



TRAFFORD COUNCIL

FERTILITY INVESTIGATION AND TREATMENT POLICY

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Version Control

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TRAFFORD COUNCIL – FERTILITY INVESTIGATION AND TREATMENT POLICY

1. Introduction

- 1.1 Trafford Council recognises that there are times when employees require additional support in managing specific issues in relation to their health and well-being. This policy outlines the support available to employees undergoing fertility investigation and treatment.
- 1.2 The Council also recognises the emotional pressures of infertility and going through investigations and treatment, which may cause distress and anxiety. We want to ensure that support is available for employees.
- 1.3 There are 3 main types of fertility treatment: medicines; surgical procedures and; assisted conception. Medical treatments are mostly to encourage ovulation. Surgical procedures are normally to resolve issues with the fallopian tubes or womb, such as scarring or blockages. There are 2 main methods of assisted conception:
- Intrauterine insemination (IUI) – also known as artificial insemination, involves inserting sperm into the womb via a fine plastic tube passed through the cervix.
 - In vitro fertilisation (IVF) – this involves the removal of eggs from the woman's ovaries and fertilising with sperm in a laboratory and then returning the embryo to the woman's womb.

2. Scope

- 2.1 This policy provides guidance for all staff employed by Trafford Council (male and female) who are undergoing assisted fertility treatment or investigations relating to fertility, with the exception of Teaching and Support Staff who are employed through the Governing Body of a School.

3. Special leave

- 3.1 An employee undergoing investigatory treatment may take up to 1 days' paid special leave within a 12-month period to attend hospital for tests.
- 3.2 Employees who go on to receive any type of treatment may take up to 4 days' paid special leave within a 12-month period, for the treatment and immediate recovery time.
- 3.3 Leave may be taken in one block, individual days or half days and should be recorded as Fertility Leave. Any time taken is pro-rata to the contracted weekly working hours.
- 3.4 Employees should provide documentation to their manager from the doctor treating them, or an appointment letter. To make the request for special leave,

if they are on MiTrent they can select 'other absence' and 'fertility leave' and then an e-mail will go to their manager requesting authorisation. For employees not on MiTrent, their manager should submit the 'Special Leave' form via the Greater Manchester Shared Service (GMSS Portal).

- 3.5 Each application will be considered on its merits; permission to attend appointments will normally be granted; however, employees are required to arrange appointments to fit with operational need wherever possible, giving as much notice as they can.

4. Sickness absence

- 4.1 Where employees experience a negative reaction after receiving treatment and are unable to return to work, the absence should be recorded as sickness and managed in accordance with the Attendance Management policy.

5. Additional leave

- 5.1 The Council recognises that employees undergoing treatment may wish to take further leave and normally annual leave, flexi-time, TOIL or unpaid leave should be taken. In these circumstances, the employee's line manager will make every effort to meet reasonable requests for leave in accordance with operational requirements.

6. Partners

- 6.1 Where employees wish to accompany their partner to an appointment, this time should be taken as annual leave or flexi-time.

7. Additional Support

- 7.1 A free, confidential and external counselling service is available to all employees via Workplace Wellness. They can be contacted on 0800 11116 387 or online via my-eap.com using the username TRAFwell.

8. Review

- 8.1 This policy will be periodically reviewed in order that that it remains appropriate to the Council's operation, is best practice and meets legal requirements.