

# **BARNWOOD TRUST**

## **GUIDELINES FOR USE OF POWERED RISER/ RECLINER CHAIRS ISSUED ON SHORT-TERM LOAN TO PATIENTS**

### **To the Referring Agency**

Please read the following and discuss the relevant points with your patient. The Trust regrets that it has become necessary to make a charge £30 for delivery and collection of loan chairs (as it costs the Trust over £100 to collect, clean, service and re-cycle a riser/recliner chair). This will apply to all requests and may be paid by either the patient or referring agency prior to delivery. If the patient wishes to proceed, both you and the patient (or the patient's carer or other representative) should then sign the form overleaf. Please check that a chair is available before sending back the signed form with the payment. Barnwood Trust will deliver the chair as soon as possible after the payment is received. Please keep a signed copy of the form for your records and the Trust will send a receipted copy to the patient when the chair is issued.

**Please note, due to Health & Safety issues, the chair will only be installed in the downstairs sitting room and may not be moved to an upstairs bedroom.**

### **1 The loan of a recycled electric riser-recliner chair for a patient at home should be made only where:**

- *an assessment of need has been carried out by the responsible professional*
- *by its use, the chair will enable the patient to be cared for in a comfortable and safe environment and enhance the quality of life for the patient*
- *there is sufficient room in the patient's home to allow the chair to move without restraint by walls or furniture*

### **2 Prior to delivery, the following points must be discussed by the referring professional with the patient:**

- *the chair must be allowed to operate without restraint by walls or furniture*
- *the upholstery and mechanics of the chair should be protected from liquid penetration (drinks and urine) which can cause damage (N.B. on return of a loan chair, before collection the Trust must be advised of any soiling or contamination e.g. MRSA)*
- *no person should be allowed to sit on the leg-rest*
- *the potential dangers to small animals and children crawling/hiding underneath the chair*
- *the need for the beneficiary or his or her agent to sign a consent form*

### **3 On delivery of the chair, the controls should be explained and demonstrated to the patient and carer(s):**

- *The standard specification is a two-button hand control. The TOP button takes the chair from RECLINE to SITTING and from SITTING to TILT RISE position. The LOWER button takes the chair from TILT RISE position to SITTING and then, if required, into RECLINE. The chair stops moving if pressure is released on either button.*

**ACCEPTANCE FORM RE: LOAN AND USE OF ELECTRIC  
POWERED RISER-RECLINER CHAIRS IN THE HOME**

***To be signed by the referring Agency:***

I confirm that the patient....., is in need of and will gain benefit from use of a powered riser-recliner chair. The guidelines for use of the chair have been explained to the patient and carer(s) **and the controls will be demonstrated by me after delivery to the patient.**

Signed..... Date.....  
*Please print surname here*

Occupation ..... Contact tel. no.....

Work Address.....

***To be signed by the Patient (or Patient's Carer on behalf of the patient):***

I understand that the chair will be loaned to me by Barnwood Trust on a temporary basis and that I must take care of the chair while in my possession. Barnwood Trust will accept responsibility for any necessary repair in the first twelve months and must be informed when the chair is no longer required or needs repair. If I still need to borrow the chair after twelve months from date of delivery, I agree that I am responsible for having the chair cleaned and serviced annually (and repaired, if required) on the grounds of health and safety.

The guidelines for using the powered chair have been explained to me and my carer(s); and I agree that Barnwood Trust cannot be held responsible for any consequences arising from use of the chair while it is in my possession. I also agree to this information being held on the Trust's database.

Signed..... Date.....

(Patient/Carer or Appointee)

Name of Patient *(in capitals please)*.....

Address .....

..... Post Code.....

Tel. no..... Date of Birth.....

Nature of Disability.....

Approx height..... Approx weight.....

***For use by Barnwood Trust:***

*Received with thanks the sum of £30 Signed*.....