



PARTNERSHIP GROUP

Raising awareness of Obstructive Sleep Apnoea. **Together.**

Obstructive sleep apnoea and driving

The Facts

Please note: The rules around driving with OSA are complex and the DVLA guidance subject to some interpretation. The guidance outlined in this document is our understanding of the current guidance at the time of printing and is accurate to the best of our knowledge. However you should **always check this guidance with your healthcare professional before deciding the best course of action**. This document has no legal standing and the OSA Partnership take no responsibility for injury, loss or damage arising from your interpretation of it.

The OSA Partnership Group would like to thank ResMed for their sponsorship of this document.



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STOP

In the past the advice for OSA and driving has been very confusing!

However, the OSA Partnership Group, together with clinical and patient bodies, has worked closely with the DVLA to simplify the guidance provided. This guidance uses the presence of 'excessive sleepiness having, or likely to have, an adverse effect on driving' to determine whether an individual is safe to continue to drive. It is believed that the guidelines are a much clearer and fairer way to assess whether driving can continue and it is hoped that the changes will give drivers more confidence to come forward with any worrying symptoms of Obstructive Sleep Apnoea (OSA).

The OSA Partnership Group has developed this guide to explain how the DVLA guidelines work, and what an individual's obligations are if suspected of having, or diagnosed with, OSA. If you are still unsure, the Sleep Apnoea Trust has more detailed information on their website, or we suggest that you speak to your sleep specialist.

[Visit The Sleep Apnoea Trust Association](#)

Obstructive Sleep Apnoea (OSA) is common in the UK adult population. It can be associated with excessive sleepiness which, if not treated, may have an adverse effect on driving and increase the risk of a road traffic accident. If you are diagnosed with OSA and also have excessive sleepiness having, or likely to have, an adverse effect on driving, it is a legal requirement to notify the DVLA. However if you follow the recommended process, you should not lose your driving licence and once the symptoms are treated, you will be able to start driving again.*

What is OSA?

OSA is a condition which affects a person's breathing while asleep, due to partial or total closure of the airway. Each time the person stops breathing, their body will briefly wake up to restore breathing. This may happen hundreds of times, but the person is usually unaware this is happening. The sleepiness that often results from the constant waking and lack of restorative sleep can affect health and quality of life, as well as the ability to concentrate while driving.

* There have been some changes to the DVLA guidelines for those with OSA so it is recommended that you familiarise yourself with the guidelines outlined in this document.



What are the symptoms of OSA?

The main symptoms are:

- Frequent loud snoring
- Episodes where you stop breathing while asleep
- Struggling for breath or choking while asleep

There may also be the following:

- Excessive sleepiness
- Morning headaches
- Depression
- Frequently waking up and needing to pass water
- Waking with a dry mouth/sore throat
- Difficulty concentrating
- Irritability
- High blood pressure
- Reduced sex drive



How can OSA affect driving?

If a person is waking up hundreds of times a night, they are likely to be sleepy during the day. This is why some patients with untreated OSA are reported to fall asleep in meetings or in front of the television. If the person falls asleep behind the wheel of a car, it is clearly extremely dangerous.

Studies have shown that drivers with untreated OSA are significantly more likely to have a road traffic accident¹, and these accidents are likely to be of an increased severity as driver reactions are slower. There are many reported cases of fatal accidents involving drivers with untreated OSA.

¹ OSA Health Economics Report, Office of Health Economics for the British Lung Foundation 2014

What should I do if I have the symptoms of OSA?

It is advisable to make an appointment to see your GP. You should tell him / her about the symptoms and ask to be tested for OSA with a sleep study, or a referral for an OSA assessment.

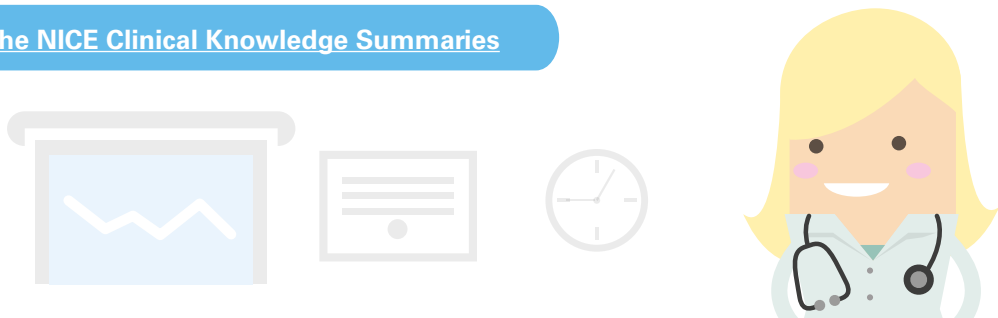
It is highly recommended that you are honest with your GP about your symptoms. In addition to the driving implications, untreated OSA can have major health consequences and it is believed that those who do not get treatment are likely to reduce their life expectancy by around 20%².

If your GP feels that it is possible that you have OSA, you should ask whether or not you are able to continue to drive. It is likely that you'll be advised not to drive if you have excessive sleepiness having, or likely to have, an impact on driving.

If you are advised not to drive and you are worried about losing your job, you should refer your GP to the NICE Clinical Knowledge Summary on OSA which advises GPs that...

"For adults where there are concerns about job security, ensure through personal communication with the sleep unit that diagnosis and treatment can be completed within four weeks of referral"

[Visit the NICE Clinical Knowledge Summaries](#)



How long will treatment for OSA take?

Treatment of OSA with symptoms of excessive sleepiness is very effective and once you have been diagnosed, you are likely to be prescribed CPAP (continuous positive airway pressure) which involves wearing a small mask over the mouth and/or nose while you sleep. Providing you comply with the treatment, the normal timeframe to feel improvements in sleepiness is 1-2 weeks (sometimes even sooner) and as soon as your symptoms are under control, you are safe to drive again.

As mentioned above, if you drive for a living and are worried about your employment, it is important to mention this to your sleep specialist. An increasing number of sleep centres are offering fast track treatment to get you back on the road as quickly as possible.



² British Lung Foundation, Health Economics Report, 2014

If I have OSA, when do I have to contact DVLA?

In October 2017, the DVLA updated its guidelines on driving and OSA. It is important to understand that these guidelines make it clear that the DVLA is only concerned with OSA when there is 'excessive sleepiness having, or likely to have, an adverse effect on driving'. The new guidelines say:

OSA diagnosis **WITH** excessive sleepiness having, or likely to have, an adverse effect on driving:

- If you have a diagnosis of OSA with 'excessive sleepiness having, or likely to have, an adverse effect on driving', you need to let the DVLA know.

The Sleep Apnoea Trust has a detailed section on their [website](#) on the recommended way to contact the DVLA.
- In the meantime, do not drive until your sleep specialist says that you are safe to do so.**

OSA diagnosis **WITHOUT** excessive sleepiness having, or likely to have, an adverse effect on driving:

- Those with OSA who do not have 'excessive sleepiness having, or likely to have, an adverse effect on driving', do not need to stop driving before treatment takes effect and there is no requirement to let DVLA know.

Suspicion of OSA without without a diagnosis yet:

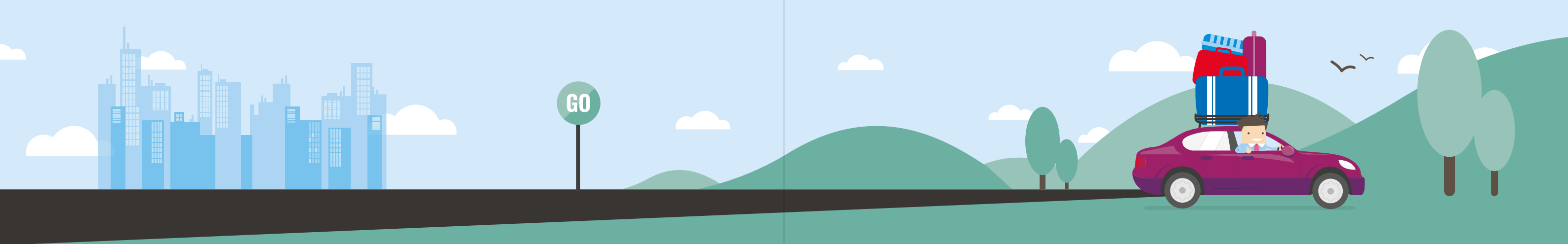
- If there is a suspicion that there might be OSA with sleepiness having, or likely to have, an adverse effect on driving but no diagnosis yet, you should stop driving because of the sleepiness. This is common sense. However if a firm diagnosis of OSA with 'excessive sleepiness having, or likely to have, an adverse effect on driving' is later made you need to let the DVLA know. Again we suggest you refer to The Sleep Apnoea Trust's [website](#).

This process is applicable to both Group 1 and Group 2 drivers:

- If in any doubt, speak to your sleep specialist and refer them to the British Thoracic Society statement on OSA and driving.

[Visit the British Thoracic Society statement on OSA and driving](#)



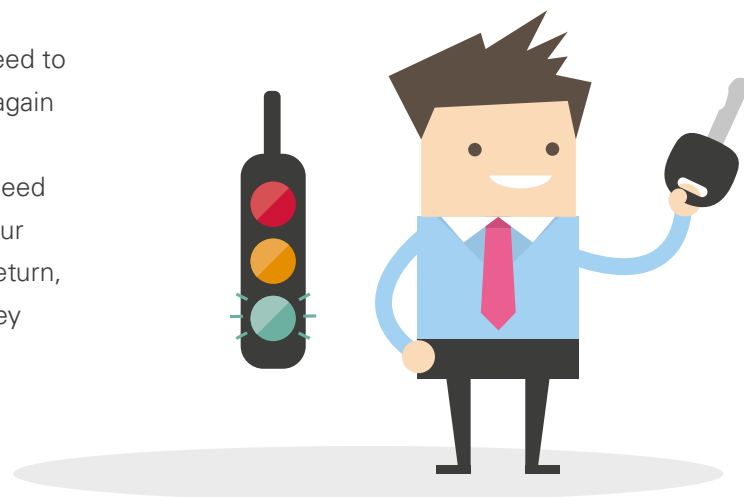


What do I need to do once my sleep specialist says that I'm safe to drive again?

As soon as your sleep specialist says your sleepiness has been controlled, you can start driving. This is straightforward if you gave up driving voluntarily as you will still have your licence, although it is suggested that you let the DVLA know that your symptoms are under control and that your sleep specialist has given you the all clear.

If your driving licence was revoked, you will need to reapply for a licence before you begin driving again

In both instances, once you start driving you need to ensure that you continue to comply with your treatment. If you don't, your symptoms may return, and you will have to stop driving again until they are under control.



Will I need to continue to update the DVLA that I'm fit to drive?

For Group 1 drivers, compliance with treatment and ongoing symptom control must be assessed by your sleep specialist or GP every three years. For Group 2 assessment is required every year.

How does OSA affect my insurance?

Advice provided by the Association of British Insurers (ABI) states that there should be no effect on insurance premiums for drivers who have been diagnosed with OSA where symptoms are being controlled through treatment, providing you have informed the DVLA and they are satisfied that you are fit to hold a licence. The ABI has previously made it clear that for those with treated OSA, insurance companies should not load premiums and any accident claims will be treated in the normal way.

However if you have an accident and are found to have undisclosed OSA with 'excessive sleepiness having, or likely to have, an adverse effect on driving', you may find that your insurance company will not pay your claim as your insurance will be invalid.

The ABI has also suggested previously that you check whether your personal or employer's insurance policy requires you to declare medical conditions to avoid any claims being denied.

What responsibility does my employer have?

If you drive a company vehicle, your employer has a duty of care to ensure your safety and that of the general public. Therefore it is important that you inform your employer that you have been diagnosed with OSA at the earliest opportunity, so that if you are unable to drive while undergoing treatment, your employer is better placed to discuss your options.

It may be helpful to mention that fast track is available for vocational drivers in many sleep centres as your employer may be asked to confirm that you drive for a living.

Additional information on OSA & driving³

[Visit The Sleep Apnoea Trust Association](#)

³The content within this document is our interpretation of the guidance as at time of publication - November 2020. For professionals refer to the BTS Position Statement: www.brit-thoracic.org.uk/quality-improvement/clinical-resources/sleep/

A quick guide to Obstructive Sleep Apnoea (OSA) and Driving



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NOTE:

The DVLA is only concerned about driving when someone has excessive sleepiness **having, or likely to have, an adverse affect on driving**. Otherwise you do not need to inform them.

* Fast tracking for vocational drivers.

If you drive for a living, you should mention this to your GP and sleep specialist. The NICE Clinical Knowledge Summary on OSA advises GPs that: **“For adults where there are concerns about job security, ensure through personal communication with the sleep unit that diagnosis and treatment can be completed within four weeks of referral”.**

Many sleep units offer a fast track programme for vocational drivers so it is important that you mention this to your sleep specialist if you are diagnosed with OSA.



STOP

If you suspect you have symptoms of OSA: e.g. heavy snoring, stopping breathing episodes when asleep, and sleepiness; you should make an appointment to see your GP. If one of your symptoms is excessive sleepiness **having, or likely to have, an adverse effect on driving** then you should STOP driving. This is common sense.



Does your GP think Sleep Apnoea is a possible cause of your symptoms?

NO



GO

If your GP thinks it is unlikely that you have OSA and if, following your GP's advice, the sleepiness resolves within 3 months there is no need to inform the DVLA.



YES

STOP

If your GP thinks OSA is a likely cause of your symptoms, he / she should refer you for a sleep study at a local sleep unit. If you drive for a living, you can request fast track treatment.*



YES



STOP

A diagnosis of OSA is made, DVLA must be informed if there is excessive sleepiness **having, or likely to have, an adverse affect on driving**. Refer to www.sleep-apnoea-trust.org on how to do this.

NO



GO

A medical diagnosis is made other than OSA. You only need to inform DVLA if there is excessive sleepiness that isn't likely to resolve in three months, **or likely to have an adverse affect on driving**.

GO



Treatment commences. Once the sleepiness is resolved your sleep specialist can confirm you're OK to drive again (if previously advised against).



3 yearly review required by DVLA for group 1 drivers, yearly review for group 2.

STOP



OSA and commercial (Group 2) drivers

OSA is a condition which is believed to be more common within the HGV and PSV community than in the general population, so it is particularly important to be aware of implications which are specific to Group 2 drivers so that you are safe and operating within the DVLA requirements.

If you are a driver of an HGV or drive passengers, the impact of having an accident is clearly very significant and therefore if you experience sleepiness which has, or is likely, an adverse effect on your driving, it is strongly advised that you consult a medical professional.

It's also essential that you don't drive your vehicle if you show any signs of sleepiness likely to affect your driving, both before and after diagnosis. Once your symptoms are under control, you can drive your vehicle safely.

The OSA Partnership Group recognises that commercial drivers will be worried about losing their licence and therefore their livelihood, if they come forward. Therefore we have worked closely with both the National Institute of Clinical Excellence (NICE) and with clinicians to try and ensure fast track treatment for commercial drivers. As outlined above, there are options to speed up your treatment if you rely on driving for a living.

In addition, during the Covid pandemic there was a necessity to move more OSA treatment to a remote service which included telephone and video consultations and monitoring. It is believed that elements of this remote service will remain an option for many patients and this will help to reduce the need to take time off to attend appointments.

Can I drive while I'm waiting for a diagnosis?

If you experience sleepiness which has, or is likely to have, an adverse affect on your driving, you **MUST NOT** drive. You will be putting yourself and other members of the public at risk. This is, of course, common sense. If you have an accident, your insurance will be invalid, and you may be liable for criminal prosecution.



How do I access fast track treatment?

Tell your GP and sleep specialist that you drive for a living and request fast track treatment. The NICE Clinical Knowledge Summary on OSA advises GPs that: "For adults where there are concerns about job security, ensure through personal communication with the sleep unit that diagnosis and treatment can be completed within four weeks of referral".

Many sleep units offer a fast track programme for vocational drivers, so it is important that you mention this to your GP and sleep specialist if you are diagnosed with OSA.

Do I have to update the DVLA on my condition?

As a Group 2 licence holder, you will need to undergo a simple annual assessment to confirm that you are being compliant with treatment and are fit to drive. If you mention this to your sleep specialist, they will be able to advise you.

About the OSA Partnership Group

The OSA Partnership Group is made up of individuals and organisations with an interest in the condition. It includes representatives from the commercial vehicle sector, clinicians, patient groups and those interested in health and safety at work.

The Group's aims are to raise awareness of the symptoms of OSA, the availability of treatment to manage these symptoms, and the implications of the condition if untreated.

Much of our campaigning involves working with driving organisations, transport trade bodies, and sleep clinics to make the process of coming forward for treatment as straightforward as possible, particularly for those who drive for a living.

To find out more about our work visit our website:

osapartnershipgroup.co.uk



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