

London's Air Ambulance Maternity Guideline

Introduction

This guide has been written to cover the maternity and return to work phases for clinicians and those working at London's Air Ambulance. The associated risk assessments have been created to cover the anticipated elements of the role of the clinical team and this guide is to act as a supportive overview to discuss any points arising with their line manager/Clinical Lead. We have accessed the gov.uk and hse.gov.uk sites to ensure the correct legislation and up to date advice has been included. This guide does not affect statutory rights but aims to give the background to the processes we will follow. The guide will be under regular review and any updated legislation will be adopted and added.

Through shared information between the clinician, London's Air Ambulance and the employer it is our aim to reduce to a minimum- ideally eliminate- any negative employment experience during this time. To achieve this outcome, we believe open communication at the earliest opportunity is key between all parties - along with a full understanding and respect of the risks specific to the role of and environments encountered by a PHEM clinician – and with the solutions we aim to offer.

The essential tenets of this maternity policy are:

- To provide supportive arrangements to accommodate the needs of a pregnant clinician relative to their role as a prehospital clinician.
- To recognise and support the needs of a new mother during the return-to-work phase.
- No prehospital clinician will be treated less favourably because she is pregnant, absent on maternity leave or for any reason connected to her pregnancy, or during her return-to-work phase.
- The health and safety of a pregnant prehospital clinician and her unborn child are paramount and will be safeguarded with adjustments to her role made as required.

Notification

We respect everyone has a right to privacy and confidentiality - and the time of an announcement of a pregnancy is a personal choice. Ordinarily most women tend to wait until the end of the first trimester (12 - 13 weeks) when the risk of miscarriage is lower and before their pregnancy has noticeably started to show. In line with employment terms and conditions, the latest an employee should inform their employer of their pregnancy is 15 weeks before the week their baby is due (25-26 weeks).

However, only after the employer has been informed in writing do they have a responsibility to ensure the workplace is specifically safe for the pregnant prehospital clinician and their unborn baby. It is only then that a specific risk assessment must, and will, be carried out. The risk assessment must be kept under review throughout the period of pregnancy. A return-to-work risk assessment will also be carried out at the appropriate time.

Until the written confirmation has been received, the employer's responsibility remains unchanged regarding their employee's safety, and they are not obliged to make changes relative to the pregnant prehospital clinician specific needs. Until the employer has been informed in writing there is no right for paid time off for attendance of ante natal care.

Therefore, due to the nature of the prehospital role, we advise a pregnant prehospital clinician to inform and communicate with their occupational health advisor, GP, midwife and their line manager/Clinical Lead from the time they are aware they are pregnant. This allows informed

decisions regarding their work type to be made in a supportive and collaborative manner -with the pregnant woman and her unborn baby at the centre of all decisions.

The nature of a pregnant prehospital clinician's clinical role needs specific consideration.

Empowering women to make their own decisions for their own bodies and trusting them to appropriately manage risk, just as they do each time they step into the aircraft or get into the fast response car or ambulance, will ensure all women working in the pre- hospital environment are able to fulfil their full potential- this is recognised and is respected. We recognise pregnancy is a normal physiological condition and not an illness. However, we also recognise these physiological changes may affect the clinicians performance and physical ability to carry out the role- and may put themselves or the unborn baby at risk. The employer must therefore consider the safety aspect for the prehospital clinician, her unborn baby, all Pre-hospital team members, and the scope of the potential workplace environments and situations- as well as the patients' welfare.

Communication is key. The prehospital clinician will have appointments with their Dr / Midwife and these professionals will issue a MATB1 form no earlier than 20 weeks into the pregnancy. This form must be passed to the employer, and it will detail the EWC for the baby and enable the earliest date for the Maternity Leave to commence to be calculated. This is no sooner than 11 weeks before the beginning of the week of EWC. If the pregnant prehospital clinician is absent due to illness prior to the date of commencement of her planned Maternity Leave, she will be paid "sick pay" in line with her employment contract. However, if she is absent due to illness after the earliest date her maternity leave, can start, her maternity leave will be deemed as started at the beginning of the 11th week prior to the EWC week.

If the prehospital clinician's baby is born before the commencement of their planned maternity leave, the Maternity Leave will start the day after the baby is born and the return to work date will be recalculated. For any other scenarios the current appropriate employment legislation will be followed, and the line manager/Clinical Lead will be available to discuss the options available with the prehospital clinician at an appropriate time for the clinician.

Return to work notifications

The prehospital clinician has the right to return to the same job after their Maternity Leave ends.

Statutory Maternity Leave is 52 weeks. In line with legislation, the prehospital clinician does not have to give any notice of their return to work if they intend to take the full 52 weeks. However, to enable London's Air Ambulance to run effectively and with the knowledge of the team approach to the service, it is hoped that a prehospital clinician team member would be in touch with their line manager and communicate their intentions rather than choose to take this approach. The line manager/Clinical Lead is available to discuss the prehospital clinician employment questions and listen to any concerns.

If the prehospital clinician decides to return to work before the 52 week Maternity Leave period ends, they need to inform their line manager/Clinical Lead of the date they wish to return, in writing, 8 weeks prior to their date of return. If the prehospital clinician wishes to take more than the 52 weeks Maternity Leave or add accrued holidays to the end of their 52 weeks Maternity Leave prior to returning to work, they must inform their line manager/Clinical Lead in writing 8 weeks prior to the end of the 52 week Maternity Leave period.

Holiday entitlement is accrued during maternity leave. The prehospital clinician should discuss their wishes with their line manager/Clinical lead regarding taking holiday when they discuss their return to work dates. This open discussion ensures the prehospital clinician receives their full entitlement,

and the line manager/Clinical Lead is in possession of the information they need to ensure the service can operate effectively and be staffed appropriately.

Health and safety on Return to Work

A specific addition to the Maternity Risk Assessment will be carried out when the prehospital clinician returns to work. There are specific considerations for new mothers and particular consideration must be taken regarding breastfeeding mothers.

The employer must provide somewhere suitable for a new mother to rest if they are breastfeeding. The employer is not legally required to provide somewhere for the new mother to breastfeed or express milk, and discussion is advised with their line manager/Clinical Lead, so the prehospital clinician's needs are discussed, and the operational requirements of the service are staffed effectively and appropriately. All reasonable requests and adjustments will be explored.

It is important the prehospital clinician assesses their own needs and full discussion can take place when the Return-to-Work Risk Assessment is carried out. All decisions will be made as a result of open discussion and after the needs of the prehospital clinician and the safe operation of the service have been explored fully.

Risk assessments

As a responsible employer, the Trust makes every effort to ensure the health and safety of all people associated with them is covered and appropriate risk assessments are undertaken. These are carried out using Health and Safety Executive templates and guidelines. The current legislation is followed, and updates are adopted as they are introduced. During the maternity period and the return-to-work phase specific risk assessments will be carried out to ensure the specific needs during pregnancy and the return-to-work phase for the new mother are recognised and addressed.

All decisions will be made through discussion: if the pregnant prehospital clinician wishes to continue operational activity, it is our policy that this activity will only be possible until the 20th week of pregnancy in the aircraft and 26th week of pregnancy in the fast response cars and this is subject to the approval of the prehospital clinician's occupational health advisor, GP or midwife and the agreement of the line manager/Clinical Lead. Flying whilst pregnant may be an additional risk for the unborn baby and each pregnancy should be reviewed on an individual basis with input, if necessary, sought from the trainee's obstetrician, midwife, or occupational health advisor. Communication and discussion are key to making informed decisions.

The role of a prehospital clinician has risk from varying physical, biological and chemical agents, working conditions and processes. The impact of these various risks will vary on the pregnant prehospital clinician's individual health and stage of her pregnancy. These factors will be considered during the initial risk assessment which will be completed by the line manager/Clinical Lead with detailed input from the prehospital clinician. The risk assessment will continue to be reviewed throughout the pregnancy. Any early decisions can be updated through welcome discussion with the line manager/Clinical Lead.

It is advised the prehospital clinician discusses the various aspects of the risk assessment with their doctor, midwife or occupational health advisor and any advice they receive from these parties is shared with the employer as it may impact on the assessment and any appropriate action that may need to be taken.

During the risk assessment, if a medical risk is identified with the pregnant prehospital clinician and this risk cannot be controlled despite taking all reasonably practical measures, the employer will contact the Trust occupational health for further advice and support. All discussions will be

undertaken with the health and safety of the pregnant prehospital clinician and their unborn baby at the forefront. The return-to-work phase will be discussed similarly with the new mother.

If the occupational health advisor recommends the pregnant prehospital clinician should be removed from their current role due to potential risk(s), the operations manager will contact their line manager/Clinical Lead to discuss possible options.

Discrimination in any form is not acceptable in the Trust and if the prehospital clinician feels they have been discriminated against due to any aspect of their pregnancy, they should make an urgent appointment to discuss this with the Medical Director of London's Air Ambulance or Jade Stapleton, Head of People.

Risk assessment overview

Below are the areas of the role of prehospital clinician under discussion. If the prehospital clinician requests additional aspects of their work role to be considered, these will be added.

- Manual Handling, lifting/carrying of heavy loads.
- Exposure to vibration/excessively noisy workplace.
- Working in PPE.
- Exposure to driving / flying hazards
- Exposure to infectious diseases.
- Exposure to chemical agents (lead, mercury or toxic substances)
- Mental/Physical/Work-related stress.
- Lack of rest/drinking water/welfare facilities.
- Hazardous incident locations; including working at height.
- Exposure to Ionising/Non-ionising radiation.
- Exposure to violent/unpredictable behaviour.
- Long working hours, fatigue and night shifts.
- Additional expectation/pressure on other team members

Possible options due to outcome of Risk Assessment

The Risk Assessment will be carried out through full discussion with the pregnant prehospital clinician. Depending upon the findings, and if risk cannot be mitigated to a safe level, there are options available to be discussed with the prehospital clinician, Occupational Health and HR. The template for the Risk Assessment has been taken from the Gov.uk site. The generic template has been extended to ensure PHEM environments, shifts and situations are covered.

Below are the options to be considered following the Risk Assessment.

- Temporarily adjusting the prehospital clinician working conditions/ hours of work.
- Offer suitable alternative work if any is available on terms and conditions no less favourable than the prehospital clinician's current terms and conditions. In the event the alternative role is at a lower pay grade, the trainee's pay scale will be protected.
- If this option is not feasible, the prehospital clinician may be suspended from work on maternity grounds if it is considered by the manager, after discussion with occupational health and consultation with Human Resources, that continued attendance may damage the health of the pregnant woman and / or her unborn baby. The suspension will be on health grounds, and she will receive pay in accordance with sickness and absence policy and procedure.
- If the pregnant prehospital clinician unreasonably refuses an alternative job role they will be suspended on no pay until their maternity leave can commence. Any suspension from duty will be confirmed in writing by the manager. Suspension will end on the commencement of maternity leave. The Maternity Leave commencement is from the 11th week before the expected date of confinement (EWC) or the date indicated by the trainee from which they intended to take maternity leave date, which ever is the sooner.

Statutory Maternity Leave

The information regarding Statutory Maternity and Paternity Leave has been taken from the [nhs.uk](https://www.nhs.uk) site.

Leave and time off

The pregnant prehospital clinician is an employee and therefore entitled to 52 weeks of statutory maternity leave.

This leave is made up of 26 weeks ordinary maternity leave and 26 weeks of additional maternity leave. In any event the relevant legislation states a new mother cannot return to work earlier than 2 weeks after her baby has been born.

The prehospital clinician has a range of rights during this period and can ask for flexible working arrangements if they decide to return to work. Parents of children under 16, or of disabled children aged 18 or under, are entitled to ask for a flexible working pattern. These requests are considered but it is not mandatory they are agreed as the line manager/Clinical Lead must assess the needs of the service provision along with the prehospital clinician's requests. Open discussion will take place in the event of a request being made. The prehospital clinician's employment terms are protected during the Maternity Leave (e.g., pension contributions).

Any paternity leave requests will be discussed in line with the current [gov.uk](https://www.gov.uk) advice

Shared Parental Leave may be an option and will be discussed in line with the current [gov.uk](https://www.gov.uk) advice. Notification of the prehospital clinician's Return to Work plans have been detailed in the Notification section.

Statutory Maternity Pay

The details of the maternity pay for the prehospital clinician is detailed in the employment contract and will not affect any statutory maternity pay rights of the PHEM trainee.

To try and ensure the maternity and return to work phase goes smoothly for the prehospital clinician there are certain time critical actions that need to take place, and these are in line with employment law.

To make this process transparent for both prehospital clinician and the operation of the service we have included a Maternity and Return to Work checklist to help this process. The dates and information requested are in line with employment requirements.

The focus, always, is to maintain health and safety of the prehospital clinician and her baby. To achieve this we believe communication and open discussion is key for all parties, so the risk of any negative employment experience is eliminated.

References:

<https://www.gov.uk/working-when-pregnant-your-rights>

<https://www.hse.gov.uk/mothers/employer/workplace-safety-law.htm>