 Transfer and Positioning Care Plan

for education and care



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| To be completed by the physiotherapist or treating health professional and parent or legal guardian.  This information is confidential and will be available only to relevant staff and emergency medical personnel. | | | |
| Name of child/young person: |  | | |
| DOB: |  | Review date: |  |
| Allergies: |  | | |
| Education or care service: |  | | |  |

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| Staff are required to meet duty of care and work health and safety obligations.  In relation to transfer and positioning this means they will:   * Minimise the number of transfers and other positioning undertaken in the course of their work, to reduce the risk of work related injury or harm, while ensuring the child or young person’s safety, comfort and curriculum access is maximized * Use the following care recommendations to negotiate and document an individualised health support agreement detailing how transfers and positioning support will be provided * Generally select the transfer/positioning procedure as documented below that minimises the time required to provide support. If additional time is required to develop the child or young person’s independence this will need to be negotiated with staff. |

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|  | **CHAIR TO CHAIR** (eg wheelchair to chair/commode) | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **CHAIR TO GROUND/FLOOR** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **GROUND/FLOOR TO CHAIR** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **CHAIR TO CHANGE TABLE** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **TOILETING TRANSFER** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **VEHICLE TO CHAIR** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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| **SITUATION** | | | **COMMENT** | | |
|  | | |  | | |
|  | **Mobility indoors**  *eg use of sticks, stairs, steps, negotiation of furniture, varying floor coverings* | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | **Mobility outdoors** | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | **Special equipment** | **⇨** | **⇨** |  |  |
|  | | |  | | |
|  | **Other (specify)** | **⇨** | **⇨** |  |  |
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| **GENERAL SUPERVISION FOR SAFETY**  *Staff will routinely talk to the child or young person through the transfer or positioning, seeking their permission to the degree possible and maximizing cooperation* | | | |
| **Communication by support staff** | | **Communication by child or young person** | |
|  | Simplify instructions / use key words |  | Language |
|  | Use picture cues |  | Gesture |
|  | Other (specify) |  | Behaviour |
|  |  |  | Other (specify) |

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| **LEARNING TARGETS: SPECIFIC STRATEGIES AND ASSISTANCE** | |
|  | Increasing independence (eg take some weight on arms, transfer without assistance) |
|  | Behaviour targets (eg comply with transfer) |
|  | Communication (eg indicate preferred side for lift, indicate comfort) |
|  | Other (specify) |

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| **ADDITIONAL INFORMATION (attached to care plan)** | |
|  | Further information regarding transfer and positioning for this child or young person |
|  | Safe use of harness (Operating manual) |
|  | Non-specific health care plan (for other personal or health care needs) |
|  | Risk assessment |
|  | Transfer and positioning log |
|  | Hydrotherapy / Pool transfer and positioning plan (refer page 5) |
|  | Other (specify) |

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| **AUTHORISATION AND AGREEMENT**  *(To be signed after form has been completed)* | | The following settings have been considered in the development of the health care plan and is appropriate for use in the following: | | | | | |
|  | Children’s centre, preschool or school | | |  | Childcare, Out of School Hours Care | | |
|  | Camps, excursions, special event, transport (incl. aquatics) | | |  | Work experience or other education placement | | |
|  | Respite, accommodation | | |  | Work | | |
|  | Transport | | |  | Other (specify) | | |
| *Treating health professional* | | | | | | | |
| *(print name & practice/hospital or stamp)* | | | Professional role | | |  | |
| Email or signature | | |  | |
| Telephone | | | Date | | |  | |
| *Parent or legal guardian; or adult student* | | | | | | | |
| * **I understand and agree with the health care plan as indicated above** * **I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).** * **I understand staff may seek additional information and/or advice regarding the medical information contained in the individual first aid plan from the Access Assistant Program (AAP) to inform duty of care.** | | | | | | | |
| (name) | | | | | | | (relationship) |
| (email or signature) | | | | | | | (date) |

Hydrotherapy and Pool

Transfer and Positioning Care Plan

for education and care



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|  | | | |  |
| To be completed by the physiotherapist or treating health professional and parent or legal guardian.  This information is confidential and will be available only to relevant staff and emergency medical personnel. | | | |
| Name of child/young person: |  | | |
| DOB: |  | Review date: |  |
| Allergies: |  | | |
| Education or care service: |  | | |  |

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| Staff are required to meet duty of care and work health and safety obligations in relation to the transfer and positioning of children and young people. |

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|  | **CHAIR TO CHAIR** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **CHAIR TO GROUND/FLOOR** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **GROUND/FLOOR TO CHAIR** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **TRANSFER INTO POOL** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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|  | **TRANSFER OUT OF POOL** | | | | | |
| *Level of assistance required* | | *Type of transfer* | | *Equipment* | |
|  | Independent |  | Top and tail |  | Sling (specify) |
|  | Standby assistance required (for occasional interventions to support safety) |  | Cradle |
|  | Cooperative assistance  Indicate number of adults required to assist |  | Side to side |  | Slide board |
|  | Dependent  Indicate number of adults required to assist |  | Standing transfer |  | Transfer plate/disc |
|  | |  | Mechanical |  | Other (specify) |
|  | Other (specify) |
| Provide further detail and comments in relation to communication, safety, comfort, dignity and learning | | | | | |

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| **AUTHORISATION AND AGREEMENT**  *(To be signed after form has been completed)* | This health care plan has been developed for and is appropriate for the use in hydrotherapy and pool settings | | | |
| *Treating health professional* | | | | |
| *(print name & practice/hospital or stamp)* | | Professional role |  | |
| Email or signature |  | |
| Telephone | | Date |  | |
| *Parent or legal guardian; or adult student* | | | | |
| * **I understand and agree with the health care plan as indicated above** * **I approve the release and sharing of this information to supervising staff and emergency medical staff (if required).** * **I understand staff may seek additional information and/or advice regarding the medical information contained in the individual first aid plan from the Access Assistant Program (AAP) to inform duty of care.** | | | | |
| (name) | | | | (relationship) |
| (email) | | | | (date) |