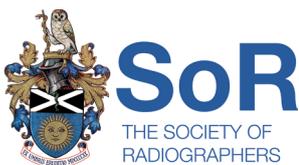


# Health and safety and pregnancy in clinical imaging and radiotherapy departments: A guide for pregnant and breast / chest feeding employees

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## Summary

The Society of Radiographers (SoR) has updated this advice and guidance on the subject of health and safety and pregnancy to reflect both our overarching values of inclusive language and practice and current health and safety legislation. It covers the rights of pregnant employees and those who have recently given birth as well as statutory benefits and includes additional information from the NHS Terms and Conditions of Service Handbook.

The SoR believes this guidance is inclusive of all pregnant employees. Where reference is made to specific aspects of regulation, it is acknowledged that the language used may not be considered inclusive; however, the SoR is clear that this guidance applies to all individuals with the potential to become pregnant, who are pregnant, have given birth or are breast/chest feeding.

## Introduction

The Society of Radiographers (SoR) has updated this advice and guidance document on the subject of health and safety and pregnancy in response to questions and concerns raised by our members, workplace representatives and managers.

Pregnancy usually goes undetected for the first few weeks, so employers should identify hazards and risks to all employees of childbearing potential, not only those they know are pregnant.

Employees may choose how long they work up to the baby's due date of delivery. There are physical and hormonal changes that take place during pregnancy and continue for a number of months after the birth.

The employer has a number of responsibilities.

- The employer must assess hazards and risks to employees who have recently given birth or are pregnant to enable them to protect their baby/unborn child.
- After the birth, an employee has the right to choose to return to work while they are still breast/chest feeding, and their employer should enable this to happen safely. The SoR supports the right of its members to breast/chest feed for as long as they wish to do so.
- The employer must assess hazards in the workplace to protect breast/chest milk from industrial contaminants.

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There should already be an awareness of the risks to pregnant employees in diagnostic imaging, radiotherapy and oncology departments. This updated guidance not only addresses the obvious radiation hazards and potential risks to employees but also hazards such as fatigue and excessive working hours.

Unfortunately, despite the legislation in place in the UK, a report by the Equality and Human Rights Commission (EHRC) found that one in five mothers had experienced harassment or negative comments related to pregnancy or flexible working from their employer and/or colleagues.

According to a further report on the prevalence and nature of pregnancy discrimination and disadvantage in the workplace by EHRC and the Department for Business, Innovation and Skills in 2016, an estimated 54,000 employees every year were forced to leave their jobs because of how they were treated during their pregnancy or maternity leave or after they returned to work.

Pregnancy should not be regarded as ill health. It is part of everyday life and its health and safety implications can be adequately addressed by effective management and health and safety procedures.

Many SoR members will work while they are pregnant and choose to return to work while they are breast/chest feeding. Some hazards in the workplace may affect the health and safety of employees who have recently given birth or are pregnant. Working conditions should be adjusted during pregnancy and while breast/chest feeding.

Pregnancy can sometimes go undetected for the first four to six weeks or more. It is important for employers to identify the hazards and risks to all employees of childbearing potential. Employers should also consider whether some hazards present more of a risk at different stages of the pregnancy.

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## Section 1: Health and safety legislation

### EU Pregnant Workers Directive

The aim of the 1992 EU Pregnant Workers Directive was to improve the protection offered to pregnant workers and workers who had recently given birth or were breast feeding.

The directive went further and extended the minimum length of maternity leave from 14 to 18 weeks and improved the rights of pregnant workers. It was incorporated into later legislation.

### Health and Safety at Work etc. Act 1974

The Health and Safety at Work etc. Act 1974 was introduced to ensure that virtually all workers in all occupations were protected by health and safety legislation. It provides a broad framework within which health and safety is regulated.

The act is written in very general terms and the duties of employers to their employees are qualified with the words “so far as is reasonably practicable”. The SoR believes employers will try to use the phrase ‘reasonably practicable’ to say that it will cost too much money to instigate the changes identified in a risk assessment. However, the Health and Safety Executive (HSE) is clear in its guidance on managing and assessing risks at work that employers must take action to eliminate a hazard and, if that is not possible, to control the risk.

Section 2 of the act places a general duty on employers to ensure the safety, health and welfare of their employees at work.

### Management of Health and Safety at Work Regulations 1999

The 1992 Pregnant Workers Directive was incorporated into the Management of Health and Safety at Work Regulations, which contain specific provisions for employees of childbearing age in the workplace.

### Regulation 3: Risk assessment

Employers are legally required to conduct a risk assessment. While carrying this out they should

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consider:

- employees of childbearing age (**Regulation 16 (1) (a)**)
- work of a kind that “could involve risk, by reason of her condition, to the health and safety of a new or expectant mother, or to that of her baby, from any processes or working conditions, or physical, biological or chemical agents, including those specified in Annexes I and II of the Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding” (**Regulation 16 (1) (b)**)
- not waiting until an employee has advised them of their pregnancy to conduct a risk assessment. When the risk assessment has identified a risk, employers must tell all employees of childbearing potential about the potential risks if they are, or could be in the future, pregnant or breast/chest feeding. Where risks have been identified, these should be either reduced or removed if possible.

When employers receive written notification from an employee that they are pregnant, have given birth within the previous six months, or are breast/chest feeding, the employer must carry out a specific risk assessment. The assessment must take into account any advice provided by the employee’s doctor or midwife about their health.

Under these regulations, risk assessments require employers to:

- make a suitable and sufficient assessment of risks
- identify measures needed to comply with legal requirements review the risk assessment
- record the assessment if the organisation has five or more employees.

Risk assessments must pay particular attention to employees who are pregnant, have recently given birth or miscarried, or are breast/chest feeding, and may be exposed to any process, working condition or physical, chemical or biological agent that may damage their own health and safety or that of their unborn or newborn baby.

Employers must take action to remove, reduce or control any risks identified. If the risk cannot be removed, employers must:

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- temporarily adjust the employee's working conditions and/or hours of work (**Regulation 16 (2)**), or if that is not possible
  - offer suitable alternative work (at the same rate of pay), if available, or
  - suspend the employee from work on paid leave when these adjustments and alternatives cannot reasonably be achieved, for as long as necessary to protect their health and safety and that of their child (**Regulation 16 (3)**).

### **Regulation 16: Risk assessment in respect of new or expectant mothers**

Any risk assessment must take account of how hazards may affect the health and safety of expectant employees or those who have recently given birth.

The risk assessment needs to be reviewed regularly (as the risks of damage to an unborn child as a result of a hazard will vary at different stages of the pregnancy), paying particular attention to:

- dexterity agility posture
- coordination
- speed of movement.

These may all become impaired due to increased size during pregnancy.

### **Regulation 17: Certificate from registered medical practitioner in respect of new or expectant mothers**

This regulation states that pregnant employees or those who have recently given birth may also be suspended from night work if they have a signed certificate from a medical practitioner or midwife stating that this is necessary in the interests of their health and safety. Again, alternative hours of work should be offered, subject to Section 67 of the Employment Rights Act 1996 (as amended by the Employment Relations Act 1999).

### **Regulation 18: Notification by new or expectant mothers**

This states that an employer must be notified in writing by the employee that they are pregnant; only then is the employer required to take action.

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## Workplace (Health, Safety and Welfare) Regulations 1992

These regulations cover the general welfare of all employees, with some specific provision for those who are pregnant or breast/chest feeding.

### Regulation 25: Facilities for rest and to eat meals

This states that suitable facilities should be provided for any person at work who is a pregnant or nursing employee to rest (**Regulation 25 (4)**).

HSE guidance on the regulations adds that facilities for pregnant and nursing employees to rest should be conveniently situated in relation to toilets and, where necessary, include the facility to lie down.

## Ionising Radiations Regulations 2017 (IRR17)

**Regulation 8** of IRR17 includes a requirement for employers to carry out a risk assessment for any new activities involving work with ionising radiation.

**Regulation 9** states that once an employer who undertakes work with ionising radiation has been notified that an employee (including self-employed contractors) is pregnant, they must ensure the conditions of this employee's exposure mean the equivalent dose to the fetus is as low as possible and unlikely to exceed 1mSv during the remainder of the pregnancy. A breast/chest feeding employee should not be "engaged in any work involving a significant risk of intake of radionuclides or of bodily contamination".

**Regulation 15** sets out the employer's responsibility to inform employees engaged in work with ionising radiation about the risks, including those to a fetus or child being breast/chest fed, and the importance of notifying the employer in writing as soon as possible about their pregnancy and/or intention to breast/chest feed.

**Regulation 17** covers the employer requirement to designate specific 'controlled' areas, where employees need to follow certain procedures to restrict exposure to radiation, and 'supervised' areas, where conditions are kept under review. **Regulation 18** states that there must be written 'local rules' and instructions on restricting exposure in any controlled or supervised area. This regulation also requires employers to appoint radiation protection supervisors responsible for ensuring compliance with the local rules, while **Regulation 14** sets out the requirement for

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employers to consult a radiation protection adviser (RPA) on various aspects of working with ionising radiation, including regular safety checks.

The approved code of practice on working with ionising radiation points out that the radiation risk assessment required by IRR17 **Regulation 8** should indicate to the employer what exposures pregnant or breast/chest feeding employees are likely to receive in particular working areas, and that an RPA should be involved in this assessment. For exposure to external radiation, the recommended dose restriction is broadly equivalent to a dose to the surface of the abdomen of a pregnant employee of about 2mSv in many working situations, including the diagnostic use of X-rays. Certain radionuclides are absorbed more readily by the tissues of the placenta and fetus. If exposure is to high-energy radiation, employers should get advice from the RPA about an appropriate dose restriction.

The guidance states that the risk assessment should show if there are any working areas where an employee could receive significant bodily contamination, taking into account any control measures to prevent this, including the use of personal protective equipment (PPE) and the steps taken to ensure it is used at all times. In assessing the risks of bodily contamination, employers should be aware that certain radionuclides are likely to become concentrated in breast milk so the dose to the child may be of much greater concern than the dose to the breast/chest feeding employee.

### **Control of Electromagnetic Fields at Work (CEMFAW) Regulations 2016 and Control of Electromagnetic Fields at Work Regulations (Northern Ireland) 2016**

The CEMFAW regulations concern worker exposure to electromagnetic fields (EMFs) and cover the minimum health and safety requirements regarding the exposure of workers to the risks arising from EMFs. The CEMFAW regulations place a duty on employers to assess the risks of employee exposure and eliminate or minimise those risks.

Employers must ensure they take employees at particular risk, such as expectant mothers, into account when they assess employees' exposure to EMFs, and manage any risks associated with this.

The Medicines and Healthcare Products Regulatory Agency (MHRA) *Safety guidelines for magnetic resonance imaging equipment in clinical use support the regulations.*

Working in magnetic resonance imaging (MRI) can involve exposure to strong static magnetic fields, and in some cases to low-frequency, time-varying magnetic fields and radiofrequency (RF)

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radiation. There is no evidence that this exposure causes harm to an unborn fetus, but regulators advise caution in the face of scientific uncertainty. There is also a concern that acoustic noise due to the switched magnetic field gradients used in MRI could damage fetal hearing.

Based on these considerations, the MHRA recommends that sites should carry out risk assessments in terms of employee exposure to the static magnetic field, and also advises that pregnant employees should not remain in the examination room during scanning.

The British Institute of Radiology (BIR) multi-professional MR Safety Working Party has produced some template MRI [risk assessment](#) forms.

## Other key legislation

There are potential health and safety risks in workplace activities such as computer use, heavy lifting or carrying, and standing or sitting for long periods without adequate breaks. Other legislation relevant to the protection of pregnant employees or those who have recently given birth and/or are breast/chest feeding includes:

- Manual Handling Operations Regulations 1992
- The Control of Substances Hazardous to Health Regulations 2002
- The Health and Safety (Display Screen Equipment) Regulations 1992

Employees also have particular rights to help safeguard their position generally.

## Employment Rights Act 1996 (as amended by the Employment Relations Act 1999)

This legislation sets out the options that should be offered to a pregnant employee. Employers who offer “suitable alternative work” to a pregnant employee must ensure the work is both suitable and appropriate for them to do in the circumstances and on terms and conditions “no less favourable than their normal terms and conditions”.

An employee is entitled to make a complaint to the Employment Tribunal if there is suitable alternative work available that their employer has failed to offer before suspending the employee from work on maternity grounds.

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If an employee has a medical certificate stating that night work could affect their health or safety, they have a right to be offered suitable alternative daytime work on terms and conditions “no less favourable than their normal terms and conditions”.

An employee suspended from work on maternity grounds is entitled to be paid remuneration (wages or salary) at their full normal rate for as long as the suspension continues. The only exception is if the employee has “unreasonably refused” an offer of suitable alternative work. If an employee has both statutory and contractual rights to remuneration during maternity suspension, these entitlements can be offset against each other.

The employee continues to be employed during the maternity suspension period, so this counts towards their period of continuous employment for the purposes of pension rights. If an employer fails to pay an employee some or all of the remuneration due for any day of maternity suspension, the employee is entitled to make a complaint to the Employment Tribunal.

## **Equality Act 2010**

The Equality Act of 2010 provides protection against discrimination on the grounds of, among other ‘protected characteristics’, sex, maternity, pregnancy and gender reassignment. A protected characteristic is the part of someone’s identity or experience that is used as a reason to treat them unequally in society.

This legislation protects employees from unfavourable treatment relating to maternity leave, pregnancy itself or illness associated with pregnancy. It is unlawful for an employer to discriminate against an employee because they are pregnant or have recently given birth, or if they have a pregnancy-related illness or have exercised (or want to exercise) the right to maternity leave.

Maternity covers the period of 26 weeks after birth. Breast/chest feeding employees are also protected for the period that they breast/chest feed, even after 26 weeks.

Examples of pregnancy discrimination could include:

- selection for redundancy because of an employee’s pregnancy or pregnancy-related illness
- refusing to extend the employee’s contract during or after a probation period
- dismissal because of pregnancy or non-renewal of a fixed-term contract

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- refusal of a job offer, training or promotion opportunities
  - reduction in pay or hours
  - pressure to resign
  - failure to remove risks at work and take action to protect an employee's health and safety during their pregnancy.

To show pregnancy/maternity discrimination there does not have to be a comparison with another employee who is not pregnant or who has recently given birth, but there would need to be evidence that the unfavourable treatment was because of the pregnancy or absence on maternity leave.

The Equality Act protects all employees, casual workers, agency workers, freelancers and contractors against pregnancy and maternity discrimination from day one of their employment.

## **The role of SoR health and safety representatives**

SoR is a trade union recognised by the NHS and some larger independent sector employers, which gives it the right to have workplace representatives ('reps') who can advise and support SoR members, particularly in times of difficulty. SoR has health and safety reps who work with employers to provide a safe working environment, including addressing threats to wellbeing such as harassment, and industrial relations reps who deal with general employment matters, particularly relating to terms and conditions of employment and any disciplinary procedures and sanctions.

### **SoR reps' checklist**

In relation to pregnancy and maternity rights, SoR reps aim to:

- ensure that employers have carried out prior risk assessment for the radiation work in which a pregnant member of staff is involved
  - ensure that employers have local rules on work with ionising radiation in specific areas (as required by IRR17) that include procedures for pregnant and breast/chest feeding employees, including those working with radioactive material
  - ensure that all SoR members are aware of and understand the local rules
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- ensure that pregnant staff are not made to work with patients who may have radioactive implants.

Members who remain anxious about the risks from ionising radiation should be given the option to discuss their concerns with their manager and/or SoR health and safety representative. If they are still concerned, they must be given the option to avoid all radiation. The relevant radiation protection supervisor/adviser should also be consulted.

## Section 2: Hazards and risks and how to avoid them

HSE offers advice on carrying out general workplace risk assessments, and can provide a template to help keep a simple record of:

- who might be harmed and how
- what is already being done to control the risks
- what further action is needed, who should carry this out and when it should be done by.

The [HSE template can be downloaded here](#).

## Section 3: Maternity rights and benefits

All pregnant employees are entitled to access statutory benefits from their employer in addition to their rights under health and safety legislation, and these can have an important impact on the health of both the employee and their child.

The minimum statutory entitlements change occasionally and it is vital to refer to the most up-to-date information. Please follow the links below to access the current level of payments and entitlements.

NHS employees can also find information on their specific entitlements in Section 4.

Other employees should look carefully at their contracts of employment, staff handbooks or other sources of employer-based information for details of their entitlements, bearing in mind that they cannot receive less than the statutory minimum.

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### [Maternity leave and pay](#)

Entitlement to maternity leave does not depend on how long someone has been with their employer, the hours they work or their rate of pay.

However, to qualify for Statutory Maternity Pay (SMP) employees must have worked for their employer for a certain period and have given the correct notification of their pregnancy.

[Maternity allowance](#) may be payable to employees who are not entitled to SMP, perhaps because they are self-employed or have not been employed for very long.

### [Paternity leave and pay](#)

Employees may also be eligible to take time off and to receive statutory payments because their partner is having a baby or they are adopting a child or having a baby through a surrogacy arrangement.

There are also options for parents to [share statutory leave and pay entitlements](#).

### **Time off for pregnancy-related reasons**

As well as financial help, pregnant employees have a legal right to time off for certain related purposes, such as medical appointments and antenatal or parenting classes recommended by a doctor or midwife.

The SoR can assist with issues relating to members' employment during their pregnancy and afterwards as long as they remain a member and have been in continuous paid membership for the previous 12 months. It is also possible to suspend their SoR membership payments while they are on maternity leave. Please contact the Membership Team ([membership@sor.org](mailto:membership@sor.org) | 0207 740 7200) for more information.

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## **Section 4: NHS agreements on maternity leave and pay**

NHS employees are subject to all the relevant legal rights and protections, but these are enhanced by the provisions of Agenda for Change and also by local agreements and arrangements. Section 15 of the NHS Terms and Conditions of Service Handbook covers all the terms and conditions relating to pregnancy, childbirth and the return to work for NHS employees.

Some NHS employers will produce their own information to explain these further. There are a number of key dates that employees will be expected to observe, and it helps to have a timeline as a reminder.

### **Some key points**

#### **Section 15, paragraphs 15.65–15.75**

‘Keeping in touch days’ are intended to help employees keep in touch with workplace developments during their maternity leave (including training) and enable an easier transition back to work. There are provisions for how these will happen, supplemented by local discussions.

#### **Section 15, paragraph 15.76**

This refers to the risk assessment an employer will be expected to undertake for employees who are pregnant, have recently given birth or who are breast/chest feeding. If this concludes that they cannot undertake their normal duties safely, then suitable alternative work should be found, which will be at their normal rate of pay. It is important that this includes average earnings if on-call work is affected, in the same way that this is included for absences due to sickness or leave. If suitable alternative work cannot be found, the employee may be suspended on full pay. This should not in any way be regarded as detrimental but as a means of protecting the employee and their child.

#### **Section 15, paragraphs 15.38–15.39**

Should an employee wish to return to work after maternity leave on a changed, more flexible, working hours pattern, there is an expectation that the employer will facilitate this wherever possible.

#### **Section 15, paragraphs 15.54–15.55**

Employers should carry out a risk assessment for breast/chest feeding employees and provide appropriate facilities and support. This may include making adjustments to working hours or

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offering alternative duties if necessary.

It is important to remember that all terms and conditions remain unchanged during maternity leave, including accrual of sick leave and annual leave, incremental progression etc.

## Section 5: Pregnancy and COVID-19

Studies from the UK have found that pregnant women are no more likely to get COVID-19 than other healthy adults, but they are at slightly increased risk of becoming severely unwell if they do catch COVID-19 and are more likely to have pregnancy complications like preterm birth or stillbirth.

Roughly two-thirds of pregnant employees with COVID-19 will show no symptoms at all, and most of those who do will only have mild cold or flu-like symptoms. However, a small number can become unwell with COVID-19 and are at slightly increased risk of becoming severely unwell, particularly in the third trimester.

Pregnant women are among the people listed by the government as being at higher risk. They should, as a minimum, follow the same guidance on COVID-19 as everyone else (for example, on testing or self-isolation), though some may wish to take extra precautions.

### Key COVID-19 advice for pregnant employees

According to current [government](#) and [Royal College of Obstetricians and Gynaecologists \(RCOG\)](#) advice:

- Vaccination is recommended in pregnancy as the safest and most effective way of protecting you and your baby from COVID-19 infection.
- Pregnant employees who are unvaccinated, or not fully vaccinated, may choose to limit the close contact they have with those they do not usually meet to reduce the risk of catching or spreading COVID-19, particularly if they are in the third trimester and when COVID-19 levels in their general community are high.
- Keep mobile and hydrated to reduce the risk of blood clots in pregnancy.
- Stay active with regular exercise and follow a healthy balanced diet, with folic acid and vitamin D supplements, to help support a healthy pregnancy.

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- Attend all your pregnancy scans and antenatal appointments unless you are advised not to.
  - Contact your maternity team if you have concerns about your wellbeing or your unborn baby's.
  - Follow the Government's occupational health guidance to ensure you are safe in the workplace.

Pregnant employees (at any gestation) who are vaccinated against COVID-19 should remember:

- You should have a workplace risk assessment with your employer and occupational health team, and only continue working if this indicates it is safe to do so.
- Your employer should remove or manage any risks by adjusting your work environment or role, or, if this is not possible, offer you suitable alternative work or working arrangements (including working from home) or suspension on your normal pay.
- Your employer should ensure you are able to adhere to any active national guidance on social distancing.
- Some healthcare occupations, such as those with greater public contact, may carry a higher risk of exposure to the virus. You should be supported by your employer with appropriate risk mitigation in line with recommendations to staff arising from workplace risk assessment.

Pregnant employees (at any gestation) who are unvaccinated or not fully vaccinated should take a more precautionary approach because they are at increased risk of becoming severely ill, and preterm birth is more likely, if they contract COVID-19. They should also seriously consider getting the COVID-19 vaccine and completing the vaccination schedule.

Employers should undertake a workplace risk assessment, and where appropriate consider how to redeploy unvaccinated staff and make adjustments to their work environment and role (including maximising the potential for homeworking) if possible.

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## Annex A: Resources

Health and Safety Executive (HSE). [Working safely with ionising radiation; Guidelines for expectant or breastfeeding mothers](#)

## Annex B: Tribunal cases

### **Mrs Helen Larkin v Liz Earle Beauty Co Ltd: 2018**

The Employment Tribunal held that the failure to make a pregnant employee aware of a senior job vacancy prior to making her redundant constituted not only an unfair dismissal but also pregnancy discrimination.

Compensation awarded: £17,303.20

Full details of this decision are available from: [HM Courts & Tribunals Service and Employment Tribunal](#)

Source: [Redmans Solicitors \(2020\)](#)

### **Mrs L Herring v J Lovric & Son: 2019**

The Employment Tribunal held that the failure to carry out a pregnancy risk assessment, as well as giving the claimant a verbal warning (after she informed her employer of her pregnancy), constituted pregnancy discrimination. The Employment Tribunal also held that dismissing the claimant after a period of pregnancy-related sickness absence was automatically unfair.

Compensation awarded: £19,974.67

Full details of this decision are available from: [HM Courts & Tribunals Service and Employment Tribunal](#)

Source: [Redmans Solicitors \(2020\)](#)

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Control of Substances Hazardous to Health Regulations 2002: <https://www.legislation.gov.uk/uksi/2002/2677/introduction>

Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding: <https://www.legislation.gov.uk/eudr/1992/85/contents>

Employment Rights Act 1996: <http://www.legislation.gov.uk/ukpga/1996/18/contents>

Employment Relations Act 1999: <http://www.legislation.gov.uk/ukpga/1999/26/contents>

Equality Act 2010: <https://www.legislation.gov.uk/ukpga/2010/15/contents>

EU Pregnant Workers Directive 1992: <https://osha.europa.eu/en/legislation/directives/10>

Health and Safety at Work etc. Act 1974: <https://www.legislation.gov.uk/ukpga/1974/37/contents>

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## **Annex D: Further information**

There are a variety of organisations that can offer advice and support on the rights of pregnant employees and those who have recently given birth.

### **Advisory, Conciliation and Arbitration Service (Acas)**

Acas provides free advice to both employees and employers on workplace rights, rules and best practice, including on maternity leave and pay, flexible working and working hours, and health and wellbeing. <https://www.acas.org.uk/advice>

### **Equality and Human Rights Commission (EHRC)**

The EHRC provides information on pregnancy and maternity in the workplace for employers and their employees. <https://www.equalityhumanrights.com/en/pregnancy-and-maternity-workplace>

### **Equal Opportunities Commission (EOC)**

The EOC offers advice on the rights of pregnant employees and those applying for jobs while pregnant, and what they should do if they feel they are being discriminated against. <https://www.eoc.org.hk/en/discrimination-laws/sex-discrimination-laws/know-your-rights-pregnancy-discrimination>

### **Health and Safety Executive (HSE)**

The HSE provides a range of information on health and safety for pregnant employees and those who have recently given birth as well as general guidance on relevant areas such as using PPE, display screen equipment, lone working and manual handling, including specific risks in health and care settings. <https://www.hse.gov.uk/guidance/index.htm>

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## **NHS Employers**

NHS Employers provides guidance on work areas covered by the NHS People Plan, such as carrying out risk assessments to protect employees, and general information on working for the NHS, including pay and conditions. <https://www.nhsemployers.org/topics-networks>

## **TUC**

The TUC offers advice on family-friendly working practices (including maternity leave), health and safety, and discrimination. <https://www.tuc.org.uk/workplace-guidance>