



JOINT PROTOCOL

FOR THE

PROVISION OF EQUIPMENT

Revised APRIL 2014

CONTENTS

1. [INTRODUCTION](#)
2. [PURPOSE AND AIMS](#)
3. [ASSESSMENT AND PROVISION OF EQUIPMENT](#)
4. [MONITORING AND REVIEW](#)
5. [JOINT TRAINING & COMPETENCIES](#)
6. [FINANCIAL ARRANGEMENTS](#)
7. [SERVICE USER AND CARER INVOLVEMENT](#)
8. [COMMUNICATION](#)

APPENDICES

1. [Levels of access to equipment](#)
2. [Guidance for Hospital Based staff in the provision of equipment for discharge](#)
3. [Products requiring Authorisation](#)
4. [Activity analysis codes guidance](#)
5. [Agreed inter-agency agreements](#)
6. [competence framework](#)
7. [training module descriptors](#)
8. [Guidance on installation of grab rails](#)

1. INTRODUCTION

The Greater Glasgow Independent Living Equipment Service was first established in 2002 to respond to a number of key strategic requirements, including recommendations from 'Modernising Community Care – An Action Plan (1998)', the Report of the Joint Future Group (2000), and 'Equipped for Inclusion' Scottish Executive (2003).

More recent Scottish Government guidance such as the 'Guidance on the provision of Equipment and Adaptations – 2009' and the bill on Integrated Health and Social Care – Public bodies[Joint Working][Scotland] 2013 has further informed development of the Partnership's working arrangements.

The effective provision of equipment, as a means to support people to live safely within the community, and support timeous discharge, continues to be a priority for health and social care services.

- 1.1 The aim of establishing the service was to provide a coherent framework for the assessment, prescription and provision of equipment for service users within the NHSGG&C, Glasgow City and East Dunbartonshire Council areas. The service was joined by West Dunbartonshire Council on 1st April 2007 and further expanded to include East Renfrewshire and Renfrewshire, NHS and Council services, in 2008.
- 1.2 South Lanarkshire Council join the Partnership in April 2009 and it has been renamed as **Equipu** to reflect the scale of the expanded service. It is fully expected that the scope of the Partnership will provide a continuity and consistency of service across a significant proportion of the population of Scotland (26%).
- 1.3 The objectives of **Equipu** are to:
 - Establish an efficient, effective, centralised Service, which substantially improves the procurement, delivery, and maintenance of health and social work equipment, and establishes a robust operational management framework including the development, implementation, and monitoring of a bespoke IT system.
 - Develop, implement and monitor an inter-agency agreement (Joint Protocol) across the Partners, to ensure a robust and consistent approach to the assessment of need and prescription of equipment, simplifying service pathways across geographical boundaries.
 - Promotion of joint working and partnership approaches in the assessment and prescription of equipment in the context of wider service provision for all care group services including Children's Services, Learning Disability, Mental Health, Physical Disability, Older People, Homelessness, Addictions and Sensory impairment.

2. PURPOSE & AIMS

- 2.1 The purpose of this Protocol is to build on previous Partnership work to provide a joint inter-agency agreement defining the arrangements between the Partners in terms of the roles and responsibilities of staff and their managers, and the processes for assessment, prescription, and provision of equipment.
- 2.2 Specifically, the Joint Protocol seeks to prevent duplication in the assessment process by allowing staff to directly access equipment without having to refer to another practitioner, and widen access to equipment in the service pathway (allowing other staff to order equipment) so that service users and their carers receive equipment far quicker and more effectively. This should result in the following outcomes:
- Streamline the access to service provision
 - Improve the speed, efficiency and effectiveness of service delivery
 - Maximise the use of resources

In addition it provides a jointly agreed framework to guide future decision-making on the provision of equipment, and to deliver the procedures, which should be followed to ensure a multi-agency and multi-disciplinary approach.

- 2.3 The Protocol relates to the legislative framework in place on [new date], and supersedes all previous Protocols.

3. ASSESSMENT AND PROVISION OF EQUIPMENT

Assessment

Good assessment practice is fundamental to the provision of an effective equipment service. This should be in the context of promoting independence, and should balance risk with the need to maximise functional potential and avoid over-prescription. Equipment can compliment a range of needs and interventions including rehabilitation and the management of conditions, and should be viewed as integral to the delivery of wider service objectives.

Substantial work has been done since the inception of the first Protocol, in 2002, to extend staff roles and move away from traditional professional boundaries, and service arrangements, which acted as a barrier to effective equipment service provision.

- 3.1 In the Equipu Partnership arrangements, assessment and provision of equipment is recognised as the responsibility of all care groups and services, as a means of supporting overall service delivery. Staff should therefore not be viewed as 'orderers of equipment', but as assessing and providing equipment to compliment their interventions and/or supporting wider service goals e.g. facilitating hospital discharge.
- 3.2 Service users and their carers require to be fully involved in the assessment process and it is essential that there is an outcomes focus to the assessment with clear goals identified, agreed, and recorded, with the provision of the equipment seen as a

'means to an end' rather than being 'an end in itself'.

- 3.3 The principal of 'minimum intervention, maximum independence' shall underpin every assessment. Alternative methods of managing should have been tried and found not to be successful and preference alone should in no way influence the type of provision.

Roles and responsibilities

- 3.4 Via the Joint Protocol arrangements, staff within Care Group services (including physiotherapists, nurses, occupational therapists and related support staff) can access a wide range of equipment relevant to the type of service they are providing, and not based on professional or agency boundaries. Other professions are not precluded from this access and the number of Social Care qualified/unqualified staff who currently access the system, is expected to grow over time. These arrangements ensure that staff can access the Equipu ordering arrangements directly, without having to refer on to a separate agency or professional group to order on their behalf. Work in 2011-2013 further extended access to a wider range of equipment. This has resulted in most equipment, being accessible to most of the staff who have access to Equipu. **Appendix 1** details the access arrangements.
- 3.5 Provision of equipment differentiates between meeting straightforward, non-complex needs (Standard provision), and where a specialist assessment is required to meet complex and/or high risk needs (Specialist provision). Through good assessment practice and by evidencing their reasoning, staff will be able to establish what the risks are around the provision and consider their own competence to meet these needs. This approach is therefore not dependent on the type of equipment being provided, as:
- some complex equipment (e.g. hoists) can be provided in a straightforward manner without fear of risk, if the service user and/or carers are familiar with that equipment and there are no other risk factors:
 - some very simple non mechanical equipment can pose significant risk if not provided with due consideration of the potential hazards (e.g. bath boards).

It is expected that the majority of provision can be met directly by staff who originally identify the equipment needs, however if the member of staff does not feel competent due to the complexity of needs falling within an other professions expertise, they will refer to that service for an assessment. The referral should not prejudge what the outcome of that may be e.g. this should not be a 'prescriptive referral' for a certain type of equipment, but identify the needs that require to be met.

- 3.6 Designated staff (occupational therapists, physiotherapists, liaison nurses, and staff within multi-disciplinary discharge teams) working within hospital based settings, are providing equipment for 'safe discharge', for service users that they have worked with and provided a service to. Ongoing community needs require to be referred to appropriate community services. Therefore although hospital based staff can access a wide range of equipment they will only provide what is appropriate to support the service user to safely return to the community. In addition, hospital staff require to refer to relevant community staff for the assessment and ordering of specialist equipment i.e seating (there will be circumstances where joint working should prevail and the expertise of the hospital specialist should be utilised along side the skills of the community professional to meet the needs most effectively e.g. service users with Spinal injuries , Children, Learning disability or requirement for equipment for use

within planned adaptations related to discharge) A standard referral form has been agreed across the Partners for use by all hospital based OT staff when referring out to community services (**Appendix 2**). A children specific version is included within Appendix 13.

3.7 Staff who assess and order equipment are responsible for demonstrating the correct use of the equipment and satisfying themselves as part of the assessment process that the equipment meets the assessed needs and the service user is safe in its use. Only at this stage can the full assessment process be concluded. If there are any concerns then the member of staff should not provide the equipment, and if necessary remove it from the home (or arrange uplift) and will record in their relevant paperwork the reasons for this.

3.8 For those staff working within hospital services and where the patient's situation and equipment provision is non-complex the duty of care for checking the suitability of prescribe equipment post discharge remains with the assessor provider. For more complex situations and where follow-up intervention needs to take place the checking role may be delegated to appropriate community based staff where agreement has been made for this.

The following **Appendices [10-14]** show the Service Pathway flowcharts for existing agreements and may include the relevant post codes to which hospital staff may travel to carry out checks.

- West Dunbartonshire Council
- East Renfrewshire Council
- Renfrewshire Council
- South Lanarkshire Council
- Hospital and Community Children's services.

3.9 There are some variations to the above arrangements as detailed below:

- **A Discharge equipment** ordering guide for hospital based staff has been developed to clarify the responsibilities of nurses, Physio, OT staff and community nursing staff in the assessing and ordering of moving and handling equipment, beds and mattresses for discharge. Community nurses are key providers of equipment for discharge and require to provide this role where required, irrespective of whether service users have been previously, or will be, known to them.

Hospital based nursing staff require to ensure appropriate information is provided to community nurses to allow them to deliver this role effectively. **Appendix 3** outlines the processes and requirements.

- **Hospital based Children services staff** can assess for and order Core and Specialist equipment through Equipu but they require to work very closely with their Community based colleagues to effectively meet children's needs in respect of more complex cases

Due to the wide geographical area hospital staff cover they are not expected to carry out physical visits to check equipment ordered in non-complex cases and this function is referred to community staff unless a phone call suffices. At discharge into the community complex cases will be dealt with jointly by hospital and Community SW staff and the most appropriate OT will follow through into the community.

Appendix 14 indicates the referral flow charts from Hospital/Community Children's services to SW OT.

- **Education services** – OT and Physio staff working within educational establishments can directly order equipment for use by children while at school. Assessment, fitting and checking is the responsibility of the prescriber [See Education Protocols **Appendices 15 and 16**]
- **Hospital based regional services** –OT staff based in these specialist service areas may sometimes require to forward referrals for assessment to their community colleagues as they may be best placed to take forward the more complex needs of these service users returning to the community.

Ordering equipment

- 3.10 Where staff identify that a service user requires equipment, they will access the core Equipu catalogue via the Equipu web based ordering system. In emergency situations e.g. when systems are 'down' staff may phone, e-mail or fax the store with requests.
- 3.11 Where necessary, staff will be able to directly order online more specialist equipment not held as core stock via the non-stock order arrangements, and access recycled versions through the online non-stock catalogue. It is the responsibility of the prescriber to clearly specify the non-stock equipment required including manufacturer, model type, number, name, etc. All non-stock orders must be authorised by the designated authorising line manager according to the hierarchy arrangements (see section on Financial arrangements below). **Appendix 4** lists the types of equipment that require authorisation.
- 3.12 When staff order equipment they will identify the *care group* and the *reason for provision* (**Appendix 5**). They will also indicate the *assessed priority of need* (**Appendix 6**)
- 3.13 It is the responsibility of the member of staff who assesses (the prescriber) to ensure that the details provided are accurate and specific instructions with regard to the installation/positioning, size etc are given. The specifications for the fitting of grab rails **Appendix 9**
- 3.14 The prescriber will specify the timescale required for the delivery of equipment within the following categories:-
- 4 hours (e.g. urgent hospital discharge, urgent repair, replacement),
 - Criteria – order must be received before 12 noon (Friday 11 am) to be delivered same day.
 - Prescribers must only use this category for emergency provision.
 - Standard Delivery (all other orders),
 - *Criteria* – orders must be received before 2 pm for next day delivery.
 - Prescribers have the option to select the most suitable day for delivery based on the service user's availability and the urgency of the provision. Prescribers are encouraged not to immediately take the next day/next available day unless essential, as this allows better management of available slots for delivery within the online ordering system..

4 MONITORING, REVIEW and SUPPORT

4. The Operational Development Group [ODG] is representative of all of the agencies involved in the process has the responsibility for overseeing the development, implementation and monitoring of the Protocol. This Group will report directly to the Equipu Steering Group for final approval of all recommendations.
 - 4.1. The ODG as part of its wider service monitoring role will:
 - Monitor the implementation of the arrangements set out in this Protocol.
 - Consider and develop new arrangements as required to ensure the Protocol continues to meet the needs of developing services.
 - 4.2. The Equipu Project Manager will have overall responsibility for advising staff and managers in the application of the Protocol arrangements and supporting the resolution of queries.
 - 4.3. The Equipu Project Team Professional Lead will have the responsibility for the development, delivery and evaluation of the joint training modules to support staff and managers in meeting their roles and responsibilities.

5. JOINT TRAINING & COMPETENCIES

Staff across services who are involved in identifying equipment needs should be trained to assess and provide a wide range of community equipment irrespective of their own professional background. This will ensure that service users and their carers get access to equipment more quickly and effectively without the need for additional assessment unless the complexity of their needs requires a referral for a specialist assessment. In addition a range of specialist modules are available to support staff who require to provide equipment to meet more complex needs.

- 5.1 There is a requirement to ensure that staff in all of the agencies involved in implementing the Protocol fully understand its implications for their working practices, including joint working practice. Training modules cover the aims of the Joint Protocol to provide this context for all training.
- 5.2 The training strongly emphasises good assessment practice and encourages prescribers to consider their reasoning for provision, contraindications, recording of decision making, and encourages avoidance of over-prescription. The training has been developed based on the Equipu competency framework (**Appendix 7**)
- 5.3 A number of specific training modules have been devised and are delivered via a year round programme (**Appendix 8**). All Partners require to ensure that their staff access the Core training module as a minimum, and any additional specialist training modules, relevant to their service needs.
- 5.4 The equipment training is delivered by a joint team of practitioner trainers from across professional and agency services, which again enhances the joint working ethos. It is expected that Partners will ensure that their service areas all contribute to the

provision of appropriate staff to act as trainers and support the delivery of the training programme.

- 5.5 A list of 'Practice guidance' documents on a range of topics is available on the Equipu website under the 'Reports and documents' section.

6 FINANCIAL ARRANGEMENTS

- 6.1 The equipment staff choose to order for their service users is charged directly to that service's budget irrespective of what type of equipment has been selected. There are a small number of exceptions to this, which are referred to below:

- Arrangements have been set in place to allow hospital based OT staff to directly order against relevant community budgets for some Partners (West Dunbartonshire, East Renfrewshire, Renfrewshire, and South Lanarkshire). Guidance for staff on using the required 'cross-prescriber' functions is on the Equipu system under 'Reports and documents'.
- Learning Disability OT staff expenditure drops against the relevant local authority budget;
- Children's specialist services OT staff also spend against relevant local authority budgets.

All services are expected to take full responsibility for the monitoring and supervision of their Equipu expenditure, irrespective of which budget the charges will drop from, and work to agreed budget arrangements and constraints for each relevant service area.

- 6.2 Equipment, which requires authorisation from designated line managers, is detailed in **Appendix 4**. Managers who authorise are taking full accountability for the equipment ordered by their staff, from a competency and financial basis, irrespective of which services budget will pay for the equipment.
- 6.3 Four weekly monitoring reports provide managers with detailed information on the expenditure by their staff. The Activity sheets name staff who have ordered and describe the types of equipment selected. This information allows managers to monitor the appropriateness of their service usage, and expenditure by others against their budgets.
- 6.4 Any concerns or queries regarding budgetary expenditure should be directed to the Equipu Project Manager.

7 SERVICE USER AND CARERS

Service users and carers require being fully involved in all aspects of the assessment of needs related to the provision of equipment.

- 7.1 Where staff require to provide equipment that will be used by carers (e.g moving and handling equipment – hoists, Stedys, Crickets..), then the member of staff will only do so following a full assessment of need which encompasses risk assessment. If, having carried out their assessment, they feel it is appropriate and safe to provide the

equipment e.g. there are no risks either related to the promotion of the independence of the service user, the physical home environment, lifestyle within the home, cognitive/physical issues of the carers, then it is the responsibility of the assessor to demonstrate the equipment and ensure the people using the equipment are safe in it's use. If there are concerns highlighted by the process above then the member of staff should not provide the equipment and record in their notes their reasons for doing so.

- 7.2 Individual agencies have different arrangements in the provision of support for carers. Staff should sign post carers to their local carers centre to establish if additional support is available to them. This may include training on generic Moving & Handling which would support them to build knowledge, understanding and confidence in all aspects of moving and handling (note this is not equipment specific).
- 7.3 Information should be actively sought from service users and carers on the outcomes from service provision. The Joint Protocol Group should work jointly with the Operational Development Group to develop and implement mechanisms which will systematically seek to gather relevant data which would support evidencing the difference being made by the provision of equipment.

8 COMMUNICATION

- 8.1 It is the responsibility of all Partners to ensure the aims and arrangements developed through the Joint Protocol are systematically communicated to staff and managers to ensure effective implementation.
- 8.2 The Equipu Project Manager will support Partners in all relevant communication around the Protocol and will actively engage with all care groups/service areas on an ongoing basis to clarify agreed arrangements.

EQUIPU EQUIPMENT ACCESS	
CATEGORY OF EQUIPMENT	LEVEL OF ACCESS
BATHING AND SHOWERING	
Bath boards	STANDARD ACCESS
Bath lifters & swivel bathers	STANDARD ACCESS
Bath seats	STANDARD ACCESS
Bath steps	STANDARD ACCESS
Shower Chairs, Boards, Seats (incl. mobile)	STANDARD ACCESS
<u>Bedroom</u>	
Bed Elevators	STANDARD ACCESS
Bed Raisers	STANDARD ACCESS
Beds	
- Standard	STANDARD ACCESS
- Specialist	STANDARD ACCESS
Cot sides	STANDARD ACCESS
Mattresses	
- Standard (includes cut foam/repose)	STANDARD ACCESS
- Specialist (dynamic /alternating cell)	SPECIALIST PROVISION – NURSING STAFF ONLY
CHAIRS	
Chair Raisers	STANDARD ACCESS
Cushions	STANDARD ACCESS
Riser/Recliner Chairs- RECYCLED ONLY	STANDARD ACCESS END OF LIFE CARE ONLY
Specialist seating	SPECIALIST - OT or PHYSIOTHERAPIST

HOUSEHOLD AND PERSONAL CARE	
Perching Stools	STANDARD ACCESS
Trolleys	STANDARD ACCESS
Small equipment for food preparation, feeding and personal care	STANDARD ACCESS
MOBILITY EQUIPMENT	
Mobilators	STANDARD ACCESS
Small walking Aids e.g. sticks	STANDARD ACCESS
Walking Frames [including wheeled]	STANDARD ACCESS
Walkers[3/4 wheeled for outdoor use]	SPECIALIST PROVISION – PHYSIO STAFF ONLY
Standing frames	SPECIALIST PROVISION – PHYSIO STAFF ONLY
MOVING AND HANDLING	
Hoists	STANDARD ACCESS
Slings	STANDARD ACCESS
Transfer boards-slip mats	STANDARD ACCESS
RAILS	
Grab rails	STANDARD ACCESS
Newel rails etc	STANDARD ACCESS
Paediatric equipment	
Bathing/shower	STANDARD ACCESS
Toileting	STANDARD ACCESS
Seating	STANDARD ACCESS
Walking	SPECIALIST PROVISION – PHYSIO STAFF ONLY
Standing frames	SPECIALIST PROVISION – PHYSIO STAFF ONLY
TOILETING	
Commodes	STANDARD ACCESS
Raised Toilet Seats	STANDARD ACCESS
Toilet Frames	STANDARD ACCESS
Urinals	STANDARD ACCESS

SENSORY IMPAIRMENT EQUIPMENT.

A limited range of Sensory Impairment equipment is 'standard access' for all staff who have completed Equipu SI training and are competent to carry out the assessment and provision

Visual Impairment equipment

Large faced watch	STANDARD ACCESS
A5 Writing frame and signature guide	STANDARD ACCESS
Liquid level indicator	STANDARD ACCESS
Large Dossett box	STANDARD ACCESS
White support cane	STANDARD ACCESS

Hearing Impairment Equipment

Loud or flashing door bell	STANDARD ACCESS
Telephone flash	STANDARD ACCESS
Telephone amplifier	STANDARD ACCESS
TV amplifier	STANDARD ACCESS
Smoke alarm	STANDARD ACCESS

Assessment for equipment intended for clients with more complex needs should be referred to the Specialist Teams

Extended range of :-

Clocks[incl. talking clocks]

Watches

Communication and Alert Systems

Keyboard accessories

Writing Frames and Guides

Cooking/Kitchen Accessories

Lighting

Eye shields and magnifying equipment

Long and guide canes

Telephone & Accessories

**SPECIALIST PROVISION SENSORY
IMPAIRMENT STAFF ONLY**

GUIDANCE FOR HOSPITAL BASED STAFF

Provision of equipment for discharge

The purpose of the attached guidance is to help support effective communication between Acute and community based staff around the provision of community equipment. This guidance has been developed in conjunction with community and Acute based managers and their representatives via forums set up by Equipu. The key theme is to support discharge by clarifying responsibilities and processes in equipment provision, ensuring that the focus can be on determining appropriate equipment to meet the patients' needs and to promote functional ability. The context for the provision of the equipment needs to be fully considered, with appropriate balancing of risk with the need to maximise the functional potential of patients and minimise over-prescription.

The guide also clarifies that Acute OT and Physiotherapy staff can only assess and order equipment where they are actively working with the patient, and where there are no specialist solutions required for tissue viability. In such cases hospital based nursing staff will directly liaise with community nursing staff.

The role of hospital staff is to assess for equipment which will support the provision of ongoing healthcare/treatment within the community (which may be by Homecare, nursing staff, carers) and to actively involve community staff colleagues at the earliest point providing appropriate information to assist them in the ordering and provision of the agreed equipment.

The guide also refers to the need to reflect on whether the identified equipment is essential at the point of discharge or whether an assessment for this equipment within the home environment by community staff on discharge, could facilitate more effective identification of wider needs balanced by the anticipated risks - an example of this may be with palliative patients who may want to be in their own bed but a hospital bed has been recommended at discharge.

This guide will be supported by ongoing training and awareness in best practice in the assessment of equipment needs, and also by a commitment to effective joint working across all our service areas to achieve the best outcomes for patients.

Any questions regarding this guide should be directed via your line managers to :

**Provision of equipment for discharge to support patients in the Community
Guidance for hospital based staff**

1 EQUIPMENT ORDERING PROCESS

Hospital OT or Physio currently working with patient

NO

Ward nursing staff

- Assess and agree equipment needs (using 'checklist' below), and discuss if necessary, with other relevant professionals (e.g. Physio)
- Check that discharge plan is being put in place as early as possible.

YES

Need for dynamic/alternating cell mattress identified by ward nurses

YES

- 2 EQUIPMENT ASSESSMENT CHECKLIST**
- Equipment cannot be ordered unless the following information is provided:
- ✓ Confirm why the equipment is required – how will it support the patient?
 - ✓ Confirm that you have considered standard equipment e.g. bed raisers instead of a bed; air-filled instead of alternating cell mattress (seek advice from TV advisor).
 - ✓ If Moving and handling equipment will be required, confirm if the patient is non-weight bearing, or weight bearing. (seek advice from M&H advisor)
 - ✓ Confirm that the patient (and their family), agree with the equipment to be provided.
 - ✓ Consider whether the equipment will be suitable to the person's home e.g. clarify with patient/family/patient's records. (Ward staff will need to link with community nurses to confirm suitability).
 - ✓ Confirm who will use the equipment.
 - ✓ Confirm how long you expect the equipment to be used.
 - ✓ Confirm GP details

NO

OT/ physio staff will assess equipment needs to support rehab

Homecare to provide services following discharge?

- OT/physio/ward nurse to liaise and advise of aims and purpose of equipment provided.

** Note: Homecare staff cannot order equipment for discharge purposes.*

- Ward Nurse to refer to Community nursing staff via telephone and both agree what equipment to be ordered, and when e.g. it may be agreed that patient is discharged on the basis that the community nurse will assess the specified equipment needs as soon as the patient is returned home.
- The community nurse will order equipment, and liaise with ward staff over delivery arrangements for discharge, and follow up with check visit.

OT/physio staff to order equipment

*** ALL STAFF - PLEASE ENSURE PART 2 DISCHARGE LETTER/TRANSFER PLAN IS FULLY COMPLETED**



Roles and Responsibilities for staff assessing and providing equipment for hospital discharge

The provision of equipment to facilitate safe discharge depends on effective communication between Ward nursing staff, Occupational Therapists, Physiotherapists and Community Nursing services. When no hospital OT or Physiotherapy staff are involved, the communication will be between ward nursing staff and community nursing services.

Discharge planning should commence as soon as possible after admission.

Ward Nursing staff

Ward nursing staff will assess the need for all equipment. Consideration needs to be given to assessments which would be more appropriately carried out post-discharge. In order to identify appropriate equipment needs this may include liaison with other professionals such as TV advisor, or Moving and Handling specialists. None of these staff can directly order equipment themselves. Family and carers should also be consulted.

With reference to the 'Equipu Discharge Check List' ward staff will provide the following clinical and care information necessary for community nursing staff to order and provide equipment.

- Relevant clinical/ medical information and personal information [incl. GP]
- The current manner in which patients are being assisted to transfer on/off bed/ chair/ toilet/ shower on the ward, if relevant
- The equipment used with patients on the ward i.e. hoist/ slings/ walking aids/ wheelchair/ any physical assistance.
n.b. ward equipment may not be suitable in the home environment and appropriate alternatives must be considered which will meet the need.
- List of the equipment required and confirm that the patient and family understand the reasons for the equipment and are in agreement with its provision.
- Confirmation that statutory care providers understand the reason for the provision and are in agreement with the equipment to be provided.
- Provide relevant Information about the home environment - community nursing staff may need to confirm suitability in the absence of family where appropriate.
- Provide Information about discharge arrangements and including the access arrangements for equipment delivery
- Confirm who will use the equipment
- When **dynamic mattresses** are required ward staff will refer **all** equipment needs to Community Nursing Services to ensure effective provision and follow-up.

* Additional information may be required as per the 'Equipu Discharge Checklist'

Occupational Therapy staff

Definition of OT involvement with patients: - An OT assessment has been concluded and there is current ongoing intervention.

Please note:-

1. The OT may have been asked to screen the patient to establish if OT input is required. This does not constitute assessment and intervention.
 2. OT staff will have no involvement in the equipment provision process unless an OT assessment has been concluded and there is current ongoing intervention.
- When an OT is involved they will order **all** the equipment assessed as essential for a safe discharge including:- Moving and Handling equipment, beds and mattresses or equipment to aid independence in daily living
 - The exception to this is where **dynamic mattresses** are required. In these circumstances ward staff will refer all equipment needs to Community Nursing Services to ensure effective provision.
 - OT staff will order and be responsible for the check visit/ phone call for the equipment they have prescribed unless there are community staff

Physiotherapy staff

Definition of physiotherapy involvement with patients: - A physiotherapy assessment has been concluded and there is current ongoing intervention.

Please note:-

1. The physiotherapist may have been asked to screen the patient to establish if physiotherapy is required.
This does not constitute assessment and intervention.
 2. Physiotherapy staff will have no involvement in the equipment provision process unless a physiotherapy assessment has been concluded and there is current ongoing intervention.
 3. When a physiotherapist and OT are both involved with a patient there needs to be discussion and **agreement** about who will order the equipment in the first instance. As with any other intervention the most appropriate person should lead on this.
- When an physiotherapist but no OT is involved they will order **all** the equipment assessed as essential for a safe discharge including:- Moving and Handling equipment, beds and mattresses or equipment to aid independence in daily living
 - The exception to this is where **dynamic mattresses** are required. In these circumstances ward staff will refer all equipment needs to Community Nursing Services to ensure effective provision.
 - Physiotherapy staff will order and be responsible for the check visit/ phone call for the equipment they have prescribed unless there are community staff who have agreed to fulfil this role as part of ongoing intervention.
 - Physiotherapy staff will ensure that statutory care providers understand the reason for the provision and are in agreement with the equipment provided.

Community nursing staff

Community Nursing Services will receive referrals from ward nursing staff for equipment to facilitate a safe discharge. Consideration needs to be given to assessments which would more appropriately be carried out post-discharge, in order to most effectively clarify the service user's needs

Community nursing staff will discuss the proposed equipment with the ward nursing staff and agree the provision jointly, as per the 'Equipu discharge checklist'

Community Nursing Services must be provided with the following essential information:-

- Relevant clinical/ medical information and personal information [incl. GP]
- The current manner in which patients are being assisted to transfer on/off bed/ chair/ toilet/ shower on the ward, if relevant
- The equipment used with patients on the ward i.e. hoist/ slings/ walking aids/ wheelchair/ any physical assistance. N.b. ward equipment may not be suitable in the home environment and suitable alternatives must be considered which will meet the need.
- A list of the equipment required and confirm that the patient and family understand the reasons for the equipment and are in agreement with its provision.
- Information that confirms that statutory care providers understand the reasons for the provision and are in agreement with the equipment provided.
- Relevant Information about the home environment
- Information about discharge arrangements including the access arrangements for equipment delivery
- Confirmation about who will use the equipment.
- When **dynamic mattresses** are required ward staff will refer **all** equipment needs to Community Nursing Services to ensure effective provision and follow-up.
- Community nursing staff will carry out check visits/ telephone checks where appropriate, dependent on the risk associated with the provision.

EQUIPU DISCHARGE INFORMATION CHECKLIST FOR EQUIPMENT PROVISION

IT IS ESSENTIAL THAT THE FOLLOWING INFORMATION IS PROVIDED TO COMMUNITY NURSING SERVICES BY WARD NURSING STAFF TO FACILITATE A SAFE DISCHARGE:-

• Why is the equipment needed?	
• When is the equipment needed?	
• What is the equipment?	
• Who will use the equipment?	
• Have the patient and family agreed to this equipment?	
• Is the house suitable?	
• Is space available?	
• Is the patient able to weight bear?	
• If requesting a sling what size and type	
• Are there current identified risks that should be highlighted to staff?	
Delivery notes :-	
▪ Do family need to be notified for access?	
▪ If so what phone number is to be used?	
▪ Are there stairs inside or outside the house?	
▪ Any issue the driver should be made aware of?	
• Name of the registered nurse who has assessed the patient for this equipment?	
• Expected delivery date?	
• Name of ward staff informed?	
▪ Date of visit to check equipment if required?	

EQUIPU - PRODUCTS THAT REQUIRE AUTHORISATION

Product name

Electric specialist Mattresses & pumps

Dynamic alternating cell - overlay - Pressure relieving mattress.
 Dynamic Alternating Cell - Replacement mattress – MEDIUM/HIGH RISK
 Pump - Dynamic Alternating Cell overlays and replacement mattresses
 Pump - Dynamic Mattress

Beds

Bed - Electric Powered Profile, with Cotsides and Lifting Pole complete. - Order Mattress separately.

Hoists and stand aids incl slings

Hoist - Oxford electric – major
 Hoist - Oxford electric – midi
 Hoist - Oxford electric – mini
 Hoist - Oxford hydraulic major
 Hoist - Oxford hydraulic midi -
 Hoist - Oxford hydraulic mini-
 Hoist – Parkhouse Parklite
 Hoist – Days Casalift
 Hoist – Invacare Birdie
 Hoist Chargers - general
 Standard-patient stander - electric - complete
 Stand Assist - Woodall Kjaerulff Mini Lift
 Hoist/standard slings

***ALL REQUESTS FOR AUTHORISATION
 FOR ANY OF THESE PRODUCTS
 SHOULD HAVE THE APPROPRIATE
 ASSESSMENT INFORMATION e.g.
 tissue viability, TO CONFIRM
 RATIONALE FOR THE REQUEST***

Mattresses elevators and pillow lifters

Mattress Elevator - Dream-Master including Light version
 Universal Mattress Elevator - Unsuitable for beds with slatted base. Please specify single or double bed.
 Mattress elevator - rails
 Pillow lift.

Riser only chairs/riser-recliners/ standard Core seating

Riser Chair, Std. - Complete.
 Riser Chair, Std. Frame Only.
 Riser Recliner 18 Draylon - Frame Only.
 Riser Recliner 18 Draylon Complete
 Riser Recliner 18 Vinyl - Frame Only.
 Riser Recliner 18 Vinyl Complete.
 Accora configura riser/ recliner chair with postural support
 Accora Care chair

Moving & handling misc

Turning disk - metal base.
 Foam wedge
 Cricket
 Arjo stedy
 Patient turner

All special orders

Detailed as staff request each SO - will cover all types of equipment.

**Equipu Operational Development Group
Subject: ACTIVITY ANALYSIS CODES**

1. Background

As part of Performance framework for Equipu, it is essential that the Partners can easily identify where equipment provision is being targeted – which service areas, which service users and client groups.

The Scottish Government has also made clear its requirements, in terms of more detailed reporting of equipment provision.

The Equipu Hierarchy has made it much easier to identify activity within service areas, however additional work is required to confirm the types of needs being met.

2. Activity codes

To support these requirements, a short set of codes has been identified which have been added to the Equipu system, requiring staff to make a mandatory selection of one of these, at the point of order. These take the format of 2 drop down boxes, one of which confirms the ‘care group’ category that the service user comes under, and the other, the ‘reason’ for the need being met:

Codes:

Box 1: Care Group

Ch – Children (under 16)
OP – Older People
PD – Physical Disability
MH – Mental Health
AD – Addictions
HL – Homelessness
LD – Learning Disability
SI – Sensory Impairment
CA – Carers (unpaid)
OA – other Adult
HC – Home Care staff

Box 2: Reason

HD – Hospital discharge
PL – Palliative care needs
CP – Package of Care (financial)
PH – Prevention of hospital admission
MC – Maintain in the community
CA – to support carers personal needs
HC – Health & safety of Home Care staff
BA – Bariatric
DE – Dementia

3. Guidance on the application of the codes

Guidance on applying these codes is attached in Appendix A. Additional information on how this will appear on the system is provided in Appendix B.

Appendix A

Guidance note for the application of activity codes

1. Care Group

- Staff will select the care group from which the service user is primarily receiving services
- A category of 'other Adult' has been identified where a service user is under 65 and does not fit into other service groups
- The 'Carers' category applies only to unpaid informal carers (family members etc) and where their needs have been identified by way of a Carers assessment. see Reason code below
- The code for Home Care staff will only be used by them when they order for the provision of equipment for their own staff

2. Reason

- HD – Hospital discharge – this code will be used where the main reason for the provision of the equipment is to facilitate the discharge. This will be relevant for most discharge situations.
- PL – Palliative care needs – this code will be used where the main reason is to support a service user in terms of their palliative care needs. This could apply to both hospital discharge and community based service users.
- CP – Package of Care (financial) – this code would be used where the equipment being provided is supporting a service user within the context of a funded Care package. This could apply to both hospital discharge and community based service users. E.g. likely to apply where paid carers in place as part of commissioned package.
- PH – Prevention of hospital admission – this code is to be used where the aim of the provision of the equipment is to prevent imminent risk of the service user being admitted to hospital.
- MC – Maintain in the community - this code is relevant for most equipment provision within community services, where the equipment is being provided to enhance the service user's well being and independence, and support rehabilitation within the community.
- CA – this code is applicable where equipment is being provided for their own personal needs. Not those of the person they are caring for.
- HC – this code will only be used by Home Care staff where equipment has been provided to address Health & safety requirements of the Home Care staff.

Appendix B

System update for activity analysis codes

This update provides additional analysis codes for the making of an order. These codes will be used to provide reports on which care groups have ordered equipment and the reason that provision is made.

System Changes

The system has been updated on the **Delivery Address** screen where you are required to pick a delivery slot, add notes for the driver and indicate order priority. The screen shots below show an example of the update and the full list care groups and reason codes can be found in the Guidance notes that accompany this update.

The screenshot shows a web browser window titled "Delivery Address Confirmation". The page features the Equipu logo at the top, which includes the text "equipu" and "a social work and NHS service" next to a stylized icon of two figures. Below the logo is a section titled "Delivery Address" containing several sub-sections:

- 1. View Client Details**: A yellow-highlighted box containing the following information:
 - Name: equipu,
 - Name On
 - Door:
 - Address: Units 17-20 Baillieston Distribution Centre, Nurseries Road, Baillieston
 - Postcode: G69 4UL
 - Area: Glasgow
 - Telephone: 0141 270 2800
 - Fax: A209
- Temporary Override Address Field**: A section with instructions: "Please select an address from the dropdown box and choose 'View' to view the details. If you wish to Override this address select the 'Add Override' button." It includes a dropdown menu with "None Selected", a "View" button, and an "Add Override" button.
- 1a. Alternative Delivery Point**: A section with a dropdown menu showing "None Selected" and a "More Info" button.
- 2. Delivery Information & Notes**: A section header for the next part of the form.

The delivery screen starts as normal, fill in the details as required, selecting a delivery slot. When you get to section 4 on the screen, you will have to also select **Care Group** and **Reason**.

4. Priority

3

4a. Care Group

[Dropdown]

Note: You must select a Care Group to proceed

4b. Reason

[Dropdown]

Note: You must select a Reason to proceed

5. Prescriber Telephone Number

0845 270 2246

Note: You Must enter a valid Telephone Number to Proceed

6. Review Order Details

[Review](#)

Alternative Options:

[Order More](#) [Empty Basket](#) [Cancel](#)

The fields in section 4 are mandatory, so please make sure you make the appropriate selection or you order will not be allowed to be placed.

4a. Care Group

[Dropdown]

Note: You must select a Care Group to proceed

[Dropdown]

Note: You must select a Reason to proceed

5. Prescriber Telephone Number

0845 270 2246

Note: You Must enter a valid Telephone Number to Proceed

6. Review Order Details

[Review](#)

Select a care group that matches your client. The above screen shot is an example of the options that will be available and a full list is contained in the Guidance notes.

4. Priority	
3 ▾	
4a. Care Group	
<input type="text"/> ▾ Note: You must select a Care Group to proceed	
4b. Reason	
<input type="text"/> ▾	
HD - Hospital discharge MC - Maintain in the community CP - Package of Care (financial) PL - Palliative care needs PH - Prevention of hospital admission	Proceed
6. Review Order Details	
<input type="button" value="Review"/>	

Now select a **Reason** code, i.e. what is purpose of the provision of the equipment?
 The above screen shot is an example of the options that will be available and a full list is contained in the Guidance notes.

The order can then be completed using the **Review** button.

**GUIDANCE FOR THE APPLICATION OF PRIORITIES FOR EQUIPMENT PROVISION
ACROSS EQUIPU PARTNERS**

EVIDENCING THE REASON FOR ASSESSED PRIORITY	<ul style="list-style-type: none"> • Prior to Ordering/referral, these are the steps that require to be followed- <ul style="list-style-type: none"> - Explain within your own assessment, why you have allocated specific priorities for the provision of the equipment. - you need to show rationale for priority for the items (e.g. acute discharge, prevention of admission /deterioration) - you need to stipulate if other options/alternatives have been explored - advise if you have considered the criteria for the equipment <p><i>All of the above must be done in the context of holistic assessment:</i></p> <ul style="list-style-type: none"> • Holistic Assessment - (Physical, Mental and Social Well-being) <ul style="list-style-type: none"> - including knowledge of service user; home environment and face to face assessment - Risk assessment – person-centred assessment of risk needs to be included and outcomes detailed - Assessment Tools – staff should detail any relevant tools used e.g. ADL, environmental, cognitive, Waterlow, Assessment of Motor and Process Skills ... <p><i>Staff need to be clear about what will happen after they have ordered the equipment, or passed a referral on to colleagues in another agency, in order that they can effectively advise the client, and conclude their responsibilities:</i></p> <ul style="list-style-type: none"> • Care Planning <ul style="list-style-type: none"> - Detail what will happen next; who will be doing what (e.g. what agreements made). - detail what discussions have taken place with other services; what arrangements are put in place
APPLICATION OF ASSESSED PRIORITY	<p>Over and above the general guidance within the Prioritisation criteria, there is no simple formula for applying the Priorities. These have to be applied in the context of the assessment. If a thorough process of assessment has taken place (see above) the application of the priorities will be transparent.</p> <p>Key points:</p> <ul style="list-style-type: none"> • Priority should be allocated dependent on individual assessment – Holistic assessment acknowledging physical, mental and social well being. • It is essential to avoid blanket recommendations and generalisations– practitioners need to be evidencing recommendations effectively • Acute discharge/Prevention of admission etc – these should have equal weighting.
MONITORING THE USE OF PRIORITIES	<p>It will be essential that the application and use of priorities are monitored to provide information regarding effective practice and service user need</p> <ul style="list-style-type: none"> • The IT system will track application of the priorities and managers will be able to monitor the priorities being used to order different types of equipment, allowing them to : <ul style="list-style-type: none"> - support staff by identifying practice issues - critically analyse spend to inform budget setting and control of system - gauge outcomes for service users

Prioritisation Criteria

The following criteria are proposed to assist in identifying key factors to determine eligibility, and relative levels of priority. The examples shown for each level of priority are intended as illustrative only, and should not be interpreted as strictly definitive, due to the range of factors to be taken into account for each individual referral, from different disciplines (e.g. Nursing, OT, Physio...)

P1 Client or carer is at immediate risk (Physical/Mental Health)

Client unable to carry out essential daily activities with / without a carer. High probability of requiring admission to care if service not provided. Services essential to enable hospital discharge.

Example:

- Facilities to enable access to toilet
- Specialist equipment to avoid admission/re-admission & support discharge
- Repair of equipment / adaptation to avoid risk to health and safety

P2 Client or carer is imminently at risk (Physical/Mental Health)

Client **has difficulty** in carrying out **essential** daily activities, and has no regular support.

Reasonable probability of breakdown in living arrangements, if service not provided.

Services required to prevent deterioration in health

Services required to enable normal development of children

Time-limited response required by other agency – e.g. housing transfer requests.

Example:

- Needs for assisted access to bathroom / bedroom
- Specialist bathing facilities to manage health condition
- Specialist equipment to avoid deterioration of health
- Specialist facilities to assist children in normal day to day activity

P3 Safety and well-being of client / carer potentially at risk in normal daily activities

Client has difficulty in carrying out essential daily activities, **but has suitable support available.**

Facilities required to promote independence of disabled / elderly person

Facilities required to prevent needs for more costly alternatives

Example:

- Specialist bathing facilities
- Specialist equipment to support independence
- Kitchen adaptation to enable independent cooking

P4 Services to promote quality of life, additional to essential requirements

Example:

- Assisted access to garden area and other non essential areas of home
- Facilities to support recreational use of kitchen e.g. baking

Equipu - Competence Framework for Assessors in the provision of Community Equipment

1. Required Outcomes	2. Assessor Competencies	3. Identified NOS & KSF codes (N.B. HSC = Health and Social Care, GEN= General Healthcare Support, AHP = Allied Health Professional L= Work Effectiveness) KSF codes are in brackets
<p>'I (Service User) want an Assessor who:...'</p> <p>A - The Person</p> <ul style="list-style-type: none"> ...listens to me and is guided by what needs I feel are affecting my life... 	<p>An Assessor should be able to demonstrate:</p> <ol style="list-style-type: none"> Understanding of the impact of a range of functional impairments on the individual's lifestyle/preferred way of life The ability to elicit and check the individual's priorities and aspirations, with regard for their needs for autonomy and/or interdependence The capacity to listen to the individual's expressed preferences and choice, with respect for their values 	<p>HSC24 (core 6, level 2), HSC343 (HWB4, level 3), HSC344 (HWB4, level 3)</p> <p>HSC233 (HWB4, level 2), HSC35 (core 6, level 3)</p> <p>HSC21 (core 1, level 2), HSC24 (core 6, level 2), HSC233 (HWB4, level 2), HSC388 (HWB4, level 3)</p>
<p>B - The Task/Activity</p> <ul style="list-style-type: none"> ...appreciates what I want to be able to do now and my ambitions for the future... 	<ol style="list-style-type: none"> Understanding the meaning that different activities have as part of an individual's life roles That they can identify the component parts of a variety of activities Appreciation of the service user/carer relationship when different activities become difficult or impossible 	<p>GEN14m (HWB4, level 3), GEN15 (HWB4, level 2)</p> <p>HSC223 (core 3, level 2) HSC227</p>

<p>C – The Environment</p> <ul style="list-style-type: none"> • ...understands how equipment can help in different situations and environments... 	<ol style="list-style-type: none"> 1. That they can identify, and act on, a range of environmental barriers which impact on functional ability including physical, attitudinal, organisational, geographical and location (e.g. urban/rural) 2. Understanding of how different environments can affect the way different activities occur, including domestic, work, community, educational and institutional 3. Identification of environmental features which affect the way equipment is used 	<p>HSC235(HWB4, level 2), HSC372 (HWB4, level 3), HSC373 (HWB4, level 3), HSC383 (HWB4, level 3)</p>
<p>D – The Product/Equipment</p> <ul style="list-style-type: none"> • ...provides me with unbiased and appropriate information about equipment and other solutions that would suit me... 	<ol style="list-style-type: none"> 1. Awareness of products, solutions and information sources relevant to a variety of different personal needs 2. Awareness of different ranges of products in relation to the requirements of the task: <ol style="list-style-type: none"> a. e.g. availability of sensory impairment products, continence b. sources of supply, cost, potential for customising 3. Understanding of the technical specifications of products with regard to fitting, regulations, maintenance, health and safety 4. The ability to use flexible approaches to the way in which equipment supports a range of activities 	<p>AHP4 (HWB7, level 2) AHP5 (HWB7, level 2), AHP8 (HWB6, level 2)</p> <p>AHP4 (HWB7, level 2)</p> <p>AHP5 (HWB7, level 2)</p>

<p>E - Reasoning</p> <ul style="list-style-type: none"> ...works closely with me to explore a range of solutions in a logical way.... 	<ol style="list-style-type: none"> The ability to undertake systematic, client-centred and culturally sensitive assessments of the perceived problems and requirements The capacity to use reasoning and problem solving to identify creative solutions acceptable to client and organisation The ability to assess the degree of risk involved in using /not using equipment and the individual's response to it That they can accommodate an individual's personal and environmental potential for change which might impact on the preferred solutions The ability to access appropriate resources for evidence-based practice The capacity to reflect on, and evaluate, the impact of any intervention, in collaboration with service user, carers and self (e.g. incorrect issuing of equipment, recognising own learning needs) 	<p>HSC35 (core 6, level 3) HSC35 (HWB7, level 2) HSC450 (HWB2, level 3) GEN13 HSC33</p>
<p>F - The Process</p> <ul style="list-style-type: none"> ...provides me with an efficient, professional service and make sure that the equipment supplied meets my needs as long as I require it... 	<ol style="list-style-type: none"> Understanding of supply systems for equipment Awareness of local procedures for ordering, delivering and fitting equipment Knowledge of local procedures for maintaining, repairing and returning equipment Awareness of legal and ethical responsibilities including health and safety, risk management, eligibility criteria (Fair Access to Care Services) Awareness of relevant local policies and procedures, including arrangements to review provision and report equipment needs that are not being met 	<p>HSC243 HSC243 HSC22,HSC232,HSC240,HSC3117,HSC3118,HSC32, HASC395,HSC42,GEN3 HSC21, CU6</p>
<p>G - Professional Behaviour</p> <ul style="list-style-type: none"> works in a competent, safe and professional manner 	<ol style="list-style-type: none"> Understanding of relevant codes of conduct Understanding of boundaries to scope of practice and referral processes to other agencies Comprehension of legislation in relation to anti-discriminatory practice Awareness of the importance of maintaining up to date written records Awareness of need for Continuous Professional Development (CPD) to maintain TA competencies 	<p>HSC234, HSC3100,HSC3103,HSC433 HSC234, HSC3112,HSC3114,HSC3116, HSC452 HSC42, HSC434, CU6 HSC23,HSC242,HSC3110,HSC3119,HSC3120,HSC3122, HSC33,HSC43,HSC437,HSC439,HSC440,GEN12,GEN13, L20</p>

Equipu training programme example

Course Descriptors

The EQUIPU Training Programme supports the delivery of the Joint Protocol arrangements ensuring that staff across community based and hospital discharge service pathways are able to efficiently and competently assess and provide equipment without duplication and delays to service users. This allows staff, irrespective of historical professional and service boundaries, to access a range of equipment relevant to their service users needs without referring on to other services/professional staff.

Over recent years access has been extended, which has resulted in most equipment, being accessible to most of the staff that have access to Equipu.

The following training modules promote the increased competency that staff require to deliver an effective, efficient service.

All EQUIPU equipment training emphasises the need for minimum intervention, with the overall aim of maximising the service users own independence and highlights the dangers of over-prescription.

1. Core List Equipment – 2.5 hours

This is first level equipment training for all staff assessing and providing equipment via EQUIPU (OT, Nursing, Physiotherapy, rehab/support staff). This training provides an explanation of the context for EQUIPU and Partnership working arrangements and provides practitioners with an overview of all Core List equipment (assessment, demonstrating and installing (where relevant)).The equipment covered includes:-

Raised toilet seat	Toilet frame
Toilet Frame and raised seat	Commode
Shower board	Bath board
Bath seat	Static shower stool/ seat
Kitchen trolley	Perching stool
Adjustable over bed table	Chair and bed raisers
Bed levers(stick/ bed mate)	Easy bed rail for slatted beds
Transfer boards	Grab rails
Urinals	

2. Extended OT list – 2 hours

This module is provided generally for OT staff however due to role development this is also relevant for Nursing and Physiotherapy staff .It covers the assessment, demonstration and installation (where relevant) of the following equipment:

<i>Powered Bath lifts</i>	<i>Swivel bathers</i>
<i>Mattress elevators/Pillow lifter</i>	<i>Mobile shower equipment</i>
<i>Accora chair</i>	

3. Bath lifts and swivel bathers - 1.5 hours

This module has been devised mainly for **community nursing staff**, however can be appropriate as a refresher for health based OT staff. It covers the assessment, demonstration and installation of **bath lifts** and **swivel bathers**.

[N.b These 2 products are also covered in the Extended OT List training]

4. Person Assistive equipment /Beds and Mattresses Training Module

All day course

The Equipu Protocol streamlines equipment provision for clients, enabling Nursing, Physiotherapy and OT staff to provide specified equipment across professional boundaries rather than refer clients to another service for further assessment.

Covered are the assessment, demonstration and provision of key equipment used in the moving and handling of service users. Additionally covered are Beds, Specialised Mattresses and Cushions recommended in the maintenance of Tissue Viability. The course includes a presentation on provision and best practice in the use of specialised pressure reducing equipment with information on skin physiology and management.

The equipment is as follows:-

Sliding sheets	Sliding boards
Turning discs	Rota stands
Cricket	Stedy
Stand aid	Hoist/Slings
Repose Mattress/ cushion/ heel boots	Cut foam mattress [overlays/ replacement]
Dynamic alternating cell mattress/ overlays	Profiling beds

The course is NOT a Moving and Handling Course and staff are encouraged to follow the Moving and Handling guidance provided on mandatory courses already attended.

5. Assessment and Provision of Specialist Paediatric Bathing Equipment

The information covered in this module is now incorporated within the module on 'Assessment and Provision of Specialised seating for children'. See below for details.

6. Assessment and Provision of Specialised Seating – ½ day

The course is aimed at less experienced staff to provide them with a baseline knowledge and competency on which they can build. Additionally those who feel that they need a refresher on specialist seating may benefit.

The Course Aims to:-

- Provide staff with a guideline for the assessment and provision of seating.
- Streamline the assessment process for seating provision.

- Standardise the provision of seating throughout the 'Equipu' Partnership
- Promote Best Value in seating provision.

The module includes the following information:-

- Baseline information needed prior to carrying out a seating assessment
- General components of Seating assessment
- Environmental and social constraints/factors
- Characteristics of normal and abnormal posture when sitting.
- Principles of Seating and Postural management.
- Seating assessment proforma [Sample]
- Guideline for service user measurement for seating assessment

7. Assessment and Provision of Specialised Seating for Children – ½ day

The course is aimed at inexperienced staff working in the community either as Community OTs or within Paediatric services who want to build on their baseline assessment skills to include a framework within which they can build competence and confidence to assess children for specialised seating.

The course aims:-

- To provide inexperienced staff with a guideline for the assessment and provision of seating to children.
- To streamline the assessment process for seating provision.
- To standardise the provision of seating throughout the 'Equipu' Partnership
- To promote Best Value in seating provision

The course includes:-

- Information about 'Normal' development and the effects of delay or arrested development
- Guidelines for comprehensive assessment for seating
- Discussion on seating prescription and social and environmental considerations
- Seating solutions with discussion about specific attributes/accessories of specialised chairs
- Learning through Case History examples
- Reference to seating within the context of bathing.

8. Slings Awareness module - ½ day

The course is aimed at less experienced staff to provide them with a baseline knowledge and competency on which they can build. Additionally those who feel that they need a refresher on sling application may benefit.

The Course Aims and Objectives are as follows:-

- To assist assessors to have the knowledge and skills to develop competence and confidence to assess service users for slings
- To apply knowledge about sling prescription to case history scenarios
- To assist assessors to start to develop skills to transfer learning into practice in assessment for slings provision
- To have an opportunity to handle and practice applying slings in a 'safe' situation

To Raise Awareness of:-

- The wide range of physical, social and environmental factors that require to be considered in sling prescription [in addition to size and type]
- The issues of sling compatibility with hoists
- The use of formalised risk assessment in sling provision

9. Assessment and provision of non-complex walking equipment – 1.5 hours

The module is **aimed** at key non-physiotherapy staff within the Equipu Partnership to develop their skills in assessment and provision of **sticks and walking frames [wheeled and non-wheeled]** It is expected that this will simplify the pathway for service users whose needs are deemed to be non-complex, avoiding the need for referral to Physiotherapy services for simple walking equipment.

Objectives of the course:-

- To assist **Non-Physiotherapy** staff to become competent in the assessment and provision of sticks, walking frames and wheeled walking frames.
- To assist non-physiotherapy staff to recognise when they should not intervene in the provision of the above equipment but refer service users for full physiotherapy assessment.

10. Assessment and provision of non-complex Sensory Impairment equipment

½ day

The module is aimed at non-sensory Impairment specialist staff to develop their skills in assessment and provision of non-complex sensory impairment equipment. It will include information about skills required for effective communication with people who have sensory impairment.

The equipment covered includes:-

For Visual Impairment	For Hearing Impairment
Liquid level indicator	Loud or flashing door bell
Easy-see watch	Phone Flash
A5 Writing frame	Phone amplifier
Signature guide	TV amplifier
Mediset box [Dosset for VI]	Smoke Alarm
White support stick	

Aims and objectives

- To assist **non-Sensory Impairment** staff to become competent in the assessment and provision of the above equipment.
- To assist non-sensory impairment staff to recognise when they should **not** intervene in the provision of the above equipment but refer service users for full sensory impairment assessment.
- To streamline service user's pathway to services by reducing referral on for non-complex equipment.
- To improve awareness of effective communication with people who have sensory impairment

The following specification information should be used to detail requirements for the type, and positioning of the grab rails. The grab rails will be fitted by relevant local services/technical staff following prescriber's specification.

Within the Equipu Partnership all grab rail installation will be preceded by an assessment of the wall/surface's suitability for attachment of rails. This is carried out using a specialised electronic cable/pipe detector and if these are detected the technician will report to the prescriber that installation is not possible.

The technician will not move the position to allow installation avoiding the cable/pipe obstruction without further discussion with the prescriber. Should an alternative position not be agreed the responsibility for pursuing a suitable solution passes back to the prescriber. Any new rails or equipment then required will be delivered/fitted following a separate website order.

PRECAUTIONS/CONTRAINDICATIONS

Finding studs within cavity walls

This is a basic check that staff can carry out to ascertain where fixings may be. This will not locate pipe work or electrical cables that may be present. The technician will carry out this check with specialised equipment

- Locate an electrical socket near the preferred position of the rail. This will often be attached to a wall stud. Measure 16" or occasionally 24" intervals leading to the position of the rail and you may find there is a suitable stud for the technician to attach the rail.
- Wall density sounding – Knock the wall along a horizontal plane and the sound will change over the position of the stud.
- Hold a lamp or torch away from the wall to detect depressions or pimples which may be due to nails attaching plasterboard to the wall stud.

Where no suitable stud can be detected a backboard can sometimes be attached to a more remote stud to which the rail can be supported.

This option requires to be discussed with service users as it may cause disruption to decor.

Any concerns about suitability of surface for fixing of grab rail should be discussed with technician.

SPECIFICATIONS FOR THE FITTING OF GRAB RAILS

The following specifications are derived from 'Designing for the Disabled', by Selwyn Goldsmith, RIBA Publications Ltd.

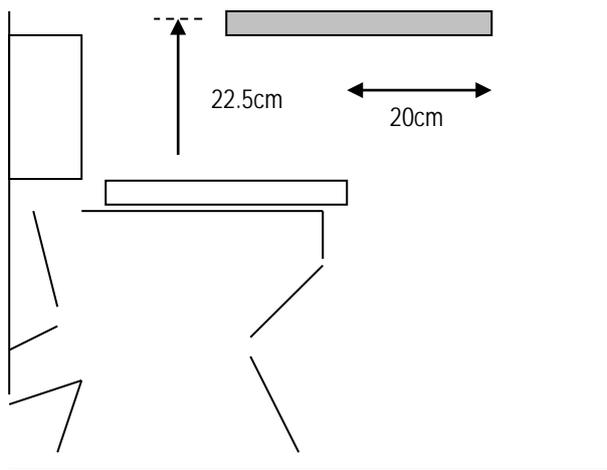
Positioning of grab rail at toilet: Specification 1a

A grab rail of minimum length 40cm should be used.
The rail should be fitted in the horizontal position.

The rail should be fitted at a height of 22.5cm above the level of the toilet seat. If a raised toilet seat is used, the height must be taken from the level of the raised toilet seat when fitted on the toilet.

The mid-position of the rail should lie at the line of the front of the toilet seat.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



Positioning of grab rail at toilet: Specification 1 b

An inclined rail may be preferred where the rail is used to assist in pushing from a seated to a standing position.

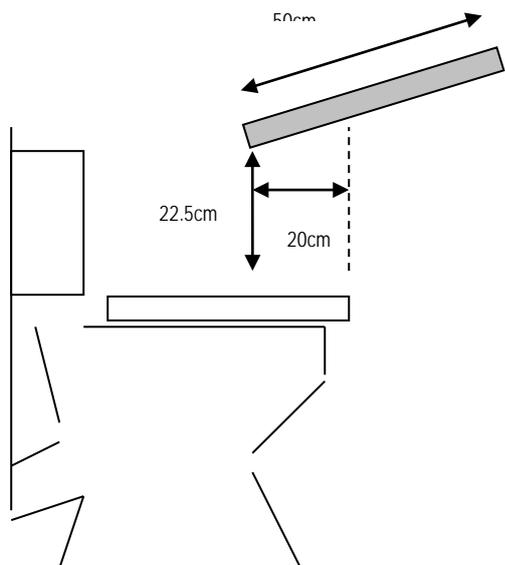
A grab rail of minimum length 50cm should be used.
The rail should be fitted at an angle of 15 degrees.

The lower end of the rail should be fitted at a height of 22.5cm above the level of the toilet seat.

If a raised toilet seat is used, the height must be taken from the level of the raised toilet seat when fitted on the toilet.

The lower end of the rail should lie 20cm in front of the line of the front of the toilet seat.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



Positioning of grab rail at bath: General information

Rails for use in conjunction with a bath should have a textured finish to enhance grip.

Grab rail for hand support when sitting on floor of bath, or on bath seat without bathboard: Specification 2a

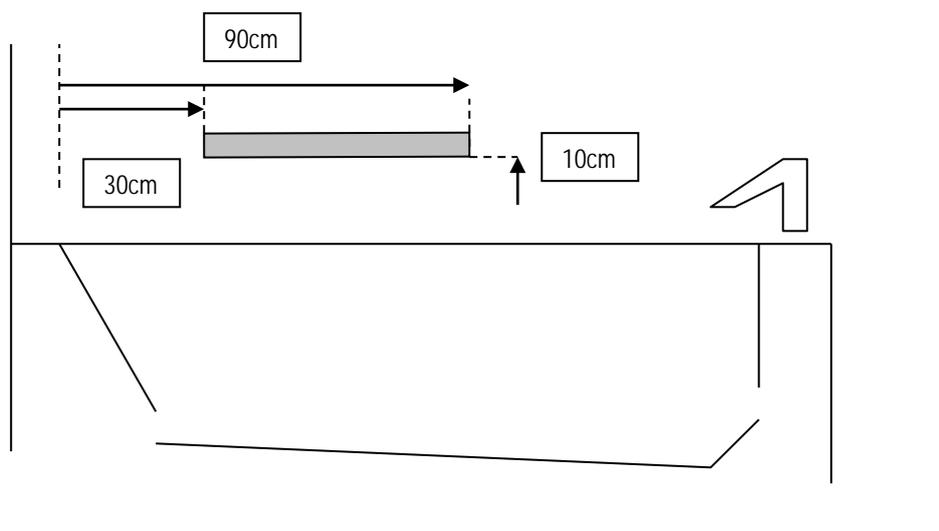
A rail length of 60cm is recommended.

Rail should be fixed in a horizontal position.

Rail should be fixed a height of 10cm from rim of bath.

Rail should be fixed between 30cm and 90cm from the head of the bath.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



Grab rail for hand support when sitting on bathboard or showerboard: Specification 2b

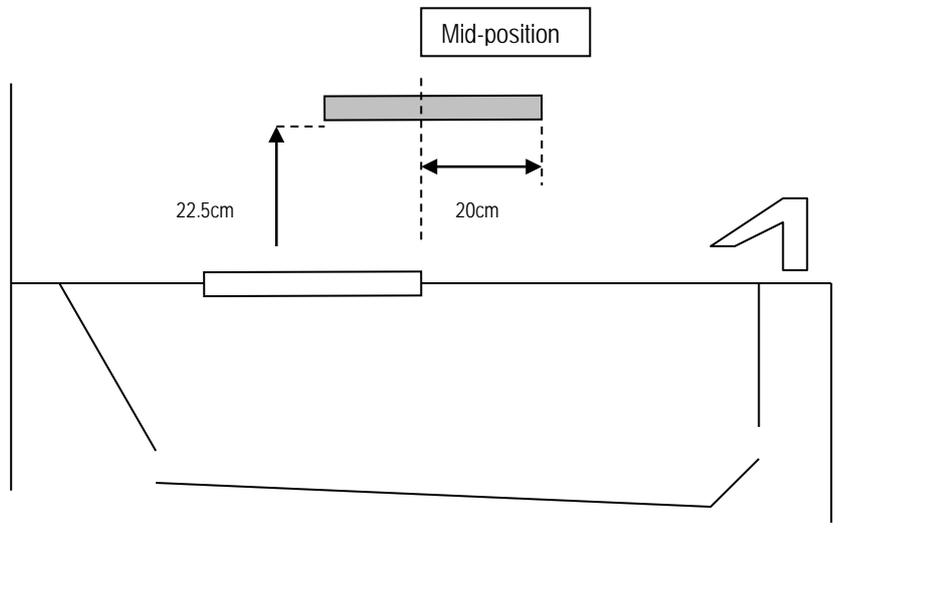
A rail length of 40cm is recommended.

Rail should be fixed in a horizontal position.

Rail should be fixed a height of 22.5cm above the level of the bath/showerboard.

The mid-position of the rail should lie in line with the front of the bath/showerboard

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



Grab rail to assist sitting/standing from bath/showerboard Specification 2c

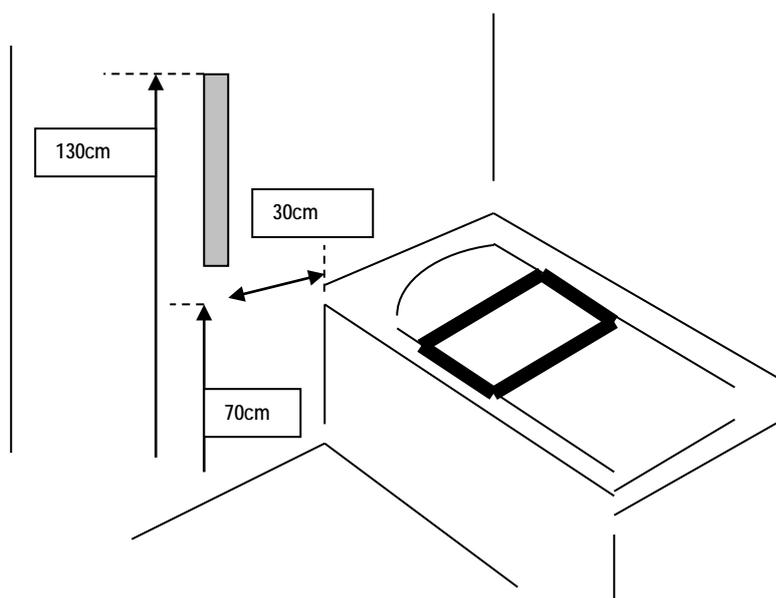
A rail length of 60cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed at a height of 70cm - 130cm from the floor

Rail should be fixed 30cm from line of edge of bath.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



Grab rail at over-bath shower, for use in standing position: Specification 2d

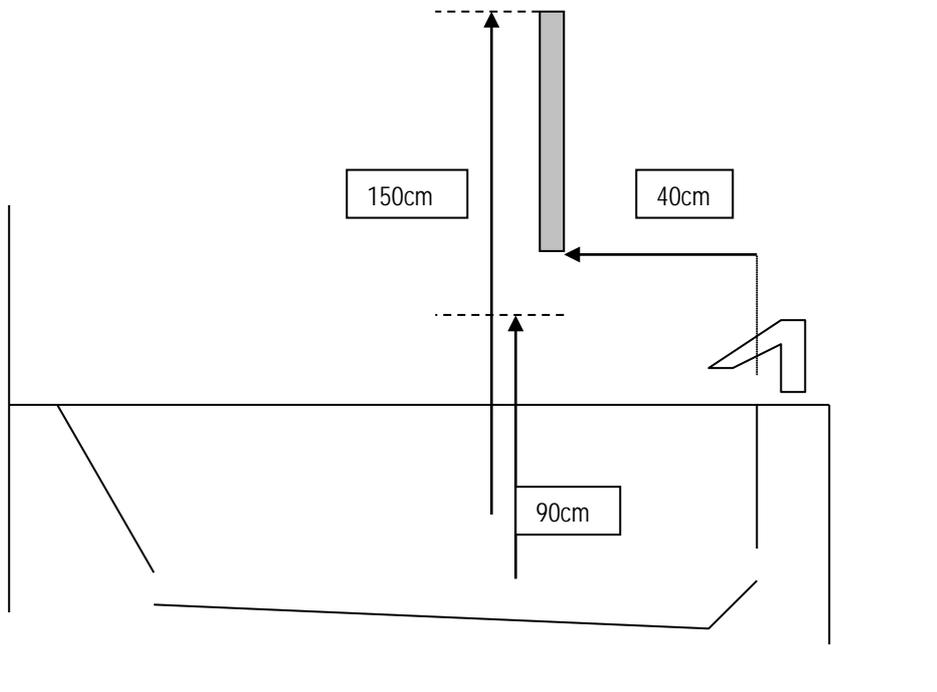
A rail length of 60cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed a height of 90cm - 150cm from the floor of the bath.

Rail should be fixed 40cm from the foot of the bath

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



Positioning of grab rail at level-access shower: General information

Rails for use in conjunction with a shower should have a textured finish to enhance grip.

Grab rail to assist stepping in/out of shower area: Specification 3a

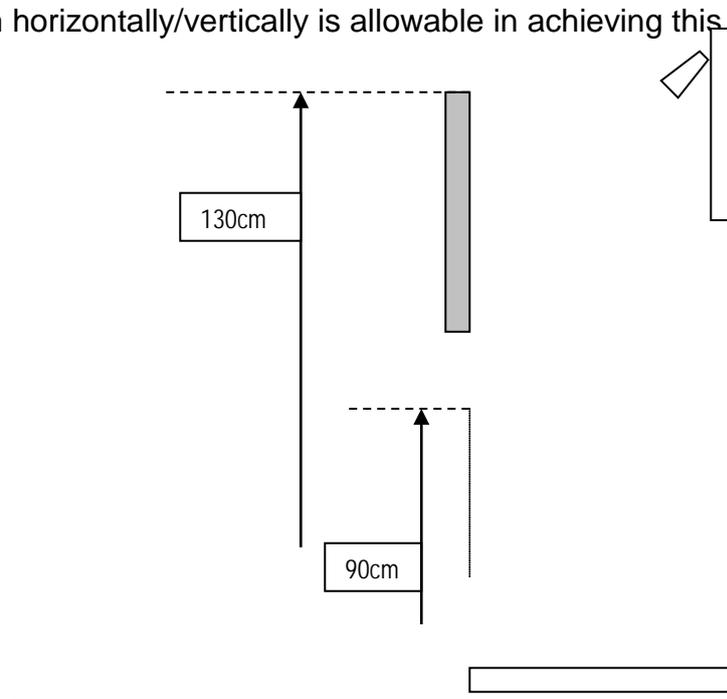
A rail length of 40cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed a height of 90cm – 130cm from floor.

Rail should be fixed above the line of the edge of access to showering area.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.



Grab rail to assist access to shower seat: Specification 3b

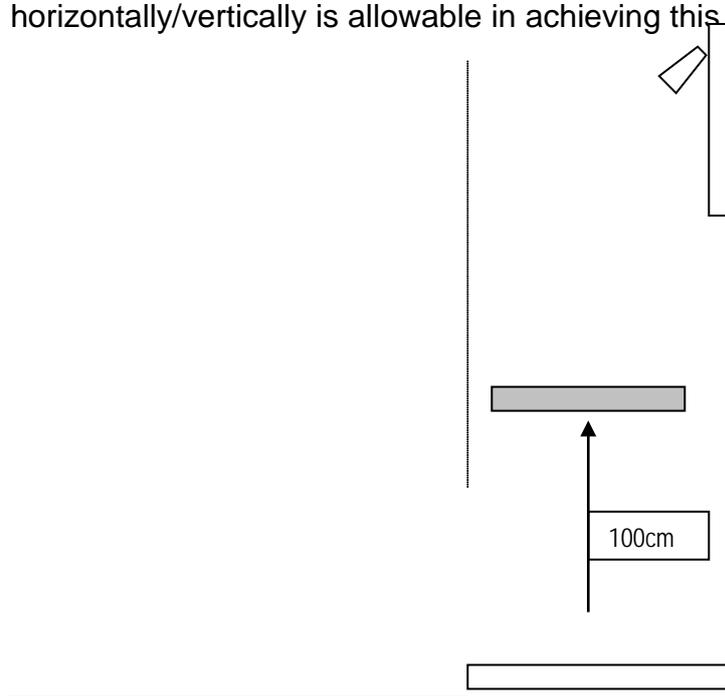
Length of rail to be specified by the prescriber.

Rail should be fixed in a horizontal position.

Rail should be fixed a height of 100cm from floor.

Rail should be fixed on wall between access to showering area and shower seat.

A variation of 5cm horizontally/vertically is allowable in achieving this specification



Grab rail to assist standing at shower: Specification 3c

A rail length of 60cm is recommended.

Rail should be fixed in a vertical position.

Rail should be fixed a height of 90cm – 150cm from floor.

Position of rail in relation to shower controls or shower seat to be specified by the prescriber.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.

Grab fitted externally at Front Door: Specification 4

A rail length of 40cm is recommended.

Rail should be fixed in a vertical position, at the opening side of the door.
Rail should be fixed a height of 90cm – 130cm from top step.

The position of the rail should not obstruct access to, or use of, the door handle and door lock.

A variation of 5cm horizontally/vertically is allowable in achieving this specification.

