**Record of Moving & Handling (M&H) demonstration / observation FOR STAND AIDS**

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| Name of client: Address of observation:  | ID: |
| Name of the person who will be responsible for assisting client: |  |

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| --- | --- | --- | --- |
| Has the client consented to the demonstration being completed | Yes  | No | N/A |
| Has a M&H risk assessment been carried out? | Yes  | No | N/A |
| Has a M&H plan been provided? | Yes  | No | N/A |
| Have you confirmed to the informal carer(s) that they should only carry out techniques as directed by the practitioner?  | Yes  | No | N/A |
| Has the informal carer(s) confirmed they are medically fit, not pregnant, and have no current musculoskeletal problems, which will prevent them from assisting client | Yes  | No | N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of stand aid |  | Type of belt sling (if applicable) |  |

Transfer from/to:

Information provided regarding use of stand aid:

* Advice to contact NRS or Occupational Therapist if any concerns re functioning / condition of stand aid 🞎
* Checking equipment including belt slings prior to use, for wear & tear 🞎
* Discuss features of the stand aid; seat paddles (for Sara Stedy), how to attach belt sling if applicable,

T-bar (for Rotastand Solo) 🞎

Discuss and demonstrate the following:

* Only move the stand aid for short distances or turn for transfer depending on type of stand aid being used, need to avoid undue pushing or pulling 🞎
* If applicable check belt sling is securely attached to the stand aid 🞎
* Making the environment safe, plan where the client needs to be moved from and to 🞎
* Need to ensure stand aid brakes are on and wheelchair/commode/bed brakes are on prior to standing or sitting 🞎
* FOR AMBITURN / ROSS RETURN: need to stand to the side of client and carer to stabilise footplate by placing foot on footplate when standing / sitting 🞎
* Demonstrate how to safely apply/remove the belt sling, reassurance and observation during the procedure 🞎
* FOR SARA STEDY; need to deploy seat paddles and client’s lower legs to be braced against lower leg pad 🞎
* FOR ROTASTAND SOLO; need to deploy yellow T-bar prior to standing / sitting 🞎
* Always remove belt sling after transfer 🞎
* Demonstration of safe handling techniques, discussion of unsafe handling techniques and postures 🞎
* Not leaving the person unattended when standing (or sitting on Sara Stedy) 🞎
* Ensure that carer has practiced the manoeuvres until satisfied they feel safe and competent 🞎

The decision to be a carer is mine. I was shown how to use the stand aid safely, and feel competent following the demonstration and feedback from the Occupational Therapist.

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| Signed (Carer)  |  | Date |  |
| Print name |  |  |  |

Verbal advice and demonstration, was given on safe use of the stand aid. Following this I am satisfied from the observed demonstration by the carer, that he/she was competent on that occasion.

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| Signature of OT |  | Date |  |
| Print name |  |  |  |
| Duration of demonstration / observation |  |  |