

# ***Safe Travel for All Children***

## *Transporting Children with Special Health Care Needs*

### **Instructor Policy and Procedure Manual**



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of Children with Special Health Care Needs

[www.preventinjury.org](http://www.preventinjury.org)

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## **Training Background and National Center for the Safe Transportation of Children with Special Health Care Needs**

*Safe Travel for All Children: Transporting Children with Special Health Care Needs* was developed in 2000 by the Automotive Safety Program, which is based at Riley Hospital for Children at Indiana University Health and the Indiana University School of Medicine, Indianapolis, Indiana. Under the direction of developmental pediatrician Dr. Marilyn J. Bull, the Automotive Safety Program has long been considered a pioneer in the field of special needs transportation.

In 2004, the National Center for the Safe Transportation of Children with Special Health Care Needs was established by the Automotive Safety Program with funding provided by the National Highway Traffic Safety Administration. The National Center serves as a resource for families, health care professionals, transportation providers and child passenger safety advocates to address the unique challenges associated with transporting children with disabilities.

The National Center employs occupational therapists trained to identify the appropriate adaptive child restraint required for a broad range of health conditions. The occupational therapists are also certified as child passenger safety technicians so that they can provide instruction to families on correct installation of specialized restraints in vehicles. National Center staff members are available to resolve issues associated with the transportation of children with special healthcare needs via a toll-free hotline (1-800-755-0912) from which they receive calls from across the country. National Center staff members are active in their local communities promoting child passenger safety and frequently conduct presentations and workshops across the country to educate professionals about the safe transportation of children with special health care needs.

The National Center actively participates in research to guide best practice recommendations for pediatric occupant protection. The National Center posts completed research on its website ([www.preventinjury.org](http://www.preventinjury.org)) regularly to serve as a resource for health professionals and child passenger safety technicians.

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## Training Overview

The purpose of this training is to address issues related to transporting children with special health care needs. It is designed to serve as an enrichment course for child passenger safety technicians (CPSTs) who have successfully completed the standardized National Highway Traffic Safety Administration (NHTSA) training and are interested in learning more about special needs transportation.

The training lasts approximately two days. It combines classroom-style presentations with hands-on exercises using specialized restraints. The training includes two proficiency check-offs to evaluate the student's skill with use and installation of specialized restraints, family visits and a written exam (Participants are required to pass with 84% accuracy.). Unlike the standardized child passenger safety technician training, participants are not eligible for certification through Safe Kids Worldwide or any other agency.

## Training Updates

In March 2013, the National Center received funding from the National Safety Council to update "*Safe Travel for All Children*" and form an advisory board of special needs instructors to assist with revisions.

The following updates have been made to facilitate more effective instruction and enhance the classroom experience for participants:

- **PowerPoint Presentations**
  - More information was added in the notes view
  - Resources presentation added
  - Medical Lecture
    - In response to feedback concerning the length, the *Medical Conditions and Procedures* lecture has been shortened and reorganized into broad categories with examples under each category.
    - Case study exercises are at the end of the *Medical Conditions and Procedures* lecture to involve participants earlier.
    - In the near future, the medical lecture will be filmed and available for instructors to show to participants.

- The *Conventional Restraints* and *Specialized Restraints* presentations were combined.
- *Other Vehicles* was eliminated, although there is a small section on *Other Vehicles* in the Participant Resource Manual.
- **Instructor Policy and Procedure Manual**
  - Since all content-specific instructor notes have been added to the notes pages of the PowerPoint presentations, the Instructor's Manual has been revised and shortened. It serves as an administrative guide for instructors with policies and procedures outlined.
- **Participant Manual**
  - Since participants are given handouts of the PowerPoint presentations, the Participant Manual was revamped so that it contains more general information instead of details on specific restraints, which can be found in the slides.
  - Illustrations have been added to the manual.
- **Supporting Materials and Resources**
  - New check lists were created by Ann Brunzell.
  - Updated videos showing occupational therapy evaluations are available on the member's only section of [www.preventinjury.org](http://www.preventinjury.org).
  - The exam was revised.
  - Fact sheets, including car safety for children with autism, cerebral palsy, born prematurely and with low birth weight have been revised. Instructors may download them free-of-charge from [www.preventinjury.org](http://www.preventinjury.org).

## Training Materials

The training materials consist of an Instructor Policy and Procedure Manual, PowerPoint slide presentations covering the lecture content of the training, a Participant Manual, and all necessary forms to teach the class. The training materials are described in more depth below:

The **Instructor Policy and Procedure Manual** contains information to assist in teaching the course and reviews instructor renewal requirements; a general overview of course and instructor requirements; and suggestions for teaching the course and implementing exercises.

The Instructor Manual also includes a brief segment on each PowerPoint presentation, which includes the following:

- **Overview:** Provides a brief summary of the PowerPoint content.
- **Length:** Provides an approximate amount of time it will take to complete the PowerPoint and accompanying exercises.
- **Materials:** Lists equipment and teaching aids that are recommended to instruct the lesson.
- **Exercises:** Indicates if hands-on exercises are required as part of the lesson and directions for implementation.

The **PowerPoint** presentations are used to present the lecture material. There are a total of total of six (6) PowerPoint presentations:

- Introduction
- Medical Conditions and Procedures/Case Studies
- Selecting & Using Child Safety Restraints for Children with Special Health Care Needs
- The Role of the Rehabilitation Therapist
- Wheelchair Transportation Safety
- Resources

Read the comments in the notes view of the slides for details about the information in the slides.

The PowerPoints are frequently updated with minor changes. When changes occur to the PowerPoints, you will be notified and can obtain the revised slides



from the Member's-Only section of [www.preventinjury.org](http://www.preventinjury.org) under Special Needs. (For more information, read **Instructor's Responsibilities**.)

Provide participants with a handout of the slides with three (3) slides to a page so that participants have a place to write notes.

The **Participant Manual** is intended to serve as a resource manual for participants. This manual deals with general concepts and categories of restraints instead of specific details about restraints.

Although the PPT on *Other Vehicles* has been removed, the Participant's Manual contains a chapter on *Other Vehicles* as a resource.

Instructors should read the Participant Manual to familiarize themselves with its content.

## The Supporting Course Materials

- Agenda
- Glossary of Medical Terms
- Release of Information form for participants who successfully complete the entire course and pass the exam
- OT evaluation forms: car seat and evaluation delivery forms developed by the OTs at Riley Hospital. Provided as samples; can be adapted; use in family visits
- OT sample letter of medical necessity; provided as sample
- Positioning/Installation Proficiency Checklist
- Positioning/Installation Proficiency Checklist Key for Instructors
- Course evaluation
- Exam
- Exam Key for Instructors
- A packet of sample brochures will be provided by the National Center for each class. Instructors should contact the National Center with the number of brochures they will need. Additional brochures can be downloaded from [www.preventinjury.org](http://www.preventinjury.org).
- **Instructors may add other resource materials, as long as the information is consistent with the *Safe Travel for All Children* curriculum. Examples include the *Safe Ride News* facts sheets, American Academy of Pediatrics' policy statements and lists of local resources.**

- A certificate of completion should be given to all participants who participate in the entire course and pass the exam with at least 84% accuracy.

Instructors should have copies of instruction manuals on site for the specialized restraints available. Providing participants with their own hard copies of the instruction manuals is optional. Most instruction manuals can be downloaded from the manufacturers' websites and burned to a CD for participants or DVDs of child restraint manufacturers' instructions can be purchased from SafetyBeltSafe U.S.A. at [www.carseat.org](http://www.carseat.org) or 310-222-6860.

## Instructor Responsibilities

- A. Instructors are required to register upcoming training sessions with the National Center for the Safe Transportation of Children with Special Health Care Needs by completing the “Course Registration Form,” which is included on the instructor forms CD Rom or can be downloaded from the Member’s-Only section of [www.preventinjury.org](http://www.preventinjury.org). Please fax, e-mail or mail completed forms to the National Center at least six weeks before the training. Training dates and information will be posted on the [www.preventinjury.org](http://www.preventinjury.org) website.
- B. Instructors are responsible for supplying all materials and equipment, such as specialized restraints required to teach the course. Training materials necessary to teach the class are available for download in the Member’s-Only section of [www.preventinjury.org](http://www.preventinjury.org). The fee is \$100.00 for a two-year membership. If the instructor is not a member, fees apply to obtain training materials for the course. Instructors can find instructional information on specific slides provided in the notes section of the Microsoft PowerPoint presentation. Additional instructional information is provided in the Instructor’s Manual and Participant materials. **The National Center may update or change the PowerPoint slides at any time to reflect the most current best practice recommendations and information. When changes are made, instructors are notified via email and the new slides are posted in the member’s section of [www.preventinjury.org](http://www.preventinjury.org). Instructors are responsible for staying up-to-date on current recommendations and noting changes in manufacturer instructions not reflected in the PowerPoint slides, when appropriate.**
- C. Instructors may not adapt the PowerPoint presentations from the *Safe Travel for All Children* course without permission. If an instructor wishes to use pictures and/or information from the PowerPoint presentation, Instructor’s Manual, or Participant materials to present publicly or in written form, they must receive written permission from the National Center and make the appropriate citations. **Photos of children contained in the slides may only be used for *Safe Travel for All Children*.** Instructors may supplement the PowerPoint presentation with their own case study or misuse slides as long as the slides do not in any way contradict the concepts and recommendations provided in the presentation.
- D. Instructors are required to arrange for participant interactions with children with special health care needs during the training. Family visits

usually occur on day two of the class so that participants are able to apply their knowledge of restraints and positioning when addressing the transportation needs of the children present. Additional information on family visits can be found in this manual in the overview of the PPT: The Role of the Rehabilitation Therapist. Instructors may also contact staff at the National Center for the Safe Transportation of Children with Special Health Care Needs (1-800-755-0912) for tips on arranging family visits.

- E. Once the training is complete, please mail a copy of the class roster that includes exam scores and check marks indicating that the participants completed the positioning and installation checklists. Along with the roster, send copies of the signed Release of Information forms and class evaluations to the National Center. The release of information allows the National Center to forward the list of participants to Safe Kids Worldwide. The participants' profiles will be updated on <http://cert.safekids.org> to reflect that they received and passed the training. Participants who do not pass the exam will not be posted as a resource on the Safe Kids website. The Automotive Safety Program's website, [www.preventinjury.org](http://www.preventinjury.org) also has a direct link to the Safe Kids website under the Special Needs Technician Database link. A database of instructors is still housed at [www.preventinjury.org](http://www.preventinjury.org).

## Instructor Renewal

Instructors are required to renew their instructorship with the National Center after two years have elapsed from the time of initial application and acceptance. If instructors wish to continue teaching the course and renew their instructorship the following requirements apply:

- Must have taught at least one *Safe Travel for All Children* course within the last two years.
- Must **be employed** in a position that requires transportation evaluations of children with special health care needs and must demonstrate continued clinical experience in the field.
- Must have completed instructor renewal application.
- Must have completed instructor renewal exam with 84% accuracy.

Instructors will receive an Instructor Renewal Packet from the National Center in the fall of their expiration year. **It is important to update your contact information in order to receive renewal information.**

## **Administering the Exam**

The written exam is comprised of 50 multiple choice and matching questions, some of which are case studies. Participants are given an hour to complete the exam and are required to pass with 84% accuracy. The exam is “open-book” and participants are encouraged to use all available course materials to assist them. The classroom should be quiet during testing and provisions made for those participants who require special accommodations.

After exams are distributed, participants should write their name and the date at the top. They can circle their responses directly on the exam in either pencil or pen.

An exam key is provided in the instructor materials. After the exams are graded, instructors can discuss the results with the participants in a private location.

Instructors have the option of administering the exam as a “take home” exam. Instructors wishing to do this should give the participants copies of the exam at the conclusion of day one. Participants should be advised to work alone and return the exam the next day. Instructors can grade the exam and review it with participants during a break.

Participants who do not pass the exam should contact the National Center directly for a retest exam, which will be administered via mail or e-mail by the National Center no sooner than a month after the end of the course.

## **Members Only**

A Members-Only section of [www.preventinjury.org](http://www.preventinjury.org) was developed as a resource for instructors of “*Safe Travel for All Children*.” The section contains materials that can be downloaded, including the Instructor’s Manual, Participant’s Manual and all the forms necessary to instruct the training. It also has supplemental information, including crash-test footage of child restraints on ambulance cots, descriptive case studies and FAQ’s.

Instructors are encouraged to join the Members-Only section as a means to access materials and information more easily. A fee of \$100 is required to join for a two-year period. Instructors who are not members must contact the National Center for all training materials, pay a fee for materials, and will not have access to the supplemental resources.

To register, go to [www.preventinjury.org](http://www.preventinjury.org). Click on “Special Needs” along the top of the banner on the home page. On the “Special Needs” page, click “Instructor

Member Registration” on the left side of the page. Complete the on-line application. Submit the application, which will generate an email notifying the National Center. Once the National Center verifies you are a current instructor, you will be notified via email that you are a member. At this time, checks and money orders are the only forms of payment that can be processed. Checks and money orders should be made payable to Indiana University.

## **Advisory Board**

In October 2013, the National Center distributed a survey to all current instructors of the *Safe Travel for All Children* training curriculum. Of the 34 instructor surveys sent, 21 were returned allowing us to gather valuable information regarding how we can improve the curriculum and better meet your needs. An overwhelming majority of respondents feel an advisory board of instructors to review and contribute suggestions concerning the curriculum would be b.

The initial advisory board is comprised of four instructors representing varied disciplines and geographic regions. Criteria for selection and future responsibilities will evolve with feedback from the advisory board.

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# PowerPoint Presentations





## **PowerPoint: *Introduction***

**Overview:** This chapter provides participants with information concerning the training and information on becoming an instructor for the course.

**Length:** 10 minutes

**Materials:** LCD projector and CD containing Microsoft PowerPoint presentation.

**Exercise:** Ice breaker of instructor's choice (optional)

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## **PowerPoint Presentation: *Medical Conditions and Procedures***

**Overview:** This PowerPoint introduces participants to a number of medical conditions that can impact how children are transported and provides considerations for restraint selection for those conditions.

**Length:** 90 minutes for the lecture and 45 minutes for the exercise

**Materials:** LCD projector and CD of slides, case study handouts

**Exercise:** Case study exercise

## **Case Study Exercise**

The purpose of this exercise is to provide participants with the opportunity to apply some of the concepts and considerations for restraint selection to new situations. The case study medical conditions share similar characteristics to some already discussed. For example, children with developmental dysplasia of the hip (DDH) will have considerations similar to those of children in hip spica casts; children with fragile X may exhibit behaviors similar to some children with Down syndrome and to some children with autism spectrum disorder.

The five case studies included for discussion in this exercise are:

- Developmental dysplasia of the hip (*DDH*)
- Omphalocele
- Halo traction
- Fragile X
- Spinal muscular atrophy (*SMA*)

Divide the class into five groups and pass out a description of each case study to each member of the group. Allow the group approximately 15 minutes to discuss their case studies and address the two questions at the bottom of the case study handout. If your class is too small to divide into five groups, you may use smaller groups and give each group more than one case study.

1. What characteristics will a child with this condition have that may affect how he or she are transported?
2. What are some general guidelines to consider when transporting a child with this condition? (You do not have to give specific restraint names, only general categories.)

Guidelines should be very general, take into consideration how the child's needs will change with growth. Knowing specific restraints is not necessary; broad categories like car beds or large medical seats will suffice.

The group should select a spokesperson to share the group's discussion. First, the spokesperson should read a description of the medical condition then provide the class with the group's suggestions.

The case studies slides, which give an overview of each medical condition, photos of children and considerations for restraint selection can be shown at the same time as the group discussions to make sure relevant points are covered.

Participants may use their handouts of slides as a reference, but should NOT use the *Reference Guide to Medical Conditions and Procedures* for this exercise since it contains considerations for restraint selection for the medical conditions highlighted in the Case Study Exercise. At the end of the exercise, give the participants handouts of the cast study slides to put in their binders for reference.

## **Developmental Dysplasia of the Hip**

Emphasize that a child with developmental dysplasia of the hip can go through a series of procedures and treatments and can have special transportation needs for an extended period of time. Developmental dysplasia of the hip was previously known as CDH, congenital dislocated hip. The National Center has developed a fact sheet brochure that addresses commonly asked questions and provides recommendations for the safe travel of children in casts.

## **Halo Traction**

Halo traction is generally applied by screwing the head piece into the skull. The length of application time varies with treatment type.

To position a harness over a child's shoulders, the harness usually must be routed through the frame of the halo instead of outside the frame.

## **Fragile X**

Fragile X is included for discussion because it is the most common form of inherited cognitive disability [Prevalence: 1/3,717 to 1/8,918 white males (from "Smith's Recognizable Patterns of Human Malformation," Kenneth Lyons Jones, MD, Sixth edition, page 160, 2006).] Discuss implications for educating the mother of the child since the disorder is most commonly passed down maternally.

## **Omphalocele**

An omphalocele is a congenital abnormality in which the abdominal contents are outside the abdomen in a sac due to a defect in the development of the muscles of the abdominal wall. It occurs in approximately 1 in every 5,386 live births. Approximately 25 - 40% of infants with an omphalocele have other birth defects, including genetic problems affecting the spine, heart and digestive system.

Typically, small omphaloceles are surgically repaired after birth. Large omphaloceles are surgically repaired over a period of time so that the child can grow, and the abdominal cavity can accommodate the organs.

Until repaired, care must be taken to protect the exposed organs from injury.

## **Spinal Muscular Atrophy (SMA)**

Spinal Muscular Atrophy is a motor neuron disease characterized by muscle wasting and motor impairment. The nerves do not conduct impulses to the muscles in a normal manner. Usually, the muscles closest to the trunk are most affected. Approximately 1 out of 6,000 babies is born with SMA. It is the most common genetic cause of infant death. Life expectancy is 2-3 years, although a child with Type III, a less severe form, may survive to early adulthood.

There are varying degrees of severity of SMA. Children diagnosed with SMA may have severe hypotonia, respiratory problems and feeding issues. Intellect and sensation are not affected.

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## **PowerPoint Presentation: *Selecting & Using Child Safety Restraints for Children with Special Health Care Needs***

**Overview:** This PowerPoint presentation will provide participants with:

- Basic concepts related to transporting children with special health care needs
- Guidelines for selecting appropriate restraint systems
- Considerations for selecting conventional restraints for children with special health care needs
- Considerations for selecting specialized restraints for children with special health care needs

By far the longest part of the course, there are times during the PowerPoint when hand- on exercises take place, which give participants the opportunity to position dolls in adaptive restraints and install the restraints in vehicles.

Length: 7 hours (approximately 2 hours for lecture and 5 hours for hands-on exercises) Times can vary depending on the size of the class, number of instructors, and availability of restraints and whether or not positioning check-offs are combined with installation check-offs.

### **Materials:**

- LCD Projector & CD of PowerPoint Slides
- Foam Rolls
- Angel Ride, Dream Ride SE and Hope car beds
- Hippo by Snug Seat convertible car seat
- Jefferson Rear-facing Omphalocele car seat (optional)
- Large medical seats such as Britax Traveler Plus EL, Columbia 2000, Columbia 2500, Columbia Spirit and the Roosevelt
- Optional: Carrie Car Seat by Tumble form, Special Tomato, Recaro
- Adaptive boosters; Churchill and at least one other example, such as the Monza, Pilot, or Carrot

- EZ-ON vest
- Modified EZ-ON vest
- Enough dolls to position in each restraint
- Folded sheet
- Receiving blankets and cloth diapers
- Foam rolls
- Variety of passenger vehicles
- CSS instructions
- LATCH manuals

**Exercises:**

Positioning Proficiency Checklist (description to follow in this section): Allow 2 hours.

Installation Proficiency Checklist (description to follow in this section): Allow 3 hours

**EXERCISE:**

**Positioning Proficiency Checklist (Car beds)**

The purpose of this exercise is to provide participants with an opportunity to learn more about the restraints by positioning dolls in them. It is also a chance for you to answer questions and address issues about the restraints.

Participants can work in small groups of 2-3 and should be allowed time to practice before being checked off on each restraint. In order to break up the amount of time listening to the PowerPoint presentation, you may stop lecturing after car beds; have participants complete those portions of the checklist; and then resume lecturing. Allow participants to refer to their course materials and the instruction manuals for each restraint during the exercise.

Make sure participants have been given a copy of the checklists in their course materials and ask them to pull out the applicable checklist at the beginning of each exercise. There are a total of 3 different checklists. The first one is for positioning and installation of car beds; the second is for positioning and installation of large medical seats; and the third is for vests and belt-positioning boosters.

“Other” field: If you do not have the restraints listed, you can substitute another restraint or add an additional restraint, depending on class time and interest. Write in the name of the restraint(s) you will be using in the space(s) provided.

Instruct the participants to sign and date the bottom of the checklist. There are items listed on the checklists that the participants will need to discuss or demonstrate for you. For example, participants will need to state 1-2 medical conditions for which the restraint would be an option and state the weight and height limits of the restraint. After the participants have completed each item successfully, initial the lines next to the items.

Some items on the checklist do not apply to all of the restraints (e.g. only medical seats are “set up”) but participants should be prepared to explain why those items aren’t applicable. Collect the checklists after the exercise is finished. After the training is completed, document completion on the class roster spreadsheet and send it to the National Center.

## **EXERCISE:**

### **Positioning Proficiency Checklist (Large medical seats and vests)**

Instruct the participants to complete the Positioning Proficiency Checklist with two large medical seats and the upright EZ-ON vest and modified EZ-ON vest. Although participants can practice with all of the large medical seats available at the training, they should select those that are more commonly used for check-offs.

To save time, you can allow participants to complete the positioning portion of the exercise during the installation check-offs.

You can use the Positioning Proficiency Checklist Key to assist you during the exercise. The key is included in the instructor forms and materials.

## **EXERCISE:**

### **Installation Proficiency Checklist**

The purpose of this exercise is to provide participants with an opportunity to learn more about the restraints by installing them in a variety of vehicles. It is also a chance for you to answer questions and address issues about the restraints. Participants can work in small groups of 2-3 and should be allowed time to practice before being checked off on each restraint. Allow participants to refer to their course materials and the instruction manuals for each restraint during the exercise.

Make sure participants have been given a copy of the checklists in their course materials and ask them to pull out the applicable checklist at the beginning of each exercise. Instruct the participants to sign and date the bottom of the

checklist. After the participants have completed each item successfully, initial the line next to the items.

Require participants to install the restraints in a number of vehicles instead of just one or two. You can either rotate to the participants or have participants rotate to stations, e.g., Dream Ride station, Roosevelt station. If you opt to use stations, make signs designating each station so that participants can find each of the restraints more easily. Although participants can practice with all of the large medical seats available at the training, they should select those that are more commonly used in their facilities or communities for installation check-offs.

Some items on the checklist do not apply to all of the restraints (e.g., Car beds do not have LATCH.) but participants should be prepared to explain why those items aren't applicable.

You can use the Installation Proficiency Checklist Key to assist you during the exercise. The key is included in the instructor forms and materials.

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## **PowerPoint Presentation: *The Role of the Rehabilitation Therapist***

**Overview:** This presentation provides participants with an occupational therapist's perspective on positioning challenges and positioning techniques associated with some children with special health care needs.

**Length:** 15 minutes for lecture and 1 hour for family visits

**Materials:**

- LCD Projector and CD with Microsoft PowerPoint slides
- Copy of Occupational Therapy Evaluation Form
- Copy of Letter of Medical Necessity example

**Exercise:** Family visits.

**Family visits are described here but do not have to be scheduled in conjunction with this chapter. Family visits are usually arranged during the second afternoon of the training. Allow 1 hour.**

## **EXERCISE:**

### **Family Visits**

The purpose of this exercise is to provide participants with the opportunity to observe an evaluation of a child's transportation needs. It is usually conducted on the second day of the class in the afternoon. A description of the exercise has been inserted in this chapter since it is related to the role of the rehabilitation therapists but the family visits do not have to directly follow this presentation.

Contact the National Center with any questions regarding arranging or conducting family visits.

Make sure families know what to expect during the visit and ask beforehand if they are willing to allow a brief physical evaluation of their child. Only family members and qualified pediatric health care providers who work with children with special health care needs (pediatricians, nurses, or therapists) should handle the children during the visit.

Explain that you have recruited local families who have children with special health care needs to visit your class. Before the families arrive, divide the class into small groups and assign each group a family. The number of groups will depend on the number of families you have arranged to visit.

You should lead the family visits and conduct the family interviews. Participants should observe quietly and provide feedback and assistance when asked. You can bring the participants into discussions by asking them for their ideas on what type of child restraint might be appropriate. A family member or caregiver should actually place the child in any of the restraints being evaluated.

You may use the sample OT *Child Safety Seat Evaluation & Delivery Report* form to interview the family and record relevant information about the child. Review the highlighted sections of the OT form if it is used for the interview. The OT form is provided only as a sample tool. If preferred, you may collect the information on another form or a piece of paper. Information obtained from the family should include the following:

- Child's diagnosis
- Child's weight, height and age
- Current child restraint system
- Any transportation-related issues
- Number of passengers and position of passengers in vehicle
- Type and year of vehicle
- Installation information



- Equipment recommended and/or provided

If possible, set up each family visit in a separate part of the classroom or outside of the classroom. This will allow for more privacy and fewer distractions during the visit.

If an interim or permanent restraint is provided, the instruction should be documented on an approved check-up form, which can be given to the agency that donated the restraint or kept by the instructor. If restraints are not provided, contact information for a local resource should be given to the family.

Instructors are encouraged to offer the families an incentive, such as a gift card to a local retail store or gas station and present this with a thank you card at the end of the visit.

After the family visits have concluded, reconvene the class and have a representative of each group present a brief overview of their family visit.

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## **PowerPoint Presentation: *Wheelchair Transportation Safety***

### **Overview:**

This chapter introduces participants to considerations for wheelchair transport.

**Length:** 15 minutes

### **Materials:**

- LCD projector and CD of slides
- WC-19 certified wheelchair or stroller (optional)

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## **PowerPoint Presentation: *Resources***

### **Overview:**

This chapter introduces participants to some resources in the field of transporting children with special health care needs.

**Length:** 15 minutes

### **Materials:**

- LCD projector and CD of slides
- Sample brochures and handouts

You may provide additional resource information, such as lists of local special needs resources, AAP policies, local policies and procedures, *Safe Ride News* Fact Sheets, and the wheelchair brochure from the University of Michigan Transportation Research Institute (UMTRI).