

# **POLICY: Transportation of Residents**

Original	<u></u>	Date		Aroa of			
Implementation	6/2016		03/2020	Area of	Compliance	Version:	3
Date:		Revised:		Responsibility:			

**PURPOSE:** The following policy is to establish the proper protocol for the transportation of a resident or member by Sun Health (SH) employees.

**PROCESS:** Employees providing driving assistance to residents or members must follow the described protocol below:

## Approved SH driver who is driving a SH vehicle:

The employee driving the resident or member should have that authority within the scope of that employee's job description and must meet the requirements listed in Sun Health's Company Driver Requirements Policy. Drivers must be 21 years old or older.

SH employee driving the resident's /member's personally-owned vehicle (POV) with permission: When an employee drives the resident or member in the resident's or member's POV, the resident's or member's personal auto insurance policy will provide the primary coverage. SH only provides coverage in excess of the resident's or member's personal auto policy. In the event of an accident involving a third party, SH's coverage would only apply to the third party's claims and would not extend coverage to any physical damage to the resident's or member's POV, should their POV be damaged while being operated by a SH employee.

## Employee's personal vehicle:

When the employee drives their personally-owned vehicle (POV), the employee agrees to Sun Health checking the employee's driving record once a year; employee must provide annual proof of insurance to Human Resources, proof of at least \$100,000 in liability coverage per accident and a signed acknowledgement that the employee's auto insurance will be the primary insurance coverage should an accident occur while they are driving for work. SH's insurance coverage only provides coverage in excess of the employee's personal auto policy. Employee's using their POV, even periodically, must sign the attached acknowledgement (Exhibit A).

Residents and members who are able to coordinate their own transportation may choose from the options above or make other arrangements.

In case of an emergency, emergency procedures take precedence. Failure to comply with this policy may result in disciplinary action up to and including termination.

**RELATED POLICIES:** Company Driver Requirements

#### Exhibit A

#### TRANSPORTATION OF RESIDENTS IN EMPLOYEE'S PERSONAL VEHICLE

Acknowledgement – Only for employees driving personally owned vehicles with Residents / Members as passengers.

**PROCEDURE:** SH employees must sign this acknowledgement form prior to using their personally-owned vehicle (POV) to transporting residents or members. This document will be kept in the employee's file. The records requested will be tracked in the SH HR IS system.

By initialing each term and signing this acknowledgement form, the SH employee named below agrees and accepts the terms outlined below:

- I agree to have Sun Health Human Resources Department check my driving record initially, and ongoing as they see necessary for as long as I am driving residents in my personal vehicle.
- I agree to provide proof of at least \$100,000 in liability coverage per accident to Sun Health's Human Resources department annually and ongoing as they see necessary for as long as I am driving residents in my personal vehicle.
- I agree that my auto insurance will be the primary insurance coverage should an accident occur while I am driving for work. SH's insurance coverage will only provide coverage in excess of the employee's personal auto policy.

Print Name

**Employee Signature** 

Date

Manager's Signature

Date