



Menopause Guidance

The East of England Ambulance Service NHS Trust has made every effort to ensure this guidance does not have the effect of unlawful discrimination on the grounds of the protected characteristics of age, disability, gender reassignment, race, religion/belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity. The Trust will not tolerate unlawful discrimination on the basis of, spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity for and fostering good relations between, people from different groups and people with protected characteristics. This Guidance applies to all employees (whether permanent, fixed term or temporary) working at all levels and grades for the Trust, including senior managers, directors, non-executive directors, and on secondment, honorary contracts and volunteers. All Trust guidance can be provided in alternative formats if required. East of England Ambulance Service Trust recognises its obligation of supporting the requirements of the Modern Slavery Act 2015 and any future legislations. A prime objective of the Trust is to eradicate modern slavery and human trafficking and recognises the significant part it must play in both combatting it and supporting victims. The Trust is also committed to ensuring that its supply chains and business activities are free from any ethical and labour standards abuse.

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1. Scope

- 1.1 This Guidance applies to all staff who are employed by EEAST. EEAST is committed to providing an inclusive and supportive working environment for everyone who works here.
- 1.2 EEAST recognises that women experiencing the menopause, whether before, after or during this time of hormonal change and associated symptoms, may need additional consideration, support and adjustments. We also recognise that menopausal symptoms can affect transgender, non-binary and intersex staff.
- 1.3 EEAST is committed to developing a workplace culture that supports workers experiencing the menopause for them to feel confident to talk openly about their symptoms and ask for reasonable adjustments at work.

2. Introduction

- 2.1 This document provides guidance for employees and managers to enable them to support staff who are experiencing menopause related symptoms or concerns. This will help to create an environment where those affected will feel able to raise issues, feel empowered to instigate conversations about the menopause and to ask for reasonable adjustments to their work environment.
- 2.2 With a high ratio of female employees within our workforce and many of them being in their 40's to mid-50's a significant number of this staff group will be experiencing menopausal symptoms. Trans, non-binary, and intersex staff can also experience the menopause, up to 10% of this inclusive population can experience early menopause or premature ovarian insufficiency (POI).

3. The aim of the Guidance

- To Make managers aware of their responsibility to understand how the menopause can affect staff, and how they can support those experiencing the menopause at work to help recruit and retain staff affected.

- To raise awareness and understanding of the menopause and its associated symptoms; eliminate any stigma that could hinder staff from asking for support.
 - To empower those going through the menopause to talk openly about the impact menopausal symptoms can have to work performance; have a work environment where colleagues feel supported and able to initiate conversations with their managers so reasonable adjustments can be identified that enables them to be effective in their job role.
 - To help recruit and retain staff experiencing menopause.
- 3.1 This Guidance is EEAST's commitment to agree reasonable adjustments to the workplace to reduce or prevent worsening of menopausal symptoms.
- 3.2 This Guidance is part of EEAST's commitment to equality and diversity. We are committed to creating a workplace that respects and values each other's differences, that promotes dignity and combats prejudice, discrimination and harassment. This guidance seeks to benefit the welfare of individual members of staff, retain valued employees, improve morale and performance and enhance the reputation of EEAST as an employer of choice.
- 3.3 EEAST recognises that many of the changes to workplace culture and adjustment offered here may not only be of benefit to workers experiencing the menopause but to all staff.

4. Definitions

4.1 Menopause

Menopause is a natural normal life event for all women. However due to lack of information or understanding it can come as a great shock to many women who experience it.

The menopause is the medical term given to a woman who is in the final stages of her natural fertility, when her hormones are in decline. It can often be referred to as 'the change'. The average

age that it occurs is between the ages of 45-55 but it can start much earlier or continue on much later. It can last from four to eight years, but some symptoms can last longer.

4.2 Medical or surgical menopause

There are other interventions which could initiate the start of menopause:

- Surgery
- Radiotherapy
- Chemotherapy
- Hysterectomy
- Fertility treatment
- Hormone therapy as part of someone's transition to true gender.

a. Premature ovarian insufficiency

The partial or total loss of the reproductive and hormonal function of the ovaries before the age of 40 because of follicular dysfunction or early loss of eggs.

This can also be caused by surgical or medical procedure.

b. Perimenopause

This begins several years before menopause when the ovaries begin to produce less oestrogen. It is, when a woman experiences menopausal symptoms, but her periods have not stopped.

The transition period from being fertile to becoming infertile, where a woman may experience menopausal symptoms, but her periods have not yet stopped. It usually starts in a woman's mid-forties but can start in her 30's or younger. This stage lasts until the menopause. During this time a woman can suffer significant physical, physiological and psychological symptoms for several years before transition to the menopause. Hormone levels fluctuate leading to irregular periods and menstrual patterns. Some women can experience very heavy menstrual periods.

c. Post-menopausal

When a woman is no longer fertile, but the symptoms of menopause can continue for up to 8 years. A woman's periods will

have stopped for over 12 months to be classed as post-menopausal.

d. Menopausal

This includes women in perimenopause and post menopause.

5. Symptoms

5.1 Research indicates that 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. Some may not experience any experiences. 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.

5.2 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
- Brain fog

5.3 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.

- 5.4 Psychological symptoms are all contributing factors that may have an impact to work performance including poor concentration and memory loss, tiredness, depression, low mood, sleeplessness, and lack of confidence.
- 5.5 Other symptoms that may affect performance at work include mood swings, panic attacks, inability to multitask and irritability.
- 5.6 The effects on a woman's physical and emotional health can significantly impact on how she undertakes her work and her relationship with colleagues.
- 5.7 Menopause symptoms may vary in women with pre-existing conditions. For example, menopause and diabetes may team up for varied effects on change in blood sugar levels, weight gain, infections, and sleep problems.

6. Supporting Our Staff

- 6.1 Menopausal symptoms can be a very difficult and personal issue for a member of staff to approach management with. Line managers for staff need to be well informed of the symptom's women experience with the perimenopause and menopause. It can be a difficult subject to approach and the member of staff should have a private area to discuss the issue and be ensured of confidentiality.
- 6.2 It is important for the member of staff to feel supported and to set regular reviews to enquire how the member of staff is managing with their symptoms. Guide them to the correct places for help, helping them feel empowered and supported by the Trust.
- 6.3 Line managers need to demonstrate compassionate leadership, be supportive and maintain awareness so that women are not embarrassed to approach them 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 understanding about the menopause.

- 6.4 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.
- 6.5 General health and wellbeing discussions should naturally form part of the discussion in one-to-one meetings, ones and the PDR process and managers should maintain confidentiality when addressing health information associated with the perimenopause / menopause.
- 6.6 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 wishes to be supported may not be the same for another.

7. Management Responsibilities

- 7.1 Managers should ensure that all employees are aware of this guidance and understand their own and the employers' responsibilities.
- 7.2 Managers should encourage employees to discuss menopausal symptoms and the influence they have on their work life, be sensitive and well informed on the issues surrounding the menopause. Encourage staff member to use occupational health for a review of symptoms and to help implement some reasonable adjustments with their work environment. All information should be treated confidentially in line with GDPR.
- 7.3 Managers should consider undertaking a risk assessment for women who are experiencing perimenopausal 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 workstation assessment required taking into consideration symptoms of the menopause?
- Should alternative duties be considered for a mutually agreed timescale?
- 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?

8. Reasonable Adjustments or Specific Needs (not exhaustive)

- 8.1 **Reasonable adjustments** should be considered for all women currently going through the menopause and experiencing symptoms. The adjustments should be tailored to address the issues experienced by that individual and should be identified through discussion or by other relevant experts including Occupational Health practitioners. It is essential that no assumptions are made.
- 8.2 **Access to toilet facilities** – with giving particular consideration to 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.

- 8.3 **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.
- 8.4 **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.
- 8.5 **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 wellbeing.
- 8.6 **Uniform** - A staff member identifying as going through menopause should be allocated more uniform to prevent embarrassment with potentially having to change throughout the shift, allowing the person to have plenty of spare clean uniform. It is suggested that uniforms should be made of natural fibres or fast wicking material to keep staff affected from hot flushes cool, it should also allow for layering so that women can take control of regulating their own temperature. This uniform should be provided by the Trust, so it is within the IPC and health and safety guidelines. 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.

Process for ordering specialist uniform: Staff examine what is available on the current and in October 2022 future catalogue. The current uniform is layered, to control temperature. The expectation is that staff are able to add and remove clothing to suit. If this does not meet need or requirement, an Occupational Health referral should be made to confirm peri/menopause symptoms with a recommendation of what is required. The Trust will then source that specific requirement either from Lot 1 or Lot 2 suppliers and examine options if the requirement through Occupational Health is not available.

- 8.7 **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. For example, a woman who has trouble sleeping at night may benefit from a later start.

Flexibility should be given to 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.

9. Managing Attendance and Supporting Capability

- 9.1 Managers should consider reasonable adjustments, should there be an impact on sickness levels by employees experiencing the menopause related absences.
- 9.2 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.
- 9.3 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.

10. Employees Responsibility

- 10.1 All staff should take personal responsibility to look after their health. Employees are encouraged to inform their manager if they are struggling with menopausal symptoms and need support so they can continue to be effective in their jobs.

10.2 Employees are encouraged to reach out for support from their own G.P. or through work provided occupational health accessed by a line manager.

10.3 Self-management for staff experiencing the menopause.

Staff experiencing the menopause are encouraged not to suffer in silence.

Consider:

- Seeking medical advice from your G.P.
- Discussing symptoms with your manager and requesting workplace adjustments.
- Discussing symptoms with occupational health

10.4 Employees are also encouraged to make healthier lifestyle choices to help with some of the symptoms such as:

- Healthy eating- a balanced diet can help to alleviate some symptoms.
- Staying hydrated - drinking plenty of water
- Regular exercise- maintaining fitness levels, can increase mood and improve sleep.
- Not smoking- may help reduce hot flushes.
- Regulate room temperature to remain cool at night
- Access to natural light
- Ensuring daily intake of alcohol does not exceed recommended levels and cutting down on spicy foods and caffeine.

11. Treatment

11.1 Not all women will wish to have medical intervention for their menopausal symptoms. But there are options if they wish to try them.

11.2 Hormone Replacement Therapy (HRT)

Hormone replacement therapy is a treatment to relieve symptoms of the menopause. It replaces hormones which are at a lower level coming up to the menopause. 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. More than one attempt of individualised treatment may

be required, and it may take different variations to find the appropriate treatment.

11.3 Anti-depressants

These can sometimes help to ease some of the symptoms including depression, migraines, and anxiety.

11.4 Self-help

These may include strategies for managing stress, relaxation, and mindfulness techniques.

12. Further information

NHS information:

www.nhs.uk/conditions/menopause

www.nhs.uk/conditions/early-menopause

Helpful links:

[EEAST Uniform Online Ordering Process.pdf](#)

[EEAST UNIFORM EXCHANGE FORM.doc](#)

[Non Operational Staff Uniform order form.xlsx](#)

[National Ambulance Uniform Project - Measurement Form.xlsx](#)

www.daisynetwork.org.uk

www.menopausematters.co.uk

[Menopause Webinar for Healthcare Professionals | Newson Health](#)

www.menopause-exchange.co.uk

www.rcog.org.uk/en/patients/menopause

www.hysterectomy-association.org.uk

<https://henpicked.net/menopause>

[Menopause made easy - The Menopause Directory & School](#)

[Brain fog and menopause - Menohealth](#)

[Cognitive Menopause Symptoms - Menopause Centre - EverydayHealth.com](#)

Appendix 1

Equality Impact Assessment

EIA Cover Sheet																	
Name of process/guidance	Menopause Guidance 2021																
Is the process new or existing? If existing, state guidance reference number	New																
Person responsible for process/guidance	HR																
Directorate and department/section	Workforce																
Name of assessment lead or EIA assessment team members	EqIA Panel members																
Has consultation taken place? Was consultation internal or external? (please state below):	HR Policy Sub-Group, Heads of Operation, HR Team, Unison Internal																
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written guidance involving staff and patients</td> <td>X</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state) Toolkit</td> </tr> </tbody> </table>	Guidelines		Written guidance involving staff and patients	X	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state) Toolkit	
Guidelines																	
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Strategy																	
Changes in practice																	
Department changes																	
Project plan																	
Action plan																	
Other (please state) Toolkit																	

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What is the aim of the policy/procedure/practice/event?

To make managers aware of their responsibility to understand how the menopause can affect staff, and how they can support those experiencing the menopause at work.

- Create an open environment where colleagues feel able to initiate conversations with their managers and feel supported to do so.
- Raise awareness and understanding of the menopause.
- Empower those going through the menopause to be more effective in their job role.
- Support the members of staff and offer reasonable adjustments.
- Help recruit and retain staff going through the menopause.

Who does the policy/procedure/practice/event impact on?

Race	X	Religion/belief	X	Marriage/Civil Partnership	X
Sex	X	Disability	X	Sexual orientation	X
Age	X	Gender re-assignment	X	Pregnancy/maternity	X

Who is responsible for monitoring the policy/procedure/practice/event?

WORKFORCE DIRECTORATE

What information is currently available on the impact of this policy/procedure/practice/event?

This policy links into the following and has been updated taking into consideration the current legislation:

1. Maternity Leave Policy
2. Special Leave Policy
3. Adoption Leave Policy
4. Business Travel Policy

<ol style="list-style-type: none"> 5. Standards of Business Conduct Policy (Conflicts of Interest) 6. Secondary Employment Policy 7. Flexible Working Arrangements Policy 8. Paternity Policy 9. Annual Leave Policy 10. Professional Registrations Policy 11. Recruitment and Selection Policy 12. Driving Standards Policy and Procedure 13. Sickness Absence Management Policy 14. Policy for Complaints and Compliments 15. Freedom to speak up: Raising Concerns (Whistleblowing) Policy for the NHS 																		
<p>Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No</p>																		
<p>Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Race</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 20%;">Religion/belief</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 20%;">Marriage/Civil Partnership</td> <td style="width: 10%; text-align: center;">X</td> </tr> <tr> <td>Sex</td> <td style="text-align: center;">X</td> <td>Disability</td> <td style="text-align: center;">X</td> <td>Sexual orientation</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Age</td> <td style="text-align: center;">X</td> <td>Gender re-assignment</td> <td style="text-align: center;">X</td> <td>Pregnancy/maternity</td> <td style="text-align: center;">X</td> </tr> </table> <p>Please provide evidence: The Policy should have a positive impact on the above characteristics.</p>	Race	X	Religion/belief	X	Marriage/Civil Partnership	X	Sex	X	Disability	X	Sexual orientation	X	Age	X	Gender re-assignment	X	Pregnancy/maternity	X
Race	X	Religion/belief	X	Marriage/Civil Partnership	X													
Sex	X	Disability	X	Sexual orientation	X													
Age	X	Gender re-assignment	X	Pregnancy/maternity	X													
<p>Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:</p>																		

Race	<input type="checkbox"/>	Religion/belief	<input type="checkbox"/>	Marriage/Civil Partnership	<input type="checkbox"/>
Sex	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>	Gender re-assignment	<input type="checkbox"/>	Pregnancy/maternity	<input type="checkbox"/>
Please provide evidence: No Concerns					
<p>Action Plan/Plans - SMART</p> <p>Specific</p> <p>Measurable</p> <p>Achievable</p> <p>Relevant</p> <p>Time Limited</p>					
<p>Evaluation Monitoring Plan/how will this be monitored?</p> <p>Who - HR/WORKFORCE</p> <p>How</p> <p>By</p> <p>Reported to</p>					