** Transfer and Positioning**

**Care Plan (TPCP)**

For education, child/care and community support services\*

**CONFIDENTIAL**

To be completed by the PHYSIOTHERAPIST or other relevant health professional, and the PARENT/GUARDIAN and/or ADULT/STUDENT/CLIENT for a person who requires individual health and personal care support. This information is confidential and will be available only to supervising staff and emergency medical personnel.

**Name of child: Date of birth:**

**(Family Name) (First Name) DD/MM/YYYY**

**Medic Alert Number (if relevant): Date for review:**

* Staff are required to meet duty of care and occupational health and safety obligations. In relation to transfers and positioning, this means they will: Read, acknowledge and demonstrate understanding of this document to Managers
* Minimise the number of transfers and positioning undertaken in the course of their work – to minimise work related harm – whilst ensuring that child/client safety, comfort, curriculum access is maximised, and minimal physical activity guidelines are met.
* Use the following care recommendations to negotiate and document, with the family/client, a worksite health support plan detailing how transfers and positioning support will be provided.
* Conduct risk assessments prior to each transfer to ensure staff are in agreement that the safest transfer is being conducted given the **“TILE”** (**T**ask, **I**ndividual capability of carers/support workers, **L**oad/client characteristics, and the **E**nvironment)
* Generally, select the transfer and/or positioning procedure, as documented below which minimises the time required to provide support. If additional time is required to develop child/client independence, this time will need to be negotiated with the staff.
* Show mutual respect, understanding and care at all times – **this is a privilege**

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| **PARENT/CARER INFORMATION:** | | | |
| Name: |  | Relationship to child/student: |  |
| Contact number: |  |  |  |

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| **HEALTH PROFESSIONAL INFORMATION:** | | | |
| Name: | **John Drysdale** | Professional: | **Director and Principal Physiotherapist** |
| Agency: | **Movement Matters Physiotherapy for Children** | Contact: | **P: 0457225152**  **E:** [**john@movementmattersphysio.com.au**](mailto:john@movementmattersphysio.com.au) |

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| **THIS PLAN HAS BEEN DEVELOPED FOR THE FOLLOWING SETTING:** | | | |
| Name and address of School/Institution: |  | | |
| Contact Person: |  | Phone: |  |

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| Situation and level of assistance required | Type of transfer | Equipment |

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| **CHAIR to CHAIR**  e.g. class table chair to feeding chair or floor chair |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One support worker is required for the cradle lift and two for the top and tail lift  Dependent  One support worker is required for the cradle lift and two for the top and tail lift | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

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| Situation and level of assistance required | Type of transfer | Equipment |

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| **CHAIR to GROUND/FLOOR** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One support worker is required for the cradle lift and two for the top and tail lift  Dependent  One support worker is required for the cradle lift and two for the top and tail lift | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

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| --- | --- | --- |
| Situation and level of assistance required | Type of transfer | Equipment |

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| **GROUND/FLOOR to CHAIR** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One support worker is required for the cradle lift and two for the top and tail lift  Dependent  One support worker is required for the cradle lift and two for the top and tail lift | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

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| --- | --- | --- |
| Situation and level of assistance required | Type of transfer | Equipment |

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| **CHAIR to CHANGE TABLE** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One support worker is required for the cradle lift and two for the top and tail lift  Dependent  One support worker is required for the cradle lift and two for the top and tail lift | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

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| Situation and level of assistance required | Type of transfer | Equipment |

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| **TOILETTING TRANSFERS** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One support worker is required for the cradle lift and two for the top and tail lift  Dependent  One support worker is required for the cradle lift and two for the top and tail lift | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

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| --- | --- | --- |
| Situation and level of assistance required | Type of transfer | Equipment |

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| **VEHICLE TO CHAIR or VEHICLE TRANSPORT** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One support worker is required for the cradle lift and two for the top and tail lift  Dependent  One support worker is required for the cradle lift | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

The family have a modified vehicle which allows manual wheelchair access.

It is recommended that as the safest option, XXXX travels seated in the manual/powered wheelchair including appropriate postural seating (headrest, seat belt and chest harness). Additionally, vehicles must also have appropriate legal occupant and wheelchair restraints; e.g. when travelling with his family or in an access taxi/DECD/approved school bus.

Please note for safety reasons trays and other mounted items (communication devices) must be removed from any wheelchair and stored securely.

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| Situation | Comment |

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| **MOBILITY INDOORS** | |
| *(e.g. use of sticks, stairs, steps, negotiation of furniture, varying floor covers)* |  |
| **MOBILITY OUTDOORS** | |
|  |  |
| **SPECIAL EQUIPMENT** | |
| *(e.g. wedge, standing frames, walkers, splints, wheelchairs)* |  |
| **OTHER** | |
| *(e.g. information related to additional repositioning)* |  |

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| General supervision for safety |

Staff members will:

* routinely talk to the child through the transfer or positioning
* *seek the child’s permission* to the degree possible and
* *maximise choice and cooperation*.

**Communication by support worker Communication by child**

Simplify instructions/use key words  Language

Use picture cues:  Gesture

Other (please specify) - give her two physical choices  Behaviour

Other (specify below)

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| Learning targets: specific strategies and assistance |

Increasing independence

Participating with her peers in a play environment

Other (please specify) -

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| Documentation |

* Staff can be requested to document observations to assist review of this plan.
* Staff must immediately advise their site manager, family and physiotherapist if transfers or positions change and become unsafe.

Complete attached proformas

Other (*please specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Additional information attached to this care plan |
| Further information regarding transfer/positioning for this person  Risk assessment information  Safe use of harness  General information about this person’s care needs  Transfer and positioning log  Other (*please specify*) |
| Recommended training for support workers undertaking this TPCP |

General manual handling training (arranged through employer as part of WHS requirements)

General Transfer and Positioning Support Training:

* Completion of the DECD chess Health Support Planning Training Module – Transfer and Positioning Support (TAPS). <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/personal-care/transfer-and-positioning>
* Novita Children’s Services Central Intake Team (1800 337 443) can provide information about general transfer and positioning training on a fee-for-service basis. <https://www.novita.org.au/training/taps-workshop/>
* CHG group can offer tailored made training <https://chg.net.au/training/create-a-safe-workplace/manual-handling-and-manual-task-safety/>

1:1 training support person(s)

1:1 training with child/support person(s)

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| **This plan has been developed for the following services/settings:** |
| School/Education  Childcare  Respite Accommodation  Transport  Outings  Work  Home  Other (*specify below*) |
| **AUTHORISATION AND RELEASE:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  C:\Users\John\Desktop\Private Practice\LOGO\mm_logo_x (1).gif  **John Drysdale, MAPA (Physiotherapist and Director)**  Movement Matters: Physiotherapy for Children  **m:** 0457 225 152  **e:** [**john@movementmattersphysio.com.au**](mailto:john@movementmattersphysio.com.au)  [www.movementmattersphysio.com.au](http://www.movementmattersphysio.com.au/)  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***I have read, understood and agreed with this Plan and any attachments indicated above.***   * ***I approve of the release of this information to supervising staff and emergency medical personnel.*** * ***I am aware that this Transfer and Positioning Care Plan becomes null and void when Movement Matters Physiotherapy for Children ceases to be involved with my child.***   **Name Parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |
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| Hydrotherapy/Pool information |

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| Situation and level of assistance required | Type of transfer | Equipment |

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| **CHAIR to CHANGE TABLE** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One carer is required for the cradle lift and two for the top and tail lift  Dependent  Indicate whether one, two, or three adults to assist: | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

|  |  |  |
| --- | --- | --- |
| Situation and level of assistance required | Type of transfer | Equipment |

|  |  |  |
| --- | --- | --- |
| **TRANSFER INTO POOL** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One carer is required for the cradle lift and two for the top and tail lift  Dependent  Indicate whether one, two, or three adults to assist: | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

|  |  |  |
| --- | --- | --- |
| Situation and level of assistance required | Type of transfer | Equipment |

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| **TRANSFER OUT OF POOL** |  |  |
| Independent  Standby assistance required (for occasional interventions to support safety)  Cooperative assistance  One carer is required for the cradle lift and two for the top and tail lift  Dependent  Indicate whether one, two, or three adults to assist: | Top and Tail  Cradle  Side to side  Standing transfer  Other  Mechanical | Hoist  Sling (specify below)  Slide board  Transfer plate/disc  Other (specify below) |

**Comment** *(e.g. in relation to communication, safety, comfort, dignity and learning)*

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| **This plan has been developed for the following services/settings:** |
| DECD swimming classes located at:­­­­­ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **AUTHORISATION AND RELEASE:** |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  C:\Users\John\Desktop\Private Practice\LOGO\mm_logo_x (1).gif  **John Drysdale, MAPA (Physiotherapist and Director)**  Movement Matters: Physiotherapy for Children  **m:** 0457 225 152  **e:** [**john@movementmattersphysio.com.au**](mailto:john@movementmattersphysio.com.au)  [www.movementmattersphysio.com.au](http://www.movementmattersphysio.com.au/)  ABN 42 161 869 841  Medicare Provider Number: 4632581A  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***I have read, understood and agreed with this Plan and any attachments indicated above.***   * ***I approve of the release of this information to supervising staff and emergency medical personnel.*** * ***I am aware that this Transfer and Positioning Care Plan becomes null and void when Movement Matters Physiotherapy for Children ceases to be involved with my child.***   **Name Parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Signature: Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_** |