



Driving Policy

Version:	Version 2.0
Status:	Awaiting Approval
Period of validity:	01 September 2022 – 31 August 2023
Name and title of originator/author:	Robin Gwinnett – Clinical training Manager
Name and title of senior responsible officer (SRO)	Robin Gwinnett – Clinical training Manager
Name and title of accountable director:	Amy Beet – Executive Director of People and Culture
Developed/revised by group/committee and Date:	Training Managers / Driving Compliance Officers
Approved by group/committee and Date:	Approved by People Oversight and Assurance Group – 3 rd November 2022
Effective date of issue: (1 month after approval date)	3 rd November 2022
Frequency of review:	Annual
Next review date:	31 August 2023
Is this policy mandatory?	Yes
Regulatory Requirement:	Section 19 RSA 2006, Deregulation Act 2015
Date Quality & Equality Impact Assessment Completed	21 May 2018

Trust Policy Foreword

SWASFT has a number of specific corporate responsibilities relating to patient and staff safety and wellbeing which should be included within all Trust policy and strategy, as a foreword inside the front cover:

Code of Conduct and Conflict of Interest Policy - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

Compassion in Practice – SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our role as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust's commitment to developing an outstanding service through the conduct and actions of all staff. SWASFT will encourage staff to demonstrate how they apply the core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

Duty of Candour – SWASFT will, as far as is reasonably practicable, apply the statutory Duty of Candour to all reported incidents where the Trust believes it has caused moderate or severe harm or death to a patient. This entails providing the affected patient or next of kin (within strict timescales) with: all information known to date; an apology; an explanation about any investigation; written follow-up; reasonable support; and the outcome fed back in person (unless they do not want it). The only exception is where making contact could have a negative impact upon the next of kin. SWASFT employees are expected to support this process by highlighting (early) any incident where they believe harm may have been caused.

Equality Act 2010 and the Public Sector Equality Duty - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy

and the maintenance of a fair and equitable workplace.

Fit and Proper Persons – SWASFT has a statutory duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director under given circumstances. They must be: of good character; have the necessary qualifications, skills and experience; able to perform the work they are employed for (with reasonable adjustments); able to provide information required under Schedule 3 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The definition of good character is not the test of having no criminal convictions but instead rests upon judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards in reaching a decision and allows that people can change over time.

Health and Safety - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

Information Governance - SWASFT recognises that its records and information must be managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual's rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

NHS Constitution - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

Risk Management - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients,

stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.



Contents

1. PURPOSE	6
2. SCOPE	6
3. AREAS OF RESPONSIBILITY	6
4. FITNESS TO DRIVE	7
5. DIABETES	8
6. DRIVING LICENCE AND TRAFFIC OFFENCES	8
7. DRIVING STANDARDS	9
8. DRIVING ASSESSMENTS	11
9. ASSESSMENT FOLLOWING COMPLAINT OR COLLISION	11
10. APPEALS AGAINST A DRIVING ASSESSMENT DECISION	12
11. DRIVER TRAINING REQUIREMENTS	13
12. STUDENT PARAMEDICS DRIVING TRUST VEHICLES	14
13. SPECIAL VEHICLE TRAINING	14
14. DRIVING THROUGH WATER AND IN THE OFF ROAD ENVIRONMENT	14
REFERENCES	17
APPENDIX A	18
APPENDIX B	20
APPENDIX C	26
APPENDIX D	28
PASSENGER GUIDANCE SIGNALS	30
.....	30
VERSION CONTROL SHEET	31



1. Purpose

1.1. The purpose of the Driving Policy is to inform all Trust employees (including those operating in a voluntary, honorary or sub-contracting capacity) of the requirements in relation to the law when driving vehicles at work.

1.2. The policy aims to:

- Ensure driving standards within the Trust are maintained to a consistently safe standard.
- Provide a consistent approach when considering restrictions of practice
- Outline the legal responsibilities of Trust Drivers
- To safeguard SWASFT employees and members of the public

2. Scope

2.1. The Driving Policy applies to all employees, who drive Trust vehicles in any capacity whilst at work. It also covers employees with bank, honorary and voluntary contracts and those contracted to the Trust under third party contracting arrangements (sub-contractors).

3. Areas of Responsibility

3.1. Chief Executive

- The Chief Executive will be responsible for ensuring that the Trust complies with the legal obligations placed on those driving whilst at work.

3.2. Line Directors

- Individual Line Directors will have responsibility for the effective implementation of this policy within their area of control.

3.3. Training Manager (Driving)

- The Training Manager is responsible for ensuring that the policy is updated and to provide a cadre of trained driving instructors to ensure where required, staff receive the necessary training, support and guidance with the implementation of this policy.

3.4. Line Managers

- Managers are responsible for ensuring that all staff are fully aware of the policy.
- Managers need to review and manage, alongside the fleet manager, the incidents and collisions relating to their business area.

- Managers are responsible for ensuring that the driving licences of their staff are checked annually.

3.5. Employees, including Bank, Honorary, Voluntary and sub-contractors.

- Employees driving Trust vehicles will ensure that they hold a valid driving licence for the category of vehicle being used.
- Where staff are prosecuted for motoring offences they have individual responsibility to immediately bring all penalties to the attention of their Line Manager.
- Employees will be responsible for making themselves fully aware of the policy and the guidelines contained within.
- Where employees use their own transport for official Trust business they must ensure that their motor insurance policy provides cover for travelling on official business and that the vehicle used is roadworthy and has a current MOT certificate.
- Maintain a current and up to date knowledge of the Highway Code.

4. Fitness to Drive

- 4.1. All employees who drive under emergency response conditions or with patients on board will be required to meet Driver and Vehicle Licensing Agency (DVLA) Group 2 medical standards irrespective of the vehicle being driven.
- 4.2. Drivers who do not drive under emergency response conditions, and do not transport patients will need to meet DVLA group 1 medical standards.
- 4.3. The employee must comply with the law in relation to reporting new medical conditions to the DVLA and must also report them to the Trust promptly. This includes changes to eyesight.
- 4.4. All employees must ensure that they are fit to drive. Driving whilst under the influence of alcohol or drugs (including over the counter medication) is not permitted under any circumstances. Where an employee takes medication which may affect their ability to concentrate, or which causes drowsiness, this should be highlighted to their line manager immediately and before driving on work business.
- 4.5. All employees must ensure they are sufficiently rested prior to starting shift.



5. Diabetes

- 5.1. The DVLA Chief Medical Officer recommends that insulin treated diabetics are unlikely to be suitable for emergency response driving. However the Trust will comply with the requirements of the Disability Discrimination act 2005 and undertake an individual review where a driver presents with this condition.
- 5.2. The review process will follow that set out in **appendix A**.

6. Driving Licence and Traffic Offences

- 6.1. All employees who are required to drive Trust vehicles must hold a current, full UK Driving Licence for the vehicle driven. A European driving licence will not be accepted.
- 6.2. All employees who drive for work purposes will have their driving licences inspected at an interval set by the organisation and not less than annually. The Trust will record driving licence information on a relevant organisational digital system.
- 6.3. All employees who drive for work purposes who are subject to a police prosecution (or investigation) relating to driving offences, including endorsable fixed penalty notices, or notices of intended prosecution, must inform their line manager within 24 hours of receiving the notification. This applies to both driving undertaken in a private capacity as well as when at work. Employees who are endorsed with penalty points when driving a trust vehicle should be referred to the driver standards team who will undertake a review and may recommend further action.
- 6.4. All staff who drive Trust vehicles and are endorsed with any new points will be managed as follows:
- Between 6 and 8 penalty points:
 - File note, informing of the above points
 - Licence checks conducted 3 monthly
 - Between 9 and 11 penalty points:
 - Formal warning stating that disciplinary action will follow if they reach 12 points
 - Licence checks completed monthly
 - 12 or more points:
 - Disciplinary action taken
 - Licence checks completed weekly



6.5. Employees must produce their driving licence for inspection whenever requested by their manager or a representative of the Driving Faculty or driving standards team.

7. Driving Standards

7.5. All Trust Drivers must comply with the Highway Code at all times (except where an exemption is being legally claimed).

7.6. Drivers should be aware that different classes of vehicle have different speed limits applicable to them.

7.7. All Drivers must:

- Conduct a Vehicle Daily Inspection appropriate to the vehicle being driven, being mindful to record this as required, including reporting damage found on inspection. Details of the exact procedure can be found within the SOP – Vehicle Daily Inspection.
- Ensure that they are familiar with regards to the controls and features of the vehicle being driven.
- Report any collision or driving incident involving a Trust vehicle under their control as detailed within the SOP - Vehicle incident reporting.

7.8. Response driving guidance, including justification for emergency response can be found in appendix B.

7.9. Escorting emergency vehicles & driving in convoy

7.10. Exemptions cannot be claimed for the purpose of escorting vehicles through traffic.

7.11. Staff should avoid travelling 'in convoy' with other emergency vehicles at all times except when being escorted by a trained Police response driver, as part of a pre-planned emergency call. However there may be occasions when, due to the nature of the incident being attended, engagement is made with other emergency service vehicles en-route to the same incident. In this situation you must:

- Maintain a safe following distance from the emergency vehicle ahead. This is likely to be more than your normal stopping distance.
- Use all visual and audible warning equipment
- Where practicable, change the siren tone regularly and set it to a different tone to the vehicle ahead



- Be aware of drivers who have given way to the lead emergency vehicle but may be unaware of a second approaching vehicle.
- Be particularly aware of pedestrians that may not have seen you.

7.12. HART Teams who have received specific Response Convoy Training are permitted to drive in convoy with other Response Convoy Trained staff where required.

7.13. Seat Belts

7.14. Seat belts will be worn at all times when travelling in a vehicle.

The exception to this is for clinically trained staff treating patients in the rear of an ambulance. The law makes an exemption in limited circumstances.

7.15. This does not provide a 'right to be unrestrained' however, and as with any exemption it needs to be justified.

7.16. The clinician should ensure that they have everything to hand before setting off. For example vomit bowls, blankets or other medical equipment in order to minimise the need to stand or be unrestrained during the journey.

7.17. They should ensure that the 'head seat' is utilised when the patient is critically ill or injured as this allows the attendant to remain seated with the seat belt on.

7.18. If, on the rare occasion a seat belt does need to be removed for clinical reasons, the attendant should communicate this to the driver who will adjust the vehicle speed and provide warning of upcoming hazards and anticipated vehicle movements.

7.19. Examples of when it would be acceptable not to wear a safety belt are:

- Undertaking CPR
- Control of Severe Haemorrhage

7.20. Mobile Phones and other communication devices

7.21. Drivers must not use hand held mobile communication devices whilst driving Trust vehicles.

7.22. Due to the nature of Trust business it is acknowledged that urgent calls may, on occasions, need to be taken whilst driving. Where an integrated hands free kit is fitted to the vehicle this must be used to make and receive calls. If such a system is not fitted the driver must find a safe place to pull over to take the call.



- 7.23. Under no circumstances must a driver access social media, or use email on connected devices whilst driving.
- 7.24. Sat-Nav units should be programmed whilst stationary, and calls to hospital for pre-alerts made either by the attendant or prior to departure.
- 7.25. Drivers should not actively participate in conference calls whilst driving.
- 7.26. All calls undertaken on a hands free device should be kept to a minimum and the caller asked to call back if traffic conditions make it difficult to concentrate on the task of driving.
- 7.27. Portable radios should be used with the accompanying vehicle mounted cradle, rather than hand held.

8. Driving Assessments

- 8.5. New employees required to drive on Trust business may be required to undertake an assessment of their driving ability.
- 8.6. Any assessment conducted will follow the format in use at the time by the driving faculty, but may consist of a driving licence review, eyesight check, practical drive and theoretical test.
- 8.7. It will be undertaken in a vehicle similar to the vehicle used in the role the applicant is applying for.
- 8.8. In all cases the drivers driving licence will be checked prior to the assessment being undertaken.
- 8.9. Where a potential employee is response trained to a Trust recognised standard a response assessment will be undertaken. In all other circumstances a standard assessment will be undertaken.

9. Assessment Following complaint or Collision

- 9.5. Following a collision or driving incident an employee may be required to undertake a driving assessment.
- 9.6. The following types of collision will result in an assessment being required:
 - A collision when a vehicle is responding to an emergency call or exercising a legal exemption.
 - A collision where the driver, another employee, or a member of the public is immediately required to have hospital treatment as a result of the collision.
 - A collision which involves significant damage to any Trust vehicle, or Third party vehicle, where the vehicle is required to be recovered from the scene.

- The driver has already had two previous collisions within a rolling 12 month period.
- 9.7. Following a collision(s) involving the types listed above the driver's rights to drive must be removed immediately and they must not drive any Trust vehicle.
- 9.8. Following a risk assessment with either a driving compliance officer, or driving standards lead, a driver may be granted the use of a pool car to attend an agreed assessment appointment.
- 9.9. The associated 'return to driving' assessment should not normally take place on the same day as the collision, however must be carried out as soon as is reasonably practicable.
- 9.10. Where the employee is fit to sit an assessment the Trust will work to the principle of delivering this within 3 working shifts of the employees return to work.
- 9.11. In the incidents stated above the assessment will follow the Trust standard assessment procedure applicable at the time.
- 9.12. The driver will be given clear feedback and if the assessment is failed an action plan will be developed to ensure the full support of the driver.
- 9.13. The reinstatement of driving duties will be made in consultation between the driver training officer conducting the assessment and the Trusts driving standards team.

10. Appeals against a Driving Assessment decision

- 10.5. Employees have the right to appeal against the behaviour of an assessor or the manner in which the assessment was conducted, but not the outcome of an assessment.
- 10.6. Where assessment is undertaken on a pass / fail basis the learner will be made aware of the required standard.
- 10.7. Where the required standard is not met the employee will fail.
- 10.8. When an appeal is made the decision will not be overturned. So the complainant should carefully consider if the assessment was conducted in the correct manner.
- 10.9. Complaints will not be upheld simply because the complainant is not content with the outcome.
- 10.10. In the first instance the appeal should be made to the Manager responsible for Driver Training, in writing clearly stating the reasons for the appeal.
- 10.11. The appeal can be escalated to the Head of Education if either the Learner or Training Manager believes that it is warranted.



10.12. In some cases certain qualifications may also have specific appeals and complaints procedures contained within the learner workbook, where this is the case these procedures must be followed.

11. Driver Training Requirements

- 11.5. All Trust employees who drive under emergency response conditions must hold a Trust approved driving qualification.
- 11.6. Applications for Recognition of Prior Learning will not routinely be accepted against other non-regulated or recognised courses. Decisions on suitability of other programmes will be undertaken by the manager responsible for Driver Training.
- 11.7. Where an employee receives the above qualifications as part of their induction training the education is undertaken on a pass / fail basis. In this case the learner will be given all reasonable assistance in preparing for and undertaking assessments.
- 11.8. Unless prescribed otherwise by an awarding body, or within the learner portfolio for the particular course, the learner will have two attempts at each examination or assessment.
- 11.9. Failure to achievement the required outcome at the second attempt will result in failure of the course.
- 11.10. Ordinarily a second course will not be offered and the situation will follow the HR procedure.
- 11.11. Learners have the right to appeal against examination and assessment results if they feel that the correct procedures relating to the exam or assessment have not been followed.
- 11.12. In the first instance the appeal should be made to the Manager responsible for Driver Training, in writing, stating the reasons for the appeal clearly.
- 11.13. The appeal can be escalated to the Head of Education if either the Learner or Training Manager believe that it is warranted.
- 11.14. In some cases certain qualifications may also have specific appeals and complaints procedures contained within the learner workbook, where this is the case these procedures must be followed.



12. Student Paramedics Driving Trust Vehicles

- 12.5. There are some instances when students from our partner universities may be required to drive Trust vehicles.
- 12.6. The criteria for this to be undertaken can be found in appendix C.
- 12.7. Recognised partners for this scheme are (others may be added outside of this policy by the Trust):
- Bournemouth University
 - University of Plymouth
 - University of the West of England
 - Cumbria University
 - Gloucester University
 - Portsmouth University

13. Special Vehicle Training

- 13.5. There are a variety of different vehicles in use within the Trust which require additional training prior to being driven or used. These vehicles include (but are not limited to):
- Specialist off road vehicles
 - Trailers being towed
 - HART Specialist Vehicles (to include Polaris, Prime Mover, Control Unit)
 - Major Incident and Specialist units
 - Motorcycles
- 13.6. Employees **MUST NOT** drive these vehicles without first having the required training.
- 13.7. Staff must not use the winch attached to any vehicle, without having a current winching qualification, recognised by the health and safety executive (HSE).
- 13.8. Staff should not be expected to drive under emergency conditions in an unfamiliar vehicle without having first been familiarised with its equipment, communications and handling characteristics. If, on the rare occasion, the exigencies of the Trust require this, the driver will drive well within their competency with the vehicle and a protracted response time will be expected without prejudice.



14. Driving through floods, standing water and fords

The following information and advice is provided for all staff who may encounter standing water whilst driving, it includes travelling through fords

- 14.2 The over-riding advice regarding driving through standing water and fords is *'do not do it if it can be avoided'*.
- 14.3 If the driver deems the manoeuvre necessary as no other route is available, then they must complete a dynamic risk assessment prior to embarking on the manoeuvre. This must include a visual inspection of the hazard, taking into account any visible marker posts. If the driver is unsure as to the safety of the manoeuvre they should not attempt to carry it out.
- 14.4 Driving at speed into standing water that is more than a few centimetres deep can have dramatic effects - it could cause a sudden reduction in speed and possibly result in the loss of control especially if the tyres on only one side of the vehicle enter the water. Therefore it is important to be aware of vehicle speed on roads where standing water could be encountered.
- 14.5 The combination of speed and standing water can cause the tyres to become parted from the road surface. This phenomenon is called aqua-planing or hydro-planing. This feels exactly like skidding across wet ice, with a total loss of steering control. If this occurs, the driver should lift off the accelerator and keep their steering straight, when grip is regained speed should be reduced with deceleration and gentle braking.
- 14.6 The possibility of aquaplaning increases when travelling at speed on badly drained roads, motorways, dual carriageways or on roads with inclines or declines.
- 14.7 When intending to drive through a flooded section of road or ford, the first task is to check the depth of the water. In normal vehicles there should be no attempt to drive through water that is deeper than the centre of the wheel.
- 14.8 Special care must be taken if the water is fast-moving water as it could move a vehicle in the direction of the current. No attempt should be made to cross flowing water unless it is able to pass freely under the sill of the vehicle.



- 14.9 After driving through a flooded section of road or a ford, when safe to do so, the vehicle's brakes should be tested by application of the foot brake whilst the vehicle is being driven slowly.



References

- DVLA Medical Guidance (group 2).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/312882/aagv1.pdf
- Sickness Absence Policy
<http://intranet.swast.nhs.uk/Downloads/SWASFT%20downloads/New%20SWASFT%20policies/SicknessAbsencePolicy.pdf>
- Speed and Traffic Light Guidance
<http://intranet.swast.nhs.uk/driving-faculty.htm>
- Disability Discrimination Act 1995
<http://www.legislation.gov.uk/ukpga/1995/50/contents>
- Road Safety Act 2006
<http://www.legislation.gov.uk/ukpga/2006/49/section/19>
- All books as detail below in 'Associated Documents'

Appendix A

Diabetic review for emergency response driving

Employees (or potential employees) who are or who develop insulin treated diabetes will be reviewed on a case by case basis. The review will focus on the following elements:

- Past medical history
- The level of control that they have over their diabetes
- A review by an independent Doctor specialising in diabetes (Diabetologist)
- The method of blood sugar level monitoring utilised by the individual.

As a minimum following this review the employee must be able to evidence the following:

- Exemplary diabetes control.
- Have no episodes of hypoglycaemia in the past 12 Months where manual monitoring is undertaken, or be actively using a real time blood glucose monitoring device, which for a period of three months has evidenced no episodes of hypoglycaemia
- Compliance with Group 2 DVLA medical standards.
- Written support of the independent Diabetologist stating that the employee concerned is able to maintain diabetic control and so is suitable to undertake emergency driving duties.

*for the purposes of this policy, hypoglycaemia refers to a diabetic incident where the patient requires immediate medical assistance, such as the administration of medication, or food which could not have been undertaken by the patient themselves due to their condition.

The Trust will then consider the application for review and if granted the employee must follow the following process:

- Be reviewed by the independent Diabetologist on an annual basis, with continued written support to drive Emergency Vehicles.
- Inform the Trust of any changes in their condition or any diabetic incidents (Hypo / Hyperglycaemic events).
- At all times when driving the employee must be in possession of a fast acting carbohydrate.



- Where manual blood sugar monitoring occurs, the employee must monitor their Blood sugar levels two hours before starting to drive, and then at two hourly intervals during their shift.
- Or utilise a real time blood glucose monitoring device.
- They must be able to supply when requested evidence of the past three months Blood Sugar level readings.

Initially, permission will be granted for the individual to drive a DCA. Following successful demonstration of compliance with the requirements and continued exemplary diabetic control for a period of 12 months the employee will be permitted to apply to work single crewed on an RRV or single crewed on an ambulance.

Where the employee utilises real time blood sugar monitoring then this period can be reduced to three months.



Appendix B

Guidelines for use of emergency response driving

Section 1

General Principles

In all cases an emergency response must only be instigated when:

- The driver is suitably qualified to undertake such driving
- The vehicle is suitable, currently safety checked and fitted with the appropriate emergency warning equipment
- The road conditions allow for safe progress

Response qualified drivers must comply with the training they have received and must keep up to date with developments and changes to practical and theoretical practice which can be found within the Highway Code, DTAG Emergency Ambulance Response Driver's Handbook and Road Craft – The Police Driver's Handbook.

Providing an emergency response and claiming driving exemptions are two different things. When responding to an emergency call there is no automatic right to claim an exemption (for example to speed, red traffic lights or keep left / right signs) and the driver must be able to justify the need for each exemption claimed.

In general when undertaking an emergency response the driver must ask themselves:

- Does the incident justify an emergency response??
- Is the use of the warning equipment necessary and justified?
- Is the use of traffic law exemptions required, necessary and justified?
- Is the response drive safe and commensurate with the traffic/weather/lighting conditions?
- Are all speeds being used safe and proportionate to the incident?
- Does the response drive comply with the concept of least intrusion and proportionality?
- Can all actions be justified?

In satisfying the above questions the driver can be sure they are acting legally.

Section 2



Justification

Because of the advanced triage systems used by ambulance services justification for an emergency response will normally be dictated by the category of call allocated. Drivers can be confident that by complying with the guidance below, they will receive the full support of the Trust should the need arise to justify an emergency response drive.

The Trust uses the following call categories when triaging emergency calls:

Category	Headline Description	Description1	Average Response Target	90th Percentile Response Target
1	Life Threatening	A time critical life-threatening event requiring immediate intervention or resuscitation.	7 minutes	15 minutes
2	Emergency	Potentially serious conditions that may require rapid assessment and intervention.	18 minutes	40 minutes
3	Urgent	An urgent problem that needs treatment to relieve suffering but are not immediately life threatening.	None	2 hours
4	Less-Urgent	Problems that are not urgent but require assessment*.	None	3 hours

Justification for emergency response for Category 1 and 2 calls

Advice for Double Crewed Ambulance and Rapid Response Vehicle

Because of the likely clinical presentation of a patient triaged in either Category 1 or Category 2 the driver must respond under emergency conditions providing the criteria in section 1 have been met. Justification has been confirmed through the triage system and the prompt response of the emergency crew will likely make a significant difference to the clinical outcome for the patient.

Justification for emergency response for Category 3 calls



Advice for Double Crewed Ambulance

Because of the clinical condition identified during the triage process, Category 3 calls are triaged as Urgent. Whilst there may be a 2 hour response target for 90% of patients this doesn't mean that a response should be unduly delayed. The presence of the emergency crew may still reduce the pain or suffering of the patient. As such drivers should respond as an emergency providing the criteria in section 1 have been met. The exception to this is where there is clear clinical evidence to suggest that it is not appropriate.

A non-emergency response may need to be justified and, if the intention is to drive at normal road speed, the driver should consult the Emergency Operations Centre as they may have additional clinical information which could influence the driver's decision.

Advice for Rapid Response Vehicle

Rapid Response Vehicle Drivers will need to be able to satisfy themselves that a category 3 call could be classed as an emergency before undertaking an emergency response drive. The categorisation provided by the triage tool for Category 3 calls has a wide range of clinical codes ranging from less urgent to serious, some of which could be classed as an emergency in clinical terms.

Thus, where the driver can justify an emergency response on clinical grounds, for example to reduce pain or suffering, one should be undertaken. If it cannot be justified then the driver should proceed as quickly as is safe under normal driving conditions.

Justification for emergency response for Category 4 calls

Advice for Double Crewed Ambulance and Rapid Response Vehicle

Category 4 calls are less urgent. Ordinarily they should be responded to under normal driving conditions, unless there is specific evidence to suggest that an emergency response could provide a clinical benefit to the patient. If an emergency response is going to be undertaken, consultation with the Emergency Operations Centre should take place to ensure they are aware of the emergency response, and can provide justification for it should the need arise (for example the activation of a speed enforcement device).



Section 3

Advice for Response Drivers (Use of lights and sirens)

When responding to an emergency the driver should, wherever possible, attempt to make positive, safe progress. Legal exemptions should be claimed only where appropriate and justified. Drivers should use their experience and professional judgement to assess road, traffic and weather conditions at all times, with the aim of producing a safe but progressive drive.

If an emergency response is indicated by the clinical nature of the call then the driver must activate the emergency warning systems as soon as it is safe to do so and proceed as an emergency, making progress as appropriate to the road conditions presented.

The driver is responsible for the activation and de-activation of the emergency warning equipment unless the attendant is specifically asked to operate them by the driver.

Siren guidance is offered below:

Daytime driving (between 07:01hrs and 23:29 hrs)

Due to the large number of hazards present during daytime driving and the relative inefficiency of visual warnings equipment (blue lights / headlight flash) Sirens should be on by default. They should only be turned off when there are no hazards present.

When responding to an emergency call sirens must be used at traffic light controlled junctions when an exemption is being claimed.

Nigh time driving (between 22:00hrs and 07:00 hrs)

To reduce the impact caused by noise pollution on our communities sirens should only be used when a hazard is encountered during the times noted above. Drivers should ensure that all available visual warning equipment is used to ensure visibility to other road users.

General principles of siren use

Hazards; A hazard is anything which is an actual or potential danger. It is useful to think in terms of three types of hazard:



- Physical features, (junctions and bends), especially traffic light controlled junction.
- The position and movement of other road users (cyclists, drivers and pedestrians)
- Weather conditions (icy roads, poor visibility)

The sirens should be activated in response to identified hazards, such as junctions and bends, other road users, and sometimes in response to weather conditions, for example when visibility is reduced.

The continuous use of audible warnings may be inappropriate in certain situations and not using them would be justified in areas of unfenced animals, pedestrian precincts and in stationary traffic (this list is not exhaustive).

Other road users do not have an exemption in law for travelling through a red traffic light to assist the progress of emergency vehicles. Trust drivers, whilst responding to an emergency, cannot expect other road users to proceed through a red light or undertake other illegal manoeuvres.

Trust drivers must not apply 'pressure' to force them to take this action or rebuke them when they don't, and so when no other route exists for the emergency driver consideration should be given to turning emergency warning equipment off so as not to force other drivers to take illegal actions.

After being stood down from an emergency call, the driver must switch off the visual and audible warnings as soon as it is judged safe to do so. If at any time during the period between stand down and switching off the visual and audible warnings, the vehicle triggers a speed camera or is involved in a collision, the incident must be reported to the Emergency Operations Centre immediately.

Emergency Response Drivers engaged on an emergency call must comply with the guidance offered in the 'speed and traffic light guidance' document found on the intranet in the driving faculty area.

Responding on a Motorway or Multilane Carriageway



When responding on a motorway or multilane carriageway, and you encounter congested traffic occupying all live lanes, you should consider utilising the hard shoulder to continue making progress where one is accessible. In order to maintain safety whilst on the hard shoulder, the driver should ensure that the speed advantage over vehicles travelling in lane 1 is no more than 30 mph (e.g. If vehicles are travelling at 10 mph in lane 1 the maximum speed for the ambulance on the hard shoulder should not exceed 40 mph). However you must be vigilant to hazards that are commonplace when using the hard shoulder, examples include:

- Vehicles straying from the live carriageway onto the hard shoulder
- Stationary vehicles or other obstructions on the hard shoulder ahead
- Emergency warning equipment may be less conspicuous or less distinguishable to motorists ahead
- Pedestrians walking to/from emergency telephones
- Poor surface grip and debris lying on the hard shoulder
- Sudden narrowing or absence of hard shoulder
- Other emergency vehicles using the hard shoulder ahead of or to the rear
-

In lower density traffic or when traffic starts to flow again you should normally utilise the lane furthest to the right of the carriageway (i.e. lane 3 of 3).



Appendix C

Student Paramedics from our partner universities (Bournemouth, Plymouth, UWE, Cumbria University, Gloucester University, Portsmouth University) may be trained to Response Driving Standards during the University programme. Upon successful completion of this course they are entitled to drive Trust vehicles whilst on placement providing the guidance below is followed. Mentors can check a student's driving status with the driving faculty if they need to.

The following criteria must be adhered to:

- The student must gain agreement from the lead clinician of the vehicle to drive. It may be agreed that the student can drive en route to emergencies on a regular basis. The lead clinician should not unreasonably refuse to allow the student to drive on a regular basis as this is part of the development of the student.
- When the student is the third person on a vehicle they must not drive whilst patients are on board, as the student should be gaining clinical experience. If the student is on a training line with a mentor and another student then the students should take turns driving the vehicle.
- Students must be accompanied by a Trust response qualified driver at all times when responding to emergencies.
- Students who have not successfully undertaken the Trusts response driving course, but who hold a category C1 driving licence, and who have been assessed as competent (theoretically and practically) by the Trust will be eligible to drive Trust vehicles as per the details set out below.

This applies to all student drivers; Students must not drive RRV's or DCA's unaccompanied. The exception to this rule is when the student is on placement on an RRV or DCA and the mentor of that RRV or DCA for clinical reasons needs to travel in the attending ambulance with a patient on route to hospital. In this circumstance the student may drive another Trust vehicle to hospital to meet their clinician; however, the vehicle must be booked unavailable for emergency work and the student must not drive under emergency conditions. In other exceptional circumstances it may be appropriate for a student to drive a Trust vehicle unaccompanied. Such cases should be approved by the Duty Bronze Officer in each case.

Students should not be used to move operational or non-operational vehicles around the Trust. For example, pool cars and vehicles from workshops.

Should any vehicle be involved in a collision whilst a student is driving, then the normal accident procedure must be followed. In addition, the Bronze Commander or the students mentor must inform the Driving Faculty and university to ensure support for the student.

If a clinician has concerns about a student's level of ability whilst driving, this should be highlighted promptly to the Driving Faculty in the first instance.

This experience will be valuable for the students to ensure that they have the full range of skills required to become competent Paramedics.



Appendix D – Reversing and use of Banks-person

1. Introduction
 - 1.1 The Health and Safety Executive (HSE) states that nearly a quarter of all deaths involving vehicles at work occur during reversing a vehicle. Though other reversing collisions do not cause injury, they result in costly damage to vehicles, equipment and premises.
2. Scope
 - 2.1 This standard operation procedure applies to all drivers of Trust vehicles, regardless of their job role.
3. Responsibility
 - 3.1 It is the driver's responsibility to ensure that the area into which they intend to reverse is wide enough, high enough and clear of obstacles to accept the vehicle.
 - 3.2 Where a two-person crew are not carrying a patient, the passenger must alight from the vehicle and assist the driver.
 - 3.3 The driver is responsible for:
 - a) ensuring the front nearside window is open, to assist with hearing any necessary instructions from the passenger,
 - b) making sure the passenger can be seen clearly in the nearside door mirror before commencing the reverse manoeuvre,
 - c) bringing the vehicle to a complete stop in the event the vision of the passenger is lost,
 - d) controlling the vehicle at a safe speed,
 - e) ensuring the safety of the front and offside of the vehicle, and
 - f) ensuring the audible reversing tone is used, where there could be a benefit to others.
 - 3.4 The passenger is responsible for:
 - a) positioning themselves at the nearside rear of the vehicle, where they can maintain a view of the driver in the nearside door mirror,
 - b) ensuring their signals remain within view of the driver in the nearside door mirror, by adjusting their position as the vehicle moves,
 - c) ensuring the safety of the rear, nearside and the height clearance of the



vehicle,

- d) ensuring the audible reversing tone is operating correctly.
- e) ensuring they use the appropriate signals (see Appendix A) and, if necessary, verbal instructions,
- f) maintaining focus on the reverse manoeuvre, and
- g) wearing suitable personal protective equipment (PPE) to ensure they are clearly visible to the driver.

3.5 Depending on the presenting hazards, there may be occasions where the passenger may position themselves differently, but the position will usually be at the nearside rear. The passenger should be in a position that is not too close to the vehicle, so that they could be struck by the vehicle in the event of sudden vehicle movement, or too far away, where other hazards, such as pedestrians and other vehicles, may move between.

3.6 Where there is no passenger to assist in the reverse manoeuvre, the driver must attempt to seek guidance from anyone nearby who has the capacity to do so. This is of particular importance when the vehicle being driven has no side or rear windows, where there is an increase in blind spots and risk of collision. If there is no one to assist, the driver must comply with 3.1, by periodically stopping and exiting the vehicle, if necessary, to check that it is safe to continue reversing.

3.7 Failure to comply with this Standard Operational Procedure may result in the driver and passenger being subject to a disciplinary procedure.

4. Reversing Aids

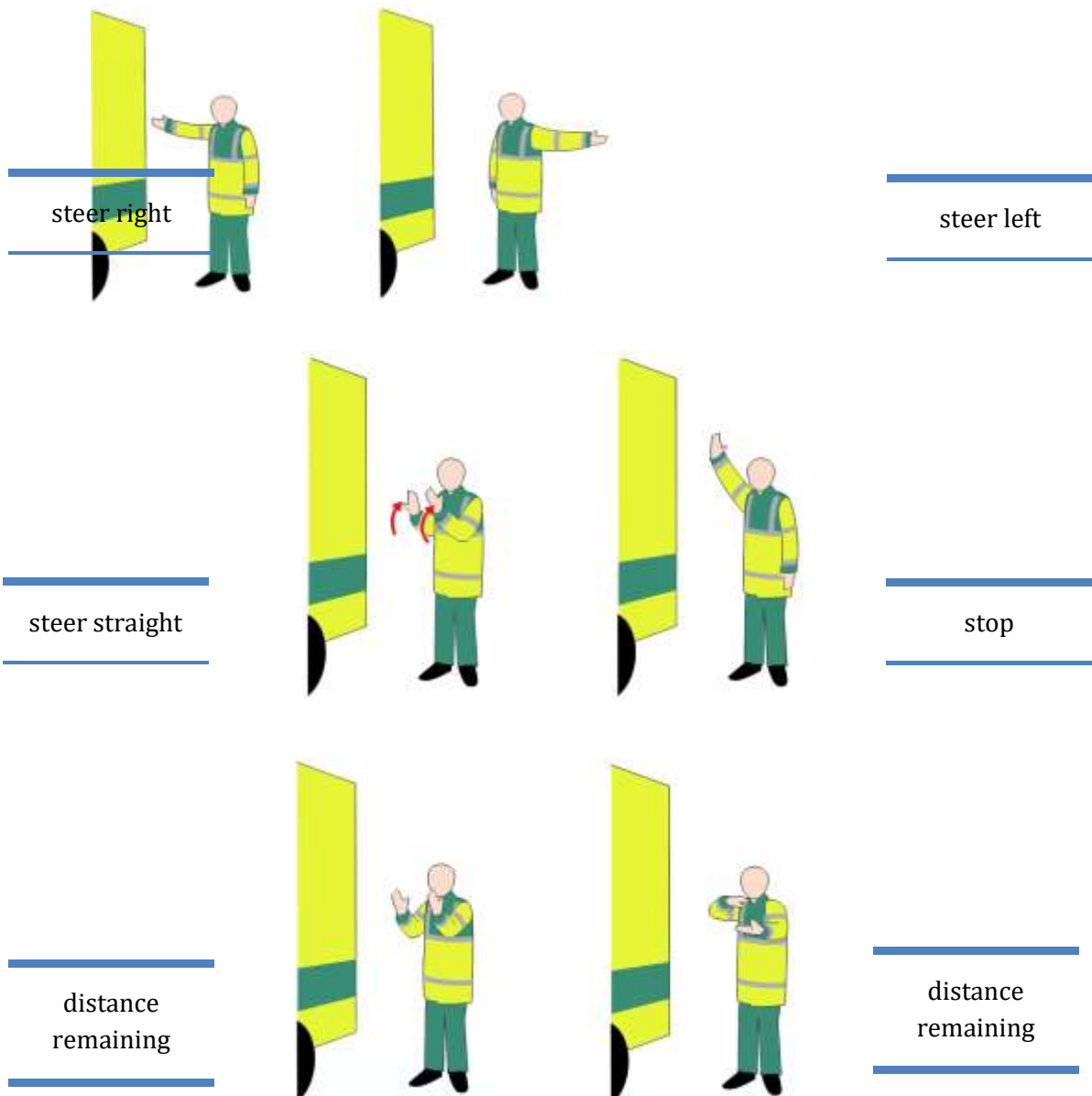
4.1 Reversing cameras should be used to assist the driver with the reverse manoeuvre, but not solely relied upon. Use of mirrors, blind spot checks, passenger guidance and general situational awareness should always be used, in conjunction with the reversing camera.

4.2 Proximity sensors should also not be relied upon. Dirty sensors, and size or height of a hazard may affect the reliability of the sensor. As with the reversing camera, the use of mirrors, blind spot checks, passenger guidance and general situational awareness should always be used in conjunction with the proximity sensors.

References

Association of Ambulance Chief Executives and Driver Training Advisory Group (2018),
Emergency Ambulance Response Driver's Handbook (3rd Ed.), Bridgewater: Class
 Professional Publishing

Passenger Guidance Signals





Version Control Sheet

Version	Date	Author	Summary of Changes
New Policy	08/05/2018	Robin Gwinnett	Replaces original driving policy.
V1.1	09/05/2019	Robin Gwinnett	Annual Review – Changes to the siren guidance to ensure that it is easier to understand and apply in the practical setting.
V1.1	22/06/2019	Robin Gwinnett	8.1 Employees <u>may</u> rather than <u>will</u> be required to undertake a practical assessment.
V 1.1	22/06/2019	Robin Gwinnett	8.3 Changed from the assumptive position that a practical assessment will happen to the position of 'if it does happen'.
V 1.1	22/06/2019	Robin Gwinnett	12.3 Additional universities added : <ul style="list-style-type: none"> • Cumbria University • Gloucester University • Portsmouth University
V1.1	22/06/2019	Robin Gwinnett	Removed: these include: <ul style="list-style-type: none"> • Institute of Health and Care Development (IHCD) D1 & D2 emergency driving award (or its legacy) • FutureQuals Level 3 Certificate in Emergency Response Ambulance Driving (L3CERAD) • Internal Trust 3 week driving award (delivered by SWAST only)



1.1	10/10/2020	Robin Gwinnett	Changes to diabetic policy to allow consideration of diabetic staff to drive RRV's.
1.2	20/01/2021	Robin Gwinnett	Inclusion of Reversing / Banksman guidance (appendix D) and 'Responding on a Motorway or Multilane Carriageway' info included'
2.0	02/09/2022	Robin Gwinnett	Changes to diabetic policy – Appendix A Use of Banks-person