** 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**](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: |  |
| 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 |

|  |  |  |
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| **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 |

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