



Driver & Vehicle
Licensing
Agency

INF294

A guide to **insulin treated diabetes** and **driving**



Drivers who have any form of diabetes treated with any insulin preparation must inform DVLA.



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Hypoglycaemia

Hypoglycaemia (also known as a hypo) is the medical term for a low glucose (sugar) level.

Severe hypoglycaemia means the assistance of another person is required.

The risk of hypoglycaemia is the main danger to safe driving and this risk increases the longer you are on insulin treatment. This may endanger your own life as well as that of other road users. Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia whilst driving you must stop safely as soon as possible – **do not ignore the warning symptoms.**

Early symptoms of hypoglycaemia include sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety and tingling lips.

If you do not treat this it may result in more severe symptoms such as slurred speech, difficulty concentrating, confusion and disorderly or irrational behaviour, which may be mistaken for drunkenness.

If left untreated this may lead to unconsciousness.

Sleep hypoglycaemic episodes

If you have frequent sleep hypoglycaemic episodes, you should discuss them with your doctor even though this is unlikely to affect your application for a car or motorcycle (Group 1) driving licence.

Drivers with insulin treated diabetes are advised to take the following precautions

- You should **always** carry your glucose meter and blood glucose strips with you, even if you use a real time glucose monitoring system (RT-CGM) or flash glucose monitoring system (FGM).
- You should check your glucose less than 2 hours before the start of the first journey and every 2 hours after driving has started.
- A maximum of 2 hours should pass between the pre-driving glucose check and the first glucose check after driving has started.
- More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia for example after physical activity or an altered meal routine.
- In each case if your glucose is **5.0mmol/L or less, eat a snack. If it is less than 4.0mmol/L or you feel hypoglycaemic do not drive.**

- Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle.
- You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident.
- You should take extra care during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy.
- You must eat regular meals and snacks and take rest periods on long journeys. Always avoid alcohol.

Advice on managing hypoglycaemia or developing hypoglycaemia at times relevant to driving

- In each case if your glucose is **5.0mmol/L or less, eat a snack. If it is less than 4.0mmol/L or you feel hypoglycaemic do not drive.**
- If hypoglycaemia develops while driving stop the vehicle safely as soon as possible.
- You should switch off the engine, remove the keys from the ignition and move from the driver's seat.
- You should not start driving again until 45 minutes after finger prick glucose has returned to normal (at least 5.0mmol/L). It takes up to 45 minutes for the brain to recover fully.
- If you use a real time (RT-CGM) or flash glucose monitoring (FGM) system to check your glucose levels and the reading is 4.0mmol/L or below, you must stop driving and confirm your finger prick glucose test reading.
- Your finger prick glucose level must be at least 5.0mmol/L before returning to driving.

Appropriate glucose monitoring systems

- **Group 1** drivers may now use finger prick glucose testing and continuous glucose monitoring systems (FGM and RT-CGM) for the purposes of driving.
- **Group 2** drivers **must continue to use** finger prick testing for the purposes of driving. RT-CGM and flash glucose monitoring systems are **not** legally permitted for the purposes of Group 2 driving.
- All glucose monitoring systems used for the purposes of driving must carry the CE mark.
- As there are times when FGM and RT-CGM users are required to check their finger prick glucose, users of these systems must also have finger prick glucose monitors and test strips available when driving.

Important notes for car or motorcycle (Group 1) drivers about using RT-CGM and FGM whilst driving

You must get a confirmatory finger prick glucose level in the following circumstances

- If your glucose level is 4.0mmol/L or below.
- If you have symptoms of hypoglycaemia.
- If your glucose monitoring system gives a reading that is not consistent with your symptoms (that is you have symptoms of hypoglycaemia and your system reading does not indicate this).
- If you are aware that you have become hypoglycaemic or have indication of impending hypoglycaemia.
- At any other times recommended by the manufacturer of your glucose monitoring system.
- **Alarms on RT-CGM devices must not be used as a substitute for symptomatic awareness of hypoglycaemia. You must recognise hypoglycaemia through the symptoms you experience for the purposes of Group 1 driving. Should you become reliant on these alarms to advise you that you are hypoglycaemic you must stop driving and notify the DVLA.**

If you are using a glucose monitoring system (RT-CGM or FGM) you must not actively use this whilst driving your vehicle. You must pull over in a safe location before checking your device.

You must stay in full control of your vehicle at all times. The police can stop you if they think you're not in control because you're distracted and you can be prosecuted.

You need to tell DVLA if any of the following happen to you

Group 1 drivers (car and motorcycle)

You need to tell DVLA if:

- you have had more than one episode of severe hypoglycaemia while awake (needing the assistance of another person) within the last 12 months
- you develop impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).

Group 2 drivers (bus and lorry)

You must stop driving Group 2 vehicles and tell DVLA if:

- you have a single episode of hypoglycaemia requiring the assistance of another person, **even if this happened during sleep**
- you have any degree of impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).

All drivers (Group 1 and Group 2)

You must tell DVLA if:

- you suffer severe hypoglycaemia while driving
- you or your medical team feel you are at high risk of developing hypoglycaemia
- an existing medical condition gets worse or you develop any other condition that may affect your ability to drive safely.

Eyesight

All drivers are required by law to read in good daylight (with glasses or corrective lenses if necessary) a car number plate made after 1 September 2001 from a distance of 20 metres. Also, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 on the Snellen scale (decimal 0.5) with both eyes open, or in the working eye if monocular. If in doubt, speak to your optician.

Limb problems

Limb problems or amputations are unlikely to prevent driving. They may be overcome by driving certain types of vehicles, for example automatics or those with hand controls.

Contact us

Website: www.gov.uk/dvla

Tel: 0300 790 6806 (8.00am to 5.30pm. Monday to Friday and 8.00am to 1.00pm on Saturday)

Write to: Drivers Medical Group, DVLA, Swansea SA99 1TU

For further information about your diabetes healthcare visit www.diabetes.org.uk/15-essentials

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