Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY:	**SUBJECT:**	**SECTION:**
Resident Care	**Personal Assistive Services Device (PASD)**	**P**
		POLICY:
		6
DATE:	**Administrator:**	
August 2010		
REVISION DATES:	**Director of Care:**	
June 2015, March 2017, August 2017		

PERSONAL ASSISTIVE SERVICES DEVICE (PASD)

POLICY:

The Leamington Mennonite Home values the freedom, movement, and independence of each resident. The Home endeavors to follow a policy of least restrictive devices that ensure resident freedom and quality of life. When there is a need for a Personal Assistive Services Device (PASD), the Home will ensure all alternative methods have been trialed.

DEFINITION OF PASD:

Personal Assistive Services Device, being a device used to assist a person with a routine activity of living. The purpose of a PASD is to aid with activities of daily living and is not considered a restraint. A PASD for the Leamington Mennonite Home will consist of the use of a tabletop and /or a seatbelt or tilt feature on a wheelchair.

PROCEDURE:

- When all alternative interventions/methods have been trialed to assist a resident with a routine activity of living, a PASD will be recommended by the Occupational Therapist Assistant (OTA) with the assistance of the multidisciplinary team. An assessment by the Occupational Therapist will be completed (and documented) can also be approved by the Physician, RN, RPN, Physiotherapist.)

- When a PASD has been recommended the consent must be obtained from either the resident or POA/resident's substitute decision maker (SDM) with the authority to give that consent.

- When there is a PASD used, the resident care plan must reflect this plan of care for the individual stating the goal for use, when it is being used, for how long it is in use, and why the PASD is being used.

- A PASD is applied / engaged by the PSW, Activity Aide, RN or RPN etc. for specific use to the routine activity of living and removed after completion of the ADL. Or in the case of tilt use on a wheelchair refer to the Plan of Care for individualized

instructions. A resident has the right to determine the degree of tilt being used for comfort / rest periods.

- The PASD must be used / operated as outlined by the manufacturer's instructions.

- The resident response to the PASD is monitored and recorded on the daily flow sheets.

- The use of a PASD for the resident must be reviewed quarterly, annually and any change in health status by the OTA and documented in electronic records. This will be documented on the care plan quarterly, change in status and at the care conference annually.

Leamington Mennonite Home
Personal Assistive Service Devices Consent Form
Mobility Equipment

RESIDENT NAME	ROOM #	DATE
_____	_____	_____

The Home believes in the rights and dignity of individuals to optimize and enjoy quality of life. We embrace a philosophy of least restraint that recognizes the resident's strengths, independence, and the right of freedom of movement.

The need for PASDs is based on continual multidisciplinary assessment and appropriate consultation with the resident, family and/or substituted decision-maker. PASD's are used to assist residents in their participation in activities of daily living.

An assessment has been completed by the multidisciplinary team determining that a PASD would assist in providing independence, comfort and/or positioning for Activities of Daily Living. Alternative methods and attempts have been explored and documented. Re-evaluated quarterly and at multidisciplinary care conference annually.

The following PASD is recommended and/or requested:		
Type of PASD	**Purpose**	**Frequency of Use**
☐ Seatbelt ☐ Tilt on wheelchair ☐ Table Top ☐ Other: _____ _____ _____	☐ Mealtime ☐ Has Decreased Sitting Tolerance ☐ Participation in Social & Recreation Activities ☐ Wound ☐ Leaning/Sliding ☐ Postural deformities ☐ Mechanical Lift Transfers ☐ Resident Preference ☐ Transport Purposes	☐ *Duration of Meal* ☐ *2 Hours* ☐ *Duration of Activity* ☐ *2 Hours* ☐ *2 Hours* ☐ *2 Hours* ☐ *When assisting into wheelchair* ☐ *Resident's choice* ☐ *Distance being portered*

Benefits & Risks of Wheelchairs Being Used in a Tilted Position

BENEFITS	RISKS
• Increased sitting tolerance/comfort • Change of position to aide in wound healing • Assists/aids in preventing leaning and sliding tendencies • Makes getting the resident into the wheelchair easier, more precise • The wheelchair can be tilted to make it easier to push (distributes resident's weight over the rear tires) • Resident likes to be tilted back for sleeping, relaxing, change of position, etc.	• If left in a tilted position may increase pressure & cause skin problems • It is not recommended to eat or drink while in a tilted position • May cause discomfort if sitting in same position for prolonged duration • Resident cannot operate tilt control
Individualized Goals for Use of the PASD ☐ Change of position ☐ Distribution of pressure area/promotes wound healing ☐ Sheer prevention ☐ Improved positioning variations ☐ Accommodates complex posture ☐ Ease of transfer ☐ Comfort ☐ Supports Postural Deformities ☐ Other_____	

I, _____ have participated in a discussion concerning the issue of PASD use with the resident/SDM at the Multidisciplinary Care Conference or when being assessed for a wheelchair. In the event of a change in status and/or resident/SDM request, additional assessments may occur.

_____ _____

Signature of Resident/Resident Representative **DATE**

_____ _____

WITNESS **DATE**

PASD Approval Documentation

Resident Name: _____

Date: _____

	Tilt for Positioning	Tilt to support fixed posture	Wedge	Tray (1/2 Tray)	Seat Belt
Decreased Sitting Tolerance					
Wound					
Leaning					
Postural Deformities					
Mechanical Lift Transfers					
Cannot Reach Rear Wheels to Propel					
Transport Purposes					
Future Need:					
	Approved By: _____				