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New and Expectant Mothers/People Procedure

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Overarching policy: [Health and Safety Policy](#)

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1 Introduction

The Trust has a legal and moral obligation to manage risk. By following this procedure responsible persons will ensure that the health and safety risks are adequately controlled for new and expectant mothers / people.

This procedure links to Our Journey To Change as outlined within the Health and Safety Policy.

2 Purpose

Following this procedure will help the Trust to comply with its legal obligations relating to new and expectant mothers / people:

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999

3 Who this procedure applies to

This procedure applies to all bank, locum, permanent, fixed term contract employees (including apprentices) who hold a contract of employment or engaged with the Trust, and seconded (including students), volunteers, non-Executive Directors, Governors, and those undertaking research work within TEWV Trust. It also applies to external contractors, (including Private Finance Initiative (PFI)), agency workers, including those within the Gig Economy, and other workers who are assigned to TEWV Trust.

4 Related documents

This procedure describes what you need to do to implement duties under the Trust Health and Safety Policy.

This procedure also refers to:-

- ✓ Control of Substances Hazardous to Health (COSHH) Procedure
- ✓ Maternity, Paternity and Adoption Leave Procedure
- ✓ Maternity and Adoption Leave Information Pack

5 Procedure

When an employee provides written notification to their employer stating that they are pregnant, or that they have given birth within the past six months or that they are breastfeeding, Managers need to:

- *“Provide a safe working environment while effectively managing risks to the health and safety of all workers, including women of a childbearing age.” HSE Website: Protecting Pregnant Workers and New Mothers”*
- Carry out an individual risk assessment for new and expectant mothers/people, this applies to workers who:
 - Are pregnant.
 - Have given birth in the last 6 months.
 - Are currently breastfeeding.

“The legal protections outlined also apply to some transgender men, non-binary people and people with variations in sex characteristics, or who are intersex.” HSE Website Protecting Pregnant Workers and New Mothers”.

- Carefully assess the working conditions and processes that could potentially harm the staff member and/or their child and control the risks posed in each case ([section 5.1](#)).



For the Trust to comply with this Procedure the new or expectant mother/person should provide written notification that they are pregnant, they have given birth within the previous 6 months or is breast feeding.

5.1 Risk Assessment

Risks identified to new and expectant mothers/people will vary during the different stages of pregnancy and post-natal period.

As a Trust we promote and support the wellbeing and mental health of our staff and appreciate that this period can be a challenging time physically and emotionally.

The below guidance should be followed.

- Take into consideration any existing risk assessments that are in place for the area/team.
- Talk to the new and expectant mother/person to see if there are any conditions or circumstances with their pregnancy that could affect their work.
- Take into consideration the challenges posed during this period on the staff members mental health.
- Discuss any concerns they have.
- Consult with their safety representative or trade union if required.
- Consider any clinical advice.
- Discuss provision of information on staff support and perinatal pathways in primary and secondary care services which could be of value.

Regularly review the staff member's individual risk assessment and make any necessary adjustments:

- As the pregnancy progresses.
- If there are any significant changes to the staff member's activity or workplace.

Working conditions could present a risk to mother/person and/or child at different stages. As the pregnancy progresses, it may affect the staff member's:

- Dexterity.
- Agility.
- Coordination.
- Speed of movement.
- Reach.
- Mental Wellbeing

Once the individual risk assessment is complete, record the findings and share these with the staff member explaining how you will keep them and their child safe.

The staff member may wish to share this with their safety representative or trade union representative.

If a risk is identified that could cause harm to the staff member or child, first decide if the risk can be controlled.

If the risk cannot be controlled or removed, the following must be carried out:

- Action 1 – Adjust the working conditions or hours to avoid the risk. **If that is not possible:**
- Action 2 – Give them suitable alternative work.

The Employment Rights Act 1996 states that suitable alternative work should be offered, where appropriate, before any suspension from work. This must be suitable and appropriate for the pregnant worker or new mother/person, and on the same terms and conditions, including pay. **If that is not possible:**

- Action 3 – Suspend the staff member on paid leave for as long as necessary to protect their health and safety and that of their child.

You should consider the risks that may arise from any process, working condition, or physical, biological or chemical agents. Some of the more common risks are listed below, further factors to consider are within [Appendix 1](#) and [Appendix 2](#).

- Lifting or carrying heavy loads.
- Standing or sitting for long periods.
- Exposure to infectious diseases.
- Exposure to lead.
- Work-related stress.
- Mental Wellbeing
- Workstations and posture.
- Exposure to radioactive material.
- Long working hours.
- Exposure to toxic chemicals.
- Work-related violence.
- Noise.
- Working at height.
- Lone working.
- Exposure to vibration.

When undertaking risk assessments for your area/team, consider female employees / employees of childbearing age, including new or expectant mothers/people (i.e., employees who are pregnant, have given birth within the last six months or are breastfeeding).

5.2 Review Periods

Recommended Review	Review Periods
Documented reviews	<ul style="list-style-type: none"> Review 1 – between 14-26 weeks. Review 2 – after 27 weeks. Review 3 – return to work.
Good practice guidance suggests reviews. (Not necessarily documented)	<ul style="list-style-type: none"> Monthly until 32 weeks. Fortnightly at 32-36 weeks. Weekly from 36 weeks.

5.3 Rest and Breastfeeding at Work

Pregnant workers and breastfeeding mothers/people are entitled to more frequent rest breaks.

Managers should:

- Agree the timing and frequency.
- Provide a suitable area where they can rest which should:
 - Include somewhere to lie down if necessary.
 - Be hygienic and private so they can express milk if they choose to (toilets are not a suitable place for this).
 - Ensure there is access to a secure, clean fridge to store expressed milk. This should be a separate fridge not used for any other purpose and the milk clearly identified.
- Consider these risks in the staff member's individual risk assessment for as long as they wish to continue breastfeeding.

5.4 Night Work

Pregnant workers and new mothers/people can work nights, provided the work involved presents no risk to the health and safety of them or their child.

However, suitable alternative day work should be offered, on the same terms and conditions, when:

- The staff member's individual risk assessment has identified a risk from night work.
- A medical certificate has been provided stating they should not work nights.

If it is not possible to provide alternative day work, the staff member should be suspended from work on paid leave for as long as necessary. This is to protect their health and safety and that of their child.

6 Health, Safety and Security Team

The Health, Safety and Security Team (which also includes a Local Security Management Specialist) provides advice and support to all staff and managers around the management of risk.

7 Definitions

Term	Definition
New and Expectant Mothers/People	Employee who: <ul style="list-style-type: none"> Is pregnant Has given birth within the previous 6 months, or Is breast feeding
Hazards	<ul style="list-style-type: none"> For the purpose of this procedure these can be regarded as any physical, biological, chemical processes that may affect the safety of the new and expectant mother/person and their unborn child, or Those which may affect a child when breast feeding, e.g. mercury, lead, radioactivity etc.
Given Birth	Definition as per the Management of Health and Safety at Work Regulations 1999: <ul style="list-style-type: none"> <i>“Delivered a living child or after 24 weeks of pregnancy a stillborn child”</i>

8 How this procedure will be implemented

- This procedure will be published on the Trust’s intranet.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
No training identified with this procedure.			

9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Compliance with the legal requirements outlined within the Management of Health and Safety at Work Regulations 1999. <i>NB. There are 14 questions listed in the audit template that are assessed for compliance.</i>	<p>Frequency: Annual rolling audit programme.</p> <p>Method: Risk Assessment audits will be undertaken for a sample of all teams utilising a standard audit template via an internet-based audit platform. Results are collated and discussed at Health, Safety, Security and Fire Group (HSSF GROUP) with a report to be submitted to the appropriate committee.</p> <p>Responsible: Undertaken by members of the Health and Safety Team as directed by the Head of Health, Safety and Security.</p>	Implementation and monitoring are directed by the Risk Committee and devolved to the HSSF Group.

10 References

- Health & Safety at Work etc. Act 1974
- Workplace (Health, Safety and Welfare) Regulations 1992 (the Workplace Regulations)
- Management of Health and Safety at Work Regulations 1999 (MHSW)
- Pregnant Workers Directive (92/85/EEC)
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- Guidance on Labelling and Packaging in accordance with Regulation (EC) No 1272/2008
- Equality Act 2010
- INDG373 – New & Expectant Mothers Who Work, published 2013 updated 2022
- The Employment Rights Act 1996
- Trust Health and Safety Policy
- Trust Maternity Adoption and Paternity Procedure
- Trust Maternity and Adoption Leave Information Pack

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	28 February 2024
Next review date	18 July 2026
This document replaces	New and Expectant Mothers Risk Assessment Procedure HS-0001-006-v5
This document was approved by	Health, Safety, Security and Fire Group
This document was approved	28 February 2024 – approved by Chair's action – formal retrospective approval to be recorded on minutes of next meeting 2 April 2024
This document was ratified by	EFM DMT
This document was ratified	28 February 2024 – approved by Chair's action – formal retrospective approval to be recorded on minutes of next meeting 12 March 2024
An equality analysis was completed on this policy on	28 March 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record
(overpage)

Version	Date	Amendment details	Status
2	Aug 2016	Section 5 – References minor amendments	Withdrawn
3	Jan 2020	Full Review Section 9 - Appendices	Withdrawn
4	Aug 2020	Page 3: item 2: inclusion of related document to Trust Maternity, Paternity and adoption Leave Page 4: item3: addition of who the procedures is relevant to 3.2: additional information on risk assessment process and measures to be taken	Withdrawn
4	May 2021	Review date extended to 13 Aug 2023	Withdrawn
5	18 July 2023	Full review: Clarified and updated the wording. Updated section 5.1. on risk assessment. Added in section 5.3 Rest and Breastfeeding at Work and 5.4 Night Work. Title amended.	Withdrawn
5.1	28 February 2024	Addition of measles added to section 3.2 of Appendix 1 Risk Assessment. Addition of measles added to guidance in Appendix 2.	Published

Appendix 1 – Risk Assessment for New and Expectant Mothers/People

Name of New/Expectant Mother/Person:	
Department/Service:	
Location:	
Job Title:	
Main Work Activities:	
Date of Initial Assessment:	

Review dates:

1st Review (14-26 weeks)	
2nd Review (after 27 weeks)	
3rd Review	

Maternity Leave and Delivery date:

Intended start date of maternity leave:	
Expected delivery date:	
Expected date of return from maternity leave:	

Return to work:

Return to work review:	
Completed by:	

Rest Facilities:

Are Rest Facilities Available?	<input type="checkbox"/> YES <input type="checkbox"/> NO* *Local arrangements to be considered on an individual basis. These should be discussed and recorded throughout the risk assessment process. Suitable rest facilities for workers who are pregnant, or breastfeeding should be suitably located and when necessary provide appropriate facilities for the new or expectant mother/person to lie down.
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Section 1: Violence and Aggression

Ref	Considerations	Y/N/ NA	Control Measures in Place / Further Actions Required
1.1	Is there any risk to the employee from lone working activity?		
1.2	Is there a risk of physical violence (physical and/or verbal assault)?		
1.3	Does work activity involve contact with patients/clients?		

Section 2: Physical Agents

Ref	Is there potential exposure to the list below?	Y/N/ NA	Control Measures in Place / Further Actions Required
2.1	Shocks, vibration or movement		
2.2	Manual handling of patients / other		
2.3	Noise		
2.4	Non-ionising electromagnetic radiation		
2.5	Ionising radiation		
2.6	Extremes of heat and/or cold		
2.7	Restricted movements and postures		
2.8	Display Screen Equipment		

Section 3: Biological Agents

Ref	Is there potential exposure to the list below?	Y/N/ NA	Control Measures in Place / Further Actions Required
3.1	Blood and/or bodily fluids		
3.2	Hepatitis B / HIV (AIDS virus) / Herpes / TB / Syphilis / Chicken Pox / Typhoid / Shingles / Measles		
3.3	Rubella / Toxoplasma / Cytomegalovirus		
3.4	<p>Substances in Hazard Category 1A, 1B, 2 and Hazard Category for lactation effects and have the following Hazard Statements: <i>(Hazards Statements will normally follow a signal word of either Danger or Warning)</i></p> <ul style="list-style-type: none"> • H360 - May damage fertility or the unborn child (specifics may be listed) • H361 - Suspected of damaging fertility or the unborn child (Specifics may be listed) <p>H362 - May cause harm to breast-fed children</p>		
3.5	Mercury and Mercury derivatives		
3.6	Antimitotic (Cytotoxic) Drugs		
3.7	Chemical Agents		
3.8	Carbon Monoxide		
3.9	Lead and Lead derivatives		

Section 4: Other Occupational Hazards

Ref	Considerations	Y/N/ NA	Control Measures in Place / Further Actions Required
4.1	Is there potential risk from occupational stress?		
4.2	Is personal protective equipment (PPE) suitable and able to be adapted/adjusted to provide adequate protection?		
4.3	Other workplace hazards:		

Action Plan

Summary of the steps to be taken, if any, as a result of this risk assessment, to reduce level of risk for the mother/person, fetus or baby.

(continue on a separate sheet if necessary)

Ref	Action	Responsibility	Completion date

Have the controls implemented reduced the risk to an acceptable level? YES/NO

If 'NO', please seek further advice from your People and Culture Representative, Health, Safety & Security Team or Occupational Health

**Action plan completed by: Job Role: Date:
(Manager)**

**Action plan signed off by: Date:
(Staff member)**

Once completed please place a copy in the staff member's personal file.

Appendix 2 – Further Guidance for Completion of Risk Assessment Form

HAZARD	RISK	PRECAUTIONS
Shocks, vibration or movement	Regular exposure to shocks, low frequency vibration for example driving or riding or excessive movement may increase the risk of miscarriage. Long term exposure to vibration does not cause foetal abnormalities but often occurs with heavy physical work, so there may be an increased risk of prematurely or low birth weight.	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. Breastfeeding workers are at no greater risk than other workers.
Manual handling	Pregnant workers are especially at risk from manual handling injury , e.g. hormonal changes can affect the ligaments, increasing susceptibility to injury and postural problems may be increased 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 of lifting and handling capability . There is no evidence to suggest that breastfeeding mothers/people are at greater risk from manual handling injury than any other worker.	It may be possible to alter the nature of the task so that tasks that have a manual handling risk are reduced for all workers including new or expectant mothers/people. It would be necessary to address the specific needs for the worker and reduce the amount of physical work they are required to do.
Noise	Although no direct or specific risk to new or expectant mother/person or foetus, prolonged exposure may cause tiredness and increased blood pressure	Comply with the Noise at Work Regulations.
Non-ionising electromagnetic radiation	The term used to describe part of the electromagnetic spectrum covering two main regions, namely optical radiation (ultraviolet (UV), visible and infrared) and electromagnetic fields (EMFs) (power frequencies, microwaves and radio frequencies. Optical Radiation – no greater risk than normal workers although extreme over exposure to radio frequency radiation could cause harm by raising body temperature.	Exposure to electric and magnetic field should not exceed the restrictions on human exposure published by the NRPB. Further information can be obtained from the HSE website.

HAZARD	RISK	PRECAUTIONS
Ionising Radiation	<p>Significant exposure to ionising radiation can be harmful to the foetus and this is recognised by placing limits on the external radiation does to the abdomen of the expectant mother/person for the declared term of their pregnancy.</p> <p>If a nursing mother/person works with radioactive liquids or dusts, these can cause exposure to the child, particularly through contamination of the mother's/person's skin.</p> <p>Also, there may be a risk to the foetus from significant amounts of radioactive contamination breathed in or ingested by the mother/person and be transferred across to the placenta.</p>	<p>Work procedures should be designed to keep exposure of the pregnant woman/person as low as reasonably practicable and certainly below the statutory dose limit for pregnant women/person.</p> <p>Special attention should be paid to the possibility of nursing mothers/people receiving radioactive contamination and they should not be employed in work where the risk of such contamination is high.</p> <p>The working condition should be such as to make it unlikely that a pregnant woman/person might receive high accidental exposures to radioactive contamination.</p>
Extremes of cold and/or heat	<p>Pregnant women/people tolerate heat less well and may more readily faint or be 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.</p> <p>Breastfeeding may be impaired by heat dehydration.</p> <p>No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided.</p>	<p>Pregnant workers should take great care when exposed to prolonged heat at work, for example when working near furnaces.</p> <p>Rest facilities and access to refreshments would help together with regular breaks.</p>
Movements and postures, travelling either inside or outside the establishment – mental and physical fatigue and other physical burdens connected with the activity work of new or expectant mothers	<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 height, e.g. ladders, platforms and working in tightly fitting workspaces or with workstations etc., 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.</p> <p>Dexterity, agility, co-ordination, speed of movements, reach and balance may also be impaired, and an increased risk of accidents may need to be considered.</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 or more frequent breaks may be appropriate to help avoid fatigue.</p> <p>Adjusting workstations or work procedures may help remove postural problems and risk of accidents</p>

HAZARD	RISK	PRECAUTIONS
Work with Display Screen Equipment (DSE/VDUs)	<p>Although not specifically listed in the Pregnant Workers Directive, anxiety about radiation emissions from display screen equipment and possible effects on pregnant women/people have been widespread. However, there is substantial evidence that these concerns are unfounded. There has been considerable public concern about reports of higher levels of miscarriage and birth defects among some groups of visual display unit (VDU) workers, in particular due to electromagnetic radiation. Many scientific studies have been carried out but taken as a whole their results do not show any link between miscarriages or birth defects and working with VDUs. Research and reviews of the scientific evidence will continue to be undertaken.</p>	<p>In the light of the scientific evidence pregnant women/people do not need to stop work with DSE/VDUs. However, to avoid problems caused by stress and anxiety, women/people who are pregnant or planning children and worried about working with DSE/VDUs should be given the opportunity to discuss their concerns with someone adequately informed of current authoritative scientific information and advice.</p>
Hepatitis B HIV (Aids virus) Herpes TB, Syphilis Chickenpox Measles Typhoid Rubella Toxoplasma Cytomegalovirus	<p>Many biological agents can affect the unborn child if the mother/person is infected during pregnancy. These may be transmitted through the placenta while the child is in the womb, or during or after birth, for example through breastfeeding or through close physical contact between mother/person and child.</p>	<p>Depends on the risk assessment, 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. These may include physical containment, hygiene measures, and vaccines.</p> <p>Where there is a high risk then the pregnant worker should avoid exposure altogether.</p>

HAZARD	RISK	PRECAUTIONS
<p>All substances in Hazard Category 1A, 1B, 2 and Hazard Category for lactation effects and have the following Hazard Statements (Hazards Statements will normally follow a signal word of either Danger or Warning)</p>	<p>Hazard Statement:</p> <ul style="list-style-type: none"> • H360 - May damage fertility or the unborn child (specifics may be listed) • H361 - Suspected of damaging fertility or the unborn child (specifics may be listed) • H362 - May cause harm to breast fed children. <p>NOTE: A risk assessment must be undertaken, as this is the only way to determine the actual risk to health. Although they have a potential to endanger health or safety there may be no risk in practice when below Occupational or Maximum Exposure Limit.</p>	<p>With the exception of lead and asbestos these substances all fall within the scope of Control of Substance Hazardous to Health (COSHH).</p> <p>For work with hazardous substances, which include chemicals which may cause heritable genetic damage, employers are required to assess the health risk to workers arising from such work, and where appropriate prevent or control the risk.</p> <p>In carrying out assessment's employers should have regard for women/people who are pregnant, or who have recently given birth.</p>
<p>Mercury and Mercury derivatives</p>	<p>Organic mercury compounds could have adverse effects on the foetus. Animal studies and human observations have demonstrated that exposure to these forms of mercury during pregnancy can slow the growth of the unborn baby, disrupt the nervous system, and cause the mother/person to be poisoned.</p> <p>No clear evidence of adverse effects on developing foetus from studies of humans exposed to mercury and inorganic mercury compounds.</p>	<p>Guidance Notes:</p> <p>EH17: Mercury – health and safety precautions MS12: Mercury – medical surveillance</p> <p>Give practical guidance on the risks of working with mercury and how to control them.</p>

HAZARD	RISK	PRECAUTIONS
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.	There is no known threshold limit and exposure must be reduced to as low a level as is reasonably practicable. Assessment of the risk should look particularly at preparation of the drug for use (pharmacists, nurses), administration of the drug, and disposal of waste (chemical and human). Those who are trying to conceive a child or are pregnant or breastfeeding should be fully informed of the reproductive hazard.
Chemical agents of known and dangerous percutaneous absorption (i.e. That may be absorbed through the skin)	The HSE guidance booklet EH40 Occupational 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. As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties. 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.	Take special precautions to prevent skin contact. Where possible, use engineering methods to control exposure in preference to personal protective equipment, such as gloves, overalls or face shields. For example, perhaps you could enclose the process or redesign it so that less spray is produced. Where you must use personal protective equipment (either alone or in combination with engineering methods), ensure that it is suitable The Control of Pesticides Regulations 1986 (COPR) sets out general restrictions on the way that pesticides can be used. In addition all pesticides must be approved before they can be advertised, sold, supplied, used or stored. Conditions can be put onto the approval, which may for example limit the way the product can be used (for example restrict the way it can be applied), require that certain safety precautions are followed, and restrict who may use it (for example professionals or amateurs). These conditions are reflected on the product label. Failure to comply is an offence.

HAZARD	RISK	PRECAUTIONS
Carbon Monoxide	<p>Carbon monoxide readily crosses the placenta and can result in the foetus being starved of oxygen.</p> <p>Data on the effects of exposure to carbon monoxide on pregnant women/people is limited but there is evidence of adverse effects on the foetus. Both the level and duration of maternal exposure are important factors in the effect on the foetus.</p> <p>There is no indication that breast-fed babies suffer adverse effects from their mother's/person's exposure to carbon monoxide, nor that the mother/person is significantly more sensitive to carbon monoxide after giving birth.</p>	<p>HSE guidance note EH43: Carbon monoxide – gives practical advice on the risks of working with carbon monoxide and how to control them.</p> <p>It warns that pregnant women/people may have heightened susceptibility to the effects of exposure to carbon monoxide.</p> <p>Consider CO monitors/detectors where potential risk of exposure to CO (i.e. incomplete combustion of natural gases) has been identified.</p>
Lead and lead derivatives – in so far as these agents are capable of being absorbed by the human organism	<p>Occupational exposure to lead in the early 1990s, when exposure was poorly controlled, was associated with high frequencies of spontaneous abortion, stillbirth and infertility. More 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 performance in childhood.</p> <p>The effects of breast-fed babies of their mothers'/person's lead exposure have not been studied. However, lead can enter breast milk.</p> <p>Since it is thought the nervous system of young children is particularly sensitive to the toxic effects of lead, the exposure of breastfeeding mother's/person's to lead should be viewed with concern.</p>	<p>The Approved Code of Practice (L132) associated with the Lead Regulations "Control of Lead at Work" sets out the current exposure limits for lead and the maximum permissible blood lead levels for workers who are exposed to lead to such a degree that they are subject to medical surveillance. It gives a blood lead level for men and a lower level for women/people of reproductive capacity. This is to help protect the foetus from injury in the weeks before a pregnancy is confirmed.</p> <p>Once their pregnancy is confirmed, women/people who are subject to medical surveillance under the lead regulations will normally be suspended from work which exposes them significantly to lead, by the Employment Medical Adviser or Appointed Doctor carrying out the medical surveillance.</p>

Appendix 3 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Health & Safety, EFM
Title	New and Expectant Mothers Procedure
Type	Procedure
Geographical area covered	Trust wide
Aims and objectives	<p>The objectives of this procedure are to:</p> <ul style="list-style-type: none"> • Comply at all times with the Health and Safety at Work etc. Act 1974 etc., the Management of Health and Safety at Work Regulations 1999 and all other relevant statutory provisions;
Start date of Equality Analysis Screening	27 February 2023
End date of Equality Analysis Screening	28 March 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff, patients, contractors and visitors and the general community.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO

	<ul style="list-style-type: none"> • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	There will be times when health and safety has to take priority and this may have an impact on a person's protected characteristics. TEWV would however always try and mitigate as much as possible any negative impact whilst ensuring health and safety legislation is followed.
Describe any positive impacts	Procedure is in place to reduce risk to staff.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Health & Safety at Work Act 1974 Management of Health and Safety at Work Regulations 1999 (MHSWR) The Employment Rights Act 1996
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes Rainbow Staff Network March 2023
If you answered Yes above, describe the engagement and involvement that has taken place	Programme of visits and audits have been undertaken where concerns have been discussed and documented. These have been considered while reviewing the procedure.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	
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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 4 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	28 March 2023
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	Public .
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/a	