

# An employee's guide

to diabetes in the workplace



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# Introduction

Most people living with diabetes have long, productive, successful working lives with interesting and varied careers.

This booklet was developed in response to questions, concerns and suggestions Diabetes Australia - Queensland received from members of the diabetes community about diabetes in the workplace.

In the following pages you will find information, hints and practical examples on how to balance your diabetes with your responsibilities and rights at work.

# Diabetes and the stages of your working life

## Starting work and applying for a job

Consider the following questions when seeking a job:

- Will diabetes stop me doing the job that I want to do?
- What will happen if I have a hypoglycaemic episode (low blood glucose reaction), 'hypo', or a hyperglycaemic episode (high blood glucose level reaction), 'hyper', while at work?
- Should I tell my employer about my diabetes? If so, when and what should I say?
- If I disclose my diabetes, on an application or during an interview, will this make me less competitive for jobs?

As everyone's experience with diabetes is different and workplaces and jobs vary, the following information aims to help you decide for yourself how best to handle the process of getting and retaining the job you want.

*How do I assess if a job is the right one for me?*

The following steps will help you to check and assess if a particular job is suitable for you before you start the application process.

1. If you have decided that a particular job might be of interest, the first step is to obtain the job specification or position description.

2. Look at each of the duties listed and ask yourself the following question, Is my diabetes likely to affect my ability to do the essential aspects of the job safely? If so, can I deal with it and how?
3. Consider other possible duties that may not be listed in the job specification that could have an adverse impact on both your ability to do the job and manage your diabetes safely at work, such as driving or operating machinery.
4. Consider whether the job will place physical demands on you that could impact adversely on your diabetes care and management; for example, shift work or long distance travel.
5. Decide whether to disclose your diabetes or not.. Refer to disclosure on pages 11 – 12 about rights and responsibilities.
6. Additional questions to consider will depend on whether you have chosen to disclose your diabetes at the time of applying for a job. Examples of practical matters that you may need to consider:
  - Is there anything about your diabetes that could risk your safety or that of your co-workers?
  - How will you manage hypos at work if this is an issue for you?
  - Location of your work space:  
  
Will there be access to storage for medicines/insulin if needed?

- Work hours: Are you able to stop work when required to check your blood glucose levels, take regular meals, treat hypos and administer your insulin?
- Will you need a private space to inject insulin?
- How will you dispose of your sharps and medical waste at work?
- Are you able to have frequent drinks and toilet breaks if required?
- Will you be required to drive a company car?

If you have decided to disclose your diabetes at the time of applying for a job, and have specific questions about this workplace, contact the person listed on the job specification or the human resources department.

*Can I expect to be given a 'fair go' when applying for a job?*

**Yes.** You can expect equal rights in applying for a job. You have the right to be appointed to a job if your abilities are best suited to the requirements of the position.

A list of careers and jobs that currently exclude people with diabetes is provided on page 6.

Most employers open up jobs to a wide pool of candidates so they can have a productive, creative and multi-skilled workforce. Unfortunately, this does not always occur because of pre-conceptions and assumptions made about a job applicant's personal attributes, such

as their race, age, gender or disability/impairment. Diabetes is legally recognised as a disability under social security and equal opportunity and human rights laws.

*Will I be discriminated against because of my diabetes?*

You can expect that each step of the recruitment process is non-discriminatory, including the job specification/position description, application form, interview questions, medical examination, assessment tasks and other personality and aptitude tests, reference checks and the final decision to employ. The process should be non-discriminatory whether you are applying for your first or last job, changing jobs and/or going for a promotion.

Unfortunately, people with diabetes can face discrimination in the workplace and this is against the law. It is unlawful to discriminate, either directly or indirectly, at work.

For more information about your rights contact the Anti-Discrimination Commission Queensland. Their contact details appear at the back of this booklet.

During the process of selecting staff employers are obliged to consider a person's skills and experiences while assessing their relevance to the requirements of the job.

Employers are entitled to ask questions of an employee (once they have disclosed their diabetes and/or any other medical condition) for the specific purpose of determining if a person with either long-standing or newly diagnosed diabetes is able to safely perform the duties required for a job.

Refer to pages 10 – 14 for more information on your rights and responsibilities.

*Are there careers and jobs that I will be excluded from due to my diabetes?*

**Yes.** Generally, occupations that have restrictions in place for people with diabetes are where the job is considered hazardous if hypoglycaemia could put your safety or that of your co-workers or the general public at risk.

Restrictions to jobs also apply to employees with other chronic illnesses and disabilities. For example, workers with epilepsy or asthma often have plans in place that promote workplace safety.

Jobs that currently have restrictions for people with diabetes include:

- **Australian Armed Forces:** If you require insulin, you cannot serve in the Armed Forces. All members of the Armed Forces must meet specific employment criteria. Unlike other employers, the military does not have a duty to accommodate those who do not meet their criteria.
- **Police Force, Fire and Ambulance Services:** Requirements of entry for jobs within state police, emergency and paramedic services vary across Australian states and territories. It is advisable to check out recruitment medical requirements for each of these services.
- **Transport of passengers:** Taxi and bus drivers - In Queensland an individual is required to have driver authorisation which includes a medical certificate. Medical conditions are assessed on a case by case basis. Contact Transport and Main Roads for further information 13 23 80 or <http://www.tmr.qld.gov.au>.
- **Transporting hazardous materials or large cargos** e.g. explosives and petrol.
- **Working at heights** e.g. on construction sites and ladders.
- **Jobs involving the use of potentially dangerous machinery**
- **Working offshore** e.g. on an oil rig.
- **Prison Service.**
- **Train drivers:** Required to meet Queensland Rail's medical fitness standards. For more information contact QR Careers Helpdesk 1800 115 000.

- Flight cabin crew who require insulin are assessed on a case-by-case basis by the airline's medical adviser with supporting documentation from the potential employee's endocrinologist. Flight work is restricted to multi-crew flights with commercial airlines. Pilots are required to meet required standards including holding a CASA medical certificate. For more information contact CASA licensing on 1300 737 032.

If you are interested in a particular job find out if there are any formal restrictions from the recruitment, human resources and/or medical advisory staff. Restrictions may also vary depending on your type of diabetes and your current treatment. For example, restrictions may apply to injecting insulin but not oral medicines.

Refer to pages 10 – 14 for more information on your rights and responsibilities.

# Changing jobs and planning for retirement

*What if I am already working in a restricted industry and am diagnosed with type 1 diabetes or I have type 2 diabetes and need to commence insulin?*

If you are currently employed within an industry and are then diagnosed with diabetes, you may be required to change jobs. Your employer is legally required to offer you another position that does not have restrictions.

*As a person with diabetes, will I be able to retain a job?*

**Most individuals** can retain their job and career with the right information and support from their diabetes health care team. Refer to the section 'Managing your diabetes at work: Getting the balance right' on pages 23 – 25.

*What if work is no longer possible?*

If you can no longer work or if you have to reduce your working hours due to diabetes, it is important that you get expert advice about your rights before making any decisions. You may be entitled to significant benefits through your superannuation or insurance policies and you may also have rights or entitlements under employment law.

Most superannuation funds offer lump sum disability benefits and sometimes income protection benefits that are payable to you for the rest of your life. Most people are unaware of their entitlements and the way an individual stops work may have a

significant affect on any entitlements they may have. Get professional advice before reducing hours or stopping work.

In cases where individuals have chosen not to seek professional advice, they often miss out on opportunities to access funds and are left without an adequate income to meet their living expenses.

*What if I am self-employed and no longer able to work due to my diabetes?*

There are many things to consider if you are in this situation. They may include: dealing with the condition and making choices about selling, closing, employing a temporary caretaker, handing over the business, or continuing to work. This area requires specialist help and Department of Employment, Economic Development and Innovation can provide assistance, see page 29.

*What about planning for retirement?*

You might decide to plan for an early retirement if your health deteriorates or treatment changes are required.

Seeking professional help about access to superannuation, insurance and disability payments **before** you take action is essential.

During this time of change from paid work to retirement, you may need to plan, gather information, make personal choices and seek help. This may involve attending retirement planning seminars or consulting financial advisers including Centrelink.



In addition to attending to financial and insurance matters, you may also require emotional help to cope with these changes in your life. Discuss these matters with your doctor and/or diabetes educator as they can refer you to services and resources. For example, your local doctor can refer you to Medicare-funded services including psychologists, social workers and accredited diabetes educators. You can also contact Diabetes Australia - Queensland for information about resources and services.

Roger was a commercial airline pilot who developed type 1 diabetes mid-career. Although he was not able to continue working in that role, he is now a flight instructor and volunteer pilot with Insulin for Life.



Roger in his Sky Arrow 650TCN aircraft.

# Your rights and responsibilities

*Are there laws to protect me against discrimination in the workplace?*

**Yes.** Employers have legal obligations and responsibilities under the *Queensland Anti-Discrimination Act (1991)* and other acts including the *Federal Disability Discrimination Act 1992*.

The purpose of these laws is to protect employees while at work and to ensure you are appointed to a job based on merit.

For more information about these laws contact the Anti-Discrimination Commission Queensland.

Where more than one piece of legislation applies, an employee has a choice to lodge a discrimination complaint.

*What kinds of discrimination have people with diabetes reported in the workplace?*

## Direct and indirect discrimination under the *Queensland Anti-Discrimination Act 1991*

Direct discrimination is when someone is treated less favourably because of their diabetes. Examples of direct discrimination include if an employer:

- Refuses to employ you after an employment medical identifies diabetes, or fires you.
- Limits your job responsibilities.
- Refuses promotions and training.

Indirect discrimination occurs when a workplace has requirements or

practices that may appear fair but in fact discriminate against people on the basis of a particular characteristic. Examples of indirect discrimination include if an employer is unwilling to:

- Accommodate your need for regular meal or snack breaks.
- Provide a private location where you can check blood glucose levels.
- Provide a private location where you can administer insulin.

Often, discrimination in the workplace occurs because employers and co-workers do not understand diabetes and how it is managed.

Maree is a 24-year-old parking attendant who has had type 1 diabetes since primary school. While injecting her insulin a motorist complained to the manager, about a 'junkie on staff'. Maree thought that she was going to lose her job. After some negotiating the manager agreed to have relieving staff available so that Maree could leave the booth to administer her insulin in a private place.

If there is a question about your ability to perform all inherent genuine and reasonable requirements of a specific job, then you may be required to prove that your diabetes does not stop you from doing the essential parts of your job. This may require you to provide a medical report from your endocrinologist stating that you are fit to perform the tasks required while at work.

*Who is responsible should discrimination occur in the workplace?*

While at work, employers are liable (legally bound and responsible) for the behaviour of their staff. If a staff member discriminates, managers and owners of the organisation/business have vicarious (indirect) liability. Those who discriminate at work could face a formal complaint - by an employee - being lodged against them with the Anti-Discrimination Commission Queensland.

Employers are also liable for any discriminatory selection processes undertaken by their agents; for example, recruitment firms and consultants contracted by the organisation to recruit staff.

*Are there occasions where an employer can fairly discriminate?*

**Yes.** In exceptional circumstances, an employer can discriminate (exclude) if a person with diabetes or any other disability/medical condition cannot perform the inherent (genuine) and reasonable requirements of the job. If a person with diabetes cannot work safely, then they do not meet the inherent requirements of a job. For more information refer to the sections on workplace safety and careers exclusions in this booklet.

Discrimination criteria can be waived only if authorised by a court, tribunal and/or Act of Parliament.

*Should I disclose my diabetes to my employer or co-workers?*

**This is a matter of personal choice and it is up to you to decide to disclose your diabetes whilst keeping in mind your need to be safe at work and insurance requirements.**

Points to consider before disclosing your diabetes while at work include:

- Why should I disclose my medical condition?
- How do I disclose my medical condition?
- Do I have to disclose my diabetes during a job interview?
- What happens if I get a job and my medical condition changes over time?
- What does the law say about disclosure?

Factors that may influence your decision to disclose your diabetes to a potential or existing employer include:

- Your safety and the safety of those working with you.
- The industry and/or activity that you are involved in.
- If you drive a company car.
- If you are taking medication where the side effects are likely to impact on your work performance.
- WorkCover and insurance requirements for disclosure at your workplace.
- If you have an accident/injury at work and your diabetes was a contributing

factor and you have not disclosed your diabetes in writing to your employer prior to the accident/injury, a claim for WorkCover may not be approved.

If unsure, discuss this matter with your endocrinologist, diabetes educator and/or legal adviser or advocacy staff at Diabetes Australia - Queensland.

*Should I seek advice before disclosing my diabetes?*

**Yes.** It is recommended that you seek advice from an independent adviser before disclosing (telling) those at your workplace about your diabetes. Consult a diabetes advocate, disability legal centre or a legal adviser, and/or consult your union before you disclose your medical condition. People with diabetes share their reasons for telling or not telling those at work about their diabetes.

### **Why tell an employer:**

- 'So that I can negotiate reasonable adjustments as part of my work conditions' - Jill, tertiary student with type 1 diabetes, who was going for a part-time job in telemarketing. She wanted to make sure that she could have time off to check her blood glucose levels, have snacks and toilet breaks.
- 'Because I want to start the job with an open exchange of information' - Robert, who is mid-career and was applying for a promotion in the teaching profession. He has type 2 diabetes and just started on insulin.

### **Why not tell an employer:**

- 'I fear that I might be discriminated against and not get the job because of my condition' - Robert, a 54-year-old scientist with type 2 diabetes who was applying for a promotion that could involve an overseas posting.
- 'I feel it (diabetes) is private and no one else's business and I have a concern that my medical information may not be kept confidential' - Susan, a 24-year-old registered nurse with type 1 diabetes working in a public hospital.

*Do I need to disclose my diabetes on the job application forms or when I have been offered the job?*

If your diabetes affects your ability to undertake the inherent parts of the job, your safety at work or if it could put the safety of co-workers at risk, then it is advisable to disclose your diabetes.

Mary is a 55-year-old health professional recently diagnosed with type 2 diabetes. She chose to disclose her diabetes to her employer with a letter from her treating endocrinologist. The letter stated that she has type 2 diabetes, was receiving treatment and in the doctor's opinion, Mary is fit to perform all of her duties.

## Driving

*Do I have a responsibility to disclose my diabetes if my work involves driving?*

**Yes.** Whether you have type 1 or type 2 diabetes, all Queensland drivers, including learner drivers with diabetes, have a legal responsibility to notify Queensland Transport. If you drive a company car, then you must also disclose your diabetes to your employer.

**If you are driving at work without having notified Queensland Transport and you are involved in a crash, you could be sued under common law and/or charged with driving offences. In addition, your employer's insurance company may not provide cover.**

For more information about diabetes and driving, speak with your endocrinologist, diabetes educator, Queensland Transport medical review staff and/or Diabetes Australia - Queensland.

*Do I have a responsibility to disclose my diabetes to my superannuation fund or insurance company?*

**Sometimes.** Terms and conditions can vary across superannuation funds. You need to check the fund's product disclosure statement to be clear about what you are covered for and whether you have to tell the fund about your diabetes.

If you start a job or join a superannuation fund, check to see whether you can get automatic insurance cover without answering any health questions.

Check if a particular insurance policy requires you to fill out a health questionnaire. Not disclosing your diabetes may mean that your insurance policy can be cancelled and/or you may not be able to make a claim.

*Do I have a right to reasonable adjustments at the workplace?*

**Yes.** A reasonable adjustment is any change or modification that is made at a workplace that enables people with diabetes to work safely. Employers are obliged to make reasonable adjustments in the workplace unless making adjustments results in an 'unjustifiable hardship' (usually cost) to their business.

Some examples of reasonable adjustments in the workplace include:

- Maintaining confidentiality about your medical condition.
- Flexibility with breaks, meeting times, medical appointments and shifts.
- Regular scheduled breaks in addition to the minimum award provisions to meet the requirements for snacks.
- Provision of a private and clean place to monitor blood glucose levels and administer insulin.

- Installation of emergency 'hypo' prevention and treatment provisions at your work station and a first aid kit.
- Installation of a sharps disposal container for the safe disposal of medical waste.
- Enlarged computer screen for those with impaired vision.

The federal government provides funds for employers to help with costs that may be associated with workplace adjustments under the Workplace Modification Scheme as well as JobAccess Advisers.

*Can I expect privacy at work in regard to my diabetes? What are my rights and responsibilities?*

**Yes.** But workplace safety comes first. For example, if you work in a safety sensitive position, relevant information about your diabetes may need to be disclosed and a plan put in place with the help of your employer to protect your safety and that of your co-workers.

You can expect that your employer will respect your privacy and keep your medical condition confidential.

*What about unfair dismissal?*

Fair Work Australia deals with claims of unfair dismissal.

# Emily Wilson

## Business analyst for Netspace

Working within the systems development team at Netspace, Emily Wilson was diagnosed with type 1 diabetes four years ago. The 24-year-old says she initially went through a lot of denial, confusion and depression.

“I was apprehensive as to whether it would affect my work and how people were going to react. I thought, will I still be able to do my job? Will people treat me differently? However, I quickly realised that diabetes is not a terrible disease and it hasn’t ruined my life,” she says.

Since her diagnosis, Emily decided to take better care of herself. She started exercising, lost 50kg and stopped smoking. “It’s a bit disappointing that it took something so serious for me to realise that I wasn’t looking after myself, but if I hadn’t had that reality check, where would I be today?”

At first Emily only told the first aid officers and her superiors, but now everyone at work knows. “There has been no discrimination, rather a lot of support and curiosity. I pull out my pump to give myself a dose of insulin, and people joke about it. They ask, what songs are on there? Does it have Bluetooth or GPS?”

Emily recommends being upfront about diabetes in the workplace. “People are more likely to appreciate honesty and be supportive. If people are scared about your diabetes, you can easily diffuse that by being confident, open and happy to chat about it.”



As she is on a pump, there is no need to inject in the office. Emily checks her blood glucose levels at her desk whenever she needs to. “If I have a hypo, it’s fine for me to walk off the floor and fix myself up. Or if I have a specialist appointment I let my supervisor know and I make up the time at a later stage. I’ve rarely taken a sick day because of my diabetes.”

Emily has progressed through five roles in as many years at Netspace and she appreciates the opportunity for personal development within the organisation. “I love my job. We design new internet tools and products. I make sure that they are not just good for the company but good for the customer too.”



# Jackie Cox

## Business service manager

At the age of 60, Jackie Cox has lived with diabetes for more than half of her life. Diagnosed with type 1 diabetes at the age of 26, Jackie recalls being very shocked at the diagnosis but was glad to finally find out what was wrong with her.

“My main fear was going blind. I didn’t want to be a little old lady with a white stick,” she says.

Jackie recalls being grateful to be surrounded by a very supportive husband and family, but feeling a little bit lost in moving forward with her diagnosis. “I really didn’t know a lot about diabetes at that time - I guess a lot of people didn’t.”

After raising a young family and making a number of interstate moves, Jackie returned to the workforce and started volunteering at the Mt Ommaney Special School in Brisbane.

A position became available as a teacher aid and Jackie believes honesty was the best policy in telling employers about her diabetes.

“When I went for the job interview, I was honest and told them I was type 1 and well controlled, and they accepted that - I got the job!” Jackie has progressed through the ranks to become a distinguished staff member.

The majority of staff at Jackie’s school are aware of her diabetes. “I have had hypos at work and people know how to deal with them. I think that if you are honest with people, it takes the fear out of it for them.”



Needing insulin five times per day, Jackie normally uses the staff room to administer her injections.

“It’s very rare that I have to inject in front of people. If I do, most of the time people don’t even know that I am having an injection.”

Jackie thinks that employers shouldn’t be discouraged because an employee has diabetes. “It is a very liveable chronic illness. People aren’t rushing off and going to the doctors every couple of days – it’s a very manageable disease. There is no reason to fear having a person with diabetes on staff.”

In terms of encouraging words for people with diabetes, Jackie says, “You have to focus on all the good things in life. I have two wonderful little grandchildren that I am grateful for.”



# Darryl Hardy

## Lismore Primary School principal

Lismore Primary School principal Darryl Harty was diagnosed with type 1 diabetes when he was 11. He has been a teacher for 31 years and plans to teach for a further nine. He has had no diabetes complications in 41 years and says the longer you live with it, the more appreciative you are of life in general.

He doesn't disclose his diabetes in job interviews as he says, "It isn't relevant to my ability to do my job."

Throughout his working life he has taken on average of 1.45 sick days a year. "I manage my diabetes meticulously. I don't let it get in the way of what I want to do," he says.

Darryl maintains a routine when it comes to meals, which makes it easier to control his blood glucose levels. "For me food is fuel. I eat the same breakfast and a very similar lunch daily."

As his day's activities can vary from taking active PE lessons to administrative work or attending meetings, and his lunch break can be any time between 1pm and 3pm, regular BGL testing is a necessary ritual.

Darryl keeps his insulin in a thermal case in his backpack. He also carries food in case of hypos during meetings or when he's driving. "It's like insurance." He injects his insulin in the staff room or toilet but not in front of students.

"I don't want to make a big deal out of it. That said I'm open about it. I'm always



happy to answer kids' questions." A rewarding part of Darryl's job is conversing with students who have recently been diagnosed with type 1 diabetes. "I have a real empathy for them as I know the challenges they face," he says.

Colleagues have tended to be both curious and supportive in relation to his diabetes. "The road won't always be smooth but I've learnt that there is support there - you only need to ask for it."

Darryl umpires and coaches Aussie Rules football, coaches cricket and also plays golf to maintain his fitness.

# Dave Guyatt

## Account manager

Dave was diagnosed with type 2 diabetes at the age of 39. Three years later, Dave is a new man with a passion for life and cycling that is difficult to top. Dave's first thought when he was diagnosed was one of shock, "I thought I was going to die. In fact, my doctor told me that was exactly what would happen if I didn't change what I was doing."

Dave told his employer and colleagues at a Brisbane printing business straight away about his diagnosis with type 2 diabetes. "Everyone was more curious than anything." However, Dave also found challenges in getting people to understand the nature of diabetes.

"Making other people aware that, yes, I have diabetes but it is manageable was hard. People were concerned."

Managing his diabetes with diet, exercise, and two tablets daily, Dave initially found this difficult. However, having a supportive employer has made his commitment to being fit and healthy much easier. "My employers were really supportive in giving me time to exercise and get fit."

Being upfront and honest with them about his aspirations to be fit and healthy resulted in a flexible work agreement whereby Dave can come in late or leave early for training commitments. "My employers understood that by helping me to get fitter, I would then be able to be more productive."



Dave encourages employers to be part of the solution for people with diabetes. "Diabetes is a medical condition. It is something that is there forever. The more you help your employees, the better they will be able to manage their condition."

Since his diagnosis, Dave has made significant lifestyle changes. He attributes his biggest inspiration to living the healthiest life possible for his eight-year-old triplets Christian, Jorja, and Brandon.

# Safety at work

## *How can diabetes affect work performance?*

Diabetes could become an occupational health and safety issue if your condition impacts on your ability to exercise judgment, or if your co-ordination, motor control, concentration and alertness are impaired. This could lead to an increased risk of workplace injury to yourself or others.

## Things to consider:

### Hypoglycaemia

Low blood glucose levels (BGLs) occur when your blood glucose falls below normal (3.5 to 7.8mmol/L). Hypoglycaemia impairs judgment and cognitive function (thinking, reasoning) and can cause blurred vision, drowsiness, weakness, shaking, and may progress to unconsciousness if not treated early.

The ability to drive safely has been shown to be impaired when BGLs fall below 5mmol/L.

Check with your pharmacist to see if any of your medicines have the side effect of hypoglycaemia.

### Hypoglycaemia unawareness

People with long-standing diabetes, who are insulin treated and have frequent hypoglycaemia, may not experience the usual symptoms of hypoglycaemia. BGLs can become dangerously <sup>low</sup>

and if untreated this can result in unconsciousness. Hypoglycaemia can be unsafe and can potentially put you and others at risk. If you are at risk of hypoglycaemia or are 'hypo unaware' it is recommended that you tell a trusted colleague, first-aid worker or human resources manager, particularly if you work in a hazardous or safety- sensitive job.

### Managing hypoglycaemia at work

If you choose to tell trusted colleagues about hypos, **tell them what to expect, how they can best help you** if you require assistance and where you keep your hypo treatment.

- Tell your co-workers to call an ambulance by calling 000.
- Give co-workers a copy of the Hypoglycaemia Emergency Information sheet at the back of this booklet.
- Describe your usual signs and symptoms of hypoglycaemia.
- Warn colleagues that during a hypo you may not be very co-operative and may even resist their attempts to help.
- If you have a mobile phone, put the abbreviation 'ICE' (In Case of Emergency) and your emergency contact's details into your phone number list. This will alert emergency medical staff that this is the person to call in case of an emergency.
- Make up a 'hypo kit' to keep at your workplace.

## Hypo kit

- Hypoglycaemia Emergency Information sheet.
- Fast-acting carbohydrate such as jelly beans, glucose tablets, non-diet soft drink or Lucozade®.
- Slow-acting carbohydrate such as muesli bars or small packet of dry crackers.
- Doctors and hospital contact numbers.
- Emergency contact details e.g. your next of kin.



Fast-acting carbohydrates.



Slow-acting carbohydrates.

*Could I lose my job if I am having hypos at work?*

**Possibly.** Having regular hypos at work may prevent you from satisfactorily and safely performing the inherent requirements of your job and may put yourself or others in danger. It could result in you losing your job.

In keeping with employment and equal opportunity and human rights laws, your employer would be required to go through a formal process before this could occur.

As part of the process, your employer could organise a medical assessment to help determine your ability to perform the inherent requirements of your job.

They can also help to identify if there are changes at work that can be made to assist you in being able to retain your job. Your employer would need to consider a range of things to help you, which could include redeployment to a different work area.

If you experience regular or severe hypos, it is most important to have this reviewed urgently by your treating endocrinologist and/or diabetes educator. They will be able to review your diabetes management plan and suggest changes aimed at preventing regular episodes of hypoglycaemia.

*Can my employer ask to see my blood glucose results?*

**No.** Your employer does not have the right to ask you for the results of your monitoring. This is an invasion of your privacy.

If your employer believes that your diabetes is affecting your ability to carry out the job as described in your position description, they can ask you to prove that you are medically fit to carry out your job. You may be asked for a letter from your endocrinologist commenting on your medical fitness to carry out the essential duties of your work.

## Hyperglycaemia

Hyperglycaemia (high blood glucose) occurs when BGLs rise to 10mmol/L or higher. Hyperglycaemia can cause tiredness, lethargy, irritability, thirst, going to the toilet more frequently and blurred vision. High blood glucose can also affect thinking, concentration, memory, problem solving and reasoning.

## Diabetes complications

Diabetes complications include neuropathy, retinopathy, cardiovascular disease, peripheral vascular disease, anxiety, depression and/or mental illness. Your diabetes management and care plan should include strategies to help you undertake your work requirements safely. It is recommended that you discuss these matters with your endocrinologist, doctor and diabetes educator.

Examples of such strategies include:

- Wear protective footwear.
- Avoid standing for long periods.
- Ensure annual leave is taken.

## Driving and safety at work

Safety while driving for work may be compromised by hypoglycaemia, hyperglycaemia and/or diabetes complications.

Refer to the section on driving at work on page 13.

*Should I wear medical identification?*

**This is a matter of personal choice.** It is advisable to wear or carry some form of medical identification so that in an emergency people can be quickly alerted that you require urgent medical help. This identification becomes even more important if you have chosen not to disclose your diabetes to your co-workers.

## Hazardous jobs

Many occupations involve an element of hazard or risk. For example, working near heavy machinery or being on a ladder at a building site. If your job requires that you undertake hazardous tasks, you need to make sure that your blood glucose levels are as stable as possible most of the time and you minimise the risks involved.

## Operating heavy machinery

If you operate heavy machinery, including a forklift, and/or require a commercial vehicle licence as part of your job, you have a responsibility to yourself and others to ensure that you are able to carry out your job safely. Have your diabetes treatment and complications status reviewed by your doctor.

Check your BGLs frequently and as with driving, aim for between 5 and 10mmol/L.

You may be taking medications that could impact on your ability to safely operate heavy machinery. Check this with your endocrinologist, doctor, pharmacist or the Medicines Line from the National

Prescribing Service. Contact details are at the back of this booklet.

### **Personal protective clothing**

Some occupations require the wearing of protective clothing and footwear for safety reasons while at work. For example, steel-capped boots or over-shoes. A podiatrist can help give you advice and recommendations about footwear at work.

### **Tips for staying safe at work:**

- Check your blood glucose level before undertaking hazardous tasks, operating machinery or driving. Make sure that your BGL is above 5mmol/L and below 10mmol/L before commencing and during tasks.
- Check your blood glucose regularly if the task is lengthy.
- If you need to, take regular meal breaks and snacks.
- If you experience signs or symptoms of hypoglycaemia, or your blood glucose levels are less than 3.5mmol/L, even if you have no symptoms, stop and treat it immediately.

# Managing your diabetes at work: getting the balance right

Your individual diabetes management and care plan should include a section on work. It is recommended that you discuss the detail of your work with the members of your diabetes health team. This section offers a general checklist of items to discuss with your health professionals:

- Update your plan if there are episodes of hypoglycaemia or hyperglycaemia.
- Negotiate a place to check your BGLs and store your meter that is accessible.
- Have a plan in place for checking your BGLs if you are hypo unaware.
- Have a clean and private place to use your insulin.
- Work out how and where to safely store your insulin.
- Know your entitlements and rights about time off to attend medical appointments.
- Have a sick day plan in place.
- Make insulin and food intake adjustments that take account of increased physical activity as part of your job.
- Work on ways to remove/reduce workplace stress.
- Work out ways to safely dispose of your sharps and medical waste.
- Plan to deal with shift work including menu and snack plans while on night duty.
- Plan for travelling or an overseas posting.
- How to get the work/life balance right for you.

Should you require help with your rights and/or responsibilities contact advocacy staff at Diabetes Australia - Queensland.

## **Tips from people with diabetes on how they manage diabetes and working:**

Jenny, 30 years of age and working in administration, has type 1 diabetes. "Every day at work I happily inject my insulin at my desk. I find it to be a clean and relatively private area and I checked with colleagues that share my work space and they are all okay with seeing me inject. If a colleague was distressed by watching me inject, then I would discuss with my manager another suitable place to do my injections."

Bob, 48 years of age, works in a hotel. "I've been injecting insulin for the last 40 years. I don't even think twice about doing it." One of Bob's work colleagues has needle phobia and recently fainted when she saw Bob injecting his insulin. "I now realise that just because I'm fine with my needles, not everyone else is. I now inject my insulin in a private area where I am not in view of my other work colleagues."



June is a 42-year-old woman with type 2 diabetes working in the public service sector. She had seen her doctor for a mild urinary tract infection and commenced oral antibiotics. She still felt well enough to come to work, but had found that her BGLs were much higher than usual. As part of her sick day management plan, she was required to check her BGLs every four hours and administer supplemental insulin as required. June discussed her extra short-term requirements with her manager and her needs were accommodated. June quickly recovered from her infection and was glad that she did not have to take any of her sick leave. June's manager was happy to accommodate June's extra short breaks because that meant she could still attend work.

Bob, 32 years of age, works as a contract shearer. He also has type 1 diabetes and injects insulin four times a day. Bob's weekday job is physically demanding compared to driving into town and watching footy on weekends.

Bob noticed that if he took the same amount of insulin on both his working and non-working days, he would always have a hypo (usually in the afternoon) on working days. Bob did not want to increase the amount of food that he was eating on work days, because shearing can be difficult with a full stomach.

Bob's doctor and diabetes educator reviewed his diabetes management plan and suggested he reduce the dose of his insulin on the days when he was shearing.

Judy, 48 years of age, works three days a week in a call centre. She has type 2 diabetes, takes Metformin, has a healthy diet and does regular physical activity. Her current job is sedentary. On non-work days, Judy is quite active and usually spends 60 minutes at her local gym.

Judy noticed that on work days her BGLs were usually above her target range, while on non-work days she easily met the targets. She discussed this with her diabetes educator, who suggested that she include some physical activity in her working day.

Over the next two weeks, Judy took a 15-minute walk before work, another 15-minute walk at lunch, and a 15-minute walk after work. After trying this for a fortnight, Judy noticed that her BGLs on work days had returned to her target levels.



## Tips on how to undertake shift work and manage your diabetes:

- Ask for regular days, hours and fewer changes of shift.
- Ask for regular times for meal and snack breaks.
- Monitor your blood glucose levels regularly to check the effect of different work hours so you can work out if you need to make changes to your diabetes medication/insulin.
- If you require medication and/or insulin to manage your diabetes, the times you take them will need to be adjusted to accommodate your different working, sleeping and eating times.
- If shift work is adversely affecting your diabetes care, you may be able to negotiate more suitable hours with your employer. This will require a medical certificate or letter from your endocrinologist.

Jim is 46 years of age and works at an aluminium smelter. "Prior to being diagnosed with type 2 diabetes, I would often get a packet of potato chips and a soft drink from the vending machine as a snack during my night shift. After my diagnosis, I realised that the foods offered in the vending machine are not suitable to have on a daily basis. I now snack on low fat yoghurt that I have brought from home and a cup of tea in my break. Not only is it healthier for me, but I have saved a lot of money."

## Concluding comment

Most people with diabetes have fulfilling and productive careers until retirement. After retiring from the paid workforce many continue to remain active and contribute to their communities in many ways.

As a person newly diagnosed or with long-standing diabetes, should you face difficulties during any stage of your working life, then you are not alone. There are services, resources and people to talk with who can help you work through the issues.

# Definitions

## Employment

The Federal Workplace Relations Act 1996 defines employment as a contract of service, whether a person is employed under a certified agreement, employment agreement or an award.

The Public Administration Act 2004 defines employment as the engagement of a person under a contract to provide a service. Work is also defined to be when a person is remunerated (paid), even on commission.

## Endocrinologist

Is a medical doctor who specialises in diabetes and illnesses of the endocrine system.

## Type 1 diabetes

Type 1 diabetes is an autoimmune condition which occurs when the immune system damages the insulin-producing cells in the pancreas. It is treated with insulin injections several times each day. Type 1 diabetes affects between 10 and 15 per cent of people with diabetes.

## Type 2 diabetes

Type 2 diabetes occurs when either the insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes affects 85-90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. In the early stages, type 2 diabetes can usually be managed with a healthy lifestyle but eventually medication and/or insulin may be required.

# Where can I get help and more information

## Ambulance Service

Provides free emergency transport to medical care for people living in Queensland. In case of an emergency, dial 000 and mention a **diabetes emergency**. For more information call 1800 648 484 or visit [www.ambulance.qld.gov.au](http://www.ambulance.qld.gov.au).

## Anti-Discrimination Commission Queensland

The Anti -Discrimination Commission Queensland receives and deals with Complaints of discrimination in Queensland. Call 1300 130 670 or email [info@adcq.qld.gov.au](mailto:info@adcq.qld.gov.au) or visit [www.adcq.qld.gov.au](http://www.adcq.qld.gov.au)

## Australian Diabetes Educators Association

Helps you to find a credentialled diabetes educator. Call (02) 6287 4822, email [inquiries@adea.com.au](mailto:inquiries@adea.com.au) or visit [www.adea.org.au](http://www.adea.org.au)

## Australian Podiatry Council

Helps you to find a diabetes podiatrist. Call (03) 9411 6311, email [apodoc@apodoc.com.au](mailto:apodoc@apodoc.com.au) or visit [www.apodc.com.au](http://www.apodc.com.au)

## beyondblue

beyondblue is a national independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders. beyondblue has information specifically about the workplace and is able to link you to professional help. Call 1300 224 636 or visit [www.beyondblue.org.au](http://www.beyondblue.org.au)

## Centrelink

Centrelink is an Australian Government agency whose purpose is to assist people with income security, provide help to those of working age to find a job, while supporting those in need.

Contact your nearest Centrelink office for more information about income support options including pensions, payments and benefits. Call their appointment line on 131 021 or visit [www.centrelink.gov.au](http://www.centrelink.gov.au)

## Department of Education, Employment and Workplace Relations

The Department of Education, Employment and Workplace Relations provides information on the Workplace Modification Scheme. Call 1300 363 079 or visit [www.deewr.gov.au](http://www.deewr.gov.au).

## **Department of Employment, Economic Development and Innovation**

Business Development website  
[www.business.qld.gov.au](http://www.business.qld.gov.au) or call  
1300 363 711

## **Department of Justice and Attorney General**

Provides a range of services relating to the  
workplace and health and safety.  
[www.justice.qld.gov.au](http://www.justice.qld.gov.au) .

## **Diabetes Information line**

Diabetes Australia - Queensland 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 [www.diabetesqld.org.au](http://www.diabetesqld.org.au) or  
call the diabetes infoline on 1300 136 588.

## **Dietitians Association of Australia**

The Dietitians Association of Australia  
(DAA) is the national association of the  
profession, with branches in each state  
and territory. The DAA has a database of  
Accredited Practising Dietitians (APD) to  
help you locate a dietitian. Call (02) 6163  
5200 or visit [www.daa.asn.au](http://www.daa.asn.au)

## **Fair Work Australia**

Fair Work Australia is the independent  
national workplace relations tribunal with  
the power to carry out a range of functions  
relating to wages, industrial action and  
enterprise bargaining. Call 1300 799 675  
during business hours or  
visit [www.fwa.gov.au](http://www.fwa.gov.au)

## **Legal Aid Queensland**

Legal aid Queensland provides legal advice  
for Queenslanders. Call 1300 65 11 88 or  
visit [www.legalaid.qld.gov.au](http://www.legalaid.qld.gov.au)

## **Legal Services Commissioner**

Legal Services Commissioners are  
responsible for the receipt, investigation  
and resolution of any complaint about  
lawyers, as well as mediation of disputes  
between lawyers and their clients. Call  
1300 655 754 or visit [www.lsc.qld.gov.au](http://www.lsc.qld.gov.au)

## **Health Quality and Complaints Commission**

Health Quality and Complaints Commission  
Handles complaints about health services  
and/or health professionals. Call  
1800 077 308 or visit [www.hqcc.qld.gov.au](http://www.hqcc.qld.gov.au)

## **Maurice Blackman Lawyers**

Maurice Blackman Lawyers are specialists  
in employment, superannuation and  
insurance issues for people with a  
disability. They provide information about  
stopping work because of a disability and  
offer a free telephone service. Call the  
Disability Helpline on 1800 196 050 or visit  
[www.mauriceblackburn.com.au](http://www.mauriceblackburn.com.au)

## Medicare

Contact Medicare and/or your local doctor for more information about access to allied health services funded by Medicare. Call 132 011, visit [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) or attend a Medicare office.

## Medical identification

A range of products is available to help identify a person with a medical condition in emergency situations. Discuss this with pharmacies, diabetes educators, or visit [www.diabetesqld.org.au](http://www.diabetesqld.org.au)

## National Prescribing Service

(NPS) Medicines Line National Prescribing Service's Medicines Line provides consumers with independent, accurate and evidence-based information on prescription, over-the-counter and complementary (herbal/'natural'/vitamin/mineral) medicines. Call 1300 633 424 [www.nps.org.au/consumers](http://www.nps.org.au/consumers)

## Ombudsman Queensland

The Queensland Ombudsman's Office is an independent complaints investigation agency. Its role is to make sure that Queensland public agencies act fairly and make the right decisions for Queenslanders. [www.ombudsman.qld.gov.au](http://www.ombudsman.qld.gov.au) or 1800 068 908

## Queensland Council of Unions

Queensland Council of Unions is the peak union body in Queensland and can be contacted on (07) 3846 2468 or visit [www.qcu.asn.au](http://www.qcu.asn.au).

## Queensland Transport and Main Roads

Queensland Transport provides road, Registration and licensing services including medical reviews. Call 132380 or visit [www.tmr.qld.gov.au](http://www.tmr.qld.gov.au)

## Queensland Self-Management Alliance

The Queensland Self-Management Alliance is the peak body that is dedicated to promoting the adoption of effective self- management strategies by all Queenslanders. Call 3857 4200 or visit [www.qsma.org.au](http://www.qsma.org.au)

## Queensland Workplace Rights Ombudsman

Provides information and advice to Queensland workers and employers about their workplace rights and obligations, and promotes fair and equitable practices in Queensland workplaces. [www.workplacerights.qld.gov.au](http://www.workplacerights.qld.gov.au) or call the Workplace Rights Hotline 1300 737 841

## **Welfare Rights Unit**

Welfare Rights Unit helps with complaints and difficulties with Centrelink. They provide free telephone advice on weekday mornings. Call 1800 358511 or visit [www.welfarerights.org.au](http://www.welfarerights.org.au) or email [wrcqld@wrcqld.org.au](mailto:wrcqld@wrcqld.org.au)

## **Workplace Modifications Scheme**

The Workplace Modification Scheme is funded by the federal government to help meet the cost of accommodating a worker with a disability. Call 133 397 or visit [www.deewr.gov.au](http://www.deewr.gov.au)

JobAccess advisers can be contacted on 1800 464 800 or at [www.jobaccess.gov.au](http://www.jobaccess.gov.au)

## **WorkCover Queensland**

WorkCover Queensland is the main provider of workers compensation. Further information is available at [www.workcoverqld.com.au](http://www.workcoverqld.com.au) or call 1300 362 128 or email [info@workcoverqld.com.au](mailto:info@workcoverqld.com.au) (general enquiries only).

# Hypoglycaemia

## Emergency Information

- Hypoglycaemia is a blood glucose level that falls below 3.5mmol/L even if there are no symptoms.**

### Symptoms of hypoglycaemia

Early signs	Late Signs
Sweating	Confusion
Weakness	Drowsiness
Pale skin	Changes in mood or behaviour
Trembling	Lack of coordination
Dizziness	Slurred speech
Heart palpitations	Loss of consciousness
Hunger	Seizures

- Treat quickly.**

**If the person is conscious give glucose or sugar immediately; e.g. one of the following:**

- 6 – 7 jelly beans.
  - ½ can of regular soft drink, or 100ml of Lucozade®.
- Not diet soft drink.**

- 3 teaspoons of sugar or honey dissolved in water.
- Glucose tablets equivalent to 15 grams of carbohydrate.

You might need to coax the person to eat or drink. Symptoms should improve in 10 - 15 minutes. Stay with the person and ask them to re-test their blood glucose after 15 minutes.

Normal activity can be resumed if blood glucose levels are over 5mmol/L and symptoms have improved.

A long-acting carbohydrate snack such as milk or dry biscuits may also be needed.

- Emergency action.**

**If the person is too drowsy to eat or drink, has a seizure or is unconscious, get emergency help!**

Turn the person onto their left side and do not give fluid or food.

Call **000** for an ambulance and state that it is a 'Diabetes Emergency'.



Information developed by Diabetes Australia - Vic, the peak consumer body in Victoria representing all people affected by diabetes and those at risk.

[www.diabetesvic.org.au](http://www.diabetesvic.org.au) or 1300 136 588



29 Finchley Street, Milton Queensland 4064

**e** [info@diabetesqld.org.au](mailto:info@diabetesqld.org.au)

**t** 1300 136 588

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

**f** 07 3506 0909

**Infoline** 1300 136 588

**ABN** 18 009 790 327