** 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** |

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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 assistanceOne support worker is required for the cradle lift and two for the top and tail lift [ ]  DependentOne 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 assistanceOne support worker is required for the cradle lift and two for the top and tail lift [ ]  DependentOne 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)*

|  |  |  |
| --- | --- | --- |
| 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 assistanceOne support worker is required for the cradle lift and two for the top and tail lift [ ]  DependentOne 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)*

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

|  |  |  |
| --- | --- | --- |
| **CHAIR to CHANGE TABLE** |  |  |
| [ ]  Independent[ ]  Standby assistance required (for occasional interventions to support safety)[ ]  Cooperative assistanceOne support worker is required for the cradle lift and two for the top and tail lift [ ]  DependentOne 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 assistanceOne support worker is required for the cradle lift and two for the top and tail lift [ ]  DependentOne 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 assistanceOne support worker is required for the cradle lift and two for the top and tail lift [ ]  DependentOne 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 |

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

[x]  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/>

[x]  1:1 training support person(s)

[x]  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** [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 |

|  |  |  |
| --- | --- | --- |
| **CHAIR to CHANGE TABLE** |  |  |
| [ ]  Independent[ ]  Standby assistance required (for occasional interventions to support safety)[ ]  Cooperative assistanceOne carer is required for the cradle lift and two for the top and tail lift [ ]  DependentIndicate 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 assistanceOne carer is required for the cradle lift and two for the top and tail lift [ ]  DependentIndicate 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 assistanceOne carer is required for the cradle lift and two for the top and tail lift [ ]  DependentIndicate 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** [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.***
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**Name Parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature: Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**  |