



SCHOOL OF MEDICINE
DEPARTMENT OF PEDIATRICS



AUTOMOTIVE SAFETY
PROGRAM

Indiana University School of Medicine

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

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Please direct any questions or comments concerning this content to:

The National Center for the Safe Transportation
of Children with Special Health Care Needs

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preventinjury.pediatrics.iu.edu

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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 an occupational therapist trained to identify the appropriate adaptive child restraint required for a broad range of health conditions. The occupational therapist is also certified as a child passenger safety technician 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 health care 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 (preventinjury.pediatrics.iu.edu) regularly to serve as a resource for health professionals and child passenger safety technicians.

Contact information:

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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 adaptive/specialized transportation.

The training lasts approximately two days. It combines classroom-style presentations with hands-on exercises using specialized restraints. The training includes 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. The 'Special Needs' training can be added to a CPST's profile on the cert.safekids.org website following successful completion of this training and completing the Release of Information form.

Safe Travel for All Children is an enrichment course with 11.5 CEUs toward CPST recertification.

Training Materials

The training materials are all available at preventinjury.pediatrics.iu.edu. The training materials consists of an Instructor Policy and Procedure Manual, PowerPoint 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 ten (10) PowerPoint presentations:

- Introduction
- Medical Conditions and Procedures
- Case Studies
- Conventional Restraints
- Car Beds/Spica/Jefferson
- Large Medical Seats
- Adaptive Boosters and Vests
- 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 preventinjury.pediatrics.iu.edu under Adaptive Needs. (For more information, read **Instructor's Responsibilities**.)

It may be helpful to print out the PowerPoint slides and 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.

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

The Supporting Course Materials

(available on the Member's-Only/Instructor website)

- Handling Requests to Teach
- Roles and Responsibilities
- Preparation Checklist
- Course Registration / Course Registration (fillable pdf)
- Sample Participant Application
- Sample Agenda

PowerPoint Presentations

- Introduction
- Medical Conditions
- Case Studies
- Conventional Restraint Options
- Car Beds/Spica/Jefferson
- Large Medical Seats
- Adaptive Boosters and Vests
- Rehab Therapist Role
- Wheelchairs
- Resources

Release of Information Form for SafeKids Certification Website

- Release of Information

Manuals

- Participant Manual
- Instructor Manual

Case Study Exercise Handouts

- DDH
- Halo
- Omphalocele

- Fragile X
- SMA

Rehab Therapist Forms

- Sample Letter of Medical Necessity
- Sample OT Car Seat Evaluation Form
- Sample OT Car Seat Delivery Form

Exam

- Exam
- Exam Key (currently available via email request)

Participant Positioning/Installation Check-Off Forms

- Car Beds and Wallenberg
- Large Medical Seats
- Vests and BPB

Instructor Positioning/Installation Check-Off Keys

- Car Beds and Wallenberg Key
- Large Medical Seats Key
- Vests and BPB Key

OT Evaluation/Delivery Videos (to be used if Family Visits are not available)

- Daisy Evaluation
- Alexi Evaluation
- Anna Delivery

Course Evaluation

- Course Evaluation

- Brochures are available free of charge at <https://preventinjury.pediatrics.iu.edu/brochures/>.
- **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 manufacturer's instruction manuals on site for the adaptive/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. Those instructions can be loaded on a flash drive, burned to a CD or DVD, etc. for participants as needed. Child restraint manufacturers' instructions can also be purchased from SafetyBeltSafe U.S.A. at 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," and can be downloaded from the Member's-Only section of preventinjury.pediatrics.iu.edu. Please fax, e-mail or mail completed forms to the National Center at least six weeks before the training. Training dates, registration information and contact information will be posted on the preventinjury.pediatrics.iu.edu website.
- B. Instructors are responsible for supplying all materials and equipment, such as adaptive/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 preventinjury.pediatrics.iu.edu. 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 preventinjury.pediatrics.iu.edu. 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 *Safe Travel for All Children* curriculum.
- D.** Instructors are required to arrange for participant interactions with children with special health care needs during the training, as allowed by local health department regulations (i.e. Covid-19 restrictions). OT evaluation and delivery videos can supplement family visits at this time and are available in the Instructor/Member pages at preventinjury.pediatrics.iu.edu. 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. 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 email, fax, or mail a copy of the class roster, exams, exam scores, proficiency skills positioning/installation checklists, 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 cert.safekids.org to reflect that they successfully completed 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, preventinjury.pediatrics.iu.edu also has a direct link to the Safe Kids website under the Special Needs Technician Database link. A database of instructors is available at preventinjury.pediatrics.iu.edu.

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.**

- **Exceptions are considered during the Covid-19 pandemic. Contact the National Center for 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 (via email at this time). 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 preventinjury.pediatrics.iu.edu 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 complete 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 preventinjury.pediatrics.iu.edu. Click on "Adaptive Needs" along the top of the banner on the home page. On the "Adaptive Needs" page, click "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* 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 beneficial.

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

- If you are interested in joining the *Safe Travel for All Children* Advisory Board – contact the National Center for information.

PowerPoint Presentations

Introduction

Overview: This introduction presentation provides participants with information related the training and details for the course.

Length: 10 minutes

Materials: PowerPoint slides.

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

Medical Conditions and Procedures

Overview: This presentation 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: 90-120 minutes for the lecture and introduction to the case study exercise

Materials: PowerPoint slides.

Case Studies

Overview: This presentation follows the Medical Conditions and Procedures with application of general restraint options presented with specific diagnoses. 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)

Length: 5 minutes for the lecture and 20-30 minutes for the exercise

Materials: PowerPoint slides. Case study handouts

Exercise: Case study exercise

Divide the class into groups and pass out descriptions of case studies 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 smaller, you may 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, however, 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 case 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.

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 4,200 live births [Mai CT, Isenburg JL, Canfield MA, Meyer RE, Correa A, Alverson CJ, Lupo PJ, Riehle-Colarusso T, Cho SJ, Aggarwal D, Kirby RS. National population-based estimates for major birth defects, 2010–2014. *Birth Defects Research*. 2019; 111(18): 1420-1435]. Many 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.

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 in 11,000 females and about 1 in 7,000 males (Hunter J, Rivero-Arias O, Angelov A, Kim E, Fotheringham I, Leal J. Epidemiology of fragile X syndrome: a systematic review and meta-analysis. *Am J Med Genet A*. 2014 Jul 164A(7): 1648-58).] Discuss implications for educating the mother of the child since the disorder is most commonly passed down maternally.

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 in 6,000 to 1 in 10,000 children are born with SMA [National Human Genome Research Institute]. Life expectancy can be 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.

Conventional Restraints

Overview: This presentation will introduce basic concepts and guidelines for restraint selection and considerations for selecting conventional restraints for children with special health care needs

Length: 30-45 minutes

Materials: PowerPoint slides with Misuse exercise at end.

Car Beds/Spica/Jefferson

Overview: This presentation will introduce car beds, restraints for casting (including Spica casts), and the Jefferson (for children with omphaloceles) with considerations for selecting adaptive restraints for children with special health care needs

Length: 45 minute presentation with 1-2 hours positioning and installation

Materials: PowerPoint slides and Proficiency Skills Checklist 1. Angel Ride, Dream Ride, Hope Car Bed. Optional - Jefferson, Wallenberg, Quokka.

Enough dolls to position in each restraint, Folded sheet, Receiving blankets and cloth diapers, Foam rolls, Variety of passenger vehicles, Restraint manuals/instructions, LATCH manuals.

Exercise: Positioning Proficiency Skills Checklist 1

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 positioning and installation of adaptive boosters and vests.

“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: Installation Proficiency Skills Checklist 1

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 Skills Checklist Key to assist you during the exercise. The key is included in the instructor forms and materials.

Large Medical Seats

Overview: This presentation will introduce Large Medical Seats with considerations for selecting adaptive restraints for children with special health care needs

Length: 45 minute presentation with 1-2 hours positioning and installation

Materials: PowerPoint slides and Proficiency Skills Checklist 2. IPS car seat, Roosevelt, Spirit. Optional – Special Tomato, Recaro Defender. Enough dolls to position in each restraint, Folded sheet, Receiving blankets and cloth diapers, Foam rolls, Variety of passenger vehicles, Restraint manuals/instructions, LATCH manuals.

Exercise: Positioning Proficiency Skills Checklist 2

Instruct the participants to complete the Positioning Proficiency Checklist with three large medical seats. 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 Skills Checklist Key to assist you during these exercises. The key is included in the instructor forms and materials.

Exercise: Installation Proficiency Skills Checklist 2

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 Skills Checklist Key to assist you during the exercise. The key is included in the instructor forms and materials.

Adaptive Boosters and Vests

Overview: This presentation will introduce Adaptive Boosters and Adaptive Vests with considerations for selecting adaptive restraints for children with special health care needs

Length: 45 minute presentation with 1-2 hours positioning and installation

Materials: PowerPoint slides and Proficiency Skills Checklist 3. The Churchill and at least one other example, such as the Recaro Monza Nova 2 Reha, or Carrot 3 Child Restraint and Carrot 3 Booster. EZ-ON vest, Lay Down EZ-ON Vest. Enough dolls to position in each restraint, Folded sheet, Receiving blankets and cloth diapers, Foam rolls, Variety of passenger vehicles, Restraint manuals/instructions, LATCH manuals.

Exercise: Positioning Proficiency Skills Checklist 3

Instruct the participants to complete the Positioning Proficiency Checklist with the Lay Down EZ-ON vest, Upright EZ-ON vest, and the Churchill.

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 Skills Checklist 3

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 Skills Checklist Key to assist you during the exercise. The key is included in the instructor forms and materials.

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: PowerPoint slides, Copy of Sample OT Evaluation Form, Copy of Sample OT Delivery Form, Copy of Sample Letter of Medical Necessity

Exercise: Family visits (or OT videos).

In the time of Covid-19 pandemic, Family visits are not possible to complete at all locations. Videos of 2 OT evaluations, and 1 OT delivery

are available in the Members-Only/Instructor site to utilize in place of Family visits. It is recommended to pause and facilitate discussion and allow participants to apply some of the new knowledge during the videos, as they would during the in-person 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, however 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 Evaluation Form to interview the family and record relevant information about the child. 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 diagnoses
- Child's weight, height, and age
- Current child restraint system
- Any transportation-related challenges

- 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, in an additional 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 form (like the Car Seat Check 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.

Wheelchair Transportation Safety

Overview: This presentation introduces participants to considerations for wheelchair transportation.

Length: 15 minutes

Materials: PowerPoint slides, WC-19 certified wheelchair or stroller (optional)

Resources

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

Length: 15 minutes

Materials: PowerPoint slides, Sample brochures available at <https://preventinjury.pediatrics.iu.edu/brochures/> and handouts

You may provide additional resource information, such as lists of local adaptive 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).