

What do I need to obtain a commercial license?

- Initial assessment by an internist, endocrinologist or a family doctor trained in diabetes care.
- Full eye exam by an ophthalmologist or optometrist.
- Completion of a questionnaire that is based on risk (work schedule, insulin regimen, and symptoms of hypoglycemia) and occurrence of hypoglycemia.
- Evidence that you attend a diabetes education centre.
- Medical records for the past 24 months and an A1C test performed within the past 3 months.
- Record of your blood glucose test results, showing a minimum of twice daily testing during the last 6 months.

All insulin-treated commercial drivers are required to re-certify on an annual basis. A medical examination is required to re-certify.

Exclusion criteria for maintaining a commercial license:

- Hypoglycemia requiring assistance or that caused loss of consciousness, within the past 6 months.
- Hypoglycemia unawareness unless there is documentation of recovery of the warning symptoms.
- Uncontrolled diabetes: A1C level greater than or equal to 12%; or, more than 10% of blood glucose levels less than 4 mmol/L.
- Visual impairment and high-risk proliferative retinopathy.
- Nerve damage or heart disease with the potential to affect driving.
- Inadequate record of your blood glucose monitoring.
- Poor knowledge of the causes, symptoms and treatment of hypoglycemia.

Note: Whenever you have a significant change to your insulin regimen (*i.e.* a change in the type of insulin, number of insulin injections or introduction to insulin) you will need to be assessed frequently with respect to hypoglycemia. You will be permitted to drive if the difference in your blood glucose levels indicates minimal risk.

Diabetes and Driving: Safety Guidelines

INFORMATION BOOKLET

What you need to know if you drive a motorized vehicle.

Diabetes may affect your ability to drive; therefore, if you have diabetes and are a private or commercial driver it is your responsibility to make sure that you are driving safely. You need to:

- Make regular appointments with your family doctor or diabetes specialist (a minimum of 2 visits a year).
- Maintain your own medical records.
- Monitor your blood glucose using an accurate blood glucose meter (have a lab/meter check annually) and keep an accurate monitoring log (either written or computer-based).
- Know the causes and symptoms of hypoglycemia (low blood glucose), and how to prevent and treat it.

Please access www.diabetes.ca for more information on the Canadian Diabetes Association guidelines for diabetes and private and commercial driving.

What is hypoglycemia?

Hypoglycemia, also called low blood glucose or low blood sugar, occurs when blood glucose drops below normal levels. Hypoglycemia can happen suddenly. It can be treated quickly and easily by eating or drinking a fast-acting carbohydrate. However, hypoglycemia can also be severe and result in confusion, coma or seizure if not treated immediately.

What are the symptoms of hypoglycemia?

Hypoglycemia symptoms may include: dizziness, shakiness, sweating, headaches, hunger, weakness, sleepiness, confusion, anxiety, nervousness, or nausea. You may also have vision changes, numbness and tingling, difficulty concentrating or speaking.

Others may notice that you are irritable, sweaty, pale, acting or speaking strange, or having a restless sleep.

What could cause hypoglycemia?

- Eating less than usual and/or delayed meals and snacks;
- More exercise than usual;
- Taking too much insulin or diabetes medication;
- Drinking alcohol;
- Recent weight loss; or
- Kidney or liver disease.

Severe hypoglycemia is more likely to occur if you:

- Have hypoglycemia unawareness;
- Have frequent episodes of hypoglycemia;
- Have had a recent significant reduction in your A1C (glycated hemoglobin);
- Have an A1C within the normal range (less than 6%);
- Have had a prior episode(s) of severe hypoglycemia;
- Have had diabetes for a long time;
- Are less than 18 years of age; or
- Are pregnant (hypoglycemia unawareness is common at this time).

Preventing hypoglycemia while driving

Before you get behind the wheel make sure that you have your blood glucose meter and testing supplies, as well as a supply of fast-acting carbohydrate (e.g. glucose tablets or juice) within reach.

Test your blood glucose **before you drive** and then approximately every 4 hours if you go for a long drive. If you are at risk of severe hypoglycemia, test more often. **Do not drive if your blood glucose is less than 5 mmol/L.**

Treating your hypoglycemia

If your blood glucose level is between 4 mmol/L and 5 mmol/L have 15 grams (g) of carbohydrate (1 Carbohydrate choice). Wait for 15 minutes and then re-test your blood glucose. If it's over 5 mmol/L you are OK to drive.

If your blood glucose is less than 4 mmol/L have a fast-acting carbohydrate (**refer to "Hypoglycemia" pamphlet*):

- Between 3 mmol/L and 4 mmol/L have 15 g carbohydrate*
- Less than 3 mmol/L have 20 g carbohydrate*
- Wait for 15 minutes and then re-test your blood glucose. If it remains less than 4 mmol/L have another 15 to 20 g of carbohydrate.
- Once your blood glucose is greater than 4 mmol/L have a snack containing 1 Carbohydrate choice (15 g carbohydrate) and 1 Meat & Alternatives choice.
- Wait 45 to 60 minutes before you drive.

If while you are driving you feel like your blood glucose is too low, safely pull over and treat according to the directions above.

If you are a commercial driver treated with insulin:

- Test your blood glucose within 1 hour before driving and approximately every 4 hours while driving.
- If your blood glucose is less than 6 mmol/L, treat and re-test until your blood glucose is above 6 mmol/L. Once your blood glucose reaches this level you are OK to drive.