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TRANSPORTATION SOLUTIONS FOR CAREGIVERS

A SOLUTIONS PACKAGE

For Adult Day Services Transportation Programs





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National Family Caregiver Support Program

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TABLE OF CONTENTS

Section	*Page*
Introduction to Adult Day Services	1
Adult Day Services Transportation	2
ADS Transportation Barriers	3
Current Practice in Transportation	4
Service Area	4
Services Offered	4
Collaboration and Coordination	5
Fees and Funding	7
Policies and Procedures	8
ADS Drivers	9
Driver Roles	9
Management	9
Records	13
Training	13
Vehicles and Equipment	15
Vehicles	15
Adaptive Equipment	15
ADA Compliance	16
Transportation Needs and Preferences	17
Successful and Innovative Practices	18
Marketing and Planning	20
Marketing	20
Planning	20
Risk Management	21
Nature of Risk for Adult Day Services	21
What Could Go Wrong?	22
What Will We Do?	22
How Will We Pay For It?	23
Insurance for Adult Day Services	24
Commercial General Liability (CGL)	24
Directors' & Officers' Liability (D&O)	25
Professional Liability	25
Accident Insurance	25
Business Auto Coverage	26
What To Do if You Are Having Difficulty Finding Coverage	26
Safety for Adult Day Programs	28
Insurance and Liability Concerns	30
Keys to Success in Transportation	31
Lessons Learned in Adult Day Services Transportation	33

TABLE OF CONTENTS (continued)

Section	*Page*
Disclaimers	36
Attachments	
Transportation Cost/Benefit Analysis	A-1 – A-2
Federal Transit Funding Resources	A-3 – A-4
General Funding Resources	A-5 – A-6
Code of Ethics	A-7
Driver Conduct	A-8 – A -9
Drug Free Workplace	A-10
Policy on Harassment	A-11
Confidentiality Policy	A-12 – A-13
Reporting Suspected Abuse, etc.	A-14 – A-15
Adult Protective Services Reporting Form	A-16
Incident Report	A-17
Safety Policies	A-18
Policies and Procedures	A-19 – A-29
Sample Driver Job Description	A-30 – A-31
Driver Application	A-32 – A-33
Driver Training Checklist	A-34
Driver Orientation Checklist (s)	A-35 – A-36
Transportation Driver's Competency	A-37 – A-38
Background Investigation Authorization	A-39
Transportation Log Sheet(s)	A-40 – A-41
Wheelchair Securement	A-42 – A-44
Training Booklet	A-45– A-68
Vehicle Maintenance/Inspection Checklist(s)	A-69 – A-74
Transportation Release	A-75
Transportation Request	A-76
Participant Transportation Information	A-77 – A-78
Evaluation	E-1 – E-2

INTRODUCTION TO ADULT DAY SERVICES

Large scale studies have been conducted (e.g. Partners in Care, 2002) that look at the many facets of Adult Day Services (ADS), including which areas of the country are ADS rich and, conversely, those areas that have too few programs to meet the need for ADS. It is no surprise that there are many more regions with too few ADS programs than with ample. And, as we know, the need for more ADS programs and other home and community based services will increase significantly in the coming years.

As the saying goes, when you've seen one Adult Day Services program, you've seen one Adult Day Services program. ADS programs are as diverse as the people they serve and the communities in which they are located. However, there are common threads that tie the industry. By gathering feedback from ADS providers to develop these materials, we are able to share a glimpse of what ADS looks like in the United States.

ADS programs serve rural, urban, and suburban areas. The majority of programs serve older adults, both those with and without dementia, while nearly 1/3 serve the developmentally disabled and mentally ill, still others have Medical Rehabilitation and/or disease specific programs. Over 1/4 of the programs serve all of these populations. In addition, while 1/10 of programs have participants with average ages between 18 and 65, nearly 1/3 serve participants averaging 66-75 and the majority of programs serve folks 75 years of age and older.

Daily attendance ranges from very few (1-8) to in excess of 100, however, most programs average between 16 and 50 participants per day and have an annual budget of $100,000 to $500,000. While some states require a differentiation between medical and social model programs, many states don't and many programs consider themselves a 'combination' of the two models. The vast majority of ADS programs contributing feedback for these materials are not for profit.

ADS funding sources are many and depend on a myriad of factors including services offered, state and local funding policy and availability of Medicaid waiver, Area Agency on Aging (AAA) priorities and availability, private sources and donations, contract status with the Veterans Administration (VA), among others. State, Medicaid waiver and VA funding, as well as a combination of unique local funding and private payers pay for the greatest amount of ADS.

ADS TRANSPORTATION

Most states do not require provision of transportation in ADS, however, as noted by Partners in Care, transportation *is* a key to success for ADS programs. ADS providers have taken note and nearly 3/4 of ADS programs provide transportation for their participants. Among programs for which transportation is provided, the program transports 2/3 of participants and over 1/2 of participants would be unable to attend programs without this transportation. 1/3 of ADS programs have at some point lost participants as a result of either not providing transportation, or transportation that does not travel to areas where some participants reside. In fact, ADS providers report losing an average of 7.5 participants in one year's time.

While some ADS programs own and manage their own transportation, others subcontract or coordinate with local transportation providers ors meet participant need by providing a combination. Nearly 3/4 employ their own drivers and own/lease their vehicles, more than 1/4 of programs subcontract their transportation services, and nearly 1/3 coordinate transportation services among local transportation providers. In addition, a small proportion of ADS programs work with volunteer drivers to transport their participants.

More specifically, nearly 3/5 of ADS centers own/manage in-house transportation programs which provide rides to almost that proportion of participants. Nearly 1/3 of programs use contracted services to transport 2/5 of participants and just under 3/4 of ADS providers coordinate with local public and/or paratransit to transport more than 2/5 of their participants. Coordination with local Medicaid transportation accounts for 1/5 of transportation provided and transports over ¼ of participants. Finally, family and friends provide transportation to some extent in nearly all programs, transporting an average of 1/3 of participants.

Programs who own and/or manage their own transportation services acquire their vehicles in a number of ways. Almost all of these programs own some, if not all, of their vehicles. Less than 1/10 acquire their vehicles through lease, and an even smaller proportion share their vehicles with other programs or agencies. ADS programs obtain financing for their vehicles through various means including monetary donations, donated vehicles, grant funding, Department of Transportation funding, among other local funding sources. An average of four vehicles are used per program to transport participants. See attachment on page A- 1 – A-2 for outsourcing versus in-house transportation cost/benefit analysis framework. Visit www.easterseals.com/transportation for a cost/benefit analysis Excel worksheet.

ADS TRANSPORTATION BARRIERS

Provision of transportation services proves to be a challenge for ADS providers, as well as an access issue for participants and their families. There are a variety of barriers that exist for ADS providers who are either considering or currently providing transportation services for their participants. The perceived barriers for those considering but not yet providing transportation are somewhat disparate from barriers faced by those currently providing services. Below you will find these potential barriers listed from the most significant to the least significant as rated by ADS providers. The goal of this Solutions Package is to address some of these concerns and potentially reduce barriers to transportation services for ADS participants.

Considering Transportation Services:

1. Initial cost of vehicle
2. Cost of vehicle/maintenance and upkeep
3. Insurance costs/liability concerns
4. Cost of additional transportation staff
5. Hiring appropriate staff to meet special needs
6. Logistics/routing
7. Cost of vehicle modifications
8. Scheduling pick up and drop off times
9. Identifying and managing mobility needs

Currently Providing Transportation:

1. Maintaining current equipment
2. Insurance costs/liability concerns
3. Hiring and maintaining appropriate staff
4. Establishing efficient routing to contain costs
5. Obtaining new equipment
6. Acquiring adequate vehicles to accommodate disabilities
7. Dealing with characteristics/behaviors of participants on van that create safety risks
8. Maintaining appropriate travel time on the van for participants
9. Maximizing use of van for cost effectiveness
10. Providing/planning staff training—ongoing

CURRENT PRACTICE IN TRANSPORTATION

Service Area

ADS programs often serve participants residing in surrounding counties and communities—especially in rural and suburban areas. This can pose a challenge for the program in providing/arranging transportation for participants who live some distance away from the center. When coordinating with city/county run public or paratransit, this may mount an even larger challenge.

Most programs, and some states and funding sources, aim to minimize the amount of time that participants spend in route each day—usually less than 1 hr. However, for programs with few vehicles serving a large area or in very congested areas, keeping trips to less than 1 hr. can also be a challenge. Even so, nearly all programs do succeed in doing this. Just over 1/10 of participants spend in excess of one hour in transit among the few programs that haven't avoided such travel times. With the desire to keep travel times to and from the center at a minimum, and with geographical parameters set by some funders, most centers must define/restrict their service areas. More than half of centers find that this restriction limits participation in their program to some extent.

Services Offered

Many different levels of transportation services are provided by ADS programs and/or their subcontractors. In addition to the service provided, having a courteous, caring and well-trained driver is cited the most important aspect to the transportation aside from safety and reliability. An assessment of your community's needs can help determine the types of transportation services that your program offers and the flexibility required to meet those needs. Although transportation services offered may evolve over time, it is important to include this information in program procedures, as well as driver and rider guidelines, in order to avoid misunderstandings. Some of the types of services include:

Curb-to-Curb: Driver picks participant up at the curbside or in the driveway. Organizational policy will articulate the extent of assistance provided to the participant while entering and exiting the vehicle.

Door-to-Door: Driver retrieves passenger from door of pick-up location to door of destination, often including assistance into and out of the vehicle.

Door-through-Door: Driver may enter participant's home, often providing assistance (i.e., tying shoes, help donning jacket, assuring that the home is locked, etc.) at pick-up and drop-off location.

Hands-on assistance: Driver physically assists participant with getting in and out of vehicle.

Transferring assistance: Driver physically assists participant in transferring to and from wheelchair when getting in and out of vehicle.

Escort:
1st definition) Participant is driven to and from appointment, driver accompanies and stays with him during appointment or event—providing companionship and emotional support regarding information or news given at appointment.
2nd definition) Passenger is accompanied to and from appointment or event on public transit, paratransit, taxicab, etc. rather than driving and stays during appointment—provided companionship and emotional support regarding information or news given at appointment.

Nurse Escort: Same as above, however, escort is a working or retired nurse who helps interpret medical information for participant and family.

While some programs provide rides only to and from the center, others provide rides to medical appointments, shopping, personal business, picking up medications, social events, religious services/events and other purposes. Again, the need among your participants and your community, as well as the availability of drivers and vehicles will help define your services.

The most popular services with ADS participants and families are door-to-door, door-through-door and hands-on assistance. Some programs have maintained/increased daily census by providing an "up and tuck" service where volunteers, home health workers or center staff assist participants to get ready in the morning, then drive them to the center. Other programs have found success by providing an evening before or morning call to participants in order to remind them of their pick up times and destination. Programs who have volunteer or staff escorts riding along on the van/bus have found this to be a solution to some of their transportation challenges. This way, the driver can concentrate on driving and can go to the door to retrieve participants without leaving the other participants, who may have been picked up first, alone on the vehicle. This is especially helpful when transporting participants with dementia and other impairments that may result in behavior challenges.

Collaboration and Coordination

In the current climate of a burgeoning older population, decreasing availability of state and federal dollars, and increased focus on home and community based services, there is an ever growing need for collaboration among providers—both

service providers and transportation providers. There is no prescription in terms of collaboration; it is dependant upon what service providers and transportation providers are available in your area and how open they are to working together.

Among ADS programs, collaboration with other service providers and transportation providers has helped some centers sustain their transportation programs and fill in gaps where needed. In some cases, other providers are actually providing transportation for participants to/from the center or serving as back up in the case that vehicles are out of service for repairs. In other cases, ADS operated transportation successfully helps meet older adult and other transportation needs in the community by offering vehicles to service community members served by other organizations. Some funds are dependent on this as a condition of funding, while other ADS programs have simply determined that it helps make their transportation cost effective for the center.

There are many ways to leverage your relationships with other local providers to both share and tap into strengths and need. Examples of collaborations taking place include coordination with local Medicaid transportation, hospital transportation, community action programs, community public/private transit, volunteer transportation programs (i.e., Faith in Action, Red Cross, RSVP, faith communities), community centers, local senior centers/senior services, county shared ride program, etc. Some of these collaborating organizations provide or supplement center provided transportation, while others share equipment and/or vehicles that the ADS program staff/drivers use to transport participants or help fund the transportation program. A van assistant or escort on the ADS van/bus may be a volunteer while the driver is either paid or volunteer.

Some ADS programs are involved at the community level in looking at unmet needs and gaps in services and still others are involved at the transportation planning level in terms of contributing to the creation of a system of transportation that meets the needs of older adults and people with disabilities in their communities. Local advocacy and work with local and state legislators is a must no matter the approach used.

There is presently a coordination initiative at the federal level entitled *United We Ride: Building the Fully Coordinated Human Service Transportation System*. Currently 62 federal programs fund transportation services, and coordination is the key to using these services more efficiently. The Department of Transportation, with its partners at the Departments of Health and Human Services, Labor and Education, is launching *United We Ride*—a new five-part initiative—to break the barriers between programs and set the stage for local partnerships that generate common sense solutions and deliver high-quality service to everyone who needs transportation. One of the goals is to discourage the 'silo' effect of transportation funding and service provision. In doing this, the hope is to no longer see an empty bus or van driving to a neighborhood to pickup just one individual from a particular population with special needs, but instead to

have the same bus or van pick up young people, older adults, and people with disabilities along the way so that all people who require transportation services receive them. For more information on federal coordination activities, visit www.fta.dot.gov/CCAM/.

Collaboration may be as basic as working with your local AAA for funding, transportation or back up use of their vehicles/drivers or as involved as co-purchasing vehicles and providing rides for other populations/agencies. About ½ of ADS programs collaborate at some level with other agencies to provide transportation services. A large proportion (i.e., nearly half) of transportation serving ADS program also serves different populations on the same vehicle (e.g., older adults, children, children and adults with special needs, etc.). Often, when centers contract with private transportation or coordinate with public transportation, other populations are served on the same vehicles as the ADS participants. You may have success in encouraging this type coordination by getting involved in the local transportation coordinating council or commission.

Fees and Funding

ADS providers give or coordinate an average of nearly 1200 rides per month. Most programs consider a one-way trip their standard unit of transportation, while some consider their standard unit round trip and still fewer charge/track per mile. The percentage of overall program budget dedicated to transportation ranges from 0% to as high as 50% for some programs, averaging at about 15%. Transportation budgets vary as widely as ADS programs themselves and range from $0 to over a million dollars with an average nearly $125,000. Unfortunately, just over half of ADS programs find their transportation services to be cost effective.

As transportation budgets vary among ADS programs, so do the proportions of transportation related costs in relationship to the overall budget. For instance, insurance and liability related costs account for an average of 8.5% (ranging from 0% to 25%) of the total transportation budget. Vehicle maintenance and service averages at about 23% of transportation budgets (ranging from 0-100%) and transportation staff averages at about 38% of budget (ranging from 0% to 90%).

For most ADS programs that provide transportation to their participants, transportation fees are not included in the ADS program fee. In excess of 3/4 of programs charge an additional fee for transportation ranging from $1 per trip to $41 per trip (average nearly $9). Nearly 2/3 of the time, the extra fee charged by ADS programs for transportation does not cover the cost of providing the transportation—covering an average of just less than 50% of the cost.

When the cost of transportation is not fully covered by participant paid fees, programs compensate for the discrepancy between cost and fees in a variety of ways—often depending on the availability of state and local funds/funding

sources.

Following are several funding sources being used by ADS providers to pay for part, or all, of transportation services.

- State Funds
- Title 20
- Title 3
- Medicaid
- Private pay
- Special Grants
- Donations
- Administration on Aging
- Volunteers (i.e., "in-kind")
- Government waivered services
- Veterans' Administration
- Part of hourly/daily program fee

Please see pages A-3 through A-6 for a variety of funding resources.

Policies and Procedures

Clear and well thought out policies are an important element in any well run organization. Not only do they help establish consistent and efficient operations, but they also are important in setting expectations for new staff and volunteers. Funders and/or certifying agencies also frequently refer to policies as indicators of well managed programs. A number of suggested policies are listed below. *Sample policies can be found on pages A-7 through A-18.*

- Code of Ethics
- Code of Conduct
- Drug free workplace
- Harassment
- Confidentiality
- Reporting suspected abuse, neglect, abandonment and exploitation
- Incident Reporting
- Safety Policies

The following topics are also recommended topics for your policies and procedures to address. *(See pages A-19 through A-29 for examples.)*

- Description of Service
- Service Area
- Days and Hours of Service
- Accepting Gratuity
- Scheduling and Cancellation
- Passenger Assistance
- Passenger Conduct and Responsibilities
- Passenger/Caregiver Comment and Complaint Procedures
- Transportation Program Responsibilities
- Safety
- Cell Phone Use
- Non-discrimination
- Emergency/Accident Procedures
- Criminal Background Check

ADS DRIVERS

Driver Roles

Just over 1/2 of ADS centers hire employees strictly to be drivers; many others have their drivers working as program aides or performing other tasks for the center. Drivers are often active in other roles for organization, such as transportation coordinator—scheduling rides and being in charge of vehicle inspections and maintenance and other related tasks. There are pros and cons to hiring dedicated drivers versus drivers that also fulfill additional roles. Some things to consider are as follows: people can be skilled drivers with excellent participant/customer-relations skills but may not be cut out for program aide work. Further, driving mornings and afternoons, as well as working for the program during the day, can make for a long day and may impact driver retention; salary structure may be different for a driver versus a driver/aide or a driver/transportation coordinator. It also makes sense to think about having your drivers available to transport other community dwelling older adults during the day. This can prove to be a great way to serve your community and raise awareness about your program. *(See A-30– A-31 for sample driver job description.)*

Management

Maintaining a well trained, enthusiastic pool of drivers is an essential ingredient of any successful transportation program. Whether a driver uses an agency-owned vehicle or their own personal vehicle, he or she is responsible for the safety of all riders[1]. Although problems with managing staff does not seem to be a pressing issue for ADS providers, concerns such as drivers not being available when needed, rider/driver conflicts and rider complaints do arise from time to time. The most effective method for resolving problems will vary according to the situation. However, it is important that they are addressed within an established organizational protocol.

Positive and open communication prevents confusion and promotes understanding between your staff, your riders, and your organization. For instance, regular meetings with your drivers and/or monthly written communication with them (e.g., newsletters) can help keep the lines of communication open. Be clear with riders and drivers about your terms of service (e.g. hours, service area, etc.) and when exceptions can or cannot be made. With new drivers, emphasize your organization's mission and its impact on both daily operations and community relations. Clearly articulate drivers' roles and responsibilities at the start of the relationship and explain that they are never required to do anything outside of those parameters. Instruct drivers about

[1] Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices*. October 2002.

when they may—or may not—take action outside the boundaries you have established for their position (e.g. you may permit a driver to unpack a care receiver's groceries but prohibit him/her from dating a care receiver). In addition, follow-up with both drivers and riders intermittently after an appointment to thank them and inquire about the experience and determine if they have suggestions for improvement or need to report an incident.

Occasionally, a new driver will be unable to successfully comply with established policies or a tenured driver will fail to maintain prescribed rider relations or safety standards. When verbal and written warnings are not heeded, more serious steps such as driver suspension or termination may need to be taken. The *Volunteer Drivers Guide to Best Practices*[2] suggests the following criteria for driver suspension or termination:

Driver suspension or termination (including but not limited to):

1. Any time a current driver does not meet the requirements to be a new driver.

2. Theft.

3. Violence.

4. Reporting to work under the influence of a controlled substance, alcohol or medications that affect driving abilities, based on the standards of the Drug Free Workplace Act. (*See sample on page A-10*.)

5. Reporting to work under the influence of medication that has not been reported to and approved by the sponsoring organization.

6. Violations of the Drivers Code of Conduct. *(See pages A-8 to A-9 for samples.)*

7. Suspension of or loss of driver's license or insurance.

8. Violation of program confidentiality or conflict of interest policies.

9. Repeated collisions or a single serious collision.

10. False documentation of program records.

11. Violation of sponsoring organization's Ethics Policy. *(See page A-7 for sample policy)*

[2] Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices*. October 2002.

12. Violation of the sponsoring organization's Harassment Policy. *(See page A-11 for sample policy)*[3]

On the rare occasion that a driver is involved in an accident while driving for the program, the following procedure is recommended.

Review Process:

1. The program coordinator receives notification of the accident. The program coordinator requests a written explanation about the accident.
2. The program coordinator reviews the driver's file and accident information and makes a recommendation on the driver's continued eligibility or the need for additional training.
3. When reviewing eligibility, the program coordinator considers driving-related complaints or the need for additional training. The suggested maximum is three complaints or fewer, based on the severity of complaints.
4. The suggested method of reviewing complaints is to randomly call other riders for comments on the driver being reviewed.

Driver Selection:

Organizations should ensure that all recruiting, screening, interviewing and selection processes are administered fairly and consistently. Potential drivers should begin the process by filling out an application for employment. *(See pages A-32 through A-33 for example.)*

Recommended Driver Selection Process:

As a provider of services to vulnerable populations, it is the organization's best interest to follow a documented selection process. While organizations may need to tailor their process based on specific circumstances and constraints, the following process may be helpful as a starting point.

1. A position description is developed by the organization as well as screening criteria—what past driving offenses or other factors (e.g. criminal record) will disqualify applicants from consideration (e.g., ability to read maps, physical restrictions that prevent safe handling of vehicles or passengers)? A list of disqualifying factors (including negative feedback from references, lack of any experience driving for an organization, etc.) is compiled. NOTE: Your insurance provider may establish minimum standards for drivers, although your standards are likely to be higher.

[3] Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices*. October 2002.

2. Position description and application are distributed to prospective drivers *(See page A-30 – A-31 for sample job description).*
3. The program coordinator separates applicants into two categories: meets minimum requirements and does not meet minimum requirements. Applicants in the latter category are informed that they do not meet the minimum requirements and are therefore no longer under consideration. The program coordinator reviews the applicants in the former category and selects the top group of applicants (based on criteria such as relevant experience) for interviews.
4. Program coordinator conducts interviews with applicants that meet the minimum requirements and decides which applicants will be offered positions in the organization. Those persons who continue to wish placement in the agency are notified that their hiring is subject to satisfactory review of their current Department of Motor Vehicles record check, and a criminal history records check, as well and their ability to provide proof of current insurance for their vehicle.
5. The program coordinator reviews the results of the background checks and determines which applicants meet the organization's requirements and which do not. Persons who meet the requirements are offered positions. Persons who do not are notified of the agency's decision. Personnel/driver files are created for all new drivers, with a note containing the fact that their records were checked, the date of the check, and that they met the organization's criteria. Results from reporting agencies are destroyed.

Driver Disqualification:

Complete, objective, written documentation is an essential part of any disqualification process. Programs must be able to objectively defend their decisions when challenged. Disqualifications that prevent hiring, include but are not limited to:

- Not in possession of a valid, appropriate driver's license and/or insurance.
- Physical restrictions preventing safe and proper handling of riders based on essential job functions listed in the job description.
- Criminal history including any disqualifying crimes.
- Inability to read/comprehend written materials, including road maps.
- Reporting to training/work under the influence of a controlled substance, alcohol or medications that affect driving abilities.
- Unwillingness to perform essential job functions or requirements.

Records

Maintenance of records is a necessary administrative component of any program. Records are not only important to have on hand for reference and licensing compliance, but they are also important to have in order to limit your exposure in terms of liability. For instance, it is helpful to have training checklists, signed policies and trip reports on file to refer to if procedures are in question.

Following are some of the driver records that are helpful to keep on file:

- Copy of Drivers License
- Copy of Auto insurance
- Training/Orientation checklist *(see pages A-34 – A-36)*
- *Driver Competency Checklist (see pages A-37 – A-38)*
- Signed job descriptions *(see page A-30 – A-31)*
- Criminal background check *(see page A-39)*
- Trip logs (*see pages A-40 to A-41)*

Training

It is the responsibility of an Adult Day program to provide training for its drivers—and to participate in appropriate training for subcontracted or coordinated transportation. This is important in terms of both reducing the likelihood of accident and inappropriate conduct, as well as equipping drivers with the information and tools needed to be successful in their new driving role. Training is most effective when it is structured for, and tailored to, the duties listed in the driver's job description. Different funding sources may require distinct training; therefore, it is a good idea to check with funding agencies for any specifics. Further, it is important to designate someone in your organization as the key contact for training. In some cases, this person will also serve as a trainer. It is also a good idea to give drivers information to refer back to after the training session(s).

Recommended training topics:

- Orientation/Logistics/Guidelines
- Duties and Responsibilities
- Road Experience
- Vehicle and Lift Operation
- Wheelchair Securement (*See page A-42 – A-44 for example.*)
- Controlling Exposure to Blood borne Pathogens
- Emergency Response/Procedures
- Defensive Driving Training (e.g., AARP Driver Safety Program)
- Passenger Assistance and Sensitivity Training
- Abuse, Neglect, Abandonment and Exploitation

Easter Seals has developed a transportation toolkit entitled *Transportation Solutions for Caregivers: A Starting Point*, which includes a video and informational booklet, for family caregivers and drivers that covers the following issues:

- Communication
- Sensitivity
- Preventing and Dealing with Agitation
- Providing Physical Assistance
- Helpful Products and Resources

An accompanying facilitator manual including talking points, overheads and a PowerPoint presentation is also available. The toolkit and facilitator manual can be ordered via www.easterseals.com/transportation or by calling 800.221.6827. The only charge for the materials is shipping. *A copy of the booklet is included on pages A-45 through A-68.*

Training curriculum and orientation resources:

- Easter Seals Project ACTION Personnel Training Resources (http://projectaction.easterseals.com/site/PageServer?pagename=ESPA_doclibe_personneltraining)
- CTAA Passenger Service and Safety Certification (www.ctaa.org/training/pass/)
- Washington State Department of Transportation (www.wsdot.wa.gov/transit/training/default.cfm)
- Washington State Transportation Training Coalition (www.wsttc.org)
- *Volunteer Drivers*: *A Guide to Best Practices* (www.wsdot.wa.gov/transit/vdg/default.htm)
- National Association of Small Trucking Companies (www.nastc.com/drivertrainng.html)
- Federal Motor Carrier Safety Administration (www.fmcsa.dot/rulesregs/fmcsr/regs/)

VEHICLES AND EQUIPMENT

Vehicles

It is important to ensure vehicles owned by the center, or being used for the center, are properly maintained, insured and licensed. A designated person within the organization can be responsible for monitoring that vehicle standards identified by the organization are maintained and/or that personal vehicles used to transport program participation are inspected annually. A vehicle maintenance checklist can be given to drivers to follow. Some minimum standards are listed below:

- Valid state license and registration
- Functional heating and ventilation systems
- Functional and accessible seatbelts in both front and rear seats
- Functional doors and handles on doors
- Working speedometer
- Fully functional lights, turn signals and windshield wipers
- Intact rearview mirrors
- Safe tires with adequate tread depth[4]

Recommended vehicle inspection guidelines, vehicle inspection lists, and maintenance checklist are included on pages A-69 through A-74.

For Department of Transportation websites listed by state for pre-inspection and other forms and regulations go to: (http://www.fhwa.dot.gov/webstate.htm)

Adaptive Equipment

A variety of equipment is available to make a driver's job in transporting participants easier. For example, a program can purchase wheelchair racks, lightweight wheelchairs, gait belts and swivel seats and loan them to drivers, or can inform drivers of adaptive equipment available and how they can purchase it. Some sources of adaptive equipment can be found in *Transportation Solutions for Caregivers: A Starting Point*, which is available online at www.easterseals.com/transportation or by calling 800.221.6827. The toolkit consists of a 14-minute video and an informational booklet, which is included on pages A-45 through A-68.

[4] Agency Council on Coordinated Transportation. *Volunteer Drivers: A Guide to Best Practices*. October 2002.

ADA Compliance

The Americans with Disabilities Act (ADA) is a law that guarantees everyone an equal opportunity to take part in our society and recognizes that persons with disabilities have the same fundamental rights afforded to all US citizens under the Constitution: the rights to freedom and individual choice. This omnibus civil rights statute prohibits discrimination against individuals with disabilities in private sector employment, all public services, public accommodations, transportation, and telecommunication.

The transportation specifications of the ADA (Title III) are intended to ensure that people with disabilities have access to the nation's network of transportation, enabling them to get to and from work and to be included in community activities. Title III includes specific prohibitions on discrimination in transportation services provided by public and private entities.

It is helpful for all transportation providers to understand the general obligations under the ADA, especially training drivers to effectively meet the needs of persons with disabilities. It is important for coordinators and volunteers to be familiar with local transportation providers in the event that your program cannot safely accommodate an individual with specialized needs. This way, such individuals can be referred appropriately to another transportation provider who will be able to meet his or her transportation needs. For more information about the ADA and accessible transportation visit Easter Seals Project ACTION at www.projectaction.org or call 800.659.6428.

TRANSPORTATION NEEDS AND PREFERENCES

Although nearly 3/4 of ADS programs have yet to conduct formal transportation needs assessments, identification of participant, caregiver, and referral source needs and preferences are important to a successful, responsive transportation program. Needs assessments explore availability of appropriate transportation services and resources, in addition to participant and community need. In some cases need is gleaned from a community-wide transportation needs assessment, while in other circumstances needs assessments are conducted for internal use and strategy only. In still other situations, ADS providers ask about transportation needs less formally in the context of a comprehensive participant assessment. Participants and families are often asked to fill out transportation requests and other related forms upon intake and periodically thereafter to enable the program to be responsive to transportation needs and preferences (*see pages A-75 through A-78 for examples*). Listed below are participant, caregiver and referral source preferences, respectively, as reported by ADS providers.

Participant preferences:

- Assistance
- Access (wheelchair lift when necessary, low floor van/bus, etc.)
- Door to/through door service
- Limited time on van
- Reliable/timely
- Flexibility
- Individualized time slots
- Kind, personable and sensitive staff
- Appointment and weekend transportation
- Safety

Caregiver preferences:

- Availability (hours, etc.)
- Trained, courteous staff
- Door to/through door service
- Flexibility
- Timeliness and punctuality
- Short time on van
- Safety
- Communication w/ center/transportation
- Reliability
- Additional weekend/evening service
- Affordability
- Area of service

Referral source preferences:

- Area of service
- Escort to appointments
- Accessibility
- Hours of availability
- Door to door service
- Knowledge of scheduling/timeliness to meet family needs
- Trained drivers
- Flexibility
- Affordability

SUCCESSFUL AND INNOVATIVE TRANSPORTATION PRACTICES

Each adult day program is unique, with unique circumstances, funding, staff, family, and participants. However, a number of ADS programs have shared with us some of their successes in transportation—both in terms of innovative transportation programs, and practices that they have found successful in providing their particular transportation services. Not all of these will work in every program, but they are approaches to consider if your center is facing some transportation related barriers.

Successful practices:

- Wheelchair lifts/accessibility
- Continuous driver training on safety and client behaviors
- Staff (in addition to driver) on van at all times
- Collaboration with other agencies—work together with other ADS providers to obtain grants/funding to purchase/maintain vehicles
- Piggy backing on group insurance
- Using own staff to drive
- Computerized weekly schedules
- Follow up made every day on non-attendance
- Having vehicles go anywhere in the county when the participant wants to come in—not just on days that the bus is in the area
- Morning reminder calls
- Preventive maintenance on vans
- Use of cell phones by drivers to let caregivers know of any schedule changes
- Frequent communication among ADS, transportation and families
- Use of volunteers
- Use of cabs
- Flexible scheduling
- Contracted services for some decreased duplication of services
- Hiring drivers willing to do split shift work to send vans out earlier and accommodate those caregivers who need participants home a bit later

Innovative practices:

- Collaboration with local churches/faith based groups: These volunteers will also pick up staff so that staff has transportation and can provide care/supervision to participants en route
- "Get up and Go" program allowing ADS staff to go out and help participants get ready for ADS and transport to center (funding through local AAA)
- "Up and Tuck" service—especially for clients with dementia
- Use of vans during day to serve older adults in the community

- Sharing routes with other agencies/populations—for instance, combining ADS route with Headstart route
- Contract with home care agency to provide transportation as well as help get participants ready in the morning, bring them in to the center, bring them home at night, and at get them ready for bed

MARKETING AND PLANNING

Marketing

Transportation services and programs can play a significant role in the marketing of an Adult Day Services program. Signage on a clean and well-maintained vehicle, for example, is a relatively simple way to raise awareness about your program within the community. If vehicles are shared with other organizations, and permission has been obtained, using a magnetic sign with your center's name, logo and phone number is an excellent way to increase program recognition.

The driving skills and etiquette that a driver demonstrates can also impact your center, either positively or negatively. Having friendly drivers that relate well with participants, with good customer service and driving skills can leave participants, family members and members of the community with a very positive impression of your program. Alternately, if the driver is unsafe, unkind or unhelpful, your center may well be remembered for this. Implementing a "1-800 how's my driving?" type of program by having signage on each van or bus is a good way to obtain feedback from the community and let them know that this is important to your program.

Providing educational forums to caregivers and others in your community using the *Transportation Solutions for Caregivers: A Starting Point* materials is another way to raise awareness about adult day services and your center. Although these materials were developed to provide helpful strategies and solutions for family caregivers and others who transport older adults, adult day services are mentioned throughout.

Finally, offering transportation services to the community during the day while the van is not being used for participants is a great way to not only serve the community, but also increase visibility for your center and potentially increase referrals.

Planning

Taking a leadership role in transportation coordination and planning for older adults and people with disabilities in your area will give you opportunities to network and let others know about your services, in addition to positioning your center as both leader and advocate. Further, if you are not already working with your local/regional Area Agency on Aging (AAA), it is vital you cultivate this relationship. AAAs complete a regularly scheduled area plan addressing aging services and unmet need. The state then consolidates the AAA plans with theirs, identifying unmet need state wide, for the Administration on Aging.

RISK MANAGEMENT

NATURE OF RISK MANAGEMENT FOR ADULT DAY SERVICES

An organization cannot provide adult day services without taking risks. From hiring employees to accepting clients, to providing services and transporting service recipients, inherent in every facet of adult day service is some degree of risk. Yet, these myriad risks should not paralyze the organization or its leadership. One of the goals of risk management is to enable an organization to harness its concern about risks facing into constructive, practical strategies that address risk while supporting mission fulfillment.

There are many ways to describe the goals or mission of risk management and the peculiarities of individual organizations warrant emphasis in one area or another. Here are three goals that are appropriate in any ADS program:

<u>Goal 1</u> *Establish and support a deeply ingrained risk management sensibility and accountability, as well as greater awareness and visibility of risk*. The provider that has achieved this goal embraces risk-taking, as well as risk management, and does so in a thoughtful, not haphazard, manner.

<u>Goal 2</u> *Create and foster awareness of and focus on the most critical risks facing the organization,* including upside risks that benefit the program and downside risks of harm that impair mission fulfillment. The provider that has achieved this goal directs proportionate resources to the risks it faces and views risk expansively, as representing both positive and negative outcomes.

<u>Goal 3</u> *Reduce surprise*. A universal goal of risk management is to reduce surprises. While most humans relish an occasional "good surprise," even good surprises can throw effective ADS providers off their game. So risk management is a discipline that allows an organization to look more carefully at the future and plan for a range of possibilities. In doing so the organization reduces the chance of surprise and increases the opportunity to devote limited resources to their highest use.

The risk management process is often described as a series of steps or a cycle. Another way to think of the process is to consider three questions that risk management activities seek to answer:

1. What could go wrong?
2. What will we do?
3. How will we pay for it?

This simple approach offers a practical strategy for community-serving organizations. We will examine these questions (and the possible answers to each) in the paragraphs that follow.

What Could Go Wrong?

By asking this question, the leaders of an adult day program begin the process of identifying threats to the program's mission and viability. Examples of "what could go wrong" in the delivery of adult day services include:

Injuries to Service Recipients:

- Alleged improper conduct by a paid or volunteer staff member
- Service recipient injury caused by unsafe conditions at the facility (e.g. wet floor, broken step)
- Service recipient injury during vehicle loading or unloading
- Auto accident involving staff members and service recipients

Injuries to Staff Members:

- Staff member injury while providing service (e.g. back strain while assisting a client get out of the nonprofit's van)
- Alleged discrimination or harassment by management personnel

Injuries to the Organization:

- Financial loss due to theft by a staff member
- Financial loss due to theft by a third party
- Reputation loss due to allegations about the organization's use of donor funds
- Property loss to a vehicle involved in an accident
- Reputation loss due to allegations contained in a complaint or lawsuit

These examples are just a sample of the types of losses that could harm an organization's ability to achieve its mission.

What Will We Do?

The second question—what will we do?—has two components. The first component is "what will we do now, to prevent harm from occurring?" The second component is "what will we do if the harm occurs?"

Answering both questions requires program planning by agency personnel. In many cases, the best answer to either question is one that is both inexpensive and relatively easy to implement.

For example, concern about preventing the possibility of a staff member suffering back strain while assisting a client to enter or to exit a vehicle might be addressed through the following strategies:

- Including proper assistance techniques in the orientation and annual training programs for staff members
- Including reminders about proper assistance techniques on pay stubs or in pay packets
- Offering a reward (e.g. party) for the staff for every six months that the organization operates "injury-free"
- Conducting regular supervision that includes competency-based skills training along with demonstration of proper techniques.
- Integrating competency-based model into entire personnel appraisal system
- Developing mentor-based system by partnering experienced staff with new or less experienced staff members

The second component—what will we do if the risk materializes?—might be answered through the following strategies:

- Provide training to all staff on reporting and documenting workplace injuries
- Remind staff about the importance of prompt reporting of injuries as part of a staff meeting
- Remind supervisors to periodically ask their staff whether they have suffered any injuries while assisting clients
- Have team review and analyze reports and use as a teaching mechanism

How Will We Pay For It?

Many service organizations view insurance as the only option for paying for losses. There are actually three options available. The first is to use the organization's funds to pay for losses it incurs. Many organizations do this by choosing an insurance deductible that requires the organization's contribution to paying for losses. Other organizations consider the types of losses the organization has suffered in the past and budget for recurring, small losses. The second option is to borrow funds when losses occur. This may work well if the organization already has access to funds, such as through a line of credit. The third option is to finance losses by paying an insurance provider a regular premium in exchange for the company's promise to pay for losses that fall within the terms of an insurance contract.

INSURANCE FOR ADULT DAY SERVICES

Adult day providers generally purchase a variety of insurance coverages that address varying exposures. The limits of liability, deductibles, policy terms, and policy types selected by each organization vary to a large degree depending on:

- *The availability of coverages and policy terms desired by the organization*. In some cases, an organization may wish to purchase a limit of liability that its carrier (and alternative carriers) are simply unwilling to provide;
- *The organization's ability to afford the coverages it seeks*. In many instances, an organization must make difficult choices between the coverage that it would like to buy and what it can reasonably afford at the time the coverage is purchased.

The paragraphs below describe briefly *the most common and arguably most important liability policies* that an adult day provider should consider. *Note*: these coverages can be purchased separately or in coverage "packages." In all cases, a provider should seek advice and counsel from a professional insurance agent or broker concerning its insurance requirements and preferences.

Commercial General Liability (CGL)

The CGL policy is designed to cover the liability exposures that are common to all organizations, from large corporations to small nonprofits. The policy is a combination of three separate coverages, each with its own insuring agreement and exclusions. The three coverages are:

- Coverage A- General Liability (Bodily Injury and Property Damage)—covers liability for all bodily injury and property damage caused by an accident, except for liabilities that are specifically excluded. Exclusions include liabilities more properly covered under a separate policy, such as automobile and workers compensation, and liabilities considered uninsurable. Some of the liabilities covered under CGL policies include: injuries arising from your premises, injuries to care receivers under your supervision, injuries to volunteers while working for you, injuries to participants at special events, injury caused by products you sell or manufacture, fire damage to your landlord's building, and damage to property not owned by you or in your possession.

- Coverage B - Personal Injury and Advertising Injury Liability—Personal Injury and Advertising Injury Liability cover a specific group of liabilities that do <u>not</u> involve bodily injury or property damage, are not caused by an accident, and therefore are <u>not</u> covered under Coverage A. These liabilities are: libel, slander, false arrest, malicious prosecution, wrongful eviction,

wrongful entry, violation of privacy, infringement of copyright, and unauthorized use of an idea in advertising.

- Coverage C - Medical Payments—Medical Payments is not liability coverage, but rather *accident* coverage, with a standard maximum limit of $5,000 per person. It covers injuries from accidents at your premises, or at your activities off-premises, regardless of your liability. Medical Payments insurance excludes injuries to employees, or those arising from automobile accidents and athletic activities.

Directors' & Officers' Liability (D&O)

D&O policies provide coverage for 'wrongful acts.' The major difference between the CGL policy and the D&O policy is that nonprofit D&O policies exclude bodily injury and property damage. The most common claim filed under a nonprofit D&O policy is a claim alleging wrongful employment practices. Other examples of claims include those from donors alleging misuse of funds, claims from advocacy groups for the disabled alleging ADA violations, and from for-profits alleging unfair trade practices. Make certain that your D&O policy includes coverage for a wide range of employment-related claims. Other key considerations in choosing a D&O policy include making certain that the policy has a broad definition of "insured" that includes the nonprofit itself, and that common exclusions such as 'insured vs. insured' and 'emotional distress' have been deleted.

Professional Liability

Many nonprofits are exposed to claims alleging negligence in the delivery of professional services, such as counseling, nursing/medical services, referral services and more. Every agency should discuss its need for this type of coverage with a competent insurance professional (agent, broker or consultant).

Accident Insurance

Accident policies are relatively inexpensive policies that finance the cost of medical treatment for individuals (volunteers and/or participants) who are injured while delivering services for or receiving services from an organization. These policies usually pay the costs of emergency room services and follow-up treatment to pre-determined limits based upon the kind of injury. For example, a broken leg may have a limit of $2,500, while an eye injury might be limited to $1,500 unless the injury resulted in the loss of sight in the eye, in which case the limit may be $15,000 (these amounts are hypothetical and intended for illustrative purposes only). Usually these policies do not have deductibles. *Note: an accident and injury policy does not respond to illness nor does it protect the organization from liability for the injury*. One distinctive feature of an accident

policy is that it will pay a claim regardless of who is at fault. These policies are generally written as "excess insurance," meaning that they pay only after other available insurance – generally the insured's personal health insurance – is exhausted. If the volunteer or participant is uninsured, the accident policy would "drop down" and become primary coverage for the injury. Accident policies provide affordable coverage for an organization concerned about volunteers or participants who may be uninsured or underinsured for injuries sustained while volunteering.

Business Auto Coverage

The "business auto policy," also called the "business auto coverage form" or "commercial auto policy," provides liability coverage and physical damage coverage. All volunteer transportation providers should purchase some form of auto coverage. Organizations that *own* vehicles should purchase coverage for their owned vehicles, while organizations that rely on vehicles owned by employees and/or volunteers should purchase "nonowned" auto coverage. Nonowned and hired auto liability coverage is typically the only auto coverage a nonprofit will require if it does not own any vehicles. Auto liability is sometimes referred to as "third party" coverage, because it protects the first party (the buyer of the policy, or nonprofit) from suits or claims filed on behalf of third parties — the person(s) who suffered bodily injury or property damage. The other main coverage provided in the BAP is "physical damage" coverage. The most common types of physical damage coverage are "collision" coverage and "comprehensive" coverage. As the name implies, collision coverage pays for loss to a covered (insured) auto or its equipment caused by the covered auto's collision with another object or overturn. "Overturn" is an insurance term that refers to an auto rollover. Most physical damage losses are collision claims. It's important to remember that when a volunteer or program staff member is driving their own vehicle on the organization's behalf and is involved in an at-fault accident, the volunteer or staff member's personal insurance will respond first. The organization's nonowned auto policy will respond if and when the limits of the driver's personal experience have been exhausted. It is a good idea to have volunteers and program staff who drive their own vehicle on the organization's behalf sign a form during their orientation/training acknowledging as to their awareness that their insurance is primary.

What To Do if You Are Having Difficulty Finding Coverage

From time to time ADS programs encounter more than a little difficulty finding adequate insurance coverage. In some cases, the transportation component of your program will present the greatest challenge. Keep in mind that not every insurance company insures nonprofits or social services providers. Among those that do, some will only insure the organization if transportation is an incidental—rather than a day-to-day—exposure. While this means that the universe of

potential providers is smaller than it might be if your organization offered a different menu of services, it doesn't mean that you don't have insurance options. Most of the companies that are dominant in the nonprofit marketplace have indicated an interest in writing more nonprofits. The active players view nonprofits and social services agencies as sound risks.

If your broker has informed you that he or she cannot find you the coverage you need, then you need to locate a new agent or broker who can. Start the process by contacting other adult day programs in your area or state. Ask your colleagues whom they turn to for help in the insurance area -- which agents/ brokers and carriers provide their coverage? This strategy will enable you to identify insurance providers that already work with ADS programs. Your exposures will not seem unusual and these companies will already have a basic understanding of the service you offer.

SAFETY FOR ADULT DAY PROGRAMS

One of the first steps to fully integrating safety into a program's culture is to assign responsibility for safety to someone in the organization. Designating an employee or volunteer as the organization's "safety officer" establishes a point person that others in the agency can turn to when they have questions or concerns about policies or procedures, or if they want to offer suggestions for safe practices.

Safety programs can take many forms. Some of the areas that typical safety programs cover include:

Training for Program Staff and Volunteers:

- General training on agency policies and procedures. For example, the organization should provide clear direction on its policy concerning the use of wireless communications devices (cell phones, pagers, etc.) while driving. Some organizations strictly prohibit volunteers and program staff from making or receiving calls while driving a vehicle while others urge caution and suggest strategies for using a cell phone in the safest manner possible (e.g. pre-programming frequently called numbers, using a hands-free device).
- Specific training on tasks for which special equipment, knowledge, practice or experience might be required (e.g. assisting care receivers get in and out of vehicles)

Safety Equipment:

- What safety equipment does the organization have and for what purpose?
- What is the procedure for checking this equipment periodically to make certain that it is in working condition and properly maintained?

Accident Procedures:

- What steps does the organization take when an accident occurs?
- Does the agency provide a kit that includes a disposable camera and accident form in each owned vehicle and to drivers using their personal vehicles?
- Do you have a mechanism in place to assure that vehicles are inspected regularly and equipment is up to date and in working condition?

Crisis Management:

- What will the organization do in response to a community-wide disaster?
- What will the organization handle an organization-specific crisis?
- What is the organization's plan for getting services back up and running as

quickly as possible, and with minimal disruption to care receivers?

- How will the organization notify care receivers, and care receivers' family/next-of-kin following a crisis?
- Does the organization have a clear chain of command in place for dealing with a crisis?
- How does the organization plan to handle media in a crisis? (e.g., has a [single] spokesperson been designated?)

Performance Improvement:

- Does the organization have a system in place to evaluate individual incidents and track trends?
- Has the organization developed an action plan for improvement that identifies responsible party, party, timeframe and specific tasks?
- Is an external review by qualified experts conducted? (These services are often available at low or no cost to support your mission.)

INSURANCE AND LIABILITY CONCERNS

Individuals who volunteer for a nonprofit may express concern about their exposure to personal liability resulting from their volunteer service. Volunteer transportation programs should be prepared to address these concerns and direct volunteers to resource material for additional guidance. With respect to liability stemming from automobile accidents, volunteer drivers should understand that when they drive their personal vehicle on the organization's behalf, the insurance on that vehicle (i.e., usually the volunteer's personal auto insurance) will respond first in the event of an at-fault accident. The insurance industry expression for this is "the coverage follows the car." The organization should purchase an excess policy (non-owned auto insurance) as a source of recovery for those accidents where medical and property costs exceed the limit of the driver's personal policy. The organization, however, can provide training and assistance to the volunteer driver in order to reduce the likelihood of an accident (e.g. guidance on driving with passengers, establishing a passenger code of conduct).

With respect to other (non-auto) liability claims, a volunteer transportation program should urge its volunteers to review information on the state's volunteer protection law as well as the Volunteer Protection Act of 1997. These laws provide a defense for volunteers acting within the scope of their responsibilities for a nonprofit. This protection varies from one state to the next, but is generally limited to instances when the volunteer has been "simply negligent" (fails to do something a reasonable person would do under the circumstances or does something a reasonable person would not do under the circumstances) versus grossly negligent (outrageous or intentional conduct that contravenes community standards). A free resource that describes and compares the various state laws as well as the federal law is available at: www.nonprofitrisk.org. The publication is titled: "State Liability Laws for Charitable Organizations and Volunteers."

Questions about any of the materials in this section may be directed to the Nonprofit Risk Management Center. The Center is a nonprofit resource center that provides free technical assistance to nonprofit staff members, volunteers and leaders on a wide range of risk management, liability and insurance topics. The Center also offers risk management software, practical publications on safety, insurance and liability topics, and numerous training opportunities. To access the Center's technical assistance programs, visit the Advice section at www.nonprofitrisk.org or call (202) 785-3891.

KEYS TO SUCCESS IN TRANSPORTATION

In addition to innovations and successful practices, ADS programs also shared with us what they consider the keys to their success in transportation. Again, these may not be feasible for all programs, but may trigger ideas and solutions to some transportation challenges. You will see some repetition from the previous section. You will also see that some programs have realized more success subcontracting services while others prefer the control and quality in providing center-owned/run transportation. However, many keys to success apply no matter what your method of transport happens to be. Your decision to own/run, collaborate with other agencies or subcontract transportation may depend on many factors including funding, population density, availability of quality transportation services in the community, frailty/needs of your participants and ability to meet your participant/family needs.

Keys to Success

Transportation Services Management:

- Facilitating communication among provider/drivers, families and staff
- Conducting monthly/regular feedback meetings from key staff re: transportation
- Establishing good route development
- Identifying/hiring a transportation supervisor/coordinator
- Considering program staff transporting participants for rural centers
- Maintaining responsible recruitment and hiring practices
- Providing thorough training and rewarding of transportation staff
- Following sound risk management practices

Serving your Participants and their Families:

- Offering door-through/to-door service
- Providing a morning call
- Assuring accessibility
- Having an aide waiting for participants at center
- Assessing transportation needs
- Listening to caregivers
- Maintaining flexibility in scheduling
- Making a commitment to provide safe, reliable, low cost service

Serving your Community:

- Keeping van busy; trips for participants lead to increased quality of program, exposure and census or lend out to other agencies with fee for use (serving community)

Collaboration and Coordination:

- Building positive relationship with transportation provider and drivers
- Partnering with existing transportation services and programs
- Working as team with other agencies
- Establishing community partnerships

Fees and Funding:

- Pursuing funding and collaboration opportunities whenever possible

Drivers, Vehicles and Safety:

- Offering constant driver training
- Employing well-trained and caring drivers
- Offering driver benefits with position
- Having two staff on vehicle at all times; escort for driver assistance
- Devising a back up plan for vehicles (when maintenance is needed); some programs have church, senior center or other agency vehicles as back up
- Using good and well maintained vehicles

LESSONS LEARNED IN ADULT DAY SERVICE TRANSPORTATION

Service providers of all types learn from each other as much as they learn from their clients. ADS providers expressed an interest in learning from each other, as well and volunteered their "lessons learned" and "advice" in the area of transportation.

Lessons Learned

- Transportation is a difficult job, but has a great impact on maintaining census
- Transportation is the single largest cost for some programs
- Not all drivers/people are able to work well with older adults
- Participants require special attention and care in terms of transportation
- Your driver is your key public relations representative
- Transportation is one way of many ways to meet caregiver need

Advice for Providers

Transportation Services Management:

- Do your homework in terms of laws and regulations
- Design program hours to accommodate transportation needs
- Be on time
- Always do what you say you will do
- Establish good, effective communication
- Explore all options in terms of transportation
- Caregiving/caring must be part of transportation service
- Utilize volunteers where possible either on vehicle (as escort) or for driving
- If you are considering providing transportation, check with existing centers regarding their decisions about transportation
- Assess volunteer reliability—volunteers work great for some programs and not for others
- Get an excellent transportation director
- Communicate regularly with drivers and families
- Refine communication regarding scheduling and billing and establish these expectations upfront
- Consider developing your own system in house; your own transportation allows more control over quality
- Know your strengths and limitations
- Whether you provide it yourself or subcontract, you must own it

Serving your Participants and their Families:

- Be ready with a back up plan when families are not ready in the morning or have not returned home when dropping off
- Seat participants in vehicles based on behaviors and needs
- You must have transportation as part of your service package
- Know the needs and endurance of your participants
- Be aware of, and sensitive to, individual needs of participants and families—share this information with drivers as appropriate (*see pages A-76 – A-78 for sample forms*). Questions regarding HIPPA in terms of sharing participant information with drivers? Visit www.hipaa.org)
- Make the ride an enjoyable, positive experience
- Review needs of population(s) to be served
- Keep staff and drivers informed regarding special needs of participants
- Whenever possible, have more drivers and shorter routes so participants spend more time in program activities
- Have escort on van
- Have families sign a "Home Alone" permission slip if they are not going to be there when the participant arrives home (*See attachment A-75 for example permission slip.)*
- Realize that many participants will resist attending and cancel unnecessarily; your driver can become a coach/recruiter and offer whatever hands on help is needed
- Be flexible

Serving your Community:

- Provide additional service to community—it will lead to better utilization and be a great marketing opportunity to increase your consumer base

Collaboration and Coordination:

- Don't isolate your service—networking is important
- Explore local services to supplement your service
- Utilize existing community services if possible (community buses, nursing homes, churches)
- Co-purchase vehicles with other agencies/ADS when possible
- Collaborate with public partners
- Work with local planning agency and Area Agency on Aging
- Check into local paratransit to assess whether they can meet participant/program needs effectively and whether they are willing to work closely with you

Fees and Funding:

- Look to all possible resources for funding
- Set fees so they cover transportation if at all possible—increase fees if necessary
- Charge for miles outside of geographic area
- Cover expenses with grant funding, but charge and track per trip
- Check your state for cost-sharing

Drivers, Vehicles and Safety:

- Always be prepared/have a back up plan--vehicles do breakdown
- Require driver training
- Have a designated person in charge of vehicle maintenance
- Assure daily inspections and have vehicles ready for next day
- Driver selection and safety checks are crucial

DISCLAIMERS

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B) Although the information and recommendations contained in this publication have been compiled from sources believed to be reliable, Easter Seals makes no guarantee as to, and assumes not responsibility for, the correctness, sufficiency or completeness of such information or recommendations. Other or additional safety measures may be required under particular circumstances.

Attachments

Transportation Cost/Benefit Analysis

When deciding to provide in-house transportation services or outsource the service, the following matrix should assist in your decision-making process:

PROVIDE IN-HOUSE TRANSPORTATION	
COSTS	**BENEFITS**
Vans/Buses – Lease vs. Buy	Control over transportation schedule
Maintenance/Repairs	Control over drivers
Fuel and oil	Better able to manage safety issues
Licensing	Direct reimbursement
Property tax	Client relations(dealing with one company)
Communications equipment (cell phone, radio)	Marketing(vans are a moving billboard)
Safety equipment (fire extinguisher, flares, etc.)	
Specialty equipment (lift gate, wheelchair tie-downs, etc.)	
Cleaning supplies	
Drivers' salary, taxes & benefits	
Drivers' training (initial & on-going)	
Drivers' bonus program	
Drivers' background checks	
Drivers' uniforms	
Transportation coordinator (possibly the responsibility of another staff member)	
Route planning/asset management software	
Insurance – automobile & liability	
Worker's compensation insurance	
Depreciation expense	
Recordkeeping for accounting	
Billing/Collection and accounting	

Providing your own transportation has its advantages. You can provide a wonderful service and a one-stop-shop for caregivers. If expenses and personnel are managed properly, a facility can make money on the service. Additionally, it provides mobile advertising for your facility. It can reflect well on your services if your drivers are courteous and the vans are clean and well-maintained while they are out in the community.

Source: National Adult Day Services Association

OUTSOURCE TRANSPORTATION	
COSTS	**BENEFITS**
Contract costs based on ridership, mileage or flat fee (flat rate per trip typically best)	Generally less costly than providing in-house transportation
Transportation coordination	No fixed assets required
Liability insurance (separate policy may not be necessary; could be included in general liability policy)	Indemnification against potential legal action
Problem resolution (i.e., no control over drivers, schedules, etc. which can cause problems)	Allows facility administrator to have more free time for other duties
Higher safety risk (i.e., need to ensure door-thru-door transfers)	
Costs of due diligence on providers	

Generally speaking it is better to outsource transportation if a reputable provider is available at a reasonable price. It can be profitable and free up the facility administrator's valuable time. However, there are many adult day services-specific issues that would need to be written into the contract with the transportation provider. It is vitally important that you have a good understanding of the contractor's operational, safety and transfer practices as well as their insurance coverage. Your facility should be named as an additional insured party on their insurance policy and they should have a policy with a minimum of $1,000,000 of coverage per claim. You should also check with three references that use their services. It would be wise to ask your insurance agent to examine the contract for potential problem areas. You would want to be indemnified and held harmless of any actions taken against the provider as a result of damages incurred while performing their duties.

It is also important that the contractor understand the scope of the adult day services business. Issues such as minimum time required in the facility for reimbursement and door-through-door service must be specified in the contract. If possible, ask for flat rate billing per trip. It will make your billing verification process and budgeting process much easier.

Source: National Adult Day Services Association

Federal Transit Funding Resources

Jennifer Dexter
Senior Government Relations Specialist
Easter Seals Office of Public Affairs

- Elderly and Persons with Disabilities, 5310 Program
  - Funds are used to provide services to meet the special needs of the elderly and people with disabilities
  - States apply on behalf of private non-profit agencies
  - Funds can be used for capital projects (purchasing vehicles)
  - 80% federal / 20% local match
  - Funds are allocated based on a formula that considers the number of elderly and people with disabilities within states

- Non-urbanized Area Formula Grants, 5311 Program
  - Funds are used to enhance transportation services in rural areas
  - State and local governments as well as nonprofit organizations are eligible recipients
  - Funds can be used for capital, operating, or administrative purposes
  - 80% federal / 20% local match for capital projects with a higher local match for operating assistance
  - Funds are allocated by a formula based on census figures to areas with populations below 50,000

- Job Access and Reverse Commute Program
  - Funds are used to transport welfare recipients and other low-income persons to jobs and other support services
  - Funds can be used for capital items or the cost of operating service
  - Funds are allocated as such: 60% to urbanized areas with populations of 200,000 and above, 20% to urbanized areas with populations under 200,000, and 20% to non-urbanized areas
  - Provides a 50 percent FTA share; matching funds may include those from other Federal welfare-to-work programs
  - Funds are allocated on a national competitive basis based on (population, need, coordination possibilities, innovation, community involvement, etc.)

- Rural Transit Assistance Program
  - Funds are used to assist in the design and implementation of training and technical support for non-urbanized transit providers
  - State and local governments and local transit providers are eligible recipients
  - Funds can be used for training, technical assistance, research, and related support activities
  - No match required
  - Funds are allocated based on an administrative formula

- Project ACTION
  - Initiated in 1998
  - Goal is a collaboration between the disability and transit communities to promote accessible transportation
  - Easter Seals administers through a cooperative agreement with the U.S. Department of Transportation, Federal Transit Administration
  - Activities include research and demonstration projects, training/technical assistant, and outreach

General Funding Resources

U.S. Administration on Aging

Each year, Congress appropriates funds for use by AoA and the other Federal Agencies in carrying out their mission to promote the dignity and independence of older people, and to help society prepare for an aging population. AoA provides grant funding to States and territories, recognized Native American Tribes and Hawaiian Americans, as well as nonprofit organizations, including faith-based and academic institutions. Individuals are not eligible to apply for AoA funding. For further information contact the Administration on Aging at 202.619.0724 or visit their website at: **www.aoa.gov/doingbus/doingbus.asp**

The Catalogue of Federal Domestic Assistance

The online Catalog of Federal Domestic Assistance at **www.cfda.gov** gives you access to a database of all Federal programs available to State and local governments (including the District of Columbia); federally-recognized Indian tribal governments; Territories (and possessions) of the United States; domestic public, quasi-public, and private profit and nonprofit organizations and institutions; specialized groups; and individuals. Contact the office that administers the specific program in which you are interested for more information.

The Federal Register

The Federal Register **http://www.access.gpo.gov/su_docs/aces/aces140.html** is available on-line for ready access to daily grant announcements. Open it up here to search by date, or scroll down to 2001, open up the dates list, and click on the date you want. A Table of Contents will open up for the day, and you can easily scroll to grant announcements and open them up as you wish. You can print out grant announcements (referred frequently as RFPs) either in HTML or in a PDF file, which requires Acrobat Adobe Reader.

The Corporation for National and Community Service

Senior Corps

Retired and Senior Volunteer Program (RSVP) volunteers serve in a diverse range of nonprofit organizations, public agencies and faith-based groups. Among other activities, they mentor at-risk youth, organize neighborhood watch programs, teach English to immigrants and lend their business skills to community groups that provide critical social services. RSVP is open to people age 55 and over.

Partners/operations/local organizations, both public and private, receive grants to sponsor and operate RSVP projects in their community. These projects recruit seniors to serve from a few hours a month to almost full time, though the average commitment is four hours a week. Most volunteers are paired with local community and faith-based organizations that are already helping to meet community needs.

The Foster Grandparent Program (FGP) allows Foster Grandparents to serve as mentors, tutors, and caregivers for at-risk children and youth with special needs through a variety of community organizations, including schools, hospitals, drug treatment facilities, correctional institutions, and Head Start and day-care centers.

Local nonprofit organizations and public agencies receive grants to sponsor and operate local Foster Grandparent projects. Organizations that address the needs of abused and neglected children, troubled teens, young mothers, premature infants and children with physical disabilities work with the local Foster Grandparent program to place and coordinate the services of the Foster Grandparent volunteers. These local partners are called volunteer stations. Volunteer stations include children‘s service agencies, child and youth-oriented charities and faith-based institutions.

The Senior Companion Program (SCP) volunteers serve one-on-one with the frail elderly and other homebound persons who have difficulty completing everyday tasks. They assist with grocery shopping, bill paying, and transportation to medical appointments, and they alert doctors and family members to potential problems. Senior Companions also provide short periods of relief to primary caregivers. Because of the program, thousands of citizens are able to live with dignity in their own homes. In fiscal year 2001, 15,500 Senior Companions tended to the needs of more than 61,000 adult clients.

Local nonprofit organizations and public agencies receive grants to sponsor and operate Senior Companion projects. Community organizations that address the health needs of older persons work with the local SCP projects to place and coordinate the services of the SCP volunteers. These local partners – which include hospitals, Area Agencies on Aging, and home health groups – are referred to as volunteer stations. The stations' professional staff identifies individuals who need assistance and work with SCP projects to place them with Senior Companions

AmeriCorps

AmeriCorps is a network of national service programs that engage more than 50,000 Americans each year in intensive service to meet critical needs in education, public safety, health, and the environment. AmeriCorps members serve through more than 2,100 nonprofits, public agencies, and faith-based organizations. They tutor and mentor youth, build affordable housing, teach computer skills, clean parks and streams, run after-school programs, and help communities respond to disasters. Created in 1993, AmeriCorps is part of the Corporation for National and Community Service, which oversee Senior Corps and Learn and Serve America. Together these programs engage more than 2 million Americans of all ages and backgrounds in service each year.

AmeriCorps Volunteers in Service to America (VISTA) project sponsors may be federal, state, or local agencies, or private, non-profit organizations with a 501 (c) designation. Project sponsors must be able to direct the project, supervise the AmeriCorps*VISTAs and provide necessary administrative support to complete the goals and objectives of the project. Those goals and objectives must be clearly defined and directed toward alleviating problems of low-income communities, and meet the regulations of the AmeriCorps*VISTA program.

One consistent goal for every AmeriCorps*VISTA project should be the sustainability of the project by the sponsoring agency and the low-income community after AmeriCorps*VISTA project sponsorship ends.

For more information about all three Senior Corps Programs and AmeriCorps contact the corporation for National and Community Service at 202.606.5000 or visit their website at **www.nationalservice.org**.

Community Development Block Grants

CDBG provides eligible metropolitan cities and urban counties (called "entitlement communities") with annual direct grants that they can use to revitalize neighborhoods, expand affordable housing and economic opportunities, and/or improve community facilities and services, principally to benefit low- and moderate-income persons.

Recipients of CDBG entitlement funds include local governments with 50,000 or more residents, other local governments designated as central cities of metropolitan areas, and urban counties with populations of at least 200,000 (excluding the population of entitled cities). Local governments may carry out all activities themselves or award some or all of the funds to private or public nonprofit organizations as well as for-profit entities. A separate component of CDBG—the State CDBG Program—provides program funds to the States, which they allocate among localities that do not qualify as entitlement communities. Contact the U.S. Department of Housing and Urban Development at 202.708.1112 or visit their website at **www.hud.gov/progdesc/cdbgent.cfm** for more information.

CODE OF ETHICS:

This code of ethics governs the performance of the (Sponsoring Organization's) officers, employees, board members, volunteers, and agents, (representatives) engaged in the administration of contracts supported by Federal assistance. Any employee in violation of these policies is subject to disciplinary action as outlined in the Employee Handbook. Any officer or board member who violates these policies will be subject to disciplinary action as determined by a majority vote of the Board of Directors. Any volunteer who violates these policies will be subject to disciplinary action as determined by the Manager of the program in which the person volunteers.

1. Gifts: Representatives shall not accept gratuities, favors, gifts, or anything of monetary value (over $5.00) from present or potential contractors or sub-recipients.

2. Personal Conflict of Interest: Representatives who participate in the selection, award, or administration of a contract supported by Federal funds are prohibited from a real or apparent conflict of interest. Such a conflict would arise when any of the parties below has a financial or other interest in the entity selected:

    a. A (Sponsoring Organization) representative;
    b. Any member of his or her immediate family;
    c. His or her partner;
    d. An organization that employs, or is about to employ, any of the above.

1. Organizational Conflict of Interest: The (Sponsoring Organization) is prohibited from real or apparent organizational conflicts of interest. Such a conflict when the nature of the work to be performed under a proposed third party contract may, without some restrictions on future activities, result in an unfair competitive advantage to the third party contractor or impair its objectivity in performing the contract.

2. Bonus or Commission: The (Sponsoring Organization) affirms that it has not paid, and agrees not to pay, any bonus or commission for the purpose of obtaining approval of its application for Federal financial assistance.

3. Restrictions on Lobbying: The (Sponsoring Organization) agrees to comply with the provisions of 31 USC 1352, which prohibits the use of Federal funds for lobbying any official or employee of any Federal agency, or member or employee of Congress. In addition, even though no Federal funds are use, the (Sponsoring Organization) agrees to disclose any lobbying of any of any official or employee of any Federal agency, or member or employee of Congress in connection with Federal assistance and to comply with USDOT regulations "New Restriction on Lobbying," 49 CFR Part 20.

4. Employee Political Activity: The terms of the "Hatch Act," 5 USC Section 1501 through 1508, and office of Personnel Management regulations, "Political Activity of State or Local Officers or Employees," 5 CFR Part 151, apply to supervisory employees of the (Sponsoring Organization).

5. False or Fraudulent Statements or Claims: The (Sponsoring Organization) acknowledges that it will not make a false, fictitious, or fraudulent claim, statement, submission or certification in conjunction with any program supported by Federal assistance. The (Sponsoring Organization) is aware that Federal penalties could be imposed for making a false, fictitious, or fraudulent claim, statement, submission or certification in conjunction with any program supported by Federal assistance.

My signature below acknowledges understanding of the (Sponsoring Organization's) Code of Ethics:

Signature: _____ Date: _____

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

DRIVER CONDUCT:

1. All drivers will act in a professional manner at all times.

2. Reports of driver misconduct will be the cause for immediate suspension from client service. Confirmation of misconduct shall be cause for removal of the driver involved from serving clients.

3. If the state funding agency/s, and/or the (Sponsoring Organization) receives complaints regarding any driver transporting riders, and/or it is determined that the driver is not performing the service in a safe, reliable, or responsible manner and corrective action has not resulted in improved performance, the Program Coordinator will remove the driver from service to riders.

4. If any driver is suspended from service due to complaints or a determination that the person is not performing the service in a safe, reliable and responsible manner they will not return to service until the Program Coordinator has developed a Plan of Improvement.

5. Drivers shall perform the following minimum levels of service:

   A driver shall not:

   a. Make sexually explicit comments to, or solicit sexual favors from, or engage in sexual activity with participants;
   b. Solicit or accept controlled substances, alcohol, or medications from participants;
   c. Solicit or accept money from participants or their families;
   d. Use alcohol, narcotics or controlled substances, or be under their influence, while on duty. Prescribed medication can be used by a driver as long as his/her duties can still be performed in a safe manner and the (Sponsoring Organization) has written documentation that medication will not impact the ability of the driver;
   e. Eat or consume any beverage while operating the vehicle or while involved in participant assistance;
   f. Smoke in the vehicle when rider/s are present.

   A driver shall:

   a. Wear, or have visible, easy to read proper organizational identification;
   b. As appropriate to the needs of the participant, exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle and provide assistance as necessary to or from the main door of the place of destination;
   c. Assist the participant in the process of being seated, including the fastening of the seat belt or wheelchair securement , when necessitated by the rider's condition;
   d. Confirm, prior to allowing any vehicle to proceed, that all passengers are properly secured in their seat belts, car seats, and, when applicable, that wheelchairs and passengers who use wheelchairs are properly secured (Exception: Only a passenger who has a letter, carried on his/her person and signed by the passenger's physician, stating that the passenger 's medical condition prevents the rider from using a seat belt, may be transported without a fastened seat belt);
   e. Provide an appropriate level of assistance to participants, when requested, or when necessitated by a participant's condition;

f. Provide support and direction to passengers in a positive manner. Such assistance shall also apply to the movement of wheelchairs and mobility-limited persons as they enter or exit the vehicle using the wheelchair lift/ramp, as applicable. Such assistance shall also include stowage by the driver of mobility aids and folding wheelchairs;
g. Be clean and maintain a neat appearance at all times;
h. Conduct a pre-trip inspection to ensure that vehicle is in safe working condition;
i. Promptly report any accidents of incidents as instructed by the agency;
j. Be polite and courteous to participants and their families; participants shall be treated with respect and in a culturally appropriate manner when receiving transportation services. The Program Coordinator should notify the driver of any known cultural issues significant to providing transportation services.); and,
k. Respect participant's rights to confidentiality.

I have received a copy of the above Driver Code of Conduct and will abide by the contents:

Signature: _____ Date: _____

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

DRUG FREE WORKPLACE POLICY:

1. The (Sponsoring Organization's) employees and volunteers are prohibited from the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance at any of the (S0) facilities and/or during any of the programs offered by the (S0).

2. Any violation of the prohibitions in #1 will be considered to be "Just Cause" for suspension and/or discharge under the procedures of the (S0).

3. As a condition of employment or registration as a volunteer each employee or volunteer will:

    a. Abide by the terms of #1 above and;

b. Notify the (S0) in writing of any criminal drug status conviction for a violation occurring in the workplace no later than five calendar days after such conviction.

4. The (S0) will notify grantor agencies in writing within ten calendar days after receiving notice under #3B as referred to above, with respect to any employee or volunteer who is so convicted and will:

5. *Take appropriate personnel action against such an employee, up to any including termination; or*

6. Require such an employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement or other appropriate agency.

7. The employee and/or volunteer acknowledges by signature below that he/she has:

    a. Been given a copy of this policy statement;
    b. Reviewed this policy statement, and;
    c. Understood the policy statement.

A copy of the policy will be maintained in the volunteer's Personnel File.

I have read and understand the above Policy.

Signature:_____ Date: _____

Adopted by the (Sponsoring Organization) on this date: _____

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

POLICY ON HARASSMENT:

It is the policy of the (Sponsoring Organization) that it will not tolerate verbal or physical conduct by any employee or volunteer which harasses, disrupts, or interferes with another's work performance or which creates an intimidating, offensive, or hostile environment.

1. All forms of harassment are prohibited but it is the (SO's) policy to emphasize that sexual harassment is specifically prohibited. Each supervisor has a responsibility to maintain the workplace free of any form of sexual harassment. No supervisor is to threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development. In addition, no supervisor is to favor in any way any applicant or employee because that person has performed or shown willingness to perform sexual favors for the supervisor.

2. Other sexually harassing conduct in the workplace, whether committed by supervisory or non-supervisory personnel, is also prohibited. Such conduct includes:

a. Sexual flirtations, touching, advances, or propositions;
b. Verbal abuse of a sexual nature;
c. Graphic or suggestive comments about an individual's dress or body;
d. Sexually degrading words to describe an individual; and
e. The display in the workplace of sexually suggestive objects or pictures, including nude photographs or illustrations.

3. Any employee who believes that the actions or works of a supervisor or fellow employee constitute unwelcome harassment has a responsibility to:

a. Tell the supervisor or fellow employee that their action or words are unwelcome and are considered harassment;
b. Report or complain as soon as possible to the appropriate supervisor or to the President of the Board of Directors if the complaint involves the Director.

4. All complaints of harassment must be investigated promptly in a manner that is as impartial and confidential as possible. If the employee is not satisfied with the handling of a complaint or the action taken by the Manager then the Grievance Procedure should be followed.

I have read and understand the above policy and signing below constitutes an agreement to adhere to this policy.

Signature of Employee/Volunteer: _____ Date: _____

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

CONFIDENTIALITY POLICY:

The principal of confidentiality is basic to the maintenance of professional ethics and community respect. All staff and volunteers of the (Sponsoring Organization) have a set of ethical responsibilities by which they are bound to the rider, the community and themselves. The (Sponsoring Organization) riders act in good faith, expecting their circumstances and personal matters to remain confidential and the (Sponsoring Organization) is obligated by law and ethics to reciprocate. Confidentiality of rider information is maintained for the protection of the rider and for the (Sponsoring Organization).

Staff members, including volunteers, will use the following procedures. For the purposes of these procedures a "riders" is defined as a person registered as a program participant. Registration is accomplished by completion of a Rider Information Form (RIF)

1. All staff members will take responsibility for protecting the confidentiality of all riders. New staff members will receive instruction in these confidentiality procedures.

2. All written and unwritten information concerning riders of the (Sponsoring Organization) are considered as confidential.

3. All written information regarding the riders of the (Sponsoring Organization) will be maintained in files. Only those staff members with a "need to know" will have access to these files. No staff member may remove rider files from the office without authorization from the staff member's supervisor.

4. When it is necessary for a member of the staff to communicate information about a rider to another person or agency, a Release of Information Form will be signed by the rider or their legal representative. The signed release will be kept in the rider's permanent record. If the rider is unable to give written consent then the staff member releasing the information will document the circumstances.

5. When rider-related materials, i.e. lists, log and files are used outside the office, staff members are responsible and must take appropriate steps to safeguard the materials.

6. In emergency situations, when it is not possible to have a form signed, a verbal release may be given by the rider or their legal representative. The staff member who receives the verbal release will make a note in the rider's file and will obtain the written release as soon as possible.

7. A signed release will not be needed when:

   "In general, personal information shall not be used or disclosed by any person or organization without the informed consent of the individual who is the subject or the information.

   The major exception to this policy is that the information may be used for purposes directly connected with the administration of the program that has collected the information. Such purposes include, but are not necessarily limited to; determining eligibility, providing the services and participating in audits of the program. An example of using personal information in the course of providing a service would be staff member giving the name and other necessary information about an individual desiring a specific service to an organization than can provide that service" -DSHS memo IM-OOA-AAA-77-83.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

8. When a (Sponsoring Organization) staff member is working with a rider and finds it necessary to obtain written information from another person or agency, it will be necessary to obtain a signed release from the rider or representative. This release will indicate that the rider or representative has given permission for release of information to the (Sponsoring Organization).

9. When a (Sponsoring Organization) staff member either receives requested written information or releases written information about arider to another person or agency, a written or verbal follow-up will be given to the rider. This follow-up will inform the rider as to what information was released or obtained and what progress has been made in helping with his/her individual situation. A record of the follow-up will be kept in the rider's file.

10. When a staff member receives unsolicited information from the rider the staff member may legally need to share that information, e.g., suspected abuse. The staff member may also ask the rider for permission to make an appropriate referral, i.e., Gatekeeper function.

11. When a staff member receives unsolicited information about a rider from family members, Gatekeepers, etc. the staff member may share in the information with the rider. Professional judgment will determine what to share.

12. The fact that a situation has been made public through any of the new media does not alter the fact that this person still has confidentiality privileges with the (Sponsoring Organization). For example, if a rider has been having difficulties with a given problem and is arrested, the (Sponsoring Organization) confidentiality procedures will be maintained.

13. The fact that a case has been made public through any of the news media does not alter the fact that this person still has confidentiality privileges with the (Sponsoring Organization). For example, if a client has been having difficulties with a given problem and is arrested, the (Sponsoring Organization) confidentiality procedures will be maintained.

I have read and understand the above Confidentiality Policy:

Signature: _____ Date: _____

ABUSE, NEGLECT, ABANDONMENT, & EXPLOITATION:

It is important not to try to investigate on your own, but to report your concerns immediately to the office of the Department of Social & Health Services that is responsible for Adult Protective Services. They will investigate and take action to prevent, correct, or remedy the situation, with the consent of the older person involved. The staff member (including volunteers) shall also report concerns to his/her supervisor to receive further instructions as needed. It makes most sense for an agency to have one person designated to make reports. People in certain professions are mandated to report suspected abuse, neglect, exploitation or abandonment of persons sixty years of age or older who have a functional, mental, or physical inability to care for or protect themselves. Those mandated to report include:

1. Police officers
2. Social workers
3. Employees* of welfare, mental health, or health agencies, or congregate care long-term care facilities
4. Licensed health care providers
5. Employees of the Dept. of Social & Health Services
6. Employees of social service agencies
   *Employees include volunteers

Reports must be made to Adult Protective Services immediately, and follow-up with a written report within ten (10) days.

Abuse and neglect of older persons includes several categories of acts and/or omissions generally referred to as abuse, neglect, exploitation and abandonment. Signs of potential abuse or neglect include:

1. An elderly person with bruises, welts or burns or evidence of physical restraints.
2. An elderly person who appears over- or under-medicated.
3. An elderly person with inadequate food or water, or with unclean clothes or bedding.
4. An elderly person whose caregiver abuses alcohol or is emotionally unstable.
5. An elderly person who previously has had excellent credit or resources but now seems unable to meet expenses.
6. An elderly person whose caregiver is under severe stress such as illness, unemployment or family problems
7. An elderly person living in a family with a history of violence such as child or spouse abuse.
8. An elderly person who is not permitted visitors or direct, private communications with others.

Definitions:

Abuse: An act of physical or mental mistreatment or injury that harms or threatens a person through action or inaction by another individual. Abuse may be physical, sexual, verbal or emotional. "Medical" abuse refers to over-medication or withholding of medications or other needed assistance in order to control the older person.

Signs of abuse:

1. Suspicious bruising or other injuries to arms, face or head.
2. Marks from tying or other restraints.
3. Purposeful isolation.
4. Unwarranted sedation.
5. Withholding of food, water or medication (without consent).
6. Unexplained depression or anxiety.

Neglect: A pattern of conduct resulting in deprivation of care necessary to maintain minimum physical and mental health. Neglect occurs when, a caregiver does not provide enough care and support to meet the person's individual needs for physical emotional well-being. (The situation may be “self-neglect” when the needs of an older person are not being met but there is not an identified caregiver.)

Signs of neglect:

1. Inadequate food or water.
2. Uncleanliness.
3. Serious bedsores.
4. Social isolation.
5. Lack of proper medical or dental care or equipment.
6. Unsanitary conditions.
7. Unpaid bills.
8. Untreated mental illness.

Exploitation: Illegal or improper use of a vulnerable adult or that adult's resources for another person’s profit or advantage. Exploitation may involve obtaining access to and misusing an older person's income, financial resources or real property, obtaining money fraudulently, charging for services riot provided, misuse of a Power of Attorney, and emotional pressure to change a will sign over property.

Signs of exploitation:

1. Sudden change in an older person’s spending habits.
2. Unexplained loss of resources or valuables.
3. Overdrawn accounts.
4. Loss checks or passbooks.
5. Unusual or suspicious withdrawals from bank.
6. An unfit person moving in.
7. Sudden quit-claim deeds of property.
8. Suspicious or unauthorized use of an older person’s credit cards.

Abandonment: Leaving a vulnerable adult without the means to obtain food, clothing, shelter, or health care. This form of abuse involves a recognized caregiver who has been giving regular and substantial care to an older person, and willfully discontinues the care without assuring adequate replacement or giving appropriate notice to responsible parties.

Signs of abandonment:

1. Sudden departure of caregiver.
2. No movement in or around an older person’s home.
3. No answer to telephone.
4. Uncollected mail or newspapers piling up.
5. Older person suddenly discontinuing routine social contacts.

I have reviewed and understand the (Sponsoring Organization’s) Policy regarding the reporting of abuse, neglect, exploitation, and abandonment of adults.

Signed: _____ Date: _____

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

ADULT PROTECTIVE SERVICE REPORTING FORM:

Identification of Individual(s)

Name	Address	Telephone

Identification of Suspected Perpetrator(s)

Name	Address	Telephone

Relationship to Individual Being Reported:

Son	Brother	Spouse	Son-in-law
Daughter	Sister	Caregiver	Daughter-in-law
Father	Mother	Other	

Description of Suspected Abuse/Exploitation/Neglect or Abandonment (Use back of report if needed.)

Identification of Significant Others: (if known)

Name	Address	Telephone

Agencies Currently Providing Services to Individual(s) (if known)

Name	Address	Telephone

Source of Report:

Reported by: (name) Date of Oral Report:

Agency:

Relationship to Individual Being Reported

Report to:

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

DRIVER INCIDENT REPORT:

1. Driver Name: _____

2. Date of Incident: _____

3. Time of Incident: _____

4. Location of Incident: _____

5. Name of Participant/s Involved: _____

6. Address: _____

7. Phone #: _____

8. Car Seat or Booster Seat in Use? _____

9. Name & Phone Number of Witnesses to Incident:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

10a. Were the police involved? ___Yes ___No

10b. If yes, Provide the Name of Police Official and Accident Report Number: _____
_____

11. Explain in Detail: _____
_____
_____
_____
_____

12. Driver Signature: _____

Please fill out this form completely and mail to:

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

Libbie's Place: Adult Day Service

Safety Policies: Arrival, Departure & Transportation to & from Libbie's Place

Arrival

1. **Transportation and Arrival by Caregiver:**
   Whoever brings a participant to Libbie's Place must:
   a. Park the car in a designated parking place n the south parking lot.
   b. Accompany the participant into Libbie's Place (i.e. bring the participant inside the door to the center).
   c. "Deliver" your participant to the staff by ensuring that a staff person sees and knows your participant has arrived.
   d. Sign the participant in on the Sign-in Sheet (arrival time and your signature).
   e. Inform staff of any changes in pick-up plans, such as different time, different person and reason for changing (e.g. an appointment).

2. **By Libbie's Place Bus:**
   (Note: Libbie's Place provides transportation for these who are in close proximity)
   a. Driver will honk to signal arrival of bus at participant's residence.
   b. Caregiver will ensure that a participant is ready and will escort participant to the bus.
   c. Driver and greeting staff will escort participant into Libbie's Place.
   d. Driver/Staff will sign the Sign-in Sheet.
   e. Family or caregiver is responsible for informing staff of any changes in afternoon pick-up plans.

3. **By Public Transportation:**
   a. Participants can utilize public transportation. However, participant's family must discuss transportation arrangements with the Program Director. Agreement must be signed by both Director and responsible party before the public transportation can be used.

Departure

1. **With Caregiver:** Whomever picks up a participant for Libbie's Place must:
   a. Come into the center.
   b. Sign out on the Sign-in Sheet (time and signature).
2. **With Libbie's Place Bus:**
   a. Upon arrival at the participant's place of residence, the Bus Driver will honk to signal to the caregiver of arrival.
   b. When the caregiver is identified, the Bus Driver will help the participant off the bus.
   c. Outside of the bus, the Bus Driver will deliver the participant into the care of a responsible person, designated by the family.
   d. The responsible person will greet the participant and escort him or her to a safe environment.
3. **With Public Transportation:**
   a. Libbie's Place staff will escort the participant safely to the public transportation vehicle.

Source: Libbie's Place: Adult Day Services. Galveston, TX.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

TRANSPORTATION DEPARTMENT

The Transportation Department serves as the "wheels" that make the Center run. Without transportation, the consumers would be unable to come to the Center or go to their medical appointments. Without the consumers, the Center could not remain open. However, the employees of this Department do more than just "drive".

The drivers must have special qualifications. First, they must have a valid New Jersey Driving License and a safe driving record. Then they must complete additional training and pass a special examination to get a CDL (Commercial Driving License) endorsement for their regular driving license. These regulations, mandated by New Jersey state law, certify that all Horizon drivers have advanced driving skills to ensure the safety of the Center's staff and consumers.

Before any consumers can be transported, the vehicles must be clean, safe and well-maintained. The vehicles have the Center's name on them and they serve as a visual representation of the quality of Horizon. Routine cleaning will ensure that we put our "best face" on. Also, the consumers feel more confident and comfortable in a vehicle that looks and feels nice. This encourages them to attend the Center. This cosmetic care of the vehicles is important, but not nearly as much as the mechanical condition of them. To protect the consumers, routine maintenance keeps the vehicles safe. It also saves the Center money, as it keeps the vehicles in good working order and can identify problems for repair while they are still minor and not involve extensive servicing or replacement. Naturally, no vehicle can be used before necessary repairs are completed. The Route Director keeps track of expenses and maintenance/cleaning schedules.

Trying to coordinate all the pick-up/drop-off routes, as well as all the different medical appointments and off-site activity trips, requires a concerted effort by all staff members, but especially those of the Transportation Department. To facilitate the establishment of routes, the Route Director must determine the most economical routes to use and the most efficient use of the available vehicles. This helps the Route Director determine how many consumers, and which ones, can be transported each trip to their destination(s). This is no easy task. All of this coordination must also take into account that the consumers are required to be at the Center for a minimum of 5 hours per day and that each consumer's cumulative travel time per day is not to exceed 2 hours. The daily transportation of consumers, therefore, needs the careful coordination of the Center's other Departments to enable the drivers to perform their duties.

Another important responsibility of the Transportation Department is assisting in taking attendance. The Center gets reimbursement for its services based on actual attendance. A daily Sign-In Sheet is kept at the Transportation Department's counter. As the drivers discharge the consumers at the Center, they assist them to sign-in on this attendance sheet. This sheet serves as a billing record. Without proper and prompt billing, the Center wouldn't have the resources to continue operation. Therefore, the taking of attendance serves as the basis for the Center's income.

Before providing consumer care, each employee went through an orientation to familiarize him/her with what an Adult Medical Day Care Center is and about geriatrics in general. By reading a summary of the transportation services provided at the Center, the departmental functional workflows, and the job description, each employee should know the scope of what the Transportation Services Department does and how he/she fits into the Center's team approach to consumer service provision. Further study of the policies and procedures should make the employee aware of how to provide this service.

By working together, the Transportation Department will not only help the services provided at the Center to "roll right along", but will be an example to all the other departments. It will also facilitate how each department interacts with one another. No single department is responsible for the successful operation of the Center. Each department has its own unique importance to the overall consumer services. Hopefully, this will encourage the entire Center staff to make this the best Medical Day Care Center in the country.

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

TRANSPORTATION SERVICES

SUMMARY:

Transportation Services, directed by a Transportation Director under the supervision of the Administrator, shall provide all needed transportation to every consumer via safe, well-maintained and clean vehicles.

PHILOSOPHY:

Recognize the positive aspects of the consumer and develop these to his/her fullest potential.

GOAL:

To provide needed transportation in a safe manner.

STANDARDS:

The Center shall provide transportation for consumers to and from their homes as well as to and from services provided indirectly by the Center. No consumer's total daily commutation time shall exceed two (2) hours.

The provision of all transportation shall be in accordance with standards established by the laws of the state of New Jersey, the New Jersey Department of Human Services Division of Medical Assistance and Health Services, the New Jersey State Department of Health and Senior Services and the Medical Day Care Center's policies and procedures.

PROCEDURES:

Transportation Services shall include, but not be limited to, the following:

1. Transport all consumers to and from their homes to the Center every day they attend the Program.
2. Transport all consumers to and from any medical appointments on the days they attend the Program.
3. Transport all consumers to and from all off-site activity programs.
    a. Shopping trips shall be regularly scheduled twice weekly. (food shopping one day/sundries another day)
    b. Local community trips shall be scheduled by the Activity Department in coordination with the Route Director.
4. Provide transportation service to a specific geographic area which has been designated by the Center's owners.
5. Ensure that the total cumulative travel time per day per consumer shall not exceed 2 hours.
6. Develop a transportation route for each consumer and each trip based on good economic and time management criteria.
7. Perform daily Pre-Trip Inspections of each vehicle.
8. Take attendance via a Sign-In Sheet kept at the transportation counter.
9. Encourage each consumer to achieve independence according to his/her abilities.
10. Participate in inservice education to maintain high standards of transportation provision.
11. Establish and utilize a quality assurance monitoring mechanism.
12. Participate on staff committees as needed.
13. Have a full understanding of all fire, emergency and safety procedures.
14. Have a full understanding of how to deal with a vehicular accident.
15. Provide proper care and use of supplies and equipment.
16. Abide by the established policies and procedures of the facility.
17. Utilize correct body mechanics when assisting consumers with mobility.
18. Schedule routine vehicle maintenance.
19. Have any repairs done before using a vehicle for transportation purposes.
20. Keep the vehicles clean.
21. Document and track maintenance and/or repair schedules and costs.
22. Monitor costs of fuel to remain within budgetary guidelines.
23. Report the activities of the Department to the Administrator.
24. Assist with developing and maintaining written policies and procedures to ensure the quality of the consumer transportation services; review them annually.

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

MAJOR DEPARTMENTAL FUNCTIONAL WORKFLOWS

TRANSPORTATION:

1. Route Assignment
    a. Develop Routes.
    b. Assign vehicles/drivers.

2. Transporting
    a. Home/Center.
    b. Medical appointments.
    c. Activities (shopping, community trips, etc.).

3. Attendance
    a. Sign-In Sheet.

4. Vehicle Maintenance
    a. Routine.
    b. Cleaning.
    c. Safety.

5. Documentation
    a. Time Sheets.
    b. Q/A Report.
    c. Gas/Maintenance.

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

POSITION DESCRIPTION

TITLE: Route Director
REPORTS TO: Administrator

SUMMARY: Under the direction of the Administrator, the Route Director shall manage all aspects of the participant's transportation to and from the Center.

DUTIES AND RESPONSIBILITIES:

- Be responsible for the effective and efficient transportation of the participants.
- Serve on committees as required.
- Serve as a role model for subordinates.
- Keep participant and Center information confidential.
- Assign participants and staff to routes in a manner that achieves maximum efficiency.
- Participate in inservice education.
- Abide by the established policies and procedures of the Center.
- Understand the proper care and use of supplies and equipment.
- Have a full understanding of fire, emergency and safety procedures.
- Notify owner, in writing, of voluntary termination at least one month before leaving.
- Perform other related duties as required for the effective discharge of the position of Route Director.

REQUIREMENTS:

- Have a valid New Jersey driver's license.
- Must maintain insurability with the Center's fleet insurance carrier.
- Agree (in writing) to allow the Center to verify the driving record.
- Have strong interpersonal skills.
- Have the ability to understand and communicate with participants.
- Have the ability to work with, and be sensitive to, the needs of the elderly.
- Have the ability to assist clients in and out of vehicles.

I have read and understand the position and its requirements.

_____ _____

Date Employee Signature

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

POSITION DESCRIPTION

TITLE: Driver
REPORTS TO: Route Director

SUMMARY: Under the direction of the Route Director, the Driver shall provide transportation which will enable the participants to attend the Adult Day Program, receive needed medical care from outside resources and participate in community activities.

DUTIES AND RESPONSIBILITIES:

- Transport participants to and from the Center on a daily basis.
- Transport participants to and from support services or activity programs when necessary.
- Ensure that the Center vehicles are kept clean and serviceable.
- Serve on committees as required.
- Keep participant and Center information confidential.
- Participate in inservice education.
- Abide by the established policies and procedures of the Center.
- Understand the proper care and use of supplies and equipment.
- Have a full understanding of fire, emergency and safety procedures.
- Interact with participants when not performing specific tasks assigned to the position.
- Perform other related duties as required for the effective discharge of the position of Driver.

REQUIREMENTS:

- Have the ability to understand and communicate with participants.
- Have strong interpersonal skills.
- Have the ability to work with, and be sensitive to, the needs of the elderly.
- Have the ability to assist participants in and out of vehicles.
- Maintain insurability by the Center's fleet insurance carrier.
- Have a valid New Jersey driver's license.
- Agree (in writing) to allow the Center to verify the driving record.

I have read and understand the position and its requirements.

_____ _____

Date Employee Signature

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

POLICY AND PROCEDURE MANUAL

TITLE: TRANSPORTATION PROVISION

POLICY:
Established transportation guidelines shall be followed at the Medical Day Care Center.

PROCEDURE:

The following criteria must be met for the Center to provide transportation to an existing consumer or applicant:
1. The consumer must live, or be transported to a medical facility, within the geographic area designated by the Center.
2. An existing consumer deemed inactive due to hospitalization or prolonged illness which, in the opinion of the nursing staff, prevents Center attendance. This medical transportation service can be provided for a period not to exceed 90 days from the last date of attendance.

Additional transportation guidelines:
1. Transportation to any medical appointment outside of the designated geographic area must be accommodated by other transportation systems or medical transport where applicable. (When medical transport is used, the consumer may not attend the Center on that date.)
2. Requests for medical transportation by consumers and caregivers who have made medical appointments without consulting the nursing staff shall be accommodated based on availability of driving personnel/vehicles on the date of the appointment.
3. When an existing consumer is deemed by the nursing staff to have a medical condition which may be contagious and represents a danger to other consumers, transportation is not to be provided with other consumers present on the vehicle.
4. Bilingual and/or support staff is only to be provided for medical appointments when deemed necessary by the nursing staff and when every effort has been made to obtain this assistance from the caregiver.
5. The Center shall not provide support staff for a medical appointment when a consumer has a cognitive impairment and shall not be able to answer medically-related questions posed by a health care provider. The nursing staff is to advise caregivers that they should be present for appointments of this nature.
6. Medically-related transportation is not to be provided when, in the opinion of the nursing staff, based on the consumer's diagnosis, the consumer is capable of attendance but is inactive for non-medical reasons for more than 30 consecutive days.
7. Only consumers shall be routinely transported by Horizon vehicles. All other individuals must be approved by the Route Director and/or other appropriate Horizon personnel.

RESPONSIBILITY: Staff nurses
Route Director

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

POLICY AND PROCEDURE MANUAL

TITLE: PRE-TRIP INSPECTION

POLICY:

To ensure the safety of the Day Center's staff and consumers during transportation, a daily pre-trip inspection of each vehicle shall be performed by its driver.

PROCEDURE:

A pre-trip inspection shall be performed daily on each vehicle by its driver. This inspection shall verify that all safety equipment is present and in good working condition. This safety equipment shall include:

1. Flashers.
2. Wipers.
3. Lights.
4. Brakes.
5. Properly inflated tires.
6. Seatbelts.
7. Fire Extinguisher.
8. Flashlight.
9. First Aide/Spill Kit.
10. Step-stool.
11. Reflector Triangles.

Any malfunctioning of the equipment, or the absence of it, must be reported immediately to the Administrator. A vehicle must never be used for transportation purposes if it is in an unsafe condition.

RESPONSIBILITY: Drivers
Administrator

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE

NEW JERSEY

POLICY AND PROCEDURE MANUAL

TITLE: VEHICLE MAINTENANCE

POLICY:

The Administrator shall be responsible for maintaining clean, well-run, safe vehicles.

PROCEDURE:

To maintain clean, well-running, safe vehicles, the Administrator shall:

A. For Cleaning:
1. Develop a schedule for washing/vacuuming of vehicles.
2. Contract/make arrangements with an appropriate facility for scheduled cleaning of the vehicles.

B. For Maintenance:
1. Follow the vehicle manufacturer's recommendations for maintenance.
2. Contract/make arrangements with an appropriate facility for scheduled maintenance work to be done.
3. Establish a corporate account to charge gasoline purchases.
4. Document maintenance records.

C. For Safety:
1. Correct, at the earliest possible time, all notifications by the drivers of unsafe conditions/equipment on the vehicles.
2. Contract/make arrangements with an appropriate towing service and repair facility.
3. Arrange for substitute vehicle transportation until the safety concerns are corrected.

RESPONSIBILITY: Administrator

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

POLICY AND PROCEDURE MANUAL

TITLE: LIFTING

POLICY:

All Horizon employees must utilize good body mechanics when assisting consumers.

PROCEDURE:

The center's policy on lifting includes, but is not necessarily limited to, the following:

1. To prevent worker injury, no employee may lift a "dead weight" consumer.
2. All employees must attend inservice training on proper body mechanics.
3. No employee may lift/carry a consumer up/down stairs.
4. No employee may transport a consumer via wheelchair up/down stairs.
5. All employees must wear a "Safe-T-Belt" when physically assisting consumers with ambulation/transfer.
6. When picking up/discharging consumers, a driver may only assist consumers from street level at the pick-up/drop-off site; a driver may not leave the vehicle to go to a consumer's place of residence.
7. If a wheelchair-bound consumer needs assistance into/out of the home, the consumer's caretaker must be present to perform this chore. If the caretaker is not available at pick-up time, the consumer will be unable to attend the Program that day. If a caretaker is not available at drop-off time, the driver must wait until a caretaker arrives. (The driver should call the Center so other staff members can attempt to locate the caretaker.) The driver shall wait a maximum of 15 minutes for the caretaker to arrive and shall return the consumer to the Center if no one arrives by then.

RESPONSIBILITY: Horizon Staff Members

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

POLICY AND PROCEDURE MANUAL

TITLE: MEDICAL EMERGENCIES IN VEHICLES

POLICY:

Drivers shall follow specific guidelines to ensure the well-being of consumers during medical emergencies while in transit.

PROCEDURE:

The following procedures shall be adhered to if a consumer experiences any/all of these symptoms:

* Breathing difficulty, chest pains, choking, loss of consciousness and other potentially life-threatening emergencies:
  1. Pull the vehicle to the side of the road at the first safe location available.
  2. Immediately call 911 to report the emergency and follow any instructions they give you.
  3. Render any first aid you are qualified and trained to give.
  4. Call the Center to advise of the situation as soon as help arrives.

* All other medical emergencies:
  1. Pull the vehicle to the side of the road at the first safe location available.
  2. Call the Center to advise of the situation and follow instructions given to you by the nursing staff.
  3. Render any first aid you are qualified and trained to give.

RESPONSIBILITY: Drivers
Nursing Staff

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

POLICY AND PROCEDURE MANUAL

TITLE: ACCIDENT REPORTING

POLICY:

If a vehicle transporting consumers is involved in an accident, it shall be reported to the Center immediately.

PROCEDURE:

If a vehicle is involved in an accident, the driver shall notify the Center immediately.

After notifying the Center, the driver shall notify the transportation vendor and the local police.

The driver shall take all measures to ensure the safety of the consumers while awaiting police response.

The driver shall present documentation (driver's license, insurance card, vehicle registration), as required by law, to the police and/or the driver(s) of any other vehicle(s) involved in the accident.

The driver shall record the same information listed above of the other driver(s).

After the accident has been investigated and the individuals involved released, the driver and all consumers on the vehicle shall be transported to the nearest hospital for a medical evaluation if requested by consumers(s) or driver. If medical evaluation is refused, all clients shall be transported back to the Center to sign a Release.

Another vehicle shall be dispatched if the involved vehicle is deemed unable/unsafe to be driven by the driver.

Upon return to the Center, the driver shall immediately report the medical status of himself/herself and the consumers to the professional nursing staff.

The driver shall complete an Incident Report of the accident before leaving the Center for the day.

All Department of Transportation (DOT) regulations shall be followed pertaining to the accident.

RESPONSIBILITY: Drivers

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

SAMPLE VAN/BUS DRIVER JOB DESCRIPTION

The following statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified.

Qualifications:

- Current Class C CDL.
- Previous successful experience driving bus/van.
- Prefer experience working with disabled and elderly adults.
- High school diploma or GED with 3 to 5 years experience directly related to the duties and responsibilities specified.

Special Requirements:

- Negative results on pre-employment drug screen.
- Satisfactory Criminal History check.
- Current physical exam, TB test, 1st Aid & CPR card, valid state drivers license and vehicle liability insurance, if vehicle is used for program business.
- XYZ Facility bus/van driver training completed upon hire.
- No major driving violations for past three (3) years.
- Negative results on initial and random drug screen.

Personal Capabilities:

- Determine & prioritize workload while being flexible.
- Good time management & organizational skills.
- Able to lift and potentially carry a minimum of 50 pounds.
- Able to be a team worker.
- Ability to understand and follow safety procedures.
- Ability to communicate effectively, both orally and in writing.
- Records maintenance skills.
- Knowledge of basic vehicle inspection and maintenance including tire pressure, checking oil and water levels.
- Ability to safely and efficiently operate a loaded passenger bus/van.
- Ability to gather data, compile information, and prepare reports.

Primary Responsibilities:

- Drives a program-owned bus/van, providing safe and efficient transportation to the program participants.
- Focus on driving, avoid unnecessary conversation.
- Run routes as written.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

- Support program aide in release of participants according to program policy.
- Do not permit unauthorized persons to board the bus.
- Check to see that all passengers are on/off bus.
- Comply with all applicable safety requirements, laws and regulations.
- Complete daily safety and maintenance checks of bus.
- Performs routine vehicle inspection and maintenance including checking the oil, fuel, brakes, lights, windshield wipers, and water and tire pressures.
- Maintain records including bus safety and maintenance checks, bus logs, and others as required.
- Keep the bus clean inside and out.
- Notify Site Supervisor of any safety or maintenance concerns or unusual incidents in a timely manner.
- Maintain confidentiality.
- Communicate positively with caregivers, participants and program staff.
- Work positively with varied ethnic, cultural & societal groups.
- Be a team worker.
- Assist program staff during field trips via bus.
- Refrain from eating, drinking or tobacco use in/near vehicle.
- Attend trainings/staff meetings as required.
- Accept responsibility for seeking assistance and guidance when needed, incorporate constructive direction from supervisor to improve job performance.
- Act as reporting agent for suspected abuse/neglect.
- Any and all other duties as mutually agreed upon by the program.

Working Conditions and Physical Effort:

- Work involves moderate exposure to unusual elements, such as extreme temperatures, dirt, dust, fumes, smoke, unpleasant odors, and/or loud noises.
- Light physical effort. Requires handling of average-weight objects up to 50 pounds or some standing or walking. Effort applies to no more than two (2) hours per day.
- Work environment involves some exposure to hazards or physical risks, which require following basic safety precautions.

XYZ Facility is a program of opportunity without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

Driver Application

PLEASE PRINT

This application will be used to establish your eligibility as a driver for the (Sponsoring Organization). The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in our driver program. Return completed application to the (Sponsoring Organization) Transportation Coordinator.

All applicants must read and signed in the signature block on Page 2.

Full Name:		
Address: Zip:	City:	State:
If less than 2 years at this address, previous address:		
Phone:	Fax:	E-mail: @
Date of Birth:	Wk. Phone:	Social Security Number: / /
Do you have a current and valid State Driver's License? (please attach a copy) ☐Yes ☐No *If no, please explain:*		
How long have you had a driver's license? Years: Months		
Driver's License Number:	Expiration Date:	
If licensed in (Washington) State less than five years, list licenses previously issued: *License Number/State:* *License Number/State:*		
Are there any restrictions on your driver's license? ☐Yes ☐No *If restricted, state type and date of restriction:*		
Have you ever had your driver's license suspended, revoked, or refused? ☐Yes ☐No *If yes, please explain:*		
Name of Your Automobile Insurance Company (please attach a copy of insurance card):		
Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? ☐No ☐Yes, Cancelled ☐Yes, Refused ☐Yes, Non-renewal *If yes, please explain and list company and agent name and phone:* *Date: Reason:*		

OVER

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

Driver Application (Cont.)

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? *If yes, please explain (date, charge, jurisdiction, etc.):*			☐Yes ☐No
Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.			
A	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: $
	Remarks:		
B	Date:	Time:	Location (City and State):
	Conviction:		
	If speeding, legal limit:	Your speed:	Amount of Fine: $
	Remarks:		

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.

#1	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: $
	Bodily injury?		Damage to other property?	Amount: $
	Description:			
#2	Date:	Time:	Driver:	Violation:
	Who was at fault?		Damage to your vehicle?	Amount: $
	Bodily injury?		Damage to other property?	Amount: $
	Description:			

Have you completed the Essential Functions checklist? ☐Yes ☐No
If no, please explain:

This application warrants a criminal history background check, and/or verification of my motor vehicle record as authorized by my signature below.

For Drivers Only. My signature below authorizes the (Sponsoring Organization) to obtain, at its sole discretion, my employment and non-employment driving record, including all actions that have taken place regarding the driver's license I now hold, have held, or in the future may obtain. It also authorizes the (Sponsoring Organization) to conduct a criminal history background check from the source of its choice. I further agree to any other conditions described herein. This release continues in effect as long as I continue to serve as a (Sponsoring Organization) driver.

Signature:	Date:

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

DRIVER TRAINING CHECKLIST:

Driver's Name: _____ Driver Application Date: _____

DOB: _____ Program Orientation Date: _____

Driver Type: Agency Vehicle: _____ POV: _____ Combination: _____

Insurance Confirmed: _____

TRAINING COURSE	DATE	DATE	DATE
Pre-trip Inspections	_____		
Wheelchair Securement Training	_____		
Road Experience Training/Testing	_____		
Defensive Driving Course			
4-Hour	_____	_____	_____
8-Hour	_____	_____	_____
Re-certification	_____	_____	_____
Disability Awareness	_____	_____	_____
Aging Awareness	_____	_____	_____
Assisting Mobility	_____	_____	_____
Communication Skills	_____	_____	_____
ENHANCEMENT TRAINING			
CPR	_____	_____	_____
First Aid	_____	_____	_____
Customer Service Training	_____	_____	_____

HORIZON ADULT MEDICAL DAY CARE
NEW JERSEY

DRIVER ORIENTATION CHECK-LIST

SUBJECT	DATE
I. Driving Videos:	
Driving Defensively 1	_____
Winter Driving	_____
What To Do At The Scene Of An Accident	_____
Good Driving Is An Attitude	_____
Safe-T-Lift	_____
II. OSHA:	
Videos:	
The Secret Epidemic - Hepatitis B	_____
Universal Precautions/AIDS & Hepatitis Prevention For Health Care Workers	_____
Hazards Communication	_____
Training/Written Materials reviewed by staff RN	_____
III. Instruction/visual verification of proper 4-point tie-down of wheelchair clients	_____
IV. Verbal review of Employee Manual	_____
V. Verbal review of Transporation Policies & Procedures	_____
VI. Verbal review of Horizon/DOT policy on Alcohol & Drug Testing by Safety Officer	_____

_____ _____
Transportation Director Employee

Source: Horizon Adult Medical Day Care. East Windsor, New Jersey.

Orientation Check off List Transportation Service

Name: _____

[ ] Evergreen Employee Forms

Meetings:
[ ] Volunteer In-service
[ ] All Evergreen Staff Meetings: Will be announced
[ ] Transportation Staff Meetings

Review:
[ ] Employee Manual including Fire and Severe Weather Policies
[ ] Infection control and universal precautions
[ ] Transportation Policies
- ____ Job Description
- ____ Transportation Policy Overview
- ____ Vehicle Safety Standards
- ____ Transportation log sheet
- ____ Transportation Release Form
- ____ Vehicle Driver Responsibility
- ____ Vehicle Inspection Report
- ____ Delivery of client to home without a caregiver being present
- ____ Vehicle Telephones
- ____ Cancellation of participants at the door
- ____Emergency Information Notebook
- ____ Vehicle Accident

[ ] Handouts Reviewed
- ____ Lift Operation Safety
- ____ Lift Operating Instructions
- ____ Instructions for the use of the "Restraint" System
- ____ Instructions for use of the Fire Extinguisher
- ____ How to obtain messages from telephone
- ____ Proper Body Mechanics
- ____ Standing Pivot Transfers
- ____ Wheelchair Etiquette
- ____ Wheelchair Safety Tips
- ____ When to Call EMS
- ____ Brochure on Prime Time Program
- ____ Brochures on Adult Day Health
- ____ Normal Aging Process
- ____ Techniques for Communicating with Individuals with AD
- ____ "What I Want If I Get Alzheimer's Disease"

[ ] Occurrence/Incident Report Forms

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Transportation: Drivers Competency

Name: _____

Date of Employment: _____Date Completed: _____

Self Assessment Do you have experience with this skill?		Are you competent in performing the following?		Competency for the **Transportation Drivers**	Proficiency Required	Policy Reviewed Date	Competency Validations Indicated by Preceptors Initials & Date
Yes	No	Yes	No				
				A. Demonstrates knowledge & familiarity with the following:			
				1. Alarm System			
				2. Telephone System			
				3. Cellular Phone			
				4. Location of Keys			
				5. Mission Statement & Goals of Evergreen Commons & Respite Services			
				6. Policy & Procedure Manual			
				7. Bill of Rights & Responsibilities of a Participant	*		
				8. Confidentiality Policy			
				9. Evergreen Commons Staff Responsibilities			
				10. Drug & Alcohol Testing Policy	*		
				11. AM Responsibilities			
				12. End of Day Responsibilities			
				B. Demonstrates knowledge & ability to perform/usage of:			
				1. Proper Use of the Lift	*		
				2. Proper Tie Down of Wheelchairs	*		
				3. Transfer Techniques:			
				a. Standing Pivot	*		
				b. Assist with Ambulation	*		
				c. Other			
				4. Assistive Devices			
				a. Walker	*		

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Self Assessment Do you have experience with this skill?		Are you competent in performing the following?		Competency for the **Transportation Drivers**	Proficiency Required	Policy Reviewed Date	Competency Validations Indicated by Preceptors Initials & Date
Yes	No	Yes	No				
				b. Cane	*		
				c. Wheelchair	*		
				C. Demonstrates ability to process paperwork and associated functions necessary to facilitate:			
				1. Documentation Skills: (legible, timely, accurate & complete)			
				a. Transportation Log Sheet	*		
				b. Vehicle Inspection Report	*		
				c. Sign-in Sheet	*		
				d. Incident Reporting	*		
				2. Emergency Procedures:			
				a. Fire (including location of exits & fire extinguishers)	*		
				b. Weather (including closings, where to direct participants for a tornado)	*		
				c. Medical	*		
				d. Elopement	*		
				e. Location of Emergency Book and how and when it's used	*		
				f. Location of MSDS Book and how and when it's used	*		
				3. Understands & demonstrates appropriate communications sills with participants.			
				4. Understands & demonstrates appropriate communications sills with caregivers.			
				5. Understands & verbalizes what to do in case of an accident.	*		
				6. Understands & verbalizes what to do if a caregiver is not present when delivering a participant to the home.	*		

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Faith in Action Red Wing
1407 W. 4th Street
Red Wing, MN 55066
Phone: 651-385-3290

Background Investigation Authorization and Release

I give authorization to Faith in Action Red Wing to conduct a criminal and traffic record check through Goodhue County Social Services and the Goodhue County Sheriff's Department. This record check may have to be completed before the assignment.

Name of Driver: (Print)

_____

First Middle Last Previous/Maiden Name(s)

Current Home Address: _____

_____

City State Zip Code

Date of Birth: _____ Social Security #: _____

Driver's License #: _____

Signature: _____ Date: _____

First Middle Last

_____

Parent Signature for Minor

Witness: _____ Date: _____

First Middle Last

Social Services	___Yes ___No	Checked by: _____	Date: _____
Police/Sheriff	___Yes ___No	Checked by: _____	Date: _____

Source: Faith in Action Red Wing. Red Wing, Minnesota.

Bus Route Adult Day Health
Thursday AM Route

Transportation Log Sheet

Date: _____ Driver: _____
Time in: _____ Time out: _____
Beginning Mileage: (odometer reading at start of route)_____
End Mileage: (odometer reading at end of route)_____
Total Mileage for this route:_____
Total hours for this route:_____

Client #	Projected Time for Pickup	Picked-up Time	Delivery Time	Client Caregiver Sign-off	Client Address	Client or Caregiver Telephone Number

Comments:
_____
_____
_____
_____

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Libbie's Place: Adult Day Service

Transportation Log

Name	Address	Telephone	Days of Attendance	Comments

Transportation Schedule for all Participants requesting rides.
Pickup time: 8:30 am
Take home time: 3:30 pm

Source: Libbie's Place: Adult Day Services. Galveston, TX.

WHEELCHAIR SECUREMENT: Where art meets science

Doug Cross
Douglas J. Cross Transportation Consulting
www.douglasjcross.com

(As published in the Spring 2004 edition of
CalACTION
the newsletter of the California Association
for Coordinated Transportation: www.calact.org)

Wheelchair access on transit buses and paratransit is getting more complicated every year. Service providers are faced with accommodating more passengers with an ever-increasing diversity of mobility aids. Some of the problems facing transit systems and customers are:

- Larger and less maneuverable wheelchairs are becoming increasingly common
- Larger and more varied types of non-wheelchair mobility aids are being carried on transit
- New, less-experienced, and more frail customers with mobility aids on riding fixed route transit, as opposed to paratransit
- Securement is often time consuming, physically challenging, and intrusive to passengers
- Securement is sometimes improperly performed by transit personnel and passenger attendants
- Wheelchair designs that are difficult to tie down are becoming increasingly common
- Adequate standards or recommended practices do not exist for the installation and use of securement equipment (tie down straps, lap/shoulder belts) in many types of transit vehicles
- Transit customers and service providers, as well as sectors involved with health care and wheelchair issues, are not aware of the need for promoting the use of wheelchairs equipped with tie-down attachment points conforming to recently developed standards

Some of the emerging solutions and areas for further efforts are:

- Better securement equipment: Four-point tie downs are being refined by manufacturers
- More and better education and training, of both operating personnel and passengers, through increased operator awareness training and consumer travel training.
- Wheelchair marking and tether strap programs
- Wheelchair tie-down standards, research, and technology development

WHEELCHAIR MARKING AND TETHER STRAPS

A common problem for transit personnel is not being able to identify, or reach, where to attach tie down straps on many wheelchairs and scooters. This is a steadily worsening situation, as most new wheelchair designs do not have the type of frame joints that tie-down systems were originally designed for. Many transit systems and disability organizations offer wheelchair marking and/or tether strap programs for wheelchair users. The first component is markings for appropriate attachment points on customers' chairs with color-coded tape, stickers, wire ties, or some other identifier.

If there is no good place for attachment of belts or hooks, a fabric webbing "tether strap" can be installed on the mobility aid. This approach, while not as good as having proper mechanical tie-down points built in or attached to wheelchairs, serves to make "best efforts" to keep wheelchairs in the securement area, as encouraged by Americans with Disabilities Act (ADA) regulations.

Tether straps should only be used when markings will not provide an adequate attachment point. The extra length and flexibility introduced by tether straps can create new problems, especially on longer wheelchairs or scooters. This length, in combination with the length of the chair attachment points, can create the need for securement track spacing of 52-56 inches, which is significantly larger than the ADA "envelope" of 48 inches. This is an important consideration when buying new vehicles.



Wheelchair with markings (rear) and tether straps (front)

WHEELCHAIR SECUREMENT REGULATIONS

The ADA requires that wheelchairs be transported, whether they can be adequately secured or not. If a wheelchair cannot be successfully secured, or the vehicle's securement equipment isn't functioning, the passenger must be allowed to ride. The regulations state that wheelchair users may be denied transportation if they do not allow their chairs to be secured. The Federal Transit Administration (FTA) recently issued an opinion that in order to do so, transit providers must have a written policy stating this.

Conversely, the FTA guidance allows transit providers to also have a policy that securement is at the option of the passenger. The transit agency must, however, provide securement assistance to any passenger who needs or requests it. This interpretation is from the civil rights perspective, and has resulted in a few urban fixed route transit systems adopting the "optional" policy. It is uncertain whether many other systems will follow this approach, though, due to the obvious safety and liability implications.

This adds to the complexity that already existed due to the FTA interpretation of the "optional" rule for lap and shoulder belts. Wheelchair users may only be required to use occupant restraints if all other passengers are required to do so. The FTA bulletin (ADA Information, Volume 1:
Questions and Answers Concerning Common Wheelchairs and Public Transit) is available online at www.fta.dot.gov/14863_ENG_HTML.htm.

A study by the Center for Urban Transportation Research (CUTR) at the University of South Florida, "Synthesis of Securement Device Options and Strategies" (#416-07) http://www.cutr.eng.usf.edu/index2.htm concluded that policy clarification from the U.S. Department of Transportation is needed about wheelchair securement in general, as well as guidance as to types of wheelchairs or features that are appropriate for use in transportation, such as the "WC-19 Transit Option" described below. It also concluded that voluntary steps will probably not be enough, pointing to the need for some type of mandatory requirements. The question, however, is which sector should be mandated, and to do what? The candidates are healthcare funding, wheelchair manufacturers, vehicle manufacturers, and/or transit providers.

STANDARDS BODIES AND ACTIVITIES

There are a number of standards and research activities aimed at improving wheelchair transportation safety. Full implementation of existing and developing industry standards could provide both short and longer-term solutions (such as "docking" securement technology). The author represents APTA and transit industry interests to these standards and research organizations. APTA, through its Access Committee, has also identified the need to take a lead role in sorting out this situation. A working subgroup has been formed that includes transit systems, disabled consumer representatives, seating manufacturers, securement manufacturers, and researchers. Out of this effort should come at least a direction for consensus with key players on the most critical issues. This may entail suggestions for changes to the ADA, Medicaid, or other government regulations.

ANSI/RESNA Committee on Wheelchairs and Transportation (SOWHAT)

This group is the U.S. advisory body for wheelchair securement standards, under the auspices of the American National Standards Institute (ANSI) and International Standards Organization (ISO), with support from the Rehabilitation Engineering Society of North America (RESNA). Participants included researchers, consumer advocates, wheelchair manufacturers, and transit service and equipment industry representatives.

Standard No. WC-19: "Wheelchairs Used as Seats in Motor Vehicles", was approved by ANSI in 2000, and is now a voluntary U.S. national standard. It specifies strength and geometric requirements for at least 4 securement points and seat/shoulder belt anchorage points that can withstand the forces of a 30 mph, 20 g impact, as well as geometry that can receive a securement hook or buckle. It also covers design requirements, test procedures, and performance criteria related to frontal impact performance, as well as accessibility to motor vehicles and stability during normal vehicle travel.



So far, only a limited number of wheelchair models are available with the securement "loops" specified by WC-19. Wheelchair manufacturers call it the "Transit Option". It is not generally available on power wheelchairs or scooters, which are commonly used by transit passengers. The problem is compounded by the fact that manufacturers have traditionally labeled wheelchairs as "non-transportable", wary of liability issues and the high cost of crash testing. They also cite lack of demand from consumers as a key issue in not offering the securement "loops".

Wheelchair with WC-19 "Transit Option" securement loops

SOWHAT recently developed an educational brochure entitled, "RideSafe", available at www.travelsafer.org. It is hoped that dissemination of this information will spur the consumer demand that wheelchair manufacturers have said is lacking. This brochure explains the concepts of proper securement in vehicles, and the benefit of attachment hardware conforming to the "WC-19 Transit Option". SOWHAT, along with ISO and the RERC-WTS (below), is also studying potential "docking" technology, the rear-facing securement option used in European and Canadian fixed-route buses, and test methods for "low-g" environments such as in large urban buses (compared with existing, automobile-oriented crash test standards used for paratransit vans). For more information visit: www.wheelchairstandards.pitt.edu/WCS_T/WCS_Thome.html

Rehabilitation Engineering Research Center on Wheelchair Transportation Safety (RERC-WTS):

This effort is funded for 5 years by The National Institute on Disability and Rehabilitation Research (NIDRR). The Center is co-sponsored by the Universities of Pittsburgh and Michigan. Current activities include investigating the real-world usage patterns of wheelchair transportation safety equipment in public transit, and research into the standards areas identified above. Information is available at **www.rercwts.pitt.edu** and **www.wheelchairnet.org**

Easter Seals

Creating solutions, changing lives.



Transportation Solutions for Caregivers:

A Starting Point

Introduction

Easter Seals' Transportation Solutions for Caregivers

Caring for an older adult is often as challenging as it is rewarding and can affect both work and family life. Transportation can be especially taxing and time consuming. According to an AARP survey of family caregivers (1997), eight out of ten caregivers reported helping with transportation.[1] In a survey on community transportation by AARP (1997), two thirds of non-drivers who were surveyed reported getting rides from family and friends to get where they need to go.[2]

The difficulties encountered in the area of transportation, such as handling a wheelchair or other assistive device, agitation, and distracting behaviors, may cause some family caregivers to stop transporting their loved ones or only transport them for the most essential appointments. Over time, this can lead to frustration and eventually isolation for both family caregivers and their loved ones.

Family caregivers often rely on trial and error to solve their transportation challenges. This booklet and accompanying video provide tips and safe, creative solutions, devised by both family caregivers and professionals, that are designed to ease transportation challenges.

Although transporting an care receiver who requires physical assistance or has dementia can present a challenge, it doesn't have to be a struggle. Often, caregivers must try multiple strategies and find that what works today, may not work tomorrow. However, there is almost always a solution and a way to make every car trip easier. Caregivers are also encouraged to seek out other people who are caring for older adults through local groups or via the Internet (see pages 15-20 for resources). Sometimes the best solutions to challenges are discovered through learning from each other's experiences.

Communication

Interaction between you and the care receiver.

Communication is the interaction between you and the care receiver that you are transporting. As a caregiver, you are often in a position to set the stage for good communication. The major obstacle to effective communication is our natural tendency to judge, evaluate, approve or disapprove of the statements or actions of another person. When communication becomes emotional, as it often does among family and people close to us, it is even more important to make an effort to stay calm. Remember that our tolerance and understanding can be limited by anxiety or frustration. [3]

Principles of Good Communication

- Use positive and helpful body language.
- Speak directly and clearly to the care receiver.
- Be patient.
- Allow plenty of time for a response.
- Do not interrupt.
- Keep directions simple by explaining them one step at a time.
- Use easy to understand language.
- Don't overwhelm the person with too much information.
- Be calm, or at least attempt to appear calm.[4]
- Empathize. Try to put yourself in his/her place, so that you can see their point of view.
- Avoid argument and criticism. This puts others on the defensive.
- Ask questions. Encourage the care receiver to talk and show that you are listening. [5]

If the Care Receiver Has A Hearing Impairment:

- Face your passenger when you speak.
- Lower the pitch of your voice.
- Do not over-articulate.
- Rephrase your statements for clarity.
- Allow enough time for a response.
- Don't shout. Shouting raises the pitch of your voice. Older people more often lose the ability to hear higher pitches than lower pitches.[6]

Sensitivity

Understanding the changes associated with aging

Older persons are not disabled because they are old. However, the aging process may result in disabling conditions.[7] These conditions may reduce physical strength and stamina, so it is important to try to be understanding and patient. It helps to be aware of the changes associated with aging when caring for an older adult. Many of the human body's functions are affected by aging, such as problems with vision, balance, and pain, and can create transportation challenges.

Vision Impairment

When transporting someone with a vision impairment, it is good to explain exactly what you are doing and why. If he uses a cane or dog guide, always lead by standing on the opposite side of the cane or the dog and stay one-half pace ahead.[8] Ask if he would like assistance before providing it. If possible, have him exit from the non-traffic side of the car, and try to be specific when giving directions on the first visit to a location (i.e. to your right/left, approximately 100 feet, etc.)

Problems with Balance

Loss of muscle strength and coordination, arthritis in the knees and ankles and changes in the inner ear all hinder balance—especially as people age. This can make getting in and out of a car and positioning in the car difficult. Allow someone who has problems with balance plenty of time to enter and exit the car. It may take a few extra seconds for him to gain balance when moving from a sitting to standing position.[9]

Pain

Older adults experience pain from a multitude of conditions – some short term, some periodic, and some chronic or long term. For example, people with joint pain, such as arthritis, may find it painful to enter and exit a vehicle. To be sensitive to this, give your passenger extra time and provide assistance with a gentle touch. Additionally, people with dementia can become agitated due to pain, especially if they cannot verbally communicate what they are feeling. If asked a yes or no question about this, they may be able to tell you whether they are experiencing pain.[10]

Seizure Disorders

Seizure disorders, such as epilepsy, are not necessarily age related. However, older persons can have seizures secondary to certain age related conditions or diseases. The Epilepsy Foundation of America offers the following recommendations for handling a grand mal seizure:

- Do not try to restrain. Let the seizure run its course.
- Clear the area around him and try not to interfere with any movements.
- Don't force anything between his teeth. If his mouth is already open, you can place a soft object such as a handkerchief between his side teeth.
- Call a doctor if it is followed almost immediately by another major seizure or if it lasts for more than ten minutes.
- When the seizure is over, let him rest if needed. [11]

Preventing Agitation

Strategies to reduce agitation

While empathizing with care receivers fosters good communication, it also can prevent agitation. The following are some tips to help reduce agitation:

- Encourage reminiscence. Recognize that repetition can suggest important feelings about certain topics and, ask about the feelings behind the memories. Sharing memories can be a rewarding experience for both you and the care receiver. [12]

- Try to be patient and not rush the care receiver. He may not understand what is happening and could become agitated. Be mindful that body language often speaks louder than words and that he will likely respond to your body language.

- When you are going to a new place for the first time, try to call ahead and find out which entrance to use. This way you can avoid getting in and out of the car multiple times. [13]
- The environment of the vehicle can be a cause of agitation, especially if the person whom you are transporting cannot communicate discomfort. Assess the temperature, keep the vehicle clutter-free and try to reduce glare on bright days.[14]
- Be prepared with relaxing music, sunglasses, photos or food in case they are needed during the ride.
- Suggest that the care receiver use the bathroom before each trip. Having to use the bathroom during transport can cause agitation – especially if one cannot express this verbally.

7

- Avoid arguing with the care receiver whenever possible. It is often less frustrating to try to go along with what he believes than trying to convince him of what is really happening. [15]

- When communicating with an older adult with Alzheimer's disease or related dementia, it is important to stay calm. Their behavior is often a reflection of your own.

  * Speak clearly in a calm and respectful tone of voice.

  * Make eye contact whenever possible.

  * Give brief, clear directions (step by step if necessary) to avoid confusion. This may need to be approached in different ways until you find what works best.

  * Show the care receiver what you would like him to do.

  * Avoid asking the questions, "Do you understand?" and "Don't you remember?" Such questions can be frustrating and embarrassing to the care receiver.

Dealing with Agitation

There are ways to handle agitation if it does occur.

Agitation or the attempt to leave the vehicle may be the result of a desire to meet former obligations that no longer exist, lack of awareness of current surroundings while desiring to perform another task, or an inability to communicate basic needs.[16] If the care receiver becomes agitated, resistive or argumentative because of a belief that he should be going somewhere other than your destination, it is often helpful to agree and act as if you are going along with his plan – even use it as a discussion topic – while you actually are proceeding with your original plan and destination.

This approach, as opposed to arguing, disagreeing or re-orientating, is called "validation." In other words, you are validating the care receiver's beliefs, leading to more cooperation.[17] For example, ask the care receiver why he does not want to get in. If he can tell you what he believes is happening, "validate" his belief by going along with the story and incorporating the need for the car ride into the story. This is usually more effective than arguing with someone with dementia, as they may not have the ability to understand the reality of the situation even after many attempts on your part.

If your family member becomes agitated or resistive while attempting to enter the car or during the ride, try to determine the cause of agitation – especially if it might stem from a situation that happened prior to getting in the vehicle. Next time, you could try going for a brief walk together before entering the car, allowing time for him to calm down. Sometimes agitation can stem from forgetting how to enter the car. Patience and simple directions may be enough to diffuse the situation.

Seat the care receiver in the rear passenger side seat so that the steering wheel is out of reach and he is not directly behind you. This way you can avoid being startled from behind when you are driving.

If your car has child safety locks, it's always a good idea to have them on – allowing the rear door to be opened only from the outside. This will ensure that the door cannot be opened by the care receiver while the car is moving. Using a seat belt buckle cover (listed on page 15 of this booklet) can discourage unbuckling the seat belt during your ride.

If agitation persists during the ride, try playing relaxing or favorite music. Also, it may be helpful to offer an activity such as a photo album of family (e.g., good conversation starter), a book, candy, or a magazine to decrease agitation or distracting behaviors.

Providing Physical Assistance

When helping the care receiver, use proper body mechanics

Whether helping a care receiver into the car, transferring from a wheelchair to the car, or handling a wheelchair (or other device such as a walker), it is important to use proper body mechanics. Most muscle strain injuries to both the caregiver and care receiver are preventable.

Body Mechanics

- Plan the lift – check the area for slippery spots or possible tripping hazards. Wearing appropriate footwear, non-skid heels and soles will be safer for both you and to the person whom you are assisting.
- Use proper stance – spread your feet to a width that feels comfortable to you, usually shoulder's width apart.
- Keep your head and upper body as upright as possible.
- Lower your hips to the height of the object you intend to lift by bending your knees and hips rather than your back.
- Carry weight as close to your center of gravity as possible.
- Get close to the object you plan to lift. Bear weight on your forearms rather than your hands.
- Lift with your legs.
- Do not attempt to lift with your back alone.
- When lifting, do not rotate your spine, shift the position of your feet to turn (pivot).
- Know your limits.
- Push or pull an object instead of lifting whenever you can. [18]

Wheelchair Transfers

When transferring and positioning from a wheelchair to a car:

- Have the person you are helping wear a gait belt, if one is available. (listed on page 15 of this booklet).
- Open the car door.
- Stand with your back to the inside of the car door and pull the wheelchair toward you – between the car door and seat.
- Talk the care receiver through the transfer process step by step so that he can assist if possible.
- Hold on to the gait belt and help him to a standing position – using your legs to pull up for strength.
- Have the care receiver lean weight forward toward you and put his arms around your shoulders (not your neck), if possible.
- Carefully pivot yourself and the care receiver so that his backside is toward the inside of the car.
- Help him sit on the seat with his legs still out of the car – be careful that his head clears the door frame while he is sitting down.
- Once sitting and given a moment to gain balance, help move his legs into the car (a swivel cushion is helpful for this and is listed on page 16 of this booklet).
- Assist with the seat belt and close the door before going to the drivers seat.

Positioning

Make certain that the care receiver's seat belt is securely fastened while in transit and that he does not unfasten it until the vehicle has come to a complete stop. Provide assistance when he enters or exits the vehicle, but do not make him feel rushed. Give the care receiver extra time to do what is needed.

If your family member has had a stroke and has right-sided or left-sided hemiplegia, weakness or neglect, seat his affected side nearest the door (i.e., if left sided weakness, seat on driver-side of back seat). This can aid with balance and allows you to position the weak side into the car and also encourages the care receiver to assist. The seat belt with shoulder strap can be of great help with balance in the back seat. It may also be beneficial to keep a pillow in the car for positioning.

It can be difficult to assist someone who has had a stroke or has limited movement or understanding to get positioned comfortably in the car, especially if he cannot assist. A few helpful ideas:

- Have the care receiver wear a gait belt for a secure place for you to hold while assisting.
- Use a swivel cushion (listed on page 16 of this booklet) to make it easier to swing his legs in while in a sitting position on the car seat.
- Place a towel on a plastic bag on your cloth seat or directly on your leather seat. Then, help the care receiver sit on the towel covered seat. Next, go to the other side of the car and pull the towel toward you to slide him further into the car. Finally, pivot his legs into the footwell of the car.

Resources for Caregivers

Helpful Products, Web sites, Assistive Devices and Equipment

Helpful Products, Assistive Devices and Equipment:

Beasy Transfer Board
Transfer from a wheelchair to a car without lifting.
www.dynamic-living.com/beasy_transfer_board.htm

CarCaddie ™
Support as you get out of the car.
www.dynamic-living.com/car_caddie.htm

Chair Topper®
Automatically folds and stores a conventional folding wheelchair inside a watertight, fiberglass cover that mounts on top of your vehicle.
www.braunlift.com/pages/consumer/l700x.html

Companion Seat ™
Helps people who have difficulty walking to get into the front passenger seat of Chrysler, Ford and GM minivans.
www.braunlift.com/pages/consumer/chrysler.html

Child Resistant Seat Belt Buckle Guard ™
Reduces the chance of unbuckling seat belt while vehicle is moving.
www.gadjits.com/Buckle%20guard.htm

Gait/Transfer Belt
Assists in safe transfer and ambulation while helping reduce caregiver back injuries.
www.posey.com (click Products and then click Therapy Aids)

"HIDE & RIDE": Interior Car, Truck or Van Lift
Lifts scooters into the trunk of a car, truck or minivan.
www.scooterone.com/scooter_lifts/Hide&Ride/hide_n_ride_lift.htm
800.229.1317

Invacare© "Rollite" ™ Rollator
Lightweight design with a flip-up seat.
www.invacare.com (Search Rollite Rollator)

Invacare© "Spyder" ™ Wheelchair
Compact, lightweight wheelchair.
www.invacare.com (Search Spyder Wheelchair)

The LiftVest ™
Helps solve problems associated with transfers from a wheelchair to a car. www.liftvest.com
800.300.5671

Mobility Seat ™
This car seat replaces your vehicle's original seat with both a manual seat base and an upholstered seat that rotates and extends out the passenger or driver-side door to make entrance or exit easier.
www.braunlift.com/pages/consumer/mobilityseat.html

"Rise and Ride"
A full feature lift with a self-folding and unfolding platform.
www.scooterone.com/scooter_lifts/Rise%26Ride/rise_n_ride_lift.htm

Swivel Seat Cushion
Works as a "Lazy Susan," making it easier to swing legs into car after sitting.
www.dynamic-living.com/swivel_cushion.htm

Tilt and Tote Wheelchair Carrier
The tilt-n-tote wheelchair carrier is designed to carry your standard folding wheelchair.
www.discount-wheelchair-ramps-wheelchair_scooter_carriers.htm
888.651.3431

Transport Chair
Lightweight, easily foldable travel wheelchair.
www.dynamic-living.com/transport_chair.htm

Helpful Web sites

www.alz.org
The Alzheimer's Association's mission is to help. Their site is your gateway to a wealth of Alzheimer's related information.
800.272.3900

www.aoa.gov
U. S. Department of Health and Human Services, Administration on Aging's web site. It is a great source for information on aging.
www.aoa.gov/caregivers/default.htm

www.blvd.com
Disability Resource Center: A Directory of Products and Services for the Elderly, Caregivers, Healthcare Professionals and People with Disabilities.

www.caregiving.com
Solutions to your caregiving situations throughout your caregiving years.

www.caregiving.org
National Alliance for Caregiving: A national resource for caregivers dedicated to providing support to family caregivers and the professionals who help them and to increasing public awareness of issues facing family caregiving.

www.discountramps.com
Large selection of ramps, carriers, and loading accessories for your truck, wheelchair, motorcycle, van, ATV, scooter, and tractor.

www.dlf.org.uk
Disabled Living Foundation: Solutions for Independent Living. As a national UK Charity, it is their vision is to provide a`` choice for people who use equipment to live a more independent life.

www.dynamic-living.com
Offers hundreds of kitchen products, bathroom helpers and unique daily living aids that promote a convenient, comfortable and safe home environment for people of all ages.

www.eldercare.gov
Eldercare Locator helps older adults and their caregivers find local services for seniors. 800.677.1116

www.easter-seals.org
Visit this web site to learn more about how Easter Seals helps children and adults with disabilities and their families.
800.221.6827

www.nfcacares.org
The National Family Caregivers Association (NFCA) is a grass roots organization created to educate, support, empower and speak up for the millions of Americans who care for chronically ill, aged or disabled loved ones.

www.nhtsa.dot.gov
Offers brochure "Adapting Motor Vehicles For People With Disabilities" and other important vehicle safety information.

www.nmeda.org
National Mobility Equipment Dealers Association, 900 East Skagway Avenue,
Tampa, FL 33604
800.833.0427

www.projectaction.org
Funded through a cooperative agreement with the Federal Transit Administration, Easter Seals Project ACTION promotes cooperation between the transit industry and the disability community to increase mobility for people with disabilities under the ADA and beyond.
800.659.642 (Voice)
202.347.7385 (TDD)

Sources for Assistive Devices and Adaptive Equipment

Assisted Living Store, Inc.

Products include kitchen tools, dressing aids, telephone amplifiers, bed rails, garden tools and more.
www.assistedlivingstore.com

Dynamic Living

Full range of products for activities of daily living and leisure.
www.dynamic-living.com

Hall's Medical Center: Auto Manufacturers' Mobility Programs

Details reimbursement for installing adaptive equipment for GM, Saturn, Ford, and Chrysler.
www.hallsmedicalcenter.com/bruno/brunoprod.php3?dep=1&sec1=1&prod=programs.txt

Independent Living Aids, Inc.

Products include clocks and watches, cooking aids, games and recreation aids, magnifiers and personal care items.
www.independentliving.com
800.537.2118

Independent Living Products

Full range of products for activities of daily living and leisure.
www.ilp-online.com
800.377.8033

Resources for Caregivers

A list of links to web sites about caregiving resources and support.
www.makoa.org/caregiver.htm

Scooter Discounters

Electric scooters by scooter discounters offers electric scooters, scooter lifts, ramps, gentle lift recliners, batteries.
www.scooterone.com

Solutions for Better Aging: Shopping

A department store at your fingertips--clothing, personal care, nutrition, aids for daily living, mobility equipment and more to make you more comfortable, safer and healthier.
www.caregivers.com

References

1 "Family Caregiving in the U.S.: Findings from a National Survey" 1997. National Alliance for Caregiving and AARP (formerly the National Association of Retired Persons).

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Although the information and recommendations contained in this publication have been compiled from sources believed to be reliable, Easter Seals makes no guarantee as to, and assumes no responsibility for, the correctness, sufficiency or completeness of such information or recommendations. Other or additional safety measures may be required under particular circumstances.

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United States Department of Health and Human Services,
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Community Transportation Association of America
National Highway Traffic Safety Administration
Easter Seals Project ACTION
National Association of Area Agencies on Aging
National Family Caregivers Association
National Association of States United on Aging

Easter Seals

Creating solutions, changing lives.

800.221.6827

Easter Seals Project ACTION
ACCESSIBLE COMMUNITY TRANSPORTATION IN OUR NATION

800.659.642

Vehicle Maintenance Checklist

Last modified: **Date**

Read the owner's manual to learn about your vehicle's systems and components.
Follow the recommended service schedules. Keep a log of all repairs and service.

	Every 3000 mi, 5000 km, or 90 days	**Date Completed**
θ	Change oil and filter	
θ	Lubricate chassis	
θ	Check fluids	
θ	Check tire pressure	
θ	Check all belts and hoses	

	Every 10000 mi, 15000 km, or annually	**Date Completed**
θ	Change oil and filter	
θ	Lubricate chassis	
θ	Replace all filters including air, fuel, and PCV filter	
θ	Check brakes and quickly check wheel bearings	
θ	Check and adjust valves if rocker-type arm	
θ	Replace plugs, points, cap, rotor, and all necessary tune-up and emission items	
θ	Check all belts including timing belt	
θ	Inspect cooling system hoses and fluid for cleanliness	
θ	Check temperature for engine thermostat	
θ	Look over vehicle for leaks and other problems	

	Every 20000 mi, 30000 km, or 2 years	**Date Completed**
	Same as 10000-mi/15000-km/annual tune-up and inspection plus:	
θ	Bleed brakes to renew fluid and remove contamination from normal wear and tear	
θ	Drain cooling systems, radiator, engine block, and all heater related components. De-scale as necessary and inspect tubes in radiator for cleanliness. Replace thermostat. Refill with distilled water and 10% glycol. Add corrosion protection fluid.	
θ	Replace automatic transmission fluid if using petroleum. Change filter and clean screen and magnets.	

	Every 30000 mi, 45000 km, or 3 years	**Date Completed**
	Same as 10000-mi/15000-km/annual tune-up and inspection plus:	
θ	Check and adjust pocket-style valves	

	Every 50000 mi, 75000 km, or 5 years	**Date Completed**
	Same as 10000-mi/15000-km/annual tune-up and inspection plus:	
θ	Replace oil in manual transmission	
θ	Replace oil in automatic transmission if using synthetic	
θ	Replace oil in differentials and transfer case	

	Every 60000 mi, 90000 km, or 6 years	**Date Completed**
	Same as 10000-mi/15000-km/annual tune-up and inspection plus:	
θ	Replace rubber timing belts on camshafts	

Source: www.theworkshop.net

VEHICLE INSPECTION:											***DATES***
PRE-START UP	am	pm	am	pm	am	pm	am	pm	am	pm	**Comments**
Check Oil											
Radiator, Washer Fluid											
Battery Fluids, Connections											
INTERIOR (Start Engine)											
Fuel Level											
Alternator Function											
Heat/ Defrost/ AC											
Interior Lights											
Upholstery, Loose Object											
Child Car Seats/Booster											
Seatbelts/ Straps/ Cutter											
First Aid Kit/Body Fluids Kit											
Fire Extinguisher											
Emergency Exits/Doors											
Registration/ Insurance											
Radio/Cell Phone											
Horn											
Brakes (Travel, Feel)											
Steering Wheel (Play)											
WINDOWS/MIRRORS											
Cleared of Ice/Snow											
Foot Brake/ Parking Brake											
Wipers/Washers											
Mirrors/ Glass/Scraper											
EXTERIOR											
Head Lights (High/Low)											
Turn Signals (Front/Rear)											
Emergency Flashers											
Tires (Wear, PSI w/gauge)											
Tail Lights/Back-Up Lights											
Exhaust (Sound, Emissions)											
TRUNK/STORAGE AREA											
Spare Tire (Pressure)											
Emergency (Chains, Flares, Flashlight, Blankets)											
UNDER VEHICLE											
Obvious Leaks											
Loose/Hanging Objects											
OPERATION											
Lift											
Transmission											
Engine/Idle Speed											
DRIVER'S INITIALS											

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

PRE-TRIP INSPECTION:

1. Conducting the Inspection: Before you begin, you should have a copy of the checklist in hand and have a pen to write with. The checklist will help you in performing the inspection in a logical sequence and assist you in doing a complete and through inspection of the vehicle. If your vehicle does not contain all of the equipment that is reflected in the checklist, i.e., organization van vs. POV, simply cross out the items that do not apply and move on to the next item.

2. Fluid Levels, Hoses, Belts: Before you start the engine, lift the hood. Check the fluid levels in the radiator, battery, and windshield washer. Note any excessive usage and add the appropriate fluids. Check the oil level and add if indicated. Note any of the fluid additions.

Visually check the hoses for signs of leaking and/or cracking. In a similar way check the belts.

3. Interior, Lights, Dials, Gauges and Ventilation: Once you get behind the wheel, set the emergency brake, start the vehicle, check the appropriate lights, dials, and gauges. For example, the oil gauge or warning light should give you an indication as to whether the oil pressure is sufficient to keep the engine running without damaging it. Do not allow the engine to "race" when you first start it. If the engine seems to be running too fast (idle,) and will not slow down, do not put it into gear. Shut it down and report the problem to the Manager.

If the alternator or generator light stays on or if there is a gauge that tells you the battery is not charging, you could end up with a dead battery on the route. If you do get such an indication you should have it corrected before starting out on your assigned trip.

Check to see if heater and air conditioning/s are working. Notice any foreign smells coming from the ventilation system. Inspect the interior for any hazards, torn upholstery, loose objects, etc. Check the interior lights, and seat belts. If car seats or other child restraint systems are to be use check to determine if they are matched to the vehicle and that they can be properly activated. Note the presence of driver side airbags in planning for the anticipated passengers, i.e., if they are present and activated then children and small adults should not ride in positions with functioning air bags.

Check for the vehicle registration and proof of insurance, make sure that neither has expired.

Check for presence of EZ Clean Kit in the vehicle. Check supplies in the kit.

4. Windows and Mirrors: Make sure that all windows and mirrors are free of ice, snow, or frost before moving the vehicle. If it is not too cold outside, you can check to see that the windshield washer and wipers are working.

Adjust all of your mirrors to make sure that you can see what it is you need to see within your safety zone.

5. Horn, Steering Wheel, and Brakes: Tap the horn to make sure it works.

Move the steering wheel from side to side to make sure that it does not have excessive "play" in it.

Push on the brake pedal. It shouldn't feel soft or spongy.

6. Doors and Emergency Exits: Examine all regular and emergency doors to make sure that they are functional and not obstructed or otherwise damaged. The time to find out that an emergency door does not work is before the vehicle is put into service.

7. Left Front: Turn on all the exterior lights, including the high beams, turn signals and emergency flashers. Make sure the emergency brake is on and get out and check the left front vehicle lights to make certain that they are clean and not burned out. As you begin this outside inspection, remember to note any new damage to the vehicle.

8. Left Side Tires: Look at the left front and left rear tires for signs of damage or obvious pressure problems. An over inflated tire will give a rougher ride. An under inflated tire will build up heat and make it more susceptible to damage from obstacles or potholes in the road. If you have a tire gauge, check the pressure against recommended levels.

9.Trunk, Rear Lights and Signs: Check in the trunk, interior, or under the vehicle for the spare tire and tire changing tools. Check inflation of the spare. Check for presence of an emergency equipment kit (chains, flashlight, flares, blankets, ice scrapers).

Inspect all lights on the rear of the vehicle such as the emergency flashers, tail lights, etc. If there are any signs on the back of the vehicle make sure that they are clean. If lights are dirty clean them.

Check to determine if the license tabs have expired.

10. Under Vehicle Inspection: Stand back a few feet from the rear of the vehicle and look under the vehicle or any foreign objects or fluid leaks. If there any objects hanging or wedged under the vehicle, either remove them or determine if part of the vehicle is hanging down. If a part of the vehicle is hanging down, report it to the Manager for repair before starting your run. If you see any puddles of any kind other than obvious rainwater or water from melted snow/ice, check the source of the leak and report it to the Manager.

11. Right Side Tires: Now check the right rear and right front tires just as you did the tires on the left side. Again look for any signs of fresh vehicle damage.

RECOMMENDED VEHICLE INSPECTIONS

Recommended daily, weekly and monthly vehicle inspections are listed below. In most cases, volunteers can perform these inspections on their own vehicles:

1. Daily Inspection.

    a. Check for fluid leaks. Have them repaired at service time or immediately if they are serious.
    b. Check gauges for irregularities after thirty-second vehicle warm-up. Have them repaired at service time or immediately if they are serious.
    c. Ensure mirrors are clean and properly adjusted.
    d. Ensure windows are clean and clear of fog, ice, or snow before operating vehicle.
    e. Check for chips or cracks in windows. Have them repaired at service time or immediately if they are serious
    f. Ensure that seatbelts are all operational.
    g. Ensure that interior is clean and free of debris.
    h. Check that the brakes are working properly. Have abnormalities serviced immediately.
    i. Ensure that the steering operates properly. Have abnormalities serviced immediately.
    j. Check the exhaust system to ensure proper operation and ventilation. If a problem is noted, have it repaired at service time or immediately if problem is serious.

2. Weekly Inspection
    a. Check oil level. Add oil if needed.
    b. Check to ensure the coolant/antifreeze level is adequate. Add fluid if needed.
    c. Check the windshield fluid level. Add fluid if needed.
    d. Check the power steering fluid level. Add fluid if needed.
    e. Check the transmission fluid level. Add fluid if needed.
    f. Check the brake fluid level. Add fluid if needed.
    g. Check the tire pressure and tire tread. Fill air to appropriate level.
    h. Check for unusual tire wear. Have vehicle aligned or inspected by an auto maintenance professional if needed.
    i. Check the wipers. Replace at next maintenance or immediately, if needed.

3. Monthly Inspection
    a. Check belts and hoses, if able. Have any unusual wear inspected by an auto maintenance professional, if needed.
    b. Check that headlights, taillights, directional signals and emergency flashers work properly. Replace any lights that are not working.
    a. Check that the battery cable is tightly attached and free of corrosion. Have it repaired at service time or immediately if needed.
    b. Ensure that the heater, defroster and air conditioner work properly. Have them repaired at service time or immediately, if needed.

Source: Agency Council on Coordinated Transportation. *Volunteer Drivers: A guide to Best Practices*

Adult Day Health: Vehicle Inspection Report

Month _____ Year_____

Daily Checks:

1. **Tires** (check for damage & stiffness)
2. **Leaks** (visually check for fuel/oil/coolant)
3. **Fluids** (fill oil at one quart low, all other keep full at all times)
4. **Belts & Hoses** (visually check)
5. **Lights, Horn, Wipers, Brakes, & Steering**
6. **Wheelchair Lift**
7. **Body** (look for damage inside & out)
8. **Fire Extinguisher** (if not properly charged inform ADH Director ASAP)

Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday
Date & Initials					
Date & Initials					
Date & Initials					
Date & Initials					
Date & Initials					

Every Two Weeks: (Every other Monday AM)

1. **Check tire pressure** _____ Date & Initials _____ Date & Initials
2. **Wash Bus/Van** _____ Date & Initials _____ Date & Initials
3. **Clean Interior** (mopping, Vacuuming, dusting, window cleaning) _____ Date & Initials _____ Date & Initials

Mileage Beginning of Month _____
Mileage End of Month_____

Last oil change at _____
Mileage

Plus 3,000 miles

Next oil change at_____
Mileage

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Transportation Release Form

Yes I give permission for the Evergreen Commons Adult Day Health drivers to leave _____alone
(Name of Participant)
Upon arrival at the designated drop off place. I understand the Adult Day Health driver will take the above named Participant into the home before leaving him/her alone and that once the driver leaves, the responsibility and arrangements for the care of the Participant has been returned to me.

_____ _____
Participant or Responsible Party Date

_____
Relationship (include any legal status)

_____ _____
ADH Staff Witness Date

No Do not leave _____ alone upon arrival at
(Name of Participant)
the designated drop off place. I realized it is my responsibility to be at the designated drop off place or have a substitute caregiver there by the earliest estimated time of arrival.

_____ _____
Participant or Responsible Party Date

_____
Relationship (include any legal status)

_____ _____
ADH Staff Witness Date

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Human Development Commission
Adult Day Services Transportation Request

To: Thumbody Bus Dispatcher
From: Adult Day Services
Re: Transportation Request
Date: _____

Name of Participant: _____

Address: _____

Telephone: _____

Caregiver: _____

Assistance Needed:

_____ Walk On Assist _____Wheelchair Assist

_____ Walk Aboard Lift

Day(s) Transportation is Needed: _____

Start Date: _____

Received by: _____ Date:_____

Confirmation/Denial of Above: _____

Start Date: _____ Pickup Time: _____

Return Time: _____

Denial of Approval Due To: _____

Alternate Plan of Action: _____

Fax Completed from/to the Adult Day Services Program672-1740.

Prior to Faxing, Please Initial and Date Here: _____

Adult Day Services Staff please note this addition/change and put completed form in the transportation bin

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Participant Transportation Information

1. **Personal Data**

   Participant: _____ Participant #: _____

   Address: _____

   Zip:_____ Phone Number: _____

   Scheduled days (circled): Monday Tuesday Wednesday Thursday Friday
   Lives: alone_____ with spouse_____ other_____
   Lives in: house _____ apartment_____ other_____

   Starting participation date: _____
   Requested time of pickup: _____
   Scheduling Restrictions:
   _____
   _____
   _____

2. **Directions**
   Directions for Adult Day Center to participant's
   home:_____
   _____
   _____
   _____

3. **Medical Information**

   Ambulation: unassisted____ cane____ walker____ wheelchair _____other____
   Eyesight: good_____ glasses_____ cataracts_____ blind_____ other_____
   Hearing: good____ hearing aid (L/R) ____ partially deaf ____ totally deaf____
   Speech: good____ mumbles _____ aphasic ____ primary language____ other___
   Psychological: good___ confused____ disoriented____ other____
   Medical problems/disabilities: _____
   Special precautions: _____

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

4. **Emergency Information**

   Emergency Contact:

   Name:_____
   Address: _____
   Daytime Phone_____ Cell Phone: _____

   Alternate Emergency contact:

   Name:_____
   Address: _____
   Daytime Phone_____ Cell Phone: _____

5. **Special Information**
   Can participant be left alone? YES____ NO_____
   Does participant carry his/her own key? YES____ NO_____
   Please note any special instructions here:
   _____
   _____
   _____
   _____

Completed by: _____

Source: Evergreen Commons: Adult Day Health. Holland, Michigan.

Evaluation

Creating solutions, changing lives.

Transportation Solutions for Caregivers:

A Solutions Package for Adult Day Services Transportation Programs

EVALUATION

For questions 1-8, please circle the response that best reflects your answer

	strongly agree 1	agree 2	neutral 3	disagree 4	strongly disagree 5
1) This *Solutions Package* contains practical information for ADS transportation programs.	1	2	3	4	5
2) The information contained in this *Solutions Package* is clear and well presented.	1	2	3	4	5
3) This *Solutions Package* contains information about ADS transportation that I was not aware of.	1	2	3	4	5
4) This *Solutions Package* contains information that will assist my program in overcoming barriers to providing transportation.	1	2	3	4	5
5) This *Solutions Package* contains information that I will use to help participants/families overcome transportation barriers they face in getting to and from my ADS program.	1	2	3	4	5
6) The contents of this *Solutions Package* will assist me to enhance the transportation program I work with or help in establishing a new program.	1	2	3	4	5

7) The primary group my program serves is:
(Please circle all that apply)

a) Older adults
b) People with Developmental Disabilities
c) People with Mental Illness
d) Caregivers
e) Other (please indicate)

_____

8) The area my program serves is:
(Please circle all that apply)

a) Urban
b) Rural
c) Suburban
d) Other (please indicate)

_____

EVALUATION Continued

9) What changes, if any, will be made to your transportation program as a result of this *Solutions Package*?

10) What is the best/most helpful section of the *Solutions Package*?

11) What was the worst/least helpful section of the *Solutions Package*?

12) How would you change these materials to be more helpful?

Additional comments:

Please Submit Evaluation to:

Easter Seals
Transportation Solutions for Caregivers
230 W. Monroe Suite 1800
Chicago, IL 60606
Or
Fax to 312-726-1494
Attn: PPS, Transportation Solutions for Caregivers

Questions?
1-800-221-6827

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United States Department of Health and Human Services,
Administration on Aging
National Adult Day Services Association
Alzheimer's Association
Federal Transit Administration
The National Council on the Aging
Faith in Action
AARP
The Beverly Foundation
Community Transportation Association of America
National Highway Traffic Safety Administration
Easter Seals Project ACTION
National Association of Area Agencies on Aging
National Family Caregivers Association
National Association of States United on Aging
Nonprofit Risk Management Center
Contributing Adult Day Service Programs
John Eberhard, Mobility Consultant
Jentle Harts Consulting
Council on Aging and Human Services (COAST) /
Washington State Agency Council on Coordinated Transportation



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