



Abu Dhabi EHSMS Regulatory Framework (AD EHSMS RF)

EHS Regulatory Instrument

Code of Practice

**EHS RI - CoP 9.1 – New and Expectant
Mothers**

Version 2.0

February 2012

ACKNOWLEDGEMENTS

With gratitude Abu Dhabi EHS Center acknowledges the great support provided by the Executive Council in facilitating the issuance of Abu Dhabi Emirate Environment, Health and Safety Management System (AD EHSMS) and its implementation at Emirate level.

The issuance of the system would not have been possible without the supervision, diligent efforts and productive recommendations of the AD EHS Center Board of Directors.

These documents (Regulatory Instruments) constitute the efforts of the Abu Dhabi EHS Center and the concerned Sector Regulatory Authorities who worked together to integrate all relevant regulatory requirements under *AD EHSMS RF*. The input, contribution and constructive views of all sectors is highly appreciated.

May these documents prove to be beneficial and helpful in system implementation and in expanding the knowledge in the EHS field.



DEPARTMENT OF MUNICIPAL AFFAIRS



دائرة الشؤون البلدية

بلدية المنطقة الغربية
WESTERN REGION MUNICIPALITY

بلدية مدينة العين
AL AIN CITY MUNICIPALITY

بلدية مدينة أبوظبي
ABU DHABI CITY MUNICIPALITY



دائرة النقل
DEPARTMENT OF TRANSPORT



مكتب التنظيم و الرقابة
Regulation & Supervision Bureau



هيئة الصحة - أبوظبي
HEALTH AUTHORITY - ABU DHABI

مجلس أبوظبي للتعليم
Abu Dhabi Education Council
التعليم أولاً Education First



مركز إدارة النفايات - أبوظبي
The Center of Waste Management - Abu Dhabi

هيئة أبوظبي للسياحة
ABU DHABI TOURISM AUTHORITY

Table of Contents

1.	Introduction	6
2.	Training and Competency.....	6
3.	Requirements	6
3.1	Roles and Responsibilities	6
3.2	Risk Assessment – Additional Requirements	7
3.3	Considerations for Breastfeeding Mothers	8
4.	References.....	8

Preface

This Abu Dhabi EHS Regulatory Instrument was developed by the Health Authority - Abu Dhabi as the primary Competent Authority for this topic to set the minimum mandatory requirements.

Every effort was made in developing this document so that it does not conflict with existing local or federal laws and regulations. In case of conflict, requirements of the existing local and federal laws and regulations shall prevail, and all concerned are obliged to bring the same to the attention of AD EHS Center for resolution.

This AD EHS Regulatory Instrument has been developed, reviewed and approved, following the process as described in *AD EHSMS Implementation Guideline: The Integration of EHS Requirements in the Emirate of Abu Dhabi*, by the following stakeholders:

- Abu Dhabi EHS Higher Committee;
- Abu Dhabi EHS Center;
- Environment Agency Abu Dhabi;
- Department of Municipal Affairs;
 - Abu Dhabi City Municipality;
 - Al Ain City Municipality; and
 - Western Region Municipality.
- Department of Transport – Abu Dhabi;
- Abu Dhabi Water and Electricity Authority;
- Health Authority - Abu Dhabi;
- Higher Corporation for Specialized Economic Zones (ZonesCorp);
- Center for Waste Management – Abu Dhabi;
- Abu Dhabi Tourism Authority;
- Abu Dhabi Food Control Authority;
- Abu Dhabi Education Council
- Regulation and Supervision Bureau; and
- Other Relevant Federal and Local Competent Authorities.

The AD EHSMS consists of the following hierarchy of documents:

- AD EHSMS RF Elements - Mandatory System Requirements

EHS Regulatory Instruments:

- Standards and Guideline Values - Mandatory EHS threshold and exposure levels
- Codes of Practice - Mandatory EHS technical requirements – subject specific
- Mechanisms - Mandatory system implementation processes and procedures

Guidelines:

- Technical Guidelines - Non-mandatory guidance on how to implement an EHS Regulatory Instrument
- AD EHSMS Guidance Documents - Non-mandatory guidance and interpretation of an *AD EHSMS RF* concept and/or principle

Further, this document is not intended to conflict with any contractual obligations in effect at the time of its issuance. However, all future contracts shall adhere to applicable requirements stated herein, and existing long term contracts shall be brought into compliance with its requirements as soon as reasonably practicable as stipulated by relevant subject authorities.

This document will be reviewed periodically as part of the continual improvement cycle.

1. Introduction

- (a) This Code of Practice (CoP) applies to all employers within the Emirate of Abu Dhabi. This CoP is designed to incorporate requirements set by UAE and Abu Dhabi regulatory authorities. If requirements of this document conflict with requirements set by another regulatory authority, employers are required to follow the more stringent requirement.
- (b) The requirements set out within this CoP are intended to specify the general requirements for providing protection to new and expectant mothers. Specific requirements aligned to this CoP are referenced within.
- (c) New or expectant mother is defined as an employee who is pregnant; who has given birth to a living child within the previous six months; or who is breastfeeding.

2. Training and Competency

- (a) Employers shall ensure that EHS training complies with the requirements of:
 - (i) *AD EHSMS RF – Element 05 – Training and Competency;*
 - (ii) *AD EHS RI – Mechanism 7.0 – AD EHS Professional Entity Registration;* and
 - (iii) *AD EHS RI – Mechanism 8.0 – AD EHS Practitioner Registration.*
- (b) EHS personnel shall be educated on occupational hazards for new and expectant mothers. Training can be classroom, distance learning, or from books.
- (c) New and expectant mothers shall receive training on workplace hazards with special consideration for prenatal and postnatal conditions.

3. Requirements

3.1 Roles and Responsibilities

3.1.1 Employers

- (a) Employers shall undertake their roles and responsibilities in accordance with the general requirements of *AD EHSMS RF – Element 01 – Roles, Responsibilities and Self-Regulation.*
- (b) Employers shall be responsible for performing a risk assessment in accordance with *AD EHSMS RF – Element 02 – Risk Management* to determine the risks associated with new and expectant mothers and ensure that appropriate control measures are put in place to eliminate and mitigate hazards.
- (c) Employers shall ensure all female staff of child bearing capacity are informed of any significant risk that could affect pregnancy, childbirth, or breast feeding associated with the workplace.

- (d) Employers shall ensure appropriate information, instruction, training and supervision is provided to the new and expectant mothers on the health effects of any chemicals, work procedures, and equipment used or to be used.
- (e) Employers provide the opportunity for any nominated employee health and safety representatives to participate in the risk assessment and implementation of control measures.

3.1.2 Employees

- (a) Employees shall notify the employer about pregnancy, birth or breastfeeding as early as reasonably practicable. This shall be a written notification and be accompanied by a certificate, stating expected week of childbirth, from a registered medical practitioner.
- (b) Employees shall cooperate, as required, with their employer when undertaking the risk assessment process.
- (c) Employees shall comply with any systems or control measures introduced following the outcome of the risk assessment process so as to eliminate or reduce risks.
- (d) Employees shall notify their employer immediately of any changes to their condition or health which might impact upon the risk assessment process.
- (e) Employees shall report to the employer any concerns they have in relation to their work.

3.2 Risk Assessment – Additional Requirements

- (a) When performing risk assessments in accordance with *AD EHSMS RF – Element 02 – Risk Management*, employers shall:
 - (i) take into account how pregnant women may be affected by risks from work activities or working conditions;
 - (ii) conduct a workspace specific risk assessment when a new, expectant or breastfeeding mother notifies the employer of the situation;
 - (iii) notify new, expectant and breastfeeding mothers of the control measures put in place to prevent hazardous conditions and improve worksite safety and health; and
 - (iv) refer to Appendix 1 – Procedural Outline Flowchart for New and Expectant Mothers, Appendix 2 – List of Example of Agents/Hazards, Risk and Control Measures in the Workplace, and Appendix 3 – Common Health Aspects in Pregnancy, when undertaking risk assessments.
- (b) If a risk is identified which has the potential to have a significant effect upon a new, expectant, or breastfeeding mother, and effective control measures cannot be enacted, one or more of the following actions shall be taken:
 - (i) adjust the working conditions and/or hours the new, expectant or breastfeeding mother;
 - (ii) identify alternative work (if available); or

- (iii) find alternative work outside the place of employment, at the same pay and benefits, that will remove the new, expectant, or breastfeeding mother from exposure to hazardous chemicals or work conditions.
- (c) Risk assessment shall be regularly reviewed to ensure that any changes in the condition of the new, expectant or breastfeeding mother are addressed. At a minimum, they shall be reviewed:
 - (i) when notified of a new, expectant, or breastfeeding mother;
 - (ii) 24 weeks of pregnancy;
 - (iii) 34 weeks of pregnancy;
 - (iv) when returning to work after birth; and
 - (v) anytime there is a change to the new, expectant or breastfeeding mother's health, medication and/or the working environment.

3.3 Considerations for Breastfeeding Mothers

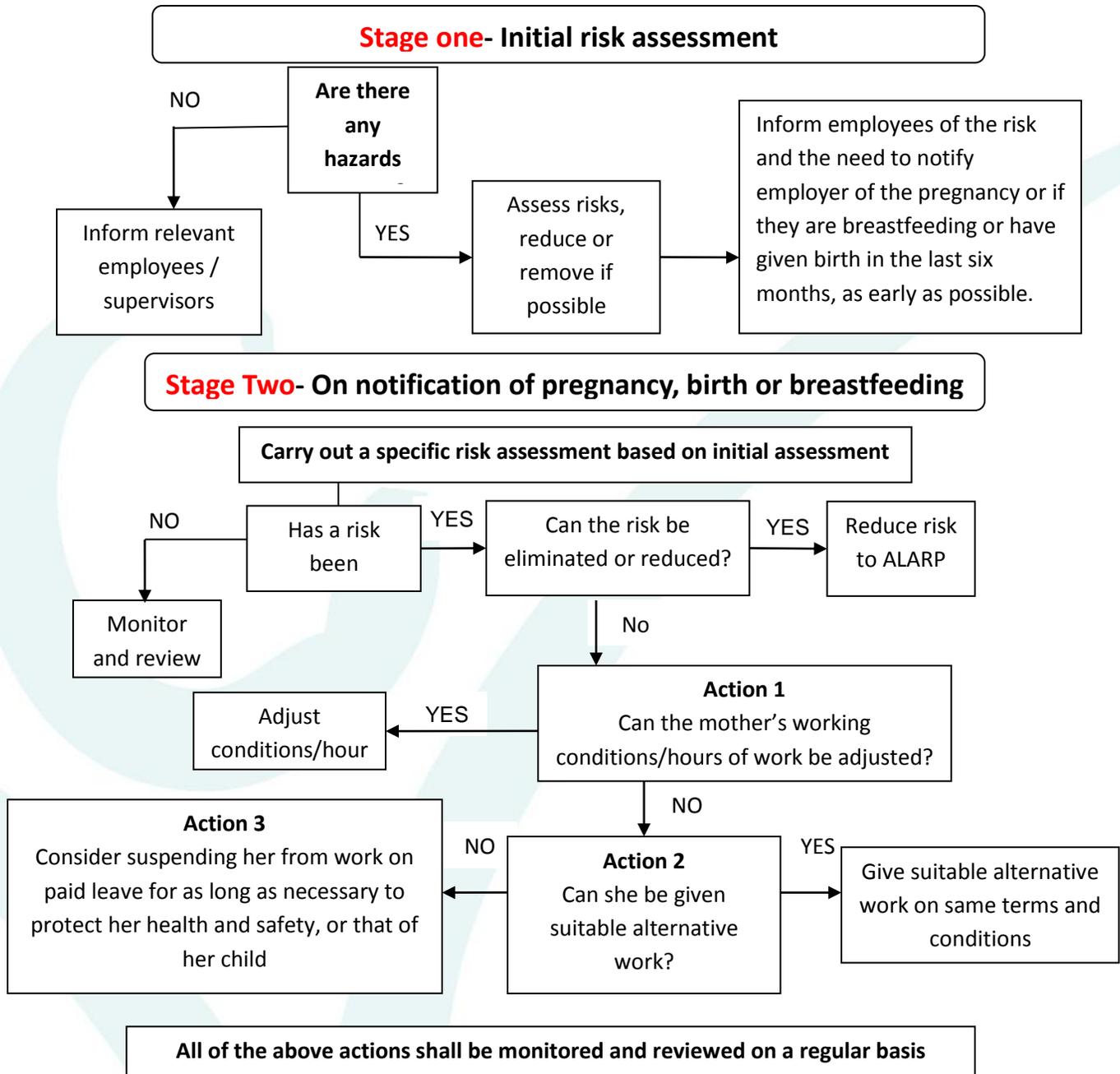
- (a) Employers shall ensure that employees who are breastfeeding are not exposed to hazards or chemicals that could damage health or safety of an infant/child for as long as they continue to breastfeed.
- (b) Employers shall provide a private room for breastfeeding mother to extract breast milk and a refrigerated location specifically for storage of extracted breast milk.
- (c) Employers shall provide appropriate rest, meal and refreshment breaks for women who have given birth in the previous six months and/or are breastfeeding.

4. References

- *AD EHSMS RF – Element 01 – Roles, Responsibilities and Self-Regulation*
- *AD EHSMS RF – Element 02 – Risk Management*
- *Milton Keynes Hospital NHS Foundation Trust, 2005, New and Expectant Mothers at Work*
- *Guidelines for Health and Safety. New and Expectant Mothers at work. Occupational Safety and Health Service. Department of Labour. 1998. New Zealand.*
<http://www.osh.dol.govt.nz/order/catalogue/pdf/mothers.pdf>
- *New and Expectant Mothers at Work. Milton Kynes Hospital NHS Foundation Trust. OH & Sgl-1. V2. 2005. Available at: <http://www.mkgeneral.nhs.uk/uploads/documents/ohs-gl-1.pdf>*
- *Expectant & New Mothers/ ACT Workplaces. Guidelines for Employers and Employees. 2004. Australian Capital Territory, Canberra. Available at:http://www.dhcs.act.gov.au/__data/assets/pdf_file/0018/39060/expectantandnewmothersguidelines.pdf*
- *SCC Health and Safety Manual New & expectant mothers at work: HS 017 New and expectant mothers at work. 2008. Available at : <http://www.six.somerset.gov.uk>*

Appendix A: Procedural Outline Flowchart for New & Expectant Mothers at Work

This flowchart shows the stages employers shall work through to ensure that new and expectant mothers are not exposed to significant risk and how any advice provided feeds into this process.



Appendix B: List of Examples of Agents/Hazards, Risks and Control Measures in the Workplace

LIST OF AGENTS/HAZARDS OR WORKING CONDITIONS	POTENTIAL RISK	PRECAUTION
Physical Agents		
Shocks, vibration or movement	Regular exposure to shocks, low frequency vibration, for example driving or riding or excessive movement may increase the risk of a miscarriage. Long term exposure to vibration does not cause fetal abnormalities but often occurs with heavy physical work, so there may be an increased risk of prematurely or low birth weight	Pregnant employees 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. Breastfeeding employees are at no greater risk than other employees
Manual Handling	Pregnant employees are especially at risk from manual handling injury eg.: hormonal changes can affect the ligaments, increasing susceptibility to injury and postural problems may be increased as the pregnancy progresses There can also be risks for those who have recently given birth, for example after a caesarean section there is likely to be a temporary limitation of lifting and handling capability. There is no evidence to suggest that breastfeeding mothers are at greater risk from manual handling injury than any other employee	It may be reasonable practicable to alter the nature of the task so that tasks that have a manual handling risk are reduced for all employees including new or expectant mothers. It would be necessary to address the specific needs for the employee and reduce the amount of physical work she is required to do
Noise	Although no direct or specific risk to new or expectant mothers or fetus, prolonged exposure may cause tiredness and increased blood pressure	Comply with <i>AD EHSMS CoP 3.0 – Occupational Noise</i>
Work at heights	Fall from ladders, platforms	Risk assessment to consider additional risks associated with working at heights Prevent exposure to work at heights

<p>Radiation Hazards:</p> <p>Ionizing radiation</p>	<p>Significant exposure can harm the fetus</p> <p>If a nursing mother works with radioactive liquids or dusts the child can be exposed, particularly through contamination of the mother's skin</p> <p>Reasonably practicable risks to fetus from significant amounts of radioactive contamination breathed</p>	<p>Design work: procedures to keep exposure of the pregnant women as low as reasonably practicable and certainly below the regulatory dose limit for pregnant women. eg. 1mSv during the remainder of pregnancy (as from the moment the employer is notified of the pregnancy)</p> <p>Nursing mothers shall not be employed where the risk of radioactive contamination is high</p>
<p>Non-ionizing electromagnetic radiation</p>	<p>Optical radiation risk: pregnant or breastfeeding mothers at no greater risk than other employees</p> <p>Electromagnetic fields and waves Risk: exposure within current recommendations is not known to cause harm, but extreme over-exposure to radio-frequency radiation could cause harm by raising body temperature</p>	<p>Exposure to electric and magnetic fields shall not exceed restrictions on human exposure published by the National Radiological Protection Board - UK</p>
<p>Biological Agents</p>		
<p>Hepatitis B</p> <p>HIV(Aids virus)</p> <p>Herpes</p> <p>TB</p> <p>Syphilis</p> <p>Chickenpox</p> <p>Typhoid</p> <p>Rubella</p> <p>Toxoplasma</p> <p>Cytomegalovirus</p>	<p>Many biological agents 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</p>	<p>Depends on the risk assessment, which will take account of the nature of the biological agent how infection is spread, how likely contact is, and what control measures there are. These may include physical containment, hygiene measures, and use of available vaccines if exposure justifies this</p> <p>Where there is a high risk then the pregnant employee shall avoid exposure altogether</p>

Chemical Hazards		
Carbon monoxide (CO)	<p>Carbon monoxide crossing the placenta can result in the fetus being starved of oxygen. Level and duration of maternal exposure are important factors in the effect on the fetus</p> <p>No indication that breastfed babies suffer adverse effects from the mother's exposure to carbon monoxide, or that the mother is significantly more sensitive to carbon monoxide after giving birth</p>	<p>Change processes or equipment.</p> <p>Warn pregnant women that they may have heightened susceptibility to the effects of exposure to carbon monoxide</p>
All substances labeled R40, R45, R46, R47, R61, R63, R64	<p>Content:</p> <p>R40 reasonably practicable risks or irreversible effect</p> <p>R45 may cause cancer</p> <p>R46 may cause heritable genetic damage</p> <p>R47 may cause birth defect</p> <p>R61 may cause harm to the unborn child</p> <p>R63 reasonably practicable risks of harm to the unborn child</p> <p>R64 may cause harm to breastfed babies</p> <p>Risk assessments shall be undertaken, as this is the only way to determine the actual risk to health. Although they have a potential to endanger health or safety there may be on risk in practice when below Occupational or Maximum</p>	<p>For work with hazardous substances, which include chemicals which may cause heritable genetic damage, employers are required to assess the health risks to employees arising from such work, and where prevent or control risks. In carrying out assessments employer shall have regard for women who are pregnant, or who have recently given birth</p> <p>Comply with the <i>AD EHSMS CoP 1.0 – Hazardous Substances</i></p>
Lead and lead derivatives	<p>Wide range of toxic effects during pregnancy and impairment of the child after birth. More recent studies draw attention to an association between low-level lead exposure before the baby is born from environmental sources and mild decreases in intellectual performance in childhood</p>	<p>Once pregnancy is confirmed, women shall be suspended from any work which exposes them to lead at 50% of the permissible exposure limit and reassigned to suitable duties</p> <p>Comply with the <i>AD EHSMS CoP 1.2 – Lead Exposure Management</i></p>

<p>Mercury and mercury derivatives</p>	<p>Exposure to organic mercury compounds during pregnancy can slow the growth of the unborn baby, disrupt the nervous system and cause the mother to be poisoned</p> <p>There is no clear evidence of adverse effects on developing fetus of exposure to mercury and inorganic mercury compounds</p> <p>No indication that mothers are more likely to suffer greater adverse effects from mercury and its compounds after the birth of the baby</p> <p>Postnatal exposure has been documented among infants breastfed by mothers exposed after delivery to methyl mercury. Inorganic mercury is also excreted in breast milk</p>	<p>Pregnant or breastfeeding mothers shall not work with or handle mercury</p>
<p>Antimitotic (cytotoxic) drugs</p>	<p>In the long term, damage to genetic information in sperm and egg. Some can cause cancer</p> <p>Absorption is by inhalation and through the skin</p> <p>Pregnant doctors and nurses administering antimitotic agents (even when doing so with extreme care) have shown a significant increase in fetal loss and/ or congenital malformations</p>	<p>Restrict all pregnant women from handling antimitotic drugs in any form. No known threshold limit; Exposure shall be reduced to as low a level as is reasonably practical.</p> <p>Assessment of risk shall look particularly at preparation of the drug for use (pharmacists, nurses), administration of the drug, and disposal of waste</p> <p>Those who are trying to conceive or are pregnant, or breastfeeding shall be informed of the reproductive hazard. Transfer any pregnant employee preparing antineoplastic drug solutions to another job</p>
<p>Working Conditions</p>		
<p>Temperature extremes of heat or cold</p>	<p>Prolonged exposure of pregnant employees to hot environments shall be kept to a minimum, as</p>	<p>Heat Avoidance: Take great care when exposed to prolonged heat. Appropriate rest, rest facilities and access to</p>

	<p>there is a greater risk of the employee suffering from heat stress. Breastfeeding may be impaired by heat dehydration</p> <p>Working in extreme cold may be a hazard for pregnant women and their unborn children. Warm clothing shall be provided</p> <p>The risks are particularly increased if there are sudden changes in temperature</p>	<p>refreshments would help, along with unrestricted access to drinking water. New and expectant mothers shall note that thirst is not an early indicator for heat stress. They shall drink water before they get thirsty, preferably in small and frequent volumes</p> <p>Comply with <i>AD EHS RI – CoP 11.0 – Safety in the Heat</i></p> <p>Cold Avoidance: No specific problems from working in extreme cold. Provide warm clothing</p>
<p>Display screen equipment</p>	<p>Although there has been widespread anxiety about radiation emissions from display screen equipment and possible effects on pregnant women, there is substantial evidence that these concerns are unfounded.</p>	<p>Pregnant women do not need to stop working with VDUs, but to avoid problems caused by stress and anxiety; those who are worried about the effects shall be given the opportunity to discuss their concerns with someone appropriately informed of current authoritative scientific information and advice.</p>

Appendix C: Common Health Aspects in Pregnancy

Employers shall be aware of some of the health aspects for new and expectant mothers. Employers shall develop a plan and ensure business continuity arrangements are in place.

The below table highlights aspects of pregnancy and the work factors which have an effect.

Aspects for Pregnancy	Factors in Work	Precautions
Morning Sickness	<p>Early morning shifts</p> <p>Exposure to nauseating smells- in some cases this may be an innocuous, ordinary, everyday smell that the pregnant woman suddenly finds intolerable</p>	<p>Re-organize shifts to avoid early mornings, when reasonably practicable</p> <p>Avoid duties involving strong/ nauseating smells, eg. cleaning up human soiling, laboratory work with strong chemicals</p>
Backache	<p>Long periods of standing</p> <p>Moving and handling tasks</p> <p>Poor posture</p> <p>Insufficient available working space</p>	<p>Provide appropriate seating where reasonably practicable or reduce the time spent standing- ensure rotation of work duties to avoid periods of standing or sitting</p> <p>Assess and control all moving and manual handling activities carried out by the pregnant women</p> <p>Re-organize work and/or workplace to avoid poor postures</p> <p>Ensure appropriate space at workstation and for moving around</p>
Varicose veins	<p>Long periods of standing or sitting</p> <p>Poor posture</p>	<p>Ensure rotation of work duties to avoid long periods of standing or sitting</p> <p>Re-organize work and/or workplace to avoid poor posture</p>
Hemorrhoids	<p>Poor Posture</p> <p>Hot environments</p>	<p>Re-organize work and/ or workplace to avoid poor postures</p> <p>Avoid or minimize time spent in hot environments</p> <p>Provide some form of air cooling, if appropriate</p>

<p>Increased visits to toilet</p>	<p>Work that is difficult to leave, eg. teaching, vehicle driving</p> <p>Difficult access to, or location of, toilets</p>	<p>Re-organize work activities and/or workplace to allow necessary visits to toilet</p>
<p>Increasing size (may also reduce mobility, dexterity and general coordination in later stages)</p>	<p>Moving and manual handling tasks</p> <p>Display screen work-increasing viewing distance from screen</p> <p>Protective equipment and clothing (PPE)</p>	<p>Assess and control all manual handling activities carried out by the pregnant women</p> <p>Ensure appropriate space at workstation and for moving around</p> <p>Review worksite assessment and make necessary changes or re-organize work activities to avoid display screen work</p> <p>Avoid work activities requiring PPE or review and revise the PPE provided</p>
<p>Change in blood pressure</p> <p>Tiredness</p>	<p>Work that is difficult to leave</p> <p>Long working hours and/or overtime</p> <p>Evening work</p> <p>Strenuous, physical work</p>	<p>Provision of rest facilities and organization of work activities to allow their use, as required</p> <p>Provision for attending medical examinations</p> <p>Re-organization of work to reduce/avoid strenuous activities</p>
<p>Reduced balance</p>	<p>Working on wet slippery surfaces</p> <p>Working at height</p> <p>Work requiring stretching away from the body</p>	<p>Provision of appropriate anti-slip flooring</p> <p>Planned maintenance programs to maintain good condition of flooring</p> <p>Re-organization of work activities or workplace to avoid slippery surfaces, working at height or stretching away from the body</p>

© Abu Dhabi EHS Center 2012

This document is and shall remain the property of the AD EHS Center. The document may only be used for the purposes for which it was intended. Unauthorised use or reproduction of this document is prohibited.