

<b>Title:</b> Regulations to create an exemption from the requirement to wear a seat belt for persons riding in an ambulance while attending to a patient. <b>IA No:</b> DfT 00259  <b>Lead department or agency:</b> Department for Transport  <b>Other departments or agencies:</b>	<b>Impact Assessment (IA)</b>		
	<b>Date:</b> 31/03/2014		
	<b>Stage:</b> Final		
	<b>Source of intervention:</b> Domestic		
	<b>Type of measure:</b> Secondary legislation		
<b>Contact for enquiries:</b> sandra.forde@df.t.gsi.gov.uk			

<b>Summary: Intervention and Options</b>	<b>RPC Opinion:</b> RPC Opinion Status
--	--

Cost of Preferred (or more likely) Option			
Total Net Present Value	Business Net Present Value	Net cost to business per year (EANCB on 2009 prices)	In scope of One-In, Measure qualifies as Two-Out?
£ 0m	£ 0m	£ 0m	No
			Zero Net Cost

**What is the problem under consideration? Why is government intervention necessary?**

Existing legislation includes an exemption from the requirement to wear a seat belt for persons driving or riding in a vehicle used for police or fire and rescue service purposes. However, representatives from the ambulance service have argued that there are circumstances when they also require the use of a seat belt exemption in order to perform their duties effectively. This includes instances when a patient is in need of urgent medical treatment whilst in transit to a hospital and this treatment cannot be administered whilst wearing a seatbelt. Government intervention is necessary to amend the existing secondary legislation to allow health care professionals to treat patients whilst riding in ambulances without fear of prosecution.

**What are the policy objectives and the intended effects?**

The policy objective is to extend the existing seat belt exemption as applied to the emergency services to include persons attending to a patient whilst riding in a motor ambulance. The intended effect of this objective is to ensure that all those within the emergency services that genuinely need the exemption to effectively carry out their duties are appropriately exempted from the requirement to wear a seat belt. A new Statutory Instrument will be required to implement this change to the seat belt wearing law.

**What policy options have been considered, including any alternatives to regulation? Please justify preferred option (further details in Evidence Base)**

Doing nothing (i.e. keeping things as they are now) would mean that health care professionals cannot legally remove their seat belts to provide medical care to patients. This is so even if it would be impossible for them to provide urgent treatment to that patient whilst remaining seated and wearing a seat belt. The following option was therefore considered by the Department:

Option 1 – Implement an exemption from the requirement to wear a seat belt for persons riding in a motor ambulance while attending to patient. This option is consistent with the policy objective and will ensure that critically ill patients can legally be given immediate urgent care as and when necessary.

<b>Will the policy be reviewed?</b> It will/will not be reviewed. <b>If applicable, set review date:</b> Month/Year					
Does implementation go beyond minimum EU requirements?			No		
Are any of these organisations in scope? If Micros not exempted set out reason in Evidence Base.	<b>Micro</b> No	<b>&lt; 20</b> No	<b>Small</b> No	<b>Medium</b> No	<b>Large</b> No
What is the CO <sub>2</sub> equivalent change in greenhouse gas emissions? (Million tonnes CO <sub>2</sub> equivalent)			<b>Traded:</b> na	<b>Non-traded:</b> na	

***I have read the Impact Assessment and I am satisfied that (a) it represents a fair and reasonable view of the expected costs, benefits and impact of the policy, and (b) that the benefits justify the costs.***

Signed by the responsible Minister: \_\_\_\_\_ Robert Goodwill \_\_\_\_\_ Date: 02/12/2014

# Summary: Analysis & Evidence

# Policy Option 1

**Description:** Extend the seat belt exemption for the emergency services to include vehicles used for ambulance service purposes.

## FULL ECONOMIC ASSESSMENT

Price Base Year	PV Base Year	Time Period Years	Net Benefit (Present Value (PV)) (£m)		
			Low: Optional	High: Optional	Best Estimate:
<b>COSTS (£m)</b>	<b>Total Transition (Constant Price) Years</b>		<b>Average Annual (excl. Transition) (Constant Price)</b>		<b>Total Cost (Present Value)</b>
Low	Optional		Optional		<b>Optional</b>
High	Optional		Optional		<b>Optional</b>
Best Estimate					
<b>Description and scale of key monetised costs by 'main affected groups'</b> There are no monetised costs associated with this option.					
<b>Other key non-monetised costs by 'main affected groups'</b> There are no non- monetised costs associated with this option.					
<b>BENEFITS (£m)</b>	<b>Total Transition (Constant Price) Years</b>		<b>Average Annual (excl. Transition) (Constant Price)</b>		<b>Total Benefit (Present Value)</b>
Low	Optional		Optional		<b>Optional</b>
High	Optional		Optional		<b>Optional</b>
Best Estimate					
<b>Description and scale of key monetised benefits by 'main affected groups'</b> There are no monetised benefits associated with this option					
<b>Other key non-monetised benefits by 'main affected groups'</b> Health care professionals will be able to legally provide treatment to critically ill patients in ambulances without fear of prosecution.					
Key assumptions/sensitivities/risks					Discount rate (%)

## BUSINESS ASSESSMENT (Option 1)

Direct impact on business (Equivalent Annual) £m:			In scope of OITO?	Measure qualifies as
Costs:	Benefits:	Net:	No	NA

## **Evidence Base (for summary sheets)**

### **Problem\_under\_consideration**

1. Section 14(1) of the Road Traffic Act 1988 provides that the Secretary of State may make regulations requiring persons driving or riding in motor vehicles to wear seat belts, subject to such exceptions as may be prescribed. Regulation 5 of the Motor Vehicles (Wearing of Seat Belts) Regulations 1993 (SI 1993/176) requires that seat belts be worn by persons aged 14 years or older who is driving or riding in the front or rear seat of a motor vehicle. Section 14(3) of the 1988 Act provides that any person who contravenes the 1993 Regulations is guilty of an offence unless they are covered by one of the prescribed exceptions.

2. One of these exceptions relates to the emergency services. Under Regulation 6(1)(f) of The Motor Vehicles (Wearing of Seat Belts) Regulations 1993 (SI 1993/176) a person riding or driving in a vehicle that is being used for fire brigade or police purposes are exempt from the requirement to wear seat belts. This exemption also applies to any person being carried into lawful custody.

3. Health care professionals riding in the rear of motor ambulances are not exempt from the requirement to wear a seat belt. The reasons for this omission is unclear but it may be partly because, in 1993, seat belts were not as commonly fitted in the rear of ambulances as they are now. Most, if not all, modern ambulances will have seat belts installed in the rear of vehicles where patients are being transported and treated.

4. This has led to some uncertainty amongst health care professionals about where they stand legally on this issue. In particular, they have raised concern about instances where critically ill patients are being transported to a hospital and require emergency treatment during the journey. In some circumstances this treatment can only be effectively administered to the patient whilst standing. The question has been advanced as to whether a health care professional will be breaking the law if they remove their seat belt in order to administer lifesaving treatment to the patient.

5. The Department agrees that clarity is needed in these situations and we therefore propose that the seat belt exemption for the emergency services is amended to include persons riding in a motor ambulance when attending to a patient.

### **Rationale for intervention**

6. The Department has been approached by representatives from the ambulance service about the possibility of creating an exemption from the requirement to wear a seat belt for health care professionals if required to attend to a patient while riding in the rear of an ambulance. In particular the Chief Executives of the Ambulance Trusts have been in communication with the Department to express their concern that health care professionals, providing emergency treatment to patients in the rear of ambulances, are not covered by the exemption.

7. These organisations have provided strong arguments to support the case for extending the exemption to health care professionals. They believe that medical personnel with clinical responsibility for a patient whilst they are travelling in an ambulance should have the flexibility of using a seat belt exemption in situations where it becomes necessary to provide urgent care to that patient. This would include the provision of high quality levels of intensive care to critically ill patients whilst in transit to major trauma centres and acute stroke centres. On these occasions ambulance clinicians would be expected to continuously monitor patients as well as administering a variety of medical interventions. These types of treatment cannot be performed effectively whilst restrained by a seat belt.

8. We believe that the original intention of the exemption in respect of the fire and police services was to allow them to perform their vital public services as effectively and safely as possible. The need to restrain an aggressive suspect for example would be impractical whilst wearing a seat belt. Similarly, medical personnel should also be allowed to provide urgent emergency treatment to patients in the back of ambulances without being hindered.

9. There is no dispute that in most circumstances when the ambulance is attending an emergency, that it will be in the best interests of passengers travelling in ambulances to wear a seat belt; this for their own protection and to stop them colliding with patients when the ambulance is driven at high speed or in the event of sudden braking. Nonetheless, it is clear from the results of the Department's consultation that there are some circumstances when it may be necessary to provide immediate lifesaving treatment to a patient while travelling to a health care facility. If this treatment cannot be achieved from a seated position, then the Department is of the view that health care professionals should be provided with the option to remove their seat belt in order to administer treatment without the fear of being prosecuted. For this reason the exemption from the requirement to wear a seat belt only applies when the person riding in the motor ambulance is attending to a patient.

## **Policy Objective**

10. The policy objective related to the scope of the seat belt exemption for the emergency services is:

- to extend create a legal exemption from the requirement to wear seat belts for persons riding in a motor ambulance when they are regard it as necessary to attend to a patient.
- to restrict the application of this exemption to persons riding in motor ambulances specifically constructed for use as an emergency ambulance, and not to permit the exemption to apply to persons riding in vehicles described as an ambulance but which are used primarily for the purpose of transporting passengers locally.

11. There are clearly some instances when a patient may require emergency treatment while being transported by ambulance to a hospital. If this treatment cannot be given from a seated position health care professionals should have the option of legally removing their seat belt to provide this vital care.

12. For this reason the Department believes that it is important to implement an exemption from the requirement to wear a seat belt in respect of health care professionals when they are attending to a patient and that treatment is not practical or possible whilst wearing a seat belt. This exemption would provide clarity for health care professionals responsible for patients in a moving emergency ambulance and remove the potential threat of prosecution or a fixed penalty under the current seat belt wearing regulations. It would also ensure that there is parity between the position of ambulance professionals and police and fire professionals to ensure that they are able to carry out their emergency functions efficiently.

13. The creation of the seat belt exemption for persons riding in a motor ambulance while attending to a patient will be achieved by Statutory Instrument which will amend the Motor Vehicles (Wearing of Seat Belts) Regulations 1993 (SI 1993/176)

## **Description of options**

14. The Department considered two options as part of this impact assessment. They were:

- Do nothing (i.e. the seat belt exemption for the emergency services remains as it is now, specifying only fire and police purposes).
- Option 1 Create a seat belt exemption for the persons riding in a motor ambulance when providing treatment to a patient.

### Do Nothing

15. This option would not solve the problem. The ambulance service is clearly an important part of the emergency services and it is widely recognised that there are some circumstances when they may need to rely upon an exemption from the requirement to wear a seat belt in order to perform their emergency duties effectively. One example of this includes instances where health care professionals are continuously monitoring or resuscitating a critically injured patient in transit to a hospital's intensive care unit. In these situations, treatment cannot be given from a seated position, the health care professional will therefore have no choice but to remove their seat belt and stand to attend to the patient's needs. If the law remains as it is a health care professional will break the law each time he or she performs this vital function.

16. In this regard it is worth noting that the Department is not aware of any prosecutions involving health care professionals and it is arguable that it would not be in the public interest to prosecute paramedics for treating patients. Additionally, the regulations state that if riding in the rear seat of a motor vehicle, a seat belt must be worn – it does not mention that where a seat is vacant it must be occupied. It could therefore be argued that where a health care professional is treating a patient and they are not seated, they would not be committing a seat belt offence.

17. However, the Department believes that it is important to remove this uncertainty by ensuring that the law is absolutely clear. This will also reassure health care professionals that they no longer have to make a judgement call about whether they should technically break the law to provide emergency treatment.

### Option 1

18. This option recognises that the need for the ambulance service to make use of a seat belt exemption in certain circumstances and in order to perform their emergency role effectively, is as convincing as the needs of the fire and police services. The police may use the exemption when restraining an aggressive suspect in their vehicle; the fire service may need it so that they can quickly vacate their vehicle to attend to a raging fire. Similarly, health care professionals will also require the option of a seat belt exemption when it is necessary to attend to a patient in the rear of an ambulance.

19. The Department has consulted with the industry and other interested parties about creating an additional seat belt exemption for the ambulance service. A question about this proposal was also included in the consultation on speed limit exemptions for emergency vehicles which took place from 28 November – 27 February 2013.

20. This consultation asked for views on the proposal to create a seat belt exemption that would apply to the ambulance service. Everyone that responded to this question strongly supported the proposal agreeing that it was both necessary and important to ensure that patients received the best possible care. This view was shared by a wide range of stakeholders including representatives from the ambulance service, police, road safety groups and members of the public. Some respondents even expressed surprise that the exemption did not already exist.

21. Option 1 is the preferred option because it:

- a) Is consistent with the policy objective of ensuring that health care professionals riding in ambulances while attending to a patient can rely upon an exemption from the requirement to wear a seat belt; and,
- b) It will ensure that health care professionals are able to legally provide treatment to critically ill patients without the fear of prosecution.

## **Monetised and non-monetised costs and benefits of each option (including administrative burden);**

### Policy Option 1

22. This option does not have any cost implications as the proposal simply extends the existing exemptions from the requirement to wear a seat belt to include a person riding in a motor ambulance while treating a patient. This will allow a health care professional to remove a seat belt that has already been fitted. Furthermore, the creation of a seat belt wearing exemption in respect of the ambulance service is unlikely to create any other costs because it is already common practice for health care professionals to remove their seat belts when transporting a critically or seriously ill patient to a hospital in order to provide treatment.

23. In real life and death situations health care professionals will continue to provide vital immediate care to patients in the rear of ambulances if their situation becomes critical on route to their destination. This is particularly so if the patient is unlikely to survive their journey to the hospital without this treatment. In circumstances where the continuous monitoring of critically ill patients becomes necessary or where medical interventions are necessary health care professionals will act in the best interests of the patient; even if this means removing their seat belts.

24. The reality of the current situation is that it is already common working practice within the industry for health care professionals to remove their seat belts while riding in the rear of an ambulance. The proposal to create an exemption from the requirement to wear a seatbelt while riding in a motor ambulance is therefore unlikely to have any impact on:

- a) Business – Manufacturers will continue to fit seat belts in the rear of ambulances. The proposal will only allow health care professionals the option to remove their seat belt when attending to a patient.
- b) Road Safety – the risk of injury to health care professionals or patients in the event of an accident or sudden braking. This will not change as a result of creating an exemption for health care professionals in the circumstances described above, because health care professionals are already removing their seat belts in order to perform certain treatments and attend to patients. In this regard the Department has not received any evidence from stakeholders of any injuries to health care professionals as a result of this practice.
- c) Lives saved or lost – it is impossible to measure what the impact of this would be if we were not to proceed with this proposal. As stated above, health care professionals are already removing their seat belt where necessary to administer treatment. It is impossible to determine whether this is occurring instantly in every situation or whether there are moments of hesitation leading to a delay in treatment because they are aware that this

practice is not legally permitted. This is highly unlikely but there is no way of determining this.

25. The only implication or impact of this proposal is that it removes the potential threat of prosecution and any doubt or uncertainty about whether the health care professional riding in an ambulance is in fact covered by the seat belt wearing exemption when attending to a patient.

## **Rationale and evidence that justify the level of analysis used in the IA (proportionality approach)**

26. This impact assessment outlines the Department for Transport's proposal to expand the current exemptions from the requirement to wear a seat belt so that it also applies to persons riding in a motor ambulance while attending to a patient. Under the current regulations exemptions for the emergency services only apply to persons driving or riding vehicles being used for fire or police purposes; persons riding in vehicles used for ambulance service purposes are excluded from the existing exemption.

27. The statutory instrument that will amend the emergency service seat belt exemption will not increase the scope of the regulation or impose any additional costs to business. The proposal will essentially be giving effect to what is already occurring in practice.

28. The Department has engaged with the industry, including the Chief Executives of the Ambulance Trusts, and held a public consultation about this proposal. The consultation showed that the proposal was supported by a wide range of stakeholders; most felt that it made sense and was a practical thing to do, whilst others expressed surprise that the exemption did not already exist.

29. The proposal to create an exemption from the requirement to wear a seat belt for persons riding in an ambulance while attending to a patient:

- a) is uncontroversial; it is widely supported both within the industry and amongst the general public;
- b) will not be regulating or deregulating the private sector; this means that it is out of the scope of the Better Regulation framework;
- c) will not place any additional costs on businesses.

For the reasons outlined above, the Department for Transport is not required to produce an impact assessment for this proposal. That said the Department took the decision to publish an impact assessment in any case as we believe that to do so is consistent with open and transparent policy making. We also believe that a proportionality approach is justified for this Impact Assessment.