



## Emergency Driving and the Law Procedure

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### Equality Analysis Record

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## **1 Scope**

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to promoting and establishing high standards of health, safety and welfare for its employees, including contractors and volunteers, as well as patients, including those with special or complex needs, their families and carers, and members of the public
- 1.2. The objectives of this procedure are to promote the highest standards of driving conduct within the Trust. The manner in which Trust vehicles are driven affects the public's perception of the Trust as a professional organisation. All staff must therefore safeguard the Trust's reputation by displaying high standards of driving and road behaviour at all times.
- 1.3. This procedure applies to all authorised drivers of SECamb vehicles, claiming exemptions whilst driving under emergency conditions. Vehicles include those that are owned, hired, leased or borrowed.

## **2 Aims**

- 2.1. The aim of this procedure is to ensure that all staff for whom emergency driving is an aspect of their job role understand the risks associated with driving, and to describe the processes, actions and assurances which should be followed to promote safety for staff, patients and the public.

## **3 Objectives**

- 3.1. To promote the safety and wellbeing of staff, patients, passengers and other road users when using emergency driving procedures.
- 3.2. To encourage all drivers to maintain a thorough working knowledge of the appropriate current supporting training and education material, policies, procedures, bulletins and information that is circulated within the organisation.
- 3.3. To eliminate or minimise the risk of incidents and harm associated with emergency driving and provide instruction and guidance to managers and employees on all aspects of driving for and on behalf of the Trust. Working together with staff, the Trust is committed to the use of an effective risk management system to reduce the number and consequences of vehicle related incidents and road traffic collisions.
- 3.4. To provide guidance to all drivers in support of their legal and professional responsibilities in driving on SECamb business and when claiming legal exemptions.

## **4 Principles**

### **4.1. Driver Competencies**

- 4.1.1. All members of staff who are required to drive as an essential part of their duties must hold a valid driving licence, appropriate for the type of vehicle being driven and have successfully completed either an IHCD D1 and D2 Driving Course or the FutureQuals L3CERAD Driving Qualification.
- 4.1.2. It is the responsibility of the driver to familiarise themselves with the controls of the vehicle before any journey. This is detailed in the Emergency Response Drivers Handbook and is taught on all Trust driving courses.
- 4.1.3. If specialist vehicles are to be driven training will be provided for example, 4 x 4, hybrid or HART vehicles.

### **4.2. Driving Behaviours**

- 4.2.1. All drivers are obliged under the Corporate Manslaughter and Homicide Act 2007, the Road Traffic Act 1988 and the Road Safety Act 2006 to drive with care and consideration. At no time must the vehicle be driven recklessly, or in a manner, or at a speed likely to cause danger to another road user (including those near to but not on the road).
- 4.2.2. All drivers must drive in a manner, which is professional and appropriate and takes into consideration the characteristics of the vehicle that they are driving and training they have undertaken.
- 4.2.3. It is the driver's responsibility in any situation to drive safely and to not act in any way that may bring the Trust into disrepute.
- 4.2.4. Drivers of Trust vehicles adhere to the level of training and standards commensurate with their role.

### **4.3. Categories of Drivers and Training Requirements**

#### **4.3.1. Operational Emergency Drivers**

- 4.3.1.1. All employees or those working on behalf of the trust that are required to drive under emergency conditions are required to hold a valid driving licence for the category of vehicle being driven and to have successfully completed an IHCD Ambulance Driving Award or the BTEC Level 3 FutureQual L3CERAD Driving Qualification.
- 4.3.1.2. Employers of those who work on behalf of the Trust, but are employed by another agency must ensure that their staff are qualified to the same standard as above and are competent to drive under emergency conditions and that competency is documented.

#### 4.4. **Maintaining Standards**

- 4.4.1. The Trust is committed to ensuring that all staff have the appropriate training and education to fulfil their duties in respect of driving across the Trust.
- 4.4.2. Any member of staff that has three or more Trust vehicle collisions in a rolling twelve-month period will be subject to a review of their driving competency by the Driver Training department. It is the responsibility of their line manager to refer them for this review.
- 4.4.3. A driver will immediately be restricted from driving if involved in a Collision that involves
  - 4.4.3.1. A fatality
  - 4.4.3.2. Significant harm/injury
  - 4.4.3.3. Significant damage to a vehicle
  - 4.4.3.4. Significant damage to property
  - 4.4.3.5. A collision which results in an allegation of Dangerous, Reckless or Careless Driving occasioning in possible Police prosecution
- 4.4.4. The above list is not exhaustive and if there is any doubt assurance should be sought from Professional Standards or the Duty Operational Commander who can escalate as necessary.
- 4.4.5. Any restriction in driving should not stop any remedial action if appropriate taking place. This will be monitored by the local Operational team, Fleet department and supported by the Professional Standards Team who will ensure that all investigations are conducted as soon as is practicable. Where necessary, staff will be re-deployed in a non-driving role until the investigation is concluded.

#### 4.5. **Reporting Incidents and Collisions**

- 4.5.1. The Driver, or, in their absence the Duty Operational Commander or line manager should:
  - 4.5.1.1. Contact the Production Desk and inform them of the incident. The person reporting the accident will need vehicle and driver details, third party vehicle and driver details including a contact number, location of the incident and relevant information for the follow up collision report.
  - 4.5.1.2. Drivers should not admit liability or inform the third party that a Trust representative will contact them. The third party should contact their own insurer who will progress the matter.
  - 4.5.1.3. Once the driver sections have been completed, the RTC form should immediately be sent to **fleetinsuranceclaims@secamb.nhs.uk** and

concurrently forwarded to the individuals line manager for investigation. To facilitate a timely response from the Trust insurer's forms should not be held waiting for the manager input. An IWR1 must also be completed on the Datix system.

- 4.5.1.4. Informing the Production Desk and completion of the RTC report is to be done as soon as it is practicable and in any case before the termination of the driver's shift

## 5 Driving under Emergency conditions

### 5.1. Definition of an emergency

- 5.1.1. The Trust defines an emergency, for the purposes relating to driving standards as; ***'An event or situation which threatens serious damage to human welfare'***

### 5.2. Authority Statement

- 5.2.1. All staff who have undertaken suitable, appropriate driver training (including for the differing types of Trust vehicle) are authorised to undertake emergency driving in the following circumstances, and where the definition of an emergency can be clearly demonstrated.

Response Mode	Description
Primary response	The first vehicle responding to a 999 incident logged on the CAD, includes 999 HCP and inter-facility transfers
Secondary response	A subsequent vehicle responding to a 999 or other incident logged on the CAD.
Tertiary response	A response to an incident where contact has previously been made (i.e. PP attending a referral).
Self-dispatch/allocation	Response to a Group Call from EOC where the location of the incident is extremely close by (otherwise, radio contact should be made before responding)
Unrecorded incidents	Coming across an incident whilst deployed on Trust business (i.e. DCA returning for meal break, or manager driving to a meeting) and requiring a response to get to the patient (i.e. incident on opposite carriageway of motorway). Response may occur before incident is received by EOC and entered onto CAD

Strategic responses	<p>Example include, but not limited to;</p> <ul style="list-style-type: none"> <li>• HART deployment</li> <li>• Pre-planned firearms incidents</li> <li>• Manager attending hospital to manage severe turnaround delays</li> </ul>
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Table 1 - Authority to respond descriptions

- 5.3. Under normal circumstances, all Trust Drivers must comply with Road Traffic law. All staff must drive within their capabilities and that of the vehicle, road conditions and visibility. Staff who are appropriately qualified and trained (IHCD Ambulance Driving Award, BTEC Level 3 FutureQual L3CERAD) may claim certain exemptions from Road Traffic Law in order to drive under emergency conditions. It is the driver's responsibility to ensure they can justify the need to claim these exemptions.
- 5.4. Only staff that are required to drive under emergency conditions to provide care to patients or provide support at incidents will be trained and authorised to claim the exemptions to the Road Traffic Act. It will always be the driver's responsibility to justify claiming any exemption to the Road Traffic Act. Staff who drive Trust vehicles must undergo training for the type of vehicle they are expected to operate and the conditions in which the vehicle is operated under (see Table 1).
- 5.5. **Exemptions and discretion**
- 5.5.1. Drivers of emergency vehicles are afforded legal exemptions (please refer to the Emergency Response Drivers Handbook). These exemptions are intended to be used to expedite responses to calls and to facilitate convenient, safe and timely care on scene.
- 5.5.2. Exemptions include the obeying of posted speed limits, parking, and motorway regulations. It is an expectation of staff to use exemptions professionally and appropriately. When responding to emergency calls, or driving to hospital under emergency conditions, the correct exemptions should be used to expedite the journey appropriately.
- 5.5.3. Staff must demonstrate an intent to respond to emergency calls immediately and use exemptions appropriately to achieve this. Emergency calls must be responded to immediately and while the use of exemptions can be applied with discretion, there is an expectation to use these exemptions to facilitate timely care for patients in need of care.
- 5.5.4. The introduction of promoting the use of discretion recognises and mitigates the potential risk to staff, patients and other road users whilst using blue lights and sirens. By empowering our staff to make appropriate professional decisions within a governed framework this will allow for a more proportionate response based on the information available to staff driving our vehicles.

- 5.5.5. Lease cars and other vehicles belonging to the Trust, rented or loaned to the Trust that are fitted with blue lights and sirens must only be used on emergency calls by staff who have had the appropriate training and have licences that cover the category of vehicle that they are driving.
- 5.5.6. Individual Managers lease vehicles should only be fitted with blue lights and sirens if the manager has a requirement for this equipment to be fitted as part of their role within Trust. These Managers also need to be qualified to the standard stated in section 4.3.1.
- 5.5.7. Unless the manager is on-call or is attending an incident on behalf of the Trust, removable roof-mounted blue light units must be removed. They must also be removed if a family member or other named driver is using the vehicle.
- 5.5.8. **Emergency Response Driver Training and Assessments**

Driver training will be authorised by the Driver Training Manager (DTM) and will then be co-ordinated by the driver training coordinator.
- 5.6. **Multiple Response**
  - 5.6.1. Where more than one vehicle is engaged in an emergency response to the same location, each vehicle should use a different sound where variable audible warning equipment is fitted, to warn motorists of the presence of more than one vehicle.
- 5.7. **Grading the Type of Response to an Emergency Call**
  - 5.7.1. The decision on grading the type of response to an emergency may be made by:
    - 5.7.1.1. The Emergency Operations Centre (EOC).
    - 5.7.1.2. Where a situation arises where the use of emergency driving conditions is warranted that was not passed by the EOC, then the driver is to inform the EOC so that it is recorded.
  - 5.7.2. The grading of the level of response should not dictate the standards of driving employed by drivers of Trust vehicles who should place their own safety and that of the patient and other road users above any response time criteria.
  - 5.7.3. The following ambulance categories are in the Ambulance Response Programme (ARP) :-



Category	Definition	Mean/ 90 <sup>th</sup> Percentile Response time	Type of response
<b>Category 1</b>	A time critical life-threatening event requiring immediate intervention or resuscitation.	7 minutes / 15 Minutes	Immediate using blue lights and sirens and exemptions as needed
<b>Category 2</b>	Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.	18 minutes / 40 minutes	Immediate using blue lights and sirens and exemptions as needed
<b>Category 3</b>	An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe	60 minutes / up to 120 minutes	Immediate. Use blue lights and sirens and exemptions with discretion, depending on the patient's condition. Vehicles other than DCAs can only rely on exemptions if the situation is an emergency.
<b>Category 4</b>	Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.	No mean / up to 180 minutes	Routine, but without delay. No blue lights and sirens or exemptions apart from parking or if an emergency develops

Table 2 – Ambulance Response Programme categories of call

- 5.7.4. As a Trust the expectation is that staff will respond to categories 1, 2 & 3 using emergency procedures and should consider that they have full authorisation to drive under emergency conditions, however we recognise that the claiming of exemptions is at the driver's discretion.
- 5.7.5. Any incident where staff opt NOT to use blue lights and sirens will need to be recorded and therefore colleagues will be required to complete an IWR1 via the Datix system, this must include whether there was any detriment to the patient and an ASHICE was required.
- 5.7.6. The Trust will undertake regular audits to ensure that patient safety is not affected by the implementation of this Policy.
- 5.7.7. **Intent & discretion**
- 5.7.7.1. Staff must respond immediately and with the intent to avoid unnecessary delay

- 5.7.7.2. C1 and C2, calls require an emergency response; C3 calls require an urgent response. The expectation is for crews to respond without unnecessary delay, as there is a patient waiting. This is nationally agreed position and supported by unions.
- 5.7.7.3. The new response standards introduced under the ARP project are intended to ensure that patients with immediate life threats receive the fastest possible response, but also recognises that 999 callers in all categories deserve a timely response but within more achievable parameters. It is important to note that patients subject to a Category 3 call are not required to wait a full two hours for a response, and are still potentially very ill, injured, in pain, deteriorating, or anxious. The guidance issued reflects the nature of all patients who require an emergency response to a 999 call, and emphasises that many more patients will be managed as a category 4 (Hear and Treat) meaning more responses will be appropriate.
- 5.7.7.4. On receipt of a C1, C2 or C3 999 call, staff must demonstrate an intent to respond immediately and without delay. For C1 C2 and C3 calls, staff will usually be expected to use blue lights and sirens, and claim exemptions where necessary.
- i. Blue light and sirens can normally be justified on the basis that they were necessary or desirable to warn other road users of the presence of the vehicle
  - ii. If driving a DCA, reliance on exemptions can normally be justified if the restriction (e.g. speed limit, red light) would hinder the use of the vehicle as an emergency vehicle
  - iii. If driving any vehicle other than a DCA, reliance on exemptions can only be justified when responding to an emergency. The exemptions can only be relied on where the particular circumstances of the call indicate that it is an emergency ie there is a threat of serious damage to a person's welfare.
- 5.7.7.5. For C4 calls, blue lights and sirens and exemptions can only be used in the exceptional case that the call turns into an emergency.
- 5.7.7.6. Where discretion can be used, it is not acceptable to remain stationary in a queue of traffic upon assignment to a C3 call, just because the standard allows up to 120 minutes to arrive. Staff must make every effort to minimise delay to that patient. By way of example, a frail elderly faller increases their risk of pressure damage or an acute kidney injury every minute they are on a hard surface or laying in wet clothes. If the patient is 10 minutes away, it is not acceptable to take 20 minutes to arrive.

## **6 The Law & the Driver**

- 6.1. The law in relation to the legal exemptions and non-exemptions are taught on Trust driving courses. Drivers of Trust vehicles have a

responsibility to ensure that they are familiar with the legal exemptions concerning the driving of Trust vehicles.

- 6.2. Whilst undertaking an emergency response, or whilst engaged on a course for the purpose of training for such a role, the law will exempt Trust drivers from various aspects of road traffic legislation, but with certain specified conditions attached.
- 6.3. Trust drivers who fail to comply with the policy and procedures, may face action under the Trust's disciplinary procedures.
- 6.4. Although the law gives certain exemptions to drivers of Trust vehicles who exceed speed limits or contravene traffic light regulations, drivers should be aware that such legal exemptions do not include driving at a speed or in a manner which would amount to driving without due care and attention or dangerously. Therefore, they may still be liable to prosecution, i.e. for dangerous driving or driving without due care and attention, if their driving falls below what would be expected of a competent and careful driver.
  - 6.4.1. Extracts of the law (the legal definition) and how they are applied to Speed, Traffic Lights and Keep Left / Right Sign are detailed below:
- 6.5. Speed limits (Road Traffic Regulation Act 1984, Section 87).
  - 6.5.1. **Legal Extract:** *No statutory provision imposing a speed limit on motor vehicles shall apply to any vehicle on an occasion when it is being used for Ambulance purposes if the observance of that provision will be likely to hinder the use of that vehicle for the purpose for which it is being used on that occasion.*
  - 6.5.2. It is emphasised that **speed will never take precedence over safety**. During training, drivers learn how to drive to an emergency safely using their legal exemptions including that relating to speed restrictions.
  - 6.5.3. Trust drivers must maintain this standard of driving during operational roles. They must at all times make reasoned and justifiable decisions to exceed a speed limit and that the speed used is safe and proportionate to all the existing circumstances.
  - 6.5.4. In order to ensure a safe and practical response to emergency calls any Trust vehicle responding to an emergency should not exceed the posted speed limit by more than 50% (see table below and guidance on 20mph zones). If in exceptional circumstances the driver of a Trust vehicle decides to exceed the Advised Maximum Speed Limits they may be asked to justify their actions to either the Trust or a Court of Law when required. (See table 3). The following table is not a cap or limit and is not intended to replace the skills & attitude given through the standards of driver training in selecting the appropriate speed in the given

circumstances. However, it is considered helpful and can be used as a general reference point.

Posted Speed Limit	Emergency only claiming the exemption against speed
30 mph	45mph
40 mph	60mph
50 mph	75mph
60 mph	90mph
70 mph	105mph
Hard Shoulder/ Stationary Traffic	30mph

Table 3 - Speed Limit Exemptions

- 6.5.5. Consideration should be given when travelling in a **20MPH** zone; these zones have been designated as such by the Local Authority in areas where there is a high concentration of children and/or pedestrians. Staff should at ALL times drive with caution when travelling through these areas.
- 6.5.6. Driver's MUST be aware that it is their SOLE responsibility to be able to justify their actions at ALL times
- 6.5.7. All drivers are reminded that they are obliged under the Corporate Manslaughter and Homicide Act 2007, the Road Traffic Act 1988 and the Road Safety Act 2006 to afford, at all times, the maximum protection to other road users and to drive with care and consideration for other road users. At no time must the vehicle be driven recklessly, or in a manner, or at a speed likely to cause danger to another road user (including those near to but not on the road).
- 6.5.8. When claiming legal exemptions any Trust driver could be required to justify their actions in legal, civil or disciplinary proceedings.
- 6.6. **Traffic Lights** (Traffic Sign Regulations and General Directions 2002, Regulation 36(1) (b)).
- 6.6.1. **Legal Extract:** *On any occasion when a vehicle is being used for Ambulance purposes and the observance of a prohibition conveyed by the red signal, including portable traffic signals would be likely to hinder the use of that vehicle, then the prohibition shall not apply. Instead, the vehicle shall not proceed in such a manner or at such a time:*
- 6.6.1.1. *When negotiating temporary traffic signals at road works the driver must be able to see that the other side of the obstruction is clear before claiming this exemption.*
- 6.6.1.2. *As is likely to cause danger to the driver of any other vehicle on the road or as to necessitate the driver of any other such vehicle to change its speed or course in order to avoid an accident; or*

- 6.6.1.3. *In the case of traffic that is not vehicular, e.g. cyclist, pedestrian, horse as is likely to cause danger to that traffic.*
- 6.6.2. *The vehicle speed when passing through areas controlled by red traffic signals **MUST** be no faster than walking pace.*
- 6.7. **Keep left (right) signs** (Traffic Sign Regulations and General Directions 1994 Regulation 15(2))
  - 6.7.1. **Legal Extract:** *On an occasion when a vehicle is being used for Ambulance purposes, if the observance of the sign would be likely to hinder the use of that vehicle, then the driver may pass on the wrong side, provided that:*
    - 6.7.1.1. *No danger is likely to be caused to the driver of any other vehicle proceeding on or from another road or on or from another part of the same road; or*
    - 6.7.1.2. *No danger is likely to be caused to non-vehicular traffic, e.g. cyclist, pedestrian, horse proceeding on or from another road or on or from another part of the same road.*
- 6.8. **General**
  - 6.8.1. On occasions, often due to circumstances outside their control, Trust drivers will find themselves considering contravention of other signs the driver should be aware that no circumstances can justify the contravention of any legal requirement.
  - 6.8.2. Any exemption that would endanger other road users or Trust employees, (e.g. failing to accord precedence at a pedestrian crossing) **MUST NOT** be taken.
- 6.9. **Auxiliary Warning Equipment**
  - 6.9.1. All Trust vehicles that engage in an emergency response or transfer must be equipped with both sirens and emergency lights.
  - 6.9.2. When Trust drivers use their exemption in relation to contravening red traffic lights, then both emergency lights and siren should be used. During the hours of darkness, it may not be appropriate or necessary to use the sirens when negotiating hazards such as traffic lights; it is for the driver however to determine their appropriateness and balance their response based on prevailing traffic, road and weather conditions.
  - 6.9.3. When Trust drivers claim an exemption for speed, i.e. driving above either the posted speed limit or of the prevailing traffic, then some form of auxiliary warning equipment **MUST** be used in all but the most exceptional circumstances and these decisions must be justified.

## 7 Responsibilities

- 7.1. The **Chief Executive** is accountable for all driving undertaken within the Trust.
- 7.2. The **Trust Board** acknowledges the need for Trust-wide commitment in taking this procedure forward, and will ensure that the necessary resources are made available, in line with the Risk Management Policy.
- 7.3. Each **Director** has responsibility for the implementation of policies and procedures relating to the driving of Trust vehicles under their control.
- 7.4. **The Executive Director of Operations**, through a delegated manager is responsible for receiving and collating RTC data to monitor trends, and report these to the Central Health & Safety Group. These bodies will ensure suitable investigations are undertaken by the driver's line manager.
- 7.5. **Risk, Health and Safety Team** is responsible for receiving and collating IWR-1 forms regarding vehicle/ driving incidents and to monitor trends, and report these to the Health and Safety groups/ committee. Where necessary an investigation is requested from the manager and is recorded on the database.
- 7.6. **Senior Managers** have responsibility to ensure investigations into incidents are carried out in accordance with Trust procedure. They are also responsible for the completion of the IR papers, Road Traffic Collision reports and implementation of action plans to reduce reoccurrence of similar incidents. The Head of Risk and the Professional Standards team must be informed of any collision involving a Trust vehicle that causes death or injury to a member of staff or the public.
- 7.7. **The Head of Clinical Development** Will be responsible for the overall supervision and implementation of the Driving Standards Policy and associated Driving Standards Procedures.
- 7.7.1. **The Professional Standards Managers (or equivalent role)** are responsible for providing investigative support to other managers where a Trust vehicle has been involved in a serious injury or fatal Road Traffic Collision.
- 7.8. **The Head of Risk** is responsible for assessing and mitigating the Trusts operational risks in relation to the operation of vehicles driving under emergency conditions.
- 7.9. **Operations Managers** have responsibility to ensure investigations into incidents are carried out in accordance with either the incident or the road collision investigation procedure. They are also responsible for the completion of IR papers, road traffic collision papers and implementation of action plans to reduce reoccurrence of similar incidents.
- 7.10. **The Driver Training Manager is responsible for:**

- 7.10.1. Training operational staff to ensure that they are aware of their legal responsibilities under the Road Traffic Act, and are safe and competent to drive.
- 7.10.2. The assessment of all drivers within the Trust to include, fleet, Make Ready Operatives, production desk drivers, lease car users and voluntary car drivers..
- 7.11. **The Head of Fleet and Logistics** is responsible for working in conjunction with operations to design vehicles which are fit for purpose and comply with the Conformity of European Normity (CEN) regulations. The Trust ensures the safety of staff and patients in ambulances by purchasing vehicles which are compliant with BS EN1789:2000. This will be achieved by:
  - 7.11.1. Ensuring that each vehicle owned, leased or hired by the Trust has road tax, MOT certificate and is serviced according to the manufacturer's recommendations.
  - 7.11.2. Collating and investigating motor vehicle claims and processes these in conjunction with Driving Standards, Fleet Management and insurance providers to ensure that the Trust risk is minimised.
- 7.12. **Line Managers** are responsible for ensuring that their staff are made aware of this procedure, and for keeping their staff up to date with any revision, and to ensure that their staff adhere to this procedure by:
  - 7.12.1. Ensuring that all vehicle incidents relating to this policy are reported as per section 4.5.
  - 7.12.2. Ensuring that any vehicle collisions are investigated and acted upon to prevent recurrence in accordance with section 4.5.
  - 7.12.3. Ensuring that Professional Standards are involved in collision investigation when a vehicle is deemed un-roadworthy following a collision, injuries require hospitalisation or are deemed to be of a serious nature at scene, or where possible prosecution for driving offences will ensue.
  - 7.12.4. Ensuring that if a staff member informs them of any health condition, which may affect their ability to drive safely that they are referred to Occupational Health for advice and that Driving Standards are advised.
  - 7.12.5. To check driving licences at least once a year in accordance with the current Trust guidelines.
- 7.13. **Employee Resourcing** are responsible for ensuring that on recruitment, driving licences are checked (if driving at work is part of their job description). If they are told that penalty points have been incurred this must be checked and recorded, and acted upon if necessary. Licences for all users of Trust vehicles must be checked in accordance with the Trust procedure for checking driving licences.

- 7.14. **Employees** are responsible for ensuring that they follow this procedure at all times by:
- 7.14.1. Ensuring adherence to current Road Traffic Regulations. It is in everyone's interest that proper care should be taken when responding to emergency calls and there should be appreciation that the difference between a reasonable response and an unreasonable response may only amount to a few seconds. All staff driving on behalf of the Trust must not take unnecessary risks. It is better to arrive a few seconds later than not to arrive at all.
  - 7.14.2. Compliance with the statutory duty under Section 7 of the Health and Safety at Work Act 1974, i.e. to co-operate with their manager so they can comply with their duties, e.g. use vehicles in accordance with training and following procedures.
  - 7.14.3. Taking reasonable care of their own health and safety and that of others that may be affected by their actions, this includes driving vehicles safely.
  - 7.14.4. Ensuring that their driving licences are current and they must inform their manager of any endorsements as soon as they occur.
  - 7.14.5. Ensuring that lease/ hire cars are serviced and maintained according to manufacturer's recommendations.
  - 7.14.6. Ensuring that they do basic safety checks of oil, fluids, tyres, lights etc. as per legal requirements and manufacturer's recommendations.
  - 7.14.7. Operational staff should ensure that if they breakdown in a Trust vehicle EOC are informed and their advice followed (e.g. concerning the patient) and follow the relevant breakdown procedure.
  - 7.14.8. Operational staff should ensure that if they are involved in a RTC in a Trust vehicle they contact EOC and follow their advice (e.g. concerning the patient), inform the Production Desk and follow the relevant RTC procedure.
  - 7.14.9. Operational staff should ensure they inform their manager of any health issues which may impact on their ability to drive Trust vehicles or vehicles used on behalf of the Trust.
  - 7.14.10. Ensuring compliance with the requirements of the Trust Lease Car Agreement, where appropriate.
  - 7.14.11. Ensuring they are fit to drive at all times, and be aware of the implications which alcohol, illicit substances and medication have on driving. The law provides upper limits on alcohol which must not be exceeded and it is strongly recommended that staff limit their intake well before attending work. There are however no limits imposed for illicit substances and staff found to be under the influences of drugs will most likely be arrested and prosecuted by the Police if caught in charge of a vehicle. Impairment to drive is a serious offence and those found to be unable or unfit to perform



their duties, even if under the legally prescribed limits, may face disciplinary action.

## **8        Audit and Review**

- 8.1.        This policy will be reviewed at six months or sooner if new legislation, codes of practice or national standards are introduced.
- 8.2.        A review will be undertaken in line with the Policy on Policies.

## **9 Associated Documentation**

- 9.1. Serious Incident 'Pilot' Procedure
- 9.2. Treatment Mobilisation and Conveyance of Bariatric Patients Procedure
- 9.3. Conveyance, transfer and handover of care procedure
- 9.4. Capability Policy
- 9.5. Disciplinary Policy
- 9.6. Driving Standards Policy
- 9.7. Driving Standards Procedure

## **10 References**

- 10.1. Road Traffic Act 1988 amended 1991
- 10.2. Road Traffic Regulation Act 1984, Section 87
- 10.3. Traffic Sign Regulations and General Directions 2002, Regulation 36(1)(b)
- 10.4. Traffic Sign Regulations and General Directions 1994 Regulation 15(2)
- 10.5. Corporate Manslaughter and Homicide Act 2007
- 10.6. Road Safety Act 2006
- 10.7. Highway Code 2015
- 10.8. The Road Vehicles Lighting Regulations 1989
- 10.9. Emergency Response Drivers Handbook 2<sup>nd</sup> Edition (Class Professional Publishing)
- 10.10. Roadcraft (HMSO Publication)
- 10.11. De-regulation Act 2015
- 10.12. Health and Safety at Work Act 1974 (HASAWA)
- 10.13. Management of Health and Safety at Work Regulations 1999 (MOHASR)
- 10.14. Driving at Work, Managing work-related road safety (INDG382 Rev 1)

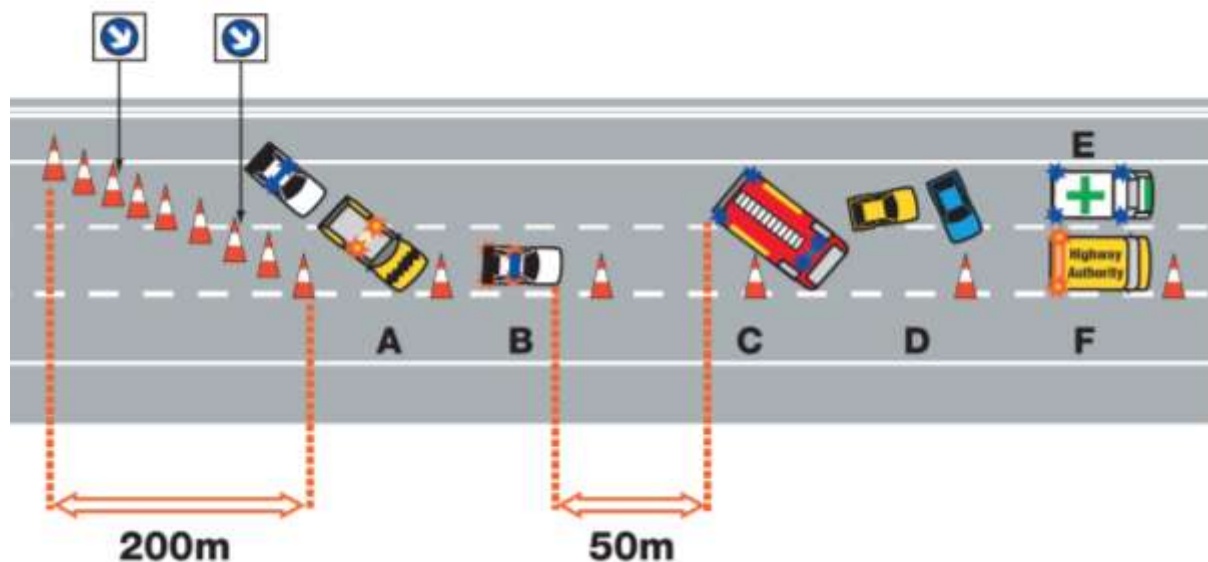
## Appendix A: Motorway Incidents

Motorways carry high volumes of traffic at speed and present emergency service responders with their own unique dangers and hazards when attending incidents. Due to the fast moving nature of traffic on a motorway or dual carriageway small incidents with one or two vehicles involved can quickly escalate to involve multiply vehicles.

When attending incidents on motorways and dual carriageways your safety is paramount and ensure you park accordingly with emergency visual warning lights switched on and wear appropriate PPE at all times. This must include a fastened high visibility jacket and hard helmet. There have been cases whereby emergency service personal have sustained serious head injuries from debris thrown up by fast moving traffic on motorways and dual carriageways.

You must use a consistence approach in line with all emergency services when attending motorway incidents.

### Liveried Vehicle and First Emergency Vehicle On-Scene



1. First vehicle on scene: Position the vehicle in the “fend-off” position, so the incident is beyond the vehicle and prevents traffic from conflicting with the incident.
2. Ensure a distance of about 25 metres between your vehicle and the incident. This will offer protection to the scene but be close enough to retrieve equipment. This will also allow the Police and Highways Agency to position their vehicles correctly when they arrive.
3. The front of the vehicle should be angled and pointing towards the carriageway in the direction the traffic should pass. If possible, try and close an additional lane as a buffer between the incident and any live traffic lanes.

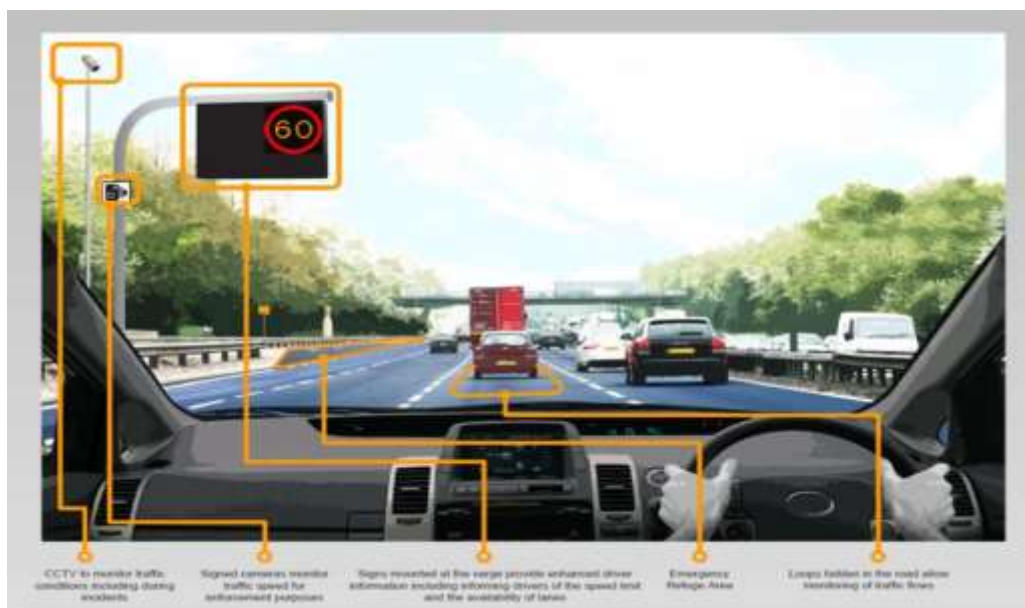
4. Never become an island by allowing traffic to pass both side of the incident.
5. If possible, you should work from the Hard Shoulder. If the incident is in lane 3 or 4, work from the central reservation out to the incident or wait for the road to be closed. In this situation, never cross the barrier. The vehicle positions are shown below.
6. Once further traffic management resources arrive (Police, Highways Agency), they will park approximately 50 metres prior to the incident and deploy signs, cones and crash cushions to provide additional protection.
7. If the call is on the opposite carriageway, do not stop or drop off your crewmate on the Hard shoulder or in the live carriageway. Both members of the crew shall continue to the next junction or ECP and return to the incident on the correct carriageway.
8. Send an early report to EOC using **METHANE**

- M** My call-sign, or name and appointment, Major incident STANDBY or DECLARED
- E** Exact location
- T** Type of incident
- H** Hazards, present and potential
- A** Access to scene, and egress route • helicopter landing site location
- N** Number and severity of casualties
- E** Emergency services present and required.

**NEVER CROSS A CENTRAL RESERVATION OR LIVE LANE.**

## Appendix B: Managed Motorways – All Lane Running

1. **The smart motorway** is between junctions 5 and 7 on the Kent/Surrey border and also in the future on the M3 between junction 2 and 4a.
- 1.1. On the M25 section, junctions 7 to 5 the hard shoulder will be used permanently as a traffic lane. This is referred to as 'all lane running' and new overhead gantry signs with updated wording and symbols have been introduced.
- 1.2. Emergency refuge and phones (similar in layout and design to a lay-by) can be found every two miles to the nearside (left) of the carriageway.



- 1.3. Variable speed limits will be used to adjust speed limits during busy periods to control the flow of vehicles and prevent traffic grinding to a halt. The current speed limit will be displayed on signs over or at the side of the carriageway. Red X symbol will show that a lane is closed because of an incident or some other obstruction, or people working in the road and where this is for an incident the Red X will be accompanied by the words "for emergency service vehicles only".
- 1.4. The Highways Agency (HA) is the agreed co-ordinating organisation for facilitating the emergency response reaching the scene and must be informed for all call types to ensure the safety of attending crews.
- 1.5. Any incident attended in this area, whether it is a medical emergency or road traffic collision should be actioned in line with this guidance.

## **2. EOC Staff**

- 2.1. On receipt of a call via 999 log all details as per the normal process of call taking.
  - 2.1.1. Inform Highways Agency (HA) via direct line of the incident.
  - 2.1.2. The HA has sophisticated monitoring devices and CCTV network, and will be able to quickly establish exact incident location.
  - 2.1.3. Fire and Police should be informed of all relevant incidents.
  - 2.1.4. The Dispatch Team should maintain a regular over view of the incident as HA will provide regular updates on accessing the incident.
  - 2.1.5. Resource allocation should be carried out in line with normal tasking processes with crews initially attending in line with the normal flow direction of the carriageway being attended.

## **3. Compromised Incident Attendance (Carriageway blocked) Access via Reverse Flow**

- 3.1. There will be occasions where an incident will create a complete blockage of the motorway, and without a hard shoulder this will impede attendance to the scene for responders.
  - 3.1.1. Where a total blockage occurs the HA will co-ordinate a response to scene via reverse flow, this will mean access via agreed locations using off slips.
  - 3.1.2. EOC staff must ensure there is robust communication with responding resources and close co-ordination with the HA. EOC staff must not authorise reverse flow without express permission from the HA or Police.
  - 3.1.3. EOC must consider the potential for reverse flow, and may dynamically position resources to respond in preparation for implementation of reverse flow.

## **4. Agreed Rendezvous Points (Reverse Flow)**

- 4.1. There will be occasions where HA stipulate an RVP, these have been pre-defined as follows:
  - 4.1.1. Godstone Fire Station forecourt.
  - 4.1.2. Clackett Lane Services.
  - 4.1.3. Brasted Gate

4.1.4. M23 Hooley, in the turnaround area before joining the A23

4.1.5. Otford turnaround on the M26

## **5. Incident Accountability**

5.1. West EOC will be accountable for all incidents on the B Carriageway Jct. 7 to Jct. 5.

5.2. East EOC will be accountable for all incidents on the A Carriageway Jct. 5 to Jct. 7.

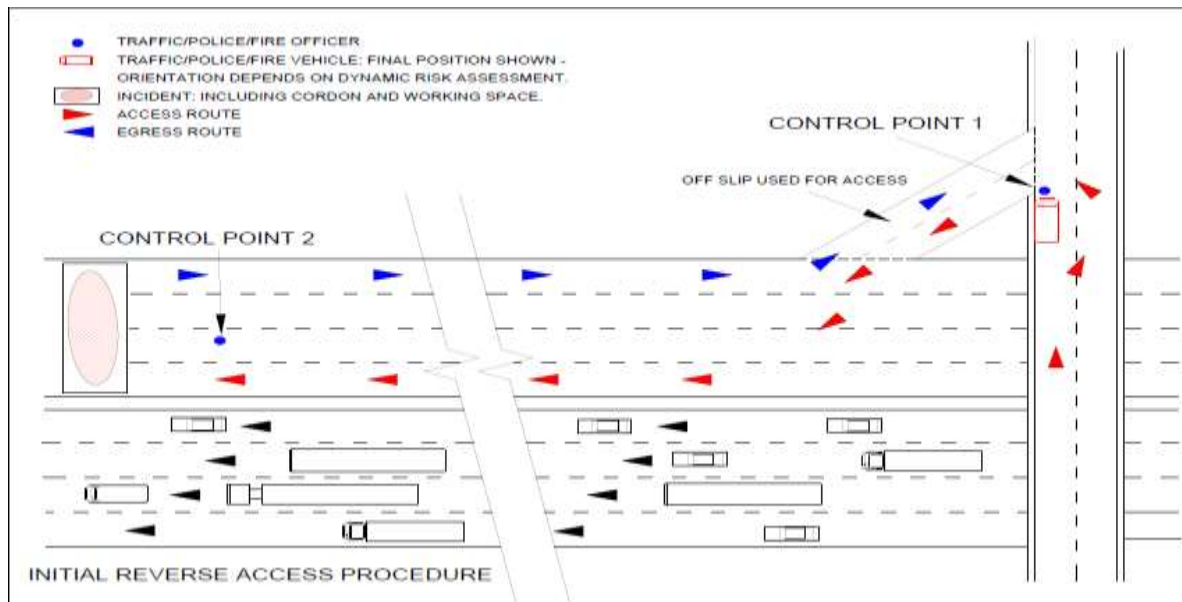
5.3. Both EOC's will need to co-ordinate closely when responding to potentially serious incidents or where there may be compromised scene access.

## **6. Operational Staff**

6.1. Incidents will be passed using the terminology of clockwise and anti-clockwise to denote the direction of the motorway, with junction numbers to denote access and egress points e.g. Anti-clockwise junction 7 to 6 in the usual manner.

6.2. When strategically positioned by the EOC in preparation for "reverse flow" access, and once authorisation has been given to proceed, road crews should access to the incident by driving along lane 4 (lane closest to the central reservation). And egress from the incident will be by driving away from the incident in lane 1(formally the hard-shoulder).

6.3. Only vehicles that have been specifically activated to an incident by EOC are permitted to attend in a "reverse flow" situation. Vehicles that can otherwise self-deploy must NOT do so in these cases. Authorisation must be given by EOC prior to attending a scene via a "reverse flow" route



7. The H/A Regional Control Centre (RCC) Godstone has a dedicated Airwave channel which can be used to gain extra information on the incident direct from the H/A, remembering that all information received also needs to be communicated with the EOC. The channel details will be provided by EOC.
- 7.1. This will be an open channel and any communication can be heard by everyone using this channel.



## Appendix C:      **Emergency Access Lanes (Road Works Areas)**

- 1**      The Road Works Contracts (RWCs) for the South East Region install an “emergency access lane” through all road works areas on the Motorway network for use by the Emergency Services.
- 1.1.      These lanes however do not form part of the road as defined in law and so an exemption to speed cannot apply.
- 1.2.      The lanes have a **restricted 15MPH speed limit** in force to protect the RWCs and is enforced by camera technology, periodic Police operations and robust incident reporting via their H&S processes.
- 1.3.      Crews are therefore informed that should you use an “emergency access lane” to either negotiate traffic or expedite your response then the 15MPH speed limit must be adhered to.
- 1.4.      Trust drivers should never drive in the wrong direction on dual carriageways and motorways unless directed to do so by a police officer.

## Appendix D: Categories of Drivers

Role	Explanation
Community First Responders (CFR)	All volunteers who drive one of the CFR vehicles must undertake an initial driving assessment and one thereafter every five years, undertaken by a Trust approved driving instructor or driving assessor prior to carrying any passengers on behalf of the Trust.
	Any livery or signage displayed to CFR vehicles must be approved by the Voluntary Services Manager. CFR vehicles must not be fitted and/or display additional visual warning devices (i.e. blue or amber beacons) or sirens.
Other qualified persons driving SECamb frontline vehicles	The following advice has been disseminated to clarify who is permitted, authorised and insured to drive SECamb front line vehicles from scene to hospital following attendance at certain medical emergencies.
Staff from other NHS Ambulance Services	The vast majority of NHS Ambulance Service Trust vehicles are covered by motor insurance provided by the same insurer, QBE. These policies are also subject to predominantly the same terms and conditions and in addition to this assurance, all NHS frontline staff hold the IHCD D1 D2 or the FutureQual L3CERAD driving qualification and have therefore attained the required standard.
	SECAMB permits other qualified front line NHS ambulance staff to drive our vehicles should the situation leave no other reasonable option and the patient's condition could be adversely effected were they not to do so. The following criteria must have been met to the satisfaction of the senior most SECamb person on scene at the time, or as instructed by EOC;
	i) the member of staff being asked to drive the vehicle holds the appropriate licence (verbal confirmation required)
	ii) the member of staff being asked to drive holds the appropriate qualification within their Trust to drive under the conditions required, normal or emergency (verbal confirmation required)
	iii) the member of staff being asked to drive the vehicle is familiar with the vehicle controls and happy to assist as requested (verbal confirmation required)
	iv) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay
	v) emergency driving conditions may be employed providing the patient's condition requires this action
	vi) normal driving conditions must be employed for all other journeys
	Only the patient carrying vehicle can claim emergency driving exemptions from scene to the required destination. Any vehicles that are not engaged in emergency patient movement must be driven to the

	chosen destination under normal driving conditions and the original crews repatriated with their vehicles.
Private Ambulance Providers	Should the situation arise where it would be operationally beneficial for a Private Ambulance Provider staff member to drive a SECamb vehicle from scene to hospital in order to allow essential patient care from more senior clinicians in attendance, this can only be permitted providing the following criteria has been satisfied;
	the member of staff being asked to drive the vehicle holds the appropriate C1 licence (verbal confirmation required)
	ii) the member of staff being asked to drive attained their IHCD D1 D2 of FutureQual L3CERAD qualification in a C1 vehicle (verbal confirmation required)
	iii) the member of staff being asked to drive the vehicle is familiar with the vehicle controls and happy to assist as requested (verbal confirmation required)
	iv) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay
	v) emergency driving conditions may be employed providing the patient's condition requires this action
	vi) normal driving conditions must be employed for all other journeys
Police Officers	Should it be operationally advantageous for a Police Officer to drive a Trust DCA from scene to hospital in order to allow essential patient care, and they are willing to assist in this activity, the following checks must be made;
	i) the Officer holds the appropriate licence (verbal confirmation required)
	ii) the Officer has cleared the action with their control centre
	iii) the Officer being asked to drive the vehicle is familiar with the vehicle controls and are happy to assist as requested (verbal confirmation required)
	iv) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay
	<b>Where the above has been confirmed, normal driving conditions will apply; no emergency driving conditions are permitted for these journeys.</b>
St John (SJA) and British Red Cross (BRC)	Should it be operationally advantageous for a member of SJA or BRC to drive a Trust DCA from scene to hospital in order to allow essential patient care, or vehicle repatriation, and they are willing to assist in this activity, the following checks must be made prior to the journey;
	i) the person holds the appropriate licence (verbal confirmation required). Note, SJA staff should be carrying their organisations internal driving permit which can be accepted as confirmation as to whether they hold the C1 entitlement required to drive a SECamb DCA
	ii) SECamb staff MUST inform EOC of the decisions made at scene regarding SJA or BRC staff driving a SECamb vehicle
	iii) the person has cleared the action with their control center, if appropriate

	iv) the member of staff being asked to drive the vehicle is familiar with the vehicle controls and are happy to assist as requested (verbal confirmation required)
	v) the member of staff being asked to drive holds the appropriate entitlement within their organisation to drive a vehicle of this type
	vi) the patient outcome is likely to be adversely affected if they are not transported to a place of definitive care without delay
	<b>Where the above has been confirmed, normal driving conditions will apply; no emergency driving conditions are permitted for these journeys.</b>
Military Responder Scheme	Members may be asked to drive an SRV from scene to hospital in order to repatriate the vehicle with the clinician who has travelled with the patient if operationally beneficial.
	<b>Normal driving conditions apply; no emergency driving conditions are necessary or permitted for these journeys.</b>

## Appendix E:      Hazardous Area Response Team Driving Categories

Type of Vehicle	Training & Assessment Provided
4 x 4	Borda accredited off road and winch self-recovery courses
ATV	Borda accredited off road operators course
4 x 4	Trust ADI led high speed competency training and assessment
SRV	Trust ADI led high speed competency training and assessment (combined with 4x4 )
Large Vehicle	Familiarisation driving and vehicle checking - Driving Training Manager
Demountable Pod/Hook Loader	Training and assessment - Delivered by OTL's in HART from an agreed training packaged provided by the HART Education Centre.

## Document Control

### Manager Responsible

Name:	
Job Title:	Consultant Paramedic, Head of Clinical Development
Directorate:	Medical

Committee/Working Group to approve	JPPF	
Version No.	Final	Date: 31/7/2018

### Draft/Evaluation/Approval (Insert stage of process)

Person/Committee	Comments	Version	Date
	Comments incorporated	V0.13	17/08/2018
	Addition of wording in section 5.7 re completion of IWR1 if not responding using blue lights and sirens	V0.12	16/08/2018
	Review of definition of Emergency and inclusion of 999 HCP & Inter-facility transfers	V0.11	29/05/2018
	Legal updates and review of wording incorporated	V0.10	20/04/2018
Driving Standards Working Group	AACE and Capsticks legal advice incorporated	V0.9	11/04/2018
Trustwide Consultation feedback	Section 6.5.4 amended, KLOEs and EA details added	V0.8	23/02/2018
Driving Standards Working Group	Comments incorporated and sent out for final comment	V0.07	26/01/2018
Driving Standards Working Group	Comments incorporated and sent out for final comment	V0.06	22/01/2018
Driving Standards Working Group	Comments incorporated and sent out for final comment	V0.05	06/12/2017
Driving Standards Working Group	Comments incorporated and sent out for final comment	V0.04	05/10/2017
Driving Standards Working Group	Comments incorporated and sent out for final comment	V0.03	22/09/2017
Driving Standards Working Group	Comments incorporated and sent out for final comment	V0.02	20/09/2017
Driving Standards Working Group	For Comment	V0.01	June 2017

### Circulation

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Internal Stakeholders	
External Stakeholders	

**Review Due**

Manager		
Period	Every three years or sooner if new legislation, codes of practice or national standards are introduced	Date: 31/7/2021

**Record Information**

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Disposal Method and date:	

**Supports Standard(s)/KLOE**

	Care Quality Commission (CQC)	IG Toolkit	Other
Criteria/KLOE:	S2, S3, E1, E2, W1, W2, W3, W4		