



“An Excellent Authority”

Service Instruction IVF

Document Control

Description and Purpose

This document is intended to give guidance to all employees of Merseyside Fire and Rescue Authority about in vitro fertilisation (IVF)

Active date	Review date	Author	Editor	Publisher
September 2013	June 2015	Amanda Cross	Nick Mernock	Sue Croker
Permanent	X	Temporary	If temporary, review date must be 3 months or less.	

Amendment History

Version	Date	Reasons for Change	Amended by
		New	

Equalities Impact Assessment

Initial	Full	Date	Reviewed by	Document location
	X	Sept 2011	DAG	

Related Documents

Doc. Type	Ref. No.	Title	Document location
Policy	POLPOL03	Work life Balance	Portal
SI	0658	Maternity	Portal
SI	0659	Paternity	Portal

Contact

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Target audience

All MFS	X	Ops Crews	Fire safety	Community FS
Principal officers		Senior officers	Non uniformed	

Relevant legislation (if any)

Equality Act 2010
EC Equal Treatment Directive
Mayr-v-Backerei und Konditorei Gerhard Flockner OHG
Sahata v (1) Home Office(2) Pipkin

Introduction

Merseyside and Rescue Fire Authority recognises that there are emotional and physical concerns about fertility treatment. We understand the anxiety and distress that both our employees and their partners may experience during the process. The Authority wishes to support employees who decide to undertake fertility treatment or whose partner is undergoing the process.

Although IVF is not covered by specific equality legislation this Service Instruction outlines the special leave arrangement for all employees regardless of their sex, gender reassignment, sexual orientation, married or civil partnership status, race, disability, age, religion or belief.

A woman is likely to be protected from any less favourable treatment under the sex discrimination provisions of the Equality Act from the point that her eggs are removed for in-vitro fertilisation (IVF) if she could show that the treatment was related to her IVF treatment.

This document applies to all employees, whether permanent or fixed term, and regardless of the number of hours worked per week or length of service.

It is recognised that IVF is a delicate and sensitive subject and Managers will be expected to treat the matter with the appropriate level of confidentiality required to ensure that the employee receives the best support.

IVF can take a number of different forms and each individual will react to the treatment in a different way. MFRA will work with the individual in a supportive and sympathetic manner looking at each case to provide a flexible approach to meet that person's needs.

Time off

Employees

The Authority recognises that a treatment cycle can be lengthy and requests that an employee discusses with their Manager the amount of leave they may need to take and the potential time scales involved.

Employees are expected, wherever possible, to arrange appointments outside of work, however where this is not possible an employee may be request up to 3 working days of paid leave in any 12 month period to cover time in hospital and recuperation. Applications for additional leave, up to a maximum level of 5 in any 12 month period, will be considered on a case by case basis but the Service will look sympathetically at such applications. Applications should be submitted to Time & Resource Management using the discretionary leave form and must be supported by documentary evidence from a medical practitioner or specialist.

If the employee requires additional time away from work then alternative leave arrangements should be agreed with their line manager and TRM which may include annual leave, PH's, flexi time or unpaid leave.

Partner

If it is an essential requirement as part of the course of treatment for the partner to attend a specific appointment, the Authority will grant 1 paid day within a 12 month period to undertake this treatment.

Where partners are not receiving treatment themselves but would like to attend appointments to support their partner the Authority will work with the employee to find a flexible solution, for example, altering times of work, self rostering, the flexible use of leave or granting unpaid leave.

Absence

It is recognised that because of the nature of fertility treatment there may be a range of side effects after the treatment has taken place.

IVF absence occurring in the period between removal of the ova and the implementation of the embryo (where this is confirmed on a medical practitioner's fit note) will be disregarded for the purposes of absence monitoring.

Women are regarded as pregnant from the point that her eggs are implanted until two weeks after she miscarries or is delivered of the baby. All women should have a health and safety risk assessment carried out immediately they return to work following the implantation in line with the Pregnancy and Maternity Policy. Particular reference will be paid to the woman's case history of IVF treatment, and her doctor's opinion when deciding how to manage the woman's pregnancy whilst at work.

Employment rights

Once her fertilised eggs are implanted, a woman is deemed to be pregnant and protected from any unfavourable treatment because of pregnancy or maternity. In the unfortunate event that the implantation has not been successful this protected period ends 2 weeks after the end of the pregnancy.

If the baby is lost at an early stage (before the 24th week) a woman is protected by the pregnancy and maternity legislation until two weeks after she is no longer pregnant. If she loses the baby after the 24th week, she is entitled to maternity leave and pay (see section on Still Birth or Death of Baby in the maternity SI).

Further information can be located in the maternity and paternity service instructions.