

**MacLeod Diabetes & Endocrine Centre  
Royal Devon & Exeter Hospital**

**Insulin-treated diabetes and driving  
Advice for patients and health professionals**

**Please also read DVLA guidance.** No contradiction of DVLA advice is intended; if you find a contradiction then assume DVLA advice to be correct, and let us know. We are happy to discuss.

When insulin treatment is started, any previous driving licence is revoked. The driver must re-apply for a new licence. The licensing regulations may have changed since, so the new licence may not automatically grant the same privileges.

**What are Group 1 and Group 2 vehicles?**

Group 1 is a normal licence for motor cars and motor cycles.

Group 2 includes large lorries (category C) and buses (category D). A more stringent medical assessment is required for a licence to drive Group 2 vehicles.

**What are C1 and D1 category vehicles?**

C1 vehicles are medium-sized lorries of 3.5 to 7.5 tonnes. This includes larger mobile homes.

D1 vehicles are minibuses of 9-16 seats, but not for hire or reward (i.e. not taxis).

Drivers who qualified before 1997 had automatic entitlement to C1 and D1. Drivers qualifying after 1997 needed to apply separately.

If you previously had C1 or D1 entitlement and want it reinstated after starting insulin, you will need to meet the more stringent Group 2 medical standards. This applies only to the medical assessment – it does not mean that you need to learn to drive HGV vehicles.

**What to do when starting insulin – for drivers of Group 1 vehicles**

**1. Notify DVLA of your insulin treatment as soon as possible.**

- a. If you phone DVLA, you will usually speak to a call centre agent, who is not medically qualified. They will arrange for forms to be sent out. It may take some time for these forms to be completed. In the meantime, unless advised otherwise by DVLA or by your doctor, you can continue to drive cars or motorcycles.
- b. Alternatively, you can download and complete the form DIAB1 from the DVLA website. Again, you can continue to drive unless advised otherwise by your doctor.

**2. Notify your insurance company as soon as possible.**

They may refuse to cover you in an accident if you have not notified them; and you may be breaking the law by, technically, driving without valid insurance.

**3. Make sure that you feel well enough to drive.**

**4. Make sure you have a clear understanding of your responsibilities when driving.**

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### Responsibilities of the insulin-treated driver

A low blood sugar is known as hypoglycaemia, or abbreviated to “a hypo”. Mild hypos can be quite common and are usually treated quickly and easily with a snack. DVLA is concerned about hypos that are unrecognised, or require assistance to treat.

1. **Know the symptoms of a hypo.** You must understand what symptoms can occur if your blood glucose level is low, even if this has never happened to you.
2. **Recognise and treat hypos yourself.** Be sure you can recognise a hypo, without prompting from other people, in time to treat yourself without assistance. If you cannot, you must notify DVLA.
3. **Test your blood glucose at least twice per day, even if not driving.** DVLA wants drivers to be in good control of their diabetes day to day.
4. **Test your blood glucose when driving.** DVLA advice can be confusing. Basically, when you are driving, it should never be more than two hours since the last test.

The safest and simplest approach is to test immediately before each journey and every two hours on longer journeys. However, if you have recently done a blood test, you may not need another test before a short journey. For example, if you had a satisfactory result at 7.30am, this would be valid until 9.30am, so you wouldn't be obliged to test before leaving for work at 8.30am.

If you do a lot of stop-start driving or short journeys, you should test every two hours.

5. **Know the safe blood glucose level for driving.**
  - a. Ideally above 5 mmol/L before driving.
  - b. If between 4-5 mmol/L, you can drive, but have a snack to ensure it is not dropping.
  - c. Never drive with a blood glucose below 4 mmol/L.
6. **Have a working blood glucose meter with you at all times when driving.**
7. **Have appropriate food or drink to treat a hypo with you at all times when driving.** Consider keeping it in the vehicle so you cannot forget. You should have:
  - a. Something to get your blood sugar up quickly, e.g. dextrose tablets, Lucozade, full sugar soft drink (not “diet” or “sport” varieties), fruit juice.
  - b. Something to stop your blood sugar dropping later, e.g. biscuits, sandwich, banana.
8. **Know what to do if you develop symptoms of a hypo when driving.**
  - a. Pull over as soon as it is safe, even if you are not sure about the symptoms. Do not continue driving, even if it is only a short distance to your destination. On the motorway, use the hard shoulder unless another safe place is quickly available.
  - b. Turn off the engine and move into the passenger seat if safe to do so.
  - c. Treat your hypo using fast-acting food or drink, as above.
  - d. Test your blood to ensure it has risen above 5 mmol/L. If it has not, repeat the treatment and re-check until your blood sugar level is up.
  - e. Ensure that you feel completely recovered.
  - f. Wait at least 45 minutes before driving. It can take this long for reaction times to recover.

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9. **Take severe hypos seriously.** Hypos are termed “severe” if you need assistance to recover. It does not matter what the assistance is, or who helps you. For example, if a relative fetches food at home because you cannot fetch it yourself to treat your hypo, then that is a severe hypo.

Hypos that cause confusion or disorientation should also be taken seriously, even if you eventually recover without assistance from another person.

Always discuss any severe hypos with your diabetes team. If you have had more than one in any 12 month period, you must inform DVLA. If you have a Group 2 licence, you must inform DVLA if you have even one severe hypo.