

Section: **E**
Subject: **Vehicle Use**

Policy Number: **E-009**
Total Pages: **4 + Forms**

Approval Date: **Oct. 25, 1984**
Revision Date(s): **May 15, 1991; Jan. 20, 1993; May 19, 1993; Dec. 17, 1997; June 18, 2008, Dec. 19, 2012; April 17, 2019**

VEHICLE USE

All vehicles owned or leased by Community Living-Central Huron are to be used only to conduct the business of the Agency. The use of Agency vehicles is strongly encouraged; however, there are occasions, the use of personal vehicles are unavoidable; the Agency does provide for mileage reimbursement. All employees of Community Living-Central Huron are required to file proof of 3rd party liability insurance for at least two million (\$2,000,000.00) dollars upon employment and on September 1st thereafter. Failure to comply with the Agency's Vehicle Use Policy shall result in disciplinary action up to and including dismissal.

Work, student and/or coop placements are not permitted to drive Agency vehicles. Should they require transportation to an alternate site, other than their regular work location(s), and use their personal vehicle, they will receive mileage compensation based on the current rate.

Guidelines:

The guidelines noted below are to be adhered to by all staff and volunteers:

- each Agency location has a cell phone; a cell phone is to be taken at all times when employees are supporting individuals including when in vehicles. Should the Agency cell phone be unavailable, and staff have reviewed the particulars and received approval from their supervisor, to use their personal cell phone for work purposes, they may do so.
- Agency vehicles contain a Vehicle Information Binder which provides specific information: make, model, photo of the vehicle, proof of insurance and ownership, roadside assistance, service location for regular maintenance, Accessible Parking Permit (as appropriate), Vehicle Incident Report and a Transportation Log and Vehicle Inspection Report to be completed prior to each use;
- Accessible Parking Permits are attached to a specific vehicle, by the Vehicle Identification Number (VIN#), therefore can not be moved from vehicle to vehicle; ensure the permit is displayed on the dash or sun visor of the vehicle at all times and the expiry date is clearly visible. Passengers in vehicles with an Accessible Parking Permit can not be left alone in the vehicle, at any time;
- whether driving their personal vehicle or an Agency vehicle, employees will report accidents/emergencies immediately by calling police, Collision Reporting Centre or 911, as appropriate;
- a Workplace Hazard & Suggestion Report is to be completed should the driver believe the vehicle/lift is unsafe and/or requires service;
- keys are not to be left in the ignition and vehicle doors are to be locked when parked;
- each Agency vehicle contains a gas card to be utilized to purchase fuel and/or windshield washer fluid for Agency vehicles; such purchases are noted on the Vehicle Inspection Report;
- each Agency location will submit weekly receipts to Central Administration, for all gas credit card purchases;
- eating, drinking and smoking/vaping are prohibited in all Agency vehicles.
- contact the Central Administration office to book or cancel a booking for an Agency vehicle; the Agency utilizes a central booking system which means that any Agency personnel or work location can access any vehicle for work purposes; Central Administration Staff will determine the vehicle use, based on distance to be travelled and the purpose of the trip.

Responsibilities:

Adherence to this Policy is required from all employees, volunteers and student/coop placements.

Employer:

- provide for mileage compensation to be paid for the use of personal vehicles; such will be reviewed on a regular basis; and
- requests from the community to use an Agency wheelchair van will be considered on an individual basis by the Executive Director or designate; this will be done in consultation with the relevant work location(s). The Agency will obtain a copy of the appropriate valid driver's licence(s) and insurance certificate(s), prior to consideration for approval. On approved usage, the Agency will provide to the community member all necessary training, information on procedures for reimbursement, emergency contact and use of Agency forms.

Supervisor:

Responsibilities of the Supervisor includes:

- orientation to employees and volunteers on the operation of vehicles and wheelchair lifts/ramps, use of fire extinguishers as applicable, Vehicle Information Binder and its contents; (Accessible Parking Permit, Vehicle Inspection Report, Transportation Logs and the Vehicle Incident Reports, etc);
- orientation on the completion of Workplace Hazard & Suggestion Report; this report is completed should they believe the vehicle/lift to be unsafe and/or requires service;
- ensuring regular maintenance on the Agency vehicles 'attached' to the locations they supervise;
- inspection of vehicles on a regular basis as part of the Supervisor's Workplace Inspection Report;
- ensuring compliance with Ministry of Transportation requirements for Accessible Vehicles, ie. Wheelchair vans require inspections/certification by a designated qualified service provider every six (6) months, lift inspections are required annually by a designated qualified service provider;
- approval of employees to use a personal vehicle for work purposes;
- consultation with the employees for out of town trips in inclement weather and/or poor road conditions.

Location Health & Safety Representative:

Responsibilities of the Location Health & Safety Representative includes:

- responding to Workplace Hazard & Suggestion Reports related to Agency Vehicles; as required;
- regular inspection of Agency vehicles, examining the operation of lifts, tripping hazards, condition of the interior and exterior and the over-all cleanliness of the interior of the vehicle;
- monthly inspection of fire extinguisher in agency vehicles, as appropriate;
- monthly inspection of first aid kits in Agency vehicles;
- regular inspection of the Winter Survival Kits; and
- advising their immediate Supervisor of any concerns related to the Agency vehicle.

Employees:

Responsibilities of employees includes:

- upon employment provide the employer with a driver's abstract, proof of a valid Ontario Driver's License, Class G and maintain such during their employment, should the status of such change the employee will immediately advise their Supervisor;
- upon employment and maintain throughout their employment access to and use of a reliable vehicle and third party insurance in the minimum amount of two million dollars (\$2,000,000.)
- upon employment inform their insurance company, they are being paid mileage compensation when they use their personal vehicle for work purposes;
- contacting the Central Administration Office to book or cancel a booking for an Agency vehicle; the vehicle assigned to your work location can be accessed by other personnel or work locations;

- obtain approval from their Supervisor for use of a personal vehicle for work purposes;
- providing their Supervisor on a monthly basis, a completed Travel Expense Claim, detailing the destination, purpose, number of kilometres travelled and attach any parking or meal receipts;
- advising and/or consulting with their Supervisor regarding cancellation of out of town travel due to inclement weather;
- people supported are not to be left unattended in vehicles at any time; written authorization from your Supervisor is obtained for any exceptions;
- never leave vehicles running, unlocked or unattended for any reason;
- access and complete the Vehicle Incident Report contained in the Vehicle Information Binder; submit the completed for to their immediate supervisor as soon as possible; and
- ensure the safety of themselves and their passengers at all times, ensuring seat belts are worn properly and obeying all traffic and highway regulations.

Related Policies:

- Vision, Mission and Service Principles (A-001)
- Confidentiality (A-003)
- Privacy (A-004)
- Interpretation (B-001)
- Community Involvement (B-004)
- Social Media and Agency Equipment Usage Policy (B-006)
- Volunteer (B-007)
- Purchasing and Credit Policy (B-008)
- Accessibility Policy (B-009)
- Duty of Care Policy (B-010)
- Code of Conduct (B-011)
- Individual Welfare/Rights (C-001)
- Behavioural Support Policy (C-002)
- Complaint/Feedback Policy and Procedures for Persons Supported (C-003)
- Serious Occurrence (C-006)
- Communication Book (C-007)
- Individual Support Policy for Persons Receiving Support (C-009)
- Orientation for People Supported (C-011)
- Relationship with Law Enforcement Agencies (C-017)
- Health and Safety Policy Statement (D-001)
- Medication Policy Statement (D-002)
- Emergency Policy (D-003)
- Smoking (D-004)
- Critical Injury (D-006)
- Bullying, Harassment and Workplace Violence Policy and Procedures (D-007)
- Pandemic Policy (D-008)
- Musculoskeletal Disorders Awareness Policy (D-010)
- First Aid Policy and Procedures (D-011)
- Working Alone Policy (D-012)
- Infection Control Policy and Procedures (D-013)
- Hazard/Risk Policy and Procedures (D-014)
- Health and Safety Orientation Policy (D-015)
- Location Health and Safety Representatives Policy (D-016)
- Sharps Policy and Procedures (D-018)
- Manual Handling Policy (D-019)
- Slips, Trips and Falls Prevention Policy (D-020)
- Workplace Inspection Policy (D-021)
- Work Refusal Policy (D-022)
- Lifts, Transfers and Physical Assistance Policy (D-023)

- Incident/Accident Investigation Policy (D-024)
- General Policy No. 2 (E-001)
- Hiring Policy (E-002)
- Police Record Check, Vulnerable Sector Check Policy (E-003)
- Employee Records Policy (E-004)
- Employee and Volunteer Orientation Policy (E-005)
- Professional Development/Training Policy (E-006)
- Individual Consultation (E-007)
- Employee Performance Appraisal Policy (E-008)
- Employee Performance Standards (E-011)
- Disciplinary Policy (E-012)
- Sexual Harassment Policy (E-013)
- Early and Safe Return to Work (E-016)

COMMUNITY LIVING-CENTRAL HURON
VEHICLE INCIDENT REPORT

Staff/Volunteer's Name: _____
Vehicle Involved: _____ (Agency or Personal - circle one)
Date/Time of Incident: _____ Date/Time Reported: _____
Incident Reported to: _____
Location of Incident: _____

Please check all that apply: Provide Description/Details and Use Picture on Back
____ Auto damage _____
____ Property damage _____
____ Theft _____
____ Other _____
____ Bodily Injury _____
Employee Incident/Accident Form must be completed same day as injury and returned to the relevant Supervisor.

Cause of Incident/Contributing Factors:

Others Involved:
(provide name, address and phone #)

Insurance Company of Others Involved
(provide name, address and phone #)

Witnesses Involved:
(provide name, address and phone #)

Police Contacted: Yes ___ No ___
Name of Police Officer and Detachment:

Report completed by Police? Yes ___ No ___
Charges laid? Yes ___ No ___
Details of charges, if applicable:

Staff/Volunteer Signature _____
Date _____

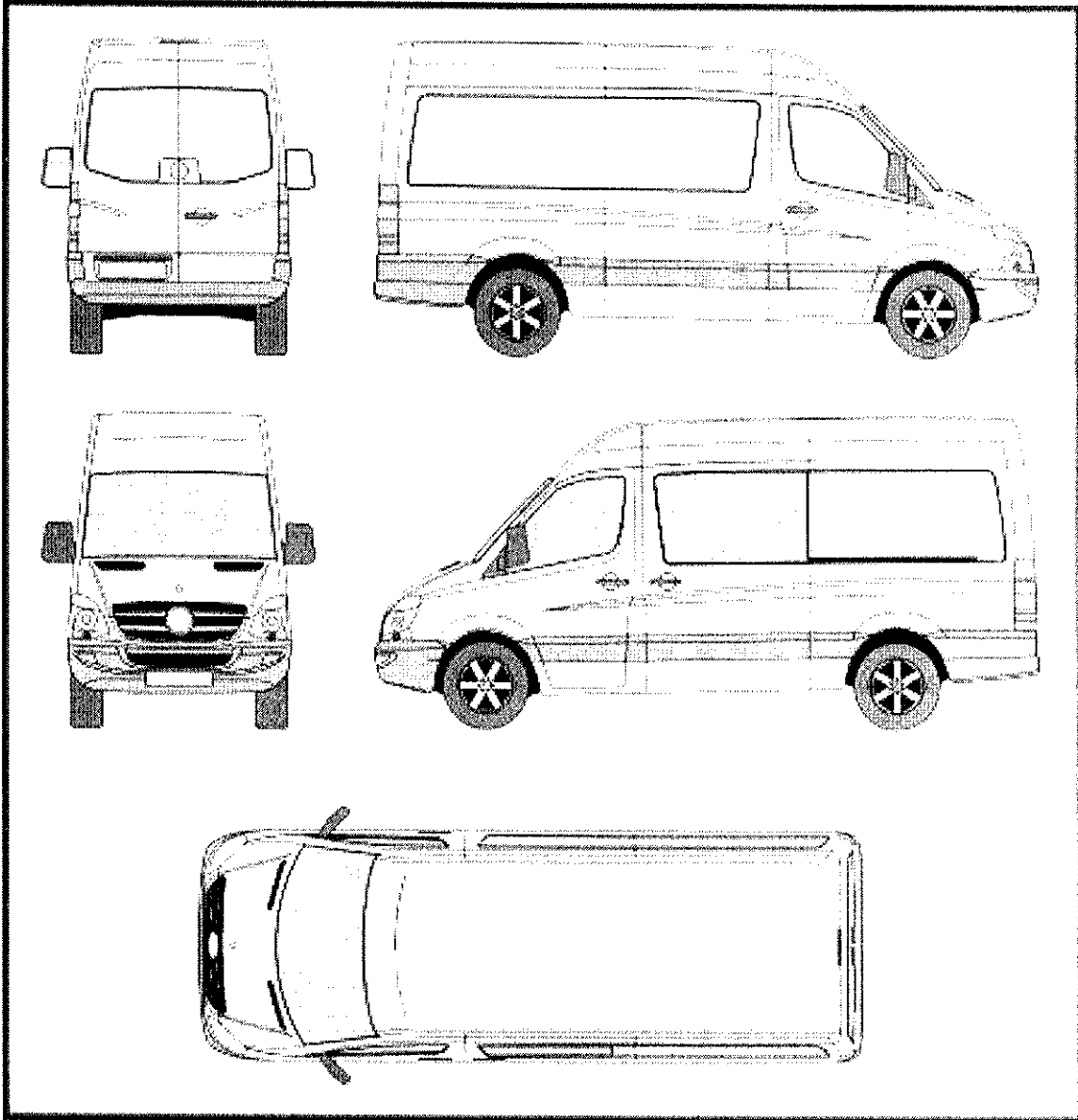
- Copied To: _____ Executive Director
_____ Relevant Coordinator
_____ Relevant Senior Case Manager (if applicable)
_____ Health & Safety Location Rep
_____ Administrative Coordinator.

Complete form & return to relevant Supervisor or designate, who will make copies.

COMMUNITY LIVING-CENTRAL HURON
VEHICLE INCIDENT REPORT

Vehicle: _____

Date: _____



Inspected By: _____

Senior Case Managers: When Vehicle Inspection Report received, initial and date damage on picture. Copy back to a new (blank) form and return to relevant location. Clean (updated) form needs to be completed each time damage is reported.

COMMUNITY LIVING-CENTRAL HURON
VEHICLE INCIDENT REPORT

Staff/Volunteer's Name: _____
Vehicle Involved: _____ (Agency or Personal - circle one)
Date/Time of Incident: _____ Date/Time Reported: _____
Incident Reported to: _____
Location of Incident: _____

Please check all that apply: Provide Description/Details and Use Picture on Back
____ Auto damage _____
____ Property damage _____
____ Theft _____
____ Other _____
____ Bodily Injury _____
Employee Incident/Accident Form must be completed same day as injury and returned to the relevant Supervisor.

Cause of Incident/Contributing Factors:

Others Involved:
(provide name, address and phone #)

Insurance Company of Others Involved
(provide name, address and phone #)

Witnesses Involved:
(provide name, address and phone #)

Police Contacted: Yes ___ No ___
Name of Police Officer and Detachment:

Report completed by Police? Yes ___ No ___
Charges laid? Yes ___ No ___
Details of charges, if applicable:

Staff/Volunteer Signature _____
Date _____

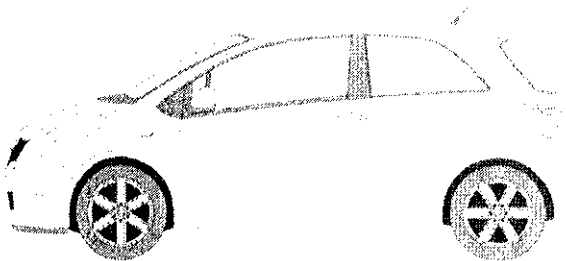
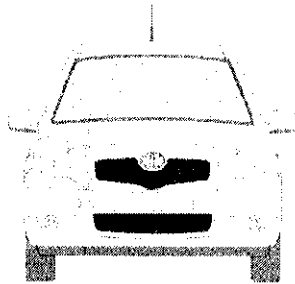
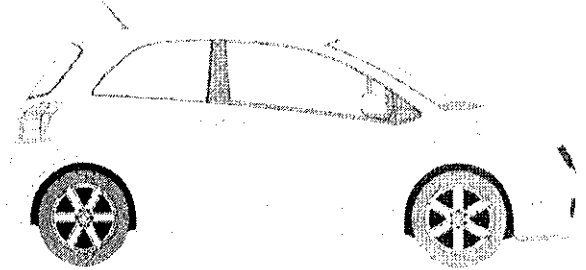
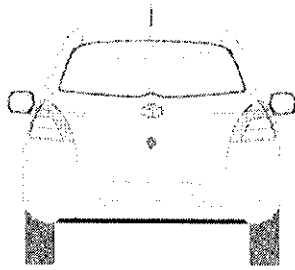
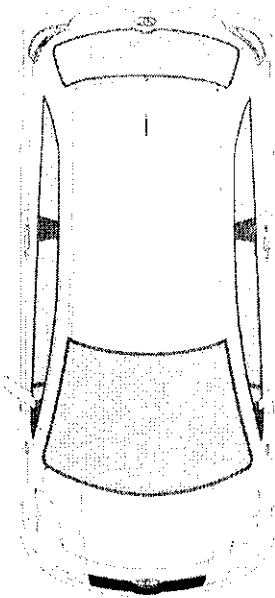
- Copied To: _____ Executive Director
_____ Relevant Coordinator
_____ Relevant Senior Case Manager (if applicable)
_____ Health & Safety Location Rep
_____ Administrative Coordinator.

Complete form & return to relevant Supervisor or designate, who will make copies.

COMMUNITY LIVING-CENTRAL HURON
VEHICLE INCIDENT REPORT

Vehicle: _____

Date: _____



Inspected By: _____

Senior Case Managers: When Vehicle Inspection Report received, initial and date damage on picture. Copy back to a new (blank) form and return to relevant location. Clean (updated) form needs to be completed each time damage is reported.

COMMUNITY LIVING-CENTRAL HURON
VEHICLE INCIDENT REPORT

Staff/Volunteer's Name: _____
Vehicle Involved: _____ (Agency or Personal - circle one)
Date/Time of Incident: _____ Date/Time Reported: _____
Incident Reported to: _____
Location of Incident: _____

Please check all that apply: Provide Description/Details and Use Picture on Back
____ Auto damage _____
____ Property damage _____
____ Theft _____
____ Other _____
____ Bodily Injury _____
Employee Incident/Accident Form must be completed same day as injury and returned to the relevant Supervisor.

Cause of Incident/Contributing Factors:

Others Involved:
(provide name, address and phone #)

Insurance Company of Others Involved
(provide name, address and phone #)

Witnesses Involved:
(provide name, address and phone #)

Police Contacted: Yes ___ No ___
Name of Police Officer and Detachment:

Report completed by Police? Yes ___ No ___
Charges laid? Yes ___ No ___
Details of charges, if applicable:

Staff/Volunteer Signature _____
Date _____

- Copied To: _____ Executive Director
_____ Relevant Coordinator
_____ Relevant Senior Case Manager (if applicable)
_____ Health & Safety Location Rep
_____ Administrative Coordinator.

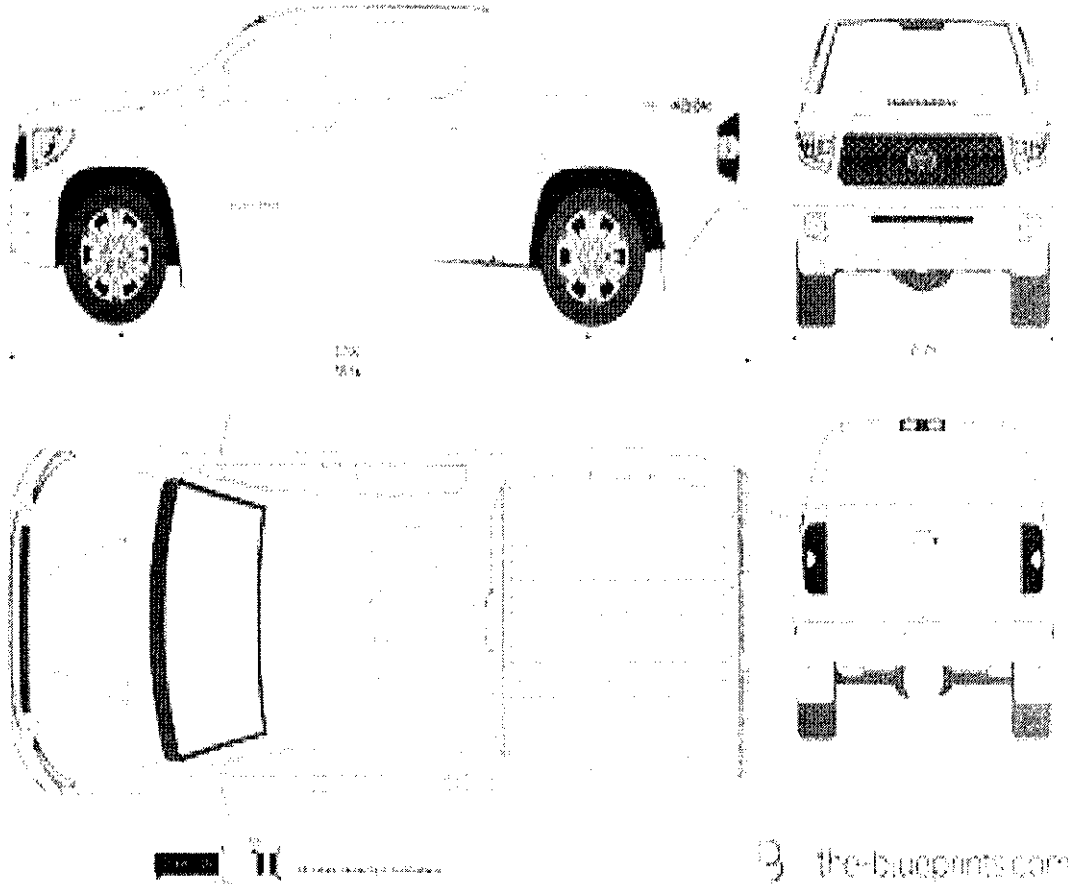
Complete form & return to relevant Supervisor or designate, who will make copies.

COMMUNITY LIVING-CENTRAL HURON
VEHICLE INCIDENT REPORT

Vehicle: _____

Date: _____

Toyota Tundra Double Cab TRD (2018)



Inspected By: _____

Senior Case Managers: When Vehicle Inspection Report received, initial and date damage on picture. Copy back to a new (blank) form and return to relevant location. Clean (updated) form needs to be completed each time damage is reported.

COMMUNITY LIVING-CENTRAL HURON
WORKPLACE HAZARD & SUGGESTION REPORT

EMPLOYEE'S SECTION:

Page 1 of 2

Employee Name: _____ Date: _____ Time: _____

Has this Hazard been previously Reported: Yes No

If yes, date it was reported: _____ and to whom it was reported _____

Identify Hazard/Danger: Provide specific details (ie. describe situation, date, time, location, vehicle, etc.)

Suggestions / Remedy: _____

Reported to: _____

Date Reported: _____ Time Reported: _____

Employee Signature: _____

Please submit original to relevant Supervisor/Coordinator prior to end of your shift

SUPERVISOR'S SECTION:

Supervisor's Name: _____

Date Received: _____ Time Received: _____

Investigation/Action Taken: _____

Advised the Location Health & Safety Rep: _____ (in person) or _____ (voice mail)

Date submitted to Location Health & Safety Rep: _____

Supervisor's Signature: _____

Original to: Location Health & Safety Rep

Copy to: Employer Health & Safety Rep

COMMUNITY LIVING-CENTRAL HURON
WORKPLACE HAZARD & SUGGESTION REPORT

LOCATION HEALTH & SAFETY REP SECTION:

Name of Location Health & Safety Rep receiving Report: _____

Date Received: _____ Time Received: _____

Comments / Suggestions / Recommendations: _____

Signature: _____

Upon completion, the Location Health & Safety Rep will return the completed form to their Supervisor.

Upon final review, the Supervisor will copy to:

____ Executive Director
____ Coordinator

____ Employee
____ Location (Please specify) _____

COMMUNITY LIVING-CENTRAL HURON

**MONTHLY HEALTH AND SAFETY FIRST AID CHECKLIST - Agency Owned or Leased Vehicles
Completed by Health & Safety Location Representative**

Employee Name: _____ **Vehicle:** _____

Year: _____

Instructions:

1. Location of kit in vehicle: _____
2. Check first aid kit monthly and restock.

ITEM	#	J	F	M	A	M	J	J	A	S	O	N	D
First Aid Manual	1												
Adhesive Dressings	24												
1" Adhesive Tape	2												
2" Gauze Bandage	4												
4" Gauze Bandage	4												
3" Square Gauze	12												
Pressure Dressings (surgical pads)	4												
Triangular Bandages	6												
Splints	1												
Splint Padding	2												
Safety Pins	1 card												
Scissors													
C.P.R. Respirators													
Rubber Gloves													
Antiseptic Cream													
Date													
Initial													

Signature of Health & Safety Location Rep

Date

Signature of Supervisor/Coordinator

Date

COMMUNITY LIVING-CENTRAL HURON

**QUARTERLY HEALTH AND SAFETY FIRST AID CHECKLIST - Employee Personal Vehicle
Completed by Employee**

Employee Name: _____ Vehicle: _____

Year: _____

Instructions:

1. Location of kit in vehicle: _____
2. Check first aid kit quarterly.
3. Should the employee use any item of the first aid kit for personal reasons the employee is responsible for replenishing/replacing the item at their own expense.

ITEM	#	January	April	July	October
First Aid Manual	1				
Adhesive Dressings	12				
Sterile Gauze Pads - 3" Square Gauze	4				
2" Gauze Bandage (roll)	2				
Pressure Dressings - 4" or 2 Field Dressings 4" square	2				
Triangular Bandage	1				
Safety Pins	1 card				
Rubber Gloves	1 pair				
Date					
Initial					

Signature of Health & Safety Location Rep

Date

Signature of Supervisor/Coordinator

Date

COMMUNITY LIVING-CENTRAL HURON

Winter Survival Kit Checklist

As per the Agency's Emergency Policy (D-003), each Agency vehicle will have a Winter Survival Kit that is to be kept in the vehicle and maintained from November 1st to May 1st every year, with the exception of the First Aid Kit, which will be kept in the vehicle throughout the year.

The following items are included in the Winter Survival Kit:

- Ice scraper/snow brush
- Shovel
- Road flares or warning lights
- Gas line antifreeze
- Flashlight and batteries
- First Aid Kit **(**to be kept in the vehicle at all times)**
- Extra clothing and footwear (based on individual needs when travelling out of town)
- Blanket
- Non-perishable energy foods (ie. chocolate or granola bars, juice, soup, bottled water with consideration of individual needs/restrictions)
- Candle and a small tin can
- Matches

Completed Checklists are to be placed in the Vehicle Binder.

Signature of LHSR

Location

Date

Revised: October, 2016.

