



<b>Title:</b>	<b>New &amp; Expectant Mothers – Ambulance Service Health and Safety Procedure</b>		
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<b>Ownership:</b>	Dr Nigel Ruddell, Medical Director		
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March 2021	2.0	Health & Safety Advisor	Review of existing policy

## **1.0 INTRODUCTION:**

Health is wealth.

### **1.1 Background:**

This procedure applies to all new and expectant mothers employed by the Northern Ireland Ambulance Service Health and Social Care Trust (NIAS). It sets out the procedures to be followed if a member of staff notifies the Trust that she is pregnant and / or is returning to work after giving birth. In any workplace, there may be risks to the health and safety of new and expectant mothers and that of their child. There is legislation that requires employers to protect the health and safety of new and expectant mothers. This procedure clarifies what action NIAS will take to protect staff health and safety.

### **1.2 Purpose:**

The purpose of this procedure is to reduce risk to new and expectant mothers by an individual risk assessment and the implementation of further control measures as necessary.

### **1.3 Objectives:**

This procedure establishes a framework for new and expectant mothers within NIAS with due regard to the following key objectives:

- Ensuring that all new and expectant mothers are identified at the earliest stage and all necessary control measures are implemented following an individual risk assessment.
- Ensure that staff are treated equally and fairly at all times.
- Ensure that reasonable adjustments are made for new and expectant mothers.
- Ensure that this procedure and all applicable legislative requirements are adhered to at all times
- Ensure that any control measures or reasonable adjustments for each individual are monitored and reviewed on a regular basis.

## **2.0 SCOPE:**

This procedure is applicable to all new and expectant mothers employed by NIAS who potentially may be exposed to hazards detrimental to their health and that of their child.

### **2.1 New & Expectant Mothers:**

- Those who have notified their employer that they are pregnant.
- Those who have given birth in the previous six months.
- Those who are breastfeeding.

### **2.2 Given Birth:**

Delivered of a living child or, after 24 weeks of pregnancy, a stillborn child.

### **3.0 ROLES AND RESPONSIBILITIES:**

#### **3.1 Chief Executive & Directors:**

The Chief Executive has overall responsibility for workplace health and safety. The Senior Management Team (SMT) is responsible for ensuring that this procedure is implemented as appropriate and the undertakings outlined are adhered to throughout the Trust.

#### **3.2 The Director of Human Resources is responsible for:**

- Ensuring that the organisation has access to a robust Occupational Health Service.
- Ensuring that any request / requirement for adjustment are treated on an individual basis and that all reasonable adjustments are met and adhered to.
- Ensuring that all staff are treated on an equal and fair basis.

#### **3.3 Assistant Directors are responsible for:**

- Implementing this procedure and any associated guidance based on risk assessments within their areas of responsibility.
- Ensuring arrangements are in place for monitoring and compliance with this procedure.
- Ensuring that there are suitable resources available for the implementation of this procedure.
- Informing the Risk Management Team where there is a significant change in processes or procedures.
- Ensuring that all line managers including Ambulance Service Area Managers, Duty Control Managers, Non Emergency Ambulance Service Managers, Resource Centre Managers / Supervisors, Station Officers and Supervisors have sufficient information, instruction and training to be competent to carry out risk assessments and to identify associated risks to new and expectant mothers.

#### **3.4 The Risk Management Team is responsible for:**

- The development of suitable policies, procedures and arrangements to ensure that risks to staff from work related activities are reduced so far as is reasonably practicable.
- Providing advice to line managers on the completion of risk assessments to identify any potential health risks and identify if / what reasonable adjustments are necessary.
- Ensure adequate health and safety training is provided for staff and line management in order to facilitate them being able to carry out appropriate risk assessments.
- Liaising with other specialists, i.e. infection prevention and control staff, clinical leads and procurement staff to ensure that hazardous substances are carefully evaluated before being introduced.
- Reporting to the Health and Safety Executive for Northern Ireland (HSENI) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997.
- Providing a point of contact between NIAS and external parties such as HSENI.

#### **3.5 Line Managers are responsible for:**

- Being aware of all hazards / hazardous substances present / used within their area.

- **Immediately acting upon a notification from a new and / or expectant mother and ensuring that an individual risk assessment is carried out (including actions taken) in line with the Risk Assessment Procedure.**
- Seeking advice on risk reduction from the Risk Management Team, Occupational Health or other relevant person as necessary.
- Contacting Occupational Health should a health concern be brought to their attention.
- Ensuring confidentiality is maintained.
- Ensuring that staff and individuals identified as being at risk are given appropriate information, instruction and training to minimise the risks to health.
- Ensuring that staff are adhering to this procedure and any reasonable adjustments that have been implemented.
- Ensure employees attend Occupational Health appointments if required.
- Ensuring any recommendations given by Occupational Health / GPs or other health professionals are implemented.
- Ensuring all incidences of work related illness, ill health or injury are reported on Datix as soon as possible to ensure appropriate investigation / follow up as required
- Ensuring appropriate records are kept.

Any issues beyond the control of the line manager should be escalated to a more senior manager / Risk Management Team / Human Resources as appropriate.

### 3.6 All Staff are responsible for:

- Adherence to this procedure and overarching arrangements.
- **Immediately informing their line manager both verbally and in writing of being a new / expectant mother. NOTE an assessment cannot be undertaken if the line manager is not informed.**
- Informing their line manager of any advice given to them by their GP (high blood pressure, history of miscarriage etc.) as this could have an impact/effect on the risk assessment.
- Attending any training courses provided by NIAS.
- Reporting health problems in line with incident reporting procedures and participating in reviews where applicable (the aim is to provide appropriate help and support at the earliest opportunity to mitigate the effects health related issue).
- Co-operating with any control measures implemented to protect their health.
- Attending any Occupational Health appointments. If attendance is not possible, line management should be notified at the earliest opportunity to enable rescheduling.
- Complying with any procedures, information, instruction or training deemed necessary NIAS for the health and safety of employees.

### 3.7 The Health & Safety Committee is responsible for:

- Monitoring, measuring, review and audit measures that may be required to ensure that the roles and responsibilities pertaining to new and expectant mothers are applied in practice and that they continue to be effective

## 4.0 KEY PRINCIPLES:

### 4.1 Risk Assessment Process

While there already exists a generic workplace risk assessment that identifies workplace hazards for new and expectant mothers, each case must be looked at on an individual basis to ensure that the current risk assessment is suitable for the individual's needs and work practices. There is a wide variety of roles within NIAS and as a result, a generic risk assessment is unlikely to cover all of these roles in detail. A risk assessment for a new and expectant mother should include:

- Manual handling.
- Work station or posture.
- Standing or sitting for extended period of time.
- Exposure to lead.
- Exposure to toxic substances or chemicals.
- Work related stress.
- Exposure to radiation.
- Exposure to contaminants, infectious disease and biological agents.
- Exposure to excessive noise.
- Long working hours.
- Unsociable working hours (night work).
- Threat of violence or abuse.

This list is not exhaustive and any other relevant risk should be recorded and the necessary actions implemented as required.

Due to the ever changing nature of pregnancy and the post-natal period, the risk assessment will vary depending on what stage the individual is at. The initial risk assessment should take place as **soon as the individual informs their line manager of being a new and / or expectant mother**. Suggested and recommended dates for review are as follows:

- Review 1 – between 14 – 26 weeks
- Review 2 – after 27 weeks
- Return to work.

These reviews should be documented and held.

Good practice guidance suggests further reviews at:

- Monthly until 32 weeks.
- Fortnightly at 32-36 weeks.
- Weekly from 36 weeks.

These reviews do not necessarily require being documented. These reviews will depend again, on the individual circumstances and whether they are still in the workplace carrying out duties.

#### 4.2 Risk Assessment:

A risk assessment must be completed, using the template available on SharePoint by the line manager **as soon as they are informed of the pregnancy**. Guidance to support completion of the risk assessment can be sought from the Risk Management Team. There is also further

guidance to managers in Appendix 1 (flow chart following notification of a pregnancy). Any additional guidance can be found in the legislation as referenced in Section 7 of this procedure and on the Health and Safety Executive Website.

#### 4.3 Actions From Findings of Risk Assessment:

If after consulting the generic risk assessment and carrying out an individual risk assessment, and discovering the risks cannot be controlled or removed to a satisfactory standard the following steps should be taken in line with current legislation.

- **Action 1:** temporarily adjust the individuals working conditions and/or hours of work – if that is not possible;
- **Action 2:** the individual should be offered suitable alternative work (at the same rate of pay) if available – if that is not feasible;
- **Action 3:** the individual should be suspended from work on paid leave for as long as necessary, to protect their health and safety, and that of their baby.

#### 4.4 Suitable Alternative Work:

- Employment law requires the Trust, when offering a suitable alternative, 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.
- The Trust is not obliged to take the actions above until the new or expectant mother has provided both verbal and written notification that she is pregnant or that she has given birth within the previous 6 months, or is breast-feeding.
- The Trust is also exempt from maintaining any of the actions detailed above, including the suspension from night work, where the woman has not provided both verbal and written notification of her pregnancy and / or has failed to produce a certificate signed by a registered medical practitioner or midwife within a reasonable time of being requested to do so by the Trust.

#### 4.5 Welfare Arrangements / Rest Facilities:

- The Workplace (Health, Safety and Welfare) Regulations (NI) 1993 requires employers to provide a suitable room / rest facilities for workers who are pregnant or breastfeeding. The facilities should be suitably located (e.g. near to toilets) and where necessary should provide appropriate facilities for the new or expectant mother to lie down.
- For new mothers returning to work who wish to express milk, managers must ensure that adequate and appropriate accommodation is provided and suitable time is factored into the working day to enable the preparation for and expressing of milk to be undertaken. Suitable refrigeration facilities must be provided to enable effective storage of expressed milk; these arrangements are to be made on an individual basis and in conjunction with Estates and Facilities.

### 5.0 IMPLEMENTATION OF PROCEDURE:

#### 5.1 Dissemination:

With regards to dissemination this procedure will be:

- Issued to Chief Executive, Directors and Assistant Directors.
- Disseminated to the required staff by Assistant Directors.
- Made available on the Internet and SharePoint so that all employees and members of the public/stakeholders can easily have access.
- Discussed during Corporate Induction.

## 5.2 Resources:

Information contained within this procedure will be made available to new employees at the commencement of employment and at employee induction programmes.

For existing employees, information and training will be available through updates, health and safety training, risk assessment training and statutory / mandatory training in accordance with Trust Policies.

## 5.3 Exceptions:

This procedure applies to Individuals of child bearing age that are employees of NIAS.

## **6.0 MONITORING:**

It is the responsibility of the Health and Safety Committee to monitor the implementation of and assess the level of compliance with this procedure.

## **7.0 EVIDENCE BASE/REFERENCES:**

There is a statutory a number of pieces of legislation including the following:

- The Health & Safety at Work Order (NI) 1978.
- The Management of Health and Safety at Work Regulations (NI) 2000.
- The Control of Vibration at Work Regulations (NI) 2005.
- The Control of Substances Hazardous to Health Regulations (NI) 2003.
- The Control of Asbestos at Work Regulations (NI) 2012.
- The Control of Noise at Work Regulations (NI) 2006.
- The Control of Lead at Work Regulations (NI) 2003.
- The Work in Compressed Air Regulations (NI) 2004.
- The Ionising Radiation Regulations (NI) 2017.

## **8.0 CONSULTATION PROCESS:**

This procedure has been developed by the Risk Management Team. Consultation took place with Human Resources, Trade Unions, Senior Managers, Assistant Directors and Directors within the organisation. The final content of the document was agreed Health and Safety Committee, before SMT approval on recommendation by the Health and Safety Committee.

## **9.0 APPENDICES:**

Appendix 1 – Flow Chart For Risk Assessment.

Appendix 2 – Good & Bad Practice – Case Studies.

**10.0 EQUALITY STATEMENT:**

10.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this procedure should be subject to a full impact assessment, has been carried out.

10.2 The outcome of the equality screening for this procedure undertaken on 10<sup>th</sup> May 2021:

- Major impact
- Minor impact
- No impact.

**11.0 SIGNATORIES:**



**Katrina Keating**  
Lead Author

**Date: 11<sup>th</sup> May 2021**

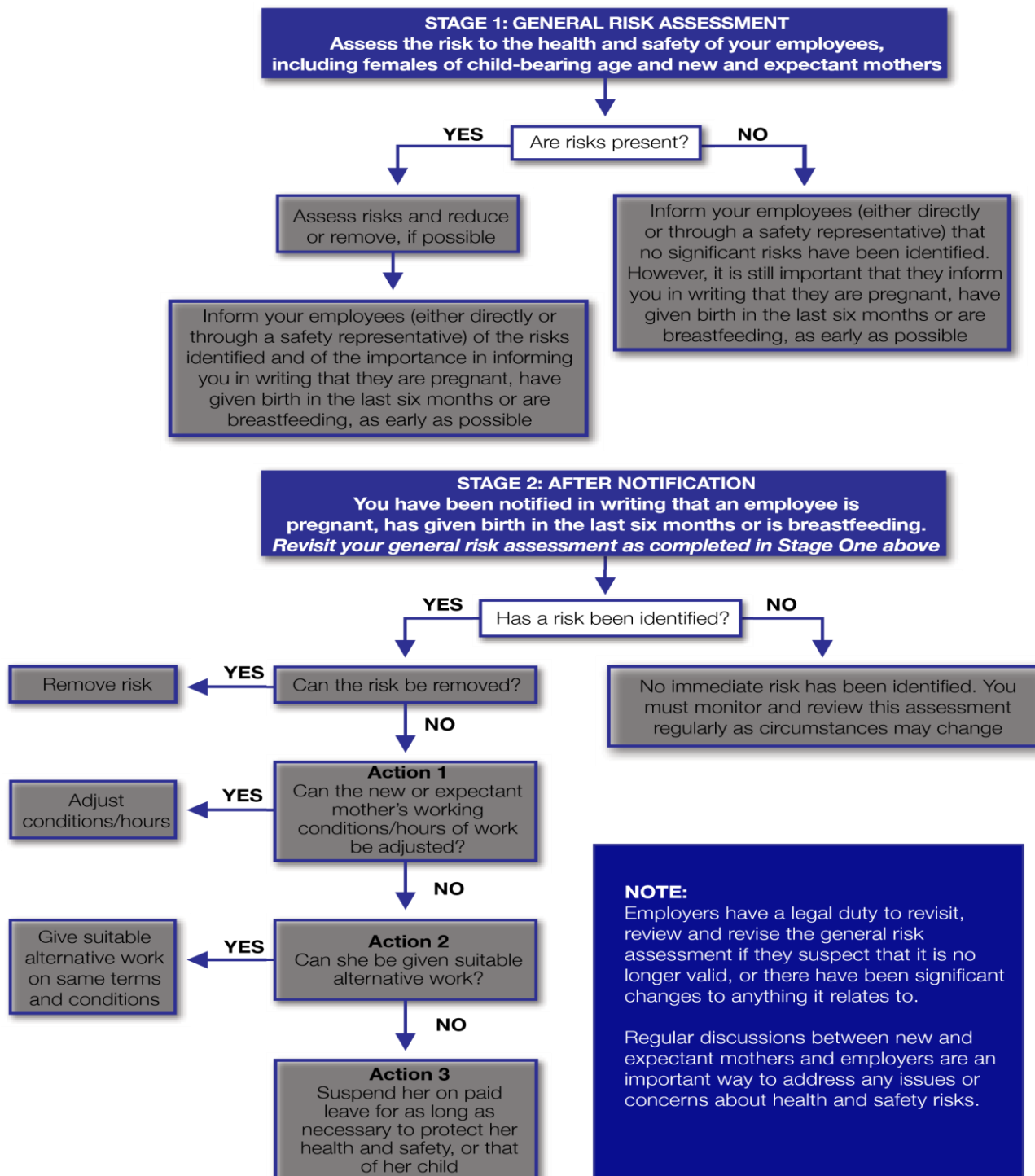


**Dr Nigel Ruddell**  
Lead Director

**Date: 11<sup>th</sup> May 2021**



## APPENDIX 1 – FLOW CHART FOR RISK ASSESSMENT:



## APPENDIX 2 – GOOD AND BAD PRACTICE CASE STUDIES:

### GOOD PRACTICE



#### Health Care:

A care worker notified her employer of her pregnancy. The employer looked back at the outcome of the initial risk assessment, which had identified that a possible risk for pregnant women was exposure to acts of violence (e.g. difficult patients). The employer then conducted a specific risk assessment for the pregnant worker, who dealt with patients who were difficult and on occasion violent. As a result the employer offered the care worker suitable alternative work at the same salary and reviewed the assessment at regular intervals. The employee accepted the alternative work and had a risk free pregnancy. Following her maternity leave the employee returned to work.

#### Office Based:

An office worker notified her employer of her pregnancy. The employer hired an occupational health professional consultant to conduct a specific risk assessment. The consultant identified that there were problems with the pregnant worker's hours and workload, as well as certain physical aspects of her workstation. The employer adjusted the workstation as advised and reduced the employee's workload so that she was able to continue to work the same hours at the same rate of pay. The employer monitored and reviewed the assessment at regular intervals throughout the employee's pregnancy. The employee had a risk free pregnancy and returned to work at the end of her maternity leave.

### BAD PRACTICE

#### Sales Staff:

The following example of bad practice illustrates the importance of employers taking the correct action and what the possible consequences can be if they fail to meet health and safety legislation. Further outcomes of Employment Tribunal cases can be found on the Equal Opportunities Commission's website.

On notifying her employer of pregnancy, a sales worker was given extra work and put under pressure to exceed her sales targets prior to going on maternity leave. The pregnant worker suffered a miscarriage and was signed off from work due to stress.

The employer was taken to an Employment Tribunal where the judgement found that they were in breach of health and safety legislation for not conducting a specific risk assessment. They were also found to be in breach of the Sex Discrimination and the Employment Rights legislation. Much time and expense could have been saved if the employer had conducted a risk assessment.

#### New Mother:

Her employer told a female employee 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. HSE recommends that it is good practice to provide a private, healthy and safe environment for nursing mothers to express and store milk.