

## **Motor Vehicle Record Check Procedures Independent Living Services & Creative Living Services**

All employees who drive as part of their work duties whether in their own vehicle or an agency vehicle will be subject to these procedures.

### **General Procedures**

- Must have a copy of a valid Arkansas Driver's license on file with the Human Resource Department. Out of State licenses will only be accepted for individuals whose primary residence is outside of Arkansas or if the employee has lived in Arkansas less than thirty days.
- A copy of up-to-date vehicle insurance on file with the Human Resource Department.
- A motor vehicle check will be run when an employee is hired.
- Employees who fail to report incidents as required, or who give false or misleading information or otherwise do not participate in the investigation or review process as outlined shall be in violation of this procedure and shall be subject to disciplinary action up to and including termination.
- Employees who retaliate against any individual, employee or volunteer for their involvement as a reporter, witness or in any other capacity as a part of the reporting and investigation process shall be in violation of this procedure and shall be subject to disciplinary action up to and including termination.
- Critical incidents shall be monitored and evaluated to determine if any procedure, procedure, training, environmental modifications or operational changes are needed to minimize future risk.

### **Reporting Requirements**

- All employees shall immediately report all incidents verbally to their direct supervisor. If the incident involves the supervisor, the report shall be made to the next person in the chain of command. If they are unable to immediately reach their supervisor, the report shall be made to the next person in the chain of command.
- When an employee suspects, has knowledge of or receives a report of an incident that may have been caused by a person other than an employee, the employee shall also verbally report this information immediately to the supervisor. If they are unable to immediately reach their supervisor, the report shall be made to the next person in the chain of command.
- All information pertaining to any allegation or a subsequent investigation of an incident shall be kept confidential to the greatest extent possible. This is to include the name and position of the person making the report.

### **Individual Safety**

- The health and safety needs of an individual involved in a critical incident are an immediate priority.
- All employees shall take immediate steps to assure that an individual involved in a critical incident receives needed appropriate treatment and protection from further harm. Such actions include but are not limited to:
  - Provide First Aid and/or CPR as necessary
  - Calling for emergency medical services
  - Removing the individual from an environment that threatens further harm
  - Removing an aggressor from further contact with the individual
  - Removing a caretaker from contact with the individual when the caretaker has allegedly abused the individual

- Any other appropriate action
- The supervisor responding to the incident shall document the health and safety needs the individual had as a result of the incident and the actions taken in response to those identified needs.

**Review of Critical Incidents**

- A. All critical incident reports will be scanned and sent to the following individuals:
  - a. Nursing Staff
  - b. Executive Director
  - c. Program Director in programs where individual receives services
  - d. Support Manager
- B. Original incident reports will be placed in consumer files
- C. Medical issues will be addressed as necessary.
- D. Individuals will make recommendations for follow-up, modifications, training, or procedure changes as necessary.

**Driving Record and Eligibility to Drive**

Violations / Crashes	Eligibility to Drive
No moving violations and/or preventable crashes within the last three years	Eligible
One moving violation and/or preventable crashes within the last three years	Eligible
Two moving violations and/or preventable crashes within the last three years	Eligible with refresher training and caveat below.
Three moving violations and/or preventable crashes within the last three years	Not eligible until such time as violations/crashes drop to less than two with refresher training and caveat below.
Four moving violations and/or preventable crashes within the last three years	Not eligible until such time as violations/crashes drop to less than two with refresher training and caveat below.
Seven moving violations and/or preventable crashes within the last five years	Not eligible until such time as violations/crashes drop to less than two with refresher training and caveat below.

Caveat: A candidate is rejected for a position that requires driving if any moving violation and/or preventable crash involved a guilty plea, refusal to test or conviction within the past three years for any of the following:

- Criminal Homicide
- Any felony involving a vehicle
- Leaving the scene of an accident
- Reckless driving/reckless operation
- UI/DWI/OMVI as defined in the procedure manual
- Speed over 25 mph posted limit

## Appendix A - Definitions

Term	Definition
<b>Abuse</b>	<ul style="list-style-type: none"> <li>The violation of a person’s human or civil rights, through an act or omission, by another person, or persons. Abuse includes but is not limited to the following: physical abuse, sexual abuse, psychological or emotional abuse, financial exploitation, humiliation, coercion, chemical abuse, restrictive practices, and legal or civil rights.</li> </ul>
<b>APS</b>	<ul style="list-style-type: none"> <li>Arkansas Adult Protective Services – 1 800 482-8049 Adult Abuse Hotline</li> </ul>
<b>Behavior</b>	<ul style="list-style-type: none"> <li>Culturally abnormal behavior(s) of such intensity, frequency or duration that the physical safety of the person or other is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.</li> </ul>
<b>Child</b>	<ul style="list-style-type: none"> <li>An individual under 18 years of age.</li> </ul>
<b>Consumer</b>	<ul style="list-style-type: none"> <li>An individual who is receiving services from Independent Living Services or Creative Living.</li> </ul>
<b>CPS</b>	<ul style="list-style-type: none"> <li>Arkansas Child Protective Services – 1 800 482-5964 TDD: 1-800-843-6349</li> </ul>
<b>Critical Incident</b>	<ul style="list-style-type: none"> <li>See Quick Reference Guide for Definitions</li> </ul>
<b>Critical Incident Report</b>	<ul style="list-style-type: none"> <li>Written notification of critical incidents that are submitted.</li> </ul>
<b>DDS</b>	<ul style="list-style-type: none"> <li>Arkansas Division of Developmental Disabilities Services licensing agency over ILS</li> </ul>
<b>DON</b>	<ul style="list-style-type: none"> <li>Director of Nursing at ILS and CLI</li> </ul>
<b>Emergency Situation</b>	<ul style="list-style-type: none"> <li>A serious situation or occurrence that happens unexpectedly and demands immediate action, including: fire; explosion; natural disaster; any other event requiring the attendance of emergency services.</li> </ul>

Term	Definition
<b>Review Team</b>	<ul style="list-style-type: none"> <li>Incidents will be scanned and reviewed by consumer's team and nursing staff.</li> </ul>
<b>Exploitation</b>	<ul style="list-style-type: none"> <li>Taking advantage of the vulnerability of a person with a disability in order to use them, or their resources, for another's profit or advantage (e.g. financial abuse).</li> </ul>
<b>Guardian</b>	<ul style="list-style-type: none"> <li>An adult person who has been formally appointed by a court or parent of a minor</li> </ul>
<b>ILS or CLI Service</b>	<ul style="list-style-type: none"> <li>A disability service delivered by staff of Independent Living Services or Creative Living, including for example, residential services, Profiles, Transportation, Supported Employment.</li> </ul>
<b>Inappropriate Sexual Behavior</b>	<ul style="list-style-type: none"> <li>Any unsuitable or improper actions of a sexual nature. This may include sexual harassment, non-consensual touching or fondling, consensual activity in a public place, masturbation in public or sexually threatening behavior.</li> </ul>
<b>Missing Person</b>	<ul style="list-style-type: none"> <li>A consumer who should be present at a ILS or CLI service, whose whereabouts is not known and there are serious concerns about the consumer's well-being.</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>Failure to provide the necessary care, aid or guidance to dependent adults or children by those responsible for their care. Neglect includes, but is not limited to: physical neglect, passive neglect, willful deprivation, emotional neglect and crimes of omission.</li> <li>Neglect refers to: <ul style="list-style-type: none"> <li>– neglect of an adult consumer at any location;</li> <li>– neglect of a child consumer at any location.</li> </ul> </li> </ul>
<b>Property Damage</b>	<ul style="list-style-type: none"> <li>Impairment of use or loss of property due to damage or destruction.</li> </ul>
<b>OLTC</b>	<ul style="list-style-type: none"> <li>Arkansas Office of Long Term Care – Licensing agency over CLI</li> </ul>
<b>Serious Harm or Injury</b>	<ul style="list-style-type: none"> <li>Harm or injury that is life threatening, and/or may result in the individual being hospitalized.</li> </ul>
<b>Staff Member</b>	<ul style="list-style-type: none"> <li>A person employed by ILS or CLI</li> </ul>

Appendix B – Critical Incident Report Form

CIRs are not to be discussed with a consumer during an incident. Supervisor may review CIR at a later time with consumer.

**Independent Living Services, Inc. & Creative Living, Inc. – Critical Incident Report (CIR)**

Individual's Name: \_\_\_\_\_ Date and Time of Report: \_\_\_\_\_ a.m./p.m.

Date and Time of Incident: \_\_\_\_\_ a.m./p.m. Date and Time of Discovery: \_\_\_\_\_ a.m./p.m.

Verbally Reported to: \_\_\_\_\_ Date and Time of Verbal Report: \_\_\_\_\_ a.m./p.m.

Reporters Signature: \_\_\_\_\_ Contact # for Person Completing Form: \_\_\_\_\_

Check All that Apply:

<b>Type of Incident</b>	Alleged Abuse		Eating Inedibles		Running Away	
	Alleged Neglect		Inappropriate Sexual Behavior		Seizures	
	Alleged Exploitation		Injury		Self Injury	
	Assault to Other Consumer		Medical Emergency		Suicide Attempt / Ideations	
	Assault toward Staff		Medication Error		Unexplained Mark Found	
	Choking		Missing Person		Unplanned Hospitalization	
	Death		Non-Compliance/Refusal		Vehicle Accident	
	Deliberate Incontinence		Positive Behavior		Verbal Aggression	
	Destruction of Property		Property Damage		Other:	

Location of Incident: Site: \_\_\_\_\_ Place at Site: \_\_\_\_\_

Your Proximity to incident: \_\_\_\_\_ Were there witnesses? If yes, who: \_\_\_\_\_

Narrative: (Describe situation before, during and after Incident)

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Staff Response to Incident:

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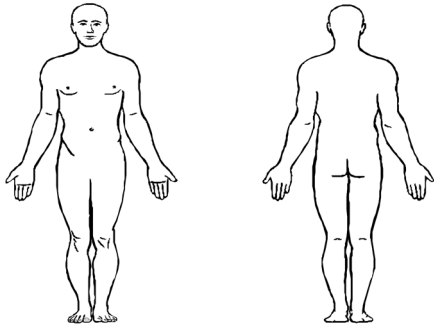
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Mark which Applies:

No Injury	First Aid Only	ILS/CLI Nursing	Urgent Care/Dr. Office	ER	Hospitalization
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If there is an injury:  
Mark on the figures any bruise, sore, cut, scratch,  
mark, area of pain, etc.

Note All Injuries on Diagram

Were photos taken: Yes \_\_\_\_\_ No \_\_\_\_\_

**If Medical Care Required – This Section Completed by Nursing**

Nurses Name: \_\_\_\_\_ Date and Time of Assessment: \_\_\_\_\_

Nursing Comments:

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Additional Medical Follow Up Needed: \_\_\_\_\_

**This Section Completed by Manager/ DON/ Program Director/ICF Administrator /Executive Director for Review**

Notifications		Time & Date	How Notified	Who Spoke To & Comments
	Guardian/Family			
APS/CPS				
Law Enforcement				
Physician				
OLTC				
DDS				
Other				

Signature of Caller: \_\_\_\_\_ Comments: \_\_\_\_\_

Any Other Action Taken:

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Follow Up:

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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**This Section Completed by Incident Team Review**

Reviewer's Signature and Date: \_\_\_\_\_ Classification: \_\_\_\_\_

Additional Information:

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