

Fitness to Drive

Dr Alan Black

Consultant in Occupational Medicine













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Glasgow bin lorry crash driver Harry Clarke in court on dangerous driving charge

17 March 2016 Glasgow & West Scotland



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Features



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Assessing fitness to drive – a guide for medical professionals



www.gov.uk/dvla/fitnesstodrive

March 2016



Transient loss of consciousness – solitary episode

	Group 1 car and motorcycle	Group 2 bus and lorry
Typical vasovagal syncope with reliable prodrome		
While standing	May drive and need not notify the DVLA.	May drive and need not notify the DVLA.
While sitting	Must not drive for 1 month and must notify the DVLA.	Must not drive for 3 months and must notify the DVLA.
Syncope with avoidable trigger or reversible cause (for cough syncope see page 21)		
While standing	May drive and need not notify the DVLA.	May drive and need not notify the DVLA.
While sitting	Must not drive for 4 weeks. Driving may resume after 4 weeks only if the cause has been identified and treated. Must notify the DVLA if the cause has not been identified and treated.	Must not drive for 3 months. Driving may resume after 3 months only if the cause has been identified and treated. Must notify the DVLA if the cause has not been identified and treated.
Unexplained syncope, including syncope without reliable prodrome		
This diagnosis may apply only after appropriate neurological and/or cardiological opinion and investigations have detected no abnormality.		
While standing or sitting	Must not drive and must notify the DVLA. If no cause has been identified, the licence will be refused or revoked for 6 months.	Must not drive and must notify the DVLA. If no cause has been identified, the licence will be refused or revoked for 12 months.
Cardiovascular, excluding typical syncope		
While standing or sitting	Must not drive and must notify the DVLA. Driving may be allowed to resume after 4 weeks if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 6 months.	Must not drive and must notify the DVLA. Driving may be allowed to resume after 3 months if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 12 months.

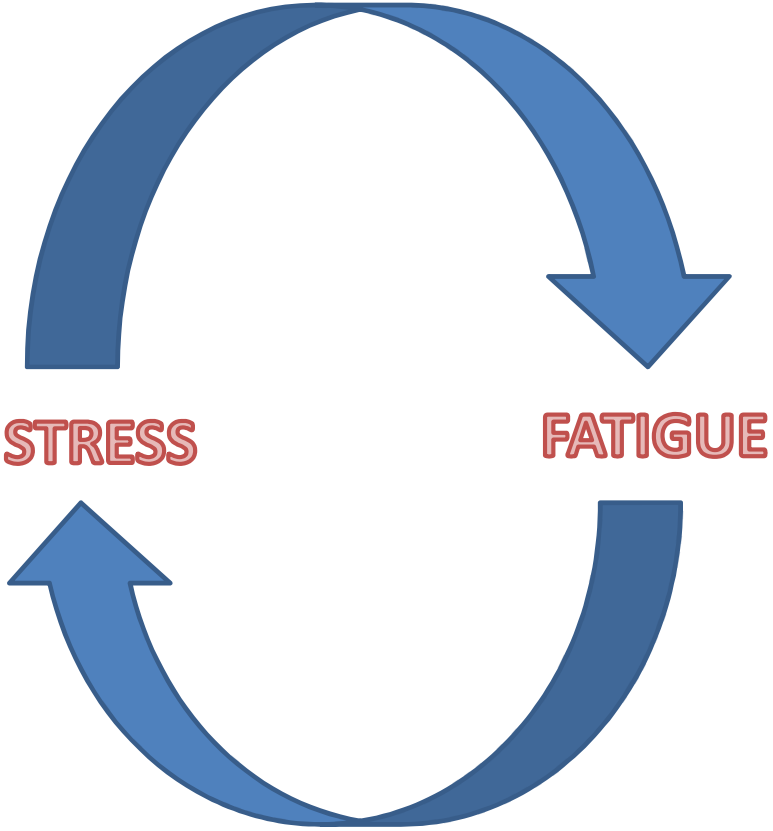


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Stress, Fatigue and Driving



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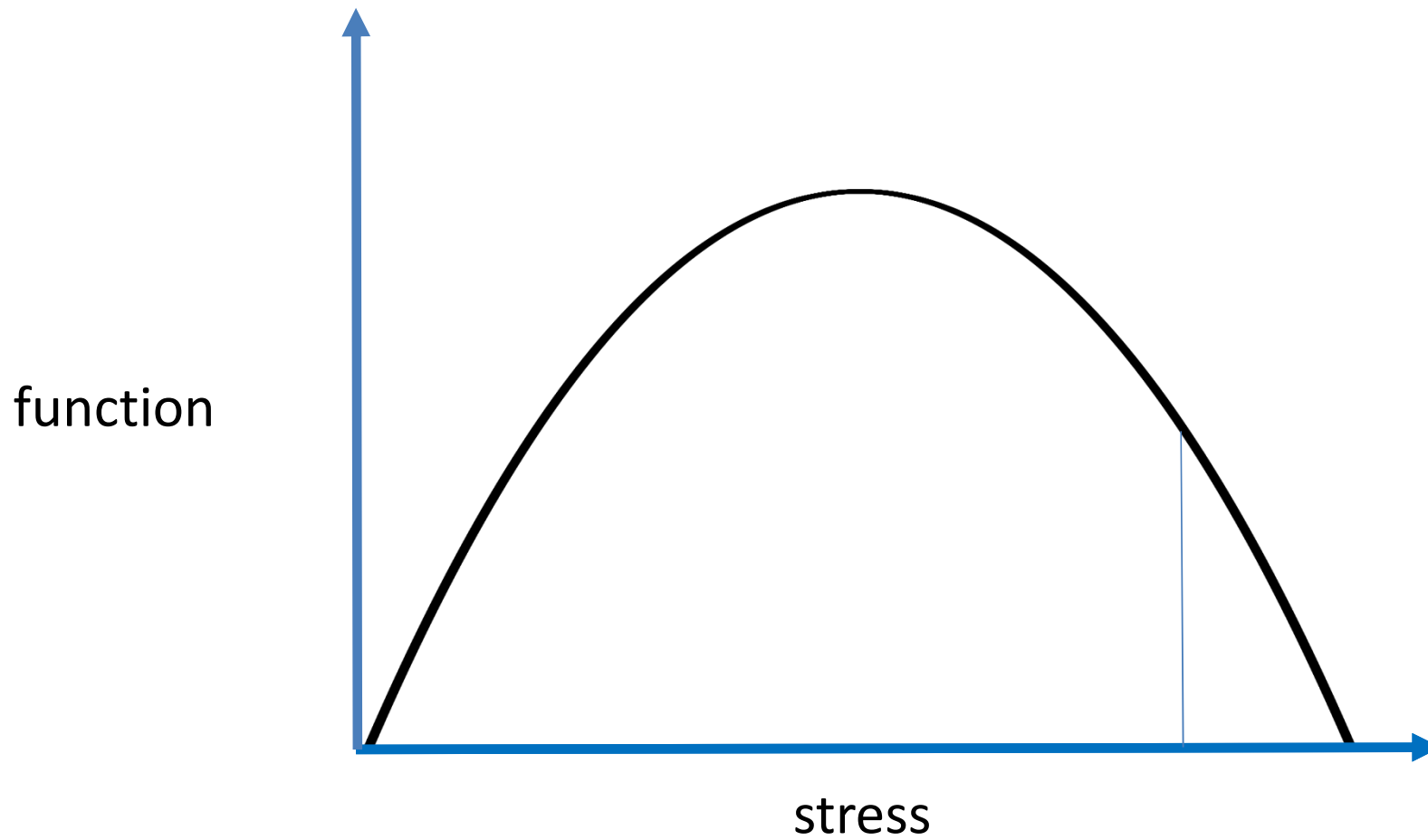
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Oxford English Dictionary Definition of Stress

“A state of mental or emotional strain or tension resulting from adverse or demanding circumstances:”



Stress v. function





Health and Safety
Executive

HSE MANAGEMENT STANDARDS INDICATOR TOOL

Warning Signs of Decompensated Stress

- Rumination – can't switch off
- Goes to sleep in PM and wakes up in AM thinking about the issue
- Deteriorating non-work relationships – especially partner
- Loss of sense of perspective
- Chronic sleep loss, lowering of mood, irritability
- Development of physical symptoms:-
 - Nausea, diarrhoea, vomiting
 - Headaches
 - Dizziness
 - Back / neck pain
- Weight and appetite loss
- Social avoidance
- Alcohol abuse
- ***Change of behaviour***

	Group 1 car and motorcycle	Group 2 bus and lorry
Without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	<p>■ May drive and need not notify the DVLA. See Appendix E, page 115 for medication considerations relevant to driving.</p>	<p>▲ May drive and need not notify the DVLA, provided the illness is short-lived. For other cases, refer to 'severe' below. See Appendix E, page 115 for medication considerations relevant to driving.</p>

Persistent alcohol and/or drug misuse or dependence

- See Chapter 5, page 76.
- If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving and licensing.



Severe anxiety or depression

Note: effects of severe illness are of greater importance for their relevance to driving than medication – but see Appendix E, page 115 for additional considerations, on medication.

	Group 1 car and motorcycle	Group 2 bus and lorry
Significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	<p>● Must not drive and must notify the DVLA. Licensing will depend on the outcome of medical enquiries, and the DVLA will require a period of stability. Particular danger would be posed by those who may attempt suicide at the wheel.</p>	<p>● Must not drive and must notify the DVLA. Licensing will depend on the outcome of medical enquiries, and the DVLA will require a period of stability. Particular danger would be posed by those who may attempt suicide at the wheel. Licensing may be granted after 6 months if: <ul style="list-style-type: none"> ■ the person has been well and stable and ■ is not taking medication with side effects that would affect alertness or concentration. </p>

Fatigue and Driving



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Royal Society for the Prevention of Accidents

“Driver fatigue is a serious problem resulting in many thousands of road accidents each year. It is not possible to calculate the exact number of sleep related accidents but research shows that driver fatigue may be a contributory factor in up to 20% of road accidents, and up to one quarter of fatal and serious accidents.”

Section 2 – Principal Causation Factors

The main principal causation factors for KSI casualties during 2014/15 were ‘inattention or attention diverted’ (98 KSI casualties), followed by ‘excessive speed having regard to collisions’ (85 KSI casualties) and ‘impaired by drugs/alcohol – driver rider’ (68 KSI casualties).

The most common principal causation factors of all injury road traffic collisions in 2014/15 were ‘inattention or attention diverted’ (1,765 casualties), ‘driving too close’ (1,218 casualties) and ‘emerging from a minor road without care’ (759 casualties).

Table 3: Most Common Principal Causation Factors in Road Traffic Collisions - 2014/15

Principal Factor	Number of Injury Collisions	Casualties		
		Total KSI ¹	Slightly Injured	Total Casualties
Inattention or attention diverted	1,139	98	1,667	1,765
Driving too close	763	21	1,197	1,218
Emerging from minor road without care	454	37	722	759
Turning right without care	290	50	498	548
Excessive speed having regard to conditions	271	85	416	501
Alcohol/drugs driver rider	245	68	321	389
Crossing or entering road junction without care	230	36	363	399
Other driver/rider factor	223	31	276	307
Wrong course/position	215	60	315	375
Heedless of traffic crossing carriageway	184	48	157	205

¹ Killed or seriously injured

“Think” Campaign



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- Plan your journey to include a 15-minute break every two hours.
- Don't start a long trip if you're already tired.
- Remember the risks if you have to get up unusually early to start a long drive.
- Try to avoid long trips between midnight and 6am when you're likely to feel sleepy anyway.
- If you start to feel sleepy, find a safe place to stop - not the hard shoulder of a motorway. Drink two cups of coffee or a high-caffeine drink and have a rest for 10 to 15 minutes to allow time for the caffeine to kick in.
- Remember, the only real cure for sleepiness is proper sleep. A caffeine drink or a nap is a short-term solution that will only allow you to keep driving for a short time.



Driving for work: Safer journey **planner**



Prevent Driver Sleepiness

One of the most important things employers must do is ensure that their drivers are not at risk of falling asleep at the wheel. Thousands of crashes are caused by tired drivers. They are most likely to happen:

- on long journeys on monotonous roads, such as motorways
- between 2am and 6am
- between 2pm and 4pm (especially after eating, or taking even one alcoholic drink)
- after having less sleep than normal
- after drinking alcohol
- if taking medicines that cause drowsiness
- after long working hours or on journeys home after long shifts, especially night shifts

Obstructive Sleep Apnoea (OSA)

- OSA is a relatively common condition that affects more men than women.
- Most cases of OSA develop in people aged 30 to 60 years old, although it can affect people of all ages, including children.
- In the UK, it is estimated around 4% of middle-aged men and 2% of middle-aged women have OSA.
- As someone with OSA may not notice they have the condition themselves, it is likely that OSA often goes undiagnosed.

Signs of Obstructive Sleep Apnoea (OSA)

Signs of OSA while you are awake can include:

- not feeling refreshed after waking up
- feeling very sleepy during the day
- poor memory and concentration
- headaches, particularly in the morning
- irritability and mood swings
- depression
- lack of interest in sex (loss of libido)
- in men, erectile dysfunction

Symptoms of Obstructive Sleep Apnoea (OSA)

- Signs of OSA in someone sleeping can include:
 - loud snoring
 - noisy and laboured breathing
 - repeated short periods where breathing is interrupted by gasping or snorting
- Some people with OSA may also experience night sweats and may wake up frequently during the night to urinate.
- If you have OSA, you may have no memory of your interrupted breathing during the night. However, when you wake up you are likely to feel as though you have not had a good night's sleep.

Epworth Sleepiness Scale

- Sitting and reading
- Watching TV
- Sitting inactive in a public place (e.g a theatre or a meeting)
- As a passenger in a car for an hour without a break
- Lying down to rest in the afternoon when circumstances permit
- Sitting and talking to someone
- Sitting quietly after a lunch without alcohol
- In a car, while stopped for a few minutes in traffic

Excessive sleepiness – including obstructive sleep apnoea

Excessive sleepiness having, or likely to have, an adverse effect on driving includes:

- obstructive sleep apnoea of any severity
- any other condition or medication that may cause excessive sleepiness.

Legislation states that objective sleep study measurements for driving assessment purposes should use the apnoea-hypopnea Index (AHI). Recognising that not all sleep services use AHI, the DVLA will accept results of equivalent objective tests.

The 'Tiredness can kill' leaflet (NF159) is for drivers concerned about excessive sleepiness.

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	Group 1 car and motorcycle	Group 2 bus and lorry
<p>Excessive sleepiness including due to mild obstructive sleep apnoea:</p> <ul style="list-style-type: none"> ■ AHI below 15 (mild) on the apnoea-hypopnea index or equivalent sleep study measure 	<ul style="list-style-type: none"> ● Must not drive but may not need to notify the DVLA. Driving may resume only after satisfactory symptom control. 	<ul style="list-style-type: none"> ● Must not drive and must notify the DVLA. Driving may be licensed again once control of symptoms is satisfactory. The DVLA will require a specialist's confirmation of ongoing adherence to treatment. Licensing is subject to review, usually annually.
<p>Obstructive sleep apnoea – moderate and severe apnoeas with sleepiness:</p> <ul style="list-style-type: none"> ■ AHI 15 to 29 (moderate) ■ AHI 30 or more (severe) on the apnoea-hypopnea index or equivalent sleep study measure 	<ul style="list-style-type: none"> ● Must not drive and must notify the DVLA. This requirement also applies for a suspected diagnosis yet to be confirmed. Subsequent licensing will require: <ul style="list-style-type: none"> ■ control of condition ■ sleepiness improved ■ treatment adherence. The DVLA will need medical confirmation of the above, and the driver must confirm review to be undertaken every 3 years at the minimum. 	<ul style="list-style-type: none"> ● Must not drive and must notify the DVLA. This requirement also applies for a suspected diagnosis yet to be confirmed. Subsequent licensing will require: <ul style="list-style-type: none"> ■ control of condition ■ sleepiness improved ■ treatment adherence. The DVLA will need medical confirmation of the above, and the driver must confirm review to be undertaken every 3 years at the minimum.
<p>Obstructive sleep apnoea – moderate and severe apnoeas without sleepiness:</p> <ul style="list-style-type: none"> ■ AHI 15 to 29 (moderate) ■ AHI 30 or more (severe) on the apnoea-hypopnea index or equivalent sleep study measure 	<ul style="list-style-type: none"> ● Must not drive but need not notify the DVLA. Driving may resume once associated symptoms such as poor concentration have been brought under control. 	<ul style="list-style-type: none"> ● Must not drive but need not notify the DVLA. Driving may resume once associated symptoms such as poor concentration have been brought under control.



Questions?



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