



GMB **UNION** GUIDE

Women's Health & Safety

FOREWORD

GMB takes women's health and safety very seriously. In the UK, women make up roughly half of the workforce and now over 50% of GMB members are women. Therefore we want to ensure that working women have all the information they need to be healthy and safe at work.

There are too many assumptions made about the nature of 'women's work' combined with too little attention to the real risks. This means that the hazards women face may be far less likely to get resolved in workplaces, without intervention from GMB Workplace Representatives and Officers.

We know that:

- **women are more exposed to repetitive and monotonous work and to stressful conditions.**
- **young women are more likely than men to be physically assaulted at work; and**
- **women are more likely than men to experience back strain, skin diseases, headaches and eyestrain.**

I'm proud to present this guide to you, to aid you to apply a gender sensitive approach in all the great health and safety work that you do. This guide is for all GMB Workplace Reps, Shop Stewards, Health and Safety Reps and Branch Equality Officers and is intended to help you represent your women members no matter which gender you identify as.

Research has shown that unionised workplaces are safer than those without safety reps and safety committees. All GMB branch post holders and activists play a key role in negotiating better health and safety for members at work. Let's work together to bring our workplaces into the 21st century when it comes to health and safety!

Tim Roache, GMB General Secretary

INTRODUCTION

Women generally face the same hazards as their male colleagues. However, there are many reasons to consider risks from a female perspective, as they:

- **are concentrated in certain jobs** and therefore face the hazards particular to those jobs;
- **are physically different from men** – it is especially important, for example, to consider the risks facing pregnant women when working with certain chemicals or certain work processes;
- **often have more than one job** and are more likely to do work in the home or take on caring responsibilities. This means that they can be exposed to a chemical both at work and again at home or carry out double the amount of manual handling.
- **are often in low paid roles** and receive little or no health and safety training. This can be because the roles are seen as safe and the health and safety hazards are over looked, but also because some of these jobs are outside of conventional working hours.

Health and safety is still a male dominated world. Safety standards are based on the model of a male worker. Thus tasks and equipment are



designed for male body size and shape. This can lead to discrimination against women in a number of areas.

For example:

- **ergonomically**—women are often discriminated against in terms of assumed leg length, reach, suitable height for placing machinery, etc;
- **muscle strength**—especially in the use of hand tools or, for example, the buffing machines used by cleaners;
- **manual handling limits**—the Manual Handling (Operations) Regulations 1992 as amended, place a clear duty on employers to assess an individual’s capacity before setting lifting limits but many employers do not distinguish between the weight limits for male and female employees;
- **chemical exposure**— maximum exposure levels (MELs) and occupational exposure standards (OESs) are both based on limits for male bodies, and do not take into account ‘double exposure’ where women are exposed to the same chemical at work and at home; and
- **personal protective equipment**—a recent HSE report found that ‘unavailability or improperly fitting, personal protective equipment has been shown to be a significant cause

of some workplace injuries to women.’

There are two main sections in this guide, the first section is about the health and safety issues that affect women, whether they are in a job that women are more likely to do or in a role that is historically male. The second section is about women’s reproductive health and how this can be affected by work or cause health issues for women at work.

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GMB WORKPLACE REPRESENTATIVES SHOULD ENSURE THAT THEY:

- **have asked all women at work to join GMB, research has proven that many women would join a union but have never been asked.**
- **contact part –time staff, cleaners, kitchen staff and home workers.**
- **inspect areas where women are working – looking at any health and safety problems particularly relevant to women.**
- **take up any problems that members may have.**
- **involve women – find out if any women want to become more involved with the union, let them know that there are annual women’s conferences in all regions.**

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SECTION ONE

This section is designed to inform you about the health and safety issues that can affect women.



First of all there will be information and advice about health and safety issues in roles that women are more likely to be working as well as in roles which are historically male. The term 'women' in GMB refers to anyone who identifies as a woman, however we are aware that there will be different issues faced by Transgender women. GMB has produced a Transgender equality toolkit which you can use alongside this guide for a more complete view of gender equality in health and safety.

MUSCULOSKELETAL DISORDERS

Women are much more likely than men to experience upper body musculoskeletal disorders and are also prone to lower limb problems caused by jobs involving walking or standing for long hours. According to research carried out by the HSE, Women in the UK lost around 3,053,000 days per year between 2011 and 2015 due to musculoskeletal disorders (MSD). The term MSD covers any injury, damage or disorder of the joints or other tissues in any part of back, arms or legs. MSD cases caused by work can lead to employers losing money through loss of production, from sickness absence and possible compensation claims. Therefore it is in the employer's best interest to prevent these injuries from occurring.

Upper limb disorders (ULDs)

Upper limb disorders affect any part of the upper limbs including fingers, hands, wrists, lower arm, elbows, upper arm, shoulders and neck. One of the most common upper limb disorders experienced by women is repetitive strain injury (RSI), but there are other upper limb conditions that can be caused by work, such as carpal tunnel syndrome and frozen shoulder. In all these conditions, symptoms include difficulty moving, pain and swelling.

Lower limb disorders (LLDs)

Lower limb disorders affect any part of the lower limbs including toes, feet, ankles, lower leg, knee, upper leg and hips. These can be caused by things such as having to constantly kneel or squat, having to stand for long periods or work involving a lot of walking.

The main types of LLDs are:

- **Osteoarthritis (OA)** – this is a condition that affects the joints of the body (eg knees, hips and spine) and is degenerative meaning it will only get worse over time. It happens when cartilage which coats the joints gets damaged or wears away. There is a significantly increased risk of knee OA among cleaners.
- **Knee bursitis** – this is sometimes called housemaid's knee, it is caused by any activity that can put a strain on the knees, such as repetitive kneeling or squatting. Symptoms of bursitis include tenderness and swelling as well as a reduction in knee movement due to pain.
- **Meniscal lesions/tears** – this is when the knee is bent or twisted whilst bearing a load which can cause damage to occur. It can also be caused by repetitive squatting or kneeling. This damage can lead to a greater likelihood of osteoarthritis occurring as the person ages.
- **Varicose veins** – women are more likely to develop this condition, one reason is hormonal changes during

pregnancy, pre-menstruation or menopause because female hormones tend to relax vein walls. Taking hormone replacement therapy or birth control pills may increase your risk of varicose veins. Symptoms of varicose veins include feelings of heaviness and pain, a sensation of swelling and restless legs. These symptoms can become worse as the day goes on, especially after prolonged standing.

Back pain

Many different work situations can cause back pain but it is often unclear what the actual cause is. Back pain is more common in roles that involve:

- **heavy manual handling.**
- **manual handling in awkward places,** such as delivery work.
- **repetitive tasks,** such as packing of goods.
- **sitting at a desk for long periods of time.**
- **driving long distances or driving over rough ground.**
- **bending over or crouching.**
- **pushing or pulling loads,** for example moving people during care work or nursing.
- **working when physically overtired.**
- **stretching, twisting and reaching,** for example at a supermarket check out or picking depot.



MUSCULOSKELETAL DISORDERS WHAT CAN BE DONE?

If your work is causing or aggravating existing symptoms, your employer has a duty to do something about it. They should have systems in place to collect reports of symptoms of workplace illnesses and injuries.

If your workplace has this, ensure that all members know to report their symptoms; your employer will then be able to find out if there is a problem with the work you are involved in. They will then be able to make decisions on adaptations which may be needed in the workplace such as:

- changing which tools or equipment are used.
- organising work differently, such as adding more rest breaks, changing the pace of the work.
- adapting the work environment such as the temperature or lighting.

These adaptations can be permanent or temporary and can apply to a group of workers in your workplace or be specific for an individual to allow them to deal with a current problem or while recovering from symptoms.

It is important to note that women are likely to experience back pain and/or lower limb pain during pregnancy and menopause so specific risk assessments should be carried out for women during these times followed by relevant control measures.

Also, this is less likely to be discussed, but women can experience intense back pain before or during menstruation which can vary each month. It is important that this issue is discussed in workplaces to see if anything can be changed to make work more bearable for women during this time.

Menstruation shouldn't be a taboo, it happens to all women and they should not be left to suffer in silence.

SKIN CONDITIONS

According to the HSE, there are around 23,000 cases of work-related skin disease in the UK and 57% of these cases are women. Some job roles that have an increased risk of contracting work-related skin conditions are, nurses, cleaners, cooks, hairdressers, beauticians, florists, ceramic and glass process operatives, dentists and dental nurses. Skin conditions can be caused or made worse by work which involves having wet hands for long periods or exposure to substances such as chemicals. Changes to hormones and the immune system during the puberty, menstruation, pregnancy and the menopause can reduce a woman's resistance to irritants making them more susceptible to skin conditions caused by work.

It is far easier to prevent these conditions than to treat them so the HSE advise using the APC approach, this stands for avoid, protect and check.

Avoid – Where possible avoid contact between water or chemicals and unprotected hands. Change harsh chemicals for ones that are known to cause less irritation or change the work process so that contact is no longer required.

Protect – When avoiding contact is not an option, employers must provide the following:

- **Suitable gloves** for the task (avoiding latex as this can cause skin

problems or allergies in some people).

- **Wash facilities** with mild hand wash and hot and cold water.
- **Provide a way of sufficiently drying hands.**
- **Pre-work creams and moisturising creams** where necessary.

Check – Regularly check hands for dry, red or itchy skin, it is easier to treat at an early stage. These checks are also a good way to ensure that control measures are sufficient for the work being carried out.

HEARING PROBLEMS

Women who work in noisy workplaces or operate equipment that generates noise, for example, the manufacturing industry, clubs and music venues, or cleaners using loud cleaning equipment can be at risk of hearing loss. It is important that noise is taken seriously, once hearing loss has occurred, it cannot be reversed.

Women can also become more sensitive to noise during menstruation and menopause due to hormonal changes; this should therefore be considered when carrying out risk assessments.

Pregnant women are often more sensitive to noise, not only can this affect their hearing, but it can also cause stress which can lead to complications during pregnancy. According to research carried out in the USA, if pregnant women work in

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EMPLOYERS HAVE A RESPONSIBILITY TO:

- assess any risks to their employees from noise at work.
- take action to reduce noise where possible.
- provide employees with hearing protection if the noise cannot be reduced.
- make sure that legal limits on noise exposure are not exceeded.
- provide information along with instruction and training to employees.
- carry out continued health surveillance where there is a risk of hearing loss.

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very noisy workplaces, there is an increased risk of the child being born with hearing problems. This should therefore be risk assessed appropriately.

VIBRATION

There are two types of vibration which can occur in the workplace; these are hand–arm vibration and whole body vibration. Employers are required, by law, to assess and identify measures to eliminate or reduce risks from

exposure to vibration. If the risk of vibration has been identified, and removal of the risk is not an option, then control measures must be put in place. Information and training must also be provided, along with regular health surveillance.

Hand–arm vibration

This can affect anyone who use hand held machinery, mainly women who work in the cleaning, dental, medical or veterinary services or in manufacturing. Operating this machinery without sufficient control measures can cause long term painful damage to hands and fingers.

The symptoms of hand–arm vibration include any combination of:

- tingling and numbness in the fingers;
- not being able to feel things properly;





VIBRATION WHAT CAN BE DONE?

Employers must comply with the Control of Vibration at Work Regulations 2005 and they should follow HSE's guidance. This will help them manage the risk of symptoms resulting from vibration.

Employers must follow these principles:

- Avoid or remove the risk.
- Evaluate any risk that cannot be avoided.
- Adapt the work to the individual.
- Keep up with new technology.
- Replace damaged equipment or vehicles.
- Develop a prevention policy which covers technology, organisation of work and working conditions.
- Provide appropriate instructions and training to employees.

- **loss of strength in the hands;**
- **fingers going white and becoming red and painful on recovery** (probably only in the tips at first).

For some people, these symptoms appear after a few months of exposure, but for others it can take a few years. The symptoms are likely to get worse if exposure to vibration continues and they can become permanent.

Pregnancy can increase the risk of carpal tunnel which is also increased by the use of tools which cause hand–arm vibration; therefore employers

should consider removal of these tasks from the job role until after pregnancy.

Whole body vibration

This can affect women whose main role at work is driving a vehicle such as a van, bus or fork lift truck. It is transmitted through the feet or through the seat of the vehicle. Large jolts while driving can cause health risks including back-pain. For women who are pregnant, whole body vibration increases the risk of back pain and it can also be potentially hazardous for the unborn child.

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CONTROL MEASURES THAT EMPLOYERS SHOULD CONSIDER, INCLUDE:

- dust and fume suppression;
 - provision of respiratory protective equipment;
 - preventing exposure to certain substances and using alternative, safer substances where possible;
 - changing to low dust materials, eg granules or pellets;
 - enclosing sources of dust;
 - vacuuming spillages instead of sweeping up;
 - improving ventilation;
 - using effective filters and maintaining them to the manufacturer's instructions;
 - wearing appropriate, effective respiratory protective equipment;
 - checking the safety datasheets;
 - using a less volatile chemical in laundries and dry-cleaners;
 - checking for and control or remove asbestos.
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LUNG DISEASES

Lung disease caused by work is called occupational respiratory disease (ORD), this is a medical term used to describe diseases caused by, or made worse by, something you breathe in at work. Some work places where there is a higher risk of ORD are agriculture, printing, plastics industry, textiles and laundries and waste management and recycling.

Exposure to dusts, chemicals, fibres or fumes at work for just a short time may cause inflammation or irritation in the nose, throat or lungs. Longer exposure could lead to more serious chest problems, including asthma,

chronic bronchitis and chronic obstructive pulmonary disease (COPD).

To minimise dust, fibres, fumes and chemicals entering the lungs, a risk assessment should be carried out, and control measures introduced to eliminate or reduce the risk of exposure. This should be reviewed if there are changes to the process and at regular intervals.

OCCUPATIONAL CANCER

Many work and non-work related factors can cause cancer. Furthermore, cancer cases often present themselves many years after the relevant exposure took place.

Therefore, it is usually difficult to know whether workplace exposures have caused particular cases of cancer. However, it is possible to estimate in a large population the approximate number of cancer cases that could be due to work, in other words, would not have occurred in the absence of workplace exposure.

HSE estimate that about 8,000 cancer deaths and around 13,500 cancer registrations each year in Great Britain could be attributed to past occupational exposure. This is likely to be an underestimate of the real number though, this is because there are many links between work and cancer that are still only suspected but not yet proven. The HSE figures only list those where there is a proven or probable link.

Endocrine Disrupting Chemicals (EDCs)

These are implicated in the growth of breast cancer rates among female workers across a wide range of industries. These include agriculture, plastics, food packaging, metal manufacturing and the bar and gaming industries.

Night shift work

This has been consistently associated with higher risk for cardiovascular disease and cancer. The World Health Organisation (WHO) classified night work as a probable carcinogen in 2009 due to sleep disruption. Women exposed to artificial light during night-time hours, especially night shift

workers, experience a higher incidence of breast cancer than other women. Scientists believe melatonin, a hormone that helps prevent tumour formation, offers the best explanation for the link, because the body produces high amounts of melatonin at night, and melatonin levels drop in the presence of light. Several occupational studies have demonstrated that women who consistently work night shifts have increased breast cancer risk.

Asbestos

Exposure to asbestos can cause a number of different cancers, the most common being Mesothelioma and lung cancer. Mesothelioma is a cancer that affects the lining of the lungs and also sometimes the abdomen or heart.

Asbestos was used widely in:

- the building industry.
- the ship building industry.
- the manufacturing of household appliances.
- the motor industry.
- power stations.
- telephone exchanges.

Mesothelioma may not develop until 15 to 60 years after you have been exposed to asbestos, which is why we have seen an increase in cases in recent years. The number of people dying from mesothelioma each year is expected to peak around 2020 and then start to go down.



Asbestos in Schools

Most school buildings built or refurbished before 1985 contain asbestos and any school built before 2000 may contain asbestos. From the 1950s it was used extensively for school refurbishment or new builds. Today, out of 33,600 schools in Britain, 75% still contain asbestos. Sadly, within the last 10 years, approximately 140 school teachers have died from Mesothelioma. Women who work in schools whether they are Teachers, Support staff, Cleaners, Administration staff, or Cooks they have a risk of being exposed to asbestos in schools.

Anyone who has responsibility for the maintenance or repair of schools, is a 'dutyholder' as defined in Regulation 4 of the Control of Asbestos Regulations 2012. For the majority of schools, the dutyholder will be the employer.

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IT IS THE DUTY HOLDER'S RESPONSIBILITY TO:

- keep an up to date record of the location and condition of asbestos containing materials (ACMs) in the school.
 - assess the risks for ACMs in the school.
 - make plans to manage the risks from ACMs in the school and put those plans into action.
 - make staff aware of where the ACMs are so that control measures can be followed by everyone.
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This is not always done, if you or your members suspect that these regulations are not being followed, please visit www.asbestosinschools.org.uk for a guide on what you can do.

If you suspect that you may have been exposed to asbestos in your workplace, whether it be in a school or elsewhere, please visit the GMB website and fill in our asbestos survey to make it easier should you need to make a claim in the future.

For more information on asbestos in schools please visit the joint union website www.asbestosinschools.org.uk and for further information on asbestos in general, please visit the joint union advisory committee's website www.juac.org.uk.

MENTAL HEALTH

Mental health problems affect women and men equally, but some are more common among women. Women are generally at higher risk of exposure to psychosocial hazards including bullying, discrimination and sexual harassment, which all contribute to work-related stress.

Social factors affecting women's mental health include:

- **Women often juggle multiple roles** – they may be mothers, partners and carers as well as doing paid work (sometimes more than one job) and running a household.
- **Women are more likely to be the main carer** for their children and they may care for other dependent relatives too. This can affect emotional health, physical health, social life and finances.
- **Women are more likely to be in low income, low status jobs**, often part-time, and are more likely to live in poverty than men.
- **Physical and sexual abuse of girls and women** can have a long-term impact on their mental health, especially if no support has been received around past abuses.

Workplace hazards that can trigger work related stress include:

- **Excessive hours, unreasonable demands, or inflexible working arrangements** which lead to a poor work-life balance.

- **The physical work environment**, for example – noise, overcrowding or ergonomic problems
- **Women have more chance of being at risk of workplace violence** because they are more likely to work in jobs providing face-to-face services to members of the public, clients or service users.
- **Organisational practices**, for example – poor lines of communication, unclear roles and responsibilities, poor leadership, and lack of clarity about organisational objectives and strategies can have an effect on women's mental health.
- **Workplace change**, which can contribute to job insecurity and high staff turnover is another obvious factor.
- **Relationships at work**, for example poor relationships between staff and supervisors, management and other colleagues may contribute to bullying and harassment or violence.

GMB will never expect you to be an expert on mental health. Your role as a GMB Workplace Representative is to signpost anyone who may be experiencing mental ill-health to the specialist support that they need.

If you are a GMB Health and Safety Representative, you should negotiate with your employer to protect your member and get them support at work.

For a more detailed guide on mental health at work, please see GMB's Mental Health @work guide.

ACCIDENTS

Shift workers get injured twice as often as workers who work regular hours and women's rates of injury in shift work are higher than those of men. Research done by the Scandinavian Journal of Work, Environment and Health found that women work nine hours more per week on household duties and childcare than men. This extra work combined with exhaustion from inconsistent working hours makes women more vulnerable to shift work injuries. A Swedish study reported an increased risk of miscarriage in women who worked irregular hours or rotating shifts compared with day workers. Therefore, it is recommended that women avoid or be relieved of such work during pregnancy.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

GMB believes that the guidance on ergonomic and other factors should make clear to employers the importance of ensuring that PPE fits women workers properly, since this is often designed for male workers or labelled as unisex, particularly in jobs traditionally carried out by men. The reason for PPE is to protect you from whatever hazard has been identified, but obviously if the PPE doesn't fit correctly then it probably isn't giving you the correct level of protection to the standard required. For example:

- **Head and hand protection**—If gloves don't fit correctly, they can be clumsy, and affect how efficiently

a task can be performed. Also, if a hard hat is too big, this could impair vision, compromise balance and increase the risk of trips and slips if one hand has to be used to hold onto a hat.

- **Working at Height**—Harnesses should not be unisex, they should fit well. The difference between men and women's chest, hips and thighs could affect the angle that the straps fit into a harness.
- **Footwear**—Women generally have slightly smaller feet with different widths, depths and insteps to men, but they are often just given the smallest men's size available. They often have to just deal with this by wearing extra pairs of thick socks. As the shoes will be a different size to the perceived size of the foot, they are very likely to cause trips.
- **Jackets and Hi-vis vests**—Again jackets and hi-vis vests provided to women are often just the smallest men's size available. They therefore not only look ridiculous and embarrassing, but also can get in the way and inhibit their ability to carry out their work.

Universal PPE and one-size-fits-all is not acceptable. There are suppliers who make women specific PPE, so it is unacceptable for managers to say they can only source unisex PPE. Everyone should have the correct fitting PPE to ensure the right level of protection, as well as ensuring comfort, quality and wearability.

SECTION TWO

This section is about women's health and safety during specific times in their lives, these are:

- **Pregnancy and new motherhood (including when breastfeeding)**
- **During menopause**

It is unlikely that there is much discussion of these in the workplace which can make women feel isolated or embarrassed and therefore less likely to bring things up with their managers.

This part of the guide will advise you on what the law says regarding the health and safety of women during these times in their lives as well as give you the knowledge to negotiate with or challenge your employers.

PREGNANCY

It is up to your employer to ensure that your conditions at work do not put your health or your baby's health at risk. It is also illegal for your employer to discriminate against or dismiss you because you cannot do the same work due to health and safety risks during pregnancy, after giving birth or when you are breastfeeding. These rights apply to all women who are classed as employees, whether you work full time or part time and it doesn't matter how long you have been in the role.

The rules are slightly different for agency workers, casual workers and those who are self-employed and will be explained below.

Employers must carry out a general risk assessment of all the risks that employees, contractors and visitors could be exposed to, if any employees are of childbearing age and the work they do could pose a risk to pregnant women or new mothers, this risk assessment must include specific risk assessment of the processes or working conditions that may risk the health and safety of a pregnant woman, new mother or baby. This includes women who have given birth within the last six months, any woman who is breastfeeding and also women who have had a stillbirth after 24th week of pregnancy.

If a risk is uncovered in the risk assessment, the employer must do anything reasonable to remove the risk and give information of what the risks are and what action had been taken.

If you have notified your employer in writing that you are pregnant, breastfeeding or have given birth in the last six months, and the risk assessment has identified risks that cannot be removed, your employer must take the following action:

REMEMBER

In order for the health and safety protection to apply, you must inform your employer in writing that you are pregnant, breast feeding or have given birth in the last six months. If your employer requires proof, they must give you reasonable time to obtain a copy of the birth certificate from your doctor or midwife. Your employer should not insist on seeing your MATB1 maternity certificate before taking any action as this is not issued until you are at least 20 weeks pregnant.

It is completely up to you when you tell your employer that you are pregnant, however, to ensure that you can have time off for antenatal appointments and also to protect your and your babies health and safety, your employer needs to be aware. If you are concerned about work related health risks, you should discuss this with your midwife and if they believe there could be a risk, ask them for a letter to give to your employer.

It is against the law for your employer to dismiss you or treat you unfairly due to pregnancy or for raising a health and safety concern. Your employer should follow the steps above and take reasonable action to ensure that you are not put at risk or offer you suitable alternative work.

- **Step 1: alter your working conditions or hours temporarily**, if reasonable. For example allowing extra breaks, ensuring you can sit down and avoiding heavy manual handling.
- **Step 2: if it is not possible to alter your working conditions**, you must be offered suitable alternative work on the same or similar terms and conditions.
- **Step 3: if there is no suitable alternative work**, you should be suspended on full pay for as long as necessary.

The Health and Safety Executive state that the risks that employers should be looking out for are as follows:

Physical agents

Movements and postures, Manual handling, Shocks and vibrations, Noise, Radiation (ionising and non-ionising), Compressed air and diving, Underground mining work

Biological agents

Infectious diseases

Chemical agents

Toxic chemicals, Mercury, Antimitotic (cytotoxic) drugs, Pesticides, Carbon monoxide, Lead

Working conditions

Facilities (including rest rooms), Mental and physical fatigue, working hours, Stress (including post-natal depression), Passive smoking, Temperature, Working with visual display units (VDUs), Working alone, Working at height, Travelling, Violence, Personal protective equipment, Nutrition

MENOPAUSE

Menopause, although rarely discussed, is a natural stage of life that millions of women workers are either going through now or will experience in the future. It is marked by the ending of menstruation and a change in hormones. This normally happens between the ages of 45 and 55 but it can happen to some women in their 30s. It is actually the period before menopause that can cause problematic symptoms, this is called perimenopause and normally lasts between four and eight years.

Symptoms

The symptoms of perimenopause are different for every woman but some of the most common are:

- hot flushes
- palpitations
- urinary problems
- night sweats and sleep disturbance
- fatigue



- heavy periods and clots
- vaginal symptoms
- poor concentration
- irritability
- mood disturbance
- skin irritation and dryness.

The health effects and emotional changes caused by menopause can affect how a woman does her work and her relationship with her colleagues. Most employers are slow to recognise

that women may need special consideration and support, during this time of their life, due to there being little understanding of the issues. This leads to women feeling that they need to hide their symptoms and are unlikely to ask for support or adjustments in their work. Therefore, we need to provide you all with the knowledge needed to speak to your employers and educate them on what women go through during the menopause. This is an occupational health issue, so it is important that GMB members and safety representatives raise the issue in their workplaces.

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According to a study carried out by the TUC, the symptoms which are more likely to be made worse by work are:

1. hot flushes (53%)
2. headaches (46%)
3. tiredness and a lack of energy (45%)
4. sweating (39%)
5. anxiety attacks (33%)
6. aches and pains (30%)
7. dry skin and eyes (29%).

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MENOPAUSE WHAT CAN BE DONE?

To help union shop stewards and health and safety reps the TUC produced a guide called, 'Supporting Women through the Menopause' which recommends that:

Employers should ensure that all line managers have been trained to understand how the menopause can affect work and what adjustments may be necessary to support women who are experiencing the menopause.

Employers should ensure that issues such as the menopause are highlighted as part of a wider occupational health awareness campaign, so that all staff know the employer has a positive attitude to the issue and that it is not something women should feel embarrassed about. Guidance on how to deal with the menopause should be freely available in the workplace.

All women in a workplace should be given information on how they can get support for any issues that arise as a result of the menopause. Because of the way society treats the menopause, many women will feel uncomfortable going to their line manager, especially if he is a man, so other options should be available. This may be through human

resources or a welfare officer. Many employers have Employee Assistance Programmes that can act as a go-between.

Sickness absence procedures should make it clear that they are flexible enough to cater for menopause-related sickness absence. Women should experience no detriment because they may need time off during this time.

Working arrangements should be flexible enough to ensure they meet the needs of menopausal women, who may need to leave suddenly. They may also need more breaks during the day. Employers should avoid penalising staff who need to take more frequent toilet breaks.

Risk assessments should consider the specific needs of women going through menopause and ensure the working environment will not make their symptoms worse. Issues that need looking at include temperature and ventilation. The assessments should also address welfare issues, such as toilet facilities and access to cold drinking water. Improved welfare facilities could also include a quiet place to rest and easily adjustable temperature and humidity controls. Employers already have statutory duties to provide these facilities under the Workplace (Health, Safety and Welfare) Regulations 1992.

However, GMB reps should be mindful of the fact that all workplaces are different. For example, in some workplaces it may not be possible to open windows to improve ventilation. Women who wear a uniform will also be less able to change the type of clothing they are wearing when they are having hot flushes or sweating, but it may be possible to negotiate new uniform that is more suitable to the needs of women going through menopause.

Examples of reasonable adjustments that can be made by Managers, to satisfy the needs of women with symptoms of menopause include:

- taking menopause into account in absence policy.
- allowing women to report sick absence to a woman if preferred.
- providing electric fans.
- providing cold drinking water.
- allowing time off to attend medical appointments in working hours.
- changing women's uniforms from nylon/polyester to cotton.
- allowing more rest breaks.
- training for staff and managers on menopause to raise awareness and show that it is being taken seriously.



WOMEN'S HEALTH AND SAFETY CHECKLIST

Use this checklist to find out how gender sensitive your workplace is when it comes to health and safety at work.

1. Workplace Health and Safety Policies

- Does your employer's health and safety policy recognise that there are sex and gender differences in occupational health and safety?
 - Does the policy commit your employer to consult with all staff and their representatives on occupational health and safety issues?
 - Does your employer discuss gender sensitive health and safety with GMB?
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2. Health and safety management in your workplace

- Are both men and women involved in health and safety management in your workplace?
 - Is there an appropriate gender balance on any workplace health and safety committees?
 - Are all sections of the workforce represented on any workplace health and safety committees?
 - Are health and safety issues specific to women discussed, and taken seriously, at any workplace health and safety committees?
 - Does your employer include gender awareness as part of health and safety training or inductions for all staff?
 - Are GMB Health and Safety Representatives, Equality Representatives and Shop Stewards listened to in health and safety committees and taken seriously by Management?
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3. Risk Assessments

- Are risk assessments carried out and implemented by your employer?
- Do any risk assessments take into account sex and gender differences?
- Are women as well as men consulted about risk assessments?
- Are risk assessments relating to pregnant women, new mothers and women who are breastfeeding carried out properly and in good time?
- Does your employer provide a private and clean space for breastfeeding mothers to express milk and somewhere for it to be stored hygienically?
- Are specific reproductive work related health concerns, such as fertility, menstruation, menopause, breast cancer or hysterectomy adequately addressed?
- Are risks of violence, including concerns around lone working or working late adequately addressed?
- Are risks of work related stress adequately addressed through risk assessment?
- Are sex and gender differences taken into account in any COSHH or manual handling risk assessments?
- Are sex and gender differences taken into account when assessing problems associated with prolonged sitting or standing?

4. Absence management and investigation and accident reporting and monitoring procedures

- Does your employer have a sickness absence management policy?
- Does the policy ensure that work related health problems are investigated and risk assessments reviewed where necessary?
- Are GMB Safety Representatives involved in investigations?

Do you believe your workplace's absence management policy is fair and non-discriminatory?

Are accidents, incidents, near misses and work related health problems reported and reviewed regularly?

Are all accident and ill health statistics identified for men and women separately and regularly reviewed and discussed?

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5. Any other issues identified that are specific to your workplace?

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the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million, and the number of people in the public sector who are employed in health care has increased from 2.5 million to 3.5 million (Department of Health 2000).

There are a number of reasons for the increase in the number of people employed in the public sector. One reason is that the public sector has become a more important part of the economy. Another reason is that the public sector has become a more attractive place to work. A third reason is that the public sector has become a more important part of the welfare state.

The increase in the number of people employed in the public sector has led to a number of changes in the way that the public sector is organized. One change is that the public sector has become more decentralized. Another change is that the public sector has become more competitive. A third change is that the public sector has become more customer-oriented.

The changes in the way that the public sector is organized have led to a number of challenges for the public sector. One challenge is that the public sector has become more complex. Another challenge is that the public sector has become more expensive. A third challenge is that the public sector has become more difficult to manage.

The challenges that the public sector faces are a result of the changes in the way that the public sector is organized. The challenges that the public sector faces are a result of the changes in the way that the public sector is organized. The challenges that the public sector faces are a result of the changes in the way that the public sector is organized.

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