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| USE OF MOTORIZED WHEELCHAIRS | | | | NO. | |
| PURPOSE:  To provide specific guidelines for the use of motorized wheelchairs.  STATEMENT OF POLICY:  It is the policy of this facility that motorized wheelchairs may be used as requested by our residents to promote mobility and independence, if it is determined by the interdisciplinary team that the resident is safe to operate the equipment and does not pose a safety risk for other residents in the facility.  PROCEDURE:   1. Procedure for use of motorized wheelchair. 2. On admission, the resident/responsible party must inform the facility of the resident’s desire to use a motorized wheelchair. 3. Resident/Responsible Party must sign a Release of Responsibility in regard to the use of the motorized wheelchair inside the facility as well as on/off facility grounds. 4. The Resident must be assessed in the following areas before they can operate the motorized wheelchair using the “MOTORIZED WHEELCHAIR ASSESSMENT”: 5. Operation of controls 6. Co-ordination and Strength 7. Physical Balance and Endurance 8. Vision 9. Behavior 10. The results of the above assessment will be evaluated to determine use of the motorized wheelchair within the facility and on/off the facility grounds. 11. The assessment will be completed by the Interdisciplinary Team upon admission, quarterly and with changes in condition and will be maintained in the Resident’s medical record. 12. If the resident is determined to be unsafe to operate the motorized wheelchair or the resident represents a safety risk for other residents that might be in the path of the motorized wheelchair, the facility may deny the resident’s request to operate the motorized wheelchair within the facility or on facility grounds. 13. The Director of Nursing/Social Services Director/Designee will notify the Resident and/or Responsible Party if the resident is found to be unsafe to operate the motorized wheelchair. 14. Procedure for maintenance of motorized wheelchairs. 15. A maintenance check of motorized wheelchairs must be done on admission, annually, and as needed. (See attached Wheelchair maintenance Checklist) 16. The maintenance check will be performed by the Maintenance Director/Designee prior to the resident using the wheelchair in the facility or on facility grounds. 17. Documentation of the Wheelchair Maintenance Checklist will be maintained by the maintenance department.   ATTACHMENTS:  Motorized Wheelchair Assessment  Wheelchair Maintenance Checklist  Release of Responsibility | | | | | |
| Approved: | Effective Date:  9/2010 | Revision Date:  3/17 | Change No.: | | Page:  1 of 1 |