

Staff Menopause Support Risk Assessment

Employee Name:	
Employee Job Title:	
Date:	

The information you give will be used to plan any reasonable adjustments you may need to work safely and effectively while experiencing symptoms of the menopause.

The line manager and employee must arrange to review this document at regular intervals to ensure that any adjustments made are still relevant and any new adjustments can be identified.

The list below does not cover all symptoms and adjustment options. Please use the empty rows to add any additional support or adjustments.

Area of consideration	Prompts	Action/s required and Accountable Lead	Assessment complete and supporting comments
Information	<ul style="list-style-type: none"> Has the employee been given details of the CDDFT staff menopause leaflet Has the employee been given information about the Trust's Menopause Matters Support Group? Has a Wellness Action Plan and Health Passport been considered? 		
Sickness	<ul style="list-style-type: none"> Has sickness absence in relation to the menopause been discussed? Does the employee know who to contact when phoning in unwell? Has any menopause related sickness absences been recorded on ESR? Would the individual benefit from additional 1:1 meetings? 		

	<ul style="list-style-type: none"> • Has Occupational Health referral been discussed? • Work stations/areas/rota staff have toilets and washing facilities within an easily accessible distance? • Sanitary products can be easily accessed from bag/locker if required • Is there seating which can be used when needed for staff who stand frequently? • Has allocation of additional uniform been discussed? • Is there somewhere spare clothing can be stored safely? • Can home working be accommodated during a heavy period? • Does the individual take regular breaks? 		
Facilities and sanitary items			
Work stations / Areas	<ul style="list-style-type: none"> • Do the work areas have suitable levels of ventilation? • Do VDU users take regular breaks? • Has a DSE risk assessment been completed? • Has agile/remote working been discussed – if not, why not? • Have any lone working risks been discussed? • Have noise cancelling headphones been discussed if in an open or noisy area? 		

<p>Temperature</p>	<ul style="list-style-type: none"> • Is the uniform provided made of natural material? • Have alternative uniform options been discussed? • Is a portable fan available and easily accessible? • Can the time wearing PPE be limited or reduced? • Is there easy access to cold water? • Has allocation of extra uniform been discussed? 		
<p>Fatigue / Aches and pains / Stress</p>	<ul style="list-style-type: none"> • Have duties been discussed and lighter or less stressful duties allocated? • Has the stress risk assessment tool been completed? • Have flexible working options been discussed? 		
<p>Mood swings / low mood / lacking concentration</p>	<ul style="list-style-type: none"> • Have adjusted breaks been discussed? • Is there access to natural light? • Is there access to a quiet space when needed? • Has well-being and time for self-care been discussed? • Have details of the EAP service been given? • Has flexible working been discussed? • Can interruptions be reduced? • Has speaking with a GP been discussed? • Has the stress risk assessment tool been completed? 		

I agree that the above Menopause Support Risk Assessment findings are recorded accurately and replace previous discussions held.

Signed (Employee)

Name (Employee)

Date Signed

Signed (Line Manager)

Name (Line Manager)

Date Signed

Agreed review date (no longer than 3 months but also as and when necessary)
