

DIABETES AND THE WORKPLACE

QBE EMPLOYEE WELLBEING SERIES

Made possible



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This guide aims to give insight into the condition covering its complications and symptoms and suggestions on what employers can do to manage this condition in the workplace, both practically and legally.

Key findings

estimated

415million

people are living with diabetes in the world

In the UK alone,

400

people are diagnosed with the condition

every day

It is estimated that 415 million people are living with diabetes in the world which is approximately one in 11 of the world's adult population. The figure is expected to rise to 642 million people by 2040.

In the UK alone, 400 people are diagnosed with the condition every day and it is predicted that by 2025 over five million people will be diabetic. Already the condition costs the UK economy £6.9 billion a year in employee absence, a figure that is set to increase as the condition becomes more wide-spread over the next ten years.

The statistics are staggering; the condition's link to obesity perhaps explains the alarming numbers - according to the NHS obesity levels have more than trebled in the UK over the last 30 years and more than half the population could be obese by 2050 - yet as more people become diagnosed, employers need to be aware of the inevitable effect it will have on their workforce and business. If left untreated, diabetes can result in amputation, stroke, kidney failure and blindness.

Given its links to obesity, and following the EU's landmark ruling in 2014 that obesity (and indirectly diabetes) could be classified as a disability in the workplace, employers should be putting practical steps in place to ensure their duty of care to any employees with diabetes is met, therefore minimising risks and reducing claims where obesity - and diabetes - could be involved.

This guide aims to give insight into the condition covering its complications and symptoms and suggestions on what employers can do to manage this condition in the workplace, both practically and legally.

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What is diabetes?

Diabetes mellitus, according to the NHS, is defined as a metabolic disease or condition when the body does not properly metabolise the sugar (glucose) from food. Insulin, essential for balancing out blood sugar levels, is a hormone created in the pancreas. However, those with diabetes have high blood glucose (sugar) levels, due to either being unable to create or absorb this insulin causing health complications.

Types of diabetes

There are two main types of diabetes:

Type 1 diabetes develops when the body is unable to produce any insulin and

Type 2 diabetes, when the body cannot make enough insulin; or when it does the insulin fails to function properly and is unable to regulate the body's blood sugar levels.

Type 1

Type 1 diabetes is when the body's immune system mistakenly kills off the pancreas' beta cells. It is these beta cells which are responsible for producing insulin and therefore the body produces no insulin at all. It means that those diagnosed with this type of diabetes will have to self-administer insulin via injection or insulin pump to self-regulate their blood sugar levels as the body simply cannot make it.

Of the two major types of diabetes, this form of the condition is regarded as the most serious and is a life long condition.

Type 2

Type 2 diabetes is a metabolic disorder that means the body is unable to process insulin, leading to high blood glucose levels. It accounts for approximately 90 per cent of all diabetic cases and has a strong link with an unhealthy lifestyle and diet, particularly obesity.

The condition can be managed through a careful diet and regular exercise. Failure to do this can lead to long-term diabetic complications including damage to the kidneys, loss of sight, peripheral neuropathy (where nerve endings in for example the hands and/or feet are damaged leading to loss of feeling) and slow healing wounds. These complications can occur as a result of uncontrolled type 1 diabetes also.



Diabetic symptoms

Common symptoms of type 2 diabetes are:

- Excessive thirst;
- Need to urinate frequently;
- Increased hunger;
- Extreme tiredness;
- Sudden loss of muscle mass
- Slow healing of cuts or wounds

Common symptoms of type 1 diabetes are:

- Excessive thirst;
- Daytime tiredness;
- Need to urinate frequently;
- Unexplained weight-loss and loss of muscular bulk
- Genital itchiness.
- Blurring of vision
- Unexpected cramping
- Skin infections

Both types carry similar symptoms however type 2 diabetes can develop slowly over a period of years.

A condition that costs the NHS

£10bn
a year

£6.9bn

Cost of early retirement to the UK
economy as a result of diabetes

Hypoglycaemic episodes

Low blood sugar levels can cause a hypoglycaemia episode or hypo. This is when the levels of glucose in the blood fall below 4 mmol/L (72mg/dl in the US)*. The severity of a hypo can vary from mild symptoms such as slight fatigue and dizziness to diabetic coma.

* Millimoles per litre (Number of molecules of a substance within a specified volume, in this case within 1 litre) is the UK and European standard of blood sugar unit measurement.

In the US glucose levels are measured in mg/dl (milligrams per decilitre). The US standard is mg/dl (milligrams per de A hypoglycaemia episode could occur when glucose levels fall below 72 mg/dl.

Visual impairment and wound healing

It is worth being aware of the more serious complications that diabetes can bring to a person's health and the knock-on effect this can have in the workplace.

Visual

While blindness is a rare complication of uncontrolled diabetes, diabetic retinopathy (the common form of diabetic eye disease) is the leading cause of blindness for working people in the UK.

The small blood vessels in the retina can be damaged by abnormal amounts of blood sugar. Blurred vision is often the result, although left untreated there is a risk of severe vision loss and blindness.

Wounds

Diabetics tend to suffer from poor circulation, making it more difficult for skin-repairing blood to reach sores and wounds. For diabetics then, wounds tend to heal slower and deteriorate faster thus increasing the risk of infection such as gangrene or sepsis.

It is perhaps surprising to learn that foot ulcers are the most common type of wound for the diabetic population - a small cut can go undetected due to the diabetic not feeling it (as a result of nerve damage) and the cut becomes worse, leading to a larger ulcer. It is understood that approximately 15 per cent of diabetics will develop this ailment at some point; more worrying statistics reveal that complications from untreated wounds can lead to limb amputations. In 2015, the charity Diabetes UK revealed that 135 people a week are having to undergo limb amputations as a result of diabetes.

A record

135 people a week are having to undergo limb amputations as a result of diabetes

Just over

6% of the UK's population **HAVE DIABETES**



In the UK,

3.5million

have the condition with half a million unaware they have it

Approximately

15%

of diabetics will develop a **FOOT ULCER** at some point

1 in 16

people in the UK have diabetes



Employers' obligation: The legal issue

When dealing with issues of diabetes in the workplace, it's essential to understand that your obligations are underpinned, legally by **The Health and Safety at Work etc Act 1974**. Its overarching legislation requires you to secure the health, safety and welfare of employees at work, which includes those employers affected by diabetes.

Other occupational legislation that encompasses the management of employee diabetes include; **The Management of Health and Safety at Work Regulations 1999** which requires suitable and sufficient assessments of health and safety risks at work to be carried out and **The Workplace (Health, Safety and Welfare) Regulations 1992** which requires employers to provide adequate welfare for their employees, as well as the **Equality Act 2010**.

Disability, obesity and diabetes

The **Equality Act 2010** was implemented by UK Parliament to ensure the equality of employees in the workplace regardless of age, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation and disability. It mirrors the EU's Equal Treatment Directives.

If an employee is regarded to have a *disability*, then the act imposes a duty on employers that they must make reasonable adjustments to accommodate that individual.

While an employee diagnosed with diabetes is not medically classified as disabled, and given the link between obesity and the condition, it is worth exploring a ruling in 2014 by the European Court of Justice which asked if obesity, under the Equality Act, could qualify as a disability in the workplace.

In Denmark, 2010, Karsten Kaltoft, was dismissed from his role as a childminder. His employer cited a decline in the number of children to look after as the reason.

After failing to be told why only he was considered for dismissal and not the several other childminders employed, Mr. Kaltoft, who had a Body Mass Index (BMI) of 54 (A BMI over 40 is classified as the most severe form of obesity by the World Health Organisation) brought a case to the European Court of Justice (ECJ) that he was dismissed unfairly, due to his obesity.

Four years later, and in a landmark ruling, the ECJ found that in certain circumstances, obesity *could* constitute a disability, on account that complications from the condition such as knee problems, asthma and diabetes could hinder an employee's ability to carry out their work place tasks in a satisfactory manner.

Applying the disability act to diabetes

As mentioned, an employee with diabetes does not automatically mean that they are disabled, however they may be classified as disabled under the Equality Act if their condition affects their ability to carry out their day-to-day tasks. Therefore, diabetes as a consequential effect of obesity can amount to a disability.



What employers can do

Legislation then means employers are required to provide adequate care and support for those employees with diabetes while in the workplace. Having an overview of the condition and its complications is useful in understanding its effects, in addition to working factors that can contribute to Type 2 Diabetes – for example night shift work, which is a predisposing factor.

Allowing flexibility to be built into an employee's working day means that they can manage the condition better. Further simple adjustments in the workplace include:

- Allowing regular meals or medication to be built into working patterns;
- Having a first aider who is trained in supporting people with diabetes and who are able to recognise the signs of a hypoglycaemic episode;
- Providing access to a clean room, with hand washing facilities, to check blood sugar levels and safe disposal of needles (sharps) following insulin injections;
- Providing aids and adaptations if required, such as text enhancing software for visual impairments.

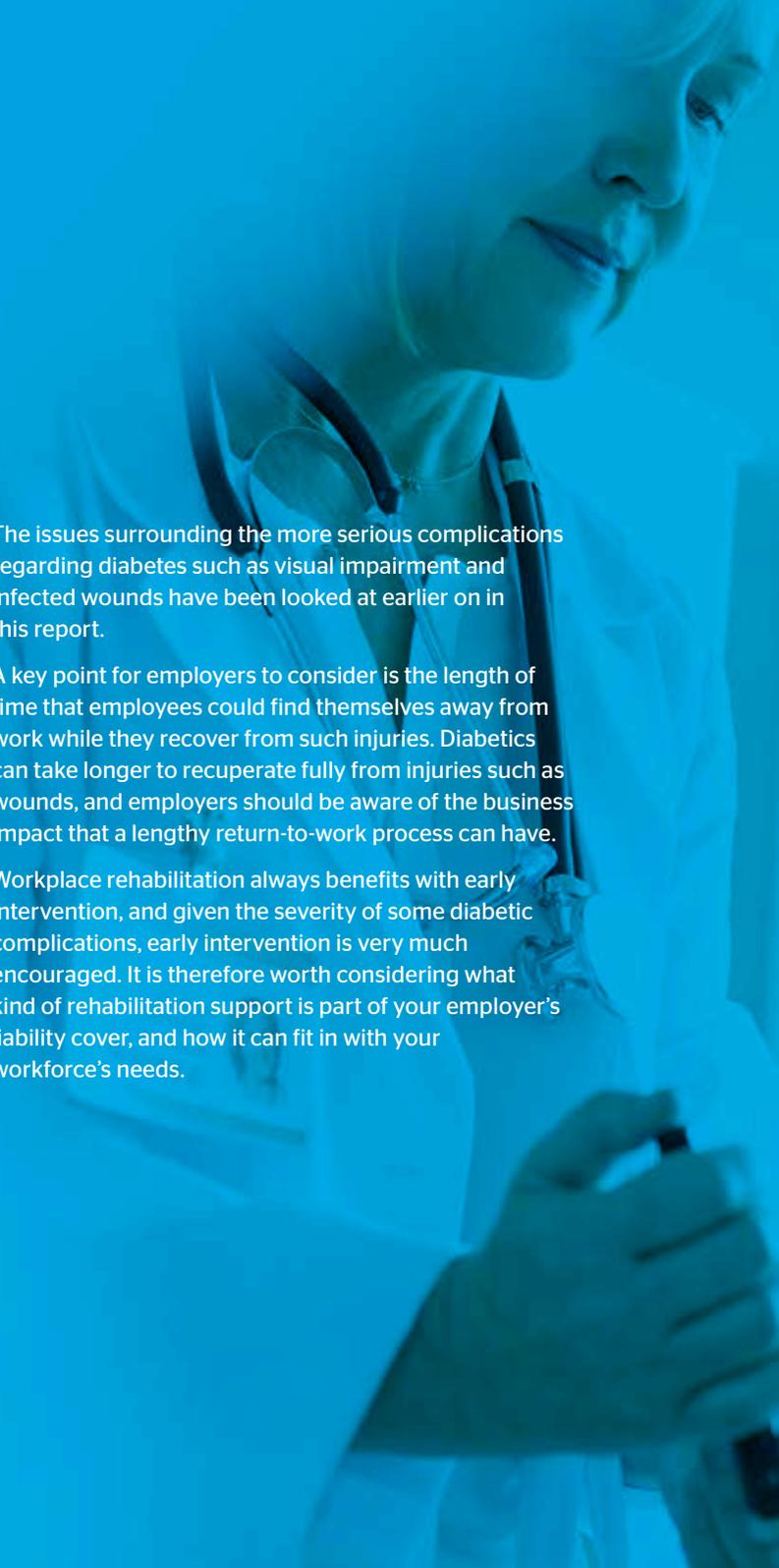
We have acknowledged the link between obesity and diabetes, and it is therefore useful to promote a healthy workplace through the following practical initiatives including:

- Discounted gym memberships;
- Cycle-to-work schemes;
- Providing healthy snacks such as fruit;
- Providing shower facilities;
- Providing fitness trackers or pedometers;
- Appointing a well-being 'champion'.

The issues surrounding the more serious complications regarding diabetes such as visual impairment and infected wounds have been looked at earlier on in this report.

A key point for employers to consider is the length of time that employees could find themselves away from work while they recover from such injuries. Diabetics can take longer to recuperate fully from injuries such as wounds, and employers should be aware of the business impact that a lengthy return-to-work process can have.

Workplace rehabilitation always benefits with early intervention, and given the severity of some diabetic complications, early intervention is very much encouraged. It is therefore worth considering what kind of rehabilitation support is part of your employer's liability cover, and how it can fit in with your workforce's needs.



Further reading

Report

Diabetes UK: State of the Nation 2016
www.diabetes.org.uk/Professionals/Position-statements-reports/Statistics/State-of-the-Nation-2016-Time-to-take-control-of-diabetes/

Study

Diabetes expenditure, burden of disease and management in five EU countries.

Kanavos, van den Aardwig, Schurer.
London School of Economics. 2012
www.lse.ac.uk/business-and-consultancy/consulting/assets/documents/diabetes-expenditure-burden-of-disease-and-management-in-5-eu-countries.pdf

Useful websites

UK's largest diabetes charity
www.diabetes.org.uk

UK diabetes community
www.diabetes.co.uk

International Diabetes Federation
www.idf.org

QBE Rehabilitation

Our award-winning Rehabilitation team helps companies look after their injured people and keep their claims costs down. As well as offering guidance around risks relating to diabetes and how to promote employee wellbeing, we offer rehabilitation support for any employees involved in an incident at work. The injury assessment and self management advice provided in the first 30 days is completely free and does not appear on a clients claims history.

QBE Return:

QBE Return supports injured employees and their employers in the period immediately post accident. Employees can receive an immediate assessment of their injury and advice on how to manage it, as well as telephone support.

QBE Return+:

QBE Return+ offers personalised rehabilitation support, complementing the services an employer already has in place. Some clients, for example, may have proactive occupational health services, but no facility to fast-track physiotherapy - which is where we'd step in.



About QBE

QBE is a specialist business insurer and reinsurer. We're big enough to make a difference, small enough to be fleet of foot. We may not be the best known, but a large part of the modern world depends on our cover. We have clients as varied as bus and coach fleet drivers and major international infrastructure consortiums. For them, we're the buffer between the best-laid plans and uncertain reality. People who deal with us find us professional, pragmatic and reliable - this is one of the reasons we're still here after 130 years.

Our underwriters are empowered to take decisions that are important to you. (Because we know no computer can replace that human ability.) And we don't just cover your risk. We help you manage it, meaning that you're less likely to have to make a claim in the first place.

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- After the event insurance
- Commercial (including fleet, haulage, bus and coach, motor trade)
- Commercial combined
- Commercial crime
- Contractor all risks/EAR
- Energy - offshore and onshore
- Entertainment and leisure industry
- Environmental impairment liability
- Financial and professional liability (cyber liability, directors' and officers', professional indemnity)
- General liability (employer's liability, public liability, tradesman)
- Marine
- Motor
- Pharmaceutical and medical
- Political risk and terrorism
- Product guarantee and recall
- Product protection
- Property
- Reinsurance
- Scheme underwriting facility
- Specie
- Surety/bonds
- Trade credit
- Warranty and GAP

Find out more

For more information about how we can help your business, please visit www.QBEurope.com/rehabilitation/

Get in touch

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