

The Glasgow School of Art

GSA NEW AND EXPECTANT MOTHERS AT WORK PROCEDURE

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Policy Control

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GSA NEW AND EXPECTANT MOTHERS PROCEDURE

1. PURPOSE

The purpose of this guidance note is to give information on the hazards associated with work relevant to a new or expectant mother and the actions to be taken to assess and mitigate the risks involved. In addition to the responsibilities laid down in GSA's Health and Safety Risk Assessment Procedure, there are further specific duties inherent within this procedure.

GSA is committed to ensuring the safety of all employees while at work. It aims to do this by:

- a) Providing a safe working environment which reduces the personal risks to the new or expectant mother and her unborn child
- b) Implement a proactive approach to risk assessment to identify where risks need to be controlled
- c) Provide guidance to management and staff on implementing adequate control measures

The Management of Health and Safety at Work Regulations 1999 require employers to carry out "suitable and sufficient" risk assessments which take into consideration new and expectant mothers. GSA's Health and Safety Risk Assessment Procedure is a separate document which establishes an overarching framework for risk assessment, including New and Expectant Mothers risk assessment. As the risk may increase when a woman is a new or expectant mother, any existing risk assessments must be reviewed and subject to additional consideration (note that risks include those to the unborn child or the child of a woman who is still breastfeeding, not just risks to the mother herself).

The need for other specific risk assessments such as Display Screen Equipment (DSE), Control of Substances Hazardous to Health (COSHH) and Manual Handling may have to be reviewed also.

Although this applies only to employees, GSA aims to protect students from exposure to such risks and consideration should also be given to work they may need to do as part of their studies. Where the expectant mother is an undergraduate student they should follow the guidelines set out in the "Student Pregnancy and Maternity Support Policy". Programme leaders should then follow the risk assessment procedure set out in this document.

The annexes to this procedure contain further information and tools to assist in its implementation. These are:

- Annex 1: New and Expectant Mothers Flowchart
- Annex 2: List of Hazards
- Annex 3: New and Expectant Mothers Risk Assessment

2. DEFINITIONS

"New or expectant Mother" - a worker who is pregnant, who has given birth within the previous six months or who is breastfeeding

"Given birth"- delivered a living child or, after 24 weeks of pregnancy, a stillborn child.

3. RESPONSIBILITIES

3.1 Heads of School and Professional Support Areas

Under the GSA Occupational Health and Safety Policy, Heads of School and Professional Support areas are accountable to their respective Executive Group Member. Heads of School and Professional Support areas have responsibility to ensure that within their programmes of risk assessment there is provision for assessing and controlling New and Expectant Mothers work activities that could result in an injury.

3.2 Heads of Departments and Programme Leaders or their Professional Support equivalent:

Within this procedure Heads of Departments and Programme Leaders or their professional support equivalent are referred to as line manager.

It is the responsibility of line managers to ensure that:

- Activities carried out within their area of control that may pose a significant risk to women of child bearing age are identified and that action is taken to minimise the potential for harm from these activities where appropriate.
- Information is provided to staff about the arrangements for control of these risks
- Assessments are completed and any necessary control measures to work/study are put in place and monitored
- The "Workstation Self-Assessment Form" has been completed to highlight any significant risks that may be present at the new or expectant mother's DSE workstation and to ensure it is as comfortable as possible.
- The New and Expectant Mothers Risk Assessment is reviewed on the mothers return to work

3.3 The New or Expectant Mother:

- Notify her line manager when she becomes pregnant and follow the procedures.
- Work with their line manager to resolve any issues arising from the New and Expectant Mothers Risk Assessment

3.4 Human Resources:

- Human Resources staff should be contacted for any advice on maternity entitlements and provisions and to ensure all appropriate documentation is completed in relation to the pregnancy. Human Resources staff will also maintain the confidentiality of personal and/or medical information, unless explicit written consent is given by the particular individual. For further information on Maternity Leave and Pay employees should seek advice from the Maternity Leave and Pay policy available on GSA's website.

3.5 The Health and Safety Team:

- Provide advice to line managers to assist in the resolution of outstanding issues arising from complete risk assessment

4. THE RISK ASSESSMENT PROCESS

When a member of staff has provided notice that they are pregnant or breastfeeding, they should follow the flowchart in Appendix 1. A specific individual risk assessment must be made of the work of carried out by that person to ensure that they are not put at risk during and immediately after their pregnancy. Particular attention should be paid to the actual tasks that they have to perform during their work to ensure that any risks associated with these are adequately controlled.

Appendix 2 is a list of hazards that can be associated with the New or Expectant Mother and this can be used as an aide-memoire in completing the New and Expectant Mothers at Work Risk Assessment form (Appendix 3). Any outcomes of the risk assessment should be communicated to all those concerned. The outcome of the risk assessment may indicate an adjustment in work activities to remove the hazard for the period of pregnancy and breast-feeding. Where this is not possible for operational or research reasons then the individual will need to be found alternative duties of an appropriate nature.

This assessment should be regarded as an ongoing process throughout the course of the pregnancy as the capabilities of the person involved may be significantly reduced as the pregnancy progresses. (E.g. manual handling) The nature of the tasks they are required to do should be temporarily modified accordingly.

The completed risk assessment must be stored locally within the employees department and reviewed at suitable intervals during the pregnancy or period of nursing, and any adjustments made as necessary.

5. FURTHER GUIDANCE

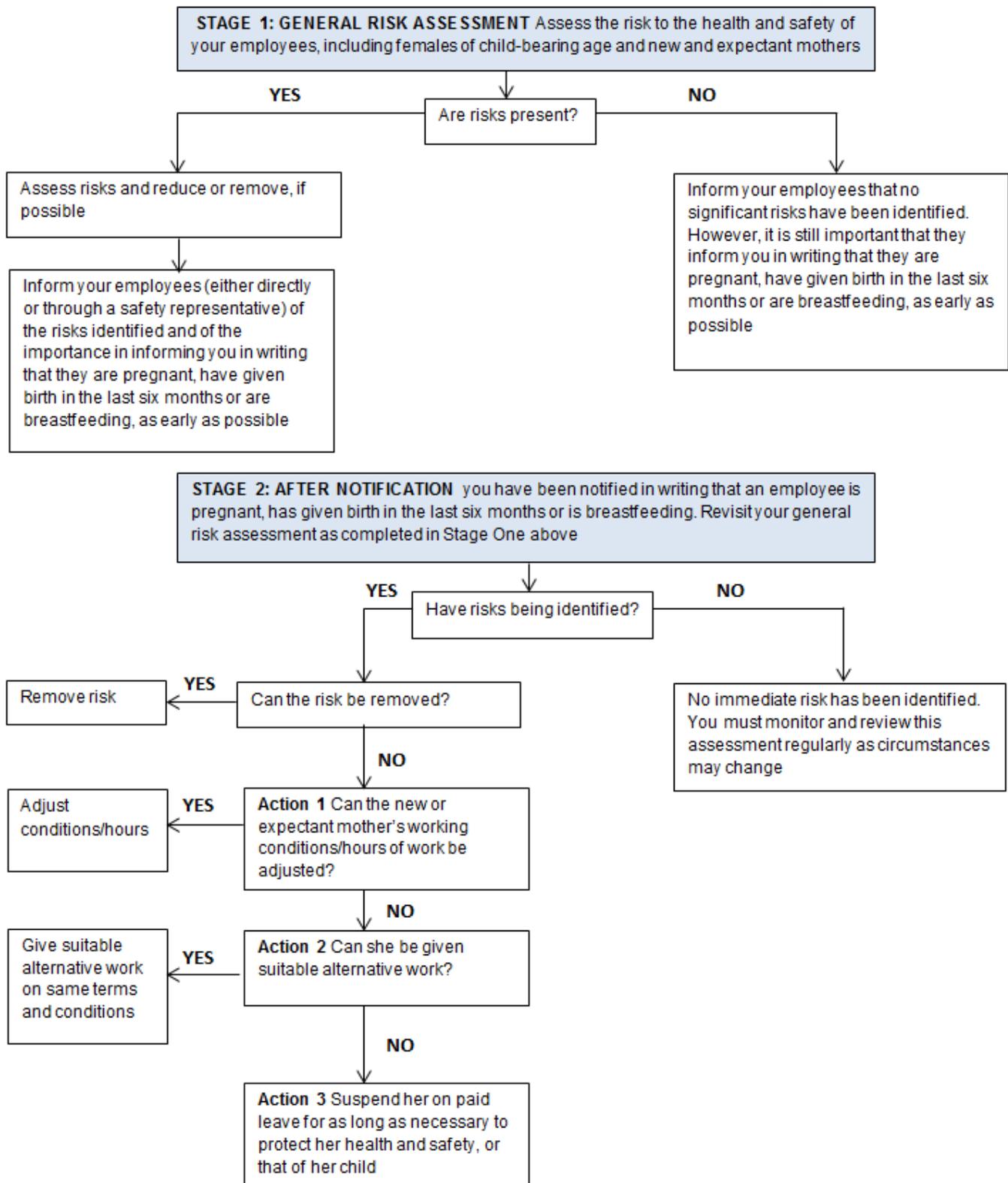
The new or expectant mother should read the Health and Safety Executive (HSE) leaflet INDG373, which is available from the HSE website along with the HSE New and Expectant Mother frequently asked questions (see links below).

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

<http://www.hse.gov.uk/pubns/indg373.pdf>

<http://www.hse.gov.uk/mothers/faqs.htm>

APPENDIX 1: NEW AND EXPECTANT MOTHERS FLOWCHART



APPENDIX 2: LIST OF HAZARDS

The Risk Assessment form can be found in **Appendix 3** of this document. In determining what risks there are the following factors must be taken into account:

Physical Risks:

- Movement and postures
- Manual handling
- Shocks and vibrations
- Noise
- Radiation (ionising and non-ionising)
- Compressed air

Working conditions:

- Facilities (including rest rooms)
- Mental and physical fatigue and working hours
- Stress (including post-natal depression)
- Temperature
- Working alone
- Working at heights
- Travelling
- Violence within the workplace
- Working with personal protective equipment (PPE)
- Nutrition

Biological Agents:

- Infectious diseases
E.g. *Brucella*, *Chlamydia*, *TB*, *Herpes simplex*, *Hepatitis virus*, *HIV*, *Mumps* / *measles*, *Parvovirus*, *Rubella*

Chemical agents, including:

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

All of the hazards listed above are included in the European Directive on the health and safety of pregnant workers (92/85/EEC) and the European Commission's guidelines. Many of these hazards are covered by specific health and safety regulations; Control of Substances Hazardous to Health Regulations (COSHH) 2002, for example.

Each situation should be individually assessed for potential risks. A written risk assessment must be completed as soon as possible following notification to the line manager of the pregnancy. This requirement applies to members of staff who are pregnant, who have recently given birth or in anticipation of a new mother returning to work. Glasgow School of Art's document "GSA Health and Safety Risk Assessment Procedure" contains guidance on risk assessment and can be found on the Occupational Health and Safety section of GSA's website <http://www.gsa.ac.uk/about-gsa/key-information/occupational-health-and-safety/>.

APPENDIX 3: NEW AND EXPECTANT MOTHERS AT WORK RISK ASSESSMENT

New and Expectant Mothers at Work Risk Assessment

School or Professional Area:		Department:	
Assessment Date:		Review Date:	
Assessor's Name:		Job Title:	
Name of expectant or new mother:		Job Title:	

Identified Hazards	Yes/ No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Manual handling		<p>Hormonal changes in pregnancy can affect the ligaments increasing susceptibility to injury; postural problems may increase as the pregnancy progresses.</p> <p>Possible risks for those who have recently given birth – e.g. likely to be a temporary limitation on lifting and handling capability after a Caesarean section.</p>	<p>It may be possible to alter the nature of the task undertaken to reduce the risk of injury for <u>all</u> workers involved;</p> <p>Or, it may be necessary to reduce the amount of manual handling (or use aids to reduce the risks) for the specific woman involved.</p>		
Working with display screen equipment		<p>Postural / ergonomic problems due to changes in body proportions.</p> <p>Circulation problems due to extended periods of sitting.</p>	<p>Review DSE assessment make appropriate changes to work patterns and workstation. Ensure working posture is appropriate and that adequate work breaks can be taken.</p>		

Identified Hazards	Yes/ No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Movements and postures		<p>Standing: Continuous standing during the working day may lead to dizziness, faintness, and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.</p> <p>Sitting: Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time.</p> <p>Restricted space: Difficulties in working in tightly fitting work spaces or workstations during the later stages of pregnancy can lead to strain or sprain injury, also with impaired dexterity, agility, coordination, speed of movement, reach and balance. Also, associated increased risk of accidents</p>	<p>Control hours, volume and pacing of work. Adjust how work is organised or change type of work if necessary.</p> <p>Ensure seating is available where appropriate, and take longer or more frequent rest breaks to avoid or reduce fatigue.</p> <p>Adjusting workstations or work procedures where this will minimise postural problems and risk of accidents.</p> <p>Review situation as pregnancy progresses.</p>		
Work and personal protective equipment			<p>Wherever possible, the risk should be avoided by adaptations or substitution, e.g. providing suitable alternative equipment to allow the work to be conducted safely and without risk to health.</p>		

Identified Hazards	Yes/ No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
Lone Working		Pregnant women are more likely to need urgent medical attention	Review and revise access to communications with others. Consider levels of supervision involved Ensure that emergency procedures take into account the needs of new and expectant mothers.		
Work at height		It is hazardous for pregnant women to work at heights, for example ladders, platforms.	Working at height should be avoided where possible. A risk assessment should consider any additional risks due to work at height (e.g. working on ladders).		
Chickenpox / shingles		Pregnant women who have been in contact with chickenpox or shingles and have no history of chickenpox must contact their GP promptly for advice.			
Work related violence			Change the design of the job i.e., avoiding lone working, reducing use of cash, maintaining contact with workers away from the base. Improve the design or layout of the workplace Provide adequate training and information.		
Mental and physical fatigue and working hours		Long working hours, shift work and night work can have a significant effect on the health of new and	Adjust working hours temporarily, as well as other working conditions, including the		

Identified Hazards	Yes/ No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
		<p>expectant mothers, and on breastfeeding.</p> <p>Because they suffer from increasing tiredness, some pregnant and breastfeeding women may not be able to work irregular or late shifts or night work, or overtime. Working time arrangements (including provisions for rest breaks, their frequency and timing) may affect the health of the pregnant woman and her unborn child, recovery after childbirth, or ability to breastfeed, and may increase the risks of stress and stress related ill health. Due to changes in blood pressure which may occur during and after pregnancy and childbirth, normal patterns of breaks from work may not be adequate for new or expectant mothers</p>	<p>timing and frequency of rest breaks.</p> <p>The need for physical rest may increase. As appropriate, allow access to somewhere to sit or lie down comfortably in private and without disturbance.</p>		
Stress		<p>Stress is associated in some studies with increased incidence of miscarriage and pregnancy loss, and also with impaired ability to breastfeed. Stress also can contribute to anxiety and depression.</p>	<p>Adjust working conditions and hours</p> <p>Ensure that necessary understanding, support and recognition is available (consider the return to work).</p> <p>Take account of known organisational stress factors (shift</p>		

Identified Hazards	Yes/ No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
			patterns, job insecurity, workloads etc.) and the particular medical and personal factors affecting the individual.		
Chemical agents		<p>The risks will depend on the way in which the substance is being used as well as on its hazardous properties.</p> <p>Absorption through the skin can result from localised contamination – e.g. a splash on skin or clothing, or in certain cases from exposure to high atmospheric concentrations of vapour</p>	<p>Carry out a COSHH assessment for women who are pregnant, have recently given birth or who are breastfeeding.</p> <p>Prevention of exposure is the top priority. Substitution of harmful agents if possible; if not then control by combination of technical measures, Good Laboratory Practice, and the use of Personal Protective Equipment (the latter only as a last resort and in combination with the other control measures).</p> <p>The worker may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period.</p>		
Carcinogens, mutagens and teratogens.		<i>While this is unlikely within the work of GSA it should be considered where applicable</i>	Prevention of exposure is the top priority. Substitution of harmful agents if possible; if not then control by combination of technical measures, and the use of Personal Protective Equipment (the latter only as a last resort		

Identified Hazards	Yes/ No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
			<p>and in combination with the other control measures).</p> <p>The worker may have to be assigned other duties away from the source of potential exposure for the duration of the pregnancy and nursing period.</p>		
<p>Infectious Diseases Biological agents of hazard groups 2, 3 and 4 E.g. <i>Brucella</i>. <i>Chlamydia</i>, <i>TB</i>. <i>Herpes simplex</i>. <i>Hepatitis virus</i>. <i>HIV</i>. <i>Mumps / measles</i> <i>Parvovirus</i>. <i>Rubella</i>.</p>		<p>Following infection with these agents there is potential for abortion or physical and neurological damage to the unborn child.</p> <p>For most workers, the risk of infection is not higher at work than from elsewhere, but in certain occupations exposure to infections is more likely, for example laboratory work, health care, looking after animals (farms and laboratories) or dealing with animal products (e.g. meat processing).</p> <p>Also, elevated risks if in contact with sewage and contaminated water (e.g. on field trips).</p>	<p>Carry out a COSHH assessment for women who are pregnant, have recently given birth or who are breastfeeding.</p> <p>Control measures may include physical containment, hygiene measures, and using vaccines if exposure justifies this.</p> <p>If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.</p>		
<p>Vibration</p>		<p>Regular exposure to shocks, low frequency vibration (e.g. driving or riding in off-road vehicles) or excessive movement may increase the</p>	<p>Avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies or where the</p>		

Identified Hazards	Yes/ No	Risk	Information about controls	Action to be taken/by whom/date	Date for review
		risk of miscarriage. (there is no particular risk to breastfeeding workers)	abdomen is exposed to shocks or jolts.		
Noise		Prolonged exposure to loud noise may lead to increased blood pressure and tiredness.	Conform to the Noise at Work Regulations		
Ionising and Non Ionising radiation		Significant exposure can harm the foetus (either through external exposure or by breathing in/ ingesting radioactive contamination) and there radioactive liquids or dusts can cause exposure of the child, particularly through contamination of the mother's skin. <i>While this is unlikely within the work of GSA it should be considered where applicable</i>	Work procedures should be designed to keep exposure below the statutory dose limit for pregnant women. A specific risk assessment is required. Nursing mothers should not work where the risk of contamination is likely.		

If you identify any further hazards or if any of the following apply to the work carried out please contact your line manager

E.g. Travelling either inside or outside workplace, shocks and vibration, electromagnetic radiation, confined spaces, mercury and mercury derivatives, lead and lead derivatives, carbon monoxide. Further hazards should be detailed below as applicable:

Hazard	Risk	Controls	Review Date

Other aspects of the pregnancy which may be affected by work E.g. exposure to smells affecting nausea, breast discomfort due to increased size and sensitivity (The impact may vary during the course of the pregnancy and you will want to keep their effects under review)			YES/NO
Aspect/work issue	Risk	Controls	Review Date

The persons below should sign to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.		
New/ Expectant Mother's (please print):	New/Expectant Mother's signature:	Date:
Line Manager's (please print):	Line Managers signature:	Date: