



**Key Change From Previous Revision:**

New Policy

**1. STATEMENT**

This menopause policy is intended to provide clarity, direction and support on how menopause related issues should be dealt with, for individuals experiencing difficulties associated with the menopause. It is also important to acknowledge that indirectly the menopause can affect women's partners, families and colleagues.

The aims and objectives of this policy are to:

- Provide a clear definition of what the menopause is, the stages of menopause, when it occurs and what happens.
- Understand how menopause related issues can affect staff, their families and work colleagues.
- Raise wider awareness and understanding among staff of menopause and outline support and adjustments that are available.
- Foster an environment in which staff can openly and comfortably instigate conversations, or engage in discussions about menopause.
- Set clear responsibilities for different groups within the organisation.
- Ensure a consistent approach in the management of staff that are struggling whilst at work with menopausal symptoms.
- Help reduce menopause related sickness absence and promote the retention of menopausal staff in an attempt to retain a skilled and experienced workforce within the organisation.
- Identify ways to support staff where performance at work is impacted through an assessment and action plan.

**2. OVERVIEW**

2.1 NIBTS recognises that a large and increasing proportion of its workers will be working through and well beyond the menopause. Menopause needs to be normalised, acknowledged and accepted across all levels of the organisation. By having conversations regarding the menopause, its impact at an individual level and the challenges it presents in the workplace, progress can be made towards furthering an inclusive organisational culture.

### 3. RESPONSIBILITY

#### Management Responsibilities:

- To implement and monitor the policy within their area of responsibility.
- Encourage supportive conversations where necessary.
- Appreciate the personal nature of the conversation, and treating the discussion sensitively and professionally.
- Where a manager is concerned that a staff member is experiencing adverse symptoms related to the menopause they should consider completing the Menopause Assessment and Action plan DD:2077 and if required seek advice from HR or Occupational Health.

#### Staff Responsibilities:

- To familiarise themselves with this policy and comply with its provisions.
- Be open and honest in conversation with managers, HR and Occupational Health. If staff find that they are unable to speak to their manager, or if their manager is not supporting them, they can contact HR.
- To consider positive lifestyle behaviours that can help reduce menopause symptoms.
- Where identified participate in the Menopause Assessment and Action Plan DD:2077.

#### Occupational Health Responsibilities:

- Provide advice, support and guidance to managers and staff if issues are not able to be resolved following the considerations in DD:2077 Menopause Assessment and Action Plan.
- Where appropriate carry out a holistic assessment of individuals as to whether or not menopause may be contributing to symptoms/wellbeing, providing advice and guidance in line with up-to-date research.
- Signpost to appropriate sources of help and advice
- Provide support and advice to HR and Line Managers in determining and agreeing reasonable adjustments, if required.

#### Human Resources Responsibilities:

- Providing advice and guidance on implementation of this policy.

## 4. POLICY

### 4.1 Definitions

The menopause is part of the natural ageing process for women, although it can be brought on as a result of other medical conditions or certain surgical interventions. It occurs between 45-55 years for most women. However, it is recognised that menopause can begin much earlier; women can experience early menopause, before the age of 45 years, whereas before the age of 40 years this can be termed as premature menopause. A brief definition of terms is:

Peri-menopause - the period of hormonal change leading up to the menopause which can often last four to five years although for some women it may continue for many more years or for others may last just a few months.

Menopause - refers to the point in time when menstruation has ceased for twelve consecutive months.

Post- menopausal – after a woman has not had a period for a year.

### 4.2 Symptoms:

It is recognised that symptoms caused by the menopause may have an impact on women working, can adversely affect health and wellbeing, work performance, absenteeism, presenteeism, staff retention and/or health and safety at work.

The experience of the menopause can vary significantly between women. Some experience hardly any symptoms whereas others can experience severe symptoms. It is important to recognise that variance exists in age of onset of symptoms and the severity and longevity of symptoms experienced. In many cases the individuals experience, is not comparable with colleagues of the same age or stage of menopause. Symptoms on average continue for four years from the last period, and 1 in 10 women experience symptoms for up to 12 years.

An extensive but not exhaustive list of potential menopausal symptoms include:

- hot flushes
- night sweats
- sleep disturbance
- insomnia
- fatigue/tiredness
- poor concentration
- reduced confidence
- brain fog
- Menopause related mood disturbance, can include low mood, anxiety, depression, panic attacks, irritability and mood swings.
- joint pains
- skin irritation
- dry eyes
- urinary problems
- hair loss
- loss of libido
- poor memory
- headache

It is important to note that during the time of the peri-menopause individuals may begin to experience symptoms due to changes in their hormone levels, however due to the fact that they may still be having regular periods at the onset of the symptoms, many individuals do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms. Peri-menopausal symptoms can include irregular, painful periods and heavy bleeding. The extent and severity of symptoms varies and individual women may experience some or all of the symptoms listed and the symptoms can be inter-linked.

There are many different factors and personal circumstances that may affect how someone experiences the menopause. Appendix 1 illustrates examples of 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.

#### 4.3 Menopause and Disability

Menopause, of itself, is not a disability. However, depending on the severity and longevity of menopause related symptoms experienced by individual women, the menopause can be classed as a disability. If the symptoms have lasted or are likely to last for 12 months or more and have a significant impact on daily functioning, then the disability legislation may apply and reasonable adjustments should be considered in the workplace for the protection of individuals from less favourable treatment. Increased awareness of menopause could lead to improved reasonable adjustment e.g. access to rest areas or well designed, supportive seating. Occupational Health should be consulted in these cases.

#### 4.4 Impact on Work Performance

Taking into account the range of potential menopause symptoms identified this can go some way to identify the range of potential issues which may arise in the workplace that could impact on work performance. Changes to the individual's personality, unusual behaviour or performance could be menopause related. Examples include: an altered attendance pattern; poor time keeping; evidence of mistakes, acts or omissions not in keeping with their usual standard of performance; struggling with regular or routine tasks; out of character incidents of conflict with colleagues or service users or; evidence of the individual becoming withdrawn/isolated from team meetings or at rest breaks.

When a manager becomes aware of altered work performance they should consider that a potential cause could be the menopause and the impact of related symptoms. The manager should discuss with the individual to identify if the menopause is a factor, what the main issues are for them and potential actions and support measures which could be put in place. Where appropriate the manager and individual should complete the Menopause Assessment and Action Plan DD:2077 to do this.

If a staff member wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a male staff member wishes to speak about a family member, the manager should ensure that they:

- Allow adequate time to have the conversation.
- Find an appropriate room to preserve confidentiality.
- Encourage the individual to speak openly and honestly.
- Suggest ways in which they can be supported (see table below).
- Where necessary use DD:2077 Menopause Assessment and Action Plan to agree actions, and how to implement them. Ensure that this record is treated as confidential, and is stored securely.
- Agree if other members of the team should be informed, and by whom.
- Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor or break room.

When having these conversations or considering the Menopause Assessment and Action Plan DD:2077 the staff member and the manager should consider the following as well as anything the individual feels is relevant:

Areas to Consider	Adjustments for Consideration
<b>Physical</b>	<ul style="list-style-type: none"> <li>• Consider any alterations that can be offered regarding uniform, e.g. removal of layers, thermally comfortable fabric, if additional uniforms available, uniforms made from natural fibres.</li> <li>• Facilitate a comfortable working temperature.</li> <li>• Ensure easy access to toilet facilities or consider more frequent breaks if required.</li> <li>• Ensure easy access to cold drinking water.</li> </ul>
<b>Psychological</b>	<ul style="list-style-type: none"> <li>• Consider flexible working or adjustment of duties on a temporary basis if required.</li> <li>• Promote staff counselling service.</li> <li>• Assess and address work related stress.</li> </ul>
<b>Workplace Environmental Factors</b>	<ul style="list-style-type: none"> <li>• Review control of workplace temperature/ventilation.</li> <li>• Access to cold drinking water.</li> <li>• Availability of fans or window opening.</li> <li>• Access arrangements for washroom and changing facilities.</li> <li>• Access to rest room or quiet space when required.</li> </ul>
<b>Work Pattern / Routine</b>	<ul style="list-style-type: none"> <li>• Consideration could be given, where practicable, to flexibility of work pattern or work routine.</li> <li>• Increased flexibility of working hours or working arrangements such as a reduction in hours, adjustments to start/finish times, flexible meal breaks, home working, avoiding stretches of consecutive shifts, mid-week break, increased tolerance for short rest breaks to manage symptoms or shift rotation.</li> </ul>

<b>Workplace Culture / Interpersonal Relationships</b>	<ul style="list-style-type: none"> <li>• Promote physical and mental wellbeing for all staff.</li> <li>• Promote awareness and use of relevant policies and guidance documents.</li> <li>• Consider staff seminars to meet with colleagues experiencing similar issues.</li> </ul>
<b>Support Available</b>	<ul style="list-style-type: none"> <li>• Offer support as a line manager or alternatively offer the support of another manager with whom the individual feels comfortable discussing menopause issues. It is important to acknowledge that staff may not wish to discuss their menopause experience with their direct line manager and that alternative options are available.</li> <li>• Identify informal and formal sources of support with the help of Occupational Health, e.g. menopause support group or support from a trusted colleague.</li> <li>• Provide guidance and links to on-line sources of support (see Appendix 3).</li> <li>• Offer referral to Occupational Health if specific health related assessment/advice is required.</li> <li>• Signpost to Human resources for guidance on related policy, including managing attendance policy, flexible working policy.</li> <li>• Advise consultation with GP regarding specific symptoms management or any symptom related concerns.</li> <li>• Consider online based sources of support including B-Well.</li> <li>• Staff networks, such as the LGBTQ+ Staff Network or Tapestry Disability Staff Network can also be a point of contact for individuals; these networks are designed to be a safe space for staff and provide peer support.</li> </ul>
<b>Confidentiality</b>	<ul style="list-style-type: none"> <li>• Respect and maintain the staff member's confidentiality responding sensitively and with respect.</li> </ul>
<b>Self Help measures and Lifestyle Advice (Appendix 2 provides further detail on this)</b>	<ul style="list-style-type: none"> <li>• Elements for consideration include:</li> <li>• Healthy eating/balanced diet and maintaining a healthy weight (limit caffeine, alcohol and spicy food).</li> <li>• Maintain adequate hydration.</li> <li>• Wearing natural fibres.</li> <li>• Regular exercise (can reduce flushes, improve sleep, improve mood and improve bone strength).</li> <li>• Consult GP for Specialist advice/NRT/onward referral.</li> <li>• Give up smoking.</li> <li>• Engage in measures to promote rest, relaxation and sleep.</li> </ul>

NIBTS recognises that staff:

- May need additional consideration, support and adjustments during this transitional time before, during and after the menopause.
- May need to be treated according to their circumstances and needs.
- Need to feel confident in discussing menopausal symptoms and asking for support and adjustments in order to continue with their role within the organisation.
- Self-management is also important and positive changes to a woman's lifestyle are encouraged as this can help reduce some menopause symptoms.

## **5. EQUALITY SCREENING OUTCOME**

This policy has been drawn up and reviewed in light of the statutory obligations contained within Section 75 of the Northern Ireland Act (1998). In line with this statutory duty of equality this policy has been screened against particular criteria. If at any stage of the life of the policy there are any issues within the policy which are perceived by any party as creating adverse impacts on any of the groups under Section 75 that party should bring these to the attention of the Head of HR & Corporate Services.

The Northern Ireland Blood Transfusion Service is committed to the promotion of equality of opportunity for staff, donors and service users. We strive to ensure that everyone is treated fairly and that their rights are respected at all times. We believe that it is important that our policy is understood by all those whose literacy is limited, those who do not speak English as a first language or those who face communication barriers because of a disability. On request it may be possible to make this policy available in alternative formats such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English.

## **6. TRAINING REQUIREMENTS**

Staff should make themselves familiar with this policy.



*Existing Health Conditions and Disability:*

Many individuals report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms, or that 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 can be affected by the menopause including 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.

*Ethnicity 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. Racism at work can increase work related stress which may worsen some menopausal symptoms. Research by the TUC has also shown that BAME workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. The Wales TUC menopause research with BAME women found that a number of those on insecure contracts were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security.

*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 as a result of the menopause. For example, problems such as incontinence or prolapses can develop as a result 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 difficult time for women who wished to have a baby but were unable to conceive or for those who've 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 similar to 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, men 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.

*Transgender 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 process a transgender person may go through 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 transgender people want or are able to have this. Transgender 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. Transgender 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. Transgender women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this 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 transgender women (and transgender men). As such, many transgender people are likely to experience at least some menopausal symptoms. How a transgender person experiences symptoms in later life may vary depending on the age at which they transitioned and what point in time that was (as treatments have changed and developed over time). Some transgender 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.

*Sexual Orientation 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 or mood swings at the same time. Many people report that stress can impact on menopausal symptoms. If they are experiencing homophobia at the same time as symptoms of menopause this can also increase stress resulting in exacerbated some symptoms.

**Appendix 2 – Lifestyle Considerations****Page 1 of 2**

Think about your diet: The fall in hormone levels (namely, oestrogen) that accompanies the menopause can increase the risk of heart disease and osteoporosis. A healthy diet is essential at this stage: keep it low in saturated fat and salt to reduce blood pressure, and rich in calcium and vitamin D to strengthen bones. Some women take dietary supplements to help get the balance right.

Stop smoking: Smoking has been shown to lead to an earlier menopause and trigger hot flashes. If you smoke you also run a higher risk of developing osteoporosis and Coronary Heart Disease (CHD), which is the most common form of death in women.

Drink within reason: Both caffeine and alcohol can make hot flashes worse so try to moderate intake of caffeine from drinks like coffee, tea and colas or choose decaffeinated drinks if you are sensitive to its stimulatory effects. The combination of excessive alcohol and hormonal instability is a risky one! Try not to drink more than 2 to 3 units of alcohol per day, and keep at least one day a week alcohol-free.

Make use of health screening services: Studies have shown that a late menopause leads to an increased risk of specific cancers. The HSC offers screening, but you should also keep a check on any changes in your body, and seek advice if they occur.

Stay calm and positive: Hormone imbalance during the menopause can result in added stress and even depression. Relaxation techniques and counselling can be very helpful in coping with anxiety.

Stay on your feet: Some women experience increased anxiety during the menopause. Regular exercise helps to convert stress into positive energy, while guarding against heart disease. A regular, varied programme is best: try cycling, swimming, running or aerobics.

**Why exercise during menopause?**

Prevents weight gain: During menopause, women tend to lose muscle mass and gain abdominal fat. Regular physical exercise may help to prevent this.

Reducing the risk of cancer: Losing excess weight or maintaining a healthy weight may protect you from various types of cancer such as: breast, colon, and endometrial cancer.

Strengthening your bones: Through exercising during menopause the rate of bone loss may be slowed, which can lower the risk of fractures and osteoporosis.

Reducing the risk of other diseases: Excess weight increases the risk of heart and type 2 diabetes.

Boosting your mood: Physically active adults have a lower risk of depression and cognitive decline.

**What are the best physical activities to try?**

Aerobic activity: can help you lose excess weight or maintain a healthy weight. Brisk walking, jogging, biking, swimming or water aerobics are great options.

Strength training: can help you reduce body fat, strengthen your muscles and burn calories more efficiently. Weight machines, hand-held weights or resistance tubing are great options.

Stretching: can help improve flexibility. Make sure you set aside time to stretch after each workout when your muscles are warm and receptive to stretching.

*Stability and balance:* balance exercise improves stability and can help prevent falls. Activities such as tai chi can be helpful.

### **Complementary & Alternative Therapies**

These have become a popular choice and many women use them, although limited scientific research has been done to support their effect or indeed their safety. They may sometimes help with troublesome symptoms, but they are unlikely to have a significant impact on bone strength, the heart or blood vessels. Choosing a complementary or alternative therapy can be a challenge and many different ones exist. Acupuncture, aromatherapy, herbal treatments, homeopathy, hypnotherapy, yoga and reflexology have all been reported as being helpful in the menopause.

### **Hormone Replacement Therapy**

Hormone replacement therapy (HRT) is the most effective and widely used treatment for menopausal symptoms. As its name suggests, it is simply a way of replacing the hormone oestrogen that is lost during the menopause. HRT aims to relieve those symptoms related to oestrogen deficiency – such as hot flushes, vaginal dryness, and osteoporosis. The benefits of HRT as a remedy for hot flushes, sleep disturbances, vaginal symptoms and some mood disorders have been proved. On the other hand, some women experience unwanted side effects when taking HRT for the first time, such as breast tenderness, leg cramps, nausea, bloating, irritability and depression. Usually these symptoms resolve after a few months, but change in type, dose (Oral: tablet; transdermal: patch or gel) or route of HRT may be required. Concerns have been raised that HRT may increase the risk of breast cancer, ovarian cancer, and even heart disease – and for this reason there has been much debate in recent years over HRT's long-term safety.

**Appendix 3 – Useful Resources**

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BMA Northern Ireland: [BMA - Home | British Medical Association](#)

CIPD: [A guide to managing menopause at work: guidance for line managers \(cipd.co.uk\)](#)

Faculty of Occupational Medicine: [Advice on the menopause \(fom.ac.uk\)](#)

Henpicked: [Menopause at work training, eLearning and resources | 5\\* rated \(menopauseintheworkplace.co.uk\)](#)

Menopause Café: [Gather to eat cake, drink and discuss menopause \(menopausecafe.net\)](#)

Menopause Matters: [Menopause Matters, menopausal symptoms, remedies, advice](#)

Menopause Support: [menopausesupport.co.uk – Supporting You Through Change](#)

Meg's Menopause: [Menopause - MegsMenopause](#)

NHS Guidance on Menopause: [Menopause - NHS \(www.nhs.uk\)](#)

Supporting for Premature Menopause: <https://www.daisynetwork.org/>

Talking Menopause: [Talking Menopause](#)

The Menopause Exchange: [Menopause Exchange for unbiased, independent information and advice \(menopause-exchange.co.uk\)](#)

UNISON: [Menopause | Key issues | UNISON National](#)

Women's Health Concerns: [Women's Health Concern | Confidential Advice, Reassurance and Education \(womens-health-concern.org\)](#)

British Menopause Society: [British Menopause Society | For healthcare professionals and others specialising in post reproductive health \(thebms.org.uk\)](#)