** 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:

* Reading, acknowledging and demonstrating 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 – while ensuring that child/student/client safety, comfort and curriculum access is maximised.
* 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/student/client independence, this time will need to be negotiated with the staff.

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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: |  |
| 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 |

|  |  |  |
| --- | --- | --- |
| **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.***
* ***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: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**  |