International Standard

ISO 45010

First edition
2026-09

Occupational health and safety management — Menstruation and menopause in the workplace — Guidance

Gestion de la santé et de la sécurité au travail — Menstruations et ménopause au travail — Recommandations

Reference number
ISO 45010:2026(en)

COPYRIGHT PROTECTED DOCUMENT

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

Published in Switzerland

Contents

Page

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 document 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).

ISO draws attention to the possibility that the implementation of this document may involve the use of (a) patent(s). ISO takes no position concerning the evidence, validity or applicability of any claimed patent rights in respect thereof. As of the date of publication of this document, ISO had not received notice of (a) patent(s) which may be required to implement this document. However, implementers are cautioned that this may not represent the latest information, which may be obtained from the patent database available at www.iso.org/patents. ISO shall not be held responsible for identifying any or all such patent rights.

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

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 and menopause, and by extension, for menstrual and menopausal health. The practical workplace adjustments and activities recommended in this document promote inclusive workplaces and complement good practice in workplace well-being, occupational health and safety (see ISO 45001) and gender inclusion in the workplace (see ISO 53800).

Menstruation and menopause are not medical conditions but life course experiences (see Clauses A.1 and A.2). For many workers, the experience of menstruation and menopause is managed independently and privately without the need for additional support by organizations. However, organizations can introduce workplace 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 and job satisfaction, and a more inclusive and culturally safe workplace environment for all. A lack of knowledge, understanding or support for menstruation or menopause and their associated symptoms can lead to challenges including presenteeism, absenteeism, disengagement and additional or increased turnover costs.

This document can assist employers and organizations, senior leaders, supervisors, human resource professionals (HR), occupational health and safety (OH&S) professionals, onsite healthcare professionals, well-being and diversity and inclusion (D&I) practitioners, and architects and interior designers responsible for workspace construction and refurbishment. It can also support workers who are responsible for managing individuals' performances, workloads, well-being or work environments.

NOTE 1 Further information on menstrual and menopausal health can be found in Annex A.

NOTE 2 Further information on how this document complements ISO 45001 can be found in Annex G.

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 this document does not consider andropause in the workplace, many of its recommendations can also support workers experiencing andropause.

0.2 Why start addressing this topic now?

By 2030, over 1,2 billion women worldwide will be menopausal or postmenopausal,[17] and 1,8 billion women menstruate every month,[18] 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 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 closely linked. For example, symptoms associated with menstruation and menopause can occur when workers are also dealing with stressors such as other health conditions, fertility issues, pregnancy loss, deaths of significant others, 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, such as reducing occupational risks and absences. By fostering inclusivity, supporting worker well-being, and eliminating discrimination, organizations can also enhance their reputation and attract a diverse workforce.

Workers can experience menstrual or menopausal symptoms which can impact their experience of work and can cause them to leave an unsupportive work environment. Symptoms experienced in an unsupportive

environment can also contribute to underemployment or working fewer hours, which can impact their career trajectories, promotional prospects and financial security in later life.

Implementing good practice around supporting menstruation and menopause in the workforce also benefits organizations by:

a) increasing worker engagement;

b) improving the health and well-being of workers and boosting their healthy working life expectancy;

c) improving leadership cultures by generating more awareness amongst all managers;

d) improving diversity and inclusion objectives by preventing high turnover in organizations due to inadequate, unsupportive or inflexible working conditions;

e) attracting a diverse workforce, increasing worker retention, and reducing the financial costs of attrition, recruitment and training;

f) helping to comply with occupational health expectations from suppliers and buyers.

0.3 Questions this document can help to address

Table 1 identifies the elements of this document which address key areas around menstruation and menopause.

Table 1 — Frequently asked questions that this document addresses

Question	Clause/ subclause/annex
I have a workforce who are located across different environments, some of which are physically or psychologically demanding. What design changes should I consider that support menstruation and menopause?	5.2 5.3 5.5 Clause 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
I have a diverse workforce. Do people from different racially and ethnically diverse backgrounds experience menstruation and menopause at work differently?	5.7 Annex A
My organization is gender inclusive. How can my organization's menstruation and menopause policies and practices support everyone?	5.4 5.7

Occupational health and safety management — Menstruation and menopause in the workplace — Guidance

1 Scope

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

This document is applicable to any organization regardless of size or sector and can be adapted to individual business needs.

This document does not apply to medical guidance or clinical options outside of the workplace. However, it does include reference to qualified sources where such information is available.

This document does not apply to andropause.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 45001:2018, *Occupational health and safety management systems — Requirements with guidance for use*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 45001:2018 and the following 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, typically in men

Note 1 to entry: Andropause has different hormonal patterns, physiological change processes and cultural perceptions to *menopause* (3.6).

3.2
menstruation
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 to 5 days for shedding (*period* (3.4)) to take place.

3.3
menstrual cycle
hormonal cycle that prepares the uterus for pregnancy and triggers *menstruation* (3.2), beginning on the first day of one *period* (3.4) 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 as normal.

3.4
period
menses
days of menstrual bleeding within each *menstrual cycle* (3.3)

Note 1 to entry: The first period is called "menarche" and the last period occurs during *menopause* (3.6).

Note 2 to entry: This is a commonly used, colloquial term.

3.5
menstrual and menopausal health
state of physical, mental and social well-being and not merely the absence of disease or infirmity, in relation to the *menstrual cycle*[16] (3.3)/*menopause*[16] (3.6)

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
time of life associated with the permanent cessation of the *period* (3.4)

Note 1 to entry: In this document, the term "menopause" is used to refer to the entire duration of menopause transition, unlike the medical definition, which differentiates between *perimenopause* (3.7), menopause (the moment in time usually 12 months after a person's final period) and *postmenopause* (3.8).

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

Note 3 to entry: *Symptoms* (3.12) that begin to occur in perimenopause can vary in frequency and severity and often change over the course of the menopause, lasting from a few months to several years.

Note 4 to entry: Menopause can occur earlier (e.g. due to surgery, chemotherapy or hormonal treatments). The World Health Organization (WHO) Fact Sheet[14] can be reviewed for medical information.

3.7
perimenopause
phase before *menopause* (3.6) when *symptoms* (3.12) begin to occur

Note 1 to entry: In this document, "perimenopause" refers to a part of menopause in which hormones begin to fluctuate and symptoms can occur.

Note 2 to entry: This phase continues until *menstruation* (3.2) has ceased for 12 consecutive months. Symptoms of perimenopause can start several years before the cessation of the *period* (3.4). Symptoms can vary in frequency and severity and often change over the course of menopause.

3.8
postmenopause
phase after *menopause* (3.6) when *symptoms* (3.12) can be still present

3.9
menstruation and menopause representative
appropriately trained person appointed by an organization or worker representative group (such as a trade union or workers' council) who represents, coordinates and advocates for support and to raise awareness for workers with menstrual and menopausal needs

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 within social structures. 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 healthcare). All of these aspects can have an impact on the experience of *menstrual and menopausal health* (3.5), thus creating new forms of stigma, inequality and exclusion.

3.11
non-binary
not identifying their gender as man or woman

3.12
symptom
indicator of a condition or illness

Note 1 to entry: This document uses the term "symptom" to recognize that, even though *menstruation* (3.2) and *menopause* (3.6) 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
trans
differing gender identity in some way from the sex they were assigned at birth

Note 1 to entry: This term can include transgender men, transgender women, *non-binary* (3.11) people, gender questioning, gender non-conforming and gender-fluid people.

3.14
workplace adjustment passport
document completed collaboratively between the worker and employer that follows the worker across different managers or roles and can help workers and managers record agreed adjustments

4 Introduction to menstruation and menopause at work

Menstruation and menopause are part of healthy biological processes but 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. Workplace cultures where menstrual and menopausal health are openly discussed enable workers and organizations to work collaboratively to identify appropriate support or workplace adjustments that enable workers to perform at their best.

Knowledge of menstruation and menopause is often culturally bound and subject to stigma. This can result in workers feeling ashamed to discuss the subject, or apprehensive about discussing it, in their organization. Menstruation and menopause are also subject to 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 race, ethnicity, religion, sexual orientation, gender identity and neurodivergence are often neglected (see Clause A.4).

References to menstruation and menopause in the workplace are uncommon. When they do appear, they often take the form of discussions, conversations or policies that assume physical, emotional and psychological symptoms are severe and negative. This focus can contribute to stigma and perpetuate taboos.

There is a two-way relationship between work and menstruation/menopause. Symptoms can impact how workers experience work and at times can influence worker engagement and turnover. In addition, workplace environments such as the type of the work, job demands and perceptions of managerial support[19] can impact the experience of symptom frequency and severity. Given that symptoms can change over time, this

can require considerations for working patterns, uniforms and equipment, and other workplace provisions. Anticipating these changes can ensure workers remain comfortable, safe and able to perform their roles effectively.

There are several simple workplace adjustments which can help workers to be more comfortable when experiencing symptoms while working. Clause 5 gives guidance on potential workplace adjustments, practical actions and support options. It is possible that organizations already have some support mechanisms in place that can be sensitized to include references to menstruation and menopause.

When workers need support at work, managers should be advised to seek guidance from other available sources. This may include HR or OH&S practitioners, a trained menstruation and menopause representative, trade union or workers' council representatives and/or 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 significantly disrupt someone's working life, it is possible that there is an underlying condition. Existing medical conditions which can also be exacerbated by menstrual or menopausal symptoms, requiring additional support in line with other long-term medical conditions. Some workers potentially conceal or supress their discomfort. Others do not always realize that their symptoms can be helped by medical or healthcare support or are unaware of signs of an underlying menstrual condition or menopause.

NOTE Some medical conditions involve a lack of menstruation, which can cause a worker to lack awareness regarding their menopause status. However, it is possible that they can 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 existing support can be introduced, adapted or improved for workers who are experiencing menstrual or menopausal symptoms.

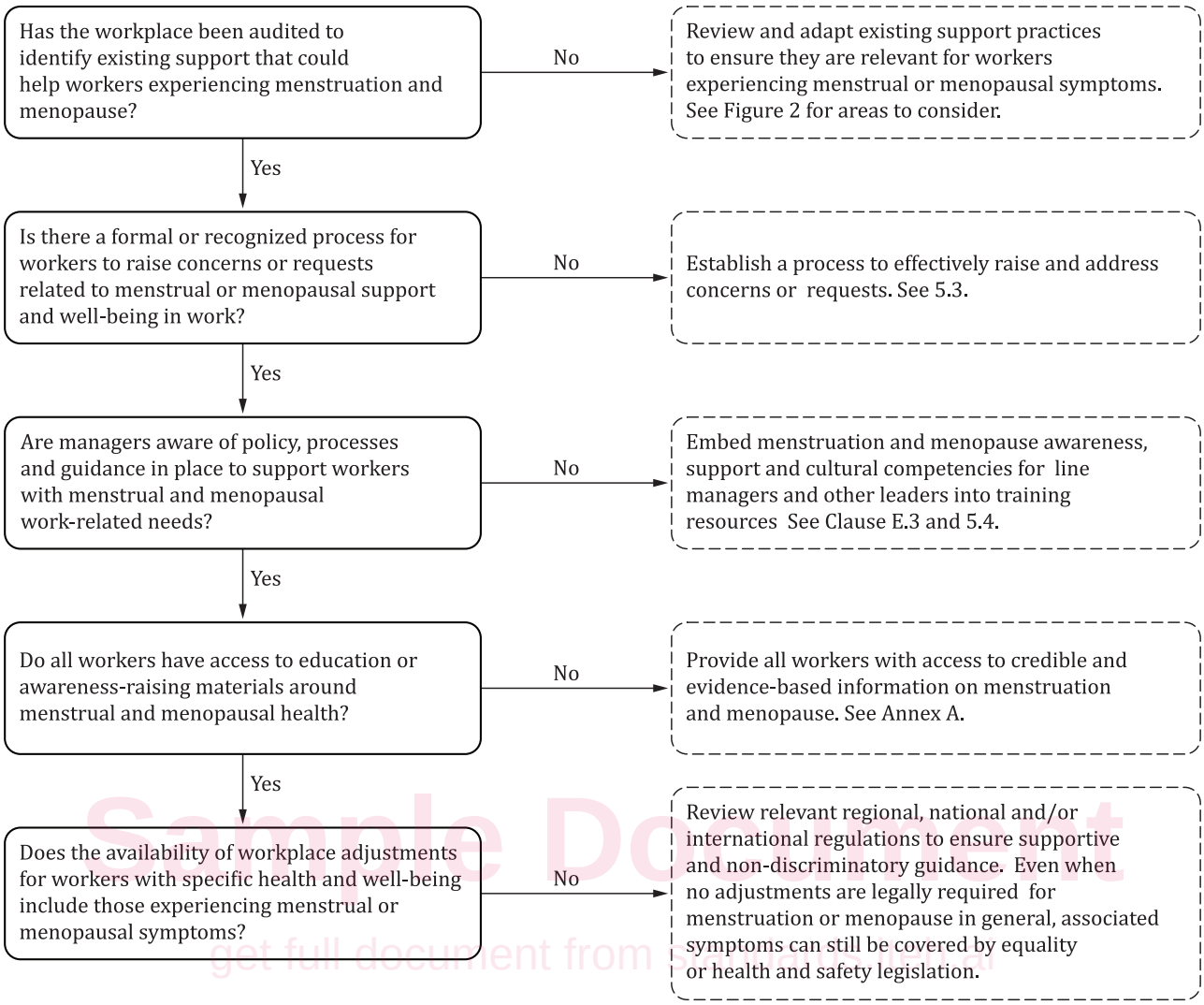

Figure 1 — Considerations flowchart

Organizations should be aware that stressors in the workplace environment related to specific job roles and/or workplace cultures can 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 can 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 for organizations to recognize that menopause can have an impact on workers in all roles and levels of work. Organizations should avoid making assumptions about the experience of menopause and the age at which menopause can 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 (SMEs) in 5.8.

Practical actions range from workplace environmental and physical factors to flexible work design and creating a positive inclusive culture promotes awareness of menstruation and menopause. They are relevant to consider across a wide variety of workspaces including warehouses, depots, offices and off-site locations. Workplace adjustments and actions should be embedded within existing systems and processes that attend to worker health and well-being.

Guidance can be found in the following subclauses and annexes:

— Examples of workplace adjustments that can be implemented to support workers are included in 5.2 to 5.7. These examples are not exhaustive and have been categorized for ease of reading; however, the workplace adjustments can overlap for a range of situations. Available workplace adjustments should be easily accessible to all workers (including women, transgender men and non-binary people) and access should consider the challenges of worker disclosure for menstruation or menopause (see 5.6).

— Annex C provides a checklist with several of the recommendations and workplace adjustments mentioned in this document. This can serve as a support tool when reviewing practices.

Figure 2 illustrates the framework, described throughout this document, 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.

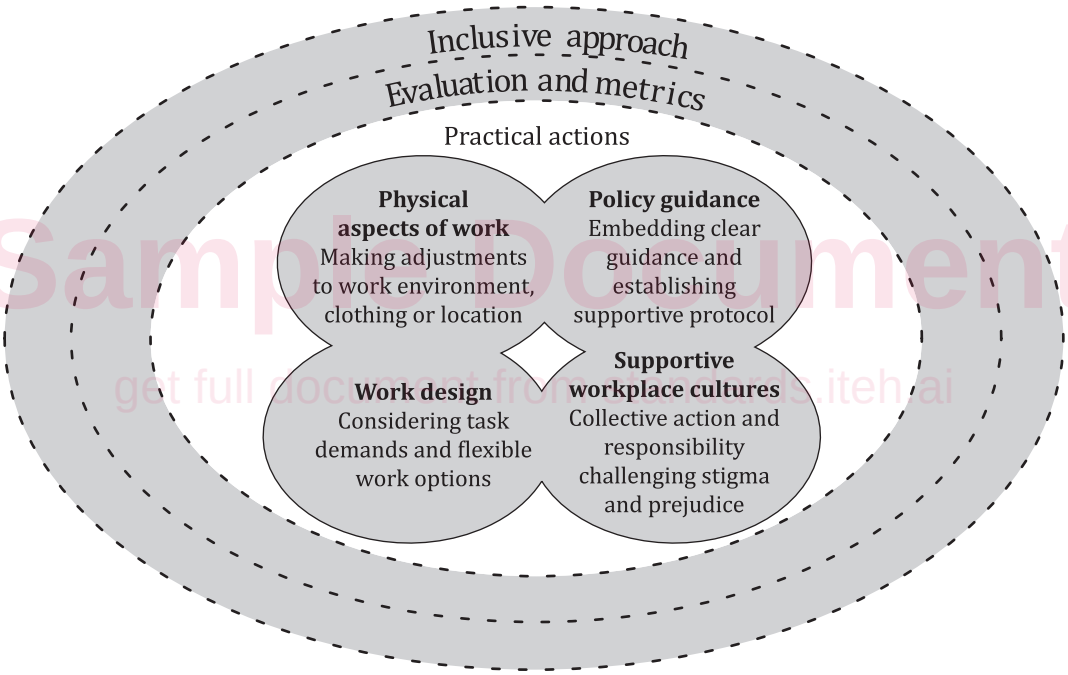

Figure 2 — Areas to consider when supporting menstrual and menopausal health in the workplace

5.2 Physical aspects of work

5.2.1 General

Workers who experience menstrual and menopausal symptoms work across diverse settings, and on fixed or variable work sites, including 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.

Workplace 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, workplace adjustments should be implemented on a case-by-case basis and carefully consider job role, risk and potential for harm.

5.2.2 Recommendations on physical aspects of work

5.2.2.1 Physical work setting and layout

The following recommendations should be implemented to help workers manage symptoms:

a) The organization should ensure unrestricted access to private, hygienic toilet and wash 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 menstrual cups.

b) For sedentary jobs, the organization should 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 non-assigned seating on a work site (often called "hot desking") is used, the organization should provide desk plans with as much information as possible. This can include details on lighting, windows, distance to washrooms or quiet rooms if available, and where to find warmer or cooler parts of the building.

d) The organization should assess the use of natural materials in the building or in workplace furnishings which can help with thermal comfort. Furnishings and fabrics should be chosen that are breathable and stay cooler but can be cleaned easily when required.

e) The organization should provide spaces for short-term recuperation, rest and management of episodic symptoms, such as seating, privacy or a quiet environment.

f) The organization should provide easy and complimentary access to menstrual products as well as safe storage to avoid damage to menstrual products.

g) The organization should provide safe and hygienic disposal for menstrual products in all toilet and changing facilities.

5.2.2.2 Work environment conditions

The following recommendations should be implemented to help workers manage symptoms:

a) The organization should provide easy access to cool drinking water, warm beverages and snacks (given it is necessary to take some medication with food). If a site is remote from facilities, consider providing food and refreshments on the premises.

b) The organization should provide blinds or curtains to block out bright sunlight to avoid triggering symptoms related to headaches or photosensitivity.

c) The organization should provide a quieter area or noise reduction options to support menstrual or menopausal symptoms that relate to hearing sensitivity or headaches.

d) The organization should manage temperature, humidity, air quality and air movement through adequate ventilation and, where practicable, de-humidification, opening windows, fans or localized heat sources to support changes in body temperature.

e) The organization should assess lighting in tandem with health and well-being considerations and avoid centralized lighting control where possible. Where heat-generation processes are part of the work, these should be offset with lighting of a cooler colour.

f) The organization should identify areas in the building that are naturally warmer or cooler to support changes in body temperature.

g) Where strong scents or odours (e.g. food facilities, chemicals), the organization should 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.

h) The organization should ensure menstrual and menopausal health is supported through adequate hygiene management facilities (including disposal options and running water) especially in work locations and regions with limited access.

5.2.2.3 Work clothing

The following recommendations should be implemented to help workers manage symptoms:

a) The organization should offer discreet places to change clothes and ability to store spare clothes.

b) Where uniforms are required, the organization should provide a comfortable size, ideally made from breathable natural fabric (such as cotton or bamboo) and easy to launder. Where possible or feasible, the organization should allow options for darker colours, additional items and fittings that allow for temporary fluctuations in size (elastic or adjustable waistbands can be particularly helpful).

c) The organization should check if personal protective equipment (PPE) and safety equipment can be made more comfortable and adapted 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 menstruation and menopause across the organization empowers managers, supervisors and workers to determine and apply actions to improve and facilitate well-being 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 well-being 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, organizations can introduce either a stand-alone policy or integrate reference to menstruation 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

5.3.2.1 Developing policy — Considerations

The following recommendations should be implemented when developing policy:

a) The organization should consult with a variety of workers who can be impacted. The consultation group should include representation from a diverse range of workers in different roles from across the organization, workers' representatives where they exist and safety representatives. Privacy and confidentiality should be protected to encourage participation, inclusion and open discussion.

b) The organization should reflect on which other organizational 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 an embedded approach to menstruation and menopause support.

c) The organization should develop absence or attendance management policy and processes that allow for workers to choose if they want to record menstrual and menopausal symptoms in a way that avoids stigma or unfair penalization.

d) Where applicable, the organization should engage with relevant regional or national policies and provision that support menstruation and menopause.

e) The organization should ensure menstruation and menopause are included as “worker factors” in risk assessments

5.3.2.2 Implementing policy — Considerations

The following recommendations should be implemented when implementing policy:

a) The organization should effectively communicate policies to everyone in the organization, using channels that are accessible and inclusive (managers and relevant functions should understand the contents and implementation of these policies).

b) The organization should review organizational procedures to support the implementation of the policies and actions.

c) The organization should establish and embed a pathway for managers to achieve a good awareness and understanding about the importance of supporting menstruation and menopause at work, including compliance obligations regarding health and safety, and equality, diversity and inclusion.

d) The organization should consider the introduction of workplace adjustment passports.

5.3.2.3 Ongoing policy — Considerations

The following recommendations should be implemented when maintaining policy:

a) Given that menstrual and menopause symptoms and needs change over time, the organization should ensure policies include requirement for periodic check-ins with workers.

b) The organization should 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 can be necessary to monitor the impact of work on the worker and the worker’s ability to complete the allocated tasks.

c) The organization should ensure recruitment, training and progression policies are inclusive of menstrual and menopausal health (e.g. maintain access to training while workplace adjustments are in place). See Annex D for examples of recruitment considerations.

d) The organization should 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.

e) The organization should 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 that supports positive menstrual and menopausal health works not only celebrates diversity of experience, but also openly challenges cultural prejudice and biases that are present and can negatively impact or undermine the value and contribution of workers.

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

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