

APPENDIX 1 – MENOPAUSE RISK ASSESSMENT

{NAME}

This document should be retained on the employees e-file and reviewed by the employee and manager on a regular basis.

Agreed adjustments must be put in place to lower any risks to an acceptable level. (It may also be necessary to seek further guidance from Occupational Health).

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Information on menopause	Does the employee have access to information on menopause, relevant policies on attendance management, EAP, Occupational Health etc?						
Sickness reporting	Is there the facility for those who are not able to attend work due to menopausal symptoms to report these to a female manager						

	or other point of contact?						
Stress	Are there appropriate mechanisms in place to deal with other related issues such as stress management? e.g. Counselling services, HSE Stress Management Standards						
Occupational health arrangements	Has the employee been made aware of what facilities are in place for OH referral and support to remain in the workplace? Do they need a referral?						
Unions support /discussion groups	The employee has been made aware of other support mechanisms in the workplace which may be able to help? E.g. Occupational Health, EAP						

<u>Physical</u>							
Workstations	Are work stations / Locations easily accessible to toilet, and rest facilities?						
Facilities	Are there private washing and changing facilities available?						
	Is there access to sanitary products?						
	Does the employee have easy access to sanitary and washing facilities?						
Temperature	Are the employee/ employer aware of the workplace maximum and minimum temperature and is it implemented?						
	Is ventilation available and is it regularly maintained?						
	Is additional ventilation provided if necessary? E.g. Desk Fan, ability to open / sit by a window/door.						

	How is this implemented?						
	Do uniforms and PPE equipment reflect the needs of the individual?						
	Is the employee aware of what additional uniform can be provided and how to get this?						
	Are the clothes provided made of natural fibres?						
Environment/ duties	Have workstation risk assessments been reviewed to take menopause into account?						
	Are there opportunities to switch to lighter or different duties?						
	Do manual handling assessments take any issues around menopause into account?						
	Are there flexible arrangements in place in relation to breaks?						

	Can start and finish times be adjusted as part of a flexible working agreement?						
	Is the role suitable for agile working? If not why not?						
	Is there access to natural light?						
	Have work processes been assessed to see if any adjustments are needed?						
	Are air conditioning / Humidifiers functioning efficiently?						
	Is the environment too noisy?						
	Does the role impact on fatigue (mental and physical)? Are you able to assess, monitor and respond to frequent changes in job demands? Are you able to concentrate to undertake and record complex pieces of work? Do						

	you have the ability to deal with emotionally challenging situations? Etc.						
	Does the role result in fatigue from standing?						
	Do you have sufficient workspace?						
	Are you able to move freely / adjust posture etc.?						
	Could remote working support you to perform effectively in your role?						
Working conditions	Do you work shift?						
	Do you work ad hoc / regular overtime / on call?						
	Are you a lone worker?						
	How do you travel to work? Do you drive for business purposes?						

<u>Symptoms</u>						
Symptoms which may affect the employee	Daytime sweats, hot flushes, palpitations					
	Night time sweats and hot flushes. Insomnia or sleep disturbance.					
	Urinary problems: increased frequency or urgency. Urinary infections					
	Irregular and/or heavy periods					
	Skin irritation, dryness or itchy					
	Muscular aches and bone joint pains					
	Headaches					
	Dry eyes					
	Mental Health issues: Depression Anxiety Panic Attacks					
	Mood changes / loss of confidence					

<u>Other risk / issues</u> <u>Please identify</u>							
What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
<u>Actions being taken by the employee to reduced the symptoms and external support in place</u>							
External support and adjustments in place							

PLEASE NOTE: The list above is not exhaustive. There may be other issues that are highlighted which should be considered when agreeing reasonable adjustments

CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED

Details of adjustments agreed:	
Details of adjustments not approved (including reasons for the decision)	
Date of annual review meeting (N.B. this review can be cancelled if the employee decides the meeting is not required)	
I confirm that the meeting was undertaken for and that any agreed adjustments listed above will be carried out.	on
Signed: _____ (Line Manager) Signed:	
_____ (Employee) Print name: _____	
(Line Manager) Print name: _____ (Employee)	

Please also refer to the Menopause and Stress Guides on the Google Drive for further guidance.