Transporting Persons With Disabilities

With Heather Peralta

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Introduction to Developmental Disabilities and Transporting Persons with Disabilities

with Heather Peralta

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Agenda

- Learning Objectives
- Epilepsy
- Autism Spectrum Disorder
- Cerebral Palsy
- Intellectual Disability
- Visual Impairment
- Speech Impairment
- Hearing Loss

Dementia

Tips for Transporting Passengers Who Have Multiple Disabilities on Your Vehicle

Respiratory Disease and How to Reduce In-Car Pollution

Van Driver Safety Overview

Safety Procedures While Using a Wheelchair Lift

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Learning Objectives

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Learning Objectives

- General information and characteristics of 4 developmental disabilities including Epilepsy, Autism spectrum disorder, Cerebral Palsy, and Intellectual disability.
- Identify some of the types of visual impairments and techniques to assist passengers who are visually impaired.
- Communication with a person who has speech limitations.
- Communicating with a person who has a hearing impairment and techniques to assist passengers who have hearing loss.

Learning Objectives

- Assisting a passenger who has dementia.
- General passenger assistance techniques for people who have orthopedic limitations and types of adaptive equipment they may use.
- Safety Procedures while assisting someone who uses a wheelchair.
- Common challenges that may arise during transport.
- Respiratory disease and how to reduce car pollution.
- Basic reminders on utilization of the wheelchair lift and general driving safety practices.

Epilepsy

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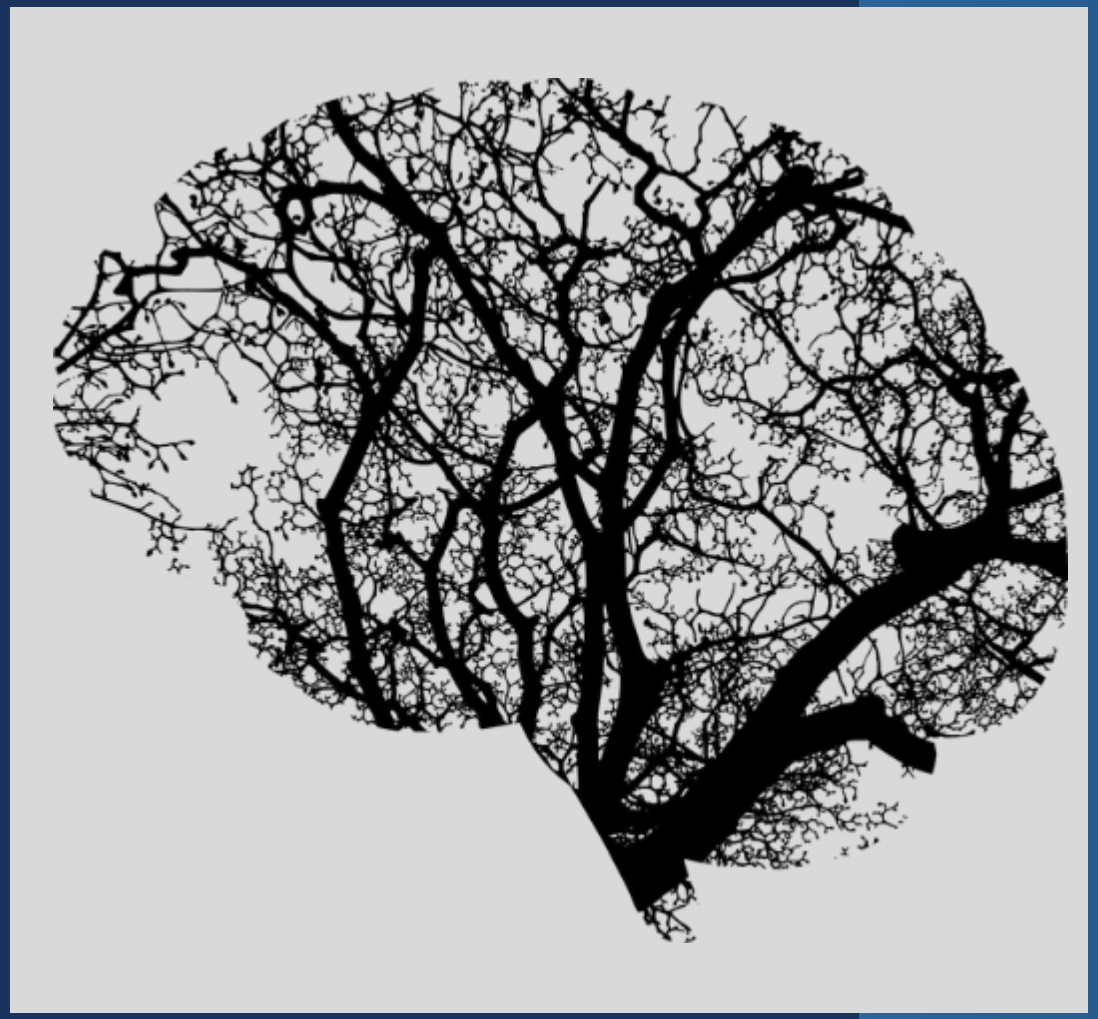

Epilepsy is a neurological condition that produces brief disturbance in the normal electrical functions of the brain. . It occurs when sudden surges of abnormal electrical activity in the brain temporarily disrupt communication between nerve cells, altering a person's behavior, movements, or level of consciousness.

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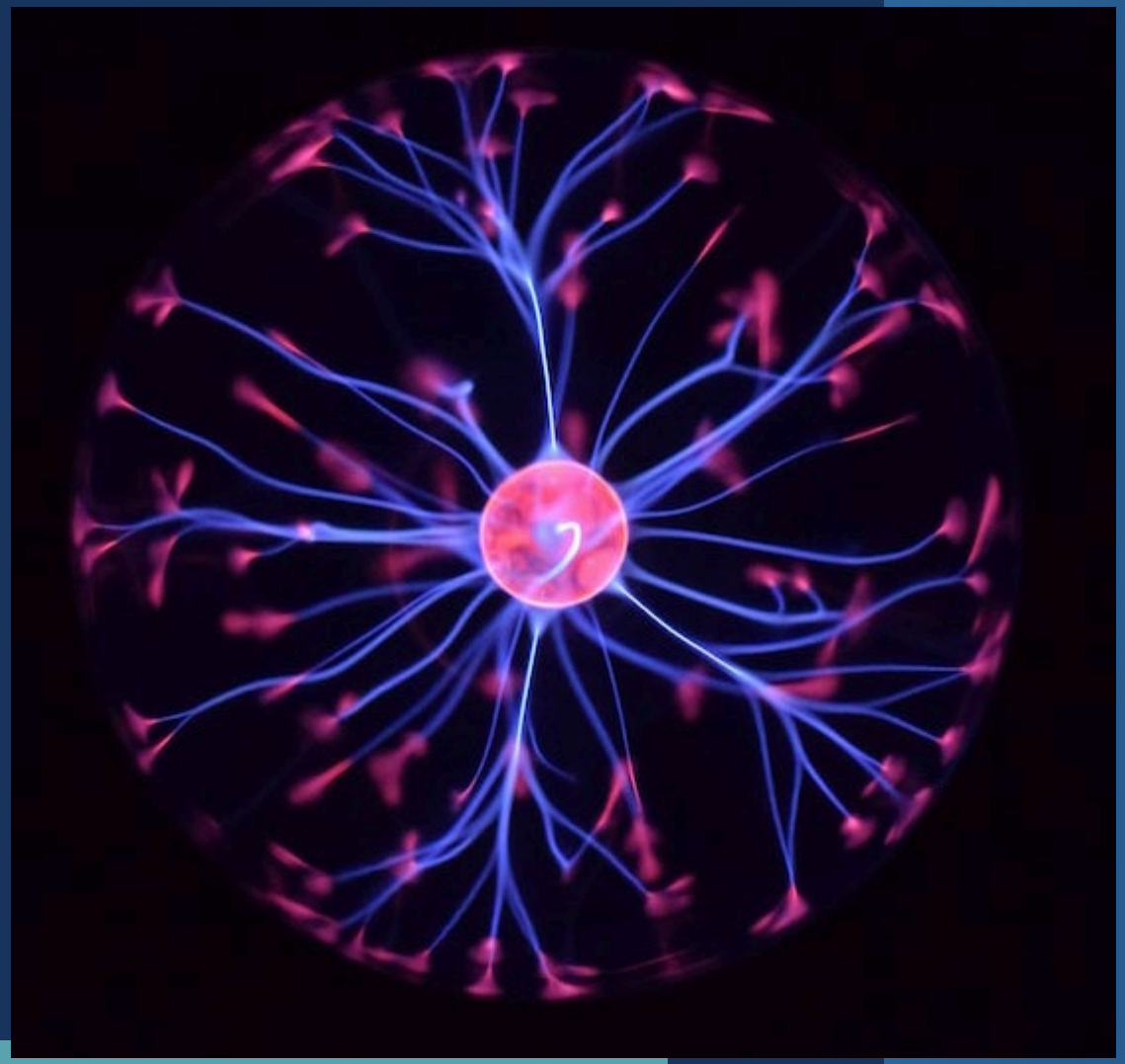

When someone has epilepsy, this normal pattern may be interrupted by intermittent burst of electrical energy that are much more intense than usual. They may affect a person's consciousness, bodily movements, or sensations for a short time.

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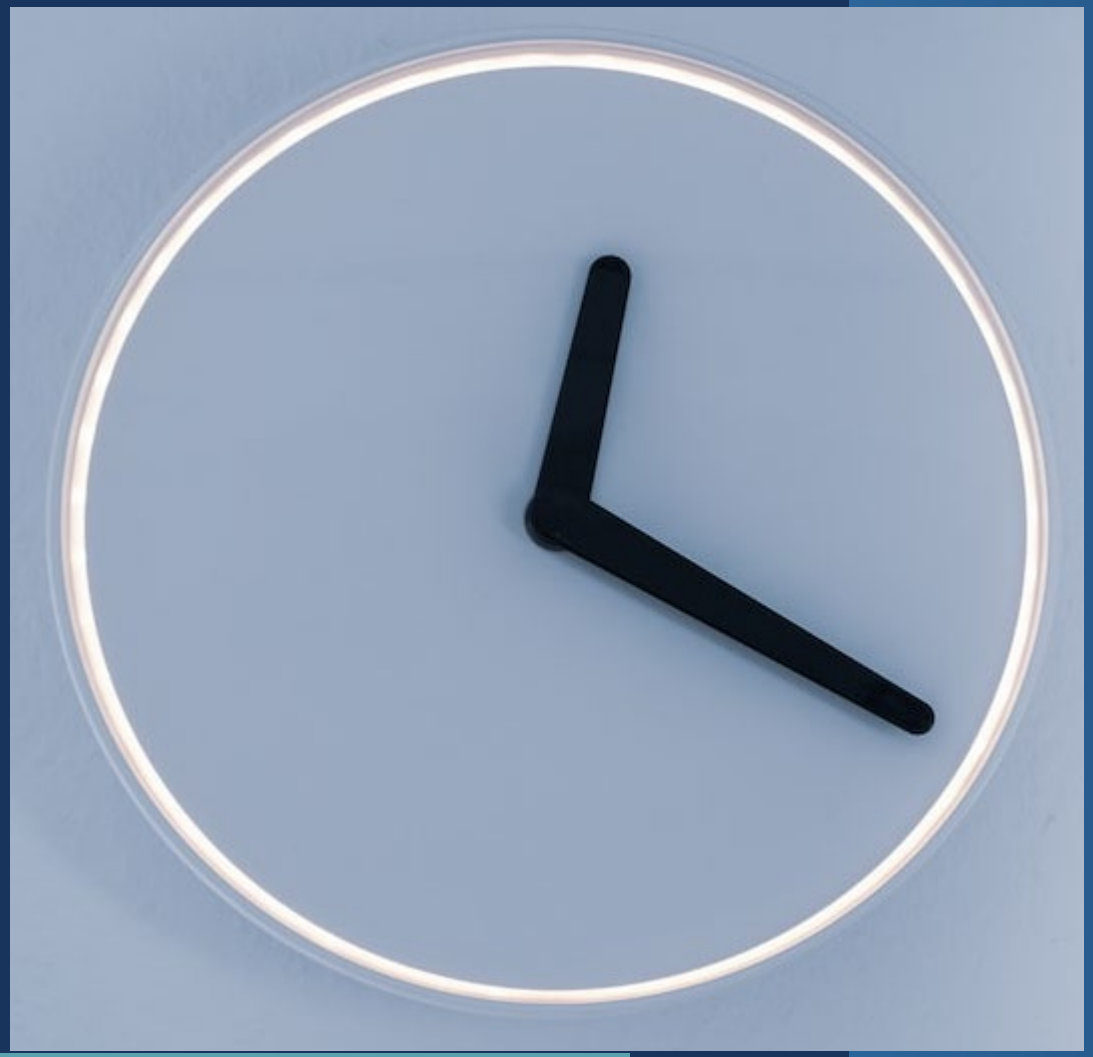

Depending on the type of seizure, they can last anywhere from a few seconds to several minutes. In rare cases, a seizure can last many hours. A seizure lasting for many hours is extremely dangerous.

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Most Frequently Identified Causes

1. Trauma at birth, or high fever.
2. Brain damage from illness or injury.
3. Excessively rough handling or shaking of infants.
4. Use of certain drugs or toxic substance when administered in large doses or are suddenly stopped.
5. Interruptions of blood flow to the brain caused by stroke, tumor, or certain cardiovascular problems.
6. Epilepsy is not contagious.

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What are the most common types of seizures?

Generalized Onset Seizures occur when there is widespread seizure activity in the left and right hemispheres of the brain. The different types of generalized seizures are absence seizures (formerly known as petit mal) and tonic-clonic or convulsive seizures (formerly known as grand mal seizure).

- In the tonic phase the individual loses consciousness and falls, and the body becomes rigid.
- In the clonic phase the muscles of the body contract and relax in rapid succession causing jerking and twitching.

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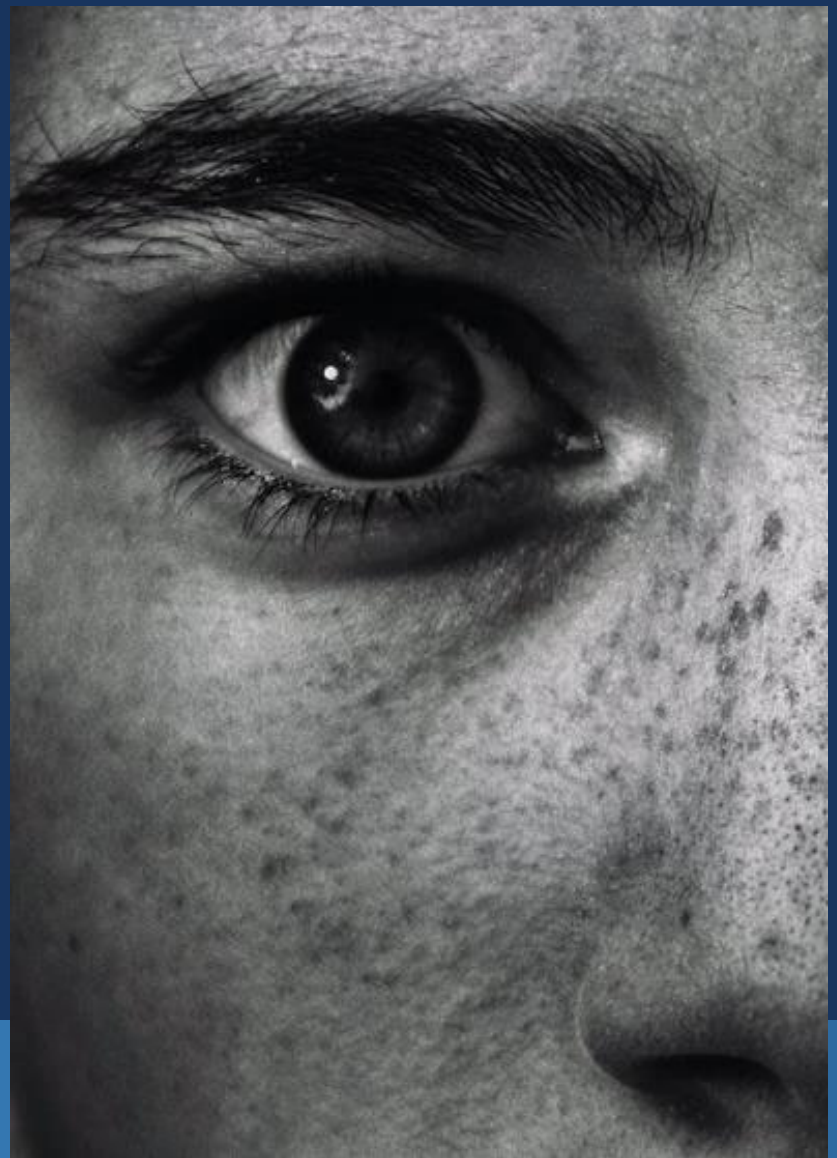
What are the most common types of seizures?



Generalized Absence (Petit Mal)
An absence seizure causes a short period of 5-15 second lapse in consciousness “blanking out” or staring into space.

When an absence seizure ends, the person usually continues doing whatever they were doing before the seizure. They are almost always wide awake and able to think clearly. Generally, no first aid is needed for this type of seizure. Monitor the seizure.

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Focal onset seizures (Formerly Partial Seizure)

Affect one area of the brain.

- Focal Onset Impaired Awareness (Formerly Complex Partial)
  - When a person is confused or their awareness is affected in some way during a focal seizure.
- Focal Onset Aware Seizures (Formerly Simple Partial)
  - When a person is awake and aware during a seizure.

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Focal Onset Impaired Awareness Seizures

- Focal onset impaired awareness seizures are the most common type of epilepsy in adults. These seizures can last between 30 seconds and 2 minutes. People having this type of seizure may appear to be daydreaming or staring blankly.
- Signs to look out for during the seizure
  - Unable to respond for a few minutes.
  - Swallowing/ smack their lips
  - Pick at things like the air, clothing, or furniture.
  - Say words repetitively may appear confused or dazed.
  - Scream, laugh, or cry
  - Can include random walking Do not restrain the person

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Focal Onset Aware Seizure

- Focal onset aware seizure (auras)
  - A seizure that starts in one area of the brain and the person remains alert and able to interact. These seizures are brief, lasting seconds to less than 2 minutes.
- The person may experience a change is sensation such as a strange taste or smell, twitching may also occur. The best thing you can do for this person is monitor the seizure and stay calm.

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First Aid for Seizures

- Stay calm. Do not try to revive the person. Let the seizure run its course.
- Protect the person from injury by helping them to the floor if needed
- Only move the person if they are in danger (e.g., on a road or hot concrete).
- Time the seizure. Look at your watch at the start of the seizure, to time its length. or estimate the time if you don't have a watch or phone. In general, if the seizure lasts more than 5 minutes call for an ambulance.

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First Aid for Seizures

- Check for a medical ID
- Loosen any tight clothing around their neck, such as a collar or tie, to aid breathing, remove eyeglasses, you may need to remove dentures only if they are loose
- DO NOT put anything in the person's mouth
- Do not hold a person's body or head during a seizure

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First Aid for Seizures

- Do not offer the person water or food until he or she is fully alert. If they have food or fluid in their mouth, roll them onto their side immediately to prevent choking.
- Avoid talking loudly and touching the individual during the seizure.
- Assist the person in preserving their dignity should the seizure occur in public

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First Aid for Seizures

- After the seizure, the person should be allowed to rest or to sleep if necessary. After resting most people carry on as before.
- Call 911 if it's the first time someone has had a seizure, if the seizure lasts more than 5 minutes, if the person does not regain full consciousness, if they have several seizures without regaining consciousness also known as recurrent seizures or cluster seizure, or if the person is seriously injured during the seizure.

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Common Triggers to Seizures

- Sleep deprivation.
- Flashing bright lights or patterns.
- Not eating well, long times without eating, dehydration, not enough fluids, low blood sugar, vitamins and mineral deficiencies
- Excessive caffeine
- Missed medications.
- Stress or excitement.
- Heat.

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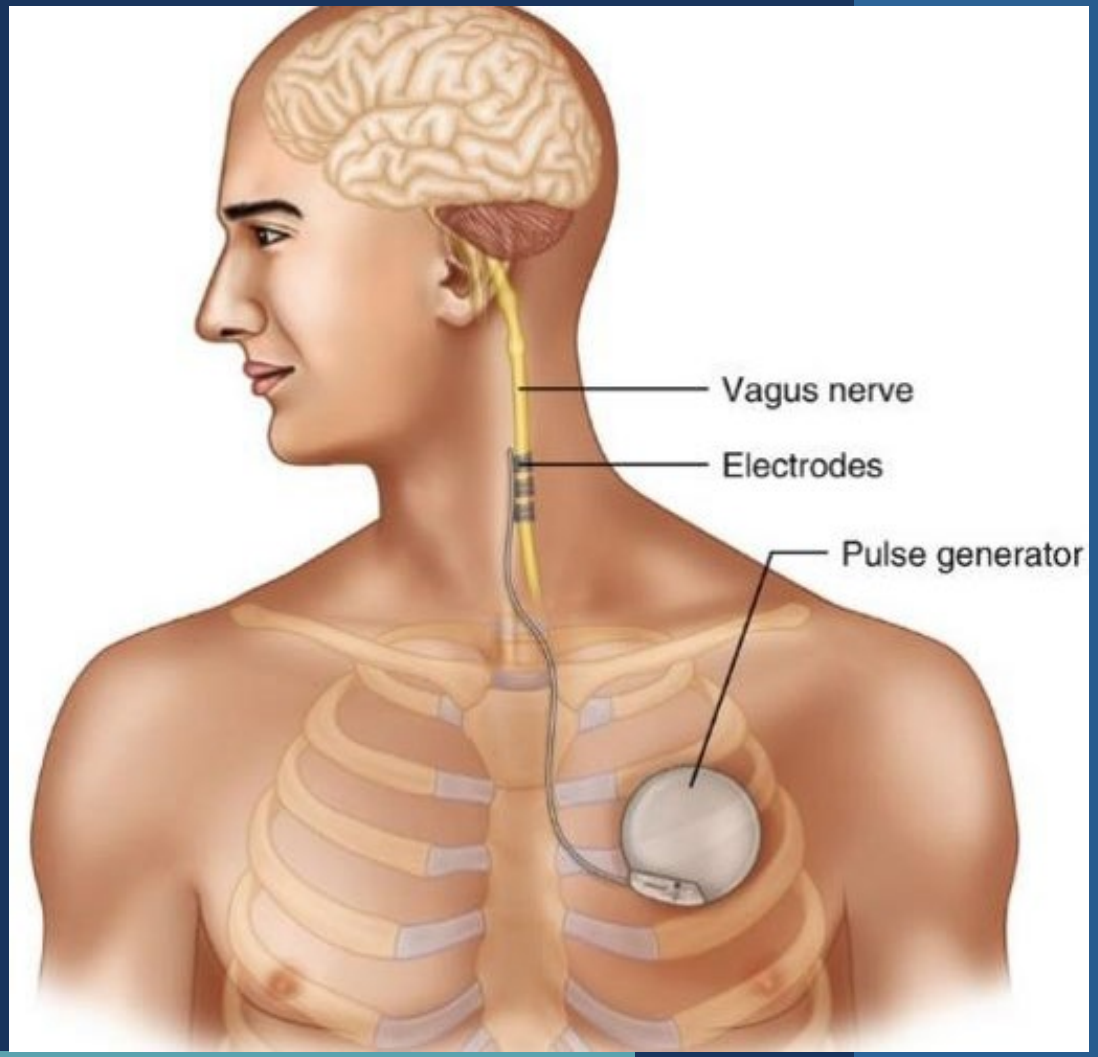

What is a Vagus Nerve Stimulator?

The vagus nerve stimulator is a battery powered device that is surgically implanted under the skin of the chest, much like a pacemaker, and is attached to the vagus nerve in the lower neck. This device delivers short bursts of electrical energy to the brain via the vagus nerve. On average, this stimulation reduces seizures by about 20-40 percent.

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Documentation

If a person has a seizure while you are driving

- Pull the vehicle over in a safe position.
- Immediately begin timing the seizure and monitor.

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Empowering People with Disabilities

MEMBER SEIZURE REPORT

❒ HISTORY OF SEIZURES ❒ TAKING SEIZURE MEDICATION
Number of Seizures within the past 7 days_____

Member Name			DOB	DDD I.D. # OR Funding Source
Member Address				Phone
Department	Room	Supervisor / Teacher		Phone Extension
Date of Seizure	Time of Seizure	Duration of Seizure MINUTES SECONDS		Location of Seizure

Pre Seizure Behavior/Activity

❒Usual self ❒Resting ❒Lethargic ❒Quiet ❒Sleeping ❒Agitated ❒Excited ❒Sitting ❒Walking

❒ Swimming ❒Eating ❒Exercising ❒Unknown ❒Other

_____

Comments:_____

Symptoms During Seizure

Face: ❒ Unchanged ❒ Perspiring ❒Pale ❒Rigid ❒Cyanotic (blue) ❒Flushed ❒Unobserved

Mouth: ❒ Unchanged ❒ Tongue biting ❒Chewing/teeth grinding ❒ Drooling/Foaming ❒ Drooping ❒ Lips- tightening, puckering, smacking ❒ Lips blue/pale ❒Unobserved

Eyes: ❒ Unchanged ❒Pulling to side R/L ❒ Eye/Brow twitching ❒ Rolled back Large/Small ❒ Staring ❒Pupils ❒Moving side to side ❒Unobserved

Breathing: ❒ Unchanged ❒ Rapid ❒Slow ❒ Interrupted _____ sec

Body ❒Unchanged ❒Convulsive - ❒Entire body ❒Arm-R/L ❒Leg -R/L ❒ Rigid ❒ Limp

Movements: ❒ Aimless/Wandering, Picking Clothes ❒ Other_____

Incontinent: ❒ Bowel ❒ Bladder ❒ Unobserved

Communicating Seizure Activity to Other Programs and Family

It is important that we keep each other informed regarding the individuals we transport. This is especially true for individuals with epilepsy because seizure activity can affect a person's mood, concentration, and ability to participate in some activities.

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After the Seizure

- The person may remain unconscious for several minutes as the brain recovers from the seizure activity.
- Gradually the person regains awareness and may feel confused, exhausted, physically sore, sad or embarrassed for a few hours.
- The person may not remember having a seizure and may have other memory loss.
- Occasionally, people may have abnormal or combative behavior after a tonic-clonic seizure while the brain is recovering.
- If you would like additional information about epilepsy, please visit the CDC website at www.cdc.gov

Autism Spectrum Disorder

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Current Classifications of Autism Spectrum Disorder

- Autism impacts the normal development of the brain in the area of social interaction and verbal and non-verbal communication skills. A diagnosis of ASD now includes 3 main conditions that are used to be diagnosed ASD.
- ASD Level 1 – Level 1 ASD is currently the lowest classification
- ASD Level 2 – In the mid-range of ASD
- ASD Level 3 – On the most severe end of the spectrum is Level 3 which requires very substantial support.

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Characteristics of ASD

There is no known single cause for autism spectrum disorder, but it is generally accepted that it is caused by abnormalities in brain structure or function. Brain scans show differences in the shape and structure of the brain in children with autism compared to the brain in neurotypical children.

- Social interaction
- Communication skills
- Repetitive or restricted behaviors

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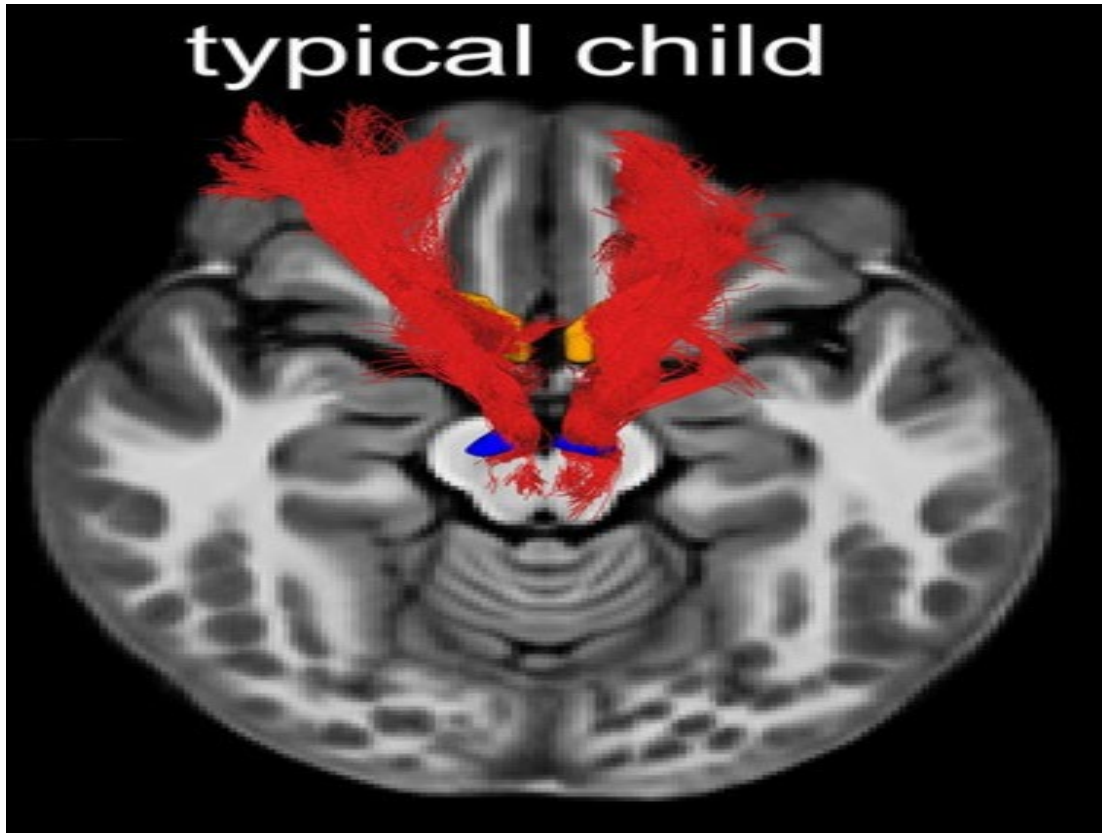
Characteristics of ASD



Kaustubh Supekar Stanford University School of Medicine

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Early Indicators of ASD That Require Evaluation by an Expert

- No babbling or pointing by age 1
- No single words by age 16 months or two-word phrases by age 2
- No response to name
- Has poor eye contact and lacks facial expression
- Excessive lining up of toys or objects
- No smiling or social responsiveness

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Common Characteristics of ASD

- Resist physical contact and may seem to prefer being alone.
- No Speech or has delayed speech.
- May not appear to understand simple questions or directions.
- Difficulty recognizing nonverbal cues, such as interpreting other people's facial expressions, body language or tone of voice and appears unaware of others' feelings.

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Common Characteristics of ASD

- Sensory issues to one or more of the five senses: sight, touch, taste, smell, or hearing.
- Repetitive behavior of words or phrases verbatim, may do repeated actions or body movements.
- Difficulty in change in routine.
- Strong attachments to objects and in some cases, aggressive and / or self-injurious behavior may be present.

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Cerebral Palsy

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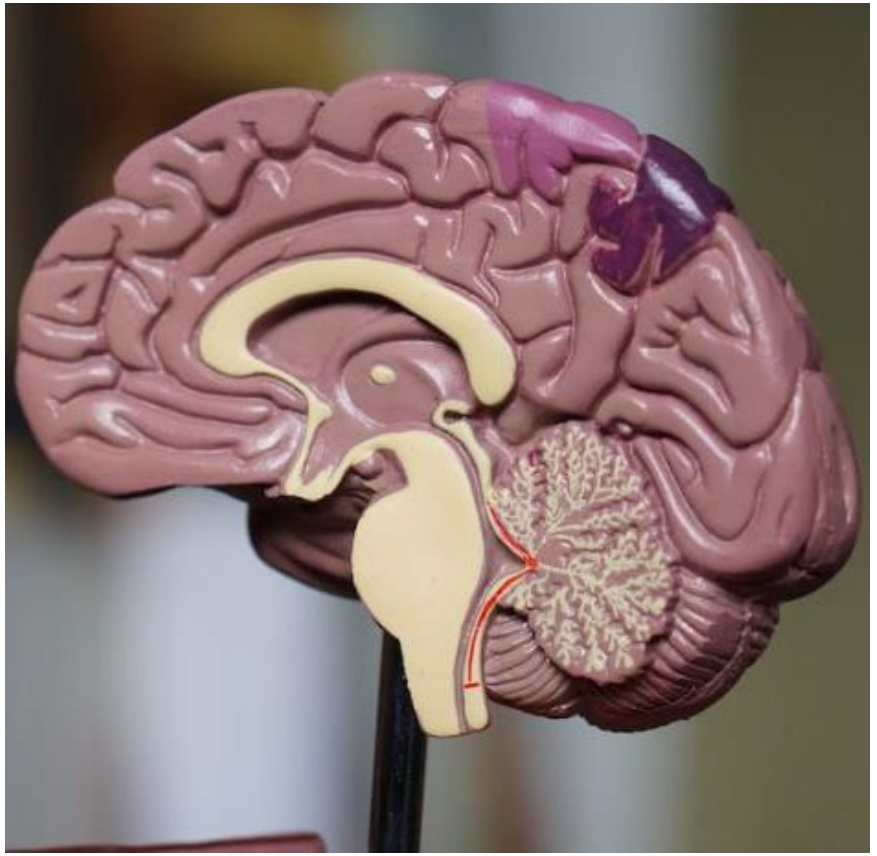
Definition

Cerebral Palsy is a condition resulting from damage to the areas of the brain that control movement. It is a group of disorders that affect a person's ability to move and maintain balance and posture.

Once the disorder appears, usually in the first few years of life, it doesn’t worsen.

Cerebral palsy can range from mild to severe. However, in more than half of the cases, people who have CP also have some cognitive disabilities. In addition, many people who have CP also have



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Risk Factors

Many of the signs of Cerebral Palsy may be present at birth or they may not be seen for months or years later. A diagnosis of Cerebral Palsy may occur immediately after birth but more commonly occurs between 15 and 24 months.

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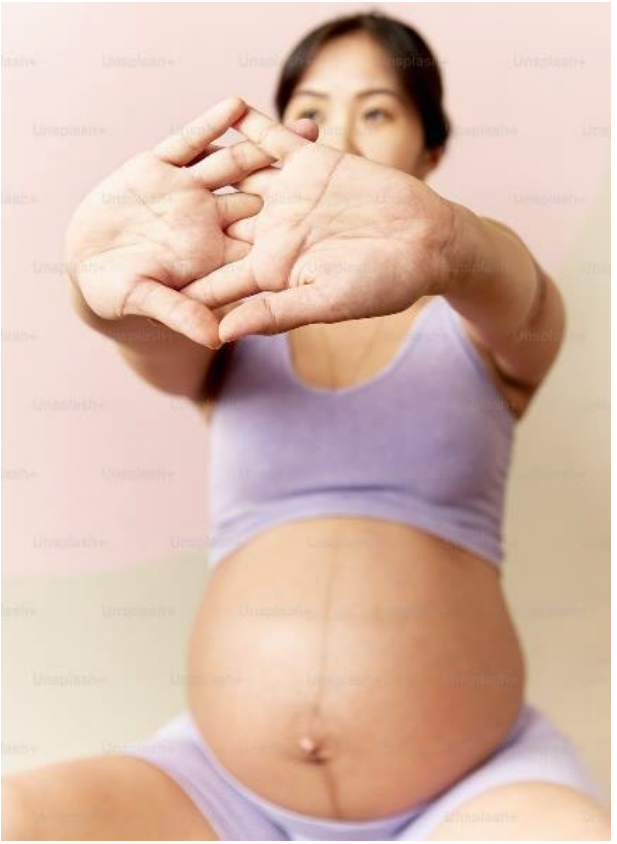
Risk Factors

- Birth Asphyxia lack of oxygen to the brain
- Trauma to the head during labor or delivery
- Abdominal injury during pregnancy
- Absence or lack of prenatal care
- Infections during pregnancy such as rubella-German measles
- Birth complications
- Low birthweight
- Premature birth



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General Causes of Acquired Cerebral Palsy

- **Trauma** to the head such as a wound or fracture resulting in injury to the brain.
- **Infection** of the nervous system such as high fevers and meningitis.
- **Vascular problems** of the brain such as hemorrhage.
- **Anoxia** due to strangulation, carbon monoxide poisoning, smoke inhalation, and near drowning.

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Early Indicators of Cerebral Palsy in Babies

- Poor muscle tone in a baby's limbs, resulting in heavy or floppy arms and legs.
- Stiffness in a baby's joints or muscles, or uncontrolled movement in a baby's arms or legs.
- Difficulty coordinating body movements, including grasping and clapping.
- A delay in meeting milestones, such as sitting, rolling over, crawling, and walking.

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Types of Cerebral Palsy

- **Spastic** this is the most common type of Cerebral palsy. Spastic CP affects about 80% of the people diagnosed with cerebral palsy. In people with spastic CP you often find tight muscles.
- **Athetoid or Dyskinetic CP** unintentional or uncontrolled movements and will often be due to an ever-changing level of muscle tone.
- **Ataxic** is characterized by lack of coordination and balance due to damage to the cerebellum.
- **Hypotonic** characterized by abnormally low muscle tone (also known as being "limp").
- **Mixed** occurs when two or more types CP are present in the same person.

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Does Cerebral Palsy Affect Intelligence?

Generally, Cerebral palsy is a motor disability, meaning that it only directly affects motor skills such as movement, muscle tone, and posture. However, up to 50% of individuals with cerebral palsy also experience some intellectual impairments.

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Intellectual Developmental Disability

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What is Intellectual Disability

Intellectual developmental disability (or IDD) is a newer term for Mental retardation (MR) or cognitive disability. Intellectual developmental disability is a term used when a person has certain limitations in cognitive functioning and skills, including communication, social and self-care.

Depending on the severity of the brain damage, IDD fall under a certain category:

- Mild (IQ 50-69)
- Moderate (IQ 35–49)
- Severe (IQ 19–34
- Profound (IQ 19 or below)

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Signs of Intellectual Developmental Disability

- Difficulties communicating.
- Delayed responses.
- Forgetfulness.
- Emotional outbursts.
- Difficulties with logical thinking and problem-solving.
- Developmental delays (language, walking, etc.).
- Avoiding social interaction.
- Distractibility.
- Inability to recognize familiar voices or faces.
- Difficulty processing auditory or visual stimuli.

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Causes of Intellectual Developmental Disability

Intellectual Developmental disability can be caused by any complication that starts any time before a child turns 18 years old – even before birth. Several hundred causes have been discovered, but in about one-third of the people affected, the cause remains unknown.

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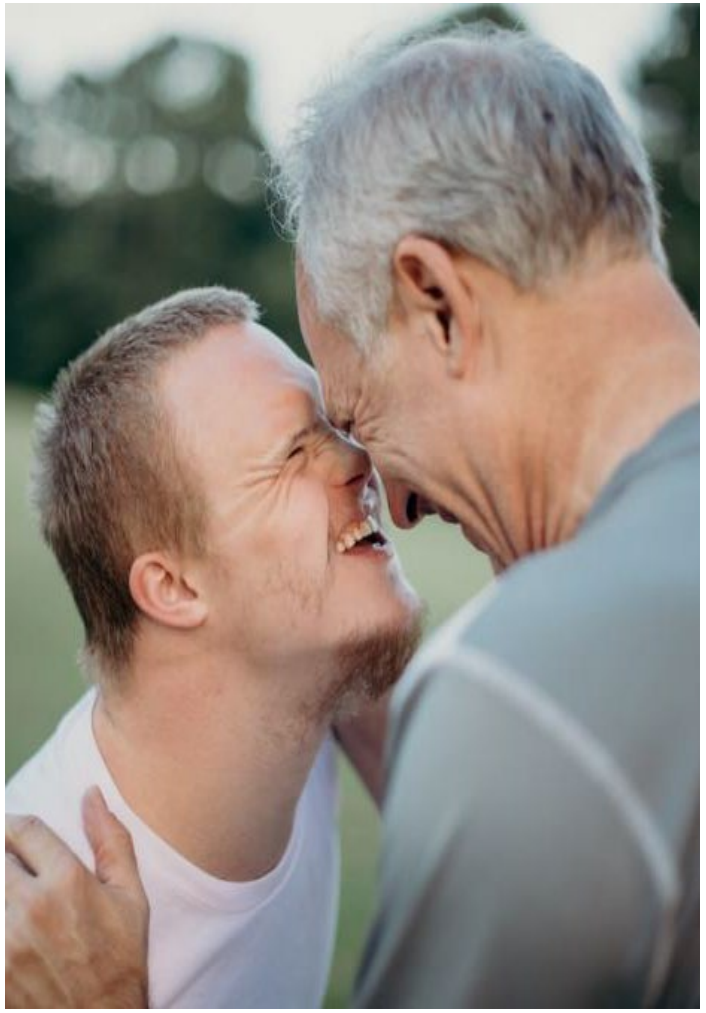
Causes of Intellectual Disability

Fetal Alcohol Spectrum Disorder (FASD) is a condition in a child that results from alcohol exposure during the mother's pregnancy. Fetal alcohol syndrome causes brain damage and growth problems.

Fragile X syndrome (FXS) is caused by a defect in the FMR1 gene located on the X chromosome.

Down syndrome results when abnormal cell division involving chromosome 21 occurs. These cell division abnormalities result in an extra partial or full chromosome 21.



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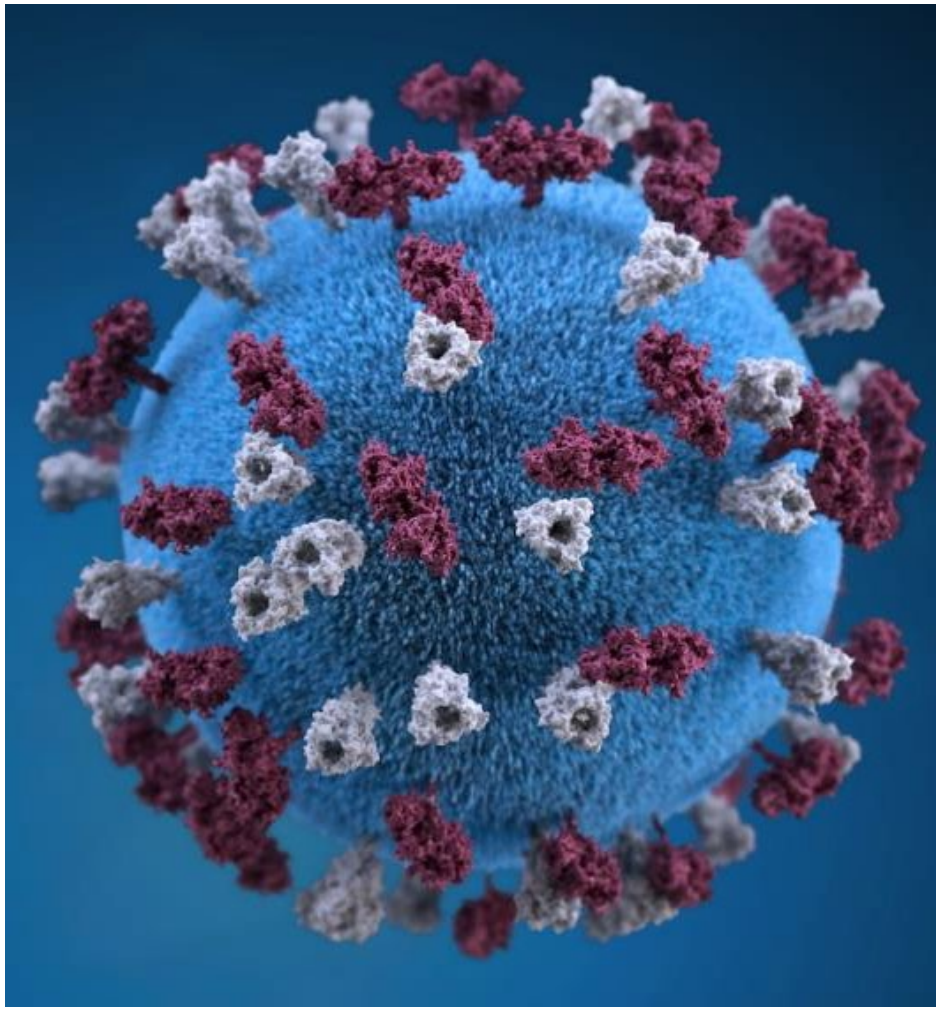
Causes After Birth

- Childhood diseases such as whooping cough, chicken pox, and measles, may lead to meningitis.
- Accidents such as a blow to the head or near drowning.
- Substances such as lead, and mercury can also cause irreparable damage to the brain nervous system.



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Causes After Birth

Poverty and cultural deprivation: Children in poor families may become Intellectually disabled because of malnutrition, disease-producing conditions, disadvantaged areas may be deprived of many common cultural and day to day experiences provided to other youngsters. Research suggests that such under-stimulation can result in irreversible damage and can serve as a cause of Intellectual Developmental Disability

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Visual Impairments

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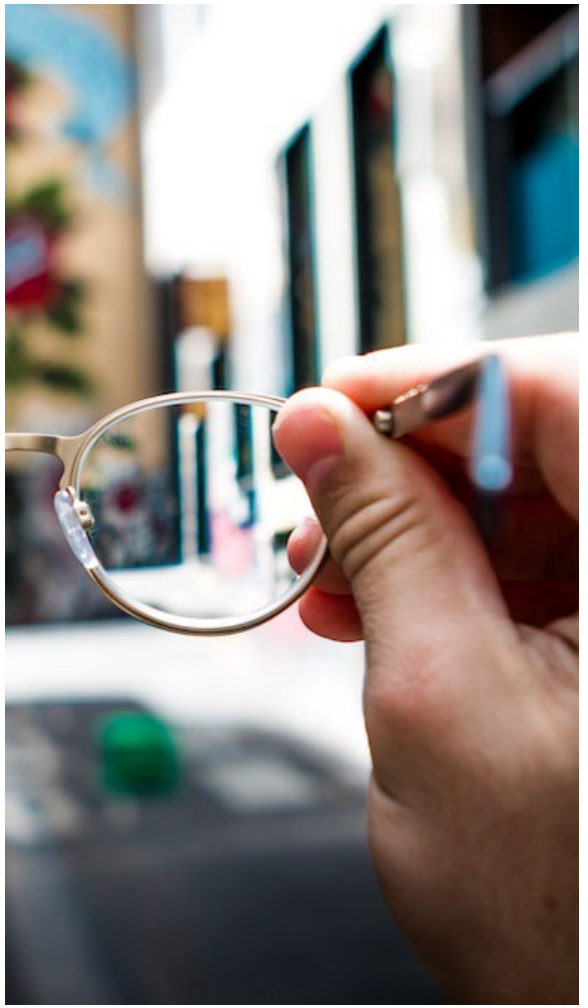
Overview and Best Practices for Transporting Passengers Diagnosed with Visual Impairments

Totally blind refers to a complete loss of sight which describes the complete loss of all visual light perception.

Legal blindness is different from total blindness, most people who are legally blind can still see some light, but the objects in their vision may be very blurry.



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Supporting People With Visual Impairment

Inquire about the type of vision or lack of vision the person has.

A **nearsighted** person sees near objects clearly, while objects in the distance are blurred.

Farsightedness means that you can clearly see objects far away but have difficulty seeing closer objects clearly.

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Types of Vision Impairment

Peripheral vision is side vision; what is seen on the sides by the eye when looking straight ahead.

Blurry vision is the loss of sharpness of eyesight, making objects appear out of focus and hazy.

Vision through healthy eyes

Peripheral vision loss

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Types of Vision Impairment

Tunnel vision this makes it difficult to see what's on the outer edges of your vision. This means that you'll be able to see things straight ahead, but the sides of your vision will look blurry. This includes vision on all sides, including the left, right, and above or below your direct line of sight.

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Tips For Assisting Persons with Vision Impairment

- Greet the individual appropriately.
- Do not be afraid of using normal language and include words like “look”, “see”, “read”, etc.
- Always ask first before offering any help and do not be offended if it is refused.
- Be precise if giving instructions.
- Learn through touch.

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Tips For Assisting Persons with Vision Impairment

- Give adequate space.
- Describe any sudden changes in the environment
- Stay on the least dangerous side.
- Allow the person plenty of time to hold the handrail securely.
- Never propel or steer a blind or visually impaired person backwards into a seat!

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Speech Impairments

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Definition

Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, language impairment, receptive language issues, or a voice impairment.

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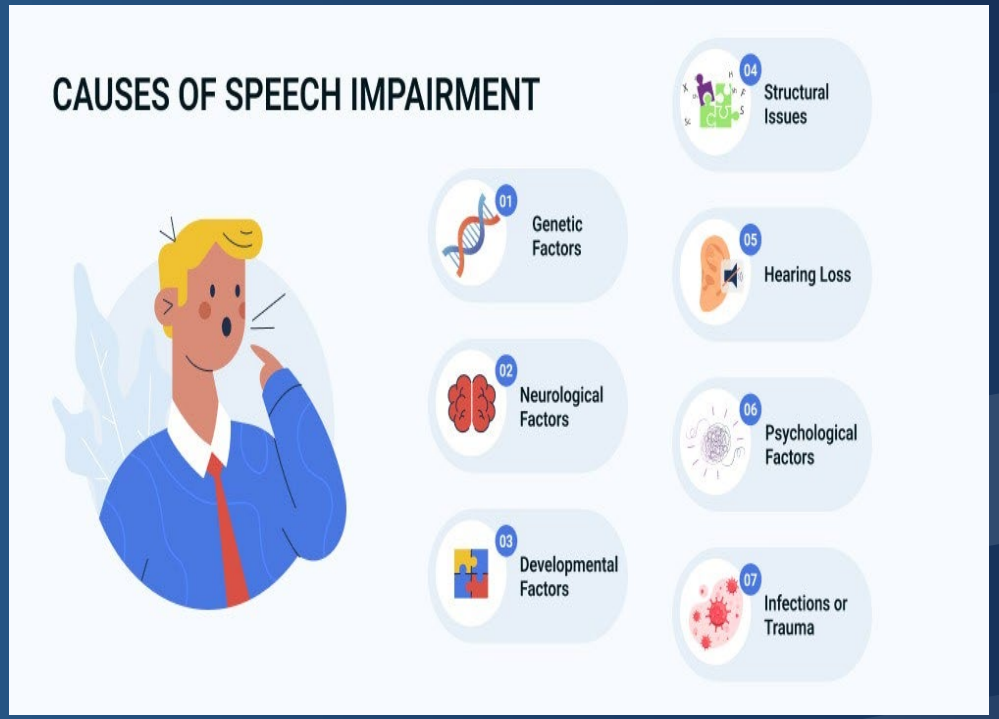
What causes someone to have a speech impairment?

There are many possible causes of speech disorders, brain injuries, autism, and hearing loss.

Problems or changes in the structure or shape of the muscles and bones used to make speech sounds. These changes may include cleft palate and tooth problems. Damage to parts of the brain or the nerves (such as from cerebral palsy) that control how the muscles work together to create speech.



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Tips for transporting a person with speech/language limitations

- If necessary, ask short questions that can be answered with a few words, a nod, or a shake of the head.
- Check that you have their attention before talking.
- Reduce background noise and distractions.
- Speak clearly and slowly and use an appropriate tone of voice.

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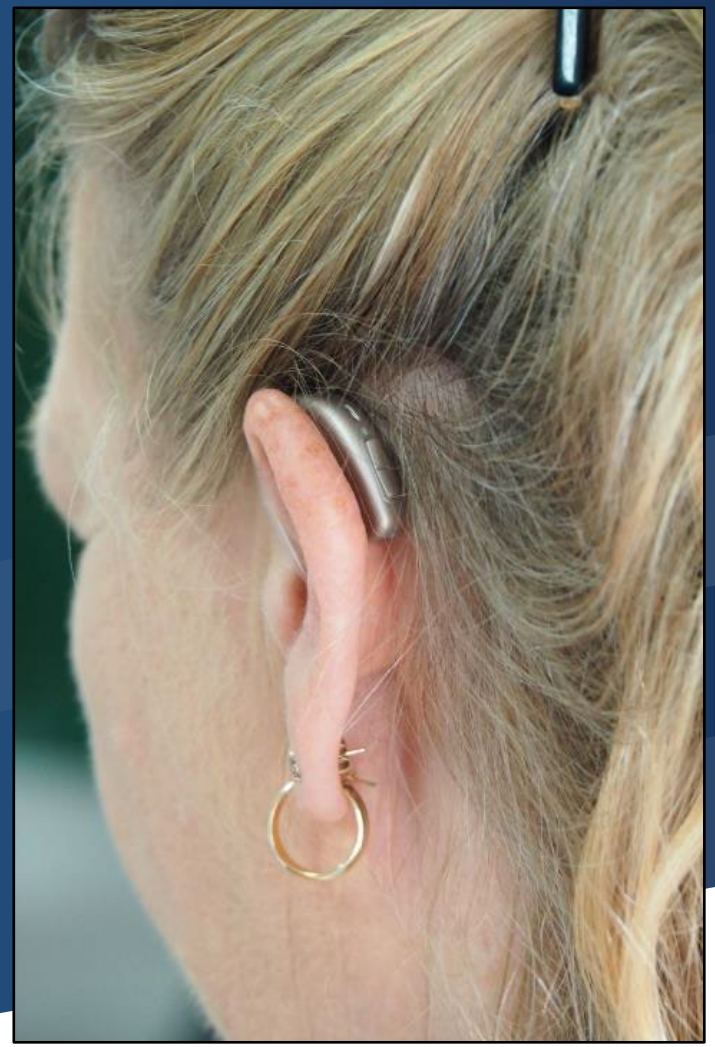
Tips for transporting a person with speech/language limitations

- Ask if an individual can write the message or use a phone, tablet, or communication device.
- Check hearing aids and glasses are being worn.
- Face the individual and maintain eye contact. Give the conversation your full attention.



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Tips for transporting a person with speech/language limitations

- Ask him or her to repeat their statement.
- Repeat what you have understood and allow the person to respond.
- If the individual is accompanied by another individual, do not address questions, comments, or concerns to the companion.

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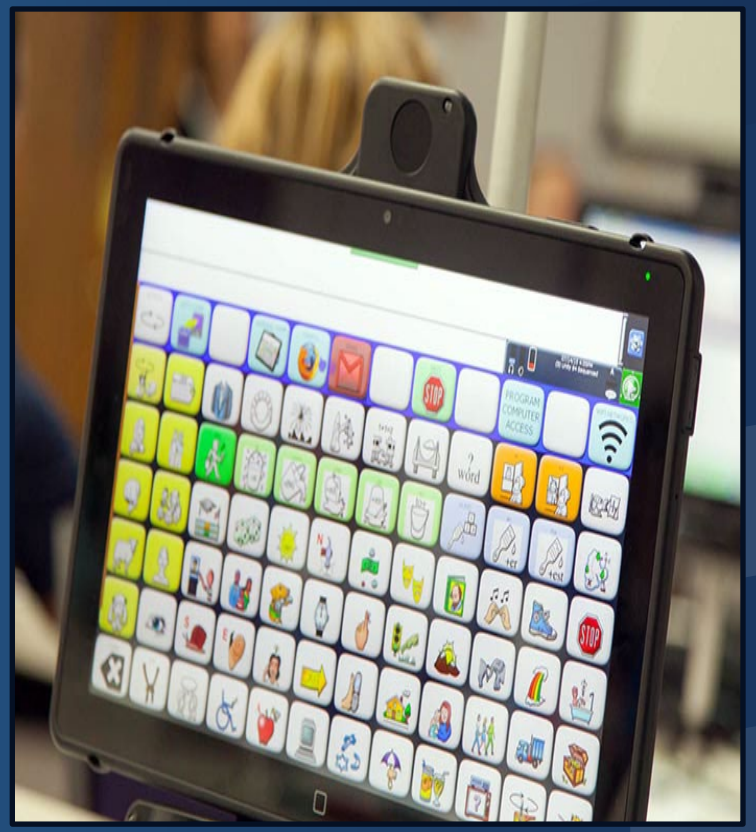
Tips for transporting a person with speech/language limitations

- Do not play with or try to use someone's communication device.
- Maintain ordinary eye contact – especially when they are having trouble speaking.
- Don't make remarks like: "Slow down," "Take a breath," or "Relax.



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Tips for transporting a person with speech/language limitations

- Be patient – give the passenger more time to finish what they are trying to say.
- Speak to the person the same way you would to someone who doesn't stutter.
- Show empathy, be professional, allow your passengers with a speech disorder to maintain their dignity.

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Hearing Loss and Deafness

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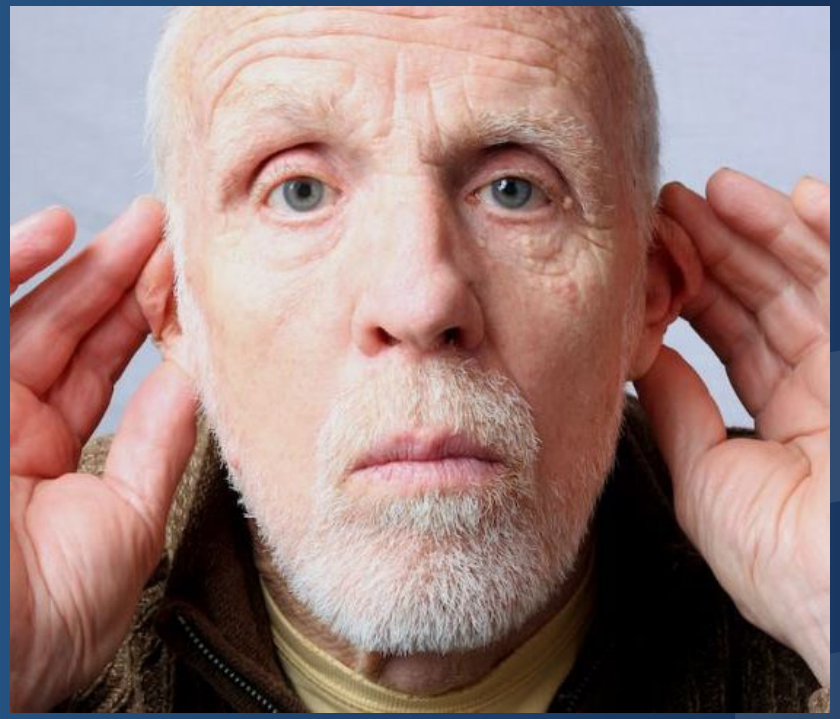
Definitions

Hearing loss may be mild, moderate, severe, or profound. It can affect one ear or both ears and leads to difficulty in hearing conversational speech or loud sounds.

'Hard of hearing' refers to people with hearing loss ranging from mild to moderate. People who are hard of hearing usually communicate through spoken language and can benefit from hearing aids, cochlear implants, and other assistive devices as well as captioning.



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Sign Language

People who are Deaf mostly have profound hearing loss, which implies very little or no hearing. They often use sign language for communication.

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Tips for communicating with people with a hearing loss

- Always face a person who has a hearing loss.
- Check noise and lighting.
- Keep your distance.
- Speak clearly, slowly and steadily.
- Take turns.
- Repeat and re-phrase if necessary.
- Use gestures or learn basic sign language.
  - Hands On ASL, ASL Coach, WeSign Basic
- Write it down.
- Keep trying.

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The Division of Developmental Disabilities (DDD) has many services available to parents that have children who have developmental disabilities. You can check them out on the Arizona Department of Economic Security website.

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Dementia

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Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities. Some people with dementia cannot control their emotions, and their personalities may change.

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Alzheimer's disease is the most common type of dementia. It is a progressive disease beginning with mild memory loss and possibly leading to loss of the ability to carry on a conversation and respond to the environment. Alzheimer's disease involves parts of the brain that control thought, memory, and language.

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Clues That an Individual May Have Some Form of Dementia and May Need Extra Assistance

- **Becoming lost in familiar places or forgetting where they are going or what they are doing.**
- Mood and Personality Changes
- **Asking the same questions over and over.**
- **Wonder Off**
- **Difficulty communicating or finding words.**

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Tips for Transporting Passengers Who Have Multiple Disabilities on Your Vehicle

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Become Familiar with the Individuals on Your Route

- Crews should be aware of individual passenger profiles if they have them, some aspects to consider about the person include:
- Medical needs, communication skills, behavioral and sensory issues.
- Likes/preferences, known dislikes or ‘triggers’ for anxiety.
- What helps them to calm, reduce anxiety levels or avoid sensory overload.

Communication

- Drivers should be encouraged to support and communicate with parents/caregivers in a clear and professional manner. Proper communication can help you to solve a number of issues and resolve problems.

Pleasant Atmosphere

- Welcoming, Comfortable, and/or Pleasant.
  The driver should maintain a cool and calm environment in the vehicle. As well as familiarizing themselves with individual passengers' specific ways of communicating.

Show Patience

- The use of visual cue cards or objects of reference and the use of ‘scripts or phrases that provide clarity can also be extremely helpful.

Recognize Sensory Stimulation

- Riding a bus or van can be overwhelming from a sensory standpoint. There are many loud vehicle noises, different smells, sights, (and other passengers) that can upset a person with sensory sensitivity.

Familiarize yourself with what type of adaptive equipment the person may use

Walker

- A walker is a tool for people, who need additional support to maintain balance or stability while walking, most commonly due to age-related physical restrictions or a person's disability

Forearm crutch

- Also commonly known as an elbow crutch or Canadian crutches

Familiarize yourself with what type of adaptive equipment the person may use

Wheelchair

- A wheelchair is a chair with wheels, used when walking is difficult or impossible due to illness, injury, problems related to old age, or disability.

Negotiating a Wheelchair up Over a Curb or Barrier

Set the foot plate close to the curb. Put your foot on the tilt bar. Use full body weight to elevate and push forward so casters are on top of barrier. Push chair flush against barrier, with both wheels touching the barrier. Position your body weight to roll the wheels over the barrier.

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Negotiating a Wheelchair up Over a Curb or Barrier

- Back chair to barrier.
- Step down and position your feet firmly.
- Take the wheels to the edge of barrier.
- Use your hip to cushion the chair on the way down.
- Let the wheels touch down.
- Back up and put your foot on the tilt bar to lower chair.

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Challenges on the Vehicle

Using public transportation is an option to consider when needing to get around. Individuals who have a developmental disability such as Autism, Cerebral Palsy or an intellectual disability may encounter specific challenges when doing this.

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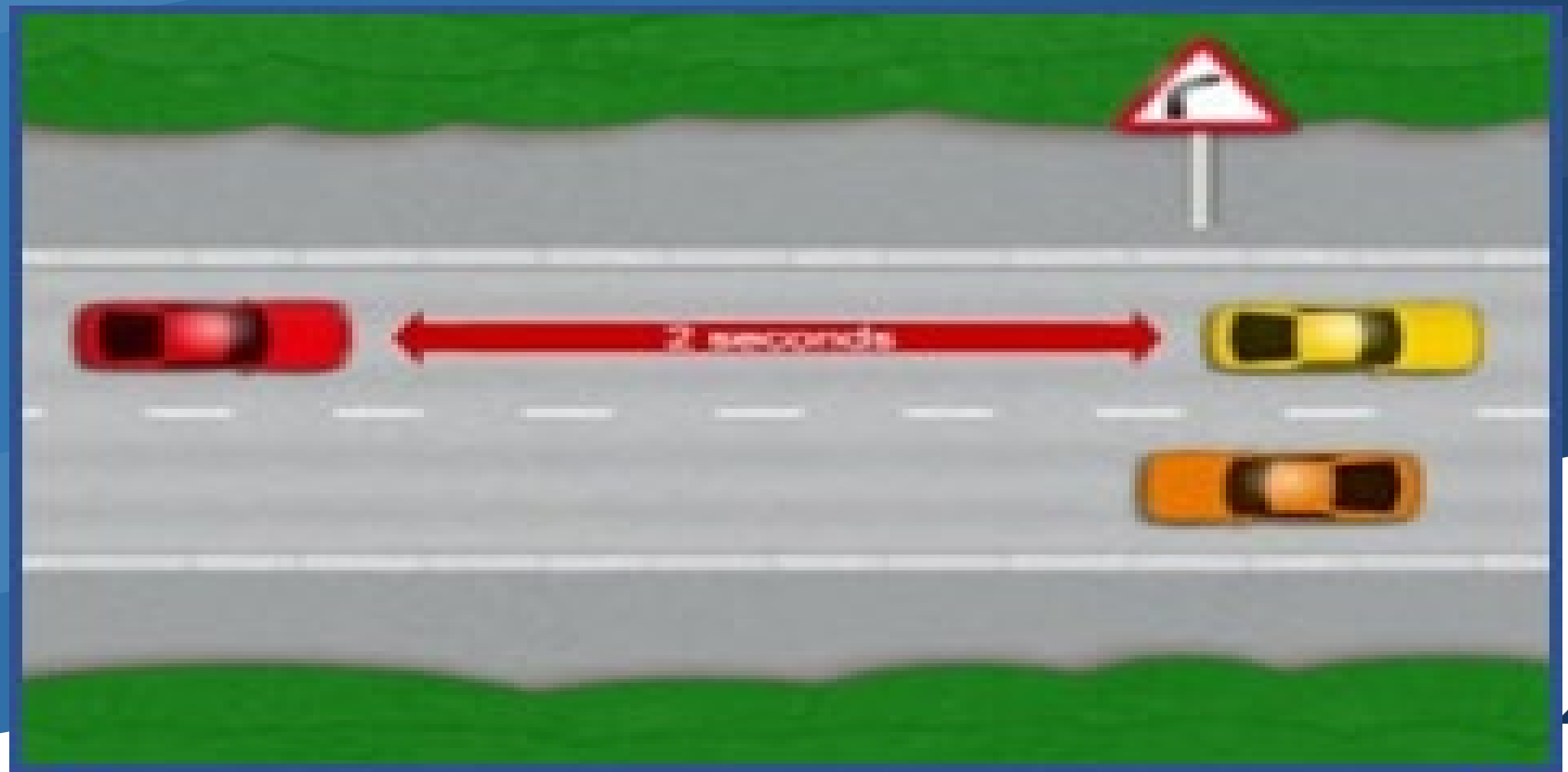
Talk with the Person About How to Handle Situations That Come Up

- Route change
- Traffic
  - Stay calm.
  - Stay focused.
  - Avoid aggressive driving and weaving from lane to lane.
  - Keep a safe distance and maintain a good cushion of safety.



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Vehicle Breakdown

- DON’T PANIC

The next time something small goes wrong in your day, view it as an opportunity to practice a critical survival skill. You can use this opportunity as a teaching moment on how to react when something goes unplanned.

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Respiratory Disease and How to Reduce In – Car Pollution

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The most common respiratory diseases include

Influenza,
Pneumonia,
Asthma,
Bronchitis,
Chronic obstructive airways disease (COAD)
Lung cancer.

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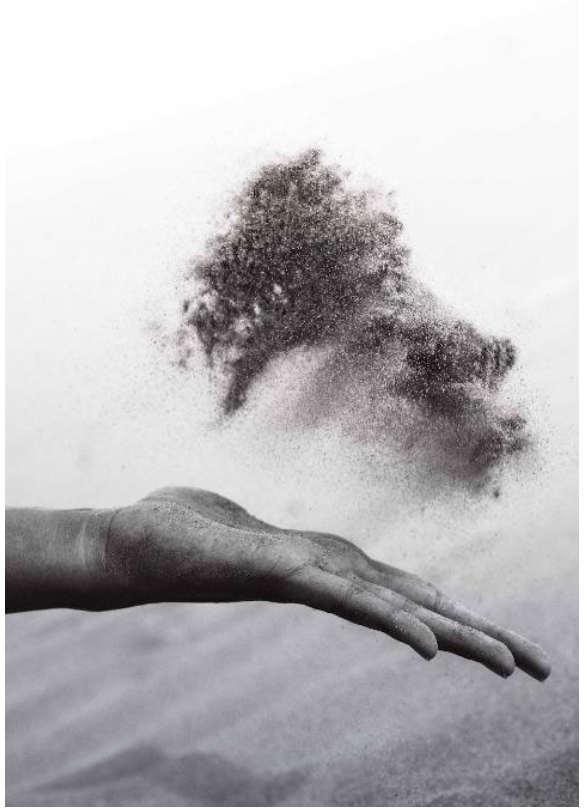
Risk Factors

- ✓ Tobacco smoke
- ✓ Air pollution
- ✓ Occupational chemicals
- ✓ Dusts



How to reduce in-vehicle pollution

The following are some recommendations from the university of California, Berkeley Wellness for reducing in-car pollution.

- ❑ Make every attempt to keep the air in the vehicle as clean as possible.
- ❑ When stopped at traffic lights, close the windows, and try to keep some distance from the vehicle in front of you
- ❑ When driving in traffic, keep a safe distance from vehicles ahead of you, especially diesel trucks or obviously polluting cars.
- ❑ Keep the windows closed when in traffic and the ventilation set to recirculate, especially in tunnels.

How to reduce in-vehicle pollution

- When driving in light or no traffic, keep windows open or at least cracked to let in fresh air.
- If you have the option, choose less congested roads with fewer traffic lights, even if they take a little longer.
  - Try to avoid rush hour.
  - The more traffic, the more pollution!
- If you will be driving a new vehicle, try to keep the windows open as much as possible for the first few months, when volatile organic compounds (VOC) levels are highest.

How to reduce in-vehicle pollution

- ❑ Properly maintain your vehicle.
- ❑ Keep the interiors clean.
- ❑ Do not use chemical cleaners.
- ❑ Do not use air fresheners or deodorizers in the vehicle
- ❑ Give the passenger the choice of the air temperature.
- ❑ Do not smoke or allow smoking in your vehicle.

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Van Driver Safety Overview

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General Guidelines

- A number of serious accidents have occurred to passengers in the vehicle, as well as while walking to or from the transportation vehicle.
- Ensure that wheelchairs are fastened to the floor with wheelchair brakes locked and passenger's seatbelt is fastened.
- Never attach the 4-point tie down to a moveable part of the chair. Like the footrest or wheels

- Drivers must open and close all doors, and if needed assist passengers on and off the van.
- A cell phone or other means of communication should be in the vehicle in case of an emergency. No phone calls while driving.
- Accountability Factors: Most transportation agencies require a head count to be done and attendance to be taken to prevent people being left on the vehicle or forgotten.

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- Ask all occupants to wear a seatbelt when the vehicle is equipped with them (your company may have a policy that requires them to wear seatbelts).
- Always observe posted limits. Be mindful of road conditions. Reduce vehicle speed during dangerous weather or when traveling on roads that are unfamiliar or hard to navigate.

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- Only qualified drivers should be behind the wheel. Special training and experience are required to operate 15 passenger vans so ensure your drivers have both.
- Drivers must wait for passengers to enter their homes or be with a caregiver before pulling away.

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Set expectations

- No jumping or rocking the vehicle
- Feet must remain on the floor
- Keep hands to yourself
- Keep arms and hands inside the windows
- Keep seatbelts fastened until you arrive at your destination
- Stay seated until driver gives you permission to unbuckle
- Belongings need to be out of the aisle
- Keep a calm voice during transport

If there is a rider staff, they should be seated in the center of the van and will be responsible for monitoring and interacting with the passengers.

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Safety Procedures While Using a Wheelchair Lift

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- Check equipment for defects or other maintenance concerns. This includes the wheelchair lift, straps, and tracks.
- Secure the open doors.
- When passengers are loading or unloading (whether in wheelchairs or not) always choose a path that is flat, clear of debris and easily accessible.

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- Before raising or lowering the wheelchair lift make sure brakes are locked.
- Stand away from the lift to avoid the lift coming down on your toes.
- When the vehicle is moving, the recommended position for the wheelchair passengers is facing forward.
- Electric wheelchairs must be turned off and disengaged when on the lift.

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- Fasten safety belt if there is one.
- Move the wheelchair, outward facing, all the way onto the lift.
- Ensure the wheelchair is secured inside the vehicle.
- Be sure the passenger's feet are on footrest supports before moving the wheelchair.

And as Always

- Review your Organization's Safe Driving Policy
- Cell phone use
- Alcohol policy
- Seatbelts
- Food and drink
- Safety equipment on the vehicle

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Any Questions?

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Thank you for joining us!

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