Briefing

Employment adjustments for people with Diabetes

Business Disability Forum

Building disability-smart organisations

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Contents

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.

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.

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.

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.

Reasonable adjustments and best practice

As diabetes is often misunderstood, people with diabetes represent a significant resource in the labour market and their talents are often underutilised at work.

Most people, once they understand their disability, are inventive in developing coping strategies that enable them to work effectively.

Decisions about suitability for employment, promotion or retention are too often based on general assumptions or misconceptions, rather than a factual assessment. This can lead to discrimination against existing or potential employees. Consider the skills, abilities and aspirations of each individual and implement appropriate and reasonable support so that everyone can maximise their potential; this can have a positive effect on an organisation as it unlocks different ways of tackling problems and making decisions.

The vast majority of people with diabetes have no problems at work. The employer may not even be aware that they have diabetes. However, for some people a few minor adjustments could be needed. Adjustments will vary from one individual to another as their diabetes can affect them differently; adjustments will also vary depending on whether people have type 1 or type 2 diabetes.

Recruitment and selection

Candidates with diabetes may be prevented from demonstrating their abilities and potential by conventional recruitment processes.

You need to make sure you do not discriminate against a disabled job applicant during the recruitment process. You may also have to make reasonable adjustments. It is important not to make assumptions about what the applicant can or cannot do; instead, ask applicants about reasonable adjustments they may require. If you use external recruitment agencies, ask for evidence that they make reasonable adjustments for disabled applicants and work to the standards that underpin this guidance.

Further information on best practice for recruitment and selection is also available from the Government's Disability Confident scheme; for further information, visit: **disabilityconfident.campaign.gov.uk** or contact **Business Disability Forum's Advice Service** on telephone number **+44-(0)20-7403-3020** or by email **advice@businessdisabilityforum.org.uk**.

Remember it is unlawful to ask questions about health or a disability prior to job offer under the Equality Act 2010 unless the question relates directly to an intrinsic aspect of the role for which the person is applying, or is for the purpose of making reasonable adjustments to the application or interview process. Questions about disability can still be asked on equal opportunities monitoring forms.

Job descriptions

When drawing up job descriptions and candidate specifications:

- Be specific about what skills are needed and what the job involves.
- Be flexible. Very often minor changes can make a significant difference, e.g. reallocating a non-essential task that a candidate with diabetes finds difficult to someone else in the team.
- Do not needlessly exclude someone with diabetes. Concentrate on what is to be achieved in a job rather than on how it is achieved.

Advertising and attracting applicants

When advertising a job:

- Use positive wording like "we welcome disabled applicants" or "being part of Business Disability Forum's membership, highlights our commitment to becoming a disability-smart organisation".
- Provide a point of contact for people who are concerned about the recruitment process, using a range of contact methods, e.g. email and telephone.
- Display or mention the Disability Confident symbol if you are a symbol holder.
- Be clear that you are willing to make reasonable adjustments.
- Consult your local Jobcentre Plus which can help you make your recruitment process accessible. As well as advising on your recruitment process, Work Coaches and Disability Employment Advisers at Jobcentre Plus will also know of individuals with diabetes who may be suitable candidates. Business Disability Forum Members and Partners can contact us for help.

Application forms

Adjustments may need to be made to the shortlisting process because an applicant may:

- Apply for a job for which they are over qualified because they need to regain confidence.
- Have gaps in their CV due to their disability.
- Have gained experience outside of paid employment, e.g. work experience and voluntary work.

Interviews, tests and assessment centres

Ensure that candidates who have diabetes are able to demonstrate their ability to do the job and what they can contribute to your organisation. Focus on the person's abilities not on the person's diabetes. If you have any doubts about a person's ability to do an intrinsic function of the job simply ask how they would do it.

When you invite applicants for an interview make sure you ask all candidates if they require any adjustments to be made for the interview. With adjustments, the interview allows you to assess the ability of candidates with diabetes:

- Provide somewhere to store insulin, if necessary, for example at an assessment centre or job interview.
- Allow flexibility in terms of interview times or breaks during a day's assessment as a predictable routine may be vital to those who need to monitor their glucose levels, take insulin or eat.

If selection normally involves a test, be sure that it does not discriminate against someone with diabetes:

- Consult candidates with diabetes so that necessary adjustments can be made, e.g. providing written tests in large print if there is an associated sight loss or allowing breaks.
- Discuss the test with the test publisher and seek guidance on possible adjustments.

Post job-offer

Once someone has been offered a job you may need to make adjustments to ensure they can perform to the best of their ability.

Start getting the adjustments in place as soon as practicable after you have made an appointment – it may take time to set up reasonable adjustments and, in some instances, to secure Access to Work funding. Consult the individual and make sure the employee's manager or supervisor understands the agreed adjustments. Appropriate disability awareness training can be useful for the candidate's team but only if the individual is comfortable with this.

Building in regular reviews of adjustments, for example at the end of the probationary period, in supervisory sessions and performance appraisals will help ensure that the adjustments are still effective.

Ensure that you take the same approach to adjustments when a person with diabetes applies for promotion, again not making assumptions about what the employee can or cannot do.

Completing a 'tailored adjustment plan' with new employees who have a disability or with an employee who develops a disability is a good way of recording and reviewing adjustments that have been agreed and actions that will be taken if the employee is off sick.

To see an example of a tailored adjustment plan and to download a template, visit Business Disability Forum's website at **businessdisabilityforum.org.uk** or contact **Business Disability Forum's Advice Service** on telephone number **+44-(0)20-7403-3020** or by email advice@**businessdisabilityforum.org.uk**.

Working arrangements to retain employees

In most cases the only adjustment required is an increased understanding of diabetes by those in the workplace. It is very important to involve the person concerned when considering or making any workplace adjustment.

If required, further adjustments may include:

- Appropriate staff awareness training.
- 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 or assessments, see the 'Managing sickness absence' Briefing.
- Allowing the individual to gradually build up the level of fitness required.
- Reallocation of non-essential duties to other team members.
- Redeployment to an alternative position/employment/premises.
- Establishing procedures with the person for dealing with a hypo- or hyper glycaemic attack.

Where there is diabetes-related sight loss impairment, adjustments may include appropriate lighting, large print (for training materials, application forms etc.), use of adaptive equipment, performing tasks in a different manner. See the 'Employment adjustments for people with sight loss Briefing for more information.

Induction, training and development

Disability and the need to make adjustments should be embedded in all policies such as those on sickness, training, and performance appraisals.

New recruits should be made aware of these policies during the induction procedure.

It is important that your standard induction and training programme is accessible, so an employee with diabetes can access the same information as everyone else. You may also want to provide a workplace mentor to ensure supportive training. This can provide another employee with valuable personal development.

Ensure that employees with diabetes have equal access to further in-house and external training, meetings and career development opportunities.

Health and safety

Most people with diabetes pose no greater risk in terms of health and safety than any other employee.

However, when conducting regular overall risk assessments, people with diabetes may need to be assessed individually to determine whether there are, in fact, any increased risks either to themselves or their colleagues.

These assessments should be on a case by case basis, i.e. relating to an individual with diabetes in a particular job. Making assumptions about people with diabetes, generally, in particular types of jobs must be avoided.

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.

Shift work

There is a common misconception that a person with diabetes is unable to do shift work. 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.

Restricted occupations

There are some restrictions on the employment of people who treat their diabetes with insulin. These include:

- The armed forces.
- Airline pilots.
- Jobs requiring a Large Goods Vehicle (LGV over 7.5 tonnes), or a Passenger Carrying Vehicle (PCV over 16 seats) licence.
- Working offshore, e.g. on oil rigs or cruise liners, regardless of the type of job.
- Train driving or working near/on a railway track.

Diabetes and driving

People treated with insulin are not generally allowed to hold licences to drive 'Group 2 vehicles' – Large Goods Vehicles (above 7.5 tonnes) or vehicles with more than 16 seats.

In 1996, with limited exceptions, the Group 2 definition was extended to include vehicles weighing 3.5–7.5 tonnes (category C1) and vehicles with 9–16 seats (category D1). Modifications relating to C1 vehicles were made to the regulations in 1998 and again in 2001. As a result, since April 2001, licence applicants who use insulin are allowed to drive these medium-sized vehicles provided they meet certain prescribed medical criteria (i.e. individual assessment). Licences must be renewed annually.

Licences for Group 1 vehicles (e.g. a family car) continue to be renewed on a one, two, or more usually three-year basis.

Individuals who do not use insulin as treatment are not affected by this legislation unless associated problems develop, for example a visual impairment or sight loss.

For further information regarding diabetes and driving, contact Diabetes UK or the DVLA.

Harassment

A person who has diabetes may be particularly vulnerable to harassment from their colleagues.

As an employer, you must take all reasonable steps to deal with harassment. Harassment includes not only physical or verbal abuse but also anything which violates a person's dignity or creates an intimidating, hostile, degrading humiliating or offensive environment.

Harassment stems from stereotyping, lack of understanding, intolerance of difference and fear. To prevent bullying and harassment of anyone you should:

- Ensure your organisation has clear policies on workplace bullying and harassment and that complaints are investigated promptly and effectively. Ensure these policies are communicated across the organisation through campaigns and awareness raising initiatives.
- Make it clear that any harassment, including on grounds of disability, will not be tolerated and that offenders will be dealt with through your disciplinary procedures.
- Ensure management understands that people who have diabetes experience increased risk of harassment, and provide training for line managers to help them to identify and manage incidents connected to bullying and harassment in the workplace.
- Make the employee aware of their right to equal treatment, their entitlement to make a complaint and to initiate a grievance.
- Allow employees access to support networks internally or externally from work. If possible ensure employees who have experienced bullying or harassment have access to professional and confidential counselling.
- Ensure appropriate disability awareness training is implemented across your workforce to challenge stereotyping.

Further sources of reference

Useful organisations

Business Disability Forum

Nutmeg House, 60 Gainsford Street,
London SE1 2NY

Tel: +44-(0)20-7403-3020
Website: businessdisabilityforum.org.uk

Business Disability Forum (BDF) is a not-for-profit membership organisation that supports businesses to recruit and retain disabled employees and serve disabled customers.

Business Disability Forum provides pragmatic support, expertise, advice, training and networking opportunities between businesses. Our aim is to transform the life chances – and experience – of disabled people as employees and consumers.

Diabetes UK

Central Office,
Wells Lawrence House,
126 Back Church Lane,
London E1 1FH

Tel: **+44-(0)34-5123-2399**
Fax: **+44-(0)20-7424-1001**
Email: **helpline@diabetes.org.uk**
Website: **diabetes.org.uk**

The UK's leading diabetes charity, caring for, connecting with and campaigning for all people affected by and at risk of the condition.

JDRF

17/18 Angel Gate,
City Road,
London EC1V 2PT

Tel: **+44-(0)20-7713-2030**
Email: **info@jdrf.org.uk**
Website: **jdrf.org.uk**

JDRF is a type 1 diabetes charity, funding research on type 1 diabetes and give support to people with type 1 diabetes and their families.

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Business Disability Forum

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