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Driving

EFFECTIVE DATE: January 1, 1996

REVISED DATE: May 1, 2009

Purpose: To provide MEDIC EMS employees who are required to drive a guideline for driving privileges including initial training, operations, and accident reporting.

Policy: Training/Education - New Employees

1. All pre-employment candidates will submit a current state motor vehicle record and a valid Chauffeur's level driver's license to the Company upon or before entering the interview process.
2. New employees with driving privileges will be oriented to the MEDIC EMS Driving Instruction Program which includes:
 - a) Didactic training:
 - i) State of Iowa Code(s) governing Authorized Emergency Vehicles
 - ii) MEDIC EMS policy on emergency and non-emergency driving:
 - (1) Scene safety
 - (2) Use of safety devices
 - (3) Use of lights and sirens
 - (4) Allowable speed
 - (5) Backing of vehicles
 - (6) Cell phone use
 - (7) Reporting of accidents
 - b) Practical driving training
 - i) Weeks 1 & 2. Observe emergency driving techniques and assist from the front seat with map directions.
 - ii) Week 3. Performs all non-emergency driving duties under the supervision of another crew member when not engaged in patient care.
 - iii) Week 4. Performs all emergency and non-emergency driving duties under the supervision of another crew member when not engaged in patient care.
3. New employees with driving responsibilities must successfully complete an initial driving test under the supervision of a designated staff evaluator as part their driving certification process. Components of this practical assessment include:
 - a) Rig check
 - b) Location of various physical addresses
 - c) Traffic awareness
 - d) Demonstration of emergency and non-emergency driving proficiency

Policy: Training/Education - Current Employees

1. Employees with driving privileges must successfully complete a written map test annually.
2. MEDIC EMS will provide employees with driving privileges annual driving education.
3. Remediation training will be conducted on an individual basis as necessary based upon an employee's driving performance.

4. The Company insurance carrier will screen all employees' driving record every 6 months. Motor Vehicle Records that are deemed uninsurable by the Company Insurance Carrier will be reviewed by the Executive Director to determine the feasibility of the employee's continued employment status.
5. Excessive violations, an OMVI (operating a motor vehicle under the influence), or excessive chargeable collisions discovered and verified by the Company or the insurance company may result in suspension/revocation of the employee's driving privileges and/or employment discipline, up to and including termination.
6. Management reserves the right to suspend or revoke an employee's driving privileges due to improper vehicle usage.

Policy: Driving of Emergency Vehicle

1. A chargeable collision is defined as a collision which is the result of carelessness or negligence of an employee and which results in personal injury and/or property damage. Any collision involving impact of a Company vehicle with any stationary object and all collisions in which the insurance carrier or a court of law finds that the driver of a Company vehicle is 33% or more negligent shall be considered a chargeable collision.
2. Ambulance personnel will operate MEDIC EMS emergency vehicles according to Company policy, which meets or exceeds those requirements as set by **Iowa State Motor Vehicle Law sections 321.231, Authorized Emergency Vehicles:**
 - a) *The driver of an authorized emergency vehicle, when responding to an emergency call...may exercise the privileges set forth in this chapter.*
 - b) *The driver of any authorized emergency vehicle may:*
 - i) *Park or stand an authorized emergency vehicle, irrespective of the provisions of this chapter. (Note: may park an emergency vehicle on streets or highways when necessary; **MEDIC EMS policy requires that, operators will exercise due regard when parking an emergency vehicle, positioning it away from the flow of traffic whenever possible.**)*
 - (1) *Disregard laws or regulations governing direction of movement for the minimum distance necessary before an alternative route that conforms to the traffic laws and regulations is available. (Note: An emergency vehicle may travel the wrong way on a one-way street when necessary to the nearest intersection, where an alternative route is available.) **(MEDIC EMS policy requires that you may travel in the wrong direction on a one-way street if it is a short distance and it is done safely.)***
 - c) *The operator of an ambulance may:*
 - i) *Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation. **(MEDIC EMS policy requires all operators of all vehicles to come to a complete stop at all red traffic signals or stop signs. MEDIC EMS policy also requires operators of all vehicles to slow to confirm right-of-way at all intersections, including those with a green light signal.)***
 - ii) *Exceed the maximum speed limits so long as the driver does not endanger life or property. **(MEDIC EMS policy requires operators responding to emergency calls not to exceed the posted speed limit by greater than 10 m.p.h.)***
 - d) *The exemptions granted to an authorized emergency vehicle shall apply only when such vehicle is making use of an audible signaling device or visual signaling device. **(MEDIC EMS policy requires that both the audible signaling device and the visual signaling device will be used on ALL emergency calls when the vehicle is moving, except on long distance transports when on a highway.)***

3. The decision to respond or transport emergently is based on the following criteria:
 - a) Initial response to the scene
 - i) All emergency requests originating from a primary PSAP unless otherwise advised.
 - ii) All other incoming requests as determined by NAED Priority Dispatch protocol
 - b) Transporting patient(s) to destination
 - i) Decision will be made by the Paramedic Specialist in charge and based on the condition of the patient
 - ii) Examples of patient conditions that may necessitate a lights and sirens transport to the hospital may include, but are not limited to:
 - (1) Trauma alert with time critical injuries
 - (2) Cardiac arrest
 - (3) Respiratory arrest
 - (4) M.I. Alert
 - (5) Stroke Alert
 - (6) Altered level of consciousness

4 . MED-COM may instruct an ambulance (s) to expedite (run lights and sirens) to their destination(s) **ONLY under the following situation:**

- a) A MEDIC EMS ambulance resource (full crew and vehicle) is not available to immediately respond to a current or impending emergency dispatch request.

5. All expediting emergency response vehicles MUST adhere to all requirements as set by Iowa State Motor Vehicle Law sections 321.231, Authorized Emergency Vehicles, and MEDIC EMS policy.

6. At such time that ambulance resources become available, MED-COM will advise the crew(s) to downgrade transport to a non-lights and sirens mode.

7. The foregoing provisions shall not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of the driver's reckless disregard for the safety of others.

Policy: Use of cellular phones in company vehicles

1. Use of cellular phones is NOT ALLOWED by either the driver or the front seat passenger of an ambulance when traveling emergently.
2. Use of cellular phones is NOT ALLOWED by the driver of an ambulance under any circumstances.
3. While a patient is in the ambulance, the only approved use of cellular phones is to conduct company business deemed absolutely necessary, such as contacting medical control, a receiving facility, or for operational needs.
4. The use of hands-free cellular technology is approved for use by management staff for the sole purpose of conducting company-related function(s).

Policy: Collisions/Accidents/Moving Violations and Chargeable Collisions involving Company vehicles

1. Any chargeable collision/accident/moving violation involving a company vehicle will result in the following disciplinary action(s):
 - b) **First Offense:**
 - i) Collision resulting in \$400 or less will result in PIC, this total will include any other vehicle/property damaged.
 - ii) Collision resulting in more than \$400 or more will result in an oral warning
 - c) **Second Offense:**
 - i) Any collision with damage will result in a written warning
 - d) **Third Offense:**
 - i) Any collision with damage will result in review for dismissal
2. One year without a collision will clear the employee's record of any infractions of this policy
3. Driving offenses are accumulated as driving Corrective Action only. This is a separate Corrective Action area.
4. In the event that an employee is involved in a collision/accident while in the process of responding to a dispatch, the crew is required to notify the Shift Supervisor immediately.
5. FAILURE TO MAKE A VERBAL REPORT TO THE SHIFT SUPERVISOR IMMEDIATELY FOLLOWING A COLLISION WITH A COMPANY VEHICLE AND FAILURE TO FILE A WRITTEN REPORT WITHIN 24 HOURS AFTER THE ACCIDENT MAY RESULT IN IMMEDIATE DISMISSAL OF ALL EMPLOYEES WHO WITNESSED OR WERE INVOLVED IN THE COLLISION.
6. IF DAMAGE IS FOUND ON A VEHICLE AND NOT REPORTED TO A SUPERVISOR, THE CREW THAT WAS LAST ASSIGNED TO THAT VEHICLE MAY BE CHARGED FOR THE DAMAGE.

Policy: Backing of Vehicles

1. Many ambulance accidents occur while backing. In order to avoid backing accidents a spotter will be used at all times when available.
2. Avoid backing whenever possible. When parking, position the ambulance so that you will not be required to back up when leaving. Do not start to back up when unsure of the area. Do not put the ambulance in reverse gear before coming to a complete stop.
3. Roll the window down completely in order to make visual and verbal contact with your spotter.
4. If no spotter is available, reconsider backing up. If backing is necessary, make a reasonable attempt to get someone to act as a spotter. If a spotter cannot be obtained, get out of the ambulance and walk around it completely to survey the backing area. Before proceeding to back the unit, be sure to check the overhead clearance.
5. Driver Responsibilities:
 - a) Use a spotter if possible.
 - b) Bring unit to a complete stop.

- c) Roll window down completely.
 - d) Make verbal and visual contact with the spotter. If you cannot hear the spotter, don't back up.
 - e) Make sure the spotter is eight to ten feet to the left rear of the ambulance.
 - f) Be able to see the spotter in the left rear view mirror. If you can't see the spotter, don't back up.
 - g) Establish and maintain continuous eye-to-eye contact in the left rear view mirror at all times.
 - h) Drivers and spotters must have a thorough knowledge of the hand signals to be used.
 - i) Follow the hand signals of the spotter. Do not begin to back up until signaled to do so.
6. Spotter Responsibilities:
- a) Get out of the ambulance and survey the right side and rear area for obstacles that would damage the ambulance. Check overhead clearance.
 - b) Place yourself eight to ten feet to the left rear of the ambulance.
 - c) Make sure the driver can see and hear you.
 - d) Be familiar with hand signals before allowing backing maneuver to begin.
 - e) Maintain eye contact with driver at all times through the left side rear view mirror and direct the driver using approved hand signals.