

CM1: CRITERIA MANUAL
For Nursing & Social Services Equipment

1: General Criteria for the Provision of Equipment & Adaptations

	Page No
SECTION 1:	6
1.1 Mission Statement	
1.2 Definitions	
1.3 Approving and Reviewing the Criteria	
1.4 Summary of Main Aims and Objectives	
1.5 General Criteria Qualification for Assessment	
1.6 Assessments of Clients in Care Homes	
1.7 The Role of the Assessment Teams	
1.8 Performance Targets	
1.9 Equipment and Adaptations	
1.1 The Role of the Adaptation Teams	
0	
1.1 Performance Targets for Adaptations	
1	
1.1 Re-housing	
2	
1.1 The Lift and Hoist Recycling and Maintenance Scheme	
3	
SECTION 2: Legislative Framework	21
SECTION 3: Eligibility Criteria	24
3.1 Service Priority Ratings	24
SECTION 4: Assessment Criteria	26
4.1 Mobility Criteria	26
4.1.1 Walking Sticks	
4.1.2 Elbow Crutches	
4.1.3 Walking Frames	
4.1.4 Forearm Walker	
4.2 Moving and Handling	27
4.2.1 Transfer Boards	
4.2.2 Handling Belts	
4.2.3 Sliding Sheets	
4.2.4 Turning Disk	
4.2.5 Mobile Hoists	
4.2.6 Ceiling Track Hoist	
4.2.7 Portable Ceiling Track Hoist	
4.2.8 Standing Hoist	
4.2.9 General Purpose Slings	
4.2.10 Toileting Slings	
4.2.11 Band Slings	
4.3 Bathing	33

		Page No
4.3.1	Bath Seats	
4.3.2	Bath Boards	
4.3.3	Powered Bath Seats	
4.3.4	Mechanical/Powered Bath Hoists	
	4.3.4.1 Autolift	
	4.3.4.2 Victor Hoist	
	4.3.4.3 Sutton Cradle System	
4.3.5	Special Bath	
4.3.6	Showering Equipment	
	4.3.6.1 Shower Board	
	4.3.6.2 Swivel Bather	
	4.3.6.3 Shower Stools	
	4.3.6.4 Shower Chairs	
	4.3.6.5 Shower Cradle	
	4.3.6.6 Changing Table/Stretchers	
4.3.7	Over Bath Shower	
4.3.8	Level Access Shower	
4.3.9	Step in Shower	
4.3.10	Combined W.C Shower Unit	
4.3.11	Paediatric - Bathing	
4.4	Toileting	42
4.4.1	Toileting Equipment	
4.4.2	Standard Commodes	
4.4.3	Glideabout Commode	
4.4.4	Chemical Toilet	
4.4.5	Edale Commode	
4.4.6	Additional Standard W.Cs	
4.4.7	Special W.C	
4.4.8	Combined W.C/Shower Unit	
4.4.9	Paediatric Equipment for Toileting	
4.5	Bed Equipment	46
4.5.1	Back Rest	
4.5.2	Bed Handle	
4.5.3	Bed Lever	
4.5.4	Free Standing Monkey Pole	
4.5.5	Mattress Variator	
4.5.6	Mattress Stopper/or Foot Bumper	
4.5.7	Pillow Lift	
4.5.8	Edale Commode	
4.5.9	Manual Leg Lifter	
4.5.10	Powered Leg Lifter	
4.5.11	Over Bed Tables	
4.5.12	Equipment to Raise Client's own bed	
4.5.13	Provision of Beds	
4.6	Seating	52
4.6.1	Raising Existing Chair	
4.6.2	High Seat Chairs	
4.6.3	Chair Riser Base Unit	
4.6.4	Split Lift Chair	

	Page No	
4.6.5	Foot Stools	
4.6.6	Powered Leg Lifters	
4.6.7	Riser Recliner Chairs	
4.6.8	Complex Seating Systems	
4.6.9	Bean Bag Chairs	
4.6.10	Functional Chairs	
4.6.11	Pressure Relief Overlays for Seating	
4.6.12	Integral Pressure Relief for Seating	
4.6.13	Trays	
4.6.14	Perching Stool	
4.6.15	Restraint	
4.7	Kitchen	58
4.7.1	Re-design	
4.8	Personal Care	59
4.9	Access	60
4.9.1	External	
4.9.1.1	Intercoms Door Locks	
4.9.1.2	Additional Steps	
4.9.1.3	Portable Ramps	
4.9.1.4	Ramps Access	
4.9.1.5	Step Lifts	
4.9.1.6	Access Path	
4.9.1.7	Marked Parking Bays	
4.9.1.8	Dropped Kerb	
4.9.1.9	Crossovers and Hard Standings	
4.9.2	Internal	
4.9.2.1	Stairlifts	
4.9.2.2	Through Floor Lifts	
4.9.3	Extensions	
4.10	Paediatrics	69
4.10.1	Car Safety	
4.10.2	Harnesses	
4.10.2.1	Car Harnesses	
4.10.2.2	Specialist Walking Harness	
4.10.2.3	Specialist Chair Harness	
4.10.3	Paediatric Bathing	
4.10.4	Adaptations for Challenging Behaviour	
4.11	Miscellaneous	72
4.11.1	Rails	
4.11.2	Heating	
4.11.3	Ventilation	
4.11.4	Lighting	
4.11.5	Equipment and Adaptations for Mothers with a Disability	
4.11.6	Sheds/Power Supply for Powered Wheelchairs/Scooters	

4.11.7	Adaptation to Provide Facilities for Home Renal Dialysis	
4.12	Nursing Equipment Criteria	75
4.12.1	Comfort Mattress Overlay	
4.12.2	Comfort Cushion	
4.12.3	Pressure Reducing Standard Foam Static Overlay Mattress	
4.12.4	Pressure Reducing Standard Foam Static Overlay Cushion	
4.12.5	Pressure Reducing Standard Foam Mattress Replacement	
4.12.6	Pressure Reducing Standard Foam Replacement Mattress	
4.12.7	Pressure Reducing Visco-elastic Foam Mattress Overlay	
4.12.8	Pressure Reducing Visco-elastic Foam Mattress Replacement	
4.12.9	Pressure Reducing Visco-elastic Foam Cushion	
4.12.10	Pressure Reducing High Spec Foam Mattress Replacement	
4.12.11	Pressure Reducing High Spec Cushion	
4.12.12	Pressure Reducing Dynamic Alternating Pressure Mattress Overlay and Cushion	
4.12.13	Pressure Relieving Dynamic Alternating Pressure Mattress Replacement and Cushion	
4.12.14	Nursing Commode	
4.12.15	Male Urinal	
4.12.16	Female Urinal	
4.12.17	Bed Pans	
4.12.18	Fixed Height Hospital Type Bed	
4.12.19	Sidhil Adjustable Height Beds	
4.12.20	Millenium Hydraulic Rise and Fall Bed	
4.12.21	Profiling Bed	
4.12.22	Cot Sides for Hospital Beds	
4.12.23	Bed Cradle	

SECTION 5:	Passporting Criteria	89
5.1	Passporting Guidelines	
5.1.1	Passporting Equipment	
5.1.2	Passporting Minor Adaptations	
5.1.3	Passporting Equipment Following Self Assessment	
5.2	Equipment List for Professional Groups	91

SECTION 6:	Practise Guidelines	Page No 106
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- 6.1 Practice Guidelines for Trafford Occupational Therapists (SS)
- 6.2 Risk Assessment of Equipment
- 6.3 Training Requirements for Professional Groups Provided by OSRC

SECTION 7: Bibliography	117
APPENDIX I The Provision of Equipment in Care Homes	118
APPENDIX II OSRC Telephone Assessment Passporting	119

1. General Criteria for the Provision of Equipment and Adaptations

1.1 MISSION STATEMENT

Trafford Metropolitan Borough Council **and** Trafford Primary Care Trusts **are committed to working in partnership and with other agencies to offer a comprehensive and professional service to assist in enabling the residents of Trafford with a physical disability to live as independently as possible.**

Our aims are :-

To consult with people and agencies in developing the Equipment and Adaptation services for clients with physical disabilities.

To undertake a full assessment in order to identify the needs of people with physical disabilities as well as those of their carers and family.

To enable people to live as independently as possible by giving advice on available options, support for clients and carers, and , if appropriate the provision of adaptations to their home.

To provide the most appropriate solution to peoples needs by taking into account individual circumstances available resources and clearly defined eligibility criteria.

To promote the role of inclusivity in the community. To enable the disabled person access to the community at large by removing barriers in their own home.

Exceptions

The criteria outlined in this document is the general criteria which is used by the Assessment Teams (Adult and Paediatric) and Trafford Adaptations Team.

However, it is acknowledged that there may be exceptional circumstances that do not meet the criteria and these need to be considered as a statement of case and presented to the Occupational Therapy Services Manager at the One Stop Resource Centre, who in consultation with the Equipment and Adaptation Development Officer will consider the issues.

1.2 DEFINITIONS USED IN THIS DOCUMENT

TMBC	Trafford Metropolitan Borough Council
TS-PCT	Trafford Primary Care Trusts
Client	Disabled Person or there recognised carer
EAAL	Equipment and Adaptations Advice Line
OT	Occupational Therapist
FAST	Fastrack Adaptation , Service Technician
Community Occupational Therapy	Assessment Teams at the One Stop Resource Centre
Adaptation Team	Agency service provided by TMBC
SOC	Statement of Case

1.3 APPROVING AND REVIEWING THE CRITERIA

- This criteria has been compiled and approved by Trafford Metropolitan Borough Council and Trafford Primary Care Trusts.
- This criteria will be used by all referrers for people living in Trafford, as guidelines for recommendations following their assessment. The criteria are made available, in summary form, to the main referrers to the service. The relevant section of the criteria document is available to the individual being assessed or their guardian on request.
- The criteria will be reviewed annually, between January and March, and any changes reported to Trafford Metropolitan Borough Council and Trafford Primary Care Trusts for approval. After approval, they will be formally incorporated into the main document and any changes will be re issued.
- Urgent changes will be made if they are essential before the next annual review. The changes will be discussed and agreed between the Head Occupational Therapy Services and the Equipment and Adaptation Development Officer. The changes will also be included within the next annual review and specifically identified.
- This document comes into operation on 1st April 2004.

1.4 SUMMARY OF MAIN AIMS AND OBJECTIVES

- The aim is to enable independence, promote self-respect and to treat people with dignity.
- There may be situations where the action or intention of the disabled person may involve a degree of risk to either themselves or their carer. In such situations, we would advise and inform, but accept that within legal constraints, those persons do have a right to make their own choices.
- All services will be accessible, reliable, relevant and as flexible as possible, acknowledging that services will be provided on the basis of assessed need.
- The assessment of the clients needs will be holistic and involve their family, carer, representative and other agencies where appropriate.
- All information should be presented in a simple and easily understood form which takes account of the clients individual communication needs.
- To assist in the delivery of community equipment, major and minor adaptations, clients will be informed of the necessity for personal information given on the assessment form may need to be passed to other agencies on a need to know basis. This will be for the purpose of equipment and adaptations provision. Clients written consent obtained first. If clients object, they must be informed that this may prevent the provision of their assessed need.
- All agreed assessments for major adaptations are forwarded to the Adaptations Team within Social Services Health and Housing Strategy, Trafford Metropolitan Borough Council. Minor adaptations are also forwarded there.

1.5 GENERAL CRITERIA QUALIFICATION FOR ASSESSMENT

1. Anyone can request an assessment for themselves or another person, provided that the client is a permanent resident of Trafford Metropolitan Borough.
2. Equipment and / or adaptations will only be provided to the client's own and permanent residence.
3. The Disabled person must be substantially and permanently handicapped as defined in Section 29(1) of the National Assistance Act 1948 and further defined in the Disability Discrimination Act 1995 and require Adaptations as defined in the Housing Grants, Construction and Regeneration Act 1996. The disability must have lasted, or is likely to last for at least 12 months and there is no prospect of significant improvement.
4. The disability must significantly adversely affect the person's ability to carry out normal activities of daily living in the home environment or impose an abnormal burden on the carer or family.
5. There are no restrictions regarding age.
6. The situation must be one whereby intervention will cause significant improvement in the client's and / or their carer's circumstances.

1.6 ASSESSMENTS OF CLIENTS IN CARE HOMES – NURSING AND NON NURSING PROVISION

Appropriate assessors can assess the need for, and give advice recommending appropriate equipment for a specific persons use. Specified items of equipment will be provided by the Community Equipment Programme. See Appendix I.

Care Homes should assist Community Equipment Services by

- Identifying when equipment is no longer required and returning it promptly
- Informing the Service promptly in the event of equipment breakdown
- Notifying changes in clients for whom equipment has been loaned.

Who will NOT qualify for Assessment

People only staying temporarily in the Trafford Area and not normally residing in the Borough of Trafford. These people will be considered by the Short Term Loan system operated by Trafford Primary Care Trusts.

Inappropriate Referrals

If a request is received that is considered inappropriate, the person making the referral will be informed as to the reasons behind the decision. Every effort will be made to re direct the person on to an appropriate agency or organisation that may be able to help.

Examples:

- ❑ People who do not have a permanent or long term disability
- ❑ Referrals for surgical appliances e.g. Spinal or knee supports
- ❑ Referrals for physiotherapy treatment.

1.7 THE ROLE OF THE ASSESSMENT TEAMS (ADULT AND PAEDIATRIC) BASED AT THE ONE STOP RESOURCE CENTRE

Adult Assessment Team Role

The Team is based in an office at the O.S.R.C. and is also known as the Assessment Team. It comprises Occupational Therapists, Disabled Living Advisors, Technical Instructors and a Physiotherapist.

The key task of the Team is to receive, prioritise and assess referrals to Social Services for the provision of equipment and adaptations according to the criteria given by Social Services.

The Team also acts as an information resource of the public and other professions seeking information or advice with regard to equipment and adaptations for people with disabilities.

Paediatric Team Role

The paediatric occupational therapy team receive all social services referrals from 0-19 years, thereby taking responsibility for this part of the contract. All children referred are seen although a high percentage of children are already known to the team.

Historically the paediatric team have carried out assessments and recommendations for equipment and minor adaptations as well as being involved in children's treatment and intervention regards their health needs. It is considered that the continuity of service with one therapist involved with the school and home provides accurate knowledge of the child's needs and promotes greater communication with the child and their carers.

Intervention includes close liaison with the Children with Disabilities Team and the Adaptations Team.

1.8 PERFORMANCE TARGETS FOR ASSESSMENT TEAMS.

The EAAL was set up in October 2003 and is now the first line of contact for requests for Assessment and Advice.

Category	Maximum Time Waiting for Assessment	Annual Target
CRITICAL	One Working Day	100%
SUBSTANTIAL	Seven Working Days	100%
MODERATE	Two Months	100%
LOW	Four Months	100%
As defined in Section 3 of this document and in line with Fair Access to Care.		

Results of referrals taken and dealt with will be collected monthly and reported bi-annually. The results reflect workload via the EAAL. It should also be noted that paediatric assessments are also raised by direct contact with the OT's via schools etc

1.9 EQUIPMENT AND ADAPTATIONS

One Stop Resource Centre – Equipment Store

Occupational Therapists have a wide range of specialist equipment available from the One Stop Resource Centre, which currently is loaned to people following an assessment.

The loan store service very much appreciates the return of any equipment that is no longer needed by the client. The section has a cleansing and renovation team, which meets health and safety guidelines, to enable equipment to be loaned out again. This enables us to help more people.

Equipment available in the shops, made to benefit able bodied and disabled people alike e.g. electric can openers, easy use peelers, long handled brushes, bath mats are not provided.

To return equipment or arrange to have it collected please contact:

**To the Store Area
One Stop Resource Centre
Dane Road Industrial Estate
Dane Road
Sale.
Telephone: 0161 283 4626**

Performance Targets for the One Stop Resource Centre Store

100% of items of community equipment are targeted to be delivered within 7 working days. (PAF 54).

70% of equipment being recycled

1.10 THE ROLE OF THE ADAPTATIONS TEAM

Major Adaptations :

Occupational Therapists will make their referrals to the Adaptations Team, Strategic housing and Supporting People's Services. Dedicated Adaptation Officers will give advice upon the feasibility of the adaptation and the cost of the adaptations. Advice on the availability of alternative accommodation as opposed to adaptation will also be considered as part of the assessment process. The Adaptations Team operate as an "Agency" and will provide help and support to the entire Disabled Facilities Grant process.

All options will be considered in consultation with the client and their carers, and the criteria listed later in this document. Determination of the client's wishes to undertake the grant process privately or appoint the Adaptations Team as agents will be explored. Funding options for each adaptation will be discussed. This will depend on the person's own individual financial circumstances and those who have an interest in the property. Problematical assessments may be referred on to the Adaptation Review Group, a meeting of senior multi disciplinary officers , for consideration and guidance.

Adaptations to property owned by Trafford Metropolitan Borough Council will be carried using the same process as that for a Disabled Facilities Grant. This has been agreed so that the process does not favour nor discriminate against any particular tenure group.

The current maximum Disabled Facilities Grant is £25,000. (April 2004)

Minor Adaptations:

The maximum grant is currently £1,000 and is administered by the Adaptations Team on behalf of Social Services Health and Housing Strategy. The area of minor adaptations is wide and varied. The Principal Adaptation Officer will determine whether a request will be considered under this section of work.

Examples are as follows: This is not a comprehensive list

Minor Adaptations	Major Adaptations
◆ Digital Door locks	◆ Bathroom adaptations
◆ Hand rails	◆ Stair lifts
◆ Ramps	◆ Extensions

Adaptations that will not be carried out

Work that is not covered by the Mandatory elements of a Disabled Facilities Grant will not generally receive Grant funding. The Adaptations Team however can provide expertise and process the work on behalf of the client at an appropriate fee.

1.11 PERFORMANCE TARGETS FOR ADAPTATIONS

Major works

Greater than 90% of all major adaptations should be completed within **15 months** from the date of a completed assessment

Minor works

Referrals received by the team “Marked Priority” will be processed within one working day. That is an instruction will be raised to a contractor to carry out the work.

1.12 RE-HOUSING

Trafford MBC has a duty to make the most effective use of existing public resources which include its own property. In some cases re-housing will be the preferred option to carrying out major adaptations to property that are considered not to be "reasonable or practicable".

However, people may have to be re-housed BEFORE major adaptations can be carried out, as it may not be "reasonable or practicable" to carry out the adaptation in their current home.

All decisions for re-housing are made by the Lettings Team, Housing Options, in consultation with the Adaptation Review Group.

People will be consulted fully and consideration will be given to the individual clients, their family / carers and local support network. Technical and specialist advice on equipment and adaptation will also be sought from the appointed Adaptation Officer within the Adaptations Team.

When is re housing considered appropriate?

- Re-housing could be considered more appropriate for the following reasons:
- Current home requires extensive adaptations in excess of the maximum grant, currently £25,000.
- Current home has design features that do not make adaptation a feasible option and it is therefore considered not "reasonable and practicable". This determination will be made by the Principal Adaptation Officer in consultation with the Adaptation Review Group.
- Current home is not in a fit state of repair and as a result adaptation is not a cost effective option.
- Alternative accommodation can be provided locally that would remove the need entirely for extensive adaptations.

What assistance is available for re housing?

To assist clients in re-housing people with physical disabilities, The Senior Re Housing Officer will work with the Adaptations Team and Housing Strategy Team in locating and allocating suitable property within Trafford, including property owned by Registered Social Landlord's (Housing Associations). In order to assist in this process a database of adapted property in Trafford is used.

Trafford will give a high priority on the Housing Register to those applicants who require a move to more appropriate property. All adapted property or property with potential for adaptations is allocated centrally from a waiting list of people with physical disabilities. (under development).

Property is allocated to ensure the following:

- Priority is given to those in most need as defined by the Occupational Therapist.
- Maximum use is made of the property and any adaptations present in the property.
- People are re-housed to the most appropriate property
- The property is suitable for further adaptations to be carried out should they be required in the future.

To assist people with a move to more appropriate property we may be able to assist with a relocation package including removal costs and decoration. The extent of this package will depend on individual circumstances and the property being offered.

1.13 THE LIFT AND HOIST RECYCLING AND MAINTENANCE SCHEME

Lifting Equipment includes:

- ◆ Stair lifts
- ◆ Vertical lifts
- ◆ Vertical wheelchair lifts
- ◆ Ceiling track hoists
- ◆ Step lifts

Lifting equipment provided via the Disabled Facilities Grant process may be maintained by the Council. The current contractor is OTIS. Privately owned stairlifts may be added to the maintenance list on the proviso that the registered user is a disabled resident of Trafford and that a member of the Assessment Team has confirmed the assessed need and their suitability to use the lifting equipment to be maintained.

The client will be asked to sign a lift maintenance agreement.

Lifts will be removed free of charge upon written request to the Adaptations Team provided that the lift is currently being maintained by the Council. All other lift removals will be charged at the appropriate rate.

All lifting equipment under this scheme and owned by Trafford Metropolitan Borough Council is re-sited or stored when no longer required.

If a lift is owned by a client or their family and they wish to donate it to Trafford in return for servicing and maintenance, a "Sign over form" is available from the Adaptations Team.

All lifts are subject to an inspection before being accepted onto the scheme.

Lifts are Inspected twice a year by Trafford Councils Insurers – Zurich Municipal.

Lifts are serviced twice a year and any faults or emergency repairs can be reported to the following:

2 Legislative Framework

LOCAL AUTHORITY RESPONSIBILITIES

National Health Service Act 1977

Requires National Health Service bodies and Local Authorities to co-operate with one another in providing services aimed at improving health and welfare of people.

Chronically Sick and Disabled Persons Act 1970

Section 2, of the Chronically Disabled Persons Act is the legal framework which defines the Local Authority statutory responsibilities as a Social Services Welfare Authority.

In essence, the Welfare Authority are to assess and make arrangements to meet the needs of those people who are referred to the service who have permanent and substantial disability or chronic health conditions. This is carried out on behalf of Trafford Metropolitan Borough Council by the Assessment Teams (Adult and Paediatric) Trafford Primary Care Trusts

Section 2 stipulates that the assistance provided may include arranging for the provision of facilities designed to secure greater **safety, comfort and convenience.**

The NHS and Community Care Act 1990

re-emphasises that the Local Authority has a duty to assess need and provide according to the individuals needs and the carers needs in undertaking their carers responsibilities.

Children's Act (section 17)

Imposes a duty on Local Authorities to safeguard and promote the welfare of disabled children in their area and, so far as is consistent with that duty, to promote the upbringing of those children by their families by providing services appropriate to the children's needs.

Carers (Recognition and Services) ACT 1995

This act came into force on 1st April 1996. Under the terms of the Act, carers providing or intending to provide “a substantial amount of care on a regular basis” will be entitled to request an assessment at the time that the Local Authority carries out an assessment of the person they are supporting.

The focus of the carer’s assessment should be on the carer’s ability to care and to continue caring. The result of the carer’s assessment should then be taken into account by the Local Authority when making decisions about the provision of services to the person they are supporting.

The provisions of the Act cover:

1. Adults (people aged 18 and over) who provide or intend to provide a substantial amount of care on a regular basis.
2. Children and young people (under 18) who provide or intend to provide a substantial amount of care on a regular basis.
3. Parents or carers who provide or intend to provide a substantial amount of care on a regular basis for disabled children.

Carers and Disabled Children Act 2000

Gives Local Authorities power to supply certain Services to carers following an assessment.

Housing Grants, Construction and Re generation Act 1996

The Housing Grants, Construction and Regeneration Act 1996 empowers the Local Authority to give Disabled Facilities Grant for the provision of facilities for disabled persons. The Act sets out the criteria under which such grants are mandatory on the Local Authority. The Act also sets out the criteria for which Local Authorities can give discretionary grants. In Trafford, discretionary Disabled Facilities Grant are only given in exceptional circumstances, decisions regarding them are delegated to the Leader of the Council in consultation with the Executive Member for Social Services and the Executive Member for Housing and Local Agenda 21.

Circular 17/96: Private Sector Renewal: a Strategic Approach, gives guidance on issues relating to community care and special needs in the context of private sector housing renewal strategies.

Health and Safety at work legislation:
Health and Safety at Work Act 1974,
Management of health and Safety at Work Act 1999
Manual Handling Operations Regulations 1992

Applies generally to the welfare at work for carers.

The Disability Discrimination Act 1995 Act

The Disability Discrimination Act 1995 Act makes it unlawful to discriminate against disabled people in connection with employment, the provision of goods, facilities and services or the disposal or management of premises; it also made provision for the establishment of a National Disability Council.

New rights are created for someone defined as a “disabled person” under the terms of the Act, which states: “a person has a disability if he has a physical or mental impairment which has substantial and long-term adverse effect on his ability to carry out normal-day-day activities.” (part 1.1(1))

The definition also covers people who have a history of disability, for example previous mental ill-health and people with symptoms of HIV and AIDS.

With regard to employment, an employer discriminates against a disabled person if for a reason related to the person’s disability, the employer treats her/him less favourably than others who would be treated to whom that reason does not or would not apply AND the employment cannot show that the treatment in question is justified. The employer also discriminates if he/she fails to comply with the duty to make adjustments and cannot show the failure to comply is justified.

The Act also covers Education and Public Transport, although does not have major impact on these areas.

3 Eligibility Criteria

3.1 Service Priority Ratings

The eligibility criteria is designed to structure a response to individual circumstances, in a consistent way, but in a way that allows for flexibility. By formalising the criteria, accurate information can be given to service users about the likely response to their request for assessment and appropriate timescales.

" The service carries out specific responsibilities for disabled people under the appropriate legislation, principally where people are registered or eligible for registration under the Chronically Sick and Disabled Persons Act." (1970)

CATEGORY 1 - CRITICAL SITUATION

KEY FEATURES: The person has suffered, or is at imminent risk of suffering significant harm; there is substantial risk to life, carer loss or breakdown has occurred which could lead to removal from family/caring network; there is immediate risk of causing injury to self or others; there is serious physical/mental deterioration; there is dangerous/unsafe physical environment and there is substantial risk of admission to long term residential care; there is a risk of physical, sexual or any other form of abuse; the person is unable to gain access to toilet facilities in own home; or has feeding difficulties; assessment is required to ascertain suitability of alternative property (purchase or tenant).

RESPONSE: WITHIN ONE WORKING DAY

CATEGORY 2 - SUBSTANTIAL SITUATION

KEY FEATURES: Where features in category 1 are developing i.e. there is a strong potential that the situation will deteriorate into a crisis if no services are provided or intervention made resulting in unacceptable risk to the individual. The needs of the carers, and their continuing ability to care will also be taken into account; those people with major physical problems in priority areas of mobility, feeding and toileting; there is increased risk of injury from falling; where there is a planned hospital discharge or prevention of admission due to physical conditions; if there are increased levels of stress due to changes in physical or sensory condition; where there is a deterioration of health in the main carer; if there is a need to create stability and long term independence for people with physical/sensory disabilities

RESPONSE: WITHIN 7 DAYS

CATEGORY 3 - MODERATE SITUATION

KEY FEATURES: Where identifiable factors exist indicating deterioration is likely without intervention; rehabilitation / maintenance needs can be clearly identified; there is increased stress/distress to client and/or carer; there is progressive mental/physical deterioration; there is potential for the situation to continue to deteriorate if no intervention is made

RESPONSE: WITHIN 2 MONTHS

CATEGORY 4 - LOW SITUATION

KEY FEATURES: There is evidence that a person is not achieving their potential quality of ordinary life; there is potential increased stress/distress to the client or carer; there is evidence that some regular support may be necessary to maintain stability; the situation is likely to continue without intervention; there may be some concerns about risk/physical environment or about safety; those people with minimal physical problems in non-priority areas such as washing and dressing, individuals or families who have an identified need for long term planning to remain in the community.

RESPONSE: WITHIN 4 MONTHS

ADVICE ONLY

No evidence of significant risk; intervention will enhance quality of life but is not essential to monitoring or maintaining stability; clients and carers coping; where there is medical or physical conditions that will not lead to permanent disability; those seeking welfare benefits, financial information or advice alone; requests for equipment/services from people whose needs do not meet the key features in categories 1- 4; people whose needs are being met by another appropriate service.

RESPONSE: Immediate by the Equipment and Adaptations Advice Line (EAAL). Re-direct inappropriate referrals to other agencies / providers.

4 Assessment Criteria

4.1 Mobility Equipment

A range of equipment that provides support and facilitates walking.

4.1.1 Adjustable height metal walking sticks

Straight handles
Contoured handles

4.1.2 Elbow crutches

4.1.3 Walking frames

standard
wheeled (rollator)
folding (includes tri-walker)
specialised

4.1.4 Forearm walker

Criteria

Client requires assistance of equipment to ensure safe mobility.

Considerations

- Check ferrules for wear so that they are not worn to the point where no tread is showing and advise client and/or carer to check these regularly.
- Clean and turn rubber tips regularly.
- The handgrips are tight and not cracked.
- The tubing is not cracked or damaged.
- The holes on the adjustment legs (where appropriate) are round and not worn to an oval shape.
- The spring clips are located into both holes on the adjustment legs.
- For wheeled frames: Check that the wheel is secure upon
- For trough and gutter frames:
- Check that the hand piece angle
- Check for hazards e.g. rugs, thresholds, trailing wires etc.

4.2 Moving & Handling

4.2.1 Transfer Boards

Low friction board (straight or curved) which enables client (with or without assistance) to slide transfer between surfaces of approximately equal height.

Criteria

The client is non-weight bearing, or condition fluctuates or weight bearing is unpredictable and therefore at risk and/or carers are at risk whilst completing essential transfers.

Considerations

- The board needs to be fully supported at both ends.
- The gap to be bridged is as small as possible.
- This equipment may not be suitable for use with clients with poor sitting balance, spasms or very low muscle tone.
- Special care may be required for client's who have cognitive dysfunction.
- For difficult assisted sliding transfers a handling belt or other assistive devices may be used.
- The heights of the two transfer surfaces should be approximately the same.
- These will not be provided for use for transfers in and out of cars.

4.2.2 Handling Belts

Belt placed around person's waist to provide handholds for carers to assist with moving.

Criteria

- The client has reasonable standing tolerance and safe weight bearing ability.
- The carer is fit and capable of using the equipment with appropriate training.

Considerations

- handling belts are not lifting belts. If the belt rides up in use you are probably lifting. Any effort should be applied in a horizontal direction.

4.2.3 Sliding Sheets

Fabric with low friction surface to assist adjustment of position and transfers by sliding. These may be multi-directional or one-way.

Criteria

- The client needs assistance from carers to assume an appropriate position whilst seated or in bed.
- The client needs assistance from carers to assume an appropriate position whilst seated or in bed and then needs assistance to maintain it.

Considerations

- Multi-directional slide sheets should not normally be left in situ without special instructions to the contrary because of the danger of clients sliding out of bed.
- One-way glide sheets are designed to be left in situ but care must be taken to ensure tissue viability
- When assisting a client to move back in a chair using a one-way glide sheet, it is more effective to lean the client forward and apply pressure to the knees than to attempt to pull them back.

4.2.4 Turning Disc

Semi-rigid two-layer disc with or without a supportive frame.

Criteria

- The client needs assistance from carers to transfer from one seated position to another.
- The client has safe weight bearing ability.
- The client does not have the ability to alter the position of their feet whilst transferring.

Considerations

- A clear and stable area on which to operate the disc is essential
- Ensure there is adequate space for carer/s to manoeuvre.
- Turning discs may not be suitable for people with poor balance and/or poor muscle tone.
- Can be used where there are varying seat heights.
- Special care may be required for clients who have cognitive dysfunction.
- Turning discs for use on car seats will not be provided.

4.2.5 Mobile Hoists

Mobile lifting equipment either hydraulic or electric used with fabric slings, which lifts a client to facilitate transfers.

Criteria

- The client is non-weight bearing, or weight bearing is unpredictable and/or carers are at risk whilst completing essential transfers.
- Other transfer techniques and manual handling equipment are unsuitable.
- Usually a hydraulic hoist will be issued except
- An electric mobile hoist will be issued where the client/carer has a medical condition which contra-indicates the use of a hydraulic hoist and/or
 - The carer needs to be actively involved in the positioning of the client during the manoeuvre where the use of an electric control would facilitate this and/or
 - When a hydraulic hoist has been deemed to be inappropriate.

Considerations

- Weight of the client should be considered in relation to safe working load and type of hoist issued.
- Hoists may only be used as a means of transfer not for transport e.g. from room to room. The client will require further assessment for wheeled transport.
- The carer's ability to manoeuvre the hoist. This may be particularly difficult on long pile carpet.
- That there is sufficient space for manoeuvring and turning the hoist.
- That there should be level access where the hoist is to be used.
- That there is sufficient space under bed/settee/bath and chair to enable free access for the hoist.
- That the hoist has sufficient lift to raise client clear of bed.
- That the base of the hoist is wide enough for use with large chairs.
- That adequate space is available for storage and suitable access between the storage area and site of use.

4.2.6 Ceiling Track Hoist

Electric lifting equipment used with slings, which enables independence or facilitates a carer in completing transfers of a client using an overhead track.

Criteria

The client is non-weight bearing and is at risk and/or carers are at risk whilst completing essential transfers. In addition one or more of the needs below have been identified.

- Insufficient space for a mobile hoist
- The client is dependent on carer but provision will enable independent transfers.
- The client and/or carer's needs indicate a ceiling track hoist would be more appropriate in the long term.
- Risk to the carer of operating mobile hoist (hydraulic or electric) including manoeuvring.

Considerations

- Weight of client should be considered in relation to safe working load and type of hoist issued.
- The carer's ability to manage portable motors, carrying, releasing and refitting.
- The carer's ability to operate the hoist including the putting on and taking off of slings.
- The disabled client's cognitive/functional ability to use the hoisting equipment independently.
- That if a track is to run from room to room, relevant doorways may need to be changed to full height.

4.2.7 Portable Ceiling Track Hoist (Voyager)

A temporary piece of equipment to be used in a fixed position to enable the transfer of a person using an overhead track and sling.

Criteria

- Mobile hoists have been deemed unsuitable and there would be a breakdown in the home situation if the client had to wait for the fitting of a permanent ceiling track hoist.

Considerations

- Where appropriate a ceiling track hoist recommendation should be initiated at the same time as the portable ceiling track hoist.
- Upon completion of the permanent ceiling track hoist the existing equipment will be removed.
- The portable ceiling track hoist has a powered lift and a manual traverse.
- There is suitable space for the supporting poles.
- Ceiling height is suitable for the installation.

4.2.8 Standing Hoists

A mobile hoist used to assist a person from sitting to standing – hydraulic or electric.

Criteria

- Where all other types of hoists have been considered and deemed inappropriate as the client's clothing cannot be adjusted to allow for toileting.

4.2.9 General Purpose Slings

Slings are made from polyester or mesh and are available in a variety of styles and sizes to suit the needs of individual people and their carers.

Criteria

To issue only where Social Services provide the hoist.

Considerations

- Hoists and Slings must be compatible as per the manufacturer's specification.
- Only in exceptional circumstances should a sling from a different manufacturer be used. Confirmation must be sought from both the sling and hoist manufacturers that following an assessment the two items can be safely used together. Full documentation must be available.
- Different types of slings may be required for some transfers resulting in polyester and mesh being issued to the one person.
- Normally two slings will be provided to allow for laundering.
- Information must be given as to the safe use of slings.
- Advice must be given concerning action needed should the sling become worn or damaged.
- The manufacturer's weight limits for safe use should be observed.

4.2.10 Toileting Slings

A one-piece sling which enables the client's lower garments to be removed/adjusted whilst it is being used.

Criteria

- To issue only where a client's lower garments needs to be adjusted whilst in a sling.
- This sling should not be used for transferring a client.
- All assessments for these slings should be done in conjunction with the appropriate professional and hoist company

representative or must be requested by Trafford Health Care's Manual Handling Coordinator.

Considerations

- The client must have sufficient upper body strength and hip control to use the sling.
- The sling should not be used where the client has muscle spasms.
- The sling should not be used where the client has cognitive impairment or is not cooperative.
- The sling is likely to place pressure under the users arms.
- The considerations detailed under general-purpose slings will apply.

4.2.11 Band Slings

A two-piece sling where one band fits underneath the person's legs and the other around their back. These slings will only be reissued in exceptional circumstances.

4.3 Bathing

Equipment to allow access to bathe will not be provided where there are other adequate facilities i.e. person has an accessible shower or has access to an accessible communal facility.

4.3.1 Bath Seats

A plastic seat that is secured within the bath to allow a slightly raised seated position from the bottom of the bath.

There are a number of bath seats on the market:

- Those that are suitable for all types of baths – including fibreglass
- Those that are suitable only for metal baths.

Criteria

The client is unable to safely or independently use a bath without assistance.

Considerations

- The danger of trapping testicles – advise to cover seat with a towel if necessary.
- That the client is able to transfer safely on/off the equipment.
- Client's balance in relation to the use of this equipment.
- The provision of grab rails to use in conjunction with this equipment.
- The use of the seat in conjunction with a bath board.
- The client/carer's ability to remove and safely replace the equipment.
- Ensure that the client/carer is advised to check the fitting points regularly.
- The weight limit of the equipment.

4.3.2 Bath Boards

A board, slatted to allow drainage, with adjustable brackets, which fit across the bath to promote safer access and seating level with the top of the bath.

- They are manufactured in a variety of plastic/metal-coated materials.
- There are differing widths available.

Criteria

The client is unable to safely or independently use a bath without assistance.

Considerations

- The danger of trapping testicles - advise to cover board with a towel if necessary.
- That the client is able to transfer safely on/off the equipment.
- The client's balance.
- The provision of grab rails to use in conjunction with this equipment.
- The use of the board in conjunction with a bath seat.
- The client/carer's ability to remove and safely replace the equipment.
- Ensure that the client/carer is advised to check the fitting points regularly.
- Ensure that there is no overhang on the outside edge of the bath.
- Ensure that there is sufficient ledge both sides of the bath to allow safe fitting.
- Ensure that the correct width board is supplied.
- The weight limit of the equipment.

4.3.3 Powered Bath Seats

Equipment for lifting a person into and out of a bath – battery operated and inset into the bath.

Criteria

- Simple bath aids have been considered/tried and are inappropriate, due to the client's degree of functional loss.
- Provision of a powered bath seat will substantially reduce stress on the carer and reduces physical risk to care of client/patient.
- The client/patient has been encouraged to use all feasible options e.g. if over bath shower facilities are already installed in the home or accessible shower facilities are available within sheltered housing complex, or simple equipment used with carer assistance would enable the client to have a regular bath/shower wash.

CLIENT'S PREFERENCE ALONE CANNOT BE THE ONLY FACTOR FOR PROVISION.

Considerations

- In some properties the bath is not suitable for some powered bath seats i.e. contoured baths with narrow sections, or bumps in the bottom of bath may prevent suckers from sticking.
- In some circumstances there are disadvantages for the carer in assisting the client using a powered bath seat.

- Accessible power supply is available outside bathroom (if needed).
- Cost of rental may be prohibitive to some clients.
- Other bath users if seat has to be lifted in/out of bath and may be heavy

4.3.4 Mechanical/Powered Bath Hoists

4.3.4.1 Autolift

A mechanically operated lifting column with a support arm and moulded chair. Can be self operated but is usually carer assisted. There are a variety of models including one where the seat can be transported from room to room on a removable chassis.

Criteria

- Simple bath aids and a powered bath seat have been considered and are inappropriate due to the client's degree of functional loss.
- Provision of a bath hoist will substantially reduce stress on the carer and reduces physical risk to care or client/patient.
- The client/patient has been encouraged to use all feasible options e.g. if over bath shower facilities are already installed in the home or accessible shower facilities are available within sheltered housing complex, or simple equipment used with carer assistance would enable the client to have a regular bath/shower/wash.

CLIENTS PREFERENCE ALONE CANNOT BE THE ONLY FACTOR FOR PROVISION

Considerations

- In some properties the bath is not suitable for some powered bath seats i.e. contoured baths with narrow sections.
- Space available in the bathroom for the hoist, client and carer.
- Client's/carers ability to operate the hoist.
- Client's ability to transfer onto the seat.

4.3.4.2 Victor Hoist

An electrically operated lifting column with a support arm and moulded chair. Can be self-operated but is usually carer assisted. The seat does not lock into position for transfers.

Criteria

- Simple bath aids and a powered bath seat have been considered/tried and are inappropriate due to the client's degree of functional loss.

- Provision of a bath hoist will substantially reduce stress on the carer and reduces physical risk to carer or client.
- The client has been encouraged to use all feasible options.
- The client/carers cannot operate an autolift.
- The autolift does not lift high enough for the client to get his/her legs over the side of the bath.

Considerations

- In some properties the bath may not be suitable i.e. contoured bath with narrow sections.
- Space available in the bathroom for the hoist, client and carer.
- Client's/carers ability to operate the hoist.
- Client's ability to transfer onto the seat.

4.3.4.3 Sutton Cradle System

An in-bath cradle with a removable base transporter to facilitate transfers from bedroom to bathroom. The bath cradle is designed to support the user in a reclined sitting position for use over the toilet, in the bath, or whilst showering. The cradle is transferred into a bath by using a type-specific mast or a ceiling track hoist.

Criteria

- Simple bath aids, an Autolift or a Victor hoist have been considered/tried and are inappropriate due to client's degree of functional loss.
- Provision of the system will substantially reduce stress on the carer and reduces physical risk to carer/client.

Considerations

- In some properties the bath may not be suitable i.e. contoured bath with narrow sections.
- Space available in the bathroom for the hoist, client and carer.
- Carer's ability to operate the hoist.

4.3.5 Special Bath

Removal of existing bath and replacement by special bath, which has special features, designed for people with disabilities.

- Side-opening bath.
- Bath with integral lifting seat.
- Height adjustable bath.
- Tilting bath.

Advice only will be given i.e. people will have to purchase themselves.

4.3.6 SHOWERING EQUIPMENT

4.3.6.1 Shower Board

A board slatted to allow drainage, with adjustable brackets, which fits across the bath to promote safer access and seating level with the top of the bath. Normally used where there is an overbath shower in situ. These are plastic coated and varied in width.

Criteria

- The client is unable to safely or independently use an overbath shower.
- The client needs a wide board to sit on over the bath whilst having a wash down.

Considerations

- The dangers to males of trapping genitals in slats. Advise to cover shower board with towel if necessary.
- Can person transfer safely on/off?
- Ability to balance.
- Provision of grab rails in conjunction with shower board may be indicated.
- Client/carers ability to remove and replace equipment and check fitting regularly.
- Ensure there is no overhang on outside edge of bath.
- Ensure sufficient ledge on both sides of bath to allow safe fitting.
- Weight limit of equipment/client.

4.3.6.2 Swivel Bather

The swivel bather is a rotating seat that allows easy transfer over the bath for a wash or shower. The seat provides back and arm support and locks in both the transfer and bathing positions.

Criteria

- The client is unable to safely or independently use a shower board.

Considerations

- The dangers to males of trapping genitals in slats. Advise to cover swivel bather with towel if necessary.
- Can person transfer safely on/off?
- Ability to balance.
- Provision of grab rails in conjunction with swivel bather may be indicated.

- Client/carers ability to remove and replace equipment and check fitting regularly.
- Ensure there is no overhang on outside edge of bath.
- Ensure sufficient ledge on both sides of bath to allow safe fitting.
- Weight limit of equipment/client.

4.3.6.3 Shower Stools

Free standing or wall mounted stools used in a shower area.

Criteria

- When it is unsafe to shower standing due to physical limitations.

Considerations

- Weight of client.
- Strength of wall fitting.
- Strength of shower base.

4.3.6.4 Shower Chairs

Static or mobile chair suitable for use in a shower.

Criteria

- The client has a disability or impairment which means they are unable to stand in the shower or sit on standard equipment.

Considerations

- A suitable shower base is installed.

4.3.6.5 Shower Cradle

Can be freestanding, mobile, or attached to hoist.

Criteria

- The client has physical and/or learning disabilities which mean they are unable to stand in the shower or sit on standard equipment.
- A suitable shower base is installed.
- The client has physical and/or learning difficulties requiring shower facilities but is unable to maintain a sitting position in a shower chair.

4.3.6.6 Changing Table/Stretchers

A table, which can be fixed and folded up on to a wall, or free standing, which can be fixed, or height adjustable.

Accessories can include adjustable back, side rails, waste pipe and water retainer.

Criteria

- Where the carers are required to attend to a client's care needs and need them to be positioned at a suitable working height.
- Where there is a need to shower the client over the bath when bathing equipment does not meet the client's need.
- To be able to shower a client whilst retaining the bath.

Considerations

- A changing table fixed to a wall must be fixed at a height specified by the Occupational Therapist.

4.3.7 OVER BATH SHOWER

The provision and installation of an over bath shower that meets British Standard Institution recommendations and Trafford's standard: usually used in conjunction with a shower board or swivel bather.

For example:

- A thermostatically controlled over the bath shower unit.

Criteria

- Bath equipment has been considered/tried and is inappropriate due to the client's degree of functional loss.
- Inability to deal with personal hygiene adequately using available equipment.
- To enable total independence in bathing if appropriate.
- To assist the carer bathing/showering a client.

Considerations

- The reasons as to why the bath is to be retained.
- Users ability to transfer.
- That it is unnecessary to remove the bath for the shower to make the client independent or relieve carer of difficulties.
- Other family members' need for a bath.

4.3.8 LEVEL ACCESS SHOWER

Provision and installation of level access shower

For example:

- Specialist shower cubicle with integral level access and with relevant accessories available such as chair, doors etc.
- Shower room with sloping or 'dished', anti-skid floor, with appropriate accessories.

Criteria

- Bath equipment has been considered/tried and is inappropriate due to the client's degree of functional loss.
- The provision will enable the client to remain independent in personal care.
- The user is unable to transfer safely into the bath, i.e. with equipment or carers help.
- Provision of a level access shower substantially reduces stress on the carer and reduces the physical risk to themselves/or the individual.

Considerations

- In most circumstances, people will need to sit while showering. Consideration must, therefore, be given to the provision of adequate space and strength of the shower tray.
- In some circumstances there are disadvantages for the carer in assisting the client using a shower.
- A standard commercial shower cubicle may only be appropriate in occasional circumstances. This is usually a compromise solution to overcome a technical/environmental problem.
- That the structure of the building may not allow a level access shower to be installed. Consideration may be given at this point to the provision of a pump action shower.
- That people with chest conditions may be adversely affected by steam.
- The medical condition of the client should be considered e.g. epilepsy.
- Consideration of safety and access

4.3.9 Step in Shower

Due to difficulties in ensuring long-term safe use of shower cubicles that require disabled clients to step into them, they should not be recommended except in extreme circumstances. Prior to any recommendation the specifics of the case should be discussed with the assessment team leader and the appropriate technical advisor/architect from the Adaptations Team, to establish that this is the only appropriate adaptation. This decision should be documented in notes.

4.3.10 Combined W.C./Shower Unit

A freestanding unit, which is connected to the domestic plumbing system.

Criteria

- The client meets the criteria for an additional W.C. and for a shower, however, limitation of the accommodation and/or family considerations preclude the provision of each as a separate facility.

Considerations

- That the client is able to transfer in a confined space.
- The lack of space for the carer to assist.

4.3.11 Paediatric – Bathing

Specialist equipment suitable to assist bathing a child.

Criteria

- The child has physical and/or learning disabilities that mean they are unsafe independently in a bath.
- The carer is unable to bathe the child without the assistance of a specialist item of equipment.
- Lifting the child into and out of the bath increases the risk to the carer and/or the child.

Considerations

- That the equipment is suitable for the child.
- The child benefits therapeutically from being immersed in water.
- Length and width of bath.
- Carer needs to have sufficient strength and range of movement in upper limb to use the equipment.
- Carer needs to be aware of the physical demands of getting equipment ready prior to use.

4.4 Toileting

4.4.1 Toileting Equipment

General toileting equipment i.e. Raised toilet seats, toilet frames.

Criteria

- To be provided to enable client to transfer safely and as independently as possible and/or to assist the carer to reduce manual handling risk.

Consideration

- Will be given to the provision of a second set of toileting equipment if essential e.g. upstairs and downstairs.

4.4.2 Standard Commodes

Considerations:

- The Health Authority via G.P or District Nurses provides standard commodes.

4.4.3 Glideabout Commode

A commode on wheels with 4 brakes, removable arms and the optional provision of footplates.

Criteria

- To be provided to avoid extra transfer from wheelchair, when a client has a difficulty with transfers.
- To be provided to assist carers.
- To be provided to meet specific needs of a client to use commode and toilet facilities as and when required.

Considerations

- A major adaptation should be an option for some clients to obtain permanent toilet facilities.
- Heavy-duty equipment is available for clients whose weight exceeds that recommended for standard equipment.

4.4.3 Chemical Toilet

A height adjustable frame with a large capacity bucket but without a backrest. To be used with chemical fluid – 1 initial bottle supplied only. King size frame is also available.

Criteria

- The client cannot access the toilet due to their disability and mobility problem.

- The client either lives alone or with a carer, who is unable to empty a standard commode e.g. not physically capable or the carer is out at work.
- If a major adaptation is being completed and there is no sanitary facility during the work.

Considerations

- If access to the existing toilet is going to be a permanent difficulty and a chemical toilet is felt to be inappropriate as a long-term solution, then home adaptations will be considered.
- The client will be informed that the future supply of the chemical fluid will be purchased privately.
- Occasionally, if a resident of Trafford requires a chemical toilet for their relative who is lodging with them for a period of time, consideration will be given to loaning equipment.

4.4.5 Edale Commode

A commode, which attaches securely either side of a bed to allow sideways transfers.

Criteria

- To be provided to enable a client to transfer as safely and as independently as possible and/or
- To assist the carer to reduce manual handling risk from bed to commode.

Consideration

- Therapists are to take into account the suitability of the client's bed re: fixture and fittings.
- Space restrictions need to be taken into account.

4.4.6 Additional standard W.C.s

Provision of an additional standard W.C. within the person's property.

Criteria

- The client's functional ability to reach the existing W.C. is severely restricted and/or they are unable to climb stairs regularly during the day or night.
- The client has a permanent medical condition affecting frequency/urgency of micturition and or bowels.
- Where access to existing facilities cannot be provided and a lift would be inappropriate because of diagnosis or property design.

- A chemical W.C. and special commodes have been considered and are inappropriate taking into account privacy and independence.
- That the client is able to use the recommended conversion.
- Only to be provided for children under 5 years if they have learning difficulties and are likely to need prolonged toilet training. Will need an additional W.C. to increase the success of toilet training or ease the burden of the carers.

Considerations

- To identify whether the client is a wheelchair user or space for carers to assist as required.
- Where more information is required for provision of the above on medical grounds continence advisors should be consulted and/or G.P.
- All downstairs W.C. require wash hand basin.

4.4.7 Special W.C.

An automatic W.C. that provides flushing, warm washing and drying functions from one operation e.g. clos-o-mat, i.e. it combines the functions of a W.C. and a bidet with an additional drying facility.

Criteria

- The client is unable to maintain proper hygiene independently after toileting due to their functional loss, and other equipment is unable to assist or is inappropriate.
- Assistance from carers is unavailable or inappropriate.
- The provision would give the client an appreciable degree of independence in toileting.
- To enable maximum independence in toileting for persons over 5 years.

Consideration

- The therapist has assessed with the “clos-o-mat” rep to determine if it is an appropriate solution
- To identify whether a plinth is required to enable it to be used with a sanichair, and any other special requirements.

4.4.8 Combined W.C./Shower Unit

A freestanding unit, which is connected to the domestic plumbing system.

Criteria

The client meets the criteria for an additional W.C. and for a shower, however, limitation of the accommodation and/or family considerations preclude the provision of each as a separate facility.

Considerations

- That the client is able to transfer in a confined space.
- The lack of space for the carer to assist.

4.4.9 Paediatric Equipment for Toileting

Supportive toilet (potty or chair over toilet)

Criteria

- The child has physical and/or learning disabilities that mean they are unsafe on the toilet without assistance.
- The carer is unable to support the child safely when he/she is using the toilet.
- Supporting the child without the toileting aid is putting the child and/or carer at risk.

Consideration

- The equipment is suitable for the child.
- The child will benefit from being issued with this piece of equipment.
- The home environment is suitable for the equipment to be used safely for both the child and carer. Consideration given to privacy when in use. Safe storage and the safety of other family members.

4.5 Bed Equipment

4.5.1 Back Rest

A metal frame. The supporting surface can be adjusted in angle, for use under the pillows to provide the person with support in a sitting position.

Criteria

- The client has a medical condition, which results in the need to require support in a sitting position in bed.

Considerations

- A headboard is always required.
- The client requires adequate trunk control.

4.5.2 Bed Handle

A tubular frame, which fits UNDER the base of the bed, the frame has 2 handles, which drop down to allow the user to get into bed. On getting out of bed, the handles can be put in upright position to assist with standing.

Criteria

- The client is dependent on carer for assistance in getting in/out of bed and the provision will enable independence.
- The client or carer are at risk when transferring in/out of bed.

Considerations

- Possible limited use, as patient has to be able to lean forward in sitting to put handle into upright position.
- Equipment only assists with final sit/stand manoeuvre.

4.5.3 Bed Lever

A tubular rail, which fits under the mattress, secured by straps to the base of the bed. To facilitate rising from lying or assist with sitting to the edge of the bed, and with standing from sitting.

Criteria

- The client is dependent on carer for assistance in getting in/out of bed and the provision will enable independence.
- The client or carer is at risk when transferring in/out of bed.

Considerations

- Check that the bed is suitable – slatted or old wire sprung bases can present problems.
- Careful consideration should be given to positioning to allow adequate space to manoeuvre.

- Consideration should be given where client's ability to pull using upper limbs/body may be contraindicated e.g. severe O.A./R.A.

4.5.4 Free Standing Monkey Pole

A free standing frame, which fits under the base of the bed from which a pole, with an adjustable handle hangs which can be used to pull up into a sitting or semi-lying position.

Criteria

- The client is dependent on carer for assistance in getting in/out of bed or turning and the provision will enable independence.
- The client or carer is at risk when transferring in/out of bed.

Considerations

- The client needs to have good upper limb strength and abdominal control.
- Should only be used on a modern divan with castors approx 2" (50mm) from base to floor to ensure stability.

4.5.5 Full length Bed Rail (Cot Sides) and Pads

A metal frame, which acts as a barrier, fixed to the bed to prevent the person falling out. Bumpers or Pads are to be issued and used in all cases. Type used will be double and adjustable.

Criteria

- The client is at risk of falling out of bed.
- If the assessing professional decides that the only option is to supply a fixed bed rail to the bed, they must have carried out and have documented a risk assessment in their notes.

Considerations

- All rails fitted/fixed to the bed have a potential risk of entrapment.
- Cot sides for people with the following conditions will only be supplied following submission of the risk assessment form:
 DEMENTIA – particularly if patient is likely to become agitated.
 EPILEPSY
 ALCOHOLISM
 LEARNING DISABILITY
 and
 CHILDREN
- Are carers aware of the possible risks involved with using bed rails and do they accept that the use of bed rails do not necessarily prevent the occurrence of falls or injury to the client.

- What type of bed is the client currently using. Is it compatible with using bed rails and what other equipment has the client fitting to or is using around the bed.
- consider client's ability to transfer on/off bed when cot sides in the down position.
- is the mattress of sound condition?
- will the client's weight compress the mattress, making gaps bigger?
- The professional requesting the issue of the cot sides must carryout a check visit on their installation. Maintenance and clinical checks will be carried out according to MDA advice.
- That the client must not have the ability to climb out over the cot sides.
- That cot sides are not issued to keep a client in the bed.

4.5.6 Mattress Variator

An electrically operated lifting mechanism which, when fitted under the mattress, lifts the person from a lying to a sitting position.

Criteria

- The client is dependent on carer for assistance in sitting up in bed.
- The client or carer is at risk when sitting up in bed.

Considerations

- If providing a double elevator, advise the partner of the inconvenience it may cause.
- Consider the noise of operation will not disturb others.
- Consider if a suitable power point is available to use equipment.
- Stabilising straps may obstruct drawers on base of bed.
- Consider technical advice regarding suitability of fitting to special beds or mattresses, e.g. orthopaedic mattresses will not bend.
- Consider if person/carers can use handset effectively.
- Mattress Stopper or foot bumper may also be required (see Mattress Stopper).

4.5.7 Mattress Stopper/or Foot Bumper

A piece of equipment used in conjunction with a mattress variator to prevent the person and/or mattress slipping down.

Criteria

- When a mattress Variator is issued and there is not footboard on bed.

4.5.8 Pillow Lift

An electrically operated lifting mechanism, which fits on top of the mattress and allows the person to be raised and lowered from lying to sitting.

Criteria

- The client is dependent on carer for assistance in sitting up in bed and the provision will enable independence.
- The client or carer is at risk when sitting up in bed.

Considerations

- Consider the noise of operation will not disturb others.
- Consider if a suitable power point is available to use equipment.
- Consider technical advice regarding suitability of fitting on special mattresses or beds.
- Consider if person can use handset efficiently.

4.5.9 Edale Commode

See section on toilet equipment.

4.5.10 Manual Leg Lifter

A strap with 2 loops, which are used by the person to lift their legs into bed.

Criteria

- Client unable to lift their legs into bed.

Considerations

- Consider skin condition of leg, foot. Seek medical advice if unsure.
- Consider strength, dexterity and sitting balance of the person to carry out task safely.

4.5.11 Powered Leg Lifter

An electrical powered device, that attaches to the bed frame. Sitting on the edge of the bed the person is able to raise their legs through 90 degrees to horizontal supported by a slowly raising platform operated by a hand set.

*Essential Safety Notice

It is essential that the person and/or carer are informed of the dangers of children and pets becoming trapped under the lifter while it is in use. The lifter must only be operated when safe to do so. Children must not use the equipment.

Criteria

- The client is dependent on carer for assistance in lifting their legs in/out of bed and the provision will enable independence.
- The client or carer are at risk when lifting legs in/out of bed.

Considerations

- If a bedside commode or wheelchair is being used, careful consideration should go into positioning.
- Consider the noise of operation will not disturb others.
- Consider if a suitable power point is available to use equipment.
- Stabilising straps may obstruct drawers in base or may not be able to be used on certain bed frames.
- Consider if client/carers can use handset effectively.

4.5.12 Overbed Tables – Varitable and Hospital Type

Hospital type: These are large hydraulic rise and fall type tables as used in hospitals.

Varitable: These are smaller than the above hospital type table. The top of this type of table is supported on one side only so that the table can be positioned close to the bed. They are therefore less sturdy and smaller. Those without castors can fit under a bed with a shallow gap between floor and base.

Criteria

Hospital type: Overbed table will normally only be issued for use with hospital bed, where client is predominantly bed bound.

Varitable: Are issued to clients who are unable to access normal dining table for meals.

Considerations

- Gap under the bed
- Other equipment in situ
- NOT to be issued as standing aid – will not take weight.

4.5.13 Equipment to Raise Clients Own Bed

Provision and fitting of equipment designed to raise the client's own bed.

Criteria

- The client has difficulty transferring on/off their bed.
- The bed must be suitable to be raised safely.

- Raising the bed allows other pieces of equipment to be used e.g. safe use of hoist.

Considerations

- The client should be notified that the bed will have to remain static once the equipment has been fitted.
- The maximum user weight for equipment must be adhered to.
- Metal frame beds are not suitable for this type of equipment.
- Consideration to partner's ability to use the bed once raised (medically and physically).
- Health/Social Service staff must fit this equipment.
- The client should be informed that this equipment might have to be screwed into the bed frame.

4.5.14 Provision of Beds

Beds can be provided by both Health and Social Services. Health beds are in the form of multi-profiling and height adjustable and have a set criteria.

Social Services will only provide a hydraulically operated variable height hospital bed.

Criteria

- That all Social Services equipment to adapt an existing bed has been considered but has been deemed to be unsuccessful.
- There is a recognised need for the client to have a bed that is height adjustable in order for the carers to safely implement a package of care.

Considerations

- Beds must not be issued to clients on the grounds of financial difficulty, comfort or poor repair.
- Beds must not be issued solely because the client needs access to a bed downstairs and they do not already possess a suitable bed.
- That there is suitable space to accommodate a hydraulically operated bed.
- That the carers are able to operate the bed.
- That the client and carers are aware that the bed can only be installed at ground floor level with suitable access.

4.6 Seating

4.6.1 Raising existing chair

Provision and fitting of equipment specifically designed to raise client's own chair.

Criteria

- The person has difficulty in transferring independently on/off their present armchair and
- The chair must be suitable to be raised safely and/or
- Raising the chair allows other pieces of equipment to be used – for example a mobile hoist

Considerations

- The person should be notified that the chair will have to remain static once the equipment has been fitted.
- The maximum user weights for equipment must be adhered to.
- Electrically operated chairs will not be raised due to safety implications.
- Rocking chairs will not be raised due to safety implications.

4.6.2 High Seat Chairs (Standard and King-size)

A height adjustable chair with high back, fixed open arms and wings, washable covering and arms to assist with leverage and positioning.

Criteria

- The persons existing chair is unsuitable for rising.
- Due to the design of their existing chair, the person has considerable difficulty transferring on/off and/or maintaining balance.

Considerations

- All chairs issued must have vinyl covering to assist cleaning and recycling.
- Chairs must not be issued to people on the grounds of financial difficulty, comfort or poor repair.

4.6.3 Chair riser base unit

A powered riser unit screwed onto clients own wooden framed chair. These will **not** be supplied for safety reasons due to the stresses it may place on the framework of the client's own chair.

4.6.4 Split lift chair

A fixed height chair with an electrically operated seat, which moves forwards, and upwards to assist the user to stand.

Essential Safety Notice

It is essential that the person and/or carer are informed of the dangers of children and pets becoming trapped under the chair while it is in use. The chair must only be operated when safe to do so. Children must not use the equipment.

Criteria

- The client has been assessed as being unable to use a standard high seat chair
- The client has reduced strength and mobility in the upper and lower limbs.
- The client will become independent and manage safely whilst transferring.
- Manual handling risks to the carer will be reduced by provision of a split lift chair.

Considerations

- These chairs are no longer manufactured therefore check for availability and suitable height.
- Check that electric power point is in suitable position to avoid trailing wires.

4.6.5 Footstools

A height adjustable vinyl covered stool

Criteria

- The person has a medical condition, which results in the need to elevate their legs to promote circulation.

Considerations

- Height of footstool relative to seat height.

4.6.6 Powered Leg Lifters

A powered, height adjustable, portable device for a chair that lifts and supports the lower limbs in varying positions.

Essential Safety Notice

It is essential that the person and/or carer are informed of the dangers of children and pets becoming trapped by the equipment when in use. The leg lifter must only be operated when safe to do so. Children must not use the equipment.

Criteria

- The client has a medical condition, which results in the need to elevate their legs to promote circulation.
- The client's existing chair meets all other needs except leg elevation.
- The person is unable to lift their legs independently on/off a footstool.

Considerations

- Check that the equipment can be fitted to existing chair.
- The client's cognitive function would enable them to operate the chair safely.
- Check that electric power point is in suitable position to avoid trailing wires.

4.6.7 Riser Recliner Chairs

The chair is electrically operated which incorporates lift and recline by a touch button hand control.

Essential Safety Notice

It is essential that the person and/or carer are informed of the dangers of children and pets becoming trapped under the chair while it is in use. The chair must only be operated when safe to do so. Children must not use the equipment.

Criteria

- The client is unable to transfer in/out of a chair safely without powered assistance and the client requires mechanical assistance for leg elevation.
- The client is unable to maintain a sitting position in alternative chairs
- The client needs to have the means to alleviate pressure points or to facilitate breathing.
- The client requires essential rest during the day and where the provision of a recliner facility would avoid the need for a paid carer.
- If medical evidence from a doctor and/or leg ulcer specialist supports the need for short term use of a recliner chair for sleeping in, which is part of their treatment programme.

Considerations

- A single motor chair is not suitable for people with severe cardiac problems.

- The person's cognitive function would enable them to operate the chair safely.
- Riser /recliner chairs will only be supplied for use on the ground floor of a premises.
- Check that electric power point is in suitable position to avoid trailing wires.
- Check that the design of the property allows for access to deliver the chair and that there is sufficient room for its use.
- Chairs with castors are designed to be moved without the person in them for minimal distances only i.e. to assist with cleaning.

4.6.8 Complex Seating Systems

A fully adjustable chair with a comprehensive range of additional supports. Chairs of this type usually have wheels or a base with castors for manoeuvrability.

Criteria

- Where functional chair is not suitable to address the client's postural needs.
- The client requires a chair, which provides maximum postural support.
- The client requires to be positioned in a chair that provides a safe environment.

Considerations

- Ensure that the carer has the ability to operate/adjust the chair.
- A full demonstration will be given to carers for correct use.
- Level access required if wheeled chair to be moved from one room to another to limit number of transfers.

4.6.9 Bean Bag Chairs

A flexible seating system comprising a mobility frame and beanbag, or a beanbag.

Criteria

Client is unable to be posturally supported in any other seating system.

Considerations

- All alternative seating systems must have been tried.
- If a frame is supplied check that it will fit through internal doorways.

4.6.10 Functional Chairs

A highly adaptable chair designed to provide postural support to enable the promotion of independence in functional tasks.

Criteria

- The client is unable to independently maintain an appropriate posture required for a specific functional task.
- To promote and/or maintain skills to ensure safe eating and drinking.

Considerations

- An assessment is carried out with a representative from the company with the carers present.
- Carers are demonstrated use of the chair.

4.6.11 Pressure relief overlays for seating

These are not provided by social services and need to be obtained via nursing services or the Disablement Services Centre for permanent wheelchair users.

4.6.12 Integral Pressure relief for seating

A chair upholstered with pressure relieving materials as an integral part of its design.

Criteria

- The client meets the criteria for a riser recliner chair or complex seating system.
- Pressure relieving overlay would interfere with the function of the chair.

4.6.13 Trays

Trays manufactured to fit to a specific type of seating.

Criteria

- A standard tray or table will not fit and/or
- A standard tray or table will not meet the client's functional need.

Considerations

- Not to be used where the client is likely to become agitated and injure himself or herself.

4.6.14 Perching Stool

A specially designed with an angled seat, tubular back rest and arms.

Criteria

- There must be a need for the client to perch on an angled seat of specific height to perform a basic activity of daily living safely.
- Should not be issued in situations where an ordinary high stool would do.

Considerations

- The client must be able to partially weight bear.
- Consideration should be given to where the stool should be used, particularly in small kitchen areas.

4.6.15 Restraint

No seating or accessories will be provided as a means of restraining a person.

4.7 Kitchen

4.7.1 Re-design/re-organisation of kitchen.

This would allow the person with disabilities who is the predominant kitchen user to gain greater access and circulation to the essential facilities in the kitchen. Provision could include

- Supply of additional cupboards where required. Maximum provision is sink base, 1 meter base, corner base and wall cupboard.
- Lower or raise work surface
- Alternative kitchen facilities

Criteria

- The extent of the adaptation will be dependent on whether the person with the disabilities is the predominant kitchen user or not.
- The provision might be no more than access and a lower/higher work surface for the non-predominant kitchen user or light use only.
- Inability of the main kitchen user to use existing facilities independently for the foreseeable future.
- The existing kitchen space is being adapted for the conversion to wc/shower room, therefore, alternative kitchen space will be provided.
- The adaptation will take into account the use of the kitchen by other essential users.
- Where the disabled person is non-wheelchair dependent but has been assessed as having restricted use of existing kitchen facilities, then consideration will be given for altering or provision of new units, and for services on the grounds of reducing a health and safety risk linked to their disability.

Considerations

- A major adaptation will only be considered where there is level access.
- Client can gain safe access into and out of the kitchen.
- There is a space restriction on alterations using DFG.
- Existing units may be integrated within the new design.
- The provision of hobs/cookers/ovens and other equipment will not be provided as part of any grant.
- Space will be allowed within the design for access to other equipment e.g. washing machine, tumble dryer.

4.8 Personal Care

These are small items of equipment to assist in dressing e.g. dressing stick, stocking/tights gutters and long handled shoehorn. See Catalogue for further descriptions.

Criteria

The client is unable to dress and the provision of equipment would assist with independence.

Considerations

- Items listed in catalogue will be provided if the criteria are met.
- Items not included in the catalogue are to be purchased by the client and they will be advised of relevant outlets to purchase privately.

4.9 Access

4.9.1 EXTERNAL

4.9.1.1 Intercoms, Door Unlock Systems, Digital Door Locks

An intercom allows the client to communicate from within the property at a fixed point to someone at the door.

A door unlock system allows the client to open the door from a fixed point within the property.

A digital door lock is a keypad with a code, which allows a carer or visitor to gain entry to the property. A digital door lock can also restrict access out of the property. A key over-ride allows the use of a key as well as a digital keypad to unlock the door. A key safe is a secure box accessed by a digital keypad, which holds the key to a client's door.

Criteria

- These will only be fitted to non-communal doors i.e. client's own front door.
- The client has severely restricted mobility and is unable to reach the door.
- The client for a substantial period of time is left alone in the dwelling.
- Access for care support is required.
- A client needs limited access within a house for safety reasons.

Considerations

- To assess the client's physical, mental or developmental ability when recommending any of the above.
- If the doors are UPV please record on the assessment form or SS1 form.
- To identify the location and number of stations required and document on the assessment form or SS1 form – maximum 2.

4.9.1.2 Additional Steps

This is an additional step(s) of 100 mm maximum height and 900 mm wide, to lower the existing high step, to aid safety when accessing in/out of property.

Criteria

- A ramp has been considered but it is not suitable.
- The client is non-wheelchair dependent.

- The carer will be able to push a buggy/manual wheelchair up the small steps.
- That there is sufficient space for the steps to be extended and the surface is levelled.
- Step(s) will not be provided to communal doors as this may affect other users' health and safety.

Considerations

- Other users to the property
- Provision of grab rails/hand rails.
- Provision of external lighting.

4.9.1.3 Portable Ramps

Metal or fibreglass ramps, which are put in place at the time of use. May be one solid piece or two separate tracks, fixed or telescopic.

Criteria

- The prognosis of the client indicates that a portable ramp is more appropriate than a major adaptation.
- While waiting for a permanent ramp to be constructed.
- Where a permanent ramp is unsuitable, as it will block a common right of way – thoroughfare.
- Permission is not granted for a permanent ramp.

Considerations

- Portable ramps should always be demonstrated and tried in situ.
- The type of wheelchair used on the ramp.
- The weight of the chair and the users.
- The strength of the carer/user.
- The door threshold must be taken into account and the provision of infill ramps must also be considered.
- As a general guide, a step height of 6" (50 mm) will be the maximum.
- The carer is fit and capable of fitting/removing the ramps and appropriate storage is available.

4.9.1.4 Ramped Access as an Adaptation

A concrete slope to a gradient of preferably 1:20 to a property doorway, which allows wheelchair access.

Criteria

- These will only be fitted to non-communal doors, i.e. client's own front door.

- The client is unable to safely negotiate the access to their house.
- The carer is unable to lift a wheelchair in and out of the house.
- Evidence is provided to the assessor that the client has been assessed as needing a wheelchair but has chosen to purchase an electric scooter as an alternative means of mobility.
- The ramp will be provided to the main access door. A second ramp will only be provided if the primary ramp does not give access to both the front and rear of the property.

Considerations

- A half step and/or grab rails have already been considered.
- The client is made aware that only a concrete ramp will be offered and that they will have to apply for a major adaptation.
- Position of handrails will be specified by the assessor.
- If ramping is unsuitable a step lift will be considered.

IN EXCEPTIONAL CIRCUMSTANCES where a portable ramp is not suitable or safe and the client's prognosis/situation indicates the need for an immediate solution, temporary wooden ramps may be considered as a minor adaptation.

4.9.1.5 Step lifts

A step lift is an appliance consisting of a raising platform designed to enable a person to overcome differing ground levels, which are inappropriate to ramp due to the gradient or lack of space.

Criteria

- The general considerations prefacing this document are met.
- Alternatives such as a ramp or small steps have been considered but are inappropriate.

Considerations

- Discuss with person and other household members the impact of such equipment regarding security, vandalism, and the identification of a disabled occupant.
- If it is considered that the equipment poses a safety hazard for young children, other household members (e.g. those with sensory impairment challenging behaviour or confusional states) other alternative options may have to be explored.
- A client with cognitive impairment may respond adversely to a step lift.
- If the client is a wheelchair user, consider ability to self propel on/off lift and use brakes.
- Consider all doors to the property regarding easiest installation.

- A pit/well may need to be constructed to negate need for a small ramp, and specialist advice may be required.
- Consider maximum rise of step lift.
- Door threshold and door swing may have to be altered for independent use of equipment.
- A concrete base with a pathway may have to be installed if not already available.
- Consider that the weight limit of equipment can accommodate weight of service user, wheelchair and carer if appropriate.

4.9.1.6 Access Path

A path within the curtilage of the property of sufficient width and of sound construction to allow the service user safe access from the main door to the pavement or driveway.

Criteria

- Where the client does not have a safe means of access to their property and has reduced mobility and/or a visual impairment.
- Where the client requires a sufficiently wide path to allow the use of walking aids or a wheelchair.

4.9.1.7 Marked Parking Bays

A permanently marked area on the public highway for the parking of one car displaying a blue car badge, outside or near to the client's property.

Referral Procedure

Clients should be advised to contact the Highways Department at Trafford Metropolitan Borough Council directly. Referrals will only be accepted at the One Stop Resource Centre if they have been generated by the Highways Department, in cases where objections have been raised.

Criteria

- The driver should be a blue badge holder.
- The driver should also have DLA mobility high rate.
- Parking stress in the area should be so severe that a parking space in close proximity to the address is not available for a major portion of most days.
- The passenger is a blue badge holder and the driver is unable to park in the road to allow the client out, or cannot push a wheelchair or buggy from the nearest available parking area, which is an unreasonable distance away.

Considerations

- Marked parking bays are not solely for the use of the client they have been provided for, as legally, they can be used by any blue badge holder.

-

4.9.1.8 Dropped Kerb

The lowering of the kerb edge to road level to accommodate a vehicle length (does not need to connect with a driveway).

Criteria

- The kerb is too high for the disabled client to exit the vehicle safely.
- To allow the client to access the roadway with a wheelchair or powered scooter.

Considerations

None

4.9.1.9 Crossovers and Hard standings

This is a dropped kerb and pavement crossover and/or hard standing for a vehicle, which is to be parked within the boundaries of the client's property.

Criteria

- The driver is a disabled parking badge holder who is only able to walk or propel a wheelchair for short distances outside the home.
- The passenger is a disabled parking badge holder and the driver is unable to park in the road to allow the disabled person out or cannot push a wheelchair/buggy from the nearest available parking area which is an unreasonable distance away.
- The client has learning difficulties, which place him/her at risk in normal traffic conditions.
- To transfer clients away from the road.
- Parking stress in the area must be so severe that a parking space in close proximity to the address for a major portion of most days.

Considerations

- A marked car-parking bay must be considered prior to recommending the above.
- Highway regulations and land ownership.
- Gates are not provided.

4.9.2 INTERNAL

4.9.2.1 Stair lifts

A stair lift is an appliance for transporting a person between two or more levels using a staircase.

Criteria

- Client is at risk and/or it is medically contra-indicated to negotiate the stairs and/or carer is at risk in assisting client to climb stairs, which give access e.g. bedroom, bathroom, and toilet.
- Stair lift installation cannot be recommended when the client's accommodation includes two living rooms, kitchen and bathroom on ground floor. In these circumstances it is expected that one of the living rooms will be used as a bedroom. The bedroom then not in use would be used as a separate living space, if necessary. Only when there are five or more people living together, would consideration be given to waive this condition.
- That the client does not have a progressive condition which will affect the ability to use and transfer on/off stair lift.

Considerations

- If a stair lift is to be installed on an open plan staircase consider provision of a newel post, banister and balusters for able-bodied users of the staircase.
- If a curved stair lift is to be fitted, other members of the household should be advised that they may have to negotiate the smallest part of the 'wedge' of wider tread.
- Medically confirmed permanent vertigo may be a contra-indication.
- Epilepsy or undiagnosed blackouts if not controlled may be a contra-indication.
- If it is considered that the equipment poses a safety hazard for young children, other household members (e.g. those with sensory impairment, challenging behaviour or confusional states) or the general public, other alternative options may have to be explored.
- Trapping areas/features should be avoided where possible e.g. banister may have to be blocked in.
- Ankle restraints may not be considered appropriate and alternative provision may have to be considered.
- Health and safety, fire and building regulations affecting the proposed installation e.g. minimum stair width.
- If the stair lift is to be considered in a communal access in a property of multiple occupation, a fire officer or an access officer (and/or for new properties a building control officer) and the local grants department must be consulted regarding feasibility of

installation and a written report completed by them.

- Consider person's ability to transfer on and off the seat or platform.
- A person with cognitive impairment may respond adversely to a stair lift.
- Where client lives alone or is alone for long periods, the installation of alarm/telephone to summon help in an emergency should be considered.
- Where installation is on a party wall, noise effect on neighbours should be considered.

4.9.2.2 Through floor lifts

A passenger lift, providing access from ground floor to first floor of an individual's home. This may contain an integral hinged seat or more commonly, be accessible for a wheelchair, including level access at both levels where the lift comes to rest. Can be internal or external.

Type

- wheelchair model
- seated model

Criteria

- Stair lift provision is considered inappropriate or unsafe due to abilities or prognosis or the accommodation is unsuitable for the client.
- Lift installation cannot be recommended when the client's accommodation includes 2 living rooms, kitchen and bathroom on the ground floor. In these circumstances it is expected that one of the living rooms will be used as a bedroom. The bedroom then not in use could be used as a separate living space, if necessary. Only where there is a large family, would consideration be given to waive this condition.

Considerations

- If it is considered that the equipment poses a safety hazard for young children, other household members (e.g. those with sensory impairment, challenging behaviour or confusional states), other options may have to be explored.
- If a client's medical condition is so severe it would not be considered safe to travel in a lift unattended.
- If client has cognitive impairment or has challenging behaviour consider their safety whilst travelling in the lift.

- Advise clients that they may like to consider purchasing integral telephones, pendant alarm or mobile phone if likely to be alone when using a lift.
- Epilepsy or undiagnosed blackouts may be contra-indication, (British Epilepsy Association).
- The safety of clients with severely athetoid movements, which, in a confined space, may result in injury.
- Building Regulations Officers may request smoke alarms.
- A client with cognitive impairment may respond adversely to a lift.
- If client is a wheelchair user consider ability to self propel in/out of lift with sufficient hand clearance.
- Consider if there will be sufficient space at upper and lower levels for manoeuvring and equipment, and if there is wheelchair accessibility to the essential facilities on the upper floor.
- If assistance from carer required, consider safe transfers and additional weight, such as an electric wheelchair.
- Consider the size and weight of the wheelchair, both current and future as far as possible.

4.9.3 EXTENSIONS

An additional room or rooms to an existing building.

For example

- Bedroom
- Toilet
- Bathroom
- Kitchen
- External lift shaft
- Loft/garage conversion

Criteria

- | |
|--|
| <ul style="list-style-type: none"> • Before an extension will be provided, consideration will be given to adapting internally, for example, conversion of a downstairs reception room to a bedroom. • Client or carer would be at risk using alternative provisioning a stair lift or through floor lift. • There is insufficient internal space to accommodate essential facilities and / or the management of the client along with the number of household residents. • The need to provide additional space for a client with disabilities, which need to encompass substantial space for care management. |
|--|

Considerations

- The effects of noise, dust etc and a period of respite care may need to be planned for the client.
- To identify features that meet long-term needs or accommodate future provision e.g. ceiling track hoist and environmental control in extension design.
- Provision of electrical sockets and heating.
- To inform the client that decoration includes making good only to the disturbed areas and minimal coverage to new surfaces i.e. gloss and emulsion paints and standard white tiles. The client can negotiate further decoration privately and purchase with the builder.
- If a dwelling is in an extremely poor state of repair, it may not be considered reasonable and practical to carry out alterations. Alternative grants may be available from the council to upgrade/repair/renovate the property prior to a D.F.G. application or to run concurrently.
- As extensions are very expensive, the design should be of a minimum standard to meet the needs identified, however if the client wants either more expensive or more extensive facilities they can negotiate to pay the extra costs separately to the builder.
- If a dwelling is difficult to alter, then various schemes for alternative accommodation need to be explored.

4.10 Paediatrics

4.10.1 Car Safety

- A child up to the age of five would normally require a car seat as part of their normal development
- A child over five years who requires specialist car seat provision should qualify for mobility allowance, which includes monies for specialist car seats/equipment.

If requested, advice and information can be given by a paediatric occupational therapist, using national guidelines, on the child's postural needs as regards the level of support a child would require from the range of car seats commercially available.

4.10.2 Harnesses:

4.10.2.1 Car Harnesses

Specialised harnesses fitted to the seat of the car to enable a child to be transported safely.

Criteria

- The child has physical and/or learning disabilities which means they are unable to be transported safely using standard 3 point fixing car seat belt.
- The child does not require the supportive seating offered by a car seat.

Considerations

- That the retailer provides instructions to the family on the fixing of the car seat and it is their responsibility to fix the harness.
- That the family are aware that the Occupational Therapy Service cannot take any responsibility for the fixing or checking of the harness when positioned by the family in the car.

4.10.2.2 Specialist Walking Harness

A junior rein needed to promote safety whilst out walking.

Criteria

The child has learning disabilities which means they are unaware of danger and likely to run on to the road whilst out walking. They no longer fit a standard toddler rein.

4.10.2.3 Specialist Chair Harness

A specialised harness needed to support a child in a chair.

Criteria

- The child has physical and/or learning disabilities which means they are unable to sit safely in the chair provided.
- If a specialist chair has been provided and there is not a suitable harness.

Consideration

The harness must not be used to restrain the client in the chair.

4.10.3 Paediatric Bathing

Specialist equipment suitable to assist bathing a child.

Criteria

- The child has physical and/or learning disabilities that mean they are unsafe independently in a bath.
- The carer is unable to bathe the child without the assistance of a specialist item of equipment.
- Lifting the child into and out of the bath increases the risk to the carer and/or the child.

Considerations

- That the equipment is suitable for the child.
- The child benefits therapeutically from being immersed in water.
- Length and width of bath.
- Carer needs to have sufficient strength and range of movement in upper limb to use the equipment.

4.10.4 Adaptations for Children with Challenging Behaviour

An alteration to a person's home to make it a safer environment.

For example:-

- Safety glass
- Vented window locks
- Safety taps i.e. push taps, stop taps
- Special locks/alterations to doors i.e. stable door, gate
- Low temperature radiator guards
- Sound proofing of additional rooms
- Sloped window sills

Criteria

- The provision is essential to overcome a difficulty directly related to the child's disability and by its nature, not of a type, which a parent would normally be expected to provide for their child.

Considerations

- Locks can be positioned high on the outside of a door, be coded etc, but consideration should always be given to access in emergencies.
- The aim of the lock.
- Safety glazing will only be provided if the frames are already in situ.

4.11.1 Rails

- A fixed grab rail or handrail.
- A grab rail is to be specified when needed in a localised area.
- A continuous hand rail e.g. in a hallway, along a corridor, up the stairs.
- Grab rails specified in the catalogue will be fitted as a minor and should be recommended unless they do not meet the required need.
- Specialist rails need to be ordered. They will be fitted, once delivered to the O.S.R.C., as a minor referral.
- If recommended as part of a major adaptation all rails will be supplied and fixed within the adaptation contract, as specified by the Occupational Therapist/Disabled Living Advisor.
- Handrails associated with ramps will be dealt with under that criteria.

Criteria

- That a handrail/grab rail will assist safety in mobility and transfers.

Considerations

- The assessor should take into account the fabric of the building and existing fittings and recommend alterations as appropriate.
- The assessor must specify the actual height and location and give dimensions as appropriate – where possible refer to Trafford's minors guidance sheets. It is accepted procedure that stair handrails will be fitted at the same height as the existing handrail/banister.
- When locating handrails/grab rails the health and safety of other users must be taken into account.
- The type of rail should be specified if the client has difficulties gripping a standard rail.
- Repairs and maintenance – see main criteria.

4.11.2 Heating

Provision of additional heating may vary from supplementary heating to full central heating. This would be dependent upon assessed need and the physical limitations of the property.

Alterations to existing switches/controls/thermostats will be considered if the Gas advisor cannot meet this need.

The client's safety is of highest importance so heating provision will not be considered when the client has to sleep in the same room as

a central heating boiler due to the risk of carbon monoxide poisoning.

Criteria

- The client has a serious medical condition and/or severely limited indoor mobility, which puts them at risk when living in uneven room temperatures.
- No specific medical condition will automatically provide qualification for recommendation for heating without the above criteria being met.
- The client/carer is physically unable to manage their existing heating system e.g. carrying coal and they meet the criteria for a serious medical condition.
- A client's medical condition causes them to be a danger to themselves or others when using existing heating e.g. hyperactivity, severe sensory impairment, learning disability or confusion. This may lead to a referral for alterations or additional heating.

Considerations

- Following a referral to the Adaptations Team, a check will be made with the Housing Dept in the case of council property, to find out if the central heating capital programme affects the client's address.
- Ensure that the individual and/or their carer understand that it is their responsibility to meet the running costs of the heating system and that their fuel bills are likely to increase.
- That the existing heating system for hot water may need to be included within the provision for central heating and/or when new facilities are added to the property e.g. a shower.
- That the client/carer has the ability to safely manage the new facility.

4.11.3 Ventilation

The provision of a manual/mechanical ventilation/extraction system.

Criteria

- Where the service user is unable to open a window in an area of high condensation i.e. bathroom and kitchen.

Where the service user has a chronic respiratory condition and is unable to open a window in the living and/or sleeping area.

4.11.4 Lighting

The provision of a light source, internally and/or externally within the boundary of the service users property.

Criteria

- Where the user is registered as partially sighted or blind and the existing lighting is inadequate to allow activities of daily living to be carried out safely and independently.
- Where lighting is required to enable safe use of an adaptation provided by Social Services. e.g. a ramp

Considerations

- Lighting will not be provided for security reasons.
- Lighting will not be provided where ordinarily it should be provided by the homeowner e.g. on cellar steps.

4.11.5 Equipment and Adaptations for Mothers With a Disability

The provision of an adaptation or equipment for use by the service user to assist with childcare.

Advice only will be provided.

4.11.6 Sheds/Power Supply for Powered Wheelchairs/Scooters

Advice only will be given as consideration should be given to these, by the service user, when purchasing the above.

4.11.7 Adaptation to provide facilities for home renal dialysis

Home dialysis is considered to be a form of medical treatment and as a result Health Authorities in Britain are responsible for the financing and administration of home dialysis services, through the agency of haemodialysis units associated with major Hospitals.

4.12.1 Comfort mattress overlay

A hollow-fibre filled mattress overlay designed to be placed on top of the patient's own existing standard mattress for promoting comfort only. It has no significant pressure relieving/reducing qualities.

Criteria

As a result of an underlying medical condition, the client requires a mattress overlay that provides added comfort and support whilst in bed.

Considerations

- The client should not have existing pressure damage
- The client should not be deemed 'at risk' of pressure damage when clinically assessed in conjunction with the Waterlow risk indicator tool
- The patient should be reassessed on a regular basis in line with Trust guidelines for the prevention and management of pressure damage.
- If the client's condition changes, they should be reassessed and equipment adjusted according to need
- Use of this mattress does not negate the need for regular repositioning

4.12.2 Comfort cushion

A hollow-fibre filled cushion designed to be placed on top of the patient's own chair cushion for promoting comfort only. It has no pressure relieving/reducing qualities.

Criteria

As a result of an underlying medical condition, the client requires a cushion that provides added comfort and support whilst in the chair

Considerations

As 4.12.1

Additional considerations:

- Use of this cushion does not negate the need for regular pressure relief whilst sitting

4.12.3 Pressure reducing standard foam static overlay mattress

A pressure reducing one piece foam overlay designed to be placed on top of the patient's own mattress. It is suitable for patients who are assessed as being at 'low risk' of developing pressure ulceration. In some instances it may be appropriate for comfort provision.

Criteria

As a result of an underlying medical condition the patient is assessed as being at low risk of developing pressure ulceration

Considerations

- It is not suitable for clients with existing pressure damage
- The client should be assessed as low risk of pressure damage when clinically assessed in conjunction with the Waterlow risk indicator tool
- The patient should be reassessed on a regular basis in line with Trust guidelines for the prevention and management of pressure damage.
- If the client's condition changes, they should be reassessed and equipment adjusted according to need
- Designed to be placed on top of existing mattress. Will need to consider the patient's mobility status as this will add height to the bed
- There will be a stated maximum weight limit. The mattress will not be guaranteed to be effective above this upper limit
- Use of this mattress does not negate the need for regular repositioning

4.12.4 Pressure reducing standard foam overlay cushion

Criteria and considerations as **4.12.3**

Additional considerations:

- Use of this cushion does not negate the need for regular pressure relief whilst sitting

4.12.5 Pressure reducing standard foam mattress replacement

A pressure reducing one-piece standard foam mattress replacement designed to replace the patient's existing mattress. It is designed for

patients assessed as being at low risk of developing pressure ulceration.

Criteria and considerations as **4.12.3**

Additional considerations

- This mattress may prove more suitable than the equivalent overlay for patients who have mobility problems as it will not add extra height to the bed
- This mattress is given as standard with any bed requested by the OSRC unless the referrer specifically requests another mattress

4.12.6 Pressure reducing standard foam replacement cushion

Criteria and considerations as **4.12.3**

Additional considerations

- This cushion can be used as a replacement or an overlay. It is primarily left to the clinical judgement of the requesting practitioner to decide whether, based on an appropriate assessment of the client, an overlay or replacement cushion is more suitable.
- Use of this cushion does not negate the need for regular pressure relief whilst sitting

4.12.7 Pressure reducing visco-elastic foam mattress overlay

A pressure reducing visco-elastic foam mattress designed for patients who are assessed as being at elevated risk of developing pressure ulceration or for patients who have existing grade 1 or 2 pressure damage. The visco-elastic foam becomes softer at temperatures nearer body temperature; consequently the layer of foam nearest the body provides improved pressure distribution through envelopment. Sometimes useful when comfort is the main need.

Criteria

As a result of an underlying medical condition, the client is assessed as being up to and including high risk of developing pressure damage.

Considerations

- It is suitable for clients without existing pressure damage or with pressure damage up to and including Grade 2
- To be used as a 'step up' mattress when the standard foam overlay/replacement mattress is insufficient
- The client should be assessed as at elevated risk of pressure damage when clinically assessed in conjunction with the Waterlow risk indicator tool
- The patient should be reassessed on a regular basis in line with Trust guidelines for the prevention and management of pressure damage.
- If the client's condition changes, they should be reassessed and equipment adjusted according to need
- Designed to be placed on top of existing mattress. Will need to consider the patient's mobility status as this will add height to the bed
- There will be a stated maximum weight limit. The mattress will not be guaranteed to be effective above this upper limit
- It may not function to its maximum capacity in low ambient temperatures
- Use of this mattress does not negate the need for regular repositioning

4.12.8 Pressure reducing visco-elastic foam mattress replacement

A pressure reducing replacement mattress, usually two-layer with a visco-elastic layer on top of standard foam designed to replace the patient's existing mattress. It is designed for patients assessed as being at elevated risk of developing pressure ulceration.

Criteria

As a result of an underlying medical condition, the client is assessed as being up to and including high risk of developing pressure damage.

Considerations

- It is suitable for clients without existing pressure damage or with pressure damage up to and including Grade 2
- To be used as a 'step up' mattress when the standard foam overlay/replacement mattress is insufficient
- The client should be assessed as at elevated risk of pressure damage when clinically assessed in conjunction with the Waterlow risk indicator tool

- The patient should be reassessed on a regular basis in line with Trust guidelines for the prevention and management of pressure damage.
- If the client's condition changes, they should be reassessed and equipment adjusted according to need
- This mattress may prove more suitable than the equivalent overlay for patients who have mobility problems as it will not add extra height to the bed
- There will be a stated maximum weight limit. The mattress will not be guaranteed to be effective above this upper limit
- It may not function to its maximum capacity in low ambient temperatures
- Use of this mattress does not negate the need for regular repositioning

4.12.9 Pressure reducing visco-elastic foam cushion

Criteria

As a result of an underlying medical condition, the client is assessed as being up to and including high risk of developing pressure damage.

Considerations

- It is suitable for clients without existing pressure damage or with pressure damage up to and including Grade 2
- Should be used in conjunction with the high specification foam mattress to provide appropriate 24 hour pressure reduction
- The client should be assessed as at elevated risk of pressure damage when clinically assessed in conjunction with the Waterlow risk indicator tool
- The patient should be reassessed on a regular basis in line with Trust guidelines for the prevention and management of pressure damage.
- If the client's condition changes, they should be reassessed and equipment adjusted according to need
- This cushion can be used as an overlay or a replacement depending upon the client's individual needs and choice
- There will be a stated maximum weight limit. The cushion will not be guaranteed to be effective above this upper limit
- It may not function to its maximum capacity in low ambient temperatures
- Use of this cushion does not negate the need for regular repositioning

4.12.10 Pressure reducing high specification foam mattress replacement

A pressure reducing high performance mattress replacement made of high specification foam designed to replace the client's own mattress. It is suitable for clients assessed as being at elevated risk of developing pressure ulceration

Criteria

As a result of an underlying medical condition, the client is assessed as being up to very high risk of developing pressure damage.

Considerations

- It is suitable for clients without existing pressure damage or with pressure damage up to and including Grade 2
- To be used as a 'step up' mattress when the standard foam overlay/replacement mattress is insufficient
- More suitable than the visco-elastic products for clients who reside in cooler ambient temperatures as the pressure reducing capacity of the foam is not effected by external temperatures
- The client should be assessed as at elevated risk of pressure damage when clinically assessed in conjunction with the Waterlow risk indicator tool
- The patient should be reassessed on a regular basis in line with Trust guidelines for the prevention and management of pressure damage.
- If the client's condition changes, they should be reassessed and equipment adjusted according to need
- This mattress may prove more suitable than the equivalent overlay for patients who have mobility problems as it will not add extra height to the bed
- There will be a stated maximum weight limit. The mattress will not be guaranteed to be effective above this upper limit
- Use of this mattress does not negate the need for regular repositioning

4.12.11 Pressure reducing high specification cushion

A pressure reducing high performance cushion made of high specification foam designed to replace the client's own seat cushion. It is suitable for clients assessed as being at elevated risk of developing pressure ulceration

Criteria

As a result of an underlying medical condition, the client is assessed as being up to and including high risk of developing pressure damage.

Considerations

- It is suitable for clients without existing pressure damage or with pressure damage up to and including Grade 2
- Should be used in conjunction with the high specification foam mattress to provide appropriate 24 hour pressure reduction
- More suitable than the visco-elastic products for clients who reside in cooler ambient temperatures as the pressure reducing capacity of the foam is not effected by external temperatures
- The client should be assessed as at elevated risk of pressure damage when clinically assessed in conjunction with the Waterlow risk indicator tool
- The patient should be reassessed on a regular basis in line with Trust guidelines for the prevention and management of pressure damage.
- If the client's condition changes, they should be reassessed and equipment adjusted according to need
- There will be a stated maximum weight limit. The mattress will not be guaranteed to be effective above this upper limit
- Use of this cushion does not negate the need for regular repositioning

4.12.12 Pressure relieving dynamic alternating pressure mattress overlay and cushion

Criteria

As a result of an underlying medical condition, the client is assessed as being at elevated risk of pressure damage and has existing pressure ulceration up to and including grade 2 or 3 (depending on individual mattress specifications outlined in the catalogue)

Considerations

- An alternating pressure mattress overlay offers pressure relief to the client as opposed to the pressure 'reduction' achieved by the static foams

- It is an overlay and will still require the use of a standard hospital mattress or the patient's own mattress underneath
- It comprises of cells that inflate and deflate on an alternating cycle. Complete pressure relief is therefore achieved for certain parts of the body at certain times
- Some frailer clients i.e. those who are underweight or have particularly bony prominences, or those suffering with nausea, may not find the alternating action comfortable
- It is powered by a pump that runs on electricity therefore an electrical socket is required in close proximity to the bed
- The client should be able to make small adjustments to their body position either independently or with the help of a carer
- It is suitable for use in treating existing pressure damage up to grade 2
- It should be used as part of a pressure ulcer management plan. Once healing is achieved the client should be reassessed and a suitable 'step down' mattress requested as appropriate
- In some exceptional cases, on healing, a 'step down' mattress will not be appropriate. In these situations the pressure relieving dynamic overlay mattress may remain in situ providing consideration has been given to the 'step down' options
- This overlay will add height to the bed. This must be considered in relation to the client's mobility and the safe use of cot sides
- These overlays do have a minimum/maximum weight limit outside which they cannot be guaranteed to function appropriately (see individual catalogue specifications). Each individual product must be manually set according to the client's weight
- The client should be advised not to smoke whilst on the mattress due to the risk of fire and damage to the mattress
- The use of additional covers, pads or pillows between the patient and the mattress will reduce it's effectiveness

Additional considerations for the cushion

- The type of chair the cushion is to be used on should be considered. It may affect the client's seated position, putting them at greater risk of pressure damage. It may also make them unsafe if the client is seated higher than the chair arms
- There is a shared power unit between mattress and seat therefore, the power unit must be easily accessible from the seated position.

4.12.13 Pressure relieving dynamic alternating pressure mattress replacement and cushion

Criteria

As a result of an underlying medical condition, the client is assessed as being at elevated risk of pressure damage and has existing pressure ulceration up to and including grade 4 (depending on individual mattress specifications outlined in the catalogue)

Considerations

- An alternating pressure mattress replacement offers pressure relief to the client as opposed to the pressure 'reduction' achieved by the static foams
- It is designed to replace the client's own mattress or the standard hospital mattress
- It comprises of cells, which inflate and deflate on an alternating cycle. Complete pressure relief is therefore achieved for certain parts of the body at certain times
- Some frailer clients i.e. those who are underweight or have particularly bony prominences, or those suffering with nausea, may not find the alternating action comfortable
- It is powered by a pump that runs on electricity therefore an electrical socket is required in close proximity to the bed
- The client should be able to make small adjustments to their body position either independently or with the help of a carer
- It is suitable for use in treating existing pressure damage up to grade 4
- It should be used as part of a pressure ulcer management plan. Once healing is achieved the client should be reassessed and a suitable 'step down' mattress requested as appropriate
- In some exceptional cases, where ulcer healing is not considered a realistic outcome, a 'step down' mattress will not be appropriate. In these situations the pressure relieving dynamic replacement mattress may remain in situ providing consideration has been given to the 'step down' options
- This replacement will not add height to the bed however, extra high cot sides are required when using this mattress
- These mattresses have a minimum/maximum weight limit outside which they cannot be guaranteed to function appropriately (see individual catalogue specifications). Each individual product must be manually set according to the client's weight
- The client should be advised not to smoke whilst on the mattress due to the risk of fire and damage to the mattress

- The use of additional covers, pads or pillows between the patient and the mattress will reduce it's effectiveness
- It may or may not require manual adjustment according to the client's weight. Some dynamic mattress replacement systems have automatic sensors that automatically adjust pressure according to the client's weight (see catalogue for individual specifications)
- Some may have a heel guard section that provides complete pressure relief to the heels (see catalogue for individual specifications).

4.12.14 Nursing Commode

A metal frame commode chair with a padded back rest and seat cover. A static chair with arms and a toilet style seat and small plastic bucket. Available in standard and extra wide versions.

Criteria

For the use of clients with a medical/physical problem which prevents them accessing normal toilet facilities.

Considerations

- The commode only has a small capacity and will need to be emptied frequently.
- Has fixed arms which may make transfers more difficult.

4.12.15 Male Urinal

A plastic bottle with a wide neck and attached lid.

Criteria

For use by male clients with a medical/physical condition who are unable to access normal toilet facilities.

Considerations

- That the client has the dexterity to use the urinal
- That the client can put the urinal down safely after use.

4.12.16 Female Urinal

A plastic bottle with a specially shaped neck and opening.

Criteria

For use by female clients who are unable to access normal toilet facilities or a commode.

Considerations

- Clients may experience difficulty using these urinals
- Other products are available on prescription. Further information from the Continence Team.

4.12.17 Bed Pans

A bed pan made of plastic.

Criteria

For use when a client cannot access normal toilet facilities or a commode.

Considerations

- Will the client be able to get on/off the bed pan independently or will help be needed and is help available?
- A soft mattress makes the use of a bed pan difficult.
- A suitable surface will be needed to place the bed pan on if the client is alone.

4.12.18 Fixed Height Hospital Type Bed

A metal framed hospital type bed. Fixed base, fixed height. A static bed without a back rest.

Criteria

- A single bed is needed to facilitate nursing care
- For short term (maximum of 12 weeks) medical need
- All Social Service equipment to adapt existing beds has been deemed to be unsuitable.

Considerations

- Beds will not be issued solely because the client needs access to a bed downstairs and they do not already possess a suitable bed.
- Consideration must be given for access and safe delivery of the bed.
- A suitable mattress needs to be ordered separately.

4.12.19 Sidhil Adjustable Height Beds

A metal frame hospital type bed. Fixed base, the bed can be permanently fixed at one of three heights. Lockable castors.

Criteria

- As for hospital fixed type beds plus
- A hospital fixed height bed has been considered but the height is unsuitable for the client.

Considerations

As for hospital fixed type bed

4.12.20 Millenium Hydraulic Rise and Fall Bed

A metal framed hospital type bed with a manually operated back rest. Adjustable height by means of a pedal operated hydraulic system. Lockable castors.

Criteria

- An adjustable height bed is required to facilitate transfers/nursing care.
- All Social Services equipment to adapt existing beds has been deemed to be unsuitable.

Considerations

- As for hospital fixed height bed plus
- Cannot be taken upstairs or tipped beyond a certain angle to access property.

4.12.21 Profiling Bed

A metal framed hospital type bed with a multiple adjustable base. Adjustable height, electrically operated by clients/carer. Integral cot sides, lockable castors.

Criteria

- A millenium bed has been considered and deemed insufficient to meet the clients' needs.
- Clients medical/physical condition requires a multi-adjustable bed to ensure correct positioning.
- Client needs regular changes of position and the bed will allow increased independence.

Considerations

- Must have access to a plug socket.
- Can be provided for use upstairs as long as safe access can be achieved.

4.12.22 Cot Sides for Hospital Beds

A metal frame which acts as a barrier, fixed to a hospital bed to prevent the client falling out. Bumpers are issued for use with the sides. The type of cot sides will vary depending on the type of bed.

Criteria

- The client is at risk of falling out of bed
- If the assessing professional decides that the only option is to supply cot sides they must have carried out and have documented a Risk Assessment in their notes.

Considerations

- The type of bed
- All rails fitted to a bed have a potential risk of entrapment
- Cot sides for clients with the following conditions will only be supplied following submission of the Risk Assessment.

Dementia – Particularly if the client is likely to become agitated.

Epilepsy

Alcoholism

Learning Disabilities

And Children

- Are the carers aware of the possible risk involved with using cot sides and do they accept that their use does not necessarily prevent the occurrence of falls or injury to the client?
- What type of bed is the client using and is it compatible with cot sides? What other equipment is being used on or around the bed?
- Consider clients' ability to transfer on/off bed when the cot sides are in the down position.
- What type of mattress is in use and will it come sufficiently below the level of the cot side when it is up?
- Will the clients weight compress the mattress allowing gaps under the rail?
- The professional requesting the cot sides must carry out a check visit on installation. Maintenance and clinical checks will be carried out according to MDA advice.

- That the client cannot/will not climb out over the cot sides.
- That the cot sides are not issued to restrain the client in bed.

4.12.23 Bed Cradle

A metal frame which fits under the mattress and supports bed clothes off the clients' feet and lower legs.

Criteria

Any clients with a medical/physical problem who are experiencing discomfort from the weight of bed clothes on their feet and legs.

Considerations

- The type of mattress the bed cradle will go under.
- Any other attachments to the bed which may be affected by the bed cradle.

5 Passporting Criteria

5.1 Passporting Guidelines

5.1.1 Passporting Equipment

Standard equipment may be “passport” by the Assessment Team Duty Officer provided the referrer is from one of the approved staff groups and the equipment requested is from their designated catalogue. Equipment requested accompanied by a Statement of Case will be passported by the Head Occupational Therapist.

This facility means that a member of the Assessment Team does not need to visit the client so the referral can be processed quickly.

To access the service the referrer must have had relevant training and must also comply with the following points:

- A referral must be made to the Assessment Team Duty Officer by telephone or by posting or faxing completed SS1, RF1 forms and other forms as required.
- Staff groups can only request equipment from their specific catalogue
- The staff member concerned has carried out and documented an assessment
- The equipment requested must be identified quoting catalogue numbers and any sizes required e.g. height of chairs, zimmer frames etc.
- The staff member requesting the equipment must organise their own follow-up visit if necessary
- Special order items should be discussed with the Head O.T. at the One Stop Resource Centre prior to a request being made. If agreement is obtained then a Statement of Case Form (AT Doc 5) should be completed as well as forms SS1 and RF1. These requests can only be passported by the Head O.T. at the One Stop Resource Centre

NB. Referrals can only be passported if these points are strictly adhered to.

5.1.2 Passporting Minor Adaptations

Minor adaptations may be “passporting” by the Assessment Team Duty Officer provided the referrer is from one of the approved staff groups and the adaptation requested is from the designated list.

This facility means that a member of the Assessment Team does not need to visit the client so the referral can be processed more quickly.

To access the service the referrer must have had relevant training and must also comply with the following points:

- A referral must be made to the Assessment Team Duty Officer by telephone or by posting or faxing completed SS1 and RF1 forms
- Staff groups (apart from occupational therapists) can only request minor adaptations from their specific catalogue
- The staff member concerned has carried out and documented an assessment
- The minor adaptation requested must be identified clearly, quoting catalogue numbers where appropriate. The referrer should specify the location for the adaptation, the exact position etc. as a further assessment will not be carried out
- The staff member requesting the minor adaptation must organise their own follow-up visit if necessary

NB. Referrals can only be passported if these points are strictly adhered to.

5.1.3 Passporting Equipment following Self Assessment

Certain pieces of equipment (see Appendix II) can be passported for clients directly. If a client or carer contacts the Equipment and Adaptations Advice Line the Duty Officer, following the telephone assessment, can passport any of these items if the client meets the criteria.

5.2 Equipment Lists for Professional Groups

The following is a guide to the equipment and minor adaptations that can be passported for each of the approved staff groups. This table does not refer to Nursing equipment.

Y = Yes, passporting is permitted for this item by this professional group.

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
MOBILITY									
Walking Sticks									
Metal stick adjustable – short	Y	Y	Y	Y	Y				Y
Metal stick adjustable – standard	Y	Y	Y	Y	Y				Y
Fischer stick adjustable (left hand) – short	Y	Y							Y
Fischer stick adjustable (right hand) – short	Y	Y							Y
Fischer stick adjustable (left hand) – standard	Y	Y							Y
Fischer stick adjustable (right hand) – standard	Y	Y							Y
Quad stick adjustable	Y	Y							Y
Non-wheeled Walking Frames									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Small frame – narrow	Y	Y							Y
Small frame – standard	Y	Y							Y
Medium frame – narrow	Y	Y							Y
Medium frame – standard	Y	Y							Y
Large frame – narrow	Y	Y							Y
Large frame – standard	Y	Y							Y
Wheeled Walking Frames									
Small frame – narrow	Y	Y							Y
Small frame – standard	Y	Y							Y
Medium frame – narrow	Y	Y							Y
Medium frame – standard	Y	Y							Y
Large frame – narrow	Y	Y							Y
Large frame – standard	Y	Y							Y
Tri-walker with cable brakes	Y	Y							Y
Tri-walker with auto brakes	Y	Y							Y
4 Wheeled Walker	Y	Y							
Other									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Pair elbow crutches	Y	Y							Y
MANUAL HANDLING									
Handling Belts									
Moving and handling belt – small	Y	Y	Y	Y	Y	Y		Y	Y
Moving and handling belt – medium	Y	Y	Y	Y	Y	Y		Y	Y
Moving and handling belt – large	Y	Y	Y	Y	Y	Y		Y	Y
Transfer Boards									
Curved “banana” board	Y	Y	Y	Y	Y	Y		Y	Y
Straight transfer board with handles	Y	Y	Y	Y	Y	Y		Y	Y
General Turntables									
Turntable 15” (375mm)	Y	Y	Y	Y	Y	Y		Y	Y
Turn-aid With Handle									
Samall turner	Y	Y	Y	Y	Y	Y		Y	Y
Multi-glide Sheets									
Multi-glide sheets – small	Y	Y	Y	Y	Y	Y		Y	Y
Multi-glide sheets – medium	Y	Y	Y	Y	Y	Y		Y	Y
Multi-glide sheets – large	Y	Y	Y	Y	Y	Y		Y	Y
Pair of flat sheets	Y	Y	Y	Y	Y	Y		Y	Y
One-way Glide Sheets									
One-way glide sheet – small	Y	Y	Y	Y	Y	Y		Y	Y

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
One-way glide sheet – large	Y	Y	Y	Y	Y	Y		Y	Y
Hoist Slings									
Oxford Quickfit Deluxe – small poly			Y	Y	Y			Y	Y
Oxford Quickfit Deluxe – medium poly			Y	Y	Y			Y	Y
Oxford Quickfit Deluxe – large poly			Y	Y	Y			Y	Y
Oxford Quickfit Deluxe – small net			Y	Y	Y			Y	Y
Oxford Quickfit Deluxe – medium net			Y	Y	Y			Y	Y
Oxford Quickfit Deluxe – large net			Y	Y	Y			Y	Y
Oxford head and neck support roll			Y	Y	Y			Y	Y
Mobile hoists									
Oxford Mini hydraulic			Y	Y	Y			Y	Y
Oxford Midi hydraulic			Y	Y	Y			Y	Y
Oxford Major hydraulic			Y	Y	Y			Y	Y
Oxford Mini electric			SOC	SOC	SOC			SOC	SOC
Oxford Midi electric			SOC	SOC	SOC			SOC	SOC
Oxford Major electric			SOC	SOC	SOC			SOC	SOC
BATHING EQUIPMENT									
Static Bath Seats									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Slatted seat 6" (150mm)								Y	Y
Slatted seat 8" (200mm)								Y	Y
Slatted seat 12" (300mm)								Y	Y
Brentwood seat								Y	Y
Bath Boards									
Slatted board 26" (650mm)								Y	Y
Slatted board 27" (675mm)								Y	Y
Slatted board 28" (700mm)								Y	Y
Brentwood board 26.5" (662.5mm)								Y	Y
Brentwood board 28" (700mm)								Y	Y
Bath Steps									
Modular bath step								Y	Y
Powered Bath Seat									
Aquasoothe Riviera with standard cover								SOC	Y
Aquasoothe Riviera Softline cover (cover only)								SOC	Y

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Aquasoothe Riviera Vitatum L (slides and rotates)								Y	Y
Aquasoothe Riviera Vitatum K (rotates)								Y	Y
Aquasoothe Riviera set of 4 clear 50mm suction pads								Y	Y
Aquasoothe Riviera set of 4 black 80mm suction pads								Y	Y
Aquasoothe Riviera set of 5x20mm height adapters								Y	Y
Aquasoothe Riviera set of 5x40mm height adapters								Y	Y
Aquasoothe Riviera set of 5x60mm height adapters								Y	Y
SHOWERING EQUIPMENT									
Over Bath Shower Boards									
Slatted extra wide board 26" (650mm)								Y	Y
Slatted extra wide board 27" (700mm)								Y	Y
Slatted extra wide board 28" (750mm)								Y	Y
Over Bath Shower Seat									
Adjustable width swivel bather								Y	Y

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Heavy duty swivel bather adjustable								Y	Y
Free-Standing Static Shower Seats									
Height adjustable stool								Y	Y
Extra wide height adjustable shower stool								Y	Y
Shower chair chassis (order legs separately)								Y	Y
Shower chair static legs (to accompany chassis)								Y	Y
Height adjustable swivel shower chair								Y	Y
Wheeled Shower Chairs									
Shower chair chassis (order wheels separately)								Y	Y
Shower chair wheels (to accompany chassis)								Y	Y
Chiltern self-propelled shower chair								Y	Y
Chiltern attendant-push shower chair								Y	Y
Lap strap for Chiltern shower chair								Y	Y

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
5 point harness for Chiltern shower chair								Y	Y
Wall Mounted Shower Seat									
Padded drop down seat with legs								Y	Y
Shower Screens									
Invadex Portascreen								Y	Y
TOILETING									
Raised Toilet Seats									
2" (50mm) raised seat								Y	Y
4" (100mm) raised seat								Y	Y
6" (150mm) raised seat								Y	Y
Toilet Frames									
Scandia and sleeve								Y	Y
King-size Scandia and sleeve								Y	Y
Free-standing surround frame								Y	Y
Floor fixing kit for toilet frames								Y	Y
Static Commodes									
Edale bedside commode								Y	Y
Square-bowl commode								Y	Y
Wheeled Commodes									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Glideabout commode with drop-down arms, 4 brakes, footplates			Y	Y	Y			Y	Y
Chemi-loos									
Scandia and bucket			Y	Y	Y			Y	Y
King-size Scandia and bucket			Y	Y	Y			Y	Y
King-size Scandia and bucket with back support rail			Y	Y	Y			Y	Y
BED EQUIPMENT									
Bed Transfer Equipment									
Bettastand bed handle								Y	Y
Bed lever with straps for divan bed								Y	Y
Bed lever with straps for bed with slatted base								Y	Y
Free-standing monkey pole		Y	Y	Y	Y			Y	Y
Cefndy Easi Riser								Y	Y
Cot Sides For Divan Beds									
Castle height adjustable cot sides with bumpers (pair)			Y	Y	Y			Y	Y
Castle height adjustable cot side with bumper (single)			Y	Y	Y			Y	Y

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Cot side bumpers (pair)			Y	Y	Y			Y	Y
Mattress Variator									
Nottingham Rehab universal variator			Y	Y	Y			Y	Y
Pillow Lifter									
Centromed Caspian			Y	Y	Y			Y	Y
Leg Lifters									
Strap leg lifter			Y	Y	Y			Y	Y
Powered leg lifter – bed model								Y	Y
Motor for powered leg lifter								Y	Y
Varitables									
Varitable domestic type			Y	Y	Y			Y	Y
Hospital style overbed table			Y	Y	Y			Y	Y
Miscellaneous Bed Equipment									
Back rest			Y	Y	Y			Y	Y
Aidapt Quiet Night mattress stopper								Y	Y
Centromed The Stopper								Y	Y
Bed Raisers									
Various – type to be determined by OT Technician			Y	Y	Y			Y	Y
SEATING									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Chair Raisers									
Various – type to be determined by OT Technician			Y	Y	Y			Y	Y
High Seat Chair									
Standard high seat chair								Y	Y
King size high seat chair								Y	Y
Footstools									
Footstool		Y	Y	Y	Y			Y	Y
Footstool with casters		Y	Y	Y	Y			Y	Y
Extra wide heavy – duty footstool		Y	Y	Y	Y			Y	Y
General Seating Equipment									
Bettastand chair handle								Y	Y
Powered leg lifter – chair model			Y					Y	Y
Motor for powered leg lifter			Y					Y	Y
Strap leg lifter			Y	Y	Y			Y	Y
Powered chairs									
Split-lift chair (limited availability)								SOC	Y
Electric powered riser/recliner (check models available)			SOC		SOC			SOC	Y
Perching Stools									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Perching stool with back and arms								Y	Y
Extra wide perching stool with back and arms								Y	Y
KITCHEN									
Cutlery									
Easigrip cutlery pack – knife, fork, spoon			Y	Y	Y	Y		Y	Y
Drinking Beakers									
Medeci system cup			Y	Y	Y	Y		Y	Y
Medeci anti-spill top			Y	Y	Y	Y		Y	Y
Medeci spout top			Y	Y	Y	Y		Y	Y
Non-slip mats									
Dycem mat – small			Y	Y	Y	Y		Y	Y
Dycem mat – large			Y	Y	Y	Y		Y	Y
Dycem netting			Y	Y	Y	Y		Y	Y
Flasks									
Drinks dispenser flask – pump action			Y	Y	Y	Y		Y	Y
Tippers									
Standard kettle tipper								Y	Y
Jug kettle tipper								Y	Y
Cordless kettle tipper								Y	Y
Food Preparation Equipment									
Food preparation system								Y	Y
Kitchen Trolleys									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
Kitchen trolley with side handles height adjustable		Y						Y	Y
Cefndy Isobel – 2wheels 2 casters		Y						Y	Y
Cefndy Isobel – 4 casters		Y						Y	Y
DRESSING AND PERSONAL ADL									
General Dressing Equipment									
Sock/stocking gutter								Y	Y
Tights gutter									
Compression stocking aid			Y	Y	Y			Y	Y
Long handled shoe horn			Y	Y	Y			Y	Y
Button hook								Y	Y
Dressing stick								Y	Y
Standard helping hand			Y	Y	Y			Y	Y
Long helping hand			Y	Y	Y			Y	Y
Arthrigrip helping hand			Y	Y	Y			Y	Y
Hair Wash Tray			Y	Y	Y	Y		Y	Y
Inflatable hair wash tray			Y	Y	Y	Y		Y	Y
Miscellaneous									
Long Handled sponge			Y	Y	Y	Y		Y	Y
ACCESS									
Telescopic Ramps									

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
2 part telescopic ramp – 2mtr		Y						Y	Y
2 part telescopic ramp – 3mtr		Y						Y	Y
One Piece Ramp									
Threshold ramp – for 27” (670mm) wide doorway		Y						Y	Y
MISCELLANEOUS									
Communication Equipment									
Tomy Walkabout			Y	Y	Y	Y		Y	Y
Turners									
Easiturn tap turners								Y	Y
Medeci tap turners								Y	Y
Key turner								Y	Y
Yale knob turner								Y	Y
Contour turner								Y	Y
MINOR ADAPTATIONS									
Digital door lock			Y	Y	Y	Y	Y	Y	Y
Digital door lock key override			Y	Y	Y	Y	Y	Y	Y
Intercom			Y	Y	Y	Y	Y	Y	Y
Door Opening intercom			Y	Y	Y	Y	Y	Y	Y
Key safe			Y	Y	Y	Y	Y	Y	Y
Other minors E.g. Grab rails Half steps Power sockets moved								Y	Y

ITEM	Hospital Physio	Community Physio	Clinical Specialist (e.g. Leg-Ulcer Nurse)	DN & HV	McMillan Nurse	Home Care Organiser	Social Worker	Occupational Therapist	OSRC Assessment & Paediatric Teams
PAEDIATRIC EQUIPMENT									
Children's equipment								Paediatric OTs only	Paediatric Team Only

6 Practise Guidelines

6.1 Practise Guidelines for Trafford Occupational Therapists working within a Social Services setting.

The voice of the disability rights movement adopts a social model in viewing disability, which perceives disability to be located “not in the impairment of an individual – as in the medical model, but in the social processes and environmental barriers that restricts peoples choices and life styles” Craddock, 1996, pg 77.

From an occupational therapy perspective, the assessment and recommendation process will include the client having an informed choice on what is available to meet their needs. This will include what is available from Social Service and where to go for items not provided under the Social Services Criteria.

Clients should be informed at the assessment of the Social Services process for equipment and adaptations, the length of time this process can usually take and who to contact for enquiries.

The Social Services/ Community Occupational Therapist’s expertise is to enable people to increase independence in daily living tasks and often this includes the recommendation of equipment and/or adaptations.

The process of issuing equipment will follow a holistic assessment and a practical step-by-step analysis of the problems identified by users can carers. The assessment will consider the disabled persons’ experience, their role within the family and the dynamics of their relationship with other family members. The role of the Occupational Therapist can determine the range of solutions available, in line with Health and Safety, to facilitate the activities and lifestyles of the client’s choice. It continues with training and support to use the equipment with constant re-assessment of the whole process.

As Occupational Therapists, we will ensure that the amount of choice and control available to the client should not be compromised because that person has a disability. Studies have shown that families asked to re-arrange their home to accommodate equipment or adaptations can be powerfully affected and can view the change as something essential being disturbed or lost (Hawkins and Stewart, 2002). The Occupational Therapist’s aim is to maximise the stated benefits that adaptations and equipment can provide in achieving accessible housing and

independence while reducing the potential for the value and meaning of home being compromised for the disabled person and his or her family.

References:

“Until disabled people get consulted...”

The Role of Occupational Therapy in Meeting Housing Needs
(Andrew Nocon and Nicholas Pleace, BJOT, 1997, 60(3))

Changing Rooms: The Impact of Adaptations on the meaning of home for a Disabled Person and the Role of the Occupational Therapist in the Process

(Rachel Hawkins and Sandra Stewart, BJOT, 2002 65(2))

Equipment: Is it the Answer? An Audit of Equipment Provision

(Chamberlain.E, Evans.N, Neighbour.K. and Hughes.J BJOT, 2001, 64 (12))

6.2 Risk Assessment of Equipment

“This is the identification of the risk of a specific item of equipment and is not an assessment of the environment where the equipment is. This requires a risk assessment in it’s own right”.

At the One Stop Resource Centre, the equipment process is dealt with by a number of people. The risks identified can be different according to the stage of the equipment process i.e. demonstration by therapist, delivery, fitting, storage, use by client.

The risks calculated for each piece of equipment were categorised by:

“The risk, being a combination of the likelihood of a hazardous event occurring and the nature of the harms or consequences”.

The risks are:

- (H) High
- (M) Medium
- (L) Low

on a sliding scale as interpreted by Therapists.

High risk would consider: weight, size, electrical components and unpredictability.

The table below is an example of how different combinations of factors can affect risk.

	Therapist	Installer	Client
Electric Recliner Chair	H	H	H
Tripp Trapp Chair (assembled)	L	M	H

The equipment process from the OSRC needs to have safe guidelines from the start to the end of the service provided.

6.3 Training Requirements for Professional Groups Provided by OSRC

The following is a guide to the training required for each professional before referrals for equipment and minor adaptations can be passported.

Key to Training Bands 1 = URGENT training required
 2 = Rolling Programme
 n/a = not provided by the OSRC

District Nurses / Health Visitors				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
Mobility	Walking sticks	Physio OSRC	2	Professionals must attend in person
Manual handling	Handling belts Transfer boards Transfer slings Turning discs Sliding sheets Mobile hoists / slings	N/A	N/A	Covered by professional training
Toileting	Chemical toilets Glideabout commodes	N/A	N/A	Sufficient information in the catalogue

District Nurses / Health Visitors				
Beds	Strap leg lifters Back rests Mattress variators Pillow lift Cot sides / bumpers for divan beds Monkey poles Bed raisers – to allow use of hoist only Overbed tables	OT OSRC	1	Training can be cascaded to colleagues
Seating	Foot / leg rests Chair raisers – to allow use of hoist only	OT OSRC	1	Training can be cascaded to colleagues
Kitchen	Cutlery packs Drinking beakers Dycem matting	N/A	N/A	Sufficient information in the catalogue
Dressing and Personal ADL	Compression stocking aid Helping hands Long handled shoe horn Hair wash tray	N/A	N/A	Sufficient information in the catalogue
Access	Digital door lock Intercom and door unlock systems Key safe	OT OSRC	N/A	Training can be cascaded to colleagues
Miscellaneous	Internal intercom	N/A	N/A	Sufficient information in the catalogue

Hospital Based Physiotherapists				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
Mobility	All items	N/A	N/A	Covered by professional training

Manual handling	Handling belts Transfer boards Transfer slings Turning discs Sliding sheets	N/A	N/A	Covered by professional training
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Community Based Physiotherapists				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
Mobility	All items	N/A	N/A	Covered by professional training
Manual handling	Handling belts Transfer boards Transfer slings Turning discs Sliding sheets	N/A	N/A	Covered by professional training
Beds	Monkey poles	N/A	N/A	Covered by professional training
Seating	Foot / leg rests	OT OSRC	1	Training can be cascaded to colleagues
Kitchen	Kitchen trolleys	OT OSRC	1	Training can be cascaded to colleagues
Access	Portable ramps	OT OSRC	1	Training can be cascaded to colleagues

Clinical Specialist Nurse – Leg Ulcers				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
Mobility	Walking sticks	Physio OSRC	2	Professionals must attend in person
Manual handling	Handling belts Transfer boards Transfer slings Turning discs Sliding sheets Mobile hoists / slings	N/A	N/A	Covered by professional training
Toileting	Chemical toilets Glideabout commodes	N/A	N/A	Sufficient information in the catalogue

Clinical Specialist Nurse – Leg Ulcers				
Beds	Strap leg lifters Back rests Mattress variators Pillow lift Cot sides / bumpers for divan beds Monkey poles Bed raisers – to allow use of hoist only Overbed tables	OT OSRC	1	Training can be cascaded to colleagues
Seating	Foot / leg rests Chair raisers – to allow use of hoist only Riser / recliner chairs Powered leg lifters	OT OSRC	1	Training can be cascaded to colleagues
Kitchen	Cutlery packs Drinking beakers Dycem matting	N/A	1	Sufficient information in the catalogue
Dressing and Personal ADL	Compression stocking aid Helping hands Long handled shoe horn Hair wash tray	N/A	N/A	Sufficient information in the catalogue
Access	Digital door lock Intercom and door unlock systems Key safe	OT OSRC	1	Training can be cascaded to colleagues
Miscellaneous	Internal intercom	N/A	N/A	Sufficient information in the catalogue

Macmillan Nurses				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
Mobility	Walking sticks	Physio OSRC	2	Professionals must attend in person

Macmillan Nurses				
Manual handling	Handling belts Transfer boards Transfer slings Turning discs Sliding sheets Mobile hoists / slings	N/A	N/A	Covered by professional training
Toileting	Chemical toilets Glideabout commodes	N/A	N/A	Sufficient information in the catalogue
Beds	Strap leg lifters Back rests Mattress variators Pillow lift Cot sides / bumpers for divan beds Monkey poles Bed raisers – to allow use of hoist only Overbed tables	OT OSRC	1	Training can be cascaded to colleagues
Seating	Foot / leg rests Chair raisers – to allow use of hoist only Riser / recliner chairs	OT OSRC	1	Training can be cascaded to colleagues
Kitchen	Cutlery packs Drinking beakers Dycem matting	N/A	N/A	Sufficient information in the catalogue
Dressing and Personal ADL	Compression stocking aid Helping hands Long handled shoe horn Hair wash tray	N/A	N/A	Sufficient information in the catalogue
Access	Digital door lock Intercom and door unlock systems Key safe	OT OSRC	1	Training can be cascaded to colleagues
Miscellaneous	Internal intercom	N/A	N/A	Sufficient information in the catalogue

Macmillan Nurses				
Social Workers				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
Access	Digital door lock Intercom and door unlock systems Key safe	OT OSRC	1	Training can be cascaded to colleagues

Home Care Organisers				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
Manual handling	Handling belts Transfer boards Transfer slings Turning discs Sliding sheets	N/A	N/A	Training sessions provided by employer
Kitchen	Pump vacuum flask Cutlery packs Drinking beakers Dycem matting	OT OSRC	1	All referrers must attend
Dressing and Personal ADL	Hair wash tray	OT OSRC	1	All referrers must attend
Access	Digital door lock Intercom and door unlock systems Key safe	OT OSRC	1	All referrers must attend

Occupational Therapists				
Assessment Criteria	Items	Trainer	Training Band	Additional Information

Occupational Therapists				
Manual handling	Handling belts Transfer boards Transfer slings Turning discs Sliding sheets	N/A	N/A	Covered by professional training
Bathing	Bath seats Bath boards Powered bath seats Shower boards Swivel bathers Shower stools Shower chairs Long handled sponges	N/A	N/A	Covered by professional training
Toileting	Raised toilet seats Toilet frames Edale commodes Glideabout commodes Chemical toilets	N/A	N/A	Covered by professional training
Beds	Back rests Bed transfer aids Cot sides / bumpers for divan beds Mattress variators Pillow lift Manual / powered leg lifters Overbed tables Bed raisers	N/A	N/A	Covered by professional training
Seating	Chair raisers High seat chairs Powered leg lifters Riser / recliner chairs Perching stools Special order chairs	N/A	N/A	Covered by professional training

Occupational Therapists				
Kitchen	Cutlery packs Drinking beakers Dycem matting Pump vacuum flask Kettle tippers Food preparation systems Kitchen trolleys	N/A	N/A	Covered by professional training
Dressing and Personal ADL	Sock / stocking aids Helping hands Long handled shoe horns Button hooks Dressing stick	N/A	N/A	Covered by professional training
Access	Digital door lock Intercom and door unlock systems Key safe Additional steps Ramps	N/A	N/A	Covered by professional training
Miscellaneous	Internal intercoms Tap turners Rails Key turners Contour turners	N/A	N/A	Covered by professional training

Occupational Therapists / DLAs – Assessment & Paediatric Teams				
Assessment Criteria	Items	Trainer	Training Band	Additional Information
All sections	All items of equipment All minor adaptations Major adaptations	N/A	N/A	Covered by professional training

7 Bibliography

The following documents were consulted:

1. Department of Health
“Fair Access to Care Services”. Guidance on Eligibility
Criteria for Adult Social Care (April 2002)
Department of Health
Area 220
133.135 Waterloo Road
London
SE1 8UG
2. London Borough’s Occupational Therapy Managers Group
“Criteria for the Loan of Equipment to People with
Disabilities” (November 2002)
3. Cheshire County Council/Social Services
Website www.cheshire.gov.uk
“Policies and Procedures Manuals & Volumes” (April 2000)
4. Essex Social Services Tel : 01245 434 134
“Good Practice Guide” (December 1999)
5. Birkenhead & Wallasey NHS PCT Occupational Therapy
Service
6. Helen Thornley/Alison Aspinall
Independent Living Centre
St. Catherines Hospital
Birkenhead
“Equipment Protocols for Occupational Therapy Staff”
(January 2001)
“Equipment- A guide for Assessment and Fitting” (January
2002)
7. Responsibility for the Provision of Equipment in Care
Homes”
Draft consultation paper (November 2002) I.C.E.S
Compiled by Frances Kent, Penny Keynton- Hook & Anita
Rush

APPENDIX I – THE PROVISION OF EQUIPMENT IN CARE HOMES

Key: CES = Community Equipment Service

Item of Equipment	Care Home Setting	
	Nursing	Non-Nursing Provision
Mobility Equipment		
Walking Equipment		
Provided on basis of Assessment		
Fischer Walking Sticks	CES	CES
Metal Walking Sticks	CES	CES
Quad Sticks	CES	CES
Walking Frames	CES	CES
Wheeled Walking Frames	CES	CES
Tri-Walkers	CES	CES
4 Wheeled Walkers	CES	CES
Seating		
Adult Complex Seating ie Bespoke chairs	CES	CES

APPENDIX II – OSRC

List of Equipment Items which may be passported following telephone assessment on client request (self assessment)

KITCHEN
Easigrip cutlery pack – knife, fork, spoon
Medeci system cup– drinking beaker
Medeci anti-spill top – drinking beaker
Medeci spout top– drinking beaker
Dycem non-slip mat – small
Dycem non-slip mat – large
Drinks dispenser flask – pump action

DRESSING AND PERSONAL ADL
Sock/stocking gutter
Tights gutter
Long handled shoe horn
Button hook
Dressing stick
Helping hand – standard
Helping hand – long
Helping hand – Arthrigrip
Inflatable hair wash tray
Long Handled sponge

TURNERS
Easiturn tap turners
Medeci tap turners
Key turner
Yale knob turner
Contour turner