

NEU Guidance for Reps and Local Officers

This briefing considers a number of important health and safety issues affecting women school staff and advises how to address them.

Women's health and safety

It is essential that health and safety in schools should be gender sensitive and appropriate. Although many health and safety issues in schools are, understandably, seen as affecting men and women equally, it is often the case that women, and particularly pregnant women, are more susceptible, for physiological reasons, to certain hazards than men. It must be noted, however, that a workplace culture which values all staff and provides decent working conditions for everyone is likely to need to make fewer adjustments to accommodate individual needs.

The needs women who may be going through the menopause, must also be addressed by employers. In 2001, the TUC and the Pennell Initiative for Women's Health published a study which showed that, compared with women's health and safety generally, older women received very little attention and were more invisible to traditional health and safety.

General health and safety obligations on employers

Women employees are covered by legal health and safety requirements in the same way as men. The most important of these, all of which are covered in separate briefings, are:

- the general duties of care placed upon employers and employees by the Health & Safety at Work etc. Act 1974;
- the "risk assessment" provisions, which require employers to identify hazards, assess risks and take appropriate preventative measures, contained in the Management of Health and Safety at Work Regulations 1999; and
- the many specific sets of regulations which supplement the above.

Obligations on employers – new and expectant mothers

New and expectant mothers are covered by additional specific requirements under the Management of Health and Safety at Work Regulations 1999. The term "new or expectant mothers" includes pregnant women, mothers who are breastfeeding, mothers who have given birth in the last six months and women who have miscarried after 24 weeks of pregnancy.

Following notification of her pregnancy, the employer must, in accordance with the Management of Health and Safety at Work Regulations 1999:

- (a) assess the risks to the health and safety of the woman concerned arising from her duties; and
- (b) seek to eliminate or reduce those risks. If a particular risk cannot be eliminated, the employer must consider suitable alternative working arrangements. If this is not possible, the woman must be suspended on her normal remuneration for as long as necessary, although this course of action should be a last resort. The risk assessment must be kept under review during pregnancy, as the possibility of damage to the foetus will vary at different stages and must also be reviewed following return to work.

A 2010 Employment Appeal Tribunal Case (O'Neill v Buckinghamshire County Council) unfortunately set out that there is no general obligation upon employers to carry out a risk assessment for pregnant workers, except when the following pre-conditions are met:

- the employee has notified the employer in writing that she is pregnant;
- the work is of a kind that could involve a risk of harm or danger to the health and safety of the expectant mother or her baby;
- the risk must arise from either processes, working conditions or physical, chemical or biological.

Given the varying natures of teachers' working environments the NEU would argue that a sensible employer should always carry out a risk assessment for a pregnant member of staff.

A checklist setting out the specific hazards that need to be addressed in a risk assessment for pregnant teachers is included at Appendix 1.

Comprehensive guidance on maternity rights for teachers including leave and pay is available in the NEU document 'Maternity Matters', available at <https://neu.org.uk/>.

Fertility treatment

Many women undergoing fertility treatment will require time off to recover from the effects of medical procedures and drug treatment. Unfortunately, there is no statutory right for employees to take time off work to undergo fertility investigations or treatment. However, ACAS advise employers that time off for fertility treatment should be treated in the same way as other medical appointments. Therefore, where employees are entitled to paid leave to attend medical appointments, they should also receive paid leave to attend fertility appointments. The NEU would expect employers to grant paid leave for these appointments. If an employee is signed off from work by a GP due to effects from the fertility treatment, this absence should be treated as any other sickness absence period by the employer.

Women undergoing fertility treatment are deemed to be pregnant at the point that the ovum is implanted. They are protected from pregnancy discrimination under the Equality Act 2010 including from dismissal or detriment on grounds of pregnancy once their employer is aware of the pregnancy. If the implantation is unsuccessful, the protection will end two weeks after the negative pregnancy test result.

NEU members who are experiencing harassment from their school as a result of sick leave following fertility treatment, should seek support from the NEU AdviceLine (in England) on 0345 111 111, NEU Cymru in Wales on 029 2046 5000 or NEU Northern Ireland on 028 9078 2020. More information is also available on the [ACAS website](#).

Lifting and handling – pregnant women

Employers have a duty to undertake risk assessments that are specific to pregnant teachers. This should include lifting and bending hazards since pregnant women are particularly vulnerable to back injury. NEU guidance on lifting and handling is available on the NEU website, <https://neu.org.uk/>.

Infectious diseases – pregnant women

There are a number of infectious diseases which, if contracted by a pregnant woman, can pose a danger to the unborn baby. Pregnant women teachers may be more vulnerable than other pregnant women to contracting infectious diseases because they are in contact with large numbers of children.

Rubella is an infectious disease which, if contracted in early pregnancy, can cause serious damage to the unborn child. Teachers' conditions of service recognise that women teachers are particularly

vulnerable. They provide for women teachers on medical advice in the early months of pregnancy to stay away from school on full pay because of the risk of rubella. To minimise still further the risk of contracting rubella, school staff who are planning a pregnancy should undergo blood tests to check whether they are immune to rubella or need to be vaccinated.

Chickenpox can affect the pregnancy of a woman who has not previously had the disease. It can be more severe in pregnant than in non-pregnant women. There is a risk of the baby being adversely affected that varies according to the state of pregnancy. If a non-immune pregnant woman is exposed to chickenpox during pregnancy, she should consult her GP. Immunity can be checked through blood tests. Contact with known cases of chickenpox should be avoided wherever possible.

Slapped cheek disease (Parvovirus) is transmitted via respiratory secretions and can occasionally affect an unborn child. If a pregnant employee knows she has been exposed, she should inform her GP, or the provider of her ante-natal care.

Pregnant employees need to take particular care when visiting farms at lambing time. The Chlamydia Psittaci infection, caught mainly from sheep, can result in the death of the unborn child or premature delivery. Pregnant staff should avoid all contact with lambing sheep.

Cytomegalovirus (CMV) affects those in close contact with children and can affect the nervous system of the unborn child. It is transmitted through blood, saliva and faeces. Transmission is easily prevented through simple hygiene precautions, such as hand washing.

There are other infectious diseases which can pose danger to unborn babies. General advice is published by Public Health England and further information can be obtained from local authorities.

Display screen equipment – pregnant women

There is no association between computer use and miscarriage/birth defects. Although it is impossible to prove that using a computer is 100% safe in pregnancy, there is a wealth of research which has failed to find evidence of harm. Pregnant women should, however, pay particular heed to their general health and comfort when working on computers. This involves taking regular breaks of 10 minutes every hour (more frequently if necessary) and ensuring good posture (which may require adaptation of workplace equipment). Contact lens wearers sometimes find that they need to wear glasses for on-screen work as water retention in pregnancy can affect the shape of the eye ball. If this is a problem, an optician should be consulted.

Rest facilities – pregnant women and nursing mothers

The Workplace (Health, Safety and Welfare) Regulations 1999 require that suitable facilities are provided for pregnant women or nursing mothers to rest. These facilities should be conveniently situated in relation to sanitary facilities and, where necessary include the facility to lie down.

The Health and Safety Executive and guidance from the European Commission recommend that employers should provide:

- access to a private room where women can breastfeed or express breast milk;
- use of secure, clean refrigerators for storing expressed breast milk while at work; and
- facilities for washing, sterilising and storing receptacles.

Maternity Action, a charity which works to promote the health and wellbeing of pregnant women and nursing mothers has helpful guidance on continuing to breastfeed on return to work available [here](#).

Post-natal depression

Post-natal depression is a relatively common condition which affects as many as ten per cent of women who have recently had a baby. Most women experience the 'baby blues' within the first week after the birth of their baby. They feel emotional and weepy but these feelings generally reduce once hormones settle down and mothers become used to the new demands of caring for a young baby. For some women, however, the 'baby blues' don't disappear and the symptoms become more distressing, developing into post-natal depression.

These are many possible symptoms of post-natal depression. They include extreme anxiety, feelings of panic, inability to concentrate, sleep difficulties and obsessive thoughts.

The good news is that post-natal depression is a treatable illness. Any mother who thinks she may be experiencing post-natal depression should see her doctor as soon as possible. There are many different treatments available, including anti-depressant drugs and/or counselling.

Lifting and handling for women

The Manual Handling (Operations) Regulations 1992 require employers to assess the risks associated with lifting or handling and take steps to eliminate handling operations or, where they are essential, to eliminate or reduce risks of injury, for example by adopting an ergonomic approach, using mechanical assistance or team handling. The law recognises that women should not be expected to lift the same weights as men. All schools should have a policy on lifting and handling which should be communicated to all teachers.

Teachers, and particularly women teachers, should remember that lifting and handling loads, whether objects or pupils, is not part of the professional obligations of teachers, whether male or female. Back injuries, injuries due to slips, trips and falls and injuries caused by dropping heavy objects are extremely common among teachers.

Teachers should refuse to become involved in heavy duty lifting and carrying work, such as furniture removals. They should recognise their right to refuse to carry large quantities of books or equipment between classrooms. Teachers should not expect pupils to carry heavy equipment or piles of books. Employers should provide means of assistance such as trolleys. Where storage arrangements require lifting and handling of items on shelving, stepladders or kick stools should be provided to avoid the risk of injury caused by stretching or standing on chairs or tables.

For various reasons, including the type of work they do, women can be at greater risk of back strain injury. Women tend to be concentrated in primary and special schools where lifting of pupils is particularly likely to be an issue. Lifting a human "load" places teachers at particular risk as the child may move in an unpredictable way. Potentially hazardous situations include lifting into and out of vehicles, lifting wheelchairs up steps, toileting, washing, bathing and changing, hydrotherapy and emergency evacuation.

All teachers whose job involves lifting pupils are entitled to expect that:

- the employer carries out risk assessments for all staff, including support staff, involved in lifting and handling pupils;
- the assessments take into account the nature of the situation, the size and weights of pupils involved, the degree to which they may either assist in a lift or actively resist lifting, and the individual capability of the member of staff;
- assistance to be provided when required;
- the provision of mechanical equipment such as hoists; and
- training in lifting and handling techniques and in the use of mechanical aids.

NEU guidance on lifting and handling is available at <https://neu.org.uk/>.

Ergonomics

General NEU guidance on classroom ergonomics is available at <https://neu.org.uk/>. Ergonomics is the study of workplace design and its effects on the worker. Such considerations may be particularly relevant in assessing the working environment of female teachers. Early years classrooms are often the cause of musculo-skeletal disorders amongst teachers owing, amongst other things, to the small sizes of chairs and tables; and women dominate the early years and primary school workforce.

Teachers spend considerable amounts of time on their feet in the classroom. It is recognised that long periods of standing can cause specific problems in the case of pregnant women, including pre-term birth, spontaneous abortions and slower foetal growth rates.¹

Jolly Back is an organisation which focuses on back care and ergonomics for teachers and education staff. They offer free assessments of school workstations and advice for teachers. More information is available [here](#).

Toilet provision

Women teachers often report concerns about the level of toilet and washroom provision in their schools. The Workplace (Health, Safety and Welfare) Regulations 1992 require that men and women employees must be provided with separate toilet accommodation. For schools, the School Premises Regulations 2012 provide that staff toilet facilities must be separate from those used by pupils. The only exception to these rules is that a washroom which makes provision for disabled people, which contains just one WC and one washbasin and which is capable of being secured from the inside and which opens directly onto a circulation space, may be provided for use by any pupil, member of staff or visitor to the school.

The following table sets out the level of toilet and washbasin provision required by the Workplace (Health, Safety and Welfare) Regulations 1992.

No. of Women Employees at Work	No. of WCs	No. of Wash Stations
1-5	1	1
6-25	2	2
26-50	3	3
51-75	4	4
76-100	5	5

The Code of Practice accompanying the Workplace Regulations states that sufficient facilities should be provided to enable everyone to use them without delay and that a more generous provision should be made if, for example, breaks are taken at set times which, of course, is the case with teachers. Provision should take account of other users of the facilities, apart from employees. Parent helpers, governors and other visitors should be included in calculations. The NEU believes that split site schools should be treated as separate workplaces as far as toilet provision is concerned. Accessibility should be determined in terms of both distance and time. The [Code of Practice](#) also sets out that facilities for the disposal of sanitary products should be provided.

The provision described in the table set out above, should therefore be seen as the absolute minimum. *Deficiencies should be reported to the NEU AdviceLine (England only) on 0345 811*

¹ Dutch researchers, publishing their findings in the journal Occupational and Environmental Medicine in 2012, found that women who spent long periods on their feet during their pregnancy, in jobs such as sales, childcare, and teaching, had babies whose heads were an average of 1 cm (3 per cent) smaller than average at birth.

811. In Wales contact NEU Cymru on 029 2046 5000 and in Northern Ireland contact 028 9078 2020.

Smoking

Passive smoking has been proven conclusively to constitute a health risk. Passive smoking can cause lung cancer and heart disease, trigger asthma attacks or cause nasal cancer, bronchitis and other respiratory tract diseases.

The Health and Safety at Work etc Act 1974 requires employers to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees. Since 2007, smoking has in been banned in all enclosed and 'substantially enclosed' public places and workplaces in England and Wales. This means premises that have a ceiling or walls at least half the way around, including doors and windows.

Violence

According to HSE statistics, compared to other industries, education has a much higher proportion of reported injuries to workers caused by acts of violence (9% compared to an average of 4% in all other industries).

Measures to make staff more secure include:

- provision of external lighting;
- the prevention of working alone after dark in buildings remote from the main occupied area;
- restriction of public access to the school grounds;
- provision of personal alarms/panic buttons where necessary;
- staff training on the policy and procedures for dealing with violence;
- pooling information on aggressive students/parents;
- encouragement to report all incidents.

It is not only in the workplace that women may feel vulnerable. Every week 2 women are killed by the partner or ex-partner. TUC guidance on domestic violence and work is available [here](#).

Working through the menopause

The menopause is an occupational health issue. There are an estimated three and a half million women over the age of 50 currently in work. That number will rise as the retirement age for women increases over the coming years.

It is important that trade unions raise the issue in the workplace and make sure that employers are aware of their responsibilities to ensure that the conditions and culture in the workplace do not make symptoms worse. Women who are experiencing the menopause also need to know that there is someone they can go to discuss any difficulties they are having.

Although some women may experience particularly severe symptoms which mean that they would be classified as disabled under the Equality Act, it is important to recognise that creating a decent workplace for all is essential as this avoids stigmatising individuals.

Menopause is directly linked with workplace health, safety and well-being. Many women experience problems around this time, which can be exacerbated by poor working conditions.

Menopause is not an illness, but changes in oestrogen levels can result in intermittent symptoms around this time including 'hot flushes', sweating, increased susceptibility to anxiety, fatigue and stress and sometimes short-term memory problems.

Some women require medical advice and treatment such as Hormone Replacement Therapy

(HRT). Seeking medical advice about menopause-related symptoms may mean time off for medical appointments and/or treatment. HRT can benefit some women, for example by helping to reduce risks of osteoporosis in high-risk groups. Current research suggests, however, that for some women HRT may be linked to health risks so medical advice and supervision is essential.

Normally menopause is a natural process involving gradual changes. It can, however, be sudden and acute if it results from medical intervention – for example, hysterectomy involving removal of the ovaries or certain cancer treatments. Women who experience sudden menopause, following serious illness or surgery, tend to experience more severe problems than others, and may require treatment and/or post-operative care to prevent further problems.

In 2011 the British Occupational Health Research Foundation published research by the University of Nottingham, which explored women's experiences of working through the menopause.

This showed:

- Many women found they were little prepared for the arrival of the menopause, and even less well equipped to manage its symptoms at work. Over half had not disclosed their symptoms to their manager.
- The majority of women felt they needed further advice and support.
- Workplaces and working practices are not designed with menopausal women in mind
- Heavy and painful periods, hot flushes, mood disturbance, fatigue and poor concentration pose significant and embarrassing problems for some women, leaving them feeling less confident.
- Women are not comfortable disclosing their difficulties to their managers, particularly if those managers are younger than them, or male.
- Where women had taken time off work to deal with their symptoms, only half of them disclosed the real reason for their absence.
- Some women considered working part-time, though they were concerned about the impact on their career if they did so.
- Over half of the sample reported that they were not able to negotiate flexible working hours or working practices to the extent that they are needed to in order to deal with their symptoms.
- Temperature is a big issue for many women. Nearly half of the sample reported not having temperature control in their usual working environment. Some could not open windows, or experienced interpersonal difficulties doing so in shared workspaces.

What are the issues and what can employers do?

Poor ventilation and high working temperatures can aggravate common menopausal symptoms such as hot flushes and sweating, affecting comfort and health. Skin temperature can rise by up to 5 degrees during a hot flush. Hot flushes and sweating can also cause embarrassment for women teachers dealing directly with pupils, parents and colleagues. Another common menopausal symptom is dry skin and eyes, which can be aggravated by heat and poor indoor air quality at work, leading to increased risks of irritation and infection. Simple measures can help, such as suitable clothing, layered and loose, rather than synthetic, access to cold drinking water, adjustable workplace temperature and additional ventilation using fresh air or a fan.

Workplace culture, policies and practices can also affect the situation. Negative attitudes to older women and actions that discriminate against women and the menopause can harm physical and psychological responses and increase susceptibility to infection.

Ready access to suitable washing and toilet facilities is important. Urinary problems are common during the menopause and many women have recurrent lower urinary tract infections, such as cystitis, meaning that they need to visit the toilet more often. For some, menstrual bleeding can be heavier and more unpredictable at this time. Adequate workplace sanitary facilities with private washing and changing facilities are needed by those concerned, as well as adequate sanitary

disposal facilities.

To support the needs of teachers going through the menopause, the NEU recommends that employers should:

- consider the menopause when carrying out and implementing health and safety risk assessments and ensure that the working environment will not make symptoms worse (factors to consider include ensuring women have control over the temperature of the room where they work, adequate ventilation, ready access to rest and toilet facilities and to cold drinking water);
- ensure that line managers are trained to be aware of how the menopause can affect the emotional state of some women for many years and what adjustments may be necessary to support women experiencing the menopause (for example toilet breaks may be a particular problem for teachers as they cannot simply leave a class unsupervised);
- ensure that issues such as the menopause are highlighted as part of wider occupational health awareness campaigns, so that staff know the employer has a positive attitude to the issue and it is not something that women should feel embarrassed about;
- make guidance on how to deal with the menopause freely available in the workplace, along with information about how women can get support for any issues that arise as a result of the menopause;
- ensure that sickness absence procedures are flexible enough to cater for menopause-related sickness absence. Women should experience no detriment because they may need time off during this time;
- ensure that appraisal and capability policies and procedures are not applied in such a way as to discriminate unlawfully against women teachers going through the menopause.

The NEU has produced further detailed guidance on working through the menopause, which is available on the NEU website, <https://neu.org.uk/>. ACAS also endorse the approach to the menopause recommended by the NEU. In their advice to employers for managing the menopause at work, they state that managers should be trained on the menopause, workplaces should have a policy on how the menopause may affect employees, time off for medical appointments may be required, and risk assessments should specifically consider the needs of menopausal women.

Women can help themselves by wearing natural fibres (man-made fibres exacerbate hot flushes and sweating), carrying a bottle of water and eating regularly and healthily (research has shown that a balanced diet can help alleviate symptoms). GPs should be consulted about management of the menopause and pharmacists can advise on vitamins and supplements which may help alleviate symptoms.

TUC guidance for union representatives on dealing with issues around the menopause is available [here](#).

Is the menopause covered by the Equality Act?

The symptoms of the menopause could amount to a 'disability', depending on the severity of the symptom and their effect on day to day activities. If so, the employer is under a duty to make 'reasonable adjustments'.

Also, as the menopause is a strictly female condition, any detrimental treatment of a woman on grounds of her menopause could amount to direct or indirect sex discrimination. NEU self-help guidance on discrimination is available on the NEU website.

Endometriosis

Endometriosis is a condition where the cells like the ones in the lining of the womb are found elsewhere in the body, most commonly around the ovaries and fallopian tubes. Endometriosis affects approximately 2 million women in the UK. It can be a chronic and debilitating condition which can impact on a women's life in a number of ways. The chronic pain and fatigue that endometriosis can cause may lead to women who suffer from the condition experiencing difficulty in fulfilling work commitments. Frequent short term absence can occur or attempts to 'carry on' despite the intense pain that is being experienced. Some teachers may be happy to be up-front about their condition but it must be remembered that many women will find it difficult to talk about gynaecological issues with their line manager, particularly if he is a man. Where surgery is required, the after-effects can persist for a long time, in some cases many years.

What can line managers do to help?

A sympathetic understanding of the illness is crucial on the part of management. Each case is different but the NEU would expect the following to be given careful consideration:

- phased returns to work after sickness absence
- careful consideration of reasonable adjustments
- avoidance of the use of absence management or capability procedures.

Dress codes - safety considerations

Women teachers are more likely than men colleagues to be put under pressure to dress in a particular way. The most obvious example would be opposition to the wearing of trousers by women members of staff. In some cases, this would be more than an equalities issue. There may be safety considerations both for the member of staff concerned and the pupils in her care. Any such concerns should be raised with the NEU AdviceLine (in England) on 0345 811 811, in Wales, NEU Cymru on 029 2046 5000 or NEU Northern Ireland on 028 9078 2020.

Action points for safety reps

Make sure that:

- you consult women teachers and staff during your safety inspections and when undertaking routine safety duties; and
- you give proper consideration to whether there are any health and safety issues at your workplace which might particularly affect women teachers and staff.
- your school has a manual handling policy. See NEU guidance on Lifting and Handling, available on the NEU website, <https://neu.org.uk/>.
- women members are aware of other NEU guidance which could be of assistance to them. Guidance on maternity leave, flexible working, jobsharing, part-time working and parental leave is available in the self-help section of the NEU website. Advice is also available from the AdviceLine (in England), NEU Cymru or NEU Northern Ireland.
- if you identify a culture of neglecting women's issues, please seek to address this in your school.

NEU Health & Safety Unit
September 2018

Appendix 1: Risk assessment for pregnant teachers

The following matters need to be considered by schools where pregnant women, and breastfeeding mothers, are employed, as part of the risk assessment process required by the Management of Health and Safety at Work Regulations 1999.

- Are there clean and comfortable facilities for the woman to rest, and where appropriate, breastfeed or express and store milk? Is there somewhere for her to lie down, if necessary?
- Has the woman been offered extra assistance with lifting for the duration of the pregnancy?
- Has it been identified that the woman is at particular risk of assault, either by pupils or members of the public? If so, have measures been taken to eliminate that risk?
- If there is a possibility that the pregnant woman has been exposed to the rubella virus, chickenpox, measles or slapped cheek disease (Parvovirus) in the early months of pregnancy, has she been advised to consult her doctor? If the doctor so advises, she is entitled to remain absent from school on full pay until the danger has passed. Staff in this situation may, however, be required to work in another school where there is no such risk.
- Have arrangements been made for the employee to have more frequent toilet breaks, if necessary?
- Have risks associated with farm visits, in particular contact with sheep, been assessed?
- Have particular risks associated with the teaching of PE been addressed?
- Have risks associated with crowded corridors been assessed?
- Where the employee is working until shortly before the birth, has the issue of fatigue been addressed, particularly in the context of playground duties, school visits and after-school meetings?

Appendix 2:
Checklist for health and safety reps on supporting women going through the menopause

Addressing the following issues will help create a decent workplace for all, but will also address the particular concerns of menopausal women, some of whom may be experiencing symptoms which are exacerbated by their workplace.

- Is there an awareness of the issue so that women do not need to raise it as an individual issue?
- Is there a climate of openness where women are able, if they so choose, to disclose their symptoms to colleagues and management and request adjustments?
- Is there adequate ventilation and temperature control in each classroom and in other areas of the school?
- Is there a procedure for providing brief cover arrangements for women who may need to use toilet/washing facilities during a lesson?
- Is there ready access to cold drinking water?
- Does the appraisal/capability procedure require the employer to investigate the effect of medical conditions, such as the menopause, on performance?