

Emergency Department (ED): getting back to driving after injury

This is an overview of returning to driving after an injury. The complete standards are published in *Sláinte agus Tiomáint: Medical Fitness to Drive (MFTD) Guidelines*.



Be a responsible driver

It is your responsibility as a driver to:

- follow your doctor's advice, take your prescribed medication, and monitor and manage your medical condition(s);
- stop driving if any of the medications you are taking, or treatments you are receiving for your injury affect your ability to drive safely. Medications and treatments include– plaster casts, splints, slings, patches, medicines, injections and so on;
- inform the National Driver Licence Service (NDLS) if your doctor or health professional advises you to stop driving;
- comply with the requirements of your licence, including having medical reviews;
- get professional advice on medical fitness to drive if you develop a sudden, serious and/or ongoing medical condition during the term of your licence.

Note: You are committing an offence if you continue to drive after you become aware that you are not fit to do so. 'Awareness' can be your own awareness – for example, noticing that you are having dizzy spells or fainting, or knowing that your ability to drive is reduced because of an injury. Or, your doctor might make you aware by warning you not to drive.

When can I get back to driving after an injury?

It depends. After you are discharged from the emergency department (ED) with an injury, determining when you are fit to get back to driving depends on several things. For example:

- Are you putting yourself at risk of undoing the benefit of a recent surgery or treatment?

- If you are protecting a body part with ‘immobilisation’ – for example, a splint, a plaster cast or heavy bandage – or if you cannot bend or move the joint or limb normally, then you should not drive.
- You need to be sure that you can drive a vehicle safely, and respond to unpredictable situations appropriately. Studies have shown that even wearing a simple wrist splint while driving can significantly affect your ability to safely control the vehicle.
- If you have (or suspect you have) a **fracture**, wait until you get advice at your fracture clinic or ED follow-up appointment before you drive.
- If you have any **numbness** or loss of sensation in your arms or legs, your ability to use the vehicle controls safely and effectively could be impaired – for example, missing the brake pedal, losing your grip on the gear stick, and so on.
- If you have a ‘**soft tissue**’ injury – for example, damage to muscles, tendons and so on – it may become stiff and uncomfortable and may affect your driving ability.
- If you have had surgery, your doctor will advise you when it’s safe for you to drive. Be sure to ask him/her.

Remember that any pain or stiffness may affect your speed of movement. It is essential that when you drive that you can react quickly and effectively to ensure safety on the road. While you may have adequate movement to drive ‘normally’, you need to be **aware** if any pain or stiffness associated with your injury is likely to slow down your speed of movement and your ability to react quickly enough if you have to avoid a sudden danger.

If you are still not sure about your physical condition and medical fitness to drive, ask the doctor treating you in the Emergency Department.

Practical self-assessment

The following sections give you some guidance and practical steps you can take to assess your injury and how it affects your driving.

How do I assess lower leg strength, range of motion and balance?

Walk three metres (10 feet), turn around and walk back to where you started. If it takes you more than nine seconds to do this, your legs may be too weak for you to drive safely.

How can I assess my ability to control and manoeuvre my vehicle?

- **Neck rotation** – Can you look over either shoulder to look behind you or to reverse your car? Would you be sure to see a child behind you? If not, do not drive.
- **Finger curl** – Can you make fists with both hands strong enough to allow you to hold a steering wheel or handle grips safely?
- **Shoulder and elbow flexion** – Pretend you are holding a steering wheel. Can you turn the imaginary wheel all the way to the right and then all the way to the left? Could you avoid a child if they ran out in front of you? If not, do not drive.
- **Ankle flexion** – pretend you are doing an emergency stop and you are pressing a car brake pedal quickly and hard. Now bring your toes back towards you. Could you brake in time and without hesitation to avoid a child who has run out in front of you? If not, or if you are in any doubt, do not drive.

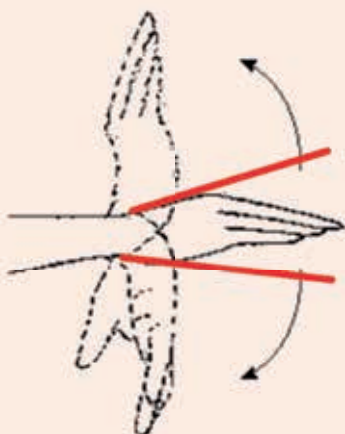
If your movement is hesitant, causes pain, or is limited, your ability to drive safely will be impaired.

To assess your strength, ask someone to firmly push against you when you do the movements below. You may be unable to drive safely if you cannot do them:

1. Lift each arm in turn in the air



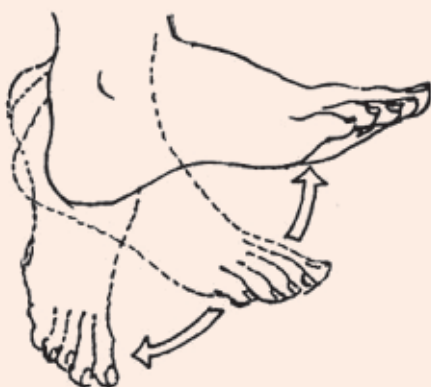
2. Extend and flex your wrist



3. Clench your fists



4. Extend and flex your ankle



What if I have been treated with a sedative?

If you have been sedated in the ED:

- you must have a responsible adult to take you home and stay with you for 12 hours after your discharge;
- you must not drive for a minimum of 24 hours, or longer as advised by the medical team;
- for a surgical procedure, your doctor or other treating health professional will advise you when you can drive.

What about other medications?

You must follow your doctor's and the medication manufacturer's instructions on the correct dose of any medication you take. You must also understand the possible side effects of the medication, including advice about whether or not it may affect your ability to drive.

If you are aware or suspect that the pain relief or other medications you are taking for the injury affects your ability to think clearly, or affects your reaction time, you should not drive.

What if my injury affects my sleep?

It is important to be aware that not being able to sleep at night due to your injury can affect your co-ordination response times and, therefore, your ability to drive safely. Ultimately, the responsibility is on **you** – the driver – not to drive if you are sleepy or think you will become sleepy on the road.

What if I have suffered a head injury?

You should not drive for a minimum of 24 hours or as advised by your doctor, depending on severity of the head injury.

Group 2 – bus and truck drivers

What do I do if I drive a bus or truck as my job?

If you drive for work, you should inform your employer of your injury. The rules are stricter for you, and you must ask for advice about your medical fitness to drive from your treating doctor. You must let them know your driving duties. If possible, ask your company's occupational health doctor.

Why is it important that I'm fully fit to drive?

- The safety of you and the safety of your passengers and other road users depends on your ability to safely operate your vehicle.
- If you are involved in an accident or stopped by a member of An Garda Síochána, you may be asked to prove you are in full control. If you have not fully recovered from an injury and this is found to be affecting your driving, you may be charged with an offence and prosecuted in court. A charge can be brought against you even if you don't have an incident, but, if you cause harm to a person or property, the charge will be more serious.
- Reduced movement in your limbs (arms or legs), or pain as a result of an injury may invalidate your insurance. It is illegal to drive without valid insurance, so you must declare any change in your health to your insurer if you continue to drive.

If I need to, how do I inform the NDLS?

If, following consultation with your doctor, your medical condition is one that needs to be notified to the NDLS and your licence needs to be changed – for example, valid for a shorter period – you must notify the NDLS. You need to complete forms (1) and (2) listed below and return them in person to any NDLS centre along with your current licence and proof of your PPS number. These forms are available on www.ndls.ie.

Checklist of what you need to bring:

- 1) a complete Driver Licence Application Form;
- 2) a Medical Report Form (D501) completed by your doctor (a letter from your doctor is not accepted);
- 3) proof of PPSN; and
- 4) your current licence.

Then, within a specified time frame, you will be issued with a new, updated licence.

Please see www.ndls.ie for locations/bookings and forms.

If you have more questions, please email medicalfitness@rsa.ie or telephone **1890 40 60 40**.

Please note if you have supplied a medical report form to obtain your existing licence or permit and the terms of licence or permit **are not being changed**, you may submit your new application together with your medical report form by post to:

National Driver Licence Service
PO Box 858
Southside Delivery Office
Co Cork

Further information sources:

Head Injuries

Brí: Independent brain injury support, advocacy and information.

Web: www.briireland.ie

Phone: 01 482 4802

Email : info@briireland.ie

Insurance: If a member of the public who holds a valid licence is deemed not fit to drive by a doctor or health professional, they must share this information with their insurance provider straight away.

Web: www.insuranceireland.eu

Phone: 01 6761820

Email: feedback@insuranceireland.eu

Sláinte agus Tiomáint: Medical Fitness to Drive Guidelines is available on www.ndls.ie



National Driver Licence Service



Plain English
Approved by NALA

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