

Information about diabetes  
to assist in supporting the  
person with diabetes in the  
workplace.



# DIABETES in the WORKPLACE

rights and responsibilities



DIABETES  
AUSTRALIA  
New South Wales

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# DIABETES in the WORKPLACE

## 1. Introduction

This document has been developed to give employers information about diabetes to assist them to support the person with diabetes in the workplace.

It is also available for people with diabetes to give to their employer.

Diabetes can make people feel different so the document provides guidelines to help the person with diabetes to fit in at their place of work.

Diabetes Australia State and Territory Organisations are committed to helping all people with diabetes of all ages for all of their lives.

## 2. What is Diabetes?

Diabetes is a condition where there is too much glucose (sugar) in the blood. Glucose is the main source of energy for our bodies and comes from the food we eat.

Insulin is a hormone made in the pancreas, which acts as a key to allow glucose to pass from the blood stream into the body cells to provide energy for day to day living.

Diabetes develops when the pancreas is either unable to make insulin or the insulin produced is unable to work effectively. Without insulin doing its job, glucose builds up in the blood stream leading to high blood glucose levels.

## 3. Type 1 Diabetes

Type 1 diabetes, previously known as insulin dependent or juvenile diabetes, occurs when the pancreas is unable to produce insulin. It is usually diagnosed during childhood or young adulthood but can occur at any age.

People with diabetes carry genes which might make them more likely to get type 1 diabetes. However, it only develops in these people when something triggers the immune system to destroy the insulin-producing cells in the pancreas. These triggers are thought to be factors in the environment, but as yet are not well understood. People with type 1 diabetes require insulin injections for life, regular frequent blood glucose monitoring, a healthy eating plan and regular physical activity.

**Note: Type 1 diabetes is not linked to lifestyle, and at this stage it cannot be prevented or cured.**

## Management of Type 1 Diabetes

- Replacing insulin, either by injection several times every day for life or by continuous insulin infusion (pump therapy)
- Testing blood glucose levels several times a day
- Balancing physical activity, food and exercise.

When type 1 diabetes develops, blood glucose levels may rise up to five to 10 times the normal level. Excess glucose spills over into the urine, drawing water with it, causing frequent urination and dehydration. Thirst increases as the body tries to compensate, and an unquenchable thirst results. Excessive tiredness and mood changes are common. The body is unable to use glucose from food for energy, and starts to break down fat and muscle leading to weight loss over weeks or months. The breakdown of fat causes chemicals, known as ketones, to accumulate in the blood, resulting in abdominal pain, nausea and vomiting. If undetected, glucose and ketone levels become very high in the blood stream with severe dehydration and loss of salts from the body. This is called diabetic ketoacidosis (DKA) and coma may occur.

**This is a life threatening situation that requires urgent medical attention.**

## Symptoms of Type 1 Diabetes may include:

- Being very thirsty
- Blurred vision
- Passing lots of urine
- Unexplained weight loss
- Being dehydrated
- Cuts that heal slowly
- Being very tired
- Always feeling hungry
- Tummy pain
- Feeling generally unwell

## 4. Type 2 Diabetes

People with type 2 diabetes either produce insufficient insulin or the insulin produced does not work effectively. Type 2 diabetes often responds to a healthy eating plan, appropriate exercise and weight reduction, but over time, tablets, and then later, insulin, may be required. Type 2 diabetes previously known as non-insulin dependent diabetes, usually affects people over the age of 40, may run in families, and often is associated with being overweight. Increasingly type 2 diabetes is being seen in younger people and teenagers, and some cultural groups, and is associated with being overweight and inactive.

There are well-known risk factors for developing type 2 diabetes, some of which can be changed, (such as weight and level of physical activity) and some that cannot (such as age and family history).

People at risk of type 2 diabetes may be able to delay and even prevent it by following a healthy lifestyle. This includes regular physical activity, making healthy food choices and maintaining a healthy weight, especially if they have been told that they are at a high risk of developing type 2 diabetes.

Symptoms of type 2 diabetes are similar to those of type 1 but are of slower onset, and often there may be no symptoms at all. Diagnosis is often during a routine medical check or appointment.

### **Management of Type 2 Diabetes**

- A healthy eating plan and regular physical activity
- A healthy eating plan, regular physical activity and oral medication
- A healthy eating plan, regular physical activity, oral medication and/or insulin

### ***Whether a person has type 1 or type 2 diabetes they should:***

- Follow a healthy eating plan
- Be physically active (30 minutes a day, most days of the week)
- Test blood glucose levels regularly, often several times a day, (especially for those on insulin or oral medications)
- Have regular medical check-ups with their diabetes medical team.

## 5. Gestational Diabetes

Gestational diabetes occurs in pregnancy, and usually goes away once the baby is born. There is a greatly increased risk of the person developing type 2 diabetes within the following 10 years.

Management includes a healthy eating plan, physical activity and monitoring blood glucose

levels. Insulin injections may be required. Most importantly, annual screening for pre-diabetes and diabetes should be carried out.

## 6. Pre-Diabetes

Pre-diabetes occurs when the blood glucose levels are raised, but not enough to be diagnosed with type 2 diabetes. Lifestyle measures of healthy eating, regular exercise, and if required weight loss, can delay the progression of pre diabetes to type 2 diabetes by years.

## 7. Blood Glucose Levels

Ideally, blood glucose levels should be kept as close to the target range as possible (between 3.5 and 8mmol/L). However, for some people this is often hard to achieve. Keeping levels as close to the target range as possible will help prevent the short-term effects of very low or very high blood glucose levels, as well as the possible long-term problems which can affect the eyes, kidneys and nerves.

Keeping blood pressure and cholesterol within recommended ranges also helps to prevent problems like heart attack and stroke.

## 8. Hypoglycaemia ('Hypo') - Low Blood Glucose Level

### **WHEN IN DOUBT- TREAT!**

- Generally occurs when a blood glucose test is 4mmol/L or less.
- May occur at any time of the day or night.
- May not be recognised by the person with diabetes.

### ***Causes of Hypoglycaemia Include:***

- Too much insulin.
- Imbalance between exercise and food intake.
- Not enough food or a delayed/missed meal or snack.

### ***Signs of Mild Hypoglycaemia:***

- Sweating, paleness, trembling, hunger and weakness.
- Changes in mood and behaviour, for example, crying, argumentative or aggressive.
- Inability to think straight and lack of coordination.

### ***Signs of Moderate/Severe Hypoglycaemia:***

- Inability to help oneself.

- Glazed expression
- Disoriented, unaware or seemingly intoxicated
- Inability to drink and swallow without much encouragement
- Headache, abdominal pains or nausea.

### **Signs of Severe Hypoglycaemia**

- Inability to stand and to respond to instructions
- Extreme disorientation (+/- thrashing)
- Inability to drink or swallow
- Unconsciousness/seizures.

### **Treatment of a Mild to Moderate 'Hypo'**

**DO NOT LEAVE ALONE!**

#### **If the blood glucose level is below 4mmol/L (with or without symptoms):**

1. *Act swiftly. If in doubt, treat.*
2. *Give easily absorbed carbohydrate:*
  - Fruit juice - 150ml
  - Soft drink (not diet) - 150ml
  - Glucose tablets (equal to 15g carbohydrate)
  - Sugar, honey or jam (three teaspoons)
  - Jelly beans (six to seven).
3. *Follow up with two biscuits, or a sandwich.*
4. *Repeat this treatment if the person is not feeling better within 10 to 15 minutes.*
5. *Recovery - ability to concentrate may be affected for up to 30 minutes or more following a "hypo".*

### **Treatment of a Severe 'Hypo'**

**DO NOT LEAVE ALONE!**

1. *Never put food in mouth if the person is unconscious, convulsing or unable to swallow.*
2. *Lay the person on one side and protect from injury.*
3. *Check the airway and breathing.*

**Dial 000 – stating "diabetes emergency".**

Some workplaces and schools have first aid officers who are willing and able to give a Glucagon injection if the person is unconscious. This is not mandatory to date.

## **9. Hyperglycaemia - High Blood Glucose Level**

### **High levels can occur if the person:**

- Has missed an injection or has left their insulin at home so are unable to give their injection
- Is unwell
- Is doing less exercise than usual or is stressed
- The insulin has been affected by heat and has lost its effectiveness

### **If levels are high (above 15mmol/L) symptoms may include:**

- Frequent urination
- Excessive thirst
- Lethargy
- Irritability/change in behaviour.

### **Later signs and symptoms may include:**

- Rapid, laboured breathing
- Abdominal pains

- Vomiting - often a danger signal
- Sweet fruity smell to the breath
- Flushed cheeks.

The person may be well enough to continue working, but if they feel unwell or start vomiting they should seek medical attention immediately. **(They should not be left alone in the sick bay).**

## 10. Diabetes and the Workplace

It is important for people with diabetes to be responsible and maintain a healthy lifestyle and seek appropriate medical attention.

### 10.1 Duty of Care in the Workplace

***There are no specific laws for people with diabetes; however, people with diabetes are covered by:***

- **Anti-discrimination legislation in the States and Territories**

These Acts deal with a number of areas of discrimination related to disability, illnesses and impairments. They also raise the issue of “indirect discrimination”

- **The Human Rights & Equal Opportunity Commission Act 1986 (Cth)**

- **Disability Discrimination Act 1992 (Cth) (“DDA”)**

This Act also raises the issue of “indirect discrimination”

- **Section 659 of the Workplace Relations Act 1996 (Cth)**

This provision deals with unlawful dismissal from employment. Relevantly, it covers dismissals for temporary absences from work and physical disability.

### Volunteers

In some situations volunteers may come within the areas that the State Anti-discrimination Acts and DDA cover. For further information go to [www.lawlink.nsw.gov.au/adb](http://www.lawlink.nsw.gov.au/adb) and [www.hreoc.gov.au](http://www.hreoc.gov.au).

### 10.2 Workplace Discrimination

- Direct discrimination is where a person is discriminated against because of their physical impairment. For example, an employer refuses to hire a person because they have diabetes.

The legislation also prohibits **“indirect discrimination”**, *a condition of employment introduced by the employer - and not a necessary condition - that will disproportionately*

*discriminate against a particular group.* For example, in NSW, Police Officers were at one time required to be of a certain height (5'10"). 80% of men were able to pass the requirement but only 20% of women. The requirement was held to be indirect discrimination.

- The prima facie rule is that people who have diabetes cannot be denied employment because of their diabetes, if it is decided by a selection panel/ the future employer that they are the best person for the job.

***However, the prima facie rule comes with a number of precedent conditions, as follows:***

- The person must, at all times, be able to perform the “inherent requirements” of the role.
- The “inherent requirements” of a role are those parts of the role that are central to the employment contract. Wise employers set them out in detailed Position Descriptions or in Letters of Offer or formal Employment Contracts. It is not sufficient to merely add irrelevant requirements to ensure that persons who may have a disability are excluded. For example, in Western Australia, the position of Laundry Manager at a prison included the requirement that the Manager is able to restrain a prisoner, however, the laundry premises were outside the prison and no prisoners were engaged in the premises. The requirement was held not to be an “inherent requirement” of the role, and the person who had been excluded from the role was able to claim compensation for indirect discrimination.
- If the person is unable to perform the inherent requirements of the role, the future employer must provide special facilities or services to enable the performance of the job unless to do so would cause unreasonable hardship to the employer. What is “unreasonable hardship” will be a question of fact in each case. For example, building a \$3,000 toilet to accommodate a disabled person may be a reasonable request of an employer with a turn over of \$1,000,000 per annum, but may be an unreasonable hardship upon an employer with a turn over of \$100,000 per annum.
- It is unlawful to discriminate against future consequences that may result from a present disability or medical condition
- Discrimination associated with diabetes is often due to ignorance or lack of understanding.

### 10.3 Rights of the Employer

***The employer has the right to ask questions about a person's disability in order to:***

- Determine their ability to perform a job
- Identify any reasonable adjustments required in the workplace
- Provide advice regarding superannuation, worker's compensation and other insurance

## Responsibility of the Employer

### ***It is the responsibility of the employer to:***

- Ensure the health and safety of employees at work
- Properly supervise employees
- Not discriminate directly or indirectly by less favourable treatment of the employee
- Make reasonable adjustments in the workplace where required
- Avoid and prevent harassment of the employee
- Maintain employee confidentiality
- Ensure the First Aid Kit contains easily absorbed carbohydrate foods, for example, jelly beans or fruit juice.

### ***Reasonable Adjustments for Persons with Diabetes can include:***

- Maintenance of confidentiality
- Provision of regularly scheduled breaks in addition to minimum Award requirements
- Provision of flexibility with breaks, meetings, shifts and permission to eat on the job
- Provision of privacy for blood glucose level testing and medication administration
- Provision of Occupational Health and Safety aids if needed

*Note: Most people with diabetes will not require significant adjustments.*

## 10.4 Lawful Questioning and Actions

### ***The employer can carry out questions and actions which:***

- Have a legitimate purpose
- Are undertaken in a reasonable manner for achieving that purpose
- Are undertaken with the intention to provide equal opportunity for the person with diabetes
- Are intended to determine a person's ability to perform inherent requirements of the job. Inappropriate questioning/actions may amount to harassment or may be discriminatory.

## 10.5 Rights of the Employee with Diabetes

- Confidentiality regarding their medical condition (conditional on the work performed) and disclosure that may be required on the job application
- Regularly scheduled breaks in addition to minimum Award requirements for snacks, medications and blood glucose testing
- Ability to have emergency provisions, for example, at the work station
- Privacy for testing blood glucose and administering medication, if desired

### ***Responsibility of the Employee with Diabetes***

- Confidentiality regarding their medical condition (conditional on the work performed) and disclosure that may be required on the job application
- To provide a letter from their specialist/GP regarding diabetes status, if required
- To declare their diabetes to their employer (but not necessarily to all staff). Failure to do so may make a person ineligible for workers' compensation
- To provide a "hypo"/emergency pack for their use in the workplace
- To dispose of sharps responsibly and safely
- To treat any "hypo" as quickly as possible (if aware)
- To carry identification stating they have diabetes
- To ensure standards for driving criteria are met.

## 10.6 Disclosure

- Is required (if relevant) for insurance/safety purposes
- Workers' compensation may be affected if diabetes is not disclosed
- It is recommended that the employee with diabetes disclose to colleagues that they have diabetes so that, in the event of a "hypo" occurring in the workplace, help is available immediately

## 10.7 Alcohol and the Workplace

***Alcohol may sometimes be part of the workplace environment. The following is recommended for people with or without diabetes. No more than:***

- Two standard drinks a day (males)
- One standard drink a day (females)
- Include alcohol free days in a week (Dietary Guidelines for Australian Adults & NHMRC Guidelines 2003).

A standard drink is:

- 285ml regular beer
- 425ml low alcohol beer (less than 3% alcohol)
- 100ml wine
- 60ml fortified wine
- 30ml spirits

Most wine glasses when full equal almost two standard drinks.

**Alcohol can cause “hypos” in people with diabetes if they are on insulin or certain oral medications.**

***To avoid alcohol-related “hypos” the person with diabetes is advised to:***

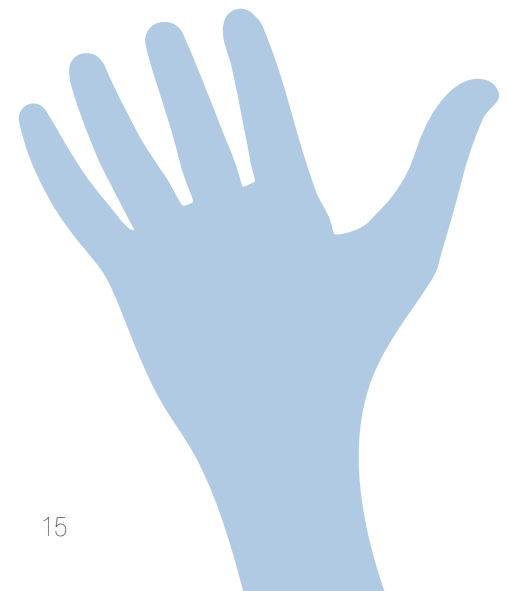
- Avoid drinking on an empty stomach
- Ensure carbohydrate foods are consumed before drinking, for example, rice and pasta
- Eat carbohydrate foods while drinking
- Avoid excessive amounts of alcohol
- Carry “hypo” treatment, for example, jellybeans
- Make sure drinking partners are aware of the person’s diabetes
- Always carry identification

## 10.8 Insulin Storage

Insulin should be stored away from heat and intense sunlight and excessive movement.

## **11. Conclusion**

- Balancing food, exercise and medication is the key to managing diabetes
- Education, communication and support are the key to management in the workplace
- Due to the various treatment options, the vast majority of people with diabetes can be valuable and productive employees in a wide range of jobs throughout the workforce.



## 12. Useful Websites

[www.humanrights.gov.au](http://www.humanrights.gov.au)

[www.hreoc.gov.au](http://www.hreoc.gov.au)

[www.diabetesnsw.com.au](http://www.diabetesnsw.com.au)

[www.dav.org.au](http://www.dav.org.au)

[www.diabetesqld.org.au](http://www.diabetesqld.org.au)

[www.diabetessa.com.au](http://www.diabetessa.com.au)

[www.diabeteswa.com.au](http://www.diabeteswa.com.au)

[www.diabetestas.com.au](http://www.diabetestas.com.au)

[www.healthylivingnt.org.au](http://www.healthylivingnt.org.au)

[www.diabetes-act.com.au](http://www.diabetes-act.com.au)

## 13. References

Australian Human Rights and Equal Opportunity Commission [www.humanrights.gov.au](http://www.humanrights.gov.au) and [www.hreoc.gov.au](http://www.hreoc.gov.au)

Physical Disability Council of NSW, Australia [www.pdcnsw.org.au](http://www.pdcnsw.org.au)

### **Acknowledgement:**

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