



# NEW and EXPECTANT MOTHERS POLICY

Policy number and category	R&S 09	Risk and Safety
Version number and date	5	December 2025
Ratifying committee or executive director	Trust Health and Safety Committee	
Date ratified	March 2026	
Next anticipated review	March 2029	
Executive director	Executive Director of Quality and Safety (Chief Nurse)	
Policy lead	Head of Health and Safety and Regulatory Compliance	
Policy author (if different from above)	As Above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	
<b>POLICY CONTEXT</b>		
<p>This document outlines the policy and procedure to follow at notification of a new, expectant or nursing mother. This policy and procedure aims to ensure the health, safety and welfare of the new, expectant or nursing mother by minimising any identified hazards and applying suitable control measures to reduce the risk while at work.</p>		
<b>POLICY REQUIREMENT (see Section 2)</b>		
<p>A risk assessment must be conducted for any member of staff who gives notification of their pregnancy.</p> <p>The risk assessment must be kept under regular review for the duration of the pregnancy and a further one completed on their return to work to ensure all foreseeable risks are identified and appropriate control measures are in place.</p> <p>Employees working in service user contact environments where the risk of violence and aggression has been identified as high should be reviewed and consideration given to removing them from these environments and offered suitable alternative employment.</p> <p>Suitable rest facilities must be provided for those employees who are pregnant or breast feeding, while at work.</p>		

## Change Record

Date	Version	Author (Name & Role)	Reasons for review / Changes incorporated	Ratifying Committee
Dec 25	4	Natassia James, Head of Health, Safety & Regulatory Compliance	Three Yearly Review	Trust H&S Committee

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## **1. INTRODUCTION**

### **1.1. Rationale (Why)**

This policy identifies employer and employee responsibilities and provides the necessary tools required to perform a risk assessment to ensure identified risks are adequately controlled for the new and expectant mother.

The Trust is committed to ensuring that new and expectant mothers are not exposed to any significant risks. Risks include those to the unborn child or child of a mother, who is breastfeeding, not just risks to the mother herself.

### **1.2. Scope**

This relates to new and expectant mothers and women of childbearing age working within Birmingham and Solihull Mental Health Foundation Trust including bank, agency and student nurses. Please note that this is in respect of the requirement to complete a risk assessment and to ensure the individual's safety while at work. Any references to payments and redeployment apply to substantive staff only.

### **1.3. Principles**

The Management of Health and Safety at Work regulations 1999 determine that it is the responsibility of the employer and employee to eliminate or minimise workplace hazards to health. Explicit within the regulations is the recognition that some hazards in the workplace may affect the health and safety of the new or expectant mother and her unborn child. As a general principle, managers should ensure that the health and safety standards within their departments permit new or expectant mothers to work without harm to themselves or the unborn child.

It is the policy of the Trust to establish and maintain, as far as reasonably practicable, non-hazardous working conditions for all aspects of health and safety at work including the commitment to allocate appropriate resources. The Trust is committed to ensuring that new and expectant mothers are not exposed to any significant risks. Risks include those to the unborn child or child of a mother, who is breastfeeding, not just risks to the mother herself.

## **2. POLICY**

A risk assessment must be conducted for any member of staff who gives notification of her pregnancy. The risk assessment must be kept under regular review for the duration of the pregnancy and a further one completed on her return to work to ensure all foreseeable risks are identified and appropriate control measures are in place.

Where there is concern about the health and safety of a new or expectant mother at work, the employee or her manager should seek advice from the Occupational Health or the Health and Safety Team.

As part of the wider risk assessment process, pregnant workers that work in service user contact environments must be specifically assessed for their exposure to the risk of violence and aggression. Where that risk is identified as high, for example on PICU

wards, consideration should be given to removing the employee from that environment and placing them in an environment where that risk is not present or is significantly reduced; unless the outcome of the risk assessment is that the risk can be safely and effectively managed. Where it is possible to facilitate operational activities safely for the employee and with no additional risk to other employees or service users, the agreed arrangements and control measures must be recorded in the risk assessment.

If a significant health and safety risk is identified for a new or expectant mother, which goes beyond the normal level of risk found outside the workplace, the following actions must be taken:

- **Action 1:** Temporarily adjust her working conditions and / or working hours; or if that is not possible
- **Action 2:** Offer her suitable alternative work (at the same rate of pay) if available; or if that is not possible
- **Action 3:** Suspend her from work on paid leave for as long as necessary to protect her health and safety, and that of her child.

However, the **Employment Rights Act 1996** provides that, where appropriate, suitable alternative work should be offered (on the same terms and conditions) before any suspension from work.

The redeployment of pregnant employees, following risk assessment, will as far as possible, be into a funded alternative vacancy, to avoid the employee being regarded as supernumerary. Final decisions in relation to the redeployment of pregnant employees will rest with Associate Directors of Operations.

Consideration should be given to the elements of the On-Call rota that expectant mothers can fulfil when the Trust has been formally notified of their pregnancy. It might be necessary for reasonable adjustments to be made or for the employee to be removed from the rota for the duration of the pregnancy.

Suitable rest facilities must be provided for those employees who are pregnant or breast feeding, while at work.

### 3 PROCEDURE

#### 3.1 General Process

- 3.1.1 When a member of staff informs their manager that they are pregnant, have a baby or is breast feeding, the manager will carry out a suitable and sufficient risk assessment, which involves the individual.

Appendix D is the template that should be used to complete the formal risk assessment.

- 3.1.2 Where, as a result of the risk assessment findings, there is genuine concern regarding the hazards and associated risks, changes may be required to the working conditions or suitable alternative employment should be arranged.

- 3.1.3 Once completed a copy of the risk assessment will be retained by the employee, line manager and the Health & Safety team.
- 3.1.4 When re-deploying staff, these members of staff should be considered for identified posts first.
- 3.1.5 Line managers should work closely with staff to identify any previous work skills and experience which may benefit the Trust.

Human Resources and Health and Safety are there for advice and guidance. It is the responsibility of the line manager to lead on the risk assessment.

- 3.1.6 Paid leave should be given for as long as necessary to provide suitable protection if reasonable adjustments are not possible. If the employee has unreasonably refused suitable alternative employment, advice should be sought from Human Resources. Managers and staff should contact Human Resources regarding pay and protection policies and procedures.

## 3.2 Risk Assessment

- 3.2.1 The initial assessment must take place as soon as the member of staff informs their manager that they are pregnant and then reviewed at regular intervals or when any new concerns/ risks are identified.
- 3.2.2 Risk assessments of the work activities of expectant mothers need to be reviewed regularly as the possibility or harm to the expectant mother and foetus may vary at different stages of the pregnancy. The dynamic nature of service user contact must be considered during assessments, and the line manager must make provisions to act at different stages of the pregnancy depending on any changes in risk.
- 3.2.3 Given the changing nature of pregnancy and the post-natal period, risks to the new and expectant mother will vary during the different stages of the pregnancy. The assessment must take this into account and be reviewed accordingly.
- 3.2.4 A specific risk assessment also needs to be completed for Bank and Agency staff. This will be the responsibility of the Temporary Staffing Manager who is the line manager for these staff. Notification of the pregnancy and a copy of the risk assessment must be shared with the 'requesting team/ manager' to enable them to determine whether they can safely facilitate the member of staff and implement the actions from the assessment. Any placement of this group of staff should consider the same risks as substantive members of staff.
- 3.2.5 In the very distressing event of a stillbirth, a risk assessment will be completed in a sensitive and supportive manner to ensure appropriate arrangements are in place for the individual's return to work.
- 3.2.6 Consideration should also be given to any adverse impact that being around an expectant mother could have on a service-user's recovery where they may have had their own babies or children taken from their care. This will need to be considered as

part of the clinical risk assessment process for the service-user in addition to any risks this may present to the new and expectant mother.

- 3.2.7 A list of trained risk assessors can be found on Connect on the Health and Safety pages and “All staff trained in risk assessments”. Please send a copy of the completed assessment to [bsmhft.healthandsafety@nhs.net](mailto:bsmhft.healthandsafety@nhs.net)

### **3.3 In Vitro Fertilisation Treatment (IVF)**

- 3.3.1 In Vitro Fertilisation (IVF) is a process of fertilisation which happens outside a person's body to help them become pregnant if there are fertility problems. It can typically take between four and seven weeks for one cycle of IVF treatment. IVF does not always result in a pregnancy.
- 3.3.2 Although this can be a very difficult time for an individual, there is no statutory right for employees to take time off work to undergo IVF investigations or treatment. However, employees who are undergoing IVF or other fertility treatment should consult the Family Leave Policy or speak to their line managers about any entitlements.
- 3.3.3 In what can be the last part of an IVF process, embryos (the combination of sperm and egg) are placed inside the individual's body. This step is called embryo transfer. Once they have reached this stage, they should tell their employer that they have had an embryo transfer and may become pregnant.
- 3.3.4 If after the embryo transfer, one of the embryos attaches itself inside their body, this is called implantation and this is when they are legally regarded as pregnant. The complication here both for the individual and the employer is that they will not actually know whether implantation has taken place and that they are pregnant until they can take a pregnancy test. After the embryo transfer, they will need to wait up to two weeks before they can take a pregnancy test.

On that basis and because of the uncertainty in the early days whether they are pregnant or not, it is advisable for the employer to regard them both as pregnant from the stage of embryo transfer and protected against unfair treatment because of pregnancy and maternity. If their pregnancy test then proves positive, they should tell their employer, to enable a risk assessment to be completed.

- 3.3.5 They continue to be covered against pregnancy and maternity discrimination during their pregnancy and until their maternity leave ends or they return to work or opt to leave employment.
- 3.3.6 If the pregnancy test proves negative, their protected period ends two weeks after they have been told their attempt at implantation (pregnancy) has proved unsuccessful.

### **3.4 Breastfeeding**

- 3.4.1 On returning to work, the new mother should give the Trust (line manager) written notification that they are breastfeeding and if they wish to express at work. The risks

associated with work for breastfeeding mothers will differ from those of expectant mothers. Therefore, a specific risk assessment should be conducted to ensure any specific risks are identified and adequately mitigated.

The Regulations do not place a time limit on breastfeeding. To support the employee, the working conditions may need to be altered e.g. temporarily changing hours of work and conditions while considering any business impact. The line manager and employee should discuss the best options for reasonable adjustments that enable the support of the individual but also consider any significant impacts of work activities.

- 3.4.2 Suitable rest facilities must be provided for those employees who are pregnant or breast feeding. A room with a low comfortable chair should be provided. The area should have a lock on the door or arrangements to ensure privacy. It should also have a 'fridge for the storage of milk and an electricity point to allow the use of an electric breast pump' if required. It is not suitable for the new mother to express milk in a toilet.

#### 4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
Executive Lead for Health and Safety	<ul style="list-style-type: none"> <li>The nominated Director will be responsible for ensuring that the requirements of all pertinent health and safety legislation are met.</li> </ul>	
Line Manager of the New or Expectant Mother	<ul style="list-style-type: none"> <li>To undertake a risk assessment for all new and expectant employees under their control and review the assessment as necessary;</li> <li>Allocate trained new and expectant mothers risk assessor to undertake the risk assessment, if the line manager has not undertaken training;</li> <li>Take appropriate steps to introduce reasonable measures to eliminate or control the risks identified;</li> <li>Ensure proper risk assessment documentation is kept and regularly reviewed;</li> <li>Ensure employees are aware, through the provision of suitable and sufficient information, instruction and training, of the actions required to protect the health, safety and well-being of the expectant or new mother;</li> <li>Ensure the work is suitable and appropriate for the employee to undertake in the circumstances, on terms and conditions which are no less favourable than her current terms of employment.</li> <li>Temporarily adjust, where possible the working conditions and / or hours of work of the expectant or new mother.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Make suitable and sufficient provisions for the new / expectant mother for rest and breast-feeding etc., including the provision to store expressed milk if required.</li> <li>• Refer the new and expectant mother to the Occupational Health Department for advice where necessary or advise her to discuss issues of concern with an occupational health nurse, general practitioner or registered midwife.</li> <li>• To discuss on a one-to-one basis what support the member of staff might need during their pregnancy including time off for antenatal care or once they become nursing mothers.</li> </ul>	
The New or Expectant Employee	<ul style="list-style-type: none"> <li>• Taking due care of her own health, safety and welfare at work.</li> <li>• Informing her manager of her pregnancy as soon as possible to enable a risk assessment of the work environment and working practices to be undertaken.</li> <li>• The expectant mother should provide a certificate (MAT B1) from her general practitioner or registered midwife confirming pregnancy and inform her manager, in writing, that she is pregnant and / or breast-feeding.</li> <li>• Discuss any concerns regarding the work environment and working practices with her line manager.</li> <li>• Inform their employer of any medical or midwifery advice they have received which would affect the risk assessment process.</li> <li>• Follow any Trust policy or guidance relating to pregnant employees.</li> <li>• The employee is entitled to reasonable time off to attend ante-natal appointments and the employee may be asked to provide verification of appointments.</li> <li>• Bank employees must ensure that a copy of their risk assessment is shared with wards and departments which they are allocated to during their span of duty.</li> </ul>	
Occupational Health Department	<ul style="list-style-type: none"> <li>• Review work related pregnancy health issues following referrals and advise managers, where necessary and the new and expectant mother at work on the hazards to health and workplace control measures required.</li> <li>• Referral will be made to the occupational health physician when appropriate.</li> </ul>	

<p>Human Resources and Temporary Staffing Manager</p>	<ul style="list-style-type: none"> <li>• To provide advice and answer queries related to the entitlements within this policy in conjunction with the Maternity Policy</li> <li>• To advise and update the policy to reflect any changes to legislation in conjunction with the Health &amp; Safety Team.</li> <li>• Upon notification of her pregnancy, the TSS Manager will ensure that new and expectant mothers have an up-to-date pregnancy risk assessment which is shared appropriately with requesting managers.</li> </ul>	
<p>Health and Safety Team</p>	<ul style="list-style-type: none"> <li>• Provision of risk assessment training and support of completion where needed.</li> <li>• Provision of advice to managers and staff as required</li> <li>• Keep this policy up to date in line with relevant guidance and legislation.</li> </ul>	

## 5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	December 2025	
Number of versions produced for consultation	1	
Committees or meetings where this policy was formally discussed		
Trust Health and Safety Committee members		
Where else presented	Summary of feedback	Actions / Response
Associate Director for OD and EDI	Detailed feedback on ensuring protected characteristics are identified and supported.	EIA and Section 2 of the policy cover these requirements and state how the policy addresses these.
Staff Experience and Engagement Lead	Change wording around statement related to stillbirth.	Statement reworded.

## 6 REFERENCE DOCUMENTS

- Health & Safety at Work Act 1974
- Management of Health & Safety at Work Regulations 1999
- Control of Substances Hazardous to health Regulations 2005 (COSHH)
- Manual Handling Operations Regulations 1992
- Health & Safety (Display Screen Equipment) Regulations 1992, as amended 2002
- Working Time Regulations 1998 as amended 2003
- HSE Website – Expectant Mothers - FAQs

## 7 BIBLIOGRAPHY

A Guide for New and Expectant Mothers Who Work (HSE INDG 373)

## 8 GLOSSARY

**New or Expectant Mother at Work** - means “a worker who is pregnant, who has given birth within the previous six months, or who is breast-feeding”.

**Given birth** - is defined as " A worker who has delivered a living child, or after 24 weeks of pregnancy, a stillborn child."

*“Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.”*

*Protected Characteristics as defined in the Equality Act 2010.*

**Risk Assessment** – This is an informed view of the likelihood of occurrence of each particular risk and of its potential impact and consequences on all relevant parties.

**First Trimester:** The first three months of pregnancy

## 9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Completion of risk assessments	Health and Safety Manager (although completion will be by line managers or trained assessors)	Risk assessment document as per this policy	Annually	Discussed in operational H&S committees as appropriate. Submission of risk assessments to the H&S Team and HR.
Provision of Training for staff	Health and Safety Manager	Details of the number of sessions delivered	As required	Updates provided at Trust H&S Committees as necessary
How new and expectant mothers are supported in the workplace/ reasonable adjustments	Health and Safety Manager, HR and Line Managers	Eclipse – incidents involving new or expectant mothers Number of complaints or concerns raised by new or expectant mothers	As required	Updates provided to Trust H&S Committees and Operational committees

10 APPENDICES

Appendix A

Equality Analysis Screening Form

<b>Title of Policy</b>	New and Expectant Mothers Policy		
<b>Person Completing this policy</b>	Natassia James	<b>Role or title</b>	Head of Health and Safety and Regulatory Compliance
<b>Division</b>	Corporate	<b>Service Area</b>	Clinical Governance
<b>Date Started</b>	December 8, 2025	<b>Date completed</b>	December 8, 2025
<b>Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
The policy is written to ensure compliance with the requirements of regulation 16 to 18 of the Management of Health and Safety at Work Regulations. It will ensure the safety of the new and expectant mothers and their unborn babies by ensuring that they are not exposed to hazards in the workplace that could harm them.			
<b>Who will benefit from the proposal?</b>			
New and expectant mothers and their children (born and unborn).			
<b>Does the policy affect service users, employees or the wider community?</b> <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
The policy positively affects employees as it ensures that they are supported while at work and reasonable steps are taken to ensure their safety and wellbeing. We have not collected any specific data on the number of pregnant workers we currently have in the Trust.			
<b>Does the policy significantly affect service delivery, business processes or policy?</b> <i>How will these reduce inequality?</i>			

Potentially, if staff need to be redeployed from front line services to ensure their safety, however the policy states that where this is necessary, there should be conversations with HR so that pregnant staff who fall into this category can cover existing vacancies/secondments etc where suitable.				
<b>Does it involve a significant commitment of resources?</b> <i>How will these reduce inequality?</i>				
No				
<b>Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment &amp; progression)</b>				
It is possible that some staff may experience discriminatory behaviours due to being pregnant or requiring reasonable adjustments following return from maternity leave.				
<b>Impacts on different Personal Protected Characteristics – Helpful Questions:</b>				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
<b>Please click in the relevant impact box and include relevant data</b>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>			x	The requirement of the policy ensures that a suitable and sufficient risk assessment is completed for all individuals who disclose being pregnant or breastfeeding. This means that if any risks are identified related to age, this can be mitigated as part of the risk assessment with support from the individual's medical team. Structured support may particularly benefit younger workers in earlier career stages who have less security and confidence to assert rights.

				<table border="1"> <thead> <tr> <th></th> <th colspan="2">Female</th> </tr> <tr> <th>Age Band</th> <th>Headcount</th> <th>%Headcount</th> </tr> </thead> <tbody> <tr> <td>&lt;=20 Years</td> <td>15</td> <td>0.36%</td> </tr> <tr> <td>21-25</td> <td>299</td> <td>7.24%</td> </tr> <tr> <td>26-30</td> <td>603</td> <td>14.60%</td> </tr> <tr> <td>31-35</td> <td>556</td> <td>13.47%</td> </tr> <tr> <td>36-40</td> <td>519</td> <td>12.57%</td> </tr> <tr> <td>41-45</td> <td>479</td> <td>11.60%</td> </tr> <tr> <td><b>age up to 45</b></td> <td><b>2471</b></td> <td><b>59.84%</b></td> </tr> </tbody> </table>		Female		Age Band	Headcount	%Headcount	<=20 Years	15	0.36%	21-25	299	7.24%	26-30	603	14.60%	31-35	556	13.47%	36-40	519	12.57%	41-45	479	11.60%	<b>age up to 45</b>	<b>2471</b>	<b>59.84%</b>
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<p>Including children and people over 65</p> <p>Is it easy for someone of any age to find out about your service or access your policy?</p> <p>Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>																															
<b>Disability</b>			x	<p>The requirement of the policy ensures that a suitable and sufficient risk assessment is completed for all individuals who disclose being pregnant or breastfeeding. This means that if any risks are identified related to disability, this can be mitigated as part of the risk assessment with support from the individual's medical team. There is also the opportunity to integrate pregnancy support with reasonable adjustments for existing conditions. This proactive health focus may reduce risk.</p>																											
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues</p> <p>Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?</p> <p>Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>																															
<b>Gender</b>			x	<p>Enables the safety of the individual by ensuring the completion of a suitable and sufficient risk assessment. The specific focus placed on</p>																											

				<p>the support for pregnancy could help improve retention and the experience of women in the workplace.</p> <p><b>% of staff that are women; % within typical childbearing age.</b></p> <table border="1"> <thead> <tr> <th>Gender</th> <th>Headcount</th> <th>%Headcount</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>4129</td> <td>72.99%</td> </tr> <tr> <td>Male</td> <td>1528</td> <td>27.01%</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>5657</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table>	Gender	Headcount	%Headcount	Female	4129	72.99%	Male	1528	27.01%	<b>Grand Total</b>	<b>5657</b>	<b>100.00%</b>
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<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another</p> <p>Do you have flexible working arrangements for either sex?</p> <p>Is it easier for either men or women to access your policy?</p>																
<b>Marriage or Civil Partnerships</b>	x			<p>The policy focuses on the pregnant employee and ensuring the Trust supports their safety needs regardless of relationship status.</p>												
<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters</p> <p>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>																
<b>Pregnancy or Maternity</b>			x	<p>The policy ensures the safety of the pregnant or breastfeeding employee through the completion of a suitable and sufficient risk assessment at regular intervals and the implementation of appropriate reasonable adjustments. Clear procedures, risk assessments, paid time off for ante-natal care, maternity leave rights, structured support on return to work and flexible options – as outlined in the policy - improve safety, retention and wellbeing.</p> <p><b>Promotion rates for staff post maternity.</b></p> <table border="1"> <thead> <tr> <th></th> <th>Headcount</th> <th>%Headcount</th> </tr> </thead> <tbody> <tr> <td><b>Promotions (moved to a higher grade)</b></td> <td>66</td> <td>15%</td> </tr> </tbody> </table>		Headcount	%Headcount	<b>Promotions (moved to a higher grade)</b>	66	15%						
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	6%	30%	25%	39%																												
<p>This includes women having a baby and women just after they have had a baby</p> <p>Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users?</p> <p>Can your service treat staff and patients with dignity and respect relation to pregnancy and maternity?</p>																																
<b>Race or Ethnicity</b>			x	<p>The very clear processes and expectations outlined in the policy to enable the protection of pregnant and nursing employees make it more difficult to introduce bias and if this did happen the policy is a reference point for the expected standards.</p>																												
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language?</p>																																

<b>Religion or Belief</b>			x	Flexible working and rest facilities can support religious observance alongside pregnancy needs. The risk assessment identifies the need for these and requirement to make the provision if not available.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	x			The requirements of the policy apply to all pregnant and/ breastfeeding individuals regardless of sexual orientation.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	x			The requirements of the policy apply to all pregnant and/ breastfeeding individuals regardless of gender.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
<b>Human Rights</b>			x	The policy ensures that the rights of both the pregnant/ breastfeeding employee and the unborn/ born child are protected by ensuring their safety.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
			<b>No</b>	

What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				x
<p>If the impact could be discriminatory in law, please contact the <b>Equality and Diversity Lead</b> immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p>				
<p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the <b>Equality and Diversity Lead</b> before proceeding.</p>				
<p>If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the <b>Equality and Diversity Lead</b>.</p>				
<p><b>Action Planning:</b></p>				
<p>How could you minimise or remove any negative impact identified even if this is of low significance?</p>				
<p>N/A</p>				
<p>How will any impact or planned actions be monitored and reviewed?</p>				
<p>N/A</p>				
<p>How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.</p>				
<p>Training is provided to staff on how to complete suitable and sufficient risk assessments for new and expectant mothers to ensure that they give suitable advice and make recommendations that ensure the safety of this staff group. New and expectant mothers are also provided with information from the Health and Safety Executive website and directed to HR policies about maternity rights and pay etc.</p>				
<p>Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at <a href="mailto:bsmhft.edi.queries@nhs.net">bsmhft.edi.queries@nhs.net</a> . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis</p>				



## **Appendix B**

### **Aspects for New / Expectant Mother to be Considered**

Apart from hazards already mentioned, there are other aspects of pregnancy that may affect the pregnant employee. The impact will vary during the course of pregnancy and effects should be kept under review. Examples include:

- Morning sickness
- Backache
- Varicose veins
- Haemorrhoids
- Frequent visits to the toilet
- Increasing size
- Tiredness
- Balance
- Comfort
- Dexterity, agility, co-ordination, speed of movement and reach may be impaired because of increasing size.
- Stress and mental wellbeing.

This list is not exhaustive; managers and staff should seek advice from the Health and Safety Team and Occupational Health if experiencing any of the above problems if identified on the risk assessment.

### **Workstations**

A risk assessment must be undertaken of work activities, the environment in which the workstation is situated and of the workstation itself.

For example, pregnant workers may experience problems in working in tightly fitting workspaces or with workstations which do not adjust sufficiently to take account of increasing abdominal size.

Frequent rest breaks will help to avoid or reduce fatigue and a suitable chair will reduce the hazards of postural problems.

## Appendix C Completed Example Risk Assessment Template

Employee Name	
Designation	
Location (s)	
Contracted Hours	
Stage of Pregnancy	
Maternity Leave Date	
Expected date of delivery	
Date of Assessment	
Line Manager	
Assessment Completed By	

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
<b>Shocks, Vibration or Movement</b>	Regular exposure may increase risk of miscarriage. May be increased risk of prematurity or low birth weight. Breastfeeding mothers at no greater risk than other workers.	Avoid work likely to involve uncomfortable whole-body vibration or where abdomen is exposed to shocks or jolts.	Nonspecific
<b>Manual Handling Activities</b>	Pregnant workers are especially at risk; hormonal changes can affect ligaments. Postural problems may increase as pregnancy progresses. Possible risk of those who have recently given birth e.g. limitation on lifting and handling capability after caesarean section.	Varies according to circumstances; alter tasks to reduce risk for all employees or address specific needs of the individual and provide aids to reduce risk.	Manual Handling Operations Regulations 1992 (S I 1992 No 2793) for guidance.

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	Breastfeeding mothers at no greater risk than other workers		
<b>Display Screen Equipment</b>	Although there has been widespread anxiety about radiation emissions from display screen equipment and possible effects on pregnant women, there is substantial evidence that these concerns are unfounded.	Pregnant women do not need to stop working with DSE but to avoid problems caused by stress and anxiety, those who are worried about the effects should be given the opportunity to discuss their concerns with someone adequately informed of current authoritative scientific information and advice.	Health & safety (Display Screen Equipment) Regulations 1992 (SI 1992 No. 2792) as amended 2002.
<b>Movement or Posture i.e. long periods of sitting, standing</b>	<p>Fatigue from standing and other physical work has long been associated with miscarriage, premature birth and low birth weight.</p> <p>Excessive physical or mental pressure may cause stress and give rise to anxiety and raised blood pressure</p> <p>Pregnant workers may experience problems in working at heights, e.g. Ladders, platforms and working in tightly fitting workspaces or with workstations, which do</p>	<p>Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible the employees themselves have some control over how their work is organised.</p> <p>Ensure that seating is available where appropriate and practical</p> <p>Longer and more frequent breaks may be appropriate to help avoid fatigue.</p>	

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	not adjust sufficiently to take account of increased abdominal size, particular during the later stages of pregnancy. This may lead to strain and sprain injuries. Dexterity, agility, co-ordination speed and movements, reach and balance may also be impaired and in increased risk of accidents may need to be considered.	Adjusting workstations or work procedures may help remove postural problems and risk of accidents	
<b>Mental and Physical Fatigue</b>	Fatigue is associated with miscarriage, premature birth and low birth weight. Excessive physical and mental pressure may cause stress, anxiety and raised blood pressure. Pregnant employees may experience problems in working at heights or in tightly fitting workplaces.	Ensure that hours, night working, prolonged standing, volume and pacing of work are not excessive and that, where possible employees have some control over how their work is organised. Ensure that seating is available where appropriate. Give longer or more frequent rest breaks. Adjust workstations or work procedures.	
<b>Violence and Aggression</b>	Potential miscarriages or premature birth or death of the foetus.	Suitable risk assessments, considering the potential for violence at work. High risk groups may include those staff with patient facing roles and specifically on PICUs	Management of Health & Safety at Work Regulations 1999 (SI 1999 No. 3242) NHS SMS Guidance.

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
		Restriction on some duties and possible team working should be considered.	
<b>Chemical Agents or Substances</b>	<p><b><u>Chemical agents &amp; industrial process in Carcinogens Directive (90/394/EEC) Annex on the control of Carcinogenic Substances</u></b> Includes manufacture of auramine; Exposure to aromatic polycyclic hydrocarbons present in coal soots, tar, pitch, fumes or dust; exposure to dusts fumes &amp; sprays produced during the roasting and electro-refining of cupro-nickel; Strong acid process in the manufacture of isopropyl alcohol, Gluteraldehyde &amp; Formaldehyde</p> <p><b><u>Anaesthetic gases</u></b> Spontaneous abortion, possible foetal growth retardation, congenital malformation, low birth weight, stillbirth.</p> <p><b><u>Mercury &amp; Mercury derivatives</u></b> Exposure to organic mercury compounds during pregnancy can slow the growth of the</p>	<p>With the exception of lead and asbestos, these substances fall within the scope of the Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677)</p> <p>Actual risk can only be determined by following a risk assessment or a particular substance at the place of work, assessing the health risks and (where appropriate) preventing or controlling them, having regard for women who are pregnant or have recently given birth.</p> <p>Restrict any women who are pregnant from any exposure to anaesthetic gases. This applies to surgeons, anaesthetists, operating theatre nurses, operating technicians etc.,</p> <p>Covered by requirements of Control of Substances Hazardous</p>	<p>Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677)</p> <p>Chemicals (Hazard Information &amp; Packaging for Supply) Regulations 2002 (SI 2002 No 1689) CHIP 3. EH40 – Occupational Exposure Limited.</p> <p>Control of Substances Hazardous to</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	<p>unborn baby, disrupt the nervous system and cause the mother to be poisoned. There is no clear evidence of adverse effects on developing foetus of exposure to mercury and inorganic mercury compounds. No indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby.</p> <p>Potential for health effects in children from exposure of mother to mercury and its compounds is uncertain.</p> <p><b><u>Antimitotic (cytotoxic) drugs.</u></b>            In the long-term damage to genetic information in sperm and egg. Some can cause cancer. Absorption is by inhalation and through the skin. Pregnant doctors and nurses administering antimitotic agents (even when doing so with extreme care) have shown significant increase in foetal loss and / or congenital malformations.</p>	<p>to Health Regulations 2002 (SI 2002 no. 2677)            HSE Guidance Notes EH17: Mercury and its inorganic divalent compounds and MS12: Mercury – Medical Guidance Notes give practical guidance on risks of working with Mercury and how to control them.</p> <p>Restrict all pregnant women (including doctors, nurses, pharmacists, and pharmacy technicians) from handling antimitotic drugs in any form. No known threshold limits. Exposure must be reduced to as low a level as is reasonably practical. Assessment of risk should look particularly at preparation of the drug for use (pharmacists, nurses) administration of the drug and disposal of waste (chemical and human)</p>	<p>Health Regulations 2002 (SI 2002, No. 2677)</p> <p>Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No., 2677)</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	<p><b><u>Carbon Monoxide (CO)</u></b> Carbon monoxide crossing the placenta can result in the foetus being starved of oxygen. Level and duration of maternal exposure are important factors in the effect on the foetus. No indication breastfed babies have adverse effects from mothers' exposure to Carbon Monoxide or that the mother is significantly more sensitive to Carbon Monoxide after giving birth.</p> <p><b><u>Lead &amp; Lead Derivatives and absorption into human organism</u></b> Occupation exposure to lead in the early 1900's when exposure was poorly</p>	<p>Those who are trying to conceive or are pregnant or breastfeeding should be informed of the reproductive hazard. Transfer any pregnant worker preparing antineoplastic drug solutions to another job</p> <p>Change processes or equipment. Inform pregnant workers about the dangers of exposure to Carbon Monoxide during smoking.</p> <p>Approved Code of Practice L132 Control of Lead at Work sets out exposure limits for lead and</p>	<p>None specific, except for general requirements of Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677) HSE Guidance Note EH 43; Carbon Monoxide gives guidance on risks and how to control them.</p> <p>Control of Lead at Work Regulations 2002 (SI 2002 No. 2676)</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	<p>controlled was associated with spontaneous abortion, stillbirth and infertility. More recent studies associate low level lead exposure from environmental sources before the baby is born, with mild decreases in intellectual performances in childhood. Effects on breastfed babies of their mothers lead exposure have not been studied but can lead enter breast milk and it is thought that the nervous system of young children is particularly sensitive to the toxic effects of lead.</p> <p><b><u>Percutaneous absorption</u></b> Will depend on the way the substance is being used as well as on its hazardous properties. HSE Guidance Note EH40: Occupational Exposure Limits contains tables of inhalation exposure limits for certain hazardous substances.</p> <p><b><u>Pesticides</u></b> Certain pesticides (e.g. chlordecone (Kepone)) appear as concentrates in maternal milk. The health risks to the lactating infant are variable.</p>	<p>maximum permissible for blood lead levels. Once pregnancy is confirmed women who are subject to medical surveillance under the lead regulations will normally be suspended from work which exposes them significantly to lead.</p> <p>Take special precautions to avoid skin contact. Where possible use engineering methods to control exposure in preference to personal protective equipment.</p> <p>Restrict women who are breastfeeding from all duties involving the use of pesticides.</p>	<p>Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677)</p> <p>Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677)</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	<p><b><u>C.S. Gas</u></b> Possible adverse outcome of pregnancy</p> <p><b><u>Passive Smoking</u></b> Cigarette smoke is mutagenic and carcinogenic and is a known risk to pregnancy where the mother smokes. Cigarette smoke can also aggravate pre-conditions such as asthma. The effects of passive smoking are less clear but are known to affect the heart and lungs and to pose a risk to infant health.</p>	<p>As a sensible precaution restrict pregnant women from any exposure to CS gas.</p> <p>Adhere to the requirements of the Trust Smoke Free policy.</p>	<p>Control of Pesticides Regulations 1986 (SI 1986 No. 1510) as amended.</p> <p>Workplace (Health Safety &amp; Welfare) Regulations 1992 (SI 1992, No. 3004)</p>
<b>Biological Agents</b>	<p><b><u>Listeria</u></b> In pregnant women may terminate the pregnancy or damage the foetus</p> <p><b><u>Biological Agent – Hazard Group 2,3, &amp; 4</u></b> Many of these agents can affect the unborn child if the mother is infected during</p>	<p>Compliance with food hygiene guidance and universal personal hygiene precautions.</p> <p>Depends on the risk assessment. Control measures may include</p>	<p>Department of Health guidance leaflet DEFRA and Food Standards Agency. Control of Substances Hazardous to</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	<p>pregnancy. Examples of Hepatitis B, HIV, chlamydia, varicella, herpes, cytomegalovirus, protozoa, (e.g. Toxoplasmosis) tuberculosis, syphilis Chickenpox and typhoid.</p> <p>For most workers the risk of infection is not higher at work than from living in the community, but exposure to infection is more likely in certain occupations such as laboratory workers, health care and in looking after animals or dealing with animal products (e.g. Meat processing)</p> <p><b><u>Biological agents known to cause abortion of the foetus or physical &amp; neurological damage. (incl. hazard groups 2,3,&amp;4</u></b></p> <p>Rubella (German measles), toxoplasma and some other biological agents can harm the foetus. Risk of infection is generally no higher for workers than others but exposure to infection is more likely in certain occupations such as laboratory workers, health care and in looking after animals.</p>	<p>physical containment, hygiene measures, or use of vaccines. If there is a known high risk of exposure to highly infectious agents, then pregnant women should avoid exposure altogether.</p> <p>Depends on the risk assessment. Control measures may include physical containment, hygiene measures or use of vaccines. If there is a known high risk of exposure to a highly infectious agent, then a pregnant employee should avoid exposure altogether.</p>	<p>Health Regulations 2002 (SI 2002 No. 2677) and ACOP and Guidance L.5 to the control of Substances Hazardous to health Regulations 2002 on the control of biological agents; approved list of biological agents.</p> <p>Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677) Approved Code of Practice on the control of biological agents; Approved Supply list of biological agents.</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	<p><b><u>Substances labelled R40,R45,R46.R49.R61,R63,R64. R68 &amp; Solvents</u></b>  R40 : limited evidence of 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</p>	<p>With the exception of lead and asbestos, these substances fall within the scope of the Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677)  Actual risk can only be determined by following a risk assessment or a particular substances at the place of work, assessing the health risks and (where appropriate) preventing or controlling them, having regard for women who are pregnant or have recently given birth.</p>	<p>Control of Substances Hazardous to Health Regulations 2002 (SI 2002 No. 2677)  Chemicals (Hazard Information &amp; Packaging for Supply) Regulations 2002 (SI 2002 No 1689)  CHIP 3. EH40 – Occupational Exposure Limited.</p>
<b>Lone Working</b>		<p>Review and revise women’s access to communications with others and levels of (remote) supervision involved, to ensure that help and support is available when required and that emergency procedures (if needed) take into account the needs of new and expectant mothers</p>	<p>INDG73 – Working along in safety;  Controlling the risks of solitary work  NHS SMS Guidance.</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
<b>Working at Height</b>	Fall from ladders, platforms	Risk assessment to consider additional risks associated with working at heights. Prevent work at heights.	
<b>Travelling during working hours -</b> Travelling either inside or outside the establishment or on business.	Travelling in the course of work and to and from the workplace, can be problematic for pregnant women, involving risks including fatigue, vibration, stress, static posture, discomfort and accidents. These risks can have a significant effect on the health of new and expectant mothers.	Where travel for business is required advice should be taken from Occupational Health and the woman's health care providers with regard to flying, vaccinations and prophylactic treatments.	
<b>Excessive Temperatures</b>	Pregnant women tolerate heat less well and may more readily faint or be liable to heat stress in hot environments.  Breastfeeding may be impaired by dehydration.  Working in extreme cold may be a hazard for pregnant women and their unborn child. Increased risks if there are sudden changes in temperature.	Pregnant workers should take great care when exposed to prolonged heat at work. Adequate rest and access to refreshments would help along with unrestricted access to drinking water. New and expectant mothers should note that thirst is not an early indicator for heat stress. They should drink water before they get thirsty, preferably in small and frequent volumes. Cold: Provide warm clothing	None Specific.
<b>Facilities</b>	<u>Rest facilities</u>	Provide access to quiet, comfortable place to sit or lie	Workplace (Health, Safety and

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
	<p>Increased tiredness both physical and mental</p> <p><u>Hygiene facilities</u> Increased risk to health and safety, including significant risks of infection and kidney disease if no easy access to toilets.</p> <p><u>Storage Facilities</u> Obstacle to breastfeeding in the workplace may significantly affect the health of both mother and child.</p>	<p>down in privacy, without disturbance, at appropriate intervals. Provide access to clean drinking water.</p> <p>Adapt rules governing work practice, e.g. In continuous processing and team work situations.</p> <p>Take measures to allow expectant and nursing mothers to leave their workstation or activity at short notice more frequently than normal. If not possible make temporary adjustments to working conditions</p> <p>Provide access to a private room where women can breastfeed or express breast milk. Provide use of secure, clean refrigerators for storing expressed breast milk whilst at work and facilities for washing, sterilising and storing receptacles.</p>	<p>Welfare) Regulations 1992 (SI 1992, No 3004) Management of Health &amp; Safety at Work Regulations 1999 (SI, 1999, No 3242) Workplace (Health, Safety &amp; Welfare) Regulations 1992 (SI.1992 No. 3004). Management of Health &amp; safety at Work Regulations 1999 (SI 1999, No 3242) Workplace (Health, Safety and Welfare) Regulations 1992 (SI 1992, No. 3004) Management of Health &amp; Safety at Work Regulations</p>

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
		Allow time off (without loss of pay or benefits and without fear of penalty) to express milk or breastfeed.	1999 (SI 1999, No., 3242)
<b>Noise</b>	No specific risk but prolonged exposure may lead to increased blood pressure and tiredness.	Compliance with Noise at Work Regulations 2005 should be sufficient.	Noise at Work Regulations 2005
<b>Return to Work</b>		Consider any information provided by the new mother in respect of breast feeding or other support she might require on her return to work to enable reasonable adjustments to be made prior to her return.	

- Eliminate/reduce risk
- Adjust working conditions and/or working hours – pay unaffected
- Offer suitable alternative employment – pay unaffected
- If all above are not suitable/available, employee must be suspended from work with full normal rate.

**SIGNED (ASSESSOR)**..... **DATE**.....

**COPIES TO:**

**Employee**

**Line Manager and Health and Safety Team**

**Appendix D – Blank Template**

Employee Name	
Designation	
Location (s)	
Contracted Hours	
Stage of Pregnancy	
Maternity Leave Date	
Expected date of delivery	
Date of Assessment	
Line Manager	
Assessment Completed By	

<b>HAZARD</b>	<b>IF AT RISK, HOW</b>	<b>ACTION REQUIRED</b>	<b>BY WHOM AND WHEN</b>
<b>Shocks, Vibration or Movement</b>			
<b>Manual Handling Activities</b>			
<b>Ionising Radiation</b>			
<b>Movement or Posture i.e. long periods of sitting, standing</b>			
<b>Stress</b>			
<b>Mental and Physical Fatigue</b>			
<b>Chemical Agents or Substances</b>			

HAZARD	IF AT RISK, HOW	ACTION REQUIRED	BY WHOM AND WHEN
<b>Biological Agents</b>			
<b>Violence and Aggression</b>			
<b>Travelling during working hours</b>			
<b>Excessive Temperatures</b>			
<b>Facilities</b>			
<b>Noise</b>			
<b>Return to Work</b>			

**STEPS TO TAKE TO REDUCE/ELIMINATE RISK**

- Eliminate/reduce risk
- Adjust working conditions and/or working hours – pay unaffected
- Offer suitable alternative employment – pay unaffected
- If all above are not suitable/available, employee must be suspended from work with full normal rate.

**Action Plan**

**Location of Quiet/ Rest Room**

**Has the Plan Been Discussed and Agreed? YES/NO**

**Review Date**

**Signed (Assessor)..... Date.....**

**Copies To:**

**Employee**

**Line Manager**

**Health and Safety Team – [bsmhft.healthandsafety@nhs.net](mailto:bsmhft.healthandsafety@nhs.net)**

## **Appendix D – Pandemic Advice**

Where, because of the risk assessment findings, there is genuine concern regarding the hazards and associated risks, changes may be required to the working conditions or suitable alternative employment should be arranged. Specifically, where there is a Pandemic (e.g. COVID19) or other large-scale emergency situations the Trust will follow the advice of Government departments and apply the recommendations locally. This could mean self-isolation or social distancing resulting in the pregnant worker not being involved in work activities that require face to face contact.