

HSE NATIONAL LIST OF COMMUNITY FUNDED AIDS AND APPLIANCES AND PRESCRIBING CRITERIA:

Moving and Handling

Augmentative Alternative Communication (AAC) and Assistive Technology and Mounts

Standing and Walking Mobility Aids

Aids for Daily Living

Domestic Bed Aids, Electric Profiling Beds and Pressure Reducing Mattresses and Elbow/Heel/Foot Protectors

Therapeutic Aids

Wheeled Mobility, Compatible Seating Systems and Cushions

PRESCRIBING GUIDANCE MANUAL FOR COMMUNITY HEALTHCARE ORGANISATIONS 2020

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Picture communication systems, charts and books	
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Software to develop communication skills compatible with SGD above	
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Laptop, smart phone (IOS or Android), tablet (hardware only)	
Customised desk top or tablet, adapted for individual service user	
Software to operate AAC ICT device compatible with above	
Software to develop communication skills compatible with ICT device above	
AAC Access/Integration (switches) /mounts/ protection	
Switches: a range of switch options	
Switch Adaptor/Connector	
Joysticks: A range of joystick options including customised when no listed/contracted option suffices	
Pointers: head pointer or infrared beam	
Hardware: alternative adapted mouse/keyboard	
Eye gaze access: enabling device and E Tran frames	

Mounts product specific or universal for AAC devices and/or switch access: tablet / table top / wheelchair / desk / floor	
Keypad guard/cover or waterproof guard or key cover	
Carry case	
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Raised toilet seat and frame, height adjustable	
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Bed pan with lid	
Urinal bottle	
Bottom wiper	
Toilet Commodes (Shower Chair / Commode)	
Commode: static, height adjustable	
Attendant propelled commode and toilet chair	
Commode pans and lids	
Showering and Bathing Aids	
Shower stools and static shower chair	
Shower stool: standard, height adjustable	
Shower stool: corner, compact	
Shower stool: wall mounted, fold away, with legs	
Shower chair: static, height adjustable	
Attendant propelled shower chair with wheels	
Attendant propelled three in one shower chair and commode and toilet chair	
Attendant propelled three in one tilt in space shower chair and commode and toilet chair	
Self-propelled three in one shower chair and toilet chair and commode	

Shower trolley: powered, height adjustable	
Manual Bathing Aids	
Bath boards	
Bath stool with no back: positioned in the bath or suspended from the bath rim	
Bath seat with back: positioned in the bath or suspended from the bath rim	
Bath board and seat combined	
Swivel bath seat	
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Powered bath lift with recline back option	
Bathing Accessory	
Bath step, modular	
Paediatric Showering and Bathing Aids	
Bathing support ring	
Corner bath seat	
Bath tub seat with reclining sling seat	
Wheel in shower chair with reclining sling seat	
Reclining sling seat for bath tub or wheel in shower chair	
Paediatric powered bath lift	
Feeding, Eating, Drinking, Swallowing (FEDS)	
Specialised adapted cutlery (set or single utensil)	
Dysphagia / swallowing spoons	
Adapted ware	
Feeding system / spoon raiser: manual or automated option	
Adapted cups	
Dysphagia cups	
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Specialised adapted bottles and teats	
FEDS programmes including software	
Specialised Chairs: Adult stools and chairs for use in a non-residential home setting.	
Perching stool	
Orthopaedic high back chair	

Dual motor rise and recline chair	
Adult postural support chair on wheels	
Chair sensor, safety alarm pad	
Paediatric chairs for use at home	
Corner seat / floor sitter with pommel and tray attachment	
Contoured solid foam floor sitter and base with 'H' style integrated harness and option of tray/table	
Basic positioning activity chair: minimal adjustability and postural support. Standard low height chair for floor use	
Multi adjustable activity chair: moderate adjustability and postural support with set height seat base or high-low base pedal activated	
Tilt in space multi adjustable activity chair: moderate to high adjustability and support with High-low base, pedal or power activated and frame only option for third party seating	
Tilt in Space - high low base only option from above	
Pelvic positional saddle seat, height adjustable with pelvic tilt and options for postural trunk support	
Domestic Bed Aids, Electric Profiling Beds and Pressure Reducing Mattresses and Elbow/Heel/Foot Protectors	
Aids for Domestic Beds	
Monkey pole: freestanding for domestic bed	
Bed lever (bed bar) for domestic bed	
Electric Profiling Beds and Attachments for Electric Profiling Beds	
Electric profiling bed: Three foot (0.91m) wide, dual height adjustable	
Electric profiling bed: Four foot (1.2m) wide mediatic, standard height adjustable	
Electric profiling bed: Four foot (1.2m) or > four foot (1.2m) wide bariatric, standard height adjustable	
Electric rotating bed and mattress For Very High Risk Waterlow 20 and >	
Monkey pole attachment secured to profile bed	
Bed length extender attachment for profile bed (extender may be secured to bed or integrated)	
Mattress extension pad compatible with bed length extender	
Bed lever (bed bar / bed loop) for profile bed, secured to profile bed	
Bed rails	
Bumper pads for bed rails	
Bed Aids for use with Domestic or Electric Profiling Beds	
Bed cradle	

Over bed table, height adjustable	
Falls crash mat, size to fit under bed for storage	
Bed sensor, safety alarm pad	
Elbow, heel and foot protectors (gel, foam, air options)	
Pressure relieving mattresses for use on the domestic bed	
Pressure Reducing Mattresses	
'At Risk' Pressure reducing mattress Service user risk level: Waterlow score 10+ (10-15)	
Specialised memory foam mattress, static. Product compatibility At Risk 10+ (10-15)	
Non-powered overlay. Product compatibility At Risk 10+ (10-15)	
'High Risk' Pressure reducing mattress Service user risk level: Waterlow score 15+ (15-20)	
Specialised memory high specification high density foam / hybrid (foam and air cells) mattress, static. Product compatibility High Risk 15+ (15 -20) and At Risk 10+ (10-15)	
Powered dynamic foam and air mattress. Product compatibility High Risk 15+ (15 -20)	
Powered, dynamic, standard cycle, air alternating mattress. Product compatibility High Risk 15+ (15 -20)	
Very High Risk' Pressure reducing mattress Service user risk level: Waterlow score 20+ (20 and >)	
Powered, dynamic air alternating mattress standard cycle Product compatibility Very high Risk 20+ (20 and >)	
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Powered, dynamic, air alternating and rotational mattress and bed	
Replacement mattress covers for all of above	
Profiling Height Adjustable Paediatric Cot	
Paediatric cot, height adjustable	
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Transcutaneous Electrical Stimulation (TENS) and Neuromuscular Electrical Nerve Stimulation (NMES)	
TENS unit	
TENS electrodes and battery	
NMES unit	
NMES: for continence	
NMES: with biofeedback for incontinence	
NMES: for knee muscle strength	
NMES: electrodes	
Continence probes for NMES unit	

Continenence guard women's health	
Exercise Aids	
Manual pedal exercise unit: lower and upper limb	
Powered, passive/active pedal exercise unit: lower and upper limb / lower limb / lower limb, paediatric	
Shoulder pulley unit	
Positioning Support Aids	
Wedges	
Rolls	
Paediatric multi-purpose wedge/roll positioning system	
Bed/sleep positioning: foam modular	
Bed/sleep positioning: air vac	
Compression Garments for the prevention and management of Lymphoedema and Chronic Oedema	
Lower limb ready to wear	
Lower limb Made To Measure (MTM). May include lower trunk if indicated	
Upper limb ready to wear	
Upper limb Made To Measure (MTM). May include upper trunk as indicated.	
Miscellaneous garments ready to wear or made to measure	
Wraps	
Night garments	
Replacement compression garments	
Compression Garments for the healing of burns and reducing scarring	
Burns compression garments: made to measure	
Dynamic Lycra Compression Garments	
Dynamic lycra garments	
Oral Motor Aids	
Sensory aids: brushes, tubes/chews, vibrators, suction tooth brushes	
Jaw rehabilitation system and pads: for those with teeth and without teeth	
Oral motor exercise tools, e.g. oral light	
Expiratory muscle strength trainer: for use related to the development of OM, speech or FEEDS skills	
Software to develop oral motor skills	

Wheeled Mobility, Compatible Seating Systems and Cushions

Paediatric Special Needs Buggies

- Buggy liner postural seat for postural support
- Tilt in space folding buggy medium support
- Tilt in space folding buggy high postural support
- Tilt in space folding buggy frame only
- Basic utility umbrella style folding buggy, sling style seat
- Heavy duty utility umbrella style folding buggy, sling style seat

Paediatric Manual Wheelchairs

- Basic folding lightweight self-propelled 8" width
- Basic folding lightweight self-propelled
- Basic folding lightweight attendant propelled
- Tilt in space folding lightweight self or attendant propelled
- Tilt in space rigid frame, durable, attendant propelled
- Tilt in space folding frame, durable, attendant propelled
- Tilt in space frame only option for moulded or third party customised/modular seating systems
- Active user folding lightweight self-propelled
- Active user rigid frame lightweight self-propelled
- Heavy duty robust frame, option of attendant or self-propelled wheels

Paediatric Powered Wheelchairs

- Basic entry level paediatric power chair
- Paediatric tilt in space rear wheel drive power chair
- Paediatric tilt in space mid wheel drive power chair

Adult Manual Wheelchairs

- Basic folding, attendant propelled/transit
- Basic folding, self-propelled
- Basic folding lightweight, attendant propelled or self-propelled
- Configurable: standard, self-propelled
- Configurable: bariatric, self-propelled

Configurable: heavy duty, robust, attendant propelled or self-propelled	
Rigid frame lightweight, self-propelled	
Rigid frame non-adjustable, customised, self-propelled	
Tilt in space standard	
Tilt in space configurable	
Tilt in space heavy duty, robust, attendant or self-propelled	
Tilt in space adult frame only option for moulded/customised seating	
'Add on' non powered and powered assistance for manual wheelchairs	
Non powered: Assist wheels	
Non Powered: lever propulsion system	
Non-powered one arm drive wheelchair. Lever or double wheel rim system	
Powered: Power pack attendant operated	
Powered: Add on power drive user operated	
Powered: Assist wheels: wheel rim or joystick option	
Adult Powered Wheelchairs	
Powered Adult basic mid wheel drive	
Powered Adult basic rear wheel drive	
Powered Adult Basic adjustable frame mid wheel drive	
Powered Adult basic adjustable width rear wheel drive	
Powered adult indoor/outdoor adjustable mid wheel drive	
Powered adult indoor/outdoor adjustable rear wheel drive	
Powered adult Outdoor/Indoor adjustable mid wheel drive	
Powered adult outdoor/indoor adjustable rear wheel drive	
Powered adult outdoor/ indoor extra large	
Powered adult outdoor/ indoor heavy duty	
Expandable Electronic Controller and Drive. Add on Options for Adult and Paediatric Power chairs	
Additional Drive Control (ADC) that interfaces with the power actuator and bus cables for actuator connectivity	
Expandable additional drive control for post respective installation on existing power chairs	
Adult Mobility Scooters	
Mobility scooter adult four wheel	

Heavy mobility scooter adult four wheel	
Essential Accessories for all of above	
Tray for wheelchair, Brakes: alternative grip options e.g. scissor , extended handles, Oxygen cylinder holder, Leg rest options e.g. elevated, Amputee leg rest right/left/bilateral, Rain cover for buggy or rain cape for wheelchair	
Spare parts and necessary tools for all above buggies, wheelchairs (manual and power) and compatible seating	
Primary and Secondary Postural Support Devices (PSD) compatible with Paediatric and Adult Wheeled Mobility equipment - Seating Systems	
Support Devices that can be configured as required	
Pressure Reducing Cushions ‘At Risk’	
Specialised memory foam cushion (At Risk 10-15)	
Foam and gel/ fluid cushion (At Risk 10-15)	
Pressure Reducing Cushions ‘High Risk’	
Air cushion, static	
Foam and gel/fluid cushion or foam and air cushion	
Air cushion single valve, inflatable with pump/non-motorised (dynamic/active)	
Air cushion dual or multi valve, inflatable with pump /non-motorised (dynamic/active)	
Pressure Reducing Cushions ‘Very High Risk’	
Foam and gel/fluid cushion or foam and air cushion	
Air cushion single valve, inflatable with pump/non-motorised (dynamic/active)	
Air cushion dual or multi valve, inflatable with pump /non-motorised (dynamic/active)	
Air cell cushion, non-inflatable	
Pack of replacement cells for air cell cushion, non-inflatable	
Powered air alternating cushion	
Pressure Reducing Cushions ‘No Risk’	
‘No Risk’ short term temporary cushion	
Postural Support Cushions	
Seating system that only interfaces with own brand buggy/wheelchair	

Third party seating system that interfaces with another branded buggy/wheelchair	
Custom seating systems	
References	
Appendix 1 - Prescriber Check List	
Appendix 2 - Category Specific Information for Prescribers	

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Introduction

The Community Funded Scheme (CFS), National Service Improvement Programme was established by the Primary Care Division to improve the quality and sustainability of CFS through the initiation of national standards, equity of access, value for money, functional processes and a management system that ensures compliance with those standards. Aids and Appliances was one work-stream of the national programme. It found variation in uniformity of equipment and service provision in Community Healthcare Organisations (CHO's) leading to inequity across the country. It identified that access to a national approved list of products and clinical criteria of the various categories of aids and appliances provided by the community would be of benefit to services users, healthcare professionals and providers. This manual for such aids and appliances in the Community setting is the outcome. It outlines a national approved aids and appliance list and prescribing criteria for each category in the list. This falls into seven category sections. The information in each section is presented in table format.

Aids and appliances selected from the national list are the best economic choice in relation to clinical requirement and on occasions when/if such a piece of equipment requested is not on the list, it should be dealt by making an individual case through your local head of discipline in your CHO Area.

Aim

The aim of this manual is to provide clear prescribing criteria to assist prescribers in evidence-based decision making, and to improve the quality and safety of the healthcare they provide. Provision of aids and appliances are set out under the following categories:

- Moving and Handling
- Augmentative, Alternative Communication (AAC) and Assistive Technology and Mounts
- Standing and Walking Mobility Aids
- Aids for Daily Living
- Domestic Bed Aids, Electric Profiling Beds and Pressure Reducing Mattresses and Elbow/Heel/Foot Protectors
- Therapeutic Aids
- Wheeled Mobility, Compatible Seating Systems and Cushions

Scope

This manual has been devised to give an overview of the description of the aid and appliance and relevant prescribing criteria (both common Prescribing criteria and prescribing criteria specific to each item). It is not comprehensive enough to act as a guideline. It can be utilised by health professionals directly involved in service user care named herein and by administrative staff involved in the supply of the equipment. Approved personnel who can prescribe include physiotherapists, occupational therapists, public health nurses, speech and language therapists and clinical engineers with the appropriate skills and competencies. Approved prescribers listed must practice in accordance with local and national policy and within their clinical remit and both regulated and professional scope of practice. In some instances, training levels vary; therefore it is the responsibility of the prescriber and their line manager to ensure they work within the scope of their professional capability. Aids and appliances can be prescribed and issued by loan/lease or purchase from the HSE to service users when the prescribing criteria have been met.

Note: The following manual has been provided for use by staff working within the HSE Community settings, it describes the clinical criteria for various aids and appliances prescribed for use in the home setting. The HSE does not bear responsibility for use of this manual or reliance on it in any manner by any other third party.

Common Prescribing Criteria

The prescriber verifies that **all** the following common prescribing criteria have been met:

- The service user has been assessed by a trained healthcare professional, to determine that there is a clinical requirement and absolute necessity for the aid/appliance.
- Equipment has been selected with regard to the safety and efficiency of both the service user and/or carer(s) who will be using it.
- Where appropriate the service user's living environment has been assessed and deemed suitable for use of the prescribed aid/appliance.
- All clinical and manufacturers contraindications for use have been excluded.
- Specifications of the prescribed aid/appliance match the service user's essential clinical need only and any unnecessary higher specification products or features, that are desirable rather than essential, are not prescribed for issue to service users.
- Service user, and/or carer(s) have given consent to the use of the aid/appliance prescribed.
- Service user and/or carer(s) have been informed and indicate they understand their responsibilities in relation to the loan agreement they are required to sign.

- The service user, and carer(s) have had the safe use of the aid/appliance demonstrated to them, and that this use is in keeping with the manufacturer's guidelines.
- The aid/appliance has been trialled. The service user and/or carer(s) have been instructed in the use of this item and are deemed safe in its use, demonstrating their ability to use it independently or with assistance as is applicable to their situation.
- All assessment findings and related actions and interventions are fully documented in the service user's clinical record which is retained locally by the prescriber.
- The service user and or carer(s) have indicated they will adhere to instructions for use and will comply with the essential safety advice.
- The prescriber establishes that the service user and/or carer(s) can read the instruction book (literacy and or language) that will be provided with the product and if not makes an alternative arrangement.
- Where the aid/appliance is a replacement for a previously loaned aid/appliance that no longer meets the service user's clinical needs, the prescriber is responsible for ensuring that the previously loaned item is returned to the HSE recycling pool.
- Requests made for aids and appliances with respect to adults or children seeking multiple repeat aids and appliance items (e.g. children living between two homes, or home and school requests) should be considered and managed on a case by case basis subject to local area budgetary restrictions.

Category Specific Prescribing Criteria

Moving and Handling		
Manual Handling Aids		
Item	Descriptor	Prescribing Criteria
Transfer board standard short	A transfer board has a smooth wooden or plastic finish at the top and non-slip pads at the bottom of either end to prevent the board slipping. The board assists the user to transfer between surfaces of different heights, independently or with the assistance of a carer.	Prescriber: Physiotherapist or occupational therapist <ul style="list-style-type: none"> • Service user cannot transfer between two surfaces without the use of the transfer board, swivel disc or transfer board with sliding swivel disc or combination of items as part of the overall manual handling solution. • Service user presents with sufficient balance, trunk control and the
Transfer board Extra-large short		
Transfer board		

standard long	
Transfer board Extra-Large long	
Transfer board curved (banana)	
Transfer slide board with slide sheet cover	Transfer board covered in a glide sheet that allows one carer to manage transfers on their own. The cover is fire resistant, water resistant and anti-microbial.
Swivel disc	Made up of two discs. The top disc can spin around 360 degrees, while the lower disc is designed to stay in place and not move. Designed to assist rotation in a seated position or rotation in a standing position, in the course of seated and / or sit to stand transfers. Some seated swivel discs can be left in place for a specified time, not to be exceeded.
A transfer board with sliding swivel disc	<p>A straight transfer board with an attached circular rotating swivel disc which moves along the length of the straight board, on a sliding track. The board and disc have a smooth finish and non-slip pads at either end of the board to prevent it slipping. It is designed to combine the functions of a transfer board and swivel disc.</p> <p>Swivel disc available options: Sitting disc/ standing disc.</p>

- upper and lower limb strength that is required to use the item and participate safely in either an independent or assisted transfer process as commensurate with their clinical presentation.
- Service user has the cognitive ability to follow sequence of steps required to engage in the transfer independently or with assistance.
 - Item/s selected suits the type of the transfer the service user or carer will be undertaking.
 - Width/radius/weight limit/length of item chosen suits the service user's dimensions and weight.
 - The risk of shearing and skin tissue viability has been taken into account and the surface of the item/s selected is suitable to the service user's clinical presentation.
 - Service user and/or carer will comply with the following essential safety advice:
 - 1/3rd of the transfer board must be supported at each end, with a level height between transfer points, excepting for a minor variance in height levels which doesn't compromise safe use.
 - Maximum length of time recommended for use of the swivel disc in situ cannot be exceeded to prevent the breakdown of healthy skin tissue.
 - If the swivel disc is to be used in sit, assessment confirms that the service user's skin tissue risk and the use of the product are compatible for safe in situ use.
- Short Board:** Clinically indicated when the transfer distance between two points in short space is confined, and greater stability required.
- Long Board:** Clinically indicated for use when a longer distance between transfer points is necessary and safe.
- Curved Banana Board:** Clinically indicated for use to accommodate angles that might arise from the board's starting and finishing point and to reduce the amount of twisting during a transfer.
- Swivel disc:** Clinically indicated when:
- The turning action is critical to the type of transfer, space is confined, e.g. transfer into and out of car seat, transfer between two places in

		<p>close proximity.</p> <ul style="list-style-type: none"> The swivel action is a safer and more comfortable movement for the carer or service user in comparison to the other manual handling movements or equipment. <p>Transfer board with sliding swivel disc: Clinically indicated when:</p> <ul style="list-style-type: none"> The functions of a transfer board and swivel disc are required to facilitate an easy, safe and functional transfer <p>and / or</p> <ul style="list-style-type: none"> Service user and/or carer cannot use a regular transfer board as either or both of them cannot manage the movements required to manoeuvre on the regular board. When the service user's skin is vulnerable to the shearing or sliding friction action of the regular transfer board, as indicated by a pressure risk score or clinical observations.
<p>Manual handling belt in a range of sizes</p>	<p>Contoured fabric belt, with padded handles at each end. Contains a quick release buckle and a selection of horizontal and/or vertical handles along the outer surface. Some models contain an anti-slip section worn against the service user. The belt goes around the service user's waist and may be used to guide them when moving to stand or sit, and when walking where balance has been compromised.</p>	<p>Prescriber: Physiotherapist or occupational therapist</p> <ul style="list-style-type: none"> Service user cannot carry out the mobility manoeuvre without additional support. Service user has been clinically assessed by a suitably qualified healthcare professional as requiring the level of support provided by a handling belt. Carer(s) require the additional support afforded by the belt to assist the service user. The belt is compatible with both the service user and the transfer/mobility manoeuvre being carried out.
<p>Sliding sheet standard single or double bed size</p>	<p>Standard slide sheets are durable; they usually have a coating, sometimes silicone, which makes them highly slippery. Standard slide sheets can be used singularly or used in pairs, one directly on top of another. It is important to keep the low friction sides against each-other to reduce friction to the service user's skin.</p> <p>Standard slide sheets are not left on the bed</p>	<p>Prescriber: Physiotherapist, occupational therapist or public health nurse</p> <ul style="list-style-type: none"> Service user and/or carer requires additional assistance to complete positioning. Service user has been clinically assessed by a suitable qualified healthcare professional as requiring the level of support provided by a standard sliding sheet.

	<p>beneath the service user; they are positioned under the service user prior to each transfer or repositioning episode.</p>	<p>Standard Sliding Sheet clinically indicated when:</p> <ul style="list-style-type: none"> • Service user can assist with rolling action or be assisted to roll easily, for the placement of the sliding sheet prior to its use. • Service user does not require frequent repositioning or transfer and has some ability to reposition themselves in the meantime. • Service user is heavier or awkward to move and requires the robust strength of the standard sheet fabric. <p>Multi directional sliding sheet clinically indicated when:</p> <ul style="list-style-type: none"> • Service user presents with complex positional needs while in bed. • The service user presents with an assessed higher risk of shearing and compromised tissue viability and the standard sliding sheet fabric is not suitable.
<p>Sliding sheet multi directional single or double bed size</p>	<p>Multi directional sliding sheet is made from very low friction fabric, sometimes satin, that slides easily against it. It has properties that prevent the service user slipping on the sheet. You can use these sheets to facilitate sliding in four directions. As the fabric is comfortable they remain in place as replacement sheets. It is usually available as a set of two sheet where one sheet is a fitted sheet on the mattress and the other is the top sheet that slides over the bottom sheet Two sets of sheets are provided initially by the HSE, and the service user is then responsible for subsequent replacements as required, as with any domestic sheet for home use.</p> <p>Multi directional sliding sheet available options: 3ft (0.91m) single (fits 3ft (0.91m) profile bed) / 4ft (1.2m) double (fits 4ft (1.2m) profile bed) / 4ft 6" (1.35m) double (for domestic double bed).</p>	
<p>Standing and transfer turning aid</p>	<p>Stand and Pivot Transfer Aid This aid allows the service user to complete a sit to stand, standing pivot transfer between two adjacent surfaces. The service user stands on this aid which has a base that swivels, with an upright metal frame, with knee pad supports and chest height horizontal handgrip. The carer pivots the aid to enable the pivot transfer.</p> <p>Stand and Standing Transfer Aid This aid allows the service user to complete a sit to stand standing transfer and while standing they can be transported a short distance to another surface. The aid has a fixed base, on</p>	<p>Prescriber: Physiotherapist or occupational therapist</p> <ul style="list-style-type: none"> • Service user has been clinically assessed by the prescriber as requiring the level of support provided by a standing transfer turning aid. • Service user is able to actively participate in the transfer with this aid. • Service user is able to weight bear through their lower limbs while standing but not when walking and can reliably stand for required duration of transfer. <p>Service user must have:</p> <ul style="list-style-type: none"> • The ability to actively pull to stand and weight bear through both lower limbs when standing, although they cannot take steps. • The sufficient range of motion in the hips, knees and have ability to

	<p>wheels, with an upright metal frame and horizontal handgrip positioned approximately chest height. The aid can be used with or without knee pads a wide pelvic support belt or seat, depending on the model/s available. Wheels can be pushed across a variety of level surfaces. This is not to be used to transport service users between rooms</p>	<p>weight bear and maintain head, shoulder and trunk control for the period of time taken to stand and transfer using this equipment.</p> <ul style="list-style-type: none"> • Sufficient upper limb strength to pull to stand and grasp the equipment throughout the sit to stand and standing transfer task. • Sufficient balance and not present with uncontrolled or unpredictable movements that would interfere with safe use. • Consistent cognitive ability to be able to cooperate with carer and understand carer's instruction. • Before proceeding to selection the prescriber has considered all other manual handling transfer techniques and or lower tech manual handling aids and has deemed them unsuitable. <p>Stand and Pivot Transfer Aid clinically indicated when:</p> <ul style="list-style-type: none"> • Pivot transfers between two adjacent surfaces are required. • Service user is unable to sustain pivoting movements in the normal course of a transfer. • Prescriber confirms that pivot transfers cannot be completed by a manual pivot transfer without assistive aids or by using a manual handling belt or standing swivel disc. <p>Stand and Standing Transfer Aid clinically indicated when:</p> <ul style="list-style-type: none"> • Service user needs to be moved across short distances and can sustain standing for that period. • Service user's current sit to stand and weight bearing abilities and degree of functional participation need to be maintained or developed.
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Powered Hoists		
Item	Descriptor	Prescribing Criteria
<p>Standing hoist with thoracic sling</p>	<p>A standing hoist, with castor wheels and brakes For service users who can stand and weight bear, but who cannot stand independently.</p> <p>It can be used to transfer someone from a sitting position to standing position and back to a sitting position. It maintains active weight bearing ability rather than resort to the use of a standard full hoist and a passive lift. A standing hoist has footplates, individual leg and knee supports, a</p>	<p>Prescriber: Physiotherapist or occupational therapist</p> <ul style="list-style-type: none"> • All other non-hoist aids and methods have been considered and cannot be used as the service user's clinical presentation exceeds their functionality and suitability. • Carer(s) cannot carry out transfers effectively or safely, without risk of injury to the service user or carer. • Provision of this aid is imperative to help maintain weight bearing and functional ability, as part of an overall therapy plan. • Service user can actively assist with the sit to stand transfer, has

	<p>sling-style thoracic body support, and handles to grip. It can be operated by one carer if indicated following completion of risk assessment This is not to be used to transport service users between rooms</p>	<p>sufficient range of motion in the hips, knees and the ability to weight bear and maintain head, shoulder and trunk control but requires additional support to stand and maintain standing for the duration of the transfer.</p> <ul style="list-style-type: none"> • Sufficient balance and not present with uncontrolled or unpredictable movements that would interfere with safe use. • The environment is suitable. There is a clear way in the area of use, surfaces are level and allow ease of hoist movement. • Hoist is compatible with the home environment and other equipment in use there, and is appropriate to the level of care provided at home. • Service user does not experience any pain including at the axilla while using it. • Service user's weight is compatible with the product requested. • Assessment indicates that the hoist doesn't pose a shearing or tissue viability risk. • Prescribing therapist must schedule regular reviews to monitor progress and appropriateness of use. • Prescriber must ensure Service user has been advised at prescription that the item must be withdrawn from use, during temporary or permanent instances of complete non weight bearing ability.
<p>Mobile floor hoist (Passive hoist)</p>	<p>Metal base/chassis with legs, wheels, brakes and a vertical mast. Battery-powered pump operated with mains cable charger.</p> <p>The width of the wheeled legs can be adjusted to accommodate floor transfers and home furniture or other HSE loaned equipment. The boom extends from the mast, spreader bar attached which provides the width to span the service user's shoulders and attachment points for the sling. The hoist can be plugged in to the mains with battery in place to recharge. Mobile floor hoists in the recycled loan pool stock may have varying service user weight limits.</p>	<p>Prescriber: Physiotherapist, occupational therapist or public health nurse, subject to local agreements.</p> <ul style="list-style-type: none"> • All other non-hoist and hoisting aids and methods have been considered and cannot be used as the service user's clinical presentation exceeds their functionality and suitability. • Carer(s) cannot carry out transfers effectively or safely, without risk of injury to the service user or carer. • Service user's current presentation is such that a hoist transfer device is required. • The environment is suitable. There is sufficient floor area space and under bed clearance, there is clear way in the area of use, surfaces are level and allow ease of hoist movement, with respect to the hoist selected. • Hoist is compatible with the home environment and other equipment in use there, and is appropriate to the level of care provided at home. • A review of the service user's suitability in use of this aid is planned and will subsequently be scheduled on a regular basis.

		<p>Mobile floor hoist:</p> <ul style="list-style-type: none"> • If the hoist is required in several locations in a room or rooms. • Hoist will be used for several different lifts. • It will fit in and can be moved with ease in the room or rooms and under the bed. • The floor covering is suitable to move the mobile hoist over with ease and the hoist remains level throughout. • Carer / carers can manage the service user and the hoist with ease.
<p>Freestanding bed head hoist</p>	<p>Electric hoist that can be positioned behind the bed head with the base feet splayed under the bed. Typically it remains in this position. It is designed to transfer someone from this over bed head position, from the bed to a chair, wheelchair, mobile commode etc. beside the bed and back again in a 180 degree arch of movement. It is primarily selected for use in very confined spaces where the size of other hoists could not be accommodated.</p>	<p>Prescriber: Occupational Therapist</p> <p>Freestanding Bed Head Hoist:</p> <ul style="list-style-type: none"> • All other non-hoist and hoisting aids and methods have been considered and cannot be used as the service user's clinical presentation exceeds their functionality and suitability. • Carer(s) cannot carry out transfers effectively or safely, without risk of injury to the service user or carer. • A Freestanding Bed Head hoist is selected when a mobile floor hoist cannot be accommodated in the bed room as the room space is confined but a behind the bed head hoist can be accommodated. • A single transfer from bed to co-located chair (or chair to bed) is the only lift required.
<p>Portable overhead gantry hoist, free standing frame</p>	<p>Portable free standing gantry hoist system (GHS) Portable lightweight, freestanding frame and an overhead tracking system from which hangs the motor (pod). The sling is attached to the motor (pod). It can be dismantled and moved elsewhere if no longer required, or replaced with a permanent solution. All transfers happen at the location of the frame and hoist. The most suitable location is agreed by the carer and prescriber. Portable free standing GHS must be installed as per manufacture instructions</p> <p>Portable pressurised gantry hoist system (GHS)</p>	<p>Prescriber: Occupational therapist</p> <ul style="list-style-type: none"> • All other hoisting aids and methods have been considered and are not suitable due to physical or environmental constraints. • Carer(s) cannot carry out transfers effectively or safely, without risk of injury to the service user or carer. • Service user has a high level of dependency; long term complex needs and/or end of life care requirements, is frequently in bed and requires lifts associated to that level of care. • The overhead gantry hoist transfer device will be used for the majority of transfers. • Portable overhead gantry hoist frame selected is compatible with the home environment and is compatible with other equipment in use there and is appropriate to the level of care provided at home. <p>and</p>

	<p>Portable lightweight, frame which is installed to a rigid ceiling and an overhead tracking system from which hangs the motor (pod).The sling is attached to the motor (pod). This system cannot be used with any type of suspended or damaged ceiling. It can be dismantled and moved elsewhere if no longer required, or replaced with a permanent solution. All transfers happen at the location of the frame and hoist. The most suitable location is agreed by the prescriber. Portable pressurised GHS must be installed as per manufacture instructions</p> <p>Permanently fixed overhead tracking hoists are not funded by the HSE. They may be funded via Local Council grant schemes.</p>	<p>The portable hoist is clinically indicated for:</p> <p>Short term loan</p> <ul style="list-style-type: none"> • On the basis of end of life care. • On an interim basis while awaiting the outcome of a grant application for a council funded permanent overhead tracking hoist. <p>Long term loan</p> <ul style="list-style-type: none"> • The walls of the home have been determined to be structurally unsound and a permanently fixed overhead tracking hoist cannot be installed. • A review of the service user's suitability in use of this aid is planned and will subsequently be scheduled on a regular basis.
Slings for powered hoists		
Item	Descriptor	Prescribing Criteria
Thoracic sling for sit to stand hoist	Thoracic sling, of the correct size for the service user dimensions, are requested to complement the standing hoist product.	<p>Prescriber: Physiotherapist, occupational therapist or public health nurse, subject to local agreements</p> <ul style="list-style-type: none"> • Service user has been prescribed a hoist and requires a sling, or requires a replacement sling for a hoist that has previously been issued and the hoist that is in use is still the most appropriate hoisting product for the service user. • If the replacement sling is for a standing hoist the prescriber must assess and ascertain that there has been no reduction in the weight bearing capacity of the service user that would indicate that the standing hoist should cease being used. • The sling issued is compatible with the hoist product which will be used or is in use if replacing a sling. • The most appropriate type(s) of sling(s) have been selected according to the service user's clinical presentation, hoist type and product, service user weight and the purpose for which the sling is to be used. • Service user does not experience any increase in pain during the hoisting process or sling use.
Universal sling	This is a standard sling that positions the service user in a fairly upright seated position. It supports the torso and thighs like a soft chair shape. It is for service users who can maintain their posture during a lift.	
High back universal sling with head support	This sling has a higher back and supports the head. It surrounds the torso and thighs like a soft high back chair shape. It is for service users with a more complex postural or neurological presentation who require more support during a lift.	
Toileting sling	Designed to facilitate the toileting process. It supports the chest, shoulders and thighs. It has a cut away pelvic area front and back to enable	

	easy access to remove clothing and to position service user accurately over the commode or toilet. The sling remains in situ throughout the process.	<ul style="list-style-type: none"> • Prescriber has demonstrated the best practice hoisting process and documented same in the manual handling care plan which is available to carer(s). Two slings are requested to facilitate a washing/drying routine and carer(s) understand the need to wash the slings regularly and have been advised to follow the manufacturer's instructions. • Prescriber must inform and document that the carer(s) have been informed they must check the sling before each use for wear and tear and understands the importance of reporting any issues, and the requirement to report any issues with the sling to the prescriber. <p>Available Options: Extra small / small / medium / large / extra large</p> <p>Planned Preventative Maintenance (PPM)</p> <ul style="list-style-type: none"> • It is recommended that an equipment management process should operate in your local area, to manage a schedule and record of regular PPM of slings, in your local area. • Slings must be thoroughly examined by a competent person at least once in every six month period (Health and Safety Authority). • All hoisting equipment must be maintained as detailed in Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) <p>Thoracic Sling</p> <ul style="list-style-type: none"> • The correct thoracic sling is supplied for the standing hoist product that is to be loaned to the service user. <p>Amputee Sling</p> <ul style="list-style-type: none"> • Amputee sling is selected for above knee single or double amputees. The amputee sling with its reclining feature may also be selected for a service user who is not an amputee but is at risk of sliding out of a standard more upright hoist. <p>All Day / In Situ Sling</p> <p>The prescriber informs the carer to ensure that:</p> <ul style="list-style-type: none"> • The in situ sling is smooth not wrinkled when in place under the service user. • The service user's skin is not directly in contact with the sling. • The sling is used in situ for only the period indicated by the prescriber
Bathing sling	A sling made of fast drying polyester net which makes it suitable for bathing and showering.	
Amputee sling	Amputee sling is selected for above / below knee amputation which may be single or double The Amputee sling with its reclining feature may also be selected for a service user who is not an amputee, but is at risk of sliding out of more upright universal or high back universal slings.	
All day / in situ sling	Designed to stay in place under a service user. Selected for those who are frequently transferred during the day or night or those who are difficult to move into and out of a sling. It reduces the need to repeatedly prepare them for the full process of putting the sling on and off each time.	

		and within the manufacturer's guidelines.
		<ul style="list-style-type: none"> The carer checks the service user's skin regularly, despite the item being recommended for in situ use.

Augmentative, Alternative Communication (AAC) and Assistive Technology and Mounts

Light Tech Basic Communication Aids (no voice output)		
Item	Descriptor	Prescribing Criteria
Communication cards and boards and folders	Premade commercially available boards and folders.	Prescriber: Speech and language therapist <ul style="list-style-type: none"> Service user cannot effectively or functionally communicate with a range of communication partners in a range of communication environments without system. This system is required in order to support their receptive and/or expressive communication. A clinical assessment completed by the prescriber has indicated the system is suitable to meet the service user's current needs. Prescriber confirms that support for implementation has been identified for the service user and their communication partner(s). Prescriber has given consideration to the education and training needs of the service user and their communication partner(s).
Picture communication systems, charts and books	Customisable or modular systems, charts or books including but not limited to photographs, picture based symbols, objects of reference or text/ alphabet systems.	
Software to develop all of the above	A software package of specific symbol set/ systems required to produce customised communication interfaces for light tech systems. This will enable ongoing and timely development of the service user's communication system by the service user and/or their communication partners in a range of communication environments.	
Mid Tech Electronic Communication Devices (with voice output)		
Item	Descriptor	Prescribing Criteria
Electronic communication device with or without overlay	An electronic device which provides access to multiple messages and/or has sentence generation capabilities.	Prescriber: Speech and language therapist <ul style="list-style-type: none"> Service user cannot effectively or functionally communicate with a range of communication partners in a range of communication environments without use of this system. This system is required in order to support the service user's receptive and/or expressive communication. A clinical assessment, including a trial, has been completed by the
Communication book/photo album	An electronic device with capabilities for recording speech messages typically used with corresponding visuals.	

Switch communicator with recorded message	An electronic switch device(s) with capabilities for recording single messages or sequenced messages of pre-recorded speech.	<p>prescriber(s) and has indicated the system is suitable to meet the service user's current needs.</p> <ul style="list-style-type: none"> Where the device is to be accessed using an alternative method, (e.g. switch scanning) a joint speech and language therapist / occupational therapist assessment, including a trial, has been completed. The prescriber(s) has considered physical, cognitive and sensory requirements and additional factors, (e.g., mounting, switch adaptors, connectivity and other access means) to ensure functionality. Prescriber confirms that support for implementation has been identified for the service user and their communication partner(s). The prescriber has given consideration to the education and training needs of the service user and their communication partner(s). The specific features of this mid-tech electronic communication device are not met by other available products. <p>On occasion devices in this section may be prescribed by an occupational therapist to support specific cognitive functions other than communication and language. Such devices will not be provided via aids and appliances if they are eligible to be provided under another technology scheme that caters to such functions. Prescribing criteria related to this will need to be developed.</p>
Static display board with message and overlays in variations of cell size and number	An electronic device which provides access to multiple messages and/or has sentence generation capabilities.	
Software to develop cell overlays	A software package of specific symbol set / systems required to produce customised communication interfaces for mid-tech devices. This will enable ongoing and timely development of the service user's communication system by the service user and/or their communication partners in a range of communication environments.	
High Tech Electronic Communication Devices, Speech generating Devices (SGD) and software		
Item	Descriptor	Prescribing Criteria
Electronic voice output communication aid with software package	<p>An electronic AAC system with voice output. It provides access to multiple messages and has sentence generation capabilities. These devices vary along parameters including but not limited to:</p> <ul style="list-style-type: none"> access options screen size language options portability and/or mounting ability to integrate with other equipment <p>These devices facilitate communication across a range of platforms and have the flexibility to</p>	<p>Prescriber: Speech and language therapist (in conjunction with occupational therapist and/or clinical engineer, where access or mounting issues have been identified)</p> <ul style="list-style-type: none"> Service user cannot effectively or functionally communicate with a range of communication partners in a range of communication environments without use of this system. This system is required in order to support their receptive and/or expressive communication. Service user's current and future communication needs have been considered and the device can be adapted to meet these needs. A clinical assessment including a trial has been completed by the prescriber and has indicated the system and software package are suitable for the service user and capacity for use has been

	allow ongoing adaptation to meet a service user's changing needs. They may also be prescribed as a platform for skill development for future communication device use.	<p>demonstrated.</p> <ul style="list-style-type: none"> Where the device is to be accessed using an alternative method, (e.g. switch scanning) a joint speech and language therapy / occupational therapy assessment, including a trial has been completed. The prescriber(s) has considered physical, cognitive and sensory requirements and additional factors (such as mounting, switch adaptors, connectivity, and other access means) to ensure functionality. Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their communication partner(s). The prescriber has given consideration to the education and training needs of the service user and their communication partner(s). The specific features of this high-tech electronic communication system meet the communication needs of the service user and these features are not met by other available products.
Software to operate AAC device compatible with SGD above	A software package required for an existing high-tech device. This software may be for the service user's existing device, to retrofit to a device available in stock, or part of a new prescription.	<p>Prescriber: Speech and language therapist (in conjunction with occupational therapist and/or clinical engineer, where access or mounting issues have been identified)</p> <ul style="list-style-type: none"> This system is required to adapt the pre-existing device to meet the service user's ongoing communication needs. The features of the software meet the service user's language/symbol set requirements.
Software to develop communication skills compatible with SGD above	A software package required for an existing high-tech device. This software may be for the service user's existing device, to retrofit to a device available in stock, or part of a new prescription. This will develop the service user's skills for their future communication device use.	<p>Prescriber: Speech and language therapist (in conjunction with occupational therapist and/or clinical engineer, where access or mounting issues have been identified)</p> <ul style="list-style-type: none"> This system is required to interact with the mainstream device to meet the service user's continued communication needs. Prescriber has identified core skills to target for ongoing and future use of the communication device.
High Tech ICT Devices and Software for use as the primary AAC Communication Aid		
Item	Descriptor	Prescribing Criteria
Laptop, smart phone (IOS or Android), tablet (hardware only)	These devices typically require customisation, including accessories and software. They may also be required alongside other communication	Prescriber: Speech and language therapist, in conjunction with occupational therapist where access issues have been identified, and/or in conjunction with clinical engineer or occupational therapist with

	<p>systems. They vary along parameters including but not limited to:</p> <ul style="list-style-type: none"> • access options • ability to integrate with other equipment • screen size • language options • portability • memory • weight • volume • mounting 	<p>appropriate skills and competencies, where mounting issues have been identified.</p> <ul style="list-style-type: none"> • Prescriber confirms that this is to be used as a communication device. • The features detailed below are sufficient to meet the service user's needs: <ul style="list-style-type: none"> ➢ Battery life ➢ Integration with other systems ➢ Durability ➢ Volume is sufficient or additional speakers are compatible ➢ Mounting has been considered or is not needed ➢ Access has been considered ➢ Availability of technical support • The software package is compatible with this mainstream device. • Service user's current and future communication needs have been considered and the device can be adapted to meet these needs. • A clinical assessment, including a trial has been completed by the prescriber and has indicated the system and software package are suitable for the service user and capacity for use has been demonstrated. The prescriber has given consideration to the support, education and training needs of the service user and their communication partner(s).
<p>Customised desktop or tablet, adapted for individual service user</p>	<p>These devices typically require customisation, including accessories and software. They may also be required alongside other communication systems They vary along parameters including but not limited to:</p> <ul style="list-style-type: none"> • access options • ability to integrate with other equipment • screen size • language options • portability • memory • weight • volume 	<p>Prescriber: Speech and language therapist in conjunction with occupational therapist where access issues have been identified and / or in conjunction with clinical engineer or occupational therapist with appropriate skills and competencies, where mounting issues have been identified.</p> <ul style="list-style-type: none"> • Prescriber confirms that this is to be used primarily as a communication device. • The features detailed below are sufficient to meet the individual's needs: <ul style="list-style-type: none"> ➢ Battery life ➢ Integration with other systems ➢ Durability ➢ Volume is sufficient or additional speakers are compatible ➢ Mounting has been considered or is not needed

	<ul style="list-style-type: none"> • mounting 	<ul style="list-style-type: none"> ➢ Access has been considered ➢ Availability of technical support • The software package is compatible with this mainstream device. • Service user's current and future communication needs have been considered and the device can be adapted to meet these needs. • A clinical assessment, including a trial has been completed by the prescriber and has indicated the system and software package are suitable for the service user and capacity for use has been demonstrated. • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their communication partner(s). The prescriber has given consideration to the support, education and training needs of the service user and their communication partner(s).
<p>Software to operate AAC ICT device compatible with above</p>	<p>A software package (including apps) required to adapt a mainstream electronic device into an AAC device. This device to be adapted may be the service user's existing device, a retrofit to a device available in stock, or part of a new prescription.</p>	<p>Prescriber: Speech and language therapist in conjunction with occupational therapist where access issues have been identified and/or in conjunction with clinical engineer or occupational therapist with appropriate skills and competencies, where mounting issues have been identified.</p> <ul style="list-style-type: none"> • This software is compatible with the mainstream device and the required hardware and accessories have been considered. • A clinical assessment, including a trial has been completed by the prescriber and has indicated the system and software package are suitable for the service user and capacity for use has been demonstrated. • Prescriber has considered the level of customisation within the software sufficient to meet the service user's current and future communication needs.
<p>Software to develop communication skills compatible with ICT device above</p>	<p>A software package (including apps) required to adapt a mainstream electronic device into an AAC device. This software may be used on the service user's existing device, retrofitted to a device available in stock, or part of a new prescription. This will develop the service user's skills for their future communication device use.</p>	<p>Prescriber: Speech and language therapist in conjunction with occupational therapist where access issues have been identified and/or in conjunction with clinical engineer or occupational therapist with appropriate skills and competencies, where mounting issues have been identified.</p> <ul style="list-style-type: none"> • This system is required to interact with the mainstream device to meet the service user's continued communication needs. • Prescriber has identified core skills to target for ongoing and future

		use of communication devices.
Assistive Technology and AAC Access/Integration (switches) /mounts/ protection)		
Item	Descriptor	Prescribing Criteria
Switches: a range of switch options	A mechanical or electronic switch system that provides an access method. These vary in size, level of pressure, feedback, area of the body for access point and typically individuals may require more than one switch. The switch may require a mounting system.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies.</p> <ul style="list-style-type: none"> • The assessment indicates the service user has demonstrated the capacity to use the switch. • Where the device is to be accessed using an alternative method, (e.g. switch scanning), a joint speech and language therapy / occupational therapy assessment, including a trial, has been completed. The prescriber(s) has considered physical, cognitive and sensory requirements and additional factors (e.g. mounting, switch adaptors, connectivity and other access means) to ensure functionality.
Switch adaptor / connector	An accessory to be used with switches.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies.</p> <ul style="list-style-type: none"> • The connector is compatible with the switch and the device.
Joysticks: A range of joystick options including customised when no listed/contracted option suffices	An accessory to allow access. This may be a standalone joystick or may be a component of a power chair system.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies.</p> <ul style="list-style-type: none"> • The assessment, including a trial, indicates the service user has demonstrated the capacity to use the joystick. • Prescriber has considered additional requirements, including mounting, adaptors, connectivity and other access means to ensure functionality.
Pointers: head pointer or infrared beam	An accessory that can be physically worn by a service user to provide a means of access to a device. Multiples of some items may be required.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies.</p> <ul style="list-style-type: none"> • The assessment, including a trial, indicates the service user can accurately and consistently access their device through the pointer. • Assessment has been carried out by an occupational therapist
Hardware: alternative adapted mouse / keyboard	An accessory that can be used by a service user to access to a device.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies.</p>

		<ul style="list-style-type: none"> • The assessment, including a trial, indicates the service user can accurately and consistently access their device through the hardware (i.e. adapted mouse / keyboard). • Assessment has been carried out by an occupational therapist.
Eye gaze access: enabling device and E Tran Frames	An accessory that allows access to a system through eye pointing. This varies from a light tech frame facilitated by a communication partner to a high tech independently accessed system. This can include accessories (e.g. a mounting bracket, positional devices) to enable use of the eye gaze system.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies.</p> <p>E Tran Frames</p> <p>Refer: Prescribing criteria for light tech communication aids.</p> <p>High tech independently accessed system</p> <ul style="list-style-type: none"> • A clinical assessment, including a comprehensive trial, has been completed by the prescriber(s). The prescriber(s) has indicated the system is suitable for the service user and the service user has demonstrated the capacity to use it. • Features including fatigue, medication, camera, screen size, mounting, positioning, stability and environmental conditions have been considered. • A functional visual assessment has been carried out by an appropriate healthcare professional. • Where the system is prescribed for communication purposes, a speech and language therapist must be involved in conjunction with an occupational therapist. • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their communication partner(s). The prescriber has given consideration to the education and training needs of the service user and their communication partner(s).
Mounts product specific or universal for AAC devices and/or switch access: tablet/table top/wheelchair/desk/floor	An accessory comprising of bars, holders and interface plates to position a device and/or access options to a device. The service user may require more than one and they may need to interface to a range of seating, floor and positional devices. This is mainly an area for occupational therapists/clinical engineers.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies.</p> <ul style="list-style-type: none"> • Mounting equipment must be compatible with the communication system identified by the speech and language therapist. • When mounting to a wheelchair system, assessment should be carried out by a clinical engineer or an occupational therapist.
Keypad guard/cover or	An accessory to increase durability or to support	Prescriber: Occupational therapist, speech and language therapist,

waterproof guard or key cover	a service user's access to a device.	clinical engineer <ul style="list-style-type: none"> The equipment must be compatible with the system identified by the prescriber.
Carry case	An accessory to increase durability, portability or to support a service user's access to a device.	Prescriber: Occupational therapist, speech and language therapist, clinical engineer <ul style="list-style-type: none"> The equipment must be compatible with the system identified by the prescriber and meet the service user's access needs.
Power wheelchair interconnection	An accessory required to allow a power wheelchair user to access their communication device via their wheelchair controls. Refer: Power wheelchair - power actualiser.	Prescriber: Occupational therapist, speech and language therapist, clinical engineer with the appropriate skills and competencies. <ul style="list-style-type: none"> The equipment must be compatible with the communication system identified by the speech and language therapist. The assessment should be carried out by the prescriber of the service user's wheelchair or by a specialist service.

AAC Replacement Parts and Miscellaneous

Item	Descriptor	Prescribing Criteria
Replacement parts, batteries, chargers	Replacement parts, batteries, chargers for communication aids.	Prescriber: Occupational therapist, speech and language therapist, clinical engineer
Bluetooth adapter	These devices enable wireless connection integration across a service user's equipment. These are used to allow connectivity between an electronic alternative / augmentative communication system and the service user's access devices, wheelchair and/or assistive technology. These are typically prescribed either to reduce the need for additional peripherals or for safety reasons where a wired solution is not advisable.	<ul style="list-style-type: none"> Prescriber verifies that the equipment is essential for the functionality of a pre-existing communication device or as part of a new prescription. The equipment is compatible with the communication system identified by the prescriber and meets the service user's access needs. Where app credit for communication is recommended, the speech and language therapist is the sole prescriber.
App. credit: communication specific only (Apple, Android or Windows)	Credit for software applications to augment communication and / or develop skills for aided communication.	
External amplifier/speaker	These are used to augment the speech output volume on a communication device.	

Stylus pens	These are used by service users with hand function difficulties to access touch screen devices.	

Environmental Control solutions: Options

Item	Descriptor	Prescribing Criteria
Interfaced to AAC devices /access /Wi-Fi commercially available/power wheelchair actualiser	The additional components or modular items required to ensure full functionality of environmental control features of a high tech AAC device, power wheelchair systems, and / or to allow access to other systems in the service user's environment.	<p>Prescriber: Occupational therapist, speech and language therapist, clinical engineer</p> <ul style="list-style-type: none"> • This system is required for safety, participation and/or independence. • A clinical assessment has been completed by the prescriber which has identified a risk which this component addresses. • Prescriber confirms that no other funding route is available,

Voice Amplifiers and Accessories

Item	Descriptor	Prescribing Criteria
Hands-free voice amplifier: range of contracted options (head, clothing, over ear, collar)	An electronic system that amplifies voice. The accessories vary to meet service user's needs across amplification, access and placement parameters.	<p>Prescriber: Speech and language therapist</p> <ul style="list-style-type: none"> • Service user cannot effectively or functionally communicate with a range of communication partners in a range of communication environments without use of this system. • This system is required in order to support the service user's expressive communication, specifically by increasing their speech volume. • A clinical assessment including a trial has been completed by the speech and language therapist and has indicated the system is suitable for the service user and capacity for use has been demonstrated.

Voice Prosthesis for laryngectomy and tracheostomy, electro larynx and cleaning Accessories

Under governance of the Respiratory Service Improvement Group.

Standing and Walking Mobility Aids

Mobility Safety Rails

Item	Descriptor	Prescribing Criteria
Grab rail	A grab rail is a gripping device that is attached to the wall. The HSE funds a selection of three	Prescriber: Occupational therapist

	<p>sizes that provide for most situations. Specification suitable for exterior / interior/ bathroom use. Available listed options: 12" (30.5cm) 18.5" (45cm) 24" (60cm)</p> <p>They are often positioned near the toilet, shower or bath, also beside a step, and when necessary beside a bed. The HSE will provide them if required, to be positioned at the interior and exterior threshold of an entrance door. The HSE does not provide or fund other external rails. If clinically required these would be recommended to be funded as part of an overall external access solution not operated by the HSE.</p>	<ul style="list-style-type: none"> • Prescriber has assessed the service user and has identified that a rail would positively impact on the service user's safe mobilisation in their home environment and during everyday activities • The most appropriate rail is selected. • The wall or floor that the rail is to be secured to appears to be structurally sound, and compatible to having a rail fitting, there are no contraindications to floor fixing like under floor heating, subject to confirmation by the competent rail fitter. • Prescriber recommends the position that the rail should be installed in, relative to the service user's personal dimensions: hand dominance, height, weight and clinical presentation: hand grasp, arm range of motion and arm strength and documents the position on the request form. • The right length rail and right or left version is selected and specified. • The recommended position of the rail, wall and/or floor, does not impede the service user or any others who share the home or create any additional risk hazard like tripping or catching on clothing or limbs. • Service user and/or carer have been engaged with about the correct use of the rails. • Prescriber will inform the installer of the recommended installation position. Contact detail section has been completed so that the installer can liaise with the prescriber about any structural issues that may require the rail to be repositioned.
Banister or hall rail	<p>A length of wooden rail secured alongside the stairs or length of hallway. The length required and position must be specified by the prescriber. Contract price is per metre. For use as either:</p> <ul style="list-style-type: none"> • A second banister rail positioned on the un-railed side of the stairs, It may be required the full length of the stairs or at key places of risk on the stair, • A hall rail positioned in areas where the service user cannot use a walking mobility aid safely. 	<p>Grab Rail</p> <p>The prescriber determines that a grab rail is required, in a specific location(s) for one or more of the following:</p> <ul style="list-style-type: none"> • To push or pull against when standing up. • To provide a steadying support while sitting down. • To provide a firm grip when transferring from one position to another. • To secure balance when standing while carrying out an activity, like walking or negotiating the stairs. <p>The prescriber determines that a rail is required, in a specific location:</p> <ul style="list-style-type: none"> • To enable the safe use of other HSE loaned aids and appliance.
Newel post rail	<p>Specialised grab rail attached to the vertical banister post in two places with circular fixing plates and provides a continuous rail surface around the post. The rail turns 90 degrees around the post so the service user does not need to let go when going up or down the stairs. Available in left or right handed versions.</p>	
Drop down rail with	<p>Folding rail that attaches to a wall. It is spring</p>	

<p>weight bearing support leg</p>	<p>loaded and has a foldaway support leg for extra strength. Most often used in the bathroom but can also be used in the bedroom and other rooms. The HSE only provides the rail with drop down leg as this provides for the most stability and less strain on the mounting point. Available in 27" (68.6cm) or 29" (73.7cm) length.</p>	<ul style="list-style-type: none"> • As a standalone aid to make to make negotiation of the home environment and everyday activities safe. • To reduce falls risks. • Length and position is specified.
<p>L shaped rail</p>	<p>L-shaped rail that attaches to the wall to provide support when the service user is moving between standing and sitting. It consists of a horizontal section and a vertical section, attached to the wall.</p> <p>There are two types, the L-shaped wall rail (both sections are fixed to the wall) and the L-shaped wall to floor rail (horizontal rail attaches to the wall and runs towards the centre of the room, while the vertical rail attaches to the floor for stability).</p> <p>Available in left or right hand versions.</p>	<p>Banister Rail: second rail to augment primary banister rail</p> <ul style="list-style-type: none"> • The stair rail is not being prescribed to replace a primary rail in a poor state of repair. The HSE Aids and Appliances Programme do not fund this item. In the case of an unsafe primary rail, the prescriber must advise and support the service user or advocate, to liaise with the owner about their maintenance responsibilities. • The stair rail is being prescribed as a second stair rail to be used along with an existing structurally sound stair rail. As use of a single stair rail poses a risk. • Use of stairs is required as the service user's home environment cannot accommodate 24-hour living on the ground floor. • The width of the stairs is greater than or equal to 800 mm to facilitate the service user to use both banisters simultaneously without impeding the other stair users in the house. • Where assessed as required the banister is extended at the bottom and or top step to facilitate the service user's safe completion of the stairs. • The mounted height specified is the same height as the existing banister. • If the installer cannot fit the banister to the wall the fitter and prescriber must liaise and agree before mounting the rail to the thread step to ensure no tripping risk incurs. <p>Hall Rail</p> <ul style="list-style-type: none"> • In a hallway or walkway with continuous wall, the rail may be fitted to support the service user who cannot safely use their prescribed walking aid in that location or would otherwise forget to bring their prescribed walking aid but would automatically hold the rail for support. <p>Newel Post Rail</p> <ul style="list-style-type: none"> • The mounting banister post is secure with sufficient area surface to attach the mounting plates.

		<ul style="list-style-type: none"> The mounted direction of the newel rail facilitates the service user's ascending or descending of the stairs safely. <p>Drop Down Rail with support leg</p> <ul style="list-style-type: none"> Service user requires support when getting on or off surfaces (most frequently used in the toilet). Rail is suitable for service user's presentation including weight and the structural environment. Drop down is suitable for service user and doesn't impede others who share location. <p>L shaped Rail: Wall or Wall to Floor</p> <ul style="list-style-type: none"> Service user requires fixed support with no movement within the support to transfer from sit to stand. There is adequate wall space to which to attach the rail securely and for the floor fixed rail there is adequate floor space to ensure there is no risk of falling or stumbling. There are no contraindications to fixing the rail to the floor such as under floor heating. Prescriber must liaise with competent rail fitter.
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Household Trolley

Item	Descriptor	Prescribing Criteria
Four wheeled, height adjustable, household trolley, two trays	A house hold trolley is a device, like a small version of a tea trolley, with either four castors or wheels, two shelves and no brakes.	<p>Prescriber: Occupational therapist, physiotherapist, or public health nurse in collaboration with Occupational therapist or physiotherapist.</p> <ul style="list-style-type: none"> Service user requires assistance to transport items from room to room. A household trolley is identified as the most feasible functional mobility option following a functional and environmental assessment of the home, completed by OT, PT, or PHN in collaboration with OT/PT. Service user has sufficient and safe walking posture and control to manage the trolley (which does not have brakes), and has been assessed as safe to use this item and incurs no additional risk using it. The layout of the domestic home and floor surfaces allows for the trolley to be freely moved between necessary rooms.

Walking Sticks

Item	Descriptor	Prescribing Criteria
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Walking stick: wooden	<p>Handheld wooden walking stick. Can be used singularly or as a pair. Supplied with a ferrule in situ.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Walking stick wooden standard fixed height • Walking stick wooden extra strong fixed height 	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Service user requires additional stability when mobilising due to impaired mobility with history or risk of falls identified, and/or medical condition limiting mobility. • Service user has been clinically assessed by a physiotherapist as requiring the level of support afforded by the walking stick selected. • Prescriber verifies that the aid/appliance selected is clinically appropriate, has been trialled and the service user is deemed safe in its use.
Walking stick: metal, height adjustable	<p>Handheld adjustable metal (e.g. aluminium) walking stick. Can be used singularly or as a pair. Supplied with a ferrule in situ.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Walking stick, metal, height adjustable straight neck. • Walking stick, metal, height adjustable, swan neck. • Walking stick, metal, height adjustable, crook neck. • Walking stick, metal, height adjustable, ergonomic / contoured handle. 	<p>Select from the following options as clinically indicated by the service users presentation:</p> <p>Wooden Walking Stick</p> <ul style="list-style-type: none"> • The prescriber verifies that a wooden walking stick is clinically appropriate, has been trialled and the service user is deemed safe in its use. <p>Metal, height adjustable walking stick</p> <ul style="list-style-type: none"> • Wooden walking stick inappropriate for the service user's needs and/or the cutting of a wooden walking stick is not feasible. • Options: Specify straight neck, swan neck or crook neck <p>Metal, height adjustable walking stick with ergonomic / contoured handle</p> <ul style="list-style-type: none"> • A walking stick with ergonomic/contoured handle is only approved where the prescriber verifies that the service user requires improved congruency for grip compared to a walking stick with a standard grip due to the presence of a hand deformity.
Pods		
Item	Descriptor	Prescribing Criteria
Tripod: height adjustable	<p>Height adjustable walking aid with three feet arranged to give a clear side which sits against the service user's leg. For right or left handed use. Supplied with ferrules in situ.</p> <p>Available listed options:</p>	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Service user requires additional stability when mobilising due to impaired mobility with history or risk of falls identified, and / or medical condition which limits mobility. • Service user requires greater support than, and/or is unsuitable for, a

	<ul style="list-style-type: none"> • Tripod, narrow base, height adjustable. • Tripod, wide base, height adjustable. 	<p>standard walking stick or elbow crutch.</p> <ul style="list-style-type: none"> • Service user has been clinically assessed by a physiotherapist as requiring the level of support afforded by the option selected. • Prescriber verifies that the aid/appliance selected is clinically appropriate, has been trialled and the service user is deemed safe in its use.
Quadra pod: height adjustable	<ul style="list-style-type: none"> • Height adjustable walking aid with four feet arranged to give a clear side which sits against the service user's leg. For right or left handed use. Supplied with ferrules in situ <p>The most appropriate sized base for tripod / quadra pod is selected. Available listed options:</p> <ul style="list-style-type: none"> • Quadra pod, narrow base, height adjustable. • Quadra pod, wide base, height adjustable. 	<p>Select from the following options as clinically indicated by service users presentation:</p> <ul style="list-style-type: none"> • Tripod, height adjustable. • Quadra pod, height adjustable.
Crutches		
Item	Descriptor	Prescribing Criteria
Crutch: elbow standard	<p>Adjustable aluminium stick with extension to elbow and cuff. Can be used singularly or as a pair. Supplied with a ferrule in situ.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Crutch, elbow, standard, height adjustable. • Crutch, elbow, standard, height adjustable with ergonomic hand grip. 	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Service user requires additional stability when mobilising due to impaired mobility with history or risk of falls identified, and/or medical condition limiting mobility. • Service user has been clinically assessed by the prescriber as requiring the level of support afforded by the crutch type selected. • Prescriber verifies that the crutch aid/appliance selected is clinically appropriate, has been trialled and the service user is deemed safe in its use.
Crutch: elbow bariatric	<p>Elbow crutch constructed from heavy duty steel to accommodate the larger service user. Height adjustable. Can be used singularly or as a pair. Supplied with a ferrule in situ.</p>	<p>Select from the following options as clinically indicated by service users presentation:</p>
Crutch: elbow, permanent user, fixed height	<p>Extra strong elbow crutches for service users who require long-term walking support. They are fixed height and do not have standard adjustment height holes. They are supplied in one size which can be cut back to the correct height for the service user, as specified by the prescriber. Cutting can be arranged by some suppliers (special item order which takes time) or alternatively cutting arranged according to local practice.</p>	<p>Crutch Elbow Standard</p> <ul style="list-style-type: none"> • Service user requires greater support than can be offered by a walking stick <p>Crutch Elbow Standard with Ergonomic Handgrip</p> <ul style="list-style-type: none"> • Prescriber verifies that the service user requires improved congruency for grip compared to a standard grip due to the presence of a hand deformity. <p>Bariatric Crutch</p> <ul style="list-style-type: none"> • Service user requires greater support than can be offered by a

<p>Crutch: axilla, double height adjustable</p>	<p>Crutch with an axillary bar, a hand piece and double uprights joined distally by a single leg. Despite their name they should not be placed in the axilla and instead should be positioned about 5cm below the axilla. They are adjustable in height; both the overall height and handgrip height can be adjusted. Can be used singularly or as a pair. Supplied with a ferrule in situ.</p>	<p>walking stick.</p> <ul style="list-style-type: none"> • Prescriber verifies that the service user's weight exceeds that that can be accommodated by a standard crutch or crutches but is within the weight limits of the bariatric crutch. <p>Elbow crutch, permanent user, fixed height</p> <ul style="list-style-type: none"> • Service user is a permanent or long-term user of a crutch and requires greater support than can be offered by a standard adjustable elbow crutch (i.e. standard elbow crutch is not strong enough to meet the service users long term needs). • Service user requires greater support than can be offered by a crutch: elbow bariatric. <p>Crutch Axilla, double height adjustable</p> <ul style="list-style-type: none"> • Service user requires a crutch however their clinical needs cannot be met by a standard elbow crutch and the service user requires the additional support afforded by an axilla crutch. <p>Crutch Elbow, Forearm / Gutter Crutch</p> <ul style="list-style-type: none"> • Service user requires a crutch however their clinical needs cannot be met by a standard elbow crutch and the service user requires the additional support afforded by a forearm / gutter crutch.
<p>Crutch: elbow, forearm/gutter, height adjustable</p>	<p>Also called adjustable arthritic crutches or forearm support crutches. These are crutches designed for service users who need to weight bear through the length of their forearm rather than their hand and wrist, e.g. those who experience pain in their hands or have a fractured wrist / hand. They come with a padded forearm support made up of metal, a forearm strap and an adjustable hand piece. They are height adjustable and can be used singularly or as a pair. Supplied with a ferrule in situ.</p>	
<p>Walking Frames</p>		
<p>Item</p>	<p>Descriptor</p>	<p>Prescribing Criteria</p>
<p>Walking frame: un-wheeled, height adjustable</p>	<p>A lightweight metal frame (typically made of tubular alloy) with hand grips and four legs. Used to help service users with limited balance or mobility to walk. Supplied with four ferrules in situ.</p>	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Service user requires additional stability when mobilising due to impaired mobility with history or risk of falls identified, and/or medical condition limiting mobility. • Service user requires greater support than can be offered by a walking stick or crutch. • Service user has been clinically assessed by a physiotherapist as requiring the level of support afforded by a frame. • Prescriber verifies that this aid or appliance is clinically appropriate, has been trialed, and that the service user is deemed safe in its use. • Prescriber verifies that the frame is compatible with the service user's environment. <p>Select from the following options as clinically indicated by service user's</p>
<p>Walking frame : two wheeled, height adjustable</p>	<p>A light weight metal frame (typically made of tubular alloy) with hand grips and four legs. The two front legs have unidirectional wheels and the two rear legs have ferrules. Used to help service users with limited balance or mobility to walk.</p>	

Walking frame: four wheeled forearm platform / pulpit, height adjustable	Platform /pulpit walking frames allow the service user to bear their weight through their forearms on a padded platform instead of through their hands. Height adjustable with four wheels (two wheels multidirectional and two wheels unidirectional) and handgrips at the end of the padded platform.	<p>presentation:</p> <p>Type</p> <ul style="list-style-type: none"> Walking frame: un-wheeled, height adjustable. Walking frame: two wheeled, height adjustable. <p>Size</p> <ul style="list-style-type: none"> Paediatric. Ultra narrow width: small or medium, height adjustable. Standard width: small, medium or tall, height adjustable. Extra wide width: small, medium or tall, height adjustable. Bariatric, height adjustable. <p>Walking Frame: Forearm platform/pulpit or forearm gutter</p> <ul style="list-style-type: none"> Service user requires additional stability when mobilising due to impaired mobility with history or risk of falls identified, and/or medical condition limiting mobility. Service user requires greater support than can be offered by a standard wheeled/un-wheeled walking frame. Service user has been clinically assessed by a physiotherapist as requiring the level of support afforded by this type of aid. Prescriber demonstrates the necessity for the higher level of support provided by this type of aid compared with more basic mobility aids. Prescriber verifies that the aid is compatible with the service user's environment.
Walking frame: forearm gutter, height adjustable	Walking frame that allows the service user to bear their weight through their forearms via moulded gutter attachments instead of their hands. This type of high walker may be considered if you have arthritis in your hand(s) or have fractured your wrist/hand. Height adjustable. Available in two or four wheeled versions.	
Rollators		
Item	Descriptor	Prescribing Criteria
Rollator: two wheeled, height adjustable	Folding heavy duty frame with two front wheels and two rear ferrules. Available listed options: Paediatric to adult sizes.	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> Service user requires additional stability when mobilising due to impaired mobility with history or risk of falls identified, and/or medical condition limiting mobility. Service user requires greater support than can be offered by a standard wheeled / un-wheeled walking frame. Service user has been clinically assessed by a physiotherapist as requiring the level of support afforded by the selected rollator. Prescriber verifies that the rollator is compatible with the service user's environment.
Rollator: three wheeled, height adjustable	Triangular frame, sometimes called delta or tri wheeler. It is a light weight rollator with three multidirectional wheels. Adjustable height. Fitted with basket or bag as standard. Available listed options:	

	<ul style="list-style-type: none"> Rollator: Three wheeled, height adjustable, standard. Lightweight. Rollator: Three wheeled, height adjustable with arthritic armrest attachments. 	<p>Select from the following options as clinically indicated by the service user's presentation:</p> <p>Rollator, three wheeled, height adjustable</p> <ul style="list-style-type: none"> Prescriber verifies that the aid/appliance is clinically appropriate, has been trialled and that the service user is deemed safe in its use, including safe in controlling its manoeuvrability and in inspecting the locking mechanism (usually consisting of a cross brace) which maintains the rollator in an open position. <p>Rollator, three wheeled with arthritic/armrest attachments</p> <ul style="list-style-type: none"> Prescriber verifies that the service user requires the additional arm rest support (e.g. has arthritic hands etc.). <p>Rollator, four wheeled, height adjustable, bariatric frame</p> <ul style="list-style-type: none"> Requires strong steel frame. The service user's weight is greater than the weight limit that can be accommodated by a standard rollator. <p>Rollator four wheeled Height Adjustable Heavy Duty frame</p> <ul style="list-style-type: none"> Standard lightweight rollator is not robust enough to meet the service user's needs. <p>Rollator, four wheeled, height adjustable, active user</p> <ul style="list-style-type: none"> Standard lightweight four wheeled rollator is insufficient to meet the service user's needs. Service user covers long distances with a rollator, including long distances outdoors over uneven ground and different terrain, and a standard lightweight rollator is not robust enough to withstand this use. Service user requires the greater stability afforded by the sturdier frame or design of this type of rollator.
Rollator: four wheeled, height adjustable	<p>A frame with four large multidirectional wheels, handle bars with easy to operate loop brakes and a built in seat. Fitted with a basket or bag as standard.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> Rollator: Four wheeled, height adjustable, paediatric Rollator: Four wheeled, height adjustable, standard, lightweight Rollator: Four wheeled, height adjustable, narrow 	
Rollator: four wheeled, height adjustable, bariatric frame	<p>A frame with four large multidirectional wheels, handle bars with brakes and a built in seat. Fitted with a basket or bag as standard. Constructed from heavy duty steel to accommodate the larger/heavier service user.</p>	
Rollator: four wheeled, height adjustable, heavy duty frame	<p>Heavy duty four-wheeled rollator for service user who requires increased stability than can be afforded by a standard lightweight four wheeled rollator.</p>	
Rollator: four wheeled, height adjustable, active user	<p>Strong four wheeled rollator with advanced braking system for the service user who covers long distances, including long distances outdoors and requires greater stability than can be afforded by a standard lightweight four wheeled rollator.</p>	
Accessories /Replacement Parts for Mobility Aids		
Item	Descriptor	Prescribing Criteria
Slip knot ferrules	These are specialist high quality ferrules that	Prescriber: Physiotherapist

	offer increased manoeuvrability, stability and safety on uneven surfaces. They generally consist of a two piece construction, featuring a durable ball and socket joint that allows the ferrule's extra-large slip resistant base to be in contact with the ground at all times even when the mobility aid is used at an angle to the ground.	<ul style="list-style-type: none"> • Prescriber verifies that that the service user has a clinical requirement for slip knot ferrule(s). • Prescriber verifies that the service user has additional clinical needs that cannot be met by standard ferules (e.g. they are a long term user of a permanent crutch etc.).
Wheels	Wheels available in different sizes and types to fit different types of mobility aids.	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Prescriber verifies that that the wheel(s) on the service user's mobility aid requires replacement and that the requested type and size is appropriate for the aid.
Walker skis	Made of durable plastic, walker skis fit on the rear legs of two wheeled frames replacing the rubber ferrules. They are designed to make the walker easy to manoeuvre by allowing it to glide along the floor. They are sold in pairs.	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Prescriber verifies that all the common prescribing criteria have been met. • Prescriber confirms that the service user has a clinical requirement for the additional assistance provided by walker skis and that standard ferrules are not sufficient to meet the service user's clinical needs. • Prescriber verifies that the walker skis are compatible with the service user's environment.
Paediatric Walkers		
Item	Descriptor	Prescribing Criteria
Reverse walker / postural control walker, height and depth adjustable	<p>Reverse walkers, also known as postural control walkers, support the service user from behind and the handles are beside as opposed to in front of them. This shifts their centre of gravity back into the footprint of the walker, encouraging a pattern of extension rather than flexion.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Reverse walker, height and depth adjustable, very small. 	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Service user does not already have an appropriate functioning walker for their age, weight or level of disability. • Prescriber verifies that they have considered / assessed the service user on a number of different types / models of mobility aids and have selected the aid that is necessary and essential to meet the service user's clinical presentation, and economy, only selecting the necessary essential equipment, equipment specifications and accessories. • Service user has been clinically assessed by a physiotherapist as

	<ul style="list-style-type: none"> • Reverse walker, height and depth adjustable, small. • Reverse walker, height and depth adjustable medium. • Reverse walker, height and depth adjustable large heavy duty. • Accessories for reverse walkers. 	<p>requiring the level of support afforded by the paediatric walker and accessories selected.</p> <ul style="list-style-type: none"> • Prescriber verifies that the device selected is compatible with the service user's environment. • Prescriber confirms that the service user and carer(s) where appropriate have been instructed and are deemed safe in the use of this aid and any supporting moving and handling equipment.
<p>Gait trainer for marginal walker</p>	<p>Some children require a walker that offers more support than the reverse walker. The service user using this type of walker is supported in an upright position using chest/pelvic/knee supports etc. placed anteriorly to them. These service users may have learning needs which limit their ability to use a reverse walker. This we are referring to as gait trainer for marginal walker.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Gait trainer for marginal walker small. • Gait trainer for marginal walker medium. • Gait trainer for marginal walker large. • Accessories for gait trainer for marginal walker. 	<p>Select from the following paediatric walker options as clinically indicated by the service user's presentation:</p> <p>Reverse Walker / Postural control walker, height and depth adjustable</p> <ul style="list-style-type: none"> • Service user requires support from behind to encourage pattern of extension when mobilising due to impaired mobility. • Required accessories are selected, only those which are absolutely necessary to the service user's clinical presentation. • The correct size is selected: very small / small / medium / large heavy duty. <p>Gait Trainer for Marginal Walkers</p> <ul style="list-style-type: none"> • Service user requires additional stability when mobilising in an upright position with supports placed anteriorly. • Prescriber demonstrates the necessity for the higher level of support provided by a gait trainer for marginal walker compared with either a reverse walker or rollator. • The correct size is selected: small / medium / large. • Required accessories are selected, only those which are absolutely necessary to the service user's clinical presentation.
<p>Gait trainer for complex walker</p>	<p>Complex children/adults (e.g. gross motor function classification system four children with cerebral palsy, or children or adults with severe neuromuscular conditions) who have severe trunk weakness often require a more supportive walker than a reverse walker or gait trainer for marginal walker. The gait trainer for complex walker therefore offers more support than the reverse walker or the gait trainer for marginal walker. The child/adult is unable to maintain an upright position even with supports anteriorly. The child/adult requires head / trunk / pelvis and knee support so the child/adult is</p>	<ul style="list-style-type: none"> • The correct size is selected: small / medium / large. • Required accessories are selected, only those which are absolutely necessary to the service user's clinical presentation. <p>Gait Trainer for Complex Walkers</p> <ul style="list-style-type: none"> • Service user requires a walker with supports placed posteriorly i.e. child requires head/trunk/pelvis and knee supports on the walker as he/she faces forward. • Prescriber demonstrates the necessity for the higher level of support placed posteriorly which is provided by a gait trainer for complex walker compared with more standard mobility aids. • The correct size is selected: small/medium/large.

	<p>placed into the walker with all the supports placed posteriorly as the child/adult faces forward.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Gait trainer for complex walker small. • Gait trainer for complex walker medium. • Gait trainer for complex walker large. • Accessories for gait trainer for complex walker. 	<ul style="list-style-type: none"> • Required accessories are selected, only those which are absolutely necessary to the service user's clinical presentation. • Prescriber verifies that where necessary the service user and or carer(s) have access to the appropriate moving and handling equipment required for safety and ease of transfer to/from the complex walker and if not it is requested simultaneously with the walking aid request.
Paediatric Standing Frames		
Item	Descriptor	Prescribing Criteria
<p>Standing frame: prone, height adjustable</p>	<p>A standing frame that supports the service user anteriorly while they are leaning forward. Prone standers are used to promote weight bearing through the legs and sometimes the arms. When using a prone stander, the supports are against the front of the body. The angle of the stander is adjusted with the service user in a gravity dependent position. Prone standers are best for service users with good head strength / control and at least fair trunk strength / control when the pelvis is supported. Also, a relatively symmetrical spine and neutral hip extension are indicated when considering a prone stander.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Standing frame prone, height adjustable, small. • Standing frame prone, height adjustable, medium. • Standing frame prone, height adjustable, large. • Accessories for prone standing frame. 	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Service user cannot maintain independent or assisted standing for a sufficient time to prevent complications of immobility. • Service user at risk of postural deformity, respiratory compromise, contractures, impaired bladder/bowel function, bone density loss, spasticity, compromised tissue viability, compromised circulation. • Service user has difficulties participating in programmes or activities without support from a standing frame. • Service user has had previous use/trial of a standing frame and demonstrated benefit with same (e.g. maintenance of muscle length, management of tone). • Prescriber verifies that they have considered/assessed the service user on a number of different types/models of standing frames and selected the lowest level cost/type of standing frame that meets the service user's basic needs (i.e. orthopaedic, functional and / or overall health needs). • Prescriber verifies that where necessary the service user has access to the appropriate moving and handling equipment required for safety and ease of transfer to/from the standing frame. • Service user does not have a standing frame that is appropriate for their needs. • Service user has been clinically assessed by a physiotherapist as requiring the level of support afforded by the type of standing frame and essential accessories selected
<p>Standing frame: upright, height adjustable</p>	<p>A standing frame that supports the service user in the upright standing position. Upright standers are best prescribed when the service user has</p>	

	<p>good head on trunk control for >75% of time/movement and show good shoulder girdle/upper limb control when in standing with pelvis support. The service user must be able to weight bear.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Standing frame upright, height adjustable, very small. • Standing frame upright, height adjustable, small. • Standing frame upright, height adjustable, medium. • Standing frame upright, height adjustable, large. • Accessories for upright standing frame. 	<p>Contraindications:</p> <ul style="list-style-type: none"> • Prescriber verifies that they have excluded all clinical and manufacturers contraindications for use. <p>Environment:</p> <ul style="list-style-type: none"> • Prescriber verifies that the service user’s living environment has been assessed and deemed suitable for use of the prescribed standing frame. <p>Additional Factors for Consideration:</p> <ul style="list-style-type: none"> • In the case of service users who have multiple carers and/or high carer turnover, and where training needs relative to the use of the standing frame cannot be safely maintained, the prescriber confirms that they have undertaken a written risk assessment and related risk control plan (which can be provided if requested). As individually appropriate this risk assessment and control plan may include: <ul style="list-style-type: none"> ➢ Prescriber raises the risk with family carers and/or service managers of care providers with the aim of putting a more consistent carer roster (family and/or care providers) in place so that the standing frame can be safely used and the child is not denied the benefits of it. ➢ Audio, visual and/or other aids are put in place to demonstrate safe use. ➢ Prescriber schedules ongoing regular reviews of the ‘carer training plan’ to ensure that the plan for safe use of the standing frame is being sustained. ➢ Prescription and request for the standing frame is not suitable in the context of the service user’s circumstances and cannot be provided at this time. Other positional aids are put in place in the meantime and a review is scheduled to reassess the potential for use of a standing frame in the future. ➢ Or other risk solution as deemed individually appropriate by the prescriber. <p>Replacements:</p> <ul style="list-style-type: none"> • Replacement standing frames (e.g. in the case of a child who has outgrown their previous/existing standing frame or a child whose presentation has changed and requires a different type) are only
<p>Standing frame: supine, height adjustable</p>	<p>A standing frame that supports the service user posteriorly. This frame places the service user on their back, providing full-length support for service users who need more support (i.e. recommended when service users are unable to sustain anti-gravity standing and require considerable head and trunk supports).</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Standing frame supine, height adjustable, small. • Standing frame supine, height adjustable, medium. • Standing frame supine, height adjustable, large. • Accessories for supine standing frame. 	
<p>Standing frame: multi positional</p>	<p>A standing frame that supports the service user with complex needs. It offers positioning in prone, upright and supine standing. The position of the service user can be changed during a</p>	

	<p>time frame or as their clinical presentation (progress, deterioration) determines.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Standing frame, multi positional, manual handle lift, small • Standing frame, multi positional, manual handle lift, medium • Standing frame, multi positional, electronic lift, large • Accessories for multi positional standing frame 	<p>provided on confirmation that the existing frame is no longer adequate for the service user's need.</p> <ul style="list-style-type: none"> • The previous/existing standing frame must be returned for re-cycling to be exchanged for the replacement standing frame. • Replacement standing frames are also only provided on confirmation that the service user demonstrated benefit from the use of the previous frame. <p>Select from the following standing frame options as clinically indicated by the service user's presentation:</p> <p>Prone Standing frame, height adjustable</p> <ul style="list-style-type: none"> • Service user's presentation is most suited to anterior support. • Service user has good head control and at least fair trunk control when the pelvis is supported. • Service user has relatively symmetrical spine and neutral hip extension. • The correct size is selected: small/medium/large. • Required accessories are selected, only those which are absolutely necessary to the service user's clinical presentation. <p>Upright Standing frame, height adjustable</p> <ul style="list-style-type: none"> • Service user can weight bear when stood with pelvic control but would otherwise not sustain it. • Service user has good shoulder girdle / upper limb control when standing upright with pelvic support. • Head on trunk control for >75% of the time / movement. • The correct size is selected: very small / small / medium / large • Required accessories are selected, only those which are absolutely necessary to the users clinical presentation. <p>Supine Standing frame, height adjustable</p> <ul style="list-style-type: none"> • Requires considerable head and trunk support. • Unable to sustain anti-gravity standing. • Upright stander or prone stander unsuitable. • Service user cannot weight bear unless supported from posterior. • The correct size is selected: small / medium / large • Required accessories are selected, only those which are absolutely
<p>Standing frame: mobile self-propelling, height adjustable</p>	<p>A standing frame that the service user can self-propel in. The service user requires good head on trunk control during rest and activity with good shoulder girdle and upper limb function.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Standing frame, mobile self-propelling, height adjustable, small. • Standing frame, mobile self-propelling, height adjustable, medium. • Standing frame, mobile self-propelling, height adjustable, large. • Accessories for standing frame, mobile self-propelling. 	<p>Prone Standing frame, height adjustable</p> <ul style="list-style-type: none"> • Service user's presentation is most suited to anterior support. • Service user has good head control and at least fair trunk control when the pelvis is supported. • Service user has relatively symmetrical spine and neutral hip extension. • The correct size is selected: small/medium/large. • Required accessories are selected, only those which are absolutely necessary to the service user's clinical presentation. <p>Upright Standing frame, height adjustable</p> <ul style="list-style-type: none"> • Service user can weight bear when stood with pelvic control but would otherwise not sustain it. • Service user has good shoulder girdle / upper limb control when standing upright with pelvic support. • Head on trunk control for >75% of the time / movement. • The correct size is selected: very small / small / medium / large • Required accessories are selected, only those which are absolutely necessary to the users clinical presentation. <p>Supine Standing frame, height adjustable</p> <ul style="list-style-type: none"> • Requires considerable head and trunk support. • Unable to sustain anti-gravity standing. • Upright stander or prone stander unsuitable. • Service user cannot weight bear unless supported from posterior. • The correct size is selected: small / medium / large • Required accessories are selected, only those which are absolutely

		<p>necessary to the service user's clinical presentation</p> <p>Multi Positional Standing Frame</p> <ul style="list-style-type: none"> • Service user has a very complex neuro-muscular- skeletal -postural clinical presentation. • Carer(s) requires the aid of the handle lift to raise the user into position. They cannot manage the use of any other standing frames due to their own physical manual handling limitations or risks and/or the service user's size, weight or complex clinical presentation and/or the service user needs to be positioned in at least two of the positions, at regular frequent intervals as specified by therapy plan and goal. • The correct size is selected: small with manual handle lift, or medium with manual handle lift, or large with electronic lift. • Required accessories are selected, only those which are absolutely necessary to the service user's clinical presentation <p>Mobile Self Propelling Standing Frame, height adjustable</p> <ul style="list-style-type: none"> • Service user has previously been using a Standing Frame. • Service user has good shoulder girdle and upper limb function and trunk control, sufficient to self-propel while supported in upright standing. • Service user has good head on trunk control during rest and activity. • Service user cannot use a walking aid functionally due to lower limbs and will likely use a wheelchair in the future. • Service user needs to combine the upright standing height with the freedom of mobility. • Service user has the cognitive, visual and perceptual ability to manage self-propelling. If required other team members have been consulted. • Service user has had previous use/trial of a mobile self-propelling frame and demonstrated benefit with same (i.e. maintenance of independent upright mobility). • The correct size is selected: small/medium/large. • Required accessories are selected, only those which are absolutely necessary to the users clinical presentation.
Adult Standing Frames		
Item	Descriptor	Prescribing Criteria

<p>Standing frame; hydraulic</p>	<p>Standing frame that gets a service user from the seating to standing position via hydraulic control, and supports them in standing once upright.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Standing frame, hydraulic modular, height and seat adjustable, medium. • Accessories for electric standing frame. 	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Service user does not already have a standing frame that remains appropriate for their needs. • Service user is wheelchair dependant and/or cannot maintain independent or assisted standing for a sufficient time to prevent complications of immobility. • Service user is at risk of postural deformity, respiratory compromise, contractures, impaired bladder/bowel function, bone density loss, spasticity, compromised tissue viability, compromised circulation. • Service user has had previous use/trial of an adult standing frame and demonstrated benefit with same (i.e. maintenance of muscle length and increased time weight bearing). • Service user has been clinically assessed by a physiotherapist as requiring the level of support afforded by a supine standing frame. • An overall multi-disciplinary 24-hour postural management plan is initiated or contributed to if the service user requires one or has one in place and or is presenting with a grade three or four ulcer. • Prescriber verifies that they have considered/assessed the service user on a number of different types/models of standing frames and selected the lowest level cost/type of standing frame that meets the service user's basic needs (i.e. orthopaedic, functional and/or overall health needs). <p>Contraindications:</p> <ul style="list-style-type: none"> • Prescriber verifies that they have excluded all clinical and manufacturers contraindications for use. <p>Environment:</p> <ul style="list-style-type: none"> • Prescriber verifies that the service user's living environment has been assessed and deemed suitable for use of the prescribed standing frame. <p>Additional Factors for Consideration::</p> <ul style="list-style-type: none"> • In the case of service users who have multiple carers and / or high carer turnover, and where training needs relative to the use of the standing frame cannot be safely maintained, the prescriber confirms that they have undertaken a written risk assessment and related risk control plan (which can be provided if requested). As individually
<p>Standing frame: electric</p>	<p>Standing frame that gets a service user from the seating to standing position via electric control, and supports them in standing once upright.</p> <p>Available listed options:</p> <ul style="list-style-type: none"> • Standing frame, electric modular height adjustable, medium. • Standing frame, electric modular height adjustable, large. • Accessories for electric standing frame. 	

		<p>appropriate, this risk assessment and control plan may include:</p> <ul style="list-style-type: none"> ➤ Prescriber raises the risk with family carers and/or service managers of care providers with the aim of putting a more consistent carer roster (family and/or care providers) in place so that the standing frame can be safely used and the service user is not denied the benefits of it. ➤ Audio, visual and / or other aids are put in place to demonstrate safe use. ➤ Prescriber schedules ongoing regular reviews of the 'carer training plan' to ensure that the plan for safe use of the standing frame is being sustained. ➤ Prescription and request of the standing frame is not suitable in the context of the service user's circumstances and cannot be provided at this time. Other positional aids are put in place in the meantime and a review is scheduled to reassess the potential for use of a standing frame in the future. ➤ Or other risk solution as deemed individually appropriate by the prescriber. <p>Replacements:</p> <ul style="list-style-type: none"> • Replacement standing frames (e.g. in the case of a user whose presentation and/or clinical needs have changed) are only provided on confirmation that the existing frame is no longer adequate for the service user's need. • The previous/existing standing frame must be returned for re-cycling to be exchanged for the replacement Standing Frame. • Replacement standing frames are also only provided on confirmation that the service user demonstrated benefit from the use of the previous frame. <p>Select from the following adult standing frame options as clinically indicated by the service user's presentation:</p> <p>Adult Hydraulic Supine Standing Frame</p> <ul style="list-style-type: none"> • Taking the service user and carer(s) into consideration, the service user can be safely moved from the sitting to standing position via hydraulic assist.
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		<p>Adult Electric Supine Standing Frame</p> <ul style="list-style-type: none"> Hydraulic standing frame is insufficient to meet the service user and / or carer(s) needs vis-à-vis safe manual handling and use of the standing frame. An electric assist is required to safely move the service user from the sitting to standing position.
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Aids for Daily Living

Toileting Aids		
Item	Descriptor	Prescribing Criteria
<p>Raised toilet seat</p>	<p>Moulded plastic seat which fits onto the toilet bowl and is secured by brackets. It raises the seat height to make it easier to get on and off the toilet.</p> <p>Available sizes (weight limits apply) :</p> <ul style="list-style-type: none"> 4" (10.2cm) , 6" (15.2cm), 8" (20.3cm) Bariatric/Heavy Duty for heavier weight users. 	<p>Prescriber: Occupational therapist, public health nurse</p> <ul style="list-style-type: none"> Service user has significant difficulty getting on or off the toilet due to the toilet height and their clinical presentation. The right size has been selected taking into account the service user's height and weight and the height of the toilet. The raised toilet seat is compatible with the service user's toilet and it can be attached securely to the toilet '. The safe installation of the raised toilet seat has been considered. The service user or their carer is safe to install it as demonstrated. If they are not safe to install installation is arranged to be carried out by the prescriber / HSE / contracted service with a remit to install the item. The service user or carer understands the need to clean the raised toilet seat regularly and is able to remove the toilet seat for cleaning and to replace it securely. If necessary a toilet grab rail has been requested.
<p>Toilet seat and frame, height adjustable</p>	<p>A height and width adjustable toilet frame with either a standard toilet seat or a raised toilet seat attached to it that can be positioned over the toilet. This combines a toilet seat (standard or raised) and a frame that the service user can grasp to steady themselves getting on and off the toilet. The frame is freestanding but may be fixed to the floor with 'floor fixing feet' when necessary.</p>	<p>Prescriber: Occupational therapist, public health nurse</p> <ul style="list-style-type: none"> Service user has significant difficulty getting on/off the toilet and requires the support offered by the frame to sit down and stand up. Other options are not suitable alternatives, e.g. raised toilet seat or toilet grab rail. The raised toilet seat and frame is compatible with the toilet. There is sufficient space around the toilet to accommodate the frame and easy access. The floor surface is level and in good condition.
<p>Raised toilet seat and frame, height adjustable</p>		

	<p>Available style:</p> <ul style="list-style-type: none"> • Freestanding. • Frame with floor fixtures to fix frame to floor. <p>Available sizes (weight limits apply) :</p> <ul style="list-style-type: none"> • Standard. • Bariatric/heavy duty for heavier weight users. 	<ul style="list-style-type: none"> • The toilet seat with frame provides the necessary support & stability to get on and off the toilet, taking into account the service user's height, weight and clinical presentation. <p>Prescriber selects standard toilet seat or raised toilet according to the service user's presentation.</p> <p>Prescriber selects frame type and correct size taking into account the service user's height and weight and the height of the toilet.</p> <ul style="list-style-type: none"> • Freestanding frame: Service user can distribute their weight evenly on both sides of the frame, keeping the freestanding frame steady and safe during use. • Frame with floor fixtures: During use the service user moves in such a way that the frame becomes unsteady and the frame requires fixing to the floor. • Arrangements for installation of the floor fixed should be made according to local arrangements .The construction of the floor must be suitable for secure installation.
<p>Toilet surround, height adjustable</p>	<p>Height adjustable frame. Some frames may also be width adjustable.</p> <p>The frame surrounds the toilet to provide stability and support for service users when raising from and lowering onto the toilet. It can be placed around most toilets. The frame has integral arms with padded armrests for comfort.</p>	<p>Prescriber: Occupational therapist, public health nurse</p> <ul style="list-style-type: none"> • Service user has significant difficulty getting on/off toilet due to the toilet height and their clinical presentation. • Other toileting aid options are not suitable, e.g. raised toilet seat or toilet grab rail. • The toilet seat and frame is compatible with the toilet. • The frame provides the necessary support to get on and off the toilet, taking into account the service user's height, weight and clinical presentation. • There is sufficient space around the toilet to accommodate the frame and easy access • The floor surface is level and in good condition. <p>Select :</p> <ul style="list-style-type: none"> • The right size has been selected taking into account the service user's height and weight and the height of the toilet. • The right style is selected: <ul style="list-style-type: none"> ➤ Freestanding frame: Service user can distribute their weight

		<p>evenly on both sides of the frame, keeping the freestanding frame steady and safe during use.</p> <ul style="list-style-type: none"> ➤ Frame with floor fixtures: During use the service user moves in such a way that the frame becomes unsteady and the frame requires fixing to the floor. • Local arrangements for installation of the wall mounted shower stool and or rails should be followed. The construction of the floor must be suitable for secure installation.
Bed pan with lid	Plastic or disposable receptacle for urine/faeces that is placed under the service user's buttocks whilst they are in bed.	<p>Prescriber: Public health nurse</p> <ul style="list-style-type: none"> • Male service user is unable to use leave bed for defecation due to defined medical/function risk. • Female service user is unable to use leave bed for urination/defecation due to defined medical / function risk. • Service user's tissue viability will not be compromised during the positioning and removal of this item. • Service user and carer(s) have been assessed for the use of this equipment and are deemed safe in its use. • Service user can co-operate with the use of this item to the extent of their ability. • Carer(s) can safely use this item and can lift and balance the service user on the item safely. • Service user will is not deemed to be at psychosocial risk due to use of aid.
Urinal bottle	Plastic vessel for collecting urine from the service user directly or from a catheter bag.	<p>Prescriber: Nurse</p> <ul style="list-style-type: none"> • Male service user is unable to use standard toilet facilities or other listed equipment for urination due to level of immobility and/or safety concern. • Service user has sufficient dexterity and understanding to use it appropriately and unsupervised. • Carer(s) have sufficient understanding and dexterity to clean the item regularly.
Bottom wiper	A long handled extension aid with curved plastic shaft and smooth silicone which holds toilet paper. It helps those suffering from limited hand function or obese people that have difficulty reaching when toileting.	<p>Prescriber: Nurse or occupational therapist in the course of their respective professional engagement with the service user about toileting.</p> <ul style="list-style-type: none"> • Service user is unable to wipe themselves adequately after toileting and wishes to maintain independence in this activity. • Service user has sufficient hand and arm function to manage the use of this item.

		<ul style="list-style-type: none"> Other aids to assist the service user to position themselves during this task have been considered, e.g. hand rails, toilet frame etc. and are provided if suitable and required.
Toilet Commodes (Shower Chair/ Commode)		
Item	Descriptor	Prescribing Criteria
Commode: static, height adjustable	A static commode is a height and width adjustable metal frame supported by metal legs with non-slip rubber feet and has an attached plastic commode seat shaped like a toilet seat and concealed commode pan that is used in place of a toilet. It has detachable arm rests, safety belt, toilet pan and lid. Range of sizes available.	<p>Prescriber: Occupational therapist, public health nurse</p> <ul style="list-style-type: none"> The proximity of the toilet facility day or night needs to be as close to the service user as possible to maintain their safety and independence. Service user can sit upright and independently in the commode chair. Required near the bed for night time use. Required on a floor of the house that does not have a toilet. The position of the commode does not create a trip hazard for either the service user or carer assisting.
Attendant propelled commode and toilet chair	Designed to be pushed by a carer It has four small wheels with brakes and an upright toilet like seat with commode pan which can be removed so that the commode can be wheeled over the toilet for direct use there. Indicated when both the Commode and Toilet Chair are required.	<ul style="list-style-type: none"> Emptying of the commode can be facilitated with ease in an appropriate place. Service user is within the weight limit of the item. Bariatric size is selected for those over the weight limit of the standard commode. <p>Select from the following two options as clinically indicated by the service user's presentation:</p> <p>Static commode clinically indicated when:</p> <ul style="list-style-type: none"> There is no need to move the commode or person using it. Service user can walk the short distance to the commode safely independently and can transfer on and off the commode independently <p>or</p> <ul style="list-style-type: none"> Carer is available to assist the service user to the commode, and on and off the commode. Appropriate manual handling aids have been considered to minimise risk to carer and service user. <p>Wheeled commode two in one (commode and over toilet chair) indicated when:</p> <ul style="list-style-type: none"> Both the commode and the over toilet chair is needed. Service user is dependent on the use of either a walking aid or

		<p>wheelchair for mobility.</p> <ul style="list-style-type: none"> • The commode and service user in it needs to be moved a distance from place to place by a carer related to toileting. • This equipment is suitable for the environment in which it is to be used and allows for the safe passage of the service user through doorways and hallways and across all floor surface traversed in the course of toileting and or showering. • Service user and carer have been instructed in the safe use of the item with particular emphasis on protecting and preventing injuries to unclothed body parts when transferring and moving. • Carer can transfer the service user in and out of the aid safely and can manoeuvre it safely. Appropriate manual handling aids have been considered to minimise risk to carer and service user and have been requested if not in place. • You are satisfied that the carer and service user understand that this item must not be used as a wheelchair, to move around the house in, and will comply with this. It is only intended to be used to move during toileting or showering and should not replace weight bearing, standing or walking when the service user is able and it is appropriate and safe.
Commode pans and lids	<p>A pan which slides onto the underside of the commode toilet seat to gather toilet waste. Easily slides off for emptying. Stainless steel for ease of cleaning.</p> <p>Sizes:</p> <ul style="list-style-type: none"> • Two litre. • Five litre, to be used with tilt in space commodes to prevent spillage. 	<p>Prescriber: Occupational therapist, public health nurse</p> <ul style="list-style-type: none"> • Pans are given out automatically with commodes. • In the event a service user requires a replacement pan or a different size pan one can be requested.
Showering and Bathing Aids		
Item	Descriptor	Prescribing Criteria
Shower stools and static shower chair	<p>Both these items enable the service user to remain seated during a shower. Items with arm rests can help the service user to get up from the stool or chair, for safety and ease.</p> <p>Available in a range of sizes and user weight limits.</p>	<p>Prescriber: Occupational therapist, public health nurse (basic shower chair on wheels only).</p> <ul style="list-style-type: none"> • Service user cannot maintain standing for the duration of the shower due to balance, muscle weakness or respiratory issues or they cannot stand and wash simultaneously.

Shower stool: standard, height adjustable	Height adjustable free-standing four legged stool, with no back support, fitted with anti-slip rubber ferrules, which sits on the base of the shower. For use when there is sufficient space in the shower.	<ul style="list-style-type: none"> • Service user showers regularly and needs to be seated while showering. • Service user can step into and out of a shower and move within the shower independently or with minor assistance. • Service user has sufficient balance and trunk control to get on and off the stool or chair and to sit for the duration of a shower. • There is sufficient space within the shower to accommodate the stool or chair and to move safely without injuring limbs or extremities. • The construction of the shower base is compatible with the shower stool or chair and user weight. <p>Select the most appropriate option as indicated by the service user's clinical presentation and assisting carer's presentation:</p> <p>Shower Stool: Standard with four legs</p> <ul style="list-style-type: none"> • Service user can sit safely without a back support and their shower can accommodate the stools dimensions. <p>Shower Stool: Corner, compact</p> <ul style="list-style-type: none"> • The space inside the shower is too confined to use the standard stool and the service user can sit safely on the smaller compact seat. <p>Shower stool: Wall Mounted, foldaway</p> <ul style="list-style-type: none"> • There are other users of the shower in the household who can be accommodated by the fold away shower stool and the service user can sit safely on the foldaway stool without back support. • The construction behind the shower wall is compatible to fix the wall mounted shower stool to. <p>Shower Chair: Static with four legs</p> <ul style="list-style-type: none"> • Service user requires the additional support of the chair back and the shower can accommodate the dimensions of the chair and there are no other users sharing the shower. <p>Installation:</p> <ul style="list-style-type: none"> • Local arrangements for installation of any of items requiring installation should be followed. • If a grab rail is required to augment this equipment or activity a risk
Shower stool: corner, compact	Height adjustable three legged stool, with no back support, that fits into the corner of a shower cubicle. For use when space is too confined to use standard shower stool. Height adjustable	
Shower stool: wall mounted, fold away, with legs	A shower stool, with no back support, that is fixed to the wall on one side with two dropdown legs that provide support on the other side. For use when the stool needs to be stowed away so other user's in the household are not confined by it.	
Shower chair: static, height adjustable	Height adjustable, freestanding, patio style chair with a back, and arm rests for support. Has four legs fitted with anti-slip ferrules.	

		assessment must be undertaken. Refer: Grab rails.
Attendant propelled shower chair with wheels	Plastic, patio style chair with upright back, on legs, with four small wheels and handles so the carer can push the chair. The chair back and arm rests provide postural support. Comes with belt, brakes and foot rests. The chair enables a service user to be pushed into a wet area level access shower and to remain seated for the shower. Larger wheelchair like sized wheels, which can lessen the push action required, may be requested when they are necessary.	<p>Prescriber: Occupational therapist, public health nurse (basic shower chair on wheels only)</p> <ul style="list-style-type: none"> • Service user is dependent on the use of either a walking aid or wheelchair for mobility. Their mobility limitations mean they need to be wheeled in and out of the shower and need to remain seated for the shower. • Service user showers regularly and has sufficient balance and trunk control to maintain a safe posture in the chair selected for the duration of the shower. • Use of the wheeled shower chair will reduce the number of transfers required and service user or carer risk. • Carer is able to transfer the service in and out of the shower chair and can manoeuvre it safely. Service user may be able to assist within their abilities, <p>or</p> <ul style="list-style-type: none"> • Service user can transfer in and out of the self-propelling shower chair and manoeuvre it, independently or with minimal assistance. • Appropriate manual handling aids have been considered to minimise risks to the carer and service user during transfers and have been requested if not in place. • Service user and carer have been instructed in the safe use of the item with particular emphasis on protecting and preventing injuries to unclothed body parts when transferring and the protection of limbs, hands, feet and digits when moving and passing through hallways and doors. • The correct size is selected taking into account the service user's size and weight and is suitable to the environment in which it is to be used. <p>Select the most appropriate option as indicated by the service user's clinical presentation and assisting carer's presentation:</p> <p>Basic Attendant Propelled Shower Chair</p> <ul style="list-style-type: none"> • Shower chair only is required .The combined shower chair/ commode /toilet chair option is not required.
Attendant propelled three in one shower chair and commode and toilet chair	Designed to be pushed by a carer into a level access shower. It has four small wheels with brakes and an upright seat back. The toilet like seat has a slightly larger hole to make toilet hygiene easier. Indicated when a wheel in shower chair is required and when a commode and/or a toilet chair are also required.	
Attendant propelled three in one tilt in space shower chair and commode and toilet chair	Designed to be pushed by a carer into a level access shower. It has four small wheels with brakes. The chair back is shaped to provide more sitting support and can be tilted back. The toilet like seat has a slightly larger hole to make toilet hygiene easier. Indicated when a wheel in shower chair is required and supportive seating and tilt function is required and when a commode and/or a toilet chair are required.	
Self-propelled three in one shower chair and toilet chair and commode	Designed to be self-propelled by the user, into a level access shower. It has two large wheelchair wheels with brakes. The chair back is upright. The toilet like seat has a slightly larger hole to make toilet hygiene easier. Sometimes selected for use as an attendant/carers propelled option when the carer has difficulty pushing the shower chair with small wheels.	

		<p>Attendant Propelled three in one Shower Chair/Commode/Toilet Chair</p> <ul style="list-style-type: none"> • Service user requires the use of the shower chair and the commode/toilet chair function. <p>Attendant Propelled, Tilt In Space, three in one Shower chair / Commode / Toilet Chair</p> <ul style="list-style-type: none"> • Service user presents with complex postural needs and is unlikely to be able to assist with transfers • Service user cannot be seated in the other more upright seating options and requires the Tilt in Space function to be seated. <p>Self-Propelled three in one Shower Chair / Commode / Toilet Chair</p> <ul style="list-style-type: none"> • Service user can transfer themselves in and out of the chair and propel themselves in the chair independently or with minimal assistance, <p>or</p> <ul style="list-style-type: none"> • This product is being requested as an alternative to a small wheeled attendant propelled shower chair as the carer is experiencing difficulty pushing it and the larger wheels will make this easier. • You are satisfied that the carer and service user understand that this item must not be used as a wheelchair, to move around the house only and they have confirmed their compliance. It is only intended to be used to move during toileting or showering and should not replace weight bearing, standing or walking when the service user is able and it is appropriate and safe.
<p>Shower trolley: powered, height adjustable</p>	<p>Mobile horizontal trolley on castors with brakes. For use in a level access shower room that can accommodate the size of the equipment and movement required around it. Cot sides, with the option of half or full length. Enables showering of service user with complex postural presentation to be showered lying down.</p>	<p>Prescriber: Occupational therapist.</p> <ul style="list-style-type: none"> • Service user has complex postural presentation and needs to be to be showered lying down. • All other shower aids are not suitable. • Level access shower is suitable • Shower room can accommodate the size of the equipment and safe movement around it. • Shower room allows for movement around the trolley so that dressing can be comfortably and safely managed by the carer. • Hoisting options have been considered and put in place.

		<ul style="list-style-type: none"> The hoist and shower trolley are compatible and both are compatible with the environment and carer's physical presentation.
Manual Bathing Aids		
Item	Descriptor	Prescribing Criteria
Bath boards	<p>Width adjustable, Plastic or metal board that fits over bath to create a safe surface to transfer in and out of bath, or to be used as a seat over the bath for showering. May be width adjustable.</p> <p>Available sizes: Width Adjustable or Fixed 26" (66cm); 27" (68.5cm); 28" (71.1cm). Bariatric size for heavier service users, wider and greater service user weight limit</p>	<p>Prescriber: Occupational therapist.</p> <ul style="list-style-type: none"> Service user can stand steadily and is most likely walking independently or with the support of a walking aid. Service user can get into the bath independently, steps into the bath independently or with use of a grab rail support. <p>or</p> <ul style="list-style-type: none"> Service user can swing legs into the bath independently and safely while sitting on the bath board. Service user cannot stand safely or for the duration of the shower and requires board to sit on while showering. Service user has sufficient balance, postural control and arm strength to sit safely on and move along the board. The board is required so that the service user can lower themselves onto a bath seat.
Bath stool with no back: positioned in the bath or suspended from the bath rim	<p>Plastic rectangular shaped non slip stool, with no back. The type of bath stool available for loan in your local area may vary. It may be a stool that is positioned inside the bath, on the floor of the bath with non-slip feet or suspended or hung from the rim of the bath with plastic coated nonslip hangers that grip the rim of the bath and prevent damage to the bath. The stool provides a sitting surface within the bath from which a service user can wash, shower or bath. It is helpful for service users who have difficulty rising out of and lowering into the bath.</p> <p>The stools are generally contoured or have a cut out section at the front to facilitate personal hygiene and are perforated for rapid water drainage. It may be used in conjunction with a board so that the service user moves down from the bath board onto the bath seat.</p>	<p>Prescriber: Occupational therapist</p> <ul style="list-style-type: none"> Shower is over the bath. Use of a separate shower is not a suitable or available option or service user needs to bathe regularly as clinically indicated or because it is their preferred personal care routine. All other bath/shower aids are unsuitable for the service user's clinical presentation. Service user can straighten and swing their legs independently over the edge of the bath and into the bath or will be assisted by a carer to do so. Service user has sufficient shoulder / arm strength, balance and trunk control to move on and off the product selected and to remain seated safely on it for the duration of bathing or in bath showering. Bathing is the service users preferred personal care routine and there is no physical, cognitive or service user /carer safety risk to prevent the continuation of this practice at this time. <p>Bath Stool</p>

	<p>Sizes:</p> <ul style="list-style-type: none"> • 6" (15.2cm) • 8" 20.3cm) 	<ul style="list-style-type: none"> • Service user has sufficient strength and flexibility to be able to transfer onto the stool in the bottom of the bath and back up again, safely. • Service user does not require back rest support. • Service user is not so tall that it makes the transfer process and item unsafe to use. • If this item cannot be used without use of a bath board, proceed to select bath board and bath seat combined.
<p>Bath seat with back: positioned in the bath or suspended from the bath rim</p>	<p>Chair shaped, non-slip bath seat with supportive back. The type of bath seat available for loan in your local area may vary. It may be a type of seat that is positioned inside the bath, on the floor of the bath with non-slip feet or suspended or hung from the rim of the bath with a plastic coated frame, with non-slip hangers that grip the rim of the bath and prevent damage to the bath. Either provides a secure seating area for the service user while bathing.</p> <p>The seats are generally contoured or have a cut out section at the front to facilitate personal hygiene and are perforated for rapid water drainage.</p>	<p>Select the most appropriate option. This will apply if the two options are available in your local loan pool:</p> <p>Positioned in the bath/lower in bath</p> <ul style="list-style-type: none"> • For service users who can lower and raise themselves safely onto and off the bath stool and need to be immersed in the water. <p>Suspended from the bath rim/not as low in bath as other option</p> <ul style="list-style-type: none"> • For service users who cannot manage to lower themselves onto a lower bath stool.
<p>Bath board and seat combined</p>	<p>This bathing system consists of a bath board with attached bath seat with backrest .The service user sits on the board to transfer his or her legs into the bath. Then they move down into the bath and sit on the attached bath seat below. The bath board fits across the width of the bath and is held in place with width-adjustable brackets. The seat and backrest are attached below the board via a tubular metal frame. The frame has four seat legs with rubber stoppers that rest on the floor of the bath for safety. The bath board, seat and backrest are padded for comfort.</p>	<p>Bath Seat</p> <ul style="list-style-type: none"> • Service user requires back support. <p>Select the most appropriate style. This will apply if the two options are available in your local loan pool:</p> <p>Positioned in the bath</p> <ul style="list-style-type: none"> • For service users who can lower and raise themselves safely onto and off the bath seat and need to be immersed in the water. <p>Suspended from the bath rim</p> <ul style="list-style-type: none"> • For service users who cannot manage to lower themselves onto a lower bath seat.
<p>Swivel bath seat</p>	<p>The swivelling seat is mounted on top of a plastic coated frame that rests on the rim of the bath. The seat has drainage holes, tubular</p>	<p>Bath Board and Seat Combined</p> <ul style="list-style-type: none"> • Service user cannot lower themselves onto the bath stool.

	<p>armrests and a backrest. Swivel bath seats allow service users to rotate the seat and sit in to it from the side of the bath and then rotate themselves in the seat till they are sitting over the bath. The seat can then be locked into position to prevent unexpected swivelling motion. Swivel seats come in various sizes and weight limits or may be width adjustable.</p>	<ul style="list-style-type: none"> • Service user requires back support. • Service user requires the use of a bath board positioned above the bath seat so that they can lower themselves onto the seat safely. They cannot use the bath seat without the bath-board. <p>Swivel Bath Seat</p> <ul style="list-style-type: none"> • Service user needs to remain at a height level to the bath rim. They cannot lower themselves onto a lower stool or seat. • Service user has difficulty lifting their legs over the side of the bath and the swivel action assists them to do this independently or with the assistance of a carer. • Service user requires back support.
Powered Bath Lift		
Item	Descriptor	Prescribing Criteria
<p>Powered bath lift with recline back option</p>	<p>Upright plastic seat with back rest that can be reclined. Seat is set on a folding frame which folds directly beneath the seat as the seat lowers into the bottom of the bath base. It is powered with a rechargeable battery and operated by handset that is waterproof. There is a safety feature that only allows the bath seat to lower if there is enough charge for it to rise up again. Frame is plastic with washable material that allows water drainage. When the seat is raised up it is level with the top of the bath rim to facilitate a level transfer from the outside of the bath</p>	<p>Prescriber: Occupational therapist</p> <ul style="list-style-type: none"> • Service user bathes regularly and it is necessary that they sit down into the bath and bath water. • Service user needs to have a staged descent into the bottom of the bath. • Service user cannot get into or out of the bath without the use of this aid. • Service user has adequate balance and postural control to sit on the chair when still and when moving up and down. • Service user can transfer on and off the bath seat when at bath rim level, independently or with assistance. The use of additional manual handling items to facilitate a safe transfer from the bath side to the bath seat may be required and should be requested simultaneously. • Service user can straighten and move their legs into the bath independently or with carer assistance. <p>Reclining option clinically indicated when</p> <ul style="list-style-type: none"> • Service user has reduced hip flexion and/or increased levels of pain. • The basic model cannot be used and the reclining back option is absolutely necessary and will be used frequently. • Planned review of patient's suitability in use of this aid should occur on a regular basis and should be scheduled.
Bathing Accessory		

Item	Descriptor	Prescribing Criteria
Bath step modular	A low step or step-like platform with anti-slip contact between the step base and floor and an anti-slip, step surface. Steps can be fitted together to provide a single step height or double step height, or can be configured to provide two steps in sequence with each other, one higher and one lower.	<p>Prescriber: Occupational therapist, physiotherapist</p> <ul style="list-style-type: none"> • Service user uses the bath regularly to bathe or shower, using over-bath shower or has a shower with a step or lip up into it. • Service user cannot step into or out of the bath or shower without the use of this aid. • Service user has adequate balance and postural control to use this aid safely. • Step will be positioned adjacent to the bath at a point that causes the least tripping risk. • Risk assessment must be complete and has determined that this item can only be used with the assistance of a competent carer present and a safety grab rail is required to be installed (refer to Standing and Walking Aids), to augment this equipment/activity and has been simultaneously requested.
Paediatric Showering and Bathing Aids		
Item	Descriptor	Prescribing Criteria
Bathing support ring	A circular ring on top of legs with non-slip feet that secure to the bottom of the bath. The child is placed inside the ring It provides very basic support around the waist or lower chest. For use with a younger or small sized child who has some sitting ability but requires some support to maintain this for a duration comfortably and allows for some movement and play without losing balance.	<p>Prescriber: Occupational therapist, physiotherapist</p> <ul style="list-style-type: none"> • Service user cannot sit or stand independently during the process of bathing or showering. Their ability is affected by their neuro - development and insufficient balance or trunk control, tone, reflexes, postural and limb presentations. • Service user needs to shower or bathe regularly and requires an aid to enable this. • Experiential play during bathing is important and relevant to this service user's stage/age and request for equipment.
Corner bath seat	A triangular shaped seat base with two side panels that provide back and side support. It may be sitting flat to the floor of the bath or may be on a base with very short legs. It has aommel between the legs that also provides support and prevents slipping. It is placed inside the bath and secures to the bath with a non-slip base or feet. It provides support to children with developmental delays who need some support while sitting.	<ul style="list-style-type: none"> • The child, teen, young adult will need to use bathing or showering equipment for a good length of time or permanently. • Commercially available products for children are not compatible with the service user's clinical presentation and cannot be used. • When necessary other manual handling aids to support the carer in the process of getting the child, teen or young adult in and out of the bath or shower have been considered and simultaneously requested. • Other bathing and showering options in the adult section above, have been considered for older children, teens, young adults.

<p>Bath tub seat with reclining sling seat</p>	<p>Plastic tubular framed bathtub stand. The reclining sling chair attaches to the bathtub stand to create a bath seat. Both the stand and seat are placed into the bathtub.</p> <p>The back and seat base can be positioned at varying angles to suit the child. Designed to be light weight but sturdy to position children who cannot sit upright due to tone, posture or orthopaedic presentation, which enables them to be positioned comfortably and safely for bathing and facilitates carer ease.</p> <p>This combines the bathtub base (one size) and paediatric reclining sling chair (small, medium, large).</p>	<ul style="list-style-type: none"> • Select the most appropriate equipment for the child/carer/family context. Only one bathing or showering item can be provided by the HSE. Prioritise and select the most appropriate: <p>Bathing Support Ring clinically indicated when:</p> <ul style="list-style-type: none"> • Service user has some sitting ability but is not completely steady and requires a little support to maintain sitting and balance. • The support maximises balance and prevents falls and enables bath play and learning experiences. • Service user is of a size / age that is compatible with the product. <p>Corner Bath Seat clinically indicated when:</p> <ul style="list-style-type: none"> • Service user has some sitting ability but requires the greater level of support provided by the sides, back and pommel of the corner seat. • The support maximises balance, prevents falls and positions hips and legs for sitting .It enables bath play and learning experiences. • Appropriate size is selected from range of sizes available.
<p>Wheel in shower chair with reclining sling seat</p>	<p>Wheel in shower base, plastic tubular framed. The reclining sling chair attaches to the wheeled shower base, which creates a wheel in shower chair. The height of the shower chair on the base is 4ft - 5ft (1.2m – 1.52m) high. A good height for the carer to manage the process of showering with ease.</p> <p>This combines the shower base on wheels (one size) and the paediatric reclining sling chair (small, medium, large).</p>	<p>Bath Tub Base (with reclining sling seat)</p> <ul style="list-style-type: none"> • Service user presents with a complex postural presentation: tone, reflexes, posture. • Service user cannot sit upright, requires some degree of recline to be positioned both for maximum engagement with the environment and for safety. • Bathing or shower over bath option is the preferred personal hygiene routine. • Bathtub base is required to receive reclining sling seat.
<p>Reclining sling seat for bath tub or wheel in shower chair</p>	<p>Plastic mesh sling seat, with harness on a tubular plastic frame. The back and seat base can be positioned at varying angles to suit the child. This enables them to be positioned comfortably and safely for showering/bathing and facilitates carer ease. The sling seat can be attached to either of the bathtub base or wheel in shower chair base. Designed to be light weight but sturdy to position children who</p>	<p>Wheel in Shower Base (with reclining sling seat)</p> <ul style="list-style-type: none"> • Service user presents with a complex postural presentation: tone, reflexes, posture. • Service user cannot sit upright, requires some degree of recline to be positioned for both maximum engagement with the environment and for safety. • Service user showers regularly and requires an aid to enable this. • Service user has a wet area level access shower. • The home environment, particularly the floor surface allows for safe, easy movement of the wheeled shower chair.

	<p>cannot sit upright due to tone, posture or orthopaedic presentation. Three sizes (small, medium, large), all of which are compatible with the bathtub base or wheel in shower base (which comes in one size).</p>	<ul style="list-style-type: none"> • Wheeled shower base is required to receive reclining sling seat. • The use of this item will reduce the number of transfers required and reduce the service user and carer risks associated to this. • Carer understands how to use this item safely and is aware of the risk of injury to arms and legs which can be caught or knocked when moving the chair and the care to be taken to prevent this. <p>Reclining Sling Seat to accompany the Bathtub Base or wheel in Shower Chair Base</p> <ul style="list-style-type: none"> • Service user presents with a complex postural presentation: tone, reflexes, posture. • Service user cannot sit upright, requires some degree of recline to be positioned for both maximum engagement with the environment and for safety. • Sling seat required to accompany bath tub stand or wheel in shower base. • Select appropriate size for service user's height and weight.
<p>Paediatric powered bath lift</p>	<p>Powered folding frame with a reclining seat made of washable material that allows for water drainage. The frame folds directly beneath the seat to enable the seat to be lowered into the bottom of the bath base. It is powered with a rechargeable battery and operated by handset that is waterproof. There is a safety feature that only allows the bath seat to lower if there is enough charge for it to rise up again. When the seat is raised up it is level with the top of the bath rim to facilitate a level transfer from the outside of the bath.</p>	<p>Prescriber: Occupational therapist</p> <ul style="list-style-type: none"> • Service user (child) has a complex presentation that makes it very difficult to get them in & out of the bath and/or • Carer presents with physical limitations and/or manual handling risks that preclude the use of other equipment and indicate the use of a bath lift. • Prescriber has assessed that all other bathing options are unsuitable and showering options have been eliminated, as regards either the service user's presentation or environment. • Service user would be unable to be bathed by their carer without this level of equipment support. • Service user needs to be bathed regularly • This item will be the only bathing/showering equipment in use by the service user. Other items in use should be returned to the loan pool for recycling. • Carer is able to safely transfer the child into and out of the bath lift, without risk to the service user or themselves. The use of additional manual handling items to facilitate a safe transfer from the bath side to the bath seat may be required and should be requested simultaneously.

		<ul style="list-style-type: none"> • There is a suitable mains charging point for this item. • Planned review of patient's suitability in use of this aid should occur on a regular basis and should be scheduled.
Feeding, Eating, Drinking Swallowing (FEDS)		
Item	Descriptor	Prescribing Criteria
Specialised adapted cutlery (set or single utensil)	A utensil or set of utensils to aid the service user with FEDS difficulties to improve their independent feeding skills. These may vary by weight, shape, texture, length and width of handle and may have additional modifications depending on the needs of the service user. The spoon may require individual modifications depending on the needs of the service user.	<p>Prescriber: Speech and language therapist, occupational therapist</p> <ul style="list-style-type: none"> • A clinical assessment has been completed by either a Speech and language therapist and/or an occupational therapist and identifies that the adapted cutlery enhances and/or does not negatively impact the individual's FEDS. • Service user's functional hand skills are impacted by a neurological, musculo-skeletal or orthopaedic presentation. • Service user presents with difficulty managing cutlery which is impacting their ability to eat. • A clinical assessment has been completed to identify the most suitable type of adapted cutlery to enable them to manage functional eating.
Dysphagia/swallowing spoons	A spoon designed to enable a service user with FEDS difficulties enhance their independence and/ or swallow safety. The spoon can vary by texture and material. Handle can vary in terms of length and width. Spoon bowl can vary in terms of shape, depth and width. The spoon may require individual modifications depending on the needs of the person.	<p>Prescriber: Speech and language therapist</p> <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by the speech and language therapist and has determined that the dysphagia spoon is required to enhance the service user's FEDS. • The prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their feeding partner(s). The dysphagia spoon is prescribed in the context of the service user's FEDS guidelines.
Adapted ware	Plates and bowls designed to increase the independence and safety of a service user with FEDS difficulties. Multiple of some items may be required, used individually or alongside another item. These may be used to support, develop or respond to deterioration of FEDS skills across the lifespan.	<p>Prescriber: Speech and language therapist, occupational therapist</p> <ul style="list-style-type: none"> • A clinical assessment has been completed by either a speech and language therapist and/or an occupational therapist and identifies that the adapted ware enhances and/or does not negatively impact the service user's FEDS. • Service user's functional hand skills are impacted by a neurological, musculoskeletal or orthopaedic presentation. • Service user presents with difficulty managing food on their plate, which is impacting their ability to eat. • A clinical assessment has been completed to identify the most

		suitable type of adapted ware to enable them to manage functional eating.
Feeding system / spoon raiser: manual or automated option	<p>A system to support independence when eating and/or drinking. A variety of accessories are required to individualise the system. The system can be manually operated by those with the ability to activate the system manually or an automated version that can be activated automatically.</p>	<p>Prescriber: Speech and language therapist, occupational therapist</p> <ul style="list-style-type: none"> • A clinical assessment including a trial has been completed by the speech and language therapist in conjunction with an occupational therapist and identifies that the feeding system enhances and/or does not negatively impact the service user's FEDS. • Prescriber confirms that an appropriate level of support for implementation has been identified for the individual and their feeding partner(s). The feeding system is prescribed in the context of the individual's FEDS guidelines. • Service user is dependent on others to feed them or manages the task with great difficulty and strategies that they are not comfortable to use in broader environments. • Service user is capable of using this equipment and desires to be more independent with this activity. • Eating and swallowing difficulties, when present, are taken into account and the speech and language therapist has been engaged. • A clinical assessment including a trial has been completed by the prescriber(s) to identify that the feeding system enhances and/or does not negatively impact the individual's FEDS. • The most appropriate option has been selected by the prescriber/s in conjunction with the user and/their feeding partner, commensurate with the service users presentation and the environment in which this will be used: <ul style="list-style-type: none"> ➢ Manual operated system. ➢ Automated system. • Prescriber(s) confirms that an appropriate level of support for implementation has been identified for the service user and their feeding partner(s). The feeding system is prescribed in the context of the service user's FEDS guidelines or therapy plan. • An exceptional request may be made for a second feeding system, in some circumstances, if the service user is consistently eating in two places, e.g. home and educational facility/ home and work place and the item cannot be easily transported. Evidence and justification of this is required.

		<p>Prescriber required is an occupational therapist only:</p> <ul style="list-style-type: none"> • Service user presents with a physical restriction or condition that prevents the user being able to raise their arm to their mouth or their mouth to their hand or they may have arm loss or length reduction, there is no functional eating and swallowing difficulties. <p>Prescriber(s) required are both an occupational therapist and a speech and language therapist working together collaboratively:</p> <ul style="list-style-type: none"> • Service user presents with a physical restriction or condition, as above and they also present with functional eating and swallowing difficulties.
Adapted cups	<p>A cup specifically designed to promote the independence and safety of a service user with FEDS difficulties. These cups have variable features including weight, volume, size, shape, texture, handles, opening and spout. The cup may require individual modifications depending on the needs of the service user.</p>	<p>Prescriber: Speech and language therapist, occupational therapist</p> <ul style="list-style-type: none"> • A clinical assessment has been completed by either a speech and language therapist and/or an occupational therapist and identifies that the adapted cup enhances and/or does not negatively impact the service user's FEDS. • Service user presents with a neuro-muscular, skeletal, orthopaedic difficulty that restricts their ability to use a standard cup shape, handle or weight. • A clinical assessment has been completed by an occupational therapist or a speech and language therapist and identifies that the adapted cup enhances and/or does not negatively impact the service user's FEDS. • The cup selected by an occupational therapist prescriber takes into account any swallowing risk that might require speech and language therapist oversight. • The cup selected by a speech and language therapist prescriber takes into account any physical limitations that might require occupational therapist oversight.
Dysphagia cups	<p>A cup designed to enable a service user with FEDS difficulties enhance their independence and/or swallow safety. These vary by texture, material, size, volume, size and shape of opening, handle, weight, grip, colour and/or angle/tilt. There may be accessories, including lids, spouts, straws and/or holders required to meet a service user's needs.</p>	<p>Prescriber: Speech and language therapist</p> <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by the speech and language therapist and has determined that the dysphagia cup is required to enhance the service user's FEDS skills. • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their feeding partner(s). The dysphagia cup is prescribed in the context of

		the service user's FEDS guidelines.
Adapted straws	A specialised straw that supports safe FEDS and/or increases independent FEDS. It can include adaptations for volume and/or flow and may have accessories (e.g. base, lip guard).	Prescriber: Speech and language therapist <ul style="list-style-type: none"> • A clinical assessment, including trial has been completed by the speech and language therapist and identifies that the adapted straw is required to enhance the service user's FEDS skills. • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their feeding partner(s).The adapted straw is prescribed in the context of the service user's FEDS guidelines.
Specialised adapted bottles and teats	An adapted bottle is designed to enable a service user with FEDS difficulties to enhance their swallow safety and/or efficacy. They may be used interchangeably with standard or adapted teats. An adapted teat is designed to enable a service user with FEDS difficulties to enhance their swallow safety and/or efficacy. They may be used interchangeably with standard or adapted bottles. They may also be integrated systems. These items vary by texture, material, size, volume, flow, delivery method, angle/tilt and/or size, shape and design.	Prescriber: Speech and language therapist with the appropriate skills and competencies <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by the speech and language therapist and identifies that the adapted bottle/teat is required to enhance the individual's FEDS skills. • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their feeding partner(s). The adapted bottle/teat is prescribed in the context of the service user's FEDS guidelines.
FEDS programmes including software	A programme/application to support the development and/or maintenance of FEDS skills. Some programmes may necessitate additional equipment to ensure functionality.	Prescriber: Speech and language therapist <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by a speech and language therapist and identifies that the programme/app is required to enhance the service user's FEDS skills. • Prescriber has identified core skills to target development and/or maintenance of FEDS skills and the service user has demonstrated the capacity to use the programme/application.
Specialised Chairs: Adult stools and chairs for use in a non-residential home setting.		
Item	Descriptor	Prescribing Criteria
Perching stool	The perching stool is a height adjustable, 4 legged stool with rubber ferrules on the feet to stop it slipping. It has a plastic coated steel frame, fitted with a sealed cushion seat, for comfort and has arms & a low back rest. The seat slopes forward to facilitate the semi sit-	Prescriber: Occupational therapist <ul style="list-style-type: none"> • Service user has limited or impaired standing tolerance which impacts the ability to perform activities of daily living in standing. • Service user requires the aid to perform tasks which are usually performed in the standing position e.g. ironing, washing, cooking, and

	stand position and to aid user to rise out of the stool easily.	shaving. <ul style="list-style-type: none"> • Prescriber determines that the aid can be adjusted to the correct height for the service user, that the height of all legs is even and that the floor surface on which it will be used is level. • Service user is below the user weight capacity of the prescribed device. • Prescriber has assessed the environment to ensure that the aid can be used safely by the service user in the required location, e.g. No trip hazard will be caused by the legs, service user can safely move the aid within the environment to the desired location, can be positioned closely enough to any work surface they are using.
Orthopaedic high back chair	<p>Chair with height adjustable legs, a metal frame and vinyl upholstery. The chair has a high upholstered back and firm seat, stable full length armrests and slip resistant rubber feet.</p> <p>The standard dimension orthopaedic chair is a 16 inch or 18 inch wide chair. Some may also be width adjustable.</p> <p>The bariatric dimension orthopaedic chair is a 20" (50.8cm), 22" (55.9cm) wide. The chair has a higher user weight limit to accommodate the heavier weight service user. The chairs are not generally width adjustable as a robust structure is required.</p>	<p>Prescriber: Occupational therapist</p> <ul style="list-style-type: none"> • Service user presents during preparations for hip surgery or in the acute period post hip surgery. • Prescriber determines that the height of the home chair is contraindicated post hip surgery, but will be suitable for use again after the recovery period. • Prescriber determines that a short term loan of a high back, height adjustable orthopaedic chair is required for the recovery period (usually 12 weeks, reviewable per recovery progress) <p>or</p> <ul style="list-style-type: none"> • Service user presents in an actively terminal stage with a requirement for suitable furnishings for this period in time. • Prescriber determines a short term loan for this period or process. <p>or</p> <ul style="list-style-type: none"> • Service user presents with a chair at home that is unsuitable for them to use and is impacting safety or daily living activities. • The seat base is not firm enough to provide for safe and functional sitting or for safe and easy sit to stand to sit mobility, the arms are not firm enough or of a correct height for the service user to push up to stand or lower to sit, the dimensions of the chair (height, width, depth) are not suitable for the service user's dimensions and exacerbate risks and clinical presentations. • Service user is presenting and demonstrating one or more of the following risks: Unsteadiness during sit to stand and jarring during stand to sit movement; risk of slipping out of chair; decreased ability to move in the chair to redistribute weight and pressure; decreased

		<p>ability to get up out of the chair; toileting routines may be impacted leading to episodes of soiling or reduced intake of fluids in an effort to decrease number of visits to toilet and potential for urinary tract Infection; other system impact, e.g. respiratory tract infection, deep vein thrombosis, Exacerbation of clinical presentation; ability to participate in activities to the full degree capable of whilst seated or to get up to do so is affected significantly.</p> <p>Prescriber determines either of the loan option outcomes:</p> <ul style="list-style-type: none"> • No loan is required as there is no evident imminent risk to the service user while the service user or carer(s) make these arrangements. • Short term loan required (generally up to a maximum of four weeks). Service user presents with a documented history of falls or health impact that requires immediate mitigation during the short period of time required for the service user or their carer to make their purchase arrangements. <p>Prescriber Assessment documents:</p> <ul style="list-style-type: none"> • Correct height adjustment for the service user. • Service user is below the user weight capacity of the prescribed device. • The environment it is to be used in is compatible for the aid to be fitted and operated safely, e.g. adequate space. • The selection of the most appropriate chair as regards size and user weight capacity: <ul style="list-style-type: none"> ➢ Standard dimensions and weight limit, note products and weight limits of products in the loan pool may vary. ➢ Heavy duty dimensions and weight limit for heavier weight or wider service user, note products and weight limits of products in the loan pool may vary. • Accurate completion of the request form to ensure weight limit compliance and an accurate product match to the loan pool.
<p>Dual motor rise and recline chair</p>	<p>Riser recliner armchairs are electrically powered chairs controlled by a hand held control that allows the service user to alternate their position between standing, sitting and lying on the chair. Riser recliner armchairs are ideal for someone</p>	<p>Prescriber: Occupational therapist</p> <ul style="list-style-type: none"> • Service user must have a permanent and substantial impairment, e.g. CVA, M.S. Parkinson's, Alzheimer's, that reduce lower limb strength especially of the hips, weakness in upper limbs, and weakness in

	<p>with limited mobility. Riser-recliners with one motor operate the backrest and leg rest so that as the backrest reclines the leg rest rises. The Single Motor riser recliner armchair will commence elevating the service user into standing only when the leg rest are fully tucked away. The dual motor riser recliner armchair allows the service user to operate and move the leg rest and the backrest independently. This enables the service user to achieve the desired positioning with respect to their clinical presentation necessitating the chair. In the context of use as an aid and appliance these items are not considered or provided as a furnishing or comfort seat. The HSE loans them to assist service users with specific clinical presentations that affect their ability to stand up and sit down, or for positioning related to their clinical presentation. They are provided to service users who wouldn't normally require such assistance at their stage of life. They are not provided as a replacement for inadequate household furnishing or a naturally occurring age stage need/desire.</p> <p>Available sizes :</p> <ul style="list-style-type: none"> • Small 16" x 16" (40.6cm x 40.6cm) with castors. • Medium 18" x 18" (45.7cm x 45.7cm) with castors. • Large 20" x 18" (50.8cm x 45.7cm) with no castors. 	<p>back, resulting in the service user being unable to transfer independently.</p> <ul style="list-style-type: none"> • Assessment should be completed that the service user continues to experience difficulty/is unable to use a standard chair. • Assessment must be completed that the aid can be adjusted to the correct height adjustment for the service user. • Service user is below the user weight capacity of the prescribed device. • Service user must be able to operate the aid safely. • Assessment must be completed to ensure the environment is compatible for the aid to be fitted and operated safely e.g. adequate space, electrical point. • The rise and recliner chair must not be prescribed as an alternative to a bed and should not be provided solely for the treatment of medical conditions such as oedema or severe swelling. <p>In the meantime where a single recliner is still available in the loan pool the following clinical criteria as regards loan must be complied with.</p> <p>Select:</p> <ul style="list-style-type: none"> • Single Rise and Recliner: from existing loan pool stock will suffice for the service user's clinical presentation. <ul style="list-style-type: none"> ➢ Small 16" x 16" (40.6cm x 40.6cm) ➢ Medium 18" x 18" (45.7cm x 45.7cm) ➢ Large 20" x 18" (50.8cm x 45.7cm) <p>or</p> <ul style="list-style-type: none"> • Dual Rise and Recliner: The functions of a dual Rise and Recliner are necessary for the service user's clinical presentation. <ul style="list-style-type: none"> ➢ Small 16" x 16" (40.6cm x 40.6cm) ➢ Medium 18" x 18" (45.7cm x 45.7cm) ➢ Large 20" x 18" (50.8cm x 45.7cm)
<p>Adult postural support chair on wheels</p>	<p>Multi adjustable postural support chair for service users who present with complex postural difficulties. Features of the chair include tilt in space, back recline and leg elevation. The frame is multi adjustable in width and seat length and</p>	<p>Prescriber: Occupational therapist</p> <ul style="list-style-type: none"> • Service user has complex postural difficulties that cannot be accommodates in standard seating. • Service user has complex postural and pressure care requirements.

	<p>can be adjusted for growth. The postural support chair facilitates a choice of back rests, foot rests and armrests.</p> <p>The multi adjustable postural support chair is designed to facilitate ease of movement by a carer via use of a push handle and castors.</p> <p>The HSE will consider funding for postural support chair or tilt in space wheelchair with a relevant level of postural support for service users who present with complex postural support difficulties. The HSE will not fund both seating systems.</p>	<ul style="list-style-type: none"> • Service user unable to tolerate an upright position for an extended period of time. • Service user, living at home, requires frequent repositioning throughout the day for postural control and pressure-care management purposes. • Service user might have issues with respiratory and digestive function. • Service user requires use this chair to facilitate functions such as feeding and communication. • Service user has significant postural correction, pressure management and comfort care needs, and where the standard tilt-in-space chair does not meet these needs. • Prescriber ensures the chair is compatible with other equipment being used, i.e. hoist. • Prescriber ensures that the environment where the multi adjustable support chair is used can accommodate the chair when in full recline/tilt. • Prescriber ensures the environment within which chair is to be used facilities ease of movement if the chair as appropriate and recommended.
Chair sensor, safety alarm pad	<p>When a service user is deemed to be at high risk of falls when getting out of a chair, unsupervised, a sensor mat/falls safety alarm pad is placed under the chair occupant or under the cushion. Sensors located within the pad identify when the service user is about to leave the chair and alerts the carer. The alarm reminds the service user to wait for assistance and alerts the carer. The carer can be notified in a number of ways including an audible alarm, a radio pager or by connecting to a nurse call system.</p>	<p>Prescriber: Occupational therapist, public health nurse, physiotherapist</p> <ul style="list-style-type: none"> • Service user has been assessed at high risk of falls when getting out of a chair unsupervised, and will continue to do so. • Alternative commercially available solutions, e.g. baby monitor are deemed inappropriate for use with this service user. • Alternative fall prevention strategies have been trailed and documented to be unsuccessful. • Service user has no understanding or ability to wait for help to get out of the chair.
Paediatric chairs for use at home		
Item	Descriptor	Prescribing Criteria
Corner seat / floor sitter with pommel and tray attachment	<p>Triangular seat, with V corner shaped back rest that provides upright support at the back and sides, with a pommel to aid leg positioning. An integrated tray table attachment provides</p>	<p>Prescriber: Occupational therapist, physiotherapist.</p> <ul style="list-style-type: none"> • Service user requires postural support when sitting and requires floor

	<p>additional anterior upper trunk support and provides a play surface that maximises the opportunity for eye and hand co-ordination, participation and interaction with others.</p> <p>It is designed to seat service user in a long sitting position. It allows active movement and balance within the bounds of the corner seat and both supports and develops sitting and sitting balance skills, in conjunction with other strategies to develop these skills. Typically for a child who has sufficient trunk and head control to sit in this more upright chair.</p> <p>Size options depending on available product may be height and width adjustable or be fixed - small, medium, large.</p>	<p>based seating to maintain and or improve their sitting posture and ability.</p> <ul style="list-style-type: none"> • Service user is at a developmental stage and or age consistent with activities in floor sitting position. • Service user requires floor based seating to enable them to engage in age appropriate play and activities of daily living to maximise social interactions, learning and developmental skills. • This chair is for use at home. Chairs for use in Preschool and school may be recommended but are sourced respectively from AIMS or the Department of Education pathway. • Service user presents with poor postural tone and requires postural support in seated position. • A full and comprehensive assessment has been completed to determine the service user's neuro developmental presentation and seating requirements. The environment that this item will be used in and the carer's abilities or restrictions have been taken into account. • Floor sitter has been prescribed for use for the time limited duration of the activity expected for the child's age, stage, abilities and level of tiredness at the time of day used. It is not intended for longer periods of sitting as it is not designed for this specific function or to provide pressure reduction. The carer understands and will comply with this. • Carer is able to get the child into and out of the chair at floor level, without risk to themselves. • Carer has stated that they understand the essential safety advice provided by the prescriber. Most importantly they will comply with using this equipment only as a floor sitter, as it not safe to be used in any other position, temporarily or permanently.
<p>Contoured solid foam floor sitter and base with 'H' style integrated harness and option of tray/table</p>	<p>Contoured chair with high back, and contoured lateral head support and pommel to aid leg positioning. Designed to seat service user with 90 degree hip and knee angle, when correct size is used. Encased in easy clean cover. Positions the child in an effective way for trunk, head, eye, and hand control to maximise their interaction and activity abilities.</p> <p>The seat is attached to a wedge base that allows the seat to be positioned in a range between upright and semi reclined.</p> <p>Option of tray table that may be free standing or an integrated attachment to the seat, depending on product available.</p> <p>Size options - small, medium, large.</p>	<p>Prescriber selects the most appropriate floor based seating from the two options below:</p> <p>Corner seat with pommel and tray table attachment</p> <ul style="list-style-type: none"> • Service user has poor but adequate head & trunk control to sit upright when supported, may be able to sit briefly without support, but are unable to maintain sitting or sitting balance without support. • Service user requires support in sitting to facilitate upper limb function in play • Balance, righting and saving reactions are not yet sufficiently

		<p>developed for unsupported sitting.</p> <p>Contoured solid foam floor sitter and base</p> <ul style="list-style-type: none"> • Service user presents with more a complex physical presentation and a requirement for a more supportive seating specification including a degree of recline. • Service user and carer, require the level of support afforded by the contoured seat to facilitate feeding, interactions, play and development. • The position and support provided may be more optimal for feeding, eating, drinking and swallowing (FEDS). • For FEDS purposes the carer has been informed and has stated they understand that the chair can only be used in the position recommended as per the service user’s FEDS guidelines. • Tray table attachment is specified if required. • Prescriber selects correct size for child’s weight and height and child is within the service user weight limit advised for the product.
<p>Basic positioning activity chair: minimal adjustability and postural support. Standard low height chair for floor use</p>	<p>Basic upright chair, height and depth adjustable. Comes with back rest, arm rests, minimally contoured cushion base and side pads, with easy clean covering. Optional footrests. Options for basic postural seating accessories e.g. split seat cushion, pommel, mobile base, harness, tray, lumbar and sacral inserts. Wide range of sizes available starting from age two years.</p>	<p>Prescriber: Occupational therapist, physiotherapist.</p> <ul style="list-style-type: none"> • Service user requires postural support when sitting and requires a positioning chair to maintain and or improve their sitting posture and ability. • Service user is at a developmental stage and or age consistent with sitting activities in a chair and/or at a table. • Service user requires a positioning chair to enable them to engage in age appropriate play and activities of daily living to maximise social interactions, learning and developmental skills. • This chair is for use at home. Chairs for use in Preschool and school may be recommended but are sourced respectively from AIMS or the Department of Education pathway. <p>Prescriber selects the most appropriate positioning activity chair from the four options below:</p>
<p>Multi adjustable activity chair: moderate adjustability and postural support with set height seat base or high-low base pedal activated</p>	<p>Multi-functional supportive chair with seat height and depth adjustability. Optional accessories may include lateral support, a basic head rest, arm rests, footrests, hip guides, pommel, height adjustability, wheeled base with the option of wheels at set height or wheel base with pedal activated high-low function.</p>	<p>Basic positioning activity chair</p> <ul style="list-style-type: none"> • Service user requires minimal postural support for stability and
<p>Tilt in space multi adjustable activity chair: moderate to high</p>	<p>A highly flexible supportive modular seating system on a high low tilt in space wheeled base. Option to grow with the child with a variety of</p>	

<p>adjustability and support with high-low base, pedal or power activated and frame only option for third party seating</p>	<p>accessories to meet complex postural seating needs. Seating can correct and prevent deformity or accommodate a fixed deformity. Maximise function while providing a high level of postural control. Pedal activated high-low function or option of power activated for heavier weight service users.</p>	<p>symmetry in sitting.</p> <ul style="list-style-type: none"> • Service user requires minimal postural support to facilitate upper limb function in play and or activities of daily living. • Service user requires minimal postural support in sitting to maximise attention and sensory regulation for play and activities of daily living.
<p>Tilt in Space: high-low base only option from above</p>	<p>Multi-function high low tilt in space base (identified from range of moderate to high base options above). Pedal activated high-low function or option of power activated for heavier weight service users.</p> <p>High low base has a mechanism to attach third party and custom postural seating solutions (seat base and back). Compatible with and can accommodate a unique configuration of a number of seating options to achieve a seating solution. Aids and appliances listed and contracted third party seating solutions as per activity chair seating; buggy/wheelchair seating; postural and pressure reduction cushions; custom made seating - moulded seating, part or full seating solution; custom back contoured cushion on a matrix back. The custom options are not currently on contract and must be requested as an exceptional request.</p>	<p>Moderate positioning activity chair</p> <ul style="list-style-type: none"> • Service user cannot be adequately supported in the basic positioning activity and requires the level of support afforded by the moderate chair which may include postural support accessories as outlined in the descriptors. • Service user requires moderate postural support for stability and symmetry in sitting. • Service user requires moderate postural support to facilitate upper limb function in play and or activities of daily living. • Service user requires moderate postural support for maintenance of an upright posture and prevention of secondary deformities. • Service user is at risk of developing secondary deformities e.g. spinal or upper limb. • Service user is affected by fatigue and therefore would benefit from additional postural support especially trunk support. • The correct high or high-low base is selected: <ul style="list-style-type: none"> ➤ Fixed height high base on wheels. ➤ Pedal Activated high-low height function. This more expensive option can be prescribed when the carer's ability to lift the child into and out of the chair from floor level and/or to lift the chair onto and off the fixed height base is compromised despite using correct manual handling methods and it is absolutely necessary that the carer uses pedal function to reduce manual handling risks to themselves and the child. <p>Tilt In space moderate to high postural support positioning and activity chair</p> <ul style="list-style-type: none"> ➤ Service user has a complex postural, presentation and health related issues e.g. respiratory seizures, digestive issues. ➤ Service user is at risk of or has already developed secondary deformities e.g. spinal, hip or upper limb and requires this level of seating to prevent and manage exacerbation.

		<p>➤ Service user requires TIS and high postural support to: maintain an upright, stable and symmetrical sitting posture; facilitate arm and hand function during play and activities of daily living; provide a range of positions to facilitate health & feeding requirements; support the caregivers role and minimise caregiver risk during manual handling.</p> <p>Prescriber selects the correct postural support specification for the service user's muscle tone presentation with regard to availability in recycling and the most economic value for money contract award option.</p> <p>The most appropriate mechanism to raise the high-low base is selected as appropriate for the child's weight and the carer's ability to lift the child into and out of the chair.</p> <p>Pedal Activated high-low height function: This is generally the more economic option and should always be prescribed in the first instance</p> <p>Power activated high-low height function: This option should be prescribed when the child is older, heavier and/or awkward to manage during a 'lift' and/or the carer's ability to lift is compromised and power activation is absolutely necessary to reduce manual handling risks to themselves and the child.</p> <p>Frame only option: This is selected when required to interface with a recycled or contracted third party, custom moulded or contoured seating solution.</p> <ul style="list-style-type: none"> • Tray table attachment is specified if required. • Prescriber selects correct size for child's weight and height and child is within the service user weight limit advised for the product.
<p>Pelvic positional saddle seat, height adjustable with pelvic tilt and options for postural trunk support</p>	<p>A saddle shaped seat base, with a contoured design that provides leg separation and a base that tilts forward with an impact to tilt the service user forward, influencing the service user's spinal and hip position and weight shift & weight bearing through their legs. The combination of positioning, alignment and weight bearing can sometimes be useful to break up certain tonal and reflex patterns allowing the service user to sit and conduct activities more functionally.</p> <p>Option for with or without back.</p>	<p>Prescriber: Occupational therapist, physiotherapist.</p> <ul style="list-style-type: none"> • Service user has a tonal and/or reflex presentation that is responsive to the unique combined position, alignment and weight bearing impacts of the saddle seat design. • A comparison of the service user's functional abilities, when using another postural support chair and the saddle chair, has been undertaken. The outcome demonstrates improved functional ability when using the saddle seat. • Service user has the endurance to sustain the postural demands of sitting in this position without fatigue impacting their function or

		<p>posture over time. A trial will likely be required to fully test this.</p> <ul style="list-style-type: none"> This chair is for use at home. Chairs for use in Preschool and school may be recommended but are sourced respectively from AIMS or the Department of Education pathway.
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Domestic Bed Aids, Electric Profiling Beds and Pressure Reducing Mattresses and Elbow/Heel/Foot Protectors

Aids for Domestic Beds		
Item	Descriptor	Prescribing Criteria
Monkey pole: freestanding for domestic bed	Free standing over bed metal frame on wheels with brakes that protrude under the bed. It has an adjustable length webbed strap with a plastic handle that hangs over the service user, within their reach. They can grab it to lift and reposition themselves in the bed.	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> Service user requires the equipment to move independently in bed. Service user has adequate range of movement and strength in upper limbs and is able to lift their own body weight clear of the bed. Service user's pain or condition is not unacceptably exacerbated by the use of this item. Service user understands that this item can only be used to reposition themselves in the bed and is not to be used to transfer out of the bed. There is enough clearance height for the monkey pole under the domestic bed in use. The monkey pole and the base must be stable and not tip when the monkey pole is in use.
Bed lever (bed bar) for domestic bed	<p>Extendable metal bar which is secured to the domestic bed with straps to provide a small bed side grab rail for transfers and re-positioning. Service User can grab the lever and support them to assist with sitting and getting into and out of bed safely.</p> <p>There are bed levers to fit slatted beds or divan bed, or a universal model that fits both. dependent on available loan pool stock in your area or the product on the current purchase contract</p>	<p>Prescriber: Public health nurse, occupational therapist, physiotherapist</p> <ul style="list-style-type: none"> Service user requires a secure rail to grasp, to facilitate them to move independently in the bed/to roll/to sit/to stand up from the bed. Service user has sufficient balance, trunk control, grip strength and upper limb strength to use item. Prescriber completes the appropriate section of the bed request form and includes the following details: <ul style="list-style-type: none"> Type of bed: divan bed / slatted bed. Size of bed: 3ft (0.91m) single / 4ft (1.2m) double / 4ft 6" (1.35m) double.
Electric Profiling Beds and Attachments for Electric Profiling Beds		
Item	Descriptor	Prescribing Criteria
Electric profiling bed: 3ft (0.91m) wide, dual height	The head of the bed can be raised to varying degrees, to support a service user with complex	Prescriber: Public health nurse, occupational therapist

adjustable		
Electric profiling bed: 4ft (1.2m) wide mediatic, standard height adjustable		
Electric profiling bed: 4ft (1.2m) or > 4ft (1.2m) wide bariatric, standard height adjustable	<p>needs to a sitting position and or support a sitting position. The height of the bed can be moved up or down. The dual height bed has a height range that adjusts from the lowest setting of the low entry profile bed to the highest setting of the standard profile beds, e.g. low approximately 9" (23cm) from floor to highest setting approximately / 31 ¾ " (80cm). This makes the bed versatile and ergonomically adaptable for a variety of service user and carer dimensions and needs. The bed height and head of the bed is adjusted via a control handset attached to the bed by flexible cable.</p>	<ul style="list-style-type: none"> • All domestic bed aids have been considered and are deemed unsuitable. • Service user cannot change their position as required to prevent skin breakdown and preserve respiratory function. • Bed height adjustability is required as the fixed height of the domestic or raised domestic bed is unsuitable to facilitate safe Carer practices and/or to facilitate the service user to get in or out of bed. • The bed size has been determined in accordance with the service user's weight. Weight must be monitored and the equipment revised if the maximum weight is exceeded: <ul style="list-style-type: none"> ➢ 3ft (0.91m) wide height adjustable bed (weight max 30 stone (190.5kg)). ➢ 4ft (1.2m) wide, from 28 stone (178 kg) up to 40 stone (254 kg). ➢ Bariatric 4ft (1.2m) wide, from 40 stone (254 kg) up to 60 stone (381 kg). • The height range of the profile bed required to meet the service user and carer requirements has been determined: <p>Low entry height range</p> <ul style="list-style-type: none"> • May be selected from existing HSE stock pool because the service user is of small stature which allows them to get in and out of bed safely. • The service user has a documented history of falls from bed (bedside floor falls mat is compulsory for falls management). <p>Standard height range</p> <ul style="list-style-type: none"> • Required as the upper level of height is compatible with the carer(s) height and the working height they need. • Dual height beds accommodate service users and carer(s) of varying heights. <p>The prescriber must ensure the following:</p> <ul style="list-style-type: none"> • A compatible clinically appropriate pressure relief mattress has been selected • Essential attachments to be issued with the profiling bed have been identified on the request form. • The powered profiling bed is compatible with and supports any hoisting product and process in place.

		<ul style="list-style-type: none"> The house dimensions allow for the bed to be moved into the house and room. The size of the room that the bed will be used in room allows for adequate circulation and safe use by carers and clinicians. Any room adjustments that the prescriber recommends will be made by the carer prior to delivery and use of the bed. Service user and/or carer(s) is instructed to operate the handset and bed safely, by either the prescriber or issuing aids and appliances service. An operation manual is routinely provided with the bed at the time of issue.
Monkey pole attachment secured to profile bed	A pole with a hanging plastic handle, which is attached to the profile bed, as per manufacturer's guidelines. The handle hangs above the service user, within their reach. They can grab it to lift and reposition themselves in the bed.	<p>Prescriber: Public health nurse, occupational therapist,</p> <ul style="list-style-type: none"> Service user requires the equipment to move independently in bed. Service user has adequate range of movement and strength in upper limbs and is able to lift their own body weight clear of the bed. Service user's pain or condition is not unacceptably exacerbated by the use of this item. Service user understands that this item can only be used to reposition in the bed and is not to be used to transfer out of bed.
Bed length extender attachment for profile bed (extender may be secured to bed or integrated)	A metal frame added to the foot end of a standard six foot bed to increase the length. Dependent on the model of profile bed it will either be attached to the foot of the bed by bolts or it may be a permanent fixture that slides out from the foot of the bed frame. A mattress extension pad is automatically provided with any request for a bed extender. The mattress pad must be placed at the head of the bed, not at the foot of the bed as it may have different pressure relieving qualities than the prescribed pressure relieving mattress.	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> Service user is too tall for a standard six foot long profile bed. Service user is within weight limit of bed. The room that the bed will be used in accommodates the bed with extension and allows for safe circulation of carers and clinicians and use of other equipment. Mattress extension that is provided with bed extender must be used at the head of the bed. Service user and or carer(s) must understand this. Carer(s) understand that they must check the mattress pad at the head of the mattress regularly to ensure no gaps arise that the service user may get stuck in.
Mattress extension pad compatible with bed length extender	Available options: <ul style="list-style-type: none"> For 3ft (0.91m) or 4ft (1.2m) profile bed. 	
Bed lever (bed bar/bed loop) for profile bed, secured to profile bed	Extendable metal bar which is secured as per manufacturer's guidelines to the profile bed that can be grasped by the service user to help them to sit up in bed, turning side to side, and to get into and out of bed. Bed rails cannot be used for	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> Service user requires a secure rail to grasp, to aid them to move independently in the bed/to roll/to sit/to stand up from the bed. Service user has sufficient balance, trunk control, grip strength and

	<p>this purpose as they are not designed for this type of forceful use and it can make them unsafe to use. Where there is a bed rail in place a bed lever can be secured alongside it. Bed lever/loop must be compatible with the profiling bed issued.</p> <p>Available options:</p> <ul style="list-style-type: none"> • Bed Lever Bar to attach to three foot and four foot profile bed. 	<p>upper limb strength to use item.</p> <ul style="list-style-type: none"> • Prescriber ensures bed lever does not impede access to the bed for service user and/or carer.
<p>Bed rails</p>	<p>Bed rails are not automatically issued with a bed as there are safety issues that the prescriber needs to take into account. If bed rails are required tick 'rails required on the bed request form and complete a bed rails risk assessment form.</p> <p>When bed rails are issued with a bed the service user and or carer must be informed how to use the bed rails responsibly by the prescriber.</p> <p>Bed rails attach to the side of the profiling bed. They are hinged or pivoted safety bars that can be attached to or are an integrated part of the bed frame. They fit snugly against the mattress and can be dropped down for access. They might be used on one side of the bed or on both sides. The purpose is to prevent service users from falling from bed, and sustaining injury. They are only provided when there is a risk that the occupant will slip, slide, fall or roll out of bed. They are not intended to be used to prevent people from leaving their bed voluntarily or to restrain people who may move erratically or violently.</p> <p>Bed rails are not designed for use as grab rails, to get into and out of bed. This forceful use can make them unsafe to use. When a service user</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> • Prescriber has read and complies with the Information and references provided in the reference section. • Bed rail(s) are necessary to prevent a fall from the bed. • The bed rail risk assessment must be completed by the prescriber as per local area policy requirements and in keeping with best practice requirements (see references). <p>The following must be complied with:</p> <ul style="list-style-type: none"> • The mattress fit to the bedside rails, should be checked by the carer at each use and by other health professionals who in the course of their work, encounter the bed/bed rails. • The bed rails protrude high enough above the mattress and service user to provide safe support. • If the bed rails are not high enough to provide protection and the solution selected is either: <ul style="list-style-type: none"> ➢ The mattress height/ product will be reviewed. ➢ Full height rails are required. • Service user is unlikely to pull on the bed rail to sit up or get into and out of bed. To prevent this misuse a bed lever is also required. • Bumper pads may be required if the service user's presentation makes them likely to knock themselves adversely on the bed rail. • Carer(s) understand that general supervision of the service user is required when the bed rail is in use as well as regular checks of the bed and mattress. They have been provided with a contact number for the prescriber should they have concerns about the service user's safety in bed.

	<p>needs something to grasp onto to sit up in bed or help them get into or out of bed a bed lever should also be provided. This attaches to the bed alongside the bed rail.</p> <p>Available Options: Standard height Safety bed rails can only be used safely if the height of the mattress is not over 18 cm / seven inch as this leaves enough room between the top of the mattress and the Standard bed rail.</p> <p>Full height rail or bed rail extension. A full height bed rail or bed rail extension can be added to make the bed side 20 cm / eight inch higher than the standard bed side rail used where a service user requires this added security. Bed rail bumper is with the electric bed/ bed rail prescribed.</p>	
Bumper pads for bed rails	<p>These padded bed rail covers are designed to protect the service user from harm or entrapment on the metal bed/safety rails. The bumpers are made from thick foam covered in a vapor-permeable material which can be wiped clean.</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> • Bed rail risk and safety assessment indicates that the use of bed rails is safe. • There are documented incidences of actual or potential harm to the service user from contact with the unpadded rails. • Use of the bed rail bumpers does not pose a risk of suffocation.
Bed Aids for use with Domestic or Electric Profiling Beds		
Item	Descriptor	Prescribing Criteria
Bed cradle	<p>C-shaped metal frame which sits under mattress or between mattress and bed base to supporting the weight of the bed clothes off the service user's lower limbs.</p>	<p>Prescriber: Public health nurse</p> <ul style="list-style-type: none"> • Service user presents with compromised skin integrity that requires preventative measures, e.g. vascular disease, burns. • The weight of the bedding is light but the service user cannot tolerate the weight, on their lower limbs and/or bedding restricts the movement of the service user's lower limbs, which may cause shearing/tissue viability risk.
Over bed table, height adjustable	<p>Table supported by a height adjustable leg on one side and a broad, stable base on castors that allows the table to be positioned over a</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> • Service user is confined to bed/chair. • Over bed table is required for the period of confinement so that the

	<p>bed/chair. They are available to loan to service users with complex needs who are confined to a bed or chair. This table is loaned so that they can eat, drink, take medication and undertake diversional wellbeing activities, for the period of confinement.</p>	<p>service user who can sit and undertake activities independently is provided with a table top so that they can eat, drink, take medication safely and undertake diversional wellbeing activities, for the period of confinement, or carer(s) is aided by the table to assist with such support care interventions.</p> <ul style="list-style-type: none"> • Home furniture is not suitable for use as a table over the bed or over the chair the service user is using. • Item is not to be used for restraint. • Over bed table can be pushed under and away from the bed or chair in use with ease. • Over bed table must be returned when no longer used for the purpose described.
<p>Falls crash mat, size to fit under bed for storage</p>	<p>A falls mat is a thin high density foam mat that can be placed beside a bed when it is occupied by a service user that has an identified risk of falling from the bed.</p> <p>The falls mat will not prevent falls. All other falls prevention measures must be put in place. It is provided to minimise the occurrence of an injury if a fall does occur when all other measures are in place.</p> <p>The mats measurements should allow it to be pushed under the bed when the bed is not occupied, so it is not a trip hazard, but it must be pulled out when the bed is occupied.</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> • Prescriber has instructed the carer about the falls prevention measures and has recommended the safest bed position. • Falls prevention measures related to the use of a bed: <ul style="list-style-type: none"> ➢ The bed must be used in its lowest to floor position when the service user is in bed. ➢ Bed rail risk assessment had indicated the bed rails cannot be issued. ➢ Adequate supervision is provided. ➢ The mat is in the proper position adjacent to the bed and is not positioned where the service user may roll onto sharp edges or a hot radiator, should they end up on the mat.
<p>Bed sensor, safety alarm pad</p>	<p>When a service user is deemed to be at high risk of falls when getting out of bed unsupervised a sensor mat/falls safety alarm pad is placed under the bed occupant or under the mattress. Sensors located within the mat identify when the service user is about to leave the bed and alerts the carer.</p>	<p>Prescriber: Public health nurse, occupational therapist,</p> <ul style="list-style-type: none"> • Service user has been assessed at high risk of falls when getting out of bed unsupervised, and will continue to do so. • Alternative commercially available solutions e.g. baby monitor are deemed inappropriate for use with this service user. • Alternative fall prevention strategies have been trialed and documented to be unsuccessful. • Service user has no understanding or ability to wait for help to get out of bed.
<p>Elbow, heel and foot protectors (gel, foam, air options)</p>	<p>Pressure reduction aids that cushion and protect the elbow, heel, ankles and foot. Specially designed to reduce the effects of friction,</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> • Service user presents with risk factors which make them likely to

	<p>shearing and pressure at these vulnerable points. They redistribute pressure around bony prominences to protect and maintain the skin integrity to prevent pressure injuries of the elbow, heel and foot. These aids may be stretchy and slip-on, or may be designed to strap on. They must not impede circulation when in use. Available in foam, Gel or bootie style. Each of which have a differing design and /or pressure prevention or reduction properties.</p> <p>They are designed for frequent reuse by the same person, subject to regular washing per manufacturer's instructions. The HSE provides these on a no return basis as they are not recycled for use on others. Protectors alone will not address pressure risk in its entirety. Other measures must also be put in place to address causative and risk factors.</p> <p>Available options:</p> <ul style="list-style-type: none"> • Elbow protector, foam pad, conforms to the elbow shape, three sizes. • Elbow protector, gel pad, conforms to the elbow shape, medium size. • Heel protector, foam pad, conforms to the heel shape. • Heel protector, gel pad, conforms to the heel shape. • Heel protector, foam bootie style one size pressure. • Heel protector, air bootie style, three size options, fully offloads pressure. 	<p>develop a pressure injury; or present with a history of injuries in the elbow/heel (or other site), or present with an active injury.</p> <ul style="list-style-type: none"> • Service user positioning for long periods compromises skin integrity at heel elbow and foot sites. • Prescriber selects either a foam, gel or air product according to the risk assessment, pressure risk score and clinical observations to ensure the most appropriate airflow, temperature, moisture and optimal pressure redistribution requirements for the particular service user presenting. • The correct product and size is selected (see descriptor). • Aids are indicated as part of an overall pressure injury prevention / postural support strategy. • Prescription/intervention is in line with the guidance and desired outcomes of the 'Pressure Ulcers to Zero' national quality improvement programme. • Prescriber reports any pressure injury of grade 3 or 4 as a serious reportable event in compliance with the HSE National Incident Management Service (NIMS) procedure on the National Incident Report Form (NIRF) as per the national quality and patient safety direction. • When protectors are prescribed to aid the healing of a grade 3 or grade 4 injury it is recommended best practice that a multi-disciplinary 24-hour postural/pressure management plan is put in place including but not limited to: positioning schedule; transfer methods and/or equipment which reduce transfer risks; scheduled skin assessment, and / or injury management. • To ensure a satisfactory injury prevention or healing outcome the prescriber must put in place at the time of prescription dates to reassess risk on on-going basis; review and update intervention strategies; participate in the review and update of any 24-hour plan in place.
<p>Pressure relieving mattresses for use on the domestic bed</p>	<p>Some of the listed pressure relieving mattresses can be used on a domestic bed.</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <p>Mattresses are only provided to meet pressure relieving requirements. They are not provided to replace domestic bed mattresses that are in a deteriorated state and would meet the service user needs if upgraded. It is the responsibility of the service user or their carer(s) to upgrade.</p>

Pressure Reducing Mattresses		
<p>'At Risk' Pressure reducing mattress Service user risk level: Waterlow score 10+ (10-15)</p> <p>Mattress type:</p> <ul style="list-style-type: none"> • Static • Specialised memory foam. • Non-powered foam and air mattress overlay. • Non-powered air only mattress overlay. 		
Item	Descriptor	Prescribing Criteria
<p>Specialised memory foam mattress, static Product compatibility at Risk 10+ (10-15)</p>	<p>The specialised memory foam mattress is made of specialised high specification high density foam or hybrid (foam and air cells), with pressure relieving qualities that aids the spread of the service user's weight and facilitates circulation to prevent a pressure injury event. The mattress is enclosed in a water repellent but breathable cover and is cleanable and recyclable.</p> <p>Available mattress sizes:</p> <ul style="list-style-type: none"> • 3ft (0.91m) wide, for use on 3ft (0.91m) wide domestic or profiling bed. • 4ft (1.2m) wide, for use on 4ft (1.2m) wide domestic or profiling bed. <p>Maximum service user weight:</p> <ul style="list-style-type: none"> • Refer to loan pool or contract specification for specific product specifications. <p>Note: Maximum service user weight must also be within the weight limit of the bed that the mattress is to be used with.</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> • Prescriber has completed an assessment and the Waterlow Pressure Assessment Score or Braden Equivalent is 'At Risk' 10-15. HSE National Wound Guidelines 2018. • Prescriber selects the most appropriate mattress option for 'At Risk' 10+ (10-15) to reduce the pressure, and to prevent a pressure area. Based on the Waterlow assessment score, clinical observations and judgement. • Foam specialised mattress: The foam is suitable for the level of prevention and pressure redistribution required <p>or</p> <ul style="list-style-type: none"> • A non-powered overlay is required for short term use in relation to one or more of the following: <ul style="list-style-type: none"> ➢ A significant discolouration of the skin and suggestions of an abrasion occurrence requires expedient intervention until another pressure reduction strategy and or equipment solution if required, is immediately determined. ➢ A significant dis-improvement in the service user's health status and skin integrity requiring expedient intervention until another pressure reduction strategy and or equipment solution if required, is immediately determined ➢ Required to support the duration of the end stage of end of life care to aid avoidance of pressure injury occurrence. <p>Select Overlay option: Either overlay option is suitable.</p> <ul style="list-style-type: none"> • Non Powered Foam and Air Overlay, short term option. The overlay is required short term and the foam base offers a more
<p>Non powered overlay Product compatibility At Risk 10+ (10-15)</p>	<p>The HSE has listed this item as an option for temporary short term use in response to a short term clinical requirement or whilst awaiting the arrival of a long term mattress solution, in the immediate future.</p>	

	<p>A lightweight mattress overlay with air that redistributes the body weight, conforming and contouring to the service user, reducing pressure on tissues and joints to prevent occurrence of a pressure injury. Fully sealed mattress which prevents the ingress of fluids or bacterial infection.</p> <p>It is approximately three - four inch thick, and can be laid over the top of another stable mattress or alternatively a firm, thin foam mattress pad, which can be loaned by the HSE if the mattress is not suitable for overlay use. The lower and more stable the base and combined height of the two items the better. The total height of the two should not exceed six inches and the all over (sides and centre) stability of the two should not be compromised by the combined height.</p> <p>There are two mattress overlay options:</p> <p>Non powered overlay, with foam base and air top layer</p> <ul style="list-style-type: none"> • This overlay combines a thin visco-elastic foam base with a top layer of air. • The foam base adds an inbuilt layer of stability. • It can be laid over the top of another stable mattress or alternatively a firm, thin foam mattress pad, which can be loaned by the HSE if the mattress is not suitable for overlay use. <p>Non powered air only overlay</p> <ul style="list-style-type: none"> • This air only overlay is air filled and is manually inflated with air by a pump. • It can be laid over the top of another stable 	<p>stable base and the air layer a sufficient pressure distribution for the user's requirements.</p> <ul style="list-style-type: none"> • Non Powered Air only Overlay, short term option. The overlay is required short term and the air only option can be pumped to conform to the service user's pressure distribution requirements. • Prescriber selects the correct size/width mattress for the domestic or profiling bed it is to put on. • Prescriber determines that service user is within the user weight limit of the product. • Prescriber determines that the combined weight of the Service user and mattress are within the weight limit of the domestic bed or profiling bed that will be used. <p>If the overlay option is selected the prescriber ensures all of the following:</p> <ul style="list-style-type: none"> • Prescriber must assess and determine if the bed mattress to be under the overlay is sufficiently stable at the edges and centre to support the overlay and service user in a position that enables pressure redistribution, the service user or carer(s) to reposition them and provides a firm safe bed edge, i.e. they neither roll to the centre or roll out of the bed. <p>and</p> <ul style="list-style-type: none"> • The height of the mattress is measured to check that combined height of the mattress and overlay is no greater than 6" (15.2cm). <p>and</p> <ul style="list-style-type: none"> • The height of the two items combined must be stable enough to stop the overlay slipping off the base, must maintain the firmness of the edges and must be firm enough in the middle that the overlay doesn't bottom out in the centre, which might limit the service user's ability to move out of the centre. • The height of the two items when used on a profiling bed should not exceed the bed rail height if in use and it should be determined by assessment that the height does not impose an entrapment risk. Compliance by the prescriber with the content of the following is essential: Dimensional requirements of bed rails (from BS EN 60601-2-52:2010) - Medical electrical equipment. Particular requirements for basic safety and essential performance of medical beds. MHRA (2013) Safe Use of Bed Rails, v2.1. Medicines and
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	<p>mattress or alternatively a firm, thin foam mattress pad, which can be loaned by the HSE if the mattress is not suitable for overlay use.</p> <p>Available Overlay Sizes:</p> <ul style="list-style-type: none"> • 3ft (0.91m) wide, for use on 3ft (0.91m) wide domestic or profiling bed. <p>Maximum service user weight:</p> <ul style="list-style-type: none"> • Refer to loan pool or contract specifications for specific product specifications. <p>Note: Maximum service user weight must also be within the weight limit of the bed that the mattress is to be used with.</p>	<p>Healthcare Products Regulatory Agency.</p> <p>and</p> <ul style="list-style-type: none"> • The mattress issued is compatible with the profile bed product it is to be used on. The compatibility of the mattress fit to the bed, bed rail, bed lever it is to be used with has been checked to ensure the fit poses no material entrapment risks. <p>and</p> <ul style="list-style-type: none"> • The fit of the mattress is snug to the sides of the profile bed to prevent the service user becoming stuck / entrapped in any gap between the Mattress and bed, bed sides or bed lever. • Prescriber/issuing service must ensure safety and stability when goods are received by the service user and must ensure the carer(s) are aware of the risks and how to identify them and avoid them and should check at any time they are on business in the service user's home. • Prescriber ensures they have advised the service user and/or carer(s) (family and/or employed) of health and safety information and if a problem presents is noticed should immediately rectify and notify the issuing service. • Prescriber ensure that mattress is compatible with bed rails. If not the prescriber prescribes higher bed rails. • It is recommended that the prescriber in the course of their future contact/intervention uses the opportunity to review the bed and bed rail risk status to determine that the arrangement in place is still suitable.
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'High Risk' Pressure reducing mattress Service user risk level: Waterlow score 15+ (15-20)

Mattress type:

- Static
- Specialised high specification high density foam/ hybrid (foam and air cells).
- Powered dynamic foam and air mattress.
- Powered, dynamic, standard cycle, air alternating mattress.

Item	Descriptor	Prescribing Criteria
<p>Specialised memory high specification high density foam / hybrid (foam and air cells) mattress, static</p>	<p>This mattress is made of specialised high specification high density foam / hybrid (foam and air cells) with pressure relieving qualities that aids the spread of the service user's weight and facilitates circulation to prevent a pressure injury</p>	<p>Prescriber: Public health nurse, occupational therapist.</p> <ul style="list-style-type: none"> • Prescriber selects the most appropriate mattress option for Waterlow 'At Risk' 15+ (15-20) to reduce the pressure, and to

<p>Product compatibility High Risk 15+ (15 -20) and At Risk 10+ (10-15)</p>	<p>event. The mattress is enclosed in a water repellent but breathable cover and is cleanable and recyclable.</p> <p>Available mattress sizes:</p> <ul style="list-style-type: none"> • 3ft (0.91m) wide, for use on 3ft (0,91m) wide domestic or profiling bed. • 4ft (1.2m) wide, for use on 4ft (1.2m) wide domestic bed or profiling bed. <p>Maximum service user weight:</p> <ul style="list-style-type: none"> • Refer to loan pool or contract specifications for specific product specifications. <p>Note: Maximum service user weight must also be within the weight limit of the bed that the mattress is to be used with.</p>	<p>would manage a pressure area, assessment score, clinical observations and judgement.</p> <ul style="list-style-type: none"> • Prescriber ensures through clinical assessment that the appropriate mattress is selected when making their request <p>Foam high specification, high density / hybrid powered, dynamic standard cycle, air alternating mattress indicated:</p> <ul style="list-style-type: none"> • Prescriber selects the correct size/width mattress for the domestic or profiling bed it is to put on. • Prescriber determines that service user is within the user weight limit of the product. • Prescriber determines that the combined weight of the service user and mattress are within the weight limit of the domestic bed or profiling bed that will be used. • Prescriber ensure that the mattress issued is compatible with the profile bed product it is to be used on .The compatibility of the mattress fit to the bed, bed rail, bed lever it is to be used with has been checked to ensure the fit poses no material entrapment risks. • The fit of the mattress is snug to the sides of the profile bed to prevent the service user becoming stuck / entrapped in any gap between the mattress and bed, bed sides or bed lever. • Prescriber/issuing service must ensure safety and stability when goods are received by the service user and must ensure the carer(s) are aware of the risks and how to identify them and avoid them and should check at any time they are on business in the service user's home. • Prescriber ensures they have advised the service user and/or carer of health and safety information and if a problem presents is noticed should immediately rectify and notify the issuing service. • Prescriber ensures that mattress is compatible with bed rails. If not the prescriber prescribes higher bed rails.
<p>Powered dynamic foam and air mattress Product compatibility High Risk 15+ (15 -20)</p>	<p>It combines air and visco-elastic foam. Air is the top layer. Air is maintained and gently moved in the mattress which is powered by electricity. This redistributes the body weight, conforming and contouring to each service user to reduce pressure on tissues and joints and thus reduce risk. Fully sealed Mattress that prevents the ingress of fluids, bacteria or infection.</p> <p>Available Size:</p> <ul style="list-style-type: none"> • 3ft (0.91m) wide for domestic bed or powered profiling bed. 	
<p>Powered, dynamic, standard cycle, air alternating mattress Product compatibility High Risk 15+ (15 -20)</p>	<p>An alternating support mattress with inflatable cells which alternately inflate and deflate to distribute the body weight. The mattress is set on a timed cycle at a set number of seconds or minutes, approximately 30 seconds to five minutes. Alternate cells are fully inflated and deflated at set intervals within the timed cycle to</p>	

	<p>give pressure relief to all the body sections over the timed cycle. It is placed directly onto the bed frame, not on top of another mattress as the combined height and decreased stability would be a risk.</p> <p>Mattress cover is waterproof with zips on three sides to allow mattress inspection and is suitable for cleaning and recycling.</p> <p>Available sizes:</p> <ul style="list-style-type: none"> • Designed for use on a single domestic bed or single powered profiling bed. • 3ft (0.91m), as per the products available in the local loan pool or purchase contract. 	
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Very High Risk' Pressure reducing mattress

Service user risk level: Waterlow score 20+ (20 and >)

Mattress type:

- Air alternating, standard cycle or higher specification cycle functions dependent on intervention plan.
- Assessment completed by prescriber with 'Very High Risk' Pressure Relief Assessment (Waterlow) and prescription skill competency.
- Prescriber must initiate or participate in the development of a 24 hour posture and pressure injury plan incorporating other multi disciplines, carers (family and employed) relevant to the plan.
- Prescriber is fully familiar with and complies with the Prescriber Guidelines for Bed and Mattress Assessment, Prescription and Request.
- Prescriber sets a review schedule of service users healing and cessation of need for high specification mattress.

There is limited stock of these high specification mattresses, for expedient treatment, as the demand for them is less and they are expensive. To ensure availability to others and to prevent unnecessary purchasing costs, the service user and mattress use must be scheduled for regular review and when the prescriber determines the mattress is no longer required for treatment the prescriber must arrange an alternate, suitable mattress for the service user and the high specification mattress returned to stock for reuse.

Item	Descriptor	Prescribing Criteria
<p>Powered, dynamic air alternating mattress standard cycle Product compatibility Very high Risk 20+ (20 and >)</p>	<p>This standard cycle air alternating mattress can be set on a timed cycle, for a set number of minutes, depending on the available products in your local loan pool and the specification of the current purchase contract. The mattress has inflatable cells which alternately inflate and deflate to distribute the body weight. Alternate cells are</p>	<p>Prescriber: Public health nurse, occupational therapist, tissue viability nurse</p> <ul style="list-style-type: none"> • Prescriber has completed an assessment of the service user and the Waterlow Pressure Assessment Score is 'Very High Risk' 20-25. Requires expedient treatment and healing. • Prescriber selects the most appropriate mattress option for High

	<p>fully inflated and deflated at set intervals, in directions that can be set, within the timed cycle to give pressure relief to all the body sections over the timed cycle. It is placed directly onto the bed frame. Mattress cover is waterproof with zips on three sides to allow mattress inspection and is suitable for cleaning and recycling.</p>	<p>Risk 20+ (20 & >).</p> <p>Powered, dynamic higher specification cycle function, air alternating mattress is indicated if the prescriber assures:</p> <ul style="list-style-type: none"> • Service user has a grade 3 - 4 pressure sore that is not healing or the healing is compromised by other factors as recorded in the Waterlow assessment. None of the other lower specification mattresses listed, are suitable as they do not provide the level or efficacy of healing required in this instance. The additional features of this product are necessary to promote healing
<p>Powered, dynamic, higher specification air alternating mattress- Product compatibility High Risk 15+ (15 -20</p>	<p>This higher specification air alternating mattress can be set on a timed cycle, for a set number of minutes with a cycle setting range greater than the air alternating mattress greater than the standard air alternating mattress and sometimes may have other higher specification functions, depending on the available products in your local loan pool and the specification of the current purchase contract. The mattress has inflatable cells which alternately inflate and deflate to distribute the body weight. Alternate cells are fully inflated and deflated at set intervals, in directions that can be set, within the timed cycle to give pressure relief to all the body sections over the timed cycle. It is placed directly onto the bed frame. Mattress cover is waterproof with zips on three sides to allow mattress inspection and is suitable for cleaning and recycling</p>	<ul style="list-style-type: none"> • Mattress is indicated as part of an overall pressure injury prevention /postural support strategy. • Prescription/intervention is in line with the guidance and desired outcomes of the 'Pressure Ulcers to Zero' National Quality Improvement Programme. • Prescriber ensures they have reported any Pressure injury of grade 3 - 4 as a serious reportable event (SRE) in compliance with the HSE National Incident Management Service (NIMS) procedure on the National Incident Report Form (NIRF) (as per the National Quality and Patient Safety direction). • Prescriber ensures that there is a multi-disciplinary 24 hour postural/pressure management plan in place including but not limited to: positioning schedule, transfer methods and/or equipment that reduce transfer risks, scheduled skin assessment and/or injury management. • Prescriber must develop and review regularly the care plan to ensure a satisfactory injury prevention or healing outcome. • Prescriber selects the correct size/ width mattress for the domestic or profiling bed it is to put on. • Prescriber determines that the combined weight of the Service user and mattress are within the weight limit of the domestic bed or profiling bed that will be used. • Prescriber ensures the mattress issued is compatible with the profile bed product it is to be used on. • Prescriber ensures the compatibility of the mattress fit to the bed, bed rail, bed lever it is to be used with has been checked to ensure the fit poses no material entrapment risks. • Prescriber ensures the fit of the mattress is snug to the sides of the

		<p>profile bed to prevent the service user becoming stuck/ entrapped in any gap between the Mattress and bed/bed sides or bed lever.</p> <ul style="list-style-type: none"> • Prescriber/issuing service must ensure safety and stability when goods are received by the service user and must ensure the carer(s) are aware of the risks and how to identify them and avoid them and should check at any time they are on business in the service user's home. • Prescriber ensures they have advised the service user and/or carer must be advised of health and safety information and if a problem presents is noticed should immediately rectify and notify the issuing service. • Prescriber ensure that mattress is compatible with bed rails. If not the prescriber prescribes higher bed rails. • It is recommended that the prescriber in the course of their future contact/intervention uses the opportunity to review the bed and bed rail risk status to determine that the arrangement in place is still suitable.
<p>Powered, dynamic, air alternating and rotational mattress and bed</p>	<p>Very high risk pressure reducing mattress Currently not on contract. The loan of these items from the recycling loan pool or request for funding to purchase should be made as an exceptional request.</p> <p>Specialised bed and mattress system for a discrete cohort of service users at higher risk than most of developing a pressure injury. The service user will have a permanent or progressive, complex presentation that is not expected to improve. They have nil to little body or limb movement and may have other compromised health issues, e.g. severe respiratory function compromise. The pressure reduction required to maintain skin integrity is not possible to achieve with any of the other pressure reduction mattress options, including the very high risk air, high specification alternating mattress, available from the HSE and the turning frequency required to maintain skin integrity cannot be achieved at the</p>	<p>Prescriber: Public health nurse, occupational therapist, tissue viability nurse.</p> <p>These items are rarely requested, The clinical need for same is identified while the service user is in acute setting and using similar care equipment prior to discharge.</p> <ul style="list-style-type: none"> • Service user is highly complex with limited to no ability to move position, e.g. quadriplegic or significantly deteriorated progressive neurological disorder with complicated physical presentation, pressure risk, respiratory and other medical presentations and interventions. • Service user has a very high pressure risk score and the score components are indicative of a developing pressure injury, or service user has a pressure injury. • All other pressure reducing mattresses and air alternating mattresses or for prescription are deemed not suitable by prescriber. • Frequent repositioning cannot be achieved in terms of safe care for service user or carer. • An air alternating / rotational mattress and bed is the only solution

	intense frequency required within the available carer resources and cannot be managed using other HSE manual handling or hoisting equipment alone.	<p>for the service user's clinical presentation.</p> <ul style="list-style-type: none"> An air alternating / rotational Mattress and bed is available in the local loan pool and or wider region loan pool and an exceptional request is made, <p>or</p> <ul style="list-style-type: none"> There is no air alternating/rotational mattress and bed and an exceptional request to purchase is made to the local area for funding approval. The prescriber has exhausted all other solutions prior to recommending this extremely expensive option. Prescriber indicates on the exceptional request as per local area process requirement whether this is for short term loan or otherwise and rationale for this or a long term loan in relation to the service user's expected long term presentation.
Replacement mattress covers for all of above	Mattress covers to replace existing mattress covers when they have deteriorated and are no longer effective in their purpose .Design the same as or similar to the one being replaced. As per the current contract specifications.	<p>Prescriber: Public Health Nurse, Occupational Therapist.</p> <ul style="list-style-type: none"> Current mattress cover is determined to be in a deteriorated state and requires replacement.
Profiling Height Adjustable Paediatric Cot		
Item	Descriptor	Prescribing Criteria
Paediatric cot height adjustable	<p>A cot for a child with significant disability or complex medical diagnosis requiring regular clinical care intervention in the home setting. These cots have four high cot sides (also known as side/external doors, panels or surrounds). The extra high cot sides are an alternative for children who are at risk of falling, climbing and/or harming themselves in a standard cot or bed, with standard lower set side rails. These are not to be used as a means of restraint. If clinically required the following cot specifications will be available: height adjustability, positioning of bed head and ends, door opening on one or both sides, options for sides.</p> <p>Exclusion: Service user's needs are addressed by raising the height of standard cot or alternative solutions.</p>	<p>Prescriber: Public health nurse, occupational therapist</p> <ul style="list-style-type: none"> The child presents with a definitive risk of falling, climbing and/or harming themselves in a standard cot or bed, with standard lower set side rails. The child must be in receipt of continuing complex clinical care intervention on discharge from hospital, e.g. Paediatric Home Care Package. This child requires care support with all or most ADPLs. The child must be under the constant care delivery and supervision presence of carer (parent or professional). The features of the cot must be assessed as relevant to ongoing safe care delivery. <p>This exceptional item is not currently on contract. This may be reviewed in the future. Request can be made for consideration by your local area, subject to budgetary constraints.</p>

Therapeutic Aids

Transcutaneous Electrical Stimulation (TENS) and Neuromuscular Electrical Nerve Stimulation (NMES)

Item	Descriptor	Prescribing Criteria
TENS unit	<p>Transcutaneous Electric Nerve Stimulation Units use electric current produced by the unit to stimulate nerves for therapeutic pain relieving purposes. Portable TENS units are small/portable, battery operated units designed to be used by a service user to relieve pain in the course of their daily life. In clinic settings TENS units are usually plugged into the mains and are therefore not portable. An initial set of electrodes are given with the unit and subsequent electrodes must be purchased by the service user. The HSE will only provide these portable units to service users with enduring, chronic pain. The HSE issue will provide the model that meets the clinical presentation of the individual and is the lowest cost model. Purchased and generally managed by each therapy department.</p>	<p>Prescriber: Physiotherapists or Occupational Therapists and Consultants working in pain clinic.</p> <ul style="list-style-type: none"> • Service user requires this device for the management of enduring, chronic pain. • Service user has been clinically assessed by a physiotherapist, occupational therapist or consultant in a pain clinic as requiring this level of device. • Prescriber has excluded all clinical and manufacturers contraindications for use. • Prescriber verifies that the device is clinically appropriate, has been trialled and that the service user is deemed safe in its use. • A request to provide a replacement unit will only be provided in the following context: <ul style="list-style-type: none"> ➢ Service user was previously supplied with a unit under the GMS scheme and ➢ The unit has been returned to the HSE to determine that it is beyond use and ➢ A reassessment has been conducted by a prescriber to determine that continued use of this item is beneficial to the service user. Written objective evidence is provided on the request form, outcome measures, testifying to the benefit of the previously supplied unit. • Prescriber is responsible for planned/ongoing review of the service user's suitability in the use of this aid/appliance.
TENS electrodes and battery	<p>An initial set of electrodes and battery is provided with the NMES unit prescribed to the service user as part of their rehabilitation programme. The user must subsequently replace them. Initial set only provided on issue.</p>	<p>Prescriber: Physiotherapists or Occupational Therapists and Consultants working in pain clinic.</p> <ul style="list-style-type: none"> • Prescriber has advised the service user that only one set of electrodes and battery are supplied and that subsequent electrodes and batteries must be purchased by themselves. They are advised where they can

		<p>be purchased.</p> <ul style="list-style-type: none"> • Service user is safe in the use of electrodes as part of the overall use of the NMESA unit.
NMES unit	<p>A portable, battery operated unit (e.g. EMS, FES, CombiStim, etc.) which generates electrical impulses that elicits muscle contractions. NMES is comprised of a unit, electrode leads and electrodes. An initial set of electrodes and battery are given with the unit and must be subsequently purchased by the user.</p> <p>The device is provided on a rental or loan basis for a maximum three month period. Prescribers monitor its use as appropriate during that time. The aids and appliances equipment management service are responsible for tracking it and recalling it at the end of the rental period.</p> <p>Planned preventive maintenance is provided routinely by the rental provider who must co-ordinate this with the equipment management service. Other arising maintenance matters should be reported by the service user or prescriber to the aids and appliances equipment management service.</p>	<p>Prescriber: Physiotherapists</p> <ul style="list-style-type: none"> • The device is required as part of a rehabilitation programme for muscle atrophy, muscle re-education or management of hyper tonicity or as part of a continence rehabilitation programme. • The device is clinically appropriate, has been trialled and the service user (or designated responsible person such as a carer/family member) is deemed safe in its use. • There are no contra-indications that would prevent the prescription or use of this device. • Service user does not have a device already. • The rented device will be made available to support the intervention programme for a maximum three month period, when it will automatically be recalled by the aids and appliances service to prevent overpayment of rent. • An extension to the three month rental period may be requested by the prescriber, when the service user is improving from the use of the device and it is essential to their continued rehabilitation. The following must be submitted with the request to justify this: <ul style="list-style-type: none"> ➢ Data verifying evidenced based improvements (i.e. outcome measures pre and post initial loan/rental period). • Prescriber must request an extension at least 12 working days in advance of the rental cessation to allow for processing and to prevent disruption to the service user and unnecessary additional charges. • Prescriber is responsible for planned/ongoing review of the service user's suitability in the use of this aid/appliance and must schedule reviews as appropriate.
NMES: for continence		
NMES: with biofeedback for incontinence		
NMES: for knee muscle strength		
NMES: electrodes	<p>Electrodes are used to conduct the current from the NMES unit to the skin/muscle. An initial set of electrodes and batteries are provided with the NMES unit prescribed to the service user as part of their rehabilitation programme. The service user must subsequently replace them.</p>	<p>Prescriber: Physiotherapists</p> <ul style="list-style-type: none"> • Service user has been advised and understands that one initial set of electrodes is supplied only and that subsequent electrodes must be purchased by themselves. They are advised about where they can be purchased. • Service user is safe in the use of electrodes as part of the overall use of the NMES unit.

Continence probes for NMES unit	Probes are accessories used for biofeedback and muscle stimulation in the treatment of incontinence. An initial set of probes is provided with the NMES unit prescribed to the service user as part of their rehabilitation programme. The service user must subsequently replace them.	<p>Prescriber: Physiotherapists with specialist knowledge / experience in continence.</p> <ul style="list-style-type: none"> • Service user has been assessed by a physiotherapist with specialist knowledge/experience in continence and has prescribed the probes for use with the NMES unit. • Service user has been advised and understands that one initial set of probes is supplied with the NMES unit and that subsequent probes must be purchased by themselves. They are advised about where they can be purchased. • Service user is safe in the use of the probes as part of the overall use of the NMES unit.
Continence guard women's health	A disposal intravaginal support device used during the day time for the treatment of female stress incontinence.	<p>Prescriber: Physiotherapist specialising in Women's Health.</p> <ul style="list-style-type: none"> • Service user has been clinically assessed by a physiotherapist with appropriate specialist knowledge in the area of women's health and/or incontinence as requiring this device. • Prescriber has excluded all clinical and manufacturers contraindications for use. • Prescriber verifies that the device is clinically appropriate, has been trialled and the service user has been fully instructed and deemed safe in its use.
Exercise Aids		
Item	Descriptor	Prescribing Criteria
Manual pedal exercise unit: lower and upper limb	<p>A therapeutic device designed to maintain or improve specific joint range of motion, muscle strengthening and endurance, in the lower or upper limbs. The HSE only provides these on a loan and review basis. They are only loaned as part of an overall home programme, with a view to improving basic functional mobility and daily living activities dependent on the use of arms and shoulders.</p> <p>These items are not loaned for the sole purpose of exercise.</p>	<p>Prescriber: Physiotherapist.</p> <ul style="list-style-type: none"> • All other forms of therapy have not achieved the desired functional outcome and the movement that the pedals provide is deemed necessary to improve mobility function assessed to be essential to the service user. • A monitored home programme has been developed and a primary outcome is to achieve improved leg co-ordination, strength and endurance to directly facilitate improved mobility function. • Pedals are required as an essential element of the monitored home programme. • Service user appears to be motivated to use the pedals regularly and this will be withdrawn if review evidence indicates non-use or infrequent use.

		<ul style="list-style-type: none"> • Provision of the pedals will reduce the requirement for more regular clinic attendances and will increase the opportunity for the service user to use the pedals in the course of their daily routine. • Service user does not have this device in place already or is exchanging an existing device that is known to be used that requires replacement.
<p>Powered, passive/active pedal exercise unit:</p> <ul style="list-style-type: none"> • lower and upper limb • lower limb • lower limb, paediatric 	<p>Mains powered static cycling unit for passive or active assisted movement of the lower and/or upper extremities. Additions include safety foot shells, leg guides and calf shells forearm shells (list not exhaustive).</p> <p>A rotation schedule for use of this item may operate in your local area. A number of service users are scheduled to use the item for specified periods throughout the year.</p> <p>If there is an improved outcome in either/or spasticity, limb oedema, function and gait, after the initial trial period the prescriber may recommend inclusion of the service user in this schedule.</p>	<p>Prescriber: Physiotherapist</p> <ul style="list-style-type: none"> • Manual pedals must be provided unless the service user has the following additional clinical requirements that can only be met by the use of the powered pedals and the additional specifications of this product. • Service user's clinical presentation makes the use of manual pedals untenable. • All other standard therapy programs have been tried and were unsuccessful/out ruled as they did not achieve the therapy goals. • Service user has a complex neurological or spinal cord disorder. They have good cognitive skills and can regulate their emotions and behaviour. They are motivated to use the item and can appreciate and understand the benefits of it. • Service user has the neuro - motor potential to maintain or improve their optimum motor function to assist them to achieve their optimal mobilisation or functional arm use, at a level that equates to their clinical presentation. <p>or</p> <ul style="list-style-type: none"> • Service user has very no, little or progressively decreasing mobility and it is not expected to improve. The use of this item would maintain a certain level of muscle tone and range of joint movement. It would assist their circulation and respiratory function, which in turn may improve the body's defence mechanisms to impact general health. The activity may assist to maintain general mood, outlook and an improved sense of wellbeing. <p>and</p> <ul style="list-style-type: none"> • This item is being prescribed to the service user for one or more of the following reasons (if this can be achieved by using the manual product you should proceed to prescribe that item). • Passive motorised action whereby the unit activates the movement of the service user's limbs without any effort on the service user's part.

		<p>The aim of this is to maintain or improve residual muscle strength and range of motion.</p> <ul style="list-style-type: none"> • Motor assisted movement which combines the muscle power and effort of the service user in combination with some powered assistance from the unit, to sustain effort longer. The aim of this is extend the service user's efforts. This can enable Intervals of passive and active pedalling. The passive periods act as rest periods for the service user to recover prior to actively pedalling again. The aim would be the service user assumes more active pedalling over the period. • Active movement where the service user is using their own muscle power to pedal against varying levels of resistance and speed. The aim would be that the service user's ability to work at reasonable resistance and speed would improve. • Prescriber must keep a baseline therapy record of ROM, muscle tone improvements or dis-improvements (low/spasticity), functional mobility and arm use, muscle strength and activity endurance, general health and mood at the commencement of a three month period of pedal use. This should be repeated again at the end of the period of use. • A training record analyses must be kept to validate frequency of usage, the amount of time a service user is passively pedalling as opposed to actively pedalling, the duration of these periods, the resistance levels and speed and other data the prescriber feels require measurement. The passive, motorised assistance or active mode used. • The two records, Therapy record and Training Analyses record, must be reviewed at the end of the three month period to determine if the outcomes warrant continued use and rental costs: <ul style="list-style-type: none"> • Further use not justified by outcomes. <ul style="list-style-type: none"> ➢ Further use not justified at this time, review in the future. ➢ Offer inclusion in a schedule for rotation of pedal units at a frequency determined by the prescriber (three, six, nine, 12 months). ➢ The outcomes justify a request to extend the use of the pedals in the rotation schedule, for a further period specified by the prescriber with planned review.
Shoulder pulley unit	An assistive device used to optimise shoulder range of movement.	<p>Prescriber: Physiotherapist, occupational therapist</p> <ul style="list-style-type: none"> • All other forms of exercise/therapy have not achieved the desired

		<p>functional outcome (physical measure or ability to conduct everyday activities) and the action of the pulley is deemed necessary to improve the use of the arm in functional daily living activities assessed to be essential to the service user.</p> <ul style="list-style-type: none"> • A monitored home programme has been developed and a primary outcome is to achieve maintenance or improvement in the range of movement at the shoulder joint to directly facilitate improved daily living activities. • A pulley is required as an essential element of the monitored home programme. • Service user appears to be motivated to use the pulley regularly and this will be withdrawn if review evidence indicates non-use or infrequent use. • Provision of the pulley will reduce the requirement for more regular clinic attendances and will increase the opportunity for the service user to use the pulley in the course of their daily routine. • Service user does not have this device in place already or is exchanging an existing device that is known to be used that requires replacement.
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Positioning Support Aids

Item	Descriptor	Prescribing Criteria
Wedges	<p>A positioning device, usually foam that is used to facilitate improved positioning.</p> <p>A range of specified sizes are available very small to large, to suit infants, young children, older children, adolescents and adults.</p>	<p>Prescriber: Occupational therapist, physiotherapist.</p> <p>An orthopaedic/neurology/rehabilitation consultant may recommend or refer to prescriber to conduct assessment or prescription. The prescriber is responsible for assessing and determining if the equipment is clinically required and liaising with their colleague about their recommendation.</p>
Rolls	<p>A cylindrical roll, usually foam, that can be used to achieve a variety of positions, e.g. but not limited to weight bearing on arms over roll, static crawl position over roll, low or tall kneel leaning on roll, sitting astride roll to break leg and trunk tone, adduction and influence reflex presentation.</p> <p>A range of specified sizes are available very small to large, to suit infants, young children, older children, adolescents and adults.</p>	<ul style="list-style-type: none"> • Service user has been clinically assessed by an appropriate clinician as requiring this level of device. • A clear plan for use of this item and therapeutic goal/ expected outcome has been developed with the service user and care giving family. • It is assumed that the prescriber has completed all 'common criteria' and if required can provide documentation of this. Device is clinically appropriate, has been trialed and the service user and or their carer's

<p>Paediatric multipurpose wedge/roll positioning system</p>	<p>A positioning system, designed to achieve a variety of positions, e.g. prone or supine or side lying positioner, a wedge and attachments to allow a child to long sit, with a degree of abduction, upright sit with back rest and table. Made of solid foam encased in waterproof surface. Consists of a base with velcro, to which a variety of parts can be attached to create the positions desired.</p> <p>Available in two sizes:</p> <ul style="list-style-type: none"> • Multi-purpose positioning aid for younger child. • Multi-purpose positioning aid for older child or adolescent. <p>The component parts may include a base, rolls, half rolls, hip or shoulder guides, straps, seat back, abductor roll or wedge or foam shaped table which can be placed together in different arrangements. It often comes in a bag for storage and transportation.</p>	<p>are deemed safe in its use.</p> <ul style="list-style-type: none"> • Use of this item is not contraindicated. All clinical and manufacturer's guidelines and contraindications for use have been complied with, with particular regard to user weigh limits and bed risk guidelines. • Consent and commitment to use this item has been agreed by the service user and or care giver. • Replacement or exchange of same product for a different size required. It is assumed that the prescriber has completed all replacement criteria. Replacement is ticked on the loan request form. • Prescriber has reviewed the service user to determine that the equipment prescribed is still suitable for the service user's presentation and still warranted in relation to the outcomes that are expected to be achieved by the use of the equipment. • Replacement of item deemed beyond use or if the service user needs a different size in the range. • Replacement is for a like for like item, which may not be the exact same product. It will be for a product with the most similar matching specification(s). • If a different item is required the standard loan form must be completed for that item. This is not a mechanism to facilitate upgrades of items to another product by bypassing normal and fair allocation processes. • Requests for replacements will be processed alongside other requests with regard to priority, demand of loan requests, availability of loan pool stock and management of the Aids and Appliances budget. • On receipt of the new item. The item currently used by the service user must be returned for either recycling or decommissioning from our stock and asset system.
<p>Bed/sleep positioning: foam modular</p>	<p>Configurable modular sleep positioning system for the bed, either domestic bed or profiling bed. Consists of a base to which supports, foam shapes and pressure relieving pillows, are fixed by padded brackets.</p> <p>For paediatric and adult users. It is used as part of an overall 24 hour postural management plan.</p>	<p>Prescriber: Occupational therapist, physiotherapist, with extensive postural management experience including 24 hour postural management or a prescriber with moderate postural management experience working under the supervision of above. Supervisor has ultimate responsibility in this case.</p> <p>An orthopaedic/neurology/rehabilitation consultant may recommend or refer to prescriber to conduct assessment or prescription. The prescriber is responsible for assessing and determining if the equipment is clinically required and liaising with their colleague about their</p>

	<p>Available options:</p> <ul style="list-style-type: none"> • Sleep positioning base (to which supports are fixed with fixing device). • Sleep positioning support options which are fixed to the base to enable the clinically required configuration for each individual. <p>Select from the range of support options :</p> <ul style="list-style-type: none"> • Supine stabiliser. • Multiplane stabiliser. • Side Iyer. • T roll. • W cushion. • Wedge. • Knee block. • Abduction wedge. • Pressure relieving pads of various shapes and brackets. <p>And may include when specific to product:</p> <ul style="list-style-type: none"> • Base cover/soft topper (covers brackets on the base for comfort). • Fitted cover sheet (secures the soft topper to the base). <p>And If used with airflow mattress, to prevent damage to it, the following must be used:</p> <ul style="list-style-type: none"> • Padded fixing devices and soft fibre wedges. <p>The supports on the sleep positioning system should be easily adjusted to allow personal care to take place during the night without having to dismantle the system. This will vary according to the availability of recycled product in the local loan pool or current purchase contract. The product is recyclable, return to loan pool centre.</p>	<p>recommendation.</p> <ul style="list-style-type: none"> • Service user has been assessed by a prescriber in consultation with necessary relevant health professionals. • They have a complex neuro-muscular–skeletal condition and does not move in bed. • They have flexible/non flexible deformities (muscle or joint contractures, hip displacement) or they are at significant risk of developing deformities. • They present with a significant pressure risk or pressure injury requiring intervention. All other appropriate pressure reduction methods are in place, as clinically relevant and any pressure injury has been documented or reported according to HSE policy • One or more of the following may be impacted by the service user’s presentation: Sleep quality and length is disrupted and their carer(s) need to check on them and/or turn them frequently throughout the night; Pain is observed during periods of sleep or rest; They present with a respiratory or aspiration risk and respiratory and/or speech and language therapist specialist agree risk may be reduced by use of this item. • The goals or expected outcomes of prescribing the use of this item are: to maintain postural alignment and reduce postural deformities; to aid pressure risk reduction in conjunction with other methods as necessary; to reduce as far as possible, the impacts experienced by the service user, as per above. • All other strategies have been tried and have not worked and evidence of this can be provided if requested. • If you are prescribing this level of item in response to significant postural management issues it must be incorporated as part of an overall 24 hour postural management/pressure reduction plan agreed with other relevant health or social care professionals/colleagues that you and the service user are involved with. This may be a new plan or an update of an existing plan. Prescriber must be able to provide an in date plan on request. • The appropriate sleep system and support options has been selected with respect to the service user’s clinical presentation and
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<p>Bed/sleep positioning: air vac</p>	<p>Configurable sleep positioning system for the bed. Consists of an air base and/or air filled support(s) which can be filled and deflated to conform to the service user's body.</p> <p>For service user's, paediatric and adult, with significant non flexible deformities of the spine, pelvis, lower limbs, shoulder girdle and upper limbs or tonal presentations or pressure risk/ injury who cannot be positioned in the foam modular sleep system.</p> <p>For use as part of an overall postural management plan. The product is recyclable.</p> <p>Once deflated and recycled it can be reconfigured for use with another service user.</p>	<p>is compatible with the bed and other equipment in use.</p> <ul style="list-style-type: none"> • It is assumed that the prescriber has completed all common criteria and if required can provide documentation of this common criteria. • Device is clinically appropriate, has been trialled, according to local arrangements and infection control, and the service user and or their carer(s) are deemed safe in its use. • Item prescribed is compatible with other equipment in use. • Use of this item is not contraindicated, all clinical and manufacturer's guidelines and contraindications for use have been complied with, with particular regard to service user weigh limits and bed risk guidelines. • Consent and commitment to use this item has been agreed by the service user and or care giver. • Item suitable to the service user's and/or carer's physical and cognitive capabilities. • Replacement or exchange of same product for a different size required. It is assumed that the prescriber has completed all replacement criteria. • Previously supplied item has been proven to be beyond use or the service user has a documented change in size and requires a different size in the range. • Service user or carer(s) has used the previous item frequently and in compliance with guidance for use. • Prescriber has reviewed the service user to determine that the equipment prescribed is still suitable for the service user's presentation and still warranted in relation to the outcomes that are expected to be achieved by the use of the equipment. • Service user understands they will be provided with a product with the most similar matching specifications available / • If a different item is required the standard loan form must be completed for that item. This is not a mechanism to facilitate upgrades of items to another product by bypassing normal and fair allocation processes. • Requests for replacements will be processed alongside other requests with regard to priority, availability of loan pool stock and management of the aids and appliances budget. • On receipt of the new item the item currently used by the service user must be returned for either recycling or decommissioning from
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		<p>our stock and asset system.</p> <p>Select suitable option from the two options available:</p> <p>Configurable foam modular sleep positioning system Select when:</p> <ul style="list-style-type: none"> All applicable criteria above have been met. Service user has flexible deformities of the spine, lower or upper limb and/or a minor degree of non-flexible. Clinical observations and prognostic potential are indicative of likelihood to develop. The foam modular sleep positioning system is suitable at the time of this assessment. <p>Configurable air sleep positioning system Select when:</p> <ul style="list-style-type: none"> All applicable criteria above have been met. Service user has significant non flexible deformities of the spine, lower or upper limbs or significant tonal presentation and/or significant pressure risk/injury. The foam modular sleep positioning system is not suitable for use by the service user.
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Compression Garments for the prevention and management of Lymphoedema and Chronic Oedema

Prescriber Group 1: Registered Health and Social Care Professional, Nurse, Medical Professional with appropriate competency to assess, measure and provide compression.

Prescriber Group 2: Registered Health and Social Care professional Nurse, Medical professional with completion of level 3 Lymphoedema training course: Leduc, Vodder, Casley-Smith, Foldi and Klose.

Item	Descriptor	Prescribing Criteria																																			
<p>Lower limb ready to wear</p>	<table border="1"> <thead> <tr> <th colspan="7">Lower limb ready to wear</th> </tr> <tr> <th colspan="7">Prescription options</th> </tr> <tr> <th></th> <th colspan="2">Knit</th> <th colspan="4">Pressure Rating</th> </tr> <tr> <th></th> <th>Flat</th> <th>Circular</th> <th>L</th> <th>M</th> <th>H</th> <th>VH</th> </tr> </thead> <tbody> <tr> <td>Below knee</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td></td> </tr> </tbody> </table>	Lower limb ready to wear							Prescription options								Knit		Pressure Rating					Flat	Circular	L	M	H	VH	Below knee	✓	✓	✓	✓	✓		<p>Prescriber: Group 1 or Group 2 prescriber</p> <ul style="list-style-type: none"> Service user's condition indicates that they require medical compression as per HSE guidelines, Service user's oedema/condition is stable, swelling has been minimised, pitting oedema is absent or minimal, any shape distortion optimised and the affected area stabilised. Successful trial of the garment has been completed and the service
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	Below Knee Cotton Rich			✓	✓	✓																																				
	Below Knee Men's			✓	✓																																					
	Below Knee leg ulcer kit																																									
	Capri shorts			✓	✓	✓																																				
	Thigh High (1)with or (2) without silicone tops	✓	✓	✓	✓	✓	✓																																			
	Tights	✓	✓	✓	✓	✓	✓																																			
	Toe caps																																									
<p>Lower limb Made To Measure (MTM). May include lower trunk if indicated</p>	<p>Lower limb made to measure* (Prescriber Group 2) * Only request Made to Measure for the body part affected, if size or shape of ready to wear garment not suitable or special features are required.</p> <table border="1" data-bbox="464 829 1077 1122"> <thead> <tr> <th></th> <th>Flat</th> <th>Circular</th> <th>L</th> <th>M</th> <th>H</th> <th>VH</th> </tr> </thead> <tbody> <tr> <td>MTM measure for the body part affected may include lower trunk if indicated</td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </tbody> </table>								Flat	Circular	L	M	H	VH	MTM measure for the body part affected may include lower trunk if indicated	✓	✓		✓	✓	✓																					
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<p>user/carer is compliant with recommended use.</p> <ul style="list-style-type: none"> The prescription form in use has been completed to record the appropriate size, length, knit, pressure, of garment/s selected for prescription. 																																										
<p>Prescriber: Group 2 prescriber only</p> <ul style="list-style-type: none"> All lower limb ready to wear garments have been considered and or trialed and have been ruled out as limb size or shape is not compatible with the ready to wear product. All ready to wear criteria above are met. Protocols for accurately measuring the garment have been complied with to ensure the made to measure garment is an accurate fit and no additional costs are incurred as a result. The prescription form in use has been completed to record the appropriate size, length, knit, pressure, of garment/s selected for prescription. 																																										
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	Sleeve with shoulder piece	✓			✓	✓	✓	appropriate size, length, knit, pressure, of garment(s) selected for prescription.
		✓			✓	✓	✓	
	Sleeve without shoulder piece	✓		✓	✓	✓	✓	
		✓	✓	✓	✓	✓	✓	
	Mitt	✓	✓	✓	✓	✓	✓	
Upper limb Made To Measure (MTM). May include upper trunk as indicated.	Upper limb made to measure Only request Made to Measure for the body part affected if size or shape of ready to wear garment not suitable or special features are required.							Prescriber: Group 2 prescriber only <ul style="list-style-type: none"> All lower limb ready to wear garments have been considered and or trialled and have been ruled out as limb size or shape is not compatible with the ready to wear product. All ready to wear criteria above are met. Protocols for accurately measuring the garment have been complied with to ensure the made to measure garment is an accurate fit and no additional costs are incurred as a result. The prescription form in use has been completed to record the appropriate size, length, knit, pressure, of garment/s selected for prescription.
	MTM measure for the body part affected may include upper trunk as indicated.	Flat	Circular	L	M	H	VH	
Miscellaneous garments ready to wear or made to measure	Miscellaneous garments available as ready to wear or made to measure* *only request if size or shape of ready to wear not suitable or special features are required Description: Compression garment in a range of sizes .Have to have quality mark CE and independent compression rating (e.g. RAI) so that pressure applied is standardised. Have to be washable.							Prescriber: Group 1 or Group 2 prescriber. <ul style="list-style-type: none"> Service user's condition indicates that they require medical compression as per HSE guidelines. Service user's oedema/condition is stable, swelling has been minimised, pitting oedema is absent or minimal, any shape distortion optimised and the affected area stabilised. Successful trial of the garment has been completed and service user/carer is compliant with recommended use. The prescription form in use has been completed to record the appropriate size, length, knit, pressure, of garment/s selected for prescription. Miscellaneous Garments Made to Measure Prescriber: Group 2 prescriber only
		Flat	Circular	L	M	H	VH	
	Breast Compression	✓	✓		✓	✓		
	Genital	✓	✓		✓	✓		

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Wraps	<p>An inelastic compression device which applies graduated compression and is adjustable. Used as an alternative to compression bandages or garment, when clinically indicated. Comes in a range of sizes and lengths and have to have Quality mark CE and independent compression rating (e.g. RAI0 so that pressure applied is standardised. Also have to be washable.</p> <p>Available options:</p> <ul style="list-style-type: none"> • Upper limb arm wrap. • Upper limb hand wrap. • Lower limb thigh wrap. • Lower limb below knee wrap. • Abdomen wrap. 	<p>Prescriber: Group 1 or Group 2 Prescriber</p> <ul style="list-style-type: none"> • All ready to wear garments have been considered and or trialed and have been ruled out. • All ready to wear garment criteria above are met. <p>Wrap is clinically indicated for use because limb size or shape is not compatible with the ready to wear garments.</p> <p>and/or</p> <ul style="list-style-type: none"> • Access to skin is needed for inspection. • Service user is unable to manage with compression bandages. • Service user has Allergies to other compression systems. • Service user has difficulty donning and doffing compression garments. • The prescription form in use has been completed to record the appropriate size, length, and pressure of garment/s selected for prescription. 																					
Night garments	<p>Non-elastic, adjustable compression garment available in a range of sizes and lengths and have to have Quality mark CE and independent compression rating (e.g. RAI) so that pressure applied is standardised. Also have to be washable.</p> <p>Available options:</p> <ul style="list-style-type: none"> • Foot to ankle. • Toe to ankle. • Toe to thigh. 	<p>Prescriber: Group 2 Prescriber</p> <ul style="list-style-type: none"> • All ready to wear garment criteria are met. • Night garments are clinically indicated for use, in addition to daytime garment wear because an overnight increase in oedema is evidenced by the presence of swelling in the morning. • Night time compression garments are required for the long term management of at least one of the following: • The prescription form in use has been completed to record the appropriate size, length, pressure, of garment/s selected for prescription. 																					

	<ul style="list-style-type: none"> • Toe to groin. • Pants. • Wrist to Axilla. • Glove. • Thorax. 	
Replacement compression garments	Replacement can be arranged for garments that show wear and tear to an extent that they are beyond use. This may apply to one worn garment or to a set of worn garments. Individual garments are replaced at least twice per year as per manufacturer criteria.	<p>Prescriber: Group 1 or Group 2 prescriber.</p> <ul style="list-style-type: none"> • Worn garment(s) are presented to prescriber and validated as beyond use and requiring replacement. • There has been no difference or increase in the service user's level of oedema in over a year and garments previously prescribed are still appropriate and need like for like replacement. • For children (0-18 yrs) still growing an additional set of garments (more than two per year) may be provided when evidence is provided to show that the child has outgrown the previous set. • There has been a change in oedema levels and a new prescription garment/s is required.
<p>Compression Garments for the healing of Burns and reduced scarring</p> <p>Prescriber: Measurement and prescription of custom made pressure garments is a specialised skill and is to be undertaken by the primary treating therapist who is a registered Health and Social Care Professional, generally a physiotherapist or occupational therapist. The therapist must have an appropriate level of experience and competency to assess, measure and provide compression garments for the healing of burns.</p>		
Item	Descriptor	Prescribing Criteria
Burns compression garments: made to measure	These garments are made of different material to the Lymphoedema / oedema compression garments as their purpose, described above, is different. The fabric is composed of 35% Spandex 65% Nylon These garments are provided after the acute episode and intervention provided to initially heal a burn. These are generally not measured for, made or fitted, until skin is at a stage of healing to allow this. This generally coincides with discharge home to the community. Applications for funding of the first and subsequent made to measure garments and sometimes interim garments for long term use, are managed as part of the Aids and Appliances process and applications can be made to the	<p>Prescriber: Measurement and prescription of custom made pressure garments is a specialised skill and is to be undertaken by the primary treating therapist who is a registered health and social care professional, generally a physiotherapist or occupational therapist. The therapist must have an appropriate level of experience and competency to assess, measure and provide compression garments for the healing of burns. Prescriber is the primary treating therapist with competency in measuring made to measure burns compression garments.</p> <ul style="list-style-type: none"> • Prescriber confirms that the service user is at greater risk of hypertrophic scarring for one or more of the following reasons, and therefore requires a made to measure burns compression garment: <ul style="list-style-type: none"> ➢ Skin graft post burn injury. ➢ Delayed healing of conservatively managed burns and wounds of more than two weeks.

	<p>local area that the service user resides in. Garments provided during admission for the acute episode of a burn are usually ready to wear/off the shelf garments and are provided in the course of the acute process by the acute service. Made to measure burns compression garments are worn for up to 23 hours a day and may need to be used for up to two years after the burn injury.</p> <p>Service users will likely need two sets of garments every four months to maintain adequate therapeutic pressure exerted by the fabric.</p> <p>During a growth spurt children may require a new set more often, when evidence of same is provided by the therapists past and current measurements.</p>	<ul style="list-style-type: none"> • Service user requires two set of garments (allows for washing). • Service user and/or carer have been provided with the following information about complying with the garment use to maximise healing and best functional outcome and to minimise infection risk and or skin breakdown: <ul style="list-style-type: none"> ➢ Instructions about the washing method and frequency and the need to comply with this to limit infection risk. ➢ Duration of time they must wear the garment to maximise efficacy of healing and to maximise the best functional outcome (up to 23 hours per day). ➢ Observation of skin for breakdown and immediate actions to take including how to contact prescriber. ➢ Observation of the garment fit and pressure exerted by the garment and actions to take including how to contact prescriber. ➢ User understands the importance of returning for scheduled review and upgrades of the garments with respect to fit, pressure growth changes (usually every four months and more often if growth changes impact). • Garment prescription is sent by prescriber to the contracted supplier. <p>and</p> <ul style="list-style-type: none"> • Service user has a medical card and request can be processed for funding approval via the local HSE aids and appliances process, as per the local areas operational arrangement. • The contracted supplier applies for a purchase order number from the local appliance officer in the area that the service user resides. The contracted supplier then manufactures it. <p>or</p> <ul style="list-style-type: none"> • Service user does not have a medical card and they must be invoiced for payment directly and pay themselves. • Fit-First garment is fitted by prescriber and as needed for the duration.
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Dynamic lycra Compression Garments

Dynamic lycra Garments are currently not on contract. This may be reviewed in the future .Exceptional request can be made for consideration by your local area.

Item	Descriptor	Prescribing Criteria
Dynamic lycra garments	Dynamic lycra garments are made of a combination of materials that are stretchy,	Prescriber: Senior occupational therapist or senior physiotherapist with extensive experience and competence in working with children with

	<p>breathable and provide resistance, e.g. polycotton, cotton, elastane and polyamide. They are made to measure and consist of sections stitched together using certain tensions, directions of pull, thickness and types of material. The garment is dynamic not rigid which means it moves with the wearer, giving support via a snug fit whilst allowing flexibility.</p> <p>As evidence for the effectiveness of lycra suits is limited at this time prescription of these items will be accepted as an 'exceptional request' for approval of funding on a case by case basis. This process will be reviewed as new evidence to support or decline the funding of these items presents.</p> <p>'The design of the garment is believed to increase pressure on certain muscle groups and improve proprioception via the snug fit of the garment leading to better awareness of the affected part of the body. The resistance created adds a biomechanical improvement in control of movement' (Ref: Boston orthotics and Prosthetics).</p> <p>Other documents make reference to the limited evidence related to effectiveness of outcomes as summed in the NHS Policy statement on Lycra Body suits 'Evidence for the effectiveness of lycra suits is limited and consists mainly of non-analytical studies (e.g. case reports and case series (level 4 evidence)' (Ref: NHS statement on lycra Body suits). Evidence of outcomes varies, some indicate improvements for certain presentations, and some show improvements for particular body parts/garments, others indicate no improvements.</p>	<p>neuro-muscular-tonal- skeletal presentations <u>and</u> must have a breadth of knowledge of the range of muscle tone presentations related to specific conditions and knowledge about other therapeutic options and strategies to achieve the proprioceptive or stabilising input required to affect improvements in functional movements.</p> <ul style="list-style-type: none"> • The garment is not being prescribed as a stand-alone solution or alternative to an intervention programme of proprioceptive positioning goals and strategies, as part of a home programme, in clinic or both. • Prescriber is familiar with available research. • Prescriber can apply evidence based research without bias to a particular view, in relation to the assessment of a service user for a garment. • Prescriber also applies the extent of their knowledge and skills, clinical observations, other assessments and complies with all criteria below to determine whether or not a dynamic garment is suitable to prescribe. • The child presents with a neuro-muscular-tonal-skeletal condition and the research evidence indicates a significant improvement could be expected from the wearing of a dynamic lycra garment in respect of the child's presentation. In this case a request for a garment could be considered with a view to determining funding approval subject to funding resources. • The child has a presentation where research evidence indicates improvement is unlikely .In this case a request cannot be considered for a garment for funding approval. • Child compliance with wearing the garment is considered to be highly likely, based on sensory assessment and compliance and comfort with wearing clothing, e.g. consider trialling wearing skin tight leggings and full arm tee shirt under normal clothing for a trial period as a measure of comfort and temperature. Consider the time of year you commence the wearing of this garment. • An application can be made for exceptional request funding to your local area's aids and appliances group. If a dynamic lycra garment is considered essential and highly likely to improve function, highly likely to be tolerated and worn frequently and goals against which outcomes can be measured are in place.
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	<p>Garments may be just a hand garment to a full body suit. The service user's clinical presentation and the outcome sought should determine the type of garment prescribed.</p> <p>Compliance in wearing the snug fitting garment is an essential part of this intervention both for those wearing the garment and those caring for the wearer. Without acceptance of the daily regime of donning and doffing the garment, intervention will not work. Lots of research documents indicate that a lot of participants discontinue wearing the garment. Several studies report discomfort and inconvenience related to wearing the garment. These problems were significant enough to reduce compliance in up to 50% of children. In another study which considered the representation of comfort related to splint wearing there was a positive shift for the overall group suggesting that people find splinting more comfortable to wear at the end of the project. This was over a seven month period of wearing the splint.</p>	<ul style="list-style-type: none"> • Requests must show evidence base matched to service user's presentation and expected outcome improvement. • Prescriber uses the extent of their skill and therapeutic relationship with the carer to fully inform them of the conclusion of their assessment and recommendation to either decline making a request or to proceed. • It is made clear that consideration of funding of exceptional requests for approval or decline is subject to fund availability and demand for other equipment on that funding. • Prescriber processes exceptional request for approval or decline. • Subject to approval for funding an order may be placed. • Depending on the intervening time between request and approval the garment may have to be measured for again. To ensure that the garment's usefulness in terms of the longest lasting fit possible. <p>Initial request for one garment One garment may be requested initially. If funding is approved the HSE will provide one garment initially. This is in view of the statistics which show a high level of non-compliance amongst children to whom a garment is supplied. Parents should be advised how to manage the washing and drying of one garment initially or Parents may choose to purchase a second garment themselves for this initial period.</p> <p>Subsequent request for replacement of garment with two garments When the initial garment is outgrown or requires replacement because it is worn beyond use, two may be subsequently requested (one for wearing and one for washing) and if approved for funding by the HSE two may be provided. Replacements will only be funded by the HSE if the prescriber ascertains by review and outcome measures that the service user is complying with the frequent use of the garment and measured improvements in function are evident. A replacement should not be requested if this is not the case.</p>
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Oral Motor Aids		
Item	Descriptor	Prescribing Criteria
Sensory aids: brushes, tubes/chews, vibrators, suction tooth brushes	Tools for service users with oral motor difficulties which impact on their FEEDS and/or communication abilities. These tools enhance skills by utilising a sensory-motor approach. They	<p>Prescriber: Speech and language therapist or occupational therapist as specified per item, physiotherapist (EMST)</p> <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by a

	<p>are used to support, develop, or respond to deterioration of FEDS and/or communication skills across the lifespan. These tools can also be used to reduce the impact on oral motor sensory threshold and tolerance and defensive response to oral motor sensation that might impact developmental stages and play that include the face and mouth area.</p> <p>Rehabilitation equipment/tools for improving oral motor movements which impact on speech and swallowing abilities.</p> <p>Available items:</p> <ul style="list-style-type: none"> • Oral motor chewing aids e.g. chewy tubes, super chews. • Oral motor tactile probes including vibration e.g. Z Vibe. • Oral motor exercise tools, e.g. oral light. • Oral motor brushes, e.g. NUK brushes which are used to achieve safe and/or independent oral feeding, eating, drinking and swallowing functions for service users who have oral motor difficulties or oral aversions. • Suction tooth brushes. 	<p>speech and language therapist and identifies that the sensory aid is required to enhance the service user's FEDS and/or communication skills.</p> <p>or</p> <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by an occupational therapist and identifies that the sensory aid is required to enhance the individual's sensory threshold, tolerance and decrease defensiveness in relation to oral motor play and developmental stages. <p>and</p> <ul style="list-style-type: none"> • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and their caregiver(s). The prescribing therapist has given consideration to the education and training needs of the service user and caregiver(s). • Service user has been assessed by a speech and language therapist proficient in dysphagia assessment and treatment. • Service user presents with oral aversion/hypersensitivity or dysphagia • Service user requires oral motor/tactile aids from the list to promote oral feeding, eating, drinking and swallowing. • Service user requires oral motor/tactile from the list aids to achieve oral feeding, eating, drinking and swallowing. • Service user can tolerate use of this equipment. <p>Exclusion Criteria</p> <ul style="list-style-type: none"> • Service user at risk or harming self or others with brushes. • Items are available from mainstream retailers. • Any other contraindication present for use of this Aid/Appliance.
<p>Jaw rehabilitation system and pads: for those with teeth and without teeth</p>	<p>A tool for a service user to develop and/or maintain mouth opening. It may require accessories and/or replacement parts to ensure functionality for the service user.</p> <p>Available items:</p> <ul style="list-style-type: none"> • Jaw rehabilitation programme. • Therabite jaw rehabilitation system. • Therabite jaw rehab system pads. 	<p>Prescriber: Speech and language therapist</p> <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by a speech and language therapist and identifies that the tool is required to enhance the service user's mouth opening and that they have demonstrated competence with using this tool. • Where appropriate, consultation has taken place with the relevant medical professional(s) to ensure there are no contraindications or potential negative impact with using this tool. • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and/or their

		caregiver(s). The prescribing therapist has given consideration to the education and training needs of the service user and/or caregiver.
Oral motor exercise tools, e.g. oral light	An organised system of oral motor tools and/or electronic device for service users with oral motor difficulties which impact on their FEDS and/or communication abilities. These tools enhance skills or respond to deterioration of FEDS and/or communication skills across the lifespan. It may require accessories and/or replacement parts to ensure functionality for the service user.	<p>Prescriber: Speech and language therapist</p> <ul style="list-style-type: none"> • A clinical assessment has been completed by a speech and language therapist and identifies that the oral motor system is required to enhance the service user's FEDS and/or communication skills. • The therapist has identified core skills to target development and/or maintenance of FEDS and/or communication skills • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and/or their caregiver(s). The prescribing therapist has given consideration to the education and training needs of the service user and/or caregiver(s).
Expiratory muscle strength trainer: for use related to the development of OM, speech or FEDS skills	A device designed to develop and/or maintain expiratory lung pressure used in this case to support FEDS and/or communication skills. These may also be prescribed by physiotherapy.	<p>Prescriber: Speech and language therapist (and in collaboration with physiotherapist as appropriate)</p> <ul style="list-style-type: none"> • A clinical assessment has been completed by a speech and language therapist and identifies that the EMST is required to enhance the service user's FEDS and/or communication skills. • A consultation has taken place with the relevant medical professionals to ensure there are no contraindications or potential negative impact with using this tool. • The therapist has identified core skills to target development and/or maintenance of FEDS and/or communications skills and the service user has demonstrated the capacity to use the EMST. • Prescriber confirms that an appropriate level of support for implementation has been identified for the service user and/or their caregiver(s). The prescribing therapist has given consideration to the education and training needs of the service user and/or caregiver(s)
Software to develop oral motor skills	A programme/app, to support development and/or maintenance of oral motor skills. Some programmes may necessitate additional equipment to ensure functionality.	<p>Prescriber: Speech and language therapist</p> <ul style="list-style-type: none"> • A clinical assessment, including a trial has been completed by a speech and language therapist and identifies that the programme/app is required to enhance the service user's FEDS and/or communication skills. • The therapist has identified core skills to target development and/or maintenance of FEDS and or skills and the service user has

demonstrated the capacity to use the programme/app.

Wheeled Mobility, Compatible Seating Systems and Cushions

Paediatric Special Needs Buggies

Item	Descriptor	Prescribing Criteria
Buggy liner postural seat for postural support	<p>Can be added to regular stroller, high chair, dining room or classroom chair via a strap system. Easily transferrable between seating. Not suitable in transport. Maximum cushion weight 3lb (1.36kg).</p> <p>4 sizes available ranging from 8" (20.3cm) – 14" (35.6cm) Select:</p> <ul style="list-style-type: none"> • Buggy Liner Postural Back • Buggy Liner Postural Seat • Or both 	<p>Prescriber: Occupational therapist, physiotherapist, clinical engineer, multi-disciplinary specialist wheelchair seating team.</p> <p>Assessment of the service user is completed by an appropriately qualified and experienced prescriber with wheeled mobility/buggy product knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • The service user has mild postural needs (Chailey level 5, possibly 4 in younger children, GMFCS 1-3). • Postural liner will help maintain a better alignment in commercially available domestic buggy's already in use at home or when used in furniture used for eating and/or school. • Prescriber selects back and/or cushion in the appropriate size.
Tilt in space folding buggy medium support	<p>Buggy with tilt Space function and medium postural support features. Foldable as one unit. Maximum weight of buggy 20kg</p> <p>Suitable to be occupied in a vehicle when used with compatible head support and transport tie downs.</p>	<p>Prescriber: Occupational therapist, physiotherapist, clinical engineer, multi-disciplinary specialist wheelchair seating team.</p> <ul style="list-style-type: none"> • The service user has limited mobility and or endurance. • The service user's postural or medical requirements cannot be met by commercially available buggies and they require tilt in space function for postural support management. • The service user's clinical presentation indicates a requirement for medium postural support. • The service user's weight is within the maximum weight limits of the product selected. • Head support is suitable for occupied transport (note: products in loan pool and on contract may vary).
Tilt in space folding buggy high	<p>Foldable as one unit. Tilt in space available.</p>	<p>Prescriber: Occupational therapist, physiotherapist, clinical</p>

<p>postural support</p>	<p>Suitable for transport with compatible head support and transport tie downs</p>	<p>engineer, multi-disciplinary specialist wheelchair seating team.</p> <ul style="list-style-type: none"> • The service user has no mobility and requires support for all mobility. • Neither commercially available buggies nor the tilt in space buggy with medium support address the service user's postural needs. • The service user has a high level of needs with regard to their postural support level (e.g. Chailey level 1 - 2 or GMFCS level 4 - 5). • The service user weight is within the maximum weight limits of the product selected.
<p>Tilt in space folding buggy frame only</p>	<ul style="list-style-type: none"> • For use with third party customised seating only. • Foldable as one unit <p>Suitable for transport with compatible head support and transport tie downs</p>	<p>Prescriber: Occupational therapist, physiotherapist, clinical engineer, multi-disciplinary specialist wheelchair seating team.</p> <p>Service user has a high level of postural support need (Chailey level 1 - 2 or GMFCS level 4 - 5).</p> <ul style="list-style-type: none"> • The available tilt in space buggy option with high postural support seating is not adequate to meet this service user's postural needs. • A third party seating system and frame are required. • Paediatric wheelchair with folding frame is not suitable in terms of size or for fitting into family transport.
<p>Basic utility umbrella style folding buggy, sling style seat</p>	<p>Umbrella style folding sling style seat. Light weight and folding to fit in car boot. Limited postural support. 5-point harness system, Maximum weight of buggy 10kg.</p> <p>Cannot be occupied when used in transport. Suitable for lighter weight, younger service users or when lighter weight buggy is suitable for service user and carer needs.</p>	<p>Prescriber: Occupational therapist, physiotherapist, clinical engineer, multi-disciplinary specialist wheelchair seating team.</p> <ul style="list-style-type: none"> • The service user is mobile but has poor endurance for distance outdoors, <p>or</p> <ul style="list-style-type: none"> • The service user is mobile but has medical requirement that may require seating at times for mobility e.g. epilepsy, cardiac concerns, <p>or</p>

<p>Heavy duty utility umbrella style folding buggy, sling style seat</p>	<p>Umbrella style folding sling style seat. Robust frame that folds to fit in majority of car boots. Postural supports are not standard. 5-point harness system as standard. Maximum weight of buggy 33lb (15kg). Can be occupied in a vehicle when used with compatible head support and transport tie downs.</p> <p>Suitable for heavier weight, older service users or when a more robust buggy is required.</p> <p>Can be occupied in a vehicle when used with compatible head support and transport tie downs.</p>	<ul style="list-style-type: none"> • The service user presents with behaviours that result in them refusing to mobilise over long distances. • A basic attendant propelled wheelchair (paediatric or adult) is not yet appropriate to use at this time. • The prescriber selects the most appropriate utility buggy from the two options below: <p>Basic utility buggy</p> <ul style="list-style-type: none"> • User weight within the maximum weight limits of this product. • The sling seat is the right/safe fit. • Buggy will not be occupied in a vehicle for transportation. <p>Heavy duty utility buggy</p> <ul style="list-style-type: none"> • User weight within the maximum weight limits of this product. • The sling seat is the right/safe fit. • The service user has physical or behavioural manifestations that put stress and wear on the buggy frame and a more durable frame is required • Required for use in transport due to difficulties with mobilising on and off bus for either physical or medical reasons. In this case head support accessory is selected.
<p>Paediatric manual wheelchairs</p>		
<p>Item</p>	<p>Descriptor</p>	<p>Prescribing Criteria</p>
<p>Basic folding lightweight self-propelled 8”</p>	<p>Folding, light weight wheelchair for manual propulsion. Depth adjustable only and fixed 8” width (dependent on product availability in recycling or on contract). Suitable for occupied transport with a head support and transport tie downs.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • The service user has limited mobility/endurance for distance mobility and it is likely they will need to use a wheelchair in the future. • The service user has independent sitting ability e.g. Chailey level

		<p>of box sitting ability 4 - 7, GMFCS Level 1 - 3.</p> <ul style="list-style-type: none"> • Maximum service user hip width is 8" (20.3cm). • The service user's weight is within the maximum weight limits of the product selected. • The service user and their family are ready to engage in their first wheelchair experience.
Basic folding lightweight self-propelled	Folding, light weight wheelchair for self-propelling. Suitable for occupied transport with compatible head support and transport tie downs, In a range of sizes between 10" (25.4cm) – 14" (35.6cm), (dependent on product specification in recycling or on contract).	Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.
Basic folding lightweight attendant propelled	Folding, light weight wheelchair for attendant propulsion. Suitable for transport with compatible head support and transport tie downs. Sizes may range between 10" (25.4cm) – 16" (40.6cm), some width and depth adjustable, for growth (dependent on product specification in recycling or on contract).	<ul style="list-style-type: none"> • The service user has limited walking mobility/endurance for distance mobility and attendant propelled support is required for all of the journey or intermittently in the course of the journey <p>and/or</p> <ul style="list-style-type: none"> • The service user can walk but has a medical requirement that may require seating at times for mobility e.g. epilepsy, cardiac, <p>and/or</p> <ul style="list-style-type: none"> • The service user presents with behaviours that challenge that result in them refusing to walk over long distances. <p>and</p> <ul style="list-style-type: none"> • The service user has independent sitting mobility e.g. Chailey level of box sitting ability 4 - 7, GMFCS Level 1 - 3. • The service user weight is within the maximum weight limits of the product selected. • Prescriber selects attendant propelled or self-propelled model dependent on the service user and carer presentation and selects the correct size and user weight. • Essential accessories are specified including headrest if the chair is going to be used in occupied transport mode.
Tilt in space folding lightweight self or attendant propelled	Tilt in space folding, light weight wheelchair. Width and depth adjustable for self-propelling and/or attendant propulsion.	Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately

	<p>Compatible with third party supports. Suitable for occupied transport with compatible head support and transport tie downs. Sizes may range between 10" (25.4cm) – 16" (40.6cm), some width and depth adjustable for growth (dependent on product specification in recycling or on contract).</p>	<p>qualified and experienced prescriber with paediatric manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • The service user has limited mobility/endurance and/or is a full time wheelchair user. • The service user is unable to maintain upright independent sitting for long periods of time e.g. Chailey level of box sitting ability 1 - 4, GMFCS Level 3 - 5. Please note third party options may need to be considered based on seating assessment. <p>and/or one or more of the following:</p> <ul style="list-style-type: none"> • The client requires tilt for medical reasons, pressure relief, poor head/trunk control, change in position, and/or transfers. • A folding frame is required due to the service user's environmental concerns and/or transport requirements.
<p>Tilt in space rigid frame, durable, attendant propelled</p>	<p>Tilt in space wheelchair, rigid frame (non-folding). Durable /strong frame (may be light/heavy weight dependent on product specification in recycling or on contract. Tool Adjustable back support recline. Width and depth adjustable. Attendant propelled. Compatible with third party supports. Suitable for occupied transport with compatible head support and transport tie downs. Sizes may range between 10" (25.4cm) – 16" (40.6cm), some width and depth adjustable for growth (dependent on product specification in recycling or on contract)</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • The service user has limited mobility/endurance and/or is a full time wheelchair user. • The service user is unable to maintain upright independent sitting for long periods of time e.g. Chailey level of box sitting ability 1 - 4, GMFCS Level 3 - 5. Please note third party options may need to be considered based on seating assessment. • The client requires tilt for medical reasons, pressure relief, poor head/trunk control, change in position, and/or transfers. • Durable strong frame required for any of the following: <ul style="list-style-type: none"> ➢ A durable frame is required due to the service user's behavioural / sensory / tonal presentation and stress on the
<p>Tilt in space folding frame, durable, attendant propelled</p>	<p>Tilt in Space Wheelchair. Tool Adjustable back support recline. Folding durable frame. Width and depth adjustable. Attendant propulsion. Compatible with third party supports. Suitable for occupied transport with</p>	<ul style="list-style-type: none"> • The client requires tilt for medical reasons, pressure relief, poor head/trunk control, change in position, and/or transfers. • Durable strong frame required for any of the following: <ul style="list-style-type: none"> ➢ A durable frame is required due to the service user's behavioural / sensory / tonal presentation and stress on the

	<p>compatible head support and transport tie down.</p>	<p>frame this contributes.</p> <ul style="list-style-type: none"> ➤ To accommodate third party seating options and the combined weight of the seating and service user combined. <p>Prescriber selects either:</p> <p>Tilt in space rigid frame</p> <ul style="list-style-type: none"> • A folding frame is not required for their environmental and/or transport needs. • Rigid frame required for third party seating option selected. <p>Tilt in space folding frame</p> <ul style="list-style-type: none"> • A folding frame is required due to service users environmental and/or transport requirements. • The correct size is selected and service user weight, combined with the weight of any seating solution, is within the maximum weight limits of the product selected. • Essential, necessary accessories are prescribed including head support if the wheelchair is to be used in occupied transport.
<p>Tilt in space frame only option for moulded or third party customised/modular seating systems</p>	<p>Tilt in space wheelchair frame. Durable strong frame, may be light or heavy weight (dependent on product specification in recycling or on contract). Suitable for third party seating system. Tool adjustable back support recline. Attendant propelled. Suitable for transport with compatible head support and transport tie downs. A suitable width adjustable attachment to secure the seating system to the wheelchair is required. (These items and attachments are recyclable and should be checked for in the first instance before purchase).</p> <p>Frame strength / durability may vary between products in recycled stock and purchase contract.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Service user is a fulltime wheelchair user, has very limited / no walking mobility and is unable to maintain upright independent sitting for long periods of time e.g. Chailey level of box sitting ability 1 - 4, GMFCS level 3 - 5. • Customised third party seating system or moulded seating system option is required. • A tilt in space base is required with an attachment to secure the seat to the wheelchair. • Tilt in Space function is required due to medical issues, pressure

		<p>relief, poor head/trunk control, change in position, and/or transfers. Tilt will influence the management and improvement of these requirements.</p> <ul style="list-style-type: none"> • A seating assessment has been undertaken and clinical skill is applied to ensure that the seating system prescription is as exacting as possible to prevent costly errors, refits or post respective add-ons. • Prescriber has selected the right size wheelchair frame and frame strength/durability to accommodate the combined weight of user and seating, within the maximum weight limit of the wheelchair. • An environmental assessment has been undertaken to ensure that this customised and costly wheelchair / seating arrangement can be practically used in the service user's environment and transportation mode.
Active user folding lightweight self-propelled	Folding frame, compact, in a range of sizes suitable for paediatric users. Frame weights as per recycled or contract product. Width and depth adjustable. Compatible with third party supports. Suitable for occupied transport with compatible head support and transport tie down	Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.
Active user rigid frame lightweight self-propelled	Rigid frame, compact, in a range of sizes suitable for paediatric users, Frame weights as per recycled or contract product. Depth adjustable only. Compatible with third party supports. Hangers can be specified as per options available for recycled or contract product. Suitable for occupied transport with compatible head support and transport tie downs.	<ul style="list-style-type: none"> • All other lower specification self-propelling wheelchairs are unsuitable for the service user's clinical presentation, stature and functional use and a lightweight compact wheelchair is required as their primary form of wheeled mobility. • Paediatric service user can self-propel independently and requires a wheelchair for fulltime use to facilitate their active/frequent mobility requirement <p>or</p> <ul style="list-style-type: none"> • Service user can self-propel in a standard chair but their ease is prohibited by the standard weight chair

		<p>or</p> <ul style="list-style-type: none"> • Service user's self-propel endurance is very limited, but they are highly motivated to preserve their limited self-propel ability and independence. <p>and</p> <ul style="list-style-type: none"> • Service user has independent sitting mobility e.g. Chailey level of box sitting ability 4 - 7, GMFCS Level 1 -3 and requires minimal seating supports. • Prescriber selects appropriate active user self-propelling wheelchair model from two options below according to the service user's environment and/or transport requirements: <ul style="list-style-type: none"> ➢ Active user self-propelling with folding frame. ➢ Active user self-propelling with rigid frame. • Appropriate size and service user weight limit is selected. • Foot support options specified. Flip away foot support option specified if necessary and as per specification of product available. • Will be used for occupied transport and head support specified for this purpose.
<p>Heavy duty robust frame, option of attendant or self-propelled wheels</p>	<p>Folding and rigid frame as per recycled or contract product availability. Durable / robust frame. Attendant or self-propelled options. Compatible with third party supports. Suitable for occupied transport with compatible head support and transport tie down.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • The service user has limited mobility/endurance or is a full time wheelchair user • The service user has independent sitting mobility e.g. Chailey level of box sitting ability 4 - 7, GMFCS Level 1 - 3. • The service user presents with behavioural/sensory/tonal clinical presentation that is likely to cause additional wear and tear to a standard wheelchair frame <p>or</p>

		<ul style="list-style-type: none"> • A history of frequent repairs in their current wheelchair above and beyond normal expected wear and tear. • A standard frame is not strong enough and a robust frame is required. • The correct size is selected and service user weight is within the maximum weight limits of the product selected.
Paediatric powered wheelchairs		
Item	Descriptor	Prescribing Criteria
Basic entry level paediatric power chair	Basic electronic control/single joystick drive. Width and depth adjustable. Fixed tilt in space available. Compatible with third party postural supports. Upper speed limit of 6km/h. Suitable for transport with compatible head support and transport tie downs.	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric power wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • The service user requires wheeled mobility as they are unable to walk any functional distance and they are unable to self-propel and/or their carer is unable to push them in an attendant propelled chair due to their limited physical abilities and the environmental context in which the chair would be used. • The service user meets the HSE requirement for provision of a power chair. • The service user has independent sitting ability, e.g. Chailey level of box sitting ability 5 - 7, GMFCS Level 1 - 3, and only requires basic seating support.

<p>Paediatric tilt in space rear wheel drive power chair</p>	<p>Expandable Controller. Width and depth adjustable. Rear wheel drive. Tilt in space. Compatible with third party postural supports. Upper speed limit of 6km/hr. Suitable for transport with compatible head support and transport tie downs.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with paediatric power wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p>
<p>Paediatric tilt in space mid wheel drive power chair</p>	<p>Expandable Controller. Width and depth adjustable. Mid wheel drive. Tilt in space. Compatible with third party postural supports. Upper speed limit of 6km/hr. Suitable for transport with compatible head support and transport tie downs.</p>	<ul style="list-style-type: none"> • Service user requires a powered wheelchair as they are unable to walk or self-propel any functional distance or their carer is unable to push them in an attendant propelled chair due to their limited physical abilities and the environmental context in which the chair would be used. A power chair with tilt in space function is required. • The service user meets the HSE requirement for provision of a power chair. • This will be the service user's primary form of mobility and they will spend the majority of their day seated in this. • The service user is unable to maintain upright independent sitting for long periods of time as they have poor head/trunk control e.g. Chailey level of box sitting ability 1 - 4, GMFCS Level 3 - 5. And this is significant enough to warrant the function and cost of tilt in space. • Tilt in space is required to support posture, facilitate changes in position, assist pressure injury prevention, assist positioning for transfers, and aid activities of daily living. • A seating assessment has been undertaken and determines: <ul style="list-style-type: none"> ➤ The wheelchair specific seating options are suitable to support the service user's clinical presentation and only the essential specifications will be prescribed with cost in mind, or ➤ Third party seating must be used for some or all of the seating solution and only the essential items will be prescribed with cost in mind. • The expandable control system on this chair is required to access controls and lights. Other add-on communication or

		<p>environmental a range of functions for seating, communication or other switch accessed functions. Only the essential numbers of actuator functions likely to be required are requested with economy in mind.</p> <p>Prescriber selects the most appropriate wheel drive from the two options below:</p> <p>Rear wheel drive</p> <ul style="list-style-type: none"> • Service user is assessed to have better driving ability in a rear wheel drive chair and their environment has sufficient turning space for a rear wheel power wheelchair. <p>Mid Wheel drive</p> <ul style="list-style-type: none"> • Service user is assessed to have better driving ability in a mid-wheel drive chair and their environment requires a smaller turning space and their transport is compatible with mid wheel drive (i.e. it is not compatible with channel ramps).
Adult manual wheelchairs		
Item	Descriptor	Prescribing Criteria
<p>Basic folding, attendant propelled/transit</p>	<p>Reliant on attendant for manual propulsion. Non-adjustable. Intended for occasional use only. Half-folding back support.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Public Health Nurses, Podiatry as per local practice. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Intended for an occasional user, with independent sitting ability who does not sit in it in for vehicular transport. • Intended for limited distance mobility. • Will have someone available who is able to push the wheelchair if required. • May be required for short period post-surgery, or attending on-going medical appointments. • Correct size and appropriate accessory options, from limited

<p>Basic folding, self-propelled</p>	<p>Reliant on attendant solely for propulsion or service user self-propels independently or service user self-propels and/or attendant intermittently pushes. Non-adjustable. Intended for occasional use only. Half-folding back support.</p>	<p>basic range, selected.</p> <p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Intended for an occasional user, with independent sitting ability who does not use it in occupied transport. • Intended for limited distance mobility. • Will have someone available who is able to push the wheelchair. • May be required for short period post-surgery, or attending on-going medical appointments. • Prescriber selects most appropriate wheels for the service user and or carer presentation and requirements and environmental context: <ul style="list-style-type: none"> ➤ Attendant Propelled/Transit wheels. ➤ Self-Propelling Wheels. • Correct size and appropriate accessory options, from limited basic range selected.
<p>Basic folding lightweight attendant propelled or self-propelled</p>	<p>Reliant on occupant or attendant for manual propulsion. Intended for consistent user. Non-adjustable and wheels are removable. It can be ordered with either a self-propelling or attendant propelled/transit option. It has a multi position axle to accommodate amputee setting. Suitable for occupied use in transport. Greater option of frame widths and seat lengths. Tension-adjustable back support.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Attendant/carers or service user who is able to self-propel requires the light weight, durable frame of this chair which makes it lighter to push, propel, fold and transport. • Intended for consistent user, with independent sitting ability, who has the option of using this chair for occupied transport. • Intended for medium distance mobility. • Prescriber selects most appropriate wheels for the service user and or carer presentation and requirements and environmental context:

		<ul style="list-style-type: none"> ➤ Attendant Propelled/Transit wheels ➤ Self-Propelling Wheels • Correct size and appropriate accessory options, from available lightweight chair range selected. • Amputee setting selected for service user with an amputation, who requires lighter weight wheelchair. <p>or</p> <ul style="list-style-type: none"> • Exceptionally, this chair may be loaned for a short term period, post-surgery, as a lightweight alternative when all other basic manual wheelchairs usually provided for short term use post-surgery are too heavy for the service user's and/or carer's presentation.
Configurable: standard self-propelled	Option of attendant propelled/transit wheels. Designed primarily for occupant to be propelled by attendant/carer and intended for full-time use. It can be configured to meet specific service user requirements. Multi-position axle to accommodate amputee setting. Broader range of chair size options and wheel sizes. Can accept third party seating options. Suitable for occupied use in transport.	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Service user's wheelchair and seating requirements cannot be met by specification of non-configurable chair, and/or • Service user uses wheelchair in a full-time capacity and their mobility is so limited that they are most likely to be propelled by a carer /attendant
Configurable: bariatric self-propelled	Intended for larger or heavier weight users (bariatric). Generally reinforced with cross bars or other adaptation to the frame to increase reinforcement. As per recycled or contract product, check manufacturers guidelines for use in occupied transport with suitable, bariatric weight, tie down system.	<p>and</p> <ul style="list-style-type: none"> • Carer is available to push the user all of the time or at intervals when the user self-propels intermittently. • Addition of third party seating options is required. • Seating assessment has determined the most clinically appropriate and economic seating solution taking into consideration any wheelchair specific seating options and part or full third party solutions. • Combined weight of service user and seating option selected is within maximum weight limit of chair. • If required amputee setting option along with any leg support accessories is specified. • Chair/seating combination is suitable for the home and community in which it will be used.
Configurable: heavy duty, robust attendant propelled or self-propelled	Designed for service users who require a robust durable frame due to on-going excess movement and/or may have behaviours of concern. These chairs are heavier weights	

	<p>and require same to minimise maintenance. They are less manoeuvrable and heavier to lift. They have less moving parts and are less configurable.</p>	<ul style="list-style-type: none"> • If to be used for occupied transport chair with this feature selected. • Transport of wheelchair and fit to car boot is considered, especially larger bariatric and heavier heavy duty chair. • Carer/attendant manual handling risks including the size/weight (bariatric and heavy duty frame) of the chair when pushing, folding, and transporting are identified. Strategies and required equipment are put in place to address the identified risks. • Prescriber selects the most suitable wheelchair size and user weight limit or frame type from the following options, allowing for seating weight: <p>Configurable: Standard self-propelled</p> <ul style="list-style-type: none"> • Option of attendant/transit wheels) • Size and weight limit within standard range selected from available recycled stock or contract if not available. <p>Configurable: Bariatric self-propelled</p> <ul style="list-style-type: none"> • Service user weight exceeds the weight capacity of the standard configurable wheelchair. • Home environment assessed to ensure that the size of the bariatric wheelchair will be able to access and manoeuvre within the environment. • Weight must be reviewed, measured and recorded, at regular intervals, to ensure weight remains within the product limits. <p>Configurable: Heavy duty, robust attendant propelled or self-propelled</p> <ul style="list-style-type: none"> • Service user presentation requires a robust chair due to on-going excess movement and/or behaviours of concern that cause stress on the frame of the chair or a history of multiple wheelchair repairs over a short period of time in lighter frame wheelchairs.
<p>Rigid frame lightweight, self-propelled</p>	<p>Designed for a full-time active wheelchair user, to be more energy efficient, and for optimal configuration with a large range of options for individualisation, with minimal</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair</p>

	<p>adjustment once configured. Chair does not have a cross frame, and has fewer moving parts. Not all of the chairs in this category are suitable for wheelchair occupancy in transport and products may vary as per availability.</p>	<p>knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p>
<p>Rigid frame non-adjustable, customised, self-propelled</p>	<p>Wheelchair designed for full-time active wheelchair user where the frame is fully-customised to the service user's needs. Once manufactured there is little to no adjustment to the frame. This chair cannot be recycled to another service user. This chair is typically lighter than rigid frame light weight wheelchair. Not all of the chairs in this category are suitable for wheelchair occupancy in transport.</p>	<ul style="list-style-type: none"> • Prescriber undertaking the assessment for a rigid frame self-propelled chair must have a high level of wheelchair-seating assessment experience that enables them to best prescribe the configurations or customisation and non-adjustable manufactured specifications required. • Service user is a full time, active wheelchair user who can independently transfer. • Service user is able to provide a high level of input into the assessment/prescription which the prescriber manages to achieve a collaborative prescription of essential and economical specifications. • Service user requires a rigid frame wheelchair to engage fully in their community, work, and educational roles. • Service user who requires a rigid frame wheelchair to facilitate independent car transfers, where lifting wheelchair across the body is a necessity. • Prescriber selects right size and user weight limit, configuration / customisation and essential accessories from range available. • If service user requires the chair for occupied transport a suitable product/model is selected. • Prescriber selects the right type of rigid frame self-propelled wheelchair: <p>Rigid frame lightweight, self-propelled</p> <ul style="list-style-type: none"> • Service user requires a lighter frame wheelchair to achieve optimal function during propulsion for energy conservation, and on-going skeletal management. <p>Rigid frame non-adjustable, customised self-propelled</p> <ul style="list-style-type: none"> • It is the responsibility of the prescriber to ensure that the prescription is as exacting as possible so that costly errors, refits or post respective add-ons are not incurred post manufacturing of this customised item for an individual user which cannot be reused by another service user.

		<ul style="list-style-type: none"> • Service user should have experience of using a rigid frame wheelchair for several years prior to consideration of this category of chair. • Lighter frame than the rigid frame light weight wheelchair is required • The specification of this chair should be similar to that of the service user's previous wheelchair to ensure that the specification will work for them.
Tilt in space standard	<p>Available in a range of frame and seat sizes, but limited adjustment for growth within a given frame choice. Variable positioning manual wheelchair with a mechanism that allows the chair to have both tilt and recline functions on the same frame. The wheelchair comes with transit or self-propelling wheels. The tilt and recline functions on the wheelchair are attendant operated. Wheelchair can be used as a full-time all day seating option. The frame can accommodate a limited range of third-party seating options. Minimal adjustability of seat width, seat depth, and arm rest height. Suitable for occupied use in transport as per recycled or contract product manufacturers guidelines.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Service user is a full time wheelchair user, is unable to maintain upright independent sitting for long periods of time. • Tilt in space is required due to medical reasons, positioning / seating to manage poor head/trunk control, change of positioning and or pressure reduction needs. • Service user requires a wheelchair with tilt in space function and a compatible seating solution or recline function if available per product specification. • Attendant/transit or self-propelling wheels and size specified as necessary and if an option to do so.
Tilt in space configurable	<p>Fully configurable tilt-in-space wheelchair, i.e. the frame width and seat length can be adjusted for growth within a given frame selection. Facilitates a choice of back rests foot rests and arms etc. and the multi adjustability within the frame. The frame can accommodate third-party seating options. Suitable for occupied use in transport as per recycled or contract product manufacturers guidelines.</p>	<ul style="list-style-type: none"> • Service user within the weight limit of the wheelchair taking into account the combined service user weight and seating weight. Prescriber has selected the right size wheelchair, and frame/ frame strength and durability, to accommodate the combined weight of user and seating, within the maximum weight limit of the wheelchair. • A seating assessment has been undertaken and clinical skill is applied to ensure that the seating system prescription is as exacting as possible to prevent costly errors, refits or post respective add-ons. • An environmental assessment has been undertaken to ensure

<p>Tilt in space heavy duty, robust, attendant or self-propelled</p>	<p>Tilt in space robust and heavy weight frame. Chair may be set with a low floor to seat level to facilitate foot propulsion. Suitable for occupied use in transport as per recycled or contract product manufacturers guidelines.</p>	<p>that the wheelchair/seating arrangement can be practically used in the service user's environment and transportation mode.</p> <ul style="list-style-type: none"> • If service user requires the chair for occupied transport a suitable product/model is selected from recycling or purchase contract, if not available from recycling. • Carer/attendant can manage the size/weight of the chair without risk of injury to themselves and any manual handling strategies required put in place with particular attention paid to the heavier weight, heavy duty/robust frame.
<p>Tilt in space adult frame only option for moulded / customised seating</p>	<p>Tilt in space frame only for use with moulded and modular seating systems only with in-built adjustability to facilitate fitting of the various customised seating systems. Suitable for occupied use in transport as per recycled or contract product manufacturers guidelines.</p>	<ul style="list-style-type: none"> • Check the frame strength/durability/weight of products as product specifications vary. • Attachments are recyclable and may be available from recycling. • Prescriber selects the most appropriate tilt in space wheelchair for the service user's presentation: <p>Tilt in space standard</p> <ul style="list-style-type: none"> • Standard specification and minimal adjustability suitable for the service user. <p>Tilt in space configurable</p> <ul style="list-style-type: none"> • Service user has significant postural correction needs and pressure care strategies that the specifications of the standard tilt in space chair cannot meet. <p>Tilt in space heavy duty, robust, attendant or self-propelled</p> <ul style="list-style-type: none"> • The service user has excessive movements that put strain on the wheelchair frame and/or behaviours that dictate non removable parts and/or • There is a history of multiple wheelchair repairs over a short period of time in a lighter weight frame and/or • The service user requires the stability of a heavier weight frame and/or • The service user requires the chair to be set to a low floor to seat level to facilitate the use to propel with their foot. <p>Tilt in space adult frame only for moulded / customised seating</p> <ul style="list-style-type: none"> • Customised third party seating system or moulded seat is required

		<ul style="list-style-type: none"> • A tilt in space frame with attachment to secure the frame to the seating system is required.
'Add on' non powered and powered assistance for manual wheelchairs		
Item	Descriptor	Prescribing Criteria
Non powered: Assist wheels	Manual assist wheels that use non powered devices to assist with propulsion	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Self-propelling option is most suited to the service user's clinical presentation and/or environment or transport arrangements. • Service user has been assessed as not suitable to use a powered assist option or power wheelchair. • Service user has sufficient hand and arm strength and dexterity to propel and control the wheelchair using the non-powered assist option selected. • Prescriber identifies the most suitable non powered assist option for the service user's presentation, abilities and compatibility with manual wheelchair and environment in which it is to be used. • Non powered assist wheels are required to facilitate self-propelling. <p>The appropriate option is selected.</p> <ul style="list-style-type: none"> • Lever propulsion is required to facilitate self-propelling. Dual or single lever is selected • One Arm drive is required to facilitate self-propelling as Service user has limited or no functional use of one hand. The most appropriate option double hand rim or OAD lever is selected.
Non Powered: lever propulsion system	<p>This has a lever attached at the front of the chair, with linkages to the rear wheel. The service user 'pumps' the lever back and forward to drive the chair. This is attached to the forward, neutral and reverse settings. To steer, the service user turns the lever in the direction that they wish to travel.</p> <p>The service user requires grip and the physical stamina to pump the lever, along with the ability to consider steering and pumping at the same time.</p> <p>A single lever can be used by someone with the use of only one arm/hand. A dual level drive system is available. The service user pushes and pulls each side alternately. It requires significant strength and stamina.</p>	
Non powered one arm drive wheelchair: Lever or double wheel rim system	<p>Non powered one arm drive systems provide service users with the option of a one arm function when they prefer to use a manual, lightweight, folding wheelchair. One arm drive systems can be used on either the right or left hand side of the wheelchair as long as the service user has good strength and dexterity on that side.</p> <p>There are different types of one arm drives:</p>	

	<ul style="list-style-type: none"> • Double hand rim OAD. This is designed for people who only have the use of one arm/hand. It has both hand rims on the same side of the wheelchair, but controls the rear wheels on both sides. The inner hand rim is connected to the far wheel by way of a bar or scissor mechanism between the hand rim and the wheel. When propelling the wheelchair in a straight line, the service user grips both hand rims in one hand equally and pushes or pulls the hand rims in the direction they wish to travel. To turn the wheelchair, the service user will push or pull on one rim more than the other. Double hand rim controls require good grip, hand strength and dexterity. • Lever OAD. A single lever can be used by someone with the use of only one arm/hand. See above. 	
<p>Powered: Power pack attendant operated</p>	<p>A motorised unit which attaches to a manual wheelchair and enables it to become powered. It comes with tray and fittings to secure to base of wheelchair. Attendant Operated with and controls attached to the handles of the wheelchair for the attendant carer to operate the now motorised manual wheelchair.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • A power wheelchair is not suitable for the service user/carer presentation or environment or transport arrangements. • A basic power wheelchair is suitable and is more cost effective than a power pack/power drive and should be considered as an alternative before proceeding, (suits service user presentation and capabilities, environment/transportation arrangements, everyday functions). Comparison should be provided with request to ascertain the rationale for prescription. • Power assistance to augment a manual wheelchair is required as the manual wheelchair cannot easily be manoeuvred due to the
<p>Powered: Add on power drive user operated</p>	<p>A motorised unit which attaches to a manual wheelchair and enables it to become powered. It comes with fittings to secure to base of wheelchair. Service User operated the control/joystick is added to the arm rest for the service user to independently operate</p>	

	the now motorised manual wheelchair.	<p>attendant carer's abilities and/or the terrain of the environment the chair is used in or the service user cannot use the manual wheelchair over longer distances.</p> <ul style="list-style-type: none"> • The power pack battery charge and drive power provides a sufficient speed for the manual wheelchair to move in the terrain it is to be used in. • The power pack is compatible with the wheelchair frame in use or planned for. It can take the additional weight of the power pack without changing its stability or centre of gravity and it allows for installation of attendant or service user controls. • Prescriber selects <ul style="list-style-type: none"> ➤ Attendant operated: Select when the service user requires the assistance of a carer to operate the manual wheelchair full time or over long distances. ➤ Service user operated: Select when the service user is assessed to be capable to use the motorised manual wheelchair per the power wheelchair guidelines, which includes supporting documentation from medical professional.
Powered: Assist wheels: wheel rim or joystick option	Add on power assister wheels that are mounted on the wheelchair in place of standard wheels. The batteries are integrated into the wheel hub, or located in an attachment over the wheels The sensor registers the propelling movement and activates the integrated electric motors to aid the pushing/propelling efforts of the service user. Activated by wheel rim or joystick option.	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • All non-powered assist options have been determined to not be suitable for the service user. <p>and</p> <ul style="list-style-type: none"> • A power wheelchair is not suitable for the user/ carer presentation, environment, transport arrangements, everyday functions. <p>or</p> <ul style="list-style-type: none"> • A basic power wheelchair is suitable and is more cost effective than the power assist option selected and should be considered as an alternative before proceeding, (suits service user presentation and capabilities, environment, transportation

		<p>arrangements, everyday functions). Comparison between the two products should be provided with request to ascertain the rationale for prescription.</p> <p>and</p> <ul style="list-style-type: none"> • Service user is able to self-propel, but requires a boost from assist wheels to mobilise proficiently. <p>or</p> <ul style="list-style-type: none"> • Service user only has the use of one arm to propel the manual wheelchair and requires a boost from a 'one arm' power assist option to mobilise proficiently. <p>and/or</p> <ul style="list-style-type: none"> • Service user is unable or has become increasingly less able to mobilise over long distances and/or presents with undue fatigue after using the manual wheelchair and/or takes longer to mobilise and/or is unable to carry out other functions after mobilising. <p>and</p> <ul style="list-style-type: none"> • Service user can independently mobilise with power assist wheels or powered one arm drive with a decrease in the presentations above. • A power wheelchair is not suitable for the service user/carer presentation or environment or transport arrangements. Where a power wheelchair is suitable and more cost effective than a power assist wheels it should be considered. • Prescriber selects the most appropriate option according to user presentation and terrain: <ul style="list-style-type: none"> ➤ Power assist wheels: Specify wheel rim or joystick.
Adult powered wheelchairs		
Item	Descriptor	Prescribing Criteria
Powered Adult basic mid wheel drive	A basic powered wheelchair, intended primarily for indoor use with very limited outdoor capability. Does not have additional powered functions, e.g. tilt, recline, lights.	Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with powered wheelchair

	<p>Basic seating only. Limited range of sizes available. Suitable for occupied use in transport. Mid-wheel drive offers better manoeuvrability in tight spaces. Suitable for occupied use in transport.</p>	<p>knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • The service user has a clinical requirement for powered mobility as they are unable to walk or to self-propel any functional distance
<p>Powered Adult basic rear wheel drive</p>	<p>A basic powered wheelchair, intended primarily for indoor use with very limited outdoor capability. Does not have additional powered functions, e.g. tilt, recline, lights. Requires a larger turning circle than a mid-wheel drive chair. Limited range of sizes available. Considered to offer a more stable driving experience. Suitable for occupied use in transport.</p>	<ul style="list-style-type: none"> • The service user meets the HSE requirement for the provision of a power chair. • The service user has the cognitive, perceptual and physical skills required to operate the power wheelchair independently • The service user will use the powered wheelchair on a consistent basis, e.g. 4-7 days per week, but not all day. The chair is not intended for all day use. • The service user's postural presentation is sufficiently supported by the level of support provided by the basic wheelchairs upholstery. <p>The prescriber selects the most appropriate wheel drive from the three options below:</p> <p>Basic mid wheel drive</p> <ul style="list-style-type: none"> • The mid wheel drive option and smaller turning circle is required as the chair is to be used in more restricted spaces. • Channel ramps not compatible with mid wheel drive chairs. • Prescriber considers the compatible ramp/power chair selection when channel ramps are in use as they are not compatible with mid-wheel drive chairs. <p>Basic rear wheel drive</p> <ul style="list-style-type: none"> • The rear wheel drive option and larger turning circle and greater stability is required and/or suitable for the environmental context in which it is to be used.
<p>Powered Adult Basic adjustable frame mid wheel drive</p>	<p>A basic powered wheelchair, intended primarily for indoor use with very limited outdoor capability. Does not have additional powered functions, e.g. tilt, recline, lights. More intuitive to drive than a rear wheel</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult powered wheelchair knowledge and seating skill competency or by a prescriber working</p>

	drive, but requires a larger turning circle. Adjustable frame width and seat depth. Suitable for occupied use in transport.	under the supervision of a co-prescriber with that skill.
Powered Adult basic adjustable width rear wheel drive	A basic powered wheelchair, intended primarily for indoor use with very limited outdoor capability. Does not have additional powered functions, e.g. tilt, recline, lights. More intuitive to drive than a mid-wheel drive but requires a larger turning circle. Adjustable frame width and seat depth. Considered to offer a more stable driving experience. Suitable for occupied use in transport.	<ul style="list-style-type: none"> • Service user has a clinical requirement for powered mobility as they are unable to walk or to self-propel any functional distance • An adjustable frame is clinically required as the service user's requirements cannot be met by specification of a non-adjustable frame width powered wheelchair. The cost variance between the non-adjustable and adjustable frame wheelchair has been taken into account. An adjustable frame is determined to be essential. • Service user has the cognitive, perceptual and physical skills required to operate the power wheelchair independently. • Service user meets the HSE requirement for the provision of a power chair. • Service user will use the powered wheelchair on a consistent basis, e.g. 4-7 days per week, but not all day. • The chair is not intended for all day use. <p>Mid wheel drive adjustable frame</p> <ul style="list-style-type: none"> • The mid wheel drive option and smaller turning circle is required as the chair is to be used in more restricted spaces. Rear wheel drive and larger turning circle unsuitable. • Prescriber considers the compatible ramp/power chair selection when channel ramps are in use as they are not compatible with mid-wheel drive chairs. <p>Rear wheel drive adjustable frame</p> <ul style="list-style-type: none"> • The rear wheel drive option and larger turning circle and greater stability is required and/or suitable for the environmental context in which it is to be used.
Powered adult indoor/outdoor adjustable mid wheel drive	Powered wheelchair intended for indoor use with reasonable outdoor capability. Powered functions e.g. tilt, recline, lights available. More intuitive to drive than a rear-wheel drive, but requires a larger turning circle. Adjustable frame width and seat depth.	Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.

	Suitable for occupied use in transport. The frame can accommodate third-party seating options. Compatible with alternative access controls. Option to fit attendant control. Suitable for occupied use in transport.	<ul style="list-style-type: none"> • Service user has a clinical requirement for powered mobility as they are unable to walk or to self-propel any functional distance. • Powered wheelchair is required to access their local community, and to perform daily living tasks and activities that the service user participates in.
Powered adult indoor/outdoor adjustable rear wheel drive	Powered wheelchair intended for indoor use with reasonable outdoor capability. Powered functions e.g. tilt, recline, lights available. Adjustable frame width and seat depth. Suitable for occupied use in transport. The frame can accommodate third party seating options. Compatible with alternative access controls. Option to fit attendant control. Suitable for occupied use in transport.	<ul style="list-style-type: none"> • Service user meets the HSE requirement for the provision of a power chair. • Service user has the cognitive, perceptual and physical skills required to operate the power wheelchair independently. • Wheelchair is required for and Intended for all-day use. • Wheelchair user has postural and pressure care requirements. • Wheelchair user requires frequent repositioning throughout the day for postural control and pressure care management purposes. • Wheelchair user should be encouraged to provide a high level of input into the seating assessment and prescription but the prescriber uses their therapeutic skills to determine and inform the service user what is clinically essential and can be included in the prescription request and what is desirable and cannot be included in the prescription request. <p>The prescriber selects from two options:</p> <p>Indoor/outdoor mid wheel drive</p> <ul style="list-style-type: none"> • Preferred to rear wheel drive where space is restricted in place of use. • Channel ramps not compatible with mid-wheel drive chairs. <p>Indoor/outdoor rear wheel drive</p> <ul style="list-style-type: none"> • The rear wheel drive option and larger turning circle and greater stability is required and or suitable for the environmental context in which it is to be used.
Powered adult Outdoor/Indoor adjustable mid wheel drive	Powered wheelchair intended for indoor use with good outdoor capability on hard ground. These chairs are not intended to be used on rough terrain, e.g. sand, mud etc. Powered	Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult manual wheelchair knowledge and seating skill competency or by a prescriber working

	<p>functions e.g. tilt, recline, lights available More intuitive to drive than a rear wheel drive, but requires a larger turning circle. Adjustable frame width and seat depth. Suitable for occupied use in transport. The frame can accommodate third-party seating options. Compatible with alternative access controls. Option to fit attendant control. Suitable for occupied use in transport.</p>	<p>under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Service user has a clinical requirement for powered mobility as they are unable to walk or to self-propel any functional distance • Wheelchair user consistently spends a significant amount of time outdoors in their wheelchair, potentially commuting to and from work. • Service user meets the HSE requirement for the provision of a power chair. • Service user has the cognitive, perceptual and physical skills required to operate the power wheelchair independently. • Wheelchair is required for and intended for all-day use. • Wheelchair user has postural and pressure care requirements. • Wheelchair user requires frequent repositioning throughout the day for postural control and pressure-care management purposes. • Wheelchair user should be encouraged to provide a high level of input into the seating assessment and prescription but the prescriber uses their therapeutic skills to determine and inform the user what is clinically essential and can be included in the prescription request and what is desirable and cannot be included in the prescription request. • Channel ramps not compatible with mid-wheel drive power chairs.
<p>Powered adult outdoor/indoor adjustable rear wheel drive</p>	<p>Powered wheelchair intended for indoor use with good outdoor capability on hard ground. These chairs are not intended to be used on rough terrain, e.g. sand, mud etc. Powered functions e.g. tilt, recline, lights available. More intuitive to drive than a mid-wheel drive but requires a larger turning circle. Adjustable frame width and seat depth. Suitable for occupied use in transport. The frame can accommodate third-party seating options. Compatible with alternative access</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with adult powered wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> • Wheelchair user consistently spends a significant amount of time outdoors in their wheelchair, potentially commuting to and from work. • Wheelchair user requires powered mobility as unable to

	controls. Option to fit attendant control. Suitable for occupied use in transport.	ambulate or to function using a manual wheelchair.
Powered adult outdoor/ indoor extra-large	Intended for larger or heavier weight service users (bariatric). This chair will support service user's weight of 28 stone (180kg) or more. Suitable for occupied use in transport.	<ul style="list-style-type: none"> • Service user meets the HSE requirement for the provision of a power chair. • Service user has the cognitive, perceptual and physical skills required to operate the power wheelchair independently. • Wheelchair is required for and intended for all-day use. • Wheelchair user has postural and pressure care requirements. • Wheelchair user requires frequent repositioning throughout the day for postural control and pressure-care management purposes. • Wheelchair user should be encouraged to provide a high level of input into the seating assessment and prescription but the prescriber uses their therapeutic skills to determine and inform the user what is clinically essential and can be included in the prescription request and what is desirable and cannot be included in the prescription request.
Powered adult outdoor/ indoor heavy duty	Where the power chair has to be more robust and durable than a standard frame. This may be required due to wheelchair user's excessive movements.	<p>The prescriber selects from four options:</p> <p>Mid wheel drive outdoor/indoor</p> <ul style="list-style-type: none"> • Preferred to rear-wheel drive where space is restricted in place of use. • Channel ramps not compatible with mid-wheel drive chairs. <p>Indoor/outdoor rear wheel drive</p> <ul style="list-style-type: none"> • The rear wheel drive option and larger turning circle and greater stability is required and or suitable for the environmental context in which it is to be used. <p>Indoor/outdoor extra large</p> <ul style="list-style-type: none"> • Intended for wheelchair users whose weight exceeds the weight capacity of the standard outdoor/indoor wheelchair. • Wheelchair user's weight must have been measured and recorded within two months of prescription, and matched to the weight capacity of the wheelchair. • Home environment must have been assessed to ensure selected wheelchair will be able to access and manoeuvre within the environment.

		<ul style="list-style-type: none"> • Considerations must be given to transport or wheelchair. <p>Indoor/outdoor heavy duty</p> <ul style="list-style-type: none"> • Wheelchair user places heavy demands on their wheelchair. • Wheelchair user has a history of multiple wheelchair repairs over a short period of time with less robust wheelchairs. • Home environment must have been assessed to ensure selected wheelchair will be able to access and manoeuvre within the environment.
Expandable Electronic Controller and Drive. Add on Options for Adult and Paediatric Power chairs		
Item	Descriptor	Prescribing Criteria
<p>Additional Drive Control (ADC) that interfaces with the power actuator and bus cables for actuator connectivity</p>	<p>The actuator controls are integrated into the wheelchair driving controls. All functions can be operated from the driving control selected (e.g. LED, LCD, Keypad, joystick, remote, alternative specialised control, dual user /carer control)</p> <p>Actuators control mechanical wheelchair functions e.g. seating functions, leg support functions.</p> <p>More functions require additional actuators. The actuator control module with the correct number of actuator controls must be selected along with the suitable additional drive control that is compatible with the number of actuator control functions required.</p> <p>Bus cables support the connectivity of the actuator and control or switch functions.</p> <p>The electronics of a power wheelchair actuators and drive control are powered by the power chair batteries.</p>	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team.</p> <ul style="list-style-type: none"> • Additional drive control is required on: <ul style="list-style-type: none"> ➢ A new power chair with actuator ➢ An existing power chair with power actuator that needs extending ➢ An existing power wheelchair with no additional controls that requires retrofitting and is compatible for this. • Prescriber identifies a new power wheelchair with actuator capability or existing power chair that requires add on extension or retrofit. • Prescriber allows for the basic actuator functions as well as lights and indicators and/or mirrors and then selects the correct number of additional actuator controls required for additional wheelchair functions commensurate with the service users presentation. • In addition to wheelchair control functions the prescriber considers need for additional functions for communication and other required switching accesses and liaises with multidiscipline colleagues and services to this end. • Prescriber considers the cost of the add-on controls. The number of add on controls should be sufficient for the service user's presentation, may allow for future needs for the service user if prognosis for more requirements is certain or for service future users if it is likely this item will be recycled. There should be no over specification with actuator modules, control functions and

		<p>costs that the use of may never be realised.</p> <ul style="list-style-type: none"> • Ability of actuator control to upgrade later is considered, for service user and future service users. • Taking into account all of the above, the prescriber selects the correct actuator module(s) with the correct number of control functions. • When considering retrofitting of additional controls to an existing power chair without add on controls. The prescriber must consider economy and value of retrofitting costs to current chair in terms of life span and condition of the current chair, growth status of service user. • Bus cables and connectors required to support connectivity are accounted for. • The interfacing control and display design selected for access is suitable for the service user and/or carer and is robust and simple to use and is considered to require less ongoing servicing and maintenance and related cost.
Expandable additional drive control for post respective installation on existing power chairs		<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team.</p> <ul style="list-style-type: none"> • When considering retrofitting of additional controls to an existing power chair without add on controls. The prescriber must consider economy and value of retrofitting costs to current chair in terms of life span and condition of the current chair and growth status of service user. <p>and</p> <ul style="list-style-type: none"> • All of prescribing criteria for Additional Drive Control above.
Adult Mobility Scooters		
Item	Descriptor	Prescribing Criteria
Mobility scooter adult four wheel	Can be supplied with lights and indicators (must be requested). Not recommended to be lifted. Normally used in conjunction with a wheelchair adapted vehicle. Designed primarily for local community access and can be used on the road. Not Suitable for	Prescriber: Occupational therapist, significantly experienced in all aspects of powered wheeled mobility and who is clear about the clinical presentations, occupational performance drivers and environmental contexts that would constitute the use and prescription of this item.

	occupied use in transport.	
Heavy mobility scooter adult four wheel	Heavy mobility scooter. Supplied with lights and indicators. Cannot disassemble into separate parts for transport in a car. Designed primarily for local community access and can be used on the road. Not Suitable for occupied use in transport.	<ul style="list-style-type: none"> • Service user needs a scooter to perform their activities. They need to both travel distances on a daily basis combined with the need to transfer frequently and independently, intermittently using their limited walking ability or endurance to conduct their daily activities and functions. • They do not require the postural support of a power wheelchair nor do they require to be seated in the equipment for long periods. • Service user requires the long distance specification of the scooter to engage in regular daily commitments like college, work and daily living activities that require a daily routine like meeting the children at school. • Service user can mobilise short to moderate distances but they present with a condition that causes them to have poor endurance over a longer distance. This can deter or obstruct their ability to participate in the usual life activities expected for their age. • Service user meets the HSE requirement for the provision of a power chair. Policy on provision of powered mobility equipment (PME) for adults 2013 • Service user has the cognitive, perceptual and physical skills including the functional use of both hands required to operate the scooter independently and the insight to use it safely on the road. • The scooter is required for the combined functions of longer distance use interspersed with transfers on and off the scooter and independent walking. The scooter design allows for ease of getting on and off it with ease. • Where a service user is only going to remain in place for their journey and purpose a power chair with longer distance capacity must be prescribed. • Service user presents with good sitting ability and is able to sit safely in the scooter seat which provides little support. • Service user has the ability to independently transfer on and off the scooter with ease. • Scooter use may also be considered if the user cannot operate a power wheelchair chair joystick safely or effectively and all cost feasible joystick adaptations have been considered and ruled

		<p>out.</p> <ul style="list-style-type: none"> The loan of these items from the recycling loan pool or request for funding to purchase should be made to your local area as an exceptional request for consideration subject to budgetary constraints.
Accessories and Parts for manual and powered buggies and wheelchairs		
Item	Descriptor	Prescribing Criteria
<p>Tray for wheelchair , Brakes: alternative grip options e.g. scissor , extended handles, Oxygen cylinder holder, Leg rest options e.g. elevated, Amputee leg rest right/left/bilateral, Rain cover for buggy or rain cape for wheelchair</p>	<p>For descriptor refer to item specifications per contract details in wheelchair contracts document.</p>	<p>Prescriber: Occupational therapist, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with powered wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> Prescriber identifies a requirement for the accessory and selects the appropriate accessory compatible to the wheelchair or buggy to which it will be attached. Prescriber is aware of the add-on cost of accessories to the overall cost of the wheelchair and only prescribes essential accessories commensurate with the service user's presentation and the carer's context.
<p>Spare parts and necessary tools for all above buggies, wheelchairs (manual and power) and compatible seating</p>	<p>A range of spare parts and tools for buggies and wheelchairs and seating are available on the contract.</p> <p>This provides for improvements in value for money in relation to repairs conducted by HSE in-house or contracted repair services.</p>	<p>Prescriber: Occupational therapist, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team. Assessment of the service user is completed by an appropriately qualified and experienced prescriber with manual/powered wheelchair knowledge and seating skill competency or by a prescriber working under the supervision of a co-prescriber with that skill.</p> <ul style="list-style-type: none"> A requirement for parts may be identified by either the equipment management services in the course of the maintenance of equipment (HSE or contracted) or by prescribers in the course of their engagements with service user. Parts may be required in terms of: <ul style="list-style-type: none"> ➤ Repairs to the main body of an item

		<ul style="list-style-type: none"> ➤ Replacement of component parts or accessories due to general wear and tear during use, e.g. leg rests ➤ Accidental Loss or damage to component parts or accessories. • Equipment management services and prescribers should abide by the local policy to approve parts and manage repairs operational in their area. • Equipment management services and prescribers should identify frequent requests for parts due to wear and tear or replacement accessories when received for the same service user or equipment item. • In this instance a review should be undertaken by the management service, prescriber or collaboratively. This should reconsider the suitability of the equipment being used in relation to the service user's clinical presentation and should consider service user responsibility if items are damaged by neglect or loss. • Further parts should not be requested until the outcome of the review and plan. If parts are then required to be approved, the outcome of the review should accompany the request for parts approval.
Primary and Secondary Postural Support Devices (PSD) compatible with Paediatric and Adult Wheeled Mobility equipment - Seating Systems		
Item	Descriptor	Prescribing Criteria
<p>Support Devices that can be configured as required</p>	<p>The following support device options are available. Refer to item specifications per contract details in wheelchair contracts document.</p> <p>Seat base</p> <ul style="list-style-type: none"> • Wheelchair seat base • Wheelchair seat rigidiser <p>Pelvic and hip support</p> <ul style="list-style-type: none"> • Padded pelvic positioning belt (2 point or 4 point); lateral hip supports; lateral thigh 	<p>Prescriber: Occupational therapists, physiotherapist, clinical engineer or multi-disciplinary specialist wheelchair seating team.</p> <ul style="list-style-type: none"> • Prescriber selects the appropriate Postural Support Devices required to seat the service user, with respect to the services user's clinical presentation, functional needs and with respect to the daily living activities that are engaged in and the environments and communities they live in.

	<p>supports; groin strap; medial knee support (pommel); lateral knee support</p> <p>Trunk/Torso</p> <ul style="list-style-type: none"> • Complex positioning back support <p>Head, Neck and Chest</p> <ul style="list-style-type: none"> • Head support (head rest) (posterior/lateral/ anterior); complex positioning head support; neck support, complex positioning neck support <p>Shoulders and upper limbs</p> <ul style="list-style-type: none"> • Anterior shoulder support; arm supports(inferior/lateral/superior); complex positioning arm support; wrist cuff <p>Lower Limbs</p> <ul style="list-style-type: none"> • Leg abduction strap; posterior lower leg support (calf strap); anterior lower leg support (shin strap); ankle huggers; foot box; foot cups (shoe holders); toe straps. • 	
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Pressure Reducing Cushions

Pressure reducing cushions 'At Risk'

Service user pressure risk level: Waterlow Score 10+ (10-15) skin discoloured grade 1/no abrasion, requires prevention (or Braden equivalent). Cushion type: Static. Specialised memory foam cushion or foam and gel combination (top layer foam).

Item	Descriptor	Prescribing Criteria
<p>Specialised memory foam cushion (At Risk 10-15)</p>	<p>Made of memory foam. Foam density, elasticity and cushion depth may vary as per the product available in the local loan pool. Memory foam has an additional quality to standard foam that aids the spread of the service user's weight and facilitates circulation in the buttocks and thighs.</p>	<p>Prescriber: Occupational therapist, public health nurse, physiotherapist and/or specialist seating team, ideally multidisciplinary and/or specialist tissue viability nurse.</p> <ul style="list-style-type: none"> • An assessment of the service user must be completed by a prescriber with pressure reduction product knowledge and 'At Risk' pressure relief assessment and prescription skill

Foam and gel/ fluid cushion (At Risk 10-15)	Top layer and base foam, middle layer gel /fluid. The Gel layer between the foam layers provides for some conformity to the shape of the service user to give additional redistribution of pressure. The foam layers and small gel layer provide greater stability than gel alone. The foam combination makes this cushion lighter than gel alone.	competency' or supervision by a co-prescriber with that skill. <ul style="list-style-type: none"> • Service user has been assessed to have a Waterlow score of 10-15 'At Risk' of developing pressure ulcer(s) (or Braden equivalent) and this is unlikely to change or improve. • The risk cannot be managed by other pressure management techniques. A pressure reduction cushion is required. • All other assessment considerations have been taken into account. • Service user has the ability to frequently weight shift themselves to relieve pressure. • Prescriber has selected the most suitable 'At Risk' cushion: <ul style="list-style-type: none"> ➢ Specialised memory foam cushion. ➢ Foam and gel/fluid cushion. • Request form completed fully to ensure accurate matching of request to loan pool stock or purchase contract if loan pool stock not available, subject to available funds.
Pressure reducing cushions 'High Risk' Service user pressure risk level: Waterlow Score 15+ (15-20) skin discoloured and grade 2, superficial part thickness skin abrasion, blister, crater. Cushion type: Static, foam and gel combination cushion, top layer gel or dynamic, air cushion, non-motorised.		
Item	Descriptor	Prescribing Criteria
Air cushion, static	The air cushion matches and tracks the shape of the person, keeping them immersed in the cushion while protecting those service users identified as being at high risk of developing pressure ulcers, or for those with already established tissue damage up to Waterlow grade 2 or Braden equivalent.	Prescriber: Occupational therapist, physiotherapist, public health nurse and/or specialist seating team, ideally multidisciplinary and/or specialist tissue viability nurse. <ul style="list-style-type: none"> • An assessment of the service user must be completed by a prescriber; with 'High Risk' pressure relief assessment and prescription skill competency or supervisory access to a co-prescriber with that skill. • Service user has been assessed to have a Waterlow score of 15-20 'High Risk' of developing pressure ulcer(s) (or Braden equivalent) and this is unlikely to change.
Foam and gel/fluid cushion or foam and air cushion	These cushions combine foam with gel /fluid or air. These combinations provide a support surface area which delivers a superior level of pressure reduction for those service users identified as being at high risk of developing pressure ulcers, or for those with already established tissue damage up to Waterlow grade 2 or Braden equivalent.	or <ul style="list-style-type: none"> • Service user has presented with a pressure ulcer up to grade 2 that is unlikely to change or improve. or <ul style="list-style-type: none"> • A replacement cushion is required as the current cushion is beyond use and or the cushion no longer meets the service

<p>Air cushion single valve, inflatable with pump/non-motorised (dynamic/active)</p>	<p>Air cushion with multiple interconnecting air cells, operated via a single valve and designed so that when pressure is applied air distributes to each of the cells. Two types available: air only, or air with a top layer of gel.</p> <p>Suitable for service users identified as high risk of developing pressure ulcers and those with a history of or who currently have skin breakdown to Waterlow grade 2 or Braden equivalent.</p>	<p>user's clinical/pressure risk presentation'.</p> <p>and</p> <ul style="list-style-type: none"> • The risk cannot be managed by other pressure management techniques. A pressure reduction cushion is required. • All other assessment considerations have been taken into account. • Service user has slightly limited ability to weight shift themselves to relieve pressure. • Pressure cushion selected is the most appropriate type for the service user's clinical and functional presentation, compatibility with the equipment and environment in which it will be used and the ability of the service user/carer to maintain and adjust the prescribed cushion. • Prescriber has selected the most suitable 'High Risk' cushion: <ul style="list-style-type: none"> ➤ Air cushion, static. ➤ Foam and gel/fluid cushion or foam and air cushion. ➤ Air cushion single valve, inflatable with pump/non-motorised (dynamic/active). ➤ Air cushion dual/multiple valve, inflatable with pump/non-motorised (dynamic/active). • Request form completed fully to ensure accurate matching of request to loan pool stock or purchase contract if loan pool stock not available, subject to available funds.
<p>Air cushion dual or multi valve, inflatable with pump /non-motorised (dynamic/active)</p>	<p>Air cushion with a minimum of two sections of interconnecting air cells. Each section is operated by an individual valve. It is designed so that each section can be adjusted to conform to a service user's seated shape. Suitable for service users identified as high risk of developing pressure ulcers and those with a history of or who currently have skin breakdown to Waterlow grade 2 or Braden equivalent.</p>	

Pressure reducing cushions 'Very High Risk'

Service user pressure risk level: Waterlow Score 20+ (20 to 25), grade 3 and 4, deep skin loss to underlying tissue. Cushion type: Static, foam and gel combination cushion, top layer gel or dynamic, air Cushion, or non-motorised.

For this 'very high risk category' It is recommended best practice that relevant health care professionals put a 24 hour postural management plan in place to manage the service user's 'very high risk' and pressure injury presentation. In areas where this is not currently practiced it is best practice for this risk category. This would combine the pressure reduction equipment, other positioning options and equipment to support and postural support recommendations. Prescription/intervention is in line with the guidance and desired outcomes of the 'Pressure Ulcers to zero' National Quality improvement programme. Pressure Injury of grade 3 or 4 must be reported as a serious reportable event in compliance with the HSE National Incident Management Service (NIMS) procedure on the National Incident Report Form (NIRF) as per the Quality and Patient Safety direction.

Item	Descriptor	Prescribing Criteria
Foam and gel/fluid cushion or	These cushions combine foam with gel /fluid	Prescriber: Occupational therapist, physiotherapist, public health

<p>foam and air cushion</p>	<p>or air. These combinations provide a support surface area which delivers a superior level of pressure reduction for those service user's identified as being at very high risk of developing pressure ulcers, and those with a history of or who currently have skin breakdown to Waterlow grade 3 or 4 or Braden equivalent.</p>	<p>nurse and/or specialist seating team, ideally multidisciplinary and/or specialist tissue viability nurse.</p> <ul style="list-style-type: none"> • An assessment of the service user must be completed by a prescriber, with 'Very High Risk' pressure relief assessment and prescription skill competency or supervisory access to a co-prescriber with that skill. • Service user has been assessed to have a Waterlow score of 20 to 25 'Very High Risk' of developing pressure ulcer(s) (or Braden equivalent) and this is unlikely to change.
<p>Air cushion single valve, inflatable with pump/non-motorised (dynamic/active)</p>	<p>Air cushion with multiple interconnecting air cells, operated via a single valve & designed so that when pressure is applied air distributes to each of the cells. Two types available air only, or air with a top layer of gel.</p> <p>Suitable for service user's identified as very high risk of developing pressure ulcers and those with a history of or who currently have skin breakdown to Waterlow grade 3 or 4 or Braden equivalent</p>	<p>or</p> <ul style="list-style-type: none"> • Service user has presented with a pressure ulcer of grade 3 and 4 (or Braden equivalent) that is unlikely to change or improve. • A replacement cushion is required as the current cushion is beyond use and or the cushion no longer meets the service users clinical/pressure risk presentation. <p>and</p> <ul style="list-style-type: none"> • The risk cannot be managed by other pressure management techniques. A pressure reduction cushion is required. • All other assessment considerations have been taken into account. • Service user has limited to no ability to weight shift themselves to relieve pressure. • Pressure cushion selected is the most appropriate type for the service user's clinical and functional presentation, compatibility with the equipment and environment in which it will be used and the ability of the service user/carer to maintain and adjust the prescribed cushion. • Prescriber has selected the most suitable 'High Risk' cushion: <ul style="list-style-type: none"> ➢ Foam and gel/fluid cushion or foam and air cushion ➢ Air cushion single valve, inflatable with pump/non-motorised (dynamic / active). ➢ Air cushion dual/multiple valve, inflatable with pump/non-motorised (dynamic / active). ➢ Air cell cushion non inflatable. ➢ Extra or replacement air cells for air cell cushion are requested as required.
<p>Air cushion dual or multi valve, inflatable with pump /non-motorised (dynamic/active)</p>	<p>Air cushion with a minimum of two sections of interconnecting air cells. Each section is operated by an individual valve. It is designed so that each section can be adjusted to conform to a service user's seated shape. Suitable for service users identified as very high risk of developing pressure ulcers and those with a history of or who currently have skin breakdown to Waterlow grade 3 or 4 or Braden equivalent.</p>	
<p>Air cell cushion, non-inflatable</p>	<p>Cushion filled with numerous small air filled cells to achieve the desired pressure redistribution for the service user. Cushion may have one section or multiple sections</p>	

	which give more postural adjustment. Suitable for service users identified as very high risk of developing pressure ulcers and those with a history of or who currently have skin breakdown to Waterlow grade 3 or 4 or Braden equivalent.	<ul style="list-style-type: none"> • Cushion is required as part of an overall pressure injury prevention and or healing /postural support strategy • Prescription/intervention is in line with the guidance and desired outcomes of the 'Pressure Ulcers to zero' National quality improvement programme • Grade 3 or 4 pressure injury is reported by prescriber on the NIRF form as a serious reportable event.
Pack of replacement cells for air cell cushion, non-inflatable		<ul style="list-style-type: none"> • A multi-disciplinary postural/pressure care management plan is put in place. • The implications of the level of carer support required to address this 'Very High Risk' of pressure ulcer has been reviewed by the multi-disciplinary team and action accordingly taken. • Request form fully completed to ensure accurate matching of request to loan pool stock or purchase contract if loan pool stock not available, subject to available funds.
'No Risk' short term cushion For use in the short term only.		
Item	Descriptor	Prescribing Criteria
'No Risk' short term temporary cushion	This category of cushion is a cushion that can only be used in the short term and can only be used in exceptional circumstances as outlined in the adjoining criteria	<p>Prescriber: Public health nurse, Occupational therapist</p> <ul style="list-style-type: none"> • Prescriber has identified a significant pressure risk issue that requires immediate intervention. • They have no pressure reducing cushion. <p>or</p> <ul style="list-style-type: none"> • A long term use cushion, of the right pressure reducing risk category, is not immediately available for loan. <p>and</p> <ul style="list-style-type: none"> • Prescriber of this short term use cushion ensures that they or an appropriate team member source an appropriate long term replacement cushion at the earliest opportunity.
Postural Support Cushions		
Item	Descriptor	Prescribing Criteria
Seating system that only interfaces with own brand buggy/wheelchair	Refer to description of products available in recycling. If not available in recycling and purchase is required refer to the product	<p>Prescriber: Occupational therapist, public health nurse, physiotherapist, engineers and/or specialist tissue viability nurse. ideally working collaboratively in an interdisciplinary manner and/or specialist seating team, working in a role, within their scope of</p>

Third party seating system that interfaces with another branded buggy/wheelchair	description in procurement contract. Only seating items on contract will be funded by the HSE aids and appliances programme.	experience, that requires them to have seating skills in collaboration with relevant and experienced colleagues as necessary and as per best practice.
Custom seating systems	<ul style="list-style-type: none"> • Custom made seating system: (full seating system or an individual part e.g. back rest that will be part of a seating configuration). • Custom contoured (moulded) seating system (full seat or part of). • Interface system for mounting custom seating to wheelchair (recyclable). <p>Custom seating systems are not currently on contract. An exceptional request must be made. Check recycling for availability. In the meantime Local areas can pursue local price agreements via a request to the procurement HBS service.</p> <p>Include interface mount. Interface mounts are on contract. They are recyclable.</p>	<ul style="list-style-type: none"> • Prescriber adheres to postural seating principles in operation in their work place. • When required Prescriber seeks the support of colleagues with experience, in their formal team or informal network of colleagues, to determine a suitable and cost effective seating solution. • Prescriber selects most appropriate seating system option or configuration of options commensurate with service user's presentation and requirements for function and participation. • Prescriber identifies the need for custom seating solutions for service user who has complex postural presentations and associated added pressure risks who cannot be seated in cost effective product specific or third party solutions. • Prescriber understands custom solutions may only be considered via an exceptional request, when all other seating options are unsuitable.

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