

Transfer and Positioning Care Plan

for education and care



Government of South Australia

To be completed by the physiotherapist or treating health professional and parent or legal guardian.
This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/young person			
Date of Birth	Review Date or sooner if support needs change		
Allergies			
Education or care service			
Annual School Review	New plan required?	Yes	No
Date	Name and position	This plan remains in effect until replaced	

Staff are required to meet duty of care and work health and safety obligations. In relation to transfer and positioning this means they will:

- Minimise the number of transfers and other positioning undertaken in the course of their work, to reduce the risk of work related injury or harm, while ensuring the child or young person’s safety, comfort and curriculum access is maximised.
- Use the following health support instructions to inform an individualised health support agreement that outlines how daily transfer and positioning support will be safely delivered, detailing staffing, timing procedures and emergency actions, developed collaboratively by the school and families.
- Generally select the transfer or positioning procedure as documented below that minimises the time required to provide support. If additional time is required to develop the child or young person’s independence this will need to be negotiated with staff.

CHAIR TO CHAIR (for example, wheelchair to chair or commode)

Level of assistance required	Type of Transfer	Equipment
Independent	Top and tail	Sling (specify) sling size and loop colours to be provided below
Standby assistance required (for occasional interventions to support safety)	Cradle	Slide board
Cooperative assistance Indicate number of adults required to assist	Side to side	Transfer plate/disc
Dependent Indicate number of adults required to assist	Standing transfer	Other (specify)
	Mechanical	
	Other (specify)	

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

This form is developed in partnership and has co-ownership with the Department for Education, South Australia and the Women's and Children's Health Network, Department for Health and Wellbeing, South Australia.

CHAIR TO GROUND OR FLOOR

Level of assistance required	Type of Transfer	Equipment
Independent	Top and tail	Sling (specify) sling size and loop colours to be provided below
Standby assistance required (for occasional interventions to support safety)	Cradle	Slide board
Cooperative assistance Indicate number of adults required to assist	Side to side	Transfer plate/disc
Dependent Indicate number of adults required to assist	Standing transfer	Other (specify)
	Mechanical	
	Other (specify)	

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

GROUND OR FLOOR TO CHAIR

Level of assistance required	Type of Transfer	Equipment
Independent	Top and tail	Sling (specify) sling size and loop colours to be provided below
Standby assistance required (for occasional interventions to support safety)	Cradle	Slide board
Cooperative assistance Indicate number of adults required to assist	Side to side	Transfer plate/disc
Dependent Indicate number of adults required to assist	Standing transfer	Other (specify)
	Mechanical	
	Other (specify)	

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

CHAIR TO CHANGE TABLE

Level of assistance required	Type of Transfer	Equipment
Independent	Top and tail	Sling (specify) sling size and loop colours to be provided below
Standby assistance required (for occasional interventions to support safety)	Cradle	Slide board
Cooperative assistance Indicate number of adults required to assist	Side to side	Transfer plate/disc
Dependent Indicate number of adults required to assist	Standing transfer	Other (specify)
	Mechanical	
	Other (specify)	

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

TOILETING TRANSFER

Contenance Care Plan

Toileting Care and Learning Plan

Menstruation Management Care and Learning Plan

Level of assistance required

Independent

Standby assistance required

(for occasional interventions to support safety)

Cooperative assistance

Indicate number of adults required to assist

Dependent

Indicate number of adults required to assist

Type of Transfer

Top and tail

Cradle

Side to side

Standing transfer

Mechanical

Other (specify)

Equipment

Sling (specify)

sling size and loop colours
to be provided below

Slide board

Transfer plate/disc

Other (specify)

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

VEHICLE TO CHAIR

Level of assistance required

Independent

Standby assistance required

(for occasional interventions to support safety)

Cooperative assistance

Indicate number of adults required to assist

Dependent

Indicate number of adults required to assist

Type of Transfer

Top and tail

Cradle

Side to side

Standing transfer

Mechanical

Other (specify)

Equipment

Sling (specify)

sling size and loop colours
to be provided below

Slide board

Transfer plate/disc

Other (specify)

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

SITUATION**COMMENT**

Mobility indoors

Mobility outdoors

Special equipment

Other (specify)

GENERAL SUPERVISION FOR SAFETY

Staff will routinely talk to the child or young person through the transfer or positioning, seeking their permission to the degree possible and maximising cooperation

Communication by support staff

Simplify instructions or use key words

Use picture cues

Other (specify)

Communication by child or young person

Language

Gesture

Behaviour

Other (specify)

Provide further detail and comments

LEARNING TARGETS: SPECIFIC STRATEGIES AND ASSISTANCE

Increasing independence

(for example, take some weight on arms, transfer without assistance)

Behaviour targets

(for example, comply with transfer)

Communication

(for example, indicate preferred side for lift, indicate comfort)

Other (specify)

Provide further detail and comments

ADDITIONAL INFORMATION (attached to plan)

Further information regarding transfer and positioning for this child or young person

Safe use of harness (Operating manual)

Non-specific health care plan
(for other personal or health care needs)

Risk assessment

Wheelchair safety (for example, use of harness or seatbelt)

Ankle-Foot Orthosis
(for example when to use, duration, how to don and doff)

Communication

(for example indicate preferred side for lift, indicate comfort)

Hydrotherapy or Pool transfer and positioning plan
(refer page 5)

Transport (for example, travel in wheelchair)

Communication

(for example, a Pragmatic Organization Dynamic Display)

Other (specify)

Provide further detail and comments

AUTHORISATION AND AGREEMENT

(to be signed after form has been completed)

The following settings have been considered in the development of the health care plan and is appropriate for use in the following:

Children's centre, preschool or school

Childcare, Out of School Hours Care

Camps, excursions, special event, transport (incl. aquatics)

Work experience or other education placement

Respite, accommodation

Work

Transport

Other (specify)

Provide further detail and comments

Treating health professional

Print name and practice
or hospital or stamp

Professional role

Email or Signature

Telephone

Date

Parent or legal guardian; or adult student

- I understand and agree with the health care plan as indicated above
- I approve the release and sharing of this information to supervising staff and emergency medical staff (if required)
- I understand staff may seek additional information and/or advice regarding the medical information contained in the individual first aid plan from the Access Assistant Program (AAP) and/or other health professional(s) to inform duty of care.

Name

Relationship

Email or Signature

Date

Hydrotherapy and pool Transfer and Positioning Care Plan

for education and care

To be completed by the physiotherapist or treating health professional and parent or legal guardian. This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/young person		
Date of Birth	Review Date or sooner if support needs change	
Allergies		
Education or care service		

Staff are required to meet duty of care and work health and safety obligations in relation to the transfer and positioning of children and young people.

CHAIR TO CHAIR (for example, wheelchair to chair or commode)

Level of assistance required	Type of Transfer	Equipment
Independent	Top and tail	Sling (specify) sling size and loop colours to be provided below
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	Other (specify)	

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

CHAIR TO GROUND OR FLOOR

Level of assistance required	Type of Transfer	Equipment
Independent	Top and tail	Sling (specify) sling size and loop colours to be provided below
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GROUND OR FLOOR TO CHAIR

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TRANSFER INTO POOL

Level of assistance required	Type of Transfer	Equipment
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Cooperative assistance Indicate number of adults required to assist	Side to side	Transfer plate/disc
Dependent Indicate number of adults required to assist	Standing transfer	Other (specify)
	Mechanical	
	Other (specify)	

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TRANSFER OUT OF POOL

Level of assistance required	Type of Transfer	Equipment
Independent	Top and tail	Sling (specify) sling size and loop colours to be provided below
Standby assistance required (for occasional interventions to support safety)	Cradle	Slide board
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	Mechanical	
	Other (specify)	

Provide further detail and comments in relation to communication, safety, comfort, dignity and learning

AUTHORISATION AND AGREEMENT

(to be signed after form has been completed)

This health care plan has been developed for and is appropriate for the use in hydrotherapy and pool settings.

Treating health professional

Print name and practice
or hospital or stamp

Professional role

Email or Signature

Telephone

Date

Parent or legal guardian; or adult student

- I understand and agree with the health care plan as indicated above
- I approve the release and sharing of this information to supervising staff and emergency medical staff (if required)
- I understand staff may seek additional information and/or advice regarding the medical information contained in the individual first aid plan from the Access Assistant Program (AAP) and/or other health professional(s) to inform duty of care.

Name

Relationship

Email or Signature

Date