SevernSide Integrated Urgent Care

Driver Handbook



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Integrated Urgent Care – Overview

BrisDoc provides the SevernSide Integrated Urgent Care (IUC) Service for the Bristol, North Somerset, and South Gloucestershire area. SevernSide services include the Out of Hours Urgent Care Service, facilitating hospital admissions in the in-hours period via the Weekday Professional Line, System CAS, and Frailty ACE. As part of the out of hours service, we offer face to face assessment for patients in one of our five Treatment Centres, as well as a home visiting service. As a SevernSide Driver you are integral to the smooth running of the home visiting service.

Driver Role

The primary purpose of the role is to transport Clinicians to and from patient locations in a safe and timely manner together with all the equipment and medication needed to deliver the highest possible standards of patient experience.

Responsibilities include: -

- Car checks
- Car equipment checks
- Medical equipment checks
- Medication checks
- Other Driving Duties
- Delivery/collection of Sample/Drugs

As well as transporting them to visits, Drivers are expected to support the clinician throughout the shift. Ways of supporting them include: -

- Offering to accompany the clinician into the address, carry equipment, provide a chaperone etc
- Offering to make phone calls or make contact with the shift manager on their hehalf
- Assist in case of an emergency, with CPR, calling 999, with defib, etc
- Agreeing a certain length of time, the clinician is likely to be in the house and whether they would like the driver to make contact after that time has elapsed.
- Staying contactable via the mobile phone to respond to any request for urgent assistance.
- On very rare occasions, we might be required to call the police to break in the
 door of a patient's home in their best interest, if they were not responding to our
 calls and door knocks, please be aware that this action <u>can only proceed</u>, with
 the approval, and knowledge of the shift manger on shift.

BrisDoc Equality, Diversity & Inclusion Vision & Aim

We are committed to equality in healthcare for the communities we serve, ensuring that everyone has access to the healthcare they need, while treating people with respect, dignity and fairness.





Every person working for BrisDoc has a personal responsibility for implementing and promoting Equality, Diversity & Inclusion.

We seek to create an environment that is inclusive and supportive for everyone where:

- diversity is valued and respected an approach that embraces both visible and non-visible difference
- our workforce has a positive experience at work and are offered opportunities to meet their full potential
- both direct and indirect discrimination, harassment and victimisation will not be tolerated
- health inequality is eradicated and everyone can access our services effectively; getting the right care, first time.

Our Inclusion aim is to integrate equality and diversity into everything we do – a natural part of everyday practice, owned by everyone.





Driver Competencies

Base Set Up	Competency demonstrated
Good knowledge of the Base Set Up document for each leasting you work at	
location you work at Complete the following Driver checks	Competency demonstrated
• Car checks	
Car Equipment Checks	
Medical Equipment checks Medication checks	
Scheduled Drugs checks (with a clinician) Other Poince Poince	
Other Driver Duties	Competency demonstrated
 Delivering/Collecting Samples from base/s 	
Delivering Drugs	
Delivering Samples following a home visit.	
Collecting Samples from sample safes	
Assisting clinicians during HVs	Competency demonstrated
Awareness of who is due in at base	
 Offering to accompany the clinician into the address, carry equipment, provide a chaperone etc Offering to make phone calls or make contact with the shift manager on their behalf Assist in case of an emergency, with CPR, calling 999, with defib, etc Using the torch to light the way into the house during periods of darkness or when trying to locate items in the car boot. Agreeing a certain length of time, the clinician is likely to be in 	
 the house and whether they would like the driver to make contact after that time has elapsed. Staying contactable via the mobile phone to respond to any request for urgent assistance. On very rare occasions, we might be required to call the police to break in the door of a patient's home in their best interest, if they were not responding to our calls and door knocks, please be aware that this action can only proceed, with the approval, and knowledge of the shift manger on shift. 	
Patient Care	Competency demonstrated
 Greet patients appropriately either face to face or over the phone. 	-
 When delivering drugs, Confirm their identity with appropriate questions; name, date of birth, home address, telephone numbers and surgery 	





Keep the patients informed and advise of any delays.	
During the Driver shift	Competency demonstrated
 Maintain good communication to enable the shift to run smoothly, i.e. with Waccs/SM/ASM to establish how the shift will run Inform WACC/SM/ASM of any prior movements with the car Shre with the shift manager important information for example, HV delays, broken equipment, liaising with WaCCs /ASM 	
Report any learning via the learning event portal	
 Report Digital Issues via the IT Support form Patient samples should signed out the sample book upon collection Any restocking of the car's medication should be documented in the car sheets and put in black post box end of shift 	
Know the location of the accident book and when to use it	
Ensure that any confidential paperwork is disposed of correctly	
 Know how and when to access petty cash, including recording usage 	
End of the shift	Competency demonstrated
 Complete a thorough handover to the next driver (unless you are closing the base) 	
If the base is closing, ensure all lock down procedures are followed with the host as per the base set up document	
General	Competency demonstrated
Ensure SevernSide uniform and ID badge are worn	

Competency Sign off completed:
Date:
Driver name:
Line Manager:

Line Manager should retain a signed copy of the competency sign off for each Driver.





Severnside Base and Vehicle overview

We operate OOH from 6 locations:

- Osprey Court (Head Office/IAP and weekend/week evenings shift centre of operations)
- Marksbury Road Medical Practice (Knowle West BS3 5JU)
- Christchurch Family Medical Centre (Downend BS16 5FJ)
- Greenway Community Practice (Southmead BS10 6AF)
- Clevedon Hospital (Clevedon BS21 6BS)
- 168 Medical Group (Weston Super Mare BS23 3HG)

Our fleet consists of the below vehicles:

Osprey Court Cars

- WV17AVY Skoda Octavia Estate Diesel 4x4 (Used by Medical director))
- WJ72XUO Citroen Berlingo van (Fully electric vehicle used as support car)
- WN69PKC, K2, Honda CRV Petrol/Hybrid 4x4 (Osprey Home Visit Car)

Christchurch Family Medical Centre Car

• WN69PKJ, F6, Honda CRV Petrol/Hybrid 4x4

Marksbury Road Surgery Cars

WN69PKZ, K1, Honda CRV Petrol/Hybrid 4x4

168 Medical (Weston) Cars

- WN69PLV, W8, Honda CRV Petrol/Hybrid 4x4
- WU64JVA Skoda Octavia Estate Diesel 4x4(support car)

All of our vehicles must be parked safely in their designated spaces end of shift, cleaned and checked as per our checklist, and the boot lid will need to be closed/covered where applicable to ensure the safety of our equipment in the back.

The support van must always be put back on charge end of shift unless full. (Please see appendix G with appendences re emergency stop on the charger guidance)

Other Driving Duties

Collection and Delivery of samples/Medication

To improve our performance in this aspect of the out of hours service, Drivers are often required to assist in collecting/delivering Path Lab samples or medication.

Once a driver has been identified, the W&CC managing Home Visits should discuss with them the most appropriate way of getting the sample to the lab in a timely manner.





If a Host at a base informs a driver there is a sample to be collected/delivered the driver MUST ensure this is discussed with the Workflow and Capacity Co-coordinator (WaCC) responsible for managing Home Visits, or the Shift Manager, before departing.

Should it not appear to be possible to get the sample to the lab in a timely manner the matter should be referred to the Shift Manager

Delivering Samples as a result of a PCC appointment

When you arrive at a base to collect a sample you should: -

• Complete the samples log book appropriately. If collecting samples from a base, the main entries will have already been made by the Host. You only need to complete the last 2 columns of the Samples Book as shown in the following example: -

Date	Time Entered	Cleo No. & Patient Initials	Destination Laboratory	GP Surgery	Details Checked/ Entry made by (Print Name)	Collected By (Print Name)	Time Collected
12/03/23	12.20	54321 JB	B.R,I.	Newcourt	A. Host	A. Driver	14.31

- Treat the samples run as a Home Visit and complete the sections on your Drivers Visit Log Sheet.
- Advise the WaCC of your departure and arrival times as you would for a Home Visit.
- Clearly print the Cleo Number and Patient names in the appropriate columns. The Visiting address will be the name of the appropriate laboratory.
- For a safer transport of the Sample, it must be placed in the Sample box in the car, pictured below:



This box is to remain in the car at all times.

- On delivery, please ensure a drop off time is added to the arrival column and a name
 or signature taken from the person receiving the sample, if there isn't a person there
 to receive the sample, then please use the car's mobile phone to take a picture of the
 basket/box where you dropped the sample and keep it on the phone and don't delete
 it or any older photos.
- Remember to add the delivery time and location in the additional notes section of the drivers log sheet when delivering to the lab en route between visits or return to base.

Delivering Samples taken during a Home Visit

If you are able to take any samples taken during a home visit direct to a laboratory during the course of your driving shift, without returning to base, please ensure you undertake the





delivery as per a home visit i.e. completing the visit details as required on the driver visit log sheet.

If you are unable to deliver the sample to a laboratory during the course of your driving shift, then you should pass it back to the Host for it to be treated in the same way as a sample taken at base would have been. At the end of a shift, it is important that you check the car fully to ensure there are no samples left in the vehicle.

Collection/Delivery of Samples taken from Base Sample Safes

On some occasions, drivers will be required to collect samples left by the host in a sample safe, this only applies to our Clevedon and Greenway base, for more details, please refer to our sample sop on radar using the link below.

Clevedon and Greenway Sample Safe Sop

Location of Safes and their codes are available in the set-up document of each base. Codes can also be obtained from the SM

Driver Responsibilities

Once a driver has been instructed to collect the sample from the Safe, upon arrival they will call the SM/WACC and confirm back the four pieces of information for the sample as below:

- · Case number
- · Patient initials
- · Time sample picked up
- · Type of Sample, Blood, Urine, Swab, etc

This sample drop will be logged onto their visits log as per our unusual process, once the sample is delivered, they will need to call/text the SM with the sample has been handed over to the lab.

Operations management of CDs in Bases & Cars

The controlled drugs (CDs) we hold in SevernSide, their class and schedule are all listed in the table below:

Medication	Class	Schedule
Codeine	В	5
Diazepam	С	4
Lorazepam	С	4
Midazolam	С	3
Oral morphine	С	5
Morphine	Α	2
Oxycodone	Α	2

It is a legal requirement for all organisations with controlled drugs to safely store, record, transport, and account for drugs in their possession. For best practice BrisDoc adopts the same schedule 2 principles for managing schedule 3, 4 and 5 CDs.





The role of operational co-owners is to ensure safe keeping of the keys and keycodes. All controlled drug checks, dispensing controlled drugs or transporting controlled drugs must be done together with a clinician. It is the clinician that **handles** controls drugs and are ultimately responsible for all CDs under all circumstances. Operational co-owners are witnesses, and counter-signatories in daily stock checks and dispensing all CDs.

The Process for Daily Checks of the CDs at bases

The schedule 2 drugs are stored in the CD safe inside the drug cupboard and the schedule 3,4 and 5 drugs are stored in the drug cupboard at 168 Locking Road, Christchurch** and Marksbury Road

There are two separate CD registers, one for Schedule 2 drugs and one for Schedule 3,4 and 5 drugs. These are stored inside the drug cupboard.

- The host will accompany the clinician to the carry out the checks at the beginning of the evening shift on weekdays, and at the start of the day on weekends to carry out the CD audit.
- The audit will be led by the clinician. The Host may open the safe and drug cupboard. The drugs will be handled by the clinician who will lead the count.
- The host will sign the register as a witness to the audit
- The clinician will place the drugs back in to the safe. The Host will lock the safe and store keys
- This process must be done together with the clinician.

Any discrepancies or breakages of any schedule CD must be reported as a Learning Event and flagged to the Shift Manager. BrisDoc has a requirement to report discrepancies within 24 hours, therefore it is important to log the learning event immediately.

** Please Note – No Schedule 2 drugs are currently stored at Christchurch base due to pending licence approval**

Transportation of Schedule 2 drugs in the Car

Schedule 2 CDs are not stored in the cars, however on occasions they may need to be taken on a home visit or transported between bases. The following process must be followed:

- The Schedule 2 CD is signed out of the CD safe at base handled only by a clinician and witnessed by the operational team member.
- The CD register in the base is updated by the clinician and witnessed by the member of the operational team
- The clinician accompanied by the driver will take the CDs to the car and place them in the car CD safe and lock the safe (Please see below)





Honda	Skoda	Controlled Drug Log
T. CONTROL CO.	E STATE OF THE STA	MEDIPOST CONTROLLED DRUG RECORDING BOOK Code: CDBK

- The safe in the Honda is located in the boot along with the log book, and operated with a code which you can get from the SM on duty, pressing the right button opens the safe and the left button releases it from the metal cable. Place the drugs in the safe and close the lid, then make sure you scramble the digits on the lock.
- The Safe in the Skoda is also in the boot and its key operated, keys are found withing the same keychain of the car.
- The clinician will sign the CDs into the CD register in the car and be witnessed by the driver
- The clinician will take the CDs out of the CD safe and record this in the CD register witnessed by the driver
- If the CD is not used on a visit, it will be put back in the car CD safe and signed back into the CD register by the clinician witnessed by the driver
- Once back at base the clinician will sign the CDs out of the CD register in the car and remove the CDs from the car safe. This will be witnessed by the driver.
- The driver will accompany the clinician with the CDs and put back in the base CD safe and sign it into the base CD register witnessed by the driver / Host (this will be the same for signing a CD into a different base)

Under no circumstance should a driver ever attempt to deliver CDs by themselves without a clinician.

The Process for Daily Checks of the CDs in the cars (please see Appendix F)

These drugs, schedule 3,4 and 5 CDs are stored in the car medication boxes. The CD log for the car is on the sheet 'In car drug list and stock level'.

• The driver will accompany the clinician to carry out the checks at the beginning of every shift, if there is no visiting clinician the driver will need to ask one of the base clinicians.





- The audit will be led by the clinician who will remove the drugs, carry out the count, record on the 'in car drug list and stock level' sheet, witnessed by the driver
- The clinician will place the drugs back in to the box

Discrepancies or breakages of any schedule CD must be reported as a Learning Event and flagged to the Shift Manager. BrisDoc has a requirement to report discrepancies within 24 hours, therefore it is important to log the learning event immediately.

Completing Paperwork

All the paperwork for the car is stored in one folder, You will take what you need for the visit and leave the folder at base, there is no need to take the whole folder out with you.

Drivers Visit Log Sheet:

- Before the start of each shift and at handover you should complete each header section of the visit log sheet with the date, shift times, your full name (without initials or abbreviations) the designation of the car being driven (K-Car 1 etc) and the mileage and fuel levels at start of shift.
- Then, on the reverse of the form, confirm that the Vehicle and in car equipment checks have been completed by ticking the appropriate boxes.
- Each car is provided with 2 packs of manual prescriptions, each containing 15 individual scripts and one pack of prescriptions for the palliative folder that contains 5 individual scripts.
- The prescriptions need counting before and after each shift and the numbers of used and unused scripts (Please see Appendices)
- As you commence visiting you need to enter the details of each Home Visit on the front of the form. Clearly record the Cleo case number, Target time, Priority, Patient initials only, postcode only, Clinician Name, arrival and departure times (Please see Appendices)
- At the end of your shift you should in addition to recording the final prescription totals, make a note of the final mileage and fuel level in the appropriate boxes on the front of the sheet.
- If you have purchased any fuel, please staple the receipt to the top right-hand corner
 of the form
- At the end of the shift add any comments as appropriate in the comments box and sign were indicated to confirm that the information is correct.
- Leave the completed forms in the Completed Forms Folder in the Drivers Box from where they will be collected by Facilities for checking and audit purposes on a weekly basis.





• Facilities are responsible for re-stocking the cars with fresh forms and for ensuring the latest version is in use at all times. When any form is amended or updated Facilities replace all existing paperwork in the Drivers Paperwork Folder with the latest version and send a text message to all Drivers advising them that the changes has been made, the current version number and effective date of change.

Car checks/Handover

At the start/end of each shift and on handover you must make basic roadworthiness checks of the vehicle and confirm the fact by ticking the appropriate boxes on the reverse (Page 2) of the Drivers Visit Log Sheet. There is also checklist for medical equipment/drugs that will also need to be completed. At the end of shift we need to make sure car is wiped down as per checklist, and all rubbish/used PPE removed from car.

Car equipment checks

The Toughbook, mobile phone are kept in base and left on charge when not in use and should be taken to the car prior to leaving for the first visit.

The following car related equipment should be stored safely in base and also taken to the car prior to leaving for the first visit: -

- Box containing all paperwork (Drivers Visit Log Sheet, Green Bag Checklist, In Car Drug List & Stock Levels and In Car IV List & Stock Levels)
- Completed Forms Folder
- Palliative Care Folder
- Path Lab Sample Folder

The following car related equipment is left permanently in the car: -

- In-Car Toughbook Charger
- In Car Phone Charger
- Fuel Card (In Sun Visor)
- Hi-Viz tabard and de-icer (Kept in the passenger seat rear pocket)
- First Aid Kit and Fire extinguisher (Kept in car boot)
- Torch

At the start of each shift and on handover you must check all equipment is present and operational and confirm the fact by ticking the appropriate boxes on the reverse (Page 2) of the Drivers Visit Log Sheet. (Please see Appendices)





Car Medical equipment checks

Drivers are responsible for making sure that the cars are fully stocked with all necessary equipment at the start of each shift. This is ensured by completing the Green Bag Check List at the beginning of each shift

The Medical equipment comprises of: -

- Diagnostic Bag/Doctors Bag
- Green Defibrillator Bag
- Green Asthma Bag
- Green Injectable Bag
- Green General Bag
- Sharps Box

The full contents of each bag are detailed on the "Green Bag" Checklist (Please see Appendices)

To avoid unnecessary duplication of checks, we use a "tagging" system on all the green bags, with the exception of the green defibrillator bag, which needs to be checked every shift by the driver.



If any bag is "tagged" and dated you can be confident that the contents are as they should be and do not need rechecking. If any bag is not "tagged" it would indicate that some of the contents have been used and must be replaced from stock before commencing visits

Sharps Boxes

The responsibility for the safe disposal of sharps and needles rests solely with the Clinician. However, finding them in the car after a visit will indicate that the driver has not done a sweep of the car end of shift as per the checklist, so please make sure you check the car thoroughly after visits.

A safely closed box is as shown below. (Sharp boxes should always remain in a horizontal upright position)







If the lid top is pushed fully down and the front of the lid (blue arrows) click, then the box will be permanently sealed and locked (only do this when the box is full) To close the box without sealing it, press down on the back of the lid till the areas circled in red click.

Disposal of overfilled Sharps boxes

In the event you find an opened/overfilled sharps box left in the car, you will need to remove the box from the vehicle and put in the sluice room. Obtain a replacement box and add start date. Carefully remove material from the overflowing box into the new box to enable you to close and shut the full box. Note the date on the full box. Put the new box in the vehicle ensuring that the lid is closed, but not locked. Advise the Shift Manager/ASM of your findings and actions and complete an online Learning Event form. Appropriate PPE should be worn throughout this process.

Green Bag Check List

- At the start of each shift and at handover you should complete the section on the top left corner of the Green Bag Check List with your name, date and car designation.
 (Please see Appendices)
- You must also tick the appropriate box to indicate if this form is being completed at the initial loading of the car or on hand over from the previous driver.
- If any bag is not "tagged" it would indicate that some of the contents have been used and must be replaced from stock before commencing visits and, during hand over.





- The driver completing the shift must advise the new driver of what needs replacing
- The new driver then restocks, ticks the "TAGGED" Box sheet to confirm (see example above) and retags the bag with the date clearly marked on the tag
- Record any stock used during the shift by ticking the appropriate column as follows.
 By clearly identifying what has been used during the shift we can ensure nothing is missed during the handover restocking
- Dula Blood/ Keytone Machine to be checked for quality weekly, please check the
 date in the book where the machine was last checked, if it hasn't been checked in
 over a week, then you must carry out the checks and record it in the book
 instructions are available on the Drivers page on radar.
- Finally, check the O₂ Bag and record the level of each cylinder and also confirm that all 7 different sized airways are present in the airways box.

Medication checks

Drivers are responsible for making sure that the cars are fully stocked with the appropriate medication at the start/end of each shift and for replenishing any medication that has been dispensed during the shift. During the period Monday to Friday the evening Driver at Marksbury, Christchurch and Weston will be responsible for completing these checks for the cars on base and for phoning these figures to the Shift Manager within 30 minutes of starting the shift. On Saturday and Sunday, the first Driver on shift at all bases will be responsible for completing the first Audit and reporting it to the SM. Medicine Stock is managed through the accurate completion of 2 separate forms at the beginning, during and at the end of each shift: -

- The In Car Drug List and Stock Level Form (with a Green Header) (Please see Appendices)
- The In Car IV List and Stock level Form (with a Blue Header) (Please see Appendices)

At the end of your shift, once the forms and handover has been completed, or if you're the last driver on shift, then place the completed medication forms in the black prescription box that bases use for when medications have been taken from stock and issued to patients.

Any missing drugs should be reported to the SM in the first instance, and a learning event raised.

In Car Drug List and Stock Level (Green Header)

- This should be completed at the start of the shift with the driver's name, date and designation of the car being driven being entered in the correct column at the top of the sheet, please tick next to the quantity if correct. (please see appendices)
- If any medication is dispensed during the shift, as the car travels from visit to visit, the amount used needs to be clearly recorded on the sheet by keeping a tally in the





column marked "Quantity used from car" and recording the Cleo case number of the visit at which the medication was issued.

- When back at base the driver should replace any medication that has been used
 with fresh stock from the base medication cabinets, noting the amount being
 replaced in the "Quantity taken from base" columns on both sides of the form and
 then sign in the box to confirm.
- In the event that you are unable to replenish from stock you must write "No Stock" in the "Quantity taken from base" column and inform the Shift Manager for the fact to be recorded in the Shift Managers report.
- If you are unsure that the medications you are restocking with are the correct ones then please ask any clinician at the base to double check for you.

In Car IV List and Stock Level (Blue Header)

• The process for completing these forms is identical to the that outlined in the previous section for the Green Headed Forms.

Management of Home Visits

Effective communications and collaborative working with the SM/W&CCs are key to the successful management of Home Visits. Drivers can contribute to this process by: -

- Advising the W&CC responsible for managing Home Visits as soon as you have completed all of your pre-shift checks and that you are ready to begin visits, checks on average take 20-30 min.
- Not leaving base for any reason before you inform the SM/WACC. Quite often we get an urgent visit /sample or any other business, that requires a driver to be despatched almost immediately from base.
- Keeping the car phone on your person at all times while on shift, and making sure its
 not on silent mode or left in the car. It also goes without saying that we shouldn't be
 answering phones while we are driving, however, once you have arrived at your
 destination or you are stopped somewhere safe, please look through your phone
 missed calls and call back accordingly.
- Advise the W&CC of your time of arrival and Cleo case number as soon as possible
 after arriving at the patient location. This is in addition to either yourself or the Clinician
 marking as arrived at the visit in Cleo.
- If you become aware of a visit that they may not be reached within the required time frame, please alert the W&CC and, using your local knowledge and prevailing conditions, work with them to put a contingency plan together. This could involve you contacting the patient to advise of the delay or, ideally, alerting your clinician to the fact





and asking them comfort call the patient so that the patient's current medical situation is considered as part of the plan

- When on a visit with a clinician, you are required to await at the location of the visit at
 all times. There are however exceptional circumstances where the driver will be asked
 to leave the clinician, wither for a quick sample collection/ drop off, or any other
 business needed to support the shift. As said, these are rare occurrences and it will
 always be discussed with the shift manager in the first instance.
- Respond promptly and in a timely manner when asked to go to another base. The
 expectation is that you should be at that other base within a reasonable time,
 particularity if you are needed for an urgent visit. If you think that you will be late for
 any reason, please keep the SM informed/updated, as it is essential when planning
 the visits.
- On Saturdays and Sundays from 0800 to 2300 the SM/W&CC's are based at Osprey Court and can be contacted on 01179370002,5,6
- On any overnight shift, visits are managed by the overnight Shift Manager who can be contacted on the Shift Manager mobile, 07748 931309, 01179370007
- All the above numbers are programmed into each car's mobile phone.

Rugged Laptops

Rugged Laptops will be mainly used by the clinicians, however, drivers are expected to be able to log in and view cases, should there be a medication drop off for example. At the start of shift drivers should log into the laptop, the clinician will then log into Cleo.

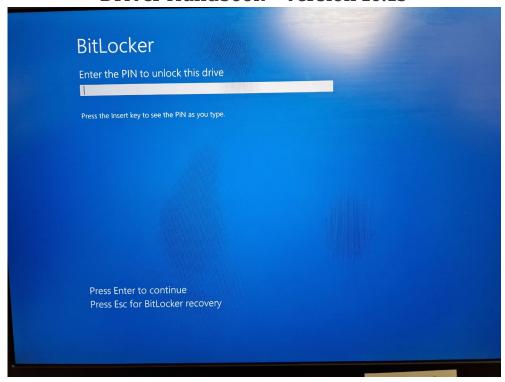
Booting up the Rugged Laptops:



Switch the tough book on by pressing the power button (in Red) and let the system load up







A prompt to enter your bitlocker pin will appearand is available via the Shift Manager

Once logged into the system you can then open the Cleo application and the clinician can log in as normal.

There is a Do's and Don't's user guide as an appendix to this document, which should be your first point of contact should you have any questions/issues with the Rugged Laptop. Please refer to this guide and ensure that all relevant steps have been followed before escalating the problem to the Shift Manager for guidance and further advice. When reporting problems please ensure that you state the exact issue and confirm that following the instructions in t user guide did not resolve the matter.

Please always remember to turn off the Rugged Laptop when put back on charge at the end of your shift, and do not leave any paperwork on top of it.





Safe Driving

BrisDoc drivers are subject to the laws of public highways – there are no exemptions because you are driving a marked car. It is the Driver's responsibility to drive in a manner appropriate to the circumstances pertaining at the time.

All of our cars are clearly marked "Doctor" or "NHS 111 Severnside" and have green and yellow Battenberg markings and a green light. Lights can only be turned on under a direct order from the clinician in exceptional circumstances.

We issue all of our drivers with a copy of our Safe Driving Policy on commencement of their employment which they are expected to read and abide by. Copies are available on Radar

Driver Attitude

We expect our Drivers to consider other road users at all times. Selfish and aggressive behaviour increases the stress level of other drivers and passengers in the vehicle being driven and thus increases the risk of accidents.

Responding to other road users with courtesy and tolerance ensures that BrisDoc vehicles and personnel are seen as professional.

Speeding

Speed is often a key factor in the cause of accidents particularly when the vehicle is "en route" to a patient whom it is believed is very ill. Emergencies are the prerogative of specially trained emergency drivers. BrisDoc is not an emergency service. High speed lessens the time a driver has to respond to any developing situation in front of them. Good driving requires that a driver drives at an appropriate speed that is safe for the conditions even when responding to an urgent patient. It is imperative that national and local speed limits are respected at all times, as well as all other rules of the road

Vehicle Tracking Devices

Vehicle tracking devices are installed on all BrisDoc vehicles in connection with business requirements for security purposes, Regular audits of the vehicle tracking device data are being carried out. Analysis of this data can indicate excess speed information. When necessary, this information will be shared with the specific driver, and their line manager. In line with the BrisDoc Safe Driving Policy, in such cases and in consultation with the human resources team, action within the BrisDoc Disciplinary Procedure may be taken.

Transporting Patients

As an Urgent Care only Provider, we are not insured to transport patients in any of our Vehicles, if a situation arises that requires patient transport, please speak to the shift manager.





Green strobe Lights

The main purpose of Green Lights is to: -

- Enable Police or other responsible persons to recognise and help a BrisDoc vehicle negotiate a way safely through busy traffic.
- Help negotiate junctions when other drivers will often stop or make way to assist
- Warn other traffic if we are unavoidably travelling slowly whilst looking for an address and also alerts the patient / relative to the arrival of the clinician
- Alert other road users if we are unavoidably parked outside an address and temporarily blocking the street

Driving with a green light flashing has inherent dangers. Some road users do not know what it signifies and are unsure of what to do. Do not use the green lights under any other circumstances than outlined above.

Green lights do not enable you to drive outsight of road laws that apply to everyone. BrisDoc cars with or without the lights on are not permitted to speed.

Mobile Phones

It is an offence to use a mobile phone whilst driving. Even using a hands-free kit is dangerous as the driver's attention is on the conversation not their driving. If driving stop to answer the phone or tell the base the call will be returned when it is safe to do so.

It is also a distraction when the passenger is using a mobile phone. It is acceptable to stop and wait until the phone call has finished.

Road Traffic Accidents

While we expect drivers to be as careful of BrisDoc cars as they would of their own, it is inevitable that occasionally there will be mishaps. All scrapes, scratches, dings and dents must be reported on the driver sheets, via Learning Event and to the Shift Manager. In the event of a more serious accident, ensure that anyone who has been involved in an accident has been assessed for any injuries and received the appropriate treatment. Inform W&CC and Shift Manager so that visits can be re-organised as appropriate, who will in turn Inform the On call manager if there is a impact on delivery of the service.

Reporting accidental damage is essential for insurance purposes, and the vehicle checks carried out each shift allow identification and documentation of any scratches or scrapes that have occurred from third party damage, e.g. when parked.

The accident report form and the vehicle check reporting form are both available in the car folders which contain all the vehicle documentation.

Wherever possible you should always try to get photographic evidence of any damage or prevailing conditions by using the camera facility on the car phone.





Driver Audits

Audits will be performed to ensure that all drivers are complying with all the latest SOPS, Policies and guidance and completing required documentation and check sheets, accurately and correctly. Drivers are audited monthly and yearly, following a yearly Audit, the driver will receive feedback via email, generally the average audit score target is 95%. Please refer to the Driver Audit Framework on Radar for more info.

Business Continuity Plan

In the events of any unexpected occurrences, we refer to our BCP for guidance, the BCP handbook is available on radar and also in the USB stick that is kept at each of the bases cash tin.

Car Breakdown and Punctures/Driving Modes

Vehicle Breackdowns:

Skoda's - Call RAC with any breakdowns. We do not have a contract with anybody regarding non urgent tyre changes. This can be done by any garage.

Hondas - Call Hondacare Assistance with any breakdowns, this will go through to the AA. Tel: 0345 266 5302.

When reporting breakdown to operator Registration Number is required, also report to Shift Manager.

If the vehicle is unrepairable at breakdown and vehicle is to be recovered, always recover to its base. The vehicle will be repaired during in Hours operation.

All cars are equipped with an additional motion activated LED strip lights in the boot for extra luminance, please report any issues with these lights to the shift's manager on duty.

Light bulbs

If a light bulb should go off whilst on an overnight shift, the vehicle should be returned to its base after consulting with the Shift Manager on duty and replaced by spare vehicle. During weekend operations, a nominated driver is to take the vehicle to Halfords for a replacement bulb to be fitted, during week day operations the Facilities Team will replace.

Punctures:

Hondas - The process for reporting punctures is as follows, Facilities will pick up non urgent bookings.

· For any Honda maintenance, call 0370 600 4499 alternatively you can book online by going on to www.arval.co.uk select driver support tab then scroll down to select 'book replacement tyres'





- · The company that overseas Honda car maintenance is ITMS 24/7
- · Give the car registration, make & model (Honda CR-V).
- · When requesting a tyre change, give the current tyre size, this can be found on the tyre and current brand. Confirm which tyre needs to be replaced and that you have lock-in wheel nuts available. These can be found in the glove box.
- · They will ask for current mileage on the car and the speed of the wheel which can be found beside the Tyre size.
- \cdot The operator will ask for dates we would like the tyre replaced. They will confirm with the fitter and then confirm via email the day and time. They do offer a mobile tyre service for urgent repairs.

Driving Modes

Both the Honda's/Skoda's are fitted with driving modes for various road conditions, All of Brisdoc's Vehicles should be kept in ECO mode at all times

Fuel Cards

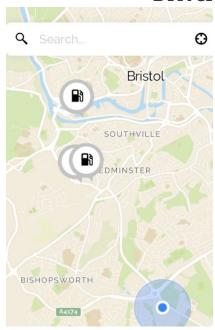
Our current fuel card supplier (COCO FUEL) works slightly different than previous cards, its accepted at certain stations only, in each of the Car's phone, we have a dedicated COCO app that will show you the nearest petrol station that accepts our cards, please see below:



Once its open it will display your current location and the nearest petrol station to use, please tap on the petrol station icon and it will display the petrol station details.







In addition to the app, the sun visor of each car, a laminate with all details of the stations we can use can be found. It's essential that you always give the current milage to the cashier, not all stations ask for this, but we require the current milage to be noted at point of sale along with the receipt.

Support Van Card

In the event that the electric support van has ran out of charge and the driver needed to charge it from any service station, there is an "Equals" credit card that can be found with the fuel card to be used at charging stations across the BNSSG. Receipt will also be required.





Appendices

- Appendices A F are meant as examples of how paperwork should be completed and the forms that have been used in each example are for illustrative purposes only.
- These forms are all controlled documents which are subject to revision from time to time.
- The Facilities Department are responsible for maintaining the forms and for ensuring that the correct version is in use at any given time.
- When any form is amended or updated the Facilities Department replace all existing paperwork in the Drivers Paperwork Folder for each car with the latest version.
- After updating and reissuing any paperwork Facilities send a text message to all Drivers advising them that the changes has been made, the current issue number and effective date of change

A correctly completed Drivers Visit Log/Vehicle check Sheet is attached at Appendix A and B

A correctly completed Green Bag Check List is attached at Appendix C

A correctly completed In Car Drug List and Stock Level(Green) is attached at Appendix D

A correctly completed in Car IV List and Stock Level(Blue) is attached at Appendix E

An example of in car CD drug checklist is attached at Appendix F.





Appendix A Example of a completed visit log

SevernSide Integrated Urgent Care

DRIVERS VISIT LOG SHEET

INCLUDING LABORATORY DELIVERY RECORD

PLEASE CLIP ALL FUEL RECEIPTS HERE

R = Routine = 6hr response. U = Urgent = 2hr response. E = Emergency = 1hr response.

Fuel level

Date	12.4	.23	Drivers Name	John.S	Start Mileage	25365	Start	1000
Shift	1600-	-0014	Car	F6 WN69PKZ	Finish Mileage	25395	Finish	1100
Case No Case No	Target Visit Time	Priorit y R/U/E	Patients Name	Visiting Address Path Lab Address	Doctor Visiting Arriva Time	Departure Time/ Drop off Time	Hand	nal Notes ded to /Posted)
57315	1530	R	P.B	B5219QB	John Smith 1516	1605		
61895	NA	NA	K.P	BRI	Sample Run 1000	1005		ded to eve





Appendix B Example of a completed vehicle check

VEHICLE CHECK

REGISTRATION

CAR	Υ	N
Is glass / mirrors damaged?		Х
Do tyres appear in good condition?		
with adequate tread?		
Do tyres seem adequately inflated?	/	
Do lights and indicators work?	✓	
Do Green lights work?	/	
Do wipers / washer's work?	✓	
Does horn work?		
Do seatbelts/ head restraints work?		
Are there any signs of leaks?		Х
Rubbish removed and tidy?		
Fire extinguisher present in boot?		
First Aid Kit present in boot?		
Controlled Drug book in boot?		
		Υ
Do a full sweep of the vehicle at the start and end shift for any clinical waste/samples	d of the	

IN CAR / DRIVERS BOX	Υ	N
Tough Book in car charger (In Car)	✓	
Tough Book Mains charger (In base)	✓	
Phone	√	
Phone in car charger (In Car)	✓	
Phone Mains charger (In base)	✓	
A - Z (In drivers' box)		
Sat Nav (Where applicable)	✓	
Black / Blue ClipBoard	/	
Torch present and working	✓	
Fuel Card (In Car)	✓	
High Visibility Jacket (In Car)	√	
Palliative Care Folder		
Sample Form Folder		

PRESCRIPTIONS	Pack	USED	UNUSED
FRESCRIFTIONS	Number:	USLD	UNUSED





DIAGNOSTIC BAG	Y	N
Diagnostic Bag	✓	
Driver clinell wiped contact surfaces	1	
before and after shift.		

DIAGNOSTIC BAG	Y	N
Diagnostic Bag	✓	
Driver clinell wiped contact surfaces	/	
before and after shift.		

С	mments on marked boxes above	
	DRIVERS SIGNATURE	
	John Smith	
	•	

	10	START OF	1	14
NUMBER OF PRESCRIPTIONS IN	11	SHIFT	2	13
BOTH WALLETS				
		END OF	3	27
		SHIFT		
PALLIATIVE CARE	Pack Number:		USED	UNUSED
_		START	0	5
PRESCRIPTIONS		END	0	5
BANK HOLIDAY	Pack Number:		USE D	UNUSE D
PRESCRIPTIONS	_	START		
		END		

Remove Defib and diagnostic bag	Yes	No
from the car at end of shift		





Appendix C Example of a completed Green bag check

						INI	TIAL LOADING	√	HANI El	_			
SevernSide Integrated Urgent Care							GRI	EEN B	BAG	СНЕ	CK LIS	ST	
NAME John		DATE	13	3.2.24	DIAGNO					Υ/			
DEFIB BAG	TAGGED Y/N	Initial stock	Used	Replaced	STIC BAG	Т	AGGED Y/N	Saniti	zed	N	Initial stock	Use d	Replac ed
Stethoscope x 1					А	LL EQU	IPMENT MARKED SHO	OULD BE W	VIPED \	WITH CI	INNELL WI	PES	
Emergency Aspirator/Suction Unit	< 1						Pressure Machine			√	√		
De-fib (Adult pad attached)x1							ne/Glucose Mach			√	√		
Defib pad - Paediatric x1					Dual Ketone/B	BM Mach	ine Weekly Quality Co completed	ntrol test.	Specif	fy date	√	15.1.2	4
Razors x5					Stethoscope				√	✓			
Bandage Scissors x1					Otoscope / Ophthalmoscope				>	√			
ASTHMA BAG	TAGGED Y/N	Initial Stock	Used	Replaced		Re	eflex Hammer			>	√		
Nebuliser Masks Adult x 3 Childx3		✓				F	Pocket Mask			√	√		
Nebuliser & Extension Lead		√			Sphyg	moma	nometer and Lar	ge Cuff		✓	√		
Salbutamol Nebules 2.5mg x 5		√			BP	dispo	sable barrier cuff	x10		√	√		
Ipratropium Nebules x 5		√			Shar	ps Bo	x for Transfer S	traws		√	√		
Salbutamol inhaler x 3		√			Tuning Fork				√	√			
Pulse oximeter Sat's Machine		✓				F	RONT POCKE	Т			Initial Stock	Use d	Replac ed
Volumatic Adult x 1 & Paediatric x 1			_		Urine Testing Strips			√	√				
Peak Flow Meter Adult/ Paed X 1		√			White top Pots x 8				√	√			
Peak flow filters X 4		✓			Stool Pots x 2				√	✓			
INJECTABLE BAG	TAGGED Y/N	Initial Stock	Used	Replaced		Tra	nsfer Straws x4			>	√		





Syringes (3ml / 5ml) x5 each	Vacutainer's x4	✓	✓		
Needles Size 23x 5	Path Forms	√	✓		
Vacutainers (21 / 22)x 2 each	PLASTIC BOX		Initial Stock	Use d	Replac ed
Blood Containers 2 of each Colour	Pulse oximeter Sat's Machine	✓	✓		
Lab Forms and Bags	Thermometer	√	√		
Swabs - 2 x liquid charcoal swabs	Thermometer Covers	√	√		
Injectable Wipes x 10	Otoscope Covers	√	√		
Tourniquet x5	Tongue Depressors	√	√		
Sharps Box	Spare Batteries	√	√		
Gauze X 1 tape 2.5 x 1	Comfi Gel	√	√		
Butterflies/ Connectors X		-/			
3 each	Lancets X 10	√	√		
	Tape Measure X1	√	✓		

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OXYGEN BAG		TAGGED Y/N	Initial Stock	Used	Replaced	GENERAL BAG	TAGGED Y/N	Initial Stock	Use d	Replac ed
Oxygen Masks	Adult Non-Rebreathing x3 Child Non-Rebreathing x3		>			male catheters	size 12 x 1			
IVIdSNS			√ 1 y€		yes	Callielers	size 14 x 1			
Main O	Main Oxygen tanks Level		½ full		11	Forceps/Cla mp	X 1			
Spare Oxygen tanks level		full			Tape/Apı	ron/Mask x 1				
Airways All sizes x 1		✓			Dressin	g packs x2				





	ild & Baby ors x1 each		√		Body fluid disposal kit x 1		

Drivers please note: If green bags are not tagged, contents need to be checked.

Circle Y or N if tagged

Pandemic Box								
Item	Quantity	Prese nt (Tick)						
Aprons	10	✓						
Face masks	10	✓						
Full face mask and visor	2	√						
Glasses	2	✓						
Shoe Covers	10 Pairs	√						
Black waste bags	10							





Appendix D Example of a completed in car drug checklist (Green header)

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PLEASE RETURN THIS FORM TO THE BLACK POST BOX

IN CAR DRUG LIST AND STOCK LEVEL										
NAME: John S	S	DATE: 05.	01.24	CAR:		F6				
STOCK	STOCK	Quantity used from Car	Quantity taken from base		CASE N	UMBER				
A (24) C I 500	3	4.1	1	100.45						
Amoxicillin (21) Capsules 500mg	Boxes ✓	1 box	1	12345						
Amoxicillin Suspension 250ml	1 Bottle									
Cefalexin Capsules (28) 250mg	1 Box									
Ciprofloxin Tablets (20) 250mg	2Boxes									
Clarithromycin Tablets (14) 500mg	1 Box									
Clarithromycin Suspension 250mg	1 Box									
Clindamycin Capsules (30)300mg	1Box									
Co- amoxiclav Tablets (21) 500/125	2 Boxes									
Doxycycline Capsules (8) 100mg	2 Boxes	_								
Erythromycin Tablets (28) 250mg	1 Box									
Flucloxacillin Capsules (28) 500mg	2 Boxes									
Nitrofuratoin / MacroBID Capsules(14)	2 Boxes									





Penicillin VK (28) 250mg tablets	2 Boxes					
Trimethoprim Tablets (6) 200mg	2 Boxes					
GASTROINTESTINAL						
Glycerol Suppository Adult 4mg	5					
Omeprazole Capsules (28) 20mg	2 Boxes					
STEROID						
Prednisolone liquid Sachet 5mg	5					
Prednisolone Gastro Tablets (28) 5mg	2 Boxes					
ANTIEMETIC						
Prochloperizine/Buccastem Tablets (8)3mg	4 Boxes					
Cyclizine tablets (30) 50mg	1 Box					
Ondansetron tablets (10) 4mg	1 Box					
PAIN KILLERS						
Ibuprofen Tablets (24) 400mg	2 Boxes					
Naproxen 250mg (28) tablets	2 Boxes					
Paracetamol tablets (32) 500mg	1 Box					
Paracetamol Suppositories 240mg	5					
Paracetamol Suppositories 500mg	5					
CNS		Quantity used from Car	Quantity taken from base	CASE NUMBER		
Chlorphenamine Tablets (28) 4mg	2 Boxes					
Chlorphenamine 150ml Suspension	1 Bottle					
CARDIOVASCULAR						
Asprin Dispersable Tablets (32) 300mg	1 Box					
Furosemide (28) 20mg	2 Boxes					





Glyceryl Trinate (200 dose spray) 400mg	2 Boxes			
OTHER				
Glucogel (Rapilose) Fast acting Gel	2 Tubes			
Salbutamol Ventolin Inhaler (200 dose) 100mg	1 Box			
Salbutamol Nebules 2.5mg (Asthma bag)	5			
Ipratropium Nebules 500 mg (In asthma bag)	5			
Pregnancy Test	2 Packs			
DRIVER TO SIGN THAT USED				
DRUGS HAVE BEEN REPLACED				





Appendix E Example of a completed in car IV drug checklist(Blue header)

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PLEASE RETURN THIS FORM TO THE BLACK POST BOX

IN CAR	IN CAR IV LIST AND STOCK LEVEL								
NAME: John Doe	DATE: 25	5.2.24			CAR:	K	1		
EMERGENCY	Stock	Quantity used from car	Quantity taken from base		CASE NUMBER				
Adrenaline 1mg/ml (1ml amp)	5 Ampule √	1 Ampule	1	12345					
Nalaxone 400mcg/ml (1ml amp)	2 Ampule								
Hydrocortisone / Efcortesol 1ml	2 Ampule								
Chlorphenamine 10mg/ml (1ml Amp)	5 Ampule								
Glucagen Hypokit 1mg (Powder)	1 Ampule								
Buccalom (ORAL) 2.5mg (Pre-filled syringe)	1 Syringe								
Buccalom (ORAL) 5 mg (Pre-filled syringe)	1 Syringe								
Buccalom (ORAL) 10 mg (Pre-filled syringe)	1 Syringe								
CARDIOVASCULAR									
Clexane 100mg / 1ml (Pre-filled syringe)	2 Syringes								





Clexane 60mg / 0.6ml (Pre-filled syringe)	2 Syringes				
Clexane 80mg / 0.8ml (Pre-filled syringe)	2 Syringes				
Konakion /Phytomenadione Vitamin K 2ml (adult)	5 Ampule				
ANTIBIOTIC					
Ceftriaxone / Rocephin 1gm (Powder for solution)	2 Ampule				
Lidocaine Hydrochloride 1% 50mg/5ml Amp	2 Ampule				
Crystapen / Benzylpenicillin 600mg Powder	4 Bottles				
MENTAL HEALTH					
Haloperidol 1ml / Amp (5mg/1ml)	5 Ampule				
PALLIATIVE					
Hyoscine/ Buscopan 1ml Amp	5 Ampule				
Levomepromazine/ Nozinan 25mg/ 1ml (2ml amp)	4 Ampule				
Water for Injections 2ml (Amp)	5 Ampule				
ANTIEMETIC					
Valoid/ Cyclizine 1ml Amp (50mg/1ml)	5 Ampule				
Metoclopramide 10mg/2ml Amp	5 Ampule				
Ondansetron 4mg/2ml Amp	5 Ampule				
OTHER]				





Cadium Chlarida 10mlAmn	3				
Sodium Chloride 10mlAmp	Ampule			1	

Appendix F Example of in car CD drug checklist

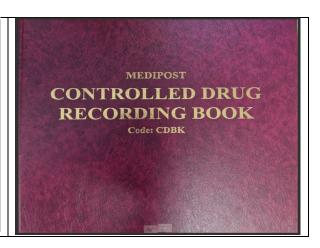
Schedule 3, 4 and 5 CD Medications

Please see below for the updated process of how to complete the controlled drug register for the previously audited blue book medication.

Please note, Buccalom / Midazolam Oral 2.5mg, 5mg and 10mg are now included in these checks. These medications are kept in the injectable box.

Quantity Obtained (from supplier)	Date Supply Obtained	Name and address from whom obtained (i.e. supplier)	Current Balance in Stock	Date Supplied (to service user) or disposed	Time	Quantity Supplied (to service user)	Quantity Disposed	Given / Disposed by (Signature)	Witnessed by (Signature)	Balance Let In Stock
1	2	3	4	5	6	7	8	9	10	11

Diazepam 2mg Tablets (28)
Oramorph Solution 10mg/5ml (100ml Solution)
Midazolam / Hypnovel 10mg/2ml amp
Buccalom/Midazolam Oral 2.5 Mg, 5Mg 10 MG
Codeine Phosphate Tablets (28) 15mg
Lorazepam tablets (28) 1mg



When restocking the cars from the base, the following columns must be completed, the numbers relate to the column number.

1. Quantity Obtained (from supplier)

Enter the quantity of medication taken from the base stock.

2. Date Supply Obtained

Enter the date you restocked the car from the base stock.

3. Name and address from whom obtained (i.e. supplier)







When restocking the cars, the supplier will always be the base, for example 'Marksbury Rd' or the base that you are restocking from.

- 4. Current Balance in Stock
- 6. Time
- 9. Given / Disposed by (Signature) This must be the Clinician's signature
- 10. Witnessed by (Signature) The Host or Driver will witness the Clinician.
- 11. Balance Left in Stock

When issuing medication to a patient, the following columns must be completed, the numbers relate to the column number.

3. Name and address from whom obtained (i.e. supplier) / CASE NUMBER

When issuing medication to a patient, please state the case number in this box.

- 4. Current Balance in Stock
- 5. Date Supplied (to service user) or disposed
- 6. Time
- 7. Quantity Supplied (to service user)
- 9. Given / Disposed by (Signature) This must be the Clinician's signature
- 10. Witnessed by (Signature) The Host or Driver will witness the Clinician
- 11. Balance Left in Stock

When logging broken ampules or out of date medication, the following columns must be completed, the numbers relate to the column number.

- 4. Current Balance in Stock
- 5. Date Supplied (to service user) or disposed
- 6. Time
- 8. Quantity Disposed
- 9. Given / Disposed by (Signature) This must be the Clinician's signature
- 10. Witnessed by (Signature) The Host or Driver will witness the Clinician
- 11. Balance Left in Stock







Appendix G Electric charger guidance



Electric Charging Point.

The van is fully electric. Please ensure that it is put on charge at the end of the shift.

The card and log book remain in the facilities office, and will need to be completed each time the charger is used. Training will be given during the familiarisation. If the training has not been completed, please do not drive the vehicle until this has been done.





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Charging instructions.

- 1. Obtain card from Facilities Office. Document charging start time and vehicle details in folder.
- 2. Fit charging lead to van and charger as shown in familiarisation.
- 3. Ensure that all items in van are secure and van is locked.
- 4. Start charging as follows.
- 5. Place card to wireless point on charger. Charger will display "Ready to charge" message.
- 6. Place charger card against wireless point again. Wait a few seconds, charger will click. Green light bar will illuminate on charger.
- 7. Van charger point will then flash with the locked symbol (normally a white rectangle) This will then flash red and charger plugs will be locked into position.
- 8. If van is then unlocked at this point during charging, the charging process is cancelled and will need to be restarted.
- 9. The display will show charging information and charge rate.
- 10. The van display will show how long the van will take to charge completely.
- 11. Ensure key is placed back in the support driver's cupboard.
- 12. If van is to be unlocked at any time whilst on charge, please note that charging will be stopped and will need to be restarted after relocking the van.

Note- If another vehicle is also on charge, please refer to the manual way of selecting the correct charging gun. This would have been shown in the familiarisation. This if not followed means that the last vehicle to be charged is taken off of charge. Resulting in problems. Just plugging the lead and then swiping the charging card will not work.



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If for any reason the emergency stop needs to be pressed, this will shut down the whole charger, the screen will go red and all electrical activity will cease. To reset the system, rotate the emergency stop button in the direction of the arrow and this will reinstate the supply to the charger. Then restart the charging process as before.

Appendix H Rugged Laptop Do's and Don't's

Do's and Don'ts – New Rugged Laptops (Dell Latitude 5430)

How to Manage the Dell Rugged Laptop

- 1. Power Management
 - Power Down When Not in Use: Co-owners must switch off the device when it is not being used to:
 - o Increase device security.
 - o Preserve the laptop's lifespan.
 - o Avoid wasting SIM data.
 - Battery Charging Guidelines:
 - Co-owners must power down the device when not in use:
 - To increase Security of the device,
 - To preserve the lifespan of the Rugged Laptop
 - Stop incurring waste of Sim Data.
 - Once the Rugged laptop is fully charged (Green light is off), Co-owners or Clinicians must not leave device plugged in. Batteries can swell if constantly overcharged, reducing its lifespan.
 - Co-owners or Clinicians must not charge Rugged Laptop in Electric Vehicle unless battery is at 10% or less.
 - The battery life for the Rugged laptop is considerably better than the Panasonic Toughbooks, it most likely will last an entire shift or until it is back to base, where it can re-charge quickly.







- Not all Electric Vehicles are the same. BrisDoc's are not designed to have continuous or regular discharge from additional peripherals such as Laptops. This can cause damage to its own battery, fire or invalidate the insurance. Don't test the theory.
- 2. Battery Management in Electric Vehicles
 - Charging in Vehicles: Do not charge the laptop in an electric vehicle unless the battery is at 10% or lower.
 - o BrisDoc's electric vehicles are not designed to handle regular or continuous discharge from peripherals such as laptops. This can:
 - Damage the vehicle's battery.
 - Pose a fire hazard.
 - Invalidate the vehicle's insurance.
- 3. Battery Life Expectancy The Rugged Laptop's battery is significantly better than that of the Panasonic Toughbooks. It is likely to last an entire shift and can be recharged quickly back at base.
- 4. Security and Device Handling
- BitLocker Encryption: The laptops are encrypted with a BitLocker code for enhanced security.
 - o Do not write down or store the code near the device.
 - o The code will be changed every six months by the Digital Team. Co-owners must contact the Shift Manager for the updated code or if the current one is forgotten.
- Tampering with Settings: Co-owners must not change any settings or tamper with the device or its applications. Such actions will be considered an act of vandalism and could result in disciplinary action.
- Issue Reporting: If any issues arise with the laptop or its applications, log the issue with the Shift Manager and raise a support ticket with the Digital IT team.
- 5. Device Usage Guidelines
- Intended Use: These laptops are intended solely for use within the IUC Service.
 - o Do not download or install any additional software on the device.
 - o Colleagues must not change any settings or tamper with the device or applications. Such actions will be deemed as an act of vandalism and will result in Disciplinary action.
- 6. Device Monitoring and Maintenance
 - The Rugged Laptops will undergo regular maintenance.
 - The Digital Team will perform ongoing monitoring for security threats and to ensure compliance with usage policies.







• For transparency, the Rugged Laptops are installed with BrisDoc's cyber tooling, which will track activity as well protect from threats. Should an incident occur device usage will be audited by the Digital Team.

7. Physical Handling Instructions

- Carrying and Transporting the Device:
 - o Always use the built-in handle when transporting the laptop to prevent accidental drops.
 - o When in transit, ensure that the Rugged Laptop is safely stowed to not cause damage or injury to occupants, the vehicle or the device itself.
- Cleaning and Maintenance:
 - o To clean the device, use a soft, lint-free cloth and mild cleaning solution. o Avoid vigorous cleaning of keyboard with Clinnell Wipes.
 - o Avoid spraying liquids directly onto the laptop; instead, dampen the cloth slightly. o Ensure all ports and openings are covered when cleaning to prevent moisture from entering.
- Storage and Protection:
 - o Switch off and store the Rugged laptop in a secure location when not in use. o Avoid exposing the laptop to extreme temperatures, prolonged sunlight, or excessive dust and moisture.
 - o Do not leave the Rugged laptop in a vehicle unattended.
 - o Do not leave the Rugged laptop switched on and left unattended when with a patient or in the vicinity of non BrisDoc colleagues, even if it's just being left for a short time. Lock the screen at a minimum.

8. Maintenance Schedule

- Regular Checks:
 - o Device audits and maintenance checks will occur every month. During this time, the Digital Team will assess the hardware, check for software updates, and conduct any necessary report of its use.
 - o Prior to scheduled maintenance, the Ops Team will receive advanced notification, and if viable a back-up device to be left in its place.
- Self-Check Reminders:
 - o Prior to visits, it is recommended that the driver perform pre-checks of the device such as, it has Internet access and can launch the Remote Clinical Application during start of shift checklist, if rebooting does not resolve the issue notify the shift manager immediately of connection issues.
 - o Co-owners should visually inspect the device regularly for any signs of wear or damage, such as loose components or scratches on the screen. o Report any issues immediately to Shift Manager and Digital IT for early intervention.

9. Reporting Issues

- Any issues with the Rugged Laptop or its applications must be logged with the Shift Manager and a support ticket logged with Digital IT.
- 10. Emergency Protocols
 - Loss or Theft:







- o If the Rugged laptop is lost or stolen, report it immediately to Shift Manager.
- o The Shift Manager and Digital Team will make secure or remove sensitive data on the device.
- Data Protection:
 - o Avoid storing sensitive information directly on the laptop's hard drive/desktop.
- Password and Access Management:
- o Use strong, unique passwords and avoid sharing them. If a password is compromised, report it immediately to IT for a reset

Change Table

Date	Version	Author	Change details
Nov 20	V2	HE	Update covid Guidance
Jan 21	V3	HE	Update page 24 with additional lights fitted to boot
April 21	V4	HE	Updated in correlation with the new driver audits
May 21	V5	HE	Updated in car drug stock checks
June 21	V6	HE	Updated with breakdown info
Aug 21	V7	HE	Updated info on transporting drugs/Eco Mode in cars
Dec21	V8	HE	Fuel card update
May21	V9	HE	Vehicle info update, and home visits protocol
Oct22	V10	HE	Updated in for re new support car/driver responsibilities
Jan23	V10.1	Не	CD updates
June23	V10.2	HE	Annual Review and revamp
Aug 23	V10.3	HE	Sharps box guidance, Keytone, accident procedure
Oct 23	V10.4	Не	Changes to Sample handling
Nov 23	V10.4	Не	Guidance on missing drugs/pt transport







Dec23	V10.5	HE	Guidance on transporting LCDs and boot lid
Jan 24	V10.6	HE	CD update/coco App
01.02.2024	10.7	LG	Addition of new version table at the beginning, Sop title/ version number in header, and change table
21.03.24	10.8	HE	Electric charger/Toughbook and visit management
14.5.24	10.9	HE	Sharps box and CD update
15/10/24	10.10	HE	Revamp/added driver competencies/Sample safe info
31/01/25	10.11	AM	Updated breakdown and tyre replacement details
28/05/25	10.12	AM	Cossham location updated to Christchurch.
28/06/2025	10.13	NR	Update of Adastra to Cleo, addition of rugged laptop do's and don'ts
			Clarification of not being permitted to speed or drive in the bus lane in the green light section.

