



ADED

The Association for Driver
Rehabilitation Specialists

Resuming Driver Rehabilitation Program Service Delivery

Guidance for re-opening programs after closure due to pandemic

INTRODUCTION

ADED: The Association for Driver Rehabilitation Specialists (ADED) believes that the delivery of driver rehabilitation services is vital to the recovery from an illness or injury and essential to returning to a meaningful quality of life. Safe driving or accessible transportation is essential to the wellbeing of our member's clients and the community.

PURPOSE

As the COVID-19 virus continues to spread throughout the world, some of the areas affected late fall 2019 and early in 2020 are starting to see a decline in cases prompting some states/provinces to initiate a phasing out of stay at home orders and re-opening their economy. ADED encourages its members to follow local, state/provincial and national measures to remain safe and to do your part to prevent the spread of the disease. To help ensure the health and safety of your clients, students, and the entire community, ADED is offering these guidelines and resources for re-opening a driver rehabilitation program after temporary closure due to a communicable disease pandemic and to ensure needed services are provided to the highest standard while upholding safety measures to prevent the spread of disease and to maintain the health of driver rehabilitation consumers and providers.

DEFINITIONS

Clinical Assessment:

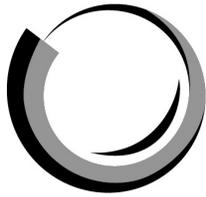
A clinical assessment may include all, or applicable portions of the following;

- Medical Status: diagnosis, past medical history, medications, precautions
- Physical Status: range of motion, strength, endurance, sensation, coordination, reaction time, balance and transfers.
- Visual and Perceptual Skills: acuity, field of vision, depth perception, color vision, visual perception and processing time.
- Cognitive Skills: attention, concentration, reasoning judgment, road sign recognition and rules of the road.
- License Eligibility: license/permit status, restrictions, past driving education/experience violations and collisions.
- Vehicle/Mobility Assessment: vehicle selection and wheelchair/mobility aid(s) management.

On Road Assessment/Training:

An on-road assessment/training is completed in an appropriately outfitted company vehicle, while driving within the community, and may include all, or applicable portions of the following;

- Evaluation of driving skills and safety and to identify impact of any deficits noted from clinical assessment
- Assessment and training with adaptive driving equipment.



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- Adaptive driver instruction for new drivers.
- Recommendations for vehicle modification.
- DMV road test (if applicable).

Passenger Vehicle Assessment:

This assessment is to provide recommendations for vehicle modifications to allow passenger transportation, and usually involves an individual who needs to be transported in a wheelchair. This service may be provided in the clinic, in the parking lot with the client's vehicle, or at a mobility vendor's place of business.

Vehicle Final Fitting:

Prior to the client's taking possession of the modified vehicle, a final fitting should be scheduled with the client, DRS, and mobility equipment dealer to ensure the optimal functioning of the vehicle and equipment per the prescription/recommendation form. *Source: [Best Practice Guidelines for the Delivery of Driver Rehabilitation Services](#).*

PHASED RE-OPENING GUIDELINES

Additional resources for returning to work and health & safety compliance are issued and updated by:

- United States: [US White House](#), [Department of Labor](#), [Occupational Safety and Health Administration](#), [Centers for Disease Control and Prevention](#), [Equal Employment Opportunity Commission](#).
- Canada: [Public Health Agency of Canada](#), [Government of Ontario](#),
- American Occupational Therapy Association: [Decision Guide for Phased Reopening of OT Services](#)

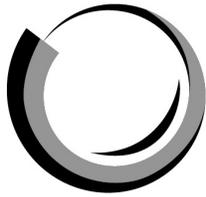
Referring to the [US White House Proposed Phase Approach](#), ADED recommends using the following as a guide. State/provincial directed implementation and employer policies should take precedence.

Additional thresholds should also be taken into consideration:

- Status of the driver licensing agency-are they open to conduct license examinations and/or road tests?
- Consider triage system of clients based on risk and need. Examples:
 - Top priority goes to those in immediate danger of losing their driver's license or who have no other means of transportation.
 - Secondary consideration goes to novice drivers requiring adaptive driving equipment or limited options for transportation
 - Tertiary consideration goes to drivers in a high-risk category.

Phase 1: Recommendation-Do Not Open

- During this phase, all vulnerable individuals continue to shelter in place. All individuals when in public, should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.
- Employers: Encourage telework whenever possible and feasible with business operations.



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- Close common areas where personnel are likely to congregate and interact or enforce strict social distancing protocols.

Phase 2: Recommendation-Reopen while adhering to safety/health precautions

- Encourage most vulnerable individuals to continue to shelter in place and wait to receive services later.
- Employers: enforce moderate social distancing protocols. Keep number of participants to a minimum. Adhere to strict physical distancing and sanitation protocols.

Phase 3: Recommendation-Continue offering services, expanding to all populations while adhering to safety/health precautions.

- More vulnerable individuals can consider receiving services at their own comfort level.
- Employers can resume unrestricted staffing of worksites.

PROCEDURES

Driver Rehabilitation program administrators should establish a set of policies and procedures to ensure the safety of clients and their staff, while creating an environment that is conducive to the provision of quality driver rehabilitation services. Administrators should consult with Centers for Disease Control (US), Public Health Agency of Canada, or the appropriate public health agency for their country or region.

ADED recommends that the following areas are covered in company policy:

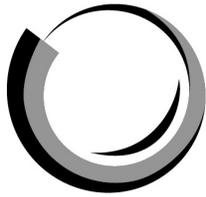
Workplace Preparation: Employers should establish a planning checklist for returning to safe and healthy business operations.

Sample: <https://www.nexsenpruet.com/insights/returning-to-healthy-business-operations-in-the-age-of-covid-19-advance-planning-checklist-and-considerations>

Office and Vehicle Sanitization Procedures: At the start of each day and before and after any client interaction, procedures should be followed to sanitize and disinfect all high-touch services. Protocols should be established to provide hand sanitizer, hand washing stations, reducing the number of touch points (pens, touch screens, clipboards, keyboards, etc.).

Employee Screening: Procedures and protocols should be set in place to screen employees at a daily health check point, logging responses and prior to entering the workplace.

Personal Protective Equipment (PPE): Protocols should be established to identify the types of PPE used by employee type, function, and level of interaction with clients. Clients should be asked to wear a mask; consider providing masks for those without. Handwashing for a minimum of 20-seconds with soap and warm water or use of alcohol-based hand sanitizer should be required of all staff with direct client contact between every client.



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Scheduling: When a call is made to schedule an appointment, designated staff should follow procedures to inquire whether the client has any symptoms of the virus (i.e. fever, shortness of breath, cough or sore throat, loss of taste or smell), has traveled outside the region within the past 2 weeks, or has had contact with anyone who has been confirmed to have the COVID-19 virus. If scheduling can be completed, the client will be informed to contact the program if their status changes prior to the appointment. All clients should be asked to wear a mask to their appointment.

- Positive screening responses should indicate a deeper discussion prior to scheduling or a delay scheduling.

Registration: Upon arrival, each client should be screened prior to entering the facility. Protocols should be established to limit number of people in waiting areas and waiting area for clients (in vehicle until called in for appointment).

- Positive screening responses should indicate a deeper discussion prior to proceeding with services or a delay scheduling.

Clinical Evaluations: Maximal distancing, use of PPE, should be employed as much as possible. It may be necessary to come into close contact during the evaluation process, so staff should take extra precaution during this time. All testing equipment and supplies that the client has touched or used should be disinfected between use. Consider conducting formal evaluation consultation session remotely via phone or video conferencing.

On-Road/Behind the Wheel Evaluations and Training: Typically completed in the program's vehicle, disinfecting procedures should be followed prior to and between each client session.

- National Automotive Dealers Association: Offers a guide to cleaning and disinfecting automobiles <https://www.nada.org/Safely-Operating-your-Dealership-Pandemic/>
- American Driver & Traffic Safety Education Association: offers tips and risk minimization for driver education. <https://www.adtsea.org/driver-ed-news.phtml?id=660CA365>

Passenger Vehicle Assessments: Arrangements should be made to minimize client contact while conducting a thorough assessment; may be conducted in business parking lot, or at mobility equipment dealer place of business. Contact with the client should be limited to measuring the dimensions of the client in their mobility device. PPE should be available to use as needed.

Virtual Vehicle Final Fittings: Whenever possible, the preferred method for a final fitting should be conducted as a face to face interaction for both evaluations and delivery/final fitting. In circumstances where it is not advisable or possible to have the driver rehabilitation specialist present for a live, in-person vehicle final fitting, these procedures are designed to comply with ADED and NMEDA/QAP best practice guidelines while maintaining social distancing measures for public health and safety. Procedures for virtual vehicle final fittings (VFFF) can be instituted in partnership with the mobility equipment dealer, state vocational rehabilitation agencies, the US Department of Veterans Affairs, and driver rehabilitation service providers.

Link to protocol: https://cdn.ymaws.com/www.aded.net/resource/resmgr/toolkit/virtual_vehicle_final_fitin.pdf



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SHOPPING LIST

Think broadly for securing products and supplies. Consider janitorial supply companies, restaurant supply houses, local hardware stores and other places as resources for some materials. Be sure to add yourself to wait lists for products/supplies. It is unclear when supply chains will return to normal, but if you are not on a list you may miss out. Be cautious of the 'gray market' products when shopping.

- Front desk barrier
- Hand sanitizer
- Hand sanitizer stations for entry/exit of practice
- Tissues: available throughout practice for cough/sneeze etiquette
- Wastebaskets: near tissues
- Thermometer(s): for entrance/registration stations
- Soap
- Paper goods
- Disposable pens: May want to order customized pens to give each client their own or suggest in screening call that clients bring their own.
- PPE
 - o [ADA Interim Mask and Face Shield Guidelines](#)
 - o [Understanding Mask Types](#)
 - o [Tips to Avoid Counterfeit Masks](#)



SAMPLE CLIENT SCREENING FORM.

These recommendations align with existing CDC recommendations for clients without signs/symptoms of COVID-19. Use the highest level of PPE available when treating clients to reduce the risk of exposure. Some risk is inherent in all scenarios. If masks with either goggles or face shields are not available, please understand there is a higher risk for infection; therefore, use your professional judgment related to treatment provided and the client's risk factors. Considering that clients who are asymptomatic may still be COVID-19 infectious, it should be assumed that all clients can transmit disease.

	Pre-Appointment	Day of Service
	Date:	Date:
Do you/they have fever, or have you/they felt hot or feverish recently (14-21 days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Temperature _____ ° <100.5 ° F
Are you/they having shortness of breath or other difficulties breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have a cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they experienced recent loss of taste or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they in contact with any confirmed COVID-19 positive clients? <i>Clients who are well but who have a sick family member at home with COVID-19 should postpone services</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been around anyone exhibiting these symptoms within the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you/they living with anyone who is sick or quarantined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your/their age over 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you/they have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you/they traveled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Positive responses trigger a deeper conversation and could indicate a need to reschedule the appointment no sooner than 14 days.</p> <ul style="list-style-type: none"> • Inform the client that anyone exhibiting symptoms when arriving at the appointment will be asked to return home and reschedule. • Inform the client that they will be required to sign a waiver prior to the start of services. If they are not comfortable signing the waiver they can reschedule for a later date. • Inform client that credit/debit is the preferred form of payment • Provide the client with a phone number to call or text when they arrive so the evaluator can invite them in when ready (due to shared waiting areas) • Ask client to wear a mask to their appointment • Inform them that only one additional person will be allowed into the appointment. 		



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SAMPLE CLIENT AGREEMENT TO RECEIVE SERVICES DURING COVID-19 PANDEMIC

I, _____, knowingly and willingly consent to receive services from <<insert company program name>> during the COVID-19 pandemic. I have been made aware of the Center for Disease Control guidelines.

_____ I have truthfully answered all screening questions related to my symptoms/lack of symptoms and known exposure to COVID-19 from others.

_____ I consent to following the safety procedures put forth by <<insert company program name>> including the use of a mask during services, hand hygiene protocol (washing or sanitizer), and agreement to temperature checks and screening questions each time services are received.

_____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

_____ I understand that the CDC recommends social distancing of at least 6 feet to prevent transmission of disease and this is not possible with driver rehabilitation services.

_____ I agree that, if I were to exhibit any symptoms of, or am diagnosed with, COVID-19, I will immediately contact <<insert company program name>> so that proper steps can be taken to limit the spread of this contagion.

I have read, comprehend, and agree with the above statements.

Name _____ Date _____



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SAMPLE STAFF AGREEMENT TO RETURN TO WORK DURING COVID-19 PANDEMIC

I, _____, knowingly and willingly agree to return to employment with <<insert company program name>> during the COVID-19 pandemic. I have been made aware of the Center for Disease Control guidelines.

_____ I consent to following the safety procedures put forth by <<insert company program name>>. I understand the procedures that will occur related to my own health and those we serve. I agree to comply with the procedures outlined including daily monitoring of my and my client's health status, hand hygiene protocol (washing or sanitizer), use of personal protective equipment, and cleaning procedures for the clinic and vehicle.

_____ I have truthfully answered all screening questions related to my symptoms/lack of symptoms and known exposure to COVID-19 from others and will continue to do so throughout my employment.

_____ I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. It is impossible to determine who has it and who does not given the current limits in virus testing.

_____ I understand that the CDC recommends social distancing of at least 6 feet to prevent transmission of disease and this is not possible with driver rehabilitation services.

_____ I agree that, if I were to exhibit any symptoms of, or am diagnosed with, COVID-19, I will immediately contact <<contact person>>, <<title>>, <<insert company program name>>, so that proper steps can be taken to limit the spread of this contagion.

I have read, comprehend, and agree with the above statements.

Name _____ Date _____



SAMPLE VEHICLE CLEANING CHECKLIST

Frequently Touched Services:

- Steering wheel
- Gear shifter
- Signal wand
- Rear view mirror
- Controls on driver side door
- Door handles (inside and out)
- Lock buttons
- Seat belt/buckle
- Armrests
- Heater/air conditioning adjustment
- Dashcam disc insert area

Surface	Date/Time	Cleaned By	Date/Time	Cleaned By	Date/Time	Cleaned By
Steering Wheel						
Gear Shift						
Signal Wand						
Rearview Mirror						
Controls-driver side door						
Door Handles (inside and out)						
Lock Buttons						
Seat belt/Buckle						
Armrests						
HVAC controls						
Dashcam, disc insert area						