[Service Letterhead]

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AH&MRC
Aboriginal Health & Medical Research Council of NSW

[Organisation Name]

Transport Management

Policy

Document Control

Policy Title	Transport Management Policy
Policy Number	P-XXX
Approval Date	DD/MM/YYYY
Amended Date	DD/MM/YYYY
Next Review Date	DD/MM/YYYY
Version Number	1.0
Responsible Officer	Chief Executive Officer / Executive responsible for Corporate Services
Accreditation Mapping Code	RACGP – Access to care; patient safety; facilities and equipment; emergency preparedness; clinical governance; risk management; continuity of care; infection prevention and control. NSQHS – Standard 1 Clinical Governance; Standard 2 Partnering with Consumers; Standard 5 Comprehensive Care; Standard 6 Communicating for Safety. NSQPH – Clinical Governance; Partnering with Consumers; Clinical Safety; Comprehensive Care; Communicating for Safety. QIC – Governance; Risk Management; Service Delivery; Access and Equity; Safety; Resource Management; Cultural Safety; Business Continuity; Quality and Continuous Improvement.

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching governance, safety, risk-management and accountability requirements for organisational transport, fleet operations, patient and client transport, workforce travel and transport associated with outreach and community-based service delivery.

[Organisation Name] recognises that transport is an important enabler of equitable access to healthcare, particularly for Aboriginal and Torres Strait Islander people who may experience geographic, socioeconomic, mobility or other barriers to accessing services.

Transport activities also expose patients, clients, workers, passengers and the broader community to risks including road trauma, vehicle failure, fatigue, remote or isolated travel, environmental hazards, patient deterioration, manual handling, infection risks, safeguarding concerns and disruption to essential services.

Transport will therefore be planned, provided and managed in a manner that is safe, culturally responsive, accessible, reliable, lawful and proportionate to the needs and risks of the service.

This policy establishes organisational expectations for:

- transport governance and risk management;
- patient and client transport;
- transport eligibility and prioritisation;
- fleet management and vehicle safety;
- driver authorisation, licensing and competency;
- journey, outreach and remote-travel planning;
- driver fatigue and fitness to drive;
- children, vulnerable persons, carers and escorts;
- accessibility and mobility;
- clinical suitability for transport;
- passenger safety and behaviour;
- emergencies and deterioration during transport;
- vehicle breakdowns, collisions and incidents;
- infection prevention and vehicle hygiene;
- transport of medicines, vaccines, specimens, oxygen and equipment;
- vehicle and information security;
- private, hired, leased and third-party transport;
- emergency and business-continuity arrangements; and
- monitoring and continuous improvement.

2. Scope

This policy applies to organisational transport and travel undertaken by or on behalf of [Organisation Name], including patient and client transport, organisational vehicles, workforce travel, outreach and community-based services, mobile service delivery, transport of clinical equipment and supplies and other authorised transport activities.

It applies to organisation-owned, leased, hired or otherwise authorised vehicles and, where approved for organisational business, private vehicles and external transport providers.

The policy applies whether transport occurs locally or over extended distances and includes metropolitan, regional, rural, remote and isolated travel.

Emergency ambulance transport and specialist patient-transfer services remain governed by relevant emergency and health-service arrangements. Organisational transport must not be

used as a substitute for ambulance or other clinically appropriate transport where a person's condition requires emergency or specialist clinical transport.

3. Definitions

Authorised Driver – A person approved by [Organisation Name] to operate a vehicle for organisational purposes and who meets applicable licensing, competency and organisational requirements.

Fleet – Vehicles owned, leased, hired or otherwise controlled by the organisation for organisational purposes.

Organisational Transport – Transport provided, arranged, funded or authorised by [Organisation Name] for patients, clients, workers, equipment, supplies or organisational activities.

Patient / Client Transport – Non-emergency transport provided or arranged to assist a patient or client to access healthcare or other authorised services.

Outreach Travel – Travel undertaken to provide organisational or healthcare services away from the organisation's usual service premises.

Remote or Isolated Travel – Travel where access to assistance, communication, emergency services, fuel, accommodation or other support may be limited or delayed.

Journey Management – The planned process for assessing, authorising, monitoring and safely completing work-related travel.

Fit to Drive – Physically and mentally capable of safely operating a vehicle, including being free from impairment associated with fatigue, alcohol, drugs, illness, medication or another condition that may affect driving.

High-Risk Journey – Travel presenting elevated risk because of distance, remoteness, road condition, weather, time of travel, fatigue, communication limitations, passenger needs or other foreseeable hazards.

Vehicle Pre-Start Check – An established check undertaken before vehicle use to identify safety or operational concerns.

Third-Party Transport Provider – An external organisation or individual engaged or authorised to provide transport on behalf of [Organisation Name].

Vulnerable Passenger – A person who may require additional support or safeguarding during transport because of age, disability, health status, cognitive impairment, vulnerability or other relevant circumstances.

Escort – A parent, guardian, carer, worker or other authorised person accompanying a passenger where additional support, supervision or assistance is required.

4. Policy Statement

[Organisation Name] is committed to transport systems that enable safe and equitable access to services while protecting patients, clients, workers, passengers and the broader community.

Transport will be governed according to the following principles:

Safety takes priority over convenience or scheduling. No appointment, outreach activity or operational requirement takes precedence over safe travel.

Transport will be appropriate to need. Transport arrangements will reflect passenger needs, clinical condition, accessibility, vulnerability, journey characteristics and foreseeable risk.

Access will be equitable. Transport eligibility and prioritisation will be applied fairly and will not create avoidable barriers to healthcare.

Organisational transport is non-emergency transport unless specifically established and authorised otherwise. Emergency and specialist clinical transport will be used where clinically required.

Vehicles must be safe and fit for purpose. Vehicles will be appropriately registered, insured, maintained, serviced and suitable for their intended use.

Drivers must be authorised, competent and fit to drive. Organisational transport will only be undertaken by appropriately authorised drivers.

Fatigue will be actively managed. Workers must not drive where fatigue or another form of impairment may compromise safety.

Journeys will be risk-based. Distance, remoteness, weather, road conditions, communication coverage, passenger needs and other foreseeable hazards will inform travel decisions.

Safeguarding requirements apply during transport. Children, vulnerable persons and people requiring additional support will be transported under arrangements appropriate to their needs and risks.

Patients and passengers will be treated with dignity and respect. Transport will support privacy, cultural safety, accessibility, choice and appropriate communication.

Outreach activities will be planned safely. Travel, communication, emergency arrangements, environmental conditions and worker safety will be considered before outreach proceeds.

Incidents and hazards will be reported and learned from. Transport incidents, near misses, vehicle defects, complaints and emerging risks will inform improvement.

5. Policy

5.1 Transport Governance

[Organisation Name] will maintain governance arrangements establishing responsibility, authority and accountability for organisational transport and fleet management.

Transport governance will integrate with organisational and clinical governance, WHS, risk management, infrastructure and asset management, safeguarding, emergency management, business continuity, infection prevention and control, financial management and continuous quality improvement.

Transport services will be planned according to organisational capacity, service need, community access requirements and foreseeable risk.

Significant transport, fleet and outreach risks will be escalated through appropriate organisational governance arrangements.

5.2 Transport Risk Management

Transport risks will be systematically identified, assessed, controlled, monitored and reviewed.

Risk assessment will consider, where relevant:

- road and traffic conditions;
- journey length and duration;
- driver fatigue and fitness to drive;
- night or after-hours travel;
- weather and environmental conditions;
- rural, remote or isolated travel;
- mobile and communication coverage;
- vehicle condition and suitability;
- passenger numbers and needs;
- clinical condition;
- disability and mobility requirements;
- children and vulnerable passengers;
- behavioural, aggression or personal-safety risks;
- manual handling;
- infection risks;
- transport of equipment, medicines or other items;
- lone and isolated work; and
- availability of emergency assistance.

Higher-risk journeys will be subject to additional controls proportionate to the identified risk.

5.3 Patient and Client Transport

Patient and client transport will be provided or arranged according to organisational service models, eligibility requirements, available resources and assessed need.

Transport eligibility and prioritisation will be applied consistently and transparently, with consideration of clinical need, mobility, vulnerability, geographic access, available alternatives, cultural and family circumstances and organisational capacity.

Transport decisions must not unlawfully discriminate or create avoidable barriers to healthcare because of location, disability, socioeconomic circumstances, cultural obligations or other vulnerability.

Transport arrangements will consider the person's mobility, communication, cultural and accessibility needs; health status; required assistance; journey duration; accompanying persons; safeguarding requirements; and other foreseeable risks.

Patients and clients will be informed of relevant transport arrangements and expectations.

Where transport is cancelled, unavailable or cannot safely proceed, reasonable consideration will be given to alternative arrangements according to clinical need, risk and organisational capacity.

Transport will be delivered respectfully and with appropriate regard to privacy, dignity and cultural safety.

5.4 Clinical Suitability for Organisational Transport

Organisational patient transport is intended for persons who can be safely transported using the available vehicle, workforce and equipment.

Where there is uncertainty regarding clinical suitability, appropriate clinical advice will be obtained before transport proceeds.

Assessment will consider whether the person requires clinical monitoring, specialised transport, mobility assistance, an escort, carer or additional worker.

Organisational transport must not be used where a person's condition reasonably requires emergency ambulance response, specialist patient transport or a level of clinical monitoring or intervention that cannot be safely provided.

Where deterioration occurs before departure, transport will be delayed or cancelled and appropriate clinical or emergency assistance obtained.

5.5 Fleet Management

Fleet vehicles will be managed throughout their operational lifecycle in accordance with organisational infrastructure and asset-management requirements.

Fleet management will include, as applicable:

- vehicle acquisition and replacement;
- registration and insurance;
- scheduled servicing and maintenance;
- tyres and safety-critical components;
- inspections and pre-start arrangements;
- defects and rectification;
- recalls;
- roadside assistance;
- fuel and charging arrangements;
- cleaning and infection prevention;
- vehicle security;
- accident management; and
- fleet records.

Vehicles must be appropriate for their intended operating environment, passenger requirements, travel distances and expected loads.

Vehicles must not be operated where their condition presents an unacceptable safety risk.

5.6 Driver Authorisation, Licensing and Competency

Only appropriately licensed, competent and authorised persons may operate vehicles for organisational purposes.

Before authorisation, [Organisation Name] will verify that the driver's licence is current and appropriate for the class of vehicle.

Driver licence status will be periodically verified and may also be reviewed following a significant incident, identified concern or change in duties.

Drivers must immediately advise [Organisation Name] of any licence suspension, cancellation, disqualification, restriction or other change affecting their authority or capacity to drive for work.

Where justified by the role or level of risk, driver authorisation may consider relevant driving history, vehicle type, operating environment and additional assessment or training.

Workers operating four-wheel-drive, off-road, towing or other specialised vehicles must have competency appropriate to the activity where required.

Driver authorisation may be restricted or withdrawn where safety or organisational requirements are not met.

5.7 Driver Responsibilities and Road Rules

Drivers must comply with applicable road laws and exercise reasonable care for passengers, other road users, vehicles and organisational property.

Drivers must:

- operate vehicles safely and according to conditions;
- comply with speed limits and road rules;
- ensure required seatbelts and restraints are used;
- avoid unsafe distractions;
- comply with mobile-phone restrictions;
- secure loads and equipment;
- undertake required vehicle checks;
- report defects, hazards and incidents;
- protect vehicle keys and organisational property; and
- stop or modify travel where conditions become unsafe.

Traffic infringements arising from driver conduct will be managed in accordance with applicable law and organisational requirements.

5.8 Fitness to Drive

A person must not drive for organisational purposes where their ability to drive safely is impaired or may reasonably be impaired.

Potential impairment may arise from fatigue, alcohol, illicit drugs, prescribed or non-prescribed medication, illness, injury, inadequate sleep, significant distress or another physical or cognitive factor.

Workers must advise an appropriate manager where they are not fit to drive.

Managers must not direct or knowingly permit a worker to drive where there is reasonable concern regarding fitness.

Following a serious collision, traumatic transport event or other incident that may affect a worker's capacity to safely resume driving, appropriate support and review will occur where warranted.

5.9 Fatigue and Working Hours

Driving-related fatigue will be managed as a WHS risk.

Journey planning and rostering will consider total working hours, driving duration, time of day, previous work, sleep opportunity, rest periods, road conditions and individual circumstances.

Night, after-hours and extended-distance driving will be treated as higher-risk where circumstances warrant.

Workers must take appropriate rest breaks and stop driving where signs of fatigue occur.

Work schedules must not create unreasonable pressure to continue driving when fatigued or complete journeys within unsafe timeframes.

For extended or higher-risk travel, controls may include alternative drivers, additional rest, overnight accommodation, revised scheduling, alternative transport or postponement.

5.10 Vehicle Safety Checks and Defects

Drivers will undertake appropriate vehicle checks according to the vehicle, journey and organisational requirements.

Checks may include tyres, lights, warning indicators, fuel or charge level, visible damage, mirrors, windscreen, restraints, emergency equipment and general vehicle condition.

Defects must be promptly reported.

A vehicle must not be operated where a defect may compromise safe operation. Unsafe vehicles will be removed from service until appropriately assessed and rectified.

5.11 Children, Vulnerable Passengers and Safeguarding

Transport involving children, older people, people with disability or other vulnerable persons will be planned and delivered according to applicable safeguarding requirements.

Risk assessment will consider age, capacity, clinical condition, mobility, communication, behaviour, supervision requirements and the person's ability to safely enter, travel in and leave the vehicle.

The organisation will determine whether a parent, guardian, carer, escort or additional worker is required according to circumstances and assessed risk.

Unaccompanied transport of children must only occur where specifically authorised under organisational safeguarding arrangements and applicable legal requirements.

Children will be transported using legally compliant and appropriately fitted child restraints relevant to their age and size.

Drivers and other workers must maintain appropriate professional boundaries and comply with child-safety, safeguarding and mandatory-reporting requirements.

A vulnerable passenger must not knowingly be left at a location where there is reasonable concern that they cannot safely access appropriate support, accommodation or care.

5.12 Accessibility, Mobility and Assistance

Transport arrangements will consider passengers' accessibility and mobility requirements.

A person must not be transported where the available vehicle, equipment or workforce cannot safely accommodate their needs.

Wheelchairs, mobility aids and other equipment must be appropriately handled and secured.

Workers must not undertake unsafe lifting or transfers. Appropriate assistance, equipment or alternative transport will be arranged where required.

Assistance animals will be accommodated wherever reasonably practicable and consistent with applicable legal, safety and vehicle requirements.

5.13 Passenger Safety, Behaviour and Occupational Violence

Known behavioural, occupational violence, aggression, family violence or other personal-safety risks associated with transport will be considered before travel where reasonably practicable.

A person must not be transported where their behaviour creates an immediate and unacceptable risk to the driver, themselves or others unless appropriate controls are available.

Controls may include an escort or additional worker, alternative transport, revised collection arrangements or other risk controls.

Drivers must not attempt to manage behaviour while operating the vehicle where doing so compromises road safety.

Where unsafe behaviour develops during travel, the driver will stop at a safe location where practicable and obtain appropriate assistance.

Transport restrictions arising from behavioural or safety risks will be proportionate, documented and periodically reviewed. Alternative arrangements will be considered wherever reasonably practicable to prevent identified risks from unnecessarily becoming barriers to healthcare.

5.14 Privacy, Confidentiality and Dignity

Patient and client privacy and confidentiality will be maintained during transport.

Workers must not unnecessarily discuss confidential information where it may be overheard by other passengers.

Transport schedules, passenger lists, records and other personal information will be protected from unauthorised access.

Patient information must not be left unsecured or visible in unattended vehicles.

Shared transport arrangements will be managed with appropriate regard to privacy, dignity and cultural considerations.

5.15 Outreach and Community-Based Travel

Outreach and community-based travel will be planned according to the nature, location and risk of the activity.

Planning will consider:

- journey and road conditions;
- expected travel duration;
- weather;
- communication coverage;
- destination and personal safety;
- vehicle suitability;
- worker safety;
- clinical equipment and supplies;
- infection prevention;
- emergency response;
- security;
- fuel or charging availability; and
- arrangements where the planned service cannot safely proceed.

Where outreach involves temporary or mobile service environments, those environments must support safe service delivery consistent with organisational requirements.

5.16 Rural, Remote and Isolated Travel

Travel to rural, remote or isolated locations will be subject to risk controls proportionate to the environment and availability of assistance.

Journey decisions will consider authoritative information regarding road closures, flooding, bushfire, severe weather and emergency warnings where relevant.

Controls may include journey plans, check-in arrangements, satellite or alternative communication devices, emergency contacts, first-aid resources, drinking water, spare tyres, vehicle equipment, fuel planning, alternative routes, additional workers or overnight accommodation.

Workers must not proceed where road closures, extreme weather, bushfire, flooding or other circumstances create unacceptable risk.

Where reliable mobile coverage cannot be expected, alternative communication or emergency arrangements will be considered according to risk.

Workers must not undertake unsafe vehicle recovery activities. Appropriate roadside, recovery or emergency assistance will be used.

5.17 Lone and Isolated Work

Where a worker travels or provides outreach alone, risks associated with lone and isolated work will be assessed and controlled.

Higher-risk lone travel or outreach will include defined communication and escalation arrangements.

Controls may include planned check-ins, expected arrival and departure times, emergency contacts, duress systems, satellite communication or other appropriate arrangements.

Where an agreed safety check-in or expected arrival is missed, [Organisation Name] will initiate an established escalation process proportionate to risk.

Escalation may include attempts to contact the worker, review of available journey information, escalation to management, contact with nominated support services or persons and emergency services where appropriate.

5.18 Journey Planning and Authorisation

Higher-risk or extended journeys will be appropriately planned and, where required, authorised before departure.

Journey planning may identify:

- driver and passengers;
- vehicle;
- destination and route;
- departure and expected arrival;

- journey duration;
- road and environmental conditions;
- communication arrangements;
- identified risks;
- emergency contacts;
- check-in requirements; and
- alternative arrangements.

Material changes in weather, road conditions, destination, vehicle condition, driver fitness or other circumstances will trigger reassessment where necessary.

No worker will be penalised for reasonably delaying, altering or discontinuing travel because conditions are unsafe.

5.19 Weather, Road and Environmental Conditions

Travel decisions will consider current and reasonably foreseeable weather, road and environmental conditions.

Authoritative road, emergency and weather information will be considered for higher-risk travel where appropriate.

Travel may be delayed, cancelled, rerouted or modified because of flooding, bushfire, severe weather, extreme heat, poor visibility, road closures, unsafe road surfaces or other hazards.

Operational pressures, appointment schedules or service targets must not override reasonable safety decisions.

5.20 Emergencies and Patient Deterioration During Transport

Where a passenger experiences a medical emergency or significant deterioration during transport, the driver will stop at a safe location as soon as practicable and obtain appropriate emergency assistance.

Emergency services must be contacted where clinically indicated.

Workers will provide assistance within their level of training, competency and available resources.

Organisational vehicles must not be driven contrary to road laws or in an emergency-response manner in an attempt to substitute for ambulance transport.

The event will be documented and reported through applicable clinical and incident-management systems.

5.21 Vehicle Collisions and Road Incidents

All collisions, crashes and significant road incidents involving organisational transport must be promptly reported.

Immediate priorities are personal safety, emergency assistance, prevention of further harm and compliance with legal reporting requirements.

Drivers must not admit liability or make commitments on behalf of [Organisation Name] beyond exchanging information or undertaking actions required by law.

Relevant information will be collected where safe and appropriate, and insurers, police, regulators or other parties notified where required.

Serious incidents will include consideration of driver welfare and fitness before return to driving duties.

Incidents will be reviewed according to severity and potential for organisational learning.

5.22 Vehicle Breakdown and Recovery

Vehicles that break down or become unsafe must be stopped in a safe location where reasonably practicable.

Drivers will use authorised roadside-assistance, vehicle-recovery or escalation arrangements and must not undertake unsafe recovery activities.

Where passengers include patients, children, vulnerable persons or people with health needs, alternative transport or additional support will be arranged according to circumstances.

Breakdowns and mechanical failures will be documented and recurring issues investigated.

5.23 Infection Prevention and Vehicle Hygiene

Vehicles used for patient transport or outreach will be maintained in a clean condition appropriate to their use.

Cleaning and disinfection arrangements will reflect transport activities, contamination risks and applicable infection-prevention requirements.

Blood, body-fluid or other contamination will be managed using appropriate precautions and cleaning processes.

Vehicles used to transport potentially infectious persons will be managed according to risk, including appropriate cleaning, ventilation and personal protective equipment where indicated.

5.24 Transport of Medicines, Vaccines, Specimens, Oxygen and Clinical Supplies

Medicines, vaccines, specimens, clinical supplies and equipment transported in organisational vehicles must be appropriately packaged, secured and protected from damage, contamination, unauthorised access and unsuitable environmental conditions.

Cold-chain items will be transported according to applicable cold-chain requirements.

Clinical specimens will be transported using appropriate containment and handling arrangements.

Medicines and other sensitive items must not be left unsecured in unattended vehicles.

Medical oxygen and other gas cylinders transported in vehicles must be appropriately secured and managed to prevent movement, damage, heat exposure, ignition or other foreseeable hazards.

Transport of hazardous or regulated materials will comply with applicable safety requirements.

5.25 Transport of Equipment, Loads and Towing

Equipment, luggage, mobility aids, oxygen cylinders and other items must be positioned and secured so they do not create a hazard during normal travel, sudden braking or collision.

Vehicle load, axle, roof-rack and towing limits must not be exceeded.

Towing may only occur where authorised and where the vehicle, equipment, driver licence and competency are appropriate.

Specialised or hazardous loads will only be transported where applicable safety and legal requirements can be met.

5.26 Smoking, Alcohol, Drugs and Vaping

Smoking and vaping are prohibited in organisational vehicles.

Alcohol and illicit drugs must not be consumed or used in organisational vehicles.

A person must not operate an organisational vehicle while affected by alcohol, illicit drugs or another substance that impairs safe driving.

Prescription and non-prescription medicines that may impair driving will be managed through fitness-to-drive requirements.

5.27 Mobile Phones and Driver Distraction

Drivers must comply with applicable road laws concerning mobile phones and other electronic devices.

Workers must not undertake activities while driving that create unsafe distraction, including entering information into clinical or administrative systems, reading messages or performing other work tasks incompatible with safe vehicle operation.

Vehicles must be safely parked before undertaking activities requiring significant attention.

5.28 Vehicle and Information Security

Vehicles, keys, fuel cards, charging accounts, toll devices and associated equipment will be appropriately secured.

Vehicles should be locked when unattended, and valuables, medicines, clinical information and equipment protected from theft or unauthorised access.

Loss or theft of vehicles, keys, equipment, records or organisational property must be promptly reported.

Where loss or theft involves personal or health information, applicable privacy and information-security processes will also apply.

5.29 Private Vehicles Used for Organisational Business

Use of privately owned vehicles for organisational business must be authorised and comply with organisational requirements.

Where private vehicle use is permitted, the driver must maintain a current licence, registration, roadworthiness and insurance appropriate to the authorised use.

The organisation will establish arrangements concerning approval, reimbursement, insurance and responsibility for costs, infringements or damage.

Private vehicles must not be used for patient or client transport unless specifically authorised and appropriate insurance, safety and safeguarding requirements are satisfied.

5.30 Hired, Leased and Replacement Vehicles

Hired, leased and replacement vehicles used for organisational purposes must be suitable for their intended use and operated according to applicable organisational and provider requirements.

Drivers must be appropriately licensed and authorised.

Identified defects, damage or safety concerns must be promptly reported.

Equivalent organisational safety expectations apply regardless of vehicle ownership.

5.31 Third-Party Transport Providers

Where transport is provided by an external provider, [Organisation Name] will undertake due diligence proportionate to the nature and risk of the service.

Assessment and contractual arrangements will address, where applicable:

- driver licensing and competency;
- worker screening and safeguarding;
- vehicle registration and roadworthiness;
- insurance;
- accessibility;
- privacy and confidentiality;
- infection prevention;
- incident reporting;
- complaints;
- emergency arrangements; and
- service quality.

Third-party assurance will not be limited to initial engagement. Relevant licensing, insurance, incidents, complaints, performance and other material risks will be periodically reviewed.

Significant provider incidents, repeated failures or compliance concerns will be escalated and appropriately managed.

Outsourcing transport does not remove [Organisation Name]'s responsibility to take reasonable steps to ensure services provided on its behalf are safe and appropriate.

5.32 Pick-Up, Drop-Off and Failed Transport Arrangements

Patient and client collection and drop-off arrangements will support reasonable safety, dignity and continuity of care.

Workers will take reasonable steps to confirm passengers can safely enter and exit the vehicle and access the agreed destination.

Where a passenger is not present for collection, cannot be contacted, refuses transport or circumstances at the destination create an immediate safety concern, workers will follow established escalation arrangements.

Children and vulnerable persons must not be left in circumstances inconsistent with applicable safeguarding requirements.

Where transport failure may create significant risk to a patient's health or continuity of care, appropriate clinical or service escalation will occur.

Transport non-attendance or failure must not automatically result in discontinuation of healthcare without appropriate assessment of the person's circumstances and ongoing care needs.

5.33 Consent, Choice and Transport Refusal

Patients and clients will be supported to make informed decisions about organisational transport.

A person may decline or withdraw consent to transport, subject to applicable safeguarding, capacity or legal requirements.

Where refusal creates concern regarding significant health or safety risk, appropriate clinical or safeguarding advice will be sought.

Relevant transport refusals, alternative arrangements and significant concerns will be documented where appropriate.

5.34 Emergency and Business Continuity

Transport dependencies will be considered within organisational emergency-management and business-continuity arrangements.

Contingency planning will consider vehicle unavailability, fuel or charging disruption, severe weather, road closures, fleet breakdown, staff shortages, provider failure and other circumstances affecting transport-dependent services.

Alternative vehicles, transport providers, service locations, outreach arrangements, telehealth or appointment arrangements may be used where normal transport services are disrupted.

Patients whose access to essential or time-critical care depends on organisational transport will be considered in continuity planning where practicable.

Continuity arrangements must not compromise safety.

5.35 Fuel, Charging and Fleet Resources

Fuel cards, charging accounts, toll devices, vehicle keys and other fleet resources will be securely managed and used only for authorised organisational purposes.

Loss, suspected misuse or unauthorised use must be promptly reported.

Journey planning for electric, hybrid or alternatively fuelled vehicles will consider charging or refuelling availability appropriate to the route and operating environment.

5.36 Transport Complaints and Feedback

Transport-related feedback and complaints will be managed through [Organisation Name]'s consumer feedback and complaints systems.

Feedback may relate to timeliness, accessibility, driver conduct, cultural safety, privacy, vehicle condition, passenger safety or other aspects of transport services.

Serious complaints, repeated concerns and identified safety risks will be appropriately escalated.

Complaints and feedback will inform transport quality improvement and service planning.

5.37 Transport Records

Appropriate fleet and transport records will be maintained according to organisational requirements.

Records may include:

- vehicle registration and insurance;
- servicing and maintenance;
- driver authorisations and licence checks;
- vehicle inspections and defects;
- recalls;
- incidents and collisions;
- journey and check-in records;
- patient transport information;
- fuel or charging records; and
- third-party provider assurance.

Records containing patient, client or worker information will be managed according to applicable privacy, health-information and records-management requirements.

5.38 Environmental Sustainability

Fleet planning will consider responsible use of organisational resources and environmental sustainability where reasonably practicable.

Considerations may include fuel efficiency, emissions, route planning, vehicle utilisation, vehicle selection, electric or lower-emission vehicles, maintenance and whole-of-life cost.

Environmental objectives must not compromise passenger safety, vehicle suitability, outreach capability or service accessibility.

5.39 Continuous Improvement

Transport management will form part of [Organisation Name]'s organisational assurance and continuous quality improvement systems.

Transport incidents, near misses, complaints, safeguarding concerns, missed check-ins, vehicle defects, breakdowns, driver trends, maintenance data, patient and workforce feedback, audit findings and third-party provider performance will inform improvement priorities.

Corrective and improvement actions will be documented, assigned, monitored and evaluated.

Transport systems will be periodically reviewed to ensure they remain safe, equitable, accessible, culturally appropriate and responsive to community and organisational needs.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provides oversight of significant transport, fleet, safety and continuity risks and assurance that appropriate systems and resources are maintained.
Chief Executive Officer / Executive Management	Ensures appropriate transport governance, resources, delegations, risk management and compliance arrangements.
Fleet / Transport Coordinator or Responsible Manager	Coordinates fleet, maintenance, registration, insurance, driver authorisation, transport systems, provider oversight and identified risks.
Clinical Leaders / Senior Clinicians	Provide clinical oversight where transport suitability, deterioration or transport incidents may affect patient safety.
Managers / Practice Managers	Ensure transport arrangements are safely implemented, drivers are authorised, risks are managed and incidents or missed safety checks are escalated.
WHS / Quality Personnel	Support transport risk assessment, incident review, audit, monitoring and continuous improvement.
Safeguarding / Relevant Responsible Personnel	Support transport involving children and vulnerable persons and management of identified safeguarding concerns.
Transport Officers / Drivers	Drive safely, complete required checks, protect passengers and promptly report defects, hazards, incidents, licence changes and fitness-to-drive concerns.
Outreach / Clinical Workers	Participate in journey planning and outreach safety arrangements and safely manage clinical supplies, equipment and patient information.
Third-Party Transport Providers	Comply with applicable licensing, vehicle, safeguarding, insurance, privacy, safety, incident-reporting and contractual requirements.

7 . Cultural Considerations

[Organisation Name] recognises transport as an important component of culturally safe and equitable healthcare access for Aboriginal and Torres Strait Islander people.

Transport arrangements will recognise that access barriers may include distance, inadequate public transport, financial circumstances, disability, family and kinship responsibilities, cultural obligations and limited availability of local services.

Transport will be provided with dignity, respect, privacy and culturally safe communication.

Where appropriate, planning will consider family, carers, escorts, Elders and kinship relationships while maintaining safe passenger capacity, safeguarding, confidentiality and clinical requirements.

Transport eligibility, prioritisation or safety restrictions will be applied consistently and must not create avoidable disadvantage because of geographic isolation, socioeconomic circumstances, disability or cultural responsibilities.

Where transport must be restricted because of an identified clinical, behavioural or safety risk, reasonable alternative access arrangements will be considered wherever practicable.

Community and consumer feedback should inform transport service planning and improvement, particularly where transport arrangements materially affect access to care.

The organisation will also respond appropriately to the cultural, linguistic, religious, disability and accessibility needs of the broader community it serves.

8. Related Policies & Documents

- Organisational Governance Policy
- Clinical Governance Policy
- Infrastructure and Asset Management Policy
- Work Health and Safety Policy
- Risk Management Policy / Framework
- Emergency Management Policy
- Business Continuity Plan
- Access and Continuity of Care Policy
- Comprehensive Care Policy
- Safeguarding Policy
- Consumer Feedback and Complaints Policy
- Infection Prevention and Control Policy
- Health Information Management Policy
- Information Technology and Security Policy
- Drug and Alcohol Policy
- Fleet / Motor Vehicle Procedure
- Patient Transport Procedure
- Driver Authorisation Procedure
- Outreach and Remote Travel Procedure
- Lone and Isolated Work Procedure
- Fatigue Management Procedure
- Vehicle Accident / Breakdown Procedure
- Transport of Children / Vulnerable Persons Procedure
- Vehicle Pre-Start Checklist
- Fleet / Vehicle Register
- Driver Authorisation Register
- Vehicle Maintenance Schedule
- Journey Management / Travel Plan
- Outreach Risk Assessment
- Third-Party Transport Provider Assurance Record
- Incident Report Form
- Incident Management Policy

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of this policy through organisational and clinical governance, fleet and transport management, WHS, risk management, incident management and continuous quality improvement systems.

Monitoring will be proportionate to transport risk and may include:

- vehicle registration and insurance;
- servicing and maintenance compliance;
- vehicle defects and downtime;
- driver licence and authorisation status;
- transport incidents, collisions and near misses;
- relevant traffic infringements;
- breakdowns and recalls;
- fatigue and fitness-to-drive concerns;
- patient transport and safeguarding incidents;
- complaints and feedback;
- transport access and equity issues;
- outreach and remote-travel risks;
- missed check-ins and escalation events;
- third-party provider compliance and performance;
- vehicle utilisation;
- accessibility issues; and
- corrective and improvement actions.

Monitoring will assess whether required systems are established and whether transport activities are safe and effectively managed in practice.

Significant transport incidents, recurrent vehicle failures, unsafe driving trends, serious complaints, safeguarding concerns or systemic transport risks must be escalated through appropriate governance arrangements.

The Board / Governing Body and executive management will receive sufficient information to understand material transport and fleet risks and determine whether appropriate controls, capability and resources are maintained.

This policy will be reviewed at least every two years, and earlier following significant legislative or regulatory change; a serious transport incident; accreditation or regulatory findings; material changes to transport or outreach services; significant fleet changes; or other circumstances indicating review is required.

10. Breach of Policy

Actual or suspected breaches of this policy must be reported and managed according to their nature, seriousness and level of risk.

Where a breach creates an immediate risk to passengers, workers or the public, transport or vehicle use must cease or be appropriately restricted until the risk is controlled.

Management may include removal of a vehicle from service; suspension or review of driving authorisation; alternative transport arrangements; clinical or safeguarding review; incident investigation; risk assessment; additional training or supervision; licence verification; vehicle inspection or repair; insurer, police or regulator notification where required; contractual, performance or disciplinary action where appropriate; governance escalation; and continuous quality improvement.

Where an incident identifies broader contributing factors such as unsafe scheduling, excessive workload, inadequate maintenance, unsuitable vehicles, poor journey planning, inadequate training, communication failures, contractor performance or insufficient resources, [Organisation Name] will address those systemic factors rather than limiting its response to individual driver conduct.

A systems-based response does not prevent appropriate accountability where conduct is deliberate, reckless, unlawful or constitutes serious misconduct.

Action taken under this policy must be proportionate, appropriately authorised and consistent with applicable legal, employment, professional, contractual and organisational requirements

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Work Health and Safety Act 2011 (NSW)	External	NSW Legislation
Work Health and Safety Regulation 2025 (NSW)	External	NSW Legislation
Road Transport Act 2013 (NSW)	External	NSW Legislation
Road Rules 2014 (NSW)	External	NSW Legislation
Heavy Vehicle National Law (NSW)	External	NSW Legislation

[Service Letterhead]

Document Title	Type	Location / Access
Heavy Vehicle National Law – Fatigue Management	External	National Heavy Vehicle Regulator
How to Manage Work Health and Safety Risks – Code of Practice	External	SafeWork NSW
Managing the Work Environment and Facilities – Code of Practice	External	SafeWork NSW
Remote or Isolated Work	External	SafeWork NSW
Fatigue	External	SafeWork NSW
Assessing Fitness to Drive – Commercial and Private Vehicle Drivers	External	Austroads
NSW Driver Licence Requirements	External	Service NSW
Child Restraints and Seatbelt Requirements	External	Transport for NSW – Child Car Seats
Live Traffic NSW	External	Transport for NSW – Live Traffic
NSW Road Safety	External	Transport for NSW – Road Safety
NSW Rural Fire Service – Fires Near Me and Warnings	External	NSW Rural Fire Service
NSW State Emergency Service – Flood and Severe Weather Information	External	NSW SES
Bureau of Meteorology – Warnings and Forecasts	External	Bureau of Meteorology
Australian Guidelines for the Prevention and Control of Infection in Healthcare	External	NHMRC
National Vaccine Storage Guidelines – Strive for 5	External	Australian Government Department of Health, Disability and Ageing
Standards for General Practices	External	RACGP

[Service Letterhead]

Document Title	Type	Location / Access
National Safety and Quality Health Service Standards	External	Australian Commission on Safety and Quality in Health Care
National Safety and Quality Primary and Community Healthcare Standards	External	Australian Commission on Safety and Quality in Health Care
QIC Health and Community Services Standards	External	Quality Innovation Performance
Infrastructure and Asset Management Policy	Internal	Internal Document
Work Health and Safety Policy	Internal	Internal Document
Risk Management Policy / Framework	Internal	Internal Document
Emergency Management Policy	Internal	Internal Document
Business Continuity Plan	Internal	Internal Document
Access and Continuity of Care Policy	Internal	Internal Document
Safeguarding Policy	Internal	Internal Document
Consumer Feedback and Complaints Policy	Internal	Internal Document
Infection Prevention and Control Policy	Internal	Internal Document
Health Information Management Policy	Internal	Internal Document
Fleet / Motor Vehicle Procedure	Internal	Internal Document
Patient Transport Procedure	Internal	Internal Document
Outreach and Remote Travel Procedure	Internal	Internal Document
Vehicle Accident / Breakdown Procedure	Internal	Internal Document

Document Title	Type	Location / Access
Transport of Children / Vulnerable Persons Procedure	Internal	Internal Document
Vehicle / Fleet Register	Internal	Internal Document
Driver Authorisation Register	Internal	Internal Document
Vehicle Maintenance Schedule	Internal	Internal Document
Vehicle Pre-Start Checklist	Internal	Internal Document
Outreach Risk Assessment	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft