The training package consists of the following elements:

**Trainer Outline and Learner Objectives (10 pages)**
This presents an overview of the course and the objectives for each section.

**Presentation Script (21 pages)**
This shows you the specific placement of slides, videos and activities in the course, facts to use, and wording that you can read aloud or adapt.

**Trainee Handout (24 pages)**
This handout tracks along with the presentation script. Since most SDRC contractors have specific policies, there are areas for trainees to fill in as you go along, or for you to substitute company policy pages prior to the class.

**SDRC Video (15 minutes)**
This video gives new drivers a sense of what the job is like, the role they will fill in working with program and home staff, and tips they can learn from other drivers. It should be played approximately 45-60 minutes into the training, after basic terms and definitions have been covered.

**“Take Another Look” (Epilepsy Foundation Video) (8 minutes)**
This two-part video is targeted at police officers, but the general information in Part I is useful, and lets trainees see different types of seizures and their effects.

**Slide Carousel (35 slides)**
Shots of clients, drivers, and Regional Center personnel are combined with text slides of key definitions and procedures.

An important note on the tips and techniques:

Every driver develops his or her own way of working with different situations and different clients. What works for one person, though, may not work for another driver, another client -- or may conflict with the approach used at the home or program. The tips and techniques that are presented in this course were recommended by experienced drivers, driver supervisors, home/program staff, and Regional Center staff. If you have a tip or technique that works for you, and you don’t see it included in these materials, talk to the Regional Center before including it in your training program. It may be that another driver had a “bad experience” with that particular approach, or that Regional Center advises against it.

Finally, if you have questions, comments, suggestions, or you would like to get a copy of this package on disk, please call Ed Kenney, Regional Center Transportation Coordinator, at 576-2969.

$50.00
SECTION ONE: INTRODUCTION (7 MIN)
3. Training will be able to give an example of an SDRC route.

Company contacts:

1. Training will be able to describe how SDRS will differ from public transit and how SDRC contacts differ from other.

Section C: Objectives

None (lecture only)

Activity:

SDRC leads to an event, driver/riders interaction, driver performance (test) 

Slides 3 - 9:

- Definitions of driver performance matters.
- Service, on-time and punctual; how SDRC contacts differ from other contacts and from public transit.
- Introduces concept of SDRC.
- Introduces concept of SDRC to the student.

Total time: 7 minutes

Training (lecture and lecture objectives)
SECTION THREE: UNDERSTANDING DEVELOPMENTAL DISABILITIES (10 MINS)

Trainer presents basics of developmental disabilities: physical/mental/both; chronic/severe; onset before age eighteen; lasts for life.

Trainer presents examples of developmental disabilities and their attributes. Trainer presents examples of disabilities that are not developmental (blindness, injuries caused by accidents, Alzheimers, etc.).

Slides 10 - 18:
Definition of terms, clients.

Activities:
Class examples.

Section Objectives:
1. Trainees will be able to list the characteristics of developmental disabilities and describe how they differ from other disabilities.
2. Trainees will be able to state why some SDRC consumers cannot use public transit.
SECTION FOUR: DRIVER RESPONSIBILITIES (12 MINS)

Trainer covers what SDRC expects of drivers, how they function as the link between home/work programs; that they are part of a care providing team, but their primary responsibility is timely and safe transport -- they are not expected to become experts in consumer care or disabilities.

Trainer covers what to expect on the route, reading the TSR, handling records, consequences of poor driver performance.

*Slides 19 - 20:*
Faces of drivers, driver/program staff interaction.

*Activities:*
Have trainees fill in blanks on Handout with the specific policies of your company.
Review TSR, show sample notebooks kept by drivers, have trainees fill in blanks on handout.
Exercise: “What can you say?” Role-play with drivers to demonstrate the need to keep client information confidential.

*Section Objectives:*
1. Trainees will be able to describe what SDRC expects of drivers, how to handle changes on the route, why privacy of client records is important.
2. Trainees will be able to describe their role as the link between home and work programs; why that is significant.
3. Trainees will demonstrate how to read a TSR.
SECTION FIVE: WHAT TO EXPECT ON THE JOB (VIDEO - 15 mins, ACTIVITIES - 10 mins. TOTAL: 25 MINS).

Trainer introduces video, explains that care providers and other drivers can be the best source of information for safety tips and handling difficult situations. Afterwards, debrief and ask drivers to recall ways that they can set the stage for appropriate behavior. Role-play common scenarios, differentiate between harmful and annoying behavior.

Slide 21:
Definition of harmful behavior.

Activities:
Show video, debrief afterwards about viewer impressions.
Role-play, allow trainees to choose different courses of action and demonstrate judgment.
Use Driver Tip Sheet, have them fill in additional tips from you/video/other drivers.

Section Objectives:
1. Trainees will be able to describe how to handle safety issues; why they should not leave the bus, when to intervene with passengers.
2. Trainees will be able to describe their role as authorities and how they can use their influence for positive effects.
3. Trainees will be able to demonstrate different ways to handle conflict; explain when and why to choose a method.
4. Trainees will be able to give examples of harmful vs. annoying behavior.

SECTION SIX: BREAK (5-10 MINS)
SECTION SEVEN: REVIEW and PROCEDURES FOR HANDLING DIFFICULT BEHAVIOR (15 MINS)

Trainer reviews material covered in first hour and specific procedures for filing an incident report. Presents A/B/C's of filing a report (Antecedents, Behaviors, Consequences).

Trainer covers suspension of service: when to do it, how to initiate procedures. Stresses importance of contacting care providers and supervisor beforehand ("building a case.")

*Slides 22 - 26:*
- Procedures for incident report (ABC's). Regional Center staff. procedures for client out of control.

*Activities:*
- Trainees complete sample incident report for review by instructor.

*Section Objectives:*
- 1. Trainees will be able to complete a sample incident report that is clear and specific.
- 2. Trainees will be able to describe when and why service should be suspended; what actions should precede suspension.
SECTION EIGHT: CLIENT RIGHTS (8 MINS)

Trainer covers specifics of client rights, procedures that clients have for filing complaints, advocacy agencies, and how to report abuse.

Slide 27:
Client/driver.

Exercise:
Trainer gives trainees sample scenarios and asks if client rights are being violated (breach of confidentiality, handling physical conflicts).

Trainer selects trainees to assume a disability (Vaseline on sunglasses, physical restriction, unable to verbalize, infringement on dignity). Debrief afterwards.

Section Objectives:
1. Trainees will be able to demonstrate an understanding of client rights and what constitutes a violation of those rights.
2. Trainees will be able to list advocacy agencies and procedures for reporting abuse.
3. Trainees will be able to articulate and demonstrate some degree of empathy for people with disabilities.
SECTION NINE: EMERGENCIES/FIRST AID/SEIZURES (10 MINS)

Trainer covers procedures for handling accidents, first-aid and seizures. First aid material to be adapted from existing safety modules in use.

Slides 28 - 33:
Procedures to use in an emergency (also in handout); types of seizures.

Activities:
Ask trainees to think of what they would do in case of an emergency, track against outline.
Ask trainees what they know about epilepsy -- try to uncover myths or concerns.
Include epilepsy video, or guest speaker who has epilepsy.

Section Objectives:
1. Trainees will be able to list emergency procedures, and show where they’re located in handout.
2. Trainees will be able to describe procedures in the event of a seizure.
SECTION TEN: REVIEW SDRC EXPECTATIONS, IMPORTANCE OF DRIVER PERFORMANCE (7 MINS)

Trainer reviews financial implications of driver performance (liquidated damages); the role that drivers play (linkage); and procedures for handling difficult situations.

Slide 34:
Driver and Regional Center manager.

Exercise:
Trainer asks trainees to describe their expectations for the job, where they can go to get more information, how they would handle common scenarios.
Trainees complete a written test of policies and procedures.

Section Objectives:
1. Trainees will be able to describe their role as drivers and its significance to their employer, SDRC, clients and care providers.
2. Trainees will be able to state four sources of more information (supervisor, SDRC, care providers, other drivers).
SECTION ELEVEN: HIT THE STREETS/WHAT TO DO BEFORE LEAVING (X MINS)

Trainer presents company-specific policies for pre-trip checklist, radio operation, routing procedures, loading/unloading wheelchairs, time sheets, etc. (This segment will include activities in parking lot and on-board bus.)

Exercise:
Putting drivers on bus and restricting mobility or vision, "drive-arounds:"


SECTION ONE: INTRODUCTION (7 MINS)

Introduce yourself, explain what will be covered in this class.

SLIDE 1 (text):
- Who is SDRC
- Who are SDRC’s clients and what are developmental disabilities
- What are the drivers’ responsibilities
- What to expect on the job
- How to handle difficult people
- Client rights
- First aid - seizures - emergencies
- Company-specific procedures/what to do before leaving the lot

Outline overall training program and where this fits.

SLIDE 2 (text):
- 40 hours of initial training, which includes 20 hours on safety, procedures, and general knowledge of developmental disabilities before working with clients (this module provides 2 of that 20 hours); additional 20 during the first month on the job;
- 2 one-hour training sessions each quarter at minimum.

Review qualifications to be a driver/side. Pass around check-off sheet (Page 2 of Handout) and have trainees complete, sign and date.

Ask class members to introduce themselves and tell what they know about developmental disabilities, what their expectations are for the job.

Facts to use:
10 out of every 1,000 people are born with a developmental disability.

Disabilities range from mild to severe – and, someone may be severely affected in some ways, but only mildly affected in others.

A physical disability does not imply a mental disability – someone with epilepsy, for example, may have normal/above-normal intelligence.
SECTION TWO: SDRC (7 MINS)

SLIDES 3, 4, 4a - Regional Center building, staff

The San Diego Regional Center for Developmental Disabilities is a nonprofit corporation contracted by the California Department of Developmental Services to deliver transportation, day/work programs, housing, medical services, therapy and equipment to more than 10,000 people with developmental disabilities in San Diego and Imperial County. The Regional Center reports to a Board of Directors that includes clients and their families. Services are mandated by the Lanterman Developmental Services Act and Title 17 California Code of Regulations.

Example:

We transport ___ clients each day for the Regional Center:
From: ________________________________
To: ________________________________
Hours/Route info: ________________________________

SLIDE 5 - Wide shot, clients waiting to board

The Regional Center contract differs from other company contracts in that:

- Regional Center only serves people with developmental disabilities. You may have passengers with other types of disabilities (such as Alzheimer’s) on your bus as well, but they may not be Regional Center clients.
- Regional Center service is curb-to-curb, and no fares are involved.
- The relationship with the work/home programs is different. You’ll be driving the same route each day so you’ll get to know the clients and care providers. In contrast, Dial-A-Ride service is provided as-needed.

Examples of contracts that are not Regional Center are:

- ADA complementary service (can go anywhere the regular bus goes, client pays fare)

SLIDE 6 - Vertical, driver and client on lift

Driving a paratransit bus differs from driving a public transit bus in that:

- Clients who use paratransit generally cannot use public transportation -- disabilities are more severe or they may have more behavior problems.
- Parents or family members may not be able to transport them, or they may not have family nearby.
- Paratransit driver is the link between the caregiver at the residence and at the work program.
SLIDE 7 - Horizontal, driver and client on lift

Emphasize:
- Clients may be in your care for up to three hours a day, which means you will become an important part of their lives.
- Riding the bus is the best part of the day for many people.
- Objective is to get clients to and from their programs safely. Drivers are not expected to become experts in behavior management, but they do need to know what to do and what not to do in order to maintain a safe bus.

SLIDE 8 (text):
Driver performance matters because it:
- Sets the stage for the tone on the bus.
- Reflects both on company and on Regional Center.
- Is the foundation for contracted services (revenue) to company. Regional Center can reduce the amount of reimbursement to the company if:

1. Driver is 30 minutes behind schedule without notification; one hour late at either pickup or drop-off; or the client ride time is more than 90 minutes.
2. Driver fails to make a timely report about an accident or serious incident.
3. Driver leaves a client unattended when they require a responsible adult to receive them.
4. Driver violates safety rules such as improperly securing wheelchairs; not using seat belts, using an unsafe vehicle, driving under the influence, or having an invalid or improper drivers’ license.

Such reductions are referred to as liquidated damages.

SLIDE 9 - Close-up, driver and client inside bus

That’s why this course was created: because your job is important -- to the company, to the Regional Center, to the home and work programs, and to the clients who will ride your bus. How you do your job will make a difference to the people around you, so we want to help you do it well.

This course will cover how to handle delays and still stay on schedule: what to do in case of an accident or emergency; and what to know about your clients. An additional safety module covers wheelchair tie-down, boarding, and passenger assistance techniques.
SECTION THREE: UNDERSTANDING DEVELOPMENTAL DISABILITIES (10 MINS)

SLIDE 10 (text):
A developmental disability is a severe or chronic impairment that occurred before a person was eighteen years old, and will last for the rest of their life. Generally, people with developmental disabilities have never been without their condition, the exception being children hurt in accidents.

SLIDE 11 - woman boarding bus

Someone may have a physical disability, a mental disability, or both. Physical disabilities affects movement or speech. While someone with a mental disability may be slow to learn or have trouble remembering instructions.

SLIDES 12 - 15 (text):
The most common examples are:

- Mental retardation, which results in impaired or incomplete mental development and social skills. As many as 1 in 35 people have some degree of mental retardation. It is not the same as mental illness, which can often be cured by counseling or medication. Mental retardation generally occurs at or near birth, and while it can be treated, it cannot be cured.

- Epilepsy is a disorder of the central nervous system that causes seizures. Epilepsy by itself does not generally affect someone's intelligence or general health, but the medication given to help control seizures may affect a person's speech. During a mild seizure, someone may appear to be disoriented, or they may not be able to hear you. In a major seizure (called "tonic-clonic" seizures), a person may lose consciousness and fall down. They may become rigid or jerk uncontrollably. Generally, seizures last 1-2 minutes. Afterwards, the person may be tired, confused or embarrassed.

- Cerebral Palsy is caused by damage to the brain before or during birth, or early in life. It results in a group of movement disorders, such as muscle spasms, tremors, or a poor sense of balance. People with CP sometimes cannot control their arms or legs, or have difficulty speaking or hearing. However, most people with CP have average or above-average intelligence.

- Autism is a rare condition caused by a brain defect. People with autism have difficulty understanding what is said to them, and may seem to be "in their own world." Some may become upset by changes such as a detour or unexpected stop on a route. Interacting with people who have autism calls for patience and a soothing, calming manner.
SLIDE 16 - Close-up, passenger scowling

People with developmental disabilities may not have well-developed social skills. They may say something rude or inappropriate, throw things, or hit themselves or the people around them. If they cannot express themselves verbally, they will act out in other ways. At their home/work programs, they learn how to control these behaviors -- which is another reason why your job matters. Without you, they would not be able to get to these programs.

SLIDE 17 - Close-up, woman smiling

In general, though, when it comes to relating with clients, it is best to assume that they have the same intelligence level as you do. Many clients have only motor function problems and resent being treated as intellectually inferior. Even clients who do have mental impairments, or cognitive disabilities, are not being well-served if we allow them to act and think like children.

SLIDE 18 (text):

It helps to remember that:
- Everyone has at times been confused or disoriented by a new situation.
- Everyone has at times had difficulty following directions for a new task.
- Everyone has at times had trouble finding their way around a new environment.
- Everyone has at times become agitated, irritated or excited when a familiar routine is suddenly changed.

People with mental disabilities will tend to respond to situations on a more emotional than intellectual level. Emotions come into play more quickly, and someone may be quite sensitive to your mannerisms, tone, facial expressions and body movements.

Some disabilities that are not developmental include: (ask class to give examples)
- Blindness/deafness
- Alzheimers
- Alcoholism/drug addiction
- Injury caused by trauma (broken leg, brain injury, paraplegia/quadriplegia)
- Multiple sclerosis
- Muscular dystrophy

Many people with developmental disabilities are able to use public transit. Why would someone not be able to use public transit? (ask class to give examples)
- May not be able to remember route
- May not be able to communicate with driver
- May be at risk for harassment by other passengers
- May have severe mobility impairment: unable to board without help
SECTION FOUR: DRIVER RESPONSIBILITIES (12 MINS)

SLIDE 19 - Bus driver

The successful driver is patient, uses common sense, maintains a sense of humor, and is proud of the job. This can be difficult work, and it can be frustrating when trying to stay on schedule. But it’s important to take those extra steps necessary to provide safe, courteous transit service -- offer to help someone getting on board, smile, say hello.

(Describe the company "stars" -- people who handle a range of problems well, how they do it. Emphasize that drivers learn the most from each other.)

You probably will not have the time to learn a great deal about all the clients on the bus, but those who appear to be having problems are well worth discussing with the care provider, and with other drivers, to learn what things help make this client more comfortable, as well as what things to avoid.

Example:
Client was unruly; company could not figure out the problem and contacted the care provider, who asked if he had his Walkman. It had been left behind in a move. As soon as the client got his Walkman, he was fine.

Drivers aren’t expected to become deeply involved in individual behavior management programs. Extensive conversation with care providers about consumer behaviors will affect route timeliness, while paying too much attention to what’s happening in the back of the bus can create a safety hazard. But drivers can pick up simple, basic management techniques from care providers -- or they can alert care providers to a problem that they may not know about.

SLIDE 20 - Driver with client in wheelchair and program staff

In short, drivers function as the link between the home and work programs. The people at either end of the link can help make your job easier, and you can help them, too.
Have trainees fill in blanks on Pages 6 and 7 of the Handout with the answers that pertain to your company policies. Regional Center’s minimum requirements are shown here.

What to expect on the route:

- You will drive the same route each day, but your clients may change from time to time.
- Driver or dispatcher notifies client of the scheduled pick-up time at least one (1) day in advance. (Explain your company’s policy regarding who should make the contact with the client.)
- If you arrive early and the person is ready, go ahead and load them up and depart for the next stop. If they are not ready, you must give them at least 3 minutes beyond your scheduled pick-up time.

When arriving to pick-up or discharge a client, don’t press your horn. Give clients time to come out. If the passengers do not appear, notify dispatch. Horns are disturbing to clients and neighbors, and should be avoided.

Use your judgment about waiting longer than three minutes -- don’t leave a client who is coming out the door, for example. However, if someone is consistently late and it’s causing problems on the route, talk to the caregiver and notify your supervisor (name). You may need to file a report.

If the pick-up times change because of additions or deletions on your route, you or the dispatcher must notify the other clients at least one (1) day in advance.

If you realize that you’re going to be more than 10 minutes late for a pick-up or drop-off, notify dispatch.

If a client arrives or leaves from any pickup, transfer or drop-off point more than one (1) hour early or late, you or the dispatcher should notify the Regional Center verbally within 8 working hours, and by written report within 7 calendar days.

Talk with care providers and clients about their schedules and any changes they may have. Drivers may suspend service if a client goes on vacation, for example, or discontinue service if the client is no longer attending the work program. However, they cannot add clients or change the pick-up/drop-off locations unless directed by the Regional Center.

If a client discontinues the service, the company needs to notify the Regional Center to confirm a "stop service." If a client does not show up for boarding 3 days in a row, notify dispatch so that they can contact the Regional Center as soon as possible.
Understanding the TSR:
- Use sample TSR; show how to read pickup/drop-off information.
- Show examples of notebooks that drivers use

Emphasize:
If a client’s Transportation Services Request (TSR) indicates that they “must be received by an adult,” then you can only release this person to a responsible adult (parent or care provider) or program staff member. If a responsible adult or staff member is not available when you arrive, notify the dispatcher immediately so that they can contact another family member or SDRC.

Use handout, “General Operational Procedures” and customize as necessary.

Handling records:
All client information and records must be kept confidential. Do not share client information with other passengers, parents, drivers or caregivers. Treat client information with the same privacy and respect that you’d want someone to give to your personal records.

During an emergency, essential information can be released to paramedics or police officers, but client names, addresses or phone numbers should not be given to other drivers, media, or people at the scene of an accident.

What are the consequences of poor driver performance?
Regional Center can ask that a driver or aide be removed from contact with clients for any reasonable cause. If the Regional Center receives a complaint about your performance, you may be suspended. If you are performing in a manner which may adversely affect the health and safety of clients, the Regional Center can require that you be removed from a position of contact with clients; while the company reserves the right to terminate your employment. If this action is necessary, you may be reinstated only with the agreement of both the Regional Center and company, following an investigation.

Exercise - “What Can You Say?”
Assign one trainee to be Client A, another to be the Driver. Give the Driver a sample TSR which contains Client A’s information about medications. Trainer assumes the role of the Parent of Client B who also rides the bus.

Setup: Bus is delayed because Client A is sluggish and moving slowly. When Driver arrives at home, Parent is annoyed and wants to know why bus is late. Use trainee’s responses to guide role-play -- does s/he give out personal information about Client A? How does trainee playing Client A feel -- were his/her rights violated?
Alternate: Trainer assumes the role of care provider for a different facility. Casually ask about Client A. whether s/he is still having trouble at home.

**Key point:** You may exchange information about a client only with the family, care provider or day program for that client. Do not talk to care providers-clients about other clients and families.
SECTION FIVE: WHAT TO EXPECT ON THE JOB (VIDEO FOR 15 MINS ACTIVITIES FOR 10 MINS. TOTAL: 25 MINS).

Introduce video. Mention that local drivers and care providers were interviewed for it. Afterward, debrief about viewer impressions. Use Handout to prompt trainees (if necessary) to recall six key points:

1. Create a professional atmosphere
2. Establish a few basic rules and enforce them consistently
   (Examples: use seat belts, keep your hands to yourself, no insults or foul language)
3. Focus on safety and respecting the rights of others
4. Understand developmental disabilities
5. Understand your particular clients
6. Be a proficient driver

Exercise:
Assign trainees to roles of driver, passengers. Trainer should assume role of care-provider.
1. Driver has two passengers on bus. But passenger at house appears to need assistance.
2. Passengers on bus are acting out. One hits another.
3. Passenger who is normally friendly and quiet begins to act out several days in a row.

Guide class members towards asking the care provider for input, coaching them to ask simple, brief questions.

Are remarks such as "stop that or you won't be allowed back on this bus" effective? Client may view this as an idle threat since she has probably been written up before -- the company may only agree to a temporary suspension -- even if client is permanently suspended by one company. SDRC may still have to come up with another company to transport the client. The incident may be better presented by the care provider, who understands what motivates the client. Answer: No.

Confirm that drivers can differentiate between harmful and annoying behavior.
SLIDE 21 (text):

What is harmful behavior?

1. Interferes with safety
   - Distracts driver from the road
   - Physically interferes with safe driving operations

2. Hurts others
   - Physical/psychological abuse
   - Significant health risk

3. Hurts self without constant personal attention
   - Head bangs
   - Opens door of vehicle or bolts in traffic

4. Places you at risk
   - Frequently requires physical intervention leading to possible accusations of improper driver behavior

Handout: Driver Tip Sheet. Have trainees fill in tips from other drivers or from video.

Tips to avoid

- Turning the seat belt upside-down so that client cannot reach button. This is a safety risk.
- Threats such as “I’m going to write you up and you won’t be able to ride the bus again.”
- Rewards implemented without consulting care provider (sweets, favors).
- Teasing (could backfire)

Useful phrases to redirect behavior problems

- “That’s not a good game to play, is it?”
- “I can’t hear you right now. Wait until we get to the program and we’ll talk.”
- “This won’t work. You need to not do this.”
- “This is my job. I need to get you home (or to work).”
- “Can you help me out?”

“Top Five Tips”

1. Music
2. Seating
3. Redirect attention/distract consumer
4. Offer a teddy bear or blanket
5. Talk with care provider
SECTION SIX: BREAK (5-10 MINS)
SECTION SEVEN: REVIEW/PROCEDURES FOR HANDLING DIFFICULT BEHAVIOR
(15 MINS)

Review material covered in first hour.

What to do if you have a difficult client. You’ve tried everything and nothing works?

Specific procedures to file an incident report:
Make sure that you have discussed the situation with the care provider and that s/he is aware of the problem.

SLIDES 22-24 (text):
Include in your report the ABCs: Antecedents, Behaviors, Consequences. (Use Handout, sample incident report)

Antecedents
What were the events that set the behavior in motion? What was happening just before the behavior? Where did the behavior happen? Who was there? What time did the incident occur? How long did it last?

Behaviors
What did the person do? What did the behavior look like? Be as specific as possible.
Examples of behavior problems are:
- Resistive -- refusing to board, unbuckling seat belt, getting off the bus
- Tantrums -- yelling, thrashing about
- Aggressive or self-injurious actions -- biting, striking, pulling hair, pinching
- Property destruction
- Sexual activity
- Provocation -- intentionally setting off another client, harassing, upsetting
- Attention-seeking continually talking
- Eating others’ food
- Bladder and bowel control

Consequences
What happened after the behavior? What did everyone do? How did the environment change after the behavior? Did anything specific happen to end the behavior?
Submit three copies of the report to your supervisor. One will be distributed to the SDRC Transportation Coordinator, who will discuss it with the SDRC Case Manager. One copy goes to the care provider, and one stays with the company.

Incident reports are formal. They can become part of the person's Individual Program Plan (IPP), or may be used to make changes in medical or psychological care. Finally, if there is a problem, a record of previous incidents may protect you from undue criticism. Your observations of client behavior are very important, because you may be helping the care provider and SDRC case manager to understand what the client is trying to communicate.

Remember that the client's behavior is a means of communication. When we create an environment that is extremely controlling, the client may simply want to get out of it.

**Example:**
A client wants to sit someplace else on the bus. They will quickly determine how you respond to their actions. If pointing and gesturing doesn't do it, maybe non-compliance will work. Maybe a tantrum will work. They will keep trying approaches until they eventually find out what does work -- which may not be what you want! Our idea of punishment (being thrown off the bus) may be their idea of reward (get special attention, or get to stay home and watch TV).

However, sometimes suspension of service is necessary:
**One-time suspension** may be used for reasons of safety, health, or the welfare of the driver and other consumers. A driver may refuse to board a consumer who is out of control at the time of pick-up. It's advisable to consult your supervisor when making this decision. Make sure the client is not left unattended and is in the care of a responsible person.

**SLIDE 26 (text):**
- If a client goes out of control in route:
  1. Stop the vehicle.
  2. Call the dispatcher for help.
  3. Try to control the situation until assistance or the care provider arrives.
  4. If necessary, call for police assistance.
  5. Afterwards, file an incident report.

Company may temporarily suspend service for up to two days while the care provider resolves the incident.
Long-term suspension (more than two days) requires a decision between the company and SDRC. Health, safety, and driver/client welfare are all considered. A request for long-term suspension should not be a surprise to the Regional Center. They will want to know that you’ve talked with the care provider and tried to accommodate the client with behavior improvement programs.

Suspension is not done as a punitive measure -- it provides time for the care provider to work with the client to resolve whatever issue is causing the undesirable behavior.

Exercise:
Describe or role-play a situation that would warrant an incident report. Have trainees complete sample report.
SECTION EIGHT: CLIENT RIGHTS (8 MINS)

SLIDE 27 - Man in wheelchair and driver

Disabled people have the same rights, protections and responsibilities as all other people under the law. Their rights are the same as yours. Your handout includes a list -- let's take a look at a few of them: *(call attention to the fact that these are very basic rights, but still necessary to mandate, since people with developmental disabilities were not always treated with respect and dignity.)*

a. A right to treatment and habilitation services that foster their development, protect their personal liberty and are minimally restrictive.

b. A right to dignity, privacy and humane care.

c. A right to participate in an appropriate program of publicly-supported education, regardless of the degree of handicap.

d. A right to religious freedom and practice, including the right to attend services or to refuse attendance, to participate in worship or not to participate in worship.

e. A right to prompt and appropriate medical care and treatment.

f. A right to social interaction and participation in community activities.

g. A right to physical exercise and recreational opportunities.

h. A right to be free from harm, including unnecessary physical restrain or isolation, excessive medication, abuse or neglect. Medication shall not be used as punishment, for convenience of staff, as a substitute for program activities, or in quantities that interfere with the treatment program.

i. A right to be free from hazardous procedures.

j. A right to advocacy services, as provided by law, to protect and assist the civil, legal and service rights to which to any person with a developmental disability is entitled.

k. A right to be free from discrimination by exclusion from participation in, or denial of the benefits of, any program or activity which receives public funds solely by reason of being a person with a developmental disability.

l. A right to access to the courts for purposes including, but not limited to the following:
   1. To protect or assert any right to which any person with a developmental disability is entitled;
   2. To question a treatment decision affecting such rights, once the administrative remedies provided by law, if any, have been exhausted;
   3. To inquire into the terms and conditions of placement in any community care or health facility, or state hospital, by way of a writ of habeas corpus; and.
4. To contest a guardianship or conservatorship, its terms, and/or the individual or entity appointed as guardian or conservator.

Along with the right to transportation service, consumers have the responsibility to act in a manner that permits all clients to have a safe and healthy ride. Some clients may not fully understand the responsibilities that accompany their rights. Even so, you cannot suspend any legal rights they have. In an emergency, you may take action to protect someone from harming him/herself or someone else but you cannot restrict someone unnecessarily. *(Relate back to harmful/annoying behavior)*

Whenever possible, avoid using physical force to manage an out-of-control client. If you must use physical force, use the absolute minimum necessary. You can be sure, even if it is necessary for you to physically control a consumer, that the amount of force used will be highly scrutinized.

Regional Center service is funded to transport from one location to another, so clients do not have a choice in drop off locations. The client may only depart the vehicle at sites specifically contracted. By accepting transportation service, the client agrees to this restriction.

If a client wants to complain about some aspect of service, we have a written internal procedure for them to resolve grievances. You should be aware of this procedure so that you can inform people who have complaints. When the company determines whether the grievance is valid or invalid, appropriate internal action will be taken and the client informed in writing of our response.

Agencies that respond to violations of clients' rights are:
*(refer to contact information in Handout)*
- Regional Center Consumer Rights' Advocate
- United Cerebral Palsy/ARC/other advocacy groups
- State Developmental Disabilities Area Board 13
- County Adult Protective Services
- Police and Justice System

These agencies are also the points of contact should you become aware that a client is being abused. As a provider of service for disabled persons, you are required under the California Welfare and Institutions Code to report abuse to appropriate authorities if observed or suspected. Talk to your supervisor as well, who will contact the Regional Center case manager.

As we discussed earlier, you must keep all records and information confidential. Protect phone number/address information from people who might exploit that information.
Exercise:
Assign a condition/disability to each trainee:
- sunglasses with Vaseline smeared on them;
- hands tied/peanut butter on face to simulate impaired mobility that leaves someone unable to tend to personal needs;
- legs tied;
- not allowed to speak;
- earmuffs on;
- combinations/all of the above;
Trainees need to: ask you for directions to the restroom. get themselves to the restroom, and return. Debrief afterwards.

SECTION NINE: EMERGENCIES/FIRST AID/SEIZURES (10 MINS)

(Ask trainees to think about what they’d do in an emergency -- write down their suggestions and track against outline)

SLIDES 28-29 (text):
In case of accident or vehicle breakdown:
1. Get off the road as far as possible.
2. Put on emergency flashers.
3. If a client is injured, immediately contact dispatch. who will call the care provider or emergency contact person. The TSR contains this information if you need to make the call yourself, or if you need to give information to paramedics.
4. Put out traffic warning reflectors.
5. Attend to clients. They may become excited or agitated. Assist aide in reassuring them.
6. Never leave clients alone. If there is not an aide on the route, do not leave the bus.
7. Call dispatch and report the location of the vehicle. and what happened.
8. Get the following information
   - Name of the other driver
   - Driver’s license number
   - Insurance carrier
   - Vehicle license and vehicle registration number

Make sure to get this information before leaving the scene. no matter how minor the accident appears to be.
If injuries are involved, tell paramedics that the client may be on medication. Some clients carry medical alert information on them, or you may have a client's medications on your TSR. However, medications are changed frequently, and this information might be outdated. The client's care provider or family would have the most current information.

Provide information such as the client/care provider's name, address or phone number to paramedics or police, but not to other drivers involved in the accident, media, or people on the scene.

If possible, keep track of the ambulance or hospital where a client is sent.

Afterwards:
You must report all accidents resulting in injury to a client (however slight), or in property damage greater than $500.00.

You or your company should contact the Regional Center verbally within 8 working hours, and provide written notification within 7 calendar days.

**First Aid**
*Within 60 days of hire, employees should receive First Aid or CPR Training. Review or introduce your company's materials here.*

**Seizures**
*Use segment from Epilepsy video or Handout.*

Most seizures are minor, but a few years ago, a client did die on a vehicle. It's the drivers' responsibility to keep someone from hurting themselves, and to recognize when it's an emergency.
SLIDE 32 (text):
The three most common types are:

- Grand mal, which is marked by violent shaking of the entire body, accompanied by temporary loss of consciousness, usually lasting two to five minutes. These may occur as often as one or more times a day, or as infrequently as once a year.

- Petit mal is a simple staring spell (often mistaken for daydreaming), usually lasting less than a minute, often only several seconds. These may occur repeatedly in one hour.

- Psychomotor is inappropriate or purposeless behavior with subsequent amnesia regarding the episode, usually lasting two to five minutes, and occurring repeatedly within the hour.

SLIDE 33 (text):
What to do:

1. Do not try to restrain the person. There is nothing you can do to stop a seizure once it has begun -- it must run its course.

2. Clear the area around the person so that they cannot injure themselves on sharp objects, but do not try to interfere with his/her movements.

3. Keep airways open, turn head, loosen clothing. It's a myth that people swallow their tongue. Do not place objects in someone's mouth.

4. If the seizure last less than 5 minutes, does not repeat, and the client regains color, continue your trip and report to care provider or program when you arrive.

If client is still blue after 5 minutes, call dispatch and 911.
SECTION TEN: REVIEW SDRC EXPECTATIONS, IMPORTANCE OF DRIVER PERFORMANCE (7 MINS)

SLIDE 34 - Driver and Regional Center manager
Review:
- financial implications of driver performance (liquidated damages);
- the role that drivers play (linkage);
- procedures for handling difficult situations.

Exercise:
Ask trainees to describe their expectations for the job, where they can go to get more information, how they would handle common scenarios. Trainees complete a written test of policies and procedures.

SECTION ELEVEN: HIT THE STREETS/WHAT TO DO BEFORE LEAVING (X MINS)

Company-specific policies for pre-trip checklist, radio operation, routing procedures, loading/unloading wheelchairs, time sheets, etc. (This segment will include activities in parking lot and on-board bus.)

Exercises:
Put drivers on bus while restricting mobility or vision, "drive-arounds."
Paratransit Vehicle Operator Training

☆Trainee Handout☆

Welcome to ____________________!

You are about to start an interesting, challenging, and rewarding job. If you have questions about the type of work and the clients you'll be transporting, this handout should help.

If you have further questions, please see your supervisor or call Ed Kenney at the San Diego Regional Center. 576-2969.

You should receive 40 hours of initial training: 20 hours on safety, procedures, and general knowledge of developmental disabilities before you work with clients. and an additional 20 during the first month on the job. Every driver and aide must attend at least 2 one-hour training sessions each quarter.
DRIVER/AIDE QUALIFICATIONS

In order to be certified as a driver or aide for ____________, you must meet the following minimum criteria:

☐ Possess a valid California driver's license.
☐ Possess a medical certificate if required for the vehicle being operated.
☐ Be in good physical and mental health at all times when on the job. Do not use drugs, alcohol, or tobacco while driving.
☐ Minimum age of 21 for drivers, 18 for aides.
☐ Be well-groomed and wear _________________ identification while on the job.
☐ Be permanently assigned to the same clients wherever practical.
☐ Demonstrate ability to perform passenger assistance techniques for boarding and exiting clients.
☐ Demonstrate knowledge of emergency procedures for fire, accident, bad weather, other emergencies.
☐ Demonstrate training in CPR and first aid within 60 days of being hired. Renew certificate when required.
☐ Be fluent in the English language.
☐ Be enrolled in the California Department of Motor Vehicles' "Pull-Notice" program.
☐ and report major ones.
☐ Operate a clean and sanitary vehicle.
☐ Do not carry or allow firearms, knives, or other weapons on the vehicle.
☐ Be prepared for Regional Center staff to inspect your vehicle at any time. We check tire tread depth, lights, seat belts, tie downs, licenses, medical cards, and CPR/FA skills.
☐ Ensure that seat belts are used if the vehicle is equipped with them.
☐ Ensure that the vehicle has an operating phone or radio to communicate with dispatcher.
☐ Be familiar with, observe and respect client's individual rights under the laws and Constitution of the United States and the State of California.

Accepted:

Signature of Employee

Print Name

Date

Approved:

Signature of Trainer

Print Name

Date
What is the Regional Center?

The San Diego Regional Center for Developmental Disabilities is a nonprofit corporation contracted by the California Department of Developmental Services to deliver transportation, day/work programs, housing, medical services, therapy and equipment to more than 10,000 people with developmental disabilities in San Diego and Imperial County. SDRC does not provide these services directly; instead, it links up clients with companies like yours. The Regional Center reports to a Board of Directors composed of clients and their families.

In San Diego and Imperial county approximately 1300 people travel by paratransit contractors such as your company every day. Another 1300 people use the public bus, 1000 are transported by parents or care providers, and 200 use public Dial-A-Ride. In all, 3800 people a day use transportation which was in some way funded, coordinated or contracted by the San Diego Regional Center, which spends about $6 million each year on these services.

There are some important differences between driving a paratransit bus and a public transit bus. Clients who use paratransit generally cannot use public transportation. Their disabilities are more severe or they may have more behavior problems. Their parents or family members may not be able to transport them, or they may not have family nearby. Without you, they would not be able to get to their work programs or medical appointments. In fact, they might not be able to go anywhere at all!

Also, a public bus driver isn’t concerned about his or her passengers before they get on the bus or after they leave. A paratransit driver, on the other hand, is the link between the caregiver at the residence and at the work program.

This is an important responsibility. Your objective is to get clients to and from their programs safely.

Clients may be in your care for one to four hours each day, which means you will become an important part of their lives. For many people, riding on the bus is the best part of their day!
What is a developmental disability?

A developmental disability is a severe or chronic impairment that occurred before a person was eighteen years old, and will last for the rest of their life. Someone may have a physical disability, a mental disability, or both. Physical disabilities affect movement or speech, while someone with a mental disability may be slow to learn or have trouble remembering instructions.

The most common examples are:

Mental retardation. which results in impaired or incomplete mental development and social skills. As many as 1 in 35 people have some degree of mental retardation. It is not the same as mental illness. which can often be cured by counseling or medication. Mental retardation generally occurs at or near birth. and while it can be treated. it cannot be cured.

Epilepsy is a disorder of the central nervous system that causes seizures. Epilepsy by itself does not generally affect someone’s intelligence or general health. but the medication given to help control seizures may affect a person’s speech. During a mild seizure. someone may appear to be disoriented. or they may not be able to hear you. In a major seizure (called “tonic-clonic” seizures). a person may lose consciousness and fall down. They may become rigid or jerk uncontrollably. Generally. seizures last 1-2 minutes. Afterwards. the person may be tired. confused or embarrassed.

Cerebral Palsy is caused by damage to the brain before or during birth. or early in life. It results in a group of movement disorders. such as muscle spasms. tremors. or a poor sense of balance. People with CP sometimes cannot control their arms or legs. or have difficulty speaking or hearing. However. most people with CP have average or above-average intelligence.

Autism is a rare condition caused by a brain defect. People with autism have difficulty understanding what is said to them. and may seem to be “in their own world.” Some may become upset by changes such as a detour or unexpected stop on a route. They may be unafraid of real dangers. laugh or giggle inappropriately. show marked physical overactivity or attachment to an object. or withdraw and avoid eye contact. Interacting with people who have autism calls for patience and a soothing. calming manner.
Some people with developmental disabilities usually don't have well-developed social skills. They may say something rude or inappropriate, throw things, or hit themselves or the people around them. If they cannot express themselves verbally, they will act out in other ways. At their home/work programs, they learn how to control these behaviors -- which is another reason why your job matters.

But in general, when it comes to relating with clients, it is best to assume that they have the same intelligence level as you do. Many clients have only motor function problems and resent being treated as intellectually inferior.

Everyone has at times been confused or disoriented by a new situation.

Everyone has at times had difficulty following directions for a new task.

Everyone has at times had trouble finding their way around a new environment.

Everyone has at times become agitated, irritated or excited when a familiar routine is suddenly changed.

Notes:
What does SDRC expect of drivers?

The successful driver is patient, uses common sense, maintains a sense of humor, and is proud of the job. This can be difficult work, and sometimes you might get frustrated when trying to stay on schedule. But it’s important to take those extra steps necessary to provide safe, courteous transit service -- such as an offer to assist someone getting on board, a smile, or a cheery hello.

What should you expect on the route?

Ideally, you will drive the same route each day, but the clients on your bus may change from time to time. Either you or the dispatcher should notify each client of the scheduled pick-up time _______ day(s) in advance.

If you arrive early and the person is ready, go ahead and load them up and depart for the next stop. If they are not ready, you must give them at least ____ minutes beyond your scheduled pick-up time.

When arriving to pick-up or discharge a client, don’t press your horn. Give clients time to come out. If the passengers do not appear, notify dispatch. Horns are disturbing to clients and neighbors, and should be avoided.

Use your judgment about waiting -- if you see someone coming out the door, for example, don’t drive off and leave them there! However, if a client is consistently late and it’s causing problems on your route, talk to the caregiver and notify your supervisor. You may need to file a report.

If the pick-up times change because of additions or deletions on your route, you or the dispatcher must notify the other clients _______ day(s) in advance.

If you realize that you’re going to be more than ____ minutes late for a pick-up or drop-off, notify dispatch.

If a client arrives or leaves from any pickup, transfer or drop-off point more than (1) hour early or late, you or the dispatcher should notify the Regional Center verbally within working hours, and by written report within ____ calendar days.
You're encouraged to talk with care providers and clients about their schedules and any changes they may have. You may suspend service if a client goes on vacation, for example, or discontinue service if they are no longer attending the work program. However, you cannot add clients or change the pick-up/drop-off locations unless directed by the Regional Center.

If a client discontinues the service, the company needs to notify the Regional Center to confirm a "stop service." If a client does not show up for boarding ___ days in a row, notify dispatch so that they can contact the Regional Center as soon as possible.

If a client's Transportation Services Request (TSR) indicates that they "must be received by an adult," then you can only release this person to a responsible adult (parent or care provider) or a program staff member. If a responsible adult or program staff member is not available when you arrive, notify the dispatcher immediately so that they can contact another family member or SDRC.

Notes:
GENERAL OPERATIONAL POLICIES

1. Drivers must keep the two-way radio turned on with volume up at all times to ensure an open line of communication between driver and dispatch. If your radio is not working, you must call dispatch by telephone. Be sure to report the nature of the radio problem.

2. Unauthorized persons are not permitted to drive the vehicle. Never give the keys to another person without authorization from dispatch.

3. Be sure emergency supplies are stocked on the bus at all times: 3 reflectors, 3 flares, first-aid kit, fire extinguisher (filled and operating), emergency envelope with Accident Forms and telephone numbers.

4. Standard supplies to keep on bus are paper towels, trash bags, sickness bags, tissues, and disposable gloves.

5. Smoking is not allowed on the vehicle or in front of homes while waiting for a pick-up. Use courtesy when disposing of cigarette butts.

6. Drivers and passengers are not allowed to eat or drink onboard vehicle.

7. Service dogs are allowed if they are scheduled in advance.

8. Drivers may use vehicles only in accordance with their assigned duties— they are not for personal use. You are required to minimize the amount of mileage used during lunch and on-call periods— driving more than 2 miles during breaks or for personal use is prohibited unless such travel takes you closer to your next pick-up.

9. Drivers may only pick up passengers listed on the TSR or authorized by dispatch.

10. You may not drop off passengers at any location other than listed on TSR, without prior permission from dispatch.

11. Passenger’s friends and family are not allowed to ride unless they serve as an escort with advance approval, or unless prior permission is given by the Regional Center or dispatch.

12. You are not allowed to receive tips from passengers. If a passenger wants to make an unsolicited donation, instruct them to mail it to ________________________

13. Soliciting is not allowed on vehicles.

14. Children under the age of five must be escorted by a parent or guardian. Children under the age of four, or children who weigh less than forty pounds, must be in a car seat.

15. In compliance with DMV regulations, all drivers are enrolled in the DMV Employee Pull Notice program. If a driver receives any type of traffic violation, the company will automatically be notified. Violation notices may result in disciplinary action.
In addition, the following policies apply to non-SDRC contracts (Dial-A-Ride):

1. Individual passengers are limited to 3 bags of groceries at one time. Passengers with escorts may bring up to 6 bags of groceries onboard vehicle.

<This page should be replaced with any company-specific policies re. breaks, telephone use, etc.>
How should records be handled?

All client information and records must be kept confidential. Do not share client information with other passengers, parents, drivers or caregivers. Treat client information with the same privacy and respect that you’d want someone to give to your personal records.

SDRC provides American Red Cross Wheels with a copy of the TSR. With the client and care provider’s consent, you may obtain additional information that you deem necessary to provide safe and reliable service, such as medical information and alternate drop-off points. You may also keep a notebook on your route, provided it is secure and confidential.

During an emergency, essential information can be released to paramedics or police officers, but client names, addresses or phone numbers should not be given to other drivers, media, or people at the scene of an accident.

What are the consequences of poor driver performance?

You should be aware that the Regional Center can ask that a driver or aide be removed from contact with clients for any reasonable cause. If the Regional Center receives a complaint about your performance, you may be suspended. If you are performing in a manner which may adversely affect the health and safety of clients, the Regional Center may ask that you be removed from a position of contact with the clients. While American Red Cross Wheels reserves the right to terminate your employment, if this action is necessary, you may be reinstated only with the agreement of both the Regional Center and American Red Cross Wheels, following an investigation.

Think of your bus as a rolling billboard. Your appearance, behavior, language, driving habits, courtesy towards passengers and the public -- even the type of business where you're seen in your uniform -- all reflect on your company and on the Regional Center.
What about difficult clients?

First, talk to the care provider or staff member. They need to know what is happening on the bus, and they might be able to help or provide advice. Remember that clients with behavior problems are often those who most benefit from attending program activities where they learn how to control themselves. Suspending such a client might “reward” them for the wrong reasons.

You can set the stage for appropriate behavior by:

1. Creating a professional atmosphere.
   
   Many clients respond in kind to a clean, orderly environment.

2. Establishing a few basic rules and enforcing them consistently.

   Many clients respond favorably to someone they perceive as an authority figure who is professional but friendly.

3. Focus on safety and respecting the rights of others.
   
   Passengers may want to do things that are unsafe.

4. Understanding developmental disabilities.

   Everybody has good days and bad days, but someone’s behavior may be a by-product of their disability and may not be preventable.

5. Understanding your particular clients.

   Find out what works, and reinforce appropriate behavior with praise.

6. Being a proficient driver.

   Know your job, watch your speed, and avoid hard turns that may frighten or upset people.
If a client’s behavior is consistently destructive or harmful, file an incident report. A record of incident reports may demonstrate a pattern, which must be documented before terminating service. Reports also allow the SDRC case manager to work with the care provider on the behavior. Incident reports are formal. They may become part of the person’s Individual Program Plan (IPP), or may be used to make changes in medical or psychological care. Finally, if there is a problem, a record of previous incidents may protect you from undue criticism.

What is harmful behavior?

1. **Interferes with safety**
   - distracts driver from the road
   - physically interferes with safe driving operations

1. **Hurts others**
   - physical/psychological abuse
   - significant health risk

1. **Hurts self without constant personal attention**
   - head bangs
   - opens door of vehicle or bolts in traffic

1. **Places you at risk**
   - frequently requires physical intervention leading to possible accusations of improper driver behavior
## TIPS FROM OTHER DRIVERS

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<thead>
<tr>
<th>What works</th>
<th>What doesn't</th>
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<tr>
<td>Start off by treating people with respect and courtesy, and establishing a good foundation. Learn your clients’ names.</td>
<td>Avoid calling clients “kids,” “sweetie,” or “honey.”</td>
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<td>Greet each client when they’re boarding the bus, or before driving away. Compliment some attribute.</td>
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<td>Know your client’s strengths and weaknesses (sitting still, following instructions); behaviors (are they used to a particular program); reinforcers (what do they particularly like or dislike); needs (how long between bathroom breaks, praise/attention, food, etc.); and comprehension level (how well do they understand you).</td>
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<td>Use seating arrangements to positive effect. If the aide sits in a centralized location, she can praise clients or deal with inappropriate behaviors quickly. Some clients also see sitting up front as a reward -- you can use this to reinforce good behavior.</td>
<td>Placing a client who is acting out or violent near the driver puts both of you at risk.</td>
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<td>Some clients respond well to music. Other drivers or the care provider can recommend stations.</td>
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<td>Avoid hugging clients. If someone tries to hug you, shake hands instead.</td>
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<td><strong>What works</strong></td>
<td><strong>What doesn’t</strong></td>
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<tr>
<td>Praise clients on a continual and routine basis. Some people need praise every five minutes. Some can go for 15, 30 or 60 minutes. But most clients like attention, so give it to them if they’re doing what you want them to do.</td>
<td>Avoid saying “don’t” to clients -- it often provokes an automatic response. Instead, try to redirect the client’s attention, or rephrase your statement in a neutral or positive form: “You seem upset. What’s going on?”</td>
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<td>Ignore a client when his/her behavior is inappropriate but not harmful. Turn your attention to the client whose behavior you want to increase.</td>
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<td>Talk with the care provider about structured activities for difficult clients -- how to prevent problems, what to do when they happen. Discuss possibility of re-routing or using a different sequence for pick-up.</td>
<td>Be cautious about giving instructions that you can’t enforce. When clients learn that you mean what you say, you will not need to enforce rules as often. Threats such as “you won’t ride the bus again” can backfire.</td>
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<tr>
<td>Be consistent in your seating arrangements and in your dealings with clients.</td>
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<td>Some clients become agitated or start acting a certain way just before a behavior crisis. If you can detect these warning signals, attempt to redirect or distract their attention by asking about a TV show, next vacation, weather, etc.</td>
<td>However, if the behavior continues or increases in severity, it may be because s/he feels you are ignoring them by changing the subject. See if you can determine why they’re upset, let them know how soon they’ll get to their destination, and notify dispatch.</td>
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<tr>
<td>Check the floor and seats for rocks, buttons, paper, etc. Clients may try to eat these or throw them.</td>
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<td>Offer only two choices, both of which are acceptable to you.</td>
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<tr>
<td>Learn what to expect of clients at different stages of development.</td>
<td>Avoid developing preferences among clients, or comparing one client to another when trying to get results.</td>
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<td>Cultivate a clear, low and pleasant speaking voice. Give instructions more than once.</td>
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<td>Keep one or two “comfort” objects on the bus. such as a teddy bear or blanket.</td>
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<td>Speak to each client individually rather than to the group. If possible, go to the client rather than call across a room or van.</td>
<td>Don’t tease a client or make them show off. Laugh with clients, not at them.</td>
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<td>Keep instructions clear, concise, and simple.</td>
<td>Don’t push a client beyond their ability to understand.</td>
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<tr>
<td>Have self-confidence in your ability to be a safe, courteous and friendly driver. Encourage and safeguard the client’s self-confidence and self-reliance.</td>
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<td>What works</td>
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What goes into an incident report? The ABCs.

Antecedents
What were the events that set the behavior in motion? What was happening just before the behavior? Where did the behavior happen? Who was there? What was the time of the incident? How long did it last?

Behaviors
What did the person do? What did the behavior look like? Be as specific as possible. Examples of behavior problems are:

- Resistive -- refusing to board, unbuckling seat belt, getting off the bus
- Tantrums -- yelling, thrashing about
- Aggressive or self-injurious actions -- biting, striking, pulling hair, pinching
- Property destruction
- Sexual activity
- Provocation -- intentionally setting off another client, harassing, upsetting
- Attention-seeking continually talking
- Eating others' food
- Bladder and bowel control

Consequences
What happened after the behavior? What did everyone do? How did the environment change after the behavior? Did anything specific happen to end the behavior?

Submit three copies of the report to your supervisor. One will be distributed to the SDRC Transportation Coordinator, who will discuss it with the SDRC Case Manager. One copy goes to the care provider, and one stays with the company.

Incident reports are formal. They may become part of the person's Individual Program Plan (IPP), or may be used to make changes in medical or psychological care. Finally, if there is a problem, a record of previous incidents may protect you from undue criticism. Your observations of client behavior are very important, because you may be helping the care provider and SDRC case manager to understand what the client is trying to communicate.

Remember that the client's behavior is a means of communication. When we create an environment that is extremely controlling, the client may simply want to get out of it.
Suspension of service

One-time suspension may be used for reasons of safety, health, or the welfare of the driver and other consumers. A driver may refuse to board a consumer who is out of control at the time of pick-up. It's advisable to consult your supervisor when making this decision. Make sure the client is not left unattended and is in the care of a responsible person.

If a client goes out of control in route:
1. Stop the vehicle.
2. Call the dispatcher for help.
3. Try to control the situation until assistance or the care provider arrives.
4. If necessary, call for police assistance.
5. Afterwards, file an incident report.

Company may temporarily suspend service for up to two days while the care provider resolves the incident.

Long-term suspension (more than two days) requires a decision between the company and SDRC. Health, safety, and driver/client welfare are all considered. A request for long-term suspension should not be a surprise to the Regional Center. They will want to know that you've talked with the care provider and tried to accommodate the client with behavior improvement programs.

Suspension is not done as a punitive measure -- it provides time for the care provider to work with the client to resolve whatever issue is causing the undesirable behavior.
What rights and responsibilities do clients have?

Disabled people have the same rights, protections and responsibilities as all other people under the law. Their rights are the same as yours:

a. A right to treatment and habilitation services that foster their development, protect their personal liberty and are the least restrictive.

b. A right to dignity, privacy and humane care.

c. A right to participate in an appropriate program of publicly-supported education, regardless of the degree of handicap.

d. A right to religious freedom and practice, including the right to attend services or to refuse attendance, to participate in worship or not to participate in worship.

e. A right to prompt and appropriate medical care and treatment.

f. A right to social interaction and participation in community activities.

g. A right to physical exercise and recreational opportunities.

h. A right to be free from harm, including unnecessary physical restrain or isolation, excessive medication, abuse or neglect. Medication shall not be used as punishment, for convenience of staff, as a substitute for program activities, or in quantities that interfere with the treatment program.

i. A right to be free from hazardous procedures.

j. A right to advocacy services, as provided by law, to protect and assist the civil, legal and service rights to which to any person with a developmental disability is entitled.

k. A right to be free from discrimination by exclusion from participation in, or denial of the benefits of, any program or activity which receives public funds solely by reason of being a person with a developmental disability.

l. A right to access to the courts for purposes including, but not limited to the following:
   1. To protect or assert any right to which any person with a developmental disability is entitled;
   2. To question a treatment decision affecting such rights, once the administrative remedies provided by law, if any, have been exhausted;
   3. To inquire into the terms and conditions of placement in any community care or health facility, or state hospital, by way of a writ of habeas corpus; and
   4. To contest a guardianship or conservatorship, its terms, and/or the individual or entity appointed as guardian or conservator.

Along with the right to transportation service, consumers have the responsibility to act in a manner that permits all clients to have a safe and healthy ride. Some clients may not fully understand the responsibilities that accompany their rights. Even so, you cannot suspend any legal rights they have. In an emergency, you may take action to protect someone from harming him/her or someone else -- but you cannot restrict someone unnecessarily.
Whenever possible, avoid using physical force to manage an out-of-control client. If you must use physical force, use the absolute minimum necessary. You can be sure, even if it is necessary for you to physically control a consumer, that the amount of force used will be highly scrutinized.

Regional Center service is funded to transport from one location to another, so clients do not have a choice in drop off locations. The client may only depart the vehicle at sites specifically contracted. By accepting transportation service, the client agrees to this restriction.

If a client wants to complain about some aspect of service, we have a written internal procedure for them to resolve grievances. You should be aware of this procedure so that you can inform people who have complaints. When the company determines whether the grievance is valid or invalid, appropriate internal action will be taken and the client informed in writing of our response.

Agencies that respond to violations of clients rights are:

- Regional Center Client Rights Advocate
- San Diego Regional Center for the Developmentally Disabled
  
  4355 Ruffin Road. San Diego. CA 92123

  (619) 576-2928

- United Cerebral Palsy Association of San Diego County
  
  3821 Calle Fortunada. Suite C. San Diego. CA 92123

  (619) 278-5420

- ARC of San Diego
  
  1550 Hotel Circle North =400. San Diego. CA 92108

  (619) 574-7575

- State Developmental Disabilities. Area XIII
  
  4711 Viewridge Avenue. Suite 160. San Diego. CA 92123

  (619) 637-5563

- Adult Protective Services
  
  9335 Hazard Way. Suite 100. San Diego. CA 92123

  (619) 560-2500

- Police and Justice System

These agencies are also the points of contact should you become aware that a client is being abused. As a provider of service for disabled persons, you are required under the California Welfare and Institutions Code to report abuse to appropriate authorities if observed or suspected. Talk to your supervisor as well, who will contact the Regional Center case manager.
What should I do if there's an accident or emergency?

1. Get off the road as far as possible.

2. Put on emergency flashers.

3. If a client is injured, immediately contact dispatch, who will call the care provider or emergency contact person. The TSR contains this information if you need to make the call yourself, or if you need to give information to paramedics.

4. Put out traffic warning reflectors.

5. Attend to clients. They may become excited or agitated. Assist aide in reassuring them.

6. Never leave clients alone. If there is not an aide on the route, do not leave the bus.

7. Call dispatch and report the location of the vehicle, and what happened.

8. Get the following information

   Name of the other driver ____________________________

   Driver's license number __________________________

   Insurance carrier ________________________________

   Vehicle license and registration number ______________

   Make sure to get this information before leaving the scene, no matter how minor the accident appears to be.
If injuries are involved:

Tell paramedics that the client may be on medication. Some clients carry medical alert information on them, or you may have a client’s medications on your TSR. However, medications are changed frequently, and this information might be outdated. The client’s care provider or family would have the most current information.

Provide information such as the client/care provider’s name, address or phone number to paramedics or police, but not to other drivers involved in the accident, media, or people on the scene. Keep all records confidential. Protect the client’s personal data from people who might exploit that information.

If possible, keep track of the ambulance or hospital where a client is sent.

EMERGENCY NUMBERS

OFFICE: ________________________________
HIGHWAY PATROL: _______________________
POLICE DEPARTMENT: ____________________
SHERIFF: ______________________________
GENERAL: 911

Afterwards:

You must report all accidents resulting in injury to a client (however slight), or in property damage greater than $500.00.

You or your company should contact the Regional Center verbally within 8 working hours, and provide written notification within 7 calendar days.
Special thanks to the companies and organizations that provided training materials and assistance

American Red Cross
The Arc of San Diego
Autism Research Institute
Channing L. Bete Co., Inc.
Coast Yellow Cab/Coast Transit
DAVE Transportation Services
E&E Transportation
Epilepsy Foundation of America
Home of Guiding Hands
Laidlaw Transit Services
Lifeline Community Services
LIFT Transportation
MTS Access
San Diego County Transit Services
SoCal Medical Transportation
Santa Clara County Transportation Agency
United Cerebral Palsy