

Assist-To-Transport, LLC

Passenger Assistance Program

Driver Training Manual

Passenger Assistance Driver Training Manual

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Section 1 Disability Awareness

A. Objectives

1. Know the three basic passenger relations skills are:
 - a. Provide safe, reliable, and expert service.
 - b. Be courteous and patient.
 - c. Avoid arguments.
2. Recognize attitudinal barriers toward persons with disabilities that may arise from fear or simple misunderstanding about persons with disabilities.
3. Know that “disabilities” is the preferred term rather than “handicapped”.
4. Know that it is preferable to emphasize the individual, not the disability.
5. Recognize the difference between common myths and facts about disabilities.
6. Be aware of the significance of what to do when you meet or transport a person with visual impairments, hearing impairment, mobility limitations, or mental retardation.
7. Recognize certain characteristics of other disabilities and impairments.

B. Persons with Disabilities

Providing safe transportation of passengers with disabilities is of utmost importance. Take the time that is necessary to allow passengers with disabilities to board comfortably and safely. Make sure seat belts are secured. Your reliable service is one of the important services that make some people with disabilities rely on, and your mark as a professional is established by the fact that you are an expert at providing service.

Putting out the extra effort to be courteous, patient and accepting of the actions of a person with disabilities is a reward in itself. It shows character in the person who does so.

Sometimes, when you or the passengers are in a bad mood, it could be easy to get in an argument, especially if you have a little capacity to accept a frustrating remark from a passenger. But avoiding arguments is a demonstration of skill and a worthwhile personal goal. You always have the choice of whether to get caught up in the argument that another person is starting or setting the tone of the conversation yourself. You do so by deliberately choosing to avoid getting caught in an argument. Use your dispatcher for support.

Over the past few years, a lot of attention has been focused on the rights of persons with disabilities. Through the Americans with Disabilities Act and the efforts of many activist groups, persons with disabilities have finally been recognized as valuable and equal members of society. Ramps are going up, doorways are being widened, and affirmative action is being taken. The physical barriers are coming down- slowly but surely.

But what of the invisible barrier that still stand in the way of citizens with disabilities: the negative attitudes still held by many individuals? These attitudes may arise from fear or simple lack of knowledge about disabilities. In spite of good intentions, negative stereotyping still occurs. It happens to both people with and without disabilities.

C Appropriate Terminology

Language plays a powerful and important role in shaping ideas and attitudes. The words we use can either create a positive or an insensitive view of people with disabilities.

Use the term “disability” rather than “handicap”. Although handicap is often used, it is not the preferred term.

Emphasize the person rather than the disability. Put the person first. You can emphasize the person by saying a person with disabilities rather than a disabled person. However, “disabled persons” is still acceptable. Remember “disabled” is an adjective not a noun. We give rides to disabled people not to the disabled.

Emphasize abilities. For example, the person uses a wheelchair rather than is confined to a wheelchair.

Avoid implying disease when discussing disabilities. Although a disability may have been caused by an illness, the disability is not an illness.

Use	Instead of
Disabled	Handicapped
Non disabled	Able-bodied
Congenital disability	Birth defect
Does not speak	Mute or dumb
Proper Usage	Avoid Using
Hearing impaired	Victim
Partially sighted	Afflicted with
Speech impaired	Cripple
Blind	Invalid
People who are...	Wheelchair bound
Persons with	Confined to a wheelchair

Consider this: when we are very young, we depend on others for basic levels of care. Often as we age, we are again dependent on others. For this reason, people in the disabled community consider others as “temporarily abled” Think about it.

10 Commandments of Etiquette

Following these 10 commandments will help you relax and provide quality service to your passenger.

1. When talking with a person with a disability, speak directly to that person rather than through a companion or sign language interpreter who may be present.
2. When introduced to a person with a disability, it is appropriate to offer to shake hands, people with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is an acceptable greeting.
3. When meeting a person with a visual impairment, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
4. If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
5. Treat adults as adults. Never patronize people who use wheelchairs by patting them on the head or shoulder.

6. Leaning or hanging on a person's wheelchair is similar to leaning or hanging on a person and is generally considered annoying. The chair is part of the personal body space of the person who uses it.
7. Listen attentively when you're talking to a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod or a shake of the head. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond.
8. When speaking with a person in a wheelchair or a person who uses crutches, place yourself at eyelevel in front of the person to facilitate the conversation.
9. To get the attention of a person who is hearing-impaired, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly in a normal tone of voice. Keep hand, food, etc. away from your mouth when speaking.
10. Relax. Don't be embarrassed if you happen to use accepted, common expressions, such as "See you later" or "Did you hear about this?" that seem to relate to the person's disability.

D. Myths and Facts

Myth: Disability is a constantly frustrating tragedy. Disabled people are courageous, brave, and inspirational by being able to overcome their handicap.

Fact: Disability is an inconvenience. People with disabilities carry on their lives as normally as they can. Each person has an individual personality and, as such, each may deal with his or her disability differently.

Myth: All disabled people are handicapped and/or crippled.

Fact: A disability does not always present a handicap: rather it often only means that a person with a disability will occasionally ask for help – as we all do now and again. But, common courtesy and a good sense dictate when and where help is needed. Asking a person if you can be of assistance, then asking how you can assist is always appropriate.

Myth: People with disabilities lead totally different lives than others do.

Fact: Approximately 40 million U. S. citizens have physical and mental disabilities. Most people with disabilities living at home occupy their time just like you.

Myth: Wheelchair use is a tragedy.

Fact: Wheelchair users do not lead lives of unhappiness and despair because they don't walk. For the most part, a wheelchair offers the user freedom. A wheelchair doesn't change someone's personality or necessarily change a lifestyle. People who use wheelchair are employed as mechanics, race car drivers, and farmers, as well as office workers.

E. Specific Disabilities:

In the following pages, we will discuss many of the most common disabilities that you are likely to encounter. We present the information so that you can learn about them and so you can offer appropriate service.

Let us consider for a moment how to use this information. All information you receive about individual passengers is highly confidential and private. Because your log contains some of this information it should never be shown to people outside of the organization. Your log should only contain information that is necessary to provide safe service to an individual.

Similarly, how a person became disabled may be an extremely private piece of information. While some passengers may be happy to discuss their disability with you, a professional driver should never intrude into the private lives of their passengers. Finally, do not assume the information shared freely with you by a passenger is necessarily for public consumption.

1. Mobility and Accessibility

It is estimated that at least 25 million persons have mobility limitations. Of these approximately 500,000 use wheelchairs.

People use wheelchairs as a result of a variety of disabilities, including spinal cord injury, multiple sclerosis, muscular dystrophy, arthritis, stroke, cerebral palsy, and polio. Wheelchairs provide mobility for persons with paralysis, muscle weakness, lack of coordination, nerve damage, and/or stiffness of joints.

When you transport a person that uses a wheelchair:

- a. Do not automatically hold onto a person's wheelchair, except on the wheelchair lift. It is part of the person's personal body space. Hanging or leaning on the chair is similar to hanging or leaning on a person sitting in any chair. It is often fine if you are friends, but inappropriate if you are a stranger.

- b. Offer assistance, but do not insist. If a person needs help he/she will accept your offer and tell you exactly what will be helpful. If you force assistance it can sometimes be as unsafe as when you grab the chair and the person using it loses his/her balance. There is big exception to this: When transporting wheelchair-using passengers with the lift or on steps, you must retain full control of the chair.
- c. Talk directly to the person using the wheelchair, not to a third party. The person may be perfectly capable of talking to your. People who are unable to talk are not necessarily unable to hear or comprehend. Be respectful.
- d. Do not be sensitive about using words like “walking” and “running”. People using wheelchairs use the same words.
- e. If a conversation proceeds more than a few minutes and it is possible to do so, consider sitting down in order to hare eye level. It is uncomfortable for a seated person to look straight up for a long-period of time.

2. Short Term Memory Loss

Some of the passengers will suffer from short-time memory loss as a result of Alzheimer’s, stroke, or head injuries. You may not notice the memory loss at first. In polite conversation (e.g. “how are you?” “I’m fine), these mental lapses may not show up. This is because a loss in short-term memory often has no relation to lapses in long-term memory. A person may remember every detail of a fishing trip 40 years ago as if it were yesterday but not have a clue about what happened yesterday.

It is important to follow instructions on your daily trip schedule and take a passenger to the address shown. If you know that a particular passenger has memory loss, do not drop them off at a location unless someone is there to meet them. Otherwise, they could wander off after you drop them off.

As a driver, make sure that your passenger is secure. Wandering is not generally a problem unless the person is agitated or anxious about something. Also be alert for passengers who take off their seat belts prematurely. If a passenger will not stay in their seat, call dispatch for assistance. It may be necessary to require an attendant or and aide to ride along.

3. Visual Impairments

A national survey indicates that about 11.4 million people have some visual impairment, even with glasses. Some are totally blind. In about one third of blindness, the cause is unknown. People can be born blind or become blind later through an accident or disease.

When you transport a visually impaired persons:

- a. Introduce yourself.
- b. If the person seems to need help, go ahead and offer your assistance. (“Let me know if I can be of some assistance.”) But do not help unless the individual says you can. Always ask before you ask. If you are not sure exactly what to do, ask the person to explain how you should help. To guide the person, let him/her take your arm. Do not grab the person’s arm or their cane, as this can be dangerous as well as insulting and frightening. The individual will walk about a half a step behind you, following your body motions. Identify obstacles as you approach them.
- c. When talking to visually impaired individuals, use a normal tone and speed of voice. Speak directly to the person. Do not avoid using words like “blind,” “look,” or “see;” visually impaired people use these words too.
- d. When giving the person directions, be as clear and specific as possible. If you are unsure of just how to direct a visually impaired person, say something like “I’d be happy to give you directions. How should I describe things?”
- e. When guiding the person to a seat, guide their hand to the back of the seat, describe the seat, and state that wearing seat belts is necessary.
- f. Always ask permission of the owner before interacting with a working guide dog. The guide dog should have a leash and be able to be secured while transporting. Secure the leash so the guide dog does not interfere with the driving. Most guide dogs are familiar with riding in vehicles. The owner may have an assistant meeting the passenger at the other end. Usually these assistants are already familiar with the guide dog.
- g. Use care in giving directions. Don’t point and say “over there.”
- h. Use common sense and sensitivity. Do not lower your expectations of what a blind person can do.

4. Hearing Impairments

There are approximately 1,700,000 individuals with deafness living in the United States. Another 15 million Americans have partial hearing impairments. Most people will either have some hearing loss in their lifetime or will have a close family member experience a hearing loss.

The major barrier facing a person with a hearing impairment is one of communication. Unable to benefit from voice communication, persons with severe hearing impairment rely upon their eyes for signals which represent ideas.

When you transport a person with a hearing impairment:

- a. Introduce yourself.
- b. Speak clearly and distinctly, but do not exaggerate. Use normal speed unless asked to slow down.
- c. Provide a clear view of your mouth. Waving your hands or holding something in front of your lips makes lip reading impossible. Lip reading, by the way, is something of a misnomer. Under ideal conditions lip reading can only catch a percentage of what is being said. The rest of the information is gathered through context, facial expressions, and if possible, partial hearing.
- d. Use normal tone unless you are asked to raise your voice. Shouting will be of no help.
- e. Speak directly to the person, instead of from the side or back of the person.
- f. Because persons with hearing impairment cannot hear subtle changes in tone that may indicate sarcasm or seriousness, many will rely on your facial expressions, gestures and body movement to understand you.
- g. If you are having trouble understanding a person's speech, feel free to ask him or her to repeat. If that does not work, then use paper and pen. Communication is your goal. The method is not important.
- h. If a person with hearing impairment is with an interpreter, speak directly to them – not to the interpreter.
- i. When talking to the person with a hearing impairment, try not to stand in front of a light source (like a window). The person would find it hard to see your face, which would be silhouetted in the light.

j. Most hearing-impaired people communicate by way of sign language. You may want to learn some of the basics of finger spelling to facilitate communication. Otherwise, it is fine to write notes back and forth.

k. Use common sense and sensitivity. Do not lower your expectations of what a hearing impaired person can do.

5. Hearing / Visual Impairment

You may encounter passengers who are both deaf and blind. This condition is often hereditary. Children with this condition are often born deaf and lose their field of vision as adults. In advanced stages, vision is reduced to a narrow tunnel because all of the peripheral vision is gone; eventually there is total blindness.

To assist members of the deaf/blind community, follow the same guidelines as for hearing impaired and vision impaired clients. Communication can be conducted through sign language of finger spelling. If you do not know how to “finger spell,” you can always trace the letters of the alphabet on a person’s hand. It is slow, but it works! In finger spelling, the deaf/blind person will place their hands over yours and “read” yours.

When you introduce yourself to a deaf/blind person, begin by tapping them on the shoulder. It can be frightening to the person if you grab their arm. Let the person seek out your arm for guidance. Do not attempt to guide by holding a person’s hand; this may be embarrassing for them.

6. Developmentally Disabled

There are over 6,500,000 people who are developmentally disabled living in the United States, approximately 3 percent of the population. Persons with developmental disabilities differ in many ways, including degree of disability. In fact, approximately 90 percent of all developmental disabilities are considered mild.

The range of disability ranges from “mild,” “moderate,” “severe,” and finally to “profound.” You may know someone who is developmentally disabled and you may not even be aware of it. Most people will know someone or will have a close family member who is developmentally disabled.

When you transport a person with the developmental disabilities:

a. Introduce yourself.

b. When talking to the person, keep your concepts clear and concise. Use fewer complex sentences. It is inappropriate to change the inflection or tone of your voice. Do not talk down to the person. The quality of your conversation will not change by making your points clear and easy to understand.

c. It is okay to offer help, but wait until your offer is accepted before doing anything. You may think someone needs help doing something, but he or she may prefer to do it without help. Ask first.

d. Do not assume that the person is sick. A developmental disability is not an illness. It is not contagious, and does not cause health problems.

e. In some cases, the person may seem to react to situations in an unconventional manner or may appear to be ignoring you. Remember that a lack of response does not necessarily mean the person is being rude to you. A person who is developmentally disabled may simply be slower to respond.

f. Interact with the person as a person, first. Talk to adults as adults, not as if they were children. Citizens with developmental disabilities deserve the same respect and dignity as all other people.

7. Seizures

Epilepsy and seizures are frequently misunderstood disorders of the central nervous system. The external symptom of certain kinds of seizures can be frightening the first time you see them. There are many myths and fallacies about epilepsy and seizures. Here are some facts:

Anyone can have a seizure. One person in 100 has some form of seizure.

Epilepsy is not contagious. It is caused by an unusually large amount of electrical energy discharging in the brain. This may affect only one small area, or the whole brain.

Everyone operates by means of electrical impulses in the brain. When the impulse does not shut off, a seizure occurs.

There are two types of seizures: **Convulsive** and **Non-convulsive**.

Convulsive seizures are also called grand mal or tonic/clonic seizures. There are three stages:

1. Tonic: The body becomes rigid and the person loses consciousness.
2. Clonic: The body shakes or convulses.
3. Post Convulsive: there is a period of confusion and disorientation.

Convulsive seizures are also the most common, and the easiest to control with medication. They should be allowed to run their course naturally.

What should you do?

- a. Stop the vehicle in a safe place: reassure other passengers and explain what is happening.
- b. Leave the person in the seat belt if possible. If it is necessary, ease them to the floor of the vehicle.
- c. Protect the person from sharp objects: use a jacket or sweater if necessary.
- d. Loosen any ties or shirt/blouse collars.
- e. Roll the person on their side so saliva or vomit can drain from the mouth and clear the airway.
- f. Stay with them until the period of confusion ends: this may be five or ten minutes after the start of the seizure. Ask the person a few simple questions about themselves and the environment to help orient them.
- g. When the person is coherent, resume your route.
- h. Notify the dispatch and the family or caretaker of the passenger.

Convulsive seizures are not a medical emergency in most cases. There is an exception: If the tonic/clonic stage lasts longer than five minutes, or if the person comes out of one seizure and goes right into another, or if the person requests medical assistance, it is a medical emergency. You must immediately ask dispatch for medical assistance.

Here are some **Don'ts**:

- a. Don't try to put something into the person's mouth.
- b. Don't try to hold or restrain the person in any way.
- c. Don't try to give any liquids before or just after a seizure.
- d. Don't be frightened; the seizure will end soon and your passenger will be ready to travel again.

Non-convulsive seizures vary from a simple few-second "absence" to "tremors" to "impaired consciousness."

The person may do one or more of these things:

- a. Stare off into space.
- b. Display rapid eye movements.
- c. Have their eyes roll backwards.

- d. Tremble on one side of the body.
- e. Smell something that isn't there.
- f. Walk around aimlessly.
- g. Pull at their clothes or smack at their lips.

All seizures are followed by a brief period of confusion. This may be the only thing you notice, in fact.

What should you do?

- a. Stop the van if necessary.
- b. Ask other riders to stay calm, explain what is happening.
- c. Move nearby riders only if the person is grabbing or plucking at others.
- d. When the seizure is over, ask the person a few simple questions about themselves or their surroundings. This will help orient them with less embarrassment.
- e. Once the person is coherent, resume your route.
- f. Report the incident to the dispatcher at the end of your run. It is not necessary to report it at the time it occurs.

F. Other Disabilities and Impairments

Cerebral Palsy is a condition caused by damage to the nerve tissues of the brain. Mobility problems are caused by imperfect muscle control.

The passenger:

- May appear to stagger when walking,
- May have slurred speech or,
- May have poor coordination.

Amputation is a removal or absence of an arm or leg.

The passenger:

- may have no impairment,
- may need aids to walk,
- may be unable to walk, or
- may have no limb function.

Stroke (cardio vascular attach – CVA) occurs when the blood supply to the part of the brain is cut off.

The passenger:

- May have difficulty walking,
- May have paralysis to one side (hemiplegia),
- May have difficulty speaking,
- May have difficulty understanding what you say,
- May have difficulty judging distances, or
- May have visual impairment.

Spinal Cord Injury refers to conditions, either injury or disease, affecting the spinal cord. The level of damage will determine what movement or feeling remains.

The passenger:

- May have partial or complete paralysis of both legs (paraplegia), or
- May have paralysis of both arms and legs (quadriplegia).

Arthritis is a long-term condition characterized by pain and stiffness of the joints. It can occur in younger people (rheumatoid arthritis) and in older people (degenerative or osteo arthritis).

The passenger:

- May have difficulty walking (caused by pain, swelling, or stiffness),
- May be unable to walk, or
- May have difficulty with hand functions.

Hidden Disabilities are in any one or a combination of impairments, such as epilepsy, heart or lung problems, diabetes, cancer, kidney failure, etc., which might affect the function and/or endurance of an individual.

The passenger:

- May appear non-disabled,
- May have difficulty climbing steps, or
- May be unable to walk short distances.

The paratransit driver needs to be especially observant of behaviors that might indicate a hidden disability. Remember, always be ready to provide assistance if necessary.

Section 2 Passenger Assistance

A. Objectives

1. Know that door-to-door(premium) service means we escort every passenger from the vehicle to the door, and we do not enter the passenger's home to provide assistance.
2. Recognize situations that require you to report changes in the passenger's situation.
3. Be able to learn and understand at least three principals to avoid driver injury.
4. Know both one-armed and two-armed method for assisting passengers to sit or stand.
5. Know when and how to help a passenger transfer from wheelchairs to a vehicle seat.
6. Know how to support ambulatory persons without gripping or pulling on their upper arm.
7. Know that you can best assist a passenger into or out of a vehicle by standing on the downhill side.
8. Recognize the various assistive devices which passengers may use.
9. Know that your passengers will feel more secure on the wheelchair lift if you hold onto their chair.
10. Be able to learn and understand at least five of the rules for safe wheelchair assistance.
11. Be aware that wheelchair-using passengers need seat belts, in addition to a four-point securement for the chair.
12. Know that the easiest way and safest way to move a wheelchair up a curb is forward.
13. Know that the procedures for getting a wheelchair up and down stairs are for emergency purposes only.

B. Door-to-Door Services Description

We provide “door to door” (premium) assistance. As a driver, you are responsible for clients from the door of their home to the door of their destination.

When you arrive to pick up a passenger, *introduce yourself*. Although most passengers will recognize your vehicle, you will find it helps if you state your name and the name of our company.

Next, tell the rider what you understand your instructions to be:

- Their name,
- Where they are going, and
- What time they are due at their destination.

Do not make the rider guess whether you know what you are doing. If you bring this information into conversation, the passenger will be more at ease (and will be less likely to tell you what to do).

C. Assisting Riders

If the rider is new to you, always think on the side of safety and assume that the passenger needs the maximum level of assistance. Walk next to the rider and be prepared to provide “stand by” assistance. Over time, you will discover that many riders can be quite independent. We want to encourage independence in as efficient way as possible, but never if there is a question of safety. A rider should never ask for assistance because a driver failed to offer it.

Some riders are being transported to an agency that provides supervision and care such as sheltered workshops or adult day centers; the professional driver also serves as a link between these centers and the home. If you observe any changes in behavior or well being, make sure you report them to the respective cancellations, changes in family composition, incontinence, apparent confusion, or loss of motor (muscle) control. Give such information to the appropriate center staff person in a way not to embarrass the rider. Also, do not share this information with anyone other than the people who need to know it.

Know how to fill out the form used to report incidents (client incident report). It will protect both you and the company or agency in the event that any allegations arise. Even simple observations that are out of the ordinary should be recorded.

Drivers are responsible for assisting riders both in and out of the vehicle. No passenger will be allowed to leave the vehicle unescorted at any time. Some clients may attempt to open their door and jump out of the vehicle on their own Guard against this happening. Always get out of your seat and assist riders in and out of the vehicle.

Once the passengers are aboard, escort them to their seat and make sure they put their seat belt on. It is the law. If passengers cannot put on the own seat belts, please assist them. The vehicle should not be taken out of park until all passengers, and drivers are wearing their seat belts.

Finally, if a passenger requires greater assistance to get ready, etc., there are more appropriate agencies designed to do that. We want the person to get the needed services, but it is often beyond the scope of our responsibility to provide it directly. If you are dropping someone off at a hospital or clinic, the escort staff can assist him or her into the building. Drivers are to take the clients to the appropriate desk at a clinic and verify that the client has an appointment. If you are returning the client to a nursing home drop them at the main desk and get verification that someone acknowledges the client. Do not just drop and leave them alone. When picking the passenger up from their appointment, be sure to ask if they have everything. Check with the desk for any paperwork that needs to go back with the passenger to the Nursing Home with the client.

D. Body Mechanics

Most experts would agree that your chances of injury are greater from a muscle strain than from a vehicle accident. Sadly, these accidents are just as preventable. The following section discusses safe lifting procedures: the specifics of how to assist passengers will follow. As a driver, you are not expected to lift passengers as dead weight, nor should you literally, “catch” a falling passenger, break their fall only; i.e., give them the softest possible ride to the ground.

Please consider the following:

- Safety lifting is a skill that can be learned. Picking up loads by exerting the arms and shoulders comes naturally. But, doing “what comes naturally” is a leading cause of spinal strains and sprains that account for over 88% of all industrial back injuries.
- Prepare your muscles. Warm-up stretches help; reduce the stress imposed on muscles and make them more pliable.

The legs are several times more powerful than the back and far less susceptible to injuries. By using the method described here, you can develop safe lifting habits.

- Plan the lift. Check the floor for slippery spots or if possible tripping hazards. Plan your effort before you begin. Call dispatch and ask for assistance if you think it is too much for you to handle alone.
- Spread your feet to a width that feels comfortable, about 10 to 20 inches apart for men and 8 to 12 inches apart for women. Place one foot, whichever you prefer, forward and alongside the load and the other slightly behind to provide support and give thrust to the lifting motion. Place your feet close enough to the load so that your legs (not your back) become “levers”.

- Keep the center of gravity low and close to your body. This will help to protect your weaker muscles from injury.
- Bend your knees to a power position and extend them forward. Squat down, keeping your back at its natural curves. Do not stoop over.
- Get at good grip; make sure you are in control.
- Keep the natural curves of your back, lifting with your back in its natural curve position distributes pressure evenly over the spine. Lifting with a bend back throws uneven and dangerous pressure on the spinal discs and lower back muscles.
- Build a Bridge. Sometimes in lifting you can support the upper body weight on one leg, with your arm or with some other object. By “building a bridge” the weight is taken off the back and the demands of the lift are reduced.
- Make a smooth lift, keeping your body’s weight in proper balance. The thrust of your feet and the leverage of your knees will move your body forward and upward. This, your leg muscles will actually push up the load. For a split second you may feel off balance – But you can quickly regain balance by bringing your rearward leg forward as the lift is completed. Always, use a smooth motion (do not jerk) to lift the load to its carrying position. Keep the load close to your body. One leg may be used to help support the load if necessary. Turn by changing the position of your feet. Never twist your body. This would stress the lower back. Keep your back’s natural curves and bend your knees when lowering as well.

E. Providing support for Ambulatory Passengers

Even if a passenger is fully ambulatory and refuses your offer of assistance, you must stand close by (“stand by”) and watch for signs of poor balance. Approved methods of ambulatory assistance include offering a firm arm to hold onto or when minimal assistance is required, placing your hand on their back.

Resist the urge to grip or pull on their upper arm, as this could easily break a bone or dislocate a shoulder.

Whatever the method of assistance, ask your passenger which side they prefer you to be on. Someone with their arm in a sling or holding a cane wants you on the opposite side.

F. Providing Support for Semi-Ambulatory Passengers

The key to good body mechanics is, “Do not fight the pull of gravity.” Try this, hold a book at arm’s length for 30 seconds. It’s heavy! Now hold the book at your side. It’s

easy! Did the book get lighter? No, but if you keep a weight closer to your own center of gravity, it is much easier to manage. The same is true for assisting your passengers.

Many passengers will need assistance while walking. Offer your arm to the passenger. They should slide their arm around your elbow and grasp your forearm. Now take your other hand and place it over their hand. This procedure gives the passenger a sense of control (they are holding on to you), but it also give you a hold in the event the passenger loses balance.

Assistive Devices

Offer assistance (Can I be of help?)

Wait for the passenger's response.

Do not grab the person to assist them – offer an arm unless otherwise instructed.

G. Providing Assistance Into and Out of the Vehicle

Drivers must always assist passengers (hands on) in and out of the vehicles. Drivers are expected to steady and boost passengers but are not expected to lift passengers in and out of the vehicle.

When escorting an ambulatory or semi-ambulatory passenger up or downstairs, such as in and out of the van, it is best to stay on the downhill side where you are better able to assist them or could break a fall if necessary.

A hemiplegic person (such as some stroke patients who have weakness or paralysis on one side) should go up steps with their stronger leg first. The weaker leg will follow supported by the stronger one. One the way down a set of steps, have the weaker leg to out first and use the strong leg to support the body weight. Whenever possible, have the passenger grab a handrail and you stand to the side (in the middle of the steps).

Spasticity of the weak leg may cause it to swing behind across the other leg when they take their weight off of it: you can prevent this crossing by guiding their leg to its proper position. Some people may also have perception difficulties, so watch to see that their feet are fully on the steps.

On level ground, someone with one-sided weakness may benefit from your standing slightly behind their weak side, as they would more likely fall toward that side.

Helping people get on board the vehicle requires some judgment calls from the driver. Sometimes it may be safer (and faster) to place the rider in a boarding wheelchair and use the lift.

H. Assisting Passengers Sit or Stand

Some people will only require minimal help in sitting or standing.

Have the sitting person place their feet back under them rather than out in front. Ask the person to lean forward as they stand. As the “lifter” you should place your lead foot in front of one of the sitting person’s feet and your knee against their knee. If the person’s foot begins to slip or their knees give, you will be able to block them easily. Your other foot should be placed slightly behind your. Bend at the knees slightly and extend your arm horizontally in front of you and “sitter”. Take your free hand and grasp the wrist of your horizontal arm to stabilize the horizontal arm. Your arm should be at about their shoulder height. Ask your sitter to grab your arm with two hands and pull. You should be offering resistance but not actually lifting. If you actually “pull” on their arms you risk pulling their arm out of the shoulder socket.

As the person comes to a standing position, you will need to shift your body weight to your back leg in order to give them room.

If the “sitter” has had a stroke or can only use one arm, you can grasp the underside of the biceps on their stronger arm and have them grasp your elbow. Again, bend at the knees and offer resistance as they pull themselves up.

Normally, you would assist your friends by offering your hand to theirs. The above methods are preferred, especially for people with arthritis. If you were to grasp their hands firmly, the compression on their knuckles would be quite painful.

When a person stands, do not immediately begin walking. As the blood drains down towards their feet, a passenger may experience a slight dizziness. Always check with the passenger to make sure that they are stable and clear headed before moving.

I. Lift Operating Procedures

Upon arriving at your destination, stop on level ground. Put the vehicle in park and set the parking brake. Be sure there is room for the platform to deploy and to load and unload the wheelchair-using passenger without hitting any obstacles. All wheelchairs and scooters either manual or electric must be tied down and secured. If the wheelchair or scooter can not be secured using the tie-down systems we use in our vehicle, we may have to deny transit for this passenger. Because of the construction of some three-wheel scooters, we discourage letting people ride inside the vehicle while sitting on certain types of scooter. However, according to the ADA, We must transport a passenger with a commonly used mobility device and cannot require them to transfer to a seat. You may request that the rider transfer to a passenger seat. However, if they refuse, we must allow

them to ride on their scooter. Should the passenger be using a walker they may have difficulty climbing steps. The lift may be used to load the passenger. If using a walk-on passenger on the lift, be sure to tell the passenger to grab a hold of the yellow handle before operating the lift. It is our policy that we do not allow any other person besides our staff to operate the lift controls.

Great the passenger by name and...

1. On a side loading van, back the passenger onto the platform. Make sure the brakes are set.
2. Ask the passenger to place their hands and arms in their lap to avoid any chance of an injury. Politely ensure that they do. Tell the passenger before you raise the lift.
3. Once the platform is level with the vehicle floor, release the wheelchair brakes and push the wheelchair into the vehicle far enough to ensure that the large rear wheels are on the vehicle floor; set the brakes.
4. Enter the vehicle and complete the boarding by releasing the wheelchair brakes and moving the passenger into the securement location.

Remember: The Passenger's sense of security is of extreme importance. Always hold onto the wheelchair while raising and lowering the lift. It is also good practice to announce what you are doing while you are doing it. When using the lift, stay alert and follow the manufacturer's instructions on lift use.

K. Assisting passengers who use Wheelchairs

When you transport passengers who use wheelchairs, there are several guidelines you need to follow:

1. **Grips.** Always check the grips on the chairs push handles. They should not be loose. If they are loose, you could lose control of the chair. It is preferable to grab the metallic handle part of the chair if the grip is loose. Inform the passenger that the grips are loose.
2. **Set the Brakes.** Always treat the wheelchairs as if the brakes did not function at all. Therefore, do not leave a passenger unattended on an incline or ramp.
3. **Lock the wheelchair into position.** Any time a passenger using a wheelchair attempts to stand, sit, or transfer in/out of the wheelchair, you should make sure the chair is immobile. In addition to the brakes, place your foot beside the large wheel or hold the hand grips firmly.

4. **Lifting.** Never lift a wheelchair by its armrests or footrests. These parts are generally removable. Likewise, do not lift by the wheels. Lifting the chair by the wheels will cause it to spin and eject the occupant or damage the chair itself.

5. **Stand downside.** Whenever possible, place yourself on the downhill side of the chair when going up or down curbs, steps, and ramps. This placement will minimize the risk of losing control of the chair.

6. **Sensible shoes.** Wear shoes with anti-slip soles to avoid any chance of slipping or falling and losing control of the chair.

7. **Communicate.** If assistance is required, tell the passenger what you are going to do before you do it. This is especially important in situations where it is necessary for you to tip the wheelchair back and go up a curb.

8. **Placement on the lift.** When boarding passengers on a wheelchair lift make sure that:

a. Access to the lift is clear.

b. The safety rails are in place.

c. The passenger's feet are clear of the toe-guard flap.

d. The passenger keeps arms and hands in their laps.

e. You are in control of the wheelchair, including power chairs, onto and off of the lift platform. This will eliminate the possibility of the passenger driving their chair off the edge of the lift. For power chairs the driver will request that the passenger turn off the power to the chair. This acts as the brake for power chairs. To be able to push a power chair you must disengage the clutches that transfer power to the wheels.

f. There is sufficient room for the passenger to clear the top of the doorway.

g. After they are boarded, they are then secured preferable forward facing. Facing a passenger sideways is the least desirable position because the rider is more susceptible to injury. Side facing securement is not permitted by our company. The Americans with Disabilities Act requires that wheelchair securement devices be capable of securing a wheelchair or mobility aid either facing the front of the vehicle or facing rearward, with a padded barrier.

9. **Wheelchair securement.** There are many different types and styles of both wheelchairs and tie downs. The following is a list of guidelines that you need to follow to make sure that each chair is secure.

a. Set the wheelchair brake

b. 4-point tie downs. Use four tie down straps (two front, two rear). In any case, follow the specific instructions provided by the manufacturer of the securement devices (Q-strait).

c. Do not attach tie down to the wheels or any removable parts of the chair (e.g., armrests or footrests). Extensions are also available with the Q-strait systems for the difficult attachment locations.

d. Do not attach tie downs to the folding cross brace.

e. Attach the straps as high on the chair as possible, but no higher than the armrests. The ideal angle for securement straps is 45 degrees out from the chair frame.

f. Route each strap in a straight line; do not bend it around a wheel or other object.

g. Tighten all straps but do not over tighten; a ratchet type tie down could easily bend a wheelchair frame.

h. Test the chair to be sure you cannot move it more than 2 inches in any direction.

i. Secure the passenger with the lap belt and shoulder harness provided as part of the securement system. Follow all directions recommended by the manufacturer of the securement system (Q-strait).

j. Helpful Hint; If the location for securing in your vehicle leaves little room for working, e.g., backed up against the rear door, try leaving the wheelchair out a few inches while you attach the front straps. You may even have to open the rear door to attach the rear straps. Then move the wheelchair back into the proper locations tightening the front straps that are already attached. Finally, tighten the rear straps removing any remaining slack.

10. **Other cargo.** When stowing an empty wheelchair, walker, oxygen bottle, thermos, etc., in the vehicle always be sure to secure it with a tie down or a seat belt so it cannot hurt anyone in the event of a sudden stop. Be sure to place the remaining tie down straps in a proper storage container. This is so that they do not become flying projectiles during an accident or sudden stop.

11. **Up and Down Curbs.** It is safest to always ask the person using the wheelchair how you can assist. The standard (and preferred method) for moving a wheelchair up (and down) a curb is as follows:

1. Slowly push the tipping lever with your foot, while pulling down and back on the push handles. Pull back far enough until the chair is balanced on its rear wheels and the caster wheels are higher than the curb.
2. Roll the wheelchair forward until the caster wheels are over the curb and the rear wheels are against the curb. Lower the caster wheels Use good body mechanics -0 bend at the knees and keep your back straight.
3. Push forward and let the big wheels climb over the curb. You should not have to lift the handles on the chair any great degree.

The same technique can be applied to moving a wheelchair over any obstruction, such as a doorway threshold, or the lip of a lift platform. Manual wheelchairs without tilt levers can be tilted by pushing down and pulling back slightly on the push handles. While you do this also place one foot behind one of the rear wheels to prevent the chair from rolling backwards.

12. Be aware that the wheelchair may roll over low obstructions at slow speed, but if the same object were run over at a faster speed, the chair would stop abruptly, causing the passenger to slide out of the chair. Go Slowly! Be Safe!!

ASSIST-TO-TRANSPORT BAGGAGE POLICY

Passengers are only allowed to bring on what they can carry and hold on to. The driver has been instructed not to assist with baggage (3-4 bags maximum). We are not responsible for damage to any items brought on the vehicle. Unsecured items are considered dangerous 'missiles' in the event of an accident. This is the reason for this policy. We thank you for your cooperation. The drivers do not set policy and are not allowed to deviate from it. Any questions can be directed to our office at 682-8820.

Specimens.

Starting Thursday, August 13th, 2009 Assist will be transporting specimens for the Aurora system. These will be handled just like a patient return would be. All the specimens will go to the lab at the Aurora Medical Center(hospital) unless otherwise indicated. Most pickups will be from either Aurora Clinic South(by Walmart) or Aurora Clinic North(on Reed Ave). The office will tell you the name of the client or a batch #. The driver will then go to the clinic, grab the specimen, and drop it at the lab at the Aurora Hospital. The driver must write down the tracking #, the pickup time, the delivery time, and the lab tech's name (first name only). After the delivery the driver must call in the tracking #, the pickup time, the dropoff time, and the lab tech's name. The office must call this in. All specimens will be in a secure package. We have an hour to deliver the specimens once the office receives the call. Drivers must make sure that they confirm that the specimen they pickup from the clinic is the same one that the office told them.

Assist-to-Transport, LLC
Passenger Assistance Driver Training Manual Release Form

By signing this I have read and/or been instructed on all of the material covered in the Assist-to-Transport, LLC Passenger Assistance Driver Training Manual. I understand this material and will follow it.

Driver's Name, print _____

Driver's Name, signature _____

Date _____

