



Turning Points for Children

SUBJECT: TRAVEL SAFETY POLICY

DATE ISSUED: April 22, 2015 (Addition: June 1, 2015)

REVISION: This Travel Safety Policy is inclusive of the following policies in TPFC Handbook (Last Updated December 2013)

Section I: Employment

113 Reimbursable Expenses

114 Mileage Reimbursement, Site Visits, and Submission of Client Documentation

115 Travel and Use of Personal Automobile

Section VII: Employee Health and Safety

710 Use of the Agency/Personal Vehicle

CONTENTS:

- I. Scope**
- II. Purpose**
- III. Definitions**
- IV. Code of Conduct**
- V. Transportation Options**
- VI. Responsibilities**
- VII. Driver Education and Training**
- VIII. Fleet Specifications and Maintenance**
- IX. Accidents and Reporting**
- X. Road Side Assistance (Agency Vehicle)**
- XI. Theft**
- XII. Traffic Violations**
- XIII. Insurance**
- XIV. Non-smoking**
- XV. Cell phone usage**
- XVI. Expense Reimbursement**
- XVII. Mileage Reimbursement**

Appendix A: Employment Application Driver Selection Supplement

Appendix B: Driver Qualification Checklist

Appendix C: Vehicle Accident Report

I. Scope:

This policy covers all Turning Points for Children employees who operate vehicles on TPFC business. It will be reviewed by managers and supervisors to ensure full implementation and compliance.

II. Purpose:

Many employees operate TPFC-owned, leased, rental **or** personal vehicles as part of their jobs. Employees are expected to operate vehicles safely to prevent accidents that may result in injuries and property loss. It is the policy of TPFC to provide and maintain a safe working environment to protect our employees and the citizens of the communities in which we provide services from injury and property loss. TPFC is committed to promoting a high level of safety awareness and responsible driving behavior in its person injury and property loss claims. This policy requires the full cooperation of each driver to operate their vehicle safely and to adhere to the responsibilities outlined.

III. Definitions:

The Agency— Turning Points for Children (an affiliate of PHMC)

The Fleet— The Fleet consist of all TPFC owned or leased motor vehicles (also referred to as Agency vehicles). TPFC maintains business auto insurance coverage on Agency owned and leased vehicles. This policy provides auto liability and property coverage for TPFC's authorized staff usage of Agency vehicles.

Fleet Driver— A Fleet driver is any employee or authorized operator assigned or allowed to operate a fleet or Agency vehicle.

Personal Vehicle— An employee's personal vehicle used for business purposes. When authorized employees use their personal vehicle for authorized travel on behalf of the Agency, and receive (or are eligible to receive) mileage reimbursement, their personal auto insurance coverage is primary and the Agency's coverage is secondary for liability coverage only. The Agency's insurance will cover only liability claims in excess of the owner's policy limit. It does not cover collision damage, theft, or insurance deductibles.

Personal Vehicle Driver—A Personal Vehicle driver is any employee that operates their personal vehicle for agency business.

MVR (Motor Vehicle Record)—A certified copy of an individual's driving record for at least the last 3 years of operation, obtained from the Department of Motor Vehicles in the state in which the driver's license is issued.

Drivers are classified according to vehicle use and the amount of time spent driving, according

to the following categories:

Category I—Incidental Drivers: Includes automobile and light truck drivers who operate vehicles for transportation to and from work locations or for light or incidental pick-up and delivery work. Intended for employees whose job classification requires operation of a vehicle less than 50% of total time.

Category II—Regular Drivers: Includes any employee classified as a driver. Intended for employees who regularly spend more than 50% of their time operating vehicles.

IV. Code of conduct

Requirements:

Any driver of a Agency vehicle (or driving on Agency business in any manner) must meet the following requirements:

- Possess a valid driver's license
- Maintain an acceptable driving record per Agency policy
- Meet the minimum insurance coverage standards required by the State of PA from their own personal insurance carrier.
- Submit proof of their personal vehicle insurance at hire, and every six months at the Agency's request.
- *Only authorized staff may transport clients for agency business. CUA staff ONLY have this authorization. No other staff are permitted to transport clients.*
- Follow the guidelines stated in this policy at all times

Prohibited Actions:

The following actions in Agency vehicles will be viewed as serious breaches of conduct and dismissal may be a consequence:

- Drinking or being under the influence of drugs while driving.
- Driving while disqualified or not correctly licensed.
- Reckless or dangerous driving causing death or injury.
- Failing to stop after a crash.
- Acquiring demerit points leading to suspension of license while driving a Agency vehicle.
- Any actions that warrant the suspension of a license.
- Allowing an unauthorized individual to operate, or ride in, a Agency vehicle. No exceptions. If unauthorized use results in an accident, the responsible employee will be required to make restitution for the damages.
- Personal use of an Agency vehicle or an Agency-rented vehicle.

V. Transportation Options

The following options for transportation may be available to employees, *as authorized*, in the carrying out of their assigned responsibilities. Preference is to use Agency Owned Vehicles whenever possible. If not possible, preference should be used in the order below:

- Agency Owned Vehicle (Fleet)
- Taxis
- Car Share (eg. Enterprise Car Share, Zip Cars, Philly Car Share)
- Public Transportation
- Personal Vehicle
- Rental vehicle

VI. Responsibilities

All new employees assigned to driving duties will:

- Complete the Employment Application Driver Selection Supplement (**Appendix A**)

Drivers of an Agency vehicle or Personal Vehicle will:

- Always operate motor vehicle in a safe manner and in compliance with local, state and federal regulations.
- Participate in Fleet and Driver Safety training program
- Immediately notify Human Resources and your Supervisor if their driver license has been suspended or cancelled, or has had limitations placed upon it.
- Be responsible and accountable for their actions when operating an Agency vehicle or driving another vehicle for the purposes of work.
- Drive within the legal speed limits, including driving to the conditions.
- Wear a safety belt at all times, and *ensure the use of age-appropriate passenger restraints and carseats*
- Never drive under the influence of alcohol or drugs, including prescription and any over the counter medications that cause drowsiness.
- Report any near-hits, crashes and scrapes to your Supervisor, including those that do not result in injury, and follow the crash procedures outlined in this policy.
- Report vehicle defects to your Supervisor before the next vehicle use.

Drivers of Personal vehicles additionally will:

- Maintain auto liability insurance. Agency preference would be at the level of \$100,000 personal automobile liability insurance.
- Understand that in the event of an accident, the employee's insurance is primary and the employee is responsible for paying the deductible. The Agency insurance would only be implemented after the employee's liability insurance limits have been reached.
- Maintain current state vehicle inspections when required.
- Maintain personal vehicle in a safe operating condition when driven on TPFC for

business.

- If employee uses a personal vehicle that is owned or insured by a friend or a family member, TPFC's policy will not provide secondary coverage.

Drivers of Rental Vehicles will:

- Lease vehicles only for business reasons authorized by Program Director
- Lease vehicles from approved vendors, such as Avis, Enterprise, Philly Car Share, etc.
- Collision damage will be refused
- Obtain all insurance coverage offered by the rental Agency.

Supervisors will:

- Investigate any employee accidents involving a motor vehicle used in performing TPFC business.
- Ensure every accident report goes to Director, and HR Business Partners, with a cc to TPFC Chief Finance Officer.
- Identify areas of training needed.

Agency will:

- Ensure Fleet vehicles are appropriately stocked with safety equipment and maintained according to manufacturer specifications.
- Provide training at New Hire Orientation on Driver Safety
- For any accident involving significant property damage to a third party or any physical injury, however minor, TPFC will cooperate with insurance carriers, their investigators, TPFC's own insurance agent and counsel in any investigation.
- Will prepare status reports on driving violations or safety concerns to appropriate members of TPFC Leadership and Safety Committee.

Agency (along with HR) will:

- Review employee's past driving performance and work experience
- Review the employee's MVR at hire and every six months (or more frequently if needed)
- Identify program violators or poor drivers and take appropriate action to manage high risk drivers.
- Ensure that employee has a valid driver's license
- Review employee's Personal Auto Liability insurance at hire and every six months (or more frequently if needed)
- Maintain a driver qualification file that includes
 - Application for Employment
 - Driver Selection Supplement form (**Appendix A**)
 - Interview notes
 - MVRs
 - Inquiries to past employers
 - Driving Training information

Ineligibility to Drive for Agency Business: the following records will cause ineligibility for employee to drive for agency business)

- No valid driver's license
- More than two preventable (at-fault) accidents in last three years, or more than one in the past year
- More than five moving violations in the last three years, or more than two in the past year
- Homicide involving a vehicle
- Using a vehicle to elude an officer
- Hit and Run
- Manslaughter with a vehicle
- Felony with a vehicle
- False report to law enforcement
- Permitting an unlicensed driver to drive
- Conviction of any of the following within the past three years:
 - Driving under the influence of alcohol or drugs
 - Refusal to submit to an alcohol or drug test
 - Moving violation for negligent or careless driving

VII. Driver Education and Training

In order to reduce the number of vehicle accidents and to instill safety awareness among drivers, all staff who drive are required to take the Defensive Driver Training on PHMC University. The training includes the following topics:

- Learning to Drive Defensively
- Understanding and adhering to safety tactics and practices
- Inspecting your vehicle
- Adjusting mirrors, controls and seatbelts
- Minimizing distractions
- Scanning the environment
- Managing space and speed
- Making Safe Turns
- Identifying and responding to potential accident situations before they happen

VIII. Fleet Specification and Maintenance

Vehicles purchase or leased should be capable of performing the task to be done and equipped with all necessary safety equipment for safe operation and protection of the driver and passengers (seat belts, use of approved car seats, emergency safety equipment). Vehicles maintenance will be performed in accordance to manufacturer's specifications and recommendations. *Fleet maintenance will be managed by the Agency, while Personal Vehicle maintenance is the responsibility of the Owner.*

IX. Accidents and Reporting

- STOP
- ENSURE SAFETY
- ASSESS
- COMPLETE ACCIDENT REPORT FORM
- GIVE FORM TO SUPERVISOR

If you are involved in an accident, it is necessary to follow the procedure outlined below:

1. Immediately **STOP** your vehicle at the scene or as close to it as possible, making sure you are not obstructing traffic.
2. **ENSURE** your own safety first, and if anyone is hurt, call 911.
3. Immediately **ASSESS** what damage might have occurred to the vehicle.
4. Do not attempt settlement, regardless of how minor. Do not discuss fault.
5. **COMPLETE** the **Accident Report Form (Appendix C)** in your vehicle, obtain the names and addresses of the driver(s) involved and passengers of any vehicles involved, license numbers and registration numbers of the car(s) involved.
6. Get the name of the other party's insurance Agency and insurance policy number.
7. Get the names and addresses of witnesses, if any.
8. If law enforcement officers are present at the scene, note their names, badge and precinct numbers.
9. **Turn all information over to your Immediate Supervisor within 24 hours.**
10. Keep a copy of the Agency's authorized accident reporting form for your records.
11. Take a photograph of the scene of accident if possible.
12. Complete all reports required by local law enforcement and state motor vehicle authorities.
13. If the collision involves an unattended vehicle, you must attempt to notify the owner. If that is not directly possible, attach a note to the vehicle asking the owner to contact you. Notify the police immediately telling them that you have attempted to make contact with the owner.
14. If Agency car is not drivable, obtain business card for repair place where car is towed.
15. For personal vehicle, call your insurance Agency and follow their instructions. It is up to your insurance to cover fixing the vehicle.

X. Road Side Assistance (Agency Vehicle)

If, when driving an Agency vehicle, roadside assistance is required, use the card in the glove compartment to call **Encore Protection** for help. The card will have the appropriate information to provide when you call.

The telephone number is **866-520-4405**.

XI. Theft

Agency vehicle: In the event of theft or damage to Agency vehicle, notify local police and your Supervisor immediately and complete an incident report. You will be notified on how to arrange for repairs or replacement of the vehicle.

Personal vehicle: In the event of theft or damage to your personal vehicle, notify police and your personal insurance carrier immediately and complete an incident report.

TPFC Property: Employees are responsible for TPFC property such as computers, or work equipment. TPFC will not reimburse employees for property stolen from the vehicle.

XII. Traffic Violations

Should the employee, for any reason, receive a summons for a traffic violation or a parking ticket, in regard to work related driving, the employee must pay it as soon as possible. All traffic violations and parking tickets should be reported to the Supervisor as quickly as possible. Under no circumstances are traffic and parking fines to be charged to Turning Points for Children.

XIII. Insurance

TPFC maintains business auto insurance coverage on Agency owned and leased vehicles. This policy provides auto liability and property coverage for the authorized staff usage of Agency vehicles.

When authorized employees use their personal vehicle for authorized travel on behalf of the Agency, and receive or are eligible to receive mileage reimbursement, their personal auto insurance coverage is primary and TPFC's coverage is secondary for liability coverage only. The Agency's insurance will only cover liability claims in excess of the owner's policy limit. In the event of an accident, payment of the deductible is the responsibility of the employee.

If employee uses a vehicle that is owned or insured by a friend or family member, TPFC's policy will not provide secondary coverage.

Insurance and registration cards will be kept in the glove compartment at all times, along with copies of this policy and copies of the Accident Reporting Form.

XIV. Non Smoking Policy

Smoking is not permitted at any time in any of the Turning Points for Children Vehicles. Any breach of this may result in disciplinary action being taken.

XV. Cell Phone Usage

It is illegal in PA to use your cell phone while driving to send or receive texts, emails, or messages of any kind. It is not illegal to make phone calls while driving. However, if you must make or receive a call while driving, pull off the road whenever possible, use a hands-free device, and do not participate in emotionally heated conversatins.

XVI. Expense Reimbursement

The Agency will reimburse individuals for reasonable, necessary, appropriate, and approved travel and business expenses incurred in the performance of TPFC business.

Employees are responsible for all costs associated with routine travel between their homes and the Agency. However, TPFC will reimburse necessary and reasonable mileage, toll, parking, and public transportation expenses for authorized work-related travel in excess of routine home to office mileage, including travel expenses associated with authorized meetings and conferences. When using personal vehicles, TPFC does not pay for gas, as gas is included under mileage reimbursement. In Agency Owned Vehicles, gas is purchased via employee’s Agency Credit Card. Any tickets acquired as a result of speeding or parking violation are the responsibility of the employee. (See XI. Traffic Violations)

Expense reimbursement for travel to meetings/conferences outside of Philadelphia:

| Type of Expense | Reimbursement Rate |
|---|--|
| Travel to and from destination | Lowest authorized economy or tourist regularly scheduled air or train fare. * |
| Hotel Expenses | Lowest authorized available rate at an appropriate hotel * |
| Meals amount | Up to the Agency’s current maximum approved * |
| Public transportation | The lower of the BAO published rate or the current City of Philadelphia published rate |
| Travel within Philadelphia by public transportation | Actual out-of-pocket expenses |

*(Package deals that provide best total cost can include travel, hotel, meals)

Expenses for reimbursement are to be submitted via *Expensify* with all valid receipts.

XVII. Mileage Reimbursement

Employees will be reimbursed for mileage incurred on their personal vehicles while conducting site visits on behalf of the Agency. Mileage reimbursement covers the cost of wear and tear on the vehicle, as well as gas. Site visits include Home visits, medical provider appointments, school visits, court hearings, and any other approved service or visit.

Mileage is recorded in real time via *Expensify* through the “Track Distance” feature. Tracking options are Distance, Odometer, or GPS. Mileage reimbursements are Direct Deposited into the Employee’s account.

Employee Name (Print) : _____

Employee Signature (Sign): _____

Date: _____

Appendix A

EMPLOYMENT APPLICATION DRIVER SELECTION SUPPLEMENT

(to be filled out by all employees and kept in personnel file. Going forward will be filled along with New Hire documentation)

| | | | | |
|--|-----------------------|--------------------------|---------------|----------------|
| Applicant Name | | Date | | |
| Present Street Address | | Social Security # | | |
| City, State, Zip | How Long? | Telephone # | | |
| Driver Licenses (List all licenses in space below) | | | | |
| State | License Number | Expiration Date | | |
| | | | | |
| | | | | |
| Personal Auto liability insurance is maintained with at least \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Traffic Violation Record (List all Traffic Convictions and Forfeitures in the Past 3 Years except Parking Violations) | | | | |
| Location | Date | Court | Charge | Penalty |
| | | | | |
| | | | | |
| | | | | |
| Has your License or Permit to Operate a Motor Vehicle Ever Been Suspended or Revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes. | | | | |
| Accident Record (List all accidents in which you have been involved in the past 3 years) | | | | |
| Date | Location | Description | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I certify that all the information on this application are true and complete to the best of my knowledge and that any misrepresentation could be reason for dismissal or denying employment. I authorize TURNING POINTS FOR CHILDREN to obtain a current Motor Vehicle Record on me from any state agency.

Drivers Signature

Date

Appendix B
DRIVER QUALIFICATION CHECKLIST
Sample Checklist

Driver's Name _____ **Date Hired** _____

1. EMPLOYMENT APPLICATION DRIVER SELECTION SUPPLEMENT
 - A. Applicant's current full name and address appears on application _____
 - B. Fully completed _____
 - C. Driver's license information on application _____
 - D. Application is signed and dated _____
2. Personal Auto Liability Insurance meets Turning Points for Children requirements _____
3. Motor Vehicle Record – (State)_____ _____

4. License Information or copy of license
 - A. Check expiration date _____
 - B. Check classification _____

Appendix C-- Vehicle Accident Report

In the event of an accident, fill out this form and provide to supervisor. Supervisor ensures that every accident report goes to the Director, HR Business Partner, and cc to TPFC CFO. (templates to be kept in the agency vehicle)

| | | | | | |
|--|--|---|---|--|---------------------------|
| Locations Code: (PC# / State) | | | Reference number if called into Insurance: # | | |
| Date / Time of Occurrence: | | Date/Time Reported: | | Address Of Occurrence: | |
| City: | | State: | | Zip Code: | |
| Employee Name: | | | Supervisor: Name: | | |
| DOB: / / | | Contact Number: | | Employee SS #: | |
| Date of Hire: | | Driver's License #: | | Issue State: | Expiration Date: |
| <u>TURNING POINTS FOR CHILDREN OWNED VEHICLE INFORMATION</u> | | | | | |
| Vehicle #: | | Vehicle Make: | Vehicle Model: | | Vehicle Year: |
| VIN #: | | | Plate #: | | Color: |
| Other Vehicle Information (If Multiple Vehicles use this page) | | | | | |
| Driver's Name: | | | Registered Owner's Name and Phone #: | | |
| Drivers Home Address: | | | | Daytime Phone #: | |
| City: | | State: | Zip Code: | Driver's License #: | |
| | | | | State: | |
| Vehicle Make: | | Vehicle Model: | Vehicle Year: | Color: | License Plate # and State |
| Name of Insurance Co: | | | Policy #: | | |
| Phone #: | | | Agents Name: | | |
| Describe How Incident Occurred: | | | | | |
| Were Vehicle(s) Towed: Yes No | | If Yes, Name and Phone # of Facility | | | |
| Were there Injuries: Yes No | | Name of Injured party, Describe Injuries: | | | |
| Were there passenger(s): Yes No | | Name and Phone of Passenger(s): | | | |
| Police Report # | | Reporting Officer: | | Dept: | |
| Witnesses Name: | | Witnesses Phone #: | | (Attach Diagram of Accident to Report) | |

Vehicle Accident Report

| <u>Type of Collision</u> | <u>TRAFFIC CONTROL</u> | <u>ROAD CHARACTER</u> | <u>NO OF TRAVEL LANES</u> | <u>ACCIDENT TYPE</u> |
|---|---|---|---|---|
| Turning Points for Children Vehicle <input type="checkbox"/> A. Bus <input type="checkbox"/> B. Truck <input type="checkbox"/> C. Car <input type="checkbox"/> D. Other motor vehicle <input type="checkbox"/> E. Pedestrian <input type="checkbox"/> F. Bicycle <input type="checkbox"/> G. Animal <input type="checkbox"/> H. Fixed Object <input type="checkbox"/> I. Other Object Not Fixed <input type="checkbox"/> J. Hit & Run <input type="checkbox"/> K. Fire <input type="checkbox"/> L. Overturn <input type="checkbox"/> M. Run off Road <input type="checkbox"/> N. Submersion <input type="checkbox"/> O. Other | <input type="checkbox"/> A. None <input type="checkbox"/> B. Traffic Signal <input type="checkbox"/> C. Stop Sign <input type="checkbox"/> D. Flashing Light <input type="checkbox"/> E. Yield Sign <input type="checkbox"/> F. Caution Sign <input type="checkbox"/> G. Construction Zone <input type="checkbox"/> H. RR Crossing <input type="checkbox"/> I. Police/Flagperson <input type="checkbox"/> J. Other | <input type="checkbox"/> A. Straight & Level <input type="checkbox"/> B. Straight & Upgrade <input type="checkbox"/> C. Straight & Downgrade <input type="checkbox"/> D. Straight & Hillcrest <input type="checkbox"/> E. Curve & Level <input type="checkbox"/> F. Curve & Upgrade <input type="checkbox"/> G. Curve & Downgrade <input type="checkbox"/> H. Curve & Hillcrest <input type="checkbox"/> I. Other | <input type="checkbox"/> A. One <input type="checkbox"/> B. Two <input type="checkbox"/> C. Three <input type="checkbox"/> D. Four <input type="checkbox"/> E. Five <input type="checkbox"/> F. Other | <input type="checkbox"/> A. Intersection <input type="checkbox"/> B. Struck Vehicle Ahead <input type="checkbox"/> C. Struck Vehicle Behind <input type="checkbox"/> D. Passing Damage to Passenger Side <input type="checkbox"/> E. Passing Damage to Drive's Side <input type="checkbox"/> F. Being Passed Damage to Passenger Side <input type="checkbox"/> G. Being Passed-Damage to Driver's Side <input type="checkbox"/> H. Ongoing (head on) <input type="checkbox"/> I. Backing <input type="checkbox"/> J. Struck Fixed Object <input type="checkbox"/> K. Struck While Parked <input type="checkbox"/> L. Pulling into Curb <input type="checkbox"/> M. Pulling from Curb <input type="checkbox"/> N. Pedestrian Accident <input type="checkbox"/> O. Passenger Accident <input type="checkbox"/> O. Incident |
| <u>ROAD SURFACE TYPE</u> | <u>ROADWAY SURFACE</u> | <u>WEATHER CONDITIONS</u> | <u>LIGHTING EQUIPMENT</u> | |
| <input type="checkbox"/> A. Concrete <input type="checkbox"/> B. Asphalt <input type="checkbox"/> C. Gravel <input type="checkbox"/> D. Brick or Block <input type="checkbox"/> E. Dirt <input type="checkbox"/> F. Other | <input type="checkbox"/> A. Dry <input type="checkbox"/> B. Wet <input type="checkbox"/> C. Muddy, Sand <input type="checkbox"/> D. Snow/Slush <input type="checkbox"/> E. Ice <input type="checkbox"/> F. Oil <input type="checkbox"/> G. Other | <input type="checkbox"/> A. Clear <input type="checkbox"/> B. Cloudy <input type="checkbox"/> C. Rain <input type="checkbox"/> D. Snow <input type="checkbox"/> E. Sleet <input type="checkbox"/> F. Fog <input type="checkbox"/> G. Other | <input type="checkbox"/> A. Daylight <input type="checkbox"/> B. Dusk <input type="checkbox"/> C. Dawn <input type="checkbox"/> D. Dark <input type="checkbox"/> E. Dark but lighted <input type="checkbox"/> F. Other | |
| Witness Name: | | Address and Telephone Number | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Driver's Statement (Describe the incident Completely) | | | | |

