# GOOD PRACTICE EXAMPLE:

# Joint Protocol for the provision of Children's Equipment (including provision within schools)

## Updated May 2021

**This Good Practice Example supplements the Guidance on Providing Equipment to Children & Young People with Disabilities available at**
https://www.sehd.scot.nhs.uk/dl/DL(2015)01.pdf

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**APPENDICES**

## 1. INTRODUCTION

1.1 The effective provision of equipment, as a means to supporting and safeguarding the wellbeing of children within the community, is a priority for health and social care services.

1.2 The aim of this Protocol is to provide a coherent framework for the assessment, prescription and provision of equipment for children within the x service areas. The Protocol Partners are …….

## 2. PURPOSE & AIMS

2.1 The purpose of this Protocol is 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 access equipment directly without having to refer to another practitioner, and widen access to equipment in the service pathway (allowing other staff to order equipment) so that children 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 within a GIRFEC context.

2.3 The Protocol relates to the legislative framework in place on [*insert date]* and supersedes any previous Protocols related to the provision of Children's equipment.

## 3. ASSESSMENT AND PROVISION OF EQUIPMENT

### Assessment

3.1 Good assessment practice is fundamental to the provision of an effective equipment service, and should be carried out in line with the GIRFEC framework. Assessment should consider the holistic wellbeing of the child, promote independence, and should balance risk with the need to maximise functional potential, and avoid over-prescription. Equipment can support the achievement of wellbeing outcomes, complementing a range of needs and interventions including rehabilitation and the management of conditions, and should be viewed as integral to the delivery of wider outcomes.

3.2 National Guidance and GIRFEC policy has encouraged the extension of staff roles and a move away from traditional professional boundaries, and service

arrangements, which acted as a barrier to person centred planning and the provision of equipment for disabled children and young people.

3.3 In the *x* 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 complement their interventions and/or supporting wider service goals.

3.4 Children and their carers require to be fully involved in the assessment process to identify the needs of the Child. With the incorporation of the *United Nations Convention on the Rights of the Child (UNCRC)* into law in Scotland in March 2021, it is essential that services can evidence that the views of the child are independently sought and evidence in all aspects of decision making for their care and support, and any concerns related to potential restraint, are fully addressed by the comprehensive assessment process.It is critical that there is an outcomes focus to the assessment with clear goals identified, agreed, and recorded, where appropriate, in a Child's Plan. The provision of the equipment should be seen as a 'means to an end' rather than being 'an end in itself'. Carers are entitled to an assessment in their own right and this should be dealt with separately.

3.5 The principle of 'minimum intervention, maximum independence' shall underpin every assessment. Alternative methods of managing should have been tried and found not to be sufficient to meet identified needs, and preference alone should in no way influence the type of provision.

**Roles and responsibilities**

3.6 Via the Joint Protocol arrangements, staff within Care Group services (including Physiotherapists, nurses, and Occupational Therapists) can access a wide range of equipment relevant to the type of service they are providing, and not based on professional or agency boundaries. These arrangements ensure that staff can access the *equipment service partnership* ordering arrangements directly, without having to refer on to a separate agency or professional group to order on their behalf. **Appendix 1 (Children's Core Stock List)** provide examples within categories, of equipment which can be assessed for and provided by all staff. Assessors should also be able to access relevant equipment from the Adult equipment catalogue.

3.7 Responsibilities for the 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 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. bathing equipment).

3.8 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/agencies expertise, they should 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 should identify the needs that require to be met.

3.9 Where appropriate a Child's Planning Meeting may be required to consider the wellbeing risks and needs, and planning to support and safeguard wellbeing. It a child's planning meeting is not required then consideration whould be given to consultation with the Named Person, Lead Professional or other partners to the Plan.

3.10 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.

3.11 Where a child has wheelchair provision the assessment provision should seek to minimise the additional equipment required and a multi-disciplinary/agency approach should be considered to meet the needs most effectively.

**Ordering equipment**

3.12 Staff should ensure that where ever possible they select equipment from the Core stock list and only order non-core stock, once they exhaust all other options (including recycled core/non-core stock).

3.13 Direct ordering – staff across the agencies can order directly for any equipment on the Core stock list without requiring authorisation from designated budget holders ( usually local Social Care OT managers for OT orders; NHS managers for Physio and Nursing orders). Note that joint working/joint assessment should not be impacted by this arrangement and effective communication should be encouraged in all circumstances. *see* **Appendix 1** *for example access arrangements*

3.14 Orders requiring authorisation – for non-stock items out with the Core stock list, designated budget holders (as above) require to authorise these before the item can be ordered.

**Follow up**

3.15 If there are any queries related to the provision of the equipment (including repairs/maintenance) within 12 weeks of provision, the original assessor will deal with this. If the original assessor is no longer working with the child then, after this timescale, any issues will be referred to the local social work team.

3.16 The NHS seating profile tool[1] clarifies best practice in the use of seating, on-going monitoring, and follow up arrangements, and should be used to guide all agency staff in the provision of this type of equipment.

**Store Service roles and responsibilities**

3.17 The Store is responsible for ensuring the effective procurement of new, or the provision of recycled equipment to meet the order request.

3.18 The Store will hold and maintain a core stock of agreed specialist children's equipment in an accessible and clean environment

3.19 Available recycled equipment will be recorded (including available accessories) and regularly updated in a relevant format (ideally via a web based IT system and with pictures of products) so that assessors can access up-to-date information on alternative/suitable products.

3.20 The Store service will be responsible for the cleaning and recycling of returned products and will only condemn products with the approval of a relevant service manager.

3.21 The Store service will deliver and assemble equipment in line with assessor instructions. (* As per 3.6, the assessor is responsible for the demonstration of the equipment)

## 4 MONITORING, REVIEW and SUPPORT

4.1 A Children's Joint Protocol Group, representative of all of the agencies involved in the process has the responsibility for overseeing the development, implementation and monitoring of the Protocol and will meet quarterly. This Group will report to relevant Partnership management and Senior Children's Services Management Groups.

4.2 The Joint Protocol Group 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.

## 5 JOINT TRAINING & COMPETENCIES

5.1 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 children 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.

[1] www.knowledge.scot.nhs.uk/children-services

5.2 There is a requirement to ensure that staff in all of the agencies involved in the 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.

5.3 The training strongly emphasises good assessment practice and encourages prescribers to take a GIRFEC approach and consider their reasoning for provision, contraindications, recording of decision making, and encourages avoidance of over-prescription.

5.4 Relevant training modules will be delivered via a year round programme. 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.

5.5 The equipment training will be 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.

## 6 FINANCIAL ARRANGEMENTS

It is acknowledged that in most service areas, budgets still sit with different organisations. This should not pose a barrier to provision as long as there is clear agreement with all relevant partners, to commit to funding all children's equipment, and arrangements in place that allow the service to work as if there is a 'virtual' budget in place, with seamless pathways, and robust governance, monitoring and review.

6.1 Occupational Therapists within NHS Children's services will be able to order equipment directly against social care funded budgets, and they, and their line managers, are expected to take full responsibility for the monitoring and supervision of this equipment expenditure, irrespective of which service funds equipment provision, and work to agreed budget arrangements and constraints for each relevant service area.

6.2 NHS Physio and nursing services will order equipment directly via the Store service arrangements. NHS held budget amounts will be agreed annually to accommodate this arrangement. Store services will invoice designated NHS service managers on an agreed frequency for store services purchased in each period (including equipment, repairs, and maintenance).

6.3 Expenditure will be monitored at a minimum of quarterly intervals in the year, and reviewed by the Joint Protocol group (or equivalent partnership forum) and the partnership Finance Group, to ensure appropriate funding is in place and protocol arrangements are being adhered to.

6.4 Line Managers of staff will be required to authorise the orders and will take 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.

6.5 Regular monitoring reports will provide managers with detailed information on the expenditure by their staff. Activity reports will name staff that 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.

6.6 Any concerns or queries regarding budgetary expenditure should be directed to the individual Partners service Managers (members of the Joint Protocol Group).

## 7. CHILDREN AND THEIR FAMILY

7.1 In line with GIRFEC, children and those who care for them, require to be fully involved in all aspects of the assessment of needs related to the provision of equipment. Where appropriate, assessment and provision of equipment should be part of a child's planning process and/or involve the Named Person, Lead Professional or other partner in the child's plan

7.2 Where staff require to provide equipment that will be used by carers (e.g. moving and handling equipment - hoists,..), 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 its 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.

7.3 Individual agencies have different arrangements in the provision of support for families/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).

7.4 Information should be actively sought from child and carers on the outcomes from service provision. The Joint Protocol Group should 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.

***Appendix 1***

**Example Children's Core Stock List and Access arrangements**

| Products | Who can access |
|---|---|
| **Standard Core stock list for adults** *see Appendix 4 | Nursing, Physio, and OT |
| **CORE STOCK** (Children's Core stock lists) | |
| **Bathing & Showering**<br>- Bath Chair<br>- Corner bath seat<br>- support bath seat (s)<br>- shower chair for more complex needs | OT & Physio |
| **Toileting**<br>- Child Toilet frame | OT & Physio |
| **Seating**<br>- Non complex support seating<br>- Corner seat<br>- Chair for complex support needs ( young children)<br>- Chair for complex support needs (older children) | OT & Physio |
| **Standing**<br>- Standers for a range of needs and age groups<br>- pacers | Physio |
| **Walkers**<br>- walkers | Physio |
| **Sleep systems**<br>- Sleepform systems | Nursing, Physio, and OT |

**Non Core Stock List and Access arrangements**

| | |
|---|---|
| **Beds**<br>- a standardised list of bed options will be used to guide staff on their selection of approved products dependent on the need/age of the child (see Appendix 3)<br>- NOTE: depending on level of usuage there may be justification for a Core stock bed for children. | Nursing, Physio, and OT |
| **Hoists & slings**<br>- Dependent on usuage , may be some Childrens slings added to Core stock | Nursing, Physio, and OT |

*Appendix 2*

**POLICY FOR PROVISION OF CHILDREN'S EQUIPMENT**

1. **Where provision is <u>not</u> considered the statutory responsibility of the service,** parents and carers can be signposted to source charitable funding for equipment, if appropriate.

2. **Equipment to meet children's needs can be defined as:**
    - Equipment which has a facility for postural support or postural modification.
    - Equipment which enhances the child's function.
    - Equipment which keeps the child safe in relation to activities of daily living.
    - Assisting in transfers from lying to sitting to standing.
    - Assisting in recommended manual handling techniques for carers.
    - Providing protection for those with tissue integrity issues.
    - Has the facility for the addition of accessories.
    - A combination of any of the above.

3. **Equipment provision will only be considered if:**
    - Child requires postural support or positioning to enable them to have optimum functional independence.
    - The child has a progressive or deteriorating condition which requires equipment to be flexible for their on-going requirements.
    - The child's home environment can accommodate the size of the equipment and provide the facilities needed for its use (i.e. power and water supply).
    - Child's behaviour would not put them at risk while using the equipment.

4. **Assessors should:**
    - Ensure that they select equipment from the local agreed **Core Children's stock list** in the first instance, to meet the child's needs.
    - If the assessor can evidence that the Core products cannot meet the range of needs due to complexity of need, then other non-stock products can be considered.
    - In terms of positioning, if these needs can be met by the Core stock products, then other non-stock provision would not be authorised e.g. if this was only to address issues of additional comfort.
    - Ensure that all Health and Safety issues have been considered during the assessment.
    - Ensure where possible, that the weight tolerance/ size of equipment meets the child's needs now and in the future.
    - Ensure that the child has an appropriate trial of the equipment prior to ordering (at least 30 minutes sitting in/on the equipment in the case of seating/overnight (minimally) in the case of sleep systems).
    - Ensure that the child, and formal and informal carers/family, are aware of the size of particularly large equipment.
    - Ensure that if required, there is adequate storage space for equipment when it is not in use.
    - Ensure that equipment does not restrain or inhibit the functional ability of the child
    - Ensure that medical conditions would not put them at risk while using the equipment (e.g. Epilepsy or athetoid movements).
    - Be aware that sensory loss could make a child vulnerable to limb entrapment, and that the use of some specialist equipment should be assessed with this in mind.

- Ensure that the child and /or their carer is cognitively or physically able to consistently operate the equipment in a safe manner.
- Ensure that the equipment would not be a hazard to the rest of the family (e.g. young children or pets)
- Take into consideration any tissue viability, continence and moving and handling requirements.
- Ensure that equipment does not inhibit the use of other equipment (i.e. hoist/ Standaid / mobility equipment).
- If in any doubt about the correct provision, and where needs are particularly complex, assessors should consult with experienced colleagues/ supervisors/ supplier reps. for advice.
- Ensure that adjustment of equipment where required, is carried out on delivery or as soon as possible after delivery, and before use.
- Take into consideration that some equipment requires 2 carers to use under Health and Safety guidelines and that this may affect the child's care package.
- Arrange demonstration for child/ carers if required, particularly where equipment has extensive adjustability.
- Ensure that user manual / instructions have been provided by Stores staff.
- Be aware of the recycling policy within the Partnership when deciding on fabrics/materials (note that seating will come with one choice of seat covers as standard).
- Consider the needs of parents or carers in relation to Moving and Handling training in addition to the demonstration of equipment
- Where required attend any Specialist Equipment modules available via the training programme e.g. assessing for specialised Paediatric seating equipment.

## 5. Children's Car Seats and Recycling

The Partnership has a **non- provision policy for Children's car seats**. Equipment provided by the Partnership requires to withstand the Community Equipment Service's checking, cleaning and recycling regime. Health and Safety regulations discourage the recycling of car seats as there are multiple concerns with regard to the continued integrity and safety of car seats, which the recycling unit would be unable to verify without an accurate product history.

E.g. In the event of an accident the Partners could be implicated if they provide a car seat that they cannot guarantee as 'fit for purpose'.

Current legislation – Road Traffic Act 1988-The Motor Vehicles (Wearing of Seat Belts) (Amendment) Regulations 2006

*Reference - Department of Transport current guidance* – 'Beware of second-hand child seats. Are they the up-to-date UN ECE 44.03 or later standard; Do they have the correct fittings and instructions, and have they been in a crash already [n.b. there is no law about buying second hand car seats]'

Parents and carers can be signposted to charitable funding for the provision of Children's car seats.

## 6. Provision of beds

### Specialist beds

- As stated previously in the Protocol, a principle of minimum intervention should apply to equipment provision, and all steps should be taken to support the child to remain in a normal bed where ever possible, before more technical solutions are applied.

- If it is agreed that a special bed is required for a child, due to the complexity of their needs, then staff across the agencies should be able to assess and order this product via the community equipment store services. Whichever agency/profession identifies this need would be responsible for the assessment, ordering and payment for the specialist bed.

- Reasons for the provision of the bed may include:

  - The child spends most of their time in bed;
  - They have breathing difficulties and cannot breath while supine;
  - Are positioned for over night PEG or naso-gastric feeding;
  - Need regular turning by carers over night;
  - To accommodate the use of sleep systems which need more space than smaller beds or cots can provide.

- The first consideration should be use of standard (Adult) beds with appropriate accessories, as these beds may be available more quickly from existing Store service arrangements ( purchasing as Core stock or accessed as recycled products).

- If a more specialist mattress is required to address tissue viability concerns then the following issues should be considered:

  - Adult size alternating cell pressure mattresses are often unsuitable as the air cells are too wide (120mm) for smaller children. When each cell is deflated the child can fall down the gap and as a result is lying on the bed base until the cushion re-inflates. Specialist Children's mattresses have 50mm cells;
  - Children will also usually fall below the lowest weight limit on an Adult pressure mattress which would affect the optimum efficiency of the mattress with regards to pressure distribution;
  - If the child is large enough to be cared for on an Adult bed, a Low Air loss pressure relieving mattress can be more appropriate, as this holds a constant pressure over the mattress surface;
  - Advice should be sought from local Tissue Viability practitioners.

- Partners should agree their own local guidance for provision of electric and specialist children's beds and be able to have recommended products which could meet different levels of need if required. It is essential that this guidance is applied to ensure that decision making is based on identifying the most effective solutions for the needs of the child, and also the most cost-effective. Staff should apply this to guide their decision making, and will require to clearly evidence any recommendations to relevant managers before authorisation is approved.

- By standardising this more specialist provision it is intended that this will support the recycling of these items within the partnership, which over time will lead to greater efficiencies in the occasion that this type of product is required.

## 7. Environmental supports

- The Children (Scotland) Act 1995 created a broader duty to children with disabilities and it is recognised that an increasing number of children with behavioural issues are being managed at home which may require an environmental support component to the care package.

- Whilst it is acknowledged that therapists working with Children and their families may be sometimes asked to identify solutions which go beyond traditional equipment needs.
  It is not appropriate for this type of solution to be provided via community equipment loan stores, and it should not be assumed that it the responsibility of occupational therapists to provide these.

- Where the provision of an environmental solution is to support the wider needs of a child (e.g. emotional or psychological stress, behaviour, or sleep management) and extends beyond physical disability and functional needs, it is the responsibility of the health & social care services to determine which agency/clinician is most appropriate to lead on the identification of the needs e.g. this may be social worker/social care manager, and/or psychologist colleagues, or other relevant health professionals.

- It is paramount that the views of the child are expertly sought and evidenced as part of the multi-disciplinary approach to any agreed provision, in line with the principles of the *UNCRC Article 12,* and that any concerns about potential restraint, are robustly addressed by the multi-disciplinary assessment process.

- If it agreed that the provision of the environmental solution is appropriate, it is the responsibility of the health & social care partners to agree the primary purpose of the provision, and identify funding for this type of environmental support from relevant Children's Services budgets, monitor this provision, and evaluate the outcomes. Ideally, clear pathways should be agreed which clarify local roles and responsibilities and processes.

# EXAMPLE

# Protocol for the Provision of Community Equipment for Schools

(For Education and Health & Social care partners)

# Contents:

## Introduction

This document has been developed in the context of the main 'Equipment service Partnership Joint Protocol' which details the overarching arrangements for the provision of community equipment. This will be an Appendix to that document.

## Section 1 - Key Roles and Responsibilities

1.1. A range of community equipment is available to effectively support children with disabilities or illness, to maximise their educational potential within school settings including both ASL and mainstream schools.

1.2. This equipment is assessed for use by **individual pupils** either by Physiotherapists (Physio) or Occupational therapists (OT). M&H advisors (or may be external M&H agency providing this function) will also assess for equipment which is required to support Moving and Handling requirements of staff. Equipment assessed for M&H needs will be ordered directly by Education headquarters staff- see Section 3.

1.3. **OT & Physio staff** are responsible for assessing the needs of the child and identifying the appropriate equipment solutions to meet these needs.

1.4. ***The M&H Advisor*** (see 1.2 above) will provide assessments for the Moving & handling of a child, by relevant responsible adults who are working with that child. They will identify appropriate equipment required to meet these needs. They will be expected to use the Equipment service Core stock list to select suitable products from the range of products held by the Store.

1.5. Items for multiple use within the school will continue to be ordered separately by Education out with the Protocol arrangements. However, for the provision of some products e.g. *height adjustable desks & changing plinths for generic use,* the partnership may be able to provide advice on 'recommended' products if these have been reviewed by the Children's Equipment Review Group (partnership group which meets quarterly to review the provision of all children's equipment).

1.6. Education Services are responsible for authorising recommendations and paying for the provision of this equipment.

1.7. The equipment is accessed via the **partnership Equipment Store service**. Their function is to:

- Procure, store, recycle, and maintain equipment to relevant health and safety requirements.
- Deliver and uplift equipment directly to/from the schools
- Arrange for repairs as requested.
- Arrange for the annual testing of relevant equipment provided by the equipment service, within the schools.

## Section 2 - Assessment and Provision

2.1 Equipment ordered from the Equipment store service, and paid for by Education services, will be provided for the key purpose of supporting the individual child to function effectively within the school environment (including equipment to support moving and handling, and self-care)

2.2 The Scottish Occupational Therapist Seating Assessment Profile (*Appendix D*) will be used to support effective practice in the assessment, provision, and ongoing maintenance of the specialist seating.

| | |
|---|---|
| The main categories of equipment which Education will pay for are: | **Seating, standing frames, mobile hoists, changing tables, walking aids, and toileting equipment.**<br>This list can be reviewed as required with agreement between the Partners.<br>Note: toileting equipment may be low cost items (under £100) but can still be accessed via the Equipment Store service as this offers efficiencies. |
| Small items, which are used by the school to support the child to complete educational tasks (e.g. slope boards, pencil grips etc), and non-standard desks (e.g. height adjustable) are paid for locally from the school's devolved budget. | |

The principal of 'minimum intervention, maximum independence' (and the avoidance of over-prescription) shall underpin every assessment and alternative forms of managing should have been exhausted.

In line with the good practice, assessors should consider the use of core stock items and recycled alternatives, in the first instance, before requesting the purchase of new items. Review of appropriate core stock will be ongoing via the established Children's Equipment Review Group to support standardisation of practice and procurement efficiencies.

## Section 3 - Ordering Process

The flow chart in ***Appendix A*** illustrates the process for ordering equipment via the equipment Store IT system.

This clarifies that:

- The **OT or Physio** will order the equipment directly on the IT system.
- The **OT/Physio** will complete the 'Checklist for equipment ordering' (***Appendix B***) and will send this to Education centre staff to support them in considering Authorisation. *Insert email address* The **OT/Physio** will copy the Head Teacher into the email so that they know the request has been processed.
- For equipment identified following M&H assessment, the equipment will be ordered directly by **Education headquarters staff.** The **Head Teacher** will send requests from the M&H advisor directly to Education headquarters staff so that they can process the order. Education staff will check that the contractor has identified and selected equipment from the Equipment service Core list.
- For OT/Physio orders, **Education headquarters staff** will authorise every order and send an email to confirm the decision to the OT/Physio assessor and to the Head Teacher.
- Authorisation will be carried out either by designated **headquarters staff or the Head of Service**, dependent on whether the equipment is recycled, or where the item is to be purchased from new and the value is over £100 (per flowchart).

**Repairs**
If a repair or uplift is required, this requires to be arranged by **designated staff in the school or at Headquarters** via the IT system

## Section 4 - Financial Arrangements

Education Services have an overall budget which will be monitored against individual localities to offer transparency in the demands and budget pressures across the service area.

In line with the overall ‘Children’s Joint Protocol’, managers of assessing staff (Physio and OT) are expected to take responsibility for the monitoring and supervision of expenditure by their staff, irrespective of which budget the charges will come from, and work to agreed Education budget arrangements and constraints.

Four weekly monitoring reports provide Education managers with detailed information on the expenditure against their budgets. The Activity sheets, name staff who have ordered and describe the types of equipment selected. This information allows managers to monitor the appropriateness of service usage, as well as expenditure by others against their budgets. It is the responsibility of Education services to set their Budget and advise of any constraints on Budget usage over the financial year.

## Section 5 - Training

IT Training and ongoing IT system support is available via the Store Service.

All staff with authorisation and governance responsibilities for the Education budget should be trained on the use of the system to allow effective processing of orders and the use of the wide range of financial and monitoring information.

## Section 6 - Communication

The Partnership Education Group will support the delivery of the service arrangements, and ongoing monitoring to support the delivery of the service. This Group is composed of representatives from Education Services, Store service provider, Partnership management, and Children’s Services Physio and OT representatives.

As part of overall governance arrangements, Education representatives will be invited to attend the wider Community Equipment partnership governance groups

The partnership lead(s) for the Community equipment service arrangements will support Education Partners in all relevant communication around the Protocol and will actively engage with service areas on an ongoing basis to ensure effective delivery of agreed arrangements.

# Example ORDERING PROCESS

## Requirement for Item Identified by OT/Physio/M&H.

**Order**

Education staff/OT/Physio logs into IT system.

Is required item available from recyclable stock? Y/N

**YES**

Raise order on system
HQ authorises online.

Email Checklist to HQ with order details.

**NO**

Is value of NEW item to be ordered under £100? Y/N

**YES**
Raise order online.
Email Checklist to HQ with order details.

**NO**

Raise order online.

Email Checklist to HQ with order details.
Education staff will pass to Head of Service for approval.

APPROVAL PROVIDED

Yes – order processed.

**NO**

Head of Service rejects request for purchase

→ Reason for refusal advised to OT/Physio and Head of Establishment by email, & copied to child/young person's central Education services file

**Record**

OT/Physio completes Checklist and sends to HQ copying in HT.
For M&H assessments, HT contacts HQ to process request

- Education staff order item where recommended by M&H
- Copy of Checklist placed in child/young person's central file

## Appendix B

**CHECKLIST FOR EQUIPMENT ORDERING TO EVIDENCE CLINICAL REASONING AND SUPPORT EFFECTIVE EQUIPMENT PROVISON**

**Date:**

| • **Child's name: DOB/ CHI No.** | **ANSWERS** |
|---|---|
| • What equipment is being ordered? Have you checked recycled equipment in the first instance?<br>• Store service order number<br>• Cost of the equipment<br>[as per website costs[core stock] or supplier's non-stock order quotation] | |
| • Why is the equipment needed? | |
| • When is the equipment needed? | |
| • Who will use the equipment and where will it be used e.g. home, nursery, school? | |
| • Have the child and family agreed to this equipment? | |
| • Is the environment suitable? E.g. Is space available? | |
| • Does child/family/education staff need training in the use of the equipment? | |
| • Who will provide this training? | |
| • Are there current identified risks that should be highlighted to patient/family/school? | |
| Delivery details :- | |
| • Where is the equipment being delivered to?<br>- Please name school and give address. | |
| • Do family or school need to be notified for access? | |
| • If so what phone number is to be used? | |
| ▪ Expected delivery date? | |
| • Date of visit to check/set up equipment?<br>• Who will do this?<br>• Where will this take place? | |
| • Date of equipment review?<br>• Who will do this?<br>• Where will this take place?<br>• Is there a Seating Profile in use? | |
| • Name/ title and contact details of the professional who has ordered this equipment? | |

**Appendix C**

# Scottish Occupational Therapists Cerebral Palsy Network
## Seating Profile for School
## *EXAMPLE*

| | | | |
|---|---|---|---|
| **Child's name:** Joseph Bloggs | | **CHI number** : | |
| **Date:** 01/01/01 | | **Review Date:** Aug 10 OR as requested by school/parents. | |
| **Name of Therapist:** | | **Therapist Contact Number:** | |
| **Nominated responsible/contact person within school:** Class teacher named | | | |
| Reasons for Seating:<br>E.g. This chair will position Joseph in an upright, symmetrical supported position to provide him with a functional position to carry out classroom work, and to minimise the risk of aspiration/choking during eating and drinking. | | | |
| **Equipment Details:** | | | |
| Manufacturer: | Type: | Size: | Serial Number: |
| Suppliers contact details -<br>Rep Name/contact details - | | Location of Manufacturer's Instructions<br>School file | |
| **Repair and Breakages contact:**<br>If you believe the chair to be faulty in any way, immediately inform the Equipment Service – tel. | | | |

**Instructions for transferring child into/out of equipment**

**Please see local Education authority Moving & Handling Guidelines. If in doubt, contact …**

Prior to transferring Joseph in/out of equipment, please ensure:

1. You are familiar with the chair, adjusting straps, fitting/removing accessories as appropriate.
2. Brakes are on.
3. All the straps are loosened.
4. Chair is adjusted to appropriate height (ie most comfortable position for carers for hoisting)
5. Chair is adjusted to appropriate angle of tilt/recline (ie slightly tilted for hoisting). Please remember to lock/unlock the mechanism before & after tilting chair.
6. Remember to re-adjust height & tilt after transfer to ensure Joseph is in the position recommended for function (as in photo on reverse of this page)

**Also**

- When transferring into the equipment always secure Joseph using the pelvic strap **first** - before any other straps/harness.
- When transferring out of the chair, always unfasten the pelvic strap **last** after you have unfastened all other straps/harness.
- After transfers out of the chair, ensure the straps are slackened - ready for the next transfer.
- After transfers the chair should be adjusted to an upright/slightly tilted position. Never fully recline for feeding and classroom activities etc unless specified by the Therapist.
- PLEASE SEE MANUFACTURER'S WRITTEN INSTRUCTIONS FOR USE ON HOW TO MAKE THE ABOVE ADJUSTMENTS.

**Positioning Joseph using the features of the equipment**

**PELVIS:**

- Ensure Joseph's bottom is touching the backrest of the chair or the he will be unable to achieve an upright trunk position & his head position for safe eating & drinking may be compromised.
- Ensure that Joseph is positioned with the pelvis touching the backrest before fastening the pelvic strap – allow 1-2 finger spaces between the strap & body to ensure it is secure but not too tight. Failure to do this may lead to Joseph sliding down in the chair & potentially serious harm being caused.
- Ensure Joseph is not weight bearing more through one hip than the other as this can cause him to lean to one side, making sitting and head control difficult.
- Ensure one knee is not further in front than the other. If so, readjust the pelvis.
- Never position the pelvic strap over the pelvic supports – instead the strap should be positioned under or inside the pelvic support pads.

**TRUNK:**

- Ensure Joseph sits in the middle of the seat.
- Position chest harness and thoracic supports over Joseph's trunk BUT not too close to the neck. These should be adjusted to fit snugly to ensure his shoulders & back touch the backrest and he is not leaning to one side.
- Do a final check to ensure Joseph's breathing is not compromised & that the harness is clear of any feeding tubes etc.

**HEAD:**

- Ensure Joseph's head is in an upright, midline position (in alignment with trunk) with a slight chin tuck. NEVER allow his head to tip back or the chin to point upwards, as this is likely to increase the risk of choking.

**LEGS AND FEET:**

- Ensure thighs are resting along the full length of seat base.
- Ensure hips, knees and ankles are at 90°.
- Pay particular attention when moving legs if there is any risk of hip dislocation etc.
- Foot straps should be fastened.

**SHOULDERS/ARMS:**

- Ensure shoulders/arms are positioned forward on the tray
- Ensure elbows rest on the tray/table and do not slip inside the cut out on the tray

**PLEASE SEE MANUFACTURER'S WRITTEN INSTRUCTIONS FOR USE ON HOW TO USE/ADJUST ANY OF THE ABOVE FEATURES OF THE EQUIPMENT.**

| **Accessories** | | | |
|---|---|---|---|
| Pelvic strap | ☑ | Pommel | |
| Shoulder/trunk harness | ☑ | Knee block | |
| Pelvic supports | ☑ | Footplates/sandals | ☑ |
| | ☑ | | |

| | | | |
|---|---|---|---|
| Trunk supports<br>Wrap around trunk support + buckle<br>Head support | ☑ | Tray<br>Height adjustment<br>Tilt in space<br>Switch mount | ☑<br>☑<br>☑ |

**Positioning child within environment**

Every attempt should be made to position Joseph directly in front of what he is looking at or who he is communicating with, to eliminate the need for Joseph to turn his head. Adjust chair to height of others/the activity to ensure he is at eye level.

**Frequency and duration of use**

- This piece of equipment should always be used for eating & drinking if Joseph is fed orally.
- It is important to change Joseph's position regularly as he is unable to change position independently. Failure to do this over time could result in tightness of the Joseph's joints resulting in loss of mobility, particularly of the hips, knees and spine. Overtime this can result in loss of functional abilities.
- Discomfort (and in time, pressure sores) can also be caused by failure to change position on a regular basis.

**Specific Recommendations for function**

- To optimise the use of Joseph's hands - use this chair with full support.
- For looking & listening activities not requiring hand use – Joseph could be positioned on the floor/bench/stool with his peers to work on sitting ability.
- Angle the tray to aid vision as appropriate.
- Ensure a consistent approach between home & school re positioning/toileting program.

**Safety checklist Refer to Manufacturer's written instructions for use & safety warnings.**

- Before you use this equipment - ensure you are familiar with this chair & its working parts, as well as how to position Joseph safely.
- Joseph should not be left unattended when using chair.
- The chair is for indoor use only, do not use outside.
- TILTING: Take extra care to hold the push handle firmly if Joseph is sitting in the chair when it is being adjusted. Practise using the tilt mechanism before adjusting the tilt with Joseph in the chair. Please remember to lock/unlock the mechanism before & after tilting chair.
- Read & follow the Manufacturer's written instructions, particularly relating to daily/monthly equipment checks, cleaning of the chair & battery care.

## 11.Emergency Procedures

**Please ensure you are confident that you are able to get Joseph out of this piece of equipment quickly in case of an emergency before you use it, eg if he is choking.**

**Be aware of the Joseph's fire evacuation procedure.**

## 12. Contact OT if…..

- chair has been outgrown
- you are unable to position Joseph as in photograph/demonstration
- Joseph is distressed or uncomfortable due to positioning
- there is a change in Joseph's needs/condition
- Joseph changes from being orally fed to non-orally fed OR non-orally fed to orally fed

You will know if Joseph has outgrown the chair if you observe any of the following:-

- Bottom touching backrest, but the backs of the knees are more than a 2 finger depths from the front of the seat.
- The top of the trunk supports are lower than 2 fingers under the arms.
- Joseph's shoulders are higher than the top of the backrest.
- His head is no longer supported by the headrest.
- Joseph's knees are higher than his hips (eg thighs no longer rest on the seat base)
- The trunk or pelvic supports are too tight.

## Points to note

It is Education's responsibility to ensure that:

a) That all staff requiring to work with this Joseph are made aware of, have access to, and agree to follow the recommendations contained in this document, its summary and the Manufacturer's written instructions.
b) That the above three documents and the chair are passed onto new staff when the Joseph moves class/school.
c) Faults are reported promptly to the community equipment Service provider.
d) Chair is cleaned & maintained in accordance with Manufacturer's instructions.
e) That no adjustments are made to the chair or accessories removed from use without permission of the Therapist.
f) That the chair is not used by any other child in the school unless recommended by the Therapist.
g) Staff training needs are identified and requested appropriately.
h) That the summary of this document remain attached to this piece of equipment at all times.
i) The summary of this document is removed from the chair prior to it being returned to the Store.

**Education are responsible for any adjustments made without prior OT consultation.**

**I have read, understood and agree to follow the recommendations outlined above. The school has received the Manufacturers Instruction Manual & the summary of this document to attach to the chair**.

Name…… Designation……

Signed…… Date:……..

Signed Head teacher for Additional Support Needs …… Date:……

Signed (Occupational Therapist)…… Date:……