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| **Policy Title:** Driver Safety |
| **Policy Author:** Director of Human Resources |
| **Replaces:** N/A - New |  |
| **Director Signature:** | **Date:** |
| **CEO Signature** | **Date:** |

1. **Policy:**

Employees of XXXXX Health (XXXXX) may be authorized to use company-owned motor vehicles to fulfill job duties or other assignments as required. Due to the risk of motor vehicle accidents resulting from traffic congestion, unsafe driving habits, road conditions and distraction, XXXXX has instituted this safety driving policy.

Motor Vehicle Reports (MVRs) are obtained and reviewed to ascertain whether an employee holds a valid license and whether his or her driving record is within the parameters set by XXXXX to be authorized to drive a company-owned vehicle.

XXXXX will ensure that all company-owned vehicles receive proper maintenance and periodic inspections.

1. **Procedures:**

Department leaders are responsible for identifying employees who may need to use company-owned motor vehicles to fulfill job duties and responsibilities.

A request is made by the leader to their senior leader who must give approval.

For all authorized employees, a staff member from the Finance Department is responsible for obtaining consent from the employees to run the MVR, ordering initial MVRs, requesting updated report following an accident or incident raising cause or concern, and obtaining updated MVRs annually.

Once approved, notice is given to the Executive Assistant and Finance Department who is responsible for maintaining the current authorized driver list.

**Driver Criteria & Administration:**

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. More than one violation for driving under the influence of alcohol or a controlled substance will result in permanent suspension of driving privileges.
2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years.
3. Any of the following violations incurred in the previous three years:
	1. Any combination of more than three moving violations (any violation resulting in an at-fault auto accident automatically counts as two violations).
	2. Any violation less than three years old for an alcohol- or controlled substance-related driving offense.
	3. Refusing to take a breathalyzer test.
	4. Careless or reckless driving that results in injury to persons or property.
	5. Passing a stopped school bus.
	6. Leaving the scene of an accident without stopping to file a report.
	7. Racing
4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months

**Driver Safety Rules:**

All employees authorized to drive company owned vehicles will receive training on the below-listed safety rules. The training will be facilitated and provided either by in-person training sessions, through XXXXX’s Healthstream education portal, or as provided by the insurance carrier’s training resource center.

1. Inspect vehicles prior to use to ensure that they are in safe operating condition.
2. If a vehicle does not pass inspection, contact supervisor.
3. Vehicles are not to be operated unless in a safe operating condition.
4. Drivers must be physically and mentally able to drive safely. Fatigue, medications and physical injuries can affect an employee’s ability to safely operate a vehicle.
5. Drivers must conform to all traffic laws and make allowances for adverse weather and traffic conditions. Speeding and aggressive behavior will not be tolerated.
6. Seat belts must be worn whenever a vehicle is in motion.
7. Headlights shall be used 2 hours before sunset and until 2 hours after sunrise, or during inclement weather or at any time when a distance of 500 feet ahead of the vehicle cannot be clearly seen.
8. Cell phone usage, including texting, and other use of electronic devices is prohibited while driving. Drivers are to pull off and park in a safe and legal space to make/return calls, access electronic devices, etc.
9. Use of radar detectors is forbidden in all vehicles owned or used by the company.
10. Hitchhikers and passengers other than company employees are not permitted.
11. Cargo should be secured and all doors should be locked, both when the vehicle is en route and when it is parked.
12. Respect the rights of other drivers and pedestrians.
13. Drivers may not be under the influence of drugs or alcohol while operating a vehicle for company purposes.
14. All traffic violations, whether on company or personal time, must be reported to the manager within 24 hours or by the next business day.
15. Employees are responsible for maintaining a valid driver’s license. If an employee has a change in license status, including a renewal, he or she must give a copy of his or her new license to the supervisor for the employee’s file.

**Accidents:**

In an attempt to minimize the results of an accident, the driver must prevent further damages or injuries and obtain all pertinent information and report it accurately. Each company owned vehicle will include a packet of information that provides information on the following procedures for an employee to follow in the event of an accident:

* Call for medical aid if necessary.
* Call the police. All accidents, regardless of severity, must be reported to the police. If the driver cannot get to a phone, he/she should write a note giving location to a reliable appearing motorist and ask them to notify the police.
* Record names and addresses of driver, witnesses, and occupants of the other vehicles and any medical personnel who may arrive at the scene.
* Provide documentation as available – take pictures of the vehicle(s) and surrounding area, record the license number of other drivers, insurance company names and policy numbers of other vehicles, make, model and year of other vehicles, date and time of accident, and overall road and weather conditions.
* Do not discuss the accident with anyone at the scene except the police. Do not accept any responsibility for the accident. Don’t argue with anyone.
* Provide the other party with your name, address, driver’s license number, and insurance information.
* Immediately report the accident to your Supervisor, AOC, or Director of Human Resources. Provide a copy of the accident report.
* As directed, complete post-accident drug/alcohol testing.

Assigned supervisors and staff will review all accidents and determine whether they were preventable or non-preventable. A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to prevent it from occurring.

Upon review of the accident details and the employee’s overall driver safety record, a determination will be made if there should be changes in policy and procedure or if other corrective action (such as training, equipment changes, etc.) should be implemented to enhance the safe operation of company vehicles.

As appropriate, recommendations will be made by the Director of Human Resources, EOC team lead and/or Senior Team member as to if/when driving privileges of an employee should be revoked.

***Employees will be subject to disciplinary action for violating any of the above safety rules. Refer to HR.14 Counseling and Corrective Action Policy and Procedure.***

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|  |  | VEHICLE CHECKLIST |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Date/Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Vehicle make and color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| ITEM |  |  | PASS |  | FAIL |  | COMMENT |  |
| Headlights  |  | \_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Turn Signal |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brake Lights  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Horn |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Windshield Wipers |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Washer Fluids  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Glass  |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parking Brake |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brake Function  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tires  |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fuel  |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tire Pressure  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Oil Level  |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Coolant  |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rearview Mirrors |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Defrost |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A/C |  |  | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Spare Jack and Wrench | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Accident Reporting Kit | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| Comments  |  |  |  |  |  |  |  |  |