

WS2 Handout 5 (Slide 38): Ensuring Physical Health and Safety Within Special Needs Populations

Among students in special education, with disabilities, or with chronic illnesses, special actions may be needed to ensure physical health and safety. Practical suggestions for reaffirming physical health and safety among these special populations have been offered by Brymer et al. (2006) and Susan (2010).

First, ensure that adequate lighting is available and implement protective measures to minimize slipping, tripping, and falling among those with physical challenges.

Second, ensure that students who lack mobility or may fall easily are placed in areas that are accessible. These areas should not require the use of stairs or be located in the lower levels of any shelter.

Third, ensure that students maintain access to mobility and sensory devices, such as wheelchairs, glasses, and hearing aids. If student volunteers are used to help transport special needs students, having that familiar and trusted individual to assist if an evacuation is required is ideal. However, the possibility that these more familiar caregivers may not be available in an emergency situation needs to be acknowledged, and alternative transport resources need to be available. For students in electric wheelchairs, reaffirming physical health would include provisions for when the chair's battery runs out of power (e.g., extra batteries or the presence of individuals strong enough to push an electric wheelchair that has run out of power).

Fourth, ensure that all self-care needs continue to be met, such as assistance with eating, dressing, and toileting. An additional power source may be necessary if a student has special health care needs, such as students who require suctioning.

Fifth, ensure that medications continue to be made available, for example, insulin for students with diabetes. Susan (in press) recommends that a 72-hour supply of such medications be on hand, and that a list containing the names of students and their medication and dosage be readily accessible.

Finally, ensure that students with pervasive developmental disorders (e.g., autistic disorder) avoid unfamiliar and overstimulating environments. They may benefit from social stories (or scripts) that describe crisis response procedures. For those with sensory issues (e.g., hypersensitivity to sounds), caregivers must be mindful of the sounds, such as fire alarms, that may trigger strong emotional reactions. Students with cognitive delays may not understand the threat presented by the crisis event; therefore, if school personnel are able to clearly communicate that the student is physically safe, the danger of psychological trauma will be minimized. However, students with cognitive delays may be unable to communicate their physical needs, which may increase their psychological vulnerability.

References

- Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., ... Watson, P. (2006). *Psychological first aid: Field operations guide* (2nd ed.). Rockville, MD: National Child Traumatic Stress Network and National Center for PTSD. Retrieved from http://www.nctsn.org/nccts/nav.do?pid=typ_terr_resources_pfa
- Susan, M. K. (2010). Crisis prevention, response, and recovery: Helping children with special needs. In A. Canter, L. Z. Paige, & S. Shaw (Eds.), *Helping children at home and school III: Handouts for families and educators* (pp. S9H4-1–S9H4-3). Bethesda, MD: National Association of School Psychologists.

Note. Adapted from *School Crisis Prevention and Intervention: The PREPaRE Model* (pp. 112–113), by S. E. Brock et al., 2009, Bethesda, MD: National Association of School Psychologists. Adapted with permission.