

Guidance on the recruitment and employment of firefighters and control room staff with diabetes

Led by Diabetes UK

In collaboration with the Association of Local Authority Medical Advisors (ALAMA), Chief Fire Officers Association, Equality and Human Rights Commission, Fire Brigades Union (FBU), Fire Officers Association (FOA), International Register of Firefighters with Diabetes, National Disabled Fire Association and the Retained Firefighters Union (RFU).



Purpose

This guidance document has been written in response to the findings of a survey of firefighters and control room staff about the treatment of employees with diabetes¹. It was developed by the original partners² on the survey in consultation with officials from Communities and Local Government (CLG). It is intended for managers in the Fire and Rescue Service, to support them in the recruitment and retention of employees with diabetes. It is a guide to best practice, focusing on individual case management. It is not a comprehensive guide to the law on the recruitment, employment and retention of employees with diabetes³.

This document also provides advice to trainees or existing staff with diabetes to help them understand how the Fire and Rescue Service should deal with issues relating to their diabetes.

The guidance and recommendations in this document are compatible with those contained in the 'Medical and Occupational Evidence for Recruitment and Retention in the Fire and Rescue Service' guidance document issued by the Office of the former Deputy Prime Minister in 2004. The guidance states that formulating guidelines for the safe employment of people with diabetes in the firefighting profession is difficult as there is essentially no directly relevant evidence base. Because of this, each case should be treated upon its individual merit. This is perfectly consistent with the guidance contained in this document.

¹*Diabetes and the Fire Service: Survey Report*. Published by Diabetes UK, March 2007.

²Partners included the Disability Rights Commission (DRC) until October 1st 2007 when the DRC became part of the Equality and Human Rights Commission (EHRC). Thanks go to Michelle Valentine of Disability Forward Ltd for her continued commitment to this project on their behalf.

³For more information on the DDA and other aspects of the law, see DRC Statutory Codes of Practice (The Duty to Promote Disability Equality: Statutory Code of Practice – England and Wales; Statutory Code of Practice on Employment and Occupation).

For more information and guidance on good practice, contact the Equality and Human Rights Commission (EHRC), Chief Fire Officers' Association (CFOA), Diabetes UK, Department for Communities and Local Government (CLG), Association of Local Authority Medical Advisers (ALAMA), Fire Brigades Union (FBU), Retained Firefighters Union (RFU), Fire Officers' Association (FOA), the National Disabled Fire Association (NDFA) and the International Register of Firefighters with Diabetes (IRFD).

Fire and Rescue Services will already have good practice advice available in the 'Red Book'⁴.

Scope and definitions

The good practice set out in this document applies to firefighters⁵ at all stages of their career, including those who are interested in joining the service. Definitions of the terms used to describe those covered by this guidance are provided below:

- Candidate – someone applying to join the Fire and Rescue Service
- Recruit – someone who has successfully completed the selection process
- Trainee – someone undertaking initial training and development
- Employee – a serving firefighter or member of control room staff.

⁴The Red Book – full title 'Guidance to Fire and Rescue Service Managers – DDA Part 2 Employment Provisions'.

⁵For the purposes of this document, the term 'firefighter(s)' covers firefighters and control room staff.

Contents

Ministerial foreword	6
1 Key principles	8
2 Key principles in detail	9
3 Disclosure and confidentiality	19
3.1 Creating the right environment	19
3.2 Legal context	19
3.3 Disclosure for candidates, recruits and new trainees	20
3.4 Disclosure for existing Fire and Rescue Service employees	21
4 Recommended approach	22
4.1 Recommendations for Fire and Rescue Services on employing people with diabetes	22
4.2 Recommendations for candidates, recruits and trainees with diabetes	23
4.3 Recommendations for employees with diabetes	24
Appendices	
Appendix 1: Diabetes UK guidelines for employment of people with insulin-controlled diabetes in potentially hazardous occupations	26
Appendix 2: Coping strategies for people with insulin-controlled diabetes	28
Appendix 3: Diabetes and driving	29
Appendix 4: List of contacts	31
Appendix 5: DVLA guide to the current medical standards of fitness to drive	33

Ministerial foreword

Diabetes is not a bar to a career in the Fire and Rescue Service. Everyone with diabetes working in today's Fire and Rescue Service has a right to be treated fairly and positively and to have the same access as anyone else to all the opportunities that the service offers.

This guidance gives advice to managers on the recruitment and employment of firefighters and control room staff with diabetes, to support them in reaching reasoned decisions about the ability of the individual in the light of the employment provisions of the Disability Discrimination Act and all other relevant considerations.

The guidance follows up an earlier survey of firefighters with diabetes to find out how Fire and Rescue Services were responding as employers to the requirements of the Disability Discrimination Act. The results of that research, published in 2007 in the report 'Diabetes and the Fire Service', were generally encouraging, unearthing a number of examples of good practice. And it was pleasing to see that three quarters of the firefighters who responded felt that they had been treated positively by their Fire and Rescue Service. However, the report also highlighted a lack of awareness about diabetes and inconsistency in how different Fire and Rescue Services were addressing the issues around the country.

The production of this guidance marks the next stage in the process to improve awareness and support the Service in taking a more consistent approach to the issues. It will, I hope, encourage Fire and Rescue Services to review their policies towards people with diabetes and their recruitment and employment practices.

Diabetes UK, the Disability Rights Commission, the Fire and Rescue Service stakeholder partners, occupational health professionals and the firefighters with diabetes who have been involved in this project are to be congratulated for the work they have done to produce this practical, comprehensive advice, which complements the guidance previously provided to Service managers on the application of the Disability Discrimination Act.

The key to the success of the guidance will be its dissemination and implementation. Communities and Local Government will work with its stakeholder partners to encourage Fire and Rescue Services to follow the guidance but the onus now lies with Chief Officers, managers, occupational health professionals, firefighters and others within the Service to ensure that it is implemented.

I hope that Fire and Rescue Services will use this document to improve practice towards disabled people in general, build on the good practice developed by practitioners around the country and secure the best possible environment for the employment of firefighters with diabetes.

Sadiq Khan MP
Parliamentary Under Secretary of State

1 Key principles

Diabetes UK, the DRC (now EHRC)⁶, the IRFD, the NDFA, CLG, CFOA, RFU, FBU and ALAMA recommend that:

1. Assumptions must not be made about what duties a candidate, recruit, trainee or employee with diabetes would or would not be able to undertake.
2. Individual Medical Assessments and Case Evaluations should always be based upon the individual; generalised assumptions about 'people with diabetes' should not be made.
3. Case Evaluations must involve a number of different people and perspectives and not simply focus on medical diagnosis.
4. Individual Medical Assessments and/or Case Evaluations of candidates, recruits, trainees or employees with diabetes should only be made where appropriate.
5. There should be an appeals process for candidates, recruits, trainees and employees to use if they feel that an unfair decision has been made.
6. Decisions about whether to train a person with diabetes, or about what duties they can perform, should never be made solely by a medical officer or occupational health advisor⁷.

Note: General guidance to employers when dealing with disability related matters is contained within the Red Book.

⁶The DRC became part of the Equality and Human Rights Commission (EHRC) on October 1st 2007. The EHRC fully endorses the contents of this guidance.

⁷The term 'occupational health adviser' is used throughout this document. It is a generic term covering occupational health staff of many levels. However, we recommend that Fire and Rescue Services employ a trained occupational health physician (minimum qualification AFOM) to undertake this work.

2 Key principles in detail

Principle 1 – Making assumptions about risk and people with diabetes

Assumptions must not be made about what duties a candidate, recruit, trainee or employee with diabetes would or would not be able to undertake. It cannot automatically be assumed that because an individual has diabetes s/he presents a risk to themselves, colleagues or members of the public. Diabetes will affect every person differently, and each person will vary in terms of how they manage their condition.

Restrictions placed on the duties of any trainee or employee because of their diabetes must only be made according to a fair and open process, which makes every effort to make reasonable adjustments to manage any risks. In line with the Disability Equality Duty (DED), Fire and Rescue Services must pay due regard to the need to actively promote equality for candidates, recruits, trainees and employees with diabetes. This will require some creative thinking and some practical scenario testing to identify any necessary adjustments.

Example

A female firefighter with diabetes is told that she might not be allowed to work at heights because she may be suddenly and dangerously incapacitated because of her diabetes.

With her consent, her Fire and Rescue Service requests her to undertake an Individual Medical Assessment. They then hold a Case Evaluation, where they discuss the medical assessment, together with advice from another Fire and Rescue Service which already employs a firefighter with diabetes who undertakes this type of work. In consultation with the firefighter with diabetes, they reach a solution about how to enable her to take up this role and ensure safe working practices. For example, this could be targeting a slightly elevated blood glucose on duty and making use of appropriate opportunities to confirm levels with a blood glucose meter.

For assistance on how this process should be undertaken, see Appendix 1: Diabetes UK guidelines for employment of people with insulin-treated diabetes in potentially hazardous occupations.

Principle 2 – Individual Medical Assessments and Case Evaluations should always be based upon the individual.

It was clear from the results of the survey⁸ that there is some confusion about assessments – what they are, who should do them and how they should be done. In order to clarify the situation we recommend the use of two terms:

Individual Medical Assessment (IMA) – a formal medical review of an individual’s diabetes and how it affects them, co-ordinated by an occupational physician taking advice from appropriate specialists or sources, which could include a diabetologist.

Case Evaluation (CE) – using information, which could include medical or other specialist sources, to understand what effect the individual’s diabetes has on their ability to do their job and to decide what reasonable adjustments can be made.

Diabetes is a condition that needs to be managed by the individual, and it can affect people in different ways. Many Fire and Rescue Service employees will already demonstrate good management of their disability or condition. This will not always be the case however, and an Individual Medical Assessment of the person with diabetes and a Case Evaluation is the only way to ensure that each employee is treated fairly and, wherever possible, is enabled to undertake a fully operational role.

Individual Medical Assessment (IMA)

Fire and Rescue Services should ensure that they are using occupational health (OH) doctors who have appropriate experience and qualifications in Occupational Medicine⁹, together with sufficient understanding of diabetes

⁸Survey of firefighters and fire services published in March 2007. For details see www.diabetes.org.uk and search for ‘Diabetes and the Fire Service – Survey report’.

⁹We recommend a minimum qualification of Associate of Faculty of Occupational Medicine (AFOM).

and the role of the firefighter, to enable them to provide reliable advice about Fire and Rescue Service roles and diabetes. It may be necessary to consult a specialist diabetologist, and also the staff member's own medical advisor¹⁰.

Content of a Case Evaluation (CE)

When undertaking a Case Evaluation of a candidate, recruit, trainee or employee with diabetes, Fire and Rescue Services should aim to find out:

1. what type of diabetes the person has
2. what medication they use
3. what control measures they use to manage their condition effectively – including hypoglycaemia awareness signs
4. how these measures might be accommodated in their work
5. any outstanding risks that these basic control measures may not deal with
6. what these risks are, why they are a risk, and what reasonable adjustments Fire and Rescue Services can make to manage those risks. In a small number of cases, Fire and Rescue Services may consider redeployment to another role.

Example

A firefighter who has been in service for a long time develops Type 2 diabetes. He has gained some weight and finds it hard to control his condition.

It would be good practice for his employer to provide him with some support to help him come to terms with his condition, and to explain their duty to make adjustments for him. They may need to give him some appropriate time 'off the run' to enable him to learn to manage his condition, but it should not be assumed that he could be off the run for a long time and unlikely to return to a fully operational role.

¹⁰Everyone with insulin-treated diabetes has the right to an annual medical assessment by a consultant diabetologist. With the firefighter's permission, FRSs could, through their OH department, gain access to the consultant's report rather than commissioning their own.

The Fire and Rescue Service must do what it can to support the individual to return to a fully operational role. However, some people will always manage their condition better than others, and so the effect that his diabetes has on his daily performance at work should not be assumed to be the same as that of someone who controls their diabetes well through a proper management regime.

Principle 3 – Case Evaluations are made by a combination of people

Case Evaluations must involve a number of different people and should not simply focus on medical diagnosis. It is possible to spend a long time seeking a detailed medical assessment of an employee with diabetes but this will not provide the Service with all the information needed in order to reach a considered view about appropriate reasonable adjustments. Human resources staff, medical advisors, other operational staff with diabetes, equality specialists, staff associations, other Fire and Rescue Services who employ operational staff with diabetes, specialist organisations like Diabetes UK and the person with diabetes will each have different expert knowledge, all of which should be considered carefully so that a sensible decision about adjustments can be made.

As a minimum, a Case Evaluation should be done in a collaborative and open manner. It should include:

- a management representative with authority to take decisions on, and ensure implementation of, reasonable adjustments
- HR/equality representative
- occupational health physician
- the employee
- an advocate or representative to assist the employee
- appropriate input from specialist medical advisors
- appropriate advice on requirements of the role.

All those involved in the process should be advised of their duties under the DDA (Disability Discrimination Act) and provided with relevant guidance, such as that contained in the Red Book.

It is also important to remember that Case Evaluations should be done in a timely manner. There may be times when Fire and Rescue Services have to wait for certain information to be obtained, but recruits, trainees or employees with diabetes should not be disadvantaged by unnecessary delays in holding a Case Evaluation meeting.

Example

A firefighter declares that he has diabetes. His line manager, who has not had much training on the DDA, says that he must go to his Service Medical Advisor to decide whether or not he can continue in his role.

His line manager does not seem to be aware that the decision about whether reasonable adjustments are needed is not a purely medical one, but should involve a number of people with different perspectives. The line manager may not have much knowledge of how the firefighter's diabetes, and its management, might impact upon his role, and thus lack confidence about making a decision. This is why Fire and Rescue Services need to ensure that anyone with line management responsibility has had general training on the DDA and their duties, and knows who to go to for appropriate specialist advice.

A Case Evaluation approach would have enabled this line manager to understand the issues more fully and to reach a fair decision.

Principle 4 – Assessments should only be made when appropriate

An Individual Medical Assessment and Case Evaluation are only really necessary where an individual's diabetes is likely to affect their ability to do their job. For example, it may be reasonable to discuss with a recruit, trainee or employee ways to manage their diabetes when they are 'on the run' and working different shift patterns. However, it will probably not be necessary to have an IMA or CE if the employee is in a role where they have much more control over their own work pattern and can manage their condition adequately, or where they are not required to provide immediate or blue light response to incidents.

Frequency of Individual Medical Assessments

The need for an Individual Medical Assessment and the amount and type of medical information required should be determined following discussion between the Service and the individual with diabetes. However, we would recommend that IMAs take place:

- a. annually for every employee in a fully operational role or one that is potentially hazardous such as Emergency Fire Appliance Driver (EFAD), Breathing Apparatus (BA) Wearer, Aerial Appliance Operator etc
- b. less frequently for non-risk critical roles if the individual's diabetes is stable, well-managed and their role hasn't changed significantly.

When to make a Case Evaluation

A Case Evaluation should be made if the role of a trainee or employee changes significantly, or there is a change in their medical condition. Fire and Rescue Services must not assume however, that either circumstance permits them to stop employees carrying out their normal duties. A situation where employees are automatically removed from their role because of a change in their situation should be avoided, unless there are very good reasons for doing so. Again, a Case Evaluation process should allow a fairly quick and fair decision to be made about reasonable adjustments.

Example

A fire safety training officer develops Type 2 diabetes. When he declares his diabetes, he is told that he cannot carry on in his job until a risk assessment has been done to see if he can continue. Since his role is mainly conducting training on fire safety issues in a non risk-critical environment, having diabetes is unlikely to affect his ability to do the job. It would not be good practice to remove the person from his normal duties. An informal chat with the Line Manager, about how the person controls their condition to ensure their own safety and the safety of others, may well be enough to ensure that the person is able to carry out their role safely and effectively.

It would be good practice for the Fire and Rescue Service to offer him some support on managing the condition, perhaps around diet and exercise. With the individual's permission, the Fire and Rescue Service might also want to provide his colleagues and line manager with some information about diabetes so that they don't make incorrect assumptions about him and his condition.

Principle 5 – An appropriate appeals process

There should be an appeals process for candidates, recruits, trainees or employees to consider if they feel that an unfair decision has been made. Those involved in the appeals process should have appropriate training in the DDA and its application. The process should be quick and simple. It should enable an individual with diabetes to challenge decisions made about recruitment, or changes to a job role, which they feel may amount to discrimination. The appeal should be able to be lodged on a number of grounds:

- 1. Appeal against the way in which the decision-making process has been undertaken.** The candidate/recruit/ trainee/employee may feel, for example, that they were not involved in the process effectively.
- 2. Appeal against inappropriate or inaccurate advice from medical advisors.** For example, 'in my opinion a person with diabetes should never wear breathing apparatus'.
- 3. Appeal against the outcome of any risk assessments.** Often risks are identified without good knowledge of the DDA duties, or what practical solutions other individuals or Fire and Rescue Services are already using. Risks cannot simply be identified; they must be managed. Only when a risk is so great and cannot be managed in any way might a Fire and Rescue Service be justified in preventing an individual from undertaking certain duties.

Example

A firefighter has Type 1 diabetes. After several years' service for a Fire and Rescue Service, during which she has managed her condition well with the support of colleagues and her line manager, she applies for a role which would involve her being on call in a remote rural area. She is told that she won't be allowed to take up the new role because it would be too risky given her diabetes. Clearly, her Service has made assumptions about her condition and made a decision which could amount to direct or disability-related discrimination. The Service has not understood its legal duty to make reasonable adjustments to the new post so that the firefighter is not placed at a substantial disadvantage in carrying out her new role and is fully supported in that role.

Although Fire and Rescue Services will have a formal general grievance procedure, this may not be the best way to resolve issues relating to the DDA, which can require creative thinking and new approaches. Instead there should be a separate procedure which focuses on the right issues, namely whether a decision made about adjustments was fair and non-discriminatory. Of course, if the firefighter still felt that the outcome of this procedure was unfair, she would have to use the formal grievance procedure to seek redress.

Principle 6 – Decisions about recruitment or adjustments should not be made solely by medical advisors

Decisions about whether to train a person with diabetes, or about what duties an employee with diabetes can perform, should never be made solely by a medical or occupational health advisor; they should act only in an advisory capacity. That is not to say that such persons are not competent decision-makers. It is simply good practice to involve a number of people in the decision-making process to enable all options to be considered and a fair decision to be made.

The ultimate responsibility for decision making on reasonable adjustments should always rest with a management representative, rather than a medical officer.

If a Fire and Rescue Service is advised by a medical or occupational health adviser that an employee is 'unfit for the job', it must seek clarification from whoever gave that advice about the reasoning behind this. The Fire and Rescue Service must ensure that it considers making appropriate reasonable adjustments to enable the trainee/employee to manage his/her condition effectively and to undertake a fully operational role wherever possible (see flowchart in the Red Book: section 3, page 28).

It is also important to avoid a situation where the medical or occupational health advisor and other medical experts end up in dispute about the specific medical aspects of a person's health or disability. The emphasis in the DDA is on changing practices, so the medical or occupational health advisor should seek expert advice, for example from a diabetologist or firefighting expert, that enables them to make recommendations about possible adjustments in order to ensure the disabled trainee/employee is not placed at a substantial disadvantage.

Fire and Rescue Services may sometimes ask medical advisors to determine whether they think that a trainee or employee is in fact protected by the DDA. A person does not have rights under the DDA unless they meet the definition of disability contained in the Act.¹¹ Diabetes will usually be covered but there may be cases where it is not. Although Fire and Rescue Services may want to seek advice on whether a person is disabled under the DDA before taking any further action, we would not recommend this course of action as it is not a good practice approach.

Our recommended approach would be to assume that a person with diabetes does have rights under the Act. Fire and Rescue Services can then focus on any barriers, either perceived or real, that a person faces in carrying out their job and putting in adjustments to enable that person to carry out their role.

¹¹The Disability Discrimination Act (DDA) says you are disabled if you have:

- a mental or physical impairment
- this has an adverse effect on your ability to carry out normal day-to-day activities
- the adverse effect is substantial
- the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life).

For further information see the Red Book or consult the EHRC.

Example

A medical advisor to a Fire and Rescue Service receives a referral for a recruit with diabetes, with a note asking them to make a determination on whether or not that person should be employed. The medical advisor knows that although their input is important, the decision should not be based on medical assessment alone, but should consider reasonable adjustments. The medical advisor talks to the person with diabetes about their condition, and what adjustments could be made to enable them to undertake the role, and the advisor agrees with the person with diabetes to make recommendations to managers about adjustments.

3 Disclosure and confidentiality

3.1 Creating the right environment

It is sometimes assumed by Fire and Rescue Services that when a person declares they have diabetes, either in the recruitment process or as an employee, there is an automatic and often negative effect on their ability to perform their duties. Disabled people, generally, are often reluctant to declare a hidden or less obvious disability because they fear the consequences of doing so.

It is important to create opportunities and an environment in which candidates, recruits, trainees and employees feel comfortable to declare their diabetes and to discuss any ramifications that this may have. This can be done by ensuring that proper DDA and disability equality training is provided to all relevant staff and that a willingness to make reasonable adjustments is always demonstrated.

The Fire and Rescue Service should reassure firefighters that disclosure of their condition will not have an adverse effect on their careers, and that every effort will be made to put in place any reasonable adjustments they may need to do their job.

3.2 Legal context

The issue of managing information about a candidate, recruit, trainee or employee's disability is one that concerns many Fire and Rescue Services. The DRC's statutory Code of Practice (paragraph 8.23) states that:

'The Act does not prevent a disabled person keeping a disability confidential. But keeping a disability confidential is likely to mean that unless the employer could reasonably be expected to know about it anyway, the employer will not be under a duty to make a reasonable adjustment. If a disabled person expects an employer to make a reasonable adjustment he will need to provide the employer - or someone acting on his behalf - with sufficient information to carry out that adjustment.'

Both the employer and the employee have duties under the HS&W Act, and it is therefore important to encourage staff to declare their diabetes. The person should be reassured that the disclosure will not be used to discriminate against them, but that the Service will do all it can to make adjustments so that the person can carry out a fully operational role where their safety and the safety of others is not adversely affected.

It is much better however to develop a culture where disabled people feel able to disclose their disability voluntarily and talk about adjustments. Advice on how to do this is given below.

3.3 Disclosure for candidates, recruits and new trainees

People with diabetes may be very reluctant to disclose this on a medical questionnaire as part of the recruitment process. Even though they will understand that their condition could have an effect on their job, they may not be confident that the Fire and Rescue Service would give them 'an equal chance' if they disclosed their diabetes. Consequently, Fire and Rescue Services should:

- Not make assumptions about what tasks a candidate, recruit or trainee with diabetes could or could not undertake
- Make unequivocal statements in any recruitment literature, medical questionnaires, etc about their willingness to make reasonable adjustments to enable people with diabetes to perform safely a fully operational role. Such statements may also serve to instill confidence in candidates, recruits and trainees to disclose their condition diabetes to perform a fully operational role. Such statements may also serve to instill confidence in recruits to disclose their condition.
- Nominate a designated person within the recruitment team to be a point of contact for anyone with a disability (including diabetes) wanting to join the Fire and Rescue Service. This person would be trained on the DDA and on reasonable adjustments for employees, and could provide a friendly ear for people to discuss issues with, rather than a medical officer.
- Fire and Rescue Services should be vigilant that decisions on

recruitment are not based wholly on medical advice, but that a rounded view, which would include input from a variety of functions and departments, is taken.

- Fire and Rescue Services must ensure that the decision-making process is transparent and fully documented, and recorded in a manner that would allow a third party to assess the process as being fair and justifiable.

3.4 Disclosure for existing Fire and Rescue Service employees

Given the nature of a firefighter's work, employees should be encouraged to disclose details of a disability so that reasonable adjustments can be made if needed. But the onus is firmly on Fire and Rescue Services to ensure that an open and inclusive culture exists so that employees do not feel inhibited to disclose.

If such information is disclosed to a medical or occupational health advisor, rather than to the Fire and Rescue Service itself, the medical advisor is usually prevented from passing on this information without the individual's consent, as this would breach the service's data protection and medical confidentiality obligations. However, both the employee and the medical or occupational health advisor have a duty to ensure that the requirements of health and safety legislation are also met. Thus the medical or occupational health advisor should:

- a. Reassure the individual with diabetes that if they give consent to disclose details of their diabetes, they will receive a fair assessment of what adjustments could be made.
- b. Facilitate an open discussion with the individual's line manager about their diabetes, any issues this may raise in the workplace, and what reasonable adjustments could be made. The individual must be involved in any such discussions.
- c. Seek to ensure that managers do not make assumptions, especially about any perceived 'risks' associated with the individual's diabetes.
- d. Seek to ensure that managers discuss and deal with issues with regard to risk in a constructive, sensitive and inclusive manner.

4 Recommended approach

4.1 Recommendations for Fire and Rescue Services on employing people with diabetes

- Fire and Rescue Services should reassure candidates, recruits, trainees and employees that if they do disclose their condition, they will receive a fair assessment of their ability to carry out their duties and of the service's willingness to make reasonable adjustments.
- Assumptions must not be made about an individual's ability or the risks associated with them carrying out a particular duty.
- Fire and Rescue Services must have a clear policy on making reasonable adjustments for trainees and employees with diabetes.
- Fire and Rescue Services should offer all trainees and employees with diabetes a Case Evaluation and, if appropriate an Individual Medical Assessment. Any recruitment processes should build in sufficient time to enable an Individual Medical Assessment or Case Evaluation to take place.
- Fire and Rescue Services must ensure that Individual Medical Assessment or Case Evaluation does not inhibit promotion or specialisations. Time must be allowed for assessments to take place before deadlines pass so that people with diabetes are not disadvantaged in any job application, promotion or training process.
- Fire and Rescue Services should have an appeals process for candidates, recruits, trainees and employees to use if they feel that an unfair decision has been made.
- Fire and Rescue Services must act in accordance with the DRC's Statutory Codes of Practice on employing disabled people.
- Chief Fire Officers (or Firemasters in Scotland) will be held responsible for the actions of their staff, including unlawful discriminatory action against an applicant with diabetes. Therefore they must ensure that everyone has an understanding of their duties under the DDA and how to execute these in practice.
- The general principles with regards to making reasonable adjustments are identified in the Red Book, including a process flow chart.

National firefighter selection tests

We would recommend that Fire and Rescue Services give people with diabetes the opportunity to undertake a 'taster' session of the tests, to enable the candidate to see how much this affects their blood glucose readings.¹²

If a candidate becomes incapacitated due to not knowing how hard or glucose-intensive some of the tasks are, the Fire and Rescue Service would need to consider whether the person was able to manage their condition effectively, and thus whether they would be able to undertake the role safely.

The Fire and Rescue Service should discuss with the person how they can manage their condition better and what reasonable adjustments could be made to enable them to progress their application. This might include giving the person advice on how to improve fitness, stamina and management of their condition. Any such taster sessions would need to be overseen by someone with suitable knowledge and experience.

The Fire and Rescue Service could also consider 'buddying' the recruit with a serving firefighter with diabetes to help them to understand the demands of the job.

4.2 Recommendations for candidates, recruits and trainees with diabetes

- We would encourage anyone with diabetes to disclose their condition at the earliest opportunity, even though the DDA does not require them to, as this should enable them and the Fire and Rescue Service to have an open discussion about reasonable adjustments during the recruitment and training process.
- Candidates, recruits and trainees should be made aware of their rights under the DDA so that they can challenge processes they feel are potentially discriminatory.

¹²Point of entry taster tests may be considered to be a good practice measure under the DED and would apply to any disability.

- The recruitment officer, Occupational Health Unit (with input from the applicant's GP and/or consultant diabetologist), health and safety advisors, personnel managers and accommodation managers, and the person with diabetes should all be involved in the Case Evaluation. Candidates, recruits and trainees should be made aware that the decision whether to employ an individual is for management, and does not rest exclusively with the medical advisor.

Candidates should be made aware that the firefighter selection tests they will be required to undertake, as part of the recruitment process, will be applied fairly. It is of course the case that in order to become a firefighter, an individual would need to demonstrate good management of their diabetes.

4.3 Recommendations for employees with diabetes

- Employees with diabetes should be encouraged to disclose their condition at the earliest opportunity, even though the DDA does not require them to, as this should enable the employee and the Fire and Rescue Service to have an open discussion about reasonable adjustments to enable them to continue in the role.
- Employees with diabetes should undergo an Individual Medical Assessment where their condition is likely to affect their ability to do their job. Then, using a Case Evaluation approach, Fire and Rescue Services should be able to identify and make reasonable adjustments to accommodate the individual's requirements.
- Reasonable adjustments should be reviewed annually or when the individual's role changes.
- All independent Medical Assessments (IMAs) should be conducted by a person who has a good understanding of diabetes. They should be co-ordinated by an Occupational Physician taking advice from appropriate specialists or source(s) which could include a diabetologist.
- Assessment reports may be inaccurate or inadequate if those compiling the report have not had training on the DDA requirements and disability equality. Employees should therefore be made aware that it is open to them to challenge reports which may contain

incorrect assumptions about them and how their condition may impact on their role.

- Assessment reports should be owned by the individual with diabetes. They should be easily understandable and combine medical and on-the-job expertise.
- Where an employee with diabetes who is currently in post undergoes medical assessment and/or a Case Evaluation, they should ensure that their past record of the management of their diabetes is taken into account.
- Any employee with diabetes undertaking an operational role should undergo an Individual Medical Assessment. The individual should then have their condition reviewed on an annual basis using details requested from their diabetes annual review¹³. Additional Individual Medical Assessments should only take place if there is a change in role or in condition. This should not be seen as a check on performance, but should be taken as a positive opportunity for Fire and Rescue Services to ensure that the individual has the appropriate reasonable adjustments in place.

Training and awareness

Employers are encouraged to ensure that all their employees who deal with the community and come into contact with disabled people are aware of the issues and receive appropriate and adequate training. Advice on general disability training and awareness can be found in Section 1 Page 8 of the 'Red Book'. Specific assistance with regard to diabetes can be obtained from the contacts list attached to this guidance (See Appendix 4).

¹³All people with diabetes should have a series of checks at least once a year. These checks include blood glucose control by HbA1c blood test, kidney function, blood fats, weight, legs and feet, blood pressure, eyes, injections sites and review of lifestyle issues.

Appendix 1 – Diabetes UK guidelines for employment of people with insulin-controlled diabetes in potentially hazardous occupations

Background

The hazardous occupations guidelines were drawn up as just that (potentially hazardous jobs) so that there was no need to reinvent the wheel after the rules were ratified for firefighters. They have been used to good effect and were endorsed by most UK Fire and Rescue Services when the DDA exemptions were lifted. They are specifically for people on insulin, but can be adapted for non-insulin treated people with diabetes. In both cases they have worked well and we recommend that they are applied to employees.

The criteria are strict and stringent. They emphasise motivation and self-care, and support the involvement of both occupational physicians and diabetologists. The guidelines have been widely accepted within the Fire and Rescue Service, and have been used for the individual consideration of insulin-treated firefighters for operational duties. To date there have been no hypoglycaemia-related incidents in over 800 person-years of operational duties by insulin-treated firefighters with diabetes.

1. People should be physically and mentally fit in accordance with non-diabetic standards.
2. Diabetes should be under regular (at least annual) specialist review.
3. Diabetes should be under stable control.
4. People with diabetes should monitor their blood glucose and be well educated and motivated in diabetes self-care.
5. There should be no disabling hypoglycaemia and normal awareness of individual hypoglycaemic symptoms.
6. There should be no advanced retinopathy or nephropathy, nor severe peripheral or autonomic neuropathy.
7. There should be no significant coronary heart disease, peripheral vascular disease or cerebrovascular disease.

8. Suitability for employment should be re-assessed annually by both an occupational and diabetes specialist physician, and should be based on the above criteria.

(NB: For those on diet only, or medications not associated with hypoglycaemia, the fourth and fifth requirements can be omitted. The 8th requirement can also be discretionary for those not on insulin.)

Appendix 2 – Coping strategies for people with insulin-controlled diabetes

There are a number of techniques and systems of self-care which can be usefully suggested to those recently treated with insulin who, after individual assessment as suggested above, are considered fit for operational duties. Some common methods are:

1. having in-depth knowledge of diabetes and self-care strategies
2. having commitment and motivation in the job and to manage their condition
3. frequent and appropriate self-blood glucose monitoring
4. the ability to react appropriately to particular blood glucose levels
5. multiple insulin injection treatment - usually short-acting insulin three times daily and a medium or long-acting insulin at bed time
6. use of analogue insulins (eg Lispro, Aspart, Glargine) or insulin pumps which reduce hypoglycaemic risks
7. available supply of short-acting and long-acting carbohydrate food on person
8. 'running high' (in terms of blood glucose) on duty eg perhaps 4-10 mmol/l off duty, but 6-12 mmol/l on duty
9. injecting short-acting insulin after a meal when on duty (in case of a 'shout' immediately after injecting)
10. having carbohydrate food in the vehicle, in case it's needed on the way to an incident.

Appendix 3 – Diabetes and driving

The majority of major fire appliances are categorised as 'Large Goods Vehicles' (LGV, previously know as HGV).

The Driving and Vehicle Licencing Agency (DVLA) place restrictions on holding certain types of licences for people with diabetes mellitus. A copy of the latest DVLA guidance 'Guide to the current Medical Standards of Fitness to Drive' (February 2008) is attached (see Appendix 5).

Employers should note that these standards are reviewed every six months. Please visit the DVLA website www.direct.gov.uk/motoring to download the latest version.

Summary of the current DVLA guidance (as at February 2008)

- Holders of an LGV (or PCV) licence who develop diabetes may be prohibited from retaining that licence.
- Depending upon their condition, other restrictions could apply
- The law is silent on other non-LGV vehicles and employers are directed to the most recent guidance.
- Regarding the driving of non-LGV emergency vehicles, the DVLA guide employers to restrict driving. This guidance is supported by the statement that the final decision rests with employers.
- Many Fire and Rescue Services now operate a fleet of emergency vehicles that are not categorised as LGVs. Employers are recommended to undertake an IMA and CE on drivers with diabetes, to determine when they deem it safe for them to drive other non-LGV emergency vehicles, and not to apply a blanket ban.
- Some Fire and Rescue Services have determined that only LGV (and/or EFAD) trained drivers can drive emergency vehicles, irrespective of whether or not those vehicles are categorised as LGV's. This approach could be considered discriminatory to a firefighter with diabetes who cannot obtain an LGV licence, but could obtain an ordinary licence.
- Employers are reminded that restrictions may also apply to other licences and are encouraged to consult the latest DVLA guidance.

Driving under blue light conditions

DVLA guidance¹⁴ currently states that people with insulin-treated diabetes should not drive emergency vehicles (ie under blue light conditions). However, the guidance contains a caveat which allows Fire and Rescue Services to make their own judgment about whether a person with insulin-treated diabetes could drive a vehicle for which they hold a relevant licence¹⁵ under blue light conditions.

Many fire and rescue services, supported by Diabetes UK, EHRC, IRFD, CFOA, NDFA and representative bodies, believe that firefighters with insulin-controlled diabetes should not face an automatic ban when it comes to driving under blue light conditions, provided that they hold a relevant licence, an individual risk assessment has been made and they are fully supported to ensure their safety. Indeed, many fire and rescue services already allow it. The current DVLA guidance is confusing on this point and would benefit from clarification.

Diabetes UK, EHRC, IRFD, CFOA, Communities and Local Government and other key stakeholders will take up the issue with the DVLA.

In the meantime, Fire and Rescue Services are required to comply with the Disability Equality Duty. They should take the opportunity presented to them by the caveat in the DVLA guidance and implement a positive policy allowing people with insulin-treated diabetes to drive under blue light conditions, with appropriate reasonable adjustments and risk management measures.

¹⁴*At a Glance Guide to the Current Medical Standards of Fitness to Drive*, Issued by Drivers Medical group, DVLA, Swansea.

¹⁵Currently, people whose diabetes is treated by diet alone or diet and tablets are normally allowed to hold LGV and PCV licences, provided they are otherwise in good health. People treated with insulin are not allowed to hold these licences. (Until 1991 these were known as heavy goods vehicles [HGV] and public service vehicles [PSV].)

Appendix 4 – List of contacts

Diabetes UK

10 Parkway
London NW1 7AA
Telephone: 020 7424 1000
Website: www.diabetes.org.uk

Equality and Human Rights Commission

(EHRC Helpline, England)
FREEPOST
RRLG-GHUX-CTRX
Arndale House
Arndale Centre
Manchester M4 3EQ
Telephone: 0845 604 6610
Textphone: 0845 604 6620
Fax: 0845 604 6630
Website:
www.equalityhumanrights.com
See website for all contacts
including Scotland and Wales

Chief Fire Officers Association (CFOA)

David Brown
Chief Executive Officer
9-11 Pebble Close
Amington
Staffordshire
B77 4RD
Telephone: 01827 302 300
Website: www.cfoa.org.uk

International Register of Firefighters with Diabetes

UK Secretary:
Tim Hoy
Email: diabetesed@irfduk.net
Mobile: 07970 380 955
Website: www.irfduk.net

National Disabled Fire Association (NDFFA)

Contact: Duncan White
Email: ndfa@dsfire.gov.uk
Mobile: 07771 574 201

Association of Local Authority Medical Advisors (ALAMA)

Contact: Dr Tok Hussain
Email: firecoord@alama.org.uk

Fire Brigades Union (FBU)

General Secretary: Matt Wrack
Bradley House
68 Coombe Road,
Kingston upon Thames,
Surrey, KT2 7AE
Telephone:
020 8541 1765
Fax: 020 8546 5187
E-Mail: office@fbu.org.uk

**Fire Officers' Association
(FOA)**

Website: www.fireofficers.org.uk

Contact: Neil Hoskin

Email: marmot999@aol.com

Mobile: 07967 839 626

**Retained Firefighters Union
(RFU)**

Website: www.rfuonline.co.uk

Contact: Phil Grimes, Health and
Safety Representative

Email: phillip.grimes@ntlworld.com

Mobile: 07984 085 666

Disability Forward Ltd

Michelle Valentine

Director

The Royal

25 Bank Plain

Norwich

NR2 4SF

Email: michelle@disabilityfwd.co.uk

Telephone: 01603 760533

Mobile: 07949 565539

Website: www.disabilityfwd.co.uk

Appendix 5 – DVLA guide to the current medical standards of fitness to drive



For Medical Practitioners

At a glance Guide to the current Medical Standards of Fitness to Drive

Issued by
Drivers Medical Group
DVLA, Swansea

FEBRUARY 2008

The standards are reviewed every six months, following updated advice from the Secretary of State's Honorary Medical Advisory Panels. The next revision is scheduled for Autumn 2008.



Health at Work: The Corporate Standard Winners
DVLA is an Equal Opportunities Employer

2/08

An executive agency of the
Department for
Transport

CHAPTER 3
DIABETES MELLITUS

DIABETES MELLITUS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>INSULIN TREATED</p> <p>Drivers are sent a detailed letter of explanation about their licence and driving by DVLA.</p> <p>See Appendix to this Chapter for a sample of this letter (DIABINF)</p>	<p>Must recognise warning symptoms of hypoglycaemia and meet required visual standards. 1, 2 or 3 year licence.</p>	<p>New applicants on insulin or existing drivers are barred in law from driving HGV or PCV vehicles from 1/4/91. Drivers licensed before 1/4/91 on insulin are dealt with individually and licensed subject to satisfactory annual Consultant assessment. Regulation changes in April 2001 allow “exceptional case” drivers to apply for or renew their entitlement to C1/C1E to drive small lorries with or without a trailer subject to meeting all “Qualifying Conditions”. (See Appendix to this Chapter for full details)</p>
<p>TEMPORARY INSULIN TREATMENT</p> <p>e.g. gestational diabetes, post-myocardial infarction, participants in oral/inhaled insulin trials.</p>	<p>May retain licence but should stop driving if experiencing disabling hypoglycaemia.</p> <p>Notify DVLA again if treatment continues for more than 3 months.</p>	<p>Legal bar to holding a licence while insulin treated. May reapply when insulin treatment is discontinued.</p>
<p>MANAGED BY TABLETS</p> <p>See Appendix to this Chapter for INF188/2</p>	<p>If all the requirements set out in the attached information on INF188/2 are met, DVLA does not require notification. This can be printed and retained for future reference.</p> <p>Alternatively if the information indicates that medical enquiries will need to be undertaken DVLA should be notified.</p>	<p>Drivers will be licensed unless they develop relevant disabilities e.g. diabetic eye problem affecting visual acuity or visual fields, in which case either refusal, revocation or short period licence. If becomes insulin treated will be refusal or revocation.</p>
<p>MANAGED BY EXENATIDE OR GLIPTINS IN COMBINATION WITH A SULPHONYLUREA</p>	<p>See above for managed by tablets</p>	<p>Individual assessment</p>
<p>MANAGED BY DIET ALONE</p>	<p>Need not notify DVLA unless develop relevant disabilities e.g. Diabetic eye problems affecting visual acuity or visual field or if insulin required.</p>	<p>Need not notify DVLA unless develop relevant disabilities e.g. Diabetic eye problems affecting visual acuity or visual field or if insulin required.</p>
DIABETIC COMPLICATIONS	GROUP 1 ENTITLEMENT	GROUP 2 ENTITLEMENT
<p>Frequent hypoglycaemic episodes likely to impair driving</p>	<p>Cease driving until satisfactory control re-established, with consultant/GP report.</p>	<p>See above for insulin treated. Refusal or revocation.</p>
<p>Impaired awareness of Hypoglycaemia</p>	<p>If confirmed, driving must stop. Driving may resume provided reports show awareness of hypoglycaemia has been regained, confirmed by consultant/GP report.</p>	<p>See above for insulin treated. Refusal or revocation.</p>
<p>Eyesight complications (affecting visual acuity or fields)</p>	<p>See Section: Visual Disorders</p>	<p>See above for insulin treated and Section: Visual Disorders.</p>
<p>Renal Disorders</p>	<p>See Section: Renal Disorders</p>	<p>See Section: Renal Disorders</p>
<p>Limb Disability e.g. peripheral neuropathy</p>	<p>See Section: Disabled Drivers at Appendix 1 on page 41.</p>	<p>As Group I</p>

See [Appendix](#) at end of this Chapter

-The applicant or licence holder must notify DVLA unless stated otherwise in the text

APPENDIX

• Police, Ambulance and Health Service Vehicle Driver Licensing*

The Secretary of State's Honorary Medical Advisory Panel on Diabetes and Driving has recommended that drivers with insulin treated diabetes should not drive emergency vehicles. This takes account of the difficulties for an individual, regardless of whether they may appear to have exemplary glycaemic control, in adhering to the monitoring processes required when responding to an emergency situation.

*Caveat: The advice of the Panels on the interpretation of EC and UK legislation, and its appropriate application, is made within the context of driver licensing and the DVLA process. It is for others to decide whether or how those recommendations should be interpreted for their own areas of interest, in knowledge of their specific circumstances.

A Guide for Drivers with Insulin Treated Diabetes who wish to apply for C1/C1E Entitlement

Drivers may apply for or renew their entitlement to categories **C1/C1+E** to drive small lorries with or without a trailer.

They may also be eligible to renew category **C1E**, to drive small lorries with a combined weight of 12 tonnes, if they have passed category **CE**, although this does not apply if they have previously held **CE (102)**.

They will not be entitled by law to hold Category D1 (Minibuses)

Qualifying Conditions you must meet

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

**A Guide to Diabetes treated with Tablets and/or
Diet and Driving Ordinary Vehicles (Group 1)**

Please keep for further reference

The standards are reviewed every six months, following updated advice from the Secretary of State's Honorary Medical Advisory Panels. Information enclosed is accurate at the time of going to press.

Drivers with diabetes treated by diet and free of the complications below are not required to notify DVLA. Drivers with Diabetes treated by tablets and free of the complications below will normally be able to hold a "till 70" licence, with no routine medical enquiries necessary.

FUTURE ACTION

Some people with diabetes develop associated problems. Examples of those that are important for driving include, eyesight complications and loss of sensation in the legs or feet.

The law requires you to inform DVLA if any of the following occur:

- you require treatment with insulin.
- you require laser treatment to both eyes or in the remaining eye if you have sight in one eye only.
- you have problems with vision in both eyes, or in the remaining eye if you have sight in one eye only (All drivers are required by law to be able to read, with corrective lenses if necessary, a car number plate in good light at 20.5 metres (67 feet) or 20 metres (65 feet) where narrower characters 50mm wide are displayed.)
- you develop problems with the circulation or sensation in the legs or feet which make it necessary for you to drive certain types of vehicles only, e.g. automatic vehicles or vehicle modifications such as hand operated accelerator/ brake. This must be noted on the licence.
- you have frequent episodes of hypoglycaemia (low blood sugar)
- an existing medical condition deteriorates or you develop any other condition which may affect safe driving.

In the interests of road safety you must be sure at all times that you can safely control a motor vehicle.

Useful addresses

Diabetes UK Cymru, Argyle House, Castlebridge, Cowbridge, Road East Cardiff CF11 9AB

Diabetes UK Scotland, Savoy House, 140 Sauchiehall Street, Glasgow G2 3DH

Diabetic UK Central Office, Macleod House, 10 Parkway, London NW1 7AA

Contact us

If you are advised to notify DVLA again about your condition you can:

Download the appropriate medical questionnaire from our website:- www.direct.gov.uk/motoring

Telephone: 0870 600 0301

Write: Drivers Medical Group, DVLA Swansea SA99 1TU

E.mail: eftd@dvla.gsi.gov.uk

Notes

Notes
