



# Supporting candidates and employees with diabetes

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# Making adjustments – top tips





# Introduction



## **This guide aims to give a general introduction to how diabetes might impact someone at work and provide good practice tips on how to support them.**

Diagnosis, treatment and cultural perceptions of diabetes vary between countries. For example, according to the World Health Organisation:

- Basic technologies for early detection, diagnosis and monitoring of diabetes in primary care settings are generally not available in low-income and lower middle-income countries.
- Availability of key medication is very limited in primary care facilities in low-income countries.

Similarly, legal requirements will also differ: in some countries, diabetes may not be legally recognised as a disability whereas in other countries, people with diabetes may be protected by local legislation.

Regardless of legal requirements, ensuring that you support your candidates and employees with diabetes will help you create a more diverse and inclusive workforce. It's often the case that when managers are confident managing people with long-term conditions like diabetes, they become more effective managers for all employees.

**Diagnosis, treatment and cultural perceptions of diabetes vary between countries.**



# Language

## Talking about diabetes

There is no single term that everyone prefers to describe a person with diabetes. Many people prefer the 'person first' language of 'a person with diabetes'. This is because referring to someone as 'a diabetic' can imply that their medical condition is what defines them.

Some people may use phrases such as 'suffering from diabetes'. In this guide we refer to people, candidates or employees with diabetes, taking the viewpoint that people 'live' with their disability or long-term condition and do not always feel that they are 'suffering' from it.

It is however recommended to always use the language that the person with diabetes uses to describe themselves and to avoid placing 'labels' on employees.

## Talking about disability

In this guide, we use the term 'disabilities' as used by the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) [1] ratified by over 175 countries. The UN CRPD Article 1 provides a definition for 'persons with disabilities':

**"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."**

This definition is broad enough to cover a wide range of physical and mental impairments and long-term conditions, including diabetes and associated conditions such as visual impairment or problems with circulation.

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[1] United Nations Convention on the Rights of Persons with Disabilities: [un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html](http://un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html)

## Talking about adjustments

Adjustments (in some countries referred to as 'accommodations') remove or reduce the effect of the barriers experienced by candidates and employees with disabilities. Examples of adjustments might include providing a ramp as an alternative to stairs or an electronic version of paper document so that an employee with a visual impairment can use screen reader software to access the information. Working hours and locations can be made flexible and managers can agree different ways to communicate with their employees e.g. over the phone, via email, face-to-face or in writing.

These are small changes that can remove barriers that stop someone from doing their job and can support good performance. In this guide, we refer to these types of changes as 'adjustments'.

**Working hours and locations can be made flexible.**







# What is diabetes?



**Glucose, a form of sugar, is a source of energy that can be used by the human body. 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 and available, oral medication or insulin injections.

With correct management of their diabetes, most people experience very few practical problems. However, some people do experience long-term complications and diabetes is a major cause of blindness, kidney failure, heart attacks, stroke, lower limb amputation and death [2]. This is especially relevant in low and middle income countries.

Type 1 and Type 2 diabetes are the most well-known type of diabetes. Other type of diabetes include gestational diabetes (occurring with some pregnant women), latent autoimmune diabetes of adulthood (LADA), maturity onset diabetes of the young (MODY), neonatal diabetes, and secondary diabetes.

## **About Type 1 diabetes**

Type 1 diabetes is an autoimmune condition, which means the immune system attacks healthy body tissue by mistake. In Type 1 diabetes, the immune system attacks the cells of the pancreas who is then unable to produce insulin. This lack of insulin means that the glucose (sugar) cannot move from the bloodstream to the cells to be used as energy. Type 1 diabetes is controlled with insulin injections.

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[2] [who.int/news-room/fact-sheets/detail/diabetes](http://who.int/news-room/fact-sheets/detail/diabetes)

## About Type 2 diabetes

In Type 2 diabetes (also known as non-insulin dependent diabetes), either the pancreas does not produce enough insulin, resulting in increased levels of glucose in the blood or the body is unable to use the insulin that is produced (insulin resistance). Type 2 diabetes generally occurs in adulthood and is treated mainly through oral medication and diet, although insulin injections may sometimes be required.

Some of the main risk factors for developing type 2 diabetes are:

- **Age:** variable depending on where the person is located and their ethnic origin.
- **Genetics:** having a close relative with the condition, such as a parent, brother or sister.
- **Weight** being overweight or obese.
- **Physical activity:** not having regular physical activity.

## 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 levels of 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. 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.

If hyperglycaemia is not treated, the body will start running out of insulin. This 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. 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. In addition, access to treatment will also vary from one country to another.

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.

Some people use continuous infusion therapy (insulin pump), a more accurate treatment. However delivery failure can and quickly result in a state of serious hyperglycaemia within an hour or two.

Some people may use multiple daily injections of insulin (MDI), a treatment that 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 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 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 feet and cramps.
- Kidney problems.
- Heart disease.
- Circulation problems in the legs.
- Damage to the eyes, which if left untreated, can result in blindness.

## Internal and external sources of help

There may be sources of help and advice that you can access for detailed information about diabetes in your country.

Internally, you should speak to your own manager or to your local Human Resources (HR) team. Your organisation may also have diversity and inclusion officers or a disability liaison officer you can ask for help and advice on how to support employees with diabetes at work.

Externally, there may be local organisations that can provide you with expert advice and information about diabetes in your country. The International Labour Organisation's Global Business and Disability Network's website [3] contains some useful information about local legal requirements and the availability of disability-related support in countries all over the world.

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[3] ILO GBDN website: [businessanddisability.org/country-profiles/](https://businessanddisability.org/country-profiles/)



# Employing people with diabetes



**Employers should be aware that non-visible disabilities such as diabetes mean that the barriers that employees are facing at work can be less obvious.**

This means that adjustments to support them in the workplace may be harder for employers to identify and to put in place.

People can acquire or receive a diagnosis of diabetes during their employment. Managers need to be able to respond sensibly to individuals who have recently been diagnosed.

It is important that employers have an 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.

**It is important that employers have an honest conversation with new and existing employees.**





# Making adjustments for employees with diabetes





## Some people with diabetes may need adjustments at work.

These can include:

- Regular work schedules, breaks and meal breaks – a predictable routine may be vital to those who need to monitor their glucose levels, take insulin or eat.
- Somewhere to store insulin, e.g. a fridge, an insulated cool bag, a wide mouth flask.
- Provision of a private space for testing blood glucose levels and/or injecting insulin.
- Allowing time off to attend medical appointments, rehabilitation, surgery or assessments.
- Providing somewhere private for rests or taking medication.
- If your organisation has a well-being program in place, ensure that all employees are provided with information on how to access it. Mental wellness is particularly important for people who have disabilities or long-term conditions, like diabetes, that can be affected by stress.

Whenever possible, it is advised to separate disability related sickness absence leave and other type of sick leave, ensuring that it does not impact on an employee's sickness record and, as a result, on their career progression.

Where an employee or candidate has a diabetes-related visual impairment, adjustments may include appropriate lighting, large print (for training materials, application forms, etc.), use of assistive technology or performing tasks in a different way. See the guide 'Supporting candidates and employees with sight loss' for more information.

If an employee or candidate has a diabetes-related mobility impairment, adjustments may include appropriate seating, desks, hardware or any other adaptation to equipment used.

Depending on the nature of the individual's condition and the effects of their treatment people who have diabetes may also require changes to their working pattern or job role. The adjustments that might be needed include:

- Modifying a job description to take away minor parts of the job that cause particular difficulty.
- Allowing working from home.

The adjustments listed above are examples of the type of adjustment a person who has diabetes might need; the list is not exhaustive. To identify the most appropriate and effective adjustments it's important to speak to an employee about their own individual challenges as every person will have a different experience of diabetes.

## **Example**

**Mario has recently joined Valentina's team. During their first one to one, Mario tells Valentina that he has type 1 diabetes and that he will require access to a private space during the day to test the level of glucose in his blood and to inject himself with insulin.**

**Following the meeting, Valentina asks the facilities manager about a suitable location for Mario. The facilities manager suggests that Mario uses the first aid room as this will provide a clean and private space for storing and taking medication.**



# Health and safety



## **Health and safety legislation will vary from country to country so you should speak with your HR or Health and Safety department to understand local legal requirements.**

In practice, few adjustments are genuine health and safety risks, although this can change depending on industry.

Discuss with the individual how they control their diabetes. If there are any outstanding health and safety concerns, ask the individual for their consent to allow you to obtain medical information, particularly if they are working in the following areas:

- Working with chemicals, unguarded fires, ovens and hotplates.
- Working with unguarded machinery.
- Working with high voltage or open circuit electricity.
- Working near open water.
- Working on or near moving vehicles.
- Working at unprotected heights.

The advice you receive should seek to identify what if adjustments would remove any genuine risk to health and safety.

Remember that decisions about what is and isn't reasonable, even when there are health and safety considerations are ultimately management decisions. You should obtain advice from appropriate technical and medical experts, but it is down to you as the employer to decide whether a risk has been removed or reduced to a level that means the person can carry on doing the job.

## Shift work

There is a common misconception that a person with diabetes is unable to work shifts. Although shift work may create difficulties for some people with diabetes, someone whose diabetes is well controlled may experience no difficulties at all. Again, it is important to assess each case on its own merits. Do not make assumptions, and work with the individual to overcome any difficulties or barriers.

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# About us

**Business Disability Forum** is a not-for-profit membership organisation working with businesses to transform the life chances of people with disabilities as employees and customers. We provide pragmatic support, expertise, advice, training and networking opportunities between businesses.

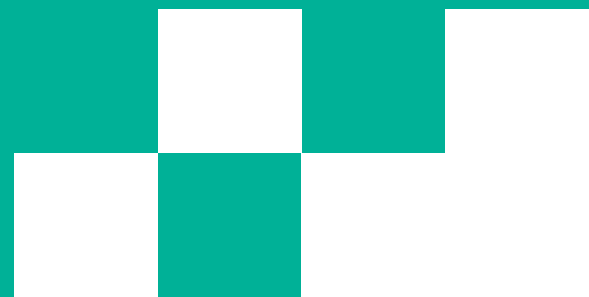
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