

 West Mercia POLICE		POLICY
Security Classification	OFFICIAL	
Disclosable under Freedom of Information Act 2000	Yes	

GUIDANCE TITLE	Fertility Treatment
REFERENCE NUMBER	WMP216
Version	1.0

GUIDANCE OWNERSHIP	
DIRECTORATE	BUSINESS SERVICES
BUSINESS AREA	PEOPLE AND ORGANISATIONAL DEVELOPMENT

INITIAL IMPLEMENTATION DATE	August 2023
NEXT REVIEW DATE:	August 2026
RISK RATING	LOW
EQUALITY ANALYSIS	LOW

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1.0 POLICY OUTLINE

This Policy sets out West Mercia Police and The Office of the Police & Crime Commissioner (OPCC) arrangements to ensure that staff and officers undergoing fertility treatment are supported.

2.0 PURPOSE OF POLICY

West Mercia Police recognises the emotional and physical challenges which may arise from undergoing fertility treatment and in accordance with our strategic vision and values of being a great place to work and an inclusive employer, we want to support individuals and their partners throughout this process.

The policy applies to police officers, police staff, and staff of the Offices of the Police & Crime Commissioner (OPCC) who have been continuously employed for 26 weeks up to and including the first fertility treatment.

The policy does not cover casual workers, members of the special constabulary, police staff volunteers, agency workers or contractors with the exception of the provisions for health and safety risk assessments which, for agency workers and contractors is the joint responsibility of the local manager and the worker's own employer (i.e. the agency).

3.0 PRINCIPLES OF THE POLICY

We acknowledge the importance of using inclusive language and for the purpose of this policy individual refers to the person receiving fertility treatment, partner refers to the partner of the individual receiving treatment and includes same sex partners, co-parents and individuals using a surrogate, or acting as a surrogate. This policy details the entitlements and support available for individuals receiving and recovering from the physical and psychological effects of fertility treatment, as well as those attending appointments specifically connected to the process, as a partner, or surrogate.

3.1 Entitlements

3.1.1 Time off

An individual undergoing fertility treatment is entitled to a reasonable amount of paid time off to receive treatment, as treatment is different for each individual, the number of appointments required will vary.

An individual receiving fertility treatment is entitled to up to ten instances of leave per cycle, to be agreed between individual and line manager, as appropriate. Up to a maximum of one cycle per year.

An instance is defined as up to one contractual working day or shift and can be split into half, if a full day is not required.

A cycle of treatment can be defined as IVF treatment starting from day 1 of an individual's period to include ovarian stimulation, egg retrieval, sperm retrieval, fertilisation and embryo transfer(s).

Leave should be agreed between the individual and the line manager and line managers should be made aware in advance, where possible.

Medical appointments, relating to fertility should be managed in accordance with the Time off for medical appointment and screening guidance.

In exceptional circumstances, alternative leave can be considered by the line manager.

In the case of IVF, once a fertilised egg has been implanted in the uterus, the individual is deemed legally to be pregnant, biologically the host parent is effectively 5 days pregnant at the time of implantation. From that time, individuals are legally protected from unfavorable treatment for the duration of the pregnancy, and are entitled to a reasonable amount of paid time off for antenatal care, as per West Mercia's time off for Antenatal Care guidance.

Current clinical guidance is that the host of any transfer of eggs should avoid stressful situations and exertion for a period of two weeks post transfer, in order to increase the chances of success. Where appropriate and based on medical advice, individuals who have received treatment, may request restricted duties for a maximum period of two weeks (pro rata) following implantation. Line managers should consider options such as reduced hours, working from home, or removal of specific duties, specifically in operational roles. Line managers should complete a Fertility Risk Assessment in order to understand what restrictions are required to support the individual during this period.

In the event that the individual requires further time off whilst recovering from the effects of a fertility procedure, or illness arising from treatment, then entitlement under West Mercia's absence management guidance should be considered.

In the unfortunate event that the IVF cycle is not successful, or the pregnancy is not sustained, the individual remains legally protected against pregnancy discrimination for a further two weeks after a positive pregnancy test. In this case, the individual may find the Pregnancy Loss policy helpful. The Pregnancy Loss policy applies from the point of implantation onwards.

3.1.2 Requesting Leave

Fertility treatment begins far ahead of the implantation process and individuals are encouraged to have open conversations with their line managers at the earliest opportunity so that line managers can offer appropriate support with sensitivity throughout the process.

Once a line manager is aware of an individual undergoing fertility treatment a Fertility Risk Assessment, found on the intranet, should be completed to understand how an individual can be supported. Considerations should be given to officers and staff having to self-medicate, with an understanding of the potential physical impact. Using the Fertility Risk Assessment line managers should consider opportunities to support officers and staff through these processes.

Any workplace adjustments to the role should be implemented as soon as possible

When requesting leave, individuals should make every effort to give adequate notice in advance, in accordance with West Mercia policy.

It is recognised that individuals may require unforeseen time off before, or after fertility treatment. In these circumstances, other forms of leave such as annual leave may be considered, if the individual has exhausted their fertility treatment entitlement

3.1.3 Supporting those involved in the fertility process

Fertility processes are complex and varied, it is important to recognise that partners, of all genders, may be physically involved, undergoing medical procedures that can include pre-treatment medication programmes through to the harvesting of semen/eggs. Many of these processes are time critical and can have a temporary physical impact.

Line managers should be made aware by those undergoing any form of treatment in order that they can offer appropriate support. Line managers should consider temporary workplace adjustments including adjusted shifts, flexible, or remote working. This is not an exhaustive list.

Partners will play a key role in supporting the person receiving fertility treatment and accordingly a partner who is either receiving treatment as part of a fertility process or supporting an individual undergoing treatment as a co parent is entitled to up to a maximum of 10 hours (pro rata) special leave per treatment cycle, of up to a maximum of 1 cycle per annum. Special leave can be allocated to procedures/appointments of the partner's choice.

4.0 WELLBEING SUPPORT:

Undergoing fertility treatment can be emotionally and physically stressful. Wellbeing support can be accessed via the following resources:

- Peer Supporters are available, and a list can be found on the West Mercia intranet by following this path; **Home> You at work> Health and wellbeing> Peer support**
- Fertility Network UK ([Fertility Network \(fertilitynetworkuk.org\)](http://fertilitynetworkuk.org))
- Human fertilisation & embryology authority ([link](#))
- A complete list of support through West Mercia can be found via the intranet via the following path; **Home> You at work> Health and wellbeing>Maternal Mental Health**

5.0 FERTILITY RISK ASSESSMENT

5.1 Risk Assessments

In order to identify any key risks during and possible side effects of treatment, the supervisor will need to undertake an initial risk assessment in conjunction with the individual to consider the duties and working conditions of the role, in particular the following:

- The risk of injury or infection
- The risk of exposure to hazardous substances
- Confrontational duties/ threat of violence in the workplace
- The risk of potential injury or abuse during any outstanding or possible court appearances
- Tasks which involve high levels of psychological or physical fatigue
- Tasks which involve long periods of standing, sitting or travelling

- Manual handling
- Exposure to extremes of temperature
- Driving vehicles (including marked/ unmarked police vehicles)
- Long working hours

Where the individual has a pre-existing medical condition, is experiencing complications, or has experienced complications in previous pregnancies, the supervisor will submit a medical referral to their HR Officer who will refer to Occupational Health for further advice. The line manager should also take into account any adjustments recommended by the individual's midwife/ GP/ Consultant.

Risk assessments can be amended as necessary and will be formally reviewed and updated at week 12, 24 and 32 of the pregnancy, during maternity leave (for KIT days) and on the individual's return to work.

If the fertility treatment is successful the line manager should then complete a New and expectant mothers risk assessment.

6.0 CONFIDENTIALITY AND RECORD KEEPING

- All reports, statements, letters and notes resulting from the formal elements of the fertility treatment policy will, wherever possible be kept confidential, but where necessary a record will be kept on the individual's electronic personal file and HR Origin.
- This is necessary to ensure that a person does not suffer an inconsistency in a change in supervision and ensures that they are fully supported throughout the process.

7.0 IMPLICATIONS OF THE POLICY

- Adherence to, and the effective operation of, this Policy will reduce the risk of successful legal action against West Mercia Police and OPCCs under equality and employment legislation at Employment Tribunal.
- **Risks**
- It is anticipated that the effect on the organisation will be negligible as it is not anticipated that a notable volume of officers or staff at any point in time will be undergoing treatment.

Training

Supervisors will benefit from a deeper understanding of the risks suffered by parents undergoing fertility treatment and should understand the benefits in employee retention and experience by supporting officers and staff. The associated guidance document should be reviewed by all supervisors and incorporated into relevant line manager training

6.0 CONSULTATION

<i>Business Lead/ Chief Officer Consulted</i>	<i>Date Consulted</i>
Snr P&OD Manager/ Director Business Services	June 2023/ July 2023

Consultation has taken place with the following:

West Mercia Families
Critical Friends Group

7.0 DOCUMENT HISTORY

The history and rationale for change to guidance will be recorded using the below chart:

Date	Author / Reviewer	Amendment(s) & Rationale	Date of Approval / Adoption
June 2023	A. DENNY	New Policy	JNCC Exec Board 15/08/2023

8.0 ASSESSMENT AND ANALYSIS

The Equality Analysis (EA), Health & Safety Assessment (HAS) and Risk Assessment (RA) associated with this document are available on request.

9.0 MONITORING / EVALUATION

The Monitoring and review of this policy is the responsibility of the policy owner.

10.0 DATA PROTECTION IMPACT ASSESSMENT

- Is a DPIA required? – **No**, as agreed by Audit, Risk and Compliance 19/06/2023