

THE GOWRIE(QLD) INC

MANAGING OCCUPATIONAL RISKS FOR FEMALE STAFF

CONSIDERATIONS:

QIAS

Principle 5.5

POLICY STATEMENT:

To advise female workers of occupational risks which may impact on pregnancy and to support them with workplace relocation if recommended by a medical doctor.

RELEVANT FORMS/MATERIAL:

- Handout Cytomegalovirus (CMV) in Child Care (Workplace Health and Safety Queensland)

SOURCES:

National Health & Medical Research Council (2005) *Staying Healthy in Child Care: Preventing infectious diseases in child care*. 4th Ed. Commonwealth Government of Australia: Canberra.

Australian Immunisation Handbook 9th Edition; Australian Government; Department of Health and Ageing
<http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-specialgroups>

REVIEWED: February 2011

Date to be Reviewed: February 2012

Staff in a child care environment who are pregnant (or planning a pregnancy) need to be aware of how some infections can affect the unborn child. Staff who are pregnant are required to inform their Director of the Service to ensure that precautions are taken and correct measures regarding the below risks.

**RUBELLA
(GERMAN MEASLES)**

If a pregnant woman contracts rubella, her baby may be born deaf, blind or with heart and lung damage.

**WHAT YOU
SHOULD DO**

A blood test will show whether or not you have had rubella.

CYTOMEGALOVIRUM (CMV)

CMV infection in early pregnancy, where the mother has not had CMV infection before, may cause the infant to be deaf or have multiple abnormalities.

**WHAT YOU
SHOULD DO**

You may wish to have a blood test for CMV immunity before becoming pregnant. This would allow you to make an informed decision about work practices and to discuss these with your doctor and with the Director.

TOXOPLASMOSIS

While toxoplasmosis infection in pregnancy may lead to congenital abnormalities, child care workers are at no greater risk of contracting toxoplasmosis than other people and there is no risk if the mother has had the disease before. Toxoplasmosis is acquired from contact with cat faeces (in soil or sandpits).

**WHAT YOU
SHOULD DO**

If you wish a blood test will tell you if you have already had toxoplasmosis. Normal health and safety precautions in the workplace are essential.

**ERYTHEMA INFECTIONOSUM/PARVOVIRUS/
FIFTH DISEASE**

Parvovirus causes miscarriage or still births in a small percentage of women infected during pregnancy. Malformations do not appear to occur in babies who survive this infection in the mother.

WHAT YOU SHOULD DO

The symptoms of Parvovirus are a red rash on the cheeks, as though they have been slapped, or arthritis. A pregnant worker who develops these symptoms should discuss this with her doctor.

CHICKENPOX

Infection with chickenpox in the first three months of pregnancy may damage the unborn child.

WHAT YOU SHOULD DO

While most adults have probably had chickenpox as children nevertheless any pregnant worker who is exposed to chickenpox at any stage of the pregnancy should see her doctor soon after exposure.

ONGOING:

WHAT YOU SHOULD DO

USE UNIVERSAL PRECAUTIONS AS A STANDARD PROCEDURE:

Wear gloves when:

- changing soiled clothing / nappies
- dealing with cuts, abrasions or any non-intact skin or mucous membranes (inside the mouth)
- handling breast milk
- Cleaning.

Pregnant Staff are advised not to change any soiled clothing / nappies. This will assist in lessening the occupational risk.

Use mouth to mask resuscitation to avoid mucosal contact in mouth to mouth resuscitation.

Cover any lesions on hands and lower arms.

Use good handwashing techniques to prevent the spread of germs and infection.

--	--