



DRIVING UNDER EMERGENCY CONDITIONS FRAMEWORK AND PROCEDURE FOR STAFF WITH DIABETES

1. Introduction

- 1.1 This framework and procedure is designed to ensure staff who are diagnosed with diabetes are able to use their skills appropriately within the Trust without creating undue risk. In particular, it sets out guidelines for risk assessing whether it will be possible for an individual to drive under emergency conditions.
- 1.2 This procedure applies to all front line staff and volunteers, primarily those who carry out emergency driving as part of their role.
- 1.3 The Trust values of Teamwork, Caring, Professional and Innovation underpin everything we do to support our vision of saving lives and enabling patients to get the care they need. SCAS aims to nurture a healthy culture, based on all staff demonstrating their role-relevant values-based behaviours within their working lives. All staff are expected to model their behaviours to support SCAS with its strategic aims to become an Employer, Partner and Provider of Choice.

2. DVLA Requirements

- 2.1 People with diabetes who do not use insulin (and who are free from significant complications such as eye or limb problems) do not have to declare their condition to the DVLA and can continue to drive Group 1 (car and motorcycle) and Group 2 (large goods vehicles and passenger carrying) vehicles.
- 2.2 People with diabetes who use insulin must declare their condition to the DVLA. They will be issued with a licence normally valid for 3 years if driving Group 1 vehicles, subject to assessment. They will be able to apply for Group 2 licence for vehicles between 3.5 and 7.5 tonnes (C1). This is subject to rigorous yearly medical assessment, and drivers must have had no hypoglycaemic attacks requiring assistance whilst driving in the previous 12 months. Drivers with insulin treated diabetes will not be entitled by law to hold a Category D licence.
- 2.3 The Secretary of State's Honorary Medical Advisory Panel on Diabetes and Driving has recommended that drivers with insulin treated diabetes should not drive emergency vehicles. This takes account of the difficulties for an individual, regardless of whether they may appear to have exemplary glycaemic control, in

adhering to the monitoring processes required when responding to an emergency situation. However, it will be up to the Trust to decide on appropriate application of this advice depending on individual circumstances, in accordance with Section 3 and 4 of this procedure.

3. Procedure for Trust Decisions on Driving Under Emergency Conditions

- 3.1. In the first instance it is the employee's responsibility to approach their line manager to discuss their diabetes. The employee should be invited to explore how they believe it will impact upon their day-to-day duties and how the Trust may best be able to accommodate their diabetes. Managers will recognise that this is potentially a difficult situation for an individual member of staff and will treat any affected staff with sensitivity.
- 3.2. If necessary the line manager will arrange for temporary light duties to be undertaken to ensure that the employee or Trust are not put at risk until a final decision has been made as to the most appropriate way forward. Line Managers should refer the employee to Occupational Health. This will take place in accordance with the framework at Section 2.
- 3.3. On receipt of the Occupational Health referral, the employee should be issued with a memory chip glucose meter and the facilities to download these to a Trust computer to enable Occupational Health to review the readings.
- 3.4. The employee will be required to undertake a daily blood glucose reading via the memory chip and download these onto a computer for a minimum of three months, dependent on the recommendation of Occupational Health.
- 3.5. Occupational Health will review the employee after a minimum of three months in accordance with the procedure at Section 2.
- 3.6. On receipt of the Occupational Health report, the line manager will discuss the contents of the report and implications with the employee, in conjunction with Human Resources. The questions contained within Phase 2 of the Assessment Framework (Section 2) should be considered and documented as part of this. Consideration should be given to the type of work undertaken and whether any adjustments can be made to enable the employee to work as safely as possible.
- 3.7. The line manager and HR should forward a record of the outcome of this meeting to the **Area Manager** who will make a decision on whether it is appropriate for the employee to continue driving under emergency conditions.
- 3.8. The line manager will ensure that the appropriate ongoing review/management requirements as detailed in Phase 3 of the Assessment Framework (Section 2) are complied with. As such, a review will need to take place at least every 12 months to continue the risk assessment process.

4. Assessment Framework for Staff with Diabetes

4.1 **Phase One – Occupational Health Check**

The following questions should be addressed to a suitably qualified clinician i.e. a diabetologist who is not the employee's own specialist, in conjunction with the Trust's Occupational Health department. There must be a commitment both from the Trust and the employee that they will submit to the following assessment on at least an annual basis.

- Is the employee able to self monitor their blood glucose, using a memory chip glucose meter, and to confirm the results from their regular blood glucose level checks?
- Is the employee fully aware of their symptoms?
- Is there evidence to support the view that the employee has a good knowledge of their condition?
- Is the employee fully conversant with their medication regime?
- Has the employee managed their condition successfully in recent months can therefore claim that their condition is stable?
- Can you confirm that the employee has had no disabling hypoglycaemia and has normal awareness of individual hypoglycaemic symptoms?
- Can you confirm the employee has had no advanced retinopathy or nephropathy, nor peripheral or autonomic neuropathy?
- Can you confirm the employee has had no coronary heart disease, peripheral vascular disease or cerebrovascular disease?
- Do the results from the blood test suggest that the employee's blood glucose levels will remain stable in the next two months?
- Does the employee have their diabetes under regular (at least) annual review?
- Is the view of Occupational Health that the employee is competent and safe to carry out their duties?

4.2 **Phase Two – Reasonable Adjustments within the Working Environment**

The following questions will help to assess possible adjustments

- Does the employee have the necessary facilities to ensure they can test your blood glucose levels prior to driving duties? In other words, using the information supplied via the memory chip glucose meter, this information should have been downloaded to ensure their records are collected and reviewed on a regular basis.

- Is it going to be possible to for the employee to stop driving their vehicle and re-test their blood glucose levels should they feel any early symptoms of hypoglycaemia whilst driving?
- Does the employee have access to a 'pen' which will enable them to confirm their blood sugar levels within 10 – 15 seconds?
- How and where will they be able to do this?
- If the employee's blood sugar is low will they be able to correct their low blood glucose before they resume driving?
- How will the employee do this?
- How will the employee know if this 'correction' is going to be adequate?
- Does the employee need to take regular meal breaks in order to manage their condition?
- If so will the Trust be able to accommodate this?
- If the Trust feels it is unable to guarantee that a regular meal break can be provided what alternatives could be put in place to ensure the employee's blood sugar levels are not compromised?
- Can the Trust confirm that it won't put the employee under pressure to drive if they feel unwell?
- Specifically what can be done to ensure the employee isn't required to drive if they feel unwell?

4.3 Phase Three – Ongoing Review/Management

- The employee must commit to notifying management if they feel their condition is unstable.
- If the employee's condition is likely to become unstable (e.g. as a consequence of another clinical intervention such as a dental operation) they will be temporarily removed from emergency driving duties.
- Reinstatement to emergency driving duties will depend upon the outcome of the application of the assessment framework – for staff with diabetes.
- Employees must commit to regular reviews with Occupational Health on at least an annual basis.

