PREGNANCY AT WORK GUIDELINES

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1 Introduction

The University recognises the need to protect the health, safety and welfare of female staff and students who may become pregnant, are pregnant or breastfeeding. Certain work practices and procedures may impose higher than usual risks to the unborn child or pregnant woman. Existing safety procedures should be followed. In addition, this guideline outlines potential areas of concern for those that are considering pregnancy, who are pregnant or breastfeeding where further precautions may be required.

2 Responsibilities

2.1 Staff and Students

- Staff and students who intend becoming pregnant, are pregnant or breastfeeding are working with or near specific workplace hazards should advise their supervisor.
- Conduct a risk assessment before working with or near workplace hazards.
- Seek medical expertise in relation to specific workplace hazards such as the use of a particular chemical.

2.2 Supervisors

- Supervisors are to inform staff and students of risks from specific workplace hazards to a person who may become pregnant, are pregnant or breastfeeding.

3 Risk assessment

An assessment of risk should be performed prior to working with specific hazards that offer a degree of risk to a female who may become pregnant, are pregnant or breastfeeding.

A risk assessment should:

1. Identify relevant hazards;
2. Assess the risks arising from the hazards;
3. Adopt control measures to eliminate or reduce the risks, following the hierarchy of control;
4. Record these decisions and checking the continued effectiveness of the control measures.

Further information can be found in the following guidelines:

- Risk management
- Biosafety
- Laboratory Safety
- Radiation and Laser Safety
- Document Control

4 Biological Hazards

The risk of biological hazards to an unborn child or themselves of occupational exposure to certain microorganisms should be considered, such as:

- Toxoplasma gondii;
- Listeria monocytogenes;
- Cytomegalovirus;
• Parvovirus B19;
• Rubella virus;
• Human immunodeficiency virus (HIV);
• Coxiella burnetii;
• Hepatitis B, C and E viruses.

All general laboratory precautions as set out in AS/NZS 2243.3 should be followed, although precise steps of protective measures will vary depending on the micro-organisms being used. Medical advice may be required.

5 Hazardous Chemicals

Some hazardous chemicals used at the University may cause various toxic effects such as fertility impairments, birth defects, harm to unborn children, genetic mutations, poisoning, cancer or other diseases. Exposure to hazardous chemicals may occur through skin absorption, ingestion or inhalation. It is recommended that engineering controls such as exhaust ventilation or fume cupboards be used as well as Personal Protective Equipment and clothing to help control exposure to chemicals.

The table below highlights the various risk phrases and their equivalent GHS hazard statements. As the GHS is a transitional arrangement an SDS may not contain GHS information until January 2017, therefore it is important to identify both the risk phrases and GHS hazard statements for chemicals you may be using if you are pregnant or breast feeding.

<table>
<thead>
<tr>
<th>Risk Phrase</th>
<th>GHS Classification</th>
<th>GHS Hazard Statement</th>
<th>GHS Note</th>
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</thead>
<tbody>
<tr>
<td>R46 May cause heritable genetic damage</td>
<td>Mutagenicity Category 1B</td>
<td>H340 – May cause genetic defects</td>
<td></td>
</tr>
<tr>
<td>R47 May cause birth defect</td>
<td></td>
<td></td>
<td>Not in GHS</td>
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<tr>
<td>R60 May impair fertility</td>
<td>Toxic to Reproduction Category 1A/1B</td>
<td>H360 – May damage fertility of the unborn child</td>
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<tr>
<td>R61 May cause harm to the unborn child</td>
<td></td>
<td></td>
<td>Same as R61</td>
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<tr>
<td>R62 Possible risk of impaired fertility</td>
<td>Toxic to Reproduction Category 2</td>
<td>H361 – Suspected of damaging fertility or the unborn child</td>
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<tr>
<td>R63 Possible risk of harm to the unborn child</td>
<td>Effects on or via lactation</td>
<td>H362 – May cause harm to breast-fed children</td>
<td></td>
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<tr>
<td>R64 May cause harm to breast-fed babies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R68 Possible risk of irreversible effects</td>
<td>Mutagenicity Category 2</td>
<td>H341 – Suspected of causing genetic defects</td>
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</table>

GHS Note 1: For these hazard categories, GHS translation may result in a hazard class that is excluded from legislation. It is possible to use the minimum classification recommended by the GHS and being implemented in Australia, unless data or other information is available.

GHS Note 4: The route of exposure can be added to the hazard statement in the future as indicated in the current classification, if it is conclusively proven that no other routes of exposure cause the hazard.

GHS Note 6: Hazard statements H360 (May damage fertility or the unborn child) and H361 (Suspected of damaging fertility or the unborn child) indicate a general concern for both the reproductive properties related to fertility and developmental effects. According to the hazard statement, only the specific effect can be reported if known.
6 Ionising Radiation

Effects of ionising radiation on a developing foetus are dependent on the time of exposure relative to conception and the magnitude of exposure. Large doses of radiation have been shown to cause congenital malformations, mental retardation and an increased risk of child and adult cancers.

It is important to carry out a risk assessment if you wish to continue working with radioisotopes during pregnancy and follow the usual protective measures which include:

- Wearing a lead apron;
- Working behind protective barriers;
- Wearing laboratory coat and gloves;
- If working with a radioactive substance that may exist as an aerosol or be volatile use a fume cupboard or biological safety cabinet;
- Ensure appropriate monitoring of exposure levels continues with dose limits equivalent to a member of the public.

7 Physical Hazards

It is important to recognise that physical hazards such as lifting, slip tips and falls exist in the workplace and should be considered in relation to pregnancy. Manual handling techniques, prolonged sitting and standing, travelling in cars, off-road vehicles and aircraft should all be assessed to avoid physical risks to the pregnant woman and unborn child. Pregnant and breastfeeding women should also be aware of the risks of heat stress and dehydration if working in areas exposed to excessive heat.

8 Record keeping

Any record created and maintained for pregnancy at work must be kept in accordance the Records Management Policy.

9 Related Documents

- AS/NZS 2243.3:2010 : Safety in laboratories - Microbiological safety and containment
- WHS Risk Management Guidelines
- WHS Document Control Guidelines
- Personal Protective Equipment and Clothing Guidelines

10 Version Control Table

<table>
<thead>
<tr>
<th>Version Control</th>
<th>Date Released</th>
<th>Approved By</th>
<th>Amendment</th>
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<tr>
<td>1</td>
<td>February 2006</td>
<td>WHS Manager</td>
<td>New guideline created</td>
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<td>2</td>
<td>May 2009</td>
<td>WHS Manager</td>
<td>Minor amendments</td>
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<td>3</td>
<td>August 2010</td>
<td>WHS Manager</td>
<td>Document updated to incorporate the Personnel name change to Human Resources Division.</td>
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<td>March 2012</td>
<td>WHS Manager</td>
<td>Rebrand</td>
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<td>5</td>
<td>May 2013</td>
<td>WHS Manager</td>
<td>WHS name change</td>
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<tr>
<td>6</td>
<td>August 2013</td>
<td>WHS Manager</td>
<td>Inclusion of table to Section 5 and general review of content.</td>
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