



DPC: 25/30488873 DC

BSI Group Headquarters

389 Chiswick High Road London W4 4AL

Tel: +44 (0)20 8996 9000

Fax: +44 (0)20 8996 7400

www.bsigroup.com

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Date: xx/xx/20xx	Document: ISO/DIS xxxx
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1	2	(3)	4	5	(6)	7
MB	Clause No./ Subclause No./Annex (e.g. 3.1)	Paragraph/ Figure/Table/Note	Type of comment	Comment (justification for change) by the MB	Proposed change by the MB	Secretariat observations on each comment submitted
	3.1	Definition 1	ed	Definition is ambiguous and needs clarifying.	Amend to read '...so that the mains connector to which no connection...'	
	6.4	Paragraph 2	te	The use of the UV photometer as an alternative cannot be supported as serious problems have been encountered in its use in the UK.	Delete reference to UV photometer.	



DRAFT International Standard

ISO/DIS 45010

Occupational health and safety management – Menstruation, menstrual health and menopause in the workplace – Guidance

ICS: 13.100; 03.100.30

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ISO copyright office
CP 401 • Ch. de Blandonnet 8
CH-1214 Vernier, Geneva
Phone: +41 22 749 01 11
Email: copyright@iso.org
Website: www.iso.org

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

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This document was prepared by Technical Committee ISO/TC 283, *Occupational Health and Safety Management*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

0.1 General

This document can assist organizations in developing and embedding supportive structures, policies and practices for menstruation, menstrual health, and menopause, and promote inclusive workplaces. The practical workplace adjustments and activities recommended here complement good practice in workplace wellbeing and occupational health and safety (ISO 45001) and gender inclusion in the workplace (ISO 53800).

Menstruation, menstrual health and menopause are not medical conditions but life course experiences (See [A.1](#) & [A.2](#)). For many workers, the experience of menstrual health and menopause is managed independently and privately without the need for additional support by organizations.. However, organizations can introduce adjustments, supportive mechanisms and policies that reduce stigma and make a significant and positive difference to workers.

Providing a supportive and inclusive workplace environment around menstruation and menopause can have significant positive effects for worker engagement, job satisfaction and a more inclusive and culturally safe workplace environment for all. A lack of knowledge, understanding or support for menstrual health or menopause and associated symptoms can lead to challenges including presenteeism, absenteeism, disengagement and additional or increased turnover costs.

Recommendations can assist employers and organizations, supervisors, human resources (HR), occupational health and safety (OH&S) professionals, onsite healthcare professionals, wellbeing and diversity and inclusion (D&I) practitioners, and architects and interior designers responsible for work space construction and refurbishment. It can also support those workers who are responsible for managing individuals' performances, workloads, wellbeing or work environments.

NOTE 1 In this document the term 'menopause transition' is used to refer to the experiences of pre- post- and menopause transition. See 3.0.

NOTE 2 Further information on menstruation, menstrual health and menopause can be found in [Annex A](#).

NOTE 3 See also ISO 25551 for guidance on generating a carer-inclusive workplace and ISO 25550 for guidance on generating an age-inclusive work environment.

NOTE 4 While the document does not consider andropause in the workplace, many recommendations here can also support workers experiencing andropause. Refer to [Clause 3.1](#) for the definition.

0.2 Why start addressing this topic now?

By 2030, over 1.2 billion women worldwide will be menopausal or post-menopausal, meaning a significant number of workers are or will experience menstruation and menopause while in the workplace. While gender parity in labour force participation varies across different economies, it is often the case that women are often expected to fit into modes of working and cultural expectations that were historically designed at a time when women were not equally represented or prioritized as workers. Symptoms associated with menstruation and menopause can also coincide with significant life challenges and responsibilities, and research has shown that stress and symptoms associated with menopause are inextricably linked. For example, symptoms associated with menstruation and menopause might occur when workers are also dealing with stressors such as other health conditions; fertility issues; managing childcare and care for older parents; children leaving home; financial constraints; relationship breakdown or other significant life events.

Promoting and supporting the health of workers brings multiple benefits to organizations, reducing occupational risks and absences. It can increase reputation through attracting a workforce that want to work in organizations that are inclusive, supportive of worker health and wellbeing, and free from deliberately or accidentally discriminating against different groups.

There are other financial reasons for taking into account menstrual and menopausal health in the workplace. 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.

Workers can experience menstrual health or menopause symptoms which can impact their ability to perform effectively at work, and can cause them to leave an unsupportive work environment. There is a possibility that other workers choose to be underemployed or work fewer hours.

Implementing good practice around supporting menstruation, menstrual health and menopause in the workforce benefits organizations by:

- a) increasing worker engagement;
- b) improving the health and wellbeing of workers and boosting their healthy working life expectancy
- c) improving leadership cultures by generating more awareness amongst all managers; and
- d) improving diversity and inclusion objectives by preventing high turnover in organizations due to inadequate, unsupportive or inflexible working conditions.
- e) attract a diverse workforce, increasing worker retention, and reducing the costs of attrition, recruitment and training;
- f) helping to comply with occupational health expectations from suppliers and buyers

0.3 Questions which this document can help to address

[Table 1](#) identifies clauses which address key areas around menstruation, menstrual health and menopause.

Table 1 — Frequently Asked questions that this document addresses

Question	Clause
I have a workforce who are located in different or high-risk physical environments. What design changes should I consider to support menstruation and menopause?	5.3 5.5 B.3
I am recruiting new workers. How can I remove barriers in the recruitment process for those who menstruate or are experiencing menopause?	Annex D
I want to introduce or update a menstruation and menopause policy. What key factors should I consider?	5.3 5.4
I run a small organization with limited resources. What cost-effective but impactful steps can I take to support workers experiencing menstruation and menopause at work?	5.8
I am a supervisor. How can I support workers experiencing menstruation and menopause in my workplace?	5.3 Annex B
My workforce is diverse. Do different minority ethnic or underrepresented groups experience menstruation and menopause at work differently?	5.7 Annex A
I want my organization's menstruation and menopause policies and practices to be gender inclusive. How can my organization support trans and non-binary workers?	5.4 5.7

Occupational health and safety management – Menstruation, menstrual health and menopause in the workplace – Guidance

1 Scope

This document gives guidance to organizations on developing policies and practices that are supportive of the menstrual and menopausal health and menopausal experiences of workers in the workplace.

The document 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 document is useful to managers, as well as human resources (HR), occupational health and safety (OH&S), wellbeing and diversity and inclusion (D&I) practitioners, and architects and interior designers undertaking work space construction or refurbishments. It is for those workers who are responsible for managing individuals' performances, workloads, wellbeing or work environments.

NOTE 1 The recommendations are applicable to all sectors, worker 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.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

3.1

andropause

health experience associated with decreasing levels of testosterone

Note 1 to entry: Andropause has different hormonal patterns, physiological change processes and cultural perceptions to menopause.

3.2

menstruation

the cyclical shedding of blood and tissue from the uterus and out through the vagina when fertilization of the egg has not occurred

Note 1 to entry: It usually takes 4-5 days for shedding to take place.

3.3 menstrual cycle

hormonal cycle that prepares the uterus for pregnancy and triggers menstruation, beginning on the first day of one period and ending when the next period starts

Note 1 to entry: Menstruation occurs approximately every 28/29 days, with variations in cycle length from 21 to 35 days considered 'normal'.

3.4 period

commonly used term for the days of menstrual bleeding within each menstrual cycle

Note 1 to entry: The first period is called menarche and the last period occurs during menopause transition.

3.5 menstrual health

menstrual health is concerned with achieving physical, mental, and social well-being related to the menstrual cycle

Note 1 to entry: Menstrual health can include adequate access to menstrual health education, menstrual products and freedom from stigma and discrimination.

3.6 menopause

the time of life associated with the permanent cessation of the menses (period)

Note 1 to entry: Throughout this document the everyday use of the term "menopause" often refers to the entire duration of menopause transition, unlike the medical definition, which differentiates between perimenopause (the time before menopause when symptoms begin to occur), menopause (the moment in time traditionally marked by the year anniversary of a person's final period) and post-menopause (the time after menopause when symptoms can be still present).

Note 2 to entry: Menopause usually happens between the ages of 45 and 55. Lifestyle, ethnicity and genetics have an impact on the average age. While not common, menopause can occur earlier.

Note 3 to entry: Symptoms can vary in frequency and severity and often change over the course of the menopausal, lasting anywhere for a few months or for several years.

Note 4 to entry: Medical menopause can occur earlier, for example due to surgery, chemotherapy or hormonal treatments. The WHO Fact Sheet¹⁾ can be reviewed for medical information.

3.7 perimenopause

time leading up to menopause during which noticeable changes are experienced

Note 1 to entry: A sub-stage of menopause in which hormones begin to fluctuate and symptoms (including irregular menstruation, joint pain, changes in body temperatures, and sleep disturbances) can occur.

Note 2 to entry: This stage continues until menstruation has ceased for 12 consecutive months. Symptoms of perimenopause can start several years before menopause. Symptoms can vary in frequency and severity and often change over the course of menopause.

3.8 postmenopause

time after menopause

1) Available at <https://www.who.int/news-room/fact-sheets/detail/menopause#:~:text=This%20means%20that%20the%20ovaries,55%20years%20for%20women%20worldwide>.

3.9**menstruation or menopause advocate**

an appropriately trained person appointed by an organization or worker representative group (such as a trade union) who is trained to represent and support workers with menstrual and menopausal needs

Note 1 to entry: The terms “champion”, “ambassador” and “mentor” are also used to refer to this role.

3.10**intersectionality**

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

Note 1 to entry: 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 menopause. Therefore, there is no one, singular experience.

3.11**non-binary**

individuals who do not identify their gender as man or woman

3.12**symptoms**

An indicator of a condition or illness

Note 1 to entry: This document uses the term “symptoms” to recognize that, even though menstruation and menopause are not medical illnesses, some find that these changes or cyclical experiences have an impact on their quality of life. It is important to recognize that some symptoms associated with menstruation and menopause can be caused by an underlying medical condition (see [Annex A](#)).

3.13**transgender**

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

Note 1 to entry: Also referred to by shorthand *trans*, this umbrella term can include trans men, trans women, non-binary people, gender questioning and gender-fluid people.

4 Introduction to menstruation, menstrual health and menopause at work

Menstruation and menopause are common and healthy 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 workers to struggle in silence. However, workplace cultures where menstrual health and menopause are openly discussed enable workers and organizations to work collaboratively to identify appropriate support or adjustments that enable workers to perform at their best.

Understandings of menstruation, menstrual health and menopause are often complex, culturally bound and subject to stigma. This can result in workers feeling ashamed to discuss, or apprehensive about discussing, in organizations. Menstruation and menopause are also subject to a number of misconceptions (see [Annex F](#)). Menstruation and menopause are unique to each worker in terms of the experience of symptoms and their frequency and severity, which can change over a worker’s life or journey through menopause, which can happen over several years. Furthermore, diverse needs and experiences of menstruation and menopause linked to ethnicity, religion, sexual orientation, gender identity and neurodivergence are often neglected (see Appendix [A.3](#)).

References to menstruation, menstrual health and menopause in the workplace are uncommon. When they do appear, they often take the form of discussions, conversations or policies that highlight severe and negative physical, emotional and psychological symptoms. This focus can shape broader attitudes and behaviours that reinforce the stigma that menstruation is always problematic and that menopause is a negative, isolating experience.

Menstruation, menstrual health and menopause and work can affect each other in positive and negative ways. Symptoms can impact how workers experience work and under certain conditions can influence worker engagement and turnover. In addition, workplace environments such as the type of the work, job demands, and perceptions of managerial support can impact the experience of symptom frequency and severity.

There are simple adjustments which can help workers 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 menopause.

When workers need support at work, managers should be advised to seek guidance from their HR or OH&S 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 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. Workers 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 worker 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 a worker has a medical condition which is exacerbating their menstrual or menopausal symptoms.

Aside from workers 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 2 Some medical conditions involve a lack of menstruation, which might cause a worker 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 menopause.

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

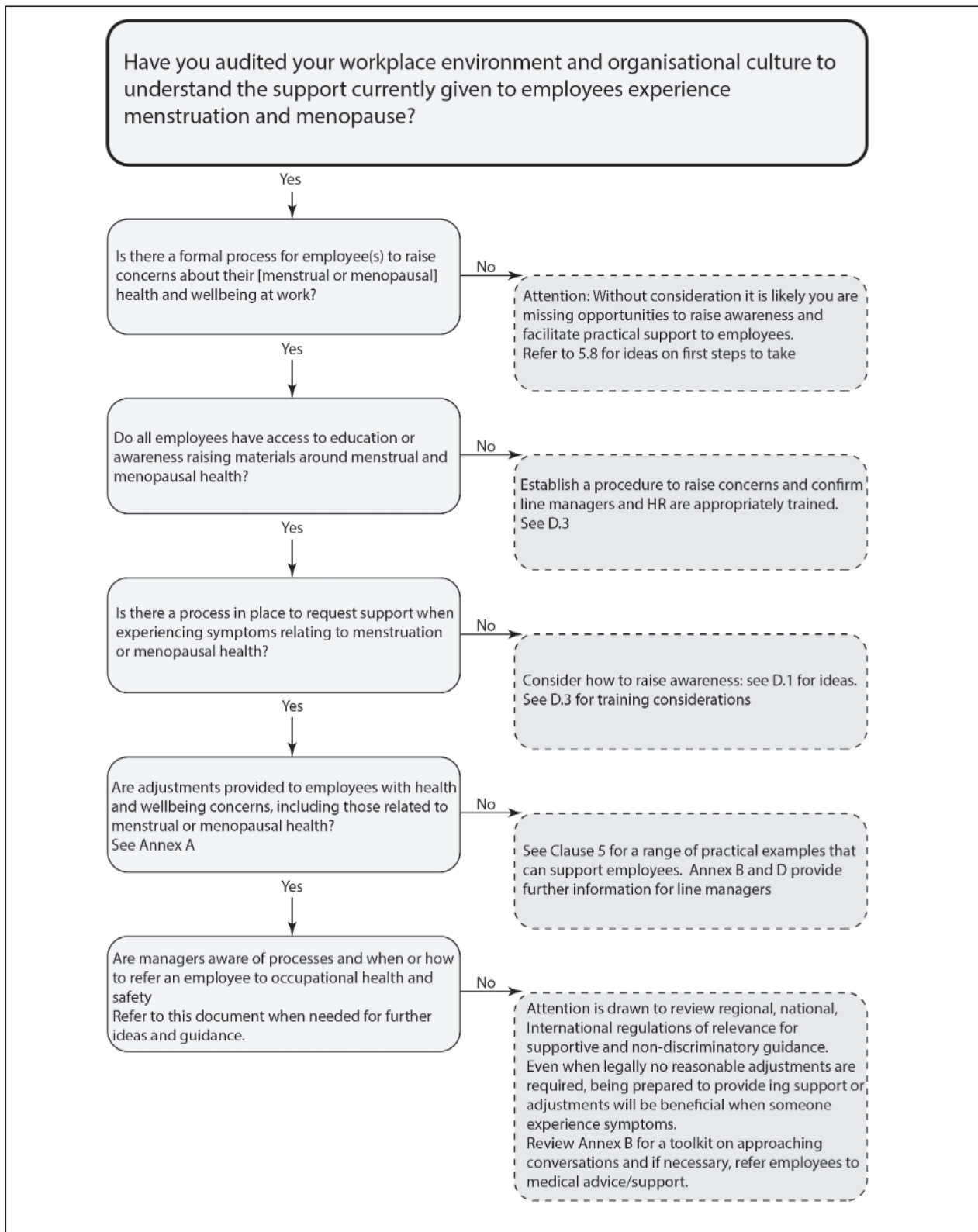


Figure 1 — Considerations flowchart

Organizations should also be aware that stressors in the workplace environment, often relating to specific job roles and/or workplace cultures, can provoke or worsen 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. Workers can experience a combination of different stressors. Workers 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 menopause can have an impact on workers in all roles and levels of work. Organizations should avoid making assumptions about the experience and, in particular, the age at which menopause might be experienced.

5 Practical actions

5.1 General

There are many ways in which an organization can implement changes to support its workers. This clause provides ideas on potential workplace considerations, including considerations particularly relevant to small and medium sized enterprises (SME's) in [5.7](#).

Practical actions range from workplace environmental and physical factors to flexible work design and creating a positive inclusive culture promotes awareness of menstrual health and then menopause. Adjustments and actions should be embedded within existing systems and processes that attend to worker health and wellbeing.

Guidance can be found in the following subclauses and Annexes:

- Examples of adjustments that can be implemented to support workers 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 workers (including women, trans men and non-binary people) without the need to disclose the reason.
- [Annex C](#) provides a checklist with several of the recommendations and adjustments mentioned in this document. This can serve as a support tool when reviewing practices.

[Figure 2](#) illustrates the framework, described throughout this standard, that suggests how organizations can implement practical actions, while making inclusivity a core consideration, and using ongoing evaluation and metrics to monitor progress in the organization.

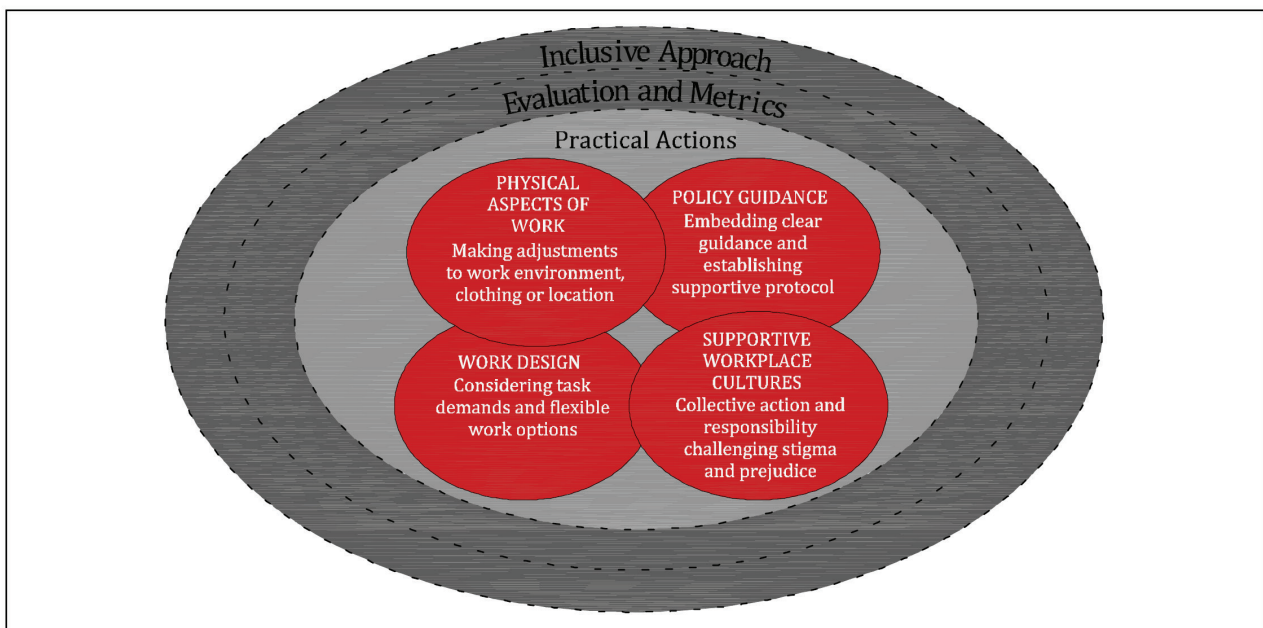


Figure 2 — Areas to consider when supporting menstrual and menopausal health in the workplace

5.2 Physical aspects of work

5.2.1 General

Workers who experience menstrual and menopausal symptoms work across diverse settings, and both on fixed or variable work sites and remotely. Simple changes can be made to improve the symptom experience for workers 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. To avoid any changes exposing workers to other occupational risks, 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.

5.2.2 Recommendations on physical aspects of work

Options that can be implemented to help workers manage symptoms include the following.

Physical work setting and layout

- a) Allow unrestricted access to toilet or shower facilities, including considerations for mobile, remote or shift workers. Where possible, self-contained toilet facilities should include washbasins inside the cubicles and the provision of a shelf alongside the basin that can be used to place products on. 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.
- b) For sedentary jobs, provide ergonomic seating and opportunities to stand up, stretch or move around if the job involves sitting for long periods of time to prevent aggravation of joint pain or cramps.
- c) Where unallocated seating on a work site (often called hot desking) is used, it is helpful to provide desk plans with as much information as possible. This can include details on lighting, windows, physical proximity to washrooms or quiet rooms if available, and where to find warmer or cooler parts of the building.
- d) Assess the use of natural materials in the building or in workplace furnishings which can help with thermal comfort. Choose furnishings and fabrics that are breathable and stay cooler but can be cleaned easily when required.
- e) Provide spaces for short-term recuperation, rest and management of episodic symptoms, such as seating, privacy, or a calming environment.
- f) Provide easy and complimentary access to menstrual products as well as safe storage to avoid damage to menstrual products.
- g) Provide safe/hygienic disposal for menstrual products in all toilet and changing facilities.

Work environment conditions

- h) 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.
- i) Provide blinds or curtains to block out bright sunlight to avoid triggering headaches or photosensitivity.
- j) Provide a quieter area or noise reduction options to support menopausal symptoms around hearing sensitivity or headaches.
- k) In humid conditions, where possible, provide de-humidifiers and ensure adequate ventilation to help support changes in body temperature.
- l) Where practicable, allow windows to be opened, and fans (desk or handheld) or a localised heat source to be available.

- m) Assess lighting in tandem with health and wellbeing considerations and avoid centralised lighting control where possible. Where heat-generation processes are part of the work, offset with lighting of a cooler colour.
- n) Identify areas in the building that are naturally warmer or cooler to support changes in body temperature.
- o) Where strong scents or odours (e.g. food facilities, chemicals), assess impact for olfactory (smell) due to hypersensitivity associated with some menstrual or menopausal symptoms.

NOTE Guidance on sensory-friendly environments can be found in BSI PAS 6463.

- p) Ensure menstrual health and menopause is supported through adequate hygiene management facilities (including disposal options and running water) especially in sectors and regions with limited access.

Work clothing

- q) Offer discreet places to change clothes and ability to store spare clothes.
- r) Where uniforms are required, provide a comfortable size, ideally made from breathable natural fabric (such as cotton or bamboo), and easy to launder. Where possible or feasible, allow options for darker colours, additional items and fittings that allow for temporary fluctuations in size (elastic or adjustable waistbands can be particularly helpful).
- s) Check if personal protective equipment (PPE) and safety equipment can be made more comfortable without compromising other health and safety requirements. This can include providing equipment made of different materials or different sizes.

5.3 Policy guidance and practice

5.3.1 General

Providing clear and consistent policies that support menstrual health and menopause across the organization supports managers, supervisors and workers to determine and apply actions to improve and facilitate wellbeing of workers who have menstrual and menopausal need at work.

To facilitate a fair and consistent approach, relevant organizational policies should be regularly reviewed and cross-referenced. In particular, the organization's approach to menstrual and 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.

Depending on the business needs, organization can introduce either a stand along policy or integrate reference to menstruation, menstrual health and menopause into existing policies. However, both approaches require cross-referencing or merging with current policy to provide consistent and supportive protocol.

5.3.2 Policy-related recommendations

The following are policy-related recommendations:

Developing policy - considerations

- a) Consult with a variety of workers who could be impacted. The consultation group should include representation from a diverse range of workers in different roles. Privacy and confidentiality should be protected to encourage participation and open discussion.
- b) Reflect on which other policies are relevant and can be used by managers and workers to help support menstrual and menopausal health (e.g. diversity and inclusion, performance management, sickness and absence, flexible working), and review all relevant policies to create a consistent approach.

- c) Verify that absence or attendance management policy and processes allow for menstrual and menopausal symptoms and experiences to be recorded.
- d) Where applicable, engage with relevant regional or national policies and provision that support menstruation and menopause.

Ensure menstrual health and menopausal are included as “worker factors” in risk assessments

Implementing policy - considerations

- e) Effectively communicate policies to everyone in the organization (managers and HR should understand the contents and implementation of these policies).
- f) Review organizational procedures to support the implementation of the policies and actions.
- g) Establish and embed a pathway for managers to achieve a good awareness and understanding about the importance of supporting menstruation, menstrual health and menopause at work, including compliance obligations regarding health and safety, and equality, diversity and inclusion.
- h) Consider the introduction of “workplace support agreements”: a document individual to the worker that follows the worker across different managers or roles. These are short documents which can help workers and managers record agreed adjustments.

Ongoing policy - considerations

- i) Given that menstrual and menopause symptoms and needs change over time, ensure policies include requirement for periodic check-ins.
- j) Review risk assessments to ensure they are gender-inclusive. This can include verifying that they include a reproductive health and well-being component, a physical and mental health assessment, and that they consider part-time and temporary workers. Assessments might be necessary to monitor the impact of work on the worker and the worker’s ability to complete the allocated tasks.
- k) Ensure recruitment, training and progression policies are inclusive of menstrual and menopausal health (e.g. maintain access to training while adjustments are in place). See [Annex D](#) for examples of recruitment considerations.
- l) Embed consultation routes to discuss changes. Where relevant, the consultation group should include representation from a range of workers in different roles, including representation of the demographics of the organization and including worker representatives where they exist and safety representatives.
- m) Ensure organizational strategies are inclusive of gender to avoid hidden bias in planning and design.

5.4 Supportive workplace cultures

5.4.1 General

Cultivating a healthy workplace culture is a critical part of making positive change and addressing any potential stigma around menstruation and menopause. Creating an inclusive culture works with policy to not only celebrate diversity of experience, but also openly challenge cultural prejudice and stigmas that are present and can negatively impact or undermine the value and contribution of workers.

Good information relating to menstrual health and menopause is key to building organizations that value diversity, equality and inclusivity. Any form of shaming, bullying, blaming, joking, dismissing, problematizing, disbelieving or pathologizing experiences of menstrual health or menopause should not be tolerated in the workplace. Supportive cultures also allocate collective responsibility and accountability to everyone for creating an inclusive environment.

NOTE For further guidance on diversity and inclusion, see ISO 30415.