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It is the absolute obligation of the holder of the Certificate of Professional Competence to be familiar with and comply with all aspects of the law relating to the Certificate of Professional Competence and in particular the obligation to obtain and maintain the level of training and instruction required for the Certificate of Professional Competence.

The training process has been designed and developed by the Road Safety Authority for the express purpose of facilitating the training of all classes of drivers required to acquire and hold the Certificate of Professional Competence.

The Road Safety Authority does not accept any obligation and/or responsibility arising out of the use of and/or the application of the materials, whether directly and/ or indirectly, and the materials used in the training of drivers are not intended to replace knowledge of the laws and regulations relating to the Certificate of Professional Competence.

The contents of this manual are expressed in general terms and are not intended to be a detailed analysis of the law. It is based on the assumption that readers are familiar with many of the technical terms used when referring to HGV and PSV vehicles. This guide does not, and is not intended to provide legal advice or to represent a legal interpretation of the law.

It is the primary obligation of the driver to know the laws and regulations relating to their profession.



FOREWORD FROM THE RSA CHIEF EXECUTIVE OFFICER

This Driver Certificate of Professional Competence (Driver CPC) syllabus has been carefully developed by the RSA with the assistance of the transport industry and experienced training organisations.

The information contained in this manual (No.3. Health and Safety for the Professional Driver), together with the information provided in Manuals 1,2,4,5, & 6 combines to become an excellent resource for use by professional drivers. Drivers are encouraged to keep all of the manuals together in a safe place and to refer to them from time to time whenever they want some clarification or guidance on how to approach a particular issue. The next few pages set out what the programme has to offer those attending, whether you are already working as a professional truck or bus driver, or you are new to the profession and want to become a qualified driver with a view to working in the transport industry. By following the guidance provided and adhering to ‘best practice’ outlined in this manual, you will significantly reduce the likelihood of being involved in a serious incident. These incidents could ultimately involve financial penalties, loss of business and a risk of being involved in a serious injury or fatal collision.

The course is broken down into modules covering a wide range of areas outlined in the Driver CPC EU Directive and Irish National legislation, which will be of interest to all professional bus and truck drivers and all good employers. Some areas may be new to you, in other parts it may simply be a case of refreshing your skills or knowledge – in either case I am certain that you will find the programme challenging, yet enjoyable.

Driver CPC covers key aspects such as the Health and Safety of professional drivers as well as the rational use of fuel and important road safety related matters. As such you will possibly have encountered some or many of these topics before. However these topics have such a significant impact on the safe movement of passengers and goods that key messages are repeated and/or reinforced.

The Board of the RSA considers Driver CPC to be a key step in our common aim to reduce death and serious injuries on our roads. There will also be benefits to the transport industry through eco-driving, lower insurance costs and a highly trained resource of professional drivers. By participating in Driver CPC training you will be developing and refreshing the knowledge and skills required for your profession. It will help you not only keep on top of your profession but also to remain a safe and socially responsible driver.

By taking this training at an RSA approved training centre you can be confident that the provider has met all the quality assurance targets required of an RSA registered training provider and is committed to helping you achieve your own personal objectives from this course.

Please be prepared to ask questions of your trainer and the group and to share your own experiences. By actively joining in with each training session you will be initiating and contributing to debate among your group of peers. Sharing your experiences and listening to others will help to benefit everyone and may in itself make an important contribution to Irish road safety.

Once you have completed any of the training you will be able to view your Driver CPC training record by logging onto the RSA website and visiting ‘MY CPC’ (see the guide at the back of this manual).

From there you can print off your record and if required, you can provide a copy to your employer to prove your status as a professional driver or use it to support a job application when applying for work as a professional truck or bus driver.

May I take this opportunity to wish you well with the course and I look forward to your contribution in the ever-increasing demand for quality drivers.



Yours sincerely

Moyagh Murdock
CEO

IMPORTANT

The RSA endeavours to provide you with the very latest information but please be aware that Road Traffic and other applicable legislation is continuously changing. As a consequence the information contained in this manual or provided via any of the related PowerPoint presentations is also subject to change. The RSA will continue to add up-dates or refresh the material from time to time but can in no way guarantee that this version contains the very latest information available. If you have any doubts about the validity of information contained within this manual or any of the presentation slides, please seek clarification from either your trainer, your employer or transport manager (as appropriate).

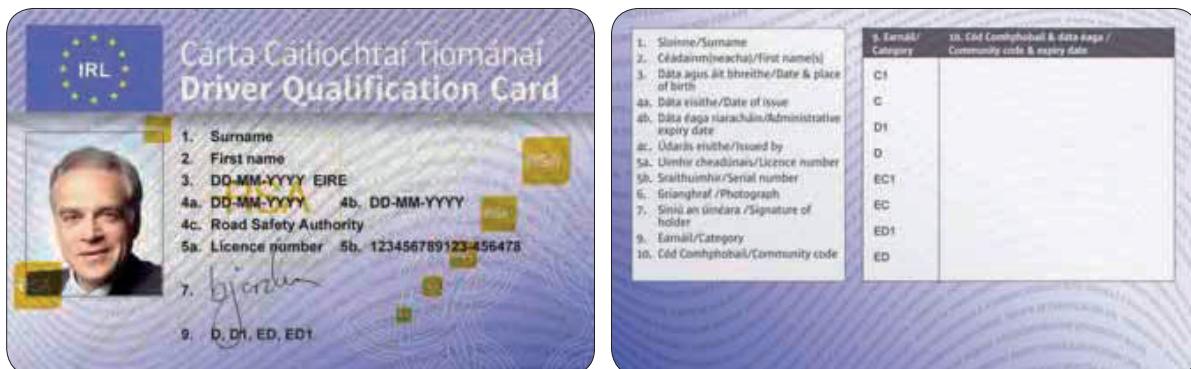
If necessary you may also wish to obtain independent legal opinion.

To ensure you have the latest version of this module, check our website for details, just click on the Driver CPC section of www.rsa.ie.

While every effort is made to ensure that the material in this manual is accurate at the time of going to press, it remains the responsibility of drivers to ensure they are informed of and familiar with all regulations, conditions and requirements relating to all aspects of their profession.

Sample CPC Card

Once you have completed your Initial Driver CPC you can apply for your Drivers Qualification Card.



A valid CPC Card must be carried at all times by the driver.



HEALTH AND SAFETY FOR THE PROFESSIONAL DRIVER

Fitness to drive

Session 1

The importance of physical and mental
ability to professional drivers

DRIVER
CPC MODULE
NUMBER

3.3

CONTENTS

	Page
Introduction	2
Overall Objectives of the Driver CPC Programme	3
Personal Objectives	4
Group Ground Rules	5
Obtaining or renewing a Driving Licence for HGV or PSV	6
Medical Report Requirements for obtaining your Driving Licence	7
Session 1 Objectives	9
Section A – Diet and Driver Health	10
Section B – Alcohol and the Professional Driver	21
Section C – Drugs, Medications and Driving	28
Section D – Effects of Fatigue	37
Section E – Stress and the Working Driver	47
Section F - Work/Life Balance	58

The contents of this manual is for information and discussion purposes only. It does not purport to be a manual on medical issues or conditions.

If you have any concerns about your own health you should immediately seek medical advice from your doctor or medical practitioner.

INTRODUCTION

Welcome to the Road Safety Authority's Approved Training Programme for the Drivers Certificate of Professional Competence. (CPC).

Initial and Periodic qualifications are an E.U. legal requirement to ensure that all professional drivers have good driving and safety standards, and that those standards are maintained throughout the drivers career.

The E. U. has encouraged its member states to provide better training for professional drivers. Many professional drivers in the E. U. are working without the benefit of training or the opportunity to regularly refresh their skills.

As a result, the E. U. introduced Directive 2003/59/EC, which makes it compulsory for member states to have a driver CPC programme for professional drivers.

In Ireland, this is given effect by S. I. 359 of 2008.

A professional driver for the purposes of this programme is a person who drives a truck or a bus for a living and has one of the following categories of driving licence; C1, C1E, C, CE, (trucks) and D1, D1E, D, DE, (buses). This course fulfils part of the requirements for CPC driver training under Directive 2003/59/EC.

The Directive identifies 17 distinct elements that drivers need to develop their skills/knowledge around:

- 10 of the elements apply to all licences (1.1, 1.2, 1.3, 2.1, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6).
- 4 are unique to bus drivers (1.5, 1.6, 2.3, 3.8).
- 3 are unique to truck drivers (1.4, 2.2, 3.7).

Penalties for non-compliance with Driver CPC Regulations.

Possible Fines for the Driver	Euro
Driving while not the holder of a valid CPC Card	€2,000
Driving while not carrying a valid CPC Card	€1,000
Failing to produce a valid CPC Card to a Garda	€1,000
Driving with fraudulent documentation	€5,000
Possible Fines for the Employer/Operator	
Allowing a non-compliant person to drive a vehicle	€5,000

Important. The items above highlighted with an asterisk are minimum legal requirements. Failure to comply with these requirements may result in a drivers CPC qualification being withdrawn. Continuing to drive without a valid drivers CPC qualification is an offence subject to penalties as set out in the table above.

The Directive requires new drivers to pass a number of theoretical and practical tests to obtain their Initial CPC and to drive professionally. These tests examine not only the persons driving skills but also their knowledge of road safety and the professional industry they are about to join.

*It also requires that once the person receives their Initial Qualification, then in each subsequent 5-year period all truck or bus drivers must undertake 35 hours of training, which is known as Periodic Training.

*Those who drive both a truck and a bus professionally must undertake 42 hours of training. Each training event must be a minimum of 7 hours and deal with one or more of the elements outlined in the Directive.

This module is in response to this requirement. The module may be taken as part of a driver's preparation for the Initial Qualification process, or as part of their Periodic Training.

It is recognised that many people who will participate in this training may be owner/operators, while others will work for transport organisations.

Please note, any time the text mentions `company` or `your employer`, those who are owner/operators should consider this to refer to them.

This training material will contain references to best practice (should) in relation to specific areas which all professional drivers should follow.

Your local arrangements or manufacturers guidelines for your vehicle may differ, and should be followed.

In areas where the term `must` refers to legislation, this should be read as absolute.

OVERALL OBJECTIVES OF THE DRIVER CPC PROGRAMME

The purpose of the CPC training programme is to confirm and expand on the existing knowledge and skills of each driver, ensuring professional drivers continue to be safe, courteous and fuel-efficient drivers who drive from a road-sharing perspective.

It is intended that the development of a defensive driving style - anticipating danger, making allowance for other road users – together with rational fuel consumption, will have a positive impact both on society and on the road transport sector itself.

In particular it is designed to ensure that drivers know

- the characteristics of the transmission system in order to make the best possible use of it
- the technical characteristics and operation of the safety controls in order to control the vehicle, minimize wear and tear and prevent disfunctioning
- how to optimize fuel consumption
- how to load the vehicle (goods) with due regard for safety rules and proper vehicle use
- how to load the vehicle (passenger) with due regard for safety rules and proper vehicle use
- how to ensure passenger comfort and safety
- the regulations governing the carriage of goods
- the social environment of road transport and the rules governing it
- the regulations governing the carriage of passengers
- the risks of the road and of accidents at work
- how to prevent criminality and trafficking in illegal immigrants
- how to prevent physical risks
- their responsibility as a driver for managing their own health and only to drive when medically fit to do so.
- the importance of physical and mental ability
- how to assess emergency situations
- how to adopt behavior to help enhance the image of the company
- the economic environment of road haulage and the organization of the market
- the economic environment of the carriage of passengers by road and the organization of the market

This module – Health and Safety for the Professional Driver - deals with the awareness of the importance of physical and mental ability, and preventing physical risks.

In session 1 of this module we will look at diet and fitness to drive. The first part of session 1 covers healthy eating options, the reasons for it, and healthier lifestyle choices.

In the second part of session 1, we will look at the effects of alcohol, drugs, and other substances on a drivers capability, and at the critical effects which stress and fatigue can have on a driver.

In session 2 of the module, we will look at how to prevent physical risks, the importance of physical fitness, movements and postures which pose a risk, ergonomics, handling exercises, and personal protection equipment.

There will be knowledge testing at the end of each section to give everyone an opportunity to recap on what they have learned so far, and to create an opportunity to discuss and clarify any issues or areas of confusion.

PERSONAL OBJECTIVES

The Road Safety Authority provides the material for drivers who attend the Driver CPC courses. However, it is important that you reflect on what you would like to get from the course yourself .

Q1. What do I hope to get out of this training?

Your Response

Q2. What would I like to see happening during the training that would help me in my day-to-day working arrangements?

Your Response

Q3. What could happen during the training that could prevent me being able to benefit from it?

Your Response

Typical Driver CPC Training Arrangements



The RSA sets down standards for the CPC Training Organisations to follow. If you are not satisfied with any of the training room arrangements, please raise the matter with your CPC Trainer in the first instance. If it is not possible to resolve the issue, please refer to the CPC Training organisation. Finally, if you remain dissatisfied, please bring the matter to the attention of The Manager, Driver Education Section, RSA, by emailing cpc@rsa.ie



GROUP GROUND RULES

The course trainer will facilitate a discussion aimed at agreeing a set of `Ground Rules` by which the class agrees to abide.

By abiding by these rules the class will;

- Cover the required material
- Finish on time
- Not have people disrupting the training
- Be able to concentrate
- Not be distracting each other

By agreeing a set of rules together we all have an opportunity to clearly understand what is expected of ourselves and others.

By obeying your agreed rules, drivers can be confident that they will be able to avoid issues like those listed above. The day will be more enjoyable and easier to follow if we all observe the set of agreed ground rules.

Please consider what sort of things can or should be included and contribute to the discussion.

You may wish to note what has been agreed by the group in the box below.

Agreed Ground Rules



OBTAINING OR RENEWING A DRIVING LICENCE FOR HGV OR PSV FROM 19-JAN-2013.

From 19 January 2013, all new driving licences and renewals will be in the new `credit card` format.

Driving licences which are issued for categories C1, C, C1E, CE, D1, D, D1E, DE will have a maximum validity period of 5 years.

Ongoing renewal and validity of those licences will be subject to continuing compliance with minimum standards of physical and mental fitness for driving as set out in 'Slainte agus Tiomaint Medical Fitness to Drive Guidelines' and or advised by your doctor.

Age limits for driving licences not obtained through the CPC Initial Qualification process have increased to 21 years for truck licences and to 24 years for bus licences.

Please note that if you are the holder of a licence from an EU country other than Ireland, or hold a licence from a recognised country for licence exchange purposes, you should contact the NDLS to arrange for a licence exchange and Medical Report.

Regardless of the rules relating to applying for a Driving Licence, it is essential for your own benefit and for the benefit of other road users that you maintain a high level of fitness to drive. For this reason, a driver who is applying for or renewing a Driving Licence in any or all of Categories C, C1, CE, C1E, D, D1, DE, D1E must always supply a Medical Report.

For Licensing purposes these drivers are known as Group 2 Drivers.

The Medical review period for licensing a Group 2 driver is 1, 3 or 5 years. Group 2 standards are minimum standards and do not preclude employers setting higher standards in terms of the demands of driving and other tasks encountered in the course of employment.

At application for or renewal of a Group 2 Driving Licence, the driver will be asked to self-declare any of the conditions referred to on the following page. If a condition emerges mid-licence, the driver has a responsibility to discuss with their doctor how this affects or does not affect their medical fitness to drive a Group 2 or Group 1 vehicle in the short or long term.

Be a responsible driver

It is your responsibility as a driver to:

- Adhere to prescribed medical treatment and monitor and manage your condition(s).
- Report to the National Driver Licence Service (NDLS) and your insurance provider any long-term or permanent injury or illness that may affect your ability to drive safely:
- Comply with requirements of your licence as appropriate, including periodic medical reviews.
- Seek advice on medical fitness to drive where a medical condition emerges mid-licence.

MEDICAL REPORT REQUIREMENTS FOR OBTAINING YOUR HIGHER CATEGORY DRIVING LICENCE.

The following medical conditions require a declaration at application for and renewal of a Driving Licence.

1. Diabetes treated by insulin or managed by tablets which carry a risk of inducing hypoglycaemia e. g., sulphonylureas. (Ask your doctor whether you are on sulphonylureas or other medications which carry a risk of inducing hypoglycaemia. You do not need to tell the NDLS if managed by diet alone, or only by medications which do not carry a risk of inducing hypoglycaemia).
2. Epilepsy.
3. Stroke or TIAs (Transient Ischemic Attack – minor stroke) with any associated symptoms lasting longer than one month.
4. Fits or blackouts.
5. Any type of brain surgery, brain abscess, or severe head injury involving in-patient treatment, or brain tumour, or spinal injury or spinal tumour.
6. An implanted cardiac pacemaker.
7. An implanted cardiac defibrillator. (ICD).
8. Repeated attacks of sudden disabling dizziness.
9. Any other chronic neurological condition such as Multiple Sclerosis, Motor Neurone disease, Parkinsons disease, and Huntingtons disease.
10. A serious problem with memory, or periods of confusion.
11. Persistent alcohol misuse or periods of dependency.
12. Persistent drug misuse or dependency.
13. Serious psychiatric illness or mental health problems.
14. Sleep Apnoea Syndrome.
15. Narcolepsy.
16. Any condition affecting the drivers peripheral vision.
17. Total loss of sight in one eye.
18. Any condition affecting both eyes, or the remaining eye if the driver only has one eye. (Not including colour blindness or short or long sight).
19. A serious hearing deficiency.
20. Any persisting problem with arm(s) or leg(s) which needs driving to be restricted to certain types of vehicles, or vehicles with adapted controls.
21. Is the drivers vehicle adapted because of a physical disability to enable you to drive.
22. Severe learning disability.

Different intervals as to medical examinations derive from legal standards made by provisions in European Directives 2006/126/EEC, Directives 2009/113/EC and 2014/85/EU : The renewal of driving licences shall be subject to continuing compliance with the minimum standards of physical and mental fitness for driving set out in European Directives. In particular the minimum standards for Vision, Epilepsy, Diabetes and Sleep Apnoea are set out in these harmonising European Directives and have subsequently been adopted by Irish law.

The European Agency for Safety and Health at Work (<http://osha.europa.eu>) has established that many professional drivers suffer from lower back pain, overweight, cardiovascular and respiratory diseases, work related stress, fatigue, sleep disorders, unhealthy diet, neck and shoulder pain, alcohol abuse and smoking.

Outline of a typical training day.

The trainer will firstly carry out a registration session, gathering each participants details, including name, driver number and PPS Number. The trainer will also check to ensure that all participants are attending the correct training module. If a driver should inadvertently attend the wrong training module, additional significant costs will be incurred by him or her to complete a further training day to correct the error. The trainer will then carry out a short briefing session outlining the days agenda and informing drivers on typical housekeeping arrangements such as break times, emergency procedures, no smoking rules, no phone calls, etc. The trainer will then carry out introductions during which he/she and all course participants will give a short introduction of themselves and a brief description of their driving career to date. These introductions will help the trainer to plan the delivery of the days training. During the course, the trainer will seek to engage each participant and draw on their driving experiences to date, good or bad.

This module – Health and Safety for the Professional Driver - is divided into two separate sessions. Generally speaking, Session 1 is covered before the main break, which is then followed by Session 2. The table below sets out the 6 training aims for Session 1 along with an indication of the E. U. Directive requirements being covered.

> SESSION 1 OBJECTIVES

Objective heading

Awareness of the importance of being fit to drive.

Directive text

Principles of healthy, balanced eating, impact of alcohol, drugs or any other substance likely to affect behaviour, symptoms, causes, effects of fatigue and stress, fundamental role of the basic work/rest cycle.

Training Aim

On completion of this session you will be able to understand:

1. The importance of a healthy balanced diet in relation to road safety and fitness to drive
2. The influence of alcohol, drugs and other substances on road safety, the family and society
3. The costs related to absence from work due to illness
4. How fatigue affects the human body
5. The effects of job related stress
6. The importance of the basic work/rest cycle

SECTION A – DIET AND DRIVER HEALTH

Healthy eating is important for many reasons. Healthy, balanced eating habits provide nutrients to your body.

This is particularly important for the professional driver as nutrients give you energy and keep your heart beating, your brain active and your muscles working.

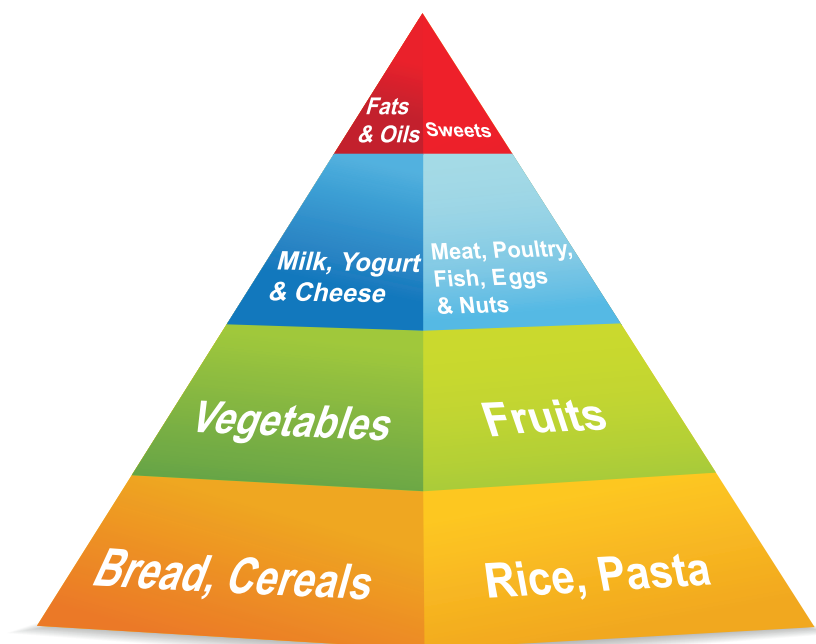
Foods provide fuel for our bodies to work properly. Nutrients help build and strengthen bones, muscles and tendons, and also regulate body processes, such as blood pressure. As you plan healthy meals, keep these three points in mind:

- **Balance:** A balanced diet helps ensure that you get all the nutrients you need.
- **Variety:** Eat a wide variety of foods. No one food provides all the nutrients you need. Choose a wide variety among and within the food groups.
- **Moderation:** Use moderation as your guide for everything, including the calories you eat each day, your exercise and other activities, your desserts and sweets, and even your restrictions. Moderation lets you eat all foods.

Three essential nutrients (macronutrients) are protein, carbohydrate and fat. They provide energy (as measured in calories) to the body.

Regrettably, because of the nature of their work, professional driving can place additional challenges on those trying to maintain a healthy lifestyle. Examples of these challenges are irregular meal patterns, being away from home and the guaranteed availability of healthy foods, which can all lead to lower levels of health. Drivers must work hard to overcome these challenges and the information in this and following sections is provided to assist.

Use the food pyramid to plan your healthy food choices everyday.



Nutrient	Function	Sources
Protein	Provides energy; builds and repairs body cells; is part of various enzymes, hormones, antibodies	Meat, poultry, fish, eggs, legumes (such as lentils), milk and milk products, vegetables, grains
Carbohydrate	Provides energy needed by the brain, nervous system, red blood cells and other cells	Breads, cereal grains, pasta, rice, fruit, vegetables, milk, sugar
Fat	Provides energy and essential fatty acids; carries other fat-soluble nutrients (vitamins); is part of cell membranes, membranes around nerves, hormones, bile (for fat digestion)	Meat, poultry, fish, milk and milk products, nuts and seeds, oils, butter, margarine, salad dressing

List of essential Vitamins and Minerals

Name	Function	Source
Vitamin A	Eyes, Skin, Growth, Bones, Teeth.	Milk, Butter, Dairy Products
Vitamin B	Nerves, Muscles.	Meat, Fish, Peas, Cereals.
Vitamin C	Protect against Diseases	Citrus Fruit, Cabbage, Broccoli, Cauliflower.
Vitamin D	Absorb Calcium	Meat, Fish, Dairy Products
Vitamin E	Protects the immune system	Fish, Vegetables, Fruit
Vitamin K	Helps the blood to clot	Dark green Vegetables
Iron	Protects against Fatigue, Infections	Meat, Poultry, Fish
Calcium	Muscles, Bones Teeth	Milk, Dairy Products
Zinc	Healing	Meat, Fish, Beans
Selenium	Protects the Immune System	Meat, Fish.

Approximately three quarters of your food intake should come from plants – vegetables and fruit, and one quarter from meat, fish, poultry and eggs.

It normally takes between 48 and 72 hours for food to pass through the digestive system.

Water helps to break down food and to remove toxins from the body, and prevents dehydration.

You should drink sufficient fluid each day to ensure you do not become dehydrated.

Vitamins and Minerals

Vitamins and minerals are known as micronutrients. They play many important roles in the structure and function of your body, such as making new cells and promoting wound healing.

In addition to the essential nutrients, foods also contain non-nutrients that can affect your body. These include fibre and phytochemicals (found in plants), many of which are protective against disease. Some of these compounds act as antioxidants, which protect the body's cells from damage. For example, lycopene is an antioxidant that is found in tomatoes and tomato products.

Diet and your performance while driving

Concentration, and therefore safe driving, will be improved by regular meals timed to fit in with rest breaks, rather than continuous snacking while on the move. Regular meals are far preferable to snacks, when attempting to control diet. Meals based on protein-containing foods such as: meat, fish, eggs, cheese and peas or beans, and slowly digested calories such as pasta, bread, rice and vegetables, will keep you satisfied and prevent hunger for longer than those high in sugar. When driving through the night, or on early-morning or late-night shifts, you need to consider the following:

- An additional meal is desirable at the beginning and in the middle of a period of work.
- At the start of night work when normal sleeping patterns have been customary, digestion is likely to be less efficient; you may need to adjust the amount and type of food eaten.
- If it is not possible to find a meal other than one containing a high fat or sugar content or quick release calories, it may be better to prepare your own food in advance.
- Care should be taken to balance eating patterns for the rest of the day to avoid an excessive intake of calories.

Making healthy fast food choices

Stick to these simple ground rules:

- Eat a variety of foods in moderate amounts.
- Use less salt on your food. Carry seasonings in your cab so you can add extra flavour without the extra salt.
- Avoid foods labelled jumbo, giant and super-sized. Larger portions mean more calories. Order a regular portion instead.

- Choose sandwiches with fillings such as lean roast beef, turkey or chicken breast.
- Request that special sauces or added dressings be left off your order, and add lots of vegetables to the mix.



By healthy eating, drivers can lower their risk of disease

Healthy foods can help you prevent and treat disease. Eating more fruit and vegetables may help lower blood pressure and may lower your risk of lung, oral, esophageal, stomach and colon cancer. Eating less saturated fat may also lower your risk for cancer and heart disease. Healthy eating also may reduce the risk of:

- Heart disease and stroke. Eating plenty of fruit, vegetables and whole-grain products that are high in fibre may lower your risk of heart disease and stroke.
- High cholesterol. Eating less saturated and trans fat and cholesterol can lower your risk of high cholesterol and coronary artery disease (CAD).
- High blood pressure. Eating plenty of fruit and vegetables (8 to 10 servings per day), following a low-fat diet, eating low-fat dairy products (3 servings per day) and reducing salt intake can lower high blood pressure and reduce your risk of heart disease and stroke.

- Taking multi-vitamin supplements is not a substitute for eating a good balanced healthy diet.
- Osteoporosis. Getting enough calcium and vitamin D may help protect you from osteoporosis. Calcium is found in dairy products, some leafy green vegetables and in foods that are calcium-enriched. Vitamin D is found in vitamin D-fortified milk, egg yolks, liver and saltwater fish.

Controlling high blood pressure

High blood pressure increases your risk of having a heart attack, stroke or kidney disease. To keep your blood pressure under control, drivers should follow this advice.

- Talk with their healthcare professional or doctor at least on an annual basis.
- Take any medications as prescribed. If they don't understand how to take the medication, ask questions.
- Maintain a healthy weight.
- Eat in heart healthy ways: plenty of fruit and vegetables, low fat dairy products. Moderate total fat intake.
- Remember that most processed foods already have a high salt content.
- Only drink alcohol in moderation, if at all.
- Strive to be active a minimum of 30 minutes every day, with brisk walking or cycling. Two 15-minute periods are fine if they don't have a 30-minute block of time available.
- Avoid excessive caffeine intake, a stimulant that may raise blood pressure. Coffee, tea and minerals may contain large amounts of caffeine.

Cholesterol

Cholesterol is a fatty substance which is made within the human body, and is found in the blood.

It plays an essential role in how every cell in the body works.

However, too much cholesterol in the blood can increase the risk of coronary or artery disease.

The cholesterol gets trapped in cells that line the inside of the arteries, causing them to narrow.

This reduces blood flow, and can lead to arteries becoming blocked, which can lead to a heart attack.

High cholesterol – You may be able to lower cholesterol levels by eating foods low in saturated and trans fats and cholesterol, and high in soluble fibre.



Diabetes

Note;- Hypoglycaemia is the medical term for a low blood glucose/sugar level.

Drivers with diabetes which is treated with insulin or with oral medications with potential for hypoglycaemia (such as sulfonylureas and glinides) who wish to apply for a Group 2 Driving Licence (truck or bus licence with or without a trailer entitlement) must meet the following qualifying conditions;

- Have not had an episode of hypoglycaemia requiring the assistance of another person in the preceding 12 months.
- Must have appropriate awareness of hypoglycaemia at appropriate glucose level.
- Must demonstrate an understanding of the risks of hypoglycaemia.
- Will not be able to apply until their condition has been stable for a period of at least one month.
- Must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving. A glucose meter with a memory function to measure and record blood glucose levels must be used.
- At the annual examination by a consultant endocrinologist, 3 months of blood glucose readings must be available.
- Must have no other condition which would render them a danger when driving Group 2 vehicles.
- They will be required to comply with the directions of doctors(s) treating the diabetes and to report immediately to the NDLS any significant change in their condition.

Drivers with insulin treated diabetes must take the following precautions:

- They must always carry their glucose meter and blood glucose strips with them. They must check their blood glucose before the first journey, and every 2 hours whilst they are driving.
- In each case if blood glucose is 5.0mmol/l or less, take a snack. If it is less than 4.0mmol/l or you feel hypoglycaemic, do not drive.
- If hypoglycaemia develops while driving, they must stop the vehicle as soon as possible.
- Switch off the engine, remove the keys from the ignition and move from the driver's seat.
- Not start driving until 45 minutes after blood glucose has returned to normal. It takes up to 45 minutes for the brain to recover fully.
- Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle.
- They should carry personal identification to show that they have diabetes in case of injury in a road traffic accident.
- Particular care should be taken during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy.
- They must take regular meals, snacks and rest periods on long journeys. Always avoid alcohol.

Drivers with Diabetes treated by any other Non-Insulin Medication, or Diet, or both.

Drivers do not need to tell the NDLS if their diabetes is treated by tablets (other than sulfonylureas and glinides), or diet, or both, and they are free of the complications listed below. Drivers should check with their doctor if they are uncertain.

- Early symptoms of hypoglycaemia include; Sweating, shakiness, trembling, feeling hungry, fast pulse, palpitations, anxiety, tingling lips. If these symptoms are not treated they may result in more severe symptoms such as; Slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour which may be mistaken for drunkenness. If left untreated, these symptoms may lead to loss of consciousness.
- Severe hypoglycaemia.

This means that the assistance of another person is required. The risk of hypoglycaemia is the

main danger to driving safety and can occur with diabetes treated with insulin or tablets or both. This may endanger their own life as well as that of other road users. Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of the condition. If drivers get warning symptoms of hypoglycaemia they must stop driving as soon as possible.

- Some people with diabetes develop associated problems that may affect their driving.

Drivers must not ignore the warning symptoms of hypoglycaemia.

What you need to tell the National Driver Licence Service (NDLS) about.

Drivers must tell NDLS if any of the following applies:

- They have suffered more than one episode of severe hypoglycaemia within the last 12 months. They must also tell if they or their medical team feel they are at high risk of developing severe hypoglycaemia. For Group 2 drivers (bus/ lorry), one episode of severe hypoglycaemia must be reported immediately.
- They have developed an impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).
- They suffer severe hypoglycaemia while driving.
- They need treatment with insulin.
- An existing medical condition gets worse or they develop any other condition which may affect their ability to drive safely.
- They develop any problems with the circulation or sensation in their legs or feet which make it necessary for them to drive certain types of vehicles only, for example automatic vehicles or vehicles with a hand-operated accelerator or brake. This must be shown on their driving licence.
- An existing medical condition gets worse or they develop any other condition which may affect their ability to drive safely.
- Their doctor, specialist or optician tells them to report their condition to the NDLS.

In the interests of road safety drivers must be sure that they can safely control a vehicle at all times.

Obesity

It is a worldwide problem, but is particularly prevalent in Ireland including among professional drivers. It;

- is closely associated with Type 2 diabetes.
- increases the risk of heart attacks, strokes and cancer.
- increases the risk of arthritis, osteoporosis, depression and acne.
- leads to high cholesterol, high blood pressure, sleep apnoea, gout, hypertension, gallstones, fluid retention, anxiety and migraine headaches.
- leads to a poor quality of life, higher stress levels and poorer relationships.
- reduces concentration and productivity, leading to increased driver distraction.
- increases fatigue, and reduces self-confidence.

Metabolism

This is the process by which the body burns calories – the higher the metabolism, the more calories are burned.

Metabolism can be speeded up by

- regular exercise
- healthy eating
- drinking more water
- eat a proper nutritious breakfast
- avoiding large meals after 7 p.m.

Breakfast

Breakfast is one the most important meals of the day.

Most cereals and orange juice products that are available on supermarket shelves are high in sugar content and should be avoided.

A good breakfast consists of some fresh fruit, porridge, muesli or bran cereal, scrambled or poached eggs or omelettes, wholegrain or brown bread toast, tea or coffee with low-fat milk, and no sugar.

It is understood that it can be difficult for professional drivers to follow regular and healthy mealtimes, and as already mentioned, it is essential that they do all they can to maintain a healthy lifestyle and to follow this important advice.

Feeling Unwell

Common conditions such as colds, flu, migraine, stomach upsets, hay fever, etc., can affect your ability to drive safely. For example, the symptoms of a cold (headache, blocked sinuses, sneezing, tiredness) if severe enough, can impair your concentration, reactions and judgement.

Drivers can be tempted to `push on` when it would be safer not to drive until they are feeling better.

If you start to feel ill while driving, stop the vehicle somewhere safe. If the condition is not serious, you may feel well enough to continue after a short break, a warm drink or some medication. However, if you find that your concentration is affected, you should make other arrangements to continue your journey.

If you think that you are unfit to drive for any reason, do not drive. Contact your line manager to explain and to allow alternative arrangements to be made.

Know heart attack and stroke warning signs

Coronary heart disease is the number one killer in most European countries, and stroke is the number three. Be prepared to obtain help if these symptoms occur in yourself or to provide help to someone else.

Most important: Quickly dial 112. Every second counts in an emergency, so don't wait more than 5 minutes to call for help. Many people can now benefit from medications and treatments which were unavailable in the past. For example, clot-busting drugs can stop some heart attacks or strokes in progress, if given in time.

Please note that using the older 999 number will also provide access to emergency assistance.

Heartburn or Heart Attack?

Heart attacks need to be dealt with immediately. The odds of surviving a heart attack are significantly improved if you are treated within 90 minutes of experiencing the first symptoms.

Despite being a medical emergency, too many people delay calling for an ambulance when symptoms start.

A likely explanation for this is that people know only one of the main symptoms of a heart attack - chest pain - but don't know the others. Even then, if the chest pain is mild, heart attack victims often put it down to a bad case of heartburn or indigestion. So how can you tell the difference?



Heart Attack Warning Signs

The common or 'classic' symptoms of a heart attack include:

- Pain in the centre of the chest
- Chest pain which spreads to the arms, neck or jaw
- Chest pain and feeling sick or sweaty
- Chest pain and shortness of breath
- Dizziness or nausea

The less common symptoms of a heart attack include:

- A dull pain, ache, or 'heavy' feeling in the chest
- A mild discomfort in the chest that makes you feel generally unwell
- A pain in your chest that can spread to the back or stomach
- A chest pain that feels like a bad episode of indigestion

Feeling light-headed or dizzy as well as having chest pain

Heart attack symptoms differ from person to person. Chest pain can vary from mild discomfort in the centre of the chest to severe pain which is often described as a heavy pressure, crushing or tightness.

For others, the chest pain may be relatively mild, but accompanied by some of the other symptoms, so recognising a pattern of symptoms is key - 'heartburn' with breathlessness and sweating needs to be checked out.

Both men and women can experience common or uncommon symptoms of a heart attack, or even a combination of both. Either way, they need to be dealt with immediately.

Eating fatty fish and marine omega-3 fatty acids can help reduce the risk of heart failure

Fresh garlic is better for your heart than dried garlic

Stroke warning signs

The Stroke Association states these are the warning signs of stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body;
- Sudden confusion, trouble speaking or understanding;
- Sudden trouble seeing in one or both eyes;
- Sudden trouble walking, dizziness, loss of balance or coordination;

- Sudden, severe headache with no known cause.

Remember the acronym FAST. (Face, Arm, Speech, Time) which outlines the most common indicators when someone is experiencing a stroke.

Stroke - Lifestyle Risk Factors which you can change

- High Blood pressure.
- High Cholesterol.
- Smoking.
- Poor diet.
- Alcohol.
- Physical inactivity.
- Diabetes.
- Irregular heartbeat.

Risk factors which you cannot change.

- Age.
- Gender,
- Family history
- Ethnicity,
- Medical conditions.
- Other diseases of the heart

Call 112 or 999 if stroke symptoms become apparent.



Refer to www.stroke.ie /open 24 hours/fastcampaign for further information.



Stop smoking

Smoking increases your risk of stroke, heart disease, peripheral artery disease and several forms of cancer.

You may reduce your risk in these areas by making a decision to stop smoking.

You have to make the decision to stop. Make a plan and stick to it. Tell family, friends, and co-workers about your decision to stop, and enlist their support.

Consciously consider the reasons why you want to stop, such as improving your health or spending less money on cigarettes. Plan for the challenges you will face during this process.

Eliminate all cigarettes and tobacco products from your home, work and environment.

Talk to your doctor about your plans.

Smokers should take a vitamin C supplement as smoking reduces the normal level of vitamin C.

They should also drink more water so as not to become dehydrated. Nicotine is addictive because it calms you and satisfies a craving. You may think you feel good while smoking, but you'll feel even better when you stop.

Under the Safety Health and Welfare at Work Act, 2005, vehicles are defined as a Place of Work and drivers are reminded that the vehicles being driven are their places of work in which the smoking ban applies.

Workplace smoking bans have already been introduced in several EU countries and are likely to become more widespread.

It is worth reminding drivers that many non-smoking workers are particularly concerned with environmental tobacco smoke –secondary smoking.

Drivers also need to comply with their organisations policy on Driving for Work.

Recent reports indicate that 70,000 people in Ireland quit smoking in 2014.

Why should I quit?

Everyone has their own reasons for wanting to quit – here are the most common reasons why drivers try to quit:

- To improve their health and reduce the risk of life-threatening diseases
- To enjoy a better quality of life, to be fitter and healthier
- To be a better role model for family and friends
- To have more money in their pocket
- To regain control over their life – smoking wont dictate your daily routine
- To improve their image, have better skin, teeth, hair and nicer smelling clothes
- To reduce the work they have to do to keep their home and vehicle clean
- To improve the quality of the air in their home for your family and friends
- To improve their self-esteem and be better able to deal with the stresses of life

Smoking facts

- 1 in every 2 smokers will die from a smoking related illness
- Most smokers (83%) regret that they ever started smoking and would not smoke if they had the choice again
- Smoking takes 10 to 15 years quality years off your life
- Every 6.5 seconds someone in the world dies from tobacco use
- Every cigarette a person smokes shortens their life by 5.5 minutes
- In Ireland, smoking is the leading cause of avoidable death. Nearly 5.5 thousand people die in Ireland each year from the effects of smoking and thousands of others are ill because of the effects of smoking



If you need advice or information on how to stop smoking, call Freephone 1800 201 203, or visit www.quit.ie

Eyesight

Drivers/staff who drive should take an eyesight test every two years, or when they suspect they have a problem – whichever is sooner. If they are prescribed spectacles or contact lenses for driving, they must always wear them when driving, in accordance with the requirements of their driving licence. It is a drivers responsibility to ensure that spectacles or contact lenses remain appropriate for correction of their eyesight. Spectacles or contact lenses with tinted or photochromic (light-sensitive) lenses that may affect their vision at night should not be worn except under the advice of their optometrist.

Medical conditions that can affect your vision include glaucoma, diabetes, stroke, heart disease and diplopia.

In summary, what can the professional driver do?

Being on the road can make healthy living difficult. A lack of activity and fast food dining can add up to health risk at any age. Making good choices is possible, and here are a few important tips and resources:

- Making healthy food choices.
- Controlling high blood pressure.
- Exercise regularly.
- Know heart attack and stroke warning signs.
- Quit smoking.
- Speak to your doctor if you have any concerns about any aspects of your health.

Fitness to Drive

Drivers are legally required to inform the NDLS and their employer of any medical condition or any change in their physical or mental health that may affect their ability to drive safely.

Often by properly managing a physical or mental condition drivers can avoid losing their driving license.



SELF-ASSESSMENT OF KNOWLEDGE

Please complete the following questions to help assess your understanding of this section.

Q.1 What are the common symptoms of a heart attack?

Your Response

Q.2 Healthy eating can reduce the risk of what? Name 3 things

Your Response

Q.3 How many helpings of fruit and vegetables per day are recommended?

Your Response

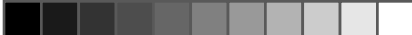
Q.4 What 3 points should you keep in mind when planning healthy meals?

Your Response

Q.5 What are the 3 essential nutrients?

Your Response





Q.6 What is the function of protein?

Your Response

Q.7 If you smoke, why should you stop?

Your Response

Q.8 What are the symptoms of a stroke?

Your Response

Q.9 What emergency numbers should you call if someone is suffering a heart attack or a stroke?

Your Response

- or -

Q.10 What medical conditions can affect your eyesight?

Your Response

Having completed these questions, your trainer will discuss typical answers with the group to ensure that drivers have a comprehensive understanding of the information and guidance provided. If you would like more information on any of the issues raised during this exercise, ask your trainer who will be pleased to discuss the issues and will encourage other participants to share their experiences to the benefit of all.

This concludes the section on Diet and Driver Health.



SECTION B – ALCOHOL AND THE PROFESSIONAL DRIVER

Drinking alcohol seriously affects driving ability. It reduces co-ordination, decreases reaction time and impairs judgement of speed and distance, and also gives a false sense of confidence. The risk of an accident increases sharply for drivers who are above the legal limit. The driving standard of many people who believe themselves to be perfectly sober is seriously affected well below this limit.

Around one third of all drivers, motorcyclists and pedestrians who are killed in road accidents have alcohol levels above the legal limit for driving. Driving above the legal limit means you may lose your driving licence for a long period and can mean a heavy fine or imprisonment.

In the Road Traffic Bill 2009, Professional Drivers (PSV/HGV) and learners are known as specified persons, and as such are subject to lower alcohol limits while driving in specified vehicles. As a professional driver, you have an obligation to be aware of this law.

The effects of alcohol in the body.

Alcohol is a depressant drug of the central nervous system which takes effect quickly, but wears off slowly.



It takes just a few minutes to act – even less on an empty stomach.

It quickly passes into the blood stream and all around the body, including the brain.

Alcohol causes loss of balance, poor muscle co-ordination, and slows down reactions.

It blurs vision and reduces awareness.

Long-term heavy alcohol abuse can have the following effects on the body

- Heart damage
- High blood pressure and stroke
- Liver damage
- Cancer of the digestive system
- Stomach ulcers
- Impotence and reduced fertility
- Sleeping difficulties
- Mood and personality changes
- Concentration and memory problems

The body eliminates alcohol at an approximate rate of one unit per hour.

ONE REGULAR PINT IS TWO UNITS OF ALCOHOL.

Driving under the influence of alcohol can mean the loss of your job and income, and can incur a cost in human suffering and misery which is beyond measure.

Family, relationships and personal finances can all suffer greatly due to alcohol abuse.

THE MORNING AFTER.

Many drivers caught drink driving are caught the morning after they have been drinking. It takes several hours for alcohol to disappear from the body, so if you were drinking the previous night, you could easily still be over the limit on your way to work the next morning. Even if you are under the legal limit, you may still be affected by the alcohol in your body.

As a professional driver, it can be more challenging to meet the legal requirements that apply. For example, following a ‘rest period’, extra care is needed to ensure that you are fit to drive.

The best advice is never ever drink and drive or drive under the influence of an intoxicant. The only safe limit is a zero limit.

Why is drink driving so dangerous?

Alcohol diminishes one's driving skills at all possible levels. The driving task can be divided into three different levels. At the lowest level there are the tasks dealing with maintaining a proper speed and keeping course (steering, accelerating, braking, etc.). Most of the skills related to this level, such as tracking performance, reaction times and visual detection, already begin to deteriorate. At the intermediate level, decisions are made dealing with particular traffic situations (can I safely overtake that other car, do I have to give way, etc.). Skills related to this level are dividing attention, scanning capabilities and, more in general, information processing. These skills also



begin to deteriorate at very low BAC levels. At the highest level, decisions are made whether one should drive or not. It is well known that after consuming alcohol, self-control becomes less stringent and, when even a little bit drunk, people are more inclined to think that they are still able to drive safely.

What are effective measures?

The problem of drink driving is not new and very many measures have been taken. A very successful measure was the introduction of pocket-size breath-testing devices by the Garda back in the 1970s. Despite the fact that drink drivers now know that they can be caught and that sanctions are tough, and despite public opinion regarding drink driving having changed considerably (most people in Europe nowadays wholeheartedly disapprove of drink driving), alcohol impaired drivers are still involved in a large number of crashes.

Blood/Alcohol Concentrate. The Legal Limit.

The legal limit is not the same in all EU member states. Some EU member states have different penalties for different limits.

- An increasing number of EU countries are lowering their BAC limits to be in line with EU recommendations on the maximum BAC legal limit.

- 18 E. U. countries apply lower BAC limits for commercial/ professional or novice drivers (0.0 to 0.2 BAC)

The table below details the various restrictions that apply to standard, professional and novice drivers. These limits can change from time to time.

BAC limits across the EU (Effective 2012)

	Standard	BAC Commercial Drivers	BAC Novice Drivers
Austria	0.5	0.1	0.1
Belgium	0.5	0.5	0.2
Bulgaria	0.5	0.5	0.5
Cyprus	0.5	0.5	0.5
Czech	0.0	0.0	0.0
Denmark	0.5	0.5	0.5
Estonia	0.2	0.2	0.2
Finland	0.5	0.5	0.5
France	0.5	0.5 (0.2 bus drivers)	0.2
Germany	0.5	0.0	0.0
Greece	0.5	0.2	0.2
Hungary	0.0	0.0	0.0
Ireland	0.5	0.2	0.2
Italy	0.5	0.0	0.0
Latvia	0.5	0.5	0.2
Lithuania	0.4	0.2	0.2
Luxembourg	0.5	0.1	0.1
Malta	0.8	0.8	0.8
Netherlands	0.5	0.2	0.2
Poland	0.2	0.2	0.2
Portugal	0.5	0.5	0.5
Romania	0.0	0.0	0.0
Slovakia	0.0	0.0	0.0
Slovenia	0.2	0.0	0.0
Spain	0.5	0.3	0.3
Sweden	0.2	0.2	0.2
UK	0.8	0.8	0.8
Scotland	0.5	0.5	0.5

REMEMBER

You are legally obliged to carry your driving licence with you when you drive a vehicle. If you cannot produce it for inspection to a Garda, you will be tested at the lower blood/alcohol limit of 20 mg per 100 ml of blood. Drivers who may be 'on call' should not consume alcohol in the previous 24 hours.

If you are convicted of a drink driving offence while driving a car, any subsequent driving ban will mean that you will also lose your bus and/or truck entitlement.

As a professional driver it is essential to understand the BAC limits that apply here in Ireland. The main points are listed below.

KNOW THE LOWER DRINK DRIVE LIMITS AND THE NEW PENALTIES

Under the new limits if the level of alcohol present in the body (Blood Alcohol Concentration or BAC) is between:

**50mg
& 80mg**



The driver will be arrested, brought to a Garda Station and required to provide evidential breath or blood or urine specimens. In all cases where the BAC is between 50mg and 80mg, the driver will be served with a fixed penalty notice and receive a fine of €200 and 3 penalty points. Points will remain on a licence record for a period of three years. Any driver accumulating 12 points in a three year period will be disqualified from driving for a period of 6 months.

Under the new limits if the level of alcohol present in the body (Blood Alcohol Concentration or BAC) is between:

**80mg
& 100mg**



The driver will be arrested, brought to a Garda Station and required to provide evidential breath or blood or urine specimens. In all cases where the BAC is between 80mg and 100mg, the driver will be served with a fixed penalty notice and receive a fine of €400 and the person will be disqualified from holding a driving licence for a period of 6 months.

Under the new limits if the level of alcohol present in the body for learner, newly qualified or professional drivers (Goods, Bus, Public Service Vehicle e.g. Taxi) is between:

**20mg
& 80mg**



The driver will be arrested, brought to a Garda Station and required to provide evidential breath or blood or urine specimens. In all cases where the BAC is between 20 and 80mg, the driver will be served with a fixed penalty notice and receive a fine of €200 and the person will be disqualified from holding a driving licence for a period of 3 months.

- If a driver cannot produce his or her driving licence when required to undergo the preliminary roadside breath test the lower limit of 20mg will apply until such time as the driver produces their licence. Drivers are reminded that it is a legal requirement to carry a valid driving licence at all times when driving.
- If a person does not wish to accept the fixed penalty notice and chooses to go to court and is convicted, the penalties are increased. Specifically for first offences where the BAC does not exceed 80mg the disqualification period that applies is 6 months. In situations where the BAC detected is between 80mg and 100mg the disqualification period is 1 year. Where the BAC detected is above 100mg or above 80mg for learner drivers and professional drivers, please see www.rsa.ie for disqualification periods.
- A driver can only avail of the penalty points/fixed penalty option once in a 3 year period.

Learner Drivers and Professional Drivers:

- Someone who holds a learner permit.
- Someone who holds his or her first driving licence for a 2 year period from its date of issue.
- Someone who holds a driving licence to drive a vehicle in the category C, C1, D, D1, BE, CE, C1E, DE, D1E and W while driving, attempting to drive or being in charge of such vehicle.
- Someone who holds a licence to drive a small public service vehicle granted under section 34 of the Taxi Regulation Act 2003 attempting to drive or being in charge of such a vehicle when the vehicle is being used in the course of business.



Údarás Um Shábháilteacht Ar Bhóithre
Road Safety Authority



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NEVER EVER DRINK & DRIVE

Possible consequences of drink driving

Research clearly shows that alcohol is a major contributor among the list of crash causation factors. By avoiding alcohol/intoxicants you are reducing the likelihood of being involved in a crash. Every crash incident follows a pattern of 3 separate stages.

The three stages of a crash

Stage 1. When the vehicle crashes into an object – another vehicle, a wall, a tree, a building, a pole, a pillar, etc., and comes to a sudden stop.

Stage 2. The driver and passengers crash into the vehicle interior – the steering wheel, windscreen, instrument panel, seat backs, other passengers, airbags, loose items, etc.

The head, chest, arms and legs are crashed against the nearest objects.

The neck is violently whipped forward and then back.

Stage 3. Internal organs crash into the skeletal frame – brain into the skull, stomach into the spine, lungs into the ribcage, heart into the sternum, kidneys, liver, spleen, etc. into the ribcage.



Typical crash scene

Economic costs of road accidents in Ireland, 2013

All crashes impose costs on those directly involved, on their employers, their organisations, as well as on the Irish economy. The following table illustrates the economic costs of road crashes in Ireland in 2013.

Costs (EUR)	Unit Costs	Total
Fatalities	2.706 million	512.9 million
Serious injuries	310,039	150.9 million
Slight injuries	28,388	177.2 million
Property damage and other costs	3,190	68.7 million
Total (EUR)		909.7 million
Total as % of GDP		0.56%

Behind these costs, it must be remembered that there may have been a life ended or a life badly broken. There is also an emotional cost to those people and family members who have experienced the devastation of road traffic collisions, have survived, and must go on living. For these individuals, their families, their carers and the community around them, the experience of the first shocking impact never goes away.



As part of an organisations Driving for Work policy, many employers are now introducing regular or random breathalyser tests for their drivers. Many vehicles are now fitted with breathalyser equipment which prevents the vehicle from starting if the reading is positive.

If you know someone, or if you are yourself suffering from alcoholism, help is available from Alcoholics Anonymous at 01 842 0700, or email www.alcoholicsanonymous.ie

The following table provides further detailed data relating to driving offences committed under a variety of headings in 2014. The behaviour behind every one of these offences may have been among the crash causation factors referred to earlier.

Traffic Statistics for 2014

January - December 2014

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Fatalities	16	13 *YTD 29	16 *YTD 45	14 *YTD 59	18 *YTD 77	18 *YTD 95	20 *YTD 115	16 *YTD 131	11 *YTD 142	18 *YTD 160	20 *YTD 180	17 Total 197*	197
Driving while intoxicated	577	679	668	663	650	646	573	744	649	609	645	594	7,697
Mandatory Alcohol Testing (MAT) checkpoints	6,928	5,330	6,875	6,845	6,365	5,931	6,517	6,973	6,469	6,359	6,726	6,694	78,012
Breath tests	35,773	27,696	36,178	36,984	34,000	31,575	33,965	36,590	30,440	30,651	31,260	32,401	397,512
Section 41 RTA - Detention of Vehicles	1,794	1,538	1,590	1,994	1,759	1,714	1,779	1,853	1,830	1,725	1,497	1,192	20,265
Road Transport Offences	400	292	294	253	363	265	296	345	545	360	335	146	3,894
Dangerous Driving	188	176	214	249	201	222	186	191	214	202	168	173	2,384
FIXED CHARGE NOTICES													
Seatbelts	868	844	1,240	1,273	1,019	1,020	1,129	1,059	1,110	790	666	495	11,513
Mobile Phones	2,914	3,072	3,922	5,031	2,104	1,781	1,860	1,916	2,067	1,815	2,067	1,975	30,506
Speeding	15,803	14,354	16,306	23,397	24,370	19,600	19,264	19,013	19,703	19,810	16,399	15,172	223,191

The following Scenario is provided for you to consider the circumstances and related questions. Your CPC Trainer will then ask you about your own thoughts regarding the circumstances.

> SCENARIO

Effects of alcohol

After spending two weeks driving a tour group of 40 people around Ireland, Kevin was delighted to join the passengers and tour guide on an evening out on the last night of the tour. As all the food and drink for him and the tour guide was paid for by the hotel, Kevin made sure to have a good time and enjoyed a late night. He decided to go to bed at 2am as, having been drinking from about 9pm, he was feeling quite sleepy. It had been a good night but when starting out at 8am the next morning to drive the passengers from their hotel in Cork to Shannon airport for their flight home, he was feeling tired and unable for breakfast. All he could manage was a cup of coffee and a cigarette. "Not to worry", he thought, "I will make up for it with an early night tonight."

1. What do you think of what Kevin did here?
2. What risks has Kevin exposed himself and his organisation to?
3. What should Kevin have done when he was scheduled to begin work at 8am the next morning?
4. What do you learn from looking at this scenario?





SELF-ASSESSMENT OF KNOWLEDGE

Please complete the following questions to help assess your understanding of this section:

Q.1 What is the legal blood/alcohol limit for professional drivers in Ireland?

Your Response

Q.2 What is the 3rd stage of a crash?

Your Response

Q.3 What effective measure was introduced by the Gardai in the 1970s to help counteract driving under the influence?

Your Response

Q.4 List 3 common effects that drinking alcohol can have on the body.

Your Response

Q.5 How many units of alcohol are in one regular pint of beer?

Your Response



Q.6 What was the total number of fatalities on Irish roads in 2014?

Your Response

Q.7 How quickly can alcohol typically affect the body?

Your Response

Q.8 What was the total number of drink-driving offences detected in 2014?

Your Response

Q.9 How long can it take the body to eliminate each single unit of alcohol from the system?

Your Response

Q.10 Who is typically affected by the shocking effects of a crash?

Your Response

Having completed these questions, your trainer will discuss typical answers with the group to ensure that drivers have a comprehensive understanding of the information and guidance provided.

If you would like more information on any of the issues raised during this exercise, ask your trainer who will be pleased to discuss the issues and will encourage other participants to share their experiences to the benefit of all.

Please consider making a pledge with a family member, close friend or colleague to never ever drive while intoxicated.

This concludes the section on Alcohol and the Professional Driver.

SECTION C – DRUGS, MEDICATIONS AND DRIVING

Driving under the influence of drugs is as dangerous as driving under the influence of alcohol. It is also against the law.

The Road Traffic (Amendment) Act, 1978, makes it an offence to drive a vehicle while under the influence of an intoxicant to such an extent as to be incapable of having control of the vehicle. Drugs, whether they are prescribed, over-the-counter, or illegal substances, can affect your mind and body in ways that make it unsafe for you to drive. The effects can last for days or even weeks. For example, cannabis shows up in urine up to 4 weeks after being taken. Drug drivers usually think they are better drivers while under the influence of some drugs. They also think that they are less likely to have a crash compared to drink drivers. They overestimate their ability, judgement, and reaction times and appear to know little about the real effects of drugs while driving.

Strict rules apply to fitness to drive a truck or bus and you must tell your company of any physical or medical conditions, or any medication, which you are taking, which could affect your fitness to drive. The need to take some prescription drugs could mean a person would be prevented by law from driving; it is your responsibility to check with your doctor. Some operators, concerned about drug abuse amongst staff, have introduced random drug-testing for their drivers.

Drivers who fail such tests may face instant dismissal. Many drugs including every-day cold and flu remedies may remain in the body for several days, or longer, and can cause drowsiness during that time. You should read the leaflet of any medicine carefully and, if in doubt, consult your doctor or pharmacist. If still in doubt, do not drive.

Check with your doctor or pharmacist whether any over-the-counter or prescribed medicines you are taking are likely to affect your driving (for example by causing drowsiness). If so, ask for an alternative that does not affect driving, or else avoid driving altogether. Ask also about potential side effects that may affect your driving. Always check the label on medicines and the patient information leaflet for any warnings. There are many common drugs that may have side effects that may impair your driving ability such as

- Sedatives, tranquilisers, or other medicines for anxiety
- Some pain killers
- Some allergy or hay-fever medicines
- Many cough and cold remedies
- Some medicines for epilepsy
- Some medicines for diabetes
- Some medicines for blood pressure or heart conditions
- Some herbal remedies or supplements

Some medicines can make you feel fatigued. You may have impaired cognitive function or they may affect your confidence and emotional state.



Prescription drugs

These can also have a detrimental effect on driving. Drugs such as temazepam or diazepam taken for depression are appearing in tests after road deaths. These can cause drowsiness and those taking such tablets are warned against using machinery.

Similarly, strong migraine and hay fever tablets can cause a similar drowsiness and a lack of speedy reaction to situations. If you use these kinds of prescription tablets, you are advised not to drink. Mixing them with alcohol can seriously impair driving ability and sometimes cause blurred vision.



- Sleeping tablets
- Anti-depressants

- Never drive if there's even a slim chance you are still "under the influence". That means medicinal and illegal drugs as well as alcohol.
- Illegal drugs can stay and be detected in your system for up to several months.
- Never drive on medicinal drugs if it says you shouldn't on the packet. Check with your GP or pharmacist if you're not sure.
- Never drive on illegal drugs. Their effects are unpredictable and just as lethal. Gardai can test for them.
- Policies on drugs and alcohol must be reflected in a Company Road Safety Policy. See www.hsa.ie Road Safety Policies



ILLICIT DRUGS

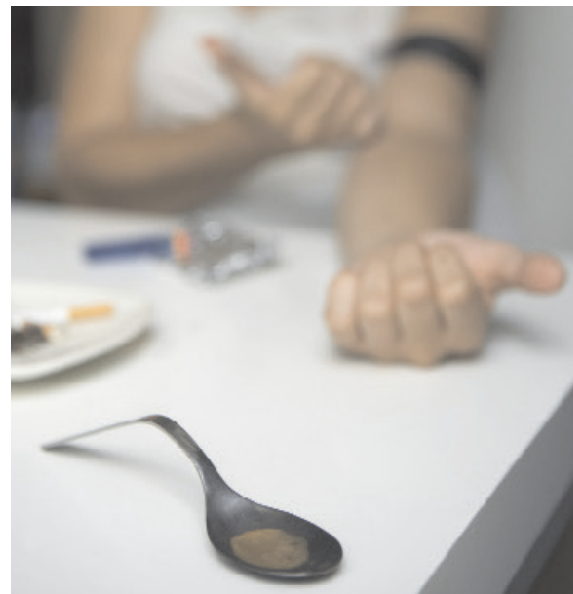
Illicit drugs such as cannabis, cocaine and ecstasy affect drivers in different ways, such as slower reaction times, aggressive behaviour, poor concentration, panic attacks and paranoia. As the effects of these drugs wear off, drivers may feel extremely fatigued.

Cannabis

Cannabis interferes with your ability or willingness to pay attention, making it extremely dangerous for you to drive. Because it makes you more distracted and reduces your motor skills (how easily you move your arms and legs) you are much less able to carry out complex tasks such as driving.

Cannabis is a relaxant (mild sedative) and may reduce your ability to react quickly in pressurised situations. It is also a mild hallucinogen and can make you unsteady and blur your vision. Drivers can have a lack of concentration and poor hand and eye co-ordination. However, if a stronger type is used, the effects can be more powerful and last longer. At times there can be a feeling of euphoria, replaced later with drowsiness. If mixed

with alcohol, the effects of cannabis can increase dramatically. Traces of drugs can still be detected in your system weeks after being taken.



Cocaine

Cocaine users are likely to be hyper-active, unable to stand still and unable to judge time or distance accurately.

Cocaine is a stimulant that falsely heightens your perception of light and sound. It has a very similar effect on driving as ecstasy - a feeling of invincibility and euphoria.

Taking cocaine will affect your driving in a number of ways. It can make you feel very alert during the first hour but as the effects wear off the chances of falling asleep at the wheel are high - even the day after!

In addition to over-confidence, increased risk taking and distorted perception, cocaine can increase feelings of paranoia and create erratic behaviour. If mixed with other substances, such as alcohol, the effects of cocaine and driving can be potentially lethal. The incidents of cocaine being found in victims of car crashes are becoming more common.

Ecstasy

Ecstasy is a stimulant drug, this time with hallucinogenic properties, which can distort vision and heighten sense of sound. Your concentration is affected and your awareness of road dangers is significantly decreased. Effects can last approximately three to six hours, but they can last longer depending on the person, followed by a gradual comedown. It can give you a feeling of euphoria and an increase of energy but as the effects wear off you can feel fatigue and severe tiredness,

making driving dangerous. Ecstasy can give you a feeling of “invincibility”, which changes your driving, making you over-confident, aggressive and more likely to take risks on the road. You may well think you are a better driver than you actually are. When someone on ecstasy hears a sound, they may believe that they can see or smell something that is not there. The pupils of their eyes will appear dilated, and they will be dazed and lacking in co-ordination. Ecstasy will also affect their balance and judgement of time and distance.

Heroin

A driver on heroin will not be able to see properly, concentrate on the road, or react quickly enough to avoid a crash. Heroin is a very strong pain killer and slows reactions, dulls perceptions and affects coordination. You often feel sleepy, sluggish and can't control the vehicle, resulting in a crash. Although you may feel euphoric it can also cause distorted perception, nausea and breathing problems. The effects take anything up to 24 hours to reduce. It is widely agreed that someone heavily under the influence of heroin will be unlikely to be in any fit condition to attempt to drive. The numbers of drivers found with heroin in their blood after a road traffic fatality are said to be increasing.

LSD

LSD severely distorts senses and perceptions, creating visual hallucinations and making you feel detached from reality. It can result in serious injury or even death - without even getting behind the wheel! Driving after taking LSD is extremely dangerous and the effects can last up to 12 hours. A “bad trip” can be frightening and you can experience terrifying thoughts and feelings. You may feel confused and distrust your own senses, have poor coordination and control and experience tremors and twitching. Anxiety can also be increased and flashbacks can also occur, in the following weeks and months.

Speed/Amphetamines

Speed is a stimulant that can make you feel more awake and alert. You may feel more confident but the effects will create a loss of coordination and make you less likely to react to potential dangers. The effects can last up to six hours but this varies depending on how it was taken and from person to person. Physical effects include headaches and dizziness as well as irregular heartbeat and breathing. You will often become more irritable, restless and anxious as the effects wear off. After your initial alertness, this can change to sleeping problems, exhaustion and fatigue, which will also affect your driving.

Garda tests

New Garda roadside tests have been introduced to detect impairment among drivers on all types of drugs. When you're driving you use both physical and mental activities such as:

- Information handling
- Short-term memory
- Judgement/decision making
- Muscle control
- Vision

Gardai will test your balance, co-ordination and how you cope with dividing your attention between two tasks. They are easy to perform when drug free but tricky when you're under the influence of drugs. Gardai conduct the tests in a standardised way and they can even accurately assess what drug a driver is on.

The Roadside Impairment Tests.

Test 1; Pupillary Examination. A Garda will ask a driver to look straight ahead and keep their eyes open, and will measure the drivers pupil for dilation.

Test 2; Romberg Tests. A Garda will ask a driver to do a short counting exercise with their eyes closed, which measures balance and an awareness of body positioning.

Test 3; Walk and Turn. A Garda will ask a driver to walk 9 steps along a straight line and turn without counting aloud. This measures both balance and an ability to focus.

Test 4; One leg stand. A Garda will ask a driver to stand on one leg for approximately 8 counts. This measures ability to maintain balance.

Test 5; Finger to nose. A Garda will ask a driver to touch his/her nose with both right and left index fingers with both eyes closed. This measures ability to perform a basic co-ordination task.

From 2016 onwards Gardai will have additional equipment which will be used to check for the presence of drugs.

NOTE

It is an offence to refuse to perform these tests when required to do so by a Garda.

Company Policies on drugs and alcohol

All vehicle-using organisations should have clear policies to avoid impairment of driver fitness due to substances taken for recreational or therapeutic reasons.

Companies should:

- Educate their drivers about the dangers of drink and drugs in the driver’s handbook.
- Explain in employees’ contracts that it is a disciplinary offence to be over the legal alcohol limit or to be impaired through drug use while at work, either on the road or off it. Include prescription drugs and over-the-counter medicines (e.g. some hay fever medication) that affect driving as well as illegal drugs.



- Advise employees who drive to notify their immediate line manager if they are taking any prescribed drugs or over-the-counter medicine that affects driving, e.g. by causing drowsiness.
- Physical drug testing can be carried out using urine, saliva, sweat, or blood. Before testing, a signed consent must be obtained from the person being tested. However, it is also possible to be trained to recognise symptoms of drug use and drug impairment as a form of screening.
- Some companies are now testing their drivers pre-employment, randomly throughout their employment, and after vehicle incidents or collisions.

Summary

In general, drugs may have the following effects on drivers

- Slower reaction times
- Poor concentration
- Sleepiness and fatigue
- Confused thinking
- Distorted perception
- Over-confidence, leading to unnecessary risks
- Reduced co-ordination
- Erratic behaviour
- Nausea
- Hallucinations
- Blurred vision and enlarged pupils
- Aggression
- Panic attacks and paranoia
- Tremors
- Dizziness
- Cramps

Drug Driving



If you know someone, or if you are yourself suffering from drug addiction, help is available from Narcotics Anonymous Ireland at 01 672 8000, or at info@na-ireland.org

The following information has been kindly provided by the Health and Safety Authority (HSA) to inform drivers and to raise awareness of the effects of drugs and how drugs can impact on drivers roles and responsibilities at work.

Any reference to an employee can be taken as referring to a driver.

Intoxicants at work

From time to time both employers and employees ask questions of the Health and Safety Authority (HSA) about intoxicants at work and specifically the duties that arise for the employer and employee. The HSA can answer only those questions that arise under the legislation – i. e., The Safety, Health and Welfare at Work Act 2005.

So, what follows below, in a “Frequently Asked Questions” format, attempts to provide responses which we hope will serve the purpose of guiding you on intoxicants in relation to health and safety at work. Depending on the structure and size of your company, you may be able to get assistance from whoever is accountable for human resource management or owner/manager or trade union in regard to other aspects of managing intoxicants at work.

The first thing that needs to be said is that there is no requirement for employees to undergo testing for intoxicants under health and safety legislation. There is also no requirement under health and safety legislation for employers to test employees for intoxicants. In the Act there is a clause 13 (1) (c) which allows regulations to be made for testing for intoxicants. However, until or unless such a regulation is introduced by the relevant Minister, this clause does not apply. So, there is no requirement for employers to test or for employees to be tested.

1. What is included in the definition of Intoxicants when considering the health and safety at work aspects?

Intoxicant is defined in the Act as including alcohol and drugs and any combination of drugs or of drugs and alcohol. It encompasses both legal and illegal substances. So, prescribed drugs and over the counter medications are included.

2. As an employer/transport manager, what exactly are my duties in regard to intoxicants at work under health and safety legislation?

Your relevant duties are set out principally in Section 8 of the Act which requires you to ensure, so far as is reasonably practicable, the safety, health and welfare at work of all employees. This includes managing and conducting work activities

to prevent improper conduct or behaviour likely to put employees at risk. Sections 19 and 20 of the Act require employers to identify hazards in the workplace; to be in possession of a written assessment of the risk presented by those hazards and to draw up a safety statement. If Intoxicants could be a hazard at work, the safety statement should take account of this.

3. As an employee, what exactly are my obligations under health and safety legislation?

Any employee, while at work, must ensure that he or she is not under the influence of an intoxicant where the extent of the intoxication could endanger his or her own safety, health or welfare at work or that of any other person present. This is Section 13(1)(b) of the Act.

An employee is also required to cooperate with the employer to comply with health and safety law. So, for example, an employee should report to their employer if they are taking medication which might pose a risk to the safety of any person at work.

An employee is also required to report to his/her employer regarding certain workplace health and safety issues. These include; any work being carried on in a manner which may endanger the safety, health or welfare at work of themselves or any other person; any defect in the place of work, the system of work or any article or substance which also might endanger themselves or any other person.

4. What advice is there for a company which wants to prevent accidents that might arise as a result of the hazard of intoxicants?

Where intoxication at work is identified as a hazard it must be addressed within the company’s Safety Statement.

5. As an employer, am I required to test an employee for the presence of an intoxicant before I take any action to remove them from the work activity on suspicion of intoxication?

No. Under the Act there is no requirement for testing of employees so you are not required to have test evidence. The question you must address is whether the employee’s behavior presents a risk of danger to him/herself or others. If it does, then

the correct course of action would be to remove the employee from this situation.

6. As an employee, has my employer the right under health and safety law to send me for testing for intoxicants?

No. There is no such requirement under health and safety legislation.

7. Can an employer include testing in a policy on intoxicants?

The Act has no requirement for testing. This is a complex issue. Where testing is a part of company policy or otherwise contracted with employees, it is recommended that it is carried out in accordance with a recognised standard such as the European Laboratory Guidelines for Legally Defensible Workplace Drug Testing.

8. Will there be a Code of Practice on testing for intoxicants?

No, there is no plan to introduce a Code of Practice or any health and safety legislation on testing for intoxicants.

9. My boss told me that health and safety legislation states that I have to present myself for testing by a doctor if he/she asks for this. Is this so?

No. In the Act there is a clause 13 (1) (c) which allows regulations to be made for testing for intoxicants. However, until or unless such a regulation is introduced by the Minister, this clause does not apply. So, there is no requirement for employers to test or for employees to be tested.

10. In my employment contract or collective agreement it states that I may have to go for testing if requested by my employer. Can I refuse this as it is not part of health and safety legislation?

This aspect of your contract of employment is a matter of agreement between you and your employer and is outside of the remit of the HSA.

11. What can I, as an employer, do when a worker who has been ill, presents for work in a drowsy state which is probably as a result of the medication, but which could impact on the safe operation of a machine?

Again, from a health and safety perspective, the key question for you is whether there is a risk posed by the worker's intoxication. Clearly you have a reason to believe that this is the case and so you should act to remove him/her from the risk. It may be possible to allocate the worker to other duties for the duration of their medication.

12. If a worker seems "under the weather" from intoxicant use but is not doing a safety critical job, should I ignore this?

From a health and safety perspective, you need to be confident that the employee is not a risk to him/herself or others. If you perceive that there is a risk you should act to remove him or her from the risk.

13. As an employee, if I see a fellow worker clearly intoxicated, can I ask to be removed from the area because of a possible danger to me?

The right course of action in this situation is to report this to a manager or other person in charge. There is a requirement for the employer to assess whether there is a danger for other employees and to take action to remove this danger if it exists.

14. Should I, as an employee, report intoxication in any other employee when I observe it?

Yes. If you think that the employee, whatever their level in the organisation, may endanger the safety of himself/herself or others, then you should report it right away to a manager or other person in charge.

15. As a company which carries out testing as standard practice, are there any requirements for us to report outcomes to the HSA?

No. Your testing policy is outside of the remit of health and safety legislation.

16. As an employer, is it appropriate that I would act on the observation by just one person of an employee who is suspected of being intoxicated?

The safety circumstances are relevant here. It is wise to deal with the situation quickly but sensitively. A second opinion will assist in determining evidence and prevent you taking action based on minimal evidence. A manager or a person with human resource accountability would be an appropriate source for such a second opinion. You still need to address the question of whether there is a risk and the action you take will be based on this assessment.

17. If substance misuse affects peoples' health, what role does the HSA play in preventing this?

The HSA's primary role is the prevention of accidents and ill health in the workplace. Intoxicants misuse occurs outside of the workplace in the vast majority of cases. We encourage workplaces to have policies that promote good health including Employee Assistance Programmes.

Useful Reference Sources

- Safety, Health and Welfare at Work Act 2005 (No. 10 of 2005)
- Workplace Drug Testing, (Pharmaceutical Press, London, UK, 2011)
- Irish Civil Service Alcohol and Drugs Misuse Policy, Circular 08/2009, (Department of Finance, 2009)
- Dealing with Addiction, A Model Policy for Use in the Workplace, (SIPTU, 2009)
- Drug and Alcohol Testing Guideline, (IBEC, 2008)
- Guidelines on Intoxicants, (IBEC, 2007)
- Managing Drug and Alcohol Misuse at Work, Survey Report (CIPD, UK, 2007)
- Drug Testing in the Workplace: Summary Conclusions of the Independent Inquiry into Drug Testing at Work (IIDTW, UK, 2004)
- Drug Testing in the Workplace: The Report of the Independent Inquiry into Drug Testing at Work (IIDTW, UK, 2004UK)
- Drug Misuse at Work (HSE, UK, 2004)
- European Laboratory Guidelines for Legally Defensible Workplace Drug Testing, European Workplace Drug Testing Society (EWDTS, 2002)
- Don't Mix it, A Guide for Employers on Alcohol at Work (HSE, UK, 1996)

Further information:

- The Health and Safety Authority's website www.hsa.ie.
- Contact the Health and Safety Authority at wcu@hsa.ie or LoCall 1890 289 389.





SELF-ASSESSMENT OF KNOWLEDGE

Please complete the following questions to help assess your understanding of this section:

Q.1 List 3 common over-the-counter drugs which can lead to impairment of your ability to drive.

Your Response

Q.2 List 3 of the roadside impairment tests which can be carried out by Gardaí.

Your Response

Q.3 List 3 of the possible effects of drugs on a persons ability to drive safely.

Your Response

Q.4 What effect can the combination of any drugs and alcohol have on a person?

Your Response

Q.5 How can cannabis affect the ability to drive?

Your Response



Q.6 At what stage does ecstasy affect a drivers level of fatigue?

Your Response

Q.7 List 3 negative effects of the use of speed/amphetamines while driving.

Your Response

Q.8 Name 3 of the typical mental and physical activities used while driving.

Your Response

Q.9 What are the effects of the use of LSD.

Your Response

Q.10 Where can a driver get information or help on the effects of drugs?

Your Response

Having completed these questions, your trainer will discuss typical answers with the group to ensure that drivers have a comprehensive understanding of the information and guidance provided.

If you would like more information on any of the issues raised during this exercise, ask your trainer who will be pleased to discuss the issues and will encourage other participants to share their experiences to the benefit of all.

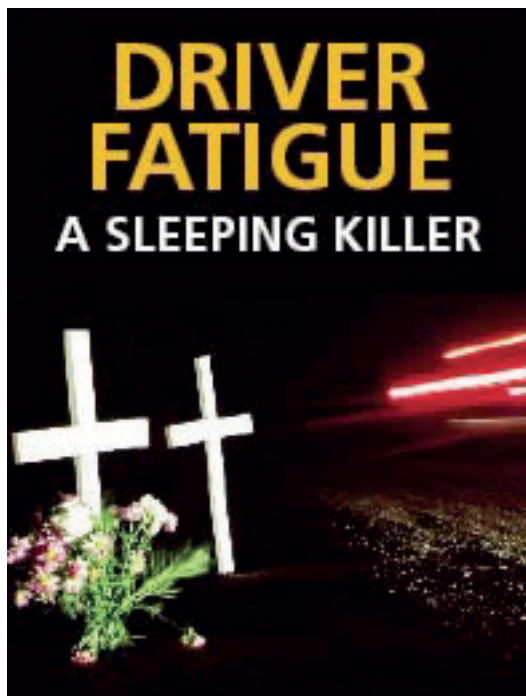
Please consider making a pledge with a family member, a close friend or colleague to never ever drive while under the influence of drugs or alcohol.

This concludes the section on Drugs, Medication and Driving.

SECTION D – EFFECTS OF FATIGUE

One in five crashes in Ireland are fatigue-related.

Fatigue is defined as a feeling of weariness, tiredness, lethargy, apathy, and lack of energy. It is different from drowsiness, which is a feeling of the need to sleep, whereas fatigue is characterised by a lack of energy and motivation. A feeling of indifference or not caring about what happens can also be symptoms of fatigue. While fatigue can be a normal and important response to physical exertion, emotional stress, boredom, or lack of sleep, it can also be a non-specific sign of a more serious psychological or physical disorder. Because fatigue is a common complaint, sometimes a potentially serious cause of it may be overlooked.



As a professional driver you must make sure you are always fit and able to concentrate for the whole of your shift.

Modern vehicles with air suspension, power steering and automatic transmission are physically less demanding to drive than earlier models, but road and traffic conditions require full concentration at all times.

There is a particular risk when driving between

2.00am and 7.00 am because this is when the body clock is in a `trough`. There is another daily body `trough` between 2.00pm and 4.00pm.

In order to avoid fatigue, it is important to take proper rest before starting your shift and to take adequate breaks while driving and between duty periods.

Always take planned rest and breaks and, if necessary, take more rest than is required by law.

Falling asleep while driving accounts for a significant proportion of traffic incidents, particularly under monotonous driving conditions.

In some European countries, research into the effects of fatigue and sleep-related traffic incidents has shown that around 40% are work related as they involve commercial vehicles.

These incidents are more likely to result in serious injury because they often involve running off the road or into the back of another vehicle.

The incidents are made worse by the high-speed impact caused by the offending drivers not braking beforehand.

Many people equate driver fatigue with falling asleep behind the wheel, when it is actually extreme tiredness or weariness resulting from physical or mental activity. Sleep is the acute version of this. Fatigue can affect you anytime of the day and it can affect your driving long before you actually fall asleep at the wheel.

Causes of Fatigue - Work Related Factors	Causes of Fatigue - Factors outside work
Roster patterns	Poor quality of sleep
Length of shifts	Sleep loss/sleep debt
Poor work planning and scheduling	Other employment
Length of time worked	Travel time
Timing of shifts (e.g. night shifts) proportionally increases the impact of fatigue	Family and recreational commitments
Insufficient recovery time between shifts	Sleep disorders
Long periods of wakefulness	
Inadequate rest and breaks	
Mentally and/or physically demanding work	

What is driver fatigue?

Fatigue is the physical and mental impairment brought about by inadequate rest over a period of time.

Ideally, each individual needs 7 - 8 hours of sleep each night.

Drivers who are suffering from a sleep debt are at risk of “nodding off” while driving and substantially increasing their risk of being involved in a crash. If a driver persists in fighting sleep while driving, the impairment level is similar to driving while over the drink drive limit. Eventually a driver will drift in and out of consciousness and experience “micro sleeps” which can last for up to 10 seconds. Drivers can have a micro sleep with their eyes wide open.

If a driver has a micro-sleep for just 4 seconds while travelling at a speed of 80 km/h, the vehicle will have travelled 87 metres without a driver in control.

What causes driver fatigue?

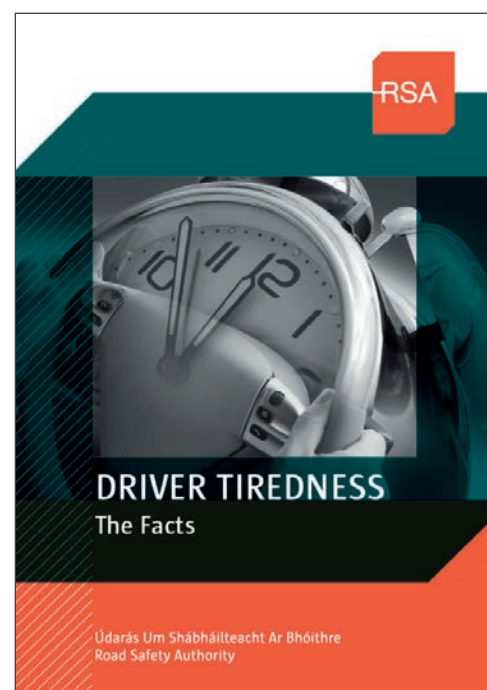
A number of factors can contribute to a driver becoming excessively fatigued. Lack of quality sleep is the primary cause of driver fatigue, especially when a driver fails to obtain sufficient sleep over a number of days or weeks. Sleep requirements vary from person to person, but the average requirement is 7-8 hours a day. Receiving even 2 hours less per night can lead to fatigue the following day. Other causes of excessive driver fatigue include:

- Working long hours. Drivers are often required to work hard physically, especially when loading and unloading their vehicles, before and after they drive. Remember, all ‘other work’ must be recorded on the tachograph. (Case C. 297/99 – ECJ).
- Driving long hours. Long periods of driving can increase driver fatigue and the likelihood of a fatigue-related accident.
- Taking drugs or driving under the influence of alcohol. Alcohol reduces a driver’s alertness and increases the likelihood of sleep. Stimulant drugs such as methedrine can lead to sudden and unexpected increases in the level of driver fatigue.
- Not taking required rest breaks when driving.
- Night driving. The risk of an accident occurring can more than double when driving between midnight and dawn, particularly between midnight and 6am.

- Poor driving conditions. Single-lane rural roads, heavy city traffic, heavy rain, strong winds, hot weather, poor cabin ventilation and poor noise insulation can increase the demands on a driver and increase levels of fatigue.
- Poor driver health and fitness. Being healthy and keeping fit is not only good for you but can help you to stay alert when driving.

Your body time clock/circadian rhythm

Everyone has a biological time clock, which influences when we feel energetic or sleepy. Most drivers will usually feel especially sleepy between midnight and 6am and 1pm–4pm. Even if well rested before you drive, your performance will be poorer during these times. The times when you feel sleepy are the best times to have the sleep you need. Adults usually need between 6 and 8 hours of uninterrupted sleep every 24 hours. It is of most benefit if taken in a single block. If you do not get enough sleep, what you have missed accumulates as a sleep debt. This increases your chances of making mistakes, particularly during the times when you feel sleepy. If your sleep debt gets big enough, the need for sleep can take over. Relaxing while you watch TV or reading does not replace sleep. Research shows that fatigued people perform driving tasks as if they have been drinking alcohol. After 17 hours awake, including time awake before driving, you will perform as if you had a Blood Alcohol Concentration (BAC) of 0.05. After 24 hours awake, your performance will be on a par with that of a person with a BAC of 0.1.



Fatigue is linked to the circadian rhythm. The body's circadian rhythm is an internal biological clock. It coordinates the physiological priorities for daily activities, including sleep, body temperature, digestion, performance and other variables. Therefore, it has a direct effect on alertness, mood, motivation and performance. The body's natural cycle, or circadian rhythm, plays an important role in how fatigue affects people. The brain and the body are so accustomed to the normal body cycle that they resist changes (such as those caused by work-schedules). The human body has a greater need for sleep at certain times in the 24-hour cycle than at other times. At these moments, there is a natural tendency to sleep and, if this cannot be given way to, a sleepy feeling occurs. Shift work for instance interferes strongly with normal sleep patterns. Pronounced sleepiness is therefore a typical characteristic amongst most shift workers

Common signs of fatigue

While the list is considerable, the most common symptoms of driver fatigue are:

- Inability to stay in a lane
- You have missed your exit
- Not sure of where you are
- Heavy eyelids
- Day-dreaming
- Blurred vision
- Poor concentration
- Slowed reactions
- Impatience
- Misjudgement of traffic situations
- You have trouble keeping your head up
- You almost went through the red light
- You didn't see the speed zone change
- Varying vehicle speeds for no apparent reason
- Feeling cramped and fidgety
- Continual yawning that cannot be prevented
- Rash decisions due to impatience
- Poor gear changing, indicator use and use of other vehicle controls
- Not remembering the last few kilometres of your trip.

If you have even one of these symptoms, you may be in danger of falling asleep. Find a safe place to pull your vehicle over and take a 15-30 minute nap. If you sleep any longer than this you may wake feeling even more groggy. Take a break, get out and do some stretch exercises before getting back into the cab.

Avoid medications that creates drowsiness. Doctors can now prescribe effective allergy medications that don't cause drowsiness. The important thing is to KEEP YOUR EYES MOVING always SCAN the road ahead, looking to get the full picture; check your mirrors and gauges.

How big a problem is driver fatigue?

Fatigue is not normally referred to on road crash report forms in Ireland. Therefore the incidence of fatigue-related crashes is hidden by systematic under-reporting.

- The European Transport Safety Council (ETSC) states that driver fatigue is conservatively estimated to be a factor in about 20% of road crashes in Europe.
- Furthermore, their incidence increases with the degree of seriousness of the crash. Fatigue is disproportionately represented in single-vehicle crashes (25% of such crashes) but head-on collisions could also be fatigue-related to a far greater extent than other types of crash. (ETSC)
- According to Vic Roads Victoria, Australia, 21% of fatal crashes were thought to be fatigue-related and about 30% of severe single-vehicle crashes in rural areas are believed to be linked to driver fatigue.
- Professor Jim Horne, Head of the Sleep Research Laboratory, Loughborough University, UK, advising the NSC said driver fatigue could be a factor in 1 in 5 crashes in Ireland.

Obstructive Sleep Apnoea Syndrome (OSAS).

There is considerable evidence that sleepiness is a major contributing factor to road traffic accidents, and furthermore, that road accidents are far more frequent in patients with OSAS than in the general population.

Studies of motorway accidents have indicated that 20% to 25% appear to be due to drivers falling asleep at the wheel, and are particularly likely to occur in the early morning or mid- afternoon. Accidents associated with the driver falling asleep tend to be particularly serious because of the lack

of reaction of the sleepy driver to the impending collision. Furthermore, sleepy drivers report a high incidence of near-misses on the road while driving, which suggests that they have an awareness of the driving risks related to sleepiness short of being involved in an actual collision.

What is Sleep Apnoea?

A layman's definition of Sleep Apnoea is 'the cessation of breathing during sleep'. When breathing stops the levels of oxygen in the blood begin to drop. After a short time the lack of oxygen causes a reflex response. This response forces open the airway with a loud snort, maybe gasping breaths and loud snoring. There may also be kicking and flailing of the arms.

Excessive daytime sleepiness: Falling asleep when you don't intend to. This could be almost anytime you are sitting down, such as during a lecture, while watching TV, while sitting at a desk, or while driving a vehicle. You may have sleep apnoea or another sleep disorder. Even if you don't literally fall asleep, excessive fatigue/tiredness could be a positive indicator.

- Most people with sleep apnea do not realize that they are awakening to breathe many times during the night. The arousal is slight, and people become accustomed to this, but it is enough to disrupt the pattern of sleep so that they get very little deep sleep or REM sleep, and awaken feeling sleepy. A great many apnoea sufferers go through a large part (or all) of their lives unaware of their condition.
- Likewise regarding daytime sleepiness: people with sleep apnoea often are not aware of feeling tired or unusually sleepy. The disorder develops over a number of years, and they are not aware of the increasing symptoms and believe they feel "normal". Only after treatment do they realize how much more alert and energetic "normal" feels!

NOTE

Drivers should not fear diagnosis. Once diagnosed, sleep apnoea can be successfully managed and drivers can usually maintain their driving licence without any difficulty. Left untreated sleep apnoea can be the cause of a fatal collision as indicated above.

Who is at risk?

Young people – many young people have lifestyles that involve frequent late-night activities, not getting enough sleep, taking risks and being on the roads during night-time hours.



Shift workers – shift workers are more likely to have disrupted sleep patterns, which lead to fatigue more often. Night-shift workers have the greatest risk of sleep disruption.

Goods vehicle drivers – commercial pressures put goods vehicle drivers under huge time pressures, and they will often push themselves to the limit. A sedentary lifestyle and often poor diet also puts them in the high-risk group for driver fatigue.

People with sleep disorders – if left untreated, some conditions such as sleep apnoea and insomnia can lead to disrupted sleep on a regular basis. Constantly feeling sleepy can impair the ability to drive safely.

All drivers – fatigue itself increases crash risk. The risk is much greater with alcohol as even small amounts of alcohol can affect alertness. Fatigue combined with alcohol severely degrades driving skills.

Preventing fatigue

Drivers and operators are responsible for the management of driver fatigue.

Your employer may:

- Set minimum "fitness to drive" standards and have procedures in place to ensure that these are met;
- Advise drivers that they must notify management if they have disabilities or conditions that could prevent them from driving safely;

- Require all employees to have pre-employment medicals to check eyesight and relevant aspects of physical and mental health.
- Carry out appropriate health surveillance after recruitment.
- Allow sufficient opportunity for your drivers to get periods of high quality sleep and rest.
- Make sure that your drivers' working and driving schedules are kept within reasonable limits.

Drivers

- NEVER DRIVE IF YOU'RE FIGHTING SLEEP.
- When you start fighting sleep at the wheel, your impairment is as if you were driving over the legal alcohol limit.
- Have an action plan to manage your fatigue.
- Understand the signs of fatigue.
- Get sufficient sleep before you drive.
- Stop if you feel sleepy and have a 15-minute nap (set your mobile phone alarm)
- To really make the most of your break take a caffeine drink before the nap (150mg of caffeine e.g. 2 cups of coffee).
- After the nap, get some fresh air and stretch your legs.
- Obtain sufficient high quality sleep between periods of driving.
- Avoid alcohol - particularly if you feel sleepy.
- Look after your health and fitness with a healthy diet and regular exercise.
- By following all of the above advice, you should be able to overcome the worst effects of fatigue.

The concepts of fatigue, sleepiness and drowsiness are often used interchangeably. Sleepiness can be defined as the neuro-biological need to sleep, resulting from physiological wake and sleep drives. For many years, fatigue has been associated with physical labour, or in modern terms task performance. Although the causes of fatigue and sleepiness may be different, the effects of sleepiness and fatigue are very much the same, namely a decrease in mental and physical performance.

The most general factors that cause fatigue are lack of sleep, bad quality sleep and sleep demands induced by the internal body clock. Besides these

general factors, prolonged driving can increase driver fatigue, especially when drivers do not take sufficient breaks. For specific groups of drivers, e.g. professional drivers, these general factors often play a more persistent role due to long or irregular work schedules. A small part of the general population (3-5%) has to cope with obstructive sleep apnoea, a sleeping disorder that contributes to above average day-to-day sleepiness.

Shift Work and Fatigue.

Improvements in aerodynamics, engine performance, and the application of computer technologies, have all helped bring the modern transport unit to a level that a few short years ago would have been unimaginable.

Recently the spotlight has fallen on driver performance. How they drive, have they been trained, do they use the on board systems correctly, and now – *have they had a good sleep?*

The area of sleep quality and its effects on driver performance is one that Mercedes-Benz together with Professor Jurgen Zulley of the Sleep Research Institute located at the University of Regensburg have been studying since 2006.

The rationale behind the research was to establish how *'fit for purpose'* is the heavy vehicle cab. The largest models equate to an area the size of a small bathroom, and this is where a driver can spend prolonged periods of time – which may extend to weeks. In particular, what effect does this have on driver performance, fuel economy and consequently road safety?

Professor Zulley's work at the University reveals some interesting facts about the human being and sleep. Principally he points out that we have little control over the way *'our need'* to sleep affects us. Regardless of what occupation is being carried out, nighttime for humans is simply the - *"wrong time to be active"*; we just do not perform at our best.

He refers to several studies, which record dramatic increases in the number of accidents, which occur around 3 to 4 am. This time is referred to in German as the "Hour of the Wolf or in English as the 'Graveyard Shift'. Prof Zulley is also keen to highlight that many of the most notable accidents in recent history have happened at this time. Events such as *Three Mile Island, the Exxon Valdez, and Chernobyl*, all occurred during this period of the night.

The Professor and his team at the sleep institute confirm that at this time of day the bodies'

‘bio-rhythms’ sink to their lowest point and we become more vulnerable. Body temperature drops; brain activity also is lowered, so while we are able to drive and perform what are described as automated functions with reasonable accuracy we cannot react quickly to unforeseen changes in circumstances - as may occur when negotiating road hazards.

The team have established this fact from research projects where subjects were observed in circumstances with a total absence of natural light and no ability to discern the time of day or night. In these studies, the body’s natural ‘biorhythms’ still adhere to their timetable. To change these cycles fully, as when trying to overcome jet lag - may take a full five to six days.

A number of other myths were also researched - the commonly held belief that those with youth on their side have it easier working at night is false. The younger you are the greater the need for sleep, and in fact it is the older drivers who can possibly function better at night. However this has nothing to do with experience, but more likely that the older driver may suffer from some form of sleep disorder. Conversely, the older person is at a higher risk of fatigue in mid-afternoon and early evening.

The data confirms that the quality of the sleep is much more important than the duration. It is not uncommon for a driver to have the regulation 11 hours off, not sleep well, and feel tired during the next driving shift.

While he does not condone any driver pushing on when tired, he is understanding of the problem, and sympathises with the difficulties. He realises that the load must be delivered, and so he recommends a structured ‘power nap’. A good power nap can be more beneficial than hours of tossing and turning.

Simply parking the truck facing away from the road can help to reduce the noise level by 3 decibels. Improved sound insulation does help to reduce noise, but all the benefits are lost once a window or roof hatch is left open. Another important factor is the type of noise - a driver doing fridge-work won’t notice his/her own fridge running, but another fridge pulling alongside in the middle of the night is a different story.

To establish how a poor nights rest or broken sleep manifests itself, a study was carried out with the ‘Mercedes Professional-Driver Training Team’ based at Stuttgart. The Driving Teams performances were measured and compared after



three good nights sleep and three broken nights. A broken night was defined where the driver had a sleep of only three hours. Over a 165 Km test route, fuel consumption increased on average by 1 litre per 100 Kms and in one case by 3 litres. It was also found that all drivers overestimated their fitness to drive. The Mercedes-Benz ‘Fleetboard’ diagnostics programme showed excessive braking and excessive activation of the Lane Keeping Assist programme. Using clinically recognised methods the data was supported by laboratory tests where the driver’s reaction times were measured. The results were that all of these highly experienced and professional drivers fared poorly.

The research findings make for interesting reading and not just for drivers. The findings also apply to other workers such as warehouse staff, and the importance of the results should not be dismissed. The potential fuel savings are significant, and the benefits for road safety could be considerable.

Some of the Professor’s Recommendations.

- Before taking a power nap, drink some coffee first. Coffee takes 20-30 minutes to take affect.
- Take a power nap of no less than 10 minutes, but no more than 30 minutes. After 30 minutes, the body enters a different sleep cycle.
- Walk around to get the blood circulating, try some exercise, e.g. stretching
- Waking up to loud music is good - *once it is loud music you don’t like!*
- Always try sleep with your head slightly higher than your feet
- Engage in some activity to differentiate between driving and sleeping e.g. reading
- The optimal sleeping temperature is approximately 18°C

Summary

Truck and bus drivers are at risk of suffering from fatigue. Driving large commercial vehicles (trucks and buses) is a physically demanding and challenging occupation. Fatigue amongst drivers of large commercial vehicles can be caused by a number of factors:

Factor causing fatigue	Contributory causes include...
Working very long hours and not enough time to recover from work resulting in sleep deprivation and sleep debt	<ul style="list-style-type: none"> ■ Irregular shifts and irregular sleep times, disrupting the body's natural body clock ■ excessive driving, ■ Reduced sleep length - most people require 7 to 8 hours uninterrupted sleep every 24 hours on a regular basis ■ Insufficient sleep on trips and rest/sleep away from home (compared with sleeping in a bed, sleeping in a truck or bus may have an adverse impact on the quality and quantity of sleep that a driver is able to obtain) ■ Body's natural wake/sleep biological clock (circadian rhythm) ■ Second job ■ Poor sleep such as having a small amount of sleep over a number of days or sleep during day hours when the body expects to be asleep ■ Working at night time
Sleep disorders	<ul style="list-style-type: none"> ■ Sleep apnoea and insomnia
Waking day	<ul style="list-style-type: none"> ■ Length of the working day/waking day ■ Insufficient pre-trip sleep ■ Weather conditions ■ Vehicle ergonomics ■ Waiting time to load/unload vehicle ■ Heavy traffic/poor roads ■ Type of trip/journey and monotony of the road
Alcohol, medication or other drugs, general health, lifestyle	<ul style="list-style-type: none"> ■ Health condition and dietary habits ■ Fitness ■ Age ■ Sedating medications ■ alcohol ■ activities outside of work including family ■ obesity

The following Scenario is provided for you to consider the circumstances and related questions. Your CPC Trainer will then ask you about your own thoughts regarding the circumstances.

> SCENARIO

Driving while fatigued

When returning from a long trip, Jim decided to stop and have a meal. Feeling very hungry at the end of a long day's driving he ate a big four-course meal. By the time he was finished and returned to his vehicle it was dark and, with the forecast for cold icy weather, he was now anxious to get home before the weather worsened. After an hour driving with the heater on to keep the windscreen clear and to keep out the cold, Jim began to feel sleepy and realised he was drifting into the oncoming lane. To keep awake, he turned up the radio and tried to concentrate on travelling the last 50 kilometres home safely.

1. What do you think of what Jim did in this scenario?
2. What were the errors he made?
3. What are the possible effects on Jim's driving from continuing to drive those last 50 kilometres?
4. What are the most effective steps for addressing fatigue and avoiding the risks that Jim exposed himself to?
5. Why do drivers continue to drive when they have symptoms of fatigue?

Tired driver





SELF-ASSESSMENT OF KNOWLEDGE

Please complete the following questions to help assess your understanding of the module so far:

Q.1 What is sleep apnoea?

Your Response

Q.2 What is a micro-sleep?

Your Response

Q.3 When travelling at 80km/h, what distance is covered in 1 second?

Your Response

Q.4 What are the common symptoms of driver fatigue?

Your Response

Q.5 What is the circadian rhythm?

Your Response

Q.6 What is insomnia?

Your Response





Q.7 Driver fatigue is described as a sleeping what?

Your Response

Q.8 How can you relieve fatigue?

Your Response

Q.9 What is the average sleep requirement per day?

Your Response

Q.10 What are night workers prone to?

Your Response

Having completed these questions, your trainer will discuss typical answers with the group to ensure that drivers have a comprehensive understanding of the information and guidance provided.

If you would like more information on any of the issues raised during this exercise, ask your trainer who will be pleased to discuss the issues and will encourage other participants to share their experiences to the benefit of all.

This concludes the section on the Effects of Fatigue.



SECTION E – STRESS AND THE PROFESSIONAL DRIVER

Stress is a factor in modern life. Everyone is affected by it to a greater or lesser extent whether they are working in a private sector company, or a public sector body, in management, clerical or manual jobs or working as professional drivers of trucks or buses.

Increasingly, individuals are becoming aware of the impact that too much pressure, inappropriately handled, can have on their work performance and on the performance of their colleagues. Too much pressure can lead to stress, and the impact of stress can be devastating.

For individuals, stress can result in poor decision-making, missed deadlines, physical and mental ill health and destroyed relationships.

It is important that people are given the information and the tools they need to identify the sources of stress around them and to measure the impact that stress has on their lives. Only then will they be in a position to select the appropriate coping mechanisms and develop long-term resilience to this insidious problem. Stressors are generated by day-to-day events, e.g., work-related issues, relationship difficulties, financial matters and family matters. It is important to manage these stress events in order to minimise their impact on your driving.

Stress: The Spice of Life or the Kiss of Death?

Work-related stress contributes to major environmental, economic and health problems. It affects 40 million workers in 15 EU member states, and costs at least 20 billion euro annually. It contributes to a host of human suffering, disease and death.

What is Stress.

Stress is an imbalance between the demands made of you and the resources that you have to meet those demands. Resources are both internal and external. External resources include support networks, training and coaching. Internal resources include our knowledge, attitude, skills and personality.

Personality is one of the most important resources that we have as an indicator that we may be prone to suffer from stress.

Stress and the professional driver

There are many times as a professional driver that you can find yourself stressed. In a recent survey, the majority of drivers said they sometimes feel stressed angry or excited when driving, but all agreed that it is important to stay calm. Stress can affect your driving, and this can have an impact on your own safety and that of other road users. With that in mind, the following section is going to go into some detail on what stress is, how to recognise it in yourself, and how to manage it once you have identified it. We will look at both short-term and long-term strategies that can be used to manage stressful situations. This section should be helpful to you not only in your capacity as a professional driver but also in your private life.

Recognising stress

Before you can start to manage stress it is important to recognise signs and symptoms occurring in yourself that may be a result of stress. Armed with this knowledge you may be in a position to identify the onset of symptoms in the future and say to yourself, “These symptoms could be due to stress. Am I in a stressful situation at the moment?” You will find it beneficial to run through the following checklist and tick off those symptoms which you may have at the moment or which you have recognised as causing a problem in the past. This is for your own information only and does not need to be seen by anyone else.

Sources of stress at work

The following sources of stress at work were identified in the report that was completed by the EU commission (Spice of Life or Kiss of Death?):

- Over and under load;
- Continuous crisis management, e. g., constantly rescheduling work;
- Inadequate time to complete our job to our own and others’ satisfaction;
- Poor communication;
- Lack of clear job description or chain of command;
- No opportunity to voice complaints;
- Many responsibilities, but little authority or decision-making capability;
- Uncooperative or unsupportive superiors, co-workers or subordinates;

- No control, or pride, over the finished product of your work;
- Job insecurity, no permanence of position;
- Exposure to prejudice regarding age, gender, race, ethnicity or religion;
- Exposure to violence, threats or bullying;
- No opportunity to utilise personal talents or abilities effectively;
- Chances of a small error or momentary lapse of attention having serious or even disastrous consequences;
- Personal life stresses;
- Lone working;
- Stress may not be due solely to work;
- Constantly trying to meet unrealistic delivery deadlines;
- Low pay or zero hours employment contracts;
- Unfamiliarity with different types of vehicles, routes or delivery destinations;
- Receiving short-notice instructions to change pick-up or delivery points;
- Uncooperative customer receptionists;
- Vehicle breakdown.

All of the above can lead to driver distraction. As soon as you recognise the symptoms take action before its too late.

Effects of Short term stress.

- Caused by release of adrenalin;
- Fight or flight response;
- Symptoms of survival stress:
 - Faster heart beat
 - Increased sweating
 - Cool skin
 - Cold hands and feet
 - Feeling or nausea, or “butterflies in stomach”
 - Rapid breathing
 - Tense muscles
 - Dry mouth
 - Diarrhoea;
- Interferes with clear judgement – makes it difficult to take the time to make good decisions;

- Reduces your enjoyment of your work;
- Where you need good physical skills – can get in the way of fine motor control;
- Causes difficult situations to be seen as a threat, not a challenge;
- Promotes negative thinking;
- Damages self confidence;
- Disrupts focus and concentration;
- Consumes mental energy in distraction, anxiety, frustration and temper.

Signs of negative stress

Physical

- headaches
- inability to sleep

Judgement

- over reacting
- Impulsive

Emotional

- anxious
- aggressive
- irritable

Mental

- unable to concentrate
- easily confused

Behavioural

- may over indulge in eating or drinking



Effects of long-term stress.

- Talking too fast or too loud;
- Bad moods - aggression – irrationality;
- Reduced personal effectiveness:
 - being unreasonably negative
 - being more forgetful
 - making more mistakes
 - more accident prone
 - increased absenteeism
 - neglect of personal appearance;
- Do you recognise any of these symptoms in yourself?

Internal symptoms of long-term stress

Long-term exposure to stress can lead to internal emotional “upsets”:

- Worry or anxiety;
- Confusion, inability to concentrate or make decisions;
- Feeling ill;
- Feeling out of control or overwhelmed by events;
 - Mood changes:
 - depression
 - frustration
 - hostility
 - helplessness;
 - Being more lethargic;
 - Difficulty sleeping;
 - Drinking more alcohol and smoking more;
 - Changing eating habits;
 - Reduced sex drive;
 - More reliance on medication.

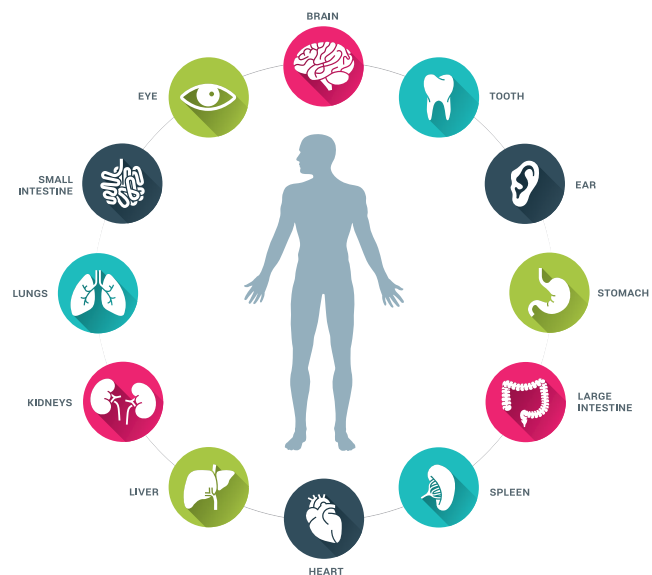
Long-term physical symptoms

- Occur when body has been exposed to adrenalin over a long period;
- May show the following:
 - Changes in appetite
 - Frequent colds;
 - Illness such as:
 - Asthma
 - Back pain
 - Digestive problems
 - Headaches
 - Skin eruptions;
 - Sexual disorders;
 - Aches and pains;
 - Feelings of intense and long-term tiredness.

Heart disease and stroke

Heart disease in 16% of males and 22% of females can be attributed to work-related stress. This figure increases to up to 50% for people whose jobs are sedentary , like truck or bus drivers.

Human Anatomy



EFFECTS OF STRESS CHECKLISTS

CHECKLIST ✓

Physical

- Racing pulse
- Palpitations
- High blood pressure
- Cold hands and feet
- Increased muscular tension
- Backache
- Neck pain
- Tension headache
- Tightness of the chest
- Cracking voice
- Tooth/jaw pain
- Change in appetite
- Heartburn and indigestion
- Diarrhoea
- Constipation
- Nausea and vomiting

CHECKLIST ✓

Irritability

- Anxiety (uneasiness)
- Aversions
- Nervous laughter
- Defensiveness
- Criticism of self or others
- Depression
- Emotional withdrawal
- Emotional outburst and crying
- Aggressive behaviour

CHECKLIST ✓

Mental

- Poor concentration
- Sudden changes in approach
- Tendency to mistakes
- Increased forgetfulness
- Tendency to lose perspective
- Excessive daydreaming
- Less rational thinking
- Poor judgement

CHECKLIST ✓

Behavioural

- Changes in work habits
- Changes in personal habits
- Neglect of personal appearance
- Insomnia
- Inappropriate lethargy
- Increased alcohol intake
- Increased coffee intake
- Increased smoking
- Changes in eating habits
- Reduced sex drive
- Increased absenteeism
- Unnecessarily repeated actions
- Unusual clumsiness
- Accident proneness

CHECKLIST ✓

Hormonal/Miscellaneous

- Dry mouth
- Sweaty palms and feet
- Frequent need to urinate
- Blurred vision
- Migraine
- Dark circles under the eyes
- Frequent colds and minor illness
- Skin rashes

If you are suffering from any of the symptoms listed above, you should consult your doctor or medical adviser.

Ways to deal with stress at work

- Set goals and priorities;
- Concentrate on one thing at a time;
- Don't expect perfection - from yourself or others;
- Use your breaks to walk, take fresh air, etc, even when working to a deadline;
- Look at how you cope and work on skills that will help i.e.:
 - Assertiveness
 - Communication
 - Negotiation;
- Spend time alone each day, doing nothing (even if only for 5 minutes);
- Promote a healthy lifestyle by taking exercise, relaxing, doing things you enjoy;
- Be prepared to seek professional advice when necessary.

Long-term strategies

Building long-term resilience

Need to develop physical, behavioural and social resources for dealing with stress

- **Physical resources**
 - relaxation methods i.e. yoga, meditation
 - exercise i.e. aerobics, walking, swimming
 - balanced diet
- **Behavioural resources**
 - time management
 - goal setting
 - assertiveness
 - communication skills
- **Social resources**
 - balancing home and work
 - social support network



How can I manage stress better?

- 1. Become aware of your stressors and your emotional and physical reactions**
 - Keep a stress diary
 - Notice your distress
 - Determine the events that distress you
 - Determine how your body responds to the stress, be specific
- 2. Recognise what you can change**
 - Can you change/eliminate stressors
 - Can you reduce stressors intensity
 - Can you shorten your exposure to stress - take a break, leave physical premises
 - Can you devote time and energy necessary to manage a change
- 3. Reduce the intensity of your emotional reactions to stressful situations**
 - Stress triggered by perceptions of danger
 - Are you viewing stressor in exaggerated terms
 - Are you making a difficult situation a disaster
 - Do you want to please everyone
 - Do you feel you must prevail in every situation
 - Work at adopting moderate views
 - See stress as something you can cope with - not overwhelming
 - Put things in perspective
 - Do not labour on negative aspects and "what ifs"
- 4. Learn to moderate your physical reaction to stress**
 - Slow, deep breathing will bring heart rate and respiration back to normal
 - Relaxation techniques can reduce muscle tension
 - Medications prescribed by doctor, can help in short term in moderating physical reactions
- 5. Build your physical reserves**
 - Exercise for cardiovascular fitness 3 to 4 times a week
 - Eat well-balanced, nutritious meals
 - Maintain your ideal weight
 - Avoid nicotine, excessive caffeine, and other stimulants

- Mix leisure with work
- Get enough sleep

6. Maintain your emotional reserves

- Develop some mutually supportive friendships/relationships
- Pursue realistic, meaningful goals - not others goals for you
- Expect some frustrations, failures, and sorrows
- Always be kind and gentle with yourself - be a friend to yourself

Stress caused by Distraction

Additionally, 83% of drivers think about something other than their driving when behind the wheel (such as home life or work). About 45% of drivers have lost concentration while performing tasks such as adjusting the stereo, heating or satellite navigation system and a further 20% admit being so distracted by in-car gadgets that they have veered out of their lane. Distraction that affects driving might result from:

- Mobile phone use;
- In-vehicle technology;
- Reading maps/directions while driving;
- Eating and drinking while driving;
- Chatting with passengers;
- Other drivers and road rage;
- Thoughts of work or personal life.



Violence in the Workplace

The European Agency for Safety and Health at work (osha.europa.eu) has established that violence is a source of stress in the transport sector that has attracted increasing attention over recent years. There are also indications that the frequency and the severity of incidents have been increasing.

Staff working in transport services — including airline and airport services, ferry, train, bus, truck and taxi services — are potentially among those most at risk of physical or psychological violence.

By the nature of their work, transport workers may be exposed to many sources of conflict leading to violence. For example, in public transport, their work includes taking care of complaints, supervising the safety of passengers, the control of tickets and the prevention of vandalism and violent behaviour.

Truck, public transport and taxi drivers are also often at risk because they work alone and carry money or valuable cargoes, and their safety is not remotely monitored. When an incident occurs, quick support is often not available.

Transport workers may also sometimes be dealing with specific groups of members of the public whose behaviour is sometimes erratic and unpredictable, such as fare evaders, beggars, hooligans, people who do not comply with smoking or other restrictions, and people who have consumed excessive amounts of alcohol or drugs.

Violence, bullying and harassment go largely underreported and thus they persist and deepen in gravity and incidence.

Reasons for the lack of reporting are mainly: the lack of confidence that the cases will be adequately dealt with; the lack of systems and procedures to report, monitor and record incidents; and fear of the consequences on jobs and career of workers.

The following information has been kindly provided by the Health and Safety Authority (HSA) to inform drivers and to raise awareness of the effects of work related stress and how it can impact on drivers roles and responsibilities at work.

Any reference to an employee can be taken as referring to a driver.

Work Related Stress

The Health and Safety Authority (HSA) promotes the health and safety of people at work. It provides information on a wide variety of work related topics to employers and employees by phone, in writing and through guidance documents and information sheets.

The following information aims to help employees understand and deal with their own stress, in order to better equip them to overcome and cope with work-related stress, where it arises.

More information is available on the HSA website at www.hsa.ie.

What is stress?

Stress is a negative state of mind, which involves, to varying degrees, anxiety, fear and agitation. It comes about when a demand being placed on a person by a situation, a relationship or a specific task is not easily met or the person feels he or she cannot meet the demand properly. The resulting feeling is one of disharmony, a sense of a 'block' within oneself. This sense or state gives rise to varying reactions; a stress reaction can range from mere confusion - 'what is happening to me I do not feel I am coping' - to extreme anger and hostility- 'get out of my way now or I will explode with rage'.

All areas of life can cause stress; driving for instance, is often cited as being stressful where traffic, bad weather, speed and hurry all play a part in making a driver stressed. Stress mainly comes from personal issues such as loss or threat of loss, fear over money problems, family traumas and/or bereavement. Stress is often associated with a number of pressures coming about at the same time, so we are overpowered in our ability to handle them, to process them and overcome them.

What is Work-Related Stress

Work-related stress is stress caused by or made worse by work. Whereas it is sometimes easy to pinpoint the cause of stress, a lot of very tight deadlines and scarcity of equipment to do the job properly, for instance, can immediately be potentially stressful.

However, other work-related stress is less easy to define and categorise.

When stressed, people are not always accurate in diagnosing where their stress is coming from and whether it is from work or not.

Someone feeling very threatened in a relationship can for instance, feel stressed during the working day. The cause of the stress, however, is not the work, but it gets associated with work because it affects the person while at work, it affects their colleagues, the relationships they enjoy at work and how they do their job. So stress involves many aspects of working life; productivity, health and safety, relationships, work-life balance, attendance and workplace satisfaction.

It is not simply a matter of associating the stress felt with a time and/or place. It is important to accept that most causes of stress are in our personal lives. However, there are aspects of the work environment which are more likely to lead to stress than others, and there are ways of reacting to these which are more positive than others.

Research into work related stress tells us that job resources such as a reasonable degree of autonomy, a positive team climate and effective coaching can support people and reduce the effects of stressful situations by helping them to access their own personal resources and increase their self esteem and self confidence around work issues.

How should we deal with stress

In order to best deal with stress, we can try to prevent it arising as far as possible, as well as learning new ways to cope with it when it does arise, and finally, adopt new ways of calming ourselves and recovering from stressful times, when it is unavoidable.

For all of these, it is important to understand how stress develops.

The stress process

Stress is often associated with change, - something different happens in our lives. This new event or demand requires us to adapt, to alter our position, to try harder, move faster, behave differently. Our environment has made a demand of us and to meet that demand, we must shift from a previously comfortable position to a new and perhaps uncomfortable or threatening one.

We react to this new scenario by considering our abilities and strengths. This involves subjective opinions we have as to our coping abilities. We ask ourselves will we be able for this. Our answer depends on many factors -what we have been told are our abilities in the past, which may not be accurate, can influence us to think we won't cope with demands, when, in fact, we are quite able for them. So, confidence, previous experiences, sense of identity and learned competencies will influence our considerations at this point. If we feel that we are unable to cope with this change, or if we fear having to alter our position, this can be the first insight we get as to our changing state. We may, at this stage, feel the niggling signs of stress.

What are the early signs of stress

The first signs of stress are usually a combination of mental and physical symptoms, such as difficulty getting to sleep and easily awoken during the night, decrease in appetite, racing thoughts, sense of hurry generally, increased pulse rate, quick to anger and get upset easily and difficulty concentrating.

How should we manage early stress

At this stage, we have options. Negative options include:

- Denial – pretend it's not happening, so don't consider the new demands or allow yourself to think of options or choices.
- Avoidance - engage in short term soothing behaviours; excessive eating, drinking, smoking, or seek out a range of entertainments to help us remain unfocused on the demands.
- Hostile behaviour - mainly towards people associated with the new situation.

Positive options are those which help us process the new demands. These include:

- Sitting down with someone else involved and making things clearer through talking.
- Agreeing or mapping a way forward which you think you can manage

- Identifying what you need to keep you stress-free and expressing this assertively
- Ensuring you help yourself by having a healthy lifestyle – sleeping and eating and exercising regularly and in line with your mental and physical needs
- Relaxing and enjoying leisure time when not at work – work-life balance is crucial so that stresses and strains are more easily met, regardless of their source.

Managing more serious stress

If stress is not managed at the early stage, it can worsen quickly. By reacting unhealthily to stress, we make the demands significantly more difficult to meet. For instance, by not getting adequate sleep, we are much less able to meet any demands made on us, as fatigue can be a serious factor affecting our mental health. Lack of sleep can affect our work performance and communication style and relationships at work with colleagues, which may be confused with the affects of the original source of stress. While it is advised to try to self manage stress as early as possible, where that has not occurred or you feel it is not something you can deal with, the next step is to seek help within or outside of work.

Short term stress

In the short term, those who feel a work-related demand is causing them stress as outlined, and who feel unable to cope, should bring the matter to their manager or to a HR or occupational health person, or someone else appropriate, if these roles exist, formally or informally within the workplace.

This should be done with a focus on looking at the cause or source of the stress and trying, together with the appropriate management representative, to reduce it and make it manageable so that you can cope with it. There may be supports you need at this time, from outside professionals, or it may be managed within the workplace.

Longer term stress

In the longer term, those who have difficulty coping with change or with new demands may need to seek medical assistance from their own GP or some other form of intervention.

There may be assistance available through the workplace, or through the community, through the public health system or privately.

Alternative ways to learn to better cope with life events, work and non-work, can be through

counseling and various registered and accredited therapy organisations.

However, it may be that you merely need to develop better communication skills so that you can ensure that you consult with your colleagues, team, department or the management at work to ensure you are clear and capable regarding what is expected of you and how you meet those expectations at work. It may be that you have too much work, that the work is not well designed and tasks need to be re-evaluated and assessed so that your stress is reduced.

Very often, stress arises out of lack of consultation about a change, lack of clarity as to what is expected and therefore a faulty or unclear 'map' as to how to progress. All human beings seek progress and when we feel our progress is blocked, we are not energised, motivated and positive – again this is associated with stress for most people, in both work and non-work situations.

Conclusion

We all have abilities to handle different demands made of us throughout life. However, we must seek supports, both within work and outside of work, when we start to feel these demands are exceeding our abilities to cope with them. Feeling stress and being distressed generally requires careful and honest consideration from each person, with the help of other competent people if needed, in order to accurately identify the true source of the problem; it's unhelpful to just accept the first seemingly obvious cause, for example a work issue, as this often masks hidden reasons for our distress and can make it more difficult to resolve.

We need to interact with other people, with friends and acquaintances, colleagues and management, in order to communicate clearly, to consult where required and to better cope with challenge.



Refer to Appendix 6 for further information on stress reduction techniques.



SELF-ASSESSMENT OF KNOWLEDGE

Please complete the following questions to help assess your understanding of this section:

Q.1 How has the EU Agency for Safety and Health at Work defined stress?

Your Response

Q.2 Name 4 symptoms of stress.

Your Response

Q.3 How can stress affect a driver?

Your Response

Q.4 Name 4 ways that stress can be managed.

Your Response





Q.5 In recognising stress, name 4 Irritability aspects.

Your Response

Q.6 In recognising stress, name 4 Physical aspects.

Your Response

Q.7 Name 4 ways that drivers can be distracted.

Your Response

Q.8 What is a tension headache a sign of?

Your Response

Having completed these questions, your trainer will discuss typical answers with the group to ensure that drivers have a comprehensive understanding of the information and guidance provided.

If you would like more information on any of the issues raised during this exercise, ask your trainer who will be pleased to discuss the issues and will encourage other participants to share their experiences to the benefit of all.

This concludes the section on Stress and the Professional Driver.



SECTION F – WORK/LIFE BALANCE

Over the past few decades, a dramatic change has occurred in the labour market and demographic profiles of employees. Families have shifted from the traditional male ‘breadwinner’ role to dual-earner couples and single parent families. Organisations are expecting an increase in employee flexibility and productivity. The traditional “job for life” has changed into an economic environment of instability and job uncertainty. Workers’ perspectives and expectations have also changed towards work. As a result of these demographic, employment and organisational trends, both men and women have experienced an increase in demands from the familial, household and work domains.

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It is often difficult for professional drivers to strike an appropriate work/life balance. Working long unsocial hours, often at weekends or other holidays when friends and other family members are not working can lead to additional stress for drivers. It is important to understand the impact of any imbalance.

This section attempts to guide a driver as to how he or she might overcome the associated problems.

Work-life balance is a broad and complex phenomenon, defined as the “extent to which an individual is equally engaged in - and equally satisfied with- his or her work role and family role”. Work-life balance consists of three components:

- time balance refers to equal time being given to both work and family roles;
- involvement balance refers to equal levels of psychological involvement in both work and family roles;
- and finally, satisfaction balance refers to equal levels of satisfaction in both work and family roles.

When individuals struggle to maintain and satisfy the demands placed on them by both the work and family domains, an imbalance may occur. Work-family conflict can be defined as a source of stress resulting from irreconcilable pressure from the work and family spheres. This can take two forms:

- work to family conflict and;
- family to work conflict.

Work-family conflict may assume the form of:

- time-based;
- strain-based and;
- behaviour-based conflict.

Prevalence of work-life conflict

Work-life conflict is prevalent in Europe. It is estimated that more than one quarter of Europeans suffered from some form of work-family conflict.

Relative to time:

- 27% of workers in the EU perceived that they spend too much time at work;
- 28% felt that they spend too little time with their families;
- 36 % felt that they do not have enough time for friends and other social contacts;
- 51% believed that they do not have enough time for their own hobbies and interests.

In relation to gender differences, women were more likely to report that they have too little time for daily life activities, whereas men perceived that they spend too much time at work. A significant number of workers have difficulties in performing family responsibilities due to work intensity and time: for example, 22% reported that they are too tired from work for household chores, and 10% reported that time spent at work affects their family responsibilities. Women were more likely to cite these pressures than men. Approximately 50% of workers perceived that family and work time demands overlapped due to family issues and adversely affected work-life balance.

Work-life conflict and health

Work/family conflict may be viewed as a stressor for individuals. Research has observed work/life conflict to be associated with a number of indicators of poor health issues and impaired wellbeing, including;

- poorer mental and physical health;
- less life satisfaction;
- higher levels of stress;
- higher levels of emotional exhaustion;
- less physical exercise;
- higher likelihood to engage in problem drinking;
- increased anxiety and depression levels;
- poor appetite and;
- fatigue.

A person's work/life balance is achieved when life and lifestyle both inside and outside paid work has achieved a happy balance, and this is accepted as the norm, to the mutual benefit of the individual, the company and society in general.

Many companies and employers, including the self-employed, are now finding that there are real benefits to ensuring that there is a happy balance in the work/life arrangements of an employee.

This approach is evident in

- Increased productivity
- Low rates of absenteeism
- Reduced overheads
- Improved customer service
- A more motivated and committed workforce
- Reduced wear and tear on vehicles

Good work/life balance



The following questionnaire is intended to help you understand whether your work life and home/family life are in reasonable balance. Your answers will help you to identify any level of imbalance. The questions require a simple yes or no answer. No one else will see the answers.

	YES	NO
1. When I am at home, I find it hard to relax.	<input type="checkbox"/>	<input type="checkbox"/>
2. When I am running late, I get very frustrated and angry.	<input type="checkbox"/>	<input type="checkbox"/>
3. When I have to spend time in a queue, I start to calculate the cost.	<input type="checkbox"/>	<input type="checkbox"/>
4. I regularly get aches and pains in my upper body.	<input type="checkbox"/>	<input type="checkbox"/>
5. Every day seems to be one long deadline.	<input type="checkbox"/>	<input type="checkbox"/>
6. I sometimes feel guilty about neglecting my family.	<input type="checkbox"/>	<input type="checkbox"/>
7. I often feel that I need more sleep.	<input type="checkbox"/>	<input type="checkbox"/>
8. Sometimes I only half-listen to my family at home.	<input type="checkbox"/>	<input type="checkbox"/>
9. I often bring work problems home with me.	<input type="checkbox"/>	<input type="checkbox"/>
10. I often bring home problems to work with me.	<input type="checkbox"/>	<input type="checkbox"/>
11. I sometimes rely on alcohol or cigarettes to get me through a rough patch.	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel I need to take sleeping pills to get a good nights sleep.	<input type="checkbox"/>	<input type="checkbox"/>
13. I need to work overtime in order to make ends meet.	<input type="checkbox"/>	<input type="checkbox"/>
14. Even when I have time to relax, my head is full of problems.	<input type="checkbox"/>	<input type="checkbox"/>
15. I should go for a medical check-up but I do not have the time.	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel that I have too many commitments.	<input type="checkbox"/>	<input type="checkbox"/>
17. I do not feel any job-satisfaction despite working hard.	<input type="checkbox"/>	<input type="checkbox"/>
18. I sometimes feel that I am taken for granted.	<input type="checkbox"/>	<input type="checkbox"/>
19. I would like more time for outside interests.	<input type="checkbox"/>	<input type="checkbox"/>
20. I feel that I should have followed a different career path.	<input type="checkbox"/>	<input type="checkbox"/>
21. I cant remember the last time I felt really happy and content.	<input type="checkbox"/>	<input type="checkbox"/>
22. When I make a helpful suggestion, I am ignored.	<input type="checkbox"/>	<input type="checkbox"/>
23. I sometimes lose my temper and then feel regret.	<input type="checkbox"/>	<input type="checkbox"/>
24. I do not know where I will be in a years time.	<input type="checkbox"/>	<input type="checkbox"/>
25. Other drivers and traffic conditions are increasingly hard to cope with.	<input type="checkbox"/>	<input type="checkbox"/>
26. I have missed some family occasions due to pressure of work.	<input type="checkbox"/>	<input type="checkbox"/>
27. I try not to take holidays because I need to earn more money.	<input type="checkbox"/>	<input type="checkbox"/>
28. I feel that I am stuck in a rut.	<input type="checkbox"/>	<input type="checkbox"/>
29. I do not look forward to getting up every day.	<input type="checkbox"/>	<input type="checkbox"/>
30. I sometimes ignore a problem and hope it will solve itself.	<input type="checkbox"/>	<input type="checkbox"/>

Remember the old saying `All work and no play makes Jack a dull boy`!

According to modern occupational therapy, Jack may not be dull, but his health and overall wellbeing could be affected by him concentrating on his work life and neglecting his home life. If you feel that you are stuck in a job that is tedious and lackluster, take time off to indulge in activities that interest you.

The importance of relaxation, recreation and rest help us to have a positive attitude to life, to have a balanced perspective and to look at situations in a new way.

When deadlines are always looming and you are always up against the clock, you should focus on what is the most important thing right now.

A drivers health and well-being will improve if they engage in activities that are meaningful and pleasurable, and realize that health is a balance of work, play and leisure.

An important element of a persons life should be space and time for creativity, curiosity, humour, spontaneity and pleasure.

Different activities can be pleasurable for different people, and can also be pleasurable at one time and be more of a chore at another time.

If a professional driver does not gain meaning and pleasure in their work they may become burnt out.

Leisure and pleasure can renew a persons energy to meet the daily challenges, and can motivate a person to increase their performance, and enjoy a happier and more fulfilling life.

Making time for a balance of work, play and leisure is not easy, but relationships with others are an integral part of whether life will seem manageable and enjoyable.

You may feel fragmented and overwhelmed if you are not achieving a sense of balance between your work life and your home life.

Your work and relationships will suffer if you are not managing to fulfill your needs and responsibilities.

Consciously ask yourself whether you are doing the things and spending the time with the people who are most important to you, or not.

Having a good balance in your work, play and leisure will be easier if you

- Know your values
- Identify your priorities
- Reduce unnecessary distractions
- Set some goals and make a plan
- Revisit your goals and plan occasionally

A value is important to the person who holds it Values are expressed

- By ways you talk and act
- By ways you use time and energy
- By how you enjoy your leisure
- By how you do your work

Priorities are activities and relationships that you give most attention to because you have ranked them as highly important.

When setting priorities, ask yourself

- Is this important
- Who is it important to
- Is this urgent
- Who thinks it is urgent
- Is this necessary at all

Unnecessary distractions in your life include some stressors, unresolved conflict, bad habits, poor planning and unrealistic expectations.

Finding balance with your work life and personal life can be accomplished.

Tips to help professional drivers to manage their work/life balance

You should

- Set goals that reflect your values
- Do things that will help you achieve your goals
- Take action to address things that are outside your comfort zone
- Be willing to take some risks
- Respond to disappointments positively – ask what you can learn from them
- Share your problems with others – be willing to ask for help and advice
- Identify the sources of your stress
- Exercise to work off the effects of stress
- Maintain a healthy lifestyle
- Accept what you cannot change
- Organise your life without being a perfectionist
- Realise that you can influence others but you cannot control them
- Avoid misuse of alcohol and drugs
- Make time for recreation and enjoy it
- Give a helping hand to someone who is struggling
- Take one thing at a time – try not to multi-task
- Be prepared to compromise – agree to disagree
- Get away from it all for a while
- Learn to say no – be realistic about what you can achieve
- Take up your favourite hobby
- Discover your inner self
- Do not be a workaholic

Guidelines to Questionnaire

If you answered **YES** up to 10 times your work-life balance would appear to be in reasonably good shape.

If you answered **YES** up to 20 times, you need to take stock of your work life and home life arrangements.

If you answered **YES** more than 20 times, your work-life balance would appear to require some serious attention. You may be completely unaware of the detrimental effects of the imbalance.

The following information has been kindly provided by the Health and Safety Authority (HSA) to inform drivers and to raise awareness of the importance of an effective work-life balance and how it can impact on their role and responsibilities at work.

Any reference to an employee can be taken as referring to a driver.

WORK-LIFE BALANCE

What is work-life balance?

The term 'work-life balance' may be a new one, but the concept is not – think of the old saying 'all work and no play'. It refers to the need in all of us to have a balance in our lives; we perform better when we have some element of work as well as some element of leisure. Scientific studies have measured the performance of different groups – those who work through long periods, those who take rest breaks, those who take rest breaks as well as breaks doing something they enjoy (such as a hobby) and those who take only leisure breaks – how they feel, how they perform on a given task and how they interact. The research shows that the group which performs best across the three areas – work performance, interaction and 'feeling' good – tends to be the group that takes rest and leisure breaks.

Are leisure breaks the same as rest breaks? Leisure is not just rest. Although rest is needed, and so we should sleep approximately eight hours per day, we also need awake time where we 'play' or do things that are rewarding outside of work. The real term here is 'engagement'. As humans, we need to be engaged in other activities, such as a sport, reading, watching a film, singing in a band, doing DIY, walking, taking photographs, painting, etc.

What are the indicators of a good work-life balance

A good work-life balance is in place when:

- Employees work between five and nine hours per day.
- Employees do not have to travel more than one hour to and from work.
- Employees have and take advantage of proper rest and eating periods within their working day/night.
- Employees know in advance what shifts/days they are scheduled to work.
- Employees have interests/pursuits outside the workplace.

- Doing their jobs does not mean employees have no time left to be engaged in activities that have no connection to work.

How can this affect an employer.

An employer will benefit from employees who have balanced lives. Employees also benefit from supervisors, managers and employers who have balanced lives. When interacting with each other, whether in the workplace, in the course of employment, in the communities in which we live or in broader society, we benefit from interacting with people who are relaxed, patient, reasonable, satisfied and content; these people usually have a balance in their lives between their work and their non-work activities.

The business can especially benefit from employees who have work-life balance because satisfied employees are more productive, make fewer mistakes, have fewer accidents and cause less unrest in groups.

Financially the business can benefit in terms of increased productivity and reductions in conflict issues at work, industrial relations issues, accident rates, medical treatment, absence from work, social welfare compensation and possible civil claims, training time and resources and, in extreme situations, mental health problems. Unrest often starts with one or two individuals but becomes a broader issue across teams if not tackled early on. In many instances unrest is totally preventable by simple inexpensive measures to identify, promote and support a balanced approach to work for your employees.

Can an employer get support to promote work-life balance

A number of statutory and non-statutory agencies will help you promote work-life balance and there are websites offering additional information. These resources are listed further on.

The HSA does not have a remit in this area and there is no direct health and safety legislation referring to work-life balance. However, employers do have a duty of care to employees and also a duty to carry out risk assessments

Does any legislation cover work–life balance issues

Some family-friendly working arrangements are regulated under Irish law as statutory entitlements.

Some of these attract a social welfare payment.

Other non-statutory arrangements are agreed between the employer and the employee, perhaps regulated by a workplace collective agreement or policy, but they are not legal entitlements.

Important legislation in this area includes:

- Protection of Employees (Part-Time Work) Act.
- Organisation of Working Time Act.
- Maternity Protection Act.
- Parental Leave Act.
- Force Majeure Leave.
- Adoptive Leave Act.
- Carer's Leave.

For more information on the above, contact the Department of Enterprise, Trade and Employment.

What is the take-up of flexible working time among Irish employees

In general the take-up is less than expected. Within specific sectors, where there is a cultural acceptance of the benefits of such flexibility, there is higher take-up. Suspicion that those taking such leave are disrupting the system or are less productive can discourage participation. This is often a misconception and when transparent and fair work–life balance policies are in place, and regularly monitored and reviewed, it can lead to measurable, visible increases in take-up across various types of service and production-oriented enterprises.

What should an employer do to explore this further

First, contact agencies that specialise in the area. It is vitally important, particularly in the current economic environment that any actions you take are seen as non-threatening and will be viewed with an open mind by employees. During an economic downturn it can be beneficial to offer employees more flexibility in how they work, with some preferring to work fewer hours to suit family needs or to engage in other non-pay or pay-related activities. Thus, your workplace can accommodate people whilst also accommodating the recessionary context.

A systematic approach is vital. Consult with employees about the work–life balance project, perhaps keep it within a specified time frame or operate a pilot project at first.

There are several ways that such a system can be implemented:

- Get accurate information from agencies.
- Consult with employees, explaining what work–life balance is and how they can benefit from reading material on it.
- Get information on other benefits to employees, see case studies at www.worklifebalance.ie.

For instance, an employee may prefer to have one more day per week off, and the resultant change in take home pay may not be as prohibitive as he or she expected.

- Target one or two new initiatives that you could promote in terms of work–life balance and consider it for a three-month period, with review after that time.
- Consider all employees and rotate any system you bring in so that everyone can access it at some level.

What is a work–life balance policy

A work–life balance policy will identify and set out the organisation's commitment to:

- A planned and systematic approach to work–life balance.
- Implementing flexible working arrangements necessary for work–life balance for employees and to meet the objectives of the business.
- Promoting non-discrimination at work in that no disadvantage accrues to staff who avail of flexible arrangements.
- Designing these arrangements in a manner that takes account of staff diversity across the nine grounds covered under equality legislation, in particular ensuring their relevance to employees with caring responsibilities, older employees, employees with disabilities and employees from minority ethnic groups.

How should a work–life balance policy be implemented

It is best to implement work–life balance arrangements on a partnership basis, which involves developing a programme that:

- Sets out objectives in terms of what the work–life balance programme seeks to achieve for the business, for employees and for workplace equality.
- Specifies a range of employee work–life balance needs that the programme seeks to respond to.
- Outlines who can access what and for how long and the systems and practices needed to support the programme, including training, staff responsibilities in the area, application procedures and monitoring arrangements.

Is any special training required

Training in designing and operating work–life balance working arrangements:

- Supports an awareness of the work–life balance policy.
- Develops attitudinal change among staff as necessary in relation to work–life balance.
- Informs an understanding of the particular needs of people who avail of flexible working arrangements.
- Develops skills in the design and management of flexible working arrangements.

Why should an employer develop policy and action around work–life balance?

- It enhances recruitment and retention of employees.
- It builds morale and productivity (crucial in the current climate).
- It assists employees to remain in employment while dealing with other responsibilities.
- It offers employees the chance to avail of new opportunities alongside their work responsibilities.
- It supports workplace equality and diversity.
- It helps older employees in terms of phased approaches to retirement.
- It assists in meeting requirements under equality legislation.

Contacts/References

Further information is available from:

- Case studies may be found on the National Framework Committee for Work Life Balance’ website: www.worklifebalance.ie.
- National Centre for Partnership and Performance. Website: www.ncpp.ie. – The Changing Workplace: A Survey of Employee Views and Experiences (NCP, 2003).
- Department of Enterprise, Trade and Employment. Website: www.entemp.ie.
- Fathers and Mothers & Work Life Balance: A European Study (2007) by M. Fine-Davis.



SELF-ASSESSMENT OF KNOWLEDGE

Please complete the following questions to help assess your understanding of this section:

Q.1 Why is a good Work/Life balance important?

Your Response

Q.2 How is a good Work/Life balance achieved?

Your Response

Q.3 Who and what is affected if your Work/Life balance is not in order?

Your Response

Q.4 How can a company benefit by ensuring a drivers Work/Life balance is in order?

Your Response

Q.5 Explain what is meant by the old saying 'All work and no play makes Jack a dull boy.'

Your Response

Having completed these questions, your trainer will discuss typical answers with the group to ensure that drivers have a comprehensive understanding of the information and guidance provided.

If you would like more information on any of the issues raised during this exercise, ask your trainer who will be pleased to discuss the issues and will encourage other participants to share their experiences to the benefit of all.



The following Scenario is provided for you to consider the circumstances and related questions. Your CPC Trainer will then ask you about your own thoughts regarding the circumstances.

> SCENARIO

Personal Health

Driver Tom was a professional driver working for a large organization. He had to leave the depot every morning at 5.00 am with a schedule of collecting and delivering spread over several hundred kilometers. Lately he had been finding it harder and harder to turn up on time for work, refreshed and eager to get the days work completed. He was not sleeping well, and was taking medication for blood pressure. He had not told his manager about this as he was worried that it might affect his employment, and he hoped that it was just a temporary condition. He was struggling to meet his mortgage payments, and needed the pay-cheque every week to keep the bills paid.

Because of time pressure due to traffic volumes and deadlines, he had taken to eating more and more fast food on the go, and had noticed that he was also putting on weight.

He resolved to do something about this when he had more time and was feeling better.

1. What should Tom have done about turning up for work feeling tired?
2. Who should Tom tell about his medical condition?
3. How would late mortgage payments affect Toms ability to concentrate on his driving?
4. What should Tom do about his diet and his associated weight problem?

That concludes the section on Work/Life balance. It also concludes Session 1 of the 'Health and Safety for the Professional Driver' module. After the break Session 2 will look at 'Preventing Physical Risks' for the professional driver.

