

STUDENTS WITH DISABILITIES, ACCESS AND FUNCTIONAL NEEDS

APPENDIX

2019/2020



**IRVINE UNIFIED
SCHOOL DISTRICT**

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Emergency Planning For Students with Disabilities, Access and Functional Needs

Overview

California education code specifies that school systems must make specific emergency planning provisions for Students with Disabilities, Access and Functional Needs (DAFN). California Education Code § 32282 states that “(a) The comprehensive school safety plan school include... § 32282 (B)... “Disaster procedures, routine and emergency, including adaptations for pupils with disabilities in accordance with the Americans with Disabilities Act of 1980 (42 U.S.C. §12101 et seq.)”. This means each Irvine Unified School District site must anticipate and prepare for a range of potential emergency response concerns related to Students with DAFN. These students may have disabilities that are rated as either mild, moderate, severe, or profound. The categories of disability may include:

- Sensory disabilities, i.e., deafness, blindness.
- Developmental or cognitive disabilities, i.e., intellectual disability, some neurological disorders.
- Mobility disabilities, i.e., paralysis, amputation.

Because Students with DAFN are dispersed throughout Irvine campuses, ensuring their ongoing safety requires each school site keep up-to-date information on their whereabouts and disabilities. While special education (SPED) teachers have a personal understanding of each student’s specific safety concerns and evacuation requirements, this information needs to be collected and shared in a systematic way. Otherwise, critical information required to safely evacuate them would be lost if their teachers were ever incapacitated or otherwise unavailable in an actual emergency.

Reporting

On an annual basis when the Comprehensive School Safety Plan is updated, a Students with DAFN list with information on their classroom location and a code identifying their disabilities will be updated. With the updated list and the information gathered by teachers and staff on each student’s disability and risk factors, special education teachers and site administrators should regularly update and share the information required to safely evacuate each Student with DAFN.

Sample Risk Codes to designate students who are at increased risk during an emergency and need assistance or special attention:

Code	DAFN	Factors that Elevate Risk
AUT	Autism	May panic, run, not understand direction or other behaviors. May be non-verbal or use argumentative communication.
ED	Emotional/Mental Health	May disobey or resist direction, may panic.
HI	Hearing Impairment	Needs specialized communication for direction in an emergency, may not respond to oral language or auditory clues.
ELD	Language	Has limited understanding of the English language.
MED	Medical	Is medically fragile, has need for medical devices.
OH	Orthopedic	Has an injury or physical disability that limits mobility.
SH	Severe Cognitive Disability	Has limited ability to understand environmental events, situations, or procedures. May be non-verbal.

Code	DAFN	Factors that Elevate Risk
VI	Vision	Is blind or has a visual impairment that limits the speed of movement or requires guidance from a sighted person.
WC	Wheelchair	Requires the use of a wheelchair or cannot negotiate stairs and is dependent on an elevator.

Planning Guidelines

The planning process should begin with each school site assigning a representative to meet regularly with SPED teachers and staff. This representative should be part of the school’s safety committee. This individual can work with the teachers to identify the equipment, medication, psychological needs and other particulars associated with each Student with DAFN and to regularly test and evaluate evacuation procedures. The emergency information related to each student’s specific evacuation and parent reunification requirements should be kept up to date and readily accessible throughout the school year. Ongoing changes may include contact information, disability information, enrollment, transportation or class schedule.

Each student’s plan takes into account such things as primary and secondary routes for the student throughout the day as well as special assistance required (including buddy and equipment). Copies of this plan should be kept in the classroom and in the school office. In the classroom, this information should be kept on a readily accessible clipboard or key ring to ensure portability and easy access in an emergency.

- At a minimum, each school within the district will maintain and update its roster of students with DAFN to include, but not limited to mobility, hearing, sight, and serious breathing and stress-induced illnesses that may affect a person’s ability to egress from the building.
- Each school shall designate a team of staff members who will coordinate the safe refuge or the evacuation of those with disabilities. These may be members of the school’s search and rescue team as designated by their Comprehensive School Safety Plan.

Evacuation of Students with Disabilities, Access, Functional Needs

Evacuation of Students with Disabilities, Access, Functional Needs

- Students with learning disabilities may have difficulty reading or understanding complicated directions for evacuation or response plans. Simple diagrams or pictures can provide non-reading or overstressed students with sufficient information to get to safety.
- Visually impaired students should have an extra cane if they do not have a service dog. Visually impaired students may need to be informed about obstacles that may be in their paths and require verbal or physical guidance through hazardous areas.
- Hearing impaired or deaf students may need face-to-face contact in order to read lips. Writing on a note pad is only practical if there is enough light to see.
- For mobility impaired students, evacuation by themselves may be extremely difficult or impossible because of obstacles in their paths or elevators not operating. Special pre-planned assistance must be provided.

- Communicating information and instructions will vary according to need: visual aids, sign language, large print, etc.
- Alarm systems for fire, etc., should incorporate both audible and visual elements. Hearing impaired and deaf students may be best alerted by flashing light alarms.
- Emergency back-up lighting systems may benefit students with limited visual acuity.

Mobility Impairments

If students are in immediate danger and cannot be moved to a safer area to wait for assistance, it may be necessary for teachers and/or staff to evacuate them. Students with mobility impairments who are able to walk independently, either with or without the use of crutches or a cane, may be able to negotiate stairs in an emergency situation with minor assistance. Even some students who customarily use a wheelchair may be able to walk independently in an emergency situation. If danger is imminent and the person is able to walk down stairs with some assistance, it is advisable that they wait until the heavy traffic has cleared before they attempt to evacuate.

If mobility impaired students cannot exit the premises by their own ability, they should not be evacuated by untrained personnel unless the situation is life-threatening. If the situation is life threatening and emergency personnel are not available, teachers and staff may need to assist using an evacuation chair or a carry technique. Carrying options include using a two-person lock-arm position, or having the person sit in a sturdy chair - preferably with arms. Before taking action, always ask the student their preferred method of assistance.

It may be necessary to help clear the exit route of debris (if possible) so that the person with a disability can move out or to a safer area. Persons on respirators should be given priority assistance in emergencies involving smoke or fumes because their ability to breathe is seriously jeopardized.

If people with mobility impairments cannot exit, they should move to a safer area, e.g., most enclosed stairwells, or an office with the door shut which is a good distance from the hazard (and away from falling debris in the case of earthquakes).

Teachers and staff should notify police or fire personnel immediately about any students remaining in the building and their locations. Police or fire personnel will decide whether these students remain safe where they are, and will evacuate them as necessary.

Non-Ambulatory

Evacuating and/or sheltering non-ambulatory students requires additional resources and planning. Some planning considerations include the following:

- Evacuation routes should be chosen that do not require travelling over muddy, soft or uneven terrain to prevent wheelchairs from slowing or getting stuck.
- Students in wheelchairs should be evacuated last to ensure they do not inadvertently block the exit. This means that planners must allow for extra time to evacuate as well as extra staff to ensure that ambulatory student evacuating first are not neglected while those that need extra assistance are being looked after.

- In an earthquake, students in wheelchairs should move away from windows, high furniture and other dangers and seek cover in a doorway. Be careful to ensure that any doors do not swing back and impact students. Position students away from outside walls, at a point where walls intersect, or in a washroom or closet. Lock the wheels of the wheelchair once they are in a safe and protected position. Students should cover their heads with their hands.
- Some non-ambulatory persons have respiratory complications or rely on electric artificial respirators. They should be given priority assistance if there is smoke or fumes, as their ability to breathe could be in serious danger.

Evacuation of non-ambulatory persons is much more complicated than that of others. In keeping with current philosophy and preference to "stay in place," fire and school safety experts recommend that unless danger is imminent, students in wheelchairs should remain in a room until emergency rescue personnel arrive and determine the necessity for their evacuation. The student's teacher or aide should be designated to go outside and inform emergency personnel of the location of the non-ambulatory student. Whenever possible, someone should remain in the facility with the person with the disability. Again, in case of a false alarm or a small, isolated fire, it may not be necessary to risk a complicated evacuation.

In the event of immediate danger (e.g. fire, smoke, etc.) it is advisable for the student in the wheelchair to move horizontally within the facility to a safer area. Go to a room with an exterior window and telephone, and wait (with the doors closed) for the rescue personnel to arrive.

Only in situations of imminent danger should untrained people attempt to manually evacuate wheelchair users. Doing so may involve dangers of its own, especially if there is limited assistance or if multiple floors are involved. There is additional risk if the person has quadriplegia with limited neck, arm, and trunk control; if spasticity is a factor; or if apparatuses such as respirators, catheters, etc. are involved.

Some non-ambulatory students will be able to exit safely without assistance out of single story buildings. All 2+ story buildings will require persons to be carried out. Attempting to lift a wheelchair down a flight of stairs is very risky and should not be attempted unless the student is in genuine danger and no other options are available. Wheelchairs can be extremely heavy, and have many moveable parts and vulnerable points that are not constructed to withstand the stress of lifting (e.g., the seatbar, footplates, wheels, movable armrests - see illustrations and Wheelchair Nomenclature in Appendix B).

If the student requires assistance evacuating down a stairway and needs to be moved in their wheelchair, see illustrations and procedures for Moving a Wheel Chair Down a Series of Steps (see Attachment A – the wheelchair user will be carried facing away from the stairs). Teachers should never attempt to carry students with disabilities. A zero-lifting policy should be maintained. Only in the event of imminent danger and no immediate means of egress (lift, evacuation equipment, etc.) should a teacher attempt to carry students down stairwells. It is general practice that a mobility-impaired individual instruct, if possible, a rescuer or helper in how best to move them from an unsafe area. For example, the traditional "fireman's carry" may be hazardous to someone with respiratory weakness or debilitation.

Some non-ambulatory students have no upper trunk or neck strength to assist in being carried out. If a seatbelt is available, secure the person if use of a chair is the method employed to carry the person to safety. If moving a person more than three (3) flights, a "relay team" arrangement

is needed. If a wheelchair is left behind, do not leave it in an exit path or doorway to become an obstacle.

Again, while it is best to let professional emergency personnel (firefighters with oxygen equipment) conduct the evacuation; a student with a mobility limitation can be carried by two people who have interlocked their arms to form a "chair", or by carrying the person in a sturdy office chair in the case of extreme emergency.

Power wheelchairs may have heavy batteries, which are difficult to remove. In this situation, the best response may be to ask the student to transfer to an evacuation chair, if one is available, so that they can be moved immediately. If it is not possible for the person to be removed from the chair (i.e., if the person uses respiratory equipment that is attached to the chair), wait for assistance. If attempting to move a power wheelchair, remove the batteries. Make sure the footrests are locked, the motor is off, and it is in neutral gear. Some power wheelchairs and scooters may not have heavy battery packs, and may be moved with little difficulty.

If the person prefers to be removed from their wheelchair, their needs and preferences will vary. Always consult the student as to his/her preference with regard to:

- Ways of being removed from a wheelchair.
- The number of people needed for assistance.
- Whether to extend or move extremities when lifting because of pain, catheter leg bags, spasticity, braces, etc.
- If a seat cushion or pad should be brought along with him/her if he/she is removed from the wheelchair.
- Being carried forward or backward on a flight of stairs.
- After-care. If a person is removed from the wheelchair (i.e., a stretcher, chair with cushion pad, or car seat) perhaps paramedic assistance might be needed.
- The student will want their wheelchair retrieved as soon as possible. The wheelchair is essential to the person's mobility and should be given a high priority to be retrieved as soon as possible. Inform Public Safety of the location of wheelchairs to be retrieved.

Deaf and Hard of Hearing

Special precautions in emergency situations are required for the deaf and hard of hearing. First responders may not immediately realize that these students cannot hear evacuation warnings and instructions. Among other things, this puts them at risk of being left behind in the confusion of an emergency.

Visual instruction tools must be developed and explained before and during drills to ensure these students are familiar with the evacuation process. Possible examples could include instructional signage, flip charts, and physical motions. Teachers and aids who are able to communicate via sign language should relay emergency procedures as well as instruction from First Responders.

In those classrooms or school buildings that are not equipped with visual (flashing light) evacuation alarms, alternative warning techniques will be required to assist persons with impaired hearing who may not otherwise perceive an emergency exist is required. Two (2) methods of warning are:

- Write a note stating what the emergency is and what the evacuation route is – i.e., "Fire - go out the rear door to Parking Lot."

- Turn the room lights on and off to gain attention – then indicate through hand gestures or writing (i.e., on a blackboard) what is happening and where to go.

Offer visual instructions for the safest route or directions by pointing toward exits or evacuation map. People who cannot speak loudly, or with voice/speech impairments, may be carrying a whistle or have other means of attracting attention of others.

Other considerations when working with Individuals with Hearing Disabilities:

- Flick the lights when entering a hearing-impaired person's area.
- Establish eye contact, do not cover your mouth or turn your face away.
- Never chew gum.
- Use facial expressions and hand gestures as clues.
- Use paper and pencil.
- Do not allow others to interrupt you when you are giving information.
- Be patient.
- Provide the individual with a flashlight for signaling his/her location.
- Learn a number of "signs" to assist communication in a disaster.

Blindness or Visual Impairment

Most visually impaired students will be familiar with the immediate area they are in and may have learned locations of exits and fire alarms in advance. Teachers should tell students the nature of the emergency and offer to guide him/her by offering their left/right elbow (this is the preferred method when acting as a "Sighted Guide"). Do NOT grasp a visually impaired person's arm.

Give verbal instructions to advise about the safest route or direction using compass directions, estimated distances, and directional terms or information (i.e., elevators cannot be used or if there is debris or a crowd). As you walk, tell the student where you are and advise of any obstacles, e.g. stairs, overhanging objects, uneven pavement, curbs, narrow passageways.

When you have reached the designated evacuation area, orient the student to where he/she is and ask if any further assistance is needed.

Some individuals may have dog guides that may be disoriented during the emergency, and may require additional assistance. White canes and other mobility aids should NOT be left behind.

Other considerations when working with Individuals with Vision Disabilities:

- Announce your presence.
- Speak naturally and directly; do not shout.
- Offer assistance, but let the person explain what help is needed.
- Describe the actions to be taken in advance.
- Allow the individual to grasp your arm or shoulder lightly for guidance.
- Warn of narrow passages, ramps, doorways, etc.
- When guiding a person into a chair, place his or her hand on the back of the chair.
- If leading several people with visual impairments, ask them to hold hands.
- During evacuations, ensure people with impaired vision are not left unattended.

Autism and Cognitive Disabilities

Individuals with autism and other developmental disabilities may have difficulty distinguishing First Responders, school staff and others from “strangers.” Teachers should anticipate that, in times of emergency, when a variety of individuals are thrown together under chaotic circumstances, children with cognitive disabilities will face particular difficulties. First Responders are often not aware of this and can inadvertently startle or upset Students with DAFN in the course of an evacuation. SPED teachers should be proactive in identifying themselves to First Responders and others and quickly updating them on the needs of their class.

Some students with autism are particularly sensitive to sounds, and they may have difficulty in tolerating the new and unfamiliar noises such as sirens and other aspects of the evacuation. Likewise, individuals with autism or other developmental disabilities may be sensitive to new situations, places or disruptions to their routine. SPED teachers and staff assisting with the emergency response should be very proactive in identifying themselves and others and instructing First Responders as to students’ disposition and requirements.

When possible, SPED teachers should wear colored vests, t-shirts, hats or badges to designate themselves as SPED teachers. This will ensure that First Responders and other staff understand which students will need extra attention in an evacuation. This also helps family members and others at a shelter or reunification site quickly identify which teachers have firsthand knowledge of their children.

Individuals with autism may be sensitive to sounds, lights, or textures. Because they can express this sensitivity in a variety of ways, it is helpful to consider how the evacuation process as well as an offsite shelter environment might be modified to be more successful. Oftentimes, using visual cues, such as directional signs to designate these modifications can help individuals with disabilities to make sense of a chaotic situation. In considering ways to make their stay in the evacuation area successful, talk with the student to discern what about the offsite shelter space may present a challenge. If an individual is uncomfortable in the available area, consider what other spaces or pieces of furniture are available to you (e.g. a carpeted area as opposed to a tiled one).

In large open settings such as evacuation areas, gymnasiums and offsite reunification centers, consider how to best create “personal space” for individuals who may be sensitive to being close to new or unfamiliar people. This may mean splitting up large auditoriums into distinct areas. You can help individuals with autism recognize these boundaries by using colored tape, string, or some other visual barrier, including furniture placement.

Minimize wait time: When individuals with autism and other developmental disabilities have their routines interrupted, they may have a difficult time understanding what activities will occur next. Teachers should work to keep each student actively engaged with the group and the evacuation process.

Other considerations when working with Individuals with Cognitive or Learning Disabilities:

- Understand that their perception of written instructions or signs may be confused.
- Divide directions or information into simple steps.
- Give one direction at a time.
- Their sense of direction may be limited.
- Use simple signals and symbols.
- A person’s ability to understand speech is often better developed than his/her vocabulary.
- Be sure to give individuals with learning disabilities sufficient information.

- Individuals with cognitive or learning disabilities should be spoken to and treated in an age-appropriate manner.

Seizures

First Aid for Seizures

Source: *Epilepsy Foundation of America*

1. Remain calm. Students will assume the same emotional reaction as the faculty or staff member. The seizure is painless to the person who is experiencing it.
2. 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.
3. Clear the area around the person so that the student is not injured on hard or sharp objects. Try not to interfere with movements in any way.
4. Do not force anything between the teeth.
5. It is not generally necessary to call a doctor unless the attack is followed almost immediately by another major seizure, or the seizure lasts more than about ten minutes.
6. When the seizure is over, let the person rest if he or she needs to.
7. Turn the incident into a learning experience for the class. Explain that the condition is not contagious and that it is nothing to be afraid of.

Areas of Refuge

Each classroom should have a pre-designated “Area of Refuge” or safe area where students can shelter if evacuation is not possible or advisable. If leaving a student in an anticipated Area of Refuge is not viable, the student must be evacuated. Evacuation devices should be accessible within a reasonable amount of time and could be pre-staged in secure areas near stairwells. Evacuation devices include slings, stretchers, sleds, and evacuation chairs. Manual wheelchairs could also be staged near major doorways so that individuals may use them once safely evacuated from the building.

When an emergency alarm is sounded or threatening situation is discovered, designated staff members shall move immediately to areas of refuge within the school. Each school principal will designate these areas and clearly communicate this information with local Fire and Police responders. In some instances, this area will be a stair landing; stairwell or other acceptable designated area.

At the area of refuge, designated staff should immediately make contact with other staff or emergency personnel already in areas of safety. Based on threat and imminent danger staff must decide to “Shelter in Place” or to evacuate completely.

Lockdown – Shelter in Place

Based on threat level, location and imminent danger, it may be safer to keep staff, students, and visitors in a *safe place* during an emergency. Likewise, if a Student with DAFN cannot get far enough away from the danger via evacuation, then that person should remain in a clearly designated area that is easily accessible and known to all participants. Referred to as *Shelter in Place*, these students would remain indefinitely in a specific area of refuge in the classroom (in buildings other than the classroom, these areas of refuge may be designated by signage at the handicap entrances). Portable or self-contained classrooms should also have pre-designated areas of refuge.

Designated staff should ensure that students are able to *Shelter in Place* with adequate supplies (including medications, access to water and food, etc.). Other items to stock when appropriate

include extra wheelchair and hearing aid batteries, oxygen, catheters, food for guide or service dogs, or other special equipment that might be needed.

Emergency Response Process

What actions need to be taken once the event begins?

- Sound the alarm/communicate the emergency to the class.
- Staff and students need to respond per the school's emergency plan.
- Use the buddy system (evacuation assistants).
- Retrieve student evacuation emergency cards and utilize Go-kits if they are available.
- Move to evacuation area if possible, if not move to designated area of refuge.
- If imminent danger, evacuate using assistance devices.
- Report status to the principal/Incident Commander.
- What actions need to be taken once students have been evacuated?
- Once in the evacuation area, teachers assess students' needs and request additional support if needed.
- Report evacuation status to the principal/Incident Commander.
- If a student is waiting in an Area of Refuge, provide first responders with the location, special assistance requirements, buddy if assigned, and preferred communication method.
- Specify special transportation requirements if moving to alternate location.

Recovery

Professional mental health assistance is an important aspect of the recovery process in the event of a serious incident. School emergency response planners should meet with local mental health resources for planning input and, where possible, to arrange for appropriate training. If possible, the District should initiate formal agreements with mental health providers to deliver developmentally-appropriate mental health services for students of varying ages.

- This team could be made up of the school psychologist, school social workers, and school counselors.
- Counseling should be arranged to address immediate and short term recovery needs and identify individuals needing referrals.
- For treatment of students who have experienced trauma, staff and community partners should explore opportunities for training in Cognitive Behavioral Intervention for Trauma in Schools, (CBITS) and Healing after Trauma Skills, (HATS).

Training Appendixes

In addition to regularly reviewing this plan and participating in emergency response drills, staff should be trained in evacuating students in wheelchairs and the non-ambulatory. The following appendixes provide an overview of various techniques and considerations that should be familiar to all SPED teachers and those that will be assisting them in an emergency event. Staff should train using actual wheelchairs. To avoid potential injuries, carrying techniques should only be used with Students with DAFN in the event of an actual emergency where there is no other option

to move a student away from imminent danger. For training purposes, teachers and staff should practice carrying techniques on each other.

Training Appendix A

Moving a Wheel Chair Down Stairs

In situations where the wheelchair user must be carried up or down a flight of steps it is desirable to have a minimum of two assisting persons, with four assisting person preferred for adults or heavy persons. The strongest person(s) should be placed at the back of the chair. It is also advisable to check to see if anyone has any physical condition that contraindicates lifting, such as heart condition or back problems.

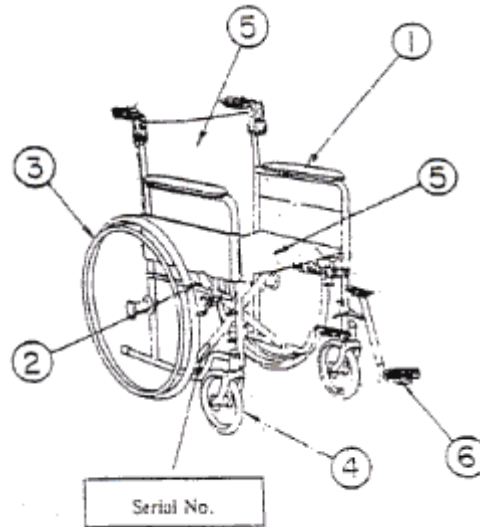
Procedure:

- The wheelchair should be gripped by the handles on the back of the chair. If two people are assisting, one holds the hand grips; the other assists in front. If there are four, at least two assist in the back; each person gripping one of the handles. Where the other assisting person grips depends upon which parts of the chair are removable. If the wheelchair arms are removable, do NOT grip them. This must be stressed because it is the first place an assisting person will grip. If the leg rests are removable, do NOT grip them. The assisting person(s) who will be in front should grip a part of the wheelchair which is not removable, such as the front seat frame or leg rest (if not removable).
- DO NOT carry the wheelchair up or down stairs. This is the quickest way to back trouble for the uneducated or unheeding. ROLL the wheelchair up or down the stairs. Let the wheelchair carry the weight, not the back of the assisting person.
- Keep the wheelchair slightly tilted back to keep the wheelchair user secure. However, do not tilt too far; this makes the assisting person(s) behind the wheelchair bend too far forward; this could cause the person(s) to loose balance and pitch forward.
- Always keep the wheelchair user facing away from the stairs.

Training Appendix B Wheelchair Operation

The following represents the varying weights, lengths, and widths of wheelchairs, both electric and manual, with person in it. The American National Standards Institute states that doorway widths should be 32 inches.

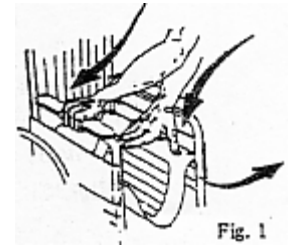
1. Armrests
2. Wheel Locks
3. Wheel and Handrim
4. Casters
5. Seat/Back Upholstery
6. Footplates



Weight	Length	Width
200 Pounds	48 inches	25 inches
360 Pounds	50 inches	26 inches
375 Pounds	63 inches	63 inches

How to Open and Fold Wheelchairs

TO OPEN CHAIR: Tilt chair to one side, push down on seat rails (fig 1).



TO FOLD CHAIR: Fold up the footplates, tilt chair to one side, lift upward on seat rail or on upholstery next to seat rail. For chairs with detachable or offset arms (fig.2), fold by lifting carrying straps.

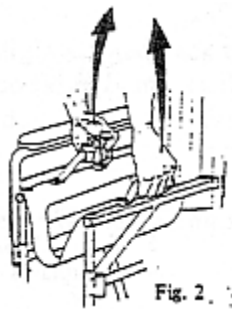
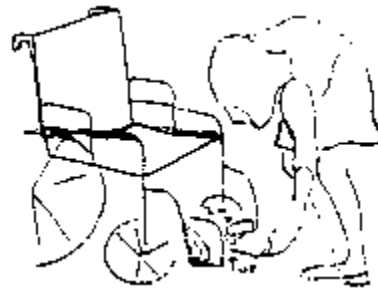


Figure 3. When folding the wheelchair, be sure the foot plates are all the way up against the leg frames.



PROCEDURE:

1. Remove the seat cushion, back rest, or any other such additional equipment.
2. Push heel straps (clips, leg rests, etc.) forward and fold the foot plates up. (see figure 3).
3. If seat straps are available (loops attached to either side of seat frame), grip both straps and pull up. If seat straps are not available, grip the center, front and back edges, of the seat and pull up. This should fold the wheelchair in half. Keep the seat pushed down between the frames and the back rest pushed back. This will allow for optimal closure.

Curbs and Single Steps

There are generally two methods which can be used to assist a person in a wheelchair over a curb or single step. The wheelchair can be rolled down off the curb, or the step: backwards or forwards, Which method used depends upon the preference of the user, the environmental situation, the strength of the assisting person, and the confidence the wheelchair user has in the assistant. As in all activities, if the wheelchair user does not have sitting balance, a seat belt should be attached to the wheelchair and used.

A. **BACKWARD:** The least taxing method on the assisting person and usually the safest for the wheelchair user, is to turn the wheelchair around until it can be rolled off the step or curb backwards.



Figure 4. When the wheelchair is being rolled backwards off a curb, support it by lightly pressing against it.

PROCEDURE:

1. Just before reaching the edge of the curb or step turn the wheelchair around so that it is facing away from the edge.
2. Holding tightly to the handles, back the wheelchair down off the curb. Let the rear wheels roll down over the edge. Additional support can be furnished by pressing a hip against the back of the chair as it comes off of the edge. (See figure 4.)
3. To prevent the front wheels coming down with a jar that could throw the wheelchair user out of the chair, press a foot on the anti-tipping bar as the chair is backed away from the curb. Then gently lower the front wheels to the ground.
4. Turn the wheelchair around, being careful not to clip the ankle of a passer-by and proceed on your way.

B. **FORWARD:** This method is effective if the assisting person is experienced in handling wheelchairs. It is most useful on crowded street corners and places where the wheelchair cannot be turned around to go off an edge backwards. The wheelchair user should have on a safety belt or be holding to the chair to prevent being thrown forward out of the wheelchair.

PROCEDURE:

1. As the curb is approached, place one foot on the anti-tipping bar and tip the wheelchair back on the large wheels. This keeps the wheelchair user securely in the chair as the chair rolls off the edge. The assisting person should not be supporting the weight of the wheelchair user, but just keep the wheelchair balanced on the large wheels.
2. Once the front wheels are up, remove the foot from the anti-tipping bar. Continue rolling the wheelchair off the edge with the front wheels up.
3. After the large wheels are off of the edge, allow the front wheels to drop down gently by pressing a foot on the anti-tipping bar as the wheels come down.

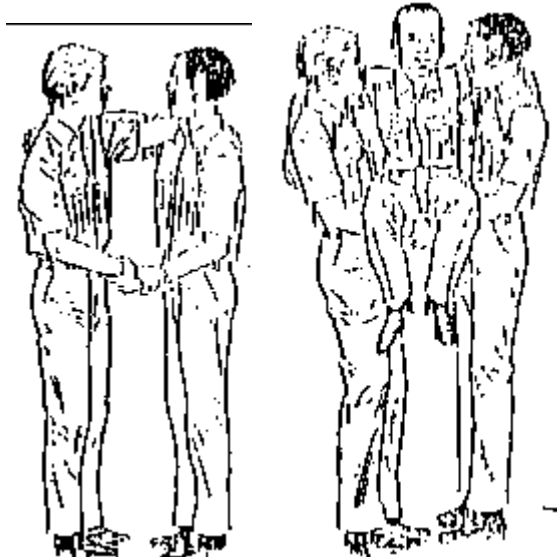
Rolling on the Rear Wheels

Can be used to roll the wheelchair over the following types of terrain: going over railroad tracks and grates embedded in the street or sidewalks; soft lawns, sand, snow, etc., even deep pile carpets. These types of terrain tend to throw the front wheels aside or cause them to sink in, making the progress difficult if not impossible. Lifting the front wheels of the surface gives the assisting person more control over the wheelchair.

If the assisting person is not strong enough (although it actually takes little physical strength if the wheelchair is kept balanced) or doesn't feel confident, it is advisable to turn the wheelchair around and go backwards over rough terrain, This also puts the front wheels out of the way as they are following rather than guiding the wheelchair. Remember not to tilt the chair too far backwards.

Training Appendix C Methods of Assistance

Two handed chair carry



Chair carry



Packstrap carry



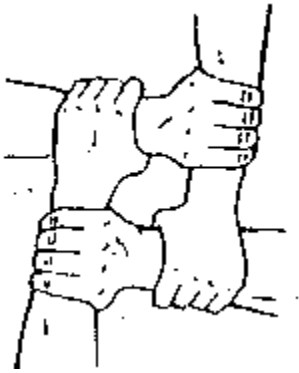
Walking Assist



Carry by Extremities



Packsaddle



Each bearer grasps one of his wrists and one of the other bearer's wrists, thus forming a packsaddle



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