



Risk assessment: Pandemic (H1N1) 2009 Influenza and pregnant teachers working in schools

Introduction

It is important not to consider pregnant women as a group apart. Many of the issues relating to them will apply to those in other 'at-risk' groups. The advice to those in the other at-risk groups would also, therefore, apply to pregnant women.

The key to managing this group is to ensure that those in the at-risk groups, including pregnant women, are aware of the signs and symptoms of influenza so that they can seek early medical advice or assessment and, if indicated, treatment.

Once it is ubiquitous in the community, pregnant women are just as likely to be exposed to influenza in the community as their workplace. It is sensible for pregnant women to avoid close contact with people who have symptoms of the flu.

In the context of pregnant teachers, the emphasis should be on ensuring that symptomatic children are identified, isolated and sent home. Good personal hygiene should be applied whenever possible.

The key to risk assessment in the workplace is whether there is an excess risk as compared to that faced by the ordinary population in the local community.

In respect to a pregnant women in a teaching setting the pertinent questions are:

Is the hazard a significant risk to either maternal or foetal health?

Equivocal. Evidence suggests an increased risk of developing maternal influenza-associated pneumonia and cardio-respiratory complications. Data on association of maternal influenza being associated with increased risk of some congenital abnormalities is inconsistent. There is a suggestion that fever in pregnancy is associated with a variety of foetal conditions – see the HPA prescribing guidance.

Is she being exposed to a population among which there is an unusually high incidence of the hazard under consideration?

No. Disease is as prevalent in the community as in the classroom; indeed if sick children are excluded from schools (as they ordinarily should be) then it may be expected that exposure to viraemic excretors is lower in the classroom than in everyday life.

Is she being placed in a situation (environment/ procedures/processes) where there are modes of transmission/exposure to that hazard that give rise to an excess risk of acquisition of disease?

No. There is no requirement for teachers to be involved in the examination of airways/undertaking invasive procedures on ill children that generate aerosols giving rise to transmission.

Are there any unusual features of the workplace that give rise to disease being more severe if acquired there?

No. There is not evidence that illness acquired in the workplace will be more severe than if acquired in the community.

Does the form or type of workplace restrict her ability to seek help and intervention if disease is suspected?

No.

In summary, for pregnant women and other people in the at-risk groups there is not an overall excess risk associated with teaching compared to the risks that they face in everyday life in the community.