Working shifts safely with diabetes

Working ‘round the clock

Doing shift work means that you’re working outside daylight hours. You may be working evenings. Or you may work the midnight shift.

Managing diabetes while working shifts can be a challenge. But with some thought, education, and a plan, you can do it!

Talk with your diabetes care team

Let your team—your doctor, nurse, dietitian, and the others in your doctor’s office—know what kind of work you will be doing and what your hours will be. Talk together about what changes, if any, need to be made to your current diabetes care. For example, you may need to take your medicines at different times. Remember that some medicines work for 24 hours and should be taken at the same time every day, no matter when you wake up or eat. Other medicines should be taken when you eat. Talk about your schedule with your team. Put a written plan in place. Then share your plan with your employer.

Know your rights

The Americans with Disabilities Act requires that most employers make arrangements for people with diabetes. (Some employers, such as those with few employees, may not have to follow the terms of the act.) For example, you may need:

- Regular breaks to eat or drink, test your blood sugar, or take medicine
- A private area to test your blood sugar or to take injectable diabetes medicine
- A place to rest if you have low blood sugar

Be honest with your employer about what accommodations you need.
Pay particular attention to the possibility of changes in blood sugar

When you work shifts, you may be eating, sleeping, and active at different times. That may cause changes in blood sugar. Ask your diabetes care team what you can do to decrease the risk of high blood sugar.

To reduce your risk of low blood sugar on the job

- Check your blood sugar often. Don’t rely on symptoms (like weakness, hunger, or dizziness) to tell you if your blood sugar is low. Be especially careful to check often when you are changing work shifts to see how the changes affect your blood sugar.

- Ask your diabetes care team how often you should check.

- Make sure you have what you need at work to treat low blood sugar. Keep a supply of the following:
  - Regular fruit juice, such as orange, apple, or grape (you’ll want to drink a ½ cup)
  - Regular soda, not diet (again, a ½ cup)
  - 3 or 4 glucose tablets
  - 5 to 6 candies that you can chew quickly (such as mints)

- Let your coworkers know where your supply is located

- Wear medical identification so coworkers who don’t know you can help you if you need it

- Make sure to let your diabetes care team know about any episodes of low blood sugar you might experience

For more information, visit Cornerstones4Care.com

Novo Nordisk Inc. grants permission to reproduce this piece for nonprofit educational purposes only on condition that the piece is maintained in its original format and that the copyright notice is displayed. Novo Nordisk Inc. reserves the right to revoke this permission at any time.

Cornerstones4Care® is a registered trademark of Novo Nordisk A/S.

© 2016 Novo Nordisk Printed in the U.S.A. USA16PCT01545 May 2016 Cornerstones4Care.com
Support and diabetes management tools built around you.

Enroll today to get FREE, personalized diabetes support with Cornerstones4Care®.

Diabetes Health Coach
An online program that builds a customized action plan around your needs to help you learn healthy habits

Meal Planning Tools
Create tasty, diabetes-friendly meals

Interactive Trackers
Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form.
All fields with asterisks (*) are REQUIRED.

* I have diabetes
or
* I care for someone who has diabetes

* First name __________  * Last name __________  MI _____

* Address 1 ____________________________________________
* Address 2 ____________________________________________

* City __________________  * State _______________________

* ZIP __________  * Email _______________________________

* Birth date mm/dd/yyyy / /

* What type of diabetes do you or the person you care for have? (Check one)

  [ ] Type 2        [ ] Type 1        [ ] Don’t know

* What type of diabetes medicine has been prescribed? (Check all that apply)

  [ ] Insulin
  [ ] GLP-1 medicine
  [ ] None
  [ ] Other
  [ ] Diabetes pills (also called oral antidiabetic drugs, or OADs)

* If you checked “Insulin,” “GLP-1 medicine,” or “Other,” please fill in the following for each:

Product 1: _________________________________________
How long has this product been taken?

  [ ] Prescribed but not taken  [ ] 7-12 months
  [ ] 0-3 months  [ ] 1-3 years
  [ ] 4-6 months  [ ] 3 or more years

Product 2: _________________________________________
How long has this product been taken?

  [ ] Prescribed but not taken  [ ] 7-12 months
  [ ] 0-3 months  [ ] 1-3 years
  [ ] 4-6 months  [ ] 3 or more years

Review and complete below.

* Phone number:
(_______) _______ – ________

* Cell phone number:
(_______) _______ – ________

Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable information you give us with third parties for their own marketing use.

I understand from time to time, Novo Nordisk’s Privacy Policy may change, and for the most recent version of the Privacy Policy, please visit www.C4CPrivacy.com.

By signing and dating below, I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail and email. Novo Nordisk may also combine the information I provide with information about me from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods, or services.

[ ] Yes, I’d like to be contacted by Novo Nordisk via phone calls and text messages at the phone numbers I have provided.

By checking this box, and signing and dating below, I authorize Novo Nordisk to use auto-dialers, prerecorded messages, and artificial voice messages to contact me. I understand that these calls and text messages may market or advertise Novo Nordisk products, goods, or services. I understand that I am not required to consent to being contacted by phone or text message as a condition of any purchase of goods or services.

I may opt out at any time by clicking the unsubscribe link within any email I receive, by calling 1.877.744.2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536.

By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

* Signature (required)____________________________________

* Date (required) ____________________________

Cornerstones4Care® is a registered trademark of Novo Nordisk A/S.
Novo Nordisk is a registered trademark of Novo Nordisk A/S.
© 2016 Novo Nordisk  000732171  All rights reserved. USA16PCT01545  May 2016

3 easy ways to enroll:
1. Fax the completed form to 1-866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts