



Hart First Response

Driving Policy

Registered Charity 1092333

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1. Introduction

Hart First Response (HFR) is committed to providing a high standard of service to its clients. At the very heart of this quality standard is the professionalism of its volunteers, and part of this is related to the quality of their driving skills. This is underpinned by our selection processes, training, and procedures for managing incidents and accidents.

2. Purpose

The purpose of this policy is to:

- Set out the required standard of driving within HFR
- Ensure a uniform approach to driver training within HFR
- Promote and maintain the professional image of HFR staff & vehicles
- Promote road safety and minimise the incidence of road traffic accidents

3. Scope

This policy applies to all HFR volunteers and is supplementary to any other policies e.g. Health & Safety Policy and Incident Reporting Policy.

4. Responsibilities

- 4.1. The Chair is the Executive Lead for HFR and is responsible for implementation of this policy, and is the person to whom any enquiries should be referred.
- 4.2. The Hon. Sec. has the following responsibilities:
 - 4.2.1. Ensure that volunteers are made aware of this policy during the induction process, during update training or following updates to this policy.
 - 4.2.2. To collate and monitor the incident reporting process involving HFR vehicles and volunteers related to this policy
 - 4.2.3. To conduct the review of driving licences and qualifications to drive.
- 4.3. The Executive Committee have the following responsibilities:
 - 4.3.1. To ensure, that when appropriate, investigations into incidents are carried out in accordance with the incident reporting procedure.
 - 4.3.2. To ensure that vehicles used by HFR are fit for purpose by being suitably maintained, having a current MOT certificate and current insurance.



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4.4. Volunteers have the following responsibilities:

- 4.4.1. Ensure that this policy is adhered to at all times
- 4.4.2. Adhere to current Road Traffic Legislation
- 4.4.3. Comply with their statutory duties under Section 7 of the HASAW Act
- 4.4.4. Take reasonable care of their own health and safety and that of others who might be affected by their actions. This includes using vehicles correctly i.e. the completion of daily vehicle checks and the reporting of defects in line with this policy and legislative requirements.
- 4.4.5. Ensure their Driving Licences are kept current and in line with HFR's requirements
- 4.4.6. Alert the Hon. Sec. as to any new licence endorsement or any health issue which may impact on their ability to drive HFR vehicles.

5. Training and support

- 5.1. On induction HFR volunteers will receive training on Driving Policy.
- 5.2. HFR volunteers will be made aware of this updated policy by members of the HFR Executive as appropriate.
- 5.3. All HFR volunteers are assigned mentors (members of the HFR Exec) to whom they are encouraged to approach as a first point of contact in the event of a concern.
- 5.4. HFR will organise driver training and assessment from suitable training providers as required.
- 5.5. All volunteers driving ambulances shall be required to complete a driving assessment at five year intervals.
- 5.6. HFR is committed to ensuring that all volunteers have the appropriate training and education to fulfil their duties in respect of driving. Where volunteers fail to pass the required training course or competency assessment they will be given the opportunity for re-assessment.

6. Qualifications & Experience to Drive

- 6.1. Any volunteer driving a HFR ambulance must be in possession of a valid current full driving licence, including category C1 entitlement and have a minimum of three years driving experience.
 - 6.1.1. HFR volunteers who obtained their C1 entitlement before 1st January 1997 retain the entitlement until their licence expires or it is medically revoked. Licences are normally issued valid until age 70 years. After age 70, or after regaining a medically revoked licence, renewal is dependent on meeting the medical requirements of the DVLA for a Group 2 licence issued after 1st January 1997.
 - 6.1.2. HFR volunteers who obtained their C1 entitlement after 1st January 1997 must meet the DVLA Group 2 medical requirements. Licences for lorries / ambulances (category C) are normally issued at age 21 years and are valid till age 45 years. Group 2 licences are renewable thereafter every five years to age 65 years unless restricted to a shorter period for medical reasons. From age 65 years Group 2 licences are renewable annually without upper age limit. All Group 2 licence applications must be accompanied by a completed DVLA medical application form D4.
- 6.2. If any volunteer has in excess of 3 points on their driving licence then they shall not normally be allowed to drive a HFR vehicle.



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- 6.3. If a volunteer has in excess of 3 points on their driving licence, then the Executive Committee may authorise them to drive following a review of the circumstances surrounding the points and after consultation with the insurer. Further driver training may be required.
- 6.4. All volunteers driving ambulances under emergency conditions for HFR are required to have undertaken advanced driver training focussed on the emergency driving of ambulances. Suitable qualifications include IHCD and voluntary aid society emergency driving qualifications as well nationally accredited courses offered by independent training organisations.
- 6.5. Any volunteer driving an off-road ambulance shall be suitably experienced in driving vehicles off road and be familiar with the capabilities and handling characteristics of the vehicle being used.
- 6.6. All prospective drivers will receive a training and familiarisation drive prior to operational service accompanied by an experienced driver. Following this there will be an assessment drive.
- 6.7. Any volunteer driving their own vehicle on HFR business must be in possession of a valid current full driving licence of the correct category for the vehicle being driven.

7. Medical Fitness to Drive

- 7.1. The legal basis for medical standards and to ensure all licence holders are fit to drive is the responsibility of The Secretary of State for Transport, acting through medical advisors at the Drivers Medical Group, DVLA. This legal basis of fitness to drive lies in the EC Directives on driver licensing, the Road Traffic Act 1988 and subsequent regulations including in particular, the Motor Vehicles (Driving Licences) Regulations 1999.
- 7.2. Section 92 of the Road Traffic Act refers to prescribed, relevant, and prospective disabilities.
 - 7.2.1. A prescribed disability – is one that is a legal bar to the holding of the licence. Certain statutory conditions, defined in regulation, may need to be met. An example would be epilepsy.
 - 7.2.2. A relevant disability – is any medical condition that is likely to render the person a source of danger while driving. An example would be a visual field defect.
 - 7.2.3. A prospective disability – is any medical condition, which, because of its progressive or intermittent nature may develop into a prescribed or relevant disability in the course of time. An example would be insulin treated diabetes. A driver with a prospective disability may normally only hold a driving licence subject to medical review in one, two or three years.
- 7.3. The DVLA also recommends that ‘drivers with insulin treated diabetes should not drive emergency vehicles.’ In the case of fitness to drive with Insulin controlled diabetes HFR has determined that, an emergency vehicle is any vehicle which is being driven or could require to be driven under ‘blue light’ conditions.
- 7.4. HFR will assess fitness to drive on a case by case basis.
- 7.5. Volunteers must inform HFR of any illness or disability, which may affect their ability to drive.



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7.6. All volunteers to whom this policy applies will be sent an annual 'Declaration' form on which, they will declare any medical condition which may affect their ability to drive under the DVLA Groups 1 and 2 medical standards. These forms will be assessed by the Hon. Sec.

7.7. HFR may require an employee/member to be examined by a Doctor to the DVLA Licence Group 2 assessment criteria if it is deemed necessary by the Executive Committee.

8. Driving Licence Review

8.1. HFR reserve the right to examine the driving licences of anyone driving a HFR vehicle.

8.2. The driving licences of all volunteers who may be required to drive any HFR vehicle will be examined and a record of that examination kept.

8.3. The Hon. Sec. will notify relevant volunteers by e-mail and request them to provide either electronic or paper copies of their driving licence (paper and card portions) for review within a period of 28 days. Original documents will also be examined to ensure the licence is not a forgery.

9. Vehicles

9.1. HFR will ensure so far as is reasonably practicable that all vehicles within its control are maintained in a safe and roadworthy condition and continue to be fit for purpose.

9.2. All HFR vehicles will be subjected to a planned maintenance schedule in accordance with manufacturers' recommendations, this will include where applicable MOT Testing.

9.3. All portable equipment and anything which could act as a projectile in the event of a collision and cause injury must be adequately secured within the vehicle.

9.4. Adequate means of securing volunteers, patients and escorts will be provided where appropriate on all HFR vehicles so far as is reasonably practicable. Where equipment such as seatbelts, safety harnesses and child restraints are provided, they must be used unless impractical to do so such as due to clinical interventions.

9.5. All drivers have a legal responsibility to ensure that the vehicles they drive are roadworthy and legal to drive. Any vehicle driven on behalf of HFR found not to be roadworthy could result in the volunteer receiving considerable fines, points on their licences or disqualification. The payment of any fines will be the responsibility of the volunteer concerned. Drivers must ensure that basic safety checks are carried out on a pre-event basis to ensure vehicles remain safe and roadworthy.

9.6. Drivers of privately owned vehicles must ensure that any vehicles used for HFR activities are maintained in a safe and roadworthy condition at all times.

9.7. Privately owned vehicles must not be used for HFR activities unless they are adequately insured for business or volunteer use. It is the vehicle driver's responsibility to ensure adequate insurance is in place for any such privately owned vehicle.



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10. Driving Standards

- 10.1. Volunteers driving HFR vehicles must be authorised to do so by the Chair.
- 10.2. Every vehicle shall be driven with care and consideration for other road users. At no time must it be driven recklessly, or in a manner, or at a speed likely to cause danger to another road user (including those near but not on the road).
- 10.3. Ambulance driving will at all times be within the Law and Highway Code.
- 10.4. Drivers must not eat or drink whilst driving.
- 10.5. Drivers should not drive continuously for more than 2.5 hours, after which they should take a break of at least 15 minutes. Driving at night or in poor weather conditions may necessitate more frequent breaks.
- 10.6. Drivers must not be under the influence of recreational drugs or alcohol when driving for HFR, and must ensure they are below all legal limits.
- 10.7. Medical opinion should always be sought as appropriate when taking therapeutic drugs.
- 10.8. Hand held mobile phones and radios must not be used by the driver whilst driving. This includes "texting" and whilst stopped in traffic, unless the phone is being used to call 999 (or 112) in a genuine emergency, where it is unsafe or impractical to stop.
- 10.9. It must be clearly understood that it is the driver's responsibility to ensure that the area into which it is intended to reverse is wide enough and high enough to accept the vehicle and that it is clear of obstacles.
- 10.10. When the vehicle is reversing, where practical the ambulance attendant should assist the driver.
- 10.11. HFR does not normally respond under emergency conditions on the public highway and as such this policy will not describe in detail policies on emergency driving.
- 10.12. The following speed limits shall be complied with for HFR vehicles

Vehicle	Built Up Areas	Single Carriageways	Dual Carriageways	Motorways
Car Non emergency	30mph	60mph	70mph	70mph
Car Emergency	30mph	50mph	110mph	110mph
Ambulance Non emergency	30mph	50mph	60mph	70mph
Ambulance Emergency	30mph	80mph	100mph	100mph



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- 10.13. These speeds should be regarded as absolute limits and are dependant on all other road, traffic, weather and visibility conditions having been fully assessed and being in the driver's favour.
- 10.14. Under emergency conditions the driver should, wherever possible, attempt to make good progress, claiming exemptions where appropriate and justified, using 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.
- 10.15. The driver must be able to justify using audible warnings during the hours of 23.30 – 07.00hrs and not using them during the hours of 07.00 – 23.30hrs.
- 10.16. Visual warning lights must be used when claiming exemptions, and with audible warnings where justified.
- 10.17. Stopping and leaving the vehicle - when intending to leave the vehicle, the driver should bring it to rest in the safest and most convenient position, close to the kerb if on a road. The foot should remain on the brake pedal until the handbrake is applied and neutral is selected. The engine and unwanted auxiliaries should then be switched off and the seat belt neatly secured. An automatic gearbox should be left in 'P' position and with a manual gearbox it may be desirable to select either first or reverse gear when parking on a gradient. The vehicle should be properly secured if it is to be left unattended. All reasonable precautions must be taken to ensure the safety of the vehicle and its equipment and to prevent it being driven away by unauthorised persons.
- 10.18. Vehicle doors should be properly fastened to ensure they do not open whilst the vehicle is on the move. Equipment must be properly secured to avoid injuries to passengers. It is the responsibility of the driver to ensure that the rear step is in the up position and that all doors are closed before moving off.
- 10.19. Management of accidents
- 10.19.1. All accidents involving volunteers or vehicles whilst must be reported to the Hon. Sec.
- 10.19.2. Forms are provided in the vehicle folder for exchange of details
- 10.19.3. Guidance is provided in the vehicle folder on how to manage a vehicle incidents including fire.

11. Working time

- 11.1. Volunteers coming on duty should ensure that they are fit and able to carry out driving duties, taking into account any previous work carried out. They should also be aware that long periods of volunteer duty might affect their ability to carry out their normal work following the duty.

12. Smoking

- 12.1. Smoking is not permitted in any HFR vehicle.

13. Policy Consultation



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13.1. This policy has been circulated to the HFR Executive and Medical Director for consultation. The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

14. Dissemination

14.1. Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy of the policy placed by a member of the Exec on the member's section of the website: www.hartresponse.org.uk

15. Monitoring of Compliance and Effectiveness

15.1. Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons learned from incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive. Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

16. Implementation

16.1. The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.

17. Archive Statement

17.1. The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

18. Related Policies, Procedures and Acts

- The Health & Safety at Work Act
Provision and Use of Work Equipment Regulations 1988
<http://www.opsi.gov.uk/si/si1998/19982306.htm>
- The Construction of Use Act
Road Vehicles (Construction of Use) <http://www.opsi.gov.uk/si/si2003/20032695.htm>
- The Road Traffic Act
- The Road safety Bill
[http://www.nottm-vts.org.uk/emics/Talks/257,1,Emergency Vehicles Exceeding the Speed Limit](http://www.nottm-vts.org.uk/emics/Talks/257,1,Emergency%20Vehicles%20Exceeding%20the%20Speed%20Limit)
- The Corporate Manslaughter & Homicide Act 2007
<http://www.justice.gov.uk/docs/manslaughterhomicideact07.pdf>

19. References

1. At a glance: Guide to the current Medical Standards of Fitness to Drive, Drivers Medical Group, DVLA, August 2010 and including September 2010 amendments.
2. Secretary of State Honorary Medical Advisory Panel Guidance on Diabetes and Driving.
3. Medical Aspects of Fitness to Drive", 5th Edition, Medical Commission on Accident Prevention, 1995



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4. Driving Policy, East Midlands Ambulance Service NHS Trust, Version 1.1, 12 June 2009.
5. Driving Policy, West Midlands Ambulance Service NHS Trust, Draft.
6. Driving Policy, North East Ambulance Service NHS Trust, July 2007.



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Appendix 1: Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or Belief	Sexual Orientation
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	Y	Y	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	Y	Y	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	Drivers who took their car driving test after 1997, do not have automatic entitlement to the required C1 category. Therefore in general terms anyone born after 1980 will need to be treated differently to those born before 1980. This is a legal requirement which HFR has no control over. Drivers with a C1 licence who are under the age of 25 are required to be named on HFR's insurance policy and are subject to an increased excess. DVLA guidance exists on the assessment of drivers who are disabled or have medical conditions to drive various categories of vehicles including ambulances. This guidance has been reviewed.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	Drivers who took their car driving test after 1997, do not have automatic entitlement to the required C1 category. Therefore in general terms anyone born after 1980 will need to be treated differently to those born before 1980. This is a legal requirement which HFR has no control over. Drivers with a C1 licence who are under the age of 25 are required to be named on HFR's insurance policy and are subject to an increased excess. DVLA guidance exists on the assessment of drivers who are disabled or have medical conditions to drive various categories of vehicles including ambulances. This guidance has been reviewed.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that there is public concern in potential discrimination against the protected groups identified above.

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.



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Appendix 2: Fitness to Drive Health Assessment

Medical Condition	Yes	No	Details
An epileptic seizure or fit			
Sudden attacks of disabling giddiness, fainting or blackouts			
Pacemaker, defibrillator or anti-ventricular tachycardia device fitted			
Diabetes controlled by insulin			
Diabetes controlled by tablets			
Angina [heart pain]			
Parkinson's disease			
Any other chronic neurological condition			
A serious problem with memory			
A major or minor stroke			
Any type of brain surgery, tumour, severe head injury involving in-patient treatment at hospital			
Any severe psychiatric illness or mental disorder			
Continuing/permanent difficulty in the arms or legs which affects your ability to control a vehicle			
Dependence on or misuse of alcohol, illicit drugs or chemical substances in the past 3 years.			
Any visual disorders. Corrected acuity must be 6/9 in the better eye and 6/12 in the other eye. Uncorrected acuity in each eye must be at least 3/60. Your optician can advise you if you are unsure.			

I confirm that the information I have provided is correct to the best of my knowledge

Signed:

Name:

Date: