

# **New and Expectant Mothers Risk Assessment Procedure**

**HS0001-006-v4**

**Status: Approved**

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## 1 Purpose

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Following this procedure will help the Trust to:

- Meet certain obligations towards their employees once they have been notified in writing that she is a new or expectant mother. When an employee provides written notification (regulation 18 of MHSW) to her employer stating that she is pregnant, or that she has given birth within the past six months or that she is breastfeeding, the employer should immediately take into account any risks identified in their workplace risk assessment. If that risk assessment has identified any risks to the health and safety of a new or expectant mother, or that of her baby, and these risks cannot be avoided by taking any necessary preventive and protective measures under other relevant health and safety legislation, then employers must take action to remove, reduce or control the risk.

## 2 Related Documents

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This procedure describes what you need to do to complete the risk assessment for new and expectant mothers section of the Health and Safety Policy



The Health and Safety Policy defines roles and responsibilities which you must read and understand before carrying out the procedures described in this document.

This procedure also refers to:

- ✓ Health, Safety and security Policy
- ✓ Control of Substances Hazardous to Health (COSHH) Procedure
- ✓ New and Expectant Mothers Risk Assessment
- ✓ Trust Maternity, Paternity and Adoption Leave Procedure
- ✓ Turst Maternity and Adoption Leave Information Pack

### 3 Procedure

This procedure is relevant to all employees including Contract,(Agency) workers, Apprentices with no length of service qualifications.

#### 3.1 Risk Assessment

Who	What	When
The person's line manager	Completes a <a href="#">risk assessment</a>	When informed of the pregnancy with the expectant mother
Risks identified to new and expectant mothers will vary during the different stages of pregnancy and post-natal period.		

#### 3.2 Review Periods

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



Where the identified risks to new or expectant mothers cannot be controlled then reasonable consideration should be given to short term changes to contract such as altering the hours or working conditions or location of work of the pregnant worker.



Night workers have a right to transfer to day shifts if their doctor advised this on health and safety grounds.  
Expectant mothers may request that working hours are reduced.



The Trust is under no obligation to take actions above until new or expectant mothers have provided written notification that she is pregnant, she has given birth within the previous 6 months or is breast feeding.

If there is a significant risk at work to the health and safety of a new or expectant mother which goes beyond the level of risk expected outside the workplace then the following steps must be taken:

1. Temporary adjust her working conditions and/or hours of work, or if not reasonably to do so, or would not avoid the risk.

2. Offer her suitable alternative work (at the same rate of pay and terms and conditions) if available, or if not feasible, you must:
3. Suspend her from work on full pay for as long as necessary to protect her health and safety and that of her child.

These actions are only necessary where, as a result of risk assessment there is genuine concern. Any alternative work offered must also be subject to a risk assessment.

## 4 Definitions

Term	Definition
New and Expectant Mothers	Employee who: <ul style="list-style-type: none"> <li>• Is pregnant</li> <li>• Has given birth within the previous 6 months, or</li> <li>• Is breast feeding</li> </ul>
Hazards	<ul style="list-style-type: none"> <li>• 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 and their unborn child, or</li> <li>• Those which may affect a child when breast feeding, e.g. mercury, lead, radioactivity etc.</li> </ul>
Given Birth	Definition as per the Management of Health and Safety at Work Regulations 1999: “Delivered a living child or after 24 weeks of pregnancy a stillborn child”

## 5 How this Procedure will be Implemented

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

### 5.1 Training Needs Analysis

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

## 6 How the Implementation of this Procedure will be Monitored

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	Completion of risk assessments by Line Manager when advised in writing of pregnancy	Ad hoc through audit of personal files by HR	

## 7 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
- Trust Health and Safety Policy
- Trust Maternity Adoption and Paternity Procedure
- Trust Maternity and Adoption Leave Information Pack
- 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

## 8 Document Control

Date of approval:	13 February 2020	
Next review date:	13 August 2023	
This document replaces:	HS-0001-006-v3 Risk Assessment for New and Expectant Mothers Procedure	
Lead:	Name	Title
	Helen Cunningham	Health and Safety Manager
Members of working party:	Name	Title
		Health, Safety, Security & Fire Group
This document has been agreed and accepted by: (Director)	Name	Title
	Paul Foxtan	Director of Capital, Estates and Facilities Management
This document was approved by:	Name of committee/group	Date
	Health, Safety, Security & Fire Group	07 August 2020
This document was ratified by:	Name of committee/group	Date
	EMT DMT	13 August 2020
An equality analysis was completed on this document on:	February 2020	

### Change record

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 Sdoption 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	Published
4	May 2021	Review date extended to 13 Aug 2023	Published

## 9 Appendices

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[Appendix 1 – Risk Assessment for New & Expectant Mothers](#)

[Appendix 2 – Further Guidance for Completion of Assessment Form](#)

[Appendix 3 – Equality Analysis Screen Form](#)



## 9.1 Appendix 1 – Risk Assessment for New and Expectant Mothers

<b>Name of New/Expectant Mother:</b>			
<b>Department/Service:</b>		<b>Location:</b>	
<b>Job Title:</b>		<b>Main Work Activities:</b>	
<b>Date of Initial Assessment:</b>		<b>Review Date:</b>	1 (14-26 weeks)
			2 (after 27 weeks)
			3
<b>Return to Work Review:</b>		<b>Completed by:</b>	

<b>Intended Start Date of Maternity Leave:</b>		<b>Expected Delivery Date:</b>		<b>Expected Date of Return from Maternity Leave:</b>	
<b>Are Rest Facilities Available?</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO*</b> Local arrangements to be considered on an individual basis. These should be discussed and recorded through the risk assessment process  Suitable rest facilities for workers who are pregnant or breastfeeding should be suitably located (i.e. near toilets) and when necessary provided appropriate facilities for the new or expectant mother to lie down.				

Ref		Y/N/ NA	Control Measures in Place / Further Actions Required
<b>1. Violence &amp; Aggression</b>	<b>1.1</b>	Is there any risk to the employee from lone working activity?	
	<b>1.2</b>	Is there a risk of physical violence (physical and/or verbal assault)?	
	<b>1.3</b>	Does work activity involve contact with patients/clients?	
<b>2. Physical Agents</b>	<b>Is there potential exposure to the following:</b>		
	<b>2.1</b>	Shocks, vibration or movement	
	<b>2.2</b>	Manual handling of patients / other	
	<b>2.3</b>	Noise	
	<b>2.4</b>	Non-ionising electromagnetic radiation	
	<b>2.5</b>	Ionising radiation	
	<b>2.6</b>	Extremes of heat and/or cold	
	<b>2.7</b>	Restricted movements and postures	
<b>3. Biological Agents</b>	<b>Is there potential exposure to the following:</b>		
	<b>3.1</b>	Blood and/or bodily fluids	
	<b>3.2</b>	Hepatitis B / HIV (AIDS virus) / Herpes / TB / Syphilis / Chicken Pox / Typhoid / Shingles	
	<b>3.3</b>	Rubella / Toxoplasma / Cytomegalovirus	

Ref			Y/N/ NA	Control Measures in Place / Further Actions Required
	3.4	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> <ul style="list-style-type: none"> <li>• H360 - May damage fertility or the unborn child (specifics may be listed)</li> <li>• H361 - Suspected of damaging fertility or the unborn child (Specifics may be listed)</li> <li>• H362 - May cause harm to breast-fed children</li> </ul>		
	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		
<b>4. Other Occupational Hazards</b>	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 work place 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, foetus 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 HR 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 members personal file.*

## 9.2 Appendix 2 – Further Guidance for Completion of Assessment Form

HAZARD	RISK	PRECAUTIONS
<b>Physical Agents</b>		
<b>Shocks, vibration or movement</b>	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, <b>so there may be an increased risk of prematurely or low birth weight.</b>	<b>Pregnant workers and those who have recently given birth are advised to avoid work likely to involve uncomfortable whole body vibration</b> , especially at low frequencies, or where the abdomen is exposed to shocks or jolts. Breastfeeding workers are at no greater risk than other workers.
<b>Manual handling</b>	<b>Pregnant workers are especially at risk from manual handling injury</b> , 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 <b>temporary limitation of lifting and handling capability</b> . There is no evidence to suggest that breastfeeding mothers 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. It would be necessary to address the specific needs for the worker and <b>reduce the amount of physical work</b> she is required to do.
<b>Noise</b>	Although <b>no direct or specific risk</b> to new or expectant mother or foetus, prolonged exposure may cause tiredness and increased blood pressure	Comply with the Noise at Work Regulations.
<b>Non-ionising electromagnetic radiation</b>	<b>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.</b> Optical Radiation – <b>no greater risk</b> 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. <b>Further information can be obtained from the HSE website.</b>

HAZARD	RISK	PRECAUTIONS
<p><b>Ionising Radiation</b></p>	<p>Significant exposure to ionising <b>radiation can be harmful to the foetus</b> and this is recognised by placing limits on the external radiation does to the abdomen of the expectant mother for the declared term of her pregnancy.</p> <p>If a nursing mother works with radioactive liquids or dusts, these can cause exposure to the child, particularly through contamination of the mother'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 and be transferred across to the placenta.</p>	<p>Work procedures should be designed to <b>keep exposure of the pregnant woman as low as reasonably practicable</b> and certainly below the statutory dose limit for pregnant women. Special attention should be paid to the possibility of nursing mothers receiving radioactive contamination and they <b>should not be employed in work where the risk of such contamination is high.</b></p> <p>The working condition should be such as to make it unlikely that a pregnant woman might receive high accidental exposures to radioactive contamination.</p>
<p><b>Extremes of cold and/or heat</b></p>	<p><b>Pregnant women tolerate heat less well</b> 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><b>Rest facilities and access to refreshments</b> would help together with regular breaks.</p>
<p><b>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</b></p>	<p><b>Fatigue from standing and other physical work</b> 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 <b>increased abdominal size</b>, 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 <b>hours of work and the volume and pacing of work are not excessive</b> 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 <b>breaks</b> may be appropriate to help avoid fatigue.</p> <p><b>Adjusting workstations or work procedures</b> may help remove postural problems and risk of accidents</p>

HAZARD	RISK	PRECAUTIONS
<p><b>Work with Display Screen Equipment (DSE/VDUs)</b></p>	<p>Although not specifically listed in the Pregnant Workers Directive, anxiety about radiation emissions from display screen equipment and possible effects on pregnant women have been widespread. However, there is substantial evidence that these concerns are unfounded.</p> <p>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.</p> <p>Research and reviews of the scientific evidence will continue to be undertaken.</p>	<p>In the light of the scientific evidence pregnant women do not need to stop work with DSE/VDUs. However, to avoid problems caused by stress and anxiety, women 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>
<p><b>Biological Agents</b></p>		
<p><b>Hepatitis B</b>  <b>HIV (Aids virus)</b>  <b>Herpes</b>  <b>TB, Syphilis</b>  <b>Chickenpox</b>  <b>Typhoid</b>  <b>Rubella</b>  <b>Toxoplasma</b>  <b>Cytomegalovirus</b></p>	<p>Many biological agents can affect the unborn child if the mother 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 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><b>Where there is a high risk then the pregnant worker should avoid exposure altogether.</b></p>

HAZARD	RISK	PRECAUTIONS
<p><b>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)</b></p>	<p><b>Hazard Statement:</b></p> <ul style="list-style-type: none"> <li>• H360 - May damage fertility or the unborn child (specifics may be listed)</li> <li>• H361 - Suspected of damaging fertility or the unborn child (specifics may be listed)</li> <li>• H362 - May cause harm to breast fed children</li> </ul> <p><b>NOTE:</b> 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). 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. In carrying out assessments employers should have regard for women who are pregnant, or who have recently given birth.</p>
<p><b>Mercury and Mercury derivatives</b></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 to be poisoned. No clear evidence of adverse effects on developing foetus from studies of humans exposed to mercury and inorganic mercury compounds.</p>	<p><b>Guidance Notes:</b></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>
<p><b>Antimitotic (cytotoxic) drugs</b></p>	<p>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.</p>	<p>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.</p>



HAZARD	RISK	PRECAUTIONS
<p><b>Chemical agents of known and dangerous percutaneous absorption (i.e. That may be absorbed through the skin)</b></p>	<p>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.</p>	<p>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.</p> <p>Where you must use personal protective equipment (either alone or in combination with engineering methods), ensure that it is suitable</p> <p>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.</p> <p>Failure to comply is an offence.</p>
<p><b>Carbon Monoxide</b></p>	<p><b>Carbon monoxide readily crosses the placenta and can result in the foetus being starved of oxygen.</b></p> <p>Data on the effects of exposure to carbon monoxide on pregnant women 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 exposure to carbon monoxide, nor that the mother 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 <b>pregnant women may have heightened susceptibility to the effects of exposure to carbon monoxide.</b></p> <p>Consider CO monitors/detectors where potential risk of exposure to CO (i.e. incomplete combustion of natural gases) has been identified.</p>

<p><b>Lead and lead derivatives – in so far as these agents are capable of being absorbed by the human organism</b></p>	<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' 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 mothers 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 of reproductive capacity. This is to help protect the foetus from injury in the weeks before a pregnancy is confirmed. Once their pregnancy is confirmed, women 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>
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### 9.3 Appendix 3 – Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Trustwide			
Name of responsible person and job title				
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Health, Safety, Security & Fire Group			
Policy (document/service) name	New and Expectant Mothers Risk Assessment Procedure			
Is the area being assessed a...	Policy/Strategy	<input type="checkbox"/>	Service/Business plan	<input type="checkbox"/>
	Procedure/Guidance	<input checked="" type="checkbox"/>	Code of practice	<input type="checkbox"/>
	Other – Please state			
Geographical area covered	Trustwide			
Aims and objectives	To provide guidance and advise for managers to complete a risk assessment for new and expectant mothers when advised in writing that they are pregnant or have given birth within the previous 6 months			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	June 2019			
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)				

**You must contact the EDHR team if you identify a negative impact. Please ring on 0191 3336267/3046**

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? Any female staff member who advises in writing that they are pregnant or given birth within the previous 6 months prior to being employed by the Trust					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
<b>Race</b> (including Gypsy and Traveller)	Yes	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	Yes/No	<b>Sex</b> (Men, women and gender neutral etc.)	Yes
<b>Gender reassignment</b> (Transgender and gender identity)	Yes	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	Yes
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	Yes	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	No
<b>Yes</b> – Please describe anticipated negative impact/s <b>No</b> – Please describe any positive impacts/s					
3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? <b>If 'No', why not?</b>			<b>Yes</b>	<b>X</b>	<b>No</b>

<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul>
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>	
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place</p>	
<p>Consultation through the trust procedure and through Health, Safety, Security &amp; Fire Group</p>	
<p><b>No</b> – Please describe future plans that you may have to engage and involve people from different groups</p>	
<p>5. As part of this equality analysis have any training needs/service needs been identified?</p>	
<p><b>No</b></p>	<p>Please describe the identified training needs/service needs below</p>

