

Transporting Individuals with Physical and Cognitive Disabilities and Behaviors

- A. We have said that you need to know enough about a individuals disability to know what impact it will have on transporting the individual
- B. In this section we are going to talk about
 - 1. The kinds of disabilities a individual with special needs might have
 - 2. The types of behaviors a individual with special needs might display
- C. Most of the individuals you transport have physical disabilities and require specialized equipment
 - 1. For those individual requiring use of a wheelchair please refer to orientation materials on Vehicle Orientation with Wheelchair Securement.
- D. Right now, lets focus on some of the other things we have to take into consideration when we are transporting individuals with special needs
- E. In addition to their physical limitations, for some individuals there may also be communication barriers
 - 1. Some individuals may have cognitive limitations that affect their ability to understand your directions
 - a. They don't know what you mean because they have a problem understanding language
 - 2. Some individuals may have disabilities that affect your ability to communicate with them and their ability to communicate with you
 - 3. What are some examples of disabilities that might affect communication?
 - Impaired hearing
 - Impaired sight
 - Autism
 - Speech or language impairment
 - Mental retardation
 - Learning disabilities
 - Traumatic brain injury

In addition to their physical limitations and their communication difficulties, some individuals have unusual or unpredictable behaviors that may startle you if you aren't prepared for them What we are talking about are behaviors that the individual is unable to control 1. 2. Here are some examples Rocking Unpleasant language or repetitive phrases a. b. Yelling or calling out or significant swallowing difficulty Drooling Difficulty sitting upright d. Abnormal breathing patterns e. f. Startle response to loud noises or fast movement, etc., e.g., to lift operation Asthma h. Seizures 3. Are there other behaviors that you have encountered? [Conduct discussion.] Knowing the unique characteristics of the individuals you transport will help you to react correctly Like individuals, disabilities vary greatly 2. Remember that individuals are people first and then they are people with disabilities 3. Your communication with any individual with special needs depends on that individuals abilities Don't let the focus be the individual's condition Treat each individual as an individual Remember that you treat the individual with special needs the same way that you treat any other individual of that age Be respectful; don't talk down to the individual Be positive and encouraging Allow as much independence as you can safely afford b. Learn the language of the individuals on your school bus, both verbal and nonverbal d. Don't talk about the individual as if he or she isn't there 5. Remember that you are part of a team that cares about that individual

Learn about the individuals abilities by

6.

- Talking with parents/caregivers, teachers, and therapists
- a. Observing the individual yourself
- H. Are there any questions about the types of equipment individuals with special needs might have or the kinds of behaviors they might display?



Acknowledgement of Receipt of Training

Date		<u> </u>
Provider		
Department of Health	requirements as specif	vider), acknowledge that I have received and training covering the following NM fied in NM DDSD Policy T-003 dated for Direct Service Agency Staff."
(please initial) Aspiration Risk Mana	agement Training
(please initial) Blood-borne Pathoge	n Training
(please initial) Hazardous Materials	Guide
(please initial) Fire Extinguisher Tra	ining
(please initial) Proper Lifting Proced	lures ("Back Safety Training")
(please initial) General Vehicle Safe	ty Precautions
	, ,	uals with Physical and Cognitive Disabilities sengers with Disabilities)
(please initial) Wheelchair Secureme	ent Training
) Emergency Procedure ation Procedures)	es for Disaster Preparedness (Emergency
Signature of Provider	Trainee	Signature of AFS Representative
		Name of AFS Representative (print)

Please turn in completed form to your Alianza Family Services Service Coordinator