# DRIVER ROADWORTHINESS: Managing physical and mental health and wellbeing in at-work drivers

Driving for Better Business

AN AWARD-WINNING FREE PROGRAMME FROM national highways

# Foreword

At National Highways road safety is, and will always be, our number one priority. England's motorways and major A-roads are some of the safest in the world, and our ambition is that no-one should be harmed while travelling or working on our roads.

Road safety is a shared responsibility – it can't be achieved in isolation. We are continually working with partners, organisations and road users to help us collectively achieve this ambition.

We know that vehicles do not cause most collisions – people do. Most vehicle operators understand the need for strict roadworthiness standards for their vehicles – but it is equally important that their drivers also meet high standards for health, welfare and 'roadworthiness'.

Driving requires sustained focus, situational awareness and sound, rational decision-making. Issues such as pain, fatigue, illness, stress and dehydration are likely to compromise a driver's ability to maintain their attention on the road and to perform safely.

Organisations which prioritise driver welfare set their drivers up for success. By educating, sharing resources, creating schedules and fostering supportive environment drivers are better able to maintain their physical and mental health. Benefits to organisations include lower costs, lower levels of sick leave, reduced absenteeism and presenteeism, lower levels of downtime, reduced insurance claims and vehicle damage, and better productivity.

More than half of the vehicles on our network are occupied by at-work drivers. This means that by working together to ensure the 'roadworthiness' of at-work drivers, we can reduce the number of collisions, supporting our ambition of zero harm on our network.

Achieving this shared vision will benefit the country, your organisation and your employees, and the families and individuals who deserve to use our road network in safety. We hope you find this guide an invaluable resource in making your driver workforce fit for the road.

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# Introduction

Organisations using vehicles for business usually invest a lot of time and effort into ensuring the roadworthiness of the vehicle – but do they spend enough time ensuring that their driver is fit to be behind the wheel? Vehicle roadworthiness is essential, of course – but the fact remains that, in most cases, it is not vehicles which cause collisions but rather the human beings driving them.

Your driver's physical health, state of mind and mental wellbeing has a profound effect upon their safety when driving.

This guide will show you how to assess and maintain driver roadworthiness, the potential problems drivers may face, and what you should do to make sure your drivers remain fit and focused behind the wheel. In doing so, you will lower your collision risk.

We have asked leading academics and relevant experts to be your guide to the various aspects of physical and mental health, as well as the culture of psychological safety you need so that people feel safe in voicing concerns.

Investing in your drivers' welfare will help you to fulfil your statutory duty of care, which includes protecting your employees from physical and emotional harm and protecting them and other road users from road risk.

It will also bring substantial benefits to your organisation including:

- lowering your collision risk
- lowering vehicle damage, third party claims, insurance premiums and unexpected downtime
- higher productivity
- better staff retention, with lower absenteeism and presenteeism
- lower levels of sick leave
- a more engaged workforce
- brand and reputational enhancement and protection

## Who is this guide for?

Every director of an organisation which uses vehicles, and anyone who manages those using vehicles, should read this guide and ensure that the organisation has a process for identifying, addressing and supporting driver health issues. This includes those in board-level, health and safety, human resources, fleet and operational roles.

Driver roadworthiness should be embraced as a priority at board level by directors who lead by example. Safety is cultural as is protecting human health.

Your expectations of driver fitness and the steps managers must take to identify and resolve problems should be recorded in your driving for work policy. This should be shared with every manager and driver in your organisation.

## Road risk and driver fitness

The Safe System looks at transport from a safety-first perspective. It acknowledges that people make mistakes, and so the design of vehicles, systems, roads, and the routes taken, should be reviewed to support people in driving safely and compliantly.

The Safe System also requires looking at the drivers themselves, because their poor decisions contribute to or cause collisions that can result in serious injury or death.

Telematics and camera systems have given fleet managers a clear opportunity to identify driver errors and violations. Most managers are also aware of the fatal five behaviours:

- failure to wear a seatbelt
- excessive speed
- drink and drug impairment
- mobile phone use
- careless driving

And yet fleets have struggled to eliminate such behaviours. Many interventions, such as debriefs, training, penalties and disciplinary action, do not work with all drivers or only work in short the term. And, sometimes, an otherwise compliant driver can become erratic or risky despite knowing, and usually doing, better.

This failure to change behaviour is frequently because we focus on the behaviour itself and not its cause. The fundamental causes of risky driving are usually unrelated to an individual's skill with the vehicle or even their knowledge of what 'good looks like' but rather their underlying state of body and mind.

These are just a few of the things which can send otherwise safe and competent drivers' behaviours completely awry:

- Organisational stress and poor planning
- Emotional upset, worries, stress
- Sleep disorders or deficiencies
- Cognitive bias or a skewed perception of risk
- Mental health issues
- Symptoms of disease and illness, pain or worries about health
- Poor physical fitness and stamina
- The effects of prescribed or self-administered medication
- Poor hydration and poor nutrition

**We need to ask why a driver is behaving in an inappropriate or risky way.**

**That fundamental cause - the why of poor driving - will often relate to one of the topics in this guide.**

These issues are often related and coincide with or cause one another. For instance, a tired driver is more likely to make decisions based on emotion rather than rationality; to seek distraction; and to have poorer observational and processing skills. Poor nutrition and dehydration can cause fatigue and slow reactions etc.

Organisations which address these problems at an individual, policy, and organisational level can therefore achieve huge benefits in lowering their collision risk, protecting their employees and boosting productivity.

## The driver demographic

Drivers come in all shapes, sizes and roles. Some sectors may have predominantly male drivers especially in the van and HGV-using sectors. However, the importance of driver welfare extends to everyone who drives for business, regardless of what vehicle they drive or their sex.

Therefore, managers must consider all their employees who may travel between locations, even if they are using their own vehicle. This could include roles such as salespeople, trainers, medics, directors, inspectors or auditors, or care providers.

When we look at the 'traditional' road transport fleets, such as HGVs and vans, the driver risk profile is high. 65% of UK HGV drivers are 46 or older and 36% are more than 55 years old[1].

Most vocational drivers are male. Male drivers tend to have a higher collision rate[2] than women (even when adjusted for mileage). Men are also less likely to voice personal concerns or seek professional or medical help[3].

Arguably, therefore, the HGV/van/bus driver community is more at risk of undetected or untreated health conditions than other sectors.

Driving is also not a health-enhancing activity. It tends to involve:

- long periods of being sedentary
- poor access to toilets, good nutrition or adequate chances to rehydrate
- social isolation
- high levels of organisational and road stress

It is probably for these reasons that van drivers have a 25% higher suicide rate than the national average and HGV drivers 20% higher[4].

Different age groups and demographics may have a higher risk for certain issues than others. This can be reflected in your risk assessment.

1 HGV drivers by nationality and 10 year age group, ONS

2 www.gov.uk/government/statistics/reported-road-casualties-great-britain-annual-report-2023/reported-road-casualties-great-britain-annual-report-2023#casualties-by-age-and-sex

3 www.menshealthforum.org.uk/male-attitudes-primary-care

4 Office of National Statistics Suicide by occupation, England: 2011 to 2015

## The cost of poor employee health

In July 2024 the Institute for Public Policy recorded the cost of employee sickness at £103bn[5], £30bn more than in 2018. This increase is mainly not caused by people taking more sick days but rather working despite being sick. This is particularly dangerous if the employee has a safety-critical job component such as driving.

Almost three million working-age people are economically inactive due to long-term sickness[6] according to Office of National Statistics data for Q4 2024.

The Centre for Mental Health[7] says that poor mental health is costing the UK £300bn every year – that's equivalent to the cost of an annual pandemic.

According to Deloitte[8] £51bn of that is borne by employers.

The cost of increased road risk is unlikely to be accurately reflected in these figures, but that too has a high financial cost, including injury, mental trauma, fatalities, insurance claims, vehicular damage, disappointed customers and reputational loss.

The good news, says Deloitte, is that for every £1 spent on supporting the mental health and wellbeing of their workforce, employers see a £4.70 return in increased productivity.

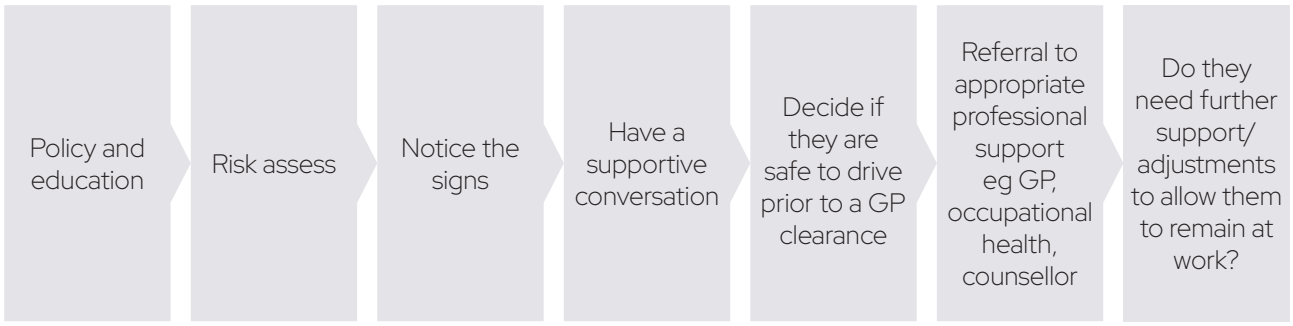
## Your responsibilities

You have a statutory duty to ensure:

- that anyone driving on business for your organisation is fit to do so in mind and body. To fulfil this requirement you may need to go beyond the minimum steps explicitly stated in law
- that you conduct risk-assessments of those physical, mental and emotional issues which may affect your drivers' safety on the road – and the process by which you will mitigate these risks
- that you take all reasonable steps to protect workers and the public from risk including work-related road risk
- that drivers have declared any notifiable condition to DVLA – and that you have addressed the implications, potential consequences or reasonable adjustments which this condition may involve
- that drivers have regular sight tests, meet the minimum eyesight standard for driving and have corrective lenses where necessary and that any other medical condition which is suggested by their eye test is followed up
- that drivers who are required to have a check-up, do so and are passed as fit by an appropriate medic. This includes drivers with a commercial driver's licence, such as HGVs, coaches, buses, and taxis, or those with medical conditions such as diabetes, epilepsy, and heart conditions
- that drivers are not taking any medication or substance, whether prescribed, over the counter or recreational, which could impair their ability to drive, and that they understand the long-lasting effects of alcohol or other substances which they may consume off-duty
- that you protect employees from work-related stress

This guide will help you to fulfil your statutory duties, to have a happier, healthier, more productive driving workforce, and to protect your drivers and other road users from work-related road risk.

## What a good driver roadworthiness process looks like




5 www.ippr.org/media-office/revealed-hidden-annual-cost-of-employee-sickness-is-up-30-billion-since-2018

6 INAC01 SA: Economic inactivity by reason (seasonally adjusted)

7 www.centreformentalhealth.org.uk/news/item/mental-ill-health-costs-society-300-billion-every-year-according-to-new-centre-for-mental-health-economic-analysis/#:~:text=The%20overall%20costs%20of%20mental,having%20a%20pandemic%20every%20year

8 www.deloitte.com/uk/en/about/press-room/poor-mental-health-costs-uk-employers-51-billion-a-year-for-employees.html

# Human factors

**CHAPTER 1**

*With thanks to Dr Lisa Dorn, Associate Professor of Driver Behaviour and Director of the Driving Research Group at Cranfield University and founder of PsyDrive.*

Human factors applies theory, principles, data and methods to understand how humans interact with elements of a system. To improve work-related road safety, Human Factors specialists focus on how people interact with vehicle systems, road and traffic systems and the organisational systems in which they work. Human Factors specialists investigate how those systems contribute to people making mistakes or breaking rules and design ways of reducing human error by ensuring that drivers are not forced to operate in an uncomfortable, stressful or dangerous way. Drivers are, first and foremost, human – and as such their decision-making is governed by their psychology, biology and neurology. Or to put it simply, their minds, bodies and brains.

As humans, our performance changes depending upon our circumstances. Fleet managers may well be able to see that a particular driver is performing more poorly on the road through telematics or camera data. However, a briefing which tells the driver to perform better will likely be ineffective unless managers and drivers first understand *why* he or she is committing errors and violations.

This is why skills-based training of high-risk drivers can have limited effects – because their risky behaviour is often not the product of a lack of knowledge or skill but the factors arising from their personal characteristics, emotional state and the nature of the journey.

Human factors considers a range of topics that can affect driving performance including the effects of:

- **stress** - traffic congestion and time pressures predict aggression, irritability, frustration¬ and collision involvement, as well as non-work factors
- **cognitive workload** – some driving tasks are more demanding than others; and attempting a secondary task like using a hands-free mobile phone will cause a drop in driving performance
- **distraction** - looking away from the road for even very short periods of time significantly increases collision risk
- **fatigue** – at work drivers are often required to drive for many hours a day and fatigue is a major cause of serious and fatal collisions
- **attitudes to and perceptions of risk** – for example, our attitude to seatbelt use will determine whether we choose to use them on every journey

People drive differently when they drive for work compared to when they are driving on a personal journey. This can be for many reasons: their attitude to the vehicle or task is different; that their focus is on their work task, to the detriment of safety performance; that they take greater risks with a company vehicle than with their own; people may be more likely to continue to drive for work despite feeling tired, stressed or unwell than they might be if the journey was entirely voluntary or recreational.

Studies have found that people driving for work are at greater risk of being involved in a collision when driving for work than when they are driving their own vehicle.

## Cognitive workload

Driving requires a wide variety of cognitive skills: hazard perception and detection, navigation, executive decision-making, information processing, visual processing, memory, and motor (movement) skills.

Driving is a heavy cognitive load for our brains. Junctions in which streams of traffic intersect are particularly demanding for our brains to process and one of the main reasons why junctions are hazardous. Driving requires sustained concentration, because the hazards around us change far more quickly. We have not previously learned to adapt to moving at speed in our evolutionary journey. Humans have evolved to freeze, run away or fight at the sight of a predator and respond to hazards in our environment, but we have not developed these skills while moving at 60 miles an hour.

## Distraction

Our brains do not multitask beyond basic biological functions. So if we read a text our brain uses our visual processing, memory and language centres to decode and respond to that text. It cannot simultaneously process visual and other information coming from the world around us.

What's more, it takes time for our brain to switch task – a University of Utah study in 2015[1] found that it could take up to 27 seconds for the brain to start processing driving information again after giving voice commands or reading a text.

When travelling at speed that 're-tasking time' represents significant distances travelled by the vehicle with, effectively, no one in control.

This means our brains need to be dedicated to driving. Distraction can be fatal.

According to the Royal Society for the Prevention of Accidents, in 2022 2,616 road collisions[2] were directly attributed to in-vehicle distraction. 76 of them were fatal collisions. However, this almost certainly under-estimates the true role of distraction in collision causation, as it is often hard to detect at the scene of a collision. And it is virtually impossible to prove internal distraction, such as worries, pain or anxiety.

## Emotional regulation and anxiety

Although stress will be looked at in detail elsewhere in this guide, it cannot be over-emphasised that when people are stressed, highly emotional or anxious, their brains cannot safely perform the functions needed for driving.

Stress changes our entire physiological state, tunnelling our vision and our thoughts. It increases blood flow to the muscles and heart, and incites one of three basic responses: flight, fight or freeze. None of these responses are useful or safe when driving.

Anxiety often provokes constant internal distraction, raises our stress levels, and makes the person incapable of focusing calmly on the task in front of them.

Finally our emotions – whether elation, anger, frustration, or fear – also affect our decision-making profoundly.

Emotions originate in the amygdala, two tiny lobes in the brain sometimes called the 'drama almond'. During strong emotions the amygdala can 'hijack' the brain entirely, bypassing the rational, problem-solving areas. Impulse control, rationality, perspective, accurate perception are all kicked to the kerb. Toddler tantrums, crimes of passion, and red-mist rages are all examples of amygdala hijack – but it happens in far less spectacular ways as well.

## Creating behavioural change

Managers need to know how to achieve behavioural change, not only in driving behaviour but also in some of the underlying issues which may present a driving risk. How do we ensure that a tired employee gets more sleep? How do we encourage healthier lifestyles, or less distracted driving?

Insight training aims to develop attitudinal and motivational competencies and to raise drivers' awareness of factors that contribute to collisions and of the potential risks when driving. For example, it is well known that drivers overestimate their driving skills and consider themselves to be more skilled in driving than their peers and less likely to have a collision than their peers. In one study up to 80% of drivers[3] considered their driving ability to be 'above average', which is statistically unlikely.

This is referred to as 'Optimism Bias' and has been associated with increased risk-taking and collision involvement. Driver education can help drivers to develop self-knowledge about the role of motives and how it can affect their driving decisions. Research shows this can improve self-regulation and self-monitoring skills and lead to lower collision rates for at-work drivers (Gregersen et al, 1996)[4].

Profiling personality-based emotional responses to driving is a proven method to develop driver knowledge about the strengths and weaknesses they bring to their driving (Dorn et al, 2010)[5]. Profiles can then be used for one-to-one coaching conversations, group discussions and workshops.

## Motivation

Motivation can be intrinsic – satisfaction, a sense of professionalism, a sense of purpose, camaraderie or engagement - or it can be extrinsic, such as a bonus, or an employee award.

Internal or intrinsic motivators are more sustainable. We know that the keys to achieving employee buy-in are autonomy, mastery and purpose.


1 Strayer, D.L., Cooper, J.M., Turrill, J. et al. Talking to your car can drive you to distraction. Cogn. Research 1, 16 (2016) doi.org/10.1186/s41235-016-0018-3

2 www.rospa.com/policy/road-safety/advice/drivers/driver-distraction

3 McCormick IA, Walkey FH, Green DE. Comparative perceptions of driver ability--a confirmation and expansion. Accid Anal Prev. 1986 Jun;18(3):205-8. doi: 10.1016/0001-4575(86)90004-7. PMID: 3730094

4 Gregersen, N. P., Brehmer, B., & Moren, B. (1996). Road safety improvement in large companies. An experimental comparison of different measures. Accident Analysis & Prevention, 28(3), 297-306

5 Dorn, L., Stephen, L., af Wåhlberg, A., & Gandolfi, J. (2010). Development and validation of a self-report measure of bus driver behaviour. Ergonomics, 53(12), 1420-1433

**Autonomy:** People like to feel in control of what they do. Some drivers may not have much autonomy over where and when they make a journey. However, everyone can have autonomy in terms of contributing opinions, feedback, and sharing their experiences. Potentially drivers can be involved in decisions about which vehicles, routes or access points are used, which roads should be avoided, or which stopping places are most useful.

**Mastery:** Personal pride in their driving and continuing improvement is a powerful intrinsic motivator for safer behaviour at work.

**Purpose:** People are often motivated by a feeling that what they do contributes to a wider goal. This can be their part in a contract, the importance of the goods or service they deliver, or how their on-road example makes their community safer. Some firms link charity contributions to safety metrics, as well, which turns this from an internal to external motivation.

In other words, people need to feel empowered, not 'nannied'. They need to feel that their safe driving is a source of personal pride; and that their safe driving and associated work contributes to something larger and worthwhile. These are key levers to motivate better and safer performance.

## External motivation

Typically, external motivators are recognition schemes and salary bumps, or incentivising specific outcomes. These can have a place in encouraging safer driving but there are some crucial elements to be aware of:

- **Incentive process, not the end result.** 'End goal' incentives may lead people to take shortcuts with unintended consequences. For instance, if you want safer driving, then reward slower, less aggressive driving. If you incentivise fuel economy, drivers might drive as before but fill up out of their own pocket to win the prize. Or if you incentivise a reduction in harsh braking, you may have drivers riding the clutch instead.
- **Incentivise and recognise improvement,** not just the star performers. Rewarding your best drivers may not create the desired safety benefits as it can make some drivers disengage, become less motivated or believe that the 'wins' are out of their reach. Instead make improvement the goal, and reward effort and incremental behavioural change.
- **Winning is motivating.** Celebrate and share small wins such as a journey well driven or incremental improvements in a drivers' telematics score.
- **Avoid big banner achievements** such as '70 days without a collision'. These can become barriers because a driver who does have a prang will not want to spoil the record, and this can develop a culture of secrecy, not safety.

## Developing self-awareness

Some people are not self-aware about their behaviour – for instance, how much they idle or speed. Sometimes having it shown to them can be sufficient to inspire a change. Bell et al (2017)[6] provided two types of feedback to drivers from two companies and a control group, with data collected for two years. In one period, the in-vehicle monitoring system gave warning-light real-time feedback on harsh braking to the intervention group drivers. In another period, drivers watched video recordings of their risky driving behaviours and were coached on safe driving practices. The results showed that risky driving behaviours declined significantly more during the period with coaching plus feedback compared to the period with lights-only feedback and to the control group. Lights-only feedback was not found to be significantly different than the control group.

## What do employers need to do

- Educate your managers and teams about how human factors affect the way we work and how we make decisions, especially in safety critical functions.
- Have clear policies about individual and management responsibilities towards drivers' fitness to drive.
- Talk to drivers whose on-road behaviour is risky or fluctuates. Through coaching, uncover the underlying cause of their issue. It may be because they have the knowledge and skills to drive safely but do not have the self-knowledge to be consciously aware of their cognitive limitations and how this affects their decision making.
- Drivers who overestimate their ability and believe that objectively risky behaviours are not risky must be targeted for insight training and monitored.

6 Bell, J. L., Taylor, M. A., Chen, G. X., Kirk, R. D., & Leatherman, E. R. (2017). Evaluation of an in-vehicle monitoring system (IVMS) to reduce risky driving behaviors in commercial drivers: Comparison of in-cab warning lights and supervisory coaching with videos of driving behavior. Journal of safety research, 60, 125-136

- Don't look just at the individual as the source of the problem but at patterns of causation and organisational contributions to unsafe driving. For instance, evidence that drivers are fatigued may suggest that different shift patterns or more breaks are required.
- Consider training or provision in cognitive and emotional skills, not just driving skills. For instance, mindfulness, breathwork, and other simple physical exercises bring huge physiological and mental health benefits, as well as helping drivers to develop and maintain a calm and focused state.
- Provide support for drivers in the forms discussed elsewhere in this guide – such as occupational health provision, mental health support, advice lines.

## Suggested resources

- Two-day courses accredited by the Chartered Institute of Ergonomics and Human Factors to develop competences in identifying when and how human error in road use is most likely to occur and what strategies can be put in www.psydrivegroup.com/human-factors-course-level-1
- PsyDrive'sChanging Driver Behaviour workshop is designed to change driver perceptions for safer driving www.psydrivegroup.com/driver-cpc
- Profile drivers using PsyDrive's Driving Insights Profiler www.psydrivegroup.com/profiling

## Exercises

These simple exercises can help drivers to relax, and if practised regularly they are also associated with improved mental and physical health benefits. Obviously, these exercises should be done during breaks when safely parked.

### Mindfulness

Mindfulness relates to the self-regulation of attention involving a deliberate, focused awareness of one's moment-to-moment internal and external experiences. It involves the ability to: 1) anchor attention; 2) intentionally switch attention between objects or mental sets and 3) suppress the processing of irrelevant thoughts, feelings, and sensations. These cognitive skills are extremely relevant to safe driving where rapid and frequent switching of attention, strong situational awareness and avoiding distraction are essential.

The exercise: Find a physically safe place to stand or sit. Close your eyes. Notice what you can feel. Then notice what you can hear. What can you smell or taste? Open your eyes and notice what you can see. If other thoughts intrude during the exercise, just ignore them and stay focused on what you are experiencing in the moment.

### Breathwork

How we breathe is intimately linked to how we feel and how our body and brain performs. It is often recommended for stress reduction, but it is beneficial for everyone. There are many ways to use breathing exercises, including simply observing your breath – how rapid or slow it is, what muscles move, how deep or shallow it feels. Find NHS breathwork guides [7]

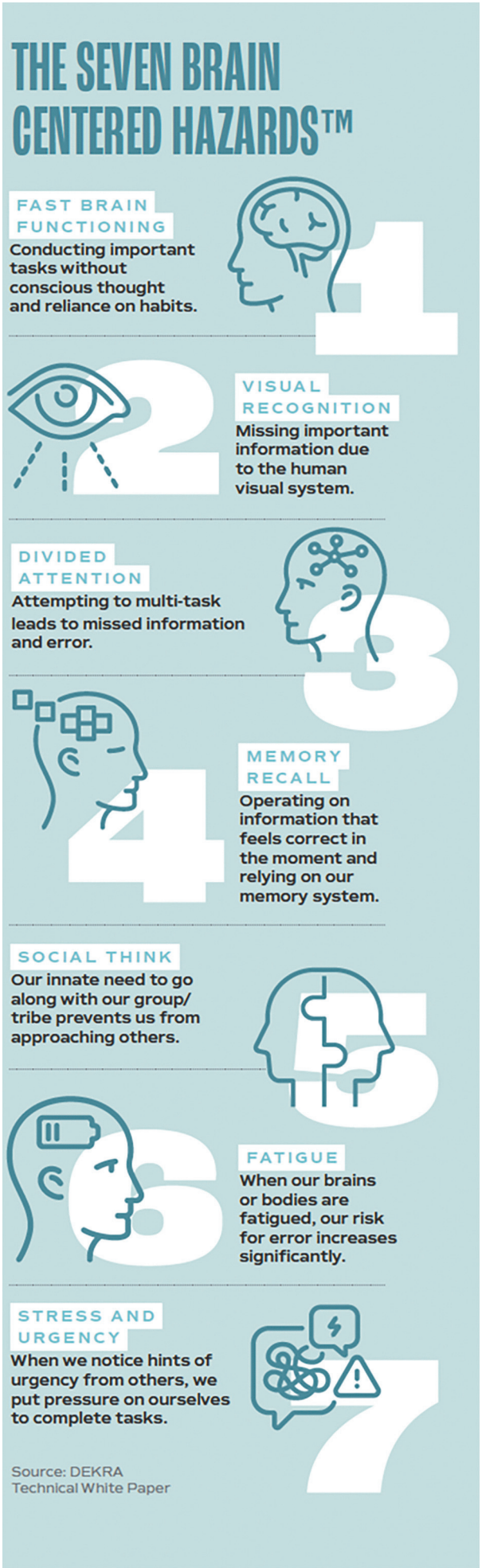
### Physical activity

Just a regular short brisk walk for 15 minutes can influence stress and psychological states, fatigue, sleep, and health status. Drivers engaging in more than one weekly session of exercise have significantly fewer collisions than less-active drivers (Taylor and Dorn, 2006) [8]

7 www.nhsinform.scot/healthy-living/mental-wellbeing/stress/breathing-and-relaxation-exercises

8 Taylor, A. H., & Dorn, L. (2006). Stress, fatigue, health, and risk of road traffic accidents among professional drivers: the contribution of physical inactivity. Annual review of public health, 27(1), 371-391

Safety consultancy Dekra highlights the risks of 'brain hazards'. In safety critical situations. This diagram is drawn from their technical white paper.



## Psychological safety

*With thanks to Tom Geraghty, founder of Psych Safety*

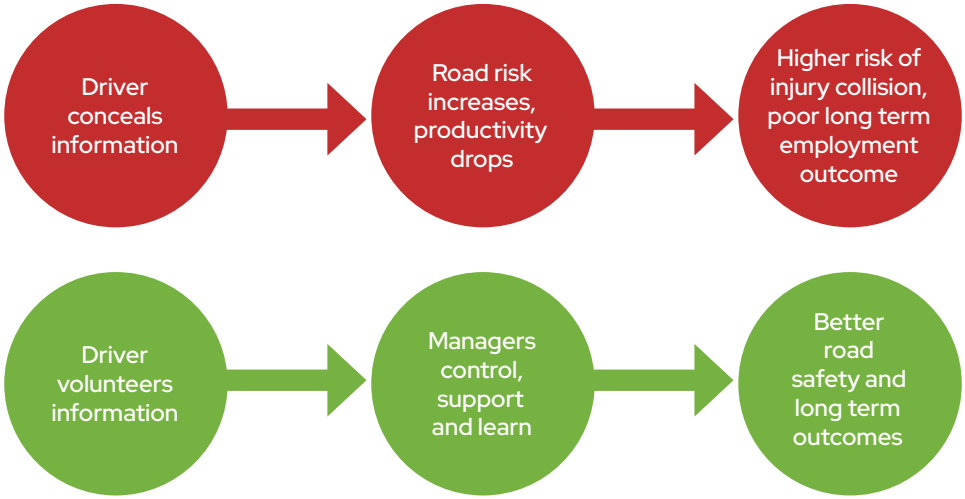
If we are to manage the risk presented by drivers' physical conditions, lack of sleep, stress or mental health issues, then we need to create an environment in which it is safe to volunteer and discuss that information. This means making the workplace a 'psychologically safe' environment.

Psychological safety means having the belief that you won't be punished or humiliated for raising concerns, asking questions, or volunteering information or ideas. It means building an environment of trust, in which we are safe from negative consequences, even if we are admitting a mistake or raising a concern.

This is essential when we are talking about health or wellbeing in relation to driving. It can take courage for a driver to admit that they haven't had enough sleep or that they feel too unwell or stressed to drive. It takes trust for a driver to share medical concerns which they feel may impact their ability to drive, because they may be afraid that they're talking themselves out of a job.

There are three points that we should bear in mind:

1. If a driver has any safety concerns, we absolutely want them to share that knowledge rather than keep it hidden. The worst time to find out is after an incident.
2. Addressing medical or mental health concerns early, leads to better outcomes medically and in terms of job adjustments, than waiting for the situation to become more serious. Early diagnosis and treatment saves lives and limits the impact of disease – but, for an employer, early knowledge gives you time to adjust, to plan, to support and to keep that person in their role or a more suitable one, rather than facing long-term sick leave.
3. The highest performing teams are the ones who feel safe to speak up. This was demonstrated in healthcare (by Amy Edmondson)[9] but holds true to all industries. Early voicing of mistakes and concerns lets us resolve, manage and learn from what happened. Workplaces where people feel unsafe about speaking up develop a habit of secrecy and blame-avoidance, which means issues aren't fixed, people take more risks and safety outcomes are worse.




So, although it may be inconvenient if a driver says they aren't up to driving, managers must believe that the company is far better off knowing, and thank the driver for speaking up, however difficult that may feel in the moment.

## The benefits of psychological safety

As well as a reduction in incidents, companies that work to foster psychological safety tend to have better employee retention, less absenteeism and less presenteeism. Presenteeism is particularly dangerous for road safety because it means people may work through illness or other problems, regardless of the impact on their driving ability or judgement, increasing their road risk.

## Impact on stress

Many studies have shown that having a supportive and psychologically safe workplace lowers employee stress levels. We need to be able to speak up about concerns such as workload, workplace conflict, or a training and development need, if we are to be able to do anything about them. You can't fix a secret.

9 www.youtube.com/watch?v=LhoLuui9gX8

## Learning culture

Psychological safety must co-exist with accountability. Indeed, greater accountability fosters greater psychological safety. We all need to abide by laws and act professionally. However, no amount of professionalism and accountability will completely prevent mistakes from happening. People will always make mistakes because it's part of being human, and learning from mistakes is part of that accountability to always improve. It helps, therefore, to shift focus from 'who's to blame?' to 'what can we learn?'.

This approach also lends itself to incident investigation. Investigating near misses or collisions is essential in order for organisations to learn from them, and therefore to lower their on-road risk. Shifting from 'blame' to 'learning' allows everyone involved with the journey to honestly disclose the messy details of what really happened and examine what could be done differently to prevent it happening again. A problem that remains with whoever found it, is a problem that remains a risk.

## How to create a psychologically safe culture

1. Train managers in creating a psychologically safe environment. It must be embraced all the way from the people at the "top" of the organisation, to people at the sharp end of work.
2. Reward speaking up. If someone admits a mistake or raises a concern, react positively and thank them for doing so. We don't need to pretend to be happy that a mistake was made, but we can be thankful that we've found out about it.
3. Use some of the techniques and resources we have included below, in order to encourage people to speak honestly and to contribute. As in the 'human factors' section, employees who can contribute their observations or knowledge, and feel their professional expertise is valued are more likely to engage with work initiatives.

## Techniques

### Graded assertiveness - PACE

How to challenge a colleague if you believe they or their action may be unsafe.

PACE stands for Probe, Alert, Challenge, Emergency.

For example, if a driver appears too tired to go out in a vehicle, a colleague could go through the following stages to challenge them:

**Probe:** Are you OK?

**Alert:** You seem really tired. Are you sure you are safe to drive?

**Challenge:** I don't think you should be driving when you are this fatigued.

**Emergency:** Stop, we'll find another solution.

This gives the tired driver many opportunities to acknowledge their fatigue and suggest they do not drive, without losing face, before being ordered or a manager alerted.

The more PACE is used in the workplace the more people will start to recognise the steps and respond constructively to that first probe, because they realise that their colleague is concerned.

## Just Culture

Collisions and disasters are often the result of many contributing factors. A Just Culture looks at all the aspects of managing that journey, not just the actions behind the wheel in the moments before the collision. Focus on investigating what the company can learn and what changes can be made, rather than finding someone to blame.

## Lean coffee

Great for getting drivers involved in decision-making. Before toolbox talks or team meetings, ask for notes (real or virtual) to be stuck on the board as potential discussion topics. Take a vote on which topics are most pressing – with each person voting for their top three topics. The topics are then discussed from most-voted to least-voted. Set a timer to limit the discussions and invite the creator of the topic to lead the discussion if they want.

## Think Pair Share

This is a great technique to ensure inclusivity in meetings or briefings. Rather than asking a question and listening to those who think fast and talk readily, ask for a minute's silence to consider the question. Then ask people to discuss it in pairs and then report back to the room in their pairs. This helps to capture all thoughts and contributions, not just those of the most vocal.

## Avoid the empty gratitude phrases and offer something meaningful

We've all heard managers say, "thank you for your contribution, X", with the sub-text of "please shut up now because I am no longer listening". Just because something sounds polite doesn't mean it is honest, constructive or psychologically safe. If a safety contribution is unwelcome, ask yourself why. If it requires thought, say so. If the company cannot act on it, for a legitimate reason, say so. All concerns need a thoughtful and honest response if we want to hear future ones.

## Resources

Low cost-toolkits and training are available from Psych Safety.

Learn more about psychological safety psychsafety.com/about-psychological-safety/

Free resources can be found here psychsafety.com/free-resources-on-psychological-safety/

## The double-check system

In conclusion drivers are people, and as such are likely to make assumptions, hold back concerns, respond emotionally as often as rationally, overlook the familiar and so miss the new. The more often we do something, good or bad, useful or not, the more those behaviours become ingrained as a default.

One way to challenge this in ourselves is the 'double-check'. Teach drivers to double check themselves, their vehicles, the road situation, their responses – and, if necessary, one another's decision-making.

# Physical illness and conditions

CHAPTER 2

One in three British adults has two or more chronic health problems[1] in middle age, including diabetes, back pain, heart disease and mental health conditions. Employers have an opportunity to help prevent such conditions, and to ensure rapid identification and treatment if they occur.

Furthermore, we know that drivers with ill-health are statistically more likely to be involved in a collision.[2, 3]

Employers should include a record of any driver with a condition which is notifiable to DVLA[4] or may have an effect upon their driving safety to ensure proper support is provided. The identification and management of such conditions should be reflected in risk-assessments and policies.

These are some of the potential conditions employers should be aware of, where possible identify the need for referral, and support.

## Cardiovascular disease

*With thanks to Dr Grant Charlesworth-Jones, medical doctor, barrister and founder of D4Drivers*

Cardiovascular disease (CVD) affects the heart and blood vessels and can restrict blood flow[5] which can cause heart attacks, strokes and circulatory problems.

CVD is the leading global cause of death which we cannot afford to ignore. In the UK it accounts for 175,000 deaths annually[6].

CVD is:

- estimated to cause 25% of premature deaths under the age of 75[7]
- twice as common in men[8] than women
- responsible for over 100,000 hospital admissions for heart attacks every year

Research suggests that the risk of CVD in drivers is double[9] that of the general population.

### Effect on road safety

CVD can cause breathlessness, chest pain, loss of consciousness or dizziness, all of which seriously undermine a driver's ability to safely control the vehicle.

Hence drivers with an increased risk of CVD can also have:

- an increased risk of collision
- an Increased risk of sustainiing a serious or fatal injury
- excessive healthcare costs

Vocational and full-time drivers should therefore be treated as a priority for heart health.

1 bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-021-11291-w
2 pmc.ncbi.nlm.nih.gov/articles/PMC5293661
3 parallelparliament.co.uk/question/6214/driving-health
4 www.gov.uk/health-conditions-and-driving
5 www.nhs.uk/conditions/cardiovascular-disease
6 ks.nice.org.uk/topics/cvd-risk-assessment-management/background-information/burden-of-cvd/#:~:text=Cardiovascular%20disease%20(CVD)%20is%20the,after%20dementia%20and%20Alzheimer's%20disease
7 www.england.nhs.uk/ourwork/clinical-policy/cvd
8 fingertips.phe.org.uk/search/under%2075%20mortality#page/7/gid/1/pat/159/par/K02000001/ati/15/are/E92000001/iid/40401/age/163/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/ine-pt-1_ine-yo-1:2021:-1:-1_ine-ct-163_ine-vo-1
9 Barnes, Workplace Health and Safety [2023] vol 71; no 10

### What employers can do

- Introduce and insist upon a preventative healthcare programme. (See Chapter 2 on psychological safety and graded assertiveness/PACE.)
- Treat all workers as if they are at risk of CVD – that's what the data on vocational drivers tells us. We also know that drivers with related conditions such as obesity are an increased collision risk[10] so tackling driver health can very much pay dividends by reducing direct and indirect insurance losses.
- Do not rely on blood pressure standards for the DVLA Group 2 medical test. The fail point for vocational drivers is 180/100 – but NICE guidelines say that 140/90 (a much lower blood pressure figure) is cause for concern.
- Drivers often have little time and less inclination to seek medical advice. Make the time and the opportunity for them. Proactive healthcare for key diseases like CVD will make your workforce safer, protect your employees and boost productivity.
- Make regular blood pressure checks available to drivers. These cost very little and can even be self-administered with automated blood pressure monitors which cost as little as £40 from any pharmacy. Many organisations now have defibrillators on site, which is excellent. However, a blood pressure monitor in the office may save more lives in the long run.
- Introduce exercise, healthy food and sufficient sleep as key principles of your working culture.

### Resources

The British Heart Foundation has a series of free booklets and resources
www.bhf.org.uk/informationsupport/publications

Exercise for heart health
www.bhf.org.uk/informationsupport/heart-matters-magazine/activity/exercises-heart-health

Preventing heart disease with diet from British Dietetic Association
www.bda.uk.com/resource/heart-health.html

## Dementia

Dementia is something we most commonly associate with post-retirement adults. However, 3.3% of those with dementia are 'young onset'[11]. Research suggests that the prevalence of dementia in the 30-64 age group is 38-260 per 100,000 population[12].

Dementia is a general term for conditions which affect the brain and cause a decline in cognitive function.

It can cover conditions such as Alzheimer's Disease, posterior cortical atrophy[13] (PCA), and frontotemporal dementia. Both PCA and frontotemporal dementia often affect people under the age of 60.

PCA affects visual processing skills, and it can start subtly and take time to get a diagnosis.

Frontoemporal dementia[14] often causes problems with behaviour and language.

Alzheimer's Disease[15] often primarily features memory lapses and confusion.

### Effect on road safety

Many people with dementia-causing conditions continue to drive. However, any disruption to cognitive, visual processing, memory or decision-making skills can be a hazard when driving. Individuals should take the advice of their specialist or GP as to whether they can continue to drive safely.

Alzheimer's UK says:

"The common symptoms of dementia can affect all the skills needed for driving – this is why the driver licensing agencies must know about it. As dementia gets worse, it affects these skills even more. This means everyone with dementia will eventually be unable to drive safely."

11 www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/07/Young-onset-dementia-epidemiology-meeting.pdf
12 www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/07/Young-onset-dementia-epidemiology-meeting.pdf
13 www.alzheimersresearchuk.org/dementia-information/types-of-dementia/posterior-cortical-atrophy/#:~:text=People%20often%20develop%20PCA%20between,world%20are%20affected%20by%20it
14 www.nhs.uk/conditions/frontotemporal-dementia
15 www.nhs.uk/conditions/alzheimers-disease

### What employers can do

If someone appears to be struggling with tasks they could previously do without problem, like word-finding, remembering routes, or judging parking spaces, then suggest they see their GP. There are many reasons they may be having difficulties.

Assess their safety while awaiting diagnosis and treatment. This must be done on a case-by-case basis.

If someone appears to have visual processing problems – for instance, judging distances, finding objects or recognising faces – but their eye test shows nothing unusual, ensure they follow up with their GP.

If a person with dementia symptoms wishes to continue driving for work, you will need to check this with your vehicle insurer.

### Resources

Alzheimer's UK has many useful factsheets.

Driving and dementia [16]

Work and Dementia [17] has information about safety critical roles including driving and the legality of driving with dementia.

## Diabetes

*With thanks to Kate Walker, CEO of Diabetes Safety Organisation*

### What is diabetes?

Diabetes is a common but serious metabolic condition characterised by hyperglycaemia (high blood glucose). It is a multi-system condition that affects multiple organs in the body and can be complex and unpredictable. People with diabetes are at risk of diabetes complications and comorbidities (coexisting medical conditions).

Five million people in the UK have diabetes – approximately one in 12 working-age people. Around one million people with diabetes are currently undiagnosed [18]. Type 1 diabetes is an auto-immune condition. However, 90-95% of people with diabetes have type 2, which is a largely preventable, environmental condition. Risk factors include diet, exercise/activity, stress, body mass, age, race and genetics. One in nine people has pre-diabetes [19].

### Effect on road safety

Risks to driving and road safety occur when diabetes is not managed effectively. There are several risks:

1. Severe hypoglycaemia (hypo): sudden incapacitation when blood glucose drops too low due to use of insulin and/or other treatments
2. Moderate/mild hypo: impaired functioning such as reduced coordination and balance and impaired judgement
3. Neuropathy: nerve damage in feet which reduces sensitivity to vehicle pedals and affects driving performance. Some medication to treat neuropathy increases drowsiness
4. Visual impairment: impaired sight due to diabetes, including retinopathy, cataracts and glaucoma
5. Hyperglycaemia: impaired functioning, such as coordination and balance and impaired judgment due to blood glucose being too high
6. Co-morbidities: the risk of heart attacks, strokes, sleep apnoea and other conditions are increased among people with diabetes

### Potential indicators of diabetes

The most common symptoms of diabetes include increased thirst, frequent urination, feeling tired and losing weight. However, one in six people with diabetes presented no symptoms at the time of diagnosis. If a person is struggling to manage their diabetes, they may present with frequent and moderate or severe hypos, or start to present with diabetes complications, including nerve damage and affected sight.

16 www.alzheimers.org.uk/sites/default/files/2018-10/439LP%20Driving%20and%20dementia.pdf
17 www.alzheimers.org.uk/sites/default/files/2018-10/Employment.pdf
18 Prevalence data taken from International Diabetes Federation Diabetes Atlas 10th Edition, 2021, P104
19 Risk factors for pre-diabetes and undiagnosed type 2 diabetes in England: 2013 to 2019

### Driving with diabetes

The rules about driving with diabetes depend on the treatment type (e.g. using insulin) and the licence type (i.e. whether for cars and motorcycles or commercial vehicles). Some drivers with insulin are required to report their condition to the DVLA and may require an assessment in terms of medical fitness to drive. As diabetes is a progressive condition, drivers need to stay up to date with any changes to their condition that might require them to self-report to the DVLA.

### What employers can do

- Educate your driver workforce about diabetes signs and symptoms and, where appropriate, share that they can get a diabetes test at their GP.
- Ensure that drivers with diabetes are able to test and administer treatment before and during each journey – for some drivers, the DVLA requires testing no more than two hours before driving and every two hours throughout. Shift patterns and driving targets should enable compliance with these requirements and enable drivers to take regular breaks and, where necessary, eat at specific times.

### Resources

Further guidance for employers on safe driving practices, managing diabetes in the workforce and driving risks are available at www.diabetessafety.org

Driving regulations for people with diabetes is available at www.gov.uk/government/publications/information-for-drivers-with-diabetes

Information for people who have or suspect they may have diabetes is available at www.diabetes.org.uk

## Epilepsy

*With thanks to the Epilepsy Society*

Epilepsy[20] is a common condition that affects the brain and causes frequent seizures.

Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms.

Epilepsy can start at any age but usually starts either in childhood or in people over 60. It's often lifelong but can sometimes get slowly better over time.

Epilepsy symptoms are called seizures but these can take varied forms. Possible symptoms include:

- Uncontrollable jerking and shaking
- Losing awareness and staring blankly into space
- Becoming stiff
- Strange sensations, such as a "rising" feeling in the stomach, unusual smells or tastes, and a tingling feeling in your arms or legs
- Collapsing

[Crown copyright: Information from NHS website date 17.1.25]

### Effect on road safety

Many types of seizure can be dangerous if an individual is driving, as they can involve loss of physical control or unconsciousness.

### What employers can do

There are very strict rules about driving with a diagnosis of epilepsy[21], based on the type, frequency and recency of seizures.

Anyone who has a seizure of any type must stop driving[22]. It is essential to inform the DVLA. They will usually have to complete one year seizure-free before they can re-apply for their licence, depending on how their seizures affect them.

20 www.nhs.uk/conditions/epilepsy

21 www.gov.uk/epilepsy-and-driving

22 epilepsysociety.org.uk/living-epilepsy/driving-and-epilepsy

If an individual's symptoms recur, they should inform their doctor and the DVLA again and not resume driving until they have been told they can do so.

If someone cannot continue driving due to their epilepsy, they should be re-assigned to a non-driving role if possible. The law requires 'reasonable adjustment'. They may also require other adjustments in order to keep them safe.

**Resources**

Epilepsy Society epilepsysociety.org.uk/living-epilepsy/driving-and-epilepsy

## Eyesight

*With thanks to the Association of Optometrists*

All vehicle drivers in the UK need to meet specific vision standards to ensure road safety. When applying for a car licence, they are required to read a car number plate from 20 metres, with glasses or contact lenses if necessary.

The current number plate test is not a reliable test of driving vision because it does not assess all relevant visual functions. As a result, drivers can pass the test without having adequate vision for safe driving.

HGV, bus and coach drivers, however, face stricter requirements, including a medical and vision check when they first apply for their licence and then every five years after 45, and annually from 65. This does not remove an employer's continual statutory responsibility for ensuring drivers' eyesight is of a safe standard.

The Drivers and Vehicle Licencing Agency (DVLA) must be informed about certain eye or general medical conditions.

Common conditions affecting vision include age-related macular degeneration, cataracts, glaucoma, and diabetic retinopathy. Colour vision deficiencies usually means drivers can see colours but they often find it difficult to distinguish between certain colours, most commonly red and green. Colour vision deficiency affects around 1 in 12 males, but only around 1 in 200 females.

Poor eyesight can result from various factors, including genetics, eye diseases, medications, and health conditions. Symptoms such as squinting, eye strain, difficulty reading, experiencing glare and double vision can indicate vision problems that need to be addressed.

### Effect on road safety

Good vision is essential for hazard perception, identification and swift, appropriate reaction. Difficulties seeing signs or objects ahead slows drivers' visual processing and decision making, which means slower reaction times.

Driving at night is particularly difficult for many drivers. Glare from headlights can significantly impair visibility, making it difficult to see traffic lights, road signs, pedestrians, and other vehicles. Drivers often squint, look away, or momentarily close their eyes leading to slower reaction times and an increased risk of collision.

Due to pupil dilation in lower light levels, night vision tends to be poorer than day vision which causes an increase in blurry vision, glare sensitivity and a reduction in contrast.

Eye conditions such as astigmatism can be especially problematic at night when glare and halos around lights are more pronounced. It causes blurred or distorted vision, often causing drivers with the condition to struggle to see road signs, traffic signals, and other vehicles, clearly.

Most colour vision deficiencies don't cause any significant difficulties for road users and are not notifiable to the DVLA.

### The benefits of sight tests

During a sight test, an optometrist checks close-up and distance vision using charts of symbols or letters, with or without glasses. They will also examine the eyes for signs of disease or injury and may use drops to get a better view of the back of the eye. Peripheral vision may also be checked on occasion.

Following a sight test, optometrists can inform patients if they require any prescription or whether they need to be referred to an ophthalmologist or medical doctor.

### Sunglasses

Photoreactive lenses, also known as photochromic lenses, can be worn to adjust to changing light conditions by darkening in bright sunlight and becoming clear indoors. However, most photochromic lenses don't get very dark when driving, because modern windscreens block the UV light which activates them, so many drivers prefer prescription sunglasses with a fixed tint when driving in bright conditions.

Photochromic lenses can also take longer to clear than to darken, which may cause issues for drivers who enter dark spaces, such as woodland or underground car parks, from bright sunshine.

### Varifocals

Some drivers might require varifocal lenses to provide a smooth transition from distance correction at the top of the lens to near-sight correction at the bottom. They can be beneficial for drivers who need to see both the road ahead and the dashboard clearly. However, some drivers may experience distortion or difficulty adjusting to these lenses, so it's important to seek advice from an optometrist.

Optometrists can also advise drivers on whether they need to declare certain conditions to the DVLA and how to do this.

### Importance of regular eye tests

The 20-metre vision test is the legal minimum for driving eyesight. However, this does not mean that this is the limit of an employer or driver's responsibilities with regard to the vision standards. Diligent employers will recognise that eyesight often changes over time, and that regular sight tests are essentially for driver safety and for identifying eye and other health conditions.

### What employers can do

- Every driver should have a sight test every two years or more often if recommended by an optometrist. By law, most drivers are not required to have a vision test between passing their test (often at 17) and reaching 70. However, given that eyesight can change over time, employers should exceed the legal minimum in order to ensure they fulfil their duty of care.
- Employers should not rely solely on 20 metre number plate tests, as this does not check all the relevant visual capabilities, and it also has none of the wider health benefits of sight tests.
- Sight tests are tailored to individual needs and can detect general health issues like diabetes, high cholesterol, and high blood pressure.
- Employers must ensure that if an optometrist has prescribed corrective lenses, or advised someone not to drive, that these instructions are followed. Research from the Association of Optometrists (AOP) in 2024 indicates that 60% of optometrists have seen patients who continue to drive despite having poor vision. This is a significant increase from 40% five years ago.
- Employers should also ensure that drivers have updated their driving licences to reflect the need for corrective lenses. This could form part of regular driving licence checks, along with checking the driver owns and uses the appropriate lenses.

### Resources

More information about the AOP's Don't swerve a sight test campaign can viewed at www.aop.org.uk/Dontswerve

Drivers can also find out information about looking after their eyes at: www.aop.org.uk/patients

## Hearing loss

*With thanks to Teri Devine, Director of Inclusion at RNID*

Hearing loss is more common than you might think. There are over 18 million adults in the UK who are deaf, have hearing loss or tinnitus. There are also 12 million adults of working age who have hearing loss in one or both ears. The prevalence of hearing loss increases to over half of people aged 55 or more and 80% of people over the age of 70. It's estimated that 1.2 million adults in the UK have hearing loss severe enough that they wouldn't be able to hear most conversational speech.

People's experiences of deafness and hearing loss can be very unique to them and not everyone will necessarily recognise that they have hearing loss.

Hearing loss often happens gradually so people may take time to notice the impact that it has on their daily life. Some indicators that people may have hearing loss include:

- Struggling to hear in group conversations or in noisy settings, such as pubs or restaurants
- Turning the TV up louder than others want it

- Struggling to hear on the phone
- Often asking people to repeat what they say
- Feeling that other people mumble

Hearing loss can be confirmed through a full hearing test where an audiologist will examine your ears, carry out a hearing test (audiogram), diagnose any hearing loss and discuss treatment options with you. RNID's online hearing check[23] is a quick and easy first step for anyone who may be concerned about their hearing.

### Effect on road safety

There is no evidence that hearing loss contributes to collision risk[24]. In fact, there is some evidence that those with limited hearing are more vigilant drivers because they are not distracted by music or conversation. Employers should work with individuals on a case-by-case basis to determine whether the driver feels it affects their driving performance, and how best to mitigate that.

In most settings, hearing is intrinsic to our social interactions, so it is very easy for a person with hearing loss to feel socially excluded from conversations, meetings and 'water cooler' moments at work. This can affect mood and mental health, (see Chapter 3) both of which can negatively affect a driver's safety.

### What employers can do

If an employee is diagnosed with hearing loss and has a HGV, bus or coach licence, they should inform the DVLA by filling out the AUD1 form. Drivers do not need to tell the DVLA about hearing loss if they only have a car or motorcycle license. More information can be found at www.gov.uk/deafness-and-driving.

Employers should undertake a workplace assessment to ensure that employees with hearing loss get the support they need. It may be helpful to educate other staff about how to support colleagues with hearing loss.

This might also include appropriate assistive technology or adjustments. This could include:

- hearing loops in depots or offices
- fire alarms and other essential alerts to communicate in more ways than sound only
- ensuring any driver assistance technology which primarily uses audible alarms also has visual or haptic alerts for every notification stage
- ensuring that training is delivered in an inclusive manner, including in-vehicle training. in-classroom training should be conducted in a well-lit space with good acoustics, including carpets and furnishings which absorb sound.
- ensuring an individual with hearing loss can see the faces of anyone speaking
- ensuring that interactions with customers, managers and colleagues are supported by technology if necessary

The Government's Access to Work scheme is designed to help organisations cover the cost of workplace adjustments.

The Health Adjustment Passport is a document to record the support and changes (known as reasonable adjustments[25]) deaf or disabled people may need at work. You can use a completed Health Adjustment Passport to support an application to Access to Work[26], which could help fund adjustments such as communication support or specialist equipment.

RNID research[27] has found that a quarter of deaf people say that they have experienced negative attitudes and behaviours from work colleagues in the last 12 months. When managers don't understand a deaf employees' needs it can inadvertently lead to exclusion from social conversations in the workplace, resulting in isolation and stress and impact on productivity.

We recommend that employers undergo deaf awareness training to learn more about their employees' needs and how best to support them.

### Resources

See RNID for guidance, information, resources and suppliers of assistive technology www.rnid.org.uk

23 rnid.org.uk/information-and-support/take-online-hearing-check
24 www.sciencedirect.com/science/article/abs/pii/S2214140522000597
25 rnid.org.uk/information-and-support/work-job-employment/supporting-deaf-employees-staff-hearing-loss/workplace-adjustments
26 rnid.org.uk/information-and-support/benefits/access-to-work
27 rnid.org.uk/get-involved/campaign-with-us/working-for-change

## Lung health

*With thanks to Emma Rubach, Head of Health Advice, Asthma + Lung UK*

Over 12 million people in this country will develop a lung condition, such as asthma or chronic obstructive pulmonary disease (COPD), over their lifetime – and many of them will be drivers.

This section is about the everyday triggers that exist for people with lung conditions and how they can mitigate these risks.

Whether it's in a vehicle, at work or at home, many triggers exist for people with lung conditions. The UK has the worst death rate in Europe for lung conditions, and it's no coincidence that we also have one of the highest rates of childhood asthma here too.

Air pollution affects us all. This invisible killer contributes to the early deaths of up to 43,000[28] people in the UK. Breathing dirty air is a major contributor to life-threatening respiratory conditions – being exposed to air pollution over a long period is linked to developing lung cancer, COPD and asthma. From diabetes to dementia, there is a growing list of health impacts associated with our everyday exposure to air pollution.

Toxic emissions from vehicles are one of the main sources of air pollution in the UK. However, a lesser-known fact is that we are also exposed to air pollution inside our vehicles too. Several studies have found that air pollution exposure can be higher inside your vehicle[29] than outside. And these harmful fumes can irritate our lungs.

Drivers should try to move away from vehicles when taking breaks, to pedestrianised or more remote locations to minimise the emissions they inhale.

Smoking also has a devastating effect on lung condition. Recent data[30] shows it can shorten your life by almost ten years.

### Effect on road safety

Any episode in which breathing is compromised while driving can also affect driver performance and safety.

Coughing usually causes the eyes to reflexively close, which is dangerous when controlling a moving vehicle. If a driver starts to cough or sneeze, they should pull over as soon as is safe.

Hay fever can be a trigger for asthma and other lung conditions. Hay fever medications can cause drowsiness, so should always be checked with a pharmacist for compatibility with driving.

### What employers can do

- Ensure that drivers understand the dangers of driving with a respiratory tract infection, which will not only make them feel unwell, but may give rise to coughing, sneezing and eye watering. This includes colds and flus.
- Ban smoking within vehicles . Encourage smoking cessation in all drivers. Individuals are around three times more likely to quit by using specialist help, such as a local stop smoking service and stop smoking treatments like nicotine replacement therapy (NRT), together. It is never too late to stop smoking and improve health.
- Encourage healthy eating and regular physical activity. Regular movement, especially for people who drive a lot daily, is good for the lungs – it increases the strength of the muscles surrounding the lungs and, as they get stronger, those muscles need less oxygen to work thus making it easier to breathe.
- Conduct a rigorous risk assessment to understand what can harm drivers at work, including diesel fumes and particulates, and how to control those risks.
- Specify the lowest-emission vehicles possible for your operation; this will help to protect drivers from air pollution from their own vehicle and also help protect the communities your vehicles travel through.
- Establish a just culture with psychological safety so that drivers can report concerns for proper consideration.

28 UK Health Security Agency (2022). Chemical Hazards and Poisons Report Issue 28 – June 2022 Reducing health harms associated with air pollution

29 P. Kumar, 'Concentration dynamics of coarse and fine particulate matter at and around signalised traffic intersections' (2016) pubs.rsc.org/en/content/articlelanding/2016/em/c6em00215c
Imperial College London, Environmental Research Group, 'In vehicle exposure to traffic and road generated air pollution' (2023). www.london.gov.uk/sites/default/files/2023-09/In-vehicle%20exposure%20to%20traffic%20and%20road-generated%20air%20pollution.pdf

30 Doll R, Peto, R, Boreham & Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ 2004; 328: 1519 https://www.bmj.com/content/328/7455/1519

- To support workers with lung conditions ensure that:
  - they have a copy of their self-management plan or action plan at work, so colleagues can help them if they have symptoms. You can download an asthma action plan [31], COPD self-management plan [32] or Pulmonary fibrosis self-management plan [33].
  - first aiders understand how to aid a colleague who has a breathing-related episode.
  - drivers follow their treatment plan and keep appropriate medicines and relievers with them – and that those medications are all compatible with driving.
  - managers and colleagues understand what an affected person's triggers are and what to do in an emergency.

**Resources**

Asthma+Lung UK: causes of indoor air pollution at work
www.asthmaandlung.org.uk/living-with/indoor-air-pollution/work

Outdoor air pollution www.asthmaandlung.org.uk/living-with/air-pollution

Asthma + Lung UK advice on how smoking and vaping affect your lungs, and smoking cessation support.
www.asthmaandlung.org.uk/living-with/stop-smoking

Keeping active with a lung condition: www.asthmaandlung.org.uk/living-with/keeping-active

Occupational health information about working with a lung condition.
www.asthmaandlung.org.uk/living-with/working-lung-condition

Advice on flu www.asthmaandlung.org.uk/conditions/flu/symptoms-treatment

Advice on vaccinations www.asthmaandlung.org.uk/conditions/flu/prevent

A+LUK helpline on 0300 222 5800 (Monday to Friday, 9am to 5pm) email helpline@asthmaandlung.org.uk

## Musculoskeletal injuries

*With thanks to Jake Fletcher, Director, PhysioMed*

Driving is associated with a lot of musculoskeletal pain, especially back pain. This is particularly experienced by HGV, bus and taxi drivers, but is common for any driver who spends long periods behind the wheel. The factors causing this are often vehicle ergonomics, vibration and sitting for long periods. Driving requires long periods holding a stable, static position through the arms, shoulders, back, and neck, so while driving is not usually physically hard work, these muscle groups can become very fatigued.

When coupled with poor posture and daily repetition, drivers often develop specific injuries or strains. And, as the saying goes, 'back pain doesn't kill – it tortures'.

Drivers may also have joint and muscle conditions or injuries which were not caused by driving, but which can nevertheless affect their performance and may be worsened by driving.

### Effect on road safety

Pain and discomfort are both distracting and tiring.

Those suffering chronic pain are more likely to show depressive symptoms [24] (see effects of depression and mood on driving safety, Chapter 3).

People suffering chronic pain are less productive, and perform less well than those who are pain-free. The mean effect was about 2.4 hours productivity loss per week across all tasks in terms of achievement – it can be far higher for those with chronic joint pain or pain in multiple sites. However, lower performance in safety-critical tasks such as driving can have far more serious outcomes than lower productivity.

31 www.asthmaandlung.org.uk/conditions/asthma/manage/your-asthma-action-plan

32 www.asthmaandlung.org.uk/conditions/copd-chronic-obstructive-pulmonary-disease/your-copd-self-management-plan

33 www.asthmaandlung.org.uk/conditions/pulmonary-fibrosis/pulmonary-fibrosis-sm-plan

34 Kawai K, Kawai AT, Wollan P, Yawn BP. Adverse impacts of chronic pain on health-related quality of life, work productivity, depression and anxiety in a community-based study. Fam Pract. 2017 Nov 16;34(6):656-661. doi: 10.1093/fampra/cmx034. PMID: 28444208; PMCID: PMC6260800

### What employers can do

- Ensure that each driver knows how to adjust seats, mirrors and controls to maximise comfort and minimise strain.
- Encourage drivers to take frequent breaks to move and stretch.
- Ensure that any pain medication is compatible with driving.
- Drivers may get more specific advice on potential adjustments from an occupational health professional or physiotherapist.
- Encourage drivers to report and treat strains and pains quickly – injuries caused by repetitive movements will worsen if ignored.

## Prostate issues

*With thanks to Emma Craske, Senior Specialist Nurse, Prostate Cancer UK*

Prostate problems are common, particularly in men aged over 50.

The prostate is a small gland found only in men and AMAB (assigned male at birth). It surrounds the tube that carries urine out of the body (urethra).

The prostate gland is about the size and shape of a walnut but tends to get bigger as you get older. It can sometimes become swollen or enlarged by conditions such as:

- prostate enlargement [35]
- prostatitis (inflammation or infection of the prostate) [36]
- prostate cancer [37]

[Crown copyright: Information from NHS website date 17.1.25]

### Effect on road safety

Prostate problems can make an individual feel the need to urinate often and with urgency, which can be problematic when out on the road.

They may also have disturbed sleep due to the need to pee during the night.

Some people with prostate problems have stress incontinence – accidental leakages of urine on coughing or sneezing – which can be embarrassing.

Prostate cancer treatments can cause leakage of urine, and some men may need easy access to toilets to change pads.

These issues may be distracting, or cause your driver anxiety, as well as potential discomfort.

Sitting down for long periods can put pressure on the prostate.

Early prostate cancer doesn't usually cause any symptoms, so men are encouraged to understand their risk (see below).

Any man (or AMAB) with urinary symptoms should be encouraged to talk to their GP if they haven't done so. Some men put up with symptoms thinking they're part of the aging process, when treatment may be available that could improve their quality of life

Some prostate cancers are watched, rather than treated, but this can still cause anxiety and worry.

### What employers can do

Educate men and AMAB about the benefits of understanding their risk of prostate cancer. Prostate Cancer UK have a quick risk checker if they want to know more about their risk and understand more about PSA blood testing.

Make reasonable adjustments for someone suffering from prostate issues. They may need more breaks, or to do less driving time, or drive more local routes so they can be sure of having access to toilet facilities.

35 www.nhs.uk/conditions/prostate-enlargement
36 www.nhs.uk/conditions/prostatitis
37 www.nhs.uk/conditions/prostate-cancer

### Resources

You can find out about PSA testing for the over 50s at www.nhs.uk/conditions/psa-test/

Toilet Cards are available for men with prostate problems. This is a wallet-sized card for men with prostate problems, who may need urgent access to a toilet. It does not guarantee access but may make it easier to ask for help. shop.prostatecanceruk.org/our-publications/all-publications/urgent-toilet-card?limit=100

Radar keys allow access to locked disabled toilets and are available from a number of sources for a small charge.

Anyone worried about prostate cancer, or another prostate problem, can contact the Risk Information Officer or Specialist nurses on 0800 074 8383. Calls from UK phones are free and the service is open Monday to Friday 9am to 5pm, except for Wednesdays when the service is open from 10am to 5pm.

## Sleep disorders

*With thanks to Lisa Artis, Deputy CEO of The Sleep Charity*

There is a section on sleep and fatigue later in this guide which addresses the fact that many UK adults – including drivers - routinely get too little sleep and the adverse consequences this has for driving safety. However, many people in the UK have specific sleep disorders, and a high number of these are undiagnosed. This chapter looks at some of the most common sleep disorders and how they can be identified and addressed.

### Why do we need sleep?

Sleep is not a luxury. It facilitates vital biological functions including:

- Clearing the brain of toxins and maintaining our nervous system
- Repairing tissue and injuries
- Consolidating memory and learning

Moreover, a long-term lack of sufficient or quality sleep increases risk for many other health conditions, including heart disease, stroke, diabetes and dementia.

### Obstructive sleep apnoea (OSA)

This condition is often, but not exclusively, diagnosed in people who are significantly overweight or obese. Other conditions such as diabetes, high blood pressure and high cholesterol can also predispose people to OSA.

OSA narrows or closes the airway during sleep, which in turn forces the person awake in order to breathe. This causes severely disrupted sleep.

OSA is common, with an estimated 4 million people [38] having moderate or severe OSAS in the UK. NICE [39] calculated in 2018 that 2.5m sufferers were undiagnosed. These figures are likely to be growing as UK obesity levels grow.

Suspected OSA will mean that a driver must stop driving for a few weeks until their OSA is diagnosed and effectively treated, which can be done with a continuous positive air pressure machine (CPAP).

Research [40] suggests half of OSA sufferers do not comply with their treatment, which makes vigilance extremely important.

### Narcolepsy

In narcolepsy the brain's sleep-wake mechanisms are dysfunctional. It is estimated to affect 30,000 people in the UK [41], but again many cases are undiagnosed.

Although sometimes narcoleptics fall asleep completely, it is also common for some parts of the brain to sleep while others remain 'awake'. This can lead to automatic behaviours – for instance, a sufferer could continue to type but the resulting words would be gibberish as their language centre is asleep. Or they could continue to drive, holding the steering wheel and changing gear, but have no awareness of what was happening around them.

38 sleep-apnoea-trust.org/research

39 www.nice.org.uk/guidance/ng202/documents/final-scope#:~:text=It%20is%20estimated%20to%20affect,with%20prevalence%20likely%20to%20grow

40 www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/behaviours-predicting-cpap-adherence-in-osa-a-modelling-analysis

41 www.narcolepsy.org.uk/about-narcolepsy

Narcolepsy can present with many symptoms:

- A tendency to fall asleep if bored or passive
- A tendency to put things in strange, unremembered places – the phone in the fridge etc
- Difficulties concentrating, following conversations or finding words
- Cataplexy, which is a sudden loss of muscle control when experiencing high emotion
- Excessive daytime sleepiness
- Going straight into dreams on falling asleep, or feeling 'paralysed' while asleep, or 'acting out' dreams
- Hallucinations (a kind of 'waking' dream)

Narcolepsy can be diagnosed through sleep studies and measuring the levels of hypocretin in the cerebral spinal fluid. Hypocretin is the neuropeptide which governs alertness, and narcoleptics tend to produce too little.

Once diagnosed, the condition can be successfully treated with medications.

Social interaction, movement, caffeine and staying interested is also helpful in maintaining alertness. Boredom, silence and passivity make it harder. Many narcoleptics avoid carbohydrates during periods when wakefulness is required.

With medical and DVLA approval, people can continue to drive, although they will always have to be aware of and manage their condition.

In particular, it can be hard for people with narcolepsy to commit to driving long distances, because they cannot know if they will be alert enough for the whole or return journey. Try to plan journeys using routes where it is easy to pull over quickly if necessary.

### Insomnia

Insomnia[42] affects one in three people in the UK at some point in their adult lives, according to the NHS.

Insomnia is where you cannot easily fall asleep, or stay asleep, often waking several times during the night, lying there sleepless or waking too early.

Needless to say, this leaves people very tired and driving is not recommended.

The cause of insomnia should be determined by a doctor, but anxiety, caffeine, alcohol, nicotine and poor pre-sleep routines can all contribute.

### Shift work sleep disorder

People working night shifts typically get two to four hours less sleep than those who work daytime shifts. This is because working at night disrupts the body's circadian rhythm and also because daytime can be a disruptive, noisy and distracting time to try to sleep. Shift workers are at greater risk of many common and serious conditions because of this disruption.

It is very important for shift workers to have good sleep hygiene, to prioritise their sleep quality, and to have a fixed routine – even on their days off.

Wherever possible, employers should try to avoid rotating shifts. If shift patterns must change, drivers should try to shift their sleep pattern gradually and take naps if necessary.

Shift workers are far more likely to be involved in a collision[43] when commuting home than other drivers.

#### Effect on road safety

People with sleep conditions are often unaware of them, and many go undiagnosed. However, getting insufficient sleep can cause excessive daytime sleepiness. Sleepiness comprises our ability to think, process our surroundings, learn, respond or regulate our emotions and is extremely dangerous in a driver.

42 www.nhs.uk/conditions/insomnia

43 M.L. Lee, M.E. Howard, W.J. Horrey, Y. Liang, C. Anderson, M.S. Shreeve, C.S. O'Brien, C.A. Czeisler, High risk of near-crash driving events following night-shift work, Proc. Natl. Acad. Sci. U.S.A. 113 (1) 176-181, https://doi.org/10.1073/pnas.1510383112 (2016)

**What employers can do**

- Be aware of drivers who seem tired, 'zone out', yawn or are reliant on caffeine. Have an open, non-judgmental conversation to discover the cause of their tiredness – and if necessary, refer them to their GP.
- Don't let tired or sleepy drivers drive.
- Use the Epworth Sleepiness Scale as a quick screening tool for potential sleep issues.
- Help shift workers to maintain healthy patterns, diet and sleep routines. If possible provide transport home for night-shift workers (with an early shift driver) so they do not have to drive.

**Resources**

Learn more about common sleep disorders here
thesleepcharity.org.uk/information-support/adults/sleep-disorders/

This NHS resource is aimed at medical staff but its advice on minimising the health and safety effects of night shifts is relevant to all shift workers.
www.tims.nhs.uk/wp-content/uploads/2023/03/Night-shift-and-sleep-tips.pdf

Detailed driver information about managing sleep apnoea can be found here
sleep-apnoea-trust.org/driving-and-sleep-apnoea/

The STOP-Bang questionnaire can also be a useful screening tool for OSA.
www.stopbang.ca/osa/screening.php

# Mental health

CHAPTER 3

*With thanks to Dr. David Crepaz-Keay, Head of Research & Applied Learning at the Mental Health Foundation*

National Highways fleet engagement programme, Driving for Better Business has a dedicated resource, Driver Roadworthiness: Mental health toolkit for managing at-work drivers which is available from Driving for Better Business. Therefore, this guide has included only a brief mention of the most common issues for completeness.

Mental health is informed by our state of physical and neurological health, lifestyle choices, genetic predispositions and social circumstances. Like our physical health, our mental health requires ongoing care and awareness. Employees must feel safe to ask for help if they have concerns about their mental health.

Although some of the stigma around mental health conditions has been dispelled by recent campaigns, many people may still feel vulnerable or ashamed to admit that they are struggling mentally or emotionally. This may be especially true of middle-aged men, who make up the bulk of the UK working-driver population.

We all need to acknowledge that our minds and brains can suffer illness or strain just like any other part of our body. While support, lifestyle changes and treatment can often help, 'attitude' alone cannot cure mental health problems any more than it can cure heart disease.

**Effect on road safety**

There are many mental health conditions and individuals may experience those conditions differently. Broadly, however, mental health conditions can distort how we feel about ourselves and the world around us, how we perceive and react to risk, and the level of rationality, practicality or realism involved in our decision-making.

This means that driving is an especially hazardous activity for anyone with untreated mental health issues, as their perception of their on-road behaviour or on-road risks can be highly skewed.

## Annual population survey - regional - occupation (SOC2020) by sex and employment type

**England and Wales Oct 23 - Sept 24**

Most of the professional drivers in the UK are male.

| Occupation (SOC2020) | Males | Females |
|---|---|---|
| Road Transport Drivers | 713,100 | 55,400 |
| Large goods vehicle drivers | 239,200 | 4,200 |
| Bus and coach drivers | 78,400 | 13,900 |
| Taxi and cab drivers and chauffeurs | 139,200 | 4,800 |
| Delivery drivers and couriers | 196,000 | 21,700 |
| Driving instructors | 21,000 | 7,600 |
| Road transport drivers n.e.c. | 39,200 | 3,100 |

Driving is not only a high-stress occupation[1] but also socially isolating. HGV and van male drivers were found to be at significantly higher risk of suicide[2] than males in other sectors.

1 Antoun M, Edwards KM, Sweeting J, Ding D. The acute physiological stress response to driving: A systematic review. PLoS One. 2017 Oct 16;12(10):e0185517. doi: 10.1371/journal.pone.0185517. PMID: 29036199; PMCID: PMC5642886

2 Office of National Statistics Suicide by occupation, England: 2011 to 2015

It is impossible to know how many collisions are in fact suicide, or attempted suicide, although it is estimated that at least 50 road deaths a year[3] are probably suicides.

Equally drivers of heavy vehicles may find themselves used as the instrument of suicide, with other road users or pedestrians deliberately targeting their vehicle. This can be emotionally and mentally devastating to the surviving HGV or bus driver.

Drivers with mental health problems are also more likely to self-medicate, which can lead to intoxicated driving, and to have poor self-care which can lead to fatigued or impaired performance[4].

### The importance of reaching out

However squeamish we may be about invading another's privacy, we must recognise that people experiencing mental health conditions often cannot ask for the help they need. It is essential then that colleagues and managers reach out to them – repeatedly if necessary.

## Stress

The modern usage of stress refers to demands or pressures which exceed a person's ability to deliver or cope. People can feel overwhelmed and anxious.

In biological terms, the stress response is triggered by the brain recognising a threat to wellbeing or safety. The hypothalamus informs the pituitary gland, which triggers the adrenal gland to release adrenaline. It raises your heart rate, sends blood surging through muscles, diverts blood from the digestive tract, and tunnels our perception to the immediate danger. Once, this burst of adrenaline would have given us the speed, focus and energy to run fast or fight hard to protect ourselves from an aggressor.

Today, the dangers we usually face, especially in the road environment, require logic, calm rational responses, and a wide awareness of events unfolding around us – not the narrow perception and physical prowess our fight or flight response provides.

If we are able to act to mitigate an immediate threat – eg grab the cat and flee a burning house – then our stress level can abate, because the adrenaline has done its job. However, when people are stressed in the workplace, or on the road, there is often no consequential action they can take to reduce their stress response, because the things they fear are not physical, but environmental, social and professional pressures.

This adrenal response can also be cumulative, with many small incidents ramping up an individual's adrenaline levels as the day progresses.

Driving is often stressful, especially in congested conditions, or if drivers must meet deadlines.

## Managing trauma

*With thanks to Dr Nicola Lester, Psychological Trauma Consultant*

When we are in our 'window of tolerance' – the optimal point of arousal or alertness – we are able to think clearly, solve problems, make decisions, take perspective, be curious, and generally perform at our best.

However, when someone experiences trauma, such as witnessing or experiencing a collision, their window of tolerance becomes much narrower and they are more easily pushed outside of it into what's called a 'survival mode' because their brain thinks that they are in danger. This survival mode can take two different forms, either:

- hyperarousal (fight or flight)
- hypoarousal (freeze, collapse)

These survival responses can impact their safety as drivers, affecting their confidence, situational awareness and judgement, capacity to make good decisions and lead to an increase in irritability, anger and impulsivity. Indeed, stress and adversity from other areas of life can also impact on a driver's ability; they are more likely to be distracted, struggle to concentrate and may experience anxiety which in turn may affect their confidence and judgement.

It is important to remember these are normal responses to an abnormal event and they will often subside in the days and weeks following a traumatic incident. However, drivers can keep themselves safe by being aware of how they have been affected and thinking about what support they might need from those around them. In the event of exposure to a road traffic collision (either as a witness or a victim) it can also be worth thinking about ways to rebuild confidence. For example, advanced driver training can be a useful way of widening a Window of Tolerance to increase the driver's capacity to cope and respond to stress on the road.

3 Norman H, Marzano L, Winter R, Crivatu I, Mackenzie JM, Marsh I. Factors prompting and deterring suicides on the roads. BJPsych Open. 2023 May 3;9(3):e81. doi: 10.1192/bjo.2023.52. PMID: 37132120; PMCID: PMC10228211

4 Li K, Vaca FE, Courtney JB, Haynie DL, Simons-Morton BG. Associations of mental health with driving while impaired and risky driving in emerging adults. Traffic Inj Prev. 2021;22(2):114-119. doi: 10.1080/15389588.2020.1852225. Epub 2021 Jan 26. PMID: 33497268; PMCID: PMC8428797

**Effect on road safety**

Stressed drivers are many times more likely to speed[5], fail to give way and generally demonstrate poor driving behaviours. Stressed drivers accelerate intensively six times more often than non-stressed drivers and brake harshly twice as often.

In the driver stress study referenced above, stressed drivers were also 20% more tired after a driving test than non-stressed drivers.

### What you can do

- Under the Health and Safety at Work Act you have a legal responsibility to protect workers from occupational stress.
- Ensure that your scheduling does not cause undue stress to drivers. If delivery windows, routes or distances put pressure on drivers, consider changing them. Develop an understanding of how your drivers are performing against pre-set delivery schedules. If they are already 'running late' early in the day, then the schedules clearly do not align with the reality of what the drivers can deliver.
- Educate drivers in stress management. See the techniques below.
- Ensure that drivers know that if they are anxious or stressed, they should pull over when safe and take a break to calm down. This can seem counter-intuitive when up against a deadline, but they will perform better, with less risk, once they feel better.
- Ensure that drivers have time in their schedules for sufficient breaks. The Highway Code recommends at least a 15-minute break after every two hours of driving. Vocational drivers may have their breaks mapped differently. However, the regulations specify minimal breaks – there is no reason employers cannot allow their drivers to have longer breaks than specified. Rest breaks where no work is done do not count towards working time or driving time limits.

## Anxiety

Anxiety and stress are closely related, but anxiety refers to a long-term state of stress arousal. Anxiety can be horrible to live with, exhausting, and is often disruptive to other normal functions like eating and sleeping.

Anxiety may be related to specific worries, such as money or ill health, or a wide range of issues[6].

## Depression

Depression[7] is a serious mental health condition which requires professional support. It can seriously affect decision-making and it can be dangerous to drive with untreated depression. However, with treatment most people can continue to drive and work safely.

### What employers can do

There are many other mental health conditions and illnesses than are mentioned here. It is not a manager's job to make a diagnosis of a mental health condition, any more than they would be expected to diagnose a physical condition. However, you can be aware of behavioural changes, such as people being more nervous, irritable, or withdrawn, not seeming 'themselves', being forgetful, or their driving or other performance deteriorating.

- Risk assess your workplace for causes of stress.
- Be aware that some individuals may be more vulnerable to concerns about their mental health than others, for instance if they are neurodivergent, socially isolated, a carer or have chronic or acute health conditions.
- Train managers in having supportive conversations in which drivers are invited to share their concerns. If they do not wish to talk to someone at work, suggest seeing an external professional or GP.
- In the UK, it's common for people to give automatic responses when asked if they're all right. To get a more genuine answer, it's helpful to ask twice. The second time, they're more likely to share how they really feel.

5 Magaña VC, Scherz WD, Seepold R, Madrid NM, Pañeda XG, Garcia R. The Effects of the Driver's Mental State and Passenger Compartment Conditions on Driving Performance and Driving Stress. Sensors (Basel). 2020 Sep 15;20(18):5274. doi: 10.3390/s20185274. PMID: 32942684; PMCID: PMC7571166

6 www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder-gad

7 www.nhs.uk/mental-health/conditions/depression-in-adults/overview

- Educate all staff about mental health issues, the importance of speaking to someone, the safety issues caused by driving while stressed, anxious or depressed, and the positive steps which can be taken to protect them at work and help their recovery.
- Once someone has a diagnosis, do not debate it or try to understand it. Simply accept the advice of the GP, medical support staff or occupational health adviser about what adjustments should be made and listen to the individual about their needs.
- Always ensure that any medications have been checked with a doctor or pharmacist for their compatibility with driving.
- The key terms for managing mental health in the workplace are open, positive supportive and judgement-free.
- Train mental health first aiders. Distribute the numbers of helplines and have a helpline sticker for the Samaritans or similar charity in each vehicle.

## Resources

Mind has guides on managing mental health in the workplace and in various circumstances
www.mind.org.uk/workplace/mental-health-at-work/

ACAS also has useful guides
www.acas.org.uk/supporting-mental-health-workplace/managing-your-employees-mental-health-at-work

Campaign Against Living Miserably www.thecalmzone.net

# Personal circumstances

**CHAPTER 4**

*With thanks to Lucy Smith, Head of Occupational Health and Wellbeing, Mitie*

There are a number of personal circumstances which can affect drivers' energy, mental wellbeing and focus which employers should be aware of. Ideally you will have a culture in which drivers feel able to make you aware of these changes or worries (see Chapter 2 Psychological Safety) but if not, changes in behaviour, energy or motivation levels or performance should be noted and followed up with a supportive, gently probing conversation to determine the cause.

Employers can then make the necessary mitigations or adjustments to support the employee, and to ensure that their driving safety is not affected.

## Carers

Many people become carers at some point in their life, often for a sick family member, or ageing parents. This can be a fraught, exhausting and stressful time. Often people find themselves in a caring role unexpectedly and must fit its heavy responsibilities around their other obligations in life. It can bring relentless worry and often the burden of trying to take responsibility for another person's welfare. Sometimes it feels as if the choices carers are asked to make have no good answers, such as when people must decide whether an elderly parent is safe at home or should move to a care home.

There are many aspects to this which can affect an individual's mental and physical wellbeing and their driving safety, such as:

1. The worry for their loved one can be a constant presence and a distraction.
2. Individuals can be more anxious than usual in case their loved one has a problem, a fall or a sudden deterioration. This may also affect their sleep.
3. Those looking after parents often face a reversal of roles from being the son/daughter to 'parent/guardian' which is hard on both parties.
4. Social care provision is often complicated to navigate and inadequately funded, which puts more pressure on families.
5. Care is very expensive, which can be a worry if social service provision isn't available.
6. Caring roles can be exhausting, particularly if an individual has no siblings or partner to share the load.

### Effect on road safety

Fatigue, worry and distraction are all potential safety risks when driving. Someone combining work with a carer role may be stressed, and this could affect the level of concentration and energy they bring to their job and their decision-making on the road.

### What employers can do

Find out what's wrong.

Ensure they take enough time to look after themselves – 'put on your own oxygen mask first'.

No one can take away the grief and worry of having an elderly or ill parent or sick child but their GP may be able to recommend support.

Identify any 'pinch points' or specific issues such as hospital appointments, or disrupted sleep. Encourage them to book the time off for such appointments, or to inform managers if they have had insufficient sleep so their shift or workload can be re-arranged.

## Commuting

If employees drive to work, then they can be extremely tired when driving home, especially if they travel far. Although commuting doesn't strictly count as 'driving for work', a responsible employer will still ensure that someone is likely to be safe when returning home, especially if they have been driving all day, worked a night shift or been 'on call'.

Fatigue can be cumulative, but the effects of fatigue can be more acutely felt at specific times of the week, or at specific points in a given shift.

### Effect on road safety

There is a greater risk of fatigue and sleep-related collisions where workers work extended shifts[1] or have short recovery times between shifts. There is also a 30% greater risk of collision when commuting[2] home after a 12-hour shift than after an eight- hour shift.

### What employers can do

Be aware of how much driving an employee does on their way to and from work.

Many haulage companies try to recruit drivers within a fixed radius to limit their commute time. This practice could be considered for all employees who drive for work.

Where possible, advocate for use of public transport, (for instance, sponsoring season tickets) or provide transport.

Examine shift patterns. Survey teams and analyse incident and productivity data to find indications of specific points at which fatigue may be apparent. If employees are finishing shifts during the night, or after 11 or 12 hours at work, can this be altered to mitigate the effects of tiredness?

## Second jobs

According to a Royal London report[3], 5.2m people in the UK have taken second jobs to mitigate the cost of living rises, and a further 10m will do so if price inflation continues to outstrip pay awards. Official Office for National Statistics[4] figures which are based on Q3 2024 put workers with second jobs at 1.25m.

Of full-time employees in the Royal London survey, one-fifth worked over 56 hours per week and 28% worked more than 48 hours a week.

### Effect on road safety

Having a second job may often mean higher levels of fatigue, stress, and sleep deprivation and may indicate a high level of concern over money.

There is some evidence that employees working two or more jobs are at greater risk of depression[5].

It's worth remembering that full time employees with partners who take on a second job may also find their own share of out-of-work commitments growing and so may also be more tired.

It is particularly important that drivers get sufficient rest and sleep.

If drivers take a second driving job – such as driving a minicab – on top of their driving/employed hours at work, this can raise their risk of a collision substantially.

For those not covered by EU rules (such as most HGV drivers), the maximum driving time allowed under GB domestic driving rules[6] is 10 hours, and the maximum duty time is 11 hours. This applies to any at-work driver who drives for at least four hours in the day.

Therefore, any at-work driver who also takes a second driving job is likely to be non-compliant with GB driving hours rules.

Managers will also need to ensure that workers with two jobs are not going beyond their allowed duty limits as specified in the Working Time Directive[7].

1 Extended Work Shifts and the Risk of Motor Vehicle Crashes among Interns Laura K. Barger et al 2005 www.nejm.org/doi/full/10.1056/NEJMoa041401

2 BMA Fatigue and sleep deprivation – the impact of different working patterns on doctors, January 2018

3 Royal London Cost of living crisis leaves millions taking on second job

4 Office for National Statistics LFS: Workers with second jobs: UK: All: Thousands: SA

5 Bruns A, Pilkauskas N. Multiple Job Holding and Mental Health among Low-Income Mothers. Womens Health Issues. 2019 May-Jun;29(3):205-212. doi: 10.1016/j.whi.2019.01.006. Epub 2019 Feb 28. PMID: 30827826; PMCID: PMC7141154 pmc.ncbi.nlm.nih.gov/articles/PMC7141154

6 Gov.uk Drivers' hours and tachographs: goods vehicles 2.2 Domestic driving limits

7 www.acas.org.uk/working-time-rules/jobs-with-different-working-time-rules

### What employers can do

Ensure that all employees are asked whether they have a second job.

Include an appropriate warning about second jobs in your driving for work policy.

Require any driver who is working under the GB drivers' hours restrictions, or for whom driving is more than an occasional activity, to sign a declaration with details of any other work or driving activities they undertake.

It's your responsibility to ensure that drivers are fit to drive and legally compliant, so you must be sure that any other employment does not interfere with the drivers' fitness to drive, or their duty/driving hours compliance.

This is true regardless of whether driving is the primary or secondary employment.

## Financial concerns

Money is often a major source of anxiety.

An ONS study in early 2023[8] showed that 22% of adults had borrowed more money than in the previous year and 40% did not expect to be able to save any money in 2023. 49% of those who had fallen behind on bills reported high anxiety levels. People in arrears also had a higher risk of developing depression.

Money worries and poor mental health tend to combine in a vicious circle, with debt making people vulnerable to mental health crises and mental health problems making their financial situation worse. (Money and Mental Health Policy Institute.)

According to the Money and Pension Service, in 2023[9], 15% of the UK adult population, or 8.1 million people, required debt advice.

### Effect on road safety

Money worries are a source of cognitive distraction for drivers.

The levels of stress people feel can affect their decision-making when driving.
(See Chapter 2 Human Factors).

Worry and anxiety are frequently causes of insomnia or poor sleep quality, which can cause poor and risky decision-making during driving and the possibility of drowsiness.

### What employers can do

Ask them what the problem is. As with many personal problems people may not want to share the details, but asking "Is it financial?" may be enough.

Many employee assistance programmes offer a financial helpline.

Depending upon the situation, it may be possible to adjust when wages are paid to help employees manage their money or meet payments.

For some people, access to financial advice will be sufficient. However, if someone's mental health has suffered, suggest they seek appropriate GP support.

## Relationship issues, divorce and bereavement

Problems in a relationship, divorce and bereavement are major stresses in anyone's life. They can disrupt physical and mental wellbeing and create a range of fluctuating emotions which can impact our performance and make it almost impossible to concentrate on the job at hand.

It's important to note that even those people who appear 'fine' and do not express emotion or share their personal business, are quite likely to suffer just as keenly as more expressive colleagues and still require an attentive and supportive awareness of their situation.

Losing a relationship can cause a grief reaction similar to that of bereavement. However, it can also bring financial difficulties, the need to make new practical or living arrangements and issues around childcare or access. It can take a long time for some people to heal and feel they have control of their lives once more.

8 ONS How are financial pressures affecting people in Great Britain?
9 Money and Pension Service The UK's debt landscape in 2023

### Effect on road safety

People going through divorce or bereavement can be highly emotional and very stressed.

In a study of stress and emotion on driving behaviour[10], sad drivers were also more likely to be stressed (see Chapter 3). Although the study did not observe many quantitative changes to driving behaviour, apart from a greater propensity to accelerate hard, the group of sad drivers were involved in four times as many collisions.

Grief and turmoil are intensely distracting.

Conflict within 'marital' relationships and conflict during divorce[11] proceedings have both been shown to cause sleep problems, including insomnia or poor-quality sleep.

### What employers can do

The CARE model of bereavement support[12] can be useful: (1) communication, (2) accommodation, (3) recognition of the loss and (4) emotional support.

Listen carefully to what grieving or distressed employees say they need. Some people welcome expressions of sympathy or concern; others find it easier to manage if everyone else carries on as usual. Respect their choice.

Occupational health or other counselling services can be helpful.

## Paternity/maternity leave

Having a new baby is usually a joyous time for people. However, it can also come with sleepless nights, daytime fatigue, a certain level of worry and extra out-of-work responsibilities.

Being a parent brings a level of unpredictability to people's lives, such as disturbed nights, sudden childhood illnesses etc.

Parents who have returned to work for the first time since their child was born may be anxious about the baby's care in their absence.

Babies also often come with a higher level of expenditure and greater potential for money worries.

### Effect on road safety

Physical and mental fatigue and daytime sleepiness are the major concerns in the early days of parenthood.

However, any parent can be vulnerable to the effects of long hours and high levels of personal responsibility.

### What employers can do

Ask people to be open and honest about whether they are sufficiently rested – and be supportive in return.

New parents are going through significant adjustments to their lifestyle. It may be appropriate to consider whether temporary or permanent adjustments to their work schedule could be beneficial to their safety and productivity.

If children are in formal child care environments[13], parents can be under pressure to pick them up by a certain time or face penalties. This should be taken into account when setting schedules, deliveries or appointments, so that employees are not tempted to speed in order to meet childcare deadlines at the end of their shift.

10 Madrid NM, Pañeda XG, Garcia R. The Effects of the Driver's Mental State and Passenger Compartment Conditions on Driving Performance and Driving Stress. Sensors (Basel). 2020 Sep 15;20(18):5274. doi: 10.3390/s20185274. PMID: 32942684; PMCID: PMC7571166

11 Troxel WM, Robles TF, Hall M, Buysse DJ. Marital quality and the marital bed: examining the covariation between relationship quality and sleep. Sleep Med Rev. 2007 Oct;11(5):389-404. doi: 10.1016/j.smrv.2007.05.002. PMID: 17854738; PMCID: PMC2644899

12 Gilbert S, Mullen J, Kelloway EK, Dimoff J, Teed M, McPhee T. The C.A.R.E. model of employee bereavement support. J Occup Health Psychol. 2021 Oct;26(5):405-420. doi: 10.1037/ocp0000287. Epub 2021 Sep 2. PMID: 34472904

13 www.parentchildplus.org/wp-content/uploads/2019/08/Parenting-Stress-and-the-Use-of-Formal-and-Informal-Child-Care.pdf

## Skills fade

When people return to work after holidays, paternity or maternity leave or any other prolonged absence, they can suffer from skills fade (or skill decay). This simply means that the behaviours which were well-embedded before their break have faded because they haven't been using them.

Skills fade can also affect drivers when they switch from a newer vehicle to an older one, which doesn't have the same level of technological support, such as reversing sensors or automated functions.

Skills fade can also affect managers who used to drive for work daily, but now only do so occasionally, for instance, to cover a shift.

The human brain is extremely efficient in that it learns by creating new neural pathways which are reinforced by continual use – hence the idea that 'practice makes perfect'. These neural pathways can become so well developed that we no longer have to consciously think about how to do something.

However, the brain also shrinks those pathways which are not regularly used. This means that skills we may have learned when we drove one vehicle, such as manual parking, can fade almost entirely when we have spent sufficient time in a vehicle which has an automatic parking function.

This lack of skill can also be apparent when a driver assistance feature is faulty or inoperable but the driver is used to relying upon it. The technology may not be deemed essential for the job, but it may be essential to the driver's ability to navigate all aspects of driving safely.

Although not strictly 'skills fade', drivers switching to new drivelines after long experience with another may also find it hard to adapt, for example, the transition from diesel to electric vehicles.

**Effect on road safety**

Unfamiliarity with the vehicle, routes or with the behaviours required in a given vehicle raise a driver's risk of error.

### What employers can do

- Make sure that drivers refresh their skills on any given vehicle or work task after any extended break and can take the time to refamiliarize themselves with vehicles and tasks as necessary after shorter or annual leave.
- If a driver switches to a new vehicle, make sure that they have a full induction and can practice any skills they may not have used in a while before setting off.
- Repair driver aids promptly and ensure the driver is confident with manoeuvring the vehicle without them.

## Drink, drugs and dependencies
## Prescribed and over the counter medications

Drivers should always check with a doctor and/or pharmacist as to whether their medication could impair driving.

Some medications must be taken at specific times or time intervals and so transport planning should allow for this.

Drivers should be encouraged to disclose any medications to their line manager, to ensure that appropriate guidance has been sought and that any necessary adjustments can be made to schedules.

Be wary of the use of over-the-counter medications taken short-term to mask or mitigate the symptoms of acute illness, such as heavy colds or flus:

- The medications can be impairing and should be cleared with a pharmacist.
- If the medication 'wears off' during driving, the return of symptoms is a safety issue.
- Driving when unwell, even if the symptoms are temporarily alleviated, is likely to affect performance as fighting infection requires significant energy[14], meaning the immune system competes with other basic bodily and cognitive functions.
- Working when unwell can put a huge strain on the body and make recovery much slower. Recent studies[15] postulate that working when sick costs employers 1.8 x more than absence.

Drivers and managers should risk assess any current illness.

14 www.nature.com/articles/s41577-019-0159-y

15 cebr.com/wp-content/uploads/2023/10/Financial-Wellbeing-2023.pdf

## Alcohol

The law says that it is illegal to drive in England and Wales with more than 80 milligrams of alcohol per 100 millilitres of blood in England, Wales and Northern Ireland, and 50 milligrams in Scotland.

However, any amount of alcohol is sedative and reduces cognitive function and motor precision.

Research has also identified that driving with a hangover[16] on a typical commute to work results in significant driving impairment, equal to that of being intoxicated even though participants were well below the legal alcohol limit for driving.

**Effect on road safety**

Impairment is one of the fatal four – in other words, one of the most common causes of road fatalities. Alcohol, prescribed and unlawful drugs can all severely impair cognitive and motor function, leaving a driver unable to respond appropriately to events or control the vehicle.

### What employers can do

Consider having a zero tolerance policy for any safety critical operation, such as driving. (Zero tolerance is the term used to exclude alcohol at levels above 0.02% blood alcohol concentration.)

It is very difficult to estimate the time it takes to eliminate alcohol from the body following consumption, so drivers should be educated not to have more than minimal amounts the night before a shift.

## Self-medication and dependency

A May 2024 study by Drinkaware found that 56% of adults had used alcohol as a coping mechanism in the previous month[17]. Individuals also use alcohol to help them sleep although, in reality, alcohol disrupts sleep quality.

### What employers can do

Organisations should consider including an approved alcohol screening tool, such as the Alcohol Use Disorders Identification Test (AUDIT), within the driver health assessments conducted by their occupational health team or other medical personnel.

Educate at work drivers on the risks associated with alcohol use and driving.

## Drug use

Recreation or illicit drug use is extremely dangerous for drivers. This is because:

- almost all illegal drugs are significantly impairing in terms of perception, processing, reaction times and risk awareness
- some drugs linger in the body for days or longer, with no realistic ways to gauge impairment levels
- 'legal' levels are set low enough to eliminate only accidental exposure

**Effect on road safety** Source: Police UK

Drowsiness | Erratic behaviour | Inability to judge speed and distance | Dizziness
Poor reaction and coordination skills | False sense of confidence | Nausea | Tremors
Panic attacks and paranoia | Blurry or impaired vision | Hallucinations | Aggression

### What employers can do

Organisations should consider drug testing for new starters and random drug tests thereafter. (See Chapter 8 for legal basis for testing.)

16 Alford, C.; Broom, C.; Carver, H.; Johnson, S.J.; Lands, S.; Reece, R.; Verster, J.C. The Impact of Alcohol Hangover on Simulated Driving Performance during a 'Commute to Work'—Zero and Residual Alcohol Effects Compared. J. Clin. Med. 2020, 9, 1435 doi.org/10.3390/jcm9051435

17 www.drinkaware.ie/wp-content/uploads/2024/05/REL150524-Levels-of-low-mental-wellbeing-vastly-different-to-those-reported-pre-Pandemic.pdf

# Lifestyle factors

CHAPTER 5

## Sleep

*With thanks to Marcus de Guingand, MD, Third Pillar of Health*

Sleep is vital to safety, performance and overall health.

If we have had too little sleep, our processing ability, reaction times, responses and decision-making are all adversely affected. The recommended amount of quality, uninterrupted sleep is seven to nine hours.

A 2022 Loughborough University study[1], fitted trackers to 329 HGV drivers at a Midlands based logistics company. 58% of drivers had less than six hours sleep out of every 24, and 72% had poor sleep efficiency.

### Effect on road safety

Sleep deprivation can be acute or chronic, that is, a single night or an ongoing problem. When we need to sleep, our brains do not ask permission – unavoidable brief periods of sleep occur as the drive to sleep increases. The prefrontal cortex (which handles decision-making, communication and emotional regulation), the thalamus (sensory processing), the occipital lobe (visual processing, distance and depth perception) and the inferior parietal cortex (spatial attention and integration of multiple sensory streams) all stop functioning correctly.

In other words, sleepiness makes the brain incapable of just about every function a driver needs and so alertness, attention to the road and its users, decision-making abilities and emotional regulation all start to disappear.

One study[2] (safely) measured the performance of drivers on a track in dual-control vehicles following a night shift compared to a night of sleep. When driving post-shift, 37.5% of drivers experienced a near-collision event within 60 minutes of driving. Those who noticed sleepiness tended to have a near-collision event within 15 minutes of this realisation.

A US AAA Foundation study of actual collision data and driver interviews showed the correlation between driver collision risk and the amount of sleep the driver had had compared to a seven-hour sleep session. Drivers who reported they had slept:

- six to seven hours had 1.3 times the collision rate
- five to six hours had 1.9 times the collision rate
- four to five hours had 4.3 times the collision rate
- less than four hours had 11.5 times the collision rate

The study also found that "drivers who have slept for one or more hours less than their usual amount of sleep in the past 24 hours have significantly elevated crash rates".

Sleepy drivers are dangerous. At its worst, they may experience microsleeps, with drivers involuntarily falling asleep at the wheel. Often these periods of sleep are very short and the driver may not be aware of them. However, a vehicle travelling at 56mph will cover 50 metres during a two-second microsleep – with no driver. The consequences can be devastating. Any signs of sleepiness should never be ignored to avoid this catastrophic state.

### Other health issues

Poor or insufficient sleep has profound effects on overall health outcomes, raising the risk of heart disease, diabetes, stroke and dementia. Modern life seems to view sleep as a luxury we can economise on – but it facilitates vital biological processes including clearing the brain of toxins, repairing tissues, consolidating memories and learning, and maintaining the nervous system.

Too little sleep over extended periods compromises our ability to learn, to heal and to make decisions. It adversely affects our mental health and mood, and degrades concentration, motor skills and stamina.

1 Sherry AP, Clemes SA, Chen Y, et al Sleep duration and sleep efficiency in UK long-distance heavy goods vehicle drivers Occupational and Environmental Medicine 2022;79:109-115

2 Anderson, C., Cai, A. W. T., Lee, M. L., Horrey, W. J., Liang, Y., O'Brien, C. S., Czeisler, C. A., & Howard, M. E. (2023). Feeling sleepy? Stop Driving: Awareness of Fall Asleep Crashes. Sleep, Article zsad136. Advance online publication doi.org/10.1093/sleep/zsad136

### What to do

- All drivers can complete the Epworth Sleepiness Scale[3]. It's a quick questionnaire that highlights behaviours which may indicate unusual sleepiness. This is a useful initial screening tool.
- Educate drivers about the need for sleep and about the dangers of sleep driving. Studies show[4] that drivers are aware of sleepiness but tend to continue driving anyway.
- Make sure drivers prioritise sleep.
- Policies should show that organisations and drivers share the responsibility to make sure all drivers have had sufficient sleep before starting work.
- Consider whether shifts can be designed to reduce tiredness (for example, shortened).
- Collect and analyse data which identifies whether drowsiness may be a problem – and act on it.
- Have a just culture where drivers can volunteer that they have had insufficient sleep to drive.

> *"I'm up early with the kids, I drive to work, do an 11-hour day, drive home, then I have to pull my weight at home when I get in. So yeah, I burn the candle at both ends. I often only get a few hours' sleep. You do, don't you?"*
>
> **UK HGV driver**

### Need a coffee?

Caffeine is useful and pleasurable to many of us. However, we should not need caffeine to feel alert or stay awake. If drivers are reliant on coffee or caffeinated drinks, this should be seen as a warning sign and be investigated.

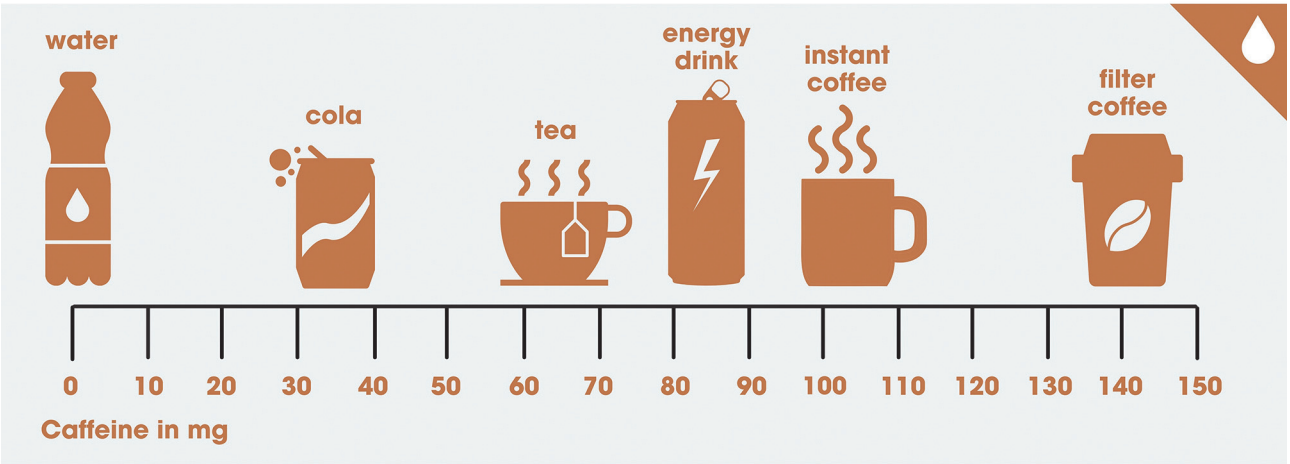
If a driver is sleepy, they should pull over safely and sleep or call for relief. The only cure for sleepiness is sleep.

Drinking a coffee may help a little for a short while. Caffeine binds to adenosine receptors which cause sleepiness. It takes around 10 minutes to take effect and peaks in the bloodstream after 45 minutes to one hour[5].

However, there are two important caveats:

1. Just because a chemical delays sleep does not mean the driver is necessarily performing as well or as safely as when rested.
2. That caffeine will still be buzzing through their blood stream for the next six to twelve hours, disrupting sleep they badly need.

## Calculate your approximate daily intake of caffeine






3 www.esht.nhs.uk/wp-content/uploads/2017/08/Epworth-Sleepiness-Scale.pdf
4 www.sciencedirect.com/science/article/abs/pii/S0965856415300586
5 www.sciencedirect.com/science/article/pii/S2772417424000104

### Sleep warning devices

There are AI-enhanced cameras or other devices which give warnings if a driver's eyes close for more than a second, or their head droops. However, by this time the driver is already asleep, and has probably been driving dangerously for some time. While such devices may be a last-ditch effort to prevent collision, organisations must be far more proactive about ensuring this situation does not occur.

## Sleep hygiene

*With thanks to Lisa Arfit, Deputy CEO, The Sleep Charity*

Sleep hygiene is the term given to best practice when it comes to preparing for sleep. These routines can be suggested to drivers, and will benefit everyone, regardless of whether they have a sleep disorder.

- Avoid using screens for at least an hour before bed.
- Do not eat a heavy meal or exercise less than two hours before sleeping.
- A light snack of high-fibre toast and a milky drink immediately before bed, or if you can't sleep, may help. Carbs and the tryptophan in milk both promote serotonin release which is sedative.
- Relaxing for an hour before bed or having a warm bath can help.
- Prepare your space. Clear out distractions, like TVs, bright lights, pets or work items. Make your room dark and as warm or ventilated as you find comfortable. Get a comfortable mattress and pillow. Use black out blinds, eye masks and ear plugs as necessary.
- As far as possible stick to the same times for going to sleep and waking, ideally in line with our circadian rhythms. This can be hard for shift workers.
- If you have specific worries or anxieties which might be keeping you awake, talk to someone.

## Fatigue

*With thanks to Professor John Groegor, School of Social Sciences, Nottingham Trent University*

In the road transport and driving communities, 'driver fatigue' is often used as an umbrella term for drivers needing sleep. However, there are important distinctions between sleepiness and fatigue which could be helpful to fleet managers.

Medically, fatigue tends to denote a persistent lack of energy, but all of us recognise that point at which we are finding it harder and harder to continue doing something. When driving, or doing any repetitive task, it's useful to think of fatigue as the point at which the brain becomes tired and disengaged or unresponsive to the task. Typically, we will become less precise, have poorer response times, and start to make mistakes or be clumsy. This kind of fatigue or tiredness can be caused by prolonged work periods or boredom.

This kind of fatigue is common in bus drivers, who drive very familiar routes, and is associated with repetitive tasks, such as may be experienced by final mile delivery drivers who travel relatively short distances before stopping, parking, delivering and driving again.

Studies suggest that drivers start to make significantly more mistakes after two hours of continuous driving[6].

When we ask the brain to do the same thing again and again – whether adding numbers or scanning for parking spaces – its internal highways become congested. A process of 'competitive inhibition'[7] effectively blocks that ability for a little while for the congestion to disperse.

If drivers feel fatigued in this way, they should take a break, move about, have a drink and a conversation. A sleep would create that sort of 'break' but, unlike for sleepiness which only sleeping cures, a nap is not necessary. Exercise and social interaction both boost hypocretin[8], a neuropeptide which increases alertness. It also gives their brain's network a chance to clear so it can function well again.

### What to do

- Examine shift patterns to see whether longer periods of driving can be broken up.
- Educate drivers about the need for breaks to allow their brain and body to reset.

6 Lianzhen Wang, Yulong Pei, The impact of continuous driving time and rest time on commercial drivers' driving performance and recovery, Journal of Safety Research, Volume 50,2014

7 en.wikipedia.org/wiki/Competitive_inhibition

8 pmc.ncbi.nlm.nih.gov/articles/PMC1279673

- Educate drivers about the need for breaks to include movement, hydration and social interaction, wherever possible.
- Collect and analyse data which might uncover whether task-fatigue may be a problem – and act on it.

## Physical activity

*With thanks to Annie Holden, Strategic Lead – Health, Active Partnerships*

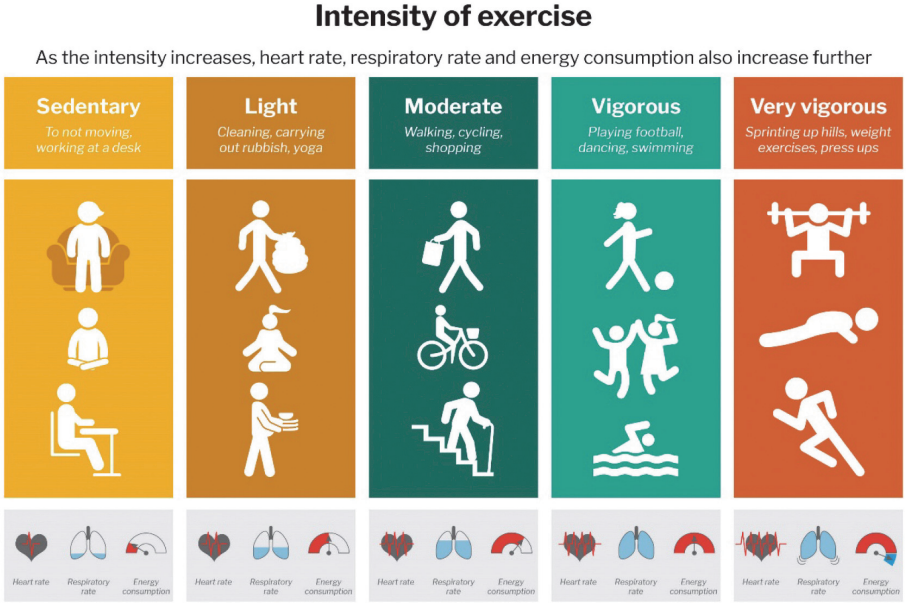
Physical activity is extremely important for drivers. There are many reasons this is true but a few of them are:

- Drivers sit down for long periods – and this has profound and wide-ranging effects on health. Sedentary time is a very strong predictor of all causes of mortality. Sitting for extended periods gives increased risks of heart disease, diabetes and circulatory conditions, as well as musculo-skeletal conditions like back pain. That's true even, if at other points of the day or week, individuals do extensive physical activity. Breaking up the periods of sitting to reset the body is essential as sitting has profound effects on metabolism, sugar regulation and other essential functions. Ideally individuals should not sit for longer than 30 minutes[9] at a time (difficult for most drivers) and to keep total sitting time at less than nine hours, and ideally no more than seven.
- Sufficient physical activity is essential for heart and lung health, reduces the risk of diseases, boosts energy levels and mental health and improves sleep quality.
- Physical activity boosts the metabolism and can help weight loss alongside dietary changes. It can also help maintain weight loss.
- As we age, maintaining muscle mass and strength can also be protective against cognitive decline.
- Physical activity can build a sense of team and camaraderie.
- Drivers engaging in more than one weekly session of physical activity have significantly fewer crashes than less-active drivers (Taylor and Dorn, 2006)[10]

It is tempting for us to focus on the idea of exercise, at the gym or going for a run, which are both excellent if suitable. However, the most important element is simply incorporating physical activity into our daily tasks. Drivers should walk whenever possible – even small amounts of activity are beneficial.

In the UK Chief Medical Officers Activity Guidelines[11] it says: "If physical activity were a drug, we would refer to it as a miracle cure, due to the great many illnesses it can prevent and help treat."

It recommends that: "Each week adults should do 2.5 hours (150 minutes) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity."




**Types of physical activity and their intensities with examples of everyday activities and exercises - adapted from Netherlands Physical Activity Guidelines 2017 & Ainsworth et al 2017**

Source: UK Chief Medical Officers' Physical Activity Guidelines 2019

9 www.bmj.com/content/366/bmj.l4570

10 Taylor, A. H., & Dorn, L. (2006). Stress, fatigue, health, and risk of road traffic accidents among professional drivers: the contribution of physical inactivity. Annual review of public health, 27(1), 371-391

11 UK Chief Medical Officers' Physical Activity Guidelines 2019

There are therefore two different challenges for managers of at-work drivers:

- To find quick and effective ways of allowing drivers to move sufficiently to break up extended periods of sitting.
- To ensure that all drivers meet their minimum requirement for physical activity. Increasing levels of physical activity and fitness brings many benefits to organisations, because it has such a profound effect on other aspects of employee well-being and productivity.

**What employers can do:**

- Survey driver activity levels.
- Educate drivers about the importance of breaking up sitting periods with movement, and the need for sufficient regular physical activity and cardiovascular exercise.
- Encourage short pre-shift structured activity or exercise sessions for the whole team. This could be as simple as a team walk round the block, or team stretching. This is popular in Asian countries in which rajio taisō – three-minute calisthenics routines – are broadcast daily.
- Fitness trackers can help drivers to monitor and optimise their activity. Step challenges can be conducted so that drivers can remotely participate in team or group-based activities.
- Providing simple fitness equipment with basic instruction in vehicles – such as resistance bands, or light ankle weights.
- Install treadmills or static bikes in depots or offices for use in breaks or during loading times etc.
- Encourage standing meetings or discussions on the move, so that drivers do not need to continue sitting during briefings.
- Do a deal with a local gym for discounted employee rates.

## Simple exercises for drivers

### Strength

It is very important to build up and maintain strength. There are simple strength exercises on the NHS website[12], such as calf raises, squats, standing press-ups and leg lifts.

You can also incorporate light leg weights or resistance bands[13]. When working with resistance, guidance suggests no more than 8 to 12 reps.

### Cardiovascular or aerobic exercise

Walk as briskly as you can or jog around your vehicle and back the other way.

Try jogging on the spot. Even a minute will make a difference.

If there is a gradient or flight of stairs nearby, climb it two or three times. Only go as fast as is safe.

If stopping for a break, see if you can walk right round the pedestrianised area in your location.

If you have a fitness tracker, set an achievable goal, for example, 500 steps at each stop.

### In the vehicle (when parked)

For strength and conditioning, simple in-vehicle exercises, such as clenching muscles groups, holding and relaxing, can help circulation, engage the brain and spinal cord, and alleviate stiffness. Standing plank or a skier's squat against the vehicle or a wall are other examples. Try to work muscles throughout the whole body.


12 www.nhs.uk/live-well/exercise/strength-exercises

13 www.bhf.org.uk/informationsupport/heart-matters-magazine/activity/resistance-bands

14 www.nhs.uk/live-well/exercise/flexibility-exercises

### Stretches

Drivers can alleviate stiffness and maintain flexibility by stretching[14] every time they park up.

### Resources

Workplace Movement: this is a low-cost membership network, run by Active Partnerships which is in turn funded by Sport England. It helps organisations and communities institute activity and exercise opportunities in the workplace.

NHS Couch to 5K – a free sofa-to-running app created by NHS and BBC.

Guidance on increasing activity from Sports England www.sportengland.org/get-moving

NHS exercises: www.nhs.uk/live-well/exercise/

Government advice on using the tax system to fund physical activity in the workplace www.gov.uk/guidance/fitness-at-work

## SHIFT it!

*With thanks to Professor Stacy Clemes, Professor of Active Living and Public Health, Loughborough University*

HGV drivers are at increased risk of obesity, chronic conditions (such as heart disease and diabetes) and poor mental health, which can lead to reduced life expectancies. Professor Stacy Clemes and colleagues from Loughborough University and the Leicester Diabetes Centre developed a health promotion programme - SHIFT[15] – in partnership with drivers, for drivers. SHIFT is designed to support drivers increase their activity levels, improve their diets and reduce the amount of time spent sitting, within the constraints of their driving occupation.

The programme was tested with 382 HGV drivers, 99% male, with an average age of 48 years. The study showed positive effects in the 209 drivers who completed the trial, drivers who experienced the SHIFT programme accumulated approximately 1,000 steps a day more (equivalent to around 10 minutes of walking) after six months, compared to drivers who continued with their usual practice. Drivers experiencing the SHIFT programme made even bigger, positive, changes to their activity levels and reductions to their time spent sitting on their days off. Drivers with obesity particularly benefitted, losing an average of 2.4kgs over the six-month period.

Wincanton converted the SHIFT programme into a Driver Certificate of Professional Competence (DCPC) module and a module component (a new one-hour version called Short-SHIFT), with 65 of its driver-trainers trained to deliver Short-SHIFT. Since October 2023, 6,500 Wincanton drivers have experienced Short-SHIFT as part of their latest compulsory training. Wincanton is also offering its drivers the seven-hour SHIFT DCPC module as an optional module, with courses running every month.

### SHIFT: the structured health intervention for truckers

The seven-hour SHIFT DCPC module consists of an interactive education session, primarily focusing on physical activity, sitting and diet, but also covering driver risks and health problems, sleep, depression and smoking. Led by a trained facilitator, the course supports and empowers drivers to make informed decisions about their health and lifestyle choices. It is an interactive course, delivered through group discussions and the sharing of ideas and activities between participants that are relatable to them as drivers. The course includes an active walking break and a short exercise session which drivers could implement in their day to day lives.

The one-hour Short-SHIFT session is designed to be embedded within existing DCPC modules, it is similar to the seven hour SHIFT DCPC module in its mode of delivery and style, but intends to raise drivers' awareness of health risks, and how small, feasible, changes to their activity, diet and/or sitting can have a big positive impact on drivers' health.

## Ergonomics

*With thanks to Jake Fletcher, Director, Physio Med*

Ergonomics is essentially the science of designing workplaces and vehicles to fit the needs of the human users, and prevent misuse, error or injury arising from poor design.

A guide to driver ergonomics[16] is available from Physio Med.

15 Clemes, S.A., Varela-Mato, V., Bodicoat, D.H. et al. (2022). The effectiveness of the Structured Health Intervention For Truckers (SHIFT): a cluster randomised controlled trial (RCT). BMC Med, 20, 195. doi.org/10.1186/s12916-022-02372-7

16 www.physiomed.co.uk/uploads/guide/file/21/Physiomed_Sitting_Guide_-_Driving_Digital.pdf

Beyond operational need, driver comfort is often a key criteria for the procurement process. However, it is very important that vehicles are chosen for the safety they offer drivers.

This is not a one-size-fits-all situation. In-cab equipment must be adjusted to give the best possible outcome for each individual driver, as their dimensions will all vary. Therefore, knowing your driver demographic and being able to identify any potential outliers is important. Vehicles may need to be adjusted for the very short or very tall, and care must be taken that these adjustments do not otherwise compromise the effect of the safety equipment for that individual.

For instance, very light (under 55kg) or short (160cm) drivers are more likely to be seriously injured by airbag activation. 160cm is 5'2.5", which is not unusually short for a female (or those assigned female at birth – AFAB).

While men tend to be involved in a far higher number of collisions than women (or AFAB), even allowing for mileage, women are far more likely to be seriously injured or killed. They are more likely to suffer leg, pelvic and internal injuries[17] in collisions than men. They are also far more likely to become trapped in the vehicle[18].

If you have a predominantly female (AFAB) driver workforce, it is worth investigating with vehicle manufacturers which vehicles are designed with the safety of female workers in mind. If your driver demographic is largely male (or AMAB), but some are female, it may be that factory adjustments can be made if necessary.

This is also true for any workers with physical conditions or circumstances which require adjustments.

**Temperature**

It is worth considering the temperatures drivers may be exposed to and what mitigations are most effective. The Met Office[19] predicts that the UK may have greater extremes of both hotter, drier summers and colder wetter winters in future, due to climate change.

Air conditioning may be most effective in hot conditions, along with sun-screens for periods the vehicle is parked.

In winter, it is generally considered more effective to heat the driver than the vehicle, for instance, through heated seats.

Appropriate PPE, as well as season-specific protections, such as sun protection for skin and eyes, or warm clothing and heat pads should be considered.

Both heat and air conditioning can dehydrate drivers, so ensure they have access to sufficient hydration.

Ensure drivers understand and have mitigation for touching vehicle surfaces which may be very cold or very hot due to environmental conditions.

**Resources**

Airbag safety, RoSPA
www.rospa.com/getmedia/20484c21-9be2-4423-8004-fc664cc3b03d/Airbags-factsheet-feb24.pdf

Physio Med resource on optimal driver ergonomics
www.physiomed.co.uk/uploads/guide/file/21/Physiomed_Sitting_Guide_-_Driving_Digital.pdf

Euro NCAP vehicle ratings www.euroncap.com/en

## Diet and hydration

With thanks to Dalhia Campbell, Accredited Work-Ready Dietitian and media spokesperson for British Dietetic Association.

Even mild dehydration significantly compromises cognitive function and has been found to cause significant increases in minor driving errors[20]. 56% of the UK public restrict their fluid intake to prevent getting 'caught out' without no access to toilets. A Mercedes Benz Vans study found that 70% of at-work drivers felt hydration was a challenge, 27% relied solely on sugary or caffeinated drinks and 10% admitted to 'weeing' on the move.

17 Cronn S, Somasundaram K, Driesslein K, Tomas CW and Pintar F (2024) Sex-related disparities in vehicle crash injury and hemodynamics. Front. Public Health12:1331313. doi: 10.3389/fpubh.2024.1331313

18 Nutbeam T, Weekes L, Heidari S, Fenwick R, Bouamra O, Smith J, Stassen W. Sex-disaggregated analysis of the injury patterns, outcome data and trapped status of major trauma patients injured in motor vehicle collisions: a prespecified analysis of the UK trauma registry (TARN). BMJ Open. 2022 May 3;12(5):e061076. doi: 10.1136/bmjopen-2022-061076. PMID: 35504646; PMCID: PMC9066497

19 www.metoffice.gov.uk/research/climate/understanding-climate/uk-and-global-extreme-events-cold#:~:text=UK%20Projections,into%20the%2021st%20century

20 www.sciencedirect.com/science/article/pii/S0031938415002358?via%3Dihub

Pee charts can be a simple way to check hydration (the darker your pee the more dehydrated you are).

Drinking water little and often throughout the day keeps drivers better hydrated but also limits the need to urinate. Caffeinated drinks and sugary drinks may increase the need to urinate.


### Effect on road safety

A study found that drivers in simulator tests who were mildly dehydrated made double the errors of those properly hydrated. In fact, a 2015 study[21] showed that dehydrated drivers make as many errors as drunk drivers.

**What employers can do:**

- Educate drivers about the need to stay hydrated.
- Consider providing refillable water bottles.
- Plan routes and shifts which allow for regular toilet and hydration breaks.

## Diet

What we eat affects our health but also how well we can focus and concentrate at work. Getting the right fuel is important. Up to 60% of what people eat is during the working (driving) day.

The British Dietetic Association (BDA) undertook a survey in 2019 asking van drivers their views and habits around eating and drinking. 95% said that healthy eating was important to them. The survey found that while 76% do take a lunch break, 41% ate in their vans.

Many HGV drivers may be reliant on truck-stop provision, which is expensive and may not present the healthiest choices.

Every driver knows the importance of putting the correct fuel and any essential additives into their vehicle. Put petrol into a diesel vehicle and you will cause serious damage to the engine. Humans have exactly the same need for the right fuel, if you want good performance and no medical breakdowns.

Choosing the right fuel and hydration is important for physical health, mental health and concentration.

### Effect on road safety

Eating poorly will impact a driver's overall health, energy, performance and weight.

Poor nutrition affects cognitive function and focus, and may make drivers drowsy, especially in the middle of the day (or night).

### The best foods to sustain drivers

The brain needs a variety of nutrients to work at its best. It also uses 20% of the body's daily energy intake.

Carbohydrate provides fuel that our body and brain need but not all carbs are equal. Refined (often 'white') carbohydrates can combine with a dip in circadian rhythms to make us sluggish and drowsy, usually about 2pm or 2am. High-fat meals like burgers, pies or fish and chips will also make drivers sluggish, as it takes a lot of time and energy to digest.

Wholegrain carbohydrates must be broken down more by the body to release their energy and so the increase in blood sugar levels is more gradual and sustains energy levels better, without peaks or troughs.

This is why eating an apple or banana is more sustaining than drinking apple juice or having a smoothie. The whole fruit makes the body work harder to release the sugar and this keeps blood sugars at a healthy, steady level.

21 Professor Ron Maughan et al Loughborough University 2015
www.lboro.ac.uk/media-centre/press-releases/2015/april/54-dehydrated-drivers.html

Lean proteins (such as chicken, fish, lean meats, beans and pulses, eggs), some healthy fats (such as oily fish, uncooked olive oil or nut butters) and some fruit and vegetables should also be included in meals.

**Poor driver meal**

White roll with cheese and ham
Packet of crisps
Can of fizzy or sugary drink

**Healthier driver meal**

Wholegrain seeded roll with chicken
Salad, fruit, a handful of nuts
Bottle of water

The healthier meal will sustain concentration, energy and performance much better than the first as well as aiding general good health.

Drivers can split their meal into two smaller snacks if this helps to manage their hunger and concentration better.

Fresh or dried fruit, nuts and seeds, individually wrapped cheeses and oatcakes make good snacks. A sliced apple dipped in peanut or almond butter might be more appealing and keep a driver satisfied longer than an apple by itself.

### Cravings and disorders

Statistically 5% of adults over 40 have diverticulitis; 1% have coeliac disease; and 10-20% of the population has irritable bowel disease. If a driver has a diagnosis of gastro-intestinal disease, they should work with their dietician and GP to find a healthy diet which gives them the widest range of nutrition, while supporting their driving alertness.

If they have symptoms but have not yet seen a medical professional, they should do so, rather than experimenting with changes to their diet.

Insufficient or poor sleep is considered a significant risk factor for weight gain[22], cardiovascular disease and diabetes. This is at least partly because it disrupts the body's appetite regulation[23], making people feel more hungry and more likely to choose energy dense foods, high in sugar[24].

This is significant in light of the high levels of obesity in the UK and its links to sleep apnoea and diabetes. (See Chapter 2.)

### Preparation is key

Drivers can save a lot of money and uncertainty if they take a good packed lunch with them. Portion control is important because we can easily eat too much even of 'healthy' foods. It is much cheaper and easier, and helps to maintain a healthy weight, if drivers buy the foods they need in bulk at the supermarket and then take a suitable portion to work with them.

Planning meals in advance can take a lot of the work and cost out of eating more healthily. Making extra pasta, soup or chili and veg at the weekend and taking some in a wide-necked flask for lunch is easy and cost-effective.

Soup, wholemeal sandwiches, crackers, veggie sticks with houmous, yogurt pots or tubes, prepacked or portions of cooked meats can all be handy choices. Popcorn is a high-fibre and lower-fat alternative to crisps.

The key to improvement is often small positive changes.

22 Markwald RR, Melanson EL, Smith MR, Higgins J, Perreault L, Eckel RH, Wright KP Jr. Impact of insufficient sleep on total daily energy expenditure, food intake, and weight gain. Proc Natl Acad Sci U S A. 2013 Apr 2;110(14):5695-700. doi: 10.1073/pnas.1216951110. Epub 2013 Mar 11. PMID: 23479616; PMCID: PMC3619301.

23 van Egmond LT, Meth EMS, Engström J, Ilemosoglou M, Keller JA, Vogel H, Benedict C. Effects of acute sleep loss on leptin, ghrelin, and adiponectin in adults with healthy weight and obesity: A laboratory study. Obesity (Silver Spring). 2023 Mar;31(3):635-641. doi: 10.1002/oby.23616. Epub 2022 Nov 20. PMID: 36404495.

24 Surabhi Bhutani, James D Howard, Rachel Reynolds, Phyllis C Zee, Jay Gottfried, Thorsten Kahnt (2019) Olfactory connectivity mediates sleep-dependent food choices in humans eLife 8:e49053 doi.org

### What employers can do

- Educate drivers about good nutrition and the effects of different foods and drinks on the body and performance. (See resources.)
- Give drivers places to keep refrigerated food, such as minifridges or cool bags.
- Encourage small changes to diet. No one enjoys feeling deprived. However, adding something healthy to what we eat is as important as removing something unhealthy. Cutting back a little on sugar, chocolate or sugary drinks in addition to adding something healthy can make a big difference to performance and health outcomes over time.
- Provide healthy foods in canteens or offices, including fruit, nuts, salads and wholegrain carbohydrates with meals.

### Resources

WorkReady is a nutritional wellbeing programme for employers run by the British Dietetic Association. It provides education, training and other bespoke workplace services delivered by a registered dietitian to help organisations improve workers' health and wellbeing. bda.uk.com/WorkReady

BDA workshops are available:
www.bda.uk.com/food-health/workplace-health-work-ready/what-we-do/workshops-and-webinars.html

# Driver screening and monitoring

**CHAPTER 6**

*With thanks to Dr Grant Charlesworth-Jones, who is a medical doctor, barrister and founder of D4Drivers.*

HGV operators routinely give vehicles 27-point checks before use and van operators will also usually insist on thorough pre-use defect checks. However, HGV drivers will not have a statutory medical between licence acquisition and the age of 45 – often a gap of 27 years.

Van and car drivers meanwhile have no requirement for health checks beyond a 20m number plate eyesight test.

Drivers have a responsibility not to drive if they are not fit or able to do so safely, but in practice many drivers still get behind the wheel even when they are unwell because of financial and work pressures. Furthermore, they may not be aware that they have a serious or safety-compromising condition.

Operators of any vehicle fleet have a legal responsibility to risk-assess their use of vehicles, including the vehicle, the route, the load and the driver themselves.

Operators who ensure their vehicles are roadworthy but do not check their drivers are therefore only fulfilling one part of their legal responsibilities – and not the part which most commonly causes collisions.

In a recent Loughborough University study[1], Professor Stacy Clemes found that: "Research correlates an increase in collision risk as well as a reduction in productivity with … unhealthy drivers. Interventions to improve health will naturally lead to a reduction in road risk and operators will benefit from the improved productivity."

Drivers involved in incidents who have not been risk assessed, adequately or at all, expose operators to liability under health and safety law which can lead to seven figure fines.

## The right provider

There are many doctors and organisations which provide driver health screening. However, employers should ensure that the provider is reputable. If drivers search online for a provider, they may end up with a service which lacks proper oversight or uses unsafe practices. Assessments which are done incorrectly are legally invalid and contribute nothing to the driver's health or safety.

- Medicals assessment should take around 15 minutes, not less.
- Medical assessments should be conducted and signed off by trained clinical staff.
- All necessary checks including heart examinations or blood pressure readings must be performed.
- All the relevant questions on the form must be addressed.

Look for the following quality markers:

- ISO 9001 with UKAS accreditation
- SEQOHS registration – this is an occupational health service accreditation.

Be wary of any provider which is unable to provide evidence of a quality assurance framework, supported by audits and good corporate and clinical governance.

HGV driver medicals are also based mainly on a questionnaire which involves the drivers' full and honest cooperation. It is in a driver's best interest to be completely honest with the clinician conducting the test, as dishonest replies may leave them unwell and unsafe on the roads.

Honest replies, even if they lead to a diagnosis, will mean that the driver can seek proper treatment and, if they are suffering from a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities in their job, then they should have protection under the Equality Act and can request reasonable adjustments.

## A positive intervention

Most of us find the idea of a positive medical test alarming. However, it is important to reassure people that:

- Early diagnosis of conditions leads to better health outcomes. Ignoring things generally makes them worse.
- Most tests are minimally invasive.
- Even with conditions which affect driving, most can be treated, allowing the driver to continue in their role once the condition is being managed.

1 www.ncsem-em.org.uk/research/optimising-health-wellbeing/impact/the-shift-study

- Good testing is inclusive, not excluding. As an example, one in 12 men have a colour vision deficiency which means that until now they have not been allowed to drive trains. Better testing now means that many of these individuals can drive, because their specific difficulties can be understood and managed. (See Chapter 8.)
- Reasonable adjustments can be made for any condition which requires it.
- Those few who can no longer safely drive may be able to be assigned a non-driving role.
- Continuing to drive with an impairing but undiagnosed condition puts you, any passengers and other road users at risk – not just when at work but when driving family and friends too.

## What driver screening and monitoring should employers undertake?

You can find out more about each of the conditions below in Chapter 2.

1. **Eyesight.** Our eyes change over time and needing correction, such as wearing glasses, is very common over the age of 45 years. Sight tests also give important insights into wider health issues. Frequency: a full sight test every two years[2].
2. **Blood pressure.** This is one of the most common reasons why drivers fail their medical. Frequency: annual.
3. **Sleep apnoea.** A leading cause of daytime sleepiness and lack of concentration in drivers. Frequency: annual but formal assessments should be carried out if any driver is showing signs of daytime sleepiness or is involved in a near-miss/incident.
4. **Diabetes.** There are over one million people with undiagnosed diabetes in the UK and it is linked to many other health problems which can compromise safe driving. Frequency: Finger prick screening every three years from 35 years; and every other year from 45 years.
5. **Heart disease.** Heart attacks and strokes at the wheel can cause potentially fatal incidents. Frequency: Every three years from 35 years; and every other year from 45 years.
6. **Obesity.** Obesity is reaching epidemic proportions in the UK and has strong links to diabetes, heart disease, sleep disorders and stroke risk. Research shows that as obesity increases, safety decreases. If drivers are overweight, their screening for other conditions should be more frequent.
7. **Mental health.** Anxiety and depression are both prevalent and can affect driver performance. Pilot mental health is assessed on licence acquisition, but no such tests are routinely carried out for drivers. However, if anyone may be experiencing mental health issues, they should see their GP. Employers can also incorporate mental health into general welfare checks.
8. **Drugs and alcohol.** There are still unacceptable levels of drink and drug usage among drivers. In 2022, 22% of deceased drivers, and 34% of all drivers tested were over the legal alcohol limit, in England and Wales. In 2022, impairing drugs were detected in 19% of drivers killed, and 30% of those tested. Alcohol and drug testing is now relatively easy and available to any organisation. Frequency: On recruitment and randomly thereafter, or with cause.
9. **Medication.** GPs are not necessarily aware that they are prescribing to drivers and impairing medications can also be bought over the counter. Many medications have side effects of their own or in combination with other medicines. Frequency: every new or newly combined medication should be certified driving-safe by a doctor or pharmacist.
10. **Ongoing medical investigations.** If a driver is undergoing medical tests, but has not yet had a formal diagnosis, you cannot assume that they are safe to drive. Long waiting lists can mean that concerns are raised long before test appointments come through and many conditions cause impairment.

## The legality of conducting fitness checks with employees

With thanks to Mike Hayward, Regulatory and Dispute Resolution Partner, and Maria Gallucci, Partner of Company Commercial and Employment Law at Woodfines Solicitors

Employers have no automatic right to employees' private medical notes or records. They must first obtain consent from the employee under the Access to Medical Records Act (AMRA). They should also take great care to follow the GDPR rules when justifying, collecting or processing personal data.

However, employers have a statutory responsibility to risk-assess operations in terms of hazards to employees and to the public they encounter in the course of their work. They must also take reasonable steps to mitigate those risks.

2 www.nhs.uk/nhs-services/opticians/visiting-an-optician/#:~:text=The%20NHS%20recommends%20that%20you,your%20ophthalmic%20practitioner%20or%20optometrist)

It can be justified therefore to require certain tests as laid out in company policy and an employment contract, provided a risk assessment has shown that the results of such tests have a bearing on the safety of workers and others they will encounter. The use of such tests must be justified, necessary and proportionate.

At the recruitment stage you can make an offer of employment conditional upon receipt of a satisfactory medical report or medical questionnaire. It is lawful for employers to do this where it is necessary to obtain medical evidence to be sure that a job applicant is physically able to undertake the role, including the need to test vision for a role which requires a particular level of eyesight or to understand if a prospective employee is taking medication that may impair their driving capabilities. Many vehicle operators also require a prospective employee to take an alcohol or drugs test before starting employment.

During employment, it is a good idea to ensure that medical information is updated on a regular basis to ensure continued fitness to drive.

You should consider implementing (or updating) clear and readily available driving for work policies[3] in respect of fitness to drive, including eyesight requirements, which:

- remind drivers of their responsibilities as set out above
- lay out the role and use of testing
- remind drivers of what the minimum medical standards and rules are as set by the DVLA and how checks can be made. Remember if your fleet includes Group 2 vehicles (large vehicles over 3,500kgs, minibuses and buses) the minimum medical standards are more stringent than the rules for Group 1 drivers (cars and motorcycles).
- remind drivers of the need to inform management and DVLA of any relevant medical issue which can cause impairment. (Note: DVLA must be informed of notifiable conditions regardless of whether they cause impairment in that particular driver.)

Using a professional occupational health provider can be useful, as they will be able to manage required tests and data, as well as referring individuals to other medical professionals as needed.

No individual can be forced to take any specific test. Any medical, drug or alcohol test may only be completed with employee consent. However, if a driver were to refuse a drug or alcohol test, or any other medical screening which was justified and proportionate in terms of ensuring legal compliance and mitigating driver risk, then it may be justified to relieve them of driving duties or impose an alternative disciplinary penalty, in accordance with an employer's policies and procedure.

Employers should seek further advice from an employment lawyer in order to make sure that all of their medical screening falls within an acceptable legal framework.

3 Driving for Better Business Driving for Work Policy Builder
www.drivingforbetterbusiness.com/driving-for-work-policy-template-builder

# Case studies and comparisons

CHAPTER 7

## Wellbeing in other transport sectors

We believe we can learn lessons and derive inspiration from seeing how other transport sectors have met human factors, wellbeing and health needs in their workforce to reduce work-related risk and create a safer working environment. We've captured some of their approaches, sector-specific regulatory requirements and initiatives below.

## Aviation

Pilots require in-depth psychological and medical screening on application, with a wide range of medical screening conducted annually. Cabin crew and air traffic controllers also require medical examinations.

Pilot and crew duty hours and rest hours are strictly regulated. However, as well as upper limits aviation systems take into account other factors, such as how many trips a pilot has done, whether they have been away from home or shift changes which may have caused fatigue.

Fatigue management is built into crew scheduling systems. The Civil Aviation Authority[1] says: "It's also important to recognise the difference between working a number of hours and being fatigued. While the maximums put in place are important to give an ultimate limit, individual pilots have a constant duty to monitor themselves and declare whether or not they are fit to fly."

Any pilot who is fatigued or unwell to the extent that it may compromise their performance must declare themselves unfit for duty. Airline staff are also expected to monitor one another for signs of fatigue.

## Rail driver health

The Rail Safety and Standards Board[2] has extensive resources and charters about rail driver health. It has identified key issues, most of which are included in this guide, as safety critical issues for the rail industry, including fatigue, mental health and colour blindness.

These are a few of the RSSB's recent initiatives:

The Occupational Road Risk Management Charter[3]

This Charter sets out a series of commitments to reduce road risk. This risk relates to the likelihood of being killed or injured while driving, or being driven, for work purposes. These commitments, which also extend to your supply chain, help ensure the effective management of occupational road risk.

The Charter was created between RSSB, Parliamentary Advisory Council for Transport safety (PACTS) and the Office of Road and Rail.

It is designed as a statement of commitment. Every participating company has a board level signatory and appoints a road risk champion. The company will then embed road risk management tools in line with the Rail Health and Safety Strategy for the management of road risk[4].

The Railway Mental Health Charter[5] is a recently updated document which provides five key action areas for companies to address employee mental health support.

Healthy Cultures: There are a number of initiatives which have started under the 'healthy cultures' banner. We've summarised a few below.

Irish Rail[6] fostered various initiatives to encourage its 90% male workforce to discuss and access support for health issues.

1 www.caa.co.uk/newsroom/blogs/regulating-pilot-hours-and-combatting-fatigue
2 www.rssb.co.uk
3 www.rssb.co.uk/safety-and-health/guidance-and-good-practice/managing-occupational-road-risk/occupational-road-risk-management-charter
4 www.rssb.co.uk/safety-and-health/rail-health-and-safety-strategy
5 www.rssb.co.uk/en/about-rssb/key-industry-topics/health-and-wellbeing/mental-wellbeing/railway-mental-health-charter-rmhc
6 www.rssb.co.uk/about-rssb/key-industry-topics/health-and-wellbeing/healthy-cultures/healthy-cultures-case-studies/case-study-irish-rail-how-to-engage-men-in-health-conversations

Colas Rail[7] developed a 'health by design' approach to complex delivery projects to prevent the decline in motivation and concentration levels which can lead to safety incidents.

Southeastern[8] already had a chaplain, mental health first aiders and an EAP programme – yet some of its team members still struggled to access support. So it instituted a one-on-one advocacy programme, so that employees could be partnered with a colleague who understood the difficulties of the job and could signpost help.

Hull Trains[9] decided to encourage its workers to enjoy some of the beautiful countryside easily accessed from their stations to improve their mental health and activity levels with a series of videos called 'Moment for Movement'.

## Colour vision testing

RSSB has also developed more extensive and specific testing for applicants related to colour vision. Traditionally anyone with a colour sight deficiency could not be a train driver. However, now candidates can be further assessed to find out whether their colour deficiency would increase their risk in practice.

This is a good example of where good medical screening can be used to recruit or keep people in the workforce, rather than excluding them.

### Train driver health requirements[10]

To gain a train driving licence, individuals must pass the following:

- A psychological fitness examination. This usually includes psychomotor skills, cognitive and communication skills elements. This may be repeated at any point if an employer or doctor feels it necessary.
- An initial medical examination, including vision, hearing, an ECG, and blood or urine tests.
- A periodic medical at least every three years until the age of 55 and annually thereafter. Other medical examinations may be required if an employer or doctor deems it necessary.
- Train drivers must also not be suffering from any medical conditions, or be taking any medication, drugs or substances which are likely to cause:
  - a sudden loss of consciousness
  - a reduction in attention or concentration
  - a sudden incapacity
  - a loss of balance or coordination
  - a significant limitation of mobility

### Comparisons of medical testing required by law of different types of driver/pilot

Pilot and train drivers require far more extensive testing than HGV drivers. This might be explicable in terms of the number of passengers they are directly responsible for. However, even lone pilots in small private planes, or balloon pilots, require a high level of medical certification.

Any company operating transport has the same duty of care under health and safety legislation to adequately risk assess and take all reasonable precautions to ensure employee and public safety. This means that while HGV, van and car drivers may not specifically require extensive testing in terms of sectoral regulation, an employer still has a duty to ensure they are fit to drive.

**378[11] people died in air crashes worldwide in 2023-24.**

**10[12] people died in train-related crashes in 2023-24.**

**1,624[13] fatalities occurred on UK roads in 2023.**

These figures (the most recent available for each sector) suggest that the most rigorous standards of health screening should be applied by employers to road transport drivers, in line with those in other sectors.

7 www.rssb.co.uk/about-rssb/key-industry-topics/health-and-wellbeing/healthy-cultures/healthy-cultures-case-studies/case-study-colas-rail-embedding-wellbeing-into-complex-delivery-projects
8 www.rssb.co.uk/about-rssb/key-industry-topics/health-and-wellbeing/mental-wellbeing/case-study-southeastern-railway-mental-health-charter
9 www.rssb.co.uk/services-and-resources/case-study-library/hull-trains-the-moment-for-movement-campaign
10 www.orr.gov.uk/sites/default/files/2021-12/tdl-guide-to-medical-and-occupational-psychological-fitness-requirements-for-train-drivers.pdf
11 aviation-safety.net/dashboard/safetyreport2023
12 dataportal.orr.gov.uk/statistics/health-and-safety/rail-safety
13 www.gov.uk/government/statistics/reported-road-casualties-great-britain-annual-report-2023/reported-road-casualties-great-britain-annual-report-2023#:~:text=Headline%20figures,-Chart%201%20shows&text=In%20reported%20road%20collisions%20-in,of%202%25%20compared%20to%202022

| Regulatory medical tests by driver/pilot type | Pilots | Train Drivers | HGV Driver | Car & Van Drivers |
|---|---|---|---|---|
| Medical test on licence application | Yes | Yes | Yes | NONE except for 20 m eye test |
| Periodic medical | Annual until 40, then six monthly | Every 3 years until 55 then annual | Not until 45, then every five years. Annual after 65 | Not until 70 |
| Psychological assessment | Yes | Yes | Partial | No |
| Medical history | Yes | Yes | Yes | No |
| Eyesight | Yes | Yes | Yes | No |
| Colour vision screening | Yes | Yes | Yes | No |
| Hearing | Yes | Yes | Yes | No |
| Blood pressure | Yes | * | Yes | No |
| General fitness | Yes | Yes | Yes | No |
| Lung spirometry | Yes | * | x | No |
| Urine: (for sugar or proteins) | Yes | Yes | x | No |
| Lipids (for cholesterol) | Yes | * | No | No |
| Electrocardiogram (heart health) | Yes | Yes | No | No |
| Haemoglobin blood test (for iron levels) | Yes | * | No | No |
| Alcohol and drugs | Yes | Yes | Check for indicators of use | No |
| Legal alcohol level | 9 mcg of alcohol per 100 ml on breath test | 13 mcg per 100ml of breath | 35mcg per 100ml breath | 35mcg per 100ml breath |

**The Rail Safety and Standards Board says that while there is no legal requirement for those tests marked *, they are nonetheless frequently included in medical screening for train drivers.*

## Case study: Wren Kitchens

### Managing human factors

Wren Kitchens is a leading provider of bespoke affordable kitchens. A family-owned firm, it has been trading for 35 years and has seven depots and 120 showrooms around the UK. The company has been on a sustained journey to lower its fleet risk and had great successes in driving down collisions and injuries.

It runs a fleet comprising 280 HGVs, 570 LCVs and 174 company cars. The company is aware that its biggest challenge is driver error, with most of its collisions being contact with immovable objects or parked vehicles during low-speed manoeuvres. This mainly affects its HGV fleet which conducts thousands of home deliveries each year, often working in tight spaces.


Wren's Head of Transport Health and Safety Tim Pearson says that it is essential that drivers pay attention to their environment because "if they can hit a gatepost, they could hit a child".

Wren has worked with Dr Lisa Dorn to identify potential causes of risky behaviour in drivers and how to create lasting change. One of the first measures it has implemented is changing its planning and delivery process.

It is easy to assume that delivery drivers might rush because they are being asked to deliver too much or cover too many miles for the allowed time. However, Wren's investigations found that HGV drivers put themselves under pressure to complete their workload as fast as possible. This introduced greater stress for the driver and also a higher level of speeding and risky behaviours.

Wren has now amended its planning process so that the drivers cannot make deliveries before the allotted time. It compares planned journey times with actual journey times and is confident that the Paragon route planner allows a realistic time interval for journeys, so if drivers arrive early, they must now park up and wait for their delivery window. They can also not leave that site to start the next leg of the journey until the planned time.

This means that drivers have no incentive to rush, either when unloading or driving. The company has had no feedback from drivers as to the effect of this but the management team is confident that this new adherence to the planned times will remove stress from drivers and lower the incidence of riskier, fast or aggressive driving.

The company has also undertaken teamwork training with its two-people crews – one driver, one porter – called SPOTA: Stop Plan Observe Talk Act. This means the driver has a trained assistant for difficult manoeuvres on hand and under their direction. The porter stands where asked and has two unambiguous signals: arms up equals, go and arms crossed equals stop. If the driver loses sight of the porter, they stop the vehicle.

Wren uses random drink and drugs testing throughout its HGV teams, including porters and drivers. These tests are stepped up fivefold over the Christmas period.

Until recently drug and alcohol testing of LCV drivers was only post-incident but this is also now being rolled out on a randomised basis.

## Case study: Junction24, NHS and Wincanton

### Bringing health care to the road

The Junction 24 Truckstop on the M5 hosts Health Hubs regularly throughout the month for workers who find it difficult to access primary health care due to location or working hours.

Truckstop Health Hub started in February 2021, held in the Derek Mead Health Room (DMHR). Thanks to sponsorship from Wincanton and the provision of two nurses and a receptionist by the local NHS Trust, Junction 24 has been hosting a driver health drop-in centre every third Thursday of the month between 5pm and 8.30pm.

The Health Hub is the brainchild of director Katherine Hawke who asked the NHS if a Truckstop Health Hub could be trialled. Katherine says she was concerned that hard-working truck drivers who kept the country running during Covid were not being looked after by their industry.

Katherine and her brother originally set up a Saturday Health Hub for farmers and countryside workers in memory of their father, Junction 24's original owner, who had built the adjacent Sedgemoor Auction Centre as an agricultural trading centre.

Katherine says: "Truck drivers, like farmers, work long hours and find accessing health care very difficult. As Junction 24 provides evening parking for truck drivers, we increasingly noticed a need to provide a readily accessible health care service for them."

She says the Hub has been very well received by drivers. The nurses usually see at least five drivers per session, conducting blood pressure, glucose and cholesterol tests, and discussing lifestyle or driver concerns.

The nurses can then refer results to the driver's GP or for specialist help, including for smoking cessation, financial worries or mental health concerns.

"More important even than the tests is that the nurses are someone for these men to talk to," she says. "It is also an environment where farmers and truckers alike can come in their work clothes (or wellies) and feel welcome and at home."

This is a fantastic initiative, offering a safety net for both physical and mental health and signposting relevant continuing care for drivers.

Ideally this idea could be replicated at major junctions around the country to make such provision available to the greatest number of drivers regardless of route.

## Case study: WJ Group


### What if work was good for you?

WJ Group is one of the UK's leading road safety and highway maintenance businesses. It specialises in delivering road markings, safety surfacing, retexturing, crack and joint sealing, pothole and surface defect repairs, industrial surface preparation, marine surface coatings, intelligent transport systems including TASCAR, CCTV, and clean power solutions for security, telecommunications and IOT applications.

The business has over 15 depots across the UK, including material manufacturing, vehicle fabrication and clean power solutions production facilities. It has over 650 employees and a fleet of more than 400 vehicles.

### Its approach

WJ Group sees safety and sustainability as core principles of its work, and it sees on-site safety, road risk and driver wellbeing as inextricably linked, placing them all under its Safer Together approach.

WJ Group Health and Safety Director Craig Williams says: "We believe that drivers who are healthy in mind and body, and supported in their concerns are safer and more productive." The company believes work should be an exercise in health and wellbeing, putting people at the forefront of its activities. It encourages workers to prioritise their physical and mental wellbeing and to engage in the wide array of resources the company provides.

### Its initiatives: Mental health

The company is people-focused and has significant mental health provisions, including high levels of awareness through internal campaigns, access for all in need to counsellors and its team of very active and visible mental health first aiders, to whom staff can turn in confidence. Mental health awareness courses are offered to all staff and have been well received. WJ Group also runs an employee assistance programme (EAP).

Its 'Voices of Women' group champions various causes and has implemented awareness training on issues such as menopause within the organisation and collaboratively within the industry.

Alongside this, WJ has a dedicated Wellbeing Group, which has worked with organisations such as suicide prevention charity, Andy's Man Club, to help signpost available services externally to the company that are available for employees that may prefer this option.

Approximately 12% of WJ Group's workforce has declared a disability, often relating to mental health. "We are very proud of this," says Paul. "I'm pleased that we have put facilities in place for people to begin to deal with their problems, but also proud that they felt safe to declare a disability, even through the anonymity of a survey. 12% may be reflective of the national statistics, but it is extremely high in our industry where there is a tendency for people to feel less able to speak out."

### Social wellbeing

WJ Group believes that safety cannot be achieved without inclusion. Safer Together is the mantra which captures its approach: safety is for everyone and by everyone, or it doesn't work. The company's values emphasise that everyone must also be treated with fairness and respect. It provides opportunities to engage with under-represented groups and is actively trying to boost the numbers from those groups in its operational roles.

Studies have shown that diverse and inclusive workforces perform better and are more innovative because they draw ideas from a wider range of people and have higher employee engagement levels. However, the benefits do not stop there, says WJ Group, which believes that inclusive workforces lead to a more inclusive society with clear community benefits.

WJ Sustainability Director Paul Aldridge is on the national steering committee for 'Fairness, Inclusion and

Respect in Construction'. He says it has a "really great programme designed to improve the lives of employees and the opportunities for all in our industry, where people can bring their whole selves to work without fear of discrimination".

Driver behaviour, fleet safety and performance is particularly relevant to social impact and how WJ Group is perceived in the community, says Paul. "Poorly maintained vehicles driven by rude, inconsiderate drivers, belching out poisonous fumes do not create a good impression. Well-directed, safe, trained and polite people do."

### H&S at work

WJ Group employees install road safety markings in communities across Britain. This means they have the dual role of driver and vulnerable road user. Although they are providing an essential service, they can be seen as an inconvenience to the public and other road users, which in turn is stressful for the employees, who can be subject to abuse.

WJ Group is aware of the risks from air pollution, vehicular traffic, musculoskeletal injury, and working with hot materials, as well as driving risk.

It works hard to mitigate these risks, working with communities to engender support for its road operatives, designing and building its own vehicles to ensure safety, ergonomics, environmental and vulnerable road user considerations are incorporated into the design principles and having strict health and safety protocols for the work itself.

It's Safer Together Charter empowers employees to:

- lead by example
- work safe
- look after each other
- stop work and speak up
- share safety concerns

People are encouraged to suggest and be part of safety improvements. Suggestions are assessed by the safety team and vehicle and plant designers and, if approved, can go straight into production.

Including employees in decisions about their work is essential to engagement, and creates a workforce which is invested in safety, and operational outcomes.

WJ Group believes that by reframing the role of the job as a health-supporting asset and providing the resources to make that true, it will have a happier, healthier and safer workforce. It will also have better employee retention, a lower safety incident rate and be more attractive as an employer to the widest possible pool of candidates.

### Fitness

The company assesses and encourages physical fitness, diet and hydration. Good quality sleep, food and hydration levels are essential to being productive. It works with trade association RSMA, The Supply Chain Safety Leadership Group, and colleagues from across the industry to address fatigue. Fatigue can lower performance and cause drowsiness or inattention, which in turn can cause injuries.

The company promotes healthy diets through company communications, such as the drivers' handbook, internal campaigns and presentations at annual training days.

WJ Group's occupational health partners discuss healthy diets as part of their assessments. These assessments are conducted annually for anyone under 21, over 60, or who has an existing health condition, as well as regular check-ups for everyone else.

"It's an excellent way to identify problems for people and in many cases has helped individuals get an early diagnosis," says Craig.

### Eyesight

The company encourages all staff to have regular sight tests, with all drivers being given six- monthly checks. Eye problems can be an important indicator for other health conditions, so regular checks with an optician are essential for more than just being able to see clearly. Paul says this policy has led to the diagnosis of cataracts in employees, which could then be treated.

### Drugs and alcohol

Drug and alcohol testing is conducted for every employee upon joining and repeated with cause. Operational staff are also tested twice a year. It has a team of people qualified to carry out drug and alcohol testing on site.

### Finance

WJ Group provides access to financial advice through its employee assistance program to help with financial security. Paul says money is often a fundamental stress and a source of discord and anxiety. Access to independent help enables employees to solve problems and ensure their financial safety.

### Collaboration with other suppliers

WJ Group works actively with National Highways and other suppliers across the country to highlight and develop safe systems of working that benefit the whole sector. Members of the WJ management team have roles in advisory and lobby groups at a national level. Nick Holt, Managing Director for WJ North, leads the National Highways Supply Chain Safety Leadership Group task group tackling Occupational Road Risk, with the key focus on ensuring that "occupational road risk is considered with the same level of seriousness as site-based risk". The project's common intent document sets out their approach to ensuring that suppliers and their wider supply chain have safe drivers, safe vehicles and safe fleet management approaches.

### The benefits

- Early diagnosis of medical and eye conditions
- Better staff retention
- High employee engagement in safety

The organisation's award-winning Driver Behaviour Scheme emphasised how improving and measuring driver behaviour led to:

- 12% reduction in fleet CO2 emissions from the fleet
- 7% increase in mpg
- 40% reduction in collisions

WJ Group says this demonstrates that a holistic people-centred approach pays safety, economic, environmental and societal dividends.

### In summary

- Jobs built on the basis of work being an exercise in wellbeing
- Six monthly eye checks for drivers
- Company occupational health nurse available through EAP
- Financial advice signposted through EAP
- Drug and alcohol testing
- PPE and vehicles' 'safety by design' with employee involvement
- EAP and mental health awareness courses, plus counselling
- "Bring your whole self to work" – WJ welcomes declarations of difference, need or disability
- Education on holistic health, fitness, diet, nutrition and sleep

# Potential interventions



These are some ideas for how employers can support drivers' health and well-being at work. Appropriate interventions will vary by organisation – this list is intended to inspire ideas.

What steps will you take to make your drivers healthier and safer?

## Lifestyle and mental health support

- Employee assistance programme (EAP)
- Occupational health provision
- Access to counselling service
- Access to physiotherapy and other therapies
- A psychologically safe environment
- Mental health first aiders
- Driver forum on welfare improvements
- Flexible start/end times to allow for school run/carer responsibilities
- Use data to analyse potential fatigue or performance dips during shifts and review break times and shift length accordingly

## Financial support

- Financial education and support
- Insurance/protection initiatives
- Private medical insurance
- Dental plans
- Self-funded health plans/healthcare trust
- Personal accident insurance
- Critical illness insurance
- Salary-funded savings schemes

## Physical health support

- Smoking cessation support
- Health campaigns
- Advice on healthy eating and hydration
- Access to healthy foods
- Refillable water bottles
- Cool bags where fridges are not possible
- Plan routes with decent toilet/break facilities in mind
- Ensure drivers understand the importance of prioritising sleep
- Fitness trackers
- Real world or virtual 'team' exercise challenges
- Structured exercise or physical activities
- Ensure drivers have time for brief walks during breaks
- Ensure drivers can break up periods of sitting with regular short breaks

## Access to medical services

- Free sight tests
- Paid time off for doctors appointments
- Free or subsidised dentistry
- Health screening
- Ask local pharmacy or surgery if they would be interested in running an at base health hub occasionally

**Organisations that can help**

National Highways cannot recommend or endorse any of the following organisations, listed here for information purposes. Organisations must make their own determination as to which providers may fulfil their needs.

**Occupational Health Professionals**

*With thanks to Society of Occupational Medicine*

Occupational health professionals are uniquely competent in improving driver health, as they are experienced in improving health in safety-critical work tasks. They provide proactive support and monitoring and offer targeted interventions to improve mental and physical health outcomes of at work driver populations. Occupational health professionals are experts in assessing fitness for work and should offer medical assessment and screening, to reduce risk of incidents and improve health outcomes for at work drivers. To support at work drivers, occupational health professionals also educate employees about their duty to monitor and manage any physical or mental health conditions they may have, to ensure they are safe and fit to drive. Focus for at work drivers should be on the danger of fatigue and excessive sleepiness.

www.som.org.uk

## Member assistance programmes

**The EAPA** is the trade body for employee assistance professionals www.eapa.org.uk

It has a list of accredited EAP providers here www.eapa.org.uk/find-an-eap-provider

## Eyesight

**Association of Optometrists** www.aop.org.uk

## First Aid

British Heart Foundation www.bhf.org.uk/how-you-can-help/how-to-save-a-life/how-to-do-cpr/learn-cpr-in-15-minutes/train-your-organisation-in-cpr

Red Cross has information on work-place defibrillators here www.redcrossfirstaidtraining.co.uk/first-aid-blogs/why-defibrillators-are-crucial-to-have-in-the-workplace/

St John Ambulance www.sja.org.uk/courses/workplace-first-aid/hse-first-aid-at-work/book-faw/

The WellBeing Project Mental health first aid and wellbeing training info.thewellbeingproject.co.uk

## Mental health crisis lines

**CALM** is the Campaign Against Living Miserably
0800 58 58 58 (daily, 5pm to midnight) www.thecalmzone.net

**National Suicide Prevention Helpline** on 0800 689 5652 (6pm to midnight every day)

www.spuk.org.uk/national-suicide-prevention-helpline-uk

**MIND** 0300 102 1234, 9am to 6pm, Monday to Friday (except bank holidays) www.mind.org.uk

**Mental Health Forum** – an online community offering forums for people to talk to others experiencing the same issues www.mentalhealthforum.net

**Men's Health Forum** 24/7 stress support for men by text, chat and email.

www.menshealthforum.org.uk/beatstress.uk Also offers resources and information about a wide range of men's health issues.

**The Samaritans** offers a range of trauma, bereavement and mental health support. Support line: 116 123, 24hrs, 365 days a year www.samaritans.org/scotland/how-we-can-help/workplace

## Psychological Trauma

**Psychological Trauma Consultancy** Nicola Lester, www.nicolalester.co.uk

## Dependencies and substance misuse

**DrinkAware** Confidential helpline for people worried about their own or someone else's drinking. 0300 123 1110 (weekdays 9am to 8pm, weekends 11am to 4pm) www.drinkaware.co.uk

**Frank** Helpline for anyone concerned about drug or solvent misuse. For drug misusers, their families, friends, carers. 0300 123 6600, 24hr, SMS: 82111 www.talktofrank.com

**Gamblers Anonymous** 0330 094 0322 www.gamblersanonymous.org.uk

## Drug and alcohol testing

**DTec International** dtecinternational.com

**UK Drug Testing** www.ukdrugtesting.co.uk

**Breathalyzer.co.uk** www.breathalyzer.co.uk

**Alcolocks** alcolock.co.uk

## Physiotherapy

**Physio Med** An independent national network of physiotherapists which works with organisations to provide face-to-face or video treatment for employees. www.physiomed.co.uk

**Chartered Society of Physiotherapy** www.csp.org.uk

**Association of Chartered Physiotherapists in Occupational Health and Ergonomics** acpohe.csp.org.uk

## Sleep, diet and exercise

**The Sleep Charity** thesleepcharity.org.uk

**Third Pillar of Health** Corporate sleep and fatigue experts www.thirdpillarofhealth.com

**British Dietetic Association** www.bda.uk.com

**Active Partnerships** A nationwide movement, physical activity and sport network activepartnerships.org

**Workplace Movement** Brings physical activity opportunities into the workplace www.workplacemovement.co.uk

## Driver medicals

Any qualified and GMC-registered doctor can provide a D4 or Group 2 medical. Some GPs provide this service. There are also a range of private providers who will arrange medicals with doctors.

**D4Drivers** Driver medical specialists d4drivers.uk

## Legal advice for workplace testing or health initiatives:

**Woodfines Solicitors** www.woodfines.co.uk

**Backhouse Jones** backhousejones.co.uk

## Neurodivergence

**EARN** –Employer Assistance and Resource Network on Disability Hiring and supporting neurodivergent workers askearn.org/event/hiring-and-supporting-neurodivergent-workers

## The charities which lent aid to this book if not listed elsewhere:

Prostate Cancer UK prostatecanceruk.org

Epilepsy Society epilepsysociety.org.uk

Asthma and Lung UK www.asthmaandlung.org.uk

RNID rnid.org.uk

Alzheimer's Society www.alzheimers.org.uk

Diabetes Safety Organisation diabetessafety.org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Written and edited by Louise Cole, Director, White Rose Media Ltd

# Driving for Better Business

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