

## Maternity Leave Policy

Date	Version	
September 2018	11.5	
<b>Purpose</b>		
The purpose of this policy is to outline the entitlement and process in regards to Maternity Leave.		
<b>Who should read this document?</b>		
All Trust employees.		
<b>Key messages</b>		
This document provides information around entitlement and the claiming process for Maternity Policy.		
<b>Accountabilities</b>		
<b>Production</b>	Richard Maguire HRBP	
<b>Review and approval</b>	Director of People	
<b>Ratification</b>	Director of People	
<b>Dissemination</b>	Deputy Director of Human Resources	
<b>Compliance</b>	Director of People	
<b>Links to other policies and procedures</b>		
Leave Policy Parental Leave Policy Adoption Leave Policy Carers Policy Registration Policy Appraisal Policy		
<b>Version History</b>		
V9.1	24/10/08	Amended in line with Sex Discrimination Act (amendments) 2008 Regulations
V9.2	01/05/09	Updated Appendix 7 in line with Trust H&S/Risk procedures
V10.1	24/11/10	Amended in line with Equality Act 2010
V11.1	21/02/14	Transferred to new template and updated
V11.2	March 2015	Amended in line with AFC updates
V11.3	October 2017	Amended in line with AFC update on bank holiday accrual
V11.4	September 2018	Updated Risk Assessment & general update re change of naming conventions (Director of People & University Hospitals Plymouth)
11.5	August 2019	Extended to February 2020 by Richard Maguire & Lisa white
<b>Last Approval</b>		<b>Due for Review</b>
October 2017		Extended to February 2020

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on StaffNET. Larger text, Braille and Audio versions can be made available upon request.**

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- 1.1 University Hospitals Plymouth NHS Trust is committed to family friendly policies and work practices. Maternity leave allows mothers to take leave, both paid and unpaid.

## **2 Purpose and Responsibilities**

- 2.1 This policy outlines what staff are entitled to in regard to maternity leave and pay and gives procedural advice to those claiming and authorising maternity leave.
- 2.2 Eligible staff are entitled to a total of 52 weeks of statutory maternity leave which is split as 26 weeks Ordinary Maternity Leave (OML) and 26 weeks Additional Maternity Leave (AML).
- 2.3 Eligible staff may also be entitled to Occupational Maternity Leave.

## **3 Process**

### **3.1 Eligibility for Statutory Maternity Leave and Pay**

To receive Statutory Maternity Leave you must:

- To receive SMP the employee must have been employed by the trust without a break for at least 26 weeks into the 15<sup>th</sup> week before the week your baby is due.
- Notify the Trust in writing 15 weeks before your due date, of when you want to start your maternity leave.
- Provide us with your MATB1 certificate - doctors and midwives usually issue these 20 weeks before the due date

### **3.11 Eligibility for Occupational Maternity Leave and Pay**

To receive Occupational Maternity Leave and Pay you must:

- Employee must have 12 months continuous service with one or more NHS employers at the beginning of the 11th week before EWC.
- Provide us with your MATB1 certificate - doctors and midwives usually issue these 20 weeks before the due date

### **3.12 Entitlement to Statutory Maternity Leave and Pay**

Those eligible will receive:

- 26 weeks OML.
- 26 Weeks AML
- 90% of your average weekly earnings (before tax) for the first 6 weeks
- Statutory Maternity Pay payable for the remaining 33 weeks.

### **3.13 Entitlement to Occupational Maternity Leave and Pay**

Those eligible will receive:

- 26 weeks OML
- 26 weeks AML

- 8 weeks full pay, followed by 18 weeks at half average pay plus SMP, or 90% of average weekly earnings, whichever is lower and the remaining 13 weeks at SMP.

## **3.2 Risk Assessments**

- 3.21 The Trust has both a legal obligation and common duty of care towards the pregnant employee and the unborn child and should therefore ensure that the employee's working environment is safe.
- 3.22 Risk assessments should be carried out to assess the degree of risk, particularly arising from harmful substances in relation to both pregnant and breastfeeding employees. The onus is on the manager to ensure that this takes place. If at any time a manager has any doubt as to whether a job may involve such risks that may be harmful to the returning employee, then advice should be sought from the nominated risk assessor or the Occupational Health & Wellbeing Department or relevant advisor. The risks vary, but the main ones include:
- Manual Handling
  - Ergonomic Assessment
  - Cytotoxic Drugs
  - Heavy Machinery
  - Violence
  - Contact with Chemicals
- 3.23 If it is found, or a medical practitioner considers, that an employee or the unborn child would be at risk by continuing with normal duties, then the employer should provide suitable alternative work for which the employee will receive their normal rate of pay. Where it is not reasonably practical to offer suitable alternative work, the employee should be placed on Special Paid Leave.
- 3.24 If the circumstances above do not apply, but the employee nonetheless requests to be transferred to lighter or alternative duties because of their pregnancy and this request can be met, the employee must accept pay and conditions of the new post. It should be noted that payment of Maternity Pay would also be affected as this is based on the post in which they are employed, during the 8 week period, prior to the 15th week before the expected week of childbirth (EWC).
- 3.25 Managers are required to carry out risk assessments at various stages throughout the employee's pregnancy. Any alternative arrangements should be discussed between the employee and their manager in conjunction with the Occupational Health and Wellbeing Department. Appendix 4 and 5 of this document should be completed when undertaking risk assessments.

## **3.3 Annual Leave**

- 3.31 Contractual annual leave and bank holidays will accrue during the maternity periods. However, in situations where the Trust deems that the employee has had the opportunity to take their annual leave prior to commencement of maternity leave, for example, because their commencement date is midway through, or towards the end of the annual leave year, then they may not be entitled to carry their leave forward to the next annual leave year.
- 3.32 If an employee wishes to take their annual leave after Maternity Leave, it must be after the expiry of the total Maternity Leave period (up to 52 weeks).

## **3.4 Notifying changes, maintaining contact and Keeping in Touch days (KIT)**

- 3.41 Any change to the maternity leave start date should be requested to the Trust with 28 days notice of the expected date of confinement. Any change to the return to work date should be provided to the Trust with 8 weeks notice.
- 3.42 Before going on leave, the line manager and the employee should have discussed and agreed any voluntary arrangements for remaining in contact during the employee's maternity leave. These should include any voluntary arrangements that the employee may find helpful to remain up-to-date with developments at work and plans to help facilitate their return to work. The employee should keep the line manager up to date with any developments that may affect their intended date of return. Please note that managers must keep the employee informed of promotion opportunities and other information relating to the employee's job that they would normally be made aware of if they were working. The line manager is advised to email Vital Signs to employees at home.
- 3.43 Employees will be entitled to KIT days which are intended to facilitate a smooth return to work from maternity leave. An employee may work up to 10 KIT days without bringing their maternity leave to an end. Any days worked will not extend the maternity leave. The work can be consecutive or not and can include training or other activities which enable the employee to keep in touch with the workplace.
- 3.44 The employee will be paid at their basic daily rate, less appropriate maternity leave payment for KIT days worked. Working for part of any one day will count as one KIT day. Any such work must be by agreement and neither the employer nor the employee can insist upon it.
- 3.45 Staff who require professional registration for their post must keep their registration up to date whilst on maternity leave. Any periods of lapsed registration will be fully investigated and could result in formal action being taken against the employee in line with the Performance and Conduct Policy.

### **3.5 Sickness during pregnancy and pregnancy related sickness**

- 3.51 Absence prior to the last four weeks before the expected week of childbirth, supported by a medical statement of incapacity for work, or a self-certificate, shall be treated as sick leave in accordance with normal sick leave provisions.
- 3.52 In the case of an employee on unpaid sickness absence or on sickness absence attracting half pay during the whole or part of the period used for calculating average weekly earnings in accordance with the earnings rules for Statutory Maternity Pay purposes, average earnings for the period of sick absence shall be calculated on the basis of normal sick pay.
- 3.53 Odd days of pregnancy-related illness during this period may be treated as normal sickness if the employee wishes to continue working until the maternity leave start date previously notified to the Trust.
- 3.54 However, where an employee is absent from work because of a pregnancy-related illness, on or after the start of the 4th week before the baby is due and is not able to return to work, the maternity pay period will commence at the beginning of the fourth week before the expected week of confinement, or the beginning of the next week after the employee last worked, whichever is the latter. The line manager and Workforce Development should be informed if this is the case.

### **3.6 Stillbirths**

3.61 In the unfortunate event of a stillbirth occurring from the beginning of the 25<sup>th</sup> week of pregnancy, the employee will retain their original maternity pay and leave entitlements. If the employee were to have a miscarriage before the end of the 24<sup>th</sup> week of pregnancy, normal sick leave provision will apply as necessary.

### **3.7 Premature and early births**

3.71 If the baby is born prior to the notified leave date, maternity leave will commence immediately.

3.72 Where an employee's baby is born before the eleventh week before the expected week of childbirth and the employee has worked during the actual week of childbirth, maternity leave will start on the first day of the employee's absence.

3.73 Where an employee's baby is born before the eleventh week before the expected week of childbirth and the employee has been absent from work on certified sickness absence during the actual week of childbirth, maternity leave will start the day after the day of birth.

3.74 If the baby is in hospital following a premature birth, the employee may, with the agreement of their manager, split their maternity leave entitlement, taking a short period (which must be a minimum of 2 weeks) immediately after childbirth, return to work and then take the balance of leave following the child's discharge from hospital. Occupational Maternity Pay can be split, but Statutory Maternity Pay cannot be split. Advice must be sought from the Payroll Department as this will affect your SMP payments.

### **3.8 Returning to work / end of maternity leave**

3.81 Employees have the right to return to work after Ordinary Maternity Leave (the first 26 weeks of Statutory Maternity Leave) to the same job, on the same terms and conditions of employment, as if the employee had not been absent, unless a redundancy situation has arisen.

3.82 Employees who return to work during or after Additional Maternity Leave (the last 26 weeks of maternity leave) are entitled to return to the same job on the same terms and conditions of employment as if they had not been absent. However, if there is a reason why it is not reasonably practical to do so, the employee must be offered a similar job on terms and conditions which are not less favourable than their original job. In these circumstances, the manager would need to consult with the employee about any proposed changes to the job at the end of the employee's Maternity Leave, if possible. Such circumstances would be exceptional and managers would be expected to manage any changes in conjunction with their Human Resources Business Partner.

3.83 An employee who decides not to return to work must hand in their written resignation in the normal way and the line manager will complete a termination form and send to Workforce Development.

3.84 The right to pay and leave is not affected if the employee returns to work with another NHS employer. This is provided that notice has been given to Plymouth Hospitals NHS Trust of the intention no later than 28 days before maternity leave is due to end. The employee must also submit to University Hospitals Plymouth NHS Trust, a copy of their letter of appointment to the other NHS employer. Employees will need to request a form

from Workforce Development which their new employer will complete and return to the Trust. This form serves as proof that the employee has completed 3 months of service. Failure to do this would result in the Trust taking steps to recover the Occupational Maternity Pay, but would not affect the right to Statutory Maternity Pay.

### 3.9 Other conditions

3.91 Ante-natal care. Employees have the right:

- Not to be unreasonably refused time off work to receive ante-natal care.
- To be paid by University Hospitals Plymouth NHS Trust for the permitted time off provided that they are able to produce a certificate confirming their pregnancy and they are able to provide evidence of appointments to their manager.

3.92 Night staff and on-call are covered by a provision brought in by the EC Directive. This requires alternative work, or Special Paid Leave, to be implemented for a night worker if they produce a medical certificate stating that night work is harmful to their health or their baby's health. This also applies to staff involved in 'on call' rotas.

3.93

3.94 Employees who have given birth within the last 3 months should have paid time off for post-natal care e.g. attendance at health clinics. Breastfeeding facilities are available within the Neonatal Intensive Care Unit on level 5. Employees who have chosen to breastfeed and return to work will be supported by their line manager to allow them to continue breastfeeding or expressing milk for as long as they wish to. An employee must give their line manager written notice of their intention to continue breastfeeding or expressing milk on their return to work. The employee and their line manager will negotiate and agree an arrangement taking into account the needs of both the employee and the service/ business requirements.

3.95 The line manager will then carry out a thorough risk assessment and will make any necessary reasonable arrangements in preparation for the transition back to work.

#### The line manager will:

- Provide a private, comfortable and appropriately equipped room for breastfeeding employees to feed their baby or express their milk (employees can use facilities in the Neo-natal Intensive Care Unit, Level 5).
- Provide access to a secure, clean fridge where expressed milk may be safely stored (this can be an existing domestic fridge in the work area).
- Negotiate with the employee reasonable time off (e.g. extend lunch or other break, leaving earlier at end of the working day, one or more extra breaks etc.) during their working day to either feed their baby, where this is practicable, or to express milk.
- Negotiate an individualised return-to-work plan with the employee, which sets out the provision of timely breaks to feed their baby or express their milk.

#### The employee will:

- Carefully label expressed breast milk with their name and the date it was expressed.
- Provide their own equipment to express breast milk and ensure it is stored safely.
- Ensure the safe storage and disposal of unused expressed breast milk. Expressed breast milk can be stored at the back of a domestic fridge (0-4°C) for up to 5 days.

- 3.96 In the event of a pay award or annual increment being implemented before the paid maternity leave begins, the maternity pay should be calculated as though the pay award or annual increment had effect throughout the entire Statutory Maternity Pay calculation period. If such a pay award was agreed retrospectively, then maternity pay should be re-calculated on the same basis. If the pay award or increment is implemented during the paid maternity leave period, the maternity pay due from the date of the pay award or annual increment should be increased accordingly. If such a pay award was agreed retrospectively, the maternity pay should be re-calculated on the same basis.
- 3.97 Pregnant employees considering joining either the Trust Lease Car Scheme or the Family Lease Car Scheme, or employees who become pregnant during a car lease should consult their scheme's policy for advice regarding possible effects of maternity pay and/or information regarding the continuation of payment during the period of absence.
- 3.98 Employees who work for another employer during their statutory pay period will need to inform their manager. Employees working for someone they worked for during the 15th week before the baby was born, will continue to receive statutory maternity pay, however if they are working for someone that they did not work for during the 15th week before their baby was born, their entitlement to statutory maternity pay will cease. This will not affect rights to Occupational Maternity Pay. Please note that working for NHS Professionals is classed as working for another employer.

#### **4 Template Letters**

- Risk Assessment - Appendix 4
- Pregnancy questionnaire - Appendix 5

#### **5 Overall Responsibility for the Document**

- 5.1 The Director of People Committee is responsible for ratifying this document. The Director of People has overall responsibility for the dissemination, implementation and review of this policy.

#### **6 Consultation and Ratification**

- 6.1 The design and process of review and revision of this policy will comply with the Development and Management of Trust Wide Documents.
- 6.2 The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.
- 6.3 Non-significant amendments to this document may be made, under delegated authority from the Executive Director, by the nominated author. These must be ratified by the Executive Director and should be reported, retrospectively, to the approving group or committee.
- 6.4 Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

#### **7 Dissemination and Implementation**

- 7.1 Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.
- 7.2 Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.
- 7.3 The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **8 Monitoring Compliance and Effectiveness**

- 8.1 Monitoring of this policy and its processes will be undertaken within Directorates by Line Managers, to ensure compliance, with any concerns escalated to the HR Directorate. This policy will be reviewed every five years or sooner where employment law or practice requires it, by the HR Directorate and Staff JSNC.
- 8.2 The standards and Key Performance Indicators identified with the implementation of this policy are the NHSLA, Standards as determined by the Care Quality Commission.

## **9 References and Associated Documentation**

[GOV.UK](https://www.gov.uk/maternity-pay-leave/overview) - <https://www.gov.uk/maternity-pay-leave/overview>

<b>Core Information</b>				
<b>Document Title</b>	Maternity Leave Policy			
<b>Date Finalised</b>				
<b>Dissemination Lead</b>	Richard Maguire, HR Business Partner			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	Yes			
<b>Action to retrieve old copies.</b>	Will remove previous document and replace with updated version			
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
All staff		Vital Signs / StaffNET	Document Control	

<b>Review</b>		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	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
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

<b>Core Information</b>	
<b>Manager</b>	Richard Maguire
<b>Directorate</b>	HR
<b>Date</b>	February 2014 (reviewed September 2018)
<b>Title</b>	HR Business Partner
<b>What are the aims, objectives &amp; projected outcomes?</b>	This policy is designed to ensure staff have an understanding and awareness of their entitlement to Maternity Leave.
<b>Scope of the assessment</b>	
<b>Collecting data</b>	
<b>Race</b>	There is no evidence to suggest there is a disproportionate impact on Race. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
<b>Religion</b>	There is no evidence to suggest there is a disproportionate impact on religion or belief or non-religion. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR and feedback from staff via formal and informal consultation.
<b>Disability</b>	There is no evidence to suggest there is a disproportionate impact on disability. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
<b>Sex</b>	There is no evidence to suggest there is a disproportionate impact on sex. Data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
<b>Gender Identity</b>	There is currently no data collected on Gender Identity but this will be monitored through feedback.
<b>Sexual Orientation</b>	There is no evidence to suggest there is a disproportionate impact on sexual orientation. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR.
<b>Age</b>	There is no evidence to suggest there is a disproportionate impact on age. However, data collection of those staff affected by the policy will be monitored via workforce data reports produced on ESR and feedback.
<b>Socio-Economic</b>	No negative impacts identified.
<b>Human Rights</b>	The policy is in line with statutory and legislative requirements.
<b>What are the overall trends/patterns in the above data?</b>	There are no trends/patterns at this point.
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	
<b>Involving and consulting stakeholders</b>	

<b>Internal involvement and consultation</b>	Policy Sub Group.			
<b>External involvement and consultation</b>	ACAS guidance.			
<b>Impact Assessment</b>				
<b>Overall assessment and analysis of the evidence</b>	Individuals overall statutory entitlement to Maternity Leave maintained.			
<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>

## New and Expectant Mothers Risk Assessment

<b>Name of Employee:</b>		<b>DoB:</b>	
<b>Directorate:</b>		<b>Department:</b>	
<b>Job Role:</b>		<b>Line Manager:</b>	

### EXPLANATORY DETAILS

Upon receiving notification of pregnancy the Line Manager or delegated responsible person is required to carry out this risk assessment completing Sections 1, 2 & 3 as appropriate (see HR Maternity Policy for guidance).

When the employee has notified you of their return date, please complete Sections 4 & 5 as appropriate. If specific advice is required please contact The Staff Health & Wellbeing Department (Ext. 37212).

**Section 1:** Action must be taken to avoid exposure to identified risks by substitution with a safer substance and/or adaptations to the job, to allow the work to be conducted safely and without risk to health of the employee and the unborn child. Where this is not possible, the person should be provided with suitable alternative work as required by of the Management of Health and Safety at Work Regulations 1999.

**Sections 2 & 3:** The varying health effects of pregnancy should be considered and plan any action planned if needed. The assessment should be reviewed at reasonable intervals as the pregnancy progresses or if problems arise.

**Sections 4 & 5:** Return to work within 6 months of delivery or continuing to breastfeed.

### SECTION 1: HAZARD IDENTIFICATION

#### A. PHYSICAL HAZARDS

Please refer to your Risk Assessments

**Can the work result in exposure to the following?**

Ionising radiation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Magnetic Resonance Imaging	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shocks & Vibration (incl. excessive driving)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Noise (necessitating the use of ear defenders)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compressed air	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extremes of heat and cold	Yes <input type="checkbox"/> No <input type="checkbox"/>

What are the Control Measures - such as Personal Protective Equipment (PPE) used?

Comments / Action required?

#### B. CHEMICAL HAZARDS

Please refer to your COSHH Assessments/Folder

**Can the work result in exposure to the following chemicals?**

Anaesthetic gases	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cytotoxic agents incl. urine & faeces from patients receiving treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Solvents e.g. Xylene and toluene	Yes <input type="checkbox"/> No <input type="checkbox"/>
Methylmethacrylate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sterilizing/preserving agents e.g. Glutaraldehyde, formaldehyde	Yes <input type="checkbox"/> No <input type="checkbox"/>

Ethylene oxide	Yes <input type="checkbox"/> No <input type="checkbox"/>
Glues, resins or paints	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mercury & its derivatives	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lead & its derivatives	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Or with chemicals with any of the following risk phases? Please refer to your COSHH Assessments/Folder</b>	
R40: limited evidence of a carcinogenic effect	Yes <input type="checkbox"/> No <input type="checkbox"/>
R45: may cause cancer	Yes <input type="checkbox"/> No <input type="checkbox"/>
R46: may cause heritable genetic damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
R49: may cause cancer by inhalation	Yes <input type="checkbox"/> No <input type="checkbox"/>
R61: may cause harm to the unborn child	Yes <input type="checkbox"/> No <input type="checkbox"/>
R63: possible risk of harm to the unborn child	Yes <input type="checkbox"/> No <input type="checkbox"/>
R64: may cause harm to breastfed babies	Yes <input type="checkbox"/> No <input type="checkbox"/>
R68: possible risk of irreversible effects	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the Control Measures?	
Comments / Action required?:	
<b>C. BIOLOGICAL HAZARDS Please refer to your Risk Assessments</b>	
Can the work result in exposure to the following?	
Infectious diseases	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood /Body fluids	Yes <input type="checkbox"/> No <input type="checkbox"/>
Unfixed tissue	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the Control Measures - such as Personal Protective Equipment (PPE) used?	
Comments / Action required?	

**D. WORKING CONDITIONS**  
Please refer to your Risk Assessments

Use Display Screen Equipment (DSE)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Standing for prolonged periods	Yes <input type="checkbox"/> No <input type="checkbox"/>
Manually handling patients or loads	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assuming unnatural or uncomfortable postures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Violence, verbal or physical assault	Yes <input type="checkbox"/> No <input type="checkbox"/>
Confined spaces	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental and Physical Fatigue	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lone working	Yes <input type="checkbox"/> No <input type="checkbox"/>
Stress	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shift work / Night Duty / On-call Duties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Working at Heights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adverse Thermal Environments	Yes <input type="checkbox"/> No <input type="checkbox"/>
Travelling / Driving for Work	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are the Control Measures?	
Comments / Action Required?	

## SECTION 2: ASPECTS OF PREGNANCY WHICH MAY AFFECT WORK

**NB: This is a representative list only, for advice on a particular issue contact Staff Health & Wellbeing for further advice**

Aspects of pregnancy	Factors in work	Actions to lessen impact on work
'Morning' sickness, headaches	Early morning work; exposure to nauseating smells	Temporary adjustment to hours/ explore opportunity for home working; temporary relocation
Backache	Standing/manual handling/posture	Accommodate changes in posture; restrict manual handling activities
Frequent visits to toilet	Difficulty in leaving job/site of work	Allow flexibility for toilet breaks
Increasing abdominal size	Use of protective clothing; work in confined areas; manual handling	Source suitable protective clothing/PPE in advance of it being required
Comfort	Work uniforms not fitting	Source suitable maternity uniforms in advance of it being required
Balance Problems	Working on slippery, wet surfaces	Alternative footwear
Varicose veins	Standing/sitting	Accommodate changes in posture.
Haemorrhoids	Working in hot conditions	Allow flexibility for toilet breaks
What are the Control Measures?		
Comments / Action Required?		

### SECTION 3: EXPECTANT MOTHER REVIEW RECORD

<b>Review Dates</b> (suggested timescales 14, 21, 28, 32, 35, 38 wks):										
<b>Approx. stage of pregnancy:</b>	wks									
1. Has a review of the risk assessment been undertaken?										
2. Can the risks still be avoided?										
3. Is there a necessity to adjust the conditions of work? <i>(Suggested timescales for cessation of Night Duty 24wks and On-Call Duties 28-30wks)</i>										
4. If an alternative workplace is necessary, has <b>HR Direct</b> been contacted? (Ext. 37253)										
5. Is the employee attending their ante-natal checks (in work time if required)?										
6. Does the employee have any worries or problems?										
7. Is the employee content to continue working?										
8. Is it necessary for this employee to be referred to the <b>Staff Health &amp; Wellbeing Department</b> ? If so, please complete a Referral for OH Opinion form ( <a href="#">TRW.HUM.FOR.386.7 Referral for Staff Health and Wellbeing Opinion Form .doc</a> )										
<b>Signature of Line Manager:</b>										
<b>Signature of Employee:</b>										
Comments / Action Required?										

**SECTION 4: BREASTFEEDING OR RETURNING TO WORK WITHIN 6 MONTHS OF DELIVERY**

Date of delivery:	
Continuing to breastfeed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please detail arrangement for breastfeeding/expressing:	
Does the work result in exposure to chemicals with risk phase R64	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Does the work during the post natal period involve any of the following:</b>	
Manual Handling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental and Physical Fatigue?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prolonged Standing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any changes to the risk assessments/working procedures that the employee should be briefed about?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details:	

<b>SECTION 5: REVIEW RECORD</b>	<b>Review Dates:</b>		
1. Has a review of the risk assessment been undertaken?			
2. Can the risks still be avoided?			
3. Is there a necessity to adjust the conditions of work?			
4. If an alternative workplace is necessary, has <b>HR Direct</b> been contacted? (Ext. 37253)			
5. Is the employee attending their ante-natal checks (in work time if required)?			
6. Does the employee have any worries or problems?			
7. Is the employee content to continue working?			
8. Is it necessary for this employee to be referred to the <b>Staff Health &amp; Wellbeing Department</b> ? If so, please complete a Referral for OH Opinion form ( <a href="#">TRW.HUM.FOR.386.7 Referral for Staff Health and Wellbeing Opinion Form .doc</a> )			
<b>Signature of Line Manager:</b>			
<b>Signature of Employee:</b>			

Comments / Action Required?
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Appendix 5 – Pregnancy Questionnaire

Name..... Area of work..... Manager.....

	Date	Date	Date	Date	Date	Date
	14w	21w	28w	32w	35w	38w
<b>1. Has workplace assessment been undertaken?</b>						
<b>2. Can the risks be avoided?</b>						
<b>3. Is there a necessity to adjust the conditions of work?</b>						
<b>4. If an alternative workplace is necessary, has HR Direct been contacted?</b>						
<b>5. Are you attending your regular ante natal checks, in work time if required?</b>						
<b>6. Are you sleeping and eating well?</b>						
<b>7. Do you have any worries or problems?</b>						
<b>8. Are you content to continue working?</b>						
<b>9. Is it necessary for this employee to be referred to her GP/Staff Health &amp; Wellbeing?</b>						
<b>Signature of Nurse</b>						