

Briefing

Employment adjustments for people with Diabetes

Abridged content for sample purposes

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Contents

Introduction	4
Employment and people with Diabetes	9
Reasonable adjustments and best practice	11
Induction, training and development	17
Health and safety	18
Harassment	21
Further sources of reference	22
Contact us	24

Introduction

What is Diabetes?

Diabetes affects approximately 4.5 million people in the UK,^[1] which represents approximately 7% of the population.

Diabetes occurs when the body cannot use glucose (sugar) properly. Although not curable, diabetes can be successfully treated by controlling the level of glucose in the blood. This can be achieved through a regime of exercise and diet, and, where necessary, oral medication or insulin injections.

With correct treatment most people experience very few practical problems. However, some people do experience long-term complications.

^[1] Diabetes UK.

Employment adjustments for people with Diabetes

Type 1 and Type 2 diabetes are the most well-known type of diabetes.[2]

In Type 1 diabetes (also known as insulin dependent diabetes), the body produces no insulin itself and the diabetes is controlled by insulin injections. Type 1 diabetes is common in childhood and accounts for approximately 10% of cases in adults in the UK.

In Type 2 diabetes (also known as non-insulin dependent diabetes), the production of insulin is not sufficient, increasing the level of glucose in the blood. It is treated mainly through oral medication and diet, although insulin injections may sometimes be required. Type 2 diabetes generally occurs in adulthood and accounts for approximately 90% of cases in adults in the UK.

[2] Other type of diabetes include gestational diabetes, Latent Autoimmune Diabetes of Adulthood (LADA), Maturity onset diabetes of the young (MODY), neonatal diabetes, and secondary diabetes.

Hypoglycaemia and hyperglycaemia

These terms, often shortened to 'hypo' or 'hyper', are often heard in relation to diabetes.

Hypoglycaemia

Hypoglycaemia happens when levels of glucose in the blood become too low due to excess insulin from treatment, medication, lack of food or too much physical activity.

This can occur at work. Hypoglycaemia occurs rapidly over several minutes and can be resolved equally as rapidly. Symptoms include confusion, shakiness, weakness, faintness, tiredness, sweating, headache, blurred vision, unsteadiness and hunger. The individual may need to take small amounts of sugar, sweet juice or food containing sugar, followed up with longer lasting starchy carbohydrate, such as a sandwich.

Hyperglycaemia

Hyperglycaemia happens when levels of glucose in the blood become too high due to insufficient insulin or insulin resistance. The onset of hyperglycaemia is dependent on how the individual manages their diabetes. Symptoms can include tiredness, blurred vision, increased thirst and a dry mouth and the need to urinate frequently.

When the body runs out of insulin, the level of glucose in the blood increases; this glucose cannot be used as fuel by the cells. If hyperglycaemia is not treated, the body will start running out of insulin, leading to a build-up of ketones. Ketones are produced in the liver by burning fat to be used as replacement fuels by the cells. It can quickly develop into Ketoacidosis and may require swift hospital admission. Symptoms include excessive thirst, dry mouth, frequent urination or even passing out; nausea or vomiting may start.

Employment adjustments for people with Diabetes

In addition, the skin may become dry, eyesight blurred and breathing deep and rapid. The individual may need extra medication and must monitor their condition carefully. Eventually, if untreated, the levels of ketones will continue to rise and, combined with high blood glucose levels, a coma will develop which can be fatal.

Treatments

Treatment will vary depending on the type of diabetes and on the individual themselves. Diabetes Type 2 may not necessarily require medication or injection. Diabetes Type 1 will need to be treated with insulin, often using an insulin pump.

Continuous infusion therapy (insulin pump) is a more accurate way of imitating the body's insulin secretion response, however delivery failure can and does occasionally occur for a number of reasons. When this does occur, because only rapid acting insulin is used, a state of serious hyperglycaemia can occur within an hour or two.

Individuals who use Multiple Daily Injections of insulin (MDI) use the slower acting basal insulin, which remains active within the body for up to 24 hours. In this case the onset of hyperglycaemia is gradual, occurring over a period of several days and is very unlikely to develop into an emergency situation at work. Most people with diabetes recognise these symptoms and take the appropriate action. However, should loss of consciousness occur, emergency services should be called.

Associated conditions

If diabetes is kept under control the likelihood of complications decreases significantly. However, some people with diabetes do experience long-term complications. These generally develop over a period of many years, such as:

- Nerve damage (caused by prolonged high glucose levels).
- Numbness / tingling in the feet and cramps.
- Kidney problems.
- Heart disease.
- Circulation problems in the legs.
- Damage to the eyes, which if left untreated, can result in blindness.

Employment and people with Diabetes

Many people who have diabetes will be protected under the Equality Act 2010 but will not consider themselves to be disabled.

Nevertheless employers have a legal obligation to make reasonable adjustments and not discriminate against employees who might be facing barriers at work because of a disability or long-term condition – even if it has not been diagnosed as a disability or accepted as such by the individual.

Employers should be aware that non-visible disabilities such as diabetes mean that specific barriers can be less obvious. This means reasonable adjustments may be harder for employers to determine and put in place. Employers can seek advice from Work Coaches and Disability Employment Advisers at Jobcentre Plus who refer people with diabetes for positions. There are also organisations which offer specialist advice and appropriate disability awareness training to help employers ensure that their recruitment process accounts for barriers faced by those with diabetes – see **page 22 for further details**.

People can acquire type 1 diabetes during the course of their employment. Managers need to be able to respond sensibly to individuals who have recently been diagnosed.

Employment adjustments for people with Diabetes

It is important that employers have an open and honest conversation with new and existing employees and their support staff about the barriers that may be present in the workplace and what simple measures might help. The best practice approach is to make reasonable adjustments for anyone who needs them in order to work effectively and contribute fully to your organisation.

Most employers will want to know what is 'reasonable'. Doing what seems fair for the individual and others who work for you given the size and resources of your organisation is a good place to start.

This guidance will help you deliver best practice.

- You might need to treat people differently in order to treat them fairly.
- Don't make assumptions about what people can and can't do.
- Ensure that everyone knows who is responsible for doing what and when it must be done.
- Involve the individual in generating solutions and respect their right to confidentiality.

For more detail on the law and making reasonable adjustments contact **Business Disability Forum's Advice Service** on telephone number **+44-(0)20-7403-3020** or by email **advice@businessdisabilityforum.org.uk** or see the Briefing on The Equality Act 2010.

Content has been removed for sample purposes. Pages 11 to 23 are available in the full booklet.

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