



# 1602 Wellbeing Health and Fitness

## 1. STRATEGY

This document complies with regulations and current employment legislation:

- Section 2 of the Health and Safety at Work etc. Act 1974
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Management of Health and Safety at Work Regulations 1999 requires a suitable and sufficient assessment of risks and take action to prevent exposure to risks.
- The Public Sector Equality Act duty places a legal obligation on all public bodies to promote gender equality and eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who share and protect.
- The Plan places a duty of care to ensure the health & wellbeing of employees by 'developing an environment of wellbeing through supporting the personal resilience of our workforce so that they are responsive to opportunities of change'

Our current organisational focus is to prepare our staff for change, building resilience to help them to remain at work, productive and a member of an organisation that adds value. Our key work streams are:

- Operational fitness and healthy lifestyles
- Occupational Health (including vaccinations and diseases)
- Stress and Mental fitness (mental health)
- Critical Incident Debrief and Post Incident Diffusing
- Maturing workers (including menopause)

## 2. PROCEDURES

### 2.1 Wellbeing

Wellbeing is best described as feeling satisfied and happy, developing as a person, being fulfilled, and making a contribution to the community through work and social activity.

A range of toolkits, self-help, guidance and advice will be available to all employees on MESH, who can then choose what works for them and use it to improve their personal wellbeing.

### 2.2 Responsibilities

#### 2.2.1 Strategic Enablers

To create a leadership environment that is trusting and supportive of mental fitness / health. It is the organisation's decision to create a positive culture that values and supports the maturing workers. The organisation can assist the employee but their role is paramount in this.

#### 2.2.2 People Support Services (PSS)

The Service also provides an effective and efficient Occupational Health Unit to support employees in workplace wellbeing from a proactive stance and a reactive stance. The approach is to remain flexible and provide Occupational Health Service that keeps up with the changing needs of the organisation. Any new requirements must be flagged up with the Health, Safety and Wellbeing Manager.

People Support Services and the Health, Safety and Wellbeing Team (made up of the SHE Team and Occupational Health) have overall responsibility for the delivery of the wellbeing strategy and will initiate various wellbeing activities periodically tackling different issues such as weight, fitness, mindfulness etc.

PSS Business Partners, also play an active role in supporting the line manager to provide the best support for the employee and organisation.

### 2.2.3 Line Managers

All leaders should be able to explain the importance of creating an environment where people can gain meaning and purpose in their working life.

As a manager, it is essential to demonstrate positive leadership traits, such as being, flexible, approachable, honest, trustworthy and encouraging of employee engagement, to support and deliver genuine wellbeing.

Line Managers should:

- Where the issue is more serious a management referral to Occupational Health using the OHR1 quickforms should be made at the earliest opportunity.
- A Work Impact Assessment for a role should be carried out using Quickform HS5; assistance available from the SHE Team.
- Be fair and consistent in how they manage staff so that employees don't perceive they are being treated differently which could increase employee anxiety levels and dissatisfaction at work.
- Seek training to identify the many ways in which mental ill health could present and should support employees offering a range of options.
- Have regular 121's with employees reporting to them to ensure channels of communication are open and supportive (Please see section 2.5).

### 2.2.4 Employees

Employees need to be aware of the need to create an environment that supports workplace wellbeing. They should also be able to communicate this to others.

As an individual you should reflect on your wellbeing needs and be aware of all the resources available to you so that you can action improvements.

Have a duty of care to yourself and others. Employees need to take personal responsibility for their mental fitness and develop resilience strategies to support this. The organisation can assist the employee but their role is paramount in this. The employee should inform their line manager or colleague of any difficult times that are affecting their work.

## **Wellbeing strategy in Appendix 1**

### 2.3 Occupational Health, vaccines and diseases

Early engagement and occupational health referral (OHR1) by the manager into the OH services is essential for a successful outcome

Occupational Health are not a primary care facility and therefore emergencies should be dealt with in the usual way by contacting your GP or A&E service and other primary care providers.

Occupational Health cover:

- Reducing absence due to illness
- Rehabilitating employees and giving work plan to support returning to work or improving fitness
- Enhancing well-being and fitness
- Promoting health awareness campaigns and wellbeing so employees are healthier at work
- Providing case management advice and medical assessment on employee's attendance, performance, capability and any disability discrimination legislation
- Providing in-house Occupational Health Advisors including a Fitness Advisor
- Provide professional medical services; counselling, physiotherapy and Doctor to support the organisation and employees
- Provide mandatory health surveillance for those that maybe are exposed to potential occupational hazards e.g. asbestos, LGV, BA

- Advise on ill health retirements
- Advise those employees with medical conditions on workstation and computer use

### 2.3.1 Current health surveillance programme

#### Operational Employees

- Pre-employment medicals
- Asbestos Medical every 3 years
- Health Surveillance every 3 years
- LGV Medicals (once over the age of 45, you need a medical every 5 years)
- Annual BA Instructor Medicals

#### Non-Operational Employees

- Pre-employment medicals

### 2.3.2 Vaccinations and diseases

All operational activities can carry the risk of coming into contact with bodily fluids (blood, vomit, waste products etc.) and water borne diseases, as such the Service recommends the following vaccinations for all those involved in these tasks.

Workers have a duty to take care of their own health and safety and that of others who may be affected by their actions at work (Health and safety at Work Act 1974). Immunisations are not mandatory under this policy however by declining vaccination you may be putting yourself and others at risk. Vaccination form **must** be completed to either give consent for vaccinations or to decline them.

Keep a record of any vaccinations you receive.

| Vaccine                      | How/Who   |
|------------------------------|---|
| Tetanus                      | Free from GP<br><br>For all Firefighters.   |
| Polio                        | Free from GP<br><br>For all Firefighters.   |
| Hepatitis B                  | Available via Occupational Health who can co-ordinate the vaccine with an external provider<br><br>For all Firefighters   |
| Others depending on location | Use <a href="http://www.fitfortravel.nhs.uk/home.aspx">http://www.fitfortravel.nhs.uk/home.aspx</a><br><br>Available via Occupational Health who can co-ordinate the vaccine with an external provider.<br><br>For ISAR |
| Flu                          | Available via Occupational Health who can co-ordinate the vaccine using a voucher system so the vaccination can take place at a convenient location.<br><br>For Firefighters involved with vulnerable people.           |

## Risk Assessment

Should always be carried out to identify any health requirements of the task.

### Precautions other than vaccinations

- Cover up cuts and abrasions
- Do not eat or drink in the risk area of an incident
- Wear the required personal protective equipment
- Wash thoroughly, shower if necessary
- Needle stick injuries, encourage bleeding, wash thoroughly and seek medical advice
- Personnel must report health issues following exposure to the water environment and other incidents where there is a risk of their health being damaged

### Diseases

Intranet advice on diseases and other health issues can be found in the library on MESH.

### Waterborne

- Advice on common waterborne illnesses are in the MESH library, such as leptospirosis (one form of which is known as Weil's disease)
- Cyanobacterial disease (blue-green algae)
- Gastro-intestinal infection

### Cancer in the workplace

- Ensure good hygiene during and after the incident and ensure soot is removed
- Shower after incidents
- Launder fire kit regularly
- Take personal responsibility for your skin and use sun protection cream during sunny weather or cover exposed skin if working in it for prolonged periods. Ensure the cream is suitable for your skin type.
- Certain chemicals and hazmats incidents may contain substances that cause cancer, usually over a long period of time. Information will be provided, however wearing the correct personal protective equipment should protect against exposure.
- Mesothelioma from unprotected (no respiratory protection) asbestos exposure. Refer to the mandatory e-academy. Health screening is carried out every 3 years Asbestos Academy

There is a mandatory e-academy course for all operational staff to complete Health & Safety Academy

### 2.3.3 Healthy lifestyles

The main causes of premature death and illness, such as heart disease and cancers, are related to lifestyle choices like smoking, unhealthy eating, excessive alcohol and sedentary lifestyles are all key contributory factors.

The key challenges in the Service are (also see Cross Ref section):

- Physical activity
- Tobacco free
- Obesity
- Drugs and alcohol

#### Physical activity

The Service provides a gym and equipment at all sites, which is serviced and maintained. Any employee can use the gym and equipment however they must contact the Fitness Advisor for a gym induction; they can also be contacted for fitness advice and a training plan, as well as treatment for soft tissue injuries.

Other physical activities like team games can be played subject to a risk assessment, to ensure the required hazard free space, equipment and rules.

### **Healthy eating**

It is the intention that Occupational Health will encourage employees to know their key numbers; blood pressure, weight, height, BMI or equivalent and cholesterol. Occupational Health can carry these out at the routine medicals when they come out to station or you can book to have them done.

The Service will develop its approach to healthy eating based on the governments Eatwell guidelines.

### **Drugs and alcohol**

There is a clear link between substance and/or alcohol mis-use and a greater risk of mental health issues.

## 2.4 Maturing workers and those with long term conditions

The Service will support employees to enable them to work later in life. Employees have the personal responsibility to prepare for this too. This joint venture will include but is not exhaustive:

- Understanding the needs of the matured worker and the impact on the organisation,
- keeping fit and healthy and providing a healthy workplace,
- Providing guidance and support
- Working flexibly, different working contracts and roles,
- Refreshing and developing skills for continuous learning,
- Raising awareness
- Tackling the issues to improve the environment
- Preparation for retirement
- To support and adapt where required the women during the menopause

### **Appendix 2 Where to get advice In the menopause.**

#### 2.4.1 Reasonable adjustments under the Equality Act

The Equality Act 2010 recognises that bringing about equality for people with a long term chronic condition may mean making reasonable adjustments the way in which employment is structured, the removal of physical barriers and/or providing extra support.

When an individual is identified as potentially having a disability under the Equality Act 2010, the Service will consider all reasonable adjustments to assist to keep the employee in meaningful work.

#### 2.4.2 Adaptations for age related health issues

Age related health issues will be considered for adaptations, for example the menopause which may require some adaptations to the working day. These adaptations may not come under legislation however the Service is supporting of maturing workers.

The Service will consider advice from Occupational Health and medical professionals as well as our Business Partners to make a judgement as to what adaptations can be accommodated.

#### 2.4.3 Menopause/hormonal changes

The aim is to create an environment where women feel confident enough to raise issues about their symptoms and ask for adaptations at work, if required. The Service will promote a greater understanding of the menopause. As an employer WMFS has a duty to manage age related issues effectively.

#### 2.4.4 Responsibilities

People Support Services will increase awareness ensuring that women and men feel supported and comfortable in discussing the menopause in the workplace.

### 2.4.5 Risk Assessment

Risk assessments need to be carried out for every role expected of an employee during the menopause (HS9 Menopause risk assessment).

## 2.5 Stress & Mental Fitness/Mental Health

There are various stages of mental fitness (below). It is our aim to be more proactive and offer a range of tools for employees and line managers to use to improve personal resilience and mental fitness, prior to seeking professional help.

Stress risk assessments are carried out in line with the Health and Safety Executive Stress Management Standards. These are not only for reactive use, but for use in preventing stress.

Poor mental fitness ranges from mild reactions such as sadness, worrying, trouble sleeping, impatient where it is appropriate to self-care or use social support (friends, family, colleagues).

To significant impairment such as anger, anxiety, lingering sadness, withdrawal, disturbed sleep and finally a clinical illness where there is severe impairment such as panic attacks, high levels of anxiety, depressing mood, feeling overwhelmed, suicidal thoughts or behaviour; the latter requiring professional care.

Personnel are to be reminded incident's attended can cause short term stress reactions (See section 2.6)

### 2.5.1 What can cause it?

We all experience a stressed or low feeling naturally to events such as death of a family member, relationship breakdown, critical illness etc. and this naturally takes time to recover from and people may need support through this however occasionally recovery becomes prolonged and this is when problems may start to appear that require a medical intervention.

We may feel we have 'job stress' this happens when:

- The pressures of the workplace surpass workers' abilities to handle them
- Satisfaction becomes frustration and exhaustion

When stress crosses the line from normal to excessive, it can trigger physical and emotional responses that are harmful to employees and businesses alike.

### 2.5.2 Thinking differently about mental fitness health

It is our aim to be supportive with mental fitness and to approach it like any other physical health illness that individuals are affected by periodically.

In our fire service culture, where we help others, it is often hard for employees to ask for help themselves for fear of being judged negatively; we will work to remove this stigma, embedding the change from Strategic Enablers, down. Good leadership will create a culture where mental fitness is reacted to in a positive way.

### 2.5.3 Where to get help for Stress and Mental Fitness Health?

#### Mental Health First Aiders

Talk to someone you trust, or use in-house trained mental health first aiders.

A colleague led approach will rely on trained volunteers from stations and teams to be a support for others and able to signpost them to what's available in conjunction with Occupational Health. The use of a colleague led approach has many benefits:

- They see more of those they work with and can often identify changes in behaviour earlier as they know the persons' character
- They understand more of the role, demands and working environment

- They can offer more support as they work in a closer environment

If you wish to volunteer as a mental health first aider, please contact Occupational Health or SHE Team.

To search for these on Mesh, search for mental health first aiders on people search function.

#### 2.5.4 Occupational Health & Professional counsellors

Speak to the in-house Occupational Health Advisors, they also have links to external professional counselling services. Use the OHR1 referral form on Quickforms. Other professional services can be sort on an individual basis if it's deemed necessary.

#### 2.6 Post Incident Defusing & Critical Incident Debrief 24 hour

Post-incident defusing (PID) and critical incident debrief(CID) are available at all times. For further information, refer to Policy 1607 Post Incident Defusing & Critical Incident Debrief.

#### 2.7 Employee 24 Hour Assistance Programme

For 24-hour assistance use the Employee Assistance Programme 24/7 [www.colleaguesupport.co.uk](http://www.colleaguesupport.co.uk)

This gives advice on work, family, health and addiction issues.

##### 2.7.1 MIND'S Blue Light Programme

Specifically, for the emergency services

[www.mind.org.uk/news-campaigns/campaigns/blue-light-support/](http://www.mind.org.uk/news-campaigns/campaigns/blue-light-support/)

Tel: 0300 303 5999 (local rates) or Text: 84999

##### 2.7.2 In-house coaching pool or Buddy system

Once any referral is triaged/assessed and it is deemed that professional counselling is not required however you would still benefit from talking to someone to help you resolve your issues, you can use the in-house coach and buddy system.

##### 2.7.3 Contact your GP

Remember if it is an emergency, you should seek help from the NHS or Samaritans.

##### 2.7.4 Jubilee/Harcombe House

<https://www.firefighterscharity.org.uk/>

### 3. CROSS REFERENCES

Cancer in the Workplace Ecademy course

OPN 40 Water Rescue, Flooding, Ice and Unstable Ground

OPN 10 Roads and Motorways

OPN 56 Hypodermic Needles

1601 Fitness Framework

1611 Misuse of Alcohol, Drugs and Other Substances

### 4. KEY STAKEHOLDERS

Policy Team, Health, Safety and Wellbeing Team, Occupational Health

FBU, Unison, FOA

### 5. EQUALITY IMPACT ASSESSMENT

An initial EIA was carried out and raised no concerns.

### 6. RESPONSIBILITY AND REVIEW

6.1 Responsible Strategic Enabling Team Member  
Strategic Enabler for People Support Services

6.2 Created/Reviewed/Amended

Created by Occupational Health Manager, September 2017

If you have followed any of the processes included in this Policy please complete the following debrief form by clicking here

## APPENDIX 1 WELLBEING STRATEGY

**Employee Wellbeing Strategy**

The aim of the strategy is to ensure our employees maintain their wellbeing at a time of uncertainty and change.

In line with The Plan and Core Values, this strategy sets out the priorities for the West Midlands Fire and Rescue Authority, to develop, maintain and enhance wellbeing among its employees.

**What is employee wellbeing?**

The World Health Organization (WHO) defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". However, wellbeing is a subjective term meaning many different things to different people.

Work can have a positive impact on our health and wellbeing as it provides a sense of purpose and builds self-esteem. Healthy and well-motivated employees can have an equally positive impact on the effectiveness of the service we provide.

Wellbeing is probably best described as something more than just health and happiness. As well as feeling satisfied and happy, wellbeing means developing as a person, being fulfilled, and making a contribution to the community through work and social activity.

The strategy will be delivered in 2 streams - resources provided by the organisation and resources provided by the employees.

Employer responsibility

Employee responsibility

Wellbeing balance

**WMFS 8 Elements of Wellbeing**

Managing health, work and wellbeing is the responsibility of both the employer and the employee, in line with the core values and behaviours (PCAs).

As a manager, it is essential to demonstrate positive leadership traits, such as being flexible, approachable, trustworthy and encouraging of employee engagement, to support and deliver genuine wellbeing.

As an individual you should reflect on your wellbeing needs and be aware of all the resources available to you. Tools are available for you to evaluate your wellbeing needs, along with other information about the 8 WMFS elements of wellbeing, on the wellbeing site.



## APPENDIX 2

### WHERE TO GET ADVICE IN THE MENOPAUSE

Click link to go to personal resources

- Symptom awareness poster attached
- A booklet with information on the menopause (hard copies available from SHE Team or OH or PDF attached). There will be another booklet produced soon for WMFS and WMP
- We are working with the Police on this who have a Facebook page that you can join if you want to contact Elaine Debenham if you do
- Menopause Diagnostic Questionnaire, which is attached, it's an easy and useful guide for individuals (personal use) to recognise and understand the symptoms of the Menopause, at any age. The questionnaire was devised by the leading Doctor on Menopause and further supports other activities and information within our organisation to help recognise the impact of the Menopause on all our employees. If you have any concerns regarding your health and wellbeing please seek further advice from your own doctor, Occupational Health Advisor, your Business Partner regarding any adjustments or your Line Manager.
- Access to a leading menopause doctor who can do Q&A sessions although not 'live' sessions questions will be passed via Elaine Debenham.
- The doctor also does 1-minute video clips on you tube for you to view or the links are below. Her website is <https://menopausedoctor.co.uk/>

#### MENOPAUSE – MANAGERS GUIDE DRAFT

##### AIMS AND OBJECTIVES

This guide is intended to make managers aware of menopause related issues and how they can affect their staff.

The Menopause Manager's Guide provides a framework of guidance on how we may deal with menopause related issues, either for individuals experiencing this natural stage of life condition or those who are perhaps affected indirectly, for example, line managers, partners (including same sex partners) and colleagues.

The aim is to create an environment where women feel confident enough to raise issues about their symptoms and ask for adjustments at work.

We will take a proactive stance by promoting a greater understanding of the menopause and seeking to eradicate any exclusionary or discriminatory practices.

As an organisation, we are committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment.

WMFS is also committed to improving the well-being of its people. As an employer WMFS has a duty to manage age related issues effectively.

In this regard, WMFS will provide appropriate support to women who are experiencing the menopause.

##### WHAT IS THE MENOPAUSE

The menopause is when a woman stops having periods and is no longer able to get pregnant. Menopause is the time when there have been no menstrual periods for 12 consecutive months. It is often referred to as "the change of life".

The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age, as a woman's estrogen levels decline. In the UK, the average age for a woman to reach the menopause is 51.

Surgical and medical treatments, such as a hysterectomy, fertility treatment, endometriosis and hormone therapy as part of someone's transition to a true gender can bring about menopause symptoms.

The changes involved in the body can be mild to severe and in some cases the symptoms can be debilitating. Without the appropriate support many colleagues may be left feeling isolated and vulnerable.

Around 1 in 100 women experience the menopause before 40 years of age. This is known as premature menopause or premature ovarian insufficiency.

#### PERI-MENOPAUSE

Is the period that leads to the menopause when many women may experience symptoms.

There's a time when changes occur in a woman's life before the menopause begins fully this is known as the peri-menopause: the time in a woman's life when physiological changes occur that begin the transition to the menopause.

A woman can usually tell if she is experiencing symptoms characteristic of the peri-menopause because her menstrual periods start changing.

The changes of the menopause transition (peri-menopause) typically begin several years before the natural menopause. This is a time when the levels of hormones produced by the ovaries fluctuate, leading to irregular menstrual patterns (irregularity in the length of the period, the time between periods, and the level of flow).

#### SYMPTOMS OF THE MENOPAUSE

Symptoms are many and varied in each individual. Some common symptoms are hot flushes (a sudden warm feeling with blushing), night sweats, mood swings, vaginal dryness, fluctuations in sexual desire, trouble sleeping, tearful, fatigue, sweating, increased susceptibility to anxiety, migraines, stress and sometimes short-term memory problems/ forgetfulness.

Hormonal changes associated with the menopause can affect a woman's future health as well as her experience of menopausal symptoms such as: osteoporosis, cancer.

Women can experience both physical and psychological effects of the menopause. Some experience few or no symptoms, whilst others can have symptoms that can debilitate them. Some women can suffer such debilitating symptoms that it affects their work and the role that they do.

#### IMPACT ON WORK

The current lack of knowledge on the menopause can mean that someone in the workplace can be misdiagnosed as being someone who is constantly having health issues which restrict her from fulfilling her normal everyday role, and she might be having time off work. She might be suffering in silence, afraid to approach anyone for help, and as such lose confidence, feel isolated and leave her place of employment.

Recognising these changes can help in making the links between workplace health and safety and the problems some women experience working through the menopause.

How is the menopause diagnosed?

If a woman is over the age of 45 years and has irregular periods and has symptoms of the menopause, there is no need to have a menopause blood test. If a woman is younger than 45-years then it may be beneficial to have a blood test. The blood test measures the follicle stimulating hormone in the blood known as the FSH. This can confirm if she is going through the menopause, if unsure advice should be sought from a GP.

There is a simple self-diagnostic form (LINK) women can use to gauge whether they are entering the menopause. They should refer to their GP if it highlights the potential.

## TREATMENT OPTIONS

Some women do not need any assistance with the menopause and they can go through this natural stage with no requirement for medical interventions. For those less fortunate there are a number of treatment options for women, these include: Hormone Replacement Therapy (HRT), alternative medications like anti-depressants, natural treatments and changing to a healthier lifestyle can help. It is vital that women are aware of all the different treatments available and if unsure they talk to their GP.

### Hormone Replacement Therapy

There are a number of different types of HRT that can be prescribed for women. HRT is known to be the most effective treatment for women suffering with symptoms of the menopause. HRT replaces the oestrogen that your body no longer produces after the menopause and can be taken in many forms such as tablets, gel, or patches. The current research on HRT is that it should not increase risks of other diseases for women under 60. It is the most effective solution for the menopausal symptoms.

### Alternative medications

Anti-depressants or other medications can be given sometimes to help ease some of the symptoms such as depression, headaches.

### Natural treatments

There are a number of natural products available in chemists, supermarkets, pharmacies'. None of these have been clinically proven to work however they are available.

### Healthier lifestyle

Eating a balanced diet, exercise, stopping smoking and stopping drinking alcohol can all benefit your body and improve your symptoms during this time. Lack of sleep, stress, unhealthy eating and unhealthy lifestyle can increase the symptoms of menopause.

### Self-help Alternatives

Such as strategies for managing stress, mindfulness and relaxation techniques, going for a short walk whilst at work may also help.

## HOW TO SUPPORT WOMEN GOING THROUGH THE MENOPAUSE

Supervisors/line managers to consider the following although this list is not exhaustive.

- **Line managers to be supportive** and be aware of the menopausal symptoms, so that women don't feel embarrassed to approach him/her and discuss how the menopause is affecting their health. Menopause can affect people's confidence and it can be extremely daunting and embarrassing talking to someone who has no idea about the menopause.
- It is good practice to ask all employees about any health conditions that they may have or be experiencing. This could be undertaken as part of the regular one to one meetings. Any specific needs that are identified (including agreed adjustments) should be recorded and reviewed at least annually. This could form part of the annual IPDR discussion. Managers will need to maintain confidentiality in handling health information relating to the menopause.
- **Seek health advice from Occupational Health Advisors**
- **Adjustments** – will need to be fully considered and implemented accordingly for women currently going through the menopause and experiencing symptoms. This will include those diagnosed with perimenopause symptoms, which can affect women from their mid-30s.
- The purpose of an adjustment is removing barriers wherever possible that get in the way of an individual doing their job (e.g. enable women experiencing menopause symptoms to keep doing their job). The adjustment should be tailored to address the barriers/issues experienced specifically by that individual, and should be identified through the discussions with the individual and other relevant experts (where appropriate such as the PSS Business Partners). It is essential to avoid making assumptions.

## ADJUSTMENTS WHICH COULD BE MADE:

- **Provide private area/spaces available** for women to rest/recover/make a telephone call to personal or professional support. Women going through the menopause may need to manage the impact of the symptoms, a private space to rest temporarily, cry or talk with a colleague before they can return to their workspace.
- **Flexibility and increased frequency in breaks** - flexibility to take breaks or rest breaks will enable people managing impairments/ conditions or pain to contribute more fully in the workplace. A member of staff with medication may want to take it in quiet/private space at specific times to maintain health and wellbeing. Other staff might best be included if they are able to take rest breaks when needed rather than at pre-determined times. Some may just need time to walk around and ease pain in arthritic joints/back pain.
- Where possible, **facilitate a comfortable working environment** for those suffering menopausal symptoms. This will include adequate drinking water supplies, temperature controlled areas, showers/washing facilities, adequate access to toilet facilities.
- **Access to toilet facilities:** Whilst all workers will need adequate toilet facilities, particular consideration should be given to the privacy available. Women going through menopause may need to change into a new set of clothes and access to toilets/showers in a job where the employee is not office based, e.g. driving, will be important; some women experience an increased need to urinate and irregular or heavier periods.
- Staff going through the menopause may request to be **positioned near a door or window or maybe provided with a desk fan where possible**. Positioning within the office or in an area where they can get a breeze should be considered.
- **Temperature, lighting and other factors** can affect the general working environment. Temperature control may be an adjustment or the provision of a desk fan or heater when temperatures are too hot or too cold that can be controlled by the individual.
- **Employees who wear a uniform may request to adjust** or partly remove certain items where possible and may be given access to shower facilities and be allowed to change their uniform if the need arises during the working day. Women going through menopause will need to be able to control their temperature by removing unnecessary layers of clothing this will need to be a carefully considered when they are responding to emergencies etc.
- **Provision of additional uniforms** may be considered to ensure individuals can change during the day. Pro natural fibres like cotton are preferable to synthetic materials if an employee is experiencing hot flushes and sweating. Uniform made of natural materials may be considered.
- **Support for the Job Related Fitness test** - discussions with the Fitness Advisor to look at the possibility of 1-1 fitness testing for females experiencing menopausal issues. Confidence can be a barrier and at a time when a female feels low self-esteem or not herself, the task of the Chester Treadmill Test in front of male colleagues can be daunting. Consideration for females who are suffering with heavy menstrual bleeding should also be considered. Arranging one to one practice sessions for females may be offered as a suggestion. This would need to be discussed on an individual basis.
- **Flexible working arrangements** may be considered for those that are experiencing debilitating symptoms. This also enables staff to work productively and manage the impact of their impairments. For example in the case of women going through the Menopause who has trouble sleeping at night a later start may be appropriate.

## RISK ASSESSMENT

Managers should consider undertaking a risk assessment for women currently going through the menopause and experiencing symptoms using form HS12 (Quickforms)

## ADDITIONAL SOURCES OF INFORMATION

Health, Safety and Wellbeing Intranet page has many resources

The Service has access to a leading menopause doctor and other resources written by Dr Louise Newson <https://menopausedoctor.co.uk/>

Henpicked – Wisdom for Women website for women's health issues. [www.henpicked.net](http://www.henpicked.net)

Dr. Marilyn Glenville PHD is the ULs leading nutritionist specializing in Women's health [www.marilynglenville.com](http://www.marilynglenville.com) (Contains advice on healthy eating and nutrition)

Information on a variety of health subjects can be found on the NHS website [www.nhs.uk](http://www.nhs.uk)