



HEALTH & SAFETY
FACT SHEET
FOR PROFESSIONAL DRIVERS

DIABETES

AUGUST 2009

Health & Safety Fact Sheet for Professional Drivers

Diabetes

Introduction

Unite the Union receives regular inquiries from our professional driver members about diabetes and driving. Having diabetes doesn't necessarily mean that you should stop driving, but situations may arise where a licence may be restricted or revoked – for example insulin-dependant diabetics, including people who are temporarily taking insulin, are not allowed to drive HGVs, buses and taxis.

This leaflet aims to give an overview of this subject and covers requirements in the United Kingdom (England, Scotland, Wales and Northern Ireland).

The DVLA and the DVA

The licensing information given in this leaflet is taken from the (Driver and Vehicle Licensing Agency (DVLA) document *At a glance guide to the current medical standards of fitness to drive*.

The DVLA covers England, Scotland and Wales. There is a separate driver licensing agency for Northern Ireland, the Driver and Vehicle Agency (DVA). Both agencies use similar medical standards based on the DVLA standards but **administration** of the standards differs slightly in Northern Ireland. The information given in this leaflet refers to DVLA practice.

This leaflet is issued for general guidance only, and is not a substitute for taking medical or legal advice in individual cases.

Please consult your GP or Diabetes Specialist Nurse about health concerns you may have about diabetes.

If you need advice or legal assistance from the Union please contact your shop steward or Regional Industrial Officer. The Union also has a free 24 hour legal advice line (0800 709007), you will need your union membership number for this service.

What is Diabetes?

Diabetes Mellitus is a medical condition which arises when the body does not produce the correct amount of insulin.

Insulin is a hormone produced in the pancreas which keeps the level of glucose in the blood at the correct level. Glucose comes from the digestion of carbohydrate from food and drinks. Carbohydrate comes from many different sources such as potatoes, chapattis, fruit, sugar, dairy products and other sweet foods. Insulin is vital for life as it helps the body to absorb glucose so it can be used to provide the energy the body needs to function for work and leisure activities.

More than 2.5 million people in the UK have diabetes and many more people do not know they have diabetes. The symptoms of diabetes can be controlled with the right treatment and a carefully regulated diet, but if it is not treated or managed properly, or if first aid is not given quickly during an episode, diabetes can result in heart disease, stroke, amputation, kidney failure and blindness. All cases of diabetes are serious but in most cases with appropriate treatment and management a person living with diabetes can live a normal life at home and at work.

How do I know if I have diabetes?

The NHS, Diabetes UK and others produce information to raise awareness about diabetes. See under **Further Information** at the end of this leaflet for useful sources of advice and information.

There are two main types of diabetes

These are:

- Type 1 diabetes
- Type 2 diabetes

Type 1 Diabetes

Type 1 diabetes develops if the body is unable to produce any insulin. This type of diabetes usually appears before the age of 40. Type 1 diabetes is the least common of the two main types and accounts for between 5 and 15 per cent of all people with diabetes. You cannot prevent Type 1 diabetes.

Type 2 Diabetes

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40, although people with a South Asian or African-Caribbean background, it can often appear after the age of 25. However, recently, more children are being diagnosed with the condition, some as young as seven. Type 2 diabetes is the more common of the two main types and accounts for between 85 and 95 per cent of all people with diabetes.

Gestational Diabetes – women drivers and pregnancy

Gestational diabetes mellitus (GDM) may arise during pregnancy. Reasons for this may be that pre-existing diabetes has not been previously diagnosed or the woman is unable to produce enough insulin for the pregnancy. Women with GDM have a 30 per cent risk of developing Type 2 diabetes during their lifetime (compared to a ten per cent risk in the general population). About five to ten per cent of women with GDM develop Type 1 diabetes sometime in their life. These women have a slowly developing form of Type 1 that is 'unmasked' during pregnancy.

If diabetes is diagnosed during pregnancy this factor must be taken into account when health and safety risk assessments are carried out and reviewed during the course of the pregnancy as required under the Management of Health and Safety at Work Regulations 1999.

For more information about the health and safety requirements for women of childbearing age, pregnant workers and new mothers please refer to the fact sheet in the Unite Women's Health Pack (see **Further information** at the end of this leaflet).

Diabetes at Work

Unite reps should make sure that drivers diagnosed with diabetes are not disciplined or discriminated against and negotiate an agreement to support members with or develop diabetes.

This could be part of or an addition to your agreements/policies on disability equality and health and safety.

A number of factors need to be considered at work for professional drivers who have or are diagnosed with diabetes.

Having diabetes should not stop you from getting or keeping a job but in some circumstances having or being diagnosed with diabetes may mean that members may not be allowed to drive certain vehicles or be barred from certain jobs.

On the other hand employers should not have unnecessary criteria for a job, e.g. the need to hold a Group 2 driving licence when a Group 1 licence would do. This could unfairly discriminate against the individual.

Diabetes and driving for work

The legislation governing medical standards and fitness to drive is found in the Road Traffic Act 1988, the 2nd EC Directive on driving licences (effective in the UK from 1st January 1997) and the Motor Vehicles (Driving Licences) Regulations 1999.

Medical standards and Fitness to Drive and the DVLA/DVA

The Driver and Vehicle Licensing Agency (DVLA) is responsible for drivers' medical standards and fitness to drive in Great Britain (England, Scotland and Wales).

The DVLA Drivers Medical Group reviews the standards every 6 months.

Every 6 months the DVLA Drivers Medical Group issues a *Guide to the current Medical Standards of Fitness to Drive* which summarises the standards. The Guide is available on the DVLA website and includes a special section covering diabetes.

As mentioned above, the DVA uses the same medical standards in Northern Ireland, but administers these slightly differently from the DVLA. The information given below is taken from the DVLA guidance. Members are strongly recommended to contact the DVLA or DVA for advice, depending where they live, if they are in any doubt about their driving status.

The reason for maintaining medical standards is to ensure that, in the interests of road safety, drivers can control their vehicle at all times. So it is very important that when completing forms and other information for the DVLA in connection with your driving licence that you answer their questions honestly.

Do I need to inform the DVLA or DVA about my diabetes?

1. When you do need to inform the DVLA/DVA

Insulin treated diabetes

(a) Group 1: Car, motorcycle

Drivers must be able to recognise warning symptoms of hypoglycaemia and meet required visual standards – a 1, 2 or 3 year licence will be granted.

(b) Group 2: LGV/PCV

New applicants for licences are **barred from driving HGV and PCV vehicles** with effect from 1 April 1991.

Professional drivers licensed **before 1 April 1991** who are on insulin are dealt with individually and licensed subject to an annual assessment by a Consultant.

Since April 2001 “exceptional case” drivers may apply for or renew their entitlement to C1/C1E to drive small lorries with or without a trailer subject to meeting all “qualifying conditions”.

Qualifying conditions are set out in the Guide to the Current Standards:

- You must not have had a hypoglycaemic attacks requiring assistance whilst driving within the previous 12 months
- You will not be able to apply for Category C1 or C1E entitlement until your condition has been stable for a period of at least a month
- You must regularly monitor your condition by checking your blood glucose levels at least twice daily and at times relevant to driving. The DVLA advises the use of a memory chip meters for such monitoring
- You must arrange to be examined every 12 months by a hospital consultant, who specialises in diabetes. At the examination the consultant will need to see your blood glucose records for the last 3 months.
- You must have no other conditions, which would render you a danger when driving C1 vehicles
- You will be required to sign an undertaking to comply with the directions of doctor(s) treating the diabetes and to report immediately to DVLA any significant change in your condition.

Temporary Insulin treatment

E.g. gestational diabetes, post-myocardial infarction, participants in oral/inhaled insulin trials.

Group 1 entitlement

You need not notify DVLA unless your treatment continues for more than 3 months but you should stop driving if you are experiencing disabling hypoglycaemia.

Group 2 entitlement

Legal bar to holding a licence while insulin treated. May re-apply when treatment discontinued.

Gestational Diabetes

You should inform the DVLA if you develop Gestational Diabetes and need to take insulin.

You are normally allowed to use your current licence but are recommended to stop driving if your control is unstable. If you are still on insulin after six weeks, you need to inform the DVLA.

Diabetes managed by tablets

Group 1 entitlement

You need not notify DVLA so long as requirements set out in DVLA leaflet INF 188/2 are met (see Appendix 1 to the At a glance Guide to the current Medical Standards of Fitness to Drive – which is available on the DVLA website).

If the information indicates that medical inquiries will need to be undertaken, then you will need to inform the DVLA .

Group 2 entitlement

You will be licensed unless you develop relevant disabilities e.g. diabetic eye problem affecting visual acuity or visual fields, in which case refusal, revocation or short period licence. If becomes insulin treated your licence will be refused or revoked.

Diabetes managed by Exanatide (Byetta) or Gliptins in combination with a sulphonylurea – type 2 diabetes

Exenatide has been licensed as a treatment for use in type 2 diabetes, in combination with metformin and or sulphonylureas. Trials published to date show a small but significant risk of hypoglycaemia when exenatide is used in conjunction with a sulphonylurea. It would also appear that when the gliptins (DPP4 inhibitors) are used with sulphonylureas, the hypoglycaemia risk is similarly raised.

Group 1 entitlement

As for diabetes managed by tablets

Group 2 entitlement

The increased risk of hypoglycaemia from exenatide or gliptins when used in combination with sulphonylureas is such that these are felt to be a potentially high risk treatment for drivers holding Group 2 (LGV or PCV) licences and that individual assessment will be required.

If you are a Group 2 drivers you are required to notify the DVLA if you have diabetes treated with tablets. If you are then started on exenatide or a gliptin you are only required to notify DVLA if this is in combination with a sulphonylurea.

The use of exenatide or gliptins currently carries no specific driving restrictions for Group 1 (car or motorcycle) licences.

Source: DVLA website – www.dvla.gov.uk/medical/treatment (23 June 2009)

Diabetic complications

(a) Frequent hypoglycaemic episodes likely to impair driving

Group 1 entitlement

You should cease driving until satisfactory control re-established.

Requires consultant/GP report

Group 2 entitlement

As for insulin treated diabetes – refusal or revocation of licence.

(b) Impaired awareness of hypoglycaemia

Group 1 entitlement

If confirmed, you must stop driving. You may resume driving provided that the reports show awareness of hypoglycaemia has been regained and this confirmed by consultant/GP report

Group 2 entitlement

As for insulin treated diabetes – refusal or revocation of licence.

(c) Eyesight complications (affecting visual acuity or fields)

Group 1 and 2 entitlement

Must be able to meet DVLA requirements for visual disorders

(d) Kidney (Renal) disorders

Group 1 and 2 entitlement

Must be able to meet DVLA requirements for renal disorders

(e) Limb disability

Group 1 and 2 entitlement

Must be able to meet DVLA requirements for disabled drivers

2. When you don't need to inform the DVLA/DVA

If your treatment of diabetes is only by diet

If you have a form of diabetes which is treated only by diet then there is no need for you to inform the DVLA **unless** you then develop relevant disabilities for example diabetic eye problems affecting visual acuity, or you subsequently have to start taking insulin.

Some legal considerations

Health and safety law and discrimination law may also be relevant to diabetes.

Disability discrimination

Disability Discrimination Act 1995 as amended (DDA)

Most people with diabetes do not consider that they are disabled, but diabetes is in fact covered by the DDA.

What is the definition of disability in the DDA?

*A person has a disability for the purposes of this act if he has a physical or mental impairment which has a substantial and long-term effect on his ability to carry out normal day-to-day activities.*¹

What does this mean?

In general the definition means a disability lasting longer than 12 months, and covers many workers represented by our union. The definition includes conditions that fluctuate, and those that may not be visible, including from the point of diagnosis.

People with diabetes are likely to fall within the scope of the DDA. So it is likely that a direct ban by an employer on employing people with diabetes will be direct discrimination.

Reasonable adjustments

The DDA Section 6(3) requires employers to make *reasonable adjustments* to the workplace and working conditions, so that disabled people are not put at a disadvantage. Many adjustments can be made cheaply and make all the difference for everyone in the workplace as well as complying with the law.

“Access to work” and other Government programmes can also provide practical access for advice and to funding.

But in spite of the protection afforded by the DDA, people with diabetes still face blanket bans in some areas of employment. Unite safety representatives and shop stewards should negotiate policies and procedures that benefit and protect members with diabetes, on an individual and collective basis. Unite has drafted a model agreement (for more information see Unite’s Disability Equality Pack).

Health and Safety Law – a brief introduction

Employers’ duties

The employer has a duty to ensure the health, safety and welfare of all their employees whilst at work under the **Health & Safety at Work etc Act 1974**. This includes a duty to ensure the health, safety and welfare of workers with a disability.

Risk Assessments

Part of the employer’s duty is to carry out risk assessments in relation to all employees and put in place measures to reduce the risks to as low a level as reasonably practicable. Employers should consult with the employees concerned, and their safety representatives.

A risk assessment is a careful examination of what could harm people and how likely this is to happen, so that employers can decide whether they have enough precautions in place. A risk assessment should be carried out by a suitably qualified person. Your employer has a legal duty to ensure that

¹ DDA 1995 Section 1(1)

competent – which should mean objective advice - about health and safety matters is obtained and acted upon. If suitable expertise is not available within the company, your employer should commission independent advice from outside the company.

Risk assessments can be carried out in 5 steps:

- STEP 1 Identify the hazards (what, in the work, can cause harm to people)**
- STEP 2 Decide who may be harmed and how**
- STEP 3 Evaluate the risks and decide on precautions**
- STEP 4 Record the findings and action them**
- STEP 5 Review the assessment regularly and update if necessary**

Risk assessments may often be very general. This is useful as a starting point only as there is much more to risk assessment.

HSE guidance states that employers should:

- adapt work to the requirements of the individual and
- consult those who are affected

So, risk assessments should also reflect the needs of individual disabled workers who may, depending on the job and their disability, be more vulnerable to dangers at work.

Risk assessments may also be needed as part of carrying out **reasonable adjustments** required under disability law to support disabled workers to get a job and stay in work.

Risk assessment/reasonable adjustment issues that may need to be considered in consultation with a driver or drivers who have diabetes, their Unite reps, and their employer are as follows:

Ensuring that schedules allow for the driver to have rest breaks and facilities to:

- check their blood glucose before and during the journeys
- eat a snack every two hours
- eat a meal when necessary
- In cases where the member feels the first signs of hypoglycaemia they should stop driving and in some cases leave the vehicle.

Pregnant workers and risk assessments

Ensure that risk assessments for pregnant workers who have developed gestational diabetes mellitus take full account of this condition and are reviewed regularly throughout the pregnancy.

Employees have duties, too, under the Health & Safety at Work etc Act 1974, which can be important for disability equality. These include:

- to take reasonable care of your own health and safety and of anyone who may be affected by what you are doing at work
- to co-operate with your employer on health and safety
- to inform your employer or manager if you see something that might be a danger to you or someone else – this is underlined in the Management of Health and Safety at Work Regulations 1999

This may mean in practice a disabled worker telling their employer about their disability, so that a individual risk assessment can be carried out and reasonable adjustments can be made if necessary in consultation with the employee.

Issues that may need to be considered in relation to risk assessments and other arrangements at work are:

- Is the diabetes is stable and well-controlled?
- Is the driver is insulin dependent?
- Has the driver experienced hypoglycaemia for which they may need assistance?
- Does the driver know the warning signs of low blood sugar?
- Does the driver have any other related medical conditions which may be relevant?

Disclosure of this information by members is not a strict legal requirement but doing so may assist better understanding of their disability to enable appropriate arrangements to be put in place to help the member.

Confidentiality must be respected and the employer should not disclose medical details about an employee to a third party without their explicit written consent.

Safety Representatives and Safety Committees Regulations 1977: representation

Unite safety reps, shop stewards and equality reps can use their representational and other rights under health and safety law and disability and gender equality legislation to secure equal treatment for disabled drivers.

First Aid

The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to enable first aid to be given to employees if they are injured or become ill at work. These Regulations apply to **all** workplaces. Employers should carry out a full assessment of first aid requirements in consultation with employees. There could be serious consequences if such arrangements are not in place and they should be provided on a 24 hour basis.

Diabetics may need first aid assistance in relation to episodes – for example hypoglycaemia (when the blood sugar is too low) and hyperglycaemia (when the blood sugar is too high). Company first aiders should be given appropriate training to deal with such episodes.

Other issues

Shift work

According to the HSE Guidance *Managing Shiftwork* (published 2006)² working shifts may “exacerbate existing health problems such as diabetes...” This will not necessarily be an issue for everyone, nor should it necessarily mean that members should not work shifts, but members working shifts or doing night work, or are about to do so, may wish to seek advice from their diabetes care team.

Risk assessments should consider as appropriate the needs of diabetic shift workers for example when planning schedules and breaks.

Travelling and driving overseas - insurance

If an employee with diabetes is travelling overseas for work-related reasons, then the employer’s travel insurance company will need to be told about the diabetes – not informing the insurers may result in the insurance being invalid.

Further information

² Managing Shift Work HSG256, 2006

Unite the Union

Unite Health and safety unit healthandsafety@unitetheunion.com

Transport Sector and other Unite sector information
www.unitetheunion.com

Contacts: Susan Murray: susan.murray@unitetheunion.org
0207 611 2596

John Neal: john.neal@unitetheunion.org
0207 611 2633

Roger Sealey: roger.sealey@unitetheunion.org
0207 611 2552

Passenger Transport

http://www.unitetheunion.com/sectors/passenger_transport.aspx

Road Transport Commercial, logistics and retail distribution

http://www.unitetheunion.com/sectors/road_transport_commercial_log.a_spx

Docks, rail and ferries

http://www.unitetheunion.com/sectors/docks_rail_ferries.aspx

Graphical, paper and media

http://www.unitetheunion.com/sectors/graphical_paper_media.aspx

Health and safety information on the Unite website at
www.unitetheunion.com/member_services/health_and_safety.aspx

Unite Women's Health Pack – available from Susan Murray.
0207 611 2596 susan.murray@unitetheunion.com

Diabetes UK

Diabetes UK has a very wide range of information on their website:
www.diabetes.org.uk

This includes leaflets on *Driving and Diabetes* and *Employment and Diabetes* and information about risk factors, causes, living with diabetes and much more.

Address: Macleod House, 10 Parkway, London NW1 7AA

Tel: 020 7424 1000 Fax: 020 77424 1001

Diabetes UK membership inquiries: 0800 371 455

Health and Safety Executive (HSE) and Health and Safety Executive Northern Ireland (HSENI)

The HSE and HSENI have a very wide range of information and guidance on health and safety matters including road haulage, workplace transport and health and safety and disability.

Contacts

HSE: www.hse.gov.uk HSE Infoline 0845 345 0055

HSENI: www.hseni.gov.uk HSENI Freephone Helpline 0800 0320 121

Equality and Human Rights Commission (EHRC)

Website: <http://www.equalityhumanrights.com/>

Inquiry lines

England 0845 604 6610

Scotland 0845 604 5510

Wales 0845 604 8810

Driving and Vehicle Licensing Agency (DVLA) – England, Scotland and Wales

www.dvla.gov.uk

Telephone 0870 600 0301 (medical section)

A Guide to the current Medical Standards of Fitness to Drive is available on the DVLA website and is updated on a regular basis.

Driving and Vehicle Agency (DVA) – Northern Ireland

www.dvani.gov.uk

DVA Medical Rules www.dvlni.gov.uk/drivers/medical.htm

Telephone 0845 402 4000 (local rates apply)

Email dvlni@doeni.gov.uk

NHS Direct

Information on Diabetes at

<http://www.nhs.uk/pathways/diabetes/Pages/Landing.aspx>

Health Assessment

<http://www.nhs.uk/Tools/Pages/Diabetes.aspx?Tag=Health+assessments>

http://www.bbc.co.uk/health/conditions/diabetes/aboutdiabetes_symptoms.shtml