

MANAGING DRIVING* SAFETY FOR AT RISK CLIENTS – EXAMPLE TEMPLATE

Critical issues:

- Prompt identification of withdrawal or intoxication
- Minimise the risk of complications
- Manage related symptoms
- Stabilise medical and psychiatric conditions
- Clients initiating opioid agonist therapy (OAT) should be advised that driving is unsafe until dosing is stable. Wherever possible, an alternative option to driving should be discussed with the client (see NSW Clinical Guidelines: Treatment of Opioid Dependence)
- Driving safety discussions should be regularly revisited and documented throughout treatment
- Consider the impact of other sedating medications and substances on driving safety for all clients, regardless of whether they are on OAT

Clients assessed to be a potential risk to themselves or others should be **encouraged to remain** on the premises for clinical observation and monitoring

If client refuses ongoing management or observation and **intends to drive a vehicle** / evidence that they may be in charge of a vehicle (e.g. are carrying car keys or a motorbike helmet)

STEP 1

Inform client that driving is a **safety issue** and you have a **duty of care** to take all reasonable steps to ensure that this does not occur

STEP 2

Assist the client in developing an **alternative plan** (safety advice needs to be accepted and acted on by client)

STEP 3

If the client continues to ignore advice / refuses to stay, **call the local Police Service or 000** (inform the client and provide relevant information to Police e.g. description of the vehicle and registration number if known)

PRACTICE POINTS

- Ensure situation is recorded in medical notes and communicated to managing health practitioners
- Seek support from colleagues in managing these situations
- *Safety considerations extend to individuals using a bicycle or horse on a public road

Alternative options to the client driving [EXAMPLES, TAILOR TO LOCAL SETTING]:

- a. Offer to call a friend or family member to come and collect the patient
- b. If safe to do so, organise alternative transport e.g. taxi (+/- cab voucher) / Mission beat / other local service
- c. If available, refer client to a safe place for continued observation e.g. *Intoxicated Persons Unit (IPU)*
- d. If client's clinical presentation requires emergency medical support and monitoring the senior medical practitioner should be contacted for further advice or an ambulance should be called.