



**American
Red Cross**

**Americans with Disabilities
Act (ADA) Resource Guide
for Conducting and Administering
Health and Safety Services Courses**

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Chapter 1: Foundations for Modifications

Purpose of this Guide

For years, American Red Cross national headquarters and local chapters have been approached by Health and Safety customers with disabilities whose needs required changes to meet the specific objectives set forth in Health and Safety courses. These decisions have been based on a doctrine of fairness to the individual within the standards set forth in the courses. The mandates of the Americans with Disabilities Act (ADA) require American Red Cross to closely examine its nationally defined course objectives and require modifications to those practices, policies and procedures necessary for individuals with disabilities seeking training or certification.

National headquarters Preparedness and Health and Safety Services Department provides this guide to assist instructors and chapters in incorporating modifications into American Red Cross courses for individuals with disabilities. The focus is to identify instructional situations where modifications may be necessary and identify potential solutions that emphasize teaching to the standard while testing to the objective.

The first chapter of the guide provides a foundation for modifications. This section condenses pertinent information presently found in a variety of Red Cross manuals that is applicable to understanding the reasons and rationale(s) for modifications.

The second chapter identifies a collaborative problem-solving model designed for the Red Cross instructor or instructor trainer to facilitate identification and design modifications that a participant may need during a course.

The third chapter offers a group of generic Frequently Asked Questions related to Red Cross course modifications.

Chapters four through seven include articles of interest about the following topics: service animals; effective communication; facility accessibilities; and multiple sclerosis.

Chapter eight provides resources for a number of disabilities. The resources are divided into three types of assistance: general organization resources, chapter based resources and technical resources. General resources provide global information regarding specific types of disability concerns. Chapter based resources and technical resources include more specific modes of finding specialized American Red Cross and content accommodation information. Contact information and web sites are provided to access further information from these resources. These resources serve as a starting point for further information. When looking on the Internet, you can enter the name of the resource or appendix into any search engine and locate additional sites that may be useful in addressing you questions.

Commitment to Meeting the Needs of People with Disabilities

Historically, the American National Red Cross has espoused the benefits of and need to accommodate participants with specific learning needs. The initial focus was the Swimming for the Handicapped/Adapted Aquatics program, which began in the 1940s and continued to the mid 1990s when these concepts were condensed within the WSI (r. 1996) materials.

In 1991, Health and Safety Services at National Headquarters made the commitment to assure that videos produced by Health and Safety were closed captioned for hard of hearing or deaf customers. This led to, in the early 1990s, a National Headquarters Health and Safety Services staff person being tasked with becoming the ADA point of contact and available to assist chapters with ADA issues and questions.

The American Red Cross focus on meeting the needs of people with disabilities has led to the inclusion of ADA information and general, potential modifications in some course materials and all instructor/instructor trainer manuals.

Guiding Principles of Modifications

There are multiple informational sources identified in American Red Cross documents advocating the necessity to formulate and provide modifications for participants enrolled in Health and Safety courses. This trend has followed educational and instructional best practices and is based within sound educational methodology while maintaining conformity with ADA. These documents include:

1. Americans with Disabilities Act

The Americans with Disabilities Act provides the guiding principles related to addressing the needs of persons with disabilities enrolled in Health and Safety classes. Title III of the ADA bars discrimination against people with disabilities in places of public accommodations (schools, banks, restaurants, social service agencies, offices, retail sales establishments, etc.). Individuals with physical or mental disabilities may not be denied full and equal enjoyment of the goods, services, facilities, advantages or accommodations offered to the public.

A place of public accommodation, like a chapter offering Health and Safety Services courses, may not discriminate against its patron, clients, invitees or guests on the basis of real or perceived disabilities, and must make reasonable modifications in policies, practices and procedures when the modifications are necessary to afford goods, services, facilities, privileges, advantages or accommodations to individuals with disabilities. Additionally, a place of public accommodation must provide auxiliary aids and services when offering services to the public, for example, qualified readers and sign language interpreters and large print materials. It is the responsibility of the unit to make Red Cross training, services, and facilities accessible to people with disabilities. This may mean that you need to make sure your training locations and other facilities are wheelchair-accessible.

2. The Five Key Commitments, specifically Commitment to Customers

The American Red Cross has identified and actively pursues The Five Key Commitments:

- Commitment to Self
- Commitment to the Organization
- Commitment to Customers
- Commitment to People
- Commitment to the Task

The most pertinent, in regard to ADA, is Commitment to Customers. Commitment to Customers, as defined in the Five Key Commitments, means knowing who the customers are, meeting their

needs, encouraging their input, and acting to solve customer problems in a timely manner. It implies treating customers respectfully, recognizing that users of Red Cross Services are a top priority and that their long-term satisfaction is more important than any short term gain of the organization. (Keilty, Goldmith, and Boone, 1983)

The focus on Commitment to Customers compels a chapter and instructor to be sensitive to and accommodate the unique needs of the learner, particularly those individuals with a disability. Thus, a chapter and its instructors should be involved in a pro-active approach to identifying these needs and modifying Red Cross policies, practices and procedures and/or providing auxiliary aides accordingly.

3. American Red Cross Preparedness Manual for Administrative Policies and Procedures (MAPP) identifies the following general recommendations related to the Americans with Disabilities Act:

Allow access to anyone seeking admission to a course (provided prerequisites are satisfied) regardless of real or perceived inability to participate in or pass the course.

Tell participants in every course to participate within the limits of their ability and learn as much as they can. For some people, certification may not be important. For those individuals, focus on helping them to learn as much as possible.

If there is a request for accommodation or training modification for a person with a disability, discuss possible solutions with the individual or his or her guardian and, if the individual prefers, medical provider. If unsure whether reasonable accommodation can be provided, chapters should contact the Program Administration unit at national headquarters for guidance. The chapter may not need to provide the accommodation preferred by the individual as long as the accommodation offered is reasonable, meets training objective and the participant's need (example: instead of building a permanent ramp into a pool, they use a swing-arm harness for a participant needing help entering the pool).

Certify each participant who can meet course skill and knowledge testing objectives.

Use available resources to assist people with special needs.

Any modification that is made for students to complete a basic-level course can be applied for instructor candidates, who are otherwise eligible, to be certified in an instructor-level course. This includes modifications made for the participant to complete the precourse session.

4. Teach to the standard. Test to the objective. Modify to the objective.

The American Red Cross *Fundamentals of Instructor Training (FIT) Participant's Manual* (©2000, p. 17-18) specifically addresses how instructors should assess learner performance. In particular, instructors are responsible for:

- Checking to see that learning is occurring.
- Meeting course objectives.

- Assuring participants are able to apply knowledge and skills to meet the objective.

Many courses that result in certification clearly identify the '**critical elements**' of motor skills, such as sequence, timing, duration and technique. Participants must demonstrate these critical skills correctly without coaching or assistance in order to complete course requirements successfully and receive a course completion certificate. Each participant must be able to demonstrate successfully the required skills. If a participant is having difficulty performing a skill and the instructor cannot easily correct the problem before the end of the course, the instructor is to discuss this privately with the student. It is, however, far less intrusive to the learning process if necessary modifications can be identified *prior* to the start of the course and then utilized to assist the learner in achieving a successful course experience.

The ADA has led to an increased awareness within the American Red Cross that people with disabilities can perform psychomotor skills in first aid, CPR and aquatics with or without modifications or auxiliary aides. The skills needed to prevent injury or to save a life may need modification, but the result is the same.

This awareness challenges instructors to focus on the critical components of a skill (as identified in each course instructor manual) that are needed to successfully complete an objective, rather than focusing on perfecting every part of the skill. Instructors should always teach to the *standard* (i.e., teach the psychomotor skill exactly as represented in the video, skill chart and/or participant's manual), but be aware that participants may modify how a psychomotor skill is accomplished and still meet the *objective* (FIT Participant's Manual, ©2000, p. 17).

In addition, many Health and Safety courses require the learner to demonstrate mastery of cognitive knowledge. While instructors are provided with written exams to assess learner knowledge, these examinations may be given orally to participants. Appendix D (p. 39-40) in the *Fundamentals of Instructor Training Participant's Manual* provides specific information related to identification of individuals who may have reading difficulties. Appendix E (p. 43-44) provides detailed information regarding the administration of oral examinations.

Due to the psychomotor nature of most Health and Safety courses, some participants may face physical challenges performing course skills. These participants could potentially include older participants and those with a disabling or medical condition. In Appendix H (p. 55-56), the *Fundamentals of Instructor Training Participant's Manual* offers the following suggestions regarding suggested modifications to assist participants with physical challenges:

- Increase the amount of time the instructor spends with participants.
- Allow frequent rests.
- Help participants modify techniques necessary for successful skill completion.
- Emphasize the value of information and skills learned, regardless of whether participants earn certification.

Final Take Home Message

The American Red Cross is committed to complying with the legal requirements of the ADA. Chapters, instructors and instructor trainers are challenged to become pro-active in identifying the needs of individuals with disabilities and modifying policies, procedures and practices accordingly, including providing auxiliary aides.

Modifications are not necessarily generalizable, and must consider the specific individual and his/her needs as well as the specifics of the Health and Safety course that the individual wishes to take. Thus, while there may be commonalities based on the needs of the individuals, the modifications may not be exactly the same for Student A and Student B even if their general disability classification is the same.

The next section in this manual offers a framework for identification of modification(s) appropriate for the customer(s) who are requesting changes. This framework emphasizes teaching to the standard while testing to the objective and utilizes a flow-chart, if-then approach.

Chapter 2: A Problem-Solving Approach to Develop Appropriate Modifications

As American Red Cross instructors and instructor trainers, our commitment is to the customer. Therefore, we have a responsibility to mediate and construct positive learning experiences for our 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." Such planning permits the customer/participant to have a positive learning experience within the policies and procedures of American Red Cross Health and Safety courses.

Potential Barriers and Blocks within the Modification Process

The purpose of a modification is to assist the participant in successfully achieving the course's learning objective(s). As noted in Chapter 1, American Red Cross instructors and instructor trainers are guided by both Health and Safety policy and procedure, and by their training, to the principle of "teach to the standard and test the objective." This principle can easily be used to formulate a process for modifying procedures.

It should be noted that there are potential barriers and pitfalls within the modification process. Perhaps a major consequence is that many instructors and instructor trainers have limited knowledge about what it is like to be a person who is living with a disabling condition. For an able-bodied person, it is difficult to envision the reality of being in a wheelchair or using an assistive device day in and day out. Thus, often the biggest barrier to successful modification is the instructor or instructor trainer's lack of understanding of the daily modifications that a person living with a disabling condition makes to live successfully on a day-to-day basis.

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 or instructor trainer, rather than looking at the 'can'ts,' must look for the 'possibilities' for the particular student.

1. The "ONE SIZE FITS ALL" CAVEAT:

"ONE SIZE FITS ALL" is not realistic for clothing, nor is it realistic for the instructor and the chapter or Authorized Provider in identifying the modification(s). These caveats include:

1. The "ONE SIZE DOES NOT FIT ALL" CAVEAT:

"ONE SIZE FITS ALL" is not realistic for clothing, nor is it realistic for modifying Red Cross Health and Safety courses. Access and modification need to be based on the specific customer and his/her specific issues/need, the specific location, the specific course and specific time. For example, an instructor/instructor trainer and/or Health and Safety director need to identify, with input from the participant, the type of sign language interpreter that best matches the communication needs of a participant with a hearing loss (i.e., American Sign Language

Interpreter compared to Signed English Transliterator compared to an Oral Transliterator). A description and role of each type of interpreter can be found on the website of the Registry of Interpreters for the Deaf <http://rid.org>. This one size does not fit all caveat is also appropriate when—

- Considering the type of accessible media (i.e., Braille text versus big print text versus ‘talking book’ recording) needed by a participant with a significant vision loss; or
- Deciding on the appropriate for a person with orthopedic impairments or amputation.

Also related are issues of course session length and course scheduling. Participants with reduced physical conditioning or endurance or with chronic illnesses will tend to have greater success if class scheduling allows shorter, more frequent class meetings and scheduled ‘rest breaks.’ Participants with this type of physical need will most likely flourish in a course that meets for two hours in four sessions compared to one extended session of eight hours.

2. The ".....GOOD INTENTIONS" CAVEAT:

Individuals take Health and Safety courses to receive the course information. In many instances, people take courses to meet job requirements that demand successful completion of the course.

Beware of individuals who offer to assist (to interpret or act as go between with person with disability) but cannot accurately transmit the course information. This can set the customer up for failure on the skills and written tests as well as reflect negatively on the unit's commitment to modification.

For example: a person with a minimal skill/knowledge in conversational American Sign Language who volunteers to interpret a CPR course will most likely have significant difficulty in interpreting a Health and Safety course due to the technical nature and language of the course. This person will also be challenged by the speed and flow of verbal information spoken by the instructor. The potential for participant failure on the written test as well as a misunderstanding about the course information may increase under these conditions.

3. The "HE WHO HESITATES....." CAVEAT:

If the instructor/instructor trainer waits until the customer calls to register for a class and requests specific modification(s) or auxiliary aids and services, then the probability of providing a quality response is in jeopardy. It is best to be pro-active in identifying potential modifications or auxiliary aides rather than playing catch-up.

To be pro-active requires a conscious, planned approach by the Chapter's Health and Safety unit. The following sections (Collaborative Problem-Solving Model and case studies) of this chapter offer suggestions for how this can be accomplished.

The model provided below is intended to help both the Health and Safety instructor or instructor trainer and participant to work together to find modifications or auxiliary aids or services that allow the participant to achieve course objectives across a variety of Health and Safety courses.

Facilitating Modifications: A Collaborative Problem-Solving Model

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

Outside resources may, and often should, be consulted for more information and technical assistance during any of the outlined steps. These resources can include those previously developed by the Red Cross (as outlined later in this Chapter) or can be resources identified from Chapters 4 through 8.

[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).]

Identify the course skill and standard of performance to be achieved.	Red Cross instructor manuals and instructor trainer guides clearly identify the critical skill(s) to be performed and standards of achievement. The instructor/instructor trainer and the participant should discuss the skill and ensure common understanding of both the skill to be performed and the objective to be achieved.
Identify and articulate the functional skills required to be performed by the participant to successfully perform 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.	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 skill.	Determine what part of standard or critical skill(s) the participant is unable to perform successfully.
Identify alternative methods of achieving skill / 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 and recognize success.	The successful participant, the instructor or instructor trainer and Health and Safety Unit should be commended for their successes. A logical outcome of this might be some sort of public relations activity or media release.

When the instructor and participant engage in the process of determining potential appropriate modifications, they must have confidence that skill achievement is a realistic expectation. However, if the collaborative effort between the instructor and participant fails to identify an effective modification, then the instructor and participant should consider seeking the assistance of outside resources. Outside resources may provide additional assistance in identifying other potential modifications or determining if modifications cannot be identified to allow the participant to achieve the skill and meet course objectives. In the event that modification cannot be found, remember that course participation can be a valuable learning experience even if successful completion and certification are not achieved.

At this point, let's stop and use this model as we examine some case studies. Each case study has one or more participant(s) who may need modifications to successfully participate in the course and become certified. The next section is designed to let you apply what you've learned from reading this section about fostering modifications. As you work through the case studies, refer back to this section as needed.

Case Studies

Case Study #1: Nate is conducting a basic level Adult CPR course for a community class of ten participants. Among the participants is an older participant with age related vision difficulty, a man with a leg brace due to a knee injury and a high school participant with a severe reading problem. Through the registration process, the challenges of the older participant and the high school participant were known prior to the course. The man with the leg brace informed the instructor of his knee injury at the start of the course.

Assessment... Things to Think About As You Work Through Case #1

How might Nate advise the older participant and high school participant to prepare for the course?

What specific ways could Nate organize the classroom to assist one or more of the participants?

How could Nate effectively partner these participants when they work with other participants?

What modifications might Nate make for specific individuals' skill or content testing?

Possible Modifications for Case Study #1

What modifications might you suggest to Nate for the older participant with vision difficulty?

- 1.
- 2.
- 3.

What modifications might you suggest to Nate for the participant with the knee brace?

- 1.

- 2.
- 3.

What modifications might you suggest to Nate for the participant with severe reading problem?

- 1.
- 2.
- 3.

Case Study #2: Amanda, an Authorized Provider instructor for the town's recreation department, is teaching a Lifeguarding course at a local pool. Through the pool's pre-registration process, Amanda learns that John, one of the participants registered for the course, is deaf and utilizes a 'hearing-ear dog' in his daily life activities.

Assessment... Things to Think About As You Work Through Case #2

How might Amanda advise the participant to prepare for the course?

Since the Lifeguard Training course uses videos to explain and demonstrate skills and knowledge essential to the course objectives, what will Amanda need to check and obtain for the course?

How might Amanda organize the classroom for this course to facilitate this participant's learning?

What should Amanda's response be to John's hearing-ear dog?

What other things will Amanda need to do, or think about, to modify the class to meet John's needs?

What modifications might Amanda make for specific skill or content testing?

Possible Modifications for Case Study #2

What modifications might you suggest to Amanda to facilitate John's success in the class?

- 1.
- 2.
- 3.

What suggestions do you have for Amanda in regard to John's hearing ear dog?

- 1.
- 2.
- 3.

While the collaborative problem-solving model is appropriate to facilitate modifications for individual participants, the Health and Safety Unit within the Chapter should have a workable plan in place to permit a unified and consistent approach to facilitating modifications within the Chapter. This next section identifies how a Health and Safety Unit could proactively prepare to meet the challenges of planning for modifications.

Modification as a Result of Pro-Active Chapter Preparation and Planning

The process of developing modifications should be a proactive process and shouldn't start when the participant walks into the classroom. Modification needs must be anticipated and achieved through effective, practical course planning. Such planning would most appropriately occur within the chapter's Health and Safety service delivery process, but other chapter services may benefit from similar planning.

Proactive modification planning could be done by a staff person or by a Health and Safety committee or sub-committee (Modification Committee): similar to how committees already serve in advisory and investigative functions. Much of the process outlined below relies on the identification of potential customer needs and then identifying resources, both internal and external, to assist the chapter in becoming more accessible to customers with disabilities.

A key element to the success of increasing accessibility and modifications within a chapter's Health and Safety Services unit will require a "...thinking outside of the box..." perspective. This may be most easily accomplished by selecting committee members who reflect a mindset of 'yes, that's possible' and are comfortable with brainstorming ideas and potential solutions.

The following is a potential framework to be utilized when envisioning a chapter or Health and Safety unit plan to address modification and accessibility.

A Mnemonic to Help: The 3 Cs.

Borrowing from the basic plan in Red Cross CPR courses, the following mnemonic could be used to structure and order the Modification Committee's work:

- **Check**
- **Call**
- **Care**

This mnemonic lends itself to the development of plan utilizing both internal and external resources.

What It Means. In brief, the mnemonic can be expanded to include the following concepts:

Check [A Chapter/ Health and Safety Internal, Primary Modification Survey]

Call [An External to the Chapter, Secondary Survey]

Care [Immediately taking care of increasing accessibility and modification]

&

[Continued taking care of increasing the unit's ability to become accessible and to accommodate customers with disabilities]

These concepts serve to identify the activities to be accomplished at each stage. Similar to the Check-Call-Care mnemonic used in CPR courses, the Modification “Check-Call-Care” is to be done sequentially, with ‘Check’ being the first step, followed by the ‘Call’ step, and then initiating the ‘Care’ step.

The ‘CHECK’ Step: Initiate planning activities with a “**Primary Modifications Survey**”, which helps a Health and Safety Unit analyze its present ability to ensure accessibility and modify procedures.

It is here that you first assess how well your Health & Safety Program meets the varying accessibility needs of persons with disabling conditions, who could become your customers. This is determined by an **in-house assessment** of your presently available modifications. This could include:

- How are individuals in need of modifications identified and presently served?
 - Do your course application forms ask if the person needs accommodation?
 - Do your course schedulers ask if the person needs accommodation?
 - Do your course schedulers/call takers know of the available accommodations that your chapter provides?
 - Are your call takers trained to forward calls of those individuals requesting accommodations to a specific, knowledgeable person or will all your Health and Safety staff know how to answer these requests?
 - Who are your instructors/instructor trainers who are most adaptable/flexible and able to make 'in-flight' adjustments with ease or have special skills?
 - Does course scheduling offer opportunities for participants to take a course at a more leisurely pace. Example: Schedule a CPR course for multiple sessions rather than full-day training. Explain to participants on the registration form that this may be a better option for those who need more time to learn course materials.
 - Do course participants have the opportunity to review a video prior to the course or review it between course sessions?
 - When determined necessary and appropriate, does the chapter permit the participant to bring a ‘learning partner’ (family member or friend who knows the individuals learning needs and can assist the participant) to the course?

- Accessibility for customers in wheelchairs, using assistive equipment [canes, crutches, walkers], or who are dwarfs:
 - Are entrances and emergency exits easily accessible?
 - Are classrooms and restrooms easily accessible?
 - Are bells, buzzers, and light switches within reach?
 - How much do your doors weigh and how easy are they to open?
 - Can the person utilize the desks/tables in the classroom?
 - Can participants see and hear other participants and the instructor from where they sit?
 - Are your most often requested services accessible?

- Accessibility for customers who have vision losses:
 - Are there Braille labels for restrooms, elevators, classrooms?
 - Are there warning areas prior to steps and step-offs?
 - Are large print texts and talking books available/do you know how to access?
 - Are large print tests available or able to be made using your copy machine?
 - Are classrooms free of clutter to prevent falls?
 - Where will you get 'readers' to give the written test orally?

- Accessibility for customers who are hard of hearing or deaf
 - Is there a Telecommunications Device for the Deaf (TDD) and does it have a dedicated phone line?
 - Is this number published and identified as a TDD line?
 - Where is the TDD kept?
 - How easy is it to access when a TDD call comes in?
 - Is the TDD accessible to those people who are most likely to need to use it?
 - Do your call-takers and staff know how to make and receive TDD calls?
 - Do your call-takers and staff know how to make and receive calls through your state's Relay Service?
 - Do you have access to a closed-caption decoder or does the TV that is being used have an internal decoder chip?
 - If your TV has an internal decoder chip, are the directions for how to program the TV for closed captioning attached to the TV, circulated to your instructors and posted on the television?
 - Do you have a list of sign language interpreters or interpreting services with information about the necessary 'lead times' for scheduling and obtaining interpreting services?
 - Is the interpreter list detailed as to whether the person is an American Sign Language, Signed English, oral or tactile interpreter?
 - What is the minimum turn-around time to schedule interpreting services?
 - Can a participant with a hearing loss borrow the course video and get their course materials ahead of time so that they can read through and look at the materials prior to coming to class?

- Accessibility for customers who utilize 'helpers'

[NOTE: This includes various types of animal helpers and human aides]

 - Consider the impact of service animals on classroom instruction and ensure the classroom is suitable for such an accommodation.
 - Consider the impact of the need to modify for human aides

- Accessibility for customers who need take medication during a course.

[NOTE: This includes medications that need to be refrigerated during a full day or multi-day course.]

This is a starting list. Each service delivery unit should add appropriate questions based on unique circumstances, situations, resources, and needs. Your chapter may also want to use the Building-Inspection checklist (disaster form 6506) and the Shelter Facility Survey (disaster form

6564) as additional methods to measure if the facility is appropriate for health and safety training. The American Red Cross has additional resources available. Refer to the CrossNet page “Involve People With Disabilities” <https://crossnet.redcross.org/every/diversity/disability/> . The National Disability Task Force has made available an American Red Cross Disability Awareness Curriculum:
https://crossnet.redcross.org/every/diversity/disability/disability_awareness_training.asp

CALL: As the second phase of pro-active modification planning, this step could also be considered the Secondary Survey for Modification. This is designed to identify resources external to the Health and Safety unit that can assist the chapter in attaining its goal to extend the unit’s accessibility and capability to modify its policies, practices and procedures and provides auxiliary aids or services.

The goal in this phase is to seek the input of those individuals with disabling conditions who could become your customers and ask them to assist with the accessibility survey. This is also the phase where you want to identify resource partners who can help you with assessment and with potential, future modifications.

Here are some possible resource partners to help you:

1. Call local schools or a rehabilitation facility and see if some of the participants/clients who utilize wheelchairs, walkers, canes or crutches could come and maneuver through your Chapter building or classroom facilities to determine the physical accessibility of the facilities.
2. Contact clubs and residential schools for people who are deaf or public schools for information on different assistive devices and potential accommodations.
3. Contact the local Relay Service Provider, state office, or a local person who is deaf to see if they will come and train your staff in using a TDD or in using Relay Services to make TDD calls. Set up practice sessions so that your staff becomes proficient!
4. Contact a local university offering a program in Therapeutic Recreation, Adapted Physical Education, or Special Education to see if there are participants who will help you with your accessibility survey.
5. Call Health and Safety and other chapter volunteers who have expertise in this area to gather their input and suggestions.
6. Survey groups or individuals who have the necessary skills to assist your customers with disabilities to see if they are interested in becoming an instructor and then provide training for this person/group.

Again, this is not an exhaustive list. Each city or town will have its own unique constituencies. Draw on the strengths of your chapter and your community.

CARE: This phase is probably the most simply said, but perhaps the most challenging. The ‘CARE’ step has two parts. First, the initial goal is to immediately take care of increasing accessibility for Health and Safety course participants. The second part is an ongoing focus to continue to increase the ability of the Health and Safety unit to become accessible and accommodate customers with disabilities.

A major function of the phase entails acting to solve customer problems in a timely manner. It implies treating customers respectfully, recognizing that users of Red Cross services are a top

priority and that their long-term satisfaction is more important than any short-term gain of the organization. [Excerpted from American Red Cross Key Commitment #3]

The **immediate things to take CARE of** include:

- Identifying a short and long term plan for improving the chapter's ability to increase access, modify policies, practices and procedures and provide auxiliary aids or services utilizing both in-house and external sources.
- Seeking external sources to assist with initial and on-going training of volunteers and employees.
- Seeking external sources to assist with initial and on-going facility accessibility.
- Seeking a donation or purchase of a TV with a built in decoder.
- Seeking a donation or purchase of a TDD [preferably with print out capability].
- Seeking a donation toward facility improvements.
- Identifying human resources external to the chapter that can assist with service delivery to individuals with disabilities.
- Identifying or creating phone lists of sources for interpreters.
- Identifying and gaining access to sources that can help produce chapter sponsored 'talking books' or large print materials [NOTE: remember to contact NHQ for copyright permission].
- Identifying and creating phone lists of persons willing to offer their skills and talents to facilitate accessibility and accommodation to Red Cross customers with disabilities.
- Identifying a time-line to determine the 'lead time' necessary to accommodate a customer within a specific class.
- Taking care of other needs identified appropriate to the local Health and Safety Services department.

Your service delivery unit should add other appropriate modification and accessibility measures specific to local needs.

Continue to take CARE by maintaining ongoing readiness to provide accessibility, modify policies, practices and procedures and provide auxiliary aides and services within the Health and Safety unit, such as:

- Getting commitment to budget for modifications and auxiliary aids and services. Factor costs into budgets now for covering future costs of providing a sign language interpreter for a multi-day day course.
- Maintaining staff readiness with on-going in-service training and periodic 'tests' of your system of taking calls and registering participants.
- Periodically reviewing your 'CHECK' to determine on-going readiness to serve customers needing modifications.

Developing Local Resources for Instructors - The Bottom Line

For successful modification, additional advice and consultation may be needed and welcomed by instructors and instructor trainers as they strategize to modify courses for specific participants. Health and Safety units and chapters can assist instructors by identifying practical, appropriate resources available in the local and regional area.

Volunteers can be recruited to serve on a Chapter Resource Committee that could be responsible for assessing local resources that might be accessible to instructors. These resources could be technical experts, disability-specific organizations or advocacy agencies.

The primary criteria for identification of a resource is that an instructor/instructor trainer or Health and Safety Services staff person can communicate with that resource to effectively problem-solve and identify potential modifications. The Chapter Resource Committee should identify direct means of communication with the local resource person to ensure accessibility. A member of the committee should speak with resource personnel to determine their receptiveness to providing consultation on an as needed basis. Secure telephone numbers, email and website addresses as well as getting the name(s) of specific individuals to contact.

Specific resources and a general information resource list will be added to this manual as they are developed. These resources will be both web-based and other instructors/instructor trainers with experience in facilitating accommodations in various Health and Safety courses. National Headquarters is also available to serve as a resource through the Program Administration unit for Preparedness and Health and Safety Services.

In addition, chapters are encouraged to proactively identify and develop their own local resource lists to assist instructors and instructor trainers with accommodation issues. This will allow the chapter to address requests for accommodation in a timely fashion.

Chapter 3: Frequently Asked Questions

Certification

Q. (school grades)

A participant cannot complete one or more skills in a Red Cross course because he lacks the strength to compress the manikin's chest. Is it possible for a student to pass the course for a school grade when he does not successfully complete the objectives for the American Red Cross certificate?

A.

Yes. This is a fairly common occurrence within the educational system. Many school districts have requirements for first aid, CPR and/or swimming courses. A participant who is unable to qualify for a Red Cross certificate may still pass the course for a school grade.

Q. (completion certificates)

Should all persons with disabilities be awarded completion certificates at the end of the course? For example, a person who is blind taking a CPR class or a person who is deaf taking a lifeguarding course?

A.

Every person who **successfully completes** the knowledge and skill objectives of the course in which he or she is enrolled must be issued a completion certificate. In many cases, modifications can be made or auxiliary aids (sign interpreters and readers) can be provided so the individual can complete the class. Participants with or without disabilities who have not successfully completed all course objectives/requirements even with modifications or auxiliary aides cannot be issued any certificate.

Training

Q. (Red Cross role)

What is the role of the American Red Cross in training individuals who have disabilities?

A.

As a training agency, the American Red Cross issues a completion certificate to those individuals who successfully meet all course objectives. This certificate verifies that at the time of course completion the individual met all skill and knowledge objectives for the course. It is the responsibility of the employer to decide whether to hire an individual who has a disability. The Red Cross cannot act as a hiring agency nor can it guarantee the job performance of individuals who complete Red Cross courses.

Modification

Q. (Modification)

What is the responsibility of Red Cross in responding to a request for a modification to a course? Must the chapter provide the exact modification the individual or agency requests?

A.

The ADA applies to American Red Cross courses under the public accommodation clause. Under that clause, we have a duty to provide auxiliary aids and services to participants with disabilities, such as providing sign language interpreters or an accessible classroom. Additionally, the American Red Cross must make reasonable modifications to its policies and procedures when necessary so people with disabilities may participate in Health & Safety classes.

However, the process is a cooperative one - a chapter need not provide the exact modification requested, but rather one that is reasonable - one that meets the needs of the student and fulfills the organization's obligation. Examples: instead of finding an interpreter for tomorrow's course, you enroll a hearing impaired participant in the monthly or quarterly course where you have scheduled an interpreter; instead of installing a ramp at the front of your building, you move the class to a more accessible location. Chapters need to work with each request on an individualized basis.

Q. (Modification)

How can chapters prepare to provide modification when requested or when it becomes obvious that a participant needs assistance?

A.

Red Cross chapters can be proactive in preparing to make modifications by:

- Educating their instructors and instructor trainers and referring them to this *American Red Cross ADA Resource Guide* which will be posted on the Red Cross Instructors' Corner at: <http://www.redcross.org/services/hss/resources/instructors.html> as well as on the corporate web site at: <https://crossnet.redcross.org/manuals> .
- Budgeting for modification or auxiliary aide expenses by adding a nominal amount to fixed expenses on their Financial Analysis Models for all courses offered by the chapter. These monies should be reserved for modification or auxiliary aid expenses. A precedent for spreading the cost over all enrollees is the telephone company practice of adding a nominal charge in billing all customers to help defray the cost of relay operators. (Relay operators are specially trained Communications Assistants who bridge communications between hearing users of standard telephones and text telephone [TTY/TDD] users who have hearing and speech impairments.)
- Recruiting volunteers for a chapter resource committee. This group could seek support from agencies that assist people with disabilities and/or clubs such as Lions Club. There are also schools and clubs for individuals who have disabilities such as those for individuals who are deaf or have had laryngectomies. For instance, members of a club for people who are deaf may volunteer to become instructors and/or provide interpreting services. Many areas have local and/or state groups that support people with disabilities.
- For further information see Chapter 2, **Modification as a Result of Pro-Active Chapter Preparation and Planning.**
- Publishing a course schedule that offers auxiliary aids or services (e.g., once a month a signed CPR and First Aid course is offered and planned for).

Q. (pre-course testing)

Must all persons, regardless of disabilities, be accepted in courses of their choosing, even those that require pre-course testing?

A.

All individuals, with or without disabilities, should be accepted into Red Cross courses **provided** they pass any pre-course testing that might be required as identified in the appropriate instructor or instructor trainer manual. Individuals must be advised ahead of time of course prerequisites and pre-course testing, and modifications may be made to pre-course requirements.

Q. (service animal)

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

A.

Yes. A service animal is any guide dog, signal dog, **or other animal** individually trained to provide assistance to an individual with a disability. The ADA requires public accommodations such as Red Cross to permit the admittance and use of service animals. Chapter 4 in this manual provides extensive information regarding service animals.

Q. (service animal)

My County Health Department specifies that only a Seeing Eye dog or guide dog should be admitted to our building. A course participant has said he has a guide horse (individually trained miniature horse). Do we have to admit the animal to the classroom?

A.

Yes. You cannot refuse to admit any other type of service animal on the basis of local health department regulations or other state or local laws. The ADA provides greater protection for individuals with disabilities and takes priority over local or state laws or regulations.

NOTE: The participant is responsible for cleaning up after the service animal and if the service animal is out of control and the owner does not take effective action to control the animal or the animal poses a direct threat to the health and safety of others, Red Cross staff can ask the person with the disability to remove the service animal from the premises.

Q (service animal)

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 is not required 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. (instructor level courses)

Can persons with disabilities be accepted into American Red Cross instructor courses?

A.

Yes, if the person successfully completes the pre-course testing he or she should be accepted into the course.

Q. (instructor level courses)

Are there differences in making modifications for instructor candidates versus basic level course participants?

A.

No. A chapter must modify its instructor courses as well. For example, the unit should provide an American Sign Language interpreter to an instructor candidate who is deaf. The argument that an interpreter will not always be present when the individual teaches is not valid as the chapter and instructor trainer cannot assume where the individual will be working or teaching. He or she may teach at a school for people who are deaf or may volunteer with the chapter to provide Red Cross courses to other persons who are deaf.

Q. (instructor level courses)

Must instructor candidates demonstrate the skill to the standard as opposed to the objective?

A.

Instructor candidates must meet the knowledge and skill objectives of the instructor course. The skill performance standard is demonstrated to the participants by video and through photos and illustrations in the textbook and skill cards. The skill objectives of Red Cross courses are the critical skills required for successful course completion. For example, a person with a laryngectomy would need to use a bag valve mask to ventilate the victim so the chest rises.

Q. (checking an unconscious victim)

Must a participant be able to reach a victim who is on the floor to perform all the skill elements of the checking the unconscious victim on a partner?

A.

Yes. The required elements of the unconscious victim check that involve partner practice are integral and critical to the demonstration of the entire skill (checking an unconscious victim) and to providing potentially life saving first aid and CPR. Therefore, if a course participant cannot get down on the floor to reach the victim and perform the skill elements on a partner, the course participant cannot successfully complete the skill. However, once the required elements of the checking the unconscious victim skill are met during partner practice on the ground, a participant may meet other applicable CPR skill objectives (rescue breathing, CPR, and unconscious choking) using a manikin placed on a table.

Please note that modification to a skill to accommodate a physical limitation or disability has limitations as acknowledged on page 235 of the *First Aid/CPR/AED for the Workplace, Schools and the Community Instructor's Manual* which states: "You may adapt skills within the limit of the objectives in each course component and the text that appears on the skill sheets." In other words, any modifications to a skill must still enable the instructor to test whether the course participant can meet the set objectives of that skill.

Further, the skill sheets and skills card all validate that positioning the victim from face down to face up is an integral element of the skill that cannot be performed adequately on a manikin.

Checking the Unconscious Adult and Child skill in both the lay responder and professional rescuer materials in First Aid/CPR/AED was specifically designed to add realism to the training by requiring practice on another person (e.g., placing a victim in a face-up position, checking for signs of life including a pulse and a recovery position) where a manikin is impractical, and is borne out in the stated objectives ("demonstrate how to check an unconscious victim"). Further, the [2005 Consensus on Science with Treatment Recommendations \(CoSTR\)](#) has added emphasis

to getting an unresponsive victim in a face up position and continues the recommended use of a recovery position.

Participants in the courses that fall within the Red Cross "family" of first aid and CPR/AED courses must be able to demonstrate their ability to reach a victim on the floor, check the victim for consciousness, place a victim in a face-up position when the victim is found in a face down position, check for breathing and other signs of life, and place the unconscious, breathing victim in a recovery position. If a participant is unable to do this, for any reason, a certificate should not be issued to that participant. Further rationale for this decision includes the following:

2005 CoSTR discusses several principals when talking about the recovery position. Mentioned are several items that would be difficult and impractical to practice with a manikin on a table or counter top:

- Our courses are advertised as courses that “give you the skills you need to be prepared for an emergency – and save a life,” and “Meets OSHA requirements and are consistent with 2005 CoSTR.” If a participant cannot get to the same level as the victim, then he or she cannot assess the victim’s condition, nor provide essential lifesaving care such as opening the airway.
- 2005 CoSTR state that a rescuer, after arriving at the side of a collapsed victim must quickly determine consciousness and activate EMS, then turn a face down victim face up, to assess any injury and determine whether the person is breathing.
- Additionally there was an increased emphasis placed upon the rescuer placing an unresponsive victim, who shows signs of circulation and breathing, into a recovery position.
- The victim should be in as near a true lateral position as possible, with the head positioned to allow free drainage of fluid.
 - *This cannot be truly observed with a manikin.*
- The position should be stable.
 - *This cannot be observed with use of a manikin.*
- The 2005 CoSTR further states that it is particularly important to avoid injury to the victim when turning him or her.
 - *A participant cannot grasp the importance of this when using a manikin to perform this part of the skill.*
- Also, monitoring of the victim, particularly for impairment of blood flow in the lowermost arm, cannot be observed with a manikin.

[The American Red Cross 2005 Guidelines for Emergency Care and Education](#) state that (assuming no head/neck/back injury) “whenever a victim is breathing and unconscious, the victim should be placed in the recovery position.” This document reflects national Red Cross policies regarding the incorporation of 2005 CoSTR emphases to the current content and skills.

If an individual cannot meet requirements for certification, other options are available, such as postponing the training, auditing the course, making arrangements to return and complete remaining requirements (incomplete,) or participating to the fullest extent with respect to health and ability.

Accessible Media

Q. (definition)

What does the term “accessible media” mean?

A.

Accessible media is a general term used to indicate all specialized products such as Braille, large type, recorded, computer disk, tactile graphic and captioned publications. Accessible media is developed for all age groups and is necessary to daily living, as well as completion of education and advancement of careers.

Q. (access to accessible media)

Does Red Cross national headquarters stock course materials in Braille, large print and/or audio-tape?

A.

No. Accessible media for persons who are blind or vision impaired is not available through national headquarters. Because of frequent changes to state of the art techniques, the expense to produce and the limited need for this material, national headquarters would not be able to provide cost-effective materials. Therefore, requests are referred to other agencies or chapters who specialize in the production of this media and can provide it at reasonable cost.

Q. (access to accessible media)

How can chapters access accessible media for persons who are blind?

A.

The volunteer Braille services unit of the Metro New Jersey Chapter of the American Red Cross has translated the 2006 First Aid/CPR AED program materials. These materials are available for sale to American Red Cross chapters only.

To place an order for Braille copies contact:

Jane Bente

Phone: (973) 797-3336

Fax: (973) 575-8548

E-mail: jbente@redcrossmetronj.org

Mail to: Jane Bente
209 Fairfield Rd.
Fairfield, NJ 07004

The American Printing House for the Blind <http://www.aph.org> maintains a database on accessible media availability. Another avenue for material is to ask if your clients are members of Recording for the Blind and Dyslexic <http://www.rfbd.org>. This national non-profit organization loans CDs free to registered members. These are professionally recorded and can only be played on specially adapted CD players or software. Most people who have visual impairments are already members. Chapter 8 of this guide includes further links and information regarding accessible media for persons with print disabilities.

Q. (chapter developed products)

Is it appropriate and permissible for chapters to develop products to assist persons with disabilities to successfully complete courses?

A.

Yes— a good example is the addition of pictures to provide more detail of skill steps. This could be in the form of handouts that the participant would take home in addition to the textbook or booklet and skill card. Some chapters have created their own audiotapes, large print or Braille materials.

Q. (chapter developed products)

Can a chapter distribute a locally developed product to other chapters?

A.

Chapters and AFES stations that are interested in distributing their locally developed products or services to other American Red Cross units can only do so with the approval of national headquarters. Units should contact Nina Warden at (703) 206-7027; wardenn@usa.redcross.org of the Preparedness and Health and Safety Services Operations unit at national headquarters for the details of the NHQ approval process.

Q. (chapter developed products)

Does a chapter need copyright permission to adapt American Red Cross national materials to accessible media format?

A.

If a chapter has the resources to create its own accessible media and would prefer to do so, the first step is to submit a request for copyright permission from American Red Cross national headquarters. All requests from chapters and external groups for the use of Red Cross Health and Safety Services copyrighted materials must be sent to Rhad Avila, avilar@usa.redcross.org (703) 206-7688

of the Preparedness and Health and Safety Services Operations unit at national headquarters. The request must be in writing and include the following information:

- The manner in which the material will be used (verbatim or paraphrase)
- The subject and purpose of the publication
- The intended audience (local, regional or national use)
- The estimated circulation
- Whether it will be a resale or free item (if resale, approximate cost)
- The title and stock number of the specific publication for which permission is being requested, as well as page numbers, figure numbers, specific sentences, paragraphs, illustrations or photos and if camera ready art is requested
- The required media (e.g., black and white slides, color slides, photos, color separation negatives)

Captioning

Q. (captioning)

Are American Red Cross Health and Safety videos captioned for hard of hearing or deaf participants?

A.

Health and Safety Services began closed captioning its videos in 1991 and it is now a standard part of the video development process.

Q. (captioning)

What is the difference between open and closed captioning?

A.

There are two types of captioning, open and closed. Both appear as a line of print on the video screen. The difference between the two is that open captions are always visible as the video is being played while closed captions are only visible when the decoder is activated. Effective July 1993, built-in de-coders are required in all television sets 13 inches and above. Chapter 8 provides additional information regarding captioning.

Sign Language

Q. (ASL and testing)

Why do some participants who are deaf and use American Sign Language (ASL) have a difficult time with the written tests?

A.

ASL is a conceptual language built on French Sign Language, which is built on the French language. In some cases there is no translation for the English terminology and the word order and syntax is different. For individuals who communicate in ASL, English is a second language. Questions written with a double negative are particularly problematic. An option is to provide an oral test with an interpreter translating so the participant can ask for clarification.

Persons with Laryngectomies

Q. (laryngectomy/laryngectomee)

How can I find more information on providing care for individuals who breathe through a stoma or neck tube (laryngectomees)?

A.

For further information on providing care to an individual with a laryngectomy refer to the American Cancer Society's booklet *Rescue Breathing for Laryngectomees and Other Neck Breathers*. The International Association of Laryngectomees Medical Affairs Committee developed this booklet with technical review by the American Red Cross. This committee is sponsored by the American Cancer Society. The video titled *Check the Neck* (code # 4534.05) developed by the Nu Voice Club of San Francisco is currently being updated and when completed, will be posted at http://www.larynxlink.com/Library/Pubs_Videos.htm. It may also become available through your local American Cancer Society. The video and booklet are intended as companion pieces to provide a comprehensive training package. Copies of the booklet are available from your local unit or state Division of the American Cancer Society or can be down loaded at http://www.larynxlink.com/Library/Pubs_Videos.htm. Chapter 8 provides further information and internet links to the American Cancer Association <http://www.cancer.org> and the International Association of Laryngectomees <http://www.larynxlink.com>.

Q. (laryngectomy/laryngectomee)

Can we issue a completion certificate to a person with a laryngectomy or any other person with respiratory insufficiency at the completion of a CPR course since he or she is not able to breathe into the manikin to make the chest rise?

A.

Any person who successfully completes all of the knowledge and skills objectives of a course may receive a completion certificate. The critical part of the skill is ventilating the manikin so the chest visibly rises. A chapter may choose to modify the manner in which this objective is accomplished through the use of adjunctive equipment such as a bag valve mask (BVM) to facilitate a successful outcome for the participant. In this situation, the participant could enroll in a CPR for the Professional Rescuer course which teaches bag-valve mask skills. A CPR/AED for the Professional Rescuer instructor could assist the participant during a First Aid/CPR/AED course.

Aquatics

Q. (Vision impairment)

Can the lifeguard candidate use goggles for the prerequisite test (brick retrieval), during the course (submerged victim rescue) or when completing the final skills scenarios?

A. Due to safety reasons, candidates should not be permitted to use goggles during any skill practice session. Swim goggles may cause injuries to participants during skill practice sessions and do not allow you to relieve pressure when diving or swimming to a depth. Lifeguard candidates are permitted to use goggles during the 500-yard prerequisite swim. Learn-to-swim participants should also not wear goggles when learning to dive or for practicing surface diving.

Chapter 4: Service Animals

Introduction

The most commonly recognized assistance animals are dogs. Due to their social nature, dogs are wonderful pets, companions, and protectors. Dogs work closely with people in a variety of areas including law enforcement, search and rescue, and farming. As assistance animals, dogs provide help for the visually and hearing impaired, serve as an alert system for impending seizures, and offer additional strength and mobility for the physically disabled. Dogs also provide comfort for people suffering emotional difficulties.

There are many other animal species that provide therapeutic benefits to people. The ADA specifically defines a service animal as a “guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability.” Some of these “other animals” that assist people with disabilities are monkeys, birds, pigs, and horses. An even greater number of animal species serve as therapy animals, including cats, rabbits, hamsters, and snakes.

Although many service animals wear special collars or harnesses, by law they are not required to wear special identification equipment. Therefore, some, but not all service animals wear special collars and harnesses. Also, some, but not all, are licensed or certified and have identification papers.

Service animals are allowed in all Red Cross facilities and are allowed to accompany the individual with a disability to all areas of the facility where clients are normally allowed to go. The care or supervision of a service animal is the responsibility of his or her owner, not the public accommodation. A public accommodation may not require an individual with a disability to post a deposit as a condition of permitting a service animal to accompany its owner in a place of public accommodation, even if such deposits are required for pets.

However, if the service animal is out of control and the owner does not take effective action to control the animal or the animal poses a direct threat to the health and safety of others, Red Cross staff can ask the person with the disability to remove the service animal from the premises.

ADA Requirements Regarding Service Animals

Service animals are animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.

Under the ADA, businesses and organizations that serve the public must allow people with disabilities to bring their service animals into all areas of the facility where customers are normally allowed to go. This federal law applies to all businesses open to the public, including restaurants, hotels, taxis and shuttles, grocery and department stores, hospitals and medical offices, theaters, health clubs, parks, and zoos.

Businesses that serve the public must allow people with disabilities to enter with their service animal.

- 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.
- People with disabilities who use service animals cannot be charged extra fees, isolated from other patrons, or treated less favorably than other patrons. However, if a business such as a hotel normally charges guests for damage that they cause, a customer with a disability may be charged for damage caused by his or her service animal.
- A person with a disability cannot be asked to remove his service animal from the premises unless: (1) the animal is out of control and the animal's owner does not take effective action to control it (for example, a dog that barks repeatedly during a movie) or (2) the animal poses a direct threat to the health or safety of others.
- In these cases, the business should give the person with the disability the option to obtain goods and services without having the animal on the premises.
- Businesses that sell or prepare food must allow service animals in public areas even if state or local health codes prohibit animals on the premises.
- A business is not required to provide care or food for a service animal or provide a special location for it to relieve itself.
- Allergies and fear of animals are generally not valid reasons for denying access or refusing service to people with service animals.
- Violators of the ADA can be required to pay money damages and penalties. Service animals are individually trained to perform tasks for people with disabilities.

Categories of Assistance (Service) Animals

Guide Animals

Guide dogs help the blind/visually impaired to “see” in their everyday lives. Guide dogs assist by stopping their human companion before crossing streets and making sure the streets are safe to cross, by avoiding obstacles such as signs, cars, and other people, and by helping their companion locate things.

The most common breeds used as guide dogs are German Shepherds, Labrador Retrievers, and Golden Retrievers. These guide dogs often wear a harness with a stiff, short, U-shaped handle that keeps the dog and the human companion in very close contact with each other.

[The Guide Horse Foundation](#) began in 1999 with the goal of training miniature horses as guide horses for the visually impaired. These miniature horses provide an alternative mobility function for blind people and so far perform well at keeping their people safe.

Hearing Animals

Hearing dogs provide the sense of sound to their hearing impaired companions. These dogs can be trained to alert a person to a smoke alarm, door knock or bell, telephone, alarm clock, kitchen timer, baby cry, or the person's own name. A hearing dog may wear an orange collar and leash

or a vest. A variety of breeds are used a hearing dogs, since intelligence and trainability are more important than strength and size.

Service Animals

Service dogs are trained to be the strength and movement for people with muscular dystrophy, multiple sclerosis, cerebral palsy, and congenital abnormalities. A service dog can perform many tasks for their companions such as picking up dropped articles, pulling wheelchairs, assisting walkers, turning lights on and off, opening and closing doors, carrying school books, and pulling their companions out of bed. Most service dogs are generally Labrador Retrievers and Golden Retrievers.

Monkeys, typically capuchins, also serve quadriplegic humans. Monkey helpers perform simple tasks, such as getting something to eat or drink, retrieving dropped or out of reach items, assisting with audio cassettes, video cassettes, CDs, and books, and operating lights.

Seizure Alert Animals

Some animals can be trained to recognize specific changes preceding an epileptic seizure in people. These animals, usually dogs, can provide a signal that acts as a useful warning to their human companion. Dogs may alert people by whining, licking the owner, and alerting others to their special companion's impending seizure. This alerting behavior allows the owner to get to a safe place or in a safe position before the onset of the seizure.

Social/Therapy Animals

Social/therapy animals provide emotional support in places such as elder care facilities and hospitals. These animals do not have the same legal status as assistance/service animals and are not mentioned in the ADA. Many visiting therapy dogs help physically stimulate people in nursing homes or assisted living facilities by playing ball, being brushed or pet, and going for walks. Although many therapy animals are dogs, any type of animal that is good natured can be used to provide these services. Some animals, including horses, help in reaching people that were once thought unreachable.

References and Resources

<http://www.usdoj.gov/crt/ada/svcanimb.htm> Information provided by the Department of Justice (April 2002) originally published in the Animal Welfare Information Center Newsletter.

A Brief Information Resource on Assistance Animals for the Disabled

<http://www.nal.usda.gov/awic/companimals/assist.htm> August 2003, Updated April 2004
Compiled by: Kristina Adams, MS and Stacy Rice Animal Welfare Information Center; U.S. Department of Agriculture; Agricultural Research Service; National Agricultural Library
www.nal.usda.gov/awic/

Commonly Asked Questions about Service Animals in Places of Business

<http://www.usdoj.gov/crt/ada/qasrvc.htm> Information provided by U.S. Department of Justice
<http://www.usdoj.gov/>, Civil Rights Division, Disability Rights Section (July 1996). Duplication is encouraged.

<http://www.usdoj.gov/crt/ada/svcanimb.htm>

1. Q. What are the laws that apply to my business?

A. Under the Americans with Disabilities (ADA), privately owned businesses that serve the public, such as restaurants, hotels, retail stores, taxicabs, theaters, concert halls, and sports facilities, are prohibited from discriminating against individuals with disabilities. The ADA requires these businesses to allow people with disabilities to bring their service animals onto business premises in whatever areas customers are generally allowed.

2. Q. What is a service animal?

A. The ADA defines a service animal as ANY guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by a State or local government.

Service animals perform some of the functions and tasks that the individual with a disability cannot perform for him or herself. "Seeing eye dogs" are one type of service animal, used by some individuals who are blind. This is the type of service animal most people are familiar with. But there are service animals that assist persons with other kinds of disabilities in their day-to-day activities. Some examples include:

- Alerting persons with hearing impairments to sounds.
- Pulling wheelchairs or carrying and picking up things for persons with mobility impairments.
- Assisting persons with mobility impairments with balance.
- A service animal is NOT a pet.

3. Q. How can I tell if an animal is really a service animal and not just a pet?

A. Some, but not all, service animals wear special collars and harnesses. Some, but not all, are licensed or certified and have identification papers. If you are not certain that an animal is a service animal, you may ask the person who has the animal if it is a service animal required because of a disability. However, an individual who is going to a restaurant or theater is not likely to be carrying documentation of his or her medical condition or disability. Therefore, such documentation generally may not be required as a condition for providing service to an individual accompanied by a service animal. Although a number of states have programs to certify service animals, you may not insist on proof of state certification before permitting the service animal to accompany the person with a disability.

4. Q. What must I do when an individual with a service animal comes to my business?

A. The service animal must be permitted to accompany the individual with a disability to all areas of the facility where customers are normally allowed to go. An individual with a service animal may not be segregated from other customers.

5. Q. I have always had a clearly posted "no pets" policy at my establishment. Do I still have to allow service animals in?

A. Yes. A service animal is NOT a pet. The ADA requires you to modify your "no pets" policy to allow the use of a service animal by a person with a disability. This does not mean you must abandon your "no pets" policy altogether but simply that you must make an exception to your general rule for service animals.

6. Q. My county health department has told me that ONLY a seeing eye dog has to be admitted. If I follow those regulations, am I violating the ADA?

A. Yes, if you refuse to admit any other type of service animal on the basis of local health department regulations or other state or local laws. The ADA provides greater protection for individuals with disabilities and so it takes priority over the local or state laws or regulations.

7. Q. Can I charge a maintenance or cleaning fee for customers who bring service animals into my business?

A. No. Neither a deposit nor a surcharge may be imposed on an individual with a disability as a condition to allowing a service animal to accompany the individual with a disability, even if deposits are routinely required for pets. However, a public accommodation may charge its customers with disabilities if a service animal causes damage so long as it is the regular practice of the entity to charge non-disabled customers for the same types of damages. For example, a hotel can charge a guest with a disability for the cost of repairing or cleaning furniture damaged by a service animal if it is the hotel's policy to charge when non-disabled guests cause such damage.

8. Q. Am I responsible for the animal while the person with a disability is in my business?

A. No. The care or supervision of a service animal is solely the responsibility of his or her owner. You are not required to provide care or food or a special location for the animal.

9. Q. What if a service animal barks or growls at other people, or otherwise acts out of control?

A. You may exclude any animal, including a service animal, from your facility when that animal's behavior poses a direct threat to the health or safety of others. For example, any service animal that displays vicious behavior towards other guests or customers may be excluded. You may not make assumptions, however, about how a particular animal is likely to behave based on your past experience with other animals. Each situation must be considered individually.

Although a public accommodation may exclude any service animal that is out of control, it should give the individual with a disability who uses the service animal the option of continuing to enjoy its goods and services without having the service animal on the premises.

10. Q. Can I exclude an animal that doesn't really seem dangerous but is disruptive to my business?

A. There may be a few circumstances when a public accommodation is not required to accommodate a service animal - that is, when doing so would result in a fundamental alteration to the nature of the business. Generally, this is not likely to occur in restaurants, hotels, retail stores, theaters, concert halls, and sports facilities. But when it does, for example, when a dog barks during a movie, the animal can be excluded.

Chapter 5: People with Hearing Loss

Communicating with People Who Have a Hearing Loss

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Do you realize that:

- Approximately 1 out of every 10 people in your community has a significant hearing loss.
- Within a population of individuals who are hearing-impaired, the overwhelming majority are hard of hearing. Only a small proportion of this group is deaf.
- Older adults with hearing losses represent over half of the total population of people with a hearing loss.

Here's what you need to know about communicating more effectively with people who have a hearing loss:

Come Closer: Shortening the distance between speaker and listener will increase the loudness of sound. This approach to improving communication is much more effective than "raising" your voice. You should never shout at a person who is deaf or hard of hearing. Some hearing aid and cochlear implant users are especially sensitive to loudness.

Turn off the radio, television, running water, air conditioner, or other background noises: These sounds, taken for granted and ignored by many, are amplified by a hearing aid or cochlear implant and thus interfere with communication with the person who is deaf or hard of hearing.

Talk face to face: Speak at eye level. Do not chew gum, smoke, talk behind a newspaper, or cover your mouth while you are speaking. Also, make sure there is adequate light so that the movements of your lips and facial expressions are clearly visible.

Try rewording a message: At times a person with a hearing loss may be partially dependent on speechreading (also known as lipreading) because some sounds may not be easily heard even with a hearing aid. Since some words are easier to speechread than others, rephrasing a message may make it easier for the person to understand.

Show special awareness: Call the person with a hearing loss by name to initiate communication. Give a frame of reference for the discussion by mentioning the topic at the outset. Be patient, particularly when the person is tired or ill and may be less able to hear.

Extend extra consideration in a group situation: Only one person should be talking at a time. Also, the person who is hard of hearing may find it helpful to be alerted to changes in speakers.

Understand the Nature of Hearing Loss

A person may receive only parts of a verbal message: In describing hearing loss, people who are hard of hearing may comment "I can hear but I cannot understand what is being said." For many people who are hard of hearing, low frequency speech sounds such as (a), (o), and (u) may be

clearly heard, while other high-frequency sounds such as (s), (th), and (sh) may be much less distinct. In this situation, speech is heard but often misunderstood. "Watch" may be mistaken for "wash," "fin" for "shin," and "pen" for "spent."

Many persons who are deaf or hard of hearing can benefit from a hearing aid or cochlear implant: A clearer comprehension of speech may be gained with an appropriate hearing aid or with a cochlear implant. However, use of these devices does not restore normal hearing.

Hearing aids and cochlear implants have limitations: Even with the benefit of a hearing aid or cochlear implant, people with hearing losses are limited in their ability to hear sounds from a distance and are subject to more distractions from background noise than people with normal hearing.

If You Have a Hearing Loss

Plan on arranging a good listening environment:

- During conversations, whenever possible, eliminate background noise such as the television or radio.
- Remember that carpets and drapes in your home will help cut down unwanted background noise that interferes with communication.
- Stay close to the speaker. The closer you are, the easier it will be to hear the message.
- Situate yourself in good lighting. Try to arrange it so that your back is to the window and the speaker's face is well lighted.

Give a speaker indication that you may experience some difficulties in listening to others and provide feedback if communication difficulties arise:

- It is often helpful to ask a speaker to talk distinctly and at a slower rate.
- Request that a speaker rephrase a message that you did not understand.
- Anticipate listening problems in a large group situation. Ask a friend who is hearing to help you keep abreast of what is going on, direct you to changes in speakers, or have him or her repeat messages to you when necessary.

FINALLY, remember to stay involved in activities with your family and friends, and make adjustments to ensure good listening environments. A hearing loss should not limit your contact with all of those who enjoy your company and friendship.

Speechreading for Better Communication

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What is Speechreading?

Speechreading is a technique for recognizing spoken words by watching the speaker's lips, face, and gestures. Most people with a hearing loss already speechread naturally to some extent. You can tell if you already rely on speechreading by closing your eyes when someone is talking. Do you hear less clearly? That's because you are already using your eyes as well as your ears to understand. You can improve your natural speechreading abilities with practice.

Methods of Learning Speechreading

There are many methods of mastering speechreading skills. You may want to try out different methods until you find the one that is right for you. When you do choose the best method of learning for you, stick to your lessons - speechreading takes time!

- Self-practice with a handbook allows the beginner to progress and practice at his/her own pace. This method should be performed in front of a mirror, preferably a three-way mirror since this allows you to see the facial movements from all angles.
- Practicing with a friend or family member is preferred by some students because the speech patterns of a friend are familiar and easier to recognize than those of strangers. This allows the beginner to acclimate himself to speechreading with a sense of familiarity before trying to speechread a new person.
- Videotape provides the repetition which is crucial in speechreading acquisition because you can watch the same phrases with no variation in appearance over and over again. Have the remote control ready for rewinding!
- A speechreading class provides support because there are other people going through the same process as you. A trained professional makes sure you learn correctly.
- A combination of all the above.

How Speechreading Works

By learning to associate the lip shape with a particular sound, you will begin to lipread. For example, the vowel /o/ is formed with rounded lips, while the consonant /m/ is fashioned by pressing the lips firmly together. Not all sounds are visible on the lips. Therefore, you will have to learn to guess at many words. This is not always as difficult as it sounds as the context of a sentence will often provide you with clues as to the correct word.

Speechreading works best if you have some hearing left. Combining even limited hearing with auditory clues will greatly aid your speechreading.

In addition, you will need to learn to make sure of contextual/nonverbal clues to collect information in order to make the best guess at what is being said. Some hints:

- Watch the speaker's facial expressions; they will help to set the tone of the conversation;
- Observe all gestures such as glancing, pointing, and nodding; and,
- Posture and body language will help you to gauge the emotional attitude of the speaker. Personal distance performs the same function.

How to Practice Speechreading

- Work with a partner if possible
- Talk about real life things - even in practice. Using nursery rhymes for practice will not prepare you for true scenarios as much as talking about current or daily events.
- Practice viewing the speaker from various angles and distances. You may not always be able to arrange the optimum setting in "real life".
- Know the subject at hand (even if you must ask) from the beginning - this makes it easier to "fill in the blanks."
- Speechread for overall content rather than individual words, because you will not understand each word by itself, and if you try to, your frustrations will interfere with your speechreading.
- If you cannot fill in the missing pieces, ask the speaker to reword the entire sentence because whole sentences are easier to speechread than single words.
- If you are unable to understand, do not interrupt the speaker in the middle of a sentence because you may be able to comprehend the meaning once the sentence is complete.
- Since lipreading with no auditory clues is tiring, alternate having the speaker use a soft voice, as well as no voice, at times.
- After you have gained a level of competency, practice with background noise.

How to Use Speechreading In Real Life

- Be certain your hearing aid is powerful enough for your loss, that the earmold fits well, that it is clean, and in proper working order (remember to check your batteries!).
- Make sure that you can see the speaker's face clearly.
- Maneuver so that the light is behind you.
- Tell the person that you are a speechreader and ask that he/she speak more slowly but not exaggerate.
- Situate yourself in a quiet place - you should not have any distractions to disturb your concentration.

Know Your Limitations

Factors that may affect your speechreading proficiency include unfamiliar vocabulary, rate of speech, clarity of speech, mumbling or an immobile upper lip, foreign accents, beards, and mustaches. Be patient and flexible in order to overcome these factors and to continue in a conversation.

Unfortunately, speechreading will never be a complete replacement for hearing conversation. However, speechreading opens a lot of doors -- much more can be done with this skill than without it!

Chapter 6: Facility Accessibility

Ramps and Accessible Thresholds

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ABLEDATA Fact Sheet Number 27, May 1997

Introduction

For most wheelchair and scooter users, just one step may as well be a mountain. This, and other access barriers involving ground level differences, can be eliminated with the use of one or more ramps. Ramps should be employed in addition to (rather than in place of) stairs since many ambulatory individuals find stairs easier to climb than walking on an incline.

Thresholds at doorways can also pose problems. They may increase the risk of tripping for pedestrians and, while not always an access barrier per se, can make for a very uncomfortable ride for wheelchair users. To make the threshold accessible without structural modifications, miniature ramps can be fitted to provide the appropriate slope for a more comfortable—and safer—transition through the doorway.

This Fact Sheet on Ramps and Accessible Thresholds will cover all types of incline devices for traversing raised or lowered levels including portable and permanent ramps for vans, buses, curbs, single or multiple stairs, different building levels, and pools, and telescoping and folding tracks for manual wheelchairs and four-wheeled powered chairs or scooters. Mechanical, hydraulic, or electrically powered lifts and platforms for buildings and vehicles are discussed in separate fact sheets.

The types of ramps and thresholds discussed here are appropriate to both public and private facilities and residences. The passing of the Americans with Disabilities Act requires that modifications to or new construction of public access areas adhere to the standards and guidelines provided for in this law. Excerpts of these guidelines are highlighted in this publication, but property managers, contractors, and business owners affected by this legislation should consult the regulations in their entirety during planning and construction of ramps, thresholds and other accessibility modifications.

Safety and Standards

Ramps

Ramps and accessible thresholds can alleviate architectural barriers for persons with mobility disabilities, but if not installed or designed properly they can also be a safety hazard. The Americans with Disabilities Act Accessibility Guidelines (ADAAG) of the U.S. Architectural and Transportation Barriers Compliance Board (ATBCB) require public facilities and grounds to comply with design, construction, and installation standards. These guidelines echo most of the American National Standards Institute (ANSI) standards regarding ramps, found in regulation

A117.1. Although not binding to private residences, both sets of standards should nonetheless be taken into consideration when purchasing or building a ramp to accommodate a loved one or guest at your home. Safety hazards include too steep an incline, an uneven platform which may cause tipping of a wheelchair, unsupported planks which may buckle under a user's weight, and unanchored planks, platforms or tracks which may "fall off" the step.

By ATBCB definition (ADAAG 4.8), ramps are "any part of an accessible route with a slope greater than 1:20..." and applies to curb ramps as well as alternatives to steps.

4.8.2 Slope and Rise. The least possible slope shall be used for any ramp. The maximum slope of a ramp in new construction shall be 1:12 [one inch of rise to 12 inches in slope]. The maximum rise for any run shall be 30 inches (760 millimeters).

In other words, to build or purchase a ramp for a single step four inches high, the ramp would have to be four feet long to provide an accessible slope which complies with ADA guidelines. For levels higher than 30 inches, a minimum of two ramps would have to be used. This might be accomplished by two successive ramps with a landing (surface area with no slope) in between or by zigzagging the two ramps in a switch-back design if sufficient space is not provided for two in-line ramps.

For private residences, space restrictions may not allow for ramps to be built to comply with ADAAG standards (although whenever possible this is recommended). Construction or placement of a ramp in these situations should take into account a manual wheelchair user's upper body strength to push up a steeper incline, the stress on the motor of a scooter or power wheelchair of such an incline, and the tipping potential posed by descending a steeper ramp. Another consideration for a safe ramp is its width. According to ADAAG regulation 4.8.3, the clear width (the entire width of the ramp unobstructed by handrails or other implements) is to be 36 inches (915 millimeters, or mm). Some power wheelchairs and extra wide wheelchairs may be accommodated by this width, but would more easily be accommodated with a wider ramp. Similarly, the landings in between ramps need to be wide enough for the turning capabilities of the chair and the expertise of the user as well as the turning radius of scooters. For public facilities which may encounter heavy wheelchair traffic, widths of up to 6 feet to accommodate two wheelchairs or one wheelchair and a companion may be desirable.

4.8.4 Landings. Ramps shall have level landings at bottom and top of each ramp and each ramp run. Landings shall have the following features:

- The landing shall be at least as wide as the ramp run leading to it.
- The landing length shall be a minimum of 60 inches (1525 mm) clear.
- If ramps change direction at landings, the minimum landing size shall be 60 inches by 60 inches (1525 mm by 1525 mm).
- If a doorway is located at a landing, then the area in front of the doorway shall comply with 4.14.6.

In compliance with regulation 4.5 on ground and floor surfaces (which applies to ramps and curb ramps in public areas) ramps must be "...stable, firm, and slip-resistant..." Facilities considering any carpeted areas on landings should see regulation 4.5.3 concerning the pile thicknesses allowed and fastening considerations. Unless particularly firm with a short pile, carpet makes operating a wheelchair more difficult than an uncarpeted surface. This includes more energy

output for manual wheelchair users and greater stress on the batteries and machinery of power wheelchairs or scooters. Detectable warning surfaces and/or color contrasts between the ramp and level surface are recommended to indicate the impending incline or decline of a ramp to persons with low vision or blindness.

Avoidance of water accumulation on both the approach to and the surface of outdoor ramps and landings should be considered during planning of accessible routes. Also, conditions of the ramps and landings during the winter must also be considered, where applicable. Canopies may be built over these areas, or heating coils can be integrated into the surface materials to melt ice and snow.

4.8.5 Handrails. If a ramp run has a rise greater than 6 inches (150 mm) or a horizontal projection greater than 72 inches (1830 mm), then it shall have handrails on both sides. Handrails are not required on curb ramps or adjacent to seating in assembly areas. [...]

The use of handrails should be taken into consideration for private homes especially when ramps are built for ambulatory persons who need extra assistance with balance.

Thresholds

Thresholds at doorways are also addressed in the ADA Accessibility Guidelines. According to section 4.13.8, three-quarters of an inch (19 mm) is the maximum threshold height for exterior sliding doors or half an inch (13 mm) for other types of doors without modification. Beveled edges with a slope no greater than 1:2 are required for thresholds above these specifications, for raised thresholds, and for changes in floor levels in public areas.

Transportation Ramps and Thresholds

Thresholds in vehicles and boarding edges of ramps must be of a contrasting color the full width of the ramp or threshold. This contrast must either be a lighter color on a darker background, or vice versa. Mobility aid accessibility for public transportation vehicles (including light, commuter, and intercity rail service, and busses) are specifically addressed in the ADAAG regulations (36 CFR Part 1192).

Types of Ramps

Portable Ramps

The term portable is subjective; what one individual is able to carry or transport, another may not be able to pick up or move. The term is used here to indicate movable ramps of modular, telescoping or folding design intended for use with multiple entrance ways or access areas. Ramp weights for products designed to be movable vary from 90 pounds to only 8 pounds per track. Noting the total ramp weight, availability of integral handles, carrying cases and other transport features is an important part of selecting a “portable” ramp. Another consideration when selecting a ramp is how often the ramp will be moved. Many portable ramps are used for semipermanent applications.

Portable ramps offer many advantages over permanent ramps, not the least of which is lower cost. They provide individuals the opportunity to take a ramp with them wherever they go, and facilities the ability to move ramps to different locations as they are needed. Different styles of portable ramps are available for use with vehicles, curbs, stairs, and other areas. Depending on their intended use, handrails are available. An important feature to look for in a portable ramp,

especially if there are no handrails, is side wheel guards to assure the chair does not go off the ramp.

Portable ramps come in a variety of materials including steel, aluminum, and fiberglass. When choosing a portable ramp, the material should be appropriate for the weight of the intended user. Families looking to buy a portable ramp for their child, on the one hand, might choose a fiberglass ramp that is easily moved about the house. A public facility, on the other hand, needs to take into consideration that users of varying weights and chair types may be using the ramp and would therefore want to consider a reinforced or heavy duty steel ramp.

The design of some ramps includes the side supports between the ramp surface and the ground; others feature just the ramp surface and flanges. Still others involve telescoping or static tracks for use by traditional manual wheelchairs or four wheeled power chairs and scooters. Three-wheeled sport manual wheelchairs and scooters, however, will not be accommodated by the track design.

Modular Ramps

Ramp, curb, and deck systems with a modular design allow customized permanent or semipermanent placement. The units may include platforms, integral landings, self-contained leveling systems, supports, wheels, flanges, and handrails. The modules may be connected by bolts or clamps, or fitted together. Many manufacturers of modular ramps offer custom dimensions and will ship all of the parts with installation instructions.

Vehicle Ramps

Ramps designed to allow wheelchair access to busses, vans, and pickup trucks are also available in a variety of materials and forms. Some attach permanently to the interior of the vehicle and fold out for use either by mechanical, electrical, or manual operation. Others connect to the lip of a sliding van door when open. Consideration of the connection between the ramp and vehicle is important to ensure a stable platform and flush transition from ramp to the vehicle's interior. Attendant and wheelchair user operation/placement styles are available.

Emergency exit route access for commercial and scholastic busses can also be achieved with a ramp. The Evac/Ramp by ProMotion Inc. is designed specifically for evacuating individuals from a bus when the power lift is inoperable. This ramp has a folding design which quickly extends into a ramp or stairs for safe exits. The unit folds accordion-style for storage.

Funding Sources

Funding for residential and vehicle ramps may be available through medical or social services, income support or vocational assistance from any of a number of different resources, depending upon eligibility. Depending upon the terms of the policy, some medical insurance providers may cover a portion of the cost of a ramp with a doctor's prescription and justification of medical need. Additional funding sources include community agencies, community organizations, and churches.

Further information on resources and methods of funding assistive devices is available from the Assistive Technology Funding & Systems Change Project, a project of the National Institute on Disability and Rehabilitation Research (NIDRR) run by the United Cerebral Palsy Associations,

Inc. Individuals requiring information and technical assistance on funding may call 800-827-0093 (voice) or 800-833-8272 (TTY) or fax 404-919-8305.

Conclusion

Ramps offer individuals with mobility disabilities access alternatives which allow them to independently enter and exit transportation, their homes, and public buildings. They also alleviate difficulties for family members, care givers, and attendants. When selecting a ramp—whether for a vehicle or for a building, or to eliminate a threshold—purchasers should be aware of whether they are to negotiate the ramp independently or with assistance. If the user is to use the ramp without assistance, it should be designed to accommodate the users abilities and eliminate tipping and other safety hazards. Those acquiring ramps for residences or vehicles for the first time are advised to consult with their physicians, therapists, or other rehabilitations professional for an evaluation to determine whether ramps are the best access option and what features are required.

Chapter 7: Individuals with Multiple Sclerosis

Accommodating People with Multiple Sclerosis

<http://janweb.icdi.wvu.edu/media/MS.html>. By Linda Carter Batiste, MS and Beth Loy, PhD. This publication is funded under a contract supported by the Office of Disability Employment Policy of the U.S. Department of Labor, contract #J-9-M-2-0022. The opinions contained in this publication are those of the contractor and do not necessarily reflect those of the U.S. Department of Labor. Reprinted with permission.

Preface

There are an estimated 250,000 to 350,000 people with multiple sclerosis (MS) in the United States. Because most people develop MS between the ages of 20 and 40, many are likely to be employed when first diagnosed. This statistic, coupled with the requirements of the Americans with Disabilities Act (ADA), show why knowing about workplace accommodations for people with MS is important.

When considering accommodations for people with MS, remember that the accommodation process must be conducted on a case-by-case basis. Symptoms caused by MS vary from person to person, ranging from slight motor problems to a combination of motor, vision, and cognitive limitations. When determining effective accommodations, the person's individual abilities and limitations should be considered and problematic job tasks must be identified. Therefore, the person with MS should be involved in the accommodation process.

Not all people with MS will need accommodations to perform their jobs and many others may need only a few accommodations. For those who need accommodation, the following pages provide basic information about common limitations/symptoms, useful questions to consider, and accommodation possibilities. The following is only a sample of possibilities to consider. Numerous other solutions and considerations may exist.

In addition to accommodation ideas, the following material includes information regarding some of the products available to accommodate people with multiple sclerosis. The information represents a sample of the possible products and vendors available. Numerous other products and vendors may exist.

Also included in this publication is a list of resources for additional information.

MULTIPLE SCLEROSIS

The following information regarding multiple sclerosis (MS) was edited from several sources, including many of the resources listed in the resource section of this publication. The information is not intended to be medical advice. If medical advice is needed, appropriate medical professionals should be consulted.

What is multiple sclerosis?

MS is a chronic disease of the central nervous system. It causes destruction of myelin (a protein that forms a protective coating around nerve cells) in the central nervous system. When myelin is destroyed signals traveling through the nerve cells are interrupted or delayed, resulting in various neurological symptoms occurring at different locations throughout the body. The progress, severity, and specific symptoms of MS in any one person cannot yet be predicted, but advances in research and treatment are giving hope to those affected by the disease.

What are the symptoms of multiple sclerosis?

MS is often characterized by a pattern of exacerbation and remission. Symptoms may be mild, such as numbness in the limbs, or severe, such as paralysis or loss of vision. Possible symptoms include fatigue, loss of coordination, muscle weakness, spasticity, numbness, slurred speech, visual difficulties, paralysis, muscle cramps, bladder or bowel problems, and sexual dysfunction. The initial symptoms of MS are most often difficulty walking; abnormal sensations such as numbness or "pins and needles"; and pain and loss of vision due to optic neuritis, an inflammation of the optic nerve. Less common initial symptoms may include tremor; lack of coordination; slurred speech; sudden onset of paralysis, similar to a stroke; and decline in cognitive function.

What causes multiple sclerosis?

Studies show that MS is the result of a number of factors rather than a single factor. Most likely, genetics plays a role in determining a person's susceptibility to MS. The disease is not entirely genetically controlled, although first-degree relatives of individuals with MS have a 20- to 40-fold increased risk of developing the disease. Exposure to environmental factors, such as a virus or bacteria, also plays a role, although the specific factors have not yet been identified. Another likely factor is a defective regulation of the normal immune response that leads to unwarranted attacks by the body's defense mechanisms (an auto-immune process).

Who gets multiple sclerosis?

- Worldwide, MS occurs with much greater frequency in higher latitudes (above 40° latitude) away from the equator, than in lower latitudes, closer to the equator.
- In the U.S., MS occurs more frequently in states that are above the 37th parallel than in states below it. From east to west, the 37th parallel extends from Newport News, VA, to Santa Cruz, CA—running along the northern border of North Carolina to the northern border of Arizona and including most of California. The MS prevalence rate for the region below the 37th parallel is 57 to 78 cases per 100,000 people. The prevalence rate for those above the 37th parallel is 110 to 140 cases per 100,000 people. Nationwide, there are an estimated 250,000 to 350,000 people with MS.
- An individual, who is born in an area with a higher risk of developing MS and moves to an area of lower risk, acquires the risk of the new home if the move occurs before the individual is 15 years old.
- MS is more common among Caucasians (particularly those of northern European ancestry) than other races, and is almost unheard of in some populations, such as Eskimos.
- MS is twice as common in women compared to men.
- Certain outbreaks or clusters of MS have been identified, but their significance is not known.

- In certain populations, a genetic marker has been linked to MS. A particular genetic trait occurs more frequently in people with MS than in those who do not have the disease.
- The average age of onset is usually between 20 and 40, although it also can occur in older individuals.

How is multiple sclerosis treated?

Although there is no cure for MS, over the past three to five years, several drugs have been approved for treatment of relapsing forms of the disease: Avonex, Betaseron and Copolymer. In addition to these drugs, there are various treatments, such as occupational therapy, physical therapy, speech therapy, pain management, and exercise that may improve the symptoms commonly associated with MS.

QUESTIONS TO CONSIDER WHEN DETERMINING ACCOMMODATIONS

- What symptoms or limitations is the individual with MS experiencing?
- How do these symptoms or limitations affect the person and the person's job performance?
- What specific job tasks are problematic as a result of these symptoms and limitations?
- What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
- Has the employee with MS been consulted regarding possible accommodations?
- Once accommodations are in place, would it be useful to meet with the person with MS to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
- Do supervisory personnel and employees need training regarding MS, other disability areas, or the Americans with Disabilities Act?

ACCOMMODATION CONSIDERATIONS FOR PEOPLE WITH MS

(Note: People with MS will develop some of these limitations/symptoms, but seldom develop all of them. Limitations will vary among individuals. Also note that not all people who have MS will need accommodations to perform their jobs and many others may need only a few accommodations. The following is only a sample of the possibilities available. Numerous other accommodation solutions exist as well.)

Activities of Daily Living:

- Allow use of a personal attendant at work
- Allow use of a service animal at work
- Make sure the facility is accessible
- Move workstation closer to the restroom
- Allow longer breaks

Refer to appropriate community services **Cognitive Impairment:**

- Provide written job instructions when possible
- Prioritize job assignments
- Allow flexible work hours
- Allow periodic rest breaks to reorient
- Provide memory aids, such as schedulers or organizers
- Minimize distractions
- Allow a self-paced workload
- Reduce job stress

- Provide more structure

Fatigue/Weakness:

- Reduce or eliminate physical exertion and workplace stress
- Schedule periodic rest breaks away from the workstation
- Allow a flexible work schedule and flexible use of leave time
- Allow work from home
- Implement ergonomic workstation design
- Provide a scooter or other mobility aid if walking cannot be reduced

Fine Motor Impairment:

- Implement ergonomic workstation design
- Provide alternative computer access
- Provide alternative telephone access
- Provide arm supports
- Provide writing and grip aids
- Provide a page turner and a book holder
- Provide a note taker

Gross Motor Impairment:

- Modify the work-site to make it accessible
- Provide parking close to the work-site
- Provide an accessible entrance
- Install automatic door openers
- Provide an accessible restroom and break room
- Provide an accessible route of travel to other work areas used by the employee
- Modify the workstation to make it accessible
- Adjust desk height if wheelchair or scooter is used
- Make sure materials and equipment are within reach range

Move workstation close to other work areas, office equipment, and break rooms

Heat Sensitivity:

- Reduce work-site temperature
- Use cool vest or other cooling clothing
- Use fan/air-conditioner at the workstation
- Allow flexible scheduling and flexible use of leave time
- Allow work from home during hot weather

Speech Impairment:

- Provide speech amplification, speech enhancement, or other communication device
- Use written communication, such as email or fax
- Transfer to a position that does not require a lot of communication
- Allow periodic rest breaks

Vision Impairment:

- Magnify written material using hand/stand/optical magnifiers
- Provide large print material or screen reading software

- Control glare by adding a glare screen to the computer
- Install proper office lighting
- Allow frequent rest breaks

EXAMPLE ACCOMMODATIONS FOR PEOPLE WITH MULTIPLE SCLEROSIS

- A claims representative for a government agency was having difficulty reading files due to vision impairment caused by MS. His employer purchased a stand magnifier and added task lighting to his workstation.
- A manager with MS working for a publishing company was having difficulty transferring from her wheelchair to the toilet in the employee restroom. Her employer installed additional grab bars.
- An attorney with MS was having difficulty carrying documents to meetings at various locations due to upper extremity weakness. His employer purchased a portable cart that was easy to get in and out of his car.
- An operations clerk for a large distribution center was having difficulty working at full production due to fatigue caused by MS. Her employer moved her to a shift that was not as busy so caused less stress and made less physical demands of the clerk. The clerk was also able to take more frequent breaks on the new shift.
- An engineer with MS was experiencing heat sensitivity. She was provided a private office where the temperature could be lower than in the rest of the facility. She was also encouraged to communicate with coworkers by telephone or email when possible to reduce the amount of walking she had to do.
- A resource nurse with MS was having difficulty accessing her workstation. Her employer widened the floor space in her workstation to allow her easier access from her wheelchair and added an adjustable keyboard tray, monitor holder, and telephone tray. In addition, the employee was provided a flexible schedule so she could continue her medical treatment.
- A clerical worker was having difficulty concentrating and remembering job tasks due to cognitive impairment caused by MS. Her employer added sound-baffle panels to reduce distractions in her work area. In addition, her employer gave her written job duties at the beginning of each day and provided a notebook that contained outlines of what each job duty entailed.
- A teacher with MS was having difficulty communicating with students because his speech became soft and slurred when he was fatigued. He was given a personal speech amplifier so he would not have to strain to project his voice, and he was allowed to schedule his classes so he could take periodic breaks.

Job Accommodation Network is a service of the U.S. DOL Office of Disability Employment Policy <http://www.jan.wvu.edu>
1-800-526-7234 (V/TTY)

HOT? NOT!! (The Effects of Heat on MS (Multiple Sclerosis))

INFORMS Newsletter <http://www.mscenter.org/pages/informs-spring-03.html> Rocky Mountain MS Center <http://www.mscenter.org>. Reprinted with permission.

DEFEATING HEATING

If you are having more problems with your MS during the warmer months, you are not alone. It is estimated that 60% to 80% of people living with multiple sclerosis are sensitive to increased temperatures. They usually describe that they have an increase in their usual symptoms, or they experience new symptoms. Most of the time, the symptoms will subside when they cool down but a small percentage report that symptoms persist and may need to be treated as an exacerbation.

WHY?

In simple terms, an overheated nervous system does not work as well as one that remains at a normal temperature. The impulses that normally travel through the system, even the MS damaged areas, are slowed when warm causing more interruption of signals and increased symptoms.

WHAT CAN YOU DO?

While we can't control the weather, there are many techniques and devices out there that may help you control the effects of warm weather and other circumstances that increase your usual temperature.

Avoid going out into the warmest time of the day.
Do whatever activities you have early or late.
Dress appropriately for the weather.

Mornings can be cool with heating later in the day. Layered clothes can help. Sometimes cotton lightweight clothes have more heat protection when outdoors than too few clothes or clothing made of synthetics. The cotton clothing will protect your skin from sunburn and will wick perspiration out from your body to provide more cooling.

Stay hydrated.

Maintaining your fluids (or increasing them) will help you perspire more (similar to a natural evaporative cooling system). If you become dehydrated, your blood level decreases and you become more fatigued. If you drink cool or cold drinks, it helps to cool your core providing more benefits.

Pre-cool.

If you know you are going to exercise or you have to be out in the heat, try pre-cooling with a cool bath. Immerse at least your legs in tepid water and then add cool water to it. Do not become overcooled as that may cause shivering which will increase your temperature. 30 minutes of this cooling may provide you with up to 4 hours of benefit.

Exercise but be sensible.

Do continue to exercise by taking a few precautions. If, while exercising, you experience increased symptoms such as blurred vision, simply cut back a little, drink a cool beverage, or rest

a short time before you resume. If you still feel symptomatic, stop at that time. Remember that you can exercise several times during the day for shorter periods and still benefit from your efforts. Swim for exercise. Water can cool you and is a great form of exercise. If you walk for exercise, join the mall walkers. Malls are usually pleasantly cool.

Cool your environment.

Air conditioning, evaporative coolers (swamp coolers), and fans can cool the air around you or move the air to enhance your own cooling efforts. If you have an air conditioned car, allow it to cool before driving so you don't become symptomatic while driving. If your home has a lower level, plan to do work there as it is generally cooler. Under limited circumstances, costs related to air conditioning or to cooling garments may be tax deductible.

Cool your body.

There are numerous devices out there for you to provide passive cooling to your body such as: hand held fans, cooling collars, misting with water, wet T shirts, cooling vests, cooling pillows and ice packs. Experiment with them to see which work best for you. A list of some of the companies that offer these devices appears at the end of this article.

Treat fevers.

A mere ½ degree increase in temperature can cause an increase in symptoms. If you have an illness with a fever, it is a good idea to try to reduce the temperature with an over the counter medication designed to do that. Acetaminophen, aspirin and ibuprofen can lower a fever. Follow the directions and do not exceed recommended dosages. Remember to increase hydration while feverish.

Conserve energy.

Many people living with MS complain of increased fatigue during warm weather. This is an especially important time to pace yourself and lighten your schedule. Again, be sure you avoid dehydration which will increase your fatigue.

Stay in tune to your body.

Observe for clues that you are overheating. Flushing, blurred vision (Uhthoff's Phenomenon), weakness, fatigue, thinking problems, increased spasticity, depression, or lightheadedness may indicate a negative response to heat. People who have a greater degree of disability, especially those with spinal cord lesions, may not be able to self regulate through perspiring and have to be extra vigilant.

Enjoy the good things that summer brings but take care!

The following list includes some of the vendors of cooling equipment:

- The Chill Factory, Ft. Collins, CO; 970-484-6591, www.chillfactory.com (passive)
- CoolSystems, Inc., Berkeley, CA; 1-(866)-266-5797, www.RechargeMS.com (active cooling)
- Life Enhancement Technologies, Inc., Santa Clara, CA; 1-(800) -779-6953, www.2bcool.com (active cooling)
- Shafer Enterprises, L.L.C., Jonesboro, GA; 1-(800)-345-3176, www.coolshirt.net (active cooling)

- Steele Vest, Kingston, WA; (360) 297-4555, 1-(888)-783-3538, www.steelevest.com (passive cooling)
- Jenkins Comfort Systems, Augusta, GA; 1-(888)-508-6908, www.jenkinscomfort.com (passive cooling)
- CoolSport, Torrance, CA; (310) 618-1590, www.coolsport.net/index2.html (passive cooling)
- Polar Products, Inc., Akron, OH; 1-(800)-763-8423, www.polarsoftice.com (passive cooling)
- Akemi, Inc, Houston, TX; 1-(800)-209-2665, www.bodycooler.com (passive cooling)
- Sharper Image, Personal Cooling System, www.sharperimage.com , retail stores nationwide.

The above links are to commercial makers of cooling equipment and listing them here is for the convenience of our users. The products listed above are not endorsed by the Rocky Mountain MS Center.

The Multiple Sclerosis Association of America, (MSAA), offers a Cooling Program. This program offers the free use of active and passive cooling garments and a large range of passive cooling accessories to MSAA clients based on availability and program guidelines. For more information on MSAA's Cooling Program, please call (800) 532-7667, ext. 102.

Also see "Multiple Sclerosis, The Ultimate User-Friendly Guide" (second edition) <http://www.mscenter.org/handbook/index.html>.

Chapter 8: Resources

Introduction: How to Use this Section

This section is designed to provide a list of resources related to specific topic areas. A categorical approach was used to facilitate the user's ability to seek information related to a specific topic and find detailed information regarding that topic. In this section there are three types of resources identified - General Organizational Resources, Chapter Resources, and Technical Resources.

General Organizational Resources include broad sources of generalized information about the specific topic or related to a specific disability. Resources identified in this section tend to be nationally recognized organizations and/or educational entities.

Chapter Related Resources include information about specific Red Cross Chapters that have been extensively involved with providing accommodations for educational programs and or specific courses. These Chapters have agreed to serve as a source of information for other chapters who are tasked with providing accommodations for Health and Safety customers.

Technical Resources include sources having very specific information regarding a particular topic. This can include both websites and/or specific individuals who have been selected because of their content knowledge and their willingness to serve as a technical resource to Chapters or Red Cross Instructors.

General Disabilities Resources

General Organizational Resources:

National Council on Disability (NCD) <http://www.ncd.gov/>

The National Council on Disability (NCD) is an independent federal agency making recommendations to the President and Congress on issues affecting 54 million Americans with disabilities.

United States Access Board <http://www.access-board.gov/>

Accessibility Guidelines and Standards for facilities, transportation and communication. Has Rule 508 information - Electronic and Information Technology Accessibility Standards

World Congress and Exposition on Disabilities <http://www.wcdexpo.com>

Links to other organizations that provide service to people, parents and educators.

Health Resource Center <http://www.heath.gwu.org>

(The National Clearinghouse on Postsecondary Education for Individuals with Disabilities, a program of the George Washington University.)

2121 K Street, NW Suite 220

Washington, DC 20037

Voice/TTY: (202) 973-0904

Voice: (800) 544-3284

FAX: (202) 973-0908

HEATH disseminates information nationally about disability issues in postsecondary education. It offers publications and a telephone service of use to administrators, service providers, teachers, instructors, rehabilitation counselors, health professionals, and to individuals with disabilities and their families.

National Information Center for Children and Youth with Disabilities (NICHCY)

<http://www.nichcy.org>

P.O. Box 1492

Washington, DC 20013-1492

Voice/TTY: (800) 695-0285

Voice/TTY: (202) 884-8200

FAX: (202) 884-8441

NICHCY provides fact sheets, state resource sheets, and general information to assist parents, educators, care-givers, advocates, and others in helping children and youth with disabilities participate as fully as possible in their community. NICHCY also publishes Technical Assistance Guides, Students' Guides, briefing papers, and annotated bibliographies on selected topics; many publications are available in Spanish and all are available in the Internet.

The National Rehabilitation Information Center <http://www.naric.com>

4200 Forbes Boulevard

Lanham, MD 20910

Voice: (301) 459-5900

Voice: (800) 346-2742

TTY: (301) 459-4263

FAX: (301) 459-4263

Provides information and referral services on disability and rehabilitation, including quick information and referral, data base searches of the bibliographic data base REHABDATA, and document delivery. NARIC also provides the NIDRR Program Directory and the Compendium of Products by NIDRR Grantees and Contractors.

Chapter Related Resources:

Martha Chapin, Senior Associate

Preparedness and Health and Safety Services, Program Administration and Field Support

American Red Cross

National Headquarters

8111 Gatehouse Road

Falls Church, VA 22042

703-206-7406

chapinm@usa.redcross.org

Corporate Diversity Department

American Red Cross National Headquarters

2025 E Street NW

Washington, DC 20006

diversity@usa.redcross.org

For questions or comments on diversity related programs and services, please contact the:

Diversity Resource Line: (202)303-5665

Diversity Resource Line (TTY): (202) 303-0348

Other resources:

CrossNet - Recruit Volunteers with Disabilities

https://crossnet.redcross.org/chapters/administer/vol/recruit_vols_disabilities.asp

Service Animals Resources

General Organizational Resources:

Guide Dogs for the Deaf <http://www.hearinghealthmag.com>

Lending Their Ears (Winter 2001) is a great educational article on guide dogs for the deaf.

Animal Welfare Information Center <http://www.ars.usda.gov/>

U.S. Department of Agriculture

Agricultural Research Service

National Agricultural Library

10301 Baltimore Ave.

Beltsville, MD 20705-2351

Newsletters: <http://www.nal.usda.gov/awic/newsletters/>

Access-Able Travel Source <http://www.access-able.com/tips/service.htm>

ADA Business BRIEF: Service Animals <http://www.usdoj.gov/crt/ada/svcanimb.htm>

iCan! Inc. www.ican.com

iCan! is a solutions and services company for people with disabilities and leaders of business.

Dogs for the Deaf <http://www.dogsforthedeaf.org/>

10175 Wheeler Road

Central Point, OR 97502

Voice/TDD 541-826-9220

Fax 541-826-6696

Email: info@dogsforthedeaf.org

Our mission is to rescue and professionally train dogs to assist people and enhance their lives.

We are a 501 (c) (3) non-profit organization approved by the Internal Revenue Service. This allows public support and guarantees any donor tax deductible benefits according to current laws.

NO TAX DOLLARS support our program.

The program's investment per Hearing Dog is approximately \$12,000. This includes the selection of the dog, veterinary care, training, placement, and follow up.

Hearing Dogs are chosen from adoption shelters, where they might otherwise be euthanized if no homes are found for them. By using shelter dogs we are able to help alleviate some of the unwanted dog population by rescuing these dogs, training them, and placing them in loving homes where they can provide an important service. The dogs are usually mixed breeds, small to medium in size, and up to 24 months of age. The trainers look for dogs that are friendly, energetic, healthy, and intelligent. Each dog is individually evaluated by a Dogs for the Deaf trainer. Those passing the aptitude tests are brought back to our facility for a thorough medical evaluation and needed vaccinations. All dogs are spayed or neutered and then begin the intensive 4 to 6 months of training.

Assistance Dogs International <http://www.assistance-dogs-intl.org/>

Dogs for the Deaf, Inc. is a founding member of Assistance Dogs International.

Canine Assistants <http://www.canineassistants.org/>

Canine Assistants is a non-profit organization, founded in 1991, which trains and provides service dogs for children and adults with physical disabilities or other special needs. In addition to physically assisting those with disabilities, Canine Assistants service dogs are instrumental in removing many of the barriers faced by the disabled in today's society. One recipient made the value of this skill quite clear when asked by a reporter what she liked most about her service dog. Immediately, she responded, "My dog makes my wheelchair disappear."

Paws with a Cause <http://www.ismi.net/paws/>

Service Dog Resources <http://www.wolfpacks.com/resources>

The Seeing Eye <http://www.seeingeye.org/>

The Seeing Eye will be an organization which concentrates on its mission to enhance the independence, dignity, and self-confidence of blind people through the use of Seeing Eye dogs, and on improving its ability to fulfill this mission. We will maintain and nurture the spirit engendered by our founders to adhere to the highest standards of service and assure all people are treated with dignity and respect. We will minimize peripheral involvements, avoid organizational complexity, and measure the performance of the organization and its employees against our goals. We will monitor developments in our society which could affect our constituents and operations, and adapt to changing circumstances as necessary in pursuit of our mission. In the future, The Seeing Eye will continue to be, as it is in the present, the best organization of its kind in the world.

The Seeing Eye is supported by annual contributions from individuals, corporations and foundations, bequests and other planned gifts. Friends of The Seeing Eye groups in major metropolitan areas conduct public education on its behalf. Income from The Seeing Eye endowment covers 70% of costs; the other 30% must be raised annually. Its endowment ensures that The Seeing Eye is a viable and stable organization, and that those who want Seeing Eye dogs always will be able to obtain them. Many people ask The Seeing Eye if they may sponsor a person's dog. Sponsoring a dog robs that person of independence and may make him or her feel obligated or dependent on the sponsor. The Seeing Eye regards those who choose to come here with dignity and respect, and encourages independence. Therefore, all gifts to The Seeing Eye support the program as a whole.

Guide Horse Foundation <http://www.guidehorse.com/DOJ.htm>

The mission of the Guide Horse Foundation is to provide a safe, cost-effective and reliable mobility alternative for visually impaired people and to deliver trained Guide Horses at no cost to the recipient. They also have the goal of helping the tiny horses by providing them with a higher-purpose in life.

Chapter Related Resources:

Blind, Low Vision and Vision Loss Resources

General Organizational Resources

Organization FOR The Blind <http://www.blind.net/orgforth.htm>

Provides a list called “Organizations FOR The Blind”

Alabama Institute for Deaf and Blind <http://aidb.org/>

Alabama Institute for Deaf and Blind is the world's most comprehensive education and service program for sensory impaired children and adults. Established in 1858, AIDB operates four accredited instructional programs and an award winning manufacturing complex in Talladega, Alabama and a statewide network of regional centers which provide home and community services for deaf and blind persons ranging from infancy through senior citizens.

American Foundation for the Blind <http://www.afb.org/>

Association for Education and Rehabilitation of the Blind and Visually Impaired

<http://www.aerbvi.org/>

1703 N. Beauregard Street, Suite 440

Alexandria, VA 22311

(703) 671-4500

(877) 492-2708

(703) 671-6391 FAX

International Association of Audio Information Services (IAAIS) <http://iaais.org/aboutiaais.html>

The International Association of Audio Information Services (IAAIS) encourages and supports the establishment and maintenance of audio information services that provide access to printed information for individuals who cannot read conventional print because of blindness or any other visual, physical or learning disability.

Better Vision for Children Foundation <http://www.bvcnow.org/>

Better Vision for Children

1954 Lieder Dr.

San Diego, California 92154

Phone: 619-459-1100

FAX: 619.575.8063

Email: bvc@san.rr.com

Vision Council of America <http://www.visionsite.org>

1700 Diagonal Rd. Suite 500

Alexandria, VA 22314

(703) 548-4560

(703) 548-4580 FAX

vca@visionsite.org

BVI provides programs and information on vision health and care. Contact them for facts on the detection, treatment, and prevention of eye diseases. Publications include fact sheets on cataracts, nutrition, care of eyeglasses, diabetes, and vision care.

Braille Institute of America <http://www.brailleinstitute.org/>

741 North Vermont Avenue
Los Angeles, CA 90029
(323) 663-1111 Voice
(800)272-4553 Toll Free
E-Mail: Info@BrailleInstitute.org

The Hadley School for the Blind http://www.hadley-school.org/Web_Site/Hadley-School.asp

700 Elm Street
Winnetka, IL 60093
(847) 446-8111 Voice
(800) 323-4238 Toll Free
(847) 446-9916 FAX

The Hadley School for the Blind offers distance education (home study) courses free of charge to blind and visually impaired adults, parents of blind children, and family members of blind adults. From Braille reading and writing, to astronomy, to business law- there is a course for everyone! Over 90 courses to choose from. Enroll at any time.

Helen Keller National Center <http://www.helenkeller.org/index.html>

141Middleneck Road
Sands Point New York 11050
(516) 944-8900 Voice
(516) 944-7302

E-mail HKNCinfo@hknc.org Training for children and adults who are deaf and blind. Several skill training courses are available including computer training.

Lighthouse International <http://www.lighthouse.org/>

111 East 59th Street
New York New York 10022
(212)821-9200 Voice
(800)829-0500 Toll Free
(212)821-9707 FAX
TTY (212) 821-9713
Email: info@lighthouse.org

The world's leading resource on vision impairment. Lighthouse research and educational activities include the Arlene R. Gordon Research Institute, the Lighthouse National Centers for Vision and Aging and for Vision and Child Development, the Lighthouse International Center on Low Vision and Lighthouse Continuing Education. Our advocacy and direct services programs further our goal of assisting people with vision loss to develop the skills they need, at home and in the workplace, to lead productive independent lives.

Lions World Services for the Blind <http://www.lwsb.org/>

2811 Fair Park Boulevard
Little Rock Arkansas 72143 U.S.A.
(501) 664-7100 Voice
(800) 248-0734

(501) 664-2743 FAX

Macular Degeneration Foundation <http://www.eyesight.org/>

P. O. Box 531313

Henderson, NV 89053 San Jose California 95157 U.S.A.

(888) 633-3937 Toll Free

(702) 450-3396 FAX

National Association for Visually Handicapped <http://www.navh.org/>

22 West 21st Street, 6th Floor

New York New York 10010 U.S.A.

(212) 889-3141 Voice

National Braille Association, Inc. <http://www.nationalbraille.org/>

Three Townline Circle

Rochester New York 14623-2513 U.S.A.

(585) 427-8260 Voice

(585) 427-0263 FAX

National Braille Press <http://www.nbp.org/ic/nbp/>

88 St. Stephen Street

Boston Massachusetts 02115 U.S.A.

(617) 266-6160

(888) 965-8965

National Eye Institute <http://www.nei.nih.gov/>

National Institutes of Health Room

2020 Vision Place

Bethesda, MD 20892-3655

(301) 496-5248

National Library Service for the Blind and Physically Handicapped

<http://www.loc.gov/today/pr/1998/98-148.html>

Library of Congress

1291 Taylor Street North West

Washington D.C. 20542 U.S.A.

(202) 707-5100 Voice

Oklahoma School for the Blind <http://www.osb.k12.ok.us/index.html/>

3300 Gibson Street

Muskogee Oklahoma 74403 U.S.A.

(918) 781-8200Voice

(918) 781-8300 FAX

Organization description: "The mission of Oklahoma School for the Blind (Parkview School) is to provide appropriate individualized academic, social and vocational education, evaluations, and outreach services to Oklahoma's blind and visually impaired children and youth. Students,

professionals, communities, and parents will work together to develop and maximize each child's potential for becoming a productive and supportive member of society."

Perkins School for the Blind <http://www.perkins.org/>

175 North Beacon Street
Watertown, Massachusetts 02472
(617) 924-3434 Voice
(617)926-2027 FAX

The American Printing House for the Blind, Inc. <http://www.aph.org>

1839 Frankfort Avenue
P.O. Box 6085
Louisville, KY 40206-0085
Phone: 502-895-2405
Toll-Free Customer Service: 800-223-1839 (U.S. and Canada)
Fax: 502-899-2274
Email: info@aph.org

Maintains a data base of special media products and is the largest source for adapted educational and daily living products.

Recording for the Blind and Dyslexic <http://www.rfbd.org/>

20 Roszel Road
Princeton, NJ 08540
866-RFBD-585 (866-732-3583)

Provides educational materials in recorded and computerized formats at every academic level. Records educational and reference materials that are not available on tape or disk from other sources, in areas such as history, math, science and economics. When our initial release culminates in full-scale national distribution, RFB&D's library of digital textbooks on CD-ROM will offer members unprecedented navigation and convenience. Utilizing synchronized electronic text and human voice, digital audio books can be played on standard multimedia personal computers or specialized players. The contents of a standard textbook can now be contained on a single CD that students can navigate by page, chapter or heading. Previously, a standard textbook required between eight and 12 cassette tapes that could only be navigated by forwarding or rewinding a four-track tape recorder through a series of page indicator beep tones.

Association of Radio Reading Services <http://www.iaais.org/>

IAAIS is a volunteer-driven membership organization of services that turn text into speech for people who cannot see, hold or comprehend the printed word and who may be unable to access information due to a disability or health condition.

Chapter Related Resources:

Metro New Jersey Chapter

Jane Bente
209 Fairfield Rd.
Fairfield, NJ 07004
Phone: 973-797-3336

Fax: 973-575-8548

E-mail: jbente@redcrossmetronj.org

Braille copies of the 2006 American Red Cross First Aid/CPR AED program materials, available for sale to American Red Cross chapters only.

Mid-Way Kansas Chapter <http://midwaykansas.redcross.org/>

Wichita, Kansas

The chapter has a Braille services unit that transcribes over 12,000 Braille pages a year

Technical Resources:

Hearing Loss Resources

General Organizational Resources

Alexander Graham Bell Association <http://www.agbell.org>

3417 Volta Place, NW

Washington, DC 20007

Telephone: 202-337-5220

TTY: 202-337-5221

Fax: 202-337-8314

A membership organization and information center on pediatric hearing loss and spoken language approach. AG Bell emphasizes the use of technology, in conjunction with spoken speech and speechreading. The association focuses specifically on children with hearing loss, providing ongoing support and advocacy for parents, professionals and other interested parties. AG Bell provides scholarships, financial and parent-infant awards, publishes books on deafness, and advocates for the rights of children who are deaf or hard of hearing.

The Alexander Graham Bell Association for the Deaf and Hard of Hearing is an international membership organization and resource center on hearing loss and spoken language approaches and related issues. Founded in 1890 by Alexander Graham Bell, the association offers members a wide range of programs and services and provides to all inquirers information on a vast array of issues pertaining to hearing loss. AG Bell offers a wide range of programs and services to its members. If you have questions about hearing loss, need a resource, or are looking for support and encouragement from people who know and understand your issues and needs, we are here to help.

We pride ourselves on actively responding to members' needs and concerns. AG Bell is always available at your fingertips via email, fax, phone (including TTY and relay), as well as mail. If you submit a query to our information services department, we will respond with a well-researched answer with 5 to 7 business days. Many of these questions have become scheduled topics for our biweekly online chats. Members and friends are also invited to join our email listserv, BabbleOn, as well as the e-zine for deaf and hard of hearing members, LipSpeak.

Babble On! - Join Babble On, AG Bell's member listserv. This is a great way to instantly network with other members of the AG Bell community. Members use this listserv to communicate information on resources and events, update each other on local advocacy efforts, and share personal triumphs. To subscribe, send a message to: AGBell-subscribe@yahoogroups.com

American Association of the Deaf-Blind <http://www.aadb.org>

American Association of the Deaf-Blind

8630 Fenton Street, Suite 121

Silver Spring, Maryland 20910-3803

TTY Phone: (301) 495-4402

Voice Phone: (301) 495-4403

Fax: (301) 495-4404

Email: AADB-Info@aadb.org

Promotes better opportunities and services for deaf-blind people. Mission is to assure that a comprehensive, coordinated system of services is accessible to all deaf-blind people, enabling them to achieve their maximum potential through increased independence, productivity, and integration into the community. The biennial conventions provide a week of workshops, meetings, tours, and recreational activities

American Association of the Deaf-Blind (AADB) is a national consumer advocacy organization for people who have combined hearing and vision impairments. AADB is open to all persons who are deaf-blind and individuals directly concerned with their well being, including spouses, children, friends, and health care professionals.

The American Association of the Deaf-Blind:

- Seeks to encourage independent living for individuals who are deaf-blind.
- Provides technical assistance to persons who are deaf-blind, families, educators, and service providers.

As a consultant, AADB provides:

- Direct onsite assistance to consumers at the adult level in the subject areas of Community Living, Curriculum, Social Skills, and Technology
- In all other subject areas listed, will provide direct onsite assistance to consumers at all levels.

ABLEDATA <http://www.abledata.com>

8630 Fenton Street, Suite 930

Silver Spring, MD 20910

Voice: (800) 227-0216

ABLEDATA provides information on assistive technology, rehabilitation equipment and other products for people with disabilities. Project staff maintains a database containing information on approximately 28,000 assistive technology products from over 3,000 domestic and foreign manufacturers and distributors. The database can be searched at the ABLEDATA website. ABLEDATA also produces publications on a variety of assistive products. These publications and other interactive resources are available on the website with hundreds of links to assistive technology manufacturers, distributors, and other disability-related websites. ABLEDATA staff are available Monday - Friday, 8:30 a.m.-5:30 p.m. Eastern Time. ABLEDATA is funded by the National Institute on Disability and Rehabilitation Research of the U.S. Department of Education.

Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf or Hard of Hearing (Formerly American Deafness and Rehabilitation Association ADARA)

<http://www.adara.org>

ADARA National Office

PO Box 480

Myersville, MD 21773

Promotes and participates in quality human service delivery to deaf and hard of hearing people through agencies and individuals. ADARA is a partnership of national organizations, local affiliates, professional sections, and individual members working together to support social services and rehabilitation delivery for deaf and hard of hearing people.

Gallaudet University <http://www.gallaudet.edu/>

800 Florida Ave., NE
Washington, DC 20002-3695
Voice/TTY: (202) 651-5000

Email Questions to: public.relations@gallaudet.edu

Gallaudet University is the world's only four-year liberal arts university for students who are deaf or hard of hearing. Established in 1864 by an act of Congress, Gallaudet offers more than 50 undergraduate and graduate degree programs and numerous continuing education and summer courses. The University disseminates information through such units as the Gallaudet Bookstore, Gallaudet University Press, Gallaudet Research Institute and the Laurent Clerc National Deaf Education Center's National Deaf Education Network and Clearinghouse.

American Tinnitus Association <http://www.ata.org>

P.O. Box 5
Portland, OR 97207-0005
Voice: (800) 634-8978
Voice: (503) 248-9985
FAX: (503) 248-0024

The American Tinnitus Association (ATA) is a nonprofit, voluntary, human health, and welfare agency dedicated to providing support of scientific research leading to the elimination of tinnitus as a health problem. It also provides education, information, self-help, and hearing-health resources to millions of Americans who have tinnitus.

Association of Late-Deafened Adults (ALDA) <http://www.alda.org/>

ALDA Inc.
8038 MacIntosh Lane
Rockford, IL 61107
V/TTY (866) 402-2532

Provides resources and information and promotes advocacy and awareness of the needs of deafened adults.

The Ear Foundation <http://www.earfoundation.org>

PO Box 330867
Nashville, TN 37203
Phone Toll Free (voice/TDD): 1-800-545-HEAR
Phone (voice/TDD): 615-627-2724
Fax: 615-627-2728

info@earfoundation.org

A national, not-for-profit organization committed to integrating the hearing and balance impaired person into the mainstream of society through public awareness and medical education. Also administers The Meniere's Network, a national network of patient support groups providing people with the opportunity to share experiences and coping strategies.

HEATH Resource Center <http://www.heath.gwu.edu/>

George Washington University

2134 G Street, N.W.
Washington, D.C. 20052-0001
(Voice/TTY) 202 - 973 - 0904
(Fax) 202 - 994 - 3365
Email: askheath@gwu.edu

HEATH disseminates information nationally about disability issues in postsecondary education. It offers publications and a telephone service of use to administrators, service providers, teachers, instructors, rehabilitation counselors, health professionals, and to individuals with disabilities and their families.

League for the Hard of Hearing <http://www.lhh.org>

New York

50 Broadway
6th Floor
New York, NY 10004
917-305-7700 (Voice)
917-305-7999 (TTY)
917-305-7888 (Fax)

info@lhh.org

New York Programs & Services

Florida

2800W.OaklandParkBlvd.
Suite 306
Oakland Park, FL 33311
954-731-7200 (Voice)
954-731-7208 (TTY)
954-485-6336 (Fax)

fl@lhh.org

Florida Programs & Services

The League for the Hard of hearing is the oldest hearing rehabilitation agency in the country. Mission is to improve the quality of life for people with all degrees of hearing loss. Offers comprehensive hearing rehabilitation and human service programs for infants, children, adults, and their families, regardless of age or mode of communication. Promotes hearing conservation and provides public education about hearing.

National Association of the Deaf <http://www.nad.org>

8630 Fenton Street, Suite 820
Silver Spring, MD 20910-3819
301-587-1789 TTY,
301-587-1788 Voice,
301-587-1791 FAX

Nation's largest organization safeguarding the accessibility and civil rights of 28 million deaf and hard of hearing Americans in education, employment, health care, and telecommunications. Focuses on grassroots advocacy and empowerment, captioned media, deafness-related information and publications, legal assistance, policy development and research, public awareness, and youth leadership development.

National Captioning Institute <http://www.ncicap.org/>

1900 Gallows Road, Suite 3000

Vienna, VA 22182

Voice/TTY: (703) 917-7600

FAX: (703) 917-9858

NCI, a nonprofit corporation founded in 1979, is the world's largest provider of closed captioned television services for the broadcast, cable and home video industry.

The Media Access Group <http://www.wgbh.org/caption>

125 Western Avenue

Boston, MA 02134

Voice/TTY: (617) 300-3600

FAX: (617) 300-1020

The Media Access Group is a nonprofit service of the WGBH Educational Foundation and the world's first captioning agency. Offices in Boston, Los Angeles, and New York produce captions for every segment of the television and video industries and offer an array of services including off-line captions, real-time captions, dual-field, dual-language captions, subtitling, and open captions.

National Center for Accessible Media (CPB/WGBH) (NCAM) <http://ncam.wgbh.org>

WGBH Educational Foundation

125 Western Avenue

Boston, MA 02134

Voice: (617) 300-3400

TTY: (617) 300-2489

FAX: (617) 300-1035

The CPB/WGBH National Center for Accessible Media aims to increase access to public mass media (television, radio, print, movies, multimedia) for underserved consumers, such as disabled people or speakers of other languages. NCAM researches and develops media access technologies that make them more inclusive or expand their use. Acts as a resource to broadcasters, producers, educators, and consumers through consulting, training, journal articles, and conferences.

Captioned Media Program (Formerly Captioned Films/Videos Program)<http://www.dcmp.org/>

1447 E. Main Street

Spartanburg, SC 29307

Voice: (800) 237-6213

TTY: (800) 237-6819

FAX: (800) 538-5636

The CMP is a free-loan open-captioned media program. Deaf and hard of hearing persons, teachers, parents, and others may borrow these materials. Materials include educational videos (for preschool through college) and general-interest, which will benefit a deaf or hard of hearing person (classical movies and special-interest topics such as travel, hobbies, recreation, and others). Some titles are available in CD-Rom or DVD.

National Cued Speech Association <http://www.cuedspeech.org>

5619 McLean Drive

Bethesda, MD 20814-1021

800-459-3529 v/tty

301-915-8009 v/tty

NCSA and its affiliate centers and chapter support and promote the effective use of cued speech for communication, language acquisition, and literacy. NCSA offers information about Cued Speech use with children and adults with hearing, speech, and language needs. Supports family camp and provides instructor certification, bookstore catalog, Cued Speech charts more than 50 languages and referrals/networking. Cued Speech provides the appropriate phonemic language base for literacy.

Laurent Clerc National Deaf Education Center National Deaf Education: Information on Deafness <http://clerccenter.gallaudet.edu/InfoToGo/index.html>

Gallaudet University, KDES PAS-6

800 Florida Avenue, NE

Washington, DC 20002-3695

V/TTY (202) 651-5051 (information)

FAX (202) 651-5054

E-mail: Clearinghouse.Infotogo@gallaudet.edu (information)

The National Deaf Education Network and Clearinghouse performs a number of functions related to information dissemination at the Gallaudet University Laurent Clerc National Deaf Education Center. The Clearinghouse responds to inquiries about a diverse range of topics related to deaf and hard of hearing children in the age group of 0-21. The Clearinghouse also collaborates with authors from within the Gallaudet community and around the nation to design, produce, and disseminate books, videotapes, periodicals, and other information related to deaf and hard of hearing children, their families, and the professionals who serve them.

National Information Center for Children and Youth with Disabilities (NICHCY)

<http://www.nichcy.org>

P.O. Box 1492

Washington, DC 20013-1492

Voice/TTY: (800) 695-0285

Voice/TTY: (202) 884-8200

FAX: (202) 884-8441

NICHCY provides fact sheets, state resource sheets, and general information to assist parents, educators, care-givers, advocates, and others in helping children and youth with disabilities participate as fully as possible in their community. NICHCY also publishes Technical Assistance Guides, Students' Guides, briefing papers, and annotated bibliographies on selected topics; many publications are available in Spanish and all are available in the Internet.

National Information Clearinghouse on Children who are Deaf-Blind (DB-LINK)

<http://www.tr.wou.edu/dblink/>

345 Monmouth Avenue

Monmouth, OR 97361

Voice: (800) 438-9376

TTY: (800) 854-7013

FAX: (503) 838-8150

Collects, organizes, and disseminates information related to children and youth (ages 0-21) who are deaf-blind and connects consumers of deaf-blind information to sources of information about deaf blindness, assistive technology, and deaf-blind people, education, and all other areas related to deaf-blindness. DB-LINK is a collaborative effort involving the Helen Keller National Center, Perkins School for the blind, and Teaching Research.

National Institute on Deafness and Other Communication Disorders Information Clearinghouse <http://www.nidcd.nih.gov>

National Institute on Deafness and Other Communication Disorders

National Institutes of Health

31 Center Drive, MSC 2320

Bethesda, MD USA 20892-2320

E-mail: nidcdinfo@nidcd.nih.gov

Voice: (800) 241-1044

TTY: (800) 241-1055

FAX: (301) 907-8830

The NIDCD Information Clearinghouse is a national resource center for information about hearing, balance, smell, taste, voice, speech, and language. The clearinghouse serves health professionals, patients, industry, and the public.

The National Rehabilitation Information Center <http://www.naric.com>

4200 Forbes Boulevard

Lanham, MD 20910

Voice: (301) 459-5900

Voice: (800) 346-2742

(301) 459-5984 TTY

FAX: (301) 459-4263

Provides information and referral services on disability and rehabilitation, including quick information and referral, data base searches of the bibliographic data base REHABDATA, and document delivery. NARIC also provides the NIDRR Program Directory and the Compendium of Products by NIDRR Grantees and Contractors.

National Technical Institute for the Deaf <http://www.rit.edu/NTID>

Rochester Institute of Technology

52 Lomb Memorial Drive, LBJ Building

Rochester, NY 14623-5604

Voice/TTY: (585) 475-6700

FAX: (585) 475-5623

World's first and largest technological college for students who are deaf and hard of hearing. One of eight colleges of Rochester Institute of Technology, a privately endowed, coeducational university that is student centered and career focused. Its mission is to provide deaf and hard-of-hearing students with outstanding state-of-the art technical and professional education programs, complemented by a strong liberal arts and sciences curriculum, that prepares them to live and work in the mainstream of a rapidly changing global community and enhances their lifelong learning

Provides deaf and hard-of-hearing students with outstanding state-of-the art technical and professional education programs, complemented by a strong arts and sciences curriculum. NTID at RIT prepares students to live and work in the mainstream of a rapidly changing global community.

Registry of Interpreters for the Deaf, INC. <http://rid.org/>

333 Commerce Street
Alexandra, VA 22314
Voice: (703) 838-0030
TTY: (703) 838-0459
FAX: (703) 838-0454

RID strives to increase the quality, quantity, and qualifications of sign language and oral interpreters through their National Testing System, Certification Maintenance Program, and Ethical Practices Systems. A professional organization interpreters, provides information on interpreting to the general public, publishes a national directory of certified interpreters, and makes referral to interpreter agencies.

Self Help for Hard of Hearing People, INC. <http://www.shhh.org/>

7910 Woodmont Ave., Suite 1200
Bethesda, MD 20814
Voice: (301) 657-2248
TTY: (301) 657-2249
FAX: (301) 913-9413

Promotes awareness and information about hearing loss, communication, assistive devices, and alternative communication skills through publications, exhibits, and presentations.

Harris Communications <http://www.harriscomm.com/>

A catalog of assistive products designed for deaf and hard-of-hearing people
(800) 825-6758 Voice
(800) 825-9187 TTY

Chapter Related Resources:

Technical Resources:

Ann Graziadei, Ph.D., Professor, Gallaudet University

Email: Ann.Graziadei@Gallaudet.Edu

Dr. Graziadei has taught CPR and First Aid to the deaf for since 1986. She is an instructor and instructor trainer in multiple disciplines in CPR and First Aid. She is also a former Red Cross Health and Safety Director.

Deaf and Blind Resources

General Organizational Resources

Deaf-Blind Organizations & Associations <http://www.hicom.net/~oedipus/blind.html#db-org>

Blindness-Related Resources on the Web and Beyond

<http://www.hicom.net/~oedipus/blind.html>

Florida Outreach Project for Individuals with Deaf-Blindness <http://www.deafblind.ufl.edu/>

Great Lakes Area Regional Center for Deafblind Education

<http://ssco.org/ocdbe/index.html> A federally funded program, physically located at the University of Dayton, which provides technical and educational assistance and support to deafblind individuals under the age of twenty-one in Ohio and Wisconsin.

Helen Keller National Center for Deaf-Blind Youth and Adults

<http://helenkeller.org/national/>

111 Middle Neck Road

Sands Point, New York 11050

TEL: 516-944-8900 | TTY: 516-944-8637 | FAX: 516-944-7302

Virginia School for the Blind <http://www.vfdb.state.va.us/>

Perkins School for the Blind <http://www.perkins.org/>

Watertown, Massachusetts

TEL: 617-924-3434

FAX: 617-926-2027

Virginia School for the Deaf and the Blind <http://www.vfdb.state.va.us/>

American Association of the Deaf-Blind, Inc. <http://www.aadb.org/index.htm>

Silver Spring, Maryland

Deaf-Blind Contact Center <http://www.asl.neu.edu/riec/tap/resources.html>

215 Brighton Avenue

Allston, MA 02135

TTY: 617.254.4925

Northeastern University Interpreter Education Project for New England

<http://www.asl.neu.edu/riec/>

A regional training grant project funded by the U.S. Department of Education Rehabilitation Services Administration.

DB-Link <http://www.tr.wou.edu/dblink/>

The National Consortium on Deaf-Blindness

Information to nurture, empower, and instruct children who are deaf-blind

Deaf Blind Information/ Organizations and Services

http://www.lowvision.org/deaf_blind_information.htm

Disability Services (DS) at the University of Minnesota <http://ds.umn.edu/>

Chapter Related Resources:

Technical Resources:

Captioning Resources

General Organizational Resources:

Media Access Group at WGBH <http://main.wgbh.org/wgbh/pages/captioncenter/>

125 Western Avenue

Boston, MA 02134

access.wgbh.org

Phone: 617-300-3600 (voice/TTY)

Fax: 617-300-1020

Email:access@wgbh.org

To contact the individual departments directly:

The Caption Center

Descriptive Video Service® (DVS®)

Phone: 617-300-3600 (voice/TTY)

Fax: 617-300-1020

CPB/WGBH National Center for Accessible Media (NCAM)

Phone: 617-300-3400

TTY: 617-300-2489

Fax: 617-300-1035

The Caption Center's mission is to provide the widest possible access to television, video, digital media and feature films for deaf and hard-of-hearing people. The Caption Center is the world's first captioning agency and a non-profit service of the WGBH Educational Foundation.

The Caption Center played an instrumental role in the creation and passage of the caption decoder circuitry in most new televisions. This law benefits more than 24 million deaf and hard-of-hearing citizens across the nation. Captions also have the potential to assist efforts to eradicate illiteracy and aid those learning English as a second language. With approximately 20 Television Decoder Circuitry Act of 1990, a law which now requires built-in million new TVs sold in the U.S. each year, every household is expected to have at least one caption-capable set by the year 2000.

As the audience for captioning grows, The Caption Center continues a decades-long commitment to serving as a resource to caption consumers, providing guidance on a wide range of topics from getting local newscasts captioned to solving caption problems. The Caption Center also remains at the forefront of improving captioning technology, disseminating technical advisories to television and video professionals to promote awareness of developments in captioning which impact the industry.

Computer Prompting and Captioning <http://www.cpcweb.com/>

1010 Rockville Pike, Suite 306

Rockville, MD 20852, USA

Email: info@cpcweb.com

Phone: 301.738.8487

Fax: 301.738.8488

TTY: 301.738.8489

Toll Free: 800.977.6678

Since 1989 CPC has been the industry leader in closed and open captioning service. CPC's captioning service is one of only 15 services nationwide to have the coveted approval of the U.S. Department of Education and the National Association of the Deaf. CPC's captioning service features digital captioning, color captioning, captioning of two languages on the same tape, captioning in six different languages, and all other captioning features allowed by the FCC. CPC is the only company to be awarded a General Services Administration (GSA) contract for captioning service.

Chapter Related Resources:

Technical Resources:

Larynx Cancer Resources

General Organizational Resources

American Cancer Society (ACS) - Larynx Cancer Section

http://www.cancer.org/docroot/cricri_2x.asp?sitearea=cricri&dt=23

This multi-page site covers the entire range of larynx cancer issues: What Is It, Key Statistics, Risk Factors, Causes, Preventions, Detection, Diagnosis, Staging, Treatments Available, Post-Treatment Factors, What To Ask, What's New, Recommended Reading, and References. A GREAT, comprehensive Web Site!!

Cancer of the Larynx <http://www.webwhispers.org/>

Now at a NEW URL, this is a laryngectomee managed web site and is the "home base" for the WebWhispers Nu-Voice Club. See description under WebWhispers Nu-Voice Club.

HealthFinder® español <http://www.healthfinder.gov/espanol/>

This new easy-to-use Spanish-language consumer resource offers over 300 topics from 70 government agencies and nonprofit organizations. A unique feature of healthfinder® español is the ease with which users of the site can switch between Spanish and English versions of the same information. English-speaking family members or health professionals can use this feature to search in English for information to share with Spanish-speaking relatives or patients.

Larynx Cancer Resources

Chapter Related Resources:

Technical Resources:

Laryngectomee Resources

General Organizational Resources:

International Association of Laryngectomees <http://www.larynxlink.com>

American Cancer Society (ACS) www.cancer.org

1-800-ACS-2345

The following publications and videos are available (in limited quantities) upon request. Requests for ACS items should be addressed to your Local Unit or State Division of the American Cancer Society. Telephone numbers can be found in the White Pages of your local telephone book.

"Rescue Breathing for Laryngectomees and other Neck Breathers" (Code 4522)

"Check the Neck" (Code 4534.05) ½" video, (17 Minutes) is being updated. When the update is completed it will be posted on http://www.larynxlink.com/Library/Pubs_Videos.htm. "Check the Neck" may also become available through your Local Unit or State Division of the American Cancer Society. **LarynxLink** <http://www.larynxlink.com>

Technical Resources:

Chapter Resources:

Amputee Resources

General Organizational Resources:

National Rehabilitation Information Center <http://www.naric.com/>

Office of Special Education and Rehabilitative Services
<http://www.ed.gov/about/offices/list/osers/nidrr/index.html?src=mr>

American Amputee Foundation <http://www.americanamputee.org/>
P.O. Box 250218
Little Rock, AR 72225
Phone: 501-666-2523
Fax: 501-666-8367

AAF researches and gathers information related to amputees and provides amputees and their families with financial aid and general assistance.

National Amputation Foundation www.nationalamputation.org

40 Church Street
Malverne, NY 11565
Phone: 516-887-3600
Fax: 516-887-3667

This is a resource for veteran and civilian amputees. Its services include: legal counsel, vocational guidance and placement, social activities, liaison with outside groups, psychological aid, and training in the use of prosthetic devices. It offers a Scholarship program for full-time amputee students, an "Amp to Amp" program--either home/hospital visit or a phone call for support, and a free medical equipment give-away program to those in need.

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

www.resna.org
1700 N Moore Street, #1540
Arlington, VA 22209-1903
Phone: 703-524-6686
Fax: 703-524-6630
TTY: 703/524-6639

RESNA is an interdisciplinary association of people devoted to the advancement of rehabilitation and assistive technologies for people with disabilities. Within the Technological Assistance Project, a search on such terms as "artificial limb" and "prosthetics" locates current articles on the topics related to funding, insurance, development, etc.

Active Amp.com www.ActiveAmp.org

P.O. Box 9315
Wilmington, DE 19809
Phone: (302) 683 - 0997

This is the "on-line connection for amps with an active lifestyle." Included on this website is information about amputee sports, prosthetic technology, personal stories of courage and achievement, and a number of resource links.

Amputee Information Network www.amp-info.net

This includes links to the Child Amputee Home Page, E-mailing lists for the Adult Amputees Home Page, and the Arm Amputees Resource List.

Amputee Coalition of America and National Limb Loss Information Center (NLLIC)

<http://www.amputee-coalition.org>http://www.amputee-coalition.org/nllic_about.html

900 East Hill Ave., Suite 205

Knoxville, TN 37915

Phone: 1-888-AMP-KNOW (267-5669)

TTY: 1-865/525-4512

Fax: 1-865-525-7917

Email: NLLICinfo@amputee-coalition.org

The National Limb Loss Information Center, NLLIC, is an information clearinghouse that provides comprehensive resources for people with limb loss, as well as their families, friends, and the health care professionals involved with their lives. The Center is supported by a cooperative agreement with the Division of Child and Adult Disabilities and Health, a part of the National Center on Birth Defect and Developmental Disabilities of the Centers for Disease Control and Prevention (CDC).

NLLIC is operated by the Amputee Coalition of America (ACA); a national, nonprofit organization composed of amputees and associated individuals who make a concerted effort to address individual concerns from a consumer's perspective. NLLIC Services are extensive, and are explained in the Services section of the Information Center. Online resources provided by NLLIC include a listing of Educational Materials available from the NLLIC and the NLLIC Virtual Library, which provides listings of online resources. If you have a question that is not addressed by the online resources, or a comment concerning the NLLIC, you may send it using the Ask the NLLIC form.

National Rehabilitation Information Center <http://www.naric.com/>

4200 Forbes Boulevard, Suite 202

Lanham, MD 20706

800/346-2742 (V)

301/459-5900

301/459-5984 (TTY)

naricinfo@heitechservices.com

The National Rehabilitation Information Center (NARIC) is committed to providing direct, personal, and high-quality information services to anyone interested in disability and rehabilitation issues. We are committed to serving consumers, researchers, family members, health professionals, educators, counselors, students, librarians, and administrators throughout the country.

National Institute on Disability and Rehabilitation Research

<http://www.ed.gov/about/offices/list/osers/nidrr/about.html>

The National Institute on Disability and Rehabilitation Research

U.S. Department of Education

400 Maryland Avenue, S.W.

Washington, DC 20202-2572

Voice/TTY: 202-245-7640

The National Institute on Disability and Rehabilitation Research (NIDRR) provides leadership and support for a comprehensive program of research related to the rehabilitation of individuals with disabilities. All of our programmatic efforts are aimed at improving the lives of individuals with disabilities from birth through adulthood.

Amputee Resource Foundation of America, Inc. (ARFA) <http://www.amputeeresource.org/>

2324 Wildwood Trail

Minnetonka, MN 55305

The Amputee Resource Foundation of America, Inc. is a virtual place on the Internet where amputees, their families, and professionals have turned for information and help. ARFA's mission is to provide timely and useful information, perform charitable services, and to conduct research to enhance productivity and quality of life for amputees in America. This website includes the Amputee Information Resource Center, a virtual place on the Internet where amputees, families, and professionals can turn for information and help.

Chapter Related Resources:

Technical Resources:

Dwarfism Resources

General Organizational Resources:

Dwarf Athletic Association of America <http://www.daaa.org/>

418 Willow Way
Lewisville, TX 75067
(972) 317-8299
(972) 966-0184 Fax

DAAA was formed in 1985 to develop, promote and provide quality amateur level athletic opportunities for dwarf athletes in the United States. DAAA is dedicated to serving the estimated quarter million Americans who are dwarfs (4'10") due to chondrodystrophy or related causes. Clinics, developmental events and formal competitions are offered at local, regional and national levels. For the National Dwarf Games, the premier annual event, athletes compete under age, gender and functional ability classifications. DAAA offers programs for children and adults through elite athletes.

Little People of America, Inc. <http://www.lpaonline.org/mc/page.do>

5289 NE Elam Young Parkway
Suite F-100
Hillsboro, OR 97124
Toll-free: (888) LPA-2001 (English and Spanish)
Direct: (503) 846-1562
Fax: (503) 846-1590
E-mail: info@lpaonline.org

PrimordialDwarfism.com <http://primordialdwarfism.com/adapt.htm>

This is a site dedicated to educating and supporting families affected by Primordial Dwarfism. Primordial Dwarfism is a category of disorders with many subtypes. Its definition is vague but basically means that these children are profoundly growth delayed for their gestational age before birth and at birth. There may be several links to why this occurs.

Mission statement:

To improve the quality of daily living for our children. To provide both a professional and personal support system for our families and to always remember this is not about or because of our children but for our children. (Because of the lack of information and documented cases families are being misinformed concerning prognosis, quality of life and just what to expect.) We will pioneer this project in hopes to make a better world for our families and those to come.

Chapter Related Resources:

Technical Resources:

Spinal Cord Injuries/Paralysis Resources

General Organizational Resources:

Christopher Reeve Paralysis Foundation (CRPF) <http://www.christopherreeve.org>

National Spinal Cord Injury Association <http://www.spinalcord.org/>

(800) 962-9629

Offers information, referrals, & support services for people with spinal cord injuries.

Spinal Cord Injury Information Network <http://www.spinalcord.uab.edu/>

(205) 934-3320

Sponsored by the National SCI statistical center. Offers information on equipment, adaptive technology, accessible home, wheel chairs, political issues and help services.

National Institutes of Health <http://science-education.nih.gov> and www.nih.gov

National Institute of Neurological Disorders and Stroke www.ninds.nih.gov

The nation's leading supporter of biomedical research on disorders of the brain and nervous system.

Kent Waldrep National Paralysis Foundation <http://www.spinalvictory.org>

Provides local & national resource referrals and information on support groups for individuals with SCI. Research grant funding is also provided.

National Institute on Disability and Rehabilitation (NIDRR)

<http://www.ed.gov/about/offices/list/osers/nidrr/index.html?src=mr>

Provides leadership and support for a comprehensive program of research related to the rehabilitation of individuals with disabilities.

The National Spinal Cord Injury Hotline

2200 Kernan Dr.

Baltimore, MD 21207

Phone: (410) 448-6623

Toll Free: (800) 526-3456

Fax: (410) 448-6627

Hours: Mon-Fri 9:00am to 5:00pm

Provides information, referrals, and support services for people with paraplegia & quadriplegia.

ABLEDATA <http://www.abledata.com/text2/ramps.htm>

800/227-0216 or 301/608-8998 (Voice)

301-608-8912 (TTY)

Fax: 301/608-8958

ABLEDATA is funded by the National Institute on Disability and Rehabilitation Research (NIDRR), under contract number HN-96015001 and is operated by Macro International Inc.

For those seeking information on assistive technology and available features, the ABLEDATA database provides information about more than 25,000 products for people with disabilities. Included in the ABLEDATA database are descriptions of threshold ramps, building, and vehicle ramps currently available in the United States, as well as information about ramp manufacturers and local distributors. Information specialists are on hand to assist callers locate the information they need. For a small fee, ABLEDATA can provide patrons with computer printouts of information on specific ramps listed in the database. Costs are determined by the size of the database search requested.

Chapter Related Resources:

Technical Resources:

Multiple Sclerosis Resources

General Organizational Resources:

National Multiple Sclerosis Society <http://www.nmss.org/>

733 3rd Ave, 6th Floor

New York, NY 10017

800-344-4867/212-986-3240

The Society and its network of chapters nationwide promote research, educate, advocate on critical issues, and organize a wide range of programs. Interesting web-based information includes:

http://www.nationalmssociety.org/site/PageServer?pagename=HOM_LIB_sourcebook&JServSessionIdr007=3txbbu8tv1.app10a

<http://www.msfacts.org/symptoms.htm>

<http://www.nationalmssociety.org/Sourcebook-Spasticity.asp>

Multiple Sclerosis Foundation <http://www.msfacts.org/>

6350 North Andrews Avenue

Fort Lauderdale, Florida 33309-2130

Administrative Offices, Fund Raising, Donations, Advertising:

Call toll-free (within USA): 800-225-6495

or Fort Lauderdale area 954-776-6805

(9 am – 5 p.m. Eastern Standard Time)

Fax: 954-938-8708

E-mail: admin@msfocus.org

Program Services Assistance, MS Helpline:

Call toll-free (within USA): 888-MSFOCUS

or Fort Lauderdale area 954-776-6805

(9 a.m. – 7 p.m. Eastern Standard Time)

Fax: 954-351-0630

E-mail: support@msfocus.org

As a predominantly service-based, non-profit organization, our primary mission is to ensure the best quality of life for those coping with MS by providing comprehensive support and educational programs. We strive to help make A Brighter Tomorrow by supporting research into its cause and cure as well as investigations of various medical and complementary treatment options. The scope of our services goes beyond that of a clearinghouse of pamphlets. Our priority is to serve with empathy, resourcefulness, and responsibility. We are here to listen, assist, and empower.

Individuals affected by MS, regional support groups, and healthcare professionals rely on our resources. In addition to our interactive web site, our programs and services are accessible via our national toll-free helpline staffed by dedicated, caring caseworkers and peer counselors. Our innovative multimedia library provides vital information presented by leading healthcare practitioners in a clear, concise manner in both English and Spanish.

Multiple Sclerosis Association of America (MSAA) <http://www.msaa.com>

706 Haddonfield Road

Cherry Hill, NJ 08002

Telephone 856-488-4500 | Fax 856-661-9797

[E-mail: msaa@msassociation.org](mailto:msaa@msassociation.org)

The Multiple Sclerosis Association of America is dedicated to enhancing the quality of life of people coping with multiple sclerosis - those with MS, their families and their friends.

Center for Neurological Diseases/Rocky Mountain Multiple Sclerosis Center

http://www.mscenter.org/pated_effects.htm

Chapter Related Resources:

Technical Resources:

Diabetes Resources

General Organizational Resources:

National Diabetes Information Clearinghouse

www.niddk.nih.gov/health/diabetes/diabetes.htm

1 Information Way

Bethesda, MD 20892-3560

Phone: 1-800-860-8747

The National Diabetes Information Clearinghouse (NDIC) is a service of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The NIDDK is part of the National Institutes of Health under the U.S. Department of Health and Human Services. Established in 1978, the clearinghouse provides information about diabetes to people with diabetes and to their families, health care professionals, and the public. NDIC answers inquiries, develops and distributes publications, and works closely with professional and patient organizations and Government agencies to coordinate resources about diabetes.

Publications produced by the clearinghouse are carefully reviewed by both NIDDK scientists and outside experts. Available on this website is an extensive list of organizations. Diabetes education materials are available free or at little cost. Literature searches on myriad subjects related to diabetes are provided.

Centers for Disease Control and Prevention (CDC) www.cdc.gov/diabetes

National Center for Chronic Disease Prevention and Health Promotion

Division of Diabetes Translation

Mail Stop K-10

4770 Buford Highway, NE.

Atlanta, GA 30341-3717

Phone:

1-800-CDC-INFO (232-4636)

1-888-232-6348 TTY

E-Mail: cdcinfo@cdc.gov

In English, en Espanol

24 Hours/Day, 7 Days/Week

The Division of Diabetes Translation focuses on the burden of diabetes in the United States by planning, conducting, coordinating, and evaluating Federal efforts to translate promising results of diabetes research into widespread clinical and public health practice.

CDC distributes several publications including a patient guide for people with diabetes (available in English and Spanish), home page includes fact sheets, statistics, publications, and information about state diabetes control programs

Diabetes Exercise and Sports Association (DESA) www.diabetes-exercise.org

8001 Montcastle Dr.

Nashville, TN 37221

Toll Free: 1-800-898-4322

Fax: (615) 673-2077

desa@diabetes-exercise.org

DESA focuses on enhancing the quality of life for people with diabetes through exercise. They also provide pamphlets on diabetes and exercise.

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

<http://www.niddk.nih.gov/>

Office of Communications & Public Liaison

NIDDK, NIH

Building 31, Rm 9A06

31 Center Drive, MSC 2560

Bethesda, MD 20892-2560

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is the Government's lead agency for diabetes research. The NIDDK operates three information clearinghouses of potential interest to people seeking diabetes information and funds six Diabetes Research and Training Centers and eight Diabetes Endocrinology Research Centers.

The NIDDK supports two types of centers to foster diabetes research: Diabetes Research and Training Centers and Diabetes Endocrinology Research Centers. These centers facilitate progress in research by providing shared resources to enhance the efficiency of biomedical research and foster collaborations within and among institutions with established, comprehensive bases of research relevant to diabetes mellitus. They focus on basic and clinical research. In addition, the DRTCs provide substantial support for cores and pilot and feasibility projects directed at prevention and control of diabetes and translation of research advances into clinical practice.

Individual centers produce a variety of diabetes education materials. For information about publications and programs, contact the individual centers.

American Diabetes Association (ADA) www.diabetes.org

National Service Center

1701 North Beauregard Street

Alexandria, VA 22311

Phone: 1-800-DIABETES (1-800-342-2383)

The American Diabetes Association is the nation's leading nonprofit health organization providing diabetes research, information and advocacy. The mission of the organization is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. To fulfill this mission, the American Diabetes Association funds research, publishes scientific findings, provides information and other services to people with diabetes, their families, health care professionals and the public. The Association is also actively involved in advocating for scientific research and for the rights of people with diabetes.

The American Diabetes Association publishes many books and resources for health professionals and people with diabetes. In addition, it publishes Diabetes Forecast, a monthly magazine for people with diabetes, and Diabetes, Diabetes Care, and Diabetes Spectrum, which are professional journals. For further details and ordering information on ADA's publications,

contact the American Diabetes Association, Order Fulfillment Dept., P.O. Box 930850, Atlanta, GA 31193-0850, 1-800-232-6733.

Juvenile Diabetes Research Foundation International (JDRF) www.jdf.org

120 Wall Street, 19th floor

New York, NY 10005-4001

Phone: 1-800-533-2873 or (212) 785-9500

Fax: (212) 785-9595

To support and fund research to find a cure for diabetes and its complications. The Juvenile Diabetes Research Foundation International is a nonprofit, voluntary health agency, and the world's leading funder of research to find a cure for diabetes.

JDRF publishes the quarterly magazines Countdown and Countdown for Kids, as well as a series of patient education brochures about type 1 and type 2 diabetes and a research e-newsletter, published twice a month, to provide with the latest information about research on type 1 diabetes and its complications.

Chapter Related Resources:

Technical Resources:

Sports Related Resources

General Organizational Resources

Aquatic Therapy & Rehab Institute, Inc. (ATRI) <http://atri.org>

A non-profit educational organization dedicated to the professional development of healthcare professionals involved with aquatic therapy. ATRI offers continuing education courses at conferences and workshops that will advance the knowledge and skills of the aquatic therapist.

Sailing Web <http://www.footeprint.com/sailingweb/>

Options for sailors with disabilities. Database of sailing clubs with boats suitable for people with disabilities.

Sailors With Special Needs <http://www.ussailing.org/swsn/>

The Committee on Sailors With Special Needs was created by US SAILING as a part of its efforts to promote sailing and sailboat racing to everyone. The Committee and its members are dedicated to the proposition that sailing, of which sailboat racing is a part, is a true lifetime sport where disabled sailors can participate, on equal terms, with anyone.

The Committee is responsible for promoting sailing to persons with disabilities, representing disabled sailors to US SAILING; addressing practical issues of training, education and access to sailing and boating facilities.

National Sports Center for the Disabled <http://www.nscd.org/>

A non-profit organization that provides year-round programs to more than 3000 men, women and children with disabilities each year. “Our programs allow people with disabilities to take part in a sport, often for the very first time, O’Leary said. “The success our participants experience helps them in their day-to-day life. They know that they can overcome their obstacles, achieve their goals, and reach their full potential.”

The NSCD is widely considered the largest-and most successful-outdoor therapeutic recreation agency in the world. Each year, thousands of children and adults with disabilities take to the ski slopes, mountain trails and golf links to learn more about sports-and themselves. With specially trained staff and its own adaptive equipment lab, the NSCD teaches a variety of summer and winter sports to individuals with almost any mental or physical disability.

Other Sports Related Links

<http://www.leagueoffans.org/sportsanddisabilities.html>

<http://www.allabilities.com/>

<http://www.new-horizons.org/recspg.html>

<http://es4pd.co.uk/es4pd/Default.aspx>

References

- American National Red Cross. (2000). Fundamentals of Instructor Training participant's manual. Washington, D.C: American National Red Cross.
- American National Red Cross. (2003). Preparedness, Manual of Administrative Policies and Procedures [MAPP]. Washington, D.C: American National Red Cross.
- Graziadei, A. E. (1997). ADA: Accommodating diversity {pro}actively. January 11, 1997 Health and Safety Conference, Albuquerque, New Mexico

Appendix A: About the Authors

Ann P. Dioda

Wellness Consultant, One Energy Co.
New Vernon, NJ

Education:

Ann Dioda completed her Bachelor of Arts in Health and Physical Education at Kean College in Union, NJ in 1974.

American Red Cross Involvement:

Ann's involvement with Red Cross has been as both a volunteer (beginning as a Water Safety instructor in 1954) and a chapter/national employee. Prior to becoming a Red Cross employee she was also an instructor in Swimming for the Handicapped (Adapted Aquatics), Standard and Advanced First Aid, CPR and Small Craft Safety affiliated with the Morristown Chapter (now American Red Cross of Northwest New Jersey) and a faculty member at national and chapter multi-day Safety Schools. Part of her volunteer activities included participation on a water safety demonstration team that traveled throughout the Middle Atlantic Area to further the goals of Red Cross Water Safety. The team, trained by a New Jersey emergency room physician and rescue squad demonstrated procedures for the recognition and rescue of spinal injuries caused by diving into shallow water especially that of above ground pools. These procedures were to become the basics of the initial spinal injury rescue procedures adopted by the American Red Cross.

As American Red Cross chapter staff, Ann worked as Assistant Safety Services Director in Essex Chapter (now American Red Cross of Metropolitan New Jersey) in East Orange New Jersey from 1976 until 1979 when she became Safety Services Director for the Delaware Chapter (now American Red Cross of the Delmarva Peninsula). She left Delaware to work overseas as the Safety Specialist/Health and Safety Associate for American Red Cross, European Area HQ in Stuttgart, Germany. Between 1982 and 1988 Ann assisted Red Cross Station Managers in coordinating Health and Safety programs on American military bases throughout the European Area and participated in the initial development of a Child Care Course for Army Family Services. Upon returning to national headquarters in 1988 as a Health and Safety Services Associate she became the point of contact for ADA issues involving Health and Safety Services. Ann retired in 2002 and is currently a volunteer for Red Cross national headquarters. She has now established her own wellness consulting firm dedicated to assisting people in improving their balance of life through magnetic, ionic and far-infrared technologies and complementary therapies.

Additional Information/Background:

As an older college student, Ann had a special interest in movement education and adapted physical education which led to volunteer involvement at a daycare center for Cerebral Palsy in NJ. During her employment at national headquarters, she was active in accomplishing closed captioning for Health and Safety First Aid and CPR videos and establishing closed captioning as part of the development process. Coordinating with Gallaudet University she continually worked toward upgrading the quality of captioning on Health and Safety Services videos. Liaison with various support organizations such as the International Association of

Lryngectomees, the National Registry for Interpreters and others furthered National's ability to assist chapters with ADA issues. Other volunteer activities include working at a camp for children with diabetes, continuous liaison with Gallaudet University, and activities with adapted aquatics.

Ann E. Graziadei, Ph.D.

Professor of Physical Education and Recreation
Gallaudet University
Washington, D. C.

Education:

Dr. Ann Graziadei earned a Bachelor of Science in Physical Education at the State University of New York at Cortland in 1971. Completing her Master of Science degree with specialization in Athletic Training (1973, Indiana University) and Specialist in Education Degree (1985, University of Georgia) with emphasis in Adapted Physical Education, she earned a Doctor of Philosophy at University of Maryland, College Park, with specialization in Curriculum and Instruction in 1998. Presently she is working on a Master's Degree in School Counseling at Gallaudet University.

American Red Cross Involvement:

Ann's has been both Red Cross volunteer and chapter staff. Prior to Red Cross employment, she was a volunteer instructor and instructor trainer in water safety, first aid, and small craft disciplines for a variety of chapters in the Northeast (i.e., NY, NH, Maine). From 1983 to 1984, she was Director of Safety Services at the Northwest North Carolina Chapter in Winston-Salem, N.C. where she earned additional instructor trainer credentials in Adapted Aquatics and instituted a successful CPR program for blind/low vision participants. After leaving paid staff status, Ann maintained her involvement with Red Cross up and down the Eastern seaboard, serving as National Faculty for various Red Cross Rollouts (i.e., Emergency Response, Child Care, CPR), a speaker on ADA issues at Health and Safety conferences, and as a faculty member at multi-day Safety Schools. Upon arriving in the Metro-Washington area, Ann was involved with Eastern Operations Headquarters (EOH) and served as the Chairperson of the EOH Certificate of Merit Committee.

Presently affiliated with the Alexandria (VA) Chapter, Ann also serves as a volunteer with National Headquarters on various NHQ Health and Safety Advisory Groups (e.g., Babysitting Program Revision, Adapting Red Cross Course Skills, Infant-Child CPR Program Revision, American Red Cross/Mosby First Aid Development Advisory Committee for Responding to Emergencies) and was a member of the Instructor Candidate Training Program Revision Advisory Group that designed the Fundamentals of Instructor Training program. She has also served on state-wide, regional, and local Health and Safety Committees and as supervisory/training cadre.

Additional Information/Background

Employed for the last 19 years at Gallaudet University, the only liberal arts higher education institution in the world for the deaf/hard of hearing, Ann is active in the physical education, EMS, and special education communities. Her extensive professional activities include a videotape produced with the Virginia Division of EMS related to "Pre-hospital care for the sensory

impaired” and “To give them ‘Roots and Wings’: Re-exploring accessibility issues for deaf and hard-of-hearing program participants” published in Leisure Opportunities for Individuals with Disabilities: Legal Issues. Additionally certified as Teacher of Adapted Aquatics and a Master Teacher of Adapted Aquatics with the Aquatics Council of American Alliance for Health, Physical Education, she is also a NCPERID (National Consortium for Physical Education and Recreation for Individuals with Disabilities) Certified Adapted Physical Educator.

Shawn F. Stevens, Ed.D.

Executive Director
Edgemoor Community Center
Wilmington, Delaware

Education:

Dr. Shawn Stevens earned his Associate Degree in Liberal Arts/Social Science, Summa Cum Laude, from Westchester Community College - Valhalla, N.Y. in 1976. Continuing his education, Shawn’s Bachelor of Science Degree in Psychology/Special Education, Magna Cum Laude, with New York State teaching credentials in Special Education was attained in 1978 from Mercy College, Dobbs Ferry, NY. In 1988, he completed his Masters of Science Degree in Health Administration at West Chester State (PA) University. Shawn then completed a Doctoral degree in 1997 at Wilmington College, Wilmington, DE in Educational Leadership and Innovation.

American Red Cross Involvement:

Shawn’s involvement with the American Red Cross has been as both a volunteer and chapter employee. Prior to becoming a Red Cross employee, he was a volunteer instructor and instructor trainer for the Westchester County (NY) Chapter. As Red Cross chapter staff, Shawn worked as Assistant Director of Safety Services in Greater Houston Area (TX) Chapter from 1980 until 1982 when he became Safety Services Director for the Delaware Chapter (now American Red Cross of the Delmarva Peninsula). He directed Health and Safety Services in Delaware until 1994 when he became Deputy Executive Director of the Chapter. His Red Cross awards include a Certificate of Merit and Tiffany Award for Employee Excellence.

In 1996, Shawn left Red Cross to become the Executive Director of the Delaware Foundation for Retarded Children and in 1998 moved into his present position as Executive Director of the Edgemoor Community Center. Upon leaving Red Cross employment he has continued his involvement as a current volunteer instructor and instructor trainer in First Aid/CPR/AED, Water Safety, Lifeguard Training and Child Care Training. He also serves on the Instructor Trainer Advisory Board for the American Red Cross of the Delmarva Peninsula.

Additional Information/Background

Shawn began his career as a high school Special Education teacher at the St. Agatha Home for Children in Nanuet, NY. While affiliated with Delaware Red Cross, he served on the Delaware Statewide AIDS Advisory Task Force and served as volunteer consultant to United Cerebral Palsy of Delaware, Inc., helping develop an aquatic facility and adapted aquatics program. Additionally, he served on the Board of Directors for the Association for the Rights of Citizens (Arc) with Mental Retardation of Delaware.

Additional adapted aquatics involvement in Delaware included serving as Instructor/Coordinator of Adapted Aquatics programs for the Newark YWCA, Mary Campbell Center, A.I. duPont Institute (Spina Bifida Program) and Jewish Community Center. Shawn has co-authored Adapted Aquatics Programming: A Professional Guide. Additionally, he is certified as an Adapted Aquatics Instructor with the American Alliance for Health, Physical Education, Recreation and Dance and is an Arthritis Aquatic Instructor.