

FOCUS

ON OCCUPATIONAL HEALTH AND SAFETY

MFL OCCUPATIONAL
HEALTH CENTRE

SEPTEMBER, 1999
VOL. 12 NO. 1

ISSN 1180-3967

DIABETES AND WORK

Occupational health professionals concentrate on both how an individual's health affects his or her ability to work as well as ways in which work can undermine a person's health.

In the past employers and health professionals would often simply bar people with certain health problems from working at certain jobs.

Dr. Allen Kraut, a physician with the MFL Occupational Health Centre (OHC), says that the trend has been to move away from blanket prohibitions to one where far more attention is paid to judging each case on its own merits.

"This is part of a larger move to accommodate people with disabilities, and is, I think, a positive step."

Last March Kraut gave a presentation at the OHC on the topic of work and diabetes to explore the types of restrictions people with diabetes face in the workforce.

DIABETES AND THE ABILITY TO WORK

Diabetes has the potential to affect people's ability to perform employment tasks in a number of ways. The most

significant issues arise around the risk of medication-induced hypoglycemia. Hypoglycemia is the medical term for low blood-sugar level. Its symptoms can range from fatigue to confusion and blackouts.

For the most part diabetes can be successfully controlled through the use of medication including insulin and pills as well as diet. Some of the complications that can accompany diabetes are heart problems, numbness and tingling in the arms and legs due to nerve damage, vision problems and kidney failure.

As a result of these issues some employers have been concerned about the ability of diabetics to perform certain tasks.

In addition, in some countries the

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DIABETES

Diabetes is a condition in which the body is unable to properly process sugar and starches. It is caused when the pancreas fails to produce enough insulin, a hormone that helps process sugar. The disease can be controlled with diet and medication.

SYMPTOMS

The typical symptoms of diabetes are thirst, fatigue, poor vision, fainting, and weight loss.

TREATMENT

The treatment of diabetes usually involves maintaining blood sugar levels through a combination of regular diet, insulin injections, and medication.

HYPOGLYCEMIA

Hypoglycemia is the condition that develops when there is a low blood-sugar level. Its symptoms can range from fatigue to confusion and blackouts.



Firefighting is one of the safety-sensitive professions that places restrictions on the employment of people with diabetes.

WORK AND DIABETES

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belief that people with diabetes will have more medical problems has led some employers to be less inclined to hire people with diabetes. This phenomenon may be more common in countries where employers are responsible for health insurance.

DIABETES AND SAFETY SENSITIVE JOBS

Kraut said that in Canada the main restrictions on the employment of diabetics are found in safety sensitive jobs such as firefighting, policing and commercial transportation. The risks of hypoglycemia are heightened in any job with an irregular schedule or emergency situations. "A firefighter who is being treated with insulin could get hypoglycemic while responding to an emergency, thereby creating an additional emergency." He pointed out that new approaches to treating diabetes which aim to keep the blood sugar within the normal range could lead to an increased frequency of episodes of hypoglycemia.

JUDY COOK HONOURED

This June the Canadian Public Health Association honoured the late MFL OHC Executive Director Judy Cook with its Ron Draper Health Promotion Award. The award was given in recognition of Judy's significant contribution to health promotion. Judy was the director of the OHC from 1985 until her death in 1998 while waiting for a heart transplant.

REGULATIONS

Different jurisdictions apply different criteria in determining whether people with diabetes can hold safety sensitive jobs. In the United States, diabetics who use insulin are not granted federal licenses for commercial driving. In Manitoba, such individuals can receive a license if they satisfy specific criteria.

The U.S. National Fire Protection Association (whose policies are usually followed by Canadian jurisdictions) has developed two categories for people with diabetes who are being treated.

- Those who have had an episode of hypoglycemia which caused them symptoms cannot be considered for work as firefighters.
- Those who have not had such symptoms can be considered for firefighting work.

The final decision would depend on the nature of the work and the worker's health.

Kraut noted that the federal government, as an employer, has moved towards judging each case on their own merits. The federal government treats diabetes as it does any other disease, and makes employment decisions based on the likelihood of the specific employee becoming incapacitated by the illness and creating a safety hazard.

BALANCE

Kraut said that in issues such as these it is important to balance individual rights and social rights. "In many cases it is appropriate to say that an individual diabetic is not able to safely perform certain tasks. But the decision should be based on the facts of that individual's case, not a black and white view of what people with diabetes can and cannot do."

He pointed out that the Canadian Diabetes Association has published useful information on this topic, as have various provincial and federal licensing bodies. He said it is helpful to become familiar with this information and to seek the advice of experts before making a decision that could unduly restrict a person's working life.

New director

We are pleased to announce the appointment of Sheila Braidek to the position of Executive Director of the MFL Occupational Health Centre. Braidek comes to us with excellent experience and skills in managing community health centres and agencies.

In September, she will take over as executive director from Bev Cann, who has been acting executive director for the last year.

Cann, who has been with the MFL OHC as an occupational health nurse since the Centre opened in 1983 is leaving the centre at the end of September. She will be missed by all of us.

OHC ON LINE

The MFL OHC web site is now up and running. Our address is www.mflohc.mb.ca.

Posted on the web site are assorted fact sheets, the OHC newsletter, information on the OHC resource centre, upcoming events, and a schedule of our Tuesday morning educational events. There are also many links to other useful occupational health and safety sites.

Fibreglass and cancer

Q Does exposure to fibreglass cause cancer?

A It has not been firmly established that there is a link between fibreglass exposure and cancer.

Fibreglass is a man-made mineral fiber, one of a larger group of products known as manmade vitreous fibers (MMVFs). MMVFs are divided into

- glass fibers (glass wool, glass filament, and special purpose fibers)
- mineral wool (slag wool and rock wool)
- ceramic fiber.

Many of the concerns about fibreglass and other MMVFs arise from the fact that these fibers share a number of properties with asbestos, a known cancer-causing agent.

MMVFs may be less dangerous than asbestos because of their size, the way they split, and differences in the lung's ability to neutralize them. Because they are larger than asbestos fibers, MMVFs are not in-

haled as deeply into the lungs as asbestos fibers. MMVFs split horizontally like a stack of coins while asbestos breaks lengthwise like a bundle of spaghetti. The MMVF pattern of breakage creates shapes that are less toxic to the lungs. Finally, MMVFs are more quickly neutralized in the lung than asbestos.

The International Agency for Research and Cancer (IARC) has evaluated MMVFs and concluded that the association between cancer and MMVF could not be established based on the available data. IARC has, however, classified these compounds as *possible* human cancer-causing agents. The American Conference of Governmental Industrial Hygienists concluded that MMVFs are unlikely to cause cancer in humans except at very high levels of exposure.

The most effective way to reduce exposure is through engineering controls such as ventilation. If engineering controls are not feasible workers should use personal protective equipment such as respirators when working with fibreglass.

New Books at the Centre

Chemical exposures: low levels and high stakes, 2nd ed., Nicholas Ashford and Claudia S. Miller, Van Nostrand Reinhold, 1998: describes how everyday, low-level chemical exposures may cause fatigue, memory impairment, headaches, mood changes, breathing difficulties, digestive problems, and a host of chronic unexplained illnesses.

One-eyed science: Occupational health and women workers, Karen Messing. Temple University Press, 1998. Investigates the controversial topics of male/female differences in jobs, health, and basic biology. Includes case studies of health risks for women in the workplace.

The Occupational environment: its evaluation and control, edited by Salvatore R. DiNardi, 1998.

A Strategy for assessing and managing occupational exposures, John R. Mulhausen and Joseph Damiano. — 2nd ed., 1998.

COUNT ME IN!

Name _____

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City _____ Prov. _____

Postal Code _____

Telephone _____

Date: _____

Signature _____

I will assist the Occupational Health Centre to continue to publish the Focus newsletter and purchase up-to-date information for the library in the following manner:

a direct donation today of \$ _____

a payroll deduction sent directly to the MFL Occupational Health Centre

I authorize the MFL Occupational Health Centre to withdraw \$ _____ from my account on a monthly basis. I am enclosing a sample cheque with the word void written across it, indicating my account number and branch address.

a contribution through the United Way specifically designating the MFL Occupational Health Centre

Please return this form (Don't forget your voided cheque) to:

MFL Occupational Health Centre

102-275 Broadway

Winnipeg, Manitoba

R3C 4M6

FALL SESSIONS

You are invited to the MFL Occupational Health Centre Fall 1999 weekly sessions at 275 Broadway. Topics relating to occupational and environmental health will be presented by invited guests and staff of the Centre. The one hour sessions are held on

Tuesdays from 9:00 a.m. to 10:00 a.m.

Phone: 949-0811 • Fax 956-0848 • email mflhcc@mflhcc.mb.ca

October 12	CAW's Cancer Campaign: Ban Cancer Agents in your Workplace	Quim Reis, Health & Safety Rep. CAW Local 2224 Versatile New Holland Canada
October 19	Influenza Vaccination of Health Care Workers: A Survey of Factors Important in Acceptance	Maureen Heaman, Director of Research Winnipeg Community and Long Term Care Authority Alexandra Henteleff, Program Manager Communicable Diseases & Immunization Winnipeg Community & Long Term Care Authority
October 26	Issues Facing the Older Worker	Joy Goertzen, Policy Analyst Manitoba Seniors Directorate
November 2	Biomechanical Analysis of Patient Handling Activities	Donya Daynard, Ergonomist Workplace Safety & Health Division Manitoba Labour
November 9	Multiple Chemical Sensitivity Syndrome: A Form of Environmental Illness	Dr. Anne-Marie Brown-DeGagne, Neuropsychologist Rehab Psychology/Neuropsychology Health Sciences Centre
November 16	Health & Safety Education for Immigrant Workers: Results of the Centre's Needs Assessment	Karen Hamilton Health Educator OHC Staff
November 23	Applying Adult Learning Principles to Office Ergonomics	Leslie Johnson PAR Health Services
November 30	Workplace Smoking Survey - A Survey of Workplace Policies and Practices	Dr. Ted Redekop, Chief Occupational Medical Officer Workplace Safety and Health Division Occupational Health Branch Manitoba Labour
December 7	Taking an Occupational Health History	Dr. Allen Kraut OHC Staff

The MFL Occupational Health Centre was established in 1982 by the Manitoba Federation of Labour to help Manitoba workers deal with job-related health issues and to assist those in many sectors of our society who strive for safer work environments. The Centre is funded by Manitoba Health and is a member of the Manitoba Association of Community Health and the Association of Occupational and Environmental Clinics.

The Centre's Medical Diagnostic Services attempt to ascertain whether a specific health problem is work-related and does not take the place of a family doctor. A multidisciplinary team assists workplace health and safety committees with workplace hazard evaluations and hazard control measures.

Our Resource Centre provides the public with a wide range of health and safety information, and we conduct education programs upon request. The Centre is open weekdays 9 a.m. to 5 p.m. and to 8 p.m. on Wednesdays.