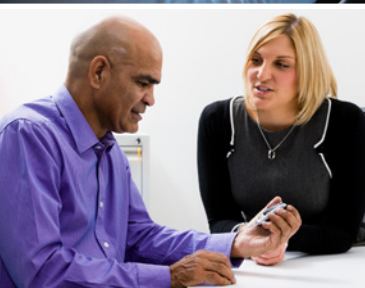


# Diabetes in the Workplace

Explanatory notes for health professionals





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## Explanatory notes for health professionals

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# Introduction

**People with diabetes often ask their diabetes health care professional for help with managing diabetes in the workplace. This resource is designed to help diabetes health care professionals prompt discussion and address issues that people with diabetes commonly face in the workplace.**

The diabetes health care professional can work with the person with diabetes to provide support and advice on how diabetes can fit safely into their day to day working life. People with diabetes often speak to their diabetes health care professional about employment:

- At the time of diagnosis (if already in the workforce) or diagnosis of diabetes in an immediate family member (dependent child) who needs the support of the employee for a period of time.
- When choosing or changing careers
- When they begin using glucose lowering medications and injectables including insulin
- When applying for and starting a new job
- When job requirements change
- When their diabetes management requirements change eg. commencing insulin pump therapy, onset of complications, interventions for complications such as eye surgery or dialysis.
- During times of possible discrimination and difficulties

Diabetes Victoria has developed the following web-based resources to assist people with diabetes and their employers.

- *An employee's guide to diabetes in the workplace*
- *An employer's guide to diabetes in the workplace*

## A. Employment safety

**When talking to someone with diabetes about how the condition may impact on their employment and any diabetes management plan changes that may be required, firstly consider:**

What are the person's main employment duties?

- How do they currently manage their diabetes when at work?
- Does diabetes affect their ability to fulfil their job requirements?
- Is diabetes likely to impact on their ability to safely carry out their employment duties?

For example, the safety of an office worker who has type 2 diabetes and is not currently taking any medication will generally be less of a concern than for someone at risk of hypoglycaemia who is required to drive a car or operate equipment.

Hypoglycaemia is generally the biggest area of concern for both the person with diabetes and their employer. This is most evident in jobs deemed to be 'safety sensitive', where impaired performance could affect the health and/or safety of the person with diabetes, their co-workers, the general public, property or the environment.

### Hypoglycaemia

Hypoglycaemia is defined as having a blood glucose level of less than 4.0mmol/L in people who are taking sulphonylurea medication and/or insulin, even if they do not experience symptoms. Most episodes of hypoglycaemia are mild and have little impact on the person's ability to perform the essential duties of their job, provided they treat promptly. Repeated episodes of hypoglycaemia, severe hypoglycaemia or impaired awareness of hypoglycaemia (IAH) can affect the person's ability to work safely and could result in either their work duties being restricted or eventual job loss.

**Considerations for a diabetes education consultation:**

- Is the client taking insulin or sulphonylurea medication that could cause hypoglycaemia?
- Discuss what the client currently does to avoid or reduce episodes of hypoglycaemia
- Discuss if hypoglycaemia impacts on their work performance
- Do they experience episodes of hypoglycaemia? If so, investigate further. Inquire about patterns and severity if the person keeps records. If they don't, suggest that it may be helpful to do so, so you can work on strategies together for the workplace. Discuss any additional strategies that can help the person avoid or minimise episodes of hypoglycaemia such as more frequent blood glucose checking, use of a CGM, timing and healthy meals and snacks that contain enough carbohydrates, and consider whether medication and/or insulin dose adjustments may be required.
- Discuss together how hypoglycaemia could affect work performance.
  - Hypoglycaemia has an adverse effect on cognitive function as the brain relies solely on glucose for energy. During hypoglycaemia, reaction times will be slower. Verbal fluency, attention, memory, psychomotor function and the ability to complete mathematical calculations have proven to be affected during hypoglycaemia.

- Discuss how regular episodes of hypoglycaemia at work may affect employment status. In these circumstances, employers must follow a formal process in accordance with Employment and Equal Opportunity and Human Rights laws. As part of the process, the employer may request that the person with diabetes provide a medical assessment from their endocrinologist or doctor that determines their ability to perform the essential duties of the job. The employer could also help to identify if there are changes at work that could be made to assist in helping the person to retain their job, such as redeployment to a different work area.
- Discuss together management of hypoglycaemia at work.
  - Discuss if the person with diabetes would like to educate their work colleagues or first aid officer about hypoglycaemia, the symptoms to look out for and appropriate, supportive treatment.
  - Suggest the person keeps a hypo kit at work. Refer to An employee's guide to diabetes in the workplace booklet for an example of a hypo kit and emergency information guide for work colleagues.
  - Discuss the use of CGM and alarm settings so hypoglycaemia can be detected early and treated promptly
  - Discuss if the person with diabetes wears or would consider wearing some form of medical identification to indicate they have diabetes.

## Impaired Awareness of Hypoglycaemia

Impaired awareness of hypoglycaemia (IAH) occurs when a person with diabetes loses the early warning symptoms of hypoglycaemia, such as trembling, sweating, slurred speech and palpitations. The inability to experience these early warning symptoms puts the person at high risk of severe hypoglycaemia which may result in a coma, seizures, accidents and possibly death. Although IAH can occur in both people with type 1 and type 2 diabetes, it is more common in people with type 1 diabetes. Studies have found that about 25 per cent of people with type 1 diabetes have IAH.

Risk factors for the development of IAH in a person with diabetes include:

- Having diabetes for several years
- Having experienced overnight hypo/s
- Having experienced a hypo in the previous 24-48 hours
- Having repeated hypos or a severe hypo (needing glucagon or ambulance)
- Consumed alcohol in last 12 hours
- Recently exercised
- Taken beta blockers (blood pressure medication), steroid medication or sleeping tablets
- Older people
- Pregnancy (particularly during the first 3 months)

The Gold Score (refer to Appendix 1) can be used to identify people with IAH. Anyone who has experienced hypoglycaemia and is treated with a sulphonylurea medication and/or insulin can be screened using this tool. Left untreated, IAH can seriously affect the person's safety as well as their ability to carry out the inherent requirements of their job which may result in job loss.

## **Workplace safety concerns for a person with impaired awareness of hypoglycaemia (IAH)**

It is important to discuss if it is safe for the person with IAH to continue in their current role. For example, does the person work in an environment that is deemed to be safety sensitive? If yes, they need to talk to their GP and/or endocrinologist about whether they are still medically fit to work in this role. With the employee's permission, notify their GP and/or endocrinologist of your findings and any recommendations that you have made.

### **Continuous glucose monitoring**

Continuous glucose monitoring may be a tool to safely reduce impaired awareness of hypoglycaemia. Discuss this with your client.

Document this discussion including any recommendations in the medical history for future reference and/or legal requirements.

When treating and supporting a person with IAH it is important to address the following:

#### **(a) Job Retention**

People with IAH are usually very concerned about losing their job if their employer finds out that they have IAH or if they experience severe hypoglycaemia at work. Therefore it is important to discuss their work obligations with a professional who is qualified in this area.

Options may include:

1. The person with IAH may be able to undertake an alternate work role within their place of employment which is not safety sensitive while (where possible) they work on regaining their hypo awareness with their endocrinologist and diabetes educator.
2. If appropriate, the person with IAH may be able to take accrued sick leave while undergoing treatment to regain their hypo awareness. If the person does not have sufficient sick leave, they may be eligible to take extended medical leave (usually up to three months) from work to undergo treatment.

Further advice and information is available from the Disability Discrimination Legal Service Inc (DDLS), union, professional association and/or the human resource department at the person's workplace.

#### **(b) Treatment to regain early warning symptoms of hypoglycaemia**

Most people can regain hypoglycaemia awareness. To do this, the person is required to avoid episodes of hypoglycaemia for a period of time, ranging from a few weeks to a number of months. However, when the signs and symptoms return they may be different to those experienced in the past and they may vary from one hypo to the next.

#### **Find out what steps the person currently takes to avoid hypos and build on this together with these possible suggestions:**

- Suggest the person with IAH aim for slightly higher blood glucose targets for six to eight weeks
- Have the person monitor their blood glucose more frequently including overnight to detect asymptomatic hypos. Continuous glucose monitoring systems (CGMs) may be appropriate in this situation.
- Review the person's insulin administration technique. For example discuss needle length, rotation of injection/cannula sites and with permission check for areas of lipohypertrophy.
- Review the type of insulin that the person is taking – newer types of insulin have better

profiles.

- Review hypo treatment with the person and ensure they recognise and treat their hypos promptly. This will help to reduce the length of time that the brain is in a hypo state.
- Insulin adjustment programs such as OzDAFNE (Dose Adjustment for Normal Eating), which involve counting Carbohydrates (CHO) and more appropriate insulin doses are suitable for people with type 1 diabetes and have been shown to help people regain their hypoglycemia awareness. An insulin pump which involves CHO counting and a more physiological release of insulin on a basal and bolus level may also be suitable for people with type 1 diabetes.

## Driving

All licensed drivers who have diabetes are required to meet certain medical standards as per Austroads Assessing Fitness to Drive for commercial and private vehicle drivers to ensure they are medically safe to be on the road.

For people with diabetes, the ability to drive or ride safely can be affected by:

- Hypoglycaemia (low blood glucose level)
- Hyperglycaemia (high blood glucose level)
- Impaired vision from retinopathy, high and low blood glucose levels
- Numb feet or hands (neuropathy)
- Sleep apnoea. This is a common comorbidity in many people with type 2 diabetes.

All states and territories have laws about reporting health conditions such as diabetes which may impact upon their ability to drive safely.

In Victoria, Transport Vic have different notification and review procedures for both private and commercial drivers.

### Discuss the following:

- Is the person required to drive a vehicle at work?
- Have they completed the Transport Vic notification requirements? There are different notification requirements for private and commercial vehicles.
- Have they notified their employer for vehicle insurance purposes?
- Are there any areas of concern regarding the client's fitness to drive as per the 2022 assessing fitness to drive guidelines? If so, discuss these concerns with the person and refer them to a qualified health professional who can assess if they are medically fit to drive, such as their GP or endocrinologist.
- Safe blood glucose levels for driving. Encourage the person to monitor their blood glucose levels before driving and during long trips if taking sulphonylurea medication and/or insulin. A safe blood glucose level for driving is between 5 and 10mmol/L.

For more information on safe driving with diabetes, see the NDSS Diabetes and Driving Booklet

NB: It is important to advise the client of their legal obligations in regards to driving a motor vehicle and document this in the client's history for future reference and/or legal requirements.



## Use of heavy machinery and/or hazardous tasks

If the person is at risk of hypoglycaemia and is required to operate heavy machinery and/or carry out hazardous tasks (such as manual handling of people or operating a power tool) it is important to discuss the following:

- Is it safe for the person to continue in this role? This may be very dangerous if the person has repeated episodes of severe hypoglycaemia, impaired awareness of hypoglycaemia (IAH) or complications of diabetes.
- Safe blood glucose levels for machine operation and/or hazardous tasks. As with driving, we would recommend a blood glucose level of between 5 and 10mmol/L.
- The importance of regular scheduled breaks to consume food and check blood glucose levels (if necessary) when operating heavy machinery and carrying out hazardous tasks. This is an example of a reasonable workplace adjustment so the person with diabetes can safely carry out their job requirements and manage their diabetes.

## Disclosure of Diabetes to the Employer

The person with diabetes needs to seek independent advice from an advisor before disclosing diabetes to their employer. People who can provide this type of service include a diabetes advocate, the Disability Discrimination Legal Service Inc (DDLS), legal advisor or union representative (Australian Unions).

Further information about disclosure of a disability can be obtained from JobAccess or the Diabetes Advocacy team at Diabetes Victoria (see the back of this booklet for contact details).

### Considerations for consultation

- Discuss the pros and cons of disclosing diabetes to the employer
- Discuss disclosure to superannuation and/or insurance funds
  - Terms and conditions can vary across superannuation and insurance funds. Suggest the person with diabetes check their fund's Product Disclosure Statement to be clear about what they are covered for and whether they are required to tell the fund about their diabetes.
  - By not disclosing diabetes on an insurance application, the policy may be cancelled and the person with diabetes may not be able to make a claim if required.

Further help in this area can be obtained from an insurance broker, Financial Ombudsman Service.

### Discuss disclosure and Work Cover claims

- If the person has an accident/injury at work and their diabetes was a contributing factor, their claim for WorkCover may not be approved unless they had disclosed their diabetes in writing to the employer prior to the accident/injury.
- Further information about these requirements can be obtained from WorkSafe Victoria.

## Employment/career choices and current restrictions

Certain employment industries are legally allowed to have restrictions in place for people who have diabetes. These restrictions generally apply to industries that are deemed to be 'safety sensitive', where impaired performance, for whatever reason, could result in a significant incident affecting the health or safety of the person with diabetes, co-workers, the general public, property or the environment.

Jobs that are deemed 'safety sensitive' and that currently have restrictions in place for people with diabetes include:

### **Australian Armed Forces**

People who have diabetes and require insulin cannot serve in the Australian Armed Forces. All Australian members of our Armed Forces must meet specific employment criteria and, unlike other employers, the military does not have a duty to accommodate those who do not meet their criteria

### **Drivers transporting passengers (such as buses, trains and trams)**

Further information is available from the National Transport Commission (NTC)

### **Jobs involving the use of potentially dangerous machinery**

#### **Jobs that require scuba diving**

For example police divers.

### **Pilots, flight cabin crew and air traffic controllers**

Information about restrictions is available from the Civil Aviation Safety Authority (CASA)

### **Police, Fire and Ambulance Service**

Requirements of entry for jobs within police, emergency and ambulance services vary between Australian states and territories. It is advisable to check the current requirements with the recruitment and medical advisors for each of these services in the relevant state and territory

### **Corrections, Prisons and Parole**

Visit Corrections Victoria for more information about working in Custodial Services and Community Correctional Services.

### **Taxi drivers/Rideshare drivers**

Application process: All people wanting to become taxi drivers or Rideshare drivers in Victoria are required to undergo a medical assessment by their GP or specialist before submitting their Application for driver accreditation form. The relevant forms can be downloaded from the Commercial Passenger Vehicles Victoria (CPVV).

Renewal of application: This is undertaken yearly. A medical assessment is required from the GP or specialist as part of the renewal process.

### **Transporting hazardous materials or large cargos**

For example explosives and flammable liquids. Information about restrictions is available from the National Transport Commission (NTC)

## **Working at heights**

(For example working on construction sites and ladders)

## **Working offshore**

(For example on an oil rig)

### **Considerations for diabetes education consultations**

- Are there any restrictions in place for the person's occupation?
- If so, what are these restrictions?
- Discuss the possible need for adjustment of medications and snacks around work schedules.
- Is the person currently affected by these restrictions?
- Is the person likely to be affected by these restrictions in the future?

If the person with diabetes is not currently affected by employment restrictions, it's important to consider if this will change if medication and/or insulin are commenced or they start to experience complications from their diabetes. Early discussion and planning for this is very important.

## **Managing Complications**

Consideration needs to be given to circumstances where people are still fit to work, but may require time also for extra medical appointments or workplace adjustments, (eg. dialysis or eye surgery) and whether there is enough flexibility in the role to accommodate for that. Diabetes complications are not limited to foot health and / or footwear and does not exclude people from the workforce.

It is important that people living with diabetes who are also actively managing complications remain part of the workforce (and possibly for longer) with the right supports and strategies in place.

## **B. Daily Diabetes Management**

### **Work Schedules**

The person with diabetes may need certain changes and/or workplace adjustments to ensure they can effectively self-manage their diabetes and continue to perform their work roles and responsibilities safely.

Some types of work schedules, such as rotating, split or night shifts, may make it more difficult for some people to manage their diabetes effectively. As the diabetes health care professional it is important that you determine:

- Is the person required to work rotating, split or night shifts?
- Does this negatively impact on the management of this person's diabetes?
- The possible need for adjustment of medications and/or insulin around work schedules
- If the person can negotiate regular shifts as a 'Reasonable Workplace Adjustment' with their employer to assist in the management of their diabetes?
- The possible need for adjustment of meals and snacks around work schedules.

Information about reasonable workplace adjustments can be found in An employer's guide to diabetes in the workplace.

## Glucose Checking

Glucose checking is an important part of the self-management of diabetes.

As the diabetes health care professional you could:

- Discuss together the storage and accessibility of checking supplies. This is especially important where equipment may be exposed to extremes of temperature, such as in a car.
- Discuss together the importance of regular scheduled breaks in order to check blood glucose levels and the ability to be able to monitor on an 'as needed' basis. This may need to be discussed with the employer as a Reasonable Workplace Adjustment so the person is able to safely manage their diabetes at work. For example, the employee may be able to negotiate instead of taking one 20-minute break they take two 10-minute breaks.
- Discuss the use of CGM.
- Suggest the person with diabetes obtain further details and advice about reasonable workplace adjustments from JobAccess.

## Medication and/or Insulin

Some people with diabetes will need to take medication and/or insulin during their work day.

If the person with diabetes is required to do this it is important that you work together to:

- Find a suitable safe storage place for medication and/or insulin in the work environment. This is important where medication may be exposed to extremes of temperature, such as in a car or when the person with diabetes is working in an environment where people may have mental health issues; babies or children's services, eg. day care, school or facility.
- Find a suitable place to take medication.
- Adjust medication/insulin doses on work vs. non-work days if required.
- Ensure sharps can be appropriately disposed of in the workplace

Further information about managing medications at work can be obtained from Job Access.

## Footwear

It is important to ensure the person with diabetes has appropriate footwear for the job they are doing. Some employment industries, such as building and construction and emergency services, have special footwear requirements for employees to ensure they meet WorkSafe requirements. An employee with diabetes is also required to meet WorkSafe requirements. They will need to have their work footwear assessed by a podiatrist to ensure that it meets Occupational Health and Safety requirements whilst also meeting their specific foot care requirements. A list of podiatrists who are members of the Australian Podiatry Association (Vic) is available on their website.

## Travel

Both domestic and international travel may be required as part of the person's job. Information about both domestic and international travel requirements for people with diabetes is available from Diabetes Victoria.

## Eating Out

Food choices have a large impact on the management of both type 1 and type 2 diabetes. For some employment industries, eating out regularly with clients or eating on the go may be a regular part of the work day. The person with diabetes may need to be referred to an Accredited Practising Dietitian for education about healthy food choices when eating out, and/or on the go. The dietitian can provide individualised and practical advice based on their nutritional needs. A listing of Accredited Practising Dietitians can be found at the Dietitians organisation of Australia website.

# Summary

The information provided in this checklist is a broad overview of the work-related topics often discussed during a diabetes consultation. All advice offered needs to be documented in the person's medical history for future reference and/or legal requirements.

## Resources

### Austroroads

Austroroads is the peak organisation of Australasian road transport and traffic agencies. It provides information to health professionals to assist them in assessing a person's ability to drive as well as advise them of their legal responsibilities. It also provides information for employers, heavy vehicle drivers, commercial drivers and private vehicle drivers including changes to the medical standards which may affect them. For more information visit [austroroads.com.au/drivers-vehicles/assessing-fitness-to-drive](http://austroroads.com.au/drivers-vehicles/assessing-fitness-to-drive)

### Australian Podiatry Association (Vic)

Helps you to find a diabetes podiatrist. Call **03 9416 3111** or visit [podiatryvic.com.au/](http://podiatryvic.com.au/)

### Australian Unions

Australian Unions can link people with diabetes to their appropriate union. If you need help at work, call their hotline on **1300 486 466** for free, confidential, advice and assistance or visit their website [australianunions.org.au](http://australianunions.org.au)

## Corrections Victoria

Corrections Victoria is part of the Department of Justice in the Victorian Government. It is responsible for implementing court judgments and orders of the Adult Parole Board. It also sets strategy, policy and standards for the management of the state's system of correctional facilities. Additionally, it develops programs for the management and rehabilitation of prisoners and the community-based supervision of offenders. For further information visit their website [Corrections Victoria](#).

## OzDAFNE

OzDAFNE (Dose Adjustment for Normal Eating) is a five-day diabetes education program for adults with type 1 diabetes. OzDAFNE provides participants with the skills to calculate how much insulin they need for the carbohydrate containing food they want to eat and to manage their diabetes more effectively on a day-to-day basis.

Call **9667 1719** or visit the website [OzDAFNE](#).

## Diabetes Victoria Helpline

Diabetes Victoria is the peak consumer body and leading charity representing all people affected by diabetes and those at risk. For website information sheets, linkage to services, resources and advocacy visit [diabetesvic.org.au](http://diabetesvic.org.au) or call the diabetes helpline on **1300 136 588** or email [advocacy@diabetesvic.org.au](mailto:advocacy@diabetesvic.org.au)

## Dietitians Association of Australia

Dietitians Australia (DA) is the national association of the profession, with branches in each state and territory. The DA has a database of Accredited Practising Dietitians (APD) to help you locate a dietitian. Call **1800 812 942**

or visit [dietitiansaustralia.org.au](http://dietitiansaustralia.org.au)

## Disability Discrimination Legal Service Inc.

The Disability Discrimination Legal Service Inc is an independent community legal centre that specialises in disability discrimination legal matters. It provides free legal services in several areas including information, referral, advice, casework assistance, community legal education, and policy and law reform. Call **03 9654 8644** or visit [dlds.org.au](http://dlds.org.au)

## Financial Ombudsman Service

The Financial Ombudsman Service provides accessible, fair and independent dispute resolution for consumers and financial services providers. Call **1800 367 287** or visit <https://afca.org.au>

## JobAccess

JobAccess is funded by the Australian Government Department of Social Services. It provides information on financial support, workplace modifications, help with finding and changing jobs, creating flexible work environments, links to career advice and training courses and a range of other tools and resources for people with disability, employers and service providers. JobAccess Advisers can be contacted on **1800 464 800** or visit [jobaccess.gov.au](http://jobaccess.gov.au)

## Commercial Passenger Vehicles Victoria (CPVV)

The CPVV regulates the taxi and rideshare services in Victoria., including Uber. It also includes information on rights and responsibilities as well as safety, reform, taxi and hire car updates. For further information visit the CPVV [safetransport.vic.gov.au](http://safetransport.vic.gov.au)

**Transport Vic**

Transport Vic provides road, registration and licensing services, including medical reviews throughout Victoria. Call **13 11 71** or visit **transportvic.gov.au**

**Victorian Equal Opportunity & Human Rights Commission**

The Victorian Equal Opportunity & Human Rights Commission can help resolve complaints of discrimination, sexual harassment and racial and religious vilification. Call their enquiry line on **1300 292 153** or **03 9032 3583** or visit **humanrights.vic.gov.au**

**WorkSafe Victoria**

WorkSafe Victoria is a government organisation which offers information, advice and help about insurance protection, work-related injury claims, returning to work and safety in the workplace. Call their advisory service on **1800 136 089** or visit **worksafe.vic.gov.au**

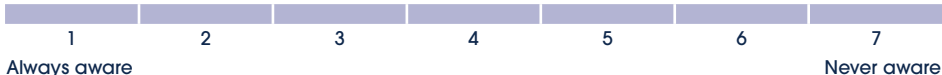
**Resources**

- Appendix 1
- Gold Score
- Appendix 2
- Diabetes in the Workplace Checklist

**Appendix 1**

**Gold Score**

Do you know when your hypos are commencing? Mark a box on the scale below.



A score of  $\geq 4$  implies impaired awareness of hypoglycaemia

*Gold AE, MacLeod KM, Frier BM: Frequency of severe hypoglycaemia in patients with type 1 diabetes and impaired awareness of hypoglycaemia. Diabetes Care 17: 697 – 703, 1994*

**References**

For further information on these, please contact Diabetes Victoria’s advocacy team by email: **advocacy@diabetesvic.org.au**

