



Menopause Policy

The wellbeing of our school community is at the heart of all that we do and is linked to our Core Values of Belief, Effort, Community & Kindness. These values help us to better understand and improve the wellbeing of our school community with this policy, and all others, being consistent in promoting those values.

Approved by: [Name]

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Document Control

Overview

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| POLICY | Menopause at Work Policy |
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| REVIEWED BY | FJTUC |
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1.0 Introduction

The Council aims to support all employees experiencing menopausal symptoms. This policy has been designed to help line managers and employees understand how they can support colleagues who are experiencing symptoms.

Gendered language is used in this document; however, it is acknowledged that not all women experience menopause and not all those experiencing menopause are women. More clarity on this is included later in the document, however, all employees experiencing menopause are considered and covered by this guide.

The Council has a positive attitude to the menopause and will work proactively to adjust where necessary to support employees experiencing the menopause and to ensure the workplace does not make their symptoms worse.

The menopause is often seen as a private matter and as a result there is sometimes a lack of awareness within the workplace, and it can be regarded as a taboo subject.

Menopausal women are the fastest-growing demographic in the workplace; however, many of these women may be struggling to manage the psychological and physiological changes their bodies are going through.

A quarter of menopausal women will experience debilitating symptoms – from hot flushes and night sweats to increased anxiety – and for some it forces them out of the workplace completely.

By raising awareness of the menopause this will help create an environment where colleagues of any gender feel confident enough to raise issues about their symptoms and where necessary ask for workplace adjustments.

2.0 Aim

The core aims and objectives of this policy are to:

- Make managers aware of the Council's responsibility to understand the menopause and related issues and how they can affect staff.
- Raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available.
- Create an environment where all employees can openly and comfortably instigate conversations or engage in discussions about menopause.
- Reduce absenteeism due to menopausal symptoms.
- Assure women that we are a responsible employer, committed to supporting their needs during menopause.

3.0 Scope

This policy applies to all employees (including centrally employed teachers) of Flintshire County Council (As defined by the Employment Rights Act) and is commended to School Governing Bodies and other associated employers as best practice.

4.0 Policy principles

The council recognises that the menopause is a very individual experience, and that people can be affected in different ways and to different degrees, therefore different levels and types of support and adjustments may be needed.

Appropriate information / support will be provided to all workers with regards to the menopause.

Working in partnership with the Trade Unions, the council aims to ensure working conditions, and working practices are reviewed and adjusted to take account of the difficulties that some women experience during the menopause.

Risk assessments will be carried out on individuals which take their specific needs into account. Some examples of adjustments that might be helpful for various symptoms are:

- Providing private areas for women to rest, recover or make a telephone call to access personal or professional support.
- Ensuring working time arrangements are flexible enough to meet the needs of menopausal women. For example, they may also need more breaks during the day, or may need to leave work suddenly if their symptoms become severe.
- Facilitating a comfortable working environment wherever possible – including adequate drinking water supplies, temperature-controlled areas, and access to toilets and showers or washing facilities.

5.0 Responsibilities

The following are the individual responsibilities relating to this policies use:

5.1 Line Managers

Line managers are responsible for:

- Familiarising themselves with the Menopause at Work Policy.
- Being ready and willing to have open discussions about menopause, appreciating the personal nature of the conversation and treating the discussion sensitively, confidentially, and professionally.
- Completing risk assessments with employees as required using the policy and appendix 2 before agreeing with the individual how best they can be supported, and any adjustments required.
- Implementing agreed adjustments.
- Ensuring ongoing dialogue and review dates.
- Attend menopause awareness training and apply learning to the workplace.

Where adjustments are unsuccessful or if symptoms are proving more problematic, the line manager may:

- Discuss a referral to Occupational Health for further advice.
- Refer the employee to Occupational Health.
- Review Occupational Health advice and implement any recommendations, were reasonably practicable.
- Update risk assessment and continue to review.

5.2 Employees

Employees are responsible for:

- Looking after their own health.
- Being open and honest in conversations with managers / HR and Occupational Health.
- Contributing to a respectful and productive working environment.
- Being willing to help and support their colleagues.
- Understanding any necessary adjustments their colleagues are receiving because of their menopausal symptoms.

If the employee does not feel able to talk to their Line Manager in the first instance, they should consider discussions with an alternative manager, HR or a trade union representative. Alternatively, if employees feel unable to speak to an FCC representative, they are encouraged to use the Employee Assistance Programme (EAP). Details of this service can be found on the EAP page on the Infonet.

- Consulting a GP on managing the menopause to ensure the symptoms are not the result of anything else.
- Speaking with Occupational Health about symptoms to obtain advice and support.

Whilst some women go through this natural stage without any requirement for intervention, others experience more difficult symptoms or find themselves having to deal with induced menopause as an effect of a medical condition or treatment. These can pose significant challenges to daily living, leading to the need to seek help from a healthcare practitioner or to consider self-help alternatives. Anyone who is struggling to cope, is therefore encouraged to seek a professional opinion from their GP, Occupational Health, or other healthcare professional.

5.3 Occupational Health

Occupational Health are responsible for:

- Carrying out a holistic assessment of individuals as to whether or not menopause may be contributing to symptoms / wellbeing.
- Signposting to appropriate sources of help and advice.
- Provide support and advice to HR and line managers in determining and agreeing reasonable adjustments, if required.
- Monitor referrals due to menopause symptoms.
- Providing statistical information in relation to menopause referrals as required.
- Review the menopause awareness raising information sheet and keep up to date.

5.4 Human Resources

Human Resources are responsible for:

- Offering guidance to managers on the interpretation of this Policy.
- Monitor and evaluating the effectiveness of this policy in respect of related absence levels and performance.
- Offering manager training
- Offering employee awareness training

5.5 Trade Unions:

The role of the trade unions is:

- Providing useful support and advice to their members, and signposting to additional support/guidance on menopause and work.

6.0 Workplace factors

This policy recognises that there are many workplace factors which can make working life more difficult for women experiencing the menopause and which may make symptoms worse. These include:

- Lack of suitable gender sensitive risk assessments.
- Lack of awareness of the menopause.
- Lack of management training on women's health issues.
- Poor ventilation and air quality.
- Inadequate access to drinking water.
- Inadequate or non-existent toilet / washing facilities.
- Lack of control of temperature / light.
- Lack of appropriate uniforms or personal protective equipment (PPE).
- Inflexible policies which penalise women because of their symptoms.
- Negative attitudes.
- Excessive workloads.
- Workplace stress.
- Unsympathetic line management / colleagues.
- Bullying and harassment.

The Council is committed to eliminating the above factors from this workplace and to taking proactive steps to ensure conditions in the workplace do not make women's symptoms worse.

7.0 Access to workplace adjustments and support

It is recognised that the menopause is a very personal experience and different adjustments, and levels of support may be needed for different individuals. The Council is committed to ensuring that line managers are sympathetic and provide appropriate support and adjustments when needed to help women deal with issues arising from the menopause.

Although all managers are expected to take a positive and supportive approach towards discussions about the menopause, the Council understands that some employees who are affected may feel uncomfortable talking directly to their line manager if they are experiencing problems, especially if the line manager is male or much younger. In this situation, individuals are encouraged to speak to Occupational Health or HR colleagues.

8.0 Key actions and adjustments

Managers should ensure that risk assessments are carried out on specific employees; these assessments should consider the specific requirements of their menopausal employee and ensure that the working environment is suitable and will not make women's symptoms worse. The risk assessment will assist with the identification of any potential adjustments which may be required. Managers should use the menopause risk assessment checklist (see **Appendix 2**) as a guide but also take account of any additional issues raised by individuals affected.

Common issues that need consideration are workplace temperature and ventilation, access to adequate toilet and washing facilities and sources of workplace stress such as workload.

The effects of the menopause and hormone replacement therapy (HRT) should be considered in the implementation of sickness absence, capability, disciplinary and performance policies to ensure that

menopausal women are not unfairly penalised because of their symptoms and do not experience detrimental treatment.

Changes to working time arrangements should be made available where needed wherever possible including adjustments to start / finish times, reduced hours, options for home working, additional breaks and leave should be granted at short notice where necessary.

9.0 Employee self-help measures

Current health promotion advice to women highlights the importance of lifestyle choices before, during and after the menopause and the benefits of:

- Healthy eating – research has shown that a balanced diet can help alleviate some symptoms and help keep bones healthy.
- Eating regularly.
- Drinking plenty of water, some women find chilled water helpful.
- Wearing natural fibres.
- Exercising regularly – exercise can help to reduce hot flushes and improve sleep. It can also help boost mood and maintain strong bones.
- Consulting with a GP on the management of the menopause and to ensure that any symptoms are not due to any other causes.
- Not smoking.
- Cutting down caffeine, alcohol, and spicy food.
- Having access to natural light.
- Getting adequate rest and relaxation.
- Attending Menopause Awareness sessions

These measures can help with some symptoms of menopause and may also help reduce the risk of osteoporosis (brittle bones), diabetes and heart disease in later life.

1.0 Further support and guidance

- **NHS Menopause Guidance** - Provides an overview, together with information about menopausal symptoms and treatment options.
- **Menopause Matters** - An independent website and chat forum which gives up-to-date information about the menopause, menopausal symptoms, and treatment options.
- **British Menopause Society** - The BMS provides education, information and guidance to healthcare professionals specialising in all aspects of reproductive health.
- **Manage My Menopause** - A not for profit organisation providing tailored menopausal advice about post reproductive health.
- **The Daisy Network Charity** - A registered charity providing free information and support to women with Premature Ovarian Insufficiency (POI) also known as Premature Menopause.
- **Simply Hormones** - Provides blogs and articles about the menopause and opportunity to sign up to receive free Menopause Survival Kit, newsletters, and updates.
- **Simply Hormones - Menopause: A Guide for Men** - Information to help men understand more about the menopause, including some “helpful hints.”
- **Over the Bloody Moon** - An independent website with support and information about the menopause
- **ACAS** - Information about Managing the effects of Menopause at Work
- **Wales TUC Cymru** - The Wales TUC has produced a new toolkit for trade unionists looking at the issue of The Menopause in the Workplace.

11.0 Monitoring

This policy has been subject to an Equality Impact Assessment to ensure that there is no discrimination in the way that it is designed, developed, or delivered and ensures equality of opportunity is promoted.

Management interventions and this policy will also be monitored via sickness absence records, occupational health referrals, exit interviews etc.

12. REVIEW

This Policy will be reviewed every four years.

APPENDIX 1 MENOPAUSE AWARENESS

THE MENOPAUSE

- **MENOPAUSE** - also known as the “change of life” marks, the time when a women’s periods stop, usually between the ages of 45-55 with the average age being 51. The menopause is reached when you have not had a period for one year.
- **PERI-MENOPAUSE** - is the time that leads up to the menopause when many women’s hormones start to change leading up to the menopause. It usually lasts for about 4 to 5 years; however, it can last for many more years for some, whilst lasting just a few months for others.
- **PREMATURE/EARLY MENOPAUSE** - can occur as early as late 30’s, with periods stopping before the age of 40, either naturally or as an effect of a medical condition or treatment. It should be noted that some women experience sudden menopause after surgery, chemotherapy, or radiotherapy.
- **POST-MENOPAUSAL** - is diagnosed when you have not had a period for one year, the average age for this is 55 plus. Whilst symptoms may ease post-menopausal women are at an increased risk of several health conditions such as osteoporosis and heart disease.
- **MALE MENOPAUSE** - although the menopause has a specific meaning to women, men may also experience similar symptoms. The male menopause sometimes called the “andropause” is associated with testosterone decline and usually occurs in the late 40’s or early 50’s.

SYMPTOMS

Symptoms can manifest both physically and psychologically and are different for everyone, and for a quarter of women they can be severely debilitating.

It is important to remember that **not everyone** has symptoms - some experience few or no problems around this time. Others may not realise or associate their symptoms with the menopause.

- 80% of women in the UK report noticeable changes – though the type, amount and severity of those symptoms can vary, ranging from mild to severe
- 45% of women find their symptoms difficult to deal with
- Approximately 25% of women experience very debilitating symptoms

In some cases, women leave the workplace as they feel unable to continue in work due to the impact/severity of the symptoms.

Symptoms vary greatly, and commonly include (but are not limited to):

- **Sleep disturbances/difficulty sleeping** – sometimes because of hot flushes and/or night sweats, though it may also be because of the anxiety felt during menopause. This may lead in turn to fatigue, irritability, loss of concentration and/or forgetfulness.
- **Night sweats** – when you sweat so much that your night clothes and bedding are soaking wet, even though where you are sleeping is cool.

- **Mood disturbances** – including low mood and increased susceptibility to anxiety, which can also lead to tiredness, tearfulness, and an inability to concentrate.
- **Problems with memory and/or concentration** – known as ‘brain fog’ can result in becoming forgetful, unable to remember names, forget words mid-sentence, find it hard to concentrate.
- **Migraines and headaches** – can either ease or become more frequent or intense due to the fluctuations in levels of oestrogen and progesterone.
- **Hot flushes** – experienced by most people and described as a sudden feeling of heat, starting in the face, neck, or chest, before spreading throughout the body. Most flushes last only a few minutes but during this time there can be sweating with the face, neck and chest becoming red and patchy and the heart rate becoming quicker or stronger. For some people these can be occasional, but others may have many daily – and though generally harmless, these can be uncomfortable, disruptive, and embarrassing.
- **Joint stiffness, aches, and pains** – as oestrogen levels drop the likelihood of aches, pains and stiffness increases specifically in the hips, knees, hands, fingers, neck, and shoulders, however, other joints may also suffer.

SYMPTOMS

- **Skin irritation** – the skin's production of natural oils and collagen decreases leading to inflamed, itchy, dry, or flaky skin.
- **Heavy periods and clots** – some periods may last longer. Periods are usually irregular and harder to prepare for.
- **Urinary problems** – including recurrent urinary tract infections such as cystitis. Many women feel an urgent need to pass urine or to pass it more often than normal.
- **Palpitations** – heartbeats that suddenly become more noticeable.

Symptom Checker:

<https://menopausesupport.co.uk/wp-content/uploads/2019/11/MENOPAUSE-SYMPTOM-CHECKER.pdf>

On average symptoms continue for four years from the last period and can continue for up to 12 years. During this time there is potentially an increased risk of certain conditions, including heart disease and osteoporosis (brittle bones) during post-menopause because of lower levels of certain hormones. These risks are higher for those who have had an early or premature menopause.

It should be noted that some women may not experience many symptoms or associate those symptoms with the menopause. Therefore, it is key that all of us are aware of the symptoms, happy to talk about menopause and can signpost to the relevant support services

HOW THE MENOPAUSE CAN AFFECT DIFFERENT PEOPLE (PROTECTED CHARACTERISTICS)

Below are some examples which illustrate how certain groups of people may be affected by the menopause. This is not an exhaustive list but gives managers some idea of the types of issues they should be considering.

Existing Health Conditions and Disabilities

For some individuals, the menopause may make existing health conditions worse, triggering or coinciding with a flare up of symptoms, or an existing health condition may also worsen symptoms of the menopause. It can be difficult to tell whether a symptom is caused by the menopause or by the existing condition, or to tell which is making the other worse as many symptoms can interconnect or overlap.

There are reports that a wide range of conditions that can be affected by the menopause include:

- Arthritis
- Multiple sclerosis (MS)
- Mental health conditions
- Skin conditions
- Diabetes
- Hyperthyroidism
- Chronic fatigue syndrome
- Fibromyalgia and many others
- A significant number of women also experience the menopause as a result of cancer treatment.

Individuals with conditions that cause differences in communication or sensing and perceiving (such as women with autism) or women with certain mental health conditions may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support. If a woman has an existing condition that is worsened by the menopause, she may need more time off for medical appointments or treatment for that condition and it may be necessary to review any reasonable adjustments that were previously in place.

Black, Asian, and Minority Ethnic and the Menopause

Some research has found that there is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman's ethnic origin.

People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.

Trans people and the Menopause

Stonewall describe 'trans' as an umbrella term to describe people whose gender is "not the same as or does not sit comfortably with" the sex they were assigned at birth. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Trans men (those who identify as male but were assigned female at birth)

Will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.

Trans women (those who identify as female but were assigned male at birth)

Transwomen undertaking hormone therapy will usually remain in place for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men). As such, many trans people are likely to experience at least some menopausal symptoms.

How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time). Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.

Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments.

LGBT+ and the Menopause

Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression and mood swings at the same time.

Women and the Menopause

The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age-related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities, and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they may have planned.

Women who have suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions because of the menopause. For example, problems such as incontinence or prolapses can develop because of the hormonal changes during the menopause as this can further weaken damaged tissue.

For older women who do not have children, the fact that the menopause signals the end of a woman's reproductive life can give rise to additional emotional issues. It may be a particularly challenging time for women who wished to have a baby but were unable to conceive or for those who have suffered miscarriages or still birth.

Younger women can also experience a premature menopause (around 1 in every 100 women will have the menopause before the age of 40) or they may experience a surgical or medical menopause. As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time— for example, fertility problems and side effects from fertility treatments

or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects like the menopause such as fatigue, night sweats, anxiety, and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.

Men and the Menopause

Men can be indirectly affected by the menopause for example if their partner is experiencing insomnia and night sweats, they may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased levels of stress. In some cases, people can experience relationship problems or difficulties at home at this time. These issues can have an impact on men in the workplace.

APPENDIX 2 - ADDRESSING WORKPLACE ISSUES

The table below gives some examples of adjustments that may be helpful for various symptoms of the menopause. It is not a comprehensive list but may be a useful starting point.

Managers should seek to discuss appropriate adjustments with the individual, to make sure they are suitable for the individual's needs and likely to be effective.

| Symptom | Examples of workplace factors which could worsen or interact with symptoms | Suggested adjustments |
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| Daytime sweats, hot flushes, palpitations. | Unsuitable workplace temperatures and lack of ventilation. | Ensure easy access to supply of cold drinking water and washroom facilities. Take account of shift or peripatetic workers schedules and allow them to access facilities during their working. Carry out 'thermal mapping' to identify hot and cold spots in the workplace and review office seating plans to allow workspace to be positioned based on suitability/need. Look at ways to cool the working environment for those affected, for example fans at workstations, move desks nearer to windows, opening windows and adjust air conditioning. |
| | Unsuitable uniforms or workwear; unsuitable or ill-fitting personal protective equipment (PPE), for example, face masks/ visors and lead aprons may be uncomfortable if worn for long periods. | Avoid nylon or close-fitting uniforms, provide alternatives made from natural fibres. Ensure all PPE is appropriate in terms of size and materials and that more suitable alternatives are offered if needed. 'One size fits all' blanket issue items are unlikely to be suitable for all members of the workforce. |
| | Lack of access to rest breaks or suitable break areas. Hot flushes and facial redness may cause women to feel self-conscious or the sensation may | Be flexible about additional breaks. Allow time out and access to fresh air. Ensure a quiet area/room is available. Ensure cover is available so workers can leave their posts if |

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| | affect concentration or train of thought. | needed |
| Nighttime sweats and hot flushes. Insomnia or sleep disturbance | Rigid start/finish times and lack of flexible working options may increase fatigue at work due to lack of sleep (may be compounded if shift work is carried out). | Consider temporary adjustment of shift patterns or hours to accommodate any difficulties. Allow flexible/home working. Provide the option of alternative tasks/duties. Make allowance for potential additional need for sickness absence. Reassure workers that they will not be penalised or suffer detriment if they require adjustments to workload or performance management targets. |
| Urinary problems, for example increased frequency, urgency and increased risk of urinary infections. | Lack of access to adequate toilet facilities may increase the risk of infection and cause distress, embarrassment and an increase in stress levels. Staff member may need to access toilet facilities more frequently, may need to drink more fluids, may feel unwell | Ensure easy access to toilet and washroom facilities. Allow for more frequent breaks in work to go to the toilet. Ensure easy access to supply of cold drinking water. Take account of peripatetic workers schedules and allow them to access facilities during their working day. Make allowances for potential additional need for sickness absence. |
| Irregular and/or heavy periods | Lack of access to adequate toilet facilities may increase the risk of infection and cause distress, embarrassment and an increase stress levels. Staff member may need to access toilet and washroom facilities more frequently. | Ensure easy access to well-maintained toilet and washroom or shower facilities. Allow for more frequent breaks in work to go to the toilet/ washroom. Ensure sanitary products readily available. Take account of peripatetic workers schedules and allow them to access facilities during their working day. Ensure cover is available so staff can leave their posts if needed. |
| Skin irritation, dryness or itching. | Unsuitable uniforms, workwear, PPE or workplace | Avoid nylon uniforms. Provide alternatives made from natural fibres with options for layering |

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| | temperatures and humidity may increase skin irritation, dryness, and itching, there may be discomfort and an increased risk of infection and a reduction in the barrier function of skin. | that can be adjusted. Ensure comfortable working temperatures and humidity. Ensure easy access to well-maintained toilet and washroom or shower facilities. Allow for more frequent breaks in work to go to the toilet/ washroom. |
| Muscular aches and bone and joint pains. | Lifting, moving and manual handling as well as work involving repetitive movements or adopting static postures may be more uncomfortable and there may be an increased risk of injury. | Make any necessary adjustments through review of risk assessments and work schedules/tasks and keep under review. Consider providing alternative lower risk tasks. Follow HSE guidance and advice on manual handling and preventing MSDs (musculoskeletal disorders). 31 |
| Headaches. | Headaches may be triggered or worsened by many workplace factors such as artificial lighting, poor air quality, exposure to chemicals, screen work, workplace stress, poor posture/ unsuitable workstations, unsuitable uniforms or workplace temperatures. | Ensure comfortable working temperatures, humidity and good air quality. Ensure access to natural light and ability to adjust artificial light. Allow additional rest breaks. Ensure a quiet area/room is available. Carry out DSE and stress risk assessments. |
| Dry eyes. | Unsuitable workplace temperatures/humidity, poor air quality and excessive screen work may increase dryness in the eyes, discomfort, eye strain and increase the risk of infection. | Ensure comfortable working temperatures, humidity and good air quality. Allow additional breaks from screen based work. Carry out DSE risk assessments. |
| Psychological symptoms, for example: • Depression • Anxiety • Panic Attacks | Excessive workloads, unsupportive management and colleagues, perceived stigma around the menopause, | Carry out a stress risk assessment and address work related stress through implementation of the HSE's management standards. |

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| <ul style="list-style-type: none"> • Mood changes • Loss of confidence | <p>bullying and harassment and any form of work-related stress may exacerbate symptoms. Stress can have wide ranging negative effects on mental and physical health and wellbeing. Performance and workplace relationships may be affected.</p> | <p>Ensure that workers will not be penalised or suffer detriment if they require adjustments to workload, tasks, or performance management targets. Ensure that managers understand the menopause and are prepared to discuss any concerns that staff may have in a supportive manner. Ensure managers have a positive attitude and understand that they should offer adjustments to workload and tasks if needed. Allow flexible/home working. Make allowance for potential additional need for sickness absence. Ensure that staff are trained in mental health awareness. Raise general awareness of issues around the menopause so colleagues are more likely to be supportive. Provide opportunities to network with colleagues experiencing similar issues (menopause action and support group). Ensure a quiet area/room is available. Provide access to counselling services.</p> |
| <p>Psychological symptoms:</p> <ul style="list-style-type: none"> • Memory problems • Difficulty concentrating | <p>Certain tasks may become more difficult to carry out temporarily for example, learning new skills (May be compounded by lack of sleep and fatigue); performance may be affected; work-related stress may exacerbate by these symptoms. Loss of confidence may result.</p> | <p>Carry out a stress risk assessment and address work related stress through implementation of the HSE's management standards. Reassure workers that they will not be penalised or suffer detriment if they require adjustments to workload or performance management targets. Ensure that managers understand the menopause and are prepared to discuss any concerns that staff may have in a supportive manner. Ensure managers have a positive attitude and understand that</p> |

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| | | <p>they should offer adjustments to workload and tasks if needed. Reduce demands if workload identified as an issue. Provide additional time to complete tasks if needed or consider substituting with alternative tasks.</p> <p>Allow flexible/home working. Offer and facilitate alternative methods of communicating tasks and planning of work to assist memory.</p> <p>Ensure a quiet area/room is available.</p> <p>Provide access to counselling services.</p> |
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