

Colorado Student Transportation Disabilities Manual

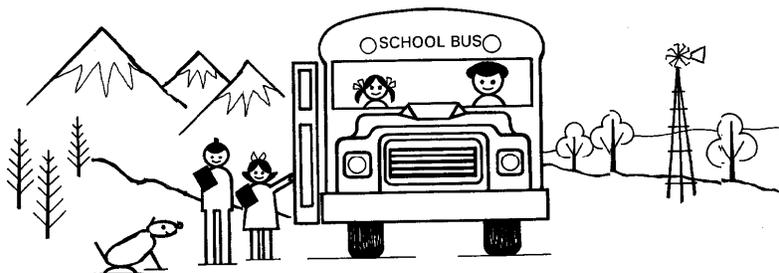


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FOREWORD

The Colorado Department of Education (CDE) School Transportation Unit issued these guidelines to assist public school districts and Boards of Cooperative Educational Services (BOCES) with developing policies and procedures for the safe transportation of students with disabilities. These guidelines provide interpretations, suggestions, options, and ideas that are consistent with the *Colorado Minimum Standards Governing School Transportation Vehicles*, 1 CCR 301-25; the rules for the *Operation of School Transportation Vehicles*, 1 CCR 301-26; and the *Rules for the Annual Inspection and Preventative Maintenance of School Transportation Vehicles*, 1 CCR 301-29, which promote safe transportation integrity in school transportation departments. It is hoped that this publication will serve as a resource to assist transportation providers as they work toward compliance with legislation and regulations.

Every effort was made to credit all appropriate sources for the material used. The CDE School Transportation Unit recognizes that some published material may have been previously integrated in a variety of ways in the Colorado district handbooks, forms, and procedures, which are given credit in the sections. If it is noticed that any sources are not acknowledged, it is encouraged that the CDE School Transportation Unit be informed in order to recognize the credits in future updates.

ACKNOWLEDGEMENTS

These guidelines were developed by the CDE School Transportation Unit with the assistance of a special group of educators including school nurses, transportation supervisors, schedulers, and trainers.

Sincere appreciation and thanks are extended to the dedicated members of the Colorado State Pupil Transportation Association (CSPTA) Special Needs Committee for their commitment, hard work, stamina, and encouragement, during the revision of these guidelines.

Special appreciation goes to Peggy Burns, Esq., Education Compliance Group, Inc., for her hard work in reworking these guidelines.

TRANSPORTATION LEGISLATION

OVERVIEW

Two federal statutes, Section 504 of the Rehabilitation Act of 1973 and The Individuals with Disabilities Education Act (IDEA), apply to the provision of school transportation for eligible students with disabilities. Section 504 requires school districts to provide transportation when necessary to meet the needs of a person with a disability as adequately as the needs of a non-disabled person are met. The IDEA requires transportation as necessary to assist a child with disabilities in benefiting from special education. Specialized transportation may be required when necessary for the child to access a Free Appropriate Public Education (FAPE).

GENERAL HISTORY

US CONSTITUTION

FOURTEENTH AMENDMENT

The Fourteenth Amendment provides that no state may deny any person(s) within its jurisdiction equal protection under the law. All persons must be treated in an equivalent manner.

PUBLIC LAW 93-112

THE REHABILITATION ACT OF 1973 (§504)

This law replaced the vocational rehabilitation act and proved to be the cornerstone legislation ensuring the rights of the disabled. The Civil Rights Act of 1964 and The Education Amendments of 1972 (Title VI, Title VII and Title IX) apply to any organization that receives federal financial assistance, including public schools. The law in part states that no otherwise qualified individual with a disability shall, solely by reason of her/his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Individuals may be eligible if they:

- a) have a history of a disability
- b) have a physical or mental impairment that substantially limits a major life activity
- c) are regarded as disabled by others

Section §504 is often the foundation for transportation complaints. Service disputes have included, but not been limited to, access to school transportation services, length of ride, transportation costs to parents, loss of instructional time, and suspension of transportation. The law requires a case-by-case analysis but assumes that students with disabilities will be provided integrated transportation with their non-disabled peers. This is referred to as "Least Restrictive Environment" (LRE).

THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT OF 2004 (IDEA 2004)

Historically, the predecessor to IDEA 2004 was public law 94-142, The Education of All Handicapped Children Act of 1975, which has been amended several times. The law was intended to support states and localities in protecting the rights of, meeting the individual needs of, and improving the results for infants, toddlers, children, and youths with disabilities and their families. This significant federal legislation provides that, in exchange for federal funding, states must provide to eligible students with disabilities a Free Appropriate Public Education (FAPE) in the least restrictive environment. These services are provided in conformity with an Individualized Education Plan (IEP) for each eligible student with disabilities.

Transportation is among the related services that must be provided when required to assist a child with a disability to benefit from special education. Transportation services include:

- travel to and from school and between schools
- travel in and around school buildings
- specialized equipment (such as special or adapted buses, lifts, and ramps), if required to provide special transportation for a child with a disability)

Each child's IEP team, which includes the child's parent along with specified school personnel, determines the instruction and services that are needed for an individual child to receive FAPE. In all cases concerning related services, the IEP team's determination about appropriate services must be reflected in the child's IEP, and those listed services must be provided in accordance with the IEP at public expense and at no cost to the parents. Nothing in the act or in the definition of *related services* requires the provision of a related service to a child unless the child's IEP team has determined that the related service is required in order for the child to benefit from special education and has included that service in the child's IEP.

PART C (FORMERLY, PART H)

Part C addresses the need for early intervention for infants and toddlers. States were offered financial incentives to establish an extensive, statewide service among numerous agencies that would be provided to children from birth through two years of age and their families. The age of eligibility for special education and related services for all children with disabilities was lowered to age three, and this requires that all eligible children receive early intervention services.

Services shall be specified in the Individualized Family Service Plan (IFSP). The responsibilities of transportation services are defined as the cost of travel (i.e., tolls and parking expenses) that is necessary to enable an eligible child and the child's family to receive early intervention services.

Due to Part C, transportation officials are faced with a variety of new challenges such as the need for age appropriate child safety restraint systems, adequate supervision during transport, and increased training for personnel serving this vulnerable population.

Transportation includes the cost of travel and related costs that are necessary to enable an eligible child and the child's family to receive early intervention services (i.e., mileage, travel by taxi, common carrier or other means).

PUBLIC LAW 97-35 - THE HEAD START ACT

- The Head Start Act serves infants and toddlers, preschool children with disabilities, and migrant children. It provides a comprehensive program that includes health, nutritional, educational, social, and other services. The regulation requires that a minimum of 10 percent of enrollment be available to children with disabilities. Eligible children with disabilities may be enrolled in Special Education and Head Start. Under this dual enrollment, both programs must decide who will be responsible for transportation.

HEAD START 'FINAL RULE'

45 CFR 1310, JANUARY 18, 2001

- **Applicability.** The final rule applies to all Head Start and Early Head Start Grantees whenever transportation services are provided. This final rule implements the statutory provision for establishing requirements for the safety features and safe operation of vehicles used by Head Start agencies to transport children participating in Head Start programs. It applies whether the program owns and operates its own fleet of vehicles or contracts with a private or public transportation provider. It has been noted that the

single most important safety feature in the Head Start transportation regulations is the requirement that children be transported on school buses or in Allowable Alternative Vehicles (AAV).

- **Timelines.**

- **January 18, 2002**

- All Head Start vehicles must be equipped with reverse beepers, fire extinguishers, first aid kits, seat belt cutters (with signs indicating the location of each), and a communication system such as a two-way radio or cell phone.
- The Final Rule requires Head Start vehicles to be inspected by the appropriate state agency at least once a year, and Head Start drivers are required to perform a daily pre-trip inspection. Programs must establish a systemic preventive maintenance program for their vehicles. (45 CFR 1310.14)
- All Head Start drivers must have a Commercial Drivers License (CDL) in states where such licenses are granted regardless of the size of the vehicle they drive. (45 CFR 1310.16 a1)
- All Head Start drivers must receive training as required by (45 CFR 1310.17 A-D and 45 CFR 1304.52K).
- All Head Start monitors must receive training as required by (45 CFR 1310.17 f2).

- **January 20, 2004 (Extended to June 21, 2004, with further extensions to January 20, 2006, in some cases when approved)**

- All Head Start vehicles must be equipped with height and weight appropriate child restraint systems. As of this date all Head Start children weighing 50 pounds or less must be seated in appropriate child restraint systems. (45 CFR 1310.15)
- Every Head Start vehicle must have at least one monitor on board at all times. (45 CFR 1310.15 c)

- **January 18, 2006**

- All vehicles must be school buses or AAV's (Allowable Alternative Vehicles). (45 CFR 1310.12 a)
- To mainstream children with disabilities whenever possible, children with disabilities must be transported in the same vehicle used to transport other Head Start children. (45 CFR 1310.222 a)

PUBLIC LAW 101-336

THE AMERICANS WITH DISABILITIES ACT OF 1990

The Americans With Disabilities Act of 1990 (ADA) has been called the most important, far reaching legislation since the Civil Rights Act of 1964, encompassing both government and private establishments. The ADA is not limited to companies receiving federal assistance or participating in federally connected programs. Discrimination against persons with disabilities in employment is prohibited. This act is tied to the 1991 Civil Rights Act, which means that victims can demand jury trials and punitive as well as compensatory damages.

The ADA regulations specifically exempt school buses from some of these requirements, but they echo the mandates of section 504 with respect to access to transportation services.

COLORADO LAW

ARTICLE 10 OF THE CHILDREN'S CODE

According to Article 10 of the Children's Code, any school official or employee who has reasonable cause to know or suspect, or who witnesses a child being subjected to circumstances that would result in abuse or neglect, or suspects abuse or neglect, is to report it. In addition to whatever is required by local school board policy, a report is to be made and submitted by the individual to the Department of Human Services in the jurisdiction that the child resides. Any person who willfully violates these provisions can be prosecuted. School officials or employees reporting in good faith are immune from liability, both civil and criminal, according to Section 19-10-110, C.R.S., of the Children's Code.

Child abuse is defined as non-accidental physical or mental injury caused by the acts or omissions of the child's parents or care-takers. Child abuse and neglect includes cases in which a child is in need of services because the child's parent, legal guardian or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care or supervision that a prudent parent would take.

THE COLORADO TRAFFIC CODE (Section 42-4-1903, C.R.S.) 1994

The intent of this legislation is to allow school districts a choice as to whether a student stop, requiring the operation of a lift device, can be done safely without the use of the alternately flashing warning signal lamps and therefore eliminate the long interval of time controlling traffic. (Section 42-4-1903,(2) (b) (II), C.R.S.)

Section 42-4-808, C.R.S., states drivers and pedestrians have an obligation to yield to disabled persons and take precautions necessary to avoid an accident or injury to said person.

THE EXCEPTIONAL CHILDREN'S EDUCATION ACT (Sections 22-20-101, et. seq., C.R.S.)

This act provides a means for educating children who are exceptional. To accomplish this, it establishes a series of services that recognize the capabilities of all state agencies. This would include special classes in public schools, the establishment of special schools, programs for children with disabilities who are confined to their homes or hospitals, and instruction in institutions of the state for exceptional children. The final determination of placement in a special education program of any eligible exceptional child must be made by the child's IEP team. It is the intent of the general assembly that children with disabilities shall be educated in the Least Restrictive Environment (LRE).

This includes providing services directly to the children and consultative services to regular classroom teachers. This law is intended to ensure that there is a coordination of all services available to children with disabilities and that there is encouragement of development of agreements or contracts among agencies for the provision of appropriate services for children with disabilities.

THE NURSE PRACTICE ACT (Sections 12-38-101 et. Seq., C.R.S.)

This was enacted to protect people from the unauthorized, unqualified, and improper application of services by individuals in the practice of nursing. To obtain a copy of the Nurse Practice Act, write to: Colorado Board of Nursing, 1560 Broadway, Suite 670, Denver, CO 80202.

SUSPENSIONS OR EXPULSIONS

School safety is important to school personnel and parents. The IDEA and its regulations incorporate prior court decisions and Department Policy. The following information is adapted from *Legal Routes*, written by Peggy Burns and published by Roseann Schwaderer, September 2006: "Disabled students can receive the same consequences for behavior infractions as their

non-disabled peers until the district gets to the point of removal from school for more than ten consecutive days. It is necessary to count bus suspensions toward these ten days *if* transportation is a related service for the student in question, and *if* the student does not otherwise get to school. When the district exceeds ten days of suspension, a manifestation determination review must occur.”

Under IDEA 2004, nothing has changed regarding the first ten days of suspension. Thereafter, however, absent a direct result between the conduct violation and the student’s disability, the student can be removed so long as educational services are provided. Also, the longer exclusion is now possible if the student inflicts serious bodily injury upon another.

To summarize:

It has been widely accepted that, where a special needs child is transported only on the same basis as a non-disabled child – because he lives beyond the district’s walk distance to his school, and is transported in the same manner and with the same equipment as is a non-disabled child – then, transportation is not a related service.

- If the IEP team has determined that the child’s disability does not create special circumstances that would result in needs beyond those of a similar non-disabled child, transportation should not be on the IEP. In that case, a bus suspension does not count toward the ten-day rule.
- But, if the IEP team has indicated that transportation is a related service, and the student faces suspension from the bus, the district has, essentially, three choices:
 - Count the day toward the ten-day rule.
 - Get the student to school at public expense some other way (like parent-provided transportation, with reimbursement).
 - Address the bus behavior through some consequence or intervention other than suspension. If teachers, drivers and assistants are all witnessing similar behavior, the student may require a Functional Behavioral Analysis (FBA) by appropriate special education personnel with input from others (like the driver and assistant) and inclusion in the IEP or behavior plan of positive strategies designed to change, as opposed to, punish, the behavior.
 - The official commentary to the regulations states that “the determination as to whether a bus suspension counts as a day of suspension depends on the unique circumstances of each case.”

Additionally, amendments to the IDEA have:

- Expanded the authority of school personnel to remove a child who brings a gun to school. This would also apply to all dangerous weapons and to the knowing possession of illegal drugs or the sale or solicitation of the sale of controlled substances.
- Added a new ability of schools to request a hearing officer to remove a child for up to 45 days if keeping the child in his or her current placement is substantially likely to result in injury to the child or to others.

Services do not need to be provided during the first ten school days in a school year that a child is removed. During any subsequent removal that is for ten school days or less, schools will provide services to the extent determined necessary to enable the child to progress in the general curriculum and achieve the goals of his or her IEP.

During any long-term removal for behavior that is not a manifestation of a child's disability, schools provide services to the extent determined necessary to enable the child to progress in the general curriculum and advance toward achieving the goals of his or her IEP.

In situations involving removals for behavior that is not a manifestation of the child's disability, the child's IEP team makes the service determination.

Students who are disabled under Section 504 may be expelled for behavior that is unrelated to their disability and not continue to receive services. The basic rules when considering an expulsion under any law are the following:

- The United States Supreme Court has ruled that suspension or expulsion of any student requires due process, including parental notification of charges, presentation of evidence, and opportunity to respond.
- In cases where transportation is a related service, a student with a disability may be suspended, in accordance with the school's discipline policies, from transportation service for up to ten consecutive days in a school year. Suspensions for more than ten cumulative days may or may not constitute a change of placement depending on the circumstances of a particular case.
- If the student is dangerous and parents refuse alternate transportation arrangements within ten days (and transportation is a related service on the IEP), the school can request a hearing officer to change placement for up to 45 days, including the provision of alternative transportation.

The last situation described requires the school district to have extensive documentation regarding the incident, as well as the steps taken to modify the inappropriate student behavior. An alternative transportation plan should be in place for the interim. For example, when transportation is a related service, reimbursement provided to a willing parent is an acceptable alternative to riding the school bus.

EXTENDED SCHOOL YEAR

An extended school year is a program that targets goals and objectives in the areas where the student would likely regress in a substantial way without services. It is different from "summer school." It is provided to prevent any interruption in the student's ability to maintain skills he has learned. Courts have held that if a student will regress so severely that he cannot regain skills lost over a summer vacation in a reasonable time period, then an extended school year may be required.

If a student needs an extended school year program to implement an IEP, and transportation is listed as a related service on the IEP, then free transportation service will need to be continued during the extended school year. These decisions are not limited to a specific disabling condition, but are a function of the unique needs of the child to access his extended school year program. Transportation to the extended school year program may be necessary (depending upon the location of that program) even if the child does not otherwise receive transportation during the school year. That is an IEP team decision.

FREE APPROPRIATE PUBLIC EDUCATION (FAPE)

- Generally, FAPE includes specially designed instruction and related services that must be made available to all children with disabilities residing in the state between the ages of 3 and 21, inclusive, so as to provide equality of opportunity, full participation, independent living and economic self-sufficiency, and which must provide meaningful educational benefit.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

The IEP for each eligible child with disabilities is a written statement with legal force and commitment. It must include:

- A statement of the child's present levels of academic achievement and functional performance as more fully described in the regulations.
- A statement of measurable annual goals, as more fully described in the regulations.
- A description of how and when the child's progress towards stated goals will be measured.
- A statement of the specific special education and related services, supplementary aids and services, and program modifications or supports for school personnel to be provided, as more fully described in the regulations.
- An explanation of the extent, if any, to which the child will not participate with non-disabled children in the regular class and activities.
- A statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child on state and district-wide assessments, as more fully described in the regulations.
- The projected dates for initiation of services and modifications and the anticipated frequency, location, and duration of those services and modifications.
- Transition Services, including appropriate measurable post-secondary goals and the services (including transportation) needed to assist the child in reaching those goals, to be provided at age 16 or younger, if deemed appropriate by the IEP team

INDIVIDUALIZED EDUCATION PROGRAM TEAM (IEP TEAM)

This team may be composed of:

- The child, whenever appropriate
- The parent/guardians
- At least one regular education teacher (if appropriate)
- At least one special education teacher or provider
- A representative of the local educational agency who meets the qualifications set forth in the regulations
- An individual who can interpret evaluation results
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child including related services personnel as appropriate

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

The family has a central role in the provision of intervention services that are addressed through the Individualized Family Service Plan (IFSP). In an attempt to promote family centered early intervention services, the IFSP is the process that addresses the early intervention service, which may include transportation. Requirements of the IFSP include:

- A statement about the child's status, i.e., present level of physical development
- A statement regarding family information
- A statement of early intervention services, including the frequency, intensity, and the method of delivering services, including payment, if any
- A statement of the projected dates for initiation of services and the anticipated duration of the services

Transporting Children with Disabilities, by Linda F. Bluth, Ed.D., presented by the NAPT Foundation, Inc. 2006, states (quoted with permission): "The decision to provide the early intervention service, transportation, is made on a case-by-case basis and is directly related to the child and family need for this service. It is essential that when infants and toddlers are transported on a school bus, consideration be given to the use of appropriate child safety restraint systems and age appropriate supervision. Whenever transportation is required, a representative from transportation should be invited to serve as a member of the IFSP team to address the unique needs of a child who requires specialized services. The involvement of

transportation personnel should occur as soon as it is known a child has specialized transportation needs. When a child transitions from the Part C program to a Part B program, a smooth and effective transition plan is required. At this time, the need for the related service transportation should be discussed.”

INFANTS AND TODDLERS

Availability and support to provide early intervention services for infants and toddlers with disabilities are found in the IDEA, Part B and Part C. Service delivery options are based on the age of the child.

It is essential that knowledgeable, qualified personnel make decisions regarding each infant, toddler, and preschool child’s transportation services. In no instance should safety be compromised. Eligible children under the age of three, with medical, intellectual, behavioral, neurological, orthopedic, and respiratory needs require specialized interdisciplinary planning regarding transportation services. The local transportation department should determine how young a child may be who can be transported in the school transportation vehicles available within the district.

A variety of service delivery options may be explored to transport young children. Safety should be the first consideration. Service delivery options include:

- Public system of transportation
- Reimbursement for commercial or private system use
- Parent reimbursement of mileage
- Medical assistance for allowable services
- Local school district transportation services
- Voucher system
- Services arranged by the Health Department
- Taxi service

The option selected should always be based on the individual needs of the child and family, in accordance with state and federal laws and regulations. The option recommended should always be discussed with the family at the time of the IFSP development and agreed upon prior to beginning transportation services. Following are vital considerations in decision making:

- Age of child and special needs
- Parental concerns
- Safety considerations
- Frequency of services
- Length of ride
- Site location of early intervention service

To eliminate any interruption in service, transportation issues should be addressed in advance for children transitioning from Part C to Part B services. A representative from the transportation department should be invited to participate in the IEP development.

LEAST RESTRICTIVE ENVIRONMENT (LRE)

Integrated transportation is the presumption for students with disabilities. That is, the IEP team begins with consideration of a bus ride that includes students with disabilities with their non-disabled peers. If modification of the ride is deemed necessary, the IEP team should first consider the provision of supplementary aids and services to enable a student with disabilities to ride with non-disabled peers. Case-by-case consideration is imperative.

The Individuals with Disabilities Education Act (IDEA) regulations state:

- To the maximum extent appropriate, disabled children, including children in public or private institutions or other care facilities, are educated with children who are non-disabled.
- That special classes, separate schooling, or other removal of disabled children from the regular educational environment, including transportation, occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (34 CFR 300.114-117).

The following information is a summary of some of the key provisions that impact transportation service in the LRE:

- To the maximum extent appropriate, disabled children are educated with children who are non-disabled.
- Each disabled child's educational placement is as close as possible to the child's home, and unless a disabled child's IEP requires some other arrangement, the child is educated in the school that he would attend if non-disabled.
- In providing or arranging for the provision of nonacademic and extracurricular services and activities, disabled children shall participate with non-disabled children in those services and activities to the maximum extent appropriate to the needs of the individual child.

In conclusion, the implementation of transportation services and fulfilling the requirement of service delivery in the LRE are challenging.

The following recommendations support the spirit and intent of the IDEA:

- Transportation for students with disabilities should be examined on an individual basis.
- A Free Appropriate Public Education (FAPE) should be provided in accordance with federal regulations in the least restrictive environment pursuant to a student's IEP.
- Recognizing the importance of transportation services for children with disabilities is the joint responsibility of all persons involved in administrative decisions regarding service delivery.
- A successful transportation program is contingent upon the cooperative involvement of students, parents, administrators, and advocates to realistically implement the LRE mandate.

SEXUAL HARASSMENT

The definition of sexual harassment provided by the Office for Civil Rights (OCR) of the United States Department of Education includes verbal or physical conduct of a sexual nature, imposed on the basis of sex, by an employee or student, which is unwelcome, hostile, or intimidating. The existence of a sexually hostile environment is determined from the viewpoint of a reasonable person in the victim's situation.

In determining whether sexual harassment exposes students because of their sex to a hostile environment, relevant circumstances include:

- The age of the victim
- The frequency, duration, repetition, location, severity, and scope of the act(s) of harassment
- The nature and context of the incident(s)
- Whether the conduct was verbal or physical
- Whether others joined in perpetuating the alleged harassment

- Whether the alleged incidents created an offensive, hostile, or abusive atmosphere at the district or at specific schools or in other district settings, such as on school transportation vehicles

To ensure that the rights of students are not violated by sexual harassment, districts should have a written policy. Implementation of the policy should include:

- On an annual basis, dissemination in writing, to all district employees, parents, and students, the district's policy prohibiting sexual harassment and violence.
- Training on the subject of sexual harassment to all staff on an annual basis and to new employees as part of their orientation.
- Education of students on the subject of sexual harassment through curriculum and by other means.
- Written guidelines to the staff and administrators on determining sexual harassment occurrences.
- Investigation and documentation of all allegations of harassment and making an informal resolution of minor allegations or making an initial determination as to whether harassment has occurred. Complaints of sexual harassment and the responsive action should be maintained in a centralized file and comply with school district policy.
- Written guidelines, consistent with the sexual harassment policy, to assist administrators with determining the appropriate corrective action.
- Consistency with Section 504 standards. Students with disabilities and other special needs passengers who have been found to be responsible for acts of sexual harassment need to be disciplined or otherwise treated in a manner reasonably calculated to eliminate the harassment.
- Notification of all parents/guardians of incidents of sexual harassment. Minor occurrences could lead to major allegations. It is recommended that counseling should be provided when appropriate.

SCHOOL DISTRICT POLICY VS. SCHOOL DISTRICT PROCEDURE

Development, communication and implementation of school transportation policies can reduce risk and ensure safety for district employees as well as passengers.

Transportation policies and procedures should anticipate and eliminate possible liability issues for the school district, enabling the district to provide the safest transportation service possible.

There is a significant difference between policy and procedure. Understanding this difference is important in order to develop the relationship between them for effective implementation.

POLICY

School district policy must comply with federal and state laws and regulations. District employees are required to follow these directives that are adopted by the local board of education and written into the district's policy manual. Policies are established through the board and are necessary to ensure direction and uniformity in decision making for all school district employees. Board policy can be stricter than federal or state law and regulation but cannot be less restrictive.

Policies are principles that need to be reviewed regularly to consider any necessary modifications or trends. District studies can be developed to evaluate the success of certain policies and recommend any required revisions.

PROCEDURE

A school district procedure addresses particular areas within a policy and provides detailed directions to put a policy into practice.

Established procedures provide information and methods to guide school district employees as to the course of action recommended or required for a particular situation.

Procedures may apply directly to all school district employees or to an isolated area, department, or group of employees in a school district. Once a need is identified, the district determines whether development of procedures will occur at the board or superintendent level or in the individual department(s) of a school district to which they would apply. It is necessary that all relevant employees be appropriately trained as to pertinent policies and procedures.

TRAINING

All staff members are responsible for understanding, implementing and enforcing those policies and procedures that impact their job duties in any way. Transportation department officials must reinforce this responsibility through a variety of communication methods. These methods should include distribution of relevant policy and procedure materials and regular in-services about the application of those policies and procedures to school transportation.

CONCLUSION

To develop a procedure without a strong board policy in place can create future problems. Coordination between policies and procedures helps to avoid conflict and inconsistency.

Litigation could render the procedure ineffective if the school district or department, for which it was designed, ever had to defend the procedure.

It is recommended that all department procedures receive the endorsement of the district's school administration and identify relevant policy(ies) and/or job description(s).

A documented school board policy, along with school administration endorsement, will support transportation procedures necessary to operate smoothly.

The previous section (Legislation) lists brief summaries of federal and state legislation that impact transportation of students with disabilities. Whether writing policy or procedure, school districts must have a clear understanding of these laws.

EQUIPMENT

VEHICLE EQUIPMENT

Every ride to school for a special needs student begins with the vehicle itself. How the vehicle is equipped is determined by specific needs of the student (i.e., integrated seats, lifts, air conditioned vehicle, etc.), general operational needs, and procedures of the school district. Determinations as to equipment choices should be made in coordination with special education, and it may sometimes be necessary for consideration by the IEP team.

All vehicle and passenger equipment should be inspected and evaluated prior to being placed in service. This includes but is not limited to:

- child safety restraint systems
- mobility device tie down systems
- all lap/shoulder belts (this includes in seats and at mobility aid stations)
- lift operation
- other assistive devices that ensure the safe transportation of the student

Some manufacturers have produced videotapes about the construction and operation of their equipment and may provide a copy upon request.

PASSENGER EQUIPMENT

Passenger equipment is driven first and foremost by the student's needs. IEP team consultation and determination is essential when acquisition of safety vests or other equipment will create a short delay in transportation arrangements. The following is a sampling of what you may be required to transport.

- **Animal Companions**
Service animals or animals in training are allowed to be transported on school vehicles. Make certain other students on the bus are free from fear of the animal and there is no concern of allergies. Verify that the animal is up-to-date on all required vaccinations
- **Augmentative and Assistive Devices**
Equipment needs to be stowed and secured, and it may not block the aisle or an emergency exit.
- **Battery Powered Equipment**
Batteries should be sealed acid or gel type.
- **Child Safety Restraint Systems (CSRS)**
A CSRS is any device that keeps children secure on the bus seat or in a small vehicle. The CSRS includes forward and rear facing car seats, booster seats, and safety vests. The proper CSRS should be determined by the age, weight, or height of the child and meet Federal Motor Vehicle Safety Standard (FMVSS) 213. For more information, contact a child passenger safety technician. You may visit this website to find one in your area:
<http://www.carseatscolorado.com/#>

Lap Trays

It is advisable that lap trays be removed and secured separately during transportation. If the tray is used for upper trunk positioning support, work with members of the IEP team (Occupational/Physical Therapist, nurse, teacher, parent/caregiver, etc.) about acquiring a foam support tray to be used during transportation.

- **Medical Equipment**
Medical equipment is determined by the student's needs. When transporting medical equipment, the following should be considered:
 - Provide appropriate training for driver and/or student assistant.
 - Develop and maintain evacuation procedures.
- **Medications**
Medications being transported for a student should be stored in a safe location. Always refer to district policy. C.R.S 22-1-119.5, Concerning Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act (2005), states in part: Student may possess self administered medication, and the school district must approve a treatment plan if all of the following conditions are met:
 - Health care practitioner has prescribed medication during school hours, including school sponsored events and in transit to and from school and events.
 - Health care practitioner has instructed student on correct and responsible use of the medication.
 - Other conditions: www.state.co.us/gov_dir/leg_dir/olls/sl2005a/sl_71.htm
- **Safety Vests**
The proper safety vest should be determined by the age, weight, height, and need of the child and meet Federal Motor Vehicle Safety Standard (FMVSS) 213 (49 CFR §571.213) requirements. Many safety vests are installed with a seat mount. This is a belt that wraps around the seat back. When using this equipment, the seat behind must be unoccupied or occupied only by a child who is restrained as well.
- **Wheelchairs**
Wheelchairs are one of the mobility devices used by students with certain disabilities. The primary function of a wheelchair is just that: to address the mobility the student needs in order to allow him or her to access various activities throughout the day. Until recently, there were no wheelchairs that were built with any crashworthiness standards. Now wheelchair manufacturers and national transportation specialists have developed a more crashworthy wheelchair that meets a voluntary standard, commonly referred to as WC-19. Wheelchairs that comply with the new standard will offer improved transportation safety to their users, but, under federal law, compliance with the new standard cannot and should not be used to limit or prevent motor vehicle transportation of wheelchair users. See www.ercwts.pitt.edu/WC19.html.

Certain mobile seating devices may not be safe to transport while occupied (three-wheeled scooters, stroller-type aids, or homemade wheelchairs). In this case, transferring the student to the bus seat from his wheelchair may be an option. The IEP Team determines whether or not a transfer is necessary. If the student is to remain in the wheelchair during transportation, the following items should be considered:

- Wheelchair frame should not be bent or damaged.
- Wheelchair seat belts should be fastened to the frame of the chair.
- Brakes should be functional.

- Batteries should be sealed acid or gel type and be secured snugly to the chair.
- Wheels should not be bent or damaged so that they wobble.
- Footrests should be properly attached to the chair and adjusted for the student.
- Seat covering should be clean and in good repair.

Transporters should also know that devices used to transport students on district vehicles are the responsibility of the school district. This means that the district must determine whether they can be used safely. It also means the district is responsible for maintenance and repair.

SPECIAL POSITIONING

Some children need supportive or positioning devices (vests or seats) in the bus. Most car seat manufacturers' products have weight limits up to 65 pounds. Always check the manufacturer's label. Some special positioning seats are made for children over 65 pounds who are in need of extra support on the bus. Virtually all of these larger special positioning seats require a "tether" strap that keeps the top of the seat from toppling over. A tether is an additional anchor strap attached near the top and back of the special positioning seat. It is designed to keep the seat upright in a crash. Tethers must be used, if provided, in order for the seat to provide crash protection. Refer to seat manufacturers' instructions for installation. One copy of the manufacturer's instructions for the seat should be kept with it, and another should be on file in the district for reference. Ensure appropriate training of any district personnel responsible for installation.

Special child seats with tethers may not transfer easily to a school bus seat. Adequate floor space behind the bus seat would be needed to secure the tether anchor plate and adjust the tether at the proper angle. Securement of the tether to the belt from the seat behind would be the best option.

If a child seat does not rest securely on the bus seat, do not attempt to hold it in place by making a tether to secure it. Use a tether only if supplied by the restraint manufacturer, and install it according to manufacturer's instructions.

Remember that not all special positioning devices are designed to provide crash protection. The manufacturer must be able to provide dynamic test results showing that the device can withstand impact forces. The product would then be labeled as meeting the requirements of FMVSS 213. It can be challenging to select seats or vests that fit well on the bus seat for children who exceed specified weight limits. You may want to contact a Child Passenger Safety Technician in your area for further guidance. See <http://www.carseatscolorado.com/#>

CSRS FOR CHILDREN WITH BEHAVIOR ISSUES

Sometimes certification of crash protection may need to go by the wayside. A child that will not or cannot stay seated on the bus seat is very likely to be injured, perhaps seriously, if the bus is involved in an emergency maneuver or an accident. Although not all vests are designed to provide crash protection and lap belts alone do not afford the safest protection, the use of either of these restraint systems is far better than having the child out of her/his seat. These devices could be used until the appropriate restraint system is obtained.

CSRS SELECTION

There are many "special" conditions and a number of different options for restraint systems. The choice should be made by the transportation team, which could include the parent, school transportation staff, physical or occupational therapists, and/or the school nurse. Districts should not have parents supply restraint systems for their children. If the restraint system is used for transportation, it must be provided at no cost to the parent.

Most small children with disabilities can be comfortably and securely restrained in conventional car seats. These seats are easily obtained and relatively inexpensive.

Passenger considerations when selecting child safety seats (CSS):

- Height and weight
- Degree of support needed for trunk and/or head
- Control of extremities if needed
- Medical need to lie flat or in a semi-reclined position
- Need for supervision
- Behavioral characteristics
- The child's ability to get out of usual restraint systems

Securing the CSS in a school bus:

- CSS must meet FMVSS 213, if intended for children under 50 pounds (many safety seats meet this standard for children up to 65 pounds; some special positioning seats do, also).
- CSS must fit within the confines of the school bus seat when oriented forward or rearward depending on the weight of the child. (80% of CSS must fit on the school bus seat.)
- CSS must be able to be reclined if the child's condition requires it.
- If required by the safety seat, the school transportation vehicle must be able to accommodate an additional tether.

USING RESTRAINT SYSTEMS CORRECTLY

The correct use of any restraint system must be understood by parents, bus drivers and other members of the transportation and school staff who may need to help secure the child properly. A copy of the manufacturer's instructions should be kept on file in the district for reference.

Although misuse of conventional child safety seats is common among parents, some types of misuse can have major consequences. Children can be thrown partially or completely out of their restraints and be seriously injured. **Drivers must have an understanding of the problems associated with misuse and be able to assure that their passengers are not only buckled up but correctly restrained. Training is essential.**

To avoid misuse of safety seats and vests consider the following:

- Is the infant under 20 pounds facing the rear of the bus?
- Is the angle of recline appropriate for the child's size, orientation, and condition?
- Is the safety belt in the correct place and pulled tight?
- Are additional anchors, required by the manufacturer, secured?
- Is the harness placed over the shoulders and snug?
- Are shoulder straps in the correct harness slots at the shoulders?
- Is the harness doubled back through the adjuster slide, if this mechanism is used?
- Is the safety seat or vest under recall?
- Is the safety seat or vest checked regularly for wear and tear or other problems that interfere with effectiveness?

To avoid misuse of a wheelchair, consider the following:

- Is the wheelchair suitable for securement in a motor vehicle?
- If the child is to be transported in the wheelchair, has it been secured facing forward, with four tie-downs attached to the frame and adjusted to be tight?

- Has the child in the wheelchair been restrained with a separate lap and shoulder belt system that fits correctly?
- Can the child be moved to a vehicle seat and be secured with a restraint system or utilize compartmentalization?

What is compartmentalization?

Large school buses use a passive restraint system known as “compartmentalization,” which combines a high padded seat back and narrow seat spacing, creating a compartment within which each occupant is confined in severe vehicle crashes. It protects the passenger by reducing the crash forces on the occupants. This passive restraint system also utilizes the reinforced steel construction of the school bus body and the large size that raises the height of the vehicle. The National Traffic Safety Board (NTSB) and the National Academy of Sciences (NAS) have confirmed the effectiveness of "compartmentalization" through independent studies they conducted. This passive system requires no action on the part of the student in order to be protected. See <http://www.nhtsa.dot.gov/people/injury/buses/pub/seatbelt.hmp.html>

POSITIONING CHILDREN IN THE CSS

*The following material is informational only. It is intended to make transporters aware of the complex issues when installing CSRS and transporting infants and toddlers and students with special needs. Always consult with an OT/PT, parent, school nurse and/or child passenger safety technician for the answers to the wide-ranging questions that arise with this special population. Transportation's role in installing any equipment and securing students should be clearly spelled out. **Training is of the utmost importance.***

Infants Facing Rearward

Infants under 20 pounds and one year of age must ride facing the rear of the vehicle. It is important for the infant to ride reclined at about a 45 degree angle. This position provides maximum support and protection for the infant's relatively heavy head and weak neck. Keeping the infant facing rearward as long as possible is very important. An infant may outgrow the infant-only seat before reaching 20 pounds and one year of age.

When the infant's head reaches the top of the CSS, it is time to move him into a convertible CSS, facing the rear. If the CSS does not fit this way, try another position on the bus with more space between the seats. It is important not to turn an infant to face the front of the bus, as a neck injury could occur during a crash. Maintain the rear-facing position for as long as possible.

Padding for Torso Support

Children with disabilities that affect their muscles may need additional padding in a safety seat to help keep their bodies (torso) comfortable and relaxed. This padding is usually prepared by a physical or occupational therapist.

In general, padding that is appropriate for transportation should be put alongside the child or between the knees, but not behind the child. If padding were placed under or behind the child, this would move the child forward in the restraint and require the straps to be longer. On impact, the padding would be compressed, loosening the straps. The straps might not hold the child in the device. If padding must be put under or behind the child, it must be firm and non-compressible, such as a folded sheet.

Providing Head Support

While it is important for the infant to ride reclined at about a 45 degree angle, the child over 20 pounds (in a forward-facing safety seat) should ride upright. If necessary, the seat can be reclined just enough to accommodate a special condition. For the child with poor head control,

reclining the safety seat slightly may be enough to allow the child's body and head to rest comfortably against the back of the device.

Some convertible CSS's that are used fully-reclined facing the rear for an infant or upright and forward-facing for a toddler have three recline positions, two of which are appropriate for use facing forward. A convertible seat should not be used in its fully reclined position when facing forward unless the manufacturer's instructions allow this. (Always check the manufacturer's instructions.)

In the confines of the school bus seat, there may be insufficient space for a reclined restraint with a child in it. It might be appropriate for some seats on the bus to be spaced more widely apart to provide the necessary space. FMVSS 222 specifies no more than 24 inches from the "seating reference point" to the back of the seat in front.

The child's head should not be taped or strapped to the safety seat or restraint. This could cause injury to the neck in a crash. In most cases a foam neck support is recommended.

Harness Use

The harness system, which may include a padded shield as well as straps, must be used correctly in order to hold the child in place.

Make sure:

- The straps are placed on the shoulders and remain there.
- The straps are snugly fitted; they will have to be adjusted from child to child if a number of children use the harness system.
- The harness adjuster keeps the harness snug; if a single metal slide is used, the end of the strap must be doubled back through the slide to prevent slippage.
- The harness retainer clip (a plastic piece that holds the two shoulder straps in place) is at armpit level. Some safety seats do not use this clip; check the instructions.

PERSONAL SAFETY ISSUES

Some bus drivers, assistants, and/or parents may have concerns regarding the type of physical contact that could occur when the harness of a restraint device is buckled and adjusted around a child. Shoulder and crotch straps are located in sensitive areas. Many child restraints have buckles located on crotch straps; others have the buckle on a stiff post under a shield that fastens to the shield between the legs. Many have shoulder straps that are adjusted in front of the child's chest.

You may wish to encourage parents to buckle their children into their restraints themselves whenever possible. You can make the crotch strap easy to reach by laying out the harness straps, so they are ready to be put on before the child is placed in the safety seat.

Parents may want to choose a restraint with a harness that does not buckle directly in the crotch area and that has a harness adjustment mechanism that is not at the chest. (Some standard safety seats have such designs.) However, there is no child restraint designed to completely avoid physical contact in either buckling or removing the harness. Moreover, if a child requires a very specialized type of equipment, parents may not have a choice of harness types.

Training in the first instance is key. If you, as a transportation professional, feel uncomfortable with a particular situation, you could invite the parent into the bus to fasten the harness or to observe the process. When the parent is not there, you could make sure that another adult, such as another driver, student assistant, or teacher, is with you during this part of the

operation. It is important to "diffuse" any situation in which you feel uncomfortable by discussing it with your supervisor or the child's teacher.

WHEN TO TRANSFER TO THE BUS SEAT

Who is to decide when it is "reasonable" to transfer a child from a mobility device to the bus seat? For the busy bus driver, one consideration is the extra time a transfer may take.

Other considerations are:

- Will the child's condition and weight permit the transfer?
- Has the physician and parental approval been obtained to assure that a child can be moved safely?
- Who is to actually accomplish the transfer?
- Can the transfer be done by one person?
- Has that person or persons been trained in transfer techniques?
- Would the child's dignity be compromised during a transfer?

USING SEAT BELTS

When speaking of seat belts to parents, school staff, or other interested parties, it is critical that transporters use the proper terms. They are "lap belts" and "lap/shoulder belts."

Lap belts, if they must be used, must be placed across the hip bones, below the belly. Teach children to push the belt down to touch their thighs after buckling it. It should be adjusted as snugly as possible. Children should never share a lap belt or lap/shoulder belt. This practice may contribute toward an injury. A separate lap belt or lap/shoulder belt should be available for each child who must be buckled up.

Warning:

The use of lap belts alone has been known to cause serious injuries in younger students when they are placed up on the abdomen. The abdomen contains many organs (stomach, liver, intestines). Younger children do not have strong bones to protect these organs from crash forces. Older, larger students experience head and neck injuries when using the "lap belt only" system. Therefore, in most cases, it is best practice not to use a lap belt only system.

Children in heavy coats should pull them aside, as the belt will fit better if it contacts the body through minimal layers of clothing.

The shoulder belt must go across the collar bone of the shoulder. It should also be snug. It may rest against the neck but should not go across the front of the neck. Proper fit of a lap/shoulder system may require the use of a booster seat for younger children.

Warning:

Be sure never to put a shoulder belt under the child's arm so it goes across the rib cage. This has been known to cause serious injury to internal organs. This is because the ribs are not strong enough to restrain the body.

ATTACHMENT OF TIE-DOWNS

Tie-downs hold the wheelchair at four points. They must be attached to the frame of the wheelchair, not to the wheels or other weaker parts. Always follow the manufacturer's directions.

WHEELCHAIR POSITIONS

Wheelchairs must be forward-facing. The securement system is designed to be used with the wheelchair facing forward and is tested that way. All new school buses manufactured with wheelchair securement systems since January 1994 have forward-facing systems.

Wheelchair securement positions are inherently safer, and wheelchairs and the human body are better capable of surviving a frontal crash when facing forward.

Sled tests show that side-facing wheelchairs are unstable and often collapse.

Lap and shoulder belt restraint systems are designed to be most effective in the frontal impact position (the most common fatal collisions type for school buses), and wheelchairs are believed to be stronger in frontal loading conditions as opposed to side loading positions.

The placement of wheelchairs at the back of the vehicle raises concerns about the rougher ride for students and the distance from the driver to those students. The possibility that the driver might not be able to monitor them adequately must be considered before adopting this seating arrangement.

OXYGEN INFORMATION

Oxygen-enriched atmospheres may exist in the immediate vicinity of any oxygen containers. A hazardous condition exists if containers are located so that they may become overheated or tip over. Oxygen containers should not be left on a closed bus because of heat and the expansion and possible release of oxygen.

Liquid oxygen can cause frostbite on contact with skin. Prevent tipping by securing to the wall or floor of the bus. Do not secure near a heater source.

ROUTING AND SCHEDULING

Routing and scheduling for a student with special needs can be very complex. Flexibility within the system is a must as regular changes in special needs transportation is the norm.

Unlike regular scheduling, a special needs student may not be attending the school closest to his home, so the bus ride could possibly be longer than that of other children in their area. The Individuals with Disabilities Education Act (IDEA 2004) does not specify a time limitation for a student's bus ride. However, every effort should be made to make the ride as short as possible, and travel time should be comparable with that of non-disabled students. Transportation needs, written into the student's IEP, must be met and should reflect any likely impact on achievement of academic and non-academic IEP goals. A shortened school day for the purpose of accommodating transportation schedules is not permissible.

Some issues to be resolved in the IEP process that relate to routing and scheduling may be:

- Can the student be safely transported without undue risk to the child or others?
- Will the length of the trip and/or other aspects of transportation put the child at unreasonable risk?
- Where is the child picked up and dropped off?
- Does transporting the child involve disability-related concerns that will impact timing?
- Can the child's adaptive equipment be accommodated?
- What is an appropriate restraint system, and how long will it take to put the child in the restraint system correctly?
- Can the child be transferred to a bus seat from the mobility device?
- Are there specialized care or intervention concerns?
- What level of supervision might be required (i.e., bus assistant, nurse)?
- How will any auxiliary equipment be transported?

This section outlines the process of scheduling a student with special needs for transportation. It is recommended that transportation departments develop guidelines in conjunction with their district's special education department or BOCES personnel. Open communication between transportation, the special education department, and parents will enable your district to provide safe, appropriate, cost effective transportation for the special needs student.

REQUEST FOR TRANSPORTATION

A request for transportation is the trigger for the communication needed to provide appropriate transportation for the special needs student. Whether the request is oral or written, the person making the request must provide accurate and complete information. All information must be handled confidentially in accordance with the Family Educational Rights to Privacy Act (FERPA). Since scheduling one student with special needs can be much more complex than scheduling an entire bus load of non-disabled students, each district should establish a realistic time line in which to arrange transportation for a new student. The IDEA 2006 Regulations do say that the IEP must be implemented as soon as possible. §300.323(c)(2). The Official Commentary to the IDEA 2006 Regulations offers the following examples of "situations" that might warrant "a short delay":

- "When the IEP meetings occur at the end of the school year or during the summer, and the IEP team determines that the child does not need special education and related services until the next school year begins"

- “When there are circumstances that require a short delay in the provision of services (e.g., finding a qualified service provider **or making transportation arrangements for the child**)” (Emphasis added)

An oral request for transportation is a "quick" way of receiving information. An authorized person, usually a special education staff person, calls the transportation department requesting transportation services for a new student or one for whom transportation has become necessary. Each district transportation department should find out who is authorized by the special education department in their district to request special transportation services for students.

Transportation in turn sets up a schedule and begins transporting in accordance with the request. Prior to development and implementation of that schedule, the transportation department should develop a checklist of questions to have answered during the conversation with the person making the request. The checklist will become a record of the initial request for transportation. The list should include but not be limited to the following:

- Name and title of the person making the request
- Name and title of the person receiving the request
- Date of request
- Name, address, phone number, age, and sex of student
- Name, address, phone number of parents/guardians
- Name, address, phone number of alternate stop, if required
- Work phone numbers
- Emergency contact persons and phone numbers
- School of attendance
- Date transportation should begin
- Consideration of the need to coordinate discussion of the relationship between the disabling condition and the student’s transportation needs.
- Special transportation needs

A written request form may be developed by the transportation department in conjunction with the special education department. The written form of communication provides documentation with the signature of the person authorized to request special transportation for a student. This means of communication eliminates many of the problems in the complex procedure of routing and scheduling a special needs student.

STEPS IN SCHEDULING

Scheduling a student must be done on an individual basis. What works for one child may not work for another. The scheduler must assess all available information about the student and find the best transportation plan for that child. The most efficient and economical route that effectively meets the needs of the student should be selected.

Identify the Student's Needs

- What specialized equipment is used?
- Is there a need for a bus assistant?
- What is an acceptable length of ride?
- Where can the student meet the bus?

Identifying specialized equipment used by a student will help determine the vehicle assigned. If the student has a wheelchair, is it battery powered or a standard chair? If battery powered, does it have a sealed acid or gel cell battery? Is it a three wheeler? Does the student use a lap tray?

Will the student be transported in the wheelchair or be transferred to a bus seat? Other specialized equipment and assistive devices that the scheduler should be aware of are walkers, crutches, computers, oxygen, medical devices, or any other equipment that requires special securement while being transported.

In some cases, the student's IEP will request that a student assistant or a registered nurse (RN), assist the child. Often it is the responsibility of the transportation department to determine if an adult other than the driver is needed. Each district should develop guidelines for determining the assignment of a student assistant to a route. It's important to evaluate the following:

- Physical, health, or emotional needs of the student(s)
- The student's ability or lack of ability to communicate safety-related concerns
- Any related IEP goals
- Behavior
- Combinations of disabilities and equipment on the bus
- Length of ride
- Number of students on the bus
- Efficiency of emergency evacuation

As stated, IDEA 2004 does not specify the length of the ride. If the length of the ride is specified on the IEP, the requirement must be met. Consideration should be given to what is acceptable on an individual basis.

Establishing the pickup or drop-off location is also important. Can the student meet the bus at an existing bus stop, or is a home address stop necessary? When establishing pickup and drop-off locations, care must be given to follow all state and local regulations regarding the safe loading and unloading of school children.

Assign the Student to a Route

Using the information gathered in identifying the student's needs, the scheduler will assign the student to a route. Three possible options are the following:

- Existing route
- New route
- Alternate transportation

Consider all the school transportation vehicles traveling in the area. Evaluate particular needs of the student in relation to the route traveled by each possible vehicle, the type of special equipment each vehicle accommodates, the status of the other students riding on each vehicle, and the possible length of the ride.

If all of the special needs of the new student can be met on one of the existing routes, make the assignment to that route.

If there is no existing route that meets the unique needs of the student, consider developing a new route that will satisfy all the criteria. Assign the appropriate bus/vehicle, driver, bus attendant, if required, and the student to the new route.

There are situations in which school bus transportation is impractical because of distance, road conditions, placement of the student, or medical condition of the student. In these cases, it is advisable to consider alternative means of transporting the student. Options must be discussed with parents and ideally be agreed upon by all parties concerned. However, an IEP team can make a determination over parent objections. Some alternative transportation options are to:

- Reimburse a parent/ guardian for transportation. (The district should obtain proof that whoever transports the child is properly licensed and carries adequate insurance based on requirements of the Colorado Division of Motor Vehicles and the Local Employing Agency (LEA).)
- Use the local transit authority. (The school district is responsible for the fee.)
- Use a taxi. (The school district is responsible for the fee.)

The transportation department must communicate the scheduled bus pickup and drop-off times to parents, bus driver, and school personnel. Fostering a sense of teamwork and communication will provide more efficient service for the students. Establishing written procedures will provide consistency and efficiency in the routing and scheduling of special needs students. The following topics should be considered:

Stop Location

- Can the student access an established stop?
- Does the student need an address stop? In most cases, you will be able to provide curb-to-curb rather than door-to-door service.
- Does the student have an alternate address or a fluctuating schedule? Typically, you will not be required to accommodate a fluctuating schedule unless this is necessary because of the needs stemming from the child's disability.
- If an alternate address is requested, these things should be considered:
 - Does it fall within an existing route, or will it result in re-routing or adding a route?
 - Does it meet the same criteria for busing as the home address?

If a request is made for multiple stop locations on a daily or weekly basis, careful consideration should be given to the impact on transportation. Although this can be beneficial to parents, it can lead to longer rides, the possible addition of routes, or confusion in routing (i.e., a child being dropped off at a wrong stop on the wrong day).

Pickup

Establish a length of time the bus will wait at the pickup location. For example, each student should be ready to board the bus five minutes before the designated stop time. The driver should wait no longer than two minutes past the stop time. Establish a procedure as to whether the bus will return to pickup students who miss the bus (both at home and at school). If this is done, clear instruction must be provided to students and parents. Additionally, this may be a matter for policy development.

Drop-off

Does the child have to be met by a parent/guardian or another responsible person? (Again, this is an area for developing policy.) If so, develop a procedure that details what will happen when a parent/guardian fails to have a responsible person meet the student at the bus stop. Some options are to:

- Wait for a designated length of time at the stop
- Consider an alternate drop-off location, if available
- Finish route and return to stop
- Return to school
- Return to transportation facility
- Notify local law enforcement agency or social services

Student Information

Although some details regarding a student may not be necessary, there is some information that is pertinent to safe transportation. Certain disabling and/or health conditions should be noted with specific information about the impact of the condition on transportation. The “label” or “diagnosis” alone is not enough. Some examples are:

- Autism
- Asthma
- Allergies (i.e., bee stings, certain foods)
- Behavior disorders
- Medically fragile
- Seizures
- Any other medical condition that affects transportation

Emergency Information

Districts should have a plan for conveying accurate information to the bus driver and student assistant. Transportation should decide what information will be carried on the bus. Any information provided should be appropriate for medical staff in the event of an emergency. Information should cover such basics as:

- Student name, address, and phone
- Parent/guardian name, address, and phone
- Medical condition(s)
- Physician name/phone number
- Emergency contacts (names and phone numbers)

All information regarding students is confidential, and transportation personnel should be trained in the proper handling of such information.

Route/Schedule Changes

Since special needs transportation must be flexible, districts may want to develop procedures to cover the following:

- Temporary or permanent change of address
 - How much advance notice is needed to implement change?
 - Is a written request necessary, or will a phone call suffice?
 - Does the new address meet all busing criteria?
- Change in program or school placement.
 - Does it involve a new or different route or time changes?
 - Will a student be absent for the a.m. run, p.m. run, or for the whole day? (Make sure parents know whom to call and by what time.)

Field Trips/Activity Trips

Special needs students cannot be excluded from participating in field trips/activity trips. Careful planning and coordinating with the class sponsor will ensure a safe and happy trip.

Some issues to consider are:

- Training for school building personnel on trip requests and provision of necessary information when ordering field trip buses
- Assigning a properly trained driver
- Assigning a properly equipped bus
- Having the same emergency information available that is on the daily route bus
- Including non-disabled students on the regularly scheduled bus if possible

Transfer Points--Vehicle to Vehicle

Due to scheduling or time constraints, a district may need to establish transfer points for some special needs routes. With careful planning this can be accomplished smoothly and safely.

Points to consider include:

- Choosing a safe location
- Allowing sufficient time to complete the transfer
- Ensuring radio contact between vehicles
- Personnel necessary to accomplish the transfer

TRAINING

According to Federal Guidelines, anyone providing services to a student with special needs must be trained. Training programs must be designed to ensure a comprehensive understanding of services provided and prepare personnel to meet the individual needs of each student. Drivers and student assistants are required to be trained and qualified in the operation of equipment related to their assignment. Training shall also include securement of assistive devices and competent delivery of routine health care services. **All areas of training should be documented.**

TRAINING TOPICS

- Behavior management – See Section Eight.
- Characteristics of students with disabilities – See Section One and Six.
- Confidentiality – Refer to the video “Confidential Records, Training for School Bus Drivers,” Peggy Burns. (Available from the CDE library, 303.866.6661.)
- Emergency evacuation plans and drills – See Section Nine.
- First aid training.
- Home, transportation and school communication – See Section Seven.
- IEP – See Section One.
- Loading and unloading procedures.
- Medically complex students – See Section Six.
- Operational procedures.
- Proper handling of adaptive/assistive devices.
- Proper Child Safety Restraint Systems (CSRS’s) and Manufacturer’s Specifications – See Section Three.
- Regulations and Guidelines – See Section One.
- Universal precautions – See Section Six.

Other recommended training topics:

- Child abuse/neglect reporting – Refer to District Policy.
- Crisis intervention – Refer to District Policy.
- CPR – Refer to District Policy.
- DNR – See Section Six.
- Occupational therapy/physical therapy – See Section Six.
- Proper use of vehicle safety equipment – See Manufacturer’s Specifications.
- Reasonable restraint – Refer to District Policy.
- Seizures – See Section Six.
- Sensitivity training.
- Service animals.
- Sign language.
- Student specific medical conditions – See Section Six.
- Suspension of students – Ten-Day Rule – Refer to District Policy.
- Transporting medications – Refer to District Policy.
- Two-way radio operation / cell phones – Refer to District Policy.

JOB RESPONSIBILITIES--DRIVER AND STUDENT ASSISTANT

Passenger Comfort

The driver needs to be aware of road hazards or other problems that might affect the smooth, comfortable, and safe ride necessary for special needs passengers. For example:

- Avoid potholes or other rough road surfaces, and take the path of least resistance.
- Drive in the center lane, when possible, rather than the right lane to keep the passengers' up and down movement to a minimum.
- Make turns slowly so that students are not subjected to extreme side motion.
- Accelerate and decelerate smoothly.
- Look for a safe place to pull over and park when a behavioral or medical emergency occurs on the bus.
- Position vehicle properly for safe loading and unloading.
- Place a medically fragile student toward the front of the bus.
- Address other student needs, such as sensitivity to heat, sun or cold, accordingly.

OPERATIONAL PROCEDURES

Personal Pre-trip Inspection

A personal, mental/physical inspection is also important for the driver and student assistant to evaluate. Possible questions to ask oneself:

- Are you mentally prepared to drive today?
- Are your personal problems or conflicts with others set aside so you are able to focus 100 percent on your job?
- Are you physically impaired due to illness or injury?

Vehicle Pre-trip Inspections

In addition to the regularly checked items in a school transportation vehicle's pre-trip inspection, the driver or student assistant should check for:

- Lift and ramp operation (including manual application)
- Additional emergency equipment such as a belt cutter and an evacuation blanket
- Emergency evacuation plans
- Mobility aid and passenger equipment securement devices
- Child safety seats and/ or booster seats
- Safety belts, tether straps, and/or harnesses

This might detect operational problems at the terminal rather than out on the route.

Vehicle Post-trip Inspections

At the end of each run and again at the end of the route, transportation personnel should post-trip the vehicle for the following:

- Sleeping children
- Equipment cleanliness and condition
- Personal belongings, such as, medication, backpacks, assistive devices, etc.

Loading/Unloading

School districts may want to document their safe loading and unloading procedures for non-ambulatory students and ambulatory special needs students. Important issues to address when evaluating necessary assistance for a non-ambulatory passenger are the following:

- How a wheelchair and/or any specialized equipment is used for boarding purposes when a student is unable to enter through the service door.
- Where is the proper positioning of the vehicle for safe loading and unloading?

- Who is authorized to operate the lift?
- Positioning the wheelchair so the heaviest part of the chair is at the rear of the lift, with the student facing away from the vehicle.
- Applying the wheel locks (brakes) of the chair when the lift is in operation.
- Does the uniqueness of the equipment require additional training?
- Is an additional person necessary for safe loading/unloading and/or lifting?
- Disengaging the clutch and turning off the power on battery powered wheelchairs.
- Making sure the lift platform barrier guard is operational.

Some ambulatory students also require special assistance or guidance when boarding or disembarking from the bus. Issues that a district may need to address include:

- Parents who want to carry their child onto the bus.
- Providing assistance to students who physically cannot negotiate the service door steps by themselves.
- Providing assistance to students who may have to cross the street due to routing difficulties.
- Providing assistance to visually disabled students.
- Providing assistance to students who are unable to walk unassisted to their seats.

Care should be taken to keep the stairwell and aisle clear of obstacles, including backpacks, securement straps, or assistive devices.

COMMUNICATION

To have a transportation system that meets the needs of students with disabilities, communication is a key ingredient. On-going communication with administrators in school districts and/or BOCES, teaching and support staff, transporters, parents, and the students involved must occur as a team effort.

If transportation is deemed a related service in order for a child to access FAPE, it must be documented in the student's IEP. A form of written communication must be generated to the transportation provider indicating the areas essential for the safe transportation of the student. The form should be preliminary to actual transportation to ensure that specialized equipment or training of the bus driver and student assistant can be a reality by the time transportation begins.

The following areas of responsibility are intended to be a guide for special needs transportation trainers and supervisors when training school bus drivers and student assistants and everyone else involved in the transportation process.

ADMINISTRATION

School district and/or BOCES administrators are responsible for implementing local board of education policies. The director of special needs education, or designee, needs to be in communication with the director of transportation, or designee.

Emergency personnel (i.e., fire, police and ambulance) in the area need to be advised of emergency information forms that may be necessary to effectively treat the students in the bus environment. Name, address, phone number, emergency contact, disabling conditions, current medications, and past medical history are some of the required information that emergency personnel may request.

Two-way radio/cell phone communication devices on each school transportation vehicle are imperative to ensure safe transportation of students with special needs. Local transportation directors should be responsible for obtaining these invaluable instruments.

SCHOOL STAFF

Teachers need to inform the driver and/or student assistant of the type of day a student had. Likewise, the driver/ student assistant needs to inform school staff what manner of ride the student had. Be sure to include the positive side of the student's day as well as any negative aspects that the teacher or transporter would need to know, such as hitting people, being physically or verbally out of control, seizure episodes, asthma attack, etc.

Drivers and student assistants are encouraged to visit student classrooms to learn how to work with students on their routes. Teachers can be particularly helpful with the school bus rides if they will instruct the students about bus behavior and help the drivers and student assistants with key words, phrases, songs, and reading material for the students while riding.

Teachers can provide instruction for therapeutic implementation, such as walking on to and off of the bus, fastening seat belts, and sitting quietly during the ride, with rewards and consequences for appropriate and inappropriate behavior.

Behavior modification of students needs to be supported by transporters. Drivers and student assistants should have on-going communication with school staff and understand the suggested techniques that are effective with specific students.

PARENTS/GUARDIANS

Parents need to encourage students to obey the bus safety rules and demonstrate proper bus behavior. Parents may want to ride the bus to observe student conduct. (Check your local school board policy.)

When a student is not going to ride the bus, the parent should contact the transportation office as well as the school. A parent handbook given to parents at the beginning of the school year or whenever a student begins to ride the bus should reference this and other helpful information.

A student emergency information form should be completed by the parent, including emergency drop-off location(s) with name and phone number of the responsible person. Seizure information and medication(s) presently administered are essential and should be provided by the school nurse for the bus driver. This information is confidential and will be shared only with school officials, transportation providers, and emergency personnel. If medications are changed or discontinued, written communication from the school nurse to the bus driver and school personnel should take place immediately, and revision of the emergency form should be completed as soon as possible.

Personal daily communication by the parents with the bus driver and student assistant will help ensure the safe transportation of students. Parent input on ways to deal with student behavior is invaluable for transporters.

DRIVERS / STUDENT ASSISTANTS

Daily communication between the driver/student assistant, teacher, and parent is essential. Such communication can be helpful to everyone, especially the special needs student. Drivers and assistants need to take the initiative to learn as much as they can about the students they are transporting.

Drivers and student assistants need to learn to communicate with students in the most effective manner depending upon the student's ability. Gentleness, patience, firmness, persistence, and praise will result in more consistent behavior and more enjoyable rides for the students. Teachers can be invaluable with key words and other suggestions.

Drivers and student assistants need to report to the proper school authorities and/or the parents any unusual behavior, episodes, or attitudes immediately and in detail, since they may have medical implications. Documentation in a journal or a calendar notebook of behavioral problems, seizure duration, etc., is an excellent resource to refer to at a later date.

Drivers shall maintain the route schedule for pickup and drop-off times of students as closely as possible. Inform parents in writing of changes in schedule and adhere to the written schedule even when some students have not been riding.

The student assistant and/or driver shall explain the bus rules to the students and be consistent in carrying them out. The bus rules should be posted at the front of the bus.

Drivers and student assistants need to be proficient in the use of the two-way radio.

It is essential that bus drivers and student assistants have good communication with one another. An understanding of each other's responsibilities is necessary for the safe transportation of special needs students.

STUDENT HEALTH CONCERNS

A significant number of students have health conditions that require special management during the school day. In Colorado, the school district Registered Nurse (RN) is mandated to train, delegate, and supervise non-nursing personnel who perform nursing tasks (e.g. gastrostomy feedings, tracheal suctioning, catheterizations, administration of medications, etc.). The RN determines if non-nursing personnel may safely perform the care. If so, s/he may “delegate” authority (train others) to perform the care. If not, the care will not be delegated. The school nurse is also responsible for obtaining information and coordinating health management for the student. <http://www.cde.state.co.us/cdesped/download/pdf/nur-Delegation.pdf>

Every Colorado school district has a school nurse for at least Special Education services. The local district, Board of Cooperative Educational Services (BOCES), public health agency, or private health care provider may employ this nurse. All school transportation departments should know who their nurse is and ask for help in acquiring information about the student to ensure her/his safe transportation. Working together, the nurse and the transportation department can create a plan that ensures safety and reduces the district’s liability.

An Individual Health Care Plan (IHCP) is developed to identify a student’s health needs. The plan is written by the school nurse with input from the parent, child (if appropriate), school administrator, and the health care provider. These plans assist students with self-care and are written so non-medical personnel who are in contact with students during the day may utilize them in a practical manner.

Components of an IHCP include identifying information, sources of medical care, a list and brief description of health problems, treatment plan, emergency plan, transportation health care plan, and a plan for IHCP re-evaluation. In addition, it may contain signatures from parents and health care providers and the names of persons trained to execute the IHCP.

EMERGENCY INFORMATION

Each student’s current medical emergency information should be provided to drivers and student assistants. It should also be made available to substitute personnel and be accessible on the bus for emergency response personnel. If this information is not available in your district, be sure to request it. There are a variety of forms being used in Colorado, customized to each district’s needs, but in general they include:

- the student’s medical or disabling condition
- what to do in a medical emergency
- the student’s and parent’s name, address and phone numbers
- names and numbers of emergency contacts
- the physician’s name and phone number

It is imperative that district personnel treat this information with confidentiality.

HEALTH CONDITIONS

In addition to Characteristics of Students with Disabilities described under IDEA, the Exceptional Children’s Educational Act (ECEA) of Colorado provides the following definitions:

A sustained illness means a prolonged, abnormal physical condition requiring continued monitoring characterized by limited strength, vitality, or alertness due to chronic or acute

health problems, and a disabling condition means a severe physical impairment. Conditions such as, but not limited to, traumatic brain injury, autism, attention deficit disorder, and cerebral palsy may qualify as a physical disability if they prevent a child from receiving reasonable educational benefits from regular education.

Criteria for a physical disability that prevents the child from receiving reasonable education benefits from regular education depend on the diagnosis and degree of involvement in the regular school setting as characterized by any of the following:

- The child's chronic health problem or sustained illness requires continual monitoring, intervention, and/or specialized programming in order to accommodate the effects of the illness so the child may reasonably benefit from the education program.
- The child's disabling condition interferes with ambulation, attention, hand movements, coordination, communication, self-help skills and other activities of daily living to such a degree it requires special services, equipment, and/or transportation.

Many special needs students today are receiving their education as well as health care in the public school setting. Early dismissal from hospitals has become the norm, allowing students to return to school while they are still receiving treatment. Special procedures such as suctioning tracheotomies, catheterizations, gastrostomy tube feedings, and more are being performed in schools on a routine basis. Students who require oxygen, respirators, or ventilators are being transported to school on buses.

It is essential that transportation departments be informed about medically fragile students before beginning service. Transportation decisions need to be made by qualified personnel, who should also be included in developing and implementing the student's IEP and Transportation Plan.

The term “**Chronic Health or Medical Problems**” describes temporary or permanent health conditions that make it impractical for the student to receive adequate education in the regular school program. Conditions may include seizure disorder, cardiac conditions, asthma, malnutrition, diabetes, pregnancy, or some physical disabilities such as muscular dystrophy, cerebral palsy, or spina bifida.

Students with serious medical conditions need a Transportation Health Care Plan, prepared with help from the district's nurse. Following are descriptions of several student health concerns that drivers and student assistants should be aware of. They should know how to transport students with these concerns in a safe manner.

Anaphylactic shock: Extreme and life-threatening allergic reaction to certain substances such as bee stings, certain foods, chemicals, medications, etc. It is a major medical emergency in that it occurs rapidly and closes off the breathing passages so the victim is unable to breathe. If instant treatment does not occur, it can be fatal. Students with such life-threatening allergies carry an epi-pen and are usually able to self-inject it. However, if the student is injured and can't do it, bus personnel should be trained in how to perform the injection. Transporters can ask the district's school nurse about such training. <http://www.foodallergy.org/>

Arthritis (juvenile): The student may have painful, inflamed joints, poor posture due to pain and deformities, muscle weakness, stiffness and pain, and ineffective protective reflexes if they fall. Some children will be severely limited and others may have mild symptoms. Additionally they may have lower blood clotting time that can result in prolonged bleeding if injured, as well as possible heart failure. These students may require the use of crutches, helmets,

wheelchairs, etc. The student may have a health care plan that defines accommodations needed on the bus and may need help getting on and off the bus. They may also walk more slowly than others, particularly in the morning. Special issues include:

- Poor balance
- Slow movements, often afraid to move because of pain
- Because of fluctuations in disease, may use a wheelchair one day, walk the next day, and be back in the wheelchair on the third day <http://www.arthritis.org>

Asthma: Asthma is a chronic and potentially life-threatening lung disease in which airways become inflamed and/or swollen, making it hard to breathe. People with asthma have extra sensitive or hyper-responsive airways. The airways react by narrowing or obstructing when they become irritated. This makes it difficult for the air to move in and out. This narrowing or obstruction can cause one or a combination of the following symptoms: wheezing, coughing, shortness of breath, chest tightness.

Common triggers of an asthma attack include everyday stimuli such as: cold air, dust, strong fumes, exercise, inhaled irritants, emotional upsets, smoke, and respiratory infections. The student may carry an inhaler with medication to be used when symptoms occur and should be allowed to use it on the bus. Treatment also consists of avoiding known triggers (i.e. respiratory infections, smoke, dust, animal dander, mold, pollen, exercise, cold weather), recognizing early symptoms, and monitoring with a peak flow meter.

<http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=23014>

Attention Deficit Hyperactivity Disorder (ADHD or ADD): ADHD is a condition that affects children and adolescents and manifests as short attention span, hyperactivity, impulsivity, and poor concentration. The symptoms may range from mild to severe and students affected are usually of average or above average intelligence. The condition is much more prevalent in boys, and bus drivers may notice emotional liability (quickly vacillates from happy to sad to angry over small events, followed by feeling sorry). Treatment consists of behavior management, environmental control, and sometimes medication. <http://www.chadd.org/>

Burns: Burns are classified by degree and include first degree (reddened skin – like a mild sunburn), second degree (red, moist, blistered, and painful – like a bad sunburn), and third degree (involves all layers of the skin and may be white, red, or black). Almost all third degree burns require skin grafting, and the child will be hospitalized for varying periods of time after the injury occurs. Upon returning to school, if the burns were severe, the child will wear a custom-fitted stocking suit (Jobst) or other material for up to 23 hours per day to apply constant pressure to minimize deformity resulting from scarring. Additionally, special wraps, splints, gloves, and padding may be worn. Emotional readjustment is a concern for children returning to school. They may worry about their changed appearance and maintaining friendships. Re-entry may be facilitated by the school nurse or social worker. Discussion of the accident with classmates and students on the bus prior to re-entry is recommended. Severe burns can lead to lifelong disability, long term medical interventions, or frequent hospitalizations to prevent or minimize disability. The student may have problems getting on and off the bus due to decreased range of motion (ability to move) at the site(s) of the burn.

<http://www.shrinershq.org/hospitals/burninst/>

Cancer: Although there are many kinds of cancer, they all start because of out-of-control growth of abnormal cells. Cancers can cause tumors or abnormalities in the blood (leukemia) and can be found in almost any part of the body. Children with cancer may miss school because of their treatments, and when they attend school they may be tired, bleed easily, and have fragile bones – all more likely to be related to the treatment than the disease. They may experience nausea

and vomiting, may need help getting on and off the bus, and may have trouble carrying books and other items due to weakness and/or balance concerns. (See also leukemia.)

http://www.cancer.org/docroot/CRI/CRI_2_6x_Children_and_Cancer.asp?sitearea,
<http://www.nccf.org/>

Central Venous Lines (CVL): A CVL is an intravenous (IV) tube that is surgically implanted into a vein in the neck or chest near the heart and is used to give IV feedings, fluids, and/or medications or to take blood samples. The site where the tube comes out of the skin needs to stay clean and is always covered by a sterile dressing. On the end of the tube farthest from the body is a clamp or cap that prevents blood from leaking out or air from getting into the vein. Cleaning of the CVL site and changing the dressing is a sterile procedure and is done only by the school nurse or the parents. No specific care is required during transportation.

<http://www.hemophiliagalaxy.com/patients/managing/venous/> - note: This website deals with hemophilia, but the information about CVL is informative.

Cerebral Palsy (CP): Caused by brain damage occurring before, during, or shortly after birth. There are three basic types: athetoid, ataxic, and spastic. Varying degrees and combinations of CP are found with possible seizure problems, learning disabilities, speech and/or eating problems. Cerebral palsy can be classified in several ways, either by the parts of the body affected or by the symptoms presented.

Most people with CP have spasticity that results in stiffness or tightness in affected extremities. Other forms of CP cause loose, floppy, uncontrolled, and excessive movements of the head and extremities. Cerebral palsy is also categorized by the parts of the body affected. Some students will have weakness and spasticity in all extremities (quadriplegia); some will be affected only on one side of the body (hemiparesis); others will be affected only in the legs (diplegia).

All individuals with CP may have the following symptoms:

- Poor balance, either walking or sitting; may fall to one side when sitting.
- Slow physical and verbal responses.
- Slurred, hard to understand speech.
- Tremors of the legs or arms that may cause jerking – i.e., the foot will jerk off a wheelchair foot pedal. If help is requested, gently, slowly lift the foot back into position.
- Fear of movement, especially fast movement.
- Startle reflexes that result from fast movement or loud noises that may make them "jump" or make them stiffer or floppier than usual. Use a quiet, slow, and gentle approach with these students.

Interventions from individuals working with students with CP can result in fewer problems. Remember that students may not be able to respond quickly and need time to follow directions. They are often afraid of moving quickly and have poor balance. If in a wheelchair, they might sit stiffly, with legs and arms extended or may list to one side. If walking, they may walk with a stiff gait, with legs crossed in a "scissor" gait, or up on their toes. They may use a variety of equipment, including wheelchairs, braces, walkers, body jackets or prone boards. They may also need to use seat belts or other restraint system for posture control.

<http://www.nichcy.org/pubs/factshe/fs2txt.htm>

Colostomy: A colostomy is a surgical opening of part of the bowel (colon) through the abdominal wall that provides an alternate way for the student to eliminate stool without passing it through the rectum. The opening is called a stoma. The student wears a plastic bag to catch the fecal contents. This pouch must be emptied routinely, depending on diet, activity,

medications, emotions, and location of the colostomy. Colostomy care will occur at school and home and requires no special care on the bus. (See also ileostomy.)

<http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/digest/hirschpr.html> - note: This website is about a specific disorder, but there is a good picture of and explanation about colostomy.

Cystic fibrosis (C.F.): CF is an inherited (genetic) condition affecting the cells that produce mucus, sweat, saliva and digestive juices. Normally, these secretions are thin and slippery, but in CF, a defective gene causes the secretions to become thick and sticky. Instead of acting as a lubricant, the secretions plug up tubes, ducts and passageways, especially in the pancreas and lungs. Although there's still no cure, the emerging field of gene therapy may someday help correct lung problems in people with CF. Cystic fibrosis is not contagious even though the student may have a frequent, productive cough.

The most frequent complications of CF are chronic respiratory infections. Asthma can also result. Symptoms include: Salty taste to the skin, foul-smelling, greasy stools, thick sputum, coughing or wheezing, frequent chest and sinus infections. Students with CF may use inhalers to alleviate respiratory symptoms. Students may have restricted activity and often have frequent hospitalizations. They require medications and treatments to reduce symptoms and prolong life.

http://pediatrics.about.com/cs/conditions/l/bl_cf.htm

Diabetes: Diabetes is a chronic disease in which the body does not make or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy. People with diabetes have increased blood glucose (sugar) levels due to a lack of insulin. High levels of glucose build up in the blood and spill into the urine and out of the body. As a result, the body loses its main source of fuel.

Blood glucose levels can sometimes drop too low, a condition called hypoglycemia. Taking too much insulin, missing a meal or snack, or exercising too much may cause hypoglycemia. A child or teen can become nervous, shaky, and confused. If this happens, the student should be given a concentrated form of sugar such as juice, hard candy, cake frosting in a tube, or glucose tabs. The student should carry these items with him/her. When blood glucose levels fall very low, the person can lose consciousness or develop seizures. This is a medical emergency and requires injection of glucagons and a call to 911. The school nurse should provide training about how each student with diabetes should be treated. "Helping the Student with Diabetes Succeed: a Guide for School Personnel" is available at

http://www.ndep.nih.gov/diabetes/pubs/Youth_SchoolGuide.pdf.

Down Syndrome: Caused by a genetic malformation at conception, this syndrome is accompanied by varying degrees of limited intellectual capacity and characteristic physical features including slanting eyes, protruding tongue, short stature, decreased muscle tone, and flattened nasal bridge. No special equipment is required unless other complicating conditions warrant it. Serious health problems are common and may include:

- Poor coordination, slow reactions. Additional instructions may be needed.
- Congenital heart problems. Check health care plan for information.
- Respiratory infections. Breathing through the mouth makes them susceptible to upper respiratory infections.
- Vision problems, especially strabismus (crossed eyes), cataracts, and near sightedness.
- Dry skin.
- Hearing loss.
- Obesity.
- Spinal instability. <http://www.acds.org/>

Gastrostomy (G-Tube): A G-tube provides a safe and simple way of giving food, medicines, and fluids directly into the stomach. It is necessary when a student is unable to take food by mouth or is unable to get enough nourishment by mouth. A gastrostomy is a surgical opening through the abdominal wall into the stomach. A flexible tube or "button" is inserted into the surgical opening. The tube is capped between uses to prevent leakage. There are many different types of G-tubes and buttons. If the bus driver notices any leakage, the teacher, parent, or school nurse should be notified. <http://www.ehendrick.org/healthy/000582.htm>

Hearing Disability: Hearing disabilities may vary from slight loss to total loss of hearing. The child may have speech and/or voice quality that makes him difficult to understand, and he may use hearing aids. You should know:

- Speak clearly at your normal rate.
- A child might be able to partially hear what is being said but have difficulty understanding. Take time when giving instructions. Make sure he is looking at you. Ask if you have been understood.
- If the student is profoundly deaf, he may not understand anything that is said. Use basic gestures, facial expressions, and hand motions. Continue giving instructions until the direction is understood and accomplished. Make sure he can see your mouth when you are speaking.
- Try not to let the student "get away with things" because of his hearing loss. Have the same behavior expectations as for his non-disabled peers. NOTE: Good rule for ALL.
- If necessary, write out instructions.
- Consider learning sign language. <http://www.nichcy.org/pubs/factshe/fs3txt.htm>

Heart Disease: Congenital heart defect is a broad term to cover heart problems that are present at birth. Because of the heart's role in pumping oxygen and nutrients to all parts of the body, defects can be limiting and life-threatening. There are many different types of defects that can involve the heart valves, the physical structure of the heart, or the vessels leading to or from the heart and lungs. Symptoms may include cyanosis (blue color to lips, fingernails, and skin), shortness of breath, and decreased tolerance for exercise. Potential problems and treatment will vary depending on the type of defect. Sometimes no intervention will be necessary; in other cases an emergency plan should be in place. Health implications include frequent absences due to surgery and illness, susceptibility to illness (especially respiratory infections), congestive heart failure (the overworked heart does not pump as effectively as it should, and fluid backs up into the lungs and/or other organs), medications that may have side effects that affect learning, and, occasionally, oxygen supplementation. The school nurse should be involved in training transportation personnel about individual student's needs.

Symptoms of congestive heart failure include difficulty breathing, fatigue, swelling of the arms and legs, weight gain from fluid retention, headache, dizziness, and lack of appetite. Treatment is aimed at improving the heart's ability to pump blood and includes decreasing the body's demands, controlling the heart rate with medications or a pacemaker, dietary restriction of fluids and sodium (salt), and medications. The student will probably require transportation because of physical limitations. Limitations should be outlined in a health care plan.

<http://www.americanheart.org>

Hemophilia: Hemophilia is a rare genetic blood clotting disorder that primarily affects males. People living with hemophilia do not have enough of, or are missing, one of the blood clotting proteins naturally found in blood. It is a life long condition with no cure, but with proper medication and care, the student can lead a normal life.

Signs and symptoms of hemophilia may include: many large or deep bruises, joint pain and swelling caused by internal bleeding, bleeding within the muscles, prolonged bleeding from cuts or injuries, or after surgery or tooth extraction. The student will tend to bleed longer than normal, but not bleed any faster. He will not bleed to death from a minor cut. Bleeding into internal spaces such as joints, muscles, or organs is a major concern. These bleeds are usually the result of injury but can happen spontaneously as well. Parents and school personnel should be notified if a student with hemophilia has an injury to their head, neck, or joints or sustains a hard blow to his abdomen or any other part of his body even if there is no evidence of external bleeding. Clotting factor can be administered intravenously to stop internal bleeding and may save the student from severe disability. The student is often able to recognize the first signs of bleeding before any evidence of a bleed are visible. Treatment for cuts and scrapes is the same as a normal person with direct pressure and bandages. (See also von Willibrand's disease.)
<http://www.keepkidshealthy.com/welcome/conditions/hemophilia.html>

Hydrocephalus: Hydrocephalus is a condition caused by too much spinal fluid collecting in the cavities within the brain. If untreated, this can result in increased pressure inside the skull (known as intracranial pressure) and compression of brain tissue. If the condition occurs before an infant's fontanel (soft spot) closes, it will lead to enlargement of the head. Hydrocephaly may be caused by genetic factors, accidents, or infection and may cause limited intellectual capacity. Headaches and behavior changes may be indicative of additional accumulation of fluid in the brain. The most common treatment for hydrocephalus is the surgical placement of a shunt or tube that drains excess fluid into the abdominal cavity. Hydrocephaly is rare, now that medical technology has provided shunts to drain excess fluid from the brain to the abdomen in both adults and infants.

A shunt is apparent by a 25 cent-sized lump on the head and a small tube that is usually visible beneath the skin of the neck. Neither of these areas should be manipulated by individuals without special training. If a bump to the head occurs, be sure to notify the parent and school personnel so an assessment can be made to determine if there was damage to the shunt. A shunt can have problems including infection of brain tissue along the tubing, clogging of the tube, or dysfunction related to the child growing taller resulting in the tube being too short. Shunts require revision and replacement as the student grows. (See also shunt.)
<http://health.discovery.com/diseasesandcond/encyclopedia/2704.html>

Ileostomy: An ileostomy is a surgical opening of the ileum (upper intestine) through the abdominal wall that provides an alternate way for the student to eliminate stool without passing it through the rectum. The opening is called a stoma. The fecal material from an ileostomy is more liquid than normal bowel movements because less digestion is able to take place when the feces does not pass through the lower intestine. The student wears a plastic bag or pouch to catch the fecal contents. This pouch must be emptied routinely, depending on diet, activity, medications, emotions, and location of the ileostomy. The fecal material is very irritating to the skin and the fit of the pouch is important to prevent skin breakdown. Ileostomy care will occur at school and home and requires no special care on the bus. If leakage occurs, notify the parent of school nurse upon arrival. (See also colostomy.)
http://www.surgerydoor.co.uk/medical_conditions/Indices/I/ileostomy.htm

Kidney Disease: Kidney or renal diseases can include congenital malformations (birth defects), obstructions of the urinary tract, and disease of the kidney tissue itself. The most common kidney diseases in children are congenital abnormalities (those they are born with). Children with chronic renal failure frequently have delayed growth either due to the disorder or to the medications they must take to prevent complications. The most likely symptom that a transporter might notice to indicate an acute problem is swelling of the eyes, face, hands and

feet. Children with chronic kidney disease may be undergoing blood (intravenous) or peritoneal (into the abdominal cavity) dialysis. This procedure will not occur while on the bus, but the tubing necessary for the procedure will be in place. Care should be taken that tubing is not disturbed or exposed. Children with kidney disease should not be offered any foods or drinks unless they are specifically authorized by the parent or school nurse, but should not require special care while on the bus.

http://kidshealth.org/parent/medical/kidney/chronic_kidney_disease.html

Leukemia: Leukemia is a type of cancer that affects the blood. The bone marrow contains too many white blood cells that are also abnormal. Students with leukemia have anemia, low numbers of blood clotting cells, and low numbers of the white blood cells that help to fight off infections. Symptoms of anemia include paleness, fatigue, shortness of breath, and decreased activity tolerance. Other symptoms include easy bruising, nosebleeds, bleeding gums, frequent infections, illness, fever, swollen glands, joint swelling and pain, weight loss, and lack of appetite. Central nervous system involvement is not uncommon, and symptoms include irritability, nausea, vomiting, headache, personality changes, blurred vision, and changes in level of consciousness. If any of these symptoms are noted, the parent, school nurse or teacher should be notified.

Treatment of leukemia is usually chemotherapy to destroy leukemia cells and return the bone marrow to as near normal as possible. It is not possible to kill all of the leukemia cells at once, and treatment usually requires two or three years before a “cure” can be considered. Because chemotherapy as well as leukemia tend to affect the body’s immune system, infections cause grave concern. (See also cancer.)

http://kidshealth.org/parent/medical/cancer/cancer_leukemia.html

Mononucleosis (Mono): Infectious mononucleosis is caused by a virus and usually presents as swollen glands. It is most common in children and young adults and, contrary to common belief, is not very contagious. The virus is spread through saliva and has been dubbed the “kissing disease.” Symptoms may consist of fever, sore throat, fatigue, weakness, and headache lasting for several weeks. It is not uncommon to contract other diseases during this time. Treatment includes rest and adequate fluids. Some students require prolonged bed rest or hospitalization; others may return to school with a full or modified schedule. There is no need for isolation or school exclusion, but intimate contact should be avoided. There may be enlargement of the spleen following the infection and participation in contact sports will be limited to prevent possible rupture of the spleen.

http://kidshealth.org/parent/infections/bacterial_viral/mononucleosis.html

Muscular Dystrophy (MD): Muscular dystrophy is a term used to describe a broad range of muscle disorders that are inherited and characterized by deterioration and wasting of muscle tissue. There is no cure for MD, and treatment is aimed at maintaining optimal levels of functioning. For example, physical and occupational therapy can decrease contractures and increase muscle strength. Respiratory infections and pneumonia must be treated promptly because children with MD have weak respiratory muscles that result in the inability to cough secretions out of the lungs. Obesity can be a common problem that can lead to loss of ability to walk.

Duchenne MD is the most common form and usually begins at the shoulders and hips and progresses out to the hands and feet. Most children with MD will be able to walk until they are eight or nine years of age when the progressive weakness results in the need to use a wheelchair. These students will use long leg braces (usually just before going into a wheelchair), wheelchairs, back braces, and arm feeders attached to wheelchairs. Breathing may

eventually need to be assisted by a ventilator. Drivers and student attendants should be aware that:

- Because of weakness, students with MD may not be able to catch themselves if they start to fall and would probably need help getting back up.
- Weakness of arms makes it difficult for them to help someone lift them. Be careful to not let them slip through your arms when lifting.
- Weakness of neck and trunk may make it impossible for them to hold their neck or body in an upright position. Assistance may be needed if their head falls.
- Difficult time coughing and fighting off colds and illness.
- Brittle bones; be careful when handling.
- Climbing may be difficult. Even when ambulatory, students may need help up and down the steps of the bus.
- Emotional problems coping with the progression of the disease which is eventually terminal. Be supportive.
- http://kidshealth.org/parent/medical/genetic/muscular_dystrophy.html

Neurofibromatosis (NF): Neurofibromatosis is characterized by benign (nonmalignant) tumors of the skin, nervous system, bones, or other organs. Symptoms include large brown mole-like patches on the skin (café au lait spots), bumps, or knots under the skin (tumors), bone deformities, and tumors of the brain spine, and nerve endings. About 1/3 of individuals with NF have mild symptoms that do not interfere with daily activities. Neurofibromatosis is not curable and is not contagious. Treatment can include surgery to remove troublesome tumors, medications to control seizures, and emotional support. Complications can include seizures if tumors grow in the brain, high blood pressure due to unusual blood vessels, and vision or hearing problems if tumors infringe on nerves that involve sight or hearing. Student with NF are likely to have learning difficulties and teasing can be problematic because of tumor growth on the head and face. <http://kidshealth.org/parent/system/ill/nf.html>

Other Orthopedic Disabilities: Because of broken bones, malformation, malfunction, or loss of bone, muscle, or body tissue, students may require special equipment or facilities for school activities. They may require types of braces, casts, or walkers.

Osteogenesis Imperfecta (OI): Also referred to as “brittle bone disease,” OI is a genetic disorder characterized by a weakening of the structure that gives connective tissue (bones, muscles, ligaments) their strength. Children with OI typically have bones that break easily and may suffer from multiple fractures following minor pressure or stress. They are usually short in stature and may appear exceptionally thin even when receiving adequate nutrition. Osteogenesis imperfecta has no cure, so fracture prevention and minimizing the disability are very important. Children with OI frequently have deformed teeth, vision problems such as cataracts, hearing problems, and thinner than normal skin. Intelligence is not affected.

Children with OI may have frequent absences and hospitalizations, and activity limitations may be necessary. They may require supportive or protective equipment such as a back brace or wheelchair, and physical therapy is usually ordered. Students may require transportation services due to ambulatory difficulties or activity limitations. Because of the extremely delicate nature of this disease, transporters may want to consider an alternate form of transportation. The student’s bones can break from just being touched or moved. Individuals working with these students should have special training and should use extreme caution when assisting them.

http://www.dbpeds.org/conditions/conditions.cfm?Abbrev=osteogenesis_imperfecta

Oxygen: Oxygen is used as a supplement when students have impairments of the heart or lungs that lead to problems with breathing or oxygenation. Oxygen should be treated as a medication and requires specialized training to administer safely. Oxygen can be given through the nose with nasal prongs of cannula or through a mask that covers the nose and mouth. A small tank of oxygen may need to be transported and/or used on the bus. There are many delivery systems, and training will be provided to transportation staff to ensure safety. <http://www.ucch.org/ucch/healthpages/pulmcrit/oxygen/todo.html> (Note: There is a section on transportation at the very end of this article.)

Seizure Disorders (epilepsy): Seizures or convulsions are fairly common, occurring in about 3-5% of children. Epilepsy is defined as having two or more seizures without a specific cause (idiopathic seizures). Although seizures can sometimes be caused by specific medical problems, including fever, head trauma, poisonings, infections, especially meningitis and encephalitis, and brain tumors (and are not thought of as being epilepsy), the cause of most seizures is often not found (idiopathic seizures).

The system classification for classifying seizures organizes them according to whether they affect the whole body or only part of it.

Generalized seizures are those that affect the entire body and include the convulsive, tonic-clonic, or grand mal seizures with which people are familiar, in which a child falls down and has jerking movements. Other types of generalized seizures include **atonic seizures**, which cause 'drop attacks,' and **absence seizures** (petit mal). Absence seizures cause a brief loss of awareness and are one of the causes of staring spells. These staring spells are usually brief, lasting only about 10-15 seconds, with a return to normal awareness after the seizure, and may occur several times a day.

The other main type of seizures are **partial seizures**, which have a focal onset (i.e., starting in the right leg, in contrast to a generalized seizure, which begins in all parts of the body at the same time). Partial seizures may be **simple**, in which there is no loss of consciousness, including seizures in which a child jerks one arm or deviates his eyes to one side. Children can also have **partial complex seizures** (psychomotor or temporal lobe seizures), which also have a focal onset, but which do involve a loss of consciousness. They are similar to absence seizures in that they also cause staring spells, but with partial complex seizures, the staring spell is usually longer, lasting 30 seconds to several minutes; and the child may be confused after the seizure. In addition to just staring, these children may seem confused during the episode and may wander around.

When any seizures occur on a bus, the driver or student assistant should monitor the student and time the seizure. Upon reaching your destination, assist the student to the school office or home and report the symptoms and duration of the seizure. The action required during and after a seizure will depend on the seizure type. Some people experience more than one kind of seizure.

First aid for convulsive epileptic seizures (**tonic clonic or grand mal**):

- Stay calm.
- Note the time.
- Prevent others from crowding round. Reassure other students.
- Put something soft under the person's head - like a jacket or cardigan - to prevent injury.
- Move the student only if he is in a dangerous place, such as in the road. **Move things away** from him if there is a risk of injury.

- Do not attempt to restrain the convulsive movements. Allow the seizure to take its course.
- **Do not put anything in the person's mouth.** There is no danger of swallowing the tongue, and teeth can easily be broken.

Bus personnel should remain calm and pull to a safe location. Report your location to the transportation office and inform them of the circumstances. Some districts might require paramedics to meet the bus and check the student before proceeding, or parents may want the student to be returned home. Seizures can be very frightening for the child and those who witness them. Remain calm and reassure students that their friend will be okay. When the seizure ends, watch for signs of the onset of **grand mal status epilepticus**. If this occurs, call 911.

Status Epilepticus: is a medical emergency characterized by one or more of several symptoms:

- A grand mal or complex partial seizure that lasts for more than 5 minutes.
 - One seizure occurs immediately after another without recovery between episodes.
 - The student can't be awakened 30 minutes after the jerking movements have stopped.
- http://www.keepkidshealthy.com/welcome/conditions/seizures_epilepsy.html

Spina Bifida (myelomeningocele) and Spinal Cord Injuries: Spina Bifida means "open spine" and is caused by a malformation or incomplete formation of the spinal cord and/or vertebrae, occurring before birth. Since the spinal cord is responsible for transmitting and receiving messages between the brain and the body, an interruption results in inability for messages to get from the body to the brain and vice versa. The degree of disability depends on the location of the defect (injuries that are higher on the spine result in more serious disabilities) and the presence of other health problems. The most common secondary health problems include hydrocephalus, lack of muscle control, problems with bowel and bladder control, scoliosis (curvature of the spine), and pressure sores. There is no cure for spina bifida. If bladder incontinence is not managed properly, serious damage can occur to the kidneys if the bladder does not empty completely and infection occurs or urine backs up into the kidneys. Another problem associated with spina bifida are allergic reactions to latex ranging from mild hives and rash to severe anaphylaxis. Latex is a component of many medical devices, such as gloves and catheters as well as some children's toys such as balloons and rubber toys. Information about avoidance of latex will be provided to transportation staff if a child is allergic.

Spinal cord injuries are usually caused by traumatic injury (car accident, etc.) to the spinal cord. Symptoms of spinal cord injury are similar to those found in individuals with spina bifida. Both spinal cord injury and spina bifida result in partial or complete paralysis of the muscles of the trunk or legs (paraplegic). Sometimes the arms are also involved (quadriplegic). Legs may be completely floppy or spastic and stiff. Students may require crutches, braces, wheelchairs (with or without adaptations for posture), helmets, walkers, diapers or ostomy (drainage) bags. Transporters should be aware of the following:

- Students may not feel pain or heat in affected areas. Report any bumps, bruises, or cuts that may occur in transit.
- Balance may be a problem. Students with spinal cord injuries or spina bifida should always wear a seat belt when on the bus.
- Bowel and bladder incontinence will probably be present. Parent/guardian should empty drainage bags before the student is transported to school, and school personnel should empty drainage bags before s/he is transported back home.
- If walking, they may have balance problems and will probably use crutches.

- Emotional, irritable, angry behavior is common among spinal cord injury students as they adjust to their condition.
- <http://www.nichcy.org/pubs/factshe/fs12txt.htm>,
- <http://www.noah-health.org/english/illness/neuro/spinal.html>

Tourette Syndrome (TS): Tourette's syndrome is a neurologic movement disorder with four basic characteristics including:

- Involuntary motor tics such as twitching, eye blinking, grimacing, and repetitive tapping or touching behaviors.
- Vocal tics such as involuntary utterances, sniffing, throat clearing, coughing, laughing, yelling, or cursing.
- Symptoms that come and go.
- Symptoms that change over time such as vocal tics that change to motor tics.

All of these symptoms are involuntary; the student cannot control them. Some students may be able to suppress the severity of the symptoms under certain circumstances. Stress can aggravate symptoms. Puberty and other major life changes can also precipitate symptoms. Mild symptoms are left untreated except to sensitize those around the student to the disorder and its involuntary nature. More severe symptoms can be treated with medications, but these may have side effects of drowsiness, weight gain, impaired thinking, muscle weakness, and movement disorders. Medication can reduce symptoms but rarely eliminates them. When possible, transportation workers should accommodate the child's wish to sit alone or with friends who understand the disorder. It may be necessary to intercede if others tease a child with TS. It may be helpful to arrange the bus schedule so the child is picked up last and dropped off first. Actions that may appear to be intentional or even malicious are involuntary behaviors that are neurologically based.

http://www.ninds.nih.gov/health_and_medical/disorders/tourette.htm

Tracheostomy: A tracheostomy is a surgical opening into the windpipe (trachea) that allows air to go in and out of the lungs without passing through the mouth or nose. A metal or plastic tube (called a tracheostomy or trach tube) is placed in the throat opening and secured. In addition to breathing, the tube is used to clear secretions from the lungs. If the tube becomes dislodged, breathing is interrupted and immediate action must be taken to reinsert the tube. Care must be taken to keep the tube sterile to avoid infection. Because air does not flow through the mouth and lungs, it is not as moist as normal, and some students need a continuous warm mist to moisturize the lungs. To do this, a mask that is attached to a humidifier by a large diameter tube is placed over the trach tube. A T-shaped connector may also be used to supply moisture. Secretions are a constant concern, and care must be taken to keep secretions moist and cleared from the tube. Some students require suctioning to maintain an open airway. Trach tube care is a nursing procedure that can be delegated or directly provided by a nurse. Special training by the school nurse and a health care plan are required for any bus driver transporting a student with a tracheostomy.

Sometimes a tracheostomy will be hooked to a ventilator that mechanically breathes for the child. If this is the case, there will always be a nurse or other trained person who accompanies the child on the bus. Only if the child does not have a ventilator and has had the tracheostomy in place long enough to assure that it is functioning properly will he ride the bus unattended. If possible, keep the student away from areas where there is likely to be dust or debris in the air. If the child has difficulty breathing, it is probably because the tube has been blocked by thick mucus. Encourage the child to cough hard, and if that does not resolve the problem, call 911.

Suction the child if that equipment has been provided and you have been trained. If artificial respiration is required, pinch the nose, close and cover the mouth, and breathe into the tube.
http://wellness.ucdavis.edu/child_health/special_needs/pediatric_tracheostomy/

Traumatic Brain Injury (TBI): There are two basic types of brain injury. Open head injuries are caused by penetrating objects. Closed head injuries are more common and are usually caused by rapid movement of the head causing the brain to be whipped back and forth, bouncing off the inside of the skull. Head injuries can vary in severity from mild or concussion to severe with loss of consciousness after the injury. Recovery from TBI can be uneven and unpredictable and can take many months or years. Programs must remain flexible so that frequent accommodations can be made. Consequences of TBI include:

- Cognitive impairments – short (more likely) and long term memory deficits; slowness of thinking; difficulty maintaining attention and concentration; impairments of perception, communication, reading, and writing skills; problems with reasoning, problem-solving, planning, sequencing, and judgment.
- Physical impairments - speech, vision, hearing, and other sensory impairments; headaches; lack of coordination; spasticity of muscles; paralysis of one or both sides; seizures.
- Behavioral and emotional impairments – fatigue, mood swings, denial, self-centeredness, anxiety, depression, low self-esteem, impulsivity, hyperactivity, agitation, excessive laughing or crying, difficulty relating to others.

<http://www.nichcy.org/pubs/factshe/fs18txt.htm>

Universal Precautions: "Universal precautions," as defined by the Centers for Disease Control, are a set of precautions designed to prevent transmission of HIV, hepatitis B virus, and other bloodborne organisms when providing first aid or health care. Under universal precautions, blood and certain body fluids of all individuals are considered potentially infectious. The term "body fluids" includes blood, wound drainage, semen, urine, emesis, stool, tears, saliva, vaginal secretions, mucus, and respiratory secretions including nasal discharge and sputum.

Universal precautions refer to the usual and ordinary steps all school staff need to take in order to reduce their risk of infection with blood-borne organisms. They are universal because they refer to steps that need to be taken in all cases, not only when a staff member or student is known to be infected; no distinction should be made between body fluids from individuals with a known disease and those from individuals without a known disease. They are precautions because they require foresight and planning and should be integrated into existing safety guidelines.

Appropriate equipment (hand cleaner, disposable towels, plastic bags, and gloves) should be available to transportation staff who might encounter exposure to body fluid spills.

- Treat human body fluids with caution.
- Clean up body fluid spills promptly.
- Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, or ask another staff member to do the clean-up.
- Latex or plastic gloves contribute an added measure of protection but are not essential if skin is intact.
- Soak up body fluid spills with an absorbent material such as kitty litter. Cover the area with paper towels or newspaper. Keep students away from the spill. Be sure it is cleaned with bleach or other appropriate cleanser when the bus returns to the garage.
- Materials that are contaminated with body fluids should be discarded in a sealable plastic bag.

- Always wash hands or use bactericidal hand cleaner immediately after any contact with body fluids. The 10 best ways to spread bacteria are the fingers on your hands. Good hand-washing techniques, with particular attention to the knuckles and under the fingernails, are essential.
- <http://www.paaap.org/pdf/ecels/ccp/slm-osh.pdf>

Vision Disability: Visual impairments range from partially sighted to blindness. Some students may have good close vision but poor distance vision. Others may have poor peripheral (side) vision or other types of visual field loss. Severe astigmatism, nystagmus (fluttering eye control), or strabismus (crossed eyes) may be present. Special glasses, long white cane, or adapted mobility devices may be used. You should know:

- Students may have difficulty in new surroundings. Seat them in the same seat daily, preferably close to the door.
- They may need verbal instructions to help them in unfamiliar surroundings. For example, "five steps to the door, two steps down."
- Always state the student's name before talking to her/him. Tell him/her who you are.
- If the student requires assistance, explain what you are going to do before assisting.
- Tell the student when you are leaving. <http://www.viguide.com/>

Von Willibrand's Disease: Von Willibrand's disease is an inherited disorder of the blood in which clotting time is longer than normal. The major symptom of this disease is abnormal bleeding, such as frequent and prolonged nosebleeds and easy bruising. Life threatening bleeding is rare, and the disorder decreases in severity as the child gets older. There is no cure for von Willibrand's disease. All minor and major surgery or bleeding episodes are treated with intravenous Factor VIII, the substance that is missing from the blood, so parents or school personnel should be notified if injury occurs. Transportation staff should treat any minor bleeding with regular first aid procedures. (See also hemophilia.)

http://www.louisianahemophilia.org/von_willibrands.htm

V-P Shunt: Children with hydrocephalus, spina bifida, or certain other disabilities may have an accumulation of fluid in the ventricles of the brain resulting in the need to surgically implant a tube that creates a bypass that allows fluid to drain from the brain into the abdominal cavity and decreases pressure in the brain. A shunt is apparent by a 25 cent-sized lump on the head and a small tube that is usually visible beneath the skin of the neck. Neither of these areas should be manipulated by individuals without special training. If a bump to the head occurs, be sure to notify the parent and school personnel so an assessment can be made to determine if there was damage to the shunt. A shunt can have problems including infection of brain tissue along the tubing, clogging of the tube, or dysfunction related to the child growing taller resulting in the tube being too short. Shunts require revision and replacement as the student grows. (See also hydrocephalus.) <http://health.discovery.com/diseasesandcond/encyclopedia/2704.html>