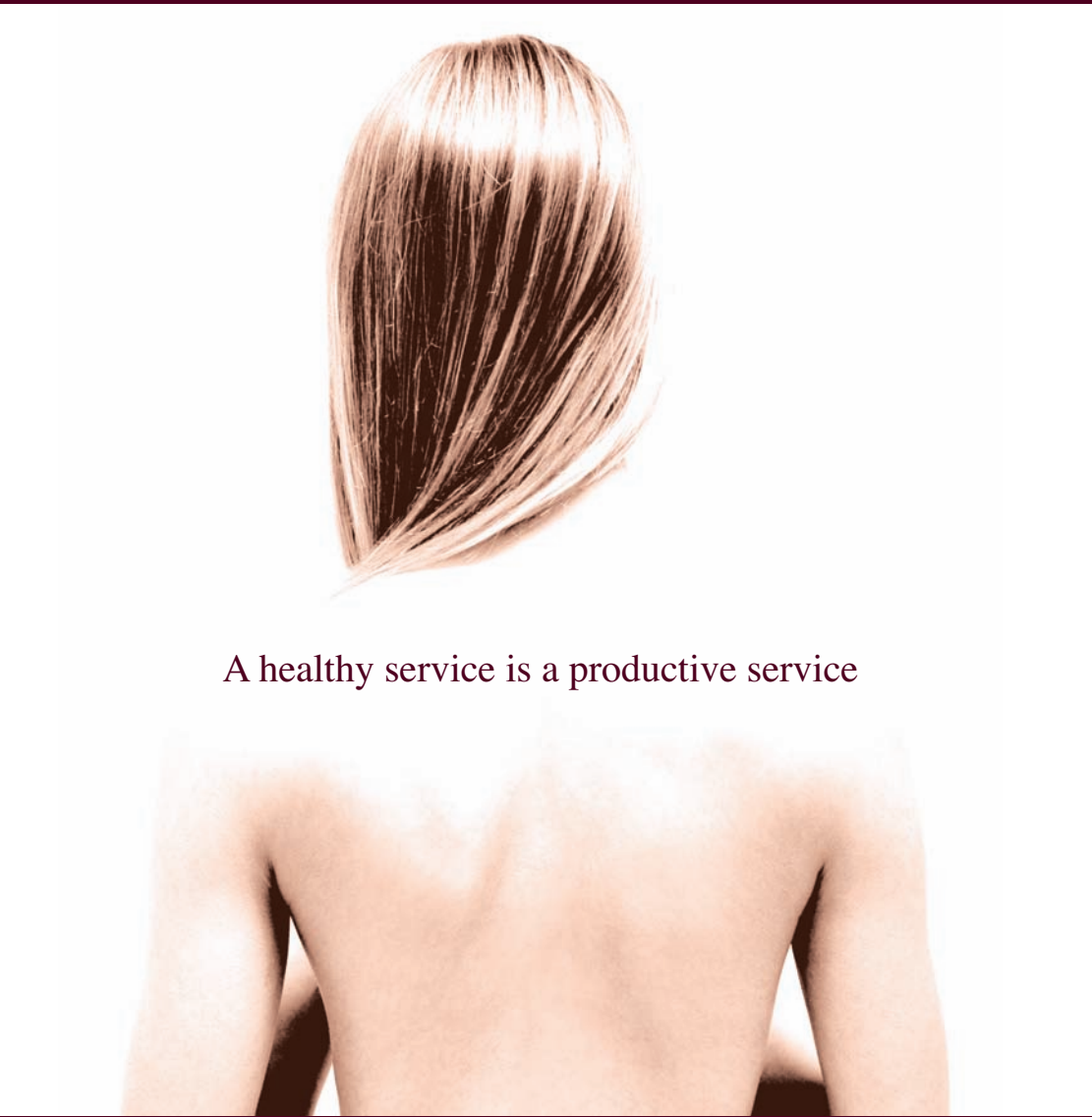




A healthy service is a productive service



Women's Health Leaflet

The police service is now recruiting and retaining more women officers and staff. With this comes the change in the age profile; this is due to more family friendly policies, flexible working and career breaks. Additionally for police staff there are changes to pension qualification and the introduction of age discrimination legislation. Women's risks at work have been traditionally ignored by the research community. Occupational health and safety has largely treated women as if they were the same as men, however, whilst women's bodies do not radically differ from those of men in their reaction to workplace hazards, there are physiological differences between men and women which do have implications for health and safety at work.

Women are likely to experience at least one or two of a range of health complaints specific to women such as thrush, cystitis, menstrual problems, cervical cancer, problems relating to the menopause such as osteoporosis and problems linked to pregnancy at some time in their working lives.

This leaflet has been produced by the Police Federation of England and Wales and the British Association for Women in Policing (BAWP) to provide useful information to all female police officers, police staff, managers and safety representatives. It highlights how health and safety legislation should be used to reduce the risk of injury and ill health to all women. A healthy police service is a productive service. The management of Health and Safety at work regulations 1999, clarify how employers must comply with their duty under this Act. A key requirement of which is that employers carry out a risk assessment of all hazards in the workplace. This should include women.

Information can also be found on the Police Federation website www.polfed.org and on the BAWP website www.bawp.org

Four other useful websites are listed below:-

- www.wellbeingofwomen.org.uk
- www.Simplyhormones.com
- www.LRD.org.uk
- www.HSEbooks.co.uk

Why do we need to consider men and women's health separately in the workplace?

- Different Risks.
- Women are physically different.
- Women can become pregnant.
- Women often have two roles and are less likely to be able to rest once at home.

- Women experience the menopause.
- Among women the risks are highest aged 55 – 59, suggesting that a higher priority should be given to older women's health and safety.
- Women reported 43% of all cases of musculo-skeletal problems according to the HSE.
- Women are more likely to have an accident because they are tired.
- 44% of the workforce in the UK is women. Almost 25% of police officers are now female and over 50% are police staff.
- Women report more stress than men. A number of studies have found that stress can affect working women more than men.
- Safety standards are often designed for the size and body shape of men.
- Women often wear PPE designed for men. Exposure limits are based on male bodies.
- Women are expected to lift unsafe loads.
- Men and women's muscle strength is different.
- Attention is paid to hazards affecting pregnant and breast feeding women. Other reproductive issues ie menstrual and menopause are ignored.
- Women's issues are generally absent from H&S policies. H&S needs a gender sensitive approach to ensure that women's voices are heard.
- 100,000 women a year suffer with back problems.
- 7million working women regularly take time off work suffering from menopause and period pain, resulting in 168 million working days lost.



Menopause and Health

- Menopause is defined as the single point in time when menstruation has ceased for 12 consecutive months.
- The average age at which women reach the menopause is 51, but it normally ranges between 45 and 55.
- The period of hormonal change lasts about 6 years.
- It may be accompanied by the following symptoms: hot flushes, night sweats, sleep disturbances, fatigue, poor concentration and memory, weight gain, irritability, mood disturbances and skin dryness.
- There is an increased risk of osteoporosis and cardiovascular disease.
- There may be a lowering of self esteem which leads to poor psychological health.
- 10-15% of women have severe symptoms.
- Menopause occurs at a challenging time for many women – elder care, increasing job responsibility, chronic illness, teenage children, ‘empty nest’ syndrome.
- The menopause often attracts stereotypical and largely negative responses and is not well understood.
- Women are reluctant to disclose to colleagues.
- The menopause is not an illness but changes in oestrogens levels can result in intermittent symptoms around this time which can be exacerbated by work.
- Sufferers are often criticised, ridiculed and suffer harassment when the subject is broached.

The University of Nottingham were commissioned by the BAWP to research the experience of ageing at work for women police officers aged 40+. The full report can be found on the BAWP website – www.bawp.org

Best Practice

- Raise awareness amongst managers about the health implications of ageing in general and the menopause in particular; this should form part of managers training.
- Increase formal and informal sources of support and information – women’s networks; local contact numbers for advice; formal support and information from Occupational Health Units.
- Improve aspects of the physical working environment – more comfortable uniforms; women only showers, toilets and restrooms; more supportive car seats; reduction in weight of equipment carried when on foot and regular breaks; suitable desks, chairs and computer screens; improved ventilation/provision of fans.



- Allow greater flexibility in job roles and working arrangements by making use of the flexible working provisions.
- Workplace health promotion – regular health checks; fitness programmes and facilities (all ages); easier access to Occupational Health Units.
- Stand alone policy on menopause or integrate this into the attendance management policy.

Any such policy should include the following:-

- Recognition that the menopause can be a problem but is not an illness or disability.
- A Health and Safety Risk Assessment which includes prevention and control measures in relation to the menopause.
- Paid time off for medical appointments.
- Menopause related sickness absence excluded from attendance management formulas ie Bradford formula.
- Training in understanding and dealing with the menopause for managers, safety representatives, Federation and Union representatives.

Useful Websites

www.pennellwomenshealth.org

www.simplyhormones.com

www.londonwomensclinic.com



Breast Cancer

The first symptom of breast cancer for many women is a lump in their breast, however, 9 out of 10 breast lumps are benign. That means they are not cancerous. Most benign breast lumps are:-

- Areas of benign breast change, causing lumpiness that is more obvious just before a period, particularly in women over 35.
- Cysts, these are sacs of fluid in the breast tissue and are quite common.
- Fibroadenoma - a collection of fibrous glandular tissue. These are more common in younger women.

Changes that could be due to a breast cancer are:-

- A lump or thickening in an area of the breast
- A change in the size or shape of a breast
- Dimpling of the skin
- A change in the shape of the nipple, particularly if it turns in, sinks into the breast or becomes irregular in shape
- A blood-stained discharge from the nipple
- A rash on a nipple or surrounding area
- A swelling or lump in your armpit

Breast cancer is the most common cancer in England & Wales and accounts for 30% all cancers in women.



- 1 in 9 women will develop breast cancer at some point in their lives.
- It's the most common cause of death from cancer in women.
- There may be a relationship between shift work and breast cancer. The research suggests that the effect of altered light exposure at night on levels of melatonin or other hormones may have an impact on the risk of cancer.
- Women who breast feed are statistically less likely to develop breast cancer than those who do not.

Should you have any of the symptoms shown above, seek urgent advice from your GP. The NHS breast screening programme provides free breast screening every three years for all women in the UK aged 50 and over.

Useful Websites

www.HSE.gov.uk/research/rrhtm/index.htm

www.breastcancercare.org.uk

Cervical Cancer

Cervical cancer is thought to be caused by infection with the human papilloma virus or HPV. HPV is nearly always sexually transmitted and is the major cause of the two types of cervical cancer. The most common symptom of cervical cancer is bleeding from the vagina at other times than during a period. You may have bleeding:-

- Between periods
- After or during sex
- At any time if you are past menopause

Some women also have:-

- A vaginal discharge that smells unpleasant
- Discomfort or pain during sex

Cervical cancer can be easily diagnosed and treated if caught early, women aged 20 to 64 should be screened every 3 to 5 years. Cervical cancer is the 2nd most common cancer in the under 35 age group. 2,700 women in the UK are diagnosed yearly. There are 24,000 severely abnormal cervical screens each year. Recently the NHS has commenced a vaccination programme for teenage girls who wish to be protected against cervical cancer.

Best Practice

- A policy on cancer screening which includes paid time off for screening and follow up appointments and necessary treatment.
- Providing staff with information on screening. (This facility should be available to all women workers regardless of age and hours worked.)
- Regular exercise and a low fat diet can help to prevent all forms of cancer and heart disease.

Useful Website

www.womenshealthlondon.org.uk



Osteoporosis

Osteoporosis is a condition that affects both men and women where bones become so porous and fragile that they can break very easily. This is a common condition that affects people of all ages, particularly in midlife. In the UK, one in two women and one in five men over the age of 50 will break a bone, commonly in the wrist, spine and hip, as a result of osteoporosis. These broken bones can result in considerable pain, disability and loss of independence.

After the age of 35, bone loss increases very gradually as part of the natural ageing process. This bone loss becomes more rapid in women for several years following the menopause and can lead to osteoporosis. The female hormone oestrogen has a protective effect on bones. During the menopause the ovaries almost stop producing this hormone reducing the protection it gives to bones.

The risk of developing osteoporosis can be reduced by taking plenty of weight bearing exercise and eating a well balanced, calcium-rich diet, not smoking and reducing alcohol intake.

Should you have concerns that you may be at risk seek the advice of your GP.

The NHS may be able to offer a scan which measures bone density. It is a simple, painless procedure and is recommended for those considered to be at high risk of breaking a bone due to osteoporosis, who may need a drug treatment to strengthen their bones.

Best Practice

- Provide all staff with information and advice about Osteoporosis.
- Involve Occupational Health Units in the promotion awareness of this condition.
- Ensure your force has a menopause policy which includes osteoporosis and the provision of paid time off for screening and treatment.

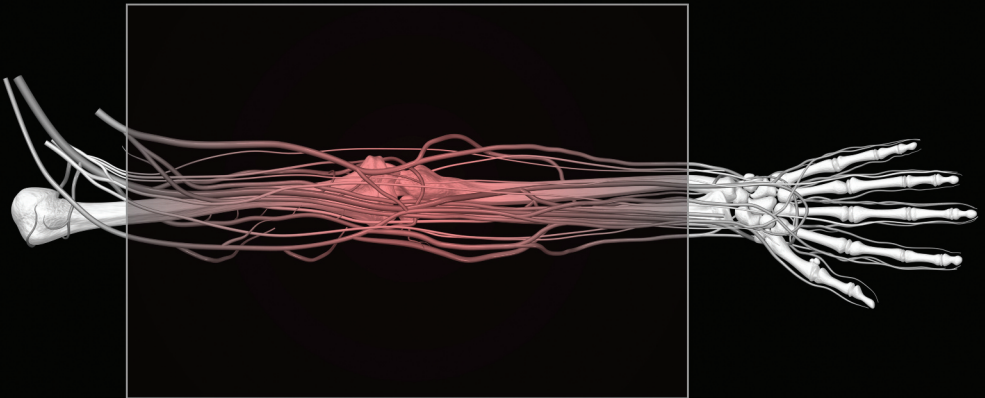
Useful Website

www.nos.org.uk



Muscular Skeletal Disorders

Muscular skeletal disorders (bone, joint or muscle problems) are the most commonly reported work related illnesses affecting women. Women between the ages of 55 -59 have the highest rate of muscular skeletal disorders. Women aged 45 -54 have a higher than average rate of injury. Although back pain is not gender specific, women generally suffer back pain for longer than men, who tend to suffer from short, sharp attacks. The lifting strength of women as a group is generally less than that of men. Manual handling has significant implications for the health of pregnant workers and their unborn children. A risk assessment should include a review of handling loads by women on return to work from maternity leave.



Best Practice

- Safety representatives should ensure that Risk Assessments take account of changes to work stations to improve working postures mouse and key board use, and software used to reduce repetition of tasks.
- Provision of training in manual handling.
- Employers should re-assess manual handling tasks to look at improvements.

Pregnancy, Maternity and Fertility Treatment

There are many risks to the Health & Safety of 'new and expectant mothers'. New and expectant mothers is a term used for women who are pregnant, have given birth in the last 6 months or are breast feeding. These risks include exposure to chemicals and other harmful agents and physical hazards such as manual handling. Pregnancy should not be treated as an illness, however, normal working conditions may not be suitable during pregnancy and whilst breast feeding. The HSE published guidance in 2003 to help employers provide a safe and healthy working environment. The HSE guidance emphasises the risk of muscular skeletal disorders during pregnancy. Hormonal changes can affect ligaments increasing susceptibility to injury. Following a caesarean section there is likely to be a temporary limitation on lifting and handling capability.



Fertility Treatment

Men and women sometimes need time off work for fertility treatment. Families going through fertility treatment will need support as this is a sensitive time and for the treatment to be successful care needs to be taken.

Best Practice

- Provide training in how work may be altered to accommodate changes in posture and physical capability, including taking breaks during pregnancy.
- Consider job rotation, relocation or suspension on full pay.
- Liaise with the woman's own GP to ensure capability
- Risk assess the situation after a return to work from maternity leave.
- The Police Federation guide to family leave and flexible working contains Risk Assessment templates which can be easily utilised by forces to carry out continuous risk assessments.
- Ensure your force has a fertility treatment policy which includes an agreement for paid leave for such treatment.

Useful Website

hse.gov.uk/pubns

Menstruation

Pre-menstrual syndrome (PMS) can be very debilitating. Some women can experience extreme emotions such as depression, aggression, tiredness, irritability and bloatedness. Changes in the levels of progesterone and oestrogen can cause headaches. According to the National Association for Pre-Menstrual Syndrome (NAPMS) one woman in three, will regularly experience PMS symptoms and 1 in 20 has symptoms of severe PMS. There is a lack of research on the menstrual cycle relating to the exposure to hazards at work. However, the research suggests a number of factors can be associated with menstrual disorders. These include strenuous physical work, demanding work, stressful work, exposure to environmental noise, hot and cold working conditions.

Symptoms

Tiredness, irritability, weepiness, lack of concentration, sore and tender breasts, feeling bloated and back ache are the main symptoms of PMS. Some women may also experience severe cramping pains, sometimes accompanied by nausea and diarrhoea. To alleviate the symptoms eat a calcium rich diet, reduce salt intake, and increase potassium (found naturally in bananas, oranges, figs and tomatoes). Eat less meat and more fruit and vegetables. Increase oxygen flow with exercise and deep breathing. Heat often helps, try a hot bath or hot water bottle. Also take vitamin supplements such as vitamin B6 and evening primrose oil.

Toxic Shock Syndrome (TSS)

TSS is a rare but potentially fatal illness that affects women. It is caused where normally harmless bacteria, commonly found in the nose, armpit, groin or vagina suddenly produce toxins, and it is associated with women using tampons. The symptoms include sudden high temperature, vomiting, a rapid pulse, fluid loss, sore throat, aching muscles, skin rash, dizziness, headaches and confusion.

Best Practice

- Raise awareness of the risks in the workplace.
- Improvements in workplace facilities particularly for the disposal of sanitary items.
- The development of workplace guidelines for PMS sufferers.
- Nomination of a designated person (preferably a woman) to provide advice and support.
- Conduct a review of sickness and absent management procedures and suggest modifying the trigger levels for sickness absence procedures to take account of PMS.
- Contact local Federation and Union reps.

Useful Website

http://www.usdaw.org.uk/equality/resource_library/files/RLFWH05/5Premenleaflet.pdf