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DURHAM CONSTABULARY



Altogether Better Policing

Diabetes Policy

Application	Police Officers, Police Staff and Special Constables
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1.0 PURPOSE AND SCOPE

- 1.1 To outline the support that staff can expect in the workplace and provide them, their managers, the Health Management Unit professionals and Personnel Managers with guidance.

2.0 THE LEGAL BASIS AND LEGITIMATE AIMS

- 2.1 Durham Constabulary is required to comply with the requirement of:-
- i. The Health and Safety at Work Act 1974
 - ii. The Police Act 1996
 - iii. The Equality Act 2010
 - iv. The Road Traffic Act 1988 and Motor Vehicles (Driving Licences) Regulations 1999.
 - v. Access to Medical Records Act 1988 & 1990.
- 2.2 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
- 2.3 Throughout the operation of this policy Durham Constabulary will seek to take the least intrusive action which fits within the working policy criteria and will act fairly and proportionally to achieve the proposed purpose
- 2.4 Durham Constabulary will operate within the policing principles as defined by the College of Policing Code of Ethics and in support of this our policies will seek to promote Accountability, Fairness, Honesty, Integrity, Leadership, Objectivity, Openness, Respect and Selflessness.
- 2.5 The Force recognises the contribution of its entire staff and is committed to creating a fully inclusive working environment. This will be achieved by making reasonable adjustments where appropriate, valuing the differences that a diverse workforce can bring and challenging unlawful and unfair discrimination, bullying, harassment, victimisation and other unfair treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity, religion or belief, gender and sexual orientation.

3.0 POLICY STATEMENT

- 3.1 Durham Constabulary is committed to the health, safety and welfare of all staff and acknowledges its duty to provide every possible support and assistance to staff that have been diagnosed with diabetes.

4.0 WHAT IS DIABETES

- 4.1 Diabetes is a long term (chronic) condition caused by too much glucose in the blood. It is also known as diabetes mellitus.
- 4.2 There are 2 types of diabetes
- i. Type 1 diabetes occurs when the body produces no insulin and it is often referred to as insulin-dependent diabetes.
 - ii. Type 2 diabetes occurs when the body produces too little insulin to work or when the cells in the body do not react properly to insulin. Individuals with type 2 diabetes may be able to control their symptoms by eating a healthy diet and monitoring their blood glucose levels, however as the condition is progressive it is possible that they will eventually need to take tablets or resort to insulin medication.
- 4.3 Any person who has been diagnosed with Diabetes will be under the supervision of a Diabetes Practitioner which could be either a General Practitioner or a Hospital Consultant. Their condition will be monitored on a regular basis and it is the individual's responsibility to attend these appointments.

5.0 DON'T MAKE ASSUMPTIONS

- 5.1 Assumptions must not be made concerning duties a recruit, a police officer, police staff member or special constable with diabetes can or can not undertake. It cannot automatically be assumed that because an individual has diabetes s/he presents a risk to themselves, fellow officers or members of the public. Diabetes will affect every person differently, and will vary in terms of how they manage their condition.
- 5.2. Restrictions placed on the duties of any police officer, police staff member or special constable as a result of their diabetes must only be made according to a fair and open process, which makes every effort to consider and implement reasonable adjustments to enable the organisation to manage any risks.

6.0 DISCLOSURE AND CONFIDENTIALITY

- 6.1 Durham Constabulary strongly encourages individual members of staff to declare any medical conditions including diabetes to enable the force to assist the

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individual with the management of their condition in the work place. Each member of staff has a responsibility and a duty to take reasonable care for their own health and safety and for the health and safety of others.

- 6.2 However police officers undertaking, for example, advanced driving, or authorised firearms duties, must declare to the Force Medical Advisor any medical condition so as to ensure their own safety and to protect the safety of others. Any sensitive medical information held by the force will be retained and only disclosed in accordance with the Access to Medical Records Act 1988 & 1990.

7.0 ASSESSMENTS

- 7.1 Many individuals will already be able to demonstrate good management of their condition, however it is recognised that this may not always be the case.
- 7.2 Individuals should be encouraged to declare to their line manager/supervision, in line with this policy, when they have been diagnosed with diabetes.
- 7.3 Once the declaration has been made, line managers/supervision should arrange, if appropriate and in line with this policy, for the individual to be temporarily suspended from carrying out authorised firearms and PSU duties and for the individual to be referred to the Health Management Unit by completing a referral form (Pers 222).
- 7.4 In order to assess the impact that the condition is likely to have on the individual's ability to perform their role or certain aspects thereof, the force will consider carefully if the individual should undertake an alternative role in a temporary capacity and will undertake;
- i. **A Medical Assessment** of the person with diabetes by the Force Medical Advisor who will make recommendations to the force on what restrictions or reasonable adjustments, if any, the force should consider. As part of this assessment the individual may be required to provide consent for the Force Medical Advisor to obtain a report from their Diabetes Practitioner to ensure that appropriate hypoglycaemic awareness and management exists.

Followed by

- ii. **A Case Conference (if appropriate)**
This will involve assessing the medical advice, the job profile/description and risk assessment in order to decide on the individual's fitness to undertake a role with or without reasonable adjustment.
- 7.5 Options and recommendations will be submitted for consideration and approval by the Head of Personnel. This may include reinstatement with reasonable adjustments, a monitoring and support programme or redeployment to a suitable alternative role.

- 7.6 The Force Medical Advisor will advise management of any restrictions or adjustments required to the duties of an individual. It may also be appropriate to obtain a further medical opinion on the individual's ability to perform a role or duties. The ultimate decision however remains with line management.

8.0 MEDICAL REVIEWS

- 8.1 The individual member of staff should be subject to review as per the Force Medical Advisor's recommendations; however as a guide reviews should take place as follows;
- i. Annually for every police officer in a specialist role such as advanced driving, PSU or firearms
 - ii. For other, non-specialist roles, an annual review may still be the most appropriate frequency, but this should be based on the Force Medical Advisor's recommendation
 - iii. When it is proposed that an individual's role changes
 - iv. When an individual's medical condition changes, it will be the individual's responsibility to advise the Force Medical Advisor via their supervision.
- 8.2 The outcome of the Medical Assessment may then warrant a case conference to review the individual's role, restrictions and any reasonable adjustments in place.

9.0 DRIVING AND DIABETES

- 9.1 Drivers do not need to advise the Driver and Vehicle Licensing Agency if their diabetes is treated by tablets, diet or both and are free from any complications. However they are under **a legal obligation to declare if their diabetes is treated with insulin**. Police Officers and staff should seek advice from the Driver and Vehicle Licensing Agency regarding diabetes and any other medical conditions.
- 9.2 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. However the advice of the Panel on the interpretation of EC and UK

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legislation, and its appropriate application, is made within the context of the driver licensing and the Driver and Vehicle Licensing Agency process. It is for the police service to decide whether or how these recommendations should be interpreted for their own areas of interest, in the knowledge of their specific circumstances.

- 9.3 In line with the Secretary of State's Honorary Medical Advisory Panel recommendations, Durham Constabulary requires that all individuals, who make a report to the Driver and Vehicle Licensing Agency, must disclose this information and any subsequent action taken by the Agency, (for example withdrawal of driving licence), to the Force so that their driving classification can be reviewed.
- 9.4 Decisions on an individual's medical fitness to drive police vehicles in emergency and non emergency situations will be as a result of a Medical Assessment and Case Conference as outlined under the heading 'assessments'.

10.0 AUTHORISED FIREARMS OFFICERS AND DIABETES

- 10.1 The ACPO Manual of Guidance on Police Use of Firearms recommends that officers diagnosed with diabetes mellitus should not carry out the role of an Authorised Firearms Officer.
- 10.2 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 deployed at a firearms incident. It is for the police service to decide whether or how these recommendations should be interpreted for their own areas of interest, in the knowledge of their specific circumstances.
- 10.3 In line with the ACPO Manual of Guidance recommendations, Authorised Firearms Officers must declare to the Durham Constabulary if they have been diagnosed with diabetes type 1 or 2 to enable the Force to review their firearms authorisation. On notification, the force will temporarily suspended the individual from undertaking firearms duties until such time as a Medical Assessment and Case Conference (if required) have been carried out. This suspension is to protect the individual, other members of Durham Constabulary and the public and to ensure that the medical condition does not prevent, initiate or exacerbate the officer's response in any given set of circumstances.
- 10.4 Decisions on an individual's medical fitness to become an Authorised Firearms Officer will be as a result of a Medical Assessment and Case Conference as outlined under the heading 'assessments'.

11.0 PSU OFFICERS AND DIABETES

- 11.1 PSU Trained Officers should declare to the Force if they have been diagnosed with diabetes either type 1 or 2. Following the declaration the officer will be temporarily suspended from PSU training and deployment until such time as a Medical Assessment and Case Conference (if required) have been carried out.

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This suspension is to protect the individual and to ensure that the medical condition does not prevent, initiate or exacerbate the officer's response in any given set of circumstances.

- 11.2 Decisions on an individual's medical fitness to become a PSU Officer will be as a result of a Medical Assessment and Case Conference as outlined under the heading 'assessments'

12.0 RECRUITMENT OF POLICE OFFICER, POLICE STAFF AND SPECIAL CONSTABLE

- 12.1 Potential recruits/employees who have declared that they have been diagnosed as a diabetic will be invited to attend the Health Management Unit to undergo a medical assessment. As part of this assessment further medical opinion may be obtained on the individual's ability to perform a role or for pension purposes.
- 12.2 The Force Medical Advisor will advise management during the recruitment and selection process regarding applicants with diabetes. The ultimate decision to appoint remains with the Force.

13.0 APPEAL PROCEDURES

If an individual wishes to appeal against any decision made in connection with this policy, they should write to or email, the Deputy Chief Constable at the below address within 14 days of receiving a decision. The appeal will be considered and consultation will take place with appropriate individuals to establish all facts before a decision with regard to the appeal is made. A response to the appeal will be provided in writing within 10 working days of receipt of the appeal. Should this period not be achievable the individual will be notified in writing when a decision will be communicated.

The Deputy Chief Constable
c/o Human Resources
Police Headquarters
Aykley Heads
Durham
DH1 5TT
Email human.resources@durham.pnn.police.uk

Guidance for police officers, police staff and special constables diagnosed with insulin treated diabetes working in or performing a safety critical role

- 1) The Health Management Unit recommends that police officers, police staff and special constables adhere to the following medical guidance in the event of the individual being required to undertake safety critical activities, such as driving or operating mechanical equipment.
- 2) Comply with strict GP monitoring and Health Management Unit arranged medical assessment reviews including any referrals to a diabetes specialist.
- 3) Maintain medical and physical fitness requirements for post/role as laid down by the Force/ACPO.
- 4) Be aware of the symptoms and signs of hypoglycaemia (low blood sugar) and have at all times the facility to administer an immediate remedy e.g. glucose/dextrose or intra-muscular glucagon.
- 5) Check their own blood glucose at regular intervals throughout the day as advised by their diabetic specialist or GP and in any event check blood glucose before driving.
- 6) Do not attempt to drive a vehicle or operate any equipment if blood glucose shows a low blood glucose level.
- 7) Remedy low blood glucose by appropriate means and do not operate any equipment until at least 45 minutes after a hypoglycaemic event has resolved.
- 8) Report to supervisor/line manager (and subsequently Force Medical Advisor) any episode of hypoglycaemia whilst driving or during other safety critical activity.
- 9) Advise Force Medical Advisor (or Occupational Health Nurse) of any onset of absence or awareness of hypoglycaemia as it is recognised that this is a significant risk factor in road traffic collisions.
- 10) Maintain up to date knowledge of diabetes mellitus (type 1) sufficient for exemplary self management of the condition and report to the Force Medical Advisor as soon as reasonably practicable any change in status that may have an impact on known risk factors in respect of driving or other safety critical activity
- 11) Inform the Driver and Vehicle Licensing Agency and insurance company if you develop complications from your condition and cease driving if you develop frequent hypoglycaemic episodes likely to impair driving or develop impaired awareness of hypoglycaemia.

Guidance for police officers, police staff and special constables diagnosed with non-insulin treated diabetes working in or performing a safety critical role

- 1) The Health Management Unit recommends that police officers, police staff and special constables adhere to the following medical guidance in the event of the individual being required to undertake safety critical activities, such as driving or operating mechanical equipment.
- 2) Comply with routine GP/Hospital monitoring and ensure that they receive the results of all tests undertaken by the GP or hospital diabetic clinic.
- 3) Attend any Health Management Unit arranged medical assessment reviews including any referrals to a diabetic specialist
- 4) Maintain medical and physical fitness requirements for post/role as laid down by the Force/ACPO
- 5) Be aware of the symptoms and signs of hypoglycaemia (low blood sugar) and have at all times the facility to administer an immediate remedy e.g. glucose/dextrose by mouth
- 6) Do not attempt to drive a vehicle or operate any equipment if suffering from symptoms or signs of hypoglycaemia.
- 7) Remedy low blood glucose by appropriate means and do not operate any equipment until at least 45 minutes after a hypoglycaemic event has resolved
- 8) Report to supervisor/line manager (and subsequently Force Medical Advisor) any episode of hypoglycaemia whilst driving or during other safety critical activity.
- 9) Advise Force Medical Advisor of any onset of absence or awareness of hypoglycaemia as it is recognised that this is a significant risk factor in road traffic collisions
- 10) Maintain up to date knowledge of diabetes mellitus (type 2) sufficient for exemplary self management of the condition and report to the Force Medical Advisor as soon as reasonably practicable any change in status that may have an impact on known risk factors in respect of driving or other safety critical activity
- 11) Comply with the requirements to inform the Driver and Vehicle Licensing Agency if you develop complications or are placed on insulin therapy for more than 3 months.