Diabetes

Introduction

Around 1.8 million people in the UK are diagnosed with diabetes each year. It is estimated that there are probably a further one million people who have diabetes without knowing it. These figures are increasing at a significant rate and it is predicted that the incidence of diabetes will increase to 3 million in the UK by 2010.

Diabetes Mellitus is a condition which results in too much sugar in the blood. This happens because the body does not produce enough insulin, the hormone that controls blood sugar levels. There are many types of diabetes but the two most common are type 1 and type 2.

Types of diabetes

Type 1 diabetes
This type of diabetes develops when the body is unable to produce any insulin. It usually appears before the age of 40 and is treated by insulin injections, diet and regular activity.

Type 2 diabetes
This develops when the body can still make insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). It usually appears later in life, in people over 40 or overweight. This is also referred to as Non-Insulin-Dependent Diabetes (NIDDM). It can be treated in a number of ways depending upon its seriousness, which include diet, weight loss and physical activity. Tablets and/or insulin injections may also be required to achieve normal blood glucose levels.

The main aim of treatment for both types of diabetes is to achieve blood glucose and blood pressure levels as near to normal as possible. A diet that does not include sugary food or drinks is important for both types of diabetes.

Controlling Blood Glucose – Hypoglycaemia

Hypoglycaemia (hypo) is the clinical term for a low blood glucose level, and is more common among people with type 1 diabetes. A diet which does not include sugary food or drinks is important for both types of diabetes.

Symptoms of hypoglycaemia
Symptoms vary from person to person and include feeling giddy or shaky, feeling hungry, headache, sweating, going pale, heart racing, mood change,
blurred vision and tingling lips. If mild hypoglycaemia continues and the blood glucose level continues to drop, the lack of glucose may impair brain function, causing delirium, seizures or loss of consciousness.

**Dealing with diabetes in the workplace**

An organisation should make its own assessment of staff occupations that are considered hazardous and it should ensure the roles defined as hazardous are subject to a thorough risk assessment process.

General employment decisions should be based on seven key questions:

1) Does the organisation have an up-to-date job description and job specification for the role?

2) Is the individual fit and competent (qualifications, skills, knowledge and experience) to carry out their task in line with the risk and potential hazards associated with the role?

3) Will the job adversely affect their health?

4) Can reasonable adjustments be made to the existing role?

5) Are there any alternative roles or working arrangements suitable for the individual?

6) What guidance has been used to reach the decision?

7) Has the above process been documented and communicated to all parties?

**Employee responsibilities**

It is up to the employee whether or not to tell their employer they have diabetes. Bringing it out in the open can have a positive effect. It can help dispel any incorrect assumptions about diabetes and can provide an employee with the opportunity to teach their co-workers how to recognise and/or treat hypoglycaemia. If anything diabetes-related happens then the employer may also be better able to deal with any complications that arise.

Employees with diabetes need to be aware of the time, have a certain routine and follow a healthy lifestyle.

**Role of line manager**

The actions and decisions of a line manager will help ensure a member of staff with diabetes is able to do their job to the best of their ability, and that they will not be treated unfairly or discriminated against. An understanding and supportive approach by colleagues and line manager is essential so that the individual feels like any other member of staff.

When working with a member of staff who has diabetes it is important that a line manager shows understanding and is supportive of the individual’s needs.
It is also important to establish what, if anything, the member of staff wants their colleagues to be told and who will tell them.

It is important to establish the specific effects of an employee’s health before considering what adjustments, if any, can be made (taking into account available advice and guidance). If adjustments do need to be made then the line manager should discuss this with the individual concerned to assess what would help them to do their job.

**Role of occupational health**

The occupational health service has many roles, one of which is to provide support to line managers who find themselves dealing with the health issues of individual members of staff.

The occupational health team will provide advice and guidance on management issues with regards to health, and illness at work, including return-to-work programmes.

If an individual member of staff is referred to occupational health by their manager the occupational health team will carry out an assessment to identify any health issues that may affect the individual’s ability to carry out their role. They will also advise where reasonable adjustments to the workplace are required in order for the individual staff member to carry out their role.

**The legal position**

Diabetes is now recognised as a disability under the Disability Discrimination Act (DDA) 1995/2004.

The act introduced new laws aimed at ending the discrimination that many people with disabilities face, especially in the area of employment. Disability is defined as “a physical or mental impairment, which has a substantial and long-term adverse effect on an individual’s ability to carry out normal day-to-day activities”.

Organisations are required to consider making ‘reasonable adjustments’ to the workplace or to employment arrangements to:

- Remove unjustifiable barriers (actual or potential) facing people with diabetes to encourage participation and foster inclusiveness and equality for disabled people.

Organisations wanting to become model employers need to develop the capacity to detect, understand and promote awareness of how to manage diabetes in the workplace.

**Suitability for driving**

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1. *Information on Diabetes in the Workplace*, Ambulance Service Association (ASA)
The medical standards developed by the Driving Vehicle Licence Authority (DVLA) refer to Group 1 and Group 2 entitlements.

**The DVLA has two qualifying groups and these are:**

- Group 1 includes motorcars and motorcycles.
- Under group 2 licences, two separate categories exist that are most relevant to ambulance services and other organisations which transport patients.

  C1 – includes heavy goods vehicles (HGV) which includes vans and lorries weighing between 3500 and 7500kg (including vehicles with a trailer weighing up to 750kg).

  In the context of ambulance services this would include, for example, emergency ambulances and old passenger-carrying vehicles.

  D1 – Buses with more than eight but fewer than 17 seats (including vehicles with trailer weighing up to 750 kgs) provided they are not used for hire or reward. An example would be a patient transport vehicle carrying more than eight patients.

To legally drive an ambulance an individual needs to have a C1 on their licence. To drive a patient transport service vehicle (PTS) with eight or more seats an individual needs a D1 on their licence.

If the staff member’s diabetes is treated with insulin they will not be able to hold a HGV, PSV or LGV Vehicle Licence. However, legislation has been introduced to allow ‘exceptional case’ drivers to apply for or retain their entitlement to drive class C1 vehicles, subject to annual medical examination. Otherwise drivers are not licensed for driving heavy goods or passenger carrying vehicles within the group 2 category. This is because they are unable to meet the higher group 2 medical standards that the DVLA sets for licensing drivers.

Because hypoglycaemic events in insulin-dependent diabetics continue to be a major component in medical causes of accidents, the Secretary of State’s Honorary Medical Advisory Panel on Diabetes and Driving recommended to the DVLA that drivers with insulin-treated diabetes should not drive emergency vehicles. The consequences of a hypoglycaemic event during an emergency for the driver, patients, fellow ambulance staff and members of the public are much greater than for a group 1 driver. The Association of NHS Physicians upholds this view and applies this standard in fitness assessments for ambulance staff.

This latter recommendation by the Secretary of State’s Honorary Medical Advisory Panel on Diabetes and Driving is not legally enforceable. Employers will have to take a view as to whether they accept this recommendation to the DVLA in dealing with staff.
More information

Diabetes UK – www.diabetes.org.uk