

National Taiwan Normal University

Maternal Health Protection Program

Last Amended on June 29, 2021

- Article 1. Rationale
National Taiwan Normal University (hereinafter referred to as NTNU) has formulated the Maternal Health Protection Program (hereinafter referred to as “the Program”) pursuant to Articles 30 and 31 of the *Occupational Safety and Health Act*, the *Technical Guidelines on Workplace Maternal Health Protection*, and the *Enforcement Rules for Maternal Health Protection for Female Laborers*.
- Article 2. Purpose
The Program is established to institute hazard assessments, controls, and hierarchy management measures for work potentially hazardous to maternal health of female employees of childbearing age to create a healthy workplace that safeguards health of mothers and fetuses (infants) and enhances the overall wellbeing of female employees.
- Article 3. Definition
1. Maternal health protection: adoption of measures for work potentially hazardous to maternal health of female employees, including assessments and control, in-person consultations with physicians, risk hierarchy management, suitable work arrangements, and other relevant measures.
 2. Maternal health protection period: in which protection is instituted for female employees within their first postpartum year and are breastfeeding after, starting from the date on which the unit director is informed of pregnancy.
 3. Female employee of childbearing age: employees with menstrual cycles and are fertile.
- Article 4. Scope
1. The Program applies to the following individuals:
 - (1) Female employees with menstrual cycles and are fertile.
 - (2) Pregnant employees.
 - (3) Female employees within their first postpartum year.
 - (4) Female employees breastfeeding after their first postpartum year.
 2. The Program shall be activated to initiate maternal health protection when the individuals engage in the following work:
 - (1) Work involving engagement with or exposure to CNS15030 Category 1 substances for germ cell mutagenicity, reproductive toxicity, or other chemical substances that adversely affect lactation.
 - (2) Work involving health hazards (affects postures, arduous work involving manual lifting, carrying, pushing or pulling of loads, rotations, night shifts, solo work, heavy workloads, etc.)

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- (3) Work at sites containing lead or its compounds.
 - (4) Work in Article 30, Paragraph 1, subparagraphs 5 to 14 and Paragraph 2, subparagraphs 3 to 5 of the *Occupational Safety and Health Act*.
 - (5) Other work designated as hazardous by the central competent authority.
3. The Program shall be activated to implement hazard assessment when the individuals are exposed to potentially dangerous or hazardous operating environments or work patterns in Article 30, Paragraphs 1 and 2 of the *Occupational Safety and Health Act*.
- Article 5. Division of Labor
- 1. Unit director
 - (1) Promotes and implements the Program.
 - (2) Cooperates with the Environmental and Public Safety Center in organizing environmental monitoring and evaluation of employees who handle chemicals that fall under the scope of the Program.
 - (3) Helps remind female employees to request the Program as needed and cooperate with implementation and participation.
 - (4) Helps cooperate in work adjustments or reassignment and in workplace improvement measures based on risk assessment results, and keeps a record of such measures.
 - (5) Provides details with respect to how long, how often, and where female employees can take breaks, and adjusts business travel frequency to reduce commuting needs.
 - 2. Environmental and Public Safety Center
 - (1) Helps promote and implement the Program.
 - (2) Identifies and assesses hazards and risks of environments and operations.
 - (3) Helps identify hazards, assess and classify risks in the Program, recommends environmental improvement and hazard control, and supervises progress.
 - 3. Health Center, Office of Student Affairs
 - (1) Collaborates with the Environmental and Public Safety Center in developing prevention plans and helps unit directors with promotion and implementation.
 - (2) Advocates maternal health protection.
 - (3) Onsite physician in health services:
 - (a) Consults with and provides health care tips to female employees with concerns or refers them to a gynecologist/specialist with a letter stating clinical diagnosis, recommended treatment, and precautions as necessary.
 - (b) Inspects occupational hazards and assesses risk levels according to program schedule with recommendations for work suitability and arrangements.
 - (4) Occupational Health Nurse (OHN):
 - (a) Helps assess health hazards, risk levels, job suitability, and

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recommends control measures for female workers.

- (b) Provides guidance and consultation during pregnancy and lactation.
- (c) Completes the Maternal Health Protection Implementation Record (kept for 3 years) once every 3 months (see Attachment 1).

4. Office of Human Resources

- (1) Helps plan, promote, and implement the Program.
- (2) Helps with the monthly provision of information including a list of pregnant employees (i.e., on leave for checkups) or on maternity leave, and adjusts work content, hours, and shifts based on assessment outcomes and recommendations.

5. Employees

- (1) Voluntarily inform the unit director of pregnancy, childbirth, and breastfeeding needs, as well as individual health status.
- (2) Complete the Health Risk Assessment Form for Employees Who are Pregnant or Within First Postpartum Year (Attachment 2), sign and send a printed copy or electronic file to the Health Center, Office of Student Affairs.
- (3) Request activation of the Program as needed and cooperate with implementation and participation.
- (4) Cooperate with work hazard assessments, adjustments or reassignment, and workplace improvement measures.
- (5) Inform the unit director immediately of any changes in work or health conditions.
- (6) The Program is for preventive management only. Seek immediate medical attention for symptoms of discomfort.

Article 6. Program content

The work flow for the Program (Figure 1) is as follows:

1. Assess needs

An announcement every 6 months to all units shall remind female employees to contact the Health Center of the Office of Student Affairs to request activation of the Program as necessary and to complete Health Risk Assessment Form for Employees Who are Pregnant or Within First Postpartum Year (Attachment 2), sign and send a printed copy or electronic file to the Health Center.

2. Assess risks

- (1) The OHN shall perform a preliminary review with the Health Risk Assessment Forms completed by female employees; then file and close cases without health hazards.
- (2) Cases with health hazards forwarded to the Environmental and Public Safety Center and onsite physician/nurse for *Workplace Hazard Assessment and Maternal Health Protection Measures* (Attachment 3) and *Work Suitability and Arrangement Recommendations for Employees Who are Pregnant or Within First Postpartum Year* (Attachment 4) and act as recommended in the *NTNU Description of NTNU-Stipulated Protective Measures for Pregnant Employees Who Perform Hazardous Work* (Attachment 3-1).

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- (3) Onsite physicians shall refer female employees with health issues that necessitate further assessment or a follow-up examination to a gynecologist or other specialist with a letter stating clinical diagnosis, recommended treatment, and precautions. During consultation, the patient shall complete the *Work Suitability and Arrangement Recommendations for Employees Who are Pregnant or Within First Postpartum Year* (Attachment 4), and provide her Maternal Health Booklet. Her most recent medical exam report, the Workplace Hazard Assessment and Maternal Health Protection Measures form (Attachment 3), and other relevant data shall be provided to a specialist in occupational medicine if applicable, who shall then recommend suitable work arrangements as per the *Health Risk Assessment Form for Employees Who are Pregnant or Within First Postpartum Year* (Attachment 2).
3. Implement hazard controls and hierarchy management (see Attachment 1-2)

Known risk factors revealed by assessments can be reduced or eliminated by hazard controls and workplace improvement measures. Required work adjustments are advised in a step-by-step manner to consult with the onsite physician/nurse, the employee, and the unit director or head of human resources for official documentation of the communication process and resolutions.

 - (1) Class 1 management: No hazards or risks; can continue original work after assessment and approval by a physician.
 - (2) Class 2 management: Possible hazards or risks; can continue original work after the physician gives an assessment, provides in-person guidance, and informs of hazards involved. With the employee's written consent, the physician completes the *NTNU Informed Consent to Work During the Maternal Health Protection Period* form (Attachment 5), and adopt hazard prevention measures.
 - (3) Class 3 management: Hazards or risks which necessitate further assessments with the employee as well as adoption of effective control measures.
4. Provide health tips, education, training, and protection measures

Health tips, education, training, and protection measures shall be provided by health professionals. Changes to work or health status and protective measures may be revised at any time.
5. Records of the Program (files and documents) shall be kept for 3 years and confidential.
6. The Program and any amendments hereto shall be implemented upon passage by the Environmental Protection and Safety and Health Committee Meeting and the President.

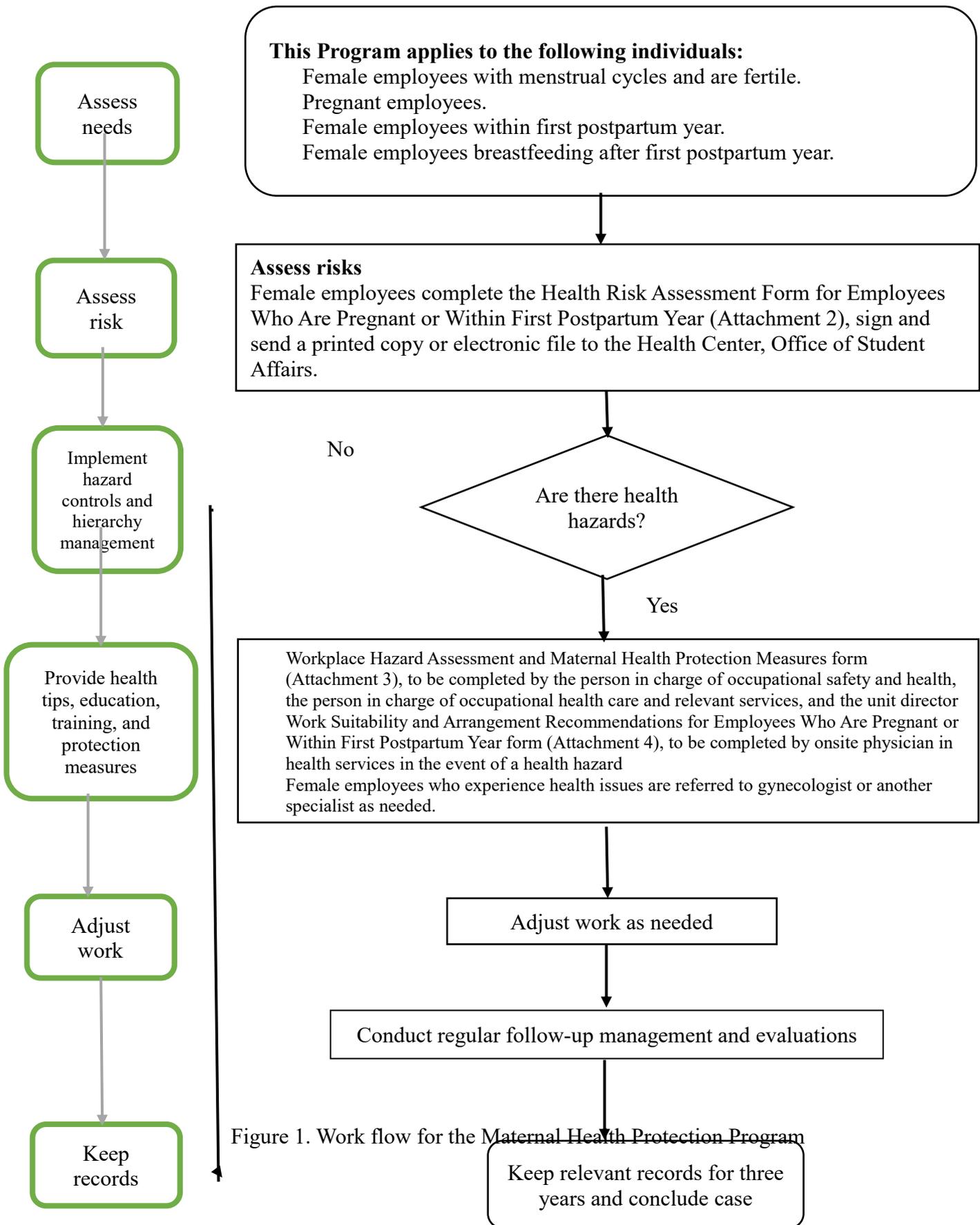


Figure 1. Work flow for the Maternal Health Protection Program

National Taiwan Normal University
Maternal Health Protection Implementation Record

Statistics taken in _____ (month), _____ (year)

Item	Implementation Result (Number or Percentage)	Comments (Improvement Status)
Assessment of Persons in Need of Maternal Health Protection	1. Number of pregnant employees: _____ 2. Number of employees within first postpartum year: _____ 3. Number of employees breastfeeding after first postpartum year: _____	
Hazard Identification and Assessment	1. Number of physical hazards: _____ 2. Number of chemical hazards: _____ 3. Number of biological hazards: _____ 4. Number of ergonomic hazards: _____ 5. Number of hazards exposing employees to work-related stress/workplace violence: _____ 6. Other: _____ 7. Risk level: _____ 8. Method by and date on which notification of hazards is made: _____	
Consultation with Physician and Health Guidance Arrangements	1. Number of employees requiring consultation with a physician: _____, of whom _____ employee(s) have completed / not completed consultation. 2. Number of employees requiring monitoring or follow-up examination: _____ 3. Number of employees requiring treatment: _____ 4. Number of employees requiring health guidance: _____, of whom _____ employee(s) <input type="checkbox"/> have received / <input type="checkbox"/> have not received health guidance 5. Number of employees requiring referral for further assessment: _____ 6. Number of employees requiring regular follow-up management: _____	
Suitable Work Arrangements	1. Number of employees whose working hours need to be adjusted or shortened: _____ 2. Number of employees requiring a change of work: _____ 3. Number of employees who need to be put on leave: _____ 4. Number of employees subject to other arrangements: _____	

<p>Assessment of Implementation Effectiveness and Improvements</p>	<p>1. _____ % of employees underwent regular pregnancy checkups. 2. _____ % of employees received guidance on health which successfully promoted wellbeing. 3. Status of environmental improvement: _____ (monitoring results) 4. Other: _____</p>	
<p>Other matters</p>		

Occupational Health Nurse:

Unit director:

National Taiwan Normal University
Health Risk Assessment for Employees Who are Pregnant
or Within First Postpartum Year

Unit/Department Name: _____

A. Basic Information	Completed on: (YYYY/MM/DD)
Name: _____	Date of Birth: _____ (YYYY/MM/DD)
Age: _____ Position: _____	Mobile No.: _____
Number of children: _____	
Email: _____	
Workplace Location: _____ (building name/floor/room no.)	
Current nature of work: day, night, or rotating shifts (please specify _____)	
B. Health Status	
<ul style="list-style-type: none"> ➤ Number of weeks pregnant: _____; estimated date of delivery: _____ ➤ Current pregnancy involves multiple birth: <input type="checkbox"/> No <input type="checkbox"/> Yes ➤ Self-perceived symptoms during current pregnancy: <input type="checkbox"/> None <input type="checkbox"/> Bleeding <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Cramps <input type="checkbox"/> Other symptoms: _____ ➤ Problems during current pregnancy: _____ ➤ Postpartum (date of child's birth: _____) ➤ <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Not breastfeeding 	
1. Medical History <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> High blood pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> G6PD deficiency <input type="checkbox"/> Kidney or urinary system disease <input type="checkbox"/> Other	
2. Family History <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> High blood pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> G6PD deficiency <input type="checkbox"/> Kidney or urinary system disease <input type="checkbox"/> Other	
3. Obstetric History (1) Immunization (prior vaccination or presence of antibodies): <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Chicken pox <input type="checkbox"/> MMR (Measles-Mumps-Rubella) (2) Pregnancy history Number of pregnancies: _____ Number of deliveries: _____ Number of miscarriages: _____ (3) Mode of delivery: <input type="checkbox"/> Vaginal (number of times: _____) <input type="checkbox"/> Caesarian section (number of times: _____), were there complications? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____ (4) History of past pregnancies: <input type="checkbox"/> None <input type="checkbox"/> Congenital uterine anomalies <input type="checkbox"/> Uterine fibroids <input type="checkbox"/> History of cervical surgery <input type="checkbox"/> Miscarriage in the second trimester or onward (14 weeks) <input type="checkbox"/> Premature birth (delivery less than 37 weeks) (5) Other	

5. Assessment of Risk Factors During and After Pregnancy

- None listed below
- Lack of regular pregnancy checkups
- Smoking Drinking Medication - please specify: _____
- Age (<18 or >40 years-old) Risk factors in living environment (e.g., heat, air pollution)
- Prenatal weight <45 kg and height <150 cm
- State of mental health: Normal Anxiety Depression Other: _____
- Sleep quality: Normal Insomnia Need for medication Other: _____

...(Continued from Previous Page)

C. Workplace Risk Assessment

Type of Hazard	Assessment of Hazardous Work Not Permitted for Pregnant Employees	Yes	No
Chemical	1. Do you work where lead or its compounds are produced and spread?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Do you work where hazardous chemicals are produced and spread? (hazardous chemicals refers to the handling of or exposure to carbon disulfide, trichloroethylene, ethylene oxide, acrylamide, ethylenimine, arsenic and its inorganic compounds, mercury and its inorganic compounds; select 'Yes' if any is present).	<input type="checkbox"/>	<input type="checkbox"/>
Biological	3. Does your work involve exposure to rubella? (select 'No' if you have been vaccinated against rubella)	<input type="checkbox"/>	<input type="checkbox"/>
	4. Does your work involve exposure to Toxoplasmosis?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Does your work involve exposure to Hepatitis B, Hepatitis C, or HIV with risk of infection through blood or body fluids?	<input type="checkbox"/>	<input type="checkbox"/>
	6. Does your work involve exposure to chicken pox (if you lack immunity)?	<input type="checkbox"/>	<input type="checkbox"/>
	7. Does your work involve exposure to pulmonary tuberculosis assessed by a physician to be hazardous to the health of you/fetus/infant?	<input type="checkbox"/>	<input type="checkbox"/>
Type of Hazard	Assessment of Hazardous Work Permitted After Adoption of Protective Measures	Yes	No
Physical	8. Does your work involve exposure to >1 mSv ionizing radiation as measured by a film badge dosimeter?	<input type="checkbox"/>	<input type="checkbox"/>
Ergonomic	9. You are required to ask for help and advised against carrying a heavy load weighing over 10 kg alone. Do you frequently not follow regulations?	<input type="checkbox"/>	<input type="checkbox"/>
Work-Related Stress	10. Does the nature of your work involve rotations, night shifts, frequent overtime/business trips, or solo work?	<input type="checkbox"/>	<input type="checkbox"/>
	11. Is the nature of your work difficult for flexible adjustments/leaves; or with potential for the occurrence of violence or assaults?	<input type="checkbox"/>	<input type="checkbox"/>
	12. Is the workload heavy or often stressful?	<input type="checkbox"/>	<input type="checkbox"/>

Other	13. Does your work involve prolonged periods of standing or sitting or frequent changing of positions?	<input type="checkbox"/>	<input type="checkbox"/>
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※If 'Yes' is selected for Items 1–3, unit director must arrange for work adjustments; if 'Yes' is selected for Items 4–9, protective measures must be adopted for the respondent as per NTNU regulations. The Health Center, Office of Student Affairs will review physician's assessment and determine whether consultation is necessary

※Please present this form and your Maternal Health Booklet to the onsite physician or nurse.

Respondent's Signature	OSH Nurse
	<input type="checkbox"/> The respondent does not perform hazardous work. <input type="checkbox"/> Risk level to be assessed by Environmental and Public Safety Center and onsite physician <input type="checkbox"/> Other:

Respondent must sign and send a printed copy or electronic file to the Health Center, Office of Student Affairs (ext. #6449 or #5754).

National Taiwan Normal University
Workplace Hazard Assessment and Maternal Health Protection Measures

Basic Information of Worksite / Workplace			
Unit/Department name:			
Work Pattern: <input type="checkbox"/> 9-to-5 job <input type="checkbox"/> Rotations <input type="checkbox"/> Other: _____			
Risk Level			
<input type="checkbox"/> None (not in Articles 3–5 of the <i>Enforcement Rules for Maternal Health Protection for Female Laborers</i>)			
<input type="checkbox"/> Class 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 management (in Articles 3–5 of the <i>Enforcement Rules for Maternal Health Protection for Female Laborers</i>)			
Type of Hazard at the Worksite / in the Workplace	Assessment Result (Risk Level)		
	Level 1	Level 2	Level 3
	Not Hazardous	Potentially Hazardous	Hazardous
Physical Hazards			
1. Stairs are narrower than 30 cm			
2. Impacts from falling objects or collisions with moving objects are possible (e.g., stationary structures are not earthquake-resistant)			
3. Hazardous radiation (in the <i>Safety Standards for Protection against Ionizing Radiation</i>)			
4. Noisy operating environment (TWA \geq 85dB)			
5. High-temperature environment (in the <i>Standards on Working Hours and Resting Periods for Laborers Working in High Temperature Worksites</i>)			
6. Smelting, unloading, moving, and cleaning of high-temperature minerals or slag			
7. Significant temperature fluctuations and extremes			
8. Operation of a jackhammer, chainsaw, or nail/rivet gun (except for those with a stroke under 70 mm and 2 kg), earth ramming machinery, or other machines that generate significant vibration			
9. Abnormal air pressure (in the <i>Standards for Preventing Hazards due to Abnormal Air Pressure</i>)			
10. Pilot excavation and mining of underground minerals in mines			
11. Operation of a crane or derrick crane			
12. Operation of a powered winch, powered carrier, or cableway			
13. Operation of rolling and grinding mills for rubber compounds or synthetic resins			
14. Other:			
Chemical Hazards			
1. Exposure to CNS15030 Category 1 substances for germ cell mutagenicity (except in Article 30 of the <i>Occupational Safety and Health Act</i> , Paragraph 1, Subparagraph 5; see Attachment 3) (Please specify):			
2. Exposure to CNS15030 Category 1 substances for reproductive toxicity (except in Article 30 of the <i>Occupational Safety and Health Act</i> , Paragraph 1, Subparagraph 5; see Attachment 3) (Please specify):			

3. Lead or its compounds are spread			
4. Manufacturing or handling antimetabolic and cytotoxic drugs			
5. Worksite adversely affects lactation, consequently endangering infant health (Please specify):			
6. Toxic chemicals absorbable through skin (e.g. certain pesticides)			
7. Presence of carbon monoxide or other asphyxiant gases			
8. Other:			
Biological Hazards			
1. Exposure to Toxoplasmosis			
2. Exposure to rubella (German measles)			
3. Exposure to diseases or lethal microorganisms (Hepatitis B, chicken pox, Hepatitis C, HIV, or pulmonary tuberculosis)			
4. Other:			
Ergonomic Hazards			
1. Handling objects above a specific weight			
2. Difficulty carrying loads unless with a specific posture, or repetitive abnormal or awkward movements			
3. Repetitive motion			
4. Posture affected by confined space (cannot move or stretch arms)			
5. Workstation is not ergonomically designed, with a high potential for musculoskeletal discomfort			
6. Other:			
Work-Related Stress / Workplace Violence			
1. Mandatory rotations or night shifts			
2. Mandatory frequent overtime or business trips			
3. Solo work			
4. Prone to violence or assaults			
5. Heavy workload that causes mental or work-related stress or that renders it impossible to adjust working hours or take leaves			
6. Other:			
Other			
1. Prolonged stance without chairs for sitting/resting			
2. Prolonged sitting without walking around freely			
3. Frequent switching to a different posture (from low to high position)			
4. Other:			
Improvement and Management Measures			

<p>1. Engineering controls</p> <p><input type="checkbox"/> Process improvements, please specify: _____</p> <p><input type="checkbox"/> Ventilation installation, please specify: _____</p> <p><input type="checkbox"/> Other, please specify: _____</p> <p>2. Administrative controls</p> <p><input type="checkbox"/> Working hour adjustment, please specify: _____</p> <p><input type="checkbox"/> Work adjustment, please specify: _____</p> <p><input type="checkbox"/> Other, please specify: _____</p> <p>3. Personal protective equipment (PPE), please specify: _____</p> <p>4. Other measures, please specify: _____</p>

Note: This form is to be completed by a HSO with necessary recommendations provided by professionals in charge of health services for laborers.

Signed by:

- HSO: _____
 - Onsite physician: _____
 - OHN: _____
 - Employee: _____
 - Unit Director under assessment: _____
- Date of Implementation: _____

National Taiwan Normal University
Description of NTNU-Stipulated Protective Measures
for Pregnant Employees Who Perform Hazardous Work

Type of Hazard	Hazardous Work Permitted After Adoption of Protective Measures	Description of Protective Measures
Physical	Does your work involve exposure to >1 mSv ionizing radiation as measured by a film badge dosimeter (i.e., 1/2 of stipulated safety limit)?	Transfer to another post is recommended
Ergonomic	If you are required to ask others for help and advised against carrying heavy loads weighing over 10 kg alone, do you frequently fail to follow regulations?	Request employee to seek help from others and not to carry loads weighing over 10 kg alone.
Work-related Stress	Does your work involve rotations, night shifts, frequent overtime, business trips, or solo work?	Adjust pregnant employee's working hours and provide proper rest, leave, and day(s) off for pregnancy checkups.
	Is it difficult to flexibly adjust work / arrange time off?	
	Is the workplace prone to violence or assaults?	<ol style="list-style-type: none"> 1. Arrange for pregnant employee to work accompanied. 2. If 1 is not possible, transfer the pregnant or postpartum employee to a new, appropriate post.
Other	Does your work involve prolonged stance, sitting, or frequent switching of postures?	Provide stress counseling

National Taiwan Normal University
Work Suitability and Arrangement Recommendations for
Employees Who are Pregnant or Within First Postpartum Year

A. Basic Information
Name: _____ Age: _____ Year of Birth: _____ <input type="checkbox"/> Number of weeks pregnant: _____; estimated date of delivery: _____ _____ (YYYY/MM/DD) <input type="checkbox"/> Postpartum (date of childbirth: _____ [YYYY/MM/DD]) <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Not breastfeeding <input type="checkbox"/> Height: _____ cm, Weight: _____ kg, Body Mass Index: _____ kg/m ² , Blood Pressure: _____ mmHg <input type="checkbox"/> Job Title/Content: _____
B. Health Problems and Suitable Work Arrangement Recommendations
1. Health Problems <input type="checkbox"/> None, generally healthy <input type="checkbox"/> Yes, please specify diagnosis or symptoms of discomfort: _____ 2. Health Management <input type="checkbox"/> Class 1 management (Work or health issues not hazardous to health of mother/fetus/infant) <input type="checkbox"/> Class 2 management (Work or health issues potentially hazardous to health of mother/fetus/infant) <input type="checkbox"/> Class 3 management (Work or health issues hazardous to health of mother/fetus/infant) 3. Recommendations for Suitable Work Arrangements <input type="checkbox"/> Continuation of current work is permitted <input type="checkbox"/> Continuation of current work is permitted, subject to the following conditions: <input type="checkbox"/> (1) Assignment to another workplace <input type="checkbox"/> (2) Transfer to another post <input type="checkbox"/> (3) Reduction in duties/responsibilities by: <input type="checkbox"/> Shortening working hours <input type="checkbox"/> Lessening workload <input type="checkbox"/> (4) Limit length of overtime (under _____ hours/day) <input type="checkbox"/> (5) Limit work during weekends or holidays (to _____ times/month) <input type="checkbox"/> (6) Limit business trips (to _____ trips/month) <input type="checkbox"/> (7) Limit night shifts (for rotations only) (to _____ times/month) <input type="checkbox"/> Continuation of current work not permitted; taking leave is advised (duration: _____) <input type="checkbox"/> Continuation of current work not permitted; hospitalization for further observation required <input type="checkbox"/> Other specific recommendations (work adjustments, reassignment, lifestyle changes, follow-up care, workplace measures, dietary recommendations, etc.): _____
Note: You can request in-person consultation with a specialist in occupational medicine for a second opinion on questions concerning this suitability assessment or recommendations.

Physician (including Medical License No.):

Date of Assessment:

National Taiwan Normal University

Informed Consent to Work During Maternal Health Protection Period

I, _____ (hereinafter referred to as "Party B"), employed by the National Taiwan Normal University (hereinafter referred to as "Party A"), acknowledge that during pregnancy and within the first postpartum year, my role as _____ (position) involves the following in Article 30, Paragraphs 1 and 2 of the *Occupational Safety and Health Act*:

- Work in tunnels;
- Work at a site where lead or compounds are spread;
- Work under abnormal air pressure conditions;
- Work involving handling of or exposure to Toxoplasmosis, rubella, or other microorganisms or viruses with potentially health effects to fetus;
- Work involving handling of or exposure to carbon disulfide, trichloroethylene, ethylene oxide, acrylamide, ethylenimine, arsenic and compounds, mercury and inorganic compounds, or other chemicals designated as hazardous by the central competent authority;
- Work involving operation of a jackhammer or machinery with excessive vibration;
- Work involving handling of objects above a specific weight;
- Work at a site where harmful levels of radiation are present;
- Work involving handling of smelted minerals or slag;
- Work involving operation of a crane or derrick crane;
- Work involving operation of a power winch, carrier, or cableway;
- Work involving operation of rolling and grinding mills for rubber compounds or synthetic resins;
- Work involving handling of or exposure to disease or lethal microorganisms designated as potentially infectious by the central competent authority; or
- Other work determined to be of a potentially dangerous or harmful nature by the central competent authority.

By signing this Consent Form, Party B agrees that they have been informed of the dangerous and hazardous operations as per Article 31 of the *Occupational Safety and Health Act* on maternal health protection measures and Article 11, Paragraph 2 of the *Enforcement Rules for Maternal Health Protection for Female Laborers*.

- I agree to continue with current work.
- I do not agree to continue with current work.

Note: Article 49 of the *Labor Standards Act* forbids night work for female employees who are pregnant or breastfeeding.

Party A: National Taiwan Normal University

Signature/Seal of Party B:

Signature/Seal of Director of Unit of Employment: Tel:

Date:

This consent form is in triplicate, with one copy to the employee, one to the unit director, and one to the Health Center,
Office of Student Affairs for future reference.

Appendix 1

Maternal Health Protection Hazard / Risk Classification Reference Table

Physical Hazards																										
Risk Level	Class 1 Management	Class 2 Management	Class 3 Management																							
Noise	TWA < 80 dB	TWA 80–84 dB	TWA ≥ 85 dB																							
Ionizing radiation	Pregnant working conditions shall be reviewed to ensure that embryo or fetus exposure is given the same broad level of protection as required for members of the public. The limit shall follow the <i>Safety Standards for Protection against Ionizing Radiation</i> .																									
Abnormal air pressure operations			Exposure to high-pressure indoor or underwater operations																							
Chemical Hazards																										
Hazard	Class 1 Management	Class 2 Management	Class 3 Management																							
Operations involving lead	Lead concentration in blood < 5 µg/dl	Lead concentration in blood > 5 µg/dl but < 10 µg/dl	Lead concentration in blood > 10 µg/dl or concentration of lead and compounds in air > 0.025 mg/m ³																							
Hazardous chemicals		Exposure to germ cell mutagens, reproductive toxicants, or other substances that adversely affect lactation	Exposure to substances classified as category 1 in germ cell mutagenicity or reproductive toxicity																							
	Concentration of exposure in workplace < 1/10 of permissible exposure limit.	Concentration of exposure in workplace > 1/10 but < 1/2 of permissible exposure limit.	Concentration of exposure in workplace > 1/2 of permissible exposure limit.																							
	For chemicals hazardous to maternal health without permissible exposure limit, risks can be assessed with Chemical Control Banding or other scientifically equivalent management methods.																									
Handling of hazardous chemicals at a site where its concentration in the air exceeds stipulated level			<table border="1"> <thead> <tr> <th rowspan="2">Concentration of Hazardous Substance</th> <th colspan="2">Stipulated Value</th> </tr> <tr> <th>ppm</th> <th>mg/m³</th> </tr> </thead> <tbody> <tr> <td>Carbon disulfide</td> <td>5</td> <td>15.5</td> </tr> <tr> <td>Trichloroethylene</td> <td>25</td> <td>134.5</td> </tr> <tr> <td>Ethylene oxide</td> <td>0.5</td> <td>0.9</td> </tr> <tr> <td>Acrylamide</td> <td></td> <td>0.015</td> </tr> <tr> <td>Ethylenimine</td> <td>0.25</td> <td>0.44</td> </tr> <tr> <td>Arsenic (including</td> <td></td> <td>0.005</td> </tr> </tbody> </table>	Concentration of Hazardous Substance	Stipulated Value		ppm	mg/m ³	Carbon disulfide	5	15.5	Trichloroethylene	25	134.5	Ethylene oxide	0.5	0.9	Acrylamide		0.015	Ethylenimine	0.25	0.44	Arsenic (including		0.005
	Concentration of Hazardous Substance	Stipulated Value																								
		ppm	mg/m ³																							
	Carbon disulfide	5	15.5																							
	Trichloroethylene	25	134.5																							
	Ethylene oxide	0.5	0.9																							
	Acrylamide		0.015																							
Ethylenimine	0.25	0.44																								
Arsenic (including		0.005																								

			inorganic compounds)																		
			Mercury (including inorganic compounds)		0.025																
			Note: Class 2 management may be implemented after maternal health protection measures.																		
Biological Hazards																					
Hazard	Class 1 Management	Class 2 Management	Class 3 Management																		
Biological pathogens		1. Exposure to rubella, Hepatitis B, or chicken pox and immunity against infections. 2. Exposure to Hepatitis B, C or HIV, but no risk of infection through blood or body fluids. 3. Exposure to pulmonary tuberculosis assessed by a physician as potentially hazardous to health of mother/fetus/infant.	1. Exposure to Toxoplasma gondii. 2. Exposure to rubella without immunity. 3. Exposure to Hepatitis B, C or HIV, and risk of infection through blood or body fluids. 4. Exposure to chicken pox without immunity. 5. Exposure to pulmonary tuberculosis assessed by a physician as hazardous to health of mother/fetus/infant.																		
Ergonomic Hazard																					
Hazard	Class 1 Management	Class 2 Management	Class 3 Management																		
Arduous work involving manual lifting, carrying, pushing, pulling, or carrying loads	-	Work of moderate intensity involving manual lifting, carrying, pushing, pulling, or carrying loads with a risk assessment tool (e.g., KIM) or by a physician as potentially hazardous to health of mother/fetus/infant.	Work of moderate or high intensity involving manual lifting, carrying, pushing, pulling, or carrying loads with a risk assessment tool (e.g., KIM) or by a physician to be hazardous to health of mother/fetus/infant.																		
Work involving the handling of objects above a specific weight	-	-	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">During Pregnancy</td> <td style="text-align: center;">Within the first half of postpartum year</td> <td style="text-align: center;">After the first half of postpartum year</td> </tr> <tr> <td style="text-align: center;">Weight</td> <td colspan="3" style="text-align: center;">Stipulated Value (kg)</td> </tr> <tr> <td style="text-align: center;">Frequency</td> <td colspan="3"></td> </tr> <tr> <td style="text-align: center;">Intermittent</td> <td style="text-align: center;">10</td> <td style="text-align: center;">15</td> <td style="text-align: center;">30</td> </tr> </table>				During Pregnancy	Within the first half of postpartum year	After the first half of postpartum year	Weight	Stipulated Value (kg)			Frequency				Intermittent	10	15	30
	During Pregnancy	Within the first half of postpartum year	After the first half of postpartum year																		
Weight	Stipulated Value (kg)																				
Frequency																					
Intermittent	10	15	30																		

			Continuous	6	10	20
			Note: Class 2 management may be implemented after maternal health protection measures.			
Other						
Hazard	Class 1 Management	Class 2 Management	Class 3 Management			
Dangerous or hazardous work in Article 30 of the Occupational Safety and Health Act, Paragraph 1, Subparagraphs 5–14 or Paragraph 2, Subparagraphs 3–5	-	-	Work in Attachment 2 or 3 of the <i>Standards for Pregnant and Postpartum Laborers and Laborers under 18 Years Old Engaging in Hazardous or Harmful Work</i> ; Class 2 management may be implemented after maternal health protection measures.			

※ Only a few examples are provided for classification and recommendations; individual case results should be considered in practice.

Appendix 2

List of Reproductive Toxicants and Germ Cell Mutagens

Item No.	CAS.NO	Name in Chinese	Name in English	Recommended GHS Category
1	109-86-4	乙二醇甲醚	2-methoxyethanol	Reproductive toxicant, category 1
2	110-80-5	乙二醇乙醚	2-ethoxyethanol	Reproductive toxicant, category 1
3	68-12-2	二甲基甲醯胺	N,N-dimethylformamide	Reproductive toxicant, category 1
4	111-15-9	乙二醇乙醚醋酸酯	2-ethoxyethyl acetate	Reproductive toxicant, category 1
5	7718-54-9	氯化鎳 (II)	nickel dichloride	Reproductive toxicant, category 1; germ cell mutagen, category 2
6	110-71-4	乙二醇二甲醚	1,2-dimethoxyethane	Reproductive toxicant, category 1
7	2451-62-9	三聚異氰酸三縮水甘油酯	1,3,5-tris (oxiranylmethyl) - 1,3,5-triazine-2,4,6 (1H,3H,5H) -trione	Germ cell mutagen, category 1
8	75-26-3	2-溴丙烷	2-bromopropane	Reproductive toxicant, category 1
9	123-39-7	N-甲基甲醯胺	N-methylformamide	Reproductive toxicant, category 1
10	96-45-7	仲乙硫脲	2-Imidazolidinethione	Reproductive toxicant, category 1
11	96-24-2	3-氯-1,2-丙二醇	3-chloropropane-1,2-diol	Reproductive toxicant, category 1
12	77-58-7	二月桂酸二丁錫	dibutyltin dilaurate	Reproductive toxicant, category 1, germ cell mutagen, category 2
13	756-79-6	甲基磷酸二甲酯	dimethyl methylphosphonate	Germ cell mutagen, category 1; Reproductive toxicant, category 2
14	924-42-5	N- (羥甲基) 丙烯醯胺	N- (hydroxymethyl) acrylamide	Germ cell mutagen, category 1; Reproductive toxicant, category 2
15	106-99-0	1,3-丁二烯	1,3-Butadiene	Germ cell mutagen, category 1
16	10043-35-3	硼酸	boric acid	Reproductive toxicant, category 1
17	85-68-7	鄰苯二甲酸丁苄酯	benzyl butyl phthalate	Reproductive toxicant, category 1

18	115-96-8	磷酸三 (2-氯乙基) 酯	tris (2-chloroethyl) phosphate	Germ cell mutagen, category 1; Reproductive toxicant, category 2
19	625-45-6	甲氧基乙酸	methoxyacetic acid	Reproductive toxicant, category 1
20	64-67-5	硫酸乙酯	diethyl sulfate	Germ cell mutagen, category 1
21	75-56-9	1,2-環氧丙烷	methyloxirane	Germ cell mutagen, category 1
22	106-94-5	1-溴丙烷	1-bromopropane	Reproductive toxicant, category 1
23	872-50-4	N-甲基吡咯啉酮	1-methyl-2-pyrrolidone	Reproductive toxicant, category 1
24	127-19-5	二甲基乙醯胺	N,N-dimethylacetamide	Reproductive toxicant, category 1
25	75-21-8	環氧乙烷	ethylene oxide	Germ cell mutagen, category 1; Reproductive toxicant, category 1
26	117-81-7	鄰苯二甲酸二 (2-乙基己基) 酯	Di (2-ethylhexyl) phthalate	Reproductive toxicant, category 1
27	1333-82-0	三氧化鉻	chromium trioxide	Germ cell mutagen, category 1; Reproductive toxicant, category 2
28	1330-43-4	四硼酸鈉	disodium tetraborate, anhydrous	Reproductive toxicant, category 1
29	1303-86-2	三氧化二硼	diboron trioxide	Reproductive toxicant, category 1

Note: Substances and category based on current information from the Occupational Safety and Health Administration are for reference only and not inclusive of reproductive toxicants and germ cell mutagens. Assessment may be performed according to classification results in supplier/manufacturer-provided Safety Data Sheets or on the following websites:

1. https://ghs.osha.gov.tw/CHT/masterpage/index_CHT.aspx (GHS website of the Occupational Safety and Health Administration)

2. <https://toxicdms.epa.gov.tw/Chm> (website of the Toxic and Chemical Substances Bureau, Environmental Protection Administration)

3. https://www.nite.go.jp/chem/english/ghs/ghs_index.html (Japan's GHS website)

4. <https://www.dguv.de/ifa/gestis/gestis-stoffdatenbank/index-2.jsp> (German GESTIS Substance Database)