

Guidelines for Transportation of Students with Special Needs

Definition of Transportation

INDIVIDUALS WITH DISABILITIES EDUCATION ACT

The federal regulations for implementation of the Individuals with Disabilities Education Act (IDEA) define Transportation as follows:

34 CFR § 300.34 Related Services. (October 12, 2006)

“(16) Transportation includes –

- (i) Travel to and from school and between schools;*
- (ii) Travel in and around school buildings; and*
- (iii) Specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability.”*

34 CFR § 300.107 Nonacademic services. (October 12, 2006)

“The State must ensure the following:

- (a) Each public agency must take steps, including the provision of supplementary aids and services determined appropriate and necessary by the child’s IEP Team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities an equal opportunity for participation in those services and activities.*
- (b) Nonacademic and extracurricular services and activities may include counseling services, athletics, transportation, health services, recreational activities, special interest groups or clubs sponsored by the public agency, referrals to agencies that provide assistance to individuals with disabilities, and employment of students, including both employment by the public agency and assistance in making outside employment available.”*

SECTION 504 OF THE REHABILITATION ACT OF 1973

34 CFR § 300.104 Discrimination prohibited

“...No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

In general terms, Section 504 of P.L. 93-112(1), a part of the Rehabilitation Act of 1973, states that all eligible students with disabilities are entitled to a free, appropriate public education. It also requires the facilities, services, and activities provided to the disabled be comparable to those provided to the nondisabled, and that students with disabilities must have an equal opportunity for participation in any nonacademic and extracurricular services and activities provided by a school district. In accordance with Section 504, it is possible for a school district to be required to provide specialized transportation services to a student with disabilities who is not in special education.

Introduction

The purpose of this manual is to recommend standard policies, procedures, and guidelines for persons entrusted with the responsibility of managing transportation for students with special needs. The term "Special Education" means "specially designed instruction to meet the unique needs of a child with a disability." Transportation is one of the "related services" required when necessary for a child to benefit from special education. The guidelines, policies, and procedures recommended contain adequate information to guide those persons responsible for pupil transportation in developing an action plan for the safe delivery of transportation services to students with special needs.

Definitions of Disabilities Under IDEA

Autism - a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance.

Deaf-Blindness - a concomitant hearing and visual impairment, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

Deafness - a hearing impairment so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.

Hearing Impairment - an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance, and is not included under the definition of deafness in this section.

Mental Retardation - significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affects a child's educational performance.

Multiple Disabilities - concomitant impairments (such as mental retardation, blindness), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

Orthopedic Impairment - a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., polio, meningitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Other Health Impairments - having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit

disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and adversely affects a child's educational performance.

Speech or Language Impairment – a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

Emotional Disturbance - a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, that adversely affects educational performance:

- (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors;
- (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- (C) Inappropriate types of behavior or feelings under normal circumstances;
- (D) A general pervasive mood of unhappiness or depression; or
- (E) A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

Specific Learning Disability - a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not apply to children who have learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Traumatic Brain Injury - an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual and motor abilities; psychosocial behavior, physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Visual Impairment - impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Developmental Delays – children aged three through eight experiencing a significant delay in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; and who, by reason thereof, need special education and related services.

The Role of Transportation Staff in the Individual Education Program (IEP) Process

The IEP team is the formal group that designs a student's educational program and establishes goals and objectives, and determines the related services that are necessary for a student to benefit from special education. The IEP team report most often serves as the basis for IEP team discussions and decisions regarding a student's program content. If it is determined that a student needs specialized

transportation as a related service, transportation staff shall be invited to participate in the IEP process and serve as an additional resource.

The transportation staff person could be expected to serve two major functions as a member of the IEP team:

1. The primary function would be to gather information regarding the student's expected transportation needs so as to properly plan for a timely, efficient, and safe initiation of transportation service.
2. The secondary function would be to educate the IEP team members regarding the transportation environment. This could include: type and configuration of the vehicle the student would likely be assigned to ride, probable length of ride, conditions with respect to temperature extremes during loading/unloading and on the bus, pickup/drop-off, type of device/occupant securement system to be used, need for the vehicle to be equipped with an emergency communication system, degree of training and skills of the driver, need for a bus attendant, etc.

If the IEP team indicates a need for transportation as a related service and if the student will need special care or intervention during transportation (or has adaptive or assistive equipment needs), transportation staff participation is essential in developing information addressing the following concerns:

1. Can the student be safely transported, given the transportation environment, (including the length of the ride), without undue risk to the student or others?
2. Does the student have medical, physical or behavioral concerns which would expose the student to unreasonable risk, given the anticipated transportation environment?
3. Can assistive or adaptive equipment identified as necessary to accommodate the student during the transportation process be safely secured and transported, and are there adequate instructions regarding its use? For example, every effort should be made to avoid transporting a student on a gurney or stretcher type mobility device, or one that reclines more than 45 degrees; questions regarding appropriate and safe use of assistive or adaptive equipment, including mobile seating devices; ventilator or oxygen equipment can be referred to such persons as physical therapists, occupational therapists, rehabilitation engineers or equipment vendors for advice.

Education and transportation staff may lack the professional expertise and skills regarding the above issues. The team may utilize information and reports from other experts to assist in their decision making and IEP planning. The IEP meeting may include participants that are qualified to assist in determining transportation needs, particularly where significant medical or behavioral concerns are identified. When appropriate, a health care plan for the student should be developed which specifies: type and frequency of care required or expected, skill level of the person expected to provide the care, recommendations for when general observation of the student by the driver is needed, or whether an additional staff person is needed for the care or intervention of the student's needs.

In addition to the above considerations, it is often necessary to review various alternative transportation options to meet a student's needs. Some alternatives frequently considered and which must be provided when determined appropriate are:

1. Parent or relative providing transportation with reimbursement of mileage costs.

2. Public or private transportation at public expense.
3. The continuum of transportation services available to students with disabilities.

The individualized education program (IEP) is a written statement of services a student is to receive. The IEP can only be changed by the IEP team. With regard to transportation, the IEP should provide the necessary specificity so the driver, school, parent, and student know what services to expect.

While participating on an IEP team, a transportation staff member should address and propose alternatives to transportation proposals that would be impossible to provide (such as a maximum riding time of 30 minutes when the student lives 45 minutes from school), or appears to be unsafe, or is not understood.

If at some point after transportation has been implemented, the driver, attendant, or transportation director finds the transportation plans unsafe, a student's behavior changes so dramatically as to create an unsafe environment, or the transporters need more information or assistance from the special education staff, any team member may call another IEP meeting to discuss the concerns.

TRAINING GUIDELINES

The following guidelines are intended to assist in establishing a training program for transportation staff that will enable them to respond to any concerns presented and provide transportation staff with the skills needed to respond to routine and emergency circumstances during transportation.

Educational Administration

School administrators and education staff who make program decisions for special education students, including the requirement for transportation as a related service, are frequently unfamiliar with transportation capabilities and limits. Those persons should have training in areas which would include:

1. When transportation staff would be consulted or included in the IEP team process.
2. State and local transportation policies and procedures, including communications and reporting procedures.
3. Transportation regulations which could assist in determining if transportation would be appropriate as a related service.
4. Alternative transportation options.
5. Current legislative, legal, and administrative decisions.
6. Least restrictive environment regulations to transportation placements.
7. A general knowledge of the extent of training and skill levels available within the transportation staff.
8. Types of vehicles used for special transportation.
9. Types of equipment and occupant securement systems used.

10. State and local laws related to child abuse and reporting procedures.
11. State or local laws related to limits of liability and policies and procedures for risk management.
12. Federal, state and local rules of confidentiality.
13. Legislative and administrative decisions and procedures concerning Do Not Resuscitate (DNR) requests.

Drivers and Attendants

Drivers and attendants, as the direct service providers with hands-on responsibility must operate special equipment, manage student behavior, administer health care (according to their qualifications) and serve as a seating specialist in positioning and securing adaptive and assistant devices and occupants.

Selection and Retention of Transportation Staff

It is important to fully explain to applicants for special education transportation staff positions the full implications of the duties expected. By eliminating applicants prior to hiring who would not feel comfortable performing some required services, staff retention level will be relatively high. Staff retention is critical given the considerable costs associated with the extra training required. Having staff who have continuing personal knowledge of the specific needs of individual students is a tremendous asset to their care.

Training Components

Performing the responsibilities assigned in a safe and effective manner requires a substantial degree of specific training. Some training components which would be beneficial to transportation staff are:

- Introduction to special education (including characteristics of disability conditions), the student referral-assessment-IEP process, and protecting confidentiality of student information.
- Legal issues, including federal and state law, administrative rules, and local policy.
- Operations policies and procedures (also see appendices), including:
 - (1) Loading/unloading.
 - (2) Pick-up/drop-off (curb to curb).
 - (3) Evacuation procedures.
 - (4) Lifting procedures.
 - (5) Student accountability and observation, including evidence of neglect or abuse.
 - (6) Post-trip vehicle interior inspections for student's medicine and other articles left prior to parking vehicle.
 - (7) Reporting procedures and report writing.
 - (8) Record keeping.
 - (9) Lines of responsibility relative to the role of educational team member.
 - (10) Lines of communication, including parents and educational staff.

- (11) Route management including: medical emergencies, situations where there is no adult at home, inclement weather, field trips, etc.
- (12) Behavior management, including:
 - Techniques for the development of appropriate behavior.
 - Techniques for the management and extinguishing of inappropriate behavior.
 - Techniques and procedures for the response to unacceptable behavior.
 - Procedures for dealing with inappropriate or unacceptable student behavior that creates emergency conditions or poses a risk to health and safety.
 - Procedures for documenting and reporting inappropriate or unacceptable student behavior.
 - Techniques and procedures for the response to unacceptable behavior including the possession and transportation of illegal weapons or drugs, gang activities, and harassment.
- (13) Bloodborne pathogens and universal precaution procedure, including the use of personal protective equipment.
- (14) Current lifesaver/Cardiopulmonary Resuscitation (CPR) certification.
- (15) Policies and procedures that ensure the confidentiality of personally identifiable information.

Special Equipment Use and Operation

There is a wide variety of equipment to accommodate students with disabilities that is required to be part of the transportation vehicle's environment. It is necessary for the transportation staff to be familiar with the design and operating procedure for this special equipment, as well as knowing how to conduct equipment inspection and make simple "field adjustments" during breakdowns. Some examples are:

1. Power lifts or ramps.
2. Emergency escape exits including doors, windows and roof hatches.
3. Special fire suppression systems.
4. Power cutoff switch.
5. Emergency communications system.
6. Air conditioning system.
7. Mobile seating device, including trays and accessories, securement system hardware, and occupant securement system.
8. Adaptive and assistive devices used to support or secure students, mobility aids, special belts, and harnesses and devices (such as special crutches, braces, or wheelchairs, including assistant technology devices).

9. All specially equipped school buses should be equipped with electronic voice communication systems. These may be provided and installed by the body manufacturer, distributor, school district, operator or other party.
10. Service animals can be transported to assist the student with disabilities. District policies and procedures, as well as training, need to be established prior to transport.

Medical/Health Issues

As schools are serving more students with disabilities who have severe medical/health conditions, the transportation staff is finding it necessary to provide both routine and emergency health care to students during transportation. Additionally, transportation staff may be exposed to dangerous infectious or communicable diseases. Training regarding medical/health issues can reasonably be divided into two categories: precautionary handling, and care and intervention.

Precautionary Handling

All transportation staff, including drivers, attendants, mechanics, and service personnel such as washing and cleaning staff, should be trained in "universal precautions" relative to the handling and exposure to contagious and communicable disease (including available immunizations). Suggested topics include:

1. A brief description of the student's current medical, health, or behavioral status, as well as an emergency care card with information on address, emergency phone numbers, etc.
2. A description of the medical/health care or intervention necessary during transportation, including the frequency required.
3. A description of who should provide the care or intervention.
4. The type and extent of training or skills necessary for the driver and/or attendant.
5. The inspection, operation, use and care of the student's special adaptive/assistant equipment including items such as oxygen containment systems, suctioning equipment, apnea monitors, ventilation equipment, etc.
6. A description of emergency procedures to be implemented during a medical/health crisis, including communication with medical staff.
7. A description of the procedures to be followed in changing the care plan when conditions indicate a change is warranted.

Policy Development

In serving children with disabilities, there are a number of laws, rules, and regulations which dictate the service that must be provided, but few of them offer direction as to how the service is to be provided. To provide a uniform and safe delivery of transportation service with consistent directions to transportation staff, written local board transportation policy and procedures are required.

Issues Which Need Policy and Procedure Directives

1. Control of student medicine transported between home and school on a vehicle.
2. Student suspensions.
3. Physical intervention and management.
4. Authority to use special harnesses, vests, and belts.
5. Early closing of school due to inclement weather or other emergencies.
6. Authority to operate special equipment (driver, attendant, parent, students, school staff, and others).
7. When no adult is home to receive students.
8. When to exclude special equipment which has a different design or configuration than was last used or equipment with tears or breaks in the fabric or metal.
9. When students are referred for transportation without sufficient information being available to transportation staff to protect their safety.
10. Student pick-up/drop-off location (one location specified, or unlimited alternative locations allowed).
11. Control and management of confidential information.
12. When and how to involve emergency medical/law enforcement personnel.
13. When to use wheelchairs and mobility aids as pupil seating on school buses if the manufacturer of said device does not endorse its use as such; recognizing that in many situations the safe, economical and prudent way to transport a child is in his/her wheelchair/mobility aid.
14. District policy for "Do Not Resuscitate" (DNR) requests from parents, to include all appropriate school and transportation personnel (classroom and school bus policies may be different).
15. Driver and attendant responsibilities regarding DNR orders.

Policy Approval

All policies shall be in writing and formally approved by the appropriate education authority. Procedures shall be included establishing timeliness for periodic review or revision.

Safe Transportation of Students in Wheelchairs or Other Mobility Assistance Devices

Whenever possible or feasible, minimize the liabilities and risks involved in transportation of wheelchair passengers by removing the person from the wheelchair or mobility device and transporting them in a regular bus or car seat (which meets all present standards). A person transported in this manner must be fitted with a dynamically tested occupant restraint (i.e., a lap/shoulder belt assembly or a child car seat). Wheelchairs may be transported unoccupied when appropriately secured.

When wheelchair transportation is necessary, use a four point wheelchair tie down. The system must have been dynamically crash tested at 30 miles per hour (mph), 20 gravity (g) force conditions with installation reproducing the crash-test environment as closely as possible.

Factors to consider are:

- Forward facing placement of the wheelchair on the vehicle.
- Attachment of the tie down to the frame only of the wheelchair.
- If possible, use equipment with a positive lock mechanism. If equipment's floor hardware does not have a positive lock mechanism, it is vital to place hardware in a manner consistent with the crash test environment.
- Be certain that the tie down and restraint systems have been crash tested in a manner similar to the passengers being transported. The wheelchair tested should also be of similar size and style as the ones which are used. If these crash test factors are not similar, don't modify the systems (unless crash tested), but rather change to more appropriate tie downs or restraints, if available. Transportation of occupied, three-wheeled vehicles or extra heavy electric wheelchairs should be avoided.

Whenever possible or feasible, use an occupant restraint system involving a lapbelt and shoulder harness which has been crash tested at 30 mph and 20 g force conditions with the four point wheelchair tie down. Factors to be considered with this occupant restraint system are:

- The occupant needs to be secured separately from the chair, and at no time should the occupant carry any of the load of the wheelchair or its securement system. One way to easily assure this is to have the occupant restraint attached to the rear wheelchair tie down belt rather than the floor to assure that no load transfer occurs through stretching or release of the wheelchair tie down belts. (NOTE: The tie down belt system must be able to accommodate the increased weight of the occupant and their securement.) If it attaches to the floor, further investigation is necessary.
- A variety of belts and positions should be available through use of a retraction system and/or multi-attachment track system to attach the shoulder belt to the bus wall. Again, be certain crash-tested equipment is used.
- Installation of the shoulder restraint to the bus wall should be at/or above and slightly behind the level of the shoulder joint of the occupant. The goal is to have the shoulder belt contact the occupant over the clavicle (or collar bone) while avoiding the neck area. The lap belt portion must contact the hard structures of the pelvis (namely the iliac crests) and avoid the soft abdominal areas.

Forward facing passengers should have a head rest or proper head/neck support to prevent "whiplash" injuries. In addition, head or neck supports must allow for release of the head and flexion

of the neck during an impact. The passenger's head must never be restrained separately from their torso. As always, support structures must be properly fitted to guard against inappropriate obstruction to the face or neck.

Lap trays must be removed from wheelchairs during transport and secured separately on the vehicle.

Do not transport lead acid batteries in the passenger compartment of any vehicle. Work with equipment vendors to acquire gel electric batteries for all power wheelchairs.

Form a transportation advisory team to research and formulate general policies and procedures for your facility. The team should be made up of transportation personnel (i.e., driver, mechanic), occupational therapist, physical therapist, teacher, and other appropriate personnel. The purpose of this team would be to look at each person being transported in a wheelchair to ascertain the safest and most effective manner of securement of equipment and client. The client and/or caregiver/family member should be included in the decision making process when specifics are being discussed. This team should meet whenever a new student is being recommended for the transportation service or if a major change in medical status of the student takes place to establish a transportation plan. This transportation plan should be in written form with specifics given, including but not limited to: the location of the wheelchair or car seat tie down spots, transfer information (if necessary), additional belt needs, ancillary equipment recommendations, emergency medical information, general range of allowable ride times, evacuation plans, etc. This should be laminated and carried on the vehicle or vehicles transporting the student. Proper inservice of personnel and family members should be planned by the team with suggestions provided regarding effective transportation practices in other vehicles as well as school buses.

Wheelchair Safety Guidelines

1. Every wheelchair must be equipped with footrest and appropriate straps, as needed.
2. All lap belts must have an auto-type buckle, not velcro-type fasteners, and should be permanently attached to the wheelchair frame.
3. The backs and seats must be secured to the frame of the wheelchairs.
4. Headrest for students who lack head control must be on wheelchairs. If the student is riding on a forward-facing bus, it is strongly recommended that the chair have a headrest.
5. If the wheelchair has a lap tray, it must be removed prior to transport and secured on the bus.
6. If the student lacks sufficient trunk control to keep him/her securely seated in the wheelchair, the wheelchair must have arm rests and some type of functional chest-control harness system.
7. If a wheelchair is equipped with anti-tip bars, they should be in the down position when on the bus and on ground level.
8. All wheelchair brakes must hold, be functional, and be in good working condition.
9. Tires must be safe for mobility (i.e., inflated, correctly lubricated bearings).
10. The wheelchair should be the appropriate size for the height and weight of the student. If questions arise, please consult with the physical therapist who serves the student.
11. Electric or lead-acid battery powered wheelchairs should not be transported.

Brackets, Brakes, and Belts

Wheelchairs and their occupants must be secured in three ways before the vehicle is moved. For convenience, they are referred to as the three B's:

1. The securing system is only as good as the thoroughness of the driver/monitor who does the securing. Check and recheck your wheelchair securing devices (brackets) before moving your vehicle. Wheelchairs are designed to collapse or fold. If there is a fast stop involving your vehicle, a chair which is facing sideways will have a sideways force on it, which will result in a slight compression of the chair. As the chair compresses, the wheels come closer together. If the securement bracket was placed so that it passed through the wheel from the outside-in, a chair that has compressed may pull out from the bracket and break loose.
2. The brakes on the wheelchair must be locked. Even when the wheelchair is bracketed to the bus there may still be a slight play in the wheels. The locks on the chair will keep the wheels firmly positioned. (Efficient brakes are needed when the wheelchair is on the lift. Report loose and ineffective brakes to your area manager.)
3. The belt attached to the wheelchair must be buckled. It does absolutely no good to secure a wheelchair to the bus if the child is not secured to the wheelchair! This must be a seat belt with a clasp or buckle. Velcro-type fasteners are not acceptable.

Sample Letter to Parents

Dear Parent,

Public Schools Transportation is continuing to provide your child with the safest, most positive ride to and from school. In order to maintain this high standard for safety, we are asking that the lap tray on your child's wheelchair be removed while he/she is riding the school bus. Your child's lap tray will be properly secured on the bus and will be reattached to the wheelchair upon arrival at school.

Research has shown that in the unlikely event of an accident, the lap tray may cause severe internal injury to a child. Lap trays are designed to be used as a tabletop device, but they are not designed to spread crash force or to aid in positioning. Although sometimes a tray can provide security for a student, we would like for the tray to be used in the classroom only and not on the bus. A child with proper trunk support and/or a harness system attached to his/her wheelchair will not need the lap tray to sit upright.

Thank you for helping to make your child's transportation the safest possible. Please contact me directly if you have any concerns or questions regarding this safety issue.

Sincerely,

Transportation Director

APPENDIX I

Job Descriptions

Bus Driver

Qualifications:

1. Appropriate Oklahoma Commercial Driver's License (CDL) and State Department of Education School Bus Driver Certificate.
2. Pass bus driver's physical.
3. Demonstrated aptitude or competence for assigned responsibilities
4. Such alternatives to the above qualification as the Administration and Board may find appropriate and acceptable.
5. Lift and carry 75 pounds across 40 feet of level ground.

Reports To: School Transportation Director

Job Goal: To provide safe and efficient transportation so that students may enjoy the fullest possible advantage from the district's curriculum and extracurricular programs.

Performance Responsibilities:

1. Obey all applicable laws, policies, and procedures.
2. Follow district guidelines for maintaining order on the bus.
3. Keep the assigned bus clean.
4. Adhere to an assigned schedule.
5. Check bus before each operation for mechanical defects.
6. Notify the proper authority in case of mechanical failure or lateness.
7. Discharge students only at authorized stops.
8. Exercise responsible leadership.
9. Transport only authorized students.
10. Report all accidents and complete required reports.
11. Enforce safety regulations relating to smoking and eating on the bus.
12. Treat students and coworkers with respect and dignity.

Bus Attendant

Qualifications:

1. Appropriate Oklahoma Commercial Driver's License (CDL) and State Department of Education School Bus Driver Certificate.
2. Pass bus driver's physical.
3. Demonstrated aptitude or competence for assigned responsibilities
4. Such alternatives to the above qualification as the Administration and Board may find appropriate and acceptable.
5. Lift and carry 75 pounds across 40 feet of level ground.

Reports To: School Transportation Director

Job Goal: To provide technical assistance to school staff, parents, and school bus drivers.

Performance Responsibilities:

1. Load, unload, and properly secure all students dependent on mobility assistance aides or mobile seating devices.
2. Properly secure all assistance devices and equipment as necessary on an individual basis.
3. Supervise all service animals used in the transportation of students.
4. Follow district guidelines for maintaining order on the bus.
5. Monitor all students that are medically challenged.
6. Treat students and coworkers with respect and dignity.
7. Assist the school bus driver in emergency situations and evacuations.

APPENDIX II

Recommended Procedures for Absentee Parents

Recommended Procedures for Absentee Parents

1. Students are returned to the school after at least two trips to the student's drop-off when there is no adult to meet him/her.
2. District staff should call all phone numbers available at the school in order to locate a responsible adult who has been designated as an emergency contact.
3. Once reached, the parent/emergency contact will be notified that they must come and get the student by closing time at _____p.m.
4. If the parent/emergency contact is on their way to pick up their child, the program coordinator of that child (or another coordinator or director) will wait with the child. If they are not at the school by _____p.m., the secretary will notify one or more of the coordinators that the parent/emergency contact is on their way. The coordinators and/or director will decide who will stay beyond _____p.m. In most cases, it is advisable to have two staff members stay if possible. Secretaries are finished with their work day by _____p.m. and should not be expected to stay beyond that time caring for a child and/or waiting for parents.
5. If a parent/emergency contact cannot be reached by _____p.m. or _____p.m., the secretary will notify the program coordinator of that child or the director for follow-up. If all resources have been exhausted, the designated coordinator will phone the child abuse/neglect hotline* (800) 522-3511 and report the child as an abandoned child. Please emphasize with the worker taking the call that we are a mandated reporter and because of the child's age and/or special education disability this is a serious offense. The coordinator should then call the local Department of Human Services (DHS) office. Ask to speak to an investigator, preferably the one on call for the evening. The coordinator should inform the investigator that a call has been made to the hotline. The coordinator should also inform the investigator that school offices are now closed. Together the coordinator and DHS worker should determine whether it is more feasible to have the DHS agent come and get the student or if the coordinator will bring the student to the DHS office.

Most of the workers have worked with the school in the past and will be familiar with this procedure. The coordinator should inform any new worker that this is the procedure to follow.

***NOTE:** Sometimes it has been beneficial to notify the local DHS office before the actual call to the hotline. Many times the workers at DHS know the family and can provide us with additional emergency numbers. Also many workers appreciate the advance notice that a call is going to be made to the hotline.

6. When students are brought back more than twice, program coordinators should meet with the parents to emphasize the bus rules, policies, and procedures. Coordinators should verify the bus arrangements and make whatever permanent changes are needed to prevent similar instances from happening in the future.

APPENDIX III

Policy for Transporting a Service Animal

Policy for Transporting a Service Animal

A certified service animal may be transported when it is needed to facilitate the functional level of a student with disabilities.

Procedures for Transporting a Service Animal

1. Animal's current immunization papers must be on file.
2. Certificate of training is required with annual update.
3. Animal will be seated on the floor between front seat and front barrier, depending on type of bus being used.
4. Tethering of the animal will be determined on a case-by-case basis.
5. Animal should be acclimated to the bus before placing on the bus for transportation.
6. Documentation of animal's behavior by teacher, paraprofessional, parent and trainer should be maintained.
7. Animal will participate in emergency evacuation drills.
8. Animal must respond to commands given by the bus driver.
9. Situations that would cause a cessation of transportation of service animal:
 - a. Animal biting someone.
 - b. Animal urinating or defecating on bus. (Medical reasons taken into consideration if documented by a veterinarian.)
 - c. Animal not staying in its designated area.
10. The parent or guardian must show documentation of appropriate insurance coverage.
11. Document each step of the procedure of transporting a service animal.
12. Letter to parent/guardian of students on bus route informing them that a service animal will be on the bus.

Sample Notice to Parents of Students on Bus:

To whom it may concern:

This letter is to notify you that your son's/daughter's bus will be transporting a service animal to assist a fellow student. The service animal is a trained and certified _____ and will be riding the route on the school bus floor. (breed)

If you need further information concerning service animals, please contact my office at _____.

Thank you in advance for your cooperation.

APPENDIX IV

Transporting Oxygen on School Buses

Transporting Oxygen on School Buses

Oxygen is a nonflammable substance that is stored in liquid or gas form and is used by a student to aid in breathing, and in many cases, in treating an ongoing medical condition. It is always a prescribed medication and will be considered medical support/needed equipment for a student just as any other auxiliary device, (i.e., wheelchair, walker).

OXYGEN CAN BE SAFELY TRANSPORTED ON A SCHOOL BUS WITH PROPER PLANNING AND SECUREMENT.

Procedures/Guidelines

1. Information regarding a student's use of oxygen must be documented on the student's individual education program (IEP). It is suggested that a district transportation department representative be present at the IEP meeting, and be informed and involved during such planning stages.
2. Prior to initial transportation, personnel at the school and the transportation department should be informed as to the type and size of the oxygen tank that will be transported. It is recommended that an emergency plan be in place in the event of a medical emergency or equipment failure.
3. If a student is only using the oxygen on an "as needed" basis, it is NOT recommended that the bus operator or attendant be responsible for making the decision as to what is necessary. This is the responsibility of trained medical personnel only.
4. The oxygen should be housed in a portable unit which should be under 15 pounds total weight. It is the local districts' responsibility to determine who will load and unload the medical support equipment. The district also needs to provide appropriate training for these procedures.
5. Gas oxygen tanks are cylinders that come in various sizes and are labeled as "MEDICAL E" tanks. "MEDICAL E" tanks are not larger than 22 cubic feet capacity, are approximately 4 1/2" in diameter, and weigh less than 12 pounds. They are usually no more than 31" tall.
6. Liquid oxygen units come in portable containers that are smaller than the gas tanks. Most such units are less than ten pounds and are no more than five inches in diameter. Liquid oxygen units are no more than 13 inches tall. In order to transport these units they must not be larger than 39 cubic feet.
7. Oxygen tanks should be secured to the sidewall of the school bus in a rack or mounting that will sustain at least five times the weight of the tank. This type of securement can be built in-house or secured through gas or welding supply companies.

Skills Checklist for Individual Caring for Child Who is Oxygen Dependent

	* Date <u>Describe</u>	*Date <u>Demo</u>
<u>Equipment</u>		
Calibrate oxygen analyzer		
Check oxygen level/liter flow		
Check oxygen tank level		
Humidity system:		
Check water level		
Filling procedure		
Draining water from tubing		
Cleaning of humidity bottles		
Check monitor settings/check monitor alarm system(s)		
Assess suction machine pressure		
Check compressor operation		
Clean compressor unit screen		
Clean suction machine		
Clean suction catheters		
Clean corrugated tubing		
Clean manual resuscitation device (Reservoir ban and associated equipment)		
Clean nasal canal		
<u>Medication Administration</u>		
Action and side effects		
Normal dosage		
Administration technique (as appropriate)		
Documentation		
Installation of normal saline		
Administration of aerosol treatments		
<u>Documentation</u>		
Activity Level		
Observations/respiratory distress		
Nursing procedures		
Equipment checked and cleaned		
Safety protocol emergency protocol		
Transport protocol		
Emergency		
Nonemergency		

* Initial and date when procedure has been described and/or demonstrated.

* Please indicate N/A when nonapplicable.

Applicant _____

Supervisor or Designee _____

APPENDIX V

Emergency Evacuation Plan

Emergency Evacuation Plan

Driver or monitor shall:

1. Park vehicle.
2. Set the parking brake.
3. Place manual transmission in either first or reverse gear and automatic transmission in either park or neutral.

STAY CALM, make the EVACUATION DECISION. Look over environment, location, presence of smoke or fuel leaks. Decide to evacuate if smoke, fire, fuel leak, railroad crossing, water danger, or vehicle location is unsafe.

1. When oxygen is on board, supply must be cut off if there is any hint of fire.
2. Manually deploy electrical lifts to form an intermediate step by lowering the lift platform approximately halfway between the floor level and the ground level.

GIVE CLEAR INSTRUCTIONS AND DETERMINE COURSE OF ACTION:

Most evacuations can be reduced to the following steps:

1. Release passengers from their passenger restraints or seat belts by unbuckling or cutting. (If passengers are in a wheelchair, do not waste time unbuckling or releasing the wheelchair securement system – instead, first remove the passenger, then, if time permits, recover the wheelchair.)
2. Move the passenger from the seat or wheelchair to floor level. (If passenger can walk, assist to a standing position.)
3. Move passenger to the "best usable exit." The term "best" is used since the nearest exit may not work (door too narrow, lift platform may be blocking doorway, door may be jammed).
4. Move passenger from lower level to ground level.
5. Move passenger away from the vehicle at least 100 feet.
6. Assist the passenger back into the wheelchair if wheelchair can be safely recovered and conditions permit.

You can perform some evacuation techniques safely without assistance. Some techniques require the assistance of at least one other person. Narrow confines of most vehicles make it difficult for two people to work together. However, moving passengers from floor level to ground level and from there to safety may be more quickly and safely accomplished with help.

For railroad crossing dangers, have passengers assemble in a group at least 100 feet from the rail and WALK IN THE DIRECTION OF THE TRAIN at a 45 degree angle. In the event the train strikes the vehicle, the debris will travel away from the passengers (see Oklahoma School Bus Drivers Manual).

First Aid Kit Monthly Checklist

Gloves
Towelettes
Cold pack bandages
CPR mask
Gauze
Tape
Scissors
Red bag
Seat-belt cutter
Fire blanket
Approved body fluid clean up kit

Recommended Emergency Procedures

Paramedics at 911, or *55 if a mobile telephone is onboard.

1. Notify the dispatcher.
2. Stay on line until they hang up--to be sure all necessary information is given.
3. Give them your name, school, and address.
4. Give them student's name, birthdate, and state the problem.
5. List any medication taken by student.
6. State whether paramedics have a copy of emergency orders for the specific student (if this has been done by the physician).

Notify parent.

1. Ask if car is available.
2. Ask if there is someone else they would like us to notify--get name and phone number.
3. Ask if there are any recent symptoms, changed medication, or anything the paramedics may need to know (allergies, food, medications).
4. Ask parent to keep their line free; say someone from the school will call back within ten or fifteen minutes to inform them of the status of the situation.

Arrange for an adult to wait for the ambulance.

1. Call for school nurse.
2. Wait for aid car.
3. Close hallway doors
4. Divert recess children.
5. Keep curious adults out of the room.

Following emergency, notify Administration.

APPENDIX VI

PROCEDURE FOR LIFTING PASSENGERS

Procedure for Lifting Passengers

PURPOSE: To move the passenger without injury to yourself or the passenger.

BASIC RULES

1. Tell the passenger what you are going to do.
2. Estimate the weight of the passenger. Never attempt to carry a student alone who weighs more than half your own weight unless the safety of the student is in immediate danger and no assistance is available.
3. Always attempt to get help if you have any doubt about your ability to lift the student. If there is only a driver on a bus and an emergency evacuation develops, some districts suggest that the driver activate the alternating red lights, as the evacuation procedure is truly an unloading procedure. Such action can draw attention from motorists that you need assistance. District policy should determine if this procedure is appropriate.
4. Check that path is clear.
5. Stand with both feet firmly planted, about shoulder width apart for balance.
6. Always bend from knees, not from back, so that you use your thigh and buttock muscles rather than your back muscles to do the lifting.
7. When lifting and carrying, keep the student as close to your own body as possible.
8. Shift the position of your feet to move. Do not twist your body. Take small steps to turn.

SINGLE PERSON LIFT

1. Follow the basic rules 1-8 above. Most strains, fatigue, and back injuries caused by lifting are due to using the **WRONG** muscles. Use your **STRONG LEG AND BUTTOCK MUSCLES** (by bending at the knees and hips), **NOT YOUR BACK MUSCLES**. Maintain the normal curves of the spine when lifting and avoid rounding of the upper back. (Keep your back straight!)
2. Keep equal weight on both feet and lower yourself to the level of the student by bending your knees and hips before lifting.
3. Once in position, put one arm around the student's upper back and the other arm under both of the student's knees.

TWO PERSON LIFT

1. Follow Basic Rules 1-8 above.
2. To lift from a wheelchair:
 - A. Position the wheelchair as close to your destination as possible. In an emergency situation, to save time and congestion, leave the chair where it is strapped and blanket pull or carry the student to the appropriate exit location.
 - B. One person stands in front to the side, the other in back.

- C. The person in front removes the armrest (if detachable) and folds up the footrest.
 - D. The person in back removes the seat belt and any other positioning device.
 - E. The person in front, bending from knees and hips, and lowers himself or herself to place one arm under the student's knees and the other under the student's thighs.
 - F. Person in back places his or her arms under student's armpits, reaching forward to grasp both student's wrists firmly. (Your right hand to student's right wrist; left hand to left wrist.)
 - G. Lift together on the count of 3. (Remember to use your legs and buttock muscles to lift.)
 - H. Walk to area where student is to be placed and lower on the count of 3, bending from the knees and hips.
3. To lift from a bus seat: Use the same procedure as above, but first, slide the student to the edge of the bus seat near the aisle.

BLANKET LIFT

- 1. Fold a blanket in half and place on the floor as close to the child as possible.
- 2. Follow lifting rules 1-8 above and lower the student to the blanket.
- 3. ONE PERSON LIFT: Place student's head toward the direction of the exit. Lift the blanket from the head end and slide to safety.

TO ASSIST A PERSON UP STAIRS

- 1. Follow basic rules 1-8 above.
- 2. Curl the student up as much as possible. Keep the student's arms and legs from flopping loosely. This flopping could throw you off balance and cause a fall.
- 3. Support the student's head and neck as you would an infant's.
- 4. Do not lift students up by an arm or leg except in extreme emergency.
- 5. Slow rocking or a firm hand will help to relax a very "tense" student.

BASIC BODY MECHANICS

- 1. Size up load and do not hesitate to ask for help.
- 2. Be sure that the passenger knows you are going to lift him/her.
- 3. Plan ahead: How you will lift and where you are going?
- 4. Bend your knees and hips instead of your back. Keep your back straight. Maintain the normal curves of the spine as lifting.
- 5. Keep your feet apart while lifting to give a broad base of support.
- 6. Keep the person close to you.
- 7. If lifting with someone else, lift smoothly and together. Count "1, 2, 3," before lifting.
- 8. Take small steps. Never twist your body while lifting or carrying.

APPENDIX VII

Bus Information

Bus Information

Student's Name:

Address:

Parent/Guardian:

Student Photo

Home Phone:

Work Phone:

Sitter's Name:

Sitter's Address:

Sitter's Phone:

Student's School:

Teacher's Name:

Disability:

PARENT NOTE: My child can walk to and from the bus independently. yes no

Parent Signature: _____

- | | | |
|---|-----|----|
| 1. Student has method of communication.
Comment: | yes | no |
| 2. Student has seizures.
Comment: | yes | no |
| 3. Student receives medication.
Medication has critical time of administration. Comment: | yes | no |
| 4. Student has behavioral difficulties.
The best response is: | yes | no |
| 5. Student has breathing difficulties.
Signs of possible distress are: | yes | no |
| 6. Student requires special attention.
Explain: | yes | no |
| 7. Student requires mobility assistance.
Explain: | yes | no |
| 8. Student may require emergency health care.
Attach copy of emergency procedures. | yes | no |

Education records are maintained and released in accordance with the Family Educational Rights~ and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed if requested. Further disclosure of the above records will be in accordance with 34 CFR §§ 99.30-99.36.

APPENDIX VIII

Contact Sheet for Special Needs Students

Contact Sheet for Special Needs Students

1. Note time and date call was made.
2. Talk only to parents/guardians. (Do not leave message with child, etc.)
3. Introduce yourself as the driver/monitor of their child's bus.
4. I am contacting you, Mr., Mrs., or Ms. about transportation for your child, (use child's first name).
5. Please verify address, home phone number, mother/dad/guardian work phone number, and baby-sitter or day care phone number.
6. His/her bus number will be _____. We will pick him/her up at approximately _____ and return home at approximately _____.
7. Can you tell me anything that you think I should know about (use child's first name)?
8. Will he/she need any special equipment? _____
9. Within a few days, as we get our routes established, we may need to change some of the times previously mentioned. If we do, you will be notified of this in advance.
10. We will send a list of rules and regulations home with your child. Please read them and if you have any questions feel free to meet me at the bus to discuss them, or call the transportation department at _____.
11. We will be looking forward to having your child on our bus route.
12. Thank you, and again my name is: _____

Comments: _____

APPENDIX IX

Responsibilities of Bus Drivers and Bus Monitors Assigned to Side Lift Buses

Responsibilities of Bus Drivers and Monitors Assigned to Side Lift Busses

1. Both the bus operator and monitor are responsible for loading/unloading students in wheelchairs. While one is positioning the wheelchair, the other will close the lift/door and then assist his/her coworker in securing the wheelchair, and assuring that the wheelchair brakes are locked.
2. A student in a wheelchair should never be left unattended on the bus or at the school.
3. Always park on the side of the street on which the student lives to avoid students/parents crossing the roadway for loading and unloading.
4. Make sure doors are latched open, so they do not swing over and catch the ramp or lift.
5. Always raise the "up" button prior to operating the lift.
6. To avoid serious damage to the lift, release the switch as soon as it touches the ground.
7. Ramp should touch the ground so that chair will easily roll on or off the lift.
8. When properly loading the wheelchair, carefully pull the wheelchair onto the lift with student's back to the bus.
9. Prior to activating the lift, be sure there is adequate clearance on all sides of the wheelchair and both hand brakes on the wheelchair are locked.
10. When lowering the lift, do not allow it to hit the ground and raise the bus.
11. To prevent slipping on the metal platform, it is suggested that bus operators and monitors wear rubber soled shoes.
12. On some of the lift buses, the ramp will not raise unless the lift is level with the bus floor. Check this before making a service call.

APPENDIX X

Latchkey Authorization

Latchkey Authorization

Dear Parent:

Before you authorize latchkey status for your special needs student, please consider the following:

1. Is the entry door the student is to use in a location where the school bus driver can see him/her enter your house? If not, is there a window visible to the school bus driver where the student can acknowledge that he/she is in the house?
2. Is there a nearby friend or relative that could have a spare key to let your student in if a key is lost or misplaced?
3. Can you or another adult family member be contacted at work to come home if a key is lost or misplaced?

If you feel comfortable in granting permission for latchkey status, please complete the authorization below:

Student's Name: _____ Date: _____

School: _____ Program: _____

Spare key is with: _____ Phone: _____

Address: _____

I hereby relieve the school district and its transportation department or school bus contractor from any liability that may arise from my authorization for the latchkey status of my student. Having considered my student's capabilities, I feel that it is safe for him/her to be left at home after school without supervision.

Parent/Guardian

Phone number(s) for Parent/Guardian

Copy to: School District
Transportation

APPENDIX XI

Daily Preventive Maintenance Schedule

Daily Preventive Maintenance

Performed by: _____ Title: _____

PRETRIP INSPECTION

- _____ Does the lift interlock (if equipped) function as intended?
- _____ Does the lift cargo door light (if equipped) function as intended?
- _____ Does the lift deploy when the lift interlock is activated as intended?
- _____ Does the lift safely clear the cargo door as the lift is deployed and stowed?
- _____ Does the lift operate smoothly (no jerking and abnormal movement)?
- _____ Does the lift operate at normal speed?
- _____ Is the lift power source adequate?
- _____ Do the roll stops operate properly?
- _____ Does the outboard roll stop latch operate properly?
- _____ Do the handrails operate properly?
- _____ Is the platform angle normal?
- _____ Is lift operation quiet (no rattles, abnormal sounds, etc.)?
- _____ Has the hand held switch box cable been damaged?
- _____ Do the lift control switches function properly?
- _____ Do the lift cargo door securement devices function as intended?
- _____ Is the manual back-up pump handle in place?
- _____ Is the hand pump valve closed securely (tight)?
- _____ Are the lift-posted and door-posted decals worn, missing or illegible?
- _____ Is the lift protective padding (if equipped) in place, worn or damaged?
- _____ Are there visual signs of any lift wear, damage, misalignment, hydraulic leaks, loose bolts, broken welds or any abnormal conditions?

POSTTRIP INSPECTION

- _____ Operate lift minimum one complete cycle and check each of the above daily pretrip inspections if applicable.
- _____ Clean lift surfaces where lifts travel.
- _____ Clean and lubricate key locations based on frequency of lift usage and climate conditions.
- _____ Lubrication procedures should be performed by transit agency maintenance personnel.

COMMENTS

APPENDIX XII

Behavior and Buses

Behavior and Buses

Transporting individuals with disabilities may be one of the greatest challenges our public school systems face on a daily basis. Not only does the federal mandate require pupil transportation, but it must also be accessible and appropriate. The one area that demands attention and expertise is discipline or behavior management. The bus driver often finds himself or herself in a stressful, possibly chaotic, situation with little or no training about behavior management. This appendix will provide ideas and techniques that follow the outline established in the Twelfth National Standards Conference - Warrensburg, 1995. The intention is to provide questions, ideas, and just enough information to spur each district into addressing and developing its own plan for behavior and buses.

I. Techniques for the Development of Appropriate Behavior.

A major foundation for the school system is to have communication that provides immediate feedback or insight toward an understanding of disabilities. Because of the uniqueness of students, there should be no "one-brain" decisions. Possible alternative options in dealing with behaviors and support for all individuals interacting with students must be available to all personnel.

Questions that come to mind are: "What is appropriate behavior? When Johnny rocks back and forth in his seat--should I stop him? How about when Adam (who is deaf) talks loudly--what should I do?" Appropriate behavior for one student may be inappropriate for another, depending on the disability. Remember we are talking about individuals and it is important that the driver learn and understand typical behavior for the particular individual with the disability. The teacher or parent can provide valuable information, explain expectations, and current techniques used to develop or extinguish certain behaviors. It is also important to know secondary typical behaviors. For example, a child who has mental retardation may feel and act comfortable when conditioned to a certain pattern or routine. If that child gets out of routine, he may become disoriented and refuse or forget instructions.

When blending disabled and nondisabled students, it is logical to establish expectations for behavior on the bus, along with consequences. This must be done by the least restrictive option when disabled and nondisabled students are together on the bus. Providing the driver with guidelines, along with the understanding when there are exceptions to the rules will foster a comfortable and safe climate on the bus. Expected behavior may be identified and posted in writing. Use caution when writing rules. An effective statement would encourage appropriate behavior, for example: "Keep your hands and arms inside the bus." A simple rule of thumb is to state the behavior you wish to see exhibited. Rules need to be clear, concise, reasonable, and enforceable. It is imperative that the school's policies and procedures be understood before developing rules and consequences.

Modeling has proven to be an effective way to develop and maintain appropriate behaviors. Select one or two individuals and recruit them as helpers. Let them know exactly what behaviors you will be watching; then reinforce them with positive comments or rewards. These same individuals may assist as helpers in the training sessions for evacuation or crisis situations.

In conclusion, techniques for developing appropriate behaviors must begin with an understanding of the individuals on the bus. It is important that drivers not assume that children know what is expected. Prompting or encouraging the student to behave in appropriate ways can be developed by verbal, model, or physical prompts. The individualized education program (IEP) team will be able to recommend the necessary and suitable prompt; consequently the driver needs to know how to develop appropriate behavior.

II. Techniques for the Management and Extinguishing of Inappropriate Behavior.

Two tests must be questioned here. First, does the child have an IEP team, and are there behaviors that are addressed in the program? If the student's inappropriate behavior is a manifestation of his or her disability, then the bus will be an extension of the established individualized education program. Contact or documentation may be required by the teacher, driver, or parent on a consistent basis. There may be a behavior contract in place where the student is expected to behave in a certain way. Secondly, if the behavior is not a manifestation of the disability and the child is expected to follow general rules of conduct established by the school, then the driver must learn and implement techniques approved by the school. **The key is to remember that the child's school day begins when he or she steps on the school bus and ends when he or she steps off the school bus.** Many schools have the misconception that the school day begins when the child enters the school building!

Schools may utilize specialists or consultants with training in behavior management to provide appropriate training. Techniques the drivers need include:

1. Learning the appropriate professional response to negative or aggressive behaviors.
2. Knowing what to do and when to do it.
3. Learning to deal with stress and crisis.
4. Learning where to go with questions and to get help.

The responsible school anticipates likely behavior and provides training to personnel in order to take precautions against the risk.

Techniques range from video cameras to attendants and from restraint devices to separate travel arrangements. One must move only to the more restrictive technique as necessary and back to the lesser restrictive option as soon as possible. The key is to have a continuum of options available. If any device or specialized equipment is used because of one particular child, everyone should be informed as to confidentiality rights and understand that a team decision must be utilized.

Remember that the bus ride is a part of the school day, and the behaviors expected at school should be continued on the bus.

III. Techniques and Procedures for the Response to Unacceptable Behavior.

The first response to unacceptable behavior is to take it seriously. By setting standards or expectations of acceptable behaviors, it becomes clear that any and all behavior outside this parameter will be documented and followed-up. It is important that responsible people give prompt and adequate attention to the investigation of the complaint. Documentation must be objective and complete.

It is important that each person know the policy and procedures of the agency to which he is responsible. Techniques and procedures utilized could relate directly to the established policies. Learning and applying the policies must be a generalized skill of the employee. The driver should be able to take the rule, apply it to a situation, make exceptions when necessary, and feel secure when reporting or documenting the incident to the supervisor.

Through training, an employee can be taught how to respond to anticipated behaviors such as challenging questions, threats, angry venting, or verbal abuse. Employees must be aware of their behavior under favorable conditions and under stressful conditions. It may be necessary to provide practice under various conditions, so that a professional attitude can be maintained as needed.

In the appendices, a form entitled—"Students with Health/Behavioral Concerns" is available. It may be necessary to call for assistance, take the individual to a hospital, or initiate restraint proceedings. Detailed plans must be in writing and agreed upon by the child's IEP team, which should include the bus driver and/or attendant because of the "**need to know**" and to establish legitimate educational interests in sharing the information in compliance with confidentiality laws.

Here are some general strategies that may be helpful in training when responding to unacceptable behaviors:

Strategic Visualization

Imagine the very worst. The bus is on fire. Visualize a stranger jumping on the bus with a handgun—what do you do? A fire is on the bus and you have three children in wheelchairs. A collision has happened and you are transporting a 19-year-old boy who is nonverbal and has autism and a 3-year-old child who has deafness; both of whom are extremely agitated, confused, and upset. You have a flat tire and two students with serious emotional disturbance run away. By utilizing strategic visualization you can experience the scenario in your mind and practice how to deal with the emergency. If you are unsure or do not know what to do, these are the situations to discuss with your supervisor. The worse-case scenario you can imagine will help you deal with actual situations. Ask questions—practice role-playing.

Practice Makes Perfect

A routine procedure for school personnel should be drills. It is important for the driver to understand that individuals with disabilities may need more practice and repetition than their nondisabled peers. If the law or policy says "practice emergency procedures one time a semester," then a wise driver would coordinate with the special education teacher and determine the amount of practice necessary for the individual with disabilities to learn and remember the drill.

One must take into consideration secondary behaviors of children with disabilities. The student may act and react typically during a drill, but in the actual crisis, other behaviors may be exhibited. For example, a child with autism may find comfort with a certain color, texture, or object. Knowing this, accommodations would be made to calm the student. One successful idea that a driver found was to use a color-coded rope for the students to hold while exiting the bus.

Walk a Mile

Sensitivity training is a valuable insight that can only be understood by experience. Through a coordinated effort from the school's certified staff, an obstacle course can be developed that will provide personal experience with disabilities. Some examples are: wheelchair maneuvering, going up and down on the bus lift, riding the bus in a wheelchair, wearing a blindfold and performing activities, wearing mittens and eating a donut, cotton balls in the ears—then trying to understand someone who is whispering, etc. During this training, provide the opportunity to experience sitting in a wheelchair and having people do things to you, and then experience sitting in the wheelchair and having people explain what they are going to do before they do it. There are many excellent films describing various disabilities.

Understanding Behavior and Misbehavior

People test the limits. This is to be expected. It is normal. Be prepared. Expected behavior while on the bus must be delineated along with positive and negative consequences. It would be wonderful if all children sat quietly, pleasantly, and still in their seat the entire time they rode the school bus. However, this is seldom the case.

We must understand that many children with disabilities who have limited ways of communicating will behave in certain ways to get their thoughts or needs understood. Speech pathologists are valuable sources of information to the driver to learn means and ways of communication with

specific individuals. Behavior specialists can assist in developing the least restrictive ways of dealing with problem behavior that is specific to the individual.

Learning appropriate responses to behaviors is a skill that can be developed. For every action, there is a reaction; no one acts in a vacuum. The key is to react in a way that is professional and will maintain respect, dignity, and humility for all involved. For example, when confronted with a challenging question such as, "Who are you to tell me what to do?", the driver will simply restate the directions/limits and explain the consequences. Abraham Maslow once said "If the only tool we have in our toolbox is a hammer, then every problem we encounter we will see as a nail." It is important that people have a wide variety of tools in their toolbox, or various techniques to pull from as the situation demands.

The 3 C's

Staying Calm, Cool, and Collected is easier said than done. Stress is a major reason for burnout, terminations, and a host of other problems. It is important for each staff member to learn ways to identify and deal with crises and stress. Developing positive outlets for negative energy must be a conscious and continuous effort. Imagine a balloon that continues to fill with hot air. If there is not an outlet it will burst or explode. If you consciously find ways to release a little air all the time, the balloon maintains its shape and control. There is an old saying, "No one cares what you know until they know that you care." The greatest gift you can give to someone out of control is to maintain a calm and caring demeanor. Remember the 5 P's: **P**revious **P**lanning **P**revents **P**oor **P**erformance.

IV. Procedures for Dealing with Inappropriate or Unacceptable Student Behaviors that Create Emergency Conditions or Pose a Risk to Health and Safety.

The mission of the driver is to provide a safe and organized means of transportation for students from home to school and back home. Safety of students is of utmost importance. Schools must address possible incidents and develop a plan of action. A reasonable person cannot foresee or anticipate all incidents that may cause injury to students, but we must take precautions. It is our responsibility to predict hazards and take action to minimize or inhibit those hazards. One valuable tool is to collaborate with others dealing with similar situations.

APPENDIX XIII

Resources

Resources

The following is a list of vendors that can supply assistive devices and training materials for student transportation. This list is by no means an exhaustive one.

Ancra International
4880 West Rosecrans Avenue
Hawthorne, California 90260

Creative Controls
32450 Dequindre
Warren, Michigan 48092-5311

Gresham Driving Aide, Incorporated
Post Office Box 405
Wixom, Michigan 48096

Kinedyne Corporation (formerly Aeroquip Corporation)
Post Office Box 1288
Lakeview Road
Lawrence, Kansas 66044

Ortho-Safe Systems
Post Office Box 9435
Trenton, New Jersey 08650

Q'Straint Corporation
4248 Ridge Lea Road
Buffalo, New York 14226

Tie Tech, Incorporated
Post Office Box 5226
Lynnwood, Wisconsin 90846-5226

AMS Distributors, Incorporated
Post Office Box 457
Roswell, Georgia 30077

Strategies Training Systems
1833 North 105th Street
Seattle, Washington 98133

Clearinghouse on School/Special Transportation
Sweetwood Foundation
C/O Serif Press, Incorporated
1331 H. Street North West, Suite 110LL
Washington, D.C. 20005

Oklahoma ABLE Tech
OSU Wellness Center
1514 West Hall of Fame
Stillwater, Oklahoma 74078-2026
(405) 744-9748