Leamington Mennonite Home
Long Term Care

POLICY & PROCEDURE

CATEGORY: **Resident Care**	**SUBJECT:** **Power Mobility Equipment**	**SECTION:** **P** **POLICY:** **7**
DATE: **May 1, 2023**	**Administrator:**	
REVISION DATE:	**Director of Care:**	

POWER MOBILITY EQUIPMENT

DEFINITION:

Power Mobility Device – a device used to facilitate the transport of an individual that is battery operated, such as a wheelchair (scooters are outdoor use and not for rec inside LMH).

POLICY:

To use a power mobility aide within and on the grounds of the Leamington Mennonite Home, provided assessment, training, and trial process are completed for residents who wish to have one.

PROCEDURE:

The following decision for the allowance of a Power Mobility Device is a safety based multidisciplinary decision. See safe driving procedures attached.

All Power Mobility Devices brought into the facility must be inspected by a certified technician.

Residents who come to LMH with a Power Mobility Device must be assessed to determine their ability to safely operate it, and to undergo the same training and driving assessments as potential new power mobility drivers.

1. If a resident or SDM wishes to obtain a Power Mobility Device, the LMH Occupational Therapy Aide (OTA) will obtain all background information using the LMH Wheelchair Clinic – Resident Information Form and will set up a scheduled appointment within LMH. The OTA will also ensure documentation and funding applications are prepared.
2. The Wheelchair Clinic Team (consists of the Physiotherapist or Occupational Therapist, the Occupational Therapy Aide and predetermined preferred vendor) will assess the resident (with SDM invited) for a Power Mobility Device. (Trial/practice session, info, measurements, resident reactions, multidisciplinary info shared SDM information findings).
3. The preferred vendor will provide a ‘Trial’ Power Mobility Device for learning and practice sessions with the OTA to become familiar with the Device, and for the OTA to observe preliminary abilities. Driving session results will be documented in the resident’s notes following each training session. During this time, the PMD Is stored by the OTA. (See attached ‘Driving Assessment and Training’ for specific details required for the assessment to determine modifications that may be needed for that resident’s abilities, use, locations of use, etc.)

4. The Wheelchair Clinic Team will review the resident's capabilities to use a Power Mobility Device on a regular basis. A trial period for use may be determined. This includes: the duration of the trial period, days, time of day, location of practice area, storage of trial device.
5. Following Wheelchair Clinic discussion/planning – restrictions for use may be imposed temporarily/long term. Restrictions will be based on assessed and training results with multidisciplinary contributions.
6. Wheelchair Clinic Team assessment decisions will be communicated through E-Notes, unit information sheets and E-Plans.
7. If the resident is deemed 'Safe' by the Wheelchair Clinic Team and if the SDM agrees, the order will be placed by the preferred vendor. The OT or PT completes the necessary documentation and prescription if funding is applicable.
8. The preferred vendor is responsible for supplying a detailed price quotation, completion and submitting of the MOH Assistive Devices Form for funding assistance, assisting with other alternative funding sources, and determining a potential delivery date (this depends on SDM choice of ADP preapproval or prepayment).
9. The preferred vendor may or may not be able to loan the trial Power Mobility Device for the timespan until the expected delivery date.
10. When the Power Mobility Device is delivered, set up, all parts and accessories labelled, the Device is delivered to the resident with SDM inclusion. (The Power Mobility Device is stored and charged in the resident's room when not in use). The preferred vendor and OTA will assist with familiarizing and 'fine-tuning' the PMD and assisting and any questions or concerns that may arise.

Safe Driving Practices of a Power Mobility Device

- Safe drivers have good control of their PMD.
- Those who drive outside are able to navigate a variety of terrains and obey traffic laws.
- Safe drivers cope with environmental changes, such as obstructed hallways.
- Avoid problem situations.
- Safe drivers take responsibility for their actions, repairs, storage, charging of their PMD.
- Yield the right of way to others.
- Is able to stop the PMD reliably.
- Avoids bumping into others.
- Avoids bumping into objects or damaging property.
- Doesn't use the PMD as a weapon.
- Does not drive while intoxicated (drugs/alcohol).
- Abide by set limitations ex: wander guard, as some residents may have parameters imposed on their PMD by multidisciplinary team at LMH.

If the resident is capable, and a PMD is permitted, the resident and SDM will review and sign the Agreement acknowledging the policy and process for PMD use.

The OT and Team may set and review limitations and risks at the request of resident, SDM, or LMH staff. Again, the E-Plan will reflect use and any parameters/limitations.

If a Resident is Not Capable of Operating a Power Mobility Device

If the training and assessment indicate the PMD is inappropriate for resident use, it will not be allowed in LMH. The Wheelchair Assessment team will meet with the resident and their SDM to review the results that indicate why the PMD is not a suitable mobility device.

If there are Incident Reports

Examples of Incidents: injury to someone, contact damage (keeping in mind that normal wear and tear, occasional bumping and grazes will occur), pattern of repeated incidents, use of drugs/alcohol.

All incidents will be reported to the Registered Staff and documented in the resident's Med E Care Notes. The registered staff will take necessary action for all resident's safety and other people's safety.

A multidisciplinary review/huddle will occur to address issues outlined in the E-Plan.

The OTA and PSWs will record and track incidents using the 'Driving Observation System' tool, in which the resident will be closely observed for a 24 hour / 7-day period. This will be reviewed, and if warranted, re-evaluation by the OT, parameters set which can include times of use, speed control measures, etc. may be recommended.

The health of the resident will be reviewed by the LMH physician also). The resident and SDM will meet with the OT Team (supervisors) to discuss the incident and outcome, and plan.