GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Caerdydd a'r Fro | Cardiff and Vale University Health Board	**Reference Number:** 060 **Version Number:** 3a **Date of Next Review:** 09 Jan 2022 **Previous Trust/LHB Reference Number:** 235

MATERNITY RISK ASSESSMENT PROCEDURE

INTRODUCTION AND AIM

Cardiff and Vale University Health Board (the UHB) is required by law to conduct a risk assessment of the work activities of pregnant employees, those who have given birth within the previous 6 months, and those who are breastfeeding. In the case of pregnant employees this should be carried out as soon as they are informed that the employee is pregnant. Managers should do whatever is reasonably practicable to control any risk to the health of the employee and child during or after the pregnancy or when breastfeeding. This may include temporary adjustments which need to be made to the employee's working conditions.

This procedure sets out the UHB's arrangements to meet both its legal and ethical obligations in the care of its employees who are breastfeeding, pregnant or have given birth in the last 6 months at work.

OBJECTIVES

- To create a safe working environment for pregnant employees, those who have given birth within the last 6 months, and those who are breastfeeding, ensuring they are protected from any significant occupational health risks.
- To introduce procedures to ensure compliance with the statutory regulations.
- To ensure managers and heads of departments identify and assess the specific occupational health risks to pregnant employees and take the necessary measures to minimise and control them.
- To ensure risk management systems implemented are regularly reviewed, and revised as required.
- To support the outcome of a fit, healthy working employee nursing a healthy baby.

Scope

This procedure applies to all of staff, including those with honorary contracts.

For the purposes of this Procedure, the gender you were assigned at birth is not relevant.

Equality and Health Impact Assessment	A stand-alone Equality and Health Impact Assessment has not been completed, because this procedure and the Maternity, Adoption, Paternity and Shared Parental Leave Policy is covered by the 'family friendly policies' EHIA. This EHIA found there to be a positive impact.
Documents to read alongside this Procedure	Maternity, Adoption, Paternity and Shared Parental Leave Policy Maternity Leave and Pay Procedure Guidelines for Combining Returning to Work and Breastfeeding
Approved by	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of Workforce and OD
Author(s)	Workforce Governance Manager/BDA

Disclaimer

If the review date of this document has passed please ensure that the version you ar using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	May 2011		Content previously included within the Procedure for Risk Assessment for New and Expectant Mothers
2	21 Jan 2015		Updated to reflect current UHB format
3	09 Jan 2019	22 Jan 2019	Name changed from 'Risk Assessment for New and Expectant Mothers' to Maternity Risk Assessment Procedure Scope changed to explicitly state that this procedure is not restricted by the gender an employee was assigned at birth. References to 'she/hers' changed to 'they/theirs' throughout.
3a	10 Jul 2019	16 Jul 2019	Gender neutral terminology used throughout (e.g. pregnant employee used instead of 'new and expectant mother')

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1. DEFINITIONS

This Procedure applies to employees who are pregnant or have given birth in the last 6 months or who is breastfeeding. "Given birth" is defined in the Management of Health and Safety at Work Regulations as "delivered a living child or, after 24 weeks pregnancy, a stillborn child".

2. EXECUTIVES' RESPONSIBILITIES

It is the responsibility of the Director of Workforce and OD to ensure arrangements are in place to implement the procedure for employees who are pregnant or who have given birth in last 6 months.

3. LINE MANAGERS' RESPONSIBILITIES

Line managers must review existing risk assessments when informed that an employee is pregnant. The new risk assessment must take account of the particular hazards of pregnancy. Any new hazards identified must be managed actively.

To assess the risk to the employee, use the risk assessment form or existing assessment, e.g. Manual Handling, Stress, COSHH. Information to assist the risk assessment is provided in Appendix 1. A risk assessment summary sheet is also provided in Appendix 2. However, this list is only a guide and other specific risks may be highlighted in certain areas.

If a risk is identified the member of staff should be informed about the potential risk and the measures to be taken to prevent exposure to the risks. If previous risk assessments have identified a risk to employees then adequate measures should be in place.

If, after safety measures have been implemented, there is still a significant risk, which goes beyond the level of risk expected outside the workplace, then the following steps should be followed (in conjunction with Occupational Health and/or Human Resources).

Step 1 Temporarily adjust the working conditions and/or hours of work; or if it is not reasonable to do, or would not avoid the risk –

Step 2 Offer suitable alternative work if any is available. If that is not feasible, you must –

Step 3 Suspend them from work (at the substantive rate of pay) for as long as necessary to protect her health and safety or that of the child.

These actions may only be necessary if there is still a significant risk. Further advice should be obtained from the Occupational Health Service.

Review the Maternity Risk Assessment regularly as this could change with time. This involves doing repeated risk assessments.

Employees who are breastfeeding must not be exposed to risks that could damage health and safety for as long as they breastfeed.

Pregnant Employees undertaking night work must be given special consideration. If a General Practitioner or a registered midwife issues a medical certificate stating that night work could affect their health and safety, you should consider the following options:

Step 1 Offer suitable daytime work if available. If that is not reasonable:

Step 2 Suspend them from work (i.e. give paid leave) for as long as necessary to protect their safety or health or that of the child.

Further advice can be obtained from the Occupational Health Service.

There are separate guidelines in place on the facilities which should be made available to employees who have returned to work and are breastfeeding.

Pregnant employees are entitled to time off work paid at their normal rate of pay for antenatal care. Antenatal care may include relaxation and parent-craft classes as well as appointments for antenatal care.

4. EMPLOYEE RESPONSIBILITIES

To notify their manager in writing as soon as possible when they are pregnant. Until the UHB has received written notification it is not obliged to take any action other than that resulting from the risk assessment for all UHB employees.

To comply with the risk assessment undertaken and follow advice given.

Not to expose themselves to any known hazard or potential risk.

Under the Health & Safety at Work Act, individuals who are pregnant or breastfeeding have a personal duty of care to ensure their own health and safety at work and also that of their unborn or newly born child.

5. OCCUPATIONAL HEALTH SERVICE RESPONSIBILITIES

To provide advice to employees who are pregnant or have given birth in the last 6 months as appropriate regarding their health and their occupational hazards and risks. This may include pre-conceptual advice.

To offer advice to managers as required.

To review and follow up with employees on return to work following the birth as appropriate.

6. HUMAN RESOURCES STAFF RESPONSIBILITIES

To produce and keep up to date guidelines to help managers and staff to understand and apply the maternity provisions and regulations of the Agenda for Change Terms and Conditions and the Statutory Maternity Pay Scheme.

To offer consistent advice to managers if employees who are pregnant or have given birth in the last 6 months need to be removed from an identified risk or from night work as follows:

- To assist managers if working conditions and/or hours of work have to be temporarily adjusted.
- To assist managers in looking for suitable alternative work.
- If currently working nights and this could affect health and safety, to offer advice on finding suitable alternative daytime work.
- To advise on implications of suspending employees who are pregnant or have given birth in the last 6 months from work for as long as is necessary to protect their health and safety or that of the child.

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Appendix 1

RISK ASSESSMENT CHECKLIST FOR MATERNITY

Risk assessment for employees who are pregnant or have given birth in the last 6 months **is carried out in the same way as other risk assessments. Advice on risk assessment and checklists are available on the intranet.**

Examples of Hazards in Health Care facilities which might be relevant are:

PHYSICAL	***BIOLOGICAL***
• Prolonged standing, sitting, poor posture and confined spaces • Manual handling of loads where there is a risk of injury • Shocks and vibration • Noise • Ionising radiation • Non-ionising radiation • Slips, trips and falls	• Any biological agent that could be hazardous to an employee who is pregnant or has given birth in the last 6 months or their unborn child • These are found particularly in a lab or ward environment and include agents such as: rubella, varicella zoster, hepatitis A, B, C, tuberculosis, HIV/AIDS, typhoid, herpes, cytomegalovirus, listeria • Sharps injury
CHEMICAL	***WORKING CONDITIONS***
• Substances labelled R40, R45, R46, R49, R61, R63, R64 and R68 • Other chemical agents – consult COSHH • Mercury and mercury derivatives • Cytotoxic drugs • Chemical agents of known and dangerous skin absorption (see COSHH) • Carbon monoxide	• Rest and hygiene facilities • Storage facilities for breastfeeding employees • Mental and physical fatigue and working hours/overtime • Occupational stress • Passive smoking • Extremes of heat or cold • Work with VDUs • Working alone • Working at heights • Travelling • Work related violence • Work equipment and personal protective equipment (PPE) • Hazards as a result of inappropriate nutrition (i.e. regular breaks)

Once the hazards have been identified it is necessary to assess the risk i.e. the likelihood of the hazard causing injury. The risk assessment tools provide a scale to estimate risk and give advice on the need for intervention. Further advice is available e.g. from safety data sheets, the Health, Safety and Environment Department, the Manual Handling Advisers, and the Occupational Health Service.

If the risk assessment reveals an unacceptable risk managers should look for ways of eliminating the risk or otherwise reducing the risk to it's lowest level e.g. by doing the work in another way or using a different agent. Alternatively temporary redeployment to other duties should be sought. If this is not feasible, the employee who is pregnant or has given birth in the last 6 months should be removed from duties which result in exposure to this hazard.

At all times it is essential to keep the employee informed of the progress and findings of the risk assessment.

Managers and employees who are nursing should consult the breast feeding information in the Guidelines for Combining Returning to Work and Breastfeeding

Appendix 2

RISK ASSESSMENT SUMMARY SHEET FOR MATERNITY	
Name of member of staff:	
Department:	
Occupation:	
Pregnancy or new mother details, date of commencing maternity leave/medical certificate from GP:	
Expected/Actual date of delivery:	
Has a risk assessment of the workplace been undertaken? If *NO*, complete risk assessment as soon as possible - *date completed:* (a risk assessment form is available on the intranet)	*YES / NO* …….
Has a risk been identified?	*YES / NO*
Has the employee been informed of the potential risk?	*YES / NO*
Do special precautions need to be considered?	*YES / NO*
Do you need to adjust their working conditions?	*YES / NO*
Are you able to offer suitable alternative work (if applicable)?	*YES / NO*
Is there still a potential risk to the new or expectant mother?	*YES / NO*
If *YES,* does medical suspension apply?	*YES / NO*
Date:	…….
Is referral to Occupational Health required? Date referred to Occupational Health: Response received:	*YES / NO* ……..
Action required:	
Name of person completing form: Designation: Signature: Date:	…… …… …… …… ……