

360 Recruitment – New & Expectant Mothers H&S Policy

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Introduction

The Organisation has a duty under the Management of Health and Safety at Work Regulations 1999 to assess the risks to staff and other arising from its work activities. There is a specific duty to take particular account of risks to new and expectant mothers when assessing risks. Where the risks cannot be avoided by prevention and protective measures, the Organisation must either alter their working conditions or hours of work, offer suitable alternative work or suspend them from work on full pay.

The Health and Safety Executive has published a Code of Practice providing advice to employers on how to comply fully with these requirements, including the measures to ensure that women who are breastfeeding at work are not exposed to risks.

The following procedure sets out the known risks to new and expectant mothers and how the Health and Safety Executive Code of Practice is applied within the Organisation. The Procedure has been agreed as part of the Health and Safety Policy and it should be referred to in conjunction with the Occupational Health Strategy and individual Departmental Procedures.

Definitions

“New or expectant mother” means an employee who is pregnant; who has given birth within the previous six months; or who is breastfeeding.

Risk Assessment

A risk assessment involves identification of the risks, how they arise and how they impact on those affected whether staff, students, and visitors. This information is used to make decisions on how to manage those risks in an informed, rational and structured manner, and the action taken is proportionate. The risk assessment will involve identifying the hazards present in any working environment, and evaluating the extent of the risks arising from these, taking into account existing precautions and their effectiveness.

Under the regulations the risk assessment must address the risk to women of child bearing age where:

- “the work is of a kind which could involve risk, by reason of her condition, to the health and safety of a new or expectant mother, or that of her baby, from any processes or working conditions, or physical, biological or chemical agents”,

and that these must also consider:

- “measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding”

If it is not possible to take action to ensure that the employee is not exposed to the identified risks, consideration must be given to altering her working conditions or hours of work.

If it is not reasonably practicable to alter the working conditions or hours of work, or if such alteration would not avoid the identified risks, the member of staff will be suspended from work on full pay, for so long as is necessary to avoid the risks.

Procedure

As the employer, we are responsible for carrying out the specific risk assessments for new and expectant mothers. The risk assessment will be kept under review and there will be a further assessment on return to work following giving birth; this may involve collaboration with Head of Departments, Human Resources, and line manager(s) as appropriate.

The risk assessments will be undertaken using the following forms included as Appendices 1.1. to 1.4. - Pregnancy at Work Assessment Initial Questionnaire, Pregnancy at Work Risk Assessment, Pregnancy at Work Assessment Review and Pregnancy at Work Return to Work Assessment. Information contained within the Initial Questionnaire will be confidential to the Occupational Health Department.

Staff should inform their Head of Department and/or line manager and Head of Human Resources at the earliest possible time. It is acknowledged that staff may wish the information to be treated in confidence and this will be respected within the remit of the respective Departments.

Hazards and Risk Control Measures

The following areas are identified in the Regulations as presenting potential risks to new or expectant mothers.

- Working Conditions
- Chemical Agents
- Physical Agents
- Biological Agents

Detailed guidance on the potential hazards and control of the risks associated with them are outlined in the attached Appendix 2.

Pregnancy at Work Risk Assessment

Initial Assessment			
Department:		Job Title:	
Name:		Other Names:	
Date of Birth:		Employee Number:	
Address:			
Name & Address of GP:			

Section One	
Expectant due date:	
Date of assessment:	
Stage of pregnancy:	
Manager completing:	

Section Two	
Any health / wellbeing issues identified:	

Section Three	
Are you currently taking any medicines, tablets or injections?	

Section Four	
Have you any concerns relating to your workplace and/or pregnancy?	

Section Five	
Recommendations	
1.	
2.	
3.	

Appointment date for workplace assessment: _____

Signature of Employee: _____

Date: _____

Any information provided remains confidential to the business.

Pregnancy at Work Risk Assessment

Initial Assessment			
Department:		Job Title:	
Name:		Other Names:	
Date of Birth:		Employee Number:	
Address:			
Name & Address of GP:			

Does your work involve:	Yes	No	Comments
Manual Handling			
Working at heights			
Restraints on space			
Standing for long periods			
Extremes of temperature			
Slippery / greasy floors			
Uneven floors			
Variations in levels			
Working with V.D.U's			
Night work / shifts			
Shocks / vibrations / excessive movement			

Exposure to any of the following:	Yes	No	Comments
Noise			
Radiation			
Biological agents			
Chemical agents			
Lead / lead processes			
Mercury			
Cytotoxic drugs			
Carbon monoxide			
Other (please specify)			

Have any specific risk assessments been carried out in your work area?	Yes / No
If yes, please give details:	

Recommendations:
1.
2.
3.

Review date: _____

Manager carrying out assessment: _____

Signature of Manager: _____

Signature of Employee: _____

Pregnancy at Work Risk Assessment Review

Initial Assessment			
Department:		Job Title:	
Name:		Other Names:	
Date of Birth:		Employee Number:	
Address:			
Name & Address of GP:			

Antenatal Appointments
Last Appointment:
Next Appointment:
Comments:
Workplace review/concerns:
Changes since last review:
Evaluation:

Recommendations:
1.
2.
3.

Review date: _____

Manager carrying out assessment: _____

Signature of Manager: _____

Signature of Employee: _____

Pregnancy at Work - Return To Work Assessment

Initial Assessment			
Department:		Job Title:	
Name:		Other Names:	
Date of Birth:		Employee Number:	
Address:			
Name & Address of GP:			

Postnatal history:
General health status:

Are you currently taking any medicines, tablets or injections?			
Are you breastfeeding?	Yes / No	Are provisions adequate?	Yes / No

Recommendations:
1.
2.
3.

Review date: _____

Manager carrying out assessment: _____

Signature of Manager: _____

Signature of Employee: _____

Advice on specific hazards and control measures for new or expectant mothers

1. Working Conditions

List of Agents/Working Conditions	Risks Identified	Protective or Control Measures
<p>Facilities</p>	<p>Rest is important for new and expectant mothers. Tiredness increases during and after pregnancy and may be exacerbated by work-related factors. The need for rest is both physical and mental.</p> <p>Hygiene facilities: Without easy access to toilets (and associated hygiene facilities) at work there may be increased risks to health and safety, including significant risks of infection and kidney disease. Because of pressure on the bladder and other changes associated with pregnancy, pregnant women often have to go to the toilet more frequently and more urgently than others. Breastfeeding women may also need to do so because of increased fluid intake to promote breast milk production.</p> <p>Storage facilities: Access to appropriate facilities for breastfeeding mothers to express and safely store breast milk, or to enable infants to be breastfed at or near the workplace, may facilitate breastfeeding by working women, and may significantly protect the health of both mother & infant.</p>	<p>The need for physical rest may require that the woman concerned has access to somewhere where she can sit or lie down comfortably in privacy, and without disturbance, at appropriate intervals.</p> <p>Access to clean drinking water should be available. Protective measures include adapting rules governing working practices to enable expectant and nursing mothers to leave their workstation / activity at short notice more frequently than normal or making temporary adjustments to working conditions.</p> <p>Protective measures include: access to a private room where women can breastfeed or express breast milk; use of secure, clean refrigerators for storing expressed breast milk while at work, and facilities for washing, sterilising and storing receptacles; time off (without loss of pay or benefits, and without fear of penalty) to express milk or breastfeed.</p>

<p>Mental and physical fatigue and working hours</p>	<p>Long working hours, shift work and night work can have a significant effect on the health of new and expectant mothers, and on breastfeeding.</p> <p>Not all women are affected in the same way. Generally, however, both mental and physical fatigue increases during pregnancy and in the postnatal period due to the various physiological and other changes taking place. Because they suffer from increasing tiredness, some pregnant and breastfeeding women may not be able to work irregular or late shifts or night work, or overtime.</p> <p>Working time arrangements (including provisions for rest breaks, and their frequency and timing) may affect the health of the pregnant woman and her unborn child, her recovery after childbirth, or her ability to breastfeed, and may increase the risks of stress and stress-related ill health.</p> <p>Because of changes in blood pressure which may occur during and after pregnancy and childbirth, normal patterns of breaks from work may not be adequate for new or expectant mothers.</p>	<p>It may be necessary to adjust working hours temporarily, as well as other working conditions, including the timing and frequency of rest breaks, and to change shift patterns and duration to avoid risks. With regard to night work, alternative day work should be organised for pregnant women.</p>
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<p>Occupational Stress</p>	<p>New and expectant mothers can be particularly vulnerable to occupational stressors, for various reasons:</p> <ul style="list-style-type: none"> • Hormonal, physiological and psychological changes occur and sometimes change rapidly during and after pregnancy, sometimes affecting susceptibility to stress, or to anxiety or depression in individuals. • Financial, emotional and job insecurity may be issues, due to changes in economic circumstances brought about by pregnancy. • It may be difficult to organise work and private life, especially with long, unpredictable or unsociable working hours or where other family responsibilities are involved. <p>Additional stress may occur if a woman's anxiety about her pregnancy, or about its outcome (eg where there is a past history of miscarriage, stillbirth or other abnormality) is heightened as a result of peer group or other pressure in the workplace. This can lead to increased vulnerability to other organisational stressors.</p> <p>Women who have recently suffered loss through stillbirth, miscarriage, adoption at birth or neonatal death will be especially vulnerable to stress, as will women who have experienced serious illness or trauma (including Caesarean section) associated with pregnancy or childbirth. In some circumstances, returning to work after</p>	<p>It will be necessary to take account of known organisational stress factors (such as shift patterns, job insecurity, workloads, etc) and the particular medical and psychosocial factors affecting the individual woman.</p> <p>Protective measures may include adjustments to working conditions or working hours, and ensuring that the necessary understanding, support and recognition is available when the woman returns to work, while her privacy is also respected.</p>
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	<p>such events may help to alleviate stress, but where there is a sympathetic and supportive work environment. Stress at work can lead to anxiety and depression. Conversely, if someone is already suffering from anxiety or depression, they may be more vulnerable to stressors in the workplace and therefore more likely to experience work-related stress. Managers should remember that some women may develop postnatal depression after childbirth, which could make them more vulnerable to stressors.</p>	
Passive Smoking	<p>Cigarette smoke is mutagenic and carcinogenic and is a known risk to pregnancy where the mother smokes.</p> <p>Cigarette smoke can also aggravate preconditions such as asthma. The effects of passive smoking are less clear but are known to affect the heart and lungs, and to pose a risk to infant health.</p>	<p>The Organisation operates a smoking policy whereby smoking is prohibited within buildings and at main entrances to buildings.</p>
Extremes of Hot and Cold	<p>Prolonged exposure of pregnant women to hot environments should be kept to a minimum, as there is a greater risk of them suffering from heat stress.</p> <p>Working in extreme cold may be a hazard for pregnant women and their unborn children. Warm clothing should be provided. The risks are particularly increased if there are sudden changes in temperature.</p> <p>Breastfeeding may be impaired by heat dehydration.</p>	<p>Provision of adequate rest and refreshment breaks alongside unrestricted access to drinking water.</p> <p>New and expectant mothers should note that thirst is not an early indicator of heat stress. They should drink water before they get thirsty, preferably in small and frequent volumes.</p>

<p>Work with Display Screen Equipment (VDU's)</p>	<p>There has been some anxiety about radiation emissions from display screen equipment and possible effects on pregnant women. However, there is substantial evidence that these concerns are unfounded.</p> <p>The National Radiological Protection Board provides the following advice: The levels of ionising and non-ionising electromagnetic radiation which are likely to be generated by display screen equipment are well below those set out in international recommendations for limiting risk to human health created by such emissions.</p> <p>The 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.</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>In light of the scientific evidence there is no need to stop work with VDUs.</p> <p>However, to avoid problems caused by stress and anxiety, women who are pregnant or planning children and worried about working with VDUs should discuss their concerns with the Occupational Health nurse or Health and Safety Officer.</p>
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Working Alone	Pregnant women are more likely to need urgent medical attention.	Depending on their medical condition, there will be a need to review and revise women's access to communications with others and levels of (remote) supervision involved, to ensure that help and support is available when required, and that emergency procedures take into account the needs of new and expectant mothers.
Work at Heights	It is hazardous for pregnant women to work at heights, for example ladders, platforms.	A specific risk assessment should consider any additional risks due to work at height (e.g. working on ladders).
Travelling either inside or outside the workplace	Travelling in the course of work, and to and from the workplace, can be problematic for pregnant women, involving risks including fatigue, vibrations, stress, static posture, discomfort and accidents. These risks can have a significant effect on the health of new and expectant mothers.	See specific entries in this table to assess how to reduce risk from fatigue, vibrations, stress, static posture etc.
Work-related violence	If a woman is exposed to the risk of violence at work during pregnancy, when she has recently given birth or while she is breastfeeding, this may be harmful. It can lead to detachment of the placenta, miscarriage, premature delivery and underweight birth, and it may affect the ability to breastfeed. This risk particularly affects those in direct contact with customers and clients.	<p>Measures to reduce the risk of violence include:</p> <ul style="list-style-type: none"> • providing adequate training and information; • improving the design or layout of the workplace; • changing the design of the job – e.g. avoiding lone working, reducing use of cash, maintaining contact with workers away from work base. <p>If the risk of violence cannot be significantly reduced then the pregnant women and new mothers will be offered suitable alternative work.</p>

<p>Work equipment and personal protective equipment (including clothing)</p>	<p>Work equipment and personal protective equipment is not generally designed for use by pregnant women. Pregnancy (and breastfeeding) involves physiological changes which may make some existing work and protective equipment not only uncomfortable but also unsafe for use in some cases - for example, where equipment does not fit properly or comfortably, or where the operational mobility, dexterity or co-ordination of the woman concerned is temporarily impeded by her pregnancy or recent childbirth.</p>	<p>A specific risk assessment must be carried out which takes account of changes in risks as pregnancy progresses.</p> <p>Wherever possible, the risk should be avoided by adaptations or substitution, e.g. providing suitable alternative equipment to allow the work to be conducted safely and without risk to health. Unsafe working will not be allowed.</p>
<p>Hazards because of inappropriate nutrition</p>	<p>Adequate and appropriate nutrition and liquid refreshment (especially clean drinking water) at regular intervals is essential to the health of the new or expectant mother and her child. Appetite and digestion are affected by the timing, frequency and duration of meal breaks and other opportunities for eating and drinking, and this also affects the health of the unborn child. This is affected during and after pregnancy by hormonal and physiological changes, including those resulting in or affecting 'morning' sickness (usually in early pregnancy), the position of the unborn child in the womb, the nutritional needs of the individual mother and her unborn or breastfeeding child, etc. Pregnant women may need more frequent meal breaks and more frequent access to drinking water or other light refreshments. They may also only be able to tolerate food 'little and often' rather than in larger quantities at 'normal' mealtimes.</p>	<p>Consultation with individuals concerning rest, meal and refreshment breaks will take place. These needs may change as the pregnancy progresses. Protective measures must be taken to deal with these constraints.</p>

2. Chemical Agents - chemical agents may enter the body through different pathways- inhalation, ingestion, cuts and abrasions, and dermal absorption. The following chemical agents insofar as it is known endanger the health of women and the unborn child

List of Agents/Working Conditions	Risks Identified	Protective or Control Measures
<p>Substances labelled R40, R45, R46, R49, R61, R63, R64 and R68</p>	<p>There are several substances with hazardous properties indicated by these risk phrases, including about 1000 substances in the Approved Supply List:</p> <p>R40: limited evidence of a carcinogenic effect. R45: may cause cancer. R46: may cause heritable genetic damage. R49: may cause cancer by inhalation. R61: may cause harm to the unborn child. R63: possible risk of harm to the unborn child. R64: may cause harm to breastfed babies. R68: possible risk of irreversible effects.</p> <p>The actual risk to health of these substances can only be determined following a risk assessment of a particular substance. Although the substances listed may have the potential to endanger health or safety, there may be no risk in practice, for example if exposure is at a level that is known to be safe.</p>	<p>For work with hazardous substances (which include chemicals which may cause heritable genetic damage) the health risks to pregnant women or have given birth arising from such work must be assessed where appropriate to prevent or control the risks. Occupational Exposure Limits (OELs) for workplace air are set under COSHH for specific substances. Preventing exposure must be the first priority. This can be achieved through substitution of harmful agents, if possible. Where it is not possible to eliminate exposure, it must be controlled by a combination of technical measures, along with good work planning and housekeeping, and the use of Personal Protective Equipment (PPE). PPE for control purposes must be used only if all other methods have failed. It may also be used as secondary protection in combination with other methods.</p>
<p>Mercury and mercury derivatives</p>	<p>Organic mercury compounds could have adverse effects on the unborn child. There is no clear evidence of adverse effects on the developing unborn child from studies of humans exposed to mercury and inorganic mercury compounds. Also there is no indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby. Organic mercury can be transferred from</p>	<p>Preventing exposure must be the first priority. Where it is not possible to eliminate exposure, it must be controlled by a combination of technical measures, along with good work planning and housekeeping, and the use of Personal Protective Equipment (PPE). PPE must only be used for control purposes if all other methods have failed. It may also be used as secondary protection in combination with other methods.</p>

	blood to milk, therefore causing a potential risk to the newborn baby, if the mother is highly exposed before and during pregnancy.	
Chemical agents of known and dangerous percutaneous absorption (i.e. that may be absorbed through the skin) includes some pesticides	<p>The HSE guidance booklet EH40 Occupational exposure limits contains tables of inhalation exposure limits for certain hazardous substances and some of these substances can also penetrate intact skin and become absorbed into the body, causing ill health effects. As with all substances, the risks will depend on the way that the substance is being used as well as on its hazardous properties.</p> <p>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>	The priority is to prevent exposure and take special precautions to prevent skin contact. Where possible, use technical measures to control exposure in preference to personal protective equipment such as gloves, overalls or face shields. Where personal protective equipment is used (either alone or in combination with engineering methods), ensure that it is suitable.
Carbon monoxide (CO)	<p>Risks arise when engines or appliances that emit carbon monoxide are operated in enclosed areas. Pregnant women may have heightened susceptibility to the effects of exposure to CO. Carbon monoxide readily crosses the placenta and can result in the unborn child being starved of oxygen. There is no indication that breastfed babies suffer adverse effects from their mothers' exposure to carbon monoxide, nor that mothers are significantly more sensitive to carbon monoxide after giving birth. Risk assessment and prevention of high exposure are identical for all workers. Risk assessment may be complicated by active or passive smoking or ambient air pollution.</p>	Eliminate the hazard by changing processes or equipment. Where prevention is not appropriate, technical measures, in combination with good working practices and personal protective equipment. Avoid chronic exposure of female workers. Inform pregnant workers about the dangers of exposure to carbon monoxide during smoking.

3. Physical Conditions - where these are regarded as agents causing foetal

List of Agents/Working Conditions	Risks Identified	Protective or Control Measures
<p>Movements and postures</p>	<p>The nature and extent of any risks of injury or ill health resulting from movements or posture during and after pregnancy will depend on a number of factors, including: the nature, duration and frequency of tasks/movements; the pace, intensity and variety of work; patterns of working time and rest breaks; ergonomic factors and the general working environment; and the suitability and adaptability of any work equipment involved. Hormonal changes in women who are pregnant or have recently given birth can affect the ligaments, increasing susceptibility to injury. The resulting injury may not be apparent until sometime after the birth. There is a risk to women who may handle loads during the three months following a return to work after childbirth. Postural problems can arise at different stages of pregnancy, and on returning to work, depending on the individual and her working conditions. These problems may increase as the pregnancy progresses, especially if the work involves awkward movements or long periods of standing or sitting in one position.</p> <p>Standing: Continuous standing during the working day may lead to dizziness, faintness, and fatigue. It can also contribute to an increased risk of premature childbirth and miscarriage.</p> <p>Sitting: Pregnancy-specific changes pose a relatively high risk of thrombosis or embolism, particularly with constant sitting. In the later</p>	<p>Where appropriate, introduce or adapt work equipment, alter storage arrangements or redesign workstations or job content. Pregnant women should avoid long periods spent handling loads, or standing or sitting without regular exercise or movement to maintain healthy circulation. The opportunity to alternate between standing and sitting should be available. If this is not possible provide for breaks.</p>

	<p>stages of pregnancy, women are more likely to experience backache, which can be intensified by remaining in a specific position for a long period of time. Backache in pregnancy may also be associated with prolonged work, poor working posture, and excessive movement. A pregnant woman may need more workspace, or may need to adapt the way she works (or the way she interacts with the work of others or with her work equipment) as pregnancy changes both her size and the ways in which she can move, stand or sit still for a long time in comfort and safety. Confined space: It is hazardous working in confined workspaces, or with workstations 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. Dexterity, agility, co-ordination, speed of movement, reach and balance may also be impaired and an increase in the risk of accidents may need to be considered. There may also be additional risks if a woman is returning to work after childbirth with medical complications such as a Caesarean birth or deep vein thrombosis</p>	
<p>Manual handling of loads where there is a risk of injury</p>	<p>Pregnant workers are especially at risk from manual handling injury. For example, hormonal changes can affect the ligaments, increasing susceptibility to injury; and postural problems may increase as the pregnancy progresses. There can also be risks for those who have</p>	<p>Refer to the sites Manual Handling Code of Practice and</p> <ul style="list-style-type: none"> • avoid the need for hazardous manual handling, so far as is reasonably practicable • assess the risks from those operations that cannot be avoided; and • take steps to reduce these risks to the lowest level reasonably practicable

	recently given birth. lifting and handling capability. Breastfeeding mothers may experience discomfort.	
Shocks and vibration	Regular exposure to shocks, low frequency vibration (for example driving or riding in off-road vehicles) or excessive movement may increase the risk of a miscarriage. Long-term exposure to whole body vibration does not cause abnormalities to the unborn child. However, there may be an increased risk of premature birth or low birth weight. Breastfeeding workers are at no greater risk than other workers.	Pregnant women 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.
Noise	There appears to be no specific risk to new or expectant mothers, but prolonged exposure to loud noise may lead to increased blood pressure and tiredness.	Refer to the sites Noise at Work Code of Practice. Women who are pregnant, who have recently given birth or who are breastfeeding must not be exposed to noise levels exceeding national exposure limit values.
Ionising radiation	No problems for women who have recently given birth or who are breastfeeding. Significant exposure to ionising radiation can be harmful to the unborn child. Ensure that the conditions of exposure during the remainder of the pregnancy are such that the dose to the unborn child is unlikely to exceed a value specified in the Ionising Radiations Regulations 1999. There may be a risk to the unborn child if significant amounts are ingested or inhaled by the expectant mother or permeate through her skin and are transferred via the placenta to the unborn child. In addition, radiation from radioactive substances taken into the mother's body irradiates the unborn child through the wall of the womb. Similarly, radioactive material may	Work procedures should be designed to keep exposure of the pregnant woman to a level which is as low as reasonably practicable (and so restrict the radiation dose to the unborn child to below that specified in the Ionising Radiation Regulations). A risk assessment must be undertaken which should take into account the risk from external radiation exposure to the abdomen of expectant mothers and possible contamination by or intake of radioactive materials by expectant mothers and breastfeeding women. Female workers who may be exposed to ionising radiation will be informed that they need to declare the pregnancy as soon as possible and to inform management if they

	<p>pass into the milk of a breastfeeding mother and therefore present a radiation hazard to the suckling infant. Radioactive contamination of the skin of a nursing woman may also present a direct radiation hazard to the suckling infant.</p>	<p>are breastfeeding. New and expectant mothers will be given training, information and instruction to cover the fundamental and routine requirements to work with ionising radiation.</p>
<p>Non-ionising electromagnetic radiation (NIEMR)</p>	<p>Optical radiation: pregnant or breastfeeding mothers are at no greater risk than other workers. Electromagnetic fields and waves (e.g. Radio-frequency radiation): Exposure to electric and magnetic fields within current recommendations is not known to cause harm to the unborn child or the mother. However, extreme over-exposure to radiofrequency radiation could cause harm by raising body temperature.</p>	<p>Exposure to electric and magnetic fields should not exceed the restrictions on human exposure published by the National Radiological Protection Board.</p>

4. Biological Agents – infectious diseases

List of Agents/Working Conditions	Risks Identified	Protective or Control Measures
<p>Any biological agent of hazard groups 2, 3 and 4 (Categorisation of biological agents according to hazard and categories of containment – Advisory Committee on Dangerous Pathogens)</p>	<p>Many biological agents within these three risk groups 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. Examples of agents where the child might be infected are hepatitis B, HIV, herpes, TB, syphilis, chickenpox and typhoid. For most workers, the risk of infection is not higher at work than from elsewhere, but in certain occupations exposure to infections is more likely, for example laboratory work.</p>	<p>The specific risk assessment must take account of the nature of the biological agent, how infection is spread, how likely contact is, and what control measures there are. These control measures may include physical containment, hygiene measures, and using vaccines if exposure justifies this. If there is a known high risk of exposure to a highly infectious agent, then it will be appropriate for the pregnant worker to avoid exposure altogether.</p>
<p>Biological agents known to cause abortion of the unborn child, or physical and neurological damage. These agents are included in hazard groups 2, 3 and 4.</p>	<p>Rubella (German measles) and toxoplasma can harm the unborn child, as can some other biological agents, for example cytomegalovirus (an infection common outside the workplace). The risks of infection are generally no higher for workers than for others except in exposed occupations (see above).</p>	<p>Pregnant women should avoid exposure to these biological agents.</p>