



**American
Red Cross**

Inclusion Resource Guide

Conducting and Administering
Preparedness and Health and Safety Services Courses

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Purpose of the Resource Guide

The American Red Cross and its authorized providers, licensed training providers and instructors are sometimes approached by people with disabilities who need accommodations or modifications to participate in Red Cross health and safety courses. As the American Red Cross welcomes people with disabilities in all programs and services, this document was created to offer guidance for these requests.

The *Inclusion Resource Guide* is intended to provide guidance on how to think about and plan for appropriate modifications for various Red Cross health and safety courses. It provides strategies and support around the creation of welcoming and inclusive environments in addition to guidelines for decision making. The information provided in this guide is intended to provide a starting point for thinking and having conversations about how best to support individuals with a wide range of needs in Red Cross health and safety courses. The examples and strategies suggested are not exhaustive. Instructors are encouraged to be creative and to engage with their course participants to establish appropriate, effective and safe accommodations.

This guide has been developed with an intentional avoidance of reference to specific diagnoses. We have instead focused on the individual needs of our course participants - *physical, vision, hearing, learning, verbal/non-verbal communication, behavior and seizure disorders*.

Once an instructor has identified the area(s) where accommodation may be needed for a specific participant, the appropriate section(s) of this guide can be referenced.

Each section also includes sample scenarios. These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

This guide does not constitute legal advice. Instructors, instructor trainers, employees and volunteers of Authorized Providers and Licensed Training Providers should seek legal advice through appropriate channels within their organizations.

American Red Cross Course Completion Certificates

The Red Cross issues course completion certificates to any individual who successfully meets the course objectives. The certificate acknowledges that at the time of course completion, the individual met all skills and knowledge objectives for the course. The certificate does not indicate that an individual meets the requirements for a specific job position or activity. It is the responsibility of the employer or prospective employer whether an individual meets the requirements for a job.

Requirements for Certification

To receive a course completion certification, participants must meet the knowledge and skill requirements of the course.

- *Meeting the objective* of a skill means demonstrating all skill criteria requirements at a proficient level as outlined for each skill in the skill assessment tool(s) of the instructor's manual.
- *Meeting the standard* means demonstrating *all* the skill steps as outlined in the skill charts and demonstrating *all* skill criteria requirements at a proficient level as outlined in the skill assessment tool(s) of the instructor's manual.

To certify individuals in the basic-level courses, participants must meet the objectives of each skill and of the overall course. To certify individuals in instructor and instructor trainer-level courses, participants must meet the standard of each skill.

For lay responder-level courses in First Aid, CPR and AED (including First Aid/CPR/AED, Responding to Emergencies, etc.), individuals in basic-level courses must be able to demonstrate a primary assessment and one cycle of CPR (breaths and compressions) on the ground one time during the course. All other practice and scenarios of CPR skills may be done on a raised surface.

For healthcare provider/professional-level courses (such as Lifeguarding, CPR/AED for Professional Rescuers, Basic Life Support, Emergency Medical Response, etc.), individuals in basic-level courses must be able to perform all skill practice and scenarios (including CPR) on the ground and/or as designed.

For Instructor/Instructor Trainer/Educator-level courses, individuals must meet the objectives of the course and be able to perform skills and scenarios to the standard as indicated in the performance criteria of each course.

Written Exams

Oral exams may be administered to individuals in all courses including instructor-level courses.

Guiding Principles

- Everyone is welcome in Red Cross courses.
- Instructors should modify the classroom environment and instructional methods when necessary to enable people with disabilities to participate in Red Cross courses.
- In determining whether a modification is feasible and appropriate, instructors should make safety of the instructors and all participants their top priority.
- Instructors should create and maintain class environments that are conducive to learning for all participants.
- All participants who can successfully complete the knowledge and skill portions of a course will be issued a course completion certificate.
- If a course participant requests an accommodation, the instructor should discuss the accommodation options with the participant to determine a reasonable approach that meets both the training objective and the participant's needs.
- If it is not feasible to provide a modification in a specific class (e.g., because there is not enough time to make the arrangements before the date of the class), the instructor should help the participant find a class that is more suitable.
- The instructor to participant ratio should be adjusted based on the needs of the individuals in a specific course.
- Whenever accommodations are provided they should be documented. This will serve as a record of the actions taken in a course and can inform future course participation (e.g. recertification). This will prevent both the instructor and the participant from having to "reinvent the wheel."

Language

The terms used in this guide are consistent with the principles of 'people first language (e.g. using "person with a disability instead of "disabled person"). Not only does this approach remove words that have long-held negative stigma regarding persons with disabilities (i.e. "crippled"), it also puts the individual before their disability. This emphasizes the importance of recognizing that a person is not the sum of their disability, but a whole and complex individual who happens to have a disability (<http://www.empowernl.ca/about-disability/disability-awareness/language>). Instructors should do their best to use the terminology preferred by the program participant.

Options for Participation

- A person may participate in a class even if certification is not attainable because of a disability. For those individuals, focus on helping them to learn as many of the course objectives as possible.
- Every participant in every course should be encouraged to participate within the safe limits of their ability and to learn as much as they can. For example, while not meeting requirements for certification a learner may be able to use what they learn in the class to coach another bystander to act during an emergency.

Preparing for Participation

- To appropriately plan accommodations, participants with additional needs should be identified before the course begins whenever possible. A proactive approach will often result in better outcomes. See Appendix B, Questionnaire for Participants with Disabilities.
- If there is a request for accommodation or training modification for a person with a disability, discuss possible solutions with the individual or his/her guardian and, if the individual prefers, his/her medical provider.
- If appropriate, consider what accommodations are made for the individual in a school setting. Because school represents an alternate learning environment, these accommodations can be very relevant and are often transferrable.
- If you are unsure whether participation of an individual in your course is appropriate, consider offering a trial session to determine if the participant's goals (i.e. certification) can be met. Be sure that this plan is understood and agreed to by the participant.
- Review the facility emergency action plan with all participants and identify accessible emergency exits and other relevant aspects where appropriate. Consider developing a "buddy system" for participants to improve safety in case of an emergency.

The Instructor–Participant Relationship

Learning is enhanced when participants feel comfortable with their instructors. For this to be possible, instructors need to be sensitive to the individual differences of their students. Instructors must be careful not to make assumptions about an individual's abilities or limitations, or about how the person feels about their disability or health condition. For example, many people who have lived with a disability for a long time may no longer view the condition as limiting or 'disabling'. However, other people who have acquired a disability or

health condition more recently (e.g. as the result of stroke or accident) may still be adjusting, physically and emotionally, to the changes to their new personal situation. Similarly, some participants may have progressively deteriorating (degenerative) health conditions, and their needs will change as their condition progresses. As an instructor, it is important for you to get to know each participant as an individual so that you can best understand, and help to meet, the person's needs.

Instructors should offer to provide assistance only if it appears to be needed. If your offer is declined, do not insist, and if your offer is accepted, ask how you can best help. Many people with disabilities have insights around the best ways to assist, and prefer to be asked rather than directed.

When communicating with a participant with a disability, communicate directly with the participant. Although caregivers or interpreters may need to be involved in conversations, take care to speak directly to the person with the disability, unless your question or comment is intended for someone else.

Be aware that a person is not defined by their disability, and a disability is only one aspect of somebody's personal identity. When appropriate, interact on topics beyond just the person's disability.

Developing Appropriate Modifications: A Problem-Solving Approach

All instructors have a responsibility to mediate and construct positive learning experiences for their participants. This requires a proactive AND interactive approach for discovering appropriate modifications that meet specific participant needs. This process doesn't need to be complex or lengthy. It does, however, need to follow a logical, sequential progression that leads to a rational solution.

Using an orderly and collaborative consideration of alternative solutions with the participant, instructors can become "independent accommodation innovators."

To develop a successful modification, the instructor's attitude must be one of 'possibility' within the "teach to the standard and test the objective" paradigm. The instructor, rather than looking at the 'impossibilities,' must look for the 'possibilities' for the student.

A major goal is to identify appropriate, safe and reasonable modifications or accommodations that allow the participant to achieve course objectives where and whenever possible.

Knowledge based learning components can often be explored using a variety of teaching methods. Consider the methods that you often use and ask, will they be inclusive of all learners? If the answer is no, consider alternate methods. There are often several different ways to explore the same concept (e.g. brainstorm, small group activity, group discussion, learning stations, etc.).

Facilitating Modifications

The goal is to identify appropriate modifications or auxiliary aides that allow the participant to achieve course objectives where and whenever possible.

NOTE: The term 'skill' as used in the context of this flow chart refers to any physical, sensory or cognitive action required to achieve the course objective(s).

Progression	Action
Identify the course skills and standards of performance to be achieved.	Red Cross instructor's manuals clearly identify the critical skill(s) to be performed and standards of achievement in the skill assessment criteria. The instructor and the participant should discuss the skill and ensure common understanding of both the skills to be performed and the objectives and standards to be achieved. Determine outcome desired – participation or certification.
Identify and articulate the functional skills required to be performed by the participant to successfully perform a specific skill.	'Function' focuses on what the skill accomplishes, not how it is achieved. Example: Compression of the chest is a function. Compression with the heel of your hand is a method.
Explore and identify participant's ability to perform skills using conventional and/or alternative methods.	Analyze the skill to determine the associated sub-skills. Have the participant identify other activities/situations in which he/she used or learned similar skills. Interview and 'test' the ability of participant to perform the various sub-skills.
Explore and identify participant limitations to successfully performing the skills.	Determine what part of standard or critical skill(s) the participant has difficulty performing successfully.
Identify alternative methods of achieving skills / standard.	Assess pros, cons, benefits and limitations of alternative methods.
Choose and execute preferred method.	Persevere with a chosen method. Don't give up too quickly if method isn't an instant success. Skill development takes time and effort.
If the chosen method proves to be unsuccessful, choose and utilize an alternative method.	Keep trying alternatives until a method is identified to achieve desired skill.
Achieve the objective.	Recognize success! Document what worked/didn't work for your records if required for reference at a later date.

Accommodations and Modifications

Accommodations and Modifications: Physical

Impaired mobility references a limited ability to move the body or one or more limbs. Many different health conditions can result in impaired mobility, including obesity, orthopedic conditions (such as arthritis) and neurologic conditions such as stroke, multiple sclerosis, amyotrophic lateral sclerosis (Lou Gehrig's disease), Parkinson's disease and cerebral palsy. Trauma, such as that leading to a spinal cord injury or amputation, can also lead to impaired mobility. In some cases, a congenital condition (for example, being born without a limb) can impair mobility. Just as impaired mobility has a wide range of causes, there is a wide range of possible accommodations.

Teaching Tips: Physical

- Discuss with the participant and his or her caregiver the accommodations that would be most effective and supportive. Many individuals will already be aware of the modifications that work for them or have experience in brainstorming solutions. Embrace the collaborative adventure that this can be.
- Be aware of your own biases. Avoid making assumptions about what an individual is capable of. Ask questions and be respectful of feedback.
- Consider your teaching strategies. Do they involve movement throughout the classroom? Which strategies will allow the learner to fully participate? Which will not? For example, if you normally have poster paper on the wall for brainstorming, consider placing the paper on an alternate surface such as a table top or the floor. Consider asking the participant if s/he would prefer another participant to write for them.
- People who use a wheelchair, walker or cane often consider this equipment to be an extension of their body and/or a vital mobility tool. Do not lean on them, touch them, push them or move them without permission.
- Determine the communication preference of an individual who uses a wheelchair. Some may prefer you communicate face to face, while others may prefer you remain standing when you speak.
 - *Participant comment – “I use a power wheelchair and don't mind looking up to somebody who is standing up. It can feel a bit awkward if somebody squats down to talk to me.”*
- Be aware that many individuals will ask for assistance if they need it. Generally, avoid offering assistance if it doesn't appear that the person needs any. Always ask if you can offer assistance before you provide assistance. When giving assistance, ask for instructions and follow them.

- Ask about the participant's capabilities, range of movement, ways of doing motor tasks and ways of communicating. You can use the questionnaire provided in the Appendix B, Questionnaire for Participants with Disabilities or Other Health Conditions.
- A participant who uses a wheelchair may need to transfer/be transferred to another surface such as the floor, for skill practice/demonstration. For your own safety as well as that of the participant, do not help in transferring the participant from his/her wheelchair unless you have received additional training in how to do so safely. Mechanical equipment may be involved or required in this process. Additionally, workplace health and safety regulations may deter you from lifting or transferring without mechanical support. Examples include portable aquatic lifts (on pool decks specifically) and Hoyer lifts. If this equipment is available in your facility ensure you are properly trained prior to use. Always ask before assisting a person who needs help moving or transferring, and allow them to direct any movement if possible.
- As much as possible, apply an accommodation to the whole group so as not to center any one participant out.

Paralysis is the loss of voluntary movement, sensation or both - may affect the legs (paraplegia) or both the arms and legs (quadriplegia) Paraplegia and quadriplegia are often the result of a spinal cord injury or other spinal condition. Hemiplegia is paralysis on one side of the body. Hemiplegia and hemiparesis (weakness on one side of the body) are often caused by a stroke. A person with hemiparesis may have a decreased sense of pain, touch and temperature on the affected side. Special considerations for participants with paralysis include the following:

- Take steps to avoid cuts or abrasions, especially if sensation is reduced.
- In an aquatic environment, use transfer mats or an aquatic access or pool lift to reduce the risk for abrasions caused by dragging body parts across the pool deck, and encourage participants to wear water shoes to reduce abrasions from the bottom of the pool.
- Be aware that these participants may be more prone to chilling. Suggest thermal gear or for aquatic courses rash guards, swim cap, or wet suit for those who may chill quickly. Watch for signs of hypothermia and end the session in favor of re-warming. Determine the temperature of the air and water in the facility and communicate this prior to the course start date if possible. Discuss water/air temperatures with facility operators if possible. Some may be willing to increase air or water temperatures for the duration of the course.

Facility: Physical

- Ensure that the facility where the course will be offered is accessible to the participant. Consider entrances (ramps/elevators and door width), classroom space, break space, washrooms, change rooms and shower areas. Ideally, the participant should have the opportunity to explore the location ahead of time to identify areas of concern. An alternate location may need to be considered if the original is not fully accessible.
- A clean, uncluttered space is important for everyone's safety; however, when you have a participant with a disability such as visual impairment or impaired mobility, keeping the space clear of obstacles is especially important.
- Ensure that emergency exits are accessible and clearly recognizable.
- Consider if the person can use the desks or tables in the classroom.
- Be willing to think outside the box. For example, what about a yoga or dance studio with open space and soft floors?
- Consider if participants can see and hear other participants and the instructor from where they sit.
- Ensure that an appropriate and accessible change room is available if needed.
- Consider additional equipment which may be necessary/helpful – e.g. water-safe wheel chairs for showering, mechanical lifts (either mounted or portable).

Materials: Physical

- Written and visual materials may need to be modified (e.g. large print).
- Have a variety of teaching materials available to allow for flexibility.

Assessment and Evaluation: Physical

- Consider providing additional instruction time.
- Extra practice, more feedback and individual attention may (or may not) be needed.
- Break physical skills down into more specific steps
- Allow skills to be performed at different levels where possible (i.e. on a table rather than the floor).
- When speaking, consider a microphone or head set.
- For written tests, consider assistance for individuals who have difficulty writing.

Scenarios: Physical

These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

- **Scenario:** the lifeguard course participant has arthritis and cannot effectively secure a head immobilizer strap that loops when responding during a spinal rescue activity.
 - **Suggested Accommodation:** replace the head immobilizer strap system with a model which uses Velcro and requires no looping. The participant is now capable of immobilizing the victim's head quickly and effectively.

- **Scenario:** the learner may have concerns about their ability to compress the chest of a training manikin due to stamina, loss of limb, arthritis, etc. Participant with one arm
 - **Suggested Accommodation:** meet with the learner in advance of your course. Review the components of CPR, allow them to take a training manikin home with them so that they can practice and consider different approaches prior to attending a course with other learners. This can build confidence and reduce anxiety over skill application.

Accommodations and Modifications: Vision

Visual impairments can range from near- or far-sightedness to difficulty seeing in low-light situations to a complete lack of vision (blindness). Individuals may have impaired vision from birth, develop a vision disability over time, or acquire it in a one-time event (i.e. physical or neurological damage). People with low vision often wear glasses, contacts or other visual aids, and those with a range of vision disabilities may also use white-tipped canes and/or guide dogs to navigate certain areas. People also use assistive technology including computer screen-reading software and voice transcription on cellular phones. Refer to Appendix D - Administering Oral Exams.

Teaching Tips: Vision

- Discuss with the participant and the caregiver the accommodations that would be most effective and supportive. Many individuals will already be aware of the modifications that work for them and/or have access to technology or adaptive equipment. Embrace the collaborative adventure that this can be.
- Give the participant an orientation to the environment in advance of other learners arriving so that they can take their time to explore. Do not rearrange the space without notice because this can impact the individual's ability to navigate successfully.

When guiding or interacting with an individual, always ask before initiating contact. For example, do not grab somebody's arm without asking and pull them around a room. Offer to guide them first and ask if they would like to hold your arm, if you should guide them by the shoulder, or if they would simply prefer to follow your voice and directions.

- Decrease auditory distractions when possible.
- Use your speech to supplement non-verbal cues that the person may miss out on. For example, use the person's name when first beginning to talk to him/her. In group settings, encourage people to use their names before beginning to speak.
- Use language carefully where directional words are concerned. For example, 'It's over there' is unhelpful, whereas 'It's on the table about 10 steps to your rights' may be more useful.
- Words such as 'look' and 'see' do not necessarily need to be avoided as many people with visual impairments have varying degrees of residual vision.
- Help people understand the meaning of what you are saying by encouraging them to feel the object under discussion or by demonstrating an action

- Use touch and audible signals such as a whistle to promote clear communication
- Consider teaching strategies which will allow participants to fully participate. For example, a case study that you read aloud may be more inclusive than a video.
- Look directly at the participant when you are speaking because the sound of your voice provides orientation and tells the participant where you are.
- When giving directions, be clear and specific and use cues that make sense to the individual.
- With advance notice, use tactile teaching. Guide the participant's movements or have the participant touch your body while you demonstrate the skill.
- For aquatic courses, participants who wear glasses should not be permitted to jump or dive into the water with the glasses on.
- Consider the use of music or other auditory cues when teaching (i.e. tapping on the side of the pool deck if the participant is in the water).
- Consider where the participant sits in a group. Have the participant identify the best position for him/her.
- Consider what support the participant will need in the event of an evacuation. Do they need to be linked to a peer or yourself?

Facility: Vision

- Ensure the learning environment is free of clutter and is well lit.
- Consider whether Braille labels would be beneficial on washrooms, elevators, classrooms, etc.
- Are there warning areas prior to steps and step-offs?

Materials: Vision

- Consider large print text and audio supports.
- Consider the use of a large white board or flip chart – use dark markers.
- Provide audio transcripts or screen readers where possible (and if needed)
- Encourage participants to verbally describe any images or guides, including groups that are using presentations or drawings on whiteboards/flip charts.
- Materials for some First Aid/CPR/AED programs are available in Braille. See Appendix D, Resources.

Assessment and Evaluation: Vision

- Modifications to written testing materials will likely be required
- Support during written testing will likely be required (i.e. reading questions and transcribing responses)

Scenarios: Vision

These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

- **Scenario:** a participant in an aquatic program has poor vision and is unable to determine who close the pool wall is when practicing endurance swims.
 - **Suggested Accommodation:** have someone on the pool deck who is designated to watch the participant, bang on the metal railing when the participant reaches a pre-determined distance from the wall. The reverberation can be heard under water. Test before putting into practice.

Accommodations and Modifications: Hearing

Hearing impairments vary greatly from mild hearing loss to profound deafness and may occur in one or both ears. Some people with hearing impairments may also have impaired speech. Because the ear also contains the sensory receptors that allow us to maintain our balance, some participants with impaired hearing may also have difficulty with balance, coordination or both.

Teaching Tips: Hearing

- Discuss with the individual or his/her caregiver the accommodations that would be most effective and supportive. Many individuals will already be aware of the modifications that work for them. Embrace the collaborative adventure that this can be.
- A participant with a hearing impairment can benefit when information is conveyed visually. For example, use demonstrations, pictures, or writing on a whiteboard.
- Some participants with hearing impairments may also be able to speech-read (lip-read), so make sure you position yourself so that the participant can clearly see your face. Clearly move your lips and enunciate when speaking.
- Most hearing devices cannot be worn in the water, so visual communication techniques and guidance in advance will be critical in aquatic courses.
- Supplement your demonstrations with posters or video demonstrations. Where possible, use videos that are captioned.
- Give clear verbal directions, but avoid exaggerating your speech. Speak slowly, naturally and clearly. Be sure the participant can see your face when you are speaking.
- For classes that require extensive verbal information, consider using an interpreter. Address the participant directly, rather than the interpreter. Some individuals do not use sign language, so ask before-hand if this is an appropriate accommodation.
- Make sure you have the participant's attention before you speak. You may need to lightly tap the person on the shoulder or wave to get his/her attention.
- Listen attentively to participants with hearing impairments who can speak and have a lisp or speech impediment. The more you listen, the more easily you will be able to understand the person's speech. Do not pretend to understand the person when you do not. Instead, let the person know that you did not understand and look for another way for him/her to get the message across. For example, she or he could write it down so you can read it.
- If the person has difficulty understanding you when you speak, consider using written communication, a computer or using a cell phone.

When practicing CPR, clap or stomp in a rhythm or create a visual rhythm.

- Use facial expression, body language and gestures to back up your speech.
- Consider where the participant sits in a group. Have the participant identify the best position for him/her.

Safety Note: *Establish clear gestures for emergencies. Provide safety information in a printed format. If they will not hear an alarm sound, ensure that they are linked to a peer who will notify them.*

Facility: Hearing

- Ensure that the facility is well lit.
- Consider how the individual will be made aware of an emergency (e.g. through flashing lights or a designated emergency “buddy”).
- Minimize background noise by holding classes during times when the facility is less busy, or in quieter areas of the facility.

Materials: Hearing

- Audio materials such as videos should include closed captioning when possible.
- Provide a transcript of teaching notes.
- Use printed material to supplement verbal information, particularly information related to safety.
- If possible, use teaching devices (e.g. mannequins or AEDs) that provide visual feedback.
- Consider providing the course video and/or course materials ahead of time so that the participant can read through and look at the materials prior to attending the course.

Assessment and Evaluation: Hearing

- Provision of interpreter if needed
- Participant may need to receive tactile or visual cues where auditory cues are standard (i.e. AED prompts).

Scenarios: Hearing

These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

- **Scenario:** during a skills screening, a Water Safety Instructor participant is hard of hearing and cannot wear their hearing aid in the water.
 - **Suggested Accommodation:** the instructor may speak less and demonstrate more, allowing the participant to watch others. Additionally, corrections can be given by referencing the course manual and allowing the participant to see photos and/or read the corrections. If the participant is fluent in sign language, an interpreter may be permitted to join the class.

- **Scenario:** A participant in a lifeguarding course discloses that they are deaf and wears hearing aids, but must take them out when he enters the water.
 - **Suggested Accommodation:** Have a conversation with the participant and help, if necessary, in creating a plan for getting in the water (i.e. removing hearing aids, etc.). Understand that the participant may be watching the other students to ensure understanding, not because of lack of skill. Consider augmenting your lecture by writing key information on a white board, or by providing handouts. Always provide homework information in writing, whether by writing on the board, handout or follow up via email. Recognize that the participant may benefit from preferential seating but allow him/her to select what works best. Frequently connect with ALL participants to check for understanding.

Accommodations and Modifications: Learning

Learning disabilities affect how a person understands, remembers and responds to new information. Some learning disabilities include attention deficit disorder, dyslexia (difficulty with reading and other language processing), and dysgraphia (difficulty with writing and/or fine motor skills). These situations can make it difficult for participants with learning disabilities to learn as quickly as those who do not have learning disabilities. Although some people with learning disabilities also have intellectual disabilities, many do not.

Teaching Tips: Learning

- Discuss with the individual or his/her caregiver the accommodations that would be most effective and supportive. Many individuals will already be aware of the modifications that work for them. Embrace the collaborative adventure that this can be.
- Determine the format that a person with a learning difficulty wants to receive information in. Ask for suggestions for adapting the material to make it easier for the participant to use.
- Be sensitive to, and provide, the extra time that may be needed to learn information and master skills.
- Speak clearly and slow the pace as necessary to help with understanding.
- Address and treat adults with a learning and/or intellectual disabilities as adults.
- Communicate directly with the participant with a learning and/or intellectual disability, not through a third person.
- Break skills down into their smallest component parts.
- Use a variety of ways to practice skills.
- Minimize distractions.
- Try to keep the same general format and organization for each lesson.
- Provide structure for skill learning and practice.
- Stage and divide practice into smaller chunks with frequent breaks. Consider breaking a course which is traditionally taught on one day, into several shorter days.
- Develop, with the help of the participant/caregivers, an inconspicuous method of reminding the participant to refocus when you feel that the participant is tuning you out, such as a physical cue.
- Use multisensory strategies, including written material, when giving directions and presenting skills. Demonstrate often.
- Emphasize common elements between skills already learned and new skills you are introducing.

- Use tools such as checklists, kitchen timers and note cards to help the participant stay on task.
- Allow for note taking as needed.
- Develop short one and two-word cues to give directions, as needed.
- Make sure people with difficulty reading have access to written information in a format they can understand. This could include drawings and/or videos depicting the same information.
- Ensure that participants are aware of any homework assignments/requirements.
- If someone is having trouble understanding or following instructions, use clear language and ask the person to repeat what they must do to ensure you have been understood.
- Rhymes and rhythmic sayings may help to reinforce learning.
- Whenever possible, avoid singling out a participant by giving them materials that are obviously different from what the rest of the group is using.
- When explaining tasks, use both verbal and visual instructions.
- If you need to guide a participant's movements, ask if it is ok for you to touch them and tell them what you are doing and why.
- Try to avoid moving around as you talk, as this can be distracting for participants who may find concentrating difficult.
- Consider a peer support individual in the class such as a more experienced participant/additional instructor

Facility: Learning

- Consider a classroom space that does not have distractions (i.e. windows overlooking a busy pool deck or community center)

Materials: Learning

- Use program materials that match the participant's level of understanding. For example, Ready Reference cards and skill sheets, both of which include pictures.

Assessment and Evaluation: Learning

- Participants may need instructions explained more clearly, or broken down into more specific steps.
- Some participants may need more time to complete tasks.

- Ensure that questions wording and instructions are clear. Confirm understanding with the participant by having them repeat back to you.
- Provide extra time if needed.
- Provide quiet space for taking written exams if needed.
- Remind participants they can ask questions about anything they do not understand on the written exam.
- Provide verbal administration of the written exam if needed.

Scenarios: Learning

These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

- **Scenario:** the participant is dyslexic and expresses concern regarding the exam scheduled for tomorrow's class.
 - **Suggested Accommodation:** the instructor reads out the questions and answer options to the participant which helps them to process more effectively.
- **Scenario:** the participant may not be able to apply a skill taught in class.
 - **Suggested Accommodation:** have cue cards available for each step of the skill and remove one at a time as participant shows confidence in that item (have several sets available for *any* participant who wishes to use them). Have each learner in the class try coaching another person through the skill, reinforcing that helping behaviors can take many forms.

Accommodations and Modifications: Verbal/Non-Verbal Communication

(See sections on Hearing and Vision for additional communication tips related to these specific needs.)

Communication typically develops as part of a pleasurable and reciprocal social process. However, for some individuals, communication may not be an enjoyable experience. This may be the result of being continually ignored, seeing no result of attempts at communication or through difficulties comprehending complex messages in the communication of others.

Communication refers to the transmission of meaning from one person to another, irrespective of the method used. In general terms, communication methods include: speech, Braille, sign language, pictures, internet, text messaging, touch and many more.

In addition, non-verbal communication (conscious or unconscious) contributes to the meaning of the words we use either by emphasizing or by contradicting what we are saying.

- Perseveration:
 - Refers to the continued use of speech that was appropriate in one context but is now no longer appropriate. (For example, an individual may continually talk about a specific TV program or repeat the same phrase even after others have responded.)
- Echolalia:
 - Refers to the repetition of words or sentences spoken by others. (For example, a person asked, 'What did you have for lunch?' might simply repeat the word 'lunch'.) Echolalia can often be easy to overlook. If a person is asked, 'What do you want to eat, a banana or some grapes?' and responds 'Grapes', that person may be thought to be genuinely responding to the question. However, the person may well have given that response simply because they are repeating the last word spoken to them.

Augmentative and Alternative Communication Systems

When an individual has limited or no speech, or speech that is difficult to understand, or has problems understanding other people's speech, they may find it helpful to use an alternative or augmentative communication method. An example of an alternative form of communication is Sign Language, which is used as a replacement for speech (American

Sign Language, or ASL, is the most commonly used in the United States). An augmentative communication system, on the other hand, is used to support the individual's existing speech and communication ability.

One example of an augmentative communication system is the use of symbols. These can be used in many ways. They may be presented in a book, on a computer or on a chart, which enables the individual to indicate choices, needs and desires. Symbols provide a more concrete and permanent reference point for the individual who may have memory difficulties or difficulty with abstract concepts.

Picture Exchange Communication System (PECS)

This is a comprehensive training system originally designed for use with individuals with autistic spectrum disorders. Here, the individual gives the picture of something they want to another person and the item is 'exchanged' for the picture. The written word is paired with the symbol and, as the individual develops an understanding of the purpose and benefits of communication, attempts at spoken language may be encouraged before the desired item is exchanged.

Symbols support communication in many ways. Symbols are concrete and present representations of thoughts and ideas, whereas words may be 'difficult to hold on to'. Symbols can be very specific to the individual. (For example, you might use a picture of their actual bed rather than a generic bed.) Many people with learning difficulties find visual images easier to remember than abstract words.

Teaching Tips: Verbal/Non-Verbal Communication

- Discuss with the individual or his/her caregiver the accommodations that would be most effective and supportive. Many individuals will already be aware of the modifications that work for them. Embrace the collaborative adventure that this can be.
- Learn and use the participant's preferred method of communication.
- Determine the participant's level of both expressive (what they're communicating to you) and receptive (what they understand you're communicating to them) language and plan your approaches accordingly.
- Minimizing environmental distractions, especially when you're learning a new communication style, can be very helpful
- Adapt the pace of your communication to suit the other person. Allow sufficient time for him/her to formulate a response.

- Consider culture. Non-verbal communication is often linked to culture. Rules concerning what are acceptable behaviors may differ in areas such as eye contact, proximity and touch.
- Listen attentively to participants who have altered speech. The more you listen, the more easily you will be able to understand. Do not pretend to understand the person when you do not. Instead, let the person know that you did not understand and look for another way for him/her to get the message across.
- Repeat what you have understood and allow the person to respond.
- Face the individual and maintain eye contact.
- Give the conversation your full attention.
- If the person is supported by another person, direct your comments or questions to the participant, not the companion.
- Do not assume that a person who has difficulties with speech is incapable of understanding you.
- If language is a barrier, consider making flash cards with basic cues, instructions and feedback phrases in the participant's language. An interpreter may be needed.
- Consider an increased use of visual materials and demonstrations.
- Avoid using situations where you ask learners to identify what they would NOT do (focusing instead on positive, affirmative actions).
- Appreciate the frustration that can accompany not being understood. Participants may need additional patience and flexibility.

Facility: Verbal/Non-Verbal Communication

- No modifications to the facility are likely to be required.

Materials: Verbal/Non-Verbal Communication

- Be prepared to use more visual materials – pictures, etc.

Assessment and Evaluation: Verbal/Non-Verbal Communication

- Participants may need instructions explained more clearly, or broken down into more specific steps.
- Provide extra time if needed.
- Provide quiet space for test taking if needed.
- Provide verbal administration of the test if needed.

Scenarios: Verbal/Non-Verbal Communication

These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

- **Scenario:** a lifeguarding course participant has limited verbal skills, but is strong at the physical skills. The instructor is having difficulty evaluating the participant's understanding of the theory.
 - **Suggested Accommodation:** to determine if the theory was understood by the participant the instructor may evaluate if the objectives are demonstrated on deck and throughout the course; professional conduct and appearance, leadership in action, using personal protective equipment, etc. If these evaluated components are satisfied in action, it can be assumed the participant understands the theory or respects the requirements/processes.

Accommodations and Modification: Behavior

Challenging behavior can be associated with several conditions including autism and attention deficit disorder and is often associated with frustration, fear or the inability to be effectively understood. When confronted by some form of challenge, it's always worth stepping back and asking yourself - why might this person be showing this behavior? What's going on from *his or her* point of view that makes them need to do this? (<https://www.scope.org.uk/support/parents/challenging-behaviour/reasons>)

Teaching Tips: Behavior

- Discuss with the individual or his/her caregiver the accommodations that would be most effective and supportive. Many individuals will already be aware of the modifications that work for them. Embrace the collaborative adventure that this can be.
- Recognize that all behavior represents communication. It's the role of the instructor to work with the participant and others to determine what the participant is trying to convey.
- Have clear expectations for the participant's behavior and communicate them ahead of time.
- Keep the rules simple and be ready to redirect the participant's behavior and actions in positive ways.
- Enforce policies uniformly and consistently.
- Model appropriate behaviors and be ready to redirect the participant's behaviors in positive ways. Focus on what you want the participant to do, rather than what you do not want him to do. For example, say "Please walk" instead of "Don't run.". Some people will not understand what actions or behavior you are trying to achieve if you simply tell them what you do *not* want them to do. Focusing on the desired results creates a much more positive atmosphere for your participants and for you.
- Maintain routines.
- Verbal messages should be short and clear. Support verbal instructions with visual ones whenever possible.
- Develop a system, specific to the participant, to signal the beginning and end of a lesson/activity and to signal a transition from one activity to another.
- Use picture boards and/or verbal cues to help communicate upcoming changes in the activity schedule and give advanced notice about a change in activity. The uncertainty surrounding change is a relatively common antecedent to 'behavior'.
- Establish short one or two-word meaningful cues to facilitate initiation of an activity.

- “First, Then” can be a very effective strategy (e.g., “*First* (skill/activity), *then* (preferred activity/break)”).
- Be sure you clearly state and discuss the rules with the participant, as well as the participant’s parents or caregivers.
- Ask the participant’s parents or caregivers what responses they take when the participant displays inappropriate behaviors, and try to use similar techniques.
- Be sure the participant and the parents or caregivers clearly understand the consequences for inappropriate behaviors, and apply these consistently.
- Praise appropriate behavior.
- Plan all parts of the lesson to prevent unoccupied time. Consider having filler activities if you need to take a break from learning to refocus.
- Take note of if a “time-out” (or break) approach causes the participant’s behavior to escalate. If it does, it is possible that a “time out” is what the participant was seeking in the first place. If this is the case, incorporate breaks into your schedule, and give the participant a way of communicating that s/he needs a break.

Facility: Behavior

- No modifications to the facility are likely to be required.

Materials: Behavior

- Short/brief directions and simplified text may be required to hold the participant’s attention and allow them to retain objectives and facts rather than losing focus within wordy discussions, slides, and flip-chart work.

Assessment and Evaluation: Behavior

- No modifications to the assessment or evaluation are likely to be required.

Scenarios: Behavior

These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

- **Scenario:** a course participant who has autism is disruptive in class, affecting the classroom environment negatively for other participants.

- **Suggested Accommodation:** assess why the participant is losing focus or interest. Discuss strategies with the participant. Suggest a class break and reconvene. During the break modify delivery of activities to be more interactive and engaging for all.
- **Scenario:** a WSI candidate is using a cell phone during class after being told that cell phones are not allowed. Student discloses a non-verbal processing disorder/ learning disability.
 - **Suggested Accommodation:** Have a conversation with the student to find out how you can accommodate her learning needs. It's possible that the student is using a cell phone to take notes in class, which you may choose to allow. Check in frequently with the participant to ensure comprehension. (It is good practice to check in with all participants). Have student repeat directions back to you to ensure comprehension. Follow up with written instructions (e.g., handouts, email follow ups, etc.) especially for deliverables (i.e. next class is practice teach).

Accommodations and Modifications: Seizure Disorders

A person who has recurring seizures has a condition known as a seizure disorder. Seizures are the result of sudden, abnormal electrical activity in the brain lasting from several seconds to several minutes. One very common seizure disorder is epilepsy, but a person can also develop a seizure disorder following a stroke or other brain injury.

Seizures are as different as the people who have them. For example, grand mal seizures include mild to significant physical shaking, while petit mal seizures (or “auras”) usually entail a person staying still and not interacting. These can last for a few seconds to several minutes, and a person may also seem confused when recovering from a seizure event. Certain environments, situations, or substances can lower a person’s seizure threshold and increase their likelihood of having a seizure event. Some of these factors include very high or low temperatures, bright or flashing lights, loud noises, exhaustion, and certain drugs or alcohol.

Teaching Tips: Seizure Disorders

- Discuss with the individual or his/her caregiver the accommodations that would be most effective and supportive. Many individuals will already be aware of the modifications that work for them. Embrace the collaborative adventure that this can be.
- Know the type of seizure your participant is prone to have looks like and what the antecedents (if any) are.
- Be aware of the signs of an impending seizure (if any) for the individual participant. Some individuals may even sense an impending seizure and be able to notify you in advance. Determine in advance what responses are necessary and preferable, and where emergency medication (if taken) is kept.
- If delivering a course in an aquatic environment, communicate the medical needs of the student to the aquatic safety team on deck to ensure proper care is given.
- Ensure that conversations regarding this are tactful and private. The participant may or may not wish to share this information with his/her fellow students.
- Know how to recognize a seizure and how to respond quickly and appropriately if a participant does have seizure. Know your role in, and practice, emergency action plans for land-based and, if applicable, water-based seizures.
- For all aquatic courses, ensure there is a lifeguard on duty for in-water class time.
- Ask the participant if you can make the lifeguard on duty aware of this.
- Keep the participant from getting over-tired or too cold.

- Contribute to an environment that will support the participant's needs and minimize the chance of seizures (i.e. lights on reflective surfaces may need to be reduced).
- After the seizure the person may be disoriented and confused, and may complain of a headache. They will need to hydrate and rest. Provide privacy if needed.

Safety Note: *Participants who have uncontrolled seizures need close supervision, especially in an aquatic environment. It is recommended that participants consult with their healthcare provider before participating in class.*

Facility: Seizure Disorders

- Be aware of hard, sharp edges such as on metal tables that an individual could fall against.
- Consider the availability of a soft surface like a mat, to support an individual who is having a seizure.
- Consider where the participant would relax and recover after a seizure event.

Materials: Seizure Disorders

- No modifications to course materials are likely to be required.

Assessment and Evaluation: Seizure Disorders

- No modifications to either assessment or evaluation are likely to be required.

Scenarios: Seizure Disorders

These scenarios are simply examples and are intended to provide a starting point for instructors. The accommodations suggested will not be appropriate for all participants.

- **Scenario:** the participant requires their service dog be present at all times to warn of impending seizures.
 - **Suggested Accommodation:** discuss with the facility operator and the participant; where is the best place for the service dog to be positioned? Section off this area with support from the guard staff, to ensure no public interference during the participant's time in the water.

Appendices

Appendix A: Service Animals

Ensure that the other participants understand the role of a service animal. It is not a pet and should not be played with or distracted. Ensure that the service animal has access to water.

Q: Should a person with a disability be allowed to bring his or her service animal into the classroom?

A: Yes. A service animal refers to any animal individually trained to aid an individual with a disability. Organizations such as the Red Cross are required to permit the admittance and use of service animals.

Q: Does the participant need to show proof that the animal is a service animal?

A: No. A person with a disability who is accompanied by a service animal may not be asked to show proof that the animal is a service animal. Some, but not all, service animals wear special collars or harnesses. Businesses may ask if an animal is a service animal or ask what tasks the animal has been trained to perform, but cannot require special ID cards for the animal or ask about the person's disability.

Q: Who needs to provide the service animal with 'breaks' (i.e. a 'walk' for a dog)?

A: It is the responsibility of the participant to provide all care required for the service animal.

Q: What if another participant is allergic to the service animal?

A: The instructor can discuss accommodations to separate the participants in this course.

Appendix B: Questionnaire for Participants with Disabilities or Other Health Conditions

This information is to be used for the sole purpose of the [insert program name] to meet the needs of the participant in swim lessons.

Participant Name (Last)		(First)		
Parent Name (Last)		(First)		
Address		City	State	Zip Code
Day Phone Number	Evening Phone Number Best Time to Call	Emergency Contact Name: Phone Number:		
E-mail Address		<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	

1. What is the participant's disability and the extent of the disability?

2. Please describe the participant's abilities and limitations regarding fine motor skills (such as grasping or manipulating objects).

3. Please describe the participant's abilities and limitations regarding gross motor skills (such as walking, throwing or jumping).

4. Does the participant have any special medical condition that we should be aware of (such as a seizure disorder or allergies)? If seizures are part of the health condition, please complete the last section of this questionnaire.

5. How does the participant communicate?
 Verbally Nonverbally Sign Language Communication Board
6. If the participant has difficulty communicating, what is the degree of difficulty?

7. Is the participant usually able to listen to and follow directions appropriately?

8. Does the participant exhibit any behaviors that might interfere with programming (noncompliance, hitting self or others, or tantrums)?

9. Is the participant currently on a behavior management program? If yes, please describe:

10. What type of reinforcement and/or rewards work best to keep the participant motivated and focused?

11. What is the participant's attention span?

12. Is there any other information you would like to share that may be helpful?

{Many facilities require that the signature block include a medical release, hold harmless agreement, liability waiver, photography release and refund/cancellation policy. Consult your facility's legal counsel for this information.}

Signature: _____ Date: _____

Parent's signature required for all participants less than 18 years of age.

For participants with a seizure disorder:

Health Care Provider: _____ Phone: _____

Receiving treatment? Yes No

Type of disorder: _____

1. What is the likelihood and frequency of seizures during program hours?

2. Describe any limitations specified by a health care provider:

3. Describe a typical seizure pattern, including typical length of seizure:

4. In the event of a seizure, what would you like us to do?

Appendix C: Administering Oral Exams

Identifying People with Reading Difficulties

Whenever you teach a course, you should be aware of the possibility that one or more participants may have reading difficulties. You must be prepared to detect any such difficulties and provide those participants with every opportunity to succeed. This becomes more critical in American Red Cross courses and programs that require passing a written examination to meet course completion requirements. Through observation, you may be able to detect that an individual has reading difficulties.

Be prepared to support poor reading skills when a participant says that s/he:

- Knows English as a second language.
- Forgot his or her glasses.
- Has not done well in educational settings.
- Does not do well in testing situations.

Be prepared to support poor reading skills when a participant:

- Seems nervous and apprehensive.
- Does not follow along or turn pages as the instructor reads.
- Has difficulty communicating in English.

General Guidelines for Administering Oral Exams

Whenever an instructor identifies or suspects that a participant has a reading difficulty, he or she may administer the examination orally. The primary reason for suggesting this alternative form of testing is that the complexity of some multiple-choice questions can make it even more difficult for those individuals who may have reading and/or learning difficulties, or whose primary language is not English.

Instructors should:

- Avoid singling out anyone in the class.
- Whenever possible, provide a private setting for administering the oral examination so as not to distract the other participants.
- Issue a general statement before administering the written exam asking if anyone has forgotten their glasses or if they are generally uncomfortable with written exams. Let participants know you may give the exam orally.
- Ask questions so that the respondent can answer in his or her own words.
- Do *not* coach or lead the participant to the correct answer.

- Rephrase the question(s) using simpler vocabulary, or vocabulary with which the student may be familiar.
- Have a manikin or first aid materials available as visual aids when giving an oral exam and be prepared to “act out” or demonstrate the test question.
- Consolidating questions is one strategy that may be useful in administering oral examinations to some individuals. However, if it confuses the participant, it may be better to ask examination questions individually.
- Co-instructors or assisting instructors can be of great assistance in oral testing situations.

Appendix D: Resources

This section is designed to provide a list of resources related to specific topic areas. Please note, this is not an exhaustive list.

General

- Able Data - abledata.acl.gov
- Americans with Disabilities Act - ada.gov
- National Council on Disability (NCD) ncd.gov
- National Organization on Disability – nod.org
- The National Rehabilitation Information Center naric.com

Amputee Resources

- American Amputee Foundation - americanamputee.org
- Amputee Information Network - amp-info.net
- Amputee Resource Foundation of America, Inc. (ARFA) – amputeeresource.org
- National Amputation Foundation - nationalamputation.org

Autism Resources

- Autism Speaks - autismspeaks.org
- Autism Society - autism-society.org
- Center for Autism and Related Disorders - centerforautism.com

Epilepsy Resources

- American Epilepsy Society - aesnet.org
- Epilepsy Foundation - epilepsy.com

Hearing and Vision Loss Resources

- American Red Cross of Northern New Jersey Braille Unit - redcross.org/local/new-jersey/programs-services/community-services/braille
- American Association of the Deaf-Blind - aadb.org
- American Printing House for the Blind - aph.org
- Helen Keller National Center - helenkeller.org
- Lighthouse International - lighthouse.org
- National Association of the Deaf - nad.org
- National Association for Visually Handicapped nchpad.org
- National Braille Association, Inc. nationalbraille.org
- National Captioning Institute ncicap.org
- Registry of Interpreters for the Deaf, INC. - www.rid.org

Laryngectomy Resources

- American Cancer Society (ACS) – cancer.org
- International Association of Laryngectomees – larynxlink.com

Learning Disability Resources

- Learning Disabilities Foundation - ldaamerica.org
- National Center for Learning Disabilities - nclld.org

Multiple Sclerosis Resources

- Multiple Sclerosis Association of America (MSAA) – msaa.com
- Multiple Sclerosis Foundation - msfacts.org
- National Multiple Sclerosis Society - nmss.org

Spinal Cord Injuries/Paralysis Resources

- Christopher Reeve Paralysis Foundation (CRPF) - christopherreeve.org
- National Spinal Cord Injury Association - spinalcord.org
- Spinal Cord Injury Information Network - spinalcord.uab.edu