Local Rule

New and Expectant Mothers

University of Strathclyde Glasgow

CONTENTS

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Local Rules for New and Expectant Mothers

1. Introduction

1.1 University Policy

It is the Health and Safety Policy of the University to ensure so far as is reasonably practicable the health, safety and welfare of all its employees at work and of students while they are engaged in activities under the supervision of the University.

These Local Rules form part of the Safety Policy of the University of Strathclyde and therefore must be complied with by all departments. The ultimate responsibility for implementing the Health and Safety Policy, and therefore these local rules, lies with the University Court. However, it is the duty of Heads of Departments, Directors of Services, etc to ensure all aspects of the policy on health and safety are complied with within their area of responsibility.

Pregnancy is a dynamic and ever-changing condition and its health and safety implications can be adequately addressed by normal management procedures. Many women work while they are pregnant and many return to work while they are still breastfeeding.

Some hazards in the workplace may affect the health and safety of new and expectant mothers and of their children. The Management of Health and Safety Regulations 1999 requires the University to take particular account of the risks to new and expectant mothers.

1.2 Aim and Scope

These Local Rules set out the University's provisions on New and Expectant Mothers, referred to as NEMs throughout this document. They set out the standards of safety management required by University departments to demonstrate that they have taken all reasonably practicable steps to ensure that any work carried out, within their area of responsibility, which involve specific hazards and risks to NEMs is done so in adherence to the findings of a suitable and sufficient risk assessment.

It outlines the roles and responsibilities of various individuals and groups in relation to managing the NEM and demonstrates how the process of risk assessment should be applied. In addition, a risk assessment form S12 is provided to enable those involved with assessing NEMs to identify issues which may need to be considered.

1.3 Definitions

New or Expectant Mother (NEM) means a worker:

who is pregnant;
who has given birth within the previous six months; or
who is breastfeeding.

Given Birth is defined as:

having delivered a living child; or
after 24 weeks of pregnancy, a still born child.

2. Provisions for You as a New and Expectant Mother

2.1 Notification of Pregnancy

These Local Rules are distributed by the Human Resources Department when a woman notifies the Human Resources Department that she is an expectant mother. Copies may also be obtained from Safety Services and Occupational Health Service, as well as Departmental Safety Convenors.

Although it is not an absolute requirement, Safety Services recommends that Head of Departments are notified, in writing, by you, when you become a New or Expectant Mother**. It is only when the Head of Department receives written notification that the departmental arrangements for completion of risk assessment forms for NEMs will be initiated.** If confidentiality is desired and you do not wish to notify the Head of Department, it is advised that the Occupational Health Service is contacted for advice.

Heads of Departments are aware of their legal duties and Departmental Safety Convenors have been notified of the steps required to be taken when Heads of Departments are notified in writing by the member of staff that she is a new or expectant mother.

2.2 Facilities

Where practicable, the department will provide suitable facilities for pregnant and breastfeeding mothers to rest. On return to work, consideration will be given to providing a private and safe place for nursing mothers to express and store milk. For further advice on a suitable location contact Occupational Health.

3. Roles and Responsibilities

3.1 Heads of Department

Heads of Department are ultimately responsible for the implementation of these Local Rules within their department and should be aware of their responsibilities defined in this document.

Specifically the Head of Department must

- ensure that a suitable and sufficient risk assessment is carried out on written notification from a woman that she is a new or expectant mother; and

- inform the NEM and others of the risks identified as part of the risk assessment process as well as the steps to be taken to reduce or control those risks.

3.2 Departmental Safety Convenor

The Departmental Safety Convenor will provide support as directed by the Head of Department to assist with discharging these responsibilities. This may well include providing advice to those carrying out risk assessments for NEMs and identifying appropriate control measures and procedures to be followed.

3.3 Safety Services

Safety Services is committed to promoting a positive health and safety culture throughout the University. It exists to help all departments effectively manage health and safety by providing advice and guidance on a full range of workplace activities. The Occupational Health Service can also provide advice and support to both departments and NEMs, advising on specific hazards associated with pregnancy.

4. Identifying the Hazards

4.1 Hazards Affecting New and Expectant Mothers

There are a number of hazards which may pose additional risks to NEMs; in the main these will already be subject to a risk assessment. For more detailed information refer to the appendices of these Local Rules and where appropriate refer to the Local Rules specific to the hazard.

4.2 Aspects of Pregnancy that may affect work

Apart from the hazards detailed in the appendices, there are aspects of pregnancy which may affect the work of an expectant mother. The impact will vary during the course of a pregnancy and departments must keep these effects under review. For example, the posture of an expectant mother changes to cope with increasing size and the risk assessment must therefore be continually reviewed throughout the term of the pregnancy. Table 1 lists some aspects of pregnancy which must be considered.

Table 1

Aspects of Pregnancy	Factors in Work
Morning Sickness	Early shift work Exposure to nauseating smells
Backache	Standing/manual handling/posture
Varicose veins	Standing/sitting
Haemorrhoids	Working in hot conditions
Frequent visits to the toilet	Difficulty in leaving job (site of work)
Increasing size (may also impair your dexterity, agility, co-ordination, speed of movement and reach)	Use of protective clothing Work in confined areas Manual handling
Tiredness	Overtime/Evening work
Balance	Problems of working on slippery, wet or moving surfaces
Comfort	Problems of working in tightly fitting workplaces

4.2.1. Ionising radiation

Whilst there is no specific prohibition of pregnant workers from working with ionising radiations, it is extremely important that female members of staff and students are informed of the importance of declaring their pregnancy, in writing, to the Head of Department (or Supervisor in the case of students) and Human Resources as soon as possible.

For the majority of mothers-to-be, there will probably be no requirement to alter their work activities / research practices involving ionising radiation as the radiation doses received during the pregnancy should be well below the permitted dose constraint limit of 1mSv for the foetus during the term of pregnancy.

However, under the Ionising Radiation Regulations 1999 (IRR99) special dose limits do apply to pregnant workers and the University may need to review the employee's work with ionising radiations for the remainder of their pregnancy and for the duration of nursing mothers.

In general, taking into account the radionuclides and quantities used in research laboratories, external radiation should not be a risk to the foetus, especially if it is from a beta emitter. However, the internal hazard may be a factor dependent on the quantities and radionuclides used and in certain circumstances it may be desirable to limit the handling of stock materials of the higher energy Beta and Gamma emitting sources. It should be noted that the foetus will preferentially absorb the important body building elements of phosphorous and calcium and any intake by the mother of radioactive isotopes of these elements will lead to significantly higher doses in the foetus than the mother receives.

Further advice on the above issues can be found in the Local Rules on Ionising Radiation and from Safety Services.

4.2.2. Biological Agents

For most workers, the risk of infection is not higher at work than from living in the community; but in certain jobs, exposure to infections is more likely, for example, laboratory workers, health care, people looking after animals and dealing with animal products.

Some biological agents are known to cause abortion of the foetus or physical and neurological damage. For example, Rubella and Toxoplasma can harm the foetus; again the risk of infection is generally no higher for workers than others, except in those exposed occupations.

Work involving potential exposure to pathogens which cause harm to the foetus should not be permitted.

Women who have been vaccinated against or are known to be immune to pathogens such as Rubella and Toxoplasma will be able to continue in their work.

If work involves these biological agents or those listed in Appendix 2, then advice should be sought from the Biological Safety Adviser or Occupational Health Service.

Table 2 below summarises the known hazards which may affect the health and safety of new or expectant mothers.

Table 2 Biological Agents

Working Conditions	Contact with: Human blood & body fluids Infected animals Laboratory cultures Water or food contaminated by human/animal faeces
Bacteria	e.g. Brucella, Chlamydia psittaci, Listeria monocytogenes, shigella
Viruses	e.g. Human immunodeficiency, Rubella, Varicella-zoster, Parvovirus, Hepatitis A, Hepatitis B
Protozoa	e.g. Toxoplasma gondii

4.3 Evaluating the Risks

A written risk assessment must be completed as soon as possible following notification in writing to a Head of Department that a particular member of staff is pregnant or has returned to work as a 'new mother'. The assessment will be recorded on the 'New and Expectant Mothers' risk assessment form (S12) Appendix 1.

It is also necessary to review this risk assessment regularly to take account of ante-natal and post-natal conditions such as morning sickness and caesarean section. The review date must be inserted on the form S12 along with the initials of the two signatories of the assessment, i.e. the assessor and NEM.

It may be that the woman concerned is already covered by a written risk assessment, e.g. COSHH or manual handling and the existing written risk assessment should have taken account of the risks to a woman of child-bearing age. However, it must be reviewed in the light of her becoming a new or expectant mother and the outcome of the review recorded.

If the risk assessment indicates that there are no additional risks to the new or expectant mother then this must be stated on form S12.

Detailed below is advice on agents and working conditions which may present a risk to a NEM. There is also guidance on how to avoid the risks which may be present and of aspects of pregnancy which may affect the assessed work. This information should assist the new and expectant mother's line manager/Departmental Safety Convenor in the completion of the written risk assessment once written confirmation of her pregnancy has been received by the Head of Department.

4.4 Recording Significant Findings

The risk assessment must be completed initially and revised by the Departmental Safety Convenor or Line Manager with the NEM. A copy of the risk assessment should be sent to the Head of Department.

5. Deciding on Risk Control Measures

A risk assessment requires to be carried out to determine the hazards, assess the risks and detail the steps required to avoid or reduce the risks which are associated with the work. There may be factors associated with pregnancy, childbirth and/or breastfeeding which may place NEMs within a higher 'at risk' category.

Hazards that should be considered in the risk assessment have been grouped under four headings in Appendix 1.

Physical
Biological
Chemical
Working Conditions

The Department must recognise, on assessment, that there may be different risks depending on the stage of pregnancy, the member of staff has recently given birth or is breastfeeding.

If the risk assessment is out of date for a stage of pregnancy or following the birth of the child the NEM must bring this fact immediately to the attention of the assessor, and the assessment must be reassessed (initialed and dated to indicate this reassessment).

The Department must regularly review the risk assessment during the various stages of a pregnancy, or during the post-natal/breastfeeding phase. The Department must be kept informed if a mother continues to breastfeed as the legislation does not place a time limit on breastfeeding.

If the Department, in consultation with the NEM, identifies a significant risk to her health and safety, steps must be taken to remove the hazard or seek to prevent exposure to the risk. If these options are not feasible, the risk should be controlled.

If there is still a significant risk at work to safety or health which goes beyond the level of risk to be expected outside the workplace, then the Department must take the following steps to remove the new or expectant mother from that risk.

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

Step 2: offer the NEM suitable alternative work if any is available; or if that is not feasible, the Department, with advice from the Human Resources Department should

Step 3: suspend the NEM from work (i.e. paid leave) for as long as necessary to protect the safety or health of the NEM or that of her child.

These three steps are only necessary if there is a genuine concern following a risk assessment. If the NEM feels she would wish to discuss the risk assessment prior to any of the above three steps being taken by the Department she should contact the Human Resources Department and/or Safety Services.

Departments must also ensure that suitable facilities are provided for the NEMs to rest. Some buildings within the University have areas which may be used as rest areas, or departments may allocate an area within their departmental space as a rest area for NEMs.

Arrangements for nightwork may also apply. If a medical certificate is provided stating that nightwork could affect the NEM's health and safety, the Department must take the following steps only if the risk arises from work.

Step 1: offer suitable alternative daytime work if any is available; or if that is not reasonable,

Step 2: suspend the NEM from work (ie paid leave) for as long as is necessary to protect her health or safety.

6. Monitor and Review

The Local Rule will be reviewed regularly by Safety Services and updated as necessary as part of the maintenance of the Occupational Health and Safety Management system.

7. Key Management Actions

Implementation of this Local Rule will be monitored as part of Safety Services Audit Programme, therefore the following key action points must be fulfilled where the risks associated with the workplace may affect NEMs.

	Subject	**Key Actions Required by Departments**
1	Roles & Responsibilities	Heads of Department must: • put in place appropriate health and safety management arrangements relating to the new and expectant mothers. • ensure that Departmental Occupational Health and Safety Arrangements are updated .
2	Identifying Hazards which may affect NEMs	Departments must: • identify hazards which may present a risk to NEMs; see Appendix 1.
3	Evaluating Risks to NEMs	Departments must: • gather information about the hazards present in Appendix 1 • ensure Occupational Health are informed as appropriate
4	Implementing Risk Control Measures	Departments must : • consider the range of risk control measures available and implement those measures that will reduce exposure to risks affecting NEMs
5	Recording Risk Assessments	Departments must: • maintain records of pregnancy risk assessments • review the assessment(s) regularly throughout the pregnancy • monitor that recommendations and action points are implemented
6	Information, Instruction, Supervision and Training	On completion of the risk assessment: • provide NEMs with relevant information, instruction, supervision and training about these risks and • retain a record of the training provided and any information issued
7	Facilities	Make any necessary changes to the work environment required by the risk assessment.

8. Further Information and Guidance

Management of Health and Safety at Work Regulations 1999

New and expectant mothers at work - A Guide for Employers
- HSE HS(G) 122 (ISBN 0-7176 -2583-4)

Workplace (Health, Safety and Welfare) Regulations 1992

Infection Risks to New and Expectant Mothers in the Workplace:
A Guide for Employers (ISBN 0-7176-1360-7)

Working Safely with Ionising Radiation:
Guidelines for expectant or breastfeeding mothers (INDG 334)

HAZARDS, RISKS, AND WAYS OF AVOIDING THEM			
List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Physical Agents – where these are regarded as agents causing foetal lesions and/or likely to disrupt placental attachment			
Shocks, vibration or movement	Regular exposure to shocks or low frequency vibration, or excessive movement may increase the risk of miscarriage. Long-term exposure and heavy physical work may increase the risk of prematurity or low birth weight. Breastfeeding workers are at no greater risk than other workers.	Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration, especially at low frequencies, or where the abdomen is exposed to shocks or jolts.	None specific
Manual handling of loads where there is a risk of injury	Pregnant workers are especially at risk from manual handling injury – for example hormonal changes can affect ligaments, increasing susceptibility to injury; and postural problems may increase as the pregnancy progresses. There can also be risks for those who have recently given birth, for example after a caesarean section there is likely to be a temporary limitation on lifting and handling capability. There is no evidence to suggest that breastfeeding mothers are at a greater risk from manual handling injury than any other worker.	Refer to the Local Rules for Manual Handling. It may be necessary to address the specific needs of the new or expectant mother and reduce the amount of physical work, or provide aids for her to reduce the risks.	Manual Handling Operations Regulations 1992 (Amended 2002)
Noise	There appears to be no specific risk to new or expectant mothers or to the foetus, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness. No particular problems for women who have recently given birth or who are breastfeeding.	Refer to the Local Rules on Noise. The requirements in the Rules should be sufficient to meet the needs of new or expectant mothers.	Control of Noise at Work Regulations 2005.

List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Physical Agents *continued*			
Ionising Radiation	Significant exposure to ionising radiation can be harmful to the foetus and this is recognised by placing limits on the external radiation dose to the abdomen of the expectant mother for the **declared** term of her pregnancy. Also, there may be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother and transferred across the placenta. Under present usage practices in the University, it is very unlikely that the abdomen dose limit for the period of pregnancy will be approached by any radiation worker. Nevertheless, the pregnant employee or the University may request placing the worker in alternative employment during her pregnancy. If a nursing mother works with radioactive liquids or dusts, these can cause exposure of the child, particularly through contamination of the mother's skin.	Radiation workers, classified or non-classified, must seek advice from the Radiation Protection Officer [ext. 4673] as early as possible. It is advised that the Radiation Protection Supervisor is also notified. Refer to the University Local Rules for Radiation Protection. Work procedures should be designed to keep exposure of the pregnant woman as low as reasonably practicable and certainly below the statutory dose for pregnant women. The working conditions should be such as to make it unlikely that a pregnant woman might receive high accidental exposures to radioactive contamination. Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination and they should not be employed in work where the risk of such contamination is high.	Ionising Radiations Regulations 1999 and supporting Approved Codes of Practice. Schedule 4 of these Regulations detail the dose limit for the abdomen of a woman of reproductive capacity who is at work, being the dose **equivalent** from external radiation resulting from exposure to ionizing radiation averaged throughout the **abdomen**, as 13mSv in any consecutive three month period. It may be of interest to note that the annual effective dose limit for the whole body for employees aged 18 years or over is 20 mSv; for trainees under 18 years, 6 mSv; and for other persons 1 mSv**. It is unlikely that women of reproductive capacity will exceed the 13mSv equivalent dose limit in any 3 month period. Special attention may be required if the worker is a Classified Worker and is subject to relatively heavy and very irregular dose rates.**

List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Physical Agents *continued*			
Non-ionising electromagnetic radiation (NIEMR)	*Optical radiation*: Pregnant or breastfeeding mothers are at no greater risk than other workers.	Refer to the Local Rules on Non–Ionising Radiation and advice can also be sought from Safety Services.	None specific
	Electromagnetic fields and waves (eg radio-frequency radiation): Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the foetus or the mother. However, extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature.	Exposure to electric and magnetic fields should not exceed the restrictions on human exposure published by the Radiation Protection Division of the Health Protection Agency. Refer to the Local Rules on Non-Ionising Radiation. Advice can also be sought Safety Services.	None specific
Extremes of cold or heat	When pregnant, women do not tolerate heat well and many more readily faint or are more liable to heat stress. The risk is likely to be reduced after birth but it is not certain how quickly an improvement comes about. Breastfeeding may be impaired by heat dehydration. No specific problems arise from working in extreme cold.	Pregnant workers should take great care when exposed to prolonged heat at work. Rest facilities and access to refreshments should be identified in the risk assessment.	Workplace (Health, Safety and Welfare) Regulations 1992

List of agents/ working conditions	What is the risk?	How to avoid the risk	Other legislation
Physical Agents *continued*			
Movements and postures, travelling – either inside or outside the University, mental and physical fatigue and other physical burdens connected with the activity of new or expectant mothers.	Excessive physical or mental pressure may cause stress and can give rise to anxiety and raised blood pressure. Pregnant workers may experience problems in working at heights, for example ladders, platforms, and in working in tightly fitting workspaces or with workstations which do not adjust sufficiently to take account of increased abdominal size, particularly during the later stages of pregnancy. This may lead to strain or sprain injuries. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired, and an increased risk of accidents may need to be considered.	Ensure that hours of work and the volume and pacing of work are not excessive and that, where possible, the new or expectant mother should have some control over how her work is organised. Ensure that seating is available where possible. Longer or more frequent rest breaks will help to avoid or reduce fatigue. Adjusting workstations or work procedures may help remove postural problems and risk of accidents.	None specific.

List of agents/ working conditions	What is the risk?	How to avoid the risk	Other legislation
Physical Agents *continued*			
Work in hyperbaric atmosphere, for example pressurised enclosures and underwater diving.	*Compressed air:* People who work in compressed air are at risk of developing 'the bends'. This is due to free bubbles of gas in the circulation. It is not clear whether pregnant women are more at risk of 'the bends', but potentially the foetus could be seriously harmed by such gas bubbles. For those who have recently given birth there is a small increase in the risk of 'the bends'. There is no physiological reason why a breastfeeding mother should not work in compressed air (although there would be obvious practical difficulties).	Pregnant workers should not work in compressed air.	Work in Compressed Air Regulations 1996.
	Diving: Pregnant workers are advised not to dive *at all* during pregnancy due to the possible effects of exposure to hyperbaric environment on the foetus. There is no evidence to suggest that breastfeeding and diving are incompatible.	Pregnancy is viewed as a medical reason not to dive. The diving regulations include the provision that if a diver knows of any medical reason why they should not dive, they should disclose it to the dive supervisor and/or refrain from diving. The diving regulations also require all divers to undertake an annual medical examination. In the HSE guidance leaflet on the medical examination of divers, doctors are advised that pregnant workers should not dive.	The Diving Operations at Work Regulations 1997.

List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Biological Agents			
Any biological agent of hazard groups 2, 3 and 4	Many biological agents within the three risk groups can affect the unborn child if the mother is infected during pregnancy. For certain occupations, exposure to infections is more likely, for example laboratory workers, health care, people looking after animals and dealing with animal products.	Advice must be sought from the University Biological Safety Adviser [ext. 2080] prior to commencement/ continuation of work. Following advice, completion of a written risk assessment is necessary which will take account of the nature of the biological agent, how infection is spread, how likely contact is, and what control measures there are. 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.	Control of Substances Hazardous to Health Regulations 2002; Approved Code of Practice on the control of biological agents; approved list of biological agents. Categorisation of biological agents according to hazard and categories of containment – Advisory Committee on Dangerous Pathogens
Biological agents known to cause abortion of the foetus, or physical and neurological damage. These agents are included in hazard groups 2, 3 and 4.	The risks of infection should be no higher than others, except in those exposed occupations, as above. However, work involving potential exposure to pathogens which cause harm to the foetus should not be permitted.	See above	See above

List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Chemical Agents – The following chemical agents in so far as it is known that they endanger the health of pregnant women and the unborn child.			
All chemicals, but attention is drawn to substances labeled R40, R45, R46 and R61 – R64	The risks may be varied and must be identified from such sources as Safety Data Sheets and EH40 of the current year. R40: possible risk of irreversible effects R45: may cause cancer R46: may cause heritable genetic damage R61: may cause harm to the unborn child R62: possible risk of impaired fertility R63: possible risk of harm to the unborn child R64: may cause harm to breastfed babies	With the exception of lead (see below) and asbestos, these substances all fall within the scope of COSHH Regulations 2002 Refer to the Local Rules on the Control of Substances Hazardous to Health.	Control of Substances Hazardous to Health Regulations (COSHH) 2002 Chemicals (Hazard Information and Packaging) Regulations 2002 (CHIP).

List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Chemical Agents *continued*	The following sections on chemical agents detail substances which are well known for their hazards and risks		
Mercury and mercury derivatives	Organic mercury compounds could have adverse effects on the foetus. No clear evidence of adverse effects on the developing foetus from studies of humans exposed to mercury and inorganic compounds. No indication that mothers are more likely to suffer greater adverse affects from mercury and its compounds after the birth of the baby. Potential for health effects in children from exposure of mother to mercury and mercury compounds is uncertain.	Refer to the Local Rules on the Control of Substances Hazardous to Health.	COSHH Regulations 2002. Guidance Notes: EH17: *Mercury – health and safety precautions* MS12: *Mercury – medical surveillance* give practical guidance on the risks of working with mercury and how to control them

List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Chemical Agents *continued*			
Antimitotic (cytotoxic) drugs	In the long term these drugs cause damage to genetic information in sperm and eggs. Some can cause cancer. Absorption is by inhalation or through the skin.	It is advisable to seek advice from your Department and/or Safety Services as soon as possible. **Those who are trying to conceive a child or are pregnant or breastfeeding should be fully informed of the reproductive hazard.**	COSHH Regulations 2002 HSE's Guidance Note MS21 *Precautions for the safe handling of cytotoxic drugs* gives information about the health hazards and advice avoidance/reduction of risk.
Chemical agents of known and dangerous percutaneous absorption (i.e. that may be absorbed through the skin). This includes some pesticides.	The HSE guidance booklet EH40 *Workplace exposure limits,* updated annually, contains tables of inhalation exposure limits for certain hazardous substances. Some of these substances can also penetrate intact skin and become absorbed into the body, causing ill-health effects. These substances are marked 'Sk' in the tables. Absorption through the skin can result from localised contamination, for example from a splash on the skin or clothing, or in certain cases, from exposure to high atmospheric concentrations of vapour.	Refer to the Local Rules on Control of Substances Hazardous to Health.	COSHH Regulations 2002 Control of Pesticides Regulations (As amended) 1997(COPR).

List of agents/working condition	What is the risk?	How to avoid the risk	Other legislation
Chemical Agents *continued*	The following sections on chemical agents detail substances, which are well known for their hazards and risks.		
Carbon monoxide	Carbon monoxide readily crosses the placenta and can result in the foetus being starved of oxygen. There is no indication that breastfed babies suffer adverse effects from their mother's exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth.	Refer to the Local Rules on Control of Substances Hazardous to Health.	None specific – except for the general requirements of COSHH Regulations 2002 in relation to hazardous substances. HSE's guidance note EH43: *Carbon monoxide* – gives practical advice on the risks of working with carbon monoxide and how to control them.
Lead and lead derivatives – in so far as these agents are capable of being absorbed by the human organism	Most recent studies draw attention to an association between low-level lead exposure before the baby is born from environmental sources and mild decreases in intellectual performances in childhood. The effects on breastfed babies of their mothers' lead exposure have not been studied. However, lead can enter breast milk. Since it is thought that the nervous system of young children is particularly sensitive to the toxic effects of lead, the exposure of breastfeeding mothers to lead should be viewed with concern.	You must seek immediate advice from Safety Services. Once their pregnancy is confirmed, women who are subject to medical surveillance under the Control of Lead at Work Regulations will normally be suspended from work by the Appointed Doctor carrying out the medical surveillance, where significant exposure to lead is likely.	Control of Lead at Work Regulations 2002 (CLAW). The Approved Code of Practice associated with the lead regulations *Control of Lead at Work.*

APPENDIX 1
LIST OF AGENTS/WORKING CONDITIONS

List of agents/working conditions	What is the risk?	How to avoid the risk	Other legislation
Working Conditions			
Underground mining work	Mines often have difficult physical conditions and many of the physical agents described in this guidance are a regular part of the mining environment.	A risk assessment must be carried out.	
Work with Display Screen Equipment (DSE)	The levels of ionising and non-ionising electromagnetic radiation are not considered to pose a significant risk to health. No special protective measures are therefore needed to protect the health of people from this radiation.	Refer to the Local Rules for Safe Use of Display Screen Equipment. In the light of the scientific evidence pregnant women do not need to stop working with DSE. However, if a pregnant woman is worried about working with DSE, she may ask to be given the opportunity to transfer to non-DSE work for the duration of their pregnancy.	Display Screen Equipment Regulations 1992 (Amended 2002). http://www.hpa.org.uk/

RISK ASSESSMENT FORM FOR NEW AND EXPECTANT MOTHERS S12

It is a legal requirement to take particular account of risks to new and expectant mothers when assessing risks in the Department. Therefore, it is necessary to perform and record a risk assessment for every individual worker who is a new or expectant mother when the Head of Department has received written notification from the member of staff who is a new or expectant mother. If this risk assessment identifies a specific risk for which there are specific risk assessment forms already in place within the University, for example, a manual handling risk assessment form, then these must be completed and attached to this form. If no risks are identified, please enter 'None' in the columns headed 'Hazards' and' Associated Risks'. It must also be remembered that this form must be regularly reviewed and may need rewritten due to the stages of pregnancy or the risks which may be associated when breastfeeding.

Name of New or Expectant Mother ……..

Date of Risk Assessment/Expected Delivery Date …….. /…….. /…….. ……../……../…….. Stage of Pregnancy ……weeks …….days

Hazards	Associated Risks	Steps to be taken to eliminate/reduce risks identified

Hazards	Associated Risks	Steps to be taken to eliminate/reduce risks identified

Signature of Assessor ..... Signature of New/Expectant Mother ..... Date .....

Date of Reassessments	……../..……/……...	……../..……/……...	……../..……/……...	……../..……/……...	……../..……/……...
Date of Reassessment Performed	…..…./……../……...	…..…./……../……...	…..…./……../……...	…..…./……../……...	…..…./……../……...