

SUPPORTING PEOPLE WITH DIABETES IN THE WORKPLACE

Top ten things you need to know

The following ten points will help you to understand some of the needs of people with diabetes and how they can be supported in the workplace or to return to work.

1 Is diabetes a disability?

Often people with diabetes will be covered by the definition of disability under the Equality Act, even if they don't consider themselves to have a disability. This is because diabetes is a life-long condition, and whilst many people can live full lives if they are supported to manage their diabetes well, it can seriously affect a person's ability to do normal day-to-day things, particularly if someone has developed complications. Because of this people with diabetes may need reasonable adjustments in the workplace – this should be assessed on an individual basis.

More info:

The Equality and Human Rights Commission (EHRC) has issued Guidance for Employers and Guidance for Workers on the Equality Act: www.equalityhumanrights.com

Also see Diabetes UK's Advocacy pack 'Employment and diabetes – your rights at work'

2 Day-to-day management of diabetes

People with diabetes need to look after and manage their diabetes on a day to day basis. This involves taking medication (including injections) at the right time and for some people, testing blood glucose levels with a blood glucose meter multiple times a day. Blood glucose testing gives an accurate picture of someone's blood glucose level at the time of the test. It is a quick

test that involves pricking the side of the finger with a finger-pricking device and putting a drop of blood on a testing strip. Testing glucose levels throughout the day is important for some people with diabetes as it can help with necessary lifestyle and treatment choices as well as help to monitor for symptoms of hypoglycaemia (low blood glucose levels) or hyperglycaemia (high blood glucose levels). Testing is also important for people with diabetes and their healthcare team to get an understanding of how well their diabetes is being managed and whether their treatment may need to be altered, which in turn can help prevent any long-term health problems of diabetes from developing.

For some people injecting medication and testing blood glucose levels can be quite personal, so provision may need to be made in the workplace for somewhere they can do so hygienically and privately.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes/Testing

www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos-Hypers

3 Awareness in the workplace

It is important that people with diabetes tell their employer they have diabetes, so that they are aware of any reasonable adjustments that may need to be made in the workplace. For example, people with diabetes may need flexibility in the way they work and their working hours, modified equipment, eg for visually impaired people or a private space to take their insulin injections or do blood tests.

It is also good for employers to be aware that people living with diabetes may also have to deal with complications as a result of their condition,

which can be debilitating and could potentially affect their ability to work. People who have diabetes-related complications may require reasonable adjustments in the workplace as well as time off work. There are a number of short term and long term complications that can affect almost any part of the body – these include heart attack, stroke, and damage to the eyes, kidneys, feet and nerves. There are also some lesser known related conditions, such as muscular problems, dental problems and coeliac disease (Type 1 only). Please see link below for more information on diabetes-related complications. Keeping diabetes under good control will greatly help to reduce the risk of developing complications. Regular check-ups are essential to help manage the condition and identify early signs of the longer term complications.

It can also be helpful for people with diabetes to inform their colleagues of their diabetes. A situation where this is especially important is for people who treat their diabetes with insulin (or some other medications) as it makes hypoglycaemia (low blood glucose levels) more likely. In most circumstances, people with diabetes are able to recognise the symptoms of a hypo (hypoglycaemic episode) and treat it. However, it is important for colleagues to be able to recognise the symptoms of a hypo, know what treatments are suitable and where they could be found (eg a person's drawer or handbag) and if necessary, give help treating a hypo. It may also be helpful to have an emergency hypo box containing hypo treatments in the workplace.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Life-with-diabetes/Employment

www.diabetes.org.uk/Guide-to-diabetes/Complications

www.diabetes.org.uk/Guide-to-diabetes/Complications/Hypos-Hypers

4 Healthcare and appointments

Diabetes is a lifelong condition that needs to be monitored and managed well; having the right care and support is essential for the wellbeing of all people with diabetes. For the most part people with diabetes are able to do this themselves, but at least once a year, at an annual review, their diabetes will be reviewed by their healthcare professionals. There are 15 vital checks and services that everyone with diabetes, whatever

type, should get for free from their healthcare team every year – the 15 healthcare essentials. The 15 Healthcare Essentials is the minimum level of healthcare everyone with diabetes deserves and should expect – however, some of these checks could happen more often. It's a way of detecting any early signs of complications so that they can be treated successfully, enabling people with diabetes to lead a healthy life.

As well as having physical tests and checks, it is also a chance for people with diabetes to talk to their healthcare team about their individual needs, agree personal targets and get support, such as to stop smoking, emotional and psychological support and dietary advice. It is also important for people with diabetes to get a free flu vaccination every year to stay healthy, as there is a greater risk of severe illness, such as pneumonia, if they get flu.

As these checks consist of a few tests, often on different days, and with different healthcare professionals, it may be necessary for people with diabetes to take time off work on more than one occasion. It is important for employers to understand the importance of these checks for people with diabetes and the implications to their health and wellbeing if they do not attend their healthcare reviews and appointments.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes/15-healthcare-essentials

www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes/Interactions-with-healthcare-professionals

5 Education

All people with diabetes, whether newly diagnosed or if they have had diabetes for a while, should attend a free diabetes education course – it is one of the essential health checks and services that all people with diabetes should be getting from their healthcare team every year.

Education courses are extremely beneficial for people with diabetes as they can help people understand and manage their condition better and gain the confidence and skills to take control of their own health. As a result, people who have been on a course are less likely to experience the complications of diabetes and perhaps less likely to take time off sick in the long run. As learning about their condition is so important, employers should encourage people with diabetes to attend

an education course and if necessary adjust working patterns so that they are able to attend. Employers can also signpost to e-learning course while they wait to attend a course. Type 2 Diabetes and Me is our free step-by-step online guide for anyone who has recently received a Type 2 diagnosis and those living with or affected by Type 2 diabetes who want a refresher about their condition and the options and support available to them. See link below for more information.

Attending a course can be quite a big time commitment, and will often involve time off work – people with diabetes may be entitled to time off to attend a course under the Equality Act. Some course providers can provide materials to give to an employer about the benefits of going on a course. A healthcare professional from a person's diabetes healthcare team may also be able to write to an employer to support the case for attending a course. If someone is in between jobs, it may be a good time to attend an education course. If people are unable to take time off work, they could ask their diabetes healthcare team about evening and weekend options.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes/Education

www.type2diabetesandme.co.uk

6 Illness and diabetes

Having an illness, infections or other forms of stress can make it difficult to control diabetes and make dehydration more likely. This in turn can make the original illness or infection much worse and could potentially be serious for both those with Type 1 and Type 2 diabetes. In some cases, a person's diabetes can become so uncontrolled that treatment in hospital is necessary.

In order to manage their diabetes effectively, people with diabetes may need to adjust their medication, test their glucose levels more often, ensure they are well-hydrated and manage what they eat during times of illness. Many people will be able to do so by themselves at home and recover well. In some cases, people with diabetes may need further support from their diabetes healthcare team.

As a person with diabetes is managing an illness as well as their diabetes it may take longer for them to recover than a person without diabetes. It is good for employers to be aware of this and if necessary make adjustments in the workplace, such as changing practices, policies and

procedures accommodating a higher level of sickness absence when necessary which is related to diabetes.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Life-with-diabetes/Illness

7 Driving and diabetes

Having diabetes does not mean that someone will need to give up driving and it doesn't automatically mean that they will not be able to do certain jobs that involve driving. People treated with insulin must notify the DVLA/DVA and they will be normally be issued with a full license which needs to be renewed every three years. People with Type 2 diabetes, treated with diet or medication do not need to notify the DVLA/DVA. However, it is good for people with diabetes (as well as their employers or potential employers) to be aware of the conditions around driving and what they may need to do to plan ahead. People treated with insulin are only able to hold a Group 2 driving licence (for HGVs etc.) on a one year renewable basis – they have to be reassessed each year for fitness to drive large vehicles or passenger vehicles and only about half those who apply or reapply are awarded a Group 2 licence.

For further information, please see the Driver and Vehicle Licensing Agency (DVLA) website (or the DVA in Northern Ireland) – links are below.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Life-with-diabetes/Driving

www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency

www.nidirect.gov.uk/information-and-services/motoring

8 Pregnancy and diabetes

There are extra risks involved for women with diabetes who are planning to have a baby or are already pregnant – so it is vital that extra care is taken to improve their chances of having a healthy pregnancy and a healthy baby. Care will start with pre-conception and throughout pregnancy. Women with diabetes will be often need to attend extra monitoring appointments and scans during their pregnancy to keep good control of their diabetes and check their baby's growth and development. Appointments to review treatment and monitor some complications of diabetes will also be required.

Gestational diabetes, a type of diabetes that can develop during pregnancy, also requires more frequent appointments, tests and scans.

Women with diabetes who are pregnant or have gestational diabetes, therefore may require reasonable adjustments in the workplace, such as flexibility around working hours and time off to attend appointments.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Life-with-diabetes/Pregnancy

www.diabetes.org.uk/Diabetes-the-basics/Gestational-diabetes

9 Emotional wellbeing and diabetes

Everyone is an individual and the way diabetes impacts their emotions and how they feel will vary from person to person. For some, being diagnosed with and living with diabetes can sometimes feel overwhelming – dealing with the diagnosis, managing the condition and making lifestyle changes can be a challenge. It can also be difficult to come to terms with the fact that diabetes is a life-long condition. There is also a well-documented link between diabetes and depression. Stress and stressful situations in the workplace such as attending interviews, workload, threat of redundancy, can in turn affect blood glucose levels and diabetes management.

Sometimes living with a demanding condition like diabetes can lead to diabetes burnout, also known as diabetes distress. It's the term given when people feel frustrated, defeated and/or overwhelmed by diabetes. All feelings are focused around diabetes so outwardly an individual may not seem unhappy. It's not the same as depression – where people feel negative about themselves, others and the future - and it's not a 'disorder'. But it is important to recognise, and get help.

People with diabetes, therefore, may require help from their healthcare team to access the right information and support to help them cope with and manage diabetes. People with diabetes should be encouraged to attend all essential diabetes check-ups and seek help if necessary. There are other sources of help too, such as, Diabetes UK's voluntary groups or contributing to a discussion forum on the internet. Diabetes UK also has a Helpline, which is staffed by trained counsellors – see link below for more information. Employers have a role in supporting people with

emotional and psychological needs and signposting to further help when necessary.

Someone may want to further seek professional support, and choose to speak to a counsellor face-to-face. The best route to take would probably be to go through their GP, but it may also be possible to access a counsellor via the workplace. People with diabetes can also look for a counsellor privately; The Counselling Directory is particularly useful for voluntary sector organisations offering free or low-cost counselling, and private group practices.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Life-with-diabetes/Emotional-issues

www.counselling-directory.org.uk

www.diabetes.org.uk/Guide-to-diabetes/Life-with-diabetes/Diabetes-burnout

www.diabetes.org.uk/How_we_help/Helpline

10 Type of job

People with diabetes should not be restricted in the type of job they can do because of their diabetes and it is unlawful for an employer to operate a blanket ban on recruitment of people with diabetes. However, some jobs involving safety-critical work, such as in the police, fire and ambulance services, will have requirements that may be difficult for some people with certain medical conditions, including diabetes, to meet. However decisions made on someone's suitability for employment in these services should not simply be assumed but should be made by a process of individual assessment, involving the person with diabetes and a suitably qualified medical advisor, with experience of diabetes.

The UK armed forces are the only employer exempt from the Equality Act and can operate a blanket ban on the recruitment of people with diabetes. If people develop diabetes while in employment, their employer may offer to change aspects of their job or offer them a different job in the same organisation.

People with diabetes used to be discouraged from doing shift work, but improvements in blood glucose testing and more flexible insulin regimes mean that diabetes is less likely to get in the way.

More info:

www.diabetes.org.uk/Guide-to-diabetes/Life-with-diabetes/Employment

Living with diabetes

Diabetes is a uniquely personal condition – how it affects someone and how they manage it varies from person to person. So much about diabetes comes down to self-management; there's a lot to learn, and it can feel like a big responsibility managing diabetes, making changes and fitting the demands of diabetes into daily life. So, it is important that people with diabetes feel supported as much as possible in the workplace, by their employers and colleagues, to manage their condition effectively. This could mean supporting someone cope with the emotional impact of diabetes, supporting someone to learn more about their diabetes (such as by attending an education course), enabling them to get support from their healthcare team (by having time off for appointments) and understanding how things like illness and pregnancy can affect normal diabetes management and perhaps may require adjustments to their work.

Since the risk of developing and managing Type 2 diabetes is so closely linked to lifestyle, employers should promote ways to be healthier in the workplace. This could include initiatives to help eat healthier eg offering free fruit, being more active eg offering discounted gym membership or supporting mental wellbeing eg putting policies in place to support work-life balance.

These practices not only help to create a healthier, more effective workforce but can also support people to reduce their risk of Type 2 diabetes as well as help people with diabetes to manage their condition.

About diabetes

Diabetes is a serious lifelong, health condition where the body isn't able to use the foods people eat and drink for energy. As a result, without treatment and careful management, people with diabetes end up with high levels of glucose in their blood which can make them extremely ill and, over time, can affect almost every part of their body. There are many types of diabetes, but the two most common are Type 1 and Type 2. They're different conditions, caused by different things, but can lead to the same serious complications if they're not managed well. There is currently no known cure for any type of diabetes. But whatever the type, with the right treatment and support people with diabetes can still lead a long, full and healthy life.

Type 1 diabetes

About 10 per cent of people with diabetes have Type 1. We don't know exactly what causes it, but

we know it's not to do with being overweight. You can't prevent Type 1 diabetes. It is usually diagnosed in children and young adults, where the signs and symptoms are usually very obvious and develop very quickly. However, it can develop at any age.

People with Type 1 diabetes manage their diabetes by taking insulin, either via injections several times a day or an insulin pump to control their blood glucose levels. Most people with Type 1 diabetes will also check their glucose levels regularly throughout the day using a blood glucose meter.

Type 2 diabetes

About 90 per cent of people with diabetes have Type 2. Family history, age and ethnic background affects someone's risk of developing it, and people are more likely to get Type 2 diabetes if they're overweight.

It starts gradually, usually later in life, and because the symptoms may not be so obvious it might be years before someone learns they have it.

People with Type 2 diabetes manage their diabetes through healthy eating, being physically active and will quite often need medication to treat their diabetes. People with Type 2 diabetes may also need to inject insulin in addition to their medication, and test their glucose levels throughout the day.

Glossary of terms

Blood glucose levels (also called blood sugar): A measure of how much glucose (sugar) is in the blood.

Carbohydrate: The body's preferred source of energy, which is broken down into glucose.

Complications: Health problems that can develop if you have had diabetes for a long time: these include damage to the kidneys, eyes and nerves, heart disease and stroke.

Diabetes healthcare team: Different healthcare professionals who specialise in diabetes, who make up a healthcare team.

Gestational diabetes: Gestational diabetes is a type of diabetes that develops during pregnancy but usually goes away after birth.

Hyperglycaemia: High blood glucose (sugar) levels.

Hypoglycaemia: Low blood glucose (sugar) levels.

Insulin: The hormone that keeps the levels of glucose in the blood under control.