

Fleet Safety: A Programmatic Approach to Reducing Driving Risk

Aging services and home healthcare settings present numerous potential perils, including slips and falls, equipment malfunction, and violence and abuse. However, the most dangerous place for staff and residents/clients may well be in a motor vehicle on the road. According to the [Bureau of Labor Statistics](#), automobile accidents are America's leading cause of work-related deaths, with 1,264 fatal traffic incidents occurring in 2015.

While traffic accidents involving employees may be common, they are also largely avoidable. By implementing a comprehensive safety initiative tailored to organizational needs, healthcare facilities can reduce risk and create a workplace culture that prioritizes accident prevention and defensive driving (see sidebar, [page 3](#)). This edition of *AlertBulletin*® examines the issue of fleet safety, describing the extent and cost of vehicle-related exposures and suggesting strategies to address major risk factors.

A LOOK AT THE RISKS

The [Occupational Safety and Health Administration](#) notes that a motor vehicle crash occurs every five seconds in the U.S. and that someone dies in a traffic accident every 12 minutes. While the death toll had been in gradual decline for decades, the trend has recently reversed. The [National Safety Council](#) estimates that 38,300 people died on U.S. roads in 2015, up 8 percent from 2014. In addition, there were approximately 4.4 million accident-related injuries serious enough to require medical attention.

As accidents increase, so do associated costs for employers – such as aging services and home healthcare providers – that make use of passenger cars and vans. Motor vehicle accidents cost employers an estimated \$60 billion per year in medical care, legal expenses, property damage and lost productivity. On-the-job crashes that result in injury cost employers an average of \$74,500 per incident, while fatal accidents can exceed \$500,000, according to the [National Highway Traffic Safety Administration](#). Liability for an accident may accrue to an organization whether or not it owns the vehicle, as long as it is being driven on the organization's behalf when the incident occurs.

BASICS OF A FLEET SAFETY PROGRAM

Driving will never be a completely risk-free activity. However, an effective fleet safety program addressing common hazards, as summarized below, can help healthcare organizations protect residents/clients and staff while reducing potential loss.

The [Network of Employers for Traffic Safety](#) has developed a 10-step program to reduce crash risk, encompassing the following components:

1. **Senior management commitment and employee involvement**, beginning with a formal statement regarding overall fleet safety program goals, high-priority action items and leadership support.
2. **Written policies and procedures**, focusing on topics such as seat belt and cellular telephone use.
3. **Signed driver agreements**, acknowledging awareness of and adherence to traffic laws, as well as organizational safety protocols and expectations.
4. **Documented motor vehicle record checks**, anchoring a larger driver screening and monitoring effort designed to enhance safety and avert allegations of negligent entrustment of a facility-owned vehicle.
5. **A crash reporting and investigation process**, aiming at determining whether accidents were preventable, identifying root causes, and strengthening policies and procedures.
6. **Vehicle selection, maintenance and inspection protocols**, mandating regular servicing and checking of tires, brakes and safety equipment, as well as selection of well-rated vehicles equipped with effective safety features.

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7. **Consistent disciplinary measures**, incorporating a point system with significant consequences – such as revocation of organizational driving privileges – tied to accumulation of points for speeding tickets and similar misbehavior.
8. **Rewards/incentives**, encompassing monetary awards, a formal recognition program and/or special privileges for drivers with good safety records.
9. **Driver safety training and reinforcement**, including reminder posters and periodic retraining.
10. **A legal and regulatory compliance program**, bolstering awareness of and adherence to local, state and federal statutory and regulatory requirements.

This 10-point plan, customized as necessary, can serve as a useful template for healthcare organizations seeking to enhance staff and resident/client safety, as well as legal defensibility in the event of a driving-related incident.

Drivers must make an estimated 200 decisions for every mile traveled. It is impossible to do that and simultaneously engage in mobile telephone conversations (even hands-free), texting, eating, GPS device programming, grooming or any other distracting behavior.

COMMON DRIVING HAZARDS

When formulating or revising a fleet safety program, organization should consider their own driving history, as well as nationwide accident patterns and trends. Government statistics reveal that the three most common causes of road fatalities are impaired driving (involved in 30.8 percent of traffic deaths), angry or excessively aggressive driving (30 percent) and distracted driving (26 percent). Other notable hazards include fatigue, failure to use seat belts and emphasis on speed over safety.

Alcohol and drug impairment. While everyone knows that driving under the influence is prohibited by law, employees may not be aware that reaction time, concentration and judgment decline at consumption levels well below legal limits. Written policy should ban impaired driving and emphasize that violation of this rule may result in termination.

Angry/excessively aggressive driving. Impulsive and belligerent driving behavior – such as speeding, tailgating, making rude gestures, failing to indicate turns and lane changes, and passing on the right – angers other drivers, leading to increased overall recklessness. Remind employees that they are expected to conduct themselves professionally at all times, which includes driving courteously and defensively, avoiding potential road rage-inducing conflict, and permitting other drivers to pass and merge.

Distracted driving. Drivers must make an estimated 200 decisions for every mile traveled. It is impossible to do that and simultaneously engage in mobile telephone conversations (even hands-free), texting, eating, GPS device programming, grooming or any other distracting behavior. Written policy should specifically prohibit cellular telephone use while behind the wheel and impose sanctions for any violations. In addition, administrators may wish to explore cell-blocking technology for organization-owned vehicles.¹

Failure to use seat belts. According to the CDC, unbelted drivers and passengers are 30 times more likely than belted ones to be ejected from a vehicle in a collision. Explain to staff that seat belt use is not only the law in most states, but also saves thousands of lives and prevents hundreds of thousands of serious injuries every year, even in airbag-equipped vehicles. Organizational policy should underscore the need for drivers to ensure that all occupants are securely fastened in seat belts before they put the vehicle in motion.

¹ See, for example, Che, J. "[How Car Companies Are Combatting Texting While Driving.](#)" *Huffington Post*, June 9, 2015. See also the "[Distracted Driving Awareness National Webinar](#)" presented by FocusDriven and available at the CNA SORCE archive.

Driver fatigue. In training sessions and written materials, inform employees that driving while drowsy contributes to more than 100,000 accidents per year, with a death toll of over 1,500. Emphasize the importance of being not only sober, focused and calm while driving, but also well-rested and alert – especially at night, when other drivers may not be.

Emphasis on speed over safety. A driver under extreme pressure to meet a rigid deadline is a dangerous driver. Supervisors can help protect residents/clients and employees by scheduling pickups and drop-offs with safety as the highest priority, as well as by adopting a nonpunitive attitude toward drivers slowed down by inclement weather, heavy traffic congestion and other unforeseen circumstances.

DRIVING SAFETY CONCERNS FOR HEALTHCARE FACILITIES

The following safety concerns, which are especially relevant to aging services settings, home care providers and other healthcare organizations that employ drivers, should be addressed by written policy and reinforced during orientation and training sessions.

Ensuring wheelchair safety. Transporting passengers in wheelchairs involves a number of critical steps, including inspecting safety straps, utilizing proper lift protocols, and checking wheelchair brakes and restraints. Staff training in this area should be thorough and well-documented, with skills and performance evaluated on a routine basis.

Multi-tasking and rushing are significant driver risk factors. Supervisors can help foster an unstressed, unhurried work atmosphere conducive to safety by maintaining adequate staffing levels and reasonable scheduling expectations.

Managing vulnerable passengers. Facility drivers should be instructed to limit conversation with passengers while driving, in order to minimize distractions. At the same time, drivers should be continually aware of safety conditions within the vehicle and ready to stop quickly if restraints are not in place or a passenger needs attention. In addition, drivers should always know where the vehicle's first aid kit is located.

Maneuvering in parking lots. Many accidents occur in parking lots. Drivers transporting passengers to and from medical offices, stores and other destinations with dedicated parking areas must be alert to collision risks involving moving and parked cars, as well as pedestrians. By slowing down, avoiding backing up if possible, using a "creep and peep" strategy, and pausing at blind corners where narrow aisles merge into traffic lanes, drivers can avoid fender-benders and passenger/pedestrian injuries.

Staying safety-focused. Multi-tasking and rushing are significant driver risk factors. Supervisors can help foster an unstressed, unhurried work atmosphere conducive to safety by maintaining adequate staffing levels and reasonable scheduling expectations.

The president of the [National Safety Council](#) notes that "driving a car is one of the riskiest activities any of us can undertake, in spite of decades of vehicle design improvements and traffic safety advancements." Healthcare leaders must be aware of this risk and take appropriate measures to inculcate defensive driving habits and a safety-first philosophy throughout the organization.

What Is a Defensive Driver?

"A defensive driver is one who commits no significant driving errors and makes allowances for the lack of skill or improper driving practice of other drivers. A defensive driver adjusts his or her own driving to compensate for unusual weather, road and traffic conditions, and is not tricked into an accident by unsafe actions of pedestrians and other drivers. By being alert to accident-producing situations, the defensive driver recognizes the need for preventive action in advance and takes the necessary precautions to prevent the accident. As a defensive driver, he or she knows when it is necessary to slow down, stop or yield the right of way to avoid involvement in an accident."

From *Risk Management in Clinical Practice: Exposure Management for Behavioral Healthcare & the Social Services*. Brown & Brown of Lehigh Valley, Inc.

QUICK LINKS

General Resources:

- [National Highway Traffic Safety Administration](#) (NHTSA).
- [National Institute for Occupational Safety and Health](#) (NIOSH).
- [National Safety Council](#) (NSC).
- [Network of Employers for Traffic Safety](#) (NETS®).
- [Occupational Safety and Health Administration](#) (OSHA), Motor Vehicle Safety Overview.

Safety Topics:

- Comprehensive driver/vehicle safety program, including sample forms and policy statements: [Risk Management in Clinical Practice: Exposure Management for Behavioral Healthcare & the Social Services](#), pages 57-105. Brown & Brown of Lehigh Valley, Inc.
- Distracted driving (and sample fleet safety policy): CNA Risk Control Bulletin: ["Driver Distractions."](#) (See also CNA's ["Limiting Driver Distractions from Cell Phone Use"](#) and the National Safety Council's ["Hands-free Is Not Risk-free."](#))
- Driver monitoring/annual review: Norman, B. ["Improving Fleet and Driver Safety."](#) *McKnight's*, February 13, 2014.
- Driver selection: CNA Risk Control Bulletin, ["Driver Selection Risk Control Guide."](#)
- Fleet safety policies and acknowledgment form: CNA Risk Control Bulletin, ["Sample Fleet Safety Program Guide."](#)
- Negligent entrustment: CNA Risk Control Bulletin, ["Negligent Entrustment."](#)



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