

1. Purpose

- 1.1. To mitigate against vehicle and at fault work related road collisions and promote a safe driving culture.

2. Objectives

- 2.1. To make employees who drive during the execution of their work duties for RIAM aware of the main risks they face or create when driving for work
- 2.2. To make sure that employees who drive vehicles in the course of their work demonstrate safe, efficient driving skills and other good road safety habits at all times.

3. Scope

- 3.1. This policy applies to RIAM employees who drive their own vehicles for the express purpose of carrying out work related duties and have relevant business class insurance in place on their vehicle and will be claiming mileage allowance from RIAM. For example: Examiners carrying out examining duties and must travel to designated exam centres nationally or from one exam centre to the next under the direction of the RIAM Exams Office.
- 3.2. Commuting for work from home is not considered driving for work under normal circumstances.
- 3.3. Commuting to work is only considered “driving to work” when the person’s journey starts from their home and they are travelling to a work location that is not their normal place of work.
- 3.4. The Health and Safety Authority and the Road Safety Authority have produced guidance on Safe Driving for Work which employees are required to adhere to (linked below, Section 10).
- 3.5. While driving their own vehicles for work purposes, employees must comply with traffic legislation, be conscious of road safety and demonstrate safe driving and other good road safety habits.

4. Employee Responsibilities

4.1. While driving their own car for work:

- Comply with the Rules of The Road and the Safe Driving for Work Handbook at all times (Section 10 ‘Further Resources’).
- Assess hazards while driving and anticipate ‘what if’ scenarios.
- Drive within the legal speed limits, including driving to the conditions.
- Wear a seat belt and make sure all occupants wear their seat belt at all times.
- Only drive when fit to do so – never drive under the influence of alcohol or drugs, including prescription and over the counter medication if they cause drowsiness.
- Avoid distraction when driving – if you need to, adjust or set sat-navs / car stereos / mirrors before setting off. If you need to re-adjust whilst driving pull over safely in order to do so.
- Report any near-misses, crashes and scrapes, including those that do not result in injury, and follow the collision procedures outlined in this policy.
- Take regular and adequate rest breaks, at least every two hours.
- Stop when tired.
- Plan their journeys, taking into account pre-journey work duties, the length of the trip and post-journey commitments.
- The employee must seek the employer’s agreement before using their vehicle for work.

- The car must be legally registered, authorised and insured for the purposes of work – the employee must show evidence of this on request. Business class insurance must be in place and breakdown cover must be in place.
- The employee must not carry loads for which the vehicle is unsuited, nor may they carry more passengers than there are seat belts.
- The vehicle must not be used in conditions for which it was not designed (such as off-road).
- Ensure the vehicle's motor tax is up to date and is also that the car has a valid NCT disc if required. Insurance disk, tax disc and NCT disc must be clearly displayed.

5. Employer Responsibilities

5.1. Ensure relevant employees receive a copy of this Driving for Work Policy, the HSA learning module on Driving for Work and Safe Driving for Work Handbook (HSA); all linked in this document in Section 10 'Further Information'.

5.2. The employer should encourage safe driving behaviour by:

- Not paying employees' speeding or other infringement fines.
- Forbidding the use of mobile phones in vehicles while driving (including hands-free).
- Encouraging regular breaks while driving.

6. Procedure to follow in the event of an incident while driving your own vehicle for work

- Apply the handbrake and switch off the engine.
- Switch on the vehicle's hazard warning lights.
- Ensure your own safety first, put on your hi-vis vest before exiting the vehicle.
- Ensure any passengers put their hi-vis vest on before getting out.
- If the vehicle is on fire – get out immediately if it is safe to do so.
- Help any injured people and call for assistance if needed.
- Try to get the following information:
 - details of the other vehicle(s) and registration number(s)
 - name(s) and address(es) of the other vehicle owner(s) and driver(s)
 - name(s) and address(es) of any witness(es)
 - name(s) of insurer(s)
- Give your name, address, and organisation details (eg RIAM).
- Contact the exams office and immediately inform them of the incident and complete an Accident Report form as necessary (appendix 1).

Contact the Gardaí:

- If there are injuries.
- If there is a disagreement over the cause of the crash.
- If you damage property other than your own.
- If damage to the vehicle looks to be substantial.

Only move the vehicle if:

- Instructed to do so by a member of the emergency services.
- It would be more dangerous to others to keep it at its current location.
- You know that the Gardaí have not been called to the scene.

- Any damage is only slight and leaving the vehicle where it was would cause serious inconvenience to other road users.
- It is safe to do so and you have already provided your name and address as well as the name and address of the vehicle's owner, registration and insurance details.

IMPORTANT If the vehicle cannot be driven arrangements must be made for its removal.

All valuables should be secured

Contact the exams office if there is an injury or major damage; report the crash to the office as soon as you can. **Accident and Incident Form available from the office or Appendix 1**

7. Breakdowns

7.1. In the event of a breakdown do not try to repair your vehicle. Contact your breakdown assistance provider.

- Ensure nothing is done to endanger yourself or others.
- Make sure you and other passengers wear the hi-vis vests.
- Move passengers to the safest location – on motorways or other busy roads passengers should be taken onto the embankment as far away from the traffic as possible.
- Move the vehicle off the carriageway (onto the hard shoulder on a motorway) and switch off the engine.
- Switch on the vehicle's hazard warning lights.
- Phone the emergency services or breakdown service as appropriate. Make sure to give accurate location details. If on a Motorway use the emergency SOS telephone to call for help – this will accurately inform the Gardaí of your location.

8. Responsibility

8.1 The Exams Office Senior Staff Officer is responsible for overseeing this policy and it's operational procedures.

9. Legislation and Regulation

[Safety, Health and Welfare at Work Act 2005](#)

[Road Traffic Act 1961](#)

[safety, Health and Welfare at Work \(general applications\) Regs 2007](#)

[Working Time Directive](#)

[European Communities \(Road Transport\) \(Working Conditions and Road Safety\) Regulations 2008](#)

[Licensing Laws](#)

[Data Protection Act 2018](#)

10. Further Helpful resources

https://www.hsa.ie/eng/vehicles_at_work/driving_for_work/winter_driving_tips/

<https://drivingforwork.ie/>

11. Document Control

Revision 1 Approved:

Next Review 2027/2028 or determined by legislative change.

Appendix 1

1. ACCIDENT / INCIDENT FORM

		Accident / Incident Report	
RIAM Employee / Sub-Contractor / Student / Visitor:		Incident Date :	
		Incident Time :	
Location of Incident:		Date of report:	
Name of Injured:		Occupation of injured:	Date of Birth of injured:
Witnesses:			
Please attach signed witness statements for all incidents involving personal injury			
Supervisor:			
Description of Incident (add additional documentation and sketches for, IR 1 incidents):			

Injury Management (TO BE COMPLETED BY FIRST AIDER).

Body Part Affected:	Head <input type="checkbox"/> Neck <input type="checkbox"/> Trunk <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Fingers <input type="checkbox"/> Leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Eye <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Multiple <input type="checkbox"/> Others:(Define)
Nature of Injury / Disease:	Fracture of Spine <input type="checkbox"/> Other Fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain / Strain <input type="checkbox"/> Amputation <input type="checkbox"/> Laceration <input type="checkbox"/> Bruising <input type="checkbox"/> Abrasion <input type="checkbox"/> Burn <input type="checkbox"/> Puncture Wound <input type="checkbox"/> Poisoning / Toxic Effect <input type="checkbox"/> F/Body <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Other

Signs & Symptoms & Treatment:

Injury Status:	First Aid <input type="checkbox"/> .	Site First Aid <input type="checkbox"/> .	Doctor <input type="checkbox"/> .
Hospital <input type="checkbox"/> .	Full Duties <input type="checkbox"/> .	Alt Duties <input type="checkbox"/> .	Lost Time <input type="checkbox"/> .
Date of resumption of Work:		Object/equipment/substance inflicting harm:	
Anticipated absence if not back:			

Immediate causes: (What sub standard actions & conditions caused the event)

Basic Causes: (What personal action or fundamental job factors caused the event)

Remedial Action to Prevent Reoccurrence:	By Whom	When By	Sign when completed

Employee's Comments:

Employee's Name: _____ **Signature:** _____ **Date:** _____

Supervisor's Comments:

Supervisor's Name: _____ **Signature:** _____ **Date:** _____

Manager's Comments:

Manager's Name: _____ **Signature:** _____ **Date:** _____