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## Risk control

### Managing the Risks from Diabetes



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# Managing the Risks from Diabetes

## Introduction

The topic of Diabetes at work is becoming more of an issue in our society particularly as the age profile of our workforce is changing. The National Institute for Health and Care Excellence (NICE) has noted the increasing prevalence of mature onset Diabetes<sup>1</sup> (Type 2) and employers need to now consider the issue of both Type 1 and Type 2 Diabetes and its potential impact in the workplace.

## What is Diabetes

Diabetes is a sugar intolerance. Type 1 Diabetes is caused by an auto-immune disease which stops the pancreas producing insulin. Type 1 Diabetics manage their Diabetes by insulin injections. It is not related to diet or weight and is not preventable or curable.

As a result of lifestyle, stress, genetics and shift patterns individuals can develop Type 2 Diabetes which is a progressive condition which starts as a minimal intolerance, develops into a pre-Diabetes stage, progressing to a condition managed by diet, medication and eventually insulin.

## Insulin

Insulin is a hormone that helps control a body's blood sugar level and metabolism, the process that turns the food eaten into energy. The body uses insulin to allow glucose to enter cells to be used as energy and to maintain the amount of glucose found in the bloodstream within normal levels.

The release of insulin is tightly regulated in healthy people in order to balance food intake and the metabolic needs of the body. The pancreas makes insulin and releases it into the bloodstream. Insulin helps the body use sugar for the energy it needs, and then stores the rest.

## The Effects of Diabetes

The symptoms of Type 2 Diabetes can often be masked by an individual's lifestyle and develops slowly. This can lead to slow healing of wounds, extreme fatigue, blurry vision, increased thirst, tingling or numbness of hands and feet, frequent urination, and increased hunger. Diabetes can present as an invisible condition for many years with the person being unaware they have it.

## Hidden in Plain Sight

The Diabetic Safety Organisation<sup>2</sup> has collected some observations from companies that highlight this concern:

"As an organisation with 1,000 employees we have 6-8 Diabetes incidents in a week – and about 3 serious events a year where someone has collapsed"

"Last month a colleague passed out in a locked toilet cubicle – they hadn't told anyone they had Diabetes"

"One of our workers collapsed and fell from scaffolding because he was Diabetic. He was lucky to only have minor injuries"

"I wasn't aware that the way we have designed our drop off slots and shift patterns means that our drivers who have Diabetes won't be able to manage their condition properly and will not be compliant with DVLA requirements<sup>1</sup> - now I know, we need to change these urgently".

## Type 2 Diabetes

Individuals who are diagnosed with Diabetes<sup>3</sup> will have received advice from NHS Diabetic practitioners. Not everyone takes that advice on board. It is important to reflect that most people have been given advice about eating more healthily, taking exercise and yet not everyone necessarily adheres to it.

Efforts at promoting behavioural change of people with Diabetes tend to be ineffective or insufficient when they are strictly educational or focus largely on 'you should' approaches.

However, various studies including the large-scale Diabetes education trial called Dose Adjustment For Normal Eating (DAFNE)<sup>4</sup> in the United Kingdom have concluded that interventions focused on education to improve disease knowledge alone are not sufficient to change behaviour and sustain behavioural management of chronic conditions, including Diabetes; rather, integration with counselling or behaviour change strategies is necessary for longer, lasting impact.

Every organisation needs to consider the barriers that can exist that prevent anyone who is diagnosed from changing their behaviour. For example, does the individual understand how their behaviour is connected to their personal health?

The working environment may make it more difficult to take exercise, or limited access to fresh fruits or vegetables may make eating healthier in the workplace more challenging.

If these areas are not addressed there is low likelihood that positive behaviour change will happen and if it does happen initially, it will likely not be maintained over time.

## Nudging Behaviours

Organisations therefore need to look at how they can encourage that behavioural change. This is linked to understanding the activators that trigger a behaviour and the perceived consequences of that behaviour.

Nudge theory<sup>5</sup> works on the principle that small actions can have a substantial impact on the way people behave, and it has powerful implications for how employees can be supported in the workplace. To drive behaviour change, people need a compelling reason to change.

The 'nudge' comes with planting highly effective alternatives to what they are currently doing. We need to ensure people have the opportunities to practice the new behaviours, first in a safe and supported environment (e.g. a training workshop) and then in the 'real world' workplace.

For new behaviours to become habits, they need to be practiced over time. Every time a person practices the new behaviour, they strengthen the new choice and it becomes stronger and stronger, until the person comes to always choose it.

When people are making even the smallest changes to their behaviour, they need to be supported with regular nudges in the form of small suggestions and positive reinforcements from their co-workers and managers around the behavioural goals they're looking to achieve.

The organisation can support and encourage people to behave in the new way, making it far more likely they adopt and exhibit the new behaviour. To drive real behaviour change, managers need to provide people with 'nudges' that push them towards adopting and exhibiting the new behaviour in the long-term.

## Legal Compliance Risks

**The Health & Safety at Work etc. Act 1974** requires organisations to:

- Protect employees and non-employees from the health and safety risks arising from work activities and protect employees from risk of injury or ill health
- Seek occupational health advice in the risk assessment process. This will mean that a professional, with an understanding of the condition, can help the employee and the organisation understand what can be done to keep everyone safe

### The Equalities Act 2010

The act requires the organisation to:

- Not discriminate against people with Diabetes

- Make reasonable accommodations (e.g. shift patterns, privacy to test and medicate)
- Be supportive of an employee with a diagnosis of Diabetes who may have increased levels of sickness absence or they may need to attend the hospital or their specialist more frequently than those without the health condition
- Manage authorised absences sensitively

## Driving Regulations

Where an individual drives in connection with work the organisation must ensure the employees that are obligated to report to DVLA<sup>6</sup> do so on medical condition (form DIAB1) which is a requirement if they are a car driver or motorcyclist.

Legally, if the employee has Type 1 Diabetes and drives<sup>7</sup>, they will need to: check blood glucose no longer than 2 hours before driving; check blood glucose every 2 hours on a long journey; and travel with sugary snacks and snacks with long-lasting carbs, like a cereal bar or banana.

If they feel their levels are low<sup>8</sup>: stop the car when it's safe; remove the keys from the ignition and get out of the driver's seat; check their blood glucose and treat any hypo; and not drive for 45 minutes after they start to feel better<sup>9 & 10</sup>.

If the individual has more than one severe hypo episode while awake in 12 months they must stop driving and tell the DVLA. The licence will be revoked but they can apply again after three months. The individual's healthcare team will be able to provide advice on their Diabetes treatment and management to cut down the risk of this happening again.

## The Assessment of Risk

The starting point for any employer is to consider a suitable and sufficient assessment of risk to their employees and other persons affected by their undertaking.

This in practice means also considering how contractors; visitors; members of the public and unlawful visitors may be put at risk. These other persons are often service users of the organisation.

## The Individual

An often overlooked aspect of risk assessment is the employee carrying out the task. Too often risk assessments refer to the operative, some generic idea that someone undefined will undertake the task, rather than focus on what the organisation and managers know about the actual employee who is performing the task.

The employee may have an underlying health condition such as Type 1 Diabetes, or be developing Type 2 Diabetes

or have other issues occurring outside work which may be having an impact on physical or mental health.

Time should be taken to review the risk assessments in the organisation to ensure they are not generic and actually reflect the individuals involved in carrying out the task.

### The Task

The focus of a task-based risk assessment is on what the employee will be doing, for instance driving a refuse lorry; cutting grass on a ride on lawnmower; or giving care in a service user's home. Activities with significant manual labour are also of concern as the balance between sugar intake and metabolic rate may be tipped.

Some of these tasks have significant risks associated with them such as collisions with members of the public; losing control of equipment or administering the wrong medications.

Consider what range of safety critical tasks are carried out and review these in light of how the employee's health and awareness can significantly influence how the task is carried out.

### The Environment

Where the employee is working may also influence the risks to themselves and others. If they are operating a refuse lorry in a busy urban area they risk colliding with other vehicles or pedestrians.

Alternatively the employee may be driving a vehicle in a remote area and become incapacitated at the wheel.

### Use of Equipment and Chemicals

When using equipment or chemicals the employee carrying out the task may not properly use them or may forget to put them away securely which can then endanger others. For instance not locking away chemicals in a care home has led to tragic results.

### The Organisation of Work

Equalities law is about making everything fairer by making sure people with a health condition have the same chance of a career as others. This means the employer may need to make 'reasonable adjustments' so that the employee can do their job. For example, if someone has Diabetes and needs to eat at set times to stay on top of their blood sugar levels, having their lunch break swapped around every day on a rota could make this difficult. A reasonable adjustment<sup>11</sup> could be for the employer to allow them to have their lunch break at the same time every day.

Like anyone, the employee's stress levels are likely to be higher when working, which can make managing their Diabetes more difficult. Make sure they take time out to relax throughout the day, they should also talk to their manager about flexible working options, which can make it easier to manage their Diabetes and do their work.

If their colleagues understand Diabetes, it will be easier for an employee to get the support they need. A good first step can be to share Diabetes UK's information on "Diabetes: the basics" and let them know about their guide for employers "Supporting people with Diabetes in the workplace."<sup>12</sup>

Encourage colleagues to ask questions about Diabetes and give them the information they need to help. Managers should reassure colleagues that the individual has a responsibility to control their condition and it's nothing to worry about.

If the employee didn't mention their Diabetes when they applied for the job, it's a good idea to encourage them to tell their line manager about it. If the manager does not know about the employees' Diabetes, they will not be able to give them the support they need.

### Safe Systems of Work

In both criminal cases and civil litigation there is a significant emphasis on the need to have safe systems of work. An essential output from the risk assessment will be a method or procedure for carrying out safety critical tasks in a way that ensures the health and safety of everyone. In some cases these systems of work will need to be augmented with steps related to Diabetes management.

For instance, a Type 1 Diabetic employee may be required to test their blood sugar level before getting behind the wheel of a vehicle.

Safe systems of work require checks and balances to make sure that they are carried out effectively and consistently. Where one employee is impaired by low glucose levels they may not be able to carry out the task according to the system of work.

### Managing the Risk

Diabetes UK encourages employers to tackle the issue by

- Signing up to the "Tackling Diabetes Charter"<sup>13</sup>. Diabetes risk in the workplace is rarely highlighted, and the charter intends to do just that and provide people with the knowledge of what to have in place
- Ensure staff to know about Diabetes and its risks through regular training

— Taking the One Less Challenge<sup>14</sup> to prevent Diabetes. It might be as simple as reducing the amount of sugar in a drink. By taking one less spoonful of sugar in a cup of tea, someone who drinks 6 cups a day will consume 1kg of sugar less each month. That's 12 less bags of sugar a year.

Educating managers about how their decisions can impact on the work routine of a worker and their health is important.

While it can help to encourage employees to become more aware of the signs and symptoms of a hypo event, we can all benefit from taking our breaks as planned, eating sensibly and regularly exercising.

## References

1. [National Institute for Health and Care Excellence: Diabetes](#)
2. [Protecting people and business against diabetes risk and liability.](#)
3. [Healthy Working Lives - Supporting employees with Diabetes](#)
4. [DAFNE Type 1 Diabetes: Less guesswork, more freedom, better health](#)
5. [Policy Corner: Can we nudge the Diabetes crisis away; a UK perspective](#)
6. [Nudge theory and behaviour change](#)
7. [DVLA: DIAB1 confidential medical information form](#)
8. [NHS: Check you are safe to drive](#)
9. [Diabetic Scots driver who killed mum in horror head-on crash jailed for more than four years](#)
10. [Diabetic man has 'no memory' of driving wrong way for 5 miles in crash that killed dad](#)
11. [Effective strategies for encouraging behaviour change in people with Diabetes](#)
12. [Supporting someone at work: Diabetes UK](#)
13. [The Tackling Diabetes Safety Charter](#)
14. [The Diabetes Safety Organisation 'one less challenge'](#)

## Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

## Get in touch

For more information, please contact your broker, RMP risk control consultant or account director.

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