



Fleet safety survey report 2014

Part 1: fit to drive



Brake provides guidance for fleet managers to help them manage their road risk through its Fleet Safety Forum. This report contains results of a Brake survey of employers with staff who drive for work, examining their management of driver health, wellbeing, fatigue, eyesight, and drink and drug driving. It includes related facts and advice on how fleet managers can ensure employees are physically and mentally fit to drive.



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228 organisations responded to this survey, operating fleets of all sizes and vehicle types, and responsible for thousands of drivers and vehicles around the globe. Respondents included subscribers and non-subscribers to Brake's Fleet Safety Forum¹.

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RESPONSIBILITY AND PRIORITY

Q1: Who does your organisation consider to have responsibility for ensuring drivers are physically and mentally fit to drive (i.e. awake and alert, sober, not stressed or ill, and with good eyesight)?

Almost two thirds (64%) of managers surveyed agree that ensuring drivers are fit to drive is a shared responsibility between drivers, fleet and line managers, and senior management.

- 64% said all share responsibility for fitness to drive
- 16% said it was the individual drivers' responsibility
- 13% said it was the fleet and line managers' responsibility
- 5% said it was senior management's responsibility
- 2% said none of the above



Q2: How high a priority would you say fitness to drive is given at a senior level within your organisation? (Rank from 1-10)

Encouragingly, more than half (58%) said fitness to drive is treated as a high or very high priority by senior management in their organisation.

- 26% ranked fitness to drive as 10: "very high priority"
- 32% ranked it as 8-9: "high priority"
- 26% ranked it as 5-7: "medium priority"
- 11% ranked it as 2-4: "low priority"
- 5% ranked it as 1: "not considered at all"

DRINK AND DRUG DRIVING

THE FACTS

Drink-driving is a deadly risk: one in six UK road deaths result from crashes where the driver was over the legal alcohol limit². Illegal drugs and some medicines also impair driving, for example by slowing reaction times, affecting coordination, or encouraging risky behaviour. Evidence of drug use was found in 18% of driver deaths in the US in 2009³.

If not educated fully on the risks of drink and drug driving, drivers may inadvertently drive while impaired. Previous Brake research found that one in ten at-work drivers have driven first thing in the morning following a heavy night's drinking, compared to one in 20 non-work drivers⁴. This is known as morning-after drink driving, where alcohol can remain in your system from drinking the night before.

Even very small amounts of alcohol impair driving. Research has found that drivers with as little as 10mg alcohol/100ml blood, far below the UK drink-drive limit of 80mg alcohol/100ml blood, are 46% more likely to be at fault in collisions than sober drivers⁵.

Q3: What actions does your organisation take with regards to drink and drug driving?

Although six in 10 (62%) fleet managers take disciplinary action against employees found to have any amount of alcohol or illegal drugs in their bodies at work, only three in 10 (30%) would dismiss employees for this offence, and less than half (44%) would dismiss an employee found driving over the legal limit for alcohol. This is cause for concern, as drink-and drug-driving is a dangerous risk that should not be tolerated in the workplace.

- 62% take disciplinary action against employees found to have any amount of alcohol or illegal drugs in their system at work
- 30% would dismiss employees found with any amount of alcohol or illegal drugs in their system at work
- 44% would dismiss employees for driving over the legal limit for alcohol
- 50% educate drivers on drink-driving (including driving on small amounts of alcohol and 'morning-after' drink-driving)
- 47% educate drivers on drug-driving (including illegal drugs and medication)
- 61% require drivers to report if they are taking medication that may affect their driving
- 44% offer confidential advice and support to drivers who believe they have a substance misuse problem
- 52% encourage employees to approach managers in confidence if they suspect a colleague is drink or drug driving
- 9% do none of the above

Q4: When does your organisation conduct testing for alcohol or drugs?

Drug and alcohol testing is not carried out by most employers surveyed: more than half (55%) never test for alcohol, and a similar proportion (57%) never test for drugs. Of those that test, it was most commonly carried out at random (32% for alcohol, 29% for drugs), or on suspicion of drink- or drug-driving (26% for alcohol, 24% for drugs).

- At random: 32% for alcohol, 29% for drugs
- On suspicion of drink- or drug-driving: 26% for alcohol, 24% for drugs
- Following a crash, bump, scrape or near-miss: 13% for alcohol, 10% for drugs
- Pre-employment or during a probationary period: 12% for alcohol, 14% for drugs
- At regular intervals: 5% for alcohol, 3% for drugs
- Never: 55% for alcohol, 57% for drugs



ADVICE FOR MANAGERS

As well as requiring all employees who drive to comply with the law on drink- and drug-driving, with failure to do so treated as gross misconduct, Brake encourages employers to implement a zero-tolerance policy on drug and alcohol use. This makes it clear that employees must be completely free of alcohol and drugs when driving. Employees should be encouraged to report concerns if they believe a colleague has taken illegal or impairing drugs, or drunk any alcohol before or while working or driving.

Fleet managers should provide alcohol and drugs education to all employees, so they do not unwittingly put themselves and others at risk. Educating employees will ensure they are able to make safe choices, such as checking with their doctor or pharmacist if medicines they are taking may affect driving, or limiting the amount of alcohol they drink if they are driving the next morning. This could incorporate classroom-based or online learning (see Brake's fleet service directory for some providers, and find out about Brake's Pledge training on driver education), articles in the company newsletter or intranet, and posters.

Alongside driver education and support, testing for drugs and alcohol acts as an effective deterrent and provides reassurance that the organisation takes safety seriously. Drugs and alcohol testing should be introduced in consultation with employees, and drivers made clear of when and how it will be conducted, and consequences of failing. Testing can be done: on recruitment; during probation; at random; following a crash, scrape or near-miss; or on suspicion of drink or drug driving. Some testing providers are listed in Brake's fleet service directory.

DRIVER HEALTH AND WELLBEING

THE FACTS

Conditions such as sleep apnoea, diabetes, high blood pressure, heart disease, and many other common health problems can affect your ability to drive safely⁶. Good mental health is also important for safe driving: for example, research has linked stress with risky driving and increased crash rates⁷.

Q5: What actions does your organisation take with regards to driver health and wellbeing?

Almost eight in ten (78%) managers encourage drivers to report health problems or concerns, demonstrating awareness that health problems can impact on safety. However, far fewer employers take proactive steps to address this issue. Only four in 10 (42%) review schedules and workloads to identify issues that can cause stress or tiredness.

Only one in five (21%) hold confidential meetings to allow drivers to discuss health concerns that may affect driving. This suggests most expect drivers to take the initiative in flagging up health or wellbeing concerns.

- 78% encourage drivers to report health problems or concerns as soon as they arise
- 56% educate drivers on the impact stress, tiredness and health problems can have on driving
- 42% regularly review schedules and workloads to ensure drivers are not put under undue pressure that could lead to stress or tiredness
- 21% hold confidential meetings at least annually to allow drivers to discuss concerns over health problems, tiredness, stress, or other issues that may affect driving
- 14% do none of the above





ADVICE FOR MANAGERS

Holding confidential meetings with drivers, at least annually, to allow them to discuss any health or other concerns sends a clear message that your organisation cares about the safety and wellbeing of its drivers. It will also help identify issues with drivers who may not feel comfortable coming forward with concerns unprompted. Drivers should also be encouraged to report any health problems as soon as they arise.

Drivers are unlikely to realise the importance of reporting concerns about their health or stress levels if they do not understand the impact this has on safety. Fleet managers should therefore educate drivers on how stress, tiredness and health can affect their driving. This should be made clear to drivers when they are first hired, explained in your driver handbook, and reinforced through confidential wellbeing meetings as above.

Drivers should not bear sole responsibility for ensuring they are fit to drive. Workplace pressures, including busy or unrealistic driver schedules, can contribute to driver stress and tiredness. Managers should therefore regularly review schedules and workloads to ensure drivers are not under undue pressure.

- 68% educate drivers on the risks of tired driving
- 61% enable drivers to stop and stay overnight at the organisation's expense if their journey time has been significantly extended
- 60% require drivers to stop and rest if they start to feel sleepy at the wheel
- 52% plan journeys and shifts to ensure drivers are able to have sufficient sleep and rest time before and in between journeys
- 45% require drivers to take rest breaks every two hours on long journeys
- 44% monitor drivers' hours to ensure regular rest breaks are taken
- 41% require drivers to inform a manager if they suffer daytime sleepiness
- 11% do none of the above

FATIGUE

THE FACTS

At least 300 people are killed in the UK each year as a result of drivers falling asleep at the wheel⁸. At-work drivers are particularly at risk from tiredness, because they typically spend longer hours at the wheel: four in ten tiredness-related crashes involve someone driving a commercial vehicle⁹. Research suggests driving tired can be as dangerous as drink-driving¹⁰.

Q6: What actions does your organisation take with regards to tired driving?

Six in 10 managers encourage drivers to manage the risk of tired driving: 60% require drivers to stop and rest if they feel sleepy at the wheel, and 61% will pay for a driver to stop and stay overnight if their journey has been significantly delayed.

However, less than half (45%) require drivers to take breaks at least every two hours, and a similar proportion (44%) monitor drivers' hours to ensure they take sufficient breaks. Fleet managers with trucks are more likely to monitor driver hours, with almost two thirds (65%) doing so. This is still worryingly low given that it is a legal requirement in the EU and Great Britain to monitor most truck drivers' hours¹¹.

ADVICE FOR MANAGERS

Drivers should be clear on the risks of driving tired, and supported to ensure they drive only when awake and alert. Information on this risk should be included in induction and driver handbooks. Drivers should be instructed to pull over for a rest as soon as it is safe to do so if they feel tired at the wheel, and stop overnight at the organisation's expense if their journey has been significantly delayed or they are too tired to continue. Drivers should be instructed to report excessive or recurrent daytime sleepiness to a manager, in case this is down to their workload or schedules, or health reasons, such as suffering from a treatable condition like sleep apnoea.

Managers should take into account the risks of fatigue when planning journeys and schedules, so drivers are able to get enough rest between shifts and before and after long journeys. Drivers should be required to take a break at least every two hours on long journeys, and time for this should be built into schedules. Fleet managers can check this by monitoring drivers' hours, either through a tachograph, other telematics where fitted, or by requiring drivers to send a notification when they have stopped and when they set off again. Fleet managers should make it clear to drivers that they should still take breaks even if they are running late, and that they will not be penalised if a journey runs over time.



SLEEP APNOEA

THE FACTS

Obstructive sleep apnoea (OSA) is a condition that causes sufferers to briefly stop breathing while they are asleep. This interrupts sleep and causes excessive daytime sleepiness. People with OSA are prone to nodding off during the day, and are about seven times more likely to have crashes¹². Many people that suffer from the condition do not realise it, due to lack of awareness about symptoms. In the UK, it is estimated that around 4% of middle-aged men and 2% of middle-aged women have OSA¹³.

Q7: What actions does your organisation take with regards to sleep apnoea?

Only one in three (34%) managers educate drivers on sleep apnoea. 12% provide annual health checks that cover the symptoms, and just 8% train supervisors to watch out for signs. More than a quarter (26%) said they refer suspected sufferers for assessment and treatment, but without training drivers or supervisors on the symptoms, or providing health checks, it is unclear how suspected sufferers are identified.

- 34% educate drivers on the existence and dangers of sleep apnoea
- 26% refer suspected sufferers of sleep apnoea for assessment and treatment
- 12% provide drivers with annual health checks that include questions and other checks for symptoms of sleep apnoea
- 8% train supervisors to watch for signs of sleep apnoea among their staff
- 52% do none of the above

Case study Allied Bakeries' action on sleep apnoea



Allied Bakeries manufactures and distributes Kingsmill, Allinson, Burgen and Sunblest bread brands in the UK. It operates a fleet of 1,000 trucks, 400 cars and 20 vans. In 2007 an Allied Bakeries driver fell asleep at the wheel and his truck hit an oncoming car head on, killing the driver. It was later discovered that the driver had undiagnosed Obstructive Sleep Apnoea.

Allied Bakeries had initiated a sleep awareness training scheme for drivers prior to the crash and had also teamed up with a medical consultancy to design and conduct a pilot two-phase screening process for drivers. Drivers at the pilot site completed a questionnaire which looked for indicators of sleep apnoea, or a disposition towards it. Questions included weight and collar size as well as more direct questions such as waking frequency in the night. Employees who had a high score on the questionnaire were then invited to undergo medical screening for sleep apnoea. Drivers diagnosed as having sleep apnoea were given appropriate treatment.

Allied Bakeries now provide sleep awareness training for all its drivers as part of induction and on a biennial basis. More recently, this has been incorporated into professionally accredited driver training, developed in conjunction with the company's Occupational Health team and delivered by the on-site driver assessors.

The Occupational Health team now review the driver questionnaire as part of a wider annual health check for drivers. As before, any drivers who show disposition or symptoms are referred for screening and treatment via the UK's National Health Service (if this service is available locally) or through a medical consultancy.





ADVICE FOR MANAGERS

Sleep apnoea can put drivers at serious risk, and yet can usually be treated swiftly and effectively, so managers and drivers should be made aware of symptoms and warning signs.

Information on sleep apnoea should be included in driver handbooks, and raised with drivers in annual health checks. Drivers should be instructed to look out for these symptoms: disturbed sleep; waking up coughing, choking or fighting for breath; snoring; tiredness on waking, even after a full night's sleep; and falling asleep easily during the day.

Managers should look out for these warning signs: a tendency to fall asleep during meetings or breaks; deterioration of concentration; commenting that he or she has been diagnosed with high blood pressure; or commenting that they snore and/or disturb their partner's sleep. They should be made aware that OSA is most common among middle-aged men with a collar size of 17 inches or more, or body mass index (BMI) of more than 30, although it is not exclusive to this group.

If a driver is showing one or more symptoms, they should consult their doctor for an initial assessment. Self-assessment tests such as the Epworth Sleepiness Scale can also be used to determine whether they are likely to be suffering from OSA. If there is a strong possibility a driver is suffering from OSA they should be taken off driving duty immediately and referred to a sleep clinic for assessment and treatment.

EYESIGHT

THE FACTS

Having good eyesight is fundamental to safe driving, but drivers don't always realise if they have a problem. Changes in eyesight can be gradual, and it is possible to lose up to 40% of your vision before noticing it¹⁴. Professional eye tests at least every two years are recommended by experts to ensure good eyesight for safe driving¹⁵, but many drivers do not follow this advice: a Brake survey found that one in four UK drivers (26%) had not had their eyes tested in the past two years¹⁶.

Q8: What actions does your organisation take with regards to driver eyesight?

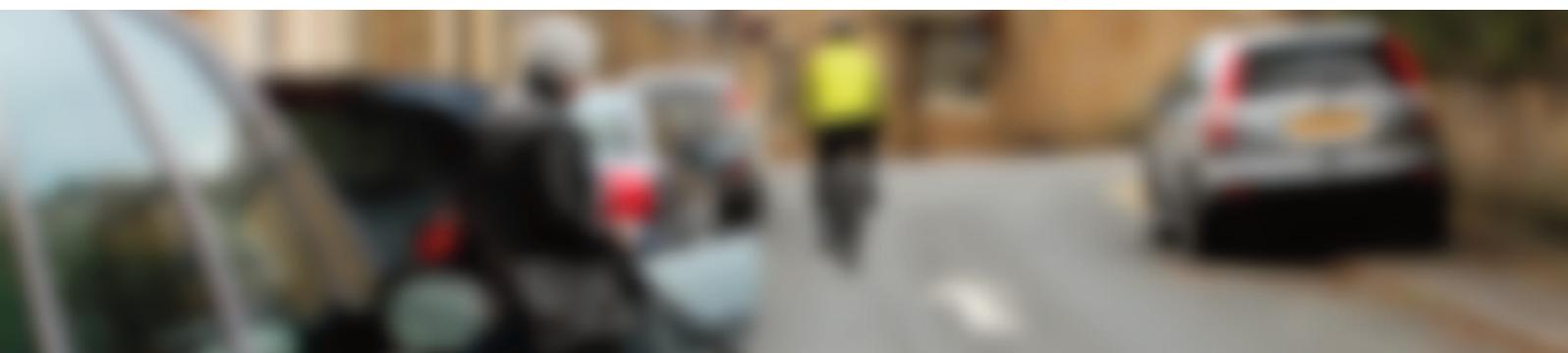
More than half (53%) of managers provide free or discounted eyesight tests to drivers. However, only about one in four either require eye tests at least every two years (25%), or require new recruits to have had a recent eye test (23%).

- 45% educate drivers on the risks of driving with poor eyesight, and the importance of getting your eyes tested at least every two years
- 37% offer free eyesight testing for employees
- 25% require staff who drive for work to have a full eyesight test at least every two years
- 23% require a full eyesight test for all new staff who drive for work, or proof they had one recently
- 16% offer discounted eyesight testing for employees
- 16% run basic eyesight screening tests at work
- 20% do none of the above

ADVICE FOR MANAGERS

Regular eye tests are essential for drivers. Fleet managers should ensure all new recruits have good eyesight, by either providing a professional eye test as part of induction, or requiring evidence of a recent eye test. All drivers should be required to have a professional eye test every two years, ideally funded by the organisation. Basic eyesight spot-tests can be run in the workplace, by asking drivers to read a licence plate from the distance legally required (20.5m in the UK), to supplement regular, professional vision tests.

Drivers should be made aware of the risks of poor eyesight, and understand the need for regular, professional tests. Information on eyesight should be included in your driver handbook, and provided through induction and annual health checks. Those who need glasses or contact lenses should be instructed that they must wear them at all times when driving.





Summary of recommendations

To ensure employees are fit to drive (awake and alert, sober, not stressed or ill, and with good eyesight), Brake recommends employers should:

- implement a zero-tolerance policy on drug and alcohol use, backed up with comprehensive alcohol and drugs education;
- introduce workplace testing for drugs and alcohol, with the full understanding, consent and cooperation of employees;
- hold confidential meetings with drivers, at least annually, to allow them to discuss any health or other concerns;
- require drivers to take breaks at least every two hours;
- enable drivers to stop overnight at the organisation's expense rather than push on with a journey if delayed and fatigued;
- schedule journeys and drivers' shifts to allow sufficient rest time before, after and during long journeys;
- train managers and drivers to be aware of the symptoms of sleep apnoea, and refer suspected sufferers for assessment and treatment immediately;
- require all drivers to have their eyes tested at least every two years, preferably funded by the organisation; and
- educate drivers on the risks of poor health, tiredness, stress, and poor eyesight and ensure they are clear about your policies and their responsibilities in minimising these risks.

Further reading

Brake has published guidance reports for fleet managers on various topics concerning fitness to drive, including:

- Not a drop, not a drag – drink and drug driving (2009)
- Driver eyesight (2011)
- Sleep apnoea (2010)
- Driver tiredness (2009)
- Stress and distractions (2005)

These and our library of more than 50 guidance reports are all available for free to subscribers of the Fleet Safety Forum. Other subscriber benefits include: discounts on our seminars, webinars and conferences; one free webinar place per year; driver resources; and a regular e-bulletin of relevant road safety research and initiatives. Subscribe online, or contact Brake on +44 (0)1484 559909 or admin@brake.org.uk.

End notes

- 1 79 respondents (35%) were Brake subscribers, 149 (65%) were non-subscribers. Responses were received from organisations in the UK and Ireland, Europe, and Australasia.
- 2 Reported road casualties in Great Britain: Estimates for accidents involving illegal alcohol levels, Department for Transport, 2013 [online]. Available at: <https://www.gov.uk/government/publications/reported-road-casualties-in-great-britain-estimates-for-accidents-involving-illegal-alcohol-levels-2012-provisional-and-2011-final>
- 3 Drug use in driver fatalities, National Highway Traffic Safety Administration, 2010. Available at: <http://www.nrd.nhtsa.dot.gov/Pubs/811415.pdf>
- 4 At-work drivers: drink and drugs, Brake and Direct Line, 2012. Available at: http://www.brake.org.uk/assets/docs/dl_reports/DLreport8-At-work2012-sec3.pdf
- 5 Official blame for drivers with very low blood alcohol content, University of California, 2014. Available at: <http://injuryprevention.bmj.com/content/early/2014/01/07/injuryprev-2013-040925>
- 6 Health conditions and driving, DVLA, 2014. Available at: <https://www.gov.uk/health-conditions-and-driving>
- 7 The contribution of individual factors to driving behaviour: implications for managing work-related road safety, Health and Safety Executive and Scottish Executive, 2002 [online]. Available at: <http://www.hse.gov.uk/research/rhtm/r020.htm>
- 8 Loughborough University Sleep Research Centre <http://www.lboro.ac.uk/departments/ssehs/research/behavioural-medicine/sleep-research-centre/>
- 9 THINK! Don't drive tired, Department for Transport. Available at: <http://thinkdirect.gov.uk/fatigue.html>
- 10 Long nighty driving comparable to drunk driving, Utrecht University, 2011. Available at: <http://www.uu.nl/EN/Current/Pages/Longnightydrivingcomparabletodrunkdriving.aspx>
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- 16 Campaign calls on drivers to sharpen up, Brake, 2013. Available at: <http://www.brake.org.uk/news/1106-060813>