Driver Health

The SASOM Guidelines 2005

Overview

- Fitness to Work & the Law
- The Guideline
- Comments

Fitness to Work & the Law

Statutes that prescribe a Certification of Fitness

- National Road Traffic Act & Regulations
- Occupational Health & Safety Act & Regs
  - Construction Regs
  - Hazardous Chemical Substance Regs & Lead Regs
  - Code of Practice for Driven Machinery Regs
  - Hazardous Biological Agents Regs
- Hazardous Substances Act
- Mines Health and Safety Act
- Guidelines for minimum standards of fitness on mines
- Others – Aviation, Seafarers, etc.

Fitness to Work & the Law

Balanced against the protection of the rights of employees

- Employment Equity Act
- Labour Relations Act
- The Constitution

Legislation

- National Road Traffic Act
  (Act 93 of 1996)
  Sets minimum standards of fitness
  - Chapter IV: “Fitness of Drivers”
  - Section 15 (1)(f) & (g) – Exclusions
  - Section 16 – Notify MEC of exclusions

History

- 1995: Multi-disciplinary working Group established with Dept of Transport (approx 10 people)
  - Developing new regulations & new SASOM Guidelines
  - Special training & accreditation of medical examiners for certification of drivers
  - Debate regarding suitability of OHP’s to examine & certify drivers
- 1998: Amended regulations (“PrDP”)
- 2000: New regulations
Legislation

- National Road Traffic Act – Exclusions (Sect 15):
  - Uncontrolled epilepsy
  - Sudden attacks of disabling giddiness or fainting due to hypertension or any other cause
  - Any form of mental illness to such an extent that it is necessary that he or she be detained, supervised, controlled and treated as a patient in terms of the Mental Health Act, (18 of 1973).

Legislation

- National Road Traffic Act – Exclusions (Sect 15):
  - Any condition causing muscular inco-ordination
  - Uncontrolled diabetes mellitus
  - Defective vision, ascertained in accordance with a prescribed standard (Regulations, 17 March 2000).

Legislation

- National Road Traffic Act – Exclusions (Sect 15):
  - Any other disease or physical defect which is likely to render him or her incapable of effectively driving and controlling a motor vehicle of the class to which such licence relates, without endangering the safety of the public: providing that deafness shall not of itself be deemed to be such a defect;

Legislation

- National Road Traffic Act – Exclusions:
  - Note - separate statement in the statutes;
  - @ if he or she is addicted to the use of any drug having narcotic effect, or the excessive use of intoxicating liquor

Legislation

- National Road Traffic Act – Section 16:
  Prohibition of failure to (self-) disclose qualification

  The disqualified person should hand in his/her licence to the office of the MRC of the province concerned, who shall either cancel it, or endorse it (if the impairment is remedial by means of lens correction or the use of a physical aid).

Legislation

- National Road Traffic Act – Section 31:
  Prohibition to employ unlicensed driver, or permit an unlicensed driver to drive on a public road.
Legislation

- National Road Traffic Regulations
  
  (17 March 2000)
  
  Provision for:
  - New classes of motor vehicle
  - Specific fitness standards for vision (acuity and peripheral).

Legislation

- National Road Traffic Regulations

  New licence codes:
  - A1: Motorcycle <223cc
  - A: Motorcycle >223cc
  - B: Tractor (old code 01), industrial equipment (Forklift) (old code 07), & especially adapted vehicles for the “physically disabled” (old code 12)
  - EB: (Old code 08) Motor vehicle (incl. minibus, bus or goods vehicle) of size >2500kg.
  - EC: (Old code 10) Motor vehicle (incl. minibus, bus or goods vehicle) of size 1500-2500kg.
  - EC: (Old code 31, 33 & 16) Motor vehicle (incl. minibus, bus or goods vehicle) of size >16000kg.

Legislation

- National Road Traffic Regulations – Part IV.

  Professional Driver’s Permit (PRDP):
  - Cat D:
    - Dangerous goods to the weight of >2300kg
    - Vehicles which meet requirements of SABS 1298 (petrol tanker) & SABS 1299 (dangerous goods vehicles)
  - Cat P:
    - Buses
    - Minivans (>3500kg, >11 people)
    - Motor vehicles used for the conveyance of persons for reward.
    - Any motor vehicle conveying >11 people including the driver
    - Cat C: Goods & breakdown vehicles.

Legislation

- National Road Traffic Regulations

  Specific fitness standards for vision
  - Codes A1 – EB (Code 08 & less):
    - Acuity: >6/12 (20/40); if one eye is under standard (or blind), the better eye must be >6/9 (20/30).
    - Periperal Vision: 70° temporal, or >115° total field (one eye blind).

Legislation

- National Road Traffic Regulations

  Specific fitness standards for vision
  - Codes C1 – EC (Code 10 & higher):
    - Acuity: >6/9 (20/30) for each eye. Both eyes required.
    - Periperal Vision: 70° temporal in each eye.

National Standards

- South African Society of Occupational Medicine (SASOM)

  Specific fitness standards for Professional Drivers and Operators
The SASOM Guideline

- Introduction
- Legislation
- Driver Categories
- Driver Policy
- Health Evaluation Intervals
- Suggested (sample) capture Documents
- Minimum requirement standards

Source Publications

- Driver & Vehicle Licensing Authority (DVLA-UK)
- Previous Guidelines
- Others to Consider:
  - Australian & New Zealand
  - USA
  - British Columbia

Background

- First SA edition published 1990
- Based on the 4th edition of the British version, published by the Medical Commission on Accident Prevention (1985)
- Basically “imported”, but carefully examined by the relevant heads of Departments of University of Natal Medical School.

The DVLA Guide: Important Info (1)

- Compilation of the Guidelines.
- Three guidelines represent the interpretation and application of the law in relation to fitness to drive following advice from the Secretary of State’s Independent Medical Advisory Panels. The panels consist of doctors assigned in the respective fields of Cardiology, Neurology, Diabetes, Vision, Alcohol Substance Abuse and Psychiatry together with lay members.
- The panels meet twice yearly and the standards are reviewed and updated where indicated. This booklet is, therefore, only accurate at the time of publication.
- It is also emphasised that this booklet is for use as guidance only. While it provides some idea of the anticipated outcome of a medical enquiry, the specific medical factors of each case will be considered before an individual licensing decision is reached.

The DVLA Guide: Important Info (2)

- The Legislative Framework.
  - The Secretary of State for Transport acting through the medical advisers at the Driver Medical Group, DVLA, has the responsibility to ensure that all licence holders are fit to drive.
  - The implications of fitness to drive lies in the IP Directions or driver licensing: the Road Traffic Act 1988 and subsequent regulations and orders, as in particular the Driver Vehicle Licensing (Licensing) Regulations 1999.
  - Section 4 of the Road Traffic Act refers to prescribed, relevant and prospective disabilities.
  - A prescribed disability is one that is a legal bar to the holding of the licence. Certain statutory conditions, defined in regulations, may be relevant. An example would be epilepsy.
  - A relevant disability is any medical condition that is likely to make the person a danger while driving. An example would be a visual field defect.
  - A prospective disability is any medical condition, which, because of its progressive or unremitting nature may develop into a relevant disability in the course of time. An example would be insulin dependent diabetes. A driver with a prospective disability may normally only hold a driving licence subject to medical reviews at one, two or three years.

The DVLA Guide: Important Info (3)

- Licence Groups:
  - The medical standards refer to Groups 1 and Group 2 licence holders.
  - Group 1 includes motor cars and motor cycles.
  - Group 2 includes larger heavy goods vehicles (over 7.5 tonnes).
    - The medical standards for Group 2 licences are significantly higher than those for Group 1 licences. The medical standards for Group 2 licences are higher than the standards for the combination of the rear weight of the vehicle. This also reflects the higher risk presented by the length of time that the driver may spend at the wheel in the course of his/her occupation.
**The DVLA Guide: Important Info (4)**

- **Age limits:**
  - **Group 1** licenses are normally issued valid until age 70 unless restricted to a shorter duration for medical reasons as indicated above. There is an upper limit of age 79 below which is necessary every 3 years. All license applications require a medical report by the driver.
  - A person of the higher age of disability driving allowance may apply for a license (Group 1 category B) from age 70, instead of the usual lower age limit of 17.
  - Group 2: Excepting in the normal three and certain DV driver, Group 2 license, license (category C) at home, Group 2 licenses are issued valid until age 71 and valid for life. Group 1 licenses are renewable every six years to age 65 since required to a shorter period for medical reasons.
  - Group 3: Group 2 licenses are renewable annually without age limit. All Group 2 license applications must be accompanied by a medical report and DA.

**Driver Categories**

- **SASOM Category I**
  - PrDP cat “D” (hazardous dangerous goods)
  - PrDP cat “P” (passengers: taxis, buses, company employee transport)

- **SASOM Category II**
  - PrDP cat “G” (conveying goods)

**SASOM Driver Categories**

- **SASOM Category III**
  - Special vehicle drivers (e.g., Forklifts, cranes, mobile plants, etc.)
  - The vehicles considered by Construction Regs
  - Remember also the Driven Machinery Code of Practice
  - “… where skill, method of operation and place of operation require attention.”

**Driver Categories**

- **SASOM Category IV**
  - PrDP cat “B” (“standard” operating conditions)

  "Standard" vehicle drivers operating light vehicles in standard transport, circumstances where no special requirements exist over and above the required licence and personal skills to operate the vehicle. This includes the driving of a breakdown vehicle."

**“Thorny” Issues**

- Epilepsy
- Diabetes Mellitus
- Psychiatric Disease
- Substance abuse
- Confidentiality
Epilepsy

- **Epilepsy (Recalling Seizures)**
  (>1 seizure, over >24 hrs)

**Epilepsy Guide**

- Guide to the Epilepsy Guide, provides a licensed healthcare professional to identify the Guide. A major concern will be normally treated by a guide. This guide is issued if seizures are not free for 7 years with medication. If necessary, in the presence of any other disabling condition.

**Epilepsy Regulations** – (DVLA)

**GROUP 1**

The Model Violations Driving Licences Regulations (1999) prescribe epilepsy as a relevant disability for the purposes of Section 3 of the Road Traffic Act 1988. This means that:

1. A person with a history of seizures may obtain a licence to drive the vehicle for a period of up to 1 year before the date of the accident before the driver's licence expires.

2. A person with a history of seizures may obtain a licence to drive the vehicle for a period of up to 1 year before the date of the accident before the driver's licence expires.

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Epilepsy

- Loss of Consciousness (Unknown Cause) – Look for this section:

  LOSS OF CONSCIOUSNESS/LOSS OF ALTERED AWARENESS
  A full history is imperative to include pre-morbid history, prodromal symptoms, length of time unconscious, degree of amnesia and confusion on recovery. A neurological cause, for example, epilepsy, SAH, can often be identified by the history, examination and the appropriate referral made. The relevant SADCM guidelines will then apply.
  50% of all cases have a cardiac cause and again, these can be determined by history, examination and ECG. Investigate and treat accordingly and use the relevant Epilepsy guidelines.
  The remaining cases can be classified under five categories in the following table:

Diabetes Mellitus

- Important features:
  - Metabolic complications and other end-organ failures
  - The complications are often unnoticed (autonomic neuropathy, loss of vision, hypertension, etc.)

Diabetes – “Qualifying Conditions” (DVLA)

A Guide for Doctors with Diabetic Treated Diabetics who wish to apply for C1/C2 Licence
 Beware that applying for a more than entitlement to category C1/C2 to drive small buses with or without a trailer
 They may affect ability to drive vehicle 13.5 to 3,500 kg where taken with a combined weight of 22
 They will reflect on the risk of scratching and collision. A total score (total 4) with points for each contribution (DVLA 1996)

Pschiatric Disease

National Health Service

(q) any form of mental illness to such an extent that it is necessary that he or she be detained, supervised, controlled and treated as a
patient in terms of the Mental Health Act 1959 (Act 8 of 1959)

“patient” means a person mentally ill to such a degree that it is necessary that he be detained, supervised, controlled and treated.
Psychiatric Disease

**Psychiatric Disorders**

All psychiatric conditions which are resolving, remitting or progressive, and which may make the driver a source of danger require medical investigation. When well enough to drive, the licence holder is considered to have a permanent disability under the terms of Section 13 (1)(a) of the Road Traffic Act, 1998. Before a driving licence can be issued, the Licensing Authority must be satisfied that the person is unlikely to relapse within a year, the licensed period for which a licence may be issued.

**NOTE 1**

It is the way in which the disorder manifests itself in behaviour and psychomotor function appropriate to safe driving which is relevant, the diagnosis is not necessarily important.

**NOTE 2**

Alcohol and drug misuse/dependence are dealt with under their specific sections.

**NOTE 3**

A person with a history of a psychiatric illness who has been well and stable, and on an effective maintenance medication for 4 years could be considered for a category A licence.

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**National Road Traffic Act**

Driving while under the influence of intoxicating liquor or drug having narcotic effect, or with excessive amount of alcohol in excess of 0.8% by volume.

(1) No person shall drive a vehicle if:

(a) the driver is under the influence of intoxicating liquor or drug having narcotic effect, or with excessive amount of alcohol in excess of 0.8% by volume.

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**Substance Abuse**

**Drug Misuse and Dependence**

<table>
<thead>
<tr>
<th>GROUP 1, 2, 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persistent misuse of or dependence on these substances, will require revocation or refusal of the vocational license for a minimum 3 year period.</td>
<td>The person can use these substances as long as their driving is not affected.</td>
</tr>
<tr>
<td>An item, or arrangement, will require a medical examination or assessment, and the person will require supervision by a licensed medical professional.</td>
<td></td>
</tr>
<tr>
<td>An item, or arrangement, will require the person to be under the care of a medical professional and may require the person to be examined or assessed.</td>
<td></td>
</tr>
</tbody>
</table>

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**Benzoaetazepines**

The non-prescribed use of these drugs under the use of antidepressive change, whether in a substance withdrawal/rehabilitation programme or otherwise, constitutes misuse (or dependence by learning purposes).

The prescribed use of these drugs at therapeutic doses (0.00), without evidence of impairment, does not amount to misuse and/or dependence for licensing purposes (although clinically dependence may exist).

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**Alcohol Abuse**

There is no single definition which embraces all the variables in these conditions. But as a guideline the following is allowable:

- A state which because of consumption of alcohol, causes disturbance of behaviour, related disease or other consequences, likely to cause the patient, his/her family or society harm now or in the future and which may or may not be associated with dependency.

**GROUP 1**

- Persistent alcohol misuse, confirmed by medical opinion and/or evidence of alcohol dependence and determined to be related to the driving licence.

**GROUP 2**

- Persistent alcohol misuse, confirmed by medical opinion and/or evidence of alcohol dependence and determined to be related to the driving licence.

**GROUP 3**

- Persistent alcohol misuse, confirmed by medical opinion and/or evidence of alcohol dependence and determined to be related to the driving licence.

**GROUP 4**

- Persistent alcohol misuse, confirmed by medical opinion and/or evidence of alcohol dependence and determined to be related to the driving licence.
Substance Abuse

<table>
<thead>
<tr>
<th>ALCOHOL PROBLEM</th>
<th>GROUP 1 ENTITLEMENT OIL CAR VEHICLE</th>
<th>GROUP 2 ENTITLEMENT FOR VEHICLES</th>
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<tr>
<td>ALCOHOL MISUSE</td>
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</table>

Confidentiality

13. (1) A practitioner shall divulge verbally or in writing information regarding a patient which he or she ought to divulge only:
(a) in terms of a statutory provision;
(b) at the direction of a court of law; or
(c) where justified in the public interest.

(2) Any information other than the information referred to in subrule (1) shall be divulged by a practitioner only:
(a) with the express consent of the patient,
(b) in the case of a minor under the age of 14 years, with the written consent of his or her parent or guardian; or
(c) in the case of a deceased patient, with the written consent of his or her next-of-kin or the executor of such deceased patient's estate.

Challenges

- Validity of standards as predictors of Risk
- Consistency of application of standards
- Current employee vs new applicant

Extra slides...

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<th>2012</th>
<th>Number of Victims per Type Involved in Fatal Crashes</th>
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<tbody>
<tr>
<td>Vehicle Type</td>
<td>GA</td>
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<tr>
<td>Motorcycle</td>
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</tr>
<tr>
<td>Car</td>
<td>61</td>
</tr>
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<table>
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</tr>
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<td>Total</td>
<td>144</td>
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</tbody>
</table>
Epilepsy (Single Seizure, unprovoked)

- **FIRST EPILEPTIC SEIZURE: SHOCK/BRAIN**
  - **ALSO CORRECT**
  - 1. Fits associated with misuse of alcohol or misuse of drugs whether prescribed or not.
  - 2. Neurosurgical conditions.

**Epilepsy (Single Seizure, on meds withdrawal)**

(As per “Epilepsy Guide”)

- Codes D, P & “special”
- 10-year seizure-free, on NO meds, so not applicable
- Codes A1-EF (code 08 or less)
- 1-year seizure free on meds.
Epilepsy

- Epilepsy (Provoked Seizure)
  (As per “Epilepsy Guide”)
  - Licence issued/revoked, depending on:
    - Is there a “liability to epileptic seizures” (increased vulnerability to having a seizure)?
    - Has the cause been successfully treated?
  - This includes seizures at the time of a head injury, at onset of a stroke, at surgery, etc.
  - For D&P drivers, seizures within 24hrs require 6months off driving.

Diabetes Mellitus

- On Meds or Diet alone
  - Codes D,P,G & “special”
    - All drivers – must demonstrate satisfactory control.
    - If become insulin dependent, disqualify.
    - Codes A1-EB (code 08 or less)
    - Must demonstrate satisfactory control.