





Diabetes

RA033-CEN

Document Owner (QHSE Manager)	Steve Usher	
Checked & Approved (Technical Manager)	Phil Thompson	
Approved for Use	24/09/2025	

Issue Date	24/09/2025
Next Review Date	31/12/2025

Version	Date	Name	Details
1	24/09/2025	Steve Usher	New draft
2	25/09/2025	Steve Usher	Reviewed & Amended RA

Note Under no circumstances is this document to be modified in any way without the QHSE Managers consent. Uncontrolled when Printed or Downloaded

1 Purpose

- 1.1 The purpose of this Risk Assessment is to identify and manage the health and safety risks associated with Temporary Traffic Management (TTM) workers with diabetes (both Type 1 and Type 2). It aims to prevent incidents related to hypo- or hyperglycaemia, diabetic ketoacidosis (DKA), fatigue, stress, and long-term diabetic complications while ensuring safe work practices on site. This RA is designed to ensure appropriate control measures are applied for each diabetes type without causing harm.

2 Scope

- 2.1 This assessment applies to all employees. It addresses health risks posed by diabetes in operational environments such as roadside works, depot activities, and vehicle operations.
- 2.2 This RA applies to both **Type 1 and Type 2 diabetes**. Control measures are tailored to the diabetes type and prescribed treatments.

3 Responsibilities

- 3.1 QHSE Manager
- Develop, review, and maintain the risk assessment; provide guidance to supervisors and staff.
- 3.2 Managers/Supervisors
- Ensure staff with diabetes are identified, trained, and supported; implement control measures; monitor health and wellbeing.
- 3.3 HR Officer
- Support pre-employment and periodic health checks.
 - Advise on adjustments for diabetes-related complications and medication type.
- 3.4 Employees with Diabetes
- Self-monitor blood sugar, manage medication, report symptoms, follow control measures, and communicate concerns.
 - Declare diabetes type confidentially to enable tailored controls.

4 Control Measures

- 4.1 Summary from Risk Assessment:
- All Employees with diabetes to carry emergency water, glucose and snacks, with measures tailored for Type 1 and Type 2 (if on insulin/sulfonylureas).
 - Pre-shift self-checks of blood sugar levels and hydration.
 - Supervisors to monitor staff and ensure breaks are taken.
 - Training for recognising signs of hypo- and hyperglycaemia.
 - Adjust work tasks if complications are present (vision, neuropathy).
 - Access to shade, rest areas, and mental health support.
 - Emergency procedures clearly defined and communicated.

- Workers to declare diabetes type confidentially for tailored controls.

5 Monitoring & Review

5.1 QHSE Manager:

- to review RA annually or after any incident involving a diabetic worker.

5.2 Supervisors:

- to report incidents and near misses related to diabetes.

5.3 Employees:

- encouraged to provide feedback on control measures and adjustments needed.

6 Emergency Procedure

6.1 For the Worker Experiencing an Episode:

- Stop work immediately and move to a safe area.
- Check blood sugar and take fast-acting glucose if hypoglycaemic.
- Check blood sugar and take Water/and or electrolytes if hyperglycaemia.
- Sit or lie down to prevent falls; rest until symptoms resolve.
- Notify supervisor and co-workers of the incident.
- If symptoms do not improve within 10–15 minutes or worsen, call emergency services.

6.2 For the Person Who Finds the Worker:

- Ensure scene is safe (traffic management if roadside).
- Approach worker carefully and check responsiveness.
- Administer fast-acting glucose if available and worker is conscious(if hypoglycaemic)
- Administer water or/and electrolytes if available and worker is conscious(if hyperglycaemia)
- Call emergency services immediately if worker is unconscious, seizing, or symptoms severe.
- Keep worker comfortable and monitor until medical help arrives.
- Report incident to supervisor/QHSE immediately.

7 Risk Assessments

7.1 To assess the severity of bribery-related risks, Hatton Traffic Management Ltd uses a Risk Matrix based on:

- Likelihood (L) – How likely is the risk to occur?
- Severity (S) – What would be the impact if it did occur?

7.2 The Risk Rating (R) is calculated by:

- $R = \text{Likelihood} \times \text{Severity}$

7.3 Risk Scoring Methodology & Risk Assessment

Severity Level		Minor 1	Low 2	Moderate 3	Major 4	Catastrophic 5
Injury to people		Minor injury, first aid only (e.g. small cut, bruise)	Slight injury requiring minor treatment (e.g. sprain, irritation)	Injury needing medical treatment (e.g. laceration, mild shock)	Major injury or long-term health effect (e.g. broken bone, HAVS, hearing loss)	Fatality or permanent disability
Damage to Property		Minor damage, no repair needed or cosmetic only	Minor repair needed, low-cost fix	Moderate repair or downtime (e.g. damaged tool, broken fencing)	Significant asset loss or downtime (e.g. damaged vehicle, infrastructure)	Major asset loss (e.g. total vehicle/equipment loss, structural failure)
Environmental Impact		Negligible impact, no cleanup required	Minor, short-term pollution, e.g. dust or grass cuttings	Localised pollution with short-term effect (e.g. small fuel spill)	Serious pollution or legal breach (e.g. into watercourse, protected habitat affected)	Widespread or irreversible damage; prosecution risk (e.g. large-scale contamination, major wildlife harm)
		1	2	3	4	5
Likelihood of the hazard happening	Almost Certain – Expected frequently (Monthly or more often)	5	10	15	20	25
	Likely – Will probably occur (A few times a Year)	4	8	12	16	20
	Possible – May occur sometimes (Once a Year)	3	6	9	12	15

	Unlikely – Could happen occasionally (1 every 1-5 Yrs)	2	2	4	6	8	10
	Rare – Highly unlikely to occur (1 every 5+ Yrs)	1	1	2	3	4	5

Action Required		
Minor (MI)	1	Negligible concern – no action usually needed
Low (L)	2-4	Manageable risk – monitor or manage
Moderate (MO)	5-9	Needs control measures – actively manage
Major (MA)	10-15	Significant risk – strong controls required
Catastrophic (C)	16-25	Unacceptable – stop work until risk is reduced
Examples of Persons at Risk		
Inexperienced (I)		
Vulnerable Road Users (VRU)		
Public (P)		
Cyclists (C)		
TM Operative (TMO)		
Site Personnel (SP)		
All		
Examples of Receptor (environment)		
Air (A)		
Land (L)		
Water (W)		
Natural Resources (NR)		
Community/Residence/Pedestrians (CRP)		
Habitat (H)		
All		

Hazard(s)	At Risk	Risk	PRE-RCM Risk score (S x L)				Risk Control Measures	POST-RCM			
			Likelihood	Severity	Risk Score	Risk Level		Likelihood	Severity	Risk Score	Risk Level
Hypoglycaemic episode (low blood sugar) due to missed meals, high physical exertion, or stress	Employee(s)	Potential accidents leading to slips, trips, falls, vehicle collisions, Severe injury, unconsciousness, possible accident on road	3	4	12	MA	<ul style="list-style-type: none"> a. Ensure worker carries fast-acting glucose (glucose tablets/gel). b. Scheduled breaks with access to snacks and water. c. Pre-shift self-check of blood sugar. d. Emergency procedures clearly defined. 	1	4	4	L
Hyperglycaemia (high blood sugar) due to missed medication, stress, or infection	Employee(s)	Fatigue, confusion, dehydration, poor decision-making, potential accidents	3	4	12	MA	<ul style="list-style-type: none"> a. Ensure worker carries water and/or electrolytes b. Encourage hydration and regular breaks. c. Pre-shift checks and prompt reporting of symptoms. d. Access to shade and rest areas. e. Supervisor training to recognise symptoms. 	1	4	4	L
Diabetic complication (e.g., neuropathy, vision impairment) affecting manual handling or road positioning	Employee(s), public	Trips, falls, misplacement of cones/signage, vehicle collisions	2	4	8	MO	<ul style="list-style-type: none"> a. Pre-employment and 6/12 monthly health checks. b. Adjusted work tasks if required (avoid high-risk manual handling). c. Use of team lifting and handling aids. 	1	4	4	L
Stress or fatigue leading to poor diabetes control	Employee(s), public	Mistakes, poor decision-making, delayed reaction, accidents	3	3	9	MO	<ul style="list-style-type: none"> a. Regular breaks and rotation of tasks. b. Encourage communication of fatigue or stress. 	1	3	3	L

								c. Supervisor support and monitoring.					
								d. Access to mental health resources.					