**Appendix M**

**European Union Guidance on Pregnant Workers Generic hazards**

|  | **Preventative or risk control measures** | **What is the risk** | | **Other legislation** |
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| Mental and physical fatigue and working hours | It may be necessary to adjust working hours temporarily, as well as the timing and frequency of rest breaks, and to change shift patterns. |  |  | |
| Working alone | Depending on their medical condition, help and support needs to be available when required and emergency procedures (if needed) must take into account the needs of new and expectant mothers. |  |  | |
| Lack of rest and other welfare issues (including passive smoking) | Provide access to somewhere where the employee can sit or lie down comfortably, in privacy, and without disturbance, at appropriate intervals.  The manager should warn expectant mothers of any risks of environmental tobacco smoke. |  |  | |
| Risk of infection or kidney disease (toilet facilities) | Working practices need to be adapted, for example, in continuous processing and team working situations. Appropriate measures must enable expectant mothers to leave their work station/activity at short notice, and more frequently than normal. |  |  | |
| Noise | The employer must ensure that workers who are pregnant, who have recently given birth or who are breast-feeding are not exposed to noise levels exceeding national exposure limit values. | There seems to be no significant risk to new and expectant mothers or to the foetus, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness | | Noise at work regulations 1989 |
| Vibration (includes whole body vibration) | Excessive vibration should be avoided. It should be recognised that use of personal protective equipment by the mother will not protect the unborn child from a vibration hazard. Is this a risk anywhere? | Regular exposure to shocks, low frequency vibration, may increase 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 prematurity or low birth weight. | | None specific |
| Ionising radiation | As soon as a pregnant woman informs the organisation of her condition, the protection of the unborn child must be comparable with that provided for members of the public. The equivalent dose to the unborn child has to be as low as is reasonably achievable, and will not usually exceed 1mSv during the remainder of the pregnancy.  Special attention should be paid to the possibility of nursing mothers encountering radioactive contamination and they should not be employed where there is a significant risk of contamination | Significant exposure to ionising radiation can be harmful to the foetus.  If a nursing mother works with radioactive liquids or dusts, these can cause exposure of the foetus, particularly through contamination of the mother’s skin.  Also there may be a risk to the foetus from radioactive contamination breathed in or ingested by the mother and transferred across the placenta. | | Ionising Radiations Regulations 1985 and supporting codes of practice. |
| Extremes of cold or heat | Pregnant workers should not be exposed to prolonged excessive heat or cold at work. | When pregnant, women tend to tolerate the heat less well and are liable to faint.  The risk is likely to be reduced after the birth but it is not certain how quickly an improvement comes about.  Breast feeding may be impaired by heat dehydration  No specific problems arise from working in extreme cold, although clearly for other health and safety reasons, warm clothing should be provided. | | None specific |
| Work in a high pressure atmosphere, for example, pressurised enclosures | Pregnant workers should not work in a high-pressure atmosphere? |  | |  |
| Chemicals and substances | For work with hazardous substances, which include chemicals which may cause heritable genetic damage, employers are required to assess the health risks to workers arising from such work and where appropriate, prevent or control the risks |  | |  |
| Work with display screen equipment (DSE) | The commission says that pregnant women do not need to stop working with VDU’s (DSE). However, to avoid anxiety, those who are worried about working with (DSE) should be given the opportunity to discuss their concerns with someone adequately informed of current information and advice. | The levels of ionising and non ionising electromagnet radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risks to human health created by such emissions and the National Radiological Protection Board does not consider such levels to pose a significant risk to health.  No special protective measures are therefore needed to protect the health of people from this radiation | | Control of Substances Hazardous to Health Regulations 1994: approved Code of Practice on the Control of biological agents: approved list of biological agents.  Display screen equipment regulations1992 |
| Biological agent or hazard  Exposure to hepatitis B, HIV (the AIDS virus) | A general risk assessment must be carried out, which will take into account the biological agent, how infection is spread, how likely contact is, and what control measures are. | These may be transmitted through the placenta while the child is in the womb | | COSHH  Other legislation |
| Substances labelled R40, R45, R46 and R47 under Directive 67/548/EEC (since amended on a number of occasions  Mercury and mercury derivatives (this is being phased out in the Trust  Cytotoxic drugs | Specialist advice should be sort in areas with these substances.  There is no known threshold limit and exposure must be reduced to as low as level as is reasonably practicable. Assessment of the risk should look particularly at the drug for use (pharmacist, nurses).  HSE’s Guidance notes on Precautions for the safe handling of cytotoxic drugs should be consulted to reduce risks.  Those who are trying to conceive a child or are pregnant or breastfeeding should be fully informed of the reproductive effects. | In the long term these drugs cause damage to genetic information in sperm and eggs. Some can cause cancer. Absorption is by inhalation. | |  |
| Pesticides  Carbon monoxide, lead and lead derivatives |  |  | |  |

In addition to the table there are other aspects, which will affect the pregnant worker and these are:

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| **ASPECTS OF PREGNANCY** | **FACTORS IN WORK** |
| Morning sickness | Early shift work |
| Backache | Standing/manual handling/posture |
| Standing/Sitting | Working in hot conditions |
| Varicose veins | Difficulty in leaving job/site of work |
| Haemorrhoids | Overtime |
| Manual handling | Evening work |
| Frequent visits to the toilet | Problems of working in tight fitting workspaces |
| Increasing in size | Use of protective clothing |
| Tiredness | Work in confined area |
| Comfort | Problems of working on slippery, wet surfaces |
| Balance, Dexterity, agility, co-ordination, | Exposure to nauseating smells |
| Speed of movement, reach, |  |