

JAN

Job Accommodation Network

Practical Solutions • Workplace Success

Accommodation and Compliance Series

Employees with Diabetes

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A service of the U.S. Department of Labor's Office of Disability Employment Policy

Preface

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JAN'S ACCOMMODATION AND COMPLIANCE SERIES

Introduction

JAN's Accommodation and Compliance Series is designed to help employers determine effective accommodations and comply with Title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific medical condition and provides information about the condition, ADA information, accommodation ideas, and resources for additional information.

The Accommodation and Compliance Series is a starting point in the accommodation process and may not address every situation. Accommodations should be made on a case by case basis, considering each employee's individual limitations and accommodation needs. Employers are encouraged to contact JAN to discuss specific situations in more detail.

For information on assistive technology and other accommodation ideas, visit JAN's Searchable Online Accommodation Resource (SOAR) at <http://askjan.org/soar>.

Information about Diabetes

What is diabetes?

Diabetes is a disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood (CDC, 2007).

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the sixth leading cause of death in the United States (CDC, 2007).

What types of diabetes are there?

Type 1 diabetes was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells, the only cells in the body that make the hormone insulin that regulates blood glucose. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age. Type 1 diabetes may account for 5% to 10% of all diagnosed cases of diabetes. Risk factors for type 1 diabetes may include autoimmune, genetic, and environmental factors (CDC, 2007).

Type 2 diabetes was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. Type 2 diabetes may account for about 90% to 95% of all diagnosed cases of diabetes. It usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. As the need for insulin rises, the pancreas

gradually loses its ability to produce insulin. Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes. Type 2 diabetes is increasingly being diagnosed in children and adolescents (CDC, 2007).

Gestational diabetes is a form of glucose intolerance that is diagnosed in some women during pregnancy. Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and American Indians. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to normalize maternal blood glucose levels to avoid complications in the infant. After pregnancy, 5% to 10% of women with gestational diabetes are found to have type 2 diabetes. Women who have had gestational diabetes have a 20% to 50% chance of developing diabetes in the next 5-10 years (CDC, 2007).

Other specific types of diabetes result from specific genetic conditions (such as maturity-onset diabetes of youth), surgery, drugs, malnutrition, infections, and other illnesses. Such types of diabetes may account for 1% to 5% of all diagnosed cases of diabetes (CDC, 2007).

How is diabetes treated?

It is important to get good medical care if you are a person with diabetes. The American Diabetes Association provides standards of medical care for people with diabetes (see Resources).

Healthy eating, physical activity, and insulin injections are the basic therapies for type 1 diabetes. The amount of insulin taken must be balanced with food intake and daily activities. Blood glucose levels must be closely monitored through frequent blood glucose testing (CDC, 2007).

Healthy eating, physical activity, and blood glucose testing are the basic therapies for type 2 diabetes. In addition, many people with type 2 diabetes require oral medication, insulin, or both to control their blood glucose levels (CDC, 2007).

People with diabetes must take responsibility for their day-to-day care, and keep blood glucose levels from going too low or too high. People with diabetes should see a health care provider who will monitor their diabetes control and help them learn to manage their diabetes. In addition, people with diabetes may see endocrinologists, who may specialize in diabetes care; ophthalmologists for eye examinations; podiatrists for routine foot care; and dietitians and diabetes educators who teach the skills needed for daily diabetes management (CDC, 2007).

Diabetes and the Americans with Disabilities Act

Is diabetes a disability under the ADA?

The ADA does not contain a list of medical conditions that constitute disabilities. Instead, the ADA has a general definition of disability that each person must meet (EEOC, 1992). Therefore, some people with diabetes will have a disability under the ADA and some will not.

A person has a disability if he/she has a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or is regarded as having such an impairment (EEOC, 1992). For more information about how to determine whether a person has a disability under the ADA, visit <http://askjan.org/corner/vol02iss04.htm>.

Where can employers get additional information about diabetes and the ADA?

The Equal Employment Opportunity Commission (EEOC) has a publication called "Questions and Answers about Diabetes in the Workplace and the Americans with Disabilities Act (ADA)" available on-line at <http://www.eeoc.gov/facts/diabetes.html>.

Accommodating Employees with Diabetes

(Note: People with diabetes may develop some of the limitations discussed below, but seldom develop all of them. Also, the degree of limitation will vary among individuals. Be aware that not all people with diabetes will need accommodations to perform their jobs and many others may only need a few accommodations. The following is only a sample of the possibilities available. Numerous other accommodation solutions may exist.)

Questions to Consider:

1. What limitations is the employee with diabetes experiencing?
2. How do these limitations affect the employee and the employee's job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
5. Has the employee with diabetes been consulted regarding possible accommodations?
6. Once accommodations are in place, would it be useful to meet with the employee with diabetes to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
7. Do supervisory personnel and employees need training regarding diabetes?

Accommodation Ideas:

Hypo/Hyperglycemia:

- Allow for storage of medications, such as insulin and/or food
- Provide an area to test blood sugar levels
- Provide an area to administer medications (insulin)
- Provide appropriate containers for needles/syringe disposal
- Provide a rest area for reorientation after hypo/hyperglycemic episode
- Allow frequent breaks for food as needed

Neuropathy (Nerve damage):

- Modify job tasks requiring fine finger dexterity
- Provide protective clothing and equipment
- Eliminate or reduce the need to use sharp objects

Fatigue or Weakness:

- Allow frequent rest breaks
- Reduce or eliminate strenuous activities
- Provide anti-fatigue mats or padded carpeting
- Provide a rest area with cot
- Allow flexibility to sit or stand
- Allow job sharing
- Shorten work day and extend work week

Vision Impairment:

(Not an inclusive listing of accommodation ideas, see Accommodation Ideas for Individuals with Vision Impairments for further information at <http://askjan.org/media/Sight.html>)

- If the individual benefits from magnification, consider external magnification devices or computer screen magnification software
- If the individual does not benefit from magnification, consider Braille, tactile graphics, or assistive technology (e.g., screen reading software)
- Provide a tape recorder
- Provide a reader
- Allow flexible schedule to use public transportation to and from work
- Allow use of service animal for assistance with vision and/or mobility

Kidney Disease:

- Provide easy access to restroom facilities
- Allow a flexible schedule or time off for treatment (dialysis)

Cognitive Limitations:

- Provide written job instructions and prioritize assignments
- Increase job structure
- Use of day planner or electronic organizer
- Provide flexible work hours
- Minimize distractions

Psychological Limitations:

- Reduce stress
- Allow time off for counseling or therapy

Other Considerations:

- Provide area to brush teeth to prevent periodontal gum disease
- Evaluate safety hazards
- Avoid temperature extremes to help deal with poor circulation
- Educate coworkers on emergency situation procedures and identification of symptoms of hypoglycemia or hyperglycemia

Situations and Solutions:

A nurse with insulin-dependent diabetes and hypoglycemia was having problems regulating her condition (specifically, eating regularly while at work). Her schedule was altered by eliminating the evening rotation until her blood glucose levels could be controlled on a consistent basis. The employer reported this as a very effective accommodation. Cost of accommodation: none.

A data entry clerk with diabetes was having problems with vision. Her employer installed additional lighting in the file room and purchased a glare filter for her computer monitor to reduce eyestrain. Approximate cost: \$30.

An employee in a manufacturing plant had difficulty working through an 8-hour shift without a break (typically employees work straight through). Accommodation suggestions: flexible schedule where a break can be provided if employee makes up the time by coming in 15 minutes early and staying 15 minutes later.

A cafeteria worker with diabetes had difficulty standing in one place for long periods of time. Accommodation suggestions: use anti-fatigue mats, sit/stand/lean stool, and frequent rest breaks.

An investigator was having problems balancing between reading text and his computer screen due to diabetic retinopathy. Accommodations suggestions: use task lighting; glare filter for computer monitor; and Closed Circuit Television with split screen to view text and computer monitor at same time.

A production assembly line worker had symptoms of frequent urination and neuropathy in his legs. The employee could not leave his work area except during scheduled breaks. Accommodation suggestions: use anti-fatigue mat, sit/stand/lean stool, and an in-house paging system to notify the supervisor that a replacement is needed while the employee takes a restroom break.

Products:

There are numerous products that can be used to accommodate people with limitations. JAN's Searchable Online Accommodation Resource (SOAR) at <<http://askjan.org/soar>> is designed to let users explore various accommodation options. Many product vendor

lists are accessible through this system; however, JAN provides these lists and many more that are not available on the Web site upon request. Contact JAN directly if you have specific accommodation situations, are looking for products, need vendor information, or are seeking a referral.

Terminology:

Blood Glucose: Blood glucose is the main sugar that the body makes from the food we eat. Glucose is carried through the bloodstream to provide energy to cells. The cells cannot use glucose without insulin.

Insulin: Insulin is a hormone that helps the body use blood glucose for energy. When people with diabetes cannot make enough insulin, they may need to inject it as a prescribed medication.

Hypoglycemia: Hypoglycemia is a condition that occurs when blood glucose levels are too low. The person can become cranky, tired, sweaty, hungry, confused, and shaky and in some instances can lose consciousness or experience a seizure. Eating sugar may treat this, for example soda, lifesavers, or glucose tablets.

Hyperglycemia: Hyperglycemia occurs when blood sugar is too high. Insufficient insulin, overeating, inactivity, illness, stress, or a combination of these factors may cause this. Symptoms include extreme thirst, frequent urination, fatigue, blurred vision, vomiting, and weight loss.

Neuropathy: Neuropathy is a disease of the nervous system that may affect the organs, feet, and/or hands.

Diabetic Nephropathy: Diabetic Nephropathy, or kidney disease, occurs when there is damage to the kidney.

Resources

Job Accommodation Network

West Virginia University
PO Box 6080
Morgantown, WV 26506-6080
Toll Free: (800)526-7234
TTY: (877)781-9403
Fax: (304)293-5407
jan@askjan.org
<http://askjan.org>

The Job Accommodation Network (JAN) is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities.

Office of Disability Employment Policy

200 Constitution Avenue, NW, Room S-1303
Washington, DC 20210
Toll Free: (866)633-7365
TTY: (877)889-5627
Fax: (202)693-7888
<http://www.dol.gov/odep/>

The Office of Disability Employment Policy (ODEP) is an agency within the U.S. Department of Labor. ODEP provides national leadership to increase employment opportunities for adults and youth with disabilities while striving to eliminate barriers to employment.

American Association of Diabetes Educators

200 W. Madison Street
Suite 800
Chicago, IL 60606
Toll Free: (800)338-3633
aade@aadenet.org
<http://www.diabeteseducator.org>

The AADE is a multi-disciplinary professional membership organization dedicated to advancing the practice of diabetes self-management training and care as integral components of health care for persons with diabetes and lifestyle management for the prevention of diabetes.

American Diabetes Association

1701 North Beauregard Street
Alexandria, VA 22311
Toll Free: (800)342-2383

AskADA@diabetes.org
<http://www.diabetes.org/>

The American Diabetes Association is the nation's leading nonprofit health organization providing diabetes research, information and advocacy.

American Dietetic Association

National Center for Nutrition and Dietetics
120 South Riverside Plaza
Suite 2000
Chicago, IL 60606-6995
Toll Free: (800)877-1600
<http://www.eatright.org>

ADA members are the most valued source of food and nutrition services.

American Heart Association

7272 Greenville Avenue
Dallas, TX 75231
Toll Free: (800)242-8721
<http://www.americanheart.org>

The American Heart Association is dedicated to providing education and information on fighting heart disease and stroke.

Diabetes Exercise & Sports Association

8001 Montcastle Dr.
Nashville, TN 37221
Toll Free: (800)898-4322
Fax: (615)673-2077
desa@diabetes-exercise.org
<http://www.diabetes-exercise.org>

Diabetes Exercise & Sports Association (DESA) exists to enhance the quality of life for people with diabetes through exercise and physical fitness.

Indian Health Service

Division of Diabetes Treatment and Prevention
National Diabetes Program
5300 Homestead Road, NE
Albuquerque, NM 87110
Direct: (505)248-4182
diabetesprogram@ihs.gov
<http://www.ihs.gov/MedicalPrograms/Diabetes/>

The mission of the Indian Health Service (I H S) National Diabetes Program is to develop, document, and sustain a public health effort to prevent and control diabetes in American Indian and Alaska Native peoples.

Juvenile Diabetes Research Foundation International

120 Wall Street
New York, NY 10005-4001
Toll Free: (800)533-CURE
Direct: (212)785-9500
info@jdrf.org
<http://www.jdrf.org>

Mission is to find a cure for diabetes and its complications through the support of research.

National Diabetes Information Clearinghouse (NDIC)

Building 31. Rm 9A06
31 Center Drive, MSC 2560
Bethesda, MD 20892-2560
Direct: (301)496-3583
<http://www.niddk.nih.gov>

An information and referral service of the National Institute of Diabetes and Digestive and Kidney Diseases. The clearinghouse responds to written inquiries develops and distributes publications about diabetes and maintains a database of patient and professional education materials.

National Eye Institute

National Eye Institute Information Office
31 Center Drive MSC 2510
Bethesda, MD 20892-2510
Direct: (301)496-5248
2020@nei.nih.gov
<http://www.nei.nih.gov>

The National Eye Institute (NEI) was established by Congress in 1968 to protect and prolong the vision of the American people.

National Institute of Diabetes & Digestive & Kidney Diseases

Office of Communications & Public Liaison
Building 31, Room 9A06
31 Center Drive, MSC 2560
Bethesda, MD 20892-2560
<http://www.niddk.nih.gov>

The National Institute of Diabetes and Digestive and Kidney Diseases conducts and supports research on many of the most serious diseases affecting public health. The Institute supports much of the clinical research on the diseases of internal medicine and related subspecialty fields as well as many basic science disciplines.

National Kidney Foundation

30 East 33rd St., Suite 1100
New York, NY 10016
Toll Free: (800)622-9010
<http://www.kidney.org>

The National Kidney Foundation, Inc., a major voluntary health organization, seeks to prevent kidney and urinary tract diseases, improve the health and well-being of individuals and families affected by these diseases, and increase the availability of all organs for transplantation.

Veterans Health Administration

Program Chief, Diabetes
Veterans Health Affairs
810 Vermont Avenue NW
Washington, DC 20420
Direct: (202)273-5400
<http://www1.va.gov/diabetes/index.cfm>

The mission of the Veterans Healthcare System is to serve the needs of America's veterans by providing primary care, specialized care, and related medical and social support services.

References

Centers for Disease Control and Prevention. (2007). *Basics about diabetes*. Retrieved September 5, 2008, from <http://www.cdc.gov/diabetes/faq/basics.htm>

Equal Employment Opportunity Commission. (1992). A technical assistance manual on the employment provisions (title I) of the Americans with Disabilities Act.

Retrieved September 5, 2008, from <http://askjan.org/links/ADAтам1.htm>

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