



Passenger Assistance Safety & Sensitivity (PASS)

7.0

The Industry Standard

DISCLAIMER

The PASS course is for the use of participants in the Community Transportation Association of America (CTAA)'s Passenger Assistance Safety & Sensitivity (PASS) Certification Program.

It is not intended to be all inclusive nor to address the hazards faced by each participant specifically.

Users must evaluate their own needs and adapt the information and procedures presented in this course to meet those needs.

CTAA assumes no liability for the contents herein or lack thereof.

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Program Objective

- To become familiar and proficient with
- Your role as a professional transportation provider
 - Passenger assistance
 - Disability awareness
 - Emergency evacuation techniques
 - Safe securement of passengers who use mobility devices
 - Operation of accessible lifts & ramps

PROGRAM CONTENTS

The PASS Course addresses:

- Characteristics of a Professional
 - Distractions
 - Fatigue
 - Stress
- Passengers are People First
- Knowing Our Passengers
- The Americans with Disabilities Act (ADA)

PROGRAM CONTENTS

The PASS Course addresses:

- Communicating with Passengers
- Service Animals
- Medical Conditions
- Transporting an Aging Society
- Elder Abuse
- Appropriate and Inappropriate Behavior
(Sexual Harassment/Human Trafficking)

PROGRAM CONTENTS

The PASS Course addresses:

- Bloodborne Pathogens
- Accident, Incidents, and Emergencies
- Assisting Our Passengers
- Mobility Devices
- Lift Operation
- Securement of Mobility Devices and Passengers

YOUR ROLE AS A PROFESSIONAL TRANSPORTATION PROVIDER

CHARACTERISTICS OF A PROFESSIONAL

A Professional

- ...Is specially trained for the job
- ...Is required to have special skills
- ...Provides a valuable service

CHARACTERISTICS OF A PROFESSIONAL

A Professional is **specially trained for the job**

In addition to safely driving a vehicle, a transportation professional must know how to:

- Properly secure people in their seats
- Properly secure mobility devices
(if you provide accessible service)
- Handle emergencies
- And **do so with compassion and a smile**



CHARACTERISTICS OF A PROFESSIONAL

A Professional is **required to have special skills**

The people we serve:

- May have disabilities that require special attention
- May be Seniors that need additional time entering and leaving our vehicle
- May be people who use mobility devices that require our assistance entering and leaving our vehicle
- May have just completed a rigorous medical treatment that requires our sensitivity to their needs

CHARACTERISTICS OF A PROFESSIONAL

A Professional **provides a valuable service**

Without our help, the people we serve may have no other way to access medical and public services they need, connect with other people or just live their lives

CHARACTERISTICS OF A PROFESSIONAL

In short, being a professional in our business is hard enough

However, the toughest part is providing that **high level of performance at all times**

CHARACTERISTICS OF A PROFESSIONAL

Additionally, the professional driver must possess the necessary skills to work with:

- Family members of passengers
- Agency administrators
- Pedestrians
- Other motorists
- And many others

CHARACTERISTICS OF A PROFESSIONAL

Here's a short list of your duties as a professional driver:

- Make the ride safe and comfortable
- Make your passengers feel welcome
- Know your company's policies well enough to:
 - ✓ Answer questions
 - ✓ Handle problems that may occur, according to company policies and procedures

CHARACTERISTICS OF A PROFESSIONAL

Here's a short list of your duties as a professional driver:

- Follow special instructions
- Know and apply proper securement techniques for your passengers and their mobility devices, if you provide accessible service
- Have compassion for and patience with your passengers
- Keep accurate and timely records

CHARACTERISTICS OF A PROFESSIONAL

- You have a lot on your plate as a professional
- It's easy to be positive, feel good, and treat others well when everything is fine
- The difficulty comes when things are **NOT** going well
- This is the true test of your skill as a professional

Everyone has a bad day.

Before you use that as an excuse for your less than professional performance, consider the following

1. How long do you actually have someone on-board your vehicle?
 - 20 to 25 minutes?
 - Can you put your troubles aside for this short amount of time to focus on your customer?

2. You think **YOU** are “having a bad day”? Think about the person you are transporting

- Did your passenger just receive medical treatment?
Say, hemodialysis?
- That person just spent three or four hours, having their blood removed from their body, scrubbed in a machine, then returned



CHARACTERISTICS OF A PROFESSIONAL

3. It's not a competition, but who is really having a bad day? Maintain perspective
4. Your passenger is expecting you to make their day just a little better. **Do it!**
5. So for 20 minutes or so, **Be Nice!**
 - Give them a smile
 - Ask them how you can assist them
 - Act like you are actually glad they are riding with you!
6. Not only will your passenger be pleased, your work environment will be more pleasant for you

CHARACTERISTICS OF A PROFESSIONAL

You are the face, the image of your company

How you treat your customer is not only a statement about you, it is statement about your entire company

Keep in mind that if your customers leave because they have been poorly treated; your company will not need you, the driver

No customers = No drivers

CHARACTERISTICS OF A PROFESSIONAL

When you feel like you are not having the best day, and being pleasant to your passengers is not going to be easy, try following one or more of the following techniques.

CHARACTERISTICS OF A PROFESSIONAL

- **20 to 25 minutes** - take short bites out of your day. When your passenger is on-board, just be nice.
- **Refocus** –think about the positive things you are doing for your passenger. Without you, your passenger may not have a way to access the services they need.

CHARACTERISTICS OF A PROFESSIONAL

- **Talk it out** – you are not the first person to have a bad day. Talk with other operators and supervisors. Get some tips from them.
- **Understand** –in your line of work, problems will happen. Be prepared.

CHARACTERISTICS OF A PROFESSIONAL

As a professional you have the responsibility to:

1. Support and explain company policies when dealing with passengers

Know what those policies are

2. Speak positively about your agency. Avoid talking about how tough your job is

If you do not have anything good to say, you are better off saying nothing at all

CHARACTERISTICS OF A PROFESSIONAL

As a professional you have the responsibility to:

3. Talk over agency/organization problems with a supervisor – NOT PASSENGERS

**Your passengers cannot fix your problems;
complaining to them will only make matters worse**

As a professional you have the responsibility to:

4. Provide safe, reliable and expert service
 - Drive safely and smoothly at all times
 - Speak clearly, calmly and with respect
 - **Offer assistance to every passenger!**

As a professional you have the responsibility to:

5. Be courteous and patient

- Use respectful language and tone of voice
- Leave your troubles at home or with dispatch

You are the professional

Set the example

As a professional you have the responsibility to:

6. Avoid arguments

- Remain polite
- Do not get angry

Is there anything worth arguing about in the 15 or 20 minutes your passenger is with you?

Your vehicle is your office

Do you want to work in a pleasant environment, or
a difficult one?

The choice is yours!

DISTRACTED DRIVING

DISTRACTIONS

Types of Distractions

- Visual Distractions
 - Takes eyes off the road
- Manual Distractions
 - Takes hands off the wheel
- Cognitive Distractions
 - Takes mind away from safe operation

Simply put...

Anything that takes your eyes off the road is a distraction

DISTRACTIONS

Self-Created Distractions:

- Texting
- Speaking on your cell phone
- Adjusting seat positions while driving
- Adjusting climate controls
- Adjusting interior mirrors
- Using vehicle mirrors for personal grooming
- Eating and or drinking
- Singing along to the radio or CD

DISTRACTIONS

Company Created Distractions:

- Communication radios
 - Does your company require you to respond to dispatch while you are driving ?
- Cell phones, if your company uses them in place of standard communications equipment.
- Fare boxes
- Destination signs

DISTRACTIONS

Distractions Created Outside of Your Vehicle:

- Operating at high speed
- Calculating speeds and distances
- Responding to other drivers and obstacles
- Pedestrians
- Bicyclists
- Looking for addresses

DISTRACTIONS

So why is this important?

DISTRACTIONS

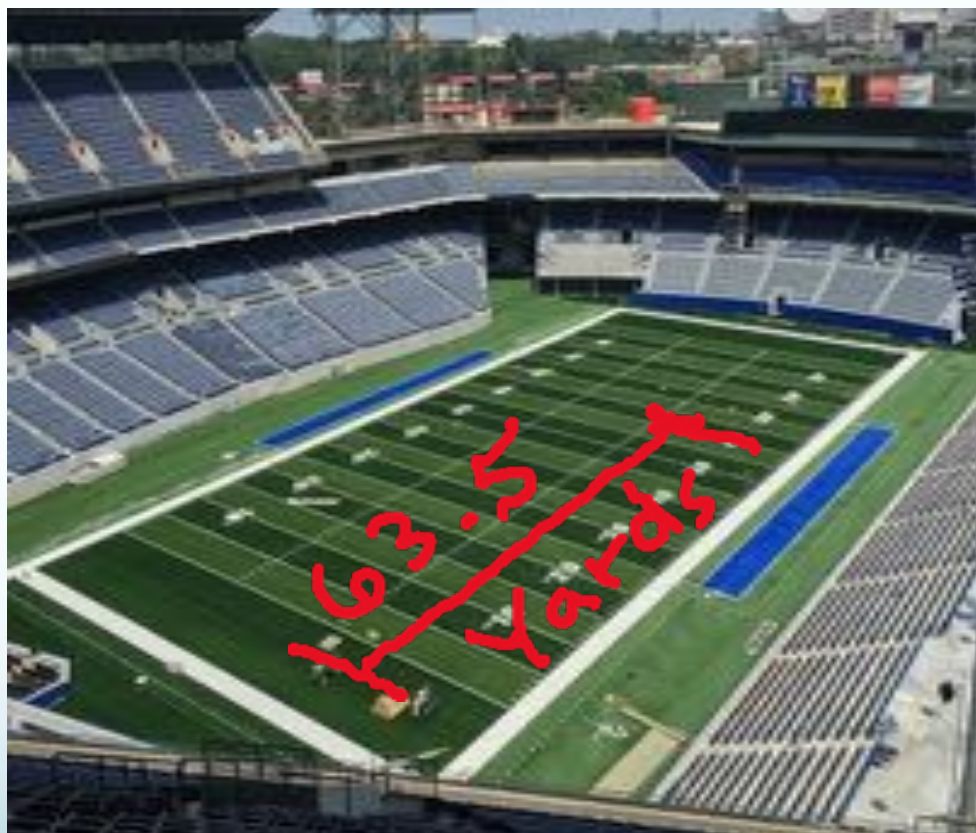
If you take your eyes off of the road for 2-seconds at 65 mph

Traveling at 95.33 feet per second for two seconds, means you travelled

190.66 feet

63.5 yards

Nearly two-thirds length of a football field.



DISTRACTIONS

- Sending or reading a text takes your eyes away from the road on average 4.6 seconds.
- At 65 mph you will have driven the length of nearly **TWO** football fields, BLIND!



DISTRACTIONS

Now, take one hand off of the wheel to:

- Use the two-way radio, cell phone or other on-board equipment
- Adjust the mirror, seat or climate control
- Secure items in the vehicle
- Eat or drink

You have GREATLY reduced your response time to anything that happens outside of your vehicle

DISTRACTIONS

Drivers who use hand-held devices are four times more likely to get into crashes

- Using a cell phone delays a driver's reactions as much as having **a blood alcohol concentration of .08 percent**

DISTRACTIONS

Let's see what can happen in 5 seconds



DISTRACTIONS

Here's what the driver was doing



DISTRACTIONS

Look closely

You will notice the driver has

one hand on the wheel, and

the other hand and his eyes on his cell phone.



DISTRACTIONS

It is a myth...

- That we can multi-task
- All brains focus in the same way
- We can shift our attention quickly, but we cannot pay attention to more than one thing at a time
- More than divided, our attention is diverted

DRIVER FATIGUE

In today's economy, many people have more than one job

You have many bills to pay, mouths to feed; and one job does not quite make it

So you pick-up a "part-time" job to make ends meet

Since there are only 24 hours in one day

- You catch a nap here and there
- Sleep 3 or 4 hours
- Then start the day over

After a few days of this routine you think you can do this

But then you notice that while you are driving,

- You are feeling a little drowsy
- You start shifting around in your seat
- You stare blankly at the road
- You do not remember the past few miles
- You start yawning and your eyes close

FATIGUE

In other words, you start looking like this



According to a Sleep in America poll:

- 1% or as many as **1.9 million drivers** have had a car crash or a near miss due to drowsiness in the past year
- 54% or **105 million drivers** have driven while drowsy at least once in the past year
- 28% or **54 million drivers** do so at least once per month

FATIGUE

Fatigue vs. drinking & driving



Your daily schedule:

- Work, including travel to work = 10 hours
- Meals (Breakfast & Dinner) = 3 hours
- Family Time = 2 hours

Total without a second job – 15 hours

Your daily schedule:

- Work, including travel to work = 10 hours
- Meals (Breakfast & Dinner) = 3 hours
- Family Time = 2 hours

Total without a second job – 15 hours

A study from the AAA Foundation for Traffic Safety states that drivers who skimp on the seven hours of sleep experts recommend increase their risk of a crash exponentially

- Missing one to two hours of sleep **doubles** a driver's crash risk
- While foregoing two or three hours increases the risk of a crash by **400%**

So now you start trying all of those “tricks” that will keep you awake

- Turning on the radio
- Drinking caffeine
- Rolling down the window
- Cranking up the A/C
- Adjusting the driver’s seat

FATIGUE

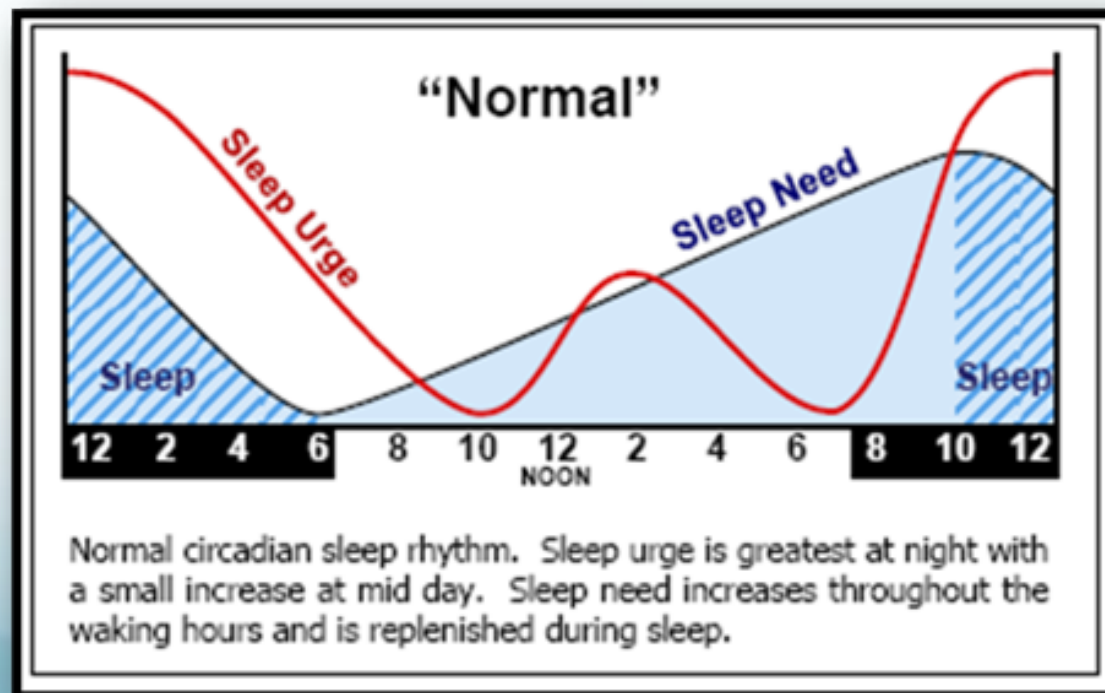
- At best, these “tricks” are DISTRACTIONS, not tools for a safe drive
- So now this happens



FATIGUE



Why does this sleepiness happen?



So what do I do to stay awake?

- **Do not ignore the signals**; yawning, heavy eyes, blurred vision, blankly staring at the road
- **Do not skip meals** or eat at irregular times often
- **Avoid medication** that may induce drowsiness
- **Do not rely on “Alertness Tricks”** to keep you awake

DRIVER STRESS

STRESS

According to the Mayo Clinic, stress can affect you in many ways

- Headaches
- Sleep problems
- Overeating or lack of appetite
- Chest pains
- Fatigue
- Stomach problems
- Decrease in sex drive
- Lack of motivation
- Anger and outbursts
- Drug & alcohol abuse
- Tobacco use
- Social withdrawal
- Feeling overwhelmed
- Irritability
- Anxiety

STRESS

The opposite of stress is...

DEATH

STRESS

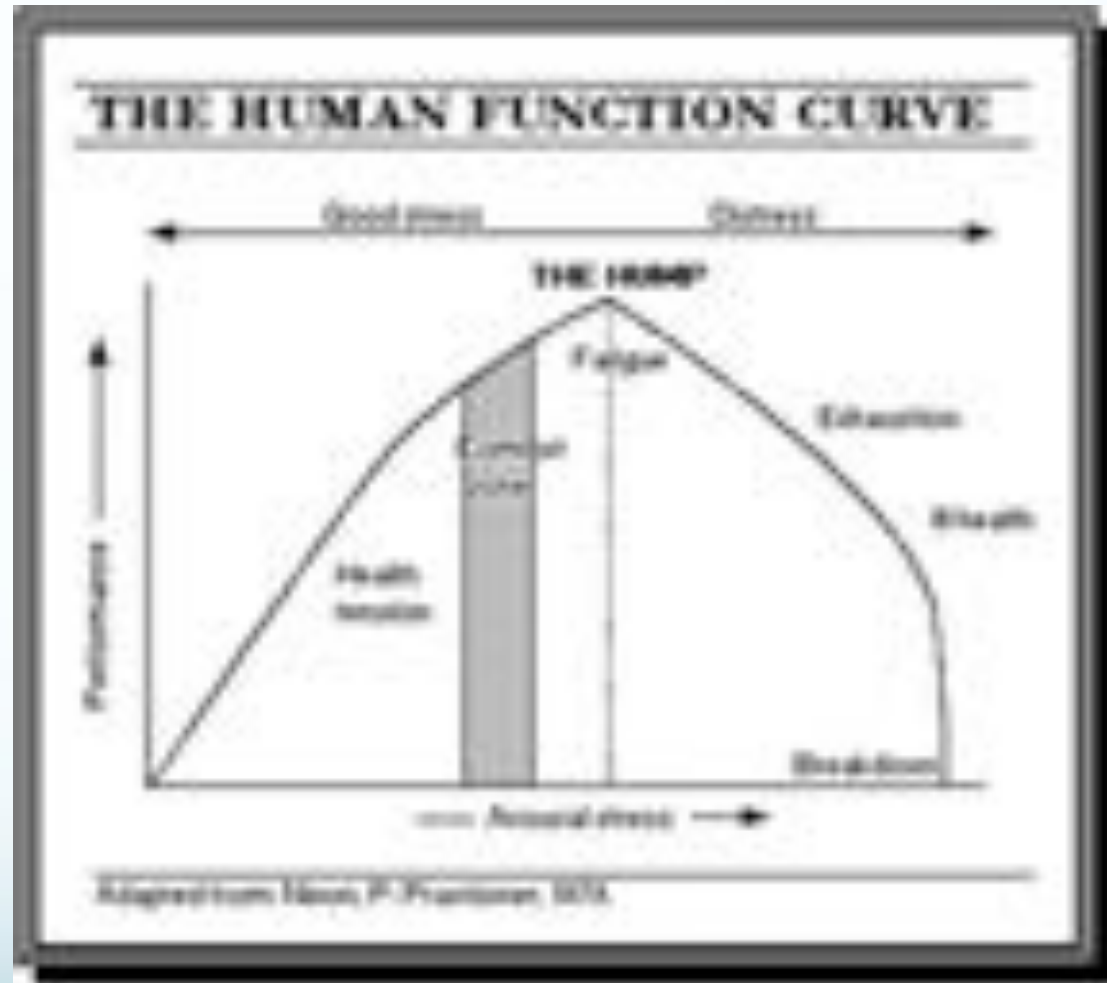
What is stress?

The term “stress”, as it is currently used was coined by Hans Selye in 1936, who defined it as “the non-specific response of the body to any demand for change”

- Change can be good or bad, but it creates stress

STRESS

- Increased stress results in increased productivity
 - Up to a point
- After which things go rapidly downhill



STRESS

You are required to handle many tasks:

- Remain aware of all that is happening around you in traffic, on sidewalks and in your vehicle
- Be attentive to special needs and potential emergencies
- Provide assistance to passengers
- Operate the vehicle in a safe manner
- **And ALWAYS** perform your duties in a pleasant, courteous manner

STRESS

Clearly you face stressors on the job which can include

- A rapid work pace
- Lack of control over work conditions
- Potential for violence
- Long hours
- Split shifts
- Unrealistic route scheduling
- Lack of bathroom access

STRESS

Learn to pace yourself

Step One



Step Two



Step Three



STRESS

- Give in occasionally
- Give the other person a break
- Deal with the cause
- Talk out your troubles
- Plan for change



STRESS



To access webinars, blogs, and other tools to help you manage stress and anxiety visit:
www.adaa.org

How to Deal With Stress and Anxiety



STRESS



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ACTION

-  **Take deep breaths.**
Inhale and exhale slowly throughout the day when you are feeling stressed.
- 10** **Slowly count to 10.**
Repeat, and count to 20 if necessary.
-  **Give back to your community.**
Volunteer or find another way to be active in your community, which creates a support network and gives you a break from everyday stress.
-  **Take a time out.**
Practice yoga, listen to music, meditate, get a massage, or learn relaxation techniques. Stepping back from problems helps clear your head.
-  **Get help online.**
If you are struggling with stress and anxiety in your life, consider taking a mental health screen. Screening is an anonymous, free, and private way to learn about your mental health.
www.mhascreening.org
-  **Talk to someone.**
Tell friends and family you're feeling overwhelmed, and let them know how they can help you. Talk to a physician or therapist for professional help.

STRESS



Give yourself a pat on the back for things you do well

Develop a positive and outgoing attitude

Smile and have fun

*source: "Serving Passengers with Cognitive Disabilities"

**OUR PASSENGERS ARE
PEOPLE FIRST**

Our Passengers Are People First



Our Passengers Are People First

Handicap: A barrier that prevents individuals with disabilities from enjoying the same opportunities that are available to persons without disabilities



Handicap can be used when describing a situation, as in: “The stairs are a handicap for her”, but the term should not be used to describe a person with a disability



Our Passengers Are People First

ADA defines **Disability**

“With respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual”

Our Passengers Are People First



Our Passengers Are People First

disabled

Our Passengers Are People First

~~dis~~ **abled** ~~d~~

Our Passengers Are People First

- Your passengers with disabilities are people first
- They have interests, concerns, opinions, just like your passengers without disabilities
- They deserve to be treated with the same respect displayed to passengers without disabilities

Our Passengers Are People First

A Person with a disability
VS.
A Disabled Person

Our Passengers Are People First

**A Person with a visual
impairment
VS.
A Blind Person**

Our Passengers Are People First

**A Person with a hearing
impairment**

VS.

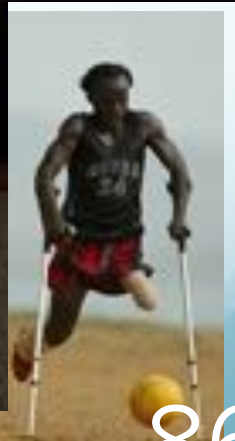
A Deaf Person

Our Passengers Are People First

A Person with a speech disorder
VS.
A Mute

Our Passengers Are People First

Our Passengers Are People First



Our Passengers Are People First

- Of all the things you do as a driver, the way you interact with your passengers will have the most influence on your job

Our Passengers Are People First

- Understand that a person with a disability is more than their disability
- They may have the same interests you have
 - Sports, movies, books, etc.
- When speaking to people with disabilities
 - **First, see the person**
 - Not the disability

KNOWING OUR PASSENGERS

Knowing Our Passengers

- Regardless of the person you will be transporting, everyone will need your assistance
 - If nothing more than to open the door to let them in or out
- Treat ALL of your passengers with the same respect and professionalism

Knowing Our Passengers – Visual Impairment



Knowing Our Passengers – Visual Impairment

Typically, we have been taught that if we are assisting someone with a visual impairment, we must:

- Permit the passenger to grasp your arm
- Show the passenger where your arm is by placing his/her hand on your arm
- Stand alongside and slightly ahead of the person you are guiding
- Walk at a normal pace or a pace comfortable for you and the person you are guiding

Knowing Our Passengers – Visual Impairment

- Alert the person to changes in the walking surface and surrounding obstructions
- Hesitate before going up or down steps or curbs
- Make certain you vocally indicate the need to “step up” or “step down”

Knowing Our Passengers – Visual Impairment

Do not make it so complicated!

- Ask how you can assist then follow the instructions given to you by your passenger

Knowing Our Passengers – Visual Impairment

Here are some “tips” we have been taught to communicate with our passengers with visual impairment

- Speak to them in a normal tone using normal terms
- Address the person directly
- Offer assistance in boarding and exiting your vehicle

Knowing Our Passengers – Visual Impairment

- What are you doing when giving these instructions to your passenger?
 - **You are communicating**
- Communicating is something you should be doing with all of your passengers whether or not they have a disability

Knowing Our Passengers – Hidden Disabilities

Could be any one or combination of conditions which might affect the function and or endurance of an individual

The key word here is “HIDDEN”

Knowing Our Passengers – Hearing Impairment

- The major barrier facing a person with a hearing impairment is one of communication
- Many persons with a hearing impairment rely upon their eyes for signals to aid understanding

Knowing Our Passengers – Speech Disorder

- Be patient, be professional, allow your passenger with a speech disorder to maintain his or her dignity

If you are not sure of what the passenger said

- Ask him/her to repeat their statement
- Repeat what you think you heard
- Ask your passenger to write it down
- Do not pretend you understand what was said when you do not know

Knowing Our Passengers – Cognitive Disabilities

Some passengers may have disabilities that affect

Thinking

Awareness

Orientation

Judgment

Memory

Learning

Communication/language

Processing information

Decision making

Emotional control

Knowing Our Passengers - Amputation



Knowing Our Passengers - Amputation

- The human body loses body heat mostly through the skin
 - The human air conditioning system is sweat
- The loss of a limb reduces the ability of the person to regulate their body temperature
- Therefore, the person can readily overheat on a hot vehicle or when sitting in the sun
- Make certain your passenger is comfortable

Knowing Our Passengers – Learning Disabilities

- A disorder that makes it hard for a person to store, process or express information
- Individuals with a learning disability may have
 - Short attention span
 - Poor memory
 - Difficulty with reasoning and communicating
 - Some difficulty with social behavior, skill problems
 - Understanding and following verbal directions

Knowing Our Passengers – Intellectual Disabilities

- A disability characterized by significant limitations in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills

Knowing Our Passengers – Intellectual Disabilities

Individuals with intellectual disability may

- Be slower in doing things like boarding the vehicle, paying a fare, taking a seat
- Not be able to read well or at all
- Have difficulty expressing themselves and may have some degree of speech impairment
- Watch what other people do to know what to do
- Appear very affectionate
- Function differently day-to-day

Knowing Our Passengers - Autism



What is autism?

Autism, or autism spectrum disorder, refers to a range of conditions characterized by challenges with

- Social skills,
- Repetitive behaviors,
- Speech and nonverbal communication
- Unique strengths and differences

We now know that there is not one autism but many types, caused by different combinations of genetic and environmental influences

Knowing Our Passengers - Autism

Some facts about autism

Certain medical and mental health issues frequently accompany autism

They include

- Gastrointestinal (GI) disorders
- Seizures
- Sleep disturbances
- Attention deficit and hyperactivity disorder (ADHD)
- Anxiety and phobias
- Obsessive compulsive disorder
- Depression

Knowing Our Passengers - Autism

Some facts about autism

A person with Autism collects, processes, and organizes information in a way that is different from a person without Autism

Autism may cause your passenger to

- Have severe language difficulties
- Understand but not respond
- Act disinterested in other people
- Keep to themselves
- Rock or have other repetitive behavior

Knowing Our Passengers - Autism

- May not realize that others have different thoughts, plans, and perspectives than their own
 - As an example, the individual may show the back of a ride pass to a driver while they are looking at the front, not realizing that the driver has a different view
- May have severe language difficulties and be unresponsive to your communications

Knowing Our Passengers - Autism

- One characteristic which is quite common is the individual's insistence on sameness, i.e., needing to follow the same routine
- If a transit route is changed, even slightly, the individual may become upset and even express frustration through outbursts

Knowing Our Passengers - Autism

- As with all the other information offered to help you better understand and assist your passengers, three things will always apply
 1. Everyone deserves respect and courtesy
 2. Treat the person as you would want your family treated
 3. If you are unsure about what to do, **ASK**

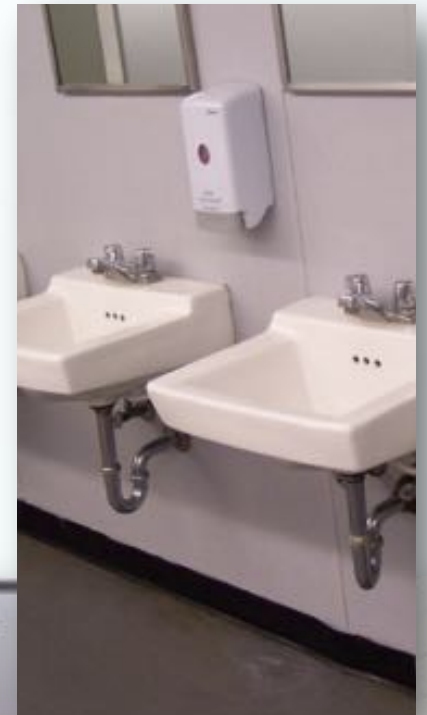
AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA)

- Prior to the signing of the ADA, persons with disabilities could not access the things that people without disabilities take for granted.



The Americans with Disabilities Act (ADA)



The Americans with Disabilities Act (ADA)



- The **Americans with Disabilities Act** was signed into law on July 26, 1990, by President George H.W. Bush.
- One of America's most comprehensive pieces of civil rights legislation that prohibits discrimination
- Guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life

The Americans with Disabilities Act (ADA)



- The **Federal Transit Administration (FTA)** is responsible for ensuring public transit providers comply with the transportation-related provisions of the Americans with Disabilities Act (ADA)
- Includes the accessibility and usability by individuals with disabilities to their services, vehicles, and facilities

The Americans with Disabilities Act (ADA)



**ADA and The Federal Transit Administration:
Improving Transit Access for People with Disabilities.**

The Americans with Disabilities Act (ADA)

- ADA federal regulations that affect public transportation are
 - 49 CFR Part 27, 37, 38, 39
 - ADA Circular (FTA 4710.1)

They can all be accessed through the FTA website

- <https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/americans-disabilities-act>

The Americans with Disabilities Act (ADA)

Providers, whether or not they receive Federal financial assistance from the Department of Transportation, are considered:

- Any public entity that provides designated public transportation or intercity or commuter rail transportation
- Any private entity that provides specified public transportation
- Any private entity that is not primarily engaged in the business of transporting people but operates a demand responsive or fixed route system

The Americans with Disabilities Act (ADA)

Providers meeting any of the following conditions are also required to meet ADA requirements:

- University Transportation Systems
- Private entities providing Taxi Service
- Vanpools
- Airport Transportation Systems
- Shuttle Systems operated by privately-owned hotels, car rental agencies

The Americans with Disabilities Act (ADA)

We've come a long way in 27 years

- According to the American Public Transportation Association, in 1993 less than 50% of the public transit fleet was accessible for people with disabilities
- Now public transit is nearly 100% accessible!

The Americans with Disabilities Act (ADA)

Nondiscrimination

- No entity shall discriminate against an individual with a disability in connection with the provision of transportation service
- An entity shall not, on the basis of disability, deny to any individual with a disability the opportunity to use the entity's transportation service for the general public, if the individual is capable of using that service
- An entity shall not require an individual with a disability to use designated priority seats, if the individual does not choose to use these seats

The Americans with Disabilities Act (ADA)

Nondiscrimination

- An entity shall not impose special charges on individuals with disabilities, including individuals who use wheelchairs, for providing services required by the ADA or otherwise necessary to accommodate them
- An entity shall not require that an individual with disabilities be accompanied by an attendant

The Americans with Disabilities Act (ADA)

Nondiscrimination

It is **not discrimination** under the ADA for an entity to refuse to provide service to an individual with disabilities because that individual engages in:

- Violent
- Illegal conduct
- Seriously disruptive
- Direct threat to the safety of others

The Americans with Disabilities Act (ADA)

Nondiscrimination

- However, it would be considered **discrimination** if an entity shall not refuse to provide service to an individual with disabilities solely because the individual's disability results in appearance or involuntary behavior that may offend, annoy, or inconvenience employees of the entity or other persons

Are private contractors required to comply with the Americans with Disabilities Act (ADA)?

Yes.

The Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations apply to both public and private operators of transportation service to the general public.

If the private entity is providing service under a contract or other arrangement with a public entity, the private entity “**stands in the shoes**” of the public entity under 49 C.F.R. Section 37.23 and is subject to the requirements applicable to the public entity.

While a public entity may hire contractors, it may not “contract away” its ADA responsibilities.

Are bus operators required to assist persons with disabilities?

Yes.

Under Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations at 49 C.F.R. Section 37.165(f), transit entity personnel must assist individuals with disabilities with the use of ramps, lifts, and securement systems.

If it is necessary for the personnel to leave their seats to provide this assistance, they must do so, even if the entity's drivers traditionally do not leave their seats (e.g., because of labor-management agreements or company rules).

On a vehicle which uses a ramp for entry, the driver may have to assist in pushing a manual wheelchair up the ramp, particularly if the ramp slope is relatively steep.

In sum, **transit entity personnel must ensure that a passenger with a disability is able to take advantage of the accessibility and safety features on vehicles.**

Is it actually written in the ADA that operators are to treat individuals with disabilities in a respectful and courteous way?

Yes.

49 CFR Part 37 - TRANSPORTATION SERVICES FOR INDIVIDUALS WITH DISABILITIES (ADA), Subpart G—Provision of Service, § 37.173 Training requirements.

Each public or private entity which operates a fixed route or demand responsive system shall ensure that personnel are trained to proficiency, as appropriate to their duties, so that they operate vehicles and equipment safely and properly assist and **treat individuals with disabilities who use the service in a respectful and courteous way,** with appropriate attention to the difference among individuals with disabilities.

If a person without a disability is sitting in one of the “priority” seats in the front of a bus, does that person have to move so that a person with a disability can sit there?

Under Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations at 49 C.F.R. Section 37.167(j) bus operators are required to ask the person without a disability to move to another seat.

If, after the operator asks, the person refuses to move, **the regulations do not require the operator to compel this person to move.**

However, a transit operator can decide to adopt a policy requiring people to vacate the seats.

If a bus is filled to capacity with standing room only, may a driver displace people currently on the bus to create room for a person with a disability?

No.

If a bus is filled to capacity, a **driver is not required to remove other passengers from the bus in order to make room for additional persons with disabilities.**

However, the driver would still be required to request that persons without disabilities vacate priority seating locations they may be occupying.

What does the driver do if the bus is filled to capacity with standing room only, and the waiting passenger needs to use the securement location?

When there is no space on the bus, FTA encourages agencies to **instruct drivers to explain the situation to waiting riders, so they are not left with the misperception they are simply being passed by.**

Agencies may adopt a local policy of dispatching alternative transportation in these situations.

The requirement to provide alternative transportation does not apply if the only reason a bus cannot accommodate a rider who needs to use the lift is because the particular bus is full. “Full” can mean:

- The waiting rider needs to use a securement location, but all securement areas are already occupied by riders who use wheelchairs.
- The waiting rider needs to use a securement location, but securement areas are already occupied by riders whom the driver has asked to move but are unwilling to do so.
- The bus is at capacity, with no space to accommodate any additional riders.

May a rider eligible for complementary paratransit be accompanied by more than one individual?

Under Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations at 49 C.F.R. Section 37.123(f), transit entities are **required to permit one person to accompany the paratransit eligible individual.**

Additional persons accompanying the eligible individual are to be served on a space-available basis to prevent displacement of other ADA paratransit eligible individuals.

The transit provider may not limit who the companion may be; the companion may be a family member, friend, or business associate, etc.

The transit authority may require that the eligible individual reserve a space for the companion when reserving his or her own ride.

A personal care attendant (PCA), someone designated or employed to assist the eligible individual, may always ride with the eligible individual.

The transit entity may require that the eligible individual reserve a space for the PCA when reserving the trip.

If there is a PCA on the trip, the eligible individual may still bring a companion, as well as additional companions on a space-available basis.

To be considered as “accompanying” the eligible individual, a companion must have the same origin and destination points as the eligible individual.

The Americans with Disabilities Act (ADA)

Q&A

May a transit entity require a paratransit eligible individual who will be traveling with a personal care attendant (PCA) to register their use of a PCA with the transit entity?

Under Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations at 49 C.F.R. Section 37.125(i), a transit provider **may require an individual to indicate whether he or she travels with a personal care attendant (PCA) as part of the initial eligibility process.**

The transit entity is also permitted to make further inquiries regarding the individual's actual need for a PCA.

When making any such inquiries, it is important to note an individual's need for a PCA may be unrelated to the trip itself, and that the passenger may not require the assistance of a PCA while onboard the vehicle.

Because of the nature of typical PCA functions, it is most likely that the services provided by a PCA would be required throughout the day at the passenger's destination.

All that is required is that the passenger establish that he or she requires a PCA, and for the PCA and the passenger to be traveling together between the same points.

If the rider does not indicate the use of a PCA, then any individual accompanying him or her will be regarded simply as a companion.

Are
paratransit
service
providers
required to
provide
service
beyond the
curb?

Under Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulations at 49 C.F.R. Section 37.129(a), complementary paratransit service for ADA paratransit eligible individuals must be **"origin-to-destination"** service.

The goal behind use of this particular language, rather than characterizing the service as "curb-to-curb" or "door-to-door," is to emphasize the obligation of transit providers to ensure that eligible passengers are able to travel from their point of origin to their point of destination.

The particular factors involved will determine whether curb-to-curb or door-to-door service will be better for that individual or the location.

During the local paratransit planning process, a transit provider may establish either door-to-door or curb-to-curb service as the basic mode of paratransit service. However, a paratransit policy must not be inflexible to the extent that service will not be provided beyond the curb under any circumstance.

Paratransit providers must provide enhanced service on a case-by-case basis where necessary to meet the origin-to-destination requirement; some individuals or locations may require service that goes beyond curb-to-curb service.

It should be recognized that transit providers are not required to accommodate individual passengers' needs which would fundamentally alter the nature of the service or create an undue burden.

Transit providers' obligations do not extend to the provision of personal services, such as requiring a driver to go beyond a doorway into a building to assist a passenger or requiring a driver to lose visual contact with their vehicle.

May a transit agency require that a passenger using a mobility device wear a seatbelt?

While Department of Transportation (DOT) Americans with Disabilities Act (ADA) regulation 49 C.F.R. 38.23(d)(7) requires a seatbelt and shoulder harness to be provided as part of the wheelchair securement system, **passengers with disabilities cannot be required to use the seatbelt and shoulder harness unless all passengers are provided with seatbelts and shoulder harnesses and are required to use them.**

Since few fixed route buses are equipped with seatbelts and shoulder harnesses for all passengers, their use cannot be required for passengers with disabilities.

In the case of paratransit vehicles, seatbelts and shoulder harnesses may indeed be available for all passengers, and if all passengers are required to make use of them, passengers with disabilities occupying the securement location may also be required to do so.

Note, however, that in some cases the use of seatbelts themselves may be more harmful to passengers with certain types of disabilities than riding without them.

Most state seatbelt laws recognize this, and provide for exceptions; policies concerning seatbelt use aboard transit vehicles should provide for similar exceptions.

May a transportation provider refuse service to a passenger that uses a portable oxygen device?

No.

You cannot prohibit an individual with a disability from traveling with a respirator or portable oxygen supply.

Under the DOT hazardous materials rules, a passenger may bring a portable medical oxygen supply on board a vehicle.

The commonly used portable oxygen concentrators are not considered hazardous materials and do not require the same level of special handling as compressed oxygen cylinders.

Transit agencies, therefore, cannot require riders to secure such concentrators in a particular space on the vehicle (e.g., behind forward-facing seats), and § 37.167(h) requires that agencies allow riders to use the concentrators as needed while aboard the vehicle.

COMMUNICATING WITH OUR PASSENGERS

Communicating With Our Passengers

“The single biggest problem in communication is the illusion that it has taken place.”

-- George Bernard Shaw

“Half the world is composed of people who have something to say and can't, and the other half who have nothing to say and keep on saying it.”

-- Robert Frost

Communicating With Our Passengers

- Communication is a series of obstacles and openings
- You are in a position to control whether those obstacles become problems, or opportunities for communication just by the way you respond
- Listening is the most important part of communication

Communicating With Our Passengers

- Human beings are not inanimate objects and should not be treated as such
- Speaking to or about someone with a disability as if they are inferior is demeaning and **completely unacceptable**
- Your passengers with disabilities are **PEOPLE FIRST**

Communicating With Our Passengers

Let's start with the words we use

- The words we use in everyday conversation, on the job, at home and with friends are powerful
- The words we use affect the way we see others and the way we treat them
- How we refer to other people can either show respect, or be a “put-down”
- This is especially true when talking with or about people with disabilities

Communicating With Our Passengers

- Just as some well-known **four-letter words** are offensive, some words used to describe people with disabilities are equally offensive
- The use of adjectives, such as disabled, blind or deaf, before the noun or instead of the noun is demeaning

Communicating With Our Passengers

- Retarded
- Patient (instead of Passenger or Customer)
- Gimp/Crip
- Suffering
- Afflicted
- Courageous
- Confined to a wheelchair
- Wheelchair bound
- Shut-in
- Bed-ridden

Communicating With Our Passengers

Communication includes context



Communicating With Our Passengers

Listen with Intent

**“MOST PEOPLE DO NOT LISTEN WITH
THE INTENT TO UNDERSTAND;
THEY LISTEN WITH THE INTENT
TO REPLY.”**

STEPHEN COVEY

- We are either speaking or preparing to speak
- We filter everything through our own experiences, preparing to respond based on emotion from what we hear rather than the words and context from the speaker

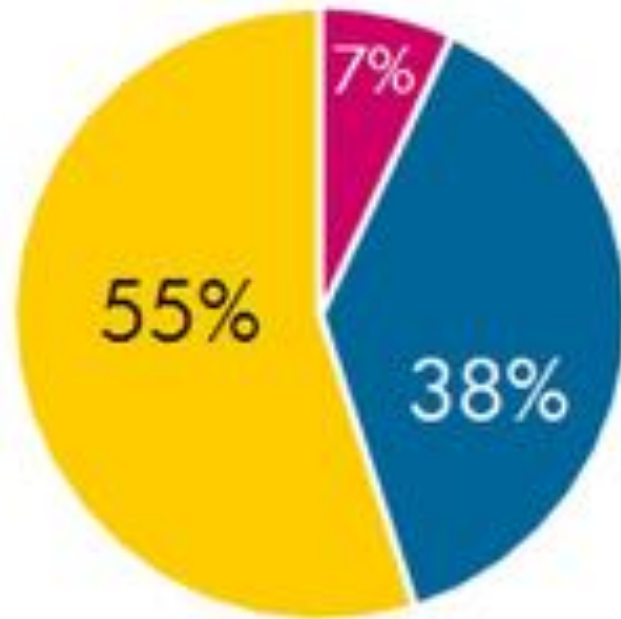
Communicating With Our Passengers

According to Steven R. Covey; when another person speaks, we're usually "listening" at one of four levels

1. We may be ignoring another person, not really listening at all
2. We may practice pretending -- "Yeah. Uh-huh. Right."
3. We may practice selective listening, hearing only certain parts of the conversation
4. Or we may actually practice attentive listening, paying attention and focusing energy on the words that are being said

Do not answer out loud, but which way do you "listen" most often?

Communicating With Our Passengers



Elements of Personal Communication

- 7% spoken words
- 38% voice, tone
- 55% body language

Communicating With Our Passengers

Tips for better communication

1. Be alert to the person



Communicating With Our Passengers

Tips for better communication

2. Make Eye Contact



Communicating With Our Passengers

Tips for better communication

3. Adjust how you communicate



Communicating With Our Passengers

Tips for better communication

4. Check for comprehension



Communicating With Our Passengers

Tips for better communication

5. Speak directly to your passenger



Communicating With Our Passengers

Tips for better communication

- Treat adults as adults
- Use simple words and short sentences
 - Not baby talk
- Repeat information without being condescending
- Show your passenger what you are asking them to do
- Do not pretend you understood something if you do not

Communicating With Our Passengers

Tips for better communication

- Be direct; say what you mean
- Do not use sarcasm and do not exaggerate
- Give your passenger time to put his/her thoughts into words
- Have patience, the passenger may ask the same question over and over

ASSISTING PASSENGERS WITH SERVICE ANIMALS

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Included in the ADA regulations, is the right of a person traveling with a service animal to have equal access to public transportation and accommodations. (35.136)

According to the Federal Transit Administration

Service Animal means:

- any guide dog,
- signal dog,
- **or other animal**

individually trained to work or perform tasks for an individual with a disability



ASSISTING PASSENGERS WITH SERVICE ANIMALS



Effective March 15, 2011, the **Department of Justice** defined service animal in the following way:

Service animals are defined as **dogs** that are individually trained to do work or perform tasks for people with disabilities.

In addition to the provisions about service dogs, the DOJ's revised ADA regulations have a new, separate provision about **miniature horses** that have been individually trained to do work or perform tasks for people with disabilities.

https://www.ada.gov/service_animals_2010.pdf



- Some State and local laws also define service animal more broadly than the ADA does
- Information about such laws can be obtained from the State attorney general's office

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Examples of work or tasks include

- Guiding individuals who are visually impaired
- Alerting individuals who are deaf
- Pulling a wheelchair
- Assisting during a seizure
- Alerting to the presence of allergens
- Retrieving items
- Providing support and assistance with balance and stability
- Preventing or interrupting impulsive or destructive behaviors

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: What does "do work or perform tasks" mean?

A: The dog must be trained to take a specific action when needed to assist the person with a disability.

For example,

A person with diabetes may have a dog that is trained to alert him when his blood sugar reaches high or low levels.

A person with depression may have a dog that is trained to remind her to take her medication.

A person who has epilepsy may have a dog that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: Are emotional support, therapy, comfort, or companion animals considered service animals under the ADA?

A: No. These terms are used to describe animals that provide comfort just by being with a person.

Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA.

However, some State or local governments have laws that allow people to take emotional support animals into public places. Check with your State and local government agencies to find out about these laws.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: If someone's dog calms them when having an anxiety attack, does this qualify it as a service animal?

A: It depends. The ADA makes a distinction between psychiatric service animals and emotional support animals. If the dog has been trained to sense that an anxiety attack is about to happen and take a specific action to help avoid the attack or lessen its impact, that would qualify as a service animal.

However, if the dog's mere presence provides comfort, that would not be considered a service animal under the ADA.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: Does the ADA require service animals to be professionally trained?

A: No. People with disabilities have the right to train the dog themselves and are not required to use a professional service dog training program.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: Are service-animals-in-training considered service animals under the ADA?

A: No. Under the ADA, the dog must already be trained before it can be taken into public places.

However, some State or local laws cover animals that are still in training.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: Do service animals have to wear a vest or patch or special harness identifying them as service animals?

A: No. The ADA does not require service animals to wear a vest, ID tag, or specific harness.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: Who is responsible for the care and supervision of a service animal?

A: The handler is responsible for caring for and supervising the service animal, which includes toileting, feeding, and grooming and veterinary care.

Transportation providers are not obligated to supervise or otherwise care for a service animal.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: Can people bring more than one service animal into a public place?

A: Generally, yes. Some people with disabilities may use more than one service animal to perform different tasks.

For example, a person who has a visual disability and a seizure disorder may use one service animal to assist with way-finding and another that is trained as a seizure alert dog.

Other people may need two service animals for the same task, such as a person who needs two dogs to assist him or her with stability when walking.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Frequently Asked Questions

Q: Does the ADA require that service animals be certified as service animals?

A: No. Covered entities may not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal, as a condition for entry.

There are individuals and organizations that sell service animal certification or registration documents online.

These documents do not convey any rights under the ADA and the Department of Justice does not recognize them as proof that the dog is a service animal.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Transit systems may ask two questions to determine whether an animal qualifies as a service animal

1st – Is the animal required because of a disability?

2nd – What work or task has the animal been trained to perform?

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Service Animal Code of Conduct

A service animal can be excluded if:

- It is out of control and the handler does not take effective action to control it
- It is not housebroken

The ADA requires that service animals be under the control of the handler at all times

In most instances, the handler will be the individual with a disability or a third party who accompanies the individual with a disability

ASSISTING PASSENGERS WITH SERVICE ANIMALS

What does “under control” mean?

The service animal must be

- Harnessed,
- Leashed
- Tethered while in public places

Unless these devices interfere with the service animal's work or the person's disability prevents use of these devices

In that case, the person must use voice, signal, or other effective means to maintain control of the animal

ASSISTING PASSENGERS WITH SERVICE ANIMALS

What does “under control” mean?

For example,

- A person who uses a mobility device may use a long, retractable leash to allow her service animal to pick up or retrieve items.
 - She may not allow the dog to wander away from her and must maintain control of the dog, even if it is retrieving an item at a distance from her.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

What does “under control” mean?

For example,

- A person who has Post Traumatic Stress Disorder (PTSD) and has great difficulty entering unfamiliar spaces may have a dog that is trained to enter a space, check to see that no threats are there, and come back and signal that it is safe to enter.
 - The dog must be off leash to do its job, but may be leashed at other times.

ASSISTING PASSENGERS WITH SERVICE ANIMALS

What does “under control” mean?

- Under control also means that a service animal should not be allowed to bark repeatedly in a lecture hall, theater, library, or other quiet place
- However, if a dog barks just once, or barks because someone has provoked it, this would not mean that the dog is out of control
- A service animal must stay on the floor; **NOT** on the seats



ASSISTING PASSENGERS WITH SERVICE ANIMALS

- A transit system may exclude any animal from your vehicle when the animal's behavior poses a **direct threat** to the health or safety of others
- You may **NOT** make assumptions about any animal based on past experience with other animals or breed type
- Each situation must be considered individually

ASSISTING PASSENGERS WITH SERVICE ANIMALS

If your passenger says it's a service animal, it's a service animal!

- Monitor the animal's behavior
- If it adheres to the code of conduct expected of a service animal, no problem
- If the animal misbehaves, inform your passenger that you will no longer be able to **transport the animal** until its behavior is under control

ASSISTING PASSENGERS WITH SERVICE ANIMALS

Tips on providing assistance

- ASK the passenger what you can do to assist
- Do not touch or give commands to a service animal unless asked to do so by the handler
- If necessary, remind passengers that the service animal is working and not to distract it
- When a service animal must ride the lift, be extremely alert and safety conscious

MEDICAL CONDITIONS

Medical Conditions

Some of your passengers may be experiencing medical conditions that could involve some unpleasant, possibly dangerous things to happen on your vehicle

This information can prepare you for what a medical emergency on your vehicle may look like; and to provide you with some actions you may perform until emergency responders arrive to take over.

Medical Conditions – Spinal Cord Injury

The individual may experience bowel, and or bladder control issues.

The individual may also experience loss of involuntary functions such as the ability

- To breathe
- To regulate blood pressure effectively
- To control body temperature
- To sweat below the injury level
- To control pain

Medical Conditions - Dementia



According to the **World Health Organization**:

- Five to eight people per 100 aged 60 and over have dementia
 - It is **NOT** a normal part of aging
- By 2030, 82 million people and by 2050, 152 million people will be diagnosed with dementia
- Alzheimer's disease is the most common form of dementia and may contribute to 60–70% of cases

Medical Conditions - Dementia



Dementia symptoms vary depending on the cause, but common signs and symptoms include

Cognitive Changes

- Memory loss, which is usually noticed by a spouse or someone else
- Difficulty communicating or finding words
- Difficulty reasoning or problem-solving
- Difficulty handling complex tasks
- Difficulty with planning and organizing
- Difficulty with coordination and motor functions
- Confusion and disorientation

Medical Conditions - Dementia



Dementia symptoms vary depending on the cause, but common signs and symptoms include

Psychological changes

- Personality changes
- Depression
- Anxiety
- Inappropriate behavior
- Paranoia
- Agitation
- Hallucinations

Medical Conditions - Dementia



Although Alzheimer's is the most common form of dementia in person's over 65, other forms of dementia also exist.

Medical Conditions - Dementia

Some passenger behavior you may experience.

Your passenger may

- Become violent or display other dangerous behavior
- Try to grab your steering wheel while you are driving
- Try to exit the vehicle while it is moving
- Become disoriented and not know where they are

Sometimes people with dementia have a tendency to wander

Medical Conditions - Dementia

Clues that an individual may have some form of dementia and may need extra assistance:

- Difficulty remembering familiar activities, such as forgetting how to pay the bus fare or signal a stop
- Becoming lost in familiar places or forgetting their final destination
- Asking the same question over and over
- Expressing frustration towards the driver or other passengers
- Finding it difficult to follow directions
- Becoming confused about time, people, and places



advocacy | action | answers on aging



Medical Conditions - Dementia

Observing Rider Behavior

What you see:

- Can be important in determining the strengths and support needs of each rider
- Can be a predictor that your passenger is experiencing issues relating to dementia

As a transportation driver:

- You are not expected to individually know all your passengers
- However, there are likely individuals you do see every day or every week, who ride the same route with you, and over time, you may have observed patterns in their behavior

Medical Conditions - Dementia

Observing Rider Behavior

As the first line of contact for many riders:

- Your observations are important
- You may detect changes in riders' behavior that are indicative of an individual in need of extra assistance

Medical Conditions - Dementia

How can drivers provide assistance to riders with these challenges?

Good customer service: As a driver, something as simple as a friendly face can help the individual feel at ease if they are confronting confusion on where they are going, how to pay the fare, or how to alert you of a stop

Clear directions and communication: Individuals suffering from dementia may have difficulty dealing with unexpected or stressful situations, such as navigating a route change, recognizing a change in the bus stop location, or managing a delay in bus arrivals or departures

Provide information clearly and succinctly. You may need to repeat yourself if it is noisy

Medical Conditions - Dementia

How can drivers provide assistance to riders with these challenges?

Respond to questions: If an individual is confused, they may ask what stop is next or ask for assistance to provide payment, especially on a vehicle that they are unfamiliar with. They may ask several times for clarification and direction

Drivers can be helpful by responding to the questions and helping create a comfortable atmosphere for riders

Remind them of the overall bus route and let them know a few of the upcoming stops: If the confusion is related to a destination, ask if they have an address written on a piece of paper

Let them know you will alert them when you arrive at their stop and direct them to safely take a seat near the front of the bus

Medical Conditions - Dementia

How can drivers provide assistance to riders with these challenges?

Patience: Older adults with dementia may become frustrated because of fear, overstimulation, or difficulty in expressing their thoughts

Elevated stress levels because of confusion can be expressed as agitated behavior

If an individual appears frustrated when communicating with a driver, it is important for the driver to be patient, understanding and sensitive to the needs of the passenger

You can acknowledge what they are saying by listening and responding politely

Medical Conditions - Dementia

How can drivers provide assistance to riders with these challenges?

Provide reassurance that you are willing to help them:

maintain eye contact and use simple language which can help mitigate the frustration

Please keep in mind that their frustration is likely not directed at you, rather at the situation

Report problems to a supervisor: Most transit agencies have policies and procedures to address overall safety concerns, but perhaps not “dementia friendly” practices

Medical Conditions – Respiratory Disease

- Make every attempt to keep the air in the vehicle as clean as possible.

Following are some recommendations from the University of California, Berkeley Wellness for reducing in-car pollution



How to reduce in-vehicle pollution

- When driving in traffic, keep a safe distance from vehicles ahead of you, especially diesel trucks or obviously polluting cars
 - Pull over to let such vehicles get far ahead
- Keep the windows closed when in traffic and the ventilation set to recirculate, especially in tunnels

How to reduce in-vehicle pollution

- When stopped at traffic lights, close your car windows, and try to keep some distance from the vehicle in front of you
- When driving in light or no traffic, keep windows open or at least cracked to let in fresh air
- If you have the option, choose less congested roads with fewer traffic lights, even if they take a little longer
 - Or try to avoid rush hour
 - The more traffic, the more pollutants

How to reduce in-car pollution

- Drive in the carpool lane, when possible.
 - Carpool lanes tend to have less traffic, so there's less air pollution
- On long drives with several people in the car, open the window for a minute or two every 10 minutes so carbon dioxide does not build up

Medical Conditions – Respiratory Disease

How to reduce in-car pollution

- Do not count on in-vehicle air filtration systems
 - Charcoal (carbon) filters may be available to increase filtration properties
- These may help reduce allergy symptoms from pollens, for instance, but they are not effective in removing fine particulates, volatile organic compounds, carbon monoxide, or other pollutants

Medical Conditions – Respiratory Disease

How to reduce in-car pollution

- If you have a new vehicle, try to keep the windows open as much as possible for the first few months, when volatile organic compounds (VOC) levels are highest
 - An array of VOCs come from materials inside the car, notably carpeting, vinyl, plastics, leather, fabrics, foam cushions, adhesives, and sealants, particularly in new cars and in hot weather
 - Heat helps release the chemicals and in some cases causes them to break down into toxic byproducts

Medical Conditions – Respiratory Disease

How to reduce in-car pollution

- Properly maintain your vehicle
 - A poorly maintained vehicle is more likely to pollute the air inside it as well as the air around it
- Keep interiors clean
 - Pollutants in vehicles can combine with dust particles, which are then inhaled
 - Dust holds onto pollutants, such as VOCs
- Do not use chemical cleaners
 - Instead, use a damp micro-fiber rag to keep the interior clean

Medical Conditions – Respiratory Disease

How to reduce in-car pollution

- Do not use air fresheners or deodorizers in your vehicle
- Instead of an air freshener, if you want the air to smell fresh, open the windows in an unpolluted area
 - If that's not possible, make a sachet of dried flower petals, or keep an open container of baking soda in the vehicle where it will not tip over

Medical Conditions – Respiratory Disease

How to reduce in-car pollution

And, of course,
do not smoke or allow smoking
in your vehicle

Medical Conditions - Stroke

What is Stroke?

Stroke is a disease that affects the arteries leading to and within the brain



A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures)

When that happens , part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die





Medical Conditions - Stroke



 MYTH	 FACT
Stroke cannot be prevented	Up to 80 percent of strokes are preventable
There is no treatment for stroke	At any sign of stroke call 9-1-1 immediately Treatment may be available
Stroke affects the only elderly	Stroke can happen to anyone at any time.
Stroke happens in the heart	Stroke is a "brain attack"
Stroke recovery only happens for the first few months after a stroke	Stroke recovery is a lifelong process

Medical Conditions - Stroke



<div> MYTH</div>	<div> FACT</div>
<p>Strokes are rare</p>	<p>There are nearly 7 million stroke survivors in the U.S. Stroke is the 5th leading cause of death in the U.S.</p>
<p>Strokes are not hereditary</p>	<p>Family history of stroke increases your chance for stroke</p>
<p>If stroke symptoms go away, you do not have to see a doctor</p>	<p>Temporary stroke symptoms are called transient ischemic attacks (TIA) They are warning signs prior to actual stroke and need to be taken seriously</p>

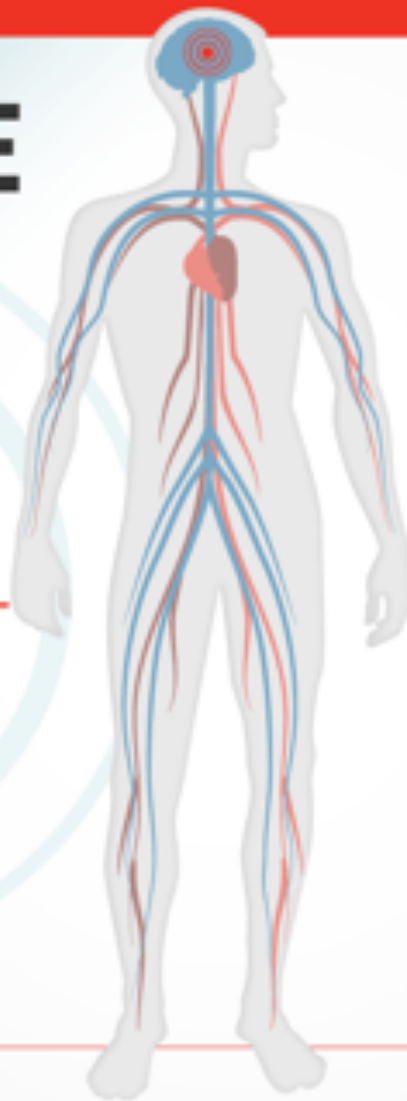
Medical Conditions - Stroke

NewYork-Presbyterian

KNOW THE SIGNS OF A STROKE



Being able to identify key stroke symptoms allows one to be treated as soon as possible, ideally in under 90 minutes. So remember: **BE FAST**.



Balance

Is the person unsteady on his feet?



Eyes

Have you lost vision in one or both eyes?



Face

Does the person's face look uneven?



Arms

Is one arm hanging limp?



Speech

Are you having trouble speaking?



Time

Call 911 if you have experienced any of the above.



Medical Conditions - Stroke

If you believe you or your passenger is having a stroke

CALL 911 IMMEDIATELY!!!

Medical Conditions - Diabetes

Myths & Facts of Diabetes

Myth: **Diabetes is not a serious disease**

Fact: Diabetes is a very serious condition that can result in death if not managed properly

Myth: **Diabetes only affects blood sugar**

Fact: Poorly managed diabetes could potentially harm every organ in your body including heart, eyes, kidneys, nerves and skin

Myth: **Overweight or obese people eventually develop Type-2 diabetes**

Fact: Other factors such as family history, ethnicity and age can also put some at risk

Medical Conditions - Diabetes

Diabetes Symptoms



The following symptoms of diabetes are typical

- Urinating often
- Feeling very thirsty
- Feeling very hungry - even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Weight loss - even though you are eating more (type 1)
- Tingling, pain, or numbness in the hands/feet (type 2)

Medical Conditions - Diabetes

Diabetes Symptoms



Some people with type 2 diabetes have symptoms so mild that they go unnoticed

Prediabetes means that your blood sugar level is higher than normal but not yet high enough to be type 2 diabetes

- Without lifestyle changes, people with prediabetes are very likely to progress to type 2 diabetes
- If you have prediabetes, the long-term damage of diabetes — especially to your heart, blood vessels and kidneys — may already be starting

Medical Conditions - Diabetes

MEDICAL NEWS TODAY

What to do in a diabetic emergency.

(Adapted from "Medical News Today")

- Do not try to treat a diabetic emergency at home or on your vehicle. **DO NOT GIVE THE PERSON CANDY!**
- A diabetic emergency occurs when diabetes symptoms have overwhelmed the body.

Medical Conditions - Diabetes

MEDICAL NEWS TODAY

What to do in a diabetic emergency.

(Adapted from "Medical News Today")

- When you know a passenger has diabetes and
 - Displays unusual behavior
 - Seems confused
 - Complains of any of the symptoms of a diabetes emergency
- Do not try to treat them, or adopt a "wait-and-see" approach

Instead, **CALL 911 IMMEDIATELY!**

Medical Conditions - Seizure

Seizure Disorders

- Seizure disorders, are symptoms of brain disorders
- These disorders can start before birth, or may be the result of a brain injury
- Medication controls seizures
- Although a seizure may take place at any time, even under medication

Medical Conditions - Seizures

The difference between “epilepsy” and “seizures”.

Some people think having a seizure equates to having epilepsy

Although the two terms are often used simultaneously,

- A **seizure** (which is a single occurrence) is different than **Epilepsy** (which is defined as two or more unprovoked seizures)

Adapted from



Medical Conditions - Seizures

Absence Seizures (Petit Mal)

An absence seizure (formerly classified as petit mal), is a very uncommon seizure that begins suddenly and occurs without any warning signs

People experiencing absence seizures

- Typically appear to stare without moving
- Usually lasts less than 15 seconds
- Can occur many times a day and may be mistaken for daydreaming

While the person may not remember what happened during the seizure, they'll typically return to being instantly alert as soon as the seizure is finished

Medical Conditions - Seizures

Atonic Seizures

Atonic seizures cause the muscles to go limp. The person's body may slump or crumple to the ground, possibly causing injury

Myoclonic Seizures

Myoclonic seizures (myo meaning "muscle", clonic meaning "jerk") result in an increase in muscle tone

- People suffering from myoclonic seizures typically react as if hit by a single jolt of electricity
- It is important to note that not all myoclonic jerks are myoclonic seizures
 - Think about the times you've seen someone falling asleep then suddenly jerk awake. This is a great example of a myoclonic jerk – but not a seizure

People experiencing sudden dramatic changes in muscle tone will often suffer from either or both types of seizures

Medical Conditions - Seizures

Tonic-Clonic (Grand Mal) Seizures

Tonic-clonic seizures (formerly known as grand mal seizures) can be one of the most frightening seizures to observe. There are two parts to a tonic-clonic seizure:

Tonic phase – The person initially stiffens and loses consciousness, causing them to fall to the ground

- The person's eyes roll back into their head as the muscles (including those in the chest, arms and legs) contract and
- the back arches
- As the chest muscles tighten
 - It becomes harder for the person to breathe
 - The lips and face may take on a bluish hue, and
 - the person may begin to make gargling noises

Medical Conditions - Seizures

Tonic-Clonic (Grand Mal) Seizures (cont.)

Tonic phase –

Many observers have the misconception that the person is in danger of “swallowing their tongue,” so they attempt to put something in the person’s mouth

Swallowing your tongue is actually impossible, and any attempt to open the now tightly clenched jaw may cause more harm than good

The tonic phase will typically last no longer than a minute

Medical Conditions - Seizures

Tonic-Clonic (Grand Mal) Seizures (cont.)

Clonic phase – Typically following the tonic phase, the clonic phase will start as the muscles begin to spasm and jerk

- The elbows, legs and head will flex then relax rapidly at first, but the frequency of the spasms will gradually subside until they cease altogether
- As the jerking stops, it is common for the person to let out a deep sigh, after which normal breathing resumes
- The clonic phase will rarely last longer than a few minutes

Medical Conditions - Seizures

Tonic-Clonic (Grand Mal) Seizures (cont.)

As the person transitions from the clonic phase to the post-seizure period, they'll likely remain unconscious for a few minutes or more, depending on the severity of the seizure

- During this time, the brain is extremely active trying to stop the cells from firing to bring the seizure under control
- When the person wakes up, they may have sore muscles and be tired or confused
- The observer's best course of action is to be assuring and supportive

Medical Conditions - Seizures



General First Aid for All Seizure Types

- The first line of response when a person has a seizure is to provide general care and comfort and keep the person safe.
- Once you have made your passenger safe, **CALL 911!**
- Remember that for the majority of seizures, basic seizure first aid is all that may be needed.



Always Stay With the Person Until the Seizure Is Over

- Seizures can be unpredictable and it's hard to tell how long they may last or what will occur during them
- Some may start with minor symptoms, but lead to a loss of consciousness or fall
- Other seizures may be brief and end in seconds
- Injury can occur during or after a seizure, requiring help from other people



Pay Attention to the Length of the Seizure

- Look at your watch and time the seizure, from beginning to the end of the active seizure
- Time how long it takes for the person to recover and return to their usual activity
- This will help the emergency responders know how long the event has been going on, which enables them to provide the most effective care immediately



Stay Calm; Most Seizures Only Last a Few Minutes

- A person's response to seizures can affect how other people act
- If the first person remains calm, it will help others stay calm too
- Talk calmly and reassuringly to the person during and after the seizure – it will help as they recover from the seizure

Medical Conditions - Seizures



Prevent Injury by Moving Nearby Objects Out of the Way

- Remove sharp objects.
- Remove objects that the person may hit their head on

Do Not Put Anything in the Person's Mouth!

- Jaw and face muscles may tighten during a seizure, causing the person to bite down. If this happens when something is in the mouth, the person may break and swallow the object or break their teeth!
- Do not worry - a person cannot swallow their tongue during a seizure



Do Not Forcibly Hold the Person Down

- Trying to stop movements or forcibly holding a person down does not stop a seizure
- Restraining a person can lead to injuries and make the person more confused, agitated or aggressive
- People do not fight on purpose during a seizure. Yet if they are restrained when they are confused, they may respond aggressively
- If a person tries to walk around, let them walk in a safe, enclosed area if possible

Medical Conditions - Seizures



Make Sure They are Breathing

- If the person is lying down, turn them on their side, with their mouth pointing to the ground
 - This prevents saliva from blocking their airway and helps the person breathe more easily
- During a convulsive or tonic-clonic seizure, it may look like the person has stopped breathing
 - This happens when the chest muscles tighten during the tonic phase of a seizure
 - As this part of a seizure ends, the muscles will relax and breathing will resume normally
- Rescue breathing or CPR is generally not needed during these seizure-induced changes in a person's breathing

Medical Conditions - Seizures



Keep Onlookers Away

- Once the situation is under control, encourage people to step back and give the person some room. Waking up to a crowd can be embarrassing and confusing for a person after a seizure
- Ask someone to stay nearby in case further help is needed



Be Sensitive and Supportive, and Ask Others to Do the Same

- Seizures can be frightening for the person having one, as well as for others.
- People may feel embarrassed or confused about what happened. Keep this in mind as the person wakes up.
- Reassure the person that they are safe.
- Once they are alert and able to communicate, tell them what happened in very simple terms.
- Offer to stay with the person until first responders arrive.

Medical Conditions - Seizures



- You may not need to perform any of these actions since emergency responders may arrive to take over before your passenger's seizure has ended
- The seizures may only last a few minutes

Medical Conditions - Seizures



- However, it is extremely important to call **911** once you have your passenger in a safe place
- You typically do not know your passenger's medical history, and cannot be sure if another seizure will follow, or what complications the person may experience after their seizure ends

Medical Conditions - Dialysis



Dialysis is:

“A treatment that does some of the things done by healthy kidneys. It is needed when your own kidneys can no longer take care of your body's needs”

What does dialysis do?

When your kidneys fail, dialysis keeps your body in balance by:

- Removing waste, salt and extra water to prevent them from building up in the body
- Keeping a safe level of certain chemicals in your blood, such as potassium, sodium and bicarbonate
- Helping to control blood pressure
- Usually, each hemodialysis treatment lasts about four hours and is done three times per week

Medical Conditions - Dialysis

Most Frequent Side Effects of Dialysis

- **Low blood pressure** is the most common side effect of dialysis, affecting one out of four patients at some point over the course of dialysis treatments
- **Nausea and vomiting** are associated with kidney disease in general, but low blood pressure and excess fluid weight gain are also common causes
- **Dry or itchy skin** is experienced by many people undergoing dialysis, especially in the winter

Medical Conditions - Dialysis

Most Frequent Side Effects of Dialysis

- **Restless leg syndrome** is another common side effect that causes a person to keep moving their legs as a result of the leg nerves and muscles creating a crawly or prickly sensation
- **Muscle cramping** causes extreme discomfort to many people
- **Depression and post-dialysis fatigue** are possible side-effects which may cause your passenger to act differently than you expect
- **Fever or Chills** may also be experienced by a person post-dialysis

Medical Conditions - Dialysis

- Be prepared to be transporting a passenger that behaves much differently after dialysis than the person you brought to dialysis
- Your passenger may be feeling so sick after dialysis that they vomit or lose control of their bowels or bladder
- Your passenger may be so cold after dialysis that they ask you to turn off the air-conditioner, even though it may be 98 degrees outside

Medical Conditions – Mental Illness

The National Alliance on Mental Illness defines mental illness as:

- A condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day

Each person will have different experiences, even people with the same diagnosis



Medical Conditions – Mental Illness



According to Mental Health America:

- There are more than 200 classified forms of mental illness.
- Some of the more common disorders are
 - Depression,
 - Bipolar disorder,
 - Dementia,
 - Schizophrenia
 - Anxiety disorders
- Symptoms may include changes in mood, personality, personal habits and/or social withdrawal

Medical Conditions – Mental Illness

The Crisis Prevention Institute has developed 10 de-escalation tips that will help you respond to difficult behavior in the safest, most effective way possible

1. Be empathic and nonjudgmental.	6. Ignore challenging questions.
2. Respect personal space.	7. Set limits.
3. Use nonthreatening nonverbals.	8. Choose wisely what you insist upon.
4. Avoid overreacting.	9. Allow silence for reflection.
5. Focus on feelings.	10. Allow time for decisions.



Medical Conditions

It is important to remember...

- You are not a medical caregiver – You are a transportation provider
- Your primary concern is the safety and well-being of your passengers
- If you are unsure of the situation or what is the best course of action – **call for help!**

TRANSPORTING AN AGING SOCIETY

Transporting an Aging Society

People are living longer today. Having the freedom to get around is equally important to old age as it is to youth

Transporting seniors is a very personal service
Drivers may see the same people day after day, month after month



Transporting an Aging Society

- Older people depend on you – their driver
- You may see this person more than any other member of the public



- For someone who lives alone, a long ride may be considered a social event

Transporting an Aging Society

Drivers see people at their homes, in their neighborhoods and notice patterns

- How they keep their yard
- The condition of their house
- A porch light on or off during the day

A sudden change in these patterns could signal a serious problem





Transporting an Aging Society

A driver is not expected to make judgments on an older person's needs

However, you play a critical role in noticing if this person may need help

Informing your supervisor of your observations could mean the difference between life and death

Transporting an Aging Society

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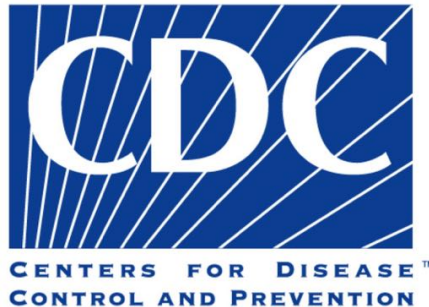
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Transporting an Aging Society

According to the Centers for Disease Control and Prevention (CDC)

- Falls are the leading cause of fatal and nonfatal injuries among older adults.



- It is estimated that 37,000 injuries requiring emergency medical care occur annually as older adults board and exit vehicles

(Study published in the Journal of the American Geriatrics Society, 2008)

Transporting an Aging Society

Fall hazards directly related to transit include

Steps can be challenging for people with balance problems, poor vision or a fear of falling

- A step is almost always necessary between a vehicle and the sidewalk
- Steps become problematic if they are too high, lack handrails or have unmarked edges

Transporting an Aging Society

Fall hazards directly related to transit include

Frequent or sudden stops or starts can be difficult for an older adult with balance issues

- A sudden lurch in the vehicle can cause an individual to lose footing

Slippery surfaces due to winter weather or rain any time of the year reduce traction or friction between the shoe and the ground, increasing the potential for an individual to lose their balance

Personal items in the aisle may create a fall hazard for riders as they move to a vacant seat

Transporting an Aging Society

Fall hazards directly related to transit include

Crowded vehicles may not have enough seating or available handrails or straps for individuals to grab for support, which are essential when a vehicle is making frequent stops

- Reserved seating for seniors and people with disabilities may not always be available during peak ridership

Dark interiors are hazardous, especially at night.

Adequate lighting can help make tripping hazards more visible and is especially important for individuals with diminished vision

Transporting an Aging Society

Signs that seniors may be in distress

- Inadequate heating, plumbing or electrical service disconnected
- Pathways unclear due to large amounts of clutter
- Animal feces in home
- Residence is extremely dirty, filled with garbage, or very poorly maintained
- Not cashing monthly checks

Transporting an Aging Society

Signs that seniors may be in distress

- Needing medical care, but not seeking or refusing
- Lacking fresh food, possessing only spoiled food, or not eating
- Refusing to allow visitors into residence
- Giving away money inappropriately
- Dressing inappropriately for existing weather conditions

Transporting an Aging Society

Steps you can take to respond

- Do not be silent
- Do not think that others will take care of the problem
- Speak with a supervisor about your concerns
- If someone is in immediate danger, call 911

Transporting an Aging Society

What you are witnessing may be more than a senior in distress

- Elder abuse is on the rise
- Do you know the signs?

ELDER ABUSE

Elder Abuse - Definition

- **Elder abuse** is the term given to the act of committing harmful acts towards elderly adults, such as physical abuse, psychological abuse, sexual abuse and neglect
- Financial exploitation and self-neglect due to abandonment are also forms of elderly abuse

Elder Abuse - Signs

- Physical abuse may include slapping, hitting, beating, bruising or causing someone physical pain, injury or suffering
 - This also could include confining an adult against his/her will, such as locking someone in a room or tying him/her to furniture
- Emotional abuse involves creating emotional pain, distress or anguish through the use of threats, intimidation or humiliation
 - This includes insults, yelling or threats of harm and/or isolation, or non-verbal actions such as throwing objects or glaring to project fear and/or intimidation

Elder Abuse - Signs

- Neglect includes failures by individuals to support the physical, emotional and social needs of adults dependent on others for their primary care
 - Neglect can take the form of withholding food, medications or access to health care professionals.
For more information on neglect, [click here](#)
- Isolation involves restricting visits from family and friends or preventing contact via telephone or mail correspondence

Elder Abuse - Signs

- Financial or material exploitation includes the misuse, mishandling or exploitation of property, possessions or assets of adults
 - Also includes using another's assets without consent, under false pretense, or through coercion and/or manipulation
- Abandonment involves desertion by anyone who assumed caregiving responsibilities for an adult

Elder Abuse - Signs

- Sexual abuse includes physical force, threats or coercion to facilitate non-consensual touching, fondling, intercourse or other sexual activities
 - This is particularly true with vulnerable adults who are unable to give consent or comprehend the nature of these actions
- Self-neglect involves seniors or adults with disabilities who fail to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being
 - This includes failure to provide adequate food, clothing, shelter and health care for one's own needs

Elder Abuse – What is Not Abuse/Neglect

Adults have a right to make their own decisions about health care

It is **not** considered abuse or neglect to make decision about

- Medication, procedures or devices
- Hospice care
- Making a Living will
- Administering of CPR
- Dialysis or other medical treatment

- It is appropriate to report if you just suspect something is wrong
- As long as you make the report in good faith you are immune from any criminal charges or a civil lawsuit for damages
- You are not immune if you are the perpetrator of the mistreatment
- If you have concerns, report and have a professional decide for sure

APPROPRIATE AND INAPPROPRIATE BEHAVIOR (Sexual Harassment)

Sexual Harassment

Sexual Harassment is defined by law

“Unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical contact of a sexual nature”

Sexual Harassment

Some examples include

- Comments about body parts or sex life
- Inappropriate jokes or teasing, sexual innuendos
- Repeated requests for dates
- Excessive attention in the form of love letters, telephone calls or gifts
- Suggestive pictures, posters, calendars or cartoons

Sexual Harassment

Some examples include

- Offensive emails, screensavers, computer material
- Leering, stares or gestures
- Invading another person's "space"
- Touching - brushes, pats, hugs, shoulder rubs or pinches

Sexual Harassment

Who Is Most Likely to Sexually Assault Someone?

As is the case for people without disabilities who experience sexual violence, perpetrators are often those who are known by the victim

- Family members
- Acquaintances
- Residential care staff
- Transportation providers
- Personal care attendants

Sexual Harassment

What you should do if you suspect sexual abuse/assault

- All States have laws requiring professionals, such as case managers, direct care workers, police officers and teachers to report abuse
- Some States require the general public to report abuse as well
- Know if you are a mandated reporter in your state

Sexual Harassment

What you can do to reduce the risk of sexual harassment

- Do not accept gifts from your passengers
- Do not become socially involved with your passengers
- Immediately report instances of inappropriate passenger behavior to your supervisor

Sexual Harassment

What you can do to reduce the risk of sexual harassment

- Avoid conversations about religion, politics, sex, or morals
- Do not offer advice outside of that related to the vehicle and the safety of the passengers
- Do not communicate directly with your passengers outside of your work environment

Sexual Harassment

What you can do to reduce the risk of sexual harassment

- Be careful of how you “touch” your passenger when providing service. Always use the back of your hand against your passenger’s body
- Always explain to your passenger what you are doing and about to do when providing service
- Do not go into your passenger’s home alone

Sexual Harassment

What you can do to reduce the risk of sexual harassment

- Stay within camera view if your vehicle is equipped with cameras
- How you act or do not act will be interpreted by your passengers in ways you may not have intended

Sexual Harassment



**National Sexual Assault
Hotline. Free.**

Confidential. 24/7.

<https://www.rainn.org/>



Directory of Organizations

<https://www.nsvrc.org/organizations>



<https://www.nsopw.gov/en>

APPROPRIATE AND INAPPROPRIATE BEHAVIOR (Human Trafficking)

Human Trafficking



Human Trafficking

- The transportation industry is taking a united stand to stop the flow of human trafficking through America's transportation system
- Having a set of core themes interwoven throughout Transportation Leaders Against Human Trafficking (TLAHT) partner initiatives helps to send a clear and consistent message to transportation employees and the traveling public
 - Using leadership pledges, counter-trafficking strategies, training resources and public awareness campaigns

Human Trafficking

To learn more and find out how you can help, visit

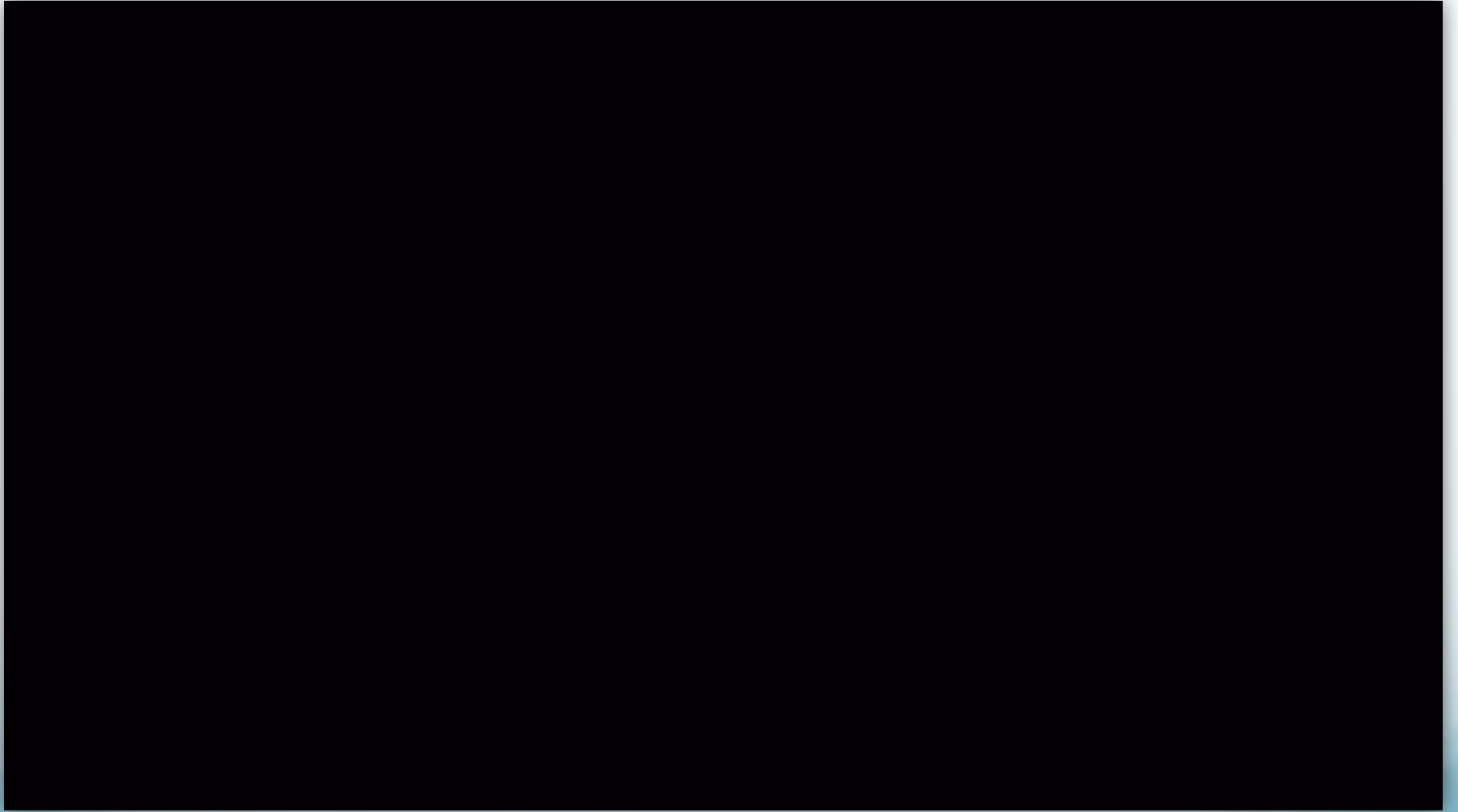
<https://www.transit.dot.gov/regulations-and-programs/safety/human-trafficking-awareness-and-public-safety-initiative>

<https://www.dhs.gov/blue-campaign>

<https://truckersagainsttrafficking.org/>

BLOODBORNE PATHOGENS

Bloodborne Pathogens





Bloodborne Pathogens

- Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations
 - If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol
- Alcohol-based hand sanitizers can quickly reduce the number of microbes on hands in some situations, but sanitizers do not eliminate all types of germs

(According to the Centers for Disease Control and Prevention (CDC))

Bloodborne Pathogens



- Hand sanitizers may not be as effective when hands are visibly dirty or greasy
- Hand sanitizers might not remove harmful chemicals, like pesticides and heavy metals, from hands
- Personal protective equipment (PPE), such as latex or nitrile gloves, provide an additional barrier against all microbes – especially bloodborne pathogens

ACCIDENTS, INCIDENTS & EMERGENCIES

Accidents, Incidents and Emergencies



Accidents, Incidents and Emergencies



NATIONAL FIRE PROTECTION ASSOCIATION

The leading information and knowledge resource on fire, electrical and related hazards

According to the U.S. Fire Administration (USFA) and the National Fire Protection Association (NFPA)

- Nearly one out of seven fires involve vehicles
- One out of 10.5 fire deaths results from vehicle fires
- An estimated 300 civilians are killed and 1,250 are injured each year from vehicle fires
- Average length of time for a fire to breach the firewall in a vehicle is 3-4 minutes

Accidents, Incidents and Emergencies

Accidents, Incidents and Emergencies



Three Things a Fire Needs

- 1. Oxygen (air)** - to start and sustain combustion. Air supply can be increased by windy conditions.
 - 2. Heat** - to raise fuel temperatures to their ignition point and to ignite fuels. Common sources of heat are lightning and human activities.
 - 3. Fuel** - to sustain and/or carry flames. Combustible materials include trees, shrubs, grasses and structures
- **All three are required**
 - **Remove any one of them and no fire can start or continue**

Accidents, Incidents and Emergencies

If You Smell or See Smoke on Your Vehicle

- Tell your passengers what is happening and what you are going to do
- Pull your vehicle to a safe place off of the road

Accidents, Incidents and Emergencies

If You Smell or See Smoke on Your Vehicle

- Turn off the ignition
 - If there is a chance of a fire on your vehicle, it most likely is in the engine compartment
 - Turning off your ignition eliminates two of the three ingredients needed for a fire
 - You have eliminated the fuel and heat.
 - If there were only sparks at this point causing the smoke, you have just greatly reduced the chance of a fire starting

Accidents, Incidents and Emergencies

If You Smell or See Smoke on Your Vehicle

- Evacuate your passengers
 - Get them as far away from the vehicle as possible
 - Most experts say you should **move at least 100 feet from a burning vehicle**
 - Evacuate them to a place that safe from hazards outside of the vehicle

Accidents, Incidents and Emergencies

If You Smell or See Smoke on Your Vehicle

- Move to your nearest safe exit - doors, emergency exits, etc.
 - If your vehicle is equipped with a lift, the lift door is **NOT** effective for evacuation
 - The lift platform is blocking the escape route
 - The power is off so the only way you can lower the platform is manually
 - The time it would take you to make the lift door useable is better spent getting passengers out

Accidents, Incidents and Emergencies

If You Smell or See Smoke on Your Vehicle

- Ask passengers, or passersby, for assistance.
- Use whatever means you have available to get your passengers off of your vehicle
 - Do not worry about how you touch your passenger; you are potentially saving their life
 - If necessary
 - Drag your passenger by their shirt sleeve, pant leg, coat, legs, arms
 - Use a wheelchair to help leverage larger passengers out of emergency exits

Accidents, Incidents and Emergencies

If You Smell or See Smoke on Your Vehicle.

AFTER everyone has been safely evacuated from your vehicle

- Call 911 or Dispatcher – follow protocol
- **DO NOT** go back and try to save your vehicle – That is what insurance is for
- Once emergency responders are on the scene, relinquish control of the situation to them and follow whatever instructions they give you

Accidents, Incidents and Emergencies



Accidents, Incidents and Emergencies

What are your thoughts after seeing the video?



What about the guy the driver did not evacuate from the bus?

Accidents, Incidents and Emergencies

The last to evacuate the vehicle...



Accidents, Incidents and Emergencies

Seat Belt Cutter: Your first tool for safety!

- Keep your seat belt cutter within arm's reach
 - You will not reach it if it is kept
 - In your glove box
 - In the back of your vehicle
 - In a first aid box behind your seat
 - In the overhead storage compartment
- Having it on a key ring may not be the best idea
 - If you are involved in a front-end collision, chances are you will not be able to get your vehicle into Park and take the keys out of the ignition

Accidents, Incidents and Emergencies

Seat Belt Cutter: Your first tool for safety!

- You must know how to use it
- If you have never done so before, set up a training on how to use the webbing cutter
 - It may not be as easy to use as you think

Accidents, Incidents and Emergencies

Seat Belt Cutter: Your first tool for safety!

Proper technique for using a seat belt cutter



Accidents, Incidents and Emergencies

Fire Extinguisher

NOT FOR PUTTING OUT FIRES!!!!

- This may sound counter-intuitive
- The fire extinguisher is onboard to help with evacuation
- If everyone can get off without needing the extinguisher, leave it alone

Accidents, Incidents and Emergencies

Most fire extinguishers operate using the P.A.S.S. technique

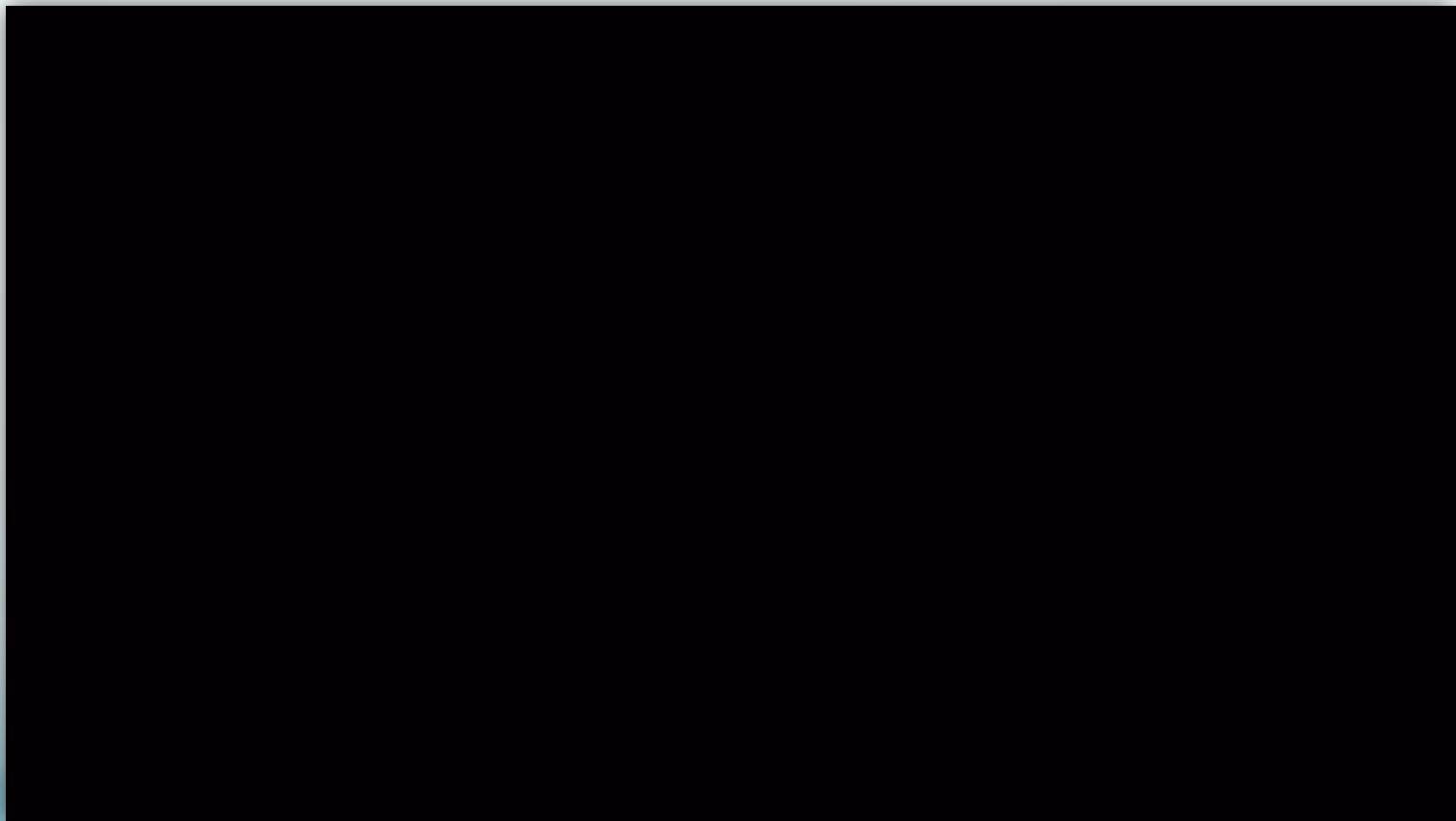
- **PULL...** Pull the pin. This will also break the tamper seal
- **AIM...** Aim low, pointing the extinguisher nozzle (or its horn or hose) at the base of the fire
- **SQUEEZE...** Squeeze the handle to release the extinguishing agent
- **SWEEP...** Sweep from side to side at the base of the fire until it appears to be out. Watch the area. If the fire re-ignites, repeat steps 2 through 4

NOTE: Do not touch the plastic discharge horn on Carbon Dioxide extinguishers, it gets very cold and may damage skin

Accidents, Incidents and Emergencies

Triangle Reflectors.

How to set them up.



Accidents, Incidents and Emergencies

Triangle Reflectors.

How to deploy them properly.



Accidents, Incidents and Emergencies

Four Basic Steps of Incident Management

1. Keep calm – Pause for a moment, take a deep breath, take control
2. Protect your passengers, yourself, your vehicle – determine if the vehicle must be evacuated or not

Accidents, Incidents and Emergencies

Four Basic Steps of Incident Management

3. Contact your dispatcher – notify of location, condition and any medical emergencies

4. Complete the required reports – you are responsible for completing accident reports thoroughly and in full detail



PASS 7.0: THE INDUSTRY STANDARD



PASS 7.0

ASSISTING OUR PASSENGERS: MOBILITY SECUREMENT

ASSISTING OUR PASSENGERS

Assisting Our Passengers

Ask your passenger if they need assistance

**A PASSENGER SHOULD
NEVER
HAVE TO ASK FOR ASSISTANCE**

because the driver failed to offer it

Assisting Our Passengers

Why might a passenger not ask you
for assistance?

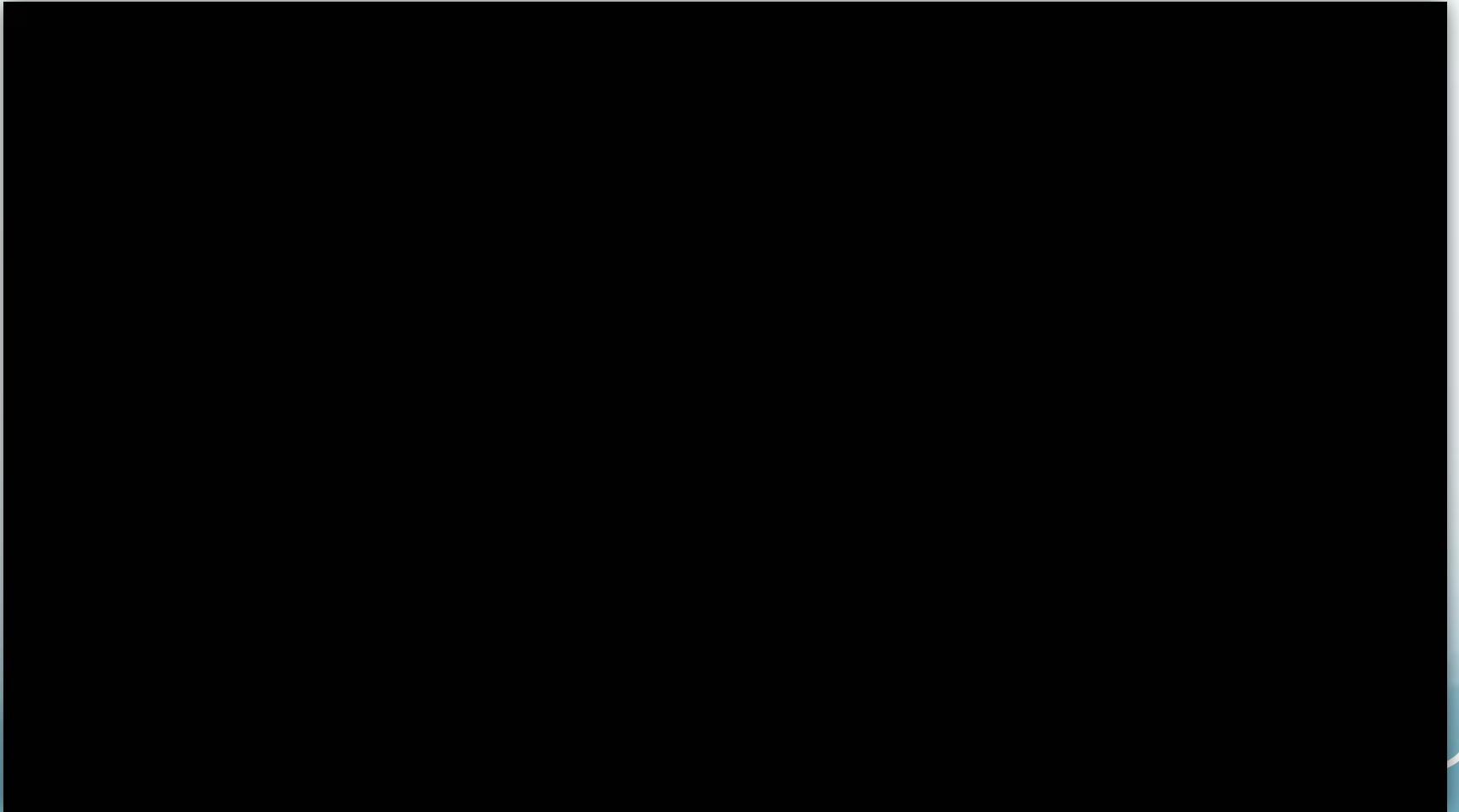
PRIDE!

Assisting Our Passengers

Your passenger attempts to board on their own, because you failed to offer assistance, then falls

Assisting our Passengers

What happens when a passenger using a mobility aid is not properly assisted?



Assisting Our Passengers

Keep it simple!

Ask your passenger if he or she needs assistance

If the answer is yes, ask how you can assist, then follow directions

Don't assume that you know better than your passenger the type of assistance they need

**What about the passenger who refuses
your assistance after you offer?**

You are responsible for passenger safety

Therefore, you must still stand by your
passenger in the event they stumble or fall

It is not time to return to your seat or ignore
your passenger

Assisting Our Passengers

Be patient

Allow for sufficient time for boarding and exiting your vehicle

Be supportive

Don't make your passenger feel pressured if you are behind schedule

Assisting Our Passengers



MOBILITY EQUIPMENT & FEATURES

Before we discuss mobility devices.

Do not assume that your passenger needs your assistance just because they may be using a mobility device

Ask your passenger IF they need your assistance.

If they do,

Ask how you can assist

Follow your passengers' instructions

What is a “wheelchair”?

Section 37.3 of the DOT ADA regulations defines a “wheelchair” as:

A mobility aid belonging to any class of three or more-wheeled devices

Usable indoors

Designed for and used by individuals with mobility impairments



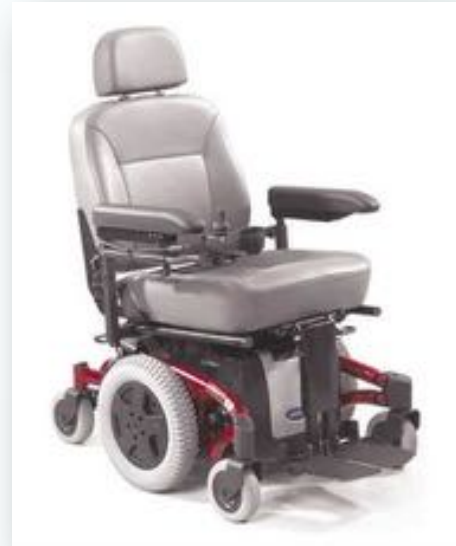
What is a “wheelchair”?

Section 37.3 of the DOT ADA regulations defines a “wheelchair” as:

Operated manually or powered

Vehicle operators, are not required to assume the controls of power wheelchairs to assist riders with boarding

Providing assistance with a power wheelchair falls under the category of attendant-type services, which the regulations do not require



What is a “wheelchair”?

Some wheelchairs weigh more than 600 pounds when occupied

At a minimum, all occupied wheelchairs weighing up to 600 pounds and measuring 30 inches in width and 48 inches in length (*formerly known as a “common wheelchair”*) must be transported

If a lift has the minimum design load of 600 pounds, there is no requirement for an agency to transport a heavier occupied device

What is a “wheelchair”?

Some wheelchairs weigh more than 600 pounds when occupied

However, if the vehicle lift has a design load of 800 pounds, the agency would need to transport an 800-pound wheelchair/passenger combination

But not a combination exceeding 800 pounds

Do not guess and certainly do not weigh the passenger

If the device fits on the lift and the lift raises, transport the passenger and device

What is a “wheelchair”?

“Legitimate Safety Concerns”

An operator may deny transportation if carrying the wheelchair and its occupant would be inconsistent with **legitimate safety requirements**

Must be based on actual risks, not on mere speculation, stereotypes, or generalizations about individuals with disabilities or about the devices they use for mobility purposes

May deny transport of device if it...

- Blocks an aisle

- Is too large to fully enter a vehicle,

- Interferes with the safe evacuation of passengers in an emergency

What is a “wheelchair”?

“Legitimate Safety Concerns”

Does not apply to securement

A transit provider **cannot** impose a limitation on the transportation of a mobility device based on the inability of the securement system to secure the device to the satisfaction of the transportation provider

Mobility Equipment & Features

Medline® Standard Manual Wheelchairs USER GUIDE

Excel® 2000, Narrow, Extra Wide



Excel® Shuttle



Excel® K1/ K3 Basic



Excel® Reclining



Excel® Kidz Pediatric



Excel® K2B



Please read this user guide before operation for warning, and safe use instructions of this wheelchair.

Medline® Standard Manual Wheelchairs USER GUIDE

WARNINGS & SAFETY INSTRUCTIONS



GENERAL INFORMATION

DO NOT use the wheelchair in a vehicle for transport. This wheelchair has not been approved as a seat surface to be used within a vehicle of any kind. Always transfer the wheelchair user to an approved vehicle seat and use restraints available from the auto industry for this application

Mobility Equipment & Features

JAZZY SELECT 14

SERIES

How a Power Chair should FEEL!™



OWNER'S MANUAL

Pride
Mobility Products Corp.
www.pridemobility.com

Including Models: Jazzy Select 14 and Jazzy Select 14XL

1-800-800-8586 (US) 1-888-570-1113 (Canada)

Downloaded from www.ManualLib.com manual search engine

Mobility Equipment & Features

Jazzy Select Owners Manual

Lift/Elevation Products

If you will be traveling with your power chair, you may find it necessary to use a lift/elevation product to aid in transportation. Pride recommends that you closely review the instructions, specifications, and safety information set forth by the manufacturer of the lift/elevation product before using that product.



WARNING! Never sit on your power chair when it is being used in connection with any type of lift/elevation product. Your power chair was not designed with such use in mind and any damage or injury incurred from such use is not the responsibility of Pride.

Motor Vehicle Transport

Pride recommends that you do not remain seated in your power chair while traveling in a motor vehicle. The power chair should be stowed in the trunk of a car or in the back of a truck or van with the batteries removed and properly secured.

WARNING! Do not sit on your power chair while it is in a moving vehicle.

Mobility Equipment & Features

**Crash of a Manual Wheelchair
That is NOT to be used as a seat in a Moving Vehicle.**





RESNA's Position on Wheelchairs Used as Seats in Motor Vehicles

WC19-compliant or transportation-ready wheelchairs
have design features that:

Reduce user error in securing four-point, strap-type
tiedowns,

Under simulated crash conditions they demonstrate that
they can be effectively secured,

Provide four permanently labeled, easily accessible
securement-point brackets that are labeled so they can be
readily identified.





RESNA's Position on Wheelchairs Used as Seats in Motor Vehicles

RESNA's Position on Wheelchairs Used as Seats in Motor Vehicles

WC19-compliant or transportation-ready wheelchairs have design features that:

Provide effective occupant support for the same frontal impact conditions that are used to test occupant-restraint systems and seats in passenger cars, and child safety seats used by children, which includes

- A base frame and seating system that, along with the four securement points

- Have been successfully crash tested in a 30-mph, 20-g frontal impact when loaded by an appropriate-size crash-test dummy

- With the wheelchair secured facing forward by a surrogate four-point, strap-type tiedown

**WC19
Wheelchair**

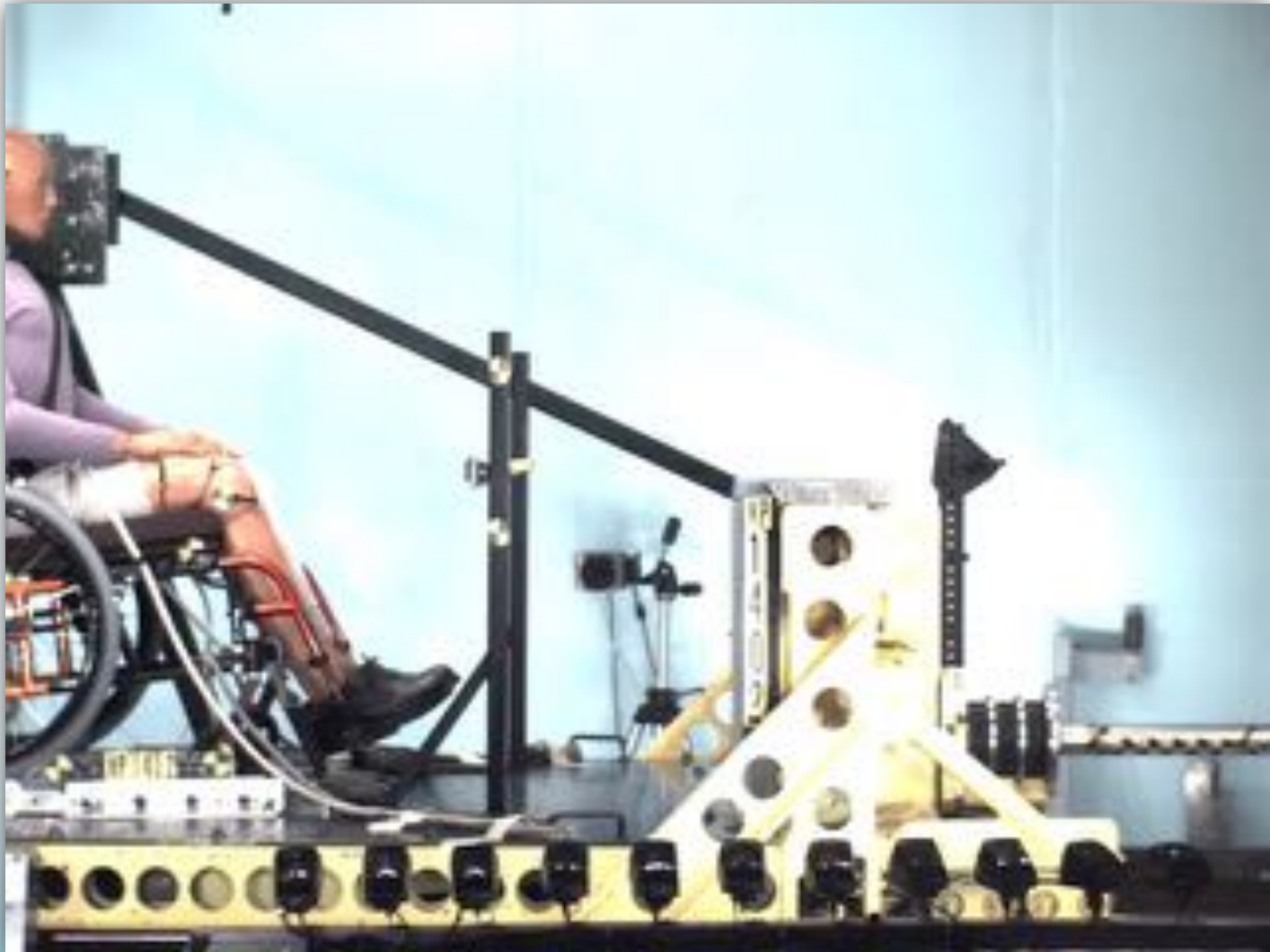


**WC19
Wheelchair**



Mobility Equipment & Features

Crash of a WC19 Compliant Manual Wheelchair



What is an “Other Power-Driven Mobility Device”?

Other power-driven mobility device (OPDMD) is defined as "any mobility device powered by batteries, fuel, or other engines...

That is used by individuals with mobility disabilities for the purpose of locomotion, including golf cars, electronic personal assistance mobility devices... such as the Segway® PT, or any mobility device designed to operate in areas without defined pedestrian routes,

But that is **not** a wheelchair"

Mobility Equipment & Features

What is a “other power-driven mobility device”?

In transit, the primary OPDMD is a Segway, a two-wheeled, gyroscopically stabilized, battery-powered personal transportation device.

By ADA definition, a Segway is not a wheelchair.



Mobility Equipment & Features



What is a “other power-driven mobility device”?

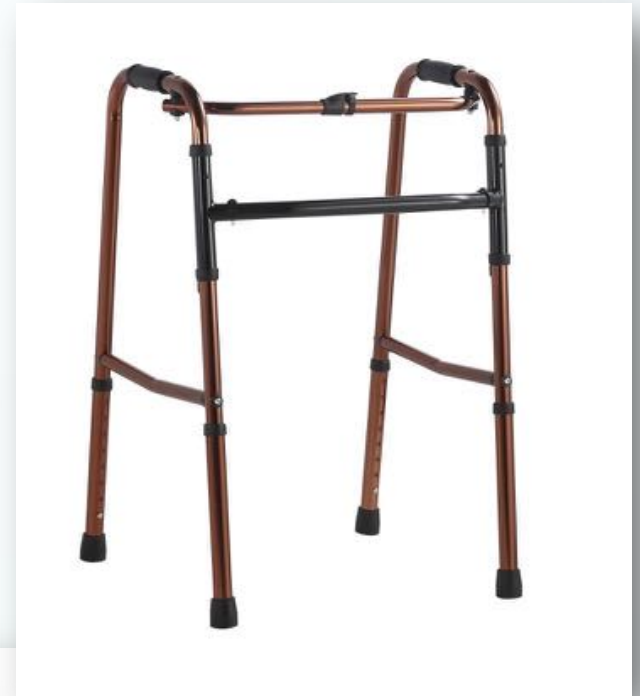
However, a Segway, when used by a person with a disability as a mobility device, is part of the broad class of mobility aids that Part 37 of the ADA intends will be accommodated

A Segway occupies a legal position analogous to a cane, walker, etc.

Mobility Equipment & Features

Mobility Aids

Other mobility aids your passengers may use include walkers, canes, and crutches



Mobility Equipment & Features

Mobility Aids

Passengers using walkers may move more slowly since balance is a problem

Do not rush your passengers

Assist from the side of the passenger opposite the mobility aid

If you are unsure from which side you should assist -- ASK



Mobility Equipment & Features

Mobility Aids

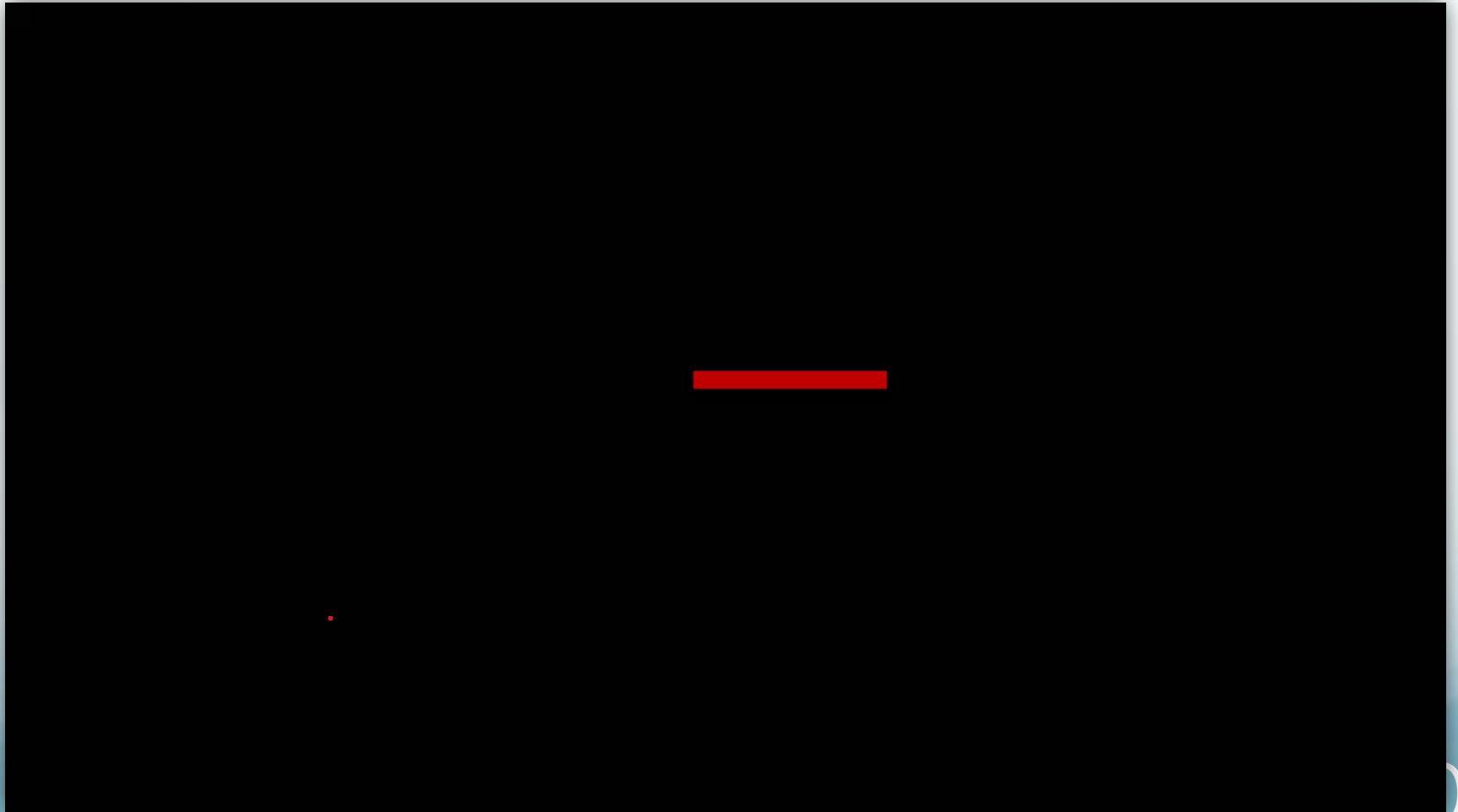
It may be extremely difficult for the passenger to utilize the steps in your vehicle

The ADA requires that this individual be permitted to use the accessible entrance (lift) for entry and exit of the vehicle



Mobility Equipment & Features

What happens when a passenger using a mobility aid is not properly assisted



Mobility Equipment & Features

Prosthesis

An artificial substitute or replacement of a part of the body such as a tooth, eye, a facial bone, the palate, a hip, a knee or another joint, the leg, an arm, etc.

A **prosthesis** is designed for functional or cosmetic reasons or both



Mobility Equipment & Features

Prosthesis

People with a lower-limb amputation had elevated body temperatures after donning their prosthetic device which continued to rise as activity levels increased



Mobility Equipment & Features

Prosthesis

Additionally, their body temperatures remained elevated even after a rest period



ASSISTING OUR PASSENGERS WHO USE MOBILITY DEVICES

Assisting our Passengers Who Use Mobility Devices

It is worth repeating...

Do not assume that your passenger needs your assistance just because they may be using a mobility device

Ask your passenger IF they need your assistance.

If they do,

Ask how you can assist

Follow your passengers instructions

Assisting our Passengers Who Use Mobility Devices

When your passenger needs your assistance:

Their device is as valuable as the body part or function it has replaced

Consider their device to be a part, or extension, of their body

Unnecessary leaning on or touching the wheelchair is similar to touching the person who does not use a wheelchair



Assisting our Passengers Who Use Mobility Devices

When your passenger does need your assistance:

Your passenger is putting you in charge

Communication may be a challenge since you are standing behind your passenger and talking over their head

Let your passenger know what you are going to do **BEFORE** you do it so they can prepare for the movement



Assisting our Passengers Who Use Mobility Devices

When your passenger does need your assistance:

Keep your movements as smooth as possible

Ask your passenger to keep their hands in their laps so they don't get caught in the wheels or hit an object

If your passenger does not use footrests, be careful not to force their legs under the wheelchair as you push them forward



Assisting our Passengers Who Use Mobility Devices

When your passenger does need your assistance:

Treat your passenger's wheelchair with care

Let your passenger know if you see defects with their wheelchair



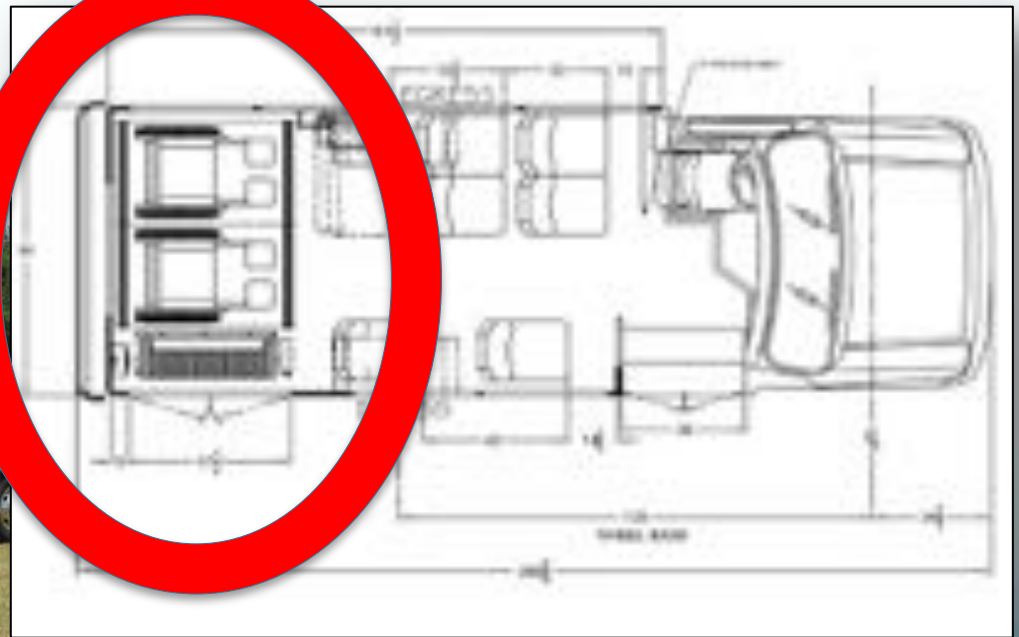
Assisting our Passengers Who Use Mobility Devices

Driving Techniques

Where do we place our passengers that use a wheelchair?

Where on the vehicle is the worst ride?

Your passenger's wheelchair transmits any road shock into the passenger



Assisting our Passengers Who Use Mobility Devices

Frequently Asked Questions

Does a wheelchair need brakes to use transit service?

No

A transit provider may not deny transportation to a person who uses a wheelchair because the wheelchair does not have brakes/wheel locks or the user does not choose to set the brakes/wheel locks

Assisting our Passengers Who Use Mobility Devices

Frequently Asked Questions

Can you require a person to transfer from a wheelchair into a vehicle seat?

No

Regulations allow the person to transfer if a seat is available

Such a move is the rider's decision

The driver may suggest a transfer in a non-coercive manner

Assisting our Passengers Who Use Mobility Devices

Frequently Asked Questions

Can you require a person to transfer from a scooter into a vehicle seat?



No

Regulations allow the person to transfer if a seat is available

Such a move is the rider's decision

The driver may suggest a transfer in a non-coercive manner

ACCESSIBLE LIFTS & RAMPS

Lift & Ramp Requirements

CODE OF FEDERAL
REGULATIONS

49

Parts 400 to 571
Revised as of October 1, 2017

Transportation

Title 49 - Transportation

Part 571 - FEDERAL MOTOR VEHICLE SAFETY STANDARDS

Subpart B - Federal Motor Vehicle Safety Standards

Section 571.403 - Standard No. 403; Platform lift systems for motor vehicles.

Subtitle B - Other Regulations Relating to Transportation
(Continued)

Chapter V - NATIONAL HIGHWAY TRAFFIC SAFETY
ADMINISTRATION, DEPARTMENT OF TRANSPORTATION

Lift & Ramp Requirements

Required Features of the ADA Lift

Labeled as DOT Public Use Lift

Minimum 600 pound load

Can be rated 800 or 1000 pounds

Minimum Platform Dimensions 30" x 48"

Visual and Audible alarm system when entering threshold if lowered 1" or more and portion of body or device is on threshold

Outer and Inner barrier

Lift & Ramp Requirements

Required Features of the ADA Lift , continued

Handrail with 2000 pound downward force

Platform Markings and Edge Guards

Control Panel Switches

- On and Off

- Fold and Unfold

- Raise and Lower

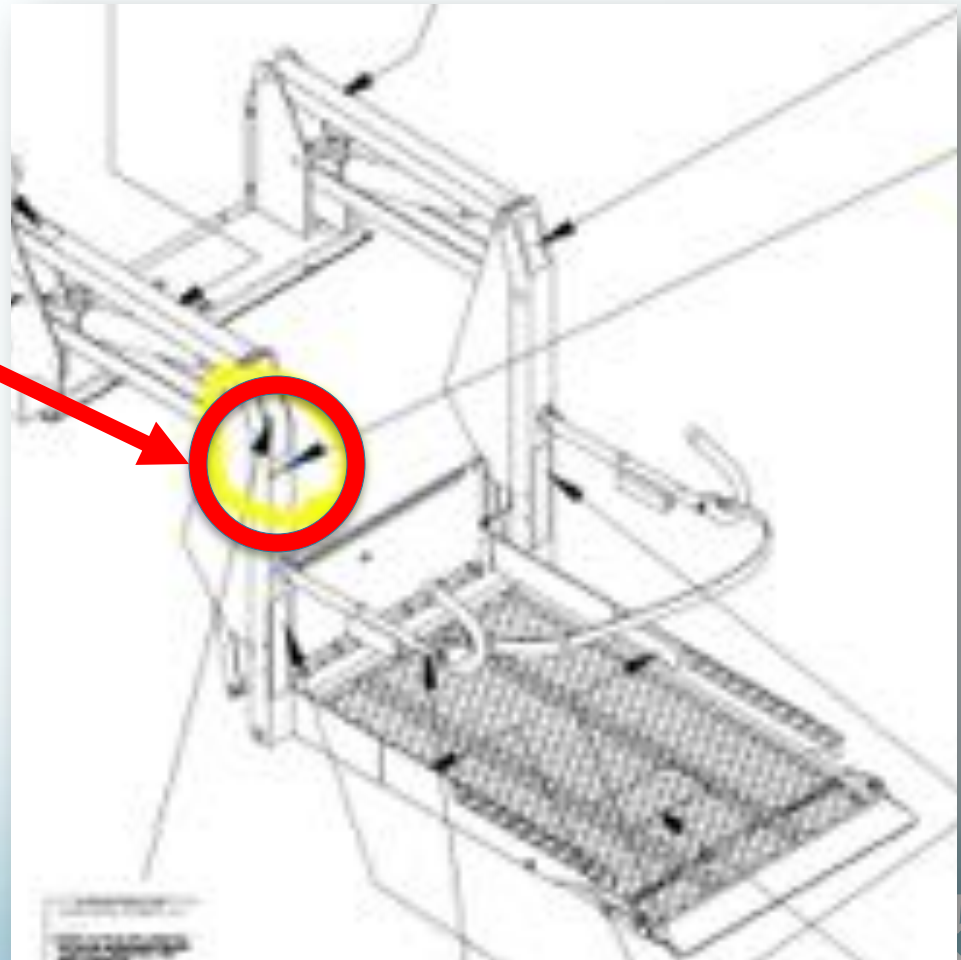
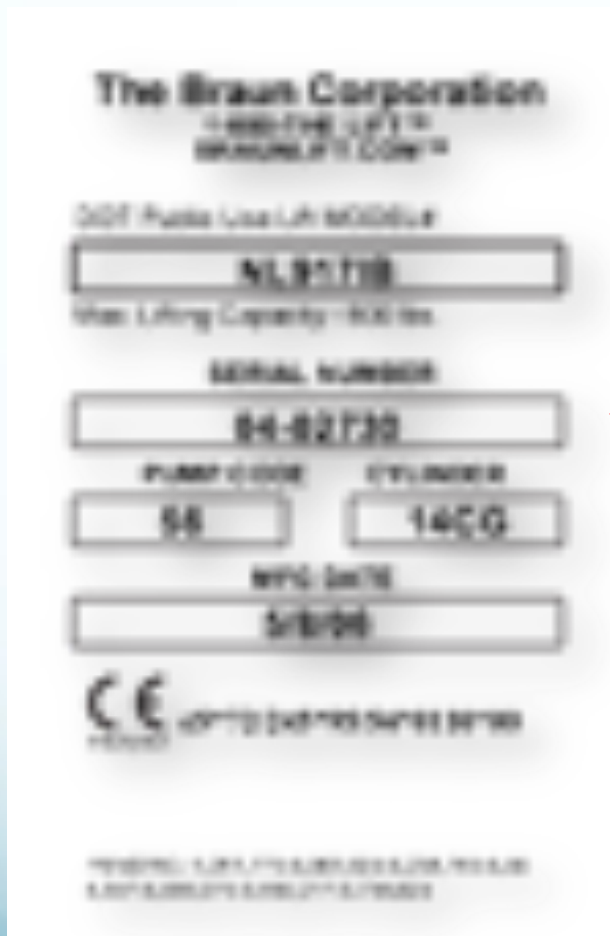
Backup (Manual) Operation

Interlock

Operational counter

Lift & Ramp Requirements

Bear a label with the words “DOT—Public Use Lift”



Lift & Ramp Requirements

Standard load means a static load or mass centered on the test pallet such that the total combined mass for public-use lifts shall be 272 kg (600 lb.) or the lift manufacturer's stated rated load, whichever is greater

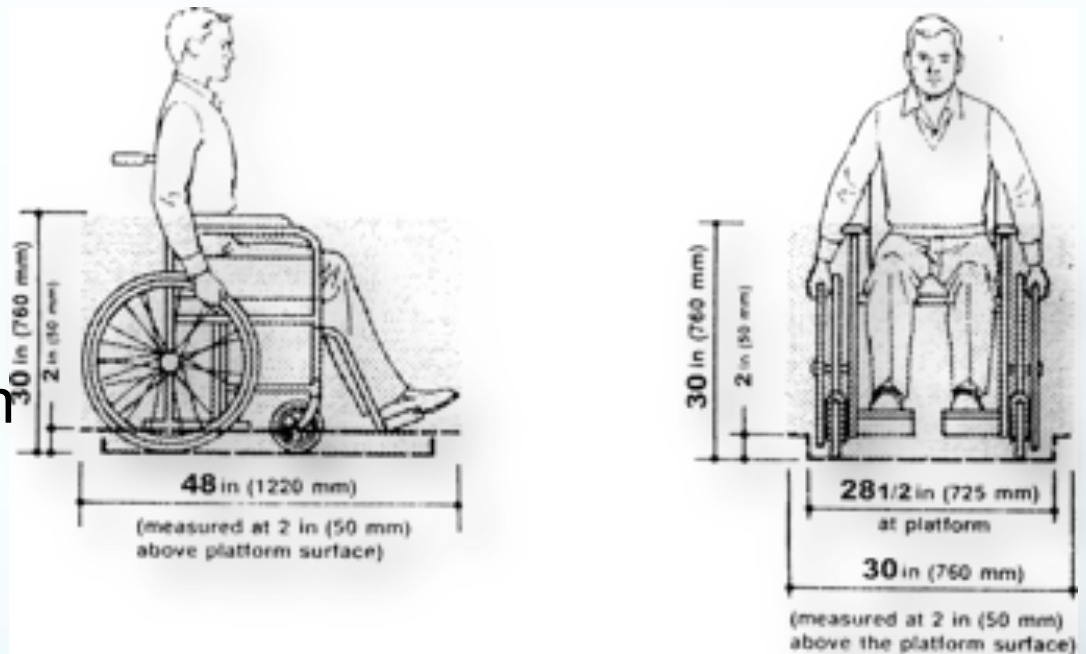
(This is a demonstration of an 800 pound load test)



Lift & Ramp Requirements

Unobstructed platform operating volume

For public use lifts, the minimum platform operating volume is 760 mm (30 in) by 1,220 mm (48 in) long, whose height is 711 mm (28 in)



Minimum Unobstructed Platform Operating Volume for Public Use Lifts

Figure 3

Lift & Ramp Requirements

Threshold Warning System

Except when lift is operated in manual (backup) mode

Visual and audible warning activates if platform is more than 1 inch below threshold and portions of a passenger's body or device is on threshold

Visual warning must be a flashing red light



Lift & Ramp Requirements

The audible warning required must be a minimum of 85 dBA between 500 and 3000 Hz.

LEVELS OF NOISE in decibels (dB)			
Faint 20 dB Leaves rustling	Loud 70 dB Traffic	Very Loud 90 dB Power tools	Painful 130 dB Ambulance
Soft 30 dB Whisper	80 dB Alarm clock	100 dB MP3 Players	140 dB Fireworks/Guns
40 dB Quiet library	Over 85 dB for extended periods of time can cause permanent hearing loss!	110 dB Sporting events	Avoid exposure to the loudest sounds, or use hearing protection!
Moderate 60 dB Conversation		Uncomfortable 120 dB Dance clubs	

500 Hz
Sine Wave Audio
Frequency

3000 Hz
Sine Wave Audio
Frequency

Lift & Ramp Requirements

Outer Barrier

Located on the edge of the platform
Traversed during ground level
loading and unloading
Designed to retain wheelchairs on
the platform during operation
Transition from ground to lift
Lift will not work if wheels touch
barrier



Lift & Ramp Requirements

Inner roll-stop

Prevents rolling back
into space between lift
and vehicle

Transition from lift to
interior

Lift will not work if wheel
touch barrier



Lift & Ramp Requirements

Handrails

Must have a handrail located on each side of the lift



Platform markings

Edge of the vehicle floor or bridging device adjacent to the platform lift, and any designated standing area must be outlined

Lift & Ramp Requirements

Edge guards

Must have edge guards that extend continuously along each side of the lift platform to within 75 mm (3 inches) of the edges of the platform that are crossed while entering and exiting the platform

At both the ground and vehicle floor level loading positions



Lift & Ramp Requirements



Control panel switches

Must have control panel switches that

Enables and disables the lift control panel switches. ...

The POWER function must have two states: “ON” and “OFF”

Lift & Ramp Requirements



Control panel switches

Lowers and raises the lift platform

This function must be identified as “Down/Lower” and “Up/Raise”

Moves the lift from a stowed position to an extend position

This function must be identified as “Deploy” or “Unfold”

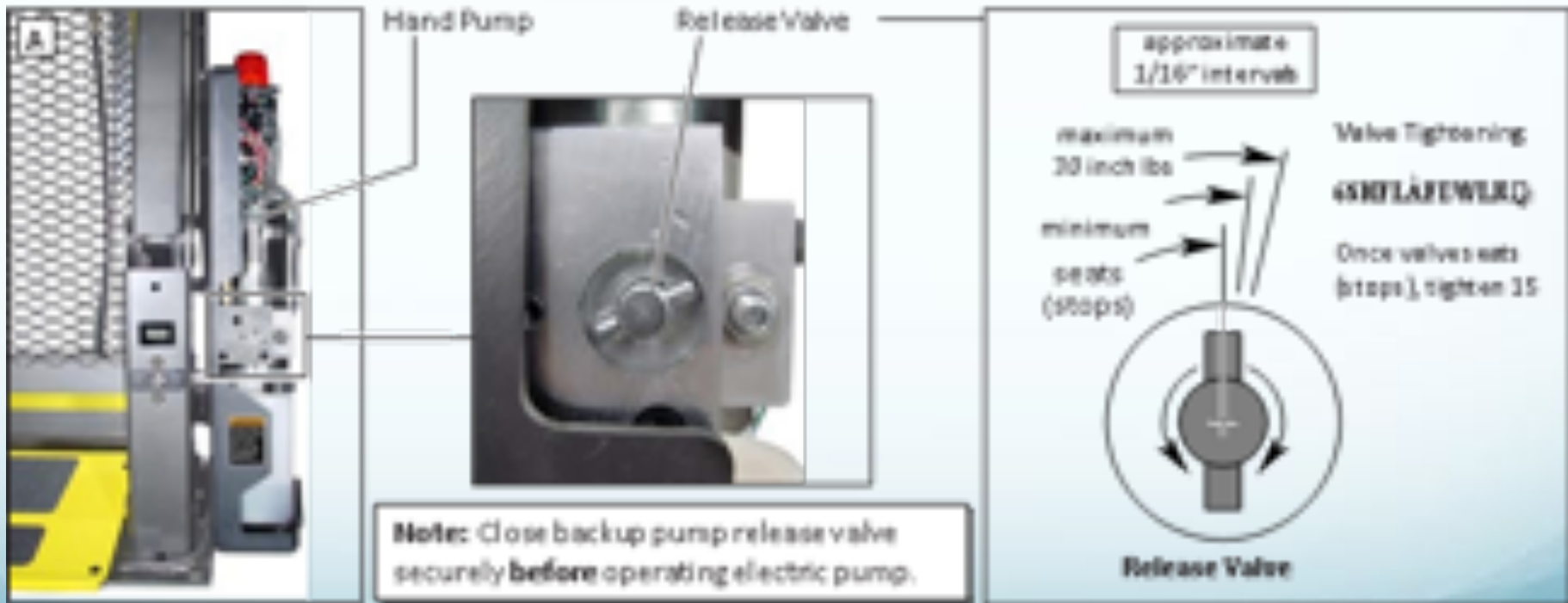
Moves the lift from a position within the range of passenger operation to a stowed position

This function must be identified as “Stow” or “Fold” on the control

Lift & Ramp Requirements

Manual (Backup) operation

The platform lift must be equipped with a manual backup operating mode



Lift & Ramp Requirements

Backup operation

The platform lift must be equipped with a manual backup operating mode



Lift & Ramp Requirements

Interlocks

Except when the platform lift is operated in backup mode

The platform lift system must have interlocks or operate in such a manner as to prevent:

- Forward or rearward mobility of the vehicle unless the platform lift is stowed and does not affect vehicle movement when the lift is stowed until the vehicle is stopped and the lift deployed





- Operation of the platform lift from the stowed position until forward and rearward mobility of the vehicle is inhibited, by means of placing the transmission in PARK or placing the transmission in neutral and actuating the PARKING BRAKE or the vehicle service brakes by means other than the operator depressing the vehicle's service brake pedal

Lift & Ramp Requirements

Operations counter

The platform lift must have an operation or cycle counter that records each complete Up/Down (Raise/Lower) operation throughout the range of passenger operation

C. PLATFORM MOTIONS

TABLE 2-1: PLATFORM MOTIONS		
MOTION		DESCRIPTION
	DEPLOY	Platform unfolds, or deploys, out of vehicle from stowed position. If equipped with a power door operator, the doors automatically open before lift deploys.
	DOWN	Platform lowers from vehicle floor level towards ground level. The rollstop automatically lowers when platform reaches ground level.
	UP	Platform rises from ground level towards vehicle floor level. The rollstop automatically rises (closes) when platform leaves ground level.
	STOW	Platform folds, or stows, from vehicle floor level to stowed position. If equipped with a power door operator, the doors automatically close after lift stows.
END OF TABLE		

Lift & Ramp Requirements

Operations counter

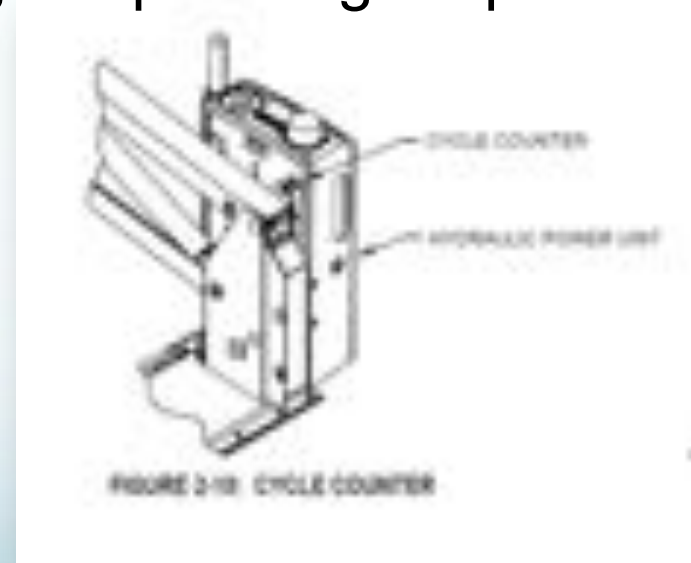
TABLE 3-1: MAINTENANCE SCHEDULE	
ACTION SCHEDULE	
(IN CYCLES (CONT.))	
General condition	<p>Look for abnormal noise or vibration (e.g. grinding or binding, scoring).</p> <p>Inspect outside of vehicle for anything that is out of place.</p>
Carriage spring	Inspect carriage spring for loose wires, loose connections, etc.
Hardware	Verify that hardware fasteners are properly tightened.
Lift mounting bolts	<ul style="list-style-type: none"> • Verify that lift mounting and support points are undamaged. • Verify that mounting bolts are sufficiently tight and measure free play.
Rolling wheels	Verify that free play on wheels are properly installed, free from damage and locked in position.
Lift platform wheels	Verify that platform wheels freely self-aligning, and does not wobble, if applicable.
Outriggers	<ul style="list-style-type: none"> • Verify that outriggers operate without binding during lift functions. • Verify that outriggers adequately support fully extended platform load at full lift. • Verify outriggers work free against baseplate.
Level setting	<ul style="list-style-type: none"> • Verify that vehicle is correctly positioned when platform is at ground level. • Verify that lifting device level indicator when platform is at ground level.
Hydraulic system	<p>CAUTION</p> <p>Check and add hydraulic fluid when platform is at ground level. Fluid that is added after platform is raised will overflow when platform is lowered.</p> <ul style="list-style-type: none"> • Verify that using hydraulic fluid level is at FULL mark when platform is at ground level. Full Toyota HYDRA-TRON Hydraulic Oil is required (1.5 gal per 40000-lb). • Verify that use of hydraulic fluid tank. • Verify that hydraulic pump controls operate.

Lift & Ramp Requirements



Operations counter

The platform lift must have an operation or cycle counter that records each complete Up/Down (Raise/Lower) operation throughout the range of passenger operation



Lift & Ramp Requirements

ADA Wheelchair Ramp Specifications for Accessible Vehicles

PART 38—AMERICANS WITH DISABILITIES ACT (ADA) ACCESSIBILITY SPECIFICATIONS FOR TRANSPORTATION VEHICLES

Subpart B—Buses, Vans and Systems

§ 38.23 Mobility aid accessibility.



Ramp Operating Procedures



Lift & Ramp Requirements

Required Features of the ADA Ramp

Design Load

- 30 inches or longer – supports 600 pounds

- Shorter than 30 inches – supports 300 pounds

Slip resistant and continuous

- 30 inches wide

- Accommodates three- or four-wheeled devices

Ramp barrier – At least 2 inches on each side

Slope above 6 inch curb

- 3 inches or less – 1:4

- 3-6 inches – 1:6

- 6-9 inches – 1:8

- Greater than 9 inches – 1:12

Firmly attached to frame of vehicle

Stowage

- Does not impinge on passenger's device

- Does not create hazard in operation

Lift & Ramp Requirements

ADA Wheelchair Ramp Specifications for Accessible Vehicles

Design load

Ramps 30 inches or longer shall support a load of 600 pounds

Ramps shorter than 30 inches shall support a load of 300 pounds



Lift & Ramp Requirements

ADA Wheelchair Ramp Specifications for Accessible Vehicles

Ramp surface

The ramp surface shall be continuous and slip resistant

shall have a clear width of 30 inches

shall accommodate both four-wheel and three-wheel mobility aids



Lift & Ramp Requirements

ADA Wheelchair Ramp Specifications for Accessible Vehicles

Ramp barriers

Each side of the ramp shall have barriers at least 2 inches high to prevent mobility aid wheels from slipping off



Lift & Ramp Requirements

ADA Wheelchair Ramp Specifications for Accessible Vehicles

Slope

Ramps shall have the least slope practicable.

Maximum slope permitted based on distance between vehicle floor and a six-inch curb.

3 inches or less: 1:4

3 to 6 inches: 1:6

6 to 9 inches: 1:8

greater than 9 inches: 1:12



Ramp Operating Procedures



Lift & Ramp Requirements

ADA Wheelchair Ramp Specifications for Accessible Vehicles

Attachment

When in use for boarding or alighting, the ramp shall be firmly attached to the vehicle so that it is not subject to displacement when loading or unloading a heavy power mobility aid and that no gap between vehicle and ramp exceeds $\frac{5}{8}$ inch



Lift & Ramp Requirements

ADA Wheelchair Ramp Specifications for Accessible Vehicles

Stowage

A system that ensures the stowed ramps, including portable ramps stowed in the passenger area, do not impinge on a passenger's mobility aid

Or poses any hazard to passengers in the event of a sudden stop or maneuver



Lift Operating Procedures

The lift operating procedures discussed here are taken from manufacturers' recommendations and industry standards

If your procedures vary, you may want to consider if any risks involved are acceptable

Lift Operating Procedures

Lifts are potentially hazardous equipment
They must be maintained and operated properly
Considerable caution and awareness is needed
when operating a lift

Only the vehicle operator should operate the lift

Lift Operating Procedures

These are general guidelines for lift operation – adhere to YOUR agency's policies

Prior to operating your lift:

- Stop on level ground

- Put the vehicle in “PARK”

- Set the emergency brake

- Activate emergency flashers



Lift Operating Procedures

These are general guidelines for lift operation – adhere to YOUR agency's policies

Prior to operating your lift:

Inform your passengers that you are deploying the lift

Make sure there is enough room for the lift platform to open without hitting obstacles

Set safety cones to create a safe operating area



Lift Operating Procedures

Operating your wheelchair lift:

Open and secure the lift doors from OUTSIDE of your vehicle

Greet your passenger

Ask your passenger if they need your assistance

Board the passenger onto the lift platform

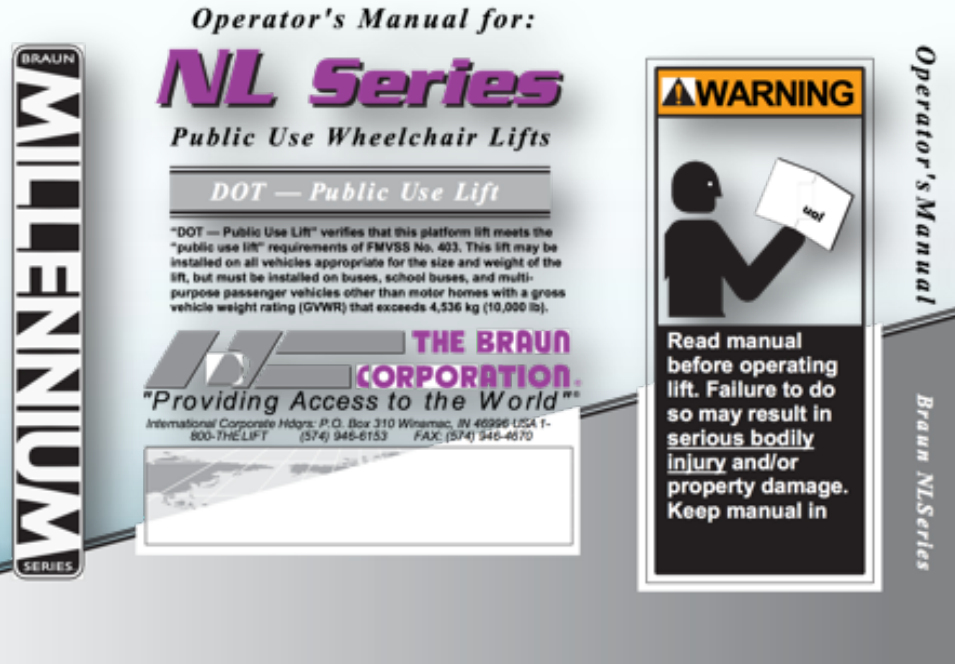
Raise the lift

Ensure that the area is clear of pedestrians and obstacles BEFORE you open the doors.



Safety Precautions for Wheelchair Lift Operation

Best practices and precautions are excerpted from the Braun and Ricon owner's manuals





SAFETY PRECAUTIONS

The following safety precautions must be complied with when operating lift:

Refer to Figure 2-1 (to the right)

Deploying the lift when vehicle is on sloped ground is hazardous

Operate lift with vehicle parked on level ground

Vehicle must be safely parked with parking brake set before using lift

Inspect lift before use. Do not use lift if an unsafe condition exists, or unusual noises or movements are noticed



FIGURE 2-1: SLOPED
PARKING HAZARD



SAFETY PRECAUTIONS, continued

Due to variations in the size and configuration of mobility aids, for maximum safety, Ricon recommends that passengers always face outward when riding the lift platform

It is never safe for a wheelchair occupant to exit a vehicle facing inboard. Unsafe to rely on a threshold warning device to confirm that it is safe to exit vehicle while facing inboard

Exiting the vehicle while facing outboard allows for visual confirmation that the lift platform has been raised in the event that the threshold warning device is inoperative or unheard and prevents the occupant from exiting the vehicle backwards when the platform is still on the ground

Lift Operating Procedures



Lift Operating Procedures



Lift Operating Procedures

Both Braun and Ricon stress...

The lift is intended for one mobility device and its occupant or one standee.

The lift attendant/operator should not ride on the platform with the passenger.



INDUSTRY BEST PRACTICES

When exiting, verify the platform is at same height as floor and front roll-stop is up and locked

The raised front roll-stop prevents slow and unintentional rolling off the platform.

It is not intended to stop a fast-moving device, which might tip forward if the small front wheels collide with the roll-stop

Be certain device fits safely on platform; does not extend beyond edges or interfere with rising and locking of front roll-stop

Do not operate with a load in excess of the rated weight of the wheelchair lift

Keep arms, legs, and clothing away from moving lift parts

Lift Operating Procedures

Critical Safety Precautions

Operate the lift from the ground

Stand on the ground with one hand holding the device (with permission) and one hand operating the controls

Raise the platform only a few inches – until the front safety barrier raises

Make certain it is locked

Only after you have checked the barrier, continue raising the lift platform to the vehicle floor level



Critical Safety Precautions

Place lift controls in a secure location with one hand while holding the device with the other

Release the wheel locks and guide the device into the vehicle

Reach in and lock one wheel

Never leave a passenger on the platform unattended

When boarding, guide it in

When exiting, draw it out

Lift Operating Procedures

Critical Safety Precautions

Be sure to use the lift belt mounted to the handrails, if your lift is so equipped



Lift Operating Procedures

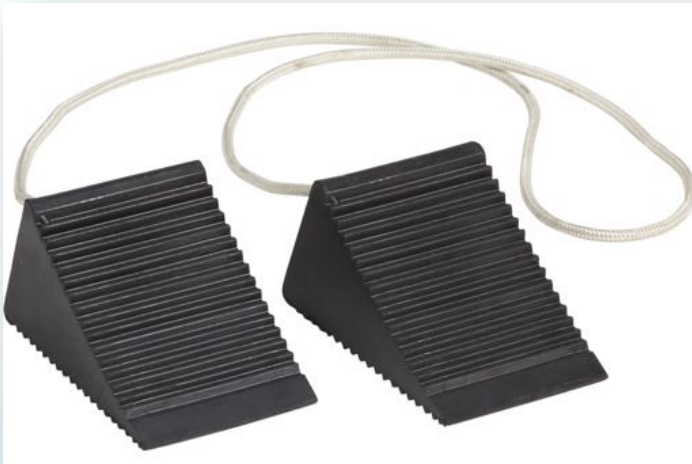
Additional Safety Precautions



Lift Operating Procedures

Additional Safety Precautions

Secure the wheel locks or use wheel chocks to prevent the mobility device from moving while on the lift platform



Lift Operating Procedures

Powered Wheelchair Safety Precautions

Be sure that the power is turned off on any motorized device
BEFORE raising or lowering the lift

Ask your passenger to move the joystick to ensure that the power is actually off



Lift Operating Procedures

Standee Safety Precautions

The Standee should
face the direction of travel
Stand between the handrails
Hold the handrails, NOT their
mobility aid

The driver performs this boarding
procedure from the ground and
DOES NOT RIDE THE LIFT with
passenger



MOBILITY DEVICE & PASSENGER SECUREMENT

Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

At least two securement locations and devices on vehicles in excess of 22 feet in length

At least one securement location and devices on vehicles 22 feet in length or less

Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Location and size

The securement system shall be placed as near to the accessible entrance as practicable and shall have a clear floor area of 30 inches by 48 inches



Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Location and size

Securement areas may have fold-down seats to accommodate other passengers when a mobility device is not occupying the area, provided the seats, when folded up, do not obstruct the clear floor space required



Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Orientation

Secure the device facing **toward the front** of the vehicle

Or rearward with a padded barrier, extending from a height of 38 inches from the vehicle floor to a height of 56 inches from the vehicle floor with a width of 18 inches, laterally centered immediately in back of the seated individual

Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Movement

When the mobility device is secured in accordance with manufacturer's instructions, the securement system shall limit the movement of an occupied device to no more than 2 inches in any direction under normal vehicle operating conditions

Your goal is to eliminate as much movement as possible

Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Design load

Securement systems on vehicles with GVWRs of 30,000 pounds or above, and their attachments to such vehicles, shall restrain a force in the forward longitudinal direction of up to 2,000 pounds per securement leg or clamping mechanism and a minimum of 4,000 pounds for each mobility aid.

Securement systems on vehicles with GVWRs of up to 30,000 pounds, and their attachments to such vehicles, shall restrain a force in the forward longitudinal direction of up to 2,500 pounds per securement leg or clamping mechanism and a minimum of 5,000 pounds for each mobility aid.

All four straps are needed to secure the wheelchair to the floor of a vehicle

The standard for testing the strength of the securement of the wheelchair to the floor of the vehicle with straps or a docking system is comparable to the standard used for testing the attachment of a car or bus seat to the frame of the vehicle

It is critical to use all straps as intended

Some bus drivers, transit aids or passengers might consider attaching only the straps that are the easiest to reach

Not using all straps puts too much of a load on the straps that are used and may also lead to tipping

Mobility Device & Passenger Securement

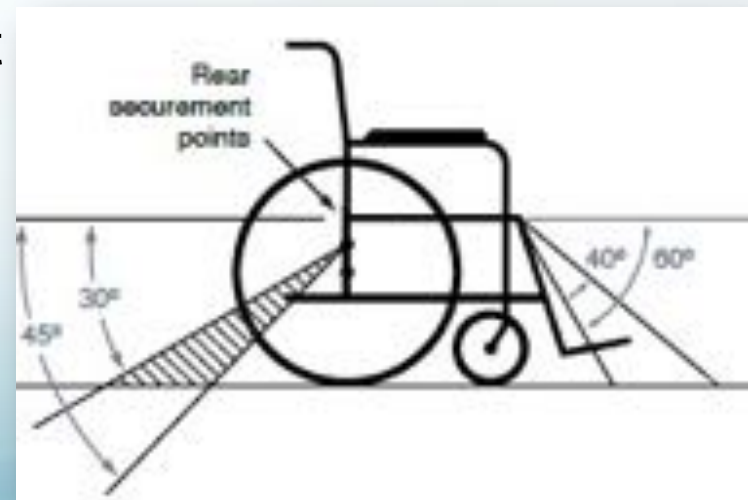
All four straps are needed to secure the wheelchair to the floor of a vehicle

Attach to solid frame

Do not twist straps

Rear straps should be placed inside the rear wheels at a 30 to 45 degree angle

Front straps should be placed outside of the front wheels at 40 to 60 degree angle



Mobility Device & Passenger Securement - Improper Securement

Wheelchair NOT Secured/Secured with TWO straps/Secured Properly



Mobility Device & Passenger Securement

Q'STRAIN[®]

RECOMMENDED SECUREMENT INSTRUCTIONS FOR THREE-WHEELED SCOOTERS

4031 NE 12TH TERRACE • OAKLAND PARK, FL 33334
TRI-WHEELER KIT #Q5-7583-A

A INTRODUCTION & PARTS

Following are the recommended instructions to safely secure three-wheeled scooters during transit. We highly recommend that scooter occupants transfer to a bus seat whenever possible. Each transporter should establish a local policy concerning the transportation of three-wheeled scooters.

The "Tri-Wheeler Kit" (Q5-7583-A) consists of a front and rear belt, as shown in **FIG. 1**. These belts help prevent damage to the scooter panels.

These belts are used with a 4-point wheelchair securement kit and a third, rear wheelchair securement hook (as detailed in the following steps).



**Have questions?
We're here to help!**
(800) 987-9987

Q5-1160-SC
Scooter Securement Instructions.
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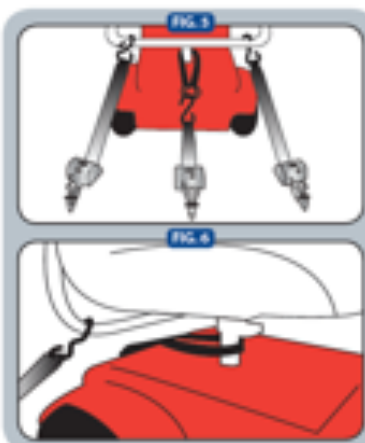
B SECURE SCOOTER: FRONT

1. Insert the two front wheelchair securements into the two inside tracks, as shown in **FIG. 2**. Turn the power OFF and ensure the wheels are locked.
2. Place the two front securements in the two inside tracks or approximately 13" - 15" apart, as shown in **FIG. 3**.
3. Place the Q5-7583-2 front belt as low as possible around the scooter steering support, as shown in **FIG. 4**.
4. Attach the hooks on the front wheelchair securements to the two rings on the scooter strap, as shown in **FIG. 4**. Adjust the tension of the securement according to the instructions provided with that product.



C SECURE SCOOTER: BACK

1. Insert the two rear wheelchair securements into the widest tracks on the floor or approximately 26" - 32" apart, as shown in **FIG. 5**.
2. Attach the hooks on the rear wheelchair securements to the seat frame, as shown in **FIG. 5** and **FIG. 6**.
3. Place the Q5-7583 rear belt around the scooter seat post and secure the two rings with the additional third, rear wheelchair securement hook, as shown in **FIG. 5**.
4. Unlock the wheels. Adjust the tension on the wheelchair securements according to the instructions provided with that product.



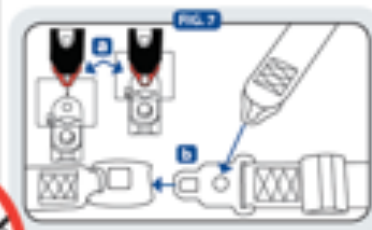
D SECURE THE PASSENGER

If the wheelchair passenger is unable or does not wish to transfer to a vehicle fixed seat, then lap and shoulder belts must be used.

1. To attach the **lap belt**, use the integrated stiffeners to feed the belts through an opening or the armrests to ensure a proper fit around the occupant.
2. On the **aisle side**, attach the belt with the female buckle to the rear securement pin connector, as shown in **FIG. 7-a**. Ensure the buckle rests on the passenger's hip.
3. On the **window side**, attach the belt with the male tongue to rear securement pin connector, as shown in **FIG. 7-a**. Insert into the female buckle, as shown in **FIG. 7-b**.
4. To attach the **shoulder belt**, extend the belt over the passenger's shoulder and across the upper torso. Then fasten the pin connector onto the lap belt, as shown in **FIG. 7-b**.

Note:

Combination lap/shoulder belts serve as both a window-side lap/belt and a shoulder belt. Ensure belts are not twisted and are adjusted as firmly as possible, consistent with passenger comfort. Occupant belts should always bear upon the bony structures of the passenger's body. Belts should be worn low across the front of the pelvis so that the lap and shoulder belt junction is located near the passenger's hip.

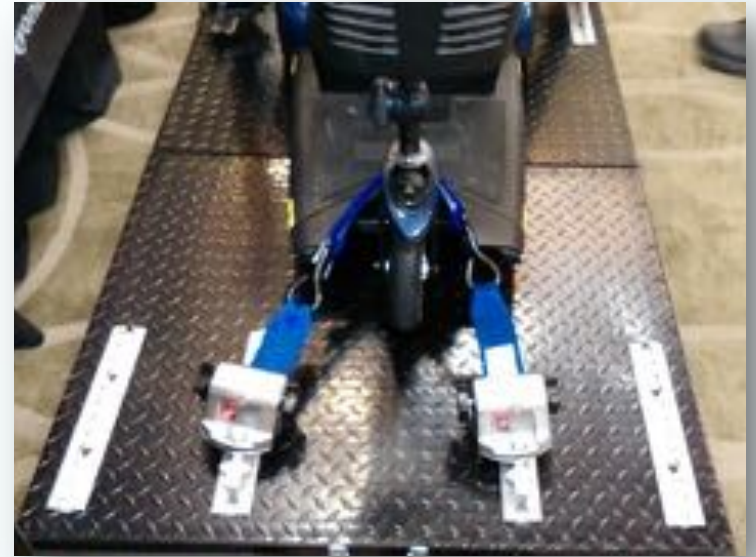


Warning:

Restraints should not be held away from the body by wheelchair components or parts such as armrests, side panels or other devices, as shown in **FIG. 8**.

Mobility Device & Passenger Securement

Difficult to secure mobility devices

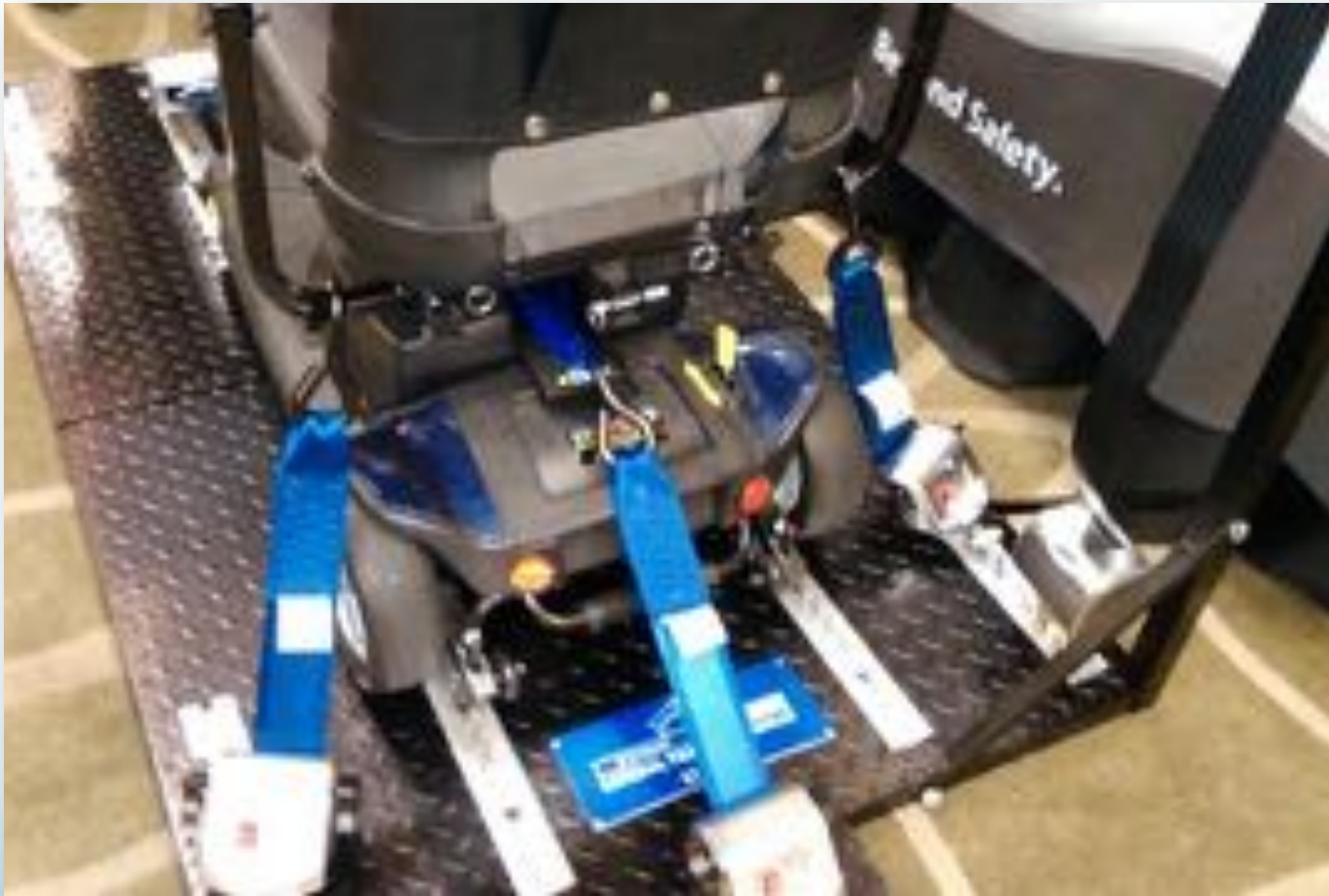


Mobility Device & Passenger Securement

Difficult to secure mobility devices



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Mobility Device & Passenger Securement

Difficult to secure mobility devices



May a transit operator require that wheelchairs be secured in buses and vans?

Yes, if the transit operator has established such a policy, and the vehicle is required to be equipped with a securement system by 49 CFR Part 38

DOT ADA regulations allows a transit operator to establish a policy that requires all riders to have their wheelchairs secured while aboard a transit bus or van

Therefore, the operator may decline to provide service to a rider who refuses to allow his or her wheelchair to be secured

Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Seat belt and shoulder harness

For each securement device provided, a passenger seat belt and shoulder harness shall also be provided for use by a passenger with a mobility device

Such seat belts and shoulder harnesses shall not be used in lieu of a device which secures the mobility device itself

Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Seat belt and shoulder harness

A transit agency is not permitted to mandate that individuals using mobility devices utilize seat belts and shoulder harnesses, unless the agency mandates all passengers use of these devices on the vehicle, including those sitting in vehicle seats

Mobility Device & Passenger Securement

ADA requirements:

Mobility aid accessibility

Seat belt and shoulder harness

Transit agencies may establish a policy that requires the seat belt and shoulder harness to be used by all riders, including those who use wheelchairs as well as those who use vehicle seats, if seat belts and shoulder harnesses are provided at all seating locations

At a minimum, ensure that your policy meets your local State requirements

Mobility Device & Passenger Securement

Mobility aid accessibility

Seat belt and shoulder harness

Not discussed in the ADA is any medical condition that may prevent a passenger from wearing a seat belt and/or shoulder harness

Implement a policy and procedure regarding passengers who cannot use occupant restraints for medical reason

Request documentation from a medical professional
Passenger keeps, as it must be presented each time there is a refusal to use occupant restraints

Maintain confidentiality and do not ask for medical reason

Proper Passenger Securement

Proper placement of the lap and shoulder belt requires the belt to rest on the passenger's body

Both the lap and should belts must be used to transfer the impact of the collision to the strongest parts of your body that can take it - hipbones and shoulder bones

A passenger can slide out from under a shoulder belt and be strangled, while the lap belt alone doesn't keep the upper body in place and can cause "jack-knifing"



Mobility Device & Passenger Securement

Proper Passenger Securement

How Passenger Restraints work

1. Prevent ejection
2. Strongest parts of the body
3. Spread crash forces
4. “Ride down the crash”
5. Protect head, neck and spine



Mobility Device & Passenger Securement

Passenger NOT Secured



Mobility Device & Passenger Securement

Crash Statistics

Involving Passengers Seated in a Wheelchair in a Moving Vehicle

Recent studies show evidence that a large percentage of injuries and fatalities to wheelchair-seated travelers are being caused in non-collision events, such as abrupt vehicle turning maneuvers and hard braking

(Frost & Bertocci, 2007, 2009a)

Most non-crash injuries arose from:

- Sudden braking (50%)

- Sharp turning (33.3%)

Resulted in:

- Wheelchair tipping over (33%),

- Securement failure (22%)

- Occupant falling out of seat (15.3%).

Crash Statistics

Involving Passengers Seated in a Wheelchair in a Moving Vehicle

The evidence further indicates that injuries occurred due to:

- Lack of proper wheelchair securement resulting movement and tipping

- Non-use or improper use of belt restraints by passengers resulting in the occupant ejecting from the wheelchair seat and possibly being injured by contact with the vehicle interior or other passengers

(Frost & Bertocci, 2009b)

Mobility Device & Passenger Securement

Crash Statistics

Involving Passengers Seated in a Wheelchair in a Moving Vehicle

3.6 injury events per 100,000 miles traveled while traveling seated in their wheelchair

This is 45 times higher than the injury rate for the general automotive population of 0.08 injuries per 100,000 miles traveled *(NHTSA, 2009)*



Crash Statistics

Involving Passengers Seated in a Wheelchair in a Moving Vehicle

In 39 crash and non-crash events involving 42 wheelchair-seated occupants since 2009, 34 of the 42 wheelchairs were effectively secured during the crash or non-crash event

However, only 12 of these occupants were properly secured using a crash-tested pelvic/shoulder belt securement

Many wheelchair-seated occupants failed to use shoulder belts or wore the belt securements loosely or improperly positioned.

Wheelchair components frequently interfere with the routing of lap/shoulder belts, or individuals assume that a postural or positioning belt will provide effective securement in crash situations.

Mobility Device & Passenger Securement

Crash Statistics

Involving Passengers Seated in a Wheelchair in a Moving Vehicle

Ten of the 42 occupants died

Ten others sustained serious injuries

Many of the crashes occurred in low to moderate severity events that would not be expected to result in serious or fatal injuries to properly secured occupants sitting in vehicle seats

Mobility Device & Passenger Securement

Boarding & Securement Demonstration



HANDS-ON SKILLS

HANDS-ON Mobility Device & Passenger Securement

Now it's time to apply what you have learned

For the “Hands-On” portion of PASS, your Instructor will demonstrate the industry standard for securing a basic manual mobility device

Topics covered will include:

- Pre-trip inspection of wheelchair securement straps
- “Yo-Yo” effect of a self-retracting securement strap

- Tipping resulting from “Yo-Yo” effect

- Proper placement of wheelchair securement straps

- Close to seat-pan

- Proper angles

- Inside rear wheels, outside front wheels

- Proper locations

“Hands-On” portion of PASS

Topics covered will include:

- Proper use of “Web Loops”

- Proper passenger securement techniques

 - Securing your passenger without invading personal space

 - Ensuring securement straps rest on passenger’s body, not the wheelchair

 - Proper “touching” of your passenger

HANDS-ON Mobility Device & Passenger Securement

CTAA thanks Q'Straint for their sponsorship of the PASS certification program through the use of the wheelchair securement training platforms and securements.

Additional Resources for Wheelchair Securement Training



A COMPLETE PROGRAM OF TRAINING OPTIONS
from the experts at Q'STRAIN/SURE-LOK

Includes:



LIVE Monthly Webinars

- FREE monthly training webinar
- Interactive – can ask questions
- Receive certificate of "attendance"
- Future Dates:



On-Line, On-Demand Training Courses

- Securement 101: Benchmark training course for drivers and safety trainers
www.qstraint.com/courses/
- Training anytime, anywhere
- Interactive: test quiz questions at the end of each section, 75 minutes to complete
- Bulk discounts available – affordable training direct from manufacturer
- Managers can track and monitor students progress
- Certification Valid for 2 years



Training Products

- Training table used in the training available for purchase
- Accommodates both Slide 'n Click and L-Track anchorages

Q'STRAIN SURE-LOK

CTAA PERFORMANCE EVALUATION: Lift Operation and Securement Skills

Name of Instructor (Print) _____ Training Location _____

Special Task	RATING: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		Instructor Comments	Initials
Lowering the Lift				
Assisting onto the Lift Platform				
Raising the Lift				
Assisting off the Lift Platform				
Position Mobility Device in Securement Location on Vehicle				
Set the Wheel Locks or Power Off				
Front Securement				
Rear Securement				
Use of Webbing Loop (if available)				
Lap Belt				
Shoulder Belt				
Test Overall Securement (No movement)				
Passenger Communication (All Tasks)				

Rating Definitions: P: PASS - Trainee demonstrated complete understanding of specific tasks

F: FAIL - Trainee demonstrated unsatisfactory understanding of specific tasks

Trainee name: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Trainee Signature: _____

PASS Instructor Signature: _____

IMPROPER VS PROPER SECUREMENT

Consequences of Improper Securement

Securing by the Rear Wheels



Consequences of Improper Securement

Loose Wheelchair Securement



Consequences of Improper Securement

Wheelchair Secured/Passenger NOT Secured

Misuse:
Occupant Restraint

No 3-point belt restraint to secure pelvis & shoulder!

Consequences of Improper Securement

Wheelchair Secured/Lap Belt Above Armrest



Consequences of Improper Securement

Wheelchair Secured/Lap Belt Only on Passenger



Consequences of Improper Securement

Wheelchair Secured/Passenger Secured with Shoulder Belt & Wheelchair Lap Belt instead of Standard Lap Belt



Consequences of PROPER Securement



Consequences of PROPER Securement



NEVER Take Shortcuts!

The videos depicting improper securement demonstrate what will happen when taking shortcuts and not following best practices for securement



By using the industry standards for proper wheelchair and passenger securement, you can expect more positive results, as witnessed in the last video450



PASS 7.0: THE INDUSTRY STANDARD