

**This document should be retained on the individual's personnel file and reviewed by the individual and manager on a regular basis.**

**Agreed workplace support should be put in place in a timely manner and reviewed on agreed dates. If you require further information or guidance, please contact the HR & OD.**



# ***Menopause Health Needs Assessment***

## **START**



*Information*

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*Physical*

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*Other*



## Information on menopause

Does the employee have access to information on menopause, support available and relevant policies including supporting menopause at work and flexible working?

NO

YES

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## 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 (where felt necessary) or other point of contact?

NO

YES

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Stress

Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g. Counselling services.

NO

YES

[Refer to Council Workplace stress risk assessment](#)

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## 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?

NO

YES

What is already being done?

What further action is necessary

Action by whom?

Action by when?

Date achieved:



## Union support /discussion groups

Has the employee has been made aware of other support mechanisms in the workplace?

NO

YES

E.g, Time for Talking and Trade Union support.

What is already being done?

What further action is necessary

Action by whom?

Action by when?

Date achieved:

## Workstations

NO

YES

Are workstations/ locations easily accessible to toilet and rest facilities?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:



## Facilities

NO

YES

Are there private washing and changing facilities available?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Facilities

NO

YES

Is there access to sanitary products?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Facilities

**Do rotas, shifts and schedules ensure that workers have easy access to sanitary and washing facilities?**

NO

YES

**What is already being done?**

**What further action is necessary?**

**Action by whom?**

**Action by when?**

**Date achieved:**

## Temperature / Ventilation

NO

YES

Is the temp/ventilation adequate for the employee?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Temperature / Ventilation

NO

YES

Do uniforms and PPE equipment currently reflect the needs of the individual?

NO

YES

Are the clothes provided made of natural fibres?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Environment/Duties

**Have current menopause symptoms been considered when reviewing the employees work location and tasks? Examples include lone working, reception duties and physical exertion or sedentary working. (This list is not exhaustive)**

**NO**

**YES**

**What is already being done?**

**What further action is necessary?**

**Action by whom?**

**Action by when?**

**Date achieved:**

## Environment/Duties

Are there opportunities to switch to alternative duties?

NO YES

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:



## Environment/Duties

NO

YES

Are there flexible arrangements in place in relation to breaks?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Environment/Duties

NO

YES

Can start and finish times be adjusted as part of a flexible working agreement?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Environment/Duties

NO

YES

Is the role suitable for agile working?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Environment/Duties

NO

YES

Is the environment noisy which may lead to distraction/loss of concentration?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Environment/Duties

NO

YES

Does the role impact on fatigue (mental and physical)?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Environment/Duties

NO

YES

Are you able to assess, monitor and respond to frequent changes in job demands?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

## Environment/Duties

NO

YES

Do you have the ability to deal with emotionally challenging staff/service user situations?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:



## Environment/Duties

NO

YES

Do you work night shifts?

What is already being done?

What further action is necessary?

Action by whom?

Action by when?

Date achieved:

**Please identify any other concerns or issues arising from the symptoms of menopause**

**What is already being done?**

**What further action is necessary?**

**Action by whom?**

**Action by when?**

**Date achieved:**

**Please identify any other concerns or issues arising from the symptoms of menopause**

**What is already being done?**

**What further action is necessary?**

**Action by whom?**

**Action by when?**

**Date achieved:**

**Please identify any other concerns or issues arising from the symptoms of menopause**

**What is already being done?**

**What further action is necessary?**

**Action by whom?**

**Action by when?**

**Date achieved:**

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

**Details of support agreed:**

**Details of support not approved (including reasons for the decision)**

**Date of next agreed review**

**(N.B. this review can be cancelled if the employee decides the meeting is not required)**

**Line Manager**

**Date**

**Employee**

**Job Title:**

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