



Driving Policy

Title	Driving Policy
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References	<ul style="list-style-type: none"> • Health and Safety at Work Act 1974 • The Road Vehicles Lighting Regulations 1989 (Amended 2005) • Road Traffic Act 1988 (Amended 1995) • Vehicle & Driving Licence Act 1969 • Motor Vehicles Regulations 2010 • New Drivers Act (appended to Road Traffic act 1995) • The Traffic Sign Regulations and General Directions 1994
Appendix	Appendix 1 - Vehicle License Groups

1.0 Introduction

1.1 This policy incorporates and ensures MET Medical follows the applicable legislation:

- Health and Safety at Work Act 1974
- The Road Vehicles Lighting Regulations 1989 (Amended 2005)
- Road Traffic Act 1988 (Amended 1995)
- Vehicle & Driving Licence Act 1969
- Motor Vehicles Regulations 2010
- New Drivers Act (appended to Road Traffic act 1995)
- The Traffic Sign Regulations and General Directions 1994

2.0 Purpose

2.1 The purpose of the policy is to:

- Set out the required standards of driving within MET Medical to reach its service users as quickly and safely as possible. (quickly – referring to emergency responses).
- Minimise the number of Road Traffic Collisions (RTCs) and accident damage involving MET Medical vehicles.
- Ensure vehicles operated by MET Medical are fit for purpose and maintained to a safe standard.
- Promote, maintain and improve the professional image of MET Medical staff and vehicles providing response and transportation.
- Outline to staff and management their legal requirements and responsibilities with regards to emergency and non-emergency driving to deliver a consistent approach across all Areas and Directorates. This includes their responsibility to advise of any changes to their medical status or the taking of any medications which may affect their ability with regards to driving emergency and non-emergency vehicles.

- To ensure all drivers comply with all road traffic legislation
- To meet the duty of care to protect the safety and wellbeing of patients, passengers, other road users and colleagues.
- Drivers who carry out non-emergency driving and do not hold a course completion certificate of advanced course are expected to maintain driving test standard driving.

3.0 Scope

3.1 This policy applies to all MET Medical employees, volunteers, Approved Volunteers, Bank Workers and agency staff carrying out their duties, and is supplementary to any other policies e.g. Health & Safety, and Incident Reporting.

4.0 Definitions

4.1 “Emergency response driving” is required when an emergency is considered to be an event which needs immediate preventative action to avoid a risk to life or health.

4.2 “Patient Carrying Vehicles”. Are vehicles operated within or on behalf of MET Medical, which have the capability of carrying patients.

4.3 “Satisfactory driving licence”: To drive a vehicle you must:

- Hold the appropriate driving licence for the vehicle being driven
- Meet driver minimum age requirements
- Meet the legal eyesight standards
- < 6 points within two years of passing your driving test (New Drivers Act)

4.4 “Careless Driving” is an offence under Section 3 of the Road Traffic Act 1988: - “If a person drives a mechanically propelled vehicle on a road or other public place without due care and attention, or without reasonable consideration for other persons using the road or place, he is guilty of an offence.”

4.4.1 A person is to be regarded as driving without due care and attention if (and only if) the way he drives falls below what would be expected of a competent and careful driver.

4.3.2 In determining what would be expected of a careful and competent driver in a particular case, regard shall be not only to the circumstances of which he could be expected to be aware but also to any circumstances shown to have been within the knowledge of the accused.

4.3.3 A person is to be regarded as driving without reasonable consideration for other persons only if those persons are inconvenienced by his driving.

4.5 “Dangerous Driving” is an offence under Section 2 of the Road Traffic Act 1988 - “A person who drives a mechanically propelled vehicle dangerously on a road or other public is guilty of an offence.”

4.5.1 A person is to be regarded as driving dangerously if (and only if) the way he drives falls far below what would be expected of a competent and careful driver, and it would be obvious to a competent and careful driver that driving in that way would be dangerous.

4.6 “True Speed Limit” Is defined as the maximum speed at which it is safe and possible to proceed having due regard to the prevailing road, weather and traffic conditions, the handling characteristics and limitations of the vehicle being driven and, finally, the abilities of the driver.

4.7 “Group 2 Medical Fitness to Drive Standards” These DVLA standards relate to specified medical conditions which may preclude driving of class C and D vehicles and can apply to drivers carrying certain passengers.

5.0 Responsibility

5.1 The Board of Directors has overall responsibility to ensure a safe and effective service is provided.

5.2 The Fleet Lead has day to day responsibility to ensure all vehicles are roadworthy and fit for purpose.

5.3 All Managers have responsibility to ensure,

- staff are aware of this policy, through Local Induction and when changes occur.
- all employees within their area of responsibility comply with this policy
- that early management intervention takes place where standards appear to be falling below the standards set out in this policy
- triggers of driving assessments are referred to the Fleet Team.
- perform annual vehicle licence checks and insurance suitability where appropriate.
- review all Notification of Intended Prosecutions (NIP's) and action accordingly
- investigate/review all vehicle incidences to determine refresher training
- action appropriately notifications from employees about changes to their health in accordance to this policy and other policies of MET Medical.

5.4 All employees and Volunteers have a responsibility to

- familiarise themselves with the content of this policy,
- seek advice from line managers for clarification where required
- adhere to the requirements set out in this policy and its appendices
- report any condition or injury sustained which may affect their ability to drive immediately to the Operations Manager
- attend training and assessments as instructed
- notify their line manager if they are aware of any additional training requirements or assessments in accordance with this policy
- notify their line manager of any changes to their medical status or the taking of medications which may affect their ability with regards to driving emergency and non-emergency vehicles
- hold the necessary categories of driving licence commensurate with the types of vehicles they are required to drive
- ensure that any vehicle they are required to drive on behalf of MET Medical is roadworthy and legal to drive by undertaking the vehicle inspection procedures.
- hold a valid in date driving licence, appropriate for the vehicle being driven
- ensure daily vehicle checks are completed
- ensure that all defects are reported and vehicle are not used if they are not roadworthy
- drive in accordance with the Highway Code and in accordance with their training and relevant legislation.

6.0 Driving Standards

6.1 All employees, volunteers and contractors who are required to drive as an essential part of their occupational duties must hold a valid driving licence, appropriate for the vehicle being driven, be competent and fit to drive, and be authorised to drive the vehicle for business purposes at the time.

6.2 Staff who are required to drive under emergency conditions must undertake an approved training course which meets the national standards.

7.0 Education & Training:

7.1 All employees driving patient-carrying vehicles under non-emergency conditions are required to undertake MET Medical's driving assessment prior to undertaking driving duties.

7.2 Training and assessing of non-emergency driving should be undertaken but an individual that holds the correct, knowledge, skills and qualifications.

7.3 All staff driving under emergency conditions on behalf of MET Medical are required to complete an approved emergency driver training accredited course either with an Ambulance Trust or an equivalent recognised course during previous employment prior to being operationally deployed, a certificate of completion must be shown prior to offer of work.

7.4 Staff are required to complete period refresher training and assessments based on the length of time since the last driving assessment or training and whether any triggers occur.

8.0 Triggers of Driving Assessments:

8.1 One or more driving incidents resulting in any exterior vehicle damage following an investigation and root causes analysis, may trigger a driving assessment.

8.2 Following a complaint, or internal reports either verbal or written on two or more occasions within a six month period regarding poor driving standards may trigger a driving assessment.

8.3 Employees and staff may trigger a driving assessment themselves if they personally identify a training need in their own capability. In this instance, this assessment trigger is not recorded against the individual, other than the reports held on file accordingly

9.0 Driving Licence Checks & Endorsements:

9.1 All employees, volunteers and staff engaged on driving duty or with the potential to be engaged on driving duty must hold a current valid, Full European Driving Licence for the vehicle category being driven. For entry into MET Medical, it is acceptable to have a licence with a maximum of 3 (three) points only in certain categories.

9.2 All employees have a responsibility to Inform their own vehicle insurance company of any accidents they have been involved in whilst driving for or on behalf of MET Medical regardless of the liability. Failure to do so may render their personal insurance void which may consequently lead to a criminal conviction for driving without insurance.

9.3 Driving Licence checks will be performed on a 6 monthly basis. All driving licenses are checked electronically automatically by the companies electronic License checking provider.

9.4 It is a condition of employment at MET Medical for any member of staff or volunteer who carries out or may carry out driving as part of their role to provide and consent to have their driving license checked in line with this policy.

10.0 Mobile Phones

10.1 Handheld mobile phones must not be used whilst driving as it is illegal. 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.

10.2 MET Medical will ensure that when employees and volunteers are required to drive on behalf of MET Medical and use a mobile phone, this is done within the law and under the safest conditions possible.

10.3 Drivers must be aware though that using a mobile phone under any circumstances (including hands free) whilst driving may still distract attention from the road and must not be used without justification to avoid any unnecessary distraction.

10.4 It remains the driver’s responsibility to ensure that the standard of driving is not detrimentally affected by such activity. Failure to do so could leave the driver open to prosecution for dangerous or careless driving.

10.5 Where the crew of an ambulance are moving, the attendant should be responsible for making any calls or use of a mobile phone or radio.

11.0 Fixed Airwave Radios & Mobile Data Terminals (MDT)

11.1 In line with legal requirements drivers of vehicles that operate a fixed radio system and or MDT’s whilst driving must only do so when it is safe.

11.2 All messages passed must be brief to avoid any unnecessary distraction. It remains the driver’s responsibility to ensure that the standard of driving is not detrimentally affected by such activity. Failure to do so could leave the driver open to prosecution for dangerous or careless driving.

12.0 Fitness to Drive

12.1 In addition to the legal minimum standard, the higher Group 2 medical fitness to drive standards apply within MET Medical for employees either driving under emergency conditions or transporting patients. A summary of the disorders which could affect an individual’s eligibility for Group 2 Licensing can be found at:

12.2 At a Glance Guide to the current medical standards of fitness to drive, issued by the Drivers Medical Group, DVLA Swansea. <http://www.dft.gov.uk/dvla/medical/ata glance.aspx>

12.3 Any employee, volunteer or staff member undertaking driving activities on behalf of MET Medical must inform MET Medical immediately of any health change, eyesight problem or other condition which could impair his/her ability to drive safely. In addition all employees and staff who drive under emergency conditions or who are responsible for transporting patients must inform MET Medical via their line manager if they develop any of the medical conditions outlined in the DVLA Group 2 Standards.

12.4 Where employees develop a medical condition which prevents them either temporarily or permanently from undertaking driving duties which are essential for their role, every effort will be made to redeploy staff into a suitable alternative role. Suitable alternative roles may not always be available and therefore development of such medical conditions could ultimately lead to termination of an employee's contract.

12.5 It is the driver's responsibility to ensure they are fit to drive at all times and be aware of the implications which alcohol, illicit substances and medication could have for driving safely. Information can be found at:

- At a Glance Guide to the current medical standards of fitness to drive, issued by the Drivers Medical Group, DVLA Swansea. <http://www.dft.gov.uk/dvla/medical/ata glance.aspx>
- Secretary of State Honorary Medical Advisory Panel Guidance on Diabetes and Driving. http://www.dft.gov.uk/dvla/medical/medical_advisory_information/

12.6 All employees and staff to whom this policy applies will be sent a 'Health Declaration' form on which, they will declare any medical condition which may affect their ability to drive under the DVLA Group 2 Standards. This declaration will remain in place however, staff are required to notify MET Medical of any changes in their health or of any condition that has or may have an impact on their ability to comply with Group 2 medical standards.

12.7 All new staff who tick yes to any boxes on the occupational health declaration will be reviewed by the company's medical director and may referred to occupational health.

13.0 Vehicles

13.1 All drivers have a legal responsibility to ensure that the vehicles they drive are roadworthy and legal to drive. Drivers must ensure that vehicle daily inspections (VDIs) are carried out on a daily basis to ensure vehicles remain safe and roadworthy.

13.2 Any person (provided the person driving holds a licence to drive the vehicle and such licence has not been revoked or has held and is not disqualified from holding or obtaining such a licence and provided the person is driving on the order of or with the permission of the policyholder) can drive any motor vehicle that is the property of the Insured and/or for which they are legally responsible.

13.3 Failure to ensure a VDI is completed prior to any shift, will result in disciplinary action being taken.

14.0 Privately Owned Vehicles

14.1 Privately owned vehicles must not be used for MET Medical activities unless they are adequately insured for business use and the owner has permission for the purpose from the business. It is the vehicle driver's responsibility to ensure adequate insurance is in place for any such privately owned vehicle.

14.2 For all journeys, drivers using privately owned vehicles for MET Medical activities must provide a copy of their car insurance certificate to the Finance Department that confirms the addition of business insurance. This must be confirmed to the Finance Department annually. Employees are reminded that failure to do so will result in a lower mileage claim being paid and back pay will not be permitted.

15.0 Notices of Intended Prosecution (NIP)

15.1 Notices of Intended Prosecution (NIP's) will be reviewed by a manager.

15.2 Where NIP's are received and no supporting exemption evidence is available such as the use of blue lights and sirens, the incident will be investigated and appropriate action taken.

15.3 All NIP's received will be reviewed and audited against MET Medical's Driving Policy standards. Where the policy standards are not met, an investigation may take place and appropriate action taken.

15.4 Any employee, volunteer and/or staff member will be liable to the consequences of the law if the exemption is not approved.

15.5 Repeat offenders may invoke the disciplinary policy.

16.0 Authorisation to drive MET Medical Vehicles

16.1 MET Medical vehicles may only be used for official MET Medical business.

16.2 Vehicles may not be used for personal use such as personal errands or commuting.

16.3 All vehicle use must be authorised, either as part of a rostered shift or in consultation with the Fleet Department or a Clinical Manager.

17.0 MET Medical Vehicles driven by other non-company employees

17.1 In exceptional circumstances MET Medical vehicles may be driven by non-medical staff.

17.2 The driver must hold the correct category license for the vehicle.

17.3 The driver should only drive under normal road speed conditions.

18.0 Vision

18.1 All drivers must ensure that their vision meets with the legal requirement at all times. This is specified in the Highway Code (Rule 92) and drivers are strongly encouraged to have regular eyesight tests (every two years at least) to help maintain this requirement.

18.2 Drivers who need to wear spectacles or contact lenses for driving must do so at all times when driving and should also carry a spare pair of spectacles when on duty in case they get damaged.

18.3 In accordance with Rule 94 of the Highway Code, sunglasses/tinted spectacles may only be worn during bright sunlight. The wearing of such spectacles could be dangerous in other conditions, due to the reduction of vision and subsequent risk of not observing another road user, for example pedestrian or bicycle

18.4 Spectacles and/or Sunglasses should be of a colour and style in keeping with the professional image of the company.

19.0 Conduct on the Road

19.1 Drivers should at all times carry out driving duties safely and professionally as poor or dangerous driving reflects badly on MET Medical and the NHS.

19.2 All vehicles on the road should be visibly clean internally and externally and in good state or repair.

19.3 Drivers should be considerate to other road users and be aware that bad driving or parking can lead to complaints, negative social media or negative press.

19.4 Drivers should drive smoothly for patient comfort and to avoid heavy wear on vehicles.

20.0 Consumption of Food and Drink in Vehicles

20.1 The consumption of food and drink within a company vehicle is strictly prohibited whilst that vehicle is in motion (with the exception of water from a suitable vessel by the attendant).

20.2 If the driver requires a drink the vehicles should be stopped in a safe place.

20.3 Food and drink should not be consumed in any patient bearing area of a vehicle at any time.

20.4 The consumption of food and drink in non-patient bearing areas whilst stationary is permitted, although the vehicle should be discreetly parked away from public view as far as is reasonably possible, as public perception is that the entire ambulance is a sterile area.

21.0 Smoking

21.1 Staff are reminded smoking is not permitted in any vehicle. MET supports a healthy lifestyle for all staff.

22.0 Seat Belts

22.1 Users and all passengers (including the attendant), are required by law to wear front seat belts in all types of Service vehicle. The same rule applies to rear seat belts in cars, and those in small minibus vehicles (i.e. an unladen weight of less than 2540kg).

22.2 There are three exemptions in the law:

- If you are reversing at low speed
- If you have a valid medical seat belt exemption certificate
- For the purpose of providing emergency medical treatment to a patient which due to the nature or medical situation cannot be delayed. (NB. This does not automatically apply to all journeys)
- If your seatbelt becomes defective and you are enroute to a place where the seatbelt can be repaired. (NB. Control must be notified).

22.3 A suitable child restraint should be used for all children under 12 or less than 135cm. This may be a car seat or specialist device such as a Ferno pedi-mate or neo-mate.

22.4 The driver is responsible for ensuring that all under 14's are wearing a seatbelt or suitably restrained and ensuring that anyone over the age of 14 has been requested to wear one.

22.5 The legal responsibility for wearing a seatbelt falls on the individual once they are 14 years old but as healthcare professionals we do still have a duty of care.

22.5 You should document or make a report if your patient or relative refuses to wear a seatbelt.

23.0 Vehicle Doors and Securing Equipment

23.1 Vehicle doors must be properly fastened to ensure they do not open whilst the vehicle is in motion.

23.2 All equipment and gas cylinders must be properly secured to avoid injury to staff and passengers.

23.3 Under no circumstance may a vehicle travel with any doors open.

23.4 It is the driver's responsibility to ensure that the rear/side steps and tail-lift or ramp are safely stowed, and that all doors are closed before moving off.

24.0 Non-Emergency Driving Procedures

24.1 All drivers must use a banks-person when reversing an ambulance.

24.2 Non-emergency staff are not permitted to claim any exemption afforded to emergency vehicles, other than those relating to 'stopping' and 'parking'.

24.3 When using exemptions for parking, vehicles must be parked safely at all times.

24.4 Bus Lanes may be used if the local legislation allows it. (this may allow any use or use only with patients onboard) Please note London only permits London Ambulance Service to use its bus lanes.

24.5 It should be noted that in moving traffic, bus lanes may inhibit progress due to stopped vehicles.

25.0 Emergency Driving Procedures

25.1 The overriding priority in all driving situations is safety. It is essential that ambulance vehicles are always driven at a speed that is conducive with the prevailing road, weather and traffic conditions existing at the time. Equally, the speed must be compatible with the patient's condition, and that allows the attendant to safely provide the appropriate level of care. It should be remembered that it is better to arrive late than not at all.

25.2 Driving excessively aggressively increases the risk of motor collision and also increases the risk of breakdown.

25.3 On receipt of a call for critical transport or an emergency call (in accordance to local Trust guidelines), crew should immediately progress to the address by the quickest route available using appropriate audible and visual warnings devices.

25.4 Where no exemption applies and the driver incurs parking fines, fixed penalty and/or a summons, it will be the driver's responsibility to address these and resolve the matter with the manager. The company will not cover the cost of any financial penalties that are incurred in this regard. Except when on emergency calls, drivers are bound by the restrictions on waiting, sounding of audible warning devices and positioning on the road when stationary. An ambulance is only exempt from such regulations if conformity would hinder its use for its intended purpose.

25.5 It is the drivers decision as to whether they can claim exemptions. The national training teaches drivers to know when audible and visual warnings (blue lights, sirens and wig-wags) are required if the journey would otherwise hinder the use of the vehicle for ambulance purposes

25.6 Those trained in the use of emergency driving should only use blue lights and claim exemptions when they are authorised to do so.

26.0 Speed Exemptions

26.1 A vehicle being used for ambulance purposes may exceed any statutory speed limit (those governing roads and vehicles) if observance of the limit would hinder the use of the vehicle for its official purpose on that occasion. The exemption could be claimed when travelling to an emergency, or on the journey to hospital providing the patient's condition can justify use of the exemption.

26.2 Drivers are not exempt from prosecution against the Road Traffic Act 2006 for offences related to driving dangerously, driving without due care and attention or without reasonable consideration for other road Users.

27.0 Negotiating Red Traffic Lights

27.1 Drivers have discretion to regard a red traffic light as a 'Give Way' sign rather than a 'Stop' sign when 'observance would hinder the use of the vehicle for its official purpose on that occasion'. A 'Give Way' sign has specific legal meaning and failure to comply with that meaning is in itself an offence. The sign means do not enter the major road in such a manner as to be likely to cause DANGER to, or collision with, a vehicle on the major road or to cause it to change speed or course.

27.2 As highlighted above, the only circumstances in which this exemption can be considered are during the initial response to an emergency call, or when the patient's condition warrants the emergency transfer to a treatment facility. In either situation, emergency warning lights must be utilised, with the use of audible warning devices determined by the presence of other road users (including pedestrians) and if applicable, the patient's condition.

27.3 In order to do this SPEED must be significantly reduced to a slow walking pace prior to arriving at the hazard. The speed should be 5-10mph maximum.

27.4 No DECISION is to be made to enter the junction before full VISION has been acquired and it can be seen that it is safe to proceed.

27.5 Drivers must WAIT until all other drivers and road users have stopped or slowed to allow the ambulance vehicle precedence.

27.6 Company vehicles must NOT force their way through and cause other road users to alter direction or speed.

27.7 Particular care must be taken where the junction has multiple lanes to cross and vision is obscured by large vehicles.

27.8 At NO POINT should a driver consider they have the right of way because they have blue lights on.

27.9 Always 'PLAN FOR THE WORST- DON'T HOPE FOR THE BEST'

27.10 The degree of additional care and caution required to safely negotiate a red traffic signal cannot be overemphasised.

27.11 Staff must remain mindful that the use of audible and visual warnings does not give an ambulance vehicle 'the right of way' – they merely seek to alert the public to its presence. Equally, having the right to claim an exemption does not mean it is safe to use it.

28.0 Pedestrian Crossings (All types)

28.1 The very nature of pedestrian crossings dictates that extreme caution MUST be exercised at all times on the approach and during the negotiation of crossings.

28.2 Drivers MUST once again approach crossings at a slow walking pace, and NOT proceed until they are completely satisfied that any pedestrians have observed the approaching vehicle and adopted a safe position.

28.3 Users must then remain vigilant to any sudden or unexpected actions by pedestrians and/or other road users as the crossing is safely negotiated.

28.4 Due consideration should also be given to the potential of disability in pedestrians and/or other road users, particularly those affecting sight and hearing.

28.5 Legally, the driver must allow precedence to any pedestrian who is on any part of the crossing, and equally must not cause danger to any other vehicle approaching or waiting at the crossing.

28.6 Ambulances are permitted to park within the controlled area and on the crossing subject to the vehicle not remaining longer than is necessary, and/or it could not be parked effectively elsewhere. This exemption is to allow ambulance personnel to deal with the incident when no alternative parking is available. Justification must be absolute as a charge of dangerous parking can be imposed.

29.0 Traffic Islands – Keep left signs - Passing on the Offside

29.1 There are occasions when because of traffic or an obstruction, it becomes necessary for a company vehicle to pass on the offside of a refuge to avoid delay when engaged on an emergency call.

29.2 In these circumstances the greatest care must be exercised; the onus for ensuring that there is no possibility of a collision or of causing harm rests with the Driver.

30.0 Roundabouts and One-way streets

30.1 At all times including driving under emergency conditions, Drivers must negotiate traffic roundabouts and one-way streets in the direction of the flow of traffic unless otherwise directed by a police officer in uniform.

31.0 Junctions where Right/Left Turns are Banned or Restricted

31.1 Users may make otherwise prohibited right or left turns only whilst engaged on an emergency journey and that manoeuvre is deemed **essential**.

31.2 It is imperative that Drivers take every precaution to ensure that no danger or inconvenience is caused to others.

32.0 Bus Lanes

32.1 All vehicles may use bus lanes when driving under emergency conditions.

33.0 Clearways

33.1 Vehicles are permitted to stop and park on Clearways, subject to it being necessary to carry out essential duties that could not be done if the vehicle were parked elsewhere. eg. attending an incident or carrying out work on patient such as chest compressions.

33.2 It must be remembered that no Driver is exempt from leaving a vehicle in a dangerous position. It is the responsibility of the Driver to ensure that the vehicle is not left in such a manner, position or circumstances as would be likely to present a danger to other road users.

33.3 All precautionary means, (e.g. blue lights, flashing beacons and hazard warning lights) must be used when stopping in potentially hazardous situations.

34.0 Flood Lights

34.1 White flood lights , or side scene/alley lights may be used when the vehicle is stationary to illuminate an incident.

35.0 Non-exemptions

There are no exemptions for the driver of an ambulance, even when responding to an emergency call, from the following list:

- Dangerous Driving

- Careless Driving
- Failing to stop if involved in a Road Traffic Incident
- Dangerous Parking
- Driving without wearing a seatbelt
- Failing to obey traffic lights controlling a railway level crossing or fire station
- Crossing or straddling a solid white line nearest to you down the middle of the road (other than those occasions listed in the Highway Code, or if you have to pass a maintenance vehicle, a pedal cyclist or a horse being ridden, all of which must be travelling at less than 10mph).
- Failing to obey a 'STOP' or 'GIVE WAY' sign**
- Failing to obey a 'NO ENTRY' sign**
- Failing to obey a 'ONE WAY TRAFFIC' sign

** unless instructed by a uniformed police officer or traffic warden.

36.0 Negotiating Rough Ground

36.1 Every effort must be made to avoid a standard vehicle being driven off road, as this may cause the vehicle to get bogged-down and/or cause damage to the vehicle or property, e.g. playing fields.

36.2 Driving an Ambulance off road in wet or muddy terrain will likely result in the vehicle becoming stuck and requiring specialist recovery.

36.3 When driving onto a property all reasonable instructions of the owner should be accepted and steps taken to avoid damage to premises consistent with a speedy recovery of the patient.

36.4 If it is necessary to negotiate prepared or soft ground to reach the patient and driving over the area is likely to cause damage, crews should approach the patient on foot and give consideration to the way in which the patient will be conveyed back to the ambulance such as by requesting other resources or specialist equipment.

36.5 In the event of any uncertainties about the surface, staff must not commit the vehicle until they have satisfied themselves that the vehicle will not sink and become impeded.

37.0 Escorts

37.1 It is unusual for the police to escort a vehicle.

37.2 Extreme care should be taken if the ambulance is being escorted.

37.3 Rapid response cars are not permitted to escort ambulances.

37.4 If an ambulance is claiming exemptions to transport a patient to hospital and an RRV needs to be taken, there is no legal exemption for the RRV to be driven at speed and therefore it should travel at normal road speed.

38.0 Multiple Vehicle Convoys

38.1 If multiple vehicles are driving together under emergency conditions a different siren should be used to alert road users that there is more than one vehicle and extra care should be taken.

39.0 PPE

39.1 Hi-Vis should be worn on all highways when attending an incident.

39.2 Approved helmets should be worn when attending incidents on motorways unless both carriageways are closed.

39.3 A dynamic risk assessment should be carried out at all times and PPE adjusted accordingly.

40.0 Testing Sirens and Noise Pollution

40.1 Whilst testing the lights and siren is an integral part of a vehicle daily inspection it should be noted that MET operates 24 hours a day and the station is in close proximity to a residential housing estate. As such crews should be aware of unnecessary noise when checking and loading vehicles for shifts.

41.0 Lone Working

41.1 Vehicles have been fitted with a range of safety equipment which monitors the vehicles location at all times. This has significant safety benefits as well as operational ones and cannot be turned off.

41.2 Frontline Vehicles should all have an Airwaves handset which has an emergency panic button which protects crew against attack.

41.3 In the event of the incident press the button and speak out for example if you said 'put the knife down' the control room would know you are under attack by someone with a knife.

41.4 Police response panic buttons are also located near the front door of the ambulance station in case of attack whilst preparing a vehicle at the start or end of shift.

41.5 Lone workers are exempt from using a banks-person, however, extra care should be taken when reversing so as not to cause injury to a pedestrian or damage to the vehicle.

41.0 Defect Reporting and Safety Checks

41.1 Defect reporting and safety checks are an essential part of MET Medical fleet management and safety risk management.

41.2 All defects should be reported immediately via the correct electronic form. Failure to report will result in disciplinary actions.

41.3 If a vehicle is not roadworthy it should not be used and should be taken off the road (VOR)

41.4 Examples of this are:

- A defect which would be an MOT failure
- Loose panels
- Grinding brake discs

- Heating not operational in cold weather
- Stretcher not securing safely
- Doors not closing
- Fumes in the cab

41.5 If the vehicle is declared 'VOR' the fleet manager or on call manager out of hours should be notified. They will advise of a spare vehicle.

41.6 MET medical also carries out regular safety checks which ensures preventative maintenance is carried out.

41.7 Only staff with the appropriate knowledge and experience are permitted to carry out repairs other than topping up the oil, coolant or windscreen fluids if the level is definitely below the minimum line or changing a light bulb. All other defects must be repairs by fleet staff or a qualified mechanic.

41.8 Extreme care must be taken when topping up oil and fleet staff should be notified. The oil must be checked with a clean dipstick when the engine is cold (i.e before starting). Overfilling engine oil will result in catastrophic damage to the engine. Drivers may add a maximum of 500ml of oil. If the vehicle requires more than this it should be referred to Fleet staff.

41.9 Tyres may be topped up using the air pump to the recommended level. All damage or excessive wear to tyres should be reported.

42.0 Motor Collisions

42.1 Motor collisions sometimes referred to as 'accidents' or 'road traffic collisions' related to any collision between one or more motor vehicles. As such a motor collision may involve a vehicle colliding with a stationary vehicle, static object or another vehicle.

42.2 The law requires all motor collisions to be reported.

42.3 In the event of a collision with another vehicle or object the driver has a responsibility to stop and exchange details with the owner of the other vehicle or property. In the event that details cannot be exchanged the law requires that the collision is reported to the police within 24 hours. Please note that responding to an emergency call is not a reason not to stop or exchange details.

42.4 The driver is also required to report the collision to the owner of the vehicle (MET Medical).

42.4 All motor vehicle collisions will be investigated for route cause. All drivers should report collisions in company vehicles to their own personal vehicle insurer in-line with their policy terms.

42.5 In the event of an 'at fault collision' the driver is liable for a proportional share of the excess (currently £250 for the driver per collision). This is a requirement of MET Medical's current insurer.

42.6 Failing to report a motor collision is a criminal offence with a penalty of up to 6 months imprisonment. Failing to report the collision to MET Medical amounts to Gross Misconduct and will result in dismissal or termination of a contract in the case of a driver who is not an employee of the company.

43.0 Internal Driving License

43.1 MET Medical operates an internal driving license.

43.2 Points may be awarded to any driver responsible for damaging a vehicle, third party damage, driving carelessly or recklessly or breaking road traffic regulations. A passenger may also receive points for actions such as failing to prevent a collision as a bank's person.

43.2.1 Each point that is awarded on the internal license will remain for a period of 12 months. Once the points have reached the 12 month anniversary, they will be automatically discounted

43.3. Every Driver irrespective of contract or employment status will have a Maximum of 15 points that they can reach before an internal investigation will be implemented. An investigation can be carried out prior to reaching the 15 point limit, depending on the severity of the incident and/or if any policies have been breached.

During the investigating process, a suspension from duties will be issued until the investigation has been fully resolved.

43.3.1 The individual will be suspended from driving only when they have reached a total of 10 points and a driving assessment will need to be completed. If deemed incompetent at the driving assessment, then further training will need to be completed prior to returning to driving duties.

43.3.2 An improvement letter will be issued when the individual has reached the 10 points on their internal driving license.

43.4 If an internal driving license is lost the driver may have to complete further training or disciplinary action

43.4.1 Failing to report any incidents, will result in disciplinary action.

44.0 Monitoring

The effectiveness of this policy will be monitored by adverse incidents reported relating to fleet operations and the number of Motor collisions occurring which is monitored on the Fleet Management Dashboard..

45.0 Review

This policy will be reviewed every 2 years unless otherwise required by legislation or operational demand or change.

Appendix 1:

Licence Groups :

Group 1 – Includes Motor Cars and Motor Cycles. For category B (Motor Car) licence issue is valid until age 70 unless restricted to a shorter duration for medical reasons.

Group 2 - Includes large lorries (category C) and buses (category D) The medical standards for Group 2 drivers are very much higher than those for Group 1 because of the size and weight of the vehicle.

Group 2 licences, lorries (Category C) or buses (Category D) are normally issued at age 21 and valid until age 45. Group 2 licences are renewable thereafter every five years to age 65 unless restricted to a shorter period for medical reasons. From age 65 Group 2 licences are renewable annually without upper age limit.

All Group 2 licence applications must be accompanied by a medical application form D4 Staff with Group 2 licences that require to be renewed thereafter every 5 years from their 45th birth date will be responsible for the renewal and for costs.

All drivers who obtained entitlement to Group 1, category B (motor car) before 1st January 1997 have additional entitlement to category C1 and D1. Holders of C1/D1 entitlement retain the entitlement until their licence expires or is medically revoked

On subsequent renewal the higher medical standards applicable to group 2 will apply.

Fitness to Drive medical standard guidelines is provided by the Drivers Medical Group, DVLA. This document can be seen at www.dvla.gov.uk

Staff who have additional entitlement must ensure they notify of any pending likely loss of licence through expiration or refusal of renewal.