



What Is Sleep Apnoea?

An Advice Guide
for Usdaw Reps



What is Sleep Apnoea?

Obstructive sleep apnoea (OSA) is a serious condition where the muscles in the throat relax during sleep, causing the sufferer to temporarily stop breathing.

If untreated, it can occur hundreds of times a night, leading to regularly interrupted sleep which can have a big impact on the quality of life. It also increases the risk of high blood pressure, strokes and heart attacks – more so for professional drivers suffering from OSA; they can be up to seven times more likely to have crashes.

Fatigue seriously impairs your driving abilities. Untreated sleep apnoea can lead to serious consequences with your job and possibly worse. This leaflet is designed for reps and members to think if they, or colleagues at their workplace, are suffering with sleep apnoea, and to seek treatment.

Who is Affected by OSA?

In the UK, it is estimated around 4% of middle-aged men and 2% of middle-aged women have it.

What are the Symptoms?

The main symptoms of OSA are snoring and excessive daytime sleepiness. Often, the first symptoms of OSA are spotted by a partner during sleep; these may include laboured breathing and choking episodes during sleep.

There are other symptoms that may indicate OSA:

- Depression.
- Difficulty concentrating and irritability.
- Waking up feeling unrefreshed.
- Morning headaches.

What Causes Sleep Apnoea?

Being Overweight

Excess body fat increases the bulk of soft tissue in the neck which can place a strain on the throat muscles. Excess stomach weight can also cause breathing difficulties.

Being 40 Years of Age or Over

Although you can develop sleep apnoea at any age, it's more common in people who are over 40.

Having a Large Neck

Men with a collar size greater than around 43cm (17 inches) have an increased risk of developing OSA.

Smoking

You're more likely to develop sleep apnoea if you smoke.

Why are Professional Drivers Particularly at Risk?

Due to general lifestyle and working conditions, drivers seem to be much more susceptible to sleep apnoea. It is believed 41% of professional drivers in the UK have some form of sleep disorder, with 16% of those suffering with sleep apnoea.

You must tell the DVLA if you have obstructive sleep apnoea, which affects your ability to drive safely.

Please remember that the DVLA are not concerned with OSA, but more the tiredness that goes with it, so you will not lose your licence for seeking medical treatment. In fact, if you are suffering with OSA, seeking medical treatment will improve the likelihood of keeping your licence.

How is OSA Treated?

The good news is OSA is treatable, but it's best to seek medical advice as soon as possible to prevent any further episodes of interrupted sleep.

Referral to a sleep unit will almost always be necessary for suspected sufferers of sleep apnoea so that they can be diagnosed and offered treatment.

Some simple approaches to reduce the causes of mild sleep apnoea are also worth trying:

- Losing weight.
- Stopping smoking.
- Sleeping on your side.
- Keeping the nose clear (for example, by using a nasal spray, or raising the head end of the mattress).
- Reducing or stopping evening alcohol consumption.



Do You Have Sleep Apnoea?

Take the quiz below to assess whether you may be suffering from sleep apnoea. If you snore excessively and have any of the additional problems listed in the quiz, please talk to your GP.

We emphasise that treatment normally works, so drivers should not be afraid of losing their licence if they seek treatment. 99% of drivers diagnosed with OSA keep their licence!

1. Do you snore loudly? Yes No
2. Does your bedroom partner complain about your snoring? Yes No
3. Does your snoring wake you up at night? Yes No
4. Do you or your bedroom partner notice that you make gasping and choking noises during sleep? Yes No
5. Do you have a dry mouth, sore throat or headache in the morning? Yes No
6. Do you often fall asleep during the daytime when you want to stay awake? Yes No
7. Are you often tired during the day? Yes No
8. Do you have high blood pressure? Yes No

Supporting Disabled Members in the Workplace

Someone who has OSA may be entitled to the protection of the Equality Act (Disability Discrimination Act in Northern Ireland). This can help them get the right support at work because the Equality Act gives members important legal rights. Members with sleep apnoea may need the support of their Union rep. Their condition may affect their attendance or performance, and this may lead to them being disciplined under capability procedures or absence management policies. They may also find that aspects of their job make their condition worse. Unfortunately, managers sometimes do not realise that members with sleep apnoea may have rights under the Equality Act.

A member with OSA would be entitled to the protection of the Equality Act if they can meet the definition of a disabled person as set out in the Act. If it can be shown that someone meets this definition, they will have a much stronger case in arguing that the employer should support them.

To help decide if someone is covered by the Equality Act (DDA in Northern Ireland), the following points are considered:

1. Does the member have a physical or mental impairment?

Obstructive Sleep Apnoea is a physical impairment so members with OSA would normally meet this part of the definition.

A person with OSA may not look disabled and managers may therefore not believe they have a disability. It is not always obvious that someone is disabled. Nonetheless they can be covered by the Equality Act.

2. Is it more than a trivial condition?

Some members may not find their OSA too much of a problem, but for others it could have a significant impact on their life. You would have to show that the impact on the member's life is more than trivial.

3. Has the condition lasted or will it last for more than a year?

Obstructive Sleep Apnoea is a long-term condition that can impact life expectancy. However, treatment can improve life quality and reduce the risk of health complications. The member does not have to be constantly experiencing problems, and fluctuating conditions can be counted.

4. What would happen if the member stopped taking medication?

This is a key issue. Employers sometimes argue that the member is not disabled because their condition is controlled by medication or treatment.

However, in deciding whether someone is disabled they must be assessed as if they were not having treatment. A member with sleep apnoea who did not engage in preventative treatment could result in serious and/or fatal consequences. Even though a person's condition might be controlled by medication the member is still to be regarded as disabled. This is because treatment controls the symptoms of OSA; they do not necessarily make it go away. On this basis people should meet the definition as they could face major consequences to their health without it.

5. Does the condition affect the member's everyday life?

If you can show that a person's OSA has a substantial effect on how they carry out normal day-to-day activities, they should meet this definition. It does not matter if the effect is not there every day, if someone meets these five criteria, they would be entitled to the protection of the Equality Act. The employer would then have a duty to make reasonable adjustments to take account of the member's disability. This means that they have to change some aspects of the member's working arrangements to help them stay in or get back to work.

The member will always be the best judge of what adjustments they need.

As an example, working night shifts can lead to difficulties with OSA control, therefore a member might need to change their hours of work. Generally, different levels of activity at night, increased stress on the body and timing of sleep can cause many problems for employees. Allowing disabled workers to take additional rest breaks is another way that an employer can fulfil their duty to make reasonable adjustments.

Useful Organisations

The following organisations offer further information, advice and support:

Brake

A road safety charity working to stop the tragedy of road deaths and injuries.

Web: www.brake.org.uk
email: contact@rnid.org.uk

Text: **07795 410724**
web: www.bda.org.uk
email: bda@bda.org.uk

The Sleep Apnoea Trust

Working to improve the lives of sleep apnoea patients, their partners and their families.

Web: www.sleep-apnoea-trust.org

The Social vs the Medical Model of Disability

For some time now disabled people have emphasised that it is not so much their disability that prevents them from fully participating in society, but instead it is the way in which society fails to make adjustments for their disability that excludes them.

This emphasis on changing the barriers put up by society, rather than seeing the disabled person as the 'problem', is known as the 'social model of disability'. In other words, disabled people are people with impairments/health conditions who are disabled by discrimination, exclusion, prejudice and negative attitudes towards disability. Their impairment is not the problem.

The 'medical model' attributes the problems resulting from a disability to medical conditions alone. It concentrates on a person's impairment. Rather than focusing on the barriers society throws up that prevent disabled people from participating equally, the 'medical model' focuses on what disabled people should do to adapt to fit into the world as it is. If they are unable to adapt, the medical model accepts their exclusion.

For example, while a mobility difficulty can have an adverse effect on a person's ability to walk, the fact that the transport system is inaccessible to them has a far greater effect on their ability to get around.

The law is unfortunately rooted in the medical model. It has been rightly criticised for focusing on an individual's impairments and their ability to carry out normal day-to-day activities, rather than on getting rid of the barriers society puts in the way of disabled people.

This leaflet is designed to help understand how the law can support disabled members in the workplace and therefore tends to focus on the medical model.



More Information

Usdaw Nationwide

Wherever you work, an Usdaw rep or official (Area Organiser) is not far away. For further information or assistance, contact your Usdaw rep or local Usdaw office. Alternatively, you can phone our Freephone Helpline **0800 030 80 30** to connect you to your regional office or visit our website: www.usdaw.org.uk

You can also write to the Union's Head Office. Just write **FREEPOST USDAW** on the envelope and put it in the post.

Join Usdaw

You can join online at:
www.usdaw.org.uk/JoinUs



Scan to
join today

What Happens Next

Once we process your application, you will receive a membership card with our Helpline telephone number and a New Member's Pack giving details of all the benefits and professional services available to you.



www.usdaw.org.uk

UsdawUnion



Our publications are regularly updated. View the latest version at: www.usdaw.org.uk/443

