



# THE UNIVERSITY OF THE WEST INDIES

ST. AUGUSTINE, TRINIDAD AND TOBAGO, WEST INDIES

## POLICY FOR NEW AND EXPECTANT MOTHERS

The University of the West Indies, St. Augustine Campus is committed to providing a safe and healthy work place that enables employees to perform to their most productive levels. This is clearly articulated in the Campus OHSE policy.

New and Expectant Mothers have special needs and this is specifically addressed in the General Duties of Employers 6 (9), (11), (12) of The OSH Act, 2004 (as amended) which requires the employer to assess the working conditions of pregnant employees and make modifications as required ensuring that the employee is not involved in the use of, or is exposed to, chemicals, substances or anything dangerous to the health of the unborn child. Additionally measures will be implemented to ensure that the employee is not subjected to working conditions dangerous to the health of the unborn child.

The University has developed this policy regarding the provisions for New and Expectant Mothers which is intended to demonstrate the University's commitment to meet these responsibilities as an employer and become a baby friendly employer that encourages mothers to breast feed. This will be demonstrated as follows:

1. Establish a mechanism whereby employees can notify UWI of their pregnancy while respecting the privacy of the individual (See Procedure for Managing New and Expectant Mothers);
2. Establish a process for conducting a pregnancy risk assessment and make recommendations accordingly (See Procedure for Conducting a Pregnancy Risk Assessment);
3. Ensuring that work modifications remain in effect for six (6) months after birth or until the pregnancy is terminated.
4. Ensuring that suitable accommodations are provided for the employee to express and store milk once she has returned to work (See Procedure for Managing New and Expectant Mothers).

Campus Registrar

February 23<sup>rd</sup> 2012  
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# Procedure for the Management of New and Expectant Mothers at Work

## **Introduction**

This procedure sets out The University's arrangements to meet both its ethical and legal obligations in the care of its employees who become New and Expectant Mothers at work.

Women undertaking work activities at The University are exposed to a wide range of well known occupational hazards which include the following categories: Chemical, ergonomic, physical, microbiological and psycho-social factors.

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## **Objectives**

- To ensure managers, heads of departments and supervisors identify and assess the specific occupational health risks to New and Expectant Mothers and take the necessary measures to minimize or control them.
- To provide a detail process flow guiding managers, heads of departments, supervisors and employees of the steps to be taken in managing the special needs of New and Expectant Mothers at work.
- To ensure risk management systems implemented are regularly reviewed and revised as required.

**Scope**

This procedure applies to ALL Personnel employed by The University of the West Indies, St. Augustine Campus.

**Definition**

The phrase “New or Expectant Mother” is defined as a woman who is pregnant, or has given birth within the last six (6) months, including still births after twenty-four (24) weeks or who is breastfeeding.

**General Provisions**

This procedure outlines the process to be followed when an employee notifies the employer that she is pregnant. This is outlined in Figure 1 below.

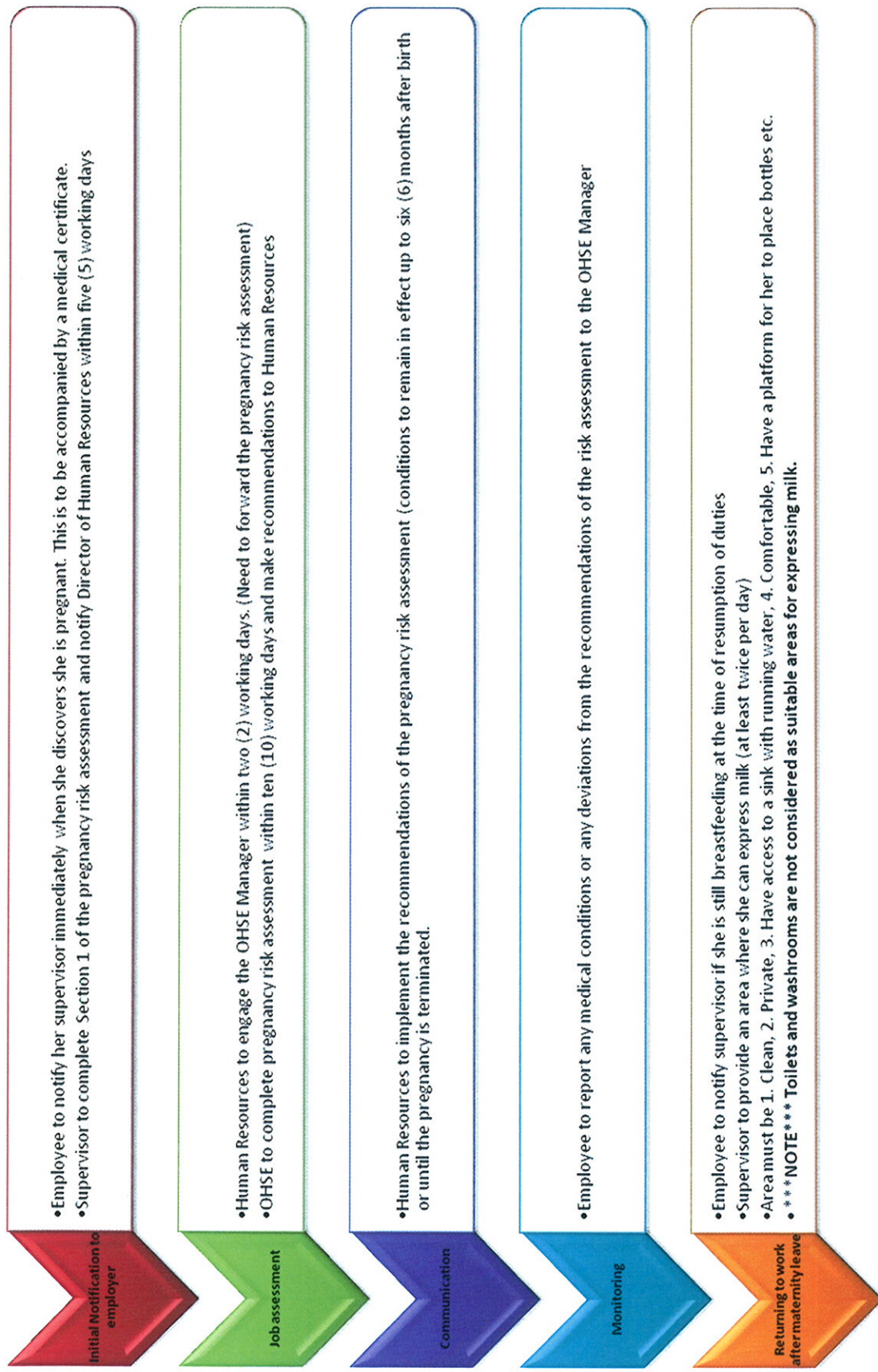


Fig. 1 Process to Manage OHSE Issues for New or Expectant Mothers

## Appendix 1

### Pregnancy Risk Assessment Report

<b>Section 1</b>				
<b>Name of New / Expectant Mother:</b>				
<b>Due Date:</b>				
<b>Department:</b>		<b>Location:</b>		
<b>Job Title:</b>		<b>Supervisor:</b>		
<b>Date of Initial Assessment:</b>		<b>Date of Reassessment:</b>		
<b>Name of Assessor</b>				
For the purpose of this risk assessment, a new or expectant mother is defined as a woman who is pregnant, or has given birth within the last six months, including still births after 24 weeks or who is breastfeeding.				
<b>To be completed by the Supervisor in consultation with the Employee</b>				
			<b>Yes</b>	<b>No</b>
Does the employee wish to declare any medical condition which will predispose her to greater than normal vulnerability? E.g. previous miscarriage				
Does the current work present significant risk to a pregnant employee?				
Will there be a significant or different risk at a later stage of the pregnancy? <b>If yes, the risk assessment will need to be revised at that stage.</b>				
If yes, When?		Dates		
Please indicate which of the Hazards listed below are present in the employee's workplace and normal work activities (employee must be involved in completing this checklist)				
<b>Physical Agents</b>			<b>Yes</b>	<b>No</b>
Could her workload:	Cause Occupational stress			
	Cause mental or physical fatigue			
Does her work involve:	Jolts, shocks, low frequency vibration or excessive movement?			
	Traversing slippery or wet surfaces (tripping /falling hazard)			
	Stairs, uneven surfaces, working at heights?			
	Extremes of heat, cold or humidity?			
	Working alone?			
	Long periods of sitting or standing?			
	Manual handling tasks?			
	Lifting or carrying large or heavy loads?			
	Twisting, stooping or upward reaching?			
	Are mechanical aids used (trolleys)?			
	Working in designated hearing protection zones?			

	Area with the risk of physical violence?		
	Excessive travelling or commuting?		
	Work in awkward spaces/ workstations/ postures/ movement?		
Does she:	Have access to more frequent breaks for eating and drinking?		
	Use personal protective equipment for her work (gloves etc)		

If you have answered "yes" for any of the questions, please state what control measures / corrective actions will be taken and the date(s) of these actions:

**Declaration of Manager / Supervisor:**

I the undersigned, in consultation with Mrs./Ms ..... have conducted a preliminary assessment of the work activities and associated risks posed by her work during her pregnancy. We have agreed to corrective actions specified above which are intended to mitigate the risks. The work shall be re assessed if there are changes to the job scope.

Signature of Supervisor:

Date:

**Section 2**

**To be completed by a representative of the OHSE Office**

Chemicals		YES	NO
Does the employee use chemicals in the course of her work?			
Does this include:	Asbestos?		
	Lead or a lead derivative?		
	Carbon Monoxide?		
	Mercury or its derivatives?		
	Antimitotic (cytotoxic) drugs?		
Involve substances bearing any of the following phrases	Carcinogenic effects		
	R49 (may cause cancer by inhalation)		
	R60 (May impair fertility)		
	R61 (May cause harm to unborn child)		
	R62 (Possible risk of infertility)		
	R63 (Possible risk of harm to unborn child)		
	R64 (May cause harm to breast fed babies)		
	R68 (Possible risk of irreversible effects)		
Are all substances appropriately labeled, clear and legible? (name and potential effects)			
Is the Material Safety Data Sheet (MSDS) readily available for all chemicals in stock and used?			

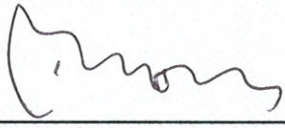


Does the employees work involve using chemical agents such as pesticides etc. that can be absorbed via the skin?			
Other:			
If you have ticked "yes" for any of the questions, please state what control measures / corrective actions will be taken and the dates of these actions:			
<b>IONISING RADIATION</b>		YES	NO
Could the employee be exposed to ionizing radiation during the course of her work?			
Does the employee work with	Sealed or unsealed radionuclide sources?		
	X ray equipment		
Other:			
If you have ticked "yes" for any of the questions, please state what control measures / corrective actions will be taken and the dates of these actions:			
<b>BIOLOGICAL AGENTS</b>		YES	NO
Could the employee be exposed to biological agents in the course of her work? (Bacteria, mould, viruses etc.)			
Is there exposure to biological agents that are known to cause abortions, or physical or neurological damage?			
Does the employee work with	Hazard group 2, 3 or 4? (Hepatitis, HIV, Herpes, Chicken Pox, Typhoid)		
	Rubella		
Other:			
Based on the severity of the risks posed by the hazards identified, please indicate the measures you will implement to control the risks. The higher the risks the more stringent			

the control measure must be. Where the hazard cannot be removed by any of the following means, legislation requires that the employee be offered alternative work.		
<b>CONTROL MEASURES</b>	YES	NO
The standard work procedure adequately controls the risks to the expectant mother		
The hazard will be replaced by a harmless substance		
The activity will be automated		
The employee will be temporarily removed from the task / work load reduced		
Where PPE is worn, alternative types or proper sizes will be provided		
The activity will be done temporarily by another employee		
OTHER CONTROL MEASURES – Specify any other control measures you have implemented		
<p>Where risks are identified and are not adequately controlled, they must be brought to the attention of the Director of Human Resources who should put temporary control measures in place or stop the work.</p> <p>Have you Identified any risks that are not adequately controlled    Yes / No</p> <p>Risks not adequately controlled include:</p>		
<b>OHSE REVIEW:</b>		



Signature of OHSE representative:	Date:
Managers / Supervisors are to complete Section 1 of this form within two (2) working days of proper notification by the employee of her pregnancy. It must be forwarded to the Office of OHSE via Human Resources.	
<b>EMPLOYEE ACKNOWLEDGEMENT</b>	
I, the undersigned, acknowledge that I have read this risk assessment, take receipt of same and agree with the findings. I will abide by the method of controls listed above and also agree that if any changes occur within my job function, I will advise my Manager and Supervisor and the Office of OHSE immediately.	
Signature of Employee:	Date

## AUTHORIZATION LOG

Authorized by:	 _____	<u>29/7/2012</u> DATE
Approved by: OHSE Manager	 _____	<u>Nov 23<sup>rd</sup> 2011</u> DATE
Prepared by: OHSE Manager	 _____	<u>Aug 10<sup>th</sup> 2011</u> DATE

REVISION LOG

Revision Date	Content Owner Name/Title	Approver Name/Title	Revision Details
22/02/2014	Rajesh Kandhai	Campus Registrar	