

UOW SAFE@WORK

PREGNACY 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.

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 and are working with or near specific workplace hazards outlined below should advise their supervisor as soon as possible.
- 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 management

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, is 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.

4 Hazards

4.1 Biological hazards

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

- Toxoplasma gondii;
- Listeria monocytogenes;
- Cytomegalovirus;
- Parvovirus B19;
- Rubella virus;
- Human immunodeficiency virus (HIV);
- Coxiella burnetii;
- Some types of fungi
- 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.

In addition workers and students may be exposed to vaccine preventable diseases during the course of their work or study, including those that work with young children and some of which can cause harm to an unborn child (such as rubella). Workers and students should consult the <u>Immunisation Guidelines</u> for more guidance on vaccinations required for different types of work and also consult with their own doctor about immunisations which may be needed, if they are pregnant or are planning a pregnancy.

4.2 Hazardous chemicals

Some workplace exposures to hazardous chemicals can be more dangerous for pregnant or breastfeeding workers than for other workers. Current occupational exposure limits were set based on studies performed in non-pregnant adults, so they might not protect a pregnant woman or her unborn baby. For example:

- Pregnant women absorb some chemicals faster than non-pregnant women, such as some metals.
- As the body changes, a pregnant worker may find that personal protective equipment (like lab coats or some types of respirators) no longer fits correctly.
- Changes in a pregnant worker's immune system, lung capacity, and even ligaments can alter her risk for injury or illness due to some workplace hazards.
- Some chemical exposures might be riskier for an unborn baby than its mother, due to its rapid development and smaller relative size. For most chemicals, we don't have good information on what levels of exposure might harm an unborn baby.
- If a worker is breastfeeding, think about what exposures could get into the breast milk.
- Workers and students should talk to their doctor about possible workplace exposures. Keep in mind that hazards can be different for breastfeeding women and pregnant women.

Pregnant women and women intending to become pregnant should seek advice from knowledgeable sources before working with the substances that are suspected to be reproductive hazards. These sources include but are not limited to the WHS unit, your supervisor, your doctor and Safety Data Sheets (SDSs) for the chemicals you are working with. The list below contains GHS hazard statements that you should look out for when using chemicals if you are pregnant or breast feeding.

- H340 May cause genetic defects
- H360 May damage fertility of the unborn child
- H361 Suspected of damaging fertility or the unborn child
- H362 May cause harm to breast-fed children
- H341 Suspected of causing genetic defects

4.3 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. There is a well-recognised need to limit radiation exposure of women who are pregnant so as to prevent the occurrence of any radiation related problems in foetal development. It is recommended that a worker or student who becomes pregnant advise their supervisor as soon as practicable, so that appropriate measures may be taken to control their exposure and to provide the required level of protection.

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 as appropriate, including:

- 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.

For further information and advice contact the UOW Radiation Safety Advisor and refer to the Radiation Safety Guidelines.

4.4 Manual handling and workplace design

Workers and students who are pregnant should seek medical guidance in determining work activity limitations on an individual basis. If certain medical risk factors or pregnancy complications are present, it may be important to modify the job for the duration that has been medically specified.

Potential risk factors related to manual handling activities during pregnancy may include:

- Fatigue due to physiological changes
- Prolonged standing and sitting
- Heavy physical workload or continuous or periodic physical effort.
- Working in hot conditions particularly if sweating is excessive.
- Frequent forward bending, stoop

Effective control options to reduce the risk of injury to the pregnant employee and unborn child should use the following principles:

- Redesign of the work environment or job (eg altering the heights of work benches and improving postural support of seating)
- Reduction of the size and weight of an object and forces applied (eg buying smaller packages, and reducing the friction of a surface)
- Mechanical assistance (eg a trolley with a height adjustable surface)
- Safe body mechanics education (avoid bending in any direction and overreaching).

4.5 Other hazards

Other hazards that may have an effect on an unborn child or pregnancy include vibration, non-ionising radiation sources (such as strong electromagnetic fields), physical shocks to the body (such as those related to slips and falls or vehicle accidents), very loud noise, working in excessive hot or cold environments and stress.

These hazards should be managed via a risk management approach to limit exposures to these types of hazards.

5 Related Documentation

Use the links below for the following related documentation:

- Biosafety Manual
- <u>Immunisation guidelines</u>
- Hazardous Chemicals Guidelines
- Materials handling Guidelines
- Radiation Safety Guidelines
- WHS Risk Management Guidelines
- SafetyNet Risk assessment form

6 Program Evaluation

In order to ensure that these guidelines continue to be effective and applicable to the University, these guidelines will be reviewed regularly by the WHS Unit in consultation with the WHS Committee.

Conditions which might warrant a review of the guidelines on a more frequent basis would include:

- reported hazards or injuries
- non-conforming systems
- WHS Committee concern.

Following the completion of any review, the program will be revised/updated in order to correct any deficiencies. These changes will be communicated via the WHS Committee.

7 Version Control Table

Version Control	Date Released	Approved By	Amendment
1	February 2006	WHS Manager	New guideline created
2	May 2009	WHS Manager	Minor amendments
3	August 2010	WHS Manager	Document updated to incorporate the Personnel name change to Human Resources Division.
4	March 2012	WHS Manager	Rebrand
5	May 2013	WHS Manager	WHS name change
6	August 2013	WHS Manager	Inclusion of table to Section 5 and general review of content.
7	September 2016	Manager WHS	Added further information to all sections of the document and added other hazards section.