PURPOSE

It is Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) aim that staff work in collaboration with consumers / tangata whaiora to reduce the risks to consumers themselves and the community from substance impaired drivers.

MH&AS **may** encounter consumers who are intoxicated by a range of substances. Some of these people may drive themselves to and from clinic appointments. Staff are obliged to respond to any evidence of any substance impairment or excessive fatigue in consumers by advising them not to drive until they do not show evidence of impairment.

OBJECTIVES

- To promote recovery and provide support for consumers / tangata whaiora on medication to be safe drivers.
- Provide a mandate for action by MH&AS staff to mitigate the risks of substance impaired driving accidents.
- Ensure that substance impaired driving is identified in Assessment and Risk Assessments.
- Provide clear procedure for staff to follow in the event that they encounter consumers who may be at risk of substance impaired driving.
- Educate consumers about the risks of substance impaired driving.

STANDARDS TO BE MET

1. Assessment

All MH&AS staff are obliged to respond to any evidence of any substance impairment or excessive fatigue in consumers by advising them not to drive until they do not show evidence of impairment.

2. Empowering Legislation

2.1 All MH&AS staff will inform service users and their family / whanāu (where appropriate) that information ***may be disclosed*** to other agencies / persons if certain conditions or circumstances apply. For example, under the following conditions health information may be disclosed if:

a) It is necessary to prevent or lessen a serious and imminent threat to public health or safety, or the life or health of any individual, including the patient (rule 11(d)).

b) For Example: Informing the Police when a consumer insists on driving after clinical judgment indicates physical / cognitive / psycho-motor impairment.

2.2 Registered Medical Practitioners (under the Land Transport Act 1998 ,ss18 & 19):

a) must notify the Director Of Land Transport Safety Authority if they consider that a patient is likely to drive and whose mental or physical condition is such that in the interests of public safety, the patient should not be permitted to drive or should only be allowed to drive subject to some limitations – refer to "Medical Aspects of fitness to Drive – A Guide for Medical Practitioners", 2009

3. Standard Tests & Measures

Indicators of intoxication / incapacity can include:

3.1 The person is obviously intoxicated or drug affected see also Appendix 1. Substance Impairment Evidence of Intoxication

3.2 The person is not obviously intoxicated or drug affected but staff observe one or more of the following:

a) unsteady gait
b) agitation and / or belligerence and / or dis-inhibition
c) suspiciousness and withdrawn behaviour
d) smell of alcohol or other substances
e) slurring of speech and confusion / disorientation
f) unexplained drowsiness / 'nodding' / sleepiness
g) dilated pupils, red conjunctivae
h) paranoia / anxiety / tremors

(Note: There may be a number of causes for one (1) or more of the above indicators to be present. If intoxication is suspected the staff member should proceed sensitively to assess whether the person is actually intoxicated.)

3.3 The person reports, or is observed using alcohol and / or other drugs within a timeframe that indicates to the staff member that they are likely to be unfit to drive.

4. Precautions and Considerations

4.1 Staff members intervening with intoxicated or incapacitated people must assess the situation with a view to their own safety and act accordingly. Consider the following possible actions:

a) Involve another clinical staff member
b) Liaise with a member of the clinical management team
c) Consider necessity of involving DHB Security for support

5. Interventions

5.1 If, after consideration of Section (3) and (4) above, there are indicators that the person is intoxicated then the staff member will:

a) advise the consumer of their concerns and request that they do not drive from the premises.
b) ask the consumer to leave their keys with the clinician for safe-keeping and collect the vehicle later when not impaired or arrange to have it collected (if consumer needs access to their vehicle after hours arrange to leave the keys with Security to ensure 24-hour access)
c) help the person to arrange an alternative mode of transport (offer them a phone to call someone to drive them home, make the call for them if they prefer, or call for a taxi and provide a taxi chit if necessary)
d) await arrival of same and ensure safe departure of client

Note to staff: DO NOT move the vehicle under any circumstances. If the vehicle poses a hazard, inform Security (pager 1084)

5.2 If the person refuses to leave their keys, the staff member:

a) again expresses their concerns regarding the person's capacity to drive
b) again offer the person alternative mode of transport (offer to call them a taxi and provide a taxi chit)

c) inform the person that the Police may have to be informed if they attempt to drive a motor vehicle.

5.3 If the person attempts to drive away from the BOPDHB premises the staff member should:
a) record the vehicle registration number.
b) telephone the Police and advise them of the concern.
c) alert Hospital Security (pager 1084).

5.4 As soon as practicable after undertaking the steps above, the staff member will:
a) report actions taken to line manager.
b) complete the Incident Management form
c) document all the above in the person's health record (if applicable).
d) update the consumer's Risk Assessment and History of Cumulative Risk forms with the risk details.
e) any such situation to be discussed and reviewed at next MDT meeting.

6. Opioid Substitution Treatment (Methadone) Consumers

6.1 A new person stabilising on methadone is advised not to drive by the Medical Officer at the Community Alcohol & Drug Service. If they present at the Service in an intoxicated state the above procedures for Management of Intoxicated Clients should be followed. The Medical Officer will advise the person when they are considered stable on their dose and able to resume driving.

6.2 Increasing and decreasing doses for current clients will be titrated slowly or, if that is not possible, the client will be advised not to drive until an adequate dose is reached.

REFERENCES

- Privacy Act 1993
- Official Information Act 1982
- Health Information Privacy Code 1994
- The Health Act 1956
- Land Transport Act 1998
- The Mental Health (Compulsory Assessment and Treatment) Act 1992
- Health and Disability Services Act 1993
- Guidelines to the Mental Health (Compulsory assessment and Treatment) Act 1992, Ministry of Health, 2000
- Health & Disability Services Standards NZS 8134:2008 Standards New Zealand
- On the Record: A practical guide to health information privacy, Privacy Commissioner, 2nd Edition, 2000
- Protecting Your Health Information: A guide to Privacy Issues For Users of Mental Health Service. MHC 1999
- "Medical Aspects of fitness to Drive – A Guide for Medical Practitioners", NZTA 2009

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M5.10 Assessment
- Bay of Plenty District Health Board policy 2.1.1 Risk Management

- Bay of Plenty District Health Board policy 2.1.3 Hazard Management
- Bay of Plenty District Health Board policy 2.1.4 Incident Management

Appendix 1: Impaired Driving

Substance Impairment Evidence of Intoxication:

Opioids	Pinpoint pupils, sedation, low blood pressure, slowed pulse, itching / scratching, .psychomotor retardation
Benzodiazepines	slurred speech, ataxia, sedation, tremor, Nystagmus, low blood pressure, drooling, dis-inhibition, psychomotor retardation.
Amphetamines	hyperactivity, dis-inhibition, dilated pupils, high blood pressure, tachycardia.
Alcohol	Ataxia, slurred speech, dis-inhibition, low blood pressure, smell of alcohol on breath psychomotor retardation.
Cannabis	Red conjunctivae, pupils dilated, eyes do not track objects in a co-ordinated fashion, mental disorientation, slow internal body clock / time perception, slight muscle tremor, paranoia and anxiety psychomotor retardation.