Power Mobility Device use in Residential Care

Site Applicability

All VCH & PHC Residential Care Homes

Practice Level

Basic Skill
For the following professions within their scope of practice and according to the team member's competencies and clinical decision making: • Occupational Therapist (OT) • Physiotherapist (PT) • Social Worker (SW) • Recreation Therapist (RecT) • Nurse Practitioner (NP) • Registered Nurse (RN) • Registered Psychiatric Nurse (RPN) • Licensed Practical Nurse (LPN) For unregulated healthcare providers within the competencies of their employer training and job descriptions and under the supervision of the above regulated health care professional: • Recreation Therapy Assistant • Activity Worker (AW) • Rehab Assistant (RA) • Resident Care Aide (RCA) • Wheelchair Technicians
Advanced Skill (requiring additional education)
OT: Power Mobility Device (PMD) programming of drive functions and complex wheelchair seating skills.

Quick Links:

- Power Mobility Assessment and Safety Algorithm
- Agreement for Safe Use of Power Mobility Device
- Incident Response Checklist
- McMaster Power Mobility Assessments Guidelines and Resources
- GPC Standard Operating Procedure: Retrieval of a resident and wheelchair

Forms:

- Power Mobility Indoor Driving Assessment (PIDA) for indoor driving assessment
- Power Mobility Community Driving Assessment (PCDA) for outdoor driving assessment
- Power Mobility Device (PMD) Programming Record for documenting drive parameters

Policy Statement

When considering the decision to support and facilitate powered mobility device (PMD) use, a resident's right to the use of a PMD will be balanced with the rights and safety of others living, working and visiting in the residential care home. This is in keeping with the scope of rights outlined in the British Columbia Resident's Bill of Rights.

Need to Know

Power mobility provides independence within a care home and community setting because it “enhances functional capability and offers opportunities for increased access to the environment” (Mortensen et al., 2006). Use of a PMD also increases opportunity for socialization, self-advocacy, role enablement, and increased participation in valued activities. Power mobility users describe having increased quality of life, enhanced sense of personhood and self, and increased agency with use of PMD (George Pearson Centre Resident Council Working Group).

All residents with mobility impairments should be considered for PMD through screening and/or assessment to facilitate their mobility goals. This assessment should be collaborative, comprehensive, and must address physical, cognitive and emotional domains within the environmental context of the residential care home in which the resident lives.

The process for screening, assessing, provision, training, monitoring, incident reporting and response should be consistently applied within care homes with a view to providing fair and equal access to power mobility. A clear and consistently applied appeal process following removal of PMD will be offered to residents or their Substitute Decision Maker (SDM) on request. This applies to residents who own their own PMD as well as to those who use PMDs owned by the care home (Mortensen et al., 2006).

There should be a clear process for interdisciplinary staff to follow to monitor/screen the ongoing ability of the resident to manage a PMD in light of impairment of driving due to potentially changing clinical status and/or substance use. This process should include clear direction for staff to identify a situation caused by temporary impairment; respond appropriately, immediately, consistently and without judgment following an incident; and to trigger a referral to OT for reassessment when required. Ongoing monitoring requires a team approach to support successful, ongoing PMD use.

Roles and Responsibilities:

This guideline aims to guide staff in residential care homes in providing power mobility support and services by: developing staff competency; strengthening knowledge and skills; outlining a best practice process for provision, training, monitoring; response to incidents; and continued support of PMD use in residential care homes.

Best practice in power mobility assessment, provision of equipment and monitoring includes the following:

OT Role:

1. Therapists should follow the best practices outlined in the RESNA Wheelchair Service Provision Guide. This guide stipulates that provision of powered mobility includes: "referral, assessment, equipment recommendation and selection, funding and procurement, product preparation, fitting, training and delivery, follow-up maintenance and repair and outcome measurement" (RESNA, 2011).
2. A transparent, informed consent process around the purpose of the assessment, the role of the assessing therapist, the OTs' professional obligation to report and that information gathered will be shared with the interdisciplinary team and decisions will be based on professional clinical reasoning. (Brighton & Hogya, 2012).
3. Therapists should have a standardized assessment and process that is consistently applied to every resident being considered for use of PMD in residential care.
4. Therapists have a duty to address the safety of the resident, other residents, visitors and staff in the care home as well as community members outside of the care home.
5. Therapists working in the area of power mobility assessment and provision are responsible to ensure that they have the necessary knowledge and skills to do so and/or collaborate with practice supports and interdisciplinary team as required.
6. The OT will update the The Agreement for Safe Use after assessment, training, goal refinement or any programming changes have been made.

Role of Interdisciplinary Staff:

1. Staff person facilitating admission will discuss and complete The Agreement for Safe Use on admission for those who own a PMD which will be used in the care home.
2. Admitting staff person will complete visual scan of PMD for safety prior to first use (see the highlighted items on the PMD Safety Screen).
3. Be familiar with individual care plan outlining each resident's PMD use as per home policy.
4. Assist residents to transfer in and out of their PMD as per care plan.
5. Assist residents to park and charge the batteries of the PMD nightly when being used daily.
6. Complete visual safety check of PMD seating prior to transfer (cushion, footrests) and parts including any lines, catheters and accessories. Report any concerns re: maintenance or safety to resident/SDM, wheelchair technician and/or OT per usual care home specific practice.
7. Monitor for changes in resident's driving skills, discuss with resident/SDM and refer to OT for assessment when there are changes in functional ability or concerns about the safety of the resident or others.
8. Provide detailed, documented description of change in condition or serious incident leading to temporary removal of PMD. Documented evidence is required to assist OTs to complete appropriate reassessment of driving skills. This includes but is not limited to completion of Safety Learning System (SLS) notifications or report copies. The PMD SBAR worksheet can be used for assistance in describing and communicating the details of an incident involving a PMD.
9. If a driving incidence occurs which is related to unusual performance or behavior for the resident, consider using The PIECES Framework to assess the person prior to referral to OT for reassessment.

Definitions:

Power Mobility Device (PMD): any wheelchair or scooter or after-market addition (e.g. Smart drive) which is powered by means of a battery or any other power source.

Power Mobility Indoor Driving Assessment (PIDA): a validated, standardized PMD driving assessment tool that was developed for use for older adults in residential care homes.

Power Mobility Community Driving Assessment (PCDA): a validated, standardized PMD driving assessment tool that was developed for use for adults in community.

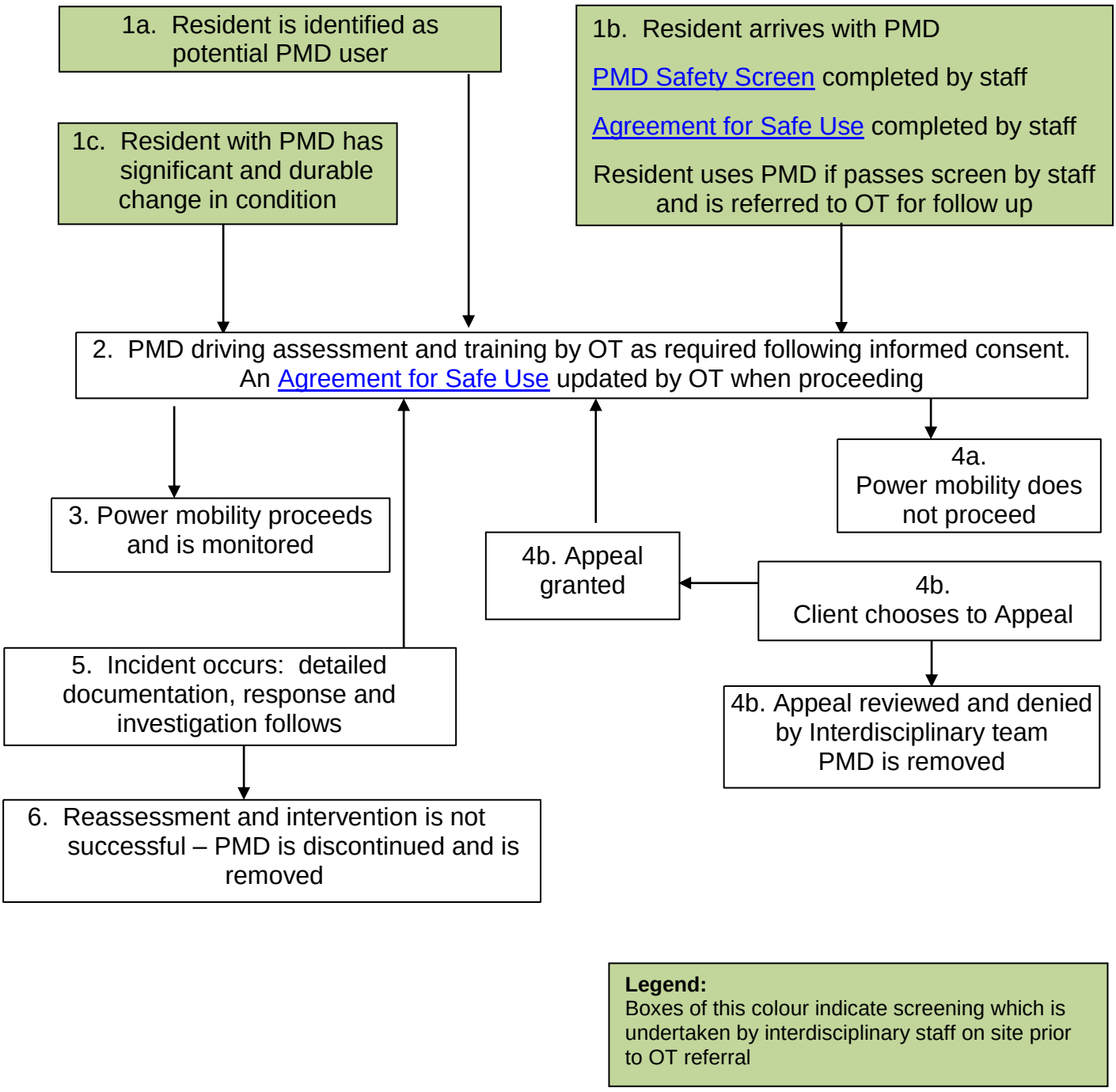
Resident: a person who resides in or attends a community care home for the purpose of receiving care.

Temporary Substitute Decision Maker (SDM): makes consent decisions on behalf and in the best interest of the resident who is incapable.

Procedure

Power Mobility Assessment and Safety Algorithm

(Please refer to the steps explained in the following pages)



Step 1: Screening

All residents will be screened at three points of time for mobility needs to ensure appropriate equipment and plan of care is in place.

1a:
Pre-admission: the resident pre-admission information package will be reviewed by care home specific procedure to identify those who mobilize using a power mobility device (PMD) or have mobilization deficits indoors or outdoors. Existing residents who may benefit from PMD will also be identified on admission, as requested by residents/STDM or as the need arises.

1b:
Upon moving in: on day one a new resident will be screened by admitting staff for the ability to mobilize safely within the care home and outdoors if appropriate. For any resident moving in with a PMD, screening will be done by admitting staff to ensure the PMD is in safe working condition (no obvious broken parts, a plan for charging and storage is in place) and that the resident drives with control in the new environment. Note that the PMD will only be removed as per Steps 4-7 of this document.

The resident and admitting staff person will collaboratively complete an Agreement for Safe Use and will submit a referral to OT for seating, power mobility assessment, training and/or programming optimization in the new care environment to support continued safe PMD use.

1c:
Screening and re-referral to OT by interdisciplinary staff will occur upon significant and durable change in medical or cognitive condition to support ongoing PMD use if appropriate.

Step 2: Assessment and Training

Most residents with mobility impairments should be considered for power mobility, but a more in-depth assessment, training and trial process is required for those with cognitive, movement, perceptual and/or vision problems.

Residents who are new to PMD use should undergo screening of their physical, cognitive, perceptual and/or visual abilities prior to a driving trial. Screening tools may be used (such as the clock, trails, the Motor-Free Visual Perception Test (MVPT), functional visual/hearing screen) may be used by OTs to inform further OT assessment of functional performance of skills using a standardized power mobility assessment as well as training in identified areas of need.

Driving assessment will be conducted by the OT and in collaboration with the resident. The OT will consider whether interventions including seating assessment, driver access, programming, or environmental changes will improve the resident's ability to drive.

OTs should consult with OT or vendor experts to address complex PMD programming, calibration or wheelchair seating skills that fall outside of their competencies and experience.

Assessment of skills may include any or all of the environments in which the resident has expressed a goal of accessing. Further training should be provided as the residents skills and/or their goals change.

Outcomes of driving trials will be completed and documented using standardized assessments to promote consistency in practice and to allow for comparison of performance between trials and assessors. The Power Mobility Indoor Driving Assessment (PIDA) for indoor driving and the PCDA Power Mobility Community Driving Assessment (PCDA) for outdoor driving are validated for older adults and are recommended. For Guidelines on how to complete these assessments, go to: McMaster Power Mobility Assessments Guidelines and Resources.

If the resident is observed to be driving unsafely due to temporarily diminished capacity or inability to learn the skills required for safe driving (after reasonable training, seating assessment and changes to programming) mobility goals will need to be met by other means, including provision of manual wheelchair.

Unsafe driving is when the resident:

- is unable to stop the power mobility device reliably
- is unable to avoid bumping into others
- is unable to avoid bumping into objects and damaging property
- is unable to learn from their mistakes
- uses the power mobility device as a weapon or to move furniture or other residents
- has an accident as a result of alcohol or drug use

The therapist working with the resident will conduct/oversee the power mobility training which includes:

- Instructing the resident, family and staff in basic features of the chair including turning the chair on and off, disengaging the motor and handling emergency situations, including attaching any instructions or contact information for the care home or emergency transportation on the PMD with resident consent. The Sample Emergency Contact and Instructions Card can be used if desired.
- Adjusting training content and length for the individual, which may include familiar and unfamiliar environments both within and outside of the care home. Each training session should include transparent feedback to the resident from the therapist regarding client's strengths, identified areas of improvement, continued areas of concern and plan for the next training session.
- Caution should be exercised in providing continuous training sessions where there is not ongoing improvement in skills. Goals of driving, reassessment of programming and/or feedback from resident re: perception of progress should take place to ensure training time continues to be effective and goals achievable.

Step 3: Power Mobility Use and Monitoring

As noted in **STEP 2** of the Power Mobility Assessment and Safety Algorithm, some residents will have specific limitations established on their PMD in terms of:

- Where the power mobility device should be operated.
- PMD performance parameters (e.g. forward and reverse speed and acceleration, turning response).

The Agreement for Safe Use will be used to document and communicate agreed upon guidelines and specific environments for use.

Step 4a: Power Mobility Does Not Proceed

If power mobility use is deemed inappropriate following screening, assessment and/or training, power mobility will not proceed. This decision may be appealed, particularly in the case of significant change in cognitive, physical or behavioural status. See Steps 4a and 4b in the Power Mobility Assessment and Safety Algorithm. This appeals process can follow each care home's site specific and existing complaints process.

Step 4b: Appeal Process if Requested

If the decision is made to remove a PMD, the resident, or SDM may request an appeal through the care home's usual complaints process. The team/manager at the home will determine whether to forward the appeal to an OT for further re-evaluation of their ability to drive. Only one appeal is allowed unless there is a marked improvement in the candidate's health and/or ability. If the appeal is successful further assessment and intervention will be conducted [see Step 2]. Reassessment can include assessment and intervention by an alternate OT within operational capacity and timelines.

Step 5: Incident Response and Investigation

An incident is defined as a situation in which the safety of others or the driver is put at risk, and/or property is damaged (Mortenson et a., 2005, 2012). This may include a temporary situation in which the resident is undergoing physical or cognitive changes as a result of change in acute clinical status or prescribed medications, or impairment due to use of alcohol or other drugs not prescribed. The PIECES Framework should be considered to ensure a complete assessment of the person to rule out clinical or behavioural issues which can be addressed on site prior to referring to OT for PMD reassessment. If the resident returns to their baseline clinical presentation, the PMD should be returned to them at that time. Referral to OT for reassessment should occur with ongoing, durable deficits.

In the case of injury, property damage, inappropriate use of PMD, or driving while impaired, staff will disable and/or remove the PMD from the resident. A Safety and Learning System (SLS) or care home specific incident report will be completed. Detailed documentation about the incident will be included in progress notes per documentation standards.

Care homes should have a plan to address retrieving residents and their PMDs back to the home in the case of mechanical breakdown. This Standard operating procedure linked below can be used as an example for each care home to develop their own policy for resident and wheelchair retrieval in this case. GPC Standard Operating Procedure: Retrieval of a resident and wheelchair.

- See Step 6 for details regarding removal of a PMD
- If reassessment of driving skills is required by OT, this will follow the same process as the initial assessment (as deemed appropriate by the OT).
- Interventions will be individually tailored for each resident and will address the specific concerns arising from the incident to facilitate continued safe power mobility use. The resident/SDM will be informed about concerns and involved in a process to develop solutions.
- If an incident results in damage to the PMD a mechanical inspection will be conducted by a wheelchair technician/vendor. The financial responsibility for this inspection will fall on the resident/ SDM/owner of the PMD if the damage was caused by the resident.

In keeping with VCH Policy Harm Reduction Practice and/or PHC Philosophy of Care for Patients and Residents who Use Substances at PHC, staff will accept that people engage in a range of substance use behaviours for a variety of reasons, and with varying degrees of harms and benefits. Staff and therapists work to minimize any associated harms by providing education and services without judgment to residents and family members. While aiming to reduce harms, staff will ensure residents are treated with dignity; resident goals for treatment and care will be honoured and will be viewed along a continuum with a range of options for minimization of harms related to substance use.

Some Harm Reduction options if the resident is choosing to use alcohol or drugs which impair ability to drive PMD safely are:

1. To negotiate and assist a resident to arrange alternate transportation to and from care home in a manual wheelchair and/or taxi.
2. Install an additional attendant control or alternate drive control on the PMD for a companion to use.

Step 6: Removal of PMD

The intervention process will be considered unsuccessful, and the PMD will be removed

- If the resident is unable to continue to drive the PMD, in spite of multiple steps taken above to support continued, safe operation of the PMD.

IF a decision is made to remove the PMD,

- The resident will be immediately provided with alternate seating and mobility which may include a standard manual wheelchair to maintain mobility. A referral will be made to seating therapist for seating and manual mobility assessment.
- If the resident's power chair includes complex seating, and power tilt and recline (for independent weight shifting, comfort, spasticity control) the resident should continue to use the PMD for seating and mobility (with the motors disengaged or the drive access removed and an attendant control used) until a seating therapist can assess and arrange for complex seating assessment, alternative drive control access and/or provision of a manual wheelchair within available resources if appropriate.

Resident / Family Education

Residents and families will be provided with a clear description of expectations around safe and appropriate use of power mobility within a care home on an ongoing basis. The OT will provide education and orientation to the particular features of the PMD, including:

1. how to disengage the motors in case of power loss,
2. use of tilt and/or recline features
3. speed selection
4. safe outdoor use
5. safe attendant control use
6. charging and maintenance of the batteries and
7. basic visual checks of the PMD and how to report damage.

If there are concerns about non-staff attendant control driving of a PMD, the care home can use the above six step process and the Power Mobility Assessment and Safety Algorithm to guide and address concerns. An information brochure such as the Safe Driving: Practical tips for driving our power mobility device (PMD) can also be provided to resident, family and staff. This booklet is available through Patient Health Education materials and Printing Services.

The Agreement for Safe Use will be reviewed and updated by site staff as needed, but at minimum on a yearly basis at resident care conference. If reassessment is required, staff will re-refer to OT.

Documentation

Documentation of each of the process steps above is required in the resident's health record.
Resident consent for screening, assessment, trial and training for power mobility must be obtained and documented at each stage of the process.

- The Agreement for Safe Use of Power Mobility Device will be completed and placed in the resident's health record prior to the resident driving a PMD in the care home. This agreement should be reviewed at yearly care conferences and when required due to changes in resident status.
- Outcomes of any pre-driving screens or cognitive and perceptual assessments will be completed according to the therapist's clinical judgment and placed in the resident's record.
- Any further assessments triggered by pre-screening will be completed and documented in the resident's health record as per care home specific requirements.
- Outcomes of driving trials will be documented using standardized assessments to promote consistency in practice and allow for comparison of performance between trials and assessors. The Power Mobility Indoor Driving Assessment (PIDA) for indoor driving and the PCDA Power Mobility

Community Driving Assessment (PCDA) for outdoor driving are validated for older adults and are recommended. For Guidelines on how to complete these assessments, go to: McMaster Power Mobility Assessments Guidelines and Resources.

- Following completion of driving assessment the therapist will document an agreed upon plan for training to address skills identified during assessment and trial.
- Reassessment and final recommendations should also be documented following training, including outcome measures.
- Clear documentation of the driver's skills, environments of use, and agreement should be accessible to all staff as per care home policy. Some homes may choose to use a driver classification system or the VCH Power Mobility Skills Assessment Summary.
- If a funding request letter is required, the therapist will provide one and include it and any vendor contact information in the client's health record.
- When the OT makes changes to or initially sets the programming of the PMD this should be documented to ensure detailed tracking of improvement in driving skills or interventions/changes in programming required following incidents or gradual changes in status. See VCH/PHC PMD Programming Record.
- The OT will update the care home Agreement for Safe Use of Power Mobility Device when appropriate.

Related Documents

- VCH Policy: Harm Reduction Practice
- PHC Policy: Philosophy of Care for Patients and Residents who Use Substances at PHC
- VCH/PHC: Cognitive Evaluation and Intervention Guideline for the Adult Population
- VCH/PHC: Driver Screening, Assessment and Rehabilitation (OT Practice Guidelines)
- British Columbia Resident's Bill of Rights
- GPC Standard Operation Procedure: Retrieval of a resident and wheelchair

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Owners: *(optional)*	PHC/VCH	
	Developer Lead: Occupational Therapist, Professional Practice Initiatives Lead, Allied Health, VCH Residential Practice Team *Other members:* Occupational Therapist, George Pearson Centre Clinical Nurse Educator, Senior's Programs, Coastal Occupational Therapist, Residential Practice, Vancouver Community Occupational Therapist, Brock Fahrni Pavilion, PHC Occupational Therapist, Kiwanis Care Centre, Coastal Senior Occupational Therapist, Home Health/Facilities, Richmond Research, Education and Practice Coordinator, Occupational Therapy, PHC Occupational Therapist, Residential Practice, VCH Occupational Therapist, Evergreen House, LGH Occupational Therapist, Residential Care Licensing Officer, VCH Occupational Therapist, Purdy Pavilion, UBCH	

This is a sample agreement. Additional points may be added to address the specific environment in your care home.

Agreement for Safe Use of Power Mobility Device in Residential Care

You will be referred to an occupational therapist (OT) for assessment of safe and optimized power mobility device (PMD) driving within 30 days of admission to this care home if you own a PMD, or you acquire one while a resident. This agreement will be updated as needed with your OT following assessment.

1. You will keep the safety of other residents, staff, visitors, community members, and care home or public property in mind at all times when operating a PMD. Documented evidence of a PMD being used to threaten or injure will result in removal of the PMD from you until the interdisciplinary team deems it safe for you to resume use.

2. You and/or your SDM are responsible for keeping your PMD in good working order. If you own your PMD, you are financially responsible for the cost of repairs and/or annual maintenance.

3. Be aware that some medical conditions may make your ability to operate a PMD safely fluctuate. If you are unable to operate a PMD safely on a consistent basis, the interdisciplinary team may remove your PMD from use until your medical condition no longer affects safe use of PMD.

4. You will be assessed for safety by an OT if an incident occurs where there is a question about your ability to operate the PMD safely.

5. You agree to follow specific procedures regarding speed, programming, location and time of use developed in collaboration with the interdisciplinary team/OT. This will be outlined in detail on the back page of this agreement.

6. You and/or your SDM will remove the PMD from the care home premises when you are no longer able to use it.

Following the appropriate screening, assessment and training as required, and in collaboration with the interdisciplinary team, my SDM as appropriate, the undersigned staff person/ OT and I agree to the above terms of safe use of PMD and the following specific conditions in this care home:

_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____
_____
_____

Resident/SDM signature: _____

Date: _____

Witness signature: _____

Date: _____

Staff/OT signature: _____

Date: _____

Power Mobility Device Safety Screen Checklist

If problems are noted in the highlighted sections the chair should be serviced by Wheelchair Technician or Vendor for servicing prior to being used in the care home.

Power Components	☐ Joystick firm attached firmly, not loose ☐ Charger plugs intact, no exposed wires on wall plug or PMD ☐ No loose wires sticking out
Front wheel	☐ Wheel looks intact - spins freely, not worn out ☐ No obvious grinding noise when driving ☐ Wheel fluttering due to loose stem bolt connection
Rear or Mid wheel Tire	☐ Wear and inflation of tires looks good ☐ No obvious grinding noise when the wheel is spinning ☐ Tires do not wobble when spinning
Backrest	☐ Secured to back push handles, not loose ☐ Torn or stretched? ☐ No obvious loose or missing mounting hardware
Seat cushion and rails	☐ Cushion in place and not loose
Armrest	☐ Fixed and not loose ☐ Any cracks or sharp edges
Footrest, hangers and footplates	☐ Footrest attached, no loose bolts ☐ Footrest remains locked in place

Power Mobility Device Driver Classification

Following assessment and any required training by OT, the resident's driving can be classified as one of the following:

Level	Description
0	**Independent (Outdoors)** – Reasonable driver safety is achieved for applicable outdoor areas and no need for assistance is anticipated.
I	**Independent (Indoors)** – Reasonable driver safety is achieved for indoor areas and no need for assistance is anticipated.
S	**Supervision Required** – Reasonable driver safety is achieved, but periodic supervision and/or hands-on assistance may be required and can reasonably be provided by staff/family/friends.
L	**Learner (Driving with OT only)** – Constant close-supervision is required beyond that which is expected from staff/family/friends.

Note: The above levels are hierarchical; therefore, if the client is rated at O (outdoor use), then s/he must also be capable of I (indoor use)

VCH Power Mobility Skills Assessment Summary can also be used.

Incident Response Checklist

This is a one page quick reference tool to help nursing staff complete the steps required on page 5 and 6 in the CPD.

- ☐ Determine if the resident is engaged in unsafe driving

  Unsafe driving is when the resident:
  - is unable to stop the power mobility device reliably
  - is unable to avoid bumping into others
  - is unable to avoid bumping into objects and damaging property
  - is unable to learn from their mistakes
  - uses the power mobility device as a weapon or to move furniture or other residents
  - has an accident as a result of alcohol or drug use

- ☐ If the incident or accident is unusual for the resident consider using the PIECES Framework to assess for changes in clinical status.

- ☐ Disable motors or remove PMD temporarily in the case of injury, property damage, inappropriate use of PMD, or driving while impaired (in keeping with VCH Harm Reduction Practice).

- ☐ Complete a detailed Patient Safety and Learning System or care home specific incident report.

- ☐ Complete detailed documentation of event, including possible antecedents, staff and resident response in the resident's progress notes per documentation standards.
  - In the case of acute change in clinical status, when the resident returns to clinical baseline, the PMD will be returned to the resident.

- ☐ Refer to Occupational Therapist if reassessment of seating, positioning or driving skills is required.

- ☐ If an incident results in damage to the PMD a mechanical inspection will be conducted by a wheelchair technician/vendor. The financial responsibility for this inspection will fall on the resident/ SDM/owner of the PMD if the damage was caused by the resident.

- ☐ Inform Resident and/or SDM of the concerns about the incident, the steps taken above, and involve them in the process to develop solutions for ongoing PMD use.

- ☐ Review and update the Agreement for Safe Use with the resident and/or SDM as needed.

PMD Situation Background Assessment Recommendation (SBAR) Worksheet

S Situation	I am calling about (resident name location)…… I am concerned about continued power mobility driving because……
B Background	Have the resident's file, and progress notes to hand. Date/Year Resident Moved in…….. Risk Factors for driving (list) …….. Any previous incidents?
A Assessment	What is your assessment of the situation? The resident is High, Moderate or Low Risk ……. Has had numerous "close calls" ☐ Yes ☐ No Has had recent significant incident leading to damage to power chair, injury to other residents, self, staff or visitors. ☐ Yes ☐ No Has had a significant change in clinical status and resident not likely to return to baseline. ☐ Yes ☐ No Safety interventions currently in place (list) ……...
R Recommendation	What do you need from the OT? I recommend you …….. e.g. re-assess for driving ability, speak with the resident / family

Please remember that this document is meant solely as an aid for successful communication. If you are comfortable that you have all the information you need, you do not need to use this worksheet. If you do use this worksheet only fill in the blanks you need. When you have completed your call and documented the relevant facts in the resident's chart, discard this sheet in an appropriate confidential waste bin.

Sample Emergency Contact and Instructions Card

Below is a sample of the kind of picture that can be placed on the back of the laminated half sheet of paper to provide direction to Resident or passersby to disengage motors to make the chair easier to push (freewheeling).

If the power chair is not operating:

Please contact _(care home name)_____at (604) XXX-XXXX

You may be able to push the power chair by disconnecting the motors. Check the photos and instructions on the reverse side of this card.

Call _____ Cab (604) XXX-XXXX and request wheelchair taxi service to:

Care Home Name: _____

Street: _____

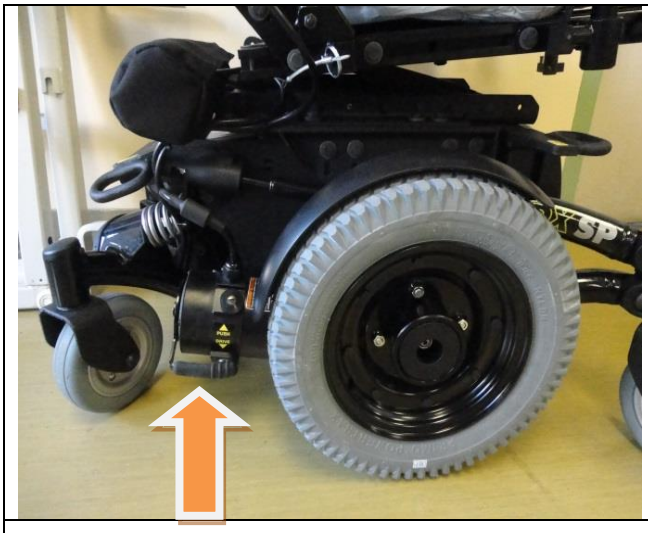
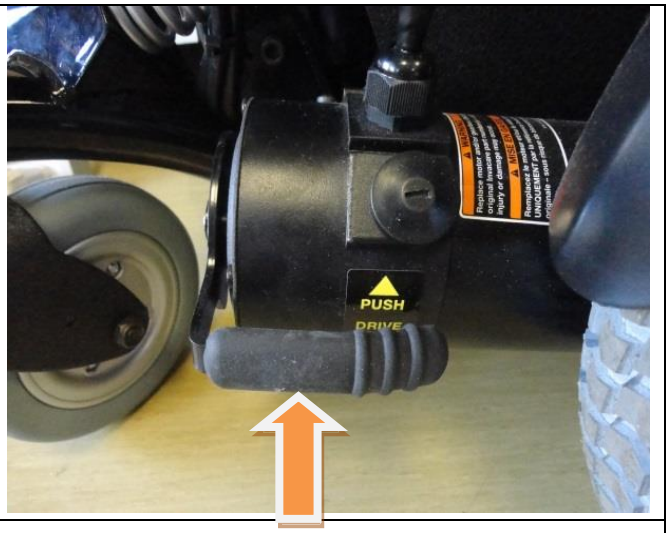
Push the power chair to the nearest curb cut for loading onto the wheelchair cab.

If the power chair cannot be pushed, call 911 to pick up the resident.

In case of medical emergency – Call 911

----------FOLD HERE----------

To disengage the motors to push the power chair manually, first turn the power off.

	
Looking on both sides of the power chair, find the 2 short levers	Slide both right and left levers up to "Push" position