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PATIENT TRANSPORTATION PROGRAM

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy to develop and implement safe transportation programs for patients and staff, training of drivers, and vehicle reporting requirements.

2. BACKGROUND: VHA's mission is to deliver quality health care to our Nation's veterans. To accomplish this mission, VHA must ensure the safe transportation of patients, equipment, and supplies through vehicle evaluation and driver certification (see VHA Handbook 1620.02 and current VHA policy on the clearance of volunteers for driving assignments)

a. Incidental drivers include such individuals as recreation therapists, recreation therapy assistants, social workers, nursing assistants, domiciliary assistants, and others who transport patients as an incidental duty. Incidental drivers may operate VHA, Government Services Administration (GSA), or personal vehicles for patient transportation.

b. Volunteer drivers provide transportation services under the policy of the Volunteer Transportation Network (VTN).

3. POLICY: It is VHA policy that driver staff (wage grade (WG)-5703), volunteers, contractors, and incidental drivers must be medically cleared and trained before transporting patients in vehicles.

4. ACTION

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:

(1) Ensuring that all VHA medical centers develop and implement safe VHA patient transportation management programs.

(2) Issuing guidance and policies related to VHA patient transportation program development and implementation.

(3) Managing and analyzing VHA patient transportation data.

b. **Director, Occupational Health Program.** The Director, Occupational Health Program is responsible for ensuring that clearance protocols and procedures for drivers developed by VA address the important medical aspects of clearance.

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c. **Director, Little Rock Education Center.** The Director, Little Rock Education Center, is responsible for developing and delivering training related to safe driving techniques.

d. **Director, Center for Engineering and Occupational Safety and Health (CEOSH).** The Director, CEOSH, is responsible for promoting best practices, managing database operations and providing vehicle safety alerts.

e. **Veterans Integrated Service Network (VISN) Director.** Each VISN Directors is responsible for:

(1) Ensuring safe transportation program requirements are developed, published, and implemented at VA Medical Centers. Medical Center written programs are to be reviewed and approved by the VISN Director or designee.

(2) Conducting Board of Inquiry investigations for vehicle accidents, as required by VHA Handbook 7701.1.

(3) Establishing an annual program review using vehicle accident data and recommendations for injury prevention and safe patient transportation.

f. **Facility Director.** Each facility Director must implement a local Patient Transportation Program that includes:

(1) **Program Management.** This means establishing written policy for implementing programs for: driver certification, medical evaluation, driver training, vehicle documentation and patient safety. The policy must include procedures for driver certification, vehicle recordkeeping, investigation of accidents and injuries, and assessment of patients for escort. This policy may exceed VA, GSA, or State requirements regarding safe driving records, inspections, and/or training. **NOTE:** *Local union representatives are to be encouraged to participate in policy development.*

(2) **Driver Verification.** All State driver's licenses must be verified through the Department of Transportation (DOT), National Highway Traffic Safety Administration, National Driver Register, or an equivalent State program.

(a) The State driver's licenses and driving records must be reviewed for all new drivers. Driving records exhibiting an at-fault accident or moving violation must prompt a review of driver suitability for the transport of patients. Drivers may be limited or prohibited from transporting patients based on driving record or license status.

(b) Driver's licenses and driving records must be verified every 4 years and upon the occasion of a VHA transportation accident.

(c) All drivers must meet the minimum VA and VHA medical requirements for the operation of vehicles. Medical evaluations of motor vehicle operators and incidental operators must be conducted in accordance with VA Handbook 5019, Part IV, Appendix B.

(3) **Program Training.** Program training is to be conducted as follows:

(a) All drivers transporting patients shall receive initial basic safe driver training and annual refresher to include defensive driving techniques, use of safety belts, medical center policy, patient safety and emergency response procedures. Training for drivers operating 15-passenger vans includes the DOT, National Highway Traffic Safety Administration flyer (see subpar. 5f).

(b) Driver staff (WG-5703), contractors and incidental operators must receive training on basic first aid, cardiopulmonary resuscitation (CPR), bloodborne pathogens, and the use of personal protective equipment. Training for volunteer drivers must comply with VHA Handbook 1620.02.

(c) Drivers shall be trained in methods for securing patients including use of wheelchair lifts, restraint systems and other assistive devices during transportation. Driver training may only address the specific equipment of the assigned vehicle. As an example, only drivers assigned to vehicles with wheel chair lifts are required to complete lift operation training.

(d) Drivers transporting Department of Transportation (DOT) Division 6.2 substances with patients must be informed of the presence of the hazardous material (including whether the package contains a reportable quantity) and must be informed of the requirements of DOT 49 CFR 173.6.

(e) Drivers and patient escort staff must receive training to address specific patient condition and response actions.

(4) **Vehicle Use, Inspection, and Equipment.** Vehicles must be used, inspected, and equipped as follows:

(a) Personal (privately-owned) vehicles for the transport of patients must comply with State registration requirements for motor vehicle inspection, must have minimum insurance coverage, and must have an activated cell phone immediately available. The activated cell phone must be furnished by the facility.

(b) Operation of GSA vehicles must comply with GSA vehicle inspection, accident reporting, and driver verification requirements. *NOTE: Staff are to be encouraged to have their own private insurance when driving Government-owned vehicles.*

(c) Compliance with the State inspection requirements and insurance must be verified every 4 years.

(d) Each driver must enforce the use of seat belts by all vehicle occupants.

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(e) At no time will a patient be left unattended while in a vehicle.

(f) Drivers must lock the vehicle when not in use

(g) Drivers must not leave a vehicle running and unattended.

(h) Drivers are responsible for ensuring all equipment and cargo is secured prior to driving of vehicles. All patient support equipment, wheelchairs and supplies shall be fully secured to the vehicle body during transport (lock to body or tie downs).

(i) All government-owned, volunteer-driven, and contract vehicles used for the transport of patients must contain emergency roadside and communication equipment.

1. Communication equipment must be isolated from the engine battery.

2. Cellular phones and two-way radios are acceptable communication equipment. **NOTE:** *Contract vehicles must be furnished with communication equipment by the contractor. Government-owned, volunteer-driven vehicles are furnished communication equipment by the facility.*

3. Fire extinguishers must be inspected and maintained in accordance with National Fire Protection Association (NFPA) Standard 10 and secured to the vehicle body.

(j) Wheelchairs must face forward during transit, when feasible. Wheelchair occupant restraint systems must be integrated by the manufacturer or approved by the manufacturer for use. The use of vehicles with wheelchair lift systems or vehicle retrofit must comply with DOT 49 CFR 571.404, Platform Lift Installations in Motor Vehicles.

(k) Personal protective equipment (gloves) and spill kits must be provided to drivers to ensure they are adequately prepared to address biological fluids.

(l) The transfer of clinical specimens with patient passengers must comply with DOT and OSHA regulations.

1. Clinical staff giving specimens to drivers transporting patients must ensure compliance with the specimen identification, packing and labeling requirements of OSHA 29 CFR 1910.1030, Bloodborne Pathogens and the Material of Trade (MOT) exception for Class 6, Division 6.2 substances of DOT 49 CFR 173.134.

2. All specimen packages shall be packed in a container secured to the vehicle body to prevent movement during driving.

(m) Compliance with VHA Employee Safety Alert, Rollover Warning on 15-Passenger Vans, June 11, 2003, is mandatory (subpar. 5f). These 15-passenger vans are limited to carrying nine occupants to include the driver (i.e., a maximum of eight passengers).

(5) **Accident and Injury Reporting.** Accidents and injuries must be reported as follows:

(a) All patient transportation vehicle accidents and injury data are to be reported to the facility Accident Review Board and Patient Safety Manager using VA Form 2162, Report of Accident.

(b) The facility Director, or designee, must notify the VISN Director, Union representative, and OSHA regional office upon verification of vehicle fatality or hospitalization of three or more employees.

(c) Patient injury reporting and investigation must conform to VHA Handbook 1050.1.

(d) Accident data involving transportation contractors must be reported to the Contracting Officer.

(e) Accident data for volunteer drivers must reported as required by VHA Handbook 1620.02.

(f) All motor vehicle accidents must be documented on GSA Standard Form 91, Vehicle Accident Report (see subpar. 5h).

(g) All patient transportation vehicle accidents for the fiscal year must be entered by the Transportation Program Manger, or designee, into the Comprehensive Automobile Reporting System (CARS). The CARS is available at the CEOSH website at vaww.ceosh.med.va.gov.

(6) **Patient Safety.** Patient safety must be provided as follows:

(a) A policy requiring patient seat belt use, patient lifts, and security of patient care equipment must be implemented.

(b) Procedures identifying the Medical Officer, Registered Nurse, or designee as responsible for patient assessment, healthcare requirements, and determination of escort level required for safe transportation, must be developed and implemented.

(c) Clinical staff responsible for management of patient condition and behavior must be available during transit.

(d) Investigation and reporting of patient adverse events or close calls must conform to VHA Handbook 1050.1.

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(e) Consideration must be given to potentially aggressive patients, as to vehicle type and seating configuration. Potentially aggressive patients are not to be seated behind the driver; a specialized contract or VA-retrofitted vehicles may be required.

(7) **Contract Transportation Services.** Contract transportation services must be managed by a designated Contracting Officer.

(a) Minimum contract submittals require an annual statement of certification of State driving records, license verification, and insurance. Contractors must provide an annual statement that drivers are screened, trained, and competent to safely transport patients. This annual statement of driver competency must include any advanced certifications, such as Advanced Cardiac Life Support or specialized training to assist and secure patients by stretcher or wheelchair.

(b) Contracts must include requirements to report vehicle accidents and incidents to the Contracting Officer with a formal accident report.

(c) Accident reports are to be forwarded to the facility Accident Review Board and the Patient Safety Manager.

(d) The Contracting Officer's Technical Representative (COTR) maintains vendor certificates and contract records. State driving records, license verification, training, and insurance are to be reviewed by the COTR on an annual basis prior to the exercise of an option year. The COTR must conduct a review prior to the assignment of a new contract driver, upon an accident event, and at any other time at the discretion of the COTR.

(8) **Emergency Planning.** Emergency patient transportation plans must be published and include procedures for patient assessment (physical and mental limitations), resources available, transportation assets, and the location of the alternative care sites.

(a) Evacuation of patients needs to be coordinated with available Federal, State, and local transportation resources.

(b) Available facility-based vehicles and drivers to provide patient transportation must be identified.

(c) Patients suitable for vehicle transportation must be assessed with clinical staff guidance.

***NOTE:** The use of volunteer drivers and vehicles should be considered when formulating emergency operation plans for patient transportation.*

h. **Occupational Health.** Occupational health care providers are responsible for:

(1) Completing medical examinations on all employees identified as drivers who transport patients.

(2) Documenting all examinations, medical opinions, and correspondence with the employee's supervisor and Human Resource Management Service into the Employee Medical File.

(3) Notifying the employee's supervisor and Human Resource Management Service of the medical opinion, regarding whether or not the employee is medically qualified to transport patients.

(4) Notifying the employee of any abnormal test results which require follow-up evaluation either in Occupational Health or by the employee's health care provider.

i. **Supervisors.** Supervisors are responsible for:

(1) Identifying employees who may transport patients and informing these employees of the requirements of this Directive.

(2) Maintaining a record for each employee involved in the transportation program. This includes copies of all documents, such as: safe driving record, a valid driver's license, current motor vehicle bodily-injury liability and property damage insurance, and medical clearance by occupational health. *NOTE: Alternatively, these records may be maintained by the facility Office of Human Resources Management Service (HRMS), as determined by facility policy.*

(3) Ensuring accidents and any injuries are reported to the facility Patient Safety Manager and Safety Manager and in accordance with facility policy.

(4) Ensuring vehicle accidents are documented using Standard Form (SF) 91, and VA 2162.

j. **Employee and Volunteer Driver.** Employee and volunteer drivers are responsible for:

(1) Following safe, defensive driving practices and complying with applicable State and Federal highway regulations and VHA policy. All staff operating personal (privately-owned) vehicles for the transfer of patients must comply with State requirements for motor vehicle inspection and minimum insurance coverage.

(2) Initiating contact with the receiving VA facility when the transportation schedule has been altered en route.

(3) Reporting any changes related to driving record, automobile insurance, and State registration to their supervisor or volunteer coordinator.

(4) Reporting any significant events while driving patients to their supervisor, volunteer coordinator, or the Nurse or Patient Safety Officer, if patient safety is involved (i.e., traffic accidents or medical problems).

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(5) Completing all assigned training and medical examinations.

5. REFERENCES

- a. VHA Handbook 1620.02, Volunteer Transportation Network.
- b. VHA Handbook 1050.1, National Patient Safety Improvement Handbook.
- c. VHA Handbook 7701.1, Occupational Safety and Health Program Procedures.
- d. VA Handbook 5019, Part IV, Appendix B.

6. FOLLOW-UP RESPONSIBILITY: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this Directive. Questions may be directed to Healthcare Engineering (10NB) at (202) 266-4604.

7. RESCISSIONS: None. This VHA Directive expires on April 30, 2013.

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