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A team effort is required to provide appropriate transportation services to students who attend Louisiana schools. Students, parents, teachers, classroom assistants, principals, bus drivers and bus attendants, central office administrators, and the school board—all are equally important members of the team. Each must understand and fulfill certain requirements to ensure students a safe, comfortable bus ride every day.

Bulletin 1886: Special Education Transportation Guide has been prepared as a reference aid for everyone involved in providing special transportation to meet the unique requirements of our special students. It is designed not to replace, but to supplement other handbooks, manuals and bulletins that set forth policies and procedures regulating special education and student transportation in Louisiana. Many of these resources are listed in the Bibliography, and legislation pursuant to special transportation bus routes is included in the Appendix of this guide.

Beginning with responsibilities of various members of the special education team, Bulletin 1886 includes guidelines, procedures, requirements, and student characteristics, which may assist in the provision of services. The Bulletin can be adapted to suit local school system requirements and updated as necessary to incorporate current developments in education and in the transportation industry.

The Board of Elementary and Secondary Education trusts that Bulletin 1886 will provide the assistance necessary to make each ride a safe, happy experience for students, drivers, and attendants throughout the year.
The State Department of Education (SDE), Office of Special Educational Services (OSES), thanks the Jefferson Parish Public School System, especially its Departments of Special Education and Transportation, for their cooperation and permission to revise and adapt their special education transportation manual in order to provide this guide for statewide use in improving transportation services for children with disabilities.

The guide was prepared under the direction of both the Office of Educational Support Programs and the Office of Special Educational Services, Louisiana State Department of Education. The final draft, entitled Bulletin 1886: Special Education Transportation Guide, was approved by the Louisiana Board of Elementary and Secondary Education and published by the Louisiana Department of Education in 1991. The first revision was published in 1993.

Suggestions from Special Education Supervisors and Transportation Supervisors throughout Louisiana have been incorporated in the current edition. Their contributions are especially appreciated.
I. RESPONSIBILITIES

A variety of laws, policies, and procedures have been enacted to govern the administration of student transportation activities in Louisiana. These are set forth in Louisiana Revised Statutes and in State Department of Education Bulletins 1191, 1213, 1475, 1530, and 1706. As comprehensive as these documents may be, no body of laws and regulations can cover every situation that may arise. It is essential, therefore, that special educators and transporters develop procedures to minimize conflicts and to resolve issues that may arise.

The responsibilities of the Louisiana Department of Education, of local school boards, of local administrators, of bus drivers and of bus attendants as enumerated herein are intended to emphasize responsibilities specifically related to transportation of special education students. That is not to suggest that separate systems may be designed for transporting students (special education and others). Conversely, to the extent possible, special education students may be transported on the "regular" bus, and where space permits, "regular" students may be transported on the special education bus.

A. LOUISIANA DEPARTMENT OF EDUCATION

1. Provide leadership, support, and technical assistance to local school systems.
2. Recommend to the Legislature funding for school bus transportation services and special provisions required when school bus transportation is not appropriate.
3. Evaluate and respond to funding requests for adding bus drivers and/or bus attendants and for adding bus routes or extending existing routes during the school year when prior approval is required.
4. Provide technical assistance in training school bus drivers and bus attendants.
5. Disseminate legislation, rules, regulations, and standards as they become available.
6. Provide staff development to local supervisory personnel so they can be better prepared to discharge their responsibilities effectively.

B. LOCAL BOARD AND TRANSPORTATION STAFF

1. Provide "curb-to-curb" school bus service, unless alternative modes of transportation are approved by the Special Education Supervisor, the Transportation Supervisor and the parent. Alternative arrangements must be stated in the I.E.P. The
term "curb-to-curb" implies that bus drivers and bus attendants are responsible for loading and unloading students at their home bus stops and at school loading/unloading areas. Parents (or their designees) are responsible for taking students from the house to the bus and from the bus to the house, unless special arrangements have been approved by the Special Education Supervisor and the Transportation Supervisor.

At school, local procedures should be developed to specify whether bus drivers, bus attendants, classroom teachers, teacher assistants or other staff are responsible for taking students to and from their buses.

2. Employ and train qualified school bus drivers and substitute drivers as needed to transport eligible special education students.

3. Employ and train bus attendants as needed on school buses transporting special education students.

4. Assure that all school buses used to transport students with disabilities comply with current applicable Louisiana Revised Statutes, Louisiana State Department of Education Standards as published in Bulletin 1213: Minimum Standards for School Buses in Louisiana, and with all other standards as may be established by governing authorities.

5. Assure that specialized equipment used to transport students to educational sites complies with all Federal Motor Vehicle Safety Standards, where such standards are applicable.

6. Assure that appropriate safety measures are used in the transportation of students with disabilities, especially when extraordinary measures are required.

7. Develop, implement, and post evacuation procedures for each school bus in accordance with the guidelines set forth in the Louisiana State Department of Education Bulletin 1191: School Transportation Handbook.

8. Assure that supervision of students will be in compliance with local educational agency policies.

9. Assure that the students being transported spend only a reasonable amount of time on the bus. The locations of the domicile and the school facility will be determinant factors in length of travel time.

10. Suspend or terminate student transportation services upon the submission of appropriate documentation for the following reasons, with parents having the right to initiate due process proceedings:
    a. When parent(s) or appointed designee does not assume responsibilities as outlined in Responsibility of Parent section;
    b. When the child's unacceptable behavior is related to the
disabling condition and a mutually agreed upon alternative method of transportation can be implemented;

c. When the child’s unacceptable behavior is not related to the disabling condition and the local disciplinary policies and procedures provide for suspension or termination of school bus transportation.

11. Secure appropriate alternate modes of transportation when conventional school buses cannot be made available. (The alternate mode must be noted in the I.E.P., and funding must be approved by the State.)

C. SPECIAL EDUCATION OFFICE

1. Make a reasonable effort to notify the Transportation Department of any special transportation needs required for a student BEFORE the initial or interim I.E.P. is developed according to special education placement procedures. (Time must be allowed for application to the State for transportation funding, if required.)

2. Upon completion of the initial evaluation and prior to I.E.P. development, the central office will determine if the range of possible placement options is available at the child’s home-based school. If there is a possible need for out-of-district placement, out-of-parish placement, or special transportation arrangements, a copy of the evaluation cover sheet will be forwarded to the Transportation Department with notations about possible appropriate school placements. All placements must be based on I.E.P. Committee decisions.

3. Coordinate student reassignments with the local Transportation Department.

4. Assure that the I.E.P. includes specific transportation requirements (e.g., attendant, lift bus, car seat, harness, seat belt, etc.) and allows for up to five (5) working days to implement the transportation plan.

5. Review responsibilities of drivers and attendants with respect to unusual cases that are exceptions to the general rule of "curb-to-curb" transportation, as explained in section B (above).

D. SCHOOL-BASED STAFF

1. Provide the bus driver with a completed bus card, or other document which shall include pertinent information regarding any special care the student may need while on the bus. (See I.E.10. for specific information.)
2. Complete bus cards (or other data form) at the initial I.E.P. and at any time there is a change in the student's condition or movement to a new school during the year and at the end of the year when students are moving to feeder schools or other assignments.

3. Ensure that the student meets acceptable hygiene standards and that assistive devices (e.g., wheelchairs, walkers, etc.) are functioning properly before the student boards the bus at the school.

4. Make a reasonable and timely effort to assist in providing notification to the parent(s) or designee when it is known that there will be an interruption in bus service or a change in bus schedule.

5. Include in the I.E.P. a description of the transportation needs if special transportation is indicated.

6. Make available to drivers and attendants emergency telephone numbers of school-based staff assigned to assist in the event a child is lost or another problem exists.

7. Give the bus driver at least one day's notice when a new special education student has been assigned to the bus. If a parent brings the student to school to register, inform the parent he/she must pick up the child from school if the student is to remain the same day the student is registered. That same day the school is to give the assigned driver appropriate notification so the driver can notify the parents regarding bus service information.

E. BUS DRIVERS

1. Safely transport assigned students on each assigned route.

2. Assure that special students aboard the bus are properly supervised.

3. Arrange bus stop locations so that the bus door is on the side where the special student lives. Any exceptions should first be approved by the local Transportation Department.

4. Avoid backing the bus to pick up or discharge students except as approved. (La. R.S. 32:281 states, "The driver of a school bus shall not back his/her vehicle unless such movement can be performed safely and without interfering with other traffic." It is the general policy of most transportation departments that for safety reasons, drivers are not to back their vehicles. Any exceptions to the above must first be approved by the local Transportation Department.)

5. Provide parents with a current telephone number where the driver can be reached.

6. Notify parents as expeditiously as possible whenever the vehicle
7. Supervise loading of students with physical disabilities who require wheelchairs via the lift or ramp. Use the steps only in emergencies. (See Section 1.B.1. for an explanation of responsibilities of bus drivers and bus attendants at home bus stops and at school loading/unloading areas.)

8. In the absence of a Bus Attendant, ensure that required protective safety devices are in use and are fastened properly.

9. Attend inservice training programs. Training shall include completion of an approved first aid course and appropriate units to be developed by the paraprofessional training specialist, transportation or special education staff, or other designated trainer.

10. Maintain on the vehicle confidential emergency data including but not limited to the following:
   a. Student's name, address, and telephone number(s);
   b. Nature of student's disability;
   c. Emergency health care information, including medication student is using,
   d. Name and telephone number of student's physician, parent(s), guardian(s), custodian(s) or designee who can be contacted in case of an emergency;
   e. Provisions for the student's welfare when and if the student is unable to be met by the parent or designee at the designated bus stop;
   f. Student's identification photograph (if available);
   g. Any other information deemed necessary by the local school system.

   NOTE: Updating this information is a cooperative effort involving students, parents, supervisors and drivers. The information must remain confidential for the student's protection.

11. Maintain in the vehicle route descriptions, times, stop locations and student rosters.

12. In the event that the I.E.P. requires adult supervision of a student at the bus stop and no one is at the home bus stop to meet the student on the return trip from school, the bus driver should follow these procedures:
   a. Make a reasonable effort to contact the parent (i.e., blow horn, have attendant knock on door);
   b. In the absence of the parent, attempt to contact the
alternate person designated on the student information (bus) card;

c. If unsuccessful, the driver should call the school and/or the Transportation Department as soon as possible to inform school officials that the student will be brought back to school after the scheduled run is finished (if this is deemed to be a practical alternative), or taken to another pre-determined location;

d. If no one is present at the school, the DRIVER is responsible for the student’s welfare and should continue to make every effort to contact the parent(s) and to inform Child Protective Services, appropriate law enforcement officials, Transportation Department staff and/or school-based staff, as provided by local procedures;

e. Inform the school administration of any problems or concerns that occur in picking up, transporting or delivering students. Under no circumstances should a driver remove a student from the bus or refuse to transport a child unless authorized by the Transportation Department or by a school administrator.

NOTE: STUDENTS WHO REQUIRE SUPERVISION ARE NOT TO BE LEFT UNATTENDED AT THE HOME BUS STOP!

F. BUS ATTENDANTS

1. Be on the school bus at all times during the bus route, except as authorized by the Transportation Department.

2. Occupy a seat on the bus where student riders can easily be assisted.

3. Ensure that required protective safety devices are in use and are fastened properly. (In instances when an attendant is not available, this shall be the responsibility of the bus driver.)

4. Assist such students on and off the bus at school, at designated bus stops, and otherwise when it is necessary for their safe entrance and exit from the bus. (See Section I.B.1. for an explanation of responsibilities of bus drivers and bus attendants at home bus stops and at school loading/unloading areas.)

5. Arrange for a substitute bus attendant in the event the regularly assigned attendant must be absent, unless local procedures specify another procedure.
G. PARENTS OR DESIGNEE

1. Provide the driver with appropriate phone numbers and emergency number(s). Provide the bus driver with pertinent written information regarding any special care the student may need while on the bus. Notify the school and school bus driver immediately if emergency telephone numbers have been changed or disconnected.

2. Ensure that the student meets acceptable hygiene standards before boarding the bus.

3. Have the child at the designated bus stop at the regularly scheduled time and provide the necessary supervision until the bus arrives. (See Section I.B.1.) for an explanation of responsibilities of bus drivers and bus attendants at home bus stops.)

4. Secure the child into any specialized carrying equipment prior to the child boarding the bus. (Equipment must be in safe working order.)

5. Meet the bus upon its return to the designated bus stop at the scheduled time.

6. Make a reasonable and timely effort to notify the bus driver prior to the beginning of the morning run if the child is unable to attend school.

7. Help keep area to and from the bus loading area clear of obstacles and all other unnecessary debris.

8. Help keep bus turnarounds and lanes clear of parked vehicles to provide easy access to bus stops.

9. Call the school, in the event of a serious emergency that might prevent the parent from meeting the child at the bus, and give the name of the person who will meet the child in place of the parent. The school will give this information to the driver. The name of the person should be on the emergency information form.

10. Provide transportation if suspension from bus is authorized.
II. BASIC GUIDELINES

A. STUDENTS QUALIFIED FOR TRANSPORTATION SERVICES

Transportation is defined in P.L. 101-476, IDEA (Sec. 300.16) as "a related service." This service includes (1) travel to and from school and between schools, (2) travel in and around school buildings, and (3) specialized equipment (such as special or adapted buses, lifts, and ramps) if required to provide special transportation for a child with a disability.

A child is eligible for the related service transportation only if the I.E.P. Committee recommends this service to provide access to services specific to students with disabilities.

The approval of the transportation services on the I.E.P. is the responsibility of BOTH the local Department of Special Education and the local Department of Transportation. The service is recorded on the I.E.P., and the I.E.P. must be approved and signed by the parent or guardian prior to initiating transportation services. Additionally, if specialized equipment is needed for the transportation of a child, this equipment should be noted on the I.E.P. It is necessary, therefore, that the Transportation Department be given adequate notification (not less than five working days) so that appropriate equipment can be secured. Ample time must be allowed if State approval is required for funding.

B. LENGTH OF RIDE

P.L. 101-476, IDEA does not address the length of the ride on the school bus. The length of the vehicle ride is a local school system decision except as specified in Act 1046 of the Regular Session of the 1990 Louisiana Legislature. (See Appendix C of this bulletin.) The I.E.P. Committee, after consulting with the local Transportation Department, should address this issue on an individual basis when the length of ride is a concern.

C. BUS ATTENDANT

The need for a bus attendant should be documented on the student’s I.E.P. Students with extreme behavior problems, health problems, or those students unable to care for themselves during the bus trip should be considered for assistance by an approved bus attendant. Any student with a severe disability may be considered, but this decision should be made on an individual basis. (State approval and funding for bus attendants is required.)
D. PICK-UP AND DROP-OFF LOCATIONS

**STUDENT SAFETY** is the primary factor in selecting bus stop locations. Children may be picked up and dropped off at the residence of their parent or legal guardian; however, students with mild disabilities may be picked up at a SAFE bus stop near (e.g., at the corner, etc.) their residences. In special circumstances (such as dead-end streets, for example), alternate arrangements can be made that are mutually agreeable to all parties. These situations should be handled on an individual basis. The school staff should notify the Special Education Office of these cases prior to the I.E.P. conference to allow authorized staff time to work out a solution with the Department of Transportation. If a request is made by the parent/guardian for a student to be picked up or dropped off at a location different from the student's residence, if the morning and afternoon stop locations are different, or if a child is placed in a day-care center or goes to a sitter, transportation conflicts may occur. The parent must request approval from the school and the driver if the child is going to be picked up or dropped off at a different address. Prior approval from the Transportation Department is required if the different location results in time conflicts, overloads, or an increase in the driver’s mileage. (Mileage increases may require State approval for funding.)

E. TRANSPORTATION FOR SUMMER PROGRAMS

When the I.E.P. Committee recommends an extended year program, the students are entitled to the related transportation service and the recommendation must be noted on the I.E.P. Summer transportation will follow the same guidelines that are in effect during the school year. The Transportation Department must receive transportation requests, school schedules and other necessary information at least ten (10) working days before summer programs begin.

F. DISAGREEMENTS REGARDING TRANSPORTATION SERVICES

If disagreements regarding transportation services occur between the parents or guardians and the school system, parents and guardians are guaranteed procedural safeguards to protect their due process rights. It is recommended that consultation with the transportation designee and the special education designee occur before due process hearings are initiated. Efforts to resolve conflicts should also be attempted during the I.E.P. process.
G. INSERVICE TRAINING

Transportation personnel are required to receive inservice training for transporting all students. The special education training component will be conducted and coordinated by the system's Paraprofessional Training Specialist, a representative of the Transportation Department or Special Education Department or other personnel approved to provide appropriate training.

The inservice training will include, but will not be limited to, the following:
1. Information about P.L. 101-476, IDEA and Section 504 of Rehabilitation Act (1973);
2. Information about disabling conditions;
3. Disciplinary and suspension procedures;
4. Knowledge of assistive device management;
5. Behavior management techniques;

H. FIRST AID TRAINING

Louisiana regulations require bus drivers and bus attendants to complete approved first aid courses. Emphasis shall be placed on administering appropriate emergency treatment to students with disabilities.

I. ASSISTIVE DEVICES

Assistive device provisions should be noted on the I.E.P. and approved by the committee prior to the implementation of the I.E.P. A qualified member of the I.E.P. Committee should address the use of assistive devices on transportation vehicles if procedures beyond standard operations are recommended. The Committee should be mindful of the length of time required to obtain devices that are not immediately available.

J. EMERGENCY INFORMATION

P.L. 101-476, IDEA requires that transporters of students with handicaps have an emergency card for each student that is carried on the vehicle. This emergency information must be provided by the I.E.P. Committee and should be handled as confidential data under the Federal Equal Rights and Privacy Act of 1974.
K. EVACUATION DRILLS

A minimum of one (1) emergency evacuation drill each semester for all students is required by State Department of Education regulations, as stated in Bulletin 1191. (More frequent drills may be necessary.) Bulletin 1191 explains required procedures. Students with physical, emotional, and mental limitations should practice evacuation procedures to their maximum capacity.

L. DISCIPLINE AND SUSPENSION PROCEDURES FOR STUDENTS WITH DISABILITIES

Students with disabilities, like all other students, are subject to disciplinary action. Section 504 and P.L. 101-476, IDEA state that no students with disabilities may be punished solely because of being disabled; therefore, the item of concern in all disciplinary action of children with disabilities is the relationship between the proposed disciplinary action and the disabling condition. This relationship may need to be addressed by the I.E.P. Committee. Disciplinary action should follow the established discipline policies and procedures for special education students.

A student who is disabled may also be suspended from transportation services; however, the suspended student cannot be denied access to education services. Alternative transportation procedures or alternate educational placement may need to be considered by the school principal or by the I.E.P. Committee.

M. SUPPLIES

Although not mandated by P.L. 101-476, IDEA, certain supplies should be available on all buses transporting special students. Any additional special items needed should be considered on an individualized basis at the I.E.P. meeting.

The following items are recommended:
1. Commercial or locally prepared clean-up kit;
2. Facial tissues;
3. Paper towels;
4. Wet Ones, Handiwipes or other moistened cleaning tissues or alcohol rinse;
5. Disinfectant spray;
6. Water container;
7. Latex gloves;
8. Small kitchen garbage bags.
N. STORAGE AREA FOR ASSISTIVE DEVICES

A safe storage area for walkers and/or other student assistive devices must be available.

O. SPECIAL TRANSPORTATION AVAILABILITY

School bus transportation may not be available for transporting students with disabilities in certain situations, as described in Bulletin 1191: School Transportation Handbook (rev. 1993), excerpts from which are attached hereto as Appendix D.
III. SAFETY PROCEDURES AND TRANSPORTATION TIPS

A. GENERIC TRANSPORTATION TIPS FOR DRIVERS AND ATTENDANTS TRANSPORTING STUDENTS OF ALL EXCEPTIONALITIES

1. Be friendly and be polite to the child when he enters the bus.
2. Let the parent know the bus schedule.
3. Students should be allowed the opportunity to be as independent as possible when getting on and off the bus.
4. Students should never be left unattended/alone on the bus.
5. Regardless of the incident, remain calm.
6. Share information about the child's behavior with teachers and parents.
7. Be consistent, be reasonable, and be supportive while correcting the child. Speak slowly and clearly.
8. Make a list of rules concerning behavior on the bus that the children can understand.
9. After each bus run, check your vehicle to see if any medication or assistive devices have been left.
10. Report any information to parents or to school officials that could help in determining if the child needs medical assistance.
11. The children on the bus will pretty well reflect your feelings; therefore, you should help set a positive mood.

B. LOADING AND UNLOADING

When students with disabilities are loading and unloading, care must be taken to prevent falls. The attendant should allow the student to be as independent as possible while indirectly providing the needed assistance. The attendant should try to anticipate what might happen and be positioned so as to prevent the occurrence or to lessen the impact of a fall and be verbally and non-verbally supportive.

If a student falls, the attendant should:
1. Pick up or help the student and provide verbal encouragement.
2. Assist the student in straightening his clothes, dust him off, etc.
3. Apply first aid as needed. (Usually apply a commercial local antiseptic and germicide for small cuts and/or scrapes.)
4. If the student appears to have a sprain, ask the bus driver to help to assist the child to a sitting position and apply ice as soon as possible to reduce swelling. Contact the nurse, teacher assistant or other school personnel upon arrival at school (or...
the parent, if returning the child home).

C. CROSSING THE STREET SAFELY

If a student is capable of walking independently and is required to cross a street in order to load or unload from the bus, the bus attendant should take care in seeing that the proper rules are followed. The student must walk at least ten feet ahead of the bus along the edge of the street. He/she must then stop and wait for the bus driver to signal that it is safe to cross the street. The student should double check before crossing and then walk quickly across, without running.

In a case where the student is unable to cross the street independently and a crossing must be made, the bus attendant should guide the student across the street to a safe predetermined point where the student's parent or guardian will meet the student.

D. EVACUATION, FIRE DRILL

During an evacuation, students who are disabled should follow, as much as possible, the same rules used for other students. The attendant should instruct students to do the following:

1. Students should remain as calm as possible.
2. Students are to remain seated until it is their turn to stand and evacuate the bus.
3. The attendant or capable older students should stand by the rear door to help other students exit the bus. (The driver and attendant should identify students who are capable of assisting.)
4. Evacuation should begin with the last two seats first and then the second to last seats and so on.
5. The bus driver should give the first aid kit to one of the students to carry.
6. Students in wheelchairs should be taken to the emergency exit where the attendant, along with older, capable students, will carefully pick up each student and remove him/her from the bus.
7. Students who are unable to walk should be carried off the bus by the attendant or by the bus driver.
8. After all students have been evacuated, they all should report to a designated area no less than 100 feet from the bus so that they can be accounted for.
9. The bus attendant should remain with the students, and the bus driver should check all seats for any students who may not have been evacuated.
10. After securing the bus and the scene, the bus driver should return to the location of the students. If a fire breaks out on the bus, the above procedure or an appropriate alternative should also be followed, but done as quickly as possible. Signs to signal students with hearing impairments are recommended for use in drills and emergency situations.

E. SAFETY/ASSISTIVE DEVICES

Buses used to transport students with disabilities usually will be equipped with special devices used for handling wheelchairs and otherwise providing for special safety needs. These devices are to be operated by the bus attendant or the bus driver. Students should be instructed not to handle the devices unless the bus attendant or the bus driver is assisting them.

Assistive devices should be located in areas of the bus that will not interfere with or be harmful to other students on the bus.

The bus attendant should check each device daily, before and after each bus run, making sure that all devices are working properly. If there is a problem, it should be reported immediately to the bus driver so that repairs can be made or replacements can be obtained.

If vests or seat belts are used, the bus attendant should make sure that all devices are placed on the proper areas of the student's body. Devices should be tightened enough to keep the student from moving about, but not so tight that they may cause harm or discomfort to the student. (Adjustments may be required when students are dressed with coats, rain gear, etc.) After being tightened, devices should be locked into place and remain locked throughout the duration of the trip. When loading and unloading the student, the bus attendant should lift the student from the seat as easily and gently as possible. Care should be taken in holding the student so that he/she cannot slip through the attendant's arms. If another means of transportation is available (wheelchair, walker, etc.), the bus attendant should avoid carrying the child.

F. WHEELCHAIRS

Before transporting a student who is in a wheelchair, precautions should be taken to ensure the student of a safe and comfortable ride. The bus should be equipped with proper wheelchair locks so that the wheels of the chair may be locked into place in order to prevent the chair from moving or tipping over. For loading and unloading purposes, the bus should also be equipped with a ramp or a
wheelchair lift that can be lowered and raised. These devices make loading and unloading an easy and comfortable process for the student. Students should not be transported in chairs that are broken or that have not been designed so as to be secured on the bus. When the student is loaded and unloaded, the bus attendant should assist the student in locking and unlocking the wheels of the chair in the proper locks. The bus driver or bus attendant is responsible for operating the lift device in both loading and unloading.

G. WALKERS

When transporting students who require the aid of a walker, drivers and attendants must take precautionary measures to prevent falls. The student should be allowed to be as independent as possible when walking from the designated seat to the exit of the bus or from the entrance of the bus to the seat. Special care must be taken when the student reaches the steps or lift of the bus. The attendant should allow the student to be independent in placing the walker on each step (or lift) and then moving accordingly. The attendant should be in front of the student when unloading and behind the student when loading in order to provide needed assistance. The student should be encouraged both verbally and non-verbally to be as independent as possible.

H. MEDICATION—TRANSPORTING

Medical procedures and the accompanying forms should be available from the school nurse (or designated school staff) if a student is required to take any type of medication during the school day. If these procedures are followed, no problems in this area should occur. If the medicine is transported on the bus, it must be transported in a secure place inaccessible to the students. This procedure is not recommended but may be necessary in some instances. (LOCAL POLICIES SHALL PREVAIL.)
IV. STUDENT EXCEPTIONALITIES

A. AUTISM

1. Description:

Autism is a severe developmental disability which appears during the first three years of life and which is behaviorally defined to include disturbances in the rate of appearance and sequencing of developmental milestones, abnormal responses to sensations, delayed or absent speech and language while specific thinking capabilities may be present, and abnormal ways of relating to people and things.

2. Transportation Tips:

a. The behavior of children with autism is unpredictable.
b. Unstable mood changes often occur. Expressions such as crying, giggling, laughing, etc., may be unexplainable.
c. Generally these children do not communicate verbally, so some signing may be helpful in communicating.
d. It is important that the driver meet the child and parents before the opening of school, if possible.
e. Be aware of situations which may disturb the student.
f. Share information about the child's behavior with teachers and parents.
g. Because of their unpredictable behavior, these children should never be left alone. They may inflict injuries upon themselves or cause injury to others.
h. Regardless of the incident, remain calm.

B. BLIND AND PARTIALLY SIGHTED

1. Description: Children and youth who are eligible for state programs for the blind and partially sighted by reason of their having visual impairments are considered to have educational problems which cannot profitably be solved within regular classroom programs.

a. Blind: children who have a central visual acuity of 20/200 or less in the better eye, after correction.
b. Partially sighted: children with a central visual acuity between 20/70 and 20/200 in the better eye after correction.
2. Transportation Tips:

Children who are blind and partially sighted should be allowed the opportunity to be as independent as possible. Utilize appropriate guide techniques when assisting the student on and off the bus.

C. DEAF AND BLIND

1. Description:

Children and youth who have both a hearing and visual loss and who cannot be educated either as a child who is blind or as a child who is deaf.

2. Transportation Tips:

The bus ride is part of the total education program; take advantage of this important time.

a. When the child is required to move, he should be touched on the shoulder or arm as a cue. Providing a cue will prevent the child from being startled by a sudden move.

b. Learn basic signs for communication from the teacher and parents. Examples: "sit down," "stand up," "come," "good," and "no."

c. If the child cannot sit still in his seat, providing a small object to hold while riding to and from school may ease the situation.

d. Information about special handling problems should be obtained from the teacher and parents.

e. Never leave a child alone on the bus.

f. If the child is capable, let him function independently.

D. DEAF AND HEARING IMPAIRED

1. Description:

Some hearing losses are permanent and others are correctable through medical treatment; however, the child’s auditory sensitivity and acuity are so deficient that his educational performance is affected. Hearing testing programs, usually conducted by local health departments, are required to show the degree of hearing loss a child has.
2. Transportation Tips:

a. In stating rules, be gentle though firm and consistent. The child is capable of understanding more than he is given credit for understanding.

b. Ask the teacher if the child can speak. If he can, MAKE HIM TALK when asking for something. If you cannot hear the child when he speaks, ask him to repeat by placing your fingers on the back of your ear. Repetition is the best way to practice communication.

c. For a younger child, learning to communicate can be very difficult. Be patient and gentle with this child.

d. A visual check should be made each time the child enters the bus to see whether he or she is wearing a hearing aid. If the child is not wearing the hearing aid, ask where it is.

e. After each bus run, check your vehicle to see if any hearing aids have been left. (Because of the student’s dependence and because of the cost of these items, parents are concerned when they are lost. Contact the school first, as parents will call there first; then, contact the parents.)

E. EMOTIONAL/BEHAVIORAL DISORDERED

1. Description:

A child who has an emotional/behavior disorder, as evidenced in the public school setting, may be described as a child who is:

a. Average to above average in intelligence;

b. Generally below average in academic achievement;

c. Not mentally disordered (brain damaged or retarded);

d. Often very aggressive (loud, argumentative or hits others);

e. Sometimes withdraws (quiet, sullen, etc.), is unhappy, exhibits inappropriate types of behavior or feelings under normal circumstances, often develops physical symptoms or fears associated with personal school problems.

2. Reasons for Behavior:

There are several causes for emotional/behavior disorders. One factor that contributes to the intensity of inappropriate behavior the children exhibit is inconsistency of adult behavior.
For example, the child may be allowed to do one thing one day and be severely punished the next day for performing the same act. The child often becomes confused and acts out or withdraws when this occurs. Families and home situations can cause a student's behavior to become more complex at certain times.

3. Transportation Tips:

   a. Request from the teacher suggestions to continue the behavior management plan implemented in the classroom.
   
   b. Make a list of rules concerning behavior on the bus that the children can understand. These students function within a structure and within stated limits of behavior. It is recommended that rules be reviewed often—even daily, if necessary.
   
   c. Be consistent. Exceptions to the rules will only confuse the child and cause him to act worse.
   
   d. Be reasonable and supportive while correcting the child. You, drivers and attendants, are the first persons to deal with him from the school, so you set the pace for the day.
   
   e. Be friendly and polite to the child when he enters the bus. Establishing good rapport will make the child feel at ease. No two children will behave the same.
   
   f. Some children may be on medication to control their behaviors. Be aware of students who are on medication. Severe swings in their behaviors may indicate medication wearing off or dosages not taken.

F. LEARNING DISABLED

1. Description:

"Learning Disabled" means severe and unique learning problems as a result of significant difficulties in the acquisition, organization, or expression of specific academic skills or concepts. These learning problems are typically manifested in school functioning as significantly poor performance in such areas as reading, writing, spelling, arithmetic reasoning or calculation, oral expression or comprehension, or the acquisition of basic concepts.

The term includes such conditions as attention deficit, perceptual handicaps, process disorders, minimal brain
dysfunction, brain injury, dyslexia, developmental aphasia, or sensory-motor dysfunction, when consistent with these criteria.

2. Transportation Tips:
   
a. Avoid speaking angrily or becoming impatient with a child. Be firm but gentle and speak slowly and clearly.
   b. Make rules precise and to the point. Keep them at a minimum.
   c. Progress is often slow. Be patient, persistent, and consistent.
   d. The efficiency and control of these children often varies widely from day to day or from week to week. Because of this contrast one often feels that much of their behavior is willful disobedience. However, these behavior changes are believed to be the effect of neurological activity that reflects changes in their activity.

3. Something to Think About:

   If a child has a healthy body, but one that will not do what he wants it to—if he has ears that hear, but has not learned to hear the way others do—he cannot tell anyone what his difficulty is. It just seems to him that he is expected to act like everyone else. These are the things that happen to the child who is perceptually impaired. The bus driver and attendant will need to understand this type of behavior if they are to help the child.

G. MENTALLY DISABLED

1. Description of Mildly Mentally Disabled:

   Children who are mildly mentally disabled can learn, but they need special support, usually from specialists or consultants. Such children must be potentially independent socially and economically.

2. Description of Moderately Mentally Disabled:

   A child who is moderately mentally disabled has developed at approximately 1/3 to 1/2 the rate of the normal development and has a mental age of 6 to 8 years. The child has potential for independent functioning.
3. Description of Severely Mentally Disabled:

To be considered severely mentally disabled, a student:

a. Has a mental age of 2 years or less;
b. Has potential for learning basic self-care and supported vocational skills.

4. Transportation Tips:

a. Meet the child and parents before the opening of school. These children do not adjust quickly or easily, but this meeting could be a good first step.
b. Let the parent know the bus schedule.
c. Let each child know from the beginning what you expect of him. These children become set in their behavior. If you know you will want certain behavior on your bus, do not try to demand it halfway through the year. Begin with requests that are consistent in nature as soon as the child starts to ride the bus.
d. Bus buddies have been successfully used with moderate mentally disabled students who ride regular buses. A responsible regular education student who is picked up at an earlier or the same location may be assigned as a bus buddy. The student’s responsibility is to sit with the disabled student and guide him/her to exit the bus at the appropriate location.

H. MULTI-DISABLED

1. Description:

Multi-disabled means multiple impairments (such as mentally retarded/blind, orthopedically impaired/deaf, autistic/orthopedically impaired, emotional/behavior disordered/mentally retarded, etc.), the combination of which causes such severe educational problems that students cannot be accommodated in special education programs solely for one of the impairments. The term does not include individuals who are deaf/blind.

2. Transportation Tips:

a. These children require patience and understanding.
b. Special problems should be discussed with teachers and parents.
c. Stay within eye contact of the child whenever possible.
d. Familiarize yourself with any special equipment that may be needed.
e. Some children may have positioning problems. Be aware of these.
f. Always encourage the child to be as independent as possible.

I. ORTHOPEDICALLY DISABLED

1. Description:

A child with an orthopedic disability is one who has an impairment in bones, joints or muscles to the extent that he requires special services in order to develop to the limit of his potential—physically, intellectually and socially. Such a child may be disabled by cerebral palsy, polio, muscular dystrophy, spina bifida, heart condition, or be otherwise physically impaired.

2. Transportation Tips:

a. Keep an open mind. Listen to ideas from parents concerning moving a student who is severely disabled.

b. In cases such as muscular dystrophy, spina bifida, etc., lifting the child can be a problem. Be sure you have a good hold on the bone structure and that the child will not slip through your arms.

c. If a child is unable to walk, a wheelchair should be used in transporting him to and from the bus. DO NOT carry the child if avoidable.

d. The child should be made to do as much for himself as possible.

e. If any questions arise about handling a child who is physically impaired, ask for help from some qualified person at the school, or have your special education supervisor or transportation supervisor get the answer for you.

J. SEVERE LANGUAGE DISORDER

1. Description:

A child is considered to have a disorder when his speech deviates from the norm to the extent that communication is seriously impaired and/or inefficient. Therefore, professional
help is required to enable the child to communicate adequately.

Language disorder may include:

a. Serious articulation problems;
b. Non-fluency (stuttering);
c. Delayed language;
d. Voice defects;
e. Problems listening to and understanding spoken language.

2. Transportation Tips:

a. It may be necessary for the student, the driver, and/or the attendant to repeat, to rephrase, and to ask questions to help clarify messages.
b. Eye contact is a big help to a child who has a non-fluency problem.
c. Give this child your undivided attention when he is talking to you. When people do not listen, the child becomes very frustrated.
d. Familiarize yourself with special equipment (language boards, etc.) the child may use.
e. It may take the child a considerable length of time to communicate with you. Remember to BE PATIENT.

K. OTHER HEALTH IMPAIRED

1. Description:

Other health impaired means limited strength, vitality or alertness due to chronic or acute health problems (including heart conditions, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, etc.)

2. Transportation Tips:

a. Confer with parents regarding medication taken by the child. These children need extra care.
b. These children are lax in strength and vitality. Be gentle.
c. Observe these children each time they enter the bus for signs of change in physical condition.
d. Report any information to parents or to school officials that could help in determining if a child needs medical assistance.
1. **Description:**

There are many types of epilepsy. Most types are experienced because of birth defects or delayed damage to the brain, such as any type of accident in which the individual receives a severe blow to the head or an infectious condition such as Encephalitis. Tumors or brain hemorrhage are also known causes. There are epileptic conditions for which there is no known cause. Some symptoms of epilepsy are sudden and repeated attacks of dizziness with severe abdominal pain, but consciousness is usually lost or impaired. Only a qualified physician can diagnose the presence of epilepsy. There are many different drugs used to manage epilepsy. Sometimes a child is taking as many as two to six different kinds of medication at one time.

a. **Grand Mal (Generalized Clonic Tonic)**

An individual loses consciousness, falls down and thrashes around, may bite his tongue and may lose control of bladder or bowels during a Grand Mal seizure. Rarely does he feel any pain or is he in any type of serious danger. A PERSON IN A CONVULSION CANNOT SWALLOW HIS TONGUE and will not choke to death if his face is turned to the side so that the tongue can drop into the cheek and the saliva can run from the mouth when his jerking stops. A person with epilepsy may drown in his own saliva while giving the appearance of choking on his tongue. The public generally associates Grand Mal attacks with epilepsy because the seizures are extremely dramatic. There are, however, many other less dramatic manifestations of the disorder.

b. **Petit Mal (Absence)**

A child may stare blankly, stumble momentarily, drop an object, or act unconsciously for a few seconds during a Petit Mal attack. These seizures may occur many times a day. If a child is acting in such a manner, do not brush it off as a "clumsy child." Be attentive to see if the pattern continues. This should be reported to the parent or to the school administrator.
c. Psycho motor

If a child's behavior is inappropriate to the circumstances, he or she may be experiencing a psycho motor seizure. Examples of inappropriate behavior may include a child blinking his eyes open and shut excessively for a few minutes. The child may stop conversing and just sit smacking his lips. He may also get up and perform purposeless motions. Violence is rarely involved in this behavior. After a psycho motor seizure a child does not remember what happened.

2. Transportation Tips:

a. Always remain calm. If a child is having a seizure, remember that you cannot stop a seizure once it has started. The seizure must run its course. If necessary, stop the school bus in a safe place and provide needed assistance.

b. DO NOT PLACE ANYTHING IN THE CHILD’S MOUTH. This could cause serious damage to the child. A person having a seizure will not swallow his tongue.

c. Allow the child to move about freely. Remove all objects near him that could cause harm to him. Remember NEVER to interfere with the child's movement. You can easily injure him.

d. Keep a record of how long the seizure lasted and how severe it was and report this information to the proper authority.

e. When all movement has stopped, TURN THE CHILD’S BODY (INCLUDING HEAD) TO THE SIDE. Loosen any tight clothing.

f. A child having a seizure may momentarily stop breathing. Remain calm. This lapse is part of a seizure.

g. Although it may seem longer, a seizure usually will last only from 2 to 15 minutes.

h. Occasionally, a child will go from one seizure directly into another without regaining full consciousness. If an emergency condition exists, find the nearest telephone and call the transportation supervisor or building administrator for instructions.

i. After regaining consciousness, the child should rest. The child's normal body temperature should be maintained.
3. Some Reminders:

Remember discipline WILL NOT trigger a seizure. Discipline may trigger a temper tantrum. The child with epilepsy needs the same consistent rules and regulations as any other child for a safe and happy bus ride.

Your own tranquility and realistic acceptance of epilepsy will help others overcome their uneasy feeling about seizure disorders.

M. NON-CATEGORICAL PRESCHOOL IMPAIRED

1. Description:

Non-Categorical Preschool Impaired is an exceptionality in which children ages 3 through 5 who are not enrolled in a State-approved kindergarten, are identified as having an impairment which is described according to functional and/or developmental levels as mild/moderate or severe/profound.

2. Transportation Tips:

a. Prior to transporting, make sure the student is tagged with name, address, and phone number. A significant number of the preschool impaired population may be non-verbal or have unintelligible speech.

b. Confer with the school staff on any notable health needs or conditions (i.e., seizures, etc.).

c. Bus drivers may be included in the development of the Individual Educational Plan (IEP) particularly with Severe/Profound functioning students who may have special support or physical positioning needs.

d. If students exhibit behavior problems, seat them on the bus where they can be closely monitored. Confer with the classroom teacher for effective management techniques when unusual behavior patterns are present.

e. Do not assume that these preschoolers are in control of their behaviors. Remember these students are developmentally delayed. So a child may be chronologically 5 years of age, but may be developmentally at a 3 year level.

f. Students may be required to use seat belts, vests or other appropriate assistive devices in accordance with the I.E.P. or the I.F.S.P. The driver (or bus attendant, if available) should ensure that assistive are properly
used and secured in the bus.

g. Students should be assisted as necessary when loading or unloading.

h. Students should never be left without supervision while waiting for the bus, either at home or school. Parents or other care-givers should accompany their children to the bus stop in the morning and should meet them there in the afternoon. (See also Section I.E.12.)
V. FIRST AID

The information provided in this section is not intended as a substitute for the first aid training required of all bus drivers and bus attendants. Specific procedures are highlighted but may not include all steps required.

A. SEIZURES

When a student has a seizure while being transported to or from school, the bus attendant should take the following precautions. Be aware that a child having a seizure may have excessive strength. If at all possible do not allow the child to grasp any other person.

1. Lay the student down in the seat on his/her back and turn the body and head to the side.
2. Remove all objects that may cause harm to the student.
3. Keep the student as calm as possible. (Talking to the student in a low tone of voice often eases the situation.)
4. After the seizure is over, allow the student to remain lying down for a short period of time. (Seizures will usually tire the person.)

AT NO TIME DURING THE SEIZURE SHOULD THE BUS ATTENDANT PLACE ANYTHING IN THE STUDENT'S MOUTH. A person having a seizure cannot swallow his tongue and will not choke to death if, after jerking has stopped, his head is turned to the side so that his tongue may fall against his cheek. This will allow the saliva to run from the mouth. When the bus arrives at school or at the student’s home, the bus attendant should report the seizure to the school nurse or other school personnel or to the student’s parent.

B. GENERAL SICKNESS—VOMITING

If a student should become ill enroute to or from school, the bus attendant should attempt to make the student as comfortable as possible. The attendant should place the child in a position that is comfortable, either lying down or sitting. If available, a pillow may be placed under the student’s head and a wet cloth may be placed upon the throat. At no time should medication of any type be administered. Use of latex gloves is recommended for drivers and attendants who must clean up body fluid of any type. The bus attendant should notify the school nurse (or other designated staff) or the student’s parents upon arrival at the destination.
C. HEAT

The occurrence of heat exhaustion is likely to occur during the early fall, spring and summer months. In order to be prepared for such an occurrence, it is recommended that a gallon jug of water and a supply of washcloths be kept on the bus at all times.

If a student does become overheated while on the bus, the bus attendant should apply a wet washcloth on the student’s forehead. Also, the attendant should wipe a wet cloth over the student’s entire body. If rubbing alcohol is available, this could also be rubbed on the student’s skin. This process should be continued until the student’s body temperature is lowered. When the bus reaches its destination, the proper authorities should be notified.

D. CONTROL OF BLEEDING

If a student with a disability sustains a serious cut while being transported to or from school, the bus attendant should perform the following first aid steps:

1. Wearing latex gloves, exert direct pressure over the wound area and use elevation.
2. Place the cleanest materials available (preferably a pad of sterile gauze) against the bleeding point, and apply firm pressure.
3. Apply and secure a bandage over the pressure pad.
4. Leave the dressing and the bandage in place until the student arrives at the destination. The Attendant should also remember to try to keep the student as quiet and calm as possible. If the blood from the wound is flowing in a heavy stream or in large spurts, the student should be transported immediately to the school nurse, to his parents, or to receive emergency medical assistance. This type of bleeding indicates a serious condition and must be treated immediately. (It may be necessary to call 911 for immediate assistance.)

E. CARDIOPULMONARY RESUSCITATION (CPR)—ADULTS

Cardiopulmonary Resuscitation (CPR) is a basic, life-saving technique for sudden cardiac or respiratory arrest. CPR involves a combination of mouth-to-mouth breathing or other ventilation techniques and chest compression. This technique provides basic emergency life support until more advanced life support can be added. More important, it keeps oxygenated blood flowing to the brain and other vital organs until appropriate medical treatment can restore normal heart action.
Cardiopulmonary Resuscitation consists of three basic rescue skills, the "ABC's of CPR." The most important action for successful resuscitation is immediate opening of the airway. It is important to remember that the back of the tongue is the most common cause of airway obstruction in the unconscious victim. Since the tongue is attached to the lower jaw, moving the lower jaw forward lifts the tongue from the back of the throat and opens the airway.

The second major area relates to breathing. When breathing stops, the body has only the oxygen remaining in the lungs and blood stream. The body has no oxygen reserve; therefore, when breathing stops, cardiac arrest and death quickly follow. Rescue breathing by mouth-to-mouth resuscitation is the quickest and most effective way to get oxygen into the victim’s lungs. There is more than enough oxygen in the air you exhale to supply the victim’s needs. Rescue breathing must be performed until the victim can take over on his own or until trained professionals take over. Remember, if the victim’s heart is beating, you must (1) maintain an open airway and (2) breathe for the victim at a rate of 12 times per minute (once every 5 seconds) for adults and once every 4 seconds for children. If the victim’s heart is not beating, mouth-to-mouth resuscitation plus chest compression is needed.

The third skill of CPR is chest compression, which replaces the circulation (heartbeat) of the victim. This procedure results in the flow of blood from the heart to the lungs, brain, and other major organs. Never perform chest compression on a victim unless you or a second rescuer also performs mouth-to-mouth breathing. The following steps describe the actions for the single rescuer CPR:

1. Establish unresponsiveness and call for help. Ensure that CPR is necessary and the person has not fainted or is not asleep.

2. Position the victim. Frequently the victim will be face down. Effective CPR can only be provided with the victim flat on his/her back. The head cannot be above the level of the heart, or the CPR is ineffective.

3. Open airway. Kneel beside the victim’s shoulder, upper hand on forehead, lower hand lifting the chin. The chin should be lifted so that the teeth are nearly together.

4. Establish breathlessness. Hearing and feeling are the only true ways of determining the presence of breathing. Turn your head toward the victim’s foot with your ear directly over and close to the victim’s mouth. Listen and feel for evidence of breathing. Also, look for respiratory effort, the rise and fall of the chest. If there is chest movement but you cannot feel or hear air, the airway is still obstructed.
5. Perform two ventilations. Pinch off nostrils with thumb and forefinger of upper hand while maintaining pressure on the victim's forehead to keep the head tilted. Open your mouth wide, take a deep breath and make a tight seal. Using an S-Tube, breathe into the victim's mouth 2 times with complete refilling of your lungs after each breath. Ventilations must be given in rapid succession. When you begin rescue breathing, it is important to get as much oxygen as possible to the victim. If your rescue breathing is effective, you will:
   (a) Feel the resistance of the victim's lungs;
   (b) Feel your own lungs emptying; and
   (c) See the rise and fall of the victim's chest and belly.

6. Establish "pulselessness." Place 2-3 fingers on voice box just below the chin. Slide fingers into groove between voice box and muscle, on side next to rescuer. Use your other hand to maintain the head tilt. Assess the status of the victim's pulse.

7. Begin cycle of compressions (15) and ventilation (2). Move to the victim's chest. Run fingers up the lower margin of the rib cage and locate sternal notch with middle finger. With index finger on sternum, place heel of hand closest to head on sternum next to, but not covering, index finger. Place second hand on top of first. Secondly, position your body. Your weight should be transmitted vertically; elbows should be straight and locked; your shoulders should be positioned over your hands. Compress smoothly and evenly, keeping your fingers off the victim's ribs. You should apply enough force to depress the sternum 1 1/2 to 2 inches, at a rate of 80 compressions per minute. Establish the proper rate by counting aloud, "one-and-two-and-three-and, etc." Ventilate properly after every 15 compressions, deliver 2 rescue breaths.

8. At the end of 4 cycles, check for return of pulse and breathing. Check pulse and breathing. If no pulse, resume CPR. If there is a pulse but no breathing, apply rescue breathing.

F. CARDIOPULMONARY RESUSCITATION (CPR)—INFANTS AND CHILDREN

Knowing how to handle compressions and ventilations on both an infant and an adult will allow you to judge how to handle them on any size person you need to resuscitate. That judgment will be made on age, not size, and will be made on the compression and ventilatory pressures necessary to be effective. This classification of age follows: an infant is between 0-1 year, a child is between 1-8 years, and an adult is over 8 years. Compressions on an infant are mid-sternal because the infant's heart lies higher in the chest, and they are done with the tops of two fingers compressing 1/2 inch to 1 inch. As the
child grows larger, the heel of only one hand is used, compressing 1 inch to 1 1/2 inches. Ventilation volumes increase from small puffs of air in the infant to full expirations into the lungs of the adult. The effectiveness of the ventilation is guaranteed by breathing only enough to inflate the lungs until the chest rises. (Use an S-Tube for this technique.)

G. COMPLETE AIRWAY OBSTRUCTION—CONSCIOUS VICTIM: ADULT

Victims are nearly always identified by their use of the universal distress of choking, clutching the neck between thumb and index finger. If the victim is able to speak or cough effectively, DO NOT interfere with his or her attempts to expel the foreign body. If the victim is unable to speak, stand behind the victim and wrap your arms around his or her waist. Make a fist with one hand and place the thumb side of your fist against the middle of the victim's abdomen, just above the navel and well below the lower tip of the breastbone. Grasp your fist with the other hand. Press your fist into the abdomen and deliver a quick inward and upward thrust. Repeat thrusts until the airway obstruction is cleared or the victim becomes unconscious. The same technique may also be applied to the chest if a condition such as pregnancy prevents the efficiency of the abdominal thrust. For the chest thrust, stand behind the victim and place your arms under the victim's armpits to encircle the chest. Grasp one fist with the other hand and place the thumb side on the middle of the breast bone. Press with quick upward thrusts.

H. COMPLETE AIRWAY OBSTRUCTION—CONSCIOUS VICTIM: INFANT OR CHILD

If a child has complete airway obstruction or is making high-pitched noises while trying to breathe and his lips are turning blue, use the following procedures:

INFANT—Straddle the victim over your arm with his head lower than the trunk. Deliver four rapid back blows between the shoulder blades while the head is supported with a hand around the jaw and chest. Supporting the head and neck, turn the victim onto your thighs with the head lower than the trunk and give four chest thrusts in the same manner as the chest compressions are done for the infant.

CHILD—Kneel on the floor and drape the victim across the thighs, keeping the head lower than the trunk. The four back blows can be delivered with somewhat greater force than that used for the infant. With the head and back supported, the child is rolled over onto the
floor and is now in position for the four chest thrusts. These are
applied in the same manner as external chest compression is applied
for the child using only the heel of one hand. If the victim is still
breathless, attempt to deliver 4 breaths. If unsuccessful, repeat back
blows and chest thrusts.

ABDOMINAL THRUSTS ARE NOT TO BE PERFORMED ON THE
INFANT OR CHILD.


APPENDIX A

AIDS AND HEPATITIS

This section includes facts you should know about AIDS and Hepatitis and suggested practices and procedures for cleaning contaminated areas. (Product names are suggested by Huntington Laboratories, which provided the information.)

Acquired Immune Deficiency Syndrome (AIDS) is the name given to a group of health problems first reported in the United States in May, 1981. The word acquired suggests that the illness develops after birth. However, AIDS research indicates that the human being, in its development, can contract the disease at any stage before birth, also.

Although the facts and procedures that are in this guide relate directly to AIDS, another great concern is the Hepatitis virus. Hepatitis can be a very serious (even fatal) disease, and can be contracted by direct contact with infected blood. Following the same procedures that are described for AIDS patients will also be appropriate when dealing with a Hepatitis patient.

Remember, you are safest if you assume that all spilled blood or body fluids are contaminated and potentially harmful to your health. Take all necessary precautions and follow directions carefully.

A. AIDS - Its Cause

A-I-D-S stands for Acquired Immune Deficiency Syndrome. AIDS is caused by a virus known as HTLV-III (Human T-Lymphotropic Virus type III); LAV (Lymphadenopathy-Associated Virus) or ARV (Aids Related Virus).

B. How AIDS Is Contracted and Transmitted

1. Through intimate sexual contact.
2. Through an infected hypodermic needle.
3. Through the transfusion of AIDS contaminated blood and blood components.
4. Though direct mucous membrane or AIDS contaminated blood and body fluid contact.

C. AIDS in the Body

A healthy immune system includes special kinds of white blood cells called "B cells" and "T cells" and depends on a balance of certain kinds of T cells.

1. "Helper" T cells assist anti-body producing B cells in fighting diseases.
2. "Suppressor" T cells call off the attack when the invading disease has been stopped.

The suspected AIDS agent seems to affect the balance of helper and suppressor cells.

1. The agent apparently destroys helper cells without affecting suppressor cells proportionately.
2. When suppressor cells are disproportionate in number to helper cells, the body loses its ability to fight disease.

D. How AIDS Affects the Body

The agent that is thought to cause AIDS may be present in the body from a few months to about five years or more before the illness can be diagnosed. As AIDS weakens the immune system:

1. Symptoms may appear:
   Prior to the onset of other illnesses, people who have AIDS may experience flu-like symptoms such as these:
   a. Extreme fatigue
   b. Fever and night sweats
   c. Rapid, unexplained weight loss
   d. Enlarged lymph glands in the neck, arm pits or groin
   e. Chronic diarrhea

2. Other illnesses may occur. The two most common in AIDS patients are these:
   a. Kaposi's Sarcoma, which is a fast spreading form of a normally mild skin cancer, characterized by purplish blotches or bumps.
   b. Pneumocystis Carinii Pneumonia, which is a rare lung infection whose usual symptoms are fever, cough, and shortness of breath.

E. Who Contracts AIDS

As study and research develops, it is becoming increasingly obvious that AIDS is a disease that can affect anyone. The following groups have a much higher probability of contacting the disease:

1. Homosexual or bisexual males
2. Intravenous drug abusers
3. Hemophiliacs, through the use of AIDS-infected blood and blood products
4. Heterosexual contacts of people in the above groups
5. Infants of mothers who have AIDS
F. Protective Measures

Contact with people who have or are suspected to have AIDS or Hepatitis is also a possibility for people who may be called upon to provide emergency care.

1. Keep in mind that AIDS is not spread by routine contact, so that you can react calmly and rationally when helping someone who may have AIDS.
2. Wear gloves if you are exposed to blood or other body fluids of someone with AIDS.
3. Use an alcohol rinse on hands immediately after coming in contact with the body fluids of anyone if hand-washing is not available.
4. Use special "S-tubes" that can be used in administering mouth-to-mouth resuscitation, or use hand-operated resuscitator bags. (Consult supervisory or school personnel for availability and proper use of S-Tube.)

G. Cleaning and Disinfecting Procedure for AIDS and Hepatitis

Various groups have suggested procedures, most notably among them are the Center for Disease Control (CDC) and the Bureau of Communicable Disease Epidemiology of the Health and Welfare Office of the National Government of Canada. Below is a compilation of these procedures. Products which can be used to contain the potentially infected spill and to clean the contaminated areas are recommended. The cleaning procedure is for antiseptically removing and handling of vomit, feces, blood, urine, or other body fluids.

1. Put on disposable gloves, rubber or plastic.
2. Absorb with dry chlorine absorbent (ChloraSorb): sprinkle on contamination.
3. Using absorbent paper towels or a spatula, lift soil and place it in a sturdy disposable plastic bag. Secure it with a tie.
4. Place the plastic bag with the soil into a second plastic bag. Secure with a tie.
5. Discard in a manner consistent with local regulations for solid waste disposal. Soil may be incinerated also. (Hospitals sometimes autoclave the plastic bags with the soil before disposal.)
6. Remove gloves from hands. Place in a container for disposal.
7. Wash hands using an anti microbial hand soap (BACTI-STAT, Sana Scrub, etc.) or rinse with alcohol (Cida-Rinse) if hand-washing is not available.
8. Put on a new pair of disposable gloves, rubber or plastic.
9. Clean the infected area with a hospital-grade germicidal cleaner (Hi-Tor Plus, Matar, etc.). Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in hot water cycle before rinsing. Disposable cleaning equipment and water should be placed in a toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dust pans, buckets, etc.) should be thoroughly rinsed in the disinfectant.

10. Remove gloves from hands. Place in a container for disposal.

11. Wash hands with an anti-microbial hand soap (BACTI-STAT, Sana Scrub, etc.). Dry. Rinse with alcohol (Cida-Rinse) if hand washing is not available.
APPENDIX B
Louisiana Health and Human Resources Administration
Division of Health

COMMUNICABLE DISEASE CHART

CHICKEN POX

EARLY SIGNS AND SYMPTOMS: Usually begins with a mild fever followed several days later by the occurrence of small, raised pimples which shortly become filled with clear fluid. Scabs form later.

INCUBATION PERIOD: 2 to 3 weeks commonly 13 to 17 days

PERIOD OF COMMUNICABILITY: Lasts for an interval of at least 7 days from the earliest evidence of the disease

SCHOOL ATTENDANCE RECOMMENDATIONS: Isolation at home is required for 7 days after the appearance of the rash and until sores are healed, or only a few remain, which are well covered by scabs. Other children in the family may attend school, but are to be closely observed by the teacher and excluded immediately at the first sign of illness.

PREVENTIVE MEASURES: Avoid exposure to cases.

DIPHTHERIA
(Immunization Required by Law)

EARLY SIGNS AND SYMPTOMS: Fever and sore throat, with white or grayish patches on the throat, palate or tonsils. The early signs are often mistakenly and dangerously confused with severe tonsillitis. Chronic skin sores, especially in or around the nose, may also be caused by the diphtheria organisms.

INCUBATION PERIOD: 2 to 5 days

PERIOD OF COMMUNICABILITY: Usually between 2 and 4 weeks

SCHOOL ATTENDANCE RECOMMENDATIONS: Isolation of the patient at home or hospital until health authorities determine the child is no longer infectious. All family contacts of the patient who are in school are to be isolated at home until released by the local health authorities. Schoolroom contacts should be placed under daily observation by teacher or nurse until 7 days after the last exposure.
PREVENTIVE MEASURES: Immunization of all children in early infancy. Usually given with whooping cough and tetanus immunizations. Booster doses are given at intervals as recommended by the family physician or Division of Health.

**INFECTIOUS HEPATITIS (JAUNDICE)**

EARLY SIGNS AND SYMPTOMS: An acute infectious disease with fever, loss of appetite, easily fatigued, darkened urine (Coca-Cola color), cream colored stools. Yellow jaundice appears late and often is not visible in children.

INCUBATION PERIOD: 15 to 50 days, usually 30

PERIOD OF COMMUNICABILITY: Usually between 2 and 4 weeks

SCHOOL ATTENDANCE RECOMMENDATIONS: Cases should remain at home for at least 7 days or longer after onset of jaundice, as decided by the family physician. Contacts need not be excluded from school, but should be observed for signs of illness.

PREVENTIVE MEASURES: Gamma Globulin is recommended for household contacts of cases. Good personal hygiene and sanitation are important. Hands to be washed after using the toilet and before eating.

**IMPETIGO**

EARLY SIGNS AND SYMPTOMS: Commonly found on the hands and face, but sometimes widely scattered over the body. There are small fluid filled pimples at first, followed by the formation of loose scales or crust.

INCUBATION PERIOD: 2 to 5 days

PERIOD OF COMMUNICABILITY: While sores remain unhealed or untreated The disease is spread by direct contact with cases or with articles recently soiled by discharges from the sores.

SCHOOL ATTENDANCE RECOMMENDATIONS: Infected individuals should be excluded from school until the sores are healed, or until released by local health authorities or the patient’s physician.

PREVENTIVE MEASURES: Good personal hygiene, with adequate bathing of the skin with soap and water. Avoid person to person contact.
MEASLES (RUBEOLA)  
(Immunization Required by Law)

EARLY SIGNS AND SYMPTOMS:  Cough, red watery eyes which are usually sensitive to light, running nose and fever. Elevation in temperature usually precedes the rash by a few days.

INCUBATION PERIOD:  10 to 21 days (usually 14 days)

PERIOD OF COMMUNICABILITY:  From beginning of illness until 4 days after rash appears

SCHOOL ATTENDANCE RECOMMENDATIONS:  Report suspected cases to parish health unit immediately. To reduce risk of complications cases should be isolated at home for at least 7 days following the appearance of rash. Other children in the family may attend school, but are to be observed carefully by the teacher and excluded at the first sign of illness. All unimmunized children should be immunized immediately.

PREVENTIVE MEASURES:  Immunization of all children as soon as possible after the age of one year.

MENINGOCOCCAL MENINGITIS

EARLY SIGNS AND SYMPTOMS:  Fever, sore throat, headache, nausea and stiff neck.

INCUBATION PERIOD:  Varies from 2 to 10 days (commonly 3 to 4 days)

PERIOD OF COMMUNICABILITY:  As long as meningococcal organisms remain in the nose and throat. (They usually disappear within 24 hours after appropriate treatment.)

SCHOOL ATTENDANCE RECOMMENDATIONS:  Cases should remain out of school until released by the attending physician. Family contact need not remain out of school but medical supervision is recommended.

PREVENTIVE MEASURES:  Intimate contacts (family, romantic, or person who have given mouth-to-mouth resuscitation) should be observed closely for symptoms for 5 days. Prompt treatment if symptoms develop is extremely important. School room or school bus contacts are at no higher risk of developing the disease than other persons in the general population. School officials need not notify parents of other children in a school when a case occurs. Such actions are unwarranted and often create community panic.
MONONUCLEOSIS

EARLY SIGNS AND SYMPTOMS: An acute infectious disease characterized by irregular fever, sore throat, and with or without glandular swelling.

INCUBATION PERIOD: Unknown but probably 2 to 6 weeks

PERIOD OF COMMUNICABILITY: Unknown, presumably from before symptoms appear to end of fever and clearing of the oropharyngeal lesions

SCHOOL ATTENDANCE RECOMMENDATIONS: Individual should remain out of school until released by the physician.

PREVENTIVE MEASURES: No specific measures recommended.
MUMPS

EARLY SIGNS AND SYMPTOMS: Begin with a slight fever and nausea. Then painful swelling appears about the angle of the jaw and in front of the ear.

INCUBATION PERIOD: 12 to 26 days (average 18 days)

PERIOD OF COMMUNICABILITY: From 6 days before salivary gland involvement until as long as 9 days thereafter

SCHOOL ATTENDANCE RECOMMENDATIONS: Isolation of the patient at home until the swelling disappears. Other children in the family may attend school, but the teacher should observe them closely and exclude them immediately at the earliest symptoms of illness.

PREVENTIVE MEASURES: Vaccine is useful for children over 12 months of age who have not had mumps.

PEDICULOSIS (HEAD LICE)

EARLY SIGNS AND SYMPTOMS: Irritation an itching of the scalp. Lice are light gray insects which lay eggs or "nits" on the hair, especially at the nape of the neck and about the ears.

INCUBATION PERIOD: Eggs hatch in a week; new lice start laying eggs about two weeks later

PERIOD OF COMMUNICABILITY: While lice remain alive on the person and until eggs on the hair and clothing have disappeared

SCHOOL ATTENDANCE RECOMMENDATIONS: Any child with lice must be satisfactorily treated with an effective insecticide before returning to school. It is not necessary for child to remain out of school after initial treatment, even though nits are present. The Health Department should be notified since the whole family should be carefully inspected.

PREVENTIVE MEASURES: Proper treatment of all cases to prevent spread to others.
PINK EYE (CONJUNCTIVITIS)

EARLY SIGNS AND SYMPTOMS: Irritated, red and watery appearance of one or both eyes, followed by swelling of eyelids and redness of surrounding areas.

INCUBATION PERIOD: Usually 24 to 72 hours

PERIOD OF ACUTE COMMUNICABILITY: During the course of active infection

SCHOOL ATTENDANCE RECOMMENDATIONS: The child should not attend school during the acute stage; may attend after signs and symptoms have disappeared. Other children in the family may attend school, but the teacher should observe them closely for early symptoms and exclude them immediately.

PREVENTIVE MEASURES: Personal hygiene and medical treatment of affected eyes.

POLIOMYELITIS
(Immunization Required by Law)

EARLY SIGNS AND SYMPTOMS: Slight fever, general discomfort and headaches. A stiff neck and muscle spasm occur later. Some cases develop paralysis.

INCUBATION PERIOD: 3 to 21 days (usually 7 to 12 days)

PERIOD OF ACUTE COMMUNICABILITY: Cases are most infectious from 7 to 12 days before and after the onset of symptoms

SCHOOL ATTENDANCE RECOMMENDATIONS: The patient should remain out of school until released by the physician.

PREVENTIVE MEASURES: Protection is best obtained by immunization which may be given in early infancy or at any age throughout life.

RINGWORM

EARLY SIGNS AND SYMPTOMS: Appears on the scalp as round scaly patches with short broken off hairs, but may occur anywhere on the body. It is spread by contaminated clothing (caps, etc.) or by contact with scales of hair from the sores. It may also come from contact with dogs and cats. Greatest incidence is in children 5 to 12 years of age but one type of ringworm may occur in adults.

INCUBATION PERIOD: 10 to 14 days

PERIOD OF COMMUNICABILITY: As long as present on the person or on
contaminated clothing

SCHOOL ATTENDANCE RECOMMENDATIONS: Anyone having ringworm should be placed under treatment by a physician. Return to school is dependent upon being under adequate treatment. No child should be re-admitted to the classroom unless he has a note from a physician stating he is under medical care. All infected areas must be covered.

PREVENTIVE MEASURES: Proper treatment of cases to prevent spread to others.

RUBELLA (GERMAN MEASLES)
(Immunization Recommended)

EARLY SIGNS AND SYMPTOMS: Begins with a rash. The fever and rash in German measles usually have a simultaneous onset. Small nodular swellings behind the ears often occur, aiding in diagnosis.

INCUBATION PERIOD: 14 to 21 days (usually 18 days)

PERIOD OF COMMUNICABILITY: One week before and at least 4 days after onset of rash

SCHOOL ATTENDANCE RECOMMENDATIONS: Report suspected cases to parish health unit immediately. Isolation of school children is not usually required. Exposure of pregnant women to infected children is to be avoided. Unimmunized children under 11 years of age should be immunized immediately.

PREVENTIVE MEASURES: Immunization of children in the 1 through 10 year group. This should be a requirement for school entry.

SCABIES (ITCH)

EARLY SIGNS AND SYMPTOMS: Appear as small, scattered, red spots which are most frequently found in the webs of the fingers and areas of the thighs and arms where the skin is thin. The itching is most pronounced at night.

INCUBATION PERIOD: Several days or even weeks before itching is noticed; recurrence is common

PERIOD OF COMMUNICABILITY: Until the affected part has been adequately treated. Spread is by direct contact with the microscopic mite causing the itch. This is usually from person to person, and sometimes by underclothing and soiled linen.
SCHOOL ATTENDANCE RECOMMENDATIONS: Exclude infected children from school.

**SCARLET FEVER AND STREPTOCOCCAL SORE THROAT**

EARLY SIGNS AND SYMPTOMS: Sore throat, swollen glands, headache, fever and generalized "reddish" rash. In some cases, sore throat may be the only sign. A person may be a "carrier" of the causative organism without signs of illness. Scarlet fever and strep throat are the same disease except for the rash.

INCUBATION PERIOD: 1 to 3 days

PERIOD OF COMMUNICABILITY: From the first sign of illness until sore throat, fever and rash have disappeared (about 10 days)

SCHOOL ATTENDANCE RECOMMENDATIONS: The patient is to remain out of school about 10 days or until released by the physician. Contacts need not be excluded from school.

PREVENTIVE MEASURES: No immunization recommended. Drugs to prevent the disease are often given to exposed children, particularly those with a history of rheumatic fever. Contacts should be referred to the family doctor for advice.

**WHOOPING COUGH**
(Immunization Required by Law)

EARLY SIGNS AND SYMPTOMS: Initially, symptoms are similar to those of a cold with sneezing and coughing. From one to two weeks later the cough becomes more severe with a characteristic "whoop"

INCUBATION PERIOD: 5 to 21 days (usually 10 days)

PERIOD OF COMMUNICABILITY: During the "cold" period and the first 3 weeks of the "whoop"

SCHOOL ATTENDANCE RECOMMENDATIONS: The patient is to be isolated at home or hospital for 3 weeks after the "whoop" is first heard. Other children in the family may attend school, but should be closely observed by the teacher and excluded immediately at the first sign of illness.

PREVENTIVE MEASURES: Immunization in early infancy, usually given in combination with diphtheria and tetanus immunizations. Booster doses are given at intervals as recommended by the family’s physician or the Division of Health.
APPENDIX C

Act 1046
of the
Regular Session
1990 Louisiana Legislature

House Bill No. 657
BY REPRESENTATIVES KENNARD AND MCCLEARY

AN ACT

To amend and reenact R.S. 17:1947(E), relative to responsibilities of school boards and school districts regarding exceptional children; to provide maximum time limits for transportation of exceptional children; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 17:1947(E) is hereby amended and reenacted to read as follows:

E.(1) Parish and city school boards and the special school districts shall provide whatever transportation is necessary to implement any exceptional child's individual education plan. Transportation shall be provided in cooperative programs according to the method established in the contract between the cooperating agencies or districts and shall also be in accordance with the child's individual education plan.

(2) Transportation time of any exceptional child receiving services pursuant to the provisions of Part I of Chapter 8 of Title 17 of the Louisiana Revised Statutes of 1950 and who requires special transportation services other than those provided for a regular education student, shall not exceed the maximum amount of transportation time for a regular education student in the same city or parish school system. However, variances from the requirements of this Paragraph shall be permitted as required by a student's individualized education program.
APPENDIX D

EXCERPTS FROM BULLETIN 1191:
SCHOOL TRANSPORTATION HANDBOOK

TRANSPORTATION OF STUDENTS WITH SPECIAL NEEDS WHO CANNOT BE TRANSPORTED BY A REGULARLY EQUIPPED BUS

Parish and city school systems should meet the following requirements in providing transportation for students who cannot be transported by regularly equipped school buses or the regular, established transportation system:

1. Transportation routes will be established by the local school system. These routes must be well planned to ensure economy and efficiency. All existing transportation of the local school system must be considered prior to establishing an additional route.

2. The special education program or class to which students will be transported must meet the requirements of R.S. 17:1941 et. seq.

3. Drivers of vehicles on the special routes will neither be subject to provisions of R.S. 17:496 (minimum salary schedule) nor will they be eligible for tenure.

4. Vehicles used on these special routes (private cars, station wagons, etc.) will be subject to safety inspections and carry the necessary insurance coverage required by the local school system.

5. Local school systems will reimburse drivers of vehicles (private cars, station wagons, etc.) approved by the locally-approved rate for reimbursement of mileage on the basis of miles traveled for one round trip per vehicle for each day of attendance.

TRANSPORTATION OF RESIDENTIAL (BOARDING) STUDENTS

The local school system, as specified in R.S. 17:1941 et. seq., has the responsibility of providing special education services. The first priority should be to use the facilities and personnel of the local school system itself. If this is not possible, a request should be made for the child to attend the nearest school in Louisiana, approved by the Special Education Division of the Louisiana Department of Education, where the child can obtain the required services. If it is not possible to obtain the required services in

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Louisiana, a request may be made for the child to attend the nearest out-of-state school approved by the Special Education Division of the Louisiana Department of Education.

Parish and city school systems must meet the following requirements for transportation of special needs students who cannot be transported by bus routes, which are subject to provisions of R.S. 17:495 (School Bus Drivers’ Salary Schedule).

1. The special education program or class to which students will be transported must meet the provisions of R.S. 17:1941 et. seq. and Regulations for Implementation of R.S. 17:1941 et. seq.

2. Drivers of vehicles on these routes shall not be subject to provisions of R.S. 17:495 nor will they be eligible for tenure.

3. Vehicles used on these special routes (private cars, station wagons, etc.) shall be subject to safety inspections and shall carry the necessary insurance coverage as determined by the local school systems.

4. Funds for such transportation services may be used by local school systems for transportation to the nearest facility approved by the Louisiana Department of Education only if the local school system is unable to provide the services required by the student with special needs. This need should also be verified by the student’s Individual Educational Plan (I.E.P.).

5. Payment for such transportation services shall be made by the local school system at the current state-approved rate for the reimbursement of mileage for transportation within the state for a maximum of nine (9) round trips per school year.

6. Payment for such transportation shall be made by the local school system at the current state-approved rate for the reimbursement of mileage for transportation out of state for two (2) round trips per year providing there is no program within the state that can adequately provide for the special needs of the student.