



# Guideline for Supporting Healthy Pregnancy at Work

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## Statement of Purpose:

The purpose of this document is to provide a guideline to UBC staff and faculty (including paid students), and their supervisors, related to pre-pregnancy planning and pregnancy-related health recommendations in the workplace.

Pregnancy is a normal physiological state. There are many factors that contribute to a healthy pregnancy, including health, nutrition, family history and limiting exposure to hazardous materials, both at home and in the workplace. Although there is no way to guarantee a healthy pregnancy, there are basic steps that every worker can follow. It is important for workers to consult with their family physician as early as possible in the pregnancy or family planning process in order to discuss all contributing factors and take reasonable measures to best support a healthy pregnancy.

There are instances where pregnant workers require short-term accommodations in the workplace to prevent or reduce the risk of adverse exposures and/or activities. The Canadian Human Rights Commission describes the employer’s obligation to meet these needs as the *Duty to Accommodate*. Accommodation in the workplace does not always mean a perfect solution or the employee’s preferred option; however, “employees are entitled to a fair and dignified solution that allows them to continue to do their jobs in a meaningful way and maintain their current wages and benefits.”<sup>1</sup>

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<sup>1</sup> [http://www.chrc-ccdp.ca/sites/default/files/pregnancy\\_grossesse-eng\\_0.pdf](http://www.chrc-ccdp.ca/sites/default/files/pregnancy_grossesse-eng_0.pdf)



Not all the responsibility lies with the employer. The worker needs to clearly communicate their accommodation needs in a timely way. Once this information about limitations and restrictions is shared, an open dialogue can begin to explore options and ideas that offer reasonable solutions, up to the point of undue hardship by the employer. This communication should involve creativity, flexibility and may require compromise by both parties.

## **Roles and Responsibilities:**

### *The worker should:*

- Talk to their family doctor ideally 12 months before planning to conceive, considering both workplace and non-workplace environments that can affect pregnancy.
- Follow a treatment plan for any existing medical conditions and take steps to ensure healthy habits to maintain a strong immune system.
- Familiarize themselves with the biological, chemical, physical and any other risk factors that may impact their health in pregnancy and/or reproductive health. Attention should be paid to reproductive toxins, particularly those suggesting teratogenicity, mutagenicity and cell-modifying capabilities. Resources may include Material Safety Data Sheets (MSDS), HealthlinkBC publications, and discussion with UBC's Occupational & Preventive Health Unit (O&PH) Nurse.
- If the worker is considering the need for an accommodation, discuss with their supervisor their plan to conceive (where possible) or if post-conception, any concerns regarding potential workplace exposures. While recommended as early as possible, the timing of this discussion is up to the worker - balancing the worker's individual need for privacy versus disclosure.
- Consider and discuss with their supervisor exposure control measures to mitigate/minimize exposure which may include engineering controls, administrative controls, and/or personal protective equipment.
- Consider consultation with O&PH Nurse if questions or concerns persist. Further evaluation by the O&PH Physician may also occur for review and recommendations.
- Other services offered through Workplace Health Services (WHS) may be considered and include short term accommodation through the Return to Work program and ergonomics assessments. For further information, contact the WHS main office at 604-822-3101.

### *The supervisor should:*

- Ensure that workers are aware of the location/placement of the MSDS information.
- Provide education/training to the staff in the workplace on how biological, chemical, physical and other identified risk factors may be present in the workplace. Attention should be paid to reproductive toxins, particularly those suggesting teratogenicity, mutagenicity and cell-modifying capabilities.
- Review safe handling procedures.



- Provide a respectful environment conducive to worker/supervisor dialogue.
- Identify/discuss ways to minimize exposure to specific reproductive toxins for a worker who has advised the employer of pregnancy or intent to conceive a child.
- Provide staff with training on the correct use of PPE, engineering controls and administrative controls. Expect adherence to same. Document training.
- Create a flexible work environment wherever possible.
- Refer to O&PH Nurse and/or Physician when clarification of the medical limitations and restrictions are required.
- Consider all options available, including adjustment of unit workloads, to allow for worker accommodation.
- Consult with Human Resources (HR) when there are questions about the employer's Duty to Accommodate. Where a duty to accommodate is required, the supervisor works with HR and any other stakeholders to adhere to the guideline outlined in the Duty to Accommodate.

### **Advising Groups Available for the Supervisor and Worker:**

#### *The Occupational & Preventive Health Unit should:*

- Provide basic pre-pregnancy planning information to workers during intake interviews.
- Make available appointments with the Nurse to discuss pre-pregnancy and pregnancy or other reproductive concerns.
- Provide to the worker clarity in the role of O&PH as consultative, not diagnostic or prescriptive.
- Refer to the O&PH Physician where indicated for a consultation/medical exam and opinion regarding exposure control measures, clarification of medical restrictions/limitations, and for recommendations for further evaluation/tests.
- Communicate with the Supervisor when the worker provides consent to do so.
- Communicate with the worker's family doctor by facilitating consent to exchange information between the O&PH and the family physician.

#### *Risk Management Services should:*

- Provide guidance with regards to alternative work-practices for the use of hazardous materials.
- Where there are concerns, perform on-site visits to evaluate the individual's workspace. Working with the supervisor and worker establish appropriate solutions to the concerns.
- Communicate with the Supervisor when the worker provides consent to do so.
- Communicate with the Occupational and Preventive Health Unit to exchange pertinent information regarding the safety work procedures and other safety equipment available.



### *The Family Physician or Specialist should:*

- Provide primary medical care during the pregnancy, prenatal/perinatal counseling and medical follow up for any concurrent or evolving medical conditions.
- When there is a medical condition affecting the worker's ability to conduct their regular full duties, provide recommendations related to the medical restrictions and limitations to work activities.
- With worker's consent, liaise with Workplace Health Services (examples: short term accommodations or ergonomic assessments).

### *Other Advising Groups May Include:*

- Local Health & Safety Committee
- HR Advisor
- Union or Association Advisor
- Workplace Health Services
- Registered midwife

## **Risk Identification and Assessment**

It is important to identify the nature of risks and hazards in the workplace and how they may impact the worker. Consider the following factors when identifying and assessing risks: Risk Level, Types of Risk (Animal, Biological, Chemical or Physical Risks) and Routes of Exposure.

### **1. Risk Level:**

Consider Containment Level, types of agent(s), and work activity, severity of exposure.

- *Low Risk* might mean workers who rarely come into contact with potentially hazardous agents, products or persons capable of transmitting disease.
- *Moderate Risk* might mean workers who seldom come into contact with potentially hazardous agents, products or people capable of transmitting disease, but who may work in potentially contaminated areas or with those items (indirect contact).
- *High Risk* might mean workers who work directly with potentially hazardous agents, products or persons capable of transmitting disease.

To assist in determining the level of risk, a Risk Assessment should be conducted to consider the likelihood, frequency and consequence of exposure, using the table and scoring formula outlined in Appendix I: Risk Assessment.

### **2. Types of Risk:**

Consider animal, biological (including infectious diseases), chemical and physical risks. See below for some examples.



Animal Risks	Biological Risks	Chemical Risks	Physical Risks
-Cat litter -bites or scratches	-Exposure to serious pathogens, including influenza	-Cleaning solutions containing reproductive toxins -Anesthetic gases	-Heavy lifting -Working alone -Ionizing radiation

**3. Routes of Exposure:**

Exposure can occur in a variety of ways, depending on the agent, product or person involved. Consider whether the worker may be exposed by such modes as inhalation, skin contact, bite, cut or scratch, ingestion, percutaneous injury and/or radiation.

## Risk Controls

Risk controls are measures that are used to eliminate the risk to workers or, if elimination is not possible, minimize the risk. Controls must be implemented in the following order of preference:

1. *Substitution* – Where possible, exchange the hazardous agent with a less hazardous agent that can still complete the purpose. A classic example is the use of acrylic paints in place of potentially toxic lead based paints. Often work areas are very specialized and substitution or elimination is not practical or possible.
2. *Engineering Controls* - Reduce risk by mechanical means. Some examples are safety-engineered medical devices, barriers, room ventilation and negative-pressure isolation rooms.
3. *Administrative Controls* – May involve changes to scheduling, job rotation, or work procedures to reduce exposure. Some examples may include frequent mini-breaks, hand washing, cough/sneeze etiquette, encouraging sick workers to remain at home, conducting telephone interviews and screening clients before they enter sensitive work environments.
4. *Personal Protective Equipment (PPE)* - Considered the last line of defense, and should only be used when other controls measures are exhausted. The proper use, fit checking/testing and disposal of PPE is also an important consideration. Workers must be trained in the use of any recommended PPE such as gloves, goggles, respirators, and protective clothing.

**Using controls in healthcare settings:**

Controls that address routes of transmission may range from simple hand washing and cough/sneeze etiquette to more extensive measures that combine engineering and administrative controls with the use of PPE. If the route of transmission of an infectious organism is not known or fully understood, then the employer must implement controls that address all routes of transmission.



### ***Using controls in laboratory settings:***

Understanding the routes of transmission of hazardous agents and implementing all suitable measures to reduce or eliminate exposure to self or others is important. Always respect laboratory guidelines and Standard Operating Procedures, particularly in shared multiple-user spaces. If the route of transmission of an infectious organism is not known or fully understood, then the employer must implement controls that address all routes of transmission.

## **Written Safe Work Procedures**

Written safe work procedures may be required, depending on the nature of the workplace (for example, a laboratory setting) and the exposure risks involved (for example, working directly with hazardous materials). Written procedures would likely be required in a laboratory setting, but probably not in a small, low-risk workplace such as a typical office environment, as long as education and training adequately address worker protection. If facilities are needed for proper hand washing, they should be included in the exposure control plan. Decontamination procedures will be needed in some higher-risk workplaces (for example, when cleaning reusable PPE such as gowns, face shields, or goggles).

## **Worker Education and Training**

Employers must ensure that workers are informed about the contents of this document, and that they are educated and trained to work safely. Supervisors and workers should be aware of and document worker education and training and how it will be carried out. Education and training is particularly important for new workers. Updates, where applicable, should always take place in a timely manner.

## **Written Records**

The exposure control plan should be written down, and records should be kept for each component of the plan. For example, document education and training activities—keep track of who was trained, when the training took place, and what it included. Other documentation should include the following:

- Workplace inspections
- Health and safety meetings
- Investigations that take place after exposure incidents
- Records of exposed workers and any health monitoring required
- Immunization records (done by O&PH)

### **References:**

[http://www.chrc-ccdp.ca/sites/default/files/pregnancy\\_grossesse-eng\\_0.pdf](http://www.chrc-ccdp.ca/sites/default/files/pregnancy_grossesse-eng_0.pdf)



## Appendix I: Risk Assessment

JOB TASK Exposure and additional comments about severity or frequency of exposure	Likelihood (L)	Frequency (F)	Consequence (C)	Risk Score (LxFxC)	Risk Assessment Rating LOW, MODERATE, HIGH

LIKELIHOOD	SCORE
Most likely and expected result if the exposure takes place (high prevalence of pathogen)	10
Examine likelihood of exposure in relation to type of job task and circumstances that occur while job is being performed (Does the job task involve working with <i>potentially</i> hazardous material like human blood/body fluid, animal feces, etc.?)	6
Unusual sequence or coincidence	3
Combined circumstances creates a <i>possible coincidence</i>	1
Remotely possible coincidence. Has never happened in many years	0.5
Practically impossible coincidence.	0.1
FREQUENCY - Potential exposure event occurs:	SCORE
Continuously (or many times daily)	10
Frequently (approximately once daily)	6
Usually (once per week to once per month)	3
Occasionally (once per month to once per year)	2
Rarely (never been known to happen)	1
Very rarely (not known to have occurred but considered remotely possible)	0.5
CONSEQUENCE - Degree of consequence if left untreated:	SCORE
Catastrophic: numerous fatalities, extensive damage	100
Several fatalities	75
Fatality	50
Extremely serious injury or occupational disease (permanent disability)	30
Disabling injuries, reversible damage	10
Short term illness and discomfort	2

Risk Assessment Rating Table

LOW			MODERATE					HIGH			
0	50	90	125	150	175	200	225	250	350	450	750+