



## **Menopause in the Workplace Guidance Document**

### **Introduction**

This document provides guidance for employees and line managers to enable them to support our staff who are experiencing menopause related issues, creating an environment where women feel confident to raise concerns, instigate conversations about the menopause and ask for reasonable adjustments in the workplace.

East Midlands Ambulance Service NHS Trust seeks to promote a better understanding and support for women experiencing the menopause and will raise awareness through training and development for all staff.

The average age of the menopause in the UK is 51 although symptoms of perimenopause can start around the age of 45 and can last up to the ages of 55.

This age group currently accounts for approximately 28% or nearly 3 in 10 female staff of the EMAS female workforce.

### **Definitions;**

**Menopause** – a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually it is defined as when a woman has not a period for 12 consecutive months (for women reaching menopause naturally).

**Perimenopause** - when a woman experiences menopausal symptoms but her periods have not stopped.

**Post menopause** – the time in life after the menopause has occurred when a woman has not had a period for 12 consecutive months.

**Menopausal** – this includes women in perimenopause and post menopause.

**POI – Premature Ovarian Insufficiency** – if the menopause occurs before the age of 40.

### **The Menopause**

The menopause is not an illness or a medical condition but a normal life event for all women.

|   |  |                   |           |
|---|--|-------------------|-----------|
| <i>Menopause in the Workplace Guidance Document</i> |  | Page:2            | Page 8    |
| Date of Approval:                                   | 16 <sup>th</sup> July 2019                       | Version:          | 1         |
| Approved by:  | <i>Workforce Resourcing and Governance Group</i> | Next Review Date: | July 2021 |

The menopause is the medical term given to a woman who is in the final stages of her menstrual period. It is often referred to as ‘the change of life’. Although it normally occurs between the ages of 45-55, there may be occasions when the menopause starts earlier or continues beyond the age of 55.

Surgical or medical interventions such as fertility treatment, hysterectomy, radiotherapy or chemotherapy drugs or hormone therapy as part of someone’s transition to a true gender can also bring about menopause symptoms.

The perimenopause is the time before the menopause fully begins. At this time, physiological changes occur that begin the transition to menopause. These changes can occur several years before the menopause.

Hormone levels fluctuate resulting in irregular menstrual patterns, including the length of the period, time between periods and level of flow. Hot flushes, mood swings, fatigue, night sweats, vaginal dryness, disturbed sleeping, forgetfulness, low mood and fluctuation in sexual desire are all associated with the perimenopause and the menopause

Women can experience both physical and physiological effects of the menopause. Some women experience few or no symptoms at all whilst others suffer symptoms that are so debilitating it affects both home life and their role at work.

**Treatment**

Not all women will require medical interventions or natural treatments during their menopause. However for those that do there are a number of options including:

**Hormone Replacement Therapy (HRT)** – is known to be the most effective treatment to improve menopause symptoms and many women experience improvement in their symptoms within a few months of taking HRT. HRT replaces the oestrogen that the body no longer produces after the menopause. There are many different types of treatment including tablets, gel or patches. Individualised treatment is required and it may take different variations to find the appropriate treatment.

**Anti-depressants** – these and other medications can sometimes ease symptoms including anxiety, depression and migraines

**Lifestyle** – a healthier lifestyle may improve symptoms. This may include nutrition and diet, exercise, reducing alcohol and stopping smoking. Lack of sleep,

|   |  |                   |                  |
|---|--|-------------------|------------------|
| <i>Menopause in the Workplace Guidance Document</i> |  | Page:3            | Page 8           |
| Date of Approval:                                   | <i>16<sup>th</sup> July 2019</i>                 | Version:          | 1                |
| Approved by:  | <i>Workforce Resourcing and Governance Group</i> | Next Review Date: | <i>July 2021</i> |

unhealthy eating, stress and unhealthy life styles can increase the symptoms of menopause.

**Self-help** – including strategies for managing stress, relaxation and mindfulness techniques

### **Symptoms**

80% of women will experience several symptoms of the menopause. This can impact not only on the woman herself but her partner, family and work colleagues. It is however important to recognise that every woman is different. Some may only experience symptoms for a few months whilst others will suffer for several years, if not longer. Symptoms may come and go where for a while a woman feels well and healthy for many months, and then other times the symptoms are so unpleasant that it adversely affects the quality of life.

#### **Common symptoms (list not exhaustive)**

- Hot flushes
- Night sweats
- Palpitations
- Headaches/migraine
- Sleep disturbance
- Skin irritation
- Vaginal dryness
- Low mood/anxiety
- Depression
- Reduced sex drive
- Problems with memory or concentration
- Urinary problems
- Heavy periods

Hot flushes and night sweats are the most common symptoms associated with the menopause. The hot flushes can be associated with other symptoms including dizziness, light headedness, heart palpitations and sweating.

Psychological symptoms are all contributing factors that may affect a woman's ability to work including poor concentration and memory loss, tiredness, depression, low mood, sleeplessness and lack of confidence.

Other symptoms that may affect performance at work include mood swings, panic attacks, inability to multi task and irritability.

|   |  |                   |                  |
|---|--|-------------------|------------------|
| <i>Menopause in the Workplace Guidance Document</i> |  | Page:4            | Page 8           |
| Date of Approval:                                   | <i>16<sup>th</sup> July 2019</i>                 | Version:          | 1                |
| Approved by:  | <i>Workforce Resourcing and Governance Group</i> | Next Review Date: | <i>July 2021</i> |

The effects on a woman’s physical and emotional health can significantly impact on how she undertakes her work and her relationship with colleagues.

**Managing Attendance and Supporting Capability**

Not all women recognise that their physical or psychological symptoms are associated with the perimenopause or the menopause. They may refrain from talking about how they are feeling or do not ask for help.

Absences recorded as genitourinary, headache/migraine, back pain, anxiety, stress and depression may all be attributed to menopausal symptoms but the employee does not feel confident to be able to disclose the true reason behind the absence. A supportive approach when undertaking welfare contact and welcome back discussions should be undertaken.

Women should not experience any detriment if they require time off. The Policy and Procedure should be sufficiently flexible to consider menopause related symptoms and menopause related absences.

Women may feel less engaged at work and dissatisfied with their job, with some choosing to resign due to a lower commitment and enthusiasm towards their job. Some women may not put themselves forward for promotion which may have an adverse effect on diversity within the Trust.

Attendance and performance can be significantly impacted with symptoms being misdiagnosed such as suffering from mental health conditions or other symptoms. Capability in the workplace can be misinterpreted as a performance issue

**Supporting Our Staff**

Line managers need to demonstrate compassionate leadership, be supportive and maintain awareness so that women are not embarrassed to approach him/her to discuss how the perimenopause / menopause is affecting their health and role at work. The woman should not be placed in a position of embarrassment where they are expected to engage in a discussion with a manager who has no idea about the menopause.

Regular, informal conversations between manager and employee may enable discussion of changes in health, including issues relating to the menopause. It may be valuable simply to acknowledge this is a normal stage of life and that adjustments can easily be made. Such conversations can identify support at work that can help women remain fully productive and encourage them to discuss any relevant health concerns with their GP.

|   |  |                   |                  |
|---|--|-------------------|------------------|
| <i>Menopause in the Workplace Guidance Document</i> |  | Page:5            | Page 8           |
| Date of Approval:                                   | <i>16<sup>th</sup> July 2021</i>                 | Version:          | 1                |
| Approved by:  | <i>Workforce Resourcing and Governance Group</i> | Next Review Date: | <i>July 2019</i> |

General health and wellbeing discussions should naturally form part of the discussion in one to ones or the PDR process and managers should maintain confidentiality when addressing health information associated with the perimenopause / menopause.

There is no prescriptive stance when supporting staff, and line managers should have an understanding that not all women will want treatment to relieve them of their menopause symptoms. Each member of staff should be managed individually, with line managers maintaining an awareness that how one member of staff may wish to be supported may not be the same for anyone else.

**Reasonable Adjustments or Specific Needs (not exhaustive)**

Reasonable adjustments should be considered for all women currently going through the menopause and perimenopause and experiencing symptoms. The adjustments should be tailored to address the issues experienced by that individual and should be identified through discussions or by other relevant experts including Occupational Health practitioners. It is essential that no assumptions are made.

**Access to toilet facilities** – with particular consideration for privacy. Some women may require the need to urinate more frequently and/or experience heavy and/or irregular periods. A change of clothes/uniform may be required as will access to toilets and showers. Risk assessments should be undertaken for operational staff who do not have immediate access to on site amenities and facilities.

**Comfortable working environment** – this may include a temperature controlled environment, washing facilities and access to drinking water. Positioning near a window or a door may help or ensuring portable fans or heaters are available, enabling the individual to personally control the temperature surrounding them

**Privacy** – ensure there is the opportunity for women who are going through the menopause to have a quiet space if experiencing emotional difficulties or wanting to talk with a colleague before being able to return to their work.

**Flexibility and increased frequency in breaks** – flexibility to take breaks when needed e.g. a walk to ease pain, or to take medication at specific times to maintain health and well being

**Uniform** – should special dispensation such as the removal of layers, or speciality items for medical reasons be required the employee should speak directly to their line manager who will if necessary arrange for them to see Occupational Health for further advice and support.

|   |  |                   |           |
|---|--|-------------------|-----------|
| <i>Menopause in the Workplace Guidance Document</i> |  | Page:6            | Page 8    |
| Date of Approval:                                   | 16 <sup>th</sup> July 2019                       | Version:          | 1         |
| Approved by:  | <i>Workforce Resourcing and Governance Group</i> | Next Review Date: | July 2021 |

Women going through the menopause may need to be able to control their temperature. An example of a control measure may be by removing unnecessary layers of clothing, therefore a risk assessment of Personal Protective Equipment and clothing should be undertaken ensuring IPC and Health and Safety requirements are not breached.

**Provision of additional uniform** – ensure that natural fibres are preferable to synthetic material if an employee is experiencing hot flushes and sweating.

**Flexible working** – may be considered for staff experiencing debilitating symptoms. Shift patterns and start/finish times may be adjusted temporarily to enable staff to work productively. A woman who has trouble sleeping at night may benefit from a later start.

Flexibility should be given for staff needing to attend medical appointments associated with menopausal symptoms and also for men and women seeking advice relating to the menopause. Phased returns may be supported for staff suffering with severe impairment. This will be particularly beneficial for those who are taking medication for the condition.

### **Management Responsibilities**

Managers should consider undertaking a risk assessment for women who are experiencing premenopausal and menopausal symptoms with consideration for the following:

- Is a referral to Occupational Health required?
- Is a female manager available if the employee does not feel able to speak with a male manager?
- Does the working environment have adequate rest facilities?
- Does the working environment have access to private washing and changing facilities available?
- Are facilities available to ensure an ambient temperature can be personally controlled?
- Do uniforms and PPE reflect the needs of menopausal women?
- Is a work station assessment required taking into consideration symptoms of the menopause?
- Should alternative duties be considered for a short period?
- Does job related training/education e.g. manual handling and CPR assessments take menopausal issues into account?
- Is it possible to offer a flexible approach to working hours and break times?
- Is time off to attend medical appointments required?

|   |  |                   |                  |
|---|--|-------------------|------------------|
| <i>Menopause in the Workplace Guidance Document</i> |  | Page:7            | Page 8           |
| Date of Approval:                                   | <i>16<sup>th</sup> July 2019</i>                 | Version:          | 1                |
| Approved by:  | <i>Workforce Resourcing and Governance Group</i> | Next Review Date: | <i>July 2021</i> |

## **Useful Contacts**

### **Occupational Health**

Occupational Health can undertake an assessment to ascertain whether the menopause is contributing to the symptoms/wellbeing of an employee. They can provide advice and guidance and signpost staff to appropriate sources of help.

Occupational Health will provide advice and support to managers and staff in determining the appropriate reasonable adjustments and/or alternative duties that may be required

Our employee assistance programme can be contacted on 0800 8824102 or alternatively by visiting the website at [www.pamassist.co.uk](http://www.pamassist.co.uk). The EMAS log in details are as follows; User Name: East and Password: Midlands (Password and User Name are case sensitive)

**General Practitioners** – they can offer medical advice and emotional support for staff experiencing difficulty in coping with menopause symptoms.

### **Helpful Links**

[www.nhs.uk/conditions/menopause/pages/introduction.aspx](http://www.nhs.uk/conditions/menopause/pages/introduction.aspx)

[www.rcog.org.uk/en/patients/menopause](http://www.rcog.org.uk/en/patients/menopause)

[www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)

[www.hysterectomy-association.org.uk](http://www.hysterectomy-association.org.uk)

<https://henpicked.net/menopause>

<https://www.menopause-exchange.co.uk/>

|   |  |                   |                  |
|---|--|-------------------|------------------|
| <i>Menopause in the Workplace Guidance Document</i> |  | Page:8            | Page 8           |
| Date of Approval:                                   | <i>16<sup>th</sup> July 2019</i>                 | Version:          | 1                |
| Approved by:  | <i>Workforce Resourcing and Governance Group</i> | Next Review Date: | <i>July 2021</i> |

Should you wish to contact our employee assistance programme they can be contacted on 0800 8824102 or alternatively please visit the website at [www.pamassist.co.uk](http://www.pamassist.co.uk). The EMAS log in details are as follows; User Name: East and Password: Midlands (Password and User Name are case sensitive)

Mind Blue Light Infoline - Mind have a confidential Blue Light Infoline for emergency service staff, volunteers and their families. Their team can look for details of help and support in your area. \*9am–6pm, Mon to Fri, calls charged at local rates Call 0300 303 5999\* Text 84999, Email [bluelightinfo@mind.org.uk](mailto:bluelightinfo@mind.org.uk) or visit <http://mind.org.uk/information-support/ambulance/mental-wellbeing-ambulance> for more information.

P2P (Peer 2 Peer) and PCW (Pastoral Care Workers) support schemes are now available. Should you wish to access the scheme for support simply approach a member of staff wearing a P2P/PCW badge, email [peer2peernetworkgroupmembers@emas.nhs.uk](mailto:peer2peernetworkgroupmembers@emas.nhs.uk), or contact Reverend Kev Charles on 07815 945405 who will be able to help further.

### Equality Statement

Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment. The key principle of Diversity and Inclusion is that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values.

EMAS will ensure that its services are anti- discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EMAS will use the EDS2 to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. We will demonstrate “Due Regard” in all aspects of our business to ensure we remain focused on equality of outcome and purpose.



