**MENOPAUSE POLICY**

**PURPOSE**

[EMPLOYER'S NAME] is committed to supporting staff affected by the menopause. We understand that many staff members will experience the menopause, and for some, it may impact their work life.

The purpose of this policy is to raise awareness of menopause and its impact on the workplace, encourage open discussions between line managers and staff, and direct staff to helpful resources and support.

[This policy has been [agreed OR implemented following consultation] with the [NAME OF TRADE UNION, WORKS COUNCIL OR STAFF ASSOCIATION].]

This policy is designed to comply with applicable Indiana state laws and regulations regarding workplace accommodations and support for employees experiencing menopause. Any adjustments or support provided under this policy will be in line with Indiana legal requirements.

**ABOUT THIS POLICY**

This policy does not form part of any contract of employment or other contract to provide services, and [EMPLOYER'S NAME] may amend it at any time ([subject to agreement with OR following consultation with] the [NAME OF TRADE UNION, WORKS COUNCIL OR STAFF ASSOCIATION]).

Any information you provide to [EMPLOYER'S NAME] about your health will be processed in accordance with [EMPLOYER'S NAME]’s [Data Protection Policy]. We recognise that this data is sensitive and will handle it in a confidential manner.

This policy applies to all staff, including full-time, part-time, temporary workers, volunteers, and any other individuals working with the organization.

**POLICY MANAGEMENT**

This policy is overseen by senior management, with responsibility for its day-to-day implementation falling to the HR department. Any suggestions for changes should be directed to HR.

For any questions about applying this policy, staff should first contact their line manager or HR.

The policy is reviewed annually by HR, with input from relevant employee representatives.

**WHAT IS MENOPAUSE?**

Menopause occurs when periods stop for over 12 months due to lower hormone levels. While most people experience menopause between the ages of 45 and 55, some may begin to experience symptoms earlier. Symptoms can last anywhere from four to eight years, but for some, they can continue longer.

Menopause can affect not just women, but also trans and non-binary individuals. Symptoms can be physical, such as hot flushes, sleep disturbance and headaches, or psychological, like anxiety, mood swings and trouble with memory or concentration.

Most people will experience some symptoms, though they vary greatly and can fluctuate over time. Some may have mild symptoms, while others experience more severe ones. Perimenopause, the phase before menopause when periods continue but the body starts preparing for menopause, may also involve similar symptoms and can last for several years. For this policy, "menopause" includes perimenopause.

**AWARENESS ABOUT MENOPAUSE**

Menopause affects more than just women. All staff should be aware of it, so they can support colleagues who may be experiencing it or are otherwise affected.

We encourage an environment where colleagues feel comfortable discussing menopause. Everyone is expected to be supportive of those who may be impacted by it in the workplace.

Anyone affected by menopause should feel confident talking to their line manager or the HR Department about their symptoms and the support they may need to manage challenges at work.

Line managers and HR should be prepared to have open and sensitive conversations about menopause and the support available. Any information shared should be kept confidential and handled according to [EMPLOYER’S NAME]’s [Data Protection Policy.]

**RISK ASSESSMENTS**

[EMPLOYER'S NAME] is dedicated to ensuring the health and safety of all staff and will assess any factors in the working environment that may worsen menopausal symptoms. This includes identifying and addressing risks to the health and well-being of those affected by menopause.

**ADJUSTMENTS AND SUPPORT**

While many individuals experiencing menopause can continue working as usual, [EMPLOYER'S NAME] understands that some may benefit from adjustments to their working conditions to help manage symptoms.

If you believe adjustments or additional support could help, please first speak to your line manager. If you are unable to do so, you can contact the HR Department for assistance.

Examples of physical adjustments include temperature control, provision of electric fans, or access to rest facilities. [EMPLOYER'S NAME] may also consider flexible working arrangements, more frequent rest breaks, or changes to work allocation based on individual and business needs. This is not an exhaustive list and will vary depending on individual circumstances.

In some cases, [EMPLOYER'S NAME] may refer you to [its Occupational Health Department or] a doctor nominated by [EMPLOYER'S NAME], or seek advice from your GP to better understand what adjustments or support could help alleviate symptoms. Any request for medical reports or examinations will be handled in line with [EMPLOYER'S NAME]’s [Sickness Absence Policy].

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date