

Good Practice Example



August 2022

Joint protocol for providing children's equipment



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Introduction

- 1.1 This protocol should be read alongside the Guidance on Providing Equipment to Children & Young People with Disabilities available at [https://www.sehd.scot.nhs.uk/dl/DL\(2015\)01.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2015)01.pdf)
- 1.2 The effective provision of equipment, as a means to supporting and safeguarding the wellbeing of children within the community, is a priority for health and social care services.
- 1.3 The aim of this Protocol is to provide a coherent framework for the assessment, prescription and provision of equipment for children within the x service areas. The Protocol Partners are NHS x , x Council, x Council, and x Council.

Purpose & Aims

- 2.1 The purpose of this Protocol is to provide a joint inter-agency agreement defining the arrangements between the Partners in terms of the roles and responsibilities of staff and their managers, and the processes for assessment, prescription, and provision of equipment.
- 2.2 Specifically, the Joint Protocol seeks to prevent duplication in the assessment process by allowing staff to access equipment directly without having to refer to another practitioner, and widen access to equipment in the service pathway (allowing other staff to order equipment) so that children and their carers receive equipment far quicker and more effectively. This should result in the following outcomes:
 - Streamline the access to service provision
 - Improve the speed, efficiency and effectiveness of service delivery
 - Maximise the use of resources

In addition it provides a jointly agreed framework to guide future decision-making on the provision of equipment, and to deliver the procedures, which should be followed to ensure a multi-agency and multi-disciplinary approach within a GIRFEC context.

- 2.3 The Protocol relates to the legislative framework in place on *[insert date]* and supersedes any previous Protocols related to the provision of Children's equipment.

Assessment and Provision of Equipment

Assessment

- 3.1 Good assessment practice is fundamental to the provision of an effective equipment service, and should be carried out in line with the GIRFEC framework. Assessment should consider the holistic wellbeing of the child, promote independence, and should balance risk with the need to maximise functional potential, and avoid over-prescription. Equipment can support the achievement of wellbeing outcomes, complementing a range of needs and interventions including rehabilitation and the management of conditions, and should be viewed as integral to the delivery of wider outcomes.
- 3.2 National Guidance and GIRFEC policy has encouraged the extension of staff roles and a move away from traditional professional boundaries, and service arrangements, which acted as a barrier to person centred planning and the provision of equipment for disabled children and young people.
- 3.3 In the **x Partnership** arrangements, assessment and provision of equipment is recognised as the responsibility of all care groups and services, as a means of supporting overall service delivery. Staff should therefore not be viewed as 'orderers of equipment', but as assessing and providing equipment to complement their interventions and/or supporting wider service goals.
- 3.4 Children and their carers require to be fully involved in the assessment process to identify the needs of the Child. (Carers are entitled to an assessment in their own right and this should be dealt with separately). It is essential that there is an outcomes focus to the assessment with clear goals identified, agreed, and recorded, where appropriate, in a Child's Plan. The provision of the equipment should be seen as a 'means to an end' rather than being 'an end in itself'.
- 3.5 The principle of 'minimum intervention, maximum independence' shall underpin every assessment. Alternative methods of managing should have been tried and found not to be sufficient to meet identified needs, and preference alone should in no way influence the type of provision.

Roles and responsibilities

- 3.6 Via the Joint Protocol arrangements, staff within Care Group services (including Physiotherapists, nurses, and Occupational Therapists) can access a wide range of equipment relevant to the type of service they are providing, and not based on professional or agency boundaries. These arrangements ensure that staff can access the *equipment service partnership* ordering arrangements directly, without having to refer on to a separate agency or professional group to order on their behalf. [Appendix 1 \(Children's Core Stock List\)](#) & [Appendix 4 \(Adult Core Stock list\)](#) defines the equipment which can be assessed for and provided by all staff.

- 3.7 Provision of equipment differentiates between meeting straightforward, non-complex needs (Standard provision), and where a specialist assessment is required to meet complex and/or high risk needs (Specialist provision). Through good assessment practice and by evidencing their reasoning, staff will be able to establish what the risks are around the provision and consider their own competence to meet these needs. This approach is therefore not dependent on the type of equipment being provided, as:
- some complex equipment (e.g. hoists) can be provided in a straightforward manner without fear of risk, if the service user and/or carers are familiar with that equipment and there are no other risk factors:
 - some very simple non mechanical equipment can pose significant risk if not provided with due consideration of the potential hazards (e.g. bathing equipment).
- 3.8 It is expected that the majority of provision can be met directly by staff who originally identify the equipment needs, however if the member of staff does not feel competent due to the complexity of needs falling within an other professions/agencies expertise, they should refer to that service for an assessment. The referral should not prejudge what the outcome of that may be e.g. this should not be a 'prescriptive referral' for a certain type of equipment, but should identify the needs that require to be met.
- 3.9 Where appropriate a Child's Planning Meeting may be required to consider the wellbeing risks and needs, and planning to support and safeguard wellbeing. It a child's planning meeting is not required then consideration whould be given to consultation with the Named Person, Lead Professional or other partners to the Plan.
- 3.10 Staff who assess and order equipment are responsible for demonstrating the correct use of the equipment and satisfying themselves as part of the assessment process that the equipment meets the assessed needs and the service user is safe in its use. Only at this stage can the full assessment process be concluded. If there are any concerns then the member of staff should not provide the equipment, and if necessary remove it from the home (or arrange uplift) and will record in their relevant paperwork the reasons for this.
- 3.11 Where a child has wheelchair provision the assessment provision should seek to minimise the additional equipment required and a multi-disciplinary/agency approach should be considered to meet the needs most effectively.

Ordering equipment

- 3.12 Staff should ensure that where ever possible they select equipment from the Core stock list and only order non-core stock, once they exhaust all other options (including recycled core/non-core stock).
- 3.13 Direct ordering – staff across the agencies can order directly for any equipment on the Core stock list without requiring authorisation from designated budget holders (local SW OT managers for OT orders; NHS managers for Physio and Nursing orders). Note that joint working/joint assessment should not be

impacted by this arrangement and effective communication should be encouraged in all circumstances. see [Appendix 1](#) for access arrangements

- 3.14 Orders requiring authorisation – for non-stock items out with the Core stock list, designated budget holders (as above) require to authorise these before the item can be ordered.

Follow up

- 3.15 If there are any queries related to the provision of the equipment (including repairs/maintenance) within 12 weeks of provision, the original assessor will deal with this. If the original assessor is no longer working with the child then, after this timescale, any issues will be referred to the local social work team.
- 3.16 The [seating profile tool](#)¹ clarifies best practice in the use of the chair, on-going monitoring, and follow up arrangements, and should be used to guide all agency staff in the provision of this type of equipment.

Store Service roles and responsibilities

- 3.17 The Store is responsible for ensuring the effective procurement of new, or the provision of recycled equipment to meet the order request.
- 3.18 The Store will hold and maintain a core stock of agreed specialist children's equipment in an accessible and clean environment
- 3.19 Available recycled equipment will be recorded (including available accessories) and regularly updated in a relevant format (ideally via a web based IT system and with pictures of products) so that assessors can access up-to-date information on alternative/suitable products.
- 3.20 The Store service will be responsible for the cleaning and recycling of returned products and will only condemn products with the approval of a relevant service manager.
- 3.21 The Store service will deliver and assemble equipment in line with assessor instructions. (* As per 3.6, the assessor is responsible for the demonstration of the equipment)

¹ www.knowledge.scot.nhs.uk/children-services

Monitoring, Review & Support

- 4.1 A Children's Joint Protocol Group, representative of all of the agencies involved in the process has the responsibility for overseeing the development, implementation and monitoring of the Protocol and will meet quarterly. This Group will report to relevant Store management and Senior Children's Services Management Groups.
- 4.2 The Joint Protocol Group will:
 - Monitor the implementation of the arrangements set out in this Protocol.
 - Consider and develop new arrangements as required to ensure the Protocol continues to meet the needs of developing services.

Joint Training & Competencies

- 5.1 Staff across services who are involved in identifying equipment needs should be trained to assess and provide a wide range of community equipment irrespective of their own professional background. This will ensure that children and their carers get access to equipment more quickly and effectively without the need for additional assessment unless the complexity of their needs requires a referral for a specialist assessment. In addition a range of specialist modules are available to support staff who require to provide equipment to meet more complex needs.
- 5.2 There is a requirement to ensure that staff in all of the agencies involved in the implementing the Protocol, fully understand its implications for their working practices, including joint working practice. Training modules cover the aims of the Joint Protocol to provide this context for all training.
- 5.3 The training strongly emphasises good assessment practice and encourages prescribers to take a GIRFEC approach and consider their reasoning for provision, contraindications, recording of decision making, and encourages avoidance of over-prescription.
- 5.4 Relevant training modules will be delivered via a year round programme. All Partners require to ensure that their staff access the Core training module as a minimum, and any additional specialist training modules, relevant to their service needs.
- 5.5 The equipment training will be delivered by a joint team of practitioner trainers from across professional and agency services, which again enhances the joint working ethos. It is expected that Partners will ensure that their service areas all contribute to the provision of appropriate staff to act as trainers and support the delivery of the training programme.

Financial Arrangements

- 6.1 NHS Children's OT services order equipment against SW budgets and are expected to take full responsibility for the monitoring and supervision of this equipment expenditure, irrespective of which service funds equipment provision, and work to agreed budget arrangements and constraints for each relevant service area.
- 6.2 NHS Physio and nursing services will order equipment directly via the Store service arrangements. NHS held budget amounts will be agreed annually to accommodate this arrangement. Store services will invoice designated NHS service managers on an agreed frequency for store services purchased in each period (including equipment, repairs and maintenance).
- 6.3 Expenditure will be monitored at quarterly intervals in the year and reviewed by the Joint Protocol group to ensure appropriate funding is in place and protocol arrangements are being adhered to.
- 6.4 Line Managers of staff will be required to authorise the orders and will take full accountability for the equipment ordered by their staff, from a competency and financial basis, irrespective of which services budget will pay for the equipment.
- 6.5 Regular monitoring reports will provide managers with detailed information on the expenditure by their staff. Activity reports will name staff that have ordered, and describe the types of equipment selected. This information allows managers to monitor the appropriateness of their service usage, and expenditure by others against their budgets.
- 6.6 Any concerns or queries regarding budgetary expenditure should be directed to the individual Partners service Managers (members of the Joint Protocol Group).

Service User and Carers

- 6.7 In line with GIRFEC, children and their carers require to be fully involved in all aspects of the assessment of needs related to the provision of equipment. Where appropriate, assessment and provision of equipment should be part of a child's planning process and/or involve the Named Person, Lead Professional or other partner in the child's plan
- 6.8 Where staff require to provide equipment that will be used by carers (e.g. moving and handling equipment - hoists,..), then the member of staff will only do so following a full assessment of need which encompasses risk assessment. If, having carried out their assessment, they feel it is appropriate and safe to provide the equipment e.g. there are no risks either related to the promotion of the independence of the service user, the physical home environment, lifestyle within the home, cognitive/physical issues of the carers, then it is the responsibility of the assessor to demonstrate the equipment and ensure the people using the equipment are safe in its use. If there are concerns highlighted by the process above then the member of staff should not provide the equipment and record in their notes their reasons for doing so.
- 6.9 Individual agencies have different arrangements in the provision of support for families/carers. Staff should sign post carers to their local carers centre to establish if additional support is available to them. This may include training on generic Moving & Handling which would support them to build knowledge, understanding and confidence in all aspects of moving and handling (note this is not equipment specific).
- 6.10 Information should be actively sought from child and carers on the outcomes from service provision. The Joint Protocol Group should implement mechanisms which will systematically seek to gather relevant data which would support evidencing the difference being made by the provision of equipment.

Communication

- 6.11 It is the responsibility of all Partners to ensure the aims and arrangements developed through the Joint Protocol are systematically communicated to staff and managers to ensure effective implementation.

Example Children's Core Stock List and Access arrangements

Products	Who can access
Standard Core stock list for adults *see Appendix 4	Nursing, Physio, and OT
CORE STOCK (Children's Core stock lists)	
Bathing & Showering <ul style="list-style-type: none"> - Bath Chair - Corner bath seat - Penguin bath seat - T90 shower chair - sunbeam 	OT & Physio
Toileting <ul style="list-style-type: none"> - Child Toilet frame 	OT & Physio
Seating <ul style="list-style-type: none"> - Heathfield (recycled only) - PAL - Corner seat - Squiggles chair - Mygo chair 	OT & Physio
Standing <ul style="list-style-type: none"> - Varyflex - Monkey - Tot standers - Prone standers - pacers 	Physio
Walkers <ul style="list-style-type: none"> - K walkers 	Physio
Sleep systems <ul style="list-style-type: none"> - Sleep form systems 	Nursing, Physio, and OT

Non Core Stock List and Access arrangements

Beds <ul style="list-style-type: none"> - a standardised list of bed options will be used to guide staff on their selection of approved products dependent on the need/age of the child (see Appendix 3) 	Nursing, Physio, and OT
Hoists & slings	Nursing, Physio, and OT

POLICY FOR PROVISION OF CHILDREN'S EQUIPMENT

- 1. Where provision is not considered the statutory responsibility of the Local Authority, parents and carers can be assisted to through the child's planning process source charitable funding for equipment.**
- 2. Equipment to meet children's needs can be defined as:**
 - Equipment which has a facility for postural support or postural modification.
 - Equipment which enhances service user function.
 - Equipment which keeps children safe in relation to activities of daily living.
 - Assisting in transfers from lying to sitting to standing.
 - Assisting in recommended manual handling techniques for carers.
 - Providing protection for those with tissue integrity issues.
 - Has the facility for the addition of accessories.
 - A combination of any of the above.
- 3. Equipment provision will only be considered if:**
 - Service user cannot access appropriate equipment via standard retail outlets.
 - Service user requires specialist postural support to be maintained safely and comfortably.
 - Service user requires postural support or positioning to enable them to have optimum functional independence.
 - Service user's behaviour would not put them at risk while using the equipment.
 - Service user have a progressive or deteriorating condition which requires equipment to be flexible for their on-going requirements.
 - Service user's home environment can accommodate the size of the equipment and provide the facilities needed for its use (i.e. power and water supply).
 - Child height and weight requires them to have non-standard size equipment.
- 4. Assessors should:**
 - Ensure that they select equipment from the [Core Children's stock list](#) in the first instance, to meet the child's needs.
 - If the assessor can evidence that the Core products cannot meet the range of needs due to complexity of need, then other non-stock products can be considered.
 - In terms of positioning, if these needs can be met by the Core stock products, then other non-stock provision would not be authorised e.g. if this was only to address issues of additional comfort.
 - Ensure that all Health and Safety issues have been considered during the assessment.
 - Ensure where possible that the weight tolerance/ size of equipment meets the child's needs now and in the future.

- Ensure that the child has an appropriate trial of the equipment prior to ordering (at least 30 minutes sitting in/on the equipment in the case of seating/overnight (minimally) in the case of sleep systems).
- Ensure that the child and formal and informal carers/family are aware of the size of particularly large equipment.
- Ensure that if required there is adequate storage space for equipment when it is not in use.
- Ensure that equipment does not inhibit functional ability of the child
- Ensure that medical conditions would not put them at risk while using the equipment (e.g. Epilepsy or athetoid movements).
- Be aware that sensory loss could lead to limb entrapment and that the use of some specialist equipment should be assessed with this in mind.
- Ensure that the child and /or their carer is cognitively or physically able to consistently operate the equipment in a safe manner.
- Ensure that the equipment would not be a hazard to the rest of the family (e.g. young children or pets)
- Take into consideration any tissue viability, continence and moving and handling requirements.
- Ensure that equipment does not inhibit the use of other equipment (i.e. hoist/ Standaid / mobility equipment).
- If in any doubt about the correct prescription and where needs are particularly complex, assessors should consult with experienced colleagues/ supervisors/ supplier reps. for advice.
- Ensure that adjustment of equipment where required, is carried out on delivery or as soon as possible after delivery and before use.
- Take into consideration that some equipment requires 2 carers to use under Health and Safety guidelines and that this may affect the child's care package.
- Arrange demonstration for child/ carers if required, particularly where equipment has extensive adjustability.
- Ensure that user manual / instructions have been provided by Tayside Stores staff.
- Be aware of the recycling policy within the Tayside Partnership when deciding on fabrics/materials (note that seating will come with one choice of seat covers as standard).
- Consider the needs of parents or carers in relation to Moving and Handling training in addition to the demonstration of equipment
- Where required attend any Specialist Equipment modules available via the training programme e.g. assessing for specialised Paediatric seating equipment.

5. Children's Car Seats and Recycling

The Partnership has a **non- provision policy for Children's car seats.**

Equipment provided by the Partnership requires to withstand the Store's rigorous checking, cleaning and recycling regime. Health and Safety regulations discourage the recycling of car seats as there are various aspects to the continued integrity and safety of car seats which the recycling unit would be unable to verify without an accurate product history.

i.e. In the event of an accident the Partners could be implicated if they provide a car seat that they cannot guarantee as 'fit for purpose'.

Current legislation – Road Traffic Act 1988-The Motor Vehicles (Wearing of Seat Belts) (Amendment) Regulations 2006

Reference - Department of Transport current guidance – 'Beware of second-hand child seats. Are they the up-to-date UN ECE 44.03 or later standard; Do they have the correct fittings and instructions, and have they been in a crash already [n.b. there is no law about buying second hand car seats]'

Parents and carers can be signposted to charitable funding for the provision of Children's car seats.

6. Provision of beds and safe spaces

Specialist beds

- As stated previously in the Protocol, a principle of minimum intervention should apply to equipment provision, and all steps should be taken to support the child to remain in a normal bed where ever possible, before more technical solutions are applied.
- If it is agreed that a special bed is required for a child, due to the complexity of their needs, then staff across the agencies can assess and order this product via the community equipment store services. Whichever agency/profession identifies this need would be responsible for the assessment, ordering and payment for the specialist bed.
- The first consideration should be use of standard (Adult) beds with appropriate accessories, as these beds may be available more quickly from existing Store service arrangements (purchasing as Core stock or possibly accessed as recycled products).
- [Appendix 3](#) outlines specific guidance in the reason for provision of electric and specialist children's beds (page 14) and recommends products which could meet different levels of need. It is essential that this guidance is applied to ensure that decision making is based on identifying the most effective solutions for the needs of the child, and also the most cost-effective. Staff should apply this to guide their decision making, and will require to clearly evidence any recommendations to relevant managers before authorisation is approved. There is no guarantee that funding will be approved and this may be dependent on budget pressures.
- By standardising this more specialist provision it is intended that this will support the recycling of these items within the Tayside partnership, which over time will lead to greater efficiencies in the rare occasion that this type of product would be required.

Safe spaces

- Safe spaces are not provided via the *x Partnership* Community Equipment Store services.
- It is however acknowledged that staff working with Children and their families may be sometimes asked to assess needs which go beyond traditional equipment solutions and a focus on supporting and maintaining functional independence with regard to physical disability.
- The Children (Scotland) Act 1995 created a broader duty to children with disabilities and it is recognised that an increasing number of children with behavioural issues are being managed at home which may require an equipment or adaptations component to the care package.
- Where the provision of an adaptation e.g. a 'safe space', is to support the wider needs of a child (e.g. emotional or psychological stress, or behaviour management) and extends beyond physical disability needs, it is the responsibility of the social worker/social care manager to assess these needs.
- It is the responsibility of the individual local authority Partners to confirm their policy in relation to the funding of this type of adaptation.

Provision of beds for children - Recommendations and Guidelines

The following beds are recommended as suitable for prescribing to children.

- 1. Invacare Etude Medley bed - Standard store stock**
- 2. Sidhill Solite Lazer bed – Standard store stock**
- 3. Insignis Comfort bed/ cot - Non-stock order**
- 4. Scan Mobility Impression cot - Non-stock order**

The **Invacare Medley** and **Sidhill Solite Lazer (1 & 2)** beds are standard profiling beds, but can be used for children who meet the standard criteria for provision of profiling beds².

Common indicators that a profiling bed may be considered:

- Breathing difficulties and to manage chest excretions and reflux.
- Becomes exhausted with continual moving and handling due to breathing difficulties e.g. ventilated child.
- Has difficulty moving and attempting to change own position when in bed
- Continually slides down the bed therefore requiring further intervention for re-positioning.
- Remains in bed throughout day and night.
- Receives personal care while on the bed

In practice standard profiling beds are prescribed for children when:-

- Personal care is carried out on the bed and the carer's needs are met by the rise and fall facility.
- The child's needs are met in relation to bed height for independent transfers but who also receive personal care on the bed
- Post- surgical procedures require children to be positioned in bed e.g. Spica hip frame or following hip fusion
- They have breathing difficulties and cannot breath while supine
- Are positioned for over night PEG or naso-gastric feeding
- Need regular turning by carers over night
- The use of sleep systems which need more space than smaller beds or cots can accommodate.



The **Insignis Comfort bed** and **Scan Mobility Impression cot (3 & 4)** are built for children only. They provide:

- A greater degree of safety in relation to secure cot sides with surrounding customised bumpers
- Have additional options in relation to larger sizes, panel material and height, bumpers, platform size, profiling [Insignis Comfort bed only]and tilting facilities. See Appendix 1 for details.
- Looks more like a child's bed in the domestic setting.

² If the profiling mechanism is required, children should be of near adult height as the bed platform breaks for the profiling mechanism may be in the wrong position for smaller children.

X Partnership – Beds recommended for use with children - Specifications

Appendix 3 (cont.)

Supplier	Product	Specification
<p>Inva care www.invacare.co.uk</p>	<p>Etude Medley</p>	<div style="display: flex; justify-content: space-around;">   </div> <p>Specifications</p> <ul style="list-style-type: none"> • 4 Section mattress base • Width outside: 102 cm Width inside: 90 cm • Length outside: 222 cm Length inside: 208 cm (+20 cm extensions) • Height adjustable: 33 - 73 or 40 - 80 cm (Double height positions on bed ends) • Mattress support dimensions 4 sectioned: 75 - 35 - 34 - 56 cm • 0 - 70° Backrest angle • Thigh angle: 0 - 29° Leg rest lift: 0 - 20° • 11° Tilt option* • Full length side rails available in a range of heights • Bed weight: 69 kg • Transport kit available for moving the bed • SWL 180 kg (28.5 stone) • Side rail bumpers are ordered separately on the Website <p>Please note: Check that the Store stock profiling bed ordered is this bed. Due to recycling there are several beds available with slightly different specifications.</p> <ul style="list-style-type: none"> • The bed must not be used by patients under 12 years of age, or by patients with body size equivalent to an average 12 year old or smaller. • Please note that the tilt function should only be practised for users under medical supervision. <p>Price :</p>

Inva care
www.invacare.co.uk

Etude
Medley low



Specifications

- 4 Section mattress base
- Width outside: 102 cm Width inside: 90 cm
- Length outside: 222 cm Length inside: 208 cm (+ 20 cm extensions)
- Height adjustable: 22 - 62 or 29 - 69 cm [Double height positions on bed ends]
- Mattress support dimensions 4 sectioned: 75 - 35 - 34 - 56 cm
- 0 - 70° Backrest angle
- Thigh angle: 0 - 29° Leg rest lift: 0 - 20°
- 11° Tilt option*
- Full length side rails available in a range of heights
- Bed weight: 69 kg
- Transport kit available for moving the bed
- SWL 180 kg (28.5 stone)

Please note:

Bed must not be used by patients under 12 years of age, or by patients with body size equivalent to an average 12 year old or smaller.

- Can be used with a floor mattress for safety: The part number for the foldable mattress is 1494608.
- Please note that the tilt function should only be practised for users under medical supervision.

Price :

Sidhill
<http://www.sidhill.com/>

Solite Laser
4 section
Profiling
Community
Care bed



Specifications

- Variable height range: 31.5cm to 72cm
- Width: 94.5cm
- Length
- Electrically profiling bed
- Infinitely variable tilt and reverse tilt positioning (Trendelenburg)
- Maximum user weight is 180kg (28st)
- Safe side mesh sides rails available
- Safe side Profiling mattress infill's available
- Folds up for transport

Price:


Scan Mobility
<http://www.scanmobility.co.uk/>

Impression
cot



Specifications

- Mattress platform sizes- 1700x700mm or 1900x900mm
- Cotsides and end panel heights – 600mm or 800mm
- Side panel material options – Beech bars or perspex
- Removable full height padding – Attached with Velcro- oil cloth covers (basic colour blue/ other options available at an additional cost).

		<ul style="list-style-type: none"> ▪ Comes in 8 pieces for ease of delivery ▪ Electric back rest ▪ Electric height adjustment – 40cm-80cm platform height ▪ 2 way Electric tilt ▪ Bi-fold doors – both sides of cot – safety catches on folding doors ▪ 12.5cm braking caster wheels. ▪ Safe working load – 150kg/ 23 stones <p>Price:</p>
<p>Insignis Ltd http://www.insignisltd.co.uk/</p>	<p>Comfort bed</p>	 <p>The Comfort bed is safe and strong with secure doors made from wood, polycarbonate or with bars. All comfort beds can be raised or lowered electrically.</p> <p>Specifications</p> <ul style="list-style-type: none"> • Choice of size - Any length and width available • Size of doors and fixed side - from minimal to 100 cm in height (or more with change of design) • Strong sides • Tilting facility (Profiling bed base as an option) • Padding as an option - Extensive range of fabrics • All 4 sides - can be built with bars, perspex or wooden panels - or combination • Lower to ground if required. <p>Price:</p>

Mattress issues related to children's beds

- Children often nursed in an adult sized bed approx. 1000mm x Length 2100mm
- Child sized beds are commonly approx. 1300mm x 670mm.
- Quality of mattress is important in Pressure Ulcer Prevention
- Children's beds need to be capable of taking child's pressure relieving mattress when required.
- Adult size **alternating cell** pressure mattresses are often unsuitable as the air cells are too wide (120mm) for children. When each cell is deflated the child can fall down the gap and as a result is lying on the bed base until the cushion re-inflates. Children's mattresses have 50mm cells (i.e. Transair Paediatric AC Mattress)
- Possibility that a **Low Air loss** pressure relieving mattress would be more appropriate as this holds a constant pressure over the mattress surface.
- Adult pressure mattresses often have a lower weight limit which children can fall below. This can affect the optimum efficiency of the mattress with regards to pressure distribution.

CORE (Adult) STOCK LIST - EQUIPMENT ACCESS	
CATEGORY OF EQUIPMENT	LEVEL OF ACCESS
BATHING AND SHOWERING	
Bathboards	Standard access (all relevant professions)
Bathlifters, Bath Cushions, & swivel bathers	Standard access (all relevant professions)
Bathseats	Standard access (all relevant professions)
Bathsteps	Standard access (all relevant professions)
Shower Chairs, Boards, Seats (incl. mobile)	Standard access (all relevant professions)
BEDROOM	
Mattress Elevators	Standard access (all relevant professions)
Bed Raisers	Standard access (all relevant professions)
Pillow lifters	Standard access (all relevant professions)
Beds	
• Standard	Standard access (all relevant professions)
• Specialist	Standard access (all relevant professions)
Cot sides	
Mattresses	
• Standard (includes cut foam/repose)	Standard access (all relevant professions)
• Specialist (dynamic/alternating cell)	SPECIALIST PROVISION - NURSING STAFF ONLY
Monkey poles	Standard access (all relevant professions)
Rope ladders	Standard access (all relevant professions)
Leg lifters	Standard access (all relevant professions)

CHAIRS	
Chair Raisers	Standard access (all relevant professions)
Cushions (foam, air & gel)	Standard access (all relevant professions)
Heel protectors and elbow	Standard access (all relevant professions)
Riser/ Chairs	Standard access (all relevant professions) * recliner chairs only ordered for end of life
MOBILITY EQUIPMENT	
Mobilators	
Small walking Aids e.g. sticks	Standard access (all relevant professions)
Walking Frames	Standard access (all relevant professions)
Walkers and standing frames	SPECIALIST PROVISION - PHYSIO STAFF ONLY
MOVING AND HANDLING	
Hoists & Stand aids	Standard access (all relevant professions)
Slings	Standard access (all relevant professions)
Transfer boards-slip mats	Standard access (all relevant professions)
Turning stands	Standard access (all relevant professions)
TOILETING	
Commodes	Standard access (all relevant professions)
Raised Toilet Seats	Standard access (all relevant professions)
Toilet Frames	Standard access (all relevant professions)
Urinals	Standard access (all relevant professions)
HOUSEHOLD	
Perching stools	Standard access (all relevant professions)
Trolleys	Standard access (all relevant professions)
Grab rails	Standard access (all relevant professions)
Newel rails	Standard access (all relevant professions)

