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Menstruation, menstrual health and menopause in the workplace – Guide

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Summary of pages

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Foreword

Publishing information

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As a guide, this British Standard takes the form of guidance and advisory recommendations. It is not to be quoted as if it were a specification or a code of practice.

Presentational conventions

The guidance in this document is presented in roman (i.e. upright) type. Any recommendations are expressed in sentences in which the principal auxiliary verb is “should”.

Additional commentary, explanation and general informative material is presented in smaller italic type.

Where words have alternative spellings, the preferred spelling of the *Shorter Oxford English Dictionary* is used (e.g. “organization” rather than “organisation”).

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0 Introduction

0.1 General

Understandings of menstruation, menstrual health and peri/menopause in Western society, including the UK, are complex and influenced by many factors that are as yet not fully understood or openly discussed. This can make it difficult for women, trans and non-binary people to understand and manage their physical and mental health symptoms, and for health care professionals and workplaces to adequately support them.

The way we work is changing; however, in many cases, core working practices are still not far from those that were designed at a time where women were not equally represented or prioritized as employees. As pressure grew for women to enter the workforce, it became a case of them fitting into existing frameworks where their specific needs were not served, and in many cases are still not served today.

Within this document we use the term “symptoms”; this is used to recognize that, even though menstruation and peri/menopause are not medical conditions, some find that these changes have an impact on their quality of life.

NOTE 1 It is important to recognize that some symptoms associated with menstruation and peri/menopause can be caused by an underlying medical condition (see [Annex A](#)).

NOTE 2 Throughout this document there are references to both menstruation and menstrual health. For the purpose of this document, menstruation refers to the monthly period in which bleeding occurs, while menstrual health has a broader meaning including physical or mental health and wellbeing (e.g. including underlying medical conditions) related to the menstrual cycle.

NOTE 3 The everyday use of the term “menopause” often refers to the entire duration of the menopause transition, unlike the medical definition, which differentiates perimenopause, menopause and post-menopause. In this document we use the term “peri/menopause” to reflect the entire menopause transition.

In many cases, menstrual health and peri/menopause are managed independently and privately without the need for workplace support. However, organizations can provide adjustments or support to create a more comfortable working experience.

It is important to understand the impact of culture on how menstruation and peri/menopause are often represented. Portrayals of menstruation and menopause in the workplace are uncommon, and when these narratives are explored, they tend to focus heavily on severe physical, emotional and psychological symptoms. This can influence general attitudes and beliefs that reinforce the stigma that menstruation is always a problem and that menopause is a negative, isolating phase. Portrayals of menopause as an age-related condition are also not helpful to younger employees experiencing menopause prematurely. Furthermore, diverse needs and experiences linked to ethnicity, religion, sexual orientation, gender identity and neurodivergence are often neglected.

It is also important to recognize that peri/menopausal symptoms can coincide with significant mid-life challenges and responsibilities, and research has shown that stress and symptoms of peri/menopause are inextricably linked. For example, maintaining job performance might be difficult when employees are also dealing with stressors such as a combination of existing health conditions; fertility issues; managing childcare and care for older parents; worrying about children leaving home; financial constraints; relationship breakdown or other stressful life events. When there is a lack of knowledge within the organization of how to support employees through these stressors, as well as with the symptoms of menstruation, menstrual health conditions and peri/menopause, this can lead to issues such as presenteeism, absenteeism, disengagement and additional/increased turnover costs.

NOTE 4 See [BS ISO 25551](#) for guidance on generating a carer-inclusive workplace and [BS ISO 25550](#) for guidance on generating an age-inclusive work environment.

This document can assist organizations to identify misconceptions around menstrual and peri/menopausal health, and the impact the stigma surrounding them can have on workplace support. The practical workplace adjustments and activities recommended here support existing activities around workplace wellbeing and occupational health and safety initiatives. These workplace adjustments support and complement existing medical provisions in a more rounded and holistic way.

Within this standard there are examples of adjustments that can be made; however, the experiences and impact of menstrual health and peri/menopause vary for each employee, as does their support and environment requirements or preferences.

0.2 Why start addressing this topic now?

Within the current landscape of skills shortages, recruitment challenges and attrition of talented employees, alongside a significant number of workers experiencing peri/menopause in the workplace; and in a time where employees and stakeholders are more socially aware and have expectations about their wellbeing at work, it is important that organizations re-evaluate their job and workplace designs to make them suitable for all employees. Under the Equality Act 2010 [\[1\]](#), employees have a right to be protected from disadvantage or less favourable treatment if they have one or more “protected characteristics”. There is no expressly protected characteristic of menstruation or menopause. Instead, legal protection is likely to arise as a result of protection from discrimination in relation to sex, age or disability (or a combination thereof).

The Health and Safety at Work etc. Act 1974 [\[2\]](#) states that it is the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees. This means positively protecting employees, where reasonably practicable, from foreseeable risks that arise out of or in connection with their work. Therefore, at times (on a case-by-case basis), this might extend an employer’s legal duty to ensure that work or working conditions do not exacerbate an employee’s symptoms to such an extent that would expose them to material risk to their health, safety or welfare, or cause harm.

The Management of Health and Safety at Work Regulations 1999 [\[3\]](#) has the requirement to risk assess factors that arise out of or in connection with work that affect health, safety and welfare. Therefore, when an employer is notified of any known condition, issue and/or symptoms, which might mean that an employee is more likely to be exposed to occupational risk or could be harmed while at work due to their specific situation, the employer might need to undertake some form of person-based risk assessment and put in place arrangements to manage health and safety risks. Where relevant, this is done on a case-by-case basis.

This British Standard can assist organizations to understand which actions relating to menstrual and peri/menopausal health can be taken to protect the welfare of employees in the workplace, and to make the work environment more suitable for everyone.

There is also a financial case for taking into account menstrual and peri/menopausal health in the workplace. A proportion of employees experience symptoms which leave them feeling they have no other option but to leave the workplace if they cannot find support at work. There are direct financial costs associated with the recruitment and training of new staff to replace those who have left. There are also indirect costs due to the loss of talent, knowledge and experience within the organization.

The lifestyle and emotional costs that employees face when they leave employment are equality and human rights issues, with tangible financial costs for both employees and employers.

Generating awareness of good practice when supporting employees and creating positive work cultures benefits organizations by:

- a) increasing employee engagement and productivity;
- b) improving the health and wellbeing of employees and boosting their healthy working life expectancy which, in turn, benefits their immediate families;
- c) increasing employee retention, and reducing the costs of attrition, recruitment and training;
- d) improving leadership culture by generating more awareness among managers without personal or lived experience; and
- e) improving diversity and inclusion objectives by preventing the loss to the workplace, due to inadequate or inflexible working conditions.

Throughout this standard, recommendations are made for organizations to take into account. These recommendations are not exhaustive; however, they provide a good framework from which to start.

0.3 Myths around menstruation and menopause

Myth 1: Everybody is talking about menopause and menstruation – the workplace does not need to/should not provide support

Response: While it might seem like lots of people are talking about menstruation and menopause, the reality is that employees do still struggle to find support. It cannot be assumed that everybody has support outside of work nor that they are receiving the support they need from medical professionals. Those with menstrual health conditions can struggle to get a diagnosis and access the treatments or support they need to help manage their symptoms. Many employees do not know what to expect of peri/menopause and can be caught off guard when signs and symptoms first appear. Knowledge of menstrual health and peri/menopause is known to affect an employee's experience of menopause both for themselves and those around them (partners and significant others, colleagues, managers, etc.). Aspects such as ageism and gendered ageism are real issues, especially in the workplace. In some cases, there has been a derogatory view that women are less capable or that older women are of less value to organizations. Fearing that gendered ageism and unconscious bias might prevail in their organizations, employees do not often communicate that they are experiencing peri/menopause. Other elements which are sometimes forgotten are cultural differences, stigmas, neurodivergence and intersectionality. The additional burden of discrimination on employees from marginalized backgrounds might deter them from disclosing their situation and seeking support.

Myth 2: Menstrual pain is not that bad and people who say it is have low pain thresholds

Response: Menstrual pain can vary from mild discomfort to severe cramps with a stabbing pain. In the case of debilitating pain, there might be an underlying cause and if an employee approaches their organization, it is important that their experience of pain is not underestimated based on others' lived experiences.

Myth 3: Everybody's experiences of menstruation and menopause are the same

Response: Experiences of menstruation and menopause vary significantly, which is why it is important for any workplace to take into account individual experiences and not just design for the average experience. Compounding factors that can influence an employee's experience include ethnicity, age, gender, disability, thinking style/neurodivergence, sexual orientation, job role and pay. It is important to avoid stereotyping or generalizing, and enable each employee to seek support for their individual needs.

Some examples of how characteristics can influence an employee's experience of menstrual health or peri/menopause are listed in [Table 1](#).

Table 1 — *Examples of characteristics that can influence experiences*

Characteristic	Example
Race, ethnicity and religion	<p>It is important for employers to recognize that there are racial and ethnic disparities, and our experiences can be influenced by where and how we live, racism experienced, our culture, beliefs, and diet, and by other factors. For example, research has shown that the average age of menopause varies for different ethnicities, probably due to sociodemographic factors.</p> <p>In some cultures and communities, menopause is not even acknowledged and it can be taboo to discuss menstrual health and peri/menopause, making the provision of education and safe discussion spaces all the more key.</p> <p>The typical symptoms and severity levels experienced have also been shown to vary according to one's ethnic background. Employees of different ethnicities might also face different life stressors.</p> <p>Enduring and embedded racial stereotyping and implicit biases continue to exist in organizations that also influence how employees' health experiences are perceived.</p> <p>Employees from minority ethnic groups are more likely to experience misdiagnosis, late diagnosis and underdiagnosis from healthcare providers.</p>
Disability	<p>It can be more difficult for a disabled employee to find the right menstrual products or a suitable accessible toilet to meet their needs. There is also a lack of research on how menstruation and peri/menopause impact and are impacted by long-term and chronic health conditions.</p> <p>It is important to recognize that not all disabilities are visible, and employees might not wish to disclose additional health issues.</p>
Mental health	<p>The symptoms and mood changes experienced in relation to menstruation and peri/menopause can increase stress; this might have a significant disabling impact on employees managing long-term mental health conditions.</p> <p>Peri/menopause can also be subject to misdiagnosis as a mental health condition.</p>
Sexual orientation	<p>Cohabitees experiencing menstruation and peri/menopause at the same time might each be dealing with their own symptoms, including difficulties at work, while also supporting their partner.</p>
Thinking styles and neurodivergence	<p>There is emerging research into the neurodivergent experience of menstruation and peri/menopause. Some evidence shows that menopause can pose significant challenges for some autistic employees and exacerbate the symptoms of attention deficit hyperactivity disorder (ADHD).</p>
Socio-economic status, job roles and pay levels	<p>Financial insecurity, precarious employment and in-work poverty can influence the choices employees make regarding menstrual health and peri/menopausal symptoms. For example, freelance workers and workers on zero-hours contracts or fixed-term contracts might be hesitant to speak up out of fear of losing their income. To support everyone across an organization, it is important to advocate for support options and to share information that is accessible to everyone, regardless of their socio-economic status.</p> <p>Employees working in different types of roles might encounter different impacts on their experiences of symptoms. The level of agility, fear or physicality required by a job (such as manual handling, cleaning, risky activities, health and safety, danger, travel) can compound symptoms in different ways. There can also be expectations on aesthetic presentation; for example, some jobs require smart, customer-focused presentation at all times.</p>
Gender identity	<p>For trans and non-binary people, the experience of menstruation and peri/menopausal symptoms can contribute to gender dysphoria.</p>

Myth 4: Menopause happens overnight

Response: This is not the case, as menopause is typically arrived at after a gradual process called perimenopause. This usually happens in midlife but can happen earlier, with the length of time, and the number and severity of symptoms depending on the employee.

Myth 5: Menopause only has an impact on women above the age of 45

Response: It is a common misconception that menopause is limited to women of an older age, although this is the case for the vast majority. It has been reported that 1 in 100 experiences menopause before the age of 40, either naturally or due to a medical intervention [4]. Anyone going through medical menopause, whether temporary or permanent, can experience similar symptoms, often more acutely, as those experiencing menopause naturally at a later age, and might require similar support in the workplace. Trans men and non-binary people can also experience menopause.

Myth 6: Post menopause you do not experience any menopausal symptoms

Response: Although menopausal symptoms generally end several years after someone’s last period, symptoms can persist for varying lengths of time.

Myth 7: Menopause is much worse than menstruation – there is no support required for menstruation

Response: Conversations around menopause have been instrumental in contributing to removing the stigma and shame associated with it, and some organizations have responded by applying initiatives which are more inclusive of employees who experience peri/menopause. However, there is still a lack of discussion on topics relating to menstrual health and menstrual bleeding, due to stigma and shame, and employees who experience painful or significant menstrual symptoms can feel the need to suffer in silence and not obtain the support they require. Organizations can provide better support by taking into account the experiences of their employees throughout their lifetimes (from menstruation through to menopause and beyond).

0.4 Questions which this standard can help to address

[Table 2](#) identifies specific clauses which address important questions in this topic.

Table 2 — *Examples of questions that this standard addresses*

Question	Clause
Which work design changes can be supportive?	5.5 B.3
Can changes made in recruitment processes reduce barriers to employment?	Annex D
Which underlying health conditions can lead to severe symptoms?	Annex A
What are the key considerations when developing organizational policies?	5.3 5.4
How does workplace culture impact employees, and what practical steps can be taken to improve this?	5.4 Annex E
What actions can a line manager take?	Annex B
Do different minority ethnic groups have varying experiences of menstruation and peri/menopause?	5.4 Annex A
How can organizations support trans and non-binary employees?	5.6

1 Scope

This British Standard gives guidance on developing policies and practices that are supportive of the menstrual and peri/menopausal health and experience of employees in the workplace.

The standard does not cover medical guidance or clinical options outside of the workplace. However, it does include reference to qualified sources where such information is available.

The standard is of use to managers, as well as human resources (HR), health and safety (H&S), occupational health (OH), architects and interior designers undertaking office fit-outs, and specialists in wellbeing and diversity and inclusion (D&I). It is for those employees who are responsible for managing individuals' performances, workloads, wellbeing or work environments.

NOTE 1 The recommendations are applicable to all sectors, employee demographics, and small and large organizations, and can be adapted to individual business needs.

NOTE 2 This document does not consider andropause.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

3.1 intersectionality

interconnected nature of a person's combined social and political identities

NOTE Intersectionality recognizes that certain characteristics overlap to increase oppression, limit opportunity and reinforce inequality. Examples of characteristics include age, sex, race, ethnicity, sexual orientation, gender identity, religion, disability, neurodivergence, class, socio-economic background, and geographical location (in terms of access to medical support). All of these aspects can have an impact on the experience of menstrual health and peri/menopause. Therefore, there is no one, singular experience.

3.2 menopause

moment in time, traditionally defined as 12 months after someone's final period

NOTE 1 Menopause usually happens between the ages of 45 and 55. The average age of menopause in the UK is 51; lifestyle, ethnicity and genetics have an impact on the average age.

NOTE 2 When menstruation stops before the age of 45, it is considered an early menopause.

NOTE 3 Medical menopause can occur earlier, for example due to surgery, chemotherapy or hormonal treatments. The NHS webpage¹⁾ can be reviewed for medical information.

NOTE 4 The everyday use of the term "menopause" often refers to the entire duration of the menopause transition, unlike the medical definition, which differentiates perimenopause, menopause and post-menopause. In this document we use the term "peri/menopause" to reflect the entire menopause transition.

NOTE 5 NICE (National Institute for Health and Care Excellence)²⁾ states that symptoms related to menopause can last for a few months or for several years.

¹⁾ Available at <https://www.nhs.uk/conditions/menopause/>.

²⁾ Available at <https://www.nice.org.uk/guidance/ng23/ifp/chapter/menopause>.

3.3 menstruation and menopause advocate

appropriately trained person appointed by an organization to represent the interests and act in support of the menstrual and peri/menopausal health of employees

NOTE The terms “champion”, “ambassador” and “mentor” are also used in this context.

3.4 non-binary

person whose gender identity does not fit within either male or female gender identities

3.5 peri/menopause

time around menopause

NOTE Throughout this document the term peri/menopause is used to reflect perimenopause, menopause and post-menopause.

3.6 perimenopause

time leading up to menopause during which noticeable changes are experienced

NOTE Symptoms of perimenopause can start several years before menopause. This life phase is associated with core physiological changes triggered by reducing levels of oestrogen and progesterone.

3.7 trans

person whose gender identity differs in some way from the sex they were assigned at birth

NOTE This umbrella term can include trans men, trans women, non-binary people, gender questioning and gender-fluid people.

4 Introduction to menstrual health and peri/menopause

Menstruation and peri/menopause are natural biological processes; however, there is still a social stigma around them, and the topics are frequently avoided and concealed within society. This can cause some employees to struggle in silence. However, workplace cultures where menstrual health and peri/menopause are openly discussed enable employees and organizations to work collaboratively to identify appropriate support or adjustments that enable employees to perform at their best.

There are simple adjustments which can help employees to be more comfortable when experiencing discomfort while working. Clause 5 gives guidance on potential adjustments, practical actions and support options. Organizations might already have some support mechanisms in place that can be sensitized to include references to menstrual health and peri/menopause.

When employees need support at work, line managers should be advised to seek guidance from their HR, H&S, OH practitioner or a trained menstruation and menopause advocate as appropriate, and/or be provided with resources from professional and reputable external providers. [Annex B](#) provides a toolkit to support HR and line managers.

In those cases where symptoms are severe enough to disrupt someone’s working life and are not alleviated by self-help interventions, an underlying condition might be the cause. Employees with underlying or severe ongoing symptoms are likely to require medical advice and the organization can be supportive in this process. If a medical condition is causing severe symptoms, the employee should receive support in line with other long-term medical conditions. It is important to understand that a period or menopause where there is an underlying health condition should not be dismissed as “a bad period” or “a bad menopause”. Additional support might prove necessary where an employee has a medical condition which is exacerbating their menstrual or peri/menopausal symptoms.

Aside from employees potentially concealing their discomfort, some might not realize their symptoms could be helped by medical intervention and that they might be signs of an underlying condition.

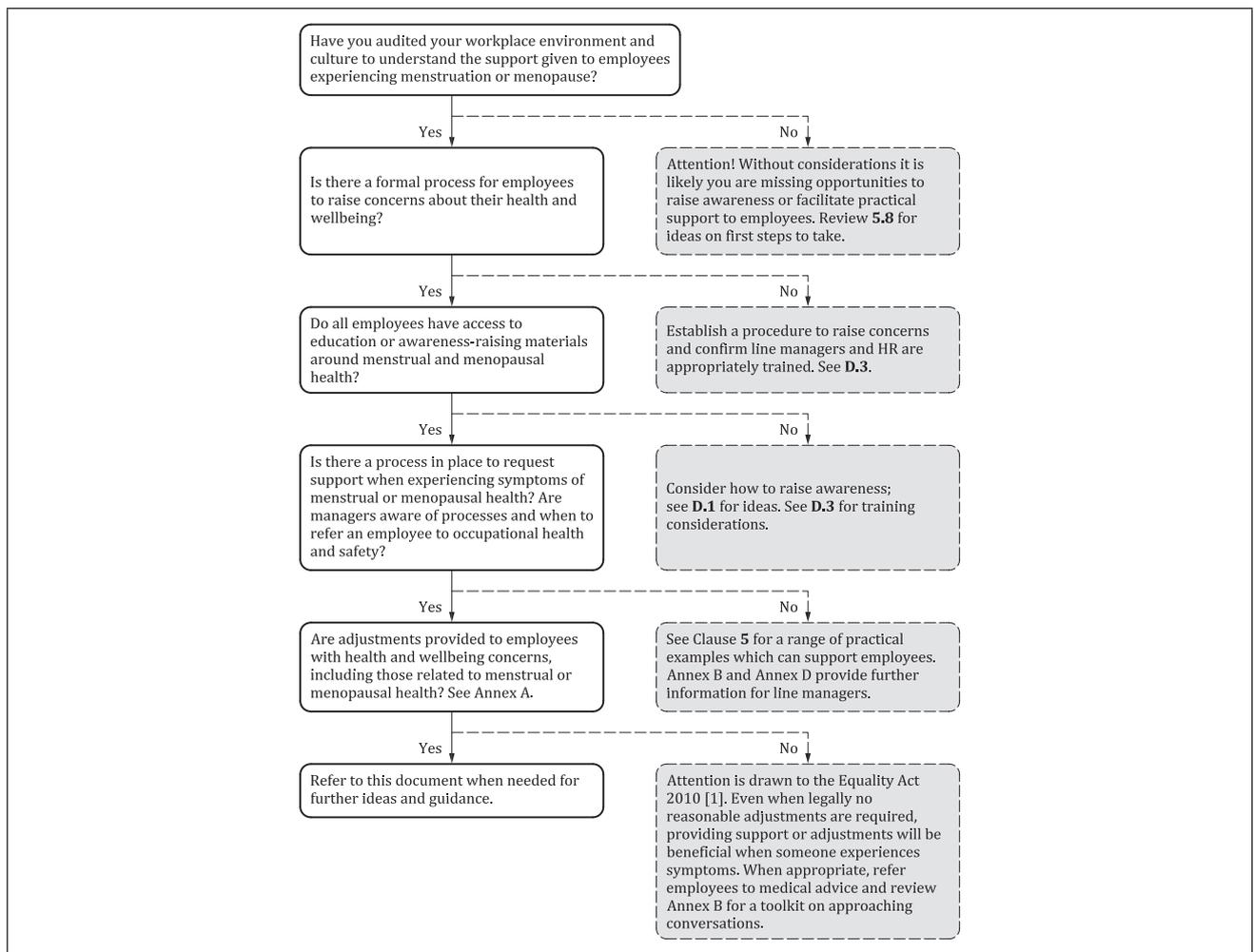
NOTE 1 Evidence shows that over 70% of women and girls regularly experience menstrual symptoms, and in some instances this figure rises to over 90%. A 2021 study of 6 812 adult women from Europe, USA and Brazil found that during menstruation over 80% experienced the following symptoms: mood changes/anxiety (90.6%), tiredness/fatigue (86.2%), abdominal pain (84.2%) and breast pain/tenderness (83.1%) [5]. A 2019 systematic review on the international data of 21 572 women aged 13 to 25 found that 71% experienced menstrual pain. This figure was consistent regardless of the economic status of the country [6]. For more details on menstrual symptoms, refer to [Annex A](#).

NOTE 2 An example of an underlying medical condition is endometriosis, which is estimated to affect 1 in 10 women of reproductive age [7] and an unknown number of trans men or non-binary people. It takes on average eight years to get a diagnosis of endometriosis in the UK and the route to diagnosis can involve repeated GP, hospital and even A&E appointments that fail to identify a cause for the symptoms being experienced. This lengthy time to diagnosis means someone could be suffering the symptoms of endometriosis for many years before having a definitive diagnosis and might require employer support during that time.

NOTE 3 Some medical conditions involve a lack of menstruation, which might cause an employee to lack awareness regarding their own menopause status. However, they might still be experiencing symptoms of menopause. [Annex A](#) provides additional information on health-related aspects of menstruation and peri/menopause.

The flowchart in [Figure 1](#) can assist organizations to review what support is already available or can be improved upon for employees who are experiencing symptoms.

Figure 1 — Considerations flowchart



Organizations should also be aware that stressors in the workplace environment, often relating to specific job roles and/or workplace cultures, can provoke or exacerbate symptoms. Possible stressors include an accumulation of occupational psychosocial stress, experiencing gender, racial or other forms of discrimination, being bullied, and pre-existing medical conditions such as a back or repetitive strain injury. Employees can experience a combination of different stressors. Employees who are navigating new job roles, promotions and/or decision-making responsibilities might experience additional challenges. Being proactive in identifying areas of risk and opportunity and introducing remedial actions that are worker-centric and holistic are likely to result in better work environments for all.

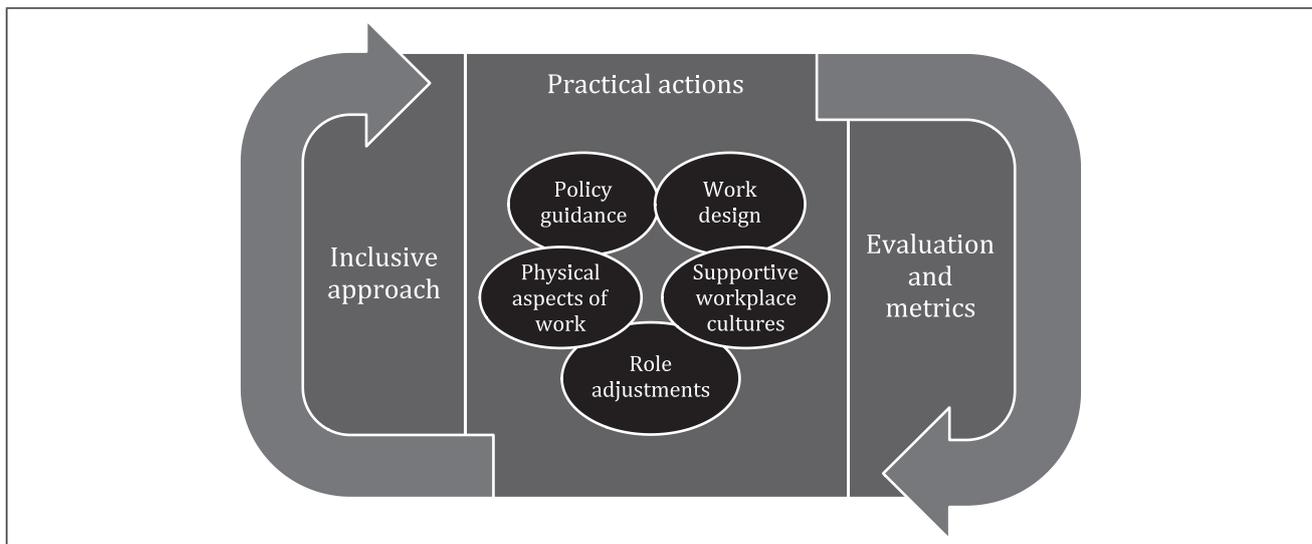
It is important that organizations recognize that peri/menopause can have an impact on employees in all roles and levels of work. Organizations should avoid making assumptions about the experience and, in particular, the age at which peri/menopause might be experienced.

5 Practical actions

5.1 General

There are many ways in which an organization can implement changes to support its employees. This clause provides ideas on potential workplace considerations. [Figure 2](#) highlights how organizations can implement practical actions, while making inclusivity a core consideration as well as an objective, and using ongoing evaluation and metrics to monitor progress in the organization.

Figure 2 — *Creating an inclusive environment using a practical approach for menstrual and peri/menopausal health in the workplace*



Practical actions range from workplace environmental and physical factors to flexible work design and creating a positive inclusive culture which advocates awareness of menstrual health and peri/menopause. The organization should consider and implement adjustments in cooperation with the workforce, including different teams and levels, so that the changes made are impactful and enacted in a timely manner. These adjustments and actions should be embedded within existing systems and processes regarding employee health and wellbeing.

It is not necessary to have an HR department, wellbeing team or employees with sole responsibility for these functions in order to support employees experiencing menstruation and peri/menopause at work (although if these resources are available, they should be used to their full advantage). Small changes can go a long way towards supporting employees to successfully work while managing menstrual and peri/menopausal health.

Poorly controlled physical workplace factors can worsen someone's experience of peri/menopausal symptoms. These factors can include the inability to control temperature, poor air quality, inadequate ventilation, high humidity, inadequate rest or toilet facilities, exposure to chemicals and a lack of access to cold drinking water. These physical workplace conditions are likely to be under consideration in all organizations.

NOTE 1 The Workplace (Health, Safety and Welfare) Regulations [8] cover a wide range of welfare issues that organizations are required to address, such as ventilation, temperature, drinking water and facilities for rest.

Examples of adjustments that can be implemented to support employees are included in 5.2 to 5.7. The examples have been categorized for ease of reading; however, the adjustments might overlap for a range of situations, and they are not an exhaustive list. All available adjustments should be easily accessible to all employees (including women, trans men and non-binary people) without the need to disclose the reason.

The adjustments made are likely to vary depending upon the industry and should be person-specific. However, they should not unduly hinder the employee's ability to perform their contracted role.

[Annex C](#) provides a checklist with several of the recommendations and adjustments mentioned in this British standard. This can serve as a support tool when reviewing potential implementation ideas.

NOTE 2 It is important to recognize that there is a difference between "adjustments" in the generic sense and the statutory requirement for an employer to make "reasonable adjustments" where an employee is deemed to have a disability pursuant to the Equality Act 2010 [1].

It is important to recognize that some employees who have underlying health conditions (see [Annex A](#)) might at times experience symptoms and/or pain that require sick leave and/or flexible working arrangements. In some workplaces, using sex-specific policies such as "menstrual leave" might result in problematizing a group or individual. Rather, leave should be covered by sickness and absence management policies that can take into account menstrual and peri/menopausal symptoms. Employees who do require sick leave for this reason should not be penalized; it is recommended that this is documented in the organization's absence management policy and that employees and managers are made aware of this.

NOTE 3 Statutory Sick Pay (SSP)³⁾ is currently structured in a way that does not always adequately support those with fluctuating symptoms.

5.2 Physical aspects of work

Employees who experience menstrual and peri/menopausal symptoms work across diverse settings, some of which expose workers to various occupational hazards and risks. Examples include noisy workplaces, chemical exposures, prolonged standing or sitting, working away from an office base, frequent manual handling and/or highly repetitive handling. In addition, some workers are peripatetic. Simple changes can be made to improve the experience of symptoms for employees in these environments. Any changes made to the physical working environment are likely to benefit all workers, creating a better workplace for all. Adjustments made should account for existing risk management controls as well as individual needs, particularly in complex or high-risk environments. Options that can be implemented to help employees manage symptoms include the following.

- Provide quiet spaces for short-term recuperation, rest and management of symptoms (e.g. for an employee experiencing hypersensitivity to noise).
- Ease of access to toilet or shower facilities and, where possible, some self-contained toilet facilities with washbasins inside the cubicles. Placing the washbasin, soap dispenser and paper towels within reach of those seated on the toilet supports the use of sustainable menstruation products such as the menstrual cup. Consider peripatetic/mobile staff (e.g. postal, transport,

³⁾ SSP only starts after three days of sick leave. Information can be found at <https://www.gov.uk/employers-sick-pay/entitlement>.

delivery, emergency services and care workers) and shift workers who might have limited access to suitable facilities unless help is given to source these.

- Offer discreet places to change clothes, wash and dry, or manage menstrual or menopausal symptoms. These spaces should be easily accessible by any employee who needs them.
- Provide easy and free access to menstrual products as well as hygienic disposal in all toilet and changing facilities.
- Recognize that thermal comfort differs from employee to employee. Where practicable, allow windows to be opened, and localized fans (desk or handheld) or a heat source to be used.
- Identify areas in the building that are naturally warmer or cooler (e.g. allow access for employees to cool down in unheated staircases).
- Where uniforms are required to be worn, provide a comfortable size, ideally made from breathable natural fabric (such as cotton or bamboo), and easy to launder. Allow options for additional items and a range of sizes to meet individual requirements, which might fluctuate (elastic or adjustable waists can be particularly helpful).
- Check if personal protective equipment (PPE) can be made more comfortable without compromising safety and health.
- Assess the use of natural materials in the building or in workplace furnishings which can help with thermal comfort. Choose finishes and fabrics that are breathable and stay cooler. Add fabric cushions or covers to plastic seats.
- Assess the potential impact of strong scents or odours (e.g. food facilities, chemicals). Some employees might experience olfactory (smell) hypersensitivity and might find it highly discomforting to be in an environment with a strong scent or odour.
- Where hot desking (usage of non-allocated seating) is in operation, it is helpful to provide desk plans with as much information as possible, such as where sunshine is strongest at certain times of the day, physical proximity to washrooms, quiet rooms, and where to find warmer or cooler parts of the building.
- Provide blinds or curtains to block out bright sunlight. Install and maintain appropriate lighting, taking care to reduce any flicker which can trigger photosensitivity and headaches.
- In humid conditions, where possible, provide de-humidifiers and options to increase air movement.
- In addition to appropriate air conditioning or cooling, use lighting that has a cooler colour temperature in environments that are likely to be hot due to the nature of the work (e.g. where heat-generating processes are used).
- Assess lighting and noise levels in tandem with health and wellbeing considerations.

NOTE Guidance on sensory-friendly environments can be found in [PAS 6463](#).

- Provide easy access to cool drinking water, warm beverages and snacks (as some medication might need to be taken with food). If a site is remote from facilities, consider selling or providing food and refreshments on the premises.
- For mobile jobs requiring long periods of standing or physical activity, consider the option to allow someone to sit for short periods of time.
- Provide comfortable seating and opportunities to stand up, stretch or move around if the job involves sitting for long periods of time.
- Provide a quieter area for focused work or consider alternative noise reduction options (such as improved acoustics).

- Review risk assessments, where appropriate, to verify they include a reproductive health and wellbeing component as well as a physical and mental health assessment. Assessments might be necessary to monitor the impact of work on the employee and the employee's ability to complete the allocated tasks.

5.3 Policy guidance and practice

To facilitate a fair and consistent approach, relevant organizational policies should be reviewed and cross-referenced. Providing clear and consistent guidelines across the organization supports line managers, supervisors and employees to have productive and open discussions about menstrual health and peri/menopause at work. When introducing changes to the relevant policies, it is good practice to consult with the employees who could be impacted. The consultation group should include representation from a range of employees in different roles, including representation of the demographics of your organization. Privacy and confidentiality should be protected to encourage participation and open discussion.

The organization's approach to menstrual and peri/menopausal health should fit with the organization's overall wellbeing and health strategies, policies and procedures. This increases the likelihood of any steps taken being effectively implemented and embedded into practice and culture.

The following are policy-related recommendations.

- Consider how the organization's approach around menstruation and peri/menopause can be integrated into existing policies. A standalone policy benefits from cross-referencing or merging a range of elements to improve inclusion of all employees, e.g. health and wellbeing.
- Reflect on which other policies are relevant and can be used by managers and employees to help support menstrual and peri/menopausal health (e.g. diversity and inclusion, performance management, sickness and absence, flexible working), and review all relevant policies to create a consistent approach.
- Review organizational procedures to support the implementation of the policies and actions.
- Effectively communicate policies to everyone in the organization (managers and HR should understand the contents and implementation of these policies).
- Establish a pathway for managers to achieve a good awareness and understanding, including compliance obligations regarding health and safety, and equality, diversity and inclusion.
- Verify that absence or attendance management processes allow for menstrual and peri/menopausal symptoms and experiences.
- Implement recruitment, training and progression practices which are inclusive of menstrual and peri/menopausal health (e.g. maintain access to training while adjustments are in place). See [Annex D](#) for examples of recruitment considerations.
- Consider the use of "inclusion passports". These are short documents which can help employees and managers record agreed adjustments. If an employee's role or line management changes, it can be a tool to facilitate continuity.
- Review consultation routes to discuss changes.

5.4 Supportive workplace cultures

Adopting appropriate policies is key. However, establishing policies on their own is not sufficient to counter the societal and workplace stigma surrounding menstruation and peri/menopause. Cultivating a healthy workplace culture is a critical part of making positive change.

Creating an inclusive culture that takes into account menstruation, menstrual health conditions and peri/menopause not only involves celebrating diversity of experience, but also openly challenging

cultural prejudice and stigma that can negatively impact or undermine the value and contribution of employees. Shaming, bullying, blaming, joking, dismissing, problematizing, disbelieving or pathologizing menstrual or peri/menopause experiences should not be tolerated in the workplace.

NOTE For further guidance on diversity and inclusion, see [BS ISO 30415](#).

[Annex E](#) provides support and examples of initiatives to facilitate culture change.

The following recommendations promote supportive workplace cultures.

- a) Cultural curiosity relating to menstrual health and peri/menopause is key to building organizations that value diversity, equality and inclusivity.
- b) Clearly define how the senior leadership team is accountable and responsible for implementing the organization's approach to supporting employees through menstruation, menstrual health and peri/menopause. It might be appropriate to designate a senior leader with responsibility for advocating for menstrual and peri/menopausal support.
- c) Provide employees with access to resources or education on self-help and practical actions that they can adopt. Most employees can manage their symptoms with medical or self-help interventions, such as changes in diet, supplements, exercise, heat packs or medication. Resources can include sign postings to external sources or an employee network (see the "Further reading" for references).
- d) Introduce menstruation and menopause advocates with suitable training (see [E.3.3](#)), oversight and resources. An advocate should have reasonable capacity to undertake this role alongside their existing role(s). The advocate should understand how diversity, inclusion and intersectional disadvantage impact on menstrual and peri/menopausal experiences.
- e) Build awareness of how symptoms of menstruation or peri/menopause (e.g. brain fog, body pain) can affect an employee's confidence and ability. This can help colleagues to be compassionate towards each other and create a positive work environment.
- f) Implement regular confidential check-ins with all employees, or those who have requested or discussed additional support needs, so they can raise any issues or concerns they have about managing symptoms in the workplace.
- g) Provide adequate training and resources for line managers and supervisors, who are often the first point of contact when discussing menstrual health or peri/menopause at work. Training provided should include an overview of the diversity of experiences.
- h) Verify that HR and/or line managers are familiar with the organization's policies and procedures, and the resources available for supporting employees whose working life is being affected by menstruation and peri/menopause.
- i) Set up informal support groups to discuss concerns or plan wellbeing activities (see [E.1](#) for ideas).
- j) Improve awareness of potential health disparities that are evident in employees from minority ethnic groups and the stressors these can create. Employees from different backgrounds face different stressors. For example:
 - 1) within some communities, there is a higher prevalence of polycystic ovary syndrome (PCOS), which can create infertility; this can be both a physical and mental burden. Organizations can assess a supplier's commitment to diversity when arranging support services, such as access to counselling or redirection to a GP; and
 - 2) women of some faiths are not permitted to use toilet or wash facilities that have been used by a man outside their family. When providing workplace facilities, consider the worker demographics to meet their needs.

5.5 Work design

The design of work can have a major impact on an employee's engagement, motivation, and physical and mental health. The organization should consider the work environment, as this has the potential to affect menstrual and menopause experiences both negatively and positively (see [5.2](#) for support ideas for the physical aspects of work). The organization should also identify and address workplace psychosocial hazards. This includes exploring the consequences of the way work is organized, and its social and physical aspects, and then addressing these using the recommendations below.

NOTE 1 [BS ISO 45003](#) includes useful tables to assist in identifying which aspects of work can make activities less tolerable and how controls can be put in place.

Flexible working that positively supports menstrual health and peri/menopause can take various forms. It can relate to the role or a task's duration (ad hoc, short or long term), place (homeworking, changing locations in the same workspace) and scheduling (shift changes, splitting breaks, number of hours worked and start/finish times). Using flexible work approaches to make small or micro adjustments has a positive impact for the majority of employees, with little resource implications. Providing employees with access to flexible approaches can also benefit those who are indirectly impacted, such as partners, families or friends.

The following are work design recommendations to consider.

- Provide ways to take time out during the day, such as by splitting lunch breaks into multiple shorter intervals or allowing lunch and other breaks to be combined and extended. (Unplanned breaks can be important, e.g. for employees experiencing flooding; see [A.2](#).)

NOTE 2 Most employees require only 30 min to 1 h to attend to the most common pain-related symptoms, and often a few minutes is sufficient to recover from a severe hot flush. Some might require a longer break to allow them to go home, shower and change their clothes.

- Consider the possibility of options for flexi leave that allow an employee to work longer hours on some days and use accumulated hours to have a day off or shorter days when needed.
- Allow flexible start and finish times (where practicable, allow off-peak travel).
- Consult employees on their preferences. Do not assume that homeworking, significant leave or full days off are required or desired by the employee.
- Check the suitability of certain tasks and assess whether tasks can be re-allocated to lessen stress; such as by reducing front-facing hours or heavy lifting (see [B.1.2](#) for further ideas).
- As part of normal cover arrangements when an employee requires unplanned leave, assist with contingency planning to cover short-term absence to avoid leaving their team in a difficult position, and discourage presenteeism.
- Develop line management guidance on how to assess job demands and the parameters of the role when making decisions around flexible working.

5.6 Inclusivity in menstrual health and peri/menopause at work

To support employees with their menstrual and peri/menopausal health, it is important to understand how experiences vary and can affect employees differently. Line managers, HR and menstruation and menopause advocates who are aware of the impact of intersectionality have a better understanding of the diversity of experiences, and support employees from diverse backgrounds more effectively. Organizations should offer education or training to increase knowledge of gender and intersectional inclusivity in relation to menstrual health and peri/menopause.

The following considerations can increase employees' awareness and improve their response to a range of different needs.

- Generate cultural sensitivity and awareness.
- Assist employees who might have difficulties advocating for themselves. Appropriate guidance should be consulted.
- Disabled employees, or those with underlying medical conditions, might experience additional side effects and complications related to both menstruation and peri/menopause. Employers should be aware that any adjustments previously agreed might need to be reviewed to accommodate and help alleviate changes.
- Consider neurodivergent employees, who might find that existing challenges (such as sensory sensitivity, executive function, emotional regulation and sleeping difficulties) are exacerbated.
- Consider whether any risk assessments employed are gender sensitive and identify work-related conditions that might exacerbate menstrual or peri/menopausal symptoms.
- Consider that trans men, non-binary and gender non-conforming people can menstruate and experience menopause. A person's gender identity, gender expression, or trans status does not dictate whether they menstruate, their menstrual cycles or whether this is likely to change or not. The issues, concerns and stigma surrounding menstruation and peri/menopause in the workplace that affect women can also affect trans men and non-binary people. A principal concern specific to trans men around menstruation and peri/menopause might be being outed or outing themselves in the workplace as trans. Organizations should create a trans-inclusive work environment to support all colleagues. Using gendered language, such as dismissing menstrual health and peri/menopause as a "women's issue" or using terms such as "feminine hygiene", can undermine women, trans and non-binary people. Consider how such terms can undermine employees, negatively impact their wellbeing, and could also amount to indirect discrimination depending on the circumstances. Phrasing such as "women's problems" or "women's issues" can be interpreted as derogatory. Awareness around using exclusively gendered language can help acknowledge that menstruation, menstrual health and peri/menopause can also be relevant to gender non-conforming employees.

Organizations can take the following actions to better accommodate employees of all genders and gender expressions.

- Use neutral language around menstruation and peri/menopause (e.g. "menstrual or period products" rather than "sanitary or feminine hygiene products").
- Use inclusive language throughout policies, promotional or network wellbeing events.
- Provide gender-neutral toilets in addition to separate male and female facilities. All toilet facilities should provide bins inside of the cubicles.
- Provide menstrual products in all toilet facilities and/or in gender-neutral and discreet locations.
- Create or engage with relevant staff networks or appoint workplace menstruation and menopause advocates who have knowledge of gender inclusivity (this could be trans-specific or LGBTQIA+).

By building employees' awareness of the cultural and intersectionality issues associated with menstrual and peri/menopausal health, and introducing specific training for managers, both the employees and the organization are more likely to flourish together. Furthermore, increasing awareness helps to break stigma and prevent managers and colleagues from stereotyping or assuming that a specific group might not require any support. Organizations that embrace and incorporate differences into the work culture are not only seen as modern employers, but also as desirable places to work. Implementing and maintaining good communication, policies and processes is key to supporting all employees' wellbeing.

5.7 Examples of role adjustments

[Table 3](#) shows examples of adjustments that organizations can take to help employees in different job roles. This list is not exhaustive and examples of adjustments can overlap for different roles. Those reviewing these examples should remain mindful that any adjustment made should not expose employees to occupational risk. Therefore, adjustments need to be implemented on a case-by-case basis and considered carefully in light of the job role, risk and potential for harm.

Table 3 — *Examples of adjustments for different roles*

Mobile/Physical roles without easy access to facilities, e.g. police officer, postal worker, electrician	Static roles, e.g. cashier, security guard, call centre worker	Highly physical roles, e.g. carer, warehouse operative, catering staff	Public-facing roles, e.g. director, receptionist
Limit time spent wearing PPE. Provide additional or alternative uniforms.	Adjust uniforms (e.g. looser fit, the use of natural fibres, darker colour and extra supplies).	Check if PPE is appropriate in terms of size and materials. Offer lockers to store a change of clothes.	Provide options for part-time or flexible working.
Allow sufficient breaks and privacy to attend to menstrual needs (e.g. during long shifts). Alter schedules to allow for the use of facilities during the working day. Implement later start times or avoid night shifts when sleep is significantly disrupted.	Provide opportunities for temporary shift pattern changes. Incorporate regular short breaks in the work pattern and provide flexibility for the timing of breaks.	Provide the flexibility to take additional breaks. During these breaks, it can be helpful to access fresh air. If requested, allow temporary adjustments to be made to duties without repercussions (e.g. enable job sharing or contingency planning for temporarily lighter roles).	Provide options for flexible working and breaks or review scheduling considerations. Provide recording device to help with note taking for future reference.
Review risk assessments for manual handling or work requiring repetitive movements which might be uncomfortable (when appropriate).	Enable the ability to adjust artificial light or lower blinds for direct sunlight.	Provide comfortable working temperatures and levels of humidity.	Explore options for temporary job sharing. This can be incorporated as a vehicle for talent development.

5.8 Considerations for small and medium-sized enterprises (SMEs)

Every employer has a duty of care to support their employees. SMEs might have tighter financial or time resources, or different possibilities for flexibility compared to larger organizations. SMEs often have the ability to be more agile and adjust more quickly. Even with minimal resources, it is still possible to create a comfortable work environment, enable a flexible work design, generate a positive workplace culture, and create more awareness.

NOTE Review the example adjustments listed in [5.2](#) to [5.7](#) to understand what can be offered.

Specialist menstrual and menopausal health advisory organizations often offer free resources that can be adopted and tailored to an organization's own needs (care should be taken to use resources from reputable sources). Smaller organizations can also consider the opportunity to collaborate with other organizations to provide forums for discussion or a menstruation and menopause advocate. Support might be available from trade associations, local health/community hubs or trade unions.

Taking menstrual and peri/menopausal health into account in an organization's policies helps everyone understand how these experiences affect employees, who to contact within the organization to discuss related queries, and what resources and/or training are available. As a starting point an organization can also put in place guidelines rather than formal policies which can be more time consuming to develop.

SMEs might not have a dedicated HR department, wellbeing team or occupational health professional. However, the capacity to provide menstrual and peri/menopausal support is not dependant on these roles. SMEs can leverage low-cost solutions with a big impact. Asking the following questions through the lens of someone experiencing menstruation or peri/menopause is a useful start.

- What is the organization's work culture like? Is there an openness around other sensitive and sometimes taboo subjects?
- What is the organization's commitment to and knowledge of equality, diversity and inclusion like?
- What do employees know about menstrual and peri/menopausal health?
- What physical and mental health support can be provided to employees?
- What wellbeing initiatives does the organization already have in place?
- What has been done previously and did the adjustments create a positive change?
- What support is available from the government and other stakeholders that could be utilized to facilitate better workplace support?

Possible solutions depend largely on the size of business, availability of resources and the answers to the questions above. Examples of solutions that SMEs have reported using include:

- a) organizing (virtual) awareness workshops and conversational forums/listening circles with all members of staff to open up the conversation on menstruation, menstrual health and peri/menopause;
- b) suggesting that employees explore community menopause support forums available online which are either open to all or for specific groups only, such as people living with HIV, LGBTQIA+ people, black women, etc.;
- c) appointing menstruation and menopause advocates;
- d) creating a wellbeing page/hub that employees can use to familiarize themselves with the resources and available support;
- e) utilizing government schemes or services for SMEs; and
- f) engaging with charities/not-for-profit support organizations.

In terms of the recruitment process, [5.5](#) outlines principles that help organizations to redefine mindsets toward more inclusive job design, reflect on what to consider when advertising for a role, and assess if any adjustments can be made throughout the recruitment process. Where possible, if there is a specific employee who manages recruitment, they should be provided with suitable training or resources on how to promote diversity and inclusion throughout the recruitment process. See [Annex D](#) for more information on how to avoid generating recruitment barriers.

5.9 Evaluation and metrics

Before implementing or creating an action plan, the organization should conduct an initial evaluation, benchmarking exercise, or gap analysis of current levels of employee satisfaction and wellbeing to establish a baseline.

There might be existing data that can support these actions or information available from other similar organizations. Review current data collection methods to establish changes needed to facilitate the monitoring and evaluation of menstrual and peri/menopausal health initiatives.

Using people analytics can support organizations to understand the impact of awareness activities and adjustments. To implement ongoing changes, it is important to use some method to measure how successful the changes have been. This can take the shape of collecting quantitative and qualitative data. When analysing data, the organization should consider other factors which could have had an impact on the results before drawing conclusions and assess whether the data provide an accurate representation.

When selecting evaluation methods, it is recommended that measurements relate to all ages across all job roles. Consider using methods that allow for a gender split comparison and further analysis against protected characteristics to demonstrate possible additional support requirements for employees with intersectional experiences.

Some evaluation methods and metrics which can be helpful are as follows.

- Review the employee demographics, gender and age distribution to indicate possible additional occupational health risks.
- Analyse exit interview outcomes to identify workplace impacts on social and health issues.
- Assess employee satisfaction and wellbeing, such as by including questions relating to menstrual health and peri/menopause experiences in wellbeing surveys.
- Monitor attendance at training and/or awareness sessions.
- Analyse employee recruitment, retention and promotion data.
- Explore sick leave data to determine changes in reporting.
- Collate access rates of e-learning packages, resources and website traffic.
- Check on the use of employee assistance programmes (EAPs) and OH support for menstrual and menopausal health-related conditions.
- Capture the characteristics of employees using flexible/agile/homeworking policies.
- Monitor discrimination claims relating to gendered ageism/sexism and ableism referring to menstrual and peri/menopausal health.

To gain leadership commitment, it might be necessary to present the financial implications and consequences of non-action. A cost-benefit analysis can be used. The organization should assess some of the following elements when analysing the benefits.

- Expected future cost savings.
- Costs avoided due to providing reasonable adjustments (e.g. tribunal/reputational costs as a result of failing to make reasonable adjustments and/or facing discrimination claims, costs to advertise and re-hire, induct and train, and associated administrative costs).
- Productivity gains and loyalty.
- Employee benefits of wellbeing and convenience, which are likely to result in increased motivation and productivity.
- Innovation driven through diversity and inclusion.

NOTE One of the methods that can be used to understand the financial implications of non-action is the “cost to re-hire” calculation. It is estimated that the cost can range from six months’ to two years’ salary. For example, according to the business advice organization, Accounts and Legal, the average cost to re-hire someone who earns an annual salary of £27 721 is around £12 000⁴⁾, increasing to two years’ salary for senior levels⁵⁾. PD ISO/TS 30407 might be a helpful tool. The organization can also take into account the loss of talent, expertise, skills and corporate knowledge.

⁴⁾ Available at <https://www.accountsandlegal.co.uk/small-business-advice/average-employee-cost-smes-12-000-to-replace>.

⁵⁾ Available at <https://www.dgm.com/the-high-cost-of-losing-an-employee/>.

Annex A (informative)

Further reading on menstrual and menopausal health

A.1 Menstrual cycle and symptoms

The menstrual cycle is governed by natural changes which usually result in monthly bleeding. This process typically happens in a 28-day cycle; however, there are significant individual variations. Irregularity of the cycle can be more common in the years leading up to menopause.

The most common symptoms experienced during a cycle (during or shortly before menstruation) without an underlying health condition include:

- a) blood loss;
- b) menstrual cramps/pain;
- c) mood changes;
- d) digestive changes (bloating, constipation, diarrhoea);
- e) worsening of existing muscle/joint/back pain;
- f) breast pain and/or swelling;
- g) fatigue;
- h) headaches;
- i) poor sleep quality; and
- j) temperature hypersensitivity.

Most of these changes fall within the range of typical/healthy experiences and do not necessarily impact greatly on day-to-day activities.

NOTE 1 Mood changes are typically felt in response to irritating, distressing or joyful external triggers, and can be enhanced by physiological processes.

According to the evidence, 71% of people who menstruate experience menstruation-related pain at some point in their life [6]. However, most symptoms experienced are not severe. When ongoing symptoms are severe, an underlying issue such as fibroids, adenomyosis, endometriosis, PCOS, heavy menstrual bleeding (HMB) or premenstrual dysphoric disorder (PMDD) might be the cause. It is important to recognize that underlying menstrual health conditions can create extra challenges for employees. Many conditions are triggered or worsened by the menstrual cycle; for example, someone with fibromyalgia might experience worsened pain immediately before or during menstruation.

NOTE 2 Research about menstrual and menopausal health in the UK is available. However, within this research people from minority ethnic backgrounds are underrepresented. This might lead to an incorrect notion that employees from a minority ethnic background do not need support. In addition, certain ethnic groups might have a predisposition that increases the likelihood of specific disorders, such as sickle cell anaemia, type 2 diabetes, hypertension or cardiovascular disease. For example, people from black and Asian backgrounds have a higher incidence of fibroids. When these health issues are coupled with peri/menopause, the impact becomes less easy to manage.

A.2 Perimenopause and menopausal health

As perimenopause occurs over several years, it is better to regard menopause as a transition and not a one-time event.

During perimenopause, the frequency and nature of symptoms are commonly unpredictable. This uncertainty can leave the employee feeling vulnerable. For certain employees, the changes brought on by perimenopause can lead to “flooding”. Even with strong menstrual protection, “flooding” can occur very quickly, making it extremely challenging for employees to leave their homes or be away from toilet facilities and menstrual supplies for a long period of time. In addition to being distressing and fatiguing, excess menstrual bleeding can have a negative impact on finances if the employee finds themselves having to replace stained clothes and spend more money on menstrual products. It is important to understand and acknowledge “flooding” and the uncertainty it creates, as it is more common than expected.

NOTE 1 “Flooding” refers to heavy menstrual bleeding that can cause bleeding through clothing in a short time frame.

For the majority of employees, perimenopause changes are mild to moderate, intermittent rather than chronic, and temporary.

Even though perimenopause is usually self-managed and is a healthy process, some employees might experience difficulty or distress as a result of certain changes. A minority of employees might experience moderate to severe changes, for which medical advice is suggested to rule out any underlying health issues and to discuss treatment options.

Some employees experiencing perimenopause changes might feel obliged or even forced to leave their jobs. This can be avoided if organizations have more flexible working conditions, offer adjustments, and refer to good-quality medical advice.

Putting in place relevant policies and adjustments (see Clause 5) helps an organization to meet the needs of the vast majority of employees experiencing perimenopause changes. It should be recognized that some employees might not be able to take medications. For those with a familial or personal history of certain cancers or other health issues, medications might increase other risks, or the employee might choose not to take medication for other reasons. GPs might recommend a range of different support practices. In these cases, workplace policies concerning chronic health conditions and disabilities should already be in place to help organizations make adjustments for the employee during this temporary, but sometimes long-lasting, phase.

NOTE 2 Attention is drawn to the Equality Act 2010 [1]. Menopause or conditions related to menstruation might amount to a disability if the impact of the condition or symptoms on the individual satisfy the definition of “disability” under section 6(1) of the Equality Act 2010 [1].

There are different types of menopause transitions and these can occur at various times in an employee’s life. While menopause usually happens between the ages of 45 and 55 [9], it is important to recognize that some employees can experience early or late menopause. Some employees experience induced menopause, either through a medical procedure or because of another health event or treatment (such as cancer); this can occur at a much earlier age than natural menopause. Early menopause before the age of 40 can also be caused by premature ovarian insufficiency (POI).

NOTE 3 Cancer is automatically considered a disability under the Equality Act 2010 [1].

Employees who undergo a hysterectomy (a surgical operation to remove the uterus) might also have their ovaries removed at the same time. Removal of the ovaries immediately brings on menopause. A hysterectomy can be a necessary procedure, regardless of an employee’s age, to treat health issues such as long-term pelvic pain, fibroids, certain cancers, or even heavy menstruation where no other

treatment has worked. Hysterectomies that do not involve the removal of ovaries might still bring on earlier menopause.

Induced temporary menopause can occur in younger employees; for example, among those with endometriosis prior to surgery. Induced menopause results in similar symptoms to natural menopause and those going through it might also need support. This support might be for both physical symptoms and the psychological impact of experiencing something not typical for someone of their age and not well understood by many.

A range of health issues can influence the onset of an employee's menopause. In addition to the numerous emotions experienced when transitioning through menopause, the employee can feel a sense of loss of control. Varied experiences can trigger additional requirements around sensitive health and privacy concerns for both physical and psychological symptoms.

There are significant differences in the number and severity of symptoms experienced during menopause across different cultures and geographies. Some employees might not notice any menopausal symptoms aside from less regular periods. The most common symptom in the UK is "hot flushes", which are characterized by a sudden feeling of heat on the upper body that usually lasts for minutes. This is often accompanied by flushed skin and sweating, and can also include feelings of nausea, dizziness, a racing heart, headaches, and even anxiety. Hot flushes can disrupt sleep and lead to fatigue, sometimes affecting an employee's ability to work.

Some of the following signs and symptoms could indicate that someone is experiencing menopause:

- loss of menstruation or irregular menstrual bleeding;
- fatigue and difficulty sleeping;
- hot flushes and night sweats;
- mood changes, including irritability, anger, lack of self-confidence, intrusive and dark thoughts, depression and anxiety;
- difficulties with memory, finding words and concentration (sometimes described as "brain fog"), which can affect confidence at work;
- cardiovascular disorders, including hypertension, palpitations, tachycardia;
- headaches that are worse than usual, including migraines;
- muscle and joint stiffness, aches and pains, and osteoporosis;
- needing to urinate more often and more urgently (reduced oestrogen can lead to bladder leakages);
- recurring urinary tract infections;
- carpal tunnel syndrome;
- dry eyes, which can be exacerbated by computer screen work;
- skin changes, such as dry and itchy skin, and acne;
- hair loss; and
- genital dryness and soreness that can make sitting down for a long time or moving about uncomfortable.

Each employee's experience of peri/menopause is unique and it is important to recognize that symptoms can cross over with other health conditions. For example, some of the symptoms listed above could also be symptoms of long covid, thyroid disorders, autoimmune diseases, fibromyalgia or chronic fatigue syndrome. An employee who has one of these conditions might find that it is worsened by the menopause changes.

Annex B (informative)

HR and line manager toolkit

B.1 How to have a confidential conversation and consider workplace adjustments

B.1.1 Practical guidance

Before initiating a confidential conversation, the HR guidance or internal policy should be reviewed. If an employee is not comfortable talking to their line manager, it is good practice to have an alternative person available, such as an appropriately trained menstruation and menopause advocate, another manager or HR staff member.

It is often beneficial to allow the employee to take the lead on the conversation. However, these guiding questions might help if the employee needs some prompting during the discussion.

- If the employee requested a meeting: I am glad that you have requested a meeting, is everything okay? How can I best help you today?
- If a manager has requested a meeting: I have noticed a change in you recently, and I am concerned about you. Is everything okay?
- Is there anything specific at work that increases your symptoms?
- What can we do to help alleviate any of these symptoms?
- If you are comfortable sharing this information, has your work schedule allowed time to seek medical advice? If so, did the medical advice you received help?
- Are you aware of the resources we have available to help with your health?
- Can we keep in touch with you to check you are getting the support you need?

The following list gives some recommendations on how to manage the conversation.

- Hold the conversation in a private environment without interruptions.
- Use active listening.
- Use open and non-judgemental questions to guide the conversation.
- Show understanding, an open mind and compassion.
- Do not share personal opinions.
- Be careful in sharing the personal experiences of others, as these can significantly differ from those of the employee you are speaking to.
- Use a personalized approach, where possible, as everyone is different.
- Talk in a calm manner while maintaining appropriate eye contact. The employee's communication style and preferences are to be taken into account.
- Do not rush the conversation and focus your attention on the employee. Where possible, help them to come up with their own solutions.
- Discuss preferred coping strategies and working patterns. It is important not to make assumptions on which options would be best, as experiences vary.
- Under no circumstance is a diagnosis to be given to an employee.

B.1.2 Examples of conversation topics and suggested adjustments

Employee A has requested a conversation regarding some issues they are having at work. The employee has recently watched a webinar on menstruation to menopause and they have now understood that their symptoms are affecting their ability to perform their role to their satisfaction.

NOTE Although an employee might reference symptoms they are experiencing, disclosing these symptoms might feel too personal for some to discuss.

The following questions could help to identify some suitable adjustments.

Questions related to symptoms that might be referenced in the conversation	Adjustments based on the conversation
<p>a) Cognitive and/or physical fatigue (these symptoms manifest differently; however, similar questions and adjustments might support both):</p> <ul style="list-style-type: none"> • Are you able to take a break? • How can we help you? What works for you? • Can the organization arrange flexible working, e.g. different start and finish times, locations, contingency plans? • Has your work schedule allowed time to see a GP? • Is there a way we can help you to record important facts that can be used at times when your focus is reduced? • Can meetings be spaced out to allow sufficient time to prepare for the next meeting? • If the employee refers to insomnia: Do any work-related triggers worsen your insomnia? 	<ul style="list-style-type: none"> • Provide information and instructions in writing, as well as verbally • Provide access to quiet spaces, either to work or for a time of restoration/recovery • Be aware of sensory stimulation. Increased sensitivity can be supported by the use of adjustable lighting and by avoiding highly contrasting or busy patterns, or vivid colours, and reducing noise and odours • Provide tools to help employees recall specific tasks or actions • Signpost to resources for additional support • Manage time effectively by spacing meetings • Provide a simple recording device to use in meetings for future reference purposes • Allow for flexible working and/or working from home • Allow time off for medical appointments • Provide seating when job role requires standing for long periods of time • Provide opportunities to move around when job roles require sitting for long periods • Proactively manage physical demands of work through shorter, more frequent rest periods • Avoid multitasking where possible to enable focus <p>The organization and employee might need to consider together whether the employee’s symptoms might affect their ability to temporarily do their role safely or expose others to harm; for example, within safety-critical roles or in roles where fatigue management policies are likely to apply due to the nature of the work undertaken (such as driving, and work in the rail, oil and gas, or construction industries).</p>
<p>b) Heavy and irregular menstrual bleeding:</p> <ul style="list-style-type: none"> • Can we support you in understanding what sort of working schedule might work best? Are you concerned about your work schedule? • Has your work schedule allowed time to seek medical advice? Are you able to take an unplanned break? 	<ul style="list-style-type: none"> • Provide adequate and accessible welfare/toilet facilities and make menstrual products available in all welfare/toilet facilities • Provide access to showers and the ability to change clothes during working hours • Allow for flexible working and working from home • Provide uniforms in a dark colour

Questions related to symptoms that might be referenced in the conversation	Adjustments based on the conversation
<ul style="list-style-type: none"> • Are the welfare/toilet facilities adequate for such a situation? • Can meetings be scheduled to allow breaks between meetings? • Is flexible working an option? • Can we arrange home working as and when required or on specific days? • Are there adequate menstrual supplies in welfare/toilet facilities? • Would a change of uniform/change of clothes, and somewhere to store your personal items, be helpful? 	<ul style="list-style-type: none"> • Provide a locker as a personal storage space • Enable the use of a health app tracker as a support tool • Manage scheduled meetings to allow comfort breaks
<p>c) Feelings of severe anxiety in certain situations:</p> <ul style="list-style-type: none"> • Are you aware of specific situations that trigger the anxiety? Are you comfortable talking about them? • Are there any support tools the organization can provide? • Can you arrange breaks when needed? • Can meetings be scheduled to allow time to prepare for the next meeting? • Can agendas be prepared in advance of meetings to enable you to fully prepare? 	<ul style="list-style-type: none"> • If possible, remove the triggers from the employee's environment • Provide a quiet rest area • Allow for flexible working and working from home • Signpost to resources for additional support
<p>d) Joint aches and pains:</p> <ul style="list-style-type: none"> • How frequent are your aches and pains and how long do they last? • Can the organization support you in some way to overcome this pain? • Has your work schedule allowed time to seek medical advice? Are you comfortable sharing this advice? • Can we provide any tools that would help you overcome aches and pains? • Is the work environment suitable, for example, the chair used and the height of the desk? • Is the work monotonous, increasing your aches and pains? • Is there any specific equipment that would make you more comfortable? • Are you able to stop what you are doing and change tasks when needed? • Would more frequent breaks spread over the work period alleviate the joint aches and pains? 	<ul style="list-style-type: none"> • Contact occupational health services or occupational safety and health professionals in the organization to advise on adjustments • Replace office furniture • Provide specific equipment (e.g. ergonomic vertical mouse) • Discuss changes in the scheduling of tasks and breaks to alleviate aches • Signpost to resources for additional support <p>If an underlying health condition (e.g. arthritis) is impacted and made worse due to menopause, then the employee can request an assessment for ergonomic solutions.</p>

Possible ways to conclude the conversation include the following:

- If the employee discusses any symptoms, ask whether they are getting adequate support from their GP and confirm whether a specific OH report is necessary.
- Signpost to NICE guidance and other credible resources that enable the employee to have a more meaningful and productive conversation with a practitioner. See the “Further reading” for examples of resources.
- Encourage the employee to use the wellbeing material and resources provided by the organization.
- Where necessary, confirm that any person-based risk assessment is actioned in a specific time frame (this might need to involve multiple stakeholders, including the employer, employee, HR, H&S, OH, or operational managers).
- If this conversation is had with HR, confirm whether the employee agrees to their line manager being made aware of the identified adjustments. While this is preferable, the employee can choose how much information is shared.
- Schedule a follow-up meeting while making it clear that the employee can speak to you at any time in advance of this.

[Table B.1](#) can be used by line managers or HR managers to provide the basis for a risk assessment and/or to action or monitor the adjustments put in place for an employee.

Table B.1 — *Example table for a general assessment and monitoring of adjustments*

Questions to consider	Yes/No/NA	Notes	Adjustments to be made
Do you have access to information on menstruation and menopause?			
Have any previous arrangements been put in place for you regarding menstruation and menopause in the workplace?			
Can you report sickness to a manager who has been trained and understands basic issues around menstrual and menopausal health?			
Are workstations near accessible toilets and rest facilities?			
Is there access to private washing and changing facilities?			
Are you able to take a break from your work or workstation to access toilets and rest facilities at a time of your choosing?			
Do you have enough space to work comfortably?			
Is there access to suitable period products and relevant facilities (bins, storage for stained clothing, etc.)?			

Table B.1 — Example table for a general assessment and monitoring of adjustments (continued)

Questions to consider	Yes/No/NA	Notes	Adjustments to be made
Are you able to adjust the temperature or ventilation of your working area, or take breaks to cool down/warm up when needed?			
Are the uniforms suitable (i.e. loose fitting, made of natural fibres, easy to change if needed)? Is spare clothing provided?			
Are there any concerns about the provided PPE?			
Are you able to find a comfortable position while working?			
Are you able to switch to lighter duties or different duties when needed?			
Do you have support tools available for manual handling tasks?			
Do you have stress management support in place?			
Can you easily request flexible working hours?			
Are you able to share tasks with team members on a temporary basis?			
Do you have peer support around you?			
Have you discussed your concerns with your manager?			
Which adjustment(s) take priority? Assign priorities and task owners with completion dates below			
Action required	Priority	Action owner	Completion date

B.2 Performance management considerations

Scheduling conversations with team members on their performance can provide line managers with opportunities to check their team members' general wellbeing and explore whether any further support is needed. It is recommended that managers conduct both overall assessment reviews (e.g. annually) along with regular one-to-ones. This enables them to provide employees with the necessary support to recover from any temporary reduced performance.

Consideration should be given to whether any underlying reasons might be adversely affecting an employee's performance.

Organizations often use tools and measurements to support performance management or absence management. It is important to assess whether the tools or measurements used might inadvertently or disproportionately disadvantage certain employees. Many tools calculate absence trigger points and when used well can help the organization initiate a safe wellbeing conversation with employees. The organization might, for example, refer an employee to OH or encourage them to seek advice from

a GP. Organizations that use absence trigger points to automatically sanction employees should assess whether such trigger points have been designed with cyclical symptoms in mind. If not managed well, cyclical symptoms can cause an increase in trigger points for absences and might present discriminatory risk to the employer.

B.3 Team management considerations

Line managers should aim to build trusting relationships where employees feel comfortable about raising health or performance concerns (including when employees' family members are going through a difficult time which impacts on them). It is important to recognize that employees might not feel comfortable sharing concerns in the workplace, particularly regarding menstrual or peri/menopausal health, as they might consider them private matters or fear prejudice and discrimination.

Line managers who are managing employees with additional needs play an important role in recognizing changes and providing support in an appropriate manner. It is important to refer to the existing management plan in these circumstances.

It can be helpful to change the traditional work design of the entire team to enable a flexible approach. For example, one team member might want to temporarily reduce their working hours, while another team member might be interested in increasing their monthly take-home salary.

Examples of practical ways of encouraging a new mindset within teams include:

- split shifts;
 - seating plans for the team;
 - job sharing/dual roles;
 - secondment opportunities;
 - annualized hours schemes;
 - varying start/finish times;
 - compressed work weeks;
 - time banking;
 - unplanned leave management;
 - working from home;
 - activity-based working;
 - team scheduling/flexible scheduling;
 - temporary re-assignment of duties when requested;
 - term-time working; and
 - multi-skilling within the team to allow more flexible coverage of key tasks.
-

B.4 Workplace risk assessments

As discussed in the Introduction, organizations have obligations regarding the health, safety and wellbeing of employees at work. This includes the use of risk assessments.

Given that menopause has the potential to impact on an employee's health and wellbeing if not managed well in the workplace, it is important to be proactive and assess the risks. When reviewing a risk assessment, this should be completed within the context of other specific health and safety risks, depending on the specific job type or role. It might be necessary for someone with relevant

experience and training to undertake a health and safety-specific risk assessment regarding potential changes in PPE, or a person-specific manual handling assessment if an employee's particular situation requires it.

Organizations that wish to evaluate the impact of menstruation and peri/menopause on their employees can use an approach adapted from [BS ISO 45001](#) as part of a workplace risk assessment.

The following issues can be assessed:

- Demand – Are employees able to discuss their workload, preferred working pattern or suitability of their environment?
- Control – How flexible is the role? Does the level of autonomy enable employees to deal with their symptoms?
- Support – Are credible internal or external resources or support available? Has training been provided? What is the general level of awareness of menstrual and menopausal health?
- Relationships – Are employees able to discuss their menstrual and menopausal health? Is this topic taboo? Does the gender distribution of the workforce influence the ability to openly discuss menstrual health and menopause?
- Role – Are expectations clear? Does the role impact on employees' management of symptoms (e.g. sitting at a call centre with targets and set breaks)? Does the role require long periods of concentration?
- Change – How is change managed and does it impact on symptoms?

NOTE See the "Further reading" for more information on risk assessment.

Annex C (informative)

Sample internal review checklist based on recommendations from this guide

The sample checklist in [Table C.1](#) is provided to help organizations conduct internal reviews when implementing the guidance and recommendations included in this document, and when carrying out the ongoing review of actions taken. Aside from the checklist, assigning colour codes to activities taken can be used as a heat map to visually track areas which have been addressed and those where further work is required.

While this document is applicable to any organization regardless of size or sector, each organization can develop its own approach, based on the specific needs and resources of the organization. This checklist can be modified to suit the size, nature and complexity of the organization. It can also be used as a gap assessment tool to highlight those areas requiring further work. Small and medium-sized organizations can tailor their approach by focusing on key gaps and priorities, and implementing the standard in a phased manner.

Table C.1 — *Sample checklist to review internal assessments*

Organization’s status regarding menstrual health and menopause recommendations	Clause	Assessment			Findings and next steps to undertake	Person responsible
		No action taken	Some action taken	Good approach in place		
All employees are encouraged to discuss menstrual health and peri/menopause (in a forum or in a confidential manner, depending on preferences)	4 5.4 E.1					
Informative resources are made available (using reputable internal or external sources)	4					
Employees or stakeholder representatives have been engaged in the adjustment of relevant policies and considerations for available adjustments	5.1 5.3					
Relevant organizational policies have been reviewed and cross-referenced	5.3					
Adjustments are available to all employees without stipulating a reason for the request	5.1					
Performance management or absence management tools/techniques are being used with consideration/knowledge of cyclical symptoms and do not discriminate against/penalize employees with menstruation or menopausal symptoms	5.1 5.3 B.2					
Employees can take a short unplanned break and welfare/toilet facilities are easily available during breaks	5.2 5.5					
Employees can make personal comfort adjustments (e.g. localized fan, seating, drinks, uniform or PPE adjustments, where possible)	5.2					

Table C.1 — *Sample checklist to review internal assessments (continued)*

Organization's status regarding menstrual health and menopause recommendations	Clause	Assessment			Findings and next steps to undertake	Person responsible
		No action taken	Some action taken	Good approach in place		
Procedures are in place to support the implementation of policies, training and communication	5.3					
The recruitment and progression practices are managed in an inclusive manner	5.3 Annex D					
The organization's leadership has shown commitment to improving the workplace culture and enabling adjustments	5.4					
The organization has trained and clearly assigned menstruation and menopause advocate(s)	5.4 E.3.3					
Line managers/supervisors have been appropriately trained (e.g. general awareness, available resources, available adjustments, managing conversations)	5.4 E.3.4					
The intersectionality of the workforce (e.g. ethnicity, age, gender, disabilities, neurodivergence) has been considered in trainings, communications, adjustments and awareness activities	5.4 5.6					
Measures to support gender non-conforming employees are in place (e.g. awareness of gendered language, suitable location to access, change and dispose of menstrual products)	5.6					
Workplace psychosocial and physical hazards have been identified	5.5 B.4					
Employees have opportunities to discuss flexible work arrangements	5.5					
Line managers understand and are prepared for potential effects of menstruation and peri/menopause on team members, with contingency planning in place for their team	5.5 B.3					
Job designs and descriptions have been investigated for potential bias/possible adaptations	Annex D					
There is an overall awareness across the whole organization of the impact of peri/menopause and menstrual health issues, and available resources/adjustments	5.4 E.1 E.3.2					
An approach has been agreed for monitoring the effectiveness of changes made and for capturing data on opportunities for improvements in implementation and outcomes	5.9					

Annex D (informative)

Recruitment considerations and ideas to reduce barriers

Under the Equality Act 2010 [1], it is unlawful for an organization to discriminate based on the nine protected characteristics, which include age, disability, sex, race, sexual orientation and gender reassignment. Organizations should verify that their recruitment practices operate in a non-discriminatory way.

[Table D.1](#) provides guidance on the different stages of recruitment and examples of how to reduce the barriers faced by those experiencing severe menstrual or peri/menopausal symptoms.

Table D.1 — *Examples of how to reduce barriers*

Stage in process	Considerations to reduce barriers
Job design/ Job description	<p>Organizations should assess how they can design each job to minimize the barriers and stereotyping faced by those experiencing menstruation, menstrual health or peri/menopause issues.</p> <p>Avoid stereotyping – do not give the impression that it is only older women who go through the peri/menopause. Trans men, non-binary and gender non-conforming people and younger women might also experience menopause. Therefore, all job designs should be considered through an inclusive lens.</p> <p>Step 1: Key objectives The first step in the job design is to consider the key objectives of the job.</p> <p>Step 2: Review the activities What barriers might be experienced due to menstrual health or peri/menopause while doing these activities? Could these activities be altered to reduce barriers while still achieving the objectives of the job? Start by reviewing the symptoms list and the adjustment suggestions in 5.7, and then check against the activities. Here are some examples:</p> <ol style="list-style-type: none"> 1. How might insomnia/night sweats/hot flushes impact on an employee’s working hours? Does the job have to be done at a particular time? Could the hours be more flexible? 2. How might long back-to-back meetings affect an employee’s concentration or performance when they are temporarily suffering from diminished mental capacity/insomnia/heavy periods? Would regular breaks be possible? 3. If the job involves work that is manual, outside, offsite or mobile, what adjustments can be put in place to support those who might struggle with body temperature control (e.g. hot flushes) or loss of blood (e.g. flooding)? <p>Speak to others around the organization, including current team members, line managers, HR, D&I teams, and wellbeing teams, and work collaboratively to gather insights and ideas. Exit interviews can be used to understand employees’ reasons for leaving, and if/how the job design affected this.</p> <p>Step 3: Update your risk assessments and policies (where required) Check which policies you have in place regarding wellbeing, health and safety, and sick leave. Update policies and risk assessments, where required, against the job design to account for menstrual and peri/menopausal symptoms.</p> <p>Step 4: Consider the words used in the job description In order for the language used in job descriptions to be inclusive and not biased, the relevant department should be consulted (HR, wellbeing, D&I) for advice. If there is no internal support, there are gender bias decoder options available online.</p> <p>Look at adding standard wording to the job description to say that activities can be adapted or resources can be provided to better support employees experiencing issues related to menstrual health or peri/menopause.</p>

Table D.1 — *Examples of how to reduce barriers (continued)*

Stage in process	Considerations to reduce barriers
Advertising	<p>Consider the following questions when advertising the role.</p> <ul style="list-style-type: none"> • Have previous adverts had a positive response and attracted applicants from a variety of different backgrounds? • Is the advert transparent? Does it include relevant tasks and skills? Does it provide concise information on the salary, timeline, recruitment process and deadlines? • Could information be included about the support that the organization provides in the job advert? See Clause 5 for examples.
Assessments	<p>Assess whether the method used is fair to all groups and does not disproportionately disadvantage certain groups with particular symptoms. To help with this:</p> <ul style="list-style-type: none"> • consider if online testing or lengthy assessments are necessary – can the assessment be done another way or incorporate breaks?; • verify that the test is easily accessible and consider the space in which the assessment takes place; • assess if instructions are clear and easy to read; and • consider potential bias within candidate assessments – are the assessments developed by people who are diverse in terms of age, gender, race/ethnicity, disability and neurotype?
Successful candidates for interviews	<p>When inviting candidates for an interview, provide information on how you support candidates who are experiencing menstrual or peri/menopausal symptoms. Encourage candidates to let you know if they need to reschedule the interview because of their symptoms and make it clear that this does not affect the outcome of their application.</p>
Interviews	<p>All interviewers should be aware of menstrual health and peri/menopausal symptoms and know what steps can be taken to prevent candidates from being disadvantaged.</p> <p>Encourage candidates to take the time they need to answer each question and to request a break in a well-ventilated room if needed.</p> <p>Communicate with candidates where they can access toilets and refreshments.</p>
Successful applicants	<p>The induction should cover health and wellbeing, and explain what support is available to workers experiencing menstruation and peri/menopause. This should include where information can be accessed and contacts that employees can reach out to when specific support is needed.</p>

Annex E (informative)

Initiatives to facilitate culture change

E.1 Activities to facilitate culture change

The organization should promote a supportive and open culture where conversations about menstruation and peri/menopause are encouraged and not considered problematic. It is beneficial to raise awareness and understanding around menstrual and peri/menopausal wellbeing and their impact in the workplace, not only with line managers but across the wider organization. Building awareness helps foster an environment where employees can share their stories and realize that they are not alone in this experience. It also prepares employees who are not yet experiencing peri/menopause, reduces the stigma surrounding menstrual health, and signposts employees to where they can access support. Awareness can be generated through activities such as:

- short educational recordings (bite-sized videos);
- interactive webinars with expert speakers;
- internal workshops in which employees from different teams join focus groups where they then can discuss relevant topics;
- sessions which consider the intersectionality aspects of lived experience, such as the menstrual and peri/menopausal experiences of LGBTQIA+ people, disabled people, people from minority ethnic backgrounds and neurodivergent people;
- awareness sessions for all employees, including guidance on equipping employees to deal with symptoms;
- informative events for employees who are indirectly impacted, and/or are supporting others, e.g. male-only informative events to encourage attendance by men, discussion forums for managers;
- events targeted at younger employees, e.g. discussions during young professional network meetings;
- guided discussion groups or subject-specific peer support groups. Depending on the size of the organization, these groups might be more general (e.g. a menstrual wellbeing group with a “menstruation to menopause” approach) or be dedicated subject matter peer support groups (e.g. endometriosis, adenomyosis, menopause);
- sharing the organization’s evaluation and monitoring reports/metrics/infographics;
- including evidence-based resources in internal newsletters;
- including menstrual health and peri/menopause as topics for “awareness days and months”. Menstrual health and peri/menopause can be included as topics within the agendas of more common awareness events that the organization might already hold on topics such as disabilities, LGBTQIA+, Black History Month and autism/ADHD. Alternatively, new activities could be scheduled to focus around, for example, Menstrual Hygiene Day (28 May), International Day of Action for Women’s Health (28 May), or Menopause Awareness Month, which is every October and includes World Menopause Day (18 October); and
- signposting to external evidence-based websites for information.

The sources of information used within awareness activities and communications should be checked for accuracy and be provided by a suitably qualified or experienced training provider using unbiased

evidence-based information. See the “Further reading” section of the Bibliography for potential information sources.

When arranging workshops or using external support sources, consider speakers and resources that can represent different minority ethnic backgrounds, ages and the intersectionality of the organization’s workforce. Allow employees to get involved in planning and delivery if they wish to.

The organization should also review its use of language or terminology. It is recommended that the organization’s information is presented in an inclusive and non-stigmatizing way. For example, terms such as “feminine hygiene” and “sanitary products” give the impression that menstruation is seen as “dirty”. Alternative terms that can be used include “period products” or “menstrual supplies” (cups, pants, pads, etc.).

E.2 Communication

A communication plan can be created to track activities, who is responsible, and expected outcomes and timescales. The plans can include annual or ongoing activities so that everyone is aware of the training, guidance documents, possible adjustments and resources available to them.

Communications should make it clear that the activities and organizational changes are inclusive of those who do not menstruate, and emphasize everyone’s role in creating a supportive and safe environment. See [E.1](#) for possible awareness activities.

NOTE The following questions can be a starting point:

- *What organizational changes and activities are expected and how can they influence everyone?;*
- *Why are the changes important?;*
- *Which stakeholders can be involved and how?;*
- *What resources are required?;*
- *Do we have the required expertise in house?; and*
- *What are the consequences of the organization not addressing menstrual health and peri/menopause (e.g. loss of talent and skills, gender inequality, discrimination, absenteeism, recruitment costs)?*

E.3 Training plans

E.3.1 General

The organization should establish which types of training would be helpful for different stakeholders and carry out the training alongside its communications activities. The organization should decide whether training attendance should be compulsory. Any training provided should be carried out by a person who has suitable knowledge or experience to deliver the content. Review and amend any gaps in existing training to cover cultural/ethnic menstrual and peri/menopausal health differences, and feature learning from lived experience.

E.3.2 Training considerations for all employees

It is recommended that the training given to all employees addresses the following topics.

- Stigma and the assumptions employees might already have about menstruation and peri/menopause, and how these are often incorrect, misinformed or not applicable to all experiences.
- Signs and symptoms of menstrual health issues and peri/menopause, and their personal and professional impact.
- Empowering employees to feel confident when talking about menstrual health and peri/menopause at home, at work, and with medical practitioners and specialists.

- How to address diversity and inclusion in the workplace.
- How to identify the physical aspects of work that might affect health and safety (e.g. ventilation, chemical exposure, prolonged standing or sitting) and how these concerns can be addressed where needed.
- Potential adjustments which might be appropriate to assist employees with their work and where to find available resources/support/policies used in the workplace.
- How to support a team member who is experiencing symptoms.

NOTE Attention is drawn to the legal obligations of the employer during training, including under the Equality Act 2010 [1].

E.3.3 Training considerations for menstruation and menopause advocates

Menstruation and menopause advocates have clearly defined roles, responsibilities and escalation points. These employees should be given the resources and support needed for this role. If they are appropriately trained, they can provide support by signposting to relevant information on menstrual health and peri/menopause. They can become a contact for information for an employee who is not comfortable talking to their line manager. An employee might have a preference to speak with a woman or another person who menstruates, as employees might feel more comfortable talking to someone who is going through or has gone through a similar experience. The advocate can be first point of contact and provide an initial listening ear; note this is not a counselling role.

NOTE A central email address such as *menopause@organizationname* can also be used to provide support and guidance.

The following topics should be taken into account.

- The role and boundaries of an advocate, including confidentiality and safeguarding.
- How to be a good listener, how to ask the right questions, and how to provide mental health triage and signpost counselling support where needed.
- How employees can overcome reduced confidence as a result of symptoms.
- How the advocate can protect their own mental health.
- How the advocate can have confident and culturally competent conversations on menstrual health and peri/menopause, including addressing concerns with line managers.
- Advice that can be given to employees on workplace adjustment options for symptoms, and advice on how to address concerns with a doctor or other medical professional.
- Where to find relevant, reliable and evidence-based resources. Health information should come only from professional and reputable providers (consider health care providers, health professional bodies, patient support groups and charities).

E.3.4 Training considerations for line managers

Line managers are often the first point of contact for employees with health concerns or changes in workplace needs. Therefore, they play an important role in supporting colleagues, and should be supported and equipped to act with respect, compassion and create an inclusive workplace. Given the line manager's supervisory and supporting role, they should receive awareness training before the wider employee pool.

The following topics should be taken into account.

- Strategies for proactively reviewing the team's and individuals' work design.
- Where to find supporting resources and the process for referring employees they manage for specialist help, OH or to HR.

- How to have positive and culturally sensitive conversations. Some employees might find it difficult to openly express what they are experiencing or might express this in unexpected ways. It is important for line managers to understand this so that they do not fail to recognize concerns or assume that support is not required. For more information, refer to [Annex B](#).
- When managing employees with additional needs, guidance on facilitating a sensitive intervention with the right support and recognizing changes in an employee.
- How to adapt performance reviews.
- What workplace factors are known to exacerbate signs and symptoms of peri/menopause and how these can be managed.
- What adjustments and support are available.
- How to manage difficult situations where an employee might be subjected to unfavourable treatment as a result of peri/menopause or menstrual health issues.
- Understanding the potential implications of getting it wrong.

E.3.5 Training considerations for HR staff

HR staff are there to support line managers, employees, and menstruation and menopause advocates. As such, they have a varied support role and are likely to be instrumental in the introduction of any initiatives and culture change. Given their role, HR staff should be provided with training before line managers receive their training and the wider employee pool is considered for awareness raising.

Bibliography

Standards publications

For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

BS ISO 25550, *Ageing societies – General requirements and guidelines for an age-inclusive workforce*

BS ISO 25551, *Ageing societies – General requirements and guidelines for carer-inclusive organizations*

BS ISO 30415, *Human resource management – Diversity and inclusion*

BS ISO 45001, *Occupational health and safety management systems – Requirements with guidance for use*

BS ISO 45003, *Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks*

PAS 6463, *Design for the mind – Neurodiversity and the built environment – Guide*

PD ISO/TS 30407, *Human resource management – Cost-Per-Hire*

Other publications

- [1] GREAT BRITAIN. Equality Act 2010. London: The Stationery Office.
- [2] GREAT BRITAIN. Health and Safety at Work etc. Act 1974 (Application to Environmentally Hazardous Substances) (Amendment) Regulations 2009. London: The Stationery Office.
- [3] GREAT BRITAIN. Management of Health and Safety at Work Regulations 1999. London: The Stationery Office.
- [4] DAISY NETWORK. *What is POI?*⁶⁾
- [5] BRUINVELS, G., GOLDSMITH, E., BLAGROVE, R., SIMPKIN, A., LEWIS, N., MORTON, K., SUPPIAH, A., ROGERS, J.P., ACKERMAN, K.E., NEWELL, J. and PEDLAR, C. Prevalence and frequency of menstrual cycle symptoms are associated with availability to train and compete: A study of 6812 exercising women recruited using the Strava exercise app. *British Journal of Sports Medicine*, 2021, **55**(8), 438–443.
- [6] ARMOUR, M., PARRY, K., MANOHAR, N., HOLMES, K., FERFOLJA, T., CURRY, C., MACMILLAN, F. and SMITH, C.A. The prevalence and academic impact of dysmenorrhea in 21,573 young women: A systematic review and meta-analysis. *Journal of Women's Health*, 2019, **28**(8), 1161–1171.
- [7] ENDOMETRIOSIS UK. *Endometriosis facts and figures.*⁷⁾
- [8] GREAT BRITAIN. Workplace (Health, Safety and Welfare) Regulations 1992. London: HMSO.
- [9] NATIONAL HEALTH SERVICE. *Menopause.*⁸⁾

⁶⁾ Available from <https://www.daisynetwork.org/about-poi/what-is-poi/>.

⁷⁾ Available from <https://www.endometriosis-uk.org/endometriosis-facts-and-figures>.

⁸⁾ Available from <https://www.nhs.uk/conditions/menopause/>.

Further reading

Menstrual wellbeing

BLOODY GOOD PERIOD. *Periods and menstrual wellbeing in the workplace: The case for change.*⁹⁾

GRANDEY, A.A., GABRIEL, A.S. and KING, E.B. Tackling taboo topics: A review of the three Ms in working women's lives. *Journal of Management*, 2019, **46**(1), 1–29.¹⁰⁾

NATIONAL HEALTH SERVICE. *Gender dysphoria.*¹¹⁾

TOMLINSON, M. and YOUNG, A. *Using social media to communicate effectively with young people about menstruation: Guidance for the Period Equality Movement.* 2023.¹²⁾

Menstrual health conditions

ENDOMETRIOSIS UK. *Endometriosis.*¹³⁾

MENSTRUAL MATTERS. *Step 3 – Manage: Evidence-based tips and tricks to improve your health and wellbeing!*¹⁴⁾

NATIONAL HEALTH SERVICE. *Fibroids.*¹⁵⁾

NATIONAL HEALTH SERVICE. *Heavy periods.*¹⁶⁾

NATIONAL HEALTH SERVICE. *PMS (premenstrual syndrome).*¹⁷⁾

NATIONAL HEALTH SERVICE. *Polycystic ovary syndrome.*¹⁸⁾

NHS INFORM. *Adenomyosis.*¹⁹⁾

Political and social context

BILDHAUER, B.T., RØSTVIK, C.M. and VOSTRAL, S.L. (eds). The politics and history of menstruation: Contextualising the Scottish campaign to end period poverty. In: *Open Library of Humanities*, 2022, **8**(2).²⁰⁾

BOBEL, C., WINKLER, I.T., FAHS, B., HASSON, K.A., KISSLING, E.A. and ROBERTS, T-A. (eds). *The Palgrave handbook of critical menstrual studies.* Singapore: Palgrave MacMillan, 2020.

GJELLESTAD, M., HARALDSTAD, K., ENEHAUG, H. and HELMERSEN, M. Women's health and working life: A scoping review. *International Journal of Environmental Research and Public Health*, 2023, **20**(2), 1080.

JOHNSTON-ROBLED0, I. and CHRISTLER, J.C. The menstrual mark: Menstruation as social stigma. *Sex Roles*, 2013, **68**(1-2), 9–18.²¹⁾

⁹⁾ Available from https://www.bloodygoodperiod.com/_files/ugd/ae82b1_66bbbefcf85424ab827ae7203b2c369.pdf.

¹⁰⁾ Available from <https://journals.sagepub.com/doi/10.1177/0149206319857144>.

¹¹⁾ Available from <https://www.nhs.uk/conditions/gender-dysphoria/>.

¹²⁾ Available from https://www.mariatomlinson.co.uk/_files/ugd/96649b_e6c4bb9e6be34d2b9ee2f7aecb8195b9.pdf.

¹³⁾ Available from <https://www.endometriosis-uk.org/what-endometriosis>.

¹⁴⁾ Available from <https://www.menstrual-matters.com/manage/>.

¹⁵⁾ Available from <https://www.nhs.uk/conditions/fibroids/>.

¹⁶⁾ Available from <https://www.nhs.uk/conditions/heavy-periods/>.

¹⁷⁾ Available from <https://www.nhs.uk/conditions/pre-menstrual-syndrome/>.

¹⁸⁾ Available from <https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/>.

¹⁹⁾ Available from <https://www.nhsinform.scot/healthy-living/womens-health/girls-and-young-women-puberty-to-around-25/periods-and-menstrual-health/adenomyosis>.

²⁰⁾ Available from <https://olh.openlibhums.org/issue/505/info/>.

²¹⁾ Available from <https://link.springer.com/article/10.1007/s11199-011-0052-z>.

OWEN, L. The impact of menstrual stigma on the study of menstruation. *Open Library of the Humanities*, 2022, **8**(1), 1–25.²²⁾

TOMLINSON, M.K. Moody and monstrous menstruators: The semiotics of the menstrual meme on social media. *Social Semiotics*, 2021, **31**(3), 421–439.²³⁾

Peri/menopause

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE. *Menopause: Diagnosis and management*. NICE guideline. NG23. 2015.²⁴⁾

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE. *Menopause*. 2015.²⁵⁾

ROCK MY MENOPAUSE.²⁶⁾

SELF-CARE FORUM. *The menopause*. Fact sheet No. 22.²⁷⁾

UK GOVERNMENT. *Menopause transition: Effects on women's economic participation*.²⁸⁾

Intersectionality

AHUJA, M. Age of menopause and determinants of menopause age: A PAN India survey by IMS. *Journal of Mid-Life Health*, 2016, **7**(3), 126–131.²⁹⁾

MOSELEY, R.L., DRUCE, T. and TURNER-COBB, J.M. 'When my autism broke': A qualitative study spotlighting autistic voices on menopause. *Autism*, 2020, **24**(6), 1423–1437.³⁰⁾

MOSELEY, R.L., DRUCE, T. and TURNER-COBB, J.M. Autism research is 'all about the blokes and the kids': Autistic women breaking the silence on menopause. *British Journal of Health Psychology*, 2021, **26**(3), 709–726.³¹⁾

NATIONAL AUTISTIC SOCIETY. *Menstruation and menopause in autistic people*. 2022.³²⁾

SOCIETY OF OCCUPATIONAL MEDICINE. *Evaluating and supporting neurodivergences at work*. 2022.³³⁾

STEWART, S., CRANE, L., ROY, E.M., REMINGTON, A. and PELLICANO, E. "Life is much more difficult to manage during periods": Autistic experiences of menstruation. *Journal of Autism and Developmental Disorders*, 2018, **48**(12), 4287–4292.³⁴⁾

SWAN. *Study of Women's Health Across the Nation*.³⁵⁾

THE KING'S FUND. *Inclusive language in health and care: Why the words we use matter*. 2021.³⁶⁾

22) Available from <https://olh.openlibhums.org/article/id/6338/>.

23) Available from <https://www.tandfonline.com/doi/full/10.1080/10350330.2021.1930858>.

24) Available from <https://www.nice.org.uk/guidance/ng23/resources/menopause-diagnosis-and-management-pdf-1837330217413>.

25) Available from <https://www.nice.org.uk/guidance/ng23/resources/menopause-pdf-718895758021>.

26) Available from <https://rockmymenopause.com/get-informed/>.

27) Available from <https://www.selfcareforum.org/wp-content/uploads/2022/11/22-Menopause-fs-v2.3.pdf>.

28) Available from <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>.

29) Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5051232/#:~:text=Average%20age%20of%20menopause%20of,married%20status%2C%20and%20parity%20status>.

30) Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7376624/>.

31) Available from <https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12477>.

32) Available from <https://www.autism.org.uk/advice-and-guidance/professional-practice/menopause-menstruation>.

33) Available from https://www.som.org.uk/sites/som.org.uk/files/Evaluating_and_supporting_Neurodifferences_at_work_March_2022.pdf.

34) Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6223765/>.

35) Available from <https://www.swanstudy.org/>.

36) Available from <https://www.kingsfund.org.uk/blog/2021/08/inclusive-language-health-and-care>.

THE PHARMACEUTICAL JOURNAL. *Should menopause management differ between ethnic groups?* 2022.³⁷⁾

VENUS ARTHRITIS. *"I wanted to get my arthritis pain under control, I wasn't thinking about the menopause."* 2021.³⁸⁾

VENUS ARTHRITIS. *Hand osteoarthritis: Do female hormones play a part?* 2021.³⁹⁾

Policy development and workplace management

ADVISORY, CONCILIATION AND ARBITRATION SERVICE. *Menopause at work.*⁴⁰⁾

BRITISH MENOPAUSE SOCIETY. *Menopause and the workplace guidance: What to consider.*⁴¹⁾

CHARTERED INSTITUTE OF PERSONNEL AND DEVELOPMENT. *The menopause at work: Guidance for people professionals.*⁴²⁾

FACULTY OF OCCUPATIONAL MEDICINE OF THE ROYAL COLLEGE OF PHYSICIANS. *Guidance on menopause and the workplace.*⁴³⁾

INSTITUTION OF OCCUPATIONAL SAFETY AND HEALTH. *Menopause in the workplace.*⁴⁴⁾

MENOPAUSE INFORMATION PACK FOR ORGANIZATIONS (MIPO).⁴⁵⁾

NHS ENGLAND. *Supporting our NHS people through menopause: Guidance for line managers and colleagues.* 2022.⁴⁶⁾

OWEN, L. Menstruation and humanistic management at work: The development and implementation of a menstrual workplace policy. *Journal of the Association for Management Education & Development*, 2018, **25**(4), 23–31.⁴⁷⁾

ROYAL COLLEGE OF NURSING. *The menopause and work: Guidance for RCN representatives.* 2020.⁴⁸⁾

SANG K., REMNANT, J., CALVARD, T. and MYHILL, K. Blood work: Managing menstruation, menopause and gynaecological health conditions in the workplace. *International Journal of Environmental Research and Public Health*, 2021, **18**(4), 1951.⁴⁹⁾

UNISON. *Menopause guidance and model policy.*⁵⁰⁾

WALES TUC CYMRU. *The menopause in the workplace: A toolkit for trade unionists.* 2017.⁵¹⁾

³⁷⁾ Available from <https://pharmaceutical-journal.com/article/research/should-menopause-management-differ-between-ethnic-groups>.

³⁸⁾ Available from <https://www.versusarthritis.org/news/2021/august/i-wanted-to-get-my-arthritis-pain-under-control-i-wasn-t-thinking-about-the-menopause/>.

³⁹⁾ Available from <https://www.versusarthritis.org/news/2021/october/hand-osteoarthritis-do-female-hormones-play-a-part-your-questions-answered/>.

⁴⁰⁾ Available from <https://www.acas.org.uk/menopause-at-work>.

⁴¹⁾ Available from <https://thebms.org.uk/wp-content/uploads/2022/04/07-BMS-TfC-Menopause-and-the-workplace-03B.pdf>.

⁴²⁾ Available from <https://www.cipd.co.uk/knowledge/culture/well-being/menopause/people-professionals-guidance>.

⁴³⁾ Available from <http://www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf>.

⁴⁴⁾ Available from <https://iosh.com/menopause-riskassessment22>.

⁴⁵⁾ Available from <https://www.menopauseatwork.org/free-resources>.

⁴⁶⁾ Available from <https://www.england.nhs.uk/long-read/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/>.

⁴⁷⁾ Available from <https://laraowen.com/wp-content/uploads/2022/09/Owen-2018-Menstruation-humanistic-management.pdf>.

⁴⁸⁾ Available from <https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2020/September/009-327.pdf>.

⁴⁹⁾ Available from <https://doi.org/10.3390/ijerph18041951>.

⁵⁰⁾ Available from https://www.unison.org.uk/content/uploads/2021/02/26305_menopause_guide-1.pdf.

⁵¹⁾ Available from <https://www.tuc.org.uk/sites/default/files/Menopause%20toolkit%20Eng%20FINAL.pdf>.

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