218; HSE Books 2001, ISBN 0 7176 2050 6
- ¹⁹ Work with display screen equipment. Health and Safety (Display Screen Equipment Regulations)1992: Guidance on the Regulations L23; HSE Books 2004, ISBN 0 7176 2823
- ²⁰ Agenda for Change: NHS Terms and Conditions of Service Handbook. January 2005, NHS Employers available from www.dh.gov.uk



February 2007
First edition
ISBN 0-9503597-9-3

£15 to SCoR members
£25 non-members

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