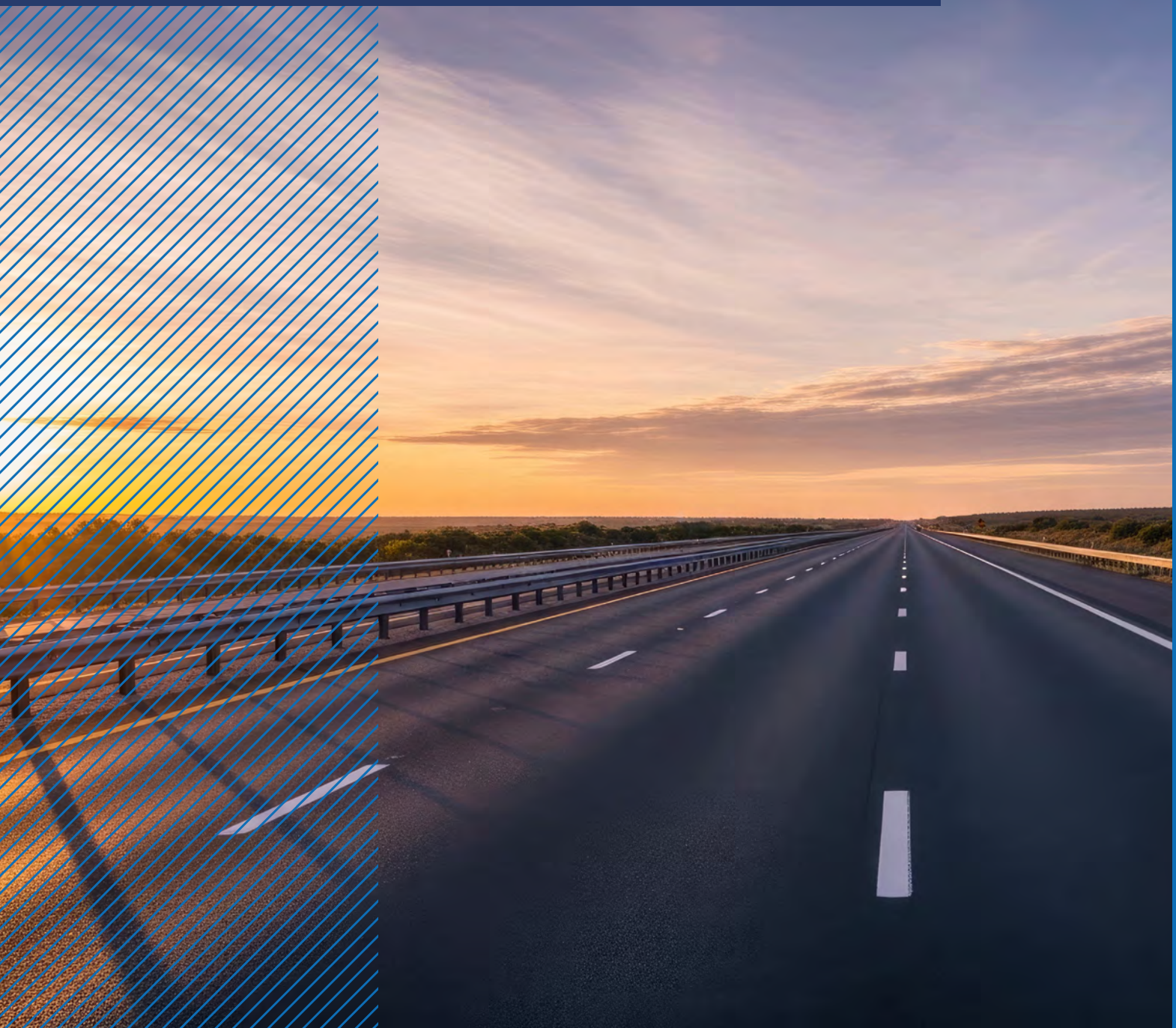
White Paper

Safer Roads, Stronger Communities

The case for scaling post-crash response

January 2026



Foreword

I am delighted to introduce this important White Paper, which shines a light on an often-overlooked dimension of road safety: what happens after a serious road traffic collision.

While much has been achieved in recent years through safer vehicles, improved infrastructure and new technologies, the number of people dying on our roads has remained stubbornly high and at almost the same level for more than a decade, a sobering reminder that prevention alone is not enough.

Post-crash response - arguably the least developed element of Vision Zero's Safe System - represents potentially one of the most significant opportunities to make a real and lasting difference. It is in those first few minutes after an incident that the opportunity to save a life is greatest, and where this paper calls for renewed focus and national leadership.

What distinguishes this work is its practicality. It offers a roadmap uniting government, emergency services, businesses and the wider community in a single purpose: no one dies simply because the right help did not reach them soon enough. It shows how trained, capable drivers can become the vital first link in the Road Injury Chain of Survival, buying precious time before emergency services arrive.

This White Paper demonstrates that a world-class post-crash response system is within our grasp. By combining the proven capabilities of trained drivers with a coordinated national framework, we can save lives, reduce the burden on our emergency and health services, and make our roads safer and more resilient.

It is time to give this vital element of road safety the priority it deserves - to build not only safer roads, but stronger, more compassionate communities.

Beverley Bell CBE

Former Senior Traffic Commissioner for Great Britain

Preface

The following Author's Note gives the origins of the concept underpinning this White Paper and the background development of Driver First Assist (DFA).

Author's Note

The concept underpinning this White Paper originated in 2009 with the recognition that professional drivers - by virtue of their continual presence on the road network - are uniquely positioned to act as 'bystander responders' at the scene of a road traffic collision: the first link in the chain of post-crash intervention. From this insight, Driver First Assist (DFA) emerged, created to equip drivers with the skills and confidence to provide that all-important initial response.

Over time, the concept has evolved naturally to embrace all those who drive as part of their work. Whether operating heavy goods vehicles, coaches, buses, vans, or cars used for business, at-work drivers represent a significant proportion of road users and are often first on scene when incidents occur.

The development of DFA spans more than a decade of practical experience, evaluation, and collaboration with emergency services, government, academia, industry, and local authorities. During this time, the initiative has grown from a simple though powerful idea into a nationally recognised framework aligned with the Safe System approach and Vision Zero's post-crash response objectives.

Given the gravity and complexity of the subject, I make no apology for the length or depth of this document. However, every effort has been made to ensure it is easy to navigate. A hyperlinked contents page, 'back' buttons throughout, and short overview sections at the start of each chapter allow readers to grasp key ideas quickly and explore the detail at their own pace. My intention is not merely to present information, but to engage the reader in a shared understanding of both the challenge and the opportunity before us.

This White Paper consolidates learning accumulated over many years. It sets out the problem with clarity, offers a practical and evidence-based solution, and calls upon all sectors with a stake in road safety to play their part. It is intended not as an abstract policy proposal, but as the basis for building a national capability that can save lives that would otherwise be lost.

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Introduction

When a road traffic collision (RTC) occurs, the speed and effectiveness of the immediate response are critical determinants of survival and injury severity.[1] This is not a theory - it is a universally accepted truth. Yet despite this consensus, post-crash response remains one of the least developed and underfunded components of road safety strategy.

Post-crash response is formally recognised as the fifth pillar of the Vision Zero Safe System[2]. However, it remains structurally under-prioritised, contributing to little progress in the reduction of RTC fatalities since the British Red Cross published *"Road Accidents and First Aid: Anyone Can Save a Life"* nearly 25 years ago[3].

More recently, renewed focus has emerged through the pioneering work of Professor Tim Nutbeam and the IMPACT team, who are developing the *Road Injury Chain of Survival* - a structured, evidence-led framework to enhance bystander response capability. This approach directly complements the direction of travel set out by the Parliamentary Advisory Council for Transport Safety (PACTS) in its 2025 report[4], 'A World-Leading Safety Strategy,' which calls for a Safe System-based road harm reduction framework that embeds post-crash response as a core component of national road safety policy."

But translating research into real-world impact requires coordination, investment, and cultural change. This White Paper sets out the urgent need for a comprehensive and coordinated national strategy to address the persistent shortcomings in post-crash response. It explores how siloed efforts and a lack of organisational infrastructure have stalled progress, and how this can be reversed through a structured, scalable, and commercially sustainable approach.

Key areas explored in this paper include:

- The need for cross-sector collaboration within road safety policy and practice.
- The case for a centralised, well-funded organisation capable of delivering an effective community of bystander responders as an integral, if not critical, component of post-crash response.
- Addressing the legal, cultural, and psychological barriers, particularly liability concerns, that inhibit wider business and individual engagement.
- How businesses can take a leadership role by equipping their drivers with essential skills to act safely and effectively at the scene of an RTC.
- The regulatory and compliance obligations that employers must meet, and how addressing these obligations can both improve driver safety and resolve a longstanding health and safety inequality affecting at-work drivers.
- The opportunity for the insurance and claims industries to drive change by promoting compliance, rewarding best practices, and identifying where failures to act may have contributed to preventable harm.
- The strategic imperative to place post-crash response at the centre of Vision Zero policy as a core life-saving intervention.
- How bystander training in RTC response can simultaneously increase awareness of out-of-hospital cardiac arrest and stimulate growth in the personal AED market, improving survival rates beyond the roadside.

[1] Appendix 1: Early intervention at road traffic collisions: why it matters
[2] Appendix 2: Vision Zero and the Safe System - Overview
[3] *Road Accidents and First Aid: Anyone Can Save a Life.* Fiander S (2001). British Red Cross Society, London.
[4] A World-Leading Strategy: Promoting road harm reduction based on the Safe System. Parliamentary Advisory Council for Transport Safety (PACTS), 2025.

- Challenging misconceptions and reshaping drivers' understanding of first aid by showing its simplicity, relevance, and life-saving potential through targeted communication, engagement, and powerful storytelling.
- The importance of leadership - across government, emergency services, businesses, and civil society - in driving the cultural shift necessary to mainstream post-crash responsiveness.
- The case for classifying at-work drivers as lone workers, given their risk exposure and the absence of on-hand support in emergency situations.
- A vision of what a world-class post-crash response system could look like - and the strategies and partnerships needed to achieve it.
- And finally, how a commercially-driven approach can maximise reach, sustainability, and impact.The need for a structured, scalable, and sustainable post-crash response is undeniable. Yet to understand how such a system can be created, it is essential first to examine the underlying issues that have long hindered progress. Central to this is the way drivers are managed within the workplace - an area where long-standing regulatory requirements have not translated into meaningful protection. While these regulations have helped create safer environments for many workers, they have consistently failed to provide equivalent safeguards for drivers.

The starting point is a striking inequity: millions of at-work drivers, who operate daily in what is officially the nation's most dangerous workplace[5] - the road network - are inadvertently but routinely excluded from the first aid provisions afforded to their non-driving colleagues. This disparity, rooted in both compliance gaps and inadequate working practices, has left a vast workforce without the basic skills needed to protect themselves or others in an emergency. Addressing this first-aid inequality is the essential first step in understanding what is required in building a credible and effective post-crash response strategy.

> **At a national level, the economic case is equally compelling. Each road fatality costs the UK economy around £2.2 million, while every serious injury is estimated at around £262,000[6]. Reducing the frequency and severity of these outcomes through better post-crash response not only minimises the burden on the NHS but also lowers the overall cost to society.**

This paper, therefore, seeks to progress the debate from aspiration to action. It outlines the mechanisms, partnerships, and commercial opportunities required to establish a national and global blueprint for effective post-crash intervention. In doing so, it makes the case not merely for a training programme, but for a fully developed organisation capable of supporting the emergency services, saving lives, reducing the severity of injuries, and making roads safer for all.

[5] Department for Transport: *An In-depth Study of Work-related Road Traffic Accidents. Road Safety Research. Report No. 58. August 2005.*
[6] Department for Transport, Transport Analysis Guidance (TAG)

Executive Summary

This White Paper has been authored by Driver First Assist (DFA), the only organisation operating nationally to train drivers in specialist post-crash response. The arguments and proposals it contains are drawn from over a decade of practical experience delivering training with the emergency services, equipping thousands of drivers with the knowledge and confidence to provide an immediate, life-saving response at the roadside. From this experience, DFA has developed the first credible national framework for post-crash response, a framework that has not previously existed, and one that positions trained driver first responders as the essential first link in the Road Injury Chain of Survival[7].

When a road traffic collision (RTC) occurs, the outcome, and in some cases, very survival, often depends on the speed and quality of the immediate response. Yet despite recognition of this fact, post-crash response remains one of the least developed pillars of road safety. It has been over two decades since the British Red Cross called for experiential first aid training for learner drivers, yet progress has been minimal. Fatalities on UK roads have not significantly declined in more than 20 years, and too many preventable deaths continue to occur because bystanders lack the skills, confidence, or tools to intervene.

> **At the heart of this challenge lies the ability to create a capable and widespread cohort of driver bystander responders. Having the best evidence-based training content, advanced first aid techniques, and the most effective equipment is of little value if there are no responders on hand to use them.**

This paper, therefore, focuses on building that responder community - drivers equipped with the confidence, skills, and responsibility to act decisively when lives are at stake. It highlights the urgent need for a structured, scalable, and sustainable national post-crash response, identifying key barriers: first aid inequality for at-work drivers; compliance deficits in workplace health and safety; misplaced fears of litigation - and setting out practical solutions to overcome them.

Key Findings

- **First Aid Inequality:** at-work drivers, who operate in what is officially the nation's most dangerous workplace, are routinely excluded from first aid provision. This disparity leaves millions without protection and undermines workplace safety obligations.
- **Compliance Deficit:** many businesses fail to meet their duty under the Health and Safety at Work Act and First Aid Regulations to assess drivers' health and safety capabilities and competencies[8]. Limited enforcement compounds this gap, leaving both drivers and employers exposed.
- **Closing the Gap:** specialist training in incident management and trauma-based first aid can simultaneously close compliance gaps, equip drivers with critical life-saving skills, and contribute to national road safety goals.
- **Misplaced Fears:** litigation concerns are unfounded. UK law protects Good Samaritans, and training drivers reduces, rather than increases, liability risk.
- **Wider Benefits:** training drivers not only improves RTC outcomes but also raises awareness of cardiac arrest and AED use. This can help stimulate the emergence of a domestic market for personal defibrillators, addressing another major public health challenge.

[7] The Road Injury Chain of Survival: A Framework to Improve Outcomes for People Injured on Our Roads. Nutbeam, T., Fenwick, R., Hedderich, J., Ottlé, C., van Dongen, N., Tullett, M., & Holland, J. (2023).

[8] See Appendix 3: Driving for work: statutory duties, compliance and liability

Strategic Opportunity

Delivering these outcomes requires more than fragmented initiatives. It demands a professionally operated organisation with the governance, credibility, and resources to deliver at national level. Such an organisation must integrate training delivery, compliance support, advocacy, and community building - while being sustainably financed through a hybrid model of training revenue, insurer and business partnerships, and impact investment.

Driver First Assist (DFA)

This report demonstrates that such an organisation already exists. Since 2014, DFA has trained nearly 10,000 drivers in partnership with the emergency services, creating the nucleus of a national bystander responder network. Endorsed by leading stakeholders in policing, government, and clinical care, and recognised by industry as a transformative initiative, DFA has proven capability but remains underfunded relative to its potential.

It also highlights DFA's unique ability to build a national community of trained driver bystander responders. A critical example of this in practice is DFA's partnership with National Highways, where trained drivers and Traffic Officers work in tandem at the scene of incidents. This collaboration provides a model of how effective partnerships can enhance post-crash response and demonstrates the potential for scaling DFA nationally.

Conclusion

Scaling DFA offers a groundbreaking opportunity: to cut road deaths that have remained stubbornly high for two decades, reduce the severity of injuries, strengthen NHS resilience, and save lives. Beyond these direct outcomes, it also creates wider social and economic value, supports compliance, and positions the UK as a global leader in Vision Zero's Safe System Pillar Five - post-crash response.

> **The evidence is clear, the infrastructure exists, and the need is urgent. With collaboration, investment, and leadership, the UK can transform post-crash response from an overlooked weakness into a national strength - delivering safer roads, stronger communities, and a model for the world to follow.**

A variety of funding routes are possible, but long-term sustainability depends on addressing the compliance gap that continues to place drivers at risk. Here government has a vital enabling role: by ensuring that existing health and safety obligations are properly enforced, it can unlock demand for training across the business community. This would create a functioning market capable of funding a national post-crash response organisation, financed primarily through business-funded training revenues. In this way, costs are spread fairly among employers, while requiring no direct Treasury expenditure.

First-aid inequality for at-work drivers

This section highlights a longstanding and systemic inequality in workplace safety affecting millions of at-work drivers:

- It explains how drivers are routinely excluded from workplace first-aid provision despite legal requirements, leaving those working in the nation's most dangerous workplace without essential incident-management and life-saving skills.
- It shows how this gap creates a foreseeable and avoidable risk, with poorer outcomes for drivers who fall ill or are injured on the road, and how classifying drivers as lone workers underscores the urgency of addressing this deficiency.
- It introduces the deeper compliance deficit beneath the inequality - a widespread failure by employers to understand or fulfil their legal duty to assess driver competence - which the next section explores in detail.

Under Regulation 3 of the Health and Safety (First-Aid) Regulations 1981 and section 2(1) of the Health and Safety at Work etc. Act 1974, employers are required to ensure adequate and appropriate first aid provision for all employees, including those whose work is carried out away from a fixed location.

At the core of providing adequate and appropriate first aid in the workplace, is the appointment and training of workplace first aiders. In practice, however, at-work drivers are frequently excluded from consideration for this role as they are often away from their fixed workplace. This omission results in the UK road network, officially recognised as the nation's most dangerous workplace, being populated by drivers who, in most cases, lack any formal incident management and first-aid training.

The absence of trained first aiders within this mobile workforce creates a foreseeable and avoidable risk. Drivers suffering illness or injury while on the road are likely to experience poorer outcomes than their non-driving counterparts, including preventable fatalities due to the lack of an immediate first aid response.

> **This disparity constitutes a clear and remediable inequality. The scale of this issue is significant, affecting an estimated 14 million individuals who drive as part of their occupation. The solution could lie in employers embracing a collective responsibility to ensure all at-work drivers receive at least basic first aid training. Such an approach would substantially increase the probability that, should one driver require urgent medical assistance, another driver, potentially employed by a different organisation, would be capable of delivering an immediate and potentially life-saving intervention.**

At-work drivers make up a significant and vulnerable part of the UK workforce. Indeed, there is a strong case for formally classifying at-work drivers as lone workers, which may elevate the importance and urgency of addressing this inequality and deficiency in first-aid provision.

Closing the gap in first aid provision is, therefore, a matter of safety, equity, and enforcing current legislation. Adopting incident management and first-aid training as a national standard would empower drivers, improve survival rates following road traffic collisions, reduce the burden on emergency services, and contribute directly to achieving the goals of Vision Zero.

The exclusion of at-work drivers from first aid provision highlights a stark and longstanding inequality, though this problem is only part of a wider picture. Beneath the surface lies a deeper compliance deficit: the failure of many businesses to recognise, understand, or act on their legal duty to assess the health and safety capabilities of their drivers.

Although regulations require employers to provide adequate first aid and ensure their workforce is competent in managing risks, these obligations are inconsistently applied and poorly enforced for drivers.

It is a systemic weakness - where regulatory requirements exist but are neither understood nor implemented - compounding the inequality in first aid provision. The following section explores this compliance deficit in detail, showing how limited enforcement, weak awareness, and outdated approaches have left millions of drivers exposed, employers vulnerable to liability, and progress on reducing road traffic fatalities stalled.

The compliance deficit in driver safety: regulatory failures and the need for action

This section examines the systemic regulatory failures that have left millions of at-work drivers without meaningful safety protection:

- It outlines how current health and safety regulations - though applicable to drivers - are poorly understood, weakly enforced, and not tailored to the unique risks of driving for work, creating a long-standing gap in compliance and provision.
- It presents evidence of widespread non-compliance, including the exclusion of drivers from first-aid training, limited employer awareness of legal duties, and inconsistent HSE enforcement, all of which heighten risk and liability.
- It establishes the need for urgent action, arguing that without a practical mechanism to equip drivers with the competencies required by law, preventable fatalities will continue.

Although applicable to all workers, current health and safety regulations are arguably ineffective or inadequately enforced for drivers, leaving a gap in workplace safety that has persisted for a significant period. This failure potentially has its roots in a combination of factors:

- Businesses may lack awareness or understanding of these obligations.
- The regulations are not well-suited for the unique risks drivers face.
- Enforcement of compliance remains limited.

Current regulations require employers to assess their drivers' health and safety capabilities and competencies, as stated in the HSE's document *"Driving and Riding Safely for Work"*[9]. Many employers may be unaware that failing to assess drivers' capabilities and competencies not only limits their ability to respond safely to road incidents, but could also amount to a breach of statutory duty under the Health and Safety at Work etc. Act 1974. Although this lack of awareness may not be intentional - businesses cannot act on what they do not understand - it nonetheless creates a serious and potentially harmful gap in fleet management.[10]

Indeed, the recent recommendations by PACTS reinforce the need to address work-related road risk through changes to health and safety regulations and to incentivise companies to manage road risk across their value chains - echoing the compliance challenges identified in this paper.

Evidence suggests widespread non-compliance. A Fleet Point article on grey fleet[11] management reported, *"A survey of senior grey fleet managers found that only 51% say their business invests in training for drivers, meaning large numbers of businesses are making themselves more vulnerable to risk*[12]*."* And that, *"Driver First Assist's recent Driving Down Inequality campaign highlights the issue that many employees driving for work are excluded from incident response and first-aid training, because they aren't based in a fixed location. Not only does this threaten their physical safety, it opens employers up to possible prosecution for failing to provide adequate training."*

[9] https://www.hse.gov.uk/roadsafety/employer/index.htm
[10] See Appendix 3: Fleet Compliance and training deficits
[11] Grey fleet refers to employees' privately owned vehicles used for business purposes, for which employers remain legally responsible to ensure safety and compliance.
[12] Managing Grey Fleet Risk the Easy Way – TTC Group, September 2024

The fact 49% of employers provide no training at all is a serious concern - and even where training is offered, there is little evidence to suggest the training equips drivers with the skills needed to respond safely and effectively at the scene of on-road incidents.

If health and safety regulations intended to protect drivers are not fully understood or enforced, it raises the question of whether they are fit for purpose or need review. This may explain why there are so few examples of the HSE acting on non-compliance, except in cases where a vehicle was demonstrably unsafe due to, for example, employer negligence or another clear breach. Notably, there appear to be no cases where the HSE has prosecuted an employer because a driver lacked the skills or knowledge to respond safely at the scene of a road incident - even though there have been many instances where drivers have been killed or seriously injured while attempting to help others.

Drivers are routinely excluded from first-aid training, creating a serious inequality in provision. In addition, training to develop the capabilities and competencies needed to respond safely at on-road incidents is largely absent. This gap is compounded by inadequate regulation, limited enforcement, or both. The result is a major omission in the health and safety management of at-work drivers - and a failure to address it may be a critical factor in the lack of progress on reducing RTC fatalities from a post-crash perspective. Urgent action and a strategic response are essential to improve post-crash care, strengthen driver safety, and save lives that would otherwise be lost.

The evidence is clear: current health and safety regulations, while applicable to drivers, are failing, in practice, to provide meaningful protection. Widespread non-compliance, whether through lack of awareness, weak enforcement, or regulations poorly suited to the realities of driving for work, has created a serious and persistent gap. This compliance deficit not only exposes businesses to liability but, more importantly, leaves millions of drivers vulnerable in the very environment officially recognised as the nation's most dangerous workplace.

Addressing this deficit requires more than acknowledgement; it demands a practical solution that translates regulatory requirements into real-world protection. The following section sets out how incident management and trauma-based first aid training can close this gap by equipping drivers with the capabilities and competencies the HSE requires employers to assess. In doing so, it offers employers a clear pathway to compliance, strengthens driver safety, and builds the foundations of a credible national post-crash response system.

Closing the compliance gap in driver safety

This section sets out how incident-management and trauma-focused first-aid training provides a practical and legally grounded solution to the compliance gap in driver safety:

- It explains how such training equips drivers with the capabilities and competencies the HSE already requires employers to assess.
- It shows how adopting this training enables employers to address two major shortcomings at once: the long-standing first-aid inequality affecting at-work drivers and the wider compliance deficit caused by weak awareness and limited enforcement.

Training in incident management, including the principles of dynamic risk assessment and trauma-based first aid, can provide drivers with the health and safety capabilities and competencies that the HSE requires employers to assess under current regulations . Indeed, drivers who learn how to manage risks when assisting at the scene of a road traffic collision (RTC) or other on-road incident are likely to develop safer behaviours more generally, contributing to a safer road network as a whole. This assertion is supported by psychological and behavioural science in several key areas .

By equipping drivers with the ability to carry out dynamic risk assessments at the scene of incidents, they are enabled to make rapid, informed decisions in unpredictable and hazardous environments. In addition, trauma-focused first-aid training enables drivers to deliver effective, immediate interventions - often the difference between life and death - before professional emergency responders arrive.

The recommendations by PACTS (2025) reinforce the need to address work-related road risk through changes to health and safety regulations and to incentivise companies to manage road risk across their value chains — echoing the compliance challenges identified in this paper."

Crucially, it provides employers with a clear and demonstrable means of complying with their obligations under:

- Regulation 3 of the Health and Safety (First-Aid) Regulations 1981, requiring adequate and appropriate first aid provision for all employees, including those working away from fixed locations.
- Section 2(1) of the Health and Safety at Work etc. Act 1974, which obliges employers to ensure, so far as reasonably practicable, the health, safety, and welfare of their employees.
- By adopting such training, employers can address two pressing issues simultaneously:
- First-aid inequality for at-work drivers - ensuring those working in the UK's most dangerous workplace, are not excluded from life-saving skills simply because they lack a fixed workplace.

- The compliance deficit in driver safety - closing the gap between regulatory requirements and workplace practice by providing at-work drivers with the capabilities and competencies HSE requires employers to assess.

Incident management training can transform a regulatory challenge into a practical solution. It offers employers a way to meet statutory obligations, strengthen workforce safety, and contribute to national road safety goals. Most importantly, it ensures that millions of at-work drivers are no longer left without protection - and that lives are saved which might otherwise be lost.

Closing the compliance gap through incident management and trauma-based first-aid training provides employers with a clear and practical route to meeting their statutory obligations, while also delivering safer outcomes for drivers and the wider public. Yet despite these advantages, many businesses fail to act - not out of reluctance, but because of a lack of awareness, knowledge, or understanding.

A recurring barrier is the perception, often fuelled by misunderstanding, that training drivers to intervene at the scene of a collision exposes organisations to greater legal risk. This misplaced concern has led some companies to discourage or even prohibit their drivers from assisting at road traffic incidents. Paradoxically, such policies increase rather than reduce risk, leaving untrained individuals to face hazardous situations without the knowledge or confidence to act safely. The following section examines this issue in detail, showing why the fear of litigation is unfounded in law and how reframing the issue can unlock a powerful opportunity for businesses to demonstrate leadership, responsibility, and social value.

Misplaced fear of litigation

This section addresses the widespread but unfounded belief that training drivers to assist at collision scenes creates legal risk:

- It explains how UK law - including the SARAH Act - protects Good Samaritans, makes clear there is no legal duty to intervene, and shows that no one has ever been successfully sued for offering reasonable assistance in an emergency.
- It highlights the paradox that instructing drivers *not* to help can actually increase risk, leaving untrained individuals to manage hazardous situations and exposing businesses to greater liability under health and safety law.
- It shows how embracing incident-management training reduces, rather than increases, risk and reframes driver training as an opportunity for leadership, social value, and stronger organisational safety culture.

Many businesses and individuals cite the risk of litigation as a justification for not training in incident management and first aid. Some companies even go so far as to instruct drivers not to get involved at the scene of a road traffic collision (RTC). However, this fear is largely unfounded.

When someone, other than a trained medical professional, provides help in an emergency, they act as a Good Samaritan. The law in the UK protects Good Samaritans. The Social Action, Responsibility and Heroism (SARAH) Act 2015 directs courts to consider whether a person was acting *"for the benefit of society or any of its members"*, was acting responsibly, or was acting heroically when intervening in an emergency. And, in English law, there is no general legal duty to assist a stranger in distress.

Therefore, simply offering help, especially if trained, does not expose the responder to liability, provided they act reasonably and do not cause additional harm through gross negligence. Indeed, no one has ever been successfully sued for assisting in such emergencies.

Paradoxically, businesses that instruct drivers *not* to act may inadvertently increase risk. In an emergency, such directives are likely to be forgotten or ignored, leaving an untrained person trying to help, without knowledge of scene safety and who may inadvertently escalate the situation, potentially causing harm to themselves and others.

Rather than increasing liability, training drivers in incident management and first aid can reduce risk:

- Trained drivers are more likely to assess danger correctly, manage themselves and others safely around a scene, call emergency services effectively, and deliver life-saving interventions without causing harm.
- Empowering drivers with knowledge makes them more confident and competent. It reduces panic, encourages calm decision-making, and supports effective early intervention, which is often critical before professional help arrives.

- It is consistent with the requirements of the Health and Safety at Work etc. Act 1974, which places a duty on employers to protect employees "so far as is reasonably practicable." That duty logically and legally extends to those driving for work.

Removing the fear of litigation allows businesses to reframe the issue - not as a legal risk, but as an opportunity for leadership and social value:

- By training drivers in incident management and first aid, businesses contribute to a broader network of capable first responders, creating a culture where drivers are equipped to respond if another road user is in distress.
- If each company took responsibility for training *its* drivers, a national safety network could be created - where someone trained is never far away. This approach encourages mutual aid, reduces reliance on luck or chance, and fills a gap in the *Road Injury Chain of Survival*.
- Encouraging staff to act in the service of others fosters values of leadership, social responsibility, and teamwork. It transforms drivers from passive observers to effective bystander responders in the event of an on-road emergency.

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https://www.structural-learning.com/post/bystander-effect

Business leaders have a unique opportunity to drive this cultural shift. By rejecting fear-based decision-making and embracing the *Good Samaritan* spirit enshrined in UK law.

They can:

- Enhance their organisation's safety reputation.
- Improve compliance with health and safety expectations.
- Equip their workforce with valuable, transferable life skills.
- Contribute to a national movement to reduce avoidable road deaths.

The fear of litigation should no longer influence or paralyse action or justify inaction. The law is on the side of those who act responsibly to help others. Training drivers in incident management and first aid is not just lawful - it is commendable, effective, and increasingly necessary.

Removing this barrier enables the emergence of a new mindset - one that sees every driver as part of a collective solution to post-crash response. With each business taking responsibility for its drivers, a nationwide safety net can be built, rooted in compassion, preparedness, and community.

However, while addressing these misplaced fears is vital for employers, it is equally important to recognise and address the personal barriers faced by individuals. Drivers themselves often carry doubts and misconceptions that discourage them from engaging in bystander response training, and these also require careful attention.

Overcoming reluctance: encouraging driver engagement

This section explores the personal barriers that prevent drivers from engaging with bystander-response training and how these can be overcome:

- It explains that many drivers hesitate not because of organisational policy but due to personal fears - such as anxiety about graphic injuries, lack of confidence, optimism bias, or misconceptions about legal risk.
- It shows how reframing the offer as *incident response training* makes participation more accessible, emphasising practical, relevant skills like dynamic risk assessment and trauma-first aid that build confidence and extend far beyond roadside emergencies.
- It highlights how this training fosters a sense of purpose and capability, teaches transferable life-saving skills, supports national resilience goals such as Martyn's Law, and helps create a nationwide community of confident, socially responsible drivers.

While misplaced fears of litigation represent a significant barrier for employers, a further obstacle lies at the individual level. Many drivers hesitate to engage with bystander response training not because of organisational policy, but due to personal apprehensions. These include anxieties about witnessing distressing injuries, doubts about their ability to cope in a crisis, and a lack of confidence in their suitability for such a role.

Left unaddressed, these individual concerns reinforce avoidance, compounding the broader reluctance to create a prepared and capable bystander responder community. It is therefore essential to understand and tackle these personal barriers alongside organisational ones, ensuring that both employers and drivers feel empowered to participate in training that could one day save a life.

There are several common deterrents:

- Many fear they will be expected to deal with graphic injuries or complex medical situations beyond their comfort zone.
- Optimism bias[15] often leads drivers to believe "it won't happen to me," underestimating the likelihood of being first on scene at a road traffic collision (RTC).
- Some worry about the legal consequences of getting involved, despite protections like the Social Action, Responsibility and Heroism (SARAH) Act 2015.
- Individuals who don't view themselves as "first aider material" often dismiss training as irrelevant to them.

> **Repositioning as *"incident response training"*, developed for drivers with no prior experience, it becomes a clear and accessible route to gaining the competence to manage on-road emergencies and other incidents safely and effectively.**

Specialist incident response and first-aid training is not "just a first aid course." It includes training in incident management, dynamic risk assessment, and trauma-based first aid, all delivered in the context of real-world on-road emergencies; content that is immediately relevant and accessible, even to those who might otherwise opt out of traditional first-aid courses.

Crucially, this specialist incident response training teaches transferable risk management and communication skills applicable beyond the roadside:

- At work (including in high-risk environments like warehouses or field sites)
- At home (e.g., assisting a family member – a slip, trip or fall)
- In the community (e.g., medical emergencies or terrorist attacks)

By presenting first aid as part of a broader, practical life skillset, this incident response training has the potential to appeal to those who may not see themselves as "rescuers or first aiders" but who do want to protect themselves and others, promoting a culture of self-help and civic duty:

- Empowering individuals to act rather than observe.
- Recognising that road users form a mutual safety network.
- Understanding that a prepared response can save a stranger's life.

This sense of purpose should resonate particularly with drivers, who spend significant time on the road, largely unaccompanied, and understand the unpredictability of what they may encounter.

With attractive framing and presentation, specialist incident response training can evolve into something drivers *want* to be part of, not just something they are told to do. Indeed, many initially enrol expecting only practical skills and leave with a sense of identity: as someone who is always ready to act.

Specialist incident response training is the bedrock for building a community of confident and socially responsible drivers. It provides the essential skills and mindset that create a nationwide network of lifesavers, always ready to act when it matters most.

Relevance to Martyn's Law

The principles underpinning *Martyn's Law*[16]- developed in response to the Manchester Arena bombing - are built on preparedness, protection, and the ability of ordinary people to act effectively in an emergency. DFA training aligns directly with these objectives by equipping drivers with the confidence and competence to respond safely in critical incidents, whether caused by collision, medical emergency, or deliberate attack.

The same situational awareness, dynamic risk assessment, and trauma-care skills that save lives at the roadside are equally applicable in wider public safety contexts. Embedding DFA training within workplace safety programmes therefore strengthens national resilience, supporting both *Martyn's Law* and the broader duty of care owed to employees and the public.

[16] See Appendix 7: DFA training and Martyn's Law

From compliance gap to business leadership

This section outlines how closing the compliance gap can become a powerful source of business leadership and competitive advantage:

- It explains that organisations willing to move beyond minimum compliance can turn incident-response and first-aid training into a strategic asset - demonstrating responsibility to regulators, employees, and the public while strengthening brand reputation.
- It highlights the direct business benefits of a trained driver workforce, including reduced liability, improved employee engagement, safer and more efficient incident management, and measurable contributions to ESG, sustainability, and Vision Zero goals.
- It shows how these improvements translate into financial value - minimising operational disruption, lowering costs linked to RTCs, and supporting national economic savings - while paving the way for wider system leadership involving other key stakeholders such as insurers.

While many businesses currently fall short - by neglecting to assess drivers' health and safety competencies, overestimating liability risks, and struggling against driver reluctance to engage in training - these challenges also present a unique opportunity. Organisations that choose to lead rather than follow can transform what has traditionally been seen as a regulatory burden into a source of strategic advantage.

Investing in specialist incident response and first-aid training for drivers does more than close compliance gaps; it creates a business asset. A workforce trained to act effectively and safely at the scene of an RTC demonstrates to regulators, employees, and the broader public that the organisation takes its responsibilities seriously and proactively exceeds minimum requirements.

The business advantages include:

- By equipping drivers with demonstrable health and safety competencies, businesses mitigate risks of enforcement action and liability, ensuring full compliance with HSE regulations.
- Companies that protect their drivers and the public reinforce trust with customers, regulators, and communities, positioning themselves as leaders in safety and social responsibility, enhancing brand and reputation.
- Drivers who feel valued and equipped with life-saving skills are more engaged, motivated, and loyal. This investment signals genuine care for their well-being, elevating morale and optimising employee retention.
- Trained drivers can manage incidents more effectively, minimising disruption and safeguarding assets.
- Supporting a network of trained driver responders strengthens corporate responsibility and sustainability credentials and demonstrates a tangible contribution to Vision Zero and broader societal safety goals.

In addition to these advantages, the financial and operational benefits are significant. RTCs often cause severe disruption. Fatal incidents in particular lead to road closures that can cost millions in direct expenses, lost productivity, and commercial disruption. By training drivers to respond effectively, businesses not only protect lives but also help reduce the duration and severity of such disruptions. More effective management of on-road incidents contributes to faster restoration of normal operations, limiting the impact on supply chains and customer service.

For businesses, this translates to reduced costs, improved resilience, and ultimately greater profitability. What begins as a health and safety investment becomes a source of measurable economic and strategic value.

At a national level, the economic case is even stronger. Each road fatality costs the UK economy around £2.2 million, while every serious injury is estimated at over £262,000[17]. Reducing the frequency and severity of these outcomes through better post-crash response minimises the burden on the NHS and lowers overall costs to society.

By reframing driver training from a compliance obligation to a platform for leadership, businesses can help build a nationwide community of prepared, confident, and socially responsible drivers. And, those that act and lead will not only protect their workforce but also create a lasting social legacy - helping to build a safer road network for all.

However, to truly embed this cultural and operational shift, businesses cannot act alone. Building a safer road network requires a broader coalition, where those with a marked interest in reducing road traffic collisions also play their part. Among the most influential stakeholders are insurers, whose unique position in managing risk and underwriting costs gives them both the incentive and the opportunity to accelerate the adoption of incident response training across the driving workforce.

[17] Department for Transport, Transport Analysis Guidance (TAG).

Driving Change: The Role of Insurers

This section sets out why insurers are uniquely positioned to accelerate the growth of a national post-crash response system:

- It explains how incident-response and first-aid training directly reduces insurers' financial exposure by lowering claim severity, cutting business-interruption costs, and improving long-term profitability.
- It highlights the opportunity for insurers to lead the market by promoting, incentivising, and investing in training - strengthening their ESG credentials, enhancing competitiveness, and helping to build a safer, more competent driving workforce.

The insurance industry is uniquely positioned to lead this change. RTCs remain a significant driver of claims, liabilities, and business interruption costs. By actively promoting, incentivising, and investing in specialist incident response and first-aid training, insurers can reduce claim severity, support safer driving behaviours, and generate long-term margin growth. In doing so, insurers not only strengthen their own financial performance but also contribute to a national network of trained driver responders, delivering measurable social and economic value.

Direct Benefits to Insurers

Reduced Claims and Payouts:

- Trained drivers are more likely to manage collisions effectively, prevent escalation, and reduce fatalities and serious injuries.
- This translates directly into lower compensation payouts, fewer personal injury claims, and reduced secondary collision claims.

Lower Business Interruption Costs:

- RTC fatalities often lead to prolonged road closures costing millions in lost productivity and disruption to commercial operations.
- Effective driver response shortens incident duration and reduces the ripple effect of supply chain delays.

Margin Growth Opportunities:

- Better-trained drivers reduce overall claims costs, directly improving insurers' profitability.
- Savings from reduced payouts and disruptions can be reinvested or passed on selectively, enabling insurers to increase profitability while maintaining competitive premiums.

Opportunities for Industry Leadership

Promoting and Encouraging Adoption:

- Insurers can endorse incident management training as best practice in fleet risk management, positioning themselves as champions of proactive safety.
- Linking premium incentives to training uptake could provide a clear financial motivation for clients to invest in training.
- Developing a Safer Driver Workforce:
- Insurers can collaborate in the provision of training, ensuring delivery aligns with risk management goals.
- Over time, this creates a measurable uplift in driver competency across the fleet sector.

Direct Investment in Training:

- By investing directly, whether through subsidies, partnerships, or pilot programmes, insurers can accelerate scaling of incident management training.
- Such investment is cost-effective compared to long-term claims outlay: every avoided fatality saves the nation an estimated £2.2 million, every serious injury over £262,000[18]. Reducing these outcomes significantly benefits both society and insurers' overheads.

Why Insurers Should Act

- Strategic Alignment: Incident management training supports insurers' ESG[19] commitments, Vision Zero objectives, and social responsibility agendas.
- Competitive Advantage: Insurers who lead in risk-reduction innovation strengthen their brand, attract safety-conscious clients, and differentiate themselves in a crowded market.
- Shared Value Creation: Investment in driver training not only lowers claims but also supports clients' operational resilience, fostering stronger, longer-term relationships.

Incident management training represents one of the most powerful untapped levers for the insurance industry to reduce risk and save lives, whilst cutting costs and improve margins. By promoting, incentivising, and investing in this training, insurers can transform the claims landscape, help build a national network of trained driver bystander responders, and position themselves as leaders in sustainable risk management.

While the role of insurers demonstrates how bystander response and post-crash training can deliver measurable value to businesses, drivers, and society, its true potential extends even further. For more than two decades, the UK has struggled to achieve meaningful reductions in road traffic collision fatalities, despite substantial investment and policy effort. Extending post-crash response training offers a breakthrough opportunity to change that trajectory.

At the same time, it provides an avenue to tackle a second major national health challenge that has also resisted progress: improving survival rates from sudden cardiac arrest. By equipping large numbers of people with lifesaving skills, including cardiopulmonary resuscitation (CPR) and the use of automatic external defibrillators (AEDs), the same training that strengthens post-crash response can also transform outcomes in one of the country's most pressing public health crises.

[18] Department for Transport, Transport Analysis Guidance (TAG).
[19] Environmental, Social, and Governance factors in how a company operates, creates value, and is evaluated by investors, stakeholders, and society.

Cardiac arrest: building awareness and an AED Market

This section sets out why cardiac arrest awareness and AED adoption are critical national priorities and how incident-response training can accelerate progress:

- It highlights that out-of-hospital cardiac arrest remains one of the UK's most persistent public-health challenges, with survival rates below 10% largely due to the lack of immediate bystander intervention - especially in the home, where 80% of cardiac arrests occur.
- It explains how incident-management and trauma-based first-aid training raises public understanding of cardiac arrest and AED use, equipping drivers with the confidence and competence to respond effectively both at the roadside and in domestic or community settings.
- It shows how this training can catalyse the development of a domestic AED market by driving awareness, increasing demand, and normalising home and personal AED ownership.

Each year in the UK, around 30,000 people suffer an out-of-hospital cardiac arrest (OHCA)[20]. Despite advances in emergency care, survival rates remain stubbornly low - typically less than one in ten - and have shown no meaningful improvement over the past two decades. A significant factor is the absence of immediate bystander intervention: too often, no one present has the training, confidence, or access to the tools required to act in those crucial first minutes.

Whilst efforts to encourage public interventions in community spaces are valuable, the greater challenge lies in the fact that around 80% of OHCAs occur in the home[21]. In these cases, survival depends almost entirely on whether family members or close contacts have the awareness and equipment to respond. This highlights the urgent need not only to improve public understanding of cardiac arrest and Automated External Defibrillators (AEDs) but also to make AEDs far more widely available in domestic settings.

Encouragingly, affordable personal and home-use AEDs are beginning to enter the market. Yet without a parallel rise in public awareness and demand, the development of a functioning domestic AED market will be slow. Raising awareness of this need - and its critical importance - through structured training and public-health initiatives is essential to driving widespread adoption. This is how the routine presence of AEDs in homes could become as normal as having smoke alarms, ultimately transforming survival outcomes for one of the UK's most persistent public-health challenges.

Incident management and trauma-based first aid training does more than prepare drivers and bystanders to respond effectively at the scene of an RTC - it also raises wider awareness of sudden cardiac arrest and the use of Automated External Defibrillators (AEDs). A significant proportion of those receiving such training, particularly professional and other at-work drivers, represent a demographic that might otherwise have little or no opportunity to learn about these lifesaving interventions.

[20] Resuscitation Council UK Guidelines ("Epidemiology of cardiac arrest Guidelines", 2021).
[21] Resuscitation Council UK, Every Second Counts: Tackling inequalities in resuscitation.

By equipping this group with the knowledge and confidence to use AEDs, the training extends its impact beyond the roadside. Participants gain practical familiarity with the technology, an understanding of its critical role in survival, and an appreciation of the importance of immediate response[22]. This awareness not only empowers individuals in their professional capacity, it also translates into their personal lives, where they may advocate for or directly invest in AEDs for the home or community settings.

In doing so, incident management training helps to create and stimulate a new market for personal and domestic AED ownership - a market that does not currently exist at scale. As more individuals become aware of the lifesaving potential of AEDs, demand is likely to grow for affordable, accessible devices designed for home use. Over time, this has the potential to normalise AED availability in households in the same way that smoke detectors or fire extinguishers became common fixtures.

This indirect but powerful outcome highlights how incident management and trauma-based first aid training can act as a catalyst not only for improved post-crash response but also for wider public health benefits. By fostering both competence and awareness, it accelerates the adoption of AEDs across society, reducing the barriers to immediate intervention in cardiac emergencies and saving lives well beyond the context of road collisions.

The opportunity to create a step-change in both road traffic fatality reduction and cardiac arrest survival is clear. Incident management and trauma-based first aid training can generate a robust cohort of trained bystander responders - drivers and others in the community - equipped to save lives at the roadside and in the home.

Yet the scale of this challenge means it cannot be met through ad hoc initiatives or fragmented efforts. To be effective, such training must be delivered consistently, supported beyond the classroom, and integrated into wider public health and road safety frameworks.

Achieving this dual impact - reducing persistently high RTC fatalities while also addressing one of the UK's most persistent public health challenges - requires more than goodwill or isolated programmes. It demands an efficient, professionally structured organisation operating at scale, with the governance, capacity, and credibility to deliver nationwide and replicate globally. Only through such a framework can post-crash response and cardiac arrest survival be advanced in a sustainable and transformative way.

[22]Resuscitation Council UK, *Epidemiology of Cardiac Arrest Guidelines (2021)*: highlights the rapid fall in survival with each minute of delay, mitigated if CPR is started early. American Heart Association: "Chances of survival from cardiac arrest decrease by 7–10% for every minute without CPR and defibrillation."

The ideal organisation for a National Post-Crash Response

This section sets out the essential characteristics of an organisation capable of delivering a national post-Crash response system:

- It must be purpose-built for scale, coordination, and resilience, combining the functions of a national training authority, a public-health institution, and an operational infrastructure able to deliver high-quality face-to-face and digital training nationwide.
- It requires robust governance, professional capability across training, logistics, communications, and strategic engagement, and validation from emergency services to ensure credibility, consistency, and alignment with national trauma-care standards.
- It must sustain a continually developing community of trained responders, supported through digital platforms, reliable communication channels, and ongoing professional development - forming the foundation for a scalable national and international post-crash response model.

Delivering a nationwide post-crash response programme requires an organisation built for both scale and resilience, capable of coordinating across multiple sectors while remaining adaptable for wider development. The organisation must embody the combined functions of a national training authority, a public health institution, with an infrastructure capable and with the capacity to oversee delivery nationwide.

Core Structure and Governance

At its core, the organisation must operate through a central structure responsible for governance, finance, and quality assurance. This structure ensures accountability, financial stability, and consistent standards across all operations. It must also have the capability and capacity to deliver high-quality training both face-to-face and online. A robust Learning Management System (LMS), integrated with digital tools and mobile platforms, would underpin compliance monitoring, reporting, and continuous learner engagement.

Training and Operational Capability

The organisation must be capable of:

- Designing training aligned with the recognised trauma care standards.
- Recruiting, certifying, and supporting trainers nationwide.
- Managing course logistics, scheduling, and delivery across different environments.
- Procuring and distributing trauma kits and training equipment to ensure responders are confident, safe, and effective at the roadside.

Validation by emergency services and clinical professionals is critical to maintain credibility, accuracy, and alignment with national trauma care protocols.

Professional Resources

Beyond training, expert resources in sales, marketing, and communications are essential. These functions are critical for raising awareness, tackling misconceptions, and driving engagement across a diverse range of stakeholders, including businesses, insurers, policymakers, NGOs, and the wider public.

Human resources, finance, and operational support must also be structured to provide long-term sustainability, compliance, and growth, while ensuring the welfare and development of staff and trainers.

Strategic Engagement and Advocacy

The organisation must take an active leadership role in influencing the broader road safety agenda. Specialist teams in government relations, public affairs, and strategic partnerships should work to embed post-crash response within national safety strategies, workplace health and safety regulation, and insurance frameworks. Engagement in conferences, sponsorship initiatives, and public awareness campaigns are necessary to strengthen visibility and credibility, while close collaboration with industry and emergency services are important to secure integration within the wider road safety community.

Continuing Development and Community Support

Ongoing development is essential to ensure training remains current, evidence-based, and operationally effective. This includes regular quality-assurance reviews, digital platform enhancements, and continuous alignment with emerging global standards.

Equally important is cultivating an active, informed community of trained responders. A core advantage of this model is the ability to communicate directly with trained drivers - members of a recognised safety community - to provide vital updates, including changes to the Highway Code and other safety-critical guidance. This addresses a well-known national gap: for example, IAM RoadSmart reported that one in five drivers remained unaware of the Highway Code updates shortly after they were introduced.

> **A reliable communication channel ensures drivers receive timely, authoritative information that reinforces safe behaviour, compliance, and public-safety outcomes.**

Alongside this, ongoing support should include refresher training materials and mental-health resources for those affected by traumatic incidents. Storytelling and peer networks can further strengthen cohesion and motivation, ensuring responders feel valued, connected, and confident in their role.

A National and Global Model

The ideal organisation is more than a training provider. It is a national infrastructure for post-crash response, built to scale internationally. By combining training delivery, compliance support, advocacy, and community-building, it creates a sustainable, life-saving system. Its effectiveness depends on credibility with employers, endorsement from emergency services, and the ability to expand rapidly through digital innovation and local partnerships.

Building such an organisation requires deliberate design, coordinated investment, and a clear pathway from concept to national capability. The next section outlines how a national post-crash response system can be constructed, strengthened, and expanded - clarifying the role of government, employers, and emergency services in enabling a model with the potential to transform survival outcomes across the UK and beyond.

Developing and Scaling a National Post-Crash Response System: The Case for Government Support and Business-Funded Delivery

This section explains why building a national post-crash response system requires early government support alongside long-term business-funded delivery:

- It sets out the strategic case for government involvement, showing that early bystander intervention is proven to save lives, the direction of benefit is certain, and that modest public investment meets Green Book criteria while preventing ongoing, avoidable fatalities.
- It demonstrates how a business-funded training model - grounded in employers' existing legal duties - can sustainably finance nationwide delivery, while strengthened HSE enforcement corrects long-standing compliance failures and stimulates market demand.
- It outlines how targeted government seed-corn support can accelerate adoption, build essential infrastructure, and enable world-leading research, creating a scalable, evidence-based system that improves national resilience and delivers substantial social and economic value.

This section outlines why government support for early scaling is justified, why long-term operational costs should be funded by businesses, and how improved HSE enforcement can correct longstanding compliance failures while stimulating the market required for a sustainable, nationwide post-crash response capability.

The Strategic Rationale: A High-Impact Intervention With Modest Cost

Decades of trauma literature (Hussain & Redmond; Cooke; Oliver et al.) confirm that many pre-hospital trauma deaths are preventable and that early intervention - particularly airway management and haemorrhage control - can markedly improve survival. Although exact national estimates are not yet available, the direction of benefit is beyond dispute. The causal mechanism is clear: faster bystander response leads to improved outcomes.

Under HM Treasury's Green Book, government may legitimately invest even when benefits cannot yet be fully quantified, provided:

- the direction of benefit is certain;
- potential gains are large;
- costs are low;
- and inaction carries significant risk.

> **A national post-crash response system meets all these criteria. The risk of inaction is the continued loss of preventable life, persistent inequality in first-aid provision for at-work drivers and missed opportunities to strengthen national resilience.**

The Funding Model: Business-Led and Legally Grounded

While a compelling case exists for limited government support to launch the scaling process, the long-term operation of the system should be funded by businesses. This approach is equitable, sustainable, and grounded in existing legal responsibilities.

Employers already have statutory duties

Regulation 3 of the Health and Safety (First-Aid) Regulations 1981 and Section 2(1) of the Health and Safety at Work etc. Act 1974 require employers to ensure adequate and appropriate first-aid provision for all employees, including those working away from fixed workplaces. Despite this, at-work drivers - one of the UK's largest lone-worker populations - continue to be excluded from meaningful first-aid arrangements, resulting in a long-standing inequality and avoidable harm.

Business-funded training is both fair and feasible

Embedding incident-management and trauma-first-aid training into the workforce:

- ensures compliance with existing legislation,
- protects employees,
- reduces employer liability,
- strengthens fleet safety and ESG performance,
- and distributes costs across thousands of employers.

Training revenue can sustain the operating costs of a national post-crash response organisation without reliance on Treasury funds.

Improved HSE enforcement will build the market

The role of government is not to pay for the operation, but to create an environment in which the system can thrive. Strengthened HSE enforcement - focused on first-aid inequalities, lone-worker risk assessments, and driver competence - would correct a long-standing regulatory failure while stimulating employer demand for high-quality training.

This aligns incentives across the system: businesses invest to protect drivers and reduce liability; drivers gain life-saving skills; government fulfils its regulatory duties without new spending; and society benefits from a stronger, fairer, and more resilient road network.

Why Government Seed-Corn Support is Still Necessary

Although long-term costs should be borne by businesses, government involvement remains essential in the early stages for several reasons:

Accelerating national adoption

Government backing provides legitimacy, encourages employer uptake, and enables consistent implementation across sectors.

Enabling core infrastructure

Seed-corn funding could accelerate the scaling process, investing in the need for:

- evaluation and evidence generation,
- integration with emergency services and dispatch guidance,
- national framework development,
- public awareness and adoption.

Creating a platform for world-leading research

> **The UK has the opportunity to establish the first global dataset on the real-world effectiveness of bystander interventions at RTCs. This requires coordinated infrastructure and academic partnerships, which early government support can enable.**

Precedent supports intervention

Government has repeatedly invested in life-saving measures before quantitative benefits were available[24], including:

- workplace first-aid standards
- Public Access Defibrillation,
- Martyn's Law protective security,
- smoke alarms and domestic fire safety,

In each case, government acted because the causal logic was clear and the potential for benefit was high. The post-crash response system falls squarely into this tradition.

Economic Rationale: Small Public Input, High Public Value

The Department for Transport's Value of a Prevented Fatality (VPF) is £2.048 million (2023). Even saving three lives per year would exceed the likely scale of early public investment. Reductions in injury severity generate additional economic and social returns. With tens of thousands affected by RTC trauma annually, the potential value is substantial.

Because businesses carry the long-term cost of training, government expenditure is catalytic, not ongoing - a hallmark of efficient public-value investment.

Creating a System-Level Capability

The combination of business-funded training and targeted government action produces a system in which:

- employers meet their legal obligations;
- drivers receive the training they are entitled to;
- national resilience improves;
- emergency services benefit from earlier intervention;
- preventable deaths and injuries fall;
- and the UK becomes a global leader in evidence-based post-crash response.

Driver First Assist has already matured into a credible, proven organisation capable of delivering this model at scale, providing the foundation upon which a national system can be built.

Conclusion

Creating a national post-crash response system is a shared-benefit, shared-responsibility endeavour. Businesses, bound by existing legal duties, fund the training. Government, through targeted seed-corn support and improved HSE enforcement, enables the conditions for scaling. The public receives the benefit of reduced casualties, greater resilience, and a system aligned with the core principles of Vision Zero and the Safe System.

Even without fully quantified casualty-reduction estimates, the case for government support is clear: the intervention is ethically imperative, economically justified, legislatively aligned, operationally feasible, and socially transformative.

[24] See Appendix 8: The case for Government support: a cross-sector comparison

DFA Development Timeline (2009–2026)

2009

2009 Concept

- Initial concept established: equip professional drivers with the skills to respond effectively at road traffic collisions, saving lives and reducing injury severity.

2010–2011 Industry Consultation

- Extensive consultation with the transport and logistics sector to secure support, feasibility insight, and sector-wide endorsement.

2010–2013 Development Phase

- Collaboration with emergency services (police, fire, ambulance) to co-design and validate DFA's training materials and operational model.

2014 National Launch

- DFA launched at the Commercial Vehicle Show.
- Backed by senior leadership from:
  - National Police Chiefs' Council (NPCC)
  - National Fire Chiefs Council (NFCC)
  - Association of Ambulance Chief Executives (AACE)

2015 Parliamentary Recognition

- DFA debated in Parliament.
- Receives explicit government support.

2016 Government-Funded Campaign

- Department for Transport funds a national communications campaign.
- Culminates in a House of Commons event attended by major logistics industry leaders.
- DFA wins the Brake Fleet Safety Award for Innovation.

2017 National Highways Contract

- DFA awarded contract to train National Highways Traffic Officers, establishing DFA as a key national post-crash capability partner.

2024 Contract Renewal

- National Highways contract renewed (post–Covid-19 interruption), reaffirming long-term commitment to DFA's training model.

2014–Present:

Organisations Trained by DFA

A growing list of national, regional and commercial organisations, including:

National Highways, South Wales Trunk Road Agent, DVSA, GXO, Schenk UK, Breedon, Frontier Agriculture, NVS, Waitrose, JCB, Alloga, Aldi, DHL, Iron Mountain, RHA, Tarmac, Cemex, British Gypsum, John Lewis, Certas, Leaseplan, Kwik-Fit, Reed Boardall

2025 Government of Jersey Partnership

- DFA contracted to train Government of Jersey employees and all major island stakeholders and utilities.
- Marks the first jurisdiction-wide adoption of DFA as a structured national capability.

2026

From Concept to Capability: The Development of Driver First Assist

This section traces the evolution of Driver First Assist (DFA) from an initial concept to a nationally credible, operationally proven post-crash response capability:

- It explains how DFA emerged in response to a long-recognised gap in national post-crash training, developing from a 2009 concept into a validated, emergency-service-endorsed organisation equipping drivers with life-saving skills at RTCs.
- It outlines the growth of DFA's credibility, reach, and partnerships - including government recognition, national awards, major contracts such as with National Highways, and sustained support from policing, clinical leaders, and industry.
- It demonstrates how DFA now provides a scalable foundation for a national post-crash response network, aligning with Vision Zero, complementing emergency services, and offering a ready-made infrastructure capable of rapid expansion with the right support.

More than two decades ago, the British Red Cross called for experiential first aid training for learner drivers, recognising that practical skills - not theory - were essential to saving lives at the roadside. Yet, 25 years later, the government's most significant step has been the planned inclusion of questions on cardiac arrest in the driving theory test. While symbolic, this incremental progress highlights how limited the progress has been to embed practical post-crash response skills into everyday realities of road use.

It was against this backdrop that the idea for Driver First Assist (DFA) first took shape in 2009. Inspired by the British Red Cross report *"Anyone Can Save a Life: Road Accidents and First Aid"* and recognising the absence of a national strategy for training drivers in post-crash response, DFA's founder identified an opportunity to equip professional and at-work drivers, often first at the scene of RTCs, with the knowledge and confidence to act. Working in partnership with the emergency services, the concept was refined and, in 2014, DFA was created in the form of a not-for-profit community interest company. Launched at the Commercial Vehicle Show, endorsed at the highest levels by the National Police Chiefs' Council, the National Fire Chiefs Council, and the Association of Ambulance Chief Executives, industry media hailed the launch as "the best idea to come along in years."

DFA DRIVER FIRST ASSIST
SAVING TIME - SAVING LIVES

Building Credibility and Capacity

From the outset, DFA has ensured that its training is designed and validated by emergency service professionals. Its focus has always been on operational fitness-for-purpose, aligning content with national trauma care standards. DFA's philosophy is to deliver training at the cutting edge of knowledge, adapting continually to new evidence and research. The current work led by Professor Tim Nutbeam and the IMPACT Centre exemplifies this, and DFA stands ready to integrate these findings into its programme.

DFA has steadily built momentum, credibility, and reach:

- In 2015, gained the support of Government during a parliamentary debate.
- In 2016, winning the Brake Fleet Safety Award for Innovation.
- In 2017, it was contracted by National Highways to train its Traffic Officers - a partnership renewed in 2024.
- Training is delivered to DVSA Traffic Examiners and to professional drivers across logistics, transport, and supply-chain sectors.
- To date, nearly 10,000 drivers have been trained, forming the nucleus of a national community of bystander responders.

Working in Partnership with National Highways

DFA's collaboration with National Highways represents one of the clearest demonstrations of how trained drivers can complement official road safety operations. When training professional and fleet drivers, DFA explains the vital role of Traffic Officers and emphasises that, in many cases, drivers may arrive at the scene of a collision before an Officer is deployed. Drivers are instructed to identify themselves to Traffic Officers as DFA-trained, making clear they can assist if required. This is increasingly valuable as Traffic Officers are often deployed single-handedly, with their primary responsibility being to secure and protect the scene to prevent escalation.

In turn, when DFA delivers training directly to Traffic Officers, the programme explains the purpose of DFA, the slow but deliberate growth of a national bystander responder community, and the potential for DFA-trained drivers to work in harmony with Officers at incident scenes. While Traffic Officers are trained to provide medical assistance, their operational priority is always scene safety and traffic management. Knowing a DFA-trained driver is already providing casualty care allows Officers to focus on their primary duties with confidence that immediate patient needs are being addressed until paramedics arrive.

This complementary relationship has already produced real-world examples of effective cooperation. DFA-trained drivers supporting Traffic Officers at live incidents provide a working blueprint for exemplar post-crash response. It shows not only the immediate value of training but also the potential efficacy of scaling DFA's model nationally, creating a network of prepared responders embedded within the wider road safety system.

A Network of Support and Endorsement

DFA has attracted strong support from across policing, government, academia, and clinical practice. Advocates include:

Sir Keith Porter
Emeritus Professor of traumatology;

Chief Constable Jo Shiner
National Police Chiefs' Council Lead for Roads Policing;

Sheena Hague
Director of Safety at National Highways;

James Cant
Chief Executive of the Resuscitation Council UK;

Beverley Bell CBE
former Senior Traffic Commissioner for Great Britain.

DFA collaborates with innovators such as HeartHero, forming a partnership to develop and expand the market for personal and home-use AEDs. This initiative complements DFA's strategic roles in raising awareness of cardiac arrest and stimulating demand for affordable, accessible defibrillators beyond traditional public and workplace settings.

Delivering on Vision Zero's Safe System – Pillar Five

DFA is an established organisation, operating nationally and with proven partnerships, delivering against the objectives of Vision Zero's Safe System Pillar Five: post-crash response. It addresses first-aid inequality, closes compliance gaps, and confronts cultural and psychological barriers to bystander intervention. Its training saves lives, reduces the severity of injuries, strengthens NHS resilience, and creates measurable social and economic value.

Yet, despite its achievements, DFA continues to operate below its true potential. Without the institutional and financial support commensurate with its value, growth remains constrained. With the right investment - through a hybrid of private finance, industry partnerships, and supportive regulation - DFA can expand rapidly, creating the world's most effective national network of trained driver responders.

Image: The Emergency Services Show

[25]House of Commons Official Report, Parliamentary Debates (Hansard), Thursday 5 November 2015. Volume 601 No. 65.

Building a National Training Capability

DFA is uniquely positioned to act as the focal point in the development of a national post-crash response training capability, providing both the strategic leadership and operational coherence required to ensure consistent, high-quality delivery across the UK.

This model would utilise the existing national network of freelance instructors and established training organisations, coordinated and quality-assured through DFA's central governance framework. Training would continue to be delivered only by instructors who meet defined competency standards and who are approved, monitored, and supported by DFA. In doing so, training delivery would adhere to a common, rigorous national standard, one that is evidence-based, outcome-focused, and aligned with the Road Injury Chain of Survival as developed by the IMPACT research team.

> **By working collaboratively with other related training providers and professional bodies, DFA can build an efficient, scalable, and sustainable business model; one that fairly rewards contributors, leverages existing expertise, and crucially remains financially independent of charitable donations or direct government subsidy. This independence ensures long-term sustainability, agility, and credibility.**

In effect, DFA can serve as the central coordinating organisation, responsible for setting strategy, maintaining national standards, and acting as the key link between practitioners, policymakers, emergency services, and industry stakeholders.

While not a direct commercial analogy, DFA could operate in a manner comparable to a franchise system, a trusted framework in which every participant understands and aligns with its core purpose, adheres to a unified standard, and benefits from the collective reputation of the whole. Such an approach would inspire confidence among employers, professional drivers, and the wider public, positioning DFA as a national exemplar of road safety leadership and post-crash capability.

DFA represents more than a training programme. It is a proven infrastructure, uniquely positioned to deliver on the promise of post-crash response and to make the UK a global leader in this field. The case is now compelling: the organisation exists, its value is evidenced, and its mission urgent. With sustained support, DFA can scale to meet its full potential - delivering safer roads, stronger communities, and countless lives saved.

DFA
DRIVER FIRST ASSIST
SAVING TIME - SAVING LIVES

Working in Partnership with National Highways

This section illustrates how DFA's partnership with National Highways demonstrates the real-world effectiveness and scalability of a coordinated post-crash response model:

- It shows how DFA-trained drivers can meaningfully support National Highways Traffic Officers at collision scenes, providing immediate casualty care while Officers focus on critical scene safety and traffic management.
- It explains how reciprocal training for both drivers and Traffic Officers build mutual understanding, operational confidence, and a complementary working relationship that strengthens national road safety operations.
- It highlights how DFA's structured toolkit provision and its unique B2B-to-B2C engagement model create a scalable system of equipped, informed responders - providing a blueprint for a nationwide post-crash response capability.

DFA's collaboration with National Highways is one of the clearest demonstrations of how trained drivers can complement official road safety operations and strengthen the national post-crash response.

When delivering training to drivers, DFA highlights the critical role of National Highways Traffic Officers. Drivers are reminded that, in many cases, they may arrive at the scene of a collision before an Officer is deployed. They are therefore instructed to identify themselves as DFA-trained on arrival and offer assistance where appropriate. This capability is particularly valuable as Traffic Officers are increasingly deployed single-handedly, with their primary responsibility being to secure and contain the scene to prevent further escalation. A DFA-trained driver who can provide immediate casualty care allows the Officer to focus on this essential safety function, reassured that those injured are being supported until paramedics arrive.

DFA also delivers training directly to Traffic Officers. These sessions explain the purpose of DFA, the emergence of a national bystander responder community, and the practical ways in which DFA-trained drivers can provide meaningful support. While Officers are trained in casualty care, their operational priority remains traffic management and scene protection. Knowing that trained drivers may already be present provides added confidence, enabling Officers to concentrate on their specialist role.

Image from National Highways website

This two-way training model fosters mutual respect and operational complementarity: drivers understand and support the duties of Traffic Officers, while Officers recognise the value of a growing community of trained drivers who may already be on scene. Real-world incidents have demonstrated this partnership in action, with DFA-trained drivers assisting Traffic Officers at live collisions.

The partnership also demonstrates how DFA combines training with the provision of appropriate equipment. The DFA Toolkit, developed with input from emergency services, contains a first aid kit, life hammer, head torch, space blanket, and a Class 3 long-sleeved hi-vis jacket bearing the DFA logo. Class 3 hi-vis - recommended by police and aligned with HSE PPE guidance - is essential where fast-moving traffic is present, such as on the strategic road network. The toolkit will continue to evolve in line with emerging evidence from Professor Tim Nutbeam and the IMPACT team's Road Injury Chain of Survival, with potential future additions such as haemostatic dressings or tranexamic acid (TXA) as research supports their effectiveness.

Through a dedicated fulfilment partner, DFA manages procurement and supply efficiently, securing bulk-purchasing benefits and ensuring toolkits are available on demand without the burden of carrying stock. This approach reflects the structured organisational capability required to deliver a scalable post-crash response model.

Equally significant is DFA's unique engagement model. Unlike platforms such as *Driving for Better Business*, which provide high-quality advice and resources to organisations but lack direct communication with drivers, DFA operates on a B2B-to-B2C pathway. It begins by partnering with employers or organisations (B2B), and then, through its Learning Management System (LMS), engages directly with individual drivers (B2C). This creates a powerful communication channel that goes beyond the transactional delivery of training. Once enrolled, drivers become part of a national community, with DFA providing continuous flows of information: training updates, legal developments, Highway Code revisions, and best practice in incident management and road safety.

> **Direct engagement ensures that critical knowledge reaches drivers themselves - the people most likely to be first at the scene - rather than being diluted or delayed through internal company processes. It builds trust, reinforces compliance, and nurtures a shared sense of responsibility for safety on the road.**

The collaboration with National Highways therefore provides clear evidence that a structured, scalable DFA model not only works in practice but also offers a blueprint for exemplar post-crash response. It shows how cooperation between trained drivers and official road safety professionals can deliver safer outcomes today, while making a compelling case for scaling DFA nationally to embed this cooperative model across the UK road network.

Conclusion

The case for strengthening post-crash response is compelling and urgent. For more than two decades, the UK has struggled to make meaningful progress in reducing road traffic fatalities. Too many drivers remain excluded from first aid provision, compliance gaps persist, and misplaced fears of liability continue to paralyse action. The consequences are clear: lives that could have been saved are still being lost, and opportunities to reduce the severity of injuries, protect the NHS, and strengthen the economy are repeatedly missed.

This White Paper has been authored by Driver First Assist (DFA), the only organisation operating nationally in this critical area of road safety. Over the past decade, DFA has developed and refined the only practical framework for a national post-crash response strategy, informed by direct experience in training drivers in partnership with emergency services. By creating a prepared cohort of driver first responders, DFA provides the very first link in the Road Injury Chain of Survival. This link has never before been systematically addressed.

DFA has highlighted a stark inequality: at-work drivers, whose workplace is the road network, are routinely excluded from the first aid provision afforded to colleagues in fixed workplaces. The result is undeniable: at-work drivers suffering illness or injury on the road face poorer outcomes, and some of those killed in road traffic collisions would still be alive today if the type of structured post-crash response outlined here was more widely available. This paper therefore performs a vital public service in making the “unknown, known.” To fail to act in the face of such evidence would be morally indefensible.

The solutions, however, are within reach and available now. Specialist training in incident management and trauma-based first aid can empower drivers to act with confidence, providing immediate and often lifesaving interventions. It can close the regulatory compliance gap, reduce risk for employers, and create a workforce better prepared for emergencies. Beyond the roadside, the same training builds wider public health benefits - raising awareness of cardiac arrest, encouraging AED use, and stimulating the development of a market for affordable personal defibrillators.

Delivering these outcomes requires more than fragmented initiatives. It demands a structured, scalable, and sustainable organisation, professionally operated and adequately resourced. DFA has demonstrated that such an organisation ready to meet these requirements already exists. Developed in partnership with the emergency services, validated by clinical professionals, endorsed by government and industry, and supported by a growing network of stakeholders, DFA is uniquely positioned to deliver on the objectives of Vision Zero’s Safe System Pillar Five: post-crash response.

The most equitable and sustainable way to achieve this is through a business-funded training model. Employers already have a legal duty under health and safety law to assess the capabilities and competencies of their drivers, and providing specialist training in incident response and first aid is a practical means of compliance. By embedding this training across their workforces, businesses not only meet their obligations but also protect their employees, reduce liability, and contribute to a national safety net. As costs are spread across thousands of employers and millions of drivers, the financial burden is easily borne. Government does not need to pay for the operation; its role is to create the environment in which it can thrive, by strengthening HSE enforcement and ensuring obligations already enshrined in law are properly applied to drivers.

Crucially, DFA's partnership with National Highways provides a working model of how trained drivers can operate in harmony with Traffic Officers, enhancing safety at live incidents and demonstrating the efficacy of scaling this approach across the wider road network. Nearly 10,000 drivers have already been trained, forming the nucleus of a national community of bystander responders. With the right support - through business and insurer involvement, impact investment, and enabling regulation - this can be scaled rapidly to reach millions.

The potential is transformative: safer roads, stronger businesses, reduced pressure on the NHS, and thousands of lives saved. The infrastructure exists, the evidence is clear, and the benefits are undeniable. DFA is not simply a training programme, it is a proven national asset, ready to grow into a global exemplar of post-crash response. With commitment, collaboration, and investment, and with government creating the conditions for businesses to act alongside partners such as National Highways, the UK can lead the way in transforming road safety and creating a model for the world to follow.

The Case for Action

For years, the lack of an effective post-crash response system has been accepted as an unfortunate reality — a problem seemingly without a practical solution. In such circumstances, no blame could reasonably be assigned; the challenge appeared too complex, too fragmented, too difficult to solve.

However, that position can no longer be sustained. This White Paper presents a credible, evidence-based solution that addresses the fundamental weakness at the heart of post-crash care: the absence of a trained cohort of drivers capable of providing immediate, life-saving intervention at the scene of a collision.

When the means to solve what once seemed unsolvable is placed before us, inaction is no longer an option - it is a moral failing. To turn away from new perspectives would be to turn away from the possibility to save lives.

The moral and professional responsibility of all those concerned with road safety is therefore clear: to give this potential solution serious consideration.

"Once you know, you can't unknow. Once you see, you can't unsee. And once you have the power to act, you can't look away."

Anon

Appendix 1: Early intervention at road traffic collisions: why it matters

This review examines the impact of early bystander intervention at road traffic collisions (RTCs). Evidence is drawn from the British Red Cross (2001), Hussain and Redmond (1994), subsequent preventability studies (Oliver, Walter & Redmond, 2017), population-level research on first aid behaviour (Larsson, Martensson & Alexanderson, 2002), and contemporary frameworks such as the Road Injury Chain of Survival (Nutbeam et al., 2021).

Burden of Injury and Time-Critical Nature of RTC Trauma

Road traffic injuries remain a global public health challenge. The British Red Cross (2001) highlights their ranking among the top global causes of death, particularly for younger age groups. A substantial proportion of RTC deaths occur before hospital arrival, with the European Transport Safety Council (1997) noting that more than half of road deaths occur within minutes at the scene. This supports the concepts of the "golden hour" and "platinum minutes", in which haemorrhage, airway obstruction, and ineffective breathing rapidly become fatal without intervention.

Hussain & Redmond (1994): Preventable Pre-Hospital Deaths

Hussain and Redmond (1994) analysed accidental deaths reported to a UK coroner and found that 39% of pre-hospital deaths were potentially preventable with basic first aid. Airway obstruction was present in most cases judged survivable. The authors concluded that preventable deaths occurred before professional help arrived, indicating that members of the public were the only actors capable of timely intervention.

Clinical Interpretation of Preventability

Subsequent commentary emphasises that simple airway management, not advanced paramedic techniques, is the critical missing link in many pre-hospital deaths. Cooke (1999) argued that airway obstructions in the Hussain and Redmond cohort were likely manageable using basic manoeuvres such as head tilt-chin lift. This mirrors evidence from cardiac arrest literature demonstrating substantially improved outcomes when bystanders intervene early (Cobb, Werner & Trobaugh, 1980).

Contemporary Evidence on Pre-Hospital Preventability

Recent work continues to show a persistent proportion of preventable trauma deaths. Oliver, Walter and Redmond (2017) confirmed that airway obstruction and haemorrhage remain dominant modifiable factors in pre-hospital deaths. A systematic review by Barnard et al. (2019) reinforced that between one quarter and one half of pre-hospital trauma deaths in various systems show preventable features. This demonstrates that, despite advances in trauma care, early layperson intervention remains a critical system weakness.

First Aid Training, Behaviour and Bystander Response

Larsson, Martensson and Alexanderson (2002) showed that first aid training increases both the likelihood and the effectiveness of bystander intervention at RTCs. Approximately 20% of traffic crashes in their study involved a trained bystander providing first aid. Training also reduced risky road behaviour among participants. Research from other regions (Ayalew et al., 2014) indicates high willingness but low competence among untrained drivers, with fear of causing harm a common barrier - something training directly alleviates.

Evidence from emergencies such as cardiac arrest and choking shows that early bystander intervention consistently improves survival (Cobb, Werner & Trobaugh, 1980). The same physiological principles - hypoxia and rapid deterioration - apply to trauma.

The Road Injury Chain of Survival

Nutbeam et al. (2025) proposed the Road Injury Chain of Survival, identifying five sequential links: early access, early recognition, early bystander actions, professional response, and definitive care. Bystanders appear in three of these links, highlighting their centrality to survival outcomes. The model mirrors the long-established Chain of Survival in cardiac arrest, reinforcing the system-level value of lay responders.

Policy and International Endorsement

The British Red Cross (2001), IFRC (2016) and Global Road Safety Partnership advocate for integrating driver first-aid capability into training and licensing. The European Commission (2000) requires knowledge of appropriate post-crash behaviour as part of its licensing directive. The European Transport Safety Council (1997) describes first aid delivery as a "crucial determinant" of survival. These policies reflect a sustained recognition that bystander response is an essential component of modern road safety.

Implications for a National Bystander Response System

Across three decades of evidence, several themes are consistent:

- A significant proportion of pre-hospital trauma deaths are preventable (Hussain & Redmond, 1994; Oliver, Walter & Redmond, 2017).
- Leading mechanisms of preventable death - airway obstruction and haemorrhage - are treatable with basic skills.
- Emergency services cannot consistently arrive within the critical early minutes.
- Training improves willingness, capability and road user behaviour (Larsson, Martensson & Alexanderson, 2002).
- Structured systems outperform ad-hoc responses (Nutbeam et al., 2021).

Conclusion

The literature shows clearly that:

- Early bystander intervention saves lives.
- Many trauma deaths remain preventable for want of simple interventions.
- A structured, national bystander response capability would deliver significant, evidence-based improvements in trauma survival and community resilience.

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Appendix 2: Vision Zero and the Safe System – Overview

Introduction

Vision Zero and the Safe System approach constitute the dominant international frameworks for eliminating death and serious injury on the road network. Originating in Sweden in the late 1990s, Vision Zero provides the ethical foundation for modern road safety policy, while the Safe System offers a structured, evidence-informed method for operationalising that vision across national transport systems (Tingvall & Haworth, 1999). These approaches have since been endorsed by the World Health Organization, the United Nations, and the OECD/International Transport Forum, and are embedded in transport strategies across Europe, Australasia, and an increasing number of jurisdictions worldwide (OECD/ITF, 2016).

Vision Zero: Ethical Foundation and System-Level Responsibility

Vision Zero is based on the principle that no loss of life is acceptable within the road transport system. It asserts that humans are fallible, that human bodies have limited biomechanical tolerance to crash forces, and that the system must therefore be designed to accommodate predictable human error without resulting in death or life-changing injury (Tingvall & Haworth, 1999; Belin, Tillgren & Vedung, 2012).

This framework challenges traditional behaviour-centred models by redistributing responsibility:

- Road users remain responsible for following rules.
- System designers - including road authorities, policymakers, fleet operators and employers - share responsibility for ensuring that the environment, vehicles and organisational systems prevent fatal and serious harm (OECD/ITF, 2008).

Under Vision Zero, death and serious injury are not inevitable outcomes, but consequences of system design failures.

The Safe System Approach: Operationalising Vision Zero

The Safe System translates Vision Zero's ethical stance into an integrated policy and operational framework. It is built on five interdependent principles:

Human Vulnerability: Human biomechanical limits determine injury tolerance thresholds; survivability depends on ensuring that crash forces remain below these levels (WHO, 2018b).

Shared Responsibility: Responsibility for safety is distributed across system designers - including government, vehicle manufacturers, infrastructure providers, employers and fleet operators - not simply placed on individual road users (OECD/ITF, 2016).

Anticipation of Error: The system must be engineered with the expectation that humans will make mistakes. Road safety interventions therefore prioritise risk mitigation and harm reduction rather than relying solely on behaviour change (SWOV, 2018).

Redundancy: Multiple layers of protection (infrastructure, vehicles, organisational controls, emergency care) ensure that if one layer fails, others prevent serious outcomes (OECD/ITF, 2008).

Proactive, Systematic Action: Interventions are evidence-led and preventive, focusing on underlying system risks rather than responding only after collisions occur (WHO, 2018a).

The Five Safe System Pillars

The Safe System is widely articulated through five mutually reinforcing pillars, each addressing a key dimension of crash causation and injury severity:

Pillar 1: Safe Roads and Roadsides

Infrastructure design reduces risk and mitigates harm when crashes occur (e.g., median barriers, roundabouts, roadside hazard removal) (OECD/ITF, 2016).

Pillar 2: Safe Vehicles

Vehicle standards, active safety technologies and crashworthiness reduce collision likelihood and injury severity (European Commission, 2019).

Pillar 3: Safe Speeds

Speed management is aligned with crash survivability thresholds and implemented through design-led solutions, limits, and enforcement (OECD/ITF, 2018).

Pillar 4: Safe Road Users

Education, training, regulation, employer responsibilities and enforcement support safe behaviour and competence (SWOV, 2018).

Pillar 5: Safe Post-Crash Response

Rapid and effective post-crash care - including bystander action, early recognition, emergency response coordination, and timely medical treatment - reduces fatality risk and limits injury severity (WHO, 2018b).

The post-crash pillar is widely considered the least developed in the UK and internationally, despite strong evidence that early intervention can significantly affect survivability.

Relevance to At-Work Drivers and National Road Safety

At-work drivers represent one of the largest and most exposed road-user groups in the UK. Under Safe System logic:

- Employers are system designers with legal responsibility to manage risk (HSWA 1974; MHSWR 1999).
- Lone workers require access to adequate and appropriate first-aid provision.
- Bystanders are a critical resource in early trauma care, particularly where emergency response times exceed the window for survivability (Nutbeam & Stassen, 2025; Hussain & Redmond, 1994; 2014).

Strengthening driver competence in incident management and trauma-first aid directly reinforces:

- Pillar 4 (Safe Road Users), through enhanced skills and hazard awareness;
- Pillar 5 (Safe Post-Crash Response), through early airway management, haemorrhage control and scene safety;
- National resilience and system redundancy.

This aligns with Vision Zero's requirement for system designers, including employers, to prevent foreseeable harm through proactive design and risk management.

Conclusion

Vision Zero and the Safe System provide the ethical and practical foundations for modern road safety. Their adoption requires a system that anticipates human error, mitigates kinetic energy, and ensures that multiple layers of protection work together to prevent fatal and serious harm.

A critical but underdeveloped component of this system is post-crash response, where early, skilled intervention can materially affect survival outcomes. Enhancing national capability through initiatives such as DFA contributes directly to fulfilling Safe System obligations and accelerating progress toward the Vision Zero goal.

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Appendix 3: Fleet compliance & training deficits

The findings of this White Paper - that at-work drivers are excluded from first aid provision and that employers frequently fail to meet their legal obligations – are reinforced by a growing body of external research, policy documents, and compliance reports. Collectively, they provide compelling evidence that the widespread non-compliance with HSE requirements is not an isolated problem but a systemic issue affecting fleets and grey fleets [26] across the UK.

A 2025 TTC Group survey revealed that fewer than one in five grey fleet drivers had ever received any form of training from their employer, with only 22% provided access to a "Driving for Work" policy. Fewer than one-third were asked to present an MOT certificate or valid insurance documentation. Such figures highlight that the vast majority of employers are failing to meet even the most basic HSE obligations to assess the competence of their drivers and the safety of the vehicles they operate.

This pattern of neglect is not confined to one sector. DriveTech's 'The Importance of Managing Your Grey Fleet and Reducing Risk', (2020) and 'The Rise of the Grey Fleet', (2021), emphasise employers retain full legal responsibility under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, regardless of whether employees use company or privately owned vehicles. Yet, despite this clarity, DriveTech reports employers frequently fail to conduct risk assessments, verify insurance, or provide training, creating a dangerous compliance vacuum.

The European Transport Safety Council (ETSC) 2016 guide on managing grey fleet safety echoes these concerns at an international level, pointing out most employers underestimate their legal liabilities, omit drivers from safety training programmes, and neglect routine checks. This absence of oversight directly contradicts the HSE's own guidance (*Driving and Riding Safely for Work*), which obliges employers to ensure drivers possess the competencies required to manage risks on the road.

Examples of local government policy documents demonstrate what best practice could look like. The Reading Borough Council Grey Fleet Policy (2021) requires full driver authorisation, insurance verification, and ongoing competency assessments - precisely the steps surveys show most private sector employers are failing to implement. Similarly, the Guildford Borough Council Vehicle Fleet Policy (2016) incorporates health checks, authorisation processes, and mandatory training, providing a clear template for compliance that is rarely adopted outside the public sector.

Perhaps the most striking evidence of systemic failure comes from research by VWFS Fleet and others, which found more than half of directors did not believe grey fleet driver safety was their corporate responsibility. One third of grey fleet drivers were uninsured for business use, and over one-third had never had their licence checked. Such practices expose both employers and employees to unacceptable levels of risk, while creating the conditions for preventable fatalities and serious injuries.

Taken together, these external reports reinforce the conclusions of this White Paper. Regulations exist, and their intent is clear; however, they are not being applied in practice. Drivers continue to be excluded from training and first aid provision, employers routinely fail to assess competence or vehicle safety, and enforcement by the HSE remains minimal. The result is a compliance deficit that directly supports the core findings of this paper: that millions of at-work drivers operate daily in the UK's most dangerous workplace without the protection the law requires.

This mounting evidence makes the case for systemic reform unavoidable. Closing the compliance gap through incident management and trauma-based first aid training is not only consistent with employers' statutory obligations but is essential to addressing the entrenched inequalities and risks that have been allowed to persist for decades.

[26] "A grey fleet vehicle is owned and driven by a worker for business purposes. Vehicles used under cash allowance schemes are grey fleet too." Health and Safety Executive: Driving and Riding Safely for Work.

Appendix 4: Driving for Work: Statutory Duties, Compliance, and Liability

The HSE's "*Driving and Riding Safely for Work*" explains existing health and safety law in the context of occupational driving. It makes clear that driving is "work" and therefore falls within the scope of employer duties under the "*Health and Safety at Work etc. Act 1974 (HSWA")* and the "*Management of Health and Safety at Work Regulations 1999 (MHSWR)*".

Specifically, employers must:

- Assess risks to employees and others (Regulation 3, MHSWR).
- Take account of employees' capabilities when entrusting them with tasks (Regulation 13, MHSWR).
- Provide information, instruction, training, and supervision (Regulations 10 - 13).

Employers must not allow someone to drive for work if their competence, health, or capability is in doubt - whether that's lack of training, fatigue, medical conditions, or insufficient knowledge of safe systems.

Capabilities and Competencies

- Capabilities: an individual's physical and mental ability to do the job safely (fitness to drive, medical suitability, awareness of risks, fatigue, etc.).
- Competencies: the knowledge, skills, training, and experience to perform the driving task safely (road rules, vehicle operation, first aid where reasonably foreseeable, incident management, etc.).

HSE expects employers to actively evaluate both before entrusting employees with driving duties.

Non-compliance

If employers do not assess health and safety capabilities and competencies of their drivers:

- They are failing to meet Regulation 13 MHSWR ("capabilities and training"), which is a statutory duty.
- They may also be in breach of HSWA s.2 (duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees) and s.3 (duty to others affected by work activities).

"Driving and Riding Safely for Work" interprets statutory requirements. It goes beyond guidance.

Enforcement action by HSE or police:

- Improvement Notices or Prohibition Notices requiring remedial steps.
- Prosecution if failures are serious (particularly if linked to an incident).

Liability:

- Unlimited fines for the company.
- Potential imprisonment for senior managers/ directors under HSWA s.37 if personal consent, connivance, or neglect can be shown.
- Corporate Manslaughter and Corporate Homicide Act 2007: if a fatality occurs and systemic management failures around competence are found.
- Civil liability: employers can face negligence claims from employees or third parties injured in collisions caused by incompetent or unfit drivers.
- Reputational and contractual risks: non-compliance could jeopardise contracts, insurance coverage, and corporate reputation

In summary:

Employers have a legal duty to ensure their drivers are fit and competent for the tasks required. Failing to assess this is not simply a missed best practice - it is a breach of statutory health and safety law, and if an incident or injury occurs, it can expose the employer to enforcement, prosecution, fines, and civil liability.

Appendix 5: Developing safer behaviours

Risk Awareness and Situational Judgement

Training that heightens awareness of risks, especially in high-stakes environments like RTCs, enhances an individual's ability to detect hazards more broadly.

- Situational awareness theory (Endsley, 1995) shows improving perception and comprehension of environmental elements in high-risk contexts can enhance decision-making in everyday settings.
- This is reinforced by studies showing that post-incident training improves drivers' hazard detection and response times (McKenna & Crick, 1994).
- Training in incident management requires scanning for hazards, predicting outcomes, and acting decisively - skills that transfer to routine driving, making trained drivers more cautious and observant.

Transfer of Learning

Skills and knowledge acquired in one domain often transfer to related contexts, known as "near transfer" in learning theory.

- When drivers learn structured responses under pressure (e.g. secure the scene, ensure own safety, assess casualties), those structured behaviours can reinforce a mindset of anticipation, control, and proactive action in everyday driving.
- Bloom's taxonomy supports this, noting that applying and analysing knowledge in varied contexts improves retention and behavioural consistency.

Behavioural Modelling and Social Responsibility

Training that emphasises civic duty, personal responsibility, and the potential to save lives can instil a prosocial mindset.

- Social cognitive theory (Bandura) explains how observing and modelling responsible behaviours (like acting effectively at RTCs) increases the likelihood that individuals will internalise and replicate those behaviours in other areas.
- The act of preparing to assist others, particularly in life-threatening situations, has been shown to reduce risk-taking behaviours and increase empathy and caution (e.g. studies on first aid training, military medical responders, and volunteer emergency responders).

Optimism Bias and Risk Compensation

Most people underestimate their own risk (optimism bias). Training that directly confronts this by showing how quickly things can go wrong and what's needed to respond can recalibrate that perception.

- This recalibration, especially when reinforced through experiential or scenario-based learning, leads to more conservative and safety-conscious behaviour.
- Evidence from driver education and trauma-informed training shows emotional salience (i.e. vivid, realistic learning experiences) can override complacency and reduce risky behaviours like speeding or distraction.

Habit Formation Through Repeated Mental Simulation

When people rehearse procedure, particularly those involving checklists, personal safety protocols, and sequential tasks, they begin to form 'cognitive scripts' or habits.

- Drivers who repeatedly mentally rehearse incident management (e.g. "What would I do if I witnessed a crash?") are training themselves to follow structured, rational steps under stress.
- These mental habits can influence behaviour during regular driving by fostering a heightened state of readiness and control.

Conclusion

Teaching drivers to manage risks when assisting at RTCs does more than prepare them for emergencies. It reshapes their mindset, sharpens their situational awareness, and reinforces responsibility and control. The cumulative psychological effects of such training are very likely to translate into safer driving behaviour.

Appendix 6: Addressing optimism bias

"It will never happen to me."

Optimism bias is a well-evidenced cognitive distortion which leads individuals and organisations to underestimate their vulnerability and delay or avoid proactive safety measures, including incident management and first-aid training.

Optimism bias is ubiquitous

Studies consistently show most individuals believe they are less likely than others to experience adverse events such as a road traffic collision or witnessing a medical emergency.

Drivers are particularly prone to complacency

Many overestimate their skill and control, and underestimate their risk exposure, especially professional and grey fleet drivers, whose "workplace" is mobile and less regulated in terms of first aid provision.

Asymmetric belief updating reinforces inaction.

Neuroscience research shows the brain updates beliefs more readily when exposed to positive information than to negative, even when the latter is statistically more relevant. This skews risk perception and dampens response to public safety messages.

Impact on training and preparedness.

Optimism bias can lead to underinvestment in first-aid training across businesses and communities. It affects both individuals ("I won't need it") and employers ("our drivers won't be involved in incidents").

Policy and campaigns can disrupt the bias with evidence it can be mitigated through targeted interventions:

- Personalised narratives and emotive storytelling.
- Peer group training to normalise preparedness.
- Framing first aid as collective responsibility, not individual charity.
- Integration with compliance obligations under HSE and DVSA guidance.

Overcoming driver complacency and improving bystander intervention at the roadside requires more than awareness. It demands a strategic shift in how we communicate risk, motivate action, and embed preparedness into everyday transport safety policy.

Understanding and addressing optimism bias is a vital first step in closing this life-threatening gap.

[27] Weinstein, 1980; Shepperd et al., 2013.
[28] Sharot et al., 2011
[29] Sharot et al., 2007

Appendix 7: DFA Training and Martyn's Law

Preparedness, Protection, and Public Resilience

The Terrorism (Protection of Premises) Bill - widely known as *Martyn's Law* - was developed in response to the 2017 Manchester Arena bombing. It aims to improve the United Kingdom's ability to anticipate, prepare for, and respond to acts of terrorism and other major emergencies. Its core principle is that all organisations responsible for people's safety should implement proportionate measures to protect life, including staff training, emergency planning, and situational awareness.

Although designed primarily for venues and publicly accessible locations, the principles of *Martyn's Law* have far wider relevance. Every sector, workplace, and community shares a duty of preparedness: to ensure that ordinary people know how to act when extraordinary events occur. This ethos lies at the heart of Driver First Assist (DFA).

Alignment Between DFA and Martyn's Law

DFA training embodies the practical delivery of *Martyn's Law's* aims. It equips at-work drivers - and by extension, a large proportion of the mobile workforce - with the skills, confidence, and mindset to act decisively in the first critical minutes of an emergency. The course develops:

- Situational awareness and threat recognition – enabling individuals to assess danger and make rapid, informed decisions in uncertain environments.
- Dynamic risk assessment and scene management – providing structured procedures for safeguarding themselves and others while awaiting emergency services.
- Trauma-based first aid and casualty care – the ability to control bleeding, manage airways, and sustain life until professional responders arrive.

These same competencies apply not only to road traffic collisions but also to mass-casualty incidents, chemical or explosive events, or attacks using vehicles as weapons - scenarios specifically addressed within counter-terrorism resilience planning.

A Force Multiplier for Public Safety

By embedding DFA training within organisations' existing health and safety, driver competency, and emergency preparedness frameworks, employers can:

- Strengthen compliance with the duty to protect life underpinning *Martyn's Law* and the Health and Safety at Work Act 1974.
- Provide staff with transferable life-saving skills relevant in any crisis - on the road, in the workplace, or in public spaces.
- Build a network of trained, calm, and capable bystanders who multiply the effectiveness of the emergency services during major incidents.

The spirit of *Martyn's Law* is cultural as much as procedural: it seeks to normalise preparedness and empower ordinary citizens to act when lives are at risk. DFA advances this objective at scale by reaching those most likely to witness emergencies first - professional and at-work drivers - and by promoting the same ethos of shared responsibility, vigilance, and compassion that *Martyn's Law* enshrines in statute.

In this way, Driver First Assist training is both a road-safety intervention and a national resilience asset - helping the UK build a safer, more capable, and better-prepared society.

Appendix 8: The Case for Government Support: a cross-sector comparison

Overview

Across multiple decades and domains, UK Government has repeatedly invested in life-saving public-safety measures even when the precise number of lives saved could not yet be quantified. This pattern reflects a clear and consistent policy principle:

> **When causal mechanisms are certain, costs are proportionate, and the consequences of inaction are unacceptable, Government acts — even if precise quantification is unavailable.**

This section demonstrates how four major Government interventions followed this logic, and how the same rationale applies directly to the development of a national post-crash bystander response system.

Public Access Defibrillators (AEDs)

Government action

Between 2000 and 2004, the Government funded the installation of public-access defibrillator sites as part of the Department of Health's Public Access Defibrillation Programme.

Evidence base at the time:

- No UK-wide survival data existed.
- The Government openly acknowledged it did not know how many lives AEDs would save.
- The programme was launched partly to generate that evidence.
- Why the Government acted anyway:
- The causal mechanism was certain: early defibrillation improves survival in cardiac arrest.
- Costs were modest and benefits potentially large.
- Waiting for quantification risked unnecessary deaths.

Martyn's Law & Protective Security of Crowded Places

Government action

Following the Manchester Arena attack (2017), the Government invested heavily in protective security measures, revised CONTEST, expanded ACT Awareness training, and developed Martyn's Law.

Evidence base at the time:

- The Home Office stated that it was not possible to quantify how many lives such measures might save.
- The Manchester Arena Inquiry confirmed that preventative security is "difficult to measure."
- Why the Government acted anyway:
- Terrorist attacks are rare but catastrophic.
- Preparedness and protective security reduce casualties.
- The moral and statutory duty to prevent another mass-casualty event outweighed the lack of quantification.

Workplace First Aid (HSE)

Government action

The Health and Safety at Work Act (1974) and the First Aid Regulations (1981) mandated that employers provide trained first-aiders, equipment, facilities and appropriate response capability.

Evidence base at the time:

- No empirical UK data existed on the number of lives workplace first aid would save.
- HSE has since acknowledged that first-aid effectiveness cannot be precisely quantified.

Why the Government acted anyway

- The risk of workplace injury is foreseeable and unavoidable.
- Employers have a duty of care under statute.
- First aid was considered an obvious necessity even without numerical evidence.

Appendix 8: The Case for Government Support: a cross-sector comparison

Smoke Alarms & Fire-Safety Education

Government action

From the early 1980s onwards, the Government funded national campaigns promoting smoke alarm installation and introduced requirements for alarms in new homes (1991 Building Regulations).

Evidence base at the time:

- There were no quantified UK estimates of fire deaths prevented.
- Early fire-safety campaigns preceded any domestic impact analysis.
- The 1991 regulatory impact assessment did not include quantified life-saving projections.

Why the Government acted anyway

- Causal logic was undeniable: early detection increases escape time and reduces fatalities.
- The cost of smoke alarms was low and declining.
- Fire deaths were considered preventable and morally unacceptable.

The Proposed National Post-Crash Response System

Evidence base today:

- Decades of trauma literature confirm early bystander intervention reduces mortality and injury severity.
- Catastrophic bleeding and airway obstruction - the two significant causes of preventable pre-hospital deaths – are, in some cases, treatable with skills that can be learnt with relative ease.
- The exact annual number of UK lives saved is not yet quantified due to structural gaps in pre-hospital data.

Why the Government should act now:

- The causal relationship is clear and undisputed.
- The cost is modest and primarily borne by employers, not Government.
- The potential benefit is significant across public safety; addressing the inequality in first-aid provision for at-work drivers; increasing and improving national resilience; lone-worker protection; and Safe System delivery.

Conclusion

The Government has a proven track record of investing before quantification. The proposed post-crash response system clearly fits this pattern.

The examples above demonstrate that Government:

- Acted on strong causal logic
- Did not wait for quantified life-saving estimates
- Prioritised risk reduction and moral duty
- Invested in low-cost, high-value interventions
- Accepted uncertainty where consequences of inaction were unacceptable

The proposed national post-crash response system matches all these conditions.

It is therefore entirely consistent with Government policy tradition, and Treasury Green Book principles, for the Government to support this development now, even before full quantification is available.

Keyword Index

Keyword	Definition / Relevance	Section(s)
Post-Crash Response	Immediate actions following a road traffic collision (RTC); recognised as Pillar 5 of the Safe System.	Introduction, Executive Summary, throughout
Driver First Assist (DFA)	CIC providing incident management and trauma first aid training for at-work drivers; author of this White Paper.	Preface, Throughout
At-Work Drivers	Occupational drivers whose workplace is the road network; a group facing first-aid inequality.	First-Aid Inequality, Compliance Deficit
First-Aid Inequality	Exclusion of at-work drivers from workplace first-aid provision, creating preventable risk.	Section 1
Compliance Deficit	Employers' failure to meet HSE and HSWA obligations to assess driver safety competencies.	Section 2
Health and Safety at Work etc. Act 1974	UK legislation requiring employers to protect employees' health and safety "so far as reasonably practicable."	Appendix 4
HSE – Driving and Riding Safely for Work	Key guidance document outlining employers' legal obligations for driver safety management.	Section 2, Appendix 4
Vision Zero / Safe System	Global framework aiming to eliminate fatalities through five systemic pillars; DFA addresses Pillar 5.	Introduction, Conclusion
Road Injury Chain of Survival	Evidence-led framework developed by Prof. Tim Nutbeam and IMPACT to improve bystander intervention.	Introduction, DFA Development
Bystander Responder Network	Community of trained drivers capable of immediate lifesaving intervention.	Executive Summary, DFA Development
Incident Management	Core DFA training module: scene safety, dynamic risk assessment, casualty care.	Training Sections
Dynamic Risk Assessment	Continuous evaluation of hazards and control measures in changing conditions.	Martyn's Law, Training Sections
Trauma-Based First Aid	Practical, evidence-based emergency care skills tailored to RTC environments.	Training Sections
Good Samaritan / SARAH Act 2015	UK legal protection for those assisting others in emergencies.	Misplaced Fear of Litigation
Martyn's Law (Terrorism Protection of Premises Bill)	Legislation on emergency preparedness; DFA aligns with its principles of readiness and protection.	Section: Relevance to Martyn's Law; Appendix 5
Cardiac Arrest / AEDs	Sudden cardiac arrest response; DFA training raises awareness and supports AED adoption.	Cardiac Arrest Section
National Highways Partnership	Example of DFA's practical collaboration with government to strengthen post-crash response.	Section: Working in Partnership
IMPACT Research Team	Academic partner led by Prof. Tim Nutbeam advancing post-crash science.	Introduction, DFA Development
Vision Zero Pillar 5 Leadership	DFA's role in operationalising Safe System post-crash response nationally.	Conclusion
Business-Funded Training Model	Sustainable mechanism: employers finance training, ensuring compliance without Treasury funding.	Funding, Government Support
Insurance Industry Involvement	Insurers as catalysts for risk reduction through driver training incentives.	Role of Insurers
ESG / CSR Alignment	DFA's contribution to Environmental, Social, and Governance goals via social impact and compliance.	Funding Model
Optimism Bias	Psychological factor leading to underestimation of risk; addressed by DFA training.	Appendix 3
Behavioural Transfer / Situational Awareness	Cognitive frameworks explaining how incident response skills improve general driving safety.	Appendix 2
Lone Workers	Classification proposed for at-work drivers due to isolated, high-risk conditions.	First-Aid Inequality
AED Market Development	Emerging opportunity for domestic defibrillator adoption linked to DFA training.	Cardiac Arrest Section
Safe System Pillar Five	"Post-Crash Response" — the least developed but potentially most life-saving component.	Throughout

About Driver First Assist (DFA)

Driver First Assist (DFA) is a financially self-supporting, not-for-profit Community Interest Company delivering a nationally scalable post-crash response capability. Established in partnership with the emergency services, DFA addresses a critical gap in the UK Safe System by enabling trained drivers to act as competent bystander responders at road traffic collisions.

DFA equips professional and at-work drivers with the skills to intervene early — preserving life, preventing further harm, providing accurate situational intelligence to the emergency services, and reducing secondary risk and network disruption in the crucial minutes before emergency responders arrive.

DFA operates across the public and private sectors, delivering accredited digital and face-to-face training for national infrastructure operators (National Highways), regulators (DVSA), fleet operators and government bodies, and maintaining an active community of trained responders.

DFA's approach has been developed in close collaboration with police, fire and ambulance services and is supported by national emergency service leadership organisations, including the Association of Ambulance Chief Executives, the National Police Chiefs' Council and the National Fire Chiefs Council, ensuring operational credibility, consistency and real-world effectiveness.

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