# SevernSide
## Integrated Urgent Care

# Driver Handbook

| Version: | Owner: | Created: |
|---|---|---|
| 10.15 | Jo Graham & Deborah Foss | 02.05.2019 |
| **Published:** | **Approving Manager:** | **Next Review** |
| 15.09.2026 | Lucy Grinnell | 12.06.2027 |

BrisDoc Patient care by people who care

NHS

# Driver Handbook – version 10.15

## Contents


Integrated Urgent Care – Overview ..... 4

BrisDoc Equality, Diversity & Inclusion Vision & Aim ..... 4

Driver Competencies ..... 5

Driver Role ..... 7

Supporting Hosts and Clinicians ..... 7

Severnside Base and Vehicle overview ..... 7

Car checks & paperwork ..... 8

- Visit Log Sheet ..... 9
- Greenbag checklist ..... 10
- Driver medication form ..... 12

Management of CDs in Bases & Cars ..... 13

The Process for Daily Checks of the CDs in the cars ..... 14

Transportation of Schedule 2 drugs in the Car ..... 14

Management of Home Visits ..... 15

Rugged Laptops ..... 16

Other Driving Duties ..... 18

Jackery Units ..... 19

Safe Driving ..... 20

Driver Attitude ..... 20

Professional Representation ..... 20

Speeding ..... 21

Driving fines ..... 21

Transporting Patients ..... 22

Green Lights ..... 22

Mobile Phones ..... 23

Vehicle damage and Road Traffic Accidents ..... 23

Driver Audits ..... 24

Business Continuity Plan ..... 24

Car Breakdown and Punctures/Driving Modes ..... 24

- Vehicle Breakdowns and Accident information: ..... 24
- Light bulbs ..... 26

Radius Fuel Cards ..... 26

Support Van Card ..... 26

Appendices ..... 27
Appendix A - Example visit log ..... 27
Appendix B Example Green bag check ..... 29
Appendix C - Example of in car drug checklist ..... 31
Appendix D Example of in car CD drug checklist ..... 32
Appendix E Electric charger guidance ..... 34
Appendix F Rugged Laptop Instructions ..... 37
Appendix G - Drivers Quick Reference Guide: Host Support ..... 40
Change Table ..... 45

## 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 and is part of the Mental Health Integrated Access Partnership (IAP). 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.

## 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 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 Driver Duties** | **Competency demonstrated** |
| • Delivering/Collecting Samples:<br>○ From bases inc sign out process<br>○ From safes at bases<br>○ Following home visits | |
| • Delivering Drugs | |
| • Refueling the car and using the provided card for this | |
| **Treatment Centre Support to enable the safe running of your shift** | |
| • Covering basic Host duties<br>• Supporting the Host if you are not on a Home Visit<br>• Host break cover<br>• Basic CLEO knowledge<br>• Answering base phone & greeting patients<br>• Answer clinician queries, i.e find consumables in the base | |
| **Rugged laptops** | **Competency demonstrated** |
| • Log onto and navigate the Home Visit page of Cleo on the rugged laptop | |
| • Good knowledge of the rugged laptop instructions in this handbook | |
| **Assisting clinicians during HVs** | **Competency demonstrated** |
| • Offering to accompany the clinician into the address, carry equipment, provide a chaperone etc<br>• Offering to make phone calls or make contact with the shift manager on their behalf<br>• Assist in case of an emergency, with CPR, calling 999, with defib, etc<br>• Using the torch to light the way into the house during periods of darkness or when trying to locate items in the car boot.<br>• 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.<br>• Staying contactable via the mobile phone to respond to any request for urgent assistance.<br>• Know the process for gaining entry to a property when there is no answer | |

| Patient Care | Competency demonstrated |
|---|---|
| • Greet patients appropriately either face to face or over the phone. | |
| • When delivering medication, Confirm patients 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.<br>○ With WaCCs/SM/ASM to establish how the shift will run<br>○ Inform WACC/SM/ASM of any prior movements with the car<br>○ Share with the shift manager important information for example, HV delays, broken equipment,<br>○ liaising with WaCCs /ASM | |
| • Report any learning via the learning event portal | |
| • Report Digital Issues via the IT Support form<br>• Any restocking of the car's medication should be documented on the car sheets and put in black post box end of shift | |
| • Know the location of the accident book and when to use it | |
| • Report any damage to the car or accidents | |
| • 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 | |
| • Good knowledge and understanding of this handbook and the safe driving policy | |

Competency Sign off completed:

Shifts sign offs covered on:

Date:

Driver name: Line Manager:

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

## 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 behalf
- Using the torch to light the way into the house during periods of darkness.
- 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 can only proceed, with the approval, and knowledge of the shift manger on shift.

## Supporting Hosts and Clinicians

As a driver, you are expected to help and support the Host throughout your shift. This will include covering Host breaks when required, which involves having a basic understanding of CLEO, greeting patients, booking them into the base, and providing general assistance. You will also be expected to support clinicians by responding to queries and ensuring they have access to any medical equipment they may need to deliver effective patient care.

Therefore, please ensure you are familiar with the bases and where things are kept.

## Severnside Base and Vehicle overview

Severnside operates the Out of Hours service from 6 locations:

- Osprey Court (Head Office/IAP and weekend/week evenings shift centre of operations)
- Marksbury Road Medical Practice (Bedminster 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)

Severnside home visiting cars are all 4x4 hybrid Skoda Octavia Estates and are located at the following four bases:

- 168 Medical Group
- Christchurch
- Marksbury Road
- Osprey Court

There are two additional cars in the fleet which are used primarily as support cars, but can be utilised as home visiting cars if there are any unexpected issues. The support cars are:

- 1 x Electric Support Van located at Osprey Court
- 1 x 4x4 diesel Skoda Octavia Estate at 168 Medical Group

The vehicles must be parked in the following locations at their respective bases:

- 168 Medical Group – 2 x designated Severnside car spaces
- Christchurch - designated Severnside car space
- Marksbury Road – in the gated staff car park
- Osprey Court
    - Support Van - must be left on charge after use in an electric charging point space
    - Osprey Court car (Skoda Octavia Estate) – in a Brisdoc or non-named space in the car park

All of our vehicles must be parked safely in their designated spaces at the end of shift, clean and checked as per our checklist. You must ensure the boot lid/parcel shelf is closed to ensure the safety of our equipment in the back.

## Car checks & paperwork

Completing the car checks and associated paperwork is key to the driver role, and for evidencing our management of the cars and visits.

Some of the kit is kept in the car at all times, and some is stored in base when not in use.

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

- Rugged laptop
- Mobile phone
- Drivers box containing all paperwork
- Jackery

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

- 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
- CD book
- PPE
- Asthma bag
- Small O2 cylinder
- Catheter bag
- Injectables

The paperwork to be completed by the driver for each shift consists of:

- Visit Log sheet (this also contains car checks)
- Green bag checklist
- Driver medication form

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.

Do not keep personal copies of any forms for use on shift as this will lead to incorrect paperwork being completed.

All completed paperwork should be left in the Completed Forms Folder in the Drivers Box from where they will be collected by Facilities for checking and auditing on a weekly basis.

## Visit Log Sheet

The sheet has two sides to it. The front page of the sheet refers to home visits, and the rear the car checks. Both sides need to be completed in full.

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 (not initials or abbreviations), the clinician in the car, the mileage and fuel levels at start of shift.
On the reverse of the form, confirm that the vehicle and in car equipment checks have been completed by ticking the appropriate boxes. All sections must be completed

- Each car is provided with 1 pack of manual prescriptions containing 15 individual scripts. The prescriptions need counting at the beginning and end of each shift including the numbers of used and unused scripts

- 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

- At the end of your shift, you should complete all the tasks for the end of the shift on the form. In the comments box add anything relevant.

- If you have purchased any fuel, please staple the receipt to the top right-hand corner of the form

See Appendix A for an example form.

## Greenbag checklist

Drivers are responsible for making sure that the cars are fully stocked with all necessary equipment by completing the Green Bag Check List at the beginning of each shift. The checklist must be fully completed. See Appendix B for an example form.

The Medical equipment comprises of the following:

- Black doctors diagnostic bag
- Green Defibrillator Bag
- Green Asthma Bag
- Green Injectable Bag
- Green General Bag
- Sharps Box

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, and then tagged.

At the start of each shift and at handover you must add your name, date and car to the checklist. Please work through the checklist ensuring all elements are completed:

- Complete 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.

- Indicate for each bag if it is tagged or not.
    - If any bag is not “tagged” it indicates that some of the contents have been used. You will need to check the bag, replace any used equipment and indicate on the form all stock is present and what has been replaced. Then retag the bag with your name and date.
    - The defibrillator bag will never be tagged and must be checked each shift.

During your shift record any stock used during the shift by ticking the appropriate box on the form and if you have restocked the items.

## Dual Ketone and Blood Meter

The Dual Ketone and Blood Meters, plus checks book, are kept in the black doctors diagnostic bag. They need to have a quality control test on a weekly basis. Please check the book every shift and carry out the check if it is due and record the check in the book.

## Sharps Boxes

The responsibility for the safe disposal of sharps and needles rests with the Clinician. However, drivers can help keep everyone safe by checking the sharps bins are present and correctly closed throughout your shift as following: .

- To close the box without sealing it, press down on the back of the lid till the areas circled in yellow click
- 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, the box will be permanently sealed and locked (only do this when the box is full)

In the event you find an overfilled sharps box left in the car, you will need to remove the box from the vehicle and put in the base sluice room. Where possible put in a larger sharps box for safety, and close this box ensuring you note the date. Advise the Shift Manager/ASM of your findings and actions and complete a Learning Event. Obtain a replacement box and

add start date. Put the new box in the vehicle ensuring that the lid is closed, but not locked. Appropriate PPE should be worn throughout this process.

## Driver medication form

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.

This form is used to audit medication usage therefore it is very important this form is completed on every shift accurately and placed in the black prescription box at the base at the end of every shift. See Appendix C for an example of the form.

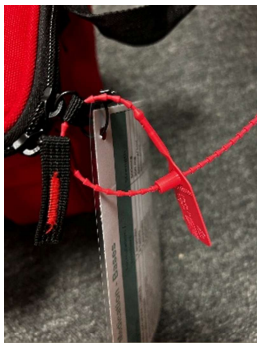
Complete every section of the form as follows:

- At the start of the shift add your name, date and car to the form
- Clearly document any medication used by keeping a tally in the column marked "Quantity used from car" and recording the Cleo case number of the visit/s
- When back at base the driver should replace any medication that has been used with fresh stock from the base, noting the amount being replaced in the "Quantity taken from base" columns on the form. If you need to replace any controlled drugs please ensure you follow the below controlled drug process
- 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 logging on the Shift Managers report.

Any missing drugs should be reported to the Shift Manager immediately, and a learning event raised.

### Emergency medication

Emergency drugs are stored in a red zip-up bag in the medication box for the cars, with a contents list attached to each bag. The bag should be sealed with a red tag to indicate it is fully stocked.



The process for checking the bags is:

- Driver to complete a check each shift to ensure the bag is stored in the usual place and sealed
- Driver to then document in the 'Emergency drugs log book' which is stored with the bag
- If the bag is not sealed, complete a check of the contents and re-tag with a new red tag if the contents are complete, then update the log book to reflect this change. A store of tags is with the bag. If the stock is not complete, leave untagged
- If the emergency drugs are used
    - document in the red book what medication has been used. If Dexamethasone has been used the bag can be tagged with a red tag as only 2.5-5mls are used each time
    - leave the bag untagged
    - complete a learning event and let the Shift Manager know so they can log on their shift report
    - Facilities will re-stock the medication and re-tag to indicate the stock is complete

## 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 | B | 5 |
| Diazepam | C | 4 |
| Lorazepam | C | 4 |
| Midazolam | C | 3 |
| Oral morphine | C | 5 |
| Morphine | A | 2 |
| Oxycodone | A | 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** controlled drugs and is ultimately responsible for all CDs under all circumstances. Operational co-owners are witnesses, and counter-signatories in daily stock checks and dispensing all CDs. Full information can be found in the Medicines Management Policy on Radar.

**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 a clinician to complete these checks daily for the base. The audit will be led by the clinician, with the host witnessing only.

***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.***

## The Process for Daily Checks of the CDs in the cars

The schedule 3,4 and 5 CDs are stored in the car medication boxes, and have a CD log book to record all checks. This need checking at the start and end of each shift. See Appendix D for an example.

- The driver will accompany the clinician to carry out the checks at the beginning and end 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, and record in the log book, witnessed by the driver
- The clinician will place the drugs back in to the box
- The driver will the advise the Shift manager the time the checks took place

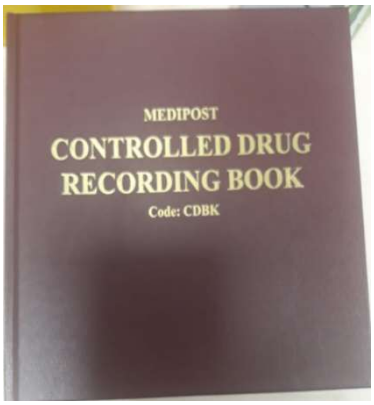
***Discrepancies or breakages of any schedule CD must be reported as a Learning Event and flagged to the Shift Manager. BrisDoc has a requirement to report discrepancies within 24 hours, therefore it is important to log the learning event immediately.***

## 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)




- The safe 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 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 at the visit 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 them 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 transport CDs by themselves without a clinician.***

## Management of Home Visits

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

- Advising the WaCC 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

- Advise the SM or WaCC should you need to leave the base e.g. to get petrol. 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 it's not on silent mode or left in the car. 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 WaCC 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 are dropping samples to a lab, advise the HV WaCC or ON SM the time of the drop off and which lab was used. Continue to update the visit log with the relevant information as normal.

- If you become aware of a visit that they may not be reached within the required time frame, please alert the WaCC and work with them to put a contingency plan together. This could involve 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

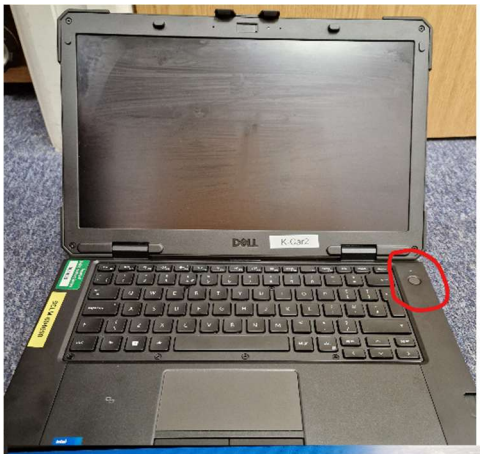
- When on a visit with a clinician, you are required to wait at the location of the visit at all times so you are on hand to assist the clinician. If there is an exceptional reason that you need to leave, this must be discussed and agreed with the Shift Manager first

- 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.

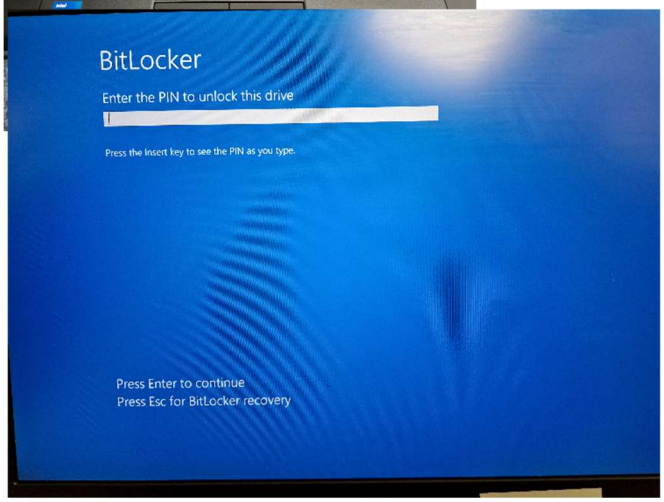
## Rugged Laptops

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 laptop on by pressing the power button (in Red) and let the system load up




A prompt to enter your bitlocker pin will appear and 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 user guide in Appendix F of this document, please ensure you have read and understood this document. This 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 the 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.

# Other Driving Duties

## Collection and Delivery of samples/Medication

Once a driver has been identified, the WaCC 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 base face to face appointment

When taking a sample from base you should: -

- Complete the base sample 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 initials in the appropriate columns. The visiting address will be the name of the appropriate laboratory.
- For a safe transport of the Sample, it must be placed in the Sample box in the car, pictured below:

- On delivery, please ensure a drop off time is added to the arrival column of the visit log sheet 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. Note on the visit sheet that no one was present to receive sample.

**Collection/Delivery of Samples taken from Base Sample Safes**

On occasions, drivers will be required to collect samples left by the host in a sample safe. This only applies to our Clevedon and Greenway bases where collection is not possible before the bases close. For details on how to access the sample safes, please refer to the Specimen Collection, Handling and Transportation SOP on Radar.

**Delivering Samples taken during a Home Visit**

If whilst on home visits the clinician takes a sample, and you are able to take it direct to a laboratory without returning to base, please ensure this is added as a note on the visit sheet against the relevant patient.

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.

## Jackery Units

Jackery units are portable power stations used to supply a backup power supply when the rugged laptop battery is running low. There is one Jackery for each of the three overnight treatment centres.

They are ONLY for use when the rugged laptop battery falls below 20% and must not be used as a standard charger.

### Charging of the Jackery

It is the responsibility of the drivers to ensure that the Jackery has full charge. Therefore, the following steps should be taken:

- Each weekday evening at the start of the shift, the Driver should check if the Jackery requires charging and if so, plug this in using the Jackery charging cable
- If charging is required, the Driver should then complete the 'Jackery charging logbook' to show this has happened. This can be found in the Jackery storage box
- At the end of the evening when the Jackery is charged, the driver should then ensure that it is turned off, unplugged and packed away ready for when required.
  THE JACKERY SHOULD NOT BE LEFT ON CHARGE INDEFINITELY.

### Storage of the Jackery

The Jackery must not be left in the car when not required and should be loaded on shift at times of need. At all other times, it should be stored with the Driver equipment in the relevant driver cupboard.

Note – if temperatures fall below -10° or rise above 40°, the Jackery should be brought back into the treatment centres between home visits.

## 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 safety within the law at the time.

All of our cars are clearly marked with green and yellow Battenberg markings and a green light. Lights can only be turned on under a request 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. The policy is available on RADAR.**

## Driver Attitude

All drivers are expected to act with courtesy, consideration, and respect towards other road users at all times. Inconsiderate, impatient, or aggressive driving behaviour increases stress for other drivers, passengers, and yourself, and significantly increases the risk of collisions and incidents.

Maintaining a calm, patient, and tolerant approach to driving supports safer journeys and reflects professional standards expected of BrisDoc drivers.

## Professional Representation

When operating a BrisDoc vehicle, drivers are acting as visible representatives of the organisation and the wider NHS. Driving behaviour is readily observed by members of the public and contributes directly to how BrisDoc and NHS services are perceived.

Drivers are therefore expected to uphold the values of professionalism, respect, and accountability through their conduct on the road at all times. Courteous and responsible driving helps maintain public trust and reinforces BrisDoc's commitment to safe, patient-focused care.

## Speeding

Speed is a significant contributing factor in many road traffic collisions, particularly when drivers feel under pressure while travelling to patients they believe to be seriously unwell. Drivers must remember that BrisDoc is not an emergency service, and responding to emergencies at speed is the responsibility of specially trained emergency drivers only.

Driving at excessive or inappropriate speed reduces the time available to assess hazards and respond safely to developing situations. Drivers are required to travel at a speed that is appropriate for the road layout, traffic conditions, weather, and visibility at all times, including when responding to urgent patient needs.

National and local speed limits must be strictly observed, along with all other road traffic laws. Safety must always take priority over perceived urgency.

## Driving fines

Any fines that are incurred whilst driving are the sole responsibility of the driver. This includes both financial penalties and penalty points, which will be transferred directly to the individual driver.

Examples include, but are not limited to:

- Speeding offences
- Driving in bus lanes or through bus gates
- Traffic light or other signal violations

Drivers are expected to familiarise themselves with and comply fully with all relevant road traffic regulations at all times.

## Vehicle Tracking and Telematics

BrisDoc vehicles are fitted with electronic vehicle tracking and telematics devices. These systems are used to support driver safety, promote responsible driving behaviour, and assist with effective fleet and service management. The use of vehicle tracking also supports BrisDoc's duty of care to staff, patients, and other road users.

Each tracking device is linked to an individual driver through the use of a personal driver identification card. All drivers will be issued with a card and are required to use it whenever operating a BrisDoc vehicle by tapping it onto the tracker system in the car each time the engine is started. This ensures that driving data can be accurately attributed to the correct driver.

If a card is lost, damaged, or not functioning, the driver must inform their line manager immediately. Drivers will be expected to reimburse the organisation for the cost of replacing a lost or damaged fob.

The telematics system monitors aspects of driving behaviour, including but not limited to speed, harsh braking, acceleration, and cornering. Drivers will receive real-time feedback to support safer driving behaviours, and data will also be collected over time to enable review and audit.

Line managers will have access to telematics and tracking data, which will be used as part of the driver audit and monitoring process. This information may be used to recognise good driving practice, identify areas for improvement, and support supervision, training, or investigation where appropriate.

In addition, a live map showing the real-time location of BrisDoc vehicles will be available to the Workforce and Capacity Coordinators (WaCCs). This information will be used to support the safe and efficient planning and allocation of home visits, helping to ensure timely patient care while minimising unnecessary travel.

The use of vehicle tracking and telematics is intended to promote safety, efficiency, accountability, and continuous improvement.

## Transporting Patients

We are not insured for drivers to transport patients in any of our vehicles alone, if a situation arises that requires patient transport, please speak to the shift manager.

## Green Lights

Green strobe lights are used to alert other road users to the presence of a medical professional responding to an urgent situation. Their use can assist with visibility but also carries inherent risks. Some road users may not understand what the green light signifies or may react unpredictably. The use of warning lights can also lead to a false sense of security and must not alter safe driving behaviour.

Green strobe lights must therefore be used with caution and only when a clinician is present in the vehicle.

Green strobe lights may be used in the following situations:

- When unavoidably travelling at low speed while searching for an address, to alert nearby traffic and help patients or relatives recognise the arrival of the clinician
- When unavoidably parked outside an address and temporarily obstructing the road, to make other road users aware
- To indicate the vehicle’s position if it is necessary for emergency services to locate or identify the vehicle
- When approaching or waiting at junctions, where other road users may choose to give way
- In heavy traffic, to increase visibility when travelling to an urgent home visit

Drivers must be aware that the use of green strobe lights **does not provide any exemption** from road traffic legislation. All speed limits, traffic signals, and rules of the road must be obeyed at all times.

The use of green strobe lights does not grant priority, authority, or right of way and should never be relied upon to influence the behaviour of other road users.

## Mobile Phones

It is a criminal offence to use a hand-held mobile phone or similar device while driving. Drivers must not make or receive calls, send messages, or interact with mobile devices while the vehicle is in motion.

Even when using hands-free systems, mobile phone conversations can distract the driver and reduce attention to driving conditions. Drivers should therefore avoid making or receiving calls while driving wherever possible. If a call is necessary, the driver must first stop the vehicle in a safe and legal place before answering, or advise the base that the call will be returned when it is safe to do so.

Mobile phone use by passengers can also be distracting to the driver. If a passenger's phone use is affecting the driver's ability to concentrate safely, it is acceptable for the driver to stop the vehicle at a safe location until the distraction has ended.

At all times, safe control of the vehicle must take priority over communication.

## Vehicle damage and Road Traffic Accidents

Drivers are expected to take the same level of care with BrisDoc vehicles as they would with their own. While most incidents are avoidable, it is recognised that minor damage or accidents may occasionally occur.

All damage, regardless of severity—including scrapes, scratches, dents, or other marks—must be reported. This includes damage caused by third parties or incidents occurring while the vehicle is parked. Damage must be recorded:

- On the driver documentation sheets
- Via a Learning Event
- To the Shift Manager

In the event of a road traffic accident, drivers must first ensure that any individuals involved are safe and receive appropriate assessment or medical attention if required. The Workforce & Care Coordination team (WaCC) and the Shift Manager must be informed as soon as practicable so that home visits or duties can be reorganised appropriately. Where there is an impact on service delivery, the Shift Manager will inform the On-Call Manager.

Accurate reporting of vehicle damage and accidents is essential for insurance and legal purposes. Routine vehicle checks carried out at each shift also help identify and document any new damage, including that caused by third parties.
Accident report forms and vehicle check reporting forms are available in the vehicle folders, which contain all required vehicle documentation.

Wherever possible, drivers should obtain photographic evidence of vehicle damage and/or the prevailing conditions at the scene of the incident, using the camera facility on the car phone.

## Driver Audits

Audits are carried out to ensure that all drivers comply with current Standard Operating Procedures (SOPs), policies, and guidance, and that all required documentation and vehicle check sheets are completed accurately and correctly.

Drivers are audited:

- Monthly, through review of paperwork and documentation as well as speeding
- Annually, through an in-person audit

Feedback is provided by email following both monthly and annual audits. Following the annual audit, drivers will receive a summary of their performance and any actions or recommendations identified. The target average audit score is 95%.

Further details on the audit process, scoring, and expectations can be found in the Driver Audit Framework, available on Radar.

## 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 Breakdowns and Accident information:

**Hybrid Skodas**

Skoda Assistance (Breakdown assistance in partnership with the AA) - Tel 0330 100 3243 - Option 1. When calling for assistance, please have the following information to hand:

– Your name and location

– Registration number and colour of your vehicle

– Škoda model - Octavia

– Description of the issue

– Your mileage (if known)

– A telephone number where you can be contacted

Tyres - If a car has a puncture whilst on shift, call Skoda Assistance (number above) and they will arrange the tyre change. If a routine tyre change is required, the Facilities Team will arrange this via Skoda - 01171 713293.

**Support Van**

Roadside Assistance - (Breakdown assistance in partnership with AA) Tel 0370 0120 301 - Option 1. When calling for assistance, please have the following information to hand:

- Your name and location

– Registration number and colour of your vehicle

– Van model - Citroen Berlingo

– Description of the issue

– Your mileage (if known)

– A telephone number where you can be contacted

If you have a puncture, please call the number above. The AA will attend to assess if the van can be driven to a local garage. If it can't be driven the car will be towed to a location of our choice - Ideally this will always be back to Osprey so we can arrange the tyre change.

Other options available, although Facilities will pick up these issues on a Monday morning:-

- Windscreen repair - Option 2

**Diesel Skoda (Weston Support car only)**

RAC - Tel 0333 2000 999

When calling for assistance, please have the following information to hand:

- Your name and location

– Registration number and colour of your vehicle

– Car model - Octavia

– Description of the issue

– Your mileage (if known)

– A telephone number where you can be contacted

If you have a puncture, please call the number above. The RAC will attend to assess if the car can be driven to a local garage. If it can't be driven the car will be towed to a location of our choice - Ideally this will always be back to Weston (168) so we can arrange the tyre change.

When reporting breakdown, always advise the Shift Manager too.

## 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 should take the vehicle to Halfords for a replacement bulb to be fitted. If there is not enough petty cash to cover please liaise with the Shift Manager. During week day operations the Facilities Team will replace.

# Radius Fuel Cards

Each vehicle has a fuel card store in the drivers visor to be used when filling the cards with fuel. These cards can only be used in certain fuel stations and for standard grade fuel.

To find which petrol stations accept the card you can google Radius fuel stations or check online or via the Radius Velocity App.

radius

You must always proactively provide the current milage to the cashier( not all stations ask for this), and ensure to get a 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

## Appendix A - Example visit log

SevernSide
Integrated Urgent Care

**DRIVERS VISIT LOG SHEET**
**INCLUDING LABORATORY DELIVERY RECORD**

**V22 - September 2026**

| Clinician Name |
|---|
| D Winter |

| | | | ALL SECTIONS OF THE FORM TO BE COMPLETED. | | | | Fuel level | |
|---|---|---|---|---|---|---|---|---|
| Date | 15/09/2026 | | Drivers Name | Joe Bloggs | Start Mileage | 1575 | Start | 100% |
| Shift | 08:00-16:00 | | Car | Weston Support Car | End Mileage | 1675 | Finish | 75% |
| Case Number | Target Visit Time | 2 or 6 hour visit | Patient Name | Visiting Address or Path Lab Address | Arrival Time | Departure Time/ Drop off Time | Additional Notes / has WaCC been informed of sample drop time if applicable | |
| 2541582 | 14:00 | 6 | P Pat | 21 Osprey Court | 13:30 | 14:15 | Amoxicillin 500mg | |
| 2541602 | 16:30 | 6 | J Brown | 4 Osprey Court | 15:30 | 16:05 | | |
| | | | | | | | | |
| 2546325 | n/a | | F Green | Southmead | 09:30 | 09:40 | Handed to Ben and WaCC advised of drop off time | |
| 2546328 | n/a | | I Purple | Southmead | 09:30 | 09:40 | As Above | |
| 2546259 | n/a | | H Red | BRI | 14:00 | 14:10 | Handed to Fred and WaCC advised of drop off time | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| VEHICLE CHECK | | |
|---|---|---|
| **CAR** | **Y** | **N** |
| Glass / mirrors damaged? | | N |
| Do tyres appear in good condition? | Y | |
| Do they have adequate tread? | Y | |
| Do tyres seem adequately inflated? | Y | |
| Do lights and indicators work? | Y | |
| Do green lights work? | Y | |
| Do wipers / washers work? | Y | |
| Does horn work? | Y | |
| Do seatbelts / head restraints work? | Y | |
| Are there any signs of leaks? | | N |
| Rubbish removed and car tidy? | Y | |
| Fire extinguisher present in boot? | Y | |
| First aid kit present in boot? | Y | |
| Bleed Kit present in boot? | Y | |
| Controlled Drug book in boot? | Y | |
| Do a full sweep of the car to remove and clinical waste or check for samples | Y | |
| Are there any new scratches or damage? | | N |
| Internal - Wiped down with Clinell wipes before and after shift | Y | |
| **Comments on boxes above** | | |
| **PLEASE LEAVE ANY COMMENTS ON THE SHIFT REPORT** | | |
| **DRIVERS SIGNATURE AND DATE** | | |
| **Joe Bloggs** | | |

| REGISTRATION | |
|---|---|
| Has the boot light been turned off and unplugged at the end of the shift? | |
| Y | N |
| Remove defib & diagnostic bag at the end of each shift and return to base? | |
| Y | N |

| Christchurch Car | | |
|---|---|---|
| **IN CAR / DRIVERS BOX** | **Y** | **N** |
| Rugged Laptop | Y | |
| Rugged Laptop charger | Y | |
| Rugged Laptop charger | Y | |
| Jackery checked for charge level | Y | |
| Jackery used on shift? | | N |
| If used, Jackery & lead returned to base | | |
| Phone | Y | |
| Phone charger (in Car) | Y | |
| Phone charger (in base) | Y | |
| Boot light working? | Y | |
| Clipboard / Drivers Folder | Y | |
| Torch present / working | Y | |
| Fuel Card (in visor) | Y | |
| Hi-Vis in car? | Y | |
| Palliative & Respect Forms | Y | |
| Sample Form Folder | Y | |

| Controlled meds checked at start and end of shift & book signed | | SHIFT | Initial or time |
|---|---|---|---|
| | | START | JB & DW |
| | | END | JB & DW |
| **SCRIPTS PACK NUMBER:** | | **USED** | **UNUSED** |
| 6 | START OF SHIFT | 0 | 15 |
| 6 | END OF SHIFT | 1 | 14 |

## Appendix B Example Green bag check

| SevernSide Integrated Urgent Care | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | INITIAL LOADING | Y | HANDOVER | | | |
| | | | | | CAR DRIVEN | MARKSBURY CAR | GREEN BAG CHECK LIST | | | | |
| NAME: | J Bloggs | DATE: | 15/09/2026 | | DIAGNOSTIC BAG | To be fully checked each shif | SANITIZED | Y / N | | | |
| DEFIB BAG | TAGGED Y / N | Initial stock | Used | Replaced | | | | | Initial stock | Used | Replaced |
| Stethoscope x 1 | | | | | ALL DIAGNOSTIC EQUIPMENT TO BE WIPED DOWN AFTER EACH USE | | | | | | |
| Emergency Suction Unit x 1 | | | | | Blood Pressure Machine | | | | ✓ | | |
| De-fib (Adult pad attached) x1 | | | | | Dual Ketone/Glucose Machine | | | | ✓ | | |
| Defib pad - Paediatric x1 | | | | | Dual Ketone/BM Machine Weekly Quality Control test (Specify date completed) | | | | 13/09/2026 | | |
| Razors x5 | | | | | Stethoscope | | | | ✓ | | |
| Bandage Scissors x1 | | | | | Otoscope / Ophthalmoscope | | | | ✓ | | |
| ASTHMA BAG | TAGGED Y / N | Initial Stock | Used | Replaced | Reflex Hammer | | | | ✓ | | |
| Nebuliser Masks Adult x3 / Paed x | | ✓ | | | Sphygmomanometer and Large Cuff | | | | ✓ | | |
| Nebuliser & Extension Lead | | ✓ | | | BP Disposable Barrier Cuff x10 | | | | ✓ | | |
| Pulse Oximeter (Sats Machine) x1 | | ✓ | | | Sharps Box for Transfer Straws | | | | ✓ | | |
| Volumatic Adult x1 / Paed x1 | | ✓ | | | Tuning Fork | | | | ✓ | | |
| Peak Flow Meter Adult x1/ Paed x1 | | ✓ | | | Urine Testing Strips | | | | ✓ | | |
| Peak flow filters X 4 | | 3 | | 1 | White Top Pots x8 | | | | ✓ | | |
| | | | | | Stool Pots x2 | | | | ✓ | | |
| INJECTABLE BAG | TAGGED Y / N | Initial Stock | Used | Replaced | Transfer Straws x8 | | | | ✓ | | |
| Syringes ( 3ml / 5ml) x5 each | | ✓ | | | Vacutainer's x8 | | | | ✓ | | |
| Safety Needles Blue 23g x 5 | | ✓ | | | Path Forms | | | | ✓ | | |
| Safety Needles Green 21g x 5 | | ✓ | | | Marker Pen x1 | | | | ✓ | | |
| Vacutainers ( 21 / 22 ) x4 each | | ✓ | | | PLASTIC BOX | To be fully checked each shift | | | Initial Stock | Used | Replaced |
| Blood Containers 4 of each Colo | | ✓ | | | Pulse oximeter Sat's Machine | | | | ✓ | | |
| Lab Forms and Bags | | ✓ | | | Thermometer | | | | ✓ | | |
| Swabs - x2 Liquid Charcoal Swab | | ✓ | | | Thermometer Covers | | | | ✓ | | |
| Alcohol Wipes x 10 | | ✓ | | | Otoscope Covers | | | | ✓ | | |
| Tourniquet x5 | | ✓ | | | Tongue Depressors | | | | ✓ | | |
| Sharps Box | | ✓ | | | Spare Batteries | | | | ✓ | | |
| Gauze x1/ Tape 2.5 x 1 | | ✓ | | | Comfi Gel | | | | ✓ | | |
| Butterflies/ Connectors x3 each | | ✓ | | | Lancets x10 | | | | ✓ | | |
| Marker Pen x1 | | ✓ | | | Tape Measure x1 | | | | ✓ | | |
| Controlled Drug Denaturing Kit x1 | | ✓ | | | | | | | | | |

| To be fully checked each shift | | | | |
|---|---|---|---|---|
| OXYGEN BAG | TAGGED Y / N | Initial Stock | Used | Replaced |
| Oxygen Masks | Adult Non-Rebreathing x3 | | | |
| | Child Non-Rebreathing x3 | | | |
| Adult, Child & Baby Resuscitators x1 each | | | | |
| Airways (All Sizes) x1 | | | | |
| Oxygen Levels | | | | |

| GENERAL BAG | TAGGED Y / N | Initial Stock | Used | Replaced |
|---|---|---|---|---|
| Male Catheters | Size 12 x1 | | | |
| | Size 14 x1 | | | |
| Forceps / Clamp | x1 | | | |
| Tape/Apron/Mask x1 | | | | |
| Dressing packs x2 | | | | |
| Body Fluid Disposal Kit x1 | | | | |

| | |
|---|---|
| Main Oxygen Tank Level? | 95% |
| Spare Oxygen Tank Level? | 100% |

Drivers please note : If green bags are not tagged, contents need to be checked. Circle Y or N if tagged

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

## Appendix C - Example of in car drug checklist

| Driver Medication From Stock Form V29 May 2026 | | | | |
|---|---|---|---|---|
| WHEN MEDICATION ON THIS LIST IS ISSUED, PLEASE REPLACE FROM BASE STOCK | | | | |
| IN CAR TABLET, CAPSULE & SUSPENSION LIST AND STOCK LEVEL | | | | |
| DRIVER NAME: | STOCK LEVEL | DATE: | | CAR: |
| STOCK | | QTY used from Car | QTY taken from base | CASE NUMBER |
| **ANTIBIOTIC** | | | | |
| Amoxicillin 500mg Capsules (21) | 3 Boxes | | | |
| Amoxicillin Suspension 250ml | 1 Bottle | | | |
| Cefalexin 250mg Capsules (28) | 2 Box | | | |
| Ciprofloxin 250mg Tablets (20) | 2 Boxes | | | |
| Clarithromycin 500mg Tablets (14) | 2 Box | | | |
| Clarithromycin Suspation 250mg | 1 Bottle | | | |
| Co-amoxiclav 500/125mg Tablets (21) | 2 Boxes | | | |
| Doxycycline 100mg Capsules (8) | 2 Boxes | | | |
| Flucloxacillin 500mg Capsules (28) | 2 Boxes | | | |
| Nitrofuratoin (MacroBID) 100mg Tablets Capsules (14 | 2 Boxes | | | |
| Phenoxymethylpenicillin V 250mg Tablets (28) | 2 Boxes | | | |
| Trimethoprim 200mg Tablets (6) | 2 Boxes | | | |
| **STEROID** | | | | |
| Prednisolone Gastro 5mg Tablets (28) | 2 Boxes | | | |
| **ANTIEMETIC** | | | | |
| Prochloperizine (Buccastem) 3mg Tablets (8) | 2 Boxes | | | |
| Ondansetron 4mg Tablets (10) | 1 Box | | | |
| **CARDIOVASCULAR** | | | | |
| Apixaban 5mg Tablets (28) | 2 Boxes | | | |
| **RESPIRATORY** | | | | |
| Salbutamol Ventolin Inhaler 100mg (200 dose) | 2 Boxes | | | |
| CONTROLLED DRUGS - PLEASE ALSO DOCUMENT USAGE IN THE CD BOOK | | | | |
| Codeine Phosphate 15mg Tablets (28) | 2 Boxes | | | |
| Diazepam 2mg Tablets (14) | 2 Boxes | | | |

## Appendix D Example of in car CD drug checklist

### Schedule 3, 4 and 5 CD Medications

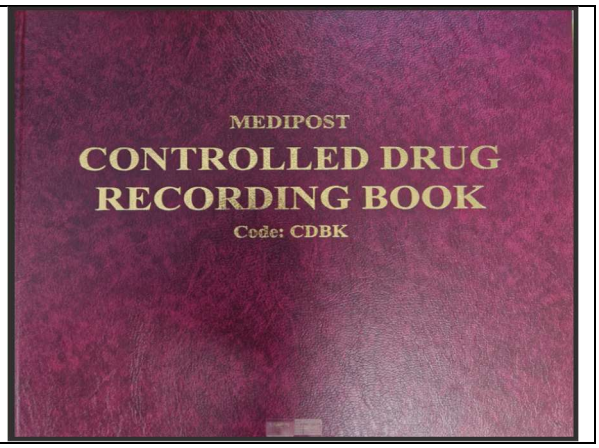
Please see below for the process of how to complete the controlled drug register for the medication.

SERVICE USER'S NAME _____ 5

NAME AND FORM OF CONTROLLED DRUG _____

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

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.

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 F Rugged Laptop Instructions

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

## Appendix G - Drivers Quick Reference Guide: Host Support

**Please note:** This is a step-by-step guide to accessing the host computer, Cleo, arriving patients and an overview of the Clinical Toolkit for occasional cover and by no means replaces the full host training.

If you wish to train as a host, then please contact your line manager.

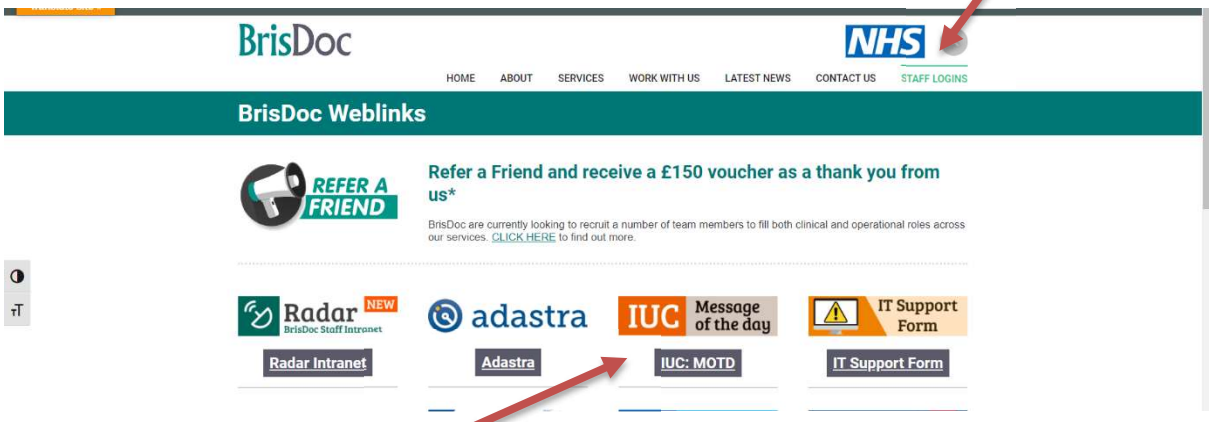
1. Firstly, you will need to log in to the Host Computer at reception, each base has a different log-in which can be obtained from the Shift Manager:

2. Double click the **Brisdoc Weblinks** icon on the desktop
   ** If this is not visible load a browser by double clicking one of the following

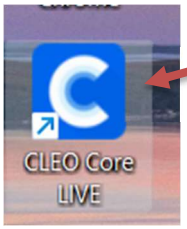
Google Chrome

Microsoft Edge

Type **Brisdoc Weblinks** into the search bar and access through **Staff Logins**



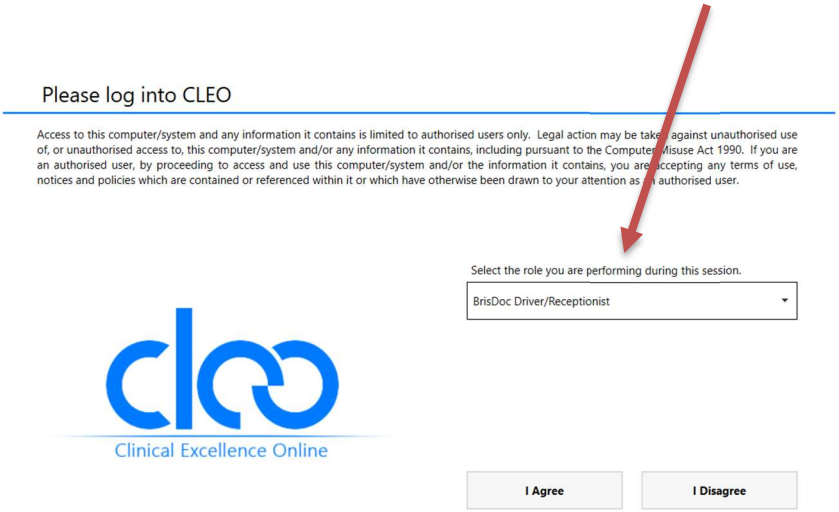

You can access Message of the day from Weblinks



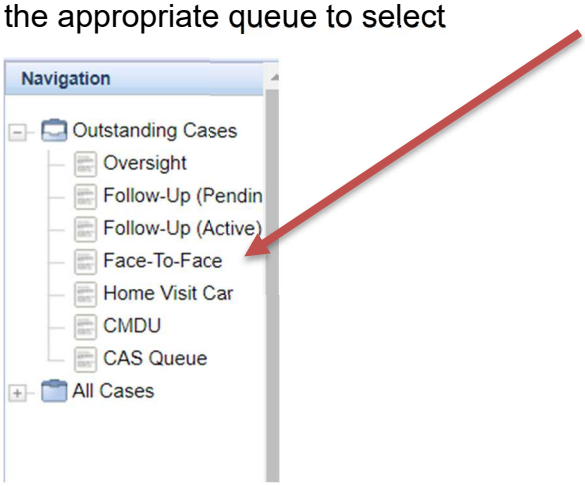

Double click the **CLEO** Icon from the desktop

Add in your **Cleo** Username and Password and click log in

On the next page select the role of **BrisDoc Driver/Receptionist** and then 'I agree'




On the left-hand side of the screen various options will appear. Face – To – Face is the appropriate queue to select




When the patient arrives for their appointment, they will ring the Host phone

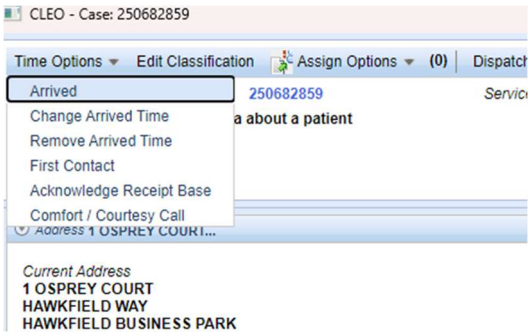
A suitable greeting would be –

***Good (morning, afternoon, evening) your through to (your name) at Severnside***

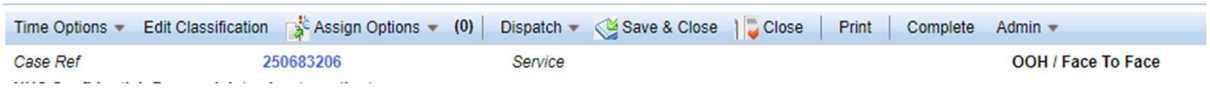
When the patient arrives:

- Double click into the case so you can see and confirm patient details. You need to confirm
  - Patient name
  - DOB
  - Address
  - GP Surgery
  - Contact number

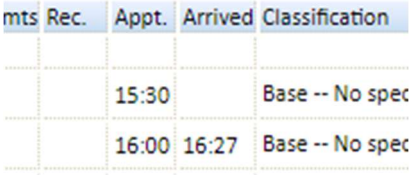
  ** If any of the details are incorrect, please note these and flag to a Shift Manager after arriving the patient**
- Select Time Options
- Select Arrived




Select Save & Close.

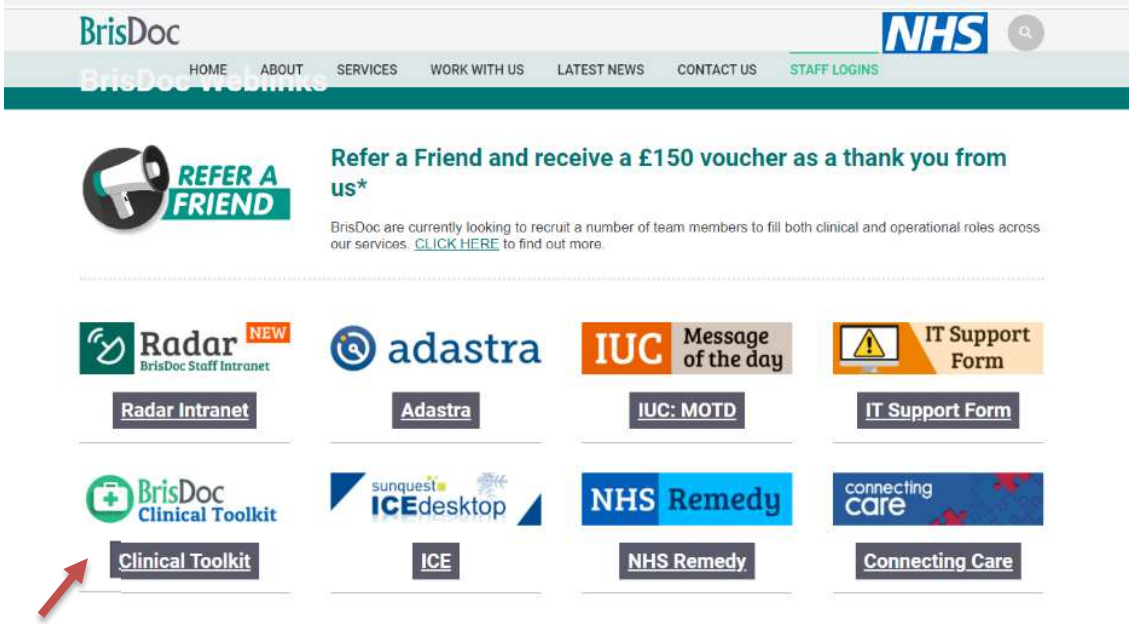



A time will show in the Arrived column where an arrival has been recorded.

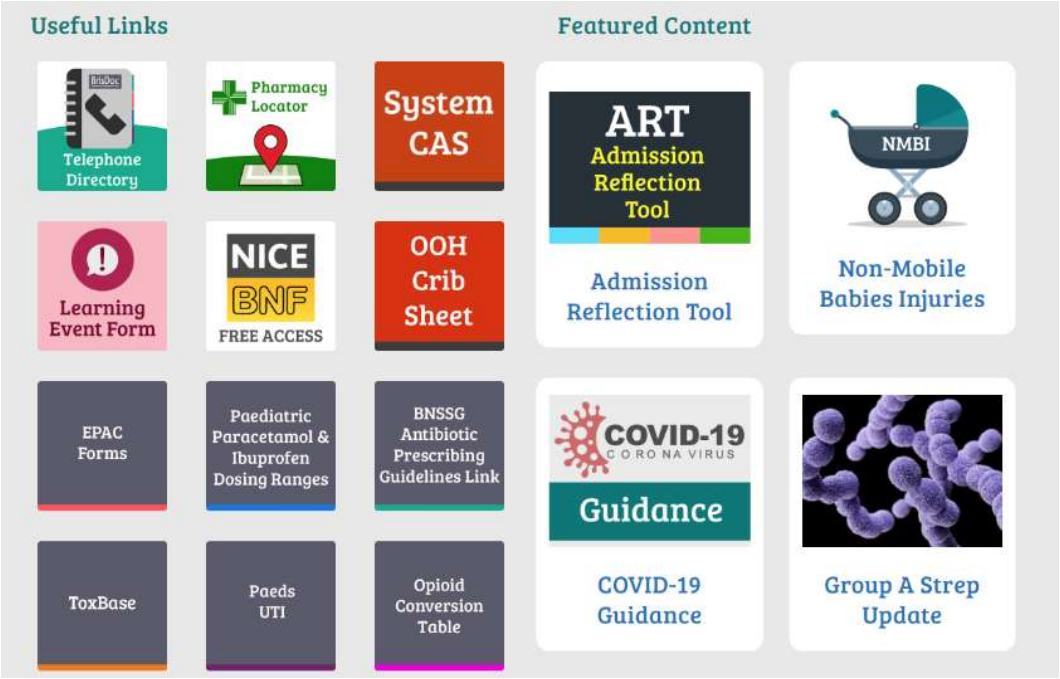



To change/remove a patient arrival, follow all steps as above but select Change arrived Time or Remove Arrived Time in place of Arrived.

## Finding Information and Supporting Clinicians




The **Clinical Toolkit** contains lots of useful information, if you are asked by a Clinician for information, it's a great place for them to start.




The **OOH Crib Sheet**

This is a step-by-step guide to Clinical Outcomes, please direct Clinical queries to this in the first instance.

## My Patient needs....

- Self care advice only
- A Prescription
- F2F appointment or Home Visit
- Further remote review in the OOH period
- Community Services
- Urgent follow up with patient's usual GP Surgery in hours
- A Referral Form to be sent
- Hospital Assessment, Advice or Referral
- Ambulance
- Mental Health Team input

# 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 | He | 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 | He | Changes to Sample handling |
| Nov 23 | V10.4 | He | 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<br><br>JM | Update of Adastra to Cleo, addition of rugged laptop do's and don'ts<br><br>Clarification of not being permitted to speed or drive in the bus lane in the green light section.<br><br>Addition of charging jackery's |
| 30/03/2026 | 10.14 | NR | Full review and amend of new fleet information |

| | | | |
|---|---|---|---|
| 15/09/2026 | 10.15 | JG | Sample run amendment to include advising the WaCCs/SM what time and where a sample has been dropped off.<br><br>Driver Competencies updated to include Host cover<br><br>Paragraph added – supporting Hosts and Clinicians<br><br>New driver checklists<br><br>Drivers Quick reference guide – Host Support |