

1. Introduction

The Occupational Therapy (OT) service has a fleet of wheelchairs/buggies which are used for the following purposes:

- A. Transit wheelchairs are used by Therapy Staff at University Hospitals Leicester (UHL) to transport patients e.g. from wards to stairs, kitchen or gym or to take patients on home assessment visits.
- B. They are loaned to UHL patients by the Occupational Therapy department in order to facilitate discharge from hospital, because:
 - i) patients are awaiting a permanent wheelchair from the Specialist Mobility Centre (SMC). Criteria for referral to SMC is a patient who requires a wheelchair for long term use i.e. over six months or terminally ill.
 - ii) patients require a wheelchair for short term usage following surgery e.g. orthopaedic non-weight-bearing (which does not fall within the criteria for wheelchair provision of the SMC).
- C. They are loaned to UHL patients, to be used in hospital, as clinically indicated to provide postural assessment and support as part of MDT treatment.

For example: adults or children who have suffered a traumatic brain injury/stroke resulting in increased/decreased muscle tone; inability to maintain sitting balance/postural control/head control, require the use of complex postural seating. These patients require seating to maintain appropriate positioning, for respiratory needs, repositioning from a pressure point of view, enable engagement in feeding/activity and prevent further postural deterioration or contractures. They go on to have a permanent chair from the SMC (see above)

2. Scope

This Guideline is relevant to all therapy staff (primarily Occupational Therapists including bank or locum staff and students on clinical placement), who are responsible for the assessment, provision and use of short term loan Therapy Department wheelchairs.

A robust assessment with clinical reasoning will be documented, when a decision is made to loan a wheelchair, in the patient's medical notes.

Wheelchairs/buggies can only be issued for discharge to residents from Leicester, Leicestershire and Rutland.

The Therapy Service has a wheelchair/buggy group who meet every 6 months (more regularly if required). All Specialties within Therapy included.

3. Recommendations, Standards and Procedural Statements

Procedure / Process for cleaning and maintenance of Wheelchair/buggy fleet for the therapy service	
No.1	<p><u>Short term wheelchair loans:</u></p> <ul style="list-style-type: none"> • All essential accessories (e.g. Stump boards, footplates, elevating leg rests and cushions) will be sourced and fitted as required following assessment of clinical need. • A loan letter (Appendix A) is signed by patients or their proxy when a wheelchair is loaned – a copy is placed in the medical notes, a copy kept for reference in the issuing OT department and a copy issued to the patient. • The Therapy service will contact patients to ensure wheelchairs are returned to UHL at the end of the loan period
No.2	<p><u>Cleaning chairs on return from loan:</u></p> <ul style="list-style-type: none"> • Chairs must be cleaned between each patient use. (see Appendix B) • Wheelchairs/buggies and accessories must be cleaned within 24 hours of being returned to the department. They should be labeled as 'not for use and waiting to be cleaned' and not stored in an area with clean equipment. • Wheelchairs and accessories should be cleaned with chlor clean • Once clean, a maintenance checklist must be completed (Appendix B).
No.3	<p><u>Recalling/returning chairs – procedure:</u></p> <ul style="list-style-type: none"> • Ensure loan records are kept on wheelchair/buggy database by the named Therapist. • The therapist (or member of the team) needs to phone/contact patient to request return to the department within the agreed time frames. • If patient/carers are unable to return the wheelchair and accessories themselves, organise alternative collection solution. For example; therapists to collect chair using own transport, (providing staff member has appropriate insurance and authorisation to use their car), or use of a taxi as a last resort which will require Band 7 authorisation.
No.4	<p><u>Regular maintenance:</u></p> <ul style="list-style-type: none"> • Maintenance Checklist must be completed once the wheelchair has been cleaned and review whether wheelchair/buggy accessories are fit for purpose/use. Each O.T. department has a file where these forms are kept. • If a problem has been found with the wheelchair see <u>No 5 'repairs'</u> required below • There is a service contract for therapy wheelchairs/buggies. Service checks to be carried out every 12 months by contractor. Service will be recorded on the wheelchair/buggy database. • Each chair should be checked before loaning out by the issuing Therapist
No.5	<p><u>Repairs required:</u></p> <ul style="list-style-type: none"> • Where there is a fault found with the wheelchair, it must be labelled as faulty with a description of the fault and the wheelchair/buggy rep informed and put onto the wheelchair database. • Wheelchair/buggy reps to arrange maintenance checks for wheelchairs requiring repair as required by wheelchair contractor.

4. Education and Training

Staff will be informed of this policy at UHL Therapy meetings. A copy of the guidelines will be available on the Occupational Therapy and Physiotherapy shared drive. All new starters to the therapy service will be inducted on the procedure for issuing/use of short term loan wheelchairs.

Therapy staff, which assess for and provide wheelchairs and cushions, will be expected to have completed the Opcare (SMC) wheelchair accredited prescribers' course.

Patient/carer will be given a demonstration on how to use a wheelchair before issuing a chair and documented in the medical notes.

5. Monitoring and Audit Criteria

Key Performance Indicator	Method of Assessment	Frequency	Lead
Number/% of chairs not serviced annually	Data collection from database	yearly	Wheelchair lead
No of incidents	Datix report	yearly	Wheelchair lead
No of complaints	Datix report	Yearly	Wheelchair lead
Number on loan (short term) annually	Audit (Trauma/Orthopaedics)	Ongoing	Wheelchair group
Number of outstanding returns	Data collection from database	Ongoing	Wheelchair group
Management of OPCARE contract	Audit	Yearly	Wheelchair group

7. Supporting Documents and Key References

See appendix A for the adult wheelchair loan letter.

See appendix B for the wheelchair maintenance form.

8. Key Words

Wheelchairs, Wheelchair maintenance, Wheelchair cleaning, Wheelchair repair
Occupational therapy short term wheelchair loan

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To be printed on trust headed paper

Dear:

You have been issued with a _____ wheelchair/buggy with the following accessories _____ on a _____ loan period from University Hospitals of Leicester NHS Trust Occupational Therapy Department at _____

The wheelchair will be recalled on _____ you will be contacted prior to this date to arrange a convenient time for delivery/collection. The wheelchair/buggy and accessories are the property of University Hospitals Leicester and will be your responsibility whilst in your possession. If you no longer require the wheelchair/buggy before the recall date, please contact _____ on 0116 258 _____ to arrange return as the wheelchair will be needed by other patients. Failure to return this equipment will result in University Hospitals of Leicester NHS Trust seeking to recover the cost.

I understand and agree with the terms under which the University Hospitals Leicester NHS Trust wheelchair/buggy and accessories has been issued to _____ and that the wheelchair and accessories will only be used by this person. I also agree to take full and proper care of the wheelchair/buggy and accessories and will be responsible for any loss or damage.

University Hospitals of Leicester NHS Trust will not be responsible for any injury resulting from the use of wheelchair/buggy.

If you have any queries/problems with the wheelchair whilst in your possession, please contact your named therapist _____ on 0116 258 _____ .

Signed _____ Date _____

Name (In capitals) _____

Relationship to patient _____

Therapist _____ Date _____

Wheelchair Maintenance Record

TO BE COMPLETED ON RETURN OF ALL LOAN CHAIRS
CHAIR NUMBER AND ACCESSORIES:

ANY DAMAGE OR FAULTS NEED TO BE REPORTED TO SITE REPRESENTATIVE AND DO NOT RE ISSUE

	TICK/CROSS ON RETURN	COMMENTS	ACTION
<u>GENERAL CLEANLINESS & HYGIENE</u> <ul style="list-style-type: none"> • Check chair upholstery, armrests, wheel rims, frames and footplates are all clean. 			
<ul style="list-style-type: none"> • Check for any damage to seat canvas, armrests, footplates, elevated leg rests, stump boards 			
<u>INFECTION CONTROL</u> <ul style="list-style-type: none"> • Check wheelchair, footplates, leg rests and cushion for any fraying material, exposed foam, damage plastic covering, and exposed rusty metal. Speak to wheelchair rep immediately; equipment will require urgent repair or disposal. DO NOT RE-ISSUE. 			
<u>WHEELCHAIR AND TYRES</u> <ul style="list-style-type: none"> • Check for wear and tear of tyres. 			
<ul style="list-style-type: none"> • Check condition of vinyl covering on steering rim (self-propelled chairs). 			
<ul style="list-style-type: none"> • Check smooth running of back wheels. 			
<ul style="list-style-type: none"> • Check smooth running of front wheels 			
<u>BRAKES</u> <ul style="list-style-type: none"> • Check brake disc is flat and in contact with tyre and stops wheel from moving when in on position 			

<ul style="list-style-type: none"> • Check brake is clear of tyre and not rubbing when in off position. 			
<ul style="list-style-type: none"> • Check brakes are easy to pull on and off. 			
<u>FRAME</u>			
<ul style="list-style-type: none"> • Check all frame parts are not bent or damages in any way. 			
<ul style="list-style-type: none"> • Check folding mechanism works smoothly and stays closed when folded. 			
<ul style="list-style-type: none"> • Check armrest/side panels fix into and out of frame easily and not damaged. 			
<ul style="list-style-type: none"> • Check backrest folding levers work smoothly and chair back is secure. 			
<ul style="list-style-type: none"> • Check handgrips are undamaged. 			
<u>UPHOLSTERY</u>			
<ul style="list-style-type: none"> • Check seat canvas is undamaged, all stitching is secure and all canvas screws are tight and in place. 			
<ul style="list-style-type: none"> • Check back canvas is undamaged, all stitching is secure and all screws are tight and in place. 			
<u>CUSHIONS</u>			
<ul style="list-style-type: none"> • Check cushions is clean, if able remove cover and clean. 			
<ul style="list-style-type: none"> • Check inner plastic covering is intact, if any exposed foam or holes (do not re issue – report to site rep). 			

ACTION TO BE TAKEN:

DATE: _____ **SIGNATURE:** _____ **PRINT NAME:** _____

Designation _____

